

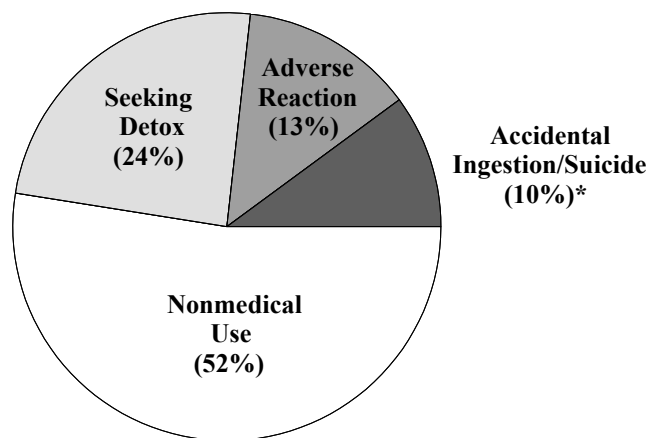
A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

One-Half of Buprenorphine-Related Emergency Department Visits for Nonmedical Use

Slightly more than one-half (52%) of the estimated 30,135 buprenorphine-related emergency department visits in the U.S. in 2010 were for nonmedical use of the drug, according to data from the Drug Abuse Warning Network (DAWN). Approximately one-fourth of these visits, in which buprenorphine was involved as either a direct cause or a contributing factor, were related to seeking detoxification and 13% were for adverse reactions. The estimated number of emergency department visits related to the nonmedical use of buprenorphine has more than tripled since 2006 (see *CESAR FAX*, Volume 21, Issue 31).

Types of U.S. Buprenorphine-Related Emergency Department Visits, 2010 (N=30,135)



NOTES: *Nonmedical use* of buprenorphine includes taking more than the prescribed dose; taking buprenorphine prescribed for another individual; deliberate poisoning with buprenorphine by another person; and documented misuse or abuse of buprenorphine. *Adverse reaction* includes visits related to adverse reactions, side effects, drug-drug interactions, and drug-alcohol interactions resulting from using buprenorphine for therapeutic purposes. *Seeking detox* includes patients seeking substance abuse treatment, drug rehabilitation, or medical clearance for admission to a drug treatment or detoxification unit. *Accidental ingestion* includes childhood drug poisonings, individuals who take the wrong medication by mistake, and a caregiver administering the wrong medicine by mistake. It does not include a patient taking more medicine than directed because the patient forgot to take it earlier. *Suicide* includes visits for overdoses, as well as suicide attempts by other means if drugs were involved or related to the suicide attempt.

*The number of buprenorphine-related ED visits categorized as accidental ingestion and as suicide attempts did not meet DAWN's standards of precision (i.e., the estimate had a standard of error greater than 50% or the unweighted count or estimate was less than 30). For this analysis, the two categories were combined and the percentage derived from the difference remaining after accounting for the categories that were known. Percentages do not sum to 100 due to rounding.

SOURCE: Adapted by CESAR from data from the Substance Abuse and Mental Health Services Administration (SAMHSA), *Drug Abuse Warning Network, 2010: Selected Tables of National Estimates of Drug-Related Emergency Department Visits*, online at <http://www.samhsa.gov/data/DAWN.aspx#DAWN%202010%20ED%20Excel%20Files%20-%20National%20Tables> (accessed 11/19/12).