

Data table for Figure 1. Rate of emergency department visits by adults with opioids prescribed at discharge, by sex: United States, 2017–2020

| Sex | 2017–2018 | 2019–2020 |
|-------------------|------------------------------------------|------------|
| | Visits per 1,000 adults (standard error) | |
| Overall | 50.5 (4.0) | 36.4 (3.0) |
| Women | 56.6 (4.7) | 39.9 (3.8) |
| Men | 43.9 (3.8) | 32.6 (2.8) |

NOTES: Data for 2017–2018 are based on a sample of 3,100 emergency department (ED) visits with opioids prescribed at discharge. This sample represents an estimated 12,519,000 average annual visits. Data for 2019–2020 are based on a sample of 2,015 ED visits with opioids prescribed at discharge. This sample represents an estimated 9,132,000 average annual visits. Visit rates are based on the July 1, 2017; July 1, 2018; July 1, 2019; and July 1, 2020, estimates of the U.S. civilian noninstitutionalized population developed by the U.S. Census Bureau, Population Division. Overall visits include all visits by adults aged 18 and over. "Prescribed at discharge" includes visits where opioids were both given in the ED and prescribed at discharge or only prescribed at discharge; visits where opioids were only given in the ED were excluded. In 2019–2020, opioids were prescribed at discharge at 17.1 visits per 1,000 adults, and opioids were both given in the ED and prescribed at discharge at 19.3 visits, totaling 36.4 visits. In 2017–2018, opioids were prescribed at discharge at 24.3 visits, and opioids were both given in the ED and prescribed at discharge at 26.2 visits, totaling 50.5 visits. Data for 0.3% of visits in 2017–2018 and 0.5% in 2019–2020 with missing prescribed status are not shown.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2017–2020.



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Data table for Figure 2. Percentage of emergency department visits by adults with opioids prescribed at discharge, by race and ethnicity: United States, 2017–2020

| Race and ethnicity | 2017–2018 | 2019–2020 |
|------------------------------|--------------------------|-----------|
| | Percent (standard error) | |
| Overall | 12.2 (0.5) | 8.1 (0.4) |
| Non-Hispanic White | 12.9 (0.6) | 8.3 (0.4) |
| Non-Hispanic Black | 11.1 (0.9) | 7.2 (0.6) |
| Hispanic | 11.8 (0.9) | 8.9 (1.2) |

NOTES: Data for 2017–2018 are based on a sample of 28,620 emergency department (ED) visits made by adults. This sample represents an estimated 102,980,000 average annual visits. Data for 2019–2020 are based on a sample of 26,964 ED visits made by adults. This sample represents an estimated 112,178,000 average annual visits. In 2019–2020, race was missing for 14.3% and ethnicity was missing for 9.3% of visits by adults with opioids prescribed at discharge. In 2017–2018, race was missing for 14.2% and ethnicity was missing for 20.1% of visits by adults with opioids prescribed at discharge. Estimates for non-Hispanic people of other races, which includes Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native people as well as people of more than one race, are not shown.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2017–2020.

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Data table for Figure 3. Percentage of emergency department visits by adults with opioids prescribed at discharge, by primary expected source of payment: United States, 2017–2020

| Primary expected source of payment | 2017–2018 | 2019–2020 |
|------------------------------------|--------------------------|-----------|
| | Percent (standard error) | |
| Overall | 12.2 (0.5) | 8.1 (0.4) |
| Private | 14.5 (0.7) | 9.4 (0.6) |
| Medicare | 10.5 (0.7) | 7.1 (0.6) |
| Medicaid | 10.8 (0.7) | 8.4 (0.7) |
| Uninsured | 14.0 (1.2) | 8.5 (1.1) |

NOTES: Data for 2017–2018 are based on a sample of 28,620 emergency department (ED) visits made by adults. This sample represents an estimated 102,980,000 average annual visits. Data for 2019–2020 are based on a sample of 26,964 ED visits made by adults. This sample represents an estimated 112,178,000 average annual visits. Other sources of payment, including TRICARE, state and local government, private charitable organization, and other liability insurance, are not shown. Data for 11.4% of visits in 2017–2018 and 6.7% of visits in 2019–2020 with missing primary expected source of payment are not shown.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey, 2017–2020.