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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

URBAN LINKS

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DRUG USE TRENDS IN DENVER AND COLORADO

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

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

Denver, Colorado

All methamphetamine indicators continue to support increases in use, and smoking the drug continues to grow in popularity, especially among new users. Ethnographic research confirms these trends. In 1997, the overall number of users entering treatment for heroin declined. However, the proportion of new heroin users entering treatment has increased steadily since 1992. Crack use remains a serious problem in Denver. However, all treatment indicators continue to suggest declines since 1993. Additionally, from 1992 to 1997, the number of treatment admissions who injected cocaine decreased by 21 percent. Marijuana treatment indicators highlight increases. Since 1991, users age 18 or younger have constituted a larger proportion of this group. Between 1997 and 1998, the calls to Colorado's poison center concerning gamma-hydroxybutyrate (GHB) have increased sharply. While data on the drug are limited, this year Boulder police issued a community warning on GHB in May, and in November the University of Colorado at Boulder warned students about the drug.

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 to the southeast, Adams to the northeast, Jefferson to the west, and Douglas to the south. In recent years, Denver's surrounding counties have experienced rapid population growth. Since the 1990 census, Colorado has been one of the 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.
- The area's major international airport is nearly at the midpoint of the continental United States.
- Major north-south and east-west interstate highways intersect in Denver.

- A young citizenry is drawn to the recreational lifestyle available in Colorado.
- 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 December 1998. 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. Researchers and street outreach workers at Urban Links, University of Colorado at Denver, provided additional street-based information.
- **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 1992-97; 1998 data through June are compared with first-half-year data for 1997. 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 Drug Enforcement Administration (DEA) Denver Division officials for January through March 1998 and ethnographically from active drug users. Additionally, DEA's Domestic Monitor Program (DMP) data are presented for 1998 (through June).
- **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. In 1995, 60.5 percent of Colorado's population was within this age range. The survey timeframe was from September 1994 through June 1996.
- **Rocky Mountain Poison and Drug Center data** for 1998 are presented for Colorado.
- **Media reports** were collected from the following local newspapers: *The Rocky Mountain News*, *The Denver Post*, *The Colorado Daily*, *The Boulder Daily Camera*, and *The Boulder Weekly*.
- **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 (exhibit 1). The National Household Survey on Drug Abuse conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1995 reported lifetime use of 10.3 percent.

Cocaine use remains a major concern throughout Denver and Colorado.

However, the proportion and number of cocaine treatment admissions has declined considerably since 1994 (exhibit 2).

Primary cocaine admissions accounted for 40.5 percent of all drug abuse treatment admissions in 1994, but only 28.4 percent in 1997. Cocaine admissions declined by 31.2 percent from 1996 to 1997, and by 27.6 percent and between the first halves of 1997 and 1998.

Of the cocaine users entering treatment, the proportion of new cocaine users—those admitted to treatment within 3 years of initial cocaine use—has declined since 1991 (exhibit 3). New users accounted for 13.4 percent of cocaine treatment admissions in 1996 and 11.8 percent in 1997. This decrease represents 175 fewer new users in 1 year. Between the first halves of 1997 and 1998, admissions for new users of cocaine declined by 49.4 percent.

Street gangs have dominated crack distribution networks in Denver.

Anecdotal information from users during the last 4 years has strongly suggested that cocaine hydrochloride (HCl) has become increasingly difficult to acquire. Even when working for crack dealers, users often cannot acquire cocaine HCl.

Treatment admission data suggest injecting is becoming less common among cocaine users. In 1992, 18 percent of cocaine admissions reported injecting the drug. In 1997, 12.7 percent of admissions injected. Cocaine injection declined by 55.4 percent between the first halves of 1997 and 1998. Anecdotal reports that users are "un-rocking" crack in order to inject it have been difficult to confirm.

In 1997, whites accounted for the largest percentage of cocaine admissions (46.0 percent), compared with 33.3 percent for African-Americans. Most cocaine admissions were male (57.7 percent) and older than 26 (92 percent). This demographic profile remained stable in the first 6 months of 1998. However, the 1995 ADAD Household Telephone Survey found that recent cocaine use in Colorado was greater for females (2.4 percent) than males (1.3 percent) (exhibit 4). These figures are a mirror image of gender differences in recent use found in the 1995 National Household Survey on Drug Abuse (2.3 percent for males and 1.2 percent for females).

Gauging cocaine HCl prices has been challenging. Ethnographic reports indicate that cocaine sells on the street for \$200 per 1/8 ounce and \$900-\$1,300 per ounce. These prices are compatible with most recent (1997) price estimates supplied by the Denver DEA: \$800-\$1,400 per ounce and \$80-\$100 per gram.

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 1995 National Household Survey on Drug Abuse.

Among Colorado treatment admissions, the proportion of heroin admissions has remained stable since 1993 (exhibit 2). From 1993 to 1997, heroin admissions have accounted for 9.8-11.8 percent of all drug abuse treatment admissions in the State. Between 1996 and 1997, however, the overall number of heroin treatment admissions declined by 28 percent.

Treatment data regarding new heroin users are mixed. The proportion of new heroin users entering treatment has increased in recent years, from 8.9 percent in 1994 to 16.1 percent in 1997 (exhibit 3). But the number of new heroin users may have peaked. In 1996, 22.2 percent more new users were in treatment than in 1995 (exhibit 5.) In 1997, however, the number of new heroin users in treatment dropped by 42.2 percent. Between the first halves of 1997 and 1998, the number of new users remained the same.

In Denver, Mexican black tar is the exclusive type of heroin sold on the streets, and Mexican nationals continue to dominate street sales. Ethnographic interviews with heroin dealers indicate that most heroin in Denver comes from Mexico, either directly or via California. The heroin is cut (mixed with other substances) before reaching 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 heroin will break into 8-12 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.

Based on 10 purchases by the Denver DEA from January through March 1998, black tar heroin averaged 21.8 percent pure, 8 percentage points down from the same period in 1997. Demonstrating the range of purity, the 10 samples purchased varied from 50 percent to 4.4 percent pure. The DEA's Domestic Monitor Program reports heroin purity in Denver at 33.6 percent, based on data collected from January through June 1998.

3. Marijuana

According to the 1995 ADAD Household Telephone Survey, marijuana is the most used and abused drug of Colorado residents age 18-52. Colorado's lifetime use

percentage is higher than the 1995 national level (exhibit 1). Furthermore, a comparison of the 1995 National Household Survey on Drug Abuse with Colorado data, reveals that the 18–25 age group had a much higher 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. Users rarely report a problem with availability.

Treatment data indicate that marijuana admissions are increasing. Overtaking cocaine admissions in 1995, marijuana admissions have accounted for the largest proportion of all Colorado drug treatment clients (exhibit 2). From 1995 to 1996, the number of marijuana treatment admissions increased exponentially, from 12 to 24 percent annually. This streak of increases ended with a 19.7-percent drop in admission in 1997.

After increasing from 1992 to 1994, the percentage of new marijuana treatment admissions declined slightly from 1994 to 1996; between 1996 and 1997, it declined further, from 30.4 to 26.3 percent of all marijuana admissions (exhibit 3). The number of new marijuana admissions also decreased (by 40.7 percent) from 1996 to 1997 (exhibit 5). The number of new users remained the same between the first halves of 1997 and 1998.

The demographic characteristics of marijuana users have remained the same in

1998 as in recent years. Most marijuana users entering treatment are white (60 percent) and male (72 percent). The average age at first use 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 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 most recent (1997) Denver DEA report recorded pound prices of \$800–\$1,200 for commercial grade marijuana, and \$1,500–\$3,200 for sinsemilla.

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.

4. Stimulants

Colorado's rates of lifetime nonmedical stimulant use reported in the 1995 ADAD Household Telephone Survey were greater than those reported in the 1995 National Household Survey on Drug Abuse. Nationally, 4.9 percent of respondents reported any lifetime nonmedical stimulant use, compared with 10.4 percent in Colorado (exhibit 1).

Indicators show that methamphetamine use has been increasing in Denver at an alarming rate since 1991. Recent

ethnographic research also confirms this trend.

Amphetamine-related calls to the Rocky Mountain Poison and Drug Center have increased. In 1994, 36 percent of calls concerned amphetamines, compared with 47 percent in 1997. During this same timeframe, the number of calls concerning heroin, cocaine, marijuana, and lysergic acid diethylamide (LSD) has remained level.

From 1992 to 1997, the number of methamphetamine treatment admissions in Colorado has increased by 371 percent—from 351 users to 1,654 users. In 1991, primary methamphetamine use accounted for only 2.9 percent of total treatment admissions, compared with 15.6 percent in 1997. Between the first halves of 1997 and 1998, admissions rose by 37 percent, representing 357 more admissions.

In 1992, 7.2 percent of primary methamphetamine users entering treatment were new users (exhibit 3). New users accounted for 25.8 percent of methamphetamine admissions in 1995 and 25.1 percent in 1997. In the first half of 1998, new users were more than twice as numerous (51 percent) as in the same period of 1997.

While injecting remained the most common route of methamphetamine administration in 1997 (35.8 percent), smoking has become increasingly common in the last 5 years (exhibit 6). The number of treatment clients who smoke the drug increased by more than 3,000 percent, from 12 in 1992 to 377 in 1997. First-half 1998 data

suggest a continued decline in injecting, with the percentage of clients who inject dropping below the percentage of those who inhale.

The proportion of methamphetamine treatment clients who reported using the drug for 9 days or more in the 30 days prior to entering treatment increased from 57.5 percent in 1994 to 73.0 percent in 1996 (exhibit 7). The level declined to 63.0 percent in 1997. Heroin, cocaine, and marijuana consumption patterns remained stable during the same timeframe.

Methamphetamine treatment admissions in 1997 were predominately white (88 percent) and 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 originates 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 that some Denverites 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.

Law enforcement officials have seized several large quantities of methamphetamine in 1998. In October, 52 pounds of methamphetamine was seized in Denver. The newspaper article reporting this event also mentioned that from July through August 1998, 39,153 grams of methamphetamine were seized in Denver alone. During the same period of 1997, only 6,000 grams were seized. In Thornton (a working class suburb of Denver), 40 pounds of methamphetamine was seized this year as well.

5. Gamma-hydroxybutyrate (GHB)

GHB is a colorless and tasteless liquid that acts on the central nervous system, producing a euphoric effect similar to several glasses of alcohol. In 1997, approximately 12 calls to Colorado's Rocky Mountain Poison and Drug Center concerned GHB. The number of calls rose to 36 in 1998 (through November). The majority of GHB calls were from young people who used the drug with alcohol (a particularly dangerous chemical combination) or used too much (GHB dose amounts and potency are highly variable). To date, no GHB-related fatalities have been reported. Colorado does not currently have a law making the possession of GHB illegal.

In January 1998, the first GHB overdoses were reported at Boulder Community Hospital. Boulder police issued a community warning about the drug in May, and confirmed the first use of GHB in a "date rape" in July. In November, the University of Colorado (Boulder) Health Center warned students about the drug.

Information about GHB use is limited. An article by Stephanie Nicholson in the November 12-18 *Boulder Weekly* gives the most detailed accounts of GHB use in Colorado to date. The drug may have been in Colorado for the past few years among groups of longtime drug users. However, recreational GHB use has become more prevalent in 1998. Beyond its reputation and use as a date-rape drug, GHB is reportedly used to enhance the effects of alcohol, build muscle, and self-medicate for depression. The drug's harmful interaction with alcohol is often disregarded.

Anecdotal reports suggest that daily GHB users tend to be in their teens and early twenties. During parties, GHB is used along with marijuana, LSD, and methylenedioxymethamphetamine (MDMA or "ecstasy"). However, alcohol is the most common drug for use with GHB.

In Colorado, GHB is primarily manufactured locally through Internet and other accessible recipes. The drug reportedly sells for \$100 per liter. Bottle-cap units are also sold for \$10 per 2½- cap hit. During parties, however, GHB is often given away.

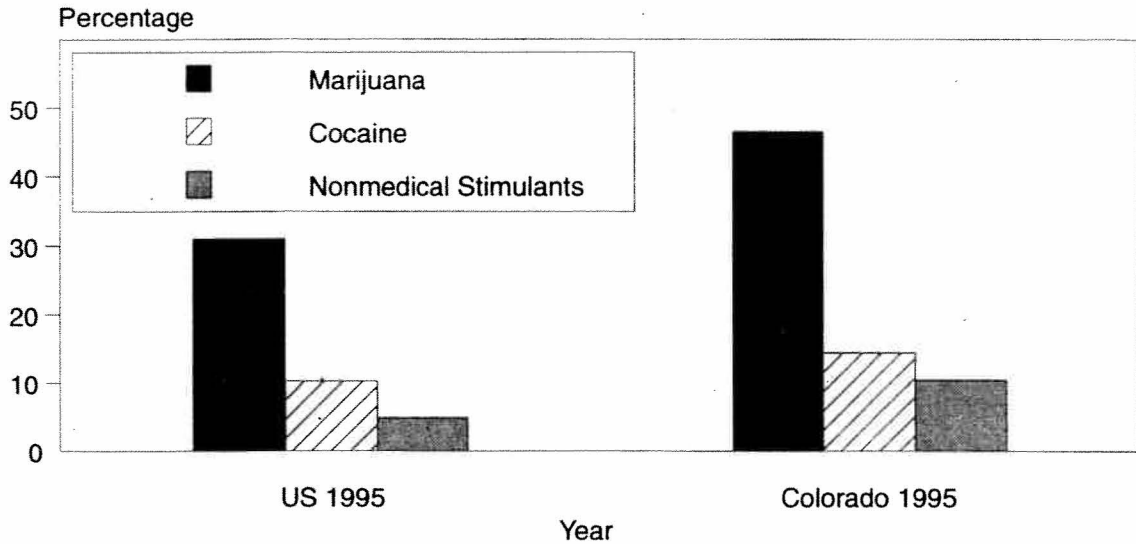
**ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
AMONG INJECTING DRUG USERS (IDUs)**

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

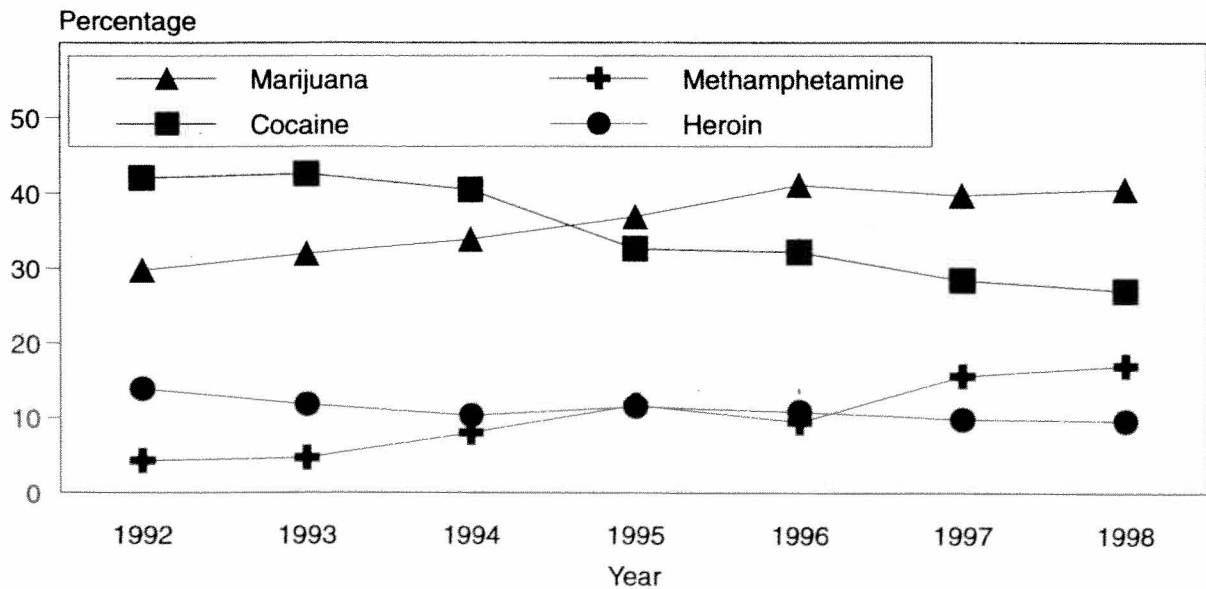
DENVER
 PERCENTAGE OF COLORADO AND U.S. SURVEY RESPONDENTS REPORTING ANY
 LIFETIME MARIJUANA, COCAINE, AND STIMULANT USE
 1995



SOURCES: ADAD Household Telephone Survey, Colorado Department of Human Services; SAMHSA, National Household Survey on Drug Abuse

EXHIBIT 2

DENVER
 ANNUAL PERCENTAGE OF PRIMARY HEROIN, METHAMPHETAMINE,
 MARIJUANA, AND COCAINE TREATMENT ADMISSIONS
 1992-98*

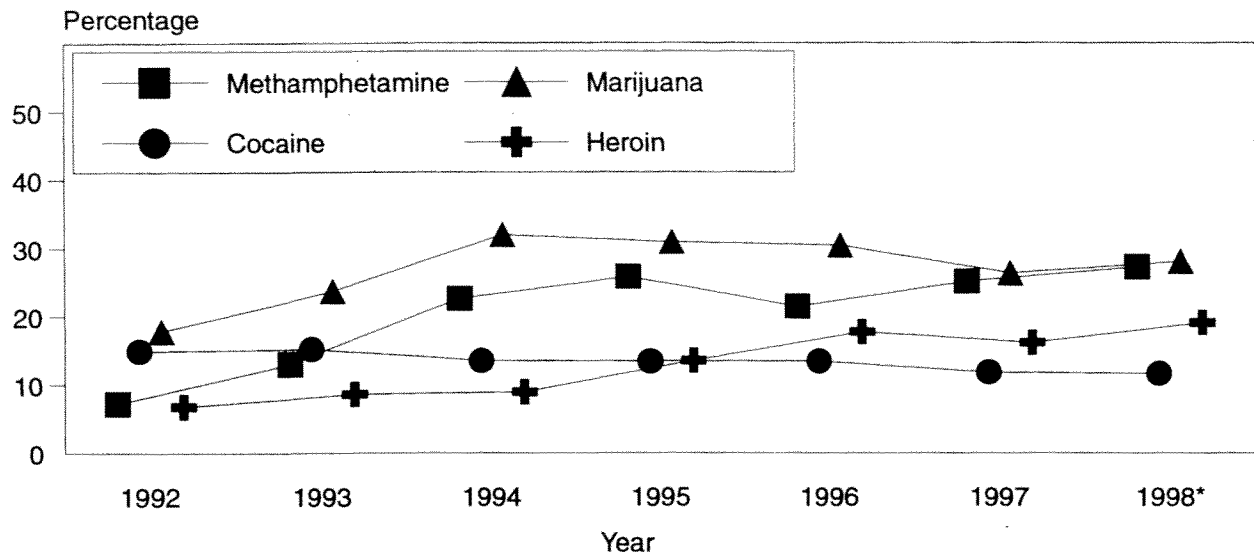


*Data for 1998 are through June.

SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 3

DENVER
ANNUAL PERCENTAGE OF HEROIN, METHAMPHETAMINE, MARIJUANA, AND
COCAINE USERS ENTERING TREATMENT WITHIN 3 YEARS OF INITIAL USE
1992-98*

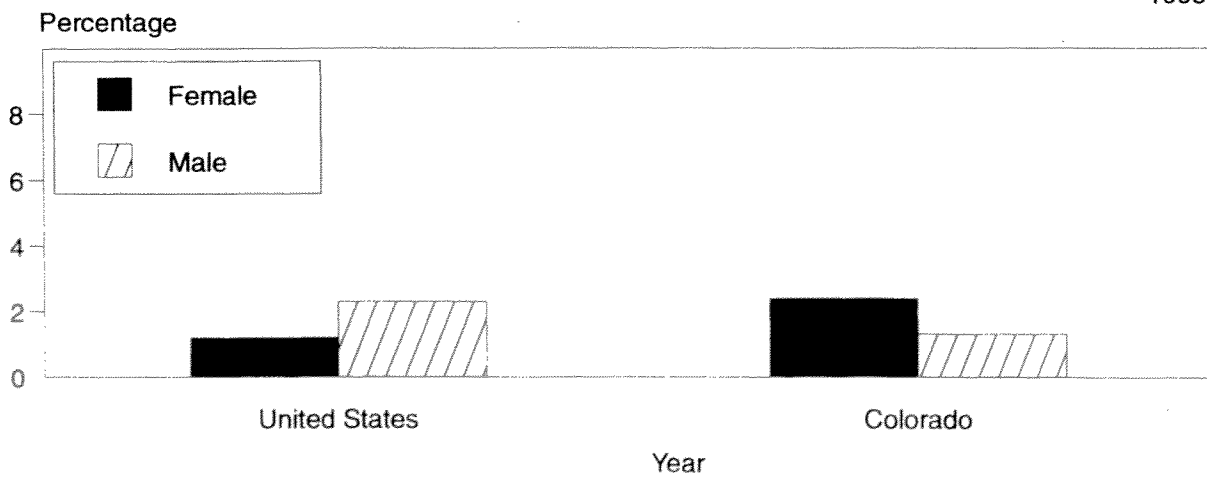


* Data for 1998 are through June.

SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 4

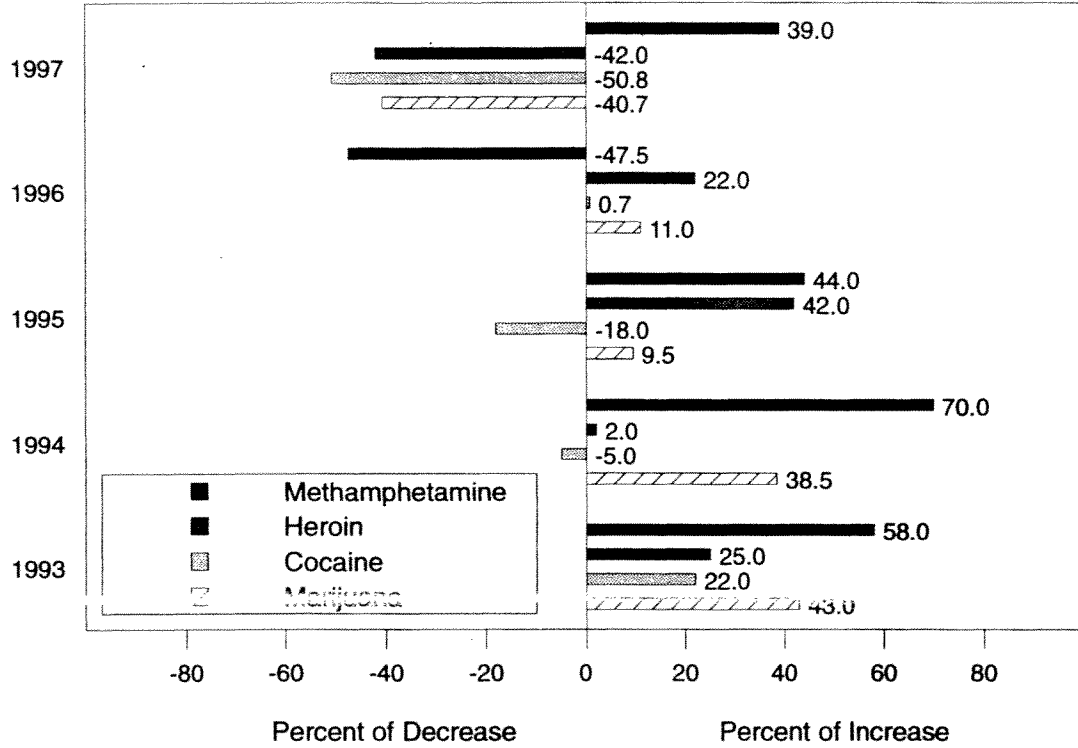
DENVER
PERCENTAGE OF COLORADO AND U.S. SURVEY RESPONDENTS REPORTING
COCAINE USE BY GENDER
1995



SOURCES: ADAD Household Telephone Survey, Colorado Department of Human Services; SAMHSA, National Household Survey on Drug Abuse

EXHIBIT 5

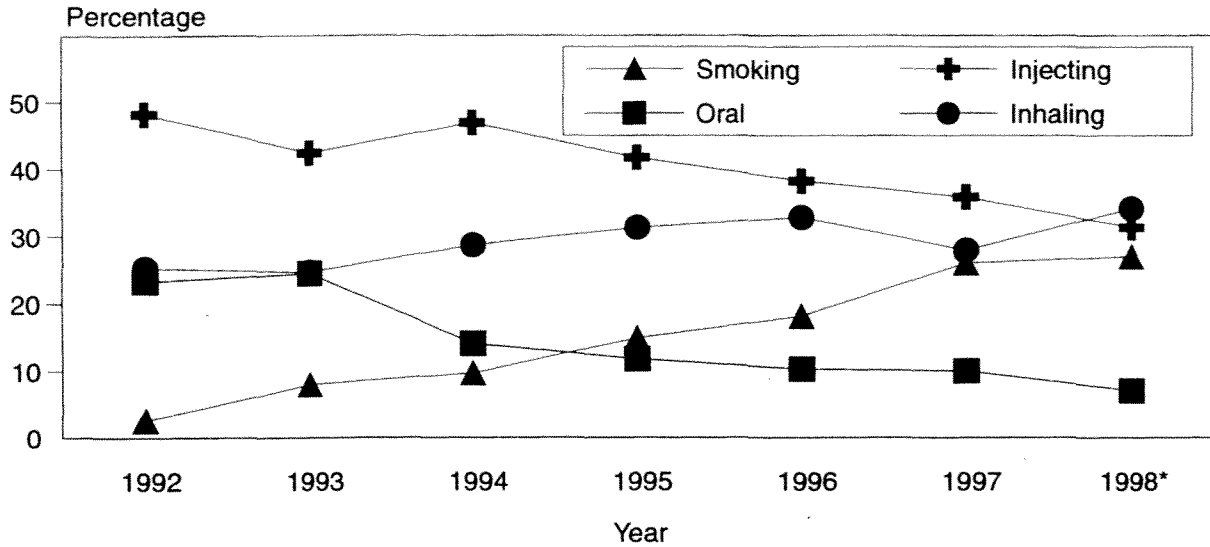
DENVER
 ANNUAL PERCENTAGE CHANGE IN THE NUMBER OF HEROIN,
 METHAMPHETAMINE, MARIJUANA, AND COCAINE USERS
 ENTERING TREATMENT WITHIN 3 YEARS OF INITIAL USE
 1993-97



SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 6

DENVER
ANNUAL PERCENTAGE OF METHAMPHETAMINE USERS
ENTERING TREATMENT BY ROUTE OF ADMINISTRATION
1992-98*

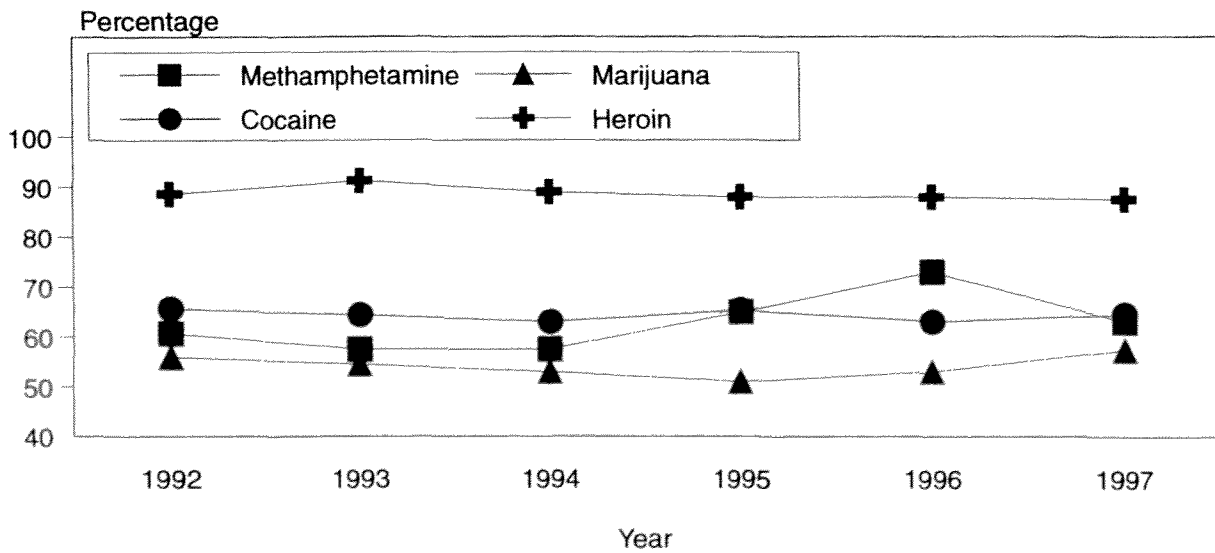


*Data for 1998 are through June.

SOURCE: Colorado Drug/Alcohol Coordinated Data System

EXHIBIT 7

DENVER
PERCENTAGE OF TREATMENT CLIENTS WHO USED
METHAMPHETAMINE, COCAINE, MARIJUANA, AND HEROIN
FOR 9 DAYS OR MORE IN THE 30 DAYS PRIOR TO TREATMENT
1992-97



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