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DRUG USE TRENDS IN DENVER AND COLORADO

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Colorado
Department
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DRUG USE TRENDS IN DENVER AND COLORADO

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While most cocaine indicators were still lower than 1988 peaks, all continued to rise. Deaths grew to their highest level since 1988, emergency room mentions increased substantially, and the proportion of treatment admissions peaked. However, the proportion of new cocaine users among admissions continued to fall. Heroin/opiate indicators showed a mixed picture: hospital discharges and emergency room mentions were up slightly, but treatment admissions, hepatitis-B cases and deaths fell. Marijuana indicators also showed a mixed picture: treatment admissions and hospital inpatient episodes remained relatively stable while new users in treatment and emergency room mentions grew. Stimulant indicators have declined sharply, and hallucinogen indicators were down or stable. Among the more than 3,600 cumulative AIDS cases in Colorado, almost 7 percent were injecting drug users and another 11 percent were homosexual/bisexual injecting drug users; these figures increased slightly since 1991.

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 midpoint of 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 November and December, 1993. 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 and 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 under special reporting requirements. Data elements include demographics and severity indicators (for example, arrests, prior treatment episodes, drug use patterns, and employment). Data on treatment admissions by drug type and new users are presented for 1986 through the first half of 1993 in exhibits 1 and 2, and demographic treatment admissions data are presented in exhibit 3. Data on cocaine are presented in exhibits 4 and 5, on heroin in exhibit 6, on marijuana in exhibit 7, on amphetamine in exhibit 8, and on hallucinogens in exhibit 9.
- **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 May 1993. Data for each study period since February 1990 are 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 1 million population are presented for 1986 through the first half of 1993 in exhibits 4 and 6.
- **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 fourth quarter 1992, and figures for each year since 1988 are given 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 1993 figures presented are projections based

upon the first 3 months of the year, and comparison data are 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 November 23.
- **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 October 31, 1993.

DRUG ABUSE TRENDS

1. Cocaine

The Drug Enforcement Administration (DEA) reports that cocaine hydrochloride (HCl) remains readily available in the metropolitan area and throughout Colorado. Prices have remained consistent for the past 2 years at \$80-\$100 per gram and \$800-\$1,400 per ounce; kilogram prices are \$18,000-\$25,000. Also, according to the DEA, street-level cocaine hydrochloride purity ranges from 30 to 60 percent for grams and 40 to 80 percent for ounce quantities. Conversely, however, The Denver Police Department (DPD) reports cocaine HCl prices are down to \$80-\$100 per "teenth" (one sixteenth of an ounce, or 1.7 grams), with an eighth of an ounce selling for as little as \$150. The Boulder Police Department reports similar information with cocaine HCl prices at \$100-\$120 per "teenth". Primary sources for the drug are Mexican nationals and California-based gangs.

The DEA reports that crack cocaine is also readily available in the Denver area, concentrated in northeast Denver and northwest Aurora. It is sold mostly in rocks for \$25-\$40. The DPD reports similar information. Curiously, according to a treatment program in Boulder, despite greater availability of crack in the area, some clients have come into treatment who have been "freebasing" cocaine.

During 1987 and 1988, cocaine admissions increased to constitute the largest group in treatment, accounting for almost 40 percent of all admissions to funded treatment programs in Colorado in 1988; this proportion then declined to 29.5 percent by the end of 1990. After 1990, however, the proportion began another upward trend to 36.1 percent in 1991 and to 42.1 percent in 1992. This trend continued into the first half of 1993 with the 45.2 percent cocaine treatment admission percentage representing the highest peak in cocaine treatment admissions ever reported (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 the first half of 1993, only 15.8 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 18.3 percent observed in 1992 and is 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 1989 to the first half of 1993. Below is a typical 1993 cocaine admissions profile:

- Gender—Male (stable 3-year trend but declining in past two years)
- Race/ethnicity—White (decreasing 5-year trend)
- Race/ethnicity, if minority—Black (increasing 5-year trend)
- Average age—31.8 years (increasing 5-year trend)
- Average monthly household income—\$503 (decreasing 5-year trend)
- Average years of cocaine use—9.5 (increasing 5-year trend)
- Average years of cocaine abuse—6.6 (increasing 5-year trend)

Exhibit 5 displays route of administration data for cocaine users in treatment. The proportion of cocaine smokers increased from 17.1 percent of the treatment population in 1986 to 62.7 percent in the first half of 1993. Inhalation and injection declined concomitantly.

Exhibits 10 and 11 show DUF data for a sample of Denver female and male arrestees for 14 quarterly reporting periods between February 1990 and MAY 1993. Exhibit 10 illustrates drugs found in urinalyses of female arrestee samples. The total number sampled in each reporting period is indicated at the bottom of the graph along the x-axis (labeled "N for Report Period"). In comparable reporting periods, 36 percent of female arrestees tested positive for cocaine in the May 1990 study period, 36 percent a year later, 43 percent by May 1992, and 46 percent in the most recent May 1993 reporting period. Male arrestees tested positive for cocaine at consistently lower levels than their female counterparts, except in the most recent reporting period (exhibit 11). A total of 18 percent of males tested positive for cocaine in the May 1990 study period; that figure then increased to 24 percent in May 1991, to 26 percent in May 1992 and to 46 percent in the most recent May 1993 reporting period.

Cocaine-related deaths per 1 million population increased from 12.3 in 1991 to 14.7 in 1993 as projected from deaths in the first half of the year (exhibit 4). This rate almost equals that observed in 1988: 15 deaths per 1 million population. Cocaine ER mentions declined sharply from 59.9 per 100,000 population in 1988 to 39.2 during 1990, but increased substantially over the next 2 years to 56.4 (exhibit 4).

Colorado cocaine-related hospital discharges also increased. After decreasing 40 percent from 39.8 per 100,000 population in 1989 to 23.9 in 1990, cocaine-related inpatient episodes climbed to 25 in 1991, to 34.7 in 1992 and to 39.4 per 100,000 in 1993 (projected from first quarter

data). The 1993 projected figure represents a 58-percent increase over 1991 and a 14-percent increase over 1992 (exhibit 4).

2. Heroin/Other Opiates

According to the DEA, most Denver-area heroin is of the black tar variety, which has become increasingly available. Referred to as "Goma" or "tootsie-roll", purity is placed at 30-65 percent by DEA and 70-80 percent by the DPD. Prices have remained constant at \$300-\$500 per gram. The DEA also reports that black tar is available in the Colorado Springs area for \$75 per quarter gram and \$350 per gram. Similarly, the DEA and other law enforcement agencies report the increased availability of tar heroin in Boulder, in southern Colorado (e.g. Alamosa and Pueblo) and in western Colorado (e.g. Glenwood Springs). The "tar" continues to be trafficked primarily by Mexican Nationals. Mexican brown heroin is scarce in the area. Its gram price is \$100-\$140 in Denver and \$200 in Boulder.

The DPD reports that a "pill" of tar heroin, the amount most often purchased by users, costs only \$20. They also report that tar prices are down to about \$250 per gram. Clients admitted recently to these programs have complained that the purity of the tar heroin is "very bad". Interestingly, some clients in treatment programs have been testing positive for codeine as well as morphine. Upon investigation, these programs found that heroin is frequently cut with codeine.

There is some evidence of the availability of white heroin in Colorado. The Colorado Springs PD reported the existence of a dealer selling white heroin for \$200 per gram and \$137,000 per kilogram. The Boulder PD also has seized small amounts of white heroin and has found packaging remnants consistent with "China White" from New York. This availability coincides with a very slight increase in clients being admitted to treatment for smoking heroin. However, there is indication from a metropolitan area treatment program that some clients had smoked "tar" heroin.

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, rebounded sharply to 21.7 percent in 1990, then declined to only 13.5 percent in 1993 (exhibit 1). For heroin only, the proportion of treatment admissions declined steadily from 18.8 percent in 1990 to 10.5 percent in the first half of 1993. The proportion of new users entering treatment for opiates has declined overall since 1986. For heroin, the proportion of new users declined sharply, from a high of 14.6 percent in 1986 to 8.7 percent in 1993; likewise, for other opiates, the proportion of new users dropped from a high of 27.7 percent in 1987 to 11.9 percent in 1993 (exhibits 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 to provide a more accurate picture of

heroin users in Colorado (exhibit 3). These data, however, were omitted from the information in exhibits 1, 2, and 6. Below is a typical 1993 heroin admissions profile:

- Gender—Male (stable 5-year trend)
- Race/ethnicity—White (decreasing trend 1988–90, increasing in 1991–1993)
- Race/ethnicity, if minority—Hispanic (stable in 1989–90 then decreasing 3-year trend)
- Age—37.4 years (increasing 4-year trend then stable in '92-'93)
- Monthly household income—\$620 ("up and down" 5-year trend)
- Years of heroin use—16.6 (increasing 4-year trend then stable '92-'93)
- Years of heroin abuse—13.3 (increasing 4-year trend then slight decline in '93)

Route of administration patterns for heroin treatment clients have remained relatively constant. However, the 90.5 percent reporting an injecting route in 1993 is the lowest observed in the last five years. Also in 1993, 2.1 percent reported inhaling, while 1.4 percent reported smoking. This was the highest percentage yet reported for the smoking route of administration.

Exhibits 10 and 11 show DUF data on opiate-positive urine tests. Among the female arrestees tested in May 1993, 7 percent were positive, up from 5 percent during the previous study period. This percentage has fluctuated to as high as 9 percent and as low as 1 percent between 1990 and 1993. Two percent of the sample of male arrestees tested positive for opiates in the most recent reporting period (May 1993). This percentage has fluctuated very little during the 14 reporting periods shown. However, the 5 percent positive urinalysis results among male arrestees in the February 1993 reporting period was the highest observed to date.

Classifying opiate-related deaths by type of narcotic (such as heroin) is not possible with the 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, rebounding sharply to 9.9 in 1991; they then increased further to 12.8, the highest rate reported to date. However, opiate-related deaths for 1993 (7.7 per 1 million) projected from data for the first six months of the year indicate a substantial drop from the 1992 peak.

Heroin ER mentions per 100,000 population increased from 10.9 to 13.1 between 1988 and 1989 and then decreased to 7.4 by 1991 (exhibit 6). A slight increase to 8 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 17.3 in 1992 and to 18 in 1993 (projection based on data from first quarter).

The rate of hepatitis-B cases has dropped from 8.1 cases per 100,000 population in 1986 to only 2.3 in 1993 as projected from data through November 23 (exhibit 6).

3. Marijuana

The DEA reports that marijuana remains in ample supply in the Denver metropolitan area and in the rest of the Rocky Mountain region. They also report stable prices with non-hybrid domestic marijuana selling for \$500-\$1,000 per pound, "in-door domestic" for \$2,000-\$2,500 and foreign for \$800-\$1,200 per pound.

The marijuana treatment admission proportion had increased to 40.6 percent in 1989, but it then dropped steadily to 29.9 percent in 1992, increasing only slightly to 30.1 percent in the first six months of 1993 (exhibits 1 and 7). The proportion of new users in treatment declined from 26.5 percent in 1989 to 20.3 percent in 1990, 15.6 percent in 1991 and to 15.5 percent in 1992. However, in the first half of 1993, this proportion increased to 22.4 percent (exhibits 2 and 7).

Exhibit 3 shows demographic and use/abuse indicators for marijuana treatment clients. Below is a typical 1993 marijuana admissions profile:

- Gender—Male (relatively stable 5-year trend)
- Race/ethnicity—White (relatively stable 5-year trend)
- Race/ethnicity, if minority—Hispanic (relatively stable 5-year trend)
- Age—24.9 years (stable 5-year trend)
- Education—10.6 years (stable 5-year trend)
- Monthly household income—\$646 (decreasing 3-year trend, with an upturn in 1992-93)
- Years of marijuana use—10.6 (slightly increasing 5-year trend)
- Years of marijuana abuse—7.1 (increasing 3-year trend with declines in 1992-93)

DUF data show that 28 percent of female arrestees tested positive for marijuana in the May 1993 reporting period—a sharp upturn from the 16 percent observed in the November 1992 reporting period (exhibit 10) and the highest percentage for female arrestees in all fourteen study periods. Male arrestees tested positive for marijuana at higher levels than their female counterparts (exhibit 11). While the 39 percent in the February 1992 reporting period was the highest observed to date, this figure declined to 26 percent during the November 1992 study period. However, the proportion of positive urinalysis results for male arrestees increased again to 36 percent by May 1993.

Marijuana ER mentions per 100,000 dropped from 18.8 in 1989 to 12.0 in 1990, then increased to 12.4 in 1991 and to 15.6 in 1992 (exhibit 7). Marijuana hospital episodes declined from 29.3 per 100,000 population in 1989 to 15.2 in 1991, but increased to 18.9 in 1992. A rate of 18 per 100,000 is projected for 1993 (based upon data from the first quarter).

4. Stimulants

The DEA reports 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. An increase in methamphetamine use was reported in the southern portion of the state.

After fluctuating between 6.3 percent and 7.6 percent between 1985 and 1991, the proportion of amphetamine treatment admissions declined to 5.2 percent in 1992 and 1993 (first half), the lowest figures observed in the past 9 years (exhibits 1 and 8).

Exhibit 3 displays demographic and use information for amphetamine clients admitted to treatment from 1988 to 1992. The typical amphetamine client in 1993 had the following profile:

- Gender—Male (increasing 4-year trend with downturn in 1993)
- Race/ethnicity—White (relatively stable 5-year trend)
- Race/ethnicity, if minority—Hispanic (fluctuating 5-year trend, but never more than 9 percent)
- Age—31.1 years (mostly increasing 5-year trend)
- Education—11.4 years (stable 5-year trend)
- Monthly household income—\$436 (erratic 5-year trend line)
- Years of amphetamine use—11.9 (increasing 5-year trend)
- Years of amphetamine abuse—8.8 (increasing trend from 1988 to 1991, slight downturn in 1992 and stable in 1993)

Amphetamine-related deaths rarely occur in Colorado. Between 1988 and 1993, only four such deaths were reported: two in 1988, one in 1991 and one through six months of 1993. Methamphetamine ER mentions per 100,000 population have dropped consistently from 8.1 in 1989 to 2.1 in 1992. Similarly, amphetamine-related hospital inpatient episodes declined from 5.9 per 100,000 population in 1989 to only 3.8 projected for 1993 (Exhibit 8).

5. Hallucinogens

The DEA reports consistent availability of lysergic acid diethylamide (LSD) in the metropolitan area. However, the Police Department and some treatment programs in Boulder report that while LSD was very plentiful earlier in 1993, the supply has dropped off. Prices are \$2–\$5 per hit, \$75–\$120 per 100-lot and may be as low as \$.65 per hit for dosage units of 100 to 500. According to the DEA, most LSD is found in blotter form, the primary sources of which are the west coast States. While some of the blotter paper is blank, much of it is available with designs including Bart Simpson and geometric shapes.

Denver, Colorado

Primary hallucinogen users have comprised 2.4 percent or less of the treatment population every year since 1986 (exhibit 1). In the first half of 1993, hallucinogen admissions accounted for only 1.1 percent of the total treatment population. Similarly, phencyclidine (PCP) has been almost nonexistent in Colorado. PCP treatment admissions have never comprised more than 0.2 percent of total admissions in the past 6 years, and through six months of 1993, only six PCP admissions were reported.

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, none was reported during 1992 and 2 were reported during the first half of 1993.

The rate of LSD ER mentions per 100,000 population increased from 7.0 in 1990 to 9 in 1991; however, in 1992, mentions dropped to 6.6 (exhibit 9). The number of 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 remained relatively stable in 1991, 1992, and 1993 at 2.9 and 3.1 and 3.4, respectively (1993 figure based on projection from first quarter) (exhibit 9).

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

Of the 3,612 AIDS cases reported in Colorado through October 31, 1993, 6.8 percent were classified as IDUs, and another 11 percent were homosexual or bisexual males as well as IDUs (exhibit 12). Nearly 87 percent of the individuals with AIDS live in the Denver metropolitan area.

EXHIBIT 1
PRIMARY DRUG OF ABUSE AT
TREATMENT ADMISSION
(PERCENT OF ADMISSIONS)

SUBSTANCE	1986	1987	1988	1989	1990	1991	1992	1993*
HEROIN	19.3	14.4	10.0	9.9	18.8	15.0	13.8	10.5
OTHER OPIATES	5.1	4.8	3.3	2.4	2.9	3.2	3.2	3.0
NON-RX METHADONE	0	.2	.2	.2	.1	.2	.2	.2
AMPHETAMINES	6.3	7.6	6.7	7.3	7.1	7.1	5.2	5.2
COCAINE	29.2	33.3	39.5	33.5	29.5	36.1	42.1	45.2
MARIJUANA	32.0	32.2	33.3	40.6	35.9	31.9	29.9	30.1
BARBITURATES	.3	.7	.4	.3	.4	.3	.1	.2
SEDATIVES	.4	.3	.3	.3	.1	.2	.1	.1
TRANQUILIZERS	1.9	1.4	1.4	1.2	1.1	1.8	.9	1.1
HALLUCINOGENS	1.8	2.4	2.1	1.9	1.5	1.8	1.4	1.1
INHALANTS	2.1	1.4	1.3	1.3	1.4	2.2	2.0	2.6
PCP	0	.1	.2	.2	0	.2	0	.1
OTC	.5	.3	.3	.3	.1	.2	.3	.1
OTHER	1.1	.9	1.0	.6	1.1	.9	.6	.4
TOTAL N	2,836	3,095	3,968	4,748	6,207	6,552	8,098	4,655

SOURCE: DRUG/ALCOHOL COORDINATED DATA SYSTEM
* FIRST SIX MONTHS OF 1993

EXHIBIT 2
USERS ENTERING TREATMENT WITHIN THE
FIRST THREE YEARS OF USE

SUBSTANCE	1986	1987	1988	1989	1990	1991	1992	1993*
HEROIN N NEW % NEW (OF TOTAL HEROIN ADM.)	80 14.6	54 12.1	43 10.8	53 11.3	113 9.7	108 8.2	101 9.1	42 8.7
OTHER OPIATES N NEW % NEW (OF TOTAL OPIATE ADM.)	36 24.7	43 27.7	32 23.5	33 26.6	46 24.7	46 18.8	50 19.5	16 11.9
COCAINE N NEW % NEW (OF TOTAL COCAINE ADM.)	233 28.1	297 28.8	501 31.9	467 29.4	484 26.5	524 24.0	616 18.3	328 15.8
MARIJUANA N NEW % NEW (OF TOTAL MARIJUANA ADM.)	252 27.8	217 21.7	311 23.5	511 26.5	451 20.3	349 15.6	506 21.1	311 22.4
ALL DRUGS N NEW % NEW (OF TOTAL DRUG ADM.)	734 25.9	762 24.6	1,052 26.5	1,266 26.7	1,313 21.2	1,173 17.0	1,516 19.0	838 18.2

SOURCE: DRUG/ALCOHOL COORDINATED DATA SYSTEM
* FIRST SIX MONTHS OF 1993

EXHIBIT 3

1989 - 1993 TREATMENT ADMISSIONS
SELECTED DEMOGRAPHICS/USE INFORMATION

	89	90	91	92	93*
COCAINE	N=1,583	N=1,819	N=2,375	N=3,375	N=2,105
Male (%)	67	67	67	63	60
Female (%)	33	33	33	37	40
White (%)	64	56	50	46	43
Black (%)	21	27	32	37	40
Hispanic (%)	13	16	16	15	15
Other (%)	2	1	2	2	1
Average Age	28.7	30	30.2	31.0	31.8
Average Years of Education	11.9	11.9	11.8	11.9	11.8
Average Monthly Household Income	\$697	\$622	\$590	\$548	\$503
Average Years of Use	7.3	7.5	8.3	9.0	9.5
Average Years of Abuse	5.7	5.7	6	6.4	6.6
HEROIN	N=1,063	N=1,665	N=1,302	N=1,476	N=490
Male (%)	63	63	65	64	62
Female (%)	37	37	35	36	38
White (%)	43	42	47	48	50
Black (%)	14	15	11	12	11
Hispanic (%)	42	42	40	38	37
Other (%)	1	1	2	2	2
Average Age	36	36.4	36.8	37.4	37.4
Average Years of Education	11.4	11.5	11.7	11.6	11.8
Average Monthly Household Income	\$680	\$773	\$726	\$592	\$620
Average Years of Use	14.4	14.7	16	16.7	16.6
Average Years of Abuse	12.5	12.2	13.1	13.7	13.3
MARIJUANA	N=1,923	N=2,258	N=2,118	N=2,369	N=1,400
Male (%)	79	81	80	80	80
Female (%)	21	19	20	20	20
White (%)	66	64	61	64	66
Black (%)	6	7	9	9	8
Hispanic (%)	26	27	27	24	24
Other (%)	2	2	3	3	3
Average Age	23.5	24.7	25.3	24.8	24.9
Average Years of Education	10.7	10.9	11	10.8	10.6
Average Monthly Household Income	\$542	\$580	\$562	\$644	\$646
Average Years of Use	9.1	10	10.7	10.4	10.6
Average Years of Abuse	7.2	8	8.3	7.9	7.1
AMPHETAMINE	N=346	N=443	N=468	N=420	N=243
Male (%)	59	60	64	64	59
Female (%)	41	40	36	36	41
White (%)	90	91	86	91	91
Black (%)	1	1	1	1	3
Hispanic (%)	7	5	9	7	4
Other (%)	2	3	4	1	2
Average Age	28.8	29.2	30.7	30.5	31.1
Average Years of Education	11.2	11.3	11.4	11.3	11.4
Average Monthly Household Income	\$633	\$521	\$501	\$549	\$436
Average Years of Use	9.2	9.9	11.4	11.6	11.9
Average Years of Abuse	7.6	8.1	9	8.6	8.8

SOURCE: Drug/Alcohol Coordinated Data System

* FIRST SIX MONTHS OF 1993

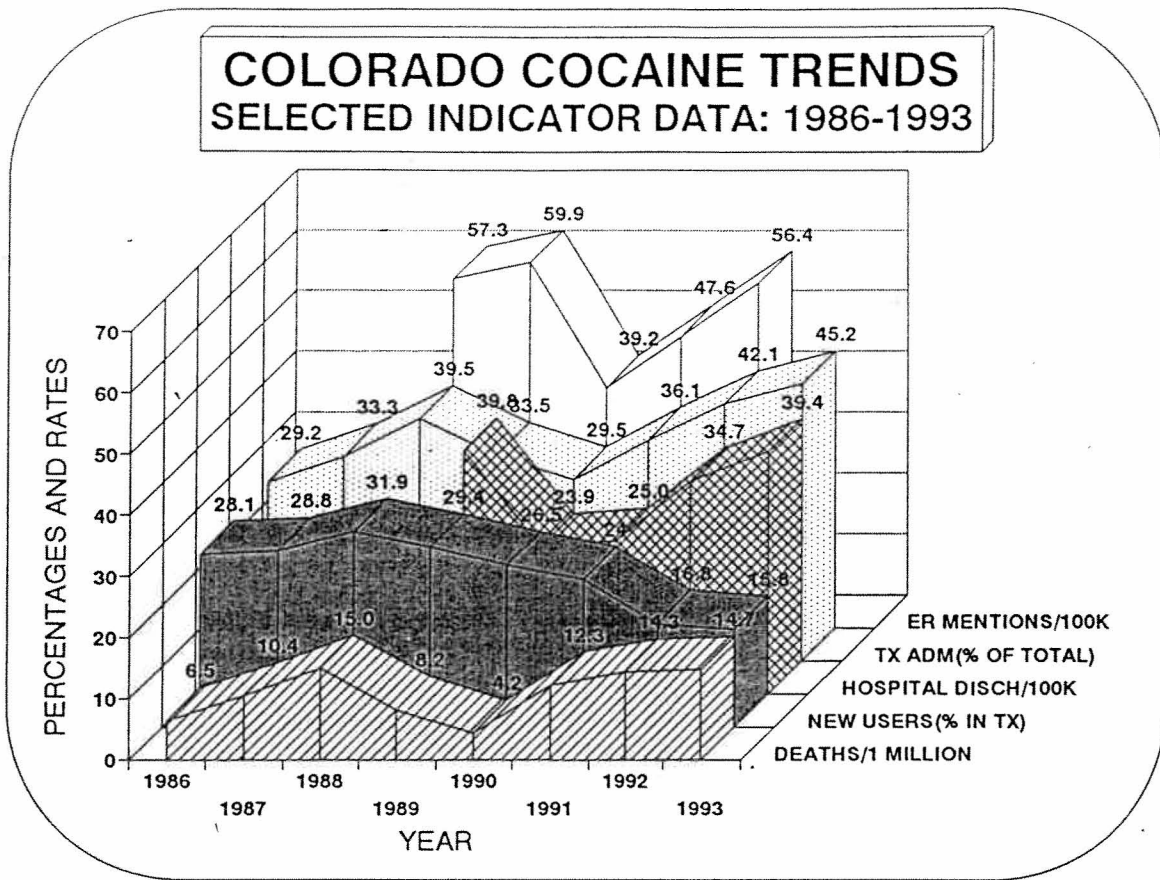
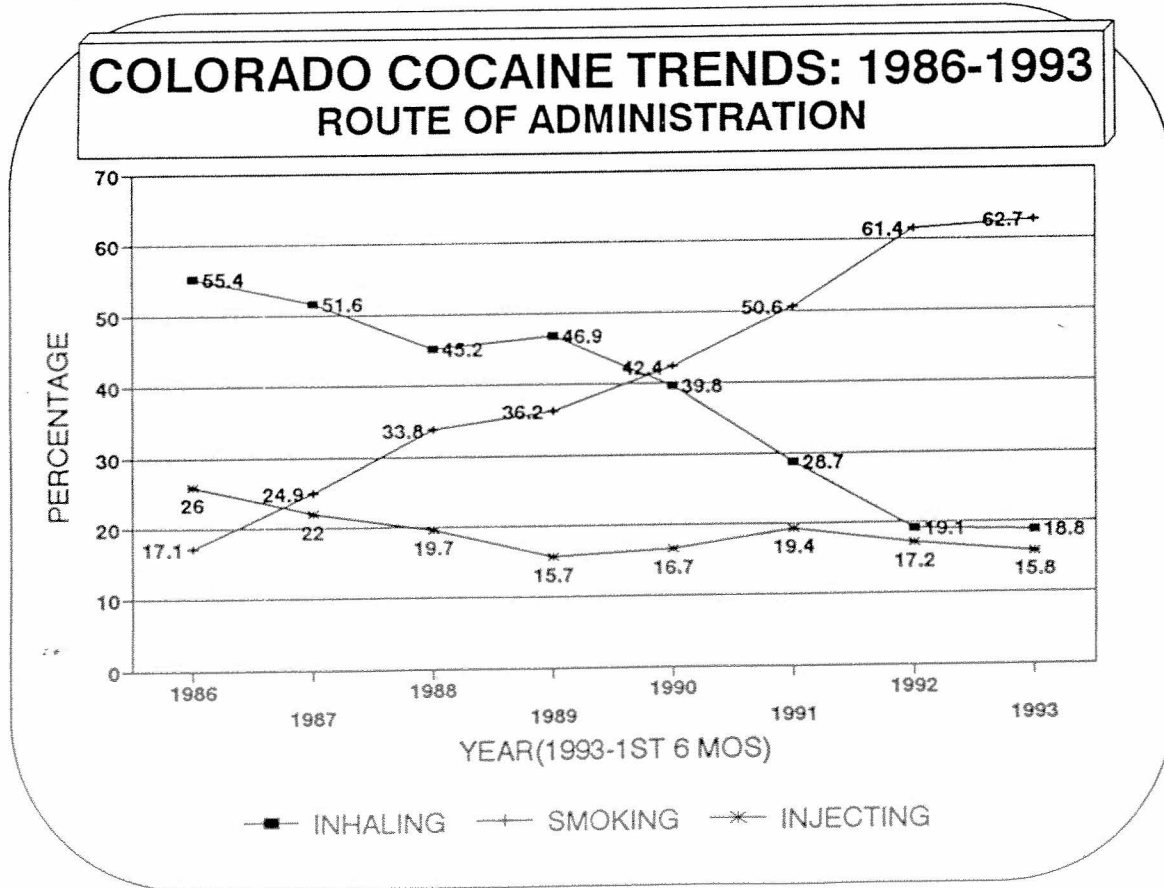


EXHIBIT 5



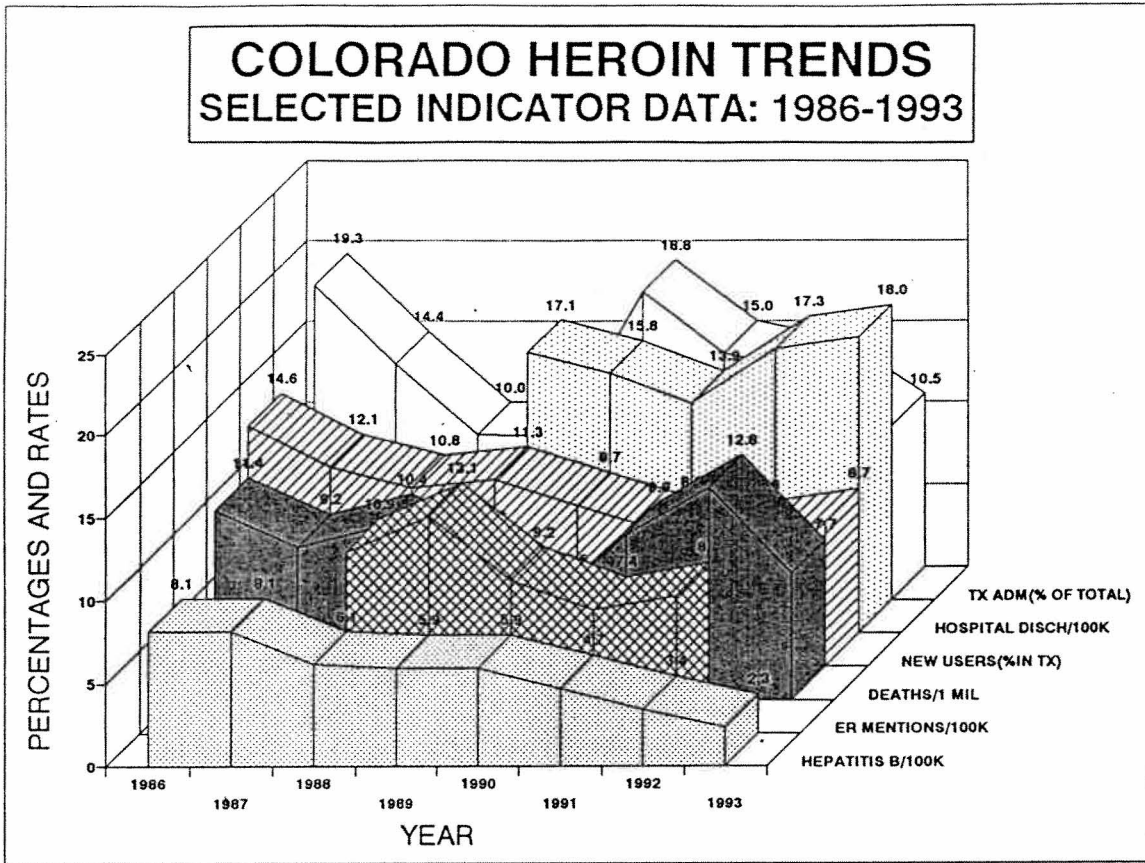
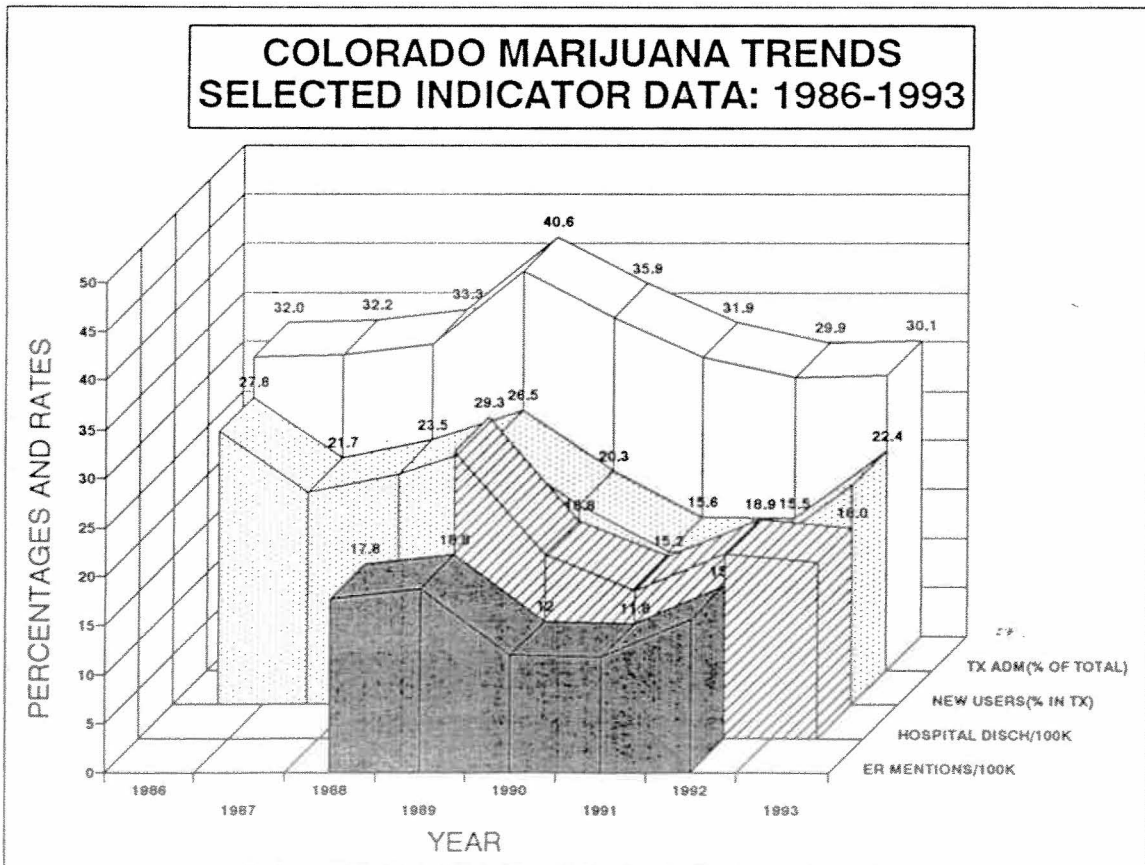


EXHIBIT 7



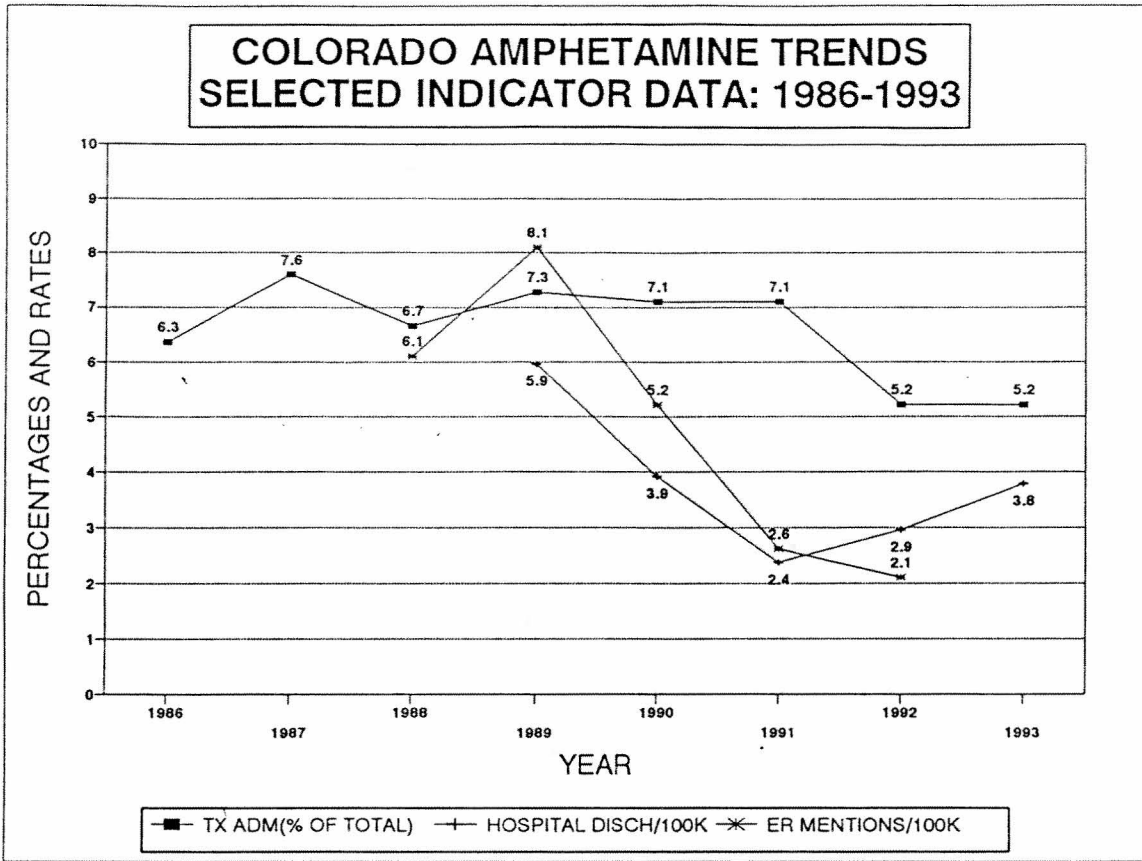
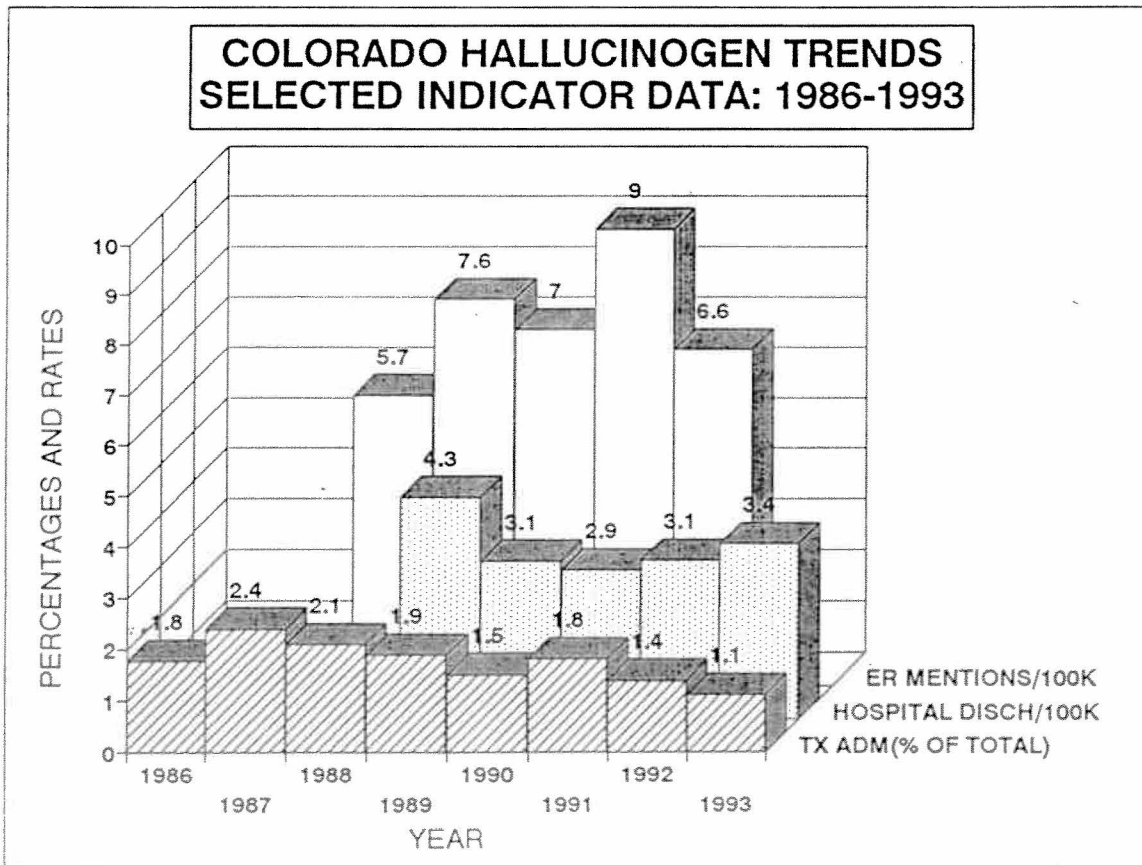


EXHIBIT 9



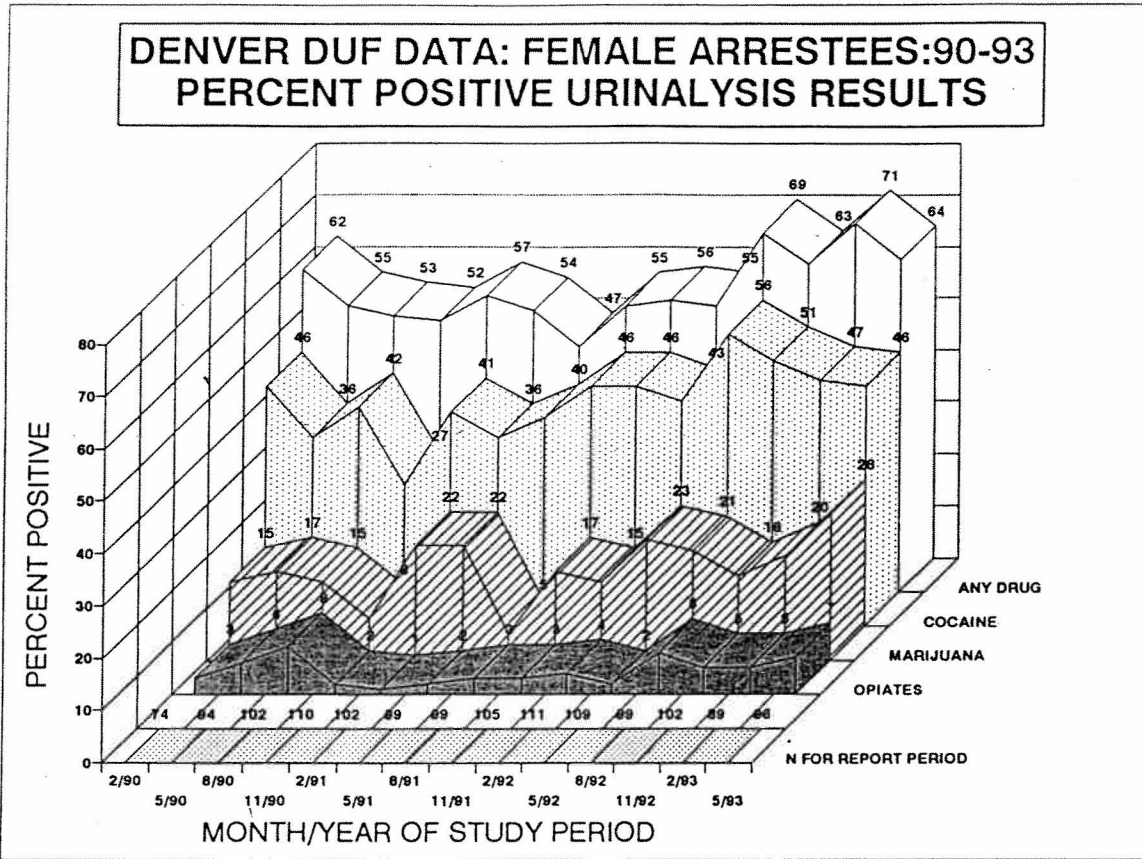
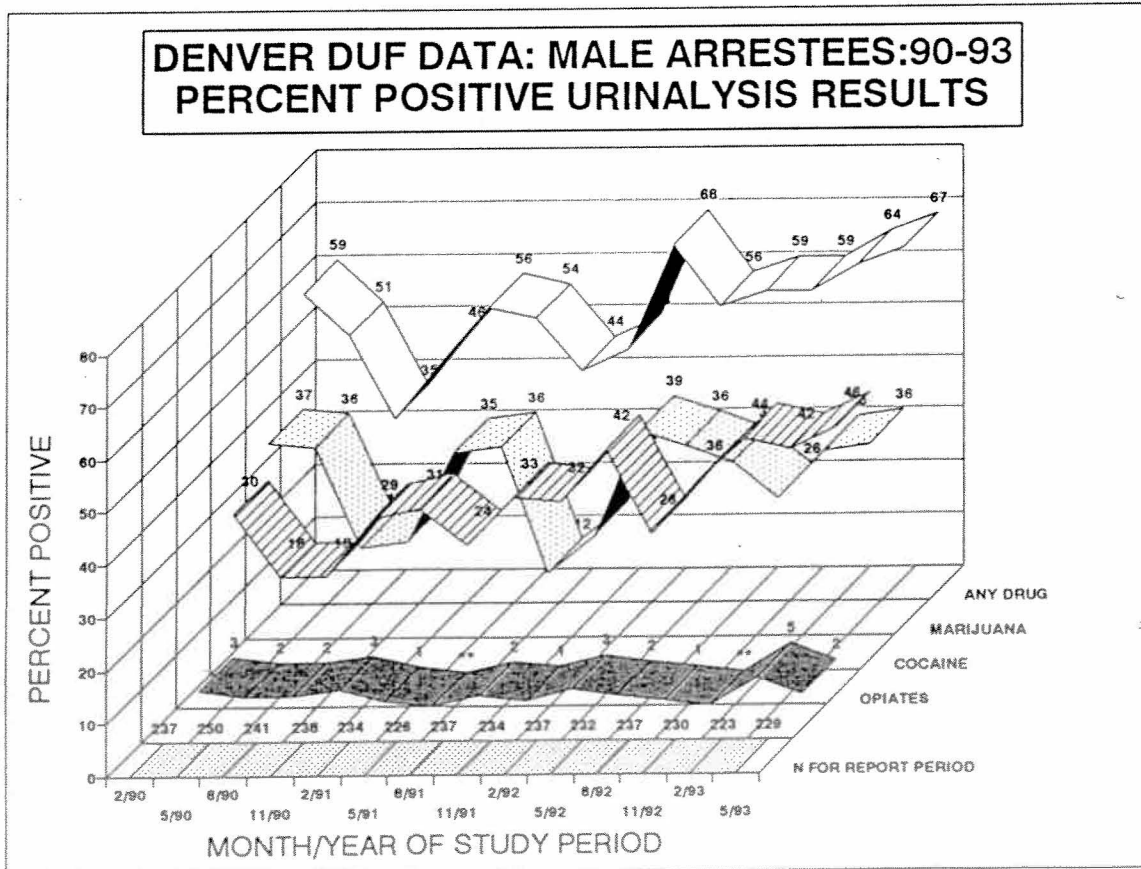


EXHIBIT 11



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

EXHIBIT 12

AIDS STATUS IN COLORADO OCTOBER 31, 1993

<u>Number of Confirmed Cases</u>		3612	
<u>Cases by Sex</u>	Male	3433	(95.0%)
	Female	179	(5.0%)
<u>Current Mortality</u>	Alive	1458	(40.4%)
	Dead	2154	(59.6%)
<u>Race</u>	<u>Age of Diagnosis</u>		
White 2850 (79%)	0-9	19	(.5%)
Black 307 (8%)	10-19	17	(.5%)
Hispanic 428 (12%)	20-29	697	(19.3%)
Asian 8 (.3%)	30-39	1746	(48.3%)
Indian 19 (.7%)	40-49	822	(22.8%)
	over 49	311	(8.6%)
<u>Transmission Categories:</u>			
Homosexual Male/Bisexual Male		2609	(72.2%)
IV Drug User		245	(6.8%)
Homosexual/Bisexual Male and IV Drug User		397	(11.0%)
Transfusion Recipient		60	(1.7%)
Hemophiliac		65	(1.8%)
Heterosexual Contact to High Risk Individual		124	(3.4%)
Undetermined Risk/No Identified Risk Factor		98	(2.7%)
Parent at Risk/has AIDS		14	(.4%)
<u>Geographic Distribution:</u>			
Denver Metropolitan Area		3124	(86.5%)
Southeast Colorado		89	(2.5%)
South Central Colorado		210	(5.8%)
Northeastern Colorado		114	(3.2%)
Western Colorado		75	(2.0%)
<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)	176	97
1987 January-December	271 (22.6/mo)	240	89
1988 January-December	357 (29.7/mo)	297	84
1989 January-December	470 (39.2/mo)	351	75
1990 January-December	501 (41.7/mo)	339	68
1991 January-December	646 (53.8/mo)	375	58
1992 January-December	625 (52.1/mo)	168	27
1993 January-October	388 (38.8/mo)	39	10

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