The number of emergency department visits involving energy drinks has increased dramatically in the last five years, according to the most recent data from the Drug Abuse Warning Network (DAWN). Energy drinks are flavored beverages that contain caffeine and other additives, such as guarana (a natural source of caffeine), taurine, and ginseng. In 2011 there were 20,783 energy drink-related emergency department (ED) visits, twice as many as in 2007 (see figure below). More than half of these visits involved energy drinks only (58%). The remaining 42% involved alcohol and other drugs, most commonly pharmaceuticals (27%), followed by alcohol (13%) and illicit drugs (10%). On March 19th, a group of 18 doctors, researchers, and public health experts sent a letter to the Food and Drug Administration (FDA) concluding that “the best available evidence demonstrates a robust correlation between the caffeine levels in energy drinks and adverse health and safety consequences, particularly among children, adolescents, and young adults.” The letter urges the FDA to not only apply the existing caffeine levels for sodas† to energy drinks and other beverages that contain caffeine as an additive but to also require manufacturers to include caffeine content on product labels.

†The FDA has recognized 200 parts per million of caffeine—approximately 71 mg per 12 ounce serving—as Generally Recognized As Safe (GRAS) in sodas. There is currently no GRAS caffeine level set for energy drinks. “Many energy drinks contain as much as 100 mg of caffeine per 8 fl oz serving with some containing as much as 300 mg per 8 fl oz serving” (Arria, p. 2) and many energy drinks do not disclose their caffeine content on their product label. The manufacturers of Monster Energy Drink recently announced that they will begin marketing their products as beverages as opposed to dietary supplements and will begin to publish the caffeine content on their labels.

*The number of visits was significantly different from the number of visits in 2007 at the 0.05 level.