

# The DAWN Report

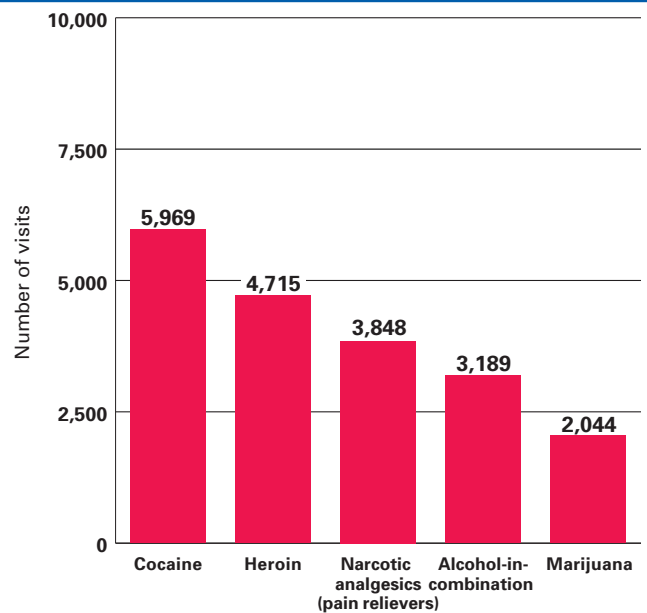
MARCH 2004

## Highlights From DAWN: Baltimore, 2002

This special report presents findings based on data submitted by 20 hospitals in the Baltimore metropolitan area for 2002.

- Of the 1.1 million visits to Baltimore area emergency departments (EDs) in 2002, about one percent (12,904) were related to drug abuse.
- During 2002, the most common drugs involved in these ED visits were cocaine, heroin, narcotic analgesics (pain relievers), alcohol in combination with other drugs, and marijuana.
- Heroin-related ED visits in Baltimore increased 4 percent between 2001 and 2002, but have decreased 45 percent since 1995.
- Among the 21 DAWN areas, Baltimore ranked in the top 3 in terms of ED visits involving heroin, cocaine, and pain relievers.

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

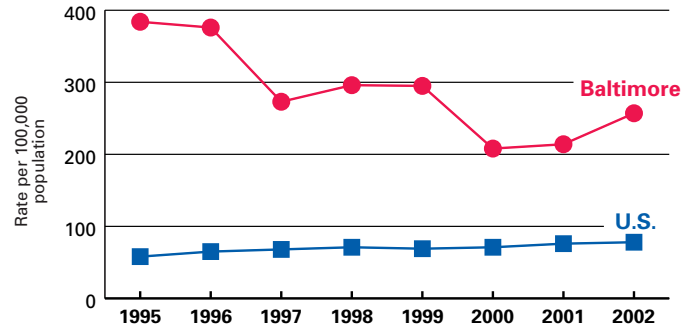


**DAWN** serves a diverse audience. In addition to participating facilities, users include researchers and policy analysts; pharmaceutical firms; State and local substance abuse agencies; community coalitions; and Federal agencies, including the White House Office of National Drug Control Policy, the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

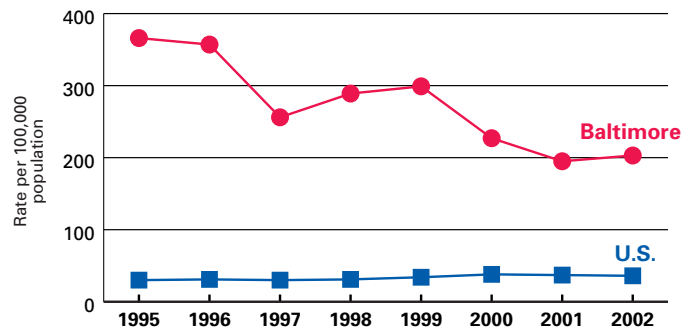
### Cocaine

- Cocaine-related ED visits in Baltimore increased 20 percent (to 257 visits per 100,000 population) between 2001 and 2002, but decreased 33 percent since 1995.
- More than 80 percent of cocaine-related ED visits in Baltimore also involved other drugs.
- Less than 5 percent of cocaine-related ED visits were attributed to "crack" in Baltimore.



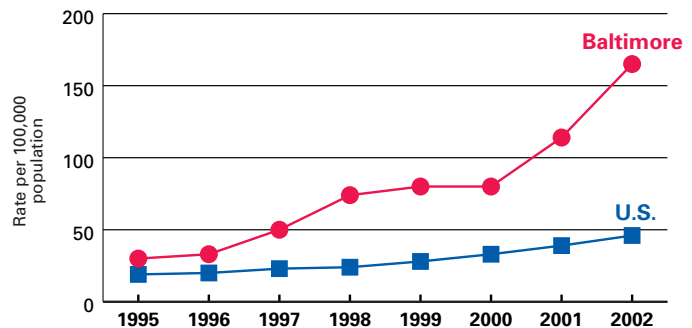
### Heroin

- Heroin-related ED visits in Baltimore increased 4 percent (to 203 visits per 100,000 population) between 2001 and 2002, but decreased 45 percent since 1995 (from 366 visits per 100,000).
- More than half (55 percent) of the heroin-related ED visits in Baltimore also involved other drugs.



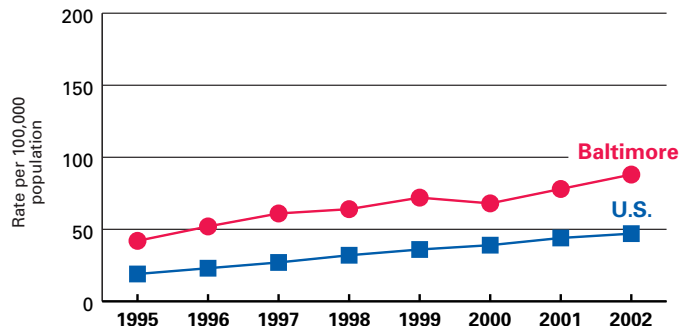
### Pain Relievers

- From 1995 to 2002, pain relievers implicated in drug abuse-related ED visits increased more than 400 percent in Baltimore (from 30 to 165 mentions per 100,000 population). The increase nationally was 139 percent (from 19 to 46 mentions per 100,000).
- Oxycodone and methadone were the most frequently named pain relievers in drug-related ED visits in Baltimore in 2002.



### Marijuana

- From 1995 to 2002, marijuana-related ED visits in Baltimore rose over 100 percent (from 42 to 88 visits per 100,000 population). The national rate (47 visits per 100,000 in 2002) increased almost 140 percent over the same 8-year period.
- Marijuana was reported in about 16 percent of all drug abuse-related ED visits in Baltimore and was usually reported in combination with other drugs.

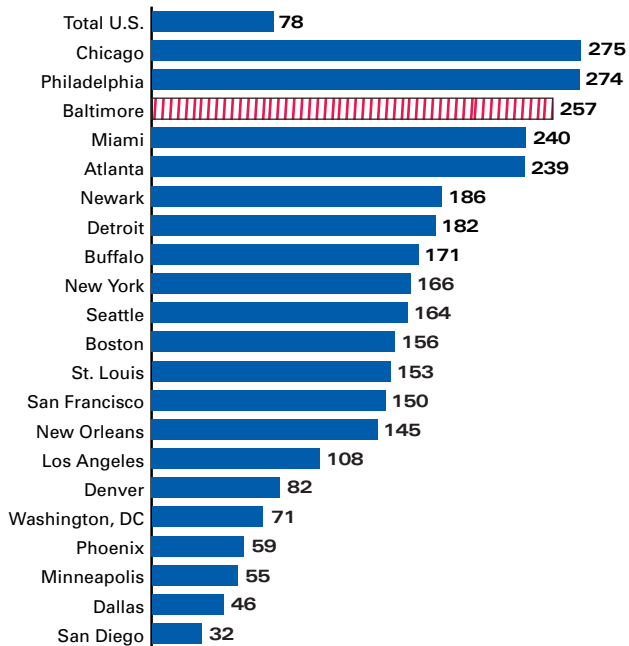


## Comparisons Across 21 Metropolitan Areas

The following figures show Baltimore 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.

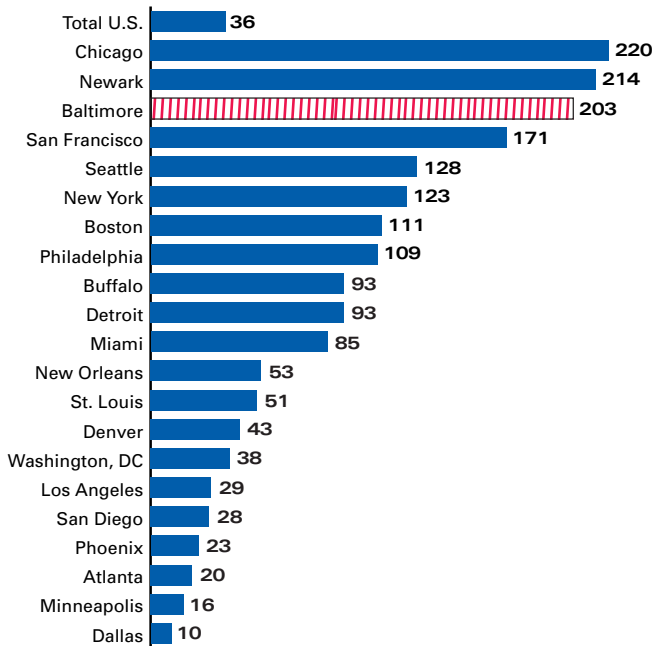
### Cocaine visits

Rate per 100,000 population, 2002



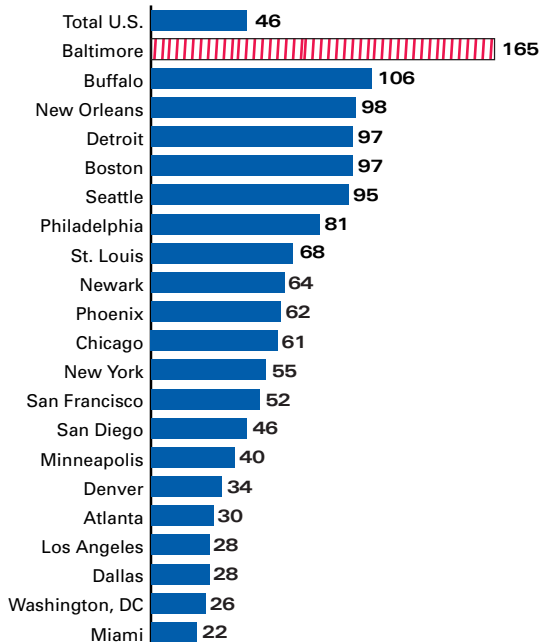
### Heroin visits

Rate per 100,000 population, 2002



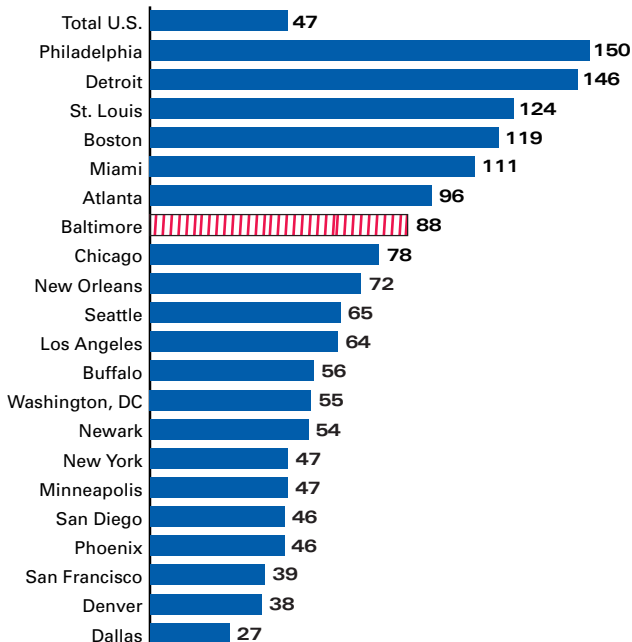
### Pain Reliever visits

Rate per 100,000 population, 2002



### Marijuana 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.



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