

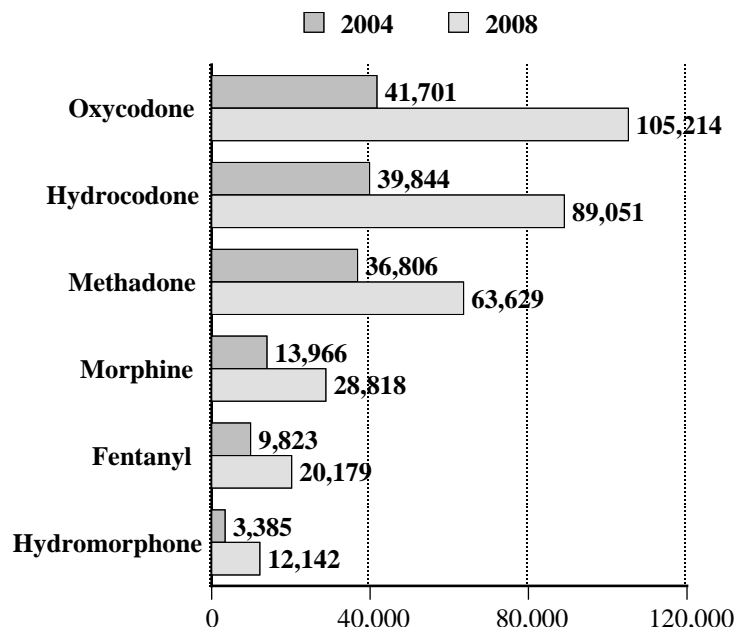
## A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

### *Number of U.S. Emergency Department Visits Involving Nonmedical Use of Narcotic Pain Relievers More Than Doubled from 2004 to 2008*

The estimated number of U.S. emergency department (ED) visits involving the nonmedical use of narcotic pain relievers increased from 144,644 in 2004 to 305,885 in 2008, according to a recent report from the Drug Abuse Warning Network (DAWN). This increase was driven by increases in visits involving the three most reported narcotic pain relievers--oxycodone products (152% increase), hydrocodone products (123% increase), and methadone (73% increase; see figure below). While far fewer visits were associated with hydromorphone products such as Dilaudid®, involvement of hydromorphone in ED visits had the highest increase over the 5-year period (259%). The authors suggest that “increased efforts are needed to educate the public about the risks of misusing narcotic pain relievers and how to recognize the possible symptoms of abuse” (p. 3).

#### **Estimated Number of Emergency Department (ED) Visits Involving the Nonmedical Use of Narcotic Pain Relievers, 2004 and 2008\***



\*Estimated numbers for specific pain relievers do not equal the total number of ED visits because more than one pain reliever could be involved with each ED visit. ED visits involving the nonmedical use of other narcotic pain relievers not listed above—such as buprenorphine, codeine, propoxyphene, and meperidine products—were either stable between 2004 and 2008 or were found at relatively lower levels.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), “Trends in Emergency Department Visits Involving Nonmedical Use of Narcotic Pain Relievers,” *The DAWN Report*, June 18, 2010. Available online at <http://www.oas.samhsa.gov/2k10/DAWN016/OpioidED.cfm>.