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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PATTERNS AND TRENDS IN DRUG ABUSE: *DENVER AND COLORADO*

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Although current indicators are mixed, marijuana continues to be a major problem in Colorado. Clients, whose primary drug was marijuana, constituted the largest proportion of drug related treatment admissions in 2001. However, marijuana ED mentions, which had increased by 55 percent from 1995 to 2000, stabilized during the first half of 2001. Conversely, marijuana related hospital discharges climbed to their highest level in the 1995 to 2001 time period. Cocaine indicators are also mixed with deaths showing increases; new users in treatment and ADAM data remaining stable; and ED mentions and treatment admission declining. Cocaine inhalers have been entering treatment in greater numbers, while smokers have been declining. DEA reports of greater cocaine hydrochloride availability at high purity may be driving some of these changes. A mixed pattern is also the circumstance for heroin indicators, with hospital discharges and deaths increasing, ADAM data stable, and ED mentions and treatment admissions down slightly. 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. A mixed indicator pattern is also the case for methamphetamine with ED mentions down, but treatment admissions up slightly. 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 4,324,920 in 2000, or by 31.3 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.

- Colorado and the Denver metropolitan area, though prospering economically, have seen small increases in unemployment rates. Colorado's unemployment rate for February 2002 was 5.8 percent, up from 3.6 in August 2001. Likewise, Denver's unadjusted unemployment rate for February 2002 was 5.9 percent, compared to 3.5 percent in August 2001.

2. Data Sources and Time Periods

Data presented in this report were collected and analyzed in April and May 2002. 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 1995 through the first half of 2001 are provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) through its Drug Abuse Warning Network (DAWN).

- **Hospital discharge data** statewide for 1995-2001 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. 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 in their second quarter FY 2002 report.

- **Death statistics and communicable disease data** are available from the Colorado Department of Public Health and Environment (CDPHE). Data are presented from 1995 to 2001.

- **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 2001.

- **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 and CY 2001 (first two quarters) use percentages by drug type are indicated.

DRUG ABUSE TRENDS

1. Cocaine and Crack

While a few cocaine indicators increased, most remained stable or declined in 2001. Denver metro cocaine emergency department mentions per 100,000 population (exhibit 3), after declining from 75 to 53 from 1995 to 1996, increased steadily to 87 in 1999, but declined slightly to 83 per 100,000 in 2000 and to a projected 56 per 100,000 for all of 2001.

Also, statewide hospital discharge data (exhibit 4) showed that cocaine occurrences per 100,000 increased from 55.3 in 1995 to 62.8 in 1998, but have remained relatively stable through 2001 (63.2 per 100,000).

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 and more than doubled to 127 in 2001.

However, the proportion of cocaine treatment admissions has declined considerably over the past seven years (exhibit 1). In 1995, primary cocaine abuse accounted for 31 percent of all drug abuse treatment admissions compared with only 20.7 percent for 2001.

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 15.6 percent in 2001 (exhibit 2).

Treatment admission data indicate that cocaine injecting declined from 1995 (12.4 percent) through 1998 (10.6 percent), but increased slightly to12.7 percent through 2001. Smoking percentages have declined steadily from 67.5 percent in 1995 to 57.9 percent in 2001. Conversely, inhalation has been steadily increasing from 17.7 percent in 1995 to 25.8 percent in 2001. This is probably due to the increased availability of cocaine hydrochloride (HCL).

Race/ethnicity proportions for **total** cocaine treatment admissions have been changing. In 2001, Whites accounted for the largest percentage of cocaine admissions (47.3 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 26.3 percent in 2001. Conversely, African-American cocaine admissions have been almost cut in half dropping from 39 percent in 1995 to only 19.8 percent in 2001.

Likewise, age categories have been changing since 1995. In 1995, 63.2 percent of cocaine admissions were under thirty-five; this decreased to 49.7 percent in 2001. Conversely, cocaine admissions 35 and over have climbed steadily during the same time period from 36.8 to 50.3 percent. Cocaine admissions remain predominantly male, with the proportion remaining relatively constant from 1995 (59.3 percent) through 2001 (60.4 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 86 in 1995 (23 per million) to a peak of 146 in 1999 (36 per million). While they declined to 116 in 2000 (27 per million), they increased again to 134 in 2001 (30.4

per million), the second highest number of deaths in the time period indicated.

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. These numbers were stable in the first two quarters of CY 2001, with 35.1 percent of males and 46.5 percent of females testing positive.

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: $20,000 per kilogram, and $800-1,000 per ounce in the Denver Metro area with purity in the 30 to 90 percent range; $15,000-25,000 per kilo, $500-1,100 per ounce, and $100-125 per gram (50 percent purity) in Colorado Springs (south of Denver on the Front Range); and $21,000 per kilo (65 percent purity) and $750 per ounce (30 percent purity) in Grand Junction (Western Slope of Colorado). These prices show only small changes from the prior reporting period. Crack prices remain relatively stable at $950-1,200 per ounce and $20-30 per rock in Denver.

2. Heroin

For 2001, heroin indicators are mixed with some increasing and some declining.

DAWN data show that heroin ED mentions (exhibit 3) declined from 1995 (31 per 100,000) through 1996 (22 per 100,000), but nearly doubled from 1996 to 2000 (41 per 100,000). However, based on data from the first half of 2001, it appears that heroin ED mentions will decline to 34 per 100,000 for the entire year.

Conversely, hospital discharge data (exhibit 4) indicate that opiate occurrences per 100,000 population, after dropping from 29.4 to 19.9 from 1995 to 1996, have climbed steadily to 50.8 per 100,000 by 2001 (an overall increase of 73 percent).

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. However, in 2001 the heroin related calls increased to the 1999 level of 36.

Among Colorado treatment admissions (exhibit 1), the proportion and number of heroin admissions remained fairly stable from 1995 (15.4 percent) through 2000 (14.5 percent), with a slight decline to 13.9 percent in 2001. Likewise, the proportion and number of new heroin users entering treatment, after increasing from 14.8 percent in 1995 to 18.7 percent in 2000, declined to 16.5 percent in 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 2001 (32 percent). However, race/ethnicity proportions have changed during this same time period. Whites have increased as a percentage of total from 56.1 percent in 1995 to 67.5 percent in 2001, while Hispanics have decreased (29.8 percent to 20.7 percent). Also, the 25 and under age group has increased as a

percentage of heroin admissions from only 10.6 percent in 1995 to 18.4 percent in 2001.

Accompanying the heroin client demographic realignments, are small changes in route of administration, with heroin smoking and inhalation becoming more common. In 1995, only 4.5 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, 8.5 percent in 1999, 10.2 percent in 2000, and 9.5 percent in 2001.

From 1990 through 1996 opiate related deaths averaged 85 per year. However, this average increased dramatically to 150 deaths per year from 1996 through 2001, an increase of 76 percent.

Interestingly, CY 2000 ADAM data showed females (5.8 percent) with a higher positive opiate urine screen than males (3.4 percent). However, in the first two quarters of CY 2001, the reverse was true with 6.2 percent of males and only 1 percent of females testing positive for opiates.

The Denver DEA reports that heroin is widely available in the large metropolitan areas. In the Denver metro area, the majority of heroin sales take place in the lower downtown area. Marketing is controlled by Mexican Nationals. They also control the street level heroin market in the form of small autonomous distribution cells. Street level weight is usually sold in grams selling for $100 to $150 with ounces going for $2000 to $3000. The DEA Domestic Monitoring Program (DMP) buys reveal that the purity of Mexican heroin ranges from 8 to 64 percent (average purity around 19 percent). In addition, the DMP reports the average price per milligram pure is $1.31.

In Colorado Springs, quantities of heroin are selling for $1800 to $3500 per ounce and $75 to $300 per gram. The average purity is around 40 percent.

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 73 percent from 1995 to 2001.

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 3.8 percent in 2000 and 2001, respectively.

The DEA reports that diversion of Oxycontin continues to be a "major problem" in the Rocky Mountain West. They state that tablets have been stolen from numerous pharmacies throughout the Rocky Mountain area from October 2001 through March 2002.

4. Marijuana

Marijuana indicators are mixed for 2001, with some increasing, some decreasing and some stable.

From 1995 to 2000, the rate per 100,000 of marijuana ED mentions increased by 55 percent from 33 to 51 (exhibit 3). However, based on data from the first half of 2001, they are projected to decline to an annual rate of only 40 per 100,000. However, marijuana hospital discharge occurrences per 100,000 (exhibit 4) have risen

dramatically from 45.6 in 1995 to 62.5 in 2001.

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, 2000, and 2001 there were 47, 58, and 97 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 40.6 percent through 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 and a more casual attitude about marijuana use in society in general.

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 29.9 percent, and remained at that level (29.1 percent) during 2001 (exhibit 2).

Data indicate only slight changes in the demographics of marijuana treatment clients. Race proportions remained relatively stable from 1995 to 2001. Hispanics increased as a percentage of marijuana admissions, from 31.4 percent in 1995 to 36.3 percent in 1999. However, they declined to 29.0 percent in 2001. Likewise, Whites declined from 57.1 percent to 52.4 percent of marijuana admissions during the 1995 to 1999 time period, but increased to 55.6 percent in 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 2001. Those 12 to 17 decreased slightly from 42.0 percent in 1995 to 38.0 percent in 2001, but remained the largest group in treatment for marijuana.

Also, CY 2000 ADAM data indicated that 40.9 percent of the male arrestee sample and 38.5 percent of the female arrestee sample had positive marijuana urine screens. However, in data from the first two quarters of CY 2001, both proportions declined, with 37.3 percent of males and 31.3 percent of females testing positive 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 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 $3,000 per pound and $200 to $300 per ounce.

5. Stimulants

Indicator data show substantial fluctuation in methamphetamine and other stimulant use in Denver and across Colorado from 1995 to 2001.

Methamphetamine ED mentions per 100,000 in Denver decreased from 11 in 1995 to only 7 in 2000; and are projected to drop to only 4 per 100,000 in 2001, based on data from the first half of the year. Conversely, amphetamine ED mentions per 100,000, after dropping from 18 to 7 from 1995 to 1998, rose to 21 in 2000. However, they are projected to decrease to 14 per 100,000 in 2001, based on data from the first half of the year. Amphetamine-related hospital discharge occurrences per 100,000 (exhibit 4) have also shown a fluctuating pattern from 1995 to 2001. However, overall they have increased during that time period from 19.4 to 26.3 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 sharply to 291, 269, and 581 in 1999, 2000, and 2001 respectively.

Methamphetamine treatment admissions have shown a fluctuating pattern over the past seven years. However, in 2001 they constituted 15.6 percent of drug admissions, the highest proportion during the 1995 to 2001 time period. **Amphetamine** admissions are typically only a fraction of those for methamphetamine. However, from 1995 to 2000 they increased from 111 to 171, or from .9 percent to 1.3 percent of all drug treatment admissions, but declined slightly to 128 admissions (1 percent) during 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 2001, the proportion of new users has declined to only 19.9 percent.

Injecting had been the most common route of administration for methamphetamine. However, the IDU proportion has been declining from 1995 (41 percent) to 2001 (32.3 percent), while smoking has become increasingly common in the last seven years. In 2001, about 43 percent of methamphetamine treatment admissions smoked the drug, compared with only 16 percent in 1995.

Methamphetamine treatment admissions for 2001 remain predominately White (83.5 percent), although the Hispanics have increased in treatment from 9.2 percent in 1995 to 11.1 percent in 2001. Females accounted for slightly less than half of methamphetamine admissions in 2000 and 2001 (46 percent). As to age, from 1995 to 2001, those 25 and under have remained at about one-third of admissions, those 26 to 34 have declined from 38.4 percent to 32.6 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 15 between 1994 and 1997 to 34 between 1998 and 2001 (a 127 percent increase).

According to ADAM data, only a small percentage of positive methamphetamine urine screens were reported in CY 2000, 2.6 percent of the male arrestee sample and 5.3 percent of the female arrestee sample. These figures changed only slightly in the first two quarters of CY 2001 with 3.2 percent of males and 5.1 percent of females testing positive for the methamphetamines.

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 through March 2002, 85 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 methamphetamine is 10 to 20 percent. The DEA reports that Colorado methamphetamine street prices are stable at $90-$110 per gram, and $700–$1,200 per ounce.

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=782). 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.

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 56 in 2000. In addition, there were 25 MDMA ED mentions in the first half of 2001, about the same as in the first half of 2000 (N=24).

In ADAD's treatment survey sample of 782, 267 or 34 percent, reported lifetime use of ecstasy, with 4.5 percent having used in the past 30 days. The average age of the users was 17.3 years and the average age of first use was 15.9 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 and on the East Coast, with source connections in Europe. They place the one tablet or capsule price at $10 to $20.

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 had also increased from 7 in 1997 to 13 in 1998 to 71 in 1999. However, such mentions dropped to 44 in 2000, with only 9 mentions being reported in the first half of 2001.

In ADAD's treatment survey sample of 782, 73 or 10 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, and the average age of first use was 16.1.

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).

Rohypnol (roofies) is a benzodiazepine sedative (others include Valium and 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 the first half of 2001.

In ADAD's treatment survey sample of 782, 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, and the average age of first use was 16 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 and 9 mentions in the first half of 2001.

In ADAD's treatment survey sample of 782, 139 or 19 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, while the average age of first use was 15.6 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 782, 78 or 11 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, while the average age of first use was only 14.9 years.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS

Of the 7,380 AIDS cases reported in Colorado through March 31, 2002, 9.0 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	1937	1957	1613	1894	2086	1896	1810
%	15.4%	15.1%	13.7%	13.2%	14.4%	14.5%	13.9%
Non-Rx Methadone	41	38	16	30	31	25	27
%	0.3%	0.3%	0.1%	0.2%	0.2%	0.2%	0.2%
Other Opiates N	314	283	254	331	392	421	492
%	2.5%	2.2%	2.2%	2.3%	2.7%	3.2%	3.8%
Methamphetamine N	1412	1162	1748	1931	1554	1710	2037
%	11.2%	8.9%	14.9%	13.5%	10.7%	13.0%	15.6%
Other Stimulants N	142	90	100	97	153	202	157
%	1.1%	0.7%	0.9%	0.7%	1.1%	1.5%	1.2%
Cocaine N	3910	3978	3182	3798	3432	2768	2699
%	31.0%	30.6%	27.1%	26.6%	23.7%	21.1%	20.7%
Marijuana N	4429	5042	4459	5686	6339	5571	5299
%	35.2%	38.8%	37.9%	39.8%	43.7%	42.5%	40.6%
Hallucinogen N	78	95	75	99	108	108	97
%	0.6%	0.8%	0.7%	0.7%	0.7%	0.8%	0.7%
PCP N	8	3	2	2	8	9	6
%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%
Barbiturates N	14	12	17	23	21	9	9
%	0.1%	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%
Sedatives N	20	15	24	29	26	38	22
%	0.2%	0.1%	0.2%	0.2%	0.2%	0.3%	0.2%
Tranquilizers N	89	95	88	97	130	79	77
%	0.7%	0.7%	0.8%	0.7%	0.9%	0.6%	0.6%
Inhalants N	173	131	100	117	71	67	72
%	1.4%	1.0%	0.9%	0.8%	0.5%	0.5%	0.6%
Other N	33	90	79	167	160	206	235
%	0.3%	0.7%	0.7%	1.2%	1.1%	1.6%	1.8%
TOTAL	12600	12991	11757	14301	14511	13109	13039

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: 1995-01***

DRUG	1995	1996	1997	1998	1999	2000	2001
HEROIN N	280	328	262	362	356	352	295
%	14.8%	17.0%	16.6%	19.6%	17.6%	18.7%	16.5%
METHAM N	412	296	514	517	312	347	400
%	29.6%	25.8%	30.5%	27.3%	20.5%	20.5%	19.9%
COCAINE N	607	599	433	587	516	447	413
%	15.8%	15.3%	14.0%	15.8%	15.5%	16.5%	15.6%
MARIJ. N	1601	1783	1430	1669	1547	1644	1516
%	36.6%	35.8%	33.1%	30.5%	25.4%	29.9%	29.1%

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

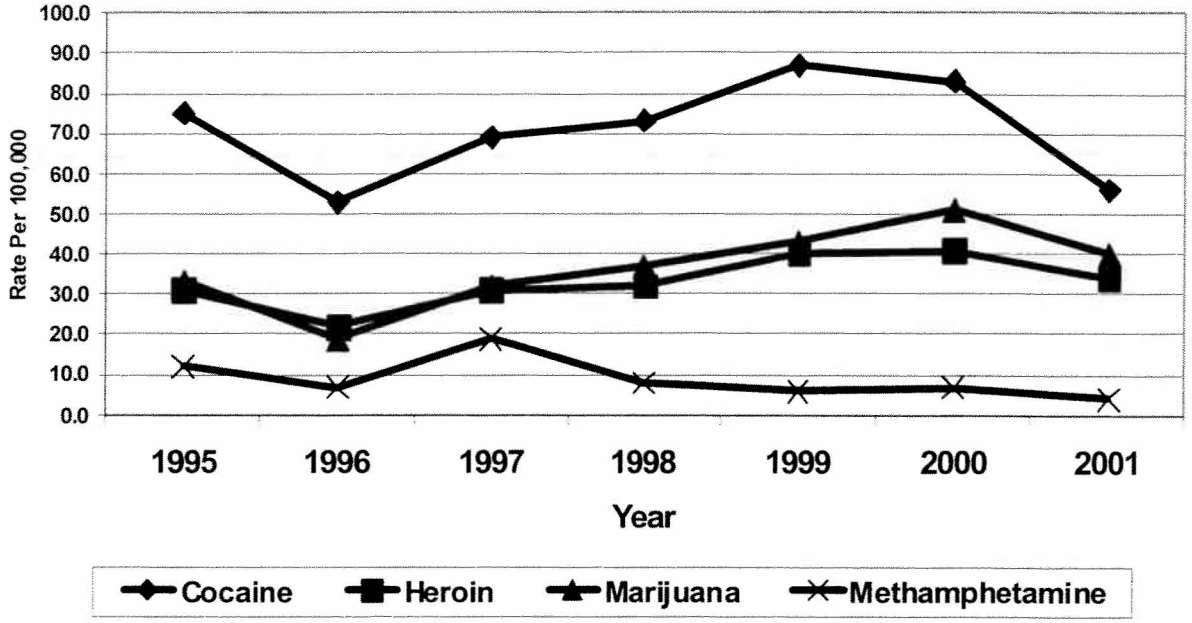

*EXHIBIT 4 (*Source: CHA & CDPHE)

HOSPITAL DISCHARGE MENTIONS PER 100,000 FOR SELECTED DRUGS: 1995-2001

DRUG	1995	1996	1997	1998	1999	2000	2001
AMPHETAMINES	728	532	959	815	682	942	1161
RATE/100K	19.4	13.9	24.6	20.5	16.9	21.8	26.3
COCAINE	2070	2255	2245	2492	2517	2732	2787
RATE/100K	55.3	59.0	57.7	62.8	62.3	63.2	63.2
MARIJUANA	1708	1740	2118	2227	2204	2455	2755
RATE/100K	45.6	45.6	54.4	56.1	54.6	56.8	62.5
NARC. ANALGS.	1103	760	1458	1566	1639	2053	2237
RATE/100K	29.4	19.9	37.5	39.5	40.6	47.5	50.8
POPULATION	3746585	3819789	3892996	3966198	4039402	4324920	4407305

EXHIBIT 5

COLORADO CUMULATIVE AIDS CASES BY DEMOGRAPHIC CATEGORY THROUGH March 31, 2002

ITEM	NUMBER	PERCENT
Number of confirmed cases	**7380**	**100%**
GENDER		
▪ **Male**	**6838**	**92.7%**
▪ **Female**	**542**	**7.3%**
RACE/ETHNICITY		
▪ **White**	**5385**	**73.0%**
▪ **African-American**	**817**	**11.1%**
▪ **Hispanic**	**1101**	**14.9%**
▪ **Asian**	**30**	**.4%**
▪ **Native American**	**47**	**.6%**
AGE AT DIAGNOSIS (years)		
▪ **<13**	**30**	**.4%**
▪ **13 – 19**	**29**	**.4%**
▪ **20 – 29**	**1227**	**16.6%**
▪ **30 – 39**	**3596**	**48.7%**
▪ **40 – 49**	**1824**	**24.7%**
▪ **50+**	**674**	**9.1%**
EXPOSURE CATEGORY		
▪ **Men/sex/men**	**5051**	**68.4%**
▪ **Injecting drug user (IDU)**	**661**	**9.0%**
▪ **MSM and IDU**	**809**	**11.0%**
▪ **Heterosexual contact**	**415**	**5.6%**
▪ **Other**	**184**	**2.5%**
▪ **Risk not identified**	**260**	**3.5%**

Source: Colorado Department of Public Health and Environment