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DRUG USE TRENDS IN DENVER AND COLORADO

MAY 1992



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INTRODUCTION

1. Area Description

The city and county of Denver, the capital of Colorado, is located somewhat northeast of the state's center. 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 and Colorado 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, 1992. 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. These data represent drug related deaths which may involve the drug as an underlying or additional cause.
- **Drug Abuse Warning Network (DAWN)** presents data on drug abuse related emergency room (ER) mentions. The data are weighted estimates representing all drug abuse related ER mentions in the Denver Metropolitan area.
- **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 and from several non-funded agencies who are under special reporting requirements. Data elements include demographics and severity indicators (e.g., arrests, prior treatment episodes, drug use patterns, employment).
- **Drug Use Forecasting (DUF)** data reports on arrestee urinalysis results based on studies conducted under the auspices of the National Institute of Justice. DUF data in Colorado are collected and analyzed by the Division of Criminal Justice, Office of Research and Statistics.
- **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 during the Colorado State Epidemiology Work Group meetings.
- **Acquired Immunodeficiency Syndrome (AIDS)** data are available from the Sexually Transmitted Disease Control Section, Colorado Department of Health.
- **Hospital Admission/Discharge Data** are available from the Colorado Hospital Association through the Department of Health, Health statistics Section. Data included are diagnoses (ICD9-CM codes) for inpatient clients at admission and discharge for all acute care hospitals and some rehabilitation and psychiatric hospitals. These data do not include emergency room care.

DRUG ABUSE TRENDS

1. Cocaine

While cocaine trends are still down from 1988 peaks, some indicators for 1991 show moderate or substantial increases over 1990. As indicated in Exhibit 1, cocaine related deaths rose from 2.8 per million population in 1985 to 15 million in 1988, more than a 400 percent increase. From 1988, however, cocaine related deaths per 1 million population dropped to 8.2 in 1989 and to only 4.2 in 1990. This pattern was dramatically reversed in 1991, during which time 41 cocaine related deaths were reported. This is nearly three times as many as in 1990. These 41 deaths represent a rate of 12.3 per 1 million population, the highest such rate in any of the prior eleven years except for 1988 (15 per 1 million population).

Also shown in Exhibit 1 are emergency room (ER) mentions for cocaine from 1989 to 1991. The mentions have been changed from weighted estimates into rates per 100,000 population for the Denver SMSA.* As indicated, cocaine ER mentions declined from 59.9 per 100,000 population in 1989 to only 39.2 in 1990. However, estimating from data for three quarters of 1991, cocaine ER mentions increased substantially to 51 per 100,000 population.

Quarterly weighted estimates of ER mentions for cocaine, marijuana, heroin and methamphetamine are shown in Exhibit 2 from the first quarter of 1989 through the third quarter of 1991. As indicated, quarterly mentions for cocaine rose sharply from 195 in the first quarter of 1989 to 291 in the third quarter of 1989, a 59 percent increase. From there, however, they dropped by 41 percent (to 172 mentions) in the first quarter of 1990, increased slightly to 193, or by 12.2 percent, in the second quarter of 1990 then dropped steadily to only 110 mentions by the first quarter of 1991. At this point a dramatic upward trend began with an increase of 81 percent to 199 mentions in the second quarter of 1991 and another increase of 29 percent to 249 mentions by the third quarter of 1991.

For the first time, Colorado hospital admission/discharge data are available for 1989 through 1991 from hospitals around the state. These data relate to inpatient episodes only and do not include emergency room episodes. As shown, cocaine related hospital episodes decreased sharply from 39.8 per 100,000 population in 1989 to only 23.9 in 1990, a 40 percent drop. However, for 1991** the rate of cocaine related inpatient episodes increased slightly to 25 per 100,000, or by 4.6 percent (Exhibit 1).

* Standard Metropolitan Statistical Area

** Number projected using data from the first three quarters of 1991

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. From 1988, however, this proportion declined to 33.5 percent in 1989 and 29.5 percent in 1990. For 1991, however, a sharp increase in the proportion of cocaine admissions was observed (35.4 percent). Except for the 1988 peak, this was the highest percentage seen in the last seven years (Exhibit 1 and Exhibit 3).

Despite the increase in the proportion of cocaine admissions in the most recent reporting period, the proportion of new cocaine users* (Exhibit 1 and Exhibit 4) continues to decline. For 1991, only 21 percent reported being a "new user", down from 26.5 percent in 1990 and substantially down from the 1987 peak of 31.9 percent.

Exhibit 5 displays information on demographics and substance use indicators according to primary drug type for clients admitted to treatment during 1991. As shown, the average age of the cocaine using population is 30.3 years with a median of 30 years, representing a steady increase over the past seven 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 continues to increase. The current levels of 31.9 percent Black clients and 16.1 percent Hispanic clients represent small increases over 1990 (27.5 percent and 16 percent, respectively) and substantial increases from the 8 percent and 4.7 percent representations (respectively) observed in 1984. The mean and median years of education remain very close to 12 years. The average monthly income for 1991 was \$572, with a median of \$356. This figure has been steadily dropping since 1986, when the average monthly income was reported at \$1,233.

A substantial proportion of cocaine clients admitted to treatment in 1991 reported prior alcohol or drug treatment experiences (48.8 percent). Slightly less than one third (31.4 percent) had also been arrested for a non-DUI offense in the two years prior to admission. In addition, a small percentage (11.4 percent) had been arrested for DUI during the two years before admission.

Binge users and those who used cocaine more than once a day represented slightly less than one quarter of admissions in 1991. This is approximately the same proportion reported prior to 1989, but down from the 37.5 percent and 36 percent observed in 1989 and 1990 respectively. The average years of use and abuse however, increased in 1991 to 8.7 and 6.1 years, respectively. A slightly smaller proportion reported a secondary substance of abuse in 1991 (75 percent) in comparison to 1990 (77.6 percent). The most commonly reported secondary substances were alcohol (43.5 percent) and marijuana (24.8 percent).

* Those who were admitted to treatment within three years of their initial use of cocaine.

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 50.6 percent in 1991. Concomitant decreases were observed in the proportions of those reporting inhalation and intravenous use.

Exhibits 7 and 8 show Drug Use Forecasting (DUF) data for a sample of male and female arrestees in Denver for nine reporting periods between February, 1990 and February 1992. Exhibit 7 illustrates drugs found in urinalyses of samples of male arrestees for the reporting periods shown. The total number sampled in each reporting period is indicated at the bottom of the graph above the X-axis (labeled n for report period). Looking at some comparable reporting periods, the percentage of male arrestees testing positive for cocaine was 30 percent in the first study period (2/90), 31 percent a year later (2/91 study period) and had risen dramatically to 42 percent by the 2/92 study period.

Interestingly, samples of female arrestees (Exhibit 8) tested positive for cocaine at the same or higher levels than their male counterparts for each of the nine reporting periods. Again the N for each reporting period is shown above the x-axis. As indicated, 46 percent of females tested positive for cocaine in the 2/90 study period. From this point, the "positive for cocaine" percentages showed an up and down pattern through the 2/92 reporting period, at which time 46 percent of female arrestees again tested positive for cocaine.

The Denver police department reports an increase in cocaine occurred in Denver in 1992. Seizures by the General Narcotic Section, which excludes the Airport and Major Peddler Units, doubled between 1990 and 1991. Prices have also declined steadily over the past year. An eighth-ounce will now cost \$160 to \$165, and kilogram prices have declined from between \$21,000 and \$22,000 last year to between \$16,000 and \$18,000 currently. However, reports have indicated that the cocaine supply has been limited in 1992.

The Denver field division of the Drug Enforcement Agency (DEA) reports that cocaine remains the drug of choice, and is readily available throughout the Rocky Mountain region. Prices range from \$75 to \$100 a gram, \$800 to \$1500 an ounce, and \$10,000 to \$15,000 per pound. Kilogram prices are between \$16,000 and \$25,000. Purities range between 20 percent and 90 percent. Users come from all population groups, but an increase in Mexican Nationals identified as distributors and sources for large quantities has been observed.

In the Denver treatment community, cocaine is the primary drug for 75 percent of admissions to the adult therapeutic communities. The preferred route of administration is smoking, and gram

prices are still \$90 to \$100. Cocaine is also being sold by the "inch", at \$15 to \$20 per inch. A lot of speed balling is being practiced, including among methadone clients. A lot of "cuffing", or fronting of drugs is occurring.

In El Paso county, prices are high, at \$90 to \$120 for a gram and \$200 to \$300 per eighth-ounce. In Greeley, seizures by the police department during the first quarter almost tripled those in the first quarter of last year. Prices and availability are consistent, at \$100 per gram, \$170 to \$200 for an eight-ball. Purity is very high, as nearly all police department purchases and seizures have been over 90 percent pure.

Cocaine also continues to be one of the drugs of choice in the central mountains. However, it has become more difficult to obtain due to limited supply and cost.

The DEA continues to consider crack cocaine a significant problem for local law enforcement in the region. Crack is still supplied almost exclusively by the Los Angeles based street gangs.

2. Heroin/Other Opiates

For 1991, heroin/opiate related indicators show a mixed picture. 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 described (Exhibit 9). Opiate death mentions increased from 5.6 per 1 million population in 1985 to 11.4 in 1986. Following 1986, however, death mentions declined to 5.5 per 1 million population by 1990, with only a slight increase from 1987 to 1988 interrupting the downward trend. For 1991, however, opiate related deaths increased to 9.9 deaths per 1 million population, a sharp increase over the prior year.

Also shown in Exhibit 9 are Hepatitis B cases in Colorado from 1985 to 1991. As indicated the rate has dropped from 8.69 cases per 100,000 in 1985 to only 4.70 in 1991.

Emergency room (ER) mentions for heroin from 1989 to 1991 are shown in Exhibits 2 and 9. As indicated in Exhibit 9, heroin ER mentions per 100,000 declined from 13.1 to 9.2 from 1989 to 1990 and remained static at 9.0 for 1991.

As for quarterly heroin mentions (Exhibit 2), an increase of 56 percent (41 to 64) was observed between the first and third quarters of 1989. However, from that point heroin ER mentions began an overall decline to only 33 mentions by the third quarter of 1991. This was despite "spikes" observed in the first and third quarters of 1990.

Narcotic-related hospital inpatient episodes constituted 17.1 per 100,000 population in 1989. This declined to 15.8 in 1990 and to only 13.9 for 1991* (Exhibit 9).

Treatment admissions of heroin and other opiate abusers constituted 24.4 percent of the treatment population in 1986. This proportion then steadily declined through 1989 to 12.3 percent. In 1990, however, a sharp increase to 21.7 percent occurred. Data from 1991 again indicated a slight increase, to 23.2 percent. On the other hand, the proportions of new users entering treatment for opiates seems to have been undergoing an overall decline since 1986. The proportion of "new" heroin users in treatment has declined from a high of 14.6 percent in 1986 to only 8.2 percent in 1991. Likewise, the proportion of new users entering treatment for opiates other than heroin has dropped from a high of 27.7 percent in 1987 to 18.8 percent in 1991 (Exhibits 3, 4 and 9).

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, 4 and 9.

The average age of the heroin-using population in treatment in 1991 was 36.9 years, indicating a level trend from 1990 after years of increases. The median age of 37 years for 1991, however, was up slightly from 1990 (36 years). Females comprise 35.2 percent of the population, down slightly from 1990 (36.8 percent). The proportion of white clients in treatment in 1991 (47.8 percent) is higher than in 1990 (41.6 percent) or 1989 (43 percent) but lower than in 1988 or earlier years. For 1991, Black and Hispanic clients constituted 11.3 percent and 39.2 percent of treatment admissions, respectively. Comparable figures for 1990 were 15.3 percent of admissions for Blacks and 41.8 percent for Hispanics.

Approximately 7 in 10 clients had prior alcohol or drug treatment experiences and about one-third had been arrested for offenses other than a DUI in the two years prior to admission. Also, about 1 in 8 (12.7 percent) had been arrested for DUI.

Of those heroin users entering treatment in 1991, 86.4 percent used the drug on at least a daily basis. Years of use and years of abuse have continued to increase, currently to respective averages of 16.6 and 13.4 years. The median duration of use and

* Projected from data for three quarters of 1991

of abuse were 17 years and 12 years, respectively. Nearly two thirds (63.2 percent) of heroin admissions reported the use of a secondary substance, most often cocaine (25.5 percent) or alcohol (16.2 percent).

Exhibits 7 and 8 show DUF data for opiates for the 9 reporting periods indicated. Positive urinalyses for opiates were observed among only 3 percent of the sample of male arrestees in the 1/90 reporting period, which was the highest such percentage reported except for a like statistics in the 11/90 study period and the most recent 2/92 study period (Exhibit 7). Curiously, samples of female arrestees showed a higher percentage of positive urinalyses for opiates than their male counterparts, with a high of 9 percent positive recorded in 8/90, a low of 1 percent in the 2/91 reporting period and 4 percent observed in the most recent reporting period (2/92).

Seizures by the Denver police department have been very small for the past few years, and the user community has remained very stable in Denver. Not much Mexican brown is available, as the available heroin is almost strictly black tar. Prices are \$60 to \$65 per bag, which has been very consistent for years. On the other hand, the DEA reports that both Mexican black tar and Mexican brown heroin are readily available in the Denver metro area. Mexican brown has purity levels between 3 percent and 7 percent, and price ranges between \$100 and \$120 per gram, or \$3000 to \$3500 per ounce. Black tar prices are between \$280 and \$500 for gram quantities and \$3700 to \$9000 per ounce, depending on the source.

An increase in heroin use during the past few months has been noted by treatment personnel, based on both positive urine tests and client reports. Heroin is most available in the West side and the Capital Hill areas of Denver. The heroin is mainly black tar, but some brown powder is also available. The black tar is now a lighter color, but is still considered good quality. According to reports from treatment programs, cellophane is mixed with the water as the heroin is being cooked to add to the volume. Mexican nationals control the flow of the product, which is then sold to street dealers. These are frequently "family type" involvements with only about eight people involved with each source.

In El Paso county, heroin use is on the rise and mention has been made of the availability of a smokable white powder heroin. Heroin in Weld county continues to be readily available, with mainly black tar and some Mexican brown. Prices are between \$200 and \$300 per gram. It is often sold in small pellets of less than a tenth of a gram that sell for \$20. The central mountain regions report little or no heroin use.

In Pueblo, heroin prices are reported at \$100 for a quarter-gram. The heroin available is the tar form, with purity ranging between 15 percent and 25 percent. Black molasses is commonly used in this area for cutting heroin. A trend currently seen on the

streets in Pueblo is the use of morphine sulfate tablets, which are sold for \$5 each. These tablets are mixed with water and ascorbic acid, and used intravenously. The street name used for this is "shake-em-ups", and use is primarily among younger people.

3. Marijuana

Current marijuana indicators are mostly downward or in some cases stable.

Emergency room mentions for marijuana from 1989 to 1991 are shown in Exhibits 2 and 10. As indicated in Exhibit 10, marijuana ER mentions per 100,000 dropped from 18.8 in 1989 to 12.0 in 1990 and remained relatively stable in 1991 at 13.0.

In terms of quarterly ER mentions (Exhibit 2), marijuana mentions peaked at 89 in the third quarter of 1989, up from 65 and 64 in the first and second quarters of 1989. From this peak, marijuana mentions dropped almost continuously to only 32 mentions in the fourth quarter of 1990. This was followed by a small rebound to 42 mentions in the first quarter of 1991. An additional increase of 45 percent to 61 mentions in the second quarter of 1991, and a sharp decline of 38 percent to only 38 mentions by the third quarter of 1991.

As shown in Exhibit 10, hospital inpatient episodes related to marijuana declined from 29.3 per 100,000 population in 1989 to 18.8 in 1990. This pattern continued with a decline to 15.2 per 100,000 in 1991.

The proportion of admissions to treatment for primary marijuana use had increased to 40.6 percent in 1989, but dropped to 35.9 percent in 1990. This proportion dropped even further in 1991 to 32.2 percent. Likewise, the proportion of new users in treatment was 26.5 percent in 1989, but in 1990 dropped to 20.3 percent. This proportion declined to 15.6 percent in 1991 (Exhibits 3, 4 and 10).

The population seeking treatment for marijuana use tends to be in their 20's, with the current average age at 25.7 years and the median at 24 years. Females in this group comprise the smallest proportion seen in any of the primary drug groups, at 20.2 percent. The majority of the marijuana treatment population are white (61 percent), yet over a fourth are hispanic (26.7 percent). Average and median years of education in 1991 were 10.9 and 11, respectively. Average monthly income was \$559, while the median was \$400 (Exhibit 5).

Just under half of 1991 marijuana admissions had prior substance abuse treatment (55.2 percent). Also, many had been arrested in the two years prior to treatment, with 11.8 percent having been arrested for DUI, and 47.6 percent having been arrested for another offense.

Over half of the marijuana treatment population admitted in 1991 were daily users (52.2 percent). Average duration of use and abuse was reported at 11.5 years and 8.5 years, respectively. These figures represent an increase over those observed in prior years. The vast majority (79.4 percent) of primary marijuana users reported the use of a secondary drug. The most common secondary drug was alcohol (62.9 percent), followed by cocaine (11 percent).

Looking next at DUF data, 39 percent of male arrestees tested positive for marijuana in the 2/92 reporting period. This was the highest percentage among all nine reporting periods, but only slightly higher than the 2/90 (37 percent), 2/91 (35 percent) and 5/91 (36 percent) reporting periods (Exhibit 7). On the other hand, female arrestees tested positive for marijuana at much lower levels than their male counterparts. Peaks of 22 percent testing positive were observed in the 2/91 and 5/91 reporting periods. During the most recent reporting (2/92) period only 15 percent tested positive, exactly the same as two years ago (Exhibit 8).

Marijuana seizures made by the Denver police department thus far in 1992 have already tripled those in all of 1991. Prices have tremendously increased, along with the quality. A pound used to cost \$500 to \$600, but now prices of \$1000 per pound are considered reasonable. If large quantities (over 100 lbs) are purchased, a pound can be had for \$700 to \$800.

The DEA reports that marijuana is readily available in most areas throughout the Rocky Mountain region with the THC content averaging 15 percent. According to the DEA, one pound retails for \$900 to \$1450, while sinsemilla costs \$1,500 to \$2000 per pound.

A new type of marijuana has surfaced in Colorado. This marijuana is hydroponically grown and is chemically treated with opium, which doubles the normal high of the user. It is lime green in color and sparkles, giving off a glittery appearance. The production method was developed in New York by a retired chemist who charges \$3000 for the formula. A pound of this marijuana costs \$3000. It was reported from the treatment community that some exotic pot from Hawaii is also available. This is distinguishable by red or light green hairs.

Marijuana in Greeley is readily available with a wide range of prices, generally between \$35 and \$50 per quarter ounce. The quality also varies considerably. Much of the marijuana purchased or seized in Greeley is believed to originate in Mexico. There is a large Mexican National population in the Greeley area due to a high demand for immigrant labor. This creates a continuous flow of people and vehicles between Mexico and Greeley.

4. Stimulants

Similar to marijuana trends, amphetamine and methamphetamine indicators remain stable or point downward.

Amphetamine-related deaths are a relatively rare occurrence in Colorado. Only one such death was reported in 1991, with none reported in 1990 or 1989 and only two reported in 1988.

Emergency room mentions for methamphetamine are shown in Exhibits 2 and 11. As shown in Exhibit 11, methamphetamine ER mentions per 100,000 population dropped from 8.1 to 5.2 between 1989 and 1990. This decline continued with a decrease to 3 per 100,000 in 1991.

The quarterly mentions for methamphetamine, shown in Exhibit 2, represent a fairly steady drop, despite some peaks and valleys in the eleven-quarter reporting period. In fact, the 11 methamphetamine mentions in the third quarter of 1991 are well below the 20 mentions in the fourth quarter of 1990 and down 73 percent from the 41 mentions in the first quarter of 1989.

Treatment admissions for primary amphetamine users have remained relatively stable between 1985 and 1990, fluctuating between 6.3 percent and 7.6 percent of the treatment population (Exhibit 3 and 11). However, the proportion of admissions in 1991 (3.6 percent) is the lowest seen in the seven years illustrated in Exhibit 3.

The average age of amphetamine abusers in treatment for 1991 was 30.9 years with a median of 31 years. This is slightly higher than the 1990 figures, which gave an average age of 29.2 years and a median of 29 years. In 1991, nearly two-thirds (64.9 percent) of amphetamine admissions were male, higher than in 1990 (60.2 percent); 88.7 percent were white, compared with 90.9 percent in 1990. The average years of education for this population in 1991 was 11.4 years with a median of 12 years, approximately the same as in 1990. However, the average monthly income for amphetamine admissions was up to \$569 in 1991 as compared to \$519 in 1990 (Exhibit 5).

As in 1990, a majority of 1991 amphetamine admissions had been involved in substance abuse treatment before (56.8 percent in 1990 and 57.2 percent in 1991). However, only 33.3 percent in 1991 had been arrested on charges other than DUI in the two years prior to admission as compared to 61.9 percent of 1990 admissions. Similarly, somewhat fewer amphetamine clients in 1991 (7.9 percent) had been arrested for a DUI in the two years prior to admission than had their 1990 counterparts (13.2 percent).

Of 1991 admissions 68.9 percent used amphetamines at least once a day, compared to 67 percent of 1990 admissions. Moreover, the 1991 clients reported 11.7 average years of amphetamine use and

8.8 average years of abuse, slightly more than 1990 amphetamine clients (10.3 average years of use and 8.1 average years of abuse).

As in 1990, secondary drug use was common among 1991 amphetamine treatment clients (83.8 percent in 1990 and 82.5 percent in 1991). In 1991, this secondary drug was most often alcohol (33.3 percent), followed by marijuana (23.3 percent) and cocaine (20.4 percent).

The clandestine manufacture of methamphetamine continues to be a major problem throughout the Denver division of the DEA. Trafficking groups for the most part are outlaw motorcycle gangs and their associates, such as the Banditos, Sons of Silence and others. Though the bulk of manufacturing is influenced heavily by these gangs, independent manufacturers tend to emerge as well. Retail prices are \$80 to \$120 per gram and \$1200 and \$1800 per ounce.

The methamphetamine supply in Greeley has been reestablished, with prices between \$250 and \$300 for an eighth-ounce. In Denver, good quality methamphetamine is available. Some is made in Colorado, and the color is light brown or green, rather than white. In El Paso county, methamphetamine is mainly the female treatment population's drug of choice. However, methamphetamine use is down in that area.

5. Hallucinogens

For the most part, hallucinogen indicators are down with the exception of ER mentions.

Only one hallucinogen-related death was reported between 1980 and 1986. However, two to three such deaths were reported every year between 1987 and 1990. For 1991, only one hallucinogen death was observed.

Hallucinogen (LSD) ER mentions per 100,000 population declined slightly from 1989 (76) to 1990 (7), but increased substantially to 11 in 1991. As to quarterly figures, the 72 LSD mentions in the second quarter of 1991 is more than twice that reported in any of the eleven quarter reporting periods from January 1989 to September 1991. However, the drop from this peak to only 20 mentions in the third quarter of 1991 may represent a moderation of this upward trend.

Hospital inpatient episodes for hallucinogens declined from 4.3 per 100,000 population in 1989 to 3.1 in 1990. This pattern continued in 1991 with a hallucinogen-related inpatient episode rate of 2.9 being reported.

Primary hallucinogen users have made up 2.5 percent or less of the treatment population every year since 1985 (Exhibit 3). For

1991, hallucinogen clients accounted for only 1.1 of the total treatment population.

The Denver police department reports that LSD is very big in Boulder. That which is available is mainly blotter, with a little bit of liquid LSD also being available. Dosages are low, at 200 to 250 micrograms.

The DEA, who reports that there continues to be a resurgence of LSD throughout the region, report lower dosage units at 40 to 60 micrograms. These units are sold wholesale from \$0.75 to \$1.50 and \$3.00 and \$5.00 retail.

In the high county, mushrooms and acid remain very popular among young people and are very easy to access. Most of the LSD appears to be coming out of Boulder. Mushrooms are also obtained from Boulder, but are also locally cultivated. Users report dropping liquid acid in the corner of their eyes for a more intense trip. Law enforcement reports the liquid acid is new to the area, and it is mixed with colored water and placed in a small vial (such as is used for cocaine) and is either drank or placed in the eye.

LSD use is also prevalent in El Paso county. The cost is \$5 to \$6 per hit. Junior high students report putting it on popsicle sticks, and then walking around with the stick in their mouths all day. Street prices in Greeley are a little lower, varying from \$3 to \$5 per hit.

6. Other Drugs

The proportion of primary inhalant abusers in treatment had declined from 3.4 percent in 1984 to 1.4 percent in 1990. This proportion increased slightly to 2.1 in 1991, the highest proportion observed since 1985 (Exhibit 3).

PCP, which had virtually disappeared as a primary drug among treatment admissions in 1990, made a very slight reappearance in 1991 at .1 percent of total treatment admissions (Exhibit 3). However, emergency room mentions for this drug have been too infrequent to tabulate.

Tranquilizers continue to drop as a proportion of total treatment admissions, with the 1991 proportion of total (.7 percent) constituting the lowest such percentage in the last seven years (Exhibit 3). However, tranquilizer deaths per 1 million population increased in 1991 to 5.7, the highest such total since 1985. Quarterly emergency room mentions for tranquilizers such as diazepam, lorazepam and alprazolam remained relatively stable from 1989 to 1991.

According to the DEA, the range of dangerous drugs as well as pharmaceuticals are readily available in the Rocky Mountain region with the exception of PCP. There continues to be an in-

crease in the use of methylphenidate in Southern Colorado, and an increase in oxycodone and Dilaudid in the Denver metro area. The treatment community reports that Dilaudid prices are low, at \$15 per tab, and that a lot of Dilaudid is being used. Extensive Ketamine use in Denver, by people from ages 14-40, is also reported.

In El Paso county, benzodiazepine use is on the rise. Hairspray and mousse foam are also being abused. Mousse is sprayed on a surface, left to dry, scraped off, and inhaled.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Of the 2,223 AIDS cases reported in Colorado through April 30, 1992, 5.9 percent were classified as intravenous drug users (IVDUs) and 9.8 percent were homosexual or bisexual males as well as IVDUs (Exhibit 12). Nearly 86 percent of individuals affected with AIDS live in the Denver metro area.

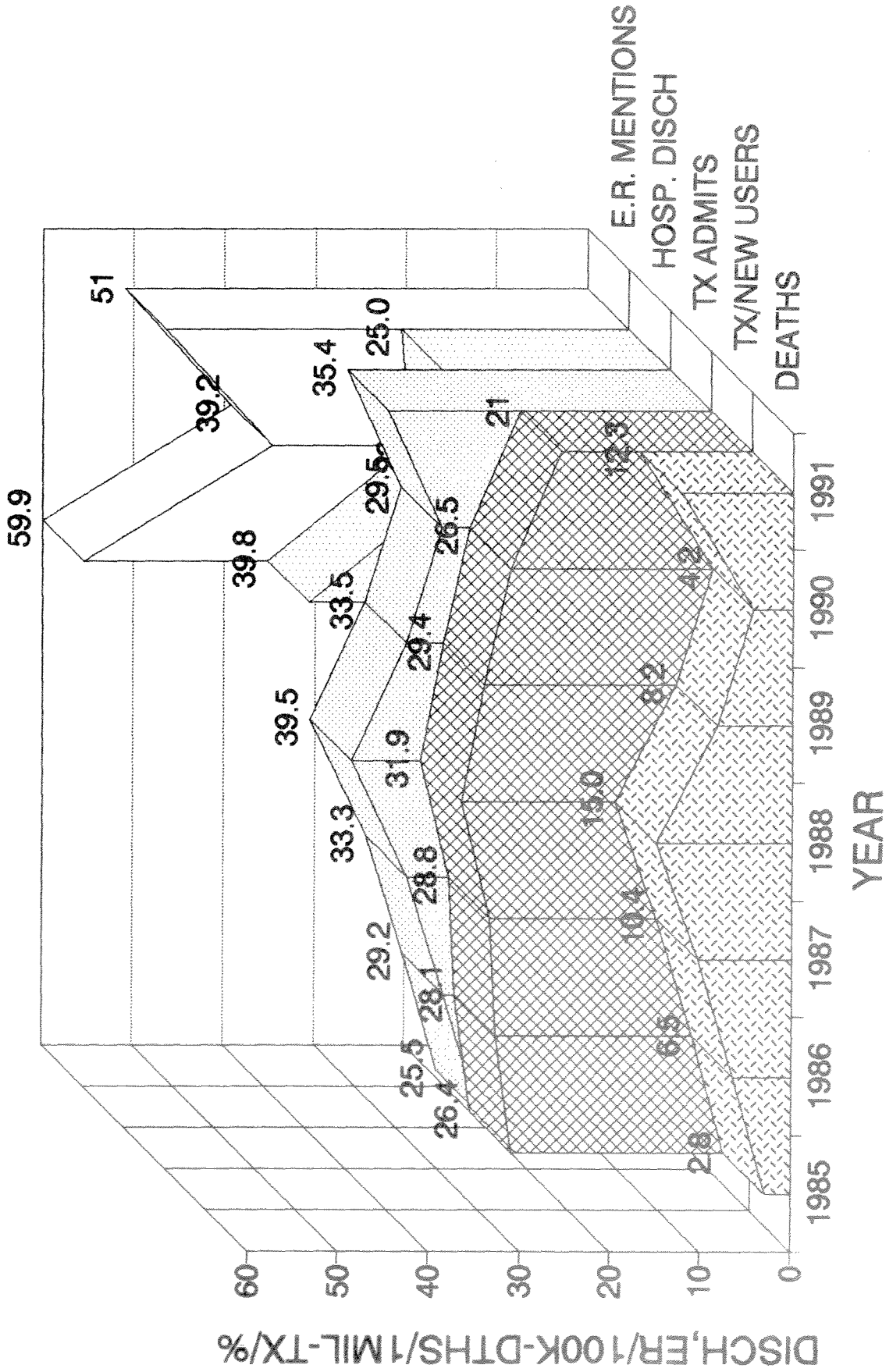
HIV incidence is also collected in Colorado. The proportion HIV seropositive cases reporting IVDU as a single risk factor increased from 1.7 percent of total new HIV cases in 1985 to 11.6 percent in 1991.

Colorado treatment programs report generally low seroprevalence rates, between 2 percent and 5 percent of the total client population. Summit county in the central mountains has the second highest seroprevalence in the state. This is due to a small population, and to twenty-six HIV-positive individuals who have moved into the area from elsewhere.

EXHIBITS

COLORADO COCAINE TRENDS

SELECTED INDICATOR DATA: 1985-1991



DENVER EMERGENCY ROOM DATA: 1989-1991 WEIGHTED ESTIMATES BY QUARTER

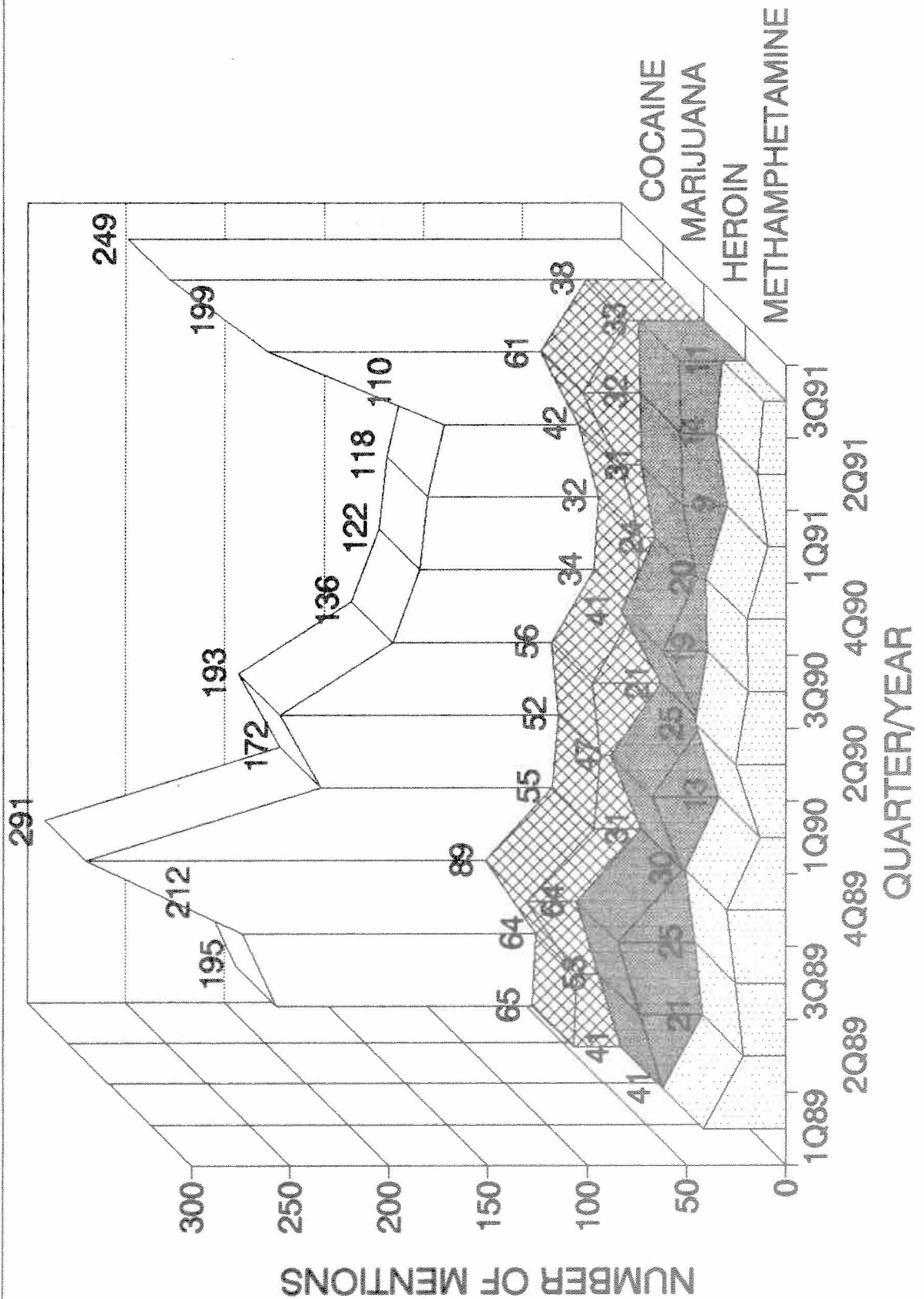


EXHIBIT 3

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	18.8	19.9
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	.2
AMPHETAMINES	7.6	6.9	6.3	7.6	6.7	7.3	7.1	3.6
COCAINE	27.5	25.5	29.2	33.3	39.5	33.5	29.5	35.4
MARIJUANA	33.0	37.8	32.0	32.2	33.3	40.6	35.9	32.2
BARBITURATES	.8	1.0	.3	.7	.4	.3	.4	.3
SEDATIVES	.6	.3	.4	.3	.3	.3	.1	.2
TRANQUILIZERS	2.0	2.2	1.9	1.4	1.4	1.2	1.1	.7
HALLUCINOGENS	2.6	2.5	1.8	2.4	2.1	1.9	1.5	1.1
INHALANTS	3.4	3.4	2.1	1.4	1.3	1.3	1.4	2.1
PCP	.2	.3	0	.1	.2	.2	0	.1
OTC	.4	.4	.5	.3	.3	.3	.1	.1
OTHER	1.2	.9	1.1	.9	1.0	.6	1.1	.8
TOTAL N	2,655	2,647	2,836	3,095	3,968	4,748	6,207	7,005

SOURCE: DRUG ALCOHOL COORDINATED DATA SYSTEM

EXHIBIT 4

USERS ENTERING TREATMENT WITHIN THE
FIRST THREE YEARS OF USE

SUBSTANCE	1985	1986	1987	1988	1989	1990	1991
HEROIN N NEW % NEW (OF TOTAL HEROIN ADM.)	39 12.6	80 14.6	54 12.1	43 10.8	53 11.3	113 9.7	108 8.2
OTHER OPIATES N NEW % NEW (OF TOTAL OPIATE ADM.)	36 18.9	36 24.7	43 27.7	32 23.5	33 26.6	46 24.7	46 18.8
COCAINE N NEW % NEW (OF TOTAL COCAINE ADM.)	178 26.4	233 28.1	297 28.8	501 31.9	467 29.4	484 26.5	524 24.0
MARIJUANA N NEW % NEW (OF TOTAL MARIJUANA ADM.)	260 26.0	252 27.8	217 21.7	311 23.5	511 26.5	451 20.3	349 15.6
ALL DRUGS N NEW % NEW (OF TOTAL DRUG ADM.)	667 25.2	734 25.9	762 24.6	1,052 26.5	1,266 26.7	1,313 21.2	1,173 17.0

SOURCE: COLORADO DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
DRUG/ALCOHOL COORDINATED DATA SYSTEM

EXHIBIT 5

JANUARY-DECEMBER 1991
TREATMENT ADMISSIONS
DEMOGRAPHICS/USE INFORMATION
BY PRIMARY DRUG

	HEROIN	COCAINE	MARIJUANA	AMPHETAMINES
AGE				
LESS THAN 21	1.3	5.8	34.3	8.3
21-25	4.8	17.8	20.8	14.5
26-30	12.7	30.0	18.0	21.6
31-35	23.7	26.8	13.1	33.6
OVER 35	57.4	19.5	12.9	22.0
MEAN	36.9	30.3	25.7	30.9
MEDIAN	37.0	30.0	24.0	30.0
SEX				
MALE	64.8	66.6	79.8	64.9
FEMALE	35.2	33.4	20.2	35.1
RACE				
WHITE	47.8	50.3	61.0	88.7
BLACK	11.3	31.9	9.4	0
HISPANIC	39.2	16.1	26.7	8.3
NATIVE AMERICAN	.9	.8	2.3	2.1
OTHER	.8	.8	.5	.8
EDUCATION				
LESS THAN 12	36.2	33.7	53.4	38.9
12	39.7	42.5	32.2	40.6
13-16	22.1	22.2	13.3	18.8
MORE THAN 16	2.0	1.6	1.1	1.7
MEAN	11.5	11.7	10.9	11.4
MEDIAN	12.0	12.0	11.0	12.0
MONTHLY INCOME				
0	27.2	26.9	25.4	29.0
1-500	28.4	33.2	34.1	32.9
501-1,000	20.3	19.7	22.6	19.5
1,000-1,500	10.7	10.6	10.5	6.5
1,501-2,000	5.9	6.0	4.3	6.9
2,000+	7.5	3.6	3.1	5.2
MEAN	738.3	571.5	533.2	568.5
MEDIAN	400.0	356.0	400.0	400.0
PRIOR DRUG/ALCOHOL TREATMENT				
YES	72.2	48.8	49.4	57.2
NO	27.8	51.2	50.6	42.8
PRIOR ARRESTS: NON-DUI				
YES	32.5	31.4	47.6	33.3
NO	67.5	68.6	52.4	66.7

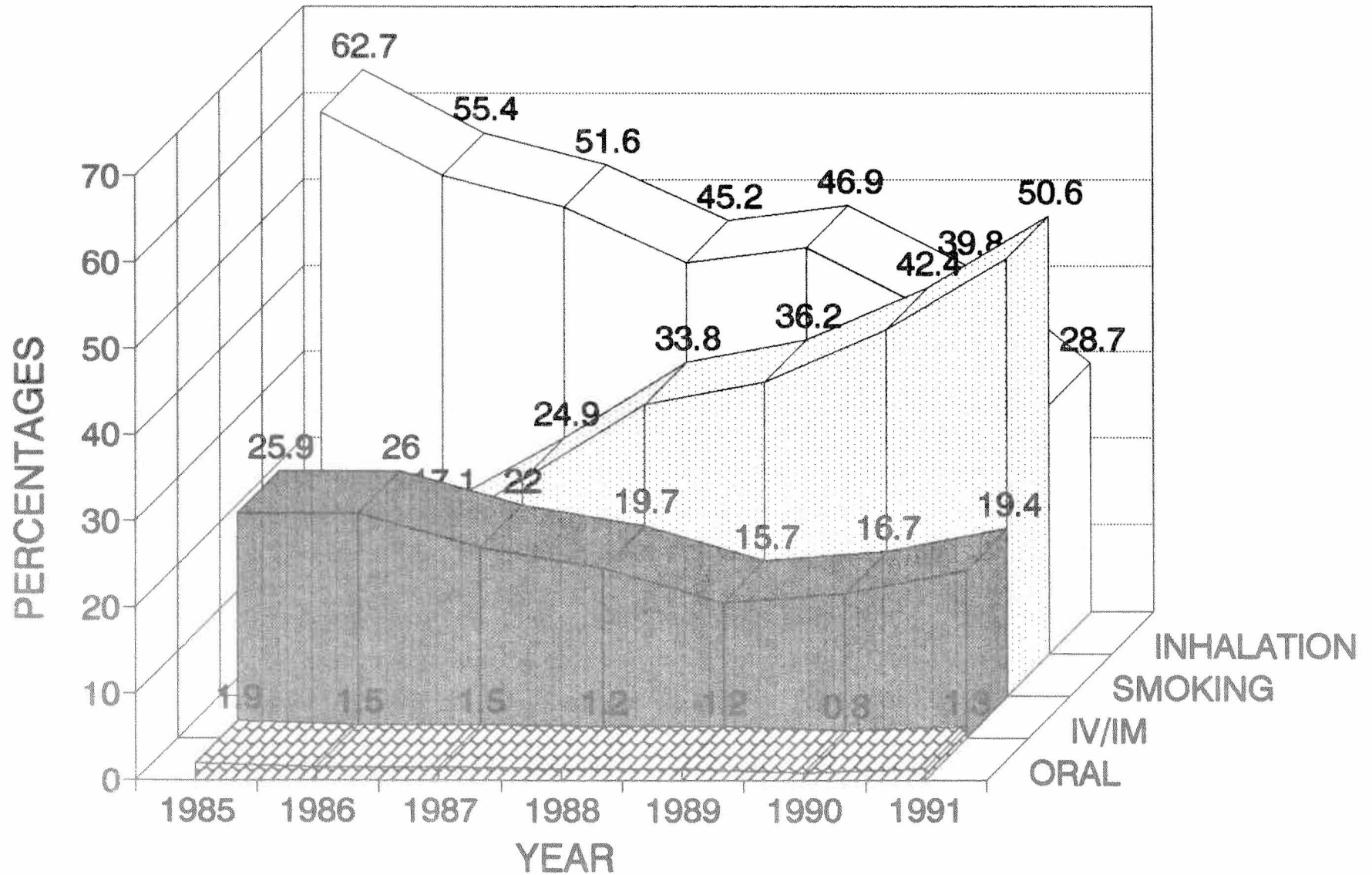
EXHIBIT 5

CONTINUED

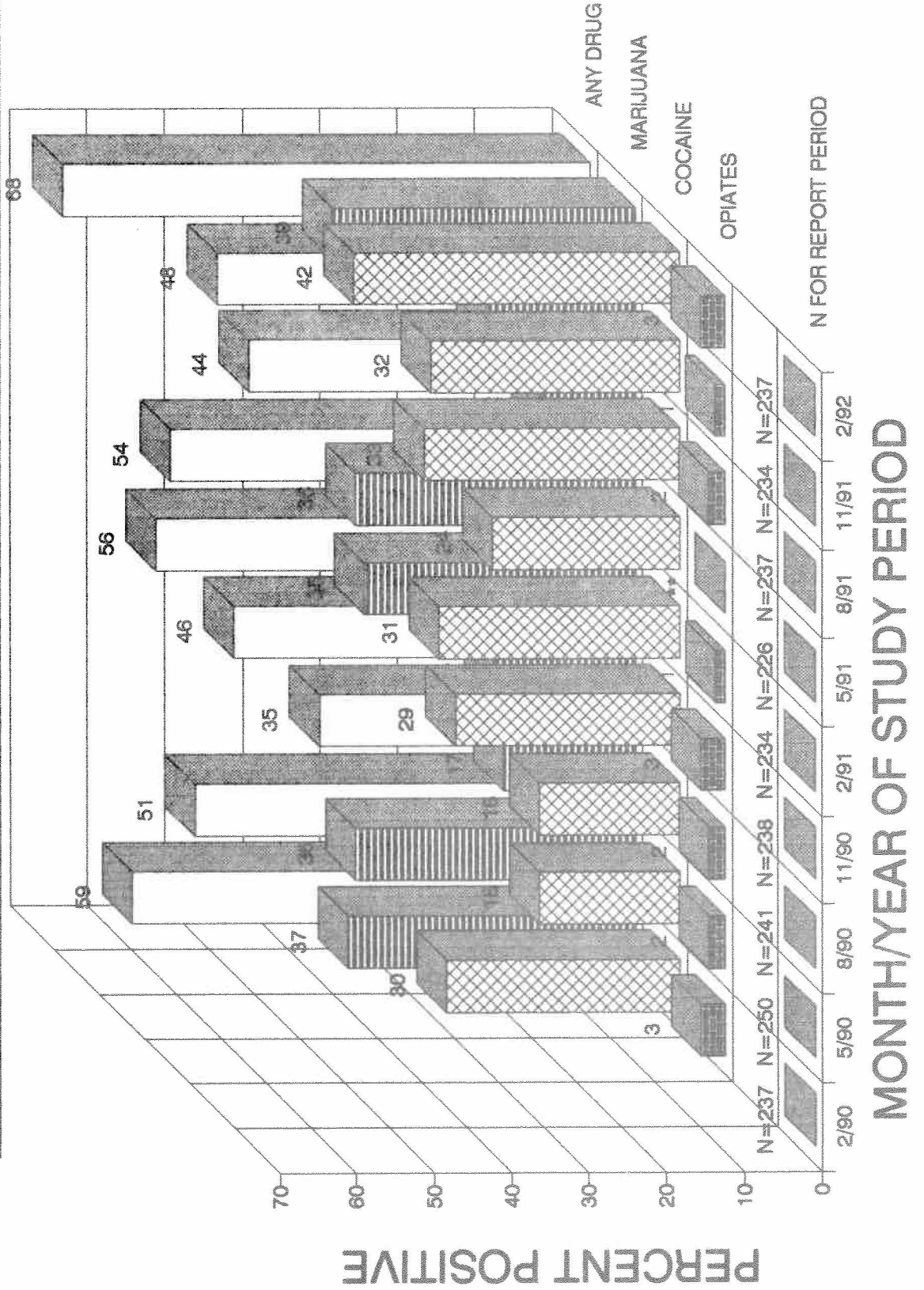
	HEROIN	COCAINE	MARIJUANA	AMPHETAMINES
PRIOR ARRESTS: DUI				
YES	12.7	11.4	11.8	7.9
NO	87.3	88.6	88.2	92.1
FREQUENCY OF USE				
LESS THAN ONCE A WEEK	6.7	13.0	15.8	10.7
ONCE A WEEK	1.5	7.7	9.3	5.0
SEVERAL TIMES A WEEK	5.3	23.1	19.8	15.4
ONCE A DAY	65.0	33.7	37.1	53.1
SEVERAL TIMES A DAY	19.9	12.7	13.5	12.9
BINGE	1.5	9.8	4.6	2.9
YEARS USED				
LESS THAN 3	8.4	21.5	15.8	13.9
3-5	7.8	15.7	12.2	13.9
6-10	13.4	29.3	23.9	22.7
GREATER THAN 10	70.4	33.5	48.1	49.6
MEAN	16.6	8.7	11.5	11.7
MEDIAN	17.0	7.0	10.0	10.0
YEARS ABUSED				
LESS THAN 3	17.3	41.2	31.0	28.6
3-5	8.1	17.1	12.5	13.7
6-10	19.0	24.7	25.2	23.2
GREATER THAN 10	55.6	16.9	31.3	34.4
MEAN	13.4	6.1	8.5	8.8
MEDIAN	12.0	4.5	7.0	7.0
SECONDARY SUBSTANCE USE				
NONE	36.8	25.0	20.6	17.5
COCAINE	25.5	-	11.3	20.4
HEROIN	-	2.6	.7	1.7
OTHER OPIATES	10.0	.5	.3	.8
NON-RX METHADONE	1.7	.1	0	33.3
ALCOHOL	16.2	43.5	62.9	2.1
AMPHETAMINES	1.1	2.5	1.0	0
MARIJUANA	6.4	24.8	0	23.3
HALLUCINOGENS	0	.1	2.2	2.1
INHALANTS	0	.2	.2	0
BARBITURATES	.5	.3	.1	0
OTHER SEDATIVES	.1	0	0	0
TRANQUILIZERS	1.1	.1	0	0
OTHER	.6	.3	.7	.9
TOTAL N	1311	2490	2231	241

SOURCE: DACODS

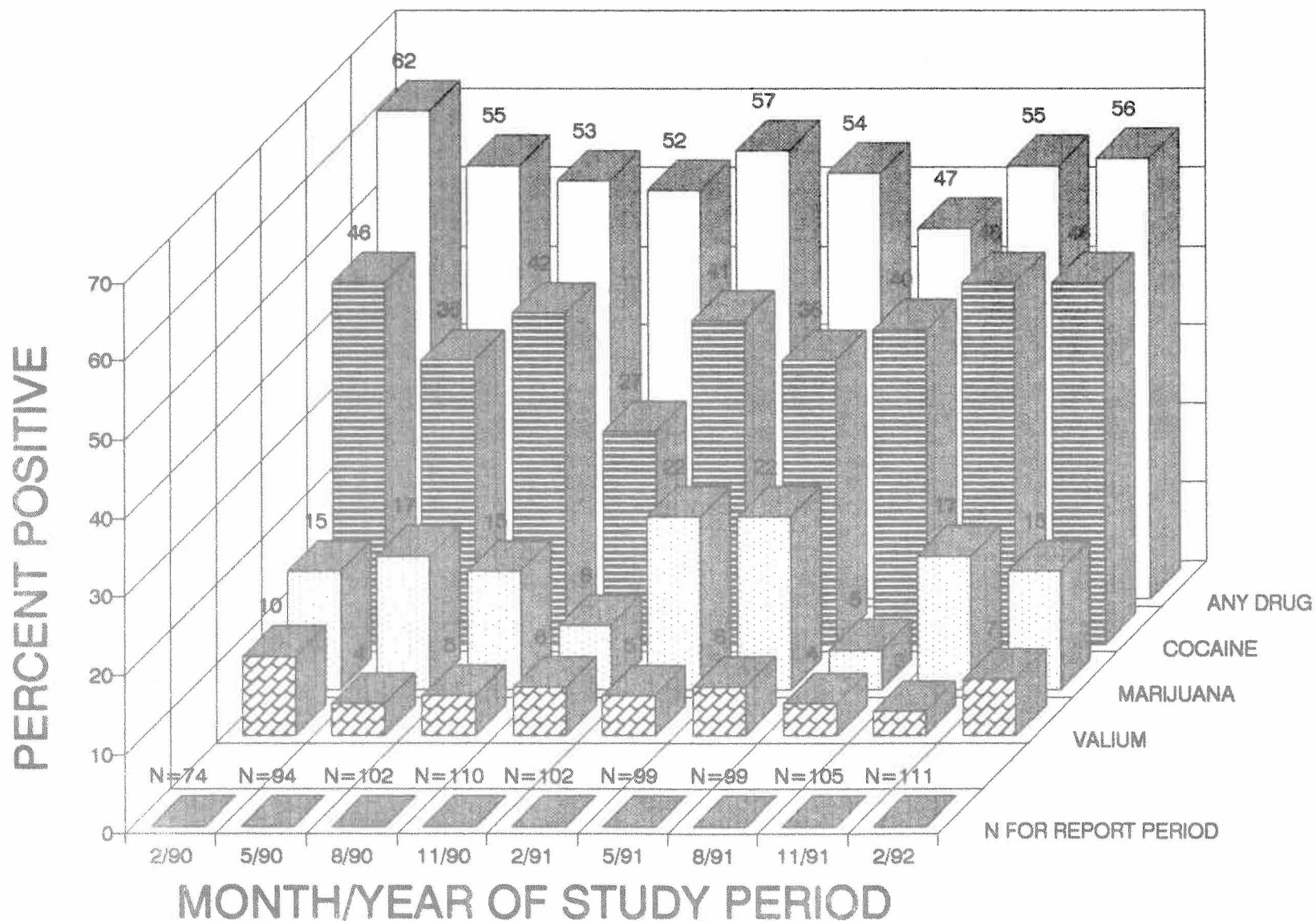
COLORADO COCAINE TRENDS: 1985-1991 ROUTE OF ADMINISTRATION



DENVER DUF DATA: MALE ARRESTEES: 90-92 PERCENTAGE POSITIVE URINALYSIS RESULTS

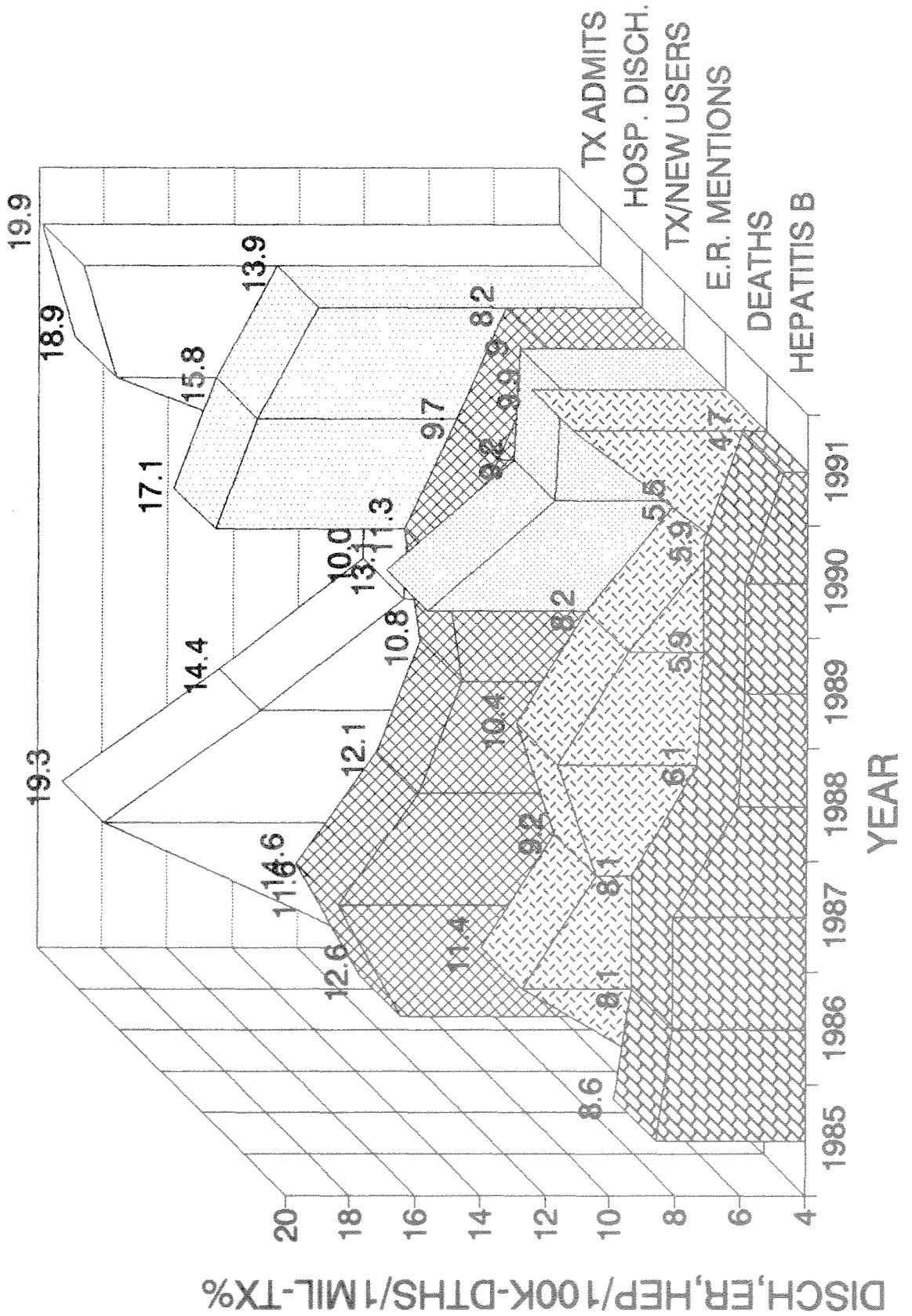


DENVER DUF DATA: FEMALE ARRESTEES 90-92 PERCENTAGE POSITIVE URINALYSIS RESULTS



SOURCE: DIVISION OF CRIMINAL JUSTICE, OFFICE OF RESEARCH AND STATISTICS

COLORADO HEROIN TRENDS SELECTED INDICATOR DATA: 1985-1991



COLORADO MARIJUANA TRENDS SELECTED INDICATOR DATA: 1985-1991

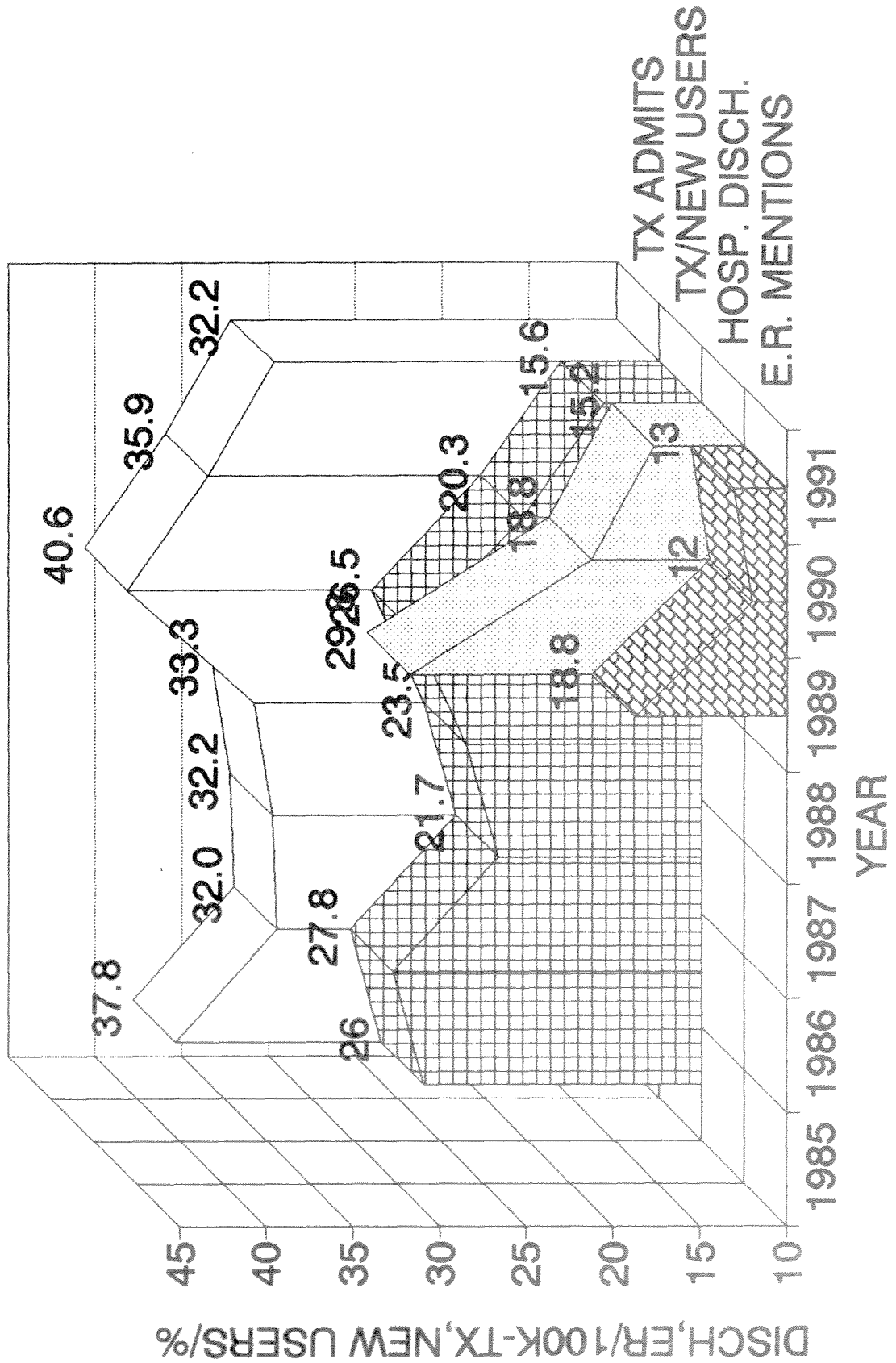
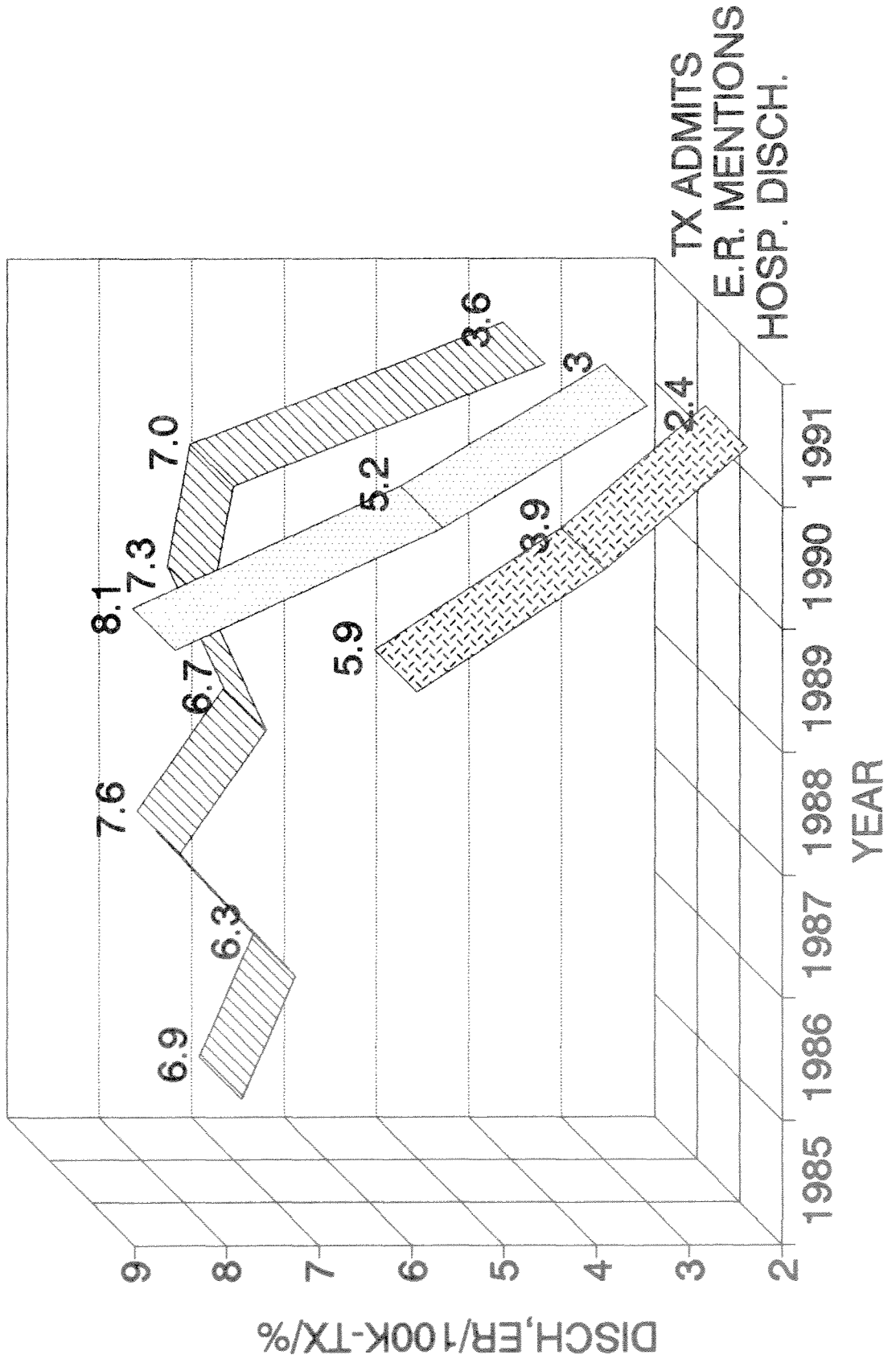


EXHIBIT 11

COLORADO AMPHETAMINE TRENDS SELECTED INDICATOR DATA: 1985-1991





COLORADO
DEPARTMENT
OF HEALTH

4210 East 11th Avenue
Denver, Colorado 80220-3716
Phone (303) 320-8333

Telefax Numbers:
Main Building/Denver
(303) 322-9076

Ptarmigan Place/Denver
(303) 320-1529

First National Bank Building/Denver
(303) 355-6559

Grand Junction Office
(303) 248-7198

Pueblo Office
(719) 543-8441

ROY ROMER
Governor

JOEL KOHN
Interim Executive Director

AIDS: STATUS IN COLORADO

April 30, 1992

<u>Number of Confirmed Cases</u>		2223	
<u>Cases by Sex</u>	Male	2120	(95.4%)
	Female	103	(4.6%)
<u>Current Mortality</u>	Alive	720	(32.4%)
	Dead	1503	(67.6%)
<u>Race</u>	<u>Age of Diagnosis</u>		
White 1794 (80%)	0-9	12	(.5%)
Black 173 (8%)	10-19	13	(.6%)
Hispanic 239 (11%)	20-29	440	(19.8%)
Other 17 (1%)	30-39	1078	(48.5%)
	40-49	477	(21.5%)
	over 49	203	(9.1%)
<u>Transmission Categories:</u>			
Homosexual Male/Bisexual Male		1667	(75.0%)
IV Drug User		132	(5.9%)
Homosexual/Bisexual Male and IV Drug User		217	(9.8%)
Transfusion Recipient		46	(2.1%)
Hemophiliac		41	(1.8%)
Heterosexual Contact to High Risk Individual		66	(3.0%)
Undetermined Risk/No Identified Risk Factor		44	(2.0%)
Parent at Risk/has AIDS		10	(.4%)
<u>Geographic Distribution:</u>			
Denver Metropolitan Area		1909	(85.9%)
Southeast Colorado		57	(2.6%)
South Central Colorado		139	(6.2%)
Northeastern Colorado		68	(3.1%)
Western Colorado		50	(2.2%)
<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	25 (2.1/mo)	25	100
1984 January-December	45 (3.8/mo)	45	100
1985 January-December	94 (7.8/mo)	91	96
1986 January-December	182 (15.2/mo)	173	95
1987 January-December	264 (22.0/mo)	234	89
1988 January-December	325 (27.1/mo)	258	79
1989 January-December	378 (31.5/mo)	287	76
1990 January-December	352 (29.3/mo)	201	57
1991 January-December	430 (35.8/mo)	163	38
1992 January-April	120 (30.0/mo)	19	16