

Healthy People 2010 Operational Definition

26-4. Reduce drug-related hospital emergency department visits.

National Data Source	Drug Abuse Warning Network (DAWN), SAMHSA.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 4.4 (Substance Abuse: Alcohol and Other Drugs).
Changes since the 2000 Publication	Revised baseline (see Comments). Revised baseline year (see Comments). Revised target (see Comments).
Measure	Number of visits.
Baseline (Year)	1,619,054 (2004)
Target	1,044,460
Target-Setting Method	35 percent improvement. For a discussion of target-setting methods, see Part A, section 4.
Numerator	Estimated number of emergency department (ED) visits that were related to drug misuse and abuse (see Comments).
Denominator	Not applicable.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Baseline Data	From the 2004 Drug Abuse Warning Network Emergency Department Report Form: <ul style="list-style-type: none">➤ (Item 5): <u>Age in years</u> <i>Less than one year</i> <i>Not documented</i>➤ (Item 7): <u>Race/Ethnicity</u> (select one or more) <i>White</i> <i>Black or African American</i> <i>Hispanic or Latino</i> <i>Asian</i> <i>American Indian or Alaska Native</i> <i>Native Hawaiian or Other Pacific Islander</i> <i>Not documented</i>

- (Item 10): Substance(s) involved:
 Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.) Do not record the same substance by two different names. Do not record current medications unrelated to the visit.
 [Up to 16 drugs can be provided]
Alcohol involved? Yes No/Not documented
- (Item 11): Type of Case: (Using the decision tree, select the first category that applies)
Suicide attempt
Seeking detox
Alcohol only (age < 21)
Adverse reaction
Overmedication
Malicious poisoning
Accidental ingestion
Other

Expected Periodicity Annual

Comments ED visits related to drug misuse and abuse include any visit involving illegal drugs and/or alcohol as well as visits related to the nonmedical use of pharmaceuticals. Nonmedical use includes patients' exceeding the prescribed or recommended dose of their medication, the use of drugs prescribed for another person, malicious poisoning, or substance abuse. In the *Type of Case* item (see questions, above), this includes overmedication, malicious poisoning, and case type "other" when a pharmaceutical is reported.

The Drug Abuse Warning Network (DAWN) monitors drug-related hospital emergency department (ED) visits for the Nation and for selected metropolitan areas. DAWN relies on a national sample of short-term, general, non-Federal hospitals operating 24-hour EDs, with oversampling in selected metropolitan areas. ED data are weighted to produce national estimates and estimates for selected metropolitan areas.

A DAWN case is any ED visit related to recent drug use, regardless of the motive for using the drug. All types of drugs—illegal drugs, prescription and over-the-counter (OTC) pharmaceuticals, dietary

supplements, and nonpharmaceutical inhalants—are included. Alcohol is included if it is present with another drug. ED visits where alcohol is the only drug are included if the patient is younger than age 21.

In each participating hospital, ED medical records are reviewed retrospectively to find DAWN cases.

DAWN measures the health effects of drug use as reflected in emergency department visits. It is not an indication of the overall prevalence of drug use, misuse and abuse in the U.S. Changes in the trends can occur due to changes in ED access, drug use prevalence, severity of problems associated with the drugs used, or access to other settings of care.

Information on DAWN can be obtained from the SAMHSA Web site: <http://www.samhsa.gov> or from <http://dawninfo.samhsa.gov>

The original baseline and baseline year were revised from 542,544 visits in 1998 to 1,619,054 visits in 2004. Because of the DAWN redesign, implemented in 2003, the estimates from 2002 and earlier should not be compared with the estimates produced in 2004 and later.

The target was proportionally adjusted from 350,000 visits to 1,044,460 visits to reflect the revised baseline using the original target-setting method.

This objective is adapted from Healthy People 2000 objective 4.4 which measured ED visits as a rate per 100,000 population.

See Appendix A for focus area contact information.