

Patterns and Trends in Drug Abuse in Denver and Colorado: January—June 2005

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ABSTRACT

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, mostly from Mexico and California. Excluding alcohol, marijuana abuse has continued to result in the highest number of treatment admissions annually since 1997, and along with ‘other opiates’ (excluding heroin), represents the highest percentage of users entering treatment within 3 years of initial use. In the first half of 2005, cocaine ranked third in number of treatment admissions behind marijuana and methamphetamine, but accounted for the highest drug incidence rate per 100,000 persons for hospital discharges since 1996 through 2004 and for the highest number of ED reports in the first half of 2005. Cocaine also accounted for the highest drug-related mortality rates from 1996 through 2002, but was surpassed in 2003 by all opiates including heroin and in 2004 by opiates other than heroin. Cocaine had the highest number of drug-related calls to the Rocky Mountain Poison & Drug Center for calendar years 2001 through 2003 for the Denver area, but was surpassed by methamphetamine in 2004 and in the first half of 2005. Since 2003, methamphetamine has surpassed cocaine in numbers of treatment admissions statewide, and in the first half of 2005, methamphetamine admissions surpassed those for cocaine in the Denver/ Boulder metropolitan area. Most indicators for methamphetamine abuse have been increasing, and drug enforcement officials and treatment providers have corroborated reports of increased methamphetamine use and trafficking in Colorado. While the amount of methamphetamine seized by law enforcement has increased in recent years, the number of clandestine laboratory closures has decreased since 2003. Theories about the decrease in lab closures are discussed in this paper. Most indicators for heroin abuse have decreased with the exception of drug

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seizures, which have increased since 2002. Anecdotal reports from Denver drug detectives and outreach workers suggest that heroin availability has increased, its price has fallen, and as a result, use is increasing, especially among youth on the street. In 2003 and 2004, opiate-related drug misuse mortalities exceeded those that were cocaine-related. In a recent local survey of treatment providers statewide, more than one-half of respondents reported an increase in opiate prescription diversion, especially OxyContin. Beyond abuse of illicit drugs, alcohol remained Colorado's most frequently abused substance and accounts for the most treatment admissions, emergency department reports, poison center calls, drug-related hospital discharges, and drug-related mortality.

INTRODUCTION

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, which accounted for 50 percent of the total population.

For this report, we looked at both statewide data, and data for the Denver/Boulder metropolitan area were reviewed and analyzed; the latter includes the counties of Denver, Boulder, Adams, Arapahoe, Broomfield, Clear Creek, Douglas, Gilpin, and Jefferson, and accounts for 56 percent of the total population.

Denver and the surrounding counties experienced rapid population growth from the 1990s through 2003, and Colorado was the third fastest growing State in the Nation until 2004, when the growth rate declined. The State population more than doubled from 1960 to 2000, but recently, the population moving out of Colorado 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 of residents in the Denver area is 33.1. For the population 25 and older, 79 percent are high school graduates and 35 percent have bachelor's degrees. 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 major industries in Colorado are communications, utilities, agriculture, and transportation. By the end of 2004, Colorado's employment growth rate of 2.6 exceeded that of the Nation (1.6). 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 in Colorado as of August 2005 was 5.0. Nationally it was 4.9.

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

Two major Interstate highways, I-25 and I-70 intersect in Denver. I-25 runs north-south from Wyoming through New Mexico, and I-70 runs east-west from Maryland through Utah. The easy transit across multiple States via these highways, along with the following other factors, may influence drug use in Denver and Colorado:

- The area's major international airport is nearly at the Nation's midpoint
- A growing population and expanding economic opportunities
- A large tourism industry that draws millions of people to Colorado each year
- Remote, rural areas that are ideal for the undetected manufacture, cultivation, and transport of illicit drugs
- Several major universities and small colleges are in the area

- A young citizenry drawn to the recreational lifestyle available in Colorado

Data Sources

- **Treatment data** are provided by the Drug/Alcohol Coordinated Data System (DACODS), which is maintained by the Alcohol and Drug Abuse Division (ADAD) at the Colorado Department of Human Services. Data for this system are collected on clients at admission and discharge from all Colorado alcohol and drug treatment agencies licensed by ADAD. Treatment admissions are reported by the primary drug of use (as reported by the client at admission) unless otherwise specified. Annual figures are given for calendar years (CY) 1997 through 2004, and the first 6 months of 2005. To emphasize, when 2005 is reported, it includes data for January 1 through June 30 only.
- **Drug-related emergency department (ED) reports** for the Denver metropolitan area from January through June 2005 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!*). These data were accessed on and reflect cases received by DAWN as of December 7, 2005 and are subject to change in future OAS quality reviews. Because these data were unweighted, they cannot be used as estimates 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 the time period measured was 14, 7 reported each month in the first 6 months of 2005. A “completeness” table appears in exhibit 1. Because a patient may report more than one drug, the number of drug reports may exceed the number of cases. A full description of the DAWN system can be found at <<http://dawninfo.samhsa.gov>>.
- **Drug-related mortality data** are from two sources: (1) for the Denver-Aurora County area for 2003, data are from SAMHSA’s *Drug Abuse Warning Network, 2003: Area Profiles of Drug-Related Mortalities*; and (2), statewide data for CY 2004 are from the Colorado Department of Public Health and Environment (CDPHE).

- **Hospital discharge data** statewide for 1997–2004 were provided by the Colorado Hospital Association through CDPHE’s 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 exclude ED care.
- **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 June 2005.
- **Statistics on seized drug items** were obtained from *Colorado Fact Sheet Reports* published by the Drug Enforcement Administration (DEA).
- **Availability, price, and purity data** were obtained from Denver Police, the December 28, 2004 issue of *Narcotics Digest Weekly* (Vol. 3, No. 52), and from the DEA Denver Field Division’s report, *Denver, Colorado, Profile of Drug Indicators, June 2004*.
- **HIV/AIDS data** were obtained from the CDPHE and are presented from 2001 through 2004.
- **Population statistics** were obtained from the Colorado Demography Office, Census 2000, including estimates and projections, and <factfinder.census.gov>.
- **Qualitative and ethnographic data** for this report were available from clinicians from treatment programs across the State, Denver Vice Detectives, street outreach workers, and local researchers.

DRUG ABUSE TRENDS

Cocaine

Of the five major drugs of cocaine, heroin, other opiates, methamphetamine, and marijuana, cocaine rank third in statewide and Denver area treatment admissions, and those indicators have remained stable. Excluding alcohol, cocaine ranks first in ED reports of illicit drugs and hospital

discharges and second in numbers of deaths and poison control center calls. While hospital discharges have increased since 1997, all other indicators have remained stable or decreased.

During the first half of 2005, cocaine was reported as a primary drug in 19 percent of treatment admissions (excluding alcohol) statewide (exhibit 2). Since 2000, cocaine comprised 19 to 21 percent of statewide admissions each year, and through 2002, was second to marijuana in volume of treatment admissions. Since 2003, methamphetamine admissions have exceeded cocaine admissions.

In the Denver metropolitan area, cocaine was reported in 20 percent of treatment admissions (excluding alcohol) during the first half of 2005 (exhibit 3). While it remained second to marijuana in treatment admissions from 2000 through 2004, methamphetamine admissions slightly exceeded those for cocaine in treatment admissions in the first half of 2005.

Statewide, the proportion of male cocaine admissions rose from 55 percent in 2000 to 62 percent in 2004 and, as shown in exhibit 3, was at 59 percent during the first half of 2005. This increase is more substantial when data are restricted to the Denver metropolitan area, where males comprised 51 percent of cocaine admissions in 2000 and increased to 63 percent in 2004, and represented 60 percent of admissions in the first half of 2005, exhibit 4).

Historically, Whites have accounted for the largest proportion of cocaine admissions statewide (44 percent overall, 2000 to the first half of 2005). However the proportion of Hispanics/Latinos, which is 31 percent of admissions overall, increased each year statewide (from 27 percent in 2001 to 36 percent in the first half of 2005), and in Denver (from 23 percent in 2001 to 35 percent in the first half of 2005). From 2000 to the first half of 2005, the proportion of Black treatment admissions declined from 22 to 19 percent statewide and from 31 to 22 percent in the Denver metropolitan area.

Statewide, three percent of primary cocaine admissions in the first half of 2005 were for persons younger than 18 and 17 percent were for persons younger than 25 (exhibit 4). Roughly 70 percent of cocaine admissions from 2000 to the first half of 2005 were for persons age 25 to 44. However, that age group's proportion declined steadily from 76 percent in 2000 to 66 percent in

2005, while the proportion of those older than 44 increased from 8 to 16 percent during that time, which may be indicative of a cohort that is aging.

The Denver metropolitan area showed similar trends with a decline in cocaine admissions of those 25 to 44 (80 to 66 percent from 2000 to 2004; 68 percent in the first half of 2005) and a rise in persons older than 44 (8 to 17 percent from 2000 to 2004; 15 percent in 2005). The Denver area also reported an increase from 9 to 14 percent in admissions for persons age 18 to 24 from 2000 to the first half of 2005.

In the first half of 2005, cocaine users in Colorado and Denver reported an average age of onset of 23 (median=21, exhibit 6). From 2000 onward, the mean age of onset was between 22 and 23 statewide and in the Denver metropolitan area.

In the first half of 2005, the mean number of years from reported onset of cocaine use to the first treatment episode was 9.1 years for statewide admissions and 9.8 years for Denver area admissions (exhibit 6), down from 10.6 years (for both State and Denver area admissions) in 2004. Before 2004, the mean time to enter treatment remained between 10.0 and 10.2 years statewide and 10.0 and 10.7 years in the Denver metropolitan area.

In addition to traditional demographics, the proportion of new users (those using less than 3 years) and users entering treatment for the first time (persons with no prior treatment episodes) were examined. Statewide, around 13 to 14 percent of cocaine users had been using less than 3 years from 2000 through 2004. In the first half of 2005, 16 percent of cocaine users admitted to treatment were defined as new users (exhibit 6). In the Denver area, the proportion of new users in treatment increased from 10 percent in 2003 to 13 percent in 2004 and 16 percent in the first half of 2005.

Statewide, the proportion of first-time treatment admissions declined from 36 percent in 2000 to 31 percent in 2004. In the first half of 2005, 33 percent of all cocaine-related treatment admissions statewide had no prior treatment episodes. In the Denver area, first-timers comprised 34 percent of cocaine-related admissions in the first half of 2005, rising from 28 percent in 2003. Prior to 2003, the proportion of new treatment admissions wavered between 29 and 31 percent.

Statewide in the first half of 2005, the proportions of clients who smoked, inhaled, or injected cocaine were 60, 32, and 6 percent, respectively (exhibit 4). The proportion that smoked increased slightly from 2000 (58 percent) to 2004 (61 percent), but remained between 60 and 61 percent after 2002. From 2002 to the first half of 2005, the proportion inhaling cocaine increased from 26 to 32 percent and the proportion injecting fell from 12 to 6 percent.

The Denver area proportions were similar to statewide figures. In the first half of 2005, 59, 36, and 4 percent of Denver area cocaine users smoked, inhaled, or injected the drug, respectively (exhibit 5). However, while smoking has been fairly stable statewide, in the Denver area, the proportion of cocaine smokers declined steadily from 2000 (69 percent to 59 percent in the first half of 2005). Compared with Colorado overall, the Denver area had a more dramatic rise in inhaling cocaine (from 22 to 36 percent from 2002 to the first half of 2005) and a larger decline in injecting (12 to 4 percent from 2002 to the first half of 2005).

Treatment data show that cocaine users most often use alcohol as a secondary drug (exhibits 4 and 5), and treatment providers have indicated that marijuana is commonly used with cocaine to enhance its effects or lessen the effects of withdrawal.

Excluding alcohol, cocaine has accounted for the most illicit drug-related ED reports in the unweighted DAWN *Live!* data for the Denver area in the first half of 2005. During the first half of 2005, cocaine was the most common illegal drug reported in Denver area ED visits and was second only to alcohol in the “major substances of abuse” category. There were 1,021 ED reports for cocaine (40.5 percent of illicit drug ED reports, excluding alcohol (exhibit 7).

Statewide, cocaine-related 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), 153 in 2002 (34.1 per million), 180 in 2003 (39.2 per million), and declined again in 2004 to 170 (36.5 per million). In 2003 and 2004, cocaine was behind alcohol and opiates (including heroin, morphine, and other opioids and narcotics) in numbers of deaths. The 2003 DAWN data for Denver/Aurora County show a similar pattern, with cocaine-related deaths fewer than those for alcohol and “other opiates” (exhibit 8).

Cocaine has been second only to alcohol in drug-related hospital discharges since 1998, and cocaine-related hospital discharges rose steadily from 1997 (56 per 100,000) through 2004 (90 per 100,000) (exhibit 9).

From 2001 through 2003, poison control center call data for street drugs were reported for the city and county of Denver only. In 2004, data were received for both the city of Denver and the entire State, but from that point on, only statewide data were available. From 2001 through 2003, cocaine was second only to alcohol in the number of Denver calls received by the Rocky Mountain Poison & Drug Center, and the number of cocaine calls rose from 59 in 2001 to 68 in 2003 (exhibit 10). In 2004, cocaine comprised 59 calls in Denver and 120 calls statewide. In the first half of 2005, cocaine comprised 51 poison center calls statewide, and was exceeded by statewide methamphetamine calls.

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 that cocaine is rarely a primary drug for those younger than 18, regardless of urban or rural setting.

Heroin

Of the five major illicit drugs (excluding alcohol), heroin ranks fourth on all indicators except deaths, for which it ranks last. Most heroin indicators have decreased with the exception of amounts of heroin seized and anecdotal reports of increased availability and use.

During the first half of 2005, heroin was reported as a primary drug in 8 percent of treatment admissions (excluding alcohol) statewide and 12 percent in the Denver metropolitan area (exhibits 2 and 3). Since 2000, treatment admissions fell from 16 to 8 percent statewide and from 28 to 12 percent in the Denver area. Since 2001, the volume of heroin admissions has been behind marijuana, methamphetamine, and cocaine admissions statewide.

Until 2002, the volume of heroin admissions exceeded admissions for cocaine and methamphetamine; however, in 2003, it dropped below cocaine admissions; in 2004, it dropped even further, below both cocaine and methamphetamine admissions.

Heroin admissions have been predominately male. From 2000 to 2005, the proportion of male heroin admissions wavered between 63 and 66 percent statewide and from 64 to 67 in the Denver area. In the first half of 2005, males comprised 65 percent of heroin admissions statewide and 66 percent in the Denver area (exhibits 4 and 5).

Historically, Whites have accounted for the largest proportion of heroin admissions. Statewide in the first half of 2005, Whites, Hispanics, and Blacks comprised 66, 21, and 9 percent of admissions, respectively. So far, 2005 has the lowest proportion of Hispanic admissions since 2000.

In the first half of 2005, 62 percent of heroin admissions from the Denver area were White. The proportion of White admissions was highest in 2001, at 65 percent, but the proportion decreased to 60 percent in 2003 and 2004. Also in the 2005 reporting period, Blacks comprised 11 percent of admissions and that proportion vacillated between 8 and 11 from 2000 to 2005. The proportion of Hispanics heroin admissions decreased from 25 to 21 percent from 2000 to 2002 and rose to 27 percent in 2003. Thereafter, the proportion of Hispanic heroin admissions declined to 23 percent in the first half of 2005.

Statewide, the average age of heroin users admitted to treatment in the first half of 2005 was 37 (median=36). Since 2001, less than 1 percent of heroin users in treatment were younger than 18. Changes in two age ranges over time are indicative of an aging cohort. The proportions of persons 35 to 44 declined from 34 to 23 percent from 2000 to 2005 and those 45 and older increased from 25 to 33 percent from 2000 to 2004. In the first half of 2005, 29 percent of heroin admissions statewide were for persons older than 44.

The Denver metropolitan area showed similar trends in those age groups. There was a decline in heroin admissions of persons 35 to 44 (33 percent in 2000 to 21 percent in 2005) and a rise in

persons 45 and older from 2000 to 2004 (26 to 37 percent). In the first half of 2005, the 45 and older group comprised 32 percent of heroin admissions.

Heroin users tend to be the oldest drug-using group and start using at the oldest age. Among the first half of 2005 admissions statewide, the mean and median ages of onset were 21.4 and 19.0, respectively (exhibit 6). The mean and median ages have decreased slightly from 2000 to 2005 (mean, 22.6 to 21.4 and median, 20.0 to 19.0).

Denver showed a similar trend, with a decrease from 2000 to 2005 in the mean age from 22.9 to 21.9 and in the median age from 21.0 to 19.0.

Among heroin admissions in the first half of 2005, the mean time to enter treatment was 12.0 years for the State and 12.4 for the Denver metropolitan area (exhibit 6). Statewide, the mean time to enter treatment rose from 8.9 to 14.0 years from 2000 to 2004. During that same period, Denver showed a similar trend with an increase from 7.8 to 14.8 years.

Statewide in the first half of 2005, 13 percent of heroin users had been using less than 3 years (exhibit 6), rising slightly from 11 percent in 2003 and 2004. In Denver, the proportion of new users in treatment decreased from 15 to 10 percent from 2000 to 2004 and jumped to 15 percent in 2005.

In the first half of 2005, first-timers comprised 22 percent of treatment admissions statewide and in the Denver metropolitan area (exhibit 6). Statewide, the proportion of first-timers remained steady at 22 percent, except for a rise to 24 percent in 2002, followed by a decline to 20 percent in 2003. In Denver, from 2000 to 2002, the proportion of first-timers rose from 20 to 23 percent and declined to 21 percent in 2003 and 2004.

Heroin is a drug that is predominately injected. Statewide, the proportion of heroin injectors remained between 86 and 88 percent between 2000 and 2004; as shown in exhibit 4, in the first half of 2005, 85 percent of heroin admissions were injectors. Also in 2005, 8 and 6 percent, respectively, smoked and inhaled heroin, and these proportions did not vary greatly over the 5 ½-year period.

Denver's proportions were similar to statewide figures. The proportion injecting remained between 86 and 88 percent from 2000 to 2004, and was 83 percent in the first half of 2005 (exhibit 5). The proportion who smoked heroin remained between 5 and 7 percent from 2000 to 2004; in the first half of 2005, 9 percent of heroin admissions reported smoking the drug. The proportion inhaling ("sniffing") remained between 4 and 6 percent from 2000 to 2004, and was 7 percent in 2005.

Treatment data, overall, show that heroin users most often used cocaine as a secondary drug (exhibits 4 and 5), followed by marijuana and other opiates.

DAWN *Live!* unweighted data showed 307 heroin-related ED reports in the first half of 2005, accounting for 12.2 percent of illicit drug reports (exhibit 7).

In 2003, there were seven heroin-related deaths reported by DAWN in the Denver/Aurora County area (exhibit 8).

Statewide, in 2003, mortality data reported 247 deaths (5.4 per 100,000) related to all opiates (including heroin, morphine, other opioids and narcotics), but in 2004, heroin-related deaths were separated out from all other opiates. In 2004, there were only 22 heroin-related deaths (exhibit 8); however, because of the variation in how drugs were classified and in the geographical areas reporting, no mortality trends can be assessed for heroin alone.

CDPHE statewide hospital discharge data from 1997–2004 combined all narcotic analgesics, including heroin. While trends in this indicator for heroin alone cannot be assessed, this indicator for all narcotics increased steadily with the rate almost doubling in 7 years, from 36 per 100,000 in 1997 to 73 per 100,000 in 2003 (exhibit 9). In 2004, however, the number of hospital discharges for all narcotics decreased to 61 per 100,000.

The number of Denver area calls for heroin and morphine combined remained fairly steady with 19, 16, 22, and 18 calls each year from 2001 through 2004 (exhibit 10). Since 2004, statewide

heroin calls have been broken out separately and there were 20 heroin calls statewide in 2004 and 14 calls statewide during the first half of 2005.

Reports from Denver Vice Detectives and street outreach workers report increased availability and falling prices (exhibits 11 and 12), resulting in more widespread heroin use among youth on the street.

Other Opiates

This category excludes heroin and includes all other opiates and narcotic analgesics such as methadone, morphine, hydrocodone, hydromorphone, codeine and oxycodone. Of the five major illicit drugs, this category ranked last in treatment admissions (which stayed stable over the last several years). Other opiates ranked third in volume of hospital discharges, which increased steadily through 2003 and declined in 2004. While this category accounted for the highest number of deaths (excluding alcohol), discrepancies in the classification of opiates and geographical areas reported precluded assessment of mortality trends.

During the first half of 2005, opiates other than heroin were reported as primary drugs in 4 percent of treatment admissions (excluding alcohol) statewide (exhibit 2). Since 2001, this proportion remained between 4 and 5 percent. In Denver, other opiates have comprised 5 percent of treatment admissions (excluding alcohol) since 2001 (exhibit 3).

Treatment admissions related to non-heroin opiates have always had higher proportions of females than the other four major drugs. Statewide, females comprised 55 percent of other opiate treatment admissions in 2001, but this proportion dropped and stayed between 51 and 52 percent through 2004. In the first half of 2005, the proportion of female other opiate treatment admissions was at its lowest, at 50 percent.

In Denver, females comprised 56 percent of non-heroin opiate treatment admissions in 2001; however, this proportion declined to 49 percent in 2004 and was at 52 percent in the first half of 2005 (exhibit 5).

Statewide and in Denver, Whites account for the largest proportion of treatment admissions related to other opiates. Since 2000, the proportion of Whites statewide fluctuated between 81 and 88 percent. In the first half of 2005, Whites comprised 85 percent of other opiate admissions (exhibit 4). Black treatment admissions for other opiates were higher (5 percent) in 2005 than before (between 2 and 3 percent). The proportion of Hispanic admissions in Colorado vacillated between 6 and 13 percent, and was 8 percent in the first half of 2005.

In the Denver metropolitan area, the proportion of White admissions for other opiates fluctuated between 80 and 89 percent from 2000 to the first half of 2005. Similar to the State overall, Blacks comprised a higher proportion of admissions in the first half of 2005 (7 percent) than in prior years. Hispanic admissions were at a low of 4 percent in 2000 and jumped to 12 percent in 2001. Since 2002, the proportion of Hispanics vacillated between 5 and 9 percent and was at 5 percent in the first half of 2005 (exhibit 5).

Statewide, the average age of other opiate users admitted to treatment in the first half of 2005 was 37 (median=36.5); 2 percent were younger than 18 and 27 percent were older than 44. Two age ranges demonstrate a possible trend toward younger users. From 2000 to the first half of 2005, the proportion of those age 18 to 24 increased from 6 to 14 percent, while those age 35 to 44 declined from 39 to 30 percent.

Likewise, in Denver, there was an overall increase in admissions of users of other opiates in persons 18 to 24 years old (5 to 12 percent from 2000 to the first half of 2005).

Like heroin users, other opiates users tend to be older than other drug-using groups and start to use at the oldest age. In the first half of 2005, the mean and median ages statewide were 25.3 and 23.0, respectively, among treatment admissions (exhibit 6). Since 2001, the mean and median ages decreased slightly (mean, 27.4 to 25.3 and median, 27 to 23).

Denver showed a similar trend, with a decrease from 2000 to the first half of 2005 in the mean age from 28.0 to 25.1 and in the median age from 27.0 to 21.5.

In the first half of 2005, the mean time to enter treatment for other opiate admissions was 8.4 years statewide and 9.6 years for the Denver metropolitan area (exhibit 6). Statewide, the mean

time to enter treatment declined from 12 percent since 2003. Denver showed a similar decline from 13.4 percent in 2003.

In the first half of 2005, 20 percent of users of other opiates admitted to treatment in Colorado and in Denver had been using less than 3 years (exhibit 6). Statewide, this proportion was at its lowest (14 percent) in 2003 and jumped to 20 percent where it remained since 2004. In Denver, the proportion of new users in treatment increased from 11 to 20 percent from 2002 through 2005.

In the first half of 2005, first-time other opiate admissions comprised 37 percent of treatment admissions statewide and 33 percent in the Denver metropolitan area (exhibit 6). Statewide, the proportion of first-timers increased from 32 to 37 percent from 2002 to the first half of 2005. In Denver, from 2000 to 2005, the proportion of first-timers fluctuated widely between 29 and 38 percent with no clear trend.

Non-heroin opiates are most often taken orally. Statewide, between 2000 and the first half of 2005, the proportion of admissions ingesting other opiates orally ranged from 83 to 87 percent. In the first half of 2005, 83 percent of this admissions group ingested other opiates orally, and 6 and 9 percent, respectively, inhaled and injected other opiates (exhibit 4). From 2000 to the first half of 2005, the proportions injecting declined from 12 to 9 percent and the proportion inhaling increased from 1 to 6 percent, most likely reflecting the practice of crushing and inhaling OxyContin.

Denver's proportions were similar to statewide figures. The proportion of other opiate admissions ingesting orally ranged from 84 to 89 percent from 2000 to 2004; it was 85 percent in 2005 (exhibit 5). The proportions who injected and inhaled were both 7 percent in 2005. The Denver area did not show the same decline as seen statewide in the numbers injecting, but inhaling increased from 2002—from 0 to 7 percent.

Treatment data, overall, show that other opiates users most often used alcohol as a secondary drug (exhibits 4 and 5), followed by marijuana and cocaine.

In the first half of 2005, the unweighted DAWN *Live!* data show 490 ED reports for opiates/opioids (exhibit 7).

In 2003, statewide mortality data showed 247 deaths (5.4 per 100,000) related to all opiates (including heroin, morphine, other opioids and narcotics). In 2004, heroin deaths were categorized separately out from all other opiates. In 2004, there were 238 other opiate-related deaths. In 2003, other opiate-related deaths in the Denver/Aurora County area totaled 138, excluding those involving suicide (exhibit 8).

As noted earlier, CDPHE statewide hospital discharge data from 1997–2004 combined all narcotic analgesics, including heroin. This indicator increased steadily with the rate almost doubling in 7 years, from 36 per 100,000 in 1997 to 73 per 100,000 in 2003. In 2004, however, the number of hospital discharges for all narcotics decreased to 61 per 100,000.

There were no poison control center calls reported for opiates other than heroin and morphine.

More than one-half of respondents completing a survey of treatment providers reported seeing increased diversion of other opiates, particularly OxyContin. Recently, six local high-school girls (four were cheerleaders) were caught selling morphine in their school after one of the girls stole the morphine from her grandmother's prescription.

Methamphetamine

Methamphetamine ranked first in number of poison control center calls, second in statewide and Denver area treatment admissions (excluding alcohol) and third in quantity of drug seizures. For hospital discharges and deaths, methamphetamine was not reported separately, but included in the general category of "amphetamines & stimulants," which ranked fourth on both of these indicators. Of seven methamphetamine-specific indicators, five increased. Price remained stable, but laboratory closures declined since 2002. Despite this decline, law enforcement agencies report that the numbers of methamphetamine-related arrests and quantities of the drug seized by law enforcement have increased over recent years. Theories about these occurrences are discussed later in this section.

In the first half of 2005, methamphetamine was the primary drug reported for 30 percent of all treatment admissions (excluding alcohol) statewide (exhibit 2). The proportion of methamphetamine admissions increased each year (from 14 percent in 2000 to 30 percent in 2005). In 2003, methamphetamine exceeded cocaine in illicit drug admissions and has been second to marijuana admissions ever since.

In the Denver metropolitan area, methamphetamine comprised proportionately fewer treatment admissions (21 percent in the first half of 2005) than statewide. However, as observed statewide, the proportion of methamphetamine admissions (excluding alcohol) in Denver rose each year from 9 to 21 percent from 2000 to the first half of 2005. Furthermore, in 2004, methamphetamine admissions exceeded those for heroin, and in the first half of 2005, these admissions surpassed those for heroin and cocaine.

After admissions for non-heroin opiates, methamphetamine admissions have the highest proportion of females statewide and in Denver (46 and 43, respectively, in the first half of 2005) (exhibits 4 and 5). Statewide, the proportion of female admissions stayed at 46 percent from 2000 through 2002, jumped to 50 percent in 2003, decreased to 44 percent in 2004, and in the first half of 2005 was at 46 percent.

In the Denver area, the proportion of female methamphetamine admissions was at 50 percent in 2000 and 2001, decreased to 46 percent in 2002, jumped to a high of 53 percent in 2003, and has been at a low of 43 percent since 2004.

Methamphetamine admissions in Colorado and Denver are predominately White (82 percent for both in the first half of 2005) (exhibits 4 and 5). From 2000 to 2005, the proportion of White treatment admissions declined from 88 to 82 percent statewide and from 90 to 82 percent in the Denver area. At the same time, the proportion of Hispanic/Latino methamphetamine admissions rose from 8 to 14 percent statewide and 7 to 14 percent in Denver.

Compared with cocaine, methamphetamine admissions tend to be younger. In the first half of 2005, the average age of persons admitted to treatment statewide was 30.2 (median=29) and 31

percent were younger than 25. Sixty two percent of admissions were for persons age 25 to 44, and this proportion remained steady since 2001. In Denver, the average age of treatment admissions was 31 (median=30) in the first half of 2005. Twenty seven percent of methamphetamine admissions in Denver were younger than 25; however, this proportion fluctuated from 23 to 34 percent over the period from 2000 to 2005. Sixty four percent were age 25–44; this proportion also wavered over the years from 61 to 70 percent.

Since 2000, the mean age of onset for methamphetamine admissions statewide stayed between 20 and 21, and the median age remained between 18 and 19 (exhibit 6).

Denver's numbers are similar. The average age of onset for methamphetamine abuse reported in 2005 (first half) admissions was 21.2 (median=19.0) (exhibit 6). From 2000 to 2005, the mean age remained between 19.9 and 21.0; the median age fluctuated slightly between 18.0 and 20.0.

From 2000 to the first half of 2005, the average time for methamphetamine abusers to enter treatment decreased from 8.7 to 7.5 years statewide and from 9.1 to 7.7 years in Denver (exhibit 6).

Statewide, the proportion of new users rose from 15 to 19 percent from 2000 to 2003 and was at 18 percent in 2004 and the first half of 2005 (exhibit 6). In Denver, the proportion of new users in treatment increased from 10 percent in 2000 to 19 percent in 2004 and 17 percent in 2005, suggesting a trend of some users entering treatment earlier.

Statewide, 37 percent of methamphetamine treatment admissions in the first half of 2005 were first-timers (exhibit 6); that proportion declined from 45 to 36 percent from 2000 to 2004. In Denver, 33 percent of the 2005 methamphetamine admissions were first-timers, and the proportion remained between 34 and 36 percent from 2000 to 2004.

Statewide, in the first half of 2005, the proportions of clients who smoked, injected, or inhaled methamphetamine were 64, 21, and 12 percent, respectively (exhibit 4). The proportion who smoked increased dramatically from 2000 (39 percent) to 2005 (64 percent), while the

proportions who injected and inhaled both decreased substantially during that time. Injectors decreased from 34 to 21 percent and inhalers declined from 21 to 12 percent.

During 2005 in the Denver area, the proportions who smoked, injected, or inhaled methamphetamine were 60, 23, and 14 percent, respectively (exhibit 5). As with the State overall, the proportion who smoked increased substantially from 36 to 61 percent from 2000 to 2004 and at the same time, those who injected declined from 38 to 23 percent. While there appears to be an overall downward trend, the proportion of inhalers declined from 20 to 9 percent from 2000 to 2003, but during 2004 and 2005, the proportions were 13 and 14 percent, respectively.

Treatment data, overall, show that methamphetamine users most often use marijuana as a secondary drug, followed by alcohol (exhibits 4 and 5).

The unweighted DAWN Live! ED data for the Denver PMSA show 600 stimulant reports in the first half of 2005; 442 reports were specifically for methamphetamine.

Methamphetamine-related deaths were reported under the “Stimulant” category in both DAWN (2003 and CDPHE data (2004). In 2004, there were 45 stimulant-related deaths reported statewide and 26 reported for the Denver area in DAWN (exhibit 8).

Methamphetamine was also included in the stimulants category in hospital discharge data; overall, amphetamine-related hospital discharges increased from 1999 from 16 per 100,000 to 49 per 100,000 in 2004 (exhibit 9).

Since 2004, methamphetamine has exceeded cocaine in the number of poison control center calls, and has accounted for the highest number of calls for street drugs. In 2004, there were 66 Denver area calls and 95 statewide calls related to methamphetamine (exhibit 10). In the first half of 2005, there were already 65 methamphetamine-related calls.

Colorado treatment providers have reported that past users of cocaine have switched to methamphetamine because of its cheaper price and longer lasting high.

It was noted earlier that the number of laboratory closures has decreased; some factors that may have contributed to this include the recent enactment of legislation restricting the purchase of cold medicines and other precursor chemicals, and the effectiveness of law enforcement, and increased community awareness and cooperation with law enforcement that has kept labs at bay. Other experts from the DEA and North Metro Drug Task Force expressed a belief that the number of laboratories has not declined, but that manufacturers have become savvier at clandestine efforts.

It was also mentioned earlier that despite the decline in laboratory closures, the number of methamphetamine-related arrests and the quantities seized (exhibit 11) have increased. Some Denver Vice Detectives explained that this may be happening because Colorado's supply of Mexican methamphetamine has risen to compensate for less local production. And while Mexican methamphetamine has had the reputation of being much lower quality than locally produced methamphetamine (which is reflected in substantial price differences [exhibit 12]), some authorities said that the quality of the Mexican methamphetamine coming into Colorado nowadays rivals that of locally produced methamphetamine.

In 2004, staff at the Denver Public Health Sexually Transmitted Disease (STD) Clinic surveyed clientele ($N=981$) and noted an increased use of methamphetamine in men who have sex with men (MSM) (exhibit 13). They found that MSM methamphetamine users were more likely to use the Internet for connecting with casual sex partners and more likely to have unprotected sex than nonusers. MSM methamphetamine users were also twice as likely to have gonorrhea or HIV than nonusers. A related finding in 2004 was that 11 percent of randomly surveyed patients ($n=202$) at the Denver Health Infectious Disease/AIDS Clinic reported use of methamphetamine within 3 months before the survey.

Marijuana

Of the five major illicit drugs, marijuana ranks first in treatment admissions and amounts seized, second in hospital discharges, and third in poison control center calls. The number of Denver area treatment admissions for marijuana increased in recent years, as did the number of hospital discharges and amount of marijuana seized.

Excluding alcohol, marijuana has continued to account for the highest numbers of treatment admissions statewide and in the Denver area. From 2000 to 2003, the proportion of marijuana admissions (excluding alcohol) decreased from 43 to 35 percent statewide, and, as shown in exhibit 2, comprised 37 percent of admissions from 2004 to the first half of 2005.

In Denver, the proportions of marijuana admissions also declined from 37 percent in 2001 to 32 percent in 2003, but jumped up to 39 percent in 2004 and 40 percent in the first half of 2005 (exhibit 3).

Historically, marijuana admissions have represented the highest proportion of males among drug groups. In the first half of 2005, 76 percent of marijuana admissions statewide and 80 percent in Denver were male (exhibits 4 and 5). In prior years, the proportion males comprised anywhere from 72 to 75 percent of admissions statewide; however, in Denver, there appeared to be an upward trend in the proportion of males (69 to 80 percent from 2000 to 2005).

In the first half of 2005, Whites, Hispanics, and Blacks comprised 52, 30, and 13 percent of marijuana admissions, respectively, statewide (exhibit 4). From 2003 to 2005, the proportion of White admissions decreased from 58 to 52 percent. However, the proportion of Black marijuana admissions has risen since 2000 (7 percent) to 2005 (13 percent). The proportion of Hispanics decreased from 31 to 26 percent from 2000 to 2003, but increased in 2004 and the first half of 2005 (28 and 30 percent, respectively).

In Denver, there was a clear downward trend in the proportion of White marijuana admissions from 2000 to 2005 (58 to 42 percent), but a consistent rise in Black admissions during that time (11 to 21 percent). As with the statewide trend, Hispanics declined from 2000 to 2003 (27 to 24 percent), but increased to 29 and 32 percent, respectively, in 2004 and the first half of 2005.

In Colorado and Denver, marijuana users are typically the youngest of the treatment admissions groups. The average age in the first half of 2005 was 23.2 (median=20) statewide and 22.3 (median=19) in Denver. For both the State and Denver, there appeared to be slight upward trends in the age of treatment admissions. From 2000 to 2005, the median age increased from 18 to 20 statewide and from 17 to 19 in Denver, which may be reflective of an aging cohort in treatment.

Marijuana users not only tend to be the youngest of drug-using groups but also to start using at the youngest age. In the first half of 2005, the mean and median ages of onset statewide were both 14, and, for the Denver area were 13.8 and 14.0, respectively (exhibit 6). Since 2000, age of onset has remained stable statewide and for Denver area admissions.

Statewide in the first half of 2005, 21 percent of marijuana users had been using less than 3 years (exhibit 6), decreasing slightly from 25 percent in 2003. In Denver, the proportion of new users in treatment decreased from 28 to 23 percent from 2003 to 2005.

In the first half of 2005, the mean time to enter treatment was 7.7 years statewide and 7.0 years for Denver area admissions (exhibit 6). For the State as a whole and the Denver area, both the mean and median times to enter treatment increased by about a year since 2000.

In the 2005 reporting period, first-timers comprised 52 percent of treatment admissions statewide (exhibit 6), a decline from 60 percent since 2000. In Denver, first-timers comprised 54 percent of admissions, and that proportion also declined (from 60 percent in 2001).

Treatment data, overall, show that marijuana users most often use alcohol as a secondary drug (exhibits 4 and 5), followed by methamphetamine and cocaine.

In the first half of 2005, there were 477 ED marijuana reports; these accounted for 18.9 percent of the illicit drug reports (exhibit 7).

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 annual numbers of cases since 2003 have been too small to report. No marijuana-related deaths were reported in the DAWN 203 medical examiner/coroner data.

Marijuana-related hospital discharges have increased steadily from 1999 (52 per 100,000) to 80 per 100,000 in 2004 (exhibit 9).

From 2002 through 2004, the number of Denver area marijuana poison control center calls declined from 37 to 29. In 2004, there were 68 marijuana calls statewide and in the first half of 2005, there were 35 marijuana calls (exhibit 10).

Other Drugs

This section covers five categories of drugs: other depressants (including barbiturates, benzodiazepines, tranquilizers, and other sedatives/hypnotics); stimulants and amphetamines other than cocaine, and, in some data sources, methamphetamine; club drugs; hallucinogens; and other drugs (over the counter drugs, inhalants, steroids, and other nonspecified drugs). The combination of all five categories comprised less than 2 percent of treatment admissions statewide and less than 1 percent in the Denver metropolitan area in the first half of 2005.

During the first half of 2005, there were 12,270 treatment admissions in Colorado including 42 admissions for other depressants, 27 for “other” stimulants, 22 for club drugs, 15 for hallucinogens, and 47 for other drugs. The small numbers preclude looking at demographic trends. However, the proportion of treatment admissions decreased slightly since 2000 for all categories except club drugs. The proportion of club drugs, which were not tracked until 2002, remained stable at around two tenths of one percent.

In the first half of 2005, there were 37 ED reports for methylenedioxymethamphetamine (MDMA) (exhibit 7), 6 for gamma hydroxybutyrate (GHB), 11 for lysergic acid diethylamide (LSD), 6 for phencyclidine (PCP), 28 for miscellaneous hallucinogens, 20 for inhalants; and 9 for combinations not specified. All these were among the 3,900 reports for “major substances of abuse.” There were also 296 ED reports for benzodiazepines and 130 for muscle relaxants.

In the first half of 2005, there were 47 deaths related to depressants, and 45 related to stimulants other than cocaine. These figures are twice the volume of heroin-related deaths ($n=22$), but one quarter the number of cocaine deaths (170), and fewer than 20 percent of the deaths related to non-heroin opiates (238). Before 2003, methamphetamine deaths were reported separately, but since 2003, methamphetamine-related deaths were reported within the general category of “other stimulants/amphetamines.”

In 2005, there were 722 hospital discharges related to depressants, 2,284 involving stimulants/amphetamines (this category excludes cocaine but includes methamphetamine and psychostimulants, which are most likely club drugs), and 91 related to hallucinogens. While the hospital discharge rate (per 100,000 population) for the general stimulants/amphetamines category increased dramatically since 1999 (see exhibit 9), cases involving methamphetamine and club drugs cannot be isolated for analysis. The trend for discharges involving depressants cannot be assessed because this information was not available until 2004.

Poison control center calls for “other drugs” were reported for the following classes: stimulants/amphetamines (excluding cocaine and methamphetamine), club drugs, and hallucinogens. From 2001 through 2003, the number of stimulant/amphetamine-related calls in Denver was three in 2001 and 2002 and six in 2003 (exhibit 10). In 2004, the number of calls for this category was four for Denver and 316 statewide. Club drug calls for the city of Denver increased from 30 in 2001 to 55 in 2002 and then decreased to 40 in 2003. There was a discrepancy in the 2004 Denver and statewide numbers of club drug calls. In the June 2005 CEWG report, 39 club drug calls were reported for Denver, but only 11 such calls statewide were reported. When looking at the categories for GHB and hallucinogenic amphetamine (MDMA), there were 43 calls reported statewide for calendar year 2004 and 19 calls statewide in the first half of 2005. For hallucinogens, there were 29 calls statewide in 2004 and 17 in the first half of 2004.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTION DRUG USERS

Of the 8,237 AIDS cases reported in Colorado through September 30, 2005, 9.2 percent were classified as injection drug users (IDUs), and another 10.8 percent were classified as homosexual or bisexual males and IDU (exhibit 14). The proportion of newly diagnosed HIV and AIDS attributed to injection drug use has stayed fairly stable since 2001 (exhibits 15 and 16).

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Exhibit 1a. Denver DAWN Emergency Department Sample and Reporting Information: January–June 2005

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%	< 90%	
14	14	14	7	0	7

¹Short-term, general, non-Federal hospitals with 24-hour emergency departments based on the American Hospital Association Annual Survey.

²Some 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, updated 12/07/05

Exhibit 1b. Data Completeness for the Denver Metropolitan Area DAWN *Live!* Emergency Departments (n=14),¹ by Month: January–June 2005

Data Completeness	Number of EDs by Month					
	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05
Basically Complete (90% or greater)	7	7	7	7	7	7
Partially Complete (< 90%)	0	0	0	0	0	0
No Data Reported	7	7	7	7	7	7
Total EDs in Sample ⁴	14	14	14	14	14	14

¹Total eligible hospitals in area = 14; hospitals in DAWN sample = 14; emergency departments in DAWN Sample = 14. Tables reflect cases received by DAWN as of 12/07/05. 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, updated 12/07/05

**Exhibit 2. Numbers and Percentages of Treatment Admissions by Primary Drug Type in Colorado:
CY 2000–2005**

Drug		2000	2001	2002	2003	2004	2005¹	Total
Alcohol	<i>n</i>	6,582	6,315	6,850	7,226	9,704	4,869	41,546
	%	40	39	39	38	41	40	39
Marijuana	<i>n</i>	4,137	4,252	4,348	4,204	5,243	2,768	24,952
	%	25	26	25	22	22	23	24
	(excluding alcohol) %	43	42	40	35	37	37	39
Methamphetamine	<i>n</i>	1,314	1,660	2,071	2,775	3,781	2,209	13,810
	%	8	10	12	14	16	18	13
	(excluding alcohol) %	14	16	19	23	27	30	22
Cocaine	<i>n</i>	1,917	1,888	2,193	2,352	2,972	1,374	12,696
	%	12	11	12	12	12	11	12
	(excluding alcohol) %	20	19	20	20	21	19	20
Heroin	<i>n</i>	1,576	1,480	1,419	1,665	1,258	591	7,989
	%	10	9	8	9	5	5	8
	(excluding alcohol) %	16	15	13	14	9	8	12
Other Opiates ²	<i>n</i>	321	395	411	544	611	306	2,588
	%	2	2	2	3	3	2	2
	(excluding alcohol) %	3	4	4	5	4	4	4
Depressants ³	<i>n</i>	64	64	158	130	100	42	558
	%	0.4	0.4	0.9	0.7	0.4	0.3	0.5
	(excluding alcohol) %	0.7	0.6	1.5	1.1	0.7	0.6	0.9
Other Amphetamines/Stimulants	<i>n</i>	108	91	104	78	55	27	463
	%	0.7	0.6	0.6	0.4	0.2	0.2	0.4
	(excluding alcohol) %	1.1	0.9	1.0	0.7	0.4	0.4	0.7
Hallucinogens ⁴	<i>n</i>	77	73	43	31	27	15	266
	%	0.5	0.4	0.2	0.2	0.2	0.1	0.3
	(excluding alcohol) %	0.8	0.7	0.4	0.3	0.2	0.2	0.4
Club Drugs ⁵	<i>n</i>	NA	NA	12	37	56	22	127
	%	NA	NA	0.1	0.2	0.2	0.2	0.1
	(excluding alcohol) %	NA	NA	0.1	0.3	0.4	0.3	0.2
Other ⁶	<i>n</i>	149	150	58	74	82	47	560
	%	0.9	0.9	0.3	0.4	0.3	0.4	0.5
	(excluding alcohol) %	1.5	1.5	0.5	0.6	0.6	0.6	0.9
Total	<i>N</i>	16,245	16,368	17,667	19,116	23,889	12,270	105,555
	(excluding alcohol) <i>N</i>	9,663	10,053	10,817	11,890	14,185	7,401	64,009

¹ Includes data collected from 1/01/01 through 6/30/05 only.

² Includes non-prescription methadone and other opiates and synthetic opiates.

³ Includes barbiturates, benzodiazepine tranquilizers, clonazepam, and other sedatives.

⁴ Includes LSD, PCP and other hallucinogens.

⁵ Includes Rohypnol, ketamine (Special K), GHB, and MDMA (ecstasy).

⁶ Includes inhalants, over-the-counter and other drugs not specified.

SOURCE: Drug/Alcohol Coordinated Data System, Alcohol and Drug Abuse Division, Colorado Department of Human Services

Exhibit 3. Numbers and Percentages of Treatment Admissions by Primary Drug Type in the Denver/Boulder Metropolitan Area: CY 2000–2005

Drug		2000	2001	2002	2003	2004	2005¹	Total
Alcohol	<i>n</i>	2,252	2,489	1,978	2,348	3,474	1,757	14,298
	%	34	33	32	29	33	34	32
Marijuana	<i>n</i>	1,545	1,851	1,454	1,854	2,670	1,393	10,767
	%	23	25	23	23	26	27	24
	<i>(excluding alcohol)</i> %	35	37	34	32	39	40	36
Methamphetamine	<i>n</i>	380	562	515	945	1,251	718	4,371
	%	6	7	8	12	12	14	10
	<i>(excluding alcohol)</i> %	9	11	12	16	18	21	15
Cocaine	<i>n</i>	979	1,027	942	1,256	1,572	695	6,471
	%	15	14	15	15	15	13	15
	<i>(excluding alcohol)</i> %	22	21	22	22	23	20	22
Heroin	<i>n</i>	1,223	1,176	987	1,223	910	402	5,912
	%	18	16	16	15	9	8	13
	<i>(excluding alcohol)</i> %	28	24	23	21	13	12	20
Other Opiates ²	<i>n</i>	184	238	207	300	338	170	1,437
	%	3	3	3	4	3	3	3
	<i>(excluding alcohol)</i> %	4	5	5	5	5	5	5
Depressants ³	<i>n</i>	29	32	78	55	47	24	265
	%	0.4	0.4	1.3	0.7	0.5	0.5	0.6
	<i>(excluding alcohol)</i> %	0.7	0.6	1.8	1.0	0.7	0.7	0.9
Other Amphetamines/Stimulants	<i>n</i>	23	25	33	31	24	9	145
	%	0.3	0.3	0.5	0.4	0.2	0.2	0.3
	<i>(excluding alcohol)</i> %	0.5	0.5	0.8	0.5	0.3	0.3	0.5
Hallucinogens ⁴	<i>n</i>	32	31	15	18	16	6	118
	%	0.5	0.4	0.2	0.2	0.2	0.1	0.3
	<i>(excluding alcohol)</i> %	0.7	0.6	0.4	0.3	0.2	0.2	0.4
Club Drugs ⁵	<i>n</i>	NA	NA	5	22	29	11	67
	%	NA	NA	0.1	0.3	0.3	0.2	0.2
	<i>(excluding alcohol)</i> %	NA	NA	0.1	0.4	0.4	0.3	0.2
Other ⁶	<i>n</i>	25	29	19	38	38	19	168
	%	0.4	0.4	0.3	0.5	0.4	0.4	0.4
	<i>(excluding alcohol)</i> %	0.6	0.6	0.4	0.7	0.6	0.6	0.6
Total	<i>N</i>	6,672	7,460	6,224	8,090	10,369	5,204	44,019
	<i>(excluding alcohol)</i> <i>N</i>	4,420	4,971	4,246	5,742	6,895	3,447	29,721

¹ Includes data collected from 1/01/01 through 6/30/05 only.

² Includes non-prescription methadone and other opiates and synthetic opiates.

³ Includes barbiturates, benzodiazepine tranquilizers, clonazepam, and other sedatives.

⁴ Includes LSD, PCP and other hallucinogens.

⁵ Includes Rohypnol, ketamine (Special K), GHB, and MDMA (ecstasy).

⁶ Includes inhalants, over-the-counter and other drugs not specified.

SOURCE: Drug/Alcohol Coordinated Data System, Alcohol and Drug Abuse Division, Colorado Department of Human Services

Exhibit 4. Demographic Characteristics of Clients Admitted to Treatment in the State of Colorado, by Percent: January–June 2005

Characteristics	Alcohol (Only or in Combo)	Cocaine	Heroin	Other Opiates	Marijuana	Metham- phetamine	(Other) Stimulants ¹	All Other
Total (N=12,270)	(4,869)	(1,374)	(591)	(306)	(2,768)	(2,209)	(27)	(126)
Gender								
Male	72	59	65	50	76	54	70	63
Female	28	41	35	50	24	46	30	37
Race/Ethnicity								
White	67	42	66	85	52	82	52	70
African-American	5	19	9	5	13	1	4	8
Hispanic	23	36	21	8	30	14	44	19
Other	5	3	4	2	4	3		3
Age at Admission								
17 and younger	6	3	1	2	37	4	0	11
18 to 24	18	14	15	14	30	27	7	24
25 to 34	25	32	31	27	20	39	44	29
35-44	29	36	23	30	9	23	33	21
45-54	18	14	23	19	3	7	11	10
55 and older	5	2	6	8	1	0	4	4
Route of Administration								
Smoking	0	60	8	1	95	64	30	15
Sniffing	2	32	6	6	3	12	7	10
Intravenous	0	6	85	9	0	21	18	2
Other/multiple	98	1	1	84	2	2	44	72
Secondary Drug	Marijuana 25	Alcohol 34	Cocaine 34	Alcohol 13	Alcohol 41	Marijuana 36	Alc./Marij. each 22	Alcohol 21
Tertiary Drug	Cocaine 5	Alcohol 14	Alcohol 7	Alcohol 6	Alcohol 9	Alcohol 16	Alc./Cocaine each 7	Alcohol 13

¹Includes other stimulants (e.g., Ritalin, etc.) and amphetamines (Benzedrine, Dexadrine, Desoxyn, etc.)

SOURCE: Drug/Alcohol Coordinated Data System, Alcohol and Drug Abuse Division, Colorado Department of Human Services

**Exhibit 5. Demographic Characteristics of Clients Admitted to Treatment in Denver, by Percent:
January–June 2005**

Characteristics	Alcohol (Only or in Combo)	Cocaine	Heroin	Other Opiates	Marijuana	Metham- phetamine	(Other) Stimulants ¹	All Other
Total (N=5,204):	(1,757)	(695)	(402)	(170)	(1,393)	(718)	(9)	(6)0
Gender								
Male	70	60	66	48	80	57	78	70
Female	30	40	34	52	20	43	22	30
Race/Ethnicity								
White	65	39	62	85	42	82	56	70
African-American	6	22	11	7	21	1	11	15
Hispanic	23	35	23	5	32	14	33	12
Other	6	3	4	3	5	3	0	3
Age at Admission								
17 and younger	6	3	1	3	44	3	0	12
18 to 24	15	14	13	12	27	24	0	22
25 to 34	28	31	33	23	18	40	44	27
35-44	29	37	21	31	9	24	22	23
45-54	17	13	26	22	2	8	22	10
55 and older	5	2	6	9	0	1	11	7
Route of Administration								
Smoking	0	59	9	1	94	60	22	20
Sniffing	5	36	7	7	4.5	14	11	10
Intravenous	0	4	83	7	0.1	23	44	2
Other/multiple	94	1	1	85	1.4	3	22	68
Secondary Drug	Marijuana 24	Alcohol 36	Cocaine 33	Alcohol 12	Alcohol 39	Marijuana 30	Alc./Marij. 33	Alcohol 25
Tertiary Drug	Cocaine/Marij. each 5	Alcohol 13	Alcohol 7	Alcohol 6	Alc./Cocaine each 8	Alcohol 12	Alc./Marij. each 11	Marijuana 13

¹Includes other stimulants (e.g., Ritalin, etc.) and amphetamines (Benzedrine, Dexadrine, Desoxyn, etc.)

SOURCE: Drug/Alcohol Coordinated Data System, Alcohol and Drug Abuse Division, Colorado Department of Human Services

Exhibit 6: Age of Onset, Years to Treatment, and Proportions of New Users (< 3 Years) and New to Treatment (Tx) Admissions for Colorado and the Denver Area: January–June 2005

Area		Cocaine	Heroin	Other Opiates	Methamphetamine	Marijuana
Statewide		(n=1,374)	(n=591)	(n=306)	(n=2,209)	(n=2,768)
Age at Onset	Mean	23.2	21.4	25.3	20.8	14.0
	Median	21	19	23	18	14
Years to Tx	Mean	9.1	12.0	8.4	7.5	7.7
	Median	7	7	5	6	5
% New Users		16	13	20	18	21
% New to Tx.		33	22	37	37	52
Denver Area		(n=695)	(n=402)	(n=170)	(n=718)	(n=1,393)
Age at Onset	Mean	22.9	21.9	25.1	21.2	13.8
	Median	21	19	21.5	19	14
Years to Tx	Mean	9.8	12.4	9.6	7.7	7.0
	Median	8	7	4	6	5
% New Users		16	15	20	17	23
% New to Tx		34	22	37	33	54

SOURCE: Drug/Alcohol Coordinated Data System, Alcohol and Drug Abuse Division, Colorado Department of Human Services

Exhibit 7. Number and Percentage of Reports in Drug-Related ED Visits in Denver, by Drug Category (Unweighted¹): January–June 2005

Category/Drug	Number	Percent
Major Substances of Abuse (N=3,900)		
Alcohol	1,376	35.3
Illicit Drugs (Excluding Alcohol) (n=2,524)		
Cocaine	1,021	40.5
Heroin	309	12.2
Marijuana	477	18.9
Methamphetamine	442	17.5
Amphetamines	158	6.2
MDMA	37	1.5
Other ²	80	3.1
Other Substances (n=2,176) ³		
Benzodiazepines	296	—
Opiates/opioids	490	—
Muscle relaxants	86	—

¹Unweighted data from 7 Denver area hospital EDs reporting to DAWN. 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.

²Includes GHB, ketamine, LSD, miscellaneous hallucinogens, inhalants, combinations not tabulated above.

³All “other substances” are not included here; therefore, no percentages are provided.

SOURCE: DAWN Live!, OAS, SAMHSA, updated 12/07/05

Exhibit 8. Drug-Related Deaths for Denver and Colorado: 2003 and 2004

Drug	Denver/Aurora Co. (2003)	Statewide (2003)	Statewide (2004)
Alcohol	130 ¹	1,141	1,052
Cocaine/Crack	102	180	170
Heroin	7	*	22
Other Opiates ²	138	247	238
Stimulants	26	47	45
Benzodiazepines ²	30	NR ³	NR
Antidepressants ²	28	NR	NR

¹Includes alcohol-in-combination with other drugs (all ages) and alcohol alone (decedents younger than 21) (DAWN).

²Includes "misuse"; excludes "suicide."

³NR=Not reported

SOURCES: DAWN, OAS, SAMHSA and Colorado Department of Public Health and Environment

Exhibit 9. Number and Rates of Colorado Drug-Related Hospital Discharges Per 100,000 Population for Selected Drugs: 1997–2004

Drug	1997	1998	1999	2000	2001	2002	2003	2004
Alcohol	(n) NA ¹	17,154	18,577	18,744	20,644	21,433	23,750	24,889
	Rate	418	441	432	464	474	518	535
Amphetamines	(n) 959	815	682	942	1,161	1,463	1,814	2,284
	Rate	24	20	16	22	26	40	49
Cocaine	(n) 2,245	2,492	2,517	2,732	2,787	3,305	3,658	4,174
	Rate	56	61	60	63	63	73	80
Marijuana	(n) 2,118	2,227	2,204	2,455	2,755	3,016	3,246	3,729
	Rate	53	54	52	57	62	67	80
Narcotic Analgesics	(n) 1,458	1,566	1,639	2,053	2,237	2,605	3,368	2,850
	Rate	36	38	39	47	50	73	61
Population	3,995,923	4,102,491	4,215,984	4,335,540	4,446,529	4,521,484	4,586,455	4,653,844

¹NA=Not available

SOURCE: Colorado Department of Public Health and Environment, Colorado Hospital Association

Exhibit 10. Number of Drug-Related Calls¹ to the Rocky Mountain Poison & Drug Center in Denver and Colorado: 2001–2005²

Drug	Denver				Statewide	
	2001	2002	2003	2004	2004	2005 ²
Alcohol	110	149	150	223	762	415
Cocaine/Crack	59	66	68	59	120	51
Heroin/Morphine	19	16	22	18	20	14
Marijuana	34	37	36	29	68	35
Methamphetamine	20	39	39	66	95	65
Other Stimulants/Amphetamines	3	3	6	4	316	80
Club Drugs	30	55	40	39	11	12
Inhalants	4	16	10	4	29	*

¹Human exposure calls only for Colorado statewide

²Includes January through June, 2005

* = Unknown

SOURCE: Rocky Mountain Poison & Drug Center

Exhibit 11. Federal Drug Seizures in Colorado: 2002–2004

Drug	Quantity Seized		
Cocaine	45.0 kilograms	65.5 kilograms	36.0 kilograms
Heroin	0.0 kilograms	3.9 kilograms	4.6 kilograms
Methamphetamine	18.9 kilograms	14.8 kilograms	28.8 kilograms
(Methamphetamine laboratories)	(483)	(345)	(144)
Marijuana	43.5 kilograms	444.1 kilograms	774.6 kilograms
Ecstasy	NR ¹	1,128 tablets	0 tablets

¹NR=Data not reported.

SOURCE: U.S. Drug Enforcement Administration State Factsheets for Colorado 2003-2005

Exhibit 12. Price and Purity of Selected Drugs in Denver: 2005

Drug	Wholesale Price	Retail Price	Street Price	Percent Purity at Retail Level
Powder Cocaine	\$14,000–\$19,000 kg	\$600–\$800 oz	\$50–\$100 gm	50–60%
Crack Cocaine		\$700–\$1,100 oz	\$20–\$50 rock	75–85%
Heroin	\$20,000–\$45,000 kg	\$1,100–\$1,200 oz	\$50–\$100 gm	6–73%
Methamphetamine	\$10,000–\$15,000 lb (Mex ¹) \$14,000–\$21,000 (LP ²)	\$600–\$1,400 oz	\$70–\$150 gm	14–50%(Mex) 70–90%(LP)
Marijuana	\$ 400–\$1,000 lb (Mex) \$1,500–\$4,000 lb (LP) \$2,000–\$5,000 lb (BC Bud)	\$ 50–\$ 80 oz (Mex) \$200–\$400 oz (LP) \$600 (BC Bud)	\$1 joint or \$5 bag (Mex) \$10 joint (BC Bud)	–
Ecstasy	–	–	\$6–\$25/pill	–
OxyContin	–	–	\$5–\$10/pill	Prescription

¹Mex=Mexican.

²LP=Locally produced.

SOURCE: DEA, National Drug Intelligence Center, local law enforcement

Exhibit 13. Sexual Risk and Methamphetamine (MA) Use in Denver MSM: 2004

	MA Users n=108	Nonusers 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	
Percent that had any unprotected sex last 12 months	76 (70.4%)	380 (43.5%)	3.1 (2.0-4.8)
Percent that ever tested for HIV	101 (93.5%)	815 (93.4%)	
Percent with positive result on most recent HIV test	32 (31.7%)	121 (14.9%)	2.7 (1.7-4.2)

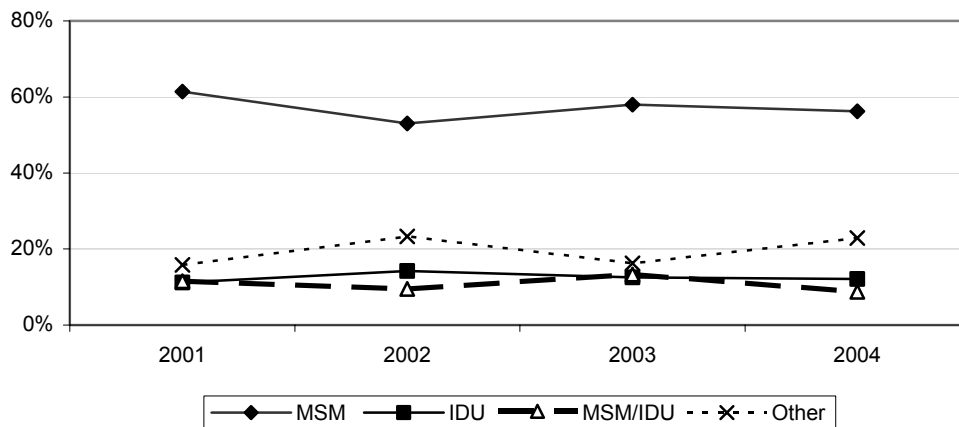
SOURCE: Dr. Mark Thrun, Denver Public Health 2004-2005 National HIV Behavioral Surveillance (NHBS) Survey

Exhibit 14. Colorado AIDS Cases by Exposure Category: Cumulative Through September 30, 2005

	Number of AIDS Cases ¹	Percent of AIDS Cases	Number of Individuals Testing Positive for HIV	Percent of Individuals Testing Positive for HIV
Gender				
Male	7,574	92.0	5,381	89.8
Female	663	8.0	608	10.2
Total	8,237	100.0	5,989	100.0
Exposure Category				
Men who have sex with men (MSM)	5,532	67.2	3,807	63.6
Injection drug user (IDU)	759	9.2	519	8.7
MSM and IDU	886	10.8	545	9.1
Heterosexual contact	509	6.2	410	6.8
Other	180	2.2	63	1.3
Risk not identified	371	4.5	645	10.8

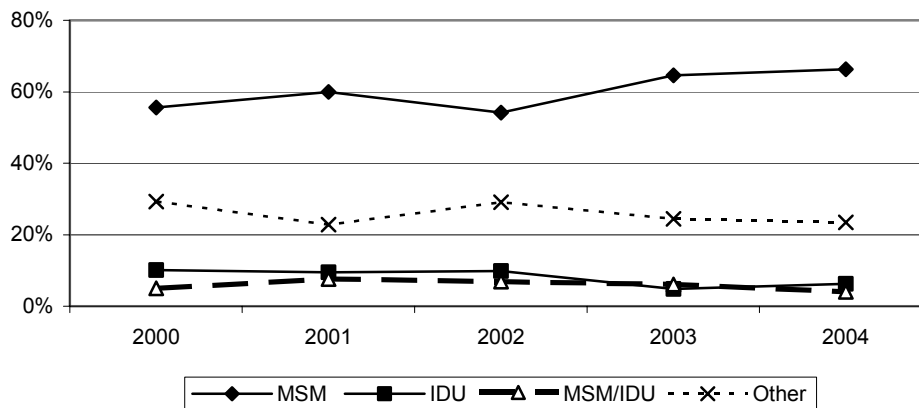
¹In October 2004, Colorado omitted cases who moved to other states, thereby reducing their HIV/AIDS database by 758 cases. Thus, reports produced before October 2004 show higher numbers of cases than reports produced after October, 2004.
SOURCE: Colorado Department of Public Health & Environment

Exhibit 15. Percentage of New AIDS Cases in Colorado, by Exposure and Year: 2001–2004



SOURCE: Colorado Department of Public Health and Environment

Exhibit 16. Percentage of New HIV Cases in Colorado, by Exposure and Year: 2001–2004



SOURCE: Colorado Department of Public Health and Environment