

# 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 San Francisco Metropolitan Division, hereafter referred to as “San Francisco.”<sup>1</sup>*

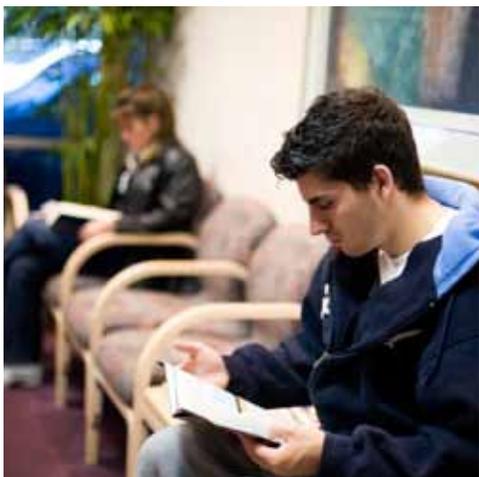
The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related ED visits in the United States. DAWN uses a probability sample of hospitals to produce annual estimates of drug-related ED visits for the United States and selected metropolitan areas. To be a DAWN 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 Francisco statistics.<sup>2</sup> Statistical testing was used for comparisons of rates for the sociodemographic characteristics, trends, and drug types within San Francisco and between San Francisco 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 28,859 drug-related visits—a rate of 1,616.6 visits per 100,000 population—were made to San Francisco EDs. These data represent the total ED visits in which drugs



<sup>1</sup> Data for San Francisco are representative of the 24-hour, general purpose EDs in the San Francisco, CA, Metropolitan Statistical Division. The area includes: San Francisco County, Marin County, and San Mateo County.

<sup>2</sup> The percentage of missing data for age or gender in San Francisco was less than 0.1 percent.

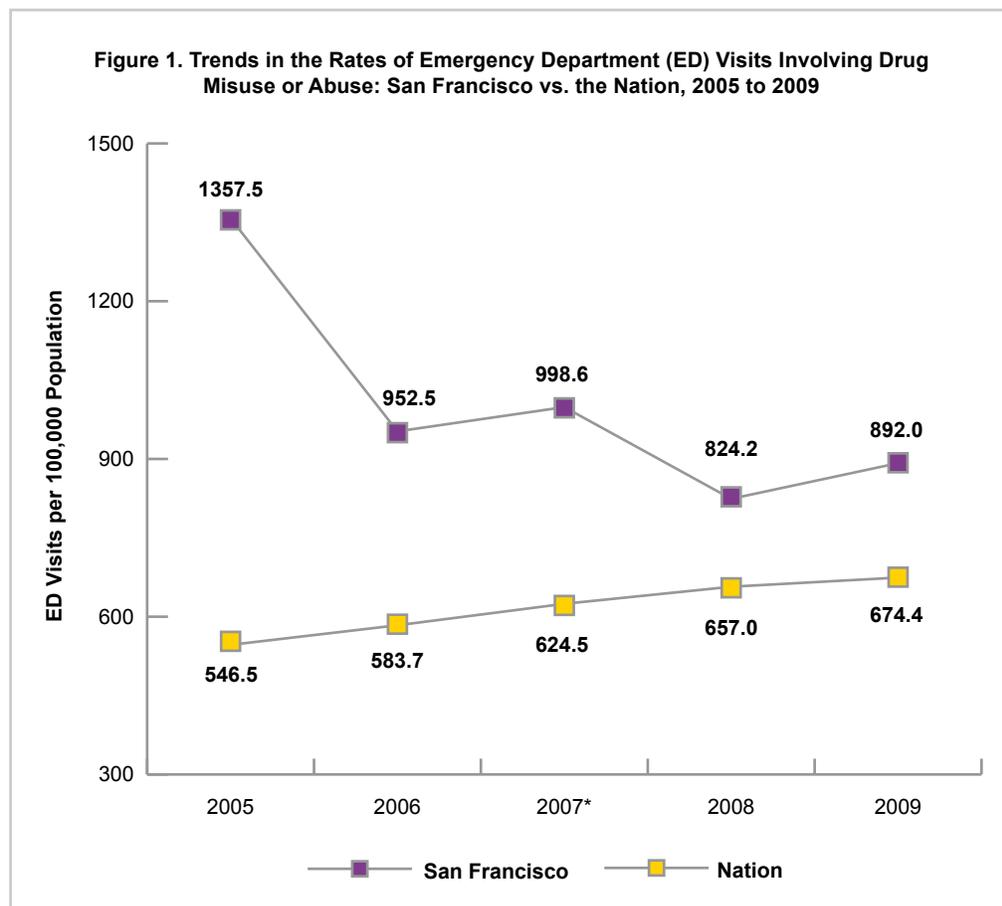


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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were taken for any reason—not just drug abuse—and involve illegal drugs, prescription and over-the-counter pharmaceuticals (e.g., dietary supplements, cough medicine), nonpharmaceutical inhalants, alcohol 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. San Francisco's rate of ED visits involving drug misuse or abuse was significantly higher than the national rate in 2007; however, in other years, the rate was not statistically different from that of the Nation as a whole (Figure 1).



\*The difference between San Francisco 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 San Francisco who made an ED visit involving drug misuse or abuse in 2009 show that

- patients aged 35 to 44 made 3,553 visits (22.4 percent);
- when population is taken into account, patients aged 18 to 24 had a rate of 1,770.8 visits per 100,000 population; and
- 63.0 percent of ED visits were made by male patients (Table 1).

**Table 1. Distribution of Emergency Department (ED) Visits Involving Misuse or Abuse of Drugs, by Gender\* and Age\*\*: San Francisco, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	15,923	100.0	892.0
Male	10,034	63.0	1,118.0
Female	5,888	37.0	663.3
Aged 0 to 11	***	***	***
Aged 12 to 17	940	5.9	967.4
Aged 18 to 24	2,366	14.9	1,770.8
Aged 25 to 34	3,134	19.7	1,040.8
Aged 35 to 44	3,553	22.4	1,239.7
Aged 45 to 54	3,368	21.2	1,271.3
Aged 55 to 64	1,581	9.9	720.1
Aged 65 or Older	888	5.6	356.4

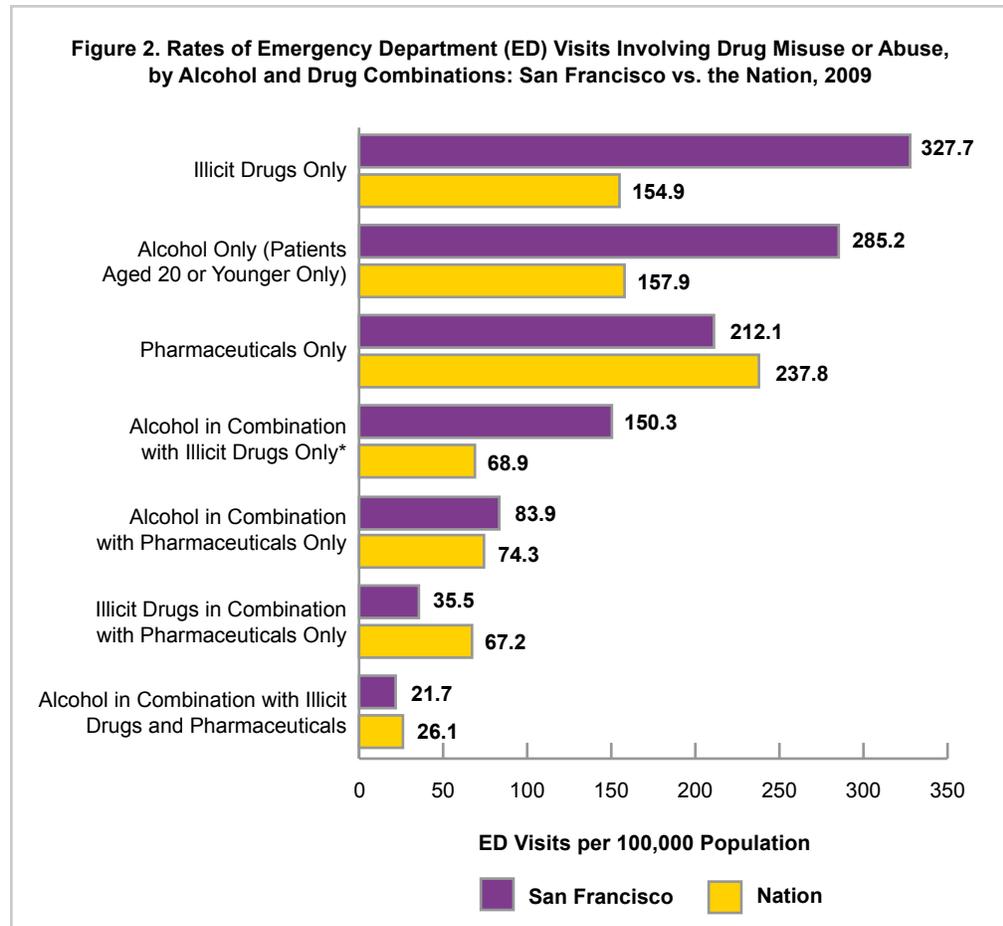
\*ED visits for which gender is unknown have been excluded.

\*\*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).

DAWN data also can provide information on the different drug combinations involved in ED visits related to drug misuse or abuse. In 2009, the rate for most types and combinations of drugs in ED visits involving drug misuse or abuse were similar in San Francisco and in the Nation as a whole (Figure 2). However, San Francisco's rate was significantly higher than that of the Nation for visits involving alcohol in combination with illicit drugs only (150.3 vs. 68.9 visits per 100,000 population).

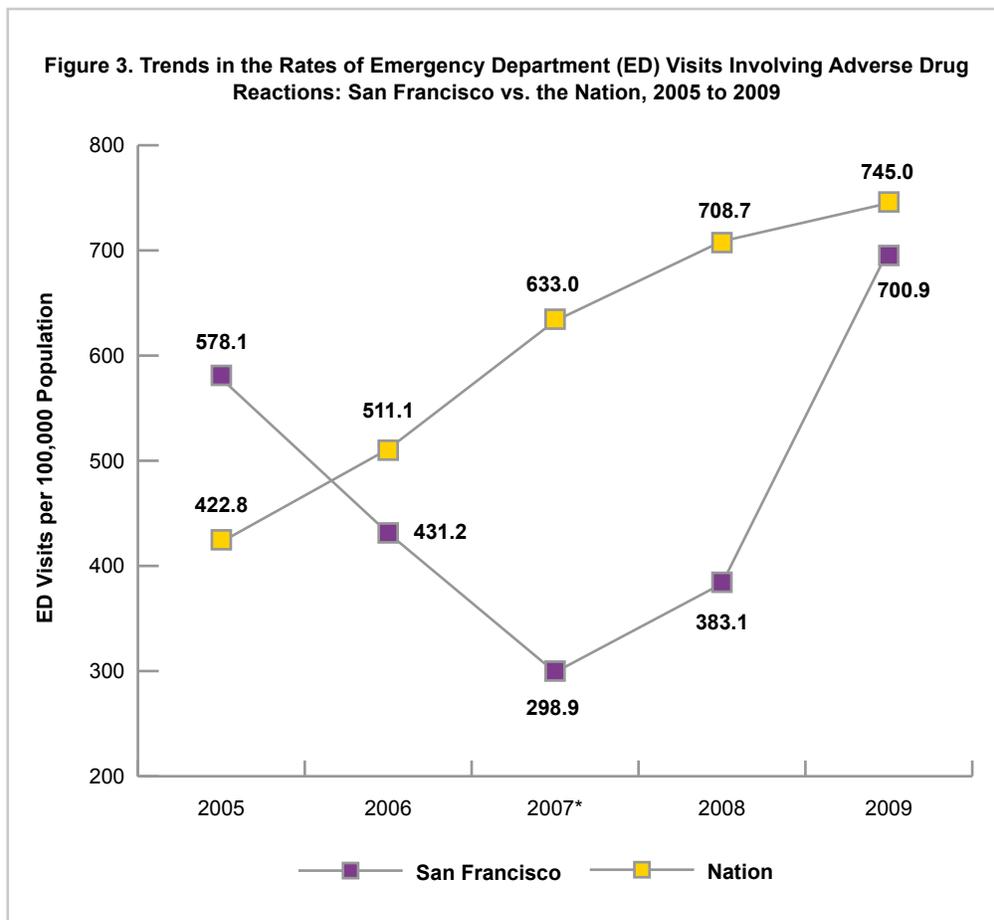


\*The difference between San Francisco and the Nation was statistically significant at the .05 level.

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. San Francisco's rate of ED visits involving adverse drug reactions was significantly lower than the national rate in 2007 (298.9 vs. 633.0 visits per 100,000 population) only (Figure 3).



\*The difference between San Francisco 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 San Francisco 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 (4,783 visits, or 38.2 percent) and had a rate of 1,919.2 visits per 100,000 population; and
- 58.6 percent of visits were made by female patients (Table 2).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	12,512	100.0	700.9
Male	5,179	41.4	577.1
Female	7,332	58.6	825.9
Aged 0 to 11	***	***	***
Aged 12 to 17	140	1.1	144.4
Aged 18 to 24	844	6.7	631.3
Aged 25 to 34	1,402	11.2	465.5
Aged 35 to 44	1,416	11.3	493.9
Aged 45 to 54	1,468	11.7	554.2
Aged 55 to 64	1,965	15.7	895.1
Aged 65 or Older	4,783	38.2	1,919.2

\*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, there were no statistically significant rates for the different types of drugs involved in ED visits related to adverse reactions in San Francisco compared with rates in the Nation as a whole (Table 3).

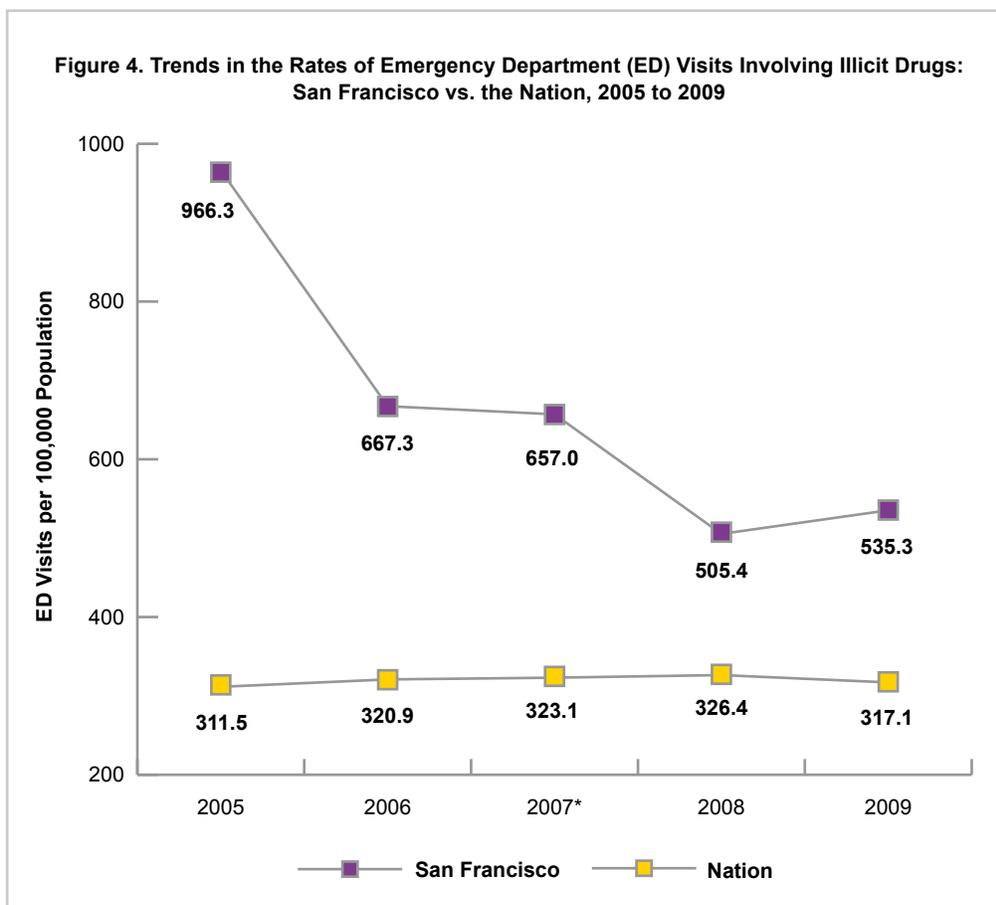
**Table 3. Rates of Emergency Department (ED) Visits Involving Adverse Drug Reactions, by Drug Category: San Francisco vs. the Nation, 2009**

Drug Category and Selected Drugs	San Francisco Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	175.3	192.6
Pain Relievers	117.0	126.1
Opiates/Opioids	68.3	73.5
Narcotic Pain Relievers	64.3	71.1
Hydrocodone	30.3	26.0
Oxycodone	16.4	21.2
Morphine	7.0	5.7
Drugs That Treat Anxiety or Insomnia	28.2	34.0
Anticonvulsants	22.2	28.3
Anti-infection Medications	135.0	155.4
Cardiovascular System Medications	79.6	80.8
Drugs for Metabolic Disorders	58.2	56.6
Hormones	34.6	38.8
Cancer Drugs	33.9	34.2
Immune System Medications	27.2	32.7
Gastrointestinal System Medications	23.6	26.8
Respiratory System Medications	20.9	31.0
Nutritional Products	16.5	21.8
Topical Agents	14.4	16.4

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). San Francisco's rate of ED visits involving illicit drug use was significantly higher than the national rate in 2007; however, in other years, the rate was not statistically different from that of the Nation as a whole (Figure 4).



\*The difference between San Francisco 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 San Francisco who made ED visits related to illicit drugs in 2009 show that

- patients aged 35 to 44 made 2,609 visits (27.4 percent);
- when population is taken into account, the rate of ED visits for patients aged 18 to 24 was 961.4 visits per 100,000 population; and
- more than 7 in 10 (71.3 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\*\*: San Francisco, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	9,555	100.0	535.3
Male	6,814	71.3	759.3
Female	2,741	28.7	308.8
Aged 0 to 11	***	***	***
Aged 12 to 17	317	3.3	325.9
Aged 18 to 24	1,285	13.5	961.4
Aged 25 to 34	2,186	22.9	726.1
Aged 35 to 44	2,609	27.4	910.1
Aged 45 to 54	2,168	22.7	818.2
Aged 55 to 64	796	8.3	362.4
Aged 65 or Older	157	1.6	62.9

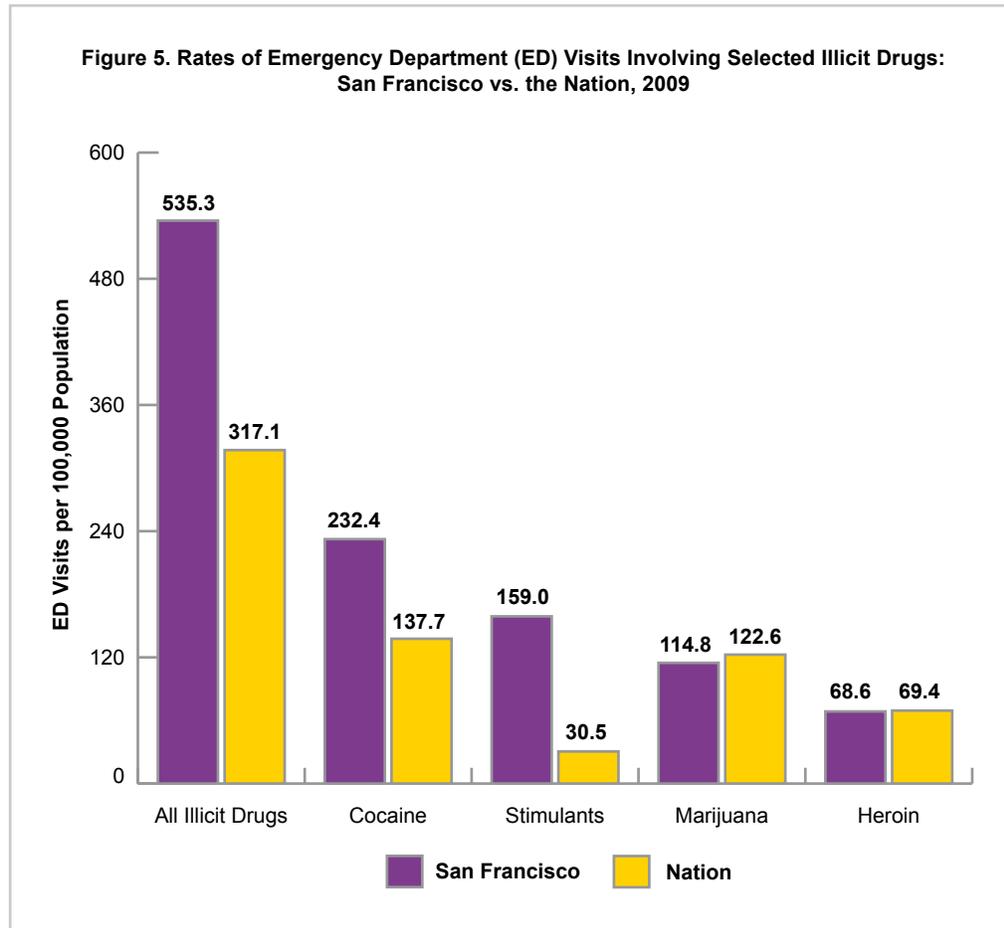
\*ED visits for which gender is unknown have been excluded.

\*\*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).

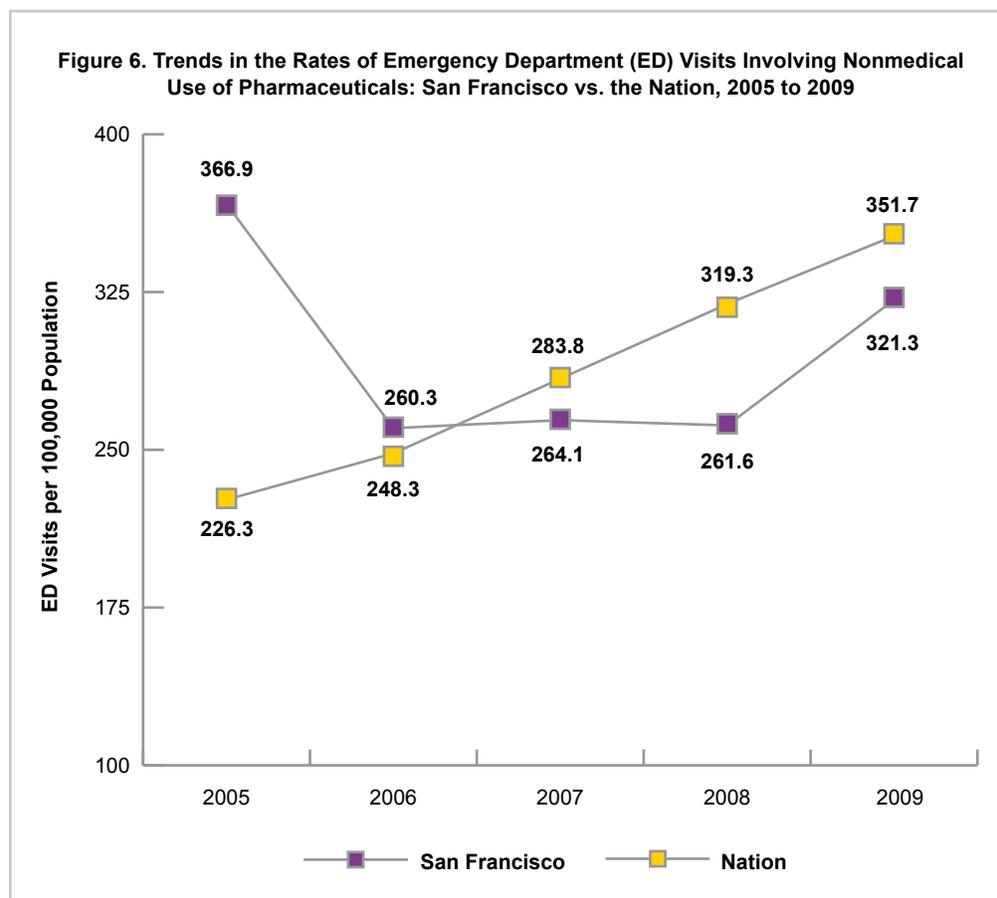
In 2009, San Francisco's rate of drug-related ED visits involving illicit drugs overall was not significantly different from the national rate (Figure 5). San Francisco had a significantly higher rate of visits involving amphetamines in comparison with the Nation as a whole in 2009 (50.4 vs. 12.2 visits per 100,000 population; data not shown).



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. From 2005 to 2009, the rate of visits in San Francisco was not significantly different from the national rate (Figure 6).



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

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

- patients aged 45 to 54 made 1,342 visits (23.4 percent) and had a rate of 506.4 visits per 100,000 population; and
- by gender, ED visits were almost evenly divided between males and females (52.2 and 47.8 percent, respectively) (Table 5).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	5,736	100.0	321.3
Male	2,995	52.2	333.8
Female	2,739	47.8	308.6
Aged 0 to 11	***	***	***
Aged 12 to 17	147	2.6	151.0
Aged 18 to 24	558	9.7	417.2
Aged 25 to 34	1,097	19.1	364.4
Aged 35 to 44	1,062	18.5	370.6
Aged 45 to 54	1,342	23.4	506.4
Aged 55 to 64	801	14.0	364.8
Aged 65 or Older	688	12.0	276.0

\*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: 2009 SAMHSA Drug Abuse Warning Network (DAWN).

In 2009, there were no significant differences between San Francisco and the Nation with regard to the rates of ED visits for nonmedical use of pharmaceuticals within selected drug categories (Table 6). The only exception was that San Francisco’s rate for visits involving nonmedical use of anticonvulsants was significantly lower than the national rate (7.2 vs. 13.7 visits per 100,000 population).

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

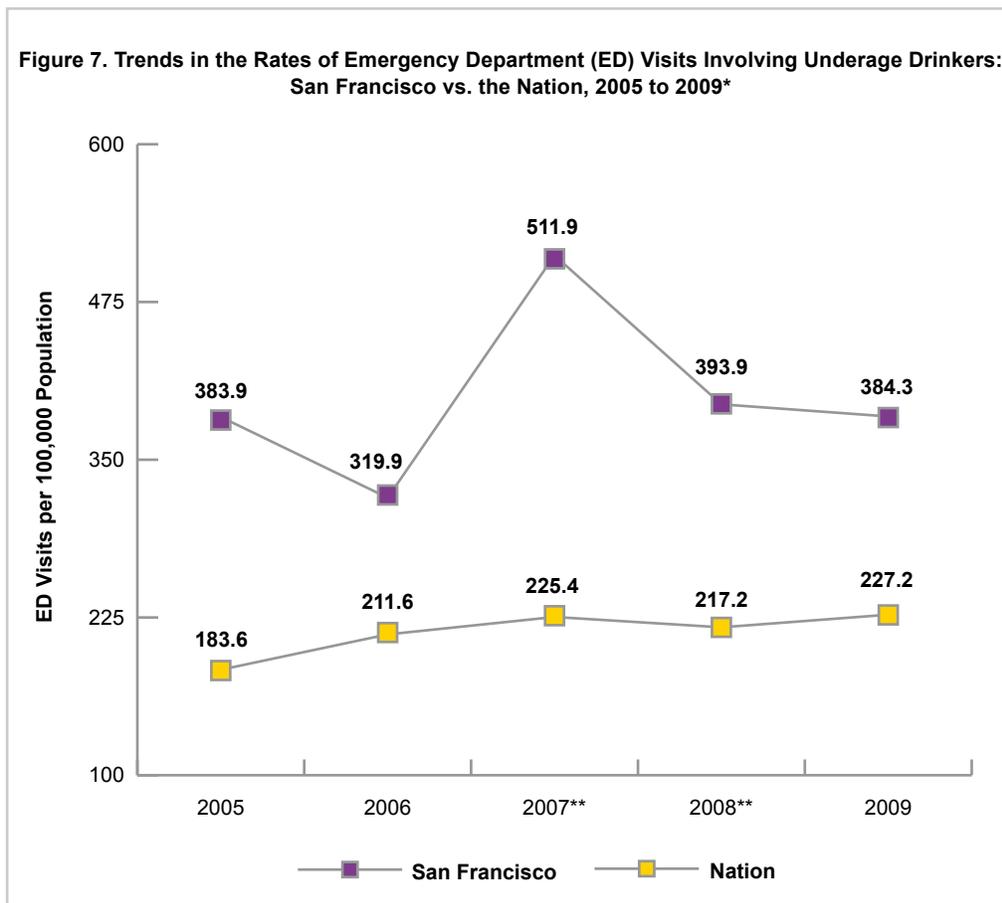
Drug Category and Selected Drugs	San Francisco Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	204.6	257.8
Pain Relievers	135.9	168.1
Opiates/Opioids	114.4	135.7
Narcotic Pain Relievers	92.4	111.6
Methadone	28.4	20.5
Oxycodone	25.1	48.4
Hydrocodone	19.7	28.1
Morphine	10.5	10.3
Hydromorphone	7.9	4.7
Fentanyl	6.9	6.8
Drugs That Treat Anxiety or Insomnia	74.7	118.3
Benzodiazepines	59.4	101.9
Anticonvulsants*	7.2	13.7
Psychotherapeutic Medications	30.7	43.2
Antidepressants	19.0	29.0
Antipsychotics	14.3	18.9
Cardiovascular System Medications	18.6	15.1

\*The difference between San Francisco 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. In 2005, 2006, and 2009, San Francisco's rate of drug-related ED visits involving underage drinkers was not significantly different from the national rate (Figure 7). However, in 2007 and 2008, the rate for these visits in San Francisco was significantly higher than the national rate.



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

\*\*The difference between San Francisco 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 San Francisco EDs in 2009 indicate that

- young adults aged 18 to 20 made the most ED visits related to underage drinking (812 visits, or 55.6 percent) and had the highest rate of visits (1,620.2 visits per 100,000 population); and
- the percentages of visits related to underage drinking were similar for males and females (54.9 and 45.1 percent, respectively) (Table 7).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	1,461	100.0	384.3
Male	802	54.9	411.7
Female	659	45.1	355.4
Aged 0 to 11	***	***	***
Aged 12 to 17	633	43.4	651.8
Aged 18 to 20	812	55.6	1,620.2

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

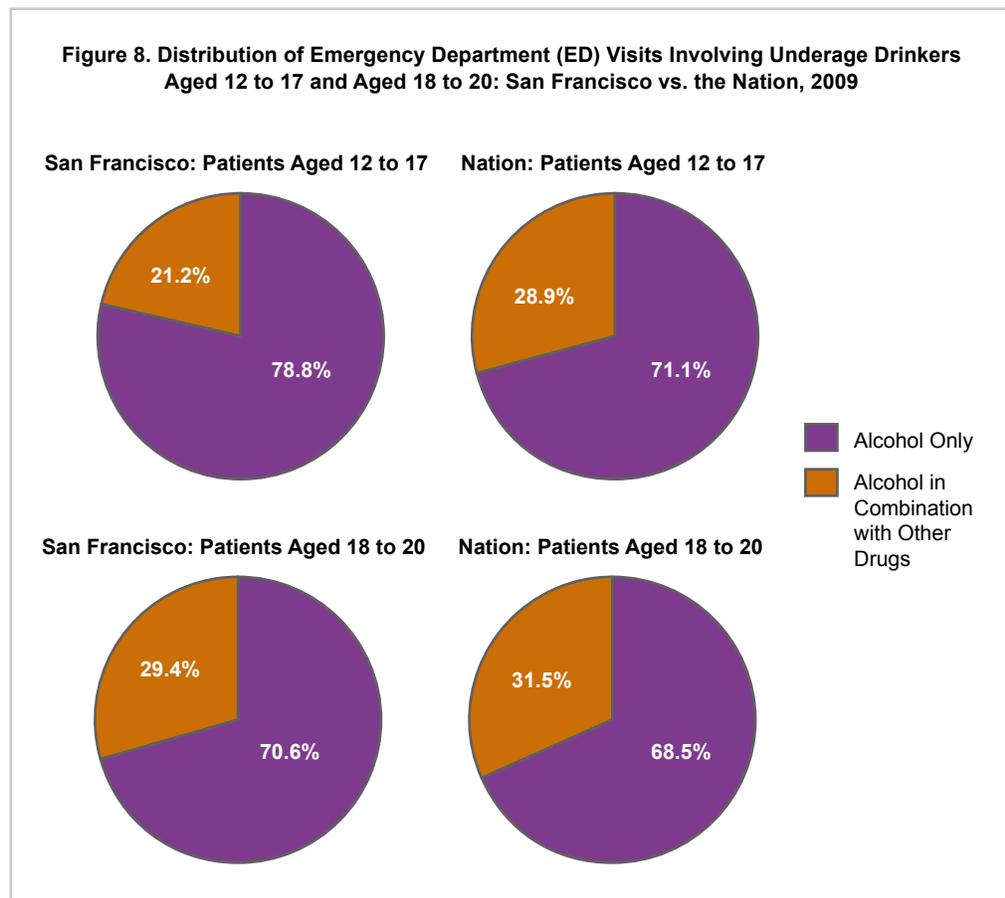
\*\*ED visits for which age is unknown have been excluded.

\*\*\*Estimate suppressed because of low statistical precision.

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

In 2009, 25.8 percent of ED visits among San Francisco’s underage drinkers aged 12 to 20 involved alcohol in combination with other drugs. This proportion was similar to that of the Nation as a whole (30.5 percent) (data not shown).

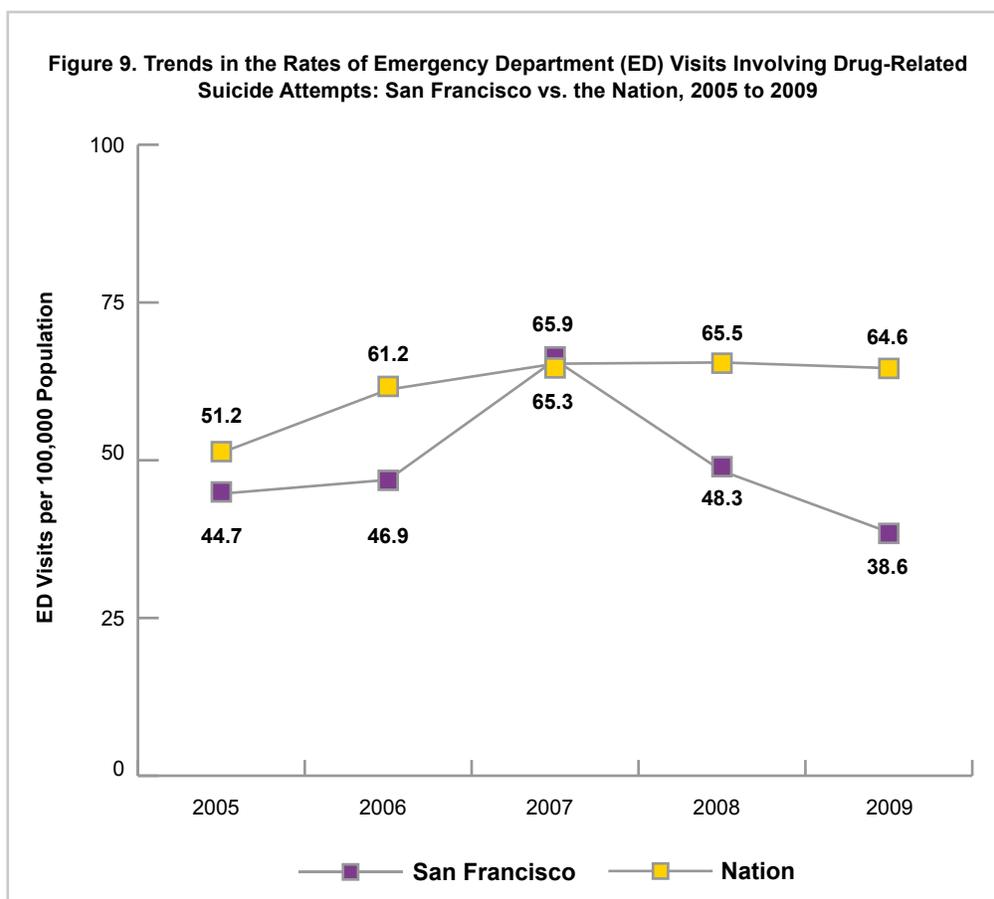
Among underage drinkers aged 12 to 17, the proportion of ED visits involving alcohol in combination with other drugs in San Francisco was comparable with that of the Nation (21.2 and 28.9 percent, respectively) (Figure 8). The proportion of ED visits in San Francisco among underage drinkers aged 18 to 20 involving alcohol in combination with other drugs was also similar to that of the Nation as a whole (29.4 and 31.5 percent, respectively).



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 to 2009, San Francisco's rate of ED visits involving drug-related suicide attempts was similar to the national rate (Figure 9). For example, in 2009, San Francisco's rate of visits for drug-related suicide attempts was 38.6 visits per 100,000 population, and the national rate was 64.6 visits per 100,000 population.



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 San Francisco EDs in 2009 indicate that

- patients aged 25 to 34 made 158 visits (22.8 percent);
- patients aged 18 to 24 had a rate of 89.2 visits per 100,000 population; and
- the percentages of ED visits for male and female patients were not statistically different (44.0 and 56.0 percent, respectively) (Table 8).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	689	100.0	38.6
Male	303	44.0	33.8
Female	386	56.0	43.5
Aged 0 to 11	***	***	***
Aged 12 to 17	***	***	***
Aged 18 to 24	119	17.3	89.2
Aged 25 to 34	158	22.8	52.3
Aged 35 to 44	127	18.4	44.3
Aged 45 to 54	155	22.5	58.6
Aged 55 to 64	43	6.2	19.6
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: 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 significant differences between San Francisco and the Nation in the types of drugs involved, with the exception of opiates/opioids (Table 9). Specifically, San Francisco’s rate for such visits involving opiates/opioids was significantly lower than the national rate (5.3 vs. 10.7 visits per 100,000 population).

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

Drug Category and Selected Drugs	San Francisco Rate per 100,000 Population	National Rate per 100,000 Population
Alcohol	11.5	20.1
Illicit Drugs	6.2	11.6
Cocaine	3.2	5.9
Central Nervous System Medications	27.8	46.8
Pain Relievers	14.1	24.6
Opiates/Opioids*	5.3	10.7
Narcotic Pain Relievers	5.1	9.6
Drugs That Treat Anxiety or Insomnia	16.2	25.3
Benzodiazepines	11.2	18.5
Psychotherapeutic Medications	9.0	17.1
Antidepressants	6.3	11.8
Antipsychotics	3.6	7.8

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

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.