Drug Abuse Warning Network

The DAWN Report

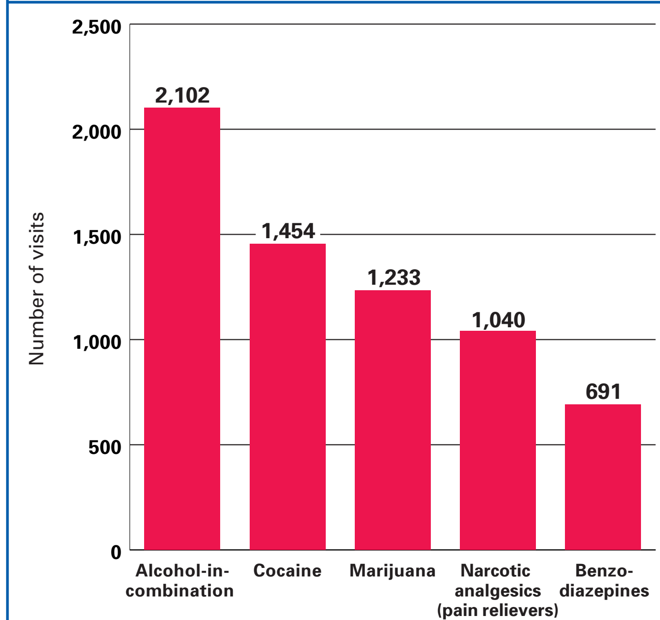
MARCH 2004

Highlights From DAWN: Minneapolis–St. Paul, 2002

This special report presents findings based on data submitted by 12 hospitals in the Minneapolis–St. Paul metropolitan area for 2002.

- Of the over 780,000 visits to Minneapolis area emergency departments (EDs) in 2002, about one percent (6,552) were related to drug abuse.
- During 2002, the most common drugs involved in these ED visits were alcohol in combination with other drugs, cocaine, marijuana, narcotic analgesics (pain relievers), and benzodiazepines.
- Between 1995 and 2002, cocaine-related ED visits in Minneapolis increased 173 percent (from 20 to 55 visits per 100,000 population).
- Among the 21 DAWN areas, Minneapolis ranked in the bottom 3 in terms of ED visits related to drug abuse overall and for cocaine.

Top 5 drugs in drug abuse-related ED visits in Minneapolis, 2002



DAWN: The Warning Network

Local information is essential to support local action, and drugs, drug use, and drug-related morbidity can differ dramatically across communities. DAWN focuses on metropolitan areas to reveal emerging drug problems before they become widespread. DAWN detects new drugs, new drug combinations, new health consequences of drug use, and changing patterns involving old drugs. Facilities participating in DAWN can use this information to train staff and improve patient care. Communities can use this information to plan, target resources, and act more effectively.

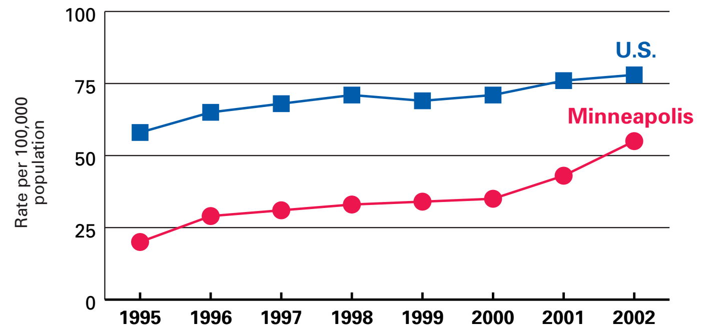
Today, hospitals in Minneapolis and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

DAWN serves a diverse audience. In addition to participating facilities, users include researchers and policy analysts; pharmaceutical firms; State and local substance abuse agencies; community coalitions; and Federal agencies, including the White House Office of National Drug Control Policy, the Food and Drug Administration, and the National Institute on Drug Abuse. For more information, go to **http://DAWNinfo.samhsa.gov/**.

Trends in Top 4 Drugs, 1995-2002

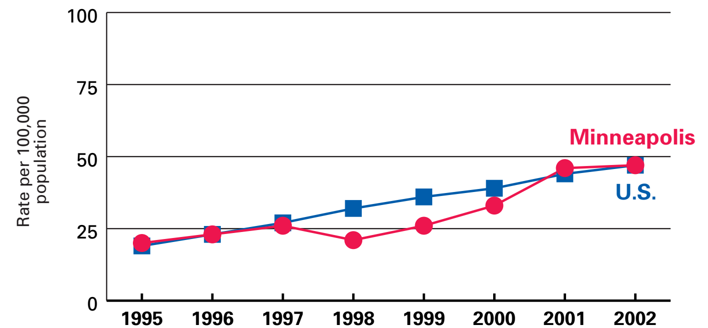
Cocaine

- From 1995 to 2002, cocaine-related ED visits in Minneapolis more than doubled (from 20 to 55 visits per 100,000 population). By contrast, the national rate was 78 per 100,000 in 2002, an increase of one-third from 1995.
- Almost three-quarters (71%) of cocaine-related ED visits in Minneapolis also involved other drugs.
- About one-quarter (27%) of cocaine-related ED visits were attributed to "crack."



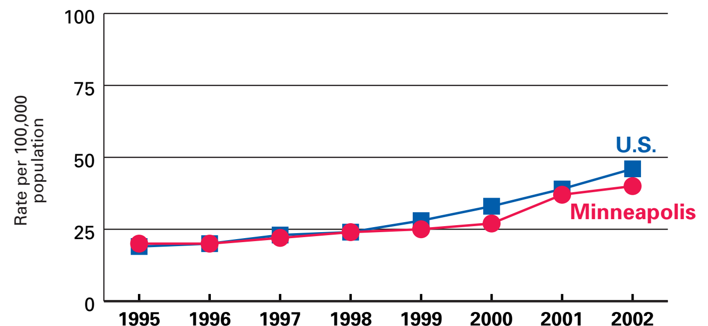
Marijuana

- From 1995 to 2002, marijuana-related ED visits in Minneapolis rose 129 percent (from 20 to 47 visits per 100,000 population). The national rate, also 47 visits per 100,000, increased 139 percent over the same period.
- Marijuana was reported in about 19 percent of all drug abuse-related ED visits in Minneapolis.
- About two-thirds (68%) of these ED visits involved marijuana with other drugs.



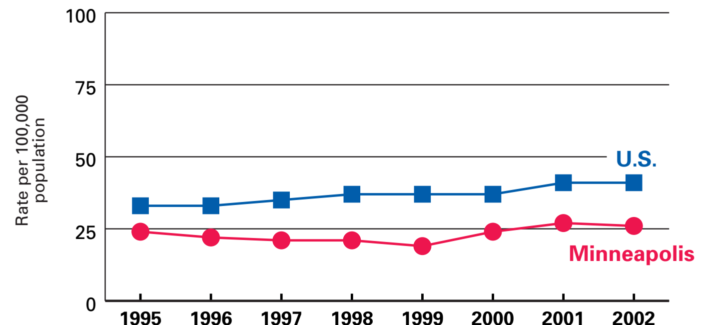
Pain Relievers

- From 1995 to 2002, pain relievers implicated in drug abuse-related ED visits nearly doubled in Minneapolis (from 20 to 40 mentions per 100,000 population). The increase nationally was 139 percent.
- Hydrocodone, oxycodone, and methadone were the most frequently named pain relievers in drug-related ED visits in Minneapolis in 2002.



Benzodiazepines

- Minneapolis' rate of benzodiazepine-related ED visits has remained relatively stable since 1995 (24 per 100,000 in 1995 and 26 per 100,000 in 2002). Minneapolis has remained below the national rate (41 per 100,000 in 2002) during this time.
- The most commonly named benzodiazepines in Minneapolis in 2002 were lorazepam, clonazepam, and alprazolam.

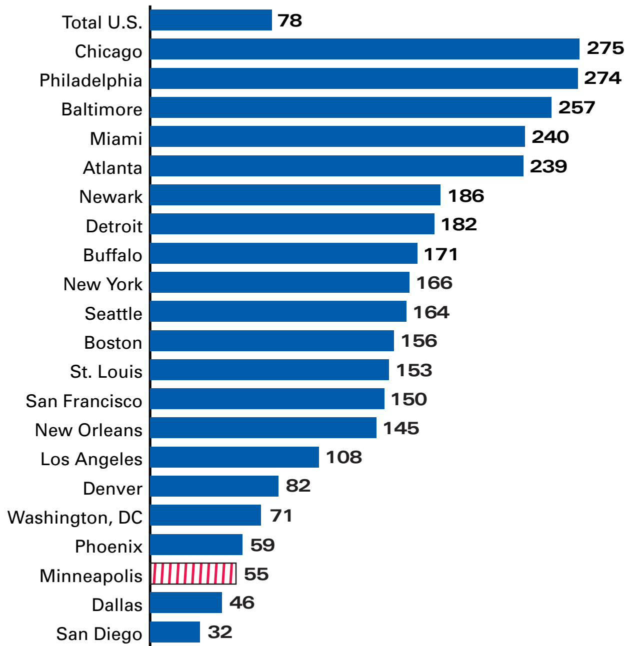


Comparisons Across 21 Metropolitan Areas

The following figures show Minneapolis in relation to the Nation and 20 other metropolitan areas represented in DAWN for selected drugs in 2002. Comparisons across areas are possible because the number of visits for each drug is represented in terms of a rate per 100,000 population. Not all differences in rates are statistically significant.

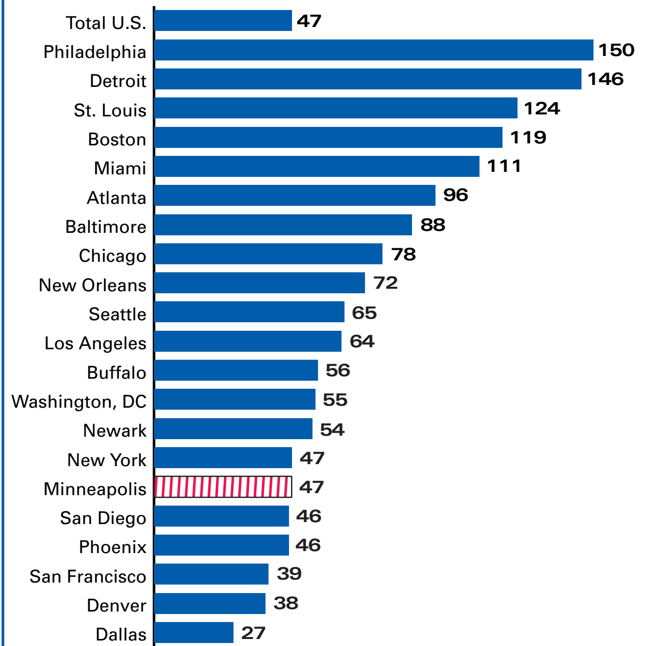
Cocaine visits

Rate per 100,000 population, 2002



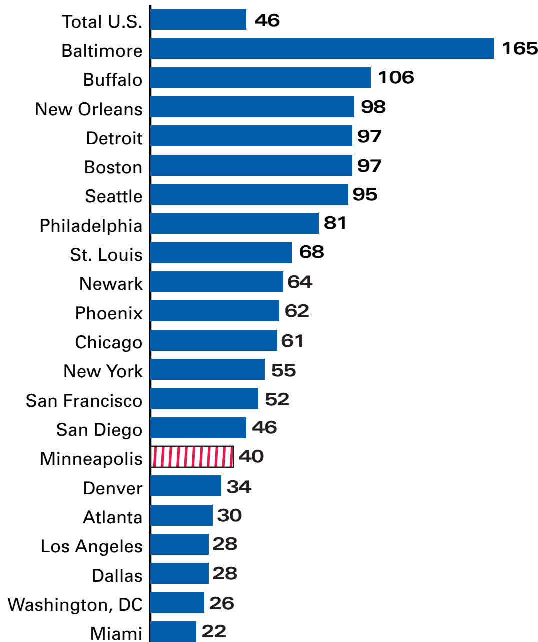
Marijuana visits

Rate per 100,000 population, 2002



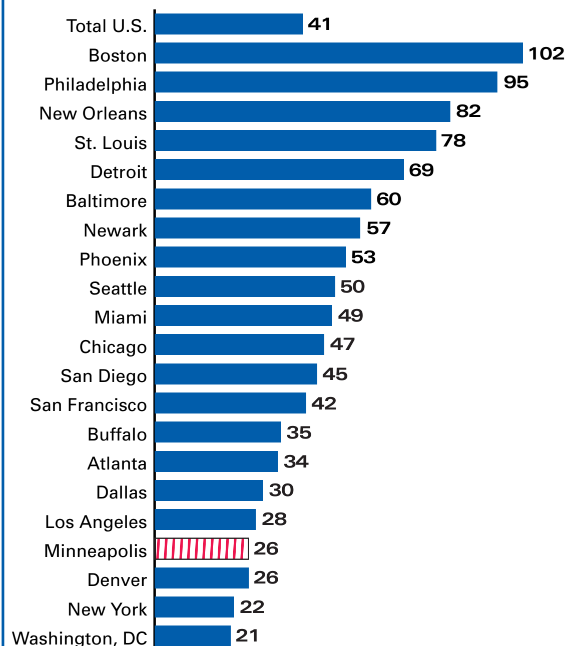
Pain Reliever visits

Rate per 100,000 population, 2002



Benzodiazepines visits

Rate per 100,000 population, 2002



About DAWN

The **Drug Abuse Warning Network (DAWN)** is a national surveillance system that monitors drug-related morbidity and mortality. Section 505 of the Public Health Service Act assigns this responsibility to the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. The Act requires SAMHSA to report annually on drug-related visits to hospital emergency departments and on drug-related deaths reviewed by medical examiners and coroners. SAMHSA has a contract with Westat, a private research firm based in Rockville, MD, to operate the DAWN system.

DAWN collects data from a scientific sample of hospital emergency departments and a set of medical examiners and coroners from across the U.S., with concentrations in selected metropolitan areas. Each participating facility has a DAWN Reporter who is specially trained to identify DAWN cases by retrospectively reviewing emergency department medical records or death investigation case files. No patient, family member, or physician is ever interviewed. No direct identifiers for individual patients or decedents are collected.

Beginning in 2003, DAWN cases include any emergency department visit or death that was related to drug use. Reportable cases include drug abuse, misuse, overmedication, accidental and malicious poisonings, and adverse drug reactions. For each case, the DAWN Reporter submits a case report detailing the specific drugs involved, and characteristics of the patient or decedent and event (visit or death). Patient and decedent characteristics include demographics (age, gender, race/ethnicity) and ZIP code. Other data items include date/time, chief complaint, diagnoses, and disposition for each emergency department visit; and date, cause, manner, and place of death for each decedent.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES