PATTERNS AND TRENDS IN DRUG ABUSE: DENVER AND COLORADO, CY2004

Nancy E. Brace, R.N., M.A.
Alcohol and Drug Abuse Division
Colorado Department of Human Services
June 2005

Alcohol remained Colorado's most frequently abused substance and tobacco is responsible for 4,200 deaths in Colorado annually. Excluding alcohol and tobacco, the use and trafficking of illegal drugs continues to be an expanding problem for Colorado with much of the transporting, distribution and selling of illegal substances supported by organized crime entities. Cocaine consistently had the highest drug incidence rate per 100,000 population for emergency department visits, drug-related hospital discharges and drug-related mortality rates since 1996 through 2002. In 2003 opiate-related drug misuse mortalities exceeded those that were cocaine-related. Cocaine had the highest number of drug-related calls to the Rocky Mountain Poison and Control Center for calendar years 2001-2003 for the Denver area. In 2004 amphetamines, methamphetamine and other stimulants combined exceeded cocaine in the number of these calls. In 2003 and 2004 methamphetamine surpassed cocaine in the number of treatment admissions. Drug enforcement officials and treatment providers have corroborated this increase in methamphetamine use and trafficking in Colorado. Marijuana use continues to result in the highest number of treatment admissions annually since 1997 and in the highest percentage of users entering treatment within 3 years of initial use. Methamphetamine takes second place in the latter category, surpassing both cocaine and heroin. Most indicators for heroin are decreasing with the exception of mortality data. Experts in the field report an increase in opiate prescription diversion, especially among adolescents. Initial use for most of these illegal substances seems to be occurring at a younger age.

INTRODUCTION

1. Area Description

Denver, the capital of Colorado, is located slightly northeast of the State's geographic center. Covering only 154.6 square miles, Denver is bordered by several suburban counties: Arapahoe on the southeast, Adams on the northeast, Jefferson on the west, Broomfield on the northwest and Douglas on the south. These areas made up the Denver Population and Metropolitan Statistical Area (PMSA) through 2004.

In 2005 the Federal Office of Management and Budget (OMB) added four new counties: Elbert, Park, Clear Creek and Gilpin, and renamed the area the Denver-Aurora MSA. The Denver-Aurora MSA covers 8,390 square miles. These additions should be noted in the future when comparing 2005 with previous years' data.

Denver and the surrounding counties experienced rapid population growth from the 1990s through 2003. According to the 2004 Colorado census forecast, the Denver-

PMSA population was 2,348,764. The city of Denver accounts for 12 percent of Colorado's total population. The Denver PMSA accounts for 50 percent of the total state population. By the end of 2006 the Denver-Aurora MSA is expected to increase by 4.0 percent to 2,415,156.

Colorado was the third fastest growing state in the U.S until 2004 when the growth rate declined. The population more than doubled from 1960 to 2000. Recently, however, the population who moved from Colorado to the surrounding states exceeded new arrivals. Colorado now ranks among those states with the lowest rates of net domestic immigration, and is 14th on the list of fastest growing states. Statewide the population is expected to increase from the 2004 census projection of 4,642,589 to 4,706,754 by the end of 2005, or by 1 percent.

The median age in the Denver area is 33.1. Males comprise 50.5 percent and females 49.5 of the population. Ethnic and racial characteristics of the area are: whites 65 percent, Black or African American 11 percent, Native American Indian 3 percent, Asian 3 percent and Native Hawaiian and Other Pacific Islanders 0.1 percent. Hispanics or Latinos of any race compose 32 percent of the area's population.

The average household size is 2.27 and the average family size is 3.14. For the population 25 years of age and older, 79 percent are high school graduates or higher, and 35 percent have Bachelor's degrees or higher.

The major industries in Colorado are communications, utilities, agriculture and transportation. The employment growth rate in the state exceeded the nation's at the end of 2004, with the U.S. and Colorado growing at 1.6 and 2.1 percent respectively.

The per capita income for the city is $24,101. The median household income is $55,883 and the median family income is $47,203. Eleven percent of families and 14 percent of individuals in the area are below the poverty level. The unemployment rate as of March 2005 was 5.7. Nationally it was 5.6.

Two major Interstate highways, I-25 and I-70 bisect Denver. I-25 runs north-south from Wyoming through New Mexico, and I-70 runs east-west from Maryland through Utah.

The Violent Crime Rate National Ranking for Colorado is 27 out of 50.

Several considerations may influence drug use in Denver and Colorado:

- easy transit across multiple states via the Interstate highways;

- the area's major international airport is nearly at the midpoint of the continental United States;

- population growth and expanding economic opportunities;

- remote rural areas ideal for the undetected manufacture, cultivation, and transport of illicit drugs;

- a young citizenry 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; and

- the Denver-Aurora MSA unemployment

rate was 5.0 percent as of November 2004, a decrease of 1 percent from a year earlier.

2. Data Sources and Time Periods

Unless otherwise specified, the data in this report are for calendar year (CY) 2004, and were collected and analyzed in May, 2005. 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) visits** for the Denver metropolitan area for calendar year 2004 were provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Applied Studies (OAS) through its Drug Abuse Warning Network (DAWN LIVE!). Data were accessed on and reflect cases received by DAWN as of 4/13/05-4/14/05 and are subject to change in future OAS quality review. Because these data were unweighted they cannot be used as an estimate of the reporting area. (Only weighted DAWN data released by SAMHSA can be used for trend analysis.) While the total number of eligible DAWN hospitals for 2004 was 14, 6-8 reported each month. The total number of cases was 7,559 for 2004, reflecting a 36 percent response rate. DAWN data represents drug reports in drug-related ED visits. Because a patient may report more than one drug, the number of drugs may exceed the number of visits. A full description of

the DAWN system can be found at http://dawninfo.samhsa.gov.

- **Drug-related mortality data** for the Denver metropolitan area for 1997 through 2003 were provided by SAMHSA's Drug Abuse Warning Network, 2003: Area Profiles of Drug Related Mortalities. The Colorado Department of Public Health and Environment (CDPHE) provided statewide mortality data for CY2003. Data for CY2004 were unavailable at the time of document completion.

- **Hospital discharge data** statewide for 1997-2003 were provided by the Colorado Hospital Association through the CDPHE Health Statistics Section. Data included diagnoses (ICD-9-CM codes) for inpatient clients at discharge from all acute care hospitals and some rehabilitation and psychiatric hospitals. These data did not include ED care. Data for CY2004 were unavailable at the time of document completion.

- **Drug/Alcohol Coordinated Data System (DACODS) reports** are completed on clients at admission and discharge from all Colorado alcohol and drug treatment agencies licensed by ADAD. Annual figures are given for CY1997 through CY2004. DACODS data are collected and analyzed by the Alcohol and Drug Abuse Division (ADAD), Colorado Department of Human Services.

- **Data Regarding Methamphetamine Use in Men who have Sex with Men (MSM) in Denver** were provided by Dr. Mark Thrun, Medical Director, HIV Prevention, Denver Public Health.

- **Availability, price, and distribution data** were collected from local Drug Enforcement Administration (DEA) Denver Field Division (DFD) officials in their fourth quarter FY 2004 report, the Office of National Drug Control Policy (ONDCP), Drug Policy Information Clearinghouse, "Denver, Colorado, Profile of Drug Indicators, June 2004" and from the December 28, 2004 issue of Narcotics Digest Weekly, Volume 3, Number 52.

- **Communicable disease data** were obtained from the CDPHE. Data are presented from 1997 through 2004.

- **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 1996 through 2004.

- **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 were 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 2001, CY 2002 and CY 2003 use percentages by drug type were included as a historical reference.

- **Sentencing Data** on federal drug convictions in the State of Colorado for federal fiscal year 2002 were compiled by the United States Sentencing Commission, Office of Policy Analysis.

- **Information about offenders in the Colorado Correctional system** for substance abuse related crimes was supplied by The Colorado Department of Corrections, Overview of Substance Abuse Treatment Services Fiscal Year 2004.

- **Statistics on seized and forensically analyzed drug items** were provided by the DEA, Office of Diversion Control, National Forensic Laboratory Information System (NFLIS) Year 2003 Annual Report, the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) Taskforce and from information reported by the Denver Police Department Crime Laboratory.

- **Alcohol data** were taken from the "U.S. Apparent Consumption of Alcoholic Beverages Based on State Sales" by the U.S. Department of Health and Human Services, June 2004, the Rocky Mountain Insurance Information Association (RMIIA), the Department of Transportation Fatality Analysis Reporting System (FARS) and Colorado State Patrol statistics.

- **Drug Testing Index** data for CY2004 were provided by Quest Diagnostics. The positivity rate is the number of positive test results compared to the total number of drug tests performed by Quest Diagnostics (7.2 million workplace drug tests nationally) in CY2004. Quest Diagnostics performs workplace testing for three major populations: federally-mandated, safety-sensitive workers (such as pilots, bus and truck drivers, and workers in nuclear power plants); the general workforce and the combined workforce. (Note: the positivity rate may also reflect the availability and type of employment opportunities for different geographic areas of Colorado.)

- **Tobacco statistics** for 2004 were excerpted from the "State of Tobacco Control 2004" by the American Lung Association. Statistics for 2003 were provided by the CDPHE, "Health Watch 2003."

- **Crime statistics** for Colorado in 2003 were taken from the Colorado Bureau of Investigation crime reports.

- **Cost estimates** for untreated substance abuse in Colorado were taken from National Estimates of Expenditures for Substance Abuse Treatment, 1997, SAMHSA, February 2001.

- **Population statistics** were obtained from the Colorado Demography Office, Census 2000 including estimates and projections, and factfinder.census.gov.

DRUG ABUSE TRENDS

1. Alcohol

Alcohol continues to be the most abused substance in the state. Colorado ranks 19 percent higher than the national average and 5th in the nation in per capita consumption of beverage alcohol. Alcohol use disorders are medically based disorders related to abuse of or dependence on alcohol.

Alcohol has consistently been the most frequently mentioned drug in emergency room visits for the Denver PMSA. "Old" DAWN data for emergency department visits for alcohol in the Denver area peaked in 1999 and 2000 (107 per 100,000 and 109 per 100,000 respectively).

New Dawn Live! data, which is unweighted and not comparable to the previous system, indicated 100.5 per 100,000 population

alcohol incidence rate for FY2004. (Exhibit 1-C). Overall, alcohol was involved in 38 percent of all drug-related visits. Five hundred fifteen (22 percent) adults sought detoxification through the emergency department and 45 percent had other alcohol-related issues.

Alcohol-related emergency department visits for those under 21 years of age (N=755) comprised 33 percent of all alcohol-related visits and 12 percent of all drug-related emergency department visits. Of these youth, 61 percent were male; 53 percent irrespective of gender were in the 12-17 year age range; and 46 percent were in the 18-20 year age group.

Statewide drug-related hospital discharges rose yearly from 418 per 100,000 in 1998 to 518 per 100,000 in 2003 (Exhibit 2). Discharge data for CY2004 were unavailable for this report.

According to DAWN 2003 Mortality data, alcohol ranked second in multi-drug deaths in 2003 and was third in the top five drugs related to drug misuse death (Exhibit 7-C) for the Denver-Aurora Metropolitan area.

During CY 2004, 41 percent of all clients admitted to treatment stated their primary drug of abuse was alcohol (Exhibit 11). This figure has been steadily increasing since 2001. Six percent of these clients were under the age of 18. Of those 18 years of age or older, 72 percent began using alcohol before 18 years of age. Anecdotal information from clinicians in the treatment field indicated that alcohol was one of two major gateway drugs (the other being marijuana) Colorado youth used to enter the drug culture.

During 2004, ADAD reported 44,514 detoxification discharges and 20,452

discharges from the Drinking Driver DUI education and therapy program. Untreated alcoholism accounts for some of Colorado's greatest concerns, such as violent crimes, homelessness, domestic violence, vehicular crashes, overcrowded jails, poverty, and overcrowded emergency and foster care systems. Each year Colorado spends $4.4 billion in costs related to untreated substance abuse, adding a substantial financial burden to taxes and already stressed governmental resources.

Even though laws exist that prohibit selling alcoholic beverages to minors, alcohol is the number one drug for adolescents in Colorado. It is readily available and inexpensive and purveyors target younger age groups. Recent marketing trends include marijuana and alcohol-flavored lollypops and gum, "jello shots," (a mixture of alcohol and fruit-flavored gelatin), sweet soda-pop flavored alcoholic beverages, and inhaled alcohol.

Colorado's Youth Risk Behavior Survey noted that almost 50 percent of students in grades 9-12 during 2003 currently were using alcohol, and 80 percent had one or more drinks of alcohol in their lifetime.

Abuse of alcohol at an early age is frequently a precursor to use and abuse of illegal substances. During 2004 deaths related to binge drinking on college campuses brought national notoriety to Colorado, with 5 confirmed deaths of college age individuals from alcohol poisoning.

Moderate use of alcohol among adults is culturally acceptable and denial of abuse is particularly difficult to overcome. The average treatment client in Colorado with alcohol as a primary drug, uses or abuses it for 16.5 years before seeking treatment. For

detoxification clients that time period expands to 20 years.

In 2003 the Colorado State Patrol (CSP) investigated approximately 30 percent of all vehicular crashes in the state, including about 70 percent of all traffic crashes involving fatalities. CSP reported that the majority of fatal crashes involved inebriated drivers. 2,161 vehicular crashes were directly caused by individuals driving under the influence of alcohol, and 116 crashes by individuals driving under the influence of drugs. Seven percent of all crashes were DUI-related.

In 2004 CSP made 9,509 DUI arrests, investigated 87 fatal crashes and 2,117 non-fatal crashes. DUI-caused crashes usually were more severe than other types, because of higher speeds and often the occupants were not wearing seat belts.

In 2003, 56.7 percent of DUI-caused crashes resulted in fatalities or injuries, compared to 29.6 percent when DUI was not the cause of the crash. One hundred eight of these DUI-related crashes were fatality cases, 1,184 injury cases and 985 property damage cases. In 39 percent of alcohol-related crashes the Blood Alcohol level (BAC) was >0.01, and >0.08 in 35 percent. CSP reported 8,600 DUI citations for 2003.

In 2003 FARS data indicated that 39 percent (246) of the 632 individuals killed in Colorado in vehicular crashes involved alcohol.

In 2004, 665 individuals were killed in motor vehicle crashes in Colorado.

In 2003 the CDPHE reported 1,141 alcohol-induced deaths unrelated to motor vehicular accidents statewide. (Exhibit 6). Health department alcohol-related mortality data for

the Denver PMSA was unavailable for CY2003 and CY2004.

The number of alcohol-related calls statewide to the Rocky Mountain Poison Control Center increased markedly from 110 in 2001 to 150 in 2003 for the Denver PMSA. In 2004 there were 764 calls statewide. Data for 2004 Denver PMSA was unavailable for this report (Exhibit 4).

In 1997, alcohol was the primary drug in 45 percent of all treatment admissions statewide (excluding both detoxification admissions and clients enrolled in DUI education and/or therapy). In 2001 this percentage dipped to 39, only to increase in 2004 to 41 percent. (Exhibit 11).

Drug use by "generation" was analyzed for 2004 using four age groups: Generation Y, Generation X, Baby Boomers, and Seniors. Exhibit 13 indicates that sedatives and tranquilizers, including alcohol, are the primary drug types for the X generation, Baby Boomers, and Seniors.

2. Tobacco

Tobacco use is the leading cause of preventable death and disability in the state, and one of Colorado's most serious public health problems. Tobacco use is responsible for more than 4,200 deaths and development of 130,000 tobacco related illnesses in adults annually. Smoking tobacco causes 30 percent of all cancer deaths, 21 percent of coronary heart disease-related deaths, and 18 percent of stroke deaths. 193,000 children in the state are exposed to secondhand smoke at home, resulting in asthma and respiratory illnesses.

Annual health care costs directly related to smoking exceed $1 billion (or $259 per capita) in the state. Every Colorado

household incurs more than $511 per year in state and federal taxes to pay for smoking-related health care costs.

Approximately 630,000 (19 percent) of all Colorado adults use tobacco products, compared to the 23 percent nationwide average. Sixty-eight percent of clients who received substance abuse treatment and/or detoxification services in state Fiscal Year 2004 used tobacco products daily.

The American Lung Association Tobacco Report Card for Colorado indicated a failing ("F") grade for: smoke-free air, youth access and prevention and control spending. Colorado was mediocre (a "C") on the cigarette tax.

Laws enacted in Colorado prohibit the sale of tobacco products to adolescents (less than 18 years of age). In spite of that, the Youth Risk Behavior Survey identified 27 percent of students in grades 9-12 as current cigarette smokers. Adolescents who smoke are more likely to smoke as adults and be at risk for tobacco-related illnesses.

The sale of tobacco products is monitored by Colorado's Department of Revenue Tobacco Enforcement Division, and tobacco prevention efforts fall primarily under the purview of the Department of Public Health and Environment.

In 2004 several cities in Colorado passed legislation prohibiting the smoking of tobacco in certain public areas and advocacy groups are initiating a statewide awareness campaign. Colorado also increased the tobacco tax from $0.20 to $0.84 with monies going to health care related concerns.

3. Cocaine and Crack

Cocaine indicators remained mixed with

some increasing and some decreasing.

Cocaine was the most common illegal drug noted in Denver area emergency department visits and second only to alcohol in all drug visits. Denver PMSA emergency department visits for cocaine increased steadily from 1996 (53 per 100,000) through 2002 (82 per 100,000).

Unweighted DAWN Live! data indicated the cocaine drug incidence rate was 68 per 100,000 population for emergency department visits in 2004 (Exhibit 1-C).

Males composed 63 percent of all ED visits for cocaine (Exhibit 1-J). Those in the 30-44 age range had 47 percent of all cocaine-related visits (Exhibit 1-K). Overall those age 21 through 64 comprised 89 percent of all emergency department visits.

Statewide hospital discharges showed that cocaine-related visits per 100,000 rose steadily from 1997 (56 per 100,000) through 2003 (80 per 100,000). Cocaine was second only to alcohol in drug-related hospital discharges. (Exhibit 2)

The number of cocaine-related calls to the Rocky Mountain Poison and Control Center for the Denver area rose from 2001 (59) through 2003 (68) and during that time period cocaine was the most frequent drug of concern second only to alcohol. In 2004 the number (316) of statewide calls about stimulants and amphetamines exceeded those of cocaine (120). There were 95 methamphetamine calls for the same time period statewide (Exhibits 3 and 4).

CDPHE cocaine-related mortality data for the Denver PMSA rose from 1996 (68) to 2001 (126), then declined slightly in 2002 to 108. Throughout this entire time period, cocaine-related mortality was higher than

any other drug (including alcohol) in the area. CDPHE data specific to the Denver PMSA were unavailable for 2003 and 2004 (Exhibit 6).

Statewide, cocaine deaths climbed from 92 in 1997 (23.6 per million) to 146 in 1999 (36.1 per million). While they declined to 116 in 2000 (27 per million), they increased again to 134 in 2001 (30.4 per million), and to 153 in 2002 (34.1 per million). CDPHE data from 2003 places cocaine deaths at 180 (39.2 per million), the highest number and rate in the time period indicated (Exhibit 6). In spite of this increase, cocaine followed alcohol (1,141) and the opiates (heroin, morphine, other opioids and narcotics combined for a total of 247).

Reports from clinicians, researchers, and street outreach workers around the State corroborate the continuing cocaine problems reflected in the indicator data. However, qualitative reports indicate a shift to methamphetamine among some stimulant users, especially the younger population. Clinicians report cocaine is rarely a primary drug for those under 18 years of age, regardless of urban or rural setting. Cocaine use increases slightly in the 18-25 year old category but becomes a major drug of abuse for those aged 26-64, especially in urban areas.

Cocaine was primary drug for 21 percent of all treatment admissions (excluding alcohol) in 2004 (Exhibit 12). The proportion of clients admitted to treatment with cocaine as their primary drug decreased slightly from 1997 (24 percent of all drug admissions) to 2004. Since 2001 this indicator has remained in the 19 to 21 percent range. Since 1997 marijuana as a primary drug has exceeded cocaine, and this trend is static for 2004. In 2003 and 2004 methamphetamine

exceeded cocaine as a primary drug (23 and 26 percent respectively).

The majority of cocaine admissions were clients who had been using this drug for four or more years. The proportion of admissions of "new" cocaine users (those using less than four years) rose from 17 percent in 1997 to 19 percent in 2003 and 18 percent in 2004 (Exhibit14). It takes an average of 10.7 years after first use for the majority of those users with cocaine as their primary drug to seek treatment (Exhibit15).

Percentages of clients who smoke cocaine declined steadily from 65 percent in 1997 to 58 percent in 2001, but rebounded in 2003 and 2004 to 63 and 62 percent respectively. Percentages of clients who inhale cocaine have been steadily increasing from 19 percent in 1997 to 26 percent in 2001 and 30 percent in 2004.

Whites accounted for the largest percentage of cocaine admissions in 2003 and 2004 (45 percent for both years), showing a small decline from 2000 (48 percent). Hispanic cocaine admissions increased dramatically from 19 percent in 1997 to 29 percent in 2000 and 33 percent in 2004.

African American cocaine admissions dropped sharply from 33 percent in 1997 and 20 percent in 2001 with a mild increase in 2003 (24 percent) followed by a decline in 2004 to 18 percent. However, crack cocaine is fairly well entrenched in the African American urban communities. African American percentages for all other drugs remain in single digits, with the exception of marijuana (13 percent).

In 1997, 56 percent of cocaine treatment admissions were under the age of 36; this decreased to 50 percent in both 2003 and 2004. The majority (68.5 percent) of 2004 cocaine admissions were between the ages

of 26 and 45. Two percent of cocaine admissions in 2004 were under the age of 18, and only 12 percent were over the age of 45.

Cocaine admissions remain predominately male, growing slightly from 1997 (57 percent male) to 61 percent in 2004. Sixty-nine percent were admitted to treatment for cocaine dependence, and 26 percent for abuse. Thirty-eight percent of cocaine users indicated they used alcohol as a secondary drug, and 24 percent used marijuana.

Treatment providers indicated that marijuana is commonly used with cocaine to lessen the effects of withdrawal and to potentiate the effects of the cocaine.

In federal fiscal year 2002, 34 percent of those sentenced to federal correctional systems in Colorado had drugs as their primary offense category, compared with 41 percent nationally. Of the 34 percent, powder and crack cocaine were each involved at 18 percent. Thirty-one percent were sentenced because of drug trafficking.

As to recent ADAM data for a sample of Denver arrestees, 35.4 percent of males and 46.5 percent of females had cocaine positive urine samples in CY 2001. These numbers were down slightly in CY 2002, with 32.7 percent of males and 43.6 percent of females testing positive. However, in 2003, 38.3 percent of males and 52.5 percent of females tested positive for cocaine.

ONDCP's Profile of Drug Indicators, February 2005 for Denver reported in 2003 Denver Police arrested 4,446 adult and 683 juveniles for drug abuse violations. Ninety-one percent of these arrestees tested positive for cocaine, with 38.3 percent male and 52.5 percent female (Exhibit 16). Profile of Drug Indicators for Denver Colorado, June 2004, cited the Denver police made 1,234 arrests

for cocaine per 100,000 city residents between 1996-2000. This was more than twice the national average. Ninety-three percent of these arrests were for possession. Past cocaine use was markedly higher for females than males (Exhibit 17).

According to the National Forensic Laboratory Information System, in Colorado cocaine accounted for 49 percent of all drugs seized by law enforcement and submitted to a forensic laboratory for analysis.

When drug testing for employment in Colorado, Quest Diagnostics ranked cocaine lowest on the Quest Drug Test Index (0-2.54 percent), possibly indicating that few individuals undergoing screening for employment that requires testing in Colorado used cocaine (Exhibit 8).

According to the National Drug Intelligence Center and the DEA, powdered cocaine was readily available throughout the state in 2004. Crack cocaine was more available in urban population centers. In general, Caucasians prefer powdered cocaine and Black African Americans prefer crack. Cocaine was the drug most often associated with violent crime in Colorado in 2004.

The majority of cocaine is Mexican, and is imported into Colorado by organized Mexican nationals or family groups who have connections to gangs on the west coast. In the last year two significant drug organizations began to compete to control the wholesale supply. They transport it from the Mexican border or from western states such as California and Arizona to Denver, using automobiles with hidden compartments, commercial and cargo airlines, delivery services and other mail carriers. Denver serves as a major distribution center for cocaine for the entire country, especially the Midwest and east coast states. Proceeds from cocaine sales are transported to Mexico or the western states via the same means.

In Colorado, street distribution is controlled by gangs. There are more than 10,000 gang members in the Denver area, with an average of 1,500 new members added each year. According to the Denver Drug Enforcement Agency and treatment providers, gangs also control the market for distribution of cocaine in the southern, northern and western slope areas of the state. Gangs are ubiquitous throughout Colorado, but are less dominant in the eastern region where the population is much less dense. Cocaine prices depend on the purity of the product.

Powdered cocaine sold for $16,000-$20,000 per kilogram and $600-$700 per ounce in the Denver metropolitan area. These prices are slightly lower than in previous years. Crack cocaine prices have remained relatively stable at $700-$1,200 per ounce, while "rock" prices on the street are $20-$60 in Denver. Prices are slightly higher outside of the Denver metropolitan area. Purity ranges from 60-75 percent for crack and 16-90 percent for powder. Treatment providers stated that crack is fairly rare on the western slope, and its use remains entrenched in the African American communities in southern Colorado.

Overall Colorado has seen a decrease in the wholesale price of powdered cocaine because some users switched to methamphetamine. Treatment providers indicate this switch is due to the cheaper prices and a longer lasting "high" of methamphetamine.

4. Heroin and Other Opiates

Heroin and other opiate use pose a considerable threat to Colorado, although indicators for both were mixed. The number of heroin-related visits in emergency departments in Denver was 22 per 100,000 in 1996, with a gradual increase to 43 per 100,000 in 2002 and a decline in 2003 (23 per 100,000).

In 2004 unweighted DAWN Live! data revealed 609 heroin reports for drug-related emergency department visits and an incidence rate of 26.6 per 100,000 (Exhibits 1-C and 1-E). Males comprised 74 percent of these visits (Exhibit 1-J). Irrespective of gender, 246 (40 percent) of those seeking ED care for heroin fell into the 30-44 age range. Ninety nine percent fell into the 21-64 age range.

Opiates other than heroin include hydrocodone, hydromorphone, codeine and oxycodone. Emergency department visits related to narcotic analgesics for Denver rose steadily from18 in 1996 to 41 in 2001, with a drop to 34 in 2002.

In 2004 DAWN Live! reported 699 visits related to prescription drug misuse of opiates and opioids, 43 percent of which were classified as overmedication case types, 40 percent were "other" and 17 percent were seeking detoxification (Exhibit 1-I). One hundred and seventy-four visits were related to hydrocodone, with 64 percent of case types being overmedication. One hundred and ninety-one visits were related to Oxycodone with 48 percent of these classified as overmedication.

CDPHE statewide hospital discharge data from 1997 - 2003 combined all narcotic analgesics, including heroin (Exhibit 2). These data have been steadily increasing, with the rate almost doubling in 7 years, from 37 per 100,000 in 1997 to 73 per

100,000 in 2003. Treatment providers indicated a rapid rise in popularity of prescription narcotic abuse such as OxyContin and Hydrocodone, especially among youth and these data may reflect that.

CDPHE's heroin/morphine-related mortality data for the Denver PMSA rose from 34 in 1996 to 79 in 1999, declined to 66 in 2000, rose to 77 in 2001 and declined to 64 in 2002 (Exhibit 5).

CDPHE reported that opiate-related deaths increased from 53 (3 per 100,000 population in 1997) to 79 (4 per 100,000) in 1999 for the Denver PMSA. From this peak, deaths declined back to 3 per 100,000 in 2002 (Exhibit 6).

CDPHE statewide data for 2003 show there were 247 opiate related deaths or 5.4 per 100,000 population.

DAWN mortality data for the Denver-Aurora Metropolitan Area for 2003 identified opiates/opioids as having the highest frequency in the top five drugs related to drug misuse deaths, with 79 multiple drug and 12 single drug deaths (Exhibit 7-C).

Heroin and other narcotic analgesic-related calls to the Rocky Mountain Poison Control Center for the Denver area have remained fairly steady, with 19 calls in 2001 and 22 calls in 2003. In 2004 there were 20 calls statewide.

As to recent ADAM data for a sample of Denver arrestees, in CY 2001, 5.2 percent of males and only 2.4 percent of females tested positive for opiates. However, in CY 2002 5.3 percent of females and 4 percent of males tested positive for opiates. In CY 2003, male arrestees again showed a slightly higher percentage of positive heroin urines

(6.8 percent) than female arrestees (6.1 percent).

Colorado treatment admissions (excluding alcohol) for clients with heroin as their primary drug have steadily declined. In 1997, 16 percent of all drug treatment admissions identified heroin as their primary substance while in 2004 only 9 percent did so. (In 2004 ADAD expanded the DACODS database by adding DUI clients, but the data presented in this report exclude DUI and detox clients.)

Three and 4 percent of treatment admissions indicated other opiates were their primary drug. Admissions for "new" heroin and other opiate users entering treatment within 3 years of initial use fluctuated since 1997at 18 percent, to 22 percent in the year 2000 and 19 percent in 2004. The majority of those in treatment for heroin are long-time users. According to ADAD's 2004 data, it takes these clients an average of 14 years from first use before they enter treatment.

Opiates (heroin and other opiates combined) ranked low for all four generations of users, from 2 percent for the Y generation, 8 percent for the X generation and seniors, and 13 percent for the Baby Boomers.

Nearly all (99.6 percent) of both heroin and other opiate users were over the age of 18 at the time of admission to treatment. Sixty-one percent were male and 88 percent lived in urban settings.

Treatment providers reported an increasingly young population in their early teens using OxyContin and any other drug they can obtain, usually stolen from their parents. Providers also stated they're seeing more polysubstance abuse in clients.

Sixty-nine percent of treatment admissions for heroin and other opiate users were white, 20 percent Hispanic and 7 percent Black or African American. Forty-two percent had completed the 12th grade, and three percent completed college. Wages were the primary source of income for 46 percent. Twenty-seven percent had no prior treatment while 29 percent had three or more treatment episodes before this admission.

Fifty-four percent of these clients self-referred themselves into treatment. Eighty-six percent were dependent upon heroin or other opiates, while 12 percent received the diagnostic impression of abuse. Twenty-nine percent had no use of heroin or other opiates in the 30 days prior to treatment admission, while 44 percent used daily. Sixty-two percent injected it and 29 percent took it orally.

Twenty-eight percent of these clients were under the age of 18 when they first tried heroin or other opiates and 48 percent were 21 years of age or older. Forty-three percent had no secondary drug, while 23 percent used cocaine as their secondary drug. Fifty-one percent of clients indicated they began using their secondary drug before the age of 18, and 28 percent began at or after the age of 21.

Seven percent of those in Colorado who were sentenced to federal facilities were heroin or other opiate users and this percentage mirrors the national percentage for federal fiscal year 2002. Heroin was only 6 percent of all items seized by law enforcement in Colorado and submitted to forensic laboratories for analysis.

Mexican black tar and brown powdered heroin are the most common types, with black tar being slightly more available in Colorado. Most new users are young adults who smoke or snort it. Mexican drug

trafficking organizations transport heroin into Colorado and serve as the primary wholesale distributors and frequently as retail sellers, controlling the street level market for heroin. Gang related crimes are frequently associated with the sale of heroin. It is widely available in both urban and rural settings. While predominately users are older white males living in the lower downtown Denver area, new suburban users are emerging.

Prices for illegal drugs vary widely depending on source, geographic area, purity and risk. One ounce of Mexican heroin at 40 percent purity costs $2,000-$3,000. One gram of heroin that is 8-64 percent pure costs $100-$150. Costs in Denver are slightly lower than in the rest of the state. It can be obtained in Denver for $440 per ¼ ounce or $100-$150 per gram (Exhibit 10).

Pharmaceutical diversions of OxyContin and other narcotic analgesics are increasing, as they provide the abuser with reliable strength and dosage levels. A $4 prescription dose of OxyContin sells on the street for $40 or $1 per milligram, ten times the legal prescription price. One pill sells for $6.50 in Denver (Exhibit 10). More abusers are using the internet to obtain prescription medications. Drug Enforcement Officials have found a severe, systemic failure in pharmacies and physicians' offices related to keeping proper records, reporting thefts and maintaining controlled substances in Colorado. In response Colorado recently passed Prescription Drug Tracking legislation to monitor the use of controlled substances.

5. Marijuana

Marijuana indicators are mixed. Marijuana is second to alcohol in the number of users in Colorado, yet emergency department visit data fall far below those for cocaine or narcotic analgesics. Emergency department visits increased steadily from 1996 (19) through 2001 (50).

In 2004 DAWN Live! indicated there were 755 ED marijuana reports (unweighted), an incidence rate of 32.9 percent per 100,000 population in the Denver PMSA. Males made up 61.6 percent of all ED marijuana-related visits. Smoking was the primary route. Marijuana ED visits involved the widest age groups. being most prevalent in the 12-44 year age groups, and exceeding any other drug in number for those between 12-17 years of age.

Marijuana-related hospital discharges have increased steadily from 1997 (53 per 100,000) to 71 per 100,000 in 2003, while marijuana-related calls to the Rocky Mountain Poison and Control Center remained fairly static from 1996 through 2003 for the Denver area (Exhibit 3). In 2004 there were 68 calls related to marijuana for the entire state (Exhibit 4).

CDPHE reported that the marijuana-related mortality data for the Denver PMSA has been quite small, from 1 in 1996 to a peak of 31 in 2001, with a decline to 5 in 2002. The number of cases in 2003 and 2004 were too small to report. According to DAWN Mortality data, marijuana was not one of the top 5 drugs involved in drug misuse deaths for 2003.

CY 2001 ADAM data indicated that 40 percent of the male arrestee sample and 33 percent of the female arrestee sample had positive marijuana urine screens. These percentages remained stable in CY 2002 with 40.3 percent of males and 32.6 percent of females testing positive, but increased slightly in CY 2003 (42.3 percent positives

for males and 34.3 percent positives for females).

Overall, marijuana is second only to alcohol as an entry substance to illegal drug use and abuse.

Excluding alcohol, Colorado has more treatment admissions for marijuana than any other drug. The percentage of clients admitted to treatment with marijuana as their primary drug has been holding fairly steady since 1997. In 1997 it was 41 percent; in 2004 it was 37.5 percent (Exhibit 12).

More "new" marijuana users seek treatment within 3 years of first use than for any other drug (Exhibit 14). This finding has been consistent since 1997 at 42 percent, through 2004 at 28 percent. Marijuana users take an average of 8 years from time of first use to first treatment, which is a shorter time frame than any other drug discussed here, except methamphetamine (also 8 years) (Exhibit 15).

Males comprised 74 percent of treatment admissions in 2004, maintaining the historical male to female ratio of approximately 3 to 1 since 1997. Thirty-nine percent were under 18 years of age at time of admission to treatment. This figure has been fluctuating between 45 and 35 percent since 1997. Sixty-seven percent of treatment admissions with marijuana as their primary drug were living in urban settings.

Race proportions remain relatively stable. In 2004 53 percent were white, 30 percent Hispanic and 13 percent African American. Whites were 56 percent in 2003, Hispanics were 27 percent and African Americans were 11 percent. Sixty-five percent used tobacco products daily. Fifty-six percent had no prior treatment episodes, while 27 percent had 1. Sixty-seven percent were unemployed and 62 percent were living in a

dependent setting, the majority living with their parents. Only 8 percent self-referred to treatment, while 21 percent were referred by Social Services and 52 percent by non-DUI criminal justice.

Forty-six percent were considered abusers while 41 percent were dependent on marijuana. Smoking was the route of administration for 95 percent of treatment admissions with marijuana as primary drug. Ninety percent of all clients stated they started using marijuana before the age of 18. Thirty-two percent had no secondary drug, while 44 percent used alcohol and 12 percent used methamphetamine as their secondary drug. Of those with a secondary drug, 76 percent started using it before the age of 18.

Among persons 18 or older, 28 percent of those who first used marijuana before age 12 were assessed at treatment admission as having a mental health problem in addition to a substance abuse problem, compared to 21 percent of those who first used marijuana as age 18 or older. In both 2003 and 2004, 79 percent of treatment clients aged 18 or older reported first use before age 18, and 9 percent before the age of 12.

Quest Diagnostics reported that their employment testing showed marijuana with a higher positivity rate in Denver than any other drug in 2004 (Exhibit 8).

Of those individuals sentenced to federal facilities in Colorado, 17 percent had use of marijuana as their primary offense, which was lower than the national percentage at 29. Forty-two percent of the adult male arrestees tested positive for marijuana in Denver in 2003. Thirty-four percent were female (Exhibit 16).

Cannabis comprised 92 percent of all items seized by federal law enforcement and

submitted to forensic laboratories for analysis in 2004 (Exhibit 9). Both Mexican imported and locally grown marijuana were readily available statewide.

The marijuana used in Colorado was primarily produced in and imported from Mexico. A small portion was grown in Colorado or other western states, particularly California. It was distributed primarily by Mexican drug trafficking organizations and criminal groups at the wholesale level and by Hispanic and African American street gangs at the retail level. Caucasian criminal groups and local independent dealers were the primary distributors of the marijuana and sinsemilla produced in Colorado.

BC Bud, a Canadian import with a high THC, was available only in limited quantities and relatively hard to obtain in Colorado until 2003. Since then an increase in availability of BC Bud has contributed to an increased THC level in both the Denver and Boulder areas. BC Bud sells for $700-$1,000 per ounce and $3,200-$4,500 per pound. On the street BC Bud is $10 per joint.

Locally produced sinsemilla sold for $1,000-$3,000 per ounce and $50-$200 per gram in 2002. Domestic marijuana grown indoors was preferred over Mexican grown marijuana and sold for $1,000-$3,000 per pound and $200-$300 per ounce. This price range remained static from 2003 to 2004. DEA officials report "grow" operations are becoming increasingly sophisticated and technical. Outdoor marijuana is most likely a product of eastern Colorado.

Prices of marijuana are slightly cheaper in Colorado than in surrounding states. Trafficking on the western slope is dominated by Hispanics importing it into Colorado from Mexico. Officials are noticing more individual Mexican nationals independent of the large drug organizations trafficking marijuana statewide.

Treatment providers almost uniformly indicated that marijuana use is socially accepted in their areas and that the perception of risk associated with marijuana use is declining. Treatment providers felt this decline is due to national media coverage of marijuana as a medicinal drug, and to a high frequency of parental use of marijuana.

6. Methamphetamine

Most indicators for methamphetamine increased over the past few years, and this drug was and remains a rapidly expanding social problem for Colorado. Violent crime related to methamphetamine use has been increasing and the social consequences, particularly as related to children residing in methamphetamine cook houses are major concerns.

DAWN ED data for methamphetamine was fairly static, shifting between 5 and 8 per 100,000 since 1996, with the exception of 1997, in which there were inexplicably 19 per 100,000 population.

The unweighted DAWN Live! ED drug incidence rate for the Denver PMSA for stimulants in 2004 was 32.9 per 100,000 population, with 20.7 per 100,000 specifically for methamphetamine (Exhibit 1-C). Sixty-three percent of all ED stimulant reports for 2004 were related to methamphetamine. Fifty-eight percent were male, and 42 percent female. Methamphetamine is the drug that most closely approximates the male/female gender demographics of Colorado (50:50). The 21-44 year age range comprised 70 percent of all ED methamphetamine-related visits in 2004 (Exhibit 1-K).

Methamphetamine was not broken out from other stimulants for hospital discharge data, but overall amphetamine-related hospital discharges have increased since 1999 from 16 per 100,000 to 40 per 100,000 in 2003 (Exhibit 2).

The number of methamphetamine-related calls to the Rocky Mountain Poison and Control Center was 20 in 2001 for the Denver area (Exhibit 3). In 2004 there were 95 calls statewide (Exhibit 4).

CDPHE reported a small but steady increase in methamphetamine-related mortality since 1996 (3 deaths). In 1999 there were 8 methamphetamine-related deaths, 10 in 2000, 19 in 2001 and 17 in 2002 (Exhibit 5). However, deaths due to amphetamines increased only slightly from 5 in 1997 to 8 in 2001. Though amphetamine-related deaths in Colorado are far fewer than for opiates or cocaine, the number has increased sharply from only 20 between 1996 and 1999 to 37 between 2000 and 2003 (an 85 percent increase). In 2003 there were 47 deaths related to amphetamines statewide (Exhibit 6).

Colorado treatment providers reported that methamphetamine is the most popular illegal drug, and it is frequently used in combination with alcohol, marijuana and cocaine. It was readily available, inexpensive and at times free. Potency was reported to be good. Providers noted an increasing problem with methamphetamine use statewide, especially in younger populations. They indicated this increase was in part due to easy access, difficulty obtaining other amphetamines, and relatively low prices. Consistent with this trend, providers noted use of other amphetamines has dropped in popularity.

According to ADAM data, only a small percentage of positive methamphetamine urine screens was reported in CY 2001, 3.4 percent of the male arrestee sample and 4.3 percent of the female arrestee sample. These figures increased slightly for males in CY 2002 (3.8 percent), and slightly more for females (6.6 percent). Again, only small changes were noted in CY 2003, with 4.7 percent of males testing positive and 5 percent of females.

In 2004, staff at the Public Health Sexually Transmitted Disease (STD) Clinic in Denver surveyed clientele (N=981) and noted an increased use of methamphetamine in men who have sex with men (MSM) (Exhibit 19). They found that MSM methamphetamine users were more likely to have been younger than non-users, more likely to have been arrested in the 12 months preceding the survey, use erectile dysfunction drugs, be homeless, have more sexual partners in the last 12 month period, have more unprotected sex and use the internet for connecting with casual partners. Methamphetamine users seen in the STD clinic were twice as likely to have gonorrhea or HIV than non-users. At the Denver Health Infectious Disease/AIDS Clinic in 2004, 11 percent of randomly surveyed patients (N=202) reported use of methamphetamine in the 3 months preceding the survey.

Colorado treatment admissions for clients using methamphetamine as their primary drug have risen dramatically. Methamphetamine is now second only to marijuana in the number of treatment admissions (excluding alcohol). Exhibit 12 shows that in 1997 there were 1,081 admissions for methamphetamine. This number has since tripled to 3,209 in 2004.

The proportion of treatment admissions for new users (those using less than four years at time of treatment) does not reflect this steady rise (Exhibit 14), with 34 percent in 1997, dropping to 22 percent in 2001, and rising slightly to 24 percent in 2004. According to CY2004 treatment data, methamphetamine users take an average of 8 years from first use to first treatment (Exhibit 15).

A comparison of 2004 treatment admissions across new (using less than four years, n=562) versus more longstanding users (using four or more years, n=2647) shows some notable differences between these two groups. New users were more likely than longstanding users to be female (56 percent vs. 41 percent respectively) and non-White 22 percent vs. 15 percent respectively). Also, as expected, new users had a higher proportion of those 25 and younger (56 percent) than longstanding users (31 percent). Accordingly, new users were more likely than longstanding users to have never married (58 percent vs. 44 percent respectively) and to be unemployed (67 percent vs. 61 percent respectively).

Looking at "severity" data, new users were less likely to inject methamphetamine (10 percent vs. 25 percent) and more likely to ingest the drug by smoking (74 percent vs. 60 percent respectively) than were long-standing users. Fewer new users were diagnosed as drug dependent (57 percent vs. 73 percent with abuse) but they report a higher proportion of concurrent mental health problems (33 percent) than longstanding users (29 percent).

Methamphetamines were combined with all other stimulants in the generational snapshot of treatment. Both the X generation and the Baby Boomers used stimulants (36 percent and 25 percent respectively) more than the

Y generation or seniors (18 percent and 5 percent respectively (Exhibit 13).

During CY 2004, four percent of treatment admissions with methamphetamine as a primary drug were for clients under age 18. The majority of those in treatment (69 percent) were between 18 and 35 years of age.

During 2004, 56 percent of treatment admissions for methamphetamines were for males. Similarly, methamphetamine use was found in both urban (60 percent) and rural (40 percent) areas of Colorado. Treatment providers stated they are seeing an increase in methamphetamine use in both rural and urban areas and an increase in the social and community problems related to this use.

Whites dominated the use of metham-phetamine (83 percent) in Colorado. Few Hispanics (13 percent) and even fewer African Americans (1 percent) used methamphetamine as their primary drug. However, treatment providers indicated that Hispanics, who have traditionally been involved in the trafficking of methamphetamine, were beginning to use it in greater numbers. Fifty-two percent of all methamphetamine users were referred to treatment by the non-DUI criminal justice system, and 18 percent by Social Services.

Injecting had been the most common route of administration for methamphetamine. However, the proportion of those injecting declined from 1997 (32.6 percent) to 2004 (21 percent), while smoking increased in the last seven years. In 1997 only 29.1 percent smoked methamphetamine; in 2003, 61 percent of methamphetamine treatment admissions smoked the drug. In 2004, 63 percent smoked it while 21 percent injected it.

Forty-one percent of clients began using methamphetamine before the age of 18. Most (72 percent) use a secondary drug in addition to methamphetamine, usually marijuana (37 percent), alcohol (21 percent) or cocaine (10 percent). Seventy-nine percent of those using a secondary drug initiated use of this secondary drug before the age of 18.

Treatment outcomes for methamphetamine users are as good as or better than outcomes for users of other drugs.

Federal sentencing data report for federal fiscal year 2002 that methamphetamine was the primary substance for 34 percent of the drug convictions. This is almost double the percentages of offenders sentenced because of cocaine (powder and crack) and marijuana and 4 times greater than heroin.

The DEA describes widespread methamphetamine availability, with a majority of the drug originating from Mexico or from large-scale laboratories in California. However, methamphetamine lab seizures in Colorado increased significantly from around 25 in 1997 to 464 in 2002. These laboratories, generally capable of manufacturing an ounce or less per "cook," varied from being primitive to quite sophisticated. The ephedrine reduction method remains the primary means of manufacturing methamphetamine in the area. In spite of law enforcement pressure there has been an increase in the number of small, local methamphetamine labs with the occasional use of trucks for mobile labs.

Most lab operators are able to get the precursor chemicals from legitimate businesses (e.g., discount stores, drug stores, chemical supply companies, etc.). Treatment providers report that current practice is for separate individuals or groups to each acquire one of the key ingredients and then deliver it to the "cook," thereby decreasing the risk involved when one party obtains all the ingredients. In 2005 Colorado passed legislation limiting public access to methamphetamine precursor drugs. Impact from this legislation has yet to be determined.

During 2004 several major cocaine and methamphetamine trafficking organizations that had been transporting drugs to Denver from Arizona and California were shut down. Methamphetamine from one of these organizations had purity levels of 95 percent. An organization on the western slope of Colorado employed a number of drivers who transported anywhere from 2-10 pounds from Sinaloa, Mexico or California. Federal drug seizures in Colorado in 2004 included 28.8 kilograms of methamphetamine.

Methamphetamine prices fluctuated from 2003 to 2004, with prices in some geographic areas of the state increasing while others decreased. In general, methamphetamine could be obtained for $700-$1,500 per ounce, $4,500-$5,600 per ½ pound and $16,000 per pound in the Denver area (Exhibit 10). In southern Colorado prices are $600 per ounce and $13,000 per pound. On the western slope it sells for $1,000-$1,200 per ounce. Purity varied from 0-100 percent, with most in the 50-95 percent range. In Denver "ice," a smokable form of methamphetamine that looks like rock candy or rock salt, is nearly 100 percent pure and widely available. Street prices for methamphetamine in Denver rose from $80-$125 per gram in 2003 up to $150 per gram in 2004.

7. Other Amphetamines and Stimulants

Indicators for these drugs in Colorado were mixed, but overall use of other amphetamines and stimulants (excluding cocaine and methamphetamine) is approximately half that of cocaine or methamphetamine.

There were 280 ED reports of other amphetamines in 2004, a drug incidence rate of 12.2 per 100,000 population for the Denver PMSA. The age group most represented was 21-44 years (Exhibits 1-C and 1-J).

CDPHE hospital discharge data did not differentiate between methamphetamine and other amphetamines. The statewide rate of amphetamine-related hospital discharges per 100,000 rose steadily from 1997 (959) to 2003 (1,814) (Exhibit 2).

Denver area amphetamine-related calls (which exclude methamphetamine) to the Rocky Mountain Poison and Control Center were the smallest of any of the major drug groups, from 3 calls in 2001 to 6 calls in 2003 (Exhibit 3). In 2004 there were 316 statewide (excluding methamphetamine and cocaine) (Exhibit 4).

In 1997 there were 52 (0.7 percent of the treatment admissions) admissions to treatment with some other amphetamine or stimulant as primary drug. In state fiscal year 2003 there were a total of 78 (0.7 percent of the treatment population) admissions. This declined to 46 or 0.4 percent in 2004.

CDPHE mortality data for the Denver PMSA showed an increase in amphetamine and other stimulant-related deaths. In 1996 there were 2 and in 2000 there were 9. In 2003 the number of statewide deaths was 47, more than methamphetamine but only a fourth of the deaths related to cocaine. Data

for 2004 was not available for this report (Exhibit 5).

Quest Diagnostics noted that in 2004, 0.14 percent to 0.33 percent of employment drug tests in the Denver area were positive for amphetamines (Exhibit 8).

8. Barbituates, Sedatives and Tranquilizers

DAWN Live! reported in 2004 there were 409 unweighted ED prescription drug misuse reports related to benzodiazepines, an incidence rate of 17.8 per 100,000 for the Denver area. Fifty-nine percent of these reports were related to overmedication, 9 percent to those seeking detox, and 32 percent "other." (Exhibit 1-I)

CDPHE data on drug-related mortality data for the Denver PMSA were not available for 2003 or 2004. DAWN Mortality data identified benzodiazepines as one of the top five drugs involved in drug misuse deaths for the Denver-Aurora Metropolitan Area for 2003 with 30 multi-drug deaths (Exhibit 7-C).

During CY 2004, there were 87 treatment admissions with these as primary drugs. Fifty-one percent were female, and 90 percent were adults (over the age of 18). Seventy-three percent were urban, and 69 percent were white. When comparing this group to all clients who reported other primary drugs, this group used daily tobacco the least and had the highest percentage of: married clients; unemployment (the category "unemployment" includes those out of the workforce, such as students, homemakers, persons with disabilities, etc.); mental health problems; and visits to medical and psychiatric emergency rooms. They also had the highest percentage of slight to moderate socialization issues or concerns.

Sixty-four percent administered their drug orally, 25 percent smoked it, 7 percent inhaled it and 1 percent injected it. Forty-eight percent were under the age of 18 when they began using this category of drugs, and 41 percent were age 21 or older. Sixty-eight percent used a secondary drug such as alcohol (34 percent), opiates (13 percent) and marijuana (6 percent), and 59 percent of those with a secondary drug were under the age of 18 when they first used it.

These drugs are frequently obtained as prescription medications and fall into the diverted pharmaceutical class as well. Local independent dealers and internet services are the principal distributors of diverted pharmaceuticals.

9. 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, while still limited, is expanding. ADAD added club drugs to the enhanced DACODS data set in July 2002. Also, there are currently three sources of institutional indicator data that include the club drugs (DAWN, CDPHE Mortality and the Rocky Mountain Poison and Drug Center). In addition, ADAD has worked with OMNI Research and Training, a Denver-based firm, to add club drug questions to the Colorado Youth Survey.

DAWN Live! ED data reported 64 MDMA-related visits in 2004, 5 for GHB and 2 for Ketamine. The incidence rate for MDMA-related visits was 2.8 per 100,000 for the Denver area (Exhibit 1-C).

Rocky Mountain Poison and Control Center recorded 30 calls related to club drugs in 2001, 55 for 2002 and 40 for 2003 for the Denver area (Exhibit 3). In 2004 there were 11 calls statewide (Exhibit 4).

CDPHE club drug-related mortality data for the Denver PMSA identified 2 deaths in 2000, 4 in 2001 and 2 in 2002 (Exhibit 5). This data was unavailable for 2003 and 2004.

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.

MDMA was readily obtainable at raves, nightclubs, strip clubs, or private parties. The traffickers were typically white and in their twenties or early thirties. They obtained their MDMA from Nevada or California, with source connections in Europe and targeted young adults and adolescents as users. Mexican trafficking organizations were making inroads in the Colorado MDMA market. The DEA reported one tablet or capsule costs $6 to $25, with larger quantities selling for $8 to $16 per tablet (Exhibit 10). These price ranges have dropped slightly from 2003.

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.

The DEA reported that the majority of GHB customers were white and in their twenties or thirties. Past DEA reports placed the

GHB price at $5-10 per dosage unit (i.e., one bottle cap full).

Rohypnol (roofies) is a benzodiazepine sedative 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 have been widespread use of Rohypnol among either the general population or the rave scene in Colorado. What use there was occurred in the adolescent to mid-thirties age range.

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.

Club drugs were primarily used by young adults and adolescents, and either these clients did not enter treatment or their small numbers did not draw the attention of indicator organizations. Certain club drugs are also used as "date rape" drugs and their use in this manner may be underreported.

In 2002 there were 12 treatment admissions for club drugs statewide, or 0.1 percent of all treatment admissions. In 2003 and 2004 there were 37 (0.3 percent) and 48 (0.4 percent) respectively.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTING DRUG USERS

Of the 8,088 AIDS cases reported in Colorado through December 31, 2004, 9.2 percent were classified as IDUs, and 11.0 percent were classified as homosexual or bisexual males and IDUs (Exhibit 18).

CORRECTIONS: THE HIDDEN POPULATION

The Colorado Department of Corrections reports annually on new court commitments and parole populations. Unfortunately data for substance abusers are not broken out by primary drug. However, this population is large enough that to exclude it would mean giving a skewed picture of Colorado's substance abuse problem. As of December 31, 2004, there were 20,144 adult offenders incarcerated, 7,383 on parole and 225 youthful offenders.

In state fiscal year 2004 there were 5,240 new court commitments. Eighty two percent of these individuals were identified as substance abusers. Substance abusers were more likely to be female, Caucasian, single and younger. Substance abusers had significantly more crimes on their current incarceration, and averaged more than 6 times as many drug crimes as non-abusers. Substance abusers were also more likely to have prior Department of Corrections (DOC) incarcerations. When assessed for measure of criminal risk, substance abusers scored substantially higher, indicating that they have more serious criminal histories than non-abusers. Substance abusers were, however, less likely to be identified as sex offenders or to have medical needs.

New court commitment female offenders were more likely to have higher substance abuse treatment needs overall than males.

Substance abusers comprised 89 percent of the parole returns during state FY04. When compared with non-abusing parole returns, no significant differences were noted in demographic characteristics.

Seventy-eight percent of the prison population (N=16,191, an increase of 826 individuals from FY03) were identified as substance abusers. These individuals were more likely to be Latino, single or common-law married and younger. In the prison population substance abusers were significantly different from non-abusers on several needs areas. Substance users demonstrated higher needs in the following areas: academic, vocation, psychological, seriously mentally ill and mental retardation. Substance abusers demonstrated lower needs than non-abusers in the following areas: sex offender, self-destruction, assault/anger management and medical.

Substance abusers comprised 85 percent of all prison releases. There were no differences between abusers and non-abusers on gender, marital status or age. However, releases with substance abuse problems were more likely to be African American than were non-abusers.

EXHIBITS 1A-1J: Denver EMERGENCY DEPARTMENT Data Summary: 2004

1-A. Data Completeness for Denver Metropolitan Area DAWN Live! Emergency Departments (n=14) by Month, 2004

Data Completeness	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04
Basically complete[1]	5	5	5	5	5	5	5	7	7	8	7	7
Partially Complete[2]	0	0	0	0	0	0	1	0	0	0	1	1
Incomplete[3]	1	0	0	0	0	0	0	0	0	0	0	0
No Data Reported	8	9	9	9	9	9	8	7	7	6	6	6
Total EDs in Sample[4]	14	14	14	14	14	14	14	14	14	14	14	14

[1]Total eligible hospitals in area = 14 Hospitals in DAWN sample = 14. Tables reflect cases that have been received by DAWN as of 4/13-14/05. Unweighted data from Denver hospitals reporting to DAWN.
[2]90%+ Complete; [3]50-89% Complete; [4]Less than 50% Complete.
Some hospitals in the DAWN sample have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live! OAS, SAMHSA, update 4/13-14/05.

1-B. DAWN ED Sample and Reporting Information: January–December 2004

CEWG Area	Total Eligible Hospitals[1]	No. of Hospitals in DAWN Sample	Total EDs in DAWN Sample[2]	No. of EDs Reporting per Month: Completeness of Data (%)			No. of EDs Not Reporting
				90–100%	50–89%	<50%	
Denver	14	14	14	5–8	0–1	0–1	6–9

[1]Short-term, general, non-Federal hospitals with 24-hour emergency departments based on the American Hospital Association Annual Survey.
[2]Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live! OAS, SAMHSA, update 4/13-14/05.

1-C. Unweighted Drug Incidence Rates Per 100,000 Population from Emergency Department Visits by Calendar Year for Denver PMSA, Colorado (Data source: DAWN Live!)

Drug	2004 ED Drug Reports	2004 Incidence Rates*
Alcohol	2,304	100.5
Alcohol in combination	1,549	67.6
Alcohol only (age<21)	755	32.9
Cocaine/crack	1,569	68.4
Heroin	609	26.6
Marijuana	755	32.9
Stimulants	755	32.9
Methamphetamine	475	20.7
Amphetamines	280	12.2

PCP	12	0.5
Ecstasy	64	2.8
Inhalants	72	3.1
Prescription Drug Misuse		
Benzodiazepines	409	17.8
Opiates/Opioids	699	30.5
Hydrocodone	174	7.6
Oxycodone	191	8.3
Muscle Relaxants	89	3.9

The DAWN Live! system was implemented in 2004 and previous years' data are not comparable.
* Based on Denver PMSA population
Some hospitals in the DAWN sample have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live! OAS, SAMHSA, update 4/13-14/05.

1-D. Number of Unweighted DAWN ED Cases, by Case Type (Unweighted[1]): 2004

Case Type	Number
Suicide attempt	600
Seeking detox	412
Alcohol only (age<21)	755
Adverse reaction	1,370
Overmedication	1,235
Malicious poisoning	12
Accidental ingestion	196
Other	2,979

[2]Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live! OAS, SAMHSA, update 4/13-14/05.

1-E. Number of Unweighted Drug Reports[1] in Drug-Related ED Visits, by Drug Category: 2004

Drug Category and Selected Drugs[2]	Drug Reports
Major Substances of Abuse	**6,186**
Alcohol	2,304
Alcohol-in-combination with other drugs	1,549
Alcohol only (age<21)	755
Cocaine	1,569
Heroin	609
Marijuana	755
Stimulants	755
Amphetamines	280
Methamphetamine	475
MDMA (ecstasy)	64

GHB	5
Ketamine	2
LSD	9
PCP	12
Miscellaneous hallucinogens	32
Inhalants	62
Combinations not tabulated above	8

[1]Drug-related ED visits often involve multiple drugs (e.g., both cocaine and heroin may be reported for the same case). Therefore, the number of drug reports will exceed the number of ED visits.

[2]This classification of drugs is derived from the Multum Lexicon, Copyright 2003, Multum Infomation Services, Inc. The classification has been modified to meet DAWN's unique requirements (2004). The Multum Licensing Agreement governing use of the Lexicon is provided in most DAWN publications and can be found on the Internet at http://www.multum.com.

Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live! OAS, SAMHSA, update 4/13-14/05.

1-F. Number of Unweighted Drug Reports in Drug-Related ED Visits, by Drug Category: 2004
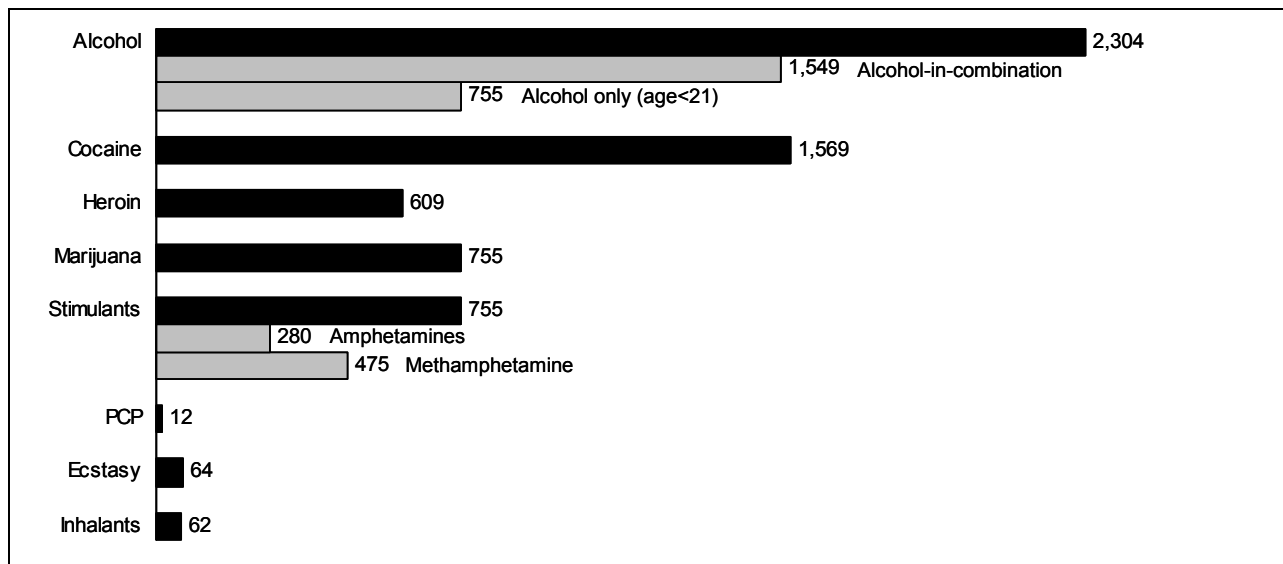
Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live!, OAS, SAMHSA, update 4/13-14/05

1-G. Number of Unweighted Alcohol-Related ED Visits, CY2004 by Case Type

Case Type	Number of Cases	Percent of Alcohol Cases	Percent of all Drug-Related Cases
Seeking detox	515	22%	8%
Alcohol only, <21 years of age	755	33%	12%
Other Alcohol	1,034	45%	17%

Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live!, OAS, SAMHSA, update 4/13-14/05

1-H. Gender and Age, Unweighted Numbers of Alcohol Only (Age <21) Related ED Visits, CY2004

	Number	Percent
Gender		
Male	461	61%
Female	293	39%
Age		
<5	0	0
6-11	4	0.5%
12-17	402	53%
18-20	349	46%

Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live!, OAS, SAMHSA, update 4/13-14/05

1-I. Prescription Drug Misuse—Number of Unweighted Drug Reports in Drug-Related ED Visits, Selected Drugs, by Case Type (Unweighted[1]): 2004

Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live!, OAS, SAMHSA, update 4/13-14/05

1-J. Unweighted Gender Percentages by Drug Type for ED Drug-Related Visits, 2004
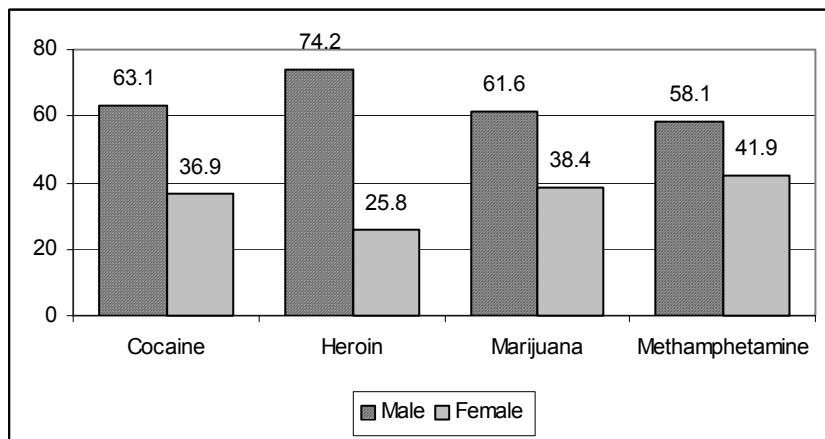
Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
Source: DAWN Live!, OAS, SAMHSA, update 4/13-14/05

1-K. Unweighted Client Age Data by Selected Drugs for Numbers of ED Drug-Related Visits, 2004

Age	Cocaine	Heroin	Marijuana	Amphetamines	Methamphetamine
<5	4	1	4	2	0
6-11	1	0	1	1	0
12-17	61	3	178	26	52
18-20	94	22	115	33	49
21-29	399	151	186	84	159
30-44	736	246	195	108	172
45-64	268	182	73	26	43
65+	6	4	2	0	0

Some hospitals have more than one emergency department. All DAWN cases are reviewed for quality control. Based on this review, cases may be corrected or deleted. Therefore these data are subject to change.
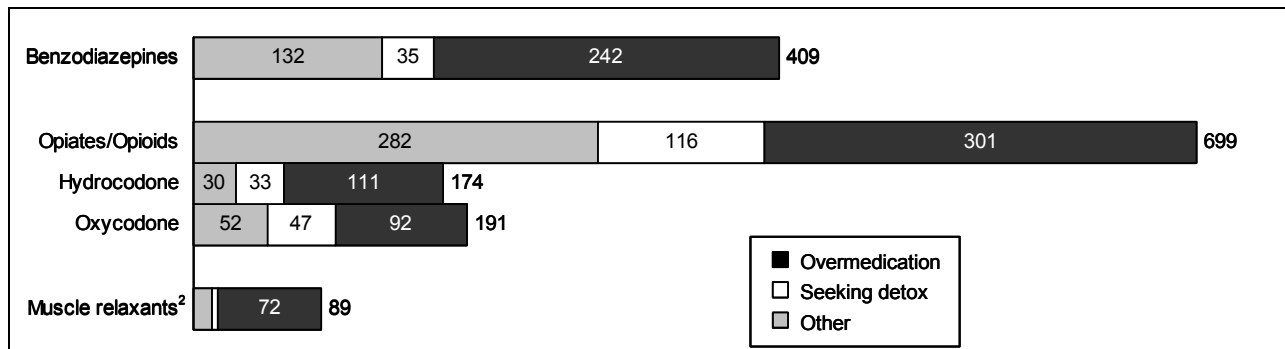Source: DAWN Live!, OAS, SAMHSA, update 4/13-14/05

EXHIBIT 2: Drug-Related Hospital Discharges Per 100,000 for Selected Drugs, CY1997-CY2003, for Colorado

DRUG	1997	1998	1999	2000	2001	2002	2003	2004
Alcohol	*	17154	18577	18744	20644	21433	23750	*
Rate/100K		418.0	440.6	432.3	464.3	474.02	518.0	*
Ampheta-mines	959	815	682	942	1161	1463	1814	*
Rate/100K	24.0	20.0	16.2	21.7	26.1	32.3	39.6	*
Cocaine	2245	2492	2517	2732	2787	3305	3658	*
Rate/100K	56.1	60.7	59.7	63.0	63.0	73.1	80.3	*
Marijuana	2118	2227	2204	2455	2755	3016	3246	*
Rate/100K	53.0	54.3	52.3	56.6	62.0	66.7	71.0	*
NarcAnalges	1458	1566	1639	2053	2237	2605	3368	*
Rate/100K	36.5	38.2	39.0	47.3	50.3	57.6	73.4	*
Population	3,995,923	4,102,491	4,215,984	4,335,540	4,446,529	4,521,484	4,586,455	*

* Data not available
Source: Colorado Department of Public Health and Environment, Colorado Hospital Association

EXHIBIT 3: Number of Drug-related Calls to the Rocky Mountain Poison and Control Center by Calendar Year* for Denver, Colorado (Data unavailable prior to 2001)

Drug	2001	2002	2003
Alcohol	110	149	150
Cocaine/crack	59	66	68
Heroin/morphine	19	16	22
Marijuana	34	37	36
Methamphetamine	20	39	39
Other Stimulants Amphetamines	3	3	6
Club Drugs	30	55	40
Inhalants	4	16	10

Source: Rocky Mountain Poison and Control Center

EXHIBIT 4: Number of "Drug-related Calls to the Rocky Mountain Poison and Control Center Resulting in Human Exposure" by Calendar Year* for Colorado Statewide

Drug	2004
Alcohol	764
Cocaine/crack	120
Heroin/morphine	20
Marijuana	68
Methamphetamine	95
Other Stimulants Amphetamines	316
Club Drugs	11
Hallucinogens	29

Source: Rocky Mountain Poison and Control Center

EXHIBIT 5: Drug-Related Mortality Numbers for the Denver PMSA for CY1996-CY2002

Drug	1996	1997	1998	1999	2000	2001	2002
Alcohol	47	49	61	74	75	99	86
Cocaine/crack	68	56	66	82	80	126	108
Heroin/morphine	34	53	51	79	66	77	64
Marijuana	1	4	3	20	20	31	5
Methamphetamine	3	6	3	8	10	19	17
Other Stimulants Amphetamines	2	5	3	5	9	8	13
Club Drugs	--	--	--	--	2	4	2
Inhalants	--	1	2	--	1	--	1

Source: Colorado Department of Public Health and Environment

EXHIBIT 6: Drug-Related Mortality Numbers for the State of Colorado for CY2003-CY2004

Drug	2003	2004
Alcohol	1,141	*
Cocaine/crack	180	*
Heroin, morphine, other opioids, narcotics	247	*
Marijuana	*	*
Methamphetamine	**	*
Other Stimulants Amphetamines	47	*
Club Drugs	*	*
Inhalants	*	*

* Data unavailable
**Not specifically identified
Source: Colorado Department of Public Health and Environment

**EXHIBITS 7A-7D: Mortality Data from SAMHSA's <u>Drug Abuse Warning Network, 2003:</u>
<u>Area Profiles of Drug Related Mortalities</u>**

7-A. Drug-Related Mortality Numbers for Denver-Aurora Metropolitan Area CY2003

	Prescription Drug Misuse	Illicit Drugs
Number of Deaths	123	71
Rate per 1,000,000 pop	5	3
Single Drug Deaths	34	18
Multi-drug Deaths	89	53

Source: DAWN 2003 Area Profiles of Drug-related Mortality

7-B. Death Rates by Gender and Age: Drug Misuse for Denver-Aurora Metropolitan Area CY2003
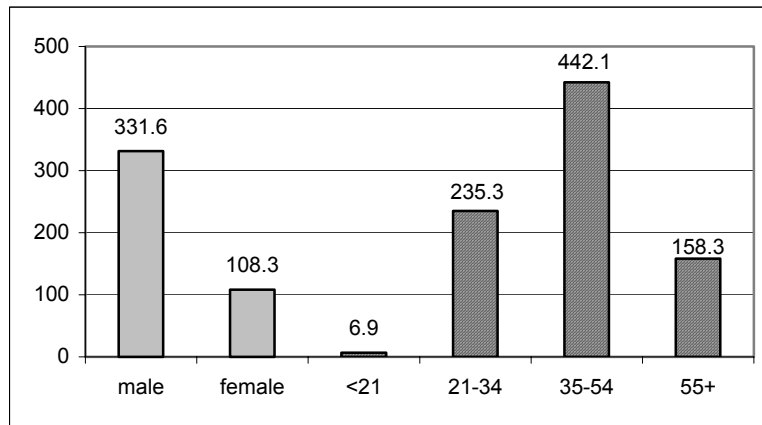
Source: DAWN 2003 Area Profiles of Drug-related Mortality

7-C. Top Five Drugs Involved in Denver-Aurora Mortality Data: Drug Misuse Deaths, for Denver-Aurora Metropolitan Area CY2003
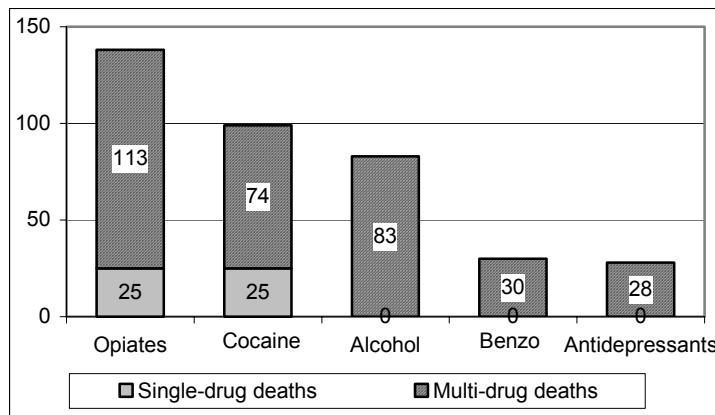
Source: DAWN 2003 Area Profiles of Drug-related Mortality

7-D. Drug-related Mortality by Case Type Percentage for Denver-Aurora Metropolitan Area CY2003
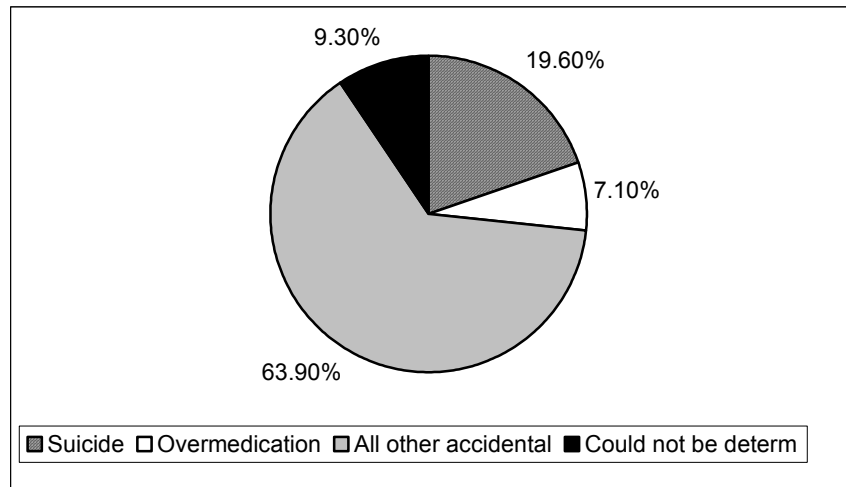
Source: DAWN 2003 Area Profiles of Drug-related Mortality

EXHIBIT 8: Quest Diagnostics Drug Testing Index Positivity Rate for Colorado Combined Workforce and the Combined U.S. Workforce (7.2 million tests), CY2004

Positivity Rate	Range for States	Denver Area	North Central CO	North. West CO	North East CO	South Central CO	South West CO	South East CO	U.S.
Ampheta-mines	0-2.63%	0.14-0.33%	0.14-0.33%	0.6-1.01%	*	0-0.14%	0.33-0.6%	0.14-0.33%	10.2%
Cocaine	0-2.54%	0.25-0.51%	0.25-0.51%	0.25-0.51%	*	0.51-0.81%	0-0.25%	0.81-1.28%	14.7%
Marijuana	0-8.4%	2.1-2.7%	2.1-2.7%	2.7-3.7%	*	2.1-2.7%	2.1-2.7%	2.1-2.7%	54.8%
Opiates	0-7.53%	0.09-0.24%	0.09-0.24%	0.24-0.49%	*	0.24-0.49%	0.24-0.49%	0.24-0.49%	6.2%

*No statistical data
Source: Quest Diagnostics Drug Test Index

EXHIBIT 9: Federal Drug Seizures in Colorado, 2004

Cocaine	36.0 kgs.
Heroin	4.6 kgs.
Methamphetamine	28.8 kgs.
Marijuana	774.6 kgs.
Ecstasy	0 tablets
Methamphetamine Laboratories	144

Source: U.S. Drug Enforcement Administration State Factsheets, Colorado 2005

EXHIBIT 10: Price and Purity in Denver, CY2004

Drug	Wholesale Price	Retail Price	Street Price	Purity at Retail
Powder Cocaine	$16,000-$20,000/kg	$600-$700/oz	$70-$125/gm	16-90%
Crack Cocaine	$14,000-$18,500/kg	$700-$800/oz	$25-$60/rock	60-75%
Heroin	$15,000-$60,000/kg	$2,000-$3000/oz	$100-$150/gm	8-64%
Methamphetamine	$4,500-$16,000/lb	$700-$1,500/oz	$80-$150/gm	0-100%
Marijuana	--	$1,000-$3,000/oz	$50-$200/gm	--
Ecstasy	--	--	$6-$25/pill	--
Oxycontin	--	--	$6.50/pill	Prescription

Source: DEA, treatment providers, National Drug Intelligence Center, local law enforcement

EXHIBIT 11: Numbers and Percentages of Treatment Admissions by Primary Drug Type from CY1997- CY2004, <u>Including</u> Alcohol

DRUG	1997	1998	1999	2000	2001	2002	2003	2004
Alcohol N	6353	7833	6573	6577	6311	6839	7044	8531
%	45.4%	44.4%	40.3%	40.5%	38.6%	38.8%	37.5%	40.9%
Heroin N	1200	1418	1585	1577	1482	1415	1640	1093
%	8.6%	8.0%	9.7%	9.7%	9.1%	8.0%	8.7%	5.2%
Non-Rx Methadone N	4	15	15	16	9	17	15	20
%	.0%	.1%	.1%	.1%	.1%	.1%	.1%	.1%
Other Opiates N	195	230	274	304	386	394	519	514
%	1.4%	1.3%	1.7%	1.9%	2.4%	2.2%	2.8%	2.5%
Methamphetamine N	1081	1436	1214	1314	1659	2070	2744	3209
%	7.7%	8.1%	7.4%	8.1%	10.1%	11.7%	14.6%	15.4%
Other Amphetamines, Stimulants N	52	61	89	107	91	104	78	46
%	.4%	.3%	.5%	.7%	.6%	.6%	.4%	.2%
Cocaine N	1797	2309	2099	1916	1888	2193	2330	2572
%	12.9%	13.1%	12.9%	11.8%	11.5%	12.4%	12.4%	12.3%
Marijuana N	3152	4126	4061	4135	4248	4343	4159	4610
%	22.5%	23.4%	24.9%	25.5%	26.0%	24.6%	22.1%	22.1%
Hallucinogen N	40	56	68	72	71	38	23	26
%	.3%	.3%	.4%	.4%	.4%	.2%	.1%	.1%
PCP N	0	0	4	5	2	5	8	5
%	.0%	.0%	.0%	.0%	.0%	.0%	.0%	.0%
Barbiturates N	7	11	15	5	6	20	14	12
%	.1%	.1%	.1%	.0%	.0%	.1%	.1%	.1%
Sedatives N	4	17	16	21	13	89	63	29
%	.0%	.1%	.1%	.1%	.1%	.5%	.3%	.1%
Tranquilizers N	37	40	40	38	44	49	52	46
%	.3%	.2%	.2%	.2%	.3%	.3%	.3%	.2%
Inhalants N	28	50	28	26	31	21	20	20
%	.2%	.3%	.2%	.2%	.2%	.1%	.1%	.1%
Club Drugs N	NA	NA	NA	NA	NA	12	37	48
%	NA	NA	NA	NA	NA	.1%	.2%	.2%
Other N	31	51	218	123	119	37	54	54

%	.2%	.3%	1.3%	.8%	.7%	.2%	.3%	.3%
TOTAL N	**13981**	**17653**	**16299**	**16236**	**16360**	**17646**	**18800**	**20830**

Source: Drug/Alcohol Coordinated Data System (DACODS) from the Alcohol and Drug Abuse Division, Colorado Department of Human Services

EXHIBIT 12: Numbers and Percentages of Treatment Admissions by Primary Drug Type from CY1997-CY2004, <u>Excluding</u> Alcohol

DRUG	1997	1998	1999	2000	2001	2002	2003	2004
Heroin N	1200	1418	1585	1577	1482	1415	1640	1093
%	15.7%	14.4%	16.3%	16.3%	14.7%	13.1%	14.0%	8.9%
Non-Rx Methadone N	4	15	15	16	9	17	15	20
%	.1%	.2%	.2%	.2%	.1%	.2%	.1%	.2%
Other Opiates N	195	230	274	304	386	394	519	514
%	2.6%	2.3%	2.8%	3.1%	3.8%	3.6%	4.4%	4.2%
Methamphetamine N	1081	1436	1214	1314	1659	2070	2744	3209
%	14.2%	14.6%	12.5%	13.6%	16.5%	19.2%	23.3%	26.1%
Other Amphetamines, Stimulants N	52	61	89	107	91	104	78	46
%	.7%	.6%	.9%	1.1%	.9%	1.0%	.7%	.4%
Cocaine N	1797	2309	2099	1916	1888	2193	2330	2572
%	23.6%	23.5%	21.6%	19.8%	18.8%	20.3%	19.8%	20.9%
Marijuana N	3152	4126	4061	4135	4248	4343	4159	4610
%	41.3%	42.0%	41.8%	42.8%	42.3%	40.2%	35.4%	37.5%
Hallucinogen N	40	56	68	72	71	38	23	21
%	.5%	.6%	.7%	.7%	.7%	.4%	.2%	.2%
PCP N	0	0	4	5	2	5	8	5
%	.0%	.0%	.0%	.1%	.0%	.0%	.1%	.0%
Barbiturates N	7	11	15	5	6	20	14	12
%	.1%	.1%	.2%	.1%	.1%	.2%	.1%	.1%
Sedatives N	4	17	16	21	13	89	63	29
%	.1%	.2%	.2%	.2%	.1%	.8%	.5%	.2%
Tranquilizers N	37	40	40	38	44	49	52	46
%	.5%	.4%	.4%	.4%	.4%	.5%	.4%	.4%
Inhalants N	28	50	28	26	31	21	20	20
%	.4%	.5%	.3%	.3%	.3%	.2%	.2%	.2%
Club Drugs N	NA	NA	NA	NA	NA	12	37	48
%	NA	NA	NA	NA	NA	.1%	.3%	.4%
Other N	31	51	218	123	119	37	54	54
%	.4%	.5%	2.2%	1.3%	1.2%	.3%	.5%	.4%
TOTAL N	**7628**	**9820**	**9726**	**9659**	**10049**	**10807**	**11756**	**12299**

Source: Drug/Alcohol Coordinated Data System (DACODS) from the Alcohol and Drug Abuse Division, Colorado Department of Human Services

EXHIBIT 13: Numbers and Percentages, Generational Primary Drug Use, State Fiscal Year 2004

Age Ranges	Sedatives Tranquilizers[a]	Stimulants	Opiates	Marijuana	Hallucin-ogens	Club Drugs	Other Drugs	Total
Y Generation[b]	1512 28%	1008 18%	107 2%	2754 50%	12 <1%	20 <1%	38 1%	5451 26%
X Generation[c]	3805 40%	3397 36%	773 8%	1480 16%	9 <1%	23 <1%	21 <1%	9508 47%
Baby Boomers[d]	3067 55%	1408 25%	719 13%	364 6%	5 <1%	4 <1%	13 <1%	5580 27%
Seniors[e]	234 81%	14 5%	28 10%	12 4%	0	1 <1%	1 <1%	290 <1%
Total	8618 41%	5827 28%	1627 8%	4610 22%	26 <1%	48 <1%	73 <1%	20829 100%

[a] Sedatives Tranquilizers include alcohol
[b] Y Generation includes anyone born after 1981
[c] X Generation includes anyone born between 1965-1981
[d] Baby Boomers include anyone born between 1946-1964
[e] Seniors include anyone born before 1946
Source: Drug/Alcohol Coordinated Data System (DACODS) from the Alcohol and Drug Abuse Division, Colorado Department of Human Services

EXHIBIT 14: Heroin, Methamphetamine, Cocaine and Marijuana Admissions of New Users[a]: CY1997 through CY2004

DRUG[b]	1997	1998	1999	2000	2001	2002	2003	2004
Heroin N	214	314	342	340	283	267	255	176
%	17.9%	22.3%	21.7%	21.6%	19.1%	18.9%	15.5%	16.1%
Metham N	362	472	308	311	367	475	676	777
%	33.6%	33.0%	25.5%	23.7%	22.1%	23.0%	24.6%	24.2%
Cocaine	310	423	390	374	348	394	438	460
%	17.3%	18.4%	18.6%	19.5%	18.4%	18.0%	18.8%	17.9%
Marij N	1326	1584	1434	1552	1505	1403	1464	1408
%	42.4%	39.1%	35.9%	37.7%	35.7%	32.3%	35.2%	30.5%
Total New Users N	2212	2793	2474	2577	2503	2539	2833	2821
% of Total Admissions	30.8%	30.4%	27.9%	28.9%	27.1%	25.3%	26.1%	24.6%
Total Admissions	**7190**	**9188**	**8880**	**8915**	**9241**	**10016**	**10871**	**11484**

[a] New Users are those reporting using for less than four years at the time of treatment
[b] Reported primary drug of use
Source: Drug/Alcohol Coordinated Data System (DACODS) from the Alcohol and Drug Abuse Division, Colorado Department of Human Services

EXHIBIT 15: Average Number of Years Between First Use of Drug and First Treatment[a], Calendar Year 2004

DRUG[b]	Years
Marijuana	7.9
Methamphetamine	8.1
Other Opiates	10
Cocaine/crack	10.7
Heroin	14.3
Alcohol	16.5

[a] Includes only for those reporting no prior treatment admissions.
[b]Reported primary drug of use
Source: Drug/Alcohol Coordinated Data System (DACODS) from the Alcohol and Drug Abuse Division, Colorado Department of Human Services

EXHIBIT 16: Percent of Adult Arrestees Testing Positive for Drugs, Denver 2003

Drug Type	Males	Females
Cocaine	38.3%	52.5%
Opiates	6.8%	6.1%
Marijuana	42.3%	34.3%
Methamphetamine	4.7	5.0
Any drug	66.4	69.1
Multiple drugs	23.3	24.9

Source: ONDCP Drug Policy Information Clearinghouse, Profile of Drug Indicators for Denver, Colorado, February 2005

EXHIBIT 17: Percent of Past Drug Use, Adult Arrestees by Gender, Denver 2003

Use	Crack/cocaine		Powder cocaine		Marijuana		Methamphet.		Heroin	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Past 7 days	16.2%	32.4%	8.8%	5.9%	39.3%	34.6%	4.0%	4.8%	5.1%	4.3%
Past 30 days	18.1%	36.2%	10.8%	8.0%	45.3%	39.4%	4.7%	7.4%	5.3%	4.8%
Past year	22.3%	39.7%	16.5%	14.8%	51.9%	45.0%	8.9%	10.7%	6.1%	8.5%
Average # days/month	7.3%	9.9%	4.8%	5.1%	9.6%	8.8%	6.1%	6.4%	14.5%	9.9%

Source: ONDCP Drug Policy Information Clearinghouse, Profile of Drug Indicators for Denver, Colorado, February 2005

EXHIBIT 18: Colorado Cumulative AIDS Cases by Exposure Category Through December 31, 2004

	Number of AIDS Cases[a]	Percent of AIDS Cases	Number of Individuals Testing Positive for HIV	Percent of Individuals Testing Positive for HIV
Gender				
Male	7452	92.1%	5394	89.8%
Female	636	7.9%	612	10.2%
Total	8088	100%	6006	100%
Exposure Category				
Men/sex/men	5446	67.3%	3807	63.4%

	Number of AIDS Cases[a]	Percent of AIDS Cases	Number of Individuals Testing Positive for HIV	Percent of Individuals Testing Positive for HIV
Injecting drug user (IDU)	747	9.2%	525	8.7%
MSM and IDU	866	10.7%	555	9.2%
Heterosexual contact	482	6.0%	397	6.6%
Other	182	2.2%	64	1.1%
Risk not identified	365	4.5%	658	11.0%

[a] In October 2004, Colorado omitted cases who moved to other states, thereby reducing their HIV/AIDS database by 758 cases. Thus reports produced before October 2004 show higher numbers of AIDS cases than reports produced after October, 2004.

Source: The Colorado Department of Public Health and Environment

EXHIBIT 19: Denver Public Health Survey Information

19-A Meth Use in MSM in Denver Community Survey, 2004-2005

	Number	Percent
MSM, N=981	108	11.0
HIV negative MSM, N=763	69	9.0
HIV positive MSM, N=153	32	20.9

Source: Dr. Mark Thrun, Denver Public Health 2004-2005 NHBS MSM Survey

19-B Sexual Risk and Methamphetamine Use

	Meth Users N=108	Non-users N=873	Odds Ratio
Mean age	33.1	39.4	
Mean number of male/female partners last 12 months	12.5 / 5.0	7.7 / 2.3	
Any unprotected sex last 12 months	76 (70.4%)	380 (43.5%)	3.1 (2.0-4.8)
Ever tested for HIV	101 (93.5%)	815 (93.4%)	
Most recent HIV test result was positive	32 (31.7%)	121 (14.9%)	2.7 (1.7-4.2)

Source: Dr. Mark Thrun, Denver Public Health 2004-2005 NHBS MSM Survey

EXHIBIT 20: Calendar Year Population by Denver PMSA and Statewide

Geographic Area	1996	1997	1998	1999	2000	2001	2002	2003	2004
Denver PMSA*									
Adams	323,042	332,744	344,024	355,308	363,857	361,262	375,380	385,262	392,908
Arapahoe	451,065	459,058	472,399	481,306	487,967	503,833	513,932	520,501	525,508
Broomfield	NA	NA	NA	NA	NA	40,621	41,948	43,484	42,691
Denver	518,255	527,442	533,406	545,517	554,636	560,365	560,882	566,173	569,359

Douglas	114,713	129,331	144,354	162,323	175,766	200,385	213,526	225,694	230,944
Jefferson	498,046	504,234	512,483	520,810	527,056	529,743	530,847	529,479	531,424
Total PMSA	1,905,121	1,952,809	2,006,666	2,065,264	2,109,282	2,196,209	2,236,515	2,270,593	2,292,834
State of Colorado	3,902,448	3,995,923	4,102,491	4,215,984	4,335,540	4,446,529	4,521,484	4,586,455	4,642,589

* The Denver-Aurora MSA (Clear Creek, Elbert, Gilpin and Park) will be added for 2005 data reporting.
   Source: Census 2000 and future year estimates from the Colorado Demography Office

EXHIBIT 21: Ethnographic Survey for Colorado ADAD, May 2005

The ethnographic survey was intended as an informal capture of clinical impressions of emerging drug trends across Colorado. It was not intended as a scientific study.

The survey was emailed to 200 clinical agencies. To expedite the very short turn-around time of two weeks, only those agencies with email capabilities were targeted.

Sixty-two (31%) surveys were returned via email or fax within the two week period.

Returned surveys by location

Substate Planning Area	Geographic Location	Urban	Rural	# Surveys Returned
1	Northeast		X	2
2	Denver, Central	X		12
3	Colorado Springs/Pueblo, South Central	X		20
4	South/Southeast		X	23
5/6	Western Slope		X	5
7	Boulder	X		0
Total				62

Summary of Overall Responses

1. Most respondents regardless of geographic location were unaware of any new substances being used/abused in their communities.

2. Half of the respondents indicated they were seeing an increase in the diversion of prescription drugs. Drugs most commonly diverted included: Oxycontin, Vicodin, Methadone, Percocet and Muscle Relaxers.

3. Most drugs were provided in exchange for cash, property/merchandise or drug-buying services. Sex as an exchange medium was rarely noted, and lookout services were only mentioned twice.

4. Ninety-eight percent of respondents did not think their clients were using the internet to purchase or sell drugs.

5. The most frequently used drugs by age group were, in order of frequency of use:

Age Group	Drugs
0-17 years	alcohol, tobacco, marijuana
18-25 years	marijuana, alcohol, methamphetamine, cocaine
26-35 years	methamphetamine, alcohol, marijuana, cocaine
36-50 years	alcohol, cocaine, methamphetamine, marijuana
51+	alcohol, marijuana, narcotic analgesics

6. Most respondents noted no increase in drug abuse in the elderly in their communities.

7. The majority of respondents indicated their clients started using drugs between 12 and 17 years of age. Entry drugs were consistently alcohol and marijuana. Three-fourths of the respondents noted that the age of first use is becoming younger.

8. Respondents noted that the following made the drug abuse problem more complex in their communities.

	Overall Impact
Decreasing drug costs	Moderate
Increased polydrug use	Moderate
Social normalization of drug use	Moderate
Increased treatment case loads	Severe
Earlier first use of more dangerous drugs	Severe
Increasing drug availability	Severe
Lack of jobs and/or job training for recovering clients	Severe
Lack of housing for recovering clients	Severe
Leaving treatment too early	Severe
Too few treatment options	Most Severe
Decline in social disapproval	Moderate
More local drug production/manufacture	Severe

9. Half the respondents noted no increase in clients changing from smoking to injecting, and half did. For those who did, the drugs their clients were injecting were consistently methamphetamine and cocaine.

10. General impressions of recent changes in the population using drugs or abusing alcohol included
- increasingly younger kids experimenting with drugs,
- increased methamphetamine use,
- increasingly violent clients and more involved with serious crime,
- increasingly all cultures, income and educational levels are abusing drugs/alcohol,

- increased poly substance abuse, and
- increased need for treatment services.

11. When asked to "guesstimate" what percentage of high school students in their area were using drugs or alcohol, 1/3 responded 26-50%, 1/3 responded 51-75% and 1/3 indicated 76-90%.

12. Responses to the question "how many methamphetamine labs do you think are currently operating in your area?" varied widely from "none" or "one" to "several hundred." Respondents from rural areas were more likely to estimate in the hundreds.

13. Other comments included the request for more treatment and prevention resources, especially prevention for youth.