

Metro

BRIEF



Drug-Related Emergency Department Visits in Metropolitan Areas

Center for Behavioral Health Statistics and Quality



This report is one in a series of reports that provide a snapshot of drug-related emergency department (ED) visits in 11 metropolitan areas across the United States. This report focuses on drug-related ED visits in the Boston Metropolitan Statistical Area, hereafter referred to as “Boston.”¹

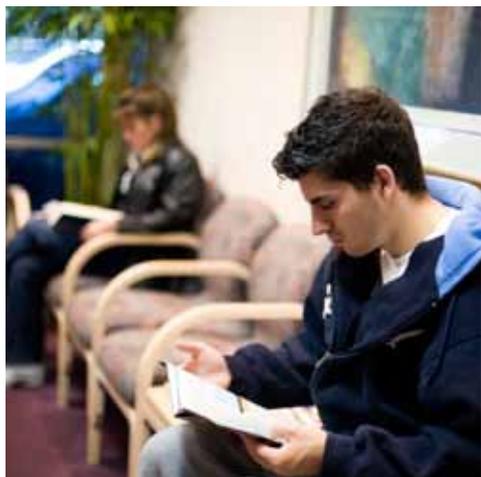
The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related ED visits in the United States. DAWN uses a probability sample of hospitals to produce annual estimates of drug-related ED visits for the United States and selected metropolitan areas. To be a DAWN case, an ED visit must have involved a drug, either as the direct cause of the visit or as a contributing factor.

As a national public health resource, DAWN data can track trends, spot emerging problems, and gauge the impact of intervention programs. This information enables communities to manage resources more efficiently, target treatment efforts, and improve the well-being of individuals and their communities. This report uses national statistics as the comparison base for Boston statistics.² Statistical testing was used for comparisons of rates for the sociodemographic characteristics, trends, and drug types within Boston and between Boston and the Nation. Each comparison was tested independently and does not account for differences in other characteristics (e.g., geographic variations). A glossary is included at the end of this report to provide more information about the pharmaceuticals that are highlighted in the following analyses.



Overview

In 2009, DAWN data show an estimated 92,301 drug-related visits—a rate of 2,012 visits per 100,000 population—were made to Boston EDs. These data represent the total ED visits in which drugs were



¹ Data for Boston are representative of the 24-hour, general purpose EDs in the Boston-Cambridge-Quincy, MA-NH, Metropolitan Statistical Area. The area includes: Essex County, MA, Middlesex County, MA, Norfolk County, MA, Plymouth County, MA, Suffolk County, MA, Rockingham County, NH, and Strafford County, NH.

² The percentage of missing data for age or gender in Boston was less than 0.1 percent.

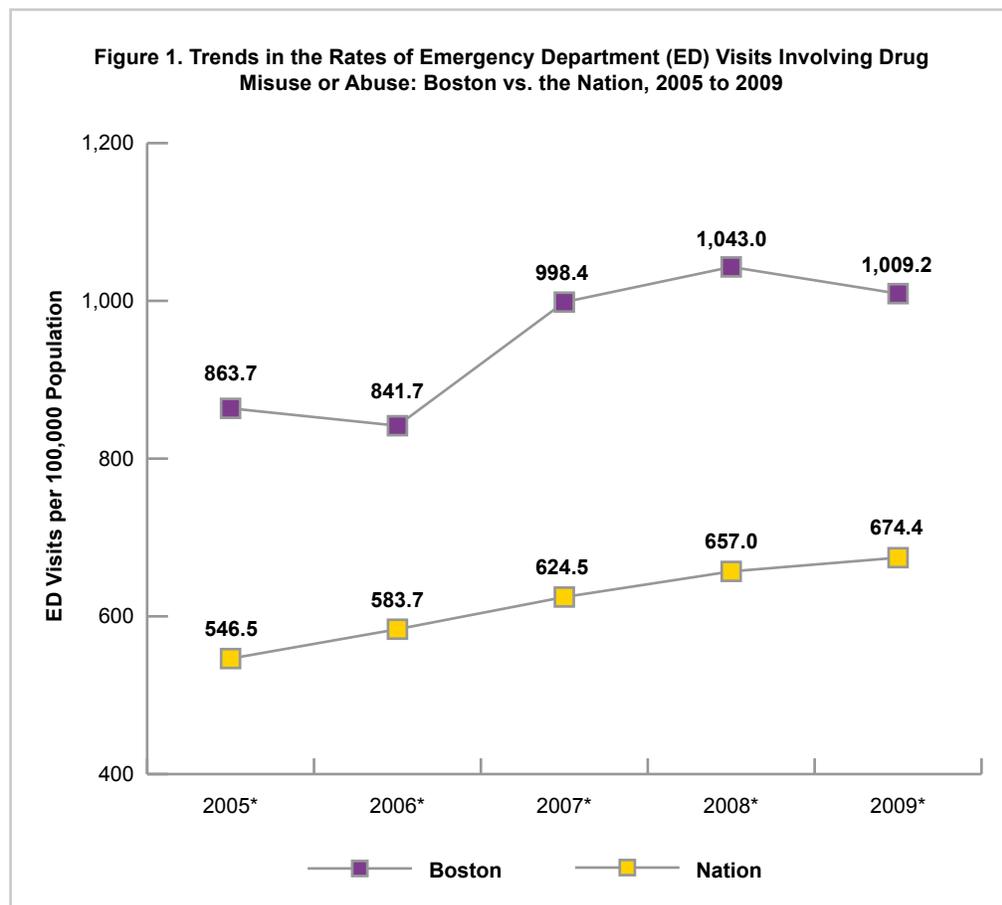


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taken for any reason—not just drug abuse—and involve illegal drugs, prescription and over-the-counter pharmaceuticals (e.g., dietary supplements, cough medicine), nonpharmaceutical inhalants, alcohol in combination with other drugs, and alcohol only (for patients aged 20 or younger).

ED Visits Involving Drug Misuse or Abuse

This section presents information about ED visits involving drug misuse or abuse, which is defined as a group of ED visits that includes all visits associated with illicit drugs, use of alcohol in combination with other drugs, use of alcohol only among those aged 20 or younger, and nonmedical use of pharmaceuticals. From 2005 through 2009, Boston's rate of ED visits involving drug misuse or abuse was consistently and significantly higher than the national rate (Figure 1). In fact, Boston's rate of ED visits involving drug misuse or abuse was about 60 percent higher than the national rate in 2007 and 2008.



*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2005 to 2009 estimates from the 2009 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in Boston who made an ED visit involving drug misuse or abuse in 2009 show that

- the most ED visits were made by patients aged 18 to 24 (11,331 visits, or 24.5 percent) and patients aged 25 to 34 (11,239 visits, or 24.3 percent);
- when population is taken into account, patients aged 18 to 24 had the highest rate of ED visits (2,511.6 visits per 100,000 population); and
- approximately 3 in 5 (60.6 percent) ED visits were made by male patients (Table 1).

Table 1. Distribution of Emergency Department (ED) Visits Involving Drug Misuse or Abuse, by Gender* and Age: Boston, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	46,307	100.0	1,009.2
Male	28,054	60.6	1,255.4
Female	18,240	39.4	774.9
Aged 0 to 11	145	0.3	21.9
Aged 12 to 17	2,850	6.2	831.2
Aged 18 to 24	11,331	24.5	2,511.6
Aged 25 to 34	11,239	24.3	1,759.4
Aged 35 to 44	9,301	20.1	1,408.9
Aged 45 to 54	7,551	16.3	1,056.4
Aged 55 to 64	2,545	5.5	479.4
Aged 65 or Older	1,336	2.9	226.0

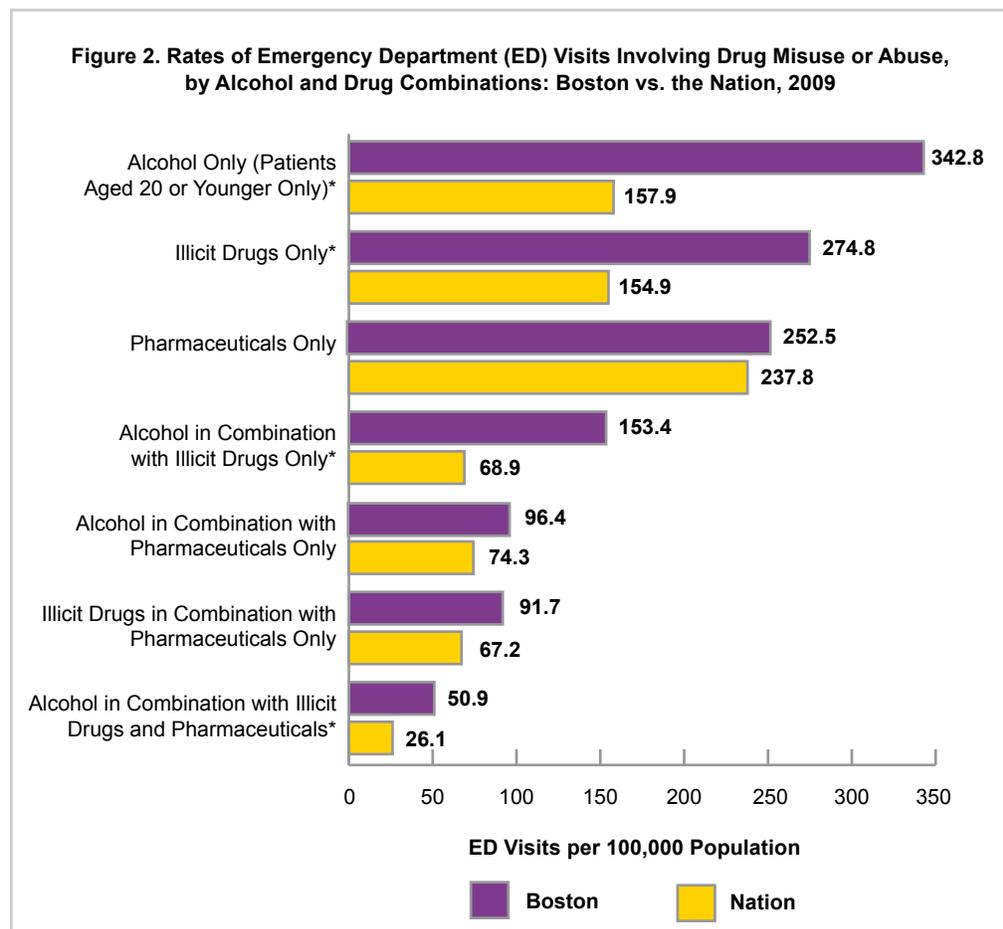
*ED visits for which gender is unknown have been excluded.

**ED visits for which age is unknown have been excluded.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

DAWN data also can provide information on the different drug combinations involved in ED visits related to drug misuse or abuse. In 2009, there were key differences between Boston and the Nation with respect to the types and combinations of drugs in ED visits involving drug misuse or abuse (Figure 2). Specifically, Boston's rates were significantly higher than the Nation for:

- alcohol only (for patients aged 20 or younger; 342.8 vs. 157.9 visits per 100,000 population);
- illicit drugs only (274.8 vs. 154.9 visits per 100,000 population);
- alcohol in combination with illicit drugs only (153.4 vs. 68.9 visits per 100,000 population); and
- alcohol in combination with illicit drugs and pharmaceuticals (50.9 vs. 26.1 visits per 100,000 population).

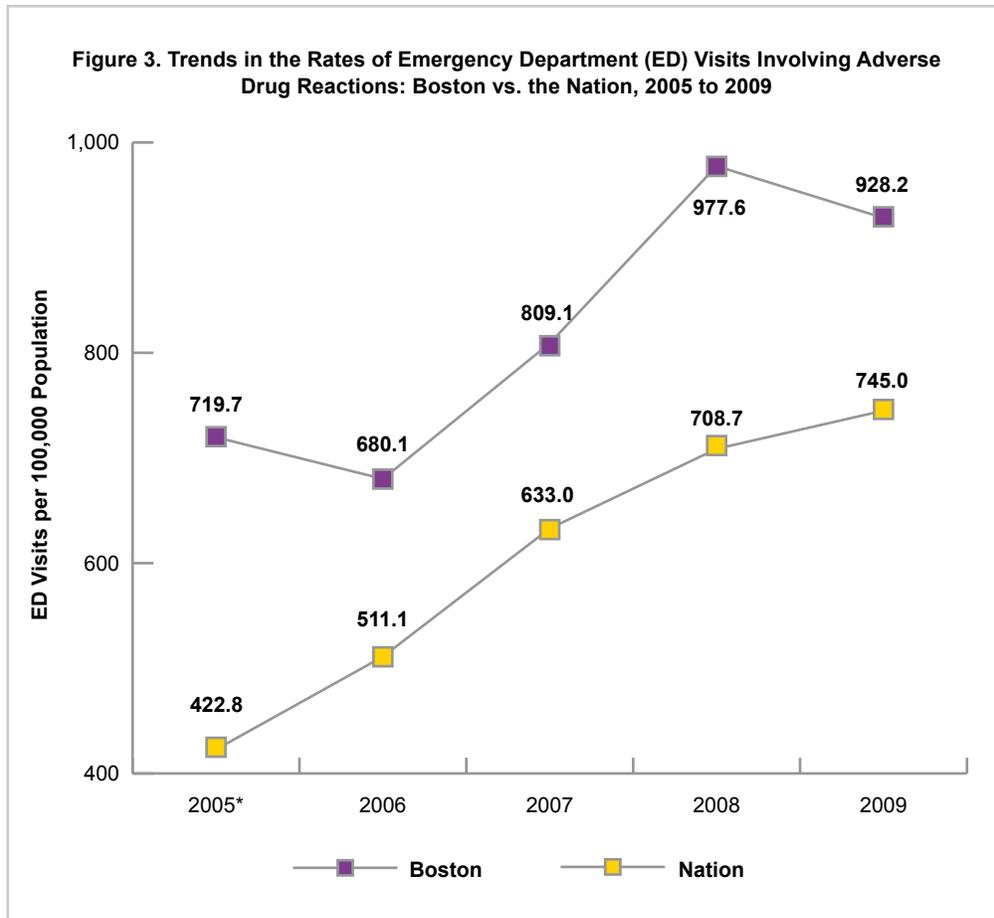


*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

ED Visits Involving Adverse Drug Reactions

Within DAWN, adverse reactions are defined as ED visits in which an adverse health consequence results from taking prescription drugs, over-the-counter medications, or dietary supplements as prescribed or recommended. During 2005, Boston's rate of ED visits involving adverse drug reactions was significantly higher than the national rate (Figure 3).



*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2005 to 2009 estimates from the 2009 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in Boston who made an ED visit involving an adverse reaction to drugs in 2009 show that

- patients aged 65 or older made the most ED visits (14,515 visits, or 34.1 percent) and had the highest rate of ED visits (2,455.3 visits per 100,000 population); and
- nearly 3 in 5 ED visits (59.8 percent) were made by female patients (Table 2).

Table 2. Distribution of Emergency Department (ED) Visits Involving Adverse Drug Reactions, by Gender* and Age: Boston, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	42,590	100.0	928.2
Male	17,109	40.2	765.6
Female	25,465	59.8	1,081.8
Aged 0 to 11	2,855	6.7	433.3
Aged 12 to 17	1,056	2.5	308.0
Aged 18 to 24	3,374	7.9	747.8
Aged 25 to 34	4,726	11.1	739.8
Aged 35 to 44	4,471	10.5	677.3
Aged 45 to 54	5,860	13.8	819.9
Aged 55 to 64	5,728	13.5	1,078.9
Aged 65 or Older	14,515	34.1	2,455.3

*ED visits for which gender is unknown have been excluded.

**ED visits for which age is unknown have been excluded.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

In 2009, the rates of adverse reaction-related ED visits in Boston compared with the Nation showed few differences by drug type (Table 3). Compared with the Nation, Boston had significantly higher rates of ED visits involving adverse reactions to

- blood modifiers (118.1 vs. 70.8 visits per 100,000 population); and
- oxycodone (34.8 vs. 21.2 visits per 100,000 population).

Table 3. Rates of Emergency Department (ED) Visits Involving Adverse Drug Reactions, by Drug Category: Boston vs. the Nation, 2009

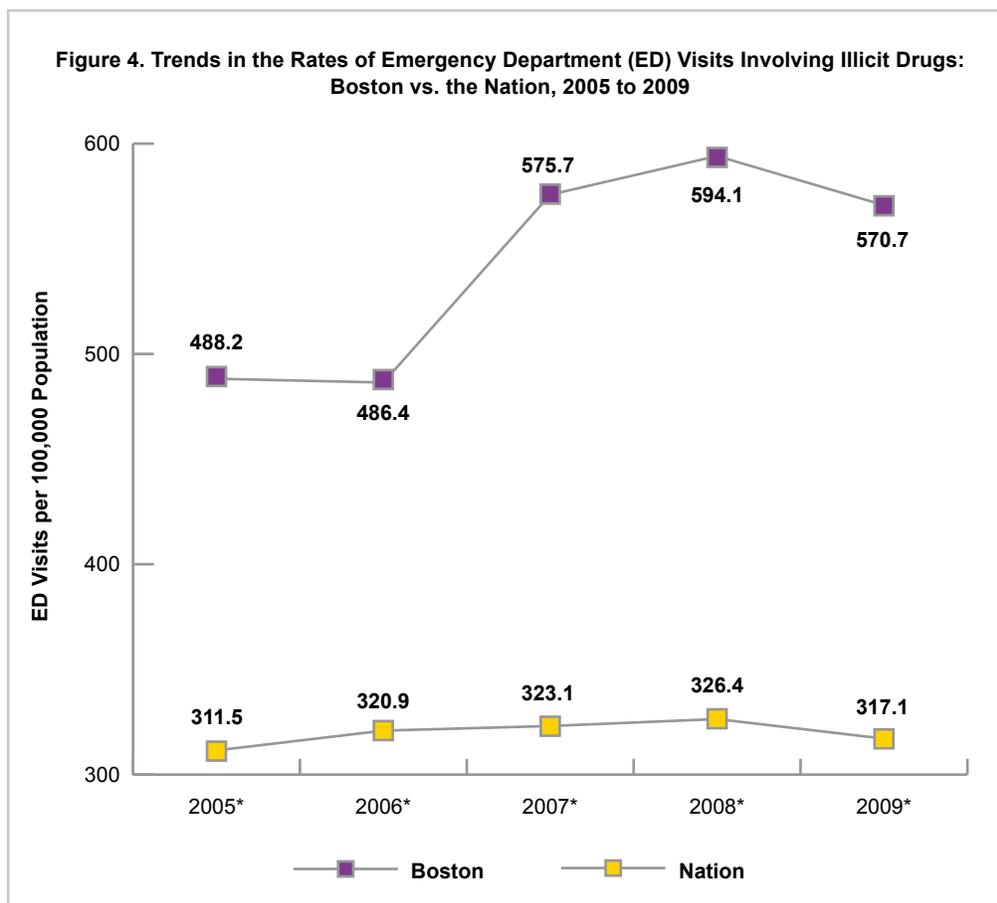
Drug Category and Selected Drugs	Boston Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	224.6	192.6
Pain Relievers	151.4	126.1
Opiates/Opioids	85.4	73.5
Narcotic Pain Relievers	81.6	71.1
Hydrocodone	21.2	26.0
Oxycodone*	34.8	21.2
Anticonvulsants	30.7	28.3
Drugs That Treat Anxiety or Insomnia	31.0	34.0
Anti-infection Medications	185.8	155.4
Blood Modifiers*	118.1	70.8
Cardiovascular System Medications	83.5	80.8
Drugs for Metabolic Disorders	66.1	56.6
Cancer Drugs	62.6	34.2
Immune System Medications	44.5	32.7
Hormones	42.9	38.8
Gastrointestinal System Medications	27.4	26.8
Respiratory System Medications	24.8	31.0
Nutritional Products	22.2	21.8
Topical Agents	20.1	16.4

*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

ED Visits Involving Illicit Drug Use

Within DAWN, ED visits involving illicit drug use are defined as all visits related to the use of illicit or illegal drugs, such as cocaine, marijuana, heroin, and stimulants (e.g., amphetamines and methamphetamines). From 2005 through 2009, the rate of ED visits involving illicit drugs was consistently higher in Boston than in the Nation as a whole, with statistically significant differences for all years (Figure 4). In particular, compared with the national rate of ED visits involving illicit drugs, Boston's rate was 78 percent higher than the Nation in 2007, 82 percent higher in 2008, and 80 percent higher in 2009.



*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2005 to 2009 estimates from the 2009 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in Boston who made an illicit drug-related ED visit in 2009 show that

- patients aged 25 to 34 made the most ED visits (7,798 visits, or 29.8 percent);
- when population is taken into account, the rate of ED visits was highest for patients aged 18 to 24 (1,289.9 visits per 100,000 population) and patients aged 25 to 34 (1,220.7 visits per 100,000 population); and
- nearly 7 in 10 (68.3 percent) ED visits were made by male patients (Table 4).

Table 4. Distribution of Emergency Department (ED) Visits Involving Illicit Drugs, by Gender* and Age: Boston, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	26,189	100.0	570.7
Male	17,890	68.3	800.6
Female	8,298	31.7	352.5
Aged 0 to 11	***	***	***
Aged 12 to 17	1,279	4.9	373.0
Aged 18 to 24	5,819	22.2	1,289.9
Aged 25 to 34	7,798	29.8	1,220.7
Aged 35 to 44	6,085	23.2	921.7
Aged 45 to 54	4,173	15.9	583.8
Aged 55 to 64	922	3.5	173.6
Aged 65 or Older	100	0.4	16.9

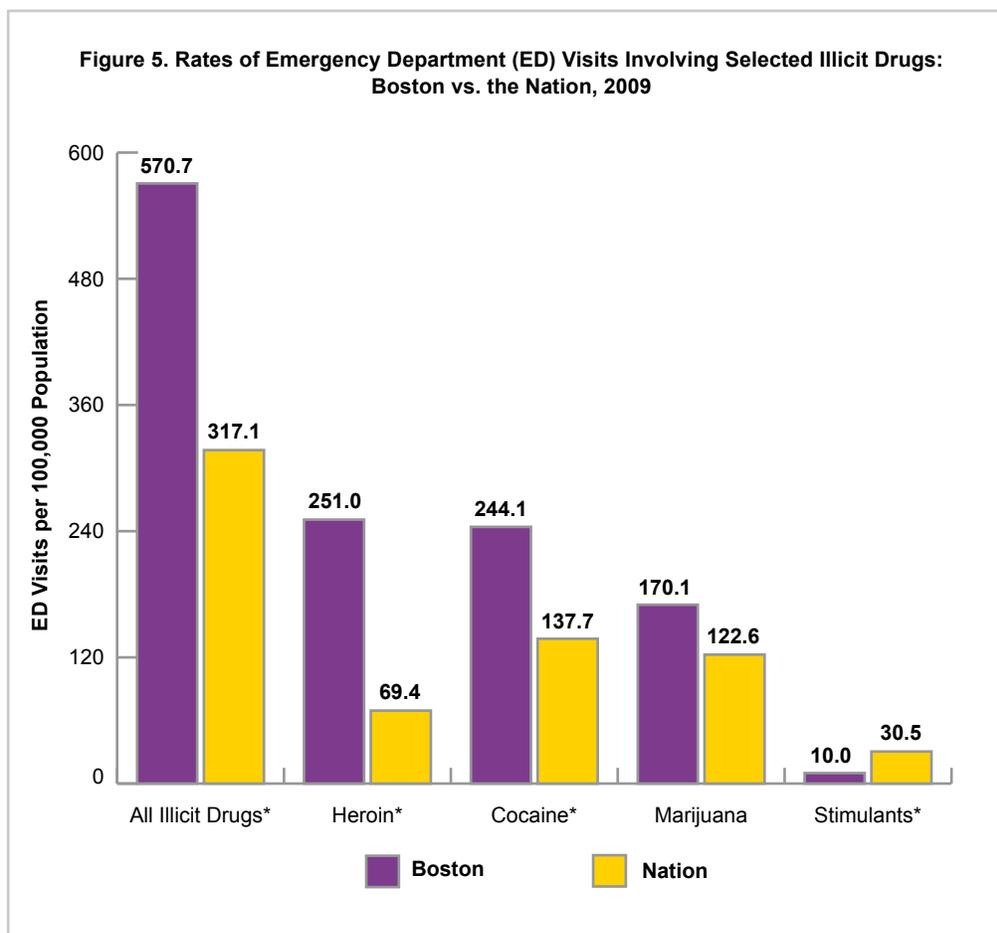
*ED visits for which gender is unknown have been excluded.

**ED visits for which age is unknown have been excluded.

***Estimate suppressed because of low statistical precision.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

In 2009, Boston's rate of drug-related ED visits involving illicit drugs was 80 percent higher than the national rate (570.7 vs. 317.1 persons per 100,000) (Figure 5). Compared with the Nation, Boston had significantly higher rates of ED visits involving heroin (251.0 vs. 69.4 visits per 100,000 population) and cocaine (244.1 vs. 137.7 visits per 100,000 population). However, compared with the Nation as a whole, Boston had a significantly lower rate of stimulants (10.0 vs. 30.5 visits per 100,000 population).

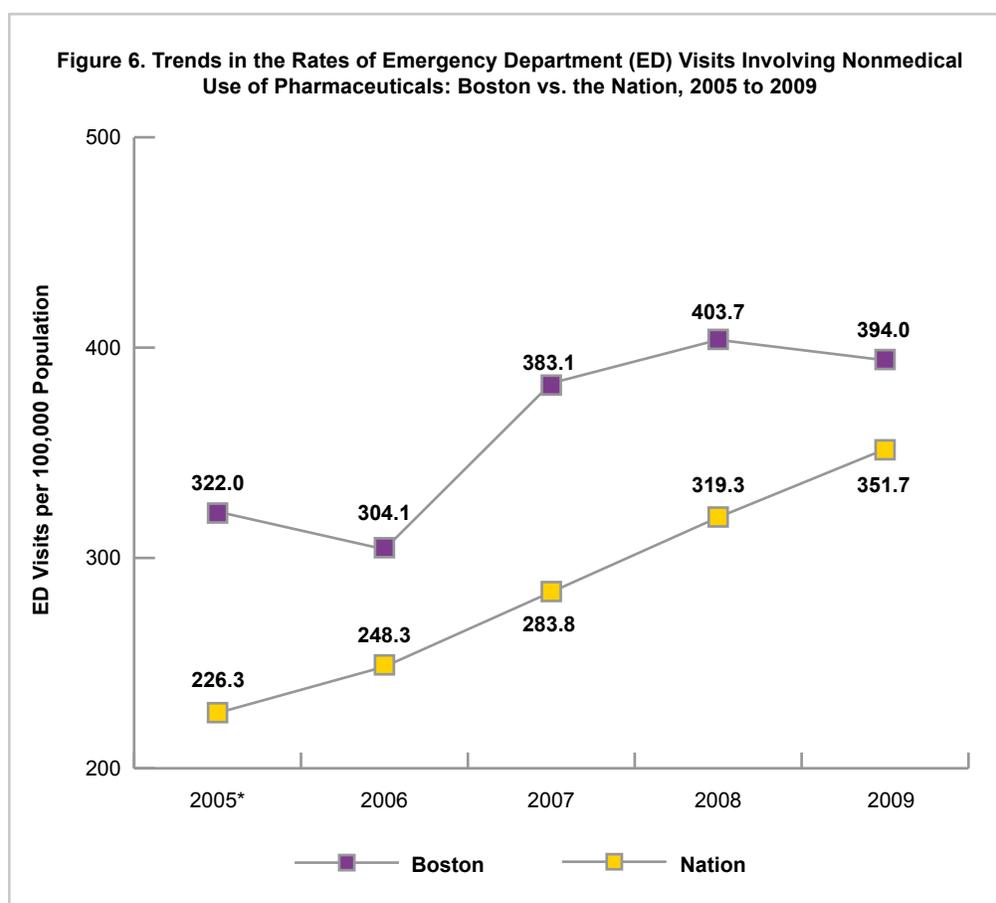


*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

ED Visits Involving Nonmedical Use of Pharmaceuticals

In DAWN, the nonmedical use of pharmaceuticals includes taking more than the prescribed dose of a prescription pharmaceutical or more than the recommended dose of an over-the-counter pharmaceutical or supplement; taking a pharmaceutical prescribed for another individual; deliberate poisoning with a pharmaceutical by another person; and documented misuse or abuse of a prescription drug, an over-the-counter pharmaceutical, or a dietary supplement. Nonmedical use of pharmaceuticals may involve pharmaceuticals only or pharmaceuticals in combination with illicit drugs or alcohol. The rate in Boston in 2005 was higher than that of the Nation (322.0 vs. 226.3 visits per 100,000 population; Figure 6). For the remaining years, the differences of rates between Boston and the Nation were not statistically different.



*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2005 to 2009 estimates from the 2009 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in Boston who made a drug-related ED visit involving nonmedical use of pharmaceuticals in 2009 show that

- patients aged 25 to 34 made the most ED visits (4,363 visits, or 24.1 percent); and
- by gender, ED visits related to underage drinking were almost evenly divided between males and females (52.2 percent for males and 47.8 percent for females) (Table 5).

Table 5. Distribution of Emergency Department (ED) Visits Involving Nonmedical Use of Pharmaceuticals, by Gender* and Age: Boston, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	18,079	100.0	394.0
Male	9,429	52.2	421.9
Female	8,638	47.8	366.9
Aged 0 to 11	122	0.7	18.5
Aged 12 to 17	809	4.5	235.8
Aged 18 to 24	3,024	16.7	670.4
Aged 25 to 34	4,363	24.1	683.0
Aged 35 to 44	3,680	20.4	557.4
Aged 45 to 54	3,346	18.5	468.2
Aged 55 to 64	1,549	8.6	291.8
Aged 65 or Older	1,180	6.5	199.7

*ED visits for which gender is unknown have been excluded.

**ED visits for which age is unknown have been excluded.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

In 2009, the rates of ED visits for nonmedical use of pharmaceuticals within selected drug categories were not significantly different between Boston and the Nation as a whole, with the exception of hydrocodone (Table 6). Specifically, Boston’s rate of ED visits involving hydrocodone was significantly lower than the national rate (11.0 vs. 28.1 visits per 100,000 population).

Table 6. Rates of Emergency Department (ED) Visits Involving Nonmedical Use of Pharmaceuticals, by Drug Category: Boston vs. the Nation, 2009

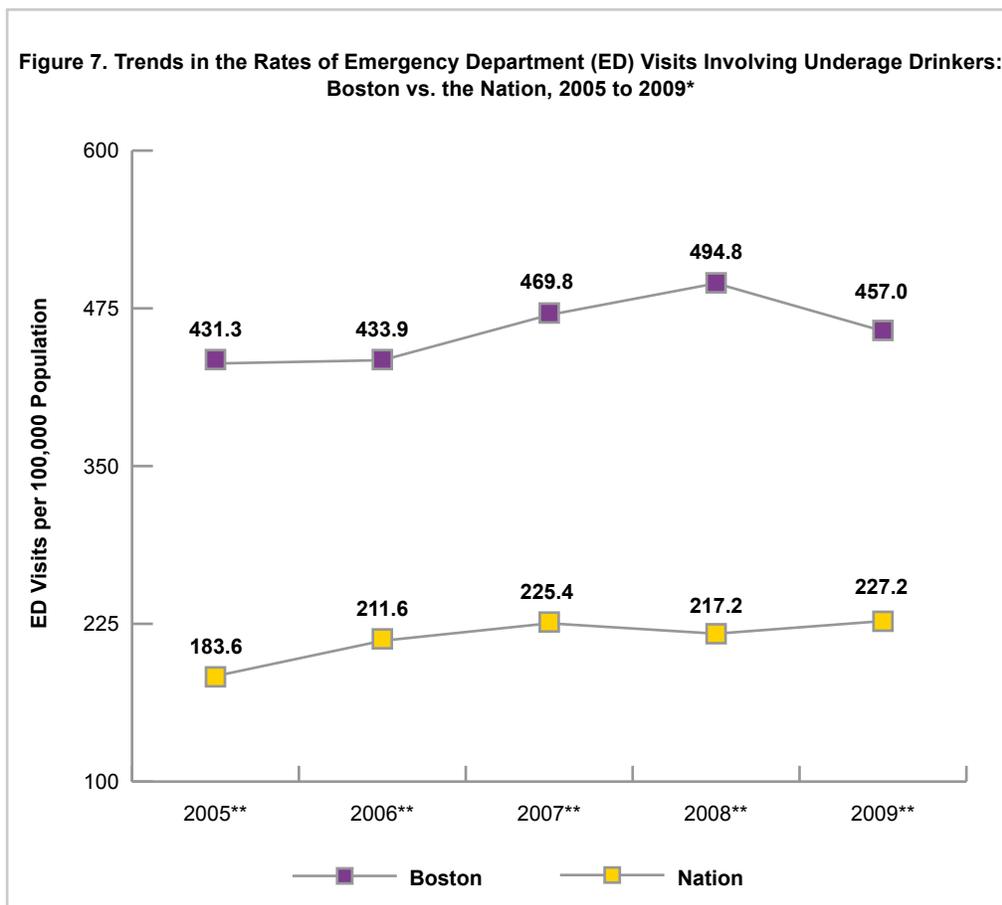
Drug Category and Selected Drugs	Boston Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	285.8	257.8
Pain Relievers	170.0	168.1
Opiates/Opioids	136.4	135.7
Narcotic Pain Relievers	110.3	111.6
Oxycodone	49.3	48.4
Methadone	29.8	20.5
Hydrocodone*	11.0	28.1
Hydromorphone	4.2	4.7
Fentanyl	3.5	6.8
Drugs That Treat Anxiety or Insomnia	135.1	118.3
Benzodiazepines	120.4	101.9
Anticonvulsants	17.7	13.7
Psychotherapeutic Medications	49.2	43.2
Antidepressants	29.9	29.0
Antipsychotics	25.0	18.9
Cardiovascular System Medications	20.8	15.1

*The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

ED Visits Involving Underage Drinkers

Underage drinking continues to be a public health concern in many metropolitan areas and in the Nation as a whole. In DAWN, drug-related ED visits involving underage drinking are those visits related to alcohol use by patients aged 20 or younger. These visits may include alcohol only or alcohol in combination with other drugs. From 2005 through 2009, data show that Boston's rate of drug-related ED visits involving underage drinkers was consistently and significantly higher than the national rate (Figure 7). In fact, each year, Boston's rate of ED visits related to underage drinking was more than twice the national rate.



*The rate includes visits involving alcohol only and alcohol in combination with other drugs.

**The difference between Boston and the Nation was statistically significant at the .05 level.

Source: 2005 to 2009 estimates from the 2009 SAMHSA Drug Abuse Warning Network (DAWN).

Demographic characteristics of underage drinkers who made drug-related visits to Boston EDs in 2009 indicate that

- young adults aged 18 to 20 made the most underage drinking–related ED visits (4,098 visits, or 74.9 percent) and had the highest rate of visits (2,089.5 visits per 100,000 population); and
- 54.5 percent of underage drinking–related ED visits were made by male patients (Table 7).

Table 7. Distribution of Emergency Department (ED) Visits Involving Underage Drinking, by Gender* and Age: Boston, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	5,475	100.0	457.0
Male	2,983	54.5	489.9
Female	2,492	45.5	423.1
Aged 0 to 11	***	***	***
Aged 12 to 17	1,358	24.8	396.0
Aged 18 to 20	4,098	74.9	2,089.5

*ED visits for which gender is unknown have been excluded.

**ED visits for which age is unknown have been excluded.

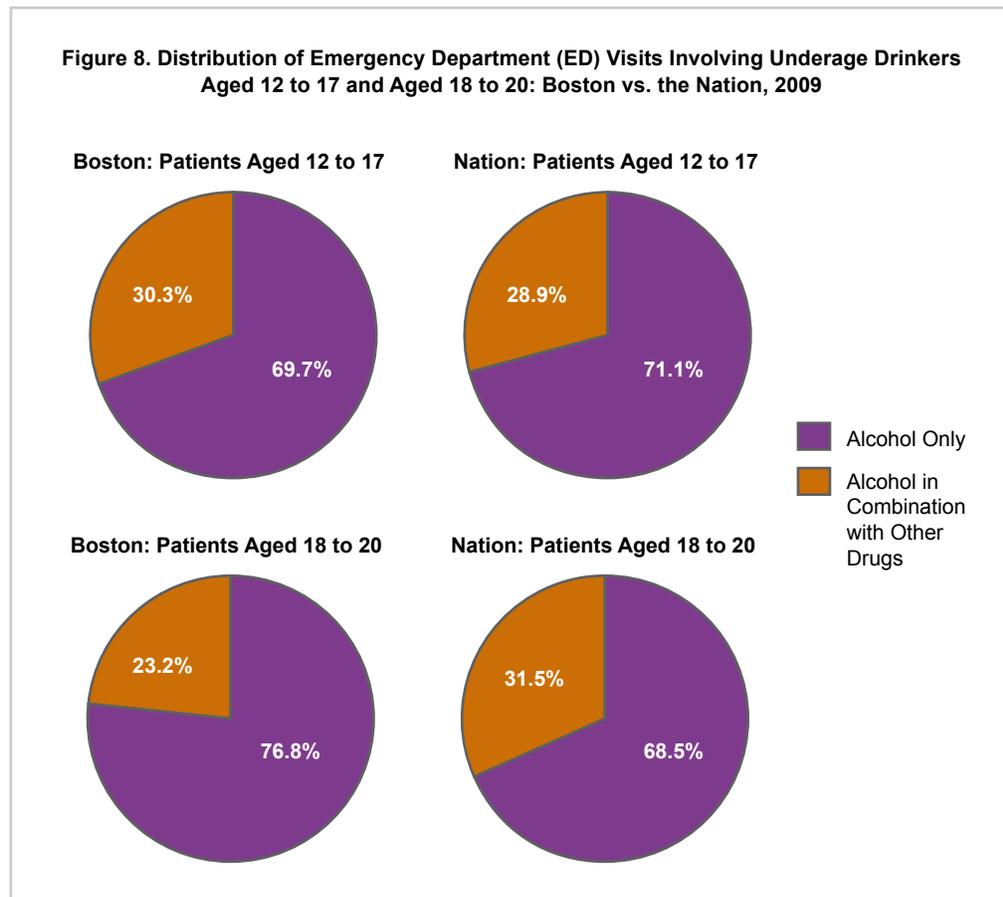
***Estimate suppressed because of low statistical precision.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

In 2009, 25.0 percent of ED visits among Boston's underage drinkers aged 12 to 20 involved alcohol in combination with other drugs, and there were 30.5 percent of such visits in the Nation as a whole (data not shown).

Among underage drinkers aged 12 to 17, the proportion of ED visits involving alcohol in combination with other drugs in Boston was comparable to that of the Nation (30.3 and 28.9 percent, respectively) (Figure 8). Moreover, there were no significant differences between Boston and the Nation among underage drinkers aged 18 to 20.

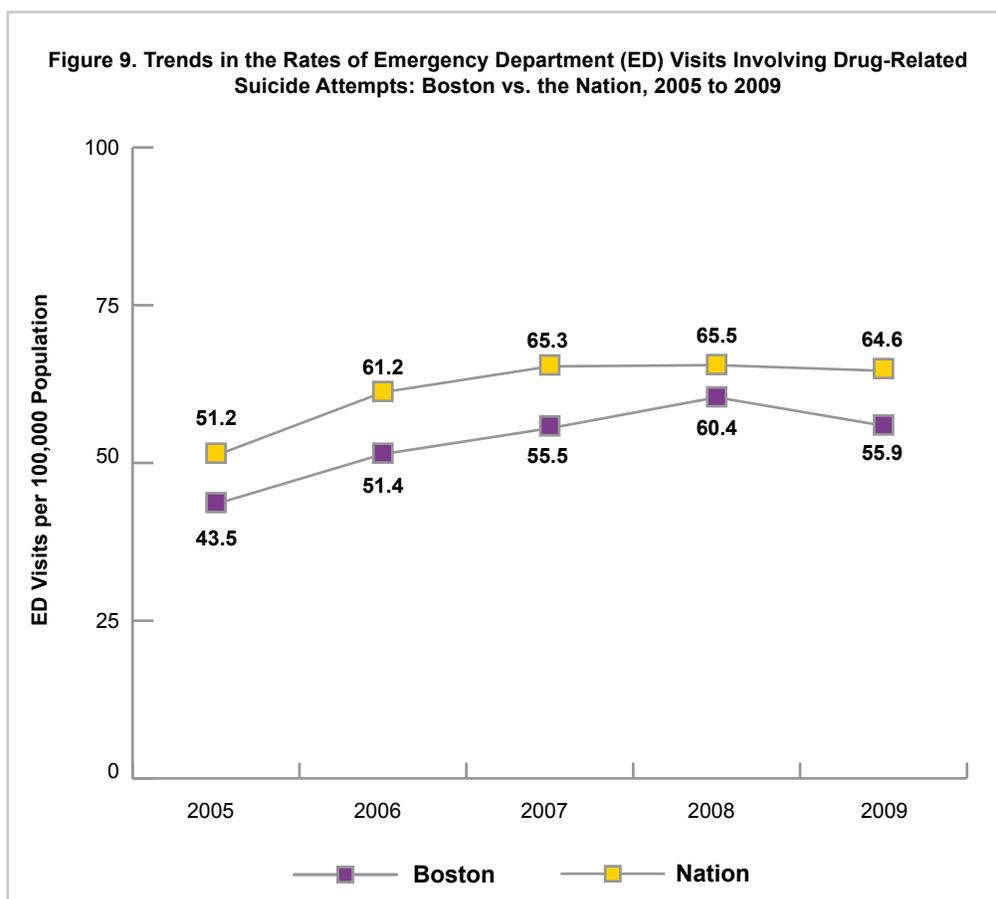
Figure 8. Distribution of Emergency Department (ED) Visits Involving Underage Drinkers Aged 12 to 17 and Aged 18 to 20: Boston vs. the Nation, 2009



Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

ED Visits Involving Drug-Related Suicide Attempts

This section presents information on drug-related suicide attempts that resulted in ED visits. Drug-related suicide attempts are not limited to drug overdoses. If there is drug involvement in a suicide attempt by other means (e.g., if a patient cut his or her wrists while smoking marijuana), the case is considered to be drug related. Excluded are suicide-related behaviors other than actual attempts (e.g., suicidal ideation or suicidal thoughts). From 2005 through 2009, Boston's rate of ED visits involving drug-related suicide attempts was not significantly different from the national rate (Figure 9).



Source: 2005 to 2009 estimates from the 2009 SAMHSA Drug Abuse Warning Network (DAWN).

Demographic characteristics of patients who made a visit involving a drug-related suicide attempt to Boston EDs in 2009 indicate that

- patients aged 25 to 34 made 646 ED visits, or 25.2 percent of visits;
- when population is taken into account, the rate of ED visits was highest for patients aged 18 to 24 (107.7 visits per 100,000 population) and patients aged 25 to 34 (101.1 visits per 100,000 population); and
- 56.3 percent of ED visits were made by female patients (Table 8).

Table 8. Distribution of Emergency Department (ED) Visits Involving a Drug-Related Suicide Attempt, by Gender* and Age: Boston, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	2,566	100.0	55.9
Male	1,122	43.7	50.2
Female	1,445	56.3	61.4
Aged 0 to 11	***	***	***
Aged 12 to 17	201	7.8	58.5
Aged 18 to 24	486	18.9	107.7
Aged 25 to 34	646	25.2	101.1
Aged 35 to 44	545	21.2	82.5
Aged 45 to 54	468	18.2	65.4
Aged 55 to 64	173	6.7	32.5
Aged 65 or Older	***	***	***

*ED visits for which gender is unknown have been excluded.

**ED visits for which age is unknown have been excluded.

***Estimate suppressed because of low statistical precision.

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

An examination of the rate of ED visits involving drug-related suicide attempts in 2009 revealed that there were no statistical differences between Boston and the Nation in the types of drugs involved (Table 9). For both Boston and the Nation, central nervous system medications—specifically, drugs that treat anxiety or insomnia—were the most common pharmaceuticals involved in drug-related suicide attempts.

Table 9. Rates of Emergency Department (ED) Visits Involving a Drug-Related Suicide Attempt, by Drug Category: Boston vs. the Nation, 2009

Drug Category and Selected Drugs	Boston Rate per 100,000 Population	National Rate per 100,000 Population
Alcohol	17.4	20.1
Illicit Drugs	9.4	11.6
Cocaine	5.2	5.9
Heroin	3.1	1.6
Marijuana	2.8	4.6
Central Nervous System Medications	40.9	46.8
Pain Relievers	19.3	24.6
Opiates/Opioids	7.6	10.7
Narcotic Pain Relievers	6.6	9.6
Drugs That Treat Anxiety or Insomnia	23.3	25.3
Benzodiazepines	18.0	18.5
Anticonvulsants	4.8	4.3
Psychotherapeutic Medications	17.1	17.1
Antidepressants	10.2	11.8
Antipsychotics	9.1	7.8
Cardiovascular System Medications	3.9	3.5

Source: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

Glossary for the Pharmaceuticals Mentioned in This Report

- **Anticonvulsants**—These medications prevent the brain from seizure activity and include those that treat epilepsy as well as those that can alleviate the discomfort associated with nerve damage. Common anticonvulsants include phenytoin (Dilantin®) and carbamazepine (Carbatrol®).
- **Antidepressants**—This category of drugs includes psychotherapeutic medications that are used to treat depression and other mental disorders. There are several types of antidepressants including: selective serotonin reuptake inhibitors (e.g., fluoxetine, or Prozac®), serotonin and norepinephrine reuptake inhibitors (e.g., duloxetine, or Cymbalta®), norepinephrine and dopamine reuptake inhibitors (e.g., bupropion, or Wellbutrin®), and atypical antidepressants (e.g., trazodone, or Desyrel®; mirtazapine, or Remeron®), and monoamine oxidase inhibitors (e.g., phenelzine, or Nardil®).
- **Anti-infection Medications**—Anti-infection medications are used to treat conditions caused by bacteria, viruses, protozoa, worms, fungi, and yeast. Drugs that treat infections include penicillins, azithromycin (Zithromax®), cephalexin (Keflex®), clindamycin (Cleocin®), and fluconazole (Diflucan®).
- **Antipsychotics**—Antipsychotic pharmaceuticals are used to treat mental disorders; the antipsychotic category includes drugs such as chlorpromazine (Thorazine®), haloperidol (Haldol®), and clozapine (Clozaril®). See also *Antidepressants* and *Psychotherapeutic Medications*.
- **Blood Modifiers**—Medications that alter the blood, including drugs that prevent blood from clotting, that dissolve blood clots, or that cause the blood to clot. Examples of blood modifiers include warfarin (Coumadin®), alteplase (Activase®), and factor IX complex.
- **Cancer Drugs**—A category of drugs that treats cancer. Examples of cancer drugs include medications such as paclitaxel (Taxol®), cyclophosphamide (Cytosan®), and chlorambucil (Leukeran®).
- **Cardiovascular System Medications**—Cardiovascular system medications treat conditions of the cardiovascular system such as angina and arrhythmia. Examples of such medications include beta blockers and diuretics.
- **Central Nervous System Medications**—As used by DAWN, central nervous system medications are a broad class of pharmaceuticals that act on the central nervous system. Major drug types grouped under this heading are: narcotic pain relievers (e.g., OxyContin®), nonnarcotic pain relievers (e.g., tramadol), anticonvulsants (e.g., Depakote®), drugs to treat anxiety (e.g., Klonopin®), central nervous system stimulants (e.g., Adderall®), and muscle relaxants (e.g., Soma®).
- **Drugs for Metabolic Disorders**—A category of medications that treat disorders or conditions that impact the metabolism. Examples of such drugs include antidiabetic agents (e.g., insulin), lipid-lowering drugs (e.g., Zocor® and Lipitor®), and antiobesity drugs (e.g., Orlistat®).

- **Drugs That Treat Anxiety or Insomnia**—This category includes drugs to treat anxiety or insomnia and includes: barbiturates (e.g., Seconal®), benzodiazepines (e.g., Xanax®, Klonopin®, Ativan®), and medications to treat sleep disorders (e.g., Ambien®).
- **Gastrointestinal System Medications**—A category of drugs that includes antacids, antidiarrheals, digestive enzymes, and laxatives.
- **Hormones**—A category of drugs that supplies hormones to the body, such as adrenal cortical steroids, thyroid medications (e.g., Synthroid®), hydrocortisone, prednisone, and contraceptives.
- **Immune System Medications**—Used to treat immune system conditions, this category includes antivirals (e.g., influenza shot) and vaccines (e.g., tetanus shot).
- **Narcotic Pain Relievers**—Used to treat severe pain, the category of narcotic pain relievers includes codeine, fentanyl (e.g., Actiq®), hydrocodone (e.g., Lortab® and Vicodin®), hydromorphone (e.g., Dilaudid®), oxycodone (e.g., OxyContin®), morphine, and methadone.
- **Nutritional Products**—A broad category of pharmaceuticals that includes products such as minerals, electrolytes, and vitamins.
- **Opiates/Opioids**—This category comprises pain relievers that contain opiates or opioids (synthetic opiates). *Narcotic Pain Relievers* are in this category, as are drugs identified by toxicology as opiate/opioid metabolites.
- **Pain Relievers**—This category includes narcotic and nonnarcotic pain relievers.
- **Psychotherapeutic Medications**—A general grouping of drugs that primarily includes *Antidepressants* and *Antipsychotics*.
- **Respiratory System Medications**—Drugs that treat conditions or diseases of the respiratory system, including medications such as antihistamines, bronchodilators, decongestants, and expectorants.
- **Topical Agents**—A category of drugs that includes antiseptics and germicides, dermatological medications, and topical antibacterials.