
Patterns and Trends in Drug Abuse in Denver and Colorado: January–December 2006

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ABSTRACT

Excluding alcohol, marijuana abuse has continued to result in the highest number of treatment admissions annually since 1997, although in 2006, all indicators except the proportion of marijuana reports in Denver area emergency department reports decreased. There has been a gradual decline in statewide treatment admissions since 2001 and in Denver area admissions since 2004. There have also been declines in marijuana hospital discharge reports, calls to the Rocky Mountain Poison & Drug Center, and in illicit drug seizures. However, over the last 3 years, the proportions of marijuana reports in emergency department (ED) data increased. Most cocaine indicators rose in 2006. In 2006, cocaine ranked third in statewide treatment admissions and second in admissions of persons living in the Denver metropolitan area. Cocaine had the highest illicit drug rate per 100,000 persons for hospital discharges from 1996 through 2006 and the highest proportion of illicit drug ED reports from 2004 through 2006. 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 through 2006, by opiates other than heroin. Cocaine had the highest number of poison center calls from 2001 through 2003 in the Denver area, but was surpassed by methamphetamine in 2004 and 2005. However, in 2006, cocaine had substantially more poison calls than methamphetamine (129 vs. 29 respectively). Most methamphetamine indicators declined in 2006. While methamphetamine surpassed cocaine in statewide treatment admissions in 2003, and in Denver/Boulder treatment admissions in 2005, 2006 data showed the first decline in several years for methamphetamine admissions, the proportions of methamphetamine in ED reports, and for poison calls. Clandestine laboratory closures decreased steadily since 2003, but the amount of methamphetamine seized continually increased through 2006. This is most likely because an estimated 80 percent of Colorado's methamphetamine comes from outside the State, predominantly Mexico. Moreover, drug enforcement officials have reported increased purity levels of methamphetamine seized in Colorado. Many heroin abuse indicators decreased over the last several years, while the proportions of heroin ED reports and poison calls remained stable. In 2003 through 2006, opiate-related drug misuse mortalities exceeded those that were cocaine-related. Beyond abuse of illicit drugs, alcohol remained Colorado's most frequently abused substance and accounted for the most treatment admissions, emergency department reports, poison center calls, drug-related hospital discharges, and drug-related mortality in 2006.

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, both statewide data, and data for the Denver/Boulder metropolitan area were 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

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on the list of fastest growing States. 2000 census projections estimated a population increase of 1 percent from 4,653,844 in 2004 to 4,804,353 by 2006.

The median age of residents in the Denver area is 34.1. For the population 25 and older, 82 percent are high school graduates and 36 percent have bachelor's degrees. Males comprise 50.7 percent and females 49.3 percent of the population. Ethnic and racial characteristics of the area are Whites 71 percent, Black or African-American 11 percent, Asian 3 percent, Native American Indian 1 percent; there were no Native Hawaiian and Other Pacific Islanders recorded by the census. Hispanics or Latinos of any race compose 35 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 2.1 exceeded that of the Nation (1.6). The per capita income for the city is \$27,676. The median household income is \$43,777, and the median family income is \$53,616. Eleven percent of families and 15 percent of individuals in the area are below the poverty level. The unemployment rate in Colorado as of April 2007 was 3.6. Nationally it was 4.5.

The Violent Crime Rate National Ranking for Colorado in 2005 was 24 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) 2000 through 2006.
- **Drug-related emergency department (ED) reports** for the Denver metropolitan area from January through December 2006 were provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Applied Studies (OAS) through its restricted online Drug Abuse Warning Network (DAWN *Live!*). These data were accessed on and reflect cases received by DAWN as of May 8, 2007 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. The total number of eligible DAWN hospitals for the time period measured was 15 and 6 hospitals reported during every month in 2006, except October (when 8 hospitals reported). 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** statewide for CY 2006 are from the Colorado Department of Public Health and Environment (CDPHE). The 2003 mortality data are from the DAWN medical examiner/coroner system.

- **Hospital discharge data** statewide for 1997–2006 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 December 2006.
- **Colorado Youth Risk Behavior Survey (YRBS) data** for 2005 were obtained from the CDPHE.
- **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 the February 2007 National Drug Intelligence Center's report, *National Illicit Drug Prices, December 2006*.
- **Intelligence data** were obtained from Rocky Mountain High Intensity Trafficking Area staff and local law enforcement officials.
- **HIV/AIDS data** were obtained from the CDPHE and are presented from 2001 through 2006.
- **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 PATTERNS AND TRENDS

Cocaine/Crack

Of the five major drugs of cocaine, heroin, other opiates, methamphetamine, and marijuana, cocaine ranked third in statewide and second in Denver area treatment admissions, both of which increased from 2005 to 2006. Of nine cocaine indicators, all but hospital discharge reports, deaths, and Colorado YRBS data increased. Excluding alcohol, cocaine ranked first in ED and hospital discharge reports of illicit drugs and poison control center calls, and second in numbers of deaths caused by illicit drug use.

During 2006, cocaine was reported as a primary drug in 21.1 percent of treatment admissions (excluding alcohol) statewide (exhibit 2). Since 2000, cocaine comprised 18.1 to 21.1 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 23.5 percent of treatment admissions (excluding alcohol) during 2006 (exhibit 3). While cocaine surpassed heroin in treatment admissions in 2003, methamphetamine admissions slightly exceeded cocaine admissions in 2005, but cocaine surpassed methamphetamine again in 2006 admissions.

Statewide, the proportion of male cocaine admissions rose from 55.4 percent in 2000 to 61.5 percent in 2004 and declined to 59.3 percent in 2006 (see exhibit 4). Likewise, in the Denver metropolitan area, the proportion of male cocaine admissions increased from 50.8 percent in 2000 to 63.1 percent in 2004, and declined to 59.7 percent in 2005. In 2006, males comprised 61.2 percent of Denver area cocaine admissions (exhibit 5).

Historically, Whites have accounted for the largest proportion of cocaine admissions statewide (44.3 percent overall, 2000 through 2006). However the proportion of Hispanics, which is 31.8 percent of admissions overall, increased each year statewide from 27.4 percent in 2001 to 35.2 percent in 2005, and then decreased to 33.8 percent in 2006. In Denver the proportion of Hispanics increased from 23.0 percent in 2000 to 31.9 percent in 2005, and then declined slightly to 31.1 percent in 2006. From 2000 to 2006, the proportion of Black treatment admissions declined from 21.9 to 17.3 percent statewide and from 30.7 to 20.8 percent in the Denver metropolitan area.

Statewide, 2.3 percent of all primary cocaine admissions in 2006 were for persons younger than 18 and 17.4 percent were for persons younger than 25 (exhibit 4). Roughly 70 percent of cocaine admissions from 2000 through 2005 were for persons age 25 to 44. However, that age group's proportion declined steadily from 76.0 percent in 2000 to 63.9 percent in 2006, while the proportion of those older than 44 increased from 8.1 to 18.7 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 total cocaine admissions of those 25 to 44 (80.0 to 63.5 percent from 2000 to 2006) and a rise in persons older than 44 (7.5 to 20.4 percent from 2000 to 2006). The Denver area also reported an increase from 9.2 to 13.5 percent in admissions for persons age 18 to 24 from 2000 through 2006.

Statewide, in 2006, the proportions of all admitted clients who smoked, inhaled, or injected cocaine were 61.9, 30.6, and 5.6 percent, respectively (exhibit 4). The proportion that smoked increased slightly from 2000 (57.9 percent) to 2006 (61.9 percent). From 2002 through 2006, the proportion inhaling cocaine increased from 25.7 to 30.6 percent and the proportion injecting fell from 12.0 to 5.6 percent.

The Denver area proportions of cocaine users who smoked, inhaled, or injected the drug in 2006 were 57.0, 36.6, and 4.3 percent, respectively (exhibit 5). However, while smoking has been fairly stable statewide, in the Denver area, the proportion of cocaine smokers declined steadily from 68.8 percent in 2000 to 57.0 percent in 2006. Compared with Colorado overall, the Denver area had a more dramatic rise in cocaine inhalation (from 21.8 percent in 2002 to 36.6 percent in 2006) and a larger decline in cocaine injection (12.0 to 4.3 percent from 2002 to 2006).

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.

In addition to traditional demographics, the proportion of users entering treatment for the first time (persons with no prior treatment episodes) as well as those first time users who had been using less than 3 years (new users) were examined. Statewide, the proportion of first-time treatment admissions (those having no prior treatment episodes; first-timers) declined from 36.0 percent in 2000 to 31.1 percent in 2004. In 2005 and 2006, proportions rose to 32.1 and 32.8 percent respectively. In the Denver area, first-timers comprised 35.7 percent of 2006 cocaine-related admissions, rising from 28.4 percent in 2003. Prior to 2003, the proportion of new treatment admissions stayed between 29.4 and 31.1 percent.

Statewide, between 19.0 and 21.3 percent of first-time cocaine admissions had been using less than 3 years from 2000 through 2004. This proportion increased to 24.4 percent in 2005 and again to 26.1 percent in 2006 (exhibit 6). In the Denver area, the proportion of new users in treatment increased from 16.0 percent in 2003 to 23.8 percent in 2006.

In 2006, first-time cocaine admissions statewide and for Denver only reported average onset ages of 23.5 and 23.7, respectively (both had a median age of 21.0, exhibit 6). From 2000 onward, the mean age of onset for first-time admissions was between 21.7 and 23.8 statewide and between 22.2 and 23.8 in the Denver metropolitan area.

In 2006, the mean number of years from reported onset of cocaine use to the first treatment episode was 10.1 years for statewide admissions and 10.8 years for Denver area admissions (exhibit 6). Before 2004, the mean time to enter treatment remained between 10.0 and 10.2 years statewide and 10.0 and 10.8 years in the Denver metropolitan area.

Excluding alcohol, cocaine accounted for the most illicit drug-related ED reports in the unweighted DAWN *Live!* data for the Denver area in 2006. There were 2,764 ED reports for cocaine, which comprised 44.4 percent of illicit drug ED reports (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 2005, cocaine deaths increased to the highest number so far to 217 deaths (exhibit 8), but declined in 2006 to 206.

Statewide, cocaine has been second only to alcohol in drug-related hospital discharges since 1998, and cocaine-related hospital discharges rose steadily from 1999 (60 per 100,000) through 2006 (91 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 2005 and 2006 respectively, cocaine comprised 107 and 129 poison center calls statewide.

Reports from law enforcement indicate increased availability of cocaine around the State, and Denver area outreach workers noted increased crack use, especially in street youth.

Heroin

Before 2005, most heroin indicators, except for quantities seized had declined. However, in late 2005, there were anecdotal reports of increased availability and use, and 2005 treatment data showed slight increases in admissions. Despite this, the numbers and proportions of ED reports, as well as the quantity recovered in drug enforcement seizures decreased in 2005, and all indicators except seizures declined in 2006.

During 2006, heroin was reported as a primary drug in 7.7 percent of treatment admissions (excluding alcohol) statewide and 10.6 percent in the Denver metropolitan area (exhibits 2 and 3). Since 2000, primary heroin treatment admissions (excluding alcohol) fell from 16.3 to 7.7 percent statewide and from 27.6 to 10.6 percent in the Denver area. Since 2001, the volume of heroin admissions has been behind marijuana, methamphetamine, and cocaine admissions statewide.

In Denver, the volume of heroin admissions exceeded admissions for cocaine and methamphetamine until 2002; however, in 2003, it dropped below cocaine admissions; in 2004, it dropped even further, below both cocaine and methamphetamine admissions and remained so through 2006.

Heroin admissions have been predominately male, and from 2000 to 2006, the proportion of male admissions out of all heroin admissions rose from 62.8 to 68.7 percent statewide and from 63.6 to 68.4 percent in the Denver area (exhibits 4 and 5).

Historically, Whites have accounted for the largest proportion of heroin admissions and in 2006, that proportion was the highest it had been since 1997 (exhibit 4). Statewide the 2006 proportions for Whites, Hispanics, and Blacks, respectively, comprised 67.8, 22.9, and 5.3 percent of total admissions. In Denver in 2006, the proportions of White, Hispanic, and Black admissions were 64.9, 24.1 and 6.8 percent, respectively (exhibit 5).

Statewide in 2006, the average age of heroin users admitted to treatment was 37.5 (median=36.0). Since 2000, less than 1 percent of heroin users entering treatment were younger than 18 and in 2006, the proportion under 18 was 0.4 percent. Changes in two age ranges over time are indicative of an aging cohort. From 2000 to 2006, the proportions of persons 35 to 44 declined from 34.2 to 20.9 percent, while those 45 and older increased from 24.7 percent in 2000 to 33.8 percent in 2004. In 2006, 32.3 percent of statewide heroin admissions were for persons older than 44.

In Denver in 2006, the average age of heroin users entering treatment was 38.6 (median=37.0). The Denver metropolitan area showed a decline in heroin admissions of persons 35 to 44 (32.9 percent in 2000 to 21.3 percent in 2006) and rises in persons 45 and older from 2000 to 2004 (26.6 to 36.9 percent). In 2006, the 45 and older group comprised 36.1 percent of heroin admissions.

Heroin is a drug that is predominantly injected. Statewide, the proportion of heroin injectors remained between 85.9 and 88.2 percent between 2000 and 2004, and declined to 83.6 in 2006 (as shown in exhibit 4). The proportion smoking heroin increased from 5.4 percent in 2003 to 8.9 percent in 2005, and then declined in 2006 to 8.3 percent. The proportion inhaling heroin ranged between 4.1 and 6.4 percent from 2000 through 2006.

Denver's proportions were similar to statewide figures. The proportion heroin injectors declined from 88.2 percent in 2001 to 82.6 percent in 2006 (exhibit 5). The proportion that smoked heroin remained between 5.5 and 7.0

percent from 2000 to 2004, and rose to 9.5 and 9.6 percent, respectively, in 2005 and 2006. The proportion inhaling heroin remained between 4.3 and 6.3 percent from 2000 to 2006.

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.

In 2006, the proportion of heroin admissions in treatment for the first time was 21.2 percent statewide and 20.5 percent in the Denver metropolitan area (exhibit 6). Statewide, from 2000 through 2006, the proportion of first-timers was between a low of 20.4 percent in 2003 and a high of 23.7 in 2002. During that time period in Denver, the proportion of first-timers was between a low of 20.4 percent in 2000 and a high of 22.6 in 2002.

Statewide in 2006, 26.1 percent of heroin users in treatment for the first-time had been using less than 3 years (exhibit 6), rising from 19.4 percent in 2004. In Denver, the proportion of new users in treatment decreased from 37.1 to 18.9 percent from 2000 to 2004 and rose to 27.2 percent in 2006.

Heroin users tend to be the oldest drug-using group and to have the latest age of onset. Among 2006 first-time heroin admissions, the mean and median ages of onset statewide were 22.3 and 20.0, respectively (exhibit 6). The mean and median onset ages decreased slightly from 2000 to 2003 (mean, 24.1 to 21.6 and median, 23.0 to 18.5), but have increased since.

In Denver, the mean and median age of onset for 2006 was 22.6 and 20.0 respectively. Similar to the statewide trend, there was a decrease in onset age from 2000 to 2003 (mean, 25.2 to 21.9; median 24.0 to 18.0), with a subsequent increase.

Among 2006 first-time heroin admissions, the mean time to enter treatment was 11.9 years for the state and 12.1 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.

DAWN *Live!* unweighted data showed 745 heroin-related ED reports in 2006, accounting for 12 percent of illicit drug reports, excluding alcohol (exhibit 7).

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 since 2004, heroin-related deaths have been separated out from all other opiates. Heroin-related deaths jumped from 22 in 2004 to 42 in 2005, but decreased to 37 in 2006 (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 1997–2006 combined all narcotic analgesics and other opiates, including heroin. While trends in this indicator for heroin alone cannot be assessed, this indicator for all opiates increased steadily with the rate doubling in 7 years from 36 per 100,000 in 1997 (not shown in exhibit) to 73 per 100,000 in 2003 (exhibit 9). However, the rate of hospital discharges for all opiates decreased to 61 per 100,000 in 2004 and increased to 64 and 77 per 100,000 in 2005 and 2006 respectively.

The number of Denver area poison 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, 24 and 25 heroin calls statewide in 2004, 2005 and 2006, respectively.

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 has ranked last in numbers and proportions of treatment admissions and has remained fairly steady over the last 6 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) in 2004 through 2006, discrepancies in the classification of opiates and geographical areas reported precluded assessment of mortality trends.

During 2006, opiates other than heroin were reported as primary drugs in 5.0 percent of statewide treatment admissions, excluding alcohol (exhibit 2), and this proportion rose from a low of 3.3 percent in 2000. In Denver, other opiates had comprised between 4.2 and 6.1 percent of treatment admissions (excluding alcohol) since 2000 (exhibit 3), and accounted for 5.3 percent of admissions in 2006.

Treatment admissions related to non-heroin opiates have always had higher proportions of females than the other four major illicit drugs. Statewide, females comprised 55.4 percent of other opiate treatment admissions in 2001, but this proportion dropped to 49.1 percent in 2006 (exhibit 4). In Denver, females comprised 55.5 percent of non-heroin opiate treatment admissions in 2001; however, this proportion declined to 47.9 percent in 2006 (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 fluctuated between 81.3 and 87.8 percent statewide, and was at 82.0 percent in 2006 (exhibit 4). Black treatment admissions for other opiates declined from 3.4 percent in 2002 to 1.4 percent in 2006. The proportion of Hispanic other opiate admissions in Colorado rose from 6.5 percent in 2003 to 13.9 percent in 2006.

In the Denver metropolitan area, the proportion of White admissions for other opiates declined from 86.3 to 80.3 percent between 2000 and 2002, jumped to 89.0 percent in 2003, and declined to 83.8 percent in 2004. In 2006, the proportion of White other opiate admissions was 86.2 percent (exhibit 5). In 2006, Blacks comprised 2.5 percent of admissions, down from a high of 5.3 percent in 2002. However, the moderate change in proportion is influenced by the small numbers of Black other opiate admissions (between 8 and 16 from 2000 through 2006). Hispanics comprised 9.1 percent of Denver area opiate admissions in 2006, and since 2000, their numbers have vacillated between 4.4 and 5.0 percent. The vacillating proportions may also be based on the small numbers of admissions (between 8 and 37 over the 7-year period).

Like heroin users, users of other opiates tend to be older than other drug-using groups. Statewide, the average age of other opiate users entering treatment in 2006 was 36.1 (median=34); less than one percent were younger than 18 and 26.5 percent were older than 44. Two age ranges demonstrate a possible trend toward younger users. From 2000 to 2006, the proportion of opiate admissions age 18–34 increased from 33.6 to 50.2 percent, while those older than 35 declined from 64.5 percent in 2000 to 55.8 percent in 2005. In 2006, the proportion of those older than 35 was 49.0 percent.

Likewise, in Denver, there was an overall increase in admissions of users of other opiates in persons 18 to 34 years old (31.5 to 46.7 percent from 2000 through 2006).

Non-heroin opiates are most often taken orally. Statewide, between 2000 and 2004, the proportion of admissions ingesting other opiates orally ranged from 83.5 to 86.7 percent. Since 2004, the proportions of this client group who ingested other opiates orally declined to 83.9 percent in 2005, and declined again in 2006 to 81.4 percent. In 2006, 8.0 and 9.4 percent, respectively, inhaled and injected other opiates (exhibit 4). From 2000 to 2005, the proportions of this client group who injected other opiates declined from 12.3 to 8.2 percent, and then increased in 2006 to 9.4 percent. The proportion inhaling increased from 0.6 to 8.0 percent from 2000 through 2006, 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 89.0 percent in 2000 to 83.5 percent in 2006 (exhibit 5). The 2006 proportions of this client group who inhaled and injected were 5.2 and 10.4 percent, respectively. The Denver area did not show the same decline as seen statewide in the numbers injecting other opiates, but inhaling increased from 0.6 percent in 2000 to 7.2 percent in 2005, and decreased to 5.2 percent in 2006.

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 2006, first-time admissions for abuse of other opiates comprised 35.6 percent of treatment admissions statewide and 34.0 percent in the Denver metropolitan area (exhibit 6). Statewide, the proportion of first-timers increased from 32.5 to 37.6 percent from 2002 to 2005. In Denver, from 2000 to 2005, the proportion of first-timers fluctuated widely between 29.3 and 38.5 percent with no clear trend.

Among first-time admissions for opiate treatment in 2006, the mean and median ages of onset statewide were 25.8 and 23.0, respectively (exhibit 6), decreasing since 2001 from a mean onset age of 28.8 (median, 28).

Denver showed a similar trend, with a decrease from 2001 to 2005 in the mean age of onset from 29.4 to 25.0 and in the median age from 30.0 to 21.0. In 2006, the mean and median onset age of Denver area first time admissions for abuse of other opiates was 27.0 and 25.5.

In 2006, the mean time to enter treatment for first-time other opiate admissions was 8.3 years statewide and 8.4 years for the Denver metropolitan area (exhibit 6). Statewide, the mean time to enter treatment declined from 12.1 years in 2003. Denver showed a similar decline from 13.4 years in 2003.

In 2006, 26.2 percent of users of other opiates entering their first treatment in Colorado and 27.9 percent in Denver had been using less than 3 years (exhibit 6). Statewide, this proportion was at its lowest (19.5 percent) in 2002 and jumped to 26.3 percent in 2004. In Denver, the proportion of new users in treatment increased from 17.5 to 27.9 percent from 2002 through 2006.

In 2006, the unweighted DAWN *Live!* data show 1,213 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 from all other opiates, and 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). In 2005 and 2006, there were 301 and 335 deaths, respectively, related to the use of opioids other than heroin.

As noted earlier, CDPHE statewide hospital discharge data from 1997–2006 combined all narcotic analgesics and opiates, including heroin. This indicator increased steadily with the rate almost doubling in 7 years, from 36 per 100,000 in 1997 (not shown in exhibit) to 73 per 100,000 in 2003. In 2004, however, the number of hospital discharges for all narcotics decreased to 61 per 100,000, but increased to 64 and 77 per 100,000 in 2005 and 2006, respectively.

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

Methamphetamine

For the first time in years, all methamphetamine indicators, except amount seized, declined. Methamphetamine ranked second in statewide treatment admissions (excluding alcohol) and third in Denver area treatment admissions, poison calls, and quantity of drug seized. For hospital discharges and deaths, methamphetamine was not reported separately but was included in the general category of “amphetamines & stimulants,” which ranked third on both of these indicators.

In 2006, methamphetamine was the primary drug reported for 30.1 percent of all treatment admissions (excluding alcohol) statewide (exhibit 2). Prior to 2006, methamphetamine admissions rose steadily from 12.5 percent in 1999 (not shown in exhibit) to a high of 31.7 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 (21.4 percent in 2006) as compared to statewide admissions. While the proportion of methamphetamine admissions (excluding alcohol) in Denver rose each year from 8.6 to 20.8 percent from 2000 through 2005, there was only a slight increase to 21.4 percent in 2006. Moreover, while Denver-area methamphetamine admissions exceeded heroin admissions in 2004 and surpassed both heroin and cocaine admissions in 2005, the volume of Denver area methamphetamine admissions dropped below cocaine admissions again in 2006.

After admissions for non-heroin opiates, methamphetamine admissions have the highest proportion of females statewide and in Denver (46.6 and 45.4, respectively, in 2006; exhibits 4 and 5). Statewide, the proportion of female admissions stayed between 45.1 and 50.4 percent from 2000 through 2003, decreased to 44.0 percent in 2004, and rose to 46.0 and 46.6 percent in 2005 and 2006, respectively.

In the Denver area, the proportion of female methamphetamine admissions was at 50.0 and 50.4 percent, respectively, in 2000 and 2001, decreased to 46.0 percent in 2002, jumped to a high of 52.7 percent in 2003, declined to a low of 43.5 percent in 2004 and 2005, and rose to 45.4 percent in 2006.

Methamphetamine admissions in Colorado and Denver are predominately White—81.2 and 81.9 percent, respectively, in 2006 (exhibits 4 and 5). From 2000 to 2005, the proportion of White treatment admissions declined from 87.8 to 81.1 percent statewide and from 90.1 to 81.8 percent in the Denver area. At the same time, the proportion of Hispanic methamphetamine admissions rose from 8.5 to 14.5 percent statewide and from 7.0 to 13.3 percent in Denver.

Compared with cocaine, methamphetamine admissions tend to be younger. In 2006, the average age of persons entering treatment for methamphetamine abuse was 30.6 (median=29.0) statewide and 30.7 (median=30.0) for Denver. Also, 28.6 percent of statewide methamphetamine admissions and 28.2 percent of the Denver admissions were younger than 25. Sixty three and one-half percent statewide and 64.3 percent of Denver area admissions were persons age 25 to 44.

Statewide, in 2006, the proportions of clients who smoked, injected, or inhaled methamphetamine were 66.5, 20.0, and 10.9 percent, respectively (exhibit 4). The proportion who smoked increased dramatically from 2000 (38.7 percent) to 2006 (66.5 percent), while both the proportions who injected and inhaled decreased substantially during that time. Injectors decreased from 33.9 to 20.0 percent and inhalers declined from 21.5 to 10.9 percent.

During 2006 in the Denver area, the proportions that smoked, injected, or inhaled methamphetamine were 65.4, 18.4, and 12.3 percent, respectively (exhibit 5). As with the State overall, the proportion that smoked increased substantially from 35.6 to 65.4 percent from 2000 to 2006 and at the same time, those who injected declined from 38.5 to 18.4 percent. While there appears to be an overall downward trend, the proportion of inhalers declined from 19.8 to 9.4 percent from 2000 to 2003, but during 2004 through 2006, the proportions were 12.7, 15.1, and 12.3 percent, respectively.

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

Statewide and in Denver, 35.8 and 35.6 percent, respectively, of 2006 methamphetamine admissions were first-timer admissions (exhibit 6). Statewide, the proportion of first-time admissions declined from 44.9 in 2000 to 35.9 in 2004, where it has remained. In Denver, the proportion of first-time methamphetamine admissions remained between 34.1 and 36.5 percent between 2000 and 2006.

Statewide, the proportion of new users in first-time admissions rose from 19.5 to 27.8 percent from 2000 to 2003. In 2004, the proportion of new users declined to 24.9 percent, and in 2005 and 2006 was at 26.1 and 21.6 percent, respectively (exhibit 6). In Denver, the proportion of new users in treatment increased from 14.3 percent in 2000 to 28.2 percent in 2003, declined to 23.5 percent in 2004 and was at 26.0 and 21.2 percent, respectively, in 2005 and 2006.

For the State and Denver metropolitan area, the average age of onset for methamphetamine use reported in 2006 first-time admissions was 21.6 (median=19.0) (exhibit 6). Since 2000, the mean age of onset for methamphetamine admissions statewide and Denver stayed between 20 and 22. The median age remained between 18 and 19 statewide and between 18 and 20 in the Denver area (exhibit 6).

From 2000 to 2005, the average time for methamphetamine abusers to enter treatment decreased from 8.7 to 7.5 years statewide and from 9.1 to 7.6 years in Denver (exhibit 6). In 2006, the average time to enter treatment rose to 8.5 and 8.4 years, respectively, for statewide and Denver area admissions.

The unweighted DAWN *Live!* ED data for the Denver PMSA show 707 reports for methamphetamine in 2006.

Methamphetamine-related deaths were reported under the “Stimulant” category in both DAWN ME for the Denver area (2003) and CDPHE data from 2004 to 2006 (exhibit 8). From 2003 through 2006, there were 47, 45, 70 and 42 stimulant-related deaths reported statewide.

Methamphetamine was also included in the stimulants category in hospital discharge data. Overall, amphetamine-related hospital discharges nearly quadrupled from 1999 to 2005 from 16 per 100,000 population to 62 per 100,000, respectively (exhibit 9); however, the discharges dropped in 2006 to 46 per 100,000.

In 2004, methamphetamine-related poison calls in the Denver area exceeded cocaine-related calls. In 2005, methamphetamine accounted for the highest number of calls ($n=127$) statewide out of all street drugs (exhibit 10). However, the number of methamphetamine calls statewide dropped drastically in 2006 to 29.

While the number of laboratory closures increased dramatically from 2000 through 2002, closures declined steadily thereafter (exhibit 11). Factors contributing to this decline include the recent enactment of legislation restricting the purchase of cold medicines and other precursor chemicals, the effectiveness of law enforcement, and increased community awareness and cooperation with law enforcement that have kept labs at bay.

However, despite the decline in laboratory closures, the quantity of methamphetamine seized in law enforcement raids has risen since 2003. Denver Vice Detectives reported that this is happening because Colorado's supply of Mexican methamphetamine has risen to compensate for less local production. Further, Mexican methamphetamine historically had the reputation of having lower purity levels than locally produced methamphetamine, but local law enforcement sources have reported increased purity levels and prices for methamphetamine. It has been surmised that prices have increased based on increasing competition between Mexican drug trafficking organizations in obtaining precursor chemicals, which are becoming more difficult to obtain in Mexico.

Marijuana

Of the five major illicit drugs, marijuana ranks first in treatment admissions and amounts seized, second in ED reports and hospital discharges, and third in poison control center calls. Excluding alcohol, marijuana has continued to account for the highest numbers of primary treatment admissions statewide and in the Denver area; however, the number of statewide treatment admissions for marijuana has decreased steadily from 42.8 percent in 2000 to 34.1 percent in 2006 (exhibit 2).

In Denver, the proportions of marijuana admissions also declined from 37.3 percent in 2001 to 32.3 percent in 2003, but jumped up to 38.6 percent in 2004 and was at 37.0 percent in 2006 (exhibit 3).

Historically, marijuana admissions have represented the highest proportion of males among drug groups. In 2006, 76.0 percent of marijuana admissions statewide and 76.6 percent in Denver were male (exhibits 4 and 5). In prior years, the proportion of males comprised anywhere from 72.3 to 76.0 percent of the marijuana admissions statewide; however, in Denver, the proportion of males increased substantially from 69.3 percent in 2003 to a high of 77.7 percent in 2005.

In 2006, Whites, Hispanics, and Blacks comprised 52.2, 28.4, and 14.5 percent of marijuana admissions, respectively, statewide (exhibit 4). From 2000 to 2005, the proportion of White admissions decreased from 58.3 to 51.5 percent. However, the proportion of Black marijuana admissions increased from 2000 (7.4 percent) to 2006 (14.5 percent). The proportion of Hispanics decreased from 30.7 to 26.2 percent from 2000 to 2003, increased to 30.2 percent in 2005, and decreased to 28.4 percent in 2006.

In Denver, there was a clear downward trend in the proportion of White marijuana admissions from 2000 to 2005 (58.2 to 41.9 percent), but an increase in 2006 to 44.4 percent (exhibit 5). There was a consistent rise in Black admissions from 11.5 percent in 2000 to 20.8 percent in 2006. As with the statewide trend, Hispanics declined from 2001 to 2003 (27.1 to 24.5 percent), but increased to 32.4 percent in 2005 and declined somewhat to 29.8 percent in 2006.

In Colorado and Denver, marijuana users are typically the youngest of the treatment admissions groups. In 2006, the average age of marijuana users entering treatment was 24.3 (median=22) statewide and 23.2 (median=20) in Denver. For both the State and Denver, there appeared to be slight upward trends in the age of treatment admissions. From 2000 to 2006, the median age increased from 18 to 22 statewide and from 17 to 20 in Denver.

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

Statewide in 2006, 53.1 percent of marijuana admissions were in treatment for the first-time (exhibit 6), a decline from 59.7 percent in 2001. Of the 2006 Denver-area admissions, 55.4 percent entered for the first time, a decline from 60.2 percent in 2001.

Marijuana users tended to be the youngest of drug-using admissions groups and also started using at the youngest age. In 2006, the mean and median ages of onset for first-time admissions statewide were 14.1 and 14.0 (exhibit 6). For the Denver area, the mean and median ages of onset for those in treatment the first-time were 13.9 and 14.0, respectively. Since 2000, age of onset has remained stable statewide and for Denver area admissions.

Statewide in 2006, 22.8 percent of marijuana users had been using less than 3 years (exhibit 6) before entering treatment for the first-time, decreasing from 33.4 percent in 2003. In Denver, the proportion of new users entering treatment for the first time decreased from 37.8 to 23.3 percent from 2003 to 2006.

In 2006, the mean time to for marijuana users to enter treatment for the first time was 9.0 years statewide and 8.4 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 since 2000 (by 2 years, statewide, and 3 years in Denver).

In 2006, there were 1,458 ED marijuana reports; these accounted for 23.4 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.

Marijuana-related hospital discharges increased steadily from 1999 the level of 52 per 100,000 population to 84 per 100,000 in 2005, and then decreased in 2006 to 76 per 100,000 (exhibit 9).

From 2002 through 2004, the number of Denver area marijuana poison control center calls declined from 37 to 29. An increase followed to 68 and 78 marijuana calls statewide in 2004 and 2005, respectively, and a decrease to 45 calls in 2006 (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 2 percent of treatment admissions (excluding alcohol) statewide and in the Denver metropolitan area in 2006.

During 2006, there were 16,039 treatment admissions (excluding alcohol) in Colorado including 118 for other depressants, 50 for “other” stimulants, 44 for club drugs, 35 for hallucinogens, and 81 for other drugs. The small numbers preclude looking at demographic trends. However, the proportion of treatment admissions decreased slightly since 2000 for all these categories except club drugs. The proportion of club drugs, which were not tracked until 2002, remained stable at around three tenths of 1 percent.

In 2006, there were 104 unweighted ED reports for methylenedioxymethamphetamine (MDMA) (exhibit 7), 10 for gamma hydroxybutyrate (GHB), 39 for lysergic acid diethylamide (LSD), 23 for phencyclidine (PCP), 58 for miscellaneous hallucinogens, and 54 for inhalants and other combinations not specified.

In 2006, there were 42 deaths related to stimulants other than cocaine. Before 2003, methamphetamine deaths were reported separately, but since 2003, methamphetamine-related deaths were reported within the general category of “other stimulants/amphetamines.”

In 2006, there were 690 hospital discharges related to depressants, 2,219 involving stimulants/amphetamines (this category excludes cocaine but includes methamphetamine and psycho-stimulants, which are most likely club drugs), and 130 related to hallucinogens. While the hospital discharge rate (per 100,000 population) for the general stimulants/amphetamines category increased dramatically from 1999 through 2005 (see exhibit 9), there was a decline from 2005 to 2006 (from the rate of 62 to 46). Moreover, 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 stimulants/amphetamines (excluding cocaine and methamphetamine) and club drugs. From 2001 through 2004, the number of stimulant/amphetamine-related calls in Denver was three in 2001 and 2002, six in 2003, and four in 2004 (exhibit 10). Statewide, the number of stimulant calls in 2004 through 2006 was 321, 308 and 318. Club drug calls for the city of Denver increased from 30 in 2001 to 55 in 2002 and then decreased to 40 in 2003. The number of club drug calls statewide in 2004, 2005 and 2006 was 43, 49, and 47 respectively.

INFECTIOUS DISEASES RELATED TO DRUG ABUSE: ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) AMONG INJECTION DRUG USERS

Of the 8,693 cumulative AIDS cases reported in Colorado FROM 2001–2006, 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 13). The proportion of newly diagnosed HIV and AIDS cases (not cumulative cases as shown in exhibit 13) attributed to injection drug use has stayed fairly stable from 2001 to 2006 (exhibits 14 and 15).

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Exhibit 1. Data Completeness for the Denver Metropolitan Area DAWN Live! Emergency Departments (n=15),¹ by Month: January–December 2006

Data Completeness	Number of EDs by Month: 2006											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Basically Complete (90% or greater)	6	6	7	7	7	7	7	6	7	8	7	7
Partially Complete (< 90%)	0	0	0	0	0	0	0	1	0	1	2	1
No Data Reported	9	9	8	8	8	8	8	8	8	6	6	7
Total EDs in Sample ⁴	15	15	15	15	15	15	15	15	15	15	15	15

¹Total eligible hospitals in area = 15; hospitals in DAWN sample = 15; emergency departments in DAWN Sample = 15. Tables reflect cases received by DAWN as of 5/14/07. 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 5/14/07

Exhibit 2. Numbers and Percentages of Treatment Admissions by Primary Drug Type in Colorado: CY 2000–2006

Drug		2000	2001	2002	2003	2004	2005	2006	Total
Alcohol	n	6,589	6,323	6,871	7,252	9,835	10,131	11,119	58,120
	%	40.5	38.6	38.8	37.8	40.7	38.9	40.9	39.6
Marijuana	n	4,140	4,255	4,358	4,232	5,286	5,531	5,466	33,268
	%	25.4	26.0	24.6	22.0	21.9	21.2	20.1	22.6
	(excluding alcohol)	%	42.8	42.3	40.2	35.4	36.9	34.8	34.1
Methamphetamine	n	1,315	1,664	2,076	2,791	3,835	5,041	4,832	21,554
	%	8.1	10.2	11.7	14.5	15.9	19.4	17.8	14.7
	(excluding alcohol)	%	13.6	16.5	19.1	23.3	26.8	31.7	30.1
Cocaine	n	1,919	1,889	2,199	2,362	2,998	2,884	3,385	17,636
	%	11.8	11.5	12.4	12.3	12.4	11.1	12.5	12.0
	(excluding alcohol)	%	19.8	18.8	20.3	19.8	20.9	18.1	21.1
Heroin	n	1,576	1,483	1,424	1,676	1,272	1,415	1,232	10,078
	%	9.7	9.0	8.0	8.7	5.3	5.4	4.5	6.9
	(excluding alcohol)	%	16.3	14.7	13.1	14.0	8.9	8.9	7.7
Other Opiates ¹	n	321	395	412	541	613	709	796	3,787
	%	2.0	2.4	2.3	2.8	2.5	2.7	2.9	2.6
	(excluding alcohol)	%	3.3	3.9	3.8	4.5	4.3	4.5	5.0
Depressants ²	n	66	64	159	131	101	95	118	734
	%	0.4	0.4	0.9	0.7	0.4	0.4	0.4	0.5
	(excluding alcohol)	%	0.7	0.6	1.5	1.1	0.7	0.6	0.7
Other Amphetamines/Stimulants	n	108	91	104	78	56	57	50	544
	%	0.7	0.6	0.6	0.4	0.2	0.2	0.2	0.4
	(excluding alcohol)	%	1.1	0.9	1.0	0.7	0.4	0.4	0.3
Hallucinogens ³	n	77	73	43	31	27	30	35	316
	%	0.5	0.4	0.2	0.2	0.1	0.1	0.1	0.2
	(excluding alcohol)	%	0.8	0.7	0.4	0.3	0.2	0.2	0.2
Club Drugs ⁴	n	NA	NA	12	37	56	49	44	198
	%	NA	NA	0.1	0.2	0.2	0.2	0.2	0.1
	(excluding alcohol)	%	NA	NA	0.1	0.3	0.4	0.3	0.2
Other ⁵	n	149	151	58	76	87	92	81	694
	%	0.9	0.9	0.3	0.4	0.4	0.4	0.3	0.5
	(excluding alcohol)	%	1.5	1.5	0.5	0.6	0.6	0.6	0.8
Total	N	16,260	16,388	17,716	19,207	24,166	26,034	27,158	146,940
	(excluding alcohol) N	9,671	10,065	10,845	11,955	14,331	15,903	16,039	88,809

¹ Includes non-prescription methadone and other opiates and synthetic opiates.

² Includes barbiturates, benzodiazepine tranquilizers, clonazepam, and other sedatives.

³ Includes LSD, PCP and other hallucinogens.

⁴ Includes Rohypnol, ketamine (Special K), GHB, and MDMA (ecstasy).

⁵ 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 2000–2006

Drug		2000	2001	2002	2003	2004	2005	2006	Total
Alcohol	<i>n</i>	2,255	2,496	1,990	2,354	3,517	3,536	4,232	20,380
	%	33.8	33.4	31.9	29.0	33.6	33.1	35.8	33.2
Marijuana	<i>n</i>	1,546	1,855	1,458	1,855	2,687	2,663	2,801	14,865
	%	23.1	24.8	23.3	22.9	25.7	24.9	23.7	24.2
	(excluding alcohol) %	34.9	37.3	34.3	32.3	38.6	37.3	37.0	36.2
Methamphetamine	<i>n</i>	380	564	515	946	1,263	1,490	1,622	6,780
	%	5.7	7.5	8.2	11.7	12.1	13.9	13.7	11.0
	(excluding alcohol) %	8.6	11.3	12.1	16.5	18.2	20.8	21.4	16.5
Cocaine	<i>n</i>	980	1,028	946	1,259	1,586	1,418	1,780	8,997
	%	14.7	13.8	15.1	15.5	15.1	13.3	15.1	14.6
	(excluding alcohol) %	22.2	20.7	22.2	21.9	22.8	19.8	23.5	21.9
Heroin	<i>n</i>	1,223	1,176	978	1,226	921	1001	800	7,325
	%	18.3	15.7	15.7	15.1	8.8	9.4	6.8	11.9
	(excluding alcohol) %	27.6	23.6	23.0	21.3	13.2	14.0	10.6	17.8
Other Opiates	<i>n</i>	184	238	208	300	340	433	405	2,108
	%	2.8	3.2	3.3	3.7	3.2	4.1	3.4	3.4
	(excluding alcohol) %	4.2	4.8	4.9	5.2	4.9	6.1	5.3	5.1
Depressants ¹	<i>n</i>	31	32	79	55	47	44	55	343
	%	0.5	0.4	1.3	0.7	0.4	0.4	0.5	0.6
	(excluding alcohol) %	0.7	0.6	1.9	1.0	0.7	0.6	0.7	0.8
Other Amphetamines/Stimulants	<i>n</i>	23	25	33	31	24	21	33	190
	%	0.3	0.3	0.5	0.4	0.2	0.2	0.3	0.3
	(excluding alcohol) %	0.5	0.5	0.8	0.5	0.3	0.3	0.4	0.5
Hallucinogens ³	<i>n</i>	32	31	15	18	16	14	25	151
	%	0.5	0.4	0.2	0.2	0.2	0.1	0.2	0.2
	(excluding alcohol) %	0.7	0.6	0.4	0.3	0.2	0.2	0.3	0.4
Club Drugs ⁴	<i>n</i>	NA	NA	5	22	29	23	24	103
	%	NA	NA	0.1	0.3	0.3	0.2	0.2	0.2
	(excluding alcohol) %	NA	NA	0.1	0.4	0.4	0.3	0.3	0.3
Other ⁵	<i>n</i>	25	29	19	38	40	40	35	226
	%	0.4	0.4	0.3	0.5	0.4	0.4	0.3	0.4
	(excluding alcohol) %	0.6	0.6	0.4	0.7	0.6	0.6	0.5	0.6
Total	N	6,679	7,474	6,246	8,097	10,407	10,186	11,812	61,468
	(excluding alcohol) N	4,424	4,978	4,256	5,745	6,922	6,817	7,580	41,088

¹ Includes non-prescription methadone and other opiates and synthetic opiates.

² Includes barbiturates, benzodiazepine tranquilizers, clonazepam, and other sedatives.

³ Includes LSD, PCP and other hallucinogens.

⁴ Includes Rohypnol, ketamine (Special K), GHB, and MDMA (ecstasy).

⁵ 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: 2006

Characteristics	Alcohol ¹ Only or In Combo (11,119)	Cocaine (3,385)	Heroin (1,232)	Other Opiates (796)	Marijuana (5,466)	Methamphetamine (4,832)	Other Stimulants ² (50)	Sedatives (118)	Hallucinogens (35)	Club Drugs (44)	All Other ³ (81)
Gender											
Male	70.4	59.3	68.7	50.9	76.0	53.4	66.0	52.5	68.6	68.2	59.3
Female	29.6	40.7	31.3	49.1	24.0	46.6	34.0	47.5	31.4	31.8	40.7
Race/Ethnicity											
White	67.2	45.3	67.8	82.0	52.2	81.2	68.0	74.6	60.0	68.2	76.5
African-Amer.	5.4	17.3	5.3	1.4	14.5	1.3	2.0	6.8	8.6	4.5	2.5
Hispanic	22.3	33.8	22.9	13.9	28.4	14.2	22.0	16.9	20.0	25.0	17.3
Other	5.1	3.5	4.1	2.6	4.9	3.2	8.0	1.7	11.4	2.3	3.7
Age at Admission											
Younger than 18	4.5	2.3	0.4	0.9	32.4	3.1	4.0	0.8	17.1	18.2	22.2
18 to 24	18.8	15.1	13.2	15.8	28.7	25.5	30.0	19.5	31.4	31.8	23.5
25 to 34	25.2	27.9	33.2	34.4	23.0	39.8	36.0	34.7	28.6	25.0	17.3
35-44	27.5	36.0	20.9	22.5	11.1	23.7	18.0	13.6	11.4	20.5	13.6
45-54	18.5	16.4	23.7	20.5	4.1	7.3	10.0	22.9	11.4	2.3	18.5
55 and older	5.4	2.3	8.6	6.0	0.9	0.5	2.0	7.5	0	2.3	4.9
Route of Ingestion											
Smoking	0.4	61.9	8.3	0.9	94.3	66.5	16.0	18.6	17.1	27.3	8.6
Inhaling	1.5	30.6	6.4	8.0	3.9	10.9	36.0	2.5	11.4	9.1	21.0
Injecting	0.1	5.6	83.6	9.4	0.1	20.0	16.0	4.2	2.9	13.6	3.7
Oral/Other	98.1	1.6	1.7	81.4	1.7	2.6	32.0	74.6	68.6	50.0	66.6
Secondary Drug	Marijuana 23.8	Alcohol 32.2	Cocaine 32.0	Alcohol 13.4	Alcohol 41.2	Marijuana 34.8	Cocaine 34.0	Alcohol 16.9	Marijuana 22.9	Alcohol 34.1	Marijuana 17.3
Tertiary Drug	Coc. & Marij. 4.6 Each	Alcohol 13.4	Alcohol 9.8	Alcohol 7.2	Alcohol 8.5	Alcohol 16.1	Marijuana 32.0	Alcohol 12.7	Alcohol 22.9	Alc & Marij 15.9 Each	Marijuana 9.9

¹ Includes alcohol only or in combination with other drugs.

² Includes other stimulants (e.g., Ritalin, etc.) and amphetamines (Benzedrine, Dexadrine, Desoxyn, etc.).

³ Includes over-the-counter drugs, inhalants, anabolic steroids, and other non-classified substances.

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: 2006

Characteristics	Alcohol ¹ Only or In Combo (4,232)	Cocaine (1,780)	Heroin (800)	Other Opiates (405)	Marijuana (2,801)	Methamphetamine (1,622)	Other Stimulants ² (33)	Sedatives (55)	Hallucinogens (25)	Club Drugs (24)	All Other ³ (35)
Gender											
Male	69.6	61.2	68.4	52.1	76.6	54.6	69.7	60.0	64.0	62.5	60.0
Female	30.4	38.8	31.6	47.9	23.4	45.4	30.3	40.0	36.0	37.5	40.0
Race/Ethnicity											
White	65.9	44.4	64.9	86.2	44.4	81.9	69.7	76.4	52.0	66.7	77.1
African-Amer.	7.4	20.8	6.8	2.5	20.8	1.4	3.0	14.5	12.0	8.3	2.9
Hispanic	21.9	31.1	24.1	9.1	29.8	12.9	18.2	9.1	24.0	20.8	14.3
Other	4.9	3.6	4.3	2.2	5.0	3.8	9.1	0.0	12.0	4.2	5.7
Age at Admission											
Younger than 18	3.9	2.6	0.3	0.5	38.9	4.0	3.0	0.0	24.0	33.3	25.7
18 to 24	17.6	13.5	12.5	11.6	27.5	24.2	30.3	27.3	32.0	29.2	28.6
25 to 34	26.3	26.3	30.0	35.1	20.1	38.7	39.4	27.3	20.0	20.8	11.4
35-44	28.7	37.2	21.3	24.4	9.9	25.6	15.2	18.2	8.0	16.7	14.3
45-54	18.0	18.1	25.8	21.0	2.9	7.2	12.1	21.8	16.0	0.0	14.3
55 and older	5.5	2.3	10.3	7.4	0.7	0.4	0.0	5.4	0.0	0.0	6.0
Route of Ingestion											
Smoking	0.4	57.0	9.6	1.0	93.2	65.4	15.2	29.1	20.0	8.3	5.7
Inhaling	2.9	36.6	6.3	5.2	5.0	12.3	42.4	3.6	12.0	12.5	28.6
Injecting	0.1	4.3	82.6	10.4	0.0	18.4	21.2	5.5	4.0	12.5	0.0
Oral/Other	96.6	2.1	1.5	83.5	1.8	3.9	21.2	61.8	64.0	66.7	66.7
Secondary Drug	Marijuana 24.1	Alcohol 33.8	Cocaine 30.1	Alcohol 14.1	Alcohol 40.9	Marijuana 32.2	Cocaine 42.4	Alcohol 20.0	Marijuana 20.0	Alcohol 33.3	Marijuana 20.0
Tertiary Drug	Coc. & Marij. 5.7 & 5.8	Alcohol 14.4	Alc & Marij. 7.8 & 8.1	Marijuana 6.9	Alcohol 7.6	Alcohol 15.7	Marijuana 36.4	Alcohol 14.5	Alc & Marij. 16.0 each	Marijuana 25.0	Marijuana 8.6

¹ Includes alcohol only or in combination with other drugs.

² Includes other stimulants (e.g., Ritalin, etc.) and amphetamines (Benzedrine, Dexadrine, Desoxyn, etc.).

³ Includes over the counter drugs, inhalants, anabolic steroids, and other non-classified substances.

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: 2006

Area		Cocaine	Heroin	Other Opiates	Methamphetamine	Marijuana
Statewide		(n=3,385)	(n=1,232)	(n=796)	(n=4,832)	(n=5,466)
Age at Onset ¹	Mean	23.5	22.3	25.8	21.6	14.1
	Median	21.0	20.0	23.0	19.0	14.0
Years to 1 st Tx ¹	Mean	10.1	11.9	8.3	8.5	9.0
	Median	8.0	7.0	5.0	7.0	6.0
% New Users ¹		26.1	26.1	26.2	21.6	22.8
% New to Tx. ²		2.8	21.2	35.6	35.8	53.1
Denver Area		(n=1,780)	(n=800)	(n=405)	(n=1,622)	(n=2,801)
Age at Onset ¹	Mean	23.7	22.6	27.0	21.6	13.9
	Median	21.0	20.0	25.5	19.0	14.0
Years to 1 st Tx ¹	Mean	10.8	12.1	8.4	8.4	8.4
	Median	9.0	7.5	4.5	6.0	6.0
% New Users ¹		23.8	27.2	27.9	21.2	23.3
% New to Tx ²		35.7	20.5	34.0	35.6	55.4

¹ Computed for first-time treatment admissions/no prior treatment admissions only.

² Proportion of those with no prior treatment admissions out of all treatment admissions.

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): 2006

Category/Drug	Number	% Incl. Alcohol	% Excl. Alcohol
Alcohol	3,743	37.5	NA
Cocaine	2,764	27.7	44.4
Heroin	745	7.5	12.0
Marijuana	1,458	14.6	23.4
Methamphetamine	707	7.1	11.4
Amphetamines	250	2.5	4.0
MDMA	104	1.4	1.7
GHB	10	0.1	0.2
Flunitrazepam (Rohypnol)	3	0.03	0.05
Ketamine	4	0.03	0.06
LSD	39	0.4	0.6
PCP	23	0.2	0.4
Miscellaneous Hallucinogens	58	0.6	0.9
Other ³	54	0.5	0.9
Total Illicit Drugs ⁴ (Excl. Alcohol)	6,219	–	100.0
Total Illicit Drugs & Alcohol	9,962	100.0	–

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.

²Misuse cases only, which exclude adverse reaction and accidental ingestion cases

³Includes inhalants and other combinations not tabulated above.

⁴Includes cocaine, heroin, marijuana, methamphetamine, other amphetamines, MDMA, and Other.

SOURCE: DAWN Live!, OAS, SAMHSA, updated 5/14/07

Exhibit 8. Drug-Related Deaths for Denver and Colorado: 2003 – 2006

Drug	Denver/Aurora Co. (DAWN 2003)	Statewide (2003)	Statewide (2004)	Statewide (2005)	Statewide (2006)
Alcohol	130 ¹	1,141	1,052	1,171	1,138
Cocaine/Crack	102	180	170	217	206
Heroin	7	... ¹	22	42	37
Other Opiates ³	138	247	238	301	335
Stimulants	26	47	45	70	42
Benzodiazepines ³	30	NR ⁴	NR	36	37
Antidepressants ³	28	NR	NR	57	48

¹In 2003, Heroin was combined with other opiates.

²Includes alcohol-in-combination with other drugs (all ages) and alcohol alone (decedents younger than 21) (DAWN).

³Includes "misuse"; excludes "suicide."

⁴NR=Not reported

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

Exhibit 9. Number and Rates of Colorado Drug-Related Hospital Discharge Reports Per 100,000 Population for Selected Drugs: 1997–2006

Drug	1998	1999	2000	2001	2002	2003	2004	2005	2006
Alcohol (n)	17,154	18,577	18,744	20,644	21,433	23,750	24,889	25,077	24,855
Rate	418	441	432	464	474	518	535	531	517
Stimulants (n)	815	682	942	1,161	1,463	1,814	2,284	2,911	2,219
Rate	20	16	22	26	32	40	49	62	46
Cocaine (n)	2,492	2,517	2,732	2,787	3,305	3,658	4,174	4,259	4,358
Rate	61	60	63	63	73	80	90	90	91
Marijuana (n)	2,227	2,204	2,455	2,755	3,016	3,246	3,729	3,952	3,668
Rate	54	52	57	62	67	71	80	84	76
Opiate (n)	1,566	1,639	2,053	2,237	2,605	3,368	2,850	3,005	3,710
Rate	38	39	47	50	58	73	61	64	77
Population	4,102,491	4,215,984	4,335,540	4,446,529	4,521,484	4,586,455	4,653,844	4,720,772	4,804,353

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: 2001–2006

Drug	Denver Metro				Statewide		
	2001	2002	2003	2004	2004	2005	2006
Alcohol	110	149	150	223	762	884	868
Cocaine/Crack	59	66	68	59	120	107	129
Heroin/Morphine	19	16	22	18	20	24	25
Marijuana	34	37	36	29	68	78	45
Methamphetamine	20	39	39	66	95	127	29
Other Stimulants/Amphetamines	3	3	6	4	321	308	318
Club Drugs	30	55	40	39	43	49	47
Inhalants	4	16	10	4	29	... ²	...

¹ Human exposure calls only

² Unknown

SOURCE: Rocky Mountain Poison & Drug Center

Exhibit 11. Federal Drug Seizures in Colorado, by Quantity: 2002–2006

Drug	Quantity Seized				
	2002	2003	2004	2005	2006
Cocaine	45.0 kgs ¹	65.5 kgs	36.0 kgs	131.5 kgs	135.1 kgs
Heroin	0.0 kgs	3.9 kgs	4.6 kgs	3.0 kgs	4.0 kgs
Methamphetamine (Meth labs)	18.9 kgs (483)	14.8 kgs (345)	28.8 kgs (228)	34.4 kgs (145)	50.3 kgs (85)
Marijuana	43.5 kgs	444.1 kgs	774.6 kgs	765.6 kgs	656.8 kgs
Ecstasy	NR ²	1,128 tablets	0 tablets	0.6 kgs/ 2,104du ³	0.0 kgs/ 1,103du

¹kgs=kilograms.²NR=Data not reported.³du=dosage units.

SOURCE: U.S. Drug Enforcement Administration State Factsheets for Colorado 2003-2007

Exhibit 12. Price and Purity of Selected Drugs in Denver, by Type and Quantity: December 2006

Drug	Wholesale Price	Retail Price	Street Price	Percent Purity at Retail Level
Powder Cocaine	\$16,000–\$20,000 kg \$ 5,800–\$ 6,000 lb	\$600–\$650 oz	\$50–\$80 gm	50–60%
Crack Cocaine	\$16,000–\$18,000 kg	\$650–\$900 oz	\$20 rock \$75 gm	75–85%
Heroin	\$30,000–\$37,500 kg (MBT, MBP)	\$900–\$1,600 oz (MBT, MBP)	\$200 gm (MBT, MBP) \$20 bag (MBT)	6–73%
Methamphetamine	\$13,000 lb (Ice) \$9,000–\$13,000 lb (PM, MX)	\$700–\$1,600 oz (Ice MX, LP) \$700–\$1,100 oz (PM)	\$90–\$100 gm (Ice MX, PM, LP)	14–50%(MX) 70–90%(LP)
Marijuana	\$ 250–\$800 lb (MX) \$3,000–\$4,000 lb (DO, HY)	\$ 60–\$100 oz (MX) \$300–\$400 oz (HY, LP ⁵)	\$5 joint (CG) \$20 gm (DO, HY)	–
Ecstasy	\$5–\$6.75 tablet	\$10–\$20 tablet	\$20 tablet	–

Note: kg=kilogram; gm=gram; MBT=Mexican Black Tar; PM=Powder Methamphetamine; MX=Mexican Produced, LP=Locally Produced;

DO=Domestic, HY=Hydroponic, CG=Commercial Grade.

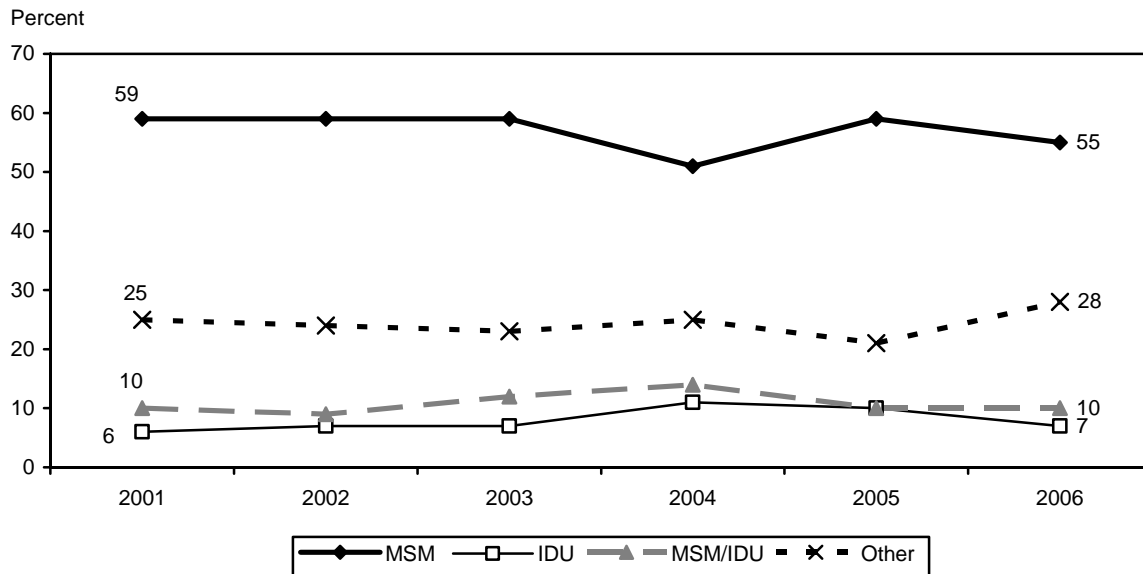
SOURCE: DEA, National Drug Intelligence Center, local law enforcement

Exhibit 13. Colorado AIDS Cases by Exposure Category and Gender and HIV Testing, by Number and Percent: Cumulative Through December 31, 2006

Gender/Exposure Category	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	7,956	92.0	5,496	90.0
Female	737	8.0	613	10.0
Total	8,693	100.0	6,109	100.0
Exposure Category				
Men who have sex with men (MSM)	5,781	66.5	3,896	63.8
Injection drug user (IDU)	804	9.2	519	8.5
MSM and IDU	935	10.8	553	9.1
Heterosexual contact	593	6.3	433	7.1
Other	182	2.1	62	1.0
Risk not identified	398	4.6	646	10.6

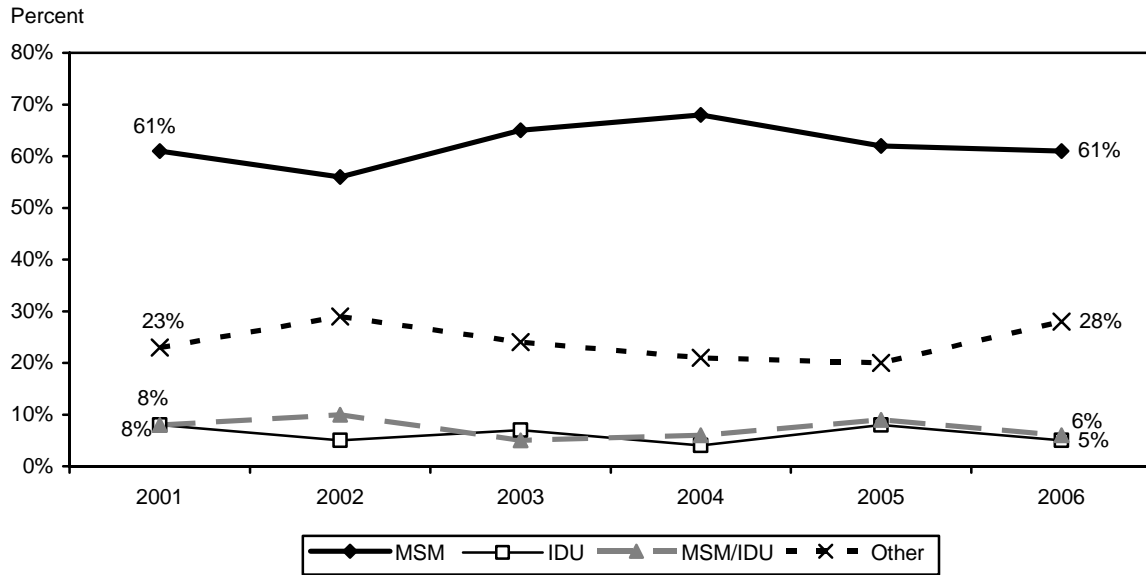
SOURCE: Colorado Department of Public Health & Environment

Exhibit 14. Percent of New AIDS Cases in Colorado, by Exposure and Year: 2001–2006



SOURCE: Colorado Department of Public Health and Environment

Exhibit 15. Percent of New HIV Cases in Colorado, by Exposure and Year: 2001–2006



SOURCE: Colorado Department of Public Health and Environment