
APPENDIX A

DAWN MORTALITY DATA COLLECTION

DAWN data collection

DAWN mortality data are collected in participating medical examiner and coroner (ME/C) offices through a retrospective review of case records for every death investigated by the ME/C. Families are never interviewed. The review of source records is performed by a trained DAWN reporter in each member facility. Depending on the needs of the facility, the DAWN reporter may be an employee of the death investigation jurisdiction or an employee of the DAWN operations contractor.

Within each facility that participates in DAWN, the designated DAWN reporter reviews all death records to identify deaths related to drug use. The DAWN reporter submits an electronic case report to the DAWN system for each death that meets the specific case selection criteria.

Deaths eligible for DAWN

A DAWN case is any death related to recent drug use. DAWN includes deaths associated with substance abuse and misuse, both intentional and accidental. This includes the use of drugs for legitimate therapeutic purposes. To be a DAWN case, the relation between the death and the drug need not be causal; the drug needs only to be implicated in the death. Only recent drug use is included, and the reason that a patient used a drug is irrelevant.

The case criteria are intended to be broad and inclusive and to have few exceptions. Broad criteria take into account the fact that documentation in death records varies in clarity and comprehensiveness across ME/Cs. Broad criteria minimize the potential for judgments that could cause data to vary systematically and unexpectedly across reporters and jurisdictions. In addition, broad criteria are designed to capture a very diverse set of drug-related deaths, which can be aggregated and disaggregated to serve a variety of analytical purposes and the interests of multiple audiences.

There are some clearly delineated exceptions to the DAWN case criteria. A death is not a DAWN case if:

- There was no evidence of recent drug use.
- The death was not processed by an ME/C.
- The decedent was a drug user but died of natural causes unrelated to the drug use.
- The decedent was a homicide victim, but the method of homicide was not poisoning by drugs.
- The decedent consumed a nonpharmaceutical substance but did not inhale it.
- The death involved inhalation of carbon monoxide and no other reportable substance.
- The decedent had a history of drug use but no recent use.
- Alcohol was the only substance involved, and the decedent was an adult (age 21 or over).
- The only documentation of drug involvement was in toxicology test results.

- The only drugs listed (e.g., current medications) were not related to the death.
- The death was a consequence of undermedication (taking too little of a drug).

Data items collected by DAWN

The case report form showing all the data items collected by DAWN is provided in Figure A-1. This is a representation of the form on paper, whereas all DAWN data are submitted electronically. The electronic system, for example, permits the submission of more drugs than are shown on the paper form.

Manner of death in DAWN

Manner of death is a particularly important part of the death records because it is used to determine if the death is a case of drug misuse or abuse. As depicted in Figure A-2, DAWN decision tree, each death is assigned to one of seven manners of death, as follows:

- Suicide,
- Homicide by drugs,
- Adverse reaction to medication,
- Overmedication,
- Accidental ingestion,
- All other accidental, and
- Could not be determined.

Each DAWN case is assigned to one, and only one, of the seven manner of death categories based on the series of questions and decision rules depicted in the decision tree. Starting at the top, each case is assigned to the first manner of death that applies, even if the case might also meet the rules for a subsequent category. The seven categories were ordered with this in mind.

The final two categories, "All other accidental" and "Could not be determined," were designed to capture all of the drug-related deaths that could not be classified in any of the prior case types. "Could not be determined" cases include those that are ruled by the ME/C explicitly as "could not be determined" (i.e., the evidence was inconclusive with regard to whether the death was accidental, suicide, or homicide).

Figure A-1. DAWN case form

FOR SAMHSA USE ONLY
FORM NUMBER

Department of Health and Human Services ■ Substance Abuse and Mental Health Services Administration

Drug Abuse Warning Network (DAWN)

Medical Examiner Case Form

FORM APPROVED
OMB. NO. 0930-0078
EXPIRES 12/31/2005

1. Facility ID

2. Cross-reference (for facility use only) XXXXXXXXXX

INFORMATION ON DECEASED

3. Date of Death

MONTH DAY YEAR

4. Sex

Male
 Female
 Not documented

5. Age

Less than 1 year
 Not documented

6. ZIP Code of Decedent's Last Residence

Otherwise, mark [x] one:
 No fixed address (e.g., homeless)
 Institution (e.g., shelter/jail/ hospital)
 Not documented

7. Place of Death

Mark [x] one:

01 Emergency department
 02 Other health care facility
 03 Decedent's home
 04 Public place
 96 Other
 98 Not documented

8. ZIP Code for Place of Death

Not documented

9. Race/Ethnicity

Mark [x] one or more:

White
 Black or African American
 Hispanic or Latino
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Not documented

10. Factors Supporting DAWN Case Determination

Check all that apply:

Death certificate
 Toxicology lab report
 Autopsy
 External physical signs
 Inspection of scene of death
 Statement of physician/family/friends
 Other information

11. Cause of Death List the chain of events causing the death. Do not abbreviate. Do not use ICD codes.

(Part I) Immediate cause:

As a result of _____

As a result of _____

As a result of _____

(Part II) Other significant conditions:

12. Manner of Death

Mark [x] one:

01 Suicide
 02 Homicide by drugs
 03 Adverse reaction to medication
 04 Overmedication
 05 Accidental ingestion
 06 All other accidental
 98 Could not be determined

13. Drug Involvement in Death

Mark [x] one:

1 Drug-induced: drug(s) directly caused the death
 2 Drug-related: drug(s) contributed to the death
 If drug-related, mark one:
 1 confirmed
 2 presumed

14. Substance(s) Involved Using available documentation, list all substances that caused or contributed to the death. 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.

Substance (record verbatim)

			1	2	3	4	5	8
1		<input type="checkbox"/>						
2		<input type="checkbox"/>						
3		<input type="checkbox"/>						
4		<input type="checkbox"/>						
5		<input type="checkbox"/>						
6		<input type="checkbox"/>						
7	Alcohol involved? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 8 Not documented	<input type="checkbox"/>						

Route of Administration

Circle one:

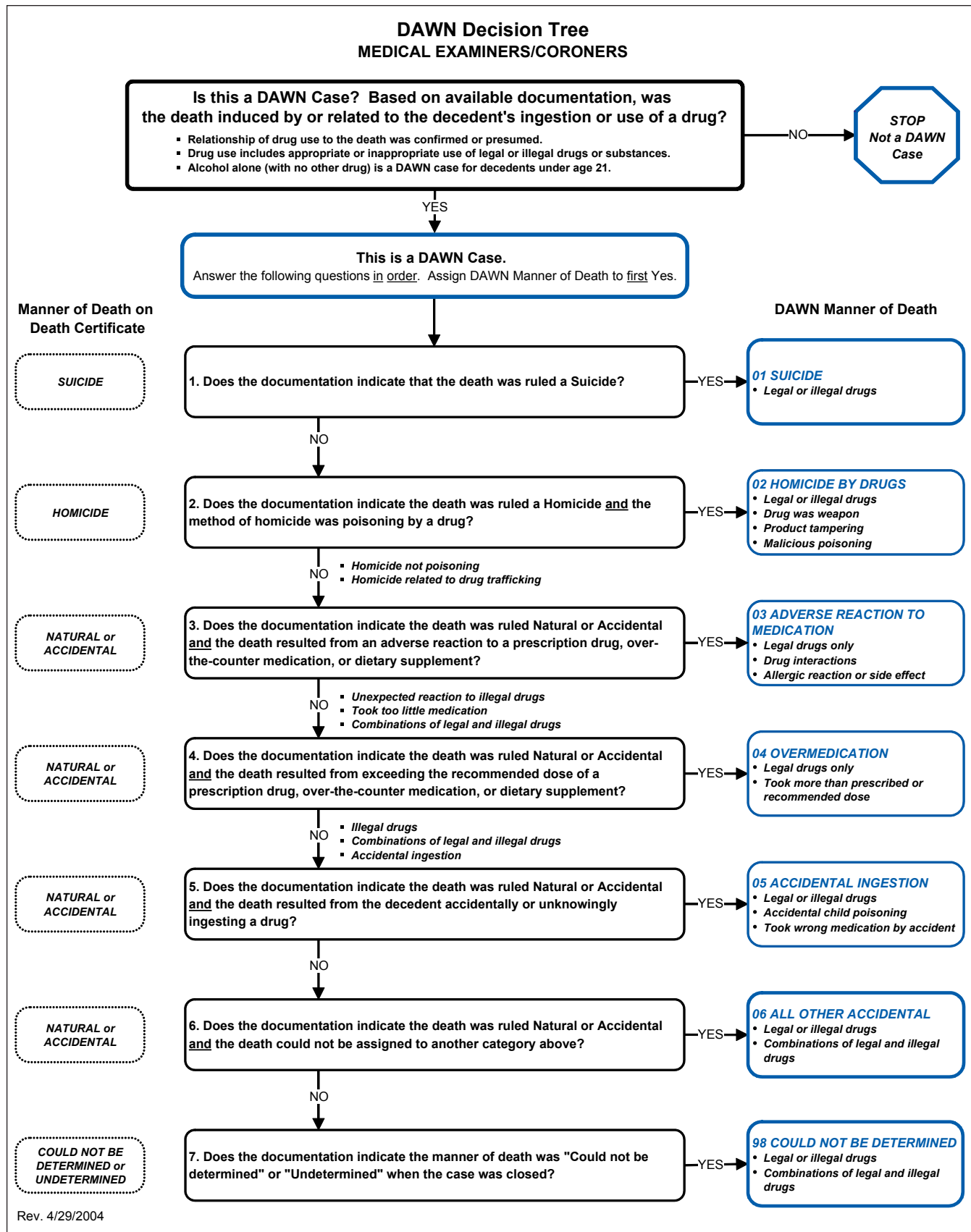
	Oral	Injected	Inhaled, sniffl	Smoked	Other	Not documented
1						
2						
3						
4						
5						
8						

SAMHSA USE ONLY

SMA 100-2 REV. 12/2002

SEE BURDEN STATEMENT ON BACK

Figure A-2. DAWN decision tree



Drugs included in DAWN

DAWN includes all types of drugs.¹ Drugs in DAWN include:

- Illegal drugs, such as heroin, cocaine, marijuana, and Ecstasy;
- Prescription drugs, such as Prozac®, Vicodin®, OxyContin®, alprazolam, and methylphenidate;
- Over-the-counter (OTC) medications, including aspirin, acetaminophen, ibuprofen, and multi-ingredient cough and cold remedies;
- Dietary supplements, including vitamins, herbal remedies, and nutritional products;
- Psychoactive, nonpharmaceutical inhalants;
- Alcohol in combination with other drugs; and
- Alcohol alone, in patients aged less than 21 years.

To be reportable, a nonpharmaceutical substance must be consumed by inhalation, sniffing, or snorting, and it must have a psychoactive effect when inhaled. A death involving inhalation of a nonpharmaceutical, psychoactive substance and no other drug qualifies as a DAWN case. Carbon monoxide is excluded from the inhalants, as noted above. Deaths involving accidental exposures (e.g., exposure to paint fumes while painting a closet) are excluded as well.

DAWN features that enhance data quality and reliability

Several methods are used to improve the quality and reliability of DAWN data. These include:

- Case finding by a retrospective review of death records for every death investigated by a participating ME/C;
- Electronic reporting with automated prompts and data validation;
- Elimination of incidental drug reporting;
- Accurate, specific, and nonredundant drug reporting;
- Inclusion of data items to identify drugs confirmed by laboratory testing;
- Rigorous training and certification of DAWN reporters; and
- In-house review and cleaning of DAWN case reports.

Participation of medical examiners and coroners

ME/Cs participate in DAWN on a voluntary basis and constitute neither a sample nor a census of ME/Cs in the United States. ME/Cs are invited to join DAWN based on their location in selected metropolitan areas. Recruitment efforts focus primarily on areas where DAWN data are also collected from hospital emergency departments. In addition to recruitment targeted at metropolitan areas, DAWN has added States with centralized ME/C systems to gain a better understanding of drug-related mortality outside of the targeted metropolitan areas.

In this publication, the terms “death investigation jurisdiction” (or, simply, “jurisdiction”) and “county” are used

¹ The classification of drugs used in DAWN is derived from the Multum Lexicon, © 2008, Multum Information Services, Inc. The classification schema was modified to meet DAWN’s unique requirements. The Multum Licensing Agreement governing use of the Lexicon is provided in Appendix C and can be found on the Internet at <http://www.multum.com/>.

interchangeably because ME/Cs' offices are typically organized by county. One exception occurs in Niagara County, NY, which is divided into four districts. For reporting purposes, the four districts that make up Niagara County, NY, are treated collectively as a single jurisdiction. For participating states, every county or jurisdiction within each state is included in DAWN.

Metropolitan area definitions

The metropolitan area definitions used in this publication are those established by the Office of Management and Budget (OMB) based on the 2000 U.S. Census as updated in 2003.² OMB issues annual updates to the boundaries and names of metropolitan areas. DAWN Area Mortality reports use the name that was current during the data collection year. While there have been several name changes, changes in metropolitan statistical area boundaries since 2003 have not altered the metropolitan areas reported on in this publication.

² Office of Management and Budget, Revised Definitions of Metropolitan Statistical Areas, New Definitions of Micropolitan Statistical Areas and Combined Statistical Areas, and Guidance on Uses of the Statistical Definitions of These Areas, Bulletin No. 03-04, June 6, 2003. (Available at <http://www.whitehouse.gov/omb/bulletins/b03-04.html>.)

APPENDIX B

GLOSSARY OF TERMS

This glossary defines terms used in data collection activities, analyses, and publications associated with the mortality component of DAWN.

Accidental ingestion: This category includes deaths resulting from accidentally or unknowingly ingesting a drug, as denoted by a medical examiner or coroner (ME/C).

Adverse reaction to medication: This category was designed to capture natural or accidental deaths as the result of an adverse reaction to a prescription drug, over-the-counter (OTC) medication, or dietary supplement.

All other accidental: See **Drug misuse/abuse**.

Body systems: Refers to neurological, cardiovascular, gastrointestinal, genitourinary, respiratory, musculoskeletal, skin and soft tissue, lymphatic, endocrine, head and neck, abdominal, or multisystem conditions identified in the chain of events that led to the drug-related death. (See also **Cause of death**.)

Case type: See **Manner of death**.

Cause of death: The chain of events (diseases, injuries, or complications) that caused the death, as recorded on the death certificate. A death can have multiple causes. The immediate cause is listed first and is followed by contributing causes listed sequentially, ending with the underlying cause. Other significant conditions that contributed to the death are listed separately.

Coroner (C): Death investigation jurisdictions typically use either a medical examiner (ME) system or a coroner system. Unlike MEs, coroners need not be physicians; usually, the only prerequisite for serving as a coroner is that the individual be more than 18 years of age and a resident of the county or district to be served. Coroners are typically elected rather than appointed. They may have jurisdiction over counties or districts within States. (See also **Jurisdiction** and **Medical examiner**.)

Could not be determined: See **Drug misuse/abuse**.

Drug: This refers to a substance that was recorded in a DAWN case report. Substances accepted by DAWN include alcohol, illicit drugs, prescription and OTC pharmaceuticals, dietary supplements, and nonpharmaceutical inhalants. Multiple substances (“drugs”) can be reported for each DAWN case. Therefore, the total number of drugs exceeds the total number of DAWN cases reported. (See also **Single-drug case**.)

Drug category: A generic grouping of related pharmaceuticals or other substances reported to DAWN, based on the classification of Multum Information Services. Multum, a subsidiary of the Cerner Corporation, is a developer of clinical drug information systems and a drug knowledge base. (More information is available at <http://www.multum.com/>.) In general, the Multum categories follow the therapeutic uses for prescription and OTC pharmaceuticals.

Additional clarification is provided for the following drug categories:

- *Alcohol alone*—DAWN collects data on alcohol when used alone only if the decedent is under age 21.
- *Alcohol-in-combination*—“Alcohol-in-combination” is the category for alcohol present in combination with another reportable substance (or substances). DAWN does not gather data on alcohol used alone if the decedent is over age 21. For decedents 21 or older, alcohol must be used with another substance to be reported. “Alcohol-in-combination” is reportable for all ages.
- *Stimulants*—This category includes amphetamines and methamphetamine. Since some drug screens test for amphetamines only as a class, an amphetamine-positive result could indicate amphetamine or methamphetamine. For this reason, amphetamines and methamphetamine are combined for analysis into the category “stimulants.” This category does not include other central nervous system stimulants, such as caffeine or methylphenidate.
- *Inhalants*—This category includes anesthetic gases and psychoactive nonpharmaceutical substances for which the documented route of administration was inhaled, sniffed, or snorted. Accidental exposures to nonpharmaceutical inhalants (e.g., being overcome by paint fumes while painting a closet) are no longer included as DAWN cases. Psychoactive nonpharmaceuticals fall into one of the following three categories: (1) **volatile solvents**—adhesives (model airplane glue, rubber cement, household glue), aerosols (spray paint, hairspray, air freshener, deodorant, fabric protector), solvents and gases (nail polish remover, paint thinner, correction fluid and thinner, toxic markers, pure toluene, cigar lighter fluid, gasoline, carburetor cleaner, octane booster), cleaning agents (dry cleaning fluid, spot remover, degreaser), food products (vegetable cooking spray; dessert topping spray, such as whipped cream or “whippets”), and gases (butane, propane, helium); (2) **nitrites**—amyl nitrites (“poppers,” “snappers”) and butyl nitrites (“rush,” “locker room,” “bolt,” “climax,” video head cleaner); and (3) **chlorofluorohydrocarbons** (freons). Anesthetic gases (e.g., nitrous oxide, ether, chloroform) are presumed to have been inhaled.
- *Opiates/opioids*—This category includes opiates (narcotic substances derived from opium) and opioids (semisynthetic and synthetic substances with similar narcotic properties). The category is subdivided into (1) **heroin (specified)**—includes only specific reports of heroin; (2) **methadone**—whether used in the treatment of opiate addiction or pain; and (3) **all other opiates/opioids**—includes nonspecific reports of “opiates” and specific named substances, such as codeine, morphine, fentanyl, hydrocodone, oxycodone, and others.

Drug misuse/abuse: A group defined broadly to include deaths related to drug misuse or abuse. Additional clarification is provided for the following manners of death:

- *Overmedication*—This category was designed to capture nonmedical use, overuse, and misuse of prescription and OTC medications when this use was not documented as drug abuse.

- *Homicide by drug*—This category was designed to capture malicious poisonings; that is, the decedent was administered a drug by another person for a malicious purpose. Only cases assigned a manner of death by homicide by the ME/C are classified in this category.
- *All other accidental*—This category includes all deaths denoted by the ME/C as natural or accidental that could not be assigned to any other case type. By design, most deaths of documented drug abuse will fall into this category.
- *Could not be determined*—This category includes all deaths with a manner of death denoted by the ME/C as could not be determined. This manner of death is assigned by the ME/C when a definitive ruling of suicide, homicide, natural, or accidental death is not possible.

Drug-related death: Any death related to recent drug use. To be a DAWN case, a drug needs only to be implicated in the death; the drug does not have to have caused the death. Even if only one drug is reported, it should not be assumed that the substance was the sole and direct cause of the death. (See also **Single-drug case**.) Drug-induced deaths are those for which the drug(s) directly caused the death.

Homicide: See **Drug misuse/abuse**.

Jurisdiction: DAWN uses the term “jurisdiction” to mean the geographic area for which an ME/C’s office is responsible. The terms “death investigation jurisdiction” (or, simply, “jurisdiction”) and “county” are used interchangeably because ME/Cs’ offices are typically organized by county. The one exception occurs in Niagara County, NY, which is divided into four districts. For reporting purposes, the four districts that make up Niagara County, NY, are treated collectively as a single jurisdiction. Some States are organized in single statewide jurisdictions. DAWN disaggregates state-level returns by county for the purpose of reporting data at the county and metropolitan levels.

Differences in death investigation procedures are often associated with whether the jurisdiction has a medical examiner system or a coroner system. In addition, there are nearly always some differences in death investigation procedures across States. Differences in death investigation procedures limit the comparability of DAWN ME/C findings.

Manner of death: A classification used to group similar DAWN cases. Each case is coded into one and only one category, the first that applies from the following hierarchy: “Suicide,” “Homicide by drugs,” “Adverse reaction to medication,” “Overmedication,” “Accidental ingestion,” “All other accidental,” and “Could not be determined.” The manner of death categories used by DAWN draw from but do not duplicate the manner of death recorded on the death certificate. Figure A-2 depicts the classification hierarchy graphically and provides additional detail on what is included in each category.

Medical examiner (ME): Death investigation jurisdictions typically use either a medical examiner (ME) system or a coroner (C) system. Most medical examiners are licensed physicians or forensic pathologists and are generally appointed (rather than elected). They may have jurisdiction over a county, district, or an entire State. (See also **Coroner** and **Jurisdiction**.)

Metropolitan area: An area comprising a relatively large core city or cities and the adjacent geographic areas.

Conceptually, these areas are integrated economic and social units with a large population center. Unless otherwise noted, metropolitan area analyses prepared by DAWN utilize the boundaries established by the Office of Management and Budget (OMB) as updated in 2003.

Overmedication: See **Drug misuse/abuse**.

Place of death: The location that best describes where the death occurred. The place of death categories on the DAWN data collection form are:

- *Emergency department*—The death occurred in a hospital emergency department.
- *Other health care facility*—The death occurred in a hospital unit other than an emergency department, nursing home, hospice, or any other health care institution in which the decedent was receiving care.
- *Decedent's home*—The death occurred at the decedent's home, apartment, or other dwelling.
- *Other*—The location of death was documented in the source record but does not fit into any of the preceding categories.
- *Not documented*—The location of death was not available in the source record.

Race/ethnicity: OMB is responsible for standard protocols for the collection of data on race and ethnicity by federal systems, including DAWN. In October 1997, OMB issued a revised standard protocol that permitted separate reporting of race and Hispanic ethnicity; the ability to capture more than one race for an individual; modifications in nomenclature (e.g., "Black" was changed to "Black or African American"); division of certain categories ("Asian or Pacific Islander" was split into two categories, "Asian" and "Native Hawaiian or Other Pacific Islander"); and elimination of the "Other" category. For data collections such as DAWN, where self-identification of the individual is not feasible, the revised OMB protocol permits a combined format, whereby race and Hispanic ethnicity are recorded in a single data item that could still record multiple entries for race, Hispanic ethnicity, or both.

Since January 2003, DAWN has collected data on race/ethnicity using the combined format. The race/ethnicity categories on the DAWN data collection forms are as follows:

- *White*—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- *Black or African American*—A person having origins in any of the black racial groups of Africa.
- *Hispanic or Latino*—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- *Asian*—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- *American Indian or Alaska Native*—A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- *Native Hawaiian or Other Pacific Islander*—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- *Not documented*—Used when documentation of race is not available from source records.

Despite the increased detail allowed by these categories and by the provision for multiple entries, the actual race/ethnicity data reported to DAWN is quite limited because race and ethnicity are often not documented with this level of specificity in patient or decedent records. As a result, the classification used to tabulate DAWN data has a more limited set of categories, as follows:

- *White*—Anyone meeting the definition of white (above). Those who are identified as white and Hispanic are classified as Hispanic.
- *Black*—Anyone meeting the definition of black or African American (above). Those who are identified as black or African American and Hispanic are classified as Hispanic.
- *Hispanic*—Anyone whose ethnicity is Hispanic or Latino (above) is placed in the category Hispanic, regardless of race.
- *Race/ethnicity NTA*—This includes those categories that are too small to report independently, including two or more races; American Indian or Alaska Native; Asian; and Native Hawaiian or Other Pacific Islander.
- *Unknown*—Race/ethnicity is unknown. Those who are identified only as Hispanic are classified as Hispanic.

Single-drug case: A single-drug case is one in which only one drug was involved. Because multiple substances may be recorded for each DAWN case (see **Drug**), readers should be cautious in interpreting the relationship between a given drug and the number of associated visits or deaths. For example, if the source record for a patient or decedent documented marijuana use, this does not mean that marijuana was the only drug involved in the visit or death or that marijuana caused the visit or death. One should always consider whether and how many other drugs were used in combination. Even then, attributing a causal relationship between the visit or death and a particular drug may not be possible. DAWN captures single-drug visits or deaths involving alcohol only if the decedent was younger than age 21.

Suicide: This category includes cases denoted by the ME/C as suicide if the decedent took his or her own life and legal or illegal drugs had been involved; drug use need not have been the cause of death.

Toxic effects: Injury, illness, or damage that can be attributed to the ingestion of a drug. (See also **Cause of death**.)

APPENDIX C

MULTUM LEXICON END-USER LICENSE AGREEMENT

1. Introduction

A. This License Agreement (the "License") applies to the Multum Lexicon database (the "Database"). This License does not apply to any other products or services of Cerner Multum, Inc. ("Multum"). A "work based on the Database" means either the Database or any derivative work under copyright law; i.e., a work containing the Database or a substantial portion of it, either verbatim or with modifications. A translation of the Database is included without limitation in the term "modification". Each end-user/licensee is addressed herein as "you".

B. Your use of the Database acknowledges acceptance of these restrictions, disclaimers, and limitations. You expressly acknowledge and agree that Multum is not responsible for the results of your decisions resulting from the use of the Database, including, but not limited to, your choosing to seek or not to seek professional medical care, or from choosing or not choosing specific treatment based on the Database.

C. Every effort has been made to ensure that the information provided in the Database is accurate, up-to-date, and complete, but no guarantee is made to that effect. In addition, the drug information contained herein may be time sensitive.

D. Multum does not assume any responsibility for any aspect of healthcare administered or not administered with the aid of information the Database provides.

2. Terms and Conditions for Copying, Distribution and Modification

A. You may copy and distribute verbatim copies of the Database as you receive it, in any medium, provided that you conspicuously and appropriately publish on each copy an appropriate copyright notice and disclaimer of warranty; keep intact all the notices that refer to this License and to the absence of any warranty; and give any other recipients of the Database a copy of this License (the readme.txt file) along with the Database and anything else that is part of the package, which should be identified.

B. You may modify your copy or copies of the Database or any portion of it to form a derivative work, and copy and distribute such modifications or work under the terms of Section 2.A. above, provided that you also meet all of these conditions:

i) You must cause the modified files to carry prominent notices stating that they are derived from the Multum Lexicon database from Cerner Multum, Inc. and that you changed the files and the date of any change(s).

ii) If you incorporate modified files into a computer program, you must cause it, when started running for interactive use in the most ordinary way, to print or display an announcement including an appropriate copyright notice, a notice that you have modified the Multum Lexicon database from Cerner Multum, Inc., and a notice that there is no warranty (or that you provide the warranty) and telling the user how to view a copy of this License.

C. It is not the intent of this section to claim rights or contest your rights to work written entirely by you; rather, the intent is to exercise the right to control the distribution of derivative or collective works based on the Database.

D. You may copy and distribute the Database (or a work based on it, under Section 2.B.) in an encoded form under the terms of Sections 2.A. and 2.B. above provided that you also do one of the following:

- i) Accompany it with the complete corresponding machine-readable plain text, which must be distributed under the terms of Sections 2.A and 2.B. above on a medium customarily used for software interchange; or,
- ii) Accompany it with a written offer to give any third party, for no charge, a complete machine-readable copy of the Database (and the entirety of your derivative work based on it, under Section 2.B.), to be distributed under the terms of Sections 2.A. and 2.B. above on a medium customarily used for software interchange.

E. You may not copy, modify, sublicense, or distribute the Database except as expressly provided under this License. Any attempt otherwise to copy, modify, sublicense or distribute the Database will automatically terminate your rights under this License. However, parties who have received copies, or rights, from you under this License will not have their licenses terminated so long as such parties remain in full compliance.

F. You are not required to accept this License. However, nothing else grants you permission to copy, modify or distribute the Database or its derivative works. These actions are prohibited by law if you do not accept this License. Therefore, by copying, modifying or distributing the Database (or any work based on the Database), you indicate your acceptance of this License to do so, and all its terms and conditions for copying, distributing or modifying the Database or works based on it.

G. Each time you redistribute the Database (or any work based on the Database), the recipient automatically receives a license from Multum to copy, distribute or modify the Database subject to these terms and conditions. You may not impose any further restrictions on the recipients' exercise of the rights granted herein. You are not responsible for enforcing compliance by third parties to this License.

3. Disclaimer of Warranties; Limitation of Damages

A. BECAUSE THE DATABASE IS LICENSED FREE OF CHARGE, THERE IS NO WARRANTY FOR THE PROGRAM OR DATA, TO THE EXTENT PERMITTED BY APPLICABLE LAW. EXCEPT WHEN OTHERWISE STATED IN WRITING. MULTUM AND/OR OTHER PARTIES PROVIDE THE DATABASE "AS IS" WITHOUT WARRANTY OF ANY KIND, EITHER EXPRESSED, STATUTORY OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. THE ENTIRE RISK AS TO THE QUALITY AND PERFORMANCE OF THE DATABASE IS WITH YOU. SHOULD THE DATABASE PROVE DEFECTIVE, INCOMPLETE, OR INACCURATE, YOU ASSUME THE RESPONSIBILITY AND COST OF ALL NECESSARY SERVICING, REPAIR OR CORRECTION.

B. IN NO EVENT (UNLESS REQUIRED BY APPLICABLE LAW OR AGREED TO IN WRITING) WILL MULTUM, OR ANY OTHER PARTY WHO MAY MODIFY AND/OR REDISTRIBUTE THE DATABASE AS PERMITTED ABOVE, BE LIABLE FOR ANY SPECIAL, INCIDENTAL, CONSEQUENTIAL, OR INDIRECT DAMAGES, INCLUDING DAMAGES FOR LOSS OF PROFITS, LOSS OF BUSINESS, OR DOWN TIME, EVEN IF MULTUM OR ANY OTHER PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

C. IN ADDITION, WITHOUT LIMITING THE FOREGOING, THE DATABASE HAS BEEN DESIGNED FOR USE IN THE UNITED STATES ONLY AND COVERS THE DRUG PRODUCTS USED IN PRACTICE IN THE UNITED STATES. MULTUM PROVIDES NO CLINICAL INFORMATION OR CHECKS FOR DRUGS NOT AVAILABLE FOR SALE IN THE UNITED STATES AND CLINICAL PRACTICE PATTERNS OUTSIDE THE UNITED STATES MAY DIFFER SUBSTANTIALLY FROM INFORMATION SUPPLIED BY THE DATABASE. MULTUM DOES NOT WARRANT THAT USES OUTSIDE THE UNITED STATES ARE APPROPRIATE.

D. You acknowledge that updates to the Database are at the sole discretion of Multum. Multum makes no representations or warranties whatsoever, express or implied, with respect to the compatibility of the Database, or future releases thereof, with any computer hardware or software, nor does Multum represent or warrant the continuity of the features or the facilities provided by or through the Database as between various releases thereof.

E. Any warranties expressly provided herein do not apply if: (i) the end-user alters, mishandles or improperly uses, stores or installs all, or any part, of the Database, (ii) the end-user uses, stores or installs the Database on a computer system which fails to meet the specifications provided by Multum, or (iii) the breach of warranty arises out of or in connection with acts or omissions of persons other than Multum.

4. Assumption of Risk, Disclaimer of Liability, Indemnity

A. THE END-USER ASSUMES ALL RISK FOR SELECTION AND USE OF THE DATABASE AND CONTENT PROVIDED THEREON. MULTUM SHALL NOT BE RESPONSIBLE FOR ANY ERRORS, MISSTATEMENTS, INACCURACIES OR OMISSIONS REGARDING CONTENT DELIVERED THROUGH THE DATABASE OR ANY DELAYS IN OR INTERRUPTIONS OF SUCH DELIVERY.

B. THE END-USER ACKNOWLEDGES THAT MULTUM: (A) HAS NO CONTROL OF OR RESPONSIBILITY FOR THE END-USER'S USE OF THE DATABASE OR CONTENT PROVIDED THEREON, (B) HAS NO KNOWLEDGE OF THE SPECIFIC OR UNIQUE CIRCUMSTANCES UNDER WHICH THE DATABASE OR CONTENT PROVIDED THEREON MAY BE USED BY THE END-USER, (C) UNDERTAKES NO OBLIGATION TO SUPPLEMENT OR UPDATE CONTENT OF THE DATABASE, AND (D) HAS NO LIABILITY TO ANY PERSON FOR ANY DATA OR INFORMATION INPUT ON THE DATABASE BY PERSONS OTHER THAN MULTUM.

C. MULTUM SHALL NOT BE LIABLE TO ANY PERSON (INCLUDING BUT NOT LIMITED TO THE END-USER AND PERSONS TREATED BY OR ON BEHALF OF THE END-USER) FOR, AND THE END-USER AGREES TO INDEMNIFY AND HOLD MULTUM HARMLESS FROM ANY CLAIMS, LAWSUITS, PROCEEDINGS, COSTS, ATTORNEYS' FEES, DAMAGES OR OTHER LOSSES (COLLECTIVELY, "LOSSES") ARISING OUT OF OR RELATING TO (A) THE END-USER'S USE OF THE DATABASE OR CONTENT PROVIDED THEREON OR ANY EQUIPMENT FURNISHED IN CONNECTION THEREWITH AND (B) ANY DATA OR INFORMATION INPUT ON THE DATABASE BY END-USER, IN ALL CASES INCLUDING BUT NOT LIMITED TO LOSSES FOR TORT, PERSONAL INJURY, MEDICAL MALPRACTICE OR PRODUCT LIABILITY.

5. Miscellaneous

- A. You warrant that you have authority within the organization you identified during registration for the Database to enter into license agreements with other organizations including Multum.
- B. You agree that Multum may identify you and/or your organization by name as a "licensee", "licensed user", or "licensing organization" of the Database or a "client" of Multum in Multum's external market communications. You also agree that Multum may issue, if it desires, a press release stating that you and/or your organization have licensed the Database.
- C. If conditions are imposed on you (whether by court order, agreement or otherwise) that contradict the conditions of this License, they do not excuse you from the conditions of this License. If you cannot distribute so as to satisfy simultaneously your obligations under this License and any other obligations, then as a consequence you may not distribute the Database at all.
- D. If any portion of this License is held invalid or unenforceable under any particular circumstance, the balance of this License is intended to apply and the License as a whole is intended to apply in other circumstances.
- E. If the distribution and/or use of the Database is or becomes restricted in certain countries either by patents or by copyrighted interfaces, Multum may add an explicit geographical distribution limitation excluding those countries, so that distribution is permitted only in or among countries not thus excluded. In such case, this License incorporates the limitation as if written in the body of this License.

Multum Lexicon
Copyright © 1997-2008
Cerner Multum, Inc.
3200 Cherry Creek South Drive, Suite 300
Denver, CO 80209
Document revised April 1, 2003

