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# DRUG USE TRENDS IN DENVER

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# AND COLORADO

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# DRUG USE TRENDS IN DENVER AND COLORADO

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*While most cocaine indicators are still lower than 1988 peaks, all continue to rise. Deaths grew to their highest level since 1988, ER mentions increased substantially, and the proportion of treatment admissions peaked. However, the proportion of admissions of new cocaine users continued to fall. Heroin/opiate indicators show a mixed picture: opiate-related deaths reached their highest level since 1986, and hospital discharges and ER mentions are also up. However, treatment admissions and hepatitis B cases continue to fall. Marijuana indicators increased slightly, with the exception of treatment admissions. Stimulant indicators have sharply declined, and hallucinogen indicators are down or stable. Among more than 3,200 cumulative AIDS cases in Colorado, almost 7 percent are injecting drug users and another 10 percent are homosexual/bisexual injecting drug users; these figures have slightly increased over those of 1991.*

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## INTRODUCTION

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### 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 midpoint 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 and Time Periods

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

- **Availability, price, purity and distribution data** are available from law or drug enforcement agencies and drug treatment program personnel.
- **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 nonfunded agencies that are under special reporting requirements. Data elements include demographics and severity indicators (for example, arrests, prior treatment episodes, drug use patterns, and employment). Treatment admissions by drug type and data on new users are presented for the years 1985 through 1992 in exhibits 1, 2, 4, 6, 7, 8 and 9. The demographic data presented in exhibit 3 reflects admissions to treatment during calendar years 1988 through 1992. Route of administration for cocaine users admitted to treatment between 1985 and 1992 are also presented in exhibit 5.
- **Drug Use Forecasting (DUF) data reports** on arrestee urinalysis results are based on quarterly 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. The most recent data included in Exhibits 10 and 11 were collected during the study period ending November 1992. Data for each study period since February 1990 are also presented for comparison purposes.
- **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. Deaths per one million population are presented for the years 1986 through 1992 in exhibits 4, 6, 7, 8 and 9.
- **Drug Abuse Warning Network (DAWN)** provides weighted estimates of drug-abuse-related emergency room (ER) mentions in the Denver metropolitan area. The most recent time period available is 1992, with figures for each year since 1988 available for comparison purposes (exhibits 4, 6, 7, 8 and 9).
- **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. The 1992 figures presented are projections based upon the first six months of the year, with comparison data presented for each year since 1989 (exhibits 4, 6, 7, 8 and 9).

- **Hepatitis-B data** are available from the Disease Control and Epidemiology Division of the Colorado Department of Health. Exhibit 6 presents acute cases per 100,000 population reported since 1986. The 1993 projection is based on cases reported through May 19.
- **Acquired immunodeficiency syndrome (AIDS) data** are available from the Sexually Transmitted Disease Control Section, Colorado Department of Health. The data presented in exhibit 12 reflect AIDS cases in Colorado reported through April 30, 1993.

## DRUG ABUSE TRENDS

### 1. Cocaine

The Rocky Mountain Unified Intelligence group (RMUIG) reports that cocaine hydrochloride (HCl) remains readily available in the metropolitan area in grams and large quantities. Prices have remained consistent for the past two years at \$80-\$100 per gram and \$800-\$1,200 per ounce. Kilogram prices are \$18,000 to \$22,000. Primary sources for the drug are Mexican nationals and California-based gangs. Crack cocaine is also readily available in the Denver area, concentrated in northeast Denver and northwest Aurora. It is sold mostly in rocks for \$5-\$20, or in ounces for \$1,000-\$2,000. Clients at one Denver-area treatment program report that a \$10 rock is currently the smallest amount of crack currently available for purchase. Cocaine HCl purity is reported at 50-80 percent with crack as high as 90 percent. Reports from law enforcement agencies in Boulder indicate that the use of cocaine HCl and crack seems to be becoming more common among Hispanics and adolescents.

Cocaine treatment admissions had 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. This proportion declined to 29.5 percent by the end of 1990. After 1990, however, the proportion of cocaine admissions began another upward trend to 36.1 percent in 1991 and to 42.3 percent in 1992. The 1992 percentage represents the largest peak in cocaine treatment admissions since 1985 (exhibits 1 and 4).

The strong counterpoint to the ascending cocaine indicators was the continued decline of the proportion of new cocaine users in treatment (exhibits 2 and 4). For 1992, only 16.9 percent of cocaine admissions reported being new users (that is, admitted to treatment within 3 years of initial cocaine use). This figure is down from the 24 percent observed in 1991 and substantially down from the 1988 peak of 31.9 percent.

Exhibit 3 displays demographic and use/abuse data by primary drug for clients admitted to treatment from 1988 to 1992. Below is a typical 1992 cocaine admissions profile:

- Gender—Male (stable 5-year trend)
- Race/ethnicity—White (decreasing 5-year trend)
- Race/ethnicity, if minority—Black (increasing 5-year trend)
- Age—31.0 years (increasing 5-year trend)
- Monthly household income—\$548 (decreasing 5-year trend)
- Years of cocaine use—9.0 (increasing 5-year trend)
- Years of cocaine abuse—6.4 (increasing 5-year trend)

Exhibit 5 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 61.6 percent in 1992. Inhalation and injection declined concomitantly.

Exhibits 10 and 11 show DUF data for a sample of female and male arrestees in Denver for 12 quarterly reporting periods between February 1990 and November 1992. Exhibit 10 illustrates drugs found in urinalyses of samples of female arrestees for the reporting periods shown. The total number sampled in each reporting period is indicated at the bottom of the graph along the x-axis (labeled "Number for Report Period"). Looking at some comparable reporting periods, 27 percent of female arrestees tested positive for cocaine in the November 1990 study period, 46 percent a year later, and 51 percent by the November 1992 study period.

Interestingly, samples of male arrestees tested positive for cocaine at consistently lower levels than their female counterparts (exhibit 11). A total of 29 percent of males tested positive for cocaine in the November 1990 study period. From this point, the positive-for-cocaine percentages increased to 32 percent in November 1991 and to 44 percent in November 1992.

Cocaine-related deaths per 1 million population rose from 12.3 in 1991 to 14.3 in 1992 (exhibit 4). This rate almost equals that observed in 1988, when 15 deaths per 1 million population occurred. Exhibit 4 also displays ER mentions per 100,000 population from 1988 to 1992. Cocaine ER mentions declined from 59.9 per 100,000 population to only 39.2 during 1990, but increased substantially over the next two years to 59.2 per 100,000 population.

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 in 1991 and 29.5 in 1992 (projected from first half of 1992) — an increase of 23 percent over 1990 and 18 percent over 1991 (exhibit 4).

## 2. Heroin/Other Opiates

According to the RMUIG, most of the heroin in this area is of the black tar variety, which has become increasingly available. Purity is generally 30 to 65 percent. Prices have remained constant at \$40-\$90 per quarter-gram and \$300-\$500 per gram. The tar heroin in Denver is trafficked primarily by Mexican nationals. One Denver-area treatment program reports that a 'pill' of tar heroin, which is the amount most often purchased by users, costs \$30-\$35. The purchase of heroin by the gram is apparently a relatively new phenomenon for their clients.

Little Mexican brown heroin has been seen in the area. However, prices in Denver run \$100 to \$140 per gram, while gram prices in Boulder are reported at \$200.

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, it increased sharply to 21.7 percent; it increased slightly in 1991 to 23.2 percent; and has remained stable in 1992 (17.0 percent). Looking only at heroin admissions, the proportion on treatment admissions has declined steadily from the 18.8 percent observed in 1990 to 13.8 percent during 1992. The proportions of new users entering treatment for opiates has declined overall 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 1992. Likewise, the proportion of new other opiate users entering treatment has dropped from a high of 27.7 percent in 1987 to 17.5 percent in 1992 (exhibits 1, 2, and 6).

The two private methadone clinics in Colorado, both 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: thus, the information presented in exhibit 3 provides a more accurate picture of heroin users in Colorado. These data, however, were omitted from the data presented in exhibits 1, 2, and 6. Below is a typical 1992 heroin admissions profile:

- Gender—Male (stable 5-year trend)
- Race/ethnicity—White (decreasing trend from 1988 to 1990, increasing in 1991 and 1992)
- Race/ethnicity, if minority—Hispanic (relatively stable 5-year trend)
- Age—37.4 years (increasing 5-year trend)
- Monthly household income—\$592 (decreasing 5-year trend)
- Years of heroin use—16.7 (increasing 5-year trend)
- Years of heroin abuse—13.7 (increasing 5-year trend)

Route of administration patterns for heroin treatment clients have remained virtually unchanged, with 94.7 percent in 1992 reporting an injecting route. Only 1.5 percent reported inhalation, and 0.4 percent reported smoking.

Exhibits 10 and 11 show DUF data on opiate-positive urine tests during the 12 reporting periods indicated. Less than 1 percent of the sample of male arrestees tested positive for opiates in the most recent reporting period (November 1992). This percentage has only fluctuated as high as 3 percent since 1990. The sample of female arrestees in the November 1992 study period had 5 percent positive results for opiates, which is down from the 8 percent observed during the previous study period. This percentage has fluctuated as high as 9 percent and as low as 1 percent between 1990 and 1992.

Classifying opiate-related deaths by type of narcotic (such as heroin) is not possible with current data. Therefore, aggregate opiate death mentions are displayed in exhibit 6. Such mentions decreased from 11.4 per 1 million population in 1986 to 5.5 in 1990. 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 reported at 12.8 per 1 million, the highest total reported to date.

As indicated in exhibit 6, heroin ER mentions per 100,000 population increased from 10.9 to 13.1 between 1988 and 1989 and then decreased to 7.6 during 1990 and 1991. A slight increase to 8.5 mentions per 100,000 population was observed during 1992. Similarly, narcotic-related hospital 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 (projection based on data from first 6 months).

Hepatitis-B cases reported from 1986 to 1992 are also given in exhibit 6. The rate has dropped steadily from 8.1 cases per 100,000 in 1986 to only 3.6 per 100,000 in 1992. The projected rate for 1993, based on data through May 19, declines even further to 2.3 cases per 100,000 population.

### **3. Marijuana**

The RMUIG reports marijuana remains in ample supply in the metropolitan area and in the rest of the Rocky Mountain region. Mexican marijuana sells for \$800-\$1,200 per pound, domestic for \$800-\$1,500. The THC content of this domestic marijuana is between 15 and 25 percent. "Ditchweed" can be had for \$300-\$500 per pound. The average price for sinsemilla in the Rocky Mountain area is \$1,500-\$3,000 per pound, while Mexican marijuana is cheaper at \$800-\$1,200 per pound. According to reports from Boulder, marijuana is most often obtained from local growers rather than from out of state.

The proportion of marijuana treatment admissions had increased to 40.6 percent in 1989, but has since dropped steadily to 29.7 percent in 1992. The proportion of new users in treatment had declined from 26.5 percent in 1989 to 20.3 percent in 1990 and to 15.6 percent in 1991. However, the 1992 proportion of new marijuana users increased to 19.0 percent in 1992 (exhibits 1, 2, and 7).

Exhibit 3 shows demographic and use/abuse indicators for marijuana treatment clients. Below is a typical 1992 marijuana admissions profile:

- Gender—Male (relatively stable 5-year trend)
- Race/ethnicity—White (somewhat decreasing 5-year trend, though an upturn was observed in 1992)
- Race/ethnicity, if minority—Hispanic (increasing 4-year trend with downturn in 1992)
- Age—24.8 years (stable 5-year trend)
- Education—10.8 years (stable 5-year trend)
- Monthly household income—\$644 (decreasing 4-year trend, with upturn in 1992)
- Years of marijuana use—10.4 (slightly increasing 5-year trend)
- Years of marijuana abuse—7.9 (relatively stable 5-year trend)

DUF data show 16 percent of female arrestees tested positive for marijuana in the November 1992 reporting period. This percentage represents a downturn from the 23 percent peak observed in the May 1992 reporting period (exhibit 10). Male arrestees tested positive for marijuana at higher levels than their female counterparts (exhibit 11). While the 39 percent reported in the February 1992 reporting period was the highest observed to date, this figure steadily declined to 26 percent during the most recent study period.

Exhibit 7 displays marijuana ER mentions from 1988 to 1992. Marijuana ER mentions per 100,000 dropped from 18.8 in 1989 to 12.0 in 1990, but have increased to 12.4 in 1991 and to 15.8 in 1992. Also, marijuana hospital episodes declined from 29.3 per 100,000 population in 1989 to 15.2 in 1991. A slight increase to 16.3 per 100,000 is projected for 1992 (based upon data from the first six months of the year).



#### 4. Stimulants

The RMUIG and Boulder law enforcement agencies report that much of the methamphetamine distribution remains associated with motorcycle gangs. Methamphetamine purity runs at 60–95 percent. Prices have declined somewhat, to \$800–\$1,200 per ounce and \$10,000–\$15,000 per pound.

Amphetamine treatment admissions had remained relatively stable between 1985 and 1991, fluctuating between 6.3 percent and 7.6 percent of the treatment population. However, in 1992 the proportion of amphetamine admissions declined to 5.3 percent, which is the lowest observed in the past 8 years (exhibits 1 and 8).

Exhibit 3 displays demographic and use/abuse information for amphetamine clients admitted to treatment from 1988 to 1992. The typical amphetamine client in 1992 had the following profile:

- Gender—Male (increasing 5-year trend)
- Race/ethnicity—White (relatively stable 5-year trend)
- Race/ethnicity, if minority—Hispanic (fluctuating 5-year trend, but never more than 9 percent)
- Age—30.5 years (increasing trend from 1988 to 1991, then stable in 1992)
- Education—11.3 years (stable 5-year trend)
- Monthly household income—\$549 (1992 nearly the same as 1988, with erratic trend line 1989-1991)
- Years of amphetamine use—11.6 (increasing 5-year trend)
- Years of amphetamine abuse—8.6 (increasing trend from 1988 to 1991, then slight downturn in 1992)

Amphetamine-related deaths rarely occur in Colorado. Between 1988 and 1992, only three such deaths were reported: two in 1988 and one in 1991. Methamphetamine ER mentions per 100,000 population have dropped consistently from 8.1 in 1989 to 1.3 in 1992 (exhibit 8). Similarly, amphetamine-related hospital inpatient episodes declined from 5.9 per 100,000 population in 1989 to only 2.3 projected for 1992.

## 5. Hallucinogens

The RMUIG reports consistent availability of LSD in the metropolitan area. Prices are \$2-\$5 per hit or \$75-\$120 per 100-lot. Most LSD is found in blotter form, the primary sources of which are the west coast States. The new trend in blotter design is the Rolling Stone's "yah-yah" lips. In Boulder, LSD usage is perceived to be increasing, and Boulder law enforcement believes that much of the LSD available is probably being made locally.

Primary hallucinogen users have comprised 2.4 percent or less of the treatment population every year since 1986 (exhibit 1). In 1992, hallucinogen clients accounted for only 1.4 percent of the total treatment population. Similarly, PCP has been almost nonexistent in Colorado. PCP treatment admissions have never been more than .2 percent of total admissions in the past 6 years. In fact, treatment programs reported only 3 PCP admissions in 1992.

Only one hallucinogen-related death was reported between 1980 and 1986. However, two to three were reported every year between 1987 and 1990. In 1991, only one such death was observed, and none were reported during 1992.

Lysergic acid diethylamide (LSD) ER mentions per 100,000 population declined slightly from 7.6 in 1989 to 7.0 in 1990, but then increased to 9.4 in 1991. During 1992, mentions dropped to 6.2 per 100,000 population (exhibit 9). PCP ER mentions have been too infrequent to tabulate.

Hallucinogen hospital episodes decreased from 4.3 per 100,000 population in 1989 to 3.1 in 1990. This rate has remained stable in 1991 and 1992, at 2.9 and 3.0 respectively (1992 figure based on projection from first 6 months data).

### **ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS (IDUs)**

Of the 3,264 AIDS cases reported in Colorado through April 30, 1993, 6.6 percent were classified as injecting drug users (IDUs), and another 10.3 percent were homosexual or bisexual males as well as IDUs (exhibit 13). Nearly 87 percent of the individuals with AIDS live in the Denver metropolitan area.

# EXHIBITS

EXHIBIT 1  
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	15.0	13.8
OTHER OPIATES	6.9	5.1	4.8	3.3	2.4	2.9	3.2	3.2
NON-RX METHADONE	.3	0	.2	.2	.2	.1	.2	.2
AMPHETAMINES	6.9	6.3	7.6	6.7	7.3	7.1	7.1	5.3
COCAINE	25.5	29.2	33.3	39.5	33.5	29.5	36.1	42.3
MARIJUANA	37.8	32.0	32.2	33.3	40.6	35.9	31.9	29.7
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	1.8	.9
HALLUCINOGENS	2.5	1.8	2.4	2.1	1.9	1.5	1.8	1.4
INHALANTS	3.4	2.1	1.4	1.3	1.3	1.4	2.2	2.0
PCP	.3	0	.1	.2	.2	0	.2	0
OTC	.4	.5	.3	.3	.3	.1	.2	.3
OTHER	.9	1.1	.9	1.0	.6	1.1	.9	.6
TOTAL N	2,647	2,836	3,095	3,968	4,748	6,207	6,552	7,972

SOURCE: DRUG ALCOHOL COORDINATED DATA SYSTEM

EXHIBIT 2  
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	90 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	47 17.5
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	569 16.9
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	450 19.0
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	1,362 17.1

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

## EXHIBIT 3

1988 - 1992 TREATMENT ADMISSIONS  
SELECTED DEMOGRAPHICS/USE INFORMATION

	88	89	90	91	92
<b>COCAINE</b>	<b>N=1,566</b>	<b>N=1,583</b>	<b>N=1,819</b>	<b>N=2,375</b>	<b>N=3,375</b>
Male (%)	64	67	67	67	63
Female (%)	36	33	33	33	37
White (%)	66	64	56	50	46
Black (%)	21	21	27	32	37
Hispanic (%)	13	13	16	16	15
Other (%)	0	2	1	2	2
Average Age	28.3	28.7	30	30.2	31.0
Average Years of Education	12	11.9	11.9	11.8	11.9
Average Monthly Household Income	\$778	\$697	\$622	\$590	\$548
Average Years of Use	6.7	7.3	7.5	8.3	9.0
Average Years of Abuse	5.2	5.7	5.7	6	6.4
<b>HEROIN</b>	<b>N=429</b>	<b>N=1,063</b>	<b>N=1,665</b>	<b>N=1,302</b>	<b>N=1,476</b>
Male (%)	67	63	63	65	64
Female (%)	33	37	37	35	36
White (%)	51	43	42	47	48
Black (%)	11	14	15	11	12
Hispanic (%)	37	42	42	40	38
Other (%)	1	1	1	2	2
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	\$592
Average Years of Use	13.9	14.4	14.7	16	16.7
Average Years of Abuse	11.3	12.5	12.2	13.1	13.7
<b>MARIJUANA</b>	<b>N=1,321</b>	<b>N=1,923</b>	<b>N=2,258</b>	<b>N=2,118</b>	<b>N=2,369</b>
Male (%)	78	79	81	80	80
Female (%)	22	21	19	20	20
White (%)	70	66	64	61	64
Black (%)	6	6	7	9	9
Hispanic (%)	22	26	27	27	24
Other (%)	2	2	2	3	3
Average Age	24.1	23.5	24.7	25.3	24.8
Average Years of Education	11	10.7	10.9	11	10.8
Average Monthly Household Income	\$641	\$542	\$580	\$562	\$644
Average Years of Use	9.5	9.1	10	10.7	10.4
Average Years of Abuse	8	7.2	8	8.3	7.9
<b>AMPHETAMINE</b>	<b>N=264</b>	<b>N=346</b>	<b>N=443</b>	<b>N=468</b>	<b>N=420</b>
Male (%)	53	59	60	64	64
Female (%)	47	41	40	36	36
White (%)	93	90	91	86	91
Black (%)	2	1	1	1	1
Hispanic (%)	5	7	5	9	7
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	\$549
Average Years of Use	9	9.2	9.9	11.4	11.6
Average Years of Abuse	7.3	7.6	8.1	9	8.6

SOURCE: Drug/alcohol Coordinated Data System

Exhibit 4

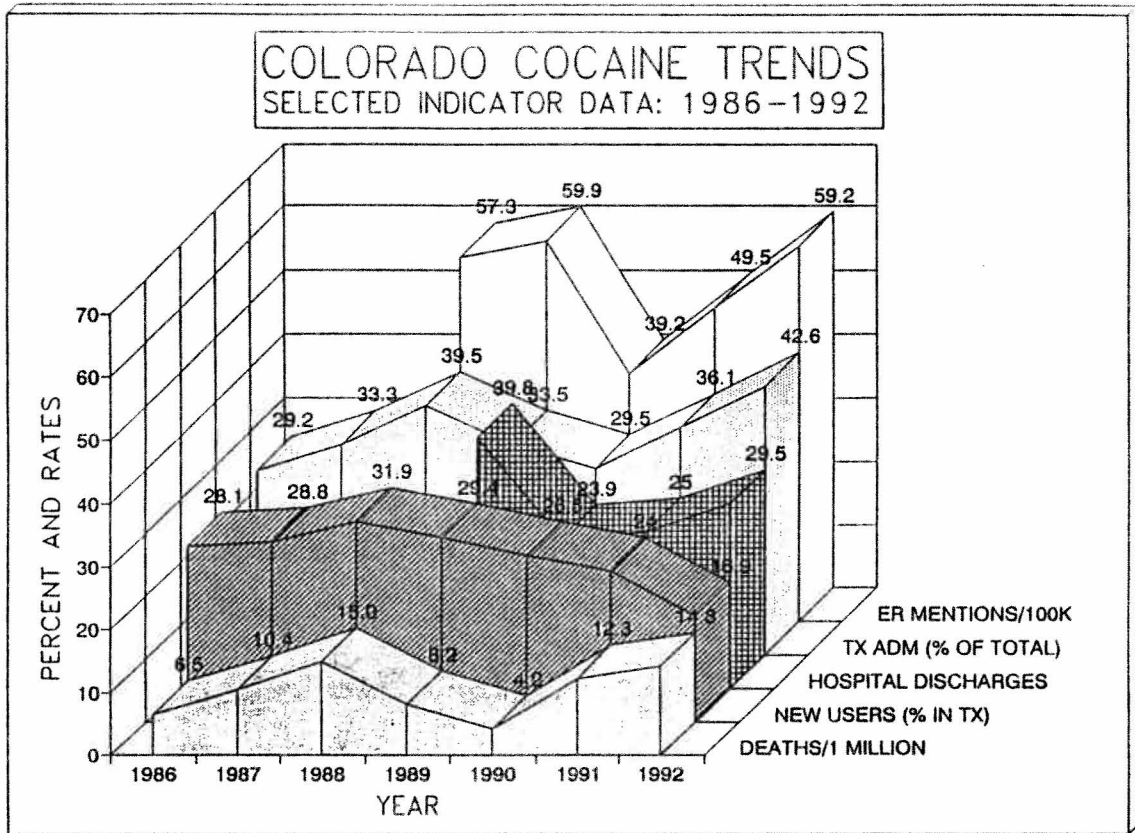
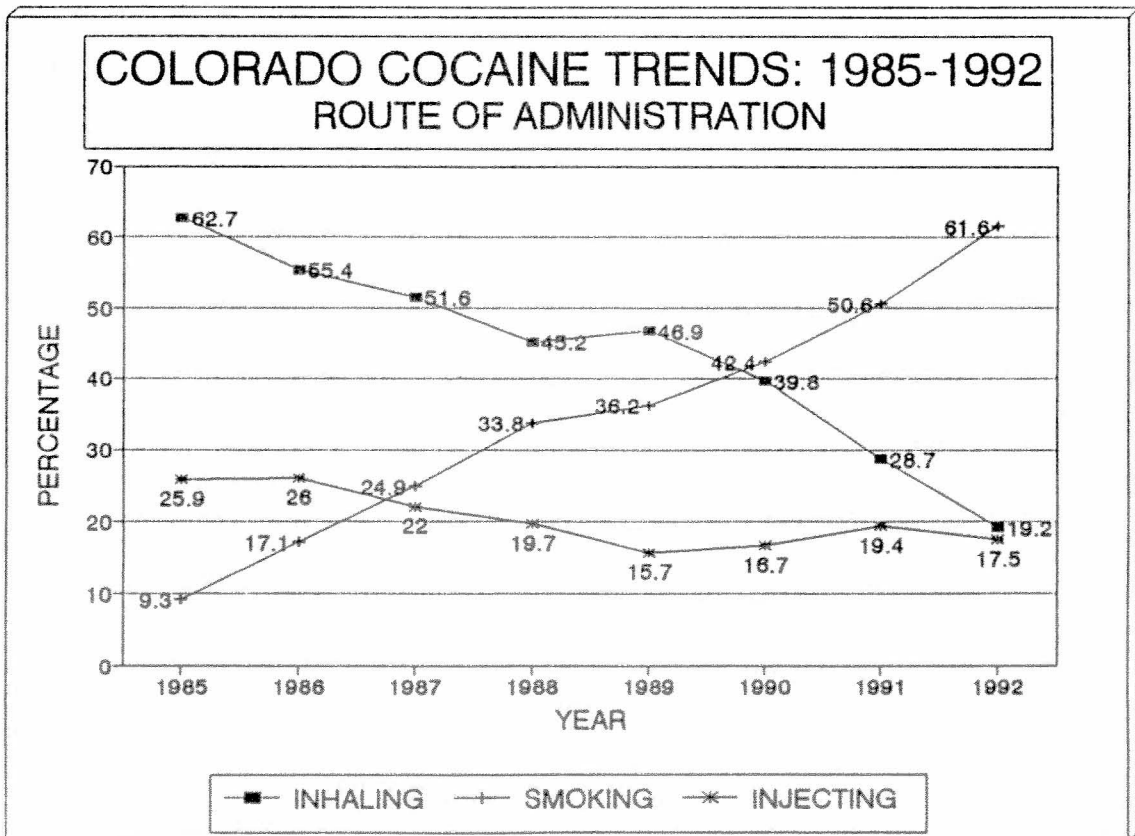


Exhibit 5



Source: Drug/Alcohol Coordinated Data System

Exhibit 6

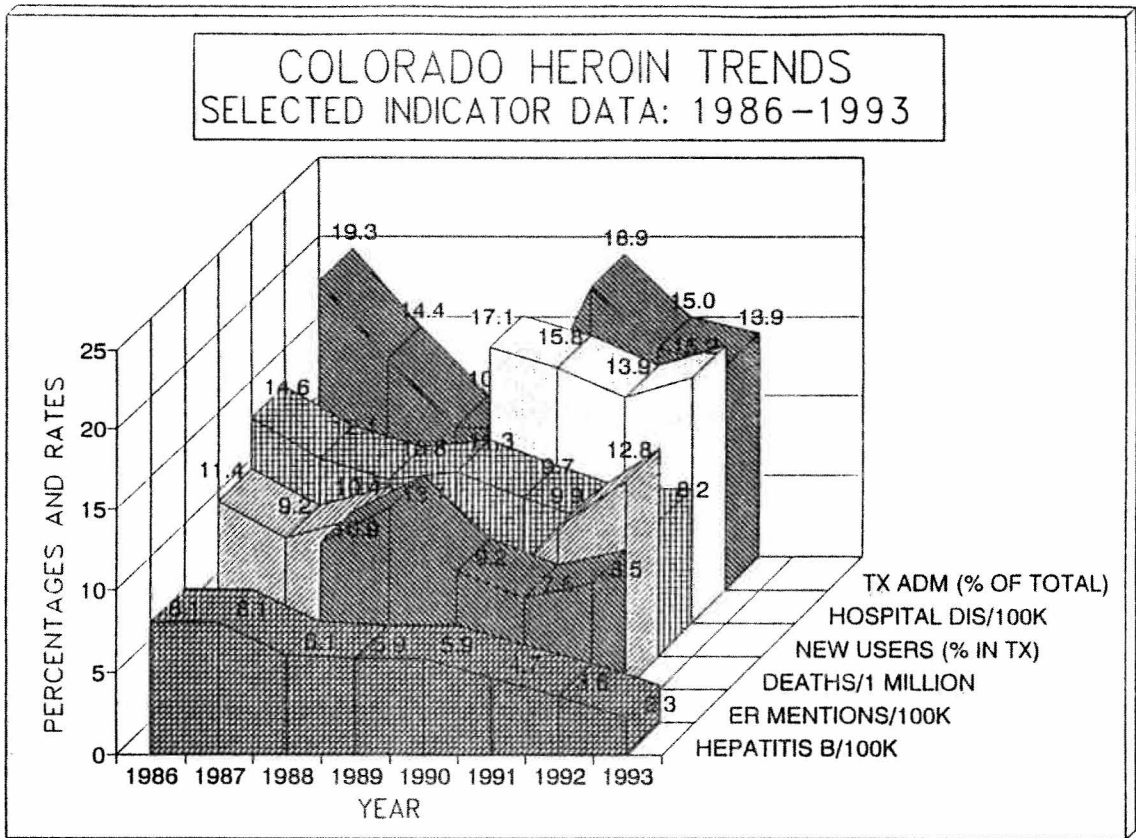


Exhibit 7

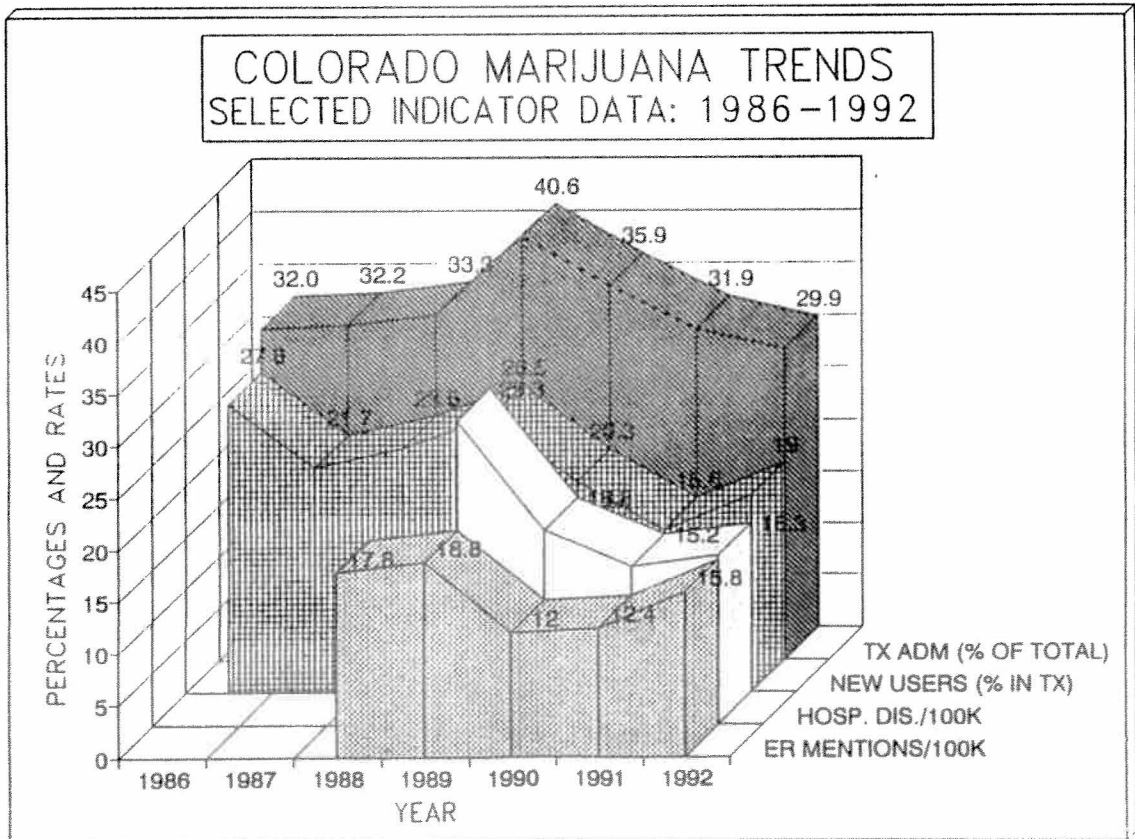


Exhibit 8

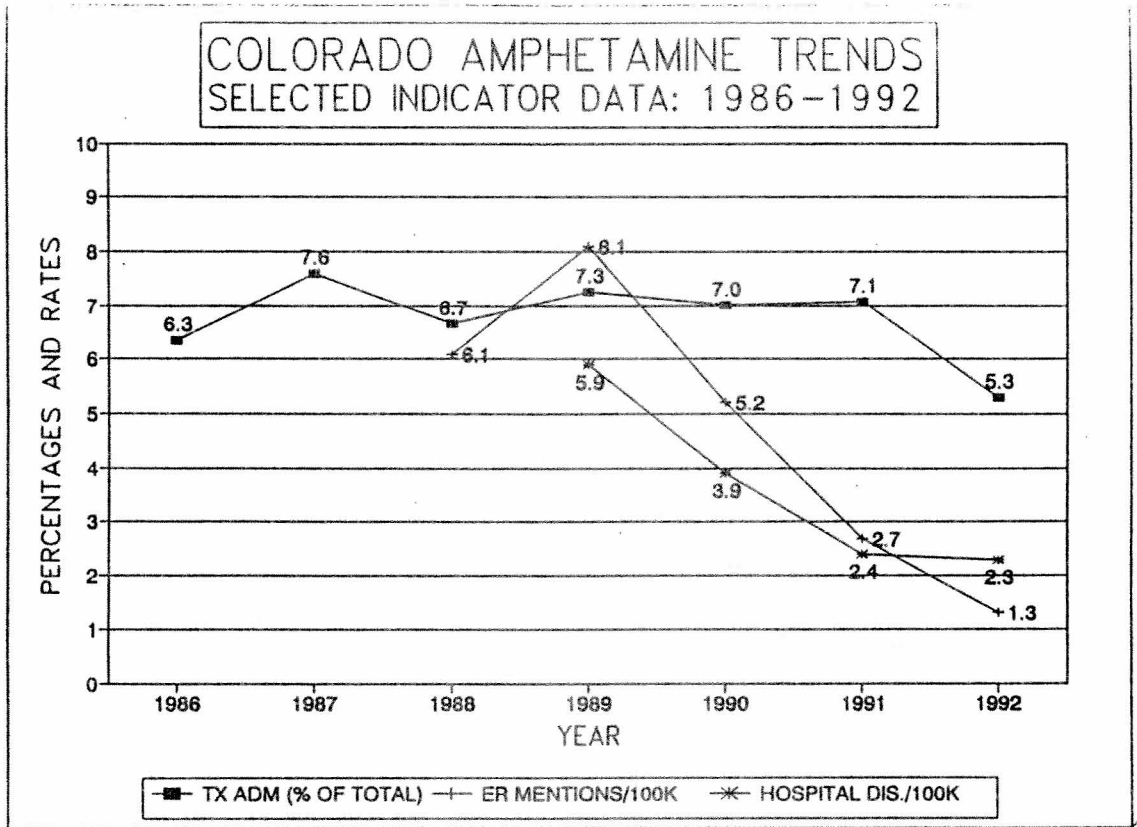
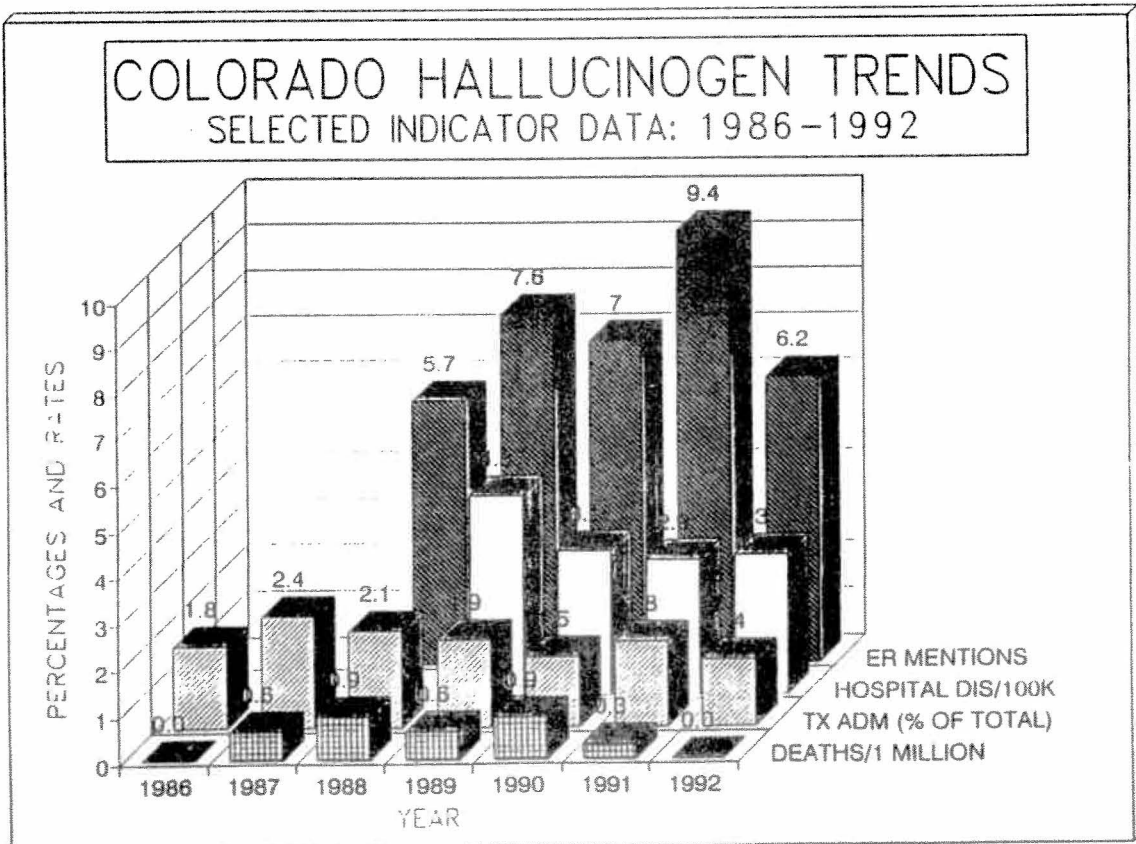
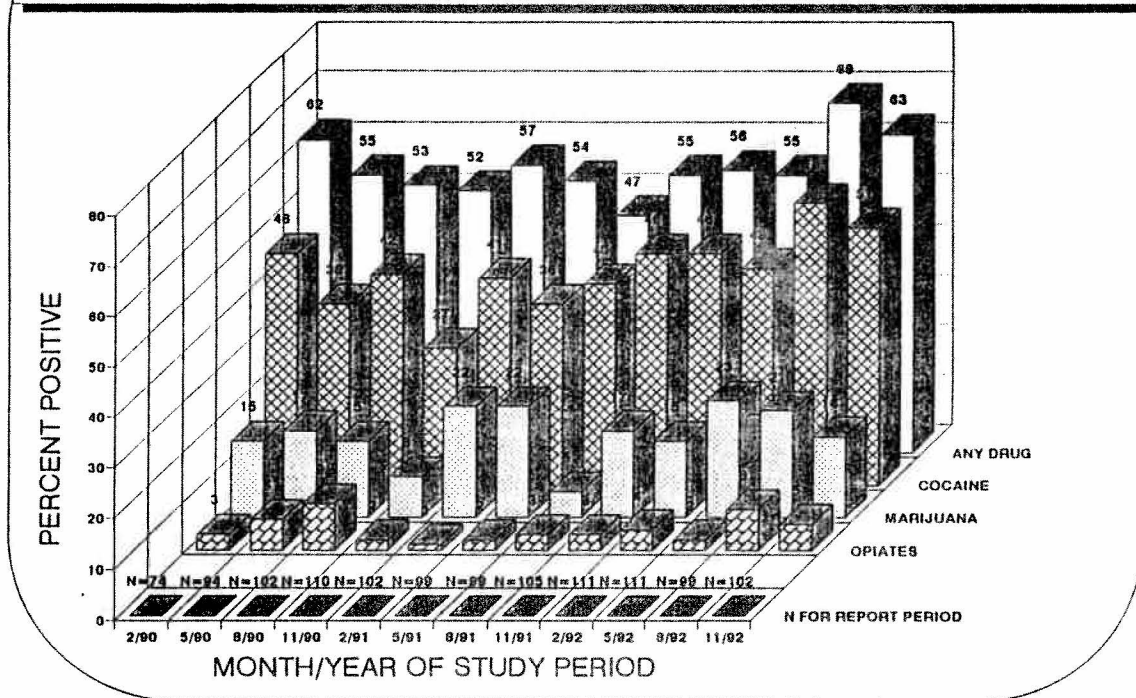


Exhibit 9



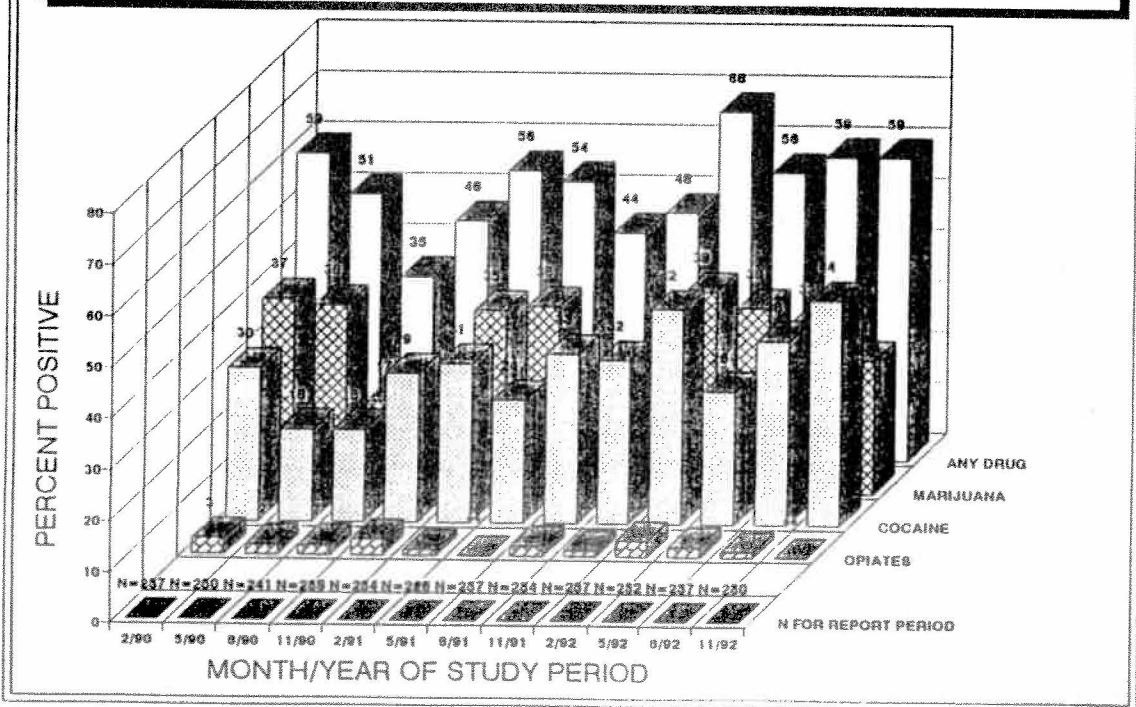


## DENVER DUF DATA: FEMALE ARRESTEES:90-92 PERCENTAGE POSITIVE URINALYSIS RESULTS



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

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



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

## STATE OF COLORADO

## COLORADO DEPARTMENT OF HEALTH

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

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Denver, Colorado 80222-1530  
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4210 E. 11th Avenue  
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Roy Romer  
Governor

Patricia A. Nolan, MD, MPH  
Executive Director

**AIDS STATUS IN COLORADO  
APRIL 30, 1993**

<u>Number of Confirmed Cases</u>		3264	
<u>Cases by Sex</u>			
	Male	3106	(95.2%)
	Female	158	(4.8%)
<u>Current Mortality</u>			
	Alive	1325	(40.6%)
	Dead	1939	(59.4%)
<u>Race</u>			
White	2591 (79%)		
Black	260 (8%)		
Hispanic	388 (12%)		
Other	25 (1%)		
<u>Age of Diagnosis</u>			
	0-9	18	(.6%)
	10-19	17	(.5%)
	20-29	644	(19.7%)
	30-39	1559	(47.8%)
	40-49	742	(22.7%)
	over 49	284	(8.7%)
<u>Transmission Categories:</u>			
	Homosexual Male/Bisexual Male	2376	(72.8%)
	IV Drug User	216	(6.6%)
	Homosexual/Bisexual Male and IV Drug User	337	(10.3%)
	Transfusion Recipient	63	(1.9%)
	Hemophiliac	64	(2.0%)
	Heterosexual Contact to High Risk Individual	103	(3.2%)
	Undetermined Risk/No Identified Risk Factor	92	(2.8%)
	Parent at Risk/has AIDS	13	(.4%)
<u>Geographic Distribution:</u>			
	Denver Metropolitan Area	2824	(86.5%)
	Southeast Colorado	82	(2.5%)
	South Central Colorado	189	(5.8%)
	Northeastern Colorado	101	(3.1%)
	Western Colorado	68	(2.1%)
<u>Year of Diagnosis</u>			
		<u>Number of Cases</u>	<u>Number Deceased</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)	175 96
1987	January-December	267 (22.2/mo)	238 89
1988	January-December	351 (29.2/mo)	286 81
1989	January-December	438 (36.5/mo)	327 75
1990	January-December	442 (36.8/mo)	282 64
1991	January-December	638 (53.2/mo)	317 50
1992	January-December	645 (53.7/mo)	136 21
1993	January-April	129 (32.2/mo)	9 7

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