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DRUG USE TRENDS IN DENVER AND COLORADO

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JUNE 1995



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DRUG USE TRENDS IN DENVER AND COLORADO JUNE 1995

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Most cocaine indicators continued to rise, though not as dramatically as in the early 1990's. While deaths and ER mentions increased to their highest levels observed to date, DUF figures were level, treatment admissions declined slightly, and the proportion of new cocaine admissions continued a gradual decline. Cocaine remains readily available throughout Colorado. Heroin- and opiate-related indicators are mainly on the increase: DUF figures, hospital discharges, hepatitis-B cases, and emergency room mentions were all up, but treatment admissions fell. Heroin quality has also decreased. Marijuana indicators are also consistently up: treatment admissions, new users and hospital inpatient episodes have increased, yet emergency room mentions fell. All stimulant indicators are up after their recent decline, and anecdotal information indicated a large upturn in use and availability as well as the popularity of smoking as a route of administration. Hallucinogen indicators are down or stable. Among the more than 7,780 cumulative AIDS cases in Colorado, 7.3 percent were injecting drug users and 10.3 percent were homosexual/bisexual injecting drug users; the proportion with only IDU as an exposure category has steadily increased since 1991. The average number of cases diagnosed per month increased each year until 1993, then declined in 1994 and 1995.

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
- A large tourism industry, which draws millions of people to the area 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 1995. 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). DACODS data are collected and analyzed by the Alcohol and Drug Abuse Division, Colorado Department of Human Services.
- **Drug Use Forecasting (DUF) data reports** on arrestee urinalysis results are based on quarterly studies conducted under the auspices of the National Institute on 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 Public Health and Environment, 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 Public Health and Environment.
- **Acquired immunodeficiency syndrome (AIDS) data** are available from the Sexually Transmitted Disease Control Section, Colorado Department of Public Health and Environment.

DRUG ABUSE TRENDS

1. Cocaine and Crack

The Drug Enforcement Administration (DEA) reports that cocaine hydrochloride (HCl) remains readily available throughout Colorado. This report is corroborated by the various Police departments and treatment agencies.

Prices have declined slightly over the past several years, with current prices at \$80-\$125 per gram and \$800 to \$1,100 per ounce; kilogram prices remain at \$18,000-\$23,000. Teeners, or sixteenth-ounce quantities, are \$80-\$100. These prices are consistently reported in Denver, Boulder, northern Colorado and southern Colorado by various police departments and treatment agencies. Cocaine HCl purity has increased to 77 percent.

According to the Denver police department, availability has been consistently rising for the past three years. Most of the cocaine trafficking is carried out by Mexican nationals.

The DEA reports that crack cocaine remains problematic in Denver, Aurora, and the northern Metropolitan Denver areas. Prices have dropped from \$25-\$40 per rock last year to \$5-\$20 per rock currently. According to various police departments and treatment personnel, crack cocaine use is not as popular in Boulder or the northern and southern regions of Colorado. When it is encountered, prices are high at \$40 per rock, or it was purchased in Denver and brought into the area.

Cocaine treatment admissions had increased from 29.9 percent of all admissions in 1990 to 42.1 percent in 1992. Admissions rose

slightly to 42.8 percent in 1993, the highest percentage reported to date, and then declined to 40.6 percent in 1994 (exhibit 1). The proportion of new cocaine users in treatment, defined as those admitted to treatment within 3 years of initial cocaine use, continues to decline steadily (exhibit 2). Only 19.4 percent of cocaine admissions reported being new users - down slightly from the 21.3 percent observed in 1993 and substantially down from the 1988 peak of 31.9 percent.

Exhibit 3 displays demographic and use/abuse data by primary drug for treatment admissions during 1994. A typical 1994 cocaine admission is a male (61.7 percent), though female users comprise a larger percentage of cocaine admissions than of any other drug category. Cocaine admissions are also typically between age 26 and 34, and began using cocaine at an average age of 22.5 years. The most common secondary drug reported is alcohol.

Exhibit 4 illustrates DUF data, which identify drugs found in urinalyses of samples of Denver arrestees for quarterly reporting periods between February 1990 and February 1995. The data presented are annualized, with male and female arrestees combined so that any occurring trends are more readily observable. The proportion of arrestees testing positive for cocaine increased from 28 percent in 1990 to 41 percent in 1992, then increased slightly to 43 percent and to 44 percent during 1993 and 1994.

Cocaine-related deaths per one million population increased from 0.4 in 1990 to 1.9 in 1993. Cocaine ER mentions declined sharply from 59.9 per 100,000 population in 1989 to 39.2 during 1990 but increased substantially over the next 3 years to reach 61.0 in

1993 (exhibit 5). Data for 1994 deaths and ER mentions are not yet available.

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 47.6 per 100,000 in 1993. The 1993 figure represents a 90-percent increase over 1991 and a 37-percent increase over 1992 (exhibit 5). 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

Black tar heroin remains the most predominate heroin in the Rocky Mountain region, though mexican brown has recently increased in availability. Prices for both types of heroin are identical, with black tar prices in Denver varying between \$100-\$500 per gram and ounce prices between \$2,500-\$5,000 according to the DEA. The Denver police department reports slightly lower prices, at \$100-\$125 per gram and \$1800-\$3000 per ounce. The Denver police also report that the demand for mexican brown has increased and that some dealers are freezing tar heroin to make it look like brown.

Price and purity data for the first three quarters of 1994 were available from the Domestic Monitor program. The average purity of street-level buys during the first quarter was 32 percent with a range of 10.6-64.1 percent. The second quarter average was 34.6 percent with a range of 28-46.6 percent, and the third averaged 27.7 percent ranging between 21.6-36.7 percent. The source of all identified samples was Mexico.

Denver treatment personnel reported that the incidence of smoking and inhalation of heroin has increased, even though quality has decreased. In Boulder, heroin prices are lower than those in Denver at \$80-\$120 per gram. The Boulder police department has received some reports that a supply of China white heroin may be available in Boulder soon, but whether this is Asian heroin or synthetic is unknown. Reports from other areas of Colorado indicate higher prices and poorer quality than that observed in the Denver area. In northern Colorado, prices are reported at \$150-\$250 per gram and \$2200-\$2500 per ounce. The average purity of black tar is 17-19 percent, while mexican brown is slightly better at 25 percent. In southern Colorado, availability has decreased and is limited to a tight circle. Quality is very poor at 2-3 percent with prices high at \$60-\$100 per quarter-gram.

Admissions for heroin and other opiate abusers constituted 23.7 percent of the treatment population in 1986. This proportion then steadily declined through 1989 to 12.3 percent, rebounded sharply to 21.6 percent in 1990, and then declined to only 12.9 percent in 1994 (exhibits 1 and 6). For heroin only, the proportion of treatment admissions declined steadily from 18.7 percent in 1990 to 10.3 percent in 1994. The proportion of new users entering treatment for all opiates declined steadily between 1986 and 1993. New heroin users as a proportion of total admissions declined from a high of 13.7 percent in 1986 to 9.8 percent in 1992, then increased to 12.8 percent in 1994. New users of other opiates as a proportion of total other opiate admissions dropped from a high of 27.7 percent in 1987 to 18.9 percent in 1993, then increased to 30 percent in 1994 (exhibit 2).

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 6 so as not to interfere with the trends presented; however, they are 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). A typical 1994 heroin admission is male, white, and are most often over 35 years old. The average heroin admission began using at an average age of 21.4 years and just over 29 percent report secondary cocaine use.

Exhibit 4 shows DUF data on opiate-positive urine tests for male and female arrestees combined. Among arrestees tested in 1991, only 1 percent were positive, down from 3 percent during the previous year. This percentage increased to 2 percent during 1992, and to 4 percent during 1993 and remained at 4 percent during 1994.

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 1.1 per one million population in 1986 to 0.6 in 1990, rebounding sharply to 1.0 in 1991. The death rate then increased to 1.3 in 1992 and yet further to 1.6 in 1993, the highest rate reported to date. No data are yet available for 1994.

Heroin ER mentions per 100,000 population decreased from 13.1 in 1989 to 7.4 in 1991, and then increased to 8.3 in 1992 and then took a dramatic jump to 16.9 in 1993, the highest rate of mentions observed to date. Similarly, narcotic-related hospital inpatient episodes declined from 17.1 per 100,000 population in 1989 to only 13.9 in 1991; then subsequently increased to 17.3 in 1992 and to 23.1 in 1993. 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 2.4 in 1993 (exhibit 6); however, an increase to 2.8 was observed in 1994, and acute cases through May 26, 1995, indicate an increase to an annualized projection of 3.9 per 100,000.

3. Marijuana

The DEA and the Denver police department report that domestic, mexican and columbian marijuana remain readily available in the Rocky Mountain region. The price of non-hybrid domestic marijuana has increased slightly to \$800-\$1,500 per pound. The price of mexican and columbian marijuana remains stable at \$800-\$1,200 per pound. A pound of ditchweed currently sells for \$300-\$500, while a pound of sinsemilla is \$1500-\$3200.

Smaller amounts of marijuana cost around \$75-\$100 per ounce, \$20 per sixth-ounce and \$30-\$45 per quarter-ounce. Hashish is available at \$80-\$400 per ounce, as is hash oil at \$35-\$55 per gram.

The Greeley police department in northern Colorado reports that 1994 was a banner year for marijuana growers. The department seized 5944.6 pounds of marijuana last year, and pulled 4500 plants out of 19 different corn fields in a four day period. These plants ranged from 3' to 12' in height, weighed in at 1.5 tons wet weight, and yielded a THC content of 17 percent upon testing.

The proportion of marijuana treatment admissions increased to 40.6 percent in 1989, but dropped steadily to 29.9 percent in 1992, increasing slightly to 32.0 percent in 1993 and again to 33.8 percent in 1994 (exhibits 1 and 7). The proportion of new users in treatment declined from 26.7 per-

cent in 1989 to 17.9 percent in 1991, but increased rapidly to 41.4 percent over the next three years (exhibits 2 and 7).

Exhibit 3 shows demographic and use indicators for marijuana treatment clients. A typical 1994 marijuana admission is male (76.2 percent) and white (59.8 percent). Most are under 25 years old, and first used marijuana at an average age of 14.0. Over half (58.9 percent) report secondary alcohol use.

DUF data show an increasing percentage of combined male and female arrestees testing positive for marijuana. In 1990 and 1991, 23 percent of tested arrestees were positive. This percentage increased to 29 percent in 1992, to 32 percent in 1993, and to 34 percent last year (exhibit 4).

Interestingly, marijuana ER mentions per 100,000 increased from 11.8 in 1991 to 15.6 in 1992, but dropped to 13.5 in 1993. 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 and to 31.9 in 1993 (exhibit 7).

4. Stimulants

According to several police sources, methamphetamine has inundated the Denver area. It is trafficked and manufactured by Mexican nationals, and most of it is produced in Mexico where the precursor chemicals are legal. In Denver, methamphetamine is used mainly by white people aged 20 to 50, and often by females. It is very unusual to see younger kids using it. While injection is the most common method of use, smoking has become much more popular. In suburban areas, the methamphetamine is purchased in rock form and is smoked in crack pipes using hand-held torches. In Denver, how-

ever, the rock form has not been seen and it is smoked in the powder form.

An increase in methamphetamine use, particularly methamphetamine smoking, is also reported by several treatment agencies in Denver and in Boulder. However, injection is still the most common method of use.

The police department in northern Colorado also reported an increase in methamphetamine use, with use among 19 to 20 year-olds is common in that area. Inhalation is the preferred method of use and very little smoking has been observed. Use is also common among the 30 to 50 year old biker population, for whom injection is still the preferred method of use.

A treatment agency in southern Colorado reports little methamphetamine use except among young females who are college-age and above. Inhalation is the preferred method of use in this population. Very few hispanic and no black users have been admitted to treatment.

The DEA and police sources report that methamphetamine prices remain similar to those of cocaine, at \$800-\$1,200 per ounce. Gram prices remain at \$90-\$125.

Methylene dioxymethamphetamine (also known as MDMA, "ecstasy" or XTC) use seems to be less popular than in the past, according to reports from both the Denver and Boulder police departments. However, clients at a Denver treatment agency report that it is available in Boulder and the Greeley police department has recently come across ounce quantities for sale. The DEA reports MDMA prices at \$25 for a tablet and \$60 per gram.

As expected based upon the anecdotal reports received, amphetamine treatment admissions increased to 8.6 percent in 1994,

after fluctuating between 5.6 and 7.7 percent for the prior nine years (exhibits 1 and 8).

Amphetamine admissions are usually male, though a large proportion (37.8 percent) are female (exhibit 3). The vast majority of amphetamine admissions are white (88.4 percent), and between the ages of 18 and 34. While injection is the most commonly reported route of administration, the proportion of clients reporting use by smoking has increased to 13.1 percent (exhibit 9). Marijuana is the most commonly-reported secondary drug.

DUF figures indicate that the proportion of arrestees testing positive for amphetamine was 1 percent or under during 1990 through 1993. In 1994 an increase to 3 percent was observed (exhibit 4). Amphetamine-related deaths rarely occur in Colorado. Between 1988 and 1993, only four such deaths were reported: two in 1988, one in 1991, and two during 1993.

Methamphetamine ER mentions per 100,000 population had dropped consistently from 8.1 in 1989 to 2.1 in 1992, but increased slightly to 3.6 in 1993. Overall amphetamine mentions followed the same pattern, falling from 13.3 in 1989 to 4.9 by 1992, but increasing to 7.1 in 1993. Similarly, amphetamine-related hospital inpatient episodes had declined from 5.9 per 100,000 population in 1989 to only 2.4 in 1991. However, such episodes increased to 2.9 in 1992 and to 5.9 in 1993 (exhibit 8).

5. Hallucinogens

The DEA reports that lysergic acid diethylamide (LSD) is still available throughout the Rocky Mountain region. It is believed that labs are operating in Boulder in conjunction with northern California. The Denver police department has observed an increase in the

LSD market, while the Boulder police department reports availability and use as stable or declining. The Greeley police department also reported that less LSD has been observed recently than in the past four years.

Prices range from \$0.65 to \$1.50 per dose when purchased in 100-500 unit sheets; single dosage units vary in price from \$2-\$5 in all areas.

Psilocybin mushrooms remain available in the Denver area. Prices are \$100-\$200 per ounce and \$500-\$800 per pound. Mescaline is also available, at \$60 per gram.

Primary hallucinogen users have comprised 2.5 percent or less of the treatment population every year since 1986 (exhibit 1). Hallucinogen admissions accounted for only 1 percent of the total treatment population in 1993 and only 0.6 percent in 1994. PCP treatment admissions have comprised no more than 0.2 percent of total admissions in the past 9 years.

Only one hallucinogen-related death was reported between 1980 and 1986; however, two to three were reported every year between 1987 and 1990. Only one such death was observed from 1991 to 1992, but four were reported in 1993, the highest number observed to date. The rate of LSD ER mentions per 100,000 population increased from 7 in 1990 to 9 in 1991; however, the rate dropped to 6.6 in 1992 and to 4.6 in 1993. PCP ER mentions have been too infrequent to tabulate.

Hospital episodes for hallucinogens 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.

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

Of the 7,786 AIDS cases reported in Colorado through March 31, 1995, 7.3 percent were classified as IDUs, and another 10.3 percent were homosexual or bisexual

males as well as IDUs (exhibit 10). The average number of new cases diagnosed each month steadily increased between 1983 and 1993, but began to decline in 1994 and continues to do so in 1995 (exhibit 11).

EXHIBIT 1

DENVER
 PERCENTAGE OF DRUG TREATMENT ADMISSIONS
 BY PRIMARY DRUG OF ABUSE
 1986-94

Primary Substance	Percentage of Treatment Admissions								
	1986	1987	1988	1989	1990	1991	1992	1993	1994
Heroin	19.0	14.1	10.0	9.9	18.7	14.9	13.8	11.7	10.3
Other Opiates	4.7	4.6	3.2	2.4	2.9	3.2	3.2	2.7	2.6
Non-Rx Methadone	0.1	0.2	0.2	0.2	0.1	0.1	0.2	0.2	0.2
Amphetamine	6.6	7.7	6.6	7.3	7.1	7.2	5.6	5.9	8.9
Cocaine	29.8	33.9	39.5	33.5	29.3	36.1	42.1	42.6	40.6
Marijuana	31.0	31.7	33.3	40.6	36.2	31.9	29.9	32.0	33.8
Barbiturates	0.5	0.8	0.4	0.3	0.4	0.3	0.1	0.2	0.2
Sedatives	0.5	0.3	0.3	0.3	0.1	0.1	0.1	0.1	0.1
Tranquilizers	1.9	1.3	1.4	1.2	1.1	0.9	0.8	1.0	0.7
Hallucinogens	1.9	2.5	2.1	1.9	1.6	1.8	1.4	1.0	0.6
Inhalants	2.5	1.6	1.3	1.3	1.6	2.2	2.1	2.3	1.3
PCP	0.1	0.1	0.2	0.2	0.0	0.1	0.0	0.1	0.1
Over-the-counter	0.5	0.3	0.3	0.3	0.1	0.1	0.3	0.1	0.2
Other	1.1	0.9	1.1	0.8	0.9	0.7	0.3	0.1	0.4
Total N	3,416	3,359	3,970	4,749	6,258	6,550	8,130	10,077	11,184

SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 2

DENVER
 NUMBER AND PERCENTAGE OF DRUG USERS ENTERING TREATMENT
 WITHIN FIRST 3 YEARS OF USE
 1986-94

Year	New Users Entering Treatment Within First 3 Years of Use, for Substance Indicated									
	Heroin		Other Opiates		Cocaine		Marijuana		All Drugs	
	N	% ^a	N	% ^b	N	% ^c	N	% ^d	N	% ^e
1986	89	13.7	40	24.8	289	28.4	283	26.7	862	25.2
1987	54	11.4	45	27.4	330	29.0	231	21.7	832	24.8
1988	43	10.8	32	23.5	501	31.9	311	23.5	1,052	26.5
1989	53	11.3	33	26.6	469	29.5	512	26.6	1,269	26.7
1990	114	9.7	47	25.0	493	26.9	465	20.5	1,345	21.5
1991	92	9.4	52	27.7	561	23.7	375	17.9	1,328	20.3
1992	108	9.8	62	23.5	749	22.2	596	25.1	1,787	22.4
1993	141	12.2	54	18.9	899	21.3	996	31.7	2,413	24.5
1994	144	12.8	91	30.0	864	19.4	1,544	41.4	3,073	28.0

^aNew heroin admissions as a percentage of total heroin admissions

^bNew other opiates admissions as a percentage of total other opiates admissions

^cNew cocaine admissions as a percentage of total other cocaine admissions

^dNew marijuana admissions as a percentage of total other marijuana admissions

^fNew all drugs admissions as a percentage of total other all drugs admissions

SOURCE: Colorado Drug/Alcohol Coordinated Data System

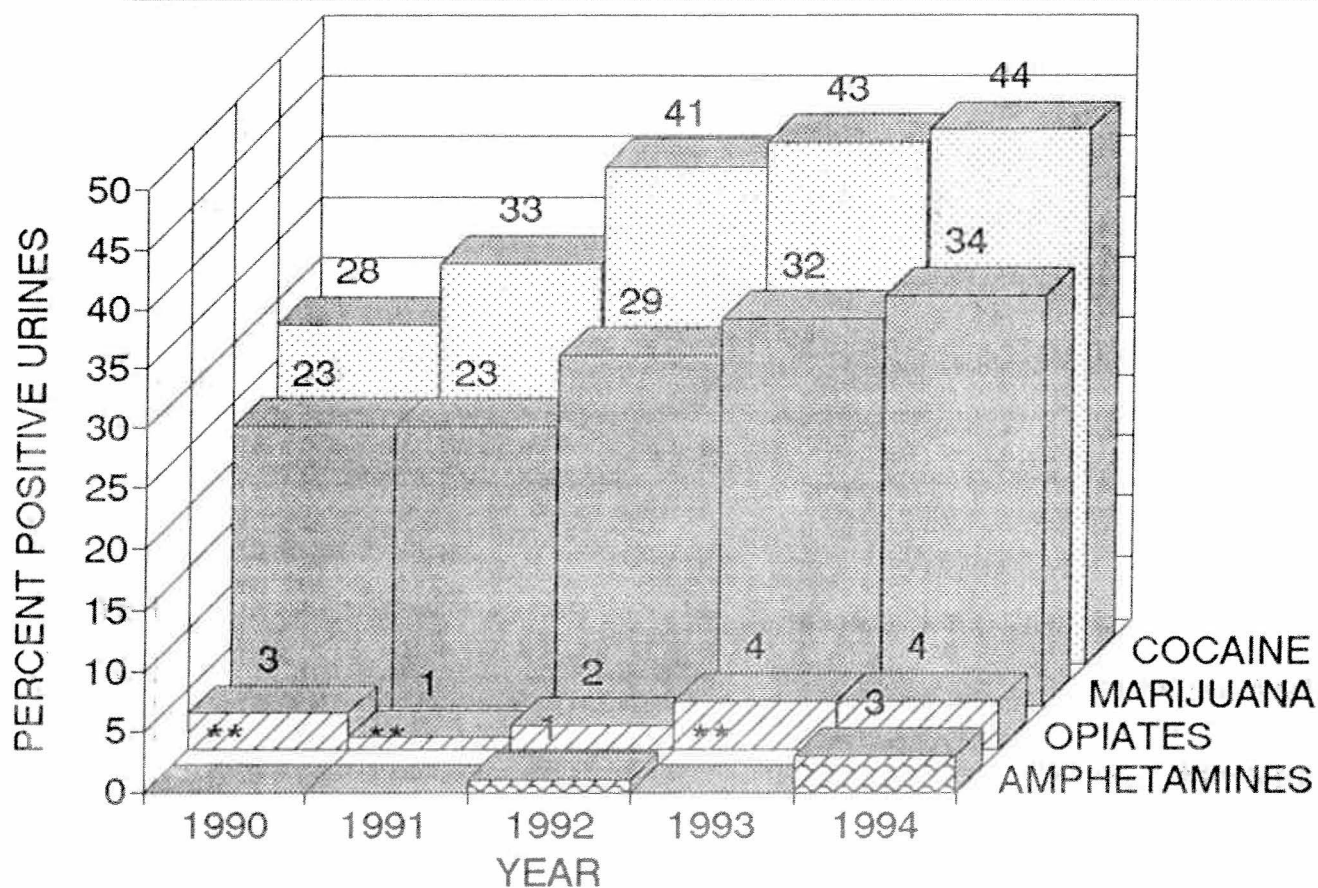
DENVER
TREATMENT DEMOGRAPHICS FOR SELECTED DRUGS, IN PERCENT
1994

Demographic Characteristic	Substance				
	Alcohol-in-Combination (%)	Cocaine (%)	Heroin (%)	Marijuana (%)	Amphetamine (%)
Gender					
Male	77.5	61.7	65.0	76.2	62.2
Female	22.5	38.3	35.0	23.8	37.8
Race/ethnicity					
White	62.3	44.6	55.7	59.8	88.4
Male	77.2	58.9	62.6	76.8	62.4
Female	22.8	41.1	37.4	23.2	37.6
African-American	9.9	37.7	8.9	7.9	0.9
Male	79.2	66.3	73.3	78.3	100.0
Female	20.8	33.7	26.7	21.7	0.0
Hispanic	22.7	15.5	31.8	29.1	7.7
Male	79.2	58.9	65.7	75.5	55.4
Female	20.8	41.1	34.3	24.5	44.6
Native-American	4.4	1.3	2.3	2.1	2.2
Male	72.1	54.7	65.8	67.9	68.2
Female	27.9	45.3	34.2	32.1	31.8
All other races	0.7	0.9	1.2	1.2	0.7
Male	77.6	70.3	80.0	73.2	71.4
Female	22.4	29.7	20.0	26.8	28.6
Age at admission					
≤ 17	7.8	0.4	0.3	41.7	2.5
18-25	16.4	14.7	8.8	26.4	28.7
26-34	33.7	49.6	23.6	18.6	42.2
35 +	42.1	35.3	67.4	13.3	26.6
Route of administration					
Smoking	0.8	67.7	1.2	93.9	13.1
Inhaling/Sniffing	0.9	16.2	2.3	0.9	29.4
Injecting	0.4	13.0	92.4	0.3	45.3
All other/multiple	97.9	3.0	4.1	4.9	12.1
Total	9316	4596	1700	3834	1021

SOURCE: Colorado Drug/Alcohol Coordinated Data System

DENVER DUF DATA: 1990-1994

ANNUALIZED DATA: MALES AND FEMALES



COLORADO COCAINE TRENDS

SELECTED INDICATOR DATA: 1986-94

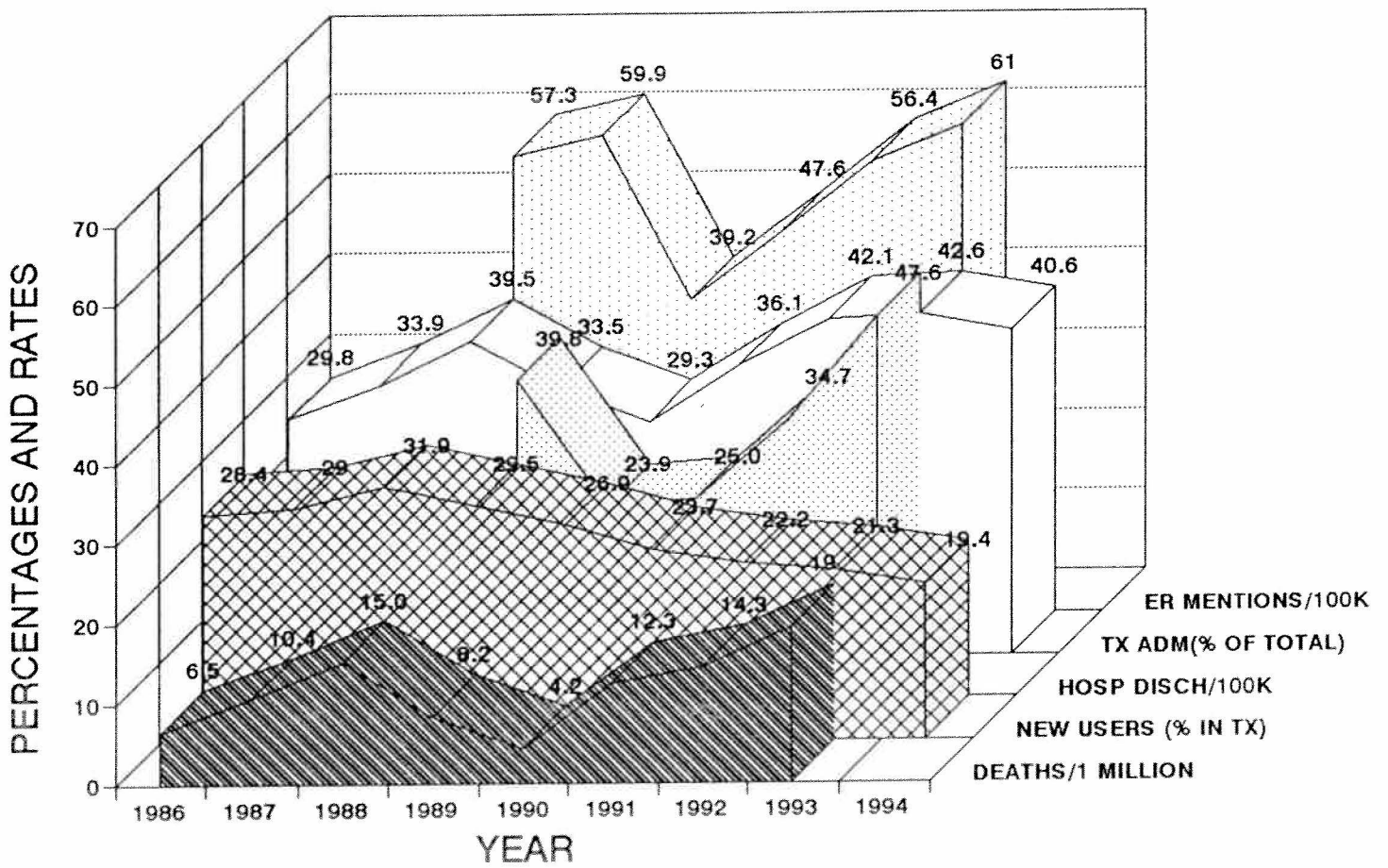
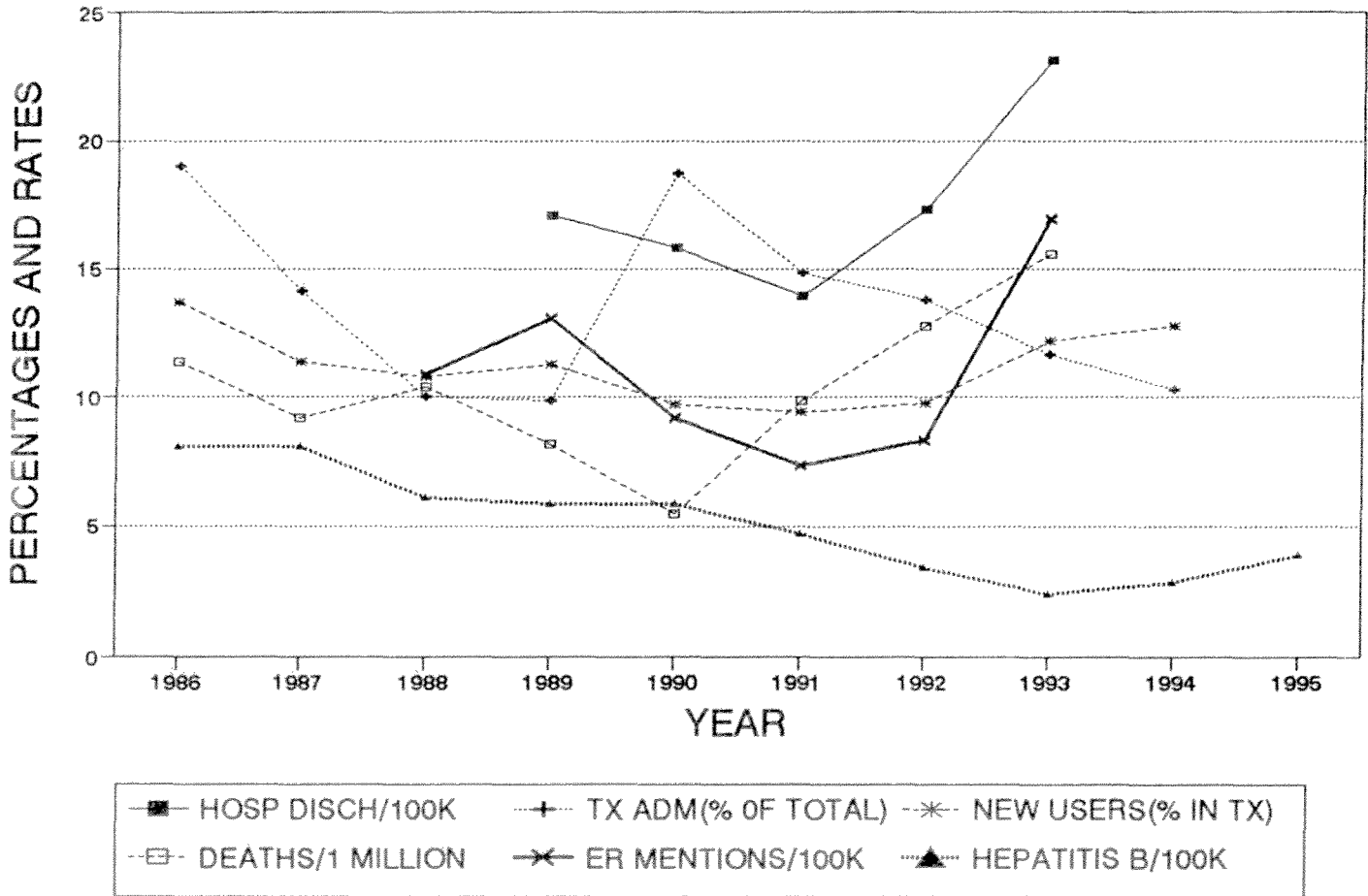


EXHIBIT 6

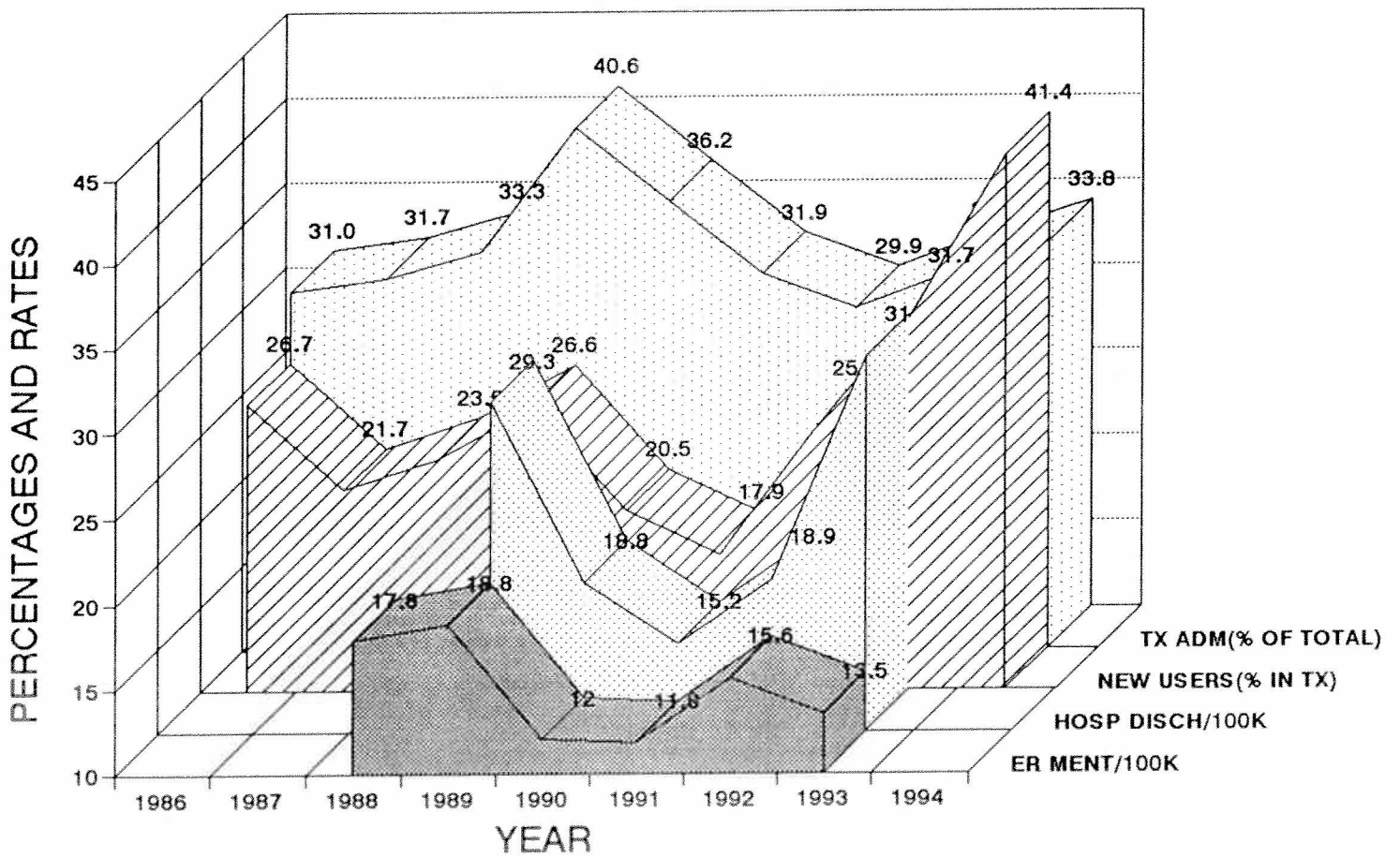
COLORADO HEROIN TRENDS

SELECTED INDICATORS: 1986-94



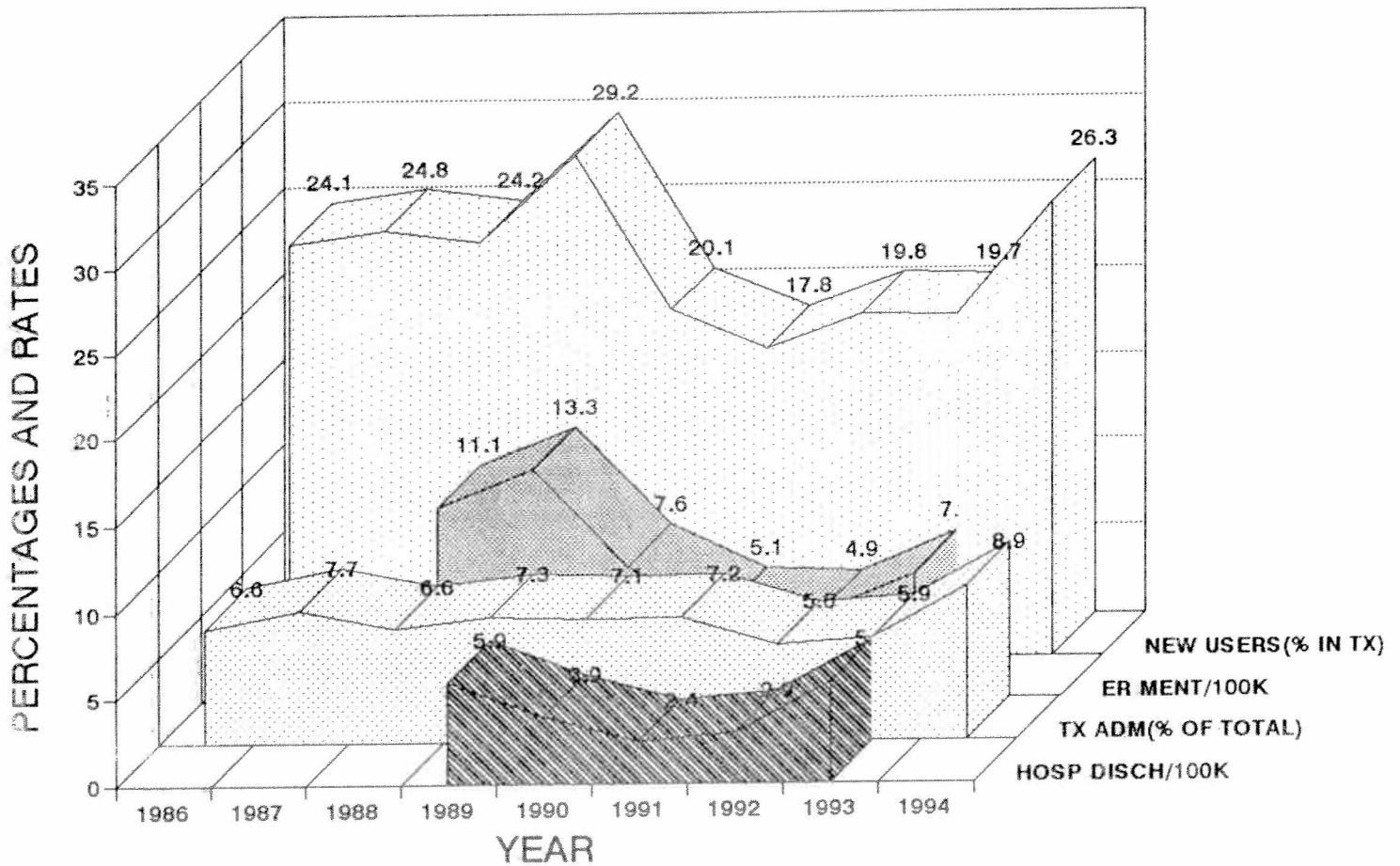
COLORADO MARIJUANA TRENDS

SELECTED INDICATORS: 1986-94



COLORADO AMPHETAMINE TRENDS

SELECTED INDICATORS: 1986-94



COLORADO AMPHETAMINE TRENDS: 1991-94 METHAMPHETAMINE ROUTE OF ADMINISTRATION

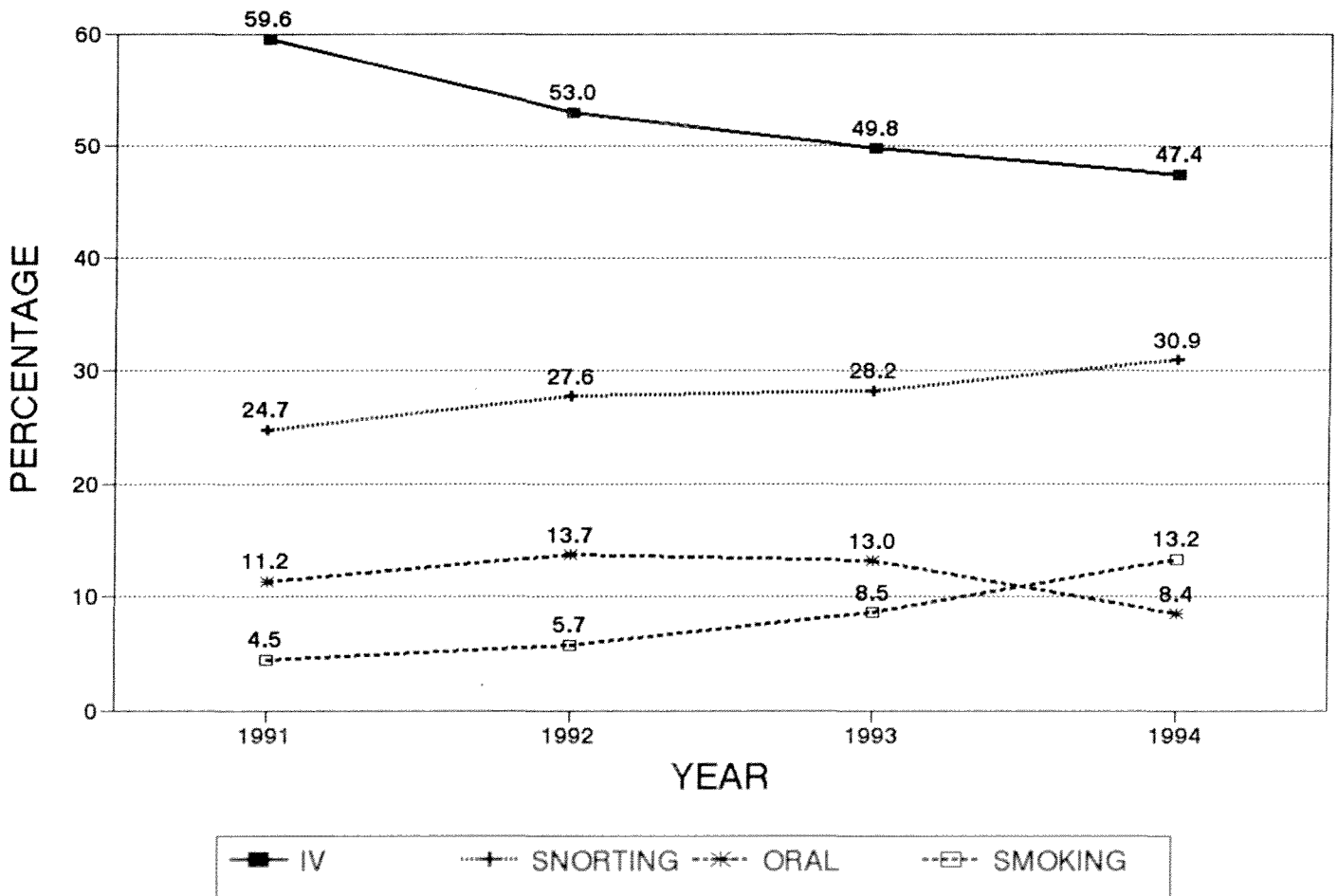


EXHIBIT 10

DENVER
 COLORADO CUMULATIVE AIDS CASES BY
 DEMOGRAPHICS, MORTALITY STATUS, AND EXPOSURE CATEGORY
 THROUGH MARCH 1995

Demographic Characteristic	No.	(%)
Number of confirmed cases	7,786	(100.0)
Gender		
Male	4,511	(94.3)
Female	275	(5.7)
Cumulative mortality		
Alive	2,001	(41.8)
Deceased	2,785	(58.2)
Race/ethnicity		
White	3,702	(77.4)
Black	427	(8.9)
Hispanic	614	(12.8)
Asian	17	(0.4)
Indian	26	(0.5)
Age at diagnosis (years)		
< 13	26	(0.5)
13-19	21	(0.4)
20-29	890	(18.7)
30-39	2,366	(49.4)
40-49	1,076	(22.5)
49+	407	(8.5)
Exposure category		
Men/sex/men	3,450	(72.1)
Injecting drug user (IDU)	347	(7.3)
IDU and men/sex/men	494	(10.3)
Transfusion recipient	69	(1.4)
Hemophiliac	73	(1.5)
Heterosexual contact to high-risk individual	181	(3.8)
Undetermined risk/no identified risk factor	150	(3.1)
Parent at risk/has AIDS	20	(0.4)
Confirmed occupational exposure	2	(0.0)

SOURCE: Colorado Department of Public Health and Environment

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-MARCH 1995

Reporting Period	Cases Diagnosed During Interval		Deaths Occurring As of March 1995	
	No.	Average No./Month	No.	(%)
1982 January-December	8	0.7	7	(88.0)
1983 January-December	26	2.2	26	(100.0)
1984 January-December	46	3.8	46	(100.0)
1985 January-December	95	7.9	92	(96.8)
1986 January-December	183	15.3	177	(96.7)
1987 January-December	275	22.9	247	(89.8)
1988 January-December	368	30.7	314	(85.3)
1989 January-December	488	40.7	385	(78.9)
1990 January-December	539	44.9	417	(77.4)
1991 January-December	675	56.3	491	(72.7)
1992 January-December	670	55.8	306	(45.7)
1993 January-December	722	60.2	204	(28.3)
1994 January-December	621	51.8	70	(11.3)
1995 January-March	70	23.3	3	(4.3)

SOURCE: Colorado Department of Public Health and Environment