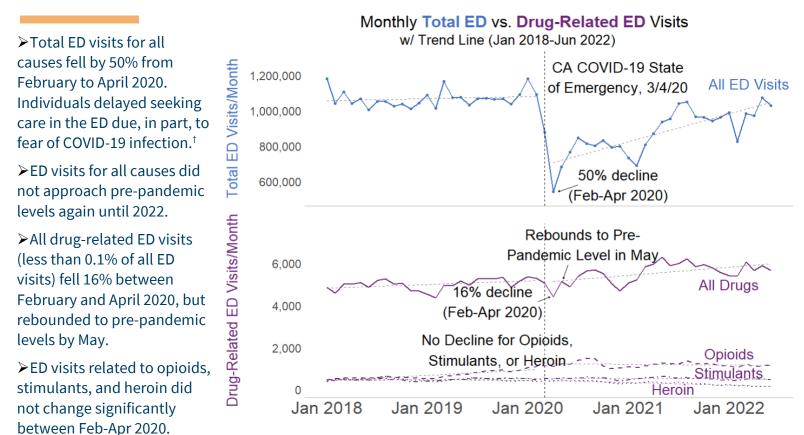
## California emergency department (ED) visits fell sharply at the onset of COVID-19, but drug-related ED visits stayed steady



<sup>†</sup>Yu, *et al.* (2021). "<u>Changes In Non-COVID-19 Emergency Department Visits By Acuity And Insurance Status During</u> <u>The COVID-19 Pandemic</u>," *Health Affairs*, 40(6) [accessed July 2023].

## From 2018 to 2021, drug-related ED visits (except for heroin) increased

All drug ED visits increased from 150 to 175 per 100,000 California residents from 2018 to 2021, a 17% increase. Opioid-related ED visits increased more dramatically, from 17 to 36 per 100,000, a 117% increase driven mostly by fentanyl. Heroinrelated ED visits decreased from 15 to 9 per 100,000, a 41% decrease over the 2018-2021 period. ED visits due to stimulants (such as methamphetamine, cocaine, and MDMA, or "ecstasy") rose modestly, from 14 to 16 per 100,000, an 18% increase.

Drug-Related ED Visits per 100,000 Residents			
Drug	2018	2021	Change
All Drugs	149.8	174.5	17% ↑
Opioids	17.1	36.2	117% 个
Heroin	15.1	8.9	41% 🗸
Stimulants	13.8	16.3	18% 个

<u>Case definitions</u>: All drugs: ICD-10-CM codes T36–T50; opioids: T40.0–T40.4, T40.60, T40.69; heroin: T40.1; stimulants: T40.5, T43.60–T43.69. All manners of injury (unintended, self-harm, assault, and undetermined) and all diagnosis fields included. See the Council of State and Territorial Epidemiologists "Drug Overdose Indicator" <u>webpage</u> for details.

**How to Get Help**. If you or someone you know has a drug-related ED visit, please request a **referral to harm reduction and treatment services** at the emergency room (ER). <u>Choose Change California</u> and <u>Shatterproof Treatment Atlas</u> are treatment locator webpages that provide easy pathways for people with substance use disorder (addiction) to get help.

