

The DAWN Report

October 21, 2010

Drug-Related Emergency Department Visits by People Experiencing Homelessness: 2006 to 2008

In Brief

- From 2006 to 2008, an annual average of 59,310 drug-related emergency department (ED) visits were made by people experiencing homelessness
- The majority of drug-related ED visits by persons experiencing homelessness (73.5 percent) involved illicit drugs compared with 23.5 percent of visits by those who were not homeless
- Drug-related ED visits among males experiencing homelessness were more likely to involve alcohol and marijuana compared with females experiencing homelessness; however, cocaine and heroin involvement did not vary by gender
- Following a drug-related ED visit, two fifths of people experiencing homelessness were treated and released (41.2 percent) compared with two thirds (68.4 percent) of those who were not homeless

Physical and behavioral health problems are prevalent and often co-occur among people experiencing homelessness, contributing to both the causes of homelessness and to the other risk factors facing this population. The health problems of people experiencing homelessness are greatly aggravated by their lack of access to health care and medical insurance, lack of appropriate medical documentation, and transience. For people experiencing homelessness, substance abuse, physical and mental health problems, exposure to the elements, and street violence often converge, which may increase the need for emergency care.

The Drug Abuse Warning Network (DAWN) is a public health surveillance system that monitors drug-related ED visits in the United States. DAWN can be used to provide valuable information on the drug-related ED visits made by people experiencing homelessness. To be a DAWN case, the ED visit must have involved a drug, either as the direct cause of the visit or as a contributing factor. For each case, the patient's ZIP Code information was gathered; if no ZIP Code was available, data abstractors recorded whether the patient had no fixed address

(i.e., was experiencing homelessness), lived in an institution, lived outside the United States, or had some other situation. Cases identified as having no fixed address are referred to as “persons experiencing homelessness” in this report.¹ This issue of *The DAWN Report* uses annual averages based on combined 2006 to 2008 data to focus on drug-related ED visits made by people experiencing homelessness; selected comparisons are made with other types of drug-related ED visits made by those who were not homeless.

Overview

Between 2006 and 2008, the annual estimate of drug-related ED visits made by persons experiencing homelessness was 59,310 visits. Most of these ED visits were made by males (71.9 percent) and persons aged 25 to 49 (72.0 percent). The majority of visits by people experiencing homelessness (62.9 percent) were made to publicly funded EDs rather than to private facilities. Among ED visits made by those who were not homeless, only 19.6 percent of visits were made to public facilities.

Drugs Involved in Visits

The majority of drug-related ED visits by people experiencing homelessness (73.5 percent) involved illicit drugs, compared with 23.5 percent of visits by those who were not homeless. Visits made by people experiencing homelessness were more likely than visits by those who were not homeless to involve cocaine (50.6 vs. 12.5 percent), heroin (19.6 vs. 4.5 percent), and marijuana (15.9 vs. 8.1 percent) (Figure 1). Conversely, visits by homeless persons were less likely than visits by their counterparts to involve central nervous system (CNS) drugs (14.2 vs. 34.3 percent), such as pain relievers and drugs to treat anxiety and insomnia. They were also less likely to involve psychotherapeutic drugs (3.9 vs. 8.2 percent) such as antidepressants and antipsychotics.

Figure 1. Selected Drugs Involved in Emergency Department (ED) Visits by People Experiencing Homelessness Compared with Visits by Those Who Were Not Homeless: 2006 to 2008

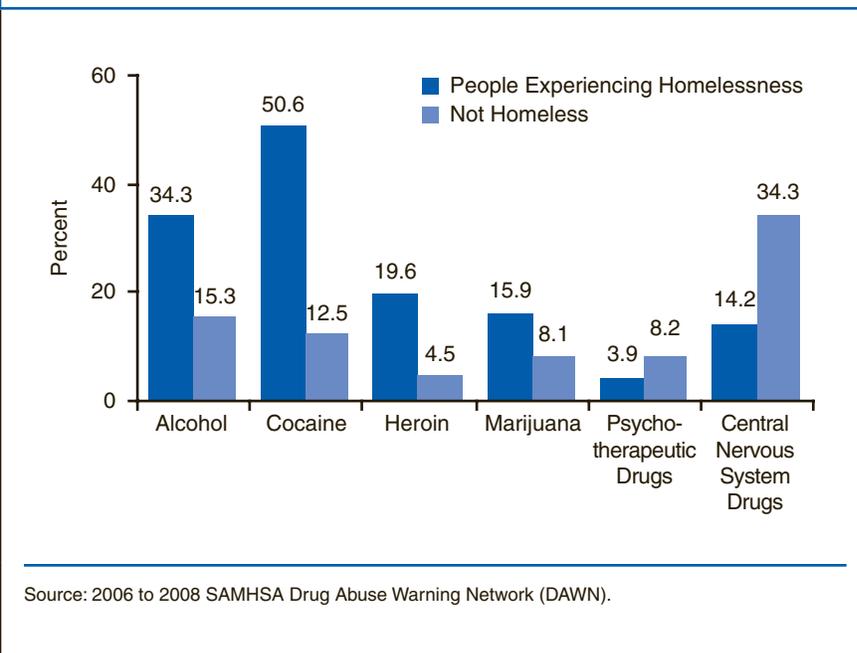


Figure 2. Selected Drugs Involved in Emergency Department (ED) Visits by People Experiencing Homelessness, by Gender: 2006 to 2008

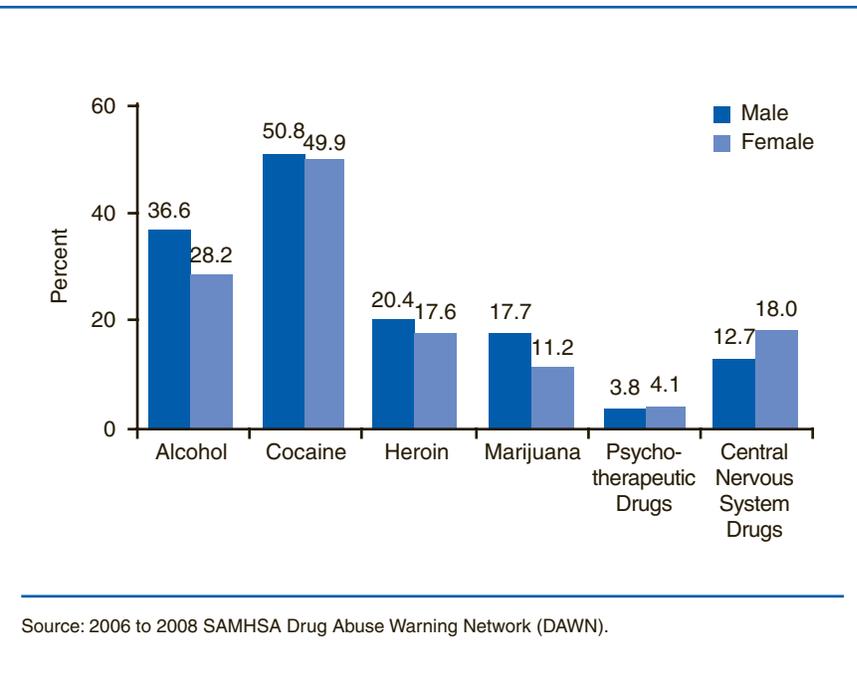
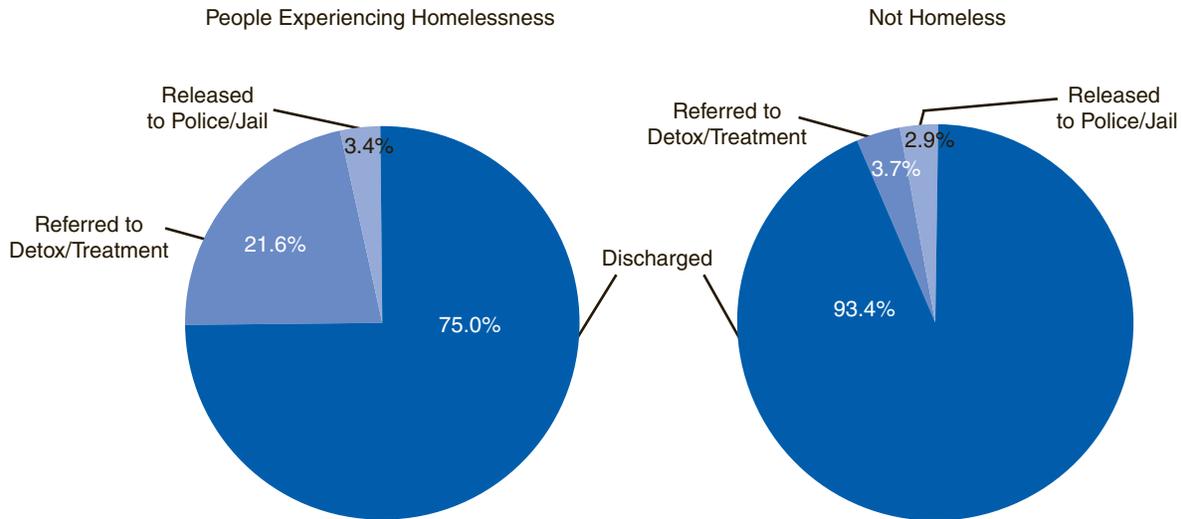


Figure 3. Disposition of Emergency Department (ED) Visits by People Experiencing Homelessness Who Were Treated and Released Compared with Those Who Were Not Homeless: 2006 to 2008



Source: 2006 to 2008 SAMHSA Drug Abuse Warning Network (DAWN).

Combinations of alcohol with other drugs were involved in about one third (34.3 percent) of the visits by people experiencing homelessness compared with 15.3 percent of visits by those who were not homeless. Both of these percentages might underestimate alcohol-related visits because DAWN excludes visits involving only alcohol for patients aged 21 or older.

Drugs Involved in Visits by Gender

Drug-related ED visits among males experiencing homelessness were more likely than visits among females experiencing homelessness to involve alcohol (36.6 vs. 28.2 percent) and marijuana (17.7 vs. 11.2 percent) (Figure 2). However, the involvement of cocaine, heroin, psychotherapeutic drugs, and CNS drugs did not vary by gender.

Disposition of ED Visits

Following a drug-related ED visit, two fifths of people experiencing homelessness were treated and

released (41.2 percent). Among those who were treated and released, three fourths (75.0 percent) were discharged, and one fifth (21.6 percent) were referred to detoxification or other substance use treatment (Figure 3). In contrast, among the vast majority of the population that was not homeless, more than two thirds (68.4 percent) were treated and released. Among those treated and released, 93.4 percent were discharged, and only 3.7 percent were referred to detoxification or other substance use treatment.

Discussion

Thousands of people experiencing homelessness are seen in EDs each year for drug-related causes. From 2006 to 2008, most of these visits involved illicit drugs rather than pharmaceutical drugs; about half of the visits involved use of cocaine. EDs present a unique opportunity to identify members of this vulnerable population and assist them in finding longer-term medical care, housing, and recovery services. Additionally,

ED personnel and social workers within the hospital can coordinate and connect these patients with medical respite, housing, and recovery programs, which have been shown to reduce future hospital utilization and can empower people experiencing homelessness to follow through with referrals to treatment. The links and coordination between medical providers and homeless assistance programs can help to ensure that the medical community is kept up to date on the spectrum of services in their community targeted to one of our country's most vulnerable populations.

End Note

¹ ED visits for which address information was not documented (6.0 percent) were excluded from this analysis.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (October 21, 2010). *The DAWN Report: Drug-Related Emergency Department Visits by People Experiencing Homelessness: 2006 to 2008*. Rockville, MD.

For change of address, corrections, or to be removed from this list, please e-mail: shortreports@samhsa.hhs.gov.

Findings from SAMHSA's 2006 to 2008 Drug Abuse Warning Network (DAWN)

Drug-Related Emergency Department Visits by People Experiencing Homelessness: 2006 to 2008

- From 2006 to 2008, an annual average of 59,310 drug-related emergency department (ED) visits were made by people experiencing homelessness
- The majority of drug-related ED visits by persons experiencing homelessness (73.5 percent) involved illicit drugs compared with 23.5 percent of visits by those who were not homeless
- Drug-related ED visits among males experiencing homelessness were more likely to involve alcohol and marijuana compared with females experiencing homelessness; however, cocaine and heroin involvement did not vary by gender
- Following a drug-related ED visit, two fifths of people experiencing homelessness were treated and released (41.2 percent) compared with two thirds (68.4 percent) of those who were not homeless

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/>.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Substance Abuse & Mental Health Services Administration
Office of Applied Studies
www.samhsa.gov