

The DAWN Report

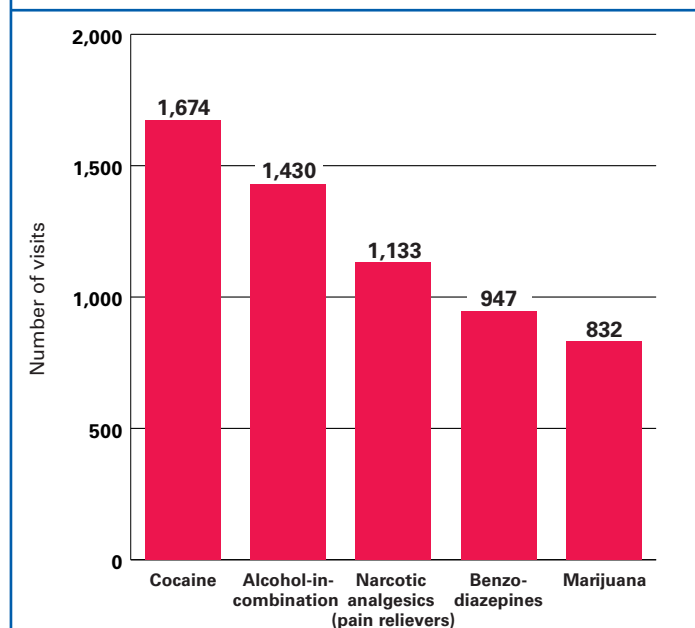
APRIL 2004

Highlights From DAWN: New Orleans, 2002

This special report presents findings based on data submitted by 12 hospitals in the New Orleans metropolitan area for 2002.

- Of the approximately 650,000 visits to New Orleans area emergency departments (EDs) in 2002, less than 1 percent (4,566) were attributed to drug abuse.
- During 2002, the most common drugs involved in these ED visits were cocaine, alcohol in combination with other drugs, narcotic analgesics (pain relievers), benzodiazepines, and marijuana.
- Between 1995 and 2002, ED mentions of pain relievers in New Orleans increased 141 percent (from 41 to 98 mentions per 100,000 population).
- Among the 21 DAWN areas, New Orleans ranked in the top 5 in drug abuse-related ED visits involving pain relievers and benzodiazepines.

Top 5 drugs in drug abuse-related ED visits in New Orleans, 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 New Orleans and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

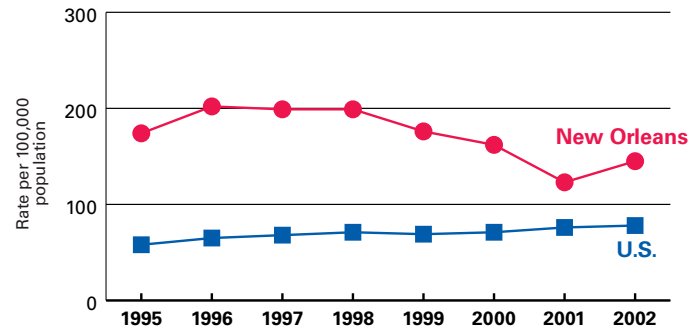


DAWN serves a diverse audience. In addition to participating facilities, users include researchers and policy analysts; pharmaceutical firms; State and local substance abuse agencies; community coalitions; and Federal agencies, including the White House Office of National Drug Control Policy, the Food 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

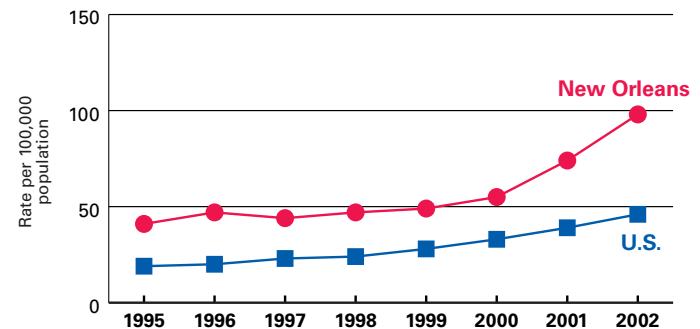
Cocaine

- From 2000 to 2002, the rate of cocaine-related ED visits in New Orleans declined 11 percent (from 162 to 145 visits per 100,000 population).
- Almost two-thirds (64%) of cocaine-related ED visits in New Orleans also involved other drugs.
- Almost one-fifth (18%) of the cocaine-related ED visits in New Orleans in 2002 were attributed to “crack.”



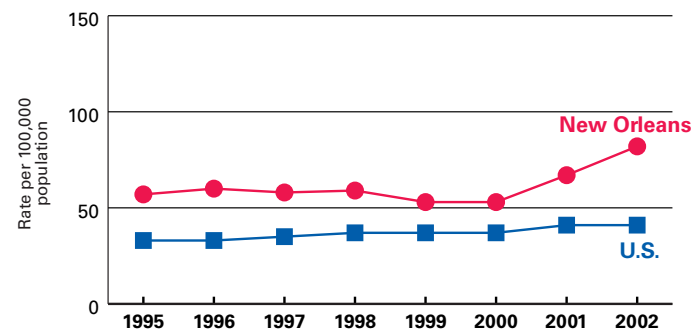
Pain Relievers

- From 1995 to 2002, drug abuse-related ED visits involving pain relievers rose 141 percent in New Orleans (from 41 to 98 visits per 100,000 population). The national rate had a similar percentage increase (from 19 to 46 visits per 100,000 population). However, the national rate remained about half of the rate in New Orleans.
- Hydrocodone and oxycodone were the most frequently named pain relievers in New Orleans ED visits in 2002.



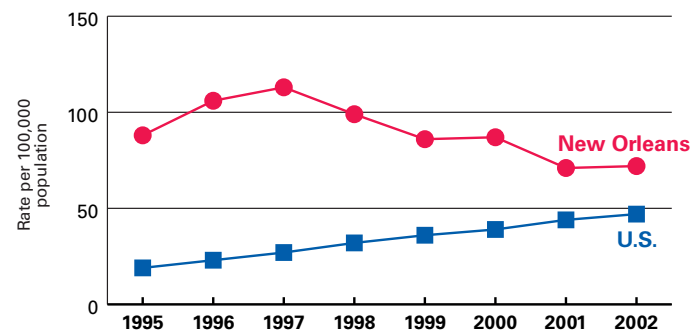
Benzodiazepines

- From 1995 to 2002, benzodiazepines implicated in drug abuse-related ED visits in New Orleans remained relatively stable. Nationally, the rate increased 25 percent during this time (from 33 to 41 visits). However, in 2002, the rate in New Orleans was about twice the national rate.
- Diazepam was the most frequently named benzodiazepine in drug abuse-related ED visits in New Orleans in 2002.



Marijuana

- Between 1995 and 2002, the rate of marijuana-related ED visits in New Orleans remained stable. The national rate more than doubled during this time (from 19 to 47 visits per 100,000 population).
- Three-quarters (75%) of marijuana-related ED visits in New Orleans involved other drugs.

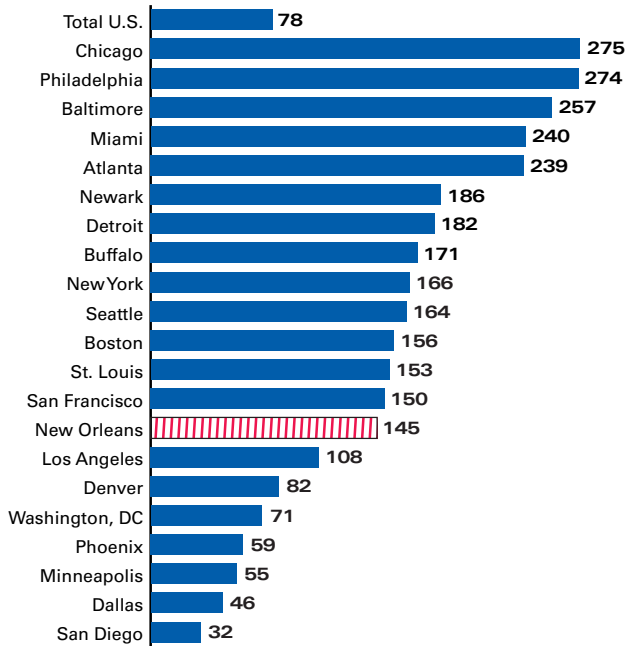


Comparisons Across 21 Metropolitan Areas

The following figures show New Orleans 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.

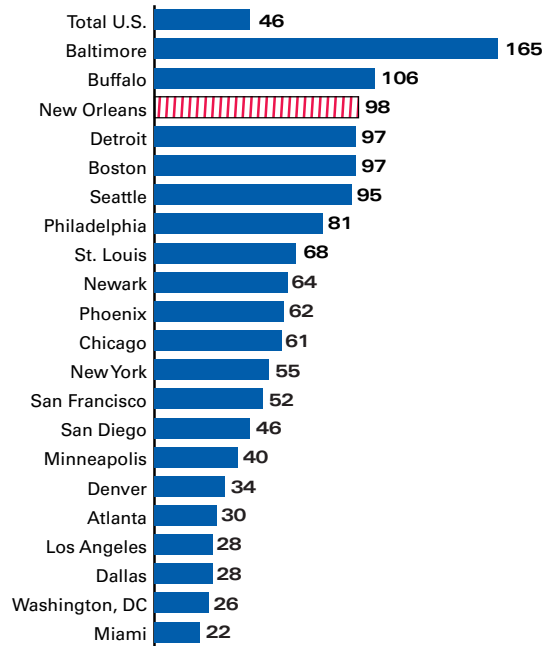
Cocaine visits

Rate per 100,000 population, 2002



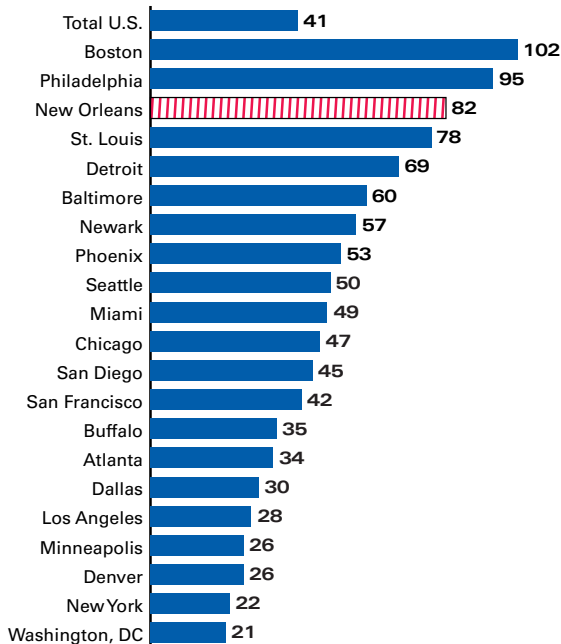
Pain Reliever visits

Rate per 100,000 population, 2002



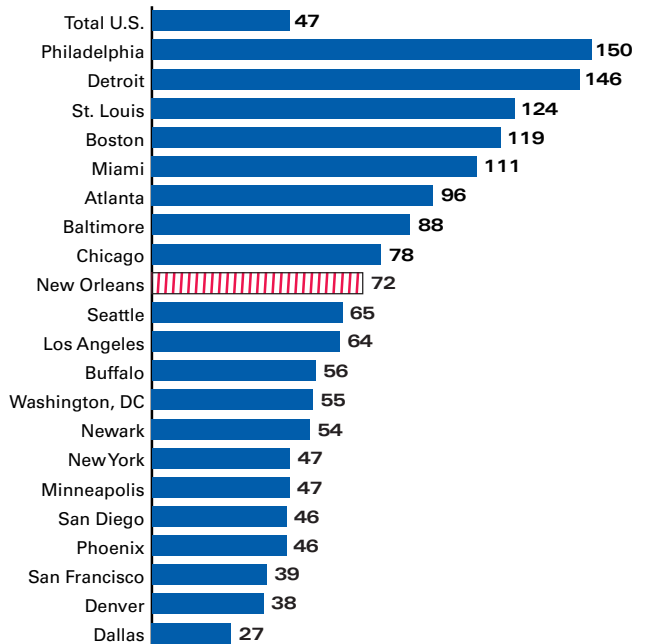
Benzodiazepines visits

Rate per 100,000 population, 2002



Marijuana 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