

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 Denver-Aurora Metropolitan Statistical Area, hereafter referred to as “Denver.”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 Denver statistics.² Statistical testing was used for comparisons of rates for the sociodemographic characteristics, trends, and drug types within Denver and between Denver 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 32,468 drug-related visits—a rate of 1,272.2 visits per 100,000 population—were made to Denver EDs.

¹ Data for Denver are representative of the 24-hour, general purpose EDs in the Denver-Aurora, CO, Metropolitan Statistical Area. The area includes: Denver, Aurora, Adams County, Arapahoe County, Broomfield County, Clear Creek County, Denver County, Douglas County, Elbert County, Gilpin County, Jefferson County, and Park County.

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

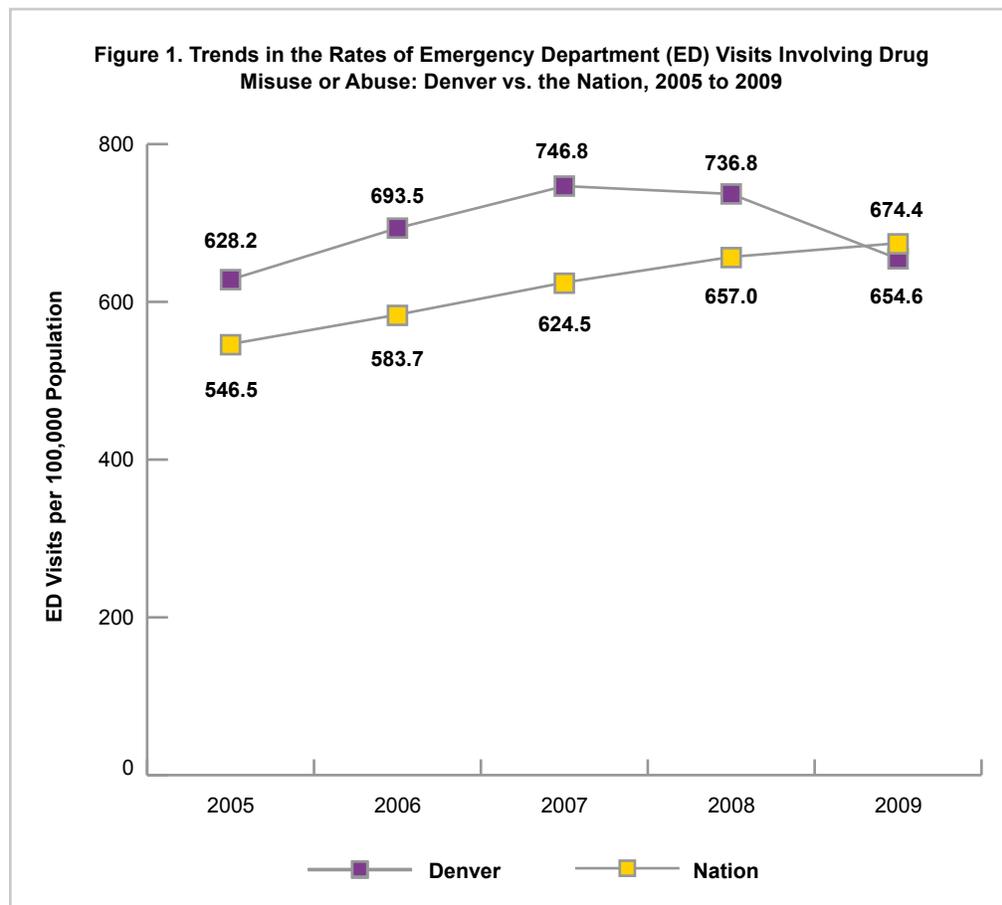


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These data represent the total ED visits in which drugs were taken for any reason—not just drug abuse—and involve illegal drugs, prescription and over-the-counter pharmaceuticals (e.g., dietary supplements, cough medicine), nonpharmaceutical inhalants, 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 through 2009, Denver's rate of ED visits involving drug misuse or abuse was not significantly different from the national rate (Figure 1). For example, in 2009, Denver's rate of ED visits involving drug misuse or abuse was 654.6 ED visits per 100,000 population, and the national rate was 674.4 ED 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 Denver who made ED visits involving drug misuse or abuse in 2009 show that

- the most ED visits were made by patients aged 18 to 24 (3,649 visits, or 21.8 percent) and patients aged 25 to 34 (3,460 visits, or 20.7 percent);
- when population is taken into account, patients aged 18 to 24 had the highest rate of ED visits (1,714.2 visits per 100,000 population); and
- 54.4 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: Denver, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	16,708	100.0	654.6
Male	9,091	54.4	710.3
Female	7,617	45.6	598.7
Aged 0 to 11	100	0.6	22.5
Aged 12 to 17	2,233	13.4	1,143.1
Aged 18 to 24	3,649	21.8	1,714.2
Aged 25 to 34	3,460	20.7	851.2
Aged 35 to 44	2,902	17.4	758.9
Aged 45 to 54	2,580	15.4	688.0
Aged 55 to 64	1,154	6.9	415.1
Aged 65 or Older	626	3.7	244.4

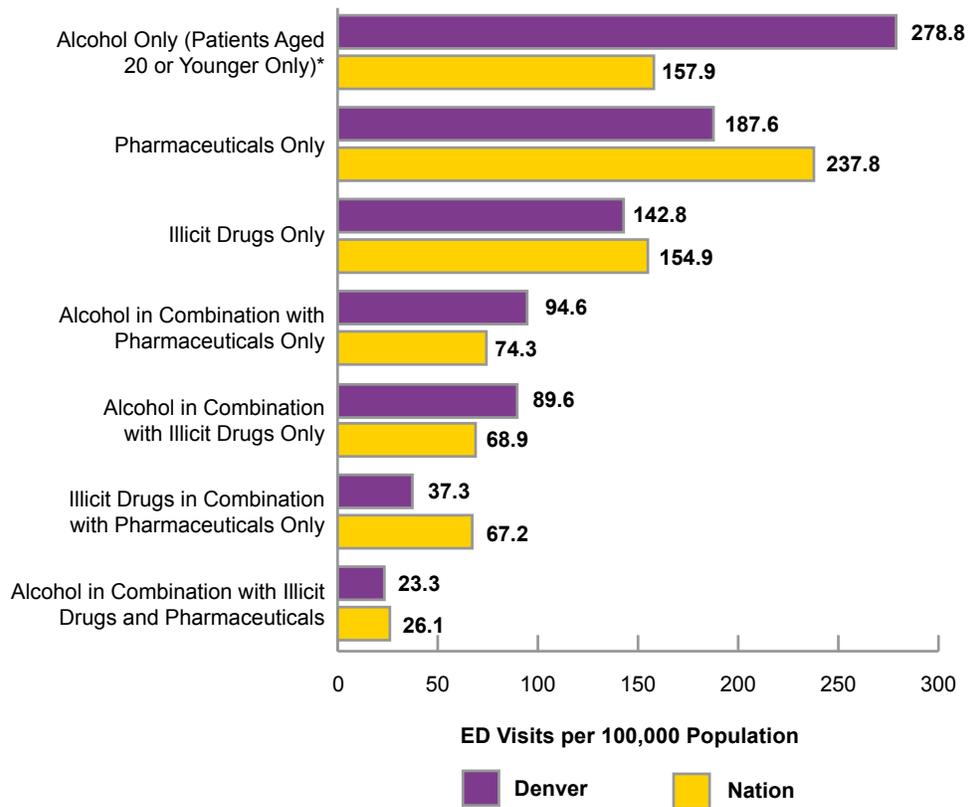
*ED visits for which gender is unknown have been excluded.

**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, the types and combinations of drugs in ED visits involving drug misuse or abuse were not significantly different in Denver than in the Nation as a whole. However, Denver's rate was significantly higher than the national rate for ED visits involving alcohol only (for patients aged 20 or younger; 278.8 vs. 157.9 visits per 100,000 population).

Figure 2. Rates of Emergency Department (ED) Visits Involving Drug Misuse or Abuse, by Alcohol and Drug Combinations: Denver vs. the Nation, 2009

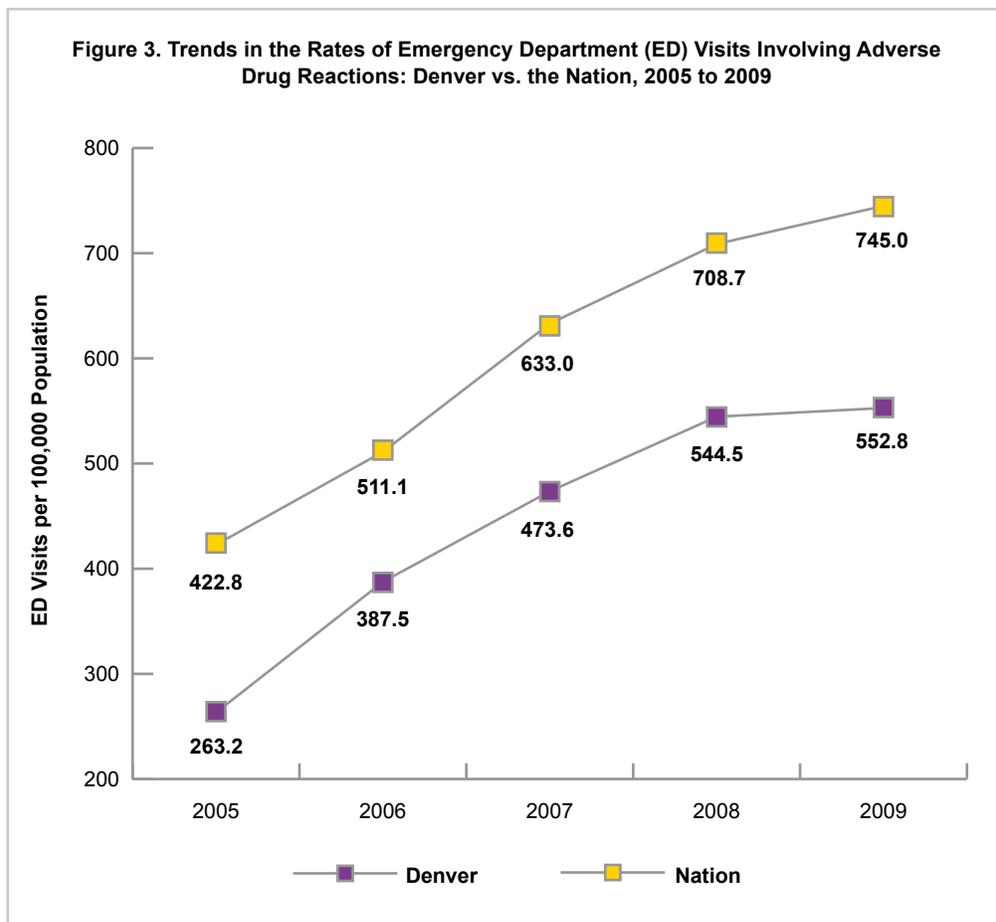


*The difference between Denver and the Nation was statistically significant at the .05 level.

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. From 2005 through 2009, there were no significant differences found between Denver and the Nation for any of the years examined (Figure 3).



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

The demographic characteristics of patients in Denver 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 (3,914 visits, or 27.7 percent) and had the highest rate of ED visits (1,527.3 visits per 100,000 population); and
- slightly more than 3 in 5 ED visits (61.4 percent) were made by female patients (Table 2).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	14,107	100.0	552.8
Male	5,444	38.6	425.4
Female	8,660	61.4	680.7
Aged 0 to 11	1,037	7.4	232.8
Aged 12 to 17	453	3.2	231.9
Aged 18 to 24	1,069	7.6	502.2
Aged 25 to 34	1,849	13.1	454.9
Aged 35 to 44	1,833	13.0	479.2
Aged 45 to 54	2,124	15.1	566.4
Aged 55 to 64	1,827	13.0	657.2
Aged 65 or Older	3,914	27.7	1,527.3

*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 Denver varied by drug type (Table 3). Compared with the Nation, Denver had significantly lower rates of ED visits involving adverse reactions to

- codeine (2.3 vs. 6.0 visits per 100,000 population);
- anti-infection medications (97.9 vs. 155.4 visits per 100,000 population);
- immune system medications (18.4 vs. 32.7 visits per 100,000 population); and
- cancer drugs (13.6 vs. 34.2 visits per 100,000 population).

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

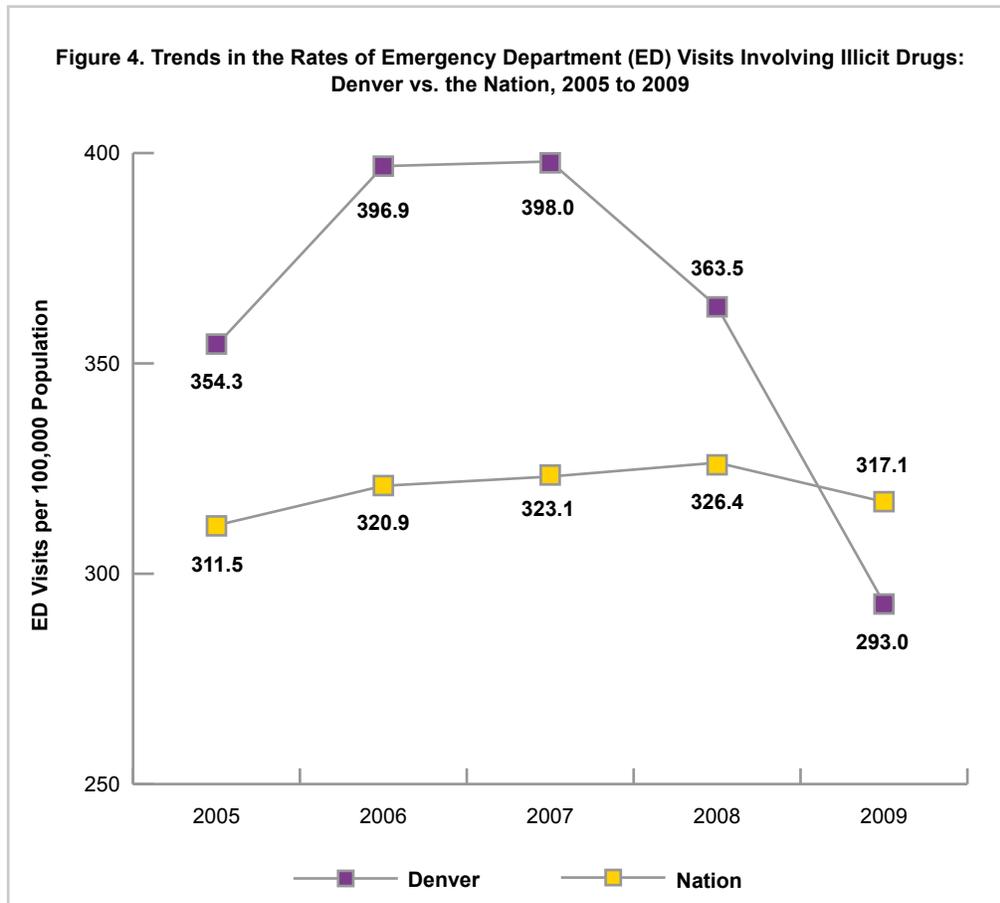
Drug Category and Selected Drugs	Denver Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	160.1	192.6
Pain Relievers	101.1	126.1
Opiates/Opioids	63.2	73.5
Narcotic Pain Relievers	61.5	71.1
Codeine*	2.3	6.0
Anticonvulsants	20.3	28.3
Drugs That Treat Anxiety or Insomnia	30.3	34.0
Anti-infection Medications*	97.9	155.4
Blood Modifiers	74.1	70.8
Cardiovascular System Medications	51.9	80.8
Drugs for Metabolic Disorders	47.4	56.6
Hormones	31.9	38.8
Gastrointestinal System Medications	20.9	26.8
Respiratory System Medications	18.7	31.0
Immune System Medications*	18.4	32.7
Nutritional Products	17.0	21.8
Cancer Drugs*	13.6	34.2
Topical Agents	11.7	16.4

*The difference between Denver 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 to 2009, the rate of ED visits involving illicit drugs in Denver was not significantly different from the national rate (Figure 4).



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

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

- patients aged 25 to 34 made the most ED visits (1,883 visits, or 25.2 percent);
- when population is taken into account, the rate of ED visits was highest for patients aged 18 to 24 (778.1 visits per 100,000 population); and
- almost two thirds (64.6 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: Denver, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	7,477	100.0	293.0
Male	4,828	64.6	377.2
Female	2,649	35.4	208.2
Aged 0 to 11	***	***	***
Aged 12 to 17	938	12.5	480.1
Aged 18 to 24	1,656	22.2	778.1
Aged 25 to 34	1,883	25.2	463.3
Aged 35 to 44	1,432	19.2	374.4
Aged 45 to 54	1,200	16.1	320.0
Aged 55 to 64	309	4.1	111.3
Aged 65 or Older	40	0.5	15.6

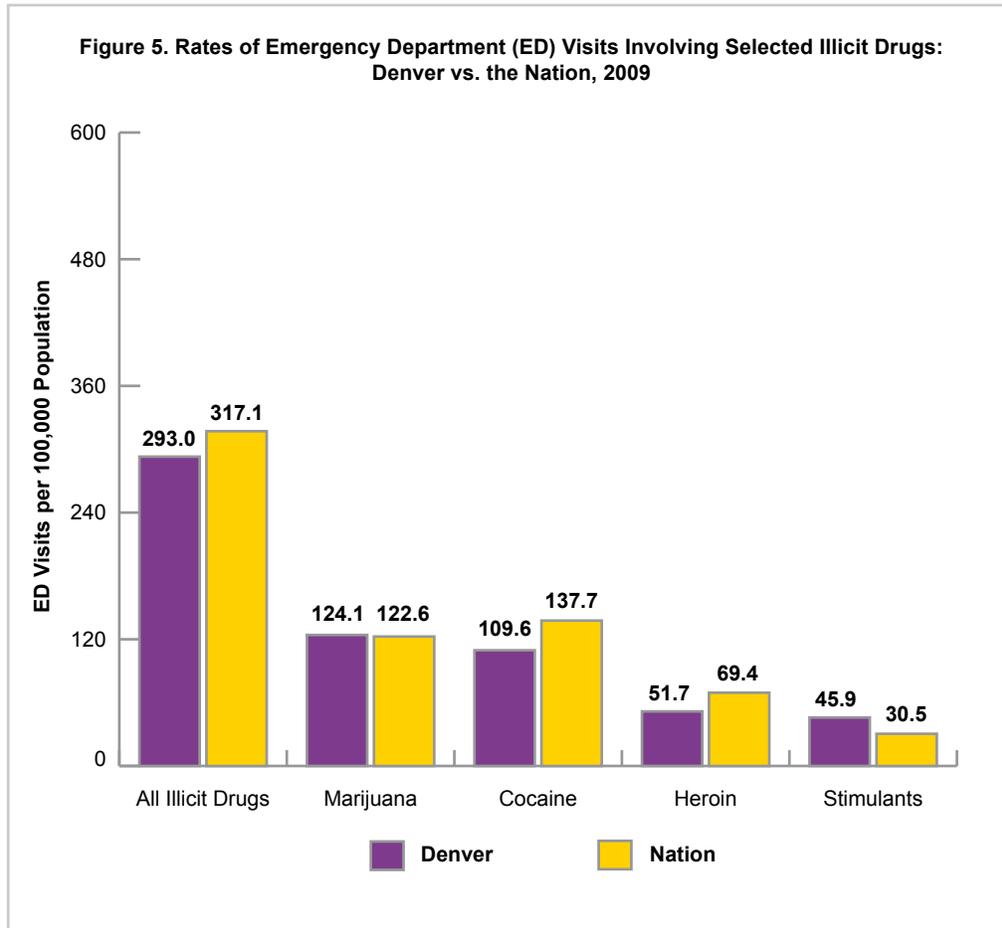
*ED visits for which gender is unknown have been excluded.

**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).

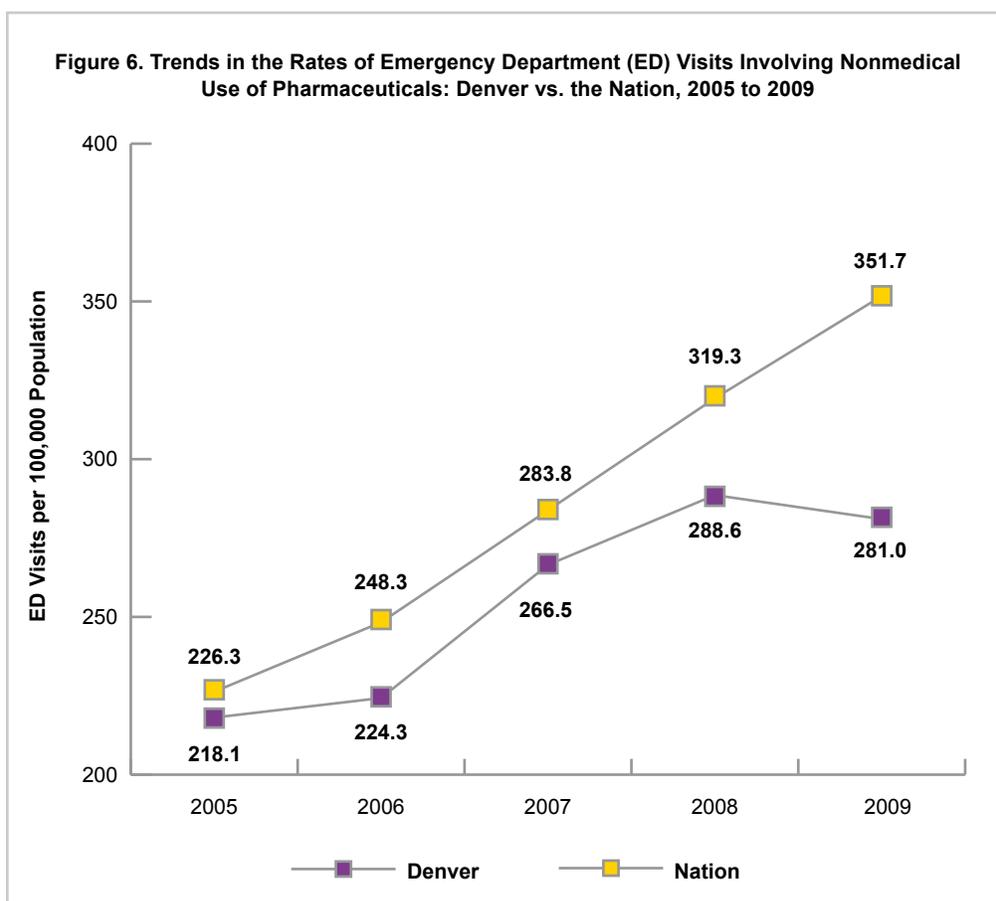
In 2009, Denver's rate of drug-related ED visits involving illicit drugs was similar to the national rate (293.0 and 317.1 visits per 100,000 population) (Figure 5). Compared with the Nation as a whole, Denver had similar rates of ED visits involving all types of illicit drugs, including marijuana, cocaine, heroin, and stimulants.



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, there were no statistically significant differences between Denver and the Nation as a whole for visits involving the nonmedical use of pharmaceuticals (Figure 6). In 2009, Denver’s rate of ED visits involving misuse or abuse of pharmaceuticals was 281.0 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 Denver 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 (1,607 visits, or 22.4 percent);
- patients aged 18 to 24 had the highest rate of such visits (465.6 visits per 100,000 population); and
- 54.5 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: Denver, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	7,173	100.0	281.0
Male	3,261	45.5	254.8
Female	3,911	54.5	307.4
Aged 0 to 11	74	1.0	16.7
Aged 12 to 17	465	6.5	238.1
Aged 18 to 24	991	13.8	465.6
Aged 25 to 34	1,607	22.4	395.3
Aged 35 to 44	1,384	19.3	361.8
Aged 45 to 54	1,316	18.3	350.8
Aged 55 to 64	791	11.0	284.5
Aged 65 or Older	545	7.6	212.5

*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 similar for Denver and the Nation (Table 6). However, Denver’s rate of ED visits involving nonmedical use of pharmaceuticals was significantly higher than the national rate for hydromorphone (8.9 vs. 4.7 visits per 100,000 population).

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

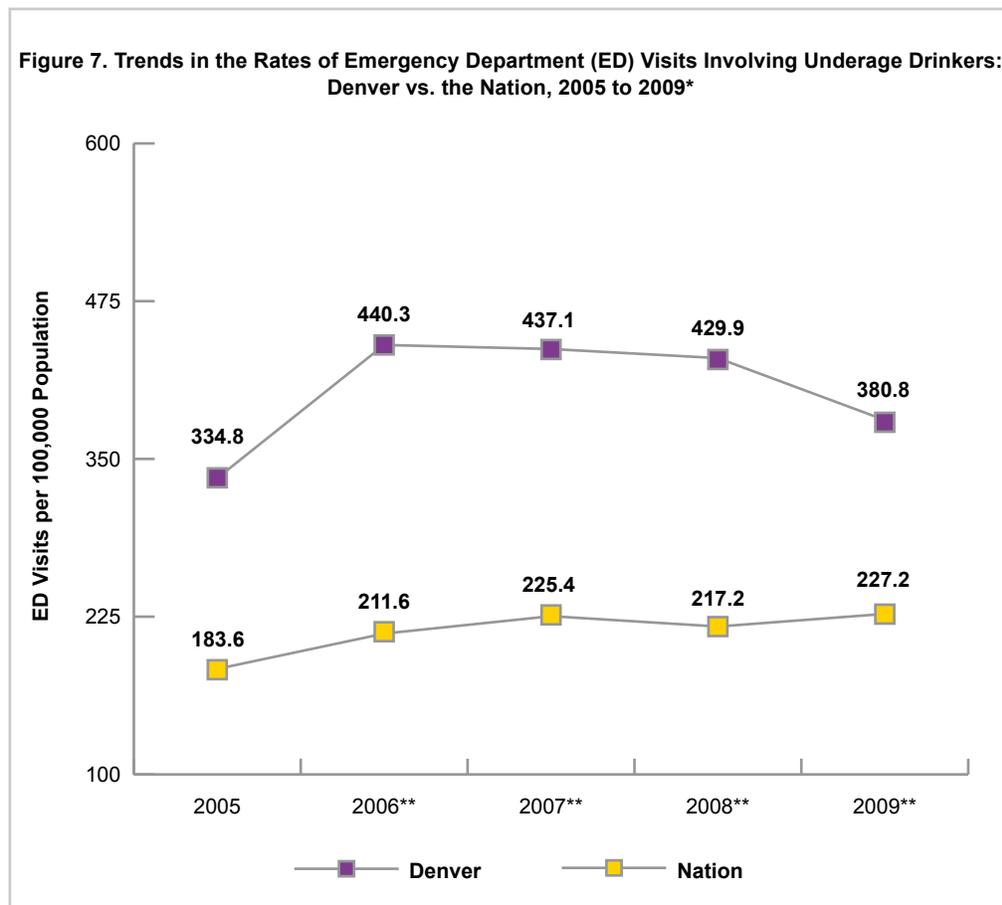
Drug Category and Selected Drugs	Denver Rate per 100,000 Population	National Rate per 100,000 Population
Central Nervous System Medications	216.5	257.8
Pain Relievers	146.2	168.1
Opiates/Opioids	117.8	135.7
Narcotic Pain Relievers	104.4	111.6
Oxycodone	49.2	48.4
Hydrocodone	25.7	28.1
Morphine	14.9	10.3
Methadone	14.2	20.5
Hydromorphone*	8.9	4.7
Fentanyl	7.1	6.8
Codeine	1.9	2.6
Drugs That Treat Anxiety and Insomnia	85.9	118.3
Benzodiazepines	69.8	101.9
Anticonvulsants	11.3	13.7
Psychotherapeutic Medications	31.3	43.2
Antidepressants	20.3	29.0
Antipsychotics	14.3	18.9
Cardiovascular System Medications	11.6	15.1
Drugs for Metabolic Disorders	9.6	10.0
Respiratory System Medications	9.2	11.7

*The difference between Denver 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 2006 to 2009, Denver's rate of drug-related ED visits involving underage drinkers was consistently and significantly higher than the national rate (Figure 7). For example, in 2009, Denver's rate of ED visits involving underage drinking was 380.8 ED visits per 100,000 population compared with the national rate of 227.2 ED visits per 100,000 population.



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

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

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

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

- young adults aged 18 to 20 made 1,453 ED visits (or 52.4 percent) related to underage drinking and had the highest rate of visits (1,674.9 visits per 100,000 population); and
- almost 6 in 10 (59.7 percent) ED visits related to underage drinking were made by male patients (Table 7).

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

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	2,771	100.0	380.8
Male	1,653	59.7	442.6
Female	1,118	40.3	315.6
Aged 0 to 11	***	***	***
Aged 12 to 17	1,308	47.2	669.7
Aged 18 to 20	1,453	52.4	1,674.9

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

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

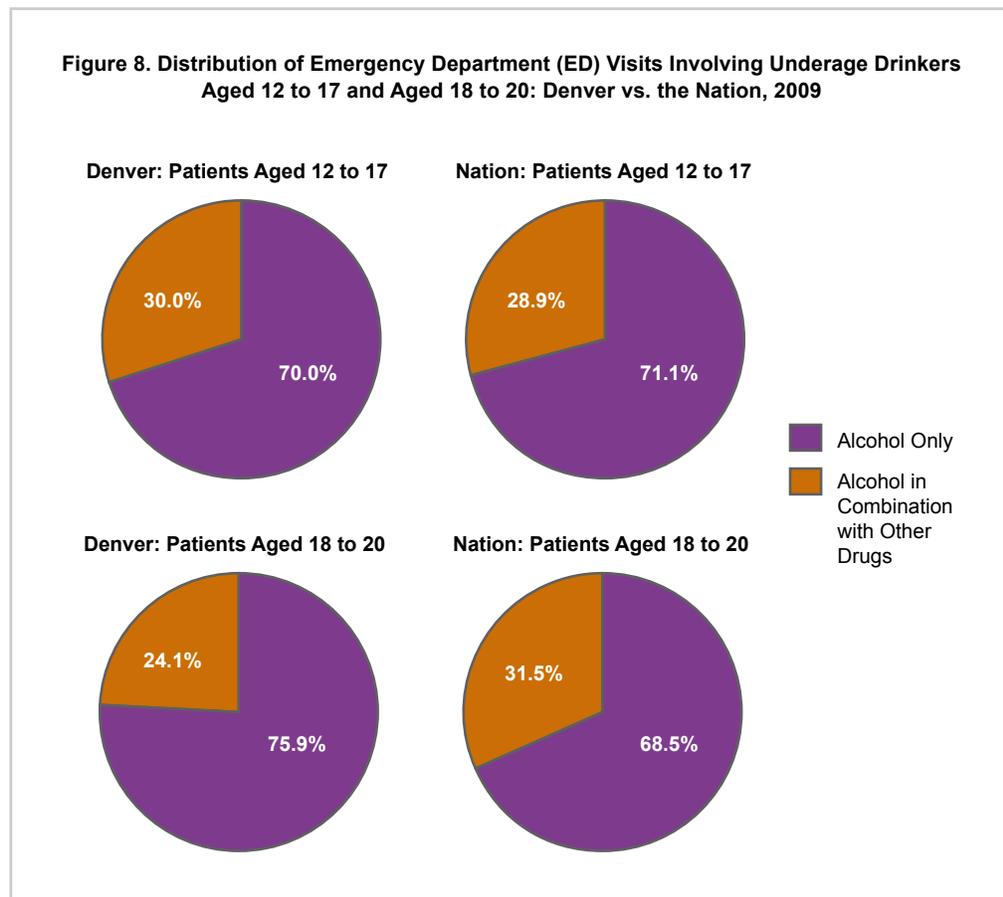
***Estimate suppressed because of low statistical precision.

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

In 2009, 26.9 percent of ED visits among Denver's underage drinkers aged 12 to 20 involved alcohol in combination with other drugs and in the Nation as a whole, 30.5 percent of such visits 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 Denver was comparable with that of the Nation (30.0 and 28.9 percent, respectively) (Figure 8). For underage drinkers aged 18 to 20, Denver also had a proportion of ED visits involving alcohol in combination with other drugs that was similar to that of the Nation as a whole (24.1 and 31.5 percent, respectively).

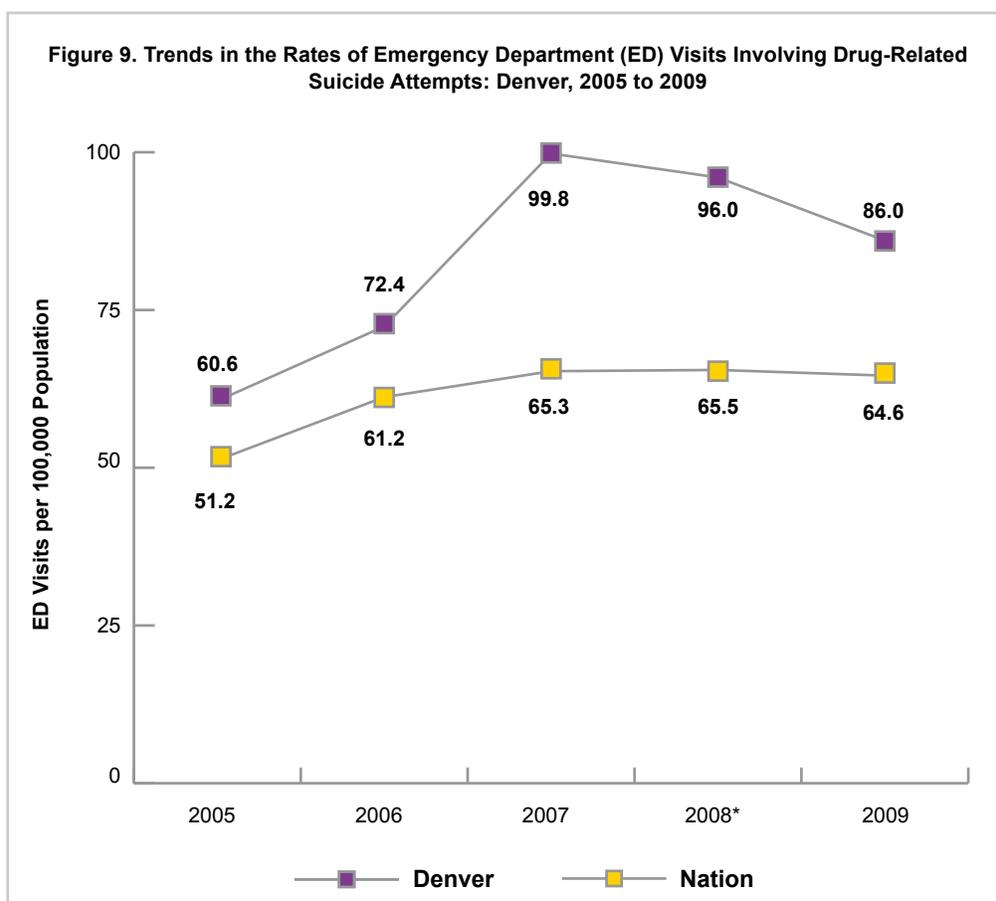
Figure 8. Distribution of Emergency Department (ED) Visits Involving Underage Drinkers Aged 12 to 17 and Aged 18 to 20: Denver vs. the Nation, 2009



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 to 2009, Denver’s rate of ED visits involving drug-related suicide attempts was not significantly different from the national rate with the exception of 2008 (Figure 9). In 2008, Denver’s rate of ED visits involving drug-related suicide attempts was higher than the national rate (96.0 vs. 65.5 visits per 100,000 population).



*The difference between Denver 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 patients who made visits to Denver EDs involving drug-related suicide attempts in 2009 indicate that

- patients aged 25 to 34 made 513 ED visits (or 23.4 percent);
- patients aged 18 to 24 had the highest rate of ED visits (223.2 visits per 100,000 population); and
- 61.2 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: Denver, 2009**

Demographic Characteristic	Estimated Number of ED Visits	Percentage of ED Visits	Rate of ED Visits per 100,000 Population
Total ED Visits	2,194	100.0	86.0
Male	851	38.8	66.4
Female	1,343	61.2	105.6
Aged 0 to 11	***	***	***
Aged 12 to 17	249	11.4	127.7
Aged 18 to 24	475	21.7	223.2
Aged 25 to 34	513	23.4	126.1
Aged 35 to 44	443	20.2	115.9
Aged 45 to 54	335	15.3	89.3
Aged 55 to 64	129	5.9	46.4
Aged 65 or Older	49	2.2	19.2

*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).

An examination of the rates of ED visits involving drug-related suicide attempts in 2009 revealed that Denver had significantly higher rates than the Nation for visits involving alcohol, marijuana, stimulants, and oxycodone (Table 9). Specifically, these rates include

- alcohol (37.0 vs. 20.1 visits per 100,000 population);
- marijuana (8.5 vs. 4.6 visits per 100,000 population);
- stimulants (2.6 vs. 1.1 visits per 100,000 population); and
- oxycodone (6.2 vs. 3.6 visits per 100,000 population).

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

Drug Category and Selected Drugs	Denver Rate per 100,000 Population	National Rate per 100,000 Population
Alcohol*	37.0	20.1
Illicit Drugs	15.8	11.6
Marijuana*	8.5	4.6
Cocaine	7.1	5.9
Stimulants*	2.6	1.1
Central Nervous System Medications	65.2	46.8
Pain Relievers	36.5	24.6
Opiates/Opioids	14.9	10.7
Narcotic Pain Relievers	14.1	9.6
Hydrocodone	6.6	4.5
Oxycodone*	6.2	3.6
Anticonvulsants	5.7	4.3
Drugs That Treat Anxiety and Insomnia	32.9	25.3
Benzodiazepines	22.0	18.5
Psychotherapeutic Medications	21.3	17.1
Antidepressants	14.3	11.8
Antipsychotics	9.3	7.8
Respiratory System Medications	4.4	2.5
Cardiovascular System Medications	4.1	3.5

*The difference between Denver 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.