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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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*Almost all methamphetamine indicators, which had been increasing through 1997, declined in 1998 and 1999. Information from the DEA suggests that this may be due to substantially lower purity resulting from reduced precursor availability. Conversely, some cocaine indicators have started to climb again, with increased ED mentions and the highest cocaine mortality level ever seen in the State. However, cocaine treatment admissions and new users in treatment continue to decline. Also, cocaine treatment client demographics have changed with decreased proportions of African-Americans, and increased proportions of Hispanics, and older users. Cocaine inhalers have been entering treatment in greater numbers, while smokers have been declining. DEA reports of greater cocaine hydrochloride availability may be driving some of these changes. Heroin ED mentions have been climbing since 1996, and 1998 opiate mortality was the highest ever in Colorado. While the proportion of new heroin users in treatment is up overall from 1993 levels, 1999 data showed a slight downturn. Also, heroin treatment client demographic proportions have changed somewhat with more whites, fewer Hispanics, and more younger users. Accompanying this has been a continuing small upward trend in the proportion of heroin smokers and inhalers. Marijuana continues to be a major problem in Colorado, representing the largest proportion of drug related treatment admissions. Also, marijuana ED mentions climbed in 1997 and 1998. Marijuana treatment client demographic changes indicate more Hispanic and older users. Almost all ethnographic reports indicate availability of very potent marijuana.*

## 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:

- Two major interstate highways intersect in Denver.
- The area's major international airport is nearly at the midpoint of the continental United States.
- The Denver metropolitan area is prospering economically. Denver's unemployment rate for August 1999 was 2.4 percent, and for the State 2.8 percent.

- 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 October and November, 1999. Although these indicators reflect trends throughout Colorado, they are dominated by the Denver metropolitan area.

- **Qualitative and ethnographic data** for this report were available mainly from clinicians from treatment programs across the state, local researchers, and street outreach workers.
- **Drug-related emergency department (ED) mentions** for the Denver metropolitan area for 1993–98 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 1993–99 (first six months). 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 1999 and ethnographically from treatment clinicians and local researchers and outreach workers.
- **Death statistics and communicable disease data** are available from the Colorado Department of Public Health and Environment (CDPHE). Data are presented from 1993 to 1998.
- **1995 ADAD Household Telephone Survey data** of 8,729 adult Colorado residents age 18–59 are made available from the 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 "street drugs" from 1994 through 1998.
- **Arrestee Drug Abuse Monitoring (ADAM) Program** reports arrestee urinalysis results based on quarterly studies conducted under the auspices of

the National Institute of Justice. ADAM data in Colorado are collected and analyzed by the Division of Criminal Justice. The most recent data were collected for the study period ending February 1999.

## **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. Denver metro cocaine emergency department mentions per 100,000 population (exhibit 3) remained at a high level for 1998 (73.2 mentions per 100,000 population) up slightly from 1997 (68.7 per 100,000), but down from 1994 and 1995 (86 and 75.3 per 100,000, respectively.) Similarly, ADAM data (exhibit 5) show that samples of Denver area arrestees continue to have substantial proportions of positive cocaine urine screens (43 to 46 percent), with 47 percent testing positive in the first quarter of 1999, the highest proportion in the time period shown.

In 1994 there were 71 calls to the Rocky Mountain Poison and Drug Center concerning cocaine. This dropped to 49 in 1995, but remained at about that level through 1998 (exhibit 6).

Also, cocaine deaths in the State (exhibit 4) have continued to climb during the last six years from 73 in 1993 (2.0 per 100,000) to

109 in 1998 (2.7 per 100,000). The 1998 cocaine death total is the highest ever recorded in Colorado.

However, the proportion of cocaine treatment admissions has declined considerably since 1993 (exhibit 1). In 1993, admissions for primary cocaine abuse accounted for 40.5 percent of all drug abuse treatment admissions, compared with only 26.6 percent in 1998. By the end of the first half of 1999, cocaine admissions constituted only 21.6 percent of total.

Treatment admission data indicate that injecting declined from 1993 (15.2 percent) through 1998 (10.7 percent) with a slight upturn in the first half of 1999 (13.6 percent). Smoking percentages had leveled from 1994 (67.7 percent) through 1996 (67.5 percent), but have steadily declined since then, accounting for 59.7 percent of cocaine admissions in the first half of 1999. Conversely, inhalation has been steadily increasing from 16.2 percent in 1994 to 23.6 percent in the first half of 1999. This is possibly due to the increased availability of cocaine hydrochloride (HCL).

A cross sectional analysis of cocaine inhalers admitted to treatment from 1994 through the first half of 1999 shows a decreasing proportion of whites (63 percent in '94 to 43 percent in '99); a stable proportion of African-Americans (13 percent in '94 to 12 percent in '99); and an increasing proportion of Hispanics (23 percent in '94 to 42 percent in '99). Also, the proportion of inhalers who are 35 and older increased from 37 percent in '94 to 47 percent in '99. These changes contributed to the overall demographic changes in the

cocaine treatment population as described below.

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 1993 (exhibit 2). In 1998, 15.8 percent of cocaine treatment admissions were new users. In the first half of 1999, 14.2% percent of cocaine users entering treatment were new users. This decrease represents an estimated 127 fewer new users in 1 year.

Race/ethnicity proportions for **total** cocaine treatment admissions have been changing. In 1998, whites accounted for the largest percentage of cocaine admissions (46.6 percent), compared with 29.1 percent for African-Americans and 26.4 percent for Hispanics. Interestingly, the proportion of African-American cocaine admissions has been steadily declining from 40.4 percent in 1993 to 26.4 percent in the first half of 1999, while Hispanic cocaine admissions have been steadily increasing during the same time period from 15.4 percent to 26.7 percent.

Likewise, age categories have been changing since 1993. In 1993, 68.3 percent of cocaine admissions were under thirty-five, this decreased to only 47.7 percent by the first half of 1999. Conversely, cocaine admissions 35 and over have climbed steadily during the same time period from 31.7 to 52.3 percent. Cocaine admissions remain predominantly male, with the proportion remaining relatively constant from 1993 (61 percent) through 1998 (59.8 percent). However, in the first half of 1999, males increased to 66 percent of treatment admissions. **As mentioned above, the**

**increased availability of cocaine HCl may be bringing about changes in the cocaine user groups, and thus, in the population entering treatment.**

The Denver DEA reports that cocaine is readily available, especially cocaine HCl. 1999 price estimates supplied by the Denver DEA are \$900–\$1,200 per ounce and \$100–\$125 per gram (up from \$80–\$100 in the last report). Crack cocaine prices remain stable at \$10–20 per rock.

CDPHE, Sexually Transmitted Diseases Section notes that four “**early latent syphilis**” cases have been reported in the most recent 8 week time period (fall 1999). “*Early*” denotes having the disease for less than a year. “*Latent*” means having the bacteria, but exhibiting no symptoms. Two of these cases have been specifically linked to “sex for crack” practices, with more than twenty at risk individuals identified by the CDPHE outreach workers (i.e., partner notification process).

## 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 that heroin ED mentions (exhibit 3) increased from 1993 (18.4 per 100,000) to 1994 (32.8 per 100,000), but then declined

through 1996 (22.3 per 100,000). However, increases were again noted in 1997 (30.5 per 100,000) and in 1998 (32.3 per 100,000). Opiate related deaths (exhibit 4) had nearly doubled from 60 (1.7 per 100,000) in 1993 to 119 (3.2 per 100,000) in 1995, but declined to 89 in 1996 (2.3 per 100,000). However, increases were again noted with 98 deaths in 1997 (2.5 per 100,000) and a 38% increase to 135 deaths in 1998 (3.4 per 100,000). The 1998 opiate death total is the most ever recorded in the state.

As to ADAM data (exhibit 5), only a small percentage of positive urine screens were reported with 4 percent in 1993 and '94, 6 percent in 1995 and '96, a decline again to 4 percent in 1997 and '98, and only 2 percent positive in the first quarter of 1999.

However, heroin related calls to the Rocky Mountain Poison and Drug Center (exhibit 6) remained steady from 1994 (21 calls) to 1998 (22 calls).

Among Colorado treatment admissions (exhibit 1), the proportion and number of heroin admissions have remained relatively stable from 1993 (15.7 percent) through the first half of 1999 (13.6 percent).

Despite static totals, the proportion and number of new heroin users entering treatment has increased in recent years, from 14.9 percent in 1995 to 17.1 percent in 1996, 16.1 percent in 1997, and 19.7 percent in 1998 (exhibit 2). However, there was a slight decline to 16.6 percent during the first half of 1999.

Like cocaine, there have also been changes in the demographic proportions of heroin users entering treatment. The proportion of females from 1993 to the first half of 1999 declined from 37.4 percent to 31.1 percent.

As to race/ethnicity, whites have increased as a percentage of total (50.4 percent in 1993 to 60 percent in the first half of 1999), while Hispanics have decreased in the same time period (36.8 percent to 28.3 percent). Also, the 25 and under age group has increased as a percentage of heroin admissions from only 9.4 percent in 1993 to approximately 16 percent in 1998 and the first half of 1999. Accompanying the heroin client demographic realignments, are small changes in route of administration, with heroin smoking and inhalation becoming more common. In 1993, only 3.5 percent of treatment admissions reportedly smoked or inhaled heroin, compared with 5.9 percent in 1996, 7.5 percent in 1997, 9 percent in 1998, and 8 percent in the first half of 1999. Both trends are being closely monitored.

Anecdotal information from local researchers in the Denver area corroborates treatment data analyses, with reports suggesting an increased number of college students and college age youth are using heroin. In some instances, these youthful users are from well-to-do families and are not "street kids". Ethnographic reports suggest that smoking heroin enables users to avoid the stigma and health risks associated with injecting. These findings portend future heroin new user increases.

However, another Denver area ethnographic report finds that some IDU street youth (i.e., not in treatment), whose initial drug of choice was methamphetamine, have shifted to IDU heroin use. For these youth, their regularity of heroin use increases while use of methamphetamine becomes less frequent. This may be explained by the need for homeless youth to concentrate their limited

resources toward maintaining a newly acquired heroin habit.

Heroin prices have remained stable in the past year according to the Denver DEA. Prices are \$60–\$120 per gram and \$1,800–\$3,500 per ounce. Outside Denver, heroin prices increase, with the DEA indicating that a gram of heroin in Colorado Springs sells for \$250–\$300. Current DEA controlled purchases place black tar heroin average purity at 39 percent.

### 3. Marijuana

According to the 1995 ADAD Household Telephone Survey, marijuana is the most used and abused drug of Colorado residents age 18–59; 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 rate per 100,000 of marijuana ED mentions doubled from 13.5 to 26.9 (exhibit 3). In 1995, the rate of ED mentions increased again to 32.6 per 100,000. Curiously, from 1995 to 1996, the marijuana ED mention rate per 100,000

(18.7) decreased sharply, but again spiked in 1997 and 1998 (32.4 and 36.7 per 100,000, respectively). Also, ADAM data (exhibit 5) indicate that 29 to 39 percent of the Denver area arrestee sample had positive marijuana urine screens from 1993 through the first quarter of 1999.

Interestingly, marijuana calls to the Rocky Mountain Poison and Drug Center are nearly non-existent (exhibit 6), with only one or two per year from 1994 to 1998.

Treatment data, however, 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 1998 and the first half of 1999, with marijuana admissions accounting for 39.7 percent and 41.2 percent, respectively, of all admissions to treatment. These increases may be partly related to user accounts of increased drug potency.

The proportion of new users entering treatment for marijuana use had been increasing from 1991 through 1994, where it peaked at 37.2 percent (exhibit 2). However, from 1994 through the first half of 1999, this proportion has steadily declined to only 22.1 percent.

Data indicate some changes in the demographics of marijuana treatment clients, especially in race/ethnicity and age proportions. As to race, Hispanics have increased as a percentage of marijuana admissions, from only 25 percent in 1993 to 39.2 percent in the first half of 1999. Conversely, whites have declined from 63.9 percent to 50.1 percent of marijuana

admissions during the same time period. Also, the proportion of 12 to 17 year old marijuana admissions declined sharply from 39.3 percent in 1998 to only 26.6 percent during the first half of 1999. In contrast, the proportion of those 35 to 55 years old increased from only 16.7 percent in 1998 to 26.2 percent in the first half of 1999.

The Denver DEA reports pound prices of \$800–\$1,200 for commercial grade marijuana, and \$1,500–\$3,200 for sinsemilla (stable since last report). 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. Clinicians in Craig (northwest Colorado) reported that some older users who started smoking marijuana in their teens and have recently resumed use are now requiring treatment because of marijuana potency. Perhaps, this could be the reason for the previously discussed increase in older users in treatment across Colorado.

#### 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 1993. However, some 1998 and 1999 data may indicate a leveling, or at least a lull, in the methamphetamine problem.

Methamphetamine ED mentions per 100,000 in Denver increased more than three-fold from 3.7 in 1993 to 11.5 in 1995. This rate declined to 6.8 in 1996, only to increase sharply to 18.7 in 1997. However, in 1998, the methamphetamine rate declined to only 7.6 mentions per 100,000 population (exhibit 3). According to ADAM data (exhibit 5), only a small percentage of positive urine screens were reported with 3 percent, 4 percent and 2 percent in 1994, 1995, and 1996, respectively. However, from 1997 through the 1998 this increased slightly to 5 percent, which was also reported in the first quarter of 1999.

Amphetamine-related calls (street drug category) to the Rocky Mountain Poison and Drug Center (exhibit 6) had decreased from 1994 (36 calls) to 1996 (16 calls), but increased sharply in 1997 (38 calls). However, in 1998 such calls dropped to only 11.

Methamphetamine treatment admissions more than quadrupled between 1993 and 1998 (exhibit 1). In 1993, primary methamphetamine use accounted for only 4.5 percent of total treatment admissions, compared with 13.5 percent in 1998. However, such admissions declined to only 9.5 percent during the first half of 1999.

In 1993, 15.6 percent of primary methamphetamine users entering treatment were new users (exhibit 2). By 1997, new users



accounted for 30.7 percent of primary methamphetamine treatment admissions. However, since 1997, the proportion of new users has declined to 27.4 percent in 1998 and to 16.5 percent in the first half of 1999.

Injecting had been the most common route of methamphetamine administration. However, the IDU proportion has been declining from 1993 (49.6 percent) to the first half of 1999 (33.9 percent), while smoking has become increasingly common in the last 6 years. In the first half of 1999, 34.7 percent of methamphetamine treatment admissions smoked the drug, compared with only 8.5 percent in 1993.

Methamphetamine treatment admissions in 1998 and the first half of 1999 were predominately white (87.6 and 89.4 percent, respectively) and male (56.5 and 60.4 percent, respectively). However, in the first half of 1999 there was a dramatic shift in age proportion. In 1998, nearly 38 percent were age 25 or younger. However, this percentage declined to only 28.9 percent in the first half of 1999, while the percentage of those 35 to 55 increased from 26.9 to 34.2 percent during the same time period.

The current downturn in methamphetamine indicators may have a logical explanation when examining information supplied by Denver area DEA methamphetamine experts. In the early 1990s, methamphetamine in Colorado was running between 60-90 percent pure, due in large

measure to the widespread availability of the precursors, ephedrine and pseudo-ephedrine. At that time, and during the next few years, many users experienced difficulties with the higher purity methamphetamine. This was manifested in increased treatment admissions, new users in treatment, and ED mentions.

However, with the proliferation of Precursor Laws in the mid and later 1990s, and subsequent widespread seizures, "speed cookers" have been turning out much lower purity methamphetamine (i.e., 10 to 20 percent), which is often cut with drugs such as dimethylsulfone (i.e., MSM, organic sulfur dietary supplement). Also, cookers have had to settle for making the related but less potent **amphetamine** from diet pill extracts such as phenylpropanolamine (PPA). In some instances they are knowingly or unknowingly mixing ephedrine and PPA, with the end product being a mixture of amphetamine and methamphetamine. Correspondingly, many recent speed drug seizures have involved mixtures of these two drugs.

Curiously, this substantial decrease in the quality and potency of methamphetamine may be diminishing the drug related consequences and subsequent treatment and ED admissions. Also, users could be switching to increasingly available and quality cocaine. The DEA also reports that methamphetamine street prices are \$90-\$125 per gram, \$800-\$1,500 per ounce, and \$5,500-\$10,000 per pound.

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

Of the 6,656 AIDS cases reported in Colorado through September 30, 1999, 8.7 percent were classified as IDUs, and 10.8

percent were classified as homosexual or bisexual males and IDUs (exhibit 7).

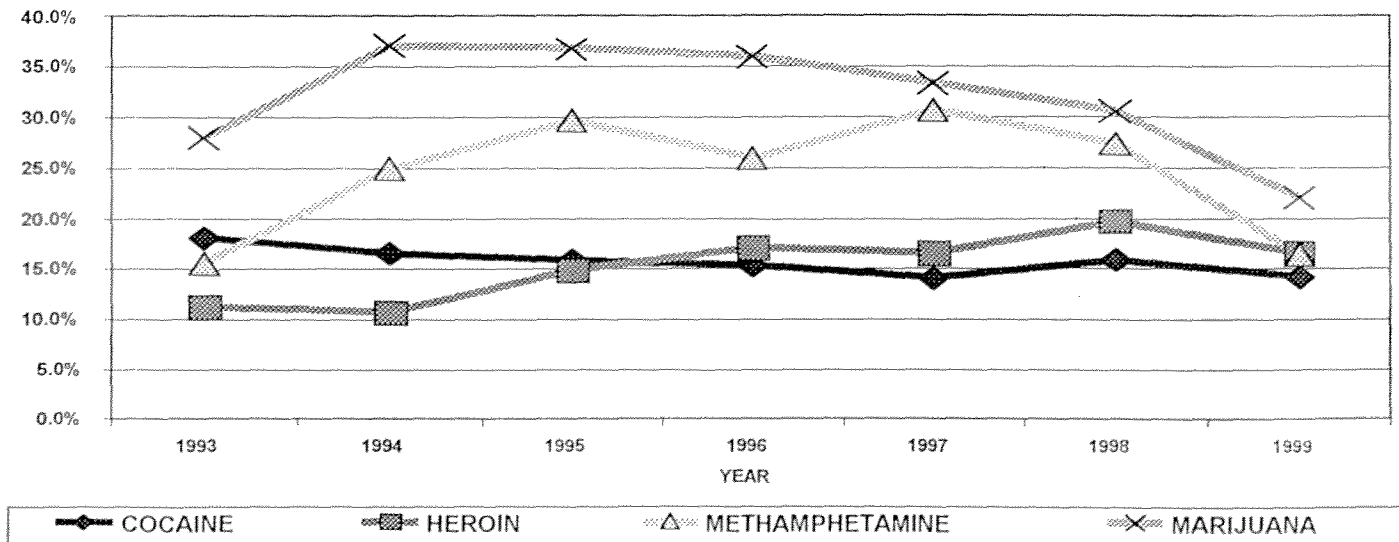
**EXHIBIT 1: TREATMENT ADMISSIONS BY DRUG TYPE  
1993-99\***

DRUG	1993	1994	1995	1996	1997	1998	1999*
Heroin	1666	1707	1933	1953	1604	1871	1043
%	15.7%	14.2%	15.3%	15.0%	13.7%	13.2%	13.6%
Non-Rx Methadone	33	33	41	38	16	29	16
%	0.3%	0.3%	0.3%	0.3%	0.1%	0.2%	0.2%
Other Opiates N	318	337	314	282	249	325	196
%	3.0%	2.8%	2.5%	2.2%	2.1%	2.3%	2.6%
Methamphetamine N	475	910	1412	1161	1744	1920	723
%	4.5%	7.6%	11.2%	8.9%	14.9%	13.5%	9.5%
Other Stimulants N	97	87	111	65	78	50	34
%	0.9%	0.7%	0.9%	0.5%	0.7%	0.4%	0.4%
Cocaine N	4295	4628	3910	3976	3176	3778	1648
%	40.5%	38.6%	31.0%	30.6%	27.1%	26.6%	21.6%
Marijuana N	3223	3861	4429	5043	4448	5631	3152
%	30.4%	32.2%	35.2%	38.8%	37.9%	39.7%	41.2%
Hallucinogen N	98	72	78	95	74	99	45
%	0.9%	0.6%	0.6%	0.7%	0.6%	0.7%	0.6%
PCP N	9	9	8	3	2	2	1
%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
Barbiturates N	16	19	14	12	17	23	11
%	0.2%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%
Sedatives N	10	10	19	15	24	29	12
%	0.1%	0.1%	0.2%	0.1%	0.2%	0.2%	0.2%
Tranquilizers N	101	80	89	94	88	94	85
%	1.0%	0.7%	0.7%	0.7%	0.8%	0.7%	1.1%
Inhalants N	227	149	173	130	100	117	27
%	2.1%	1.2%	1.4%	1.0%	0.9%	0.8%	0.4%
Other N	47	91	64	115	101	209	652
%	0.4%	0.8%	0.5%	0.9%	0.9%	1.5%	8.5%
<b>TOTAL</b>	<b>10615</b>	<b>11993</b>	<b>12595</b>	<b>12982</b>	<b>11721</b>	<b>14177</b>	<b>7645</b>

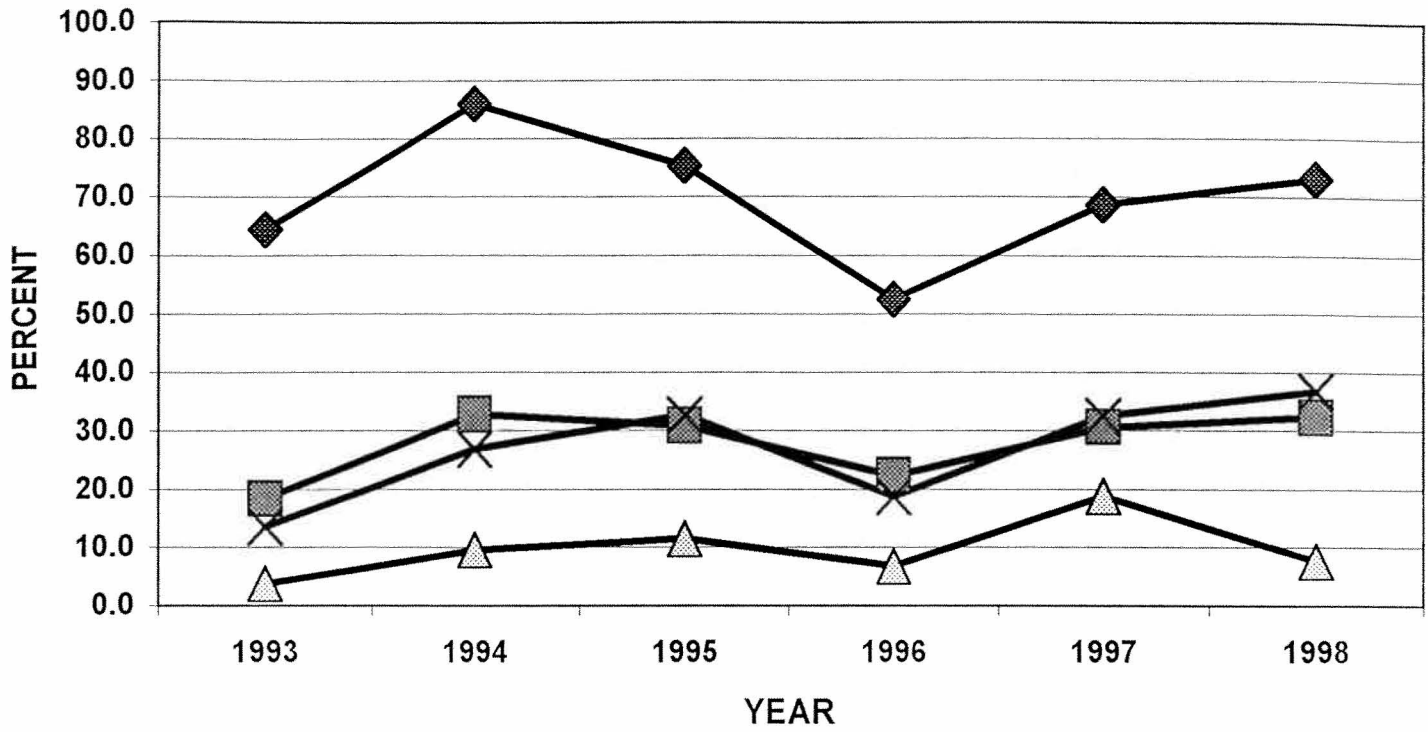
1999 data for first six months only  
Source for Exhibit 1 & 2: DACODS

**EXHIBIT 2**

**ANNUAL PERCENTAGE OF COCAINE, HEROIN, MARIJUANA, AND METHAMPHETAMINE USERS ENTERING TREATMENT WITHIN THREE YEARS OF INITIAL USE: 1993-99**

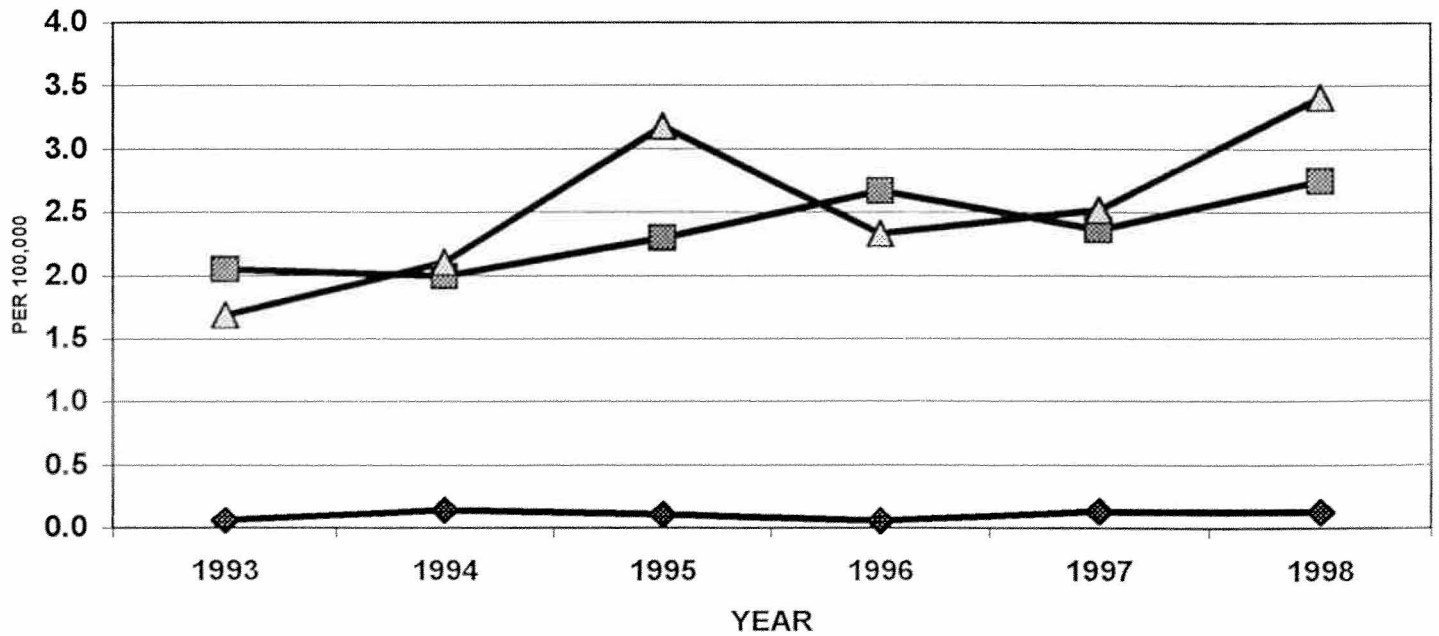


### EMERGENCY DEPARTMENT MENTIONS PER 100,000 FOR SELECTED DRUGS: 1993-1998



◆ COCAINE    ■ HEROIN    ▲ METHAMPHETAMINE    ✕ MARIJUANA

### AMPHETAMINE, COCAINE & OPIATE RELATED DEATHS: 1993-98



◆ AMPHETAMINE    ■ COCAINE    ▲ OPIATES

**ARRESTEES WITH POSITIVE URINE SCREENS FOR SELECTED DRUGS: 1993-99 (1ST QTR)**

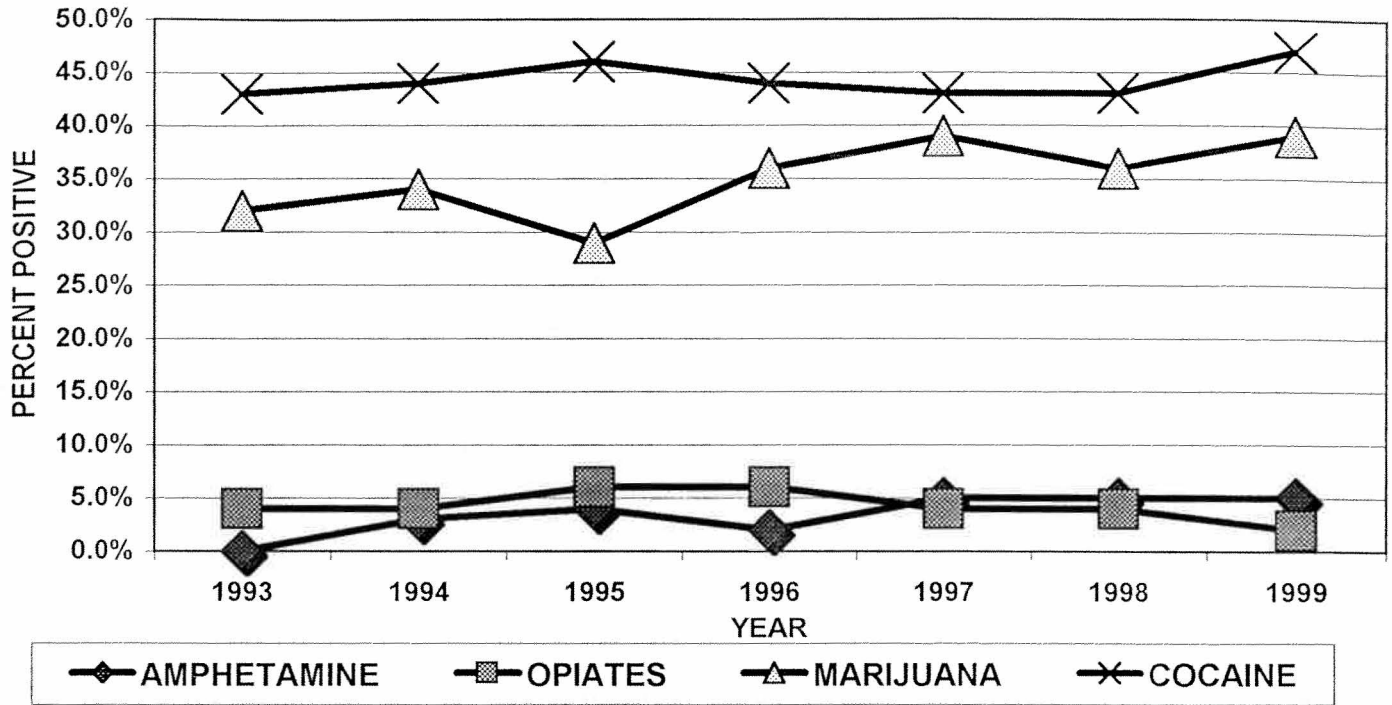


EXHIBIT 6

**CALLS TO ROCKY MOUNTAIN POISON & DRUG CENTER BY DRUG TYPE 1994 TO 1998\***

DRUG	1994	1995	1996	1997	1998
COCAINE	71	49	47	48	47
METHAMPHETAMINE	36	27	16	38	11
MARIJUANA	2	2	1	0	1
ECSTASY/AMPH	3	11	7	7	5
ROHYPNOL	1	1	14	8	22
LSD	10	29	9	20	27
GHB	1	0	0	6	1
HEROIN	21	20	20	16	22
INHALANTS	13	16	15	10	13

\*Statewide calls with 65% from Denver Metro area

SOURCE: Rocky Mountain Poison & Drug Center

EXHIBIT 7

COLORADO CUMULATIVE AIDS CASES  
BY DEMOGRAPHIC CATEGORY  
THROUGH SEPTEMBER 30, 1999

ITEM	NUMBER	PERCENT
<b>Number of confirmed cases</b>	<b>6,656</b>	<b>100%</b>
<b>GENDER</b>		
▪ Male	6,201	93.2%
▪ Female	455	6.8%
<b>RACE/ETHNICITY</b>		
▪ White	4,956	74.5%
▪ African-American	703	10.6%
▪ Hispanic	929	14.0%
▪ Asian	27	.4%
▪ Native American	41	.6%
<b>AGE AT DIAGNOSIS (years)</b>		
▪ <13	27	.4%
▪ 13 – 19	27	.4%
▪ 20 – 29	1,138	17.1%
▪ 30 – 39	3,286	49.4%
▪ 40 – 49	1,582	23.8%
▪ 50+	596	9.0%
<b>EXPOSURE CATEGORY</b>		
▪ Men/sex/men	4,621	69.4%
▪ Injecting drug user (IDU)	579	8.7%
▪ MSM and IDU	721	10.8%
▪ Heterosexual contact	324	4.9%
▪ Other	178	2.7%
▪ Risk not identified	233	3.5%

Source: Colorado Department of Public Health and Environment