Drug Abuse Warning Network

The DAWN Report

JANUARY 2004

Trends in PCP-Related Emergency Department Visits

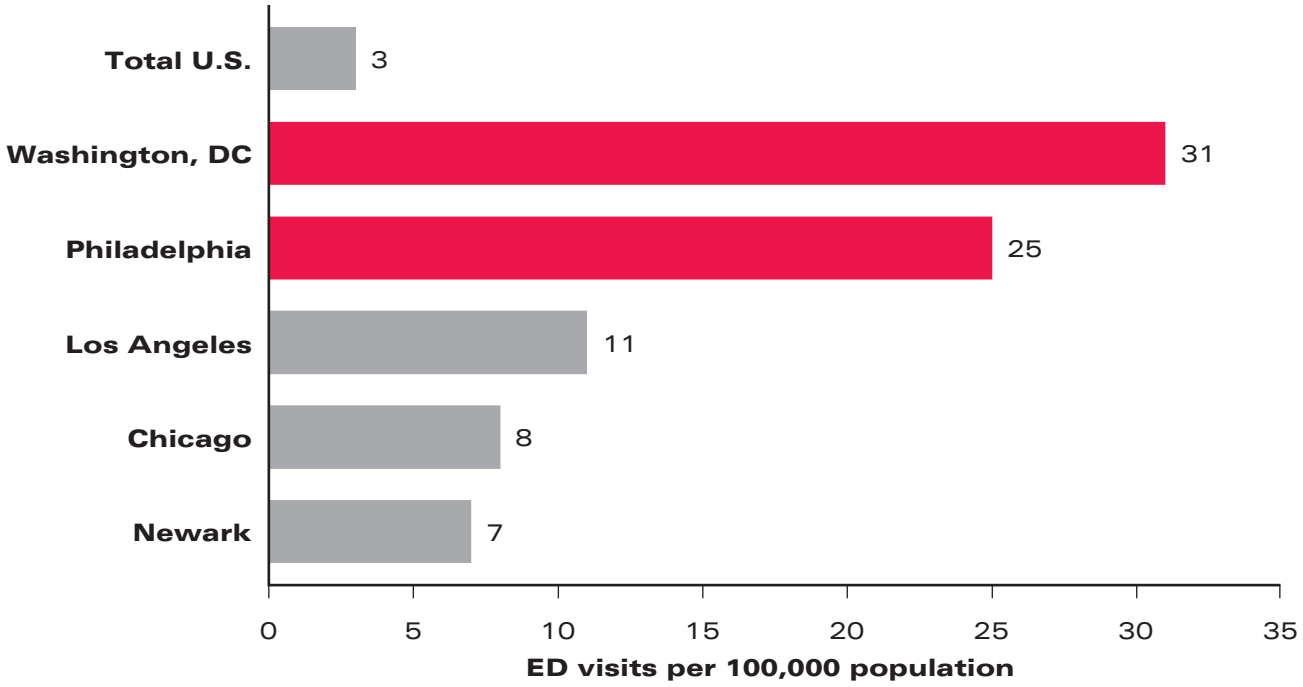
In Brief

Known as angel dust, love boat, or a dipper, phencyclidine (PCP) is once again a concern for metropolitan police departments and health care providers. This report examines trends in PCP-related visits to hospital emergency departments (EDs) nationally and in 21 metropolitan areas. The focus of DAWN on metropolitan areas can help reveal areas where PCP-related ED visits are developing into a problem before they become widespread. According to the Drug Abuse Warning Network (DAWN):

- ED visits involving PCP have risen steadily since 1999. By 2002, PCP was involved in 7,648 ED visits, double the number in 1999 (Figure 2).
- Among the 21 metropolitan areas represented in DAWN, the highest rates of PCP-related ED visits were seen in Washington, DC, (31 visits per 100,000 population) and Philadelphia (25) (Figure 1).
- From 2001 to 2002, the growth in PCP visits exceeded the national average in four metropolitan areas in the East: Washington, DC, (148%), Baltimore (60%), Philadelphia (46%), and Newark (254%).

FIGURE 1

Rate of PCP-related ED visits for top 5 metropolitan areas and total U.S.: 2002



SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

Trends in PCP versus other hallucinogens, 1994-2002

Since 1999, PCP-related ED visits have increased 109 percent (from 3,663 to 7,648) with increases from 2000 to 2002 of 42 percent (from 5,404).

By 2002, PCP was the most frequent hallucinogen in ED visits related to drug abuse, more frequent than either LSD or MDMA (Ecstasy). Long-term trends for these drugs (Figure 2) show that PCP visits began increasing in 1999 at about the same time that LSD visits began a sharp decline. From 1999 to 2001, PCP and MDMA visits rose in parallel, but this changed in 2002.

PCP-related ED visits by metropolitan area, 2002

From 2001 to 2002, significant increases in PCP visits were evident in Washington, DC, (148%, from 525 to 1,302), Philadelphia (46%, from 785 to 1,144), Newark (254%, from 35 to 124), Baltimore (60%, from 75 to 120), and Dallas (47%, from 96 to 141). A significant decrease in PCP visits (48%) occurred during the same period in Chicago (from 874 to 459 visits).

Among the 21 metropolitan areas covered by DAWN, Washington, DC, and Philadelphia have much higher rates of PCP-related ED visits (Figure 1). Although the rate of PCP-related ED visits in Washington, DC, may appear higher than in Philadelphia, the rates are not significantly different in 2002. The remainder of this report will focus on these 2 metropolitan areas.

Trends in PCP-related ED visits, 1994-2002: Washington, DC, and Philadelphia

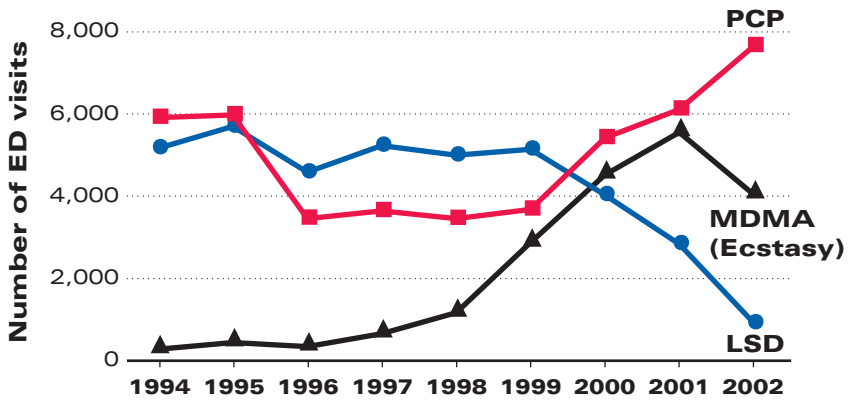
Although Philadelphia and Washington, DC, had similar rates of PCP visits in 2002, the trends in the 2 cities reveal distinct differences.

Since 1996, Philadelphia has experienced slow but steady increases in the rate of PCP-related ED visits. From 1994 to 2002, the rate of PCP visits in Philadelphia more than doubled (from 10 to 25 per 100,000 population) including an increase of 45 percent between 2001 and 2002 (from 17 per 100,000).

In Washington, DC, between 1994 and 1998, the rate of PCP visits declined sharply from 35 to 4 visits per 100,000 population. However, since 1998, ED visits related to PCP have been increasing at an alarming rate. Between 2001 and 2002 alone, the rate of PCP visits increased by 143 percent (from 13 to 31 per 100,000 population) (Figure 3).

FIGURE 2

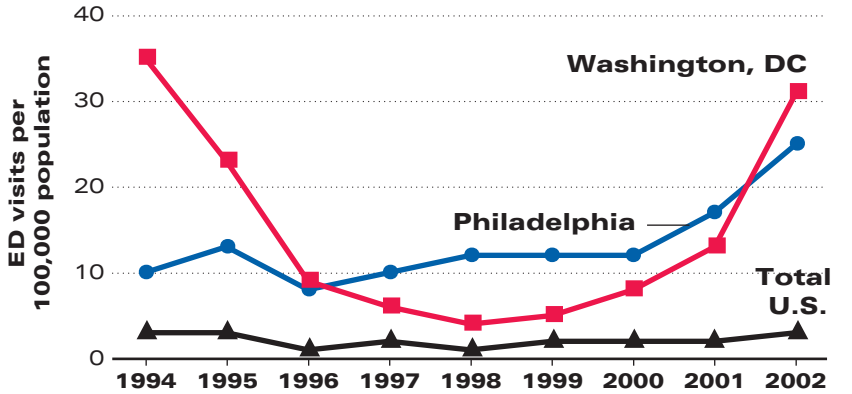
Trends in PCP-related ED visits compared to visits for other hallucinogens: 1994-2002



SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

FIGURE 3

Trends in the rate of PCP-related ED visits by metropolitan area: 2002



SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

Age

Although the trends in PCP visits were very different in Washington, DC, and Philadelphia, the patients in the 2 areas were similar in age. In 2002, patients age 18 to 25 accounted for nearly half of all PCP visits in Washington and Philadelphia (47% and 48% respectively) (Table 1). Nationally, patients age 18 to 25 accounted for 38 percent of PCP-related ED visits.

Gender

In Washington, DC, and Philadelphia, almost three-quarters of patients involved in PCP-related ED visits were male (Table 1). Nationally, patients in PCP-related ED visits also were more likely to be male than female.

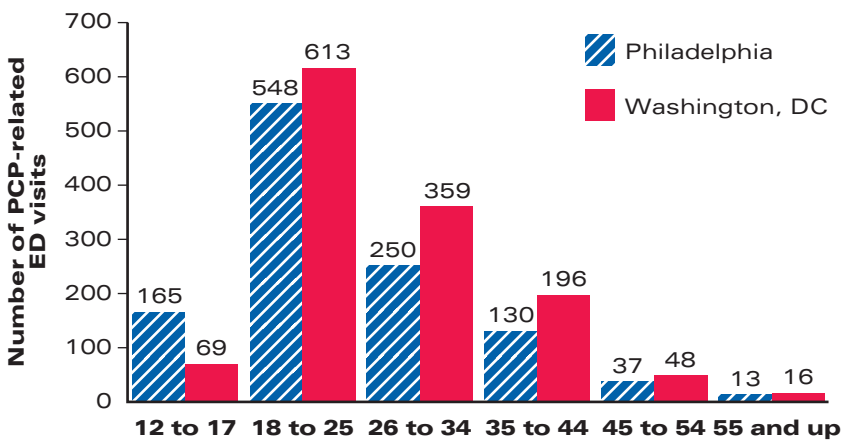
Race and ethnicity

Although similar in age and gender, the racial and ethnic mix of patients in PCP-related ED visits was different in Washington, DC, and Philadelphia.

In Philadelphia, PCP visits primarily involved patients who were black or white (50% and 32% respectively). In Washington, DC, the overwhelming majority (82%) of PCP-related ED visits involved patients who were black (Table 1).

FIGURE 4

Number of PCP-related ED visits by age group and metropolitan area: 2002



SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

This disparity is even more pronounced when we focus on the District of Columbia alone (excluding the 15 counties in Maryland and Virginia that are part of the Washington, DC, metropolitan area). About 60 percent of PCP-related ED visits in the Washington, DC, metropolitan area occurred in the District. Of these, patients who were black accounted for over 95 percent of visits. According to data from Census 2000, this is not a reflection of the racial makeup of the population of Washington, which is much more diverse.

Drugs in combination

The majority of PCP-related ED visits involved PCP in combination with other drugs. In Philadelphia, over 80 percent of PCP-related ED visits involved other drugs, but only 65 percent of PCP-related ED visits in Washington involved other drugs.

Across the board, the drugs most frequently reported in combination with PCP were alcohol and marijuana (Table 2). Between 30 and 50 percent of PCP-related ED visits in Philadelphia and Washington involved either alcohol or marijuana.

TABLE 1

PCP-related ED visits by gender, race, and metropolitan area: 2002

	Total visits	Gender		Race			
		Male	Female	White	Black	Hispanic	Other/ unknown
Total U.S.	7,648	4,876	2,738	2,316	3,308	948	1,076
Philadelphia	1,144	748	383	367	573	133	71
Washington, DC	1,302	963	326	150	1065	9	79

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

The DAWN Report is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). This issue was written by Erin Mallonee (OAS/SAMHSA). Other significant contributors included Dr. Judy Ball (OAS/SAMHSA).

TABLE 2

Top 5 drugs in combination with PCP by metropolitan area: 2002

Philadelphia

Rank	Drug name	Mentions
1	Marijuana	551
2	Alcohol	452
3	Cocaine	343
4	Benzodiazepines-unspecified type	131
5	Narcotic analgesics-unspecified type	72

Washington, DC

Rank	Drug name	Mentions
1	Alcohol	529
2	Marijuana	381
3	Cocaine	170
4	Narcotic analgesics-unspecified type	28
5	Heroin	25

SOURCE: Office of Applied Studies, SAMHSA, Drug Abuse Warning Network, 2002 (03/2003 update).

About DAWN

The **Drug Abuse Warning Network (DAWN)** is a national surveillance system that collects data on drug abuse-related visits to emergency departments (EDs) and drug abuse-related deaths reviewed by medical examiners and coroners. Data on ED visits are collected from a national probability sample of non-Federal, short-stay hospitals, with oversampling in 21 major metropolitan areas. Data from the sample are used to generate estimates for the coterminous U.S. and the 21 metropolitan areas.

ED visits are reportable to DAWN if a patient between the ages of 6 and 97 was treated for a condition associated with intentional drug abuse, including recreational use, dependence, or suicide attempt. Visits involving chronic health conditions resulting from drug abuse are reportable. Abuse of prescription and over-the-counter medications is reportable. Adverse reactions associated with appropriate use of these drugs and accidental ingestion or inhalation of any drug are not reportable.

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