DRUG USE TRENDS IN DENVER

AND COLORADO

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While some cocaine indicators continued to rise, a leveling-off may be indicated. Deaths grew to their highest level since 1988, emergency room mentions declined, DUF figures were stable, and while treatment admissions rose, the increase was less than that observed in the past. Also, while the proportion of new cocaine admissions fell, the decline was slight. Heroin/opiate-related indicators continue to show a mixed picture: hospital discharges, hepatitis-B cases, and emergency room mentions were up slightly, but treatment admissions and deaths fell. Prices have also declined somewhat. Marijuana indicators also show a mixed picture: treatment admissions, new users and hospital inpatient episodes are up, yet emergency room mentions fell. Stimulant indicators are up after their recent decline, and hallucinogen indicators were down or stable. Among the more than 3,700 cumulative AIDS cases in Colorado, almost 7 percent were injecting drug users and 11 percent were homosexual/bisexual injecting drug users; these figures have 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 nearly at the continental U.S. midpoint

- 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 1994. 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 that are under special reporting requirements. Data elements include demographics and severity indicators (for example, arrests, prior treatment episodes, drug use patterns, and employment).

- **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.

- **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)** provides weighted estimates of drug-abuse-related emergency room (ER) mentions in the Denver metropolitan area.

- **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 ER care.

- **Hepatitis-B data** are available from the Disease Control and Epidemiology Division of the Colorado Department of Health.

- **Acquired immunodeficiency syndrome (AIDS) data** are available from the Sexually Transmitted Disease Control Section, Colorado Department of Health.

DRUG ABUSE TRENDS

1. Cocaine and Crack

The Drug Enforcement Administration (DEA) reports that cocaine hydrochloride (HCl) remains readily available throughout Colorado and is widely used in all population and social groups. Prices have remained consistent for the past several years at $80-$100 per gram and $800-$1,400 per ounce; kilogram prices remain at $18,000-$24,000. Also according to the DEA, street-level cocaine HCl purity is 30-60 percent for gram quantities and 40-80 percent for ounce quantities. Prices in Aspen range from $70-$100 per gram and $800-$1200 per ounce, while prices in

southern Colorado are higher at $100-$125 per gram and $900-$1500 per ounce.

One Boulder treatment program reported that prices in Boulder county were as low as $50 per gram, and most users are smoking their cocaine. Prices in Larimer country were reported at $20 per quarter-gram and $180 per eighth-ounce. Assessment workers at the Colorado Division of Youth Services (DYS) report that they do not see much cocaine use among adolescents, but when they do, smoking is the main route of administration. The days of snorting are almost an afterthought.

The DEA reports that crack cocaine is also readily available in Denver, Aurora, and the northern metropolitan Denver areas in one ounce or less quantities. It is mainly associated with the Crips and Bloods gangs with roots in Los Angeles, and is sold for $25-$40 per rock.

Cocaine admissions increased to constitute the largest group in treatment during 1987 and 1988, comprising almost 40 percent of all admissions to funded treatment programs in Colorado in 1988. However, this proportion declined to 29.5 percent in 1990. After 1990, the proportion has risen steadily to 36.1 percent in 1991, to 42.1 percent in 1992, and again slightly to 42.8 percent in 1993. This is the highest percentage reported to date (exhibits 1 and 7). The proportion of new cocaine users in treatment continues to decline, though not as notably as in the past (exhibits 2 and 7). Only 17.6 percent of cocaine admissions reported being new users (that is, admitted to treatment within 3 years of initial cocaine use)—down slightly from the 18.1 percent observed in 1992 and substantially down from the 1988 peak of 31.9 percent.

Exhibits 3 and 4 display demographic and use/abuse data by primary drug for clients admitted to treatment during 1992 and 1993. A typical 1993 cocaine admission is male (38.8 percent), between the ages of 26 and 34, and began using cocaine at an average age of 22.9 years for cocaine smokers or at 21.8 years for other users. Female cocaine users are most heavily represented in the African-American treatment population. Less than half use cocaine on a daily basis. The most common secondary drug reported is alcohol.

Exhibits 3 and 4 also display 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 63.6 percent in 1993. Inhalation and injection declined concomitantly.

Exhibits 5 and 6 show DUF data for a sample of Denver female and male arrestees for 16 quarterly reporting periods between February 1990 and February 1994. Exhibit 5 illustrates drugs found in urinalyses of samples of female arrestees. The total number sampled in each reporting period is indicated at the bottom of the graph along the x-axis. In comparable reporting periods, 46 percent of female arrestees tested positive for cocaine in February 1990, 41 percent in February 1991, 46 percent in February 1992, 47 percent in February 1993 and 47 percent in February 1994. Male arrestees tested positive for cocaine at consistently lower levels than their female counterparts, except in the May 1993 reporting period (exhibit 6). A total of 30 percent of males tested positive for cocaine in the February 1990 study period; that figure then increased to 31 percent in February 1991, to 42 percent in February 1992, remained stable at 42

percent in February 1993 and decreased to 38 percent in February 1994.

Cocaine-related deaths per 1 million population increased from 12.3 in 1991 to 17.7 in 1993 as projected from deaths in the first five months of the year (exhibit 7). 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 reach 56.4 (exhibit 7) in 1992. However, figures from the first half of 1993 projected to the entire year indicate a drop in ER mentions to 47.2 per 100,000.

Colorado cocaine-related hospital discharges 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 45.5 per 100,000 in 1993 (projected from three-quarters of data). The 1993 projected figure represents an 82-percent increase over 1991 and a 31-percent increase over 1992 (exhibit 7). These increases should be interpreted with caution, however, as they may be due in part to more consistent reporting by the hospitals.

2. Heroin/Other Opiates

According to the DEA, Black tar heroin remains the most predominate heroin in the Rocky Mountain region. No other type of heroin was seized during the second quarter of fiscal year 94 with the exception of a mail delivery of white heroin from New York to Telluride. Prices in Denver have declined to $100–$280 per gram, as compared to the $300–$500 price range previously reported. Ounce prices are currently from $3,700 to $5,000. Purity is reportedly increasing with increasing availability, but the current 30%–

72% does not appear to vary from the 30%-80% reported six months ago.

According to assessment workers at DYS as well as clinicians in Boulder, heroin use is rarely reported among adolescents. One Denver methadone program reported that they were seeing more heroin users in their late 20's over the past six months. These individuals were reportedly generation X grunge-types from Boulder, and all were using heroin by injection. Another Boulder program felt that heroin use had recently increased among the 'yuppies'.

Treatment program workers in Boulder and Denver report that all of the heroin available is tar from Mexico and is used by injection, though one received a single call from a china white smoker recently. One other program also reported an intake of a columbian tar smoker. Other than these two instances, treatment programs have seen no evidence of an increase in heroin purity or smoking.

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, and then declined to only 14.5 percent in 1993 (exhibits 1 and 8). For heroin only, the proportion of treatment admissions declined steadily from 18.8 percent in 1990 to 11.8 percent in 1993. The proportion of new users entering treatment for all opiates has declined, overall, since 1986. For heroin only, the proportion of new users declined from a high of 14.6 percent in 1986 to 9.0 percent in 1992, then increased slightly to 10.5 percent in 1993. For other opiates, the proportion of new users dropped from a high of 27.7 percent in

1987 to 15.2 percent in 1993 (exhibits 2 and 8).

The two private methadone clinics in Colorado, both located in Denver, began reporting on the DACODS in January 1989. The data from these clinics are excluded from the information presented in exhibits 1, 2, and 8 so as not to interfere with the trends presented. However, they are includ- ed in the analysis of the demographics and drug use patterns of heroin admissions to provide a more accurate picture of heroin users in Colorado (exhibits 3 and 4). A typical 1993 heroin admission is male, though women are most heavily represented among admissions of white clients. Heroin admissions are most often over 35 years old and began using heroin at an average age of 21.1 years. Three-quarters are daily users and just over 25 percent report secondary cocaine use.

Though route-of-administration patterns for heroin treatment clients have remained relatively constant, the 90.3 percent report- ing an injecting route in 1993 is the lowest observed in the last 5 years. An additional 2.3 percent reported inhaling, and 1.2 per- cent reported smoking. These percentages are the highest ever reported for the smok- ing or the inhalation routes of administra- tion.

Exhibits 5 and 6 show DUF data on opiate- positive urine tests. Among the female arrestees tested in February 1994, only 2 percent were positive, down from 9 percent during the previous study period. This percentage fluctuated between 1 percent and 9 percent between 1990 and the first part of 1994. Among the male arrestees, 6 percent tested positive for opiates in the most recent reporting period (February 1994). This is

the highest percentage observed during the 16 reporting periods shown.

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 8. 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 in 1992, the highest rate reported to date. However, opiate-related deaths for 1993 (9.1 per 1 million), projected from data for the first 5 months of the year, indicate a moderate drop from the 1992 peak.

Heroin ER mentions per 100,000 population increased from 10.9 to 13.1 between 1988 and 1989, decreased to 7.4 by 1991, and then increased slightly to 8.0 in 1992 and to 11.8 in 1993, as projected from data for the first six months of the year (exhibit 8). 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 22.7 in 1993 (projection based on three-quarters of data). As in the case of cocaine, this increase may be due in part to more consistent reporting by the hospitals.

The rate of hepatitis-B cases dropped from 8.1 cases per 100,000 population in 1986 to only 2.3 in 1993 (exhibit 8). However, acute cases through May 10, 1994, indicate an increase to an annualized projection of 3.1 per 100,000.

3. Marijuana

The DEA reports that marijuana remains readily available in every community in the

Rocky Mountain region. The cultivation of marijuana both indoors and outdoors is a continuing problem in the state. However, the main source of marijuana in Colorado appears to be from Mexico via Texas. The price of nonhybrid domestic marijuana remains stable at $500-$1,100 per pound, as does the price of foreign marijuana at $800-$1,250. Indoor domestically cultivated marijuana prices are also stable at $2000-$2,500 per pound.

Smaller amounts of marijuana cost around $35 per eighth-ounce, or $60 per quarter-ounce, depending on quality. 'Kind buds', a variety of very high-grade marijuana grown in Durango, are available at $50 per eighth-ounce. It was reported that THC crystals are visible on these plants from several feet away, and two hits make a user 'very high'.

An experimental agricultural program has been instituted in the area for the cultivation of kenaf. Kenaf is a stalky, fast growing plant and a member of the hemp family. Its physical characeristics make it nearly perfect for the production of stronger than common paper. However, Kenaf also exhibits physical characteristics which are amazingly similar to cannabis sativa, and local law enforcement authorities report several calls from concerned citizens about kenaf grows.

The marijuana treatment admission proportion had increased to 40.6 percent in 1989, but dropped steadily to 29.9 percent in 1992 increasing slightly to 31.7 percent in 1993 (exhibits 1 and 9). The proportion of new users in treatment declined from 26.5 percent in 1989 to 17.2 percent in 1991, but increased to 20.9 percent in 1992 and to 26.9 percent in 1993 (exhibits 2 and 9).

Exhibit 3 and 4 show demographic and use/abuse indicators for marijuana treatment clients. A typical 1993 marijuana admission is male (77.7 percent), with female admissions most heavily represented among Black clients. Most are under 25 years old, and first used marijuana at an average age of 14.3. Over half (57.3 percent) report secondary alcohol use, and 43.7 percent report daily marijuana use.

DUF data show that 19 percent of female arrestees tested positive for marijuana in both the November 1993 and February 1994 reporting periods—a sharp downturn from the 28 percent observed in May 1993 (exhibit 5). Conversely, male arrestees tested positive for marijuana at higher levels than their female counter-parts (exhibit 6). The 40 percent in the current reporting period (February 1994) is the highest observed to date.

Interestingly, marijuana ER mentions per 100,000 increased from 11.8 in 1991, and to 15.6 in 1992 (exhibit 9). However, figures from the first six months of 1993 indicate an annualized drop to 11.8 per 100,000. 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. Another increase is projected for 1993 (28.9 per 100,000) on the basis of data for three-quarters of the year.

4. Stimulants

The DEA reports that methamphetamine prices have increased slightly over those previously reported to $900-$1500 per ounce. Gram prices remain at $90-$100. An increase in methamphetamine use is reported in western Colorado. Methamphetamine and Dexedrine use, via either pills or powder,

were reported to be becoming more popular among adolescents in Boulder county.

After fluctuating between 6.3 and 7.6 percent between 1986 and 1991, the proportion of amphetamine treatment admissions fell to 5.2 percent in 1992 then increased slightly to 5.6 percent in 1993. These are the lowest figures observed in the past 9 years (exhibits 1 and 10).

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 during the first 6 months of 1993. Methamphetamine ER mentions per 100,000 population had dropped consistently from 8.1 in 1989 to 2.1 in 1992. However, annualized data, as projected from the first six months of 1993, indicated that ER mentions will increase to 3.6 per 100,000, the first increase in four years. Similarly, amphetamine-related hospital inpatient episodes had declined from 5.9 per 100,000 population in 1989 to only 2.4 in 1991. However, in 1992 such episodes increased to 2.9 and, based on three quarters of data, are projected to increase to 5.6 per 100,000 in 1993 (exhibit 10).

5. Hallucinogens

The DEA reports that lysergic acid diethylamide (LSD) continues to strengthen its comeback in popularity and availability throughout the Rocky Mountain region. Sources appear to be mainly in the Boulder area with ties to the San Francisco area.

Prices range from $.65 to $1.50 per dose when purchased in 100-500 unit sheets. Single dosage units vary in price from $3-$5 in Boulder county to $6-$7 in Larimer county, up to $10 in other areas. Almost all of the LSD available is in blotter form, with designs of different characters as well as blank paper. LSD is used mainly by high school-age youth, but also by some 8th and 6th graders.

Psilocybin mushrooms are ubiquitous in high schools in Boulder county as well as some middle schools. However, mushrooms are currently 'impossible to find' in Larimer county. When they are available, prices are high at $70-$80 for a quarter-ounce.

MDMA use is prevalent among high school students, but not among middle school youth. XTC-like analogs are also available.

PCP use is occasionally (rarely) reported by 6th graders and middle school youth, and only in combination with marijuana. The DYS reports that PCP use is almost nil. 'Chronic' is reportedly a combination of marijuana, PCP, and crack cocaine smoked in combination. 'Snow capping' is the practice of sprinkling PCP on marijuana.

Primary hallucinogen users have comprised 2.4 percent or less of the treatment population every year since 1986 (exhibits 1 and 11). In 1993, hallucinogen admissions accounted for only 1.0 percent of the total treatment population. Not surprisingly, PCP treatment admissions have comprised no more than 0.2 percent of total admissions in the past 6 years, and only 9 admissions of PCP clients were reported in 1993.

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 two 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 9.0 in 1991; however, the rate dropped to 6.6 in 1992 and are projected to drop to 4.2 in 1993 based on data for six months (exhibit 11). 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, with reported rates of 2.9, 3.1, and 3.3, respectively (1993 figure based on data from three-quarters) (exhibit 11).

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

Of the 3,789 AIDS cases reported in Colorado through December 31, 1993, 6.9 percent were classified as IDUs, and another 10.9 percent were homosexual or bisexual males as well as IDUs (exhibit 12-1). Nearly 87 percent of the individuals with AIDS live in the Denver metropolitan area.

EXHIBIT 1

DENVER
PERCENTAGE OF DRUG TREATMENT ADMISSIONS,
BY PRIMARY DRUG OF ABUSE
1986–93

Primary Substance	Percentage of Treatment Admissions							
	1986	1987	1988	1989	1990	1991	1992	1993
Heroin	19.3	14.4	10.0	9.9	18.8	15.0	13.8	11.8
Other Opiates	5.1	4.8	3.3	2.4	2.9	3.2	3.2	2.7
Non-Rx Methadone	0.0	0.2	0.2	0.2	0.1	0.2	0.2	0.2
Amphetamine	6.3	7.6	6.7	7.3	7.1	7.1	5.2	5.6
Cocaine	29.2	33.3	39.5	33.5	29.5	36.1	42.1	42.8
Marijuana	32.0	32.2	33.3	40.6	35.9	31.9	29.9	31.7
Barbiturates	0.3	0.7	0.4	0.3	0.4	0.3	0.1	0.2
Sedatives	0.4	0.3	0.3	0.3	0.1	0.2	0.1	0.1
Tranquilizers	1.9	1.4	1.4	1.2	1.1	1.8	0.8	1.0
Hallucinogens	1.8	2.4	2.1	1.9	1.5	1.8	1.4	1.0
Inhalants	2.1	1.4	1.3	1.3	1.4	2.2	2.1	2.3
PCP	0.0	0.1	0.2	0.2	0.0	0.2	0.0	0.1
OTC	0.5	0.3	0.3	0.3	0.1	0.2	0.3	0.1
Other	1.1	0.9	1.0	0.6	1.1	0.9	0.6	0.4
Total N	2,836	3,095	3,968	4,748	6,207	6,552	8,121	9,948

SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 2

DENVER
NUMBER AND PERCENTAGE OF DRUG USERS ENTERING TREATMENT
WITHIN FIRST 3 YEARS OF USE
1986-93

Substance	1986	1987	1988	1989	1990	1991	1992	1993
Heroin N New	80	54	43	53	112	90	101	123
% New (of total heroin admissions)	(14.6)	(12.1)	(10.8)	(11.3)	(9.6)	(9.2)	(9.0)	(10.5)
Other opiates N New	36	43	32	33	46	50	53	45
% New (of total other-opiate admissions)	(24.7)	(27.7)	(23.5)	(26.6)	(24.5)	(22.7)	(19.4)	(15.2)
Cocaine N New	233	297	501	467	488	544	618	752
% New (of total cocaine admissions)	(28.1)	(28.8)	(31.9)	(29.4)	(26.6)	(24.9)	(18.1)	(17.6)
Marijuana N New	252	217	311	511	462	366	508	848
% New (of total marijuana admissions)	(27.8)	(21.7)	(23.5)	(26.5)	(20.4)	(17.2)	(20.9)	(26.9)
All drugs N New	734	762	1,052	1,266	1,190	1,223	1,521	2062
% New (of total drug admissions)	(25.9)	(24.6)	(26.5)	(26.7)	(21.1)	(19.5)	(18.7)	(20.7)

SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 3

Characteristics of Clients Admitted to Treatment
From __January__ To __December__ , 19 _9_ _2_
MONTH   MONTH

		Alcohol (EXCLUDE ALCOHOL ONLY)	Cocaine	Heroin	Marijuana
Use Total n to Derive %'s	Total	(n=8513)	(n=3421)	(n=1124)	(n=2427)

Gender

	Male	79.1 %	62.7 %	63.6 %	79.3 %
	Female	20.9 %	37.3 %	36.4 %	20.7 %

Race/Ethnic

White:	Male	78.5 %	62.9 %	64.6 %	77.9 %
	Female	21.5 %	37.1 %	35.4 %	22.1 %
African American:	Male	79.7 %	60.3 %	67.8 %	84.8 %
	Female	20.3 %	39.7 %	32.2 %	25.2 %
Hispanic:	Male	79.9 %	68.4 %	61.9 %	81.6 %
	Female	20.1 %	31.6 %	38.1 %	18.4 %
Other:	Male	82.9 %	53.7 %	63.6 %	74.4 %
(Native American) SPECIFY	Female	17.1 %	46.3 %	36.4 %	25.6 %
All Other Races:	Male	81.6 %	66.7 %	55.0 %	76.0 %
	Female	18.4 %	33.3 %	45.0 %	24.0 %

Age at Admission

	17 and under	7.6 %	.6 %	.3 %	26.4 %
	18 to 25	20.8 %	19.6 %	6.2 %	33.4 %
	26 to 34	37.5 %	52.9 %	29.1 %	25.6 %
	35 and older	34.1 %	26.9 %	64.4 %	14.5 %

Route of Administration

	Smoking	.6 %	61.5 %	.4 %	92.2 %
	Sniffing	.1 %	19.0 %	1.6 %	2.8 %
	Intravenous	.2 %	17.2 %	92.2 %	.4 %
	All other/multiple	99.1 %	2.3 %	5.8 %	4.6 %

OPTIONAL

	Alcohol (EXCLUDE ALCOHOL ONLY)	Cocaine	Heroin	Marijuana
Use Total n to Derive %'s	Total (n= 8513)	(n= 3421)	(n=1124)	(n= 2427)
Average Age, First Use	14.0	SMOKED 22.6 OTHER 21.5	21.1	14.5
Average Age, First Admission	N/A	N/A	N/A	N/A
Daily Users	39.2 %	SMOKED 46.4 % OTHER 38.9 %	67.9 %	43.8 %

Secondary Drug

Write in *Type of Drug*	Marijuana	Alcohol	Cocaine	Alcohol
Percent	60.0 %	45.0 %	28.9 %	61.1 %

Tertiary Drug

Write in *Type of Drug*	Cocaine	Marijuana	Alcohol	Cocaine
Percent	9.2 %	14.3 %	8.2 %	9.8 %

EXHIBIT 4

Characteristics of Clients Admitted to Treatment
From __January__ To __December__ , 19 _9_ _3_
MONTH   MONTH

		Alcohol (EXCLUDE ALCOHOL ONLY)	Cocaine	Heroin	Marijuana
Use Total n to Derive %'s	Total	(n= 8981)	(n= 4261)	(n= 1174)	(n= 3156)

Gender

		Alcohol	Cocaine	Heroin	Marijuana
	Male	78.1 %	61.2 %	62.9 %	77.7 %
	Female	21.9 %	38.8 %	37.1 %	22.3 %

Race/Ethnic

		Alcohol	Cocaine	Heroin	Marijuana
White:	Male	77.6 %	62.9 %	60.1 %	77.2 %
	Female	22.4 %	37.1 %	39.9 %	22.8 %
African American:	Male	76.9 %	59.4 %	63.9 %	74.5 %
	Female	23.1 %	40.6 %	36.1 %	25.5 %
Hispanic:	Male	80.1 %	61.0 %	64.8 %	80.2 %
	Female	19.9 %	39.0 %	35.2 %	19.8 %
Other: (Native American) SPECIFY	Male	78.8 %	61.5 %	70.0 %	80.4 %
	Female	21.2 %	38.5 %	30.0 %	19.6 %
All Other Races:	Male	79.5 %	66.7 %	87.5 %	71.0 %
	Female	20.5 %	33.3 %	12.5 %	29.0 %

Age at Admission

	Alcohol	Cocaine	Heroin	Marijuana
17 and under	7.0 %	.8 %	.5 %	30.6 %
18 to 25	18.5 %	15.9 %	8.9 %	31.2 %
26 to 34	36.2 %	51.5 %	26.2 %	23.2 %
35 and older	38.4 %	31.8 %	64.4 %	14.9 %

Route of Administration

	Alcohol	Cocaine	Heroin	Marijuana
Smoking	.6 %	63.6 %	1.2 %	91.8 %
Sniffing	.1 %	18.4 %	2.3 %	2.4 %
Intravenous	.2 %	15.1 %	90.3 %	.2 %
All other/multiple	99.1 %	3.0 %	6.3 %	5.6 %

OPTIONAL

	Alcohol (EXCLUDE ALCOHOL ONLY)	Cocaine	Heroin	Marijuana
Use Total n to Derive %'s	Total (n= 8513)	(n= 3421)	(n= 1124)	(n= 2427)
Average Age, First Use	14.0	SMOKED 22.6 OTHER 21.5	21.1	14.5
Average Age, First Admission	N/A	N/A	N/A	N/A
Daily Users	39.2 %	SMOKED 46.4 % OTHER 38.9 %	67.9 %	43.8 %

Secondary Drug

Write in *Type of Drug*	Marijuana	Alcohol	Cocaine	Alcohol
Percent	60.0 %	45.0 %	28.9 %	61.1 %

Tertiary Drug

Write in *Type of Drug*	Cocaine	Marijuana	Alcohol	Cocaine
Percent	9.2 %	14.3 %	8.2 %	9.8 %

EXHIBIT 5

DENVER DUF DATA: FEMALE ARRESTEES:90-94
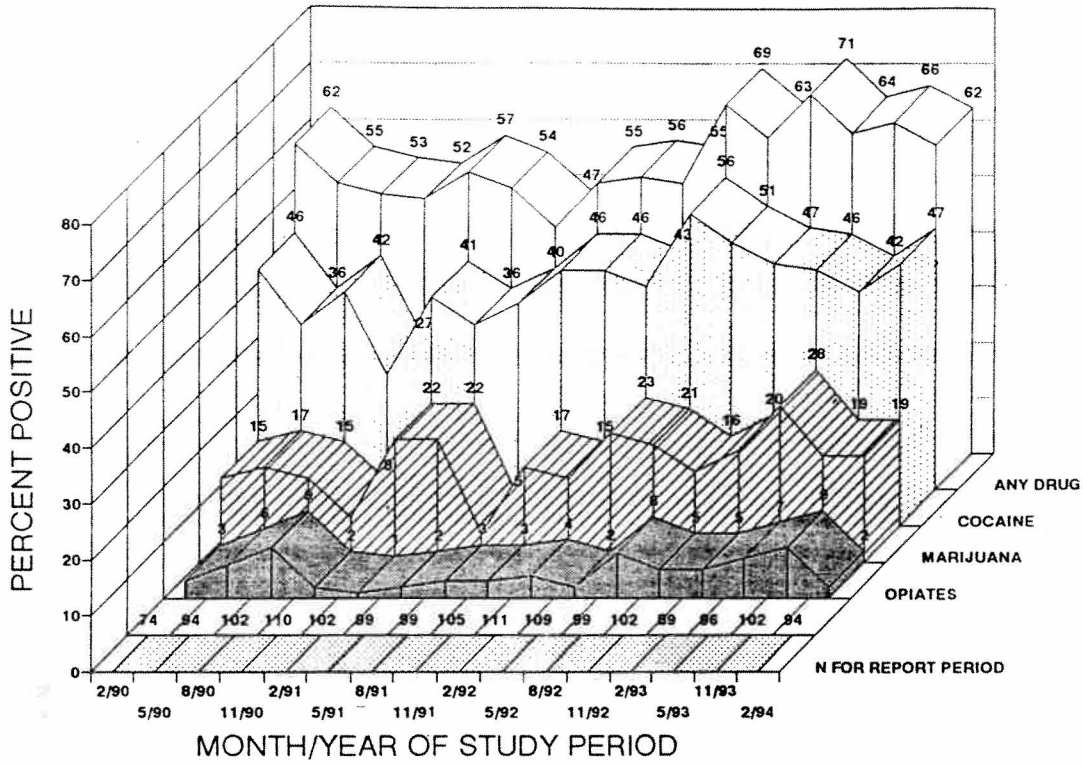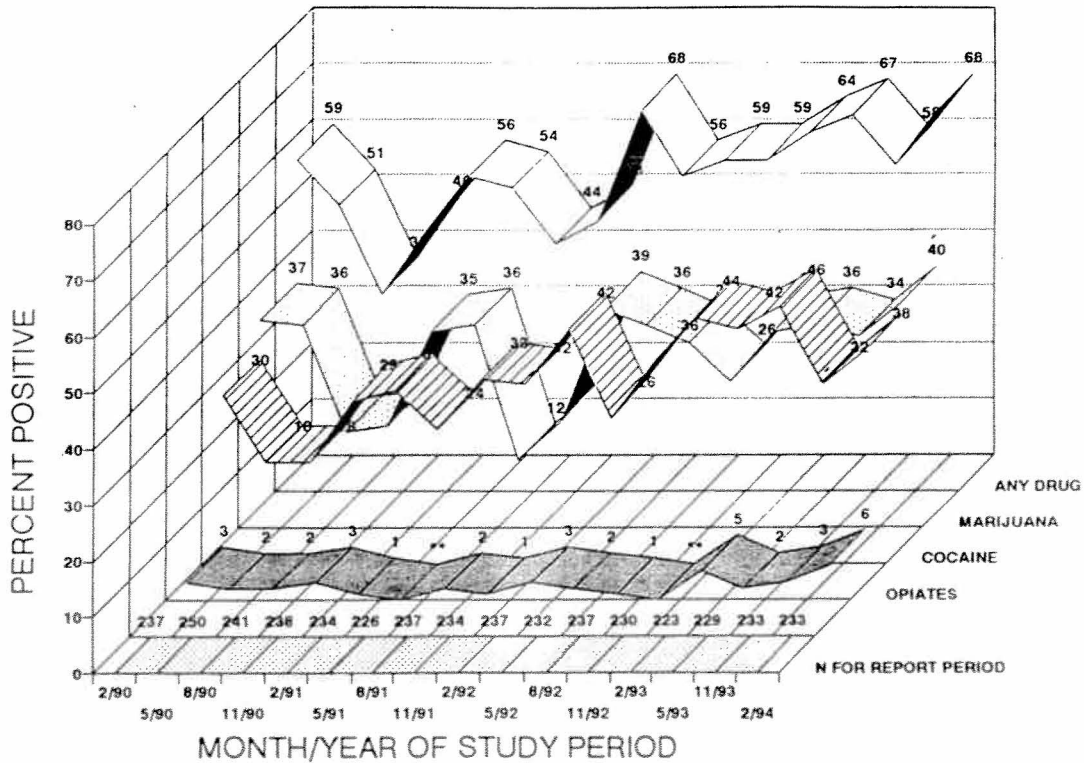## PERCENT POSITIVE URINALYSIS RESULTS

EXHIBIT 6

DENVER DUF DATA: MALE ARRESTEES:90-94
PERCENT POSITIVE URINALYSIS RESULTS

EXHIBIT 7

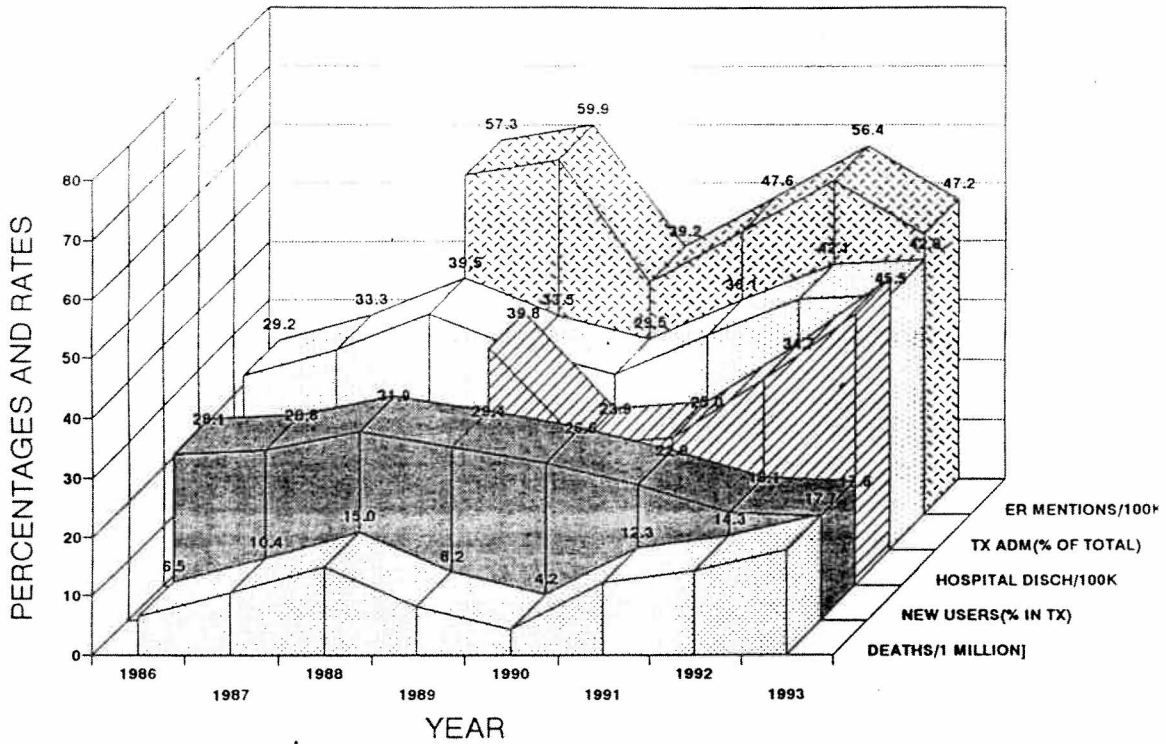# COLORADO COCAINE TRENDS
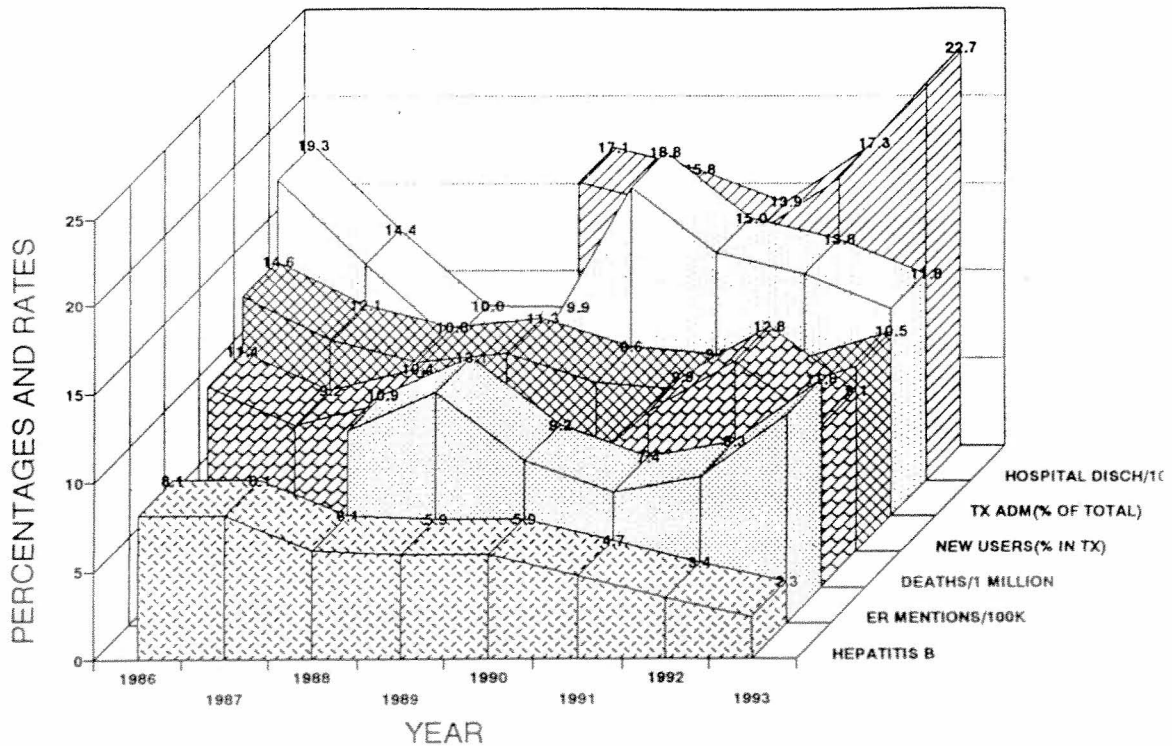## SELECTED INDICATOR DATA: 1986-1993

PERCENTAGES AND RATES

ER MENTIONS/100K
TX ADM(% OF TOTAL)
HOSPITAL DISCH/100K
NEW USERS(% IN TX)
DEATHS/1 MILLION]

YEAR

EXHIBIT 8

COLORADO HEROIN TRENDS
SELECTED INDICATOR DATA: 1986-1993

PERCENTAGES AND RATES

HOSPITAL DISCH/1(
TX ADM(% OF TOTAL)
NEW USERS(% IN TX)
DEATHS/1 MILLION
ER MENTIONS/100K
HEPATITIS B

YEAR

EXHIBIT 9

COLORADO MARIJUANA TRENDS
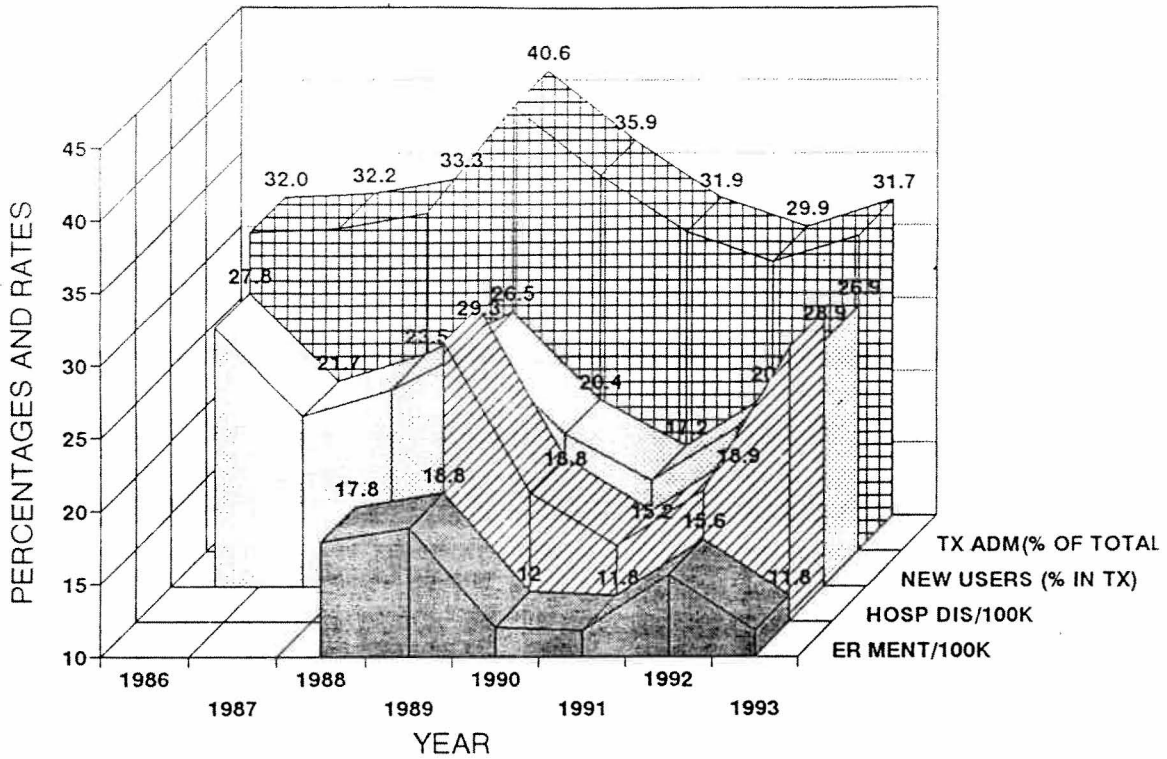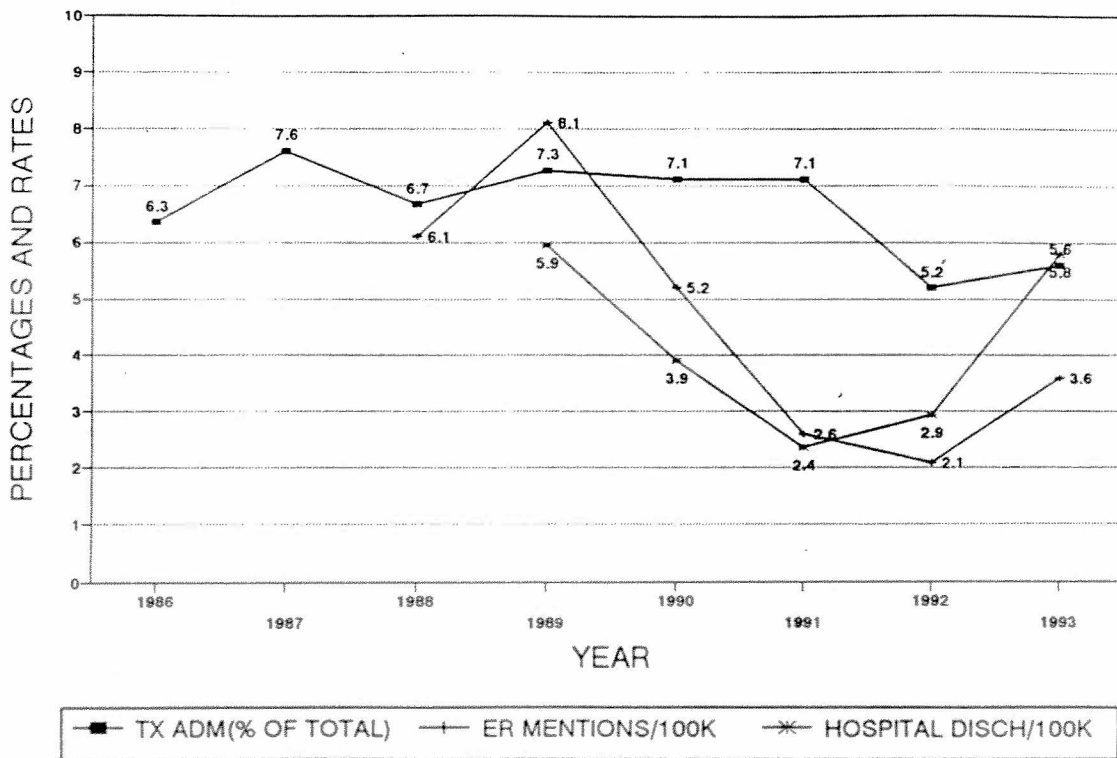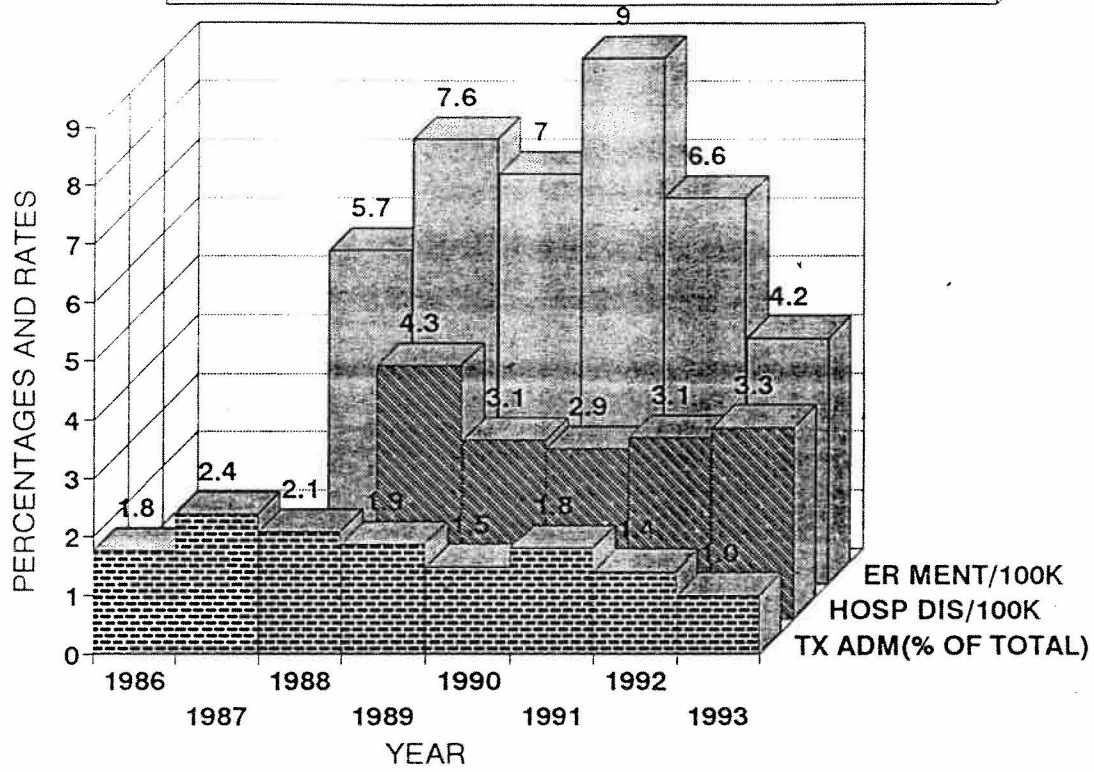## SELECTED INDICATOR DATA: 1986-1993

EXHIBIT 10

COLORADO AMPHETAMINE TRENDS
SELECTED INDICATOR DATA: 1986-1993

EXHIBIT 11

COLORADO HALLUCINOGEN TRENDS
SELECTED INDICATOR DATA: 1986-1993

EXHIBIT 12(1)

DENVER
COLORADO CUMULATIVE AIDS CASES BY
DEMOGRAPHICS, MORTALITY STATUS, AND EXPOSURE CATEGORY
THROUGH DECEMBER 1993

		No.	(%)
Number of confirmed cases:		3,789	(100)
Cases by gender:	Male	3,594	(94.8)
	Female	195	(5.2)
Cumulative mortality:	Alive	1,575	(41.6)
	Deceased	2,214	(58.4)
Race/ethnicity:	White	2,977	(79.0)
	Black	330	(8.0)
	Hispanic	453	(12.0)
	Asian	8	(0.3)
	Indian	21	(0.7)
Age at diagnosis (years):	<9	18	(0.5)
	10–19	17	(0.4)
	20–29	734	(19.4)
	30–39	1,835	(48.4)
	40–49	867	(22.9)
	49 +	318	(8.4)
Exposure category:	Men/sex/men	2,742	(72.4)
	Injecting drug user (IDU)	264	(6.9)
	IDU and men/sex/men	412	(10.9)
	Transfusion recipient	61	(1.7)
	Hemophiliac	65	(1.7)
	Heterosexual contact to high-risk individual	127	(3.3)
	Undetermined risk/no identified risk factor	105	(2.8)
	Parent at risk/has AIDS	13	(0.3)
Geographic distribution:	Denver metropolitan area	3,272	(86.4)
	Southeast Colorado	92	(2.4)
	South Central Colorado	230	(6.0)
	Northeastern Colorado	116	(3.1)
	Western Colorado	79	(2.1)

SOURCE: Colorado Department of Health

EXHIBIT 12(2)

DENVER
TOTAL AIDS CASES AND DEATHS PER ANNUAL REPORTING PERIOD,
AVERAGE NUMBER OF CASES PER MONTH, AND DEATHS AS A PERCENTAGE OF
CASES DIAGNOSED DURING REPORTING PERIOD
JANUARY 1982–DECEMBER 1993

Reporting period	Cases diagnosed during interval		Deaths occurring during interval	
	No.	No./month	No.	(%)
1982 January–December	8	(0.7)	7	(88.0)
1983 January–December	25	(2.1)	25	(100.0)
1984 January–December	45	(3.8)	45	(100.0)
1985 January–December	94	(7.8)	92	(98.0)
1986 January–December	182	(15.2)	176	(97.0)
1987 January–December	271	(22.6)	241	(89.0)
1988 January–December	363	(30.2)	297	(82.0)
1989 January–December	471	(39.2)	351	(75.0)
1990 January–December	510	(42.5)	357	(70.0)
1991 January–December	655	(54.6)	389	(59.0)
1992 January–December	643	(53.6)	183	(28.0)
1993 January–October	522	(43.5)	51	(10.0)

SOURCE: Colorado Department of Health