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Collection: Lumpkins, Sharyn: Files
Folder Title: [Drug Abuse Warning Network]
Box: 1

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PRESERVATION CLASSIFICATION COLLECTION RD/FRD NATO SAP

FROM:
Collection WHORM Subject file
Series HE 006-01
File Folder Title/Casefile #/NSC # See below

Box Number TBD

Description of Material:

HE006-01, 700260 – Transferred to Neil Romano collection

HE006-01, 700261 – Transferred to C. Turner collection, [Republican Leadership Meetings, re: Drug Abuse Problem], Box 57

HE006-01, 700262 – Transferred to C. Turner collection, [Republican Leadership Meetings, re: Drug Abuse Problem], Box 57

HE006-01, 700274 – Transferred to Sharyn Lumpkins collection, Box 1

HE006-01, 700275 – Transferred to MacDonald, [ADAMHA Health Task Force Report] Box 6

HE006-01, 700276 – Transferred to MacDonald, "New Jersey", Box 13

TO:
Collection: See List
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700274
HE006-01

Shays

*Call Adams &
tell him
of the solution!*

Dick

THE WHITE HOUSE
WASHINGTON

October 7, 1986

NOTE FOR RICHARD EISINGER
FROM: DICK WILLIAMS *Dick*
SUBJECT: Clearance of DAWN Report

We have reviewed the DAWN proposal and have one comment on the Emergency Room Report form (at Appendix A). Item 9, response 3 (a) should be changed to enclose the word "Recreational" in quotes.

The change is to acknowledge the common use of the word, yet to indicate that it is an undesirable use. With this change, the Drug Abuse Policy Office concurs in the proposed report.

DRUG ABUSE WARNING NETWORK (DAWN)
EMERGENCY ROOM REPORT

1. PROVIDER NUMBER (14-19)

2. CROSS REFERENCE (Facility Use Only)

PATIENT INFORMATION

DRUG/SUBSTANCE INFORMATION

3. DATE OF VISIT (21-24)
Month Day Year

12. CHECK IF ALCOHOL INVOLVED

Yes No

4. TIME OF VISIT (27-31)
Hours Minutes 1 am
2 pm
3 military

13. LIST EACH DRUG/SUBSTANCE NAME (Generic, Trade, or Street) SEPARATELY IN ONE OF THE SPACES BELOW! (Do not list alcohol)

5. AGE (32-33)
6. SEX (34)
1 Male 2 Female

NIDA USE ONLY table with 4 rows and 5 columns for age groups (39-45, 46-52, 53-59, 60-66)

14. MARK (X) IF PATIENT USED MORE THAN 4 DIFFERENT NON-ALCOHOL SUBSTANCES

For each substance listed above, mark (x) one answer in each data item below.

3 PATIENT'S HOME ZIP CODE

ZIP code grid

check as appropriate

Unknown No Fixed Address

8 REASON FOR TAKING SUBSTANCE(S) (36)
(Mark (X) one response)

- 1 Dependence
- 2 Suicide Attempt or Gesture
- 3 Psychic Effects:
a. Recreational Use (e.g. to get high, kicks)
b. Other Psychic Effects (See reverse side)
- 4 Other Reasons: Specify

9 REASON FOR PRESENT CONTACT (37)

- a) Was this an overdose?
 yes no
- b) If no, mark one response
 Unexpected Reaction
 Chronic Effects
 Withdrawal
 Seeking Detoxication
 Accident/Injury
 UNKNOWN
 Other

15. FORM IN WHICH DRUG WAS ACQUIRED

Table with 4 columns (10-11, 12-13, 14-15, 16-17) and 12 rows of drug forms (01-12)

16. ROUTE OF ADMINISTRATION

Table with 4 columns (18, 19, 20, 21) and 7 rows of administration routes (1-7)

17. SOURCE OF SUBSTANCE

Table with 4 columns (22, 23, 24, 25) and 5 rows of substance sources (1-5)

DISPOSITION FROM EMERGENCY ROOM

- 1 Treated and Released or Referred
- 2 Admitted to this or any hospital
- 3 Left Against Medical Advice
- 4 Died

26-55 CODED REMARKS grid

24841

DRUG ABUSE WARNING NETWORK (DAWN)
MEDICAL EXAMINER REPORT

1. PROVIDER NUMBER (14-19)		2. CROSS REFERENCE (Facility Use Only)	
3. DATE OF DEATH (21-26)	Month	Day	Year
		4. DRUG INVOLVED DEATH (27)	1 <input type="checkbox"/> Presumed 2 <input type="checkbox"/> Conf

INFORMATION ON DECEASED

5. AGE (28-29)		6. SEX (30)	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
7. RACE (31)		8. DECEDENT'S HOME ZIP CODE	
1 <input type="checkbox"/> White, not of Hispanic Origin 2 <input type="checkbox"/> Black, not of Hispanic Origin 3 <input type="checkbox"/> Hispanic 4 <input type="checkbox"/> American Indian or Alaskan Native 5 <input type="checkbox"/> Asian or Pacific Islander 6 <input type="checkbox"/> Unknown 7 <input type="checkbox"/> Other		<input type="checkbox"/> Unknown <input type="checkbox"/> No Fixed check as appropriate	

9. CAUSE OF DEATH (32)

1 Direct - Single Drug Cause
 2 Direct - Multiple Drug Cause
 3 Combination With Physiological Condition
 4 Combination with External Physical Event
 5 Combination with Medical Disorder Probably Drug Caused

10. MANNER OF DEATH (33)

1 Accidental/Unexpected
 2 Suicide
 3 Homicide
 4 Undetermined

FACTORS SUPPORTING CAUSE OF DEATH DETERMINATION (35-40)

1 Toxicological Lab Report
 2 Autopsy
 3 Inspection of Scene of Death
 4 External Physical Signs
 5 Statement of Hospital/Family/Friends
 6 Other (Specify)

12. DAWN LOG SHEET DATE

Month / Day / Year

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DRUG/SUBSTANCE INFORMATION

13. LIST EACH DRUG/SUBSTANCE NAME IN ONE OF THE SPACES BELOW.

NIDA USE ONLY	(10-16)	
	(17-23)	(24-30)
1		
2		
3		
4		
5		
6		

14. For each substance listed, mark (X) one answer in each data item.

ROUTE OF ADMINISTRATION	SUBSTANCE				
	1 (64)	2 (65)	3 (66)	4 (67)	5 (68)
Oral	1				
Injection	2				
Inhaled	3				
Smoked (includes Freebase)	4				
Sniffed, Snorted	5				
Unknown	6				
Other	7				

15. FORM IN WHICH DRUG WAS FOUND

	SUBSTANCE					
	1 (52-53)	2 (54-55)	3 (56-57)	4 (58-59)	5 (60-61)	6 (62-63)
Tab/Cap/Pill	01					
Aerosol	02					
Liquid (oral)	03					
Powder/Crystal	04					
Paper	05					
Pieces/Chunks	06					
Injectable Liquid	07					
Cigarette	08					
Plant Material	09					
No material Found	10					
Unknown	11					
Other	12					

16. LAB TEST USED TO IDENTIFY DRUG

CARD 3

DRUG #	FINDINGS (List test methods, specimen and findings for each drug listed)
10	
11	
12	
13	
14	