

# 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 Seattle Metropolitan Statistical Area, hereafter referred to as “Seattle.”<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 Seattle statistics.<sup>2</sup> Statistical testing was used for comparisons of rates for the sociodemographic characteristics, trends, and drug types within Seattle and between Seattle 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 46,176 drug-related visits—a rate of 1,355.0 visits per 100,000 population—were made to Seattle 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

<sup>1</sup> Data for Seattle are representative of the 24-hour, general purpose EDs in the Seattle-Tacoma-Bellevue, WA, Metropolitan Statistical Area. The area includes: Seattle, Tacoma, Bellevue, Everett, Kent, and Renton.

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

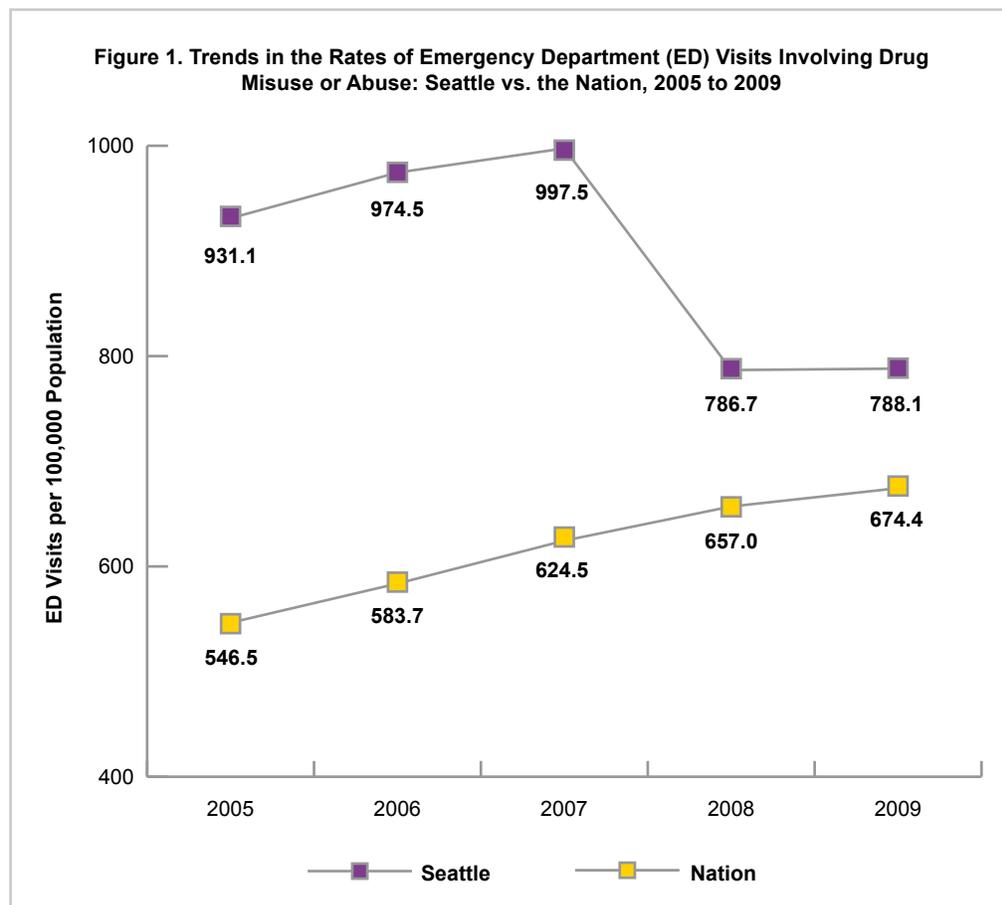


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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and over-the-counter pharmaceuticals (e.g., dietary supplements, cough medicine), nonpharmaceutical inhalants, alcohol in combination with other drugs, and alcohol only (for patients aged 20 or younger).

## 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, Seattle's rate of ED visits involving drug misuse or abuse was not significantly different from the national rate (Figure 1). In 2009, Seattle's rate of ED visits involving drug misuse or abuse was 788.1 visits per 100,000 population, and the national rate was 674.4 visits per 100,000 population.



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

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

- the most ED visits were made by patients aged 25 to 34 (6,083 visits, or 22.7 percent) and patients aged 35 to 44 (5,685 visits, or 21.2 percent);
- when population is taken into account, patients aged 18 to 24 had the highest rate of ED visits (1,565.9 visits per 100,000 population); and
- 54.6 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\*\*: Seattle, 2009**

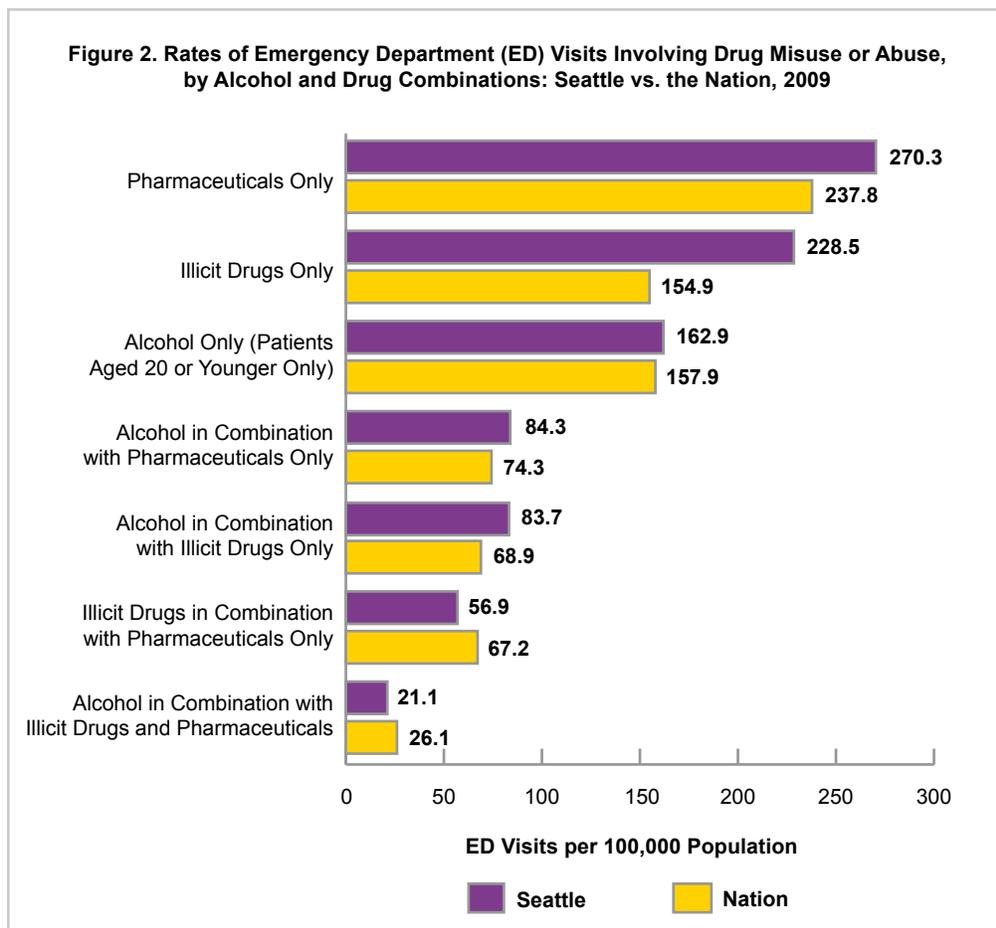
Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	26,859	100.0	788.1
Male	14,642	54.6	859.3
Female	12,197	45.4	715.8
Aged 0 to 11	82	0.3	15.7
Aged 12 to 17	1,683	6.3	672.1
Aged 18 to 24	4,891	18.2	1,565.9
Aged 25 to 34	6,083	22.7	1,123.1
Aged 35 to 44	5,685	21.2	1,116.3
Aged 45 to 54	5,291	19.7	1,009.3
Aged 55 to 64	2,191	8.2	567.8
Aged 65 or Older	934	3.5	259.9

\*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).

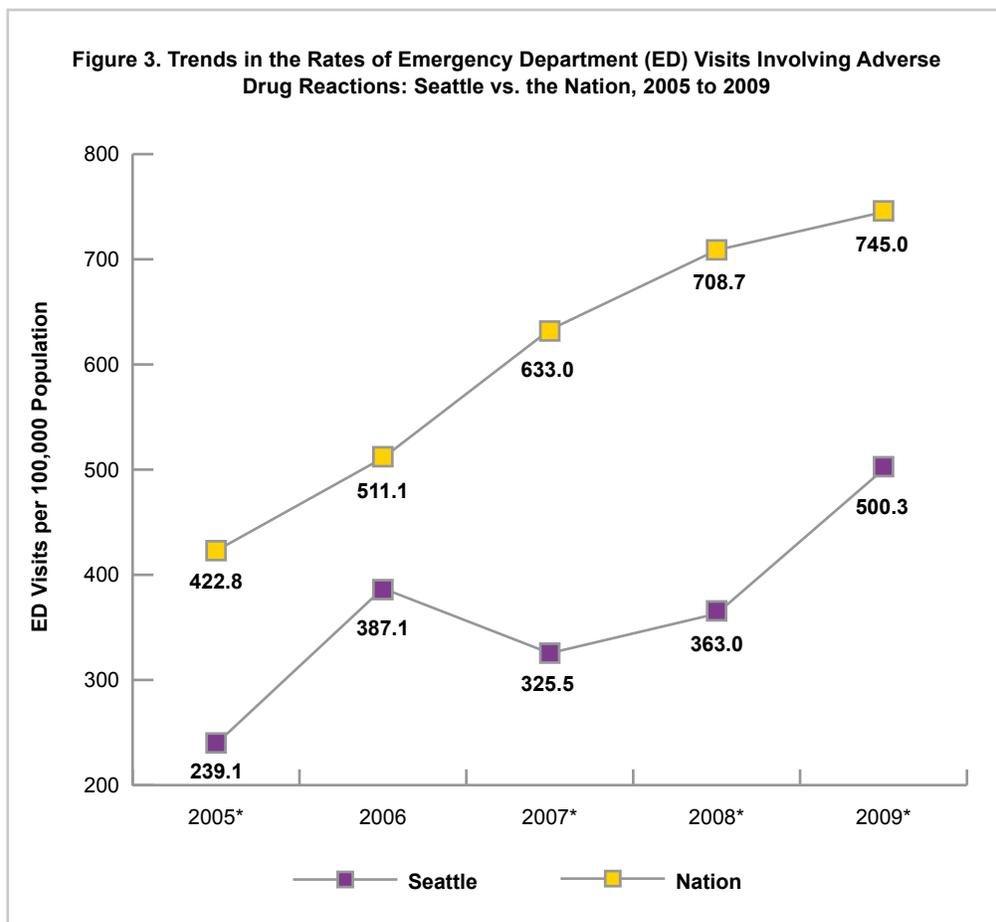
DAWN data also can provide information on the different drug combinations involved in ED visits related to drug misuse or abuse. In 2009, there were no significant differences between Seattle and the Nation with respect to the types and combinations of drugs in ED visits involving drug misuse or abuse (Figure 2).



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. Seattle’s rate of ED visits involving adverse drug reactions was significantly lower than the national rate in 2005, 2007, 2008, and 2009 (Figure 3).



\*The difference between Seattle 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 Seattle who made ED visits involving adverse reactions to drugs in 2009 show that

- patients aged 65 or older made the most ED visits (4,511 visits, or 26.5 percent) and had the highest rate of ED visits (1,254.8 visits per 100,000 population); and
- almost 2 in 3 ED visits (64.0 percent) were made by female patients (Table 2).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	17,048	100.0	500.3
Male	6,128	36.0	359.6
Female	10,913	64.0	640.5
Aged 0 to 11	1,173	6.9	223.5
Aged 12 to 17	404	2.4	161.2
Aged 18 to 24	1,473	8.6	471.8
Aged 25 to 34	2,376	13.9	438.7
Aged 35 to 44	2,219	13.0	435.8
Aged 45 to 54	2,707	15.9	516.4
Aged 55 to 64	2,184	12.8	566.2
Aged 65 or Older	4,511	26.5	1,254.8

\*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 related to adverse reactions in Seattle compared with those in the Nation varied by drug type (Table 3). Seattle's rate of ED visits involving adverse reactions to methadone was significantly higher than the national rate (4.6 vs. 3.2 visits per 100,000 population). However, compared with the Nation, Seattle had significantly lower rates of ED visits involving adverse reactions to

- codeine (3.6 vs. 6.0 visits per 100,000 population);
- fentanyl (2.5 vs. 4.7 visits per 100,000 population);
- anti-infection medications (107.9 vs. 155.4 visits per 100,000 population);
- cardiovascular system medications (55.8 vs. 80.8 visits per 100,000 population);

- blood modifiers (39.7 vs. 70.8 visits per 100,000 population);
- hormones (26.4 vs. 38.8 visits per 100,000 population);
- drugs for metabolic disorders (21.4 vs. 56.6 visits per 100,000 population), including antidiabetic agents (15.2 vs. 45.3 visits per 100,000 population);
- respiratory system medications (19.5 vs. 31.0 visits per 100,000 population);
- immune system medications (19.0 vs. 32.7 visits per 100,000 population);
- gastrointestinal system medications (17.4 vs. 26.8 visits per 100,000 population);
- cancer drugs (16.3 vs. 34.2 visits per 100,000 population); and
- topical agents (12.1 vs. 16.4 visits per 100,000 population).

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

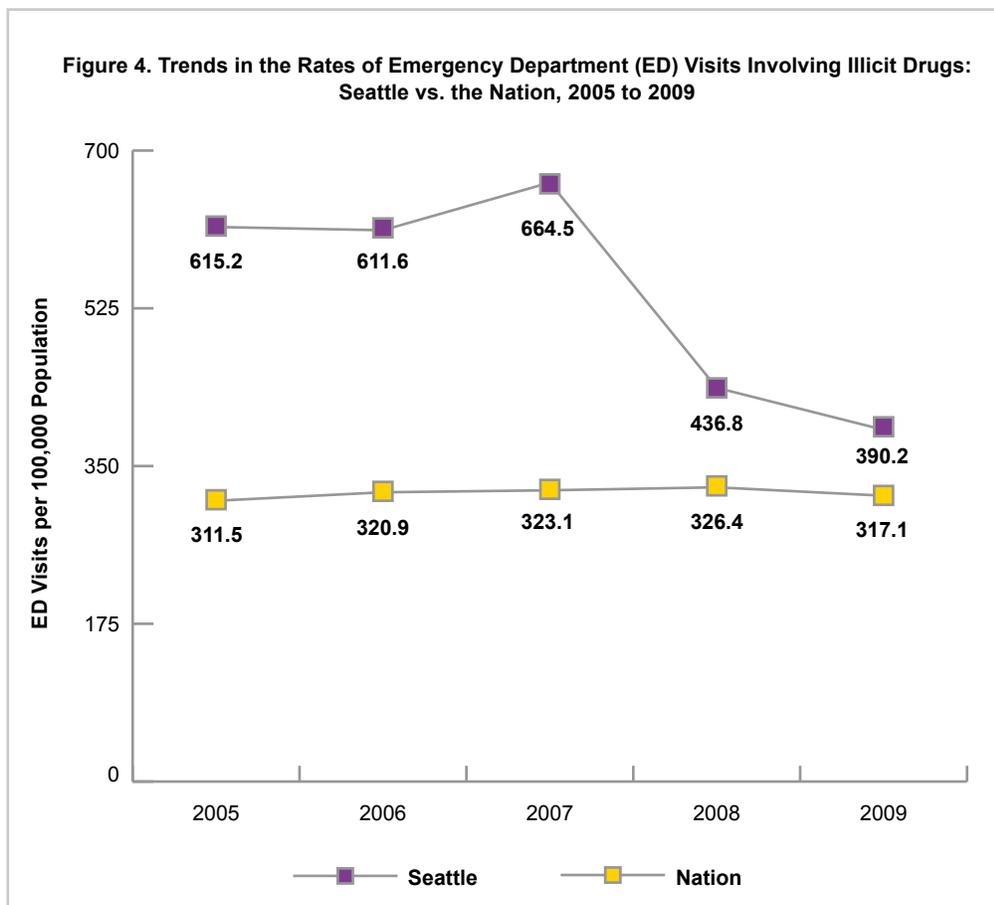
Drug Category and Selected Drugs	Seattle Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	155.3	192.6
Pain Relievers	106.0	126.1
Opiates/Opioids	68.1	73.5
Narcotic Pain Relievers	64.8	71.1
Oxycodone	26.4	21.2
Hydrocodone	20.4	26.0
Methadone*	4.6	3.2
Codeine*	3.6	6.0
Fentanyl*	2.5	4.7
Drugs That Treat Anxiety or Insomnia	26.6	34.0
Benzodiazepines	14.6	20.7
Anticonvulsants	20.7	28.3
Anti-infection Medications*	107.9	155.4
Cardiovascular System Medications*	55.8	80.8
Blood Modifiers*	39.7	70.8
Hormones*	26.4	38.8
Drugs for Metabolic Disorders*	21.4	56.6
Antidiabetic Agents*	15.2	45.3
Respiratory System Medications*	19.5	31.0
Immune System Medications*	19.0	32.7
Gastrointestinal System Medications*	17.4	26.8
Cancer Drugs*	16.3	34.2
Nutritional Products	14.9	21.8
Topical Agents*	12.1	16.4

\*The difference between Seattle 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 in Seattle was not significantly different from those of the Nation as a whole (Figure 4).



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

The demographic characteristics of patients in Seattle who made ED visits related to illicit drugs in 2009 show that

- patients aged 25 to 34 made the most ED visits (3,567 visits, or 26.8 percent);
- when population is taken into account, patients aged 18 to 24 had a rate of 779.7 visits per 100,000 population; and
- almost 2 in 3 (64.3 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\*\*: Seattle, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	13,299	100.0	390.2
Male	8,536	64.3	501.0
Female	4,749	35.7	278.7
Aged 0 to 11	***	***	***
Aged 12 to 17	550	4.1	219.8
Aged 18 to 24	2,435	18.3	779.7
Aged 25 to 34	3,567	26.8	658.5
Aged 35 to 44	3,144	23.7	617.3
Aged 45 to 54	2,691	20.3	513.3
Aged 55 to 64	829	6.2	215.0
Aged 65 or Older	60	0.5	16.8

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

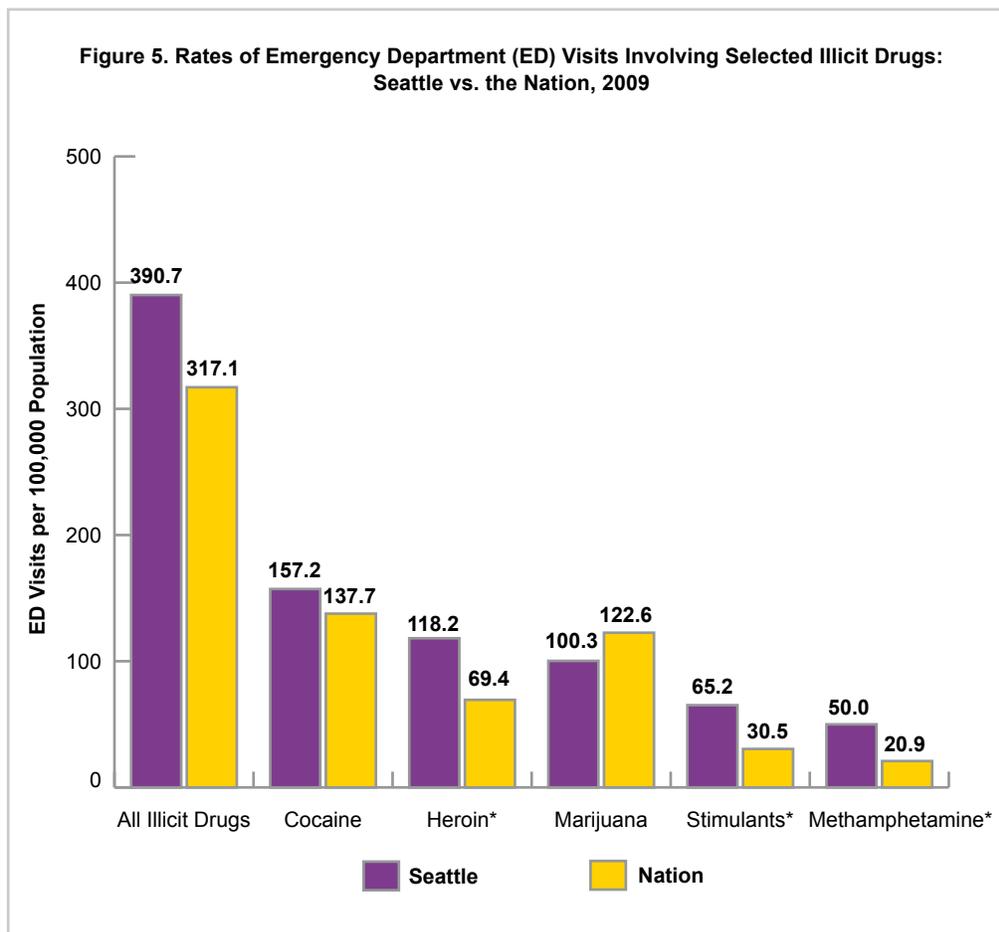
\*\*ED visits for which age is unknown have been excluded.

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

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

In 2009, Seattle's rate of drug-related ED visits involving illicit drugs was similar to the national rate (390.2 and 317.1 visits per 100,000, respectively) (Figure 5). By particular drug, Seattle had significantly higher rates of ED visits compared with the Nation for visits involving

- heroin (118.2 vs. 69.4 visits per 100,000 population);
- stimulants (65.2 vs. 30.5 visits per 100,000 population); and
- methamphetamine (50.0 vs. 20.9 visits per 100,000 population).

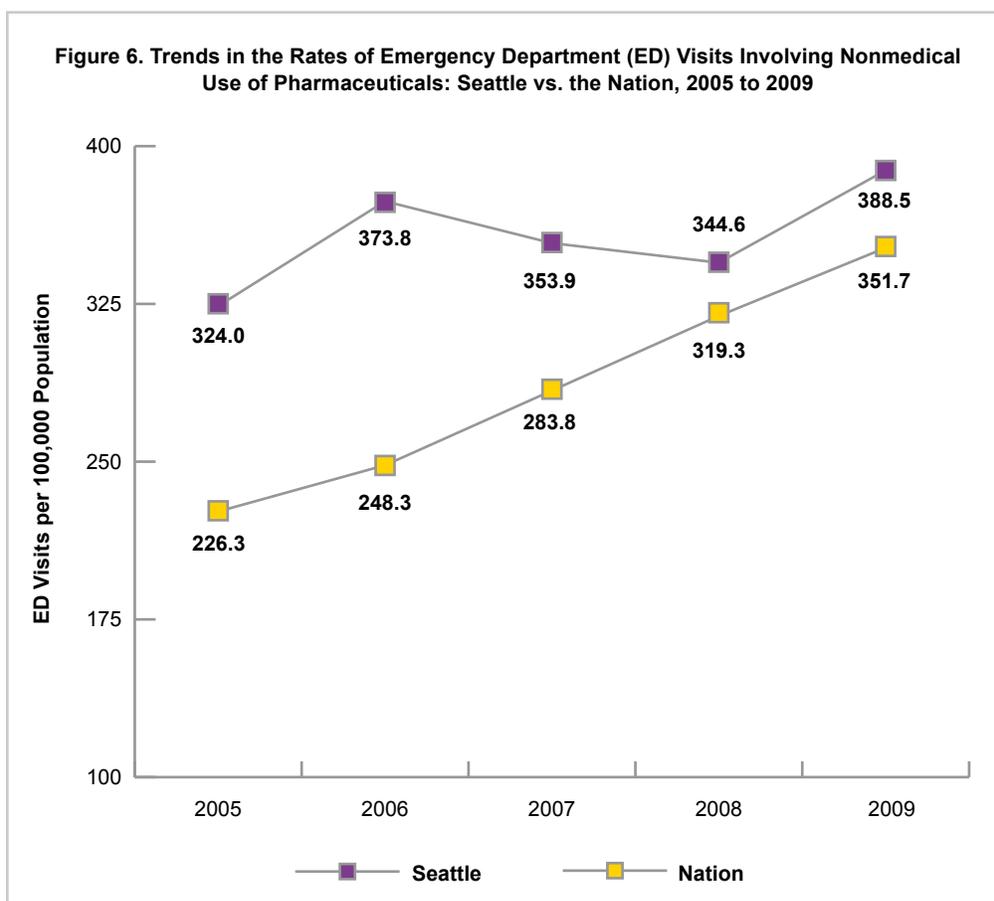


\*The difference between Seattle and the Nation was statistically significant at the .05 level.

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 of ED visits involving the misuse or abuse of pharmaceuticals in Seattle was not significantly different from the national rate for such visits (Figure 6). In 2009, the rate for visits involving misuse or abuse of pharmaceuticals was 388.5 visits per 100,000 population, and the national rate was 351.7 visits per 100,000 population.



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

The demographic characteristics of patients in Seattle who made drug-related ED visits involving the nonmedical use of pharmaceuticals in 2009 show that

- patients aged 25 to 34 made 2,926 visits (22.1 percent);
- the rate of such ED visits was highest for patients aged 18 to 24 (594.5 visits per 100,000 population); and
- 53.7 percent of ED visits were made by female patients (Table 5).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	13,239	100.0	388.5
Male	6,128	46.3	359.7
Female	7,107	53.7	417.1
Aged 0 to 11	62	0.5	11.9
Aged 12 to 17	677	5.1	270.4
Aged 18 to 24	1,857	14.0	594.5
Aged 25 to 34	2,926	22.1	540.2
Aged 35 to 44	2,743	20.7	538.6
Aged 45 to 54	2,726	20.6	519.9
Aged 55 to 64	1,402	10.6	363.4
Aged 65 or Older	837	6.3	232.8

\*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, there were generally no differences between Seattle and the Nation with regard to the rate of ED visits for nonmedical use of pharmaceuticals within selected drug categories (Table 6). The only exception was Seattle’s rate of ED visits involving nonmedical use of methadone, which was more than double and significantly higher than the national rate (50.7 vs. 20.5 visits per 100,000 population).

**Table 6. Rates of Emergency Department (ED) Visits Involving Nonmedical Use of Pharmaceuticals, Selected Drug Categories: Seattle vs. the Nation, 2009**

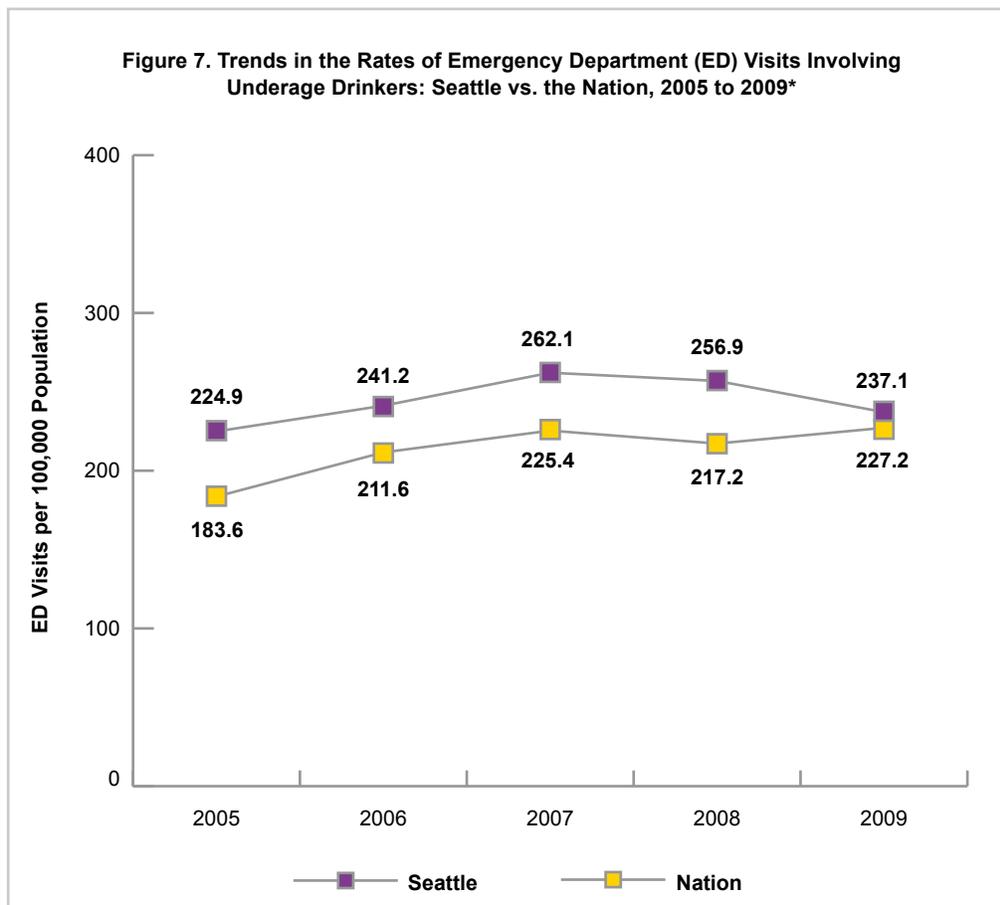
Drug Category and Selected Drugs	Seattle Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	293.9	257.8
Pain Relievers	207.5	168.1
Opiates/Opioids	174.3	135.7
Narcotic Pain Relievers	145.6	111.6
Oxycodone	63.3	48.4
Methadone*	50.7	20.5
Hydrocodone	21.6	28.1
Morphine	12.5	10.3
Hydromorphone	6.7	4.7
Fentanyl	5.0	6.8
Codeine	1.9	2.6
Anticonvulsants	15.4	13.7
Drugs That Treat Anxiety and Insomnia	107.7	118.3
Benzodiazepines	87.4	101.9
Psychotherapeutic Medications	48.9	43.2
Antidepressants	34.1	29.0
Antipsychotics	19.3	18.9
Cardiovascular System Medications	16.1	15.1
Respiratory System Medications	12.3	11.7
Drugs for Metabolic Disorders	10.0	10.0

\*The difference between Seattle 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, there were no significant differences between Seattle and the Nation as a whole for ED visits involving underage drinking (Figure 7). For example, in 2009, the rate of visits involving underage drinking in Seattle was 237.1 visits per 100,000 population, and the rate of such visits in the Nation was 227.2 visits per 100,000 population.



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

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 Seattle EDs in 2009 indicate that

- young adults aged 18 to 20 made the most ED visits related to underage drinking (1,273 visits, or 59.3 percent) and had the highest rate of visits (972.4 visits per 100,000 population); and
- by gender, the percentage of ED visits related to underage drinking were almost evenly divided between males and females (51.6 and 48.4 percent, respectively) (Table 7).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	2,148	100.0	237.1
Male	1,108	51.6	238.3
Female	1,038	48.4	235.2
Aged 0 to 11	***	***	***
Aged 12 to 17	862	40.1	344.1
Aged 18 to 20	1,273	59.3	972.4

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

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

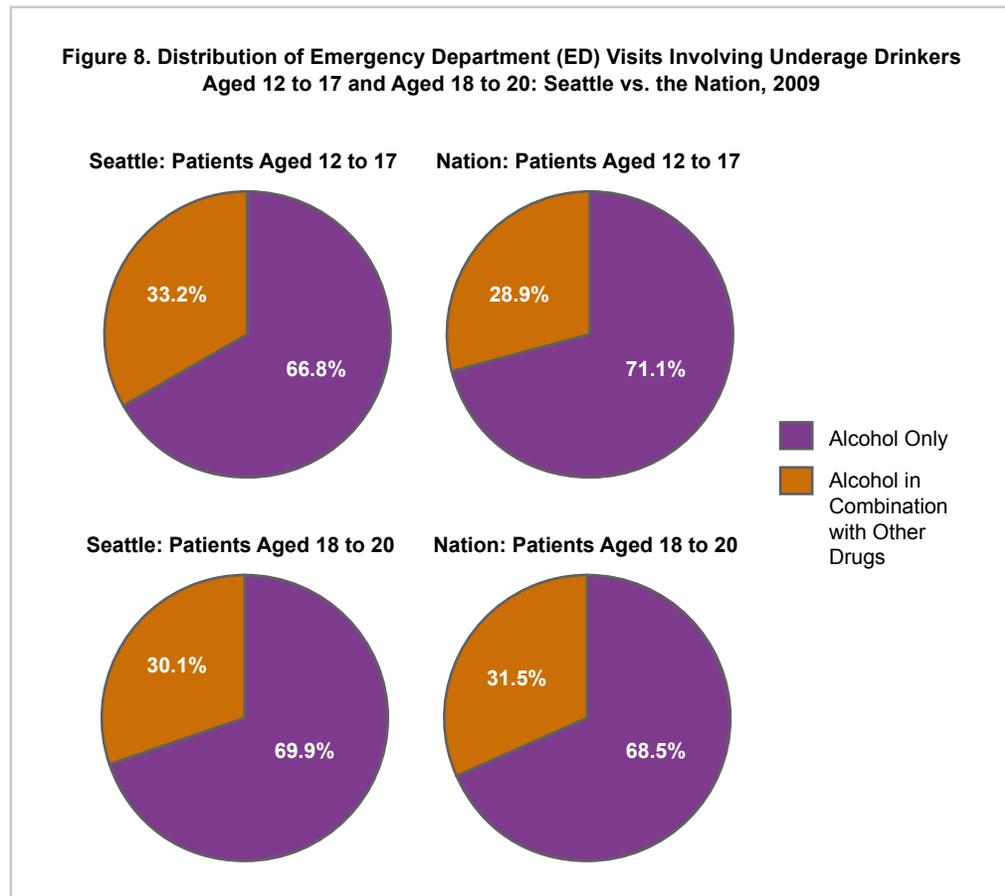
\*\*\*Estimate suppressed because of low statistical precision.

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

In 2009, 31.3 percent of ED visits among Seattle’s underage drinkers aged 12 to 20 involved alcohol in combination with other drugs, and 30.5 percent of underage drinking ED visits in the Nation as a whole involved 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 Seattle was similar to that of the Nation (33.2 and 28.9 percent, respectively) (Figure 8). Among underage drinkers aged 18 to 20, Seattle had proportions of ED visits involving alcohol in combination with other drugs similar to those in the Nation as a whole (30.1 and 31.5 percent, respectively).

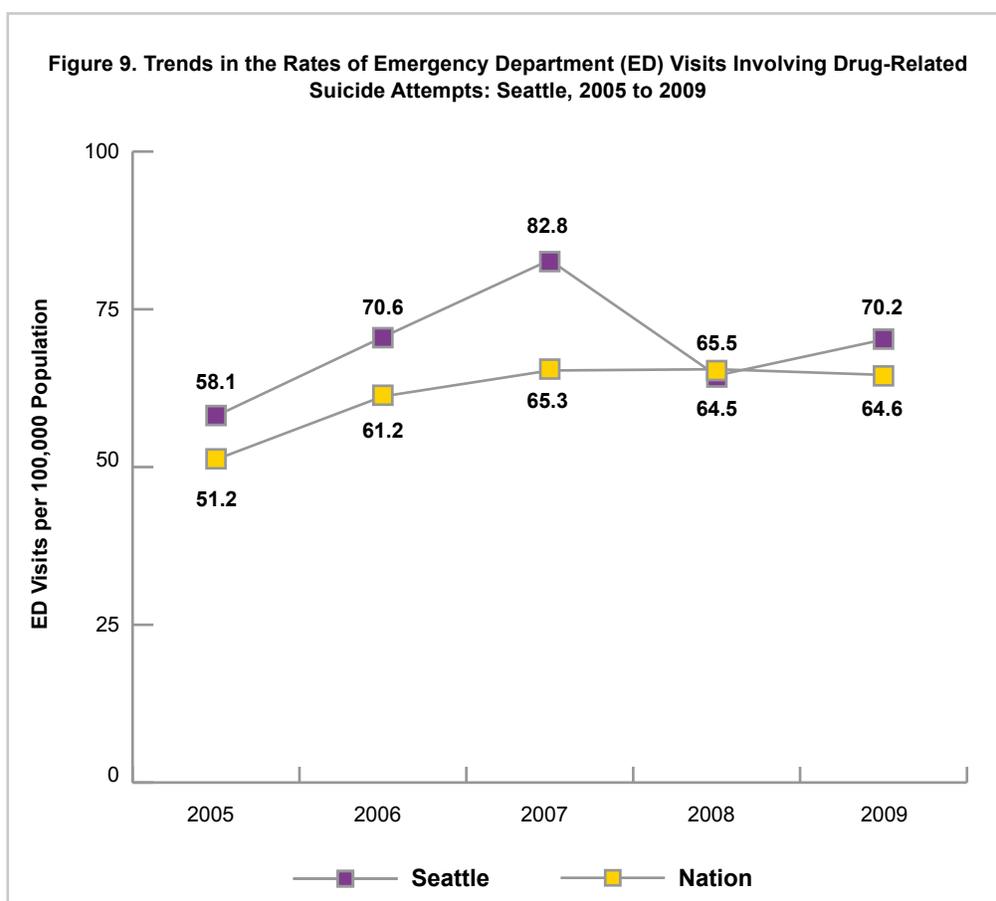
**Figure 8. Distribution of Emergency Department (ED) Visits Involving Underage Drinkers Aged 12 to 17 and Aged 18 to 20: Seattle vs. the Nation, 2009**



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, Seattle’s rates of ED visits involving drug-related suicide attempts were similar to the national rates (Figure 9). For example, in 2009, the rate of such visits in Seattle was 70.2 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 visits to Seattle EDs involving drug-related suicide attempts in 2009 indicate that

- patients aged 25 to 34 made 563 visits (23.5 percent);
- when population is taken into account, patients aged 18 to 24 had a rate of 142.7 visits per 100,000 population; and
- 60.8 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\*\*: Seattle, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	2,394	100.0	70.2
Male	939	39.2	55.1
Female	1,454	60.8	85.3
Aged 0 to 11	***	***	***
Aged 12 to 17	214	8.9	85.5
Aged 18 to 24	446	18.6	142.7
Aged 25 to 34	563	23.5	103.9
Aged 35 to 44	513	21.4	100.7
Aged 45 to 54	458	19.1	87.3
Aged 55 to 64	127	5.3	32.9
Aged 65 or Older	69	2.9	19.3

\*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 differences between Seattle and the Nation in the types of drugs involved (Table 9).

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

Drug Category and Selected Drugs	Seattle Rate per 100,000 Population	National Rate per 100,000 Population
Alcohol	21.1	20.1
Illicit Drugs	8.7	11.6
Cocaine	4.5	5.9
Marijuana	2.8	4.6
Stimulants	1.6	1.1
Heroin	1.4	1.6
Central Nervous System Medications	51.4	46.8
Drugs That Treat Anxiety and Insomnia	27.5	25.3
Benzodiazepines	18.2	18.5
Pain Relievers	27.2	24.6
Opiates/Opioids	11.6	10.7
Narcotic Pain Relievers	11.0	9.6
Oxycodone	4.8	3.6
Hydrocodone	4.2	4.5
Anticonvulsants	5.2	4.3
Psychotherapeutic Medications	22.0	17.1
Antidepressants	15.5	11.8
Antipsychotics	8.8	7.8
Cardiovascular System Medications	3.7	3.5
Respiratory System Medications	3.2	2.5

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.