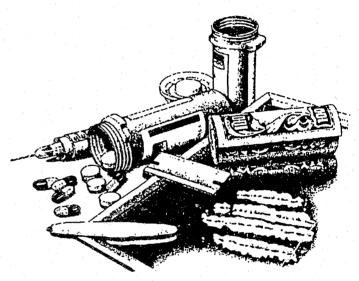
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# DAWN

Summary Data From The South Dakota Drug Abuse Warning Network



## January 1, 1990 - December 31, 1991

S.D. Department of Health S.D. Attorney General's Task Force on Drugs

### SOUTH DAKOTA ATTORNEY GENERAL'S TASK FORCE ON DRUGS STATE AND LOCAL ASSISTANCE FOR NARCOTICS CONTROL PROGRAM

### UNDER THE STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE ACT OF 1986 ANTI-DRUG ABUSE ACT OF 1986, PUBLIC LAW 99-570 AND UNDER THE STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE PROGRAMS ANTI-DRUG ABUSE ACT OF 1988, PUBLIC LAW 100~690

### SOUTH DAKOTA CRIMINAL STATISTICS ANALYSIS CENTER

### PHARMACEUTICAL DIVERSION PROGRAM

#### SOUTH DAKOTA DRUG ABUSE WARNING (DAWN) NETWORK

### SUMMARY DATA FOR THE PERIOD OF JANUARY 1, 1990 - DECEMBER 31, 1991

This project was supported by Grant Number 89-BJ-CX-K013 awarded by the Bureau of Justice Statistics, U.S. Department of Justice. Approximate production costs of this project were \$56.99 funded 100% through federal monies. Cost per copy is approximately \$0.87.

Points of view or opinions stated in this publication are those of the authors and do not necessarily represent the official position of the United States Department of Justice

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State (SDCL20-13) and Federal (Title VI of Civil Rights Act of 1964, the Rehabilitation Act of 1973 as amended, and the Americans With Disabilities Act of 1990) laws require that the South Dakota Attorney General's Task Force on Drugs provide services to all persons without regard to race, color, creed, religion, sex, disability, ancestry or national origin.



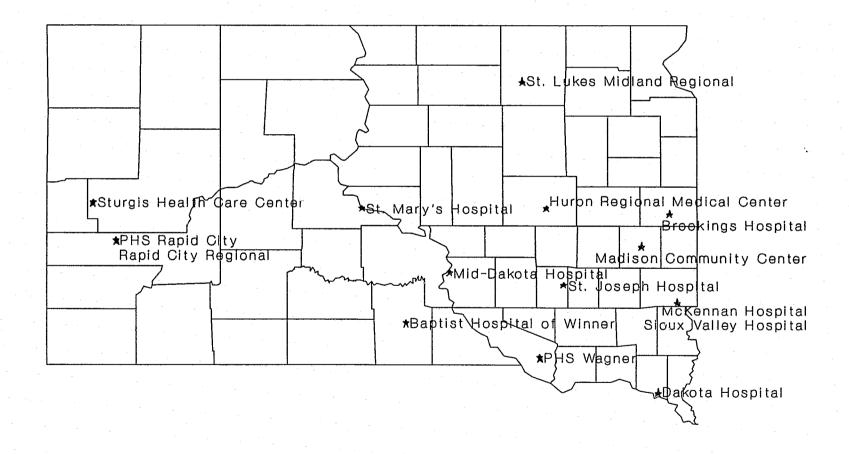
The South Dakota Drug Abuse Warning Network (SDDAWN) became operational on July 1, 1989. This program has just entered its fourth year of operations. The South Dakota Attorney General's Task Force on Drugs, together with the South Dakota Department of Health, would like to take this opportunity to thank you once again for your participation in this most important project. Without your input, SDDAWN would cease to exist.

The following information is based on data collected for calendar year 1990 and calendar year 1991. Comparisons have been made based on sex, race, reason for taking substance, overdose vs. non-overdose, disposition, alcohol involvement and drug class. Please note that, for the most part, charts and tables included in this publication represent percentages of a whole. This method was chosen to account for the fact that reporting entities varied slightly from 1990 to 1991. Also note that figures may not always add up to 100% due to rounding.

Please contact Halley Lee at 773-6312 if you have any questions or comments regarding this publication or SDDAWN. Again, thank you for your contribution to the South Dakota Drug Abuse Warning Network!

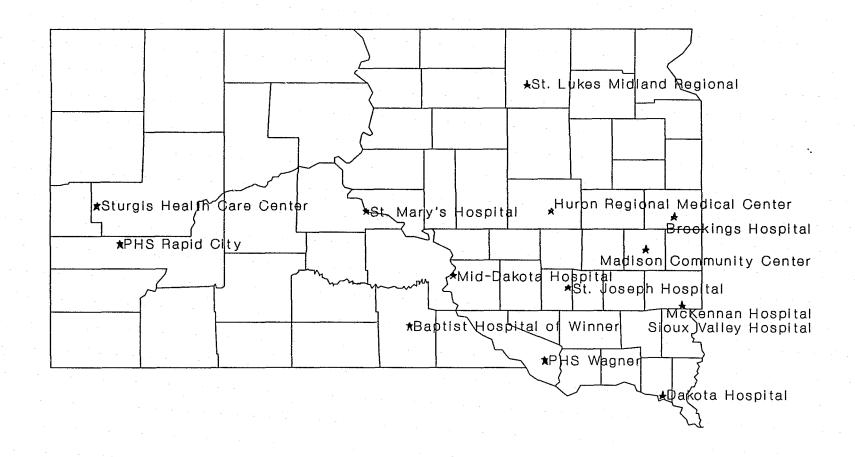


### Hospitals Participating in DAWN 1990

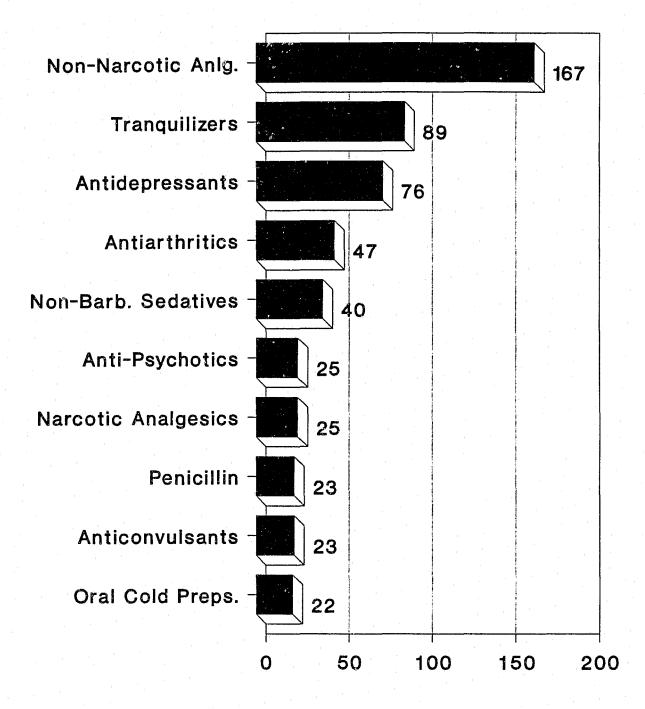


Hospitals Participating in DAWN 1991

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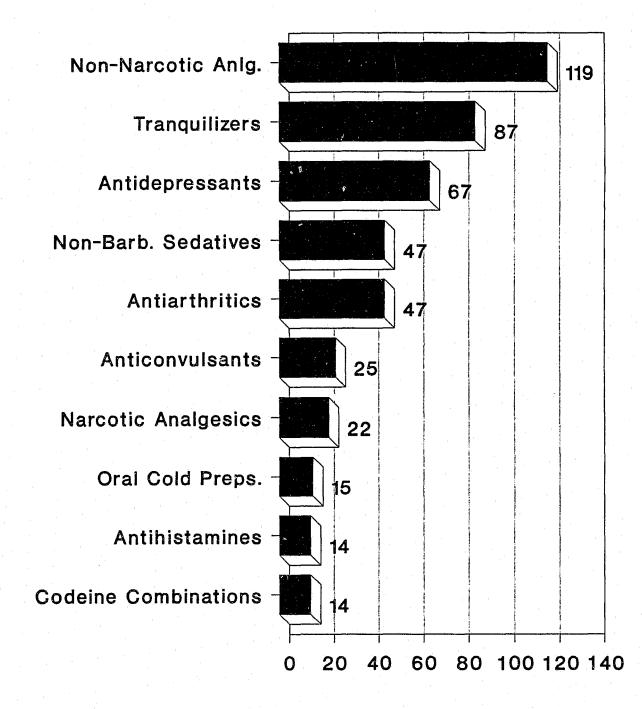


### Ten Most Mentioned Therapeutic Classes 1990





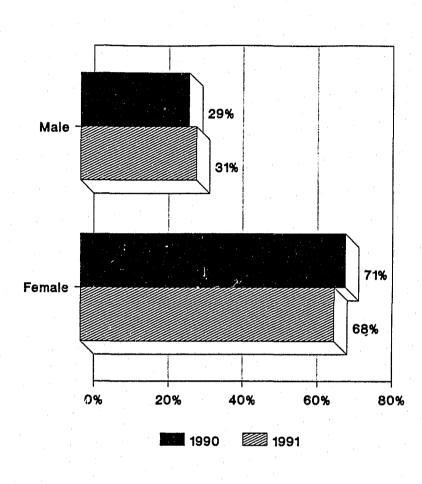
### Ten Most Mentioned Therapeutic Classes





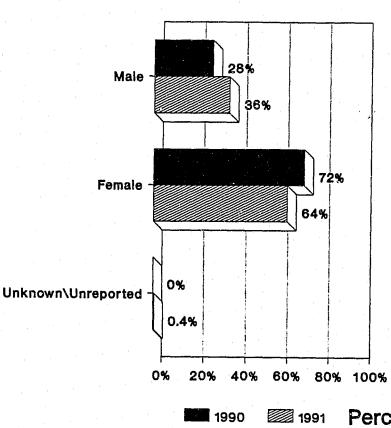
# Breakdown By Sex





### Percent of Total Mentions Sex

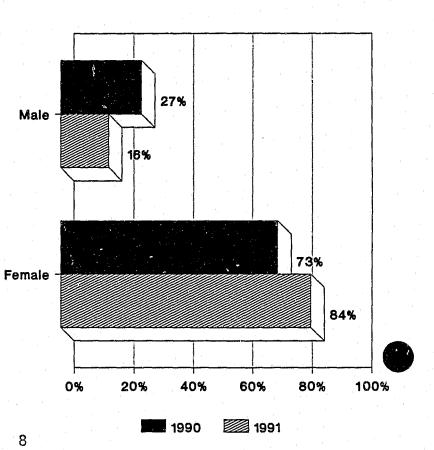
In comparing the percentage of total mentions broken down by sex, it is interesting to note that overall, the percentage of male-mentions increased from 1990 to 1991 and the percentage of female-mentions decreased for the same time period. This same trend is true amongst the White population, however the opposite follows for the American Indian population; the percentage of male-mentions decreases while the percentage of female-mentions increases.

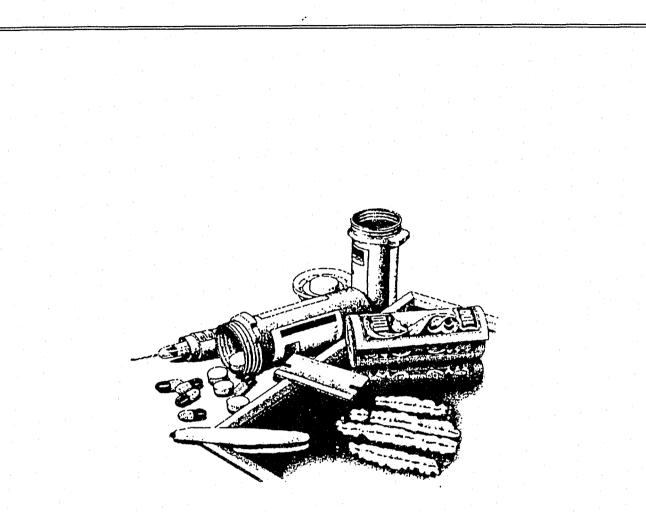


### Percent of Total White Mentions Sex



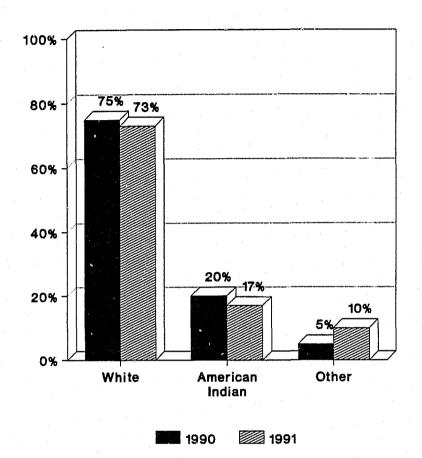
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# Breakdown By Race

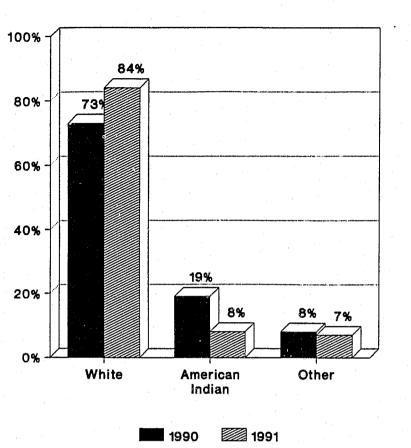




### Percent of Total Mentions Race

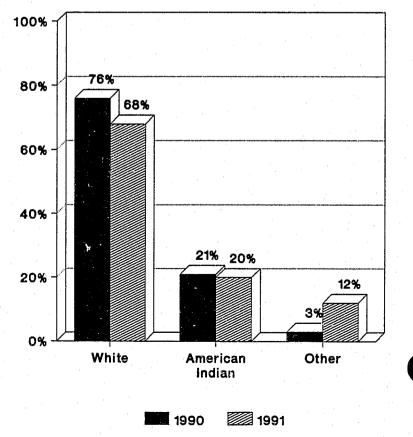
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Overall, approximately 75% of all mentions were White with approximately 20% of all mentions being American Indian. The percentages for both White and Indian decreased slightly from 1990 to 1991. Similarly, percentages for total female-mentions decreased while percentages for total malementions increased 11% for White and decreased 11% for American Indian.

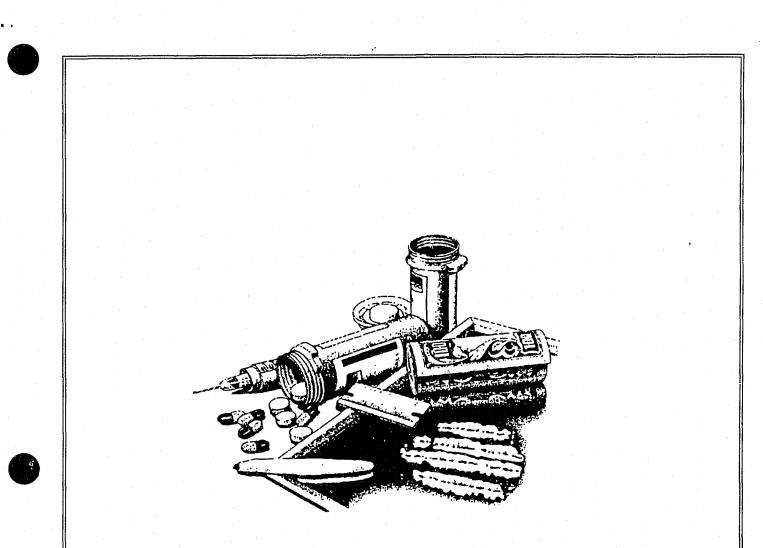


### Percent of Total Male Mentions Race

Percent of Total Female Mentions Race



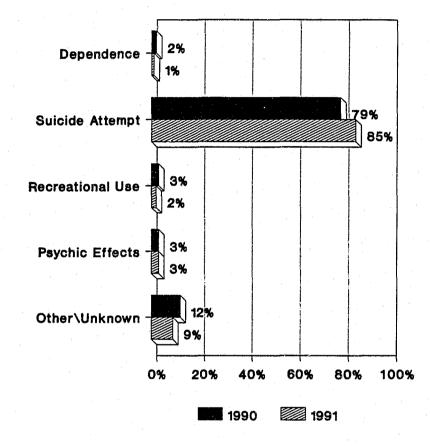




# Reason for Taking Substance

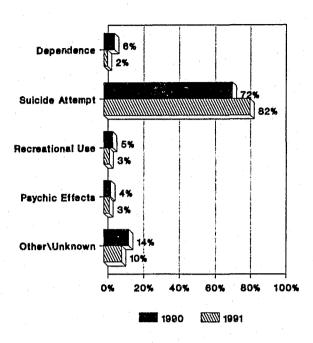


### Percent of Total Mentions Reason for Taking Substance



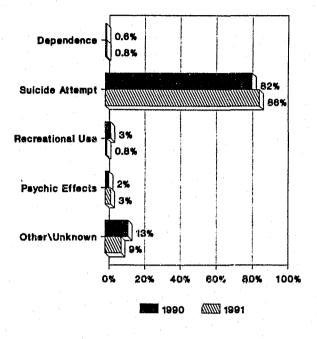
By far, 'Suicide Attempt or Gesture' is the most common reason taking substances. In 1990, 79% of all reasons mentioned were 'Suicide Attempt' while in 1991, 85% of all mentions were 'Suicide Attempt'. The only deviation from this pattern is among the American Indian Male population. 'Suicide Attempt' mentions decreased from 71% in 1990 to 60% in 1991. The largest increase in this category is from 72% in 1990 to 91% in 1991. This increase occurs in the American Indian Female population.



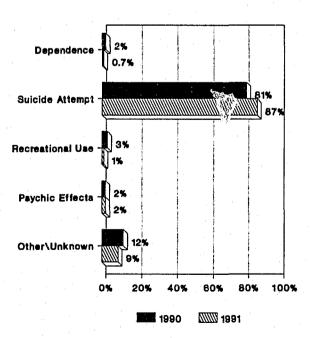


### Percent of Total Male Mentions Reason for Taking Substance

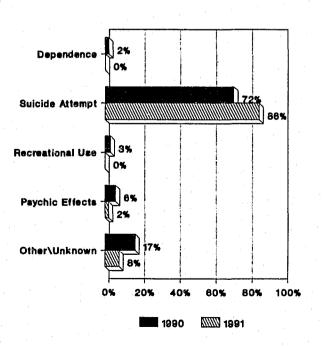




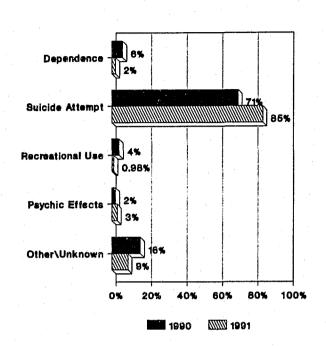
Percent of Total White Mentions Reason for Taking Substance





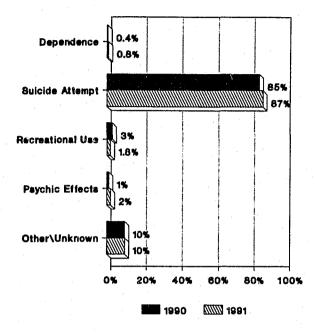






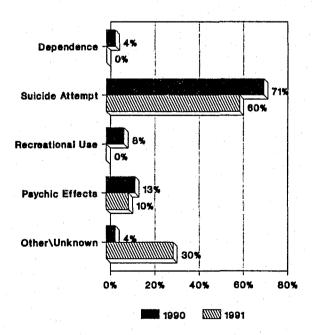
### Percent of Total White Male Mentions Reason for Taking Substance

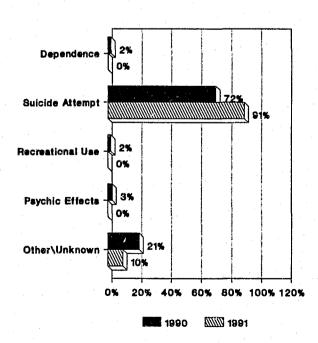


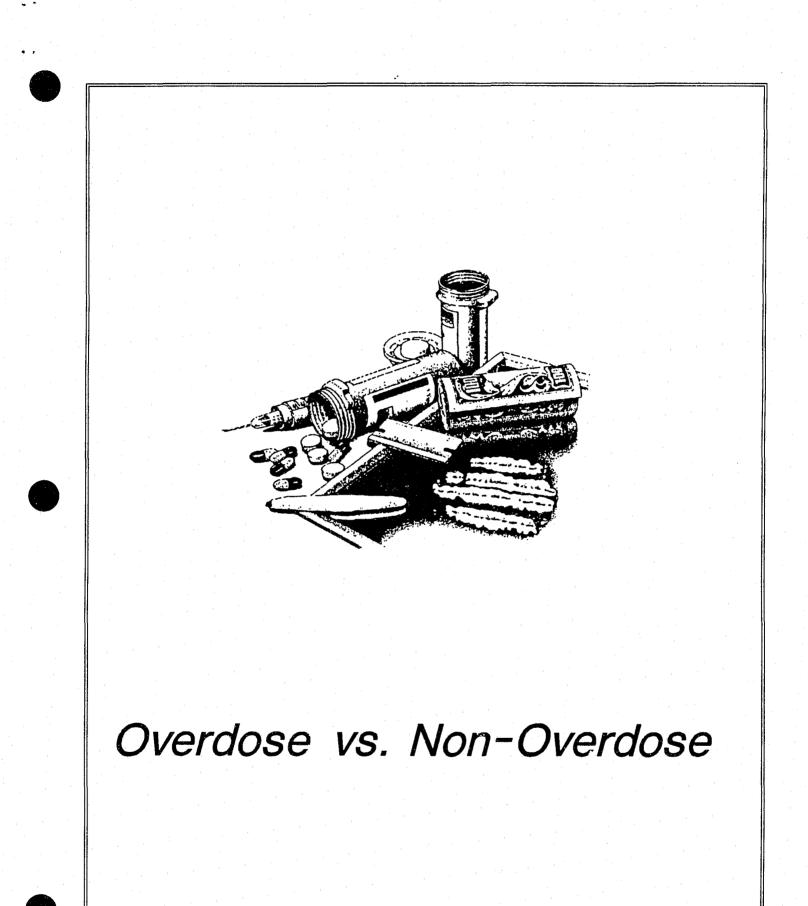


% of Total Am. Indian Male Mentions Reason for Taking Substance



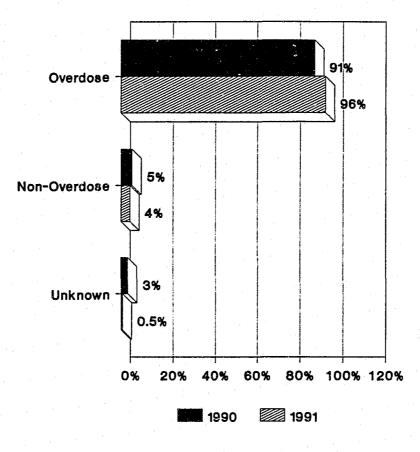




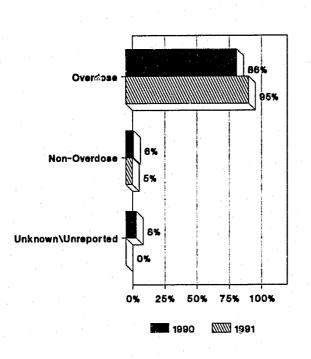




### Percent of Total Mentions Overdose vs. Non-Overdose

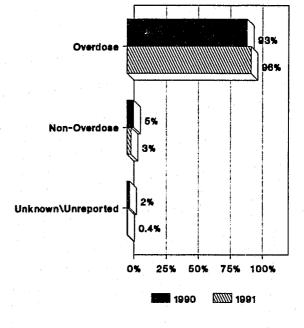


Nearly all of the mentions for 1990 and 1991 were overdoses. In 1990, 91% of the mentioned individuals visiting an Emergency Room had overdosed. This figure rose to 96% in 1991. This figure was fairly consistent for all demographical breakdowns. One interesting observation is that in 1991, 100% of all reported American Indian Male mentions were overdoses.

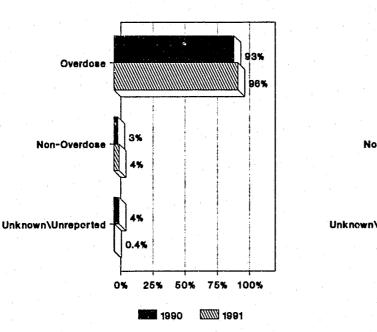


### Percent of Total Male Mentions Overdose vs. Non-Overdose

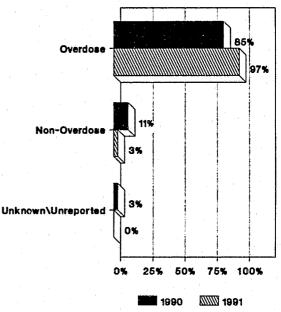


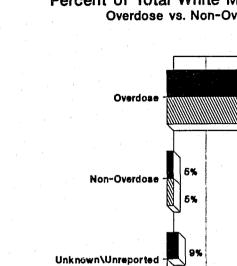


Percent of Total White Mentions Overdose vs. Non-Overdose



Percent of Total Am. Indian Mentions Overdose vs. Non-Overdose





### Percent of Total White Male Mentions Overdose vs. Non-Overdose

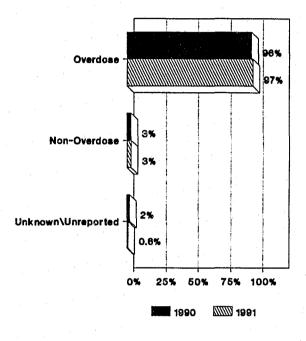
85%

75% 100%

1991

95%

### Percent of Total White Female Mentions Overdose vs. Non-Overdose



% of Total Am. Indian Male Mentions Overdose vs. Non-Overdose

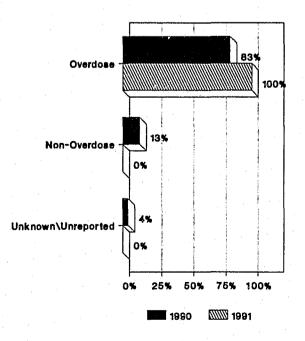
0%

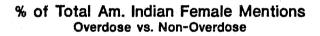
25%

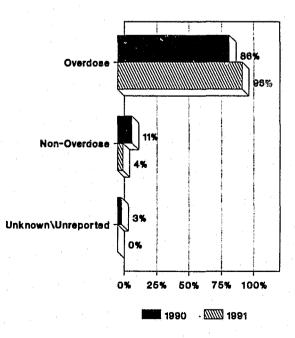
1990

50%

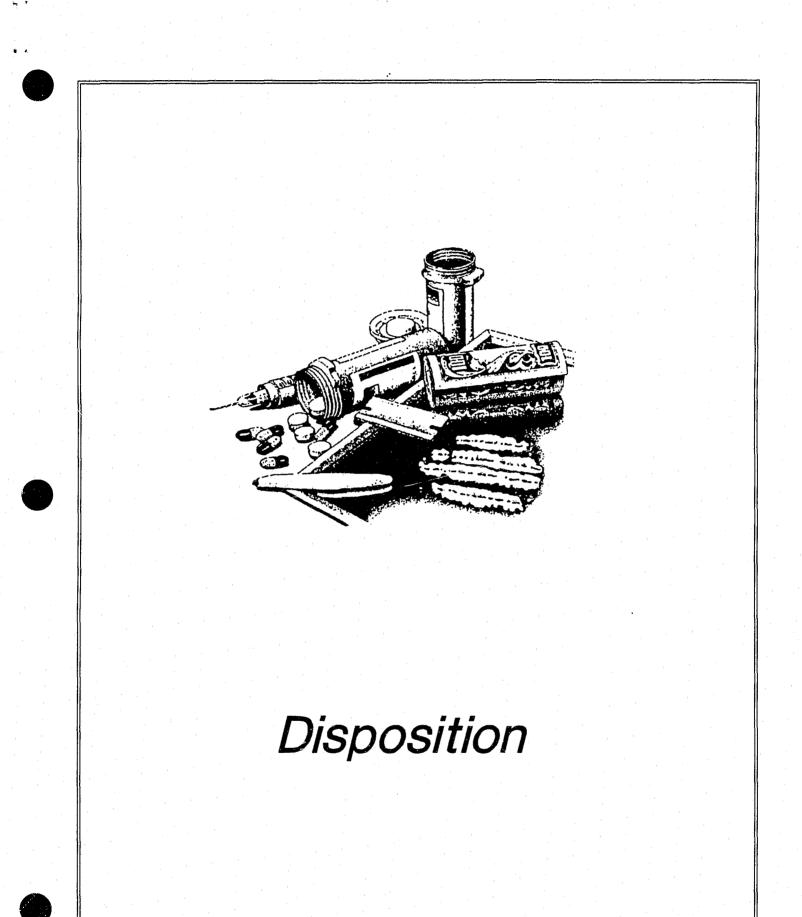
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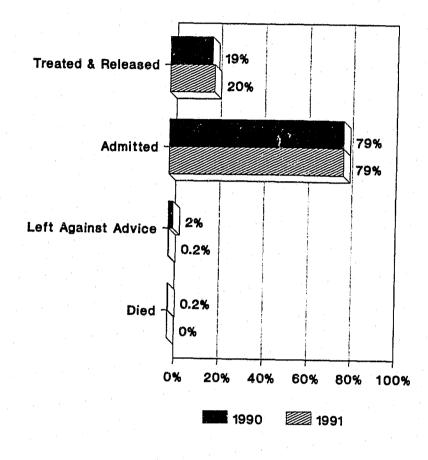




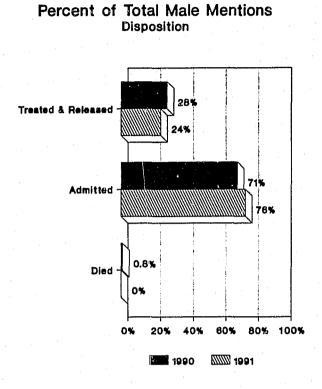




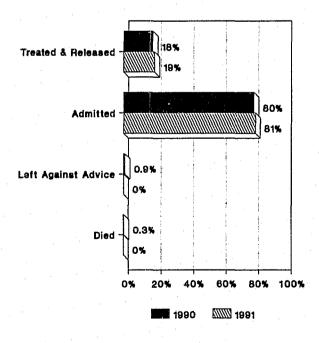
### Percent of Total Mentions Disposition

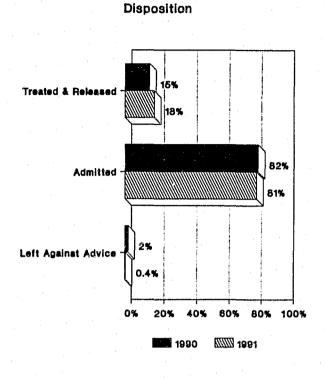


The majority of individuals visiting an Emergency Room with a drug-related diagnosis were admitted to a care facility. Seventy-nine percent of the mentions resulted in admittance in both 1990 and 1991. One White male died as a result of a drug overdose. The overall trend relating to disposition was followed by all demographical breakdowns except for American Indian males. For this group, 54% were treated while only 46% were admitted to a care facility in 1990. In 1991, 40% were treated with 60% being admitted.



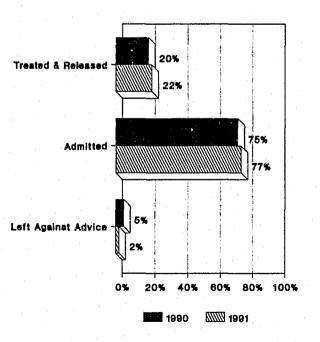
Percent of Total White Mentions Disposition

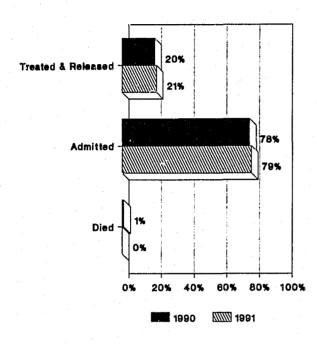




Percent of Total Female Mentions

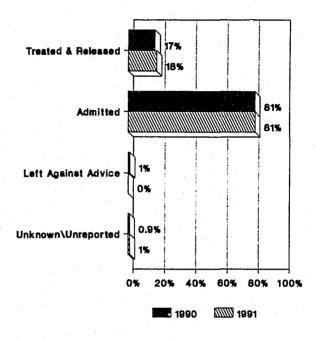
Percent of Total Am. Indian Mentions Disposition



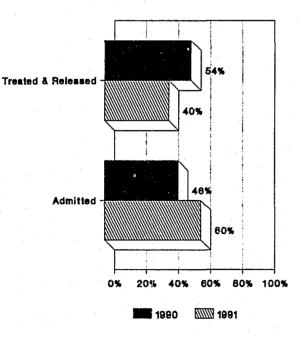


### Percent of Total White Male Mentions Disposition

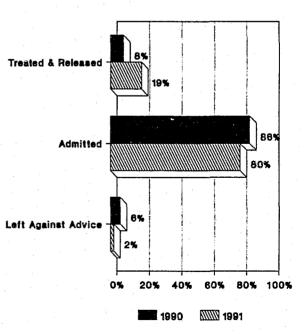
### Percent of Total White Female Mentions Disposition



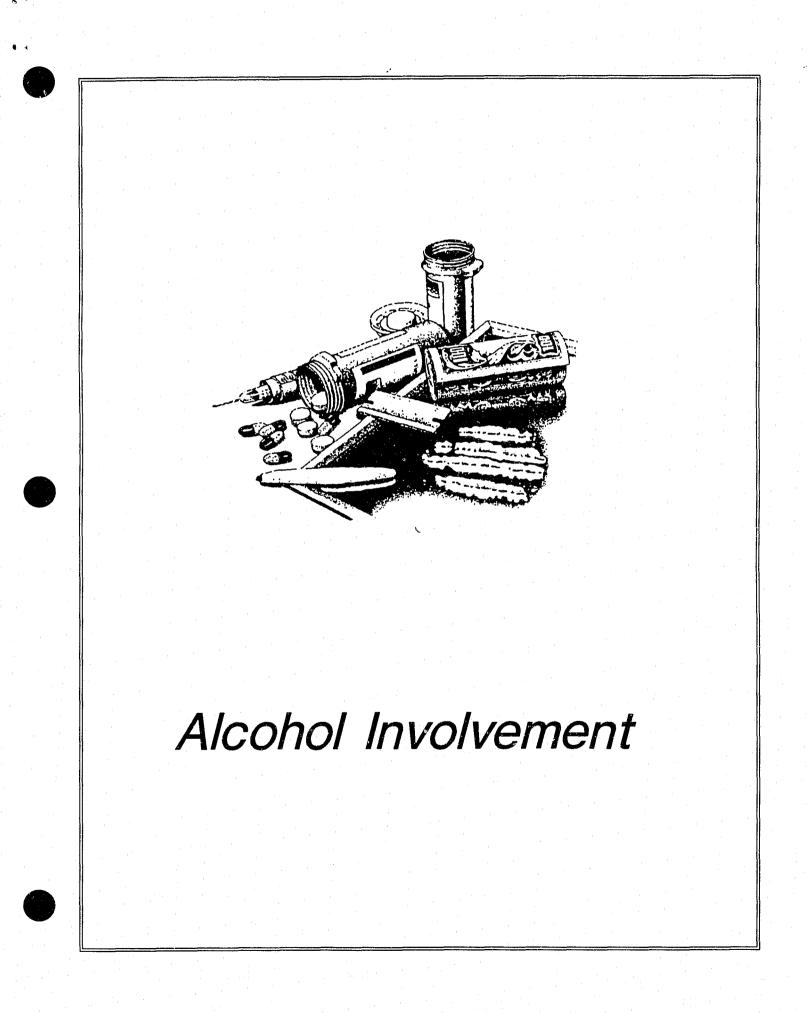
% of Total Am. Indian Male Mentions Disposition



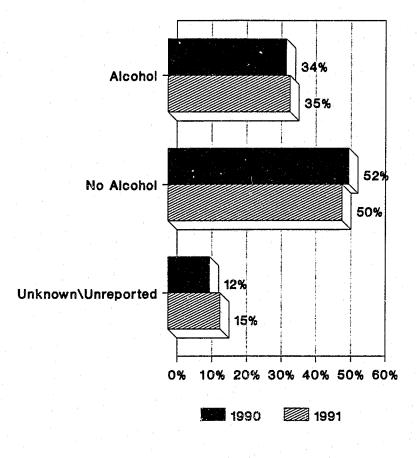




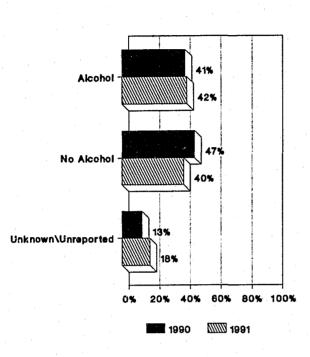




### Percent of Total Mentions Alcohol Involvement



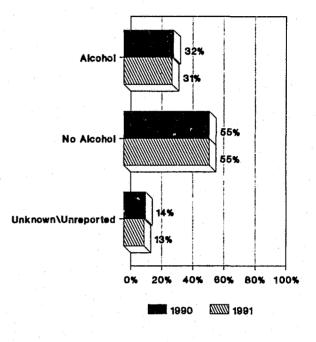
Alcohol was <u>not</u> involved in more instances than it was. The highest percentage of involvement was among American Indian males during 1990 (63%). The lowest rate of involvement was 29% among White females.



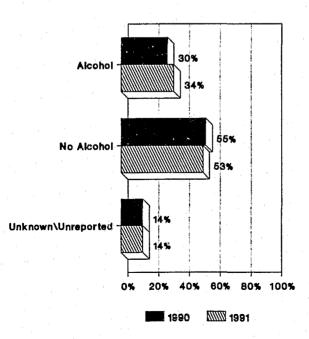
### Percent of Total Male Mentions Alcohol Involvement

### Percent of Total Female Mentions Alcohol Involvement

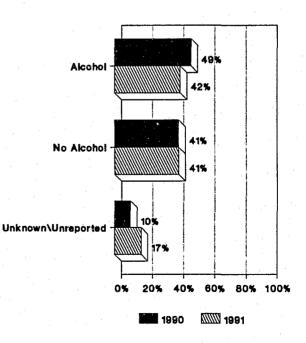
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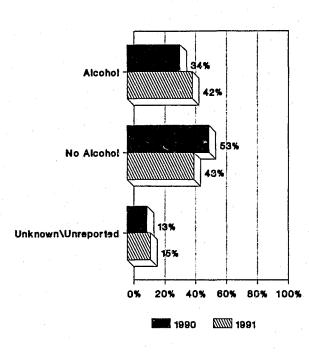


### Percent of Total White Mentions Alcohol Involvement



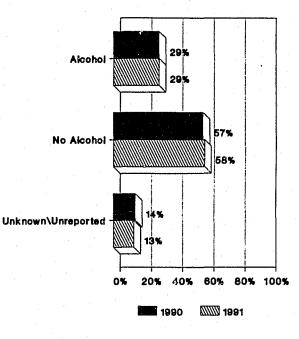
Percent of Total Am. Indian Mentions Alcohol Involvement



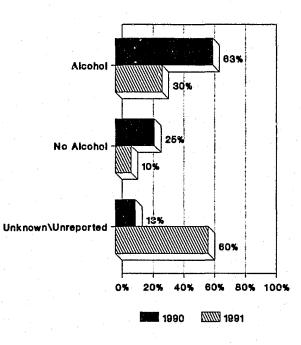


### Percent of Total White Male Mentions Alcohol Involvement

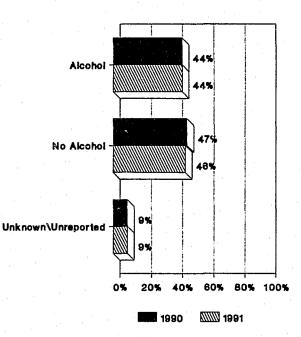




% of Total Am. Indian Male Mentions Alcohol Involvement







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