

Metro

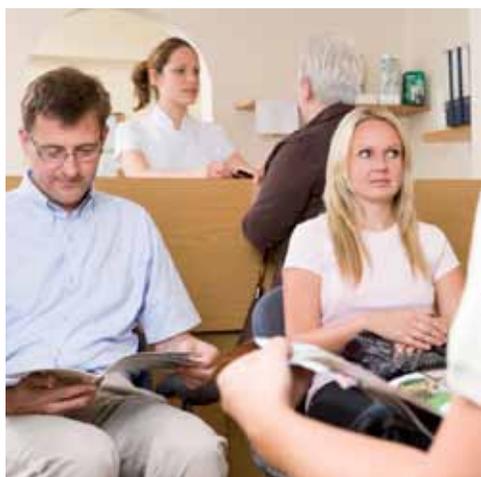
BRIEF



Drug-Related Emergency Department Visits in Metropolitan Areas

San Diego

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 San Diego–Carlsbad–San Marcos, CA, Metropolitan Statistical Area, hereafter referred to as “San Diego.”^{1,2}

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 San Diego statistics.³ Statistical testing was used for comparisons of rates for the sociodemographic characteristics, trends, and drug types within San Diego and between San Diego 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.

¹ Data for San Diego are representative of the 24-hour, general purpose EDs in the San Diego–Carlsbad–San Marcos, CA, Metropolitan Statistical Area. The area includes San Diego, Carlsbad, San Marcos, National City, and San Diego County.

² The rest of the metropolitan reports in this series report data from 2005 to 2009. In San Diego, the rates for 2009 were unreliable because of low representation in the area for that year. Thus, this report will only present data for 2005 to 2008.

³ The percentage of missing data for age or gender in San Diego was less than 0.1 percent.



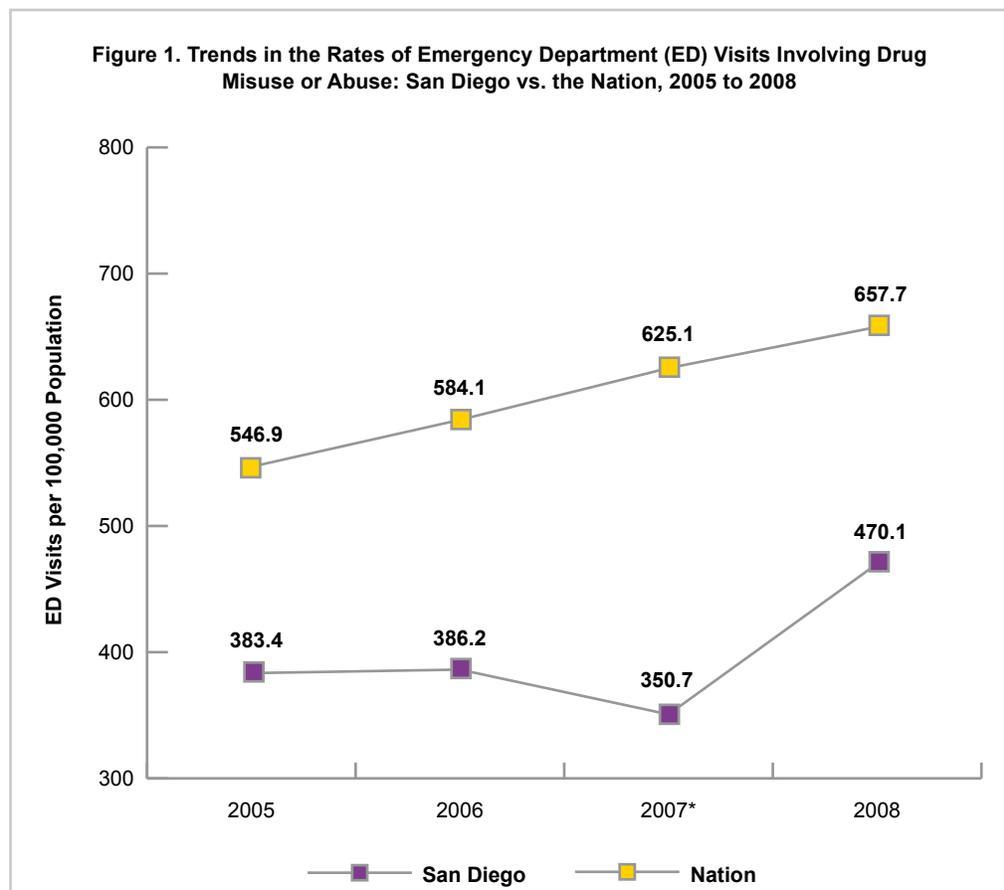
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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Overview

In 2008, DAWN data show an estimated 31,539 drug-related ED visits—a rate of 1,050.9 visits per 100,000 population—were made to San Diego EDs. These data represent the total ED visits in which drugs were 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 to 2008, San Diego's rate of ED visits involving drug misuse or abuse was only significantly different from the national rate in 2007 (350.7 vs. 625.1 visits per 100,000 population) (Figure 1).



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

Source: 2005 to 2008 estimates from the 2008 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in San Diego who made an ED visit involving drug misuse or abuse in 2008 show that

- patients aged 18 to 24 made 2,984 visits (21.2 percent);
- when population is taken into account, patients aged 18 to 24 had a rate of 850.3 visits per 100,000 population; and
- the percentages of ED visits were not statistically different by gender, with 55.2 percent of visits made by males and 44.8 percent made by females (Table 1).

Table 1. Distribution of Emergency Department (ED) Visits Involving Misuse or Abuse of Drugs, by Gender* and Age: San Diego, 2008**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	14,109	100.0	470.1
Male	7,774	55.2	514.7
Female	6,315	44.8	423.6
Aged 0 to 11	***	***	***
Aged 12 to 17	1,140	8.1	477.4
Aged 18 to 24	2,984	21.2	850.3
Aged 25 to 34	2,529	18.0	579.9
Aged 35 to 44	2,588	18.4	604.2
Aged 45 to 54	2,636	18.7	634.5
Aged 55 to 64	1,263	9.0	441.5
Aged 65 or Older	890	6.3	264.0

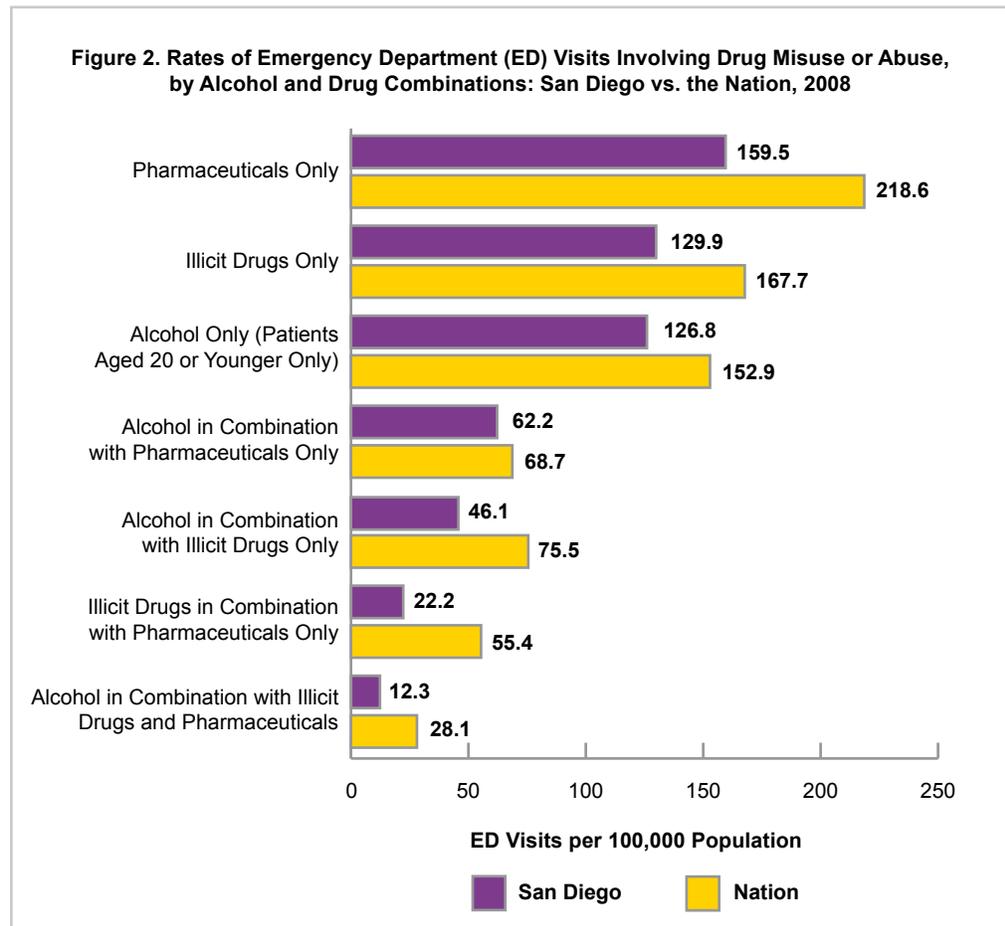
*ED visits for which gender is unknown have been excluded.

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

***Estimate suppressed because of low statistical precision.

Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

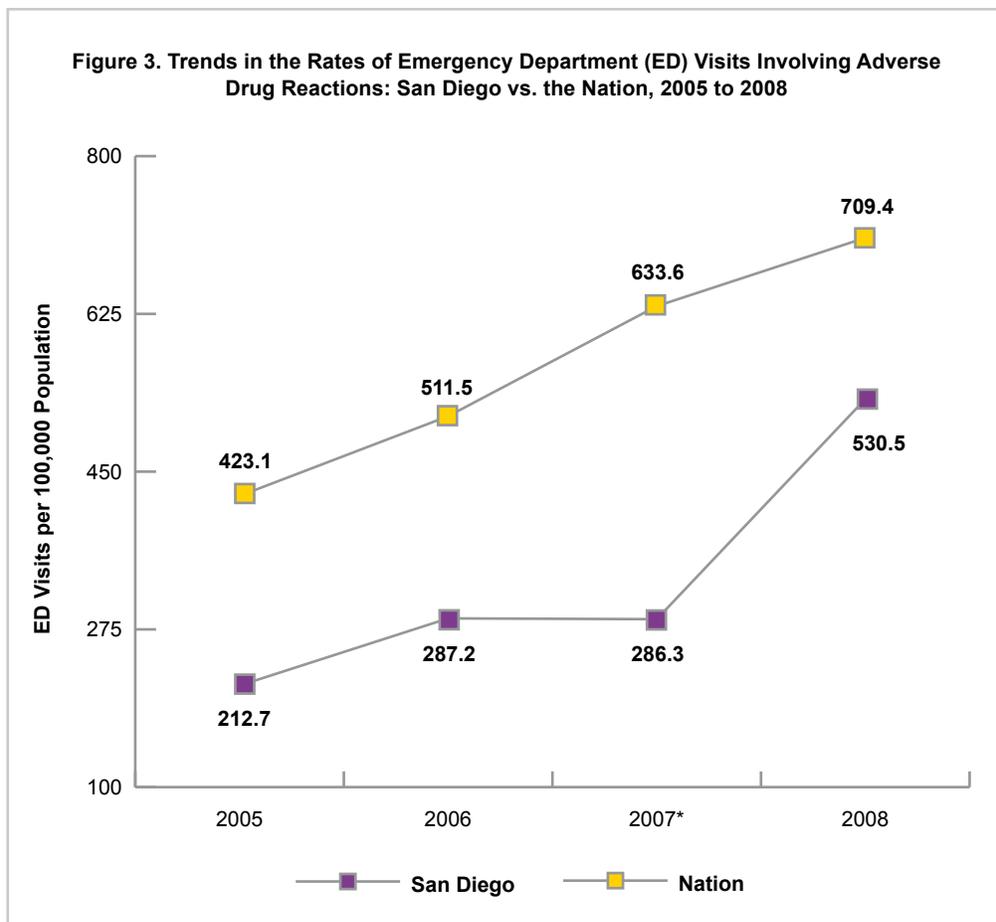
DAWN data also can provide information on the different drug combinations involved in ED visits related to drug misuse or abuse. In 2008, there were no statistical differences between San Diego and the Nation with respect to the rates of the types and combinations of drugs in ED visits involving drug misuse or abuse (Figure 2).



Source: 2008 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. San Diego's rate of ED visits involving adverse drug reactions was significantly lower than that of the Nation in 2007 (286.3 vs. 633.6 visits per 100,000 population) (Figure 3).



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

Source: 2005 to 2008 estimates from the 2008 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in San Diego who made ED visits involving adverse reactions to drugs in 2008 show that

- patients aged 65 or older made the most ED visits (5,676 visits, or 35.7 percent) and had a rate of 1,684.3 visits per 100,000 population; and
- about 3 in 5 ED visits (60.8 percent) were made by female patients (Table 2).

Table 2. Distribution of Emergency Department (ED) Visits Involving Adverse Drug Reactions, by Gender* and Age: San Diego, 2008**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	15,922	100.0	530.5
Male	6,240	39.2	413.2
Female	9,675	60.8	648.9
Aged 0 to 11	561	3.5	110.5
Aged 12 to 17	359	2.3	150.5
Aged 18 to 24	998	6.3	284.4
Aged 25 to 34	1,735	10.9	397.8
Aged 35 to 44	1,795	11.3	419.0
Aged 45 to 54	2,404	15.1	578.6
Aged 55 to 64	2,387	15.0	834.4
Aged 65 or Older	5,676	35.7	1,684.3

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

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

Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

In 2008, the rates of adverse reaction-related ED visits in San Diego were similar to the national rates by drug type (Table 3). The one exception was San Diego’s rate of ED visits involving adverse reactions to immune system medications, which was significantly lower than the national rate (6.5 vs. 27.0 visits per 100,000 population).

Table 3. Rates of Emergency Department (ED) Visits Involving Adverse Drug Reactions, by Drug Category: San Diego vs. the Nation, 2008

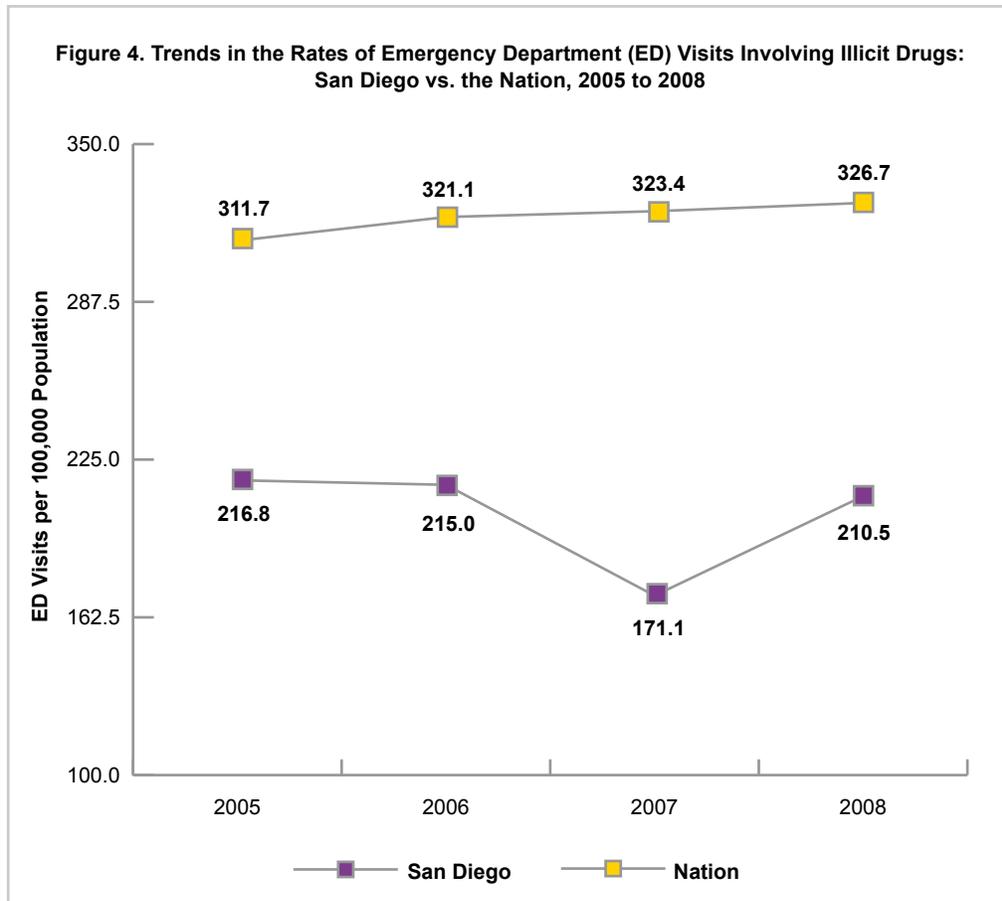
Drug Category and Selected Drugs	San Diego Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	150.5	186.2
Pain Relievers	101.6	119.7
Opiates/Opioids	62.2	66.5
Narcotic Pain Relievers	59.3	65.4
Hydrocodone	29.0	26.4
Oxycodone	11.5	18.0
Drugs That Treat Anxiety or Insomnia	25.7	33.1
Benzodiazepines	16.1	20.4
Anticonvulsants	18.0	27.3
Anti-infection Medications	113.6	160.4
Blood Modifiers	42.2	72.5
Drugs for Metabolic Disorders	39.7	56.7
Antidiabetic Agents	33.0	44.5
Cancer Drugs	37.4	31.1
Respiratory System Medications	16.7	29.6
Gastrointestinal System Medications	15.0	23.8
Nutritional Products	9.6	20.9
Topical Agents	8.8	14.1
Immune System Medications*	6.5	27.0

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

Source: 2008 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 to 2008, the rate of ED visits involving illicit drugs in San Diego was not significantly different from that of the Nation as a whole (Figure 4).



Source: 2005 to 2008 estimates from the 2008 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in San Diego who made ED visits related to illicit drugs in 2008 show that

- age groups from 18 to 24 to 45 to 54 had similar percentages (ranging from 19.1 to 22.9 percent);
- when population is taken into account, patients aged 18 to 24 had a rate of 411.7 visits per 100,000 population; and
- almost two thirds (65.6 percent) of ED visits were made by male patients (Table 4).

Table 4. Distribution of Emergency Department (ED) Visits Involving Illicit Drugs, by Gender and Age*: San Diego, 2008

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	6,317	100.0	210.5
Male	4,134	65.6	273.7
Female	2,167	34.4	145.4
Aged 0 to 11	***	***	***
Aged 12 to 17	335	5.3	140.2
Aged 18 to 24	1,445	22.9	411.7
Aged 25 to 34	1,422	22.6	326.0
Aged 35 to 44	1,409	22.4	329.0
Aged 45 to 54	1,205	19.1	290.0
Aged 55 to 64	401	6.4	140.3
Aged 65 or Older	***	***	***

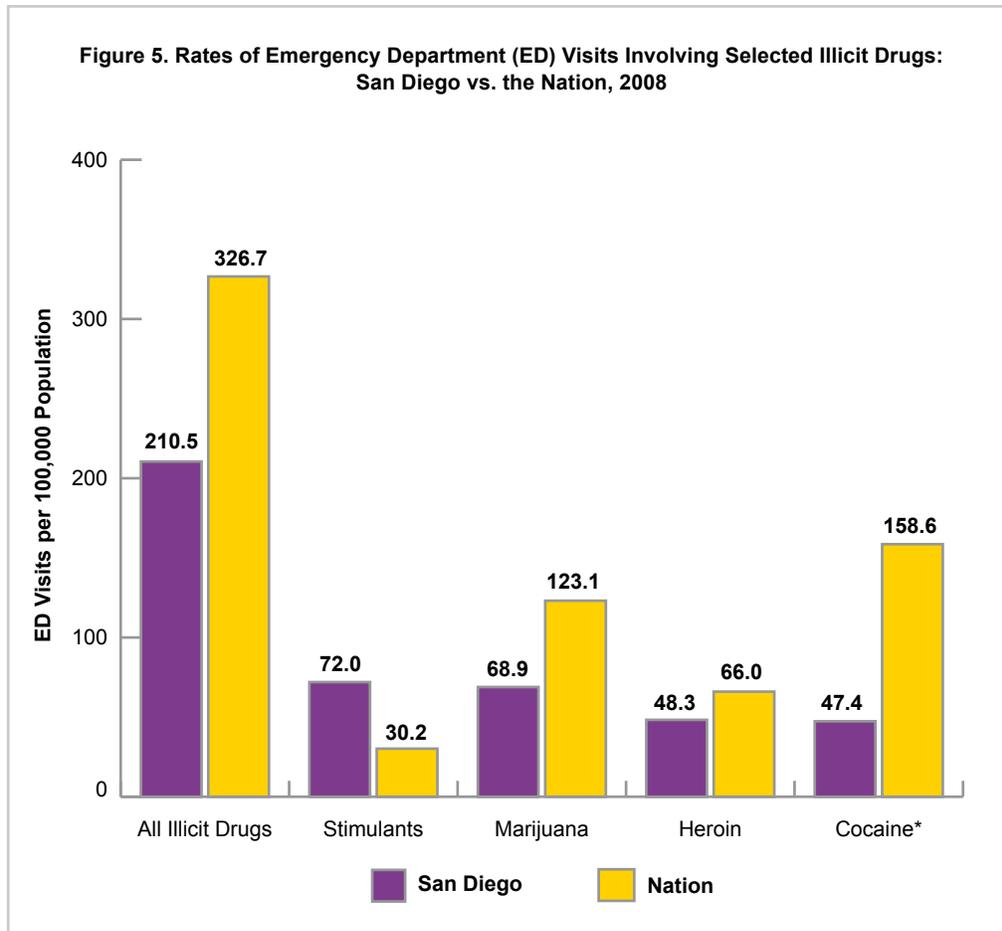
*ED visits for which gender is unknown have been excluded.

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

***Estimate suppressed because of low statistical precision.

Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

In 2008, San Diego's rate of drug-related ED visits involving illicit drugs overall was not significantly different from the national rate (210.5 and 326.7 visits per 100,000 population, respectively); however, there was one difference when selected drugs were examined (Figure 5). Specifically, compared with the Nation as a whole, San Diego had a significantly lower rate of ED visits involving cocaine (47.4 vs. 158.6 visits per 100,000 population) in 2008.

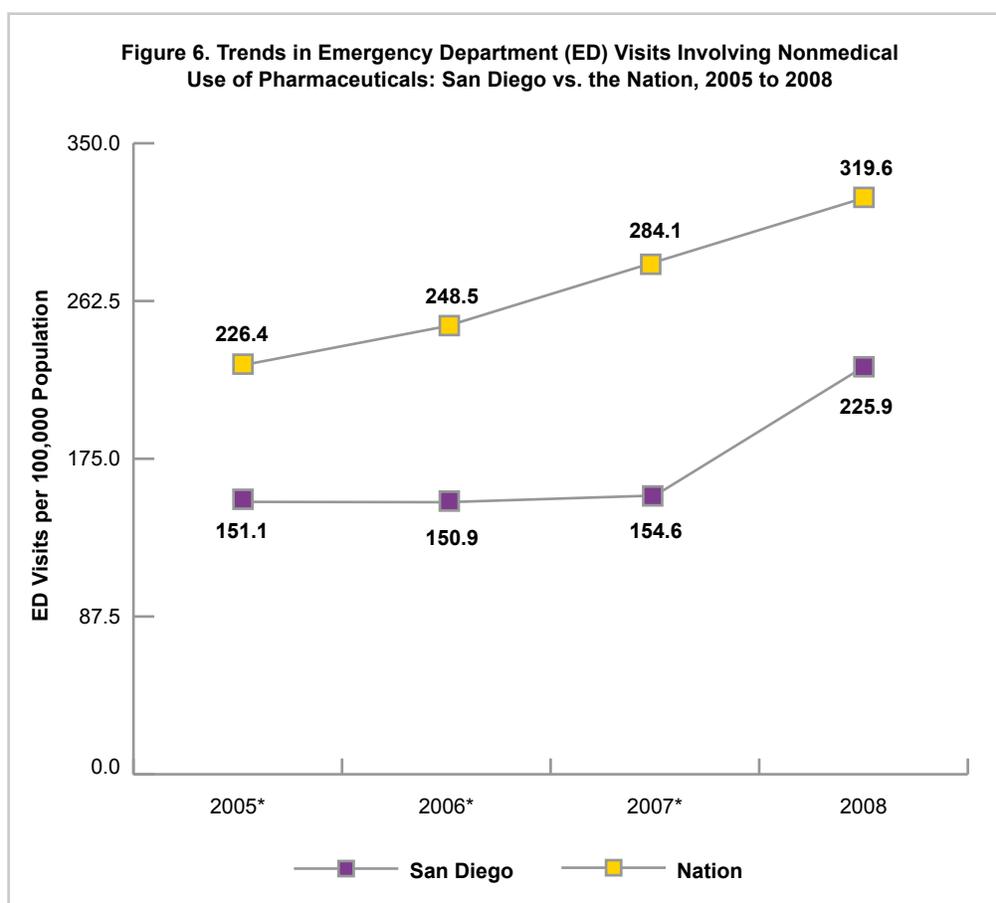


*The difference between San Diego and the Nation was statistically significant at the .05 level.

Source: 2008 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. From 2005 through 2007, San Diego’s rate of visits involving the nonmedical use of pharmaceuticals was significantly lower than the rate for the Nation (Figure 6).



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

Source: 2005 to 2008 estimates from the 2008 SAMHSA Drug Abuse Warning Network (DAWN).

The demographic characteristics of patients in San Diego who made a drug-related ED visit involving nonmedical use of pharmaceuticals in 2008 show that

- patients aged 45 to 54 made 1,366 visits (20.2 percent) and had a rate of 328.9 visits per 100,000 population; and
- by gender, the percentage of visits was evenly divided between males and females (47.0 and 53.0 percent, respectively) (Table 5).

Table 5. Distribution of Emergency Department (ED) Visits Involving Nonmedical Use of Pharmaceuticals, by Gender* and Age: San Diego, 2008**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	6,779	100.0	225.9
Male	3,182	47.0	210.7
Female	3,589	53.0	240.8
Aged 0 to 11	***	***	***
Aged 12 to 17	379	5.6	159.0
Aged 18 to 24	1,046	15.4	298.0
Aged 25 to 34	1,150	17.0	263.7
Aged 35 to 44	1,199	17.7	280.0
Aged 45 to 54	1,366	20.2	328.9
Aged 55 to 64	827	12.2	288.9
Aged 65 or Older	768	11.3	228.0

*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: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

In 2008, there was only one difference between San Diego and the Nation with regard to the rate of ED visits for nonmedical use of pharmaceuticals within selected drug categories (Table 6). Specifically, San Diego’s rate of ED visits involving nonmedical use of pharmaceuticals was significantly lower than the national rate when fentanyl was involved (2.5 vs. 6.6 visits per 100,000 population).

Table 6. Rates of Emergency Department (ED) Visits Involving Nonmedical Use of Pharmaceuticals, by Drug Category: San Diego vs. the Nation, 2008

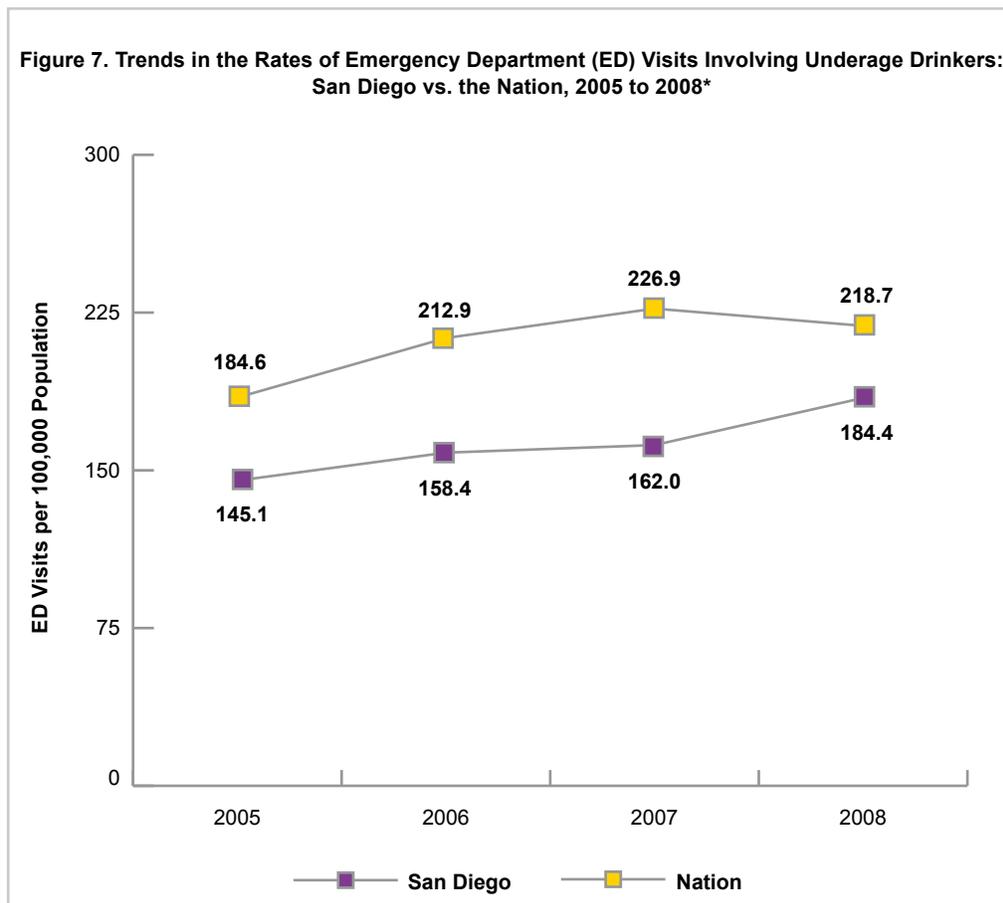
Drug Category and Selected Drugs	San Diego Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	169.0	236.2
Pain Relievers	103.6	150.7
Opiates/Opioids	80.5	120.6
Narcotic Pain Relievers	62.0	100.6
Oxycodone	20.4	34.6
Hydrocodone	22.6	29.3
Methadone	8.7	20.9
Morphine	6.6	9.5
Fentanyl*	2.5	6.6
Anticonvulsants	8.8	12.3
Drugs That Treat Anxiety or Insomnia	69.5	106.9
Benzodiazepines	55.4	89.4
Psychotherapeutic Medications	29.2	40.9
Antidepressants	18.6	26.6
Antipsychotics	13.5	18.1
Cardiovascular System Medications	12.6	13.7
Drugs for Metabolic Disorders	10.1	8.3
Respiratory System Medications	6.9	10.3

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

Source: 2008 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 to 2008, San Diego's rate of drug-related ED visits involving underage drinkers was not significantly different from the national rate for this time period (Figure 7). In 2008, the rate for visits involving underage drinking in San Diego was 184.4 visits per 100,000 population, and the national rate was 218.7 visits per 100,000 population.



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

Source: 2005 to 2008 estimates from the 2008 SAMHSA Drug Abuse Warning Network (DAWN).

Demographic characteristics of underage drinkers who made drug-related visits to San Diego EDs in 2008 indicate that

- young adults aged 18 to 20 made 974 ED visits related to underage drinking (58.9 percent) and had the highest rate of visits (647.8 visits per 100,000 population); and
- the percentages of ED visits were not statistically different by gender, with 54.6 percent of visits made by males and 45.4 percent made by females (Table 7).

Table 7. Distribution of Emergency Department (ED) Visits Involving Underage Drinking, by Gender* and Age: San Diego, 2008**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	1,655	100.0	184.4
Male	904	54.6	194.3
Female	751	45.4	173.7
Aged 0 to 11	***	***	***
Aged 12 to 17	668	40.4	279.9
Aged 18 to 20	974	58.9	647.8

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

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

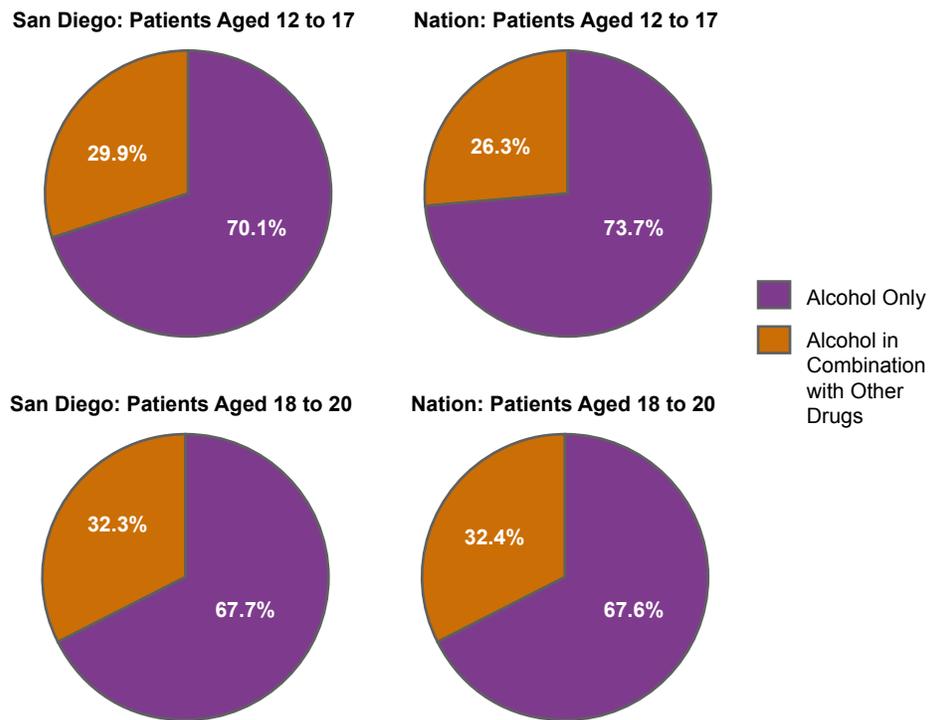
***Estimate suppressed because of low statistical precision.

Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

In 2008, 31.3 percent of ED visits among San Diego's underage drinkers aged 12 to 20 involved alcohol in combination with other drugs, and 30.0 percent of such visits for the Nation as a whole were related to alcohol in combination with other drugs (data not shown).

Among underage drinkers aged 12 to 17, the proportion of ED visits involving alcohol in combination with other drugs in San Diego was similar to that of the Nation (29.9 and 26.3 percent, respectively) (Figure 8). The proportion of ED visits in San Diego involving alcohol in combination with other drugs among underage drinkers aged 18 to 20 was also similar to the national percentage (32.3 and 32.4 percent, respectively).

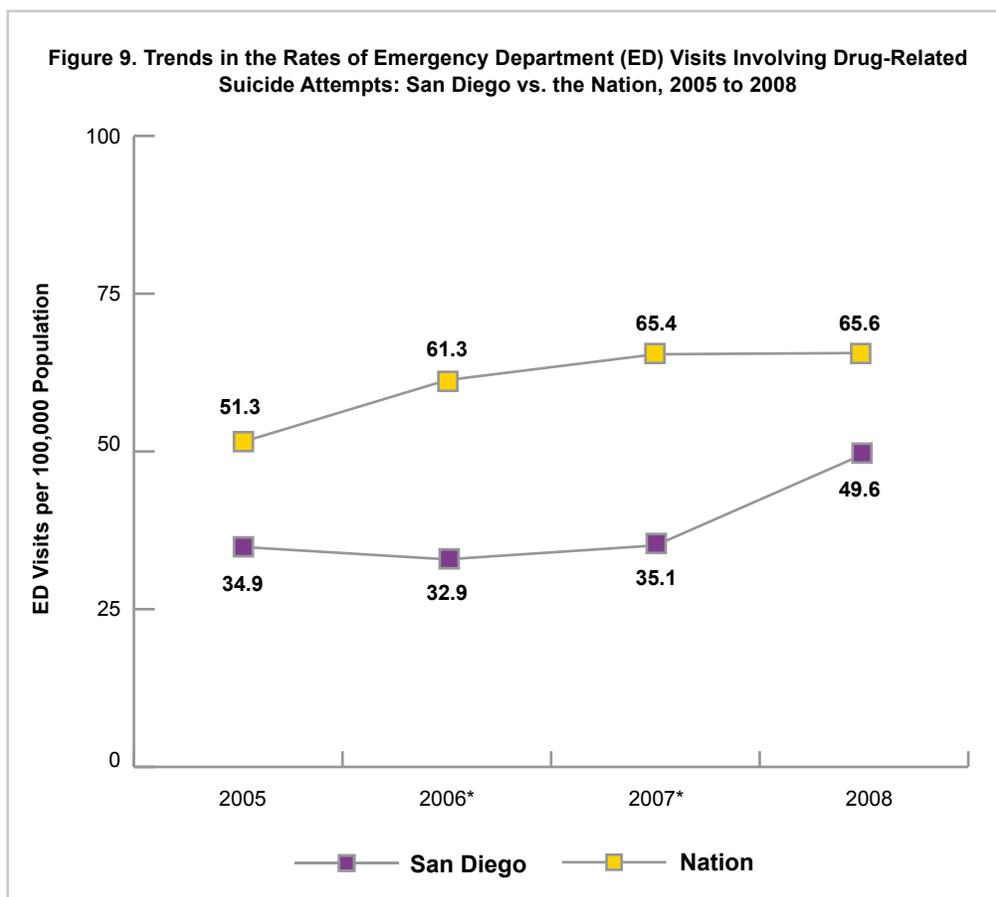
Figure 8. Distribution of Emergency Department (ED) Visits Involving Underage Drinkers Aged 12 to 17 and Aged 18 to 20: San Diego vs. the Nation, 2008



Source: 2008 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). San Diego's rate of ED visits involving drug-related suicide attempts was significantly lower than the national rate in 2006 (32.9 vs. 61.3 visits per 100,000 population) and 2007 (35.1 vs. 65.4 visits per 100,000 population) only (Figure 9).



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

Source: 2005 to 2008 estimates from the 2008 SAMHSA Drug Abuse Warning Network (DAWN).

Demographic characteristics of patients who made visits to San Diego EDs involving drug-related suicide attempts in 2008 indicate that

- patients aged 25 to 34 and patients aged 35 to 44 each made about 1 in 5 ED visits for drug-related suicide attempts (20.6 and 20.5 percent, respectively);
- patients aged 18 to 24 had a rate of 75.1 visits per 100,000 population; and
- the percentages of ED visits were not statistically different by gender, with 37.0 percent of visits made by males and 63.0 percent made by females (Table 8).

Table 8. Distribution of Emergency Department (ED) Visits Involving a Drug-Related Suicide Attempt, by Gender* and Age: San Diego, 2008**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	1,488	100.0	49.6
Male	550	37.0	36.4
Female	936	63.0	62.8
Aged 0 to 11	***	***	***
Aged 12 to 17	169	11.3	70.6
Aged 18 to 24	264	17.7	75.1
Aged 25 to 34	307	20.6	70.3
Aged 35 to 44	305	20.5	71.2
Aged 45 to 54	251	16.9	60.4
Aged 55 to 64	102	6.9	35.6
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: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

An examination of the rates of ED visits involving drug-related suicide attempts in 2008 revealed that the San Diego rates for most types of drugs were similar to the national rates (Table 9); however, San Diego had a lower rate of illicit drug involvement for ED visits related to suicide attempts than the Nation as a whole did (4.3 vs. 12.1 visits per 100,000 population).

Table 9. Rates of Emergency Department (ED) Visits Involving a Drug-Related Suicide Attempt, by Drug Category: San Diego vs. the Nation, 2008

Drug Category and Selected Drugs	San Diego Rate per 100,000 Population	National Rate per 100,000 Population
Alcohol	15.1	19.6
Illicit Drugs*	4.3	12.1
Central Nervous System Medications	38.0	47.0
Pain Relievers	20.1	24.5
Opiates/Opioids	9.7	9.9
Narcotic Pain Relievers	9.3	8.8
Drugs That Treat Anxiety or Insomnia	19.5	26.0
Benzodiazepines	14.9	18.4
Psychotherapeutic Medications	14.1	19.3
Antidepressants	10.3	13.5
Antipsychotics	5.9	8.4

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

Source: 2008 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.