

# SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

## **Drug Abuse Warning Network (DAWN), 2007**

*United States Department of Health and  
Human Services. Substance Abuse and  
Mental Health Services Administration.  
Office of Applied Studies*

DAWN Case Report

**SAMHDA**

is sponsored by



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Substance Abuse and Mental Health Services Administration

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## Definitions

### CBHSQ

Center for Behavioral Health Statistics and Quality

### Promise of confidentiality

A promise to a respondent or research participant that the information the respondent provides will not be disseminated in identifiable form without the permission of the respondent; that the fact that the respondent participated in the study will not be disclosed; and that disseminated information will include no linkages to the identity of the respondent. Such a promise encompasses traditional notions of both confidentiality and anonymity. In most cases, federal law protects the confidentiality of the respondent's identity as referenced in the Promise of Confidentiality. Under this condition, names and other identifying information regarding respondents would be confidential.

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A person or organization that participates in a research study. A research subject may also be called a respondent. A respondent is generally a survey respondent or informant, experimental or observational subject, focus group participant, or any other person providing information to a study.

### SAMHDA

Substance Abuse and Mental Health Data Archive

### SAMHSA

Substance Abuse and Mental Health Services Administration

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## Summary

The Drug Abuse Warning Network (DAWN) is a nationally representative public health surveillance system that has monitored drug related emergency department (ED) visits to hospitals since the early 1970s. First administered by the Drug Enforcement Administration (DEA) and the National Institute on Drug Abuse (NIDA), the responsibility for DAWN now rests with SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ). Over the years, the exact survey methodology has been adjusted to improve the quality, reliability, and generalizability of the information produced by DAWN. The current approach was first fully implemented in the 2004 data collection year.

DAWN relies on a longitudinal probability sample of hospitals located throughout the United States. To be eligible for selection into the DAWN sample, a hospital must be a non-Federal, short-stay, general surgical and medical hospital located in the United States, with at least one 24-hour ED. DAWN cases are identified by the systematic review of ED medical records in participating hospitals. The unit of analysis is any ED visit involving recent drug use. DAWN captures both ED visits that are directly caused by drugs and those in which drugs are a contributing factor but not the direct cause of the ED visit. The reason a patient used a drug is not part of the criteria for considering a visit to be drug related. Therefore, all types of drug-related events are included: drug misuse or abuse, accidental drug ingestion, drug-related suicide attempts, malicious drug poisonings, and adverse reactions. DAWN does not report current medications (i.e., medications and pharmaceuticals taken regularly by the patient as prescribed or indicated) that are unrelated to the ED visit.

The DAWN public-use dataset provides information for all types of drugs, including illegal drugs, prescription drugs, over-the-counter medications, dietary supplements, anesthetic gases, substances that have psychoactive effects when inhaled, alcohol when used in combination with other drugs (all ages), and alcohol alone (only for patients aged 20 or younger). Public-use dataset variables describe and categorize up to 16 drugs contributing to the ED visit, including toxicology confirmation and route of administration. Administrative variables specify the type of case, case disposition, categorized episode time of day, and quarter of year. Metropolitan area is included for represented metropolitan areas. Created variables include the number of unique drugs reported and case-level indicators for alcohol, non-alcohol illicit, any pharmaceutical, non-medical use of pharmaceuticals, and all misuse and abuse. Demographic items include age category, sex, and race/ethnicity. Complex sample design and weighting variables are included to calculate various estimates of drug-related ED visits for the Nation as a whole, as well as for specific metropolitan areas, from the ED visits classified as DAWN cases in the selected hospitals.



## **Universe**

The universe for the DAWN ED sample is all non-Federal, short-stay, general medical and surgical hospitals in the United States that operate one or more EDs 24 hours a day, 7 days a week. Specialty hospitals, hospital units of institutions, long-term care facilities, pediatric hospitals, hospitals operating part-time EDs, and hospitals operated by the Veterans Health Administration and the Indian Health Service are excluded. The universe of EDs is identified from the American Hospital Association's Annual Survey Database.

## **Data Type**

Medical records

## **Data Source**

Coded on-site case report

## **Additional Information for Study 32861**

<http://datafiles.samhsa.gov>

## **Study Citation**

We appreciate the [appropriate citation](#) for study documentation obtained from SAMHDA. The study description for this study includes a [suggested bibliographic citation](#) for the data.





# Emergency Department Case Report

U.S. Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

**1. Facility**

**2. Date of Visit**  
MONTH DAY YEAR  
  20

**3. Time of Visit**  
HOUR MINUTE  
   a.m.  
 p.m.  
 military

**4. Age**  
  Less than 1 year  
 Not documented

**5. Patient's Home ZIP Code**  
  
Otherwise, select one response:  
 No fixed address (e.g. homeless)  
 Institution (e.g. shelter/jail/hospital)  
 Outside U.S.  
 Not documented

**6. Sex**  
 Male  
 Female  
 Not documented

**7. Race/Ethnicity**  
Select one or more:  
 White  
 Black or African American  
 Hispanic or Latino  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Not documented

**8. Diagnosis** List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**9. Case Description** Beginning with the presenting complaint, describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.

**10. Substance(s) Involved** Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names. Do not record current medications unrelated to the visit.

**Route of Administration**  
Select One

Mark if confirmed by toxicology test

Oral  
Injected  
Inhaled, sniffed, snorted  
Smoked  
Other  
Not documented

**Alcohol involved?**  Yes  No/Not documented

	<input type="checkbox"/>						
1	<input type="checkbox"/>						
2	<input type="checkbox"/>						
3	<input type="checkbox"/>						
4	<input type="checkbox"/>						
5	<input type="checkbox"/>						
6	<input type="checkbox"/>						

**11. Type of Case**

Using the Decision Tree, select the first category that applies:

- Suicide attempt
- Seeking detox
- Alcohol only (age <21)
- Adverse reaction
- Overmedication
- Malicious poisoning
- Accidental ingestion
- Other

**12. Disposition** Select one:

Treated and released:

- Discharged home
- Released to police/jail
- Referred to detox/treatment

Admitted to **this** hospital:

- ICU/Critical care
- Surgery
- Chemical dependency/detox
- Psychiatric unit
- Other inpatient unit

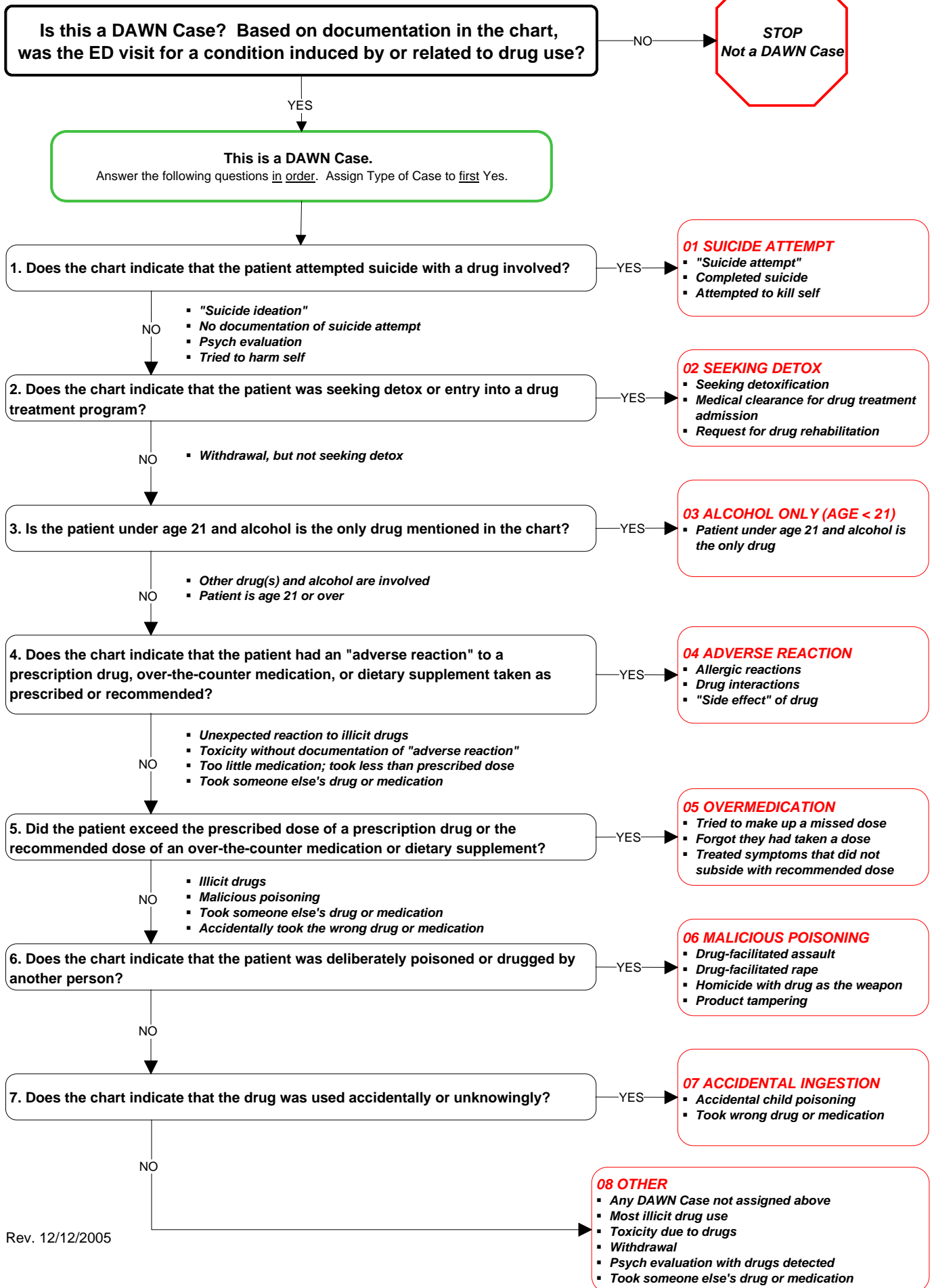
Other disposition:

- Transferred
- Left against medical advice
- Died
- Other
- Not documented

**13. Comments** Enter here any questions or issues you have about this case. Do not include information that could identify the patient.



# DAWN Decision Tree



## ED Visits **NOT** Reportable to DAWN

- 1) **Patient left the ED without being treated** – The patient left the ED before treatment was initiated. Such charts often indicate “left without being seen” or LWBS. These include cases like:
  - A patient provided administrative information (e.g., insurance information) and symptoms, then got tired of waiting and left before treatment was initiated.
  - A patient came to pay a bill or to pick up medication for a CT scan scheduled for the next day.
- 2) **A non-pharmaceutical substance was consumed but not inhaled** – The non-pharmaceutical substance (e.g., Clorox®, paint, glue) was consumed by some means other than inhalation. Non-pharmaceuticals are reportable only if inhaled (e.g., inhaling paint fumes while painting a closet).
  - The patient drank turpentine. This is **NOT** a DAWN case.
  - The patient injected gasoline while high on PCP. This is a DAWN case, but only the PCP is reportable.
- 3) **Only a history of drug abuse is documented** – Such documentation may appear in the social history section of the chart or the chart may have a notation indicating “history of drug abuse.” If documentation points only to a history of drug use/abuse (e.g., a patient who is HIV+ with a history of IVDA) and there is no evidence of current use, it is **NOT** a DAWN case.
- 4) **Alcohol is the only substance involved and the patient is age 21 or over** – Cases involving alcohol and no other substance are reportable only if the patient is less than 21 years old. Alcohol is reportable for adults only when present in combination with another reportable substance.
- 5) **The only documentation of drug use is in toxicology test results** – Documentation of drug use must be present in the chief complaint, assessment, or diagnoses. Toxicology may pick up current medications taken for legitimate therapeutic purposes, or drugs taken some time ago and unrelated to the visit. Therefore, toxicology alone is not sufficient evidence to make a case reportable. For example:
  - A man slipped on a wet concrete floor and fractured his hip. The toxicology result is positive for opiates. There is no other evidence of opiate use. This is **NOT** a DAWN case.
- 6) **Drugs listed are not related to the visit** – There is no documentation in the chief complaint, assessment, or diagnosis to indicate that the ED visit was related to the use of drugs, either legal or illicit. Regular medications not related to the ED visits are NOT reportable to DAWN. For example:
  - A 24 year-old female passenger in a bus accident was taken to the ED with a broken leg. She is a daily cocaine user, but there is no indication her cocaine use was connected to the injury. This is **NOT** a DAWN case.
- 7) **There is no evidence of drug use** – The chief complaint, assessment, or diagnosis does not refer to any drug use. Examples may include:
  - Drug Seekers – Patients who visit the ED to acquire specific drugs for unconfirmed condition(s).
  - Under-medication – Patients who forget or stop taking prescribed medications. The patient may be treated in the ED for a condition related to not taking a medication. This is **NOT** a DAWN case.