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DRUG USE TRENDS IN DENVER AND COLORADO

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Marijuana continues to be a major problem in Colorado, constituting the largest proportion of drug related treatment admissions in 2000. The 1999 National Household Survey reported that Colorado was first among the fifty states in past month marijuana use. Also, marijuana ED mentions increased by 78 percent from 1994 to 2000, with large increases also seen in marijuana related hospital discharges and positive urines among surveyed arrestees. Marijuana treatment client demographic changes indicate more Hispanic users and a bi-modal age distribution with an increasing number of both older and younger users. Almost all ethnographic reports indicate availability of very potent marijuana. Most cocaine indicators had been climbing, but ED mentions, hospital discharges, and ADAM positive urines seem to have leveled in CY 2000. Also, cocaine treatment admissions have declined, with new users in treatment relatively stable. Further, cocaine treatment client demographics have changed with decreased proportions of African-Americans, and increased proportions of Whites and Hispanics, males, and older users. Cocaine inhalers have been entering treatment in greater numbers, while smokers have been declining. Denver PD and DEA reports of greater cocaine hydrochloride availability at high purity may be driving some of these changes. Heroin ED mentions and hospital discharges have also been climbing throughout the 1990s and into 2000. While the proportion of new heroin users in treatment is up overall from 1993 levels, 1999 and 2000 data show a stable pattern. Also, heroin treatment client demographic proportions have changed somewhat with more white and younger users, but fewer Hispanics. Accompanying this has been a continuing small upward trend in the proportion of heroin smokers and inhalers. Methamphetamine indicators, which had been increasing from 1993 through 1997, mostly declined in 1998, 1999, but seem to have stabilized in 2000. Finally, limited indicator data and most anecdotal data point to an increasing club drug problem in Colorado.

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 (Denver PMSA). In recent years, Denver and the surrounding counties have experienced rapid population growth. According to the 1990 census, the Denver PMSA population was 1,622,980. By the 2000 census, this had grown by 30 percent to 2,109,282. In general, Colorado has been one of the top five fastest growing States in the country increasing from 3,294,394 in 1990 to 4,301,261 in 2000, or by 45.3 percent. 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.

- 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.

- The Denver metropolitan area is prospering economically. Denver's unadjusted unemployment rate for 2000 (through September) was 2.3 percent, and for the State 2.6 percent.

2. Data Sources and Time Periods

Data presented in this report were collected and analyzed in April and May 2001. 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 1994 through the first half of 2000 are provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) through its Drug Abuse Warning Network (DAWN).

- **Hospital discharge data** statewide for 1994-2000 are available from the Colorado Hospital Association through the Colorado Department of Public Health and Environment, Health Statistics Section. Data included are diagnoses (ICD-9-CM codes) for inpatient clients at discharge for all acute care hospitals and some rehabilitation and psychiatric hospitals. These data do not include ED care.

- **Drug/Alcohol Coordinated Data System (DACODS) reports** are completed on clients at admission and discharge from all Colorado alcohol and drug treatment agencies receiving public monies. Annual figures are given for 1994-2000. 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, from the Denver Police Department Vice/Drug Control Bureau for the winter of 2000; and from the Rocky Mountain High Intensity Drug Trafficking Area Task Force reports for CY 2000.

- **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 Research Unit, Health Statistics Section, Colorado

Department of Public Health and Environment conducted the survey. The survey timeframe was from September 1994 through June 1996.

- **Rocky Mountain Poison and Drug Center (RMPDC)** data are presented for Colorado. The data represent the number of calls to the center regarding "street drugs" from 1994 through 2000.

- **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 December 2000.

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.

Though some indicators are declining, cocaine use remains a major concern throughout Denver and Colorado. Denver metro cocaine emergency department mentions per 100,000 population (exhibit 3), after declining from 86 to 53 from 1994 to 1996, increased steadily to 87 in 1999, but are projected to decline only slightly to 80 per 100,000 based on data from the first half of 2000. Also, statewide hospital discharge data (exhibit 4) showed that cocaine occurrences per 100,000 increased from 60.1 in 1994 to 62.8 in 1998, declined slightly to 62.3 in 1999, but then displayed a small increase to 63.5 in 2000. Additionally, ADAM data (exhibit 6) indicate that samples of Denver area arrestees continue to have substantial proportions of positive cocaine urine screens, although this dropped from 44 percent in 1999 to 38 percent in 2000.

In 1994 there were 71 calls to the Rocky Mountain Poison and Drug Center concerning cocaine. This dropped to 49 in 1995, remained at about that level through 1999, but increased to 59 in 2000.

Also, cocaine deaths in the State (exhibit 5) have continued to climb from 73 in 1993 (20 per million) to 109 in 1998 (27 per million). The 1998 cocaine death total is the highest ever recorded in Colorado.

However, the proportion of cocaine treatment admissions has declined considerably since 1994 (exhibit 1). In 1994, primary cocaine abuse accounted for 38.6 percent of all drug abuse treatment admissions, compared with only 21.5 percent for 2000.

Treatment admission data indicate that injecting declined from 1994 (13 percent) through 1998 (10.7 percent) increased slightly in 1999 (13.1 percent), and remained at about that level for 2000 (12.5 percent). Smoking percentages had leveled from 1994 (67.7 percent) through 1996 (67.4 percent), but have declined somewhat since then, accounting for 58.4 percent of cocaine admissions in 2000. Conversely, inhalation has been steadily increasing from 16.2 percent in 1994 to 25.1 percent in 2000. This is probably due to the increased availability of cocaine hydrochloride (HCL).

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, declined slightly from 16.6 percent in 1994 to 14 percent in 1997 (exhibit 2). However, since then, it has increased slightly to 16.5 percent by the end of 2000, the same level as in 1994.

Race/ethnicity proportions for **total** cocaine treatment admissions have been changing. In 2000, Whites accounted for the largest percentage of cocaine admissions (47.6 percent), up slightly from 44.6 percent observed in 1994. African-American cocaine admissions have dropped sharply from 37.8 percent in 1994 to only 20.8 percent in 2000, while Hispanic cocaine admissions have almost doubled during the same time period from 15.6 percent to 29.2 percent.

Likewise, age categories have been changing since 1994. In 1994, 65.3 percent of cocaine admissions were under thirty-five; this decreased to 50.3 percent for 2000. Conversely, cocaine admissions 35 and over have climbed steadily during the same time period from 34.7 to 49.6 percent. Cocaine admissions remain predominantly male, with the proportion remaining relatively constant from 1994 (61.7 percent) through 1998 (59.8 percent). However, in 1999, males increased to 65.1 percent of treatment admissions, but this proportion declined again to 58.3 percent during 2000. As mentioned above, the increased availability of cocaine HCL may have brought about changes in the cocaine user groups, and thus, in the population entering treatment.

The Denver Field Division of the DEA reports the substantial availability of cocaine HCL across the state in ounce, pound, and kilogram quantities. Mexican nationals control the majority of cocaine trafficking in the Denver metro area through Hispanic, White and African American distributors. The DEA also indicates that, despite declining use, crack cocaine supplies continue to come from street gangs in Los Angeles and Chicago. Upper level crack organizations are primarily Mexican with gang affiliations and are intertwined with African-Americans who control street level distribution.

Current price estimates supplied by the Denver DEA are $17,000-20,000 per kilogram, $600-1,000 per ounce and $80 per gram in the Denver Metro area; $15,000-25,000 per kilo, $500-1,100 per ounce, and $100-125 per gram in Colorado Springs (south of Denver on the Front Range); and $18,000-22,000 per kilo, $700-900 per ounce, and $150 per gram in Glenwood Springs (Western Slope of Colorado). These prices show only small changes from the prior reporting period.

Crack cocaine availability has been declining and is mostly limited to larger metropolitan areas in street level amounts (gram or less). Crack prices remain relatively stable at $800-1,000 per ounce and $5-20 per rock in Denver.

The Denver Police Department (DPD), Vice/Drug Control Bureau also reports substantial availability of powder cocaine with seizures of 526 pounds in 1999 and 244 pounds in 2000.

In addition to the DEA and DPD, the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) assessment collects reports from drug task forces throughout the State. Pueblo, Larimer, Weld, Jefferson, Adams and Boulder task forces all report widespread availability of powder cocaine, mostly in gram and ounce quantities. In addition, most of them report limited crack cocaine availability.

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 percent) is slightly higher than the national figure (0.2 percent).

Over the past 3 years, the police and media have reported increasing heroin use in Denver and Boulder. DAWN data show that heroin ED mentions (exhibit 3) declined from 1994 (31 per 100,000) through 1996 (22 per 100,000). However, from 1996 to 1999 they nearly doubled (41 per 100,000), and are projected to stay at that level (40 per 100,000) based on data from the first six months of 2000. Similarly, hospital discharge data (exhibit 4) indicate that opiate occurrences per 100,000 population, after dropping from 29.8 to 19.9 from 1994 to 1996, have climbed steadily to 47.7 by 2000 (a 60 percent increase).

Opiate related deaths (exhibit 5) had nearly doubled from 60 (17 per million) in 1993 to 119 (32 per million) in 1995, but declined to 89 in 1996 (23 per million). However, increases were again noted with 98 deaths in 1997 (25 per million) and a 38 percent increase to 135 deaths in 1998 (34 per million). The 1998 opiate death total is the most ever recorded in the state.

As to ADAM data (exhibit 6), only a small percentage of positive opiate urine screens were reported with 4 percent in 1994, 6 percent in 1995 and '96, a decline to 4 percent in 1997 and '98, a further decrease to only 3 percent in 1999, but a small increase to 5 percent in 2000. However, heroin related calls to the Rocky Mountain Poison and Drug Center, which had been steady from 1994 (21 calls) to 1998 (22 calls), increased to 36 in 1999, but declined to only 12 in 2000.

Among Colorado treatment admissions (exhibit 1), the proportion and number of heroin admissions have remained stable from 1994 (14.2 percent) through 2000 (14.3 percent). Likewise, the proportion and number of new heroin users entering treatment, after increasing from 10.7 percent in 1994 to 17.1 percent in 1996, have remained relatively flat since then, constituting 17.6 percent of heroin admissions in 1999 and 18.6 percent in 2000 (exhibit 2).

Like cocaine, there have also been some changes in the demographic proportions of heroin users entering treatment. The proportion of female heroin admissions has remained stable from 1994 (34.8 percent) through 2000 (34.7 percent). However, race/ethnicity proportions have changed during this same time period. Whites have increased as a percentage of total from 55.5 percent in 1994 to 65.4 percent in 2000, while Hispanics have decreased (31.9 percent to 23.7 percent). Also, the 25 and under age group has increased as a percentage of heroin admissions from only 9.7 percent in 1994 to 16.5 percent in 2000.

Accompanying the heroin client demographic realignments, are small changes in route of administration, with heroin smoking and inhalation becoming more common. In 1994, only 3.6 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, 8.6 percent in 1999, and 10.2 percent in 2000.

The Denver DEA reports that gram and ounce heroin quantities are readily obtainable in the Denver metro area, with the majority of heroin sales taking place in the lower downtown area. Marketing is controlled by Mexican Nationals.

Interestingly, the DEA asserts that 'street level weight is usually sold in the form of black tar, whereas ounce or heavier weights are primarily Mexican brown heroin.' Sometimes black tar and Mexican brown are combined to make up negotiated weight.

The DEA Domestic Monitoring Program buys reveal that the average purity of black tar heroin is only 16 to 18 percent, and retails for $100 a gram, although $20, $40 and $50 sizes can also be purchased. On the other hand, the DEA reports that ounce purchases of Mexican brown heroin have an average purity of 67 percent (with ounce purchases of black tar at 36 percent). Tar and brown both sell for $1,500 per ounce in the metro area and $1,800 to $3,500 in Colorado Springs.

The Denver Police Department (DPD), Vice/Drug Control Bureau also reports substantial availability of heroin in the metro area with seizures of 25 and 24 pounds in 1999 and 2000, respectively.

Task forces reporting to HIDTA state that black tar is the heroin type most commonly found across Colorado. The Pueblo task force observed that black tar was readily available in ¼ gram wax paper envelopes. The West Metro Task Force including Jefferson County also reported widely available black tar in mostly small quantities as did the Adams County Task Force.

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, data from the 1999 National Household Survey on Drug Abuse placed Colorado number one among the 50 states in past month marijuana use (8.1 percent of the 12 and over population).

Most marijuana indicators are increasing. From 1994 to 2000 (projected from the first half of the year), the rate per 100,000 of marijuana ED mentions increased by 78 percent from 27 to 48 (exhibit 3). Likewise, marijuana hospital discharge occurrences per 100,000 (exhibit 4) rose dramatically from 41.9 in 1994 to 57.1 in 2000. Also, ADAM data (exhibit 6) show a dramatic increase in positive marijuana urine screens from 34 percent in 1994 to 41 percent in 2000.

Marijuana calls to the Rocky Mountain Poison and Drug Center were nearly non-existent between 1994 and 1998, with only one or two per year. However, in 1999 and 2000 there were 47 and 58 calls, respectively, related to marijuana effects.

Treatment data also show increases 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 1999 and 2000, with marijuana admissions accounting for 43.7 percent and 42.2 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 declining steadily from 1994 (37 percent) through 1999 (25.4 percent). However, in 2000 this proportion climbed slightly to 28.9 percent (exhibit 2).

Data indicate some changes in the demographics of marijuana treatment clients, especially in race/ethnicity and age

proportions. As to race, Hispanics increased as a percentage of marijuana admissions, from 29 percent in 1994 to 36.3 percent in 1999, despite a slight downturn to 32.8 percent in 2000. Conversely, Whites declined from 59.7 percent to 52.4 percent of marijuana admissions during the 1994 to 1999 time period, but increased slightly to 56.6 percent in 2000. Also, the proportion of 12 to 17 year old marijuana admissions declined somewhat from 39.6 percent in 1998 to 32.3 percent during 1999, but rebounded to 37.2 percent in 2000. They continue to constitute the largest group in treatment for marijuana.

The Denver DEA states that the most 'abundant supply of marijuana is Mexican grown and is trafficked into the area from the border areas of Texas, New Mexico, and Arizona. Vehicles with hidden compartments are used to transport shipments weighing from pound to multi-pound quantities.' They also indicate that high THC, seedless marijuana from British Columbia, known as "BC Bud", continues to be available on a limited basis in Colorado at prices of $500 an ounce and $4,000-$5,000 a pound.

In general, the DEA reports Denver area prices of $550–$900 per pound and $200 per ounce for most Mexican and locally grown marijuana. These prices are about the same in Colorado Springs ($300-1,200 per pound; $100-150 per ounce) and in Grand Junction (Western Slope) ($800 per pound and $150 per ounce). For sinsemilla, Denver prices are $1,500 to $3,600 per pound and $100-300 per ounce, with similar prices in Grand Junction. However, prices in Colorado Springs are somewhat different at $300–$1,200 per pound and $100-150 per ounce.

The DPD, Vice/Drug Control Bureau, also reports substantial availability of marijuana in the metro area with seizures of 8,227 and 2,683 pounds in 1999 and 2000, respectively.

Similar to DEA and DPD information, HIDTA reports from around the State indicate substantial marijuana availability and use. Among these, the Eagle County Sheriff reports that 50 percent of their drug investigations involve marijuana. Similarly, other Drug Task Forces in Pueblo, Boulder, Adams, Larimer, and Weld Counties report widespread marijuana availability. Within these areas, marijuana is mostly from Mexico, but high quality, locally grown "pot" is also available. For example, the Larimer County Task Force reports locally grown "primo" available for $400 per ounce. In addition, the Adams County Task Force discovered a huge 75 by 100 foot concrete "bunker" that had been built specifically to grow marijuana. On the other hand, Boulder County reported seizure of 199 pounds of a potent marijuana import called "BC Bud" from British Columbia.

4. Stimulants

Non-medical 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 non-medical stimulant use, compared with 10.4 percent in Colorado.

Indicator data show substantial fluctuation in methamphetamine and other stimulant use in Denver and across Colorado from 1994 to 2000.

Methamphetamine ED mentions per 100,000 in Denver increased three-fold from 4 in 1993 to 12 in 1995. This rate declined to 7 in 1996, only to increase sharply to 19 in 1997. However, in 1998, the methamphetamine rate declined to only 8

mentions per 100,000, and to only 6 in 1999 (exhibit 3). Based on data from the first half of 2000, methamphetamine mentions are expected to increase only slightly to 7.6 per 100,000 for all of 2000.Conversely, *amphetamine* ED mentions per 100,000, after dropping from 14 to 7 from 1997 to 1998, rose to 15 in 1999. Moreover, based on data from the first half of 2000, such mentions are expected to increase to 19 per 100,000. Amphetamine-related hospital discharge occurrences per 100,000 (exhibit 4) have also shown a fluctuating pattern from 1994 to 2000. However, overall they have increased during that time period from 16.3 to 21.9 per 100,000.

According to ADAM data (exhibit 6), only a small percentage of positive amphetamine urine screens were reported with 3 percent, 4 percent and 2 percent in 1994, 1995, and 1996, respectively. This increased slightly in 1997 (5 percent), remained at this level in 1998, dropped to 3 percent in 1999, but increased again to 4 percent in 2000.

Amphetamine-related calls (street drug category) to the Rocky Mountain Poison and Drug Center had decreased from 1994 (36 calls) to 1996 (16 calls), but increased sharply in 1997 (38 calls). While such calls dropped to only 11 in 1998, they rebounded to an astounding 291 and 269 in 1999 and 2000, respectively.

Methamphetamine treatment admissions nearly doubled from 1994 to 1997 (exhibit 1). In 1994, primary methamphetamine use accounted for only 7.6 percent of total treatment admissions, compared with 14.9 percent in 1997. Such admissions declined to 10.7 percent during 1999, but rose again to 13.2 percent during 2000. **Amphetamine** admissions are typically only a fraction of those for methamphetamine. However, from 1994 to 2000 they have increased from 87 to 167, or from .7 percent to 1.3 percent of all drug treatment admissions.

In 1994, 24.7 percent of primary methamphetamine users entering treatment were new users (exhibit 2). By 1997, new users accounted for 30.5 percent of primary methamphetamine treatment admissions. However, since 1997, the proportion of new users has declined to 27.3 percent in 1998, 20.6 percent in 1999, and to 20.4 percent in 2000.

Injecting had been the most common route of administration for methamphetamine. However, the IDU proportion has been declining from 1994 (47 percent) to 2000 (34.4 percent), while smoking has become increasingly common in the last 7 years. In 2000, about 40 percent of methamphetamine treatment admissions smoked the drug, compared with only 13 percent in 1994.

Methamphetamine treatment admissions for 2000 remain predominately White (86.8 percent) and male (54.4 percent). However, from 1994 to 2000, those 25 and under have remained at about one-third of admissions, those 26 to 34 have declined from 43 percent to 34 percent of admissions, and those over 35 have increased from about one-fourth to one-third of methamphetamine admissions.

The DEA describes widespread methamphetamine availability, with a majority of the drug originating from Mexico or from large-scale laboratories in California. However, the DEA is making extensive lab seizures. During January and February 2001, 80 methamphetamine laboratories were seized in the Rocky Mountain West. These laboratories, generally capable of manufacturing an ounce or less per "cook", varied from being primitive to quite sophisticated. The ephedrine reduction method is the primary

means of manufacturing methamphetamine. The DEA reports that methamphetamine street prices are $80-$100 per gram, $700–$1,000 per ounce, and $5,500-$9,000 per pound in Denver (with purity in the 7-20 percent range); $90-125 per gram, $700-1,200 per ounce, and $9,000-15,000 per pound in Colorado Springs (with 20 percent purity): and $80-125 per gram, $1,000 per ounce, and $8,000-12,000 per pound in Glenwood Springs (purity unknown).

The DPD, Vice/Drug Control Bureau, also reports substantial availability of methamphetamine in the metro area. In 1999 they seized 111 pounds. However, in 2000 methamphetamine seizures nearly doubled to 212 pounds.

Agencies reporting to HIDTA statewide, describe extensive amounts of time being spent on methampthetamine investigations. The West Metro Task Force, including Jefferson County, reports that 80 percent of their drug investigation time involves methamphetamine. They report an equal split in methamphetamine supply between local labs and Mexican production. Larimer County reports a similar situation with 60 percent of their drug investigation time allocated to methamphetamine. They seized 22 labs (bathtub or box) in CY 2000 and report that 80 percent of the methamphetamine in the area is produced locally, with 20 percent from Mexico. Likewise, the Adams County Task Force spends 50 percent of their time on methamphetamine investigations. Their lab seizures totaled 45 in 2000, but most of their methamphetamine (70 percent) is produced in Mexico. Across the State, task forces report that "speeders" are heavily involved in mail and check fraud, and property crimes.

5. Club Drugs

Club drugs are a group of synthetic drugs commonly associated with all night dance clubs called "raves". These drugs include methylenedioxymethamphetamine (MDMA, or ecstasy), gamma-hydroxybutyrate (GHB), rohypnol (roofies) and ketamine (Special K). Information on use of these drugs in Colorado is limited. Treatment, hospital discharge, and ADAM data do not have separate breakouts for these drugs. The only two sources of institutional indicator data are the DAWN and Rocky Mountain Poison and Drug Center. RMPDC collects specific data on club drugs as part of their overall information on calls related to street drugs. However, substantial anecdotal information on club drugs is available from the DEA, the Denver Police Department, and HIDTA Task Force reports.

MDMA, or ecstasy, originally developed as an appetite suppressant, is chemically similar to the stimulant amphetamine and the hallucinogen mescaline, and thus produces both stimulant and psychedelic effects. Taken orally in tablet or capsule form, it can produce significant increases in heart rate and blood pressure. It can also lead to dangerously marked increases in body temperature resulting in muscle breakdown, and kidney and cardiovascular failure. The handful of MDMA related calls to the RMPDC ranged from only 3 to 11 during the 1994 to 1999 time period. ED mentions, however, jumped from 6 in 1998 to 15 in 1999 to 23 in the first half of 2000

Also, in early 2001, there have been three serious MDMA related incidents, two of which resulted in deaths. In February 2001 a sixteen-year-old Boulder girl died of hyponatremia (water intoxication) brought on by MDMA use. This was followed by a similar situation a few weeks later when a 15-year-old girl nearly died from ecstasy related water intoxication. In addition, a teenage boy had ecstasy in his system the

March morning he was killed by a hit and run driver as he kneeled on the edge of Interstate 70 in Denver.

The above information still does not come close to providing a complete view of MDMA prevalence in Colorado. The DEA reports that ecstasy has emerged as a popular drug in the Rocky Mountain Region. It is readily obtainable by individuals involved in the rave scene, and is also being sold in many "singles bars" in the Denver metro area. The traffickers are typically white and in their late teens or twenties. Logos prevalent on MDMA include four leaf clovers, purple hearts, the Nike swoosh, UFO's, a sunshine pattern, and the "kings crown" They place the one tablet or capsule price at $25 in Denver and $20-25 in Colorado Springs; with multiple capsules $10-15 and $11-13 in Denver and Colorado Springs, respectively.

The Denver Police Vice/Drug Bureau detectives also report substantial MDMA sales in bars and at raves at prices of $25 per capsule. The DPD just began collecting information on club drugs and reported 268 tablets of ecstasy seized during the first quarter of CY 2001. Likewise, ecstasy is prominently mentioned in HIDTA Task Force reports. Boulder, Pueblo, Jefferson, Adams and Weld County Task Forces all report widespread availability (e.g., ten-fold increase in Adams County). Typically, the sellers and users are middle class white high school and college students.

GHB is a central nervous system depressant that can sedate the body, and at higher doses can slow breathing and heart rate dangerously. It can be produced in clear liquid, white powder, tablet, and capsule forms, and is often used in combination with alcohol making it even more dangerous. During the 1994 to 1998 time period the RMPDC reported only 1 to 6 calls about GHB. However, in 1999 the number of GHB calls jumped to 92. GHB ED mentions have also increased from 7 in 1997 to 13 in 1998 to 70 in 1999. However, there were only 27 mentions in the first half of 2000. The DEA reports that GHB is increasing in popularity in Colorado and is readily available at raves, nightclubs, strip clubs, and private parties. The price is $5-10 per dosage unit (i.e., one bottle cap full). Like ecstasy, HIDTA task forces are reporting widespread GHB availability and use. Some female students at CSU have reported "losing several hours out of their lives" after being unknowingly drugged with GHB. CU has also reported GHB availability and associated sexual assaults.

Rohypnol (roofies) is a benzodiazepine sedative (others include Valium, Xanax) approved as a treatment for insomnia in over 60 countries, but not in the U.S. Rohypnol is tasteless, odorless, dissolves easily in carbonated beverages, and its effects are aggravated by alcohol use. Even a small dose (i.e., 1 mg) can impair a victim for 8 to 12 hours. It is usually taken orally and can cause individuals not to remember what they experienced under the effect of the drug. It also causes dizziness, confusion, decreased blood pressure, drowsiness, and gastro-intestinal disturbance. There does not appear to be widespread use of this drug among either the general population or the rave scene in Colorado. The number of calls received by RMPDC about this drug jumped from 1 in 1994 and 1995 to 22 in 1998. However, such calls declined to only 7 in 1999. Also, there has been only one ED mention from 1994 through the first half of 2000.

Ketamine, often called Special K on the street, is an injectable anesthetic that has been approved for both human and animal use in medical settings. However, about 90 percent of the ketamine legally sold today is intended for veterinary use. Produced in liquid form or white powder, it can be injected, inhaled, or swallowed. Similar to phencyclidine (PCP) in its effects, it can

bring about dream-like states and hallucinations. At higher doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression and potentially fatal respiratory problems. There have been only 6 ketamine ED mentions from 1994 to the first half of 2000. However, 3 of the 6 were in the most recent reporting period.

The DEA and local law enforcement have reported a number of burglaries of veterinary clinics in the Denver metro area in which the only controlled substance taken was ketamine. Specifically, there have been nine such burglaries in Arapahoe County (south and east of Denver). This rise in burglaries corresponds with a rise in popularity of ketamine use at the raves. The Metro Drug Task Force puts the ketamine price at $25 "a hit". The RMPDC did not report any ketamine calls from 1994 to 2000. HIDTA task forces have reported widespread veterinary burglaries that seem to stop once the vet clinic posts signs saying they have no ketamine on the premises.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS

Of the 7,125 AIDS cases reported in Colorado through March 31, 2001, 8.8 percent were classified as IDUs, and 11 percent were classified as homosexual or bisexual males and IDUs (exhibit 7).

EXHIBIT 1: TREATMENT ADMISSIONS BY DRUG TYPE 1994-2000

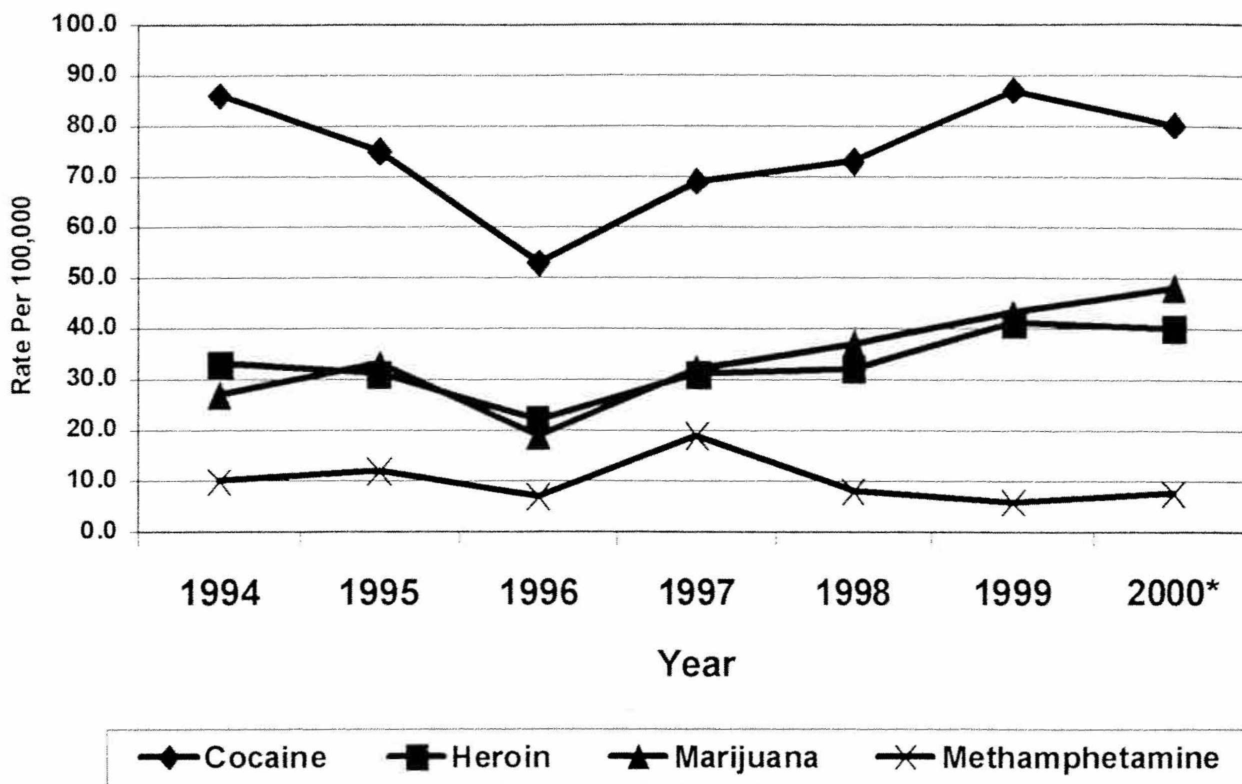
DRUG	1994	1995	1996	1997	1998	1999	2000
Heroin	1707	1936	1956	1613	1891	2070	1820
%	14.2%	15.4%	15.1%	13.7%	13.2%	14.3%	14.3%
Non-Rx Methadone	33	41	38	16	30	31	25
%	0.3%	0.3%	0.3%	0.1%	0.2%	0.2%	0.2%
Other Opiates N	337	314	283	253	331	391	402
%	2.8%	2.5%	2.2%	2.2%	2.3%	2.7%	3.1%
Methamphetamine N	910	1412	1162	1748	1930	1549	1684
%	7.6%	11.2%	8.9%	14.9%	13.5%	10.7%	13.2%
Other Stimulants N	113	142	90	100	97	153	198
%	0.9%	1.1%	0.7%	0.9%	0.7%	1.1%	1.5%
Cocaine N	4629	3910	3976	3182	3796	3417	2745
%	38.6%	31.0%	30.6%	27.1%	26.6%	23.6%	21.5%
Marijuana N	3861	4429	5043	4457	5686	6315	5391
%	32.2%	35.2%	38.8%	37.9%	39.8%	43.7%	42.2%
Hallucinogen N	72	78	95	75	99	108	102
%	0.6%	0.6%	0.7%	0.6%	0.7%	0.7%	0.8%
PCP N	9	8	3	2	2	8	9
%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%
Barbiturates N	19	14	12	17	23	21	9
%	0.2%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%
Sedatives N	10	20	15	24	29	26	37
%	0.1%	0.2%	0.1%	0.2%	0.2%	0.2%	0.3%
Tranquilizers N	80	89	95	88	97	130	77
%	0.7%	0.7%	0.7%	0.7%	0.7%	0.9%	0.6%
Inhalants N	149	173	130	100	117	71	65
%	1.2%	1.4%	1.0%	0.9%	0.8%	0.5%	0.5%
Other N	65	33	90	79	166	160	199
%	0.5%	0.3%	0.7%	0.7%	1.2%	1.1%	1.6%
TOTAL	11994	12599	12988	11754	14294	14450	12763

Source for Exhibit 1 & 2: DACODS

EXHIBIT 2: *ANNUAL PERCENTAGE OF HEROIN, METHAMPHETAMINE, COCAINE AND MARIJUANA USERS ENTERING TREATMENT WITHIN THREE YEARS OF INITIAL USE: 1994-00*

DRUG	1994	1995	1996	1997	1998	1999	2000
HEROIN N	178	280	328	262	362	354	336
%	10.7%	14.9%	17.1%	16.6%	19.6%	17.6%	18.6%
METHAM N	221	412	296	514	517	312	340
%	24.7%	29.6%	25.8%	30.5%	27.3%	20.6%	20.4%
COCAINE N	752	607	599	433	587	515	445
%	16.6%	15.8%	15.3%	14.0%	15.8%	15.5%	16.5%
MARIJ. N	1416	1601	1783	1429	1669	1540	1541
%	37.0%	36.6%	35.8%	33.1%	30.5%	25.4%	28.9%

Exhibit 3 (Source: DAWN) Emergency Department Mentions for Selected Drugs



* Through first half of calendar year

EXHIBIT 4 (Source: CHA & CDPHE)

HOSPITAL DISCHARGE MENTIONS PER 100,000 FOR SELECTED DRUGS: 1994-2000

DRUG	1994	1995	1996	1997	1998	1999	2000
AMPHETAMINES	598	728	532	959	815	682	942
RATE/100K	16.3	19.4	13.9	24.6	20.5	16.9	21.9
COCAINE	2200	2070	2255	2245	2492	2517	2732
RATE/100K	60.1	55.3	59.0	57.7	62.8	62.3	63.5
MARIJUANA	1533	1708	1740	2118	2227	2204	2455
RATE/100K	41.9	45.6	45.6	54.4	56.1	54.6	57.1
NARC. ANALGS.	1093	1103	760	1458	1566	1639	2053
RATE/100K	29.8	29.4	19.9	37.5	39.5	40.6	47.7
POPULATION	3661665	3746585	3819789	3892996	3966198	4039402	4301261

EXHIBIT 5: (Source-CDPHE)
AMPHETAMINE, COCAINE & OPIATE RELATED DEATHS:
1993-98

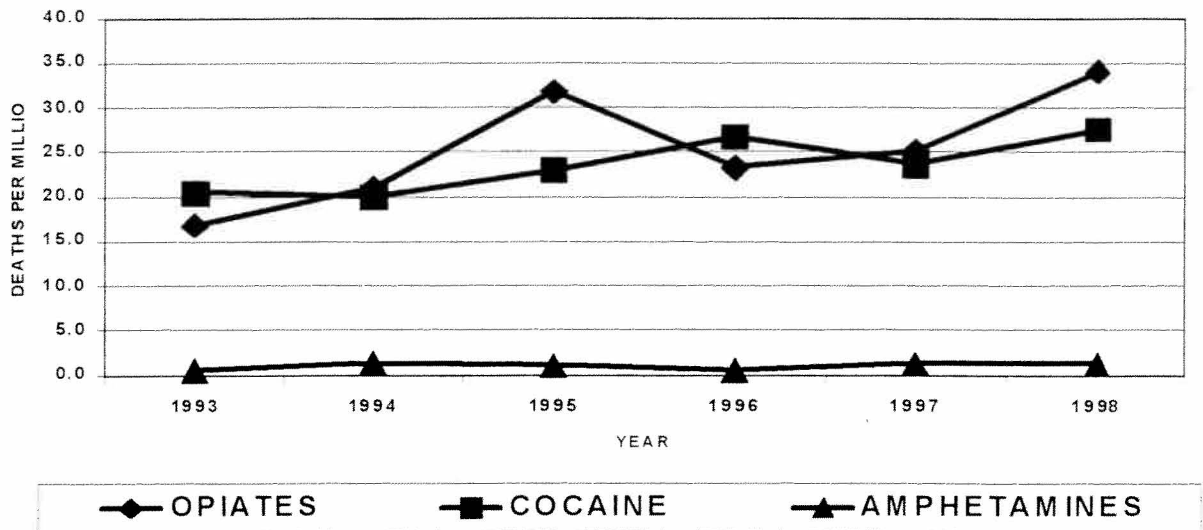


EXHIBIT 6: (Source-ADAM)
ARRESTEES WITH POSITIVE URINE SCREENS FOR
SELECTED DRUGS: 1994-00

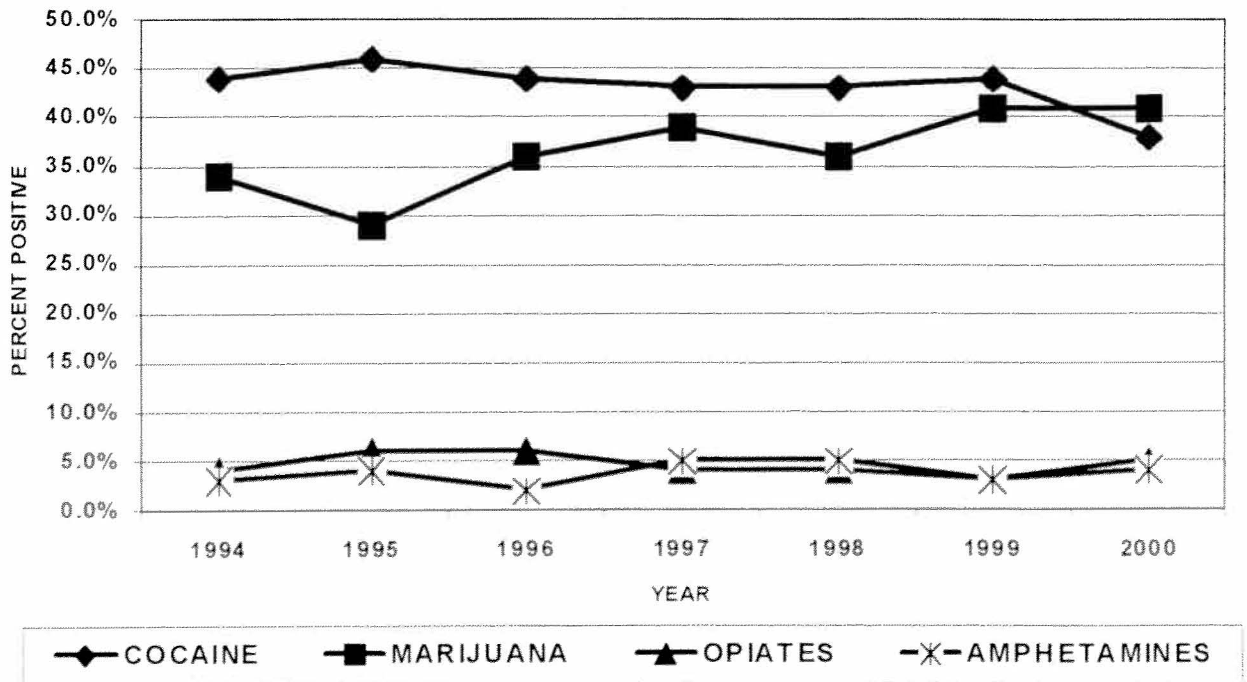


EXHIBIT 7

COLORADO CUMULATIVE AIDS CASES BY DEMOGRAPHIC CATEGORY THROUGH March 31, 2001

ITEM	NUMBER	PERCENT
Number of confirmed cases	**7,125**	**100%**
GENDER		
▪ **Male**	**6,620**	**92.9%**
▪ **Female**	**505**	**7.1%**
RACE/ETHNICITY		
▪ **White**	**5,249**	**73.7%**
▪ **African-American**	**768**	**10.8%**
▪ **Hispanic**	**1031**	**14.5%**
▪ **Asian**	**30**	**.4%**
▪ **Native American**	**47**	**.7%**
AGE AT DIAGNOSIS (years)		
▪ **<13**	**28**	**.3%**
▪ **13 – 19**	**28**	**.4%**
▪ **20 – 29**	**1,200**	**16.8%**
▪ **30 – 39**	**3,486**	**48.9%**
▪ **40 – 49**	**1,740**	**24.4%**
▪ **50+**	**643**	**9.0%**
EXPOSURE CATEGORY		
▪ **Men/sex/men**	**4,901**	**68.8%**
▪ **Injecting drug user (IDU)**	**630**	**8.8%**
▪ **MSM and IDU**	**782**	**11.0%**
▪ **Heterosexual contact**	**369**	**5.2%**
▪ **Other**	**182**	**2.5%**
▪ **Risk not identified**	**261**	**3.7%**

Source: Colorado Department of Public Health and Environment