

ICPSR 34565

## Drug Abuse Warning Network (DAWN), 2011

*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



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## Definitions

### CBHSQ

Center for Behavioral Health Statistics and Quality

### ICPSR

Inter-university Consortium for Political and Social Research

### 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.

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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

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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 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**

<p><b>2. Date of Visit</b></p> <p>MONTH DAY YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/> <input type="text"/></p>	<p><b>3. Time of Visit</b></p> <p>HOUR MINUTE</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> military</p>	<p><b>4. Age</b></p> <p><input type="text"/></p> <p><input type="checkbox"/> Less than 1 year <input type="checkbox"/> Not documented</p>
<p><b>5. Patient's Home ZIP Code</b></p> <p><input type="text"/></p> <p><i>Otherwise, select one response:</i></p> <p><input type="checkbox"/> No fixed address (e.g. homeless) <input type="checkbox"/> Institution (e.g. shelter/jail/hospital) <input type="checkbox"/> Outside U.S. <input type="checkbox"/> Not documented</p>	<p><b>6. Sex</b></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not documented</p>	<p><b>7. Race/Ethnicity</b></p> <p><i>Select one or more:</i></p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not documented</p>

**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.*

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**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
<b>Alcohol involved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No/Not documented	<input type="checkbox"/>							
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:*

<p><b>Treated and released:</b></p> <p><input type="checkbox"/> Discharged home <input type="checkbox"/> Released to police/jail <input type="checkbox"/> Referred to detox/treatment</p>	<p><b>Admitted to <i>this</i> hospital:</b></p> <p><input type="checkbox"/> ICU/Critical care <input type="checkbox"/> Surgery <input type="checkbox"/> Chemical dependency/detox <input type="checkbox"/> Psychiatric unit <input type="checkbox"/> Other inpatient unit</p>	<p><b>Other disposition:</b></p> <p><input type="checkbox"/> Transferred <input type="checkbox"/> Left against medical advice <input type="checkbox"/> Died <input type="checkbox"/> Other <input type="checkbox"/> Not documented</p>
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**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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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

