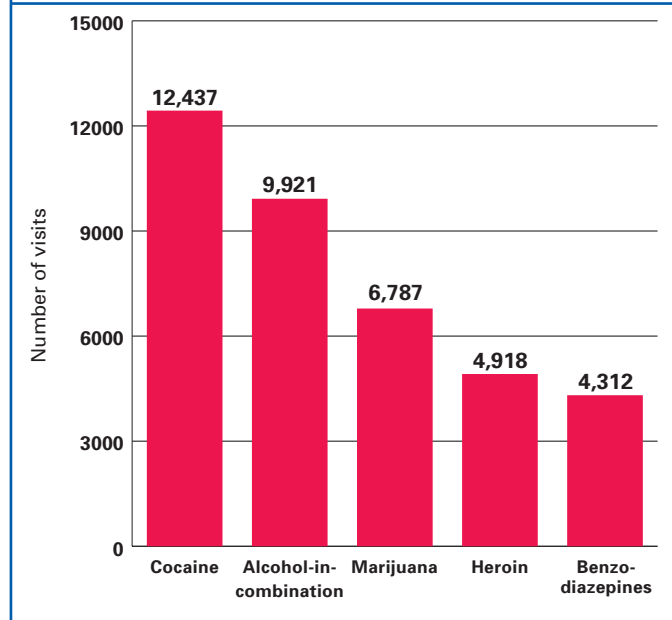# The **DAWN** Report

JANUARY 2004

Highlights From DAWN: Philadelphia, 2002

This special report presents findings based on data submitted by 26 hospitals in the Philadelphia metropolitan area for 2002.

- Of the nearly 1.9 million visits to Philadelphia area emergency departments (EDs) in 2002, about one percent (27,753) were related to drug abuse.

- During 2002, the most common drugs involved in these ED visits were cocaine, alcohol, marijuana, heroin, and benzodiazepines.

- Between 1995 and 2002, the rate of marijuana-related ED visits increased 124 percent (from 67 to 150 visits per 100,000 population) with a 48 percent increase from 2000 to 2002 (from 101).

- Among the 21 DAWN areas, Philadelphia ranked near the top in ED visits involving marijuana, cocaine, and benzodiazepines in 2002.

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

Bar chart — Number of visits:
- Cocaine: 12,437
- Alcohol-in-combination: 9,921
- Marijuana: 6,787
- Heroin: 4,918
- Benzo-diazepines: 4,312

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.

Map of the United States with cities labeled: Seattle, Minneapolis, Detroit, Buffalo, Boston, New York, Newark, Philadelphia, Chicago, Baltimore, Washington, Denver, St. Louis, San Francisco, Los Angeles, Phoenix, Dallas, Atlanta, San Diego, New Orleans, Miami.

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

Trends in Top 4 Drugs, 1995-2002

Cocaine

- In 2002, Philadelphia had 274 cocaine-related visits per 100,000 population, more than 3 times the national rate of 78 visits. Cocaine-related ED visits in Philadelphia remained stable from 1995 to 2002.
- Almost three-quarters (71%) of cocaine-related ED visits in Philadelphia involved other drugs.
- Twenty-two percent of cocaine-related visits in Philadelphia were attributed to "crack."
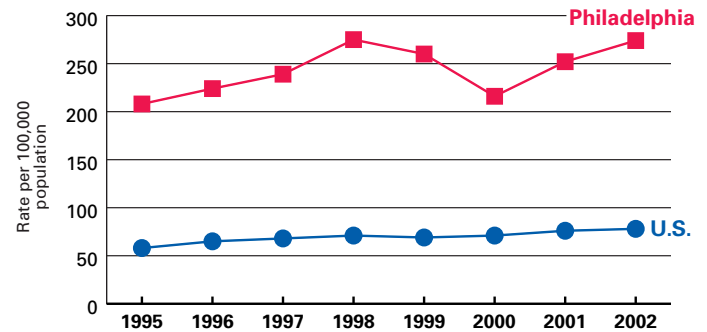
Marijuana

- Between 1995 and 2002, the rate of marijuana-related ED visits in Philadelphia increased 124 percent (from 67 to 150 visits per 100,000 population). In the 2 years from 2000 to 2002, the increase was 48 percent (from 101).
- In 2002, marijuana was usually mentioned in combination with other drugs in Philadelphia ED visits (73% of visits).
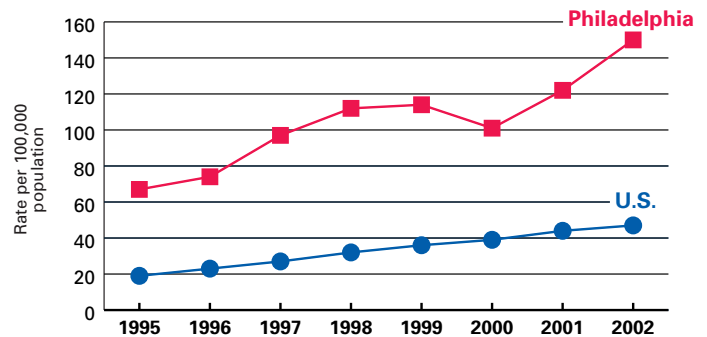
Heroin

- At 109 ED visits per 100,000 population, Philadelphia's rate of heroin-related ED visits is about 3 times the national rate of 36. Heroin-related ED visits in Philadelphia remained stable from 1995 to 2002.
- In Philadelphia, more than half (58%) of heroin-related ED visits involved other drugs.
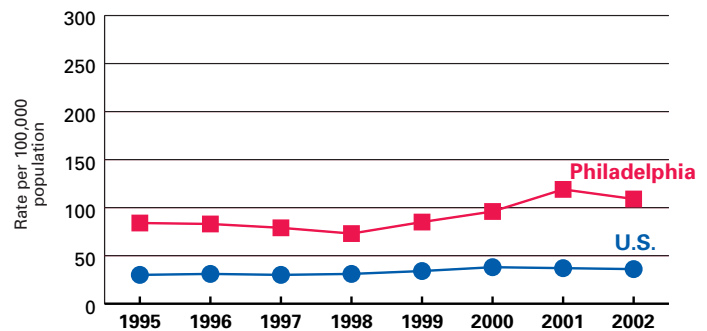
Benzodiazepines

- From 1995 to 2002, mentions of benzodiazepines in Philadelphia rose 38 percent (from 69 to 95 mentions per 100,000 population). The rate of benzodiazepine-related ED mentions in 2002 was more than double the national rate of 41 mentions.
- During 2002, alprazolam, clonazepam, and diazepam were the most frequently named benzodiazepines in drug abuse-related ED visits in Philadelphia.
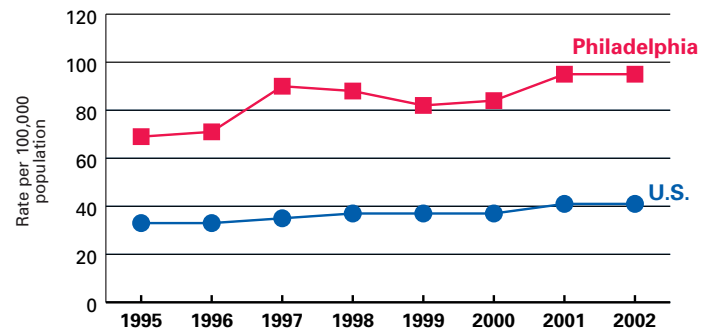
Comparisons Across 21 Metropolitan Areas

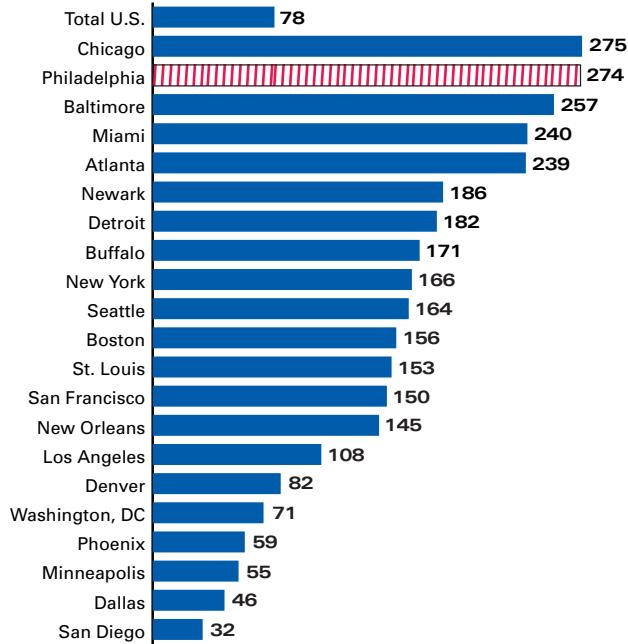The following figures show Philadelphia in relation to the Nation and 20 other metropolitan areas represented in DAWN for selected drugs in 2002. Comparisons across areas are possible because the number of visits for each drug is represented in terms of a rate per 100,000 population. Not all differences in rates are statistically significant.
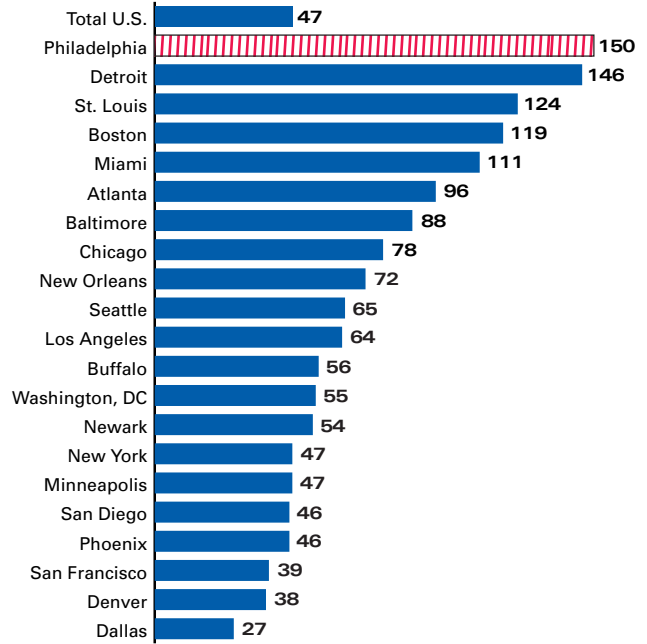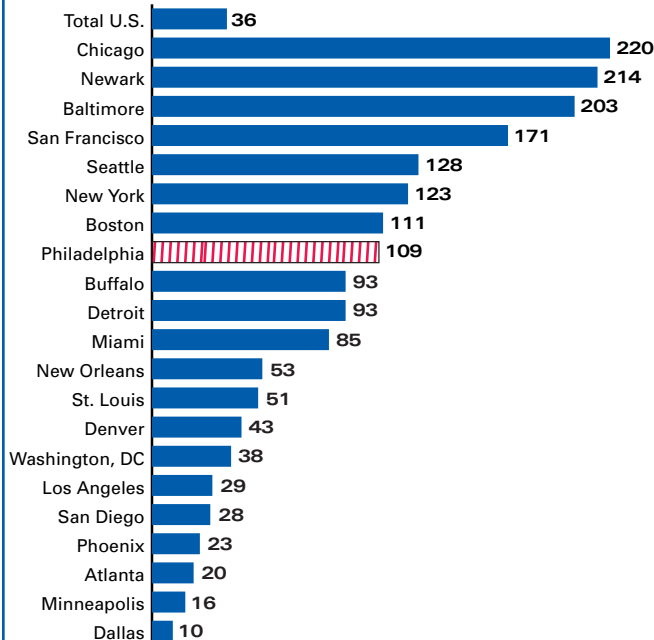
Cocaine visits
Rate per 100,000 population, 2002

Area	Rate
Total U.S.	78
Chicago	275
Philadelphia	274
Baltimore	257
Miami	240
Atlanta	239
Newark	186
Detroit	182
Buffalo	171
New York	166
Seattle	164
Boston	156
St. Louis	153
San Francisco	150
New Orleans	145
Los Angeles	108
Denver	82
Washington, DC	71
Phoenix	59
Minneapolis	55
Dallas	46
San Diego	32

Marijuana visits
Rate per 100,000 population, 2002

Area	Rate
Total U.S.	47
Philadelphia	150
Detroit	146
St. Louis	124
Boston	119
Miami	111
Atlanta	96
Baltimore	88
Chicago	78
New Orleans	72
Seattle	65
Los Angeles	64
Buffalo	56
Washington, DC	55
Newark	54
New York	47
Minneapolis	47
San Diego	46
Phoenix	46
San Francisco	39
Denver	38
Dallas	27

Heroin visits
Rate per 100,000 population, 2002

Area	Rate
Total U.S.	36
Chicago	220
Newark	214
Baltimore	203
San Francisco	171
Seattle	128
New York	123
Boston	111
Philadelphia	109
Buffalo	93
Detroit	93
Miami	85
New Orleans	53
St. Louis	51
Denver	43
Washington, DC	38
Los Angeles	29
San Diego	28
Phoenix	23
Atlanta	20
Minneapolis	16
Dallas	10

Benzodiazepines visits
Rate per 100,000 population, 2002

Area	Rate
Total U.S.	41
Boston	102
Philadelphia	95
New Orleans	82
St. Louis	78
Detroit	69
Baltimore	60
Newark	57
Phoenix	53
Seattle	50
Miami	49
Chicago	47
San Diego	45
San Francisco	42
Buffalo	35
Atlanta	34
Dallas	30
Los Angeles	28
Minneapolis	26
Denver	26
New York	22
Washington, DC	21
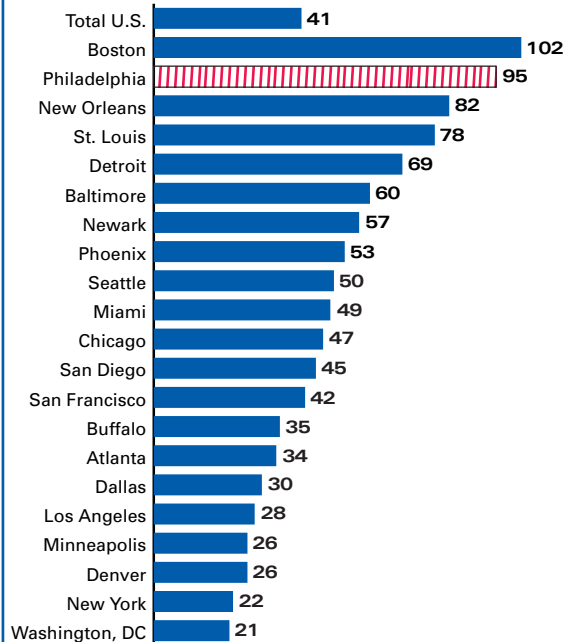
About DAWN

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