The Drug Abuse Warning Network (DAWN) is a nationwide public health surveillance system administered by the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Behavioral Health Statistics and Quality. As of October 15, 2020, data are being abstracted from 49 hospitals. Ultimately, the system will include at least 50 non-Federal general hospitals with 24-hour emergency departments (EDs), consisting of 10 sentinel hospitals and 40 probability-sampled hospitals. Data are abstracted directly from hospital electronic health records. DAWN captures data on ED visits related to recent substance use and misuse, such as alcohol use, illicit drug use, suicide attempts, and nonmedical use of pharmaceuticals.

DAWN data can be used to monitor substance misuse trends and serve as an early warning system to identify new psychoactive substances. Since the sample is partial and the data are unweighted, this profile provides only preliminary results that are not generalizable to the US; caution must therefore be exercised in interpreting the data presented here.

ED visits that only involved alcohol for adults, defined as patients ages 21 and older, were added to the DAWN data abstraction protocol in September 2020. Back data abstraction starting with visits occurring in January 2020 is now underway but is not complete for all hospitals. The information provided below summarizes unweighted data from a subset of 17 hospitals that have completed data abstraction on all ED visits related to alcohol from January through August 2020.

The graph above shows substance-related ED visits by substance type for alcohol and the most common illicit substances in hospitals that have completed abstraction of ED visits for adults involving only alcohol for January – August 2020. Among these hospitals during this time period, alcohol was the most common substance involved in these substance-related ED visits (45.1%).

Among the hospitals that have completed abstraction of ED visits for adults involving only alcohol for January – August 2020, ninety-six percent of all alcohol-related ED visits involved patients 21 years or older. Substance-related ED visits may involve more than one substance. Polysubstance use is defined as the use of more than one substance, where at least one substance is an illicit drug or alcohol and may contain pharmaceuticals. Of the 96% of alcohol-related visits for adults, 25.1% were polysubstance visits. Of the 3.8% of alcohol-related visits for patients under 21, 53.5% involved more than one substance.
The graph above shows the percent of weekly alcohol-use related ED visits to total ED visits from the first week of January through August 2020. This period covers the date that COVID-19 was declared a national emergency, the point at which a majority of states announced stay at home orders, to the time these states started lifting their restrictions. Alcohol-related ED visits ranged from 2% to 4% of all ED visits, peaking at 4.2% during the period in which a majority of states announced stay at home orders and when those states started lifting restrictions.

The above graph shows the percent of weekly alcohol use-related ED visits to total ED visits by community type. In this graph, the denominator is all ED visits within each community type. The percent of alcohol-related ED visits increased in all three community types after COVID-19 was declared a national emergency. Urban communities consistently had the highest percentage of weekly alcohol use-related cases compared to suburban and rural communities.