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# DRUG USE TRENDS IN DENVER AND COLORADO

MAY 1991



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Drug Abuse Division

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DRUG USE TRENDS IN DENVER AND COLORADO  
MAY, 1991  
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ALCOHOL AND DRUG ABUSE DIVISION  
COLORADO DEPARTMENT OF HEALTH  
DENVER, COLORADO

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INTRODUCTION

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1. OVERVIEW OF CITY CHARACTERISTICS

The City and County of Denver, the Capital of Colorado, is located somewhat northeast of the center of the state. Covering only 111.32 square miles, Denver is bordered on the southeast by Arapahoe county, on the northeast by Adams county and on the west by Jefferson county.

The potential for drug abuse in Denver is exacerbated by the following factors:

- A major international airport at nearly a mid-point in the continental United States.
- Remote rural areas ideal for the undetected manufacture, cultivation and transport of illicit drugs of abuse.
- Younger citizenry drawn to the recreational lifestyle available in Colorado.
- Large tourism industry which draws millions of people each year.
- Several major universities and small colleges.

2. DATA SOURCES

Data for the present report were collected and analyzed during May 1991. Although these indicators reflect trends throughout Colorado, they are dominated by the Denver metropolitan area.

- Death statistics are available from the Colorado Department of Health, Health Statistics Section.
- Drug Abuse Warning Network (DAWN) data consist of Emergency Room (ER) mentions from participating Denver metropolitan area hospitals.
- The Drug/Alcohol Coordinated Data System (DACODS) reports are completed on clients at admission and at discharge from all alcohol and drug treatment agencies receiving public monies in Colorado. Data elements include demographics and severity indicators (e.g., arrests, prior treatment episodes, drug use patterns, employment). DACODS is the source of CODAP data sent semi-annually to the National Institute on Drug Abuse.

- Hepatitis-B data are available from the Disease Control and Epidemiology Division of the Colorado Department of Health.
- Community specific data (e.g., price and purity, local trends, anecdotal information) are available from drug treatment program personnel, law or drug enforcement and consumer personnel. This information is obtained from the Colorado State Epidemiology Work Group Meetings.
- Acquired Immunodeficiency Syndrome (AIDS) data are available from the Sexually Transmitted Disease Control Section of the Colorado Department of Health.

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## DRUG ABUSE TRENDS

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### 1. COCAINE

The downward trends observed in the cocaine indicators since the 1988 peaks have remained consistent.

Exhibit 1 shows the rates of cocaine and opiate-related deaths\* per one million population in Colorado from 1980 to 1990. As shown, cocaine deaths rose from 2.8 mentions per one million population in 1985 to 14.8 deaths in 1988, representing a greater than 400% increase. However, the number of cocaine death mentions per one million population fell to 8.0 in 1989, and to 4.1 in 1990.

Quarterly emergency room mentions of cocaine, heroin, and marijuana for the time period between 1987 and mid-1990 are displayed in Exhibit 2. Unfortunately, no more recent emergency room data are currently available. After the 141 percent increase between the first quarter of 1987 (1Q87) and the third quarter of 1988 (3Q88), cocaine mentions dropped by 47 percent through the second quarter of 1990 (2Q90). Over the next two quarters, mentions again increased by 45 percent. Over the following three quarters, however, mentions again declined by 48 percent to the current levels shown.

As shown in Exhibit 3, cocaine treatment admissions increased to constitute the largest group in treatment during 1987 and 1988, making up almost 40 percent of all admissions to funded treatment programs in Colorado in 1988. However, this proportion has declined slightly though steadily each year, to 28.5 percent for the first quarter of 1991. The proportion of new cocaine users entering treatment has also declined substantially since 1988, from 31.9 percent to the current 20.2 percent (see Exhibit 4).

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\* Death rates are taken from both underlying and additional causes of death attributable to drugs in Colorado.

Exhibit 5 displays information on the demographics and substance use indicators according to primary drug type for treatment admissions during 1990. As shown, the age of the cocaine-using population in treatment has increased over the past several years to an average of 30.1 years, with a median of 30 years. The proportion of females in treatment has remained stable, constituting about a third of the cocaine treatment population. The proportion of minorities in treatment has continued to increase. The current levels of 27 percent black clients and 15.9 percent hispanic clients represent substantial increases from the 8 percent and 4.7 percent representations (respectively) seen in 1984. The mean and median years of education remain very close to 12 years. The average monthly income for 1990 was \$624, with a median of \$400. This figure has been steadily dropping since 1986, when the average monthly income was reported at \$1233.

Most cocaine clients admitted to treatment in 1990 reported prior alcohol or drug treatment experience (56.3 percent). The majority (55.7 percent) had also been arrested for a non-DUI offense in the two years prior to admission. A few (12.8 percent) had also been arrested for DUI during the two years prior to admission.

Binge users and those who used more than three times per day represented around a quarter of admissions prior to 1989, but this proportion increased to 37.5 percent in 1989 and dropped slightly to 36 percent in 1990. The average years of use and years of abuse increased in 1990, to 7.8 and 5.8 years respectively. However, the medians for both of these parameters remained constant, at 6 years of use and 4 years of abuse. An increasing proportion of primary cocaine users report the use of a secondary substance, currently 77.4 percent. The most commonly reported secondary substances are alcohol (38.4 percent) and marijuana (29.1 percent).

Exhibit 6 displays the routes of administration reported by primary cocaine users admitted to treatment. The proportion of cocaine smokers has increased from 9.3 percent of the treatment population in 1985 to 42.4 percent in 1990. Concomitant decreases were observed in the proportions of those reporting inhalation and intravenous use.

According to the Drug Enforcement Agency (DEA), 70 percent of all the available cocaine comes into the country from the southwest corridor. This route moves across South America, Mexico, and over the Mexican border via motor vehicle. Currently, cocaine is rarely flown into the U.S. across this border.

Cocaine prices are constant, with a gram costing between \$75 and \$120, an eighth-ounce between \$190 and \$275, and an ounce between \$1000 and \$2000. In Denver, larger quantities sell for between \$10,000 and \$20,000 per pound, and between \$21,000 and \$30,000 per kilogram. In Boulder, quantity prices seem to be a bit lower, with a pound selling for between \$10,000 and \$12,000, and a kilogram for between \$15,000 and \$25,000. The Denver Police Department reports cocaine purity between 55 percent and 96 percent, while the Boulder Police Department reports purity between 40 percent and 80 percent. More recently, however, the Boulder Police Department has noted that cocaine has

become more difficult to obtain, with prices increasing as high as \$150 a gram, and purities as low as 30-35 percent.

Denver treatment programs have reports that cocaine prices are low, at \$80 to \$100 per gram and \$800 to \$900 per ounce. No significant changes have occurred in terms of availability.

In Pueblo, availability is excellent and the prices are low, at \$80 to \$100 per gram. However, purity is only about 25 percent. No major busts have occurred in the past six months, and a moving crack house continues to exist in that area. In Colorado Springs, cocaine prices vary between \$80 and \$120 per gram.

The Greeley Police Department reports that the supply and the availability in that area are as great as ever. Price is consistent at \$100 per gram. The cocaine recently purchased and seized has been of very high purity, though just how high is unknown.

In southwest Colorado, cocaine is reported to be one of the most commonly used drugs. No crack cocaine has been seized by law enforcement officials in this area, but among the treatment population there are reports of creating smokable cocaine using the 'baking soda' method. No information on purity is available, but prices in this area are reported to be \$250 to \$350 per eighth-ounce.

Crack cocaine remains 90 percent pure, and is available in Denver, Boulder, and Colorado Springs. According to Denver-area and Colorado Springs treatment clients, a rock will sell for \$20. According to the Denver Police Department, a .10 gram rock will sell for between \$10 and \$25. In Boulder, a rock between .05 and .10 grams sells for \$25 and \$50.

## 2. HEROIN/OTHER OPIATES

Breaking out opiate-related deaths by type of narcotic (such as heroin) is not possible given our current data. Therefore, aggregate opiate death mentions are displayed in Exhibit 1. Opiate death mentions increased from 1.9 per one million population in 1983 to 11.3 in 1986. Following 1986, however, death mentions declined to 5.3 per one million population. This decline was interrupted slightly in 1988, but continued through 1990.

As previously mentioned, emergency room data are only available through the second quarter of 1990 (see Exhibit 2). Quarterly heroin/morphine emergency room mentions increased from 34 to 56 during the twelve months between 4Q88 and 3Q89. However, mentions decreased to 28 in 4Q89, rose to 40 in 1Q90, and then dropped significantly to 20 in 2Q90. Hepatitis B cases, on the other hand, remained stable between 1984 to 1987, after which a significant decline (24 percent) occurred. Cases have remained at this level since 1988 (see Exhibit 7).

Treatment admissions of heroin and other opiate abusers constituted 24.4 percent of the treatment population in 1986 (Exhibit 3). This proportion then steadily declined through 1989, to 12.3 percent. In 1990, however, a sharp increase to 21.8 percent occurred. Data from the first quarter of 1991 indicate a slight decline, to 19.6 percent. On the other hand, the proportions of new users entering treatment seems to have been continually decreasing since 1986, from 14.6 percent of the heroin-using treatment population to 8.8 percent in 1991 (Exhibit 4). This trend was interrupted slightly in 1989 with a 0.5 percent increase. The proportions of new users of other opiates entering treatment have followed the same pattern as observed among heroin admissions.

The two private methadone clinics in Colorado, both of which are located in Denver, began reporting on the DACODS in January, 1989. The data from these clinics were included in the analysis of the demographics and drug use patterns of heroin admissions, so that the information presented in Exhibit 5 would provide a more accurate picture of heroin users in Colorado. These data were omitted from the data presented in Exhibits 3 and 4, as these clinics did not report on the DACODS prior to 1989.

The age of the heroin-using population seeking treatment continues to increase, currently to an average of 36.4 years with a median of 36 years. Females comprise 36.8 percent of the population. Traditionally approximately half of the population is comprised of white clients, though the current 41.6 percent represents a substantial decrease. Black and hispanic clients respectively make up 15.3 percent and 41.8 percent of the treatment population. The average years of education is 11.4, while the median is 12 years. The current average monthly income is \$773, which is quite a bit lower than the \$1171 reported in 1985.

Almost three-fourths of clients admitted to treatment have had prior substance abuse treatment experience. Just under half (47.0 percent) were arrested in the two years prior to admission to treatment. A substantial proportion (16.3 percent) had also been arrested for DUI.

Of those heroin users entering treatment in 1990, 86.9 percent used the drug on at least a daily basis. Years of use and years of abuse have continued to increase, currently to averages of 15.2 years of use and 12.5 years of abuse. The median years of use and years of abuse are 16 and 12, respectively. Over half (54.0 percent) of heroin admissions report the use of a secondary substance, most often cocaine (23.0 percent) or alcohol (14.2 percent).

The DEA predicts that heroin will predominate in the drug trends of the 1990's. Currently, no mexican brown heroin has been seen by the DEA, and it appears that black tar is the only variety available. At the time this heroin comes across the U.S. border, it is 90% pure. Of course, it is diluted by the time it gets to the streets.

Black tar heroin has been showing up in the correctional facilities in Colorado. Apparently, some of the older users thought they could use it in the same way they used heroin in the past. This has resulted in four overdose deaths in the facilities.

According to reports from Denver treatment agencies, the availability of heroin remains constant and prices are stable. A 'pill' of black tar heroin is approximately 1/10th of a gram and costs between \$25 and \$35 per pill. Both the Denver Police Department and Denver treatment agencies report that they are seeing more use among older addicts in their late 30's and 40's.

A report from one Denver-area treatment agency stated that initial contacts for the purchase of heroin were made by phone until recently. Now, however, the contacts are made by pager to a 'runner' who then calls the dealer. Arrangements are made, and the heroin is delivered to a pick-up site, often at various stores on the west side of Denver. Three or four grams of heroin are obtained from the source for \$200 per gram. Each gram is individually wrapped in brown paper, and is sold separately for \$300 each, or is sold as pills for \$25 each. This heroin is obtained from southern California.

Black tar heroin from Mexico is transported to Denver by way of El Monte, California. A woodworking shop called 'The Factory' is used as a front for the distribution of tar heroin. The 'main man' has several runners in Denver who distribute the tar heroin to various customers for him. A gram of this tar heroin was made into 10 pills, which cost \$35 each. Most of the tar heroin pills sold in Denver are smaller, as 15 pills are usually made from a single gram, cost \$25, and are of lesser quality. The use of pay phones, electronic pagers, and codes facilitate the purchase of tar heroin in Denver.

An investigation of the west side of Denver uncovered Mexican black tar, with a purity of less than 80% (often closer to 60-70%). Because of several 'falling outs' and the involvement of more people, the quality of the heroin in this area has decreased, and the cost has been variable. In some cases, the cost has gone up, while in others it has fallen as low as \$185 per gram. Usually, however, a gram still costs between \$200 and \$300. Reports from the Denver Police Department indicate a much higher cost for black tar heroin, such as \$300 to \$450 per gram.

Heroin in the Pueblo area remains readily available, and is reportedly being used by more teenagers. Mexican brown is the most common type used, with about 20% purity and a price of about \$300 per gram. Black tar is also readily available for \$350 a gram, but the purity is being cut down to about 7%. In Colorado Springs, good quality black tar is available from Pueblo for between \$300 and \$400 per gram.

The Greeley Police Department has observed a resurgence in heroin use and sales this year. Two investigations of dealers involved with the Greeley heroin trade have been carried out so far this year. This group has been very difficult to get into, and is very careful to

protect its sources. On the two search warrants executed on these dealers, cocaine and marijuana were seized but almost no heroin. It appears that the dealers stock only quantities that they know can be sold immediately. Reported street prices in this area are \$300 per gram.

Very little or no heroin activity has been reported in Boulder, Durango, or the central Rocky Mountain region. However, the Boulder Police Department does report gram heroin prices at \$400 to \$600 for tar heroin of 50% purity, and \$100 to \$200 for brown heroin of 4% purity.

The Denver Police Department reported that fentanyl is being sold as tar heroin in Denver. This 'heroin' smells like chocolate, because the fentanyl is being cut with chocolate. Fentanyl is a white powder material that has been widely manufactured and dispensed in the San Francisco area under the name of 'China White'. This name is used to imply that the material is white heroin when in fact the powder contains fentanyl or a fentanyl derivative. Fentanyl is usually sold in decks or bindles similar to cocaine. The standard street strength is 1 to 5 micrograms in 20 to 40 milligrams of sugar. This material is reported to be extremely dangerous, as the inhalation of a few grains of fentanyl may result in serious injury. Some fentanyl derivatives may even be absorbed through the skin. Fentanyl cannot be detected in urine, because it is metabolized very quickly.

The DEA has been investigating Dilaudid diversion in the Colorado Springs area. The individuals involved in this are also the same people involved with black tar heroin. Many physicians are writing scripts for this drug, which is selling for \$45 on the street. A treatment agency in the area confirms the availability of Dilaudid, but reports a price of \$40 per tablet.

The Denver Police Department reports that the over-all availability of prescription drugs on the streets is increasing. The prices for these drugs can be as much as \$30 to \$60 per tablet for Dilaudid, \$30 to \$35 for Percodan, Percocet, or Vicodan, and as low as \$10 per tablet for such items as Tylenol with Codeine and Valium. One method of obtaining prescription drugs illegally is through the use of stolen blank prescription forms which sell on the street for \$5 to \$10 each, or forged prescriptions that sell for as much as \$25 each.

Soma, which is used in combination with heroin, is also being obtained in Colorado from prescription drug diversion.

### 3. MARIJUANA

As shown in Exhibit 2, the number of emergency room mentions of marijuana dropped by 42 percent between the third quarter of 1989 and the first quarter of 1990. This was followed by an 18 percent increase during the second quarter of 1990.



The proportion of admissions to treatment for marijuana use had increased to 40.6 percent in 1989, but this proportion dropped to 35.9 percent in 1990 (Exhibit 3). Data from the first quarter indicate that this proportion may remain stable in 1991. The proportion of new users in treatment was 26.5 percent in 1989, but in 1990 this figure dropped to 20.3 percent. Data from the first three months of 1991 indicate that this proportion may decline even further.

The population seeking treatment for marijuana use tends to be in their 20's, with the current average age at 28.9 years and the median at 23 years. Females in this group comprise the smallest proportion seen in any of the primary drug groups, at 19.7 percent. The majority of the marijuana treatment population are white (63.9 percent), while over a fourth are hispanic (26.5 percent). Average years of education in 1990 was 10.9, with a median of 11. Average monthly income was \$581, while the median was \$400.

Just under half have had prior substance abuse treatment (46.4 percent). Most have been arrested in the two years prior to treatment, with 10.9 percent having been arrested for DUI, and 58.4 percent having been arrested for another offense.

Over half of the marijuana treatment population admitted in 1990 were daily users (55.8 percent). Average years of use is currently 7.8 with a median of 6 years. The average years of abuse is 5.8 with a median of 4 years. These figures represent a decline from those observed in prior years. The vast majority (81.7 percent) of primary marijuana users report the use of a secondary drug. The most common secondary drug is alcohol (57.0 percent), followed by cocaine (13.1 percent).

The DEA reports that current marijuana trends involve small home-grown operations of 10 to 20 plants. The infra-red detectors currently in use cannot pick these up, so the DEA is investing in small hand-held detectors to investigate suspected houses.

According to reports from one Denver-area treatment agency, though marijuana was scarce six months ago it currently appears to be fairly available at \$135-140 an ounce and \$30-40 per quarter-ounce. One treatment client reported buying \$10 bags, from which 10 to 12 joints could be made. The marijuana quality is considered to be from good to excellent. A dealer told another client that the marijuana supply was going to dry up soon. According to the adolescents at this agency, the potency of marijuana is up and it can be purchased for \$80 an ounce. Another report quoted a price of \$120 an ounce for imported sinsimilla.

Conversely, the Boulder Police Department reports that the quality and availability of marijuana has been drastically reduced over the past year, and that it has become very expensive. The Boulder and the Denver Police Department state current prices are from \$1000-\$2,600 per pound and \$135-\$200 per ounce of sinsimilla, and \$800-\$1,200 per pound and \$20-\$100 per ounce of common Mexican. Columbian

is selling for \$500-\$800 per pound and \$75-\$250 per ounce, while domestic marijuana is going for \$1,000-\$1,800 per pound. Mexican Indica is selling for \$2,200 per pound. Lebanese hashish is \$900-\$1100 per pound and \$110-\$210 per ounce, while Afgan hashish is more expensive at \$1650-\$2000 per pound and \$140-\$190 per ounce. A half-gram of "blackball" hash sells for \$7 to \$10.

In Colorado Springs, good quality hashish was recently very plentiful for \$10 to \$15 per gram. However, the latest word is that this supply is almost gone. In accordance with the reports from the Boulder and Denver Police Departments, the marijuana supply is drying up. "Rag weed" prices have increased from \$100 an ounce up to as high as \$250 an ounce.

Marijuana availability in Pueblo is reported to be good due to a recent harvest. Home-grown continues to be common, but much is coming in from other counties and Mexico. The quality is high, with the cost down to \$120 an ounce and \$1,300 per pound. Sinsimilla, however, can cost up to \$2000 per pound.

In the Greeley area, marijuana has been and continues to be readily available. Street prices are generally between \$35 and \$50 per quarter-ounce, and \$140 per ounce. The quality varies considerably. Much of the marijuana seized in Greeley is believed to originate in Mexico. There is a large Mexican national population in the Greeley area, which creates a continuous flow of people and vehicles between Mexico and Greeley.

In Durango and the central Rockies, marijuana use remains high. In Durango, however, it is becoming more scarce, with quality reported as good to average. Prices vary considerably, from \$30 to \$150 per quarter ounce. It is believed that the marijuana coming into the Rocky Mountain region is much more potent than it was five years ago.

#### 4. STIMULANTS

Treatment admissions for primary amphetamine users remained stable between 1984 and 1990, fluctuating between 6.3 percent and 7.3 percent of the treatment population (Exhibit 3). Primary amphetamine users tend to be in their late 20's, with an average age of 29.2 years and a median of 29 (Exhibit 5). Just under 40 percent are female, and the vast majority are white (90.9 percent). The average years of education for this population is 11.3 years, with a median of 12 years. The monthly income is low, with an average of \$519 and a median of \$386.

Over half of the amphetamine treatment population has been involved with substance abuse treatment before (56.8 percent), and most have been arrested in the two years prior to the most recent treatment admission (13.2 percent for DUI, 61.9 percent for other offenses).

Sixty-seven percent use amphetamines at least once a day, while 29 percent use more than three times per day. This population generally has a long history of use, with the average number of years of use being 10.3 (with a median of 9 years) and the average years of abuse being 8.1 years (median = 6 years). Secondary substance use is common, with 83.8 percent reporting the use of a secondary drug. Most often this secondary drug is marijuana, with 31.4 percent reporting such use, followed by alcohol (27.1 percent) and cocaine (17.8 percent).

The recently implemented precursor controls mandate that a distributor of methamphetamine precursor chemicals must report any purchases of over a certain quantity. However, methamphetamine manufacturers have been getting around these controls by going to several distributors and buying just under the threshold amount at each.

The Palmer Lake 'ice' case previously reported was traced to a lab in Seattle. The individuals who had been operating this lab contended that the D-methamphetamine recovered in Palmer Lake and at the lab was the same as that they had been producing for the last 10 years. These individuals had been mailing this drug, which was confirmed to be D-methamphetamine, all around the country.

In the Montrose area, several overdoses, one death, and one coma are attributed to the use of pure Dextro-methamphetamine. The samples were analyzed as being pure, with no cutting agents detected. The method of administration is suspected to be injection.

Reports of ice have been made by treatment clients in Pueblo and in Denver, although these reports are unsubstantiated. The Denver reports are mainly from adolescents, who claim that there is currently more ice in Denver than there was a year ago. It was also reported that three rocks sell for \$30.

Denver treatment clients also report that methamphetamine availability is increasing. One report states that the source is local, while another gives California as the source. The price was quoted to be \$250 per eighth-ounce. Crystal methamphetamine is being used in combination with paint. The crystal is injected and the paint is huffed from a baggie, which is passed around among several people.

The Denver Police Department reports methamphetamine purities between 60 percent and 95 percent, with a gram selling for \$90 to \$125. Larger quantities sell for \$1200-\$1800 per ounce, \$10,000-\$20,000 per pound, and \$16,000-\$30,000 per kilogram. In Boulder, methamphetamine appears to be cheaper and less pure, as the Boulder Police Department reports purities between 20 percent and 80 percent, and gram prices at \$75 to \$100. Ounces in Boulder sell for \$1200-\$1400, pounds for \$12,000-\$15,000, and kilograms for \$16,000-\$27,000.

In Pueblo, methamphetamine availability is excellent with purity being as high as 70 percent. The price is higher than that reported in Denver and Boulder, at \$100 a gram and \$2,500 an ounce. It is being mixed with cocaine to provide a longer-lasting high. It is being used with more frequency by teenagers in the area. The primary method of administration is intravenous. Almost all use among adults in Colorado Springs is also intravenous, while inhalation is the only method of administration reported among adolescents.

## 5. HALLUCINOGENS

Only one hallucinogen-involved death was reported between 1980 and 1986. However, two or three such deaths have been reported every year since 1987.

Primary hallucinogen users have made up 2.6 percent or less of the treatment population every year since 1984 (Exhibit 3).

The DEA has heard that dosage units of available LSD are increasing, sometimes up to several hundred micrograms per blotter. On the other hand, a chemist in Los Angeles reported that dosage units were about 50 micrograms a year ago, while they are currently down to 40 micrograms. Reports of the higher dosage units may be outliers, as the process of applying dosage units to blotters is somewhat sloppy.

Reports on the availability and quality of LSD in Denver are conflicting - some say it is readily available, while others report that availability is decreasing. Some reports state that the purity is greatly reduced, while others state that it is more potent. Prices vary from \$1.50 to \$6 per dosage unit. Quantity prices are reported by the Denver Police Department to be \$90 to \$120 for a page of 100 dosage units, and \$100 for 10 c.c.'s of liquid LSD.

Psilocybin mushroom prices are reported by the Denver Police Department to be \$60-\$200 per ounce, \$175 per quarter-pound, and \$500 per pound.

The Boulder Police Department is continuing to experience a trend in arrests and seizures involving hallucinogenic drugs, primarily LSD in blotter and liquid form, and psilocybin mushrooms. LSD is becoming the drug of choice among Boulder high school and college students. LSD is readily available in Boulder, and is very inexpensive at \$1 per dosage unit and \$75-\$100 per sheet of 100 units. The potency is also very high, up to 75 micrograms per hit.

LSD use is also still prevalent in Colorado Springs and in Pueblo. Prices in these areas are \$4 to \$5 per hit. Potency is reported to have increased. The Greeley Police Department has encountered a lot more LSD than in the past. The LSD in the area has been coming from Loveland. Prices in Greeley are high, at \$5 to \$10 per hit.

Prices in the Durango area are also \$5 to \$10 per hit. Hallucinogens are reported to be common in Durango, Telluride, Pagosa Springs, and Silverton, but are rare in Cortez and Ignacio. Mushrooms have been less common recently in the southwest areas of the state than in the past.

In the central Rocky Mountain region, the most significant trend observed is in the increased availability and use of mushrooms and LSD by both adults and teenagers. The increased use has been attributed to the low cost and ease of production of these substances. Law enforcement officers are seeing more 'natural' mushrooms than those that are simply touched with LSD, as were often seen in the past. Five arrests involving mushrooms have been made recently in Summit county.

MDMA (ecstasy) prices in Denver are \$25 for a tablet, \$60 a gram, and \$175 for an eighth-ounce. MDMA use is quite prevalent in Colorado Springs. Whereas use in this city in the past was confined to a college campus, it seems to have spread to the rest of the community. The price of a gram of mescaline in Denver is currently \$60.

Adolescents at one Denver treatment program reported the presence of a new designer drug called 'Eve' which sells for \$12.50 a hit. The effects are reported to be similar to those of MDMA, but last only six hours. It is in a powder form and is mixed with black mollies, which is an amphetamine.

#### 6. OTHER DRUGS

The proportion of primary inhalant abusers in treatment had declined from 3.4 percent in 1985 to 1.4 percent in 1990. This proportion increased substantially in the first three months of 1991, to 3.4 percent (Exhibit 3).

Among clients at a Denver treatment program, Scotchguard is being used frequently by the older toxic vapor users, especially Viet Nam veterans and bikers. Users claim there is an increased high and increased sexuality. The Scotchguard is usually passed around along with a bottle of Everclear.

Scotchguard use is also popular in Colorado Springs, where clients also report the abuse of hair gels such as Afro-Sheen. The gel is rubbed between the palms of the hands until it turns to a powder, which is then inhaled. The high is reportedly mild, with basically the same effects as inhalants.

Dramamine use is still popular in Colorado Springs, where Bianca is also being used to get high. It is sprayed under the tongue, and it produces the effect of an intoxication.

The DEA Denver office has been working on the Ritalin problem. Sixty percent of all the Ritalin in Colorado goes into El Paso county. Ritalin is also very popular in Wyoming and in Utah. Three Ritalin overdoses occurred in Pueblo two weeks ago, all involving adults. Two of these individuals were mixing Ritalin with diazepam and injecting it. The third, however, injected a combination of Ritalin, diazepam, and methamphetamine.

Quaaludes were reported in the Las Vegas, Nevada area. Some were from New York, and appeared to be grey discs in shrink-wrap. Others were white tablets that looked like the Quaaludes of the '70's.

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

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Of the 1,762 AIDS cases reported in Colorado through April 30, 1991, 5.6 percent were classified as intravenous drug users (IVDUs) and 9.8 percent were homosexual or bisexual males as well as IVDUs (Exhibit 8).

The two larger Denver area treatment programs have a consistent caseload of HIV-positive individuals enrolled in treatment at any given time. One of these programs consistently has 14 HIV-positive clients, 4 of which have full-blown AIDS. The other reports that between 3 percent and 3.5 percent of their client population is HIV-positive at any given time.

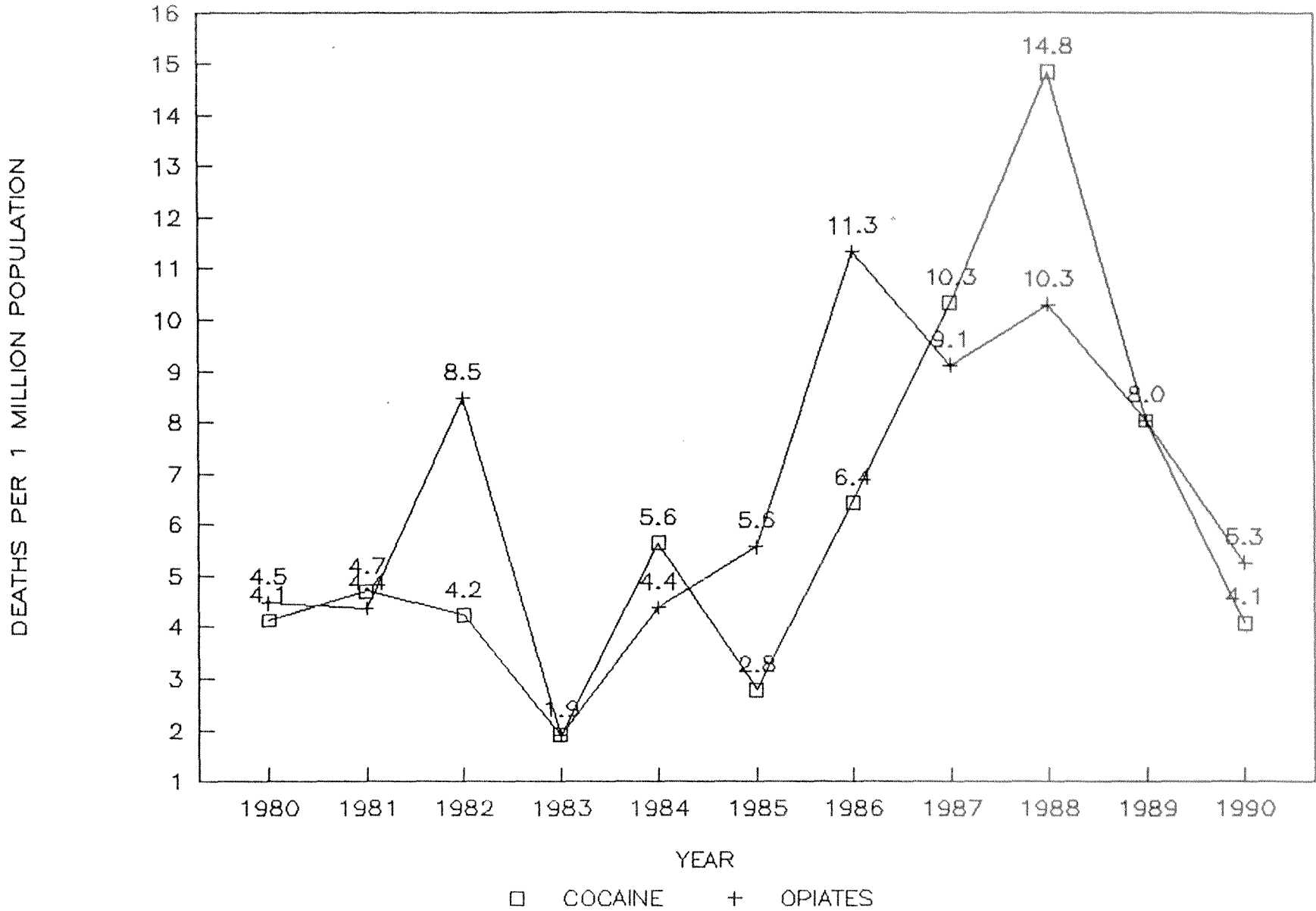
The program in Pueblo has been testing clients at intake for the past year, with no positive results. In Summit county, however, there are 20 HIV-positive individuals, 10 of whom have AIDS. All of these people moved into Summit county after contracting the virus.

EXHIBITS

EXHIBIT 1

# COLORADO DRUG RELATED DEATHS: 1980-1990

## COCAINE AND OPIATES





# DENVER EMERGENCY ROOM DATA

NO. OF MENTIONS BY QTR: 1987-1990

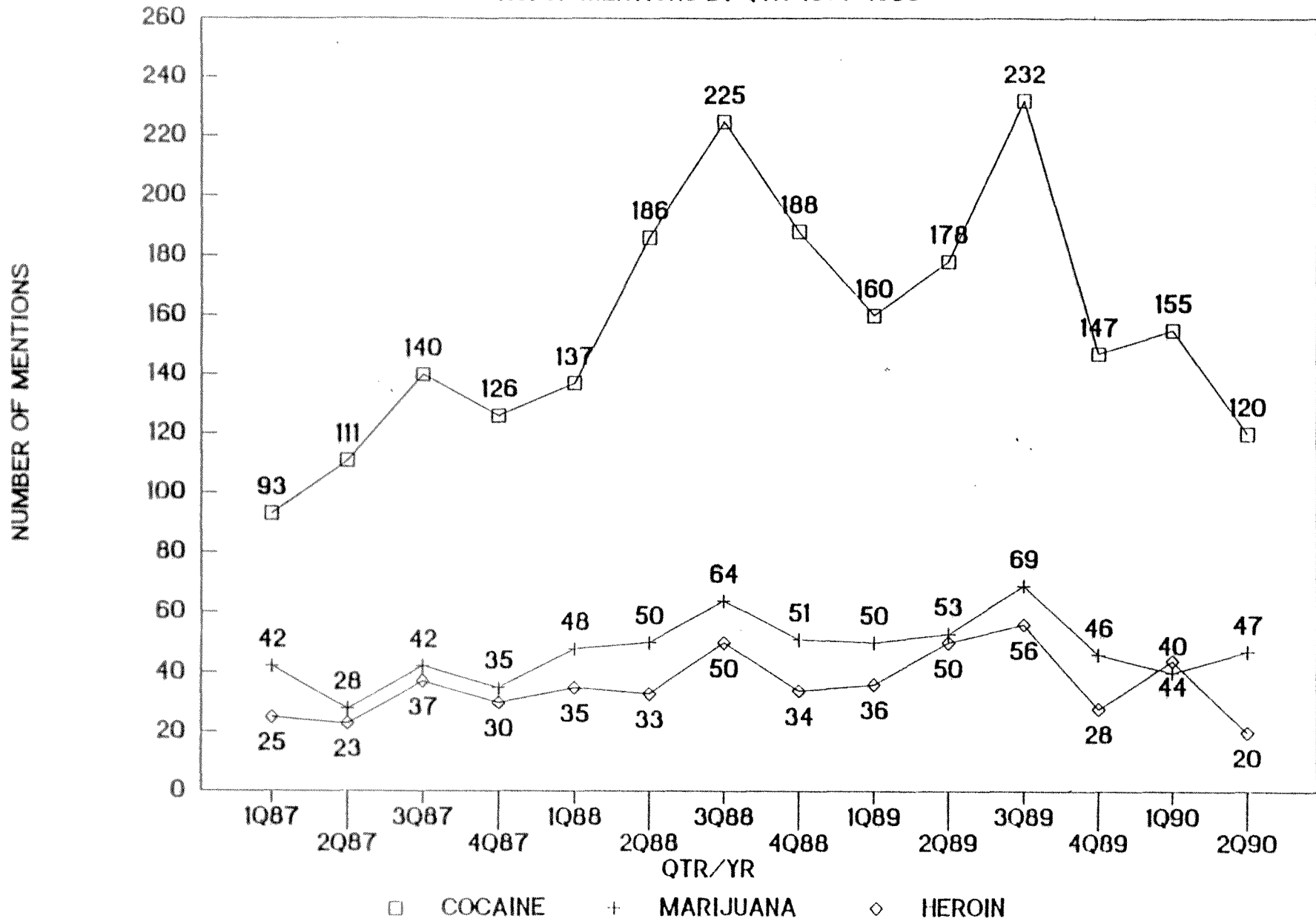


EXHIBIT 3

PRIMARY DRUG OF ABUSE AT  
TREATMENT ADMISSION  
(PERCENT OF ADMISSIONS)

SUBSTANCE	1984	1985	1986	1987	1988	1989	1990	1991*
Heroin	13.0	11.6	19.3	14.4	10.0	9.9	18.9	16.3
Other Opiates	7.4	6.9	5.1	4.8	3.3	2.4	2.9	3.3
Non-Rx Methadone	.3	.3	0	.2	.2	.2	.1	.3
Amphetamines	7.6	6.9	6.3	7.6	6.7	7.3	7.0	8.8
Cocaine	27.5	25.5	29.2	33.3	39.5	33.5	29.5	28.5
Marijuana	33.0	37.8	32.0	32.2	33.3	40.6	35.9	35.6
Barbiturates	.8	1.0	.3	.7	.4	.3	.4	.1
Sedatives	.6	.3	.4	.3	.3	.3	.1	.3
Tranquilizers	2.0	2.2	1.9	1.4	1.4	1.2	1.1	.8
Hallucinogens	2.6	2.5	1.8	2.4	2.1	1.9	1.5	1.4
Inhalants	3.4	3.4	2.1	1.4	1.3	1.3	1.4	3.4
OTC	.4	.4	.5	.3	.3	.3	.1	0
Other	1.4	1.2	1.1	1.0	1.2	.8	1.1	1.2
Total N	2,655	2,647	2,836	3,095	3,968	4,748	6,181	904

\* Based On First Quarter of 1991

EXHIBIT 4

USERS ENTERING TREATMENT WITHIN THE  
FIRST THREE YEARS OF USE

SUBSTANCE	1985	1986	1987	1977	1988	1990	1991*
<u>HEROIN</u>							
N New	39	80	54	43	53	113	13
% New (of total heroin admissions)	12.6	14.6	12.1	10.8	11.3	9.7	8.8
<u>OTHER OPIATES</u>							
N New	36	36	43	32	33	46	4
% New (of total other opiate adm.)	18.9	24.7	27.7	23.5	26.6	24.7	12.1
<u>COCAINE</u>							
N New	178	233	297	501	467	484	52
% New (of total cocaine adm.)	26.4	28.1	28.8	31.9	29.4	26.5	20.2
<u>MARIJUANA</u>							
N New	260	252	217	311	511	451	54
% New (of total Marijuana adm.)	26.0	27.8	21.7	23.5	26.5	20.3	16.8
<u>ALL DRUGS</u>							
N New	667	734	762	1,052	1,266	1,313	154
% New (of total drug admissions)	25.2	25.9	24.6	26.5	26.7	21.2	17.0

\* Based On Data From First Quarter of 1991

SOURCE: Colorado Department of Health  
Alcohol and Drug Abuse Division  
Drug/Alcohol Coordinated Data System

## EXHIBIT 5

1990 TREATMENT ADMISSIONS  
 DEMOGRAPHICS/USE INFORMATION  
 BY PRIMARY DRUG

	HEROIN	COCAINE	MARIJUANA	AMPHETAMINES
<u>Age</u>				
Less Than 21	.7	7.4	38.1	10.9
21-25	6.4	17.3	19.7	20.6
26-30	13.6	31.3	18.1	24.9
31-35	24.5	24.5	13.2	27.2
Over 35	54.8	19.5	10.8	16.3
Mean	36.43	30.08	28.85	29.23
Median	36.00	30.00	23.00	29.00
<u>Sex</u>				
Male	63.2	67.1	80.3	60.2
Female	36.8	32.9	19.7	39.8
<u>Race</u>				
White	41.6	55.8	63.9	90.9
Black	15.3	27.0	7.3	1.4
Hispanic	41.8	15.9	26.5	5.5
Native American	.8	.9	1.7	2.3
Other	.4	.4	.6	0
<u>Education</u>				
Less Than 12	41.1	35.2	57.5	45.4
12	37.7	40.5	30.2	38.1
13-16	18.2	21.4	10.8	14.5
More Than 16	3.0	2.9	1.4	2.0
Mean	11.40	11.87	10.91	11.32
Median	12.00	12.00	11.00	12.00
<u>Monthly Income</u>				
0	16.8	21.4	23.2	25.4
1-500	31.4	35.3	32.8	37.2
501-1,000	21.5	24.5	25.3	25.6
1,000-1,500	6.3	9.1	7.2	7.0
1,501-2,000	4.5	3.8	4.0	2.3
2,000+	19.5	5.9	7.6	2.5
Mean	773.49	624.64	581.66	519.21
Median	442.00	400.00	400.00	386.00
<u>Prior Drug/Alcohol Treatment</u>				
Yes	71.6	56.3	46.4	56.8
No	28.4	43.7	53.6	43.2
<u>Prior Arrests: Non-DUI</u>				
Yes	47.0	55.7	58.4	61.9
No	53.0	44.3	41.6	38.1

EXHIBIT 5  
CONTINUED

	HEROIN	COCAINE	MARIJUANA	AMPHETAMINES
<u>Prior Arrests: DUI</u>				
Yes	16.3	12.8	10.9	13.2
No	83.7	87.2	89.1	86.8
<u>Frequency Of Use</u>				
Less Than Once A Week	4.9	14.4	15.6	12.2
Once A Week	.9	5.7	7.3	4.8
Several Times A Week	6.6	21.8	21.1	16.1
Once A Day	12.1	10.4	13.9	15.8
Several Times A Day	47.2	11.5	17.2	14.0
More Than 3 Times A Day	27.6	23.0	19.5	29.4
Binge	.5	13.0	5.2	7.8
<u>Years Used</u>				
Less Than 3	6.7	17.9	14.1	12.3
3-5	12.2	27.6	20.8	22.7
6-10	16.6	28.3	22.2	22.7
Greater Than 10	64.5	26.2	42.9	42.3
Mean	15.24	7.82	10.26	10.25
Median	16.00	6.00	9.00	9.00
<u>Years Abused</u>				
Less Than 3	10.9	32.9	28.0	21.3
3-5	16.9	28.7	21.8	26.3
6-10	19.4	23.5	20.4	23.1
Greater Than 10	52.8	14.9	29.8	29.3
Mean	12.52	5.76	7.91	8.12
Median	12.00	4.00	6.00	6.00
<u>Secondary Substance Use</u>				
None	46.0	22.4	18.3	16.2
Cocaine	23.0	-	13.1	17.8
Heroin	-	2.1	.4	2.5
Other Opiates	6.0	.3	.1	.2
Non-Rx Methadone	.7	.1	0	.2
Alcohol	14.2	38.4	57.0	27.1
Amphetamines	1.4	5.4	4.2	-
Marijuana	6.3	29.1	-	31.4
Hallucinogens	.1	1.0	5.4	2.5
Inhalants	.2	.1	.5	.2
Barbiturates	.3	.1	0	.7
Other Sedatives	.1	.1	.1	0
Tranquilizers	1.4	.5	.1	.5
Other	.3	.4	.8	.7
Total N	1,658	1,827	2,227	440

# COLORADO COCAINE TRENDS: 1985-1990

ROUTE OF ADMINISTRATION

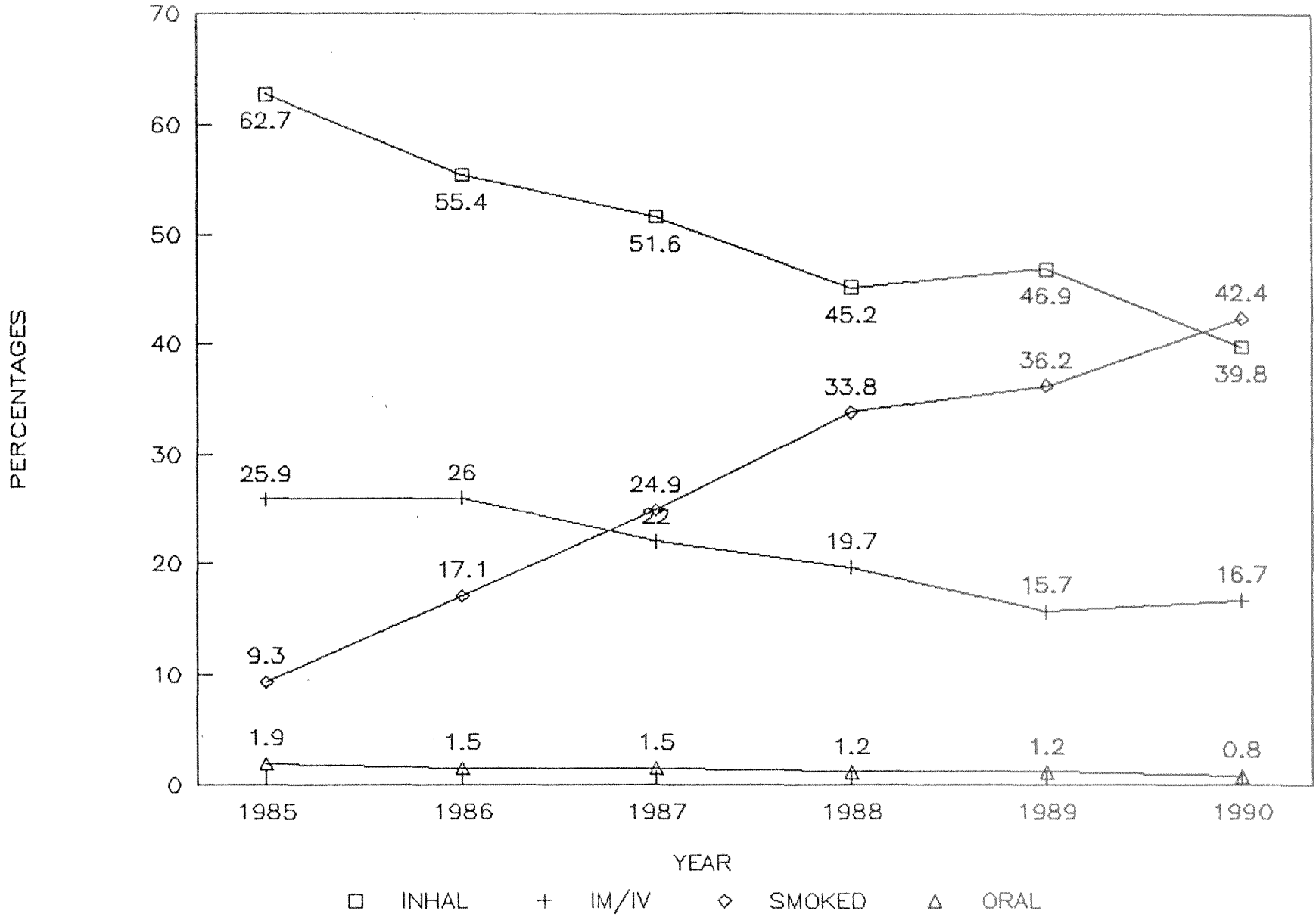
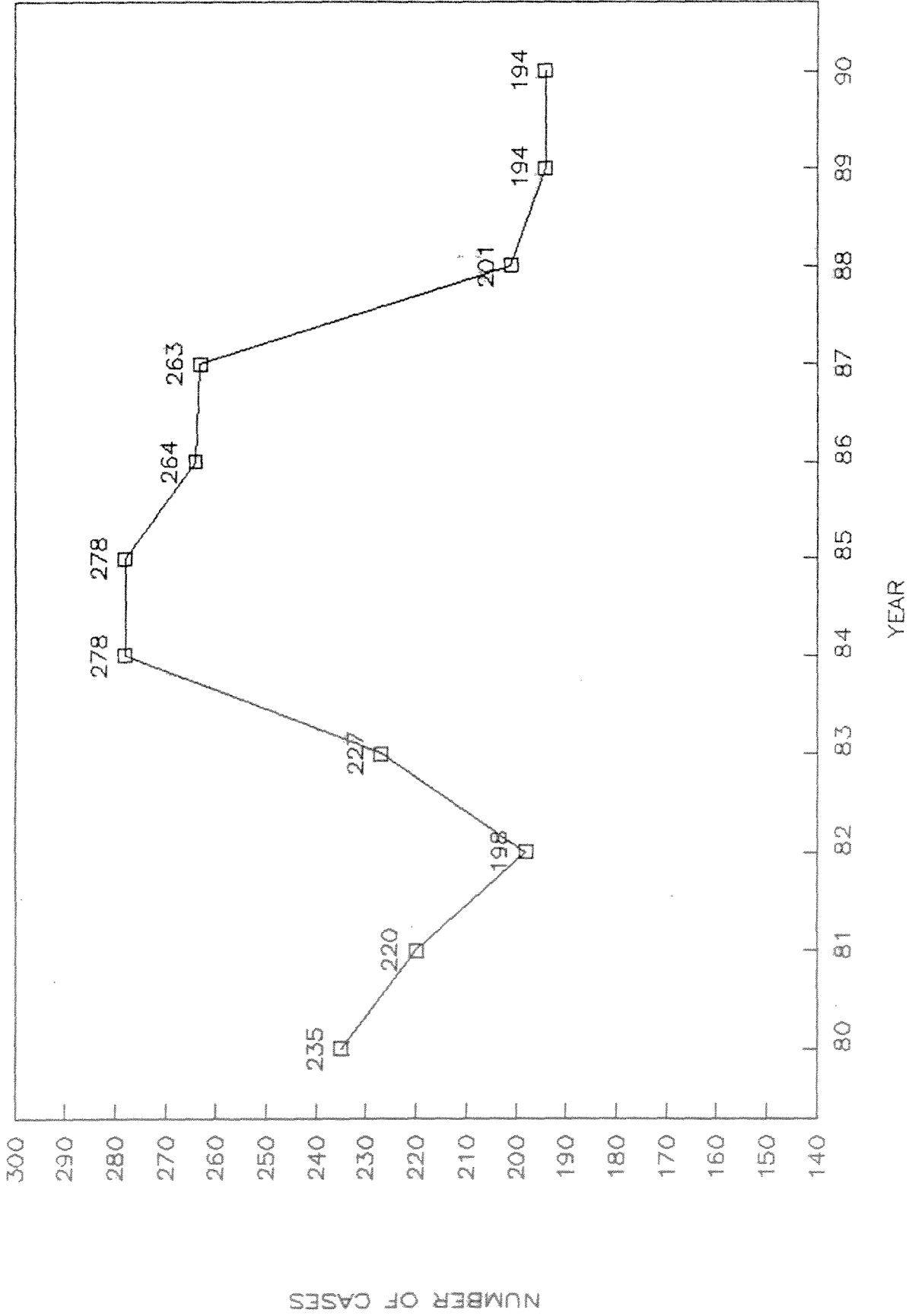


EXHIBIT 7

# COLORADO HEROIN TRENDS: 1980-1990

HEPATITIS TYPE-B CASES



## STATE OF COLORADO

## COLORADO DEPARTMENT OF HEALTH

4210 East 11th Avenue  
 Denver, Colorado 80220  
 Phone (303) 320-8333



Roy Romer  
 Governor

Thomas M. Vernon, M.D.  
 Executive Director

AIDS: STATUS IN COLORADO

April 30, 1991

<u>Number of Confirmed Cases</u>		1762	
<u>Cases by Sex</u>	Male	1681	(95.4%)
	Female	81	(4.6%)
<u>Current Mortality</u>	Alive	618	(35.1%)
	Dead	1144	(64.9%)
<u>Race</u>	<u>Age of Diagnosis</u>		
White 1448 (83%)	0-9	11	(.6%)
Black 132 (7%)	10-19	10	(.6%)
Hispanic 174 (10%)	20-29	346	(19.6%)
Other 8 (0%)	30-39	841	(47.7%)
	40-49	380	(21.6%)
	over 49	174	(9.9%)
<u>Transmission Categories:</u>			
Homosexual Male/Bisexual Male		1329	(75.4%)
IV Drug User		99	(5.6%)
Homosexual/Bisexual Male and IV Drug User		172	(9.8%)
Transfusion Recipient		40	(2.3%)
Hemophiliac		35	(2.0%)
Heterosexual Contact to High Risk Individual		46	(2.6%)
Undetermined Risk/No Identified Risk Factor		34	(1.9%)
Parent at Risk/has AIDS		7	(.4%)
<u>Geographic Distribution:</u>			
Denver Metropolitan Area		1506	(85.5%)
Southeast Colorado		46	(2.6%)
South Central Colorado		115	(6.5%)
Northeastern Colorado		55	(3.1%)
Western Colorado		40	(2.3%)
<u>Year of Diagnosis</u>	<u>Number of Cases</u>	<u>Number Deceased</u>	<u>(%)</u>
1982 January-December	8 (.7/mo)	7	88
1983 January-December	24 (2.0/mo)	24	100
1984 January-December	45 (3.8/mo)	45	100
1985 January-December	94 (7.8/mo)	88	94
1986 January-December	181 (15.1/mo)	167	92
1987 January-December	264 (22.0/mo)	221	84
1988 January-December	323 (26.9/mo)	236	73
1989 January-December	372 (31.0/mo)	219	59
1990 January-December	331 (27.6/mo)	116	35
1991 January-April	120 (30.0/mo)	21	18