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DRUG USE TRENDS IN DENVER AND COLORADO

DEPARTMENT OF HUMAN SERVICES
THE ALCOHOL AND DRUG ABUSE DIVISION
EVALUATION AND INFORMATION SERVICES UNIT

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DRUG USE TRENDS IN DENVER AND COLORADO

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Indicators show steady increases in methamphetamine use in Denver from 1991 to 1997. Furthermore, among new methamphetamine users entering treatment during this period, smoking the drug has become increasingly popular. Ethnographic research confirms the increased availability and popularity of the drug. Prices have remained stable. The use of crack remains a serious problem in Denver. Injecting cocaine has become less popular in recent years. In 1996, cocaine—including crack—accounted for the largest number of drug-related deaths in Colorado and for the second largest number of treatment admissions. Field reports indicate that individuals are using both crack and methamphetamine, often concurrently or sequentially. The number of new heroin users who entered treatment increased during 1994–97, while the average age of heroin users entering treatment did not decrease during this time period. Since 1992, the number of heroin users smoking the drug has increased. Field reports indicate that heroin price and purity levels have remained stable during this period. The proportion of new marijuana users entering treatment has remained stable since 1994. However, since 1991 users eighteen years old or younger make up a larger proportion of these new users entrants.

INTRODUCTION

1. Area Description

Denver, the capitol of Colorado, is located somewhat northeast of the State's center. Covering only 111.32 square miles, Denver is bordered by several large suburban counties: Arapahoe on the southeast, Adams on the northeast, Jefferson on to the west,

and Douglas on the South. In recent years, Denver's surrounding counties have experienced rapid population growth. Douglas County leads all counties in the State with an annual growth rate of 10.9 percent. Since the 1990 census, Colorado has been one of the top five fastest growing States in the country. The Denver

metropolitan area accounts for a large percentage of Colorado's total population.

In conjunction with population growth, the Denver metropolitan area is prospering economically. Denver's unemployment rate for February 1997 was only 3.1 percent, and there has been a considerable increase in both new home building and commercial real estate development.

Poverty levels are low for the area. While Denver's poverty rate is 17.7 percent, the surrounding suburban counties have considerably lower rates: Arapahoe County, 6.6 percent; Adams County, 13.2 percent; Jefferson County, 6.5 percent; and Douglas County, 3.0 percent.

In addition to population growth, low poverty rates, and a strong economy, other considerations may influence drug use in Denver and Colorado:

- A recent influx of new residents from California
- A major international airport nearly at the midpoint of the continental United States
- Two major interstate highways that intersect in Denver
- Remote rural areas ideal for the undetected manufacture, cultivation, and transport of illicit drugs of abuse
- A young citizenry drawn to the recreational lifestyle available in Colorado
- A large tourism industry, which draws millions of people to the State each year
- Several major universities and small colleges

2. Data Sources and Time Periods

Data presented in this report were collected and analyzed November 1997. Although these indicators reflect trends throughout Colorado, they are dominated by the Denver metropolitan area.

- **Qualitative and ethnographic data** are available from active drug users not currently in treatment who were interviewed for this report. Local researchers and street outreach workers provided additional information.
- **Drug-related arrest statistics** are available from the Denver Police Department, for 1994 through August 1997. Some of the arrest data provided has been sub-divided by drug type and type of offence.
- **Drug-related emergency department (ED) mentions** for the Denver metropolitan area for 1990–96 are provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) through its Drug Abuse Warning Network (DAWN).
- **Drug/Alcohol Coordinated Data System (DACODS) reports** are

completed on clients at admission and discharge from all alcohol and drug treatment agencies receiving public monies in Colorado under special reporting requirements. Annual figures are given for 1990–96. *Additional data has been included for January through April 1997.* DACODS data are collected and analyzed by the Alcohol and Drug Abuse Division, Colorado Department of Human Services.

Availability, price, and distribution data are available from local Drug Enforcement Administration (DEA) officials for January through September 1997 and ethnographically from active drug users.

- **Death statistics** are available from the Colorado Department of Public Health and Environment, Health Statistics Division, for 1990 through 1996. Data were not available at the writing of this report for 1997.

Acquired immunodeficiency syndrome (AIDS) data are available through September 30, 1997, from the Sexually Transmitted Disease Control Section, Colorado Department of Public Health and Environment.

DRUG ABUSE TRENDS

1. Cocaine and Crack

Cocaine use continues to present a major concern throughout Denver and Colorado. In 1996, cocaine—including crack—accounted for the largest number of drug-related deaths in Colorado (n=66). Cocaine ED mentions increased dramatically from 569 in 1990 to 1,299 in 1994. However, from 1995 to 1996 these mentions dropped from an all time high of 1,339 to 852. (exhibit 3) Despite this decline, cocaine use in Denver accounts for more than twice as many ED mentions when compared to heroin.

Cocaine treatment admissions have stabilized since 1995. In 1995, admissions for primary cocaine abuse accounted for 32.6 percent of all drug abuse treatment

admissions. In 1996, this percent was 32.2 (exhibits 1). Early indications from 1997 data support this trend. However, increasing percentages of cocaine smokers (likely to be crack users) and decreasing percentages of cocaine injectors have appeared among primary cocaine treatment admissions in recent years. In 1996, 66.5 percent of cocaine admissions reportedly smoked the drug, up from 57.5 percent in 1992. (1997 figures support this trend with 65.8 percent of admissions smoking).

The proportion of new cocaine users entering treatment, defined as those admitted to treatment within 3 years of initial cocaine use, has remained stable since 1994, when they accounted for 13.5 percent of total admissions (exhibit 2). In 1996, they accounted for 13.4 percent of admissions. It

is too early to tell if this trend will continue in 1997.

A cross-sectional analysis of "new" cocaine treatment admissions highlight increases in the proportion of those smoking cocaine. In 1991, 57 percent of "new" treatment admissions smoked the drug. In 1994, 68.6 percent smoked. And in 1997, 62.3 percent smoked. The same analysis demonstrated reductions in injecting among new users. In 1991, 14.3 percent injected while in 1994 this percentage dropped to 10.2. Early 1997 data suggest this trend will continue with only 6.9 percent injecting.

In 1996, Whites accounted for the largest percentage of cocaine admissions (44.5 percent), but African-Americans were disproportionately represented (35.9 percent). Early data from 1997 do not suggest their will be changes in these indicators with Whites accounting for 45.9 percent of admissions and African-Americans accounting for 34.4 percent. Similarly, age categories have not changed since 1996. In 1997, most cocaine admissions were male (62.2 percent) and older than 26 (88.5 percent).

Ethnographic reports indicate that within the last four years cocaine hydrochloride has become less available to the street user. Reports continue that users frequently "unrock" crack in order to inject it. Even when working for crack dealers users often cannot acquire powder cocaine.

Street gangs dominate crack distribution networks in Denver. Crack is prepared in rock form and delivered to the gangs for

street distribution. According to field reports, crack is often used with methamphetamine, and it appears some crack users have "crossed over" to methamphetamine use.

Although cocaine hydrochloride prices have been challenging to gauge, ethnographic reports indicate cocaine sells on the street for \$200 per 1/8 ounce and \$900– \$1,300 per ounce. These prices are compatible with 1997 price data supplied by the Denver DEA. The DEA price estimates for cocaine are \$800-1,400 per ounce and \$80-100 per gram.

Cocaine related arrest data, supplied by the Denver Police Department, are not distinguished from Opium related arrests. Despite this problem however, the numbers of arrests made for "Opium/Cocaine" sales have continuously increased since 1994. In 1994 there were 180 arrests for "Opium/Cocaine" sales. This figure increased to 313 in 1995 and 450 in 1996.

In addition to arrests for drug sales, the numbers of arrests for "Opium/Cocaine" use have increased dramatically. In 1994 there were 2,100 arrests for use, in 1995 there were 2,197 (a change of +4.6%). In 1996, there were 2,476 arrests (an increase of +12.6% from 1995). While determining exactly which drug accounted for the change is impossible due to reporting, the change remains significant.

2. Heroin

Over the past 3 years, the police and media have reported increasing heroin use in

Denver and Boulder. Hospital data show increases in heroin ED mentions from 109 in 1991 to an all time high of 622 in 1995. In 1996, ED mentions fell to 361. (exhibit 4) However, from 1995 to 1996 the proportion of ED mentions designated from "recreational use" increased. In 1995, 19 percent of ED mentions were from "recreational use." In 1996, these mentions rose to account for 29 percent of heroin mentions.

The proportion and number of new heroin users entering treatment has increased in the past few years, from 8.9 percent in 1994 to 13.3 percent in 1995 and 17.5 percent in 1996. Data from 1997 report 14 percent of heroin admissions are new users. (exhibit 2) Heroin smoking is also becoming more common. In 1992, only 0.4 percent of treatment admissions reportedly smoked heroin, compared with 3.1 percent in 1996 and 3.5 percent so far in 1997. Both trends will need to be closely monitored.

A cross-sectional analysis of "new" heroin treatment admissions during 1991, 1994, and 1997 did not reveal any demographic trends in this population.

Although difficult to verify, anecdotal reports suggest an increased number of college students are using heroin. Furthermore, smoking heroin provides users with reduced stigma and health consequences associated with injecting. These findings combine to suggest that heroin use will likely increase in popularity.

In Denver, Mexican black tar is the

exclusive type of heroin sold on the streets. The distribution and sale of heroin continues to be dominated by Hondurans, Guatemalans, Nicaraguans, and Mexican nationals. Ethnographic interviews with heroin users on the street indicate that most of the heroin comes from Mexico. It is generally cut (mixed with other substances) many times before it is sold on the street. Users report that most street heroin is generally similar in quality regardless of who they buy it from.

In the last three years heroin prices have remained stable. The smallest unit of street heroin is a pill that sells for \$15-\$20. A gram of black tar heroin will typically break into 12-14 pills. Prices are \$30-\$35 per 1/4 gram, \$60-\$75 per 1/2 gram, and \$120-\$140 per gram. Street dealers can usually buy a gram of heroin from their connection for \$60-\$70. Data from local DEA reports confirm these prices with a gram of heroin selling for \$60-120 and an ounce for \$1,500-2,500.

Outside Denver prices for heroin increase. DEA data report that a gram of heroin in Colorado Springs sells for \$75-300. In Casper and Cheyenne Wyoming, a gram sells for \$125-250. These data support anecdotal accounts that users from other areas of Colorado travel to Denver to purchase heroin.

From 30 controlled buys of one gram of heroin conducted by the Denver DEA in 1997 (January through September), Black tar heroin averaged 32 percent pure. Demonstrating the range of purity levels, the 10 purchased samples collected during the

second quarter (April through June) of 1997 varied in purity from 65 percent to 17 percent.

Drug-related arrest data for the sale and use of heroin have been reported elsewhere in this report. These data possibly indicate increased use. However, arrests for the possession of an "injection device," which are more likely to be an indication of heroin use, do not follow this trend. In 1994 there were 213 arrests made for injection devices. In 1995, 203 arrests were made and in 1996, 210 arrests were reported.

3. Marijuana

Marijuana remains endemic in all areas of the State. It is grown locally and is also imported from other States and Mexico. While there are seasonal fluctuations in the quality of marijuana produced by local cultivators, users rarely report availability to be a problem.

From 1993 to 1994, the number of marijuana ED mentions doubled from 202 to 406. This increase is beyond what would be expected simply from the increase in the number of users between the two years. In 1995, ED mentions increased to 517. Curiously however, from 1995 to 1996 the number of ED mentions decreased by half (n=297). (exhibit 4)

Treatment data support increases in marijuana use. Marijuana users accounted for the largest proportion (41.8 percent) of all Colorado drug treatment clients in 1996 (exhibit 1). Moreover, this proportion has

been steadily increasing: from 29.8 percent of total treatment admissions 1992, to 32 percent in 1993, 33.9 percent in 1994, and 36.8 percent in 1995. So far, in 1997 marijuana admissions account for 37.4 percent of all admissions to treatment. These increases may be partly related to users accounts of increased drug potency.

From 1992 to 1994 the proportion of new users entering treatment for marijuana use increased substantially. (exhibit 2) In 1992, new users accounted for 17.8 percent of all marijuana users entering treatment. In 1993 this trend continued with 23.7 percent new users. Finally, in 1994 new user admissions accounted for 32 percent of clients. Since 1994, new users account for 30 percent of all marijuana users entering treatment.

A cross-sectional analysis of "new" marijuana treatment admissions during 1991, 1994, and 1997 indicate that the proportion of users 18 years old or younger entering treatment is increasing. In 1994, this population accounted for 78.5 percent of admissions, yet in 1994 it accounted for 90.2 percent of "new" admissions. In 1997, 82.9 percent of new admissions are of users 18 years old or younger.

Most marijuana users entering treatment are white (57.3 percent) and male (75.4 percent). The average age at first use of the marijuana is 14, 6 years younger than for any other drug of abuse. Early 1997 treatment data do not suggest changes in these demographics.

Ethnographic interviews with marijuana users indicate that both the price and purity

of marijuana have increased drastically within the past year. User elicited prices are \$20–\$60 per 1/4 ounce, \$100–\$600 per ounce, and \$700–\$5,000 per pound (pound averages \$1,500). The Denver DEA reports a pound of “Commercial” grade sells for \$800-1,200 and a pound of “Sinsemilla” sells for \$1,500-3,200. Unlike heroin in Denver, marijuana prices are not comparatively inflated in other parts of Colorado.

Users report that the manipulation of plant genetics is a contributing factor to recent increases in potency. They describe powerful narcoticlike effects from smoking small quantities of marijuana. Very short growth-to-harvest times also have been reported.

Since 1994, arrests made for marijuana use have increased substantially. In 1994, 2,441 arrests were made for marijuana use. This figure increased to 3,465 in 1996 (an increase of 84 percent). However, arrests for marijuana sales have not increased. In 1994, 49 arrests were made for sales. In 1996, only 35 arrests were made.

4. Stimulants

Indicator data show that methamphetamine use has been increasing in Denver over the past 4 years. (exhibit 1) Ethnographic research confirms this trend.

Methamphetamine ED mentions in Denver increased from 31 in 1992 to 193 in 1995. In 1996, there were 106 ED mentions for methamphetamine (exhibit 4).

The proportion of methamphetamine treatment admissions more than tripled between 1991 and 1996 (exhibits 1). In 1991, primary methamphetamine use accounted for only 2.9 percent of total treatment admissions, compared with 9.4 percent in 1996. Data for 1997, indicate that this trend will likely continue with methamphetamine accounting for 13 percent of total treatment admissions.

In 1991, 8.4 percent of primary methamphetamine users entering treatment were new users (exhibit 2). By 1995, new users accounted for 25.8 percent of primary methamphetamine treatment admissions. This proportion of new users remained high (21.3 percent) in 1996. While data are limited for 1997, 18.5 percent of methamphetamine treatment admissions are new users.

While injecting has remained the most common route of methamphetamine administration in 1997 (36.8 percent of methamphetamine treatment admissions through April), in the last three years smoking has become increasingly popular: 25.3 percent of methamphetamine treatment admissions smoked the drug in 1997 compared with only 9.7 percent in 1994.

A cross-sectional analysis of “new” methamphetamine treatment admissions confirms this trend in smoking (exhibit 5). In 1991, only 6.9 percent of new admissions smoked the drug. In 1994, this percentage was 19.5. In 1997, this percentage is 43.2 percent. The 1997 figure needs to be cautiously considered because the data is only for the first four months of the year.

Methamphetamine users in Denver are largely distinguished by the way they use the drug. Users primarily either inject, smoke, snort or inhale the drug. The effects are markedly different based on the route of administration. The largest population of methamphetamine users who smoke the drug do so partly to enhance work or performance. These users are middle class to lower middle class and live primarily in the suburbs. Many hold more than one job. However, homeless white youth are the fastest growing population of noninjecting methamphetamine users in Denver.

As in 1996, early 1997 data indicate that methamphetamine users entering treatment are predominately white (89.1 percent), and nearly 31 percent are age 25 or younger.

A large segment of young methamphetamine injectors also sell methamphetamine or marijuana.

Due to recent chemical regulation laws, important ingredient for the manufacture of high-quality crystal methamphetamine, became difficult to acquire. This scarcity has resulted in an increase in home-based production of less potent form of methamphetamine called "bathtub crank." The increase in availability of this type of methamphetamine has likely effected route of administration because "bathtub crank" cannot be injected.

Ethnographic reports from various drug users suggest that methamphetamine is being utilized by dealers in cutting other drugs. Previous reports have revealed that crack is sometimes cut with

methamphetamine. Recently however, users have reported that heroin is being cut with methamphetamine. The reasons for this are currently under investigation.

Methamphetamine is sold in various units in both rock and powder forms. Street prices are \$25 (usually) per 1/4 gram, \$900–\$1,200 per ounce, \$100–\$120 per 1/16 ounce, and \$200 per eightball (1/8 ounce). Injectors usually do not purchase less than a 1/4 gram at a time.

Denver arrest data for methamphetamine use and sales are curious. In 1994, only one arrest was made for sales. This figure increased to 10 in 1996. Arrests for methamphetamine use have remained stable for the last two years. In 1995, 124 arrests were made and in 1996, 121 arrests were made.

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

Of the 6,019 AIDS cases reported in Colorado through September 30, 1997, 8.2 percent were classified as IDUs, and

another 10.7 percent were classified as homosexual or bisexual males as well as IDUs (exhibit 6).

EXHIBIT 1

DENVER
 PERCENTAGE OF DRUG TREATMENT ADMISSIONS
 BY PRIMARY DRUG OF ABUSE
 1991-97¹

Primary Substance	Year						
	1991	1992	1993	1994	1995	1996	1997
Heroin	15.8	13.9	11.8	10.3	11.5	10.8	10.4
Other Opiates	3.3	3.2	2.7	2.6	2.4	2.0	2.0
Non-Rx Methadone	.2	.2	.2	.2	.2	.2	.2
Methamphetamine	2.9	4.3	4.7	8.0	11.7	9.4	13.1
Cocaine	37.8	42.1	42.6	40.5	32.5	32.2	32.4
Marijuana	33.9	29.8	32.0	33.9	36.8	41.0	37.4
Barbiturates	.3	.1	.2	.2	.1	.1	.2
Sedatives	.2	.1	.1	.1	.2	.1	.0
Tranquilizers	.7	.8	1.0	.7	.7	.8	.9
Hallucinogens	1.0	1.4	1.0	.7	.7	.8	.4
Inhalants	2.4	2.1	2.2	1.3	1.4	1.0	1.5
PCP	.1	0.0	.1	.1	.1	0.0	0.0
Other	.2	.3	.1	.2	.1	.1	.4
(Total N)	(6,292)	(8,137)	(10,085)	(11,421)	(12,060)	(12,240)	(3,399)

SOURCE: Colorado Drug/Alcohol Coordinated Data System

¹ 1997 data presented only includes January through April 1997.

Exhibit 1A

Percentage of annual primary heroin, methamphetamine, marijuana and cocaine treatment admissions 1991-1997*

(* 1997 only includes data from January through April)

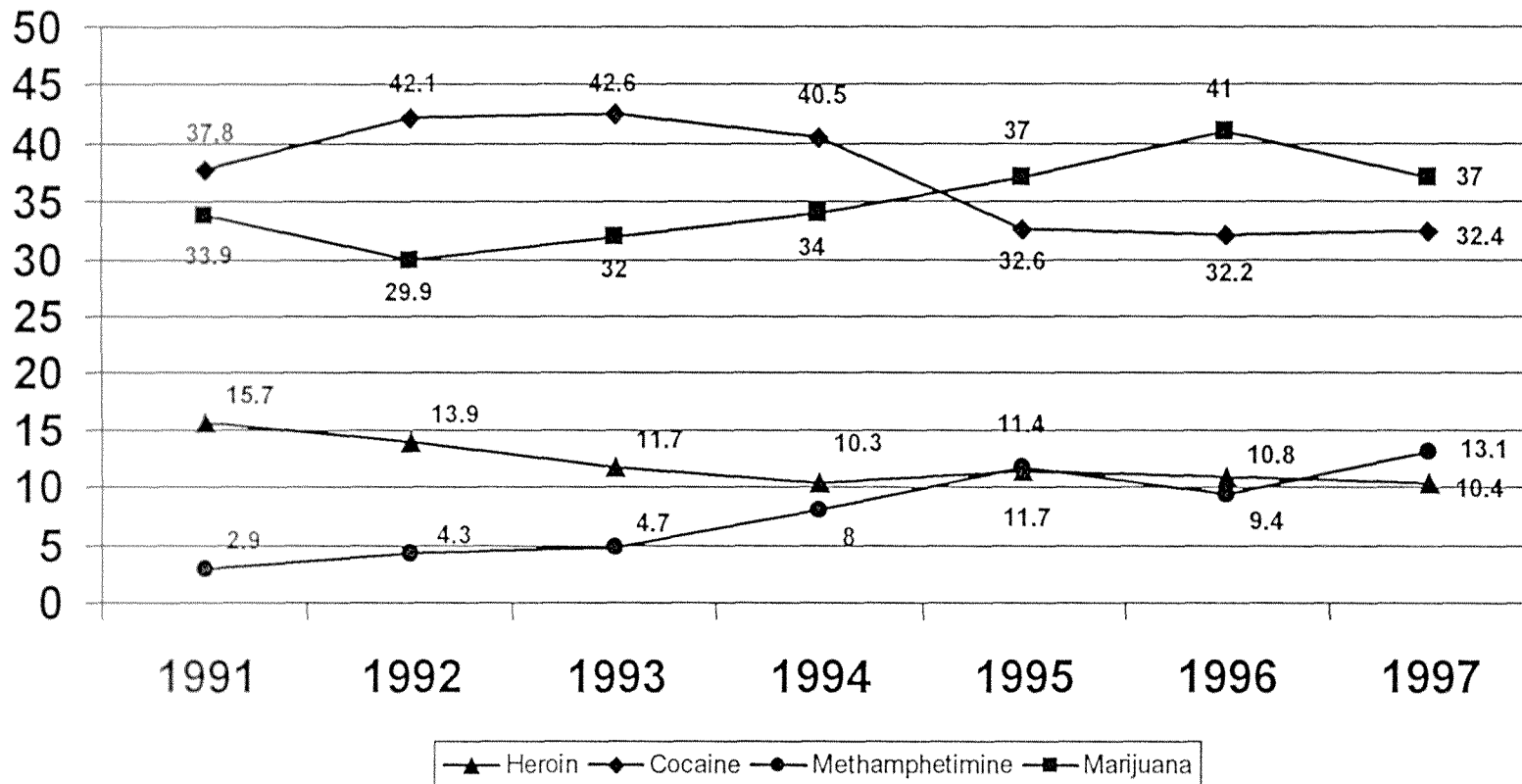


Exhibit 2

Proportions of annual heroin, methamphetamine, marijuana, and cocaine treatment admissions entering treatment within 3 years of initial use 1991-1997*

(* 1997 only includes data from January through April)

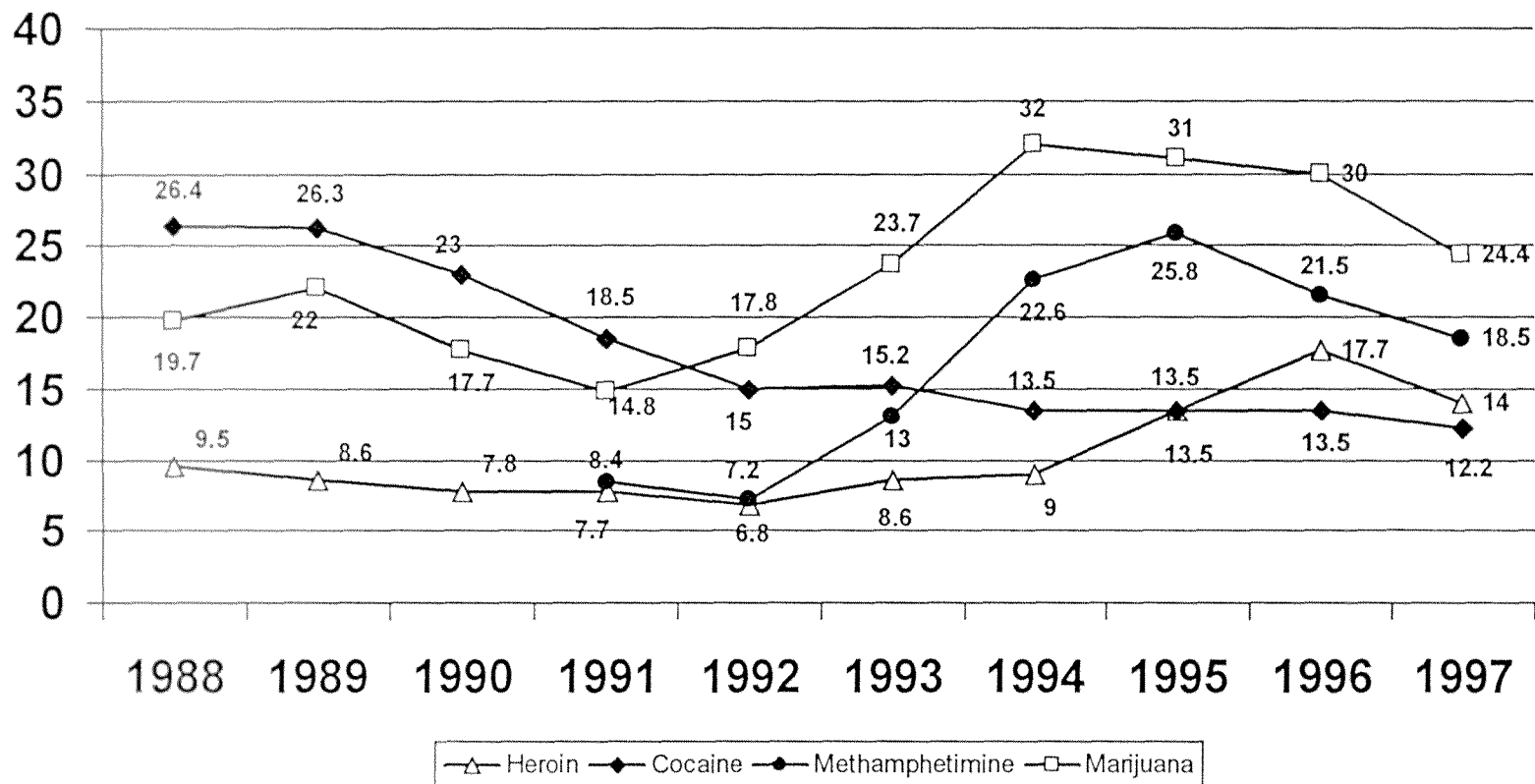


Exhibit 3
Annual ED mentions for cocaine
1989-1996

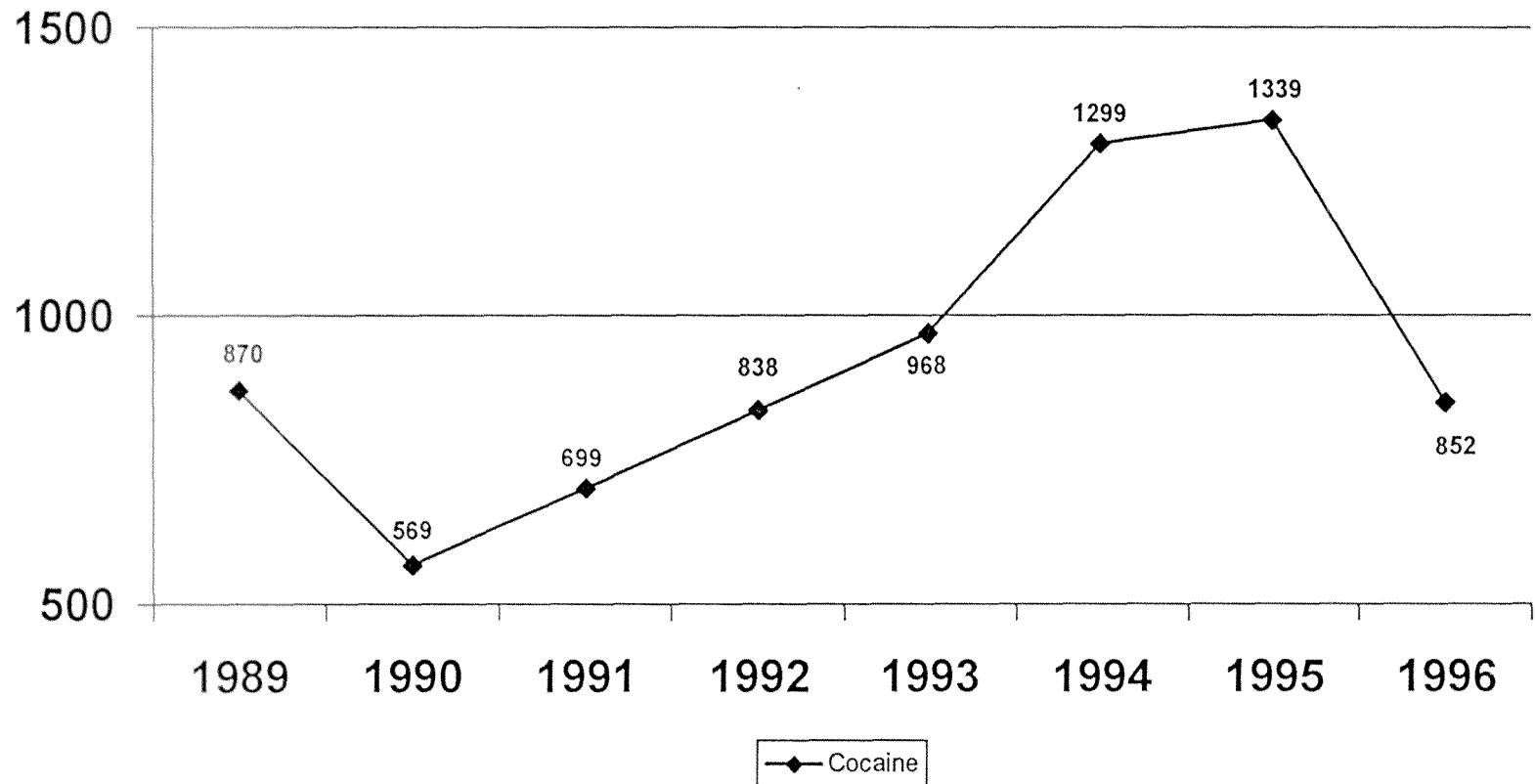


Exhibit 4
 Annual ED mentions
 for heroin, methamphetamine, and marijuana,
 1989-1996

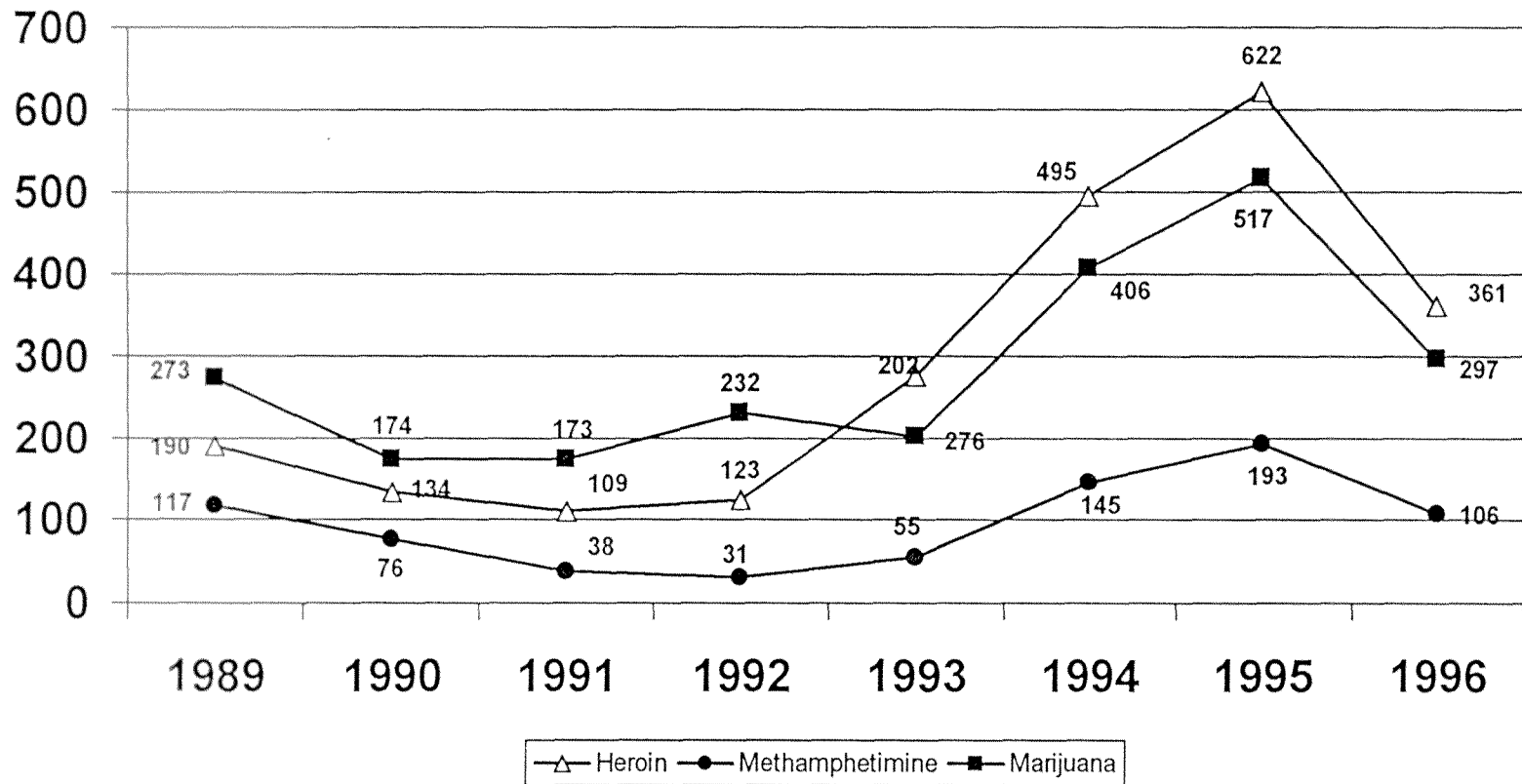
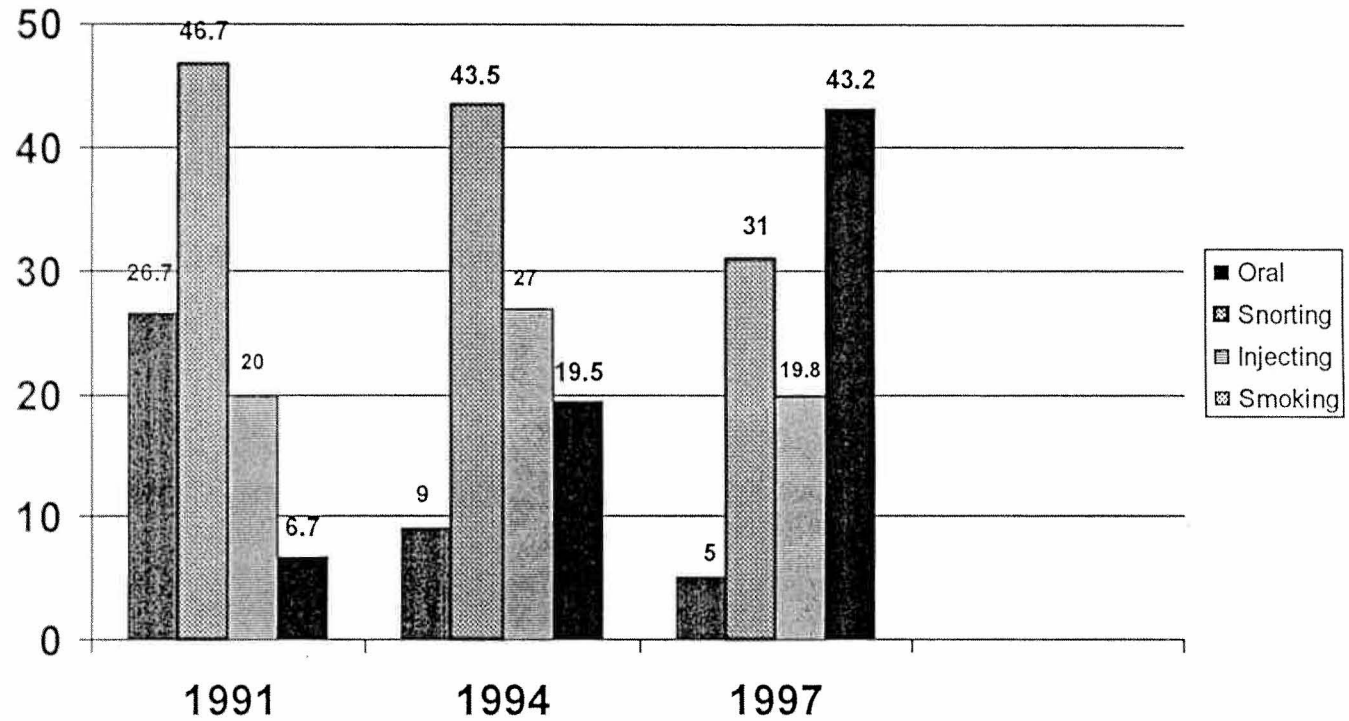


Exhibit 5

Proportions of methamphetamine treatment admissions entering treatment within 3 years of initial use by route of administration 1991, 1994 and 1997*

(* 1997 only includes data from January through April)



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EXHIBIT 6

DENVER
COLORADO CUMULATIVE AIDS CASES
BY DEMOGRAPHICS, MORTALITY STATUS, AND EXPOSURE CATEGORY
THROUGH SEPTEMBER 30, 1997

Demographic Characteristic	No.	(%)
Number of confirmed cases	6,019	(100)
Gender		
Male	5,638	(93.7)
Female	381	(6.3)
Race/ethnicity		
White	4,553	(71.7)
African-American	597	(9.9)
Hispanic	810	(13.4)
Asian	22	(.4)
Native American	37	(.6)
Age at diagnosis (years)		
<13	27	(.4)
13-19	26	(.4)
20-29	1,046	(17.3)
30-39	2,993	(49.7)
40-49	1,408	(23.4)
50+	519	(8.6)
Exposure category		
Men/sex/men	4,257	(70.7)
Injecting drug user (IDU)	494	(8.2)
MSM and IDU	643	(10.7)
Heterosexual contact	253	(4.2)
Other	172	(2.8)
Risk not identified	199	(3.3)

SOURCE: Colorado Department of Public Health and Environment