


HU 2/22.10/1998/6
C.1

COLORADO STATE PUBLICATIONS LIBRARY

3 1799 00113 2232

DRUG USE TRENDS IN DENVER AND COLORADO

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

UNIVERSITY OF COLORADO AT DENVER

JUNE 1998

DRUG USE TRENDS IN DENVER AND COLORADO

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

UNIVERSITY OF COLORADO AT DENVER

JUNE 1998

DRUG USE TRENDS IN DENVER AND COLORADO

Lee Hoffer, M.A.
University of Colorado at Denver

Bruce Mendelson, M.P.A.
Alcohol and Drug Abuse Division
Colorado Department of Human Services

Denver, Colorado

All indicators show steady increases in methamphetamine use in Denver from 1991 to 1997. In conjunction with this increase, smoking the drug is becoming increasingly popular, especially among new users. Women age 18 or younger are overrepresented in methamphetamine treatment indicators. Ethnographic research confirms the increased availability and popularity of the drug, while prices have remained stable. Anecdotally, crack use remains a serious problem in Denver. However, treatment indicators suggest declines in use. Field reports indicate that individuals are using both crack and methamphetamine, often concurrently or sequentially. The proportion of new heroin users entering treatment has steadily increased since 1992, while other indicators suggest the popularity of the drug is stable. Since 1992, the number of heroin users smoking the drug has also increased slightly. Field reports indicate that heroin price and purity levels have remained stable during this period. The proportion of new marijuana users entering treatment has shown a slight decline since 1994. Since 1991, however, users age 18 or younger have constituted a larger proportion of this group.

INTRODUCTION

1. Area Description

Denver, the capital 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 the west, and Douglas on the South. In recent years, Denver's surrounding counties have experienced rapid population growth. 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.

Several considerations may influence drug use in Denver and Colorado:

- The Denver metropolitan area is prospering economically. Denver's unemployment rate for February 1997 was 3.1 percent.
- Poverty levels are low in the area. While Denver's poverty rate is 17.7 percent, 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.

- The area's major international airport is nearly at the midpoint of the continental United States.
- Two major interstate highways intersect in Denver.
- Its remote rural areas are ideal for the undetected manufacture, cultivation, and transport of illicit drugs.
- A young citizenry is drawn to the recreational lifestyle available in Colorado.
- The large tourism industry draws millions of people to the State each year.
- Several major universities and small colleges are in the area.

2. Data Sources and Time Periods

Data presented in this report were collected and analyzed in May 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 Drug Enforcement Administration (DEA), Denver Division, for 1996 through March 1998. The arrest data provided have been subdivided by drug type and compared by fiscal year quarters.
- **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 1991-97. DACODS data are collected and analyzed by the Alcohol and Drug Abuse Division (ADAD), Colorado Department of Human Services.
- **Availability, price, and distribution data** are available from local DEA Denver Division officials for January through September 1997 and ethnographically from active drug users.
- **Death statistics** are available from the Health Statistics Division, Colorado Department of Public Health and Environment. Data are presented from 1990 through 1996. Data more recent than 1996 were unavailable at the writing of this report.
- **1995 ADAD Household Telephone Survey data** of 8,728 adult Colorado

residents age 18–52 are made available from Alcohol and Drug Abuse Division, Colorado Department of Human Services. The survey was conducted by the Survey Research Unit, Health Statistics Section, Colorado Department of Public Health and Environment. The survey timeframe was from September 1994 through June 1996.

- **Rocky Mountain Poison and Drug Center** data are presented for Colorado. The data represent number of calls to the center regarding "stimulant and street drugs" from 1994 through 1997.
- **Acquired immunodeficiency syndrome (AIDS) data** are available through March 31, 1998, from the Sexually Transmitted Disease Control Section, Colorado Department of Public Health and Environment.

DRUG ABUSE TRENDS

1. Cocaine and Crack

Data from the 1995 ADAD Household Telephone Survey report cocaine as the second most used and abused drug in the State. More than 14 percent of Colorado respondents ($n=8,729$) reported lifetime use of cocaine, and 2 percent reported cocaine use in the last 30 days.

Cocaine use remains a major concern throughout Denver and Colorado. In 1996, cocaine—including crack—accounted for the largest number of drug-related deaths in Colorado ($n=66$).

The proportion of cocaine treatment admissions has declined considerably since 1994 (exhibit 1). In 1994, admissions for primary cocaine abuse accounted for 40.5 percent of all drug abuse treatment admissions, compared with 32.2 percent in 1996. In 1997, only 28.4 percent of all admissions were for cocaine.

The gap between injecting and smoking percentages has been widening in recent

years (exhibit 2). In 1992, 57 percent of cocaine admissions reported smoking the drug while 18 percent injected. In 1995, 69.3 percent of cocaine admissions smoked while only 12.4 percent injected. The trend continues in 1997, with 66 percent of admissions smoking and 12.7 percent injecting.

Of the cocaine users entering treatment, the proportion of "new" cocaine users, defined as those admitted to treatment within 3 years of initial cocaine use, has declined since 1991 (exhibit 3). In 1996, 13.4 percent of cocaine treatment admissions were new users. In 1997, 11.8 percent of cocaine users entering treatment were new users. This decrease represents 175 fewer new users in 1 year. For comparative purposes, between 1995 and 1996 the number of new users increased by four.

A cross-sectional analysis of new user cocaine treatment admissions highlights increases in the proportion of those smoking cocaine and decreases in the proportion of injectors (exhibit 4). In

1991, 57 percent of new treatment admissions smoked the drug; in 1994, 68.6 percent smoked; and in 1997, the proportion was 65.7 percent. The same analysis demonstrated reductions in injecting among new users: 14.3 percent injected in 1991, 10.2 percent in 1994, and only 5.2 percent in 1997.

In 1996, whites accounted for the largest percentage of cocaine admissions (44.5 percent), but African-Americans were disproportionately represented (35.9 percent). Similar ethnic proportions in cocaine treatment admissions were reported in 1997 (46 percent white and 33.3 percent African-American). Likewise, age categories have not changed since 1996. In 1997, most cocaine admissions were male (57.7 percent) and older than 26 (92 percent).

Ethnographic reports indicate that within the last 4 years, cocaine hydrochloride (HCl) 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 cocaine HCl.

Street gangs dominate crack distribution networks in Denver. According to field reports, crack is often used with methamphetamine, and it appears some crack users have "crossed over" to methamphetamine use.

Although cocaine HCl prices have been challenging to gauge, ethnographic reports indicate that it sells on the street for \$200 per 1/8 ounce and \$900-\$1,300 per ounce. These prices are compatible with 1997

price estimates supplied by the Denver DEA: \$800-\$1,400 per ounce and \$80-\$100 per gram.

Cocaine-related arrest data, supplied by the DEA, Denver Division, indicate cocaine arrests increased between first quarter 1997 and first quarter 1998. In the first FY quarter (October-December) of 1997, the DEA reported 50 cocaine arrests in Denver, 4 in Colorado Springs, and 7 in Glenwood Springs, a mountain community 2 hours west of Denver). In the first quarter of 1998, the DEA reports 75 arrests in Denver, 5 in Colorado Springs, and 31 in Glenwood Springs.

2. Heroin

Any lifetime heroin use was reported by 1.2 percent of Coloradans surveyed in the 1995 ADAD Household Telephone Survey. This percentage is the same as reported in the National Household Survey on Drug Abuse (1995). Recent heroin use for the Colorado sample (0.6) is slightly higher than the national figure (0.2).

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. However, from 1995 to 1996 the proportion of heroin ED mentions attributed to "recreational use" increased from 19 to 29 percent.

Among treatment admissions in Colorado, the proportion and number of heroin admissions have remained stable since 1993

(exhibit 1). From 1993 to 1997, admissions for heroin use have accounted for between 9.8 and 11.8 percent of all drug abuse treatment admissions in the State.

Despite static totals, the proportion and number of new heroin users entering treatment has increased in recent years, from 8.9 percent in 1994 to 13.5 percent in 1995, 17.7 percent in 1996, and 16.1 percent in 1997 (exhibit 3). Heroin smoking is also becoming more common. In 1992, only 0.3 percent of treatment admissions reportedly smoked heroin, compared with 3.1 percent in 1996 and 3.5 percent in 1997. Both trends will need to be closely monitored.

Although difficult to verify, anecdotal reports suggest an increased number of college students are using heroin. Furthermore, smoking heroin enables users to avoid the stigma and health risks associated with injecting. These findings suggest that in the future heroin might attract more new users.

In Denver, Mexican black tar is the exclusive type of heroin sold on the streets. Heroin street sales continue to be dominated by Mexican nationals. Ethnographic interviews with heroin dealers indicate that most of the heroin comes directly from Mexico via California. The heroin is cut (mixed with other substances) before it reaches Denver. Users report that most street heroin is generally similar in quality regardless of the particular dealer.

Heroin prices have remained stable in the last 3 years. The smallest unit of street

heroin is a pill that sells for \$15-\$20, and a gram of black tar heroin will typically break into 9-12 pills. Prices are \$30-\$35 per 1/4 gram, \$60-\$75 per 1/2 gram, and \$120-\$140 per gram. Local dealers purchase ounces of heroin from their connections for \$1,500. Local DEA "controlled buy" data confirm these prices, with a gram of heroin selling for \$60-\$120 and an ounce for \$1,500-\$2,500.

Outside Denver, heroin prices increase. DEA data indicate 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 of users from other areas of Colorado traveling to Denver to purchase heroin.

Black tar heroin averaged 32 percent pure, based on 30 controlled 1-gram purchases by the Denver DEA in January through September 1997. Demonstrating the range of purity levels, the 10 samples purchased during second quarter 1997 varied in purity from 65 percent to 17 percent.

Heroin arrests decreased in Colorado from 1996 to 1997. In 1996, there were 63 reported arrests in Denver, 3 in Colorado Springs, and none in Glenwood Springs. In 1997, the DEA reported 42 heroin arrests in Denver, 1 in Colorado Springs, and 1 in Glenwood Springs.

3. Marijuana

According to the 1995 ADAD Household Telephone Survey, marijuana is the most used and abused drug of Colorado residents age 18-52; 5 percent of respondents

reported marijuana use in the last 30 days, and 1 percent reported current abuse or dependence on the drug. Furthermore, in comparing the National Household Survey on Drug Abuse (1995) with Colorado data, the 18–25 age group had a much greater percentage of recent use in Colorado (20.5 percent) compared with the national average (12 percent).

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 based on the increase in the number of users in treatment during the same time frame. In 1995, ED mentions increased to 517. Curiously, however, from 1995 to 1996, the number of ED mentions decreased sharply ($n=297$).

Treatment data indicate an increase in marijuana admissions. Marijuana users have accounted for the largest proportion of all Colorado drug treatment clients since 1995 (exhibit 1). This trend continued in 1997, with marijuana admissions accounting for 39.7 percent of all admissions to treatment. These increases may be partly related to user accounts of increased drug potency.

After 4 years of increases in the proportion of marijuana treatment admissions, from

1996 to 1997 the proportion of new users entering treatment for marijuana use decreased—from 30.4 percent of all marijuana admissions to 26.3 percent (exhibit 3).

A cross-sectional analysis of new marijuana treatment admissions during 1991, 1994, and 1997 demonstrates variation in the proportion of users entering treatment since 1991. This population accounted for 14.8 percent of admissions in 1991 ($n=304$), 32.1 percent in 1994 ($n=1,200$), and 26.3 percent in 1997 ($n=1,058$).

In 1997, the demographic characteristics of marijuana users in treatment remained the same as in recent years. Most marijuana users entering treatment are white (60 percent) and male (72 percent). The average age at first use of the marijuana is 14–6 years younger than for any other drug of abuse.

Ethnographic interviews with marijuana users indicate that both the price and purity of marijuana have increased drastically within the past few years. User-elicited prices are \$20–\$60 per 1/4 ounce, \$100–\$600 per ounce, and \$700–\$5,000 per pound (a pound averages \$1,500). The Denver DEA reports pound prices of \$800–\$1,200 for commercial grade marijuana, and \$1,500–\$3,200 for sinsemilla. Unlike heroin prices, marijuana prices are not inflated in other parts of Colorado compared with Denver.

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.

Marijuana arrest data, supplied by the DEA, show the number of arrests remained level for 1996 and 1997. In 1996, there were 79 reported arrests in Denver, 37 in Colorado Springs, and 13 in Glenwood Springs. In 1997, the DEA reported 74 arrests in Denver, 42 in Colorado Springs, and 59 in Glenwood Springs. The sharp increase in marijuana arrests in Glenwood Springs is currently unexplained.

4. Stimulants

Nonmedical stimulant use rates in Colorado reported in the 1995 ADAD Household Telephone Survey were greater than those reported in the National Household Survey on Drug Abuse (1995). Nationally, 4.9 percent of respondents reported any lifetime nonmedical stimulant use, compared with 10.4 percent in Colorado.

Indicator data show that methamphetamine use has been increasing in Denver at an alarming rate since 1991. Recent ethnographic research confirms this trend.

Methamphetamine ED mentions in Denver increased from 31 in 1992 to 193 in 1995. In 1996, 106 ED mentions were recorded for methamphetamine. Amphetamine-related calls (in the stimulant and street drug category) to the Rocky Mountain Poison and Drug Center have increased (exhibit 5). In 1994, 36 percent of calls in this category concerned amphetamines, compared with 47 percent in 1997. During this same timeframe, the number of calls

concerning heroin, cocaine, marijuana, and LSD has remained level.

Methamphetamine treatment admissions more than quadrupled between 1991 and 1997 (exhibit 1). In 1991, primary methamphetamine use accounted for only 2.9 percent of total treatment admissions, compared with 15.6 percent in 1997.

In 1991, 8.3 percent of primary methamphetamine users entering treatment were new users (exhibit 3). By 1995, new users accounted for 25.8 percent of primary methamphetamine treatment admissions. In 1997, new users accounted for 25.1 percent of admissions. Thus, in 1997 one in every four users entering treatment for methamphetamines in Colorado began using in the last 3 years.

While injecting remained the most common route of methamphetamine administration in 1997 (35.8 percent), smoking has become increasingly common in the last 6 years (exhibit 6). In 1997, 26 percent of methamphetamine treatment admissions smoked the drug, compared with only 2.6 percent in 1992.

A 1991, 1994, and 1997 cross-sectional analysis of new methamphetamine treatment admissions confirms the trend in increased smoking (exhibit 7). In 1991, 6.7 percent of new admissions smoked the drug; this percentage increased to 19.5 percent in 1994, and then to 34.2 percent in 1997.

Methamphetamine users in Denver are distinguished largely 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.

Methamphetamine treatment admissions in 1997 were predominately white (88 percent), male (52 percent), and nearly 39 percent were age 25 or younger. However, among users in the 18-or-younger age group, 82 percent were female. Additionally, 59 percent of new users in 1997 were female. These trends are alarming and will need to be closely monitored.

Recent ethnographic research in Denver has uncovered a number of "recipes," or different types of methamphetamine. Due to more relaxed chemical regulation laws, high-quality crystal methamphetamine coming to Denver is originating in Mexico and California. Local production has increased due to scarcity and recent popularity. This lower purity form of methamphetamine is called "crank." Additionally, while methamphetamine use has increased in recent years, research indicates a segment of users in Denver who have been using the drug since the 1960s.

Methamphetamine is sold in various units in both rock and powder forms. Street prices are \$25 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 1/4 gram at a time.

Methamphetamine-related arrest data were not available from the DEA at the time of this report.

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

Of the 6,172 AIDS cases reported in Colorado through March 31, 1998, 8.3 percent were classified as IDUs, and 10.8

percent were classified as homosexual or bisexual males and IDUs (exhibit 8).

EXHIBIT 1

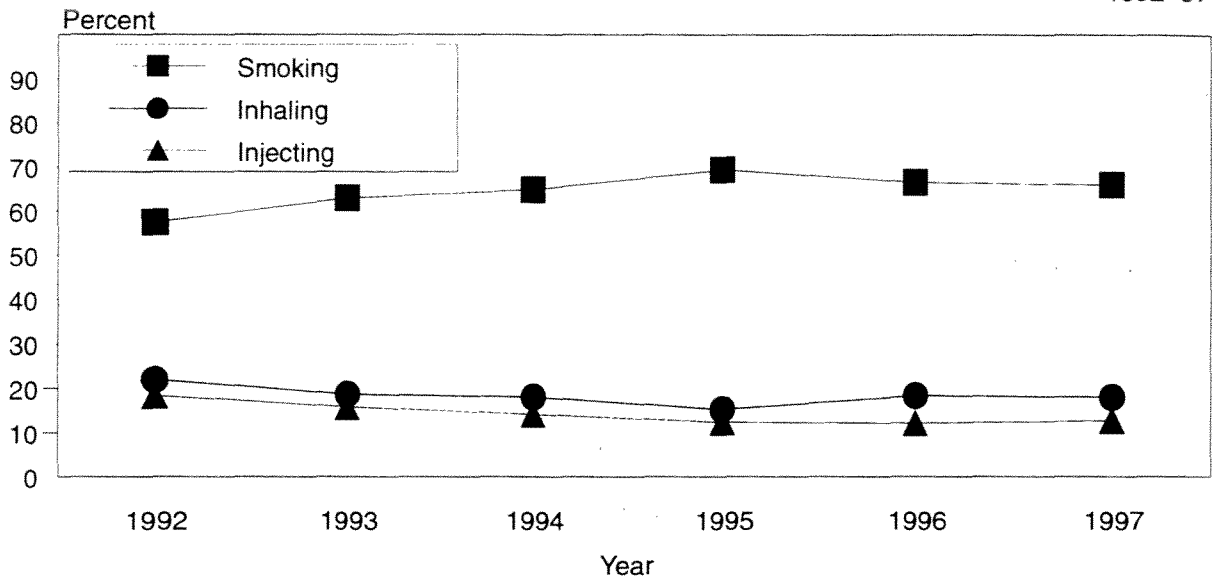
DENVER
 PERCENTAGE OF DRUG TREATMENT ADMISSIONS
 BY PRIMARY DRUG OF ABUSE
 1991-97

Primary Substance	Year						
	1991	1992	1993	1994	1995	1996	1997
Heroin	15.8	13.9	11.8	10.3	11.5	10.8	9.8
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	.1
Methamphetamine	2.9	4.3	4.7	8.0	11.7	9.4	15.6
Cocaine	37.8	42.1	42.6	40.5	32.6	32.2	28.4
Marijuana	33.9	29.8	32.0	33.9	36.9	41.1	39.7
Barbiturates	.3	.1	.2	.2	.1	.1	.2
Sedatives	.2	.1	.1	.1	.2	.1	.2
Tranquilizers	.7	.8	1.0	.7	.7	.8	.9
Hallucinogens	1.0	1.4	1.0	.7	.7	.8	.7
Inhalants	2.4	2.1	2.2	1.3	1.4	1.0	.9
PCP	.1	0.0	.1	.1	.1	0.0	0.0
Other	.2	.3	.1	.2	.2	.6	.5
(Total N)	(6,292)	(8,137)	(10,085)	(11,400)	(11,992)	(12,267)	(10,586)

SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 2

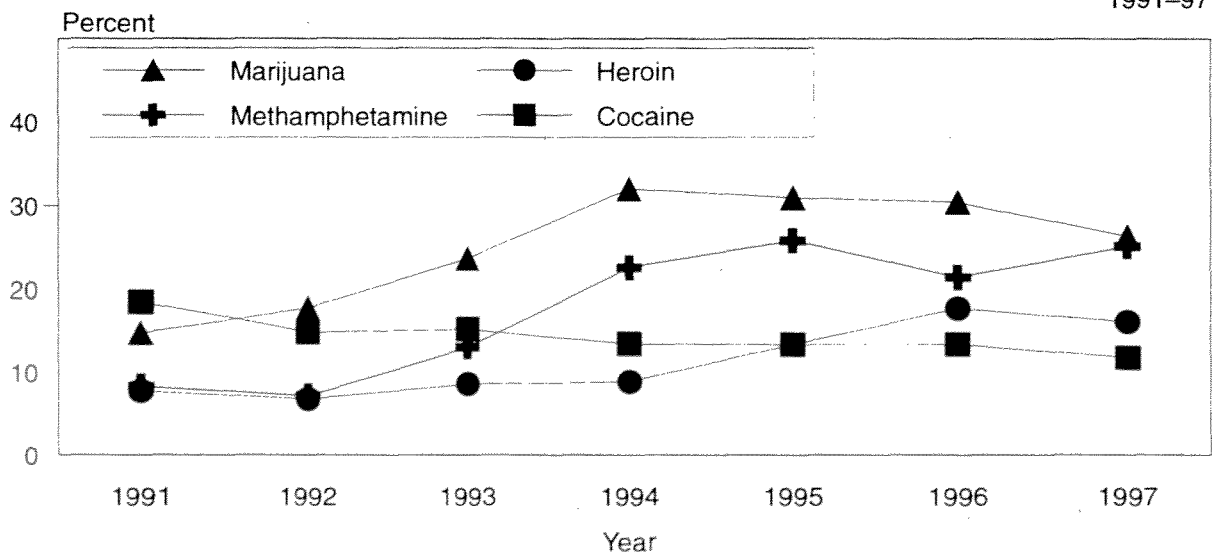
DENVER
 PERCENTAGE OF COCAINE TREATMENT ADMISSIONS
 BY ROUTE OF ADMINISTRATION
 1992-97



SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 3

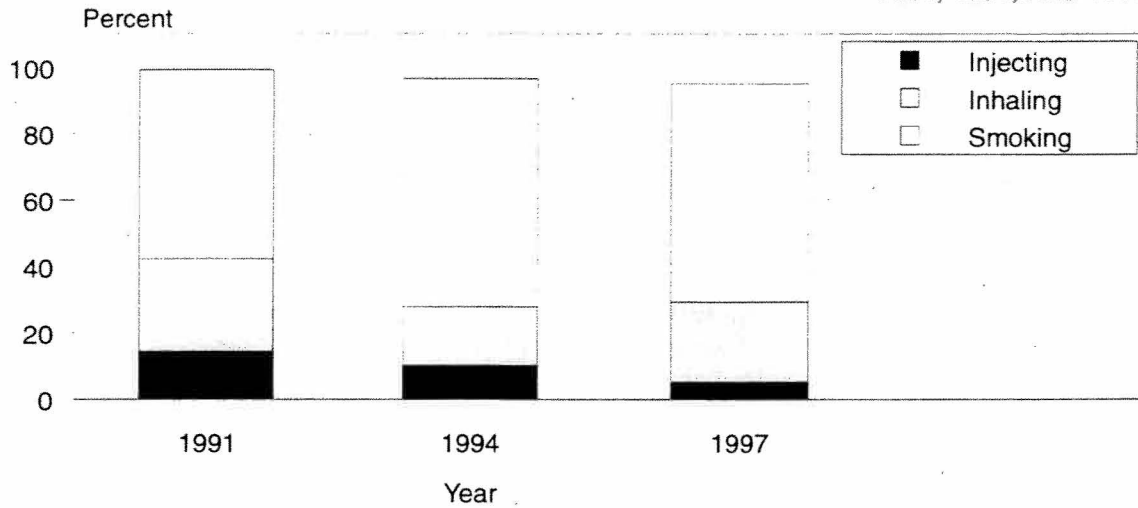
DENVER
 ANNUAL PERCENTAGES OF HEROIN, METHAMPHETAMINE,
 MARIJUANA, AND COCAINE USERS ENTERING TREATMENT
 WITHIN 3 YEARS OF INITIAL USE
 1991-97



SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 4

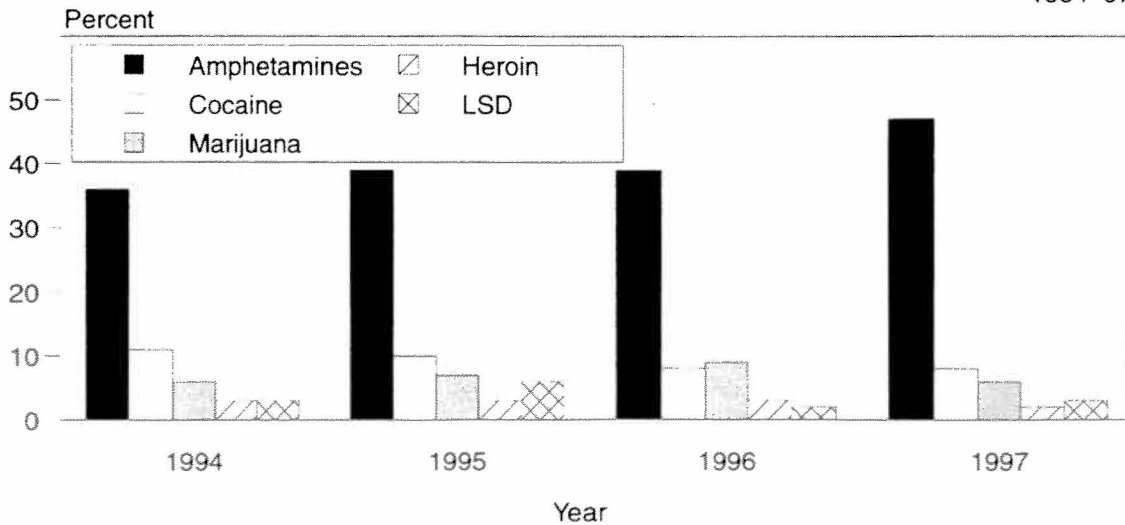
DENVER
 PERCENTAGE OF COCAINE USERS ENTERING TREATMENT
 WITHIN 3 YEARS OF INITIAL USE BY ROUTE OF ADMINISTRATION
 1991, 1994, AND 1997



SOURCE: Colorado Drug/Alcohol Coordinated Data System

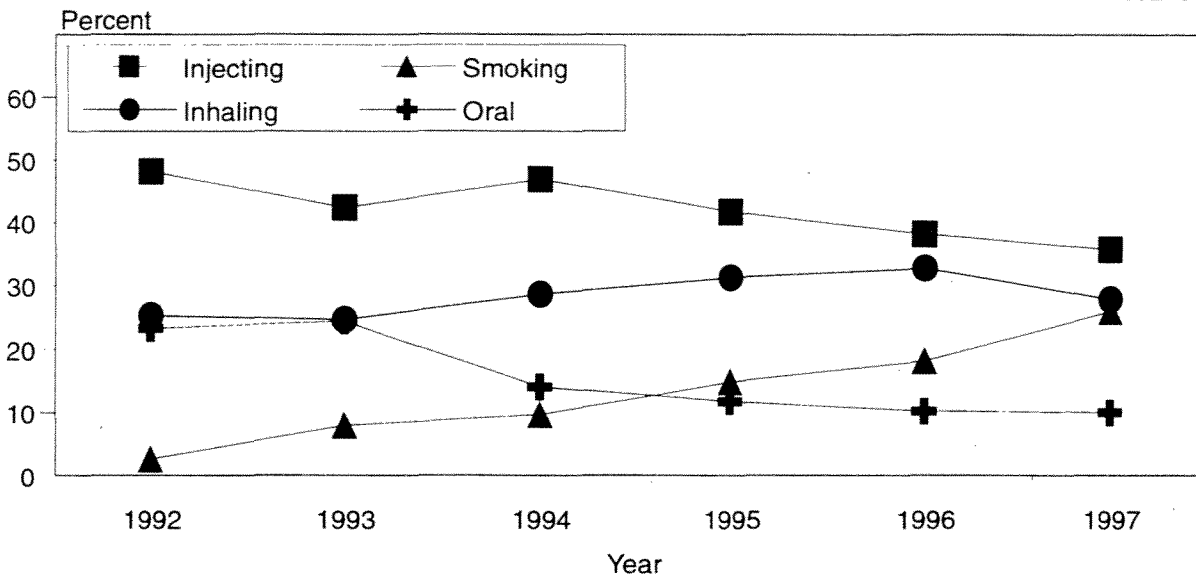
EXHIBIT 5

DENVER
 PERCENTAGES OF POISON CONTROL CALLS
 FOR "STIMULANTS AND STREET DRUGS"
 1994-97



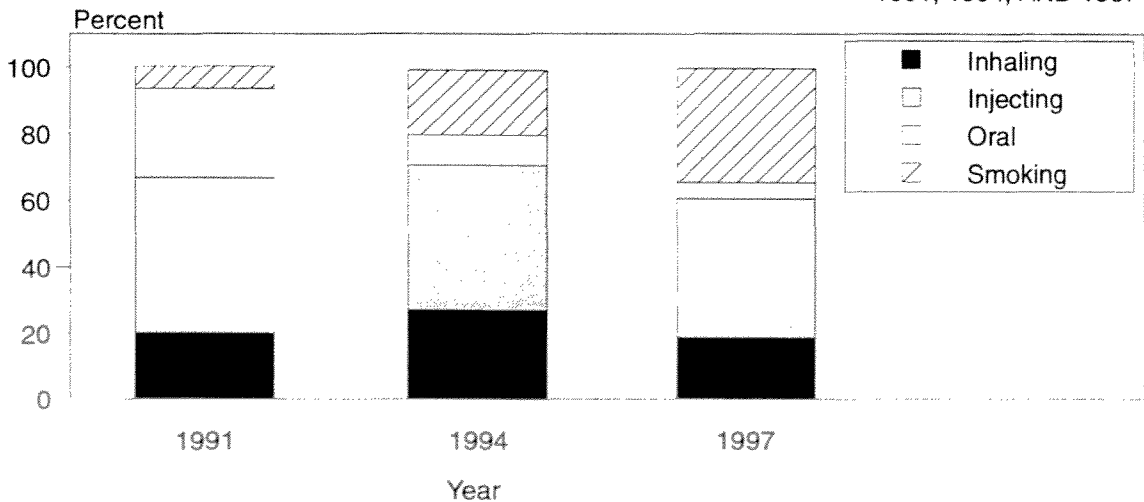
SOURCE: Rocky Mountain Poison and Drug Control Center

EXHIBIT 6
 DENVER
 PERCENTAGE OF METHAMPHETAMINE USERS
 ENTERING TREATMENT BY ROUTE OF ADMINISTRATION
 1992-97



SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 7
 DENVER
 PERCENTAGE OF METHAMPHETAMINE USERS ENTERING TREATMENT
 WITHIN 3 YEARS OF INITIAL USE BY ROUTE OF ADMINISTRATION
 1991, 1994, AND 1997



SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 8

DENVER
 COLORADO CUMULATIVE AIDS CASES
 BY DEMOGRAPHICS AND EXPOSURE CATEGORY
 THROUGH MARCH 31, 1998

Number of confirmed cases	6,172	(100)
Gender		
Male	5,771	(93.5)
Female	401	(6.5)
Race/ethnicity		
White	4,645	(75.3)
African-American	626	(10.1)
Hispanic	840	(13.6)
Asian	23	(.4)
Native American	38	(.6)
Age at diagnosis (years)		
<13	27	(.4)
13-19	26	(.4)
20-29	1,069	(17.3)
30-39	3,064	(49.6)
40-49	1,448	(23.5)
50+	539	(8.7)
Exposure category		
Men/sex/men	4,340	(70.3)
Injecting drug user (IDU)	514	(8.3)
MSM and IDU	664	(10.8)
Heterosexual contact	269	(4.4)
Other	175	(2.8)
Risk not identified	210	(3.4)

SOURCE: Colorado Department of Public Health and Environment