

The DAWN Report

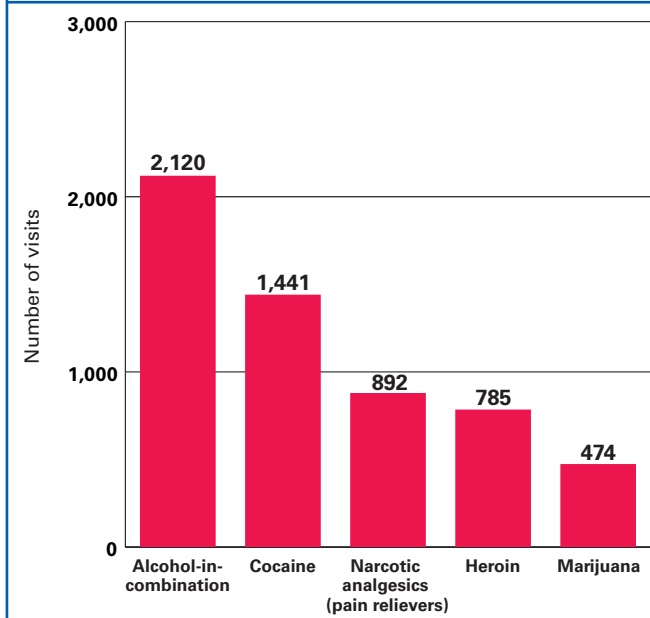
APRIL 2004

Highlights From DAWN: Buffalo, 2002

This special report presents findings based on data submitted by 8 hospitals in the Buffalo metropolitan area for 2002.

- Of the 310,000 visits to Buffalo area emergency departments (EDs) in 2002, about 1 percent (3,844) were related to drug abuse.
- During 2002, the most common drugs involved in these ED visits were alcohol in combination with other drugs, cocaine, narcotic analgesics (pain relievers), heroin, and marijuana.
- Between 1995 and 2002, the rate of ED mentions of pain relievers increased 372 percent (from 22 to 106 mentions per 100,000 population) with a 50 percent increase from 2000 to 2002 (from 70).
- Among the 21 DAWN areas, Buffalo was one of the top 5 in the rate of ED mentions of pain relievers in 2002.

Top 5 drugs in drug abuse-related ED visits in Buffalo, 2002



DAWN: The Warning Network

Local information is essential to support local action, and drugs, drug use, and drug-related morbidity can differ dramatically across communities. DAWN focuses on metropolitan areas to reveal emerging drug problems before they become widespread. DAWN detects new drugs, new drug combinations, new health consequences of drug use, and changing patterns involving old drugs. Facilities participating in DAWN can use this information to train staff and improve patient care. Communities can use this information to plan, target resources, and act more effectively.



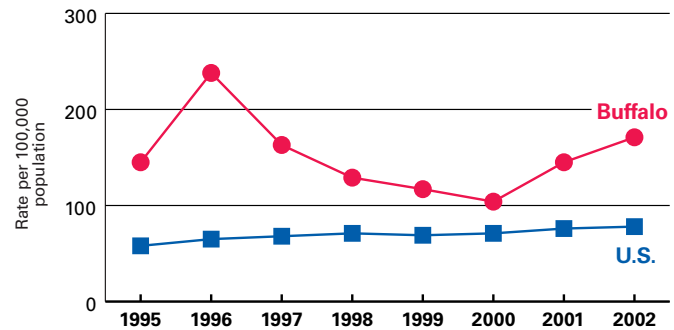
Today, hospitals in Buffalo and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

DAWN serves a diverse audience. In addition to participating facilities, users include researchers and policy analysts; pharmaceutical firms; State and local substance abuse agencies; community coalitions; and Federal agencies, including the White House Office of National Drug Control Policy, the Food and Drug Administration, and the National Institute on Drug Abuse. For more information, go to <http://DAWNinfo.samhsa.gov/>.

Trends in Top 4 Drugs, 1995-2002

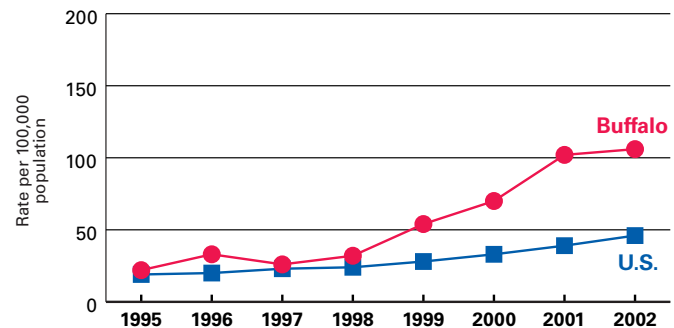
Cocaine

- At 171 visits per 100,000 population in 2002, Buffalo's rate of cocaine-related ED visits was more than double the national rate of 78. From 2000 to 2002, the rate of cocaine-related ED visits rose 63 percent (from 104 to 171 visits per 100,000 population) with an 18 percent increase from 2001 to 2002 (from 145).
- Close to half (41%) of cocaine-related ED visits in Buffalo were attributed to "crack."



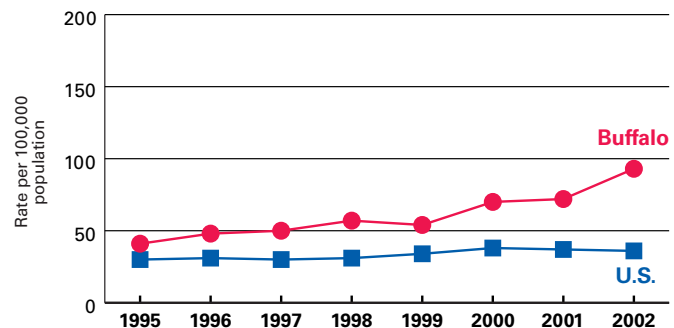
Pain Relievers

- From 1995 to 2002, the rate of ED mentions of pain relievers increased 372 percent (from 22 to 106 mentions per 100,000 population), with an increase from 2000 to 2002 of 50 percent (from 70). From 1995 to 2002, the increase nationally was 139 percent; from 2000 to 2002, the increase nationally was 39 percent.
- During 2002, hydrocodone was the most frequently named pain reliever in drug abuse-related ED visits in Buffalo.



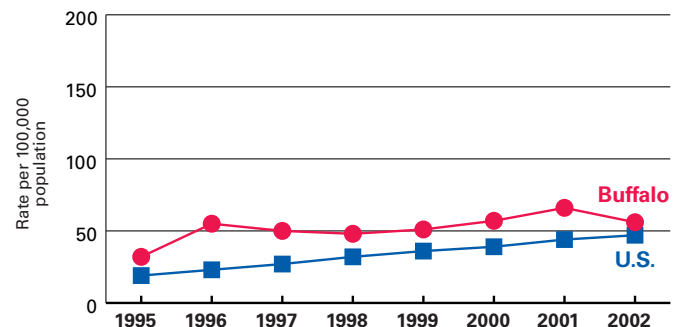
Heroin

- Between 1995 and 2002, heroin-related ED visits in Buffalo increased 125 percent (from 41 to 93 visits per 100,000 population) with a 29 percent increase from 2001 to 2002 (from 72). Nationally, heroin-related ED visits only increased 22 percent from 1995 to 2002 and have remained relatively stable in recent years.
- Almost three-quarters (74%) of heroin-related ED visits involved other drugs.



Marijuana

- From 1995 to 2002, marijuana-related ED visits in Buffalo rose by 74 percent (from 32 to 56 visits per 100,000 population), less than the national increase of 139 percent.
- In Buffalo, marijuana was usually reported in combination with other drugs (77% of visits).

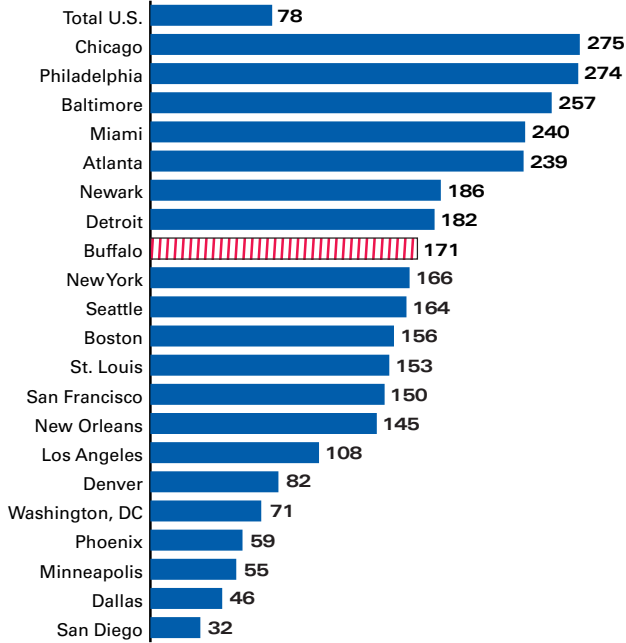


Comparisons Across 21 Metropolitan Areas

The following figures show Buffalo in relation to the Nation and 20 other metropolitan areas represented in DAWN for selected drugs in 2002. Comparisons across areas are possible because the number of visits for each drug is represented in terms of a rate per 100,000 population. Not all differences in rates are statistically significant.

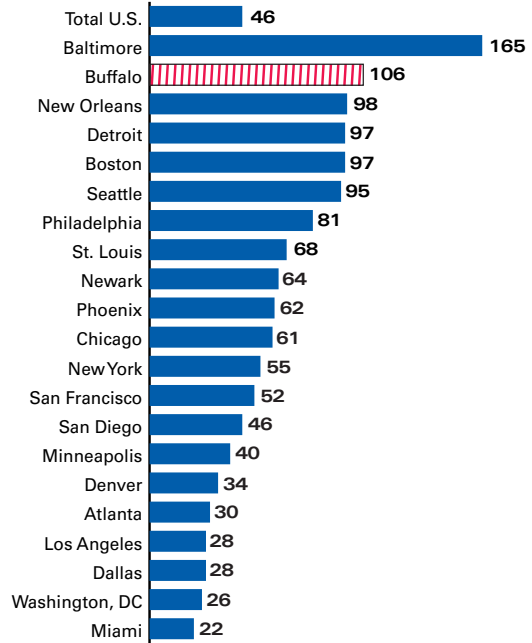
Cocaine visits

Rate per 100,000 population, 2002



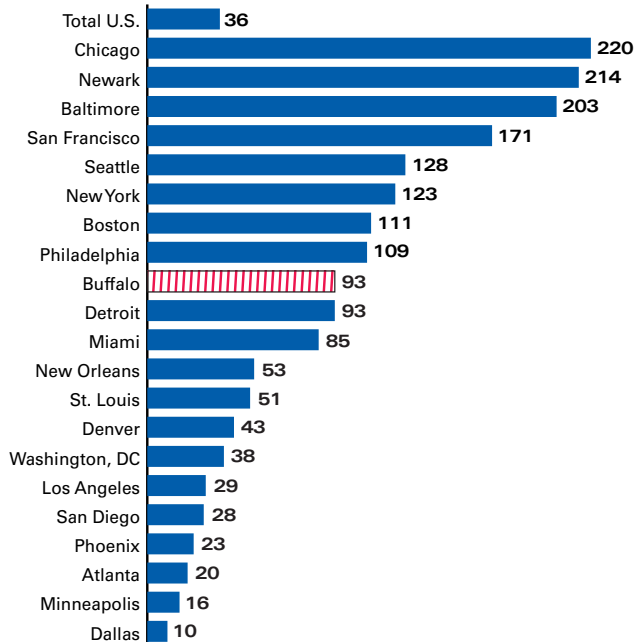
Pain Reliever visits

Rate per 100,000 population, 2002



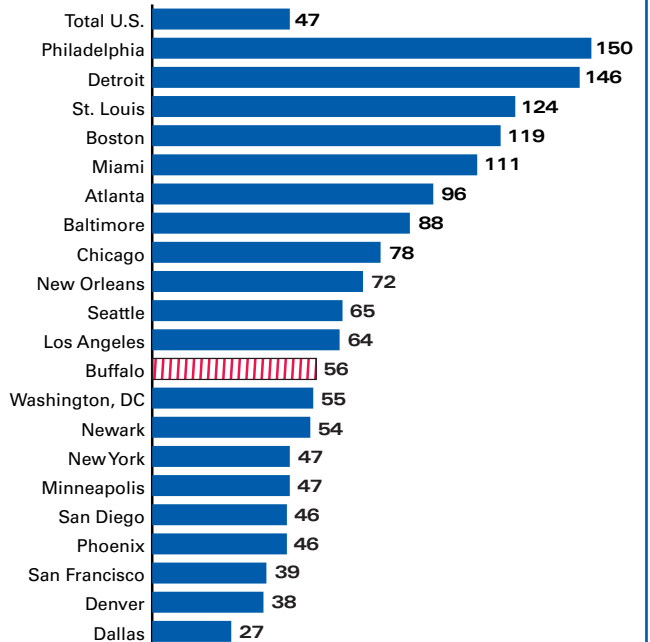
Heroin visits

Rate per 100,000 population, 2002



Marijuana visits

Rate per 100,000 population, 2002



About DAWN

The **Drug Abuse Warning Network (DAWN)** is a national surveillance system that monitors drug-related morbidity and mortality. Section 505 of the Public Health Service Act assigns this responsibility to the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services. The Act requires SAMHSA to report annually on drug-related visits to hospital emergency departments and on drug-related deaths reviewed by medical examiners and coroners. SAMHSA has a contract with Westat, a private research firm based in Rockville, MD, to operate the DAWN system.

DAWN collects data from a scientific sample of hospital emergency departments and a set of medical examiners and coroners from across the U.S., with concentrations in selected metropolitan areas. Each participating facility has a DAWN Reporter who is specially trained to identify DAWN cases by retrospectively reviewing emergency department medical records or death investigation case files. No patient, family member, or physician is ever interviewed. No direct identifiers for individual patients or decedents are collected.

Beginning in 2003, DAWN cases include any emergency department visit or death that was related to drug use. Reportable cases include drug abuse, misuse, overmedication, accidental and malicious poisonings, and adverse drug reactions. For each case, the DAWN Reporter submits a case report detailing the specific drugs involved, and characteristics of the patient or decedent and event (visit or death). Patient and decedent characteristics include demographics (age, gender, race/ethnicity) and ZIP code. Other data items include date/time, chief complaint, diagnoses, and disposition for each emergency department visit; and date, cause, manner, and place of death for each decedent.



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES