

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

Drug Abuse Warning Network (DAWN) Implements New System; 2003 Data Onward Not Comparable to Previous Years

Since 1972, the Drug Abuse Warning Network (DAWN) has been collecting data on hospital emergency department (ED) visits and drug-related deaths reviewed by medical examiners and coroners across the United States. In response to a two-year evaluation of design alternatives, a new system for DAWN data collection and reporting was implemented in January 2003. The first reports from this new data, describing national estimates of drug-related ED visits and mortality for 2003, were recently released.* Because of the magnitude of the changes made to the DAWN system, data and estimates for 2003 are not comparable to those for previous years. Following is a summary of some of the changes to the DAWN ED surveillance system:

- Data on *any* ED visit related to current or recent drug use are now collected and assigned to one of eight different case types (suicide attempt, seeking detoxification, underage alcohol only, adverse reaction, overmedication, malicious poisoning, accidental ingestion, and all other drug-related visits). Under the old DAWN data collection, only data on drug *abuse* related visits, defined as the use of a drug for the purpose of attempting suicide, dependence, or to achieve psychic effects, were collected.
- Data are now drawn from a retrospective review of ED medical charts for every patient treated, as compared to the old manner in which medical logs and billing codes were scanned for patients who were “likely” DAWN cases. It is estimated that 30% or more of cases were missed through the old process.¹
- Only drugs related to the ED visit are recorded. Previously any drug use reported by the patient, regardless of its relation to the ED visit, was recorded. In addition, the maximum number of drugs recorded has increased from four to six drugs (plus alcohol).
- Data on the patient’s health, expanded disposition information, and whether the specific drug was confirmed by toxicology are now recorded in the new DAWN.
- Data under the new DAWN are now submitted electronically via a system that has built-in edits, provides immediate feedback about errors, and contains intelligent prompts. The new electronic system not only will reduce error but will also provide participating hospitals with real-time access to their own DAWN data.
- A new national sample of hospitals, with oversampling in selected metropolitan areas, is being implemented. The new sample will represent the complete U.S. and the metropolitan boundaries have been updated to those based on the 2000 census. (In old DAWN, metropolitan boundaries were based on the 1980 census and the sample represented only the coterminous U.S.) The transition to the new sample began in 2003 and is ongoing.

*The 2003 DAWN ED estimates are based on data for the third and fourth quarters (July-December) of 2003.

¹Adapted by CESAR from Ball, J. K. “Update on DAWN,” In: *Epidemiologic Trends in Drug Abuse, Volume II, Proceedings of the Community Epidemiology Work Group, December 2003, 2004.*

SOURCE: Adapted by CESAR from Office of Applied Studies, Substance Abuse and Mental Health Services Administration, *Drug Abuse Warning Network, 2003: Interim National Estimates of Drug-Related Emergency Department Visits*, 2004. Available online at http://dawninfo.samhsa.gov/files/DAWN_ED_Interim2003.pdf.

• 301-405-9770 (voice) • 301-403-8342 (fax) • CESAR@cesar.umd.edu • www.cesar.umd.edu •

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