Drug Abuse Warning Network

The DAWN Report

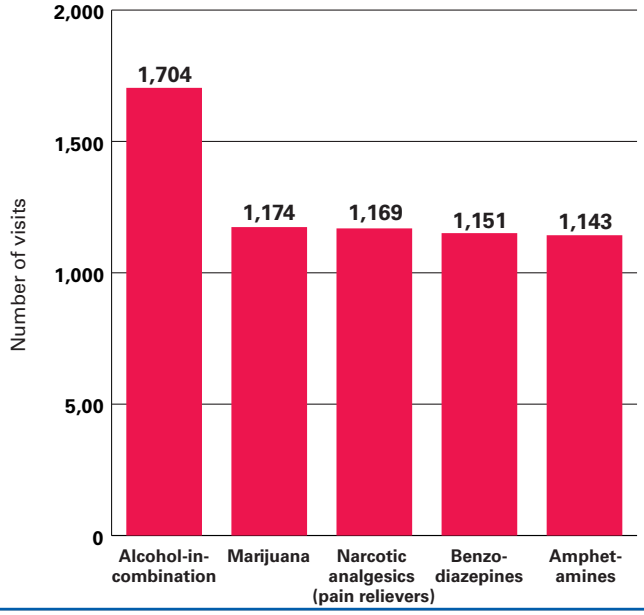
APRIL 2004

Highlights From DAWN: San Diego, 2002

This special report presents findings based on data submitted by 16 hospitals in the San Diego metropolitan area for 2002.

- Among the 620,000 visits to San Diego area emergency departments (EDs) in 2002, about 1 percent (6,597) were related to drug abuse.
- During 2002, the most common drugs involved in these ED visits were alcohol in combination with other drugs, marijuana, narcotic analgesics (pain relievers), benzodiazepines, and amphetamines.
- The rate of amphetamine-related ED visits in San Diego increased 20 percent between 2001 and 2002 alone (from 37 to 45 visits per 100,000 population). This was 5 times the national rate of 8 visits per 100,000.
- Among the 21 DAWN areas, San Diego ranked in the top three in terms of ED visits involving amphetamines and methamphetamine in 2002.

Top 5 drugs in drug abuse-related ED visits in San Diego, 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.

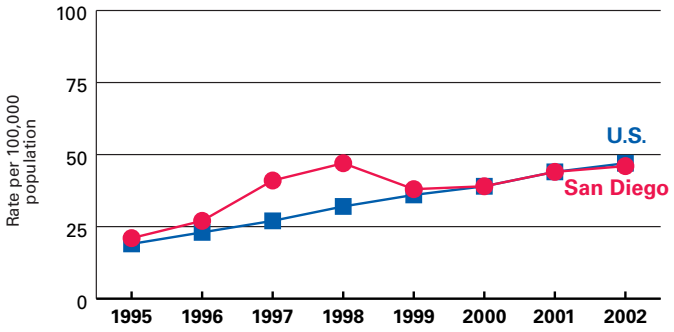
Today, hospitals in San Diego and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

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

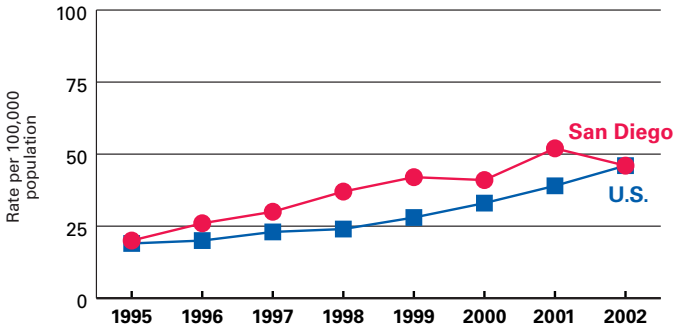
Marijuana

- From 1995 to 2002, the rate of marijuana-related ED visits in San Diego more than doubled (from 21 to 46 visits per 100,000 population). Similarly, the national rate of marijuana-related ED visits increased from 19 to 47 visits per 100,000 over the same 8-year time period.
- About three-quarters (76%) of marijuana-related visits in San Diego involved other drugs as well.



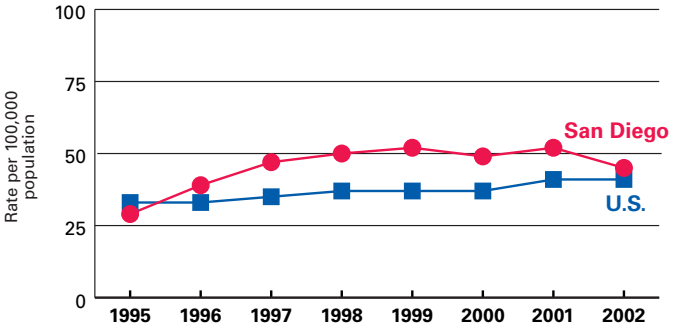
Pain Relievers

- In San Diego, pain relievers implicated in drug abuse-related ED visits more than doubled from 1995 to 2001 (from 20 to 52 mentions per 100,000 population), but fell 12 percent (to 46 per 100,000) between 2001 and 2002. The national rate has risen steadily since 1995 (from 19 to 46 visits per 100,000).
- Hydrocodone was the most frequently named pain reliever in these ED visits in San Diego in 2002.



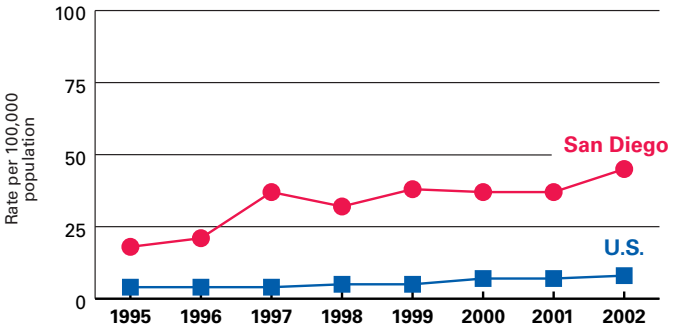
Benzodiazepines

- In a pattern similar to that for pain relievers, ED mentions of benzodiazepines rose in San Diego between 1995 and 2001 (79%, from 29 to 52 mentions per 100,000 population), and fell between 2001 and 2002 (14%, to 45 mentions per 100,000). Nationally, there was a 7-year increase (25%, from 33 to 41 visits) followed by no change from 2001 to 2002.
- Alprazolam, diazepam, and clonazepam were the most frequently named benzodiazepines in these ED visits in San Diego in 2002.



Amphetamines

- The rate of amphetamine-related ED visits in San Diego increased by 20 percent between 2001 and 2002 alone (from 37 to 45 visits per 100,000 population).
- In 2002, the rate of amphetamine-related ED visits in San Diego stood at more than 5 times the national rate (8 visits per 100,000).
- In San Diego, ED visits involving amphetamines usually involved other drugs as well (61%).

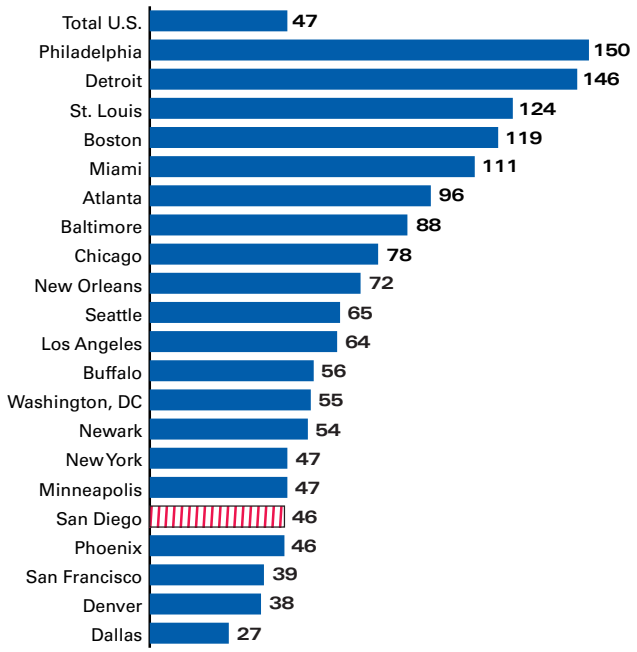


Comparisons Across 21 Metropolitan Areas

The following figures show San Diego 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.

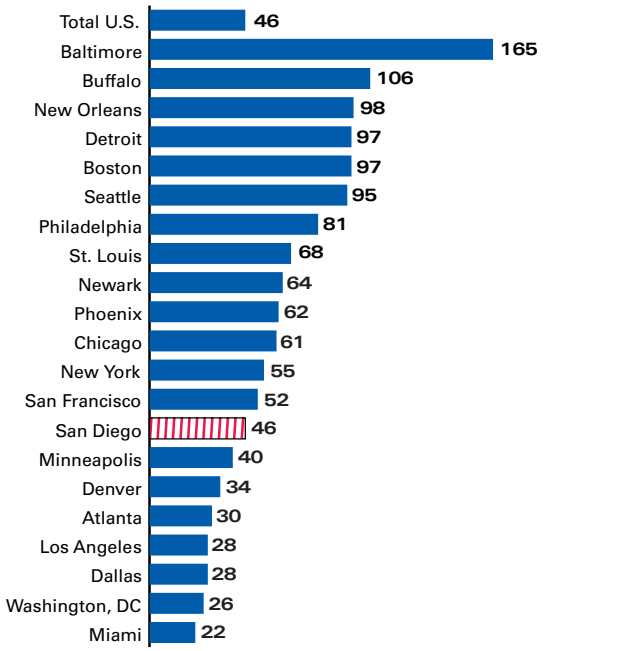
Marijuana visits

Rate per 100,000 population, 2002



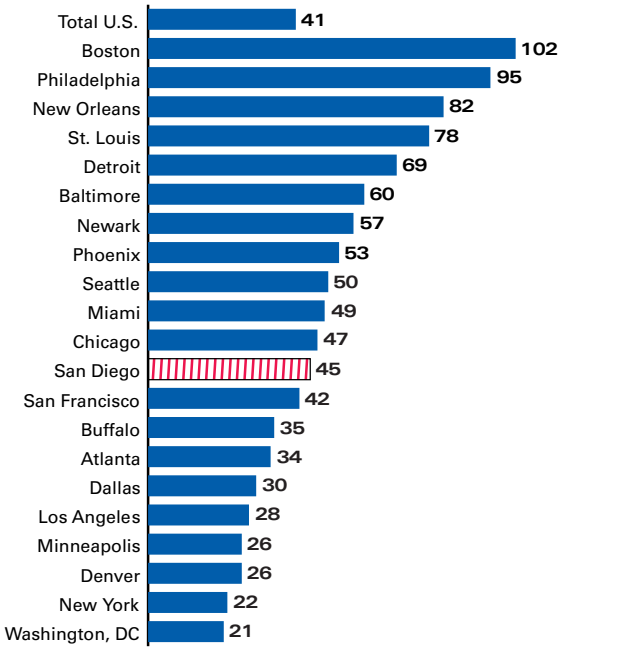
Pain Reliever visits

Rate per 100,000 population, 2002



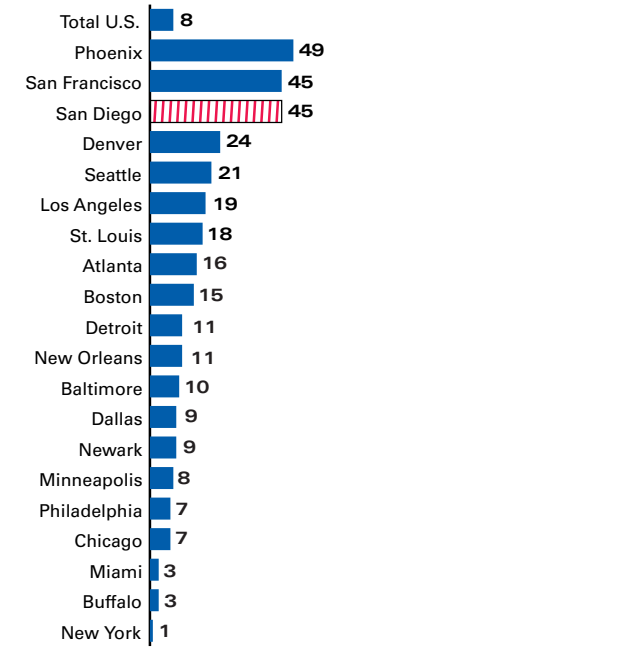
Benzodiazepines visits

Rate per 100,000 population, 2002



Amphetamine 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