DRUG USE TRENDS IN DENVER AND COLORADO

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PATTERNS AND TRENDS IN DRUG ABUSE: *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 the first half of 2001. Also, marijuana ED mentions increased by 89 percent from 1994 to 2000, with large increases also seen in marijuana related hospital discharges. Almost all ethnographic reports indicate availability of very potent marijuana. Cocaine indicators are mixed with ED mentions, hospital discharges, and deaths showing increases; but with treatment admissions declining and new users in treatment remaining stable. 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 indicators are mostly increasing with ED mentions, hospital discharges, and deaths climbing over the past five years. Treatment admissions and new users in treatment had been climbing, but showed slight decreases in the first half of 2001. 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 started climbing again in 2000 and 2001. Finally, limited indicator data, a recent treatment study, and most anecdotal data point to an increasing club drug problem in Colorado, mostly among adolescents and young adults.

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 30.6 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.

- Colorado and the Denver metropolitan area, though prospering economically, have seen small increases in unemployment rates. Colorado's unemployment rate for August 2001 was 3.6 percent, up from 2.8 in the same time period in 2000. Likewise, Denver's unadjusted unemployment rate for August 2001 was 3.5 percent, compared to 2.4 percent a year ago.

2. Data Sources and Time Periods

Data presented in this report were collected and analyzed in October and November 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 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 1995-2001* (*first half). 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 2001.

- **Death statistics and communicable disease data** are available from the Colorado Department of Public Health and Environment (CDPHE). Data are presented from 1993 to 2000.

- **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. In CY 2000, NIJ changed its procedures from a convenience to a probability sample. Thus, no ADAM data trend analysis is presented. Rather, CY 2000 use percentages by drug type are indicated.

DRUG ABUSE TRENDS

1.Cocaine and Crack

Cocaine indicator patterns are mixed with some increasing and some declining. In general, 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, and declined only slightly to 83 per 100,000 in 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.

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.

However, the proportion of cocaine treatment admissions has declined considerably over the past six and one half years (exhibit 1). In 1995, primary cocaine abuse accounted for 31 percent of all drug abuse treatment admissions compared with only 21.3 percent for the first half of 2001.

Treatment admission data indicate that cocaine injecting declined from 1995 (12.4 percent) through 1998 (10.6 percent), but increased slightly to13.7 percent through the first half of 2001. Smoking percentages, though level at 67.2 percent in 1995 and 1996, have since declined steadily to a low of 56.7 percent in the first half of 2001. Conversely, inhalation has been steadily increasing from 17.6 percent in 1995 to 26.3 percent in the first half of 2001. 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, has remained relatively level from 1995 (15.8 percent) to 14.6 percent in the first half of 2001 (exhibit 2).

Race/ethnicity proportions for **total** cocaine treatment admissions have been changing. In the first half of 2001, Whites accounted for the largest percentage of cocaine admissions (48.1 percent), up moderately from 41.5 percent observed in 1995. In addition, Hispanic cocaine admissions have increased dramatically from only 17.4 percent in 1995 to nearly 28 percent in the first half of 2001. Conversely, African-American cocaine admissions have been almost cut in half dropping from 39 percent in 1995 to only 21 percent in the first half of 2001.

Likewise, age categories have been changing since 1995. In 1995, 63.2 percent of cocaine admissions were under thirty-five; this decreased to 47.3 percent in the first half of 2001. Conversely, cocaine admissions 35 and over have climbed steadily during the same time period from 36.8 to 52.7 percent. Cocaine admissions remain predominantly male, with the proportion remaining relatively constant from 1995 (59.3 percent) through the first half of 2001 (58 percent). 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.

Also, cocaine deaths in the State climbed from 73 in 1993 (21 per million) to a peak of 146 in 1999 (36 per million). While they declined to 116 in 2000 (27 per million), this was still the second highest number of deaths in the eight year time period.

As to CY 2000 ADAM data for a sample of Denver arrestees, 35.4 percent of males and 46.5 percent of females had cocaine positive urine samples.

The Denver Field Division of the DEA reports the substantial availability of cocaine HCL across the state in ounce, pound, and kilogram quantities. Mexican poly-drug trafficking groups control the majority of cocaine distribution 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.

The DEA reports current cocaine prices as follows: $18,000-20,000 per kilogram, and $800-1,000 per ounce in the Denver Metro area with purity in the 50 to 90 percent range; $15,000-25,000 per kilo, and $500-1,100 per ounce in Colorado Springs (south of Denver on the Front Range); and $20,000-22,000 per kilo and $700-1000 per ounce in Grand Junction (Western Slope of Colorado). These prices show only small changes from the prior reporting period.

The DEA also reports that crack cocaine use has been declining, but there is still substantial availability in larger metropolitan areas. The major suppliers are street gangs in Los Angeles and Chicago. Crack prices remain relatively stable at $800-1,200 per ounce and $20-30 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. The Front Range Task Force reports that cocaine investigations consume 40% of their time. They have found that cocaine distribution organizations are transporting multi-kilogram quantities of cocaine into Colorado in vehicles with traps and compartments built into the vehicle bodies.

Reports from clinicians, researchers, and street outreach workers around the State substantiate continuing cocaine problems reflected in the indicator data. Clients in one **Denver area** treatment program say that powder cocaine is cheap, pure, and available. This is corroborated by young clients in another program who say the cocaine on the street is "the best they have ever had". Also, many programs feel that an increase in Hispanics using powder cocaine is due in part to greater accessibility related to Hispanic gangs involved in distribution. **Boulder** treatment programs, however, are still seeing mainly IV users or smokers, and are seeing increases in younger users and women. Some programs in the **Northeast**, too, are seeing more adolescents using, but are also describing continuing use among people who started using back in the '70s and '80s.

Accounts from the **Southeast** indicate that cocaine is cheaper and again the "in thing".

They also talk about it being popular with blue-collar workers who work long hours. On the other hand, some clinicians from the Southeast area say their clients describe the prohibitive cost of cocaine with methamphetamine being more affordable. **A West Slope** program reports seeing Anglo clients under 40, who are smoking cocaine; and that they are seeing clients under 21 who say they can make money dealing cocaine, but are also getting addicted.

As to the increase in cocaine snorting, programs across the State mention the decline in crack use as an outgrowth of information about its addictive nature and its connection to more severe legal penalties.

2. Heroin

Most heroin indicators are increasing. 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 2000 they nearly doubled (41 per 100,000).

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).

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 remained fairly stable from 1995 (15.4 percent) through the first half of 2000 (14.5 percent), with a slight decline to 12.1 percent in the first half of 2001. Likewise, the proportion and number of new heroin users entering treatment, after increasing from 14.9 percent in 1995 to 18.6 percent in 2000, declined to the 1995 level in the first half of 2001 (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 1995 (33.1 percent) through the first half of 2001 (31.8 percent). However, race/ethnicity proportions have changed during this same time period. Whites have increased as a percentage of total from 56 percent in 1995 to 65.7 percent in the first half of 2001, while Hispanics have decreased (29.8 percent to 22.4 percent). Also, the 25 and under age group has increased as a percentage of heroin admissions from only 10.2 percent in 1995 to 18.1 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 1995, only 3.5 percent of treatment admissions reportedly smoked or inhaled heroin, compared with 5.9 percent in 1996, 7.3 percent in 1997, 8.9 percent in 1998, 8.3 percent in 1999, 10.1 percent in 2000, and 9.7 percent in the first half of 2001.

Opiate related deaths more than doubled from 81 (23 per million) in 1993 to 182 (46 per million) in 1998, but declined somewhat to 142 in 1999 (35 per million) and to 147 in 2000 (34 per million). Nonetheless, the 612 opiate deaths from 1997 through 2000 represent a 26 percent increase over the 484 deaths from 1993 through 1996.

Interestingly, CY 2000 ADAM data indicate that, like cocaine, the sample of Denver area female arrestees had positive heroin urine screens at a slightly higher rate (5.8 percent) than their male counterparts (3.4 percent).

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 purity of black tar heroin from 10 to 65 percent, and retails for $50 to $100 a gram on the street. 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 $1,300 to $2,000 per ounce in the metro area. In Colorado Springs tar sells for $1,800 to $3,500 per ounce and $75 to $300 per gram, with an average purity of 40 percent.

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.

Recent HIDTA Front Range and Colorado Springs Task force reports describe the increasing availability of black tar heroin from Mexican National traffickers.

Reports from clinicians, researchers and street outreach workers around the State indicate that there is a lot of heroin available at higher purity and, for the most part, decreased prices. **Denver area** treatment programs indicate that the awareness of HIV, Hepatitis C, and fear and stigma of injection use is bringing about an increase in heroin smoking and inhalation. They are also seeing an increase in younger users. This same pattern is described in the **Central Mountain region, Northeast, Boulder area,** and in the **Southeast** parts of the State.

3. Other Opiates

Opiates other than heroin (i.e., narcotic analgesics) include hydrocodone, hyromorphone, codeine, and oycodone. Denver metro emergency department mentions per 100,000 population for "narcotic analgesics" (other than heroin) remained relatively flat from 1994 (10.3) through 1998 (12.7), but increased dramatically in 1999 (18.7) and 2000 (24.5). Also, as discussed above, opiate related hospital discharges have increased 60 percent from 1994 to 2000.

As to treatment admissions, other opiates remained relatively stable from 1995 (2.5 percent) to 1999 (2.7 percent), but increased to 3.2 percent and 3.7 percent in 2000 and the first half of 2001, respectively.

The DEA reports that diversion of Oxycontin is a "major problem" in the Rocky Mountain West with a $4 prescription dose selling for as high as $40 on the street.

4. Marijuana

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). Similarly, most marijuana indicators in the State are increasing.

From 1994 to 2000, the rate per 100,000 of marijuana ED mentions increased by 89 percent from 27 to 51 (exhibit 3). Likewise, marijuana hospital discharge occurrences

per 100,000 (exhibit 4) rose dramatically from 41.9 in 1994 to 57.1 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.

Marijuana treatment admissions increased from 35.2 percent in 1995 to 43.7 percent in 1999. However, since that time they have declined slightly to 40.4 percent through the first half of 2001. In general, marijuana users have accounted for the largest proportion of all Colorado drug treatment clients since 1995 (exhibit 1). 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 1995 (36.6 percent) through 1999 (25.4 percent). However, in 2000 this proportion climbed slightly to 28.9 percent, with a small decline to 27.4 percent during the first half of 2001 (exhibit 2).

Data indicate only slight changes in the demographics of marijuana treatment clients. Race proportions remained relatively stable from 1995 to the first half of 2001. Hispanics increased as a percentage of marijuana admissions, from 31.4 percent in 1995 to 36.3 percent in 1999. However, they declined back to 31.3 percent by the first half of 2001. Likewise, Whites declined from 57.1 percent to 52.4 percent of marijuana admissions during the 1995 to 1999 time period, but increased back to the 1995 level in both 2000 and the first half of 2001. Male to female marijuana admission ratios remained at 3 to 1 during the 1995 to 2001 time period. Moreover, there were only small changes in the ages of marijuana admissions from 1995 to the first half of 2001. Those 12 to 17 decreased slightly from 42.1 percent in 1995 to 37.4 percent in the first half of 2001, but remained the largest group in treatment for marijuana.

Also, CY 2000 ADAM data indicate that 40.9 percent of the male arrestee sample and 38.5 percent of the female arrestee sample had positive marijuana urine screens.

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 by Mexican poly-drug trafficking organizations. Vehicles with hidden compartments are used to transport shipments weighing from pound to multi-pound quantities.' Mexican marijuana sells at a price range of $500 to $1,000 per pound. They also indicate that high THC, seedless marijuana from British Columbia, known as "BC Bud" or "Triple A", continues to be available in Colorado at prices of $600 an ounce and $3,000-$5,000 a pound.

Further, according to the DEA, locally-grown marijuana is almost always grown indoors by independent operators with grow equipment varying from basic to elaborate operations with sophisticated lighting and irrigation systems. Domestically grown marijuana prices range from $1,000 to $1,500 per pound and $200 to $400 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 Gunnison County

authorities have seized indoor-marijuana grows ranging from 50 to 200 plants. This locally grown marijuana is called "Kind Bud". El Paso and Teller County law enforcement reports that marijuana investigations consume 10 percent of their Drug Unit's time. Also, Jefferson County authorities report recent seizures of 280 pounds of Mexican marijuana and 10 pounds of "BC Bud".

Uniformly across the State, reports from clinicians, researchers and street outreach workers indicate that marijuana is potent and in abundance. **Denver and Boulder area** programs describe an overall "increased tolerance" for marijuana use in families and, seemingly, in society in general. Availability is across the spectrum from poor quality "swag" at $15 per bag or $50 per ounce to high quality "chronic" at $80 to $100 per bag and $400 per ounce. One program in the metro area said that some clients are getting "marijuana cravings" because of the increased potency.

Northeast, Central Mountain, Southeast and West Slope programs also report the ready availability and potency of marijuana, in addition to the circumstance of increased family acceptance and general public apathy about pot use.

5. Stimulants

Indicator data show substantial fluctuation in methamphetamine and other stimulant use in Denver and across Colorado from 1994 to 2001.

Methamphetamine ED mentions per 100,000 in Denver increased from 10 in 1994 to 12 in 1995, but declined to only 7 in 2000. Conversely, *amphetamine* ED mentions per 100,000, after dropping from 14 to 7 from 1997 to 1998, rose to 21 in 2000. 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.

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 have shown a fluctuating pattern over the past six and one half years. However, in the first half of 2001 they constituted 14.8 percent of drug admissions, the highest proportion since 1997 (14.9% percent-Exhibit 1). **Amphetamine** admissions are typically only a fraction of those for methamphetamine. However, from 1995 to 2000 they increased from 111 to 168, or from .9 percent to 1.3 percent of all drug treatment admissions, but declined slightly to 62 admissions (1 percent) during the first half of 2001.

In 1995, 29.6 percent of primary meth-amphetamine users entering treatment were new users (exhibit 2). By 1997, new users accounted for 30.5 percent of primary methamphetamine treatment admissions. However, by the first half of 2001, the proportion of new users has declined to only 16.2 percent.

Injecting had been the most common route of administration for methamphetamine. However, the IDU proportion has been declining from 1995 (41 percent) to the first half of 2001 (34 percent), while smoking has become increasingly common in the last 6 and one half years. In the first half of 2001, about 40 percent of methamphetamine

treatment admissions smoked the drug, compared with only 16 percent in 1995.

Methamphetamine treatment admissions for the first half of 2001 remain predominately White (87.1 percent) and male (54.9 percent). However, from 1995 to 2001, those 25 and under have remained at about one-third of admissions, those 26 to 34 have declined from 39 percent to 31 percent of admissions, and those over 35 have increased from about one-fourth to one-third of methamphetamine admissions.

Though amphetamine related deaths in Colorado are far fewer than for opiates or cocaine, the number has increased sharply from only 12 between 1993 and 1996 to 31 between 1997 and 2000.

According to ADAM data, only a small percentage of positive amphetamine urine screens were reported in CY 2000; 2.6 percent of the male arrestee sample and 5.3 percent of the female arrestee sample.

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 July through September 2001, 152 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 average purity for Mexican methamphetamine is 10 to 20 percent. The DEA reports that Denver methamphetamine street prices are stable at $90-$110 per gram, and $750–$1,200 per ounce.

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. For example, the West Metro Task Force, including Jefferson County, reports that 70 percent of their drug investigation time involves methamphetamine. They have seized 44 "Box Labs" (producing small quantities) so far in 2001. Similarly, the Colorado Springs Task Force reports that methamphetamine investigations consume 25 percent of their time. They have seized 50 labs so far in 2001, which are primarily using the "Nazi" production method.

Anecdotal reports from clinicians, researchers and street outreach workers around the state confirm the up and down pattern for methamphetamine availability illustrated in the indicator data. Treatment programs in **Denver, Boulder, Northeast, Southeast, Central Mountain, and Western Slope** all talk about off-and-on lab busts that diminish supply for a while, but with an inevitable return to larger supplies because of demand for this relatively cheap and potent stimulant. Reports of younger users come from across the State. In the **Denver area and in the Southeast,** several programs spoke of young male clients in the labor trade using stimulants to be more productive, and to feel more focused. They also spoke of the tendency of methamphetamine users to binge for days without sleeping, culminating in a sense of loss of control. Programs in the **Northeast** spoke of women using methamphetamine because the highs last longer and it is good for weight control. A number of programs talked of the relationship between methamphetamine and club drug users. A **Western Slope** program described easy access to the drug, with difficulty in treating long-time users.

6. 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 routinely collected separate breakouts for these drugs. The only two sources of institutional indicator data have been the DAWN and Rocky Mountain Poison and Drug Center (RMPDC).

However, in 2001, ADAD conducted a survey on club drug use among young adults and adolescents admitted to selected treatment programs across the State (N=764). Some results of this study are presented in this section along with DAWN and RMPDC data. In addition, some anecdotal information on club drugs is provided from the DEA, the Denver Police Department, HIDTA Task Force reports, and from clinicians in a number of treatment programs across the State.

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. 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 57 in 2000.

In ADAD's treatment survey sample of 764, 266 or 35 percent, reported lifetime use of ecstasy, with 4.6 percent having used in the past 30 days. The average age of the users was 17.3 years.

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 at raves, nightclubs, strip clubs, or private parties. The traffickers are typically white and in their late teens or twenties who get their MDMA from Las Vegas, Nevada and various cities in California, with source connections in Europe. They place the one tablet or capsule price at $10 to $30.

Likewise, ecstasy is prominently mentioned in HIDTA Task Force reports. For example, the Front Range Task Force states that MDMA investigations are presently consuming 50 percent of Task Force resources. The Jefferson County Task Force reports increasing availability with seizures of 500 dosage units a common occurrence.

Denver area programs are beginning to see a few young clients coming into treatment for MDMA as a primary drug. Whether it is their primary drug or they are using it on an experimental basis, young adults talk about using ecstasy in social settings like clubs, bars, concerts, and raves and talk about increased energy and euphoria associated with its use. Several programs across the State mention that many of their MDMA users experience depression. Also, MDMA users in treatment programs talk of it being difficult to stay away from drugs at raves.

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, such mentions dropped to 43 in 2000.

In ADAD's treatment survey sample of 764, 73 or 9.6 percent, reported lifetime use of GHB, with .5 percent having used in the past 30 days. The average age of the users was 17.8 years.

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).

A **Denver area** program reported that a young client overdosed on GHB while in treatment, passing out in group therapy with a bottle of GHB found on him. A **Northeast** program stated that some of their young clients have said that they think GHB is dangerous and can "kill them".

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 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 2000.

In ADAD's treatment survey sample of 764, only 14 or 2 percent, reported lifetime use of Rohypnol with .3 percent having used in the past 30 days. The average age of the users was 19 years.

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. The RMPDC did not report any ketamine calls from 1994 to 2000. There were only 3 ketamine ED mentions from 1994 to 1999. However, there were 12 such mentions in 2000.

In ADAD's treatment survey sample of 764, 138 or 18.1 percent, reported lifetime use of ketamine with 2.2 percent having used in the past 30 days. The average age of the users was 17 years.

Dextromethorphan (DXM) is an opioid agent used as a cough suppressant in a number of over-the-counter cough and cold products. Most products contain 10 to 15 milligrams (mg) of DXM. However, Coricidin HBP contains 30 mg, the largest dose on the market. DXM produces a dissociative high, like an out of body experience. Large doses can cause a fast heart, slurred speech, confusion, hallucinations, and possibly seizures.

In ADAD's treatment survey sample of 764, 78 or 10.2 percent, reported lifetime use of DXM with 2.2 percent having used in the past 30 days. The average age of the users was 16 years.

A **Denver area** program reported that their younger clients say that DXM is very popular, but has not yet shown up as a primary drug of abuse. They stated that adolescents steal Coricidin HBP from pharmacies and "eat 6 to 12 pills" at a time.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS

Of the 7,272 AIDS cases reported in Colorado through September 30, 2001, 8.9 percent were classified as IDUs, and 11 percent were classified as homosexual or bisexual males and IDUs (exhibit 5).

1995-2001* Exhibit 1: Treatment Admissions by Drug Type

DRUG	1995	1996	1997	1998	1999	2000	2001*
Heroin	1936	1956	1613	1891	2070	1889	743
%	15.4%	15.1%	13.7%	13.2%	14.3%	14.5%	12.1%
Non-Rx Methadone	41	38	16	30	31	25	14
%	0.3%	0.3%	0.1%	0.2%	0.2%	0.2%	0.2%
Other Opiates N	314	283	253	331	391	419	227
%	2.5%	2.2%	2.2%	2.3%	2.7%	3.2%	3.7%
Methamphetamine N	1412	1162	1748	1930	1549	1699	903
%	11.2%	8.9%	14.9%	13.5%	10.7%	13.0%	14.8%
Other Stimulants N	142	90	100	97	153	199	79
%	1.1%	0.7%	0.9%	0.7%	1.1%	1.5%	1.3%
Cocaine N	3910	3976	3182	3796	3417	2763	1305
%	31.0%	30.6%	27.1%	26.6%	23.6%	21.2%	21.3%
Marijuana N	4429	5043	4457	5686	6315	5537	2472
%	35.2%	38.8%	37.9%	39.8%	43.7%	42.4%	40.4%
Hallucinogen N	78	95	75	99	108	108	36
%	0.6%	0.7%	0.6%	0.7%	0.7%	0.8%	0.6%
PCP N	8	3	2	2	8	9	1
%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%
Barbiturates N	14	12	17	23	21	9	1
%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%
Sedatives N	20	15	24	29	26	38	9
%	0.2%	0.1%	0.2%	0.2%	0.2%	0.3%	0.1%
Tranquilizers N	89	95	88	97	130	78	36
%	0.7%	0.7%	0.7%	0.7%	0.9%	0.6%	0.6%
Inhalants N	173	130	100	117	71	67	40
%	1.4%	1.0%	0.9%	0.8%	0.5%	0.5%	0.7%
Other N	33	90	79	166	160	206	235
%	0.3%	0.7%	0.7%	1.2%	1.1%	1.6%	3.8%
TOTAL	12599	12988	11754	14294	14450	13046	6117

Source for Exhibit 1 & 2: DACODS
***First Half**

*EXHIBIT 2: ANNUAL PERCENTAGE OF HEROIN, METHAMPHETAMINE, COCAINE AND MARIJUANA USERS ENTERING TREATMENT WITHIN THREE YEARS OF INITIAL USE: 1995-01**

DRUG	1995	1996	1997	1998	1999	2000	2001*
HEROIN N	280	328	262	362	354	336	109
%	14.9%	17.1%	16.6%	19.6%	17.6%	18.6%	14.9%
METHAM N	412	296	514	517	312	340	142
%	29.6%	25.8%	30.5%	27.3%	20.6%	20.4%	16.2%
COCAINE N	607	599	433	587	515	445	188
%	15.8%	15.3%	14.0%	15.8%	15.5%	16.5%	14.6%
MARIJ. N	1601	1783	1429	1669	1540	1541	661
%	36.6%	35.8%	33.1%	30.5%	25.4%	28.9%	27.4%

**First half*

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

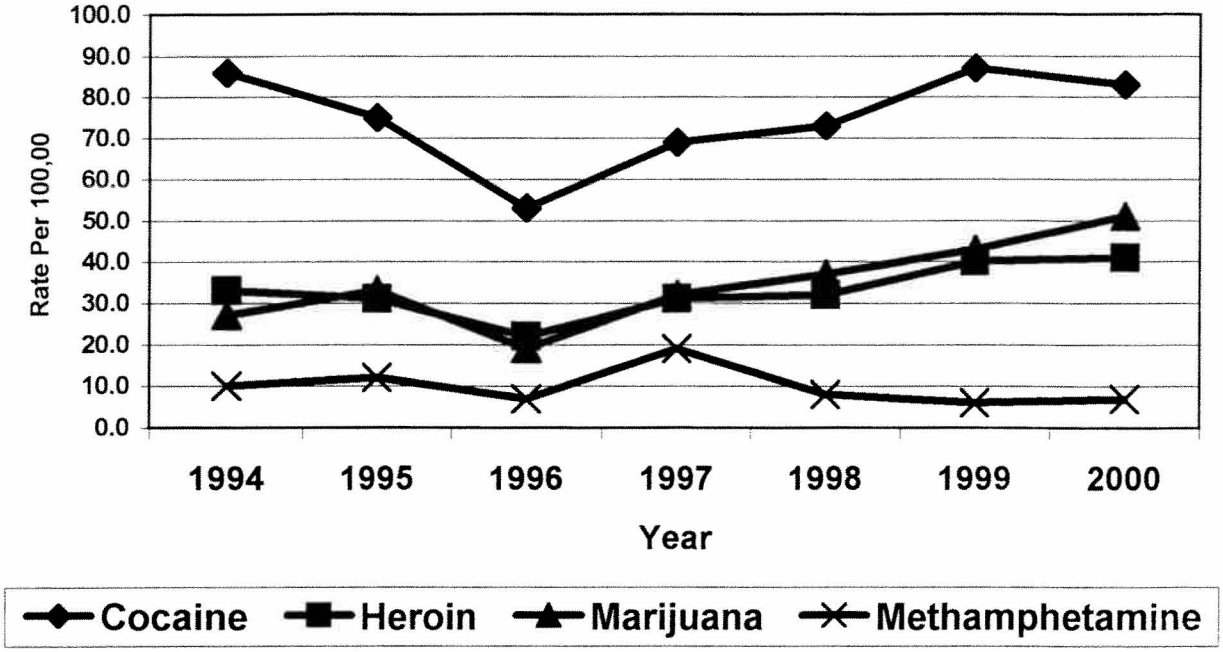

*EXHIBIT 4 (*Source: CHA & CDPHE)

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

COLORADO CUMULATIVE AIDS CASES
BY DEMOGRAPHIC CATEGORY
THROUGH September 30, 2001

ITEM	NUMBER	PERCENT
Number of confirmed cases	7,272	100%
GENDER		
▪ Male	6,748	92.8%
▪ Female	524	7.2%
RACE/ETHNICITY		
▪ White	5,342	73.5%
▪ African-American	794	10.9%
▪ Hispanic	1060	14.6%
▪ Asian	29	.4%
▪ Native American	47	.6%
AGE AT DIAGNOSIS (years)		
▪ <13	29	.4%
▪ 13 – 19	28	.4%
▪ 20 – 29	1,213	16.6%
▪ 30 – 39	3,548	48.8%
▪ 40 – 49	1,788	24.6%
▪ 50+	666	9.2%
EXPOSURE CATEGORY		
▪ Men/sex/men	4,985	68.6%
▪ Injecting drug user (IDU)	645	8.9%
▪ MSM and IDU	797	11.0%
▪ Heterosexual contact	395	5.4%
▪ Other	183	2.4%
▪ Risk not identified	267	3.7%

Source: Colorado Department of Public Health and Environment