

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

## Estimated Number of Buprenorphine- and Hydromorphone-Related ED Visits More Than Doubles from 2006 to 2010

The estimated number of emergency department (ED) visits related to the nonmedical use of opioid pain killers increased 79% from 201,280 in 2006 to 359,921 in 2010, according to the most recent data from the Drug Abuse Warning Network (DAWN). The greatest increases were seen in buprenorphine- and hydromorphone-related ED visits. In 2006, the nonmedical use of buprenorphine was involved as either a direct cause or a contributing factor in an estimated 4,440 ED visits, compared to 15,778 in 2010—an increase of 255%. The estimated number of visits related to the nonmedical use of hydromorphone increased 161% over the same 5-year period (see figure below). While the number of ED visits for the nonmedical use of buprenorphine and hydromorphone is relatively small compared to other opioid pain relievers, the magnitude of the increase suggests that there may be emerging problems with the nonmedical use of these drugs that warrant the monitoring of their use and related consequences.

Drug Name (Common Brand Names)	Number of ED Visits for Nonmedical Use		Percent Change 2006 to 2010
	2006	2010	2000 to 2010
Buprenorphine (Suboxone, Subutex, Temgesic, Buprenex)	4,440	15,778	+255%
Hydromorphone (Palladone, Dilaudid)	6,780	17,666	+161%
Oxycodone (Oxycontin, Percodan, Percocet)	64,891	146,355	+126%
Hydrocodone (Vicodin, Lorcet, Lortab)	57,550	95,972	+67%
Methadone (Methadose)	45,130	65,945	+46%
Morphine (MS Contin, Morphine IR)	20,416	29,605	+45%
Propoxyphene (Darvon)	6,220	8,832	+42%
Fentanyl (Actiq, Duragesic)	16,012	21,196	+32%
Codeine (Tylenol with Codeine)	6,928	7,928	+14%
Meperidine (Demerol)	1,440	1,151	-20%
Total Opioid Pain Relievers	201,280	359,921	+79%

## Estimated Number of U.S. Emergency Department Visits Related to the Nonmedical Use of Opioid Pain Relievers, 2006 to 2010

- NOTES: Nonmedical use includes taking more than the prescribed dose; taking a drug prescribed for another individual; deliberate poisoning by another person; and documented misuse or abuse. Five categories of opioid pain relievers (dihydrocodeine, opium, pentazocine, phenacetin, and all other narcotic analgesics) were not included in the above table because the estimate for either 2006 and/or 2010 did not meet standards of precision (relative standard error greater than 50% or an unweighted count or estimate less than 30).
- SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), *National Estimates of Drug-Related Emergency Department Visits, 2004-2010 Nonmedical Use of Pharmaceuticals,* 2012. Available online at http://www.samhsa.gov/data/DAWN.aspx#DAWN%202010%20ED%20Excel%20Files%20-%20National%20Tables.

## **CESAR** Responds to NPR's Story on Suboxone

CESAR's Director was recently interviewed for NPR's July 31st Planet Money episode, "The Anti-Addiction Pill That's Big Business For Drug Dealers." A podcast of the episode and CESAR's expanded comments about the segment are available at http://www.npr.org/blogs/money/2012/07/31/157665908/episode-391-the-anti-addiction-pill-thats-big-business-for-drugdealers (sort comments by "oldest first" and CESAR's is the fourth comment).

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