

The DAWN Report

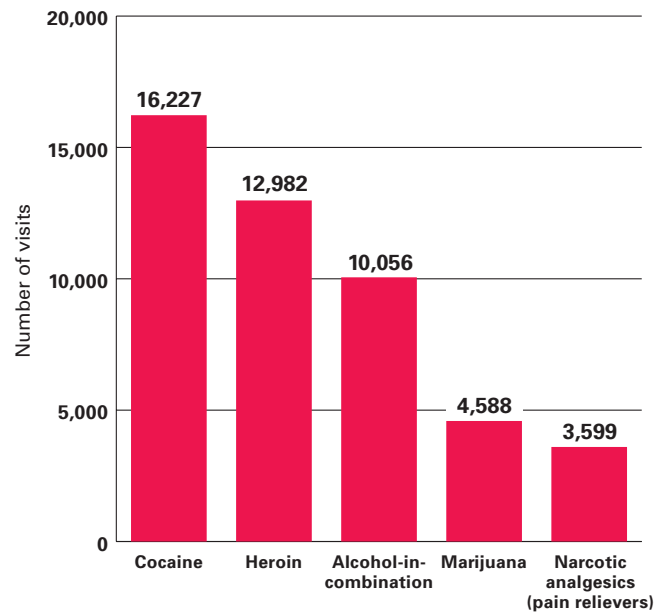
DECEMBER 2003

Highlights From DAWN: Chicago, 2002

This special report presents findings based on data submitted by 27 hospitals in the Chicago metropolitan area for 2002.

- Of the nearly 2.4 million visits to Chicago area emergency departments (EDs) in 2002, about one percent (32,454) were related to drug abuse.
- During 2002, the most common drugs involved in these ED visits were cocaine, heroin, alcohol, marijuana, and narcotic analgesics (pain relievers).
- Between 1995 and 2002, the rate of heroin-related ED visits increased 167 percent (from 83 to 220 visits per 100,000 population).
- Among the 21 DAWN areas, Chicago ranked in the top three in terms of ED visits involving cocaine and heroin in 2002.

Top 5 drugs in drug abuse-related ED visits in Chicago, 2002



DAWN: The Warning Network

Local information is essential to support local action, so 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.



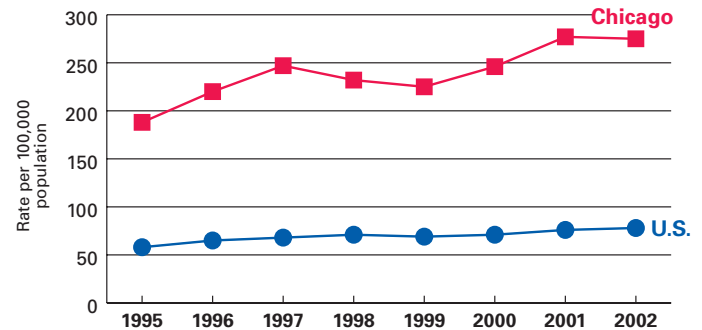
Today, hospitals in Chicago and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

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

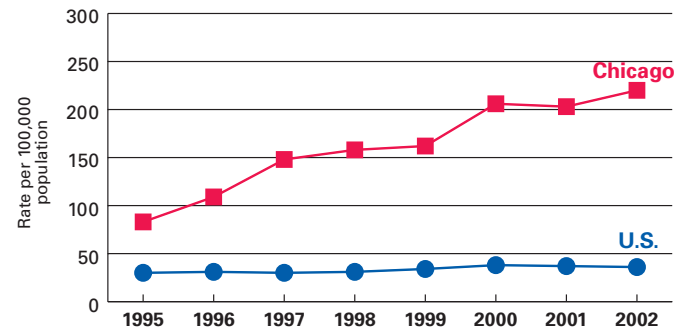
Cocaine

- Cocaine-related ED visits in Chicago rose 47 percent from 1995 to 2002 (from 188 to 275 per 100,000 population). In 2002, Chicago had 275 cocaine-related visits per 100,000 population, which was more than three times the national rate of 78 visits.
- More than three-quarters (76%) of cocaine-related ED visits involved other drugs.



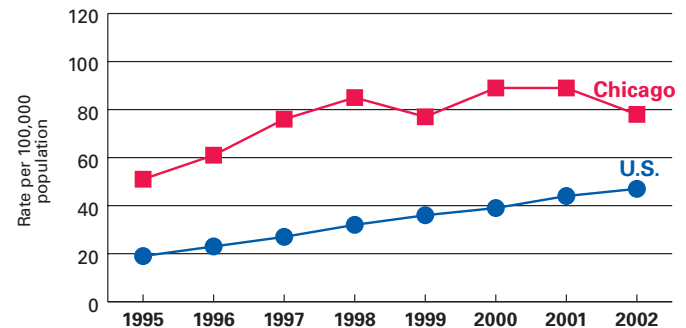
Heroin

- Between 1995 and 2002, the rate of heroin-related ED visits in Chicago increased 167 percent (from 83 to 220 visits per 100,000 population). Over the same period, the national rate rose only 22 percent (from 30 to 36).
- In 2002, the rate of heroin-related ED visits in Chicago was more than six times the national rate of 36 visits per 100,000 population.



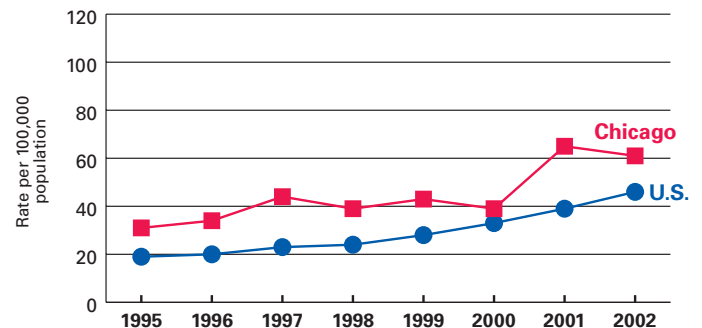
Marijuana

- The rate of marijuana-related ED visits in Chicago rose 52 percent from 1995 to 2002 (from 51 to 78 visits per 100,000 population), but declined 12 percent from 2001 to 2002 (from 89).
- In Chicago, almost three-quarters (74%) of marijuana-related ED visits in 2002 also involved other drugs.



Pain Relievers

- From 1995 to 2002, ED mentions of pain relievers in Chicago rose 96 percent (from 31 to 61 mentions per 100,000 population) with an increase of 56 percent from 2000 to 2002 (from 39). Nationally, the increase was 139 percent from 1995 to 2002 and 39 percent from 2000 to 2002.
- During 2002, methadone, hydrocodone, and codeine were the most frequently named pain relievers in drug abuse-related ED visits in Chicago.

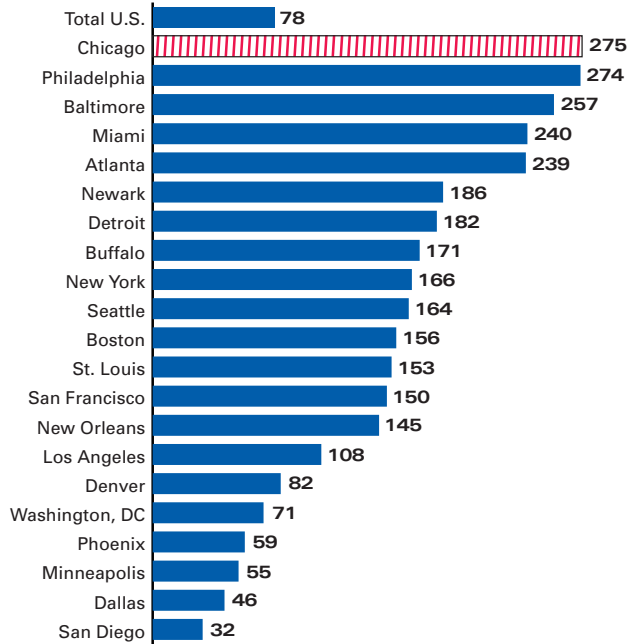


Comparisons Across 21 Metropolitan Areas

The following figures show Chicago 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.

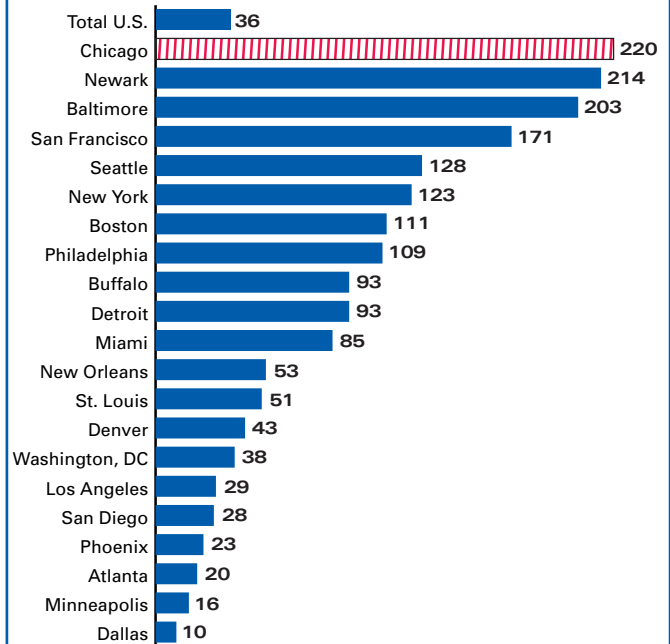
Cocaine visits

Rate per 100,000 population, 2002



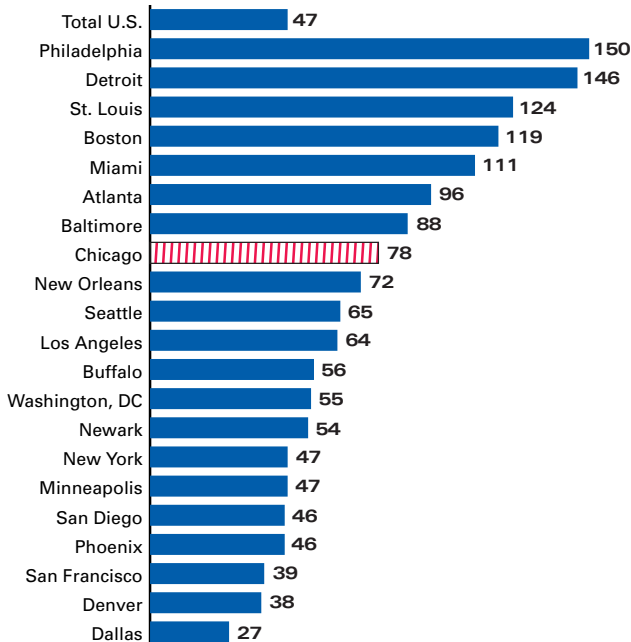
Heroin visits

Rate per 100,000 population, 2002



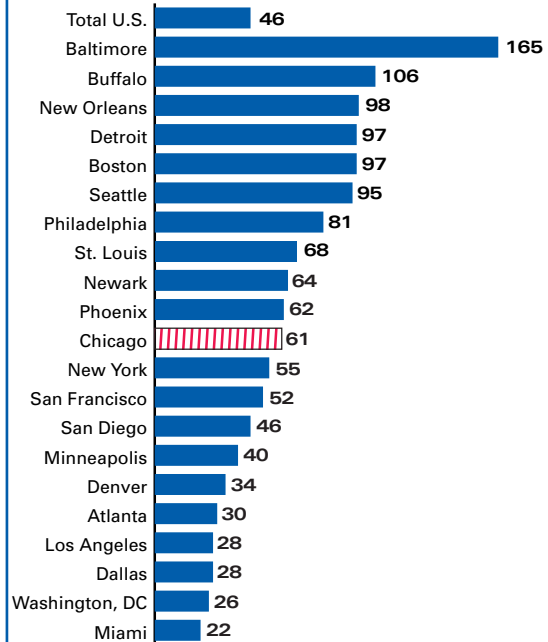
Marijuana visits

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 the use of any drug. These include events related to prescription and over-the-counter medications, as well as the illicit drugs of abuse. 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