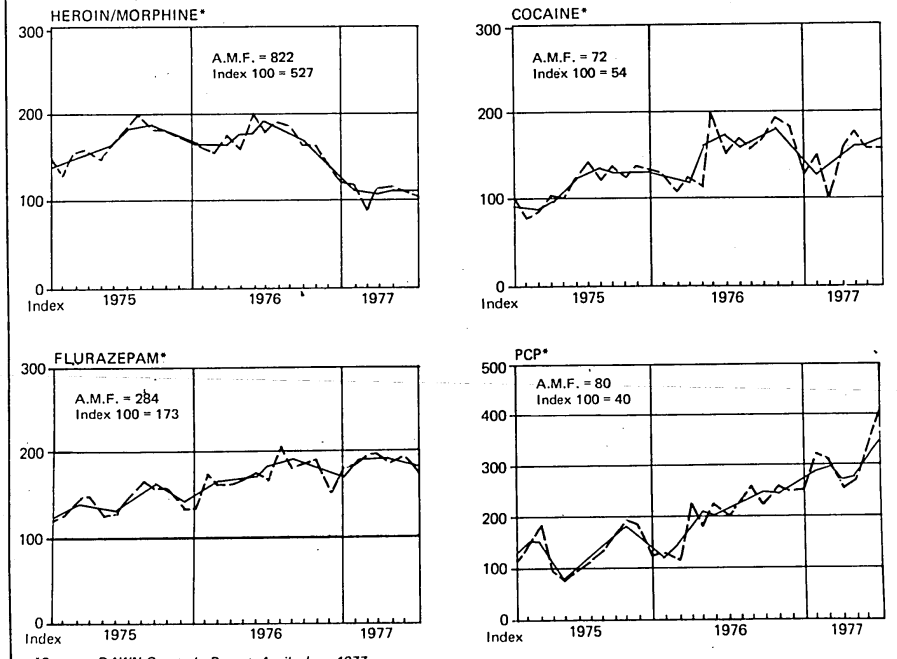
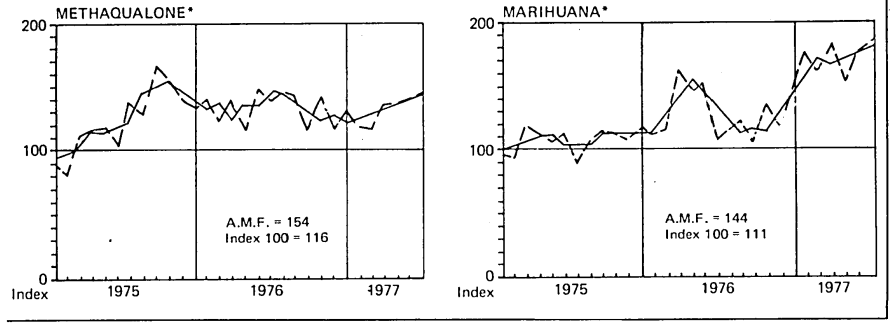
Drug Abuse Trends As Shown By **DAWN** Data
January 1975 - June 1977

A.M.F. = Average Monthly Frequency
—— 3 month moving average
– – Index number



*Source: *DAWN Quarterly Report, April - June 1977*



following reasons: psychic effect, physiological dependence, and attempted or successful self-destruction. For the purposes of this definition, non-medical use means:

a. The use of prescription drugs in a manner inconsistent with accepted medical practice.
b. the use of OTC (over-the-counter) drugs contrary to approved labeling.
c. the use of any other substance (heroin, marihuana, peyote, glue, aerosols, etc.) considered non-medical, and which should be reported with the exceptions of alcohol, caustics, household poisons and other hazardous material, which should be reported only if used in conjunction with another drug, e.g., barbiturates/alcohol, clorox/Diazepam, etc.

Psychic effects include: euphoria, high, kicks, mood alteration, alleviation of unhappiness, sexual enhancement, trips, drug experiences, including experimentation and use for pleasure and fulfillment, use for social or recreational purposes or because of peer pressure.

2. A *drug involved death* may be either:
   a. A *drug induced death* caused by a drug "overdose" where a toxic level is found or suspected, or a death caused by a drug reaction such as an immune reaction or,
   b. A *drug related death* in which a drug(s) is present and is a contributing factor, but not the sole cause of death.

Any incident involving a drug abuse episode or a drug-related death is reportable.

Source of Data

The reporting facilities are concentrated in 24 SMSA's. Of the 24 SMSA's, 20 were "saturated" which indicates an effort was made to solicit participation of all emergency rooms and medical examiners in the DAWN system. In 3 SMSA's (New York, Chicago and Los Angeles), facilities were randomly selected, drawing a sample equal to about 50% of all ER visits occurring within the SMSA.

DEA Use of DAWN

Project **DAWN** data is currently being used within DEA for drug control and scheduling purposes; for following specific drug trends on a regional or local basis (see chart, above and left) for measuring the effectiveness of a drug control action and for allocating resources and staff relative to specific drug problems. Specific examples of the field application of **DAWN** include the following:

- **DAWN** data indicated excessive abuse of Dilaudid in the Philadelphia SMSA. Following the arrest of several "script" doctors in the Philadelphia area, **DAWN** data reflected a noticeable decrease in Dilaudid mentions. Dilaudid ranked second in frequency of drug mentions prior to the arrests and eighth afterwards.
- **DAWN** data about PCP was one of the indicators that assisted Federal and local law enforcers in the identification and elimination of a clandestine laboratory operation in Detroit, Michigan.
- An increase in the **DAWN** mentions for methadone in Texas served to alert area law enforcement agencies to the extent of methadone trafficking there. Independent investigators verified the **DAWN** findings.
- **DAWN** provided some of the first indications that Mandrax, a foreign made methaqualone product, was appearing on the drug abuse scene in this country.

Who Uses DAWN?

Government agencies (DOD, NIDA, FDA) State and local law enforcement agencies, pharmaceutical firms, Single State Agencies,