

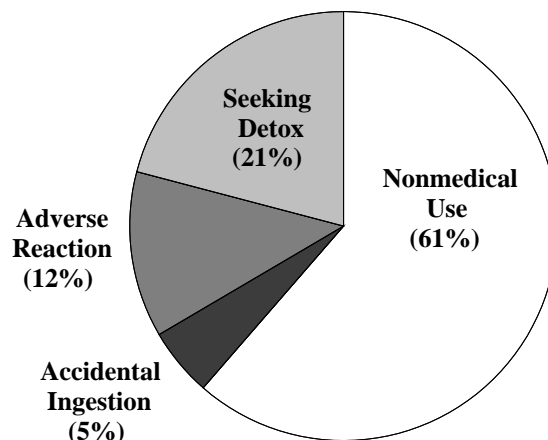
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

61% of Buprenorphine-Related Emergency Department Visits for Nonmedical Use

More than half of buprenorphine-related emergency department visits in the U.S. are for nonmedical use of the drug, according to data from the Drug Abuse Warning Network (DAWN). Of the estimated 23,450 emergency department visits in 2009 in which buprenorphine was involved as either a direct cause or a contributing factor to the visit, 61% were for nonmedical use of the drug. Approximately one-fifth of the visits were related to seeking detoxification, 12% for adverse reactions, and 5% for accidental ingestion. The estimated number of emergency department visits related to the nonmedical use of buprenorphine has more than tripled since 2006 (see *CESAR FAX*, Volume 20, Issue 25).

Types of U.S. Buprenorphine-Related Emergency Department Visits, 2009
(N=23,450)



NOTES: *Nonmedical use* of buprenorphine includes taking more than the prescribed dose; taking buprenorphine prescribed for another individual; deliberate poisoning with buprenorphine by another person; and documented misuse or abuse of buprenorphine. *Accidental ingestion* includes childhood drug poisonings, individuals who take the wrong medication by mistake, and a caregiver administering the wrong medicine by mistake. It does not include a patient taking more medicine than directed because the patient forgot to take it earlier. *Adverse reaction* includes visits related to adverse reactions, side effects, drug-drug interactions, and drug-alcohol interactions resulting from using buprenorphine for therapeutic purposes. *Seeking detox* includes patients seeking substance abuse treatment, drug rehabilitation, or medical clearance for admission to a drug treatment or detoxification unit. Suicide attempts are not included because the number of buprenorphine-related ED visits categorized as suicide attempts did not meet DAWN's standards of precision (i.e., the estimate had a standard of error greater than 50% or the unweighted count or estimate was less than 30). Percentages do not sum to 100 due to rounding and the exclusion of data not categorized as these four types of visits.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), *Drug Abuse Warning Network, 2009: Selected Tables of National Estimates of Drug-Related Emergency Department Visits*, online at <http://dawninfo.samhsa.gov/data/default.asp?met=All> (accessed 6/23/11).