

New The DAWN Report

Issue 32, 2006

DRUG ABUSE WARNING NETWORK

Emergency Department Visits Involving Dextromethorphan

In Brief

According to the Drug Abuse Warning Network (DAWN) for 2004:

- An estimated 12,584 emergency department (ED) visits involved pharmaceuticals containing dextromethorphan (DXM). This was 0.7 percent of all drug-related ED visits.
- The rate of ED visits resulting from nonmedical use of DXM for those aged 12 to 20 was 7.1 visits per 100,000 population compared with 2.6 visits or fewer per 100,000 for other age groups.
- ED patients aged 12 to 20 accounted for nearly half (48%) of all the ED visits resulting from nonmedical use of DXM.
- The rate of ED visits resulting from any type of use of DXM among those aged 12 to 20 was 10.3 per 100,000 population compared with 4.3 visits per 100,000 for the population overall.
- Alcohol was implicated in about a third (36%) of ED visits involving nonmedical use of DXM for those aged 18 to 20 and in 13 percent of visits for those aged 12 to 17.

Dextromethorphan (DXM) is a cough suppressant approved by the Food and Drug Administration (FDA) that is found in many over-the-counter (OTC) cough and cold remedies.¹ It is generally safe when taken at recommended doses. When taken in large amounts, though, DXM can produce hallucinations and a “high” similar to psychotropic drugs, such as phencyclidine (PCP). Dangerous side effects may include blurred vision, loss of physical coordination, abdominal pain, and rapid heartbeat. Side effects may be worsened if the ingested product also contains other pharmaceutical ingredients, such as acetaminophen, pseudoephedrine, antihistamines, or expectorants, which are commonly found in cough and cold medicines.²

In recent years DXM has become available, primarily over the Internet, in bulk powdered form, and concern has grown over the nonmedical use of DXM by teenagers. In May 2005, the FDA issued a warning about the dangers of DXM abuse involving over-the-counter products and DXM obtained from illicit sources.³

The Drug Abuse Warning Network (DAWN) collects data from a national sample of short-term, general, non-Federal hospitals⁴ and publishes estimates of emergency department (ED) visits involving illicit drugs as well as nonmedical use of pharmaceuticals. This issue of The DAWN Report examines the characteristics of ED visits that involve DXM and products containing DXM.

Included are findings on the age of ED patients who used DXM and the reason for their visit to the ED. Also provided are the rates of DXM-related ED visits per 100,000 population for different age groups and the frequency with which DXM products are found in combination with alcohol. The ED visits considered here exclude the small number of patients who go to the ED to obtain admission to the hospital's detoxification or substance abuse treatment unit.

Overview

During 2004, there were about 106 million ED visits to short-term, general, non-Federal hospitals in the United States.⁵ Of those, DAWN estimates that just under 2 million were drug related, with just under a half million involving nonmedical use of pharmaceuticals. About 12,500, or approximately 0.7 percent, of all drug-related ED visits in 2004 involved DXM or products containing DXM.

Reasons for ED visits

Nonmedical use of DXM products accounted for 5,581 (44%) of the estimated 12,584 DXM-related ED visits in 2004, and about half (48%) of these nonmedical visits involved patients aged 12 to 20 (Table 1).⁶ The rate of ED visits resulting from nonmedical use of DXM products was 7.1 visits per 100,000 population for those aged 12 to 20, while the rate for other age groups was 2.6 or less (Figure 1).

Medical use of DXM included ED visits attributed to adverse reactions that occurred when DXM products were used as prescribed or according to directions (for OTC products). About 30 percent of all DXM-related ED visits in 2004 were a result of adverse reactions and involved patients across all age categories. The rates of these ED visits ranged from 0.8 to 2.2 visits per 100,000 across the various age categories (Table 1).

Suicide attempts involving DXM products accounted for 14 percent of DXM-related ED visits. ED visit rates for suicide attempts involving DXM products ranged from 1.4 to 1.7 for those aged 12 to 34. These visits are extremely rare among younger (aged 0 to 11) and older (aged 35 or older) patients.

The smallest category of DXM-related ED visits involved accidental ingestions, and more than 9 out of 10 of these visits involved patients under the age of 12. That is the equivalent of 2.8 visits per 100,000 population for those under the age of 12.

Table 1. ED visits involving DXM, by age and reason for visit

Age Category	Estimated ED visits	% of visits ^a	ED visits per 100,000 population
Nonmedical use			
0–11	260	5%	0.5
12–20	2,684	48%	7.1
12–17	1,791	32%	7.1
18–20	892	16%	7.2
21–34	1,473	26%	2.6
35+	1,164	21%	0.8
Medical use (adverse reaction)			
0–11	1,050	28%	2.2
12–20	634	17%	1.7
12–17	538	14%	2.1
18–20	96	3%	0.8
21–34	746	20%	1.3
35+	1,380	36%	0.9
Accidental ingestion			
0–11	1,331	94%	2.8
12–20	3	0%	0.0
12–17	2	0%	0.0
18–20	1	0%	0.0
21–34	9	1%	0.0
35+	80	6%	0.1
Suicide attempt			
0–11	—	0%	0.0
12–20	575	32%	1.5
12–17	364	21%	1.4
18–20	211	12%	1.7
21–34	776	44%	1.4
35+	419	24%	0.3
Total^b			
All ages	12,584	100%	4.3
0–11	2,641	21%	5.5
12–20	3,895	31%	10.3
12–17	2,695	21%	10.6
18–20	1,200	10%	9.7
21–34	3,005	24%	5.3
35+	3,043	24%	2.0

^a Percentages may not sum to 100% due to rounding.

^b This total includes only the four types of ED visits shown. This excludes patients who go to the ED in order to obtain admission to a hospital's detoxification or substance abuse treatment unit.

Source: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2004 (09/2005 update).

Alcohol involvement

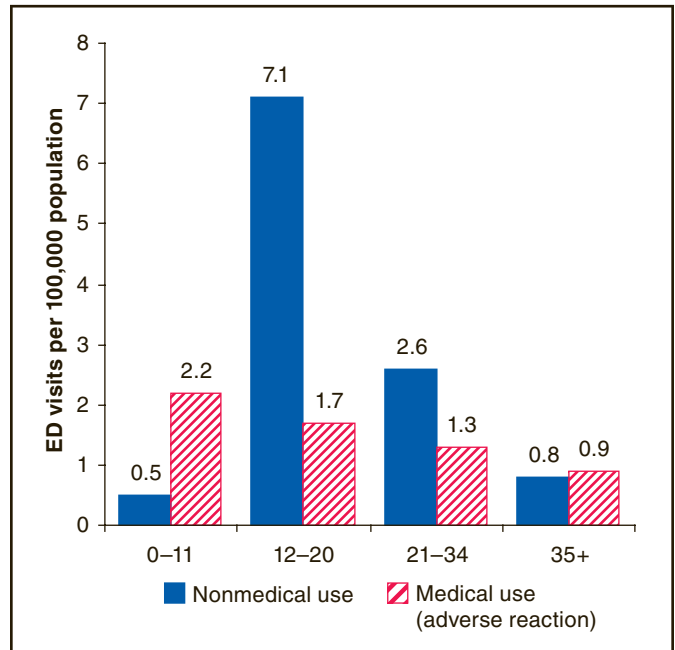
Alcohol was involved in about 13 percent of ED visits resulting from nonmedical use of DXM products for those aged 12 to 17, and 36 percent of such visits for those aged 18 to 20 (Figure 2). Patients aged 35 to 54 had the highest involvement of alcohol (53%). For the youngest (aged 0 to 11) and oldest (aged 55 or older) patients, alcohol involvement was lower (0% and 4%, respectively).

Alcohol is also an ingredient in some cough medications. Some common products (e.g., *NyQuil*[®]) contain a mixture of DXM and up to 10 percent alcohol. In these cases, alcohol may play a role in the ED visit without being specifically documented in the ED medical record. Therefore, these findings may understate the involvement of alcohol and its contribution to the side effects leading to ED visits.

Notes

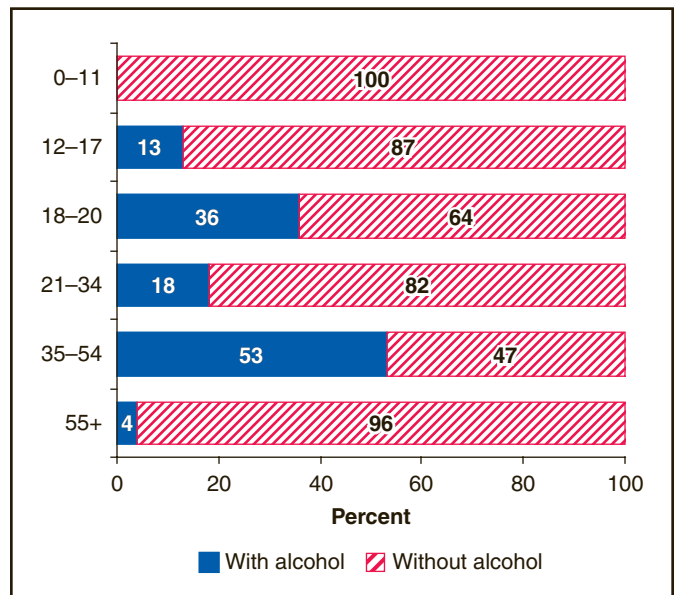
1. U.S. National Library of Medicine, National Institutes of Health. (2003, April 1). *Dextromethorphan*. Retrieved September 26, 2006, from <http://www.nlm.nih.gov/medlineplus/druginfo/medmaster/a682492.html>
2. National Institute on Drug Abuse. (2001, March). *Hallucinogens and dissociative drugs*. (NIH Publication No. 01-4209). Retrieved September 29, 2006, from <http://www.drugabuse.gov/ResearchReports/Hallucinogens/halluc4.html>
3. Food and Drug Administration. (2005, May 20). *FDA warns against abuse of dextromethorphan (DXM)* (Talk Paper T05-23). Rockville, MD: National Press Office. Retrieved September 29, 2006, from <http://www.fda.gov/bbs/topics/ANSWERS/2005/ANS01360.html>
4. Specialty hospitals, including children's hospitals, are excluded from the DAWN sample.
5. AHA Annual Survey Database, Fiscal Year 2003. Health Forum LLC, Copyright 2003, One North Franklin Street, Chicago, IL 60606.
6. Nonmedical use describes visits to the ED that cannot be attributed to accidental ingestion, suicide attempt, or medical use. Thus, nonmedical use of DXM includes taking more than a prescribed or recommended dose, as well as other forms of drug misuse or abuse.

Figure 1. Rates of ED visits for nonmedical and medical use of DXM, by age



Source: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2004 (09/2005 update).

Figure 2. ED visits involving nonmedical use of DXM and alcohol, by age



Source: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2004 (09/2005 update).

For change of address, corrections, or to be removed from this list, please e-mail: shortreports@samhsa.hhs.gov.

The DAWN Report — Emergency Department Visits Involving Dextromethorphan

In Brief

According to the Drug Abuse Warning Network (DAWN) for 2004:

- An estimated 12,584 emergency department (ED) visits involved pharmaceuticals containing dextromethorphan (DXM). This was 0.7 percent of all drug-related ED visits.
- The rate of ED visits resulting from nonmedical use of DXM for those aged 12 to 20 was 7.1 visits per 100,000 population compared with 2.6 visits or fewer per 100,000 for other age groups.
- ED patients aged 12 to 20 accounted for nearly half (48%) of all the ED visits resulting from nonmedical use of DXM.
- The rate of ED visits resulting from any type of use of DXM among those aged 12 to 20 was 10.3 per 100,000 population compared with 4.3 visits per 100,000 for the population overall.
- Alcohol was implicated in about a third (36%) of ED visits involving nonmedical use of DXM for those aged 18 to 20 and in 13 percent of visits for those aged 12 to 17.

The **Drug Abuse Warning Network (DAWN)** is a public health surveillance system that monitors drug-related morbidity and mortality. DAWN uses a probability sample of hospitals to produce estimates of drug-related emergency department (ED) visits for the United States and selected metropolitan areas annually. DAWN also produces annual profiles of drug-related deaths reviewed by medical examiners or coroners in selected metropolitan areas and States.

Any ED visit or death related to recent drug use is included in DAWN. All types of drugs—licit and illicit—are covered. Alcohol is included for adults when it occurs with another drug. Alcohol is always included for minors. DAWN's method of classifying drugs was derived from the Multum *Lexicon*, © 2005, Multum Information Services, Inc. The Multum Licensing Agreement can be found in DAWN annual publications and at <http://www.multum.com/license.htm>.

DAWN is one of three major surveys conducted by the Substance Abuse and Mental Health Services Administration's Office of Applied Studies (SAMHSA/OAS). For information on other OAS surveys, go to <http://www.oas.samhsa.gov>. SAMHSA has contracts with Westat (Rockville, MD) and RTI International (Research Triangle Park, NC) to operate the DAWN system and produce publications.

For publications and additional information about DAWN, go to <http://DAWNinfo.samhsa.gov>.