

reported higher use of alcohol, marijuana and cocaine for the 12-month and 30-day windows of observation. Combined use of alcohol and illegal drugs was also higher among blacks. Disaggregation of the race variable by sex revealed excess prevalence of lifetime use of tobacco and hallucinogens for white males, cocaine for black males, tranquilizers for white females, and Schedule IV opioids, stimulants, sedatives, and the combined category of heroin and Schedule II opioids for whites of both sexes (Table 12).

Thirty-day use of alcohol and marijuana appeared especially high among black males, although the corresponding prevalence for white males well surpassed that for white and black females (Table 13). Thirty-day use of cocaine among blacks of either sex well exceeded that of their white counterparts. The 30-day prevalence of tranquilizer use for white females was four-and-a-half times higher than that for black females and almost double that for black and white males. Black males were the most likely of the four race-sex groups to report use of alcohol or illegal drugs (54%) within 30 days of survey. At the other extreme, only 25% of white females and 30% of black females reported this short-term use. Black males were 90% more likely to report 30-day combined use of alcohol and illegal drugs than white males, 146% more likely than black females and 329% more likely than white females.

A gross, although important, distinction for ER treatment purposes is whether the patient's chief complaint was injury or illness. In this study, patients whose main reason for visiting the ER could be coded within the ICD-9 external cause range of E800-E999 were classified as injured. Remaining patients whose main reason for visiting was ascertainable were classified as ill. In comparison to the illness group, injury patients manifested a clear excess prevalence of use of alcohol, tobacco and marijuana (Table 14 and Figures 14-16). Regardless of drug category, there was no notable excess prevalence of use among ill patients.

Prescription Drug Abuse

Data were collected for this study on abuse of prescription drugs within 12 months of survey. Prescription drugs are Schedule II-IV controlled substances. Self-reported abuse of such drugs by ER subjects was rare, where abuse was defined as use of a drug for non-medical purposes "sometimes", "often" or "always". Respective percentages of abuse were 2.6% for tranquilizers, 2.2% for stimulants, 1.8% for sedatives, 1.6% for Schedule IV opioids, and 1.1% for Schedule II opioids (Data not shown). Overall, 5% of the sample reported abusing at least one of these categories of prescription drugs. Of those reporting any use of stimulants, 63% admitted abuse with the remainder reporting non-medical use as "rarely or never." Corresponding abuse figures for the other drug categories were 15% for both tranquilizers and sedatives, 7% for Schedule II opioids, and 5% for Schedule IV opioids.