

The DAWN Report

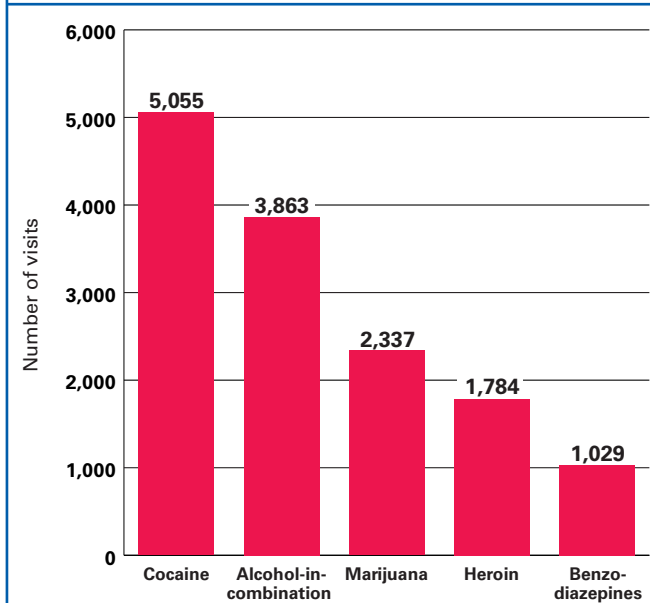
APRIL 2004

Highlights From DAWN: Miami, 2002

This special report presents findings based on data submitted by 14 hospitals in the Miami metropolitan area for 2002.

- Of the 655,000 visits to Miami area emergency departments (EDs) in 2002, about 1.4 percent (9,213) were related to drug abuse.
- During 2002, the most common drugs involved in these ED visits were cocaine, alcohol in combination with other drugs, marijuana, heroin, and benzodiazepines.
- Between 1995 and 2002, heroin-related ED visits in Miami increased 366 percent (from 18 to 85 mentions per 100,000 population).
- Among the 21 DAWN areas, Miami ranked in the top 5 in terms of ED visits involving cocaine and marijuana.

Top 5 drugs in drug abuse-related ED visits in Miami, 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 Miami and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

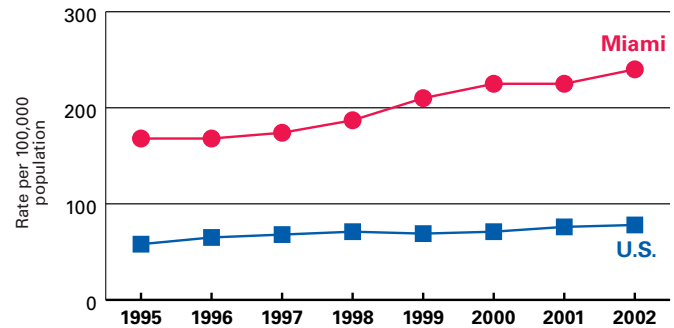


DAWN serves a diverse audience. In addition to participating facilities, users include researchers and policy analysts; pharmaceutical firms; State and local substance abuse agencies; community coalitions; and Federal agencies, including the White House Office of National Drug Control Policy, the Food 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

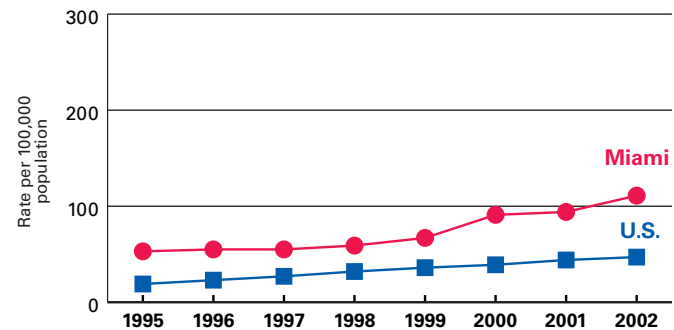
Cocaine

- In 2002, Miami had 240 cocaine-related ED visits per 100,000 population, an increase of 43 percent since 1995. By contrast, the rate for the U.S. was 78 per 100,000 in 2002.
- Nearly three-quarters (74%) of cocaine-related ED visits in Miami also involved other drugs.
- More than one-third (37%) of cocaine-related ED visits in Miami were attributed to "crack."



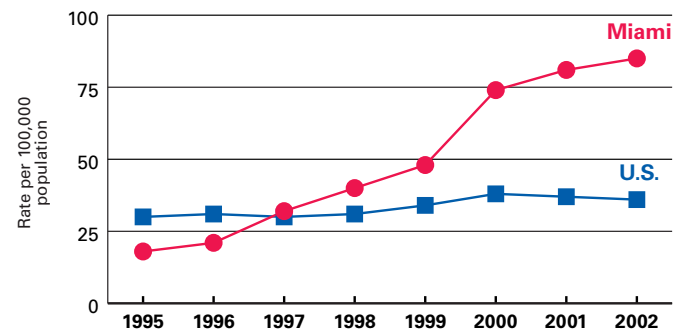
Marijuana

- From 1995 to 2002, marijuana-related ED visits in Miami grew 111 percent (from 53 to 111 visits per 100,000 population). In percentage terms, the growth in the national rate was similar (139%), but the national level (47 visits per 100,000) remained less than half that in Miami.
- Marijuana was reported in 25 percent of all drug abuse-related ED visits in Miami, and most of these visits (76%) involved other drugs as well.



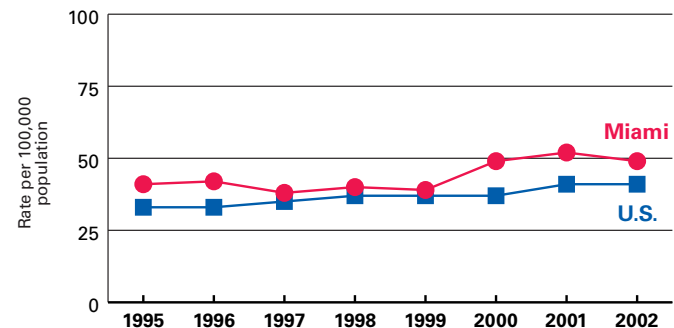
Heroin

- Heroin-related ED visits in Miami increased more than four-fold between 1995 and 2002 (from 18 to 85 visits per 100,000 population). Over the same period, the national rate increased only 22 percent (from 30 to 36 visits per 100,000).
- By 2002, heroin-related ED visits in Miami were more than double the national rate.
- More than 60 percent of heroin-related ED visits in Miami also involved other drugs.



Benzodiazepines

- From 1995 to 2002, mentions of benzodiazepines in drug abuse-related ED visits in Miami increased 21 percent (from 41 to 49 mentions per 100,000 population). The increase nationally was 25 percent.
- Alprazolam was the most frequently named benzodiazepine in drug-related ED visits in Miami in 2002. Alprazolam accounted for 40 percent of benzodiazepine mentions in Miami.

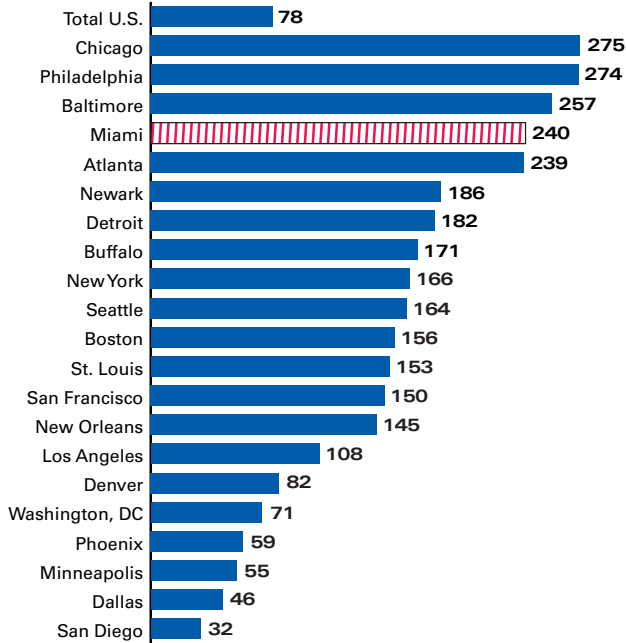


Comparisons Across 21 Metropolitan Areas

The following figures show Miami 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.

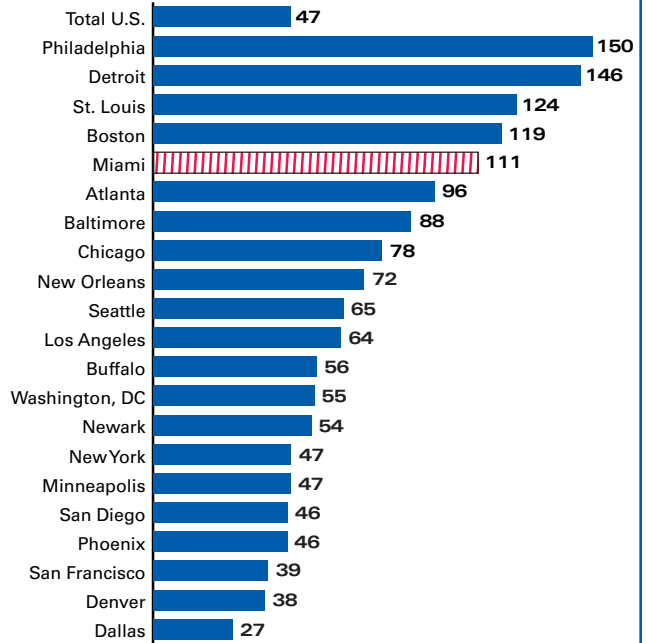
Cocaine visits

Rate per 100,000 population, 2002



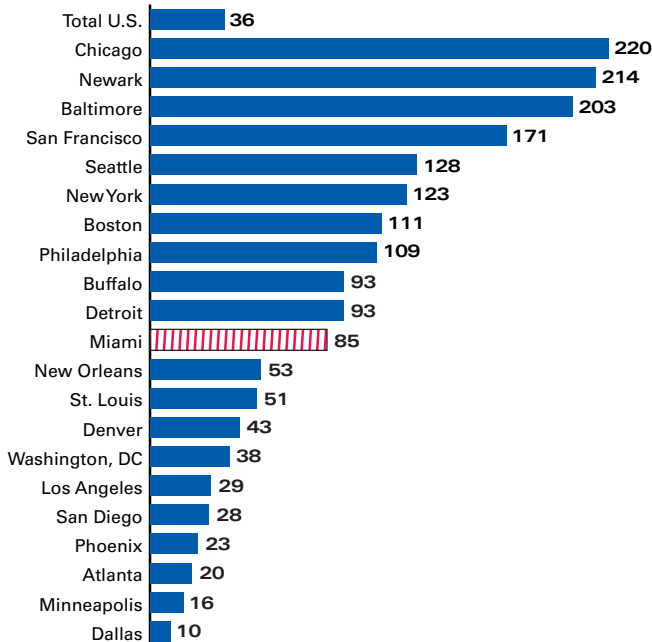
Marijuana visits

Rate per 100,000 population, 2002



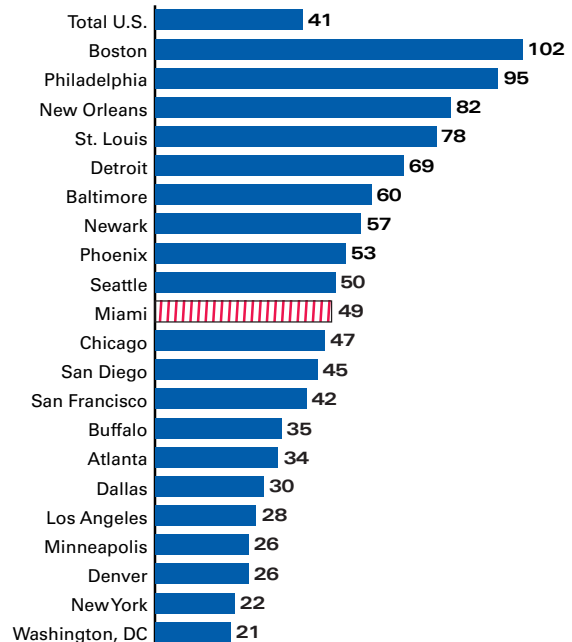
Heroin visits

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