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DRUG USE TRENDS IN DENVER AND COLORADO

DECEMBER 1992

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DENVER AND COLORADO
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COLORADO DEPARTMENT OF HEALTH
DENVER, COLORADO

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:

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

2. Data Sources

Data for the present report were collected and analyzed during November, 1992. Although these indicators reflect trends throughout Colorado, they are dominated by the Denver metropolitan area.

- 0 **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.
- 0 **Drug Abuse Warning Network (DAWN)** provides 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.

- 0 **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).
- 0 **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.
- 0 **Hepatitis-B data** are available from the Disease Control and Epidemiology Division of the Colorado Department of Health.
- 0 **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.
- 0 **Acquired Immunodeficiency Syndrome (AIDS) data** are available from the Sexually Transmitted Disease Control Section, Colorado Department of Health.
- 0 **Hospital Discharge Data** are available from the Colorado Hospital Association through the Department of Health, Health Statistics Section. Data included are diagnoses (ICD-9-CM codes) for inpatient clients at 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

Almost all cocaine indicators increased in 1992 over 1991. As shown in Exhibit 1, cocaine related deaths per 1 million rose from 12.3 in 1991 to a projected* 13.7 in 1992, the highest rate since 1988 (15 per 1 million population). Exhibit 1 also displays emergency room mentions per 100,000 population from 1988 to 1991. Cocaine ER mentions declined from 59.9 per 100,000 population to only 39.2 in 1990, but increased substantially in 1991 to 49.5 per 100,000 population. Moreover, the 194 cocaine ER mentions for the first quarter of 1992 constituted a 75 percent increase over the 111 mentions for the same time period in 1991.

Cocaine related hospital discharges also increased in Colorado. After decreasing 40 percent from 39.8 per 100,000 population in 1989 to only 23.9 in 1990, cocaine related inpatient episodes climbed to 25 per 100,000 in 1991 and to a projected* 29.5 per

100,000 in 1992, an increase of 18 percent over 1991 and 23 percent over 1990 (Exhibit 1).

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 29.5 percent by the end of 1990. After 1990 the proportion of cocaine admissions began another upward trend to 35.4 percent in 1991 and to 39.7 percent in 1992.** The 1992 percentage represents a new peak in cocaine treatment admissions. (Exhibit 1 and 3).

The strong counterpoint to the ascending cocaine indicators was the continued decline of the proportion of new cocaine users in treatment, shown in Exhibit 1 and Exhibit 4. For 1992, only 16.8 percent of cocaine admissions reported being new users***, down from 24 percent in 1991 and substantially down from the 1988 peak of 31.9 percent.

Exhibit 5 displays demographic and use/abuse data by primary drug for clients admitted to treatment from 1988 to 1992. As indicated the typical 1992 cocaine admission:

- was male (stable 5 year trend)
- was white (decreasing 5 year trend)
- if minority was Black (increasing 5 year trend)
- was 31.1 years old (increasing 5 year trend)
- had a monthly household income of \$544 (decreasing 5 year trend)
- had used cocaine for 9.1 years (increasing 5 year trend)
- had abused cocaine for 6.1 years (increasing 5 year trend)

Exhibit 2 displays route of administration data for cocaine users in treatment. The proportion of cocaine smokers increased from 9.3 percent of the treatment population in 1985 to 58.7 percent in 1992. Inhalation and intravenous use declined concomitantly.

Exhibits 6 and 7 show Drug Use Forecasting (DUF) data for a sample of male and female arrestees in Denver for ten reporting periods between February, 1990 and May 1992. Exhibit 6 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, 18 percent of male arrestees tested positive for cocaine in the second study period (5/90), 24 percent a year later (5/91 study period) and 26 percent by the 5/92 study period.

* Project from data for first six months of 1992.

** Data for first three quarters of 1992.

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

Interestingly, samples of female arrestees (Exhibit 7) tested positive for cocaine at the same or higher levels than their male counterparts in nine of ten reporting periods. Again, the N for each reporting period is shown above the x-axis. Forty-six 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 5/92 reporting period, at which time 43 percent of female arrestees tested cocaine positive.

The Denver Police Department (DPD) reports that cocaine hydrochloride continues to be readily available in the metro area in grams to large quantities. It is selling for \$80-\$100 per gram and \$900-\$1,200 per ounce. Primary sources are both Mexican Nationals and California based gangs.

Crack cocaine is also readily available in Denver, concentrated in Northeast Denver and Northwest Aurora. It is sold mostly in \$20 "rocks", or in ounces at \$1,000-\$2,000.

The Denver Field Division of the Drug Enforcement Agency (DEA) similarly reports that cocaine hydrochloride and crack are readily available in the Rocky Mountains and that major trafficking patterns are unchanged. Cocaine hydrochloride continues to come in from Mexico via the southwest border states, while LA gangs continue to bring crack cocaine into Denver.

The DEA reports cocaine hydrochloride purity at 50-80 percent and crack as high as 90 percent. Hydrochloride prices range from \$80-\$100 per gram and \$700-\$1,000 per ounce to \$10,000-\$15,000 per pound. Kilogram prices average \$22,000. Crack cocaine sells for \$5-\$20 per rock and \$80-\$100 per gram.

DEA seizures of cocaine hydrochloride over the past five years had declined from 3,254 kgs in 1988 to 529.3 kgs in 1989 to only 43.7 kgs in 1990. However, in 1991 seizures rose to 50.2 kgs and, for the first 9 months of 1992, they stood at 119.6 kgs.

2. Heroin/Other Opiates

For 1992, heroin/opiate related indicators continue to show a mixed picture. Breaking out opiate-related deaths by type of narcotic (such as heroin) is not possible with current data. Therefore, aggregate opiate death mentions are described (Exhibit 8). 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. In 1991 the pattern reversed and opiate related deaths increased sharply to 9.9 deaths per 1 million population. This trend continued into 1992 with opiate related deaths projected* at 11.3 per 1 million, the highest total since "black tar" heroin invaded Colorado in 1986.

* Projected from data for first six months

Exhibit 8 also shows Hepatitis B cases in Colorado from 1986 to 1992. The rate has dropped from 8.1 cases per 100,000 in 1986 to only 3.4 per 100,000 projected for 1992*. Likewise, as indicated in Exhibit 8, heroin ER mentions per 100,000 population, after increasing from 10.9 to 13.1 (1988 to 1989), decreased to 9.2 in 1990 and again to 7.6 in 1991. Further, heroin ER data for the first quarter of 1992 indicated fewer mentions (25) than the same time period in 1991 (32 mentions).

Narcotic related hospital discharge data further confounds the Colorado opiate/heroin picture. Inpatient episodes declined from 17.1 per 100,000 population in 1989 to only 13.9 in 1991. However, they subsequently increased to 15.2 in 1992** (Exhibit 8).

Treatment admissions for 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. 1991 data again indicated a slight increase to 23.2 percent, with nine months of 1992 data showing a relatively stable trend (22.1 percent heroin/opiate admissions). On the other hand, the proportions of new users entering treatment for opiates has undergone 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 percent in 1992. 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 18.2 percent in 1992 (Exhibits 3, 4, and 8).

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 8. The typical 1992 heroin admission:

- was male (stable 5 year trend)
- was white (decreasing trend 1988 to 1990, increasing in 91 and stable 92)
- if minority was Hispanic (relatively stable 5 year trend)
- was 37.4 years old (increasing 5 year trend)
- had a monthly household income of \$583 (decreasing 5 year trend)
- had used heroin for 16.9 years (increasing 5 year trend)
- had abused heroin for 13.7 years (increasing 5 year trend)

Importantly, heroin treatment clients' route of administration patterns have remained virtually unchanged with 92 percent reporting an IV/IM route in 1988 and 93 percent reporting such in 1992.

* Projected from data through 11-17-92

** Projected from data for first six months

Exhibits 6 and 7 show DUF data for opiates for the ten reporting periods indicated. Only 2 percent of the sample of male arrestees tested positive for opiates in the most recent reporting period (5/92). This percentage has fluctuated very little since the 2/90 study period. The sample of female arrestees in the 5/92 study period also showed a 2 percent positive result for opiates. This has also remained relatively stable after a downturn from 8/90 and 5/90 study periods peaks when the female sample tested positive for opiates at 9 percent and 6 percent, respectively.

According to the DPD, most heroin available is of the "black tar" variety and is generally 50 percent pure, or better. In fact, the DPD has heard of a new "gold tar" variety which is reported by street sources to be 90 percent pure. Generally, the softer the tar the purer the product. Also, DPD reports the higher purity is a sign of greater availability. Tar heroin is trafficked primarily by Mexican Nationals and sells for \$75 per quarter gram and \$300 per gram.

DEA describes the same heroin trafficking patterns as DPD, but puts the average street purity of tar heroin somewhat lower at 22.5 percent (Domestic Monitor Program) in the Denver Metro Area. DEA has seized no Mexican brown heroin in recent months nor have they received reports of southeast or southwest Asian heroin availability in the Rocky Mountain area. According to DEA, the average price for an ounce of tar heroin is around \$7,000 while grams average about \$300.

3. Marijuana

Current marijuana indicators are mostly downward or stable.

Exhibits 9 displays emergency room mentions from 1988 to 1991. Marijuana ER mentions per 100,000 dropped from 18.8 in 1989 to 12.0 in 1990 and remained relatively stable in 1991 at 12.4. In addition, though not shown in the Exhibit, the 37 marijuana ER mentions for the first quarter of 1992 were down 20 percent from the 46 reported in the first quarter of 1991.

Also, as shown in Exhibit 9, marijuana inpatient episodes 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. However, the projection* for 1992 is 16.3 per 100,000, up very slightly, but much less than the 1989 peak.

The marijuana treatment admission proportion had increased to 40.6 percent in 1989, but has since dropped steadily to only 27.2 percent in 1992. Likewise, the proportion of new users in treatment, 26.5 percent in 1989, dropped to 20.3 percent in 1990 and to 15.6 percent in 1991. The 1992 proportion of new marijuana users remained stable at 15.5 percent (Exhibits 3, 4, and 9).

* Projected from data for first six months of 1992.

Exhibit 5 shows demographic and use/abuse indicators for marijuana treatment clients. The typical 1992 marijuana admission:

- was male (relatively stable 5 year trend)
- was white (somewhat decreasing 5 year trend)
- if minority was Hispanic (increasing 4 year trend with downturn in 1992)
- was 25.6 years old (slightly increasing 5 year trend)
- had 11 years of education (stable 5 year trend)
- had a household income of \$644 (decreasing 4 year trend, with upturn in 1992)
- had used marijuana for 11 years (slightly increasing 5 year trend)
- had abused marijuana for 8 years (relatively stable 5 year trend)

DUF data show 36 percent of male arrestees tested positive for marijuana in the 5/92 reporting period. This was slightly lower than the 39 percent indicated in the 2/92 reporting period, but about the same as figures for the 2/90 (37 percent), 2/91 (35 percent) and 5/91 (36 percent) reporting periods (Exhibit 6). On the other hand, female arrestees tested positive for marijuana at much lower levels than their male counterparts. However, the 23 percent of females testing positive in the 5/92 reporting period was the highest among all ten reporting periods (Exhibit 7).

The DPD reports marijuana is readily available in the metro area. Mexican marijuana sells for approximately \$1,000 per pound, domestic for about \$750.

The DEA also relates marijuana is in ample supply in the Rocky Mountain area in varying quantities (ounces, pounds, kilograms). Further, they report domestic marijuana is often more available than Mexican. Moreover, approximately 75 percent of the marijuana growing operations in the Rocky Mountains takes place "indoors".

According to the DEA, the average price for domestic marijuana (sinsemilla) in the Rocky Mountain area is between \$2,000 and \$3,000 per pound. Mexican marijuana is somewhat less at \$800-\$1,200 per pound.

4. Amphetamines/Methamphetamines

For the most part, amphetamine and methamphetamine indicators remain stable or down.

Amphetamine related deaths rarely occur in Colorado. Between 1988 and 1992 only three such deaths were reported, two in 1988 and one in 1991.

Emergency room mentions for methamphetamine are displayed in Exhibit 10. 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 2.7 per 100,000 in 1991. Moreover, fewer than 10 methamphetamine mentions were reported for the first quarter of 1992, the same as for the first quarter of 1991.

Similarly, amphetamine related inpatient episodes declined from 5.9 per 100,000 population in 1989 to only 2.3 projected* for 1992 (Exhibit 10).

Amphetamine treatment admissions had remained relatively stable between 1985 and 1990, fluctuating between 6.3 percent and 7.6 percent of the treatment population (Exhibits 3 and 10). However, the proportion of admissions in 1991 (3.6 percent) was the lowest in the seven years illustrated in Exhibit 3. For 1992 (first nine months), the proportion of amphetamine treatment admissions climbed slightly to 5.2 percent of total.

Exhibit 5 displays demographic and use/abuse information for amphetamine clients admitted to treatment from 1988 to 1992. The typical 1992 amphetamine client:

- was male (increasing 5 year trend)
- was white (relatively stable 5 year trend)
- was 30.5 years old (increasing trend 1988 to 1991 then stable in 1992)
- had 11.3 years of education (stable 5 year trend)
- had a monthly household income of \$544 (1992 nearly the same as 1988 with erratic trend line 1989-1991)
- had used amphetamines for 11.4 years (increasing trend 1988-1991 then stable in 1992)
- had abused amphetamine for 7.8 years (increasing trend 1988-1991 with downturn in 1992)

The DEA reports that much of the methamphetamine distribution continues to be associated with outlaw motorcycle gangs. Methamphetamine purity runs between 80-90 percent and sells for \$1,200-\$1,400 per ounce and \$12,000-\$15,000 per pound.

5. Hallucinogens

For the most part, hallucinogen indicators are stable or 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, with none being reported for the first six months of 1992.

Hallucinogen (LSD) ER mentions per 100,000 population declined slightly from 1989 (7.6) to 1990 (7), but increased to 9.4 in 1991. For the first quarter of 1992, however, the 22 reported LSD mentions were approximately the same as recorded for the first three months of 1991 (25 mentions).

Also, hallucinogen inpatient episodes decreased from 4.3 per 100,000 population in 1989 to 3.1 in 1990. This pattern continued in 1991 and 1992 with reported rates of 2.9 and 3.0, respectively.

* Projected from data for first six months of 1992

Primary hallucinogen users have made up 2.4 percent or less of the treatment population every year since 1986 (Exhibit 3). For the first three quarters of 1992, hallucinogen clients accounted for only 1.5 of the total treatment population, the same as in 1990.

The DPD reports increasing availability of LSD in the metro area. Prices are \$2-\$5 per "hit" or about \$130 per "100" lot. The primary sources are West Coast states. Most LSD is found in "blotter" form.

The DEA puts LSD prices at \$.50-\$1.00 per hit, wholesale, and \$1.50-\$3.00 per hit, retail. They report that "Pink Elephants" are a new blotter acid design.

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, but leveled at 2 percent during the first nine months of 1992 (Exhibit 3).

PCP, has been almost nonexistent in Colorado. PCP treatment admissions have never been more than .2 percent of total admissions in the past six years. In fact, for the first nine months of 1992 treatment programs reported only 2 PCP admissions (Exhibit 3). Likewise, PCP ER mentions have been too infrequent to tabulate.

Most tranquilizer indicators continue at low levels after dropping throughout the 1980's. For 1992, Exhibit 3 shows tranquilizer treatment admissions constituted only .9 percent of total, about the same as in 1991 (.7 percent). Similarly, first quarter 1992 ER mentions for diazepam (20), alprazolam (26) and lorazepam (10) are about the same or lower than figures for the same 1991 time period.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Of the 2,384 AIDS cases reported in Colorado through October 31, 1992, 6.1 percent were classified as intravenous drug users (IVDUs) and 10.0 percent were homosexual or bisexual males as well as IVDUs (Exhibit 11). Nearly 86 percent of individuals affected with AIDS live in the Denver metro area.

EXHIBITS

EXHIBIT 1

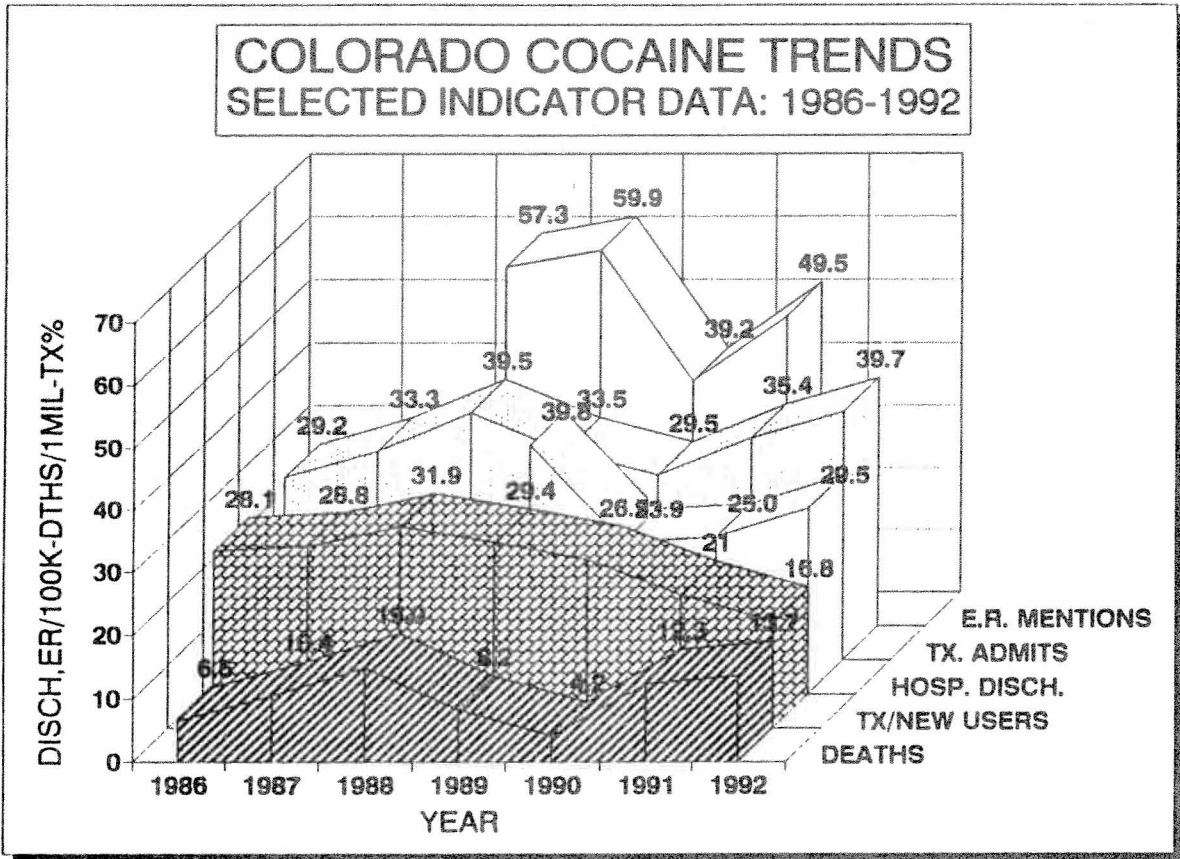


EXHIBIT 2

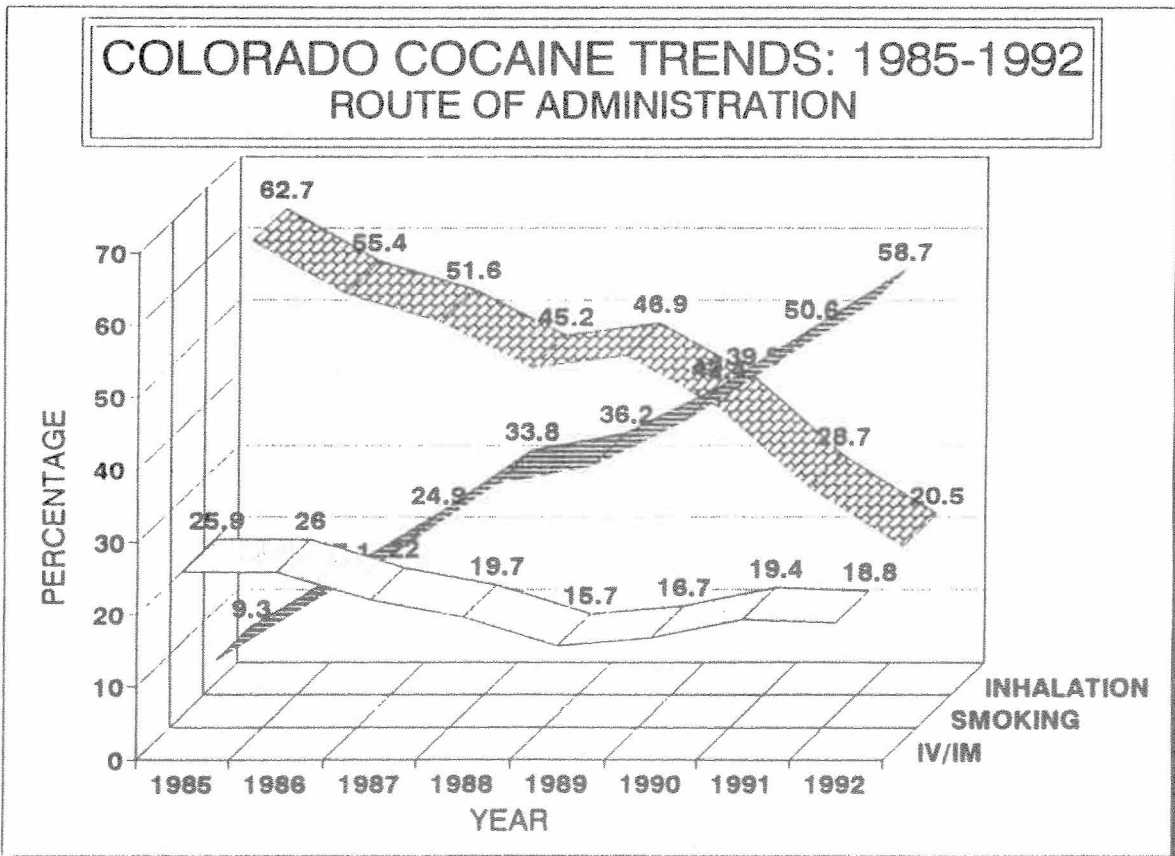


EXHIBIT 3
PRIMARY DRUG OF ABUSE AT
TREATMENT ADMISSION
(PERCENT OF ADMISSIONS)

SUBSTANCE	1985	1986	1987	1988	1989	1990	1991	1992*
HEROIN	11.6	19.3	14.4	10.0	9.9	18.8	19.9	19.1
OTHER OPIATES	6.9	5.1	4.8	3.3	2.4	2.9	3.3	3.0
NON-RX METHADONE	.3	0	.2	.2	.2	.1	.2	.2
AMPHETAMINES	6.9	6.3	7.6	6.7	7.3	7.1	3.6	5.2
COCAINE	25.5	29.2	33.3	39.5	33.5	29.5	35.4	39.7
MARIJUANA	37.8	32.0	32.2	33.3	40.6	35.9	32.2	27.2
BARBITURATES	1.0	.3	.7	.4	.3	.4	.3	.1
SEDATIVES	.3	.4	.3	.3	.3	.1	.2	.1
TRANQUILIZERS	2.2	1.9	1.4	1.4	1.2	1.1	.7	.9
HALLUCINOGENS	2.5	1.8	2.4	2.1	1.9	1.5	1.1	1.5
INHALANTS	3.4	2.1	1.4	1.3	1.3	1.4	2.1	2.0
PCP	.3	0	.1	.2	.2	0	.1	0
OTC	.4	.5	.3	.3	.3	.1	.1	.2
OTHER	.9	1.1	.9	1.0	.6	1.1	.8	.8
TOTAL N	2,647	2,836	3,095	3,968	4,748	6,207	7,005	5,743

* 1992 DATA FROM FIRST THREE QUARTERS
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	1992*
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	86 8.0
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	30 18.2
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	378 16.8
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	239 15.5
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	905 16.0

* 1992 DATA FROM FIRST THREE QUARTERS
SOURCE: COLORADO DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
DRUG/ALCOHOL COORDINATED DATA SYSTEM

EXHIBIT 5

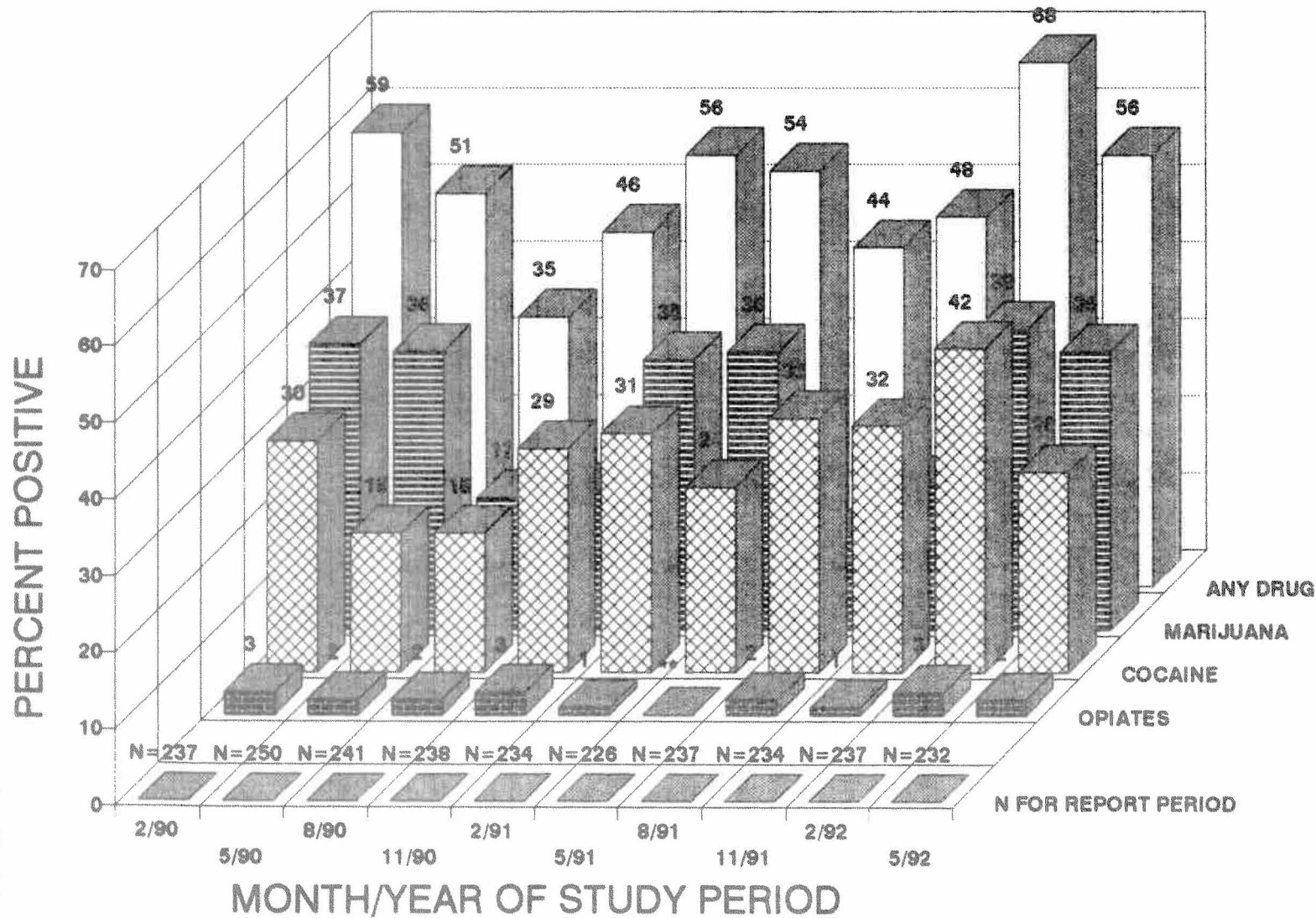
1988 - 1992 TREATMENT ADMISSIONS
SELECTED DEMOGRAPHICS/USE INFORMATION

	88	89	90	91	92*
COCAINE	N=1,566	N=1,583	N=1,819	N=2,375	N=2,227
Male (%)	64	67	67	67	64
Female (%)	36	33	33	33	36
White (%)	66	64	56	50	47
Black (%)	21	21	27	32	35
Hispanic (%)	13	13	16	16	16
Other (%)	0	2	1	2	2
Average Age	28.3	28.7	30	30.2	31.1
Average Years of Education	12	11.9	11.9	11.8	11.9
Average Monthly Household Income	\$778	\$697	\$622	\$590	\$544
Average Years of Use	6.7	7.3	7.5	8.3	9.1
Average Years of Abuse	5.2	5.7	5.7	6	6.1
HEROIN	N=429	N=1,063	N=1,665	N=1,302	N=1,095
Male (%)	67	63	63	65	65
Female (%)	33	37	37	35	35
White (%)	51	43	42	47	47
Black (%)	11	14	15	11	12
Hispanic (%)	37	42	42	40	40
Other (%)	1	1	1	2	1
Average Age	34.9	36	36.4	36.8	37.4
Average Years of Education	11.6	11.4	11.5	11.7	11.6
Average Monthly Household Income	\$777	\$680	\$773	\$726	\$583
Average Years of Use	13.9	14.4	14.7	16	16.9
Average Years of Abuse	11.3	12.5	12.2	13.1	13.7
MARIJUANA	N=1,321	N=1,923	N=2,258	N=2,118	N=1,547
Male (%)	78	79	81	80	80
Female (%)	22	21	19	20	20
White (%)	70	66	64	61	65
Black (%)	6	6	7	9	9
Hispanic (%)	22	26	27	27	23
Other (%)	2	2	2	3	3
Average Age	24.1	23.5	24.7	25.3	25.6
Average Years of Education	11	10.7	10.9	11	11
Average Monthly Household Income	\$641	\$542	\$580	\$562	\$644
Average Years of Use	9.5	9.1	10	10.7	11
Average Years of Abuse	8	7.2	8	8.3	8
AMPHETAMINE	N=264	N=346	N=443	N=468	N=302
Male (%)	53	59	60	64	64
Female (%)	47	41	40	36	36
White (%)	93	90	91	86	92
Black (%)	2	1	1	1	1
Hispanic (%)	5	7	5	9	6
Other (%)	0	2	3	4	1
Average Age	27.3	28.8	29.2	30.7	30.5
Average Years of Education	11.3	11.2	11.3	11.4	11.3
Average Monthly Household Income	\$554	\$633	\$521	\$501	\$544
Average Years of Use	9	9.2	9.9	11.4	11.4
Average Years of Abuse	7.3	7.6	8.1	9	7.8

SOURCE: DACODS

* DATA FIRST THREE QUARTERS OF 1992

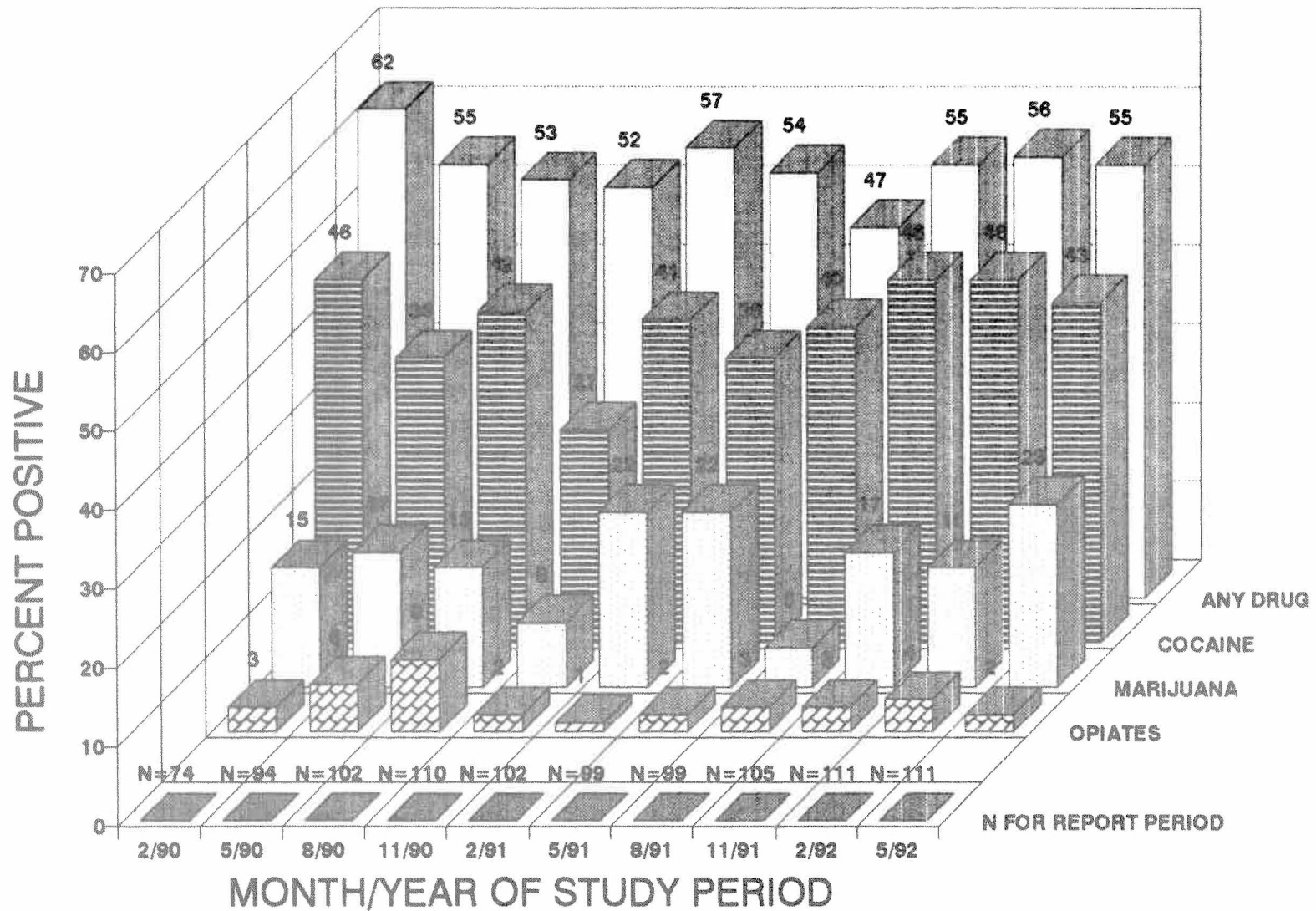
DENVER DUF DATA: MALE ARRESTEES: 90-92 PERCENTAGE POSITIVE URINALYSIS RESULTS



Source: Division of Criminal Justice: Office of Research and Statistics

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: 1986-1992

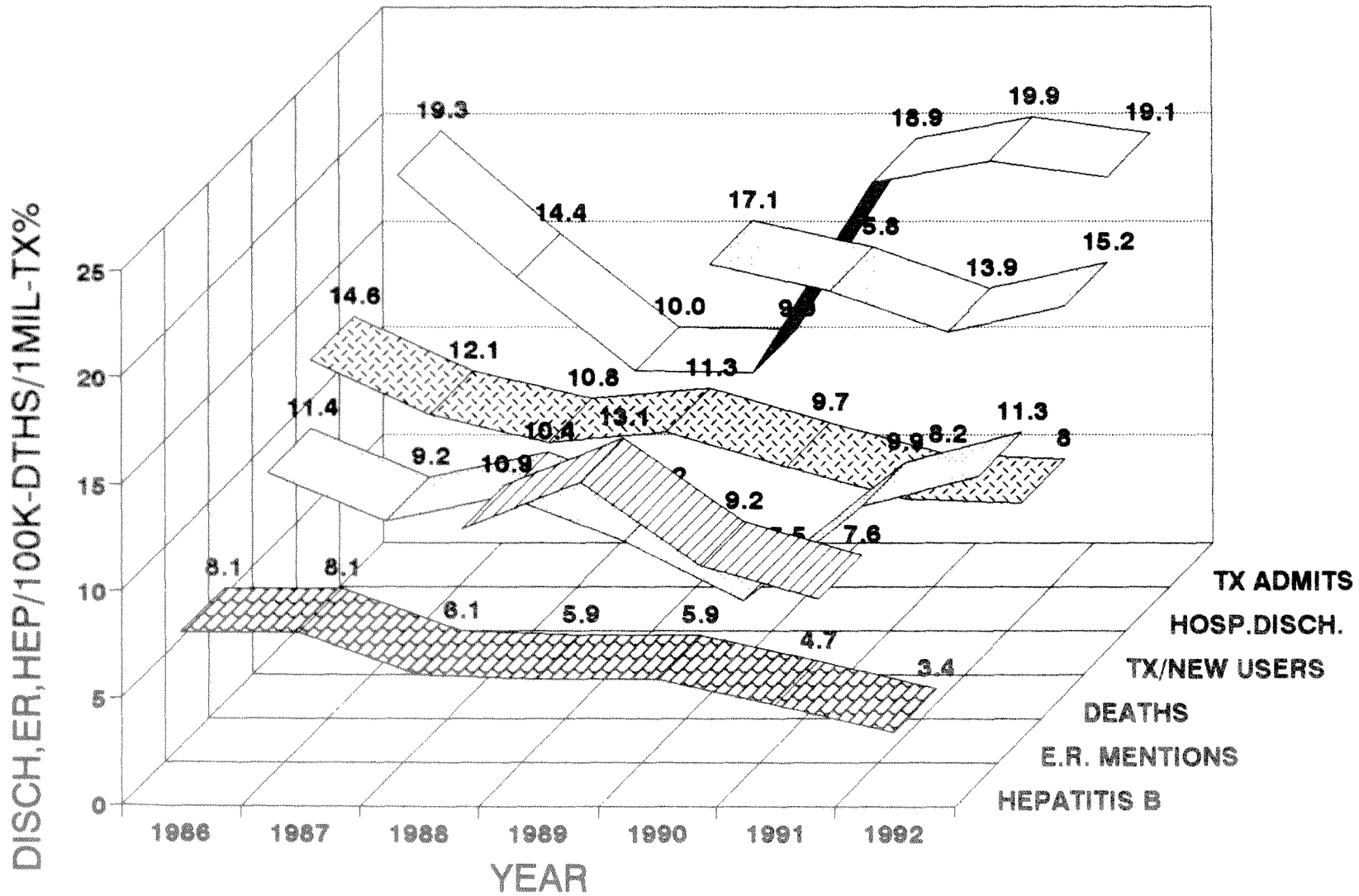


EXHIBIT 9

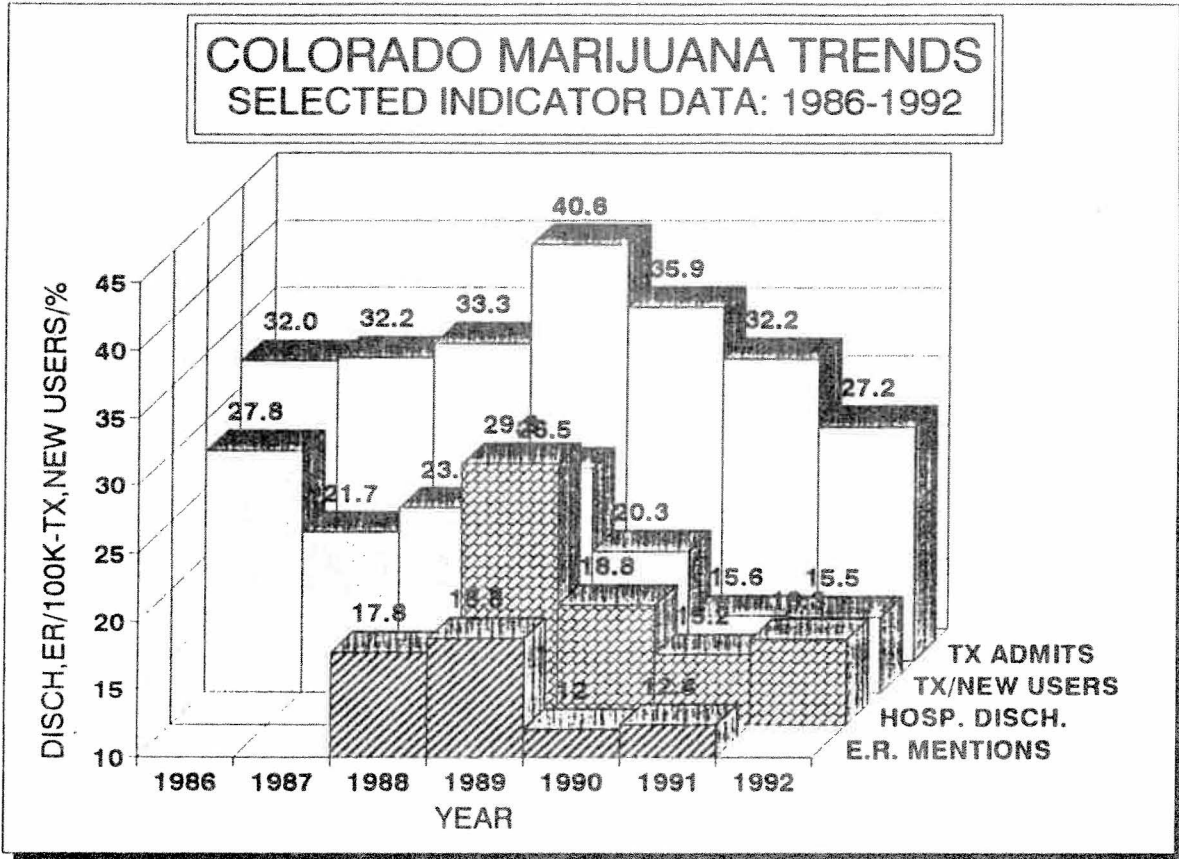
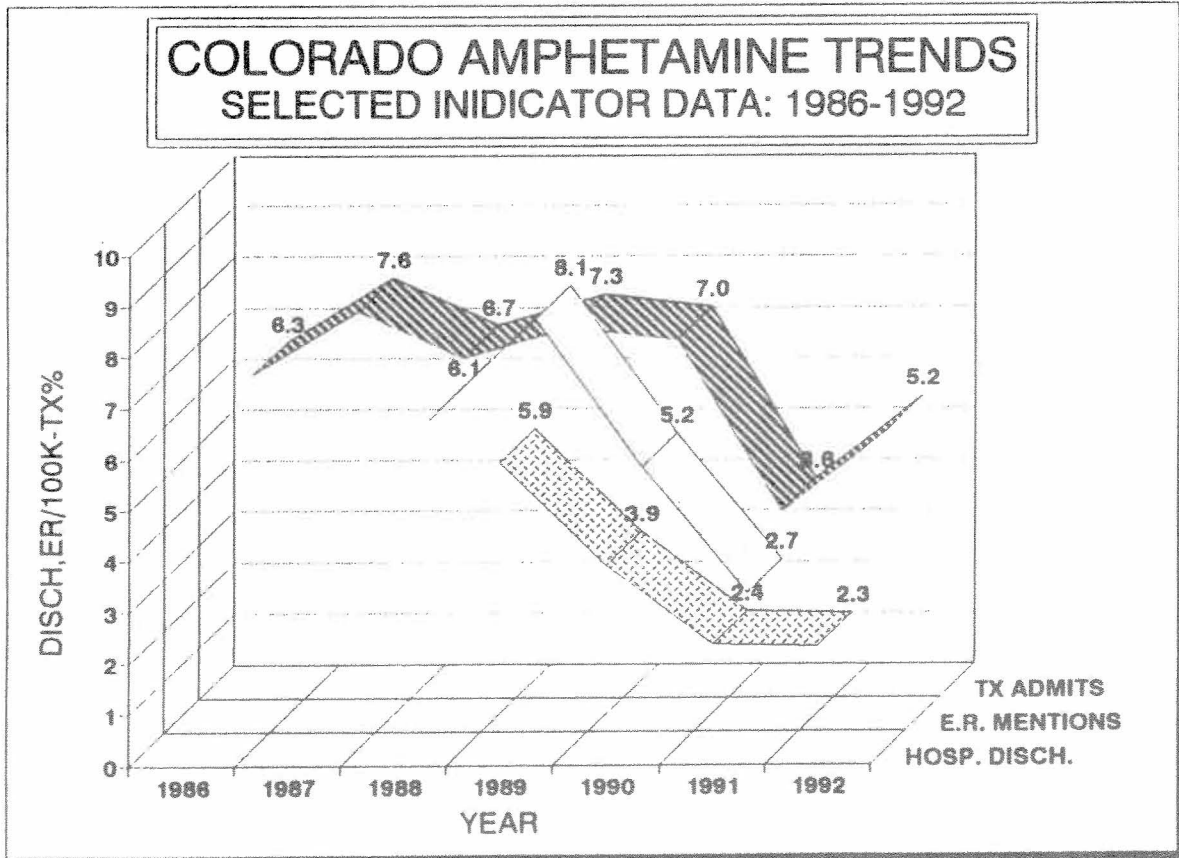


EXHIBIT 10



STATE OF COLORADO

COLORADO DEPARTMENT OF HEALTH

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80222-1530
Phone: (303) 692-2000

Laboratory Building
4210 E. 11th Avenue
Denver, Colorado 80220-3716
(303) 691-4700



Roy Romer
Governor
Patricia A. Nolan, MD, MPH
Executive Director

**AIDS STATUS IN COLORADO
OCTOBER 31, 1992**

<u>Number of Confirmed Cases</u>		2384	
<u>Cases by Sex</u>	Male	2273	(95.3%)
	Female	111	(4.7%)
<u>Current Mortality</u>	Alive	707	(29.7%)
	Dead	1677	(70.3%)
<u>Race</u>	<u>Age of Diagnosis</u>		
White 1915 (80%)	0-9	16	(.7%)
Black 186 (8%)	10-19	11	(.5%)
Hispanic 265 (11%)	20-29	467	(19.6%)
Other 18 (1%)	30-39	1152	(48.3%)
	40-49	519	(21.7%)
	over 49	219	(9.2%)
<u>Transmission Categories:</u>			
Homosexual Male/Bisexual Male		1775	(74.4%)
IV Drug User		145	(6.1%)
Homosexual/Bisexual Male and IV Drug User		238	(10.0%)
Transfusion Recipient		51	(2.1%)
Hemophiliac		42	(1.8%)
Heterosexual Contact to High Risk Individual		71	(3.0%)
Undetermined Risk/No Identified Risk Factor		50	(2.1%)
Parent at Risk/has AIDS		12	(.5%)
<u>Geographic Distribution:</u>			
Denver Metropolitan Area		2045	(85.8%)
Southeast Colorado		61	(2.6%)
South Central Colorado		150	(6.3%)
Northeastern Colorado		73	(3.0%)
Western Colorado		55	(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	25 (2.1/mo)	25	100
1984 January-December	45 (3.8/mo)	45	100
1985 January-December	94 (7.8/mo)	92	98
1986 January-December	182 (15.2/mo)	174	96
1987 January-December	265 (22.1/mo)	236	89
1988 January-December	325 (27.1/mo)	276	85
1989 January-December	377 (31.4/mo)	301	80
1990 January-December	356 (29.7/mo)	237	66
1991 January-December	442 (36.8/mo)	224	51
1992 January-October	265 (26.5/mo)	60	23

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