

Patterns and Trends in Drug Abuse in Denver and Colorado: January–December 2007

Bruce Mendelson, MPA.¹

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 (2,673,834 out of 4,813,536; July 2006 estimates).

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 8th 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 of the population. Ethnic and racial characteris-

tics of the area are Whites 71 percent, Black or African-American 11 percent, Native American Indian 1 percent, Asian 3 percent, and Native Hawaiian and Other Pacific Islanders less than 1 percent. 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. From February 2007 to February 2008, Colorado ranked fifth in the nation for employment growth. As of 2006, the per capita income for the City and County of Denver was \$26,548 (\$27,750 for Colorado). The median household income was \$43,777 (\$52,015 for Colorado) and the median family income was \$53,616 (\$64,614 for Colorado). Fifteen percent of families and 20 percent of individuals in Denver are below the poverty level. The unemployment rate in Colorado as of March 2008 was 4.7. Nationally it was 5.1.

The Violent Crime Rate National Ranking for Colorado in 2005 was 25 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 Colo-

¹ The author is affiliated with the Office of Drug Strategy, Denver Department of Human Services.

rado 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) 2001 through 2007.

- **Drug-related emergency department (ED) reports** for the Denver metropolitan area from January through December 2007 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 April 28, 2008 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 eight hospitals reported during every month in 2007. 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).
- **Hospital discharge data** for the Denver metro area for 2000–2007 were provided by the Colorado Hospital Association. 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 Denver and Colorado. The data represent the number of calls to the center regarding “street drugs” from 2001 through 2007.
- **National Forensic Lab Information System (NFLIS) data** are presented for Colorado and Denver. The NFLIS is a Drug Enforcement Administration program through their Office of Diversion Control that systematically collects drug identification results and associated infor-

mation from drug cases analyzed by federal, state and local forensic laboratories. The data presented in this report are analyzed samples by drug type from 2000 to 2007.

- **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 March 2008 National Drug Intelligence Center’s report, *National Illicit Drug Prices, December 2007*.
- **Intelligence data** were obtained from Rocky Mountain High Intensity Trafficking Area staff, the Drug Enforcement Administration, and local law enforcement officials.
- **HIV/AIDS data** were obtained from the CDPHE and are presented from 2001 through 2007.
- **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

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 remained stable from 2006 to 2007. Excluding alcohol, cocaine ranked first in ED and hospital discharge reports of illicit drugs, first in Denver and Colorado NFLIS samples analyzed, and second in poison control center calls, and in numbers of deaths caused by illicit drug use.

During 2007, cocaine was reported as a primary drug in 20.3 percent of treatment admissions (excluding alcohol) statewide (exhibit 2). Since 2000, cocaine comprised 18.3 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 23.4 percent of treatment admissions (excluding alcohol) during 2007 (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 both 2006 and 2007 admissions.

Statewide, the proportion of male cocaine admissions rose from 55.4 percent in 2000 to 61.5 percent in 2004 and declined slightly to 60.9 percent in 2007 (see exhibit 4). Likewise, in the Denver metropolitan area, the proportion of male cocaine admissions increased from 50.8 percent in 2000 to 62.9 percent in 2004, and declined to 60.8 percent in 2006. In 2007, males comprised 60.3 percent of Denver area cocaine admissions (exhibit 5).

Historically, Whites have accounted for the largest proportion of cocaine admissions statewide (44.1 percent overall, 2000 through 2007). However, the proportion of Hispanics/Latinos, which is 32.1 percent of admissions overall, has been mostly on an upward trend from 27.4 percent in 2001 to 34.8 percent in 2007. Likewise, in Denver, the proportion of Hispanics/Latinos has increased almost steadily from 23.0 percent in 2000 to 32.2 percent in 2007 (28.4 percent overall). From 2000 to 2007, the proportion of Black treatment admissions declined from 21.9 to 18.3 percent statewide and from 30.7 to 22.8 percent in the Denver metropolitan area.

Statewide, 1.8 percent of all primary cocaine admissions in 2007 were for persons younger than 18 and 14.7 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 62.2 percent in 2007, while the proportion of those older than 44 increased from 8.1 to 23.1 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 61.2 percent from 2000 to 2007) and a rise in persons older than 44 (7.5 to 25.2 percent from 2000 to 2007). The Denver area also reported a small increase from 9.2 to 11.3 percent in admissions for persons age 18 to 24 from 2000 through 2007.

Statewide, in 2007, the proportions of all admitted clients who smoked, inhaled, or injected cocaine were 58.3, 33.0, and 6.6 percent, respectively (exhibit 4). The proportion that smoked increased slightly from 2000 (57.9 percent) to 2007 (58.3 percent).

From 2002 through 2007, the proportion inhaling cocaine increased from 25.7 to 33.0 percent and the proportion injecting fell from 12.0 to 6.6 percent.

The Denver area proportions in 2007 were 55.9, 37.4, and 5.0 percent respectively of cocaine users who smoked, inhaled, or injected the drug (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 55.9 percent in 2007. Compared with Colorado overall, the Denver area had a more dramatic rise in inhaling cocaine (from 21.8 percent in 2002 to 37.4 percent in 2007) and a larger decline in injecting (11.9 to 5.0 percent from 2002 to 2007).

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 29.3 percent in 2007. In the Denver area, first-timers increased from 29.4 percent of 2000 cocaine-related admissions to 35.5 percent in 2006, but declined to 31.8 percent in 2007.

Statewide, around 18.9 to 20.9 percent of first-time cocaine admissions had been using less than 3 years from 2000 through 2004. This proportion increased to 24.2 percent in 2005 and again to 25.8 percent in 2006, but declined to 20.0 percent in 2007 (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, but declined sharply to 17.3 percent in 2007.

In 2007, first-time cocaine admissions statewide and for Denver only reported average onset ages of 23.3 and 23.6, 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 2007, the mean number of years from reported onset of cocaine use to the first treatment episode was 11.4 years for statewide admissions and 11.8 years

for Denver area admissions (exhibit 6), up slightly 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 10.8 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 2007. There were 3,926 ED reports for cocaine, which comprised 45.4 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.

Cocaine has been second only to alcohol in Denver drug-related hospital discharges since 2000, and cocaine-related hospital discharges rose relatively steadily from 2000 (241 per 100,000) through 2006 (324 per 100,000), but declined to 282 per 100,000 in 2007 (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, but such calls declined to 91 in 2007.

Federal drug seizures for cocaine across Colorado (Exhibit 11), after decreasing from 65.5 kilograms (kgs) to 36 kgs from 2003 to 2004, increased substantially in 2005 (131.5 kgs) and 2006 (135.1 kgs), but declined sharply in 2007 (44.0 kgs).

Drug samples analyzed in federal, state and local forensics labs and reported to the Drug Enforcement Administration's (DEA) National Forensic Lab Information System (NFLIS) are shown for all of Colorado and for Denver in Exhibit 13. As indicated, while cocaine samples analyzed have dropped dra-

matically from 2000 to 2007 for Colorado (53.6 to 30.9 percent) and the City and County of Denver (57.6 to 42.4 percent), cocaine still remains the largest proportion of all drug samples analyzed statewide and in Denver.

Reports from law enforcement indicate that cocaine is still "King" in Denver, although the total percent of cocaine exhibits submitted to the Denver Police Department Crime Laboratory (DPCL) has remained static from 2003 to 2007 (range 17.3 to 21 percent). The DCPL does show a decline in crack cocaine use (sample percent 23 percent in 2007 vs. 34 percent in 2003). Crack cocaine has developed a bad reputation near the bottom of the drug use hierarchy while inhaling cocaine is considered fairly safe as a recreational drug.

Some undercover officers in northeast Denver report that the day of open air cocaine markets (or any other drug) is long past. Cocaine dealing is done out of houses with dealers only selling to people they know, not to strangers.

The treatment and street outreach communities describe similar information about cocaine as they report their clients saying that the social stigma places crack among the "lowest of the lows". Many who enter treatment don't want to admit smoking crack. Also, clinicians say that crack smoking may be declining somewhat because of users concerned about increased jail time for possession of crack as opposed to powder cocaine.

As reported by clinicians and outreach workers, speedballs (injecting combination of cocaine and heroin) are "still around". One local outreach program in a survey of 108 clients found that 53 (49 percent) had injected a speedball in the past 30 days, with 10 percent claiming speedballs as their drug of choice and that they "would do more of them if it weren't so expensive".

Another outreach worker reported that speedballs were the leading cause of accidental overdoses among the street users, and that most speedball "junkies" go to the hospital rather than to detoxification or treatment.

Over the past few years, a growing number of stimulant users prefer methamphetamine to cocaine. This is discussed further in this drug trends report under methamphetamine.

Current Denver cocaine price and purity information is presented in exhibit 12.

Heroin

Of the five major drugs of cocaine, heroin, other opiates, methamphetamine, and marijuana; heroin ranked fourth in both statewide and Denver area treatment admissions, both of which remained stable from 2006 to 2007. Excluding alcohol, heroin ranked fourth in ED reports of illicit drugs in 2007 (stable from 2006), fourth in poison control center calls (stable from 2006) and fourth in both Colorado and Denver NFLIS samples analyzed (stable from 2006).

During 2007, heroin was reported as a primary drug in 7.3 percent of treatment admissions (excluding alcohol) statewide and 10.5 percent in the Denver metropolitan area (exhibits 2 and 3). Since 2001, treatment admissions fell from 14.7 to 7.3 percent statewide and from 23.6 to 10.5 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.

Heroin admissions have been predominately male, and from 2000 to 2007, the proportion of male admissions out of all heroin admissions rose from 62.8 to 67.0 percent statewide and from 63.6 to 67.0 percent in the Denver area (exhibits 4 and 5).

Historically, Whites have accounted for the largest proportion of heroin admissions, and in 2007 that proportion was the highest it had been since 1997. Statewide the 2007 proportions for Whites, Hispanics, and Blacks, respectively, comprised 69.3, 21.4, and 5.6 percent of total admissions. In Denver in 2007, the proportions of White, Hispanic, and Black admissions were 65.7, 23.3 and 7.2 percent.

Statewide in 2007, the average age of heroin users admitted to treatment was 37.5 (median=35.0). Since 2000, less than 1 percent of heroin users entering treatment were younger than 18 and in 2007, the proportion under 18 was 0.2 percent. Changes in two age ranges over time are indicative of an aging cohort. From 2000 to 2007, the proportions of persons 35 to 44 declined from 34.2 to 22.6 percent while those 45 and older increased from 24.7 percent in 2000 to 32.5 percent in 2006. In 2007, 30.0 percent of statewide heroin admissions were for persons older than 44.

In Denver in 2007, the average age of heroin users entering treatment was 38.5 (median=37.0). The

Denver metropolitan area showed a decline in heroin admissions of persons 35 to 44 (32.9 percent in 2000 to 23.4 percent in 2007) and rises in persons 45 and older from 2000 to 2006 (26.7 to 36.0 percent). In 2007, the 45 and older group comprised 32.9 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 82.0 in 2007 (as shown in exhibit 4). The proportion smoking heroin increased from 5.8 percent in 2000 to 9.2 percent in 2007. The proportion inhaling heroin also increased from 4.9 percent in 2000 to 7.6 percent in 2007.

Denver's proportions were similar to statewide figures. The proportion injecting declined from 88.2 percent in 2001 to 81.4 percent in 2007 (exhibit 5). The proportion that smoked heroin remained between 5.5 and 6.9 percent from 2000 to 2004, and rose to 9.5 percent in both 2006 and 2007. The proportion inhaling remained between 4.3 and 6.3 percent from 2000 to 2006, but increased to 7.9 percent in 2007.

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

In 2007, the proportion of heroin treatment admissions in treatment for the first time was 17.9 percent statewide and 17.0 percent in the Denver metropolitan area (exhibit 6). Statewide, from 2000 through 2007, the proportion of first-timers remained between a low of 17.9 percent in 2007 and a high of 23.7 in 2002. During that time period in Denver, the proportion of first-timers stayed between a low of 17.0 percent in 2007 and a high of 22.5 in 2002.

Statewide in 2007, 40.0 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 38.6 percent in 2007.

Heroin users tend to be the oldest drug-using group and start using at the oldest age. Among 2007 first-time heroin admissions, the mean and median ages of onset statewide were 24.7 and 22.0, 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 2007 was 25.0 and 22.0, 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 2007 first-time heroin admissions, the mean time to enter treatment was 8.0 years for the state and 8.8 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 925 heroin-related ED reports in 2007, accounting for 10.6 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.

Denver metro hospital discharge data from 2000–2007 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 increasing from 133 per 100,000 in 2000 to 173 per 100,000 in 2005, declining to 159 per 100,000 in 2006 but increasing to 179 per 100,000 in 2007 (an overall increase of 35 percent from 2000) (exhibit 9).

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, 25 and 21 heroin calls statewide in 2004, 2005, 2006, and 2007, respectively.

As shown in Exhibit 11, only small quantities of heroin were seized in Colorado ranging from 2.5 to 4.6 kgs from 2003 to 2007.

As shown in Exhibit 13, the proportion of heroin samples analyzed in NFLIS reporting labs declined from 2000 to 2007 for Colorado (7.6 to 3.6 percent) and the City and County of Denver (8.6 to 4.8 percent). As a proportion of all drug samples analyzed, heroin percentages are much smaller than cocaine, cannabis, and methamphetamine statewide and in Denver for the entire time period shown.

According to local law enforcement, the Colorado and Denver metro area heroin is supplied by the Mexican Drug Trafficking Organizations (DTOs). The DTOs are trafficking larger amounts of Mexican domestically grown opium and the processed heroin (both black tar and brown powder), to raise cash in order to buy other high profit drugs such as cocaine and methamphetamine. The DTOs sometimes employ Honduran youth as retail distributors. However, the DTOs do not allow anything but Mexican black tar and brown powder heroin (i.e., no southeast or southwest Asian heroin).

Some local clinicians and outreach workers point to the “junkie” stigma as a reason for declining heroin treatment populations. However, others say that the users are still there, but that fewer are coming into treatment because of inadequate detoxification availability. Another point of view, is that the stigma has pushed heroin users towards prescription narcotics, but that is not borne out when comparing demographics of heroin vs. prescription opiate users.

As to the increase in heroin smoking and inhaling, local clinical and outreach workers report that some younger heroin users feel that injection is something “old people do”, and that there is less stigma in using a route of administration other than injection. Also, many new heroin users thought that they would not become addicted if they smoked or inhaled. Additionally, among some injectors, it is inevitable that veins will “give out” and that smoking or inhaling are the only routes that can be used to get the drug they need.

There is no report of “cheese” availability in the Denver metro area (a mixture of black tar heroin and the over the counter antihistamine diphenhydramine found in drugs such as Tylenol PM).

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 seven years. Other opiates ranked third in volume of hospital discharges from 2000 through 2007. 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 2007, opiates other than heroin were reported as primary drugs in 5.8 percent of statewide treatment admissions (excluding alcohol; exhibit 2), and this proportion rose from a low of 3.9 percent in 2001. In Denver, other opiates had comprised between 4.8 and 6.0 percent of treatment admissions (excluding alcohol) since 2001 (exhibit 3), and made up 5.2 percent of admissions in 2007.

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 52.1 percent in 2007 (exhibit 4).

In Denver, females comprised 55.5 percent of non-heroin opiate treatment admissions in 2001; however, this proportion declined to 51.8 percent in 2007 (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 84.4 percent in 2007 (exhibit 4). Black treatment admissions for other opiates declined from 3.4 percent in 2002 to 1.6 percent in 2007. The proportion of Hispanic other opiate admissions in Colorado rose from 6.5 percent in 2003 to 13.9 percent in 2006, but declined slightly to 12.7 percent in 2007.

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 up to 89.0 percent in 2003, and down to 83.8 percent in 2004. In 2007, the proportion of White other opiate admissions was 85.0 percent (exhibit 5). In 2007, Blacks comprised 2.3 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 2007). Hispanics comprised 11.0 percent of Denver area opiate admissions in 2007, the highest proportion since 2001 (12.2 percent). However, the Hispanic proportions vacillated between 5 percent and 12.2 percent during the entire 2001 to 2007 time period which may also be based on the small numbers of admissions (between 15 and 44 over the seven 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 2007 was 36.2 (median=34); slightly more than

one percent were younger than 18 and 26.7 percent were older than 44. Two age ranges demonstrate a possible trend toward younger users. From 2000 to 2007, the proportion of those aged 18 to 34 increased from 33.6 to 49.2 percent, while those 35 and over declined from 64.5 percent in 2000 to 49.6 percent in 2007.

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 48.1 percent from 2000 through 2007).

Non-heroin opiates are most often taken orally. Statewide, between 2000 and 2007, the proportion of admissions ingesting other opiates orally ranged from 83.5 to 86.7 percent. In 2007, 4.7 and 7.6 percent, respectively, inhaled and injected other opiates (exhibit 4). From 2000 to 2005, the proportions injecting declined from 12.3 to 8.3 percent, increased some in 2006 to 9.4 percent, but declined again in 2007 to 7.6 percent. The proportion inhaling increased from 0.6 to 7.9 percent from 2000 through 2006, but declined slightly to 4.7 percent in 2007. Perhaps the overall increase in other opiate inhalation reflects 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 86.0 percent in 2007 (exhibit 5). The 2007 proportions that inhaled and injected were 4.0 and 7.8 percent, respectively. The Denver area had not shown the same decline as seen statewide in the numbers injecting between 2000 (7.7 percent) and 2006 (10.2 percent), but did realize a decline in 2007 (7.8 percent). Inhalation increased from 2000 to 2005, 0.6 to 7.4 percent, but decreased to 4.0 percent in 2007.

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

In 2007, first-time other opiate admissions comprised 35.4 percent of treatment admissions statewide and 31.9 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 2007, the proportion of first-timers fluctuated widely between 29.3 and 38.4 percent with no clear trend.

In 2007 first-time opiate treatment admissions, the mean and median ages of onset statewide were 27.2 and 25.0, 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 2006 in the mean age of onset from 29.4 to 27.0 and in the median age from 30.0 to 25.5. In 2007, the mean and median onset age of Denver area first time opiate admissions was 26.2 and 24.0.

In 2007, the mean time to enter treatment for first-time other opiate admissions was 7.6 years statewide and 7.5 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 2007, 27.1 percent of users of other opiates entering their first treatment in Colorado and 22.2 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 2007, the unweighted DAWN *Live!* data show 2,439 ED reports for opiates/opioids.

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). In 2005 and 2006, there were 301 and 335 deaths, respectively, related to the use of opioids other than heroin.

As noted earlier, Denver metro hospital discharge data from 2000–2007 combined all narcotic analgesics and opiates, including heroin. While trends in this indicator for heroin alone cannot be assessed, this indicator for all opiates increased steadily with the rate increasing from 133 per 100,000 in 2000 to 173 per 100,000 in 2005, declining to 159 per 100,000 in 2006 but increasing to 179 per 100,000 in 2007 (an overall increase of 35 percent from 2000) (exhibit 9).

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

Some local clinicians and outreach workers report that a portion of heroin users are switching to prescription narcotics. However, this does not seem to be widespread and other outreach workers claim that it doesn't happen at all, or that those who do switch eventually return to the "street drugs" (i.e., heroin). Conversely, clinicians in a local treatment program

heard that some users who are addicted to prescription opiates will start to use heroin if they can't get opiates on the street. One outreach worker said that heroin users may use prescription narcotics to "stay well" if they periodically are unable to obtain heroin.

Almost all local clinical and outreach workers report that the increase in "other opiate use" is due to the easy access to a variety of prescription narcotics (e.g., vicodin, percocodan, percocet, etc.) These drugs are as close as the medicine cabinet, or the internet. Many prescription narcotic users still "doctor shop" or simply go to the emergency department (ED). One treatment client claimed they went to the ED 40 times to obtain drugs, while another client claimed they could have even "scored" prescription pain medication from an ophthalmologist.

A worker in a local outreach program reported the existence of "Tupperware parties" where "users traded drugs with middle aged housewives—as it seems 45-60 year old white women can get an Rx for anything".

Methamphetamine

Methamphetamine ranked second in statewide treatment admissions (excluding alcohol) and third in Denver area treatment admissions, poison calls, and drug samples analyzed by NFLIS (stable from 2006). For hospital discharges and deaths, methamphetamine was not reported separately, but included in the general category of "amphetamines & stimulants," which ranked third on both of these indicators.

In 2007, methamphetamine was the primary drug reported for 29.5 percent of all treatment admissions (excluding alcohol) statewide (exhibit 2), down from 30.4 percent in 2006. Prior to 2006, methamphetamine admissions rose steadily from 16.5 percent in 2001 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 (21.7 percent in 2007) than statewide. While the proportion of methamphetamine admissions (excluding alcohol) in Denver rose each year from 11.3 to 21.6 percent from 2000 through 2006, there was only a slight increase to 21.7 percent in 2007. Moreover, while Denver-area methamphetamine admissions exceeded heroin admissions in 2004 and surpassed heroin and cocaine admissions in 2005, the volume of Denver area meth admissions dropped below cocaine admissions again in 2006 and 2007.

After admissions for non-heroin opiates, methamphetamine admissions have the highest proportion of females statewide and in Denver (46.2 and 44.9, respectively, in 2007; 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 46.7 percent in 2005 and 2006, respectively. However, the proportion of females declined slightly to 46.2 in 2007.

In the Denver area, the proportion of female methamphetamine admissions was at 50.0 and 50.4 percent in 2000 and 2001, decreased to 45.9 percent in 2002, jumped to a high of 52.7 percent in 2003, declined to a low of 43.6 percent in 2004 and 2005, and rose to 45.3 percent in 2006. There was a small decline in the proportion of female methamphetamine admissions (44.9 percent) in 2007.

Methamphetamine admissions in Colorado and Denver are predominately White (79.7 and 79.5 percent respectively in 2007; exhibits 4 and 5). From 2000 to 2007, the proportion of White treatment admissions declined from 87.8 to 79.7 percent statewide and from 90.1 to 79.5 percent in the Denver area. At the same time, the proportion of Hispanic/Latino methamphetamine admissions rose from 8.5 to 15.8 percent statewide and 7.0 to 14.7 percent in Denver.

Compared with cocaine, methamphetamine admissions tend to be younger. In 2007, the average age of persons entering treatment was 31.3 (median=30.0) statewide and 31.8 (median=31.0) for Denver admissions. Also, 25.3 percent of statewide admissions and 21.5 percent of Denver admissions were younger than 25. Statewide, 65.6 percent of admissions were persons age 25 to 44 compared to 69.4 percent for the Denver area.

Statewide, in 2007, the proportions of clients who smoked, injected, or inhaled methamphetamine were 65.2, 20.2, and 11.8 percent, respectively (exhibit 4). The proportion who smoked increased dramatically from 2000 (38.7 percent) to 2007 (65.2 percent), while the proportions who injected and inhaled both decreased substantially during that time. Injectors decreased from 33.9 to 20.2 percent and inhalers declined from 21.5 to 11.8 percent.

During 2007 in the Denver area, the proportions that smoked, injected, or inhaled methamphetamine were 61.4, 20.1, and 15.1 percent, respectively (exhibit 5). As with the State overall, the proportion that smoked increased substantially from 35.6 to 65.7 percent from 2000 to 2006. However, this proportion dropped

to 61.4 percent in 2007. Similarly, those who injected declined from 38.5 to 18.2 percent from 2000 to 2006, but this percentage also increased to 20.1 percent in 2007. 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 2007, the proportions were 12.7, 15.1, 12.3 and 15.1 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, 33.6 and 33.0 percent, respectively, of 2007 methamphetamine admissions were first-timers (exhibit 6). Statewide, the proportion of first-time admissions declined from 44.9 in 2000 to 33.6 in 2007. In Denver, the proportion of first-time methamphetamine admissions remained between 33.0 and 35.8 percent between 2000 and 2007.

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 26.0 and 21.5 percent respectively (exhibit 6). However, the statewide methamphetamine new user proportion declined to 17.8 percent in 2007, the lowest percentage in the eight year time period. In Denver, the proportion of new users in treatment increased from 14.3 percent in 2000 to 28.2 percent in 2003, declined to 23.4 percent in 2004 and was at 26.1 and 20.8 percent, respectively, in 2005 and 2006. However, like the state, the Denver metro methamphetamine new user proportion also declined in 2007 (17.6 percent).

Statewide, the average age of onset for methamphetamine use reported in 2007 first-time admissions was 22.1 (median=19.0), and for Denver, 22.7 (median=20.0) (exhibit 6). Since 2000, the mean age of onset for methamphetamine admissions statewide and Denver stayed between 20 and 23. 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, and remained at about these durations in 2007 for both statewide (8.6 years) and Denver (8.5 years).

The unweighted DAWN Live! ED data for the Denver PMSA show 779 reports for methamphetamine in 2007 accounting for 8.9 percent of illicit drug reports, excluding alcohol (exhibit 7).

Methamphetamine-related deaths were reported under the “Stimulant” category in both DAWN (2003) and CDPHE data (2004 - 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, Denver metro amphetamine-related hospital discharges nearly tripled from 2000 to 2005 from 44 per 100,000 to 129 per 100,000 (exhibit 9), but then dropped in 2006 and 2007 (85 and 76 per 100,000, respectively).

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 meth calls statewide dropped drastically in 2006 to 29 and 2007 (31).

While the number of laboratory closures had increased dramatically from 2000 through 2002, they have declined steadily ever since (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 has kept labs at bay.

However, despite the decline in laboratory closures, the quantity of meth seized in law enforcement raids had been rising from 2003 (14.8 kgs) to 2006 (50.3 kgs), but declined sharply in 2007 (8kgs). Overall, Denver Vice Detectives report that the larger quantities of meth being seized from 2003 to 2006 happened because Colorado’s supply of Mexican methamphetamine had 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. It has been surmised that prices have increased based on increasing competition between Mexican drug trafficking organizations in obtaining precursor chemicals, which are getting harder to get in Mexico.

The proportion of methamphetamine samples analyzed in NFLIS reporting labs increased dramatically

statewide from 2000 to 2005 (11.7 to 25.5 percent), but declined slightly in 2006 (23.0 percent) and 2007 (22.5 percent). This same pattern was realized in the City and County of Denver where the proportion of meth samples increased from 2000 to 2005 (9.8 to 15.9 percent), but declined in 2006 (13.8 percent) and 2007 (13.5 percent). As a proportion of all drug samples analyzed, methamphetamine percentages are typically somewhat smaller than both cocaine and cannabis statewide and in Denver for the entire time period shown (Exhibit 14).

Local law enforcement officials report that the vast majority, at least 95 percent, of available methamphetamine in Colorado is produced in Mexico and the rest from local sources (i.e., decline in local lab seizures previously discussed). However, recent conversations with the Drug Enforcement Administration point out that Mexico is cracking down on precursor chemicals. This crackdown has already been translated into methamphetamine supply problems and higher prices for Border States. While this has not affected the supply or prices yet in Denver, it could translate into lower supplies, higher prices and a resurgence of local lab activity in the near future.

Related to local lab activity, one outreach agency reported that some local methamphetamine cooks are using the “one-pot method” in which anhydrous ammonia, water, pseudo ephedrine tablets, and the reactive metal lithium are combined into one container for an easier and less complicated “cooking” process”.

Many Denver metro area clinicians and outreach workers report that many stimulant users prefer methamphetamine over cocaine because of its cheaper price, ready availability, and longer lasting high. Because of this longer lasting high, it continues to be described as a drug that gives users the energy to work multiple jobs.

Local clinicians and outreach workers also report that some leveling in the methamphetamine treatment admission trend does not necessarily relate to lower use, but to the local lore that treatment doesn’t work very well for “meth” users. In addition, the decline in treatment admissions among female methamphetamine users is ascribed by clinicians to the concern that social services will intervene and separate mothers from their children. Conversely, clinicians say that the increase in Latino methamphetamine treatment admissions is largely due to several things 1) the association with trafficking by Mexican cartels and the drug’s increased presence in neighborhoods with substantial percentages of Latinos, 2) cultural delays which took longer to break strong Latino fam-

ily bonds, and 3) the acculturation process itself in which Latinos engage in activities that other parts of American society are involved such as drug use.

Some outreach workers spoke of increased “meth” use among gay men, including use in “bathhouses”.

Marijuana

Of the five major illicit drugs, marijuana ranks first in treatment admissions and amounts seized, second in ED reports, hospital discharges, and in poison control center calls (all stable from 2006). Excluding alcohol, marijuana has continued to account for the highest numbers of treatment admissions statewide and in the Denver area, but the percentage of statewide treatment admissions for marijuana has decreased from 42.3 percent in 2001 to 34.7 percent in 2007.

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 38.5 percent in 2004, was at 37.0 percent in 2006, and declined to 36.6 percent in 2007 (exhibit 3).

Historically, marijuana admissions have represented the highest proportion of males among drug groups. In 2007, 76.9 percent of marijuana admissions statewide and 78.5 percent in Denver were male (exhibits 4 and 5). In prior years, the proportion of males comprised anywhere from 72.3 to 76.2 percent of admissions statewide; however, in Denver, the proportion of males increased substantially from 69.3 percent in 2003 to 78.0 percent in 2005.

In 2007, Whites, Hispanics, and Blacks comprised 51.8, 30.2, and 13.6 percent of marijuana admissions, respectively, statewide (exhibit 4). From 2000 to 2006, the proportion of White admissions decreased from 58.3 to 52.0 percent. However, the proportion of Black marijuana admissions has risen since 2000 (7.4 percent) to 2006 (14.6 percent). The proportion of Hispanics decreased from 30.7 to 26.2 percent from 2000 to 2003, increased to 30.0 percent in 2005, decreased to 28.4 percent in 2006, but increased again to 30.2 percent in 2007.

In Denver, there was a clear downward trend in the proportion of White marijuana admissions from 2000 to 2005 (58.2 to 41.6 percent), with an increase in 2006 to 44.4 percent, followed by another decline to 43.2 percent in 2007 (exhibit 5). There was a consistent rise in Black admissions from 11.5 percent in 2000 to 21.4 percent in 2005, but this proportion declined to 21.1 and 20.1 percent in 2006 and 2007, respectively. As with the statewide trend, Hispanics declined from 2001 to 2003 (27.1 to 24.6 percent),

but increased to 32.1 percent in 2005. This was followed by a decline to 29.9 percent in 2006 and an increase to 32.3 percent in 2007.

In Colorado and Denver, marijuana users are typically the youngest of the treatment admissions groups. In 2007, the average age of marijuana users entering treatment was 25.0 (median=23) statewide and 23.7 (median=21) 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).

Statewide in 2007, 50.0 percent of admissions were in treatment for the first-time (exhibit 6), declining from 59.7 percent in 2001. Of 2007 Denver-area admissions, 52.0 percent entered their first treatment episode, a decline from 60.2 percent in 2001.

Marijuana users not only tend to be the youngest of drug-using groups but also to start using at the youngest age. In 2007, the mean and median ages of onset for first-time admissions statewide were 14.2 and 14.0 (exhibit 6). For the Denver area, the mean and median ages of onset for those in treatment the first-time were 14.0 and 14.0, respectively. Since 2000, age of onset has remained stable statewide and for Denver area admissions.

Statewide in 2007, 22.5 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 their first treatment decreased from 37.8 to 24.6 percent from 2003 to 2007.

In 2007, the mean time to enter treatment for the first time was 9.2 years statewide and 8.2 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 two years, statewide, and three years in Denver).

In 2007, there were 2,249 ED marijuana reports; these accounted for 25.8 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.

Denver metro marijuana-related hospital discharges increased steadily from 2000 (140 per 100,000) to 2006 (207 per 100,000) and then decreased in 2007 to 181 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, a decrease to 45 in 2006, followed by an increase to 70 calls in 2007 (exhibit 10).

Statewide federal drug seizures for marijuana (Exhibit 11), after increasing from 2003 (444.1 kgs) to 2004 (774.6 kgs), decreased in 2005 (765.6 kgs) and 2006 (656.8 kgs). However, marijuana seizures nearly doubled in 2007 (1,149.5 kgs) over 2006.

As a proportion of all drugs samples analyzed in NFLIS reporting labs, Marijuana samples have increased fairly steadily from 2000 to 2007 for Colorado (15.5 to 27.3 percent) and the City and County of Denver (15.7 to 21.0 percent). Marijuana follows cocaine as the second largest proportion of all drug samples analyzed statewide and in Denver.

Local law enforcement reports that all Mexican DTO's are "smuggling, transporting, and distributing marijuana as a staple income cash crop to support their other illicit drug trafficking activities. In the Denver metro area, Mexican marijuana is of low purity and high availability. BC Bud (i.e., high potency marijuana from British Columbia) is expensive and has been "challenged as a source of supply by Asian growers in Colorado establishing multiple grow houses to compete and often undercut BC Bud traffickers". One local outreach worker reports that "Kind Bud", locally grown or brought in from the Pacific Northwest, is even more potent than BC Bud, but is more expensive.

Local clinicians report that "blunts" (i.e., pot mixed with crack and rolled in up in an outer layer of a cigar) are still common among Blacks and Latino males. They also report that Blacks and Latinos are more often profiled for arrest where "whites are often given a ticket and referred to an eight hour class".

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 2.5 percent of treatment admissions (excluding alcohol) statewide and in the Denver metropolitan area in 2007.

During 2007, there were 16,650 treatment admissions (excluding alcohol) in Colorado including 127 for other depressants, 36 for "other" stimulants, 59 for club drugs, 31 for hallucinogens, and 142 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 three tenths of one percent.

In 2007, there were 159 ED reports for methylenedioxymethamphetamine (MDMA) (exhibit 7), 16 for gamma hydroxybutyrate (GHB), 81 for lysergic acid diethylamide (LSD), 16 for phencyclidine (PCP), 72 for miscellaneous hallucinogens, and 79 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 2007 for the Denver metro area, there were 192 hospital discharges related to depressants, 438 involving stimulants/amphetamines (this category excludes cocaine but includes methamphetamine and psycho-stimulants, which are most likely club drugs), and 14 related to hallucinogens. While the hospital discharge rate (per 100,000 population) for the general stimulants/amphetamines category increased dramatically from 2000 through 2005 (see exhibit 9), there was a decline in 2006 and 2007. Moreover, cases involving methamphetamine and club drugs cannot be isolated for analysis.

Poison control center calls for "other drugs" were reported for stimulants/amphetamines (excluding cocaine and methamphetamine), and club drugs. From 2001 through 2003, 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 2007 was 321, 308, 318, and 257, respectively. 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, 2006, and 2007 was 43, 49, 47, and 49, respectively.

Local law enforcement reports increasing MDMA availability with the most common source of supply identified as Asians from Canada or California. Local clinicians and outreach workers say that Raves never went away and ecstasy is still a major party drug. One clinician reported their first ecstasy client enrolled in residential treatment. An outreach worker described the availability of ecstasy cut with methamphetamine in order to get MDMA users hooked into the circle of “meth” users.

One downtown Denver outreach worker emphasized that there needs to be a more concentrated effort to educate law enforcement and hospital emergency rooms about GHB which is readily available and heavily addictive.

As is the case with prescription narcotics, local clinicians and outreach workers describe the easy availability of prescription benzodiazepines (e.g., Valium, Xanax, Ativan) and related drugs. The drugs are easy to get on the street, in college dorms, on the internet, at parties and Raves, through doctor shopping, or at home in the medicine cabinet. One outreach worker said that some heroin addicts are using benzodiazepines to detox from heroin. Another outreach worker said there would be more treatment

admissions for “benzo” users if medical detoxification were available.

Some local outreach workers report the limited availability of powerful hallucinogenic tryptamines including 5MEO-DMT (or 5-Methoxy-N,N-dimethyltryptamine), and Foxy (4-Acetoxy-N,N-diethyltryptamine); and the stimulant MBZP (or 1-methyl-4-benzylpiperazine).

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

Of the 9,007 cumulative AIDS cases reported in Colorado through December 31, 2007, 9.2 percent were classified as injection drug users (IDUs), and another 10.7 percent were classified as homosexual or bisexual males and IDU (exhibit 14). The proportion of newly diagnosed HIV and AIDS cases (not cumulative cases as shown in exhibit 14) attributed to injection drug use has stayed fairly stable since 2001 (exhibits 15 and 16).

For inquiries concerning this report, please contact Bruce Mendelson, Senior Data Consultant, Denver Department of Human Services, Office of Drug Strategy 1200 Federal Boulevard, Denver, CO 80204, Phone: 720-944-2158, Fax: 720/944-3083, E-mail: bruce.mendelson@denvergov.org.

Exhibit 1. Data Completeness for the Denver Metropolitan Area DAWN Live! Emergency Departments (n=15),¹ by Month: January–December 2007

Data Completeness	Number of EDs by Month											
	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07
Basically Complete (90% or greater)	8	8	8	8	8	8	8	8	8	8	8	8
Partially Complete (< 90%)	0	0	0	0	0	1	0	0	1	0	0	0
No Data Reported	6	6	6	6	6	6	6	6	6	6	6	6
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 5/8/08

Exhibit 2. Numbers and Percentages of Treatment Admissions by Primary Drug Type in Colorado: CY 2001–2007

Drug		2001	2002	2003	2004	2005	2006	2007	Total
Alcohol	<i>n</i>	6,325	6,890	7,263	9,873	10,189	11,481	10,977	62,998
	%	38.6	38.8	37.8	40.7	38.8	40.9	39.7	39.5
Marijuana	<i>n</i>	4,255	4,367	4,236	5,305	5,568	5,653	5,783	35,167
	%	26.0	24.6	22.0	21.9	21.2	20.1	20.9	22.0
	(excluding alcohol) %	42.3	40.2	35.4	36.8	34.7	34.0	34.7	36.4
Methamphetamine	<i>n</i>	1,664	2,078	2,794	3,846	5,084	5,053	4,914	25,433
	%	10.2	11.7	14.5	15.8	19.4	18.0	17.8	15.9
	(excluding alcohol) %	16.5	19.1	23.3	26.7	31.7	30.4	29.5	26.3
Cocaine	<i>n</i>	1,889	2,215	2,368	3,034	2,929	3,476	3,374	19,285
	%	11.5	12.5	12.3	12.5	11.2	12.4	12.2	12.1
	(excluding alcohol) %	18.8	20.4	19.8	21.1	18.3	20.9	20.3	20.0
Heroin	<i>n</i>	1,483	1,425	1,676	1,273	1,421	1,271	1,223	9,772
	%	9.0	8.0	8.7	5.2	5.4	4.5	4.4	6.1
	(excluding alcohol) %	14.7	13.1	14.0	8.8	8.9	7.6	7.3	10.1
Other Opiates ¹	<i>n</i>	395	412	541	614	713	824	961	4,460
	%	2.4	2.3	2.8	2.5	2.7	2.9	3.5	2.8
	(excluding alcohol) %	3.9	3.8	4.5	4.3	4.4	5.0	5.8	4.6
Depressants ²	<i>n</i>	64	159	131	101	97	121	127	800
	%	0.4	0.9	0.7	0.4	0.4	0.4	0.5	0.5
	(excluding alcohol) %	0.6	1.5	1.1	0.7	0.6	0.7	0.8	0.8
Other Amphetamines/Stimulants	<i>n</i>	91	105	78	56	57	52	36	475
	%	0.6	0.6	0.4	0.2	0.2	0.2	0.1	0.3
	(excluding alcohol) %	0.9	1.0	0.7	0.4	0.4	0.3	0.2	0.5
Hallucinogens ³	<i>n</i>	73	43	31	27	33	35	31	273
	%	0.4	0.2	0.2	0.1	0.1	0.1	0.1	0.2
	(excluding alcohol) %	0.7	0.4	0.3	0.2	0.2	0.2	0.2	0.3
Club Drugs ⁴	<i>n</i>	NA	12	37	56	50	47	59	261
	%	NA	0.1	0.2	0.2	0.2	0.2	0.2	0.2
	(excluding alcohol) %	NA	0.1	0.3	0.4	0.3	0.3	0.4	0.3
Other ⁵	<i>n</i>	151	59	77	90	92	88	142	699
	%	0.9	0.3	0.4	0.4	0.4	0.3	0.5	0.4
	(excluding alcohol) %	1.5	0.5	0.6	0.6	0.6	0.5	0.9	0.7
Total	<i>N</i>	16,390	17,765	19,232	24,275	26,233	28,101	27,627	159,623
	(excluding alcohol) <i>N</i>	10,065	10,875	11,969	14,402	16,044	16,620	16,650	96,625

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 2001–2007

Drug		2001	2002	2003	2004	2005	2006	2007	Total
Alcohol	<i>n</i>	2,496	2,009	2,360	3,551	3,575	4,408	4,321	22,720
	%	33.4	31.9	29.1	33.6	33.1	36.0	35.9	33.6
Marijuana	<i>n</i>	1,855	1,466	1,859	2,703	2,695	2,901	2,824	16,303
	%	24.8	23.3	22.9	25.6	24.9	23.7	23.5	24.1
	(excluding alcohol) %	37.3	34.2	32.3	38.5	37.2	37.0	36.6	36.4
Methamphetamine	<i>n</i>	564	516	946	1,271	1,494	1,696	1,672	8,159
	%	7.5	8.2	11.7	12.0	13.8	13.8	13.9	12.1
	(excluding alcohol) %	11.3	12.1	16.4	18.1	20.6	21.6	21.7	18.2
Cocaine	<i>n</i>	1,028	960	1,264	1,619	1,460	1,849	1,807	9,987
	%	13.8	15.3	15.6	15.3	13.5	15.1	15.0	14.8
	(excluding alcohol) %	20.7	22.4	21.9	23.1	20.2	23.6	23.4	22.3
Heroin	<i>n</i>	1,176	979	1,226	922	1,007	810	807	6,927
	%	15.7	15.6	15.1	8.7	9.3	6.6	6.7	10.3
	(excluding alcohol) %	23.6	22.9	21.3	13.1	13.9	10.3	10.5	15.5
Other Opiates	<i>n</i>	238	208	300	340	434	412	400	2,332
	%	3.2	3.3	3.7	3.2	4.0	3.4	3.3	3.5
	(excluding alcohol) %	4.8	4.9	5.2	4.8	6.0	5.3	5.2	5.2
Depressants ¹	<i>n</i>	32	79	55	47	45	57	48	363
	%	0.4	1.3	0.7	0.4	0.4	0.5	0.4	0.5
	(excluding alcohol) %	0.6	1.8	1.0	0.7	0.6	0.7	0.6	0.8
Other Amphetamines/Stimulants	<i>n</i>	25	34	31	24	21	34	17	186
	%	0.3	0.5	0.4	0.2	0.2	0.3	0.1	0.3
	(excluding alcohol) %	0.5	0.8	0.5	0.3	0.3	0.4	0.2	0.4
Hallucinogens ³	<i>n</i>	31	15	18	16	17	25	17	139
	%	0.4	0.2	0.2	0.2	0.2	0.2	0.1	0.2
	(excluding alcohol) %	0.6	0.4	0.3	0.2	0.2	0.3	0.2	0.3
Club Drugs ⁴	<i>n</i>	NA	5	22	29	24	24	39	143
	%	NA	0.1	0.3	0.3	0.2	0.2	0.3	0.2
	(excluding alcohol) %	NA	0.1	0.4	0.4	0.3	0.3	0.5	0.3
Other ⁵	<i>n</i>	29	19	39	41	40	37	75	280
	%	0.4	0.3	0.5	0.4	0.4	0.3	0.6	0.4
	(excluding alcohol) %	0.6	0.4	0.7	0.6	0.6	0.5	1.0	0.6
Total	<i>N</i>	7,474	6,290	8,120	10,563	10,812	12,253	12,027	67,539
	(excluding alcohol) <i>N</i>	4,978	4,281	5,760	7,012	7,237	7,845	7,706	44,819

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, Percents: January–December 2007

Characteristics	Alcohol ¹ Only or inCombo	Cocaine	Heroin	Other Opiates	Mari- juana	Meth- Amphet- amine	Other Stimu- lants ²	Seda- tives	Hallu- cino- gins	Club Drugs	All Other ³
Total (N=27,624)	(10,977)	(3,374)	(1,223)	(961)	(5,781)	(4,913)	(36)	(127)	(31)	(59)	(142)
Gender											
Male	70.0	60.9	67.0	47.9	76.9	53.8	58.3	39.4	83.9	55.9	73.9
Female	30.0	39.1	33.0	52.1	23.1	46.2	41.7	60.6	16.1	44.1	26.1
Race/Ethnicity											
White	66.8	43.3	69.3	84.4	51.8	79.7	86.1	77.2	48.4	66.1	50.7
African- American	5.5	18.3	5.6	1.6	13.6	1.6	2.8	2.4	19.4	3.4	9.9
Hispanic	22.7	34.8	21.4	12.7	30.2	15.8	11.1	11.8	22.6	20.3	31.0
Other	5.1	3.5	3.7	1.3	4.4	2.9	0.0	8.7	9.7	10.2	8.4
Age at Admis- sion											
Under 18	3.8	1.8	0.2	1.4	28.6	2.1	0.0	3.9	6.5	27.1	12.0
18 to 24	16.6	12.9	14.4	14.5	28.9	23.2	16.7	12.6	45.2	25.4	18.3
25 to 34	25.5	28.7	32.7	34.7	25.5	40.7	27.8	29.9	29.0	32.2	28.9
35-44	27.2	33.5	22.6	22.9	11.7	24.9	25.0	30.7	9.7	8.5	25.4
45-54	20.9	20.8	20.5	19.5	4.8	8.3	27.8	14.2	9.7	6.8	10.6
55 and older	5.9	2.3	9.5	7.2	0.5	0.8	2.8	8.7	0	0.0	4.9
Route of In- gestion											
Smoking	0.3	58.3	9.2	1.1	93.6	65.2	25.0	18.9	22.6	39.0	12.0
Inhaling	1.1	33.0	7.6	4.7	4.0	11.8	25.0	4.7	6.5	5.1	12.0
Injecting	0.1	6.6	82.0	7.6	0.1	20.2	22.2	2.4	0.0	6.8	2.1
Oral/Other	98.5	2.1	1.1	86.6	2.3	2.7	27.8	74.0	71.0	49.2	73.9
Secondary Drug	Marijuana 24.1	Alcohol 32.5	Cocaine 29.7	Alcohol 15.5	Alcohol 41.5	Mari- juana 32.4	Mari- juana 30.6	Alco- hol 26.8	Mari- juana 38.7	Mari- juana 37.3	Alco- hol 15.5
Tertiary Drug	Marijuana 5.0	Alcohol 13.8	Mari- Juana 12.1	Mari- Juana 7.8	Alcohol 8.2	Alcohol 14.2	Cocain & Mari- juana 11.1	Mari- juana 9.4	Alco- hol 25.8	Alco- hol 11.9	Mari- juana 9.2

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/Boulder Metropolitan Area, Percents: January–December 2007

Characteristics	Alcohol ¹ Only or inCombo	Cocaine	Heroin	Other Opiates	Mari- juana	Meth- am- phetamin e	Other Stimu- lants ²	Seda- tives	Hallu- cino- gins	Club Drugs	All Other ³
Total (N=12,026)	(4,321)	(1,807)	(807)	(400)	(2,823)	(1,672)	(17)	(48)	(17)	(39)	(75)
Gender											
Male	67.3	60.3	67.0	48.3	78.5	55.1	58.8	39.6	82.4	53.8	73.3
Female	32.7	39.7	33.0	51.8	21.5	44.9	41.2	60.4	17.6	46.2	26.7
Race/Ethnicity											
White	65.8	40.6	65.7	85.0	43.2	79.5	94.1	68.8	41.2	61.5	41.3
African- American	7.1	22.8	7.2	2.3	20.1	2.3	5.9	4.2	29.4	5.1	14.7
Hispanic	21.7	32.2	23.3	11.0	32.3	14.7	0.0	12.5	17.6	17.9	34.7
Other	5.3	4.4	3.9	1.8	4.3	4.5	0.0	14.6	11.8	15.4	9.3
Age at Admis- sion											
Under 18	3.8	2.3	0.1	1.3	34.8	3.0	0.0	2.1	0.0	35.9	12.0
18 to 24	16.5	11.3	12.8	12.3	29.3	18.5	17.6	16.7	58.8	25.6	14.7
25 to 34	26.1	27.4	30.9	35.8	21.7	41.4	23.5	27.1	29.4	23.1	36.0
35-44	28.7	33.8	23.4	24.0	10.2	28.0	29.4	27.1	5.9	7.7	21.3
45-54	19.5	22.6	21.7	19.0	3.6	8.3	23.5	18.8	5.9	7.7	10.7
55 and older	5.4	2.6	11.2	7.8	0.4	0.8	5.9	8.3	0.0	0.0	5.3
Route of In- gestion											
Smoking	0.3	55.9	9.5	1.8	91.5	61.4	29.4	18.8	41.2	25.6	4.0
Inhaling	1.9	37.4	7.9	4.0	6.3	15.1	17.6	2.1	5.9	7.7	10.7
Injecting	0.2	5.0	81.4	7.8	0.2	20.1	29.4	4.2	0.0	5.1	1.3
Oral/Other	97.6	1.8	1.1	86.0	2.0	3.4	23.5	75.0	53.0	61.5	84.0
Secondary Drug	Marijuana 23.2	Alcohol 33.0	Co- caine 31.0	Alcohol 14.3	Alcohol 41.3	Mari- juana 30.1	Mari- juana 29.4	Alco- hol 27.1	Mari- juana 47.1	Mari- juana 43.6	Mari- juana 10.7
Tertiary Drug	Cocaine & Marijuana 5.6,5.2	Alcohol 15.4	Mari- juana 10.5	Mari- juana 8.8	Alcohol 7.5	Alcohol 14.7	Alcohol 11.8	Alco- hol 8.3	Alco- Hol 29.4	Alco- hol 15.4	Alco- hol 5.3

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: January–December 2007

Area		Cocaine	Heroin	Other Opi-ates	Metham-phetamine	Marijuana
Statewide		(n=3,374)	(n=1,223)	(n=961)	(n=4,914)	(n=5,783)
Age at Onset ¹	Mean	23.3	24.7	27.2	22.1	14.2
	Median	21.0	22.0	25.0	19.0	14.0
Years to 1 st Tx ¹	Mean	11.4	8.0	7.6	8.6	9.2
	Median	9.0	4.0	5.0	7.0	6.0
% New Users ¹		20.0	40.0	27.1	17.8	22.5
% New to Tx. ²		29.3	17.9	35.4	33.6	50.0
Denver Area		(n=1,807)	(n=807)	(n=400)	(n=1,672)	(n=2,824)
Age at Onset ¹	Mean	23.6	25.0	26.2	22.7	14.0
	Median	21.0	22.0	24.0	20.0	14.0
Years to 1 st Tx ¹	Mean	11.8	8.8	7.5	8.5	8.2
	Median	10.0	5.0	5.0	6.0	5.0
% New Users ¹		17.3	38.6	22.2	17.6	24.6
% New to Tx ²		31.8	17.0	31.9	33.0	52.0

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

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.

Exhibit 7. Number and Percentage of Reports in Drug-Related ED Visits in Denver, by Drug Category (Unweighted¹): January–December 2007

Category/Drug	Number	% Incl. Alcohol	% Excl. Alcohol
Alcohol	5137	37.1	NA
Cocaine	3926	28.3	45.4
Heroin	925	6.7	10.6
Marijuana	2249	16.2	25.8
Methamphetamine	779	5.6	8.9
Amphetamines	397	2.9	4.6
MDMA	159	1.1	1.8
GHB	16	0.1	0.2
Flunitrazepam (Rohypnol)	4	0.03	0.05
Ketamine	12	0.09	0.1
LSD	81	0.6	0.9
PCP	16	0.1	0.2
Miscellaneous Hallucinogens	72	0.5	0.8
Other ³	79	0.6	0.9
Total Illicit Drugs ⁴ (Excl. Alcohol)	8715		100.0
Total Illicit Drugs & Alcohol	13852	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	... ²	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

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

²In 2003, Heroin was combined with other opiates.

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 Denver Drug-Related Hospital Discharge Reports per 100,000 Population for Selected Drugs: 2000–2007

Drug	2000	2001	2002	2003	2004	2005	2006	2007
Alcohol (n)	10,013	10,606	10,429	9,812	10,560	10,060	10,288	10,116
Rate	1802	1893	1859	1733	1856	1759	1788	1747
Stimulants (n)	244	261	323	407	549	738	489	438
Rate	44	47	58	72	97	129	85	76
Cocaine (n)	1338	1298	1369	1423	1753	1843	1862	1634
Rate	241	232	244	251	308	322	324	282
Marijuana (n)	778	846	837	842	1100	1163	1188	1050
Rate	140	151	149	149	193	203	207	181
Opiate (n)	741	744	720	818	804	987	916	1038
Rate	133	133	128	145	141	173	159	179
Population	555,781	560,366	560,884	566,174	568,913	571,847	575,294	579,177

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: 2001–2007

Drug	Denver Metro				Statewide			
	2001	2002	2003	2004	2004	2005	2006	2007
Alcohol	110	149	150	223	762	884	868	858
Cocaine/Crack	59	66	68	59	120	107	129	91
Heroin/Morphine	19	16	22	18	20	24	25	21
Marijuana	34	37	36	29	68	78	45	70
Methamphetamine	20	39	39	66	95	127	29	31
Other Stimulants/ Amphetamines	3	3	6	4	321	308	318	257
Club Drugs	30	55	40	39	43	49	47	49
Inhalants	4	16	10	4	29	*	*	*

¹Human exposure calls only

* = Unknown

SOURCE: Rocky Mountain Poison & Drug Center

Exhibit 11. Federal Drug Seizures in Colorado: 2003–2007

Drug	Quantity Seized				
	2003	2004	2005	2006	2007
Cocaine	65.5 kgs	36.0 kgs	131.5 kgs	135.1 kgs	44.0 kgs
Heroin	3.9 kgs	4.6 kgs	3.0 kgs	4.0 kgs	2.5 kgs
Methamphetamine	14.8 kgs	28.8 kgs	34.4 kgs	50.3 kgs	8 kgs
(Meth labs)	345	228	145	85	44
Marijuana	444.1 kgs	774.6 kgs	765.6 kgs	656.8 kgs	1,149.5 kgs
Ecstasy	1,128 tablets	0 tablets	0.6 kgs/2,104du ³	0.0kgs/1,103du	0.0 kgs

¹kgs=kilograms²NR=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: December 2007

Drug	Wholesale Price	Retail Price	Street Price	Percent Purity at Retail Level
Powder Cocaine	\$18,000–\$20,000 kg	\$600–\$1000 oz	\$100-150 1/8 oz \$100–\$150 gm	50–60%
Crack Cocaine	\$15,000-\$20,000 kg	\$650–\$900 oz	\$20 rock \$100-120 gm	75–85%
Heroin	\$24,000–\$35,000 kg (MBT) \$30,000–\$35,000 kg (MBP)	\$800-\$1,600 oz (MBT, MBP)	\$130-250 gm (MBT) \$130 gm (MBP) \$20 bag (MBT)	6–73%
Methamphetamine	\$12,000-\$16,000 lb (PM,MX) \$16,000-\$20,000 lb (Ice, MX)	\$1000–\$1500 oz (Ice, MX) \$500-\$1000 oz (PM,LP,STL) \$500-\$800 oz (PM, MX)	\$100–\$150 gm (Ice MX) \$100-\$150 gm (PM, LP, STL)	14–50%(MX) 70–90%(LP)
Marijuana	\$2,600-\$5,000 lb BC \$2000 lb (DO, LP) \$300–\$500 lb (MX)	\$80–\$100 oz (MX) \$300–\$400 oz (BC)	\$60-100 oz (MX) \$30-\$60 ¼ oz (MX)	–
Ecstasy	\$3 - \$6 tablet	\$6 - \$13 tablet	\$20-\$25 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, BC=BC Bud from Canada

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

Exhibit 13. Denver and Colorado NFLIS Samples Analyzed by Drug Type: 2000 Through 2007**NFLIS Lab analysis data for Denver and Colorado 2000-2007**

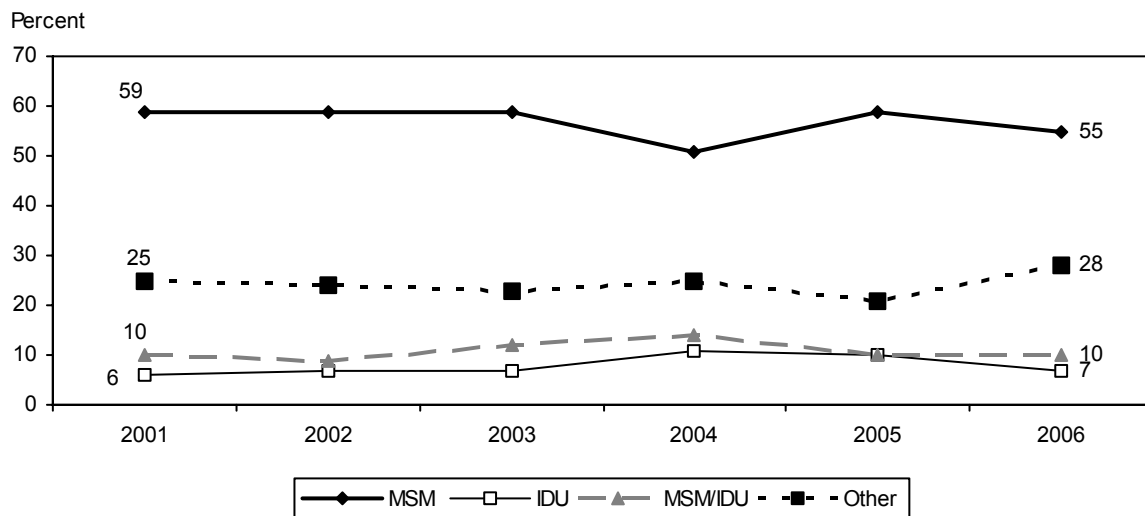
Colorado	2000	2001	2002	2003	2004	2005	2006	2007
Cocaine N	2604	3601	2381	2545	2511	3856	3658	2642
%	53.6%	53.3%	49.0%	47.9%	42.4%	34.8%	33.0%	30.9%
Cannabis N	751	981	701	1012	1175	2389	2870	2332
%	15.5%	14.5%	14.4%	19.1%	19.8%	21.5%	25.9%	27.3%
Methamphetamine N	569	635	462	645	1124	2833	2554	1924
%	11.7%	9.4%	9.5%	12.1%	19.0%	25.5%	23.0%	22.5%
Heroin N	371	476	355	258	251	335	264	309
%	7.6%	7.0%	7.3%	4.9%	4.2%	3.0%	2.4%	3.6%
Other Drugs N	559	1060	956	852	860	1678	1744	1350
%	11.5%	15.7%	19.7%	16.0%	14.5%	15.1%	15.7%	15.8%
Total Without "Other Drugs"	4295	5693	3899	4460	5061	9413	9346	7207
Grand Total	4854	6753	4855	5312	5921	11091	11090	8557
Percentage Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Denver	2000	2001	2002	2003	2004	2005	2006	2007
Cocaine N	2396	3472	2287	2147	1649	2417	2392	1934
%	57.6%	55.8%	50.9%	49.9%	47.8%	47.1%	45.6%	42.4%
Cannabis N	655	924	612	764	558	871	1006	958
%	15.7%	14.8%	13.6%	17.8%	16.2%	17.0%	19.2%	21.0%
Methamphetamine N	409	460	386	479	493	817	721	614
%	9.8%	7.4%	8.6%	11.1%	14.3%	15.9%	13.8%	13.5%
Heroin N	356	469	353	224	199	243	201	219
%	8.6%	7.5%	7.8%	5.2%	5.8%	4.7%	3.8%	4.8%
Other Drugs N	346	898	859	690	549	782	921	833
%	8.3%	14.4%	19.1%	16.0%	15.9%	15.2%	17.6%	18.3%
Total Without "Other Drugs"	3816	5325	3638	3614	2899	4348	4320	3725
Grand Total	4162	6223	4497	4304	3448	5130	5241	4558
Percentage Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Exhibit 14. Colorado AIDS Cases by Exposure Category: Cumulative Through December 31, 2007

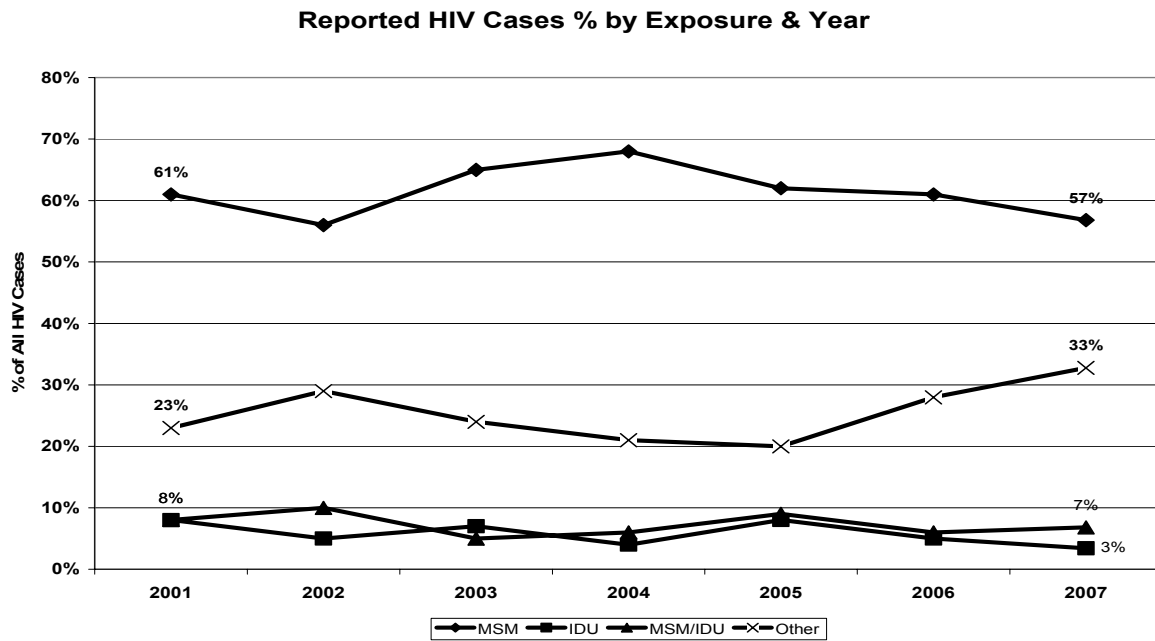
	Number of AIDS Cases ¹	Percent of AIDS Cases
Gender		
Male	8,232	91.4
Female	775	8.6
Total	9,007	100.0
Exposure Category		
Men who have sex with men (MSM)	5,979	66.4
Injection drug user (IDU)	824	9.2
MSM and IDU	960	10.7
Heterosexual contact	628	7.0
Other	616	6.8

Exhibit 15. Percent of New AIDS Cases in Colorado, by Exposure and Year: 2001–2007



SOURCE: Colorado Department of Public Health and Environment

Exhibit 16. Percent of New HIV Cases in Colorado, by Exposure and Year: 2001–2007



SOURCE: Colorado Department of Public Health and Environment