

Los Angeles County

Injury

Hospitalization

Report

2008



Injury and Violence Prevention Program
Division of Chronic Disease & Injury Prevention
Department of Public Health
Los Angeles County

Los Angeles County Injury Hospitalization Report 2008

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ACKNOWLEDGEMENTS

Our sincere appreciation to the following data providers without whom this report would not be possible:

Hospital Discharge Data provided by the California Office of Statewide Health Planning and Development, <http://www.oshpd.ca.gov>.

Death Statistical Master File (DSMF) provided by the California Department of Public Health, Office of Vital Records, <http://ww2.cdph.ca.gov/certlic/birthdeathmar/Pages/default.aspx>.

Population data provided by Los Angeles County, Chief Executive Office, Service Integration Branch, Urban Research Division, <http://ceo.lacounty.gov/SIB/urban.htm>.

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SUGGESTED CITATION

Sternfeld I. and Culross P.L., Los Angeles County Injury Hospitalization Report 2008.

Los Angeles County Department of Public Health. August 2008.

Los Angeles County Injury Hospitalization Report 2008

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Executive Summary

Injuries have an enormous impact on Los Angeles County residents — they are the leading cause of death among residents 1-44 year olds. Countywide, between 2000 and 2005 (the latest year for which fatality statistics are available), an average of 4,044 residents died each year from injuries. However, injury fatalities account for only a small portion of all injury occurrences. For every injury-related death, there are many more injury-related hospitalizations and injury-related visits to emergency departments, clinics, and doctor's offices. Statewide, injuries were responsible for 6.8% of the total number of hospitalizations in 2005. In Los Angeles County, they were responsible for 6.1% of total hospitalizations.

It is important to look at patterns of nonfatal injuries since they may be quite different from injury fatalities (which were discussed in a previously released report¹). For example, firearms caused nearly half of all completed suicides since 2000, but were responsible for less than one percent of all nonfatal suicide attempts. Injury hospitalizations are also important because these severe injuries can have a long lasting impact; in addition to initial treatment, many injuries require long-term rehabilitation or may result in permanent disability.

This report focuses on nonfatal hospitalized injuries in Los Angeles County and covers the years 2000-2006. The report uses data provided by the California Office of Statewide Health Planning and Development (OSHPD) and reviews hospitalization data only. There are no data presented on emergency room visits, primarily because that database goes back only to 2005. Also, there are no data presented on outpatient clinic visits or private practice provider office visits since these health care encounters do not involve hospitalization.

To better explain how injuries affect Los Angeles County residents, this report begins with an overview of injury hospitalizations that discusses what types of injuries are most prevalent and which county residents are most at risk for injury hospitalizations. The next several sections of the report focus on each of the most common causes of injury hospitalizations. Each of these sections compare Los Angeles County statistics with statewide data, show trends over time in hospitalizations, provide information on the populations most affected by that particular type of injury, compare patterns of injury hospitalizations with those of fatal injuries, and discuss prevention strategies for the injury type. Finally, six appendices contain more information including, detailed charts of the top ten causes of injury hospitalization broken down by age, gender, and racial/ethnic group; definitions for terms used in the report; technical notes; and a resource list for more information about injuries.

¹ Los Angeles County Department of Public Health. Injury and Violence Prevention Program. Report on Injury Related Morbidity and Mortality in Los Angeles County: Prevalence and Prevention. 2005.

Overall, there were nearly half a million (468,282) hospitalizations due to injuries in Los Angeles County from 2000-2006, an average of 66,897 per year. Over half of all injury hospitalizations were caused by either falls (41%) or motor vehicle traffic (12%). The majority (84%) of injury hospitalizations were for unintentional injuries (those commonly referred to as accidental). Another 8% were for assaults and 6% were the result of suicide attempts. The remaining hospitalizations were for injuries of undetermined intent and legal intervention injuries. More than one third (35.9%) of all people hospitalized for an injury were over the age of 64. In fact, during the seven year period, there were more injury hospitalizations among 81 year olds than for any other age group.

The purpose of this report is not only to inform, but also to stimulate thought and action. Los Angeles County is home to 10 million people, with diverse populations and subpopulations. This report shows that there are often distinct differences in the causes of injury-related hospitalization and the rates of hospitalization according to age, gender, racial/ethnic group, and geography. For example, while females outnumbered males overall among fall-related hospitalizations, males were more commonly involved in falls that were possibly associated with male-dominated employment such as construction: falls from scaffolding (84% male), falls from buildings (83% male) and falls into holes or openings (67% male). This may suggest the need for increased attention to safety at locations with these types of potential hazards.

Other statistics confirm what we may already suspect in these perilous times for some Los Angeles County residents: Firearm injuries were the 1st leading cause of hospitalization for males 15-19 years old and the 2nd leading cause for males 20-24 years old. More than half (54%) of all patients hospitalized for a firearm injury were between the ages of 15 and 24 years old.

In another example, 49% of all injury hospitalizations due to excessive heat or cold occurred among residents 65 years and older. This age group represents only 10% of the total population but a disproportionate number of those affected by extremes in weather. Los Angeles County is a broad geographic area that experiences the full range of high and low temperatures. It is important to keep in mind the deleterious health effects cold temperatures, or hot and humid weather can have on the older population of Los Angeles County residents.

This report was prepared to provide detailed information about injury hospitalization risks and prevention strategies that can be used by a wide range of Los Angeles County residents, including community groups, medical professionals, and other individuals and organizations. The report was written by the staff of the Injury and Violence Prevention Program (IVPP), which is part of the Division of Chronic Disease and Injury Prevention within the Los Angeles County Department of Public Health. IVPP's mission is to reduce and prevent injuries among Los Angeles County residents. IVPP measures and monitors the

occurrence of injuries among population groups, and develops and implements strategies to reduce the morbidity and mortality caused by injuries. For more information about IVPP or to request additional data, please contact us at (213) 351-7888, or visit our website at www.publichealth.lacounty.gov/ivpp

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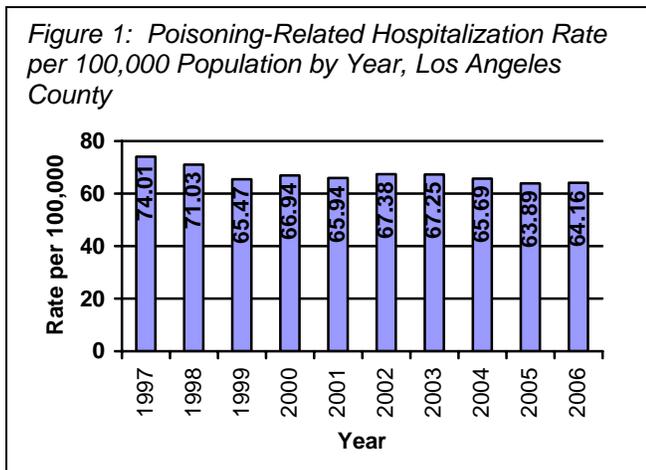
3rd Leading Cause: Poisonings

This category contains many different types of poisoning injuries, including those related to medicines (both prescription and over-the-counter), illicit drugs, alcohol, cleaning supplies and other household products, pesticides, and gases (e.g., carbon monoxide). This category also includes some types of food-related poisonings, such as from wild mushrooms. Food poisonings resulting from bacterial contamination (e.g., salmonella or E. coli) are not coded as injuries in medical conditions databases; they are coded as illnesses similar to heart disease or cancer.

Poisonings were the third leading cause of injury hospitalizations in Los Angeles County, with an average of more than 6,300 reported each year. Statewide, there were 154,818 hospitalizations due to poisonings reported between 2000 and 2005 (statewide data are not yet available for 2006). During this period, 24.7% of all poisoning-related hospitalizations in California were to Los Angeles residents.

Trends

There were 44,619 poisoning hospitalizations during the seven years of this study, an average of 6,374 each year. The number of hospitalizations due to poisoning did not change significantly during the past ten years; however, the 2006 hospitalization rate is 13% lower than the 1997 rate (Figure 1).



Intent

Nearly half (48%) of all poisoning hospitalizations were the result of suicide attempts. Another 40% were the result of unintentional poisonings and for 11% of the hospitalizations the intent could not be determined. Only 46 hospitalizations (0.1%) were the result of assaults or legal intervention.

Poisoning Substances

Table 1 shows the types of substances that were responsible for each poisoning hospitalization. The coding system provides much greater detail for unintentional poisonings than for suicide attempts or poisonings of undetermined intent. Therefore, in Table 1, some categories are combined in the suicide and undetermined columns to make up for both the less specific coding found in these intents, and for the smaller number of poisonings due to some types of substances. Overall, 90.5% of poisonings were caused by drugs (both legal and illicit) or other medicinal substances. Among suicide attempts, 95.1% of all poisonings were caused by some type of drug.

Table 1: Poisoning Hospitalizations by Substance Causing the Poisoning and Intent, Los Angeles County, 2000-2006

Substance	Unintentional	Suicide Attempt	Undetermined Intent
Analgesics, antipyretics & antirheumatics	3,738	6,799	1,211
Barbiturates	194	294	87
Other Sedatives & Hypnotics	502	754	133
Tranquilizers	1,753	7,483	1,338
Other Psychotropic Agents	2,049		
Other drugs acting on central & autonomic nervous system	1,848	5,201	1,780
Antibiotics	82		
Other Anti-infectives	53		
Other drugs	5,121		
Agricultural & horticultural chemical & pharmaceutical preparations other than plant foods & fertilizers	98	100	37
Corrosives & caustics	232	245	28
Alcohol	627	611	377
Cleaning & polishing agents, disinfectants, paints & varnishes	137		
Petroleum products, solvents & their vapors	110		
Poisonous food & plants	291		
Other/unspecified solid & liquid substances	237		
Gas distributed by pipeline	16		
Other utility gas & carbon monoxide	140	106	78
Other gases & vapors	682		

Note: There were 46 poisonings due to assaults or legal intervention which are not further categorized due to the small numbers

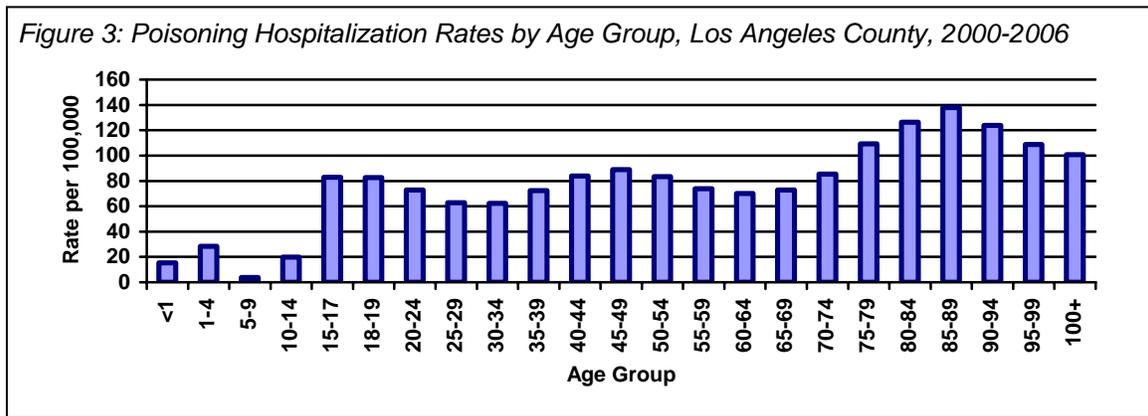
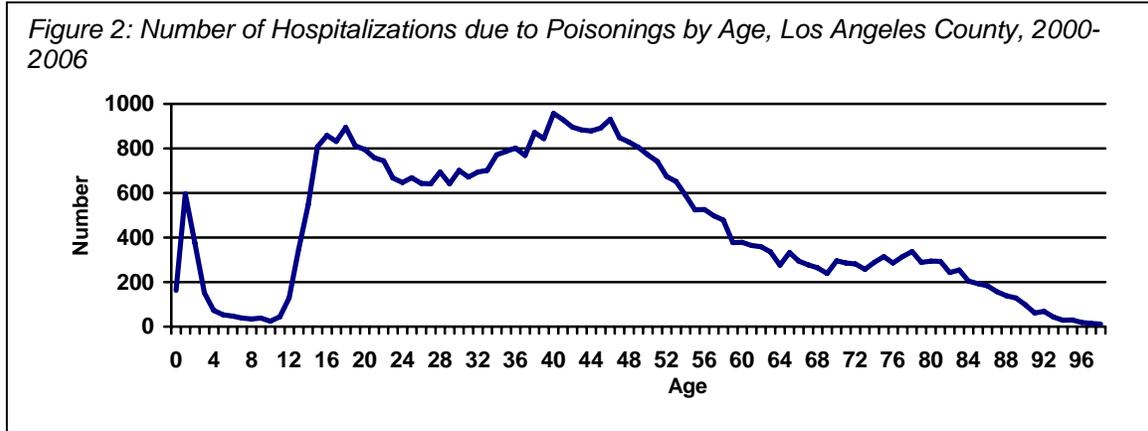
For unintentional poisonings, in many cases, the coding allows for the identification of the specific drug or type of drug involved in the poisoning injury, expanding the information presented in Table 1. During the seven years of data included in this report, there were 88 unintentional poisoning hospitalizations due to psychodysleptic or hallucinogenic drugs, such as cannabis, LSD, and mescaline; 336 hospitalizations due to heroin; and 732 due to psychostimulants, which includes amphetamines, but also caffeine. There were also 274 hospitalizations due to local anesthetics, a category which oddly and unfortunately includes cocaine in addition to related legal medications such as lidocaine. This means that cocaine use cannot be separated out from other local anesthetics as a cause of poisoning hospitalizations. The next version of the coding system for hospitalizations, the ICD 10, will separate cocaine from the other local anesthetic drugs and place it in a category with other illicit drugs, like heroin and LSD.

Among unintentional poisonings with legal drugs, in the analgesic category, there were more than twice as many poisonings due to aromatic analgesics (acetaminophen as in Tylenol; N=886) than due to salicylates (e.g., aspirin; N=336). Three quarters of the hospitalizations due to alcohol poisoning were related to alcoholic beverages, the rest were caused by various other forms of alcohol including denatured alcohol, rubbing alcohol, and ethanol. In the other

gases and vapors category, there was a specific code for second-hand tobacco smoke, which caused 512 hospitalizations during the seven years of this report. There also was a specific code for motor vehicle exhaust for unintentional poisonings, suicide attempts, and undetermined intent poisonings. There were 76 of these poisonings; 57 (75%) of them were caused by suicide attempts.

Older ages with less than 6 hospitalizations are not shown.

Age



There were three distinct peaks in the number of poisoning hospitalizations by age as shown in Figure 2. The first was among infants and toddlers, the second among older teenagers, and the third among people in their 40s. There also was a much smaller peak among people in their late 70s before the numbers gradually trailed off for older individuals.

Hospitalization rates for poisonings are smallest among

Table 2: Poisoning Hospitalization Rates by Intent and Age Group, Los Angeles County, 2000-2006

Age Group	Unint	Sui	Undet
<1 Years	13.52	*	*
1-4 Years	27.10	*	*
5-9 Years	3.38	*	*
10-14 Years	4.53	13.68	1.45
15-19 Years	15.09	61.56	6.04
20-24 Years	14.82	52.18	6.98
25-29 Years	15.47	41.57	6.57
30-34 Years	16.47	38.58	7.17
35-44 Years	23.88	43.67	10.15
45-54 Years	33.19	39.88	12.77
55-64 Years	37.42	23.25	10.60
65+ Years	73.95	15.11	8.71

All rates are per 100,000 population.
* Number too small to calculate rate.

children; rates jump dramatically after the age of 15 and never return to the lower levels (Figure 3). After age 75, hospitalization rates remain above 100 visits per 100,000 population, peaking among 85-89 year olds with 138 visits per 100,000 population.

Overall the average age of a person hospitalized to treat a poisoning was 41.7 years old. However, the intent of the poisoning was strongly related to the age of the victim (Table 2). Among young children, almost all poisonings were unintentional (0-9 years old). For adolescents and young adults (10-24 years olds), suicide attempt hospitalization rates were more than twice as high as unintentional and undetermined hospitalization rates combined. Among somewhat older adults (25-54 years old), rates of hospitalization for suicide attempts were higher than those of unintentional or undetermined intent poisonings, but not as dramatically higher as in the younger population. Finally, among the older population (55+ year olds), unintentional poisoning hospitalization rates were higher than rates of suicide attempts or undetermined intent poisonings. People hospitalized for poisoning-related suicide attempts were, on average, younger (35.7 years) than those hospitalized for poisonings of undetermined intent (43.5 years) or unintentional poisonings (48.4 years).

Among unintentional injuries, victims of poisoning from petroleum products, other solvents and their vapors had the lowest average age (22.6 years). The only other type of unintentional poisoning with an average age of less than 30 years at admission was

Table 3: Gender Distribution of Hospitalizations for Poisoning by Type and Intent, Los Angeles County, 2000-2006

Poisoning Type and Intent	% Male	% Feml
All Unintentional	48%	52%
Analgesics, antipyretics & antirheumatics	43%	57%
Barbiturates	40%	60%
Other Sedatives & Hypnotics	37%	63%
Tranquilizers	39%	61%
Other Psychotropic Agents	60%	40%
Other drugs for central/autonomic nervous system	54%	46%
Antibiotics & other anti-infectives	37%	63%
Other drugs	47%	53%
Agri/horticultural chemical & pharmaceutical preps other than plant foods & fertilizers	64%	36%
Corrosives & caustics	56%	44%
Alcohol	65%	35%
Cleaning & polishing, disinfectants, paints & varnishes	58%	42%
Petroleum products, solvents & their vapors	66%	34%
Poisonous food & plants	55%	45%
Other/unspecified solid & liquid substances	47%	53%
Gases & vapors	38%	62%
All Suicide Attempts	35%	65%
Analgesics, antipyretics & antirheumatics	28%	72%
Barbiturates	32%	68%
Other Sedatives & Hypnotics	34%	66%
Tranquilizers & Other Psychotropic Agents	37%	63%
Other/Unspecified Drugs/Med Substances	39%	61%
Corrosives & Caustics	43%	57%
All other solid & liquid substances	56%	44%
Gases & vapors	74%	26%
All Undetermined Intent	54%	46%
Analgesics, antipyretics & antirheumatics	53%	47%
Tranquilizers & Other Psychotropic Agents	51%	49%
Other Specified Drugs/Med Substances	55%	45%
Other/unspecified solid & liquid substances	62%	38%
Gases & vapors	54%	46%

corrosives and caustics (29.2 years). By contrast, victims of several types of unintentional poisoning had an average age at admission of more than 55 years, including poisonings from other drugs (57.1 years), other sedatives and hypnotics (57.4 years), other gases and vapors (58.1 years), and gas distributed by pipeline (63.6 years).

Gender

Females accounted for 57% of all poisoning-related hospitalizations. The only other leading cause of injury for which there were more females than males hospitalized was falls. Both male (average age = 42.1 years) and female (average age = 41.4 years) poisoning victims were similar in age, but the gender distribution varied by intent. Females accounted for 65% of all poisoning suicide attempts and 52% of unintentional poisonings, but just 46% of all poisonings of undetermined intent (Table 3).

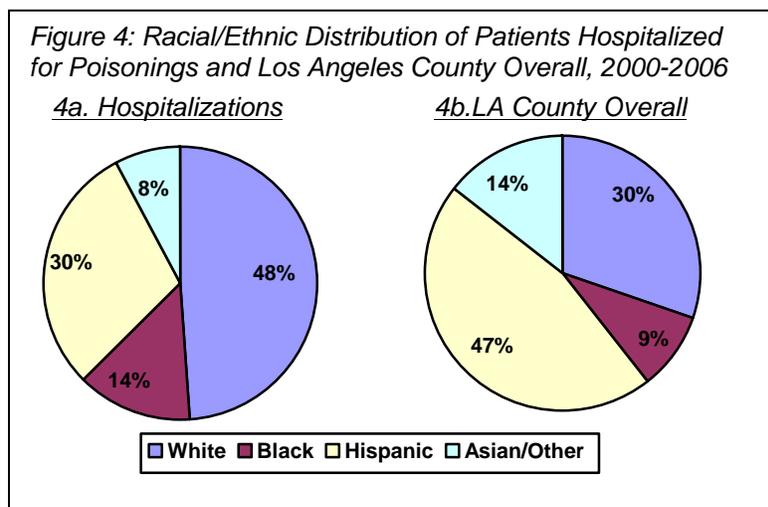
The gender distribution of poisoning injuries varied widely by the type of substance involved (Table 3). Though there were more female than male patients overall, males represented nearly two thirds of unintentional hospitalizations for certain agricultural products, alcohol, and petroleum products. Males also made up 72% of poisoning hospitalizations for the specific codes that include illicit drugs like heroin, cocaine, cannabis, LSD, and amphetamines (These codes also include certain legal medications such as caffeine, lidocaine, and others).

For suicide attempts, females outnumbered males for all categories of drugs and for poisonings from corrosives & caustics. However, more than half of suicide attempt hospitalizations from other solid & liquid substances were male, as were nearly three quarters of those caused by gases & vapors.

Race/Ethnicity

Racial/ethnic group was unknown for 2.1% of all poisoning-related hospitalizations; all statistics presented in this section only include those records for which race/ethnicity was reported. Whites and Blacks were both over-represented among hospitalizations for poisonings relative to their proportions in the

entire county population (Figure 4). In fact, among Whites, poisonings were actually the second leading cause of injury hospitalization after falls (Appendix



VI). Age-adjusted hospitalization rates were highest for Whites (93.8 per 100,000, closely followed by Blacks (92.3 per 100,000). Rates among Latinos (45.2 per 100,000), and Asians/Others (36.5 per 100,000) were much lower. On average, Latino patients hospitalized for poisonings were younger (34.6 years) than poisoning patients of any other race. Asians/Others (41.8 years) were the next youngest, followed by Blacks (43.0 years) and Whites (45.8 years).

There were only minor differences in the racial/ethnic distribution based on the intent of the injury, but the variation was much wider when looking at the racial/ethnic distribution of particular poisoning substances (Table 4). Whites accounted for only 31% of suicide attempts with caustics & corrosives, but for 61% of suicide attempts and unintentional poisonings with other sedatives & hypnotics. Blacks accounted for just 7% of suicide attempts with other sedatives & hypnotics but for 30% of undetermined intent poisonings with other specified drugs/medicinal substances. The percentage of Asian/Others by type of poisoning ranged from 3% of unintentional alcohol poisonings to 16% of suicide attempts with corrosives & caustics. Latinos accounted for 19% of suicide attempts with other sedatives & hypnotics, but for 49% of poisonings of undetermined intent due to other/unspecified solid & liquid substances.

Table 4: Racial/Ethnic Distribution of Hospitalizations for Each Type of Unintentional Poisoning, Los Angeles County, 2000-2006

Poisoning Intent & Type		% White	% Black	% As/Oth	% Latino
Unintentional	Analgesics, antipyretics & antirheumatics	57%	12%	6%	25%
	Other Sedatives & Hypnotics	61%	9%	9%	21%
	Tranquilizers	60%	14%	7%	20%
	Other Psychotropic Agents	47%	18%	4%	31%
	Other drugs for central & autonomic nervous system	43%	22%	5%	30%
	Other drugs	48%	15%	9%	28%
	Alcohol	50%	8%	3%	39%
	Poisonous food & plants	44%	13%	10%	34%
	Other/unspecified solid & liquid substances	39%	13%	13%	35%
	Other gases & vapors	42%	18%	8%	32%
	All Other Unintentional Injuries*	37%	13%	8%	41%
Suicide Attempt	Analgesics, antipyretics & antirheumatics	42%	10%	11%	37%
	Other Sedatives & Hypnotics	61%	7%	13%	19%
	Tranquilizers & Other Psychotropic Agents	58%	10%	8%	25%
	Other Specified Drugs/Medicinal Substances	45%	16%	8%	30%
	Unspecified Drugs/Medicinal Substances	44%	15%	6%	35%
	Corrosives & Caustics	31%	23%	16%	31%
	Other/unspecified solid & liquid substances	46%	11%	8%	34%
	All other suicide attempts*	54%	11%	7%	28%
Undeterm. Intent	Analgesics, antipyretics & antirheumatics	53%	13%	5%	29%
	Tranquilizers & Other Psychotropic Agents	54%	10%	7%	29%
	Other Specified Drugs/Medicinal Substances	35%	30%	6%	29%
	Other/unspecified solid & liquid substances	32%	11%	8%	49%
	All other injuries of undetermined intent*	52%	16%	7%	25%

* Multiple categories have been combined because of small numbers.

Geography

The Antelope Valley had the lowest number of poisoning-related hospitalizations, but by far the highest hospitalization rate of any SPA (Table 5). The lowest rate of any SPA was found in the East SPA, but the rates for all the SPAs other than the Antelope Valley were relatively close together.

Most of the increased rate of hospitalizations in the Antelope Valley was due to suicide attempts; the rate for the Antelope Valley was 55.7 per 100,000, while no other SPA had a rate greater than 35 per 100,000. The Antelope Valley also had the highest rate of

Table 5: Number of Poisoning Hospitalizations and Average Annual Age Adjusted Hospitalization Rate by SPA, Los Angeles County, 2000-2006

SPA	Number	Rate
SPA 1: Antelope Valley	2,215	101.5
SPA 2: San Fernando	9,941	69.4
SPA 3: San Gabriel	7,335	58.9
SPA 4: Metro	5,644	67.6
SPA 5: West	2,886	61.0
SPA 6: South	4,282	69.7
SPA 7: East	5,042	56.5
SPA 8: South Bay	7,274	68.2
Los Angeles County Total	44,619	65.8

Note: Rates are per 100,000 population. The small number of patients with unknown SPA were added to the most populous SPA (SPA 2).

unintentional poisoning hospitalizations (37.7 per 100,000), but this was much closer to unintentional poisoning rates in other SPAs, which ranged from 22.8 per 100,000 (East SPA) to 32.2 per 100,000 (South SPA).

Age-adjusted rates of hospitalization were higher for females than males in each SPA; however, in the Metro SPA the actual number of hospitalizations was slightly higher for males. Hospitalization rates were highest in the Antelope Valley and lowest in East SPA for both genders. The rate ratio (male

Table 6: Average Annual Age Adjusted Poisoning Hospitalization Rate by Race/Ethnicity and SPA, Los Angeles County, 2000-2006

SPA	Rate			
	Black	Latino	As/Oth	White
SPA 1: Antelope Valley	131.49	56.58	34.40	124.98
SPA 2: San Fernando	80.48	42.08	46.35	89.92
SPA 3: San Gabriel	98.57	48.65	26.06	96.04
SPA 4: Metro	129.97	47.11	38.85	107.71
SPA 5: West	82.77	39.37	36.98	67.96
SPA 6: South	95.44	41.58	87.15	236.39
SPA 7: East	73.45	48.62	35.15	92.36
SPA 8: South Bay	76.75	45.95	42.76	96.04
Los Angeles County Total	92.31	45.23	36.53	93.77

Note: Rates are per 100,000 population.

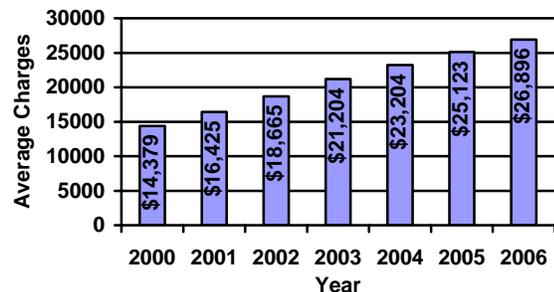
hospitalization rate divided by the female hospitalization rate) ranged from 0.67 in the Antelope Valley to 0.96 in the Metro SPA.

Within each SPA, the lowest poisoning hospitalization rate was always found among Asians/Others or Latinos and the highest rate was always found among Whites or Blacks (Table 6). For Whites and Asians/Others, the greatest poisoning hospitalization rate was found in the South SPA, while for Blacks and Latinos, the highest rate was in the Antelope Valley. For Whites and Latinos, the lowest rate was found in the West SPA, for Blacks the lowest rate was from the East SPA, and for Asians, the lowest rate was from the San Gabriel SPA.

Medical Charges

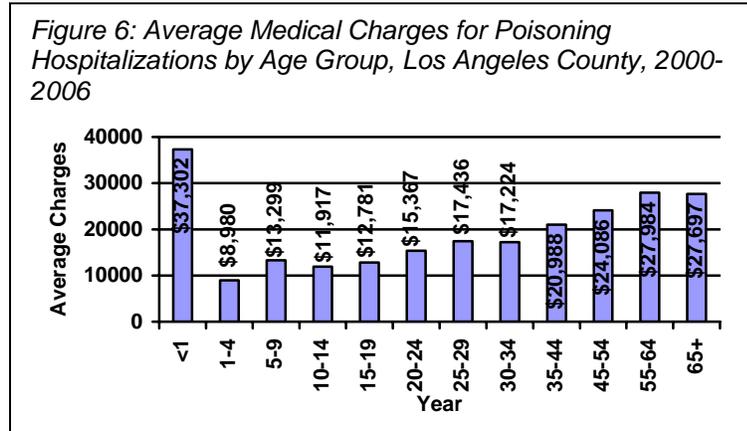
The average medical charges incurred during each poisoning-related hospitalization were \$20,890. During the seven years of this report, the average charges increased each year (Figure 5). Charges were somewhat higher for males (\$22,757 per visit) than females (\$19,512 per visit). Latinos had the lowest medical charges (\$18,009 per visit) followed by Whites (\$21,463), Asian/Others (\$22,857), and Blacks (\$24,069). There was more variation in average charges by age group than by sex or race/ethnicity (Figure 6). The average charges were highest for infants less than 1 year old

Figure 5: Average Medical Charges for Poisoning Hospitalizations by Year, Los Angeles County, 2000-2006



and lowest for children 1-4 years old. The average charges generally tended to increase with age.

There was also significant variation based on the intent and type of poisoning. Average charges were the lowest for suicide attempts (\$16,971), followed by unintentional poisonings (\$22,915) and poisonings of undetermined intent



(\$30,441). For unintentional poisonings, average charges ranged from \$12,746 per hospitalization resulting from poisonous foods & plants to \$34,607 for poisonings from other & unspecified solid & liquid substance and \$48,005 per visit for poisonings from gas distributed by pipelines. For suicide attempts, average charges were lowest for poisonings from unspecified drugs or medicinal substances (\$11,857 per visit) and highest for poisonings from corrosive & caustic substances (\$32,333 per visit). For injuries of undetermined intent, average charges were actually lowest for poisonings from corrosive & caustic substances (\$18,340) and highest for barbiturate poisonings (\$44,533 per visit).

Comparison to Mortality Data

Between 2000 and 2005, there were about 9 hospitalizations for each poisoning fatality (Table 7). A much larger percentage of fatalities were caused by unintentional poisonings, while suicide attempts and poisonings of undetermined intent made up a larger proportion of hospitalizations. The racial/ethnic distribution of poisonings was fairly similar for deaths and hospitalizations, but Whites made up a slightly larger proportion of deaths than hospitalizations and Asian/Others accounted for a greater percentage of hospitalizations. Males accounted for more than two thirds of fatalities but less than one half of the poisoning hospitalizations. The average age of people with fatal and hospitalized injuries was similar. Unfortunately, it is difficult to compare the type

Table 7: Demographics of Fatal Poisonings and Non-Fatal Poisoning Hospitalizations, Los Angeles County 2000-2005

	Deaths	Hosps
Total Number	4,216	38,184
Intent (%)		
Unintentional	79.4%	40.3%
Suicide/Sui Attempt	17.0%	48.5%
Homicide/Assault*	<1%	<1%
Undetermined Intent	3.2%	11.1%
Race/Ethnicity (%)		
Black	16.4%	13.3%
Latino	25.9%	28.9%
White	54.3%	48.1%
Asian/Other	2.9%	7.6%
Unknown	<1%	2.1%
Gender (%)		
Male	68.2%	42.2%
Female	31.8%	57.8%
Average Age (Years)	44.6	41.4

* Also includes legal intervention.

of poisonings between deaths and hospitalizations since fatal and non-fatal injuries were coded under two different systems (ICD 10 for fatalities and ICD 9 for hospitalizations) during this time period.

Poisonings Discussion

Poisonings are a significant cause of injury hospitalizations in Los Angeles County. During the report period, unintentional and deliberate overdoses of both legal and illegal substances resulted in nonfatal injuries. Most of the county's poisoning hospitalizations were the result of the use of prescription or over-the-counter drugs.

The news has given much attention to the misuse and abuse of prescription recently. The death of a well-known young celebrity and the start of a White House-sponsored prescription-drug abuse public awareness campaign brought attention to the need for education about the dangers of medications that have the aura of safety because they are obtained by prescription and not illegally off the street.¹

The Centers for Disease Control and Prevention (CDC) recently reported a nationwide increase in poisoning deaths among certain younger and older adult age groups between 1999 and 2004, reflecting an increase in unintentional prescription drug overdose deaths.² According to the CDC, nationally, prescription drugs overtook heroin and cocaine combined as the leading cause of lethal overdoses.¹ Los Angeles County has had a more mixed overdose death picture over time, with increases in deaths for some adult age groups and decreases for others. In addition, overdoses of illicit drugs generally accounted for a greater percentage of deaths than did legal drugs. The Injury & Violence Prevention Program is developing a poisoning death surveillance system using information from Coroner's records to try to better distinguish between deaths due to legal and illegal drugs. The system should give a more accurate picture of the role of prescription drugs in the poisoning deaths of county residents.

In contrast to deaths, hospitalizations in Los Angeles County appear to result from overdoses of prescription or over-the-counter medications more so than illicit drugs. As this data report shows, between 2000 and 2006 approximately one-quarter of poisoning hospitalizations were attributable to analgesics and antipyretics, such as found in over-the-counter-medications like Tylenol, or Advil, or prescription medications like Oxycontin. Another one-quarter of deaths were attributable to tranquilizers and other psychotropic drugs, such as found in prescription medications like Valium. Prevention efforts focused on the attentive and conscientious use of prescription and over-the-counter medications could reduce the number of hospitalizations in the County due to poisonings from these substances.

¹ Engel M. and Costello D. Overdose Deaths on the Rise, CDC Says. *Los Angeles Times*. January 26, 2008. Available at: <http://articles.latimes.com/2008/01/26/news/me-drugs26>. Accessed May 13, 2008.

² Centers for Disease Control and Prevention. Increases in Age-Group-Specific Injury Mortality –United States, 1999--2004. *Morb Mortal Wkly Rep*. 2007;56(49):1281-1284. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5649a1.htm>. Accessed on January 28, 2008.