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Drug Abuse Warning Network

The DAWN Report

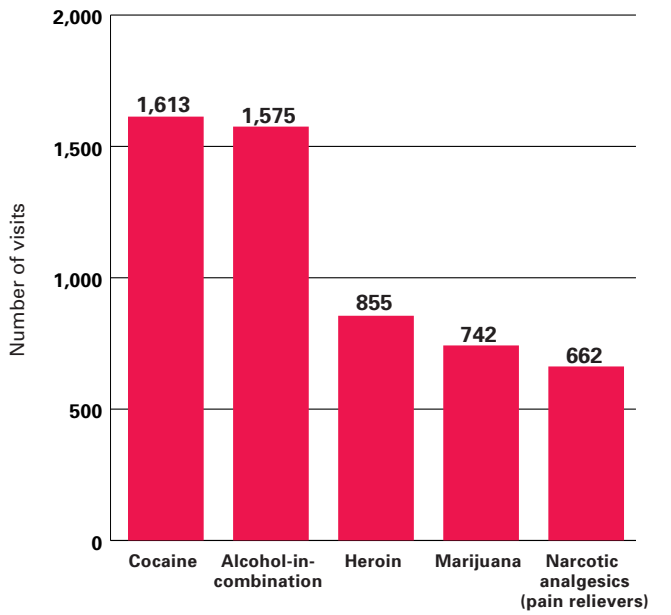
MARCH 2004

Highlights From DAWN: Denver, 2002

This special report presents findings based on data submitted by 9 hospitals in the Denver metropolitan area for 2002.

- Of the more than one-half million visits to Denver area emergency departments (EDs) in 2002, about one percent (5,266) were related to drug abuse.
- During 2002, the most common drugs involved in these ED visits were cocaine, alcohol in combination with other drugs, heroin, marijuana, and narcotic analgesics (pain relievers).
- Between 1995 and 2002, the rate of heroin-related ED visits rose 43 percent (from 30 to 43 visits per 100,000 population), including a 10 percent increase since 2001 (from 40).
- Among the 21 DAWN areas, Denver ranked in the lower half in ED visits involving cocaine, heroin, and marijuana.

Top 5 drugs in drug abuse-related ED visits in Denver, 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.

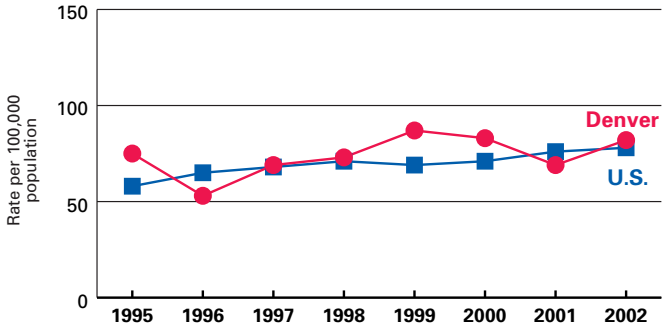
Today, hospitals in Denver and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

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

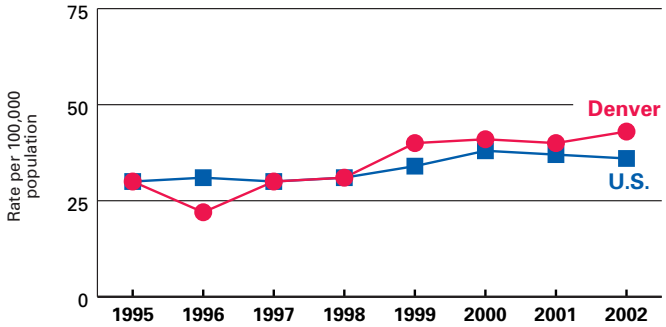
Cocaine

- Between 1995 and 2002, cocaine-related ED visits in Denver rose 9 percent (from 75 to 82 visits per 100,000 population). For the same period, the increase nationally was 33 percent (from 58 to 78).
- Over two-thirds (67%) of cocaine-related ED visits in Denver also involved other drugs.



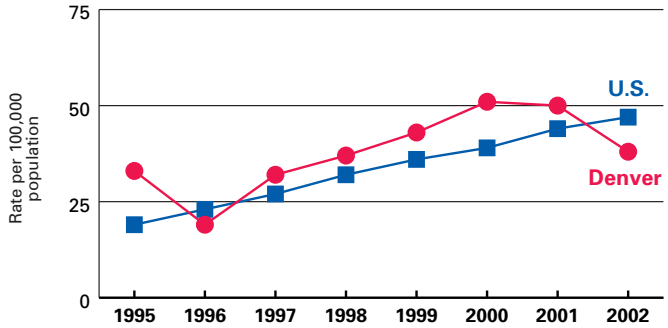
Heroin

- Between 1995 and 2002, the rate of heroin-related ED visits rose 43 percent (from 30 to 43 visits per 100,000 population), including a 10 percent increase since 2001 (from 40).
- In two-thirds of these heroin-related ED visits, heroin was the sole drug implicated.



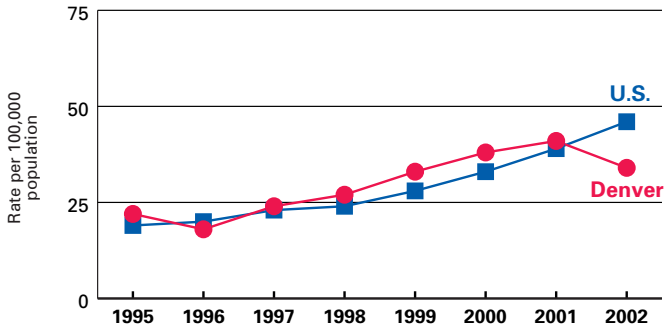
Marijuana

- From 1995 to 2002, marijuana-related ED visits in Denver remained relatively stable, while the national rate rose 139 percent (from 19 to 47 visits per 100,000 population).
- In Denver, marijuana was usually reported in combination with other drugs (76% of visits).



Pain relievers

- From 1995 to 2002, pain relievers implicated in drug abuse-related ED visits increased 50 percent in Denver (from 22 to 34 mentions per 100,000 population). Nationally, the increase was 139 percent (from 19 to 46).
- In 2002, hydrocodone and oxycodone were the most frequently named pain relievers in drug-related ED visits in Denver.

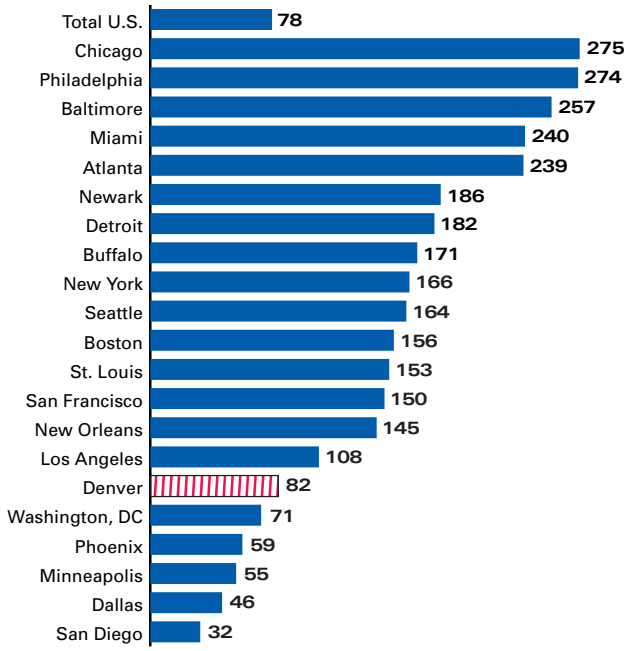


Comparisons Across 21 Metropolitan Areas

The following figures show Denver 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.

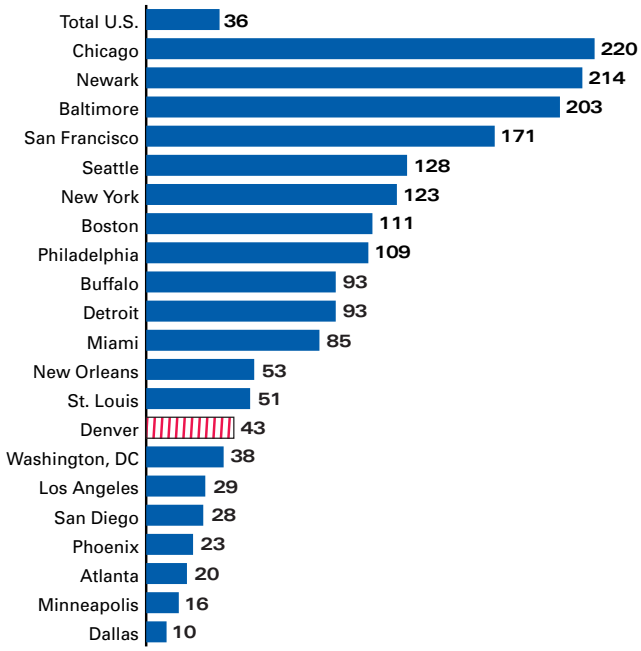
Cocaine visits

Rate per 100,000 population, 2002



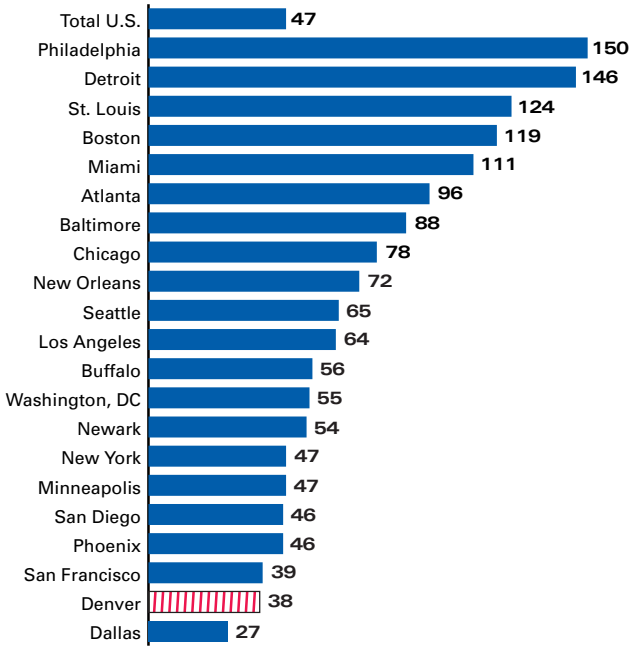
Heroin visits

Rate per 100,000 population, 2002



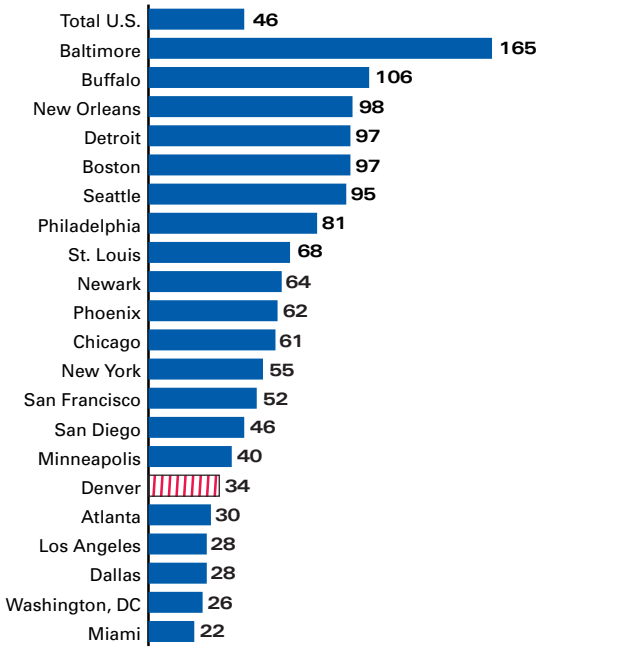
Marijuana visits

Rate per 100,000 population, 2002



Pain Reliever 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