The estimated number of PCP-related emergency department (ED) visits in the U.S. continues to increase, according to the most recent data from the Drug Abuse Warning Network (DAWN). The sharpest increase in ED visits that involved PCP either as a direct cause or a contributing factor occurred from 2009 (36,719) to 2011 (75,538; see figure below). The national scope of these data, however, masks geographic differences in PCP use, which has historically been localized in specific metropolitan areas. While DAWN cannot produce valid regional estimates, metropolitan area estimates indicate that PCP-related ED visits are increasing in only two of the eleven over-sampled metropolitan areas—New York City (618% increase from 2004 to 2011) and Chicago (182% increase). In the remaining areas, estimates of PCP-related ED visits are either stable (Phoenix, San Francisco, Seattle) or were too small or imprecise to report. The authors suggest that “increased efficiency might result from geographic targeting of prevention and treatment efforts based on additional studies” (p. 4).

Editor’s Note: These findings should be interpreted with caution for two reasons. First, nearly three-fourths (72%) of PCP-related ED visits in 2011 involved another substance (i.e., alcohol, prescription drugs, illicit drugs) combined with PCP, which means that the ED visit may not be attributed solely to PCP. Second, DAWN does not require that all drugs reported for an ED visit be confirmed by laboratory testing (only 56% of the 2011 PCP-related ED visits were confirmed), toxicology tests are not used consistently across EDs, and those that do test may not test specifically for PCP. Thus, visits by patients who report taking PCP and/or who present with symptoms similar to PCP use will be recorded as PCP-involved, when it is possible that the substance taken was another drug.

Estimated Number of U.S. Emergency Department (ED) Visits Involving PCP, 2004-2011
