

The DAWN Report

October 7, 2010

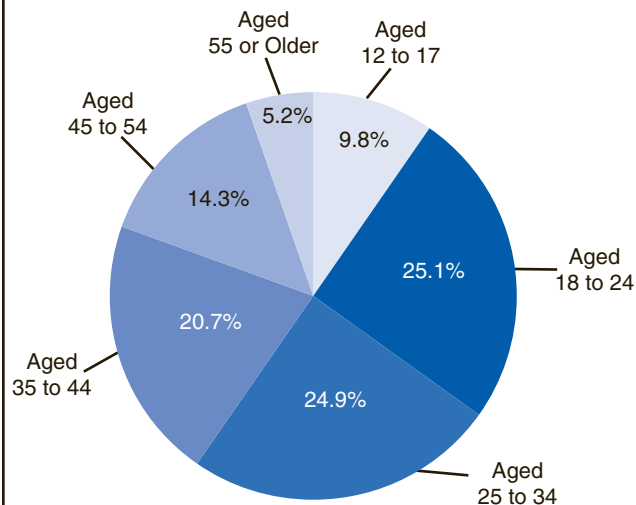
Emergency Department Visits Involving Patients Discharged Back into Police Custody

In Brief

- During 2008, there were nearly 4.4 million drug-related emergency department (ED) visits; of these, 1.8 percent (79,400 visits) resulted in discharge back into police custody
- Illicit drugs were involved in about three fifths (61.6 percent) of these ED visits, with cocaine (24.1 percent), heroin (18.1 percent), and marijuana (17.4 percent) being the three illicit drugs most commonly involved
- Visits resulting in a discharge back into police custody that were made by patients aged 21 or older were more likely than those made by patients younger than 21 to involve cocaine (29.0 vs. 7.9 percent) or pharmaceutical drugs (49.4 vs. 32.1 percent) and were less likely to involve marijuana (12.3 vs. 33.9 percent)

Emergency room personnel treat individuals triaged by the severity of their medical condition, regardless of who accompanies them. Some individuals are brought to the emergency department (ED) by police either for medical evaluations or for immediate medical care. For example, depending on the individual's physical or mental condition upon arrest, police might take an intoxicated arrestee to the ED for a medical clearance to ensure that he or she is fit to spend a night in jail. Also, police may bring to the ED an arrestee who requires immediate medical attention following a drug-related emergency or accident. Medical personnel do not typically make determinations about the custodial status of these patients. Nevertheless, individuals in the custody of police provide a unique window to understanding the types of drugs used by patients who subsequently were discharged from the ED back into police custody and how these patients might vary by demographic characteristics such as gender and age.

Figure 1. Drug-Related Emergency Department (ED) Visits Resulting in Discharge Back into Police Custody, by Age Group: 2008



Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

Data for this study were drawn from the Drug Abuse Warning Network (DAWN), which is a public health surveillance system that monitors drug-related ED visits in the United States. One potential disposition within DAWN is discharge back into police custody. This issue of *The DAWN Report* focuses on visits by patients who were discharged back into police custody in 2008. These cases include patients who were brought to the ED by police and subsequently were released back into police custody (hereafter referred to as “discharge/d into police custody”).

Overview

During 2008, there were nearly 4.4 million drug-related ED visits; of these, 1.8 percent (79,400 visits) resulted in discharge into police custody. One quarter (25.1 percent) of these visits were made by patients aged 18 to 24, one quarter (24.9 percent) were made by patients aged 25 to 34, and one fifth (20.7 percent) were made by patients aged 35 to 44 (Figure 1). About 1 in 10 visits (9.8 percent) were made by patients aged 12 to 17. Nearly three quarters (70.7 percent) of the visits resulting in discharge into police custody were made by male patients (data not shown).

Table 1. Selected Drugs Involved in Emergency Department (ED) Visits Resulting in Discharge Back into Police Custody: 2008

Drug Category	Estimated Number of ED Visits	Percentage of Visits*
Total ED Visits	79,400	100.0
Alcohol**	27,587	34.7
Illicit Drugs	48,881	61.6
Cocaine	19,115	24.1
Heroin	14,379	18.1
Marijuana	13,810	17.4
Stimulants	5,673	7.1
Pharmaceuticals	35,995	45.3
Pain Relievers	16,752	21.1
Narcotic Pain Relievers	13,337	16.8
Drugs for Anxiety or Insomnia	13,264	16.7
Benzodiazepines (e.g., Alprazolam)	12,110	15.3

* Because multiple drugs may be involved in each visit, estimates of visits by drug may add to more than the total, and percentages may add to more than 100 percent.

** The alcohol category includes visits involving alcohol in combination with other drugs for all patients as well as visits involving only alcohol for patients younger than 21. DAWN does not track alcohol only visits for patients aged 21 or older.

Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

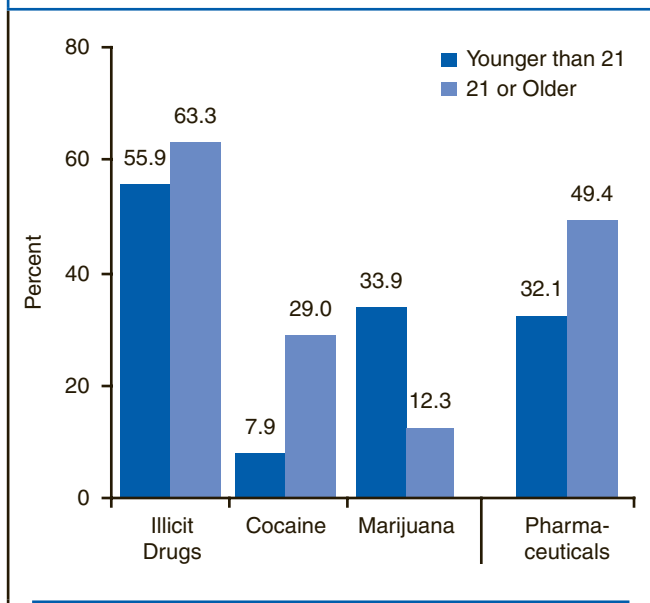
Drugs Involved in ED Visits

Illicit drugs were involved in about three fifths (61.6 percent) of the ED visits made by patients who were discharged into police custody (Table 1). The three illicit drugs most commonly involved were cocaine (24.1 percent), heroin (18.1 percent), and marijuana (17.4 percent).

Alcohol was involved in about one third (34.7 percent) of the visits. However, the number of alcohol-related ED visits resulting in discharge into police custody was probably higher. The alcohol category includes visits involving alcohol taken in combination with other drugs for all patients and visits involving only alcohol for patients younger than 21. DAWN does not track alcohol only visits for patients aged 21 or older.

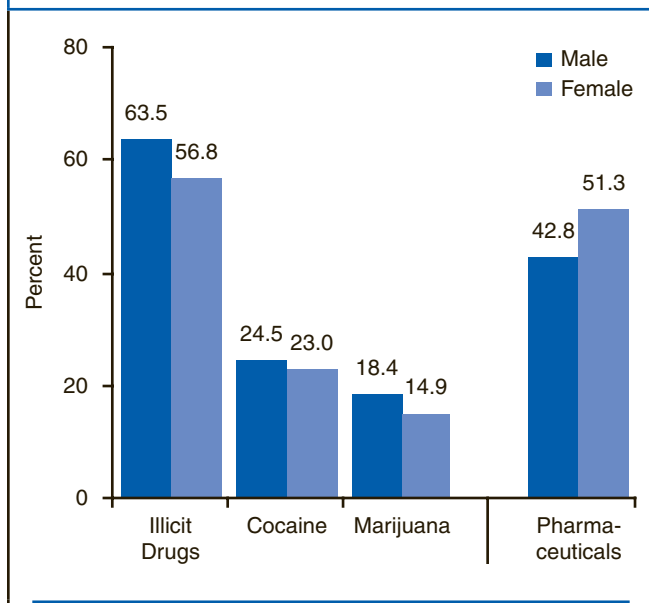
Pharmaceuticals were involved in nearly half (45.3 percent) of the ED visits made by patients discharged into police custody. Pain relievers were involved in 21.1 percent of

Figure 2. Emergency Department (ED) Visits Resulting in Discharge Back into Police Custody, for Selected Drugs, by Age: 2008



Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

Figure 3. Selected Drugs Involved in Emergency Department (ED) Visits Resulting in Discharge Back into Police Custody, by Gender: 2008



Source: 2008 SAMHSA Drug Abuse Warning Network (DAWN).

these visits, with narcotic pain relievers accounting for 16.8 percent. Drugs that treat anxiety or insomnia were involved in 16.7 percent of visits, with benzodiazepines accounting for 15.3 percent.

Drug Involvement by Age and Gender

The drugs involved in the ED visits made by patients who were discharged into police custody varied by age (Figure 2). Visits made by patients aged 21 or older were more likely than those made by patients younger than 21 to involve cocaine (29.0 vs. 7.9 percent) or pharmaceuticals (49.4 vs. 32.1 percent) and were less likely to involve marijuana (12.3 vs. 33.9 percent). Among visits made by patients younger than 21, 61.4 percent involved alcohol.

The drugs involved in ED visits made by patients who were discharged into police custody did not vary by gender (Figure 3). Specifically, 51.3 percent of visits made by females involved pharmaceuticals, and 56.8 percent involved illicit drugs. Among visits made by males, 42.8 percent of those visits involved pharmaceuticals, and 63.5 percent involved illicit drugs.

Discussion

The ED presents a unique opportunity to conduct a screening, brief intervention, and/or treatment referrals for individuals with substance use disorders. This report shows that over three in five drug-related ED visits made by patients who were discharged into police custody involved illicit drugs and nearly half involved pharmaceuticals. In addition to informing police of clinical findings, specific drugs, and possible indications of side effects, ED treatment staff may wish to document information that can help ensure that the patients receive appropriate and timely follow-up care either during or beyond their criminal justice system involvement.

Accurate and complete information about the drugs that individuals use prior to being discharged into police custody may also help treatment providers to monitor emerging drugs, forecast future treatment needs among the criminal justice population, and plan and develop programs tailored to specific demographic groups within this population.

Suggested Citation

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Findings from SAMHSA's 2008 Drug Abuse Warning Network (DAWN)

Emergency Department Visits Involving Patients Discharged Back into Police Custody

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The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related morbidity and mortality. DAWN uses a probability sample of hospitals to produce estimates of drug-related emergency department (ED) visits for the United States and selected metropolitan areas annually. DAWN also produces annual profiles of drug-related deaths reviewed by medical examiners or coroners in selected metropolitan areas and States.

Any ED visit related to recent drug use is included in DAWN. All types of drugs—licit and illicit—are covered. Alcohol is included for adults when it occurs with another drug. Alcohol always is reported for minors even if no other drug is present. DAWN's method of classifying drugs was derived from the Multum *Lexicon*, Copyright 2008 Multum Information Services, Inc. The Multum Licensing Agreement can be found in DAWN annual publications and at <http://www.multum.com/license.htm>.

DAWN is one of three major surveys conducted by the Substance Abuse and Mental Health Services Administration's Office of Applied Studies (SAMHSA/OAS). For more information on other OAS surveys, go to <http://oas.samhsa.gov>. SAMHSA has contracts with Westat (Rockville, MD) and RTI International (Research Triangle Park, NC) to operate the DAWN system and produce publications.

For publications and additional information about DAWN, go to <http://DAWNinfo.samhsa.gov/>.



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