Drug Abuse Warning Network (DAWN), 2009

*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
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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
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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 22 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.
**Universe**

The universe for the DAWN ED sample is all non-Federal, short-stay, general medical and surgical hospitals in the United States that operate one or more EDs 24 hours a day, 7 days a week. Specialty hospitals, hospital units of institutions, long-term care facilities, pediatric hospitals, hospitals operating part-time EDs, and hospitals operated by the Veterans Health Administration and the Indian Health Service are excluded. The universe of EDs is identified from the American Hospital Association's Annual Survey Database.

**Data Type**

Medical records

**Data Source**

Coded on-site case report

**Additional Information for Study 31921**

http://datafiles.samhsa.gov

**Study Citation**

We appreciate the appropriate citation for study documentation obtained from SAMHDA. The study description for this study includes a suggested bibliographic citation for the data.
1. Facility

2. Date of Visit
   - Month: [___]
   - Day: [___]
   - Year: [20___]

3. Time of Visit
   - Hour: [___]
   - Minute: [___]
   - a.m.: [___]
   - p.m.: [___]
   - 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.

<table>
<thead>
<tr>
<th>Alcohol involved?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No/Not documented</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Alcohol involved?
   - Mark if confirmed by toxicology test

   Route of Administration
   - Select One
     - Oral
     - Injected
     - Inhaled, snorted, smoked
     - Transdermal
     - Not documented

10. Diagnosis
    - List up to 4 diagnoses noted in the patient’s chart. Do not list ICD codes.
    1. [___]
    2. [___]
    3. [___]
    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:
      - Admitted to this hospital:
        - ICU/Critical care: [___]
        - Surgery: [___]
        - Chemical dependency/detox: [___]
        - Psychiatric unit: [___]
        - Other inpatient unit: [___]
      - 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.

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SMA 100-1 REV. 12/2008
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?

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

2. Does the chart indicate that the patient was seeking detox or entry into a drug treatment program?
   - Withdrawal, but not seeking detox

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

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

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

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

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

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

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

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

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

08 OTHER
   - Any DAWN Case not assigned above

NO → STOP
Not a DAWN Case

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