

The DAWN Report

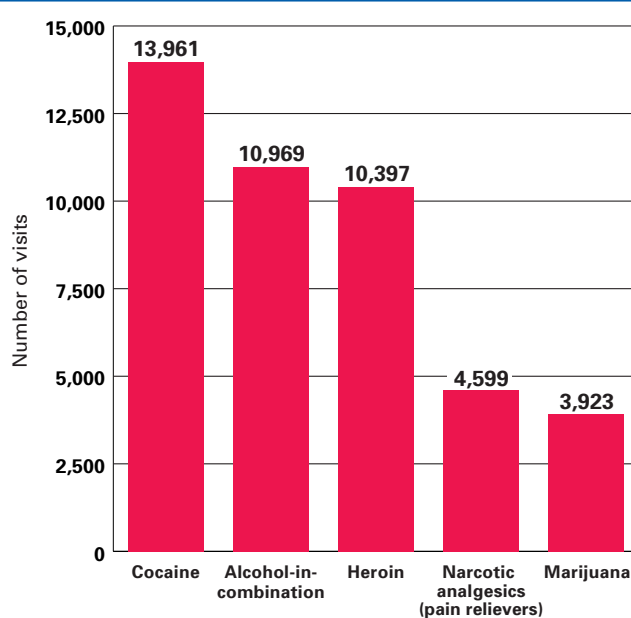
MARCH 2004

Highlights From DAWN: New York City, 2002

This special report presents findings based on data submitted by 30 hospitals in the New York City metropolitan area for 2002.

- Of the 3.9 million visits to New York City area emergency departments (EDs) in 2002, about one percent (33,645) were related to drug abuse.
- The most common drugs in New York ED visits during 2002 were cocaine, alcohol in combination with other drugs, heroin, narcotic analgesics (pain relievers), and marijuana.
- Cocaine-related ED visits in New York declined nearly one-third between 1995 and 2002 (from 243 to 166 visits per 100,000 population).
- ED mentions of pain relievers in New York increased 83 percent (from 30 to 55 mentions per 100,000 population) between 2000 and 2002.

Top 5 drugs in drug abuse-related ED visits in New York City, 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.



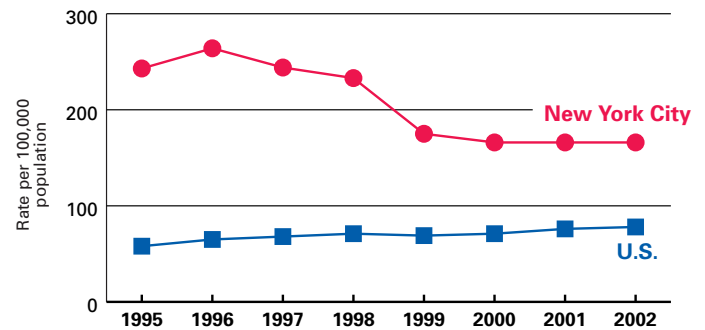
Today, hospitals in New York City and 20 other metropolitan areas serve their communities by participating in DAWN. Expansion to other areas is underway.

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

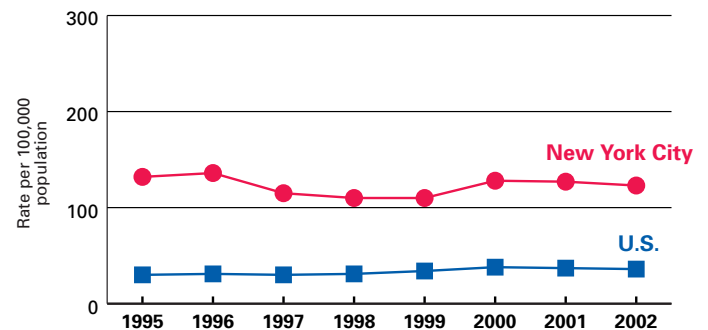
Cocaine

- In 2002, the New York area had 166 cocaine-related ED visits per 100,000 population, a decline of about one-third (32%) since 1995. By contrast, the national rate rose one-third over the 8-year period but remained at a lower level (78 per 100,000 in 2002).
- Almost two-thirds (63%) of cocaine-related ED visits in New York involved other drugs.
- About one-third (32%) of cocaine-related ED visits were related to "crack."



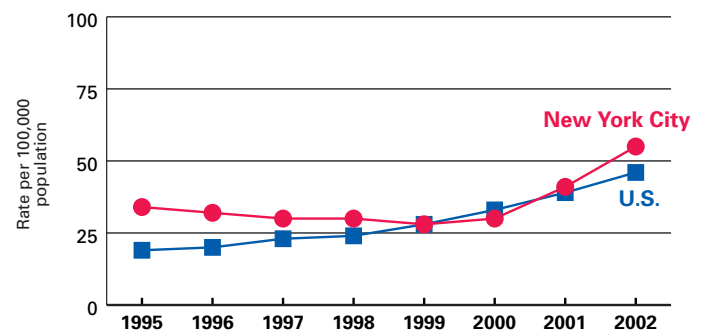
Heroin

- In 2002, the New York rate of 123 visits per 100,000 population was more than three times the national rate of 36.
- The rate of heroin-related ED visits in New York was stable from 1995 to 2002, when the national rate increased 22 percent. Both the national and New York rates were stable between 2000 and 2002.
- Well over half (57%) of heroin-related ED visits in New York also involved other drugs.



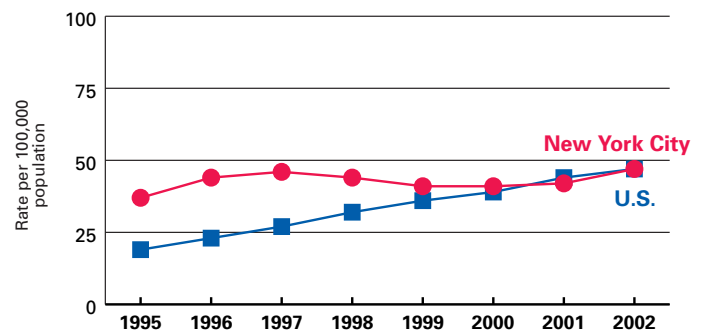
Pain Relievers

- ED mentions of narcotic pain relievers increased 83 percent in New York City between 2000 and 2002 (from 30 to 55 mentions per 100,000 population). Nationally, pain reliever mentions rose 39 percent during this period (from 33 to 46 mentions per 100,000 population).
- Methadone was the most frequently named pain reliever in drug abuse-related ED visits in New York in 2002.



Marijuana

- From 1995 to 2002, marijuana-related ED visits in New York were relatively stable (47 visits per 100,000 population in 2002), while the national rate more than doubled over the same period (from 19 to 47 visits per 100,000).
- Marijuana was reported in about 12 percent of all drug abuse-related ED visits in the New York area. Almost 60 percent of those visits involved marijuana with other drugs.

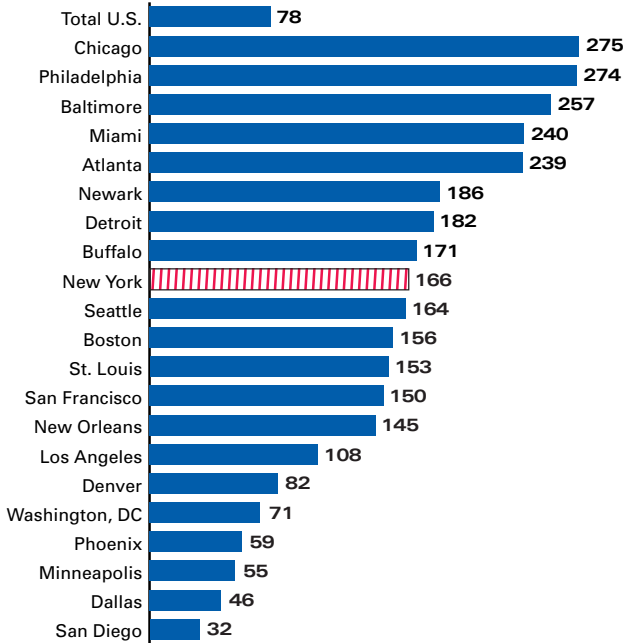


Comparisons Across 21 Metropolitan Areas

The following figures show New York City 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.

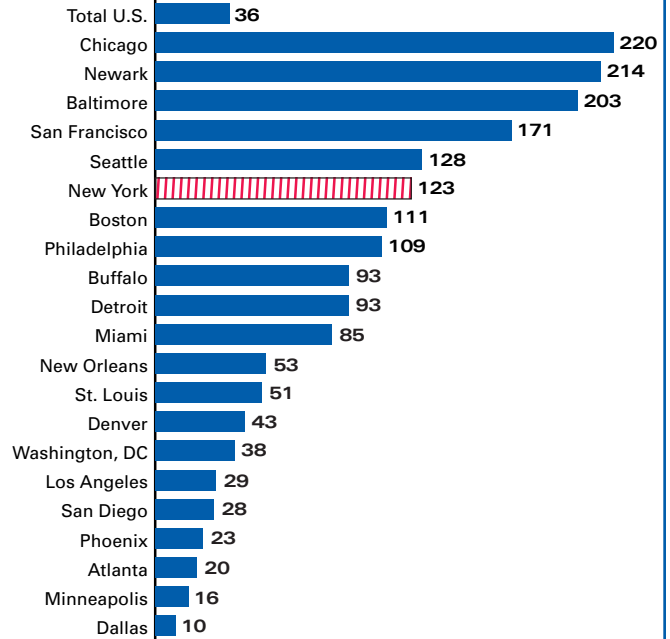
Cocaine visits

Rate per 100,000 population, 2002



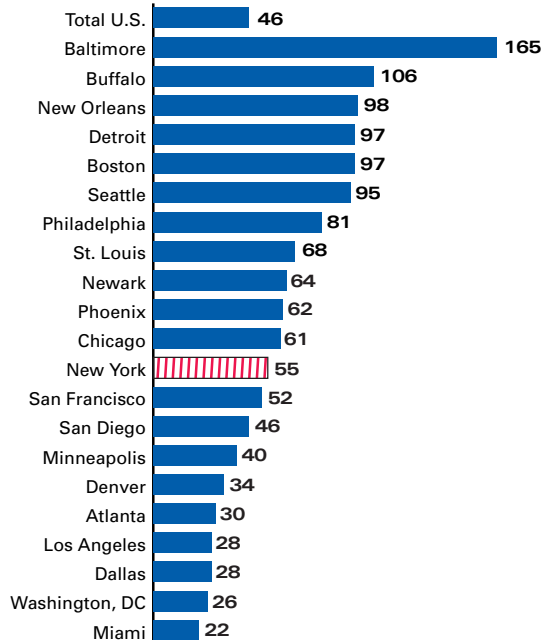
Heroin visits

Rate per 100,000 population, 2002



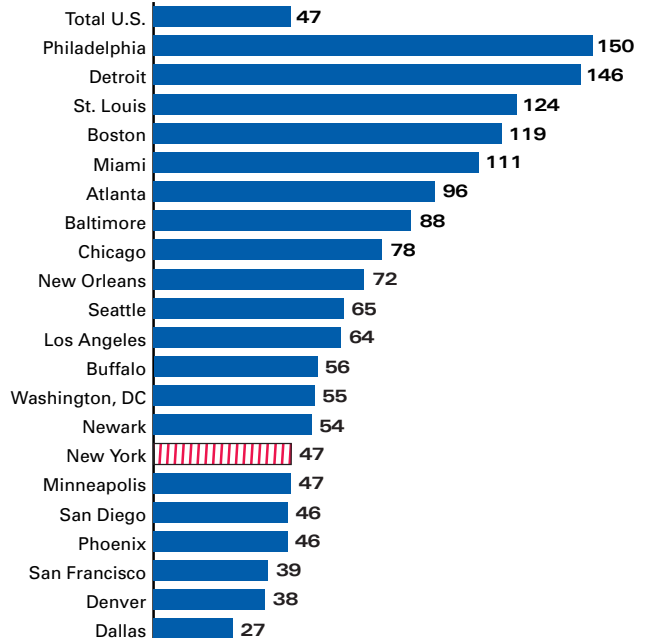
Pain Reliever visits

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