

SAMHDA

SUBSTANCE ABUSE & MENTAL HEALTH DATA ARCHIVE

Drug Abuse Warning Network (DAWN), 2010

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality

DAWN Case Report

SAMHDA

is sponsored by



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Terms of Use

These data are distributed under the following terms of use. By continuing past this page, you signify your agreement to comply with the requirements as stated below:

Privacy of Research Subjects

Any intentional identification of a research subject (whether an individual or an organization) or unauthorized disclosure of his or her confidential information violates the promise of confidentiality given to the providers of the information. Disclosure of confidential information may also be punishable under federal law. Therefore, users of data agree:

- To use these datasets solely for research or statistical purposes and not for re-identification of specific research subjects.
- To make no use of the identity of any research subject discovered inadvertently and to report any such discovery to CBHSQ and SAMHDA (samhda-support@samhsa.hhs.gov)

Citing Data

You agree to reference the recommended bibliographic citation in any of your publications that use SAMHDA data. Authors of publications that use SAMHDA data are required to send citations of their published works for inclusion in a database of related publications.

Disclaimer

You acknowledge that SAMHSA will bear no responsibility for your use of the data or for your interpretations or inferences based upon such uses.

Violations

If CBHSQ determines that this terms of use agreement has been violated, then possible sanctions could include:

- Report of the violation to the Research Integrity Officer, Institutional Review Board, or Human Subjects Review Committee of the user's institution. A range of sanctions are available to institutions including revocation of tenure and termination.
- If the confidentiality of human subjects has been violated, then report of the violation may be made to the Federal Office for Human Research Protections. This may result in an investigation of the user's institution, which can result in institution-wide sanctions including the suspension of all research grants.
- Report of the violation of federal law to the United States Attorney General for possible prosecution.
- Court awarded payments of damages to any individual(s)/organization(s) harmed by the breach of confidential data.

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.

Research subject

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

Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

NOTICE WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

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.

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
<input type="text"/>	<input type="text"/>	<input type="text"/> 20 <input type="text"/>

3. Time of Visit

HOUR	MINUTE	<input type="checkbox"/> a.m.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> p.m.
		<input type="checkbox"/> 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. Case Description The case description must explain why this is a DAWN case, that is, how the drug(s) were related to the ED visit. Copy verbatim from the patient's chart when possible.

9. 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
- Transdermal
- Other
- Not documented

Alcohol involved? Yes No/Not documented

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

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

1. _____ 3. _____
2. _____ 4. _____

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 is operated by the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, of the **U.S. Department of Health and Human Services**, as required in Section 505 of the Public Health Service Act (42 U.S.C. 290aa-4). DAWN is used to monitor trends in the adverse health consequences associated with drug use. Section 501(n) of the Public Health Service Act prohibits SAMHSA from using or disclosing DAWN data for any purpose other than that for which they were collected.

Public reporting burden for DAWN emergency departments is estimated at 113 minutes per case. This includes time for reviewing ED charts and completing case report and activity report forms. Send comments regarding burden to SAMHSA Reports Clearance Officer, Paperwork Reduction Project 0930-0078, 1 Choke Cherry Road, Room 7-1044, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0078.

DAWN Decision Tree

Is this a DAWN Case? Based on documentation in the chart, was the ED visit for a condition induced by or related to drug use?

NO

STOP
Not a DAWN Case

YES

This is a DAWN Case.
Answer the following questions in order. Assign Type of Case to first Yes.

1. Does the chart indicate that the patient attempted suicide with a drug involved?

YES

01 SUICIDE ATTEMPT
▪ "Suicide attempt"
▪ Completed suicide
▪ Attempted to kill self

NO

- "Suicide ideation"
- No documentation of suicide attempt
- Psych evaluation
- Tried to harm self

2. Does the chart indicate that the patient was seeking detox or entry into a drug treatment program?

YES

02 SEEKING DETOX
▪ Seeking detoxification
▪ Medical clearance for drug treatment admission
▪ Request for drug rehabilitation

NO

- Withdrawal, but not seeking detox

3. Is the patient under age 21 and alcohol is the only drug mentioned in the chart?

YES

03 ALCOHOL ONLY (AGE < 21)
▪ Patient under age 21 and alcohol is the only drug

NO

- Other drug(s) and alcohol are involved
- Patient is age 21 or over

4. Does the chart indicate that the patient had an "adverse reaction" to a prescription drug, over-the-counter medication, or dietary supplement taken as prescribed or recommended?

YES

04 ADVERSE REACTION
▪ Allergic reactions
▪ Drug interactions
▪ "Side effect" of drug

NO

- Unexpected reaction to illicit drugs
- Too little medication; took less than prescribed dose
- Took someone else's drug or medication

5. Did the patient exceed the prescribed dose of a prescription drug or the recommended dose of an over-the-counter medication or dietary supplement?

YES

05 OVERMEDICATION
▪ Tried to make up a missed dose
▪ Forgot they had taken a dose
▪ Treated symptoms that did not subside with recommended dose

NO

- Illicit drugs
- Malicious poisoning
- Took someone else's prescription medication
- Accidentally took the wrong drug or medication

6. Does the chart indicate that the patient was deliberately poisoned or drugged by another person?

YES

06 MALICIOUS POISONING
▪ Drug-facilitated assault
▪ Drug-facilitated rape
▪ Homicide with drug as the weapon
▪ Product tampering

NO

7. Does the chart indicate that the drug was used accidentally or unknowingly?

YES

07 ACCIDENTAL INGESTION
▪ Accidental child poisoning
▪ Took wrong drug or medication

NO

08 OTHER
Any DAWN Case not assigned above