NDEWS National Drug Early Warning System

Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

National Drug Early Warning System (NDEWS) Sentinel Community Site Profile 2015: Denver Metro

August 2015

NDEWS Coordinating Center

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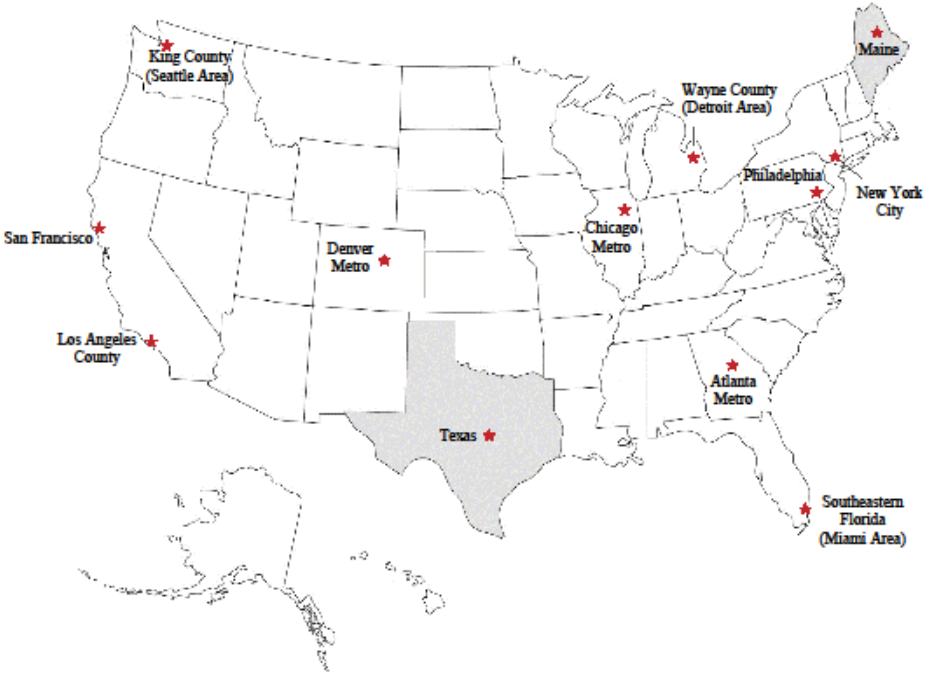
Sentinel Community Site (SCS) Locations



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National Drug Early Warning System (NDEWS)
Sentinel Community Site Profile Overview

The National Drug Early Warning System (NDEWS) was launched in 2014 with the support of the National Institute on Drug Abuse. The Center for Substance Abuse Research (CESAR) at the University of Maryland manages the NDEWS Coordinating Center and has recruited a team of nationally recognized experts to collaborate on building NDEWS. During 2015, 12 Sentinel Community Sites (SCS) were established, each with an expert Sentinel Community Epidemiologist (SCE). This inaugural Sentinel Community Site Profile contains three sections:

- The *Profile Snapshot* presents selected indicators of substance use, consequences, and availability;
- The *Drug Use Patterns and Trends* contains the SCE's review of important findings and trends; and
- The *Appendix Data Tables* contains a set of data tables prepared by Coordinating Center staff and disseminated to each SCE for review in preparing their profiles.

This entire Profile necessarily relies on using a variety of data sources produced by governmental and local agencies and these sources often measure geographic areas that differ from the intended catchment area of a Sentinel Site. For example, some surveys measure statewide patterns while others provide county level estimates. Wherever appropriate, a note is provided specifying the area covered by the findings presented.

The Annual Profiles for the 12 Sentinel Community Sites and detailed information about NDEWS can be found on the NDEWS website at www.ndews.org.

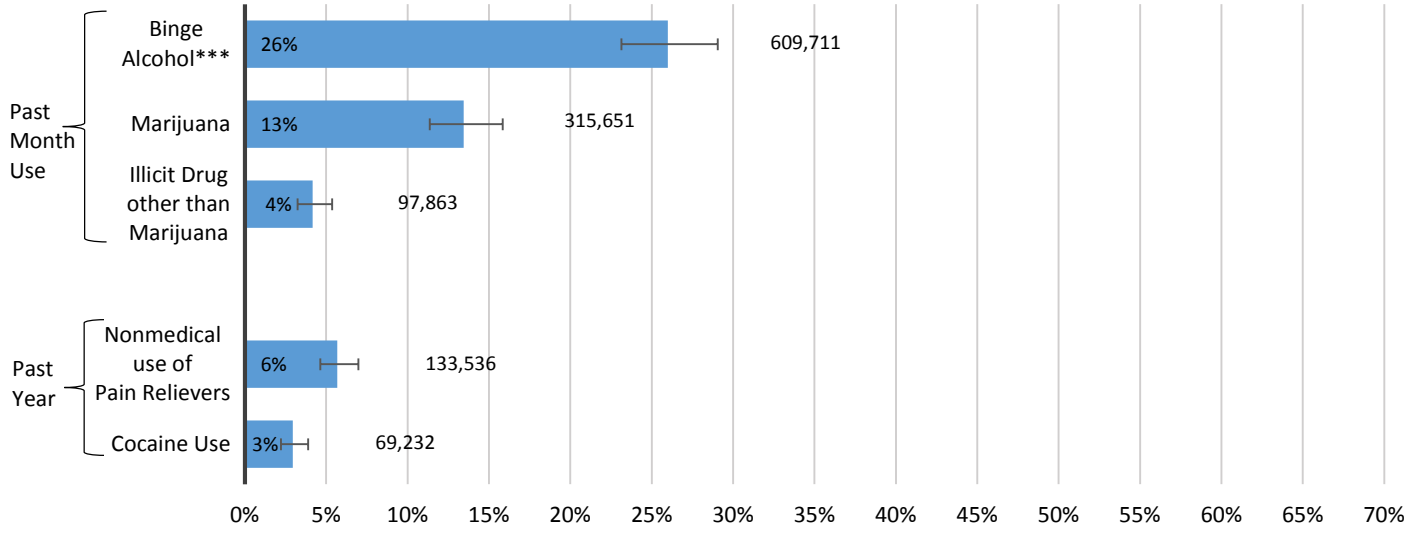
National Drug Early Warning System (NDEWS)
Denver Metro Sentinel Community Site
Profile Snapshot, 2015

Substance Use

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population**

Persons 12+ Years Reporting Selected Substance Use, Denver Region^, 2010-2012

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons**

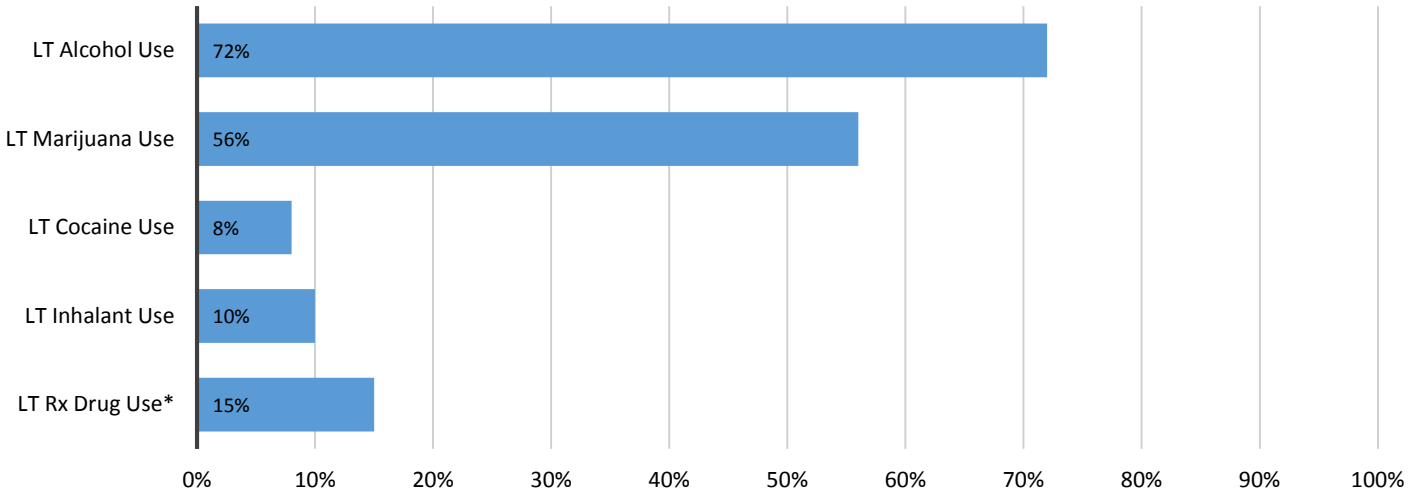


*U.S. Population: U.S. civilian non-institutionalized population. ^Denver Region: NSDUH Region 2 & 7 (Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, & Jefferson Counties). **Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (2,346,846) from Table C1 of the NSDUH Report. ***Binge Alcohol: Defined as had five or more drinks of alcohol in a row within a couple of hours.
Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

Healthy Kids Colorado Survey (HKCS): Survey of Student Population

Public School Students Reporting Lifetime (LT) Use of Selected Substances, Denver^, 2013

Estimated Percent



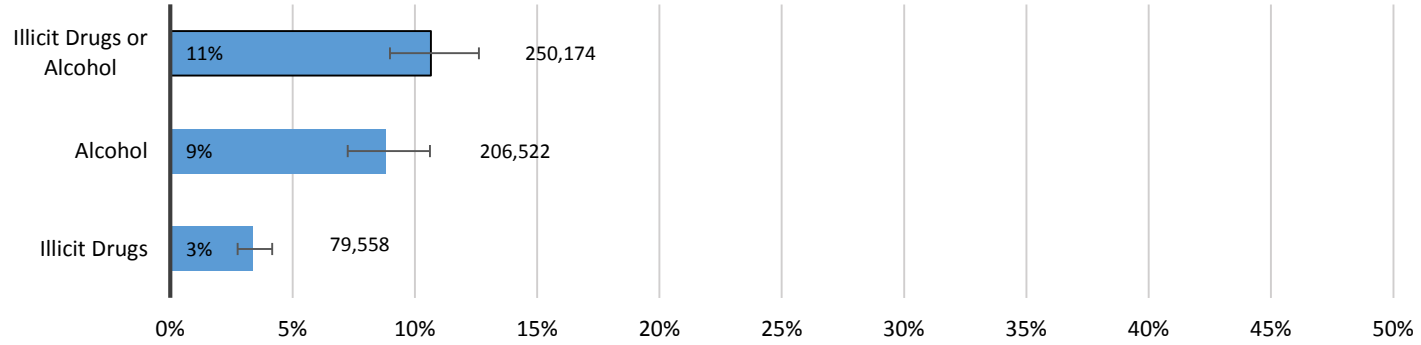
^Denver: Includes data from a representative sample of middle and high school students in Denver Public Schools.
*LT Rx Drug Use: Defined as ever took prescription drugs without a doctor's prescription.
Source: Data provided by the Denver Metro SCE from the Denver Public School sample of the Healthy Kids Colorado Survey, 2013.

Substance Use Disorders and Treatment

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population**

Dependence or Abuse in Past Year Among Persons 12+ Years, Denver Region^, 2010-2012**

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons***



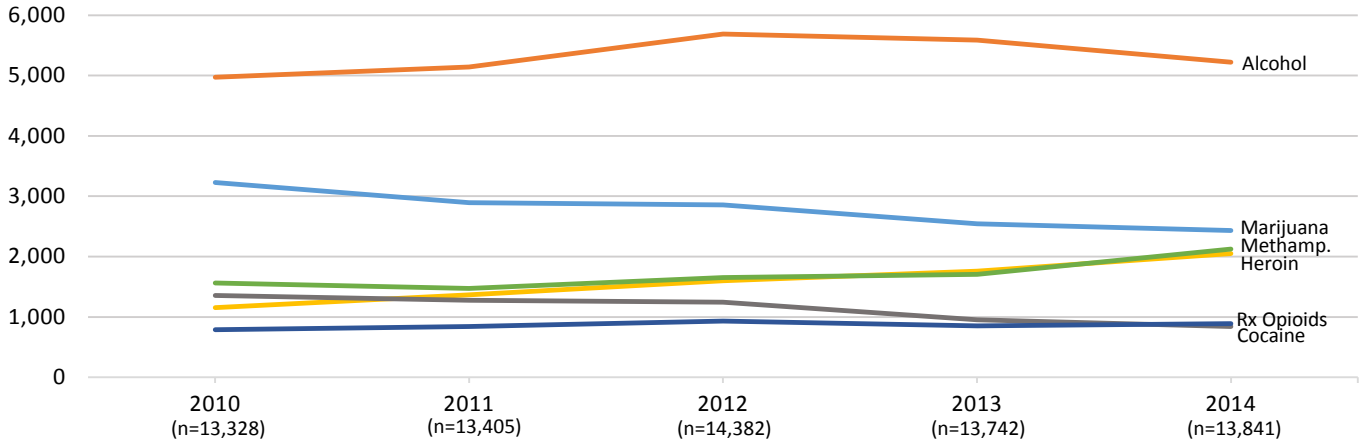
*U.S. Population: U.S. civilian non-institutionalized population. **Dependence or Abuse: Based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).* ^Denver Region: NSDUH Region 2 & 7 (Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, & Jefferson Counties). ***Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (2,346,846) from Table C1 of the NSDUH Report.

Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

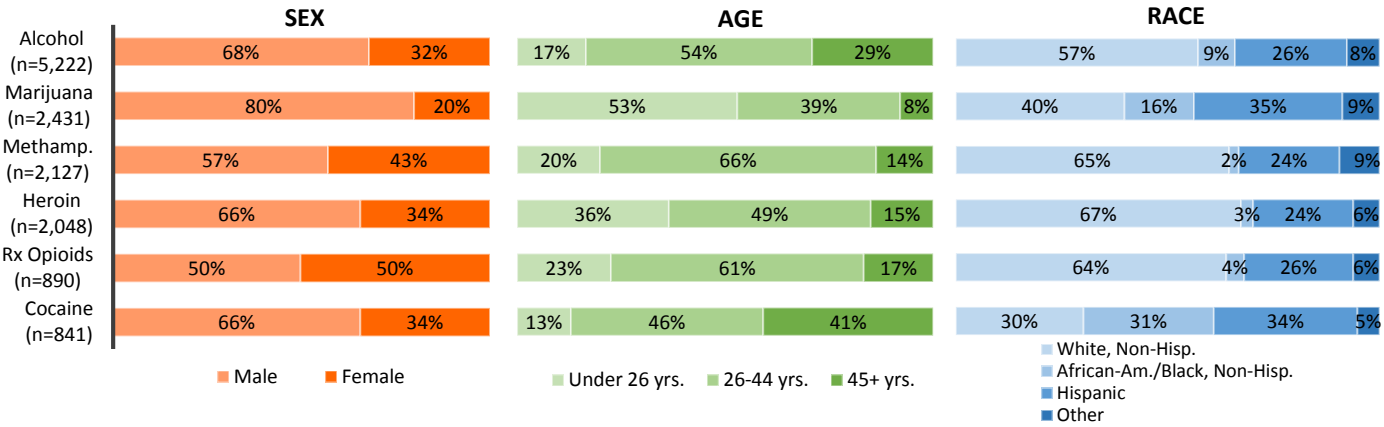
Treatment Admissions Data from Local Sources

Trends in Treatment Admissions*, by Primary Substance of Abuse, Denver Metro^, 2010-2014

(n = Number of Treatment Admissions)



Demographic Characteristics of Treatment Admissions*, Denver Metro^, 2014



*Treatment Admissions: Includes admissions by Denver Metro area residents to all Colorado alcohol and drug treatment agencies licensed by the Colorado Department of Human Services, Office of Behavioral Health. ^Denver Metro: Includes residents of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties. Percentages may not sum to 100 due to rounding.

Source: Data provided by the Denver Metro NDEWS SCE and the Colorado Department of Human Services, Office of Behavioral Health, Drug/Alcohol Coordinated Data Systems (DACODS).

Law Enforcement Drug Seizures

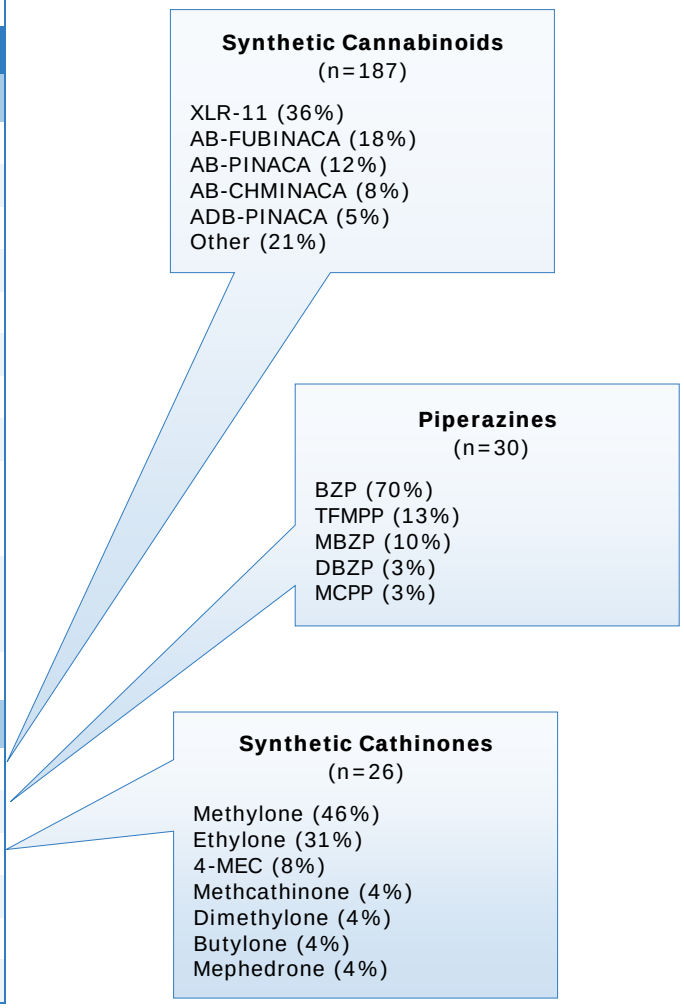
National Forensic Laboratory Information System (NFLIS)

Drug Reports* for Items Seized by Law Enforcement in the Denver Metro Area^ in 2014
National Forensic Laboratory Information System (NFLIS)

Top 10 Drug Reports and Selected Drug Categories

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports	**8,794**	**100%**
Top 10 Drug Reports		
Methamphetamine	2,435	27.7%
Cocaine	1,755	20.0%
Heroin	1,341	15.2%
Cannabis	1,252	14.2%
Non-Controlled Non-Narcotic Drug	516	5.9%
Oxycodone	225	2.6%
Alprazolam	137	1.6%
Hydrocodone	70	0.8%
3,4-methylenedioxymethamphetamine (MDMA)	69	0.8%
XLR-11 (1-(5-fluoropentyl-1H-3-YL)(2,2,3,3-tetramethylcyclopropyl)methanone)	67	0.8%
Top 10 Total	**7,867**	**89.5%**
Selected Drug Categories		
Synthetic Cannabinoids	187	2.1%
Piperazines	30	0.3%
Synthetic Cathinones	26	0.3%
2C Phenethylamines	9	0.1%
Fentanyl & Fentanyl Analogs	4	<0.1%
Tryptamines	4	<0.1%

Top 5 Drugs, by Selected Drug Category
(% of Category)**



*Drug Reports: Drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database. The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

^Denver Metro Area: Includes Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties.

**Percentages may not sum to 100 due to rounding.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit, May 2015.

National Drug Early Warning System (NDEWS)
Denver Metro Sentinel Community Site
Drug Use Patterns and Trends, 2015

Bruce Mendelson, MPA

SCS Highlights

- Alcohol ranks as the number one drug of abuse in the Denver Metro Area (DMA) according to prevalence and other indicator data. Alcohol prevalence has remained relatively stable while other indicators have shown mixed trends: treatment and emergency department (ED) visits are up; mortality and Rocky Mountain Poison and Drug Center (RMPDC) human exposure calls are stable; and hospital discharges are down.
- Both the DMA and Colorado respondents reported substantially higher past month marijuana use and lower perception of risk than national respondents. Marijuana treatment admissions and new users (admitted to treatment within the first three years of use) showed slight downward trends, while hospital discharges, ED visits and RMPDC calls showed strong upward trends. Because of marijuana legalization, National Forensic Laboratory Information System (NFLIS) and Denver Crime Lab (DCL) exhibit trends were downward (Exhibit 22).
- Synthetic cannabinoid supply and consequences of use (e.g., ED visits) peaked in 2013 in the DMA, but still remained plentiful in 2014. There were major changes in the varieties of synthetic cannabinoids available.
- Methamphetamine had declined from peak years in 2005-06 through 2010 in the DMA, but has resurged sharply since 2011, with all indicators (treatment admissions, hospital discharges, ED visits, mortality, NFLIS and DCL exhibits) on the rise (Exhibit 22).
- All heroin indicators in the DMA are increasing, including treatment admissions, hospital discharges, ED visits, mortality, calls to the RMPDC, and NFLIS and DCL exhibits (Exhibit 22).
- Prescription Opioids continue to be a major drug of abuse in the DMA. However trends are somewhat mixed. Past year use has remained stable. ED visits are up sharply, while treatment admissions, hospital discharges, NFLIS and DCL exhibits are up moderately. New users in treatment and mortality are stable (Exhibit 22).
- Cocaine prevalence has declined and all cocaine indicators have been declining through 2014 (i.e., treatment admissions, mortality, hospital discharges, NFLIS and crime lab exhibits, and calls to the RMPDC). Emergency department visits also declined from 2011 to 2012, but increased in 2013 back to the 2011 level (Exhibit 22).
- While still available in the DMA, bath salt indicators appeared to peak in 2012-13 and then declined in 2014.

Area Description

The Denver Metro Area (DMA) Sentinel Community Site is composed of nine counties that constitute Colorado Planning and Management Region 3 (of 14—Exhibit 1). These counties are: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson. The DMA is located toward the northeast part of the state and covers about 4,500 square miles. As of 2013, the estimated DMA population was 2,966,416 (56.3% of the estimated 2013 Colorado population of 5,272,086) with urban Denver the most populous county at 648,937 and rural/mountainous Gilpin the least populous county at 5,589 (Exhibit 2).

Demographically, the DMA population is 66.9% White (non-Hispanic), 21.7% Hispanic, 4.9% African American, 0.5% American Indian/Alaskan Native, 3.8% Asian/Pacific Islander, 0.2% some other race alone, and 2% two or more races (Exhibit 3). As to age, 20.1% of the population are 0-14 years old, 20.2% are 15-29, 22.4% are 30-44, 20.4% are 45-59, 12.2% are 60-74, and 4.6% are 75 and older (Exhibit 4). The median age is 36.6. Also, according to the 2010 census, 50.6% are male and 49.4% are female.

Colorado was the third fastest growing state in 2013, and the DMA ranked number two for attracting college-educated workers from 2007-2012 (Census Bureau 2014). In 2014, Forbes ranked Colorado No. 1 for labor prospects. Colorado is the nation's second-most highly educated state for residents with a bachelor's degree or higher (37.8%—Census Bureau 2014). In 2014, the DMA labor force totaled 1,583,928 and the non-farm employment was 1,466,400. The average wage was $56,514. Regional services like education, health, and professional business services are the DMA's largest employment sectors. Tourism and government are also important employment sectors in the DMA economy.

Changes in Legislation

MEDICAL MARIJUANA

In 2000, Colorado voters supported a state constitutional amendment (Amendment 20) to legalize marijuana for medical use by a margin of 54% to 46%. Amendment 20 provided for creation of a medical marijuana registry (MMR). To obtain a registry card, patients must be diagnosed with a "debilitating condition" in the context of a "bona fide" relationship with a physician who "maintains, in good standing, a license to practice medicine." Debilitating conditions included in Amendment 20 are: cancer, glaucoma, human immunodeficiency virus or acquired immune deficiency syndrome, cachexia, severe pain, severe nausea, seizures, muscle spasms and any other condition approved by the Colorado Department of Public Health and Environment (CDPHE).

From 2001 to 2007, there were about 2,000 patients on the registry annually. In 2004, CDPHE imposed a 5 patient per caregiver limit. The rationale was to ensure that caregivers maintained "a significant responsibility for the well-being of the patient" and to prevent widespread marijuana distribution centers. However, in 2007 a Denver District Court Judge overturned the caregiver limit, considering it to

be too arbitrary. Without the caregiver limit, the first dispensaries or medical marijuana centers appeared in 2008. In the same year, the number of medical marijuana patients increased 250%. From 2001 to 2008, CDPHE did not receive any complaints that a medical marijuana patient could not access marijuana.

Various events led to the rapid increase in medical marijuana in 2009. At the federal level, during the 2008 presidential campaign, candidate Barack Obama announced his support for medical marijuana and in February of 2009 his administration declared that federal resources would not be used to "circumvent" state laws about medical marijuana. In October 2009, the Department of Justice issued the "Ogden memo" which instructed federal prosecutors not to focus federal resources on "individuals whose actions are in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana."

At the state level, in July 2009, the Colorado the Board of Health rejected a definition of the responsibilities of a caregiver beyond providing marijuana and rejected a limitation on the caregiver limit after nearly 12 hours of testimony from medical marijuana advocates. These decisions allowed for large medical marijuana centers, which acted as patient caregivers.

All these changes led to a rapid rise in the number of medical marijuana applications. In January 2009, there were 495 applications per month. By October, there were 4,751 applications per month and CDPHE could no longer process the applications within 35 days. As a result, applicants were assumed to have a valid registration without the application being processed. By December, there were 10,585 applications per month. At the same time, there was a surge in the number of medical marijuana dispensaries.

As of September 2014, there were 116,287 approved marijuana patients on the Colorado Marijuana Registry (Exhibit 5). As shown in Exhibit 6, there are currently 495 Medical Marijuana Centers in Colorado, 55.2% of which are in the DMA.

RECREATIONAL MARIJUANA

On November 6, 2012, Colorado voters passed Amendment 64 by a 55% to 45% margin which legalizes recreational use of marijuana. The amendment allows those 21 and older to purchase up to one ounce of the drug at specially regulated retail stores. It also allows adults to grow up to six marijuana plants in their homes. The amendment does not allow use in public places. The marijuana retail stores officially opened on January 1, 2014. Currently, there are 233 retail marijuana stores in Colorado, 70.4% of which are in the DMA (Exhibit 7).

OTHER LEGISLATION

Other recent legislation related to substance use/abuse in Colorado and the DMA include the following:

- In 2011, the Colorado Legislature passed SB 11-134 which made it a crime to possess, dispense, cultivate, or sell Salvia divinorum and synthetic cannabinoids.

- In 2012, the Colorado Legislature passed SB 12-116 which made it a crime to distribute, manufacture, dispense or sell synthetic cathinones (bath salts).

Drug Use Patterns and Trends

OVERVIEW

For the most part, this report represents the work of the Denver Epidemiology Work Group (DEWG). The DEWG was initiated in 2008 by the Denver Office of Drug Strategy, Denver Department of Human Services, and the Denver Drug Strategy Commission (DDSC). The DEWG was established in response to a need identified by the DODS and DDSC for an increase in the accessibility and sharing of comprehensive local data as it relates to ongoing community-level surveillance of alcohol and drug abuse in the City & County of Denver and the Denver metro area. The DEWG members were selected by the DODS based upon their expertise in substance abuse in the areas of treatment, prevention, law enforcement/intelligence, public health, poison control/toxicology, medicine (including forensics), research, and outreach. This report reflects the data collection, analysis, and discussions from the conduct of the 14th semiannual meeting of the DEWG, which was a collaborative effort between the DODS, the Colorado Social Research Associates (CSRA), the research and data analysis branch of Arapahoe House substance abuse treatment program, and the Colorado Office of Behavioral Health, Department of Human Services. The meeting took place on May 6, 2015, and involved over 40 members from the Denver metro area representing the varied disciplines described above.

ALCOHOL

- For the DMA, alcohol use increased from '06-'08 to '08-'10 (61.7% to 65.6%, significant at $p < .05$), but decreased from 08-10 to 10-12 (65.6% to 61.6%, significant at $p < .05$). The DMA showed substantially higher 30-day alcohol use than their national counterparts (Exhibit 8).

- Exhibit 9 compares any past 30-day alcohol use among Denver Public School (DPS) middle (6-8th grade) and high school (9-12th grade) students from the 2011 to the 2013 Healthy Kids Colorado Surveys. As indicated, past 30-day alcohol use among DPS students ranged from 8% of 6th graders to 51% of 12th graders in 2011; and from 5% of 6th graders to 46% of 12th graders in 2013. The average high school use was 40% in 2011 and 38% in 2013.

- Alcohol was the most common drug reported by clients admitted to treatment in the DMA from 2006 to 2014. Alcohol treatment admissions in the Denver metro area increased from 4,414 in 2006 (35.9% of total admissions) to a high of 5,685 in 2012 (39.5%), then decreased to 5,586 in 2013 (40.6%) and to 5,222 in 2014 (37.7%) (Exhibit 10).

- In 2014, 67.9% of those treated for alcohol in the DMA were male, while 32.1% were female. Fifty-seven percent of those admitted to treatment for alcohol were White, 26.4% were Hispanic, and 8.7% were African American. The most common age for treatment admission for alcohol was 25-34 years of age (32.2%) (Exhibit 11).

- As shown in Exhibit 12, alcohol-related hospital discharges in the DMA are substantially higher than those of any other drug. From 2007 to 2013, Denver alcohol hospital discharges increased from 14,465 to 18,645, while the rate increased from 539 to 629 per 100,000 population, or by 16.7%.

- As shown in Exhibit 13, the rate per 100,000 of alcohol-related emergency department (ED) visits in the DMA are substantially higher than those of any other drug. From 2011 to 2013, the Denver alcohol ED rate per 100,000 increased from 990.8 to 1,130.9, or by 14.1%.

- Exhibit 14 shows alcohol- and drug-related mortality numbers (unduplicated) and rates per 100,000 population for the DMA from 2007 through 2013. As with ED visits and hospital discharges, both the number and rate of alcohol-related deaths are higher than for any other drug. From 2007 to 2009, the number of alcohol deaths increased from 706 to 882, while the alcohol mortality rate per 100,000 increased from 26.3 to 31.8 (or by 20.9%). However, the number of alcohol deaths declined to 819 in 2010, and to 775 by 2012, increasing only slightly to 792 in 2013. The alcohol mortality rate per 100,000 also declined from 31.8 to 26.6 from 2009 to 2012, remaining stable at 26.7 in 2013 (overall a decline of 16%).

- From 2006 to 2014, statewide alcohol-related calls to the RMPDC were at least 3.5 times greater than those of any other drug. However, the 890 calls related to human exposure to alcoholic beverages in 2014 represented a 10.2% decrease from the 991 calls in 2011 (the peak number of calls in the time period shown) (Exhibit 15).

COCAINE

- For the DMA, past year cocaine use increased slightly from3.49% in '06-'08 to 3.55% in 08-'10 (not significant), but then declined to 2.95% from 08-10 to 10-12 (not significant) (Exhibit 21). During all reported years, the Denver metro area reported higher past year cocaine use than their national counterparts.

- According to the HKCS, in 2011 3% of DPS students reported using cocaine in their lifetime, and in 2013, 4% reported using cocaine in their lifetime.

- The number of cocaine treatment admissions in the DMA had increased from 1,848 in 2006 (15% of total admissions) to a high of 1,910 in 2008, but then decreased to a low of only 841 admissions in 2014 (6.1% of total admissions) (Exhibit 10).

- In the DMA in 2014, 65.6% of those treated for cocaine were male, while 34.4% were female. Thirty-four percent of those admitted to treatment for cocaine were Hispanic, 30.8% were African American, and 30.1% were White (Exhibit 11). The most common age for treatment admission for cocaine was 45-54 years of age (31.3%). The most common route of administration for cocaine in 2014 was smoking (59.5%) followed by inhaling (32.6%) and injecting (5.5%).

- As shown in Exhibit 12, DMA cocaine-related hospital discharges (including alcohol) ranked second in 2007, but declined to fourth from 2008 through 2013. From 2007 to 2013, Denver cocaine hospital discharges decreased from 2,583 to 1,870 while the rate decreased from 96.2 to 63 per

100,000 population, or by 34.5% from 2007 to 2013.

- As shown in Exhibit 13, DMA cocaine ED visits (including alcohol) ranked fourth in 2011 and 2012, dropping to fifth in 2013. The rate per 100,000 of cocaine-related emergency department (ED) visits in the Denver metro area decreased from 84.4 in 2011 to 73.5 in 2012, but increased to 83 in 2013.

- Exhibit 14 shows cocaine mortality numbers and the rate per 100,000 population for the DMA from 2007 through 2013. Cocaine ranked third (including alcohol) from 2007 through 2012, dropping to fourth in 2013. The number of cocaine deaths declined steadily from 155 in 2007 to 65 in 2013, while the rate per 100,000 also declined from 5.8 to 2.2 during the same time period.

- From 2006 to 2014, statewide cocaine-related human exposure calls to the RMPDC declined dramatically from 129 to only 46 (Exhibit 15).

- Although reporting during 2014 indicated that some distributors in the DMA experienced difficulty in obtaining consistent supplies of cocaine from sources in Mexico, cocaine availability and prices remained stable. Prices were largely determined by the purported quality of the cocaine for sale. Many distributors cut the drug in order to extend their supplies. During this reporting period, most offices within the DMA reported moderate cocaine availability. Cocaine transportation and distribution throughout the DMA are controlled primarily by Mexican polydrug trafficking organizations. Cocaine loads are driven in private vehicles from Mexico, Arizona, Texas, and California to Colorado. From Colorado, some of the cocaine is distributed throughout the region. Additionally, cocaine loads are sometimes redistributed from Colorado to markets in the Midwest. Prices reported in Denver during this period ranged from $500-1,300 per ounce; $8,000 for a quarter-kilogram; and $32,000-$36,000 per kilogram.

- Cocaine was the second most common drug found in items submitted for testing by local law enforcement in 2014 in the Denver metro area (Exhibit 30). As shown, cocaine accounted for 22.3% of the items analyzed in the Denver metro area compared to 16.8% for the entire US (ranked #3).

HEROIN

- According to the HKCS, in 2011 3% of DPS high school students reported using heroin in their lifetime, and in 2013, 5% reported using heroin in their lifetime.

- The number of heroin treatment admissions in the DMA has more than doubled, from 829 in 2006 (6.7% of total admissions) to a high of 2,048 in 2014 (14.8% of admissions). As a percentage of total treatment admissions in the Denver metro area (excluding alcohol), heroin doubled from 10.5% in 2006 to 23.8% in 2014 (Exhibit 10).

- In 2014, 65.6% of those treated for heroin were male, while 34.4% were female. 67.3% of those admitted to treatment for heroin were White, 23.6% were Hispanic, and 6.2% were other races (Exhibit 11). The most common age for treatment admission for heroin users was 25-34 years of age (37.9%). The most common route of administration for heroin in 2014 was injecting (74.2%), followed by smoking (20.6%) and inhaling (4.2%). Those reporting smoking as their route of

administration have doubled from 2006 to 2014 (10% to 20.6%), while those injecting have declined from 82.4 to 74.2%.

- As shown in Exhibit 12, DMA heroin-related hospital discharges per 100,000 (including alcohol) ranked sixth from 2007 through 2013, but increased from 1 (n=26) to 2.3 (n=69) per 100,000 during that time period.

- As shown in Exhibit 13, Denver metro heroin ED visits (including alcohol) ranked sixth in 2011 through 2013. The rate per 100,000 of heroin-related emergency department (ED) visits in the Denver metro area increased from 5.4 in 2011 to 7.9 in 2013.

- Exhibit 14 shows heroin mortality numbers and the rate per 100,000 population for the Denver metro area from 2007 through 2013. The number of heroin deaths increased overall from 34 in 2007 to 77 in 2013, with a rate per 100,000 from 1.3 to 2.6 during the same time period.

- From 2006 to 2014, statewide heroin-related human exposure calls to the RMPDC increased from 25 to 51 (Exhibit 15).

- Both Mexican black tar and Mexican brown powder heroin are encountered in the DMA. Mexico-produced white heroin can be found, but not in abundance. White heroin does not appear to be in high demand in this region, compared to black tar and brown powder. Mexico-based suppliers of white heroin generally produce black tar/brown powder as well, usually in greater quantities. Heroin distribution organizations operating in Colorado are generally tied to sources of supply in Sinaloa and Nayarit, Mexico. Most of the heroin is transported from sources of supply in Mexico to Colorado via Arizona; Las Vegas, Nevada; or southern California. From Colorado, some of the heroin is further distributed to markets in the Midwest. Several Mexico-based trafficking cells control the transportation and distribution of wholesale quantities of Mexican heroin in Denver. Wholesale quantities are transported to Denver from southern California or Arizona by Mexican organizations. The wholesale distribution of heroin in Denver is controlled almost exclusively by Mexican drug organizations. Likewise, street-level distribution of quarter-ounce to ounce quantities is dominated by Mexican and Honduran distribution cells.

- During this reporting period, most offices within the DMA reported high or moderate heroin availability. Prices for brown powder in Denver during this reporting period ranged from $750-$1,200 per ounce.

- Heroin was the 3rd most common drug found in items submitted for testing by local law enforcement in 2014 in the Denver metro area (Exhibit 30). As shown, heroin accounted for 17.0% of the items analyzed in the Denver metro area compared to 13.4% for the entire US (ranked #4).

MARIJUANA

- For the Denver metro area, past month marijuana use increased from 9.62% in ‘06-‘08 to 12.2% in ‘08-‘10 (significant at p<.01) and from 12.2% in 08-10 to 13.45% in 10-12 (not significant). The DMA reported substantially higher past month marijuana use than national respondents (Exhibit 16).

- In Exhibit 17, the range for past 30-day marijuana use for DPS students in 6th to 12th grades was from 3 to 30% in 2013, with an average of 27%. The percentages varied very little from the 2011 DPS survey.

- In the DMA, marijuana treatment admissions increased from 2,903 in 2006 (23.6% of total admissions) to a high of 3,295 in 2008 and remained at about that level in 2009 (3,289) and 2010 (3,229). In 2011, marijuana admissions declined by 10.5% to 2,891. They declined slightly to 2,856 in 2012 (by 1.2%) and declined to 2,544 in 2013, or by 10.9% (18.5% of total admissions). In 2014, DMA marijuana admissions totaled 2,431 (17.6% of total admissions), slightly less than in 2013 (Exhibit 10).

- In the DMA in 2014, 79.9% of those treated for marijuana were male, while 20.1% were female. 39.8% of those admitted to treatment for marijuana were White, 35.1% were Hispanic, and 16.4% were African American. The most common age for treatment admission for marijuana users was 25-34 years of age (31.6%) (Exhibit 11).

- In the DMA, marijuana was the third most common drug (behind alcohol and cocaine—excluding the category of prescription opioids) reported in substance abuse-related hospital discharges in 2007. However, from 2008 to 2013, it ranked second behind only alcohol. Overall, from 2007 through 2013, the marijuana hospital discharge rate per 100,000 for the Denver metro area doubled from 77.9 to 156.9 (Exhibit 12).

- As shown in Exhibit 13, DMA marijuana ED visits (including alcohol) ranked second in 2011 through 2013. The rate per 100,000 of DMA marijuana-related emergency department (ED) visits increased from 152.9 in 2011 to 256.5 in 2013, or by 67.8%.

- From 2006 to 2014, statewide marijuana-related human exposure calls to the RMPDC increased more than five-fold from 45 to 238 (Exhibit 15).

- Exhibit 18 shows cannabis-related motor vehicle fatal crashes and fatalities among total motor vehicle fatalities in Colorado from 2008 through 2013. As indicated, the number of cannabis-related fatal crashes increased from 30 in 2008 to 52 in 2011, declined to 35 in 2012, but then increased to 44 in 2013. Also, the total number of fatalities in those crashes increased from 36 in 2008 to 59 in 2011, declining to 45 in 2012, but increasing to 52 in 2013. Likewise, the percentage of cannabis-related fatalities doubled from 6.6% in 2008 to 13.2% in 2011, declining to 9.5% in 2012, increasing slightly to 10.8% in 2013.

- Marijuana was the 4th most common drug found in items submitted for testing by local law enforcement in 2014 in the DMA (i.e., Denver, Arapahoe, and Jefferson Counties) (Exhibit 30). As shown, marijuana accounted for 15.9% of the samples analyzed in the Denver metro area compared to 35.9% for the entire US (ranked #1).

METHAMPHETAMINE

- According to the HKCS, in 2011 3% of DPS high school students reported using methamphetamine in

their lifetime, and in 2013, 4% reported using methamphetamine in their lifetime.

- In the DMA, methamphetamine treatment admissions decreased from 1,699 in 2006 (13.8% of total admissions) to a low of 1,475 in 2011 (11% of admissions), but then increased to a high of 2,127 in 2014 (15.4% of admissions) (Exhibit 10).

- In the DMA in 2014, 57.0% of those treated for methamphetamine were male, while 43.0% were female. Sixty-five percent of those admitted to treatment for methamphetamine were White, 23.8% were Hispanic, and 9.4% were other races. The most common age for treatment admission for methamphetamine users was 25-34 years of age (41.5%). The most common route of administration for methamphetamine in 2014 was smoking (58.8%), followed by injecting (31.8%) and inhaling (7.1%) (Exhibit 11).

- In the Denver metro area, stimulant hospital discharges were the fifth most common drug reported in substance abuse-related hospital discharges from 2007 through 2013. Overall, from 2007 through 2013, the stimulant hospital discharge rate per 100,000 for the DMA rose from 31.1 to 46.1 (Exhibit 12).

- As shown in Exhibit 13, Denver metro stimulant ED visits (including alcohol) ranked fifth in 2011 and 2012, but were 4th in 2013. The rate per 100,000 of stimulant ED visits in the DMA nearly doubled, from 52.6 in 2011 to 102.7 in 2013.

- From 2006 to 2014, statewide methamphetamine-related human exposure calls to the RMPDC increased more than four-fold, from 29 to 131 (Exhibit 15).

- According to the DEA, methamphetamine is the single greatest drug threat throughout the DMA. During this reporting period, every DEA office within the Division ranked methamphetamine as its top drug threat. All offices rated methamphetamine availability as high. Methamphetamine purity levels remain consistently high, 90-100%, even at the retail level.

- Methamphetamine transportation and distribution are controlled primarily by Mexican polydrug trafficking organizations. Methamphetamine loads are driven in private vehicles from Mexico, Arizona, Texas, Nevada, and California to Colorado. From Colorado, much of the methamphetamine is distributed throughout the region and the Midwest. Much of the methamphetamine encountered in Denver during this reporting period came directly from Mexican sources of supply in liquid form. Prices in Denver during this reporting period ranged from $500-$800 per ounce and $5,000-$10,000 per pound.

- Methamphetamine was the most common drug found in items submitted for testing by local law enforcement in 2014 in the DMA (Exhibit 30). As shown, methamphetamine accounted for 31.0% of the samples analyzed in the Denver metro area, compared to 20.0% for the entire US (ranked #2).

PRESCRIPTION OPIOIDS

- For the DMA, past year non-medical use of pain relievers increased from 5.71% in ‘06-‘08 to 6.57% in ‘08-‘10 (not significant), but declined from ‘08-‘10 to ‘10-‘12 to 5.69% (not significant). The DMA

respondents reported higher past year non-medical use of pain relievers than national respondents (Exhibit 20).

- The number of prescription opioid treatment admissions in the DMA has more than doubled, from 433 in 2006 (3.5% of total admissions) to a high of 930 in 2012 (6.5% of total admissions), decreasing to 852 in 2013, followed by an increase to 890 in 2014 (6.4% of admissions) (Exhibit 10).

- In the DMA in 2014, 50.3% of those treated for prescription opioids were female, while 49.7% were male. Sixty-four percent of those admitted to treatment for prescription opioids were White, 25.7% were Hispanic, and 6.2% reported other races. The most common age for treatment admission for opioid users was 25-34 years of age (41.8%) (Exhibit 11).

- As shown in Exhibit 12, prescription opioid-related hospital discharges per 100,000 in the DMA ranked third in 2007 and 2013, and second from 2008 through 2012, increasing from 85.7 in 2007 to 135.9 in 2013, or by 58.6%. The number of prescription opioid hospital discharges increased from 2,301 to 4,030 during the same time period.

- As shown in Exhibit 13, DMA prescription opioid ED visits (including alcohol) ranked third in 2011 through 2013. The rate per 100,000 of prescription opioid-related emergency department (ED) visits in the Denver metro area increased from 110.5 in 2011 to 135.6 in 2013, or by 22.7%.

- Exhibit 14 shows prescription opioid mortality numbers and the rate per 100,000 population for the DMA area from 2007 through 2013. The number of prescription opioid deaths increased slightly, from 506 in 2007 to 525 in 2009, but decreased somewhat to 479 through 2013. The prescription opioid mortality rate per 100,000 decreased slightly overall from 18.9 in 2007 to 16.2 in 2013.

- Trafficking is still largely done by individuals (doctor shopping, etc.). Oxycodone is the most popular prescription opioid and can sell for $1 a milligram. Other prices have not changed much (e.g., Vicodin sells for $3-5 per pill).

- Oxycodone ranked sixth (n=225, 2.9% of total drug items analyzed) among the most common drugs identified in items submitted for testing by local law enforcement in 2014 in the Denver metro area (Exhibit 30), while hydrocodone ranked 8th (n=70, 0.9% of total drug items analyzed).

SYNTHETIC CANNABINOIDS

- In 2013, Denver Health reported approximately 100 cases in Denver emergency departments (possibly 250 across Colorado) of people who became ill after smoking synthetic marijuana, popularly known by such street names as Spice, K2, and Black Mamba.

- The Denver Crime Lab (DCL) had analyzed no synthetic cannabinoid exhibits from 2000 through 2009. However, there were 4 analyzed in 2010, 9 in 2011, 84 in 2012 and 274 in 2013, and 153 in 2014. The DCL also reported rapidly changing synthetic cannabinoid chemical compounds within the 2012 to 2014 time period. As shown in Exhibit 19, there were over 30 different varieties of synthetic cannabinoids analyzed by the DCL from 2010 to 2014.

- Recent data from the Rocky Mountain Poison and Drug Center (RMPDC) also details the problem arising from synthetic cannabinoid use. In 2010, RMPDC received 44 human exposure calls related to synthetic cannabinoids, with 39 in 2011, 34 in 2012, 90 in 2013 and 21 in 2014. Symptoms reported by callers included tachycardia (abnormally rapid heart rate), confusion, agitation/irritability, dysphoria, hallucinations/ delusions, nausea/vomiting, drowsiness/lethargy, tremors, mydriasis (pupil dilation), and seizures.

- XLR-11 was a distant tenth (67 samples at 0.9% of total items) among NFLIS items analyzed in the DMA (Exhibit 30) in 2014.

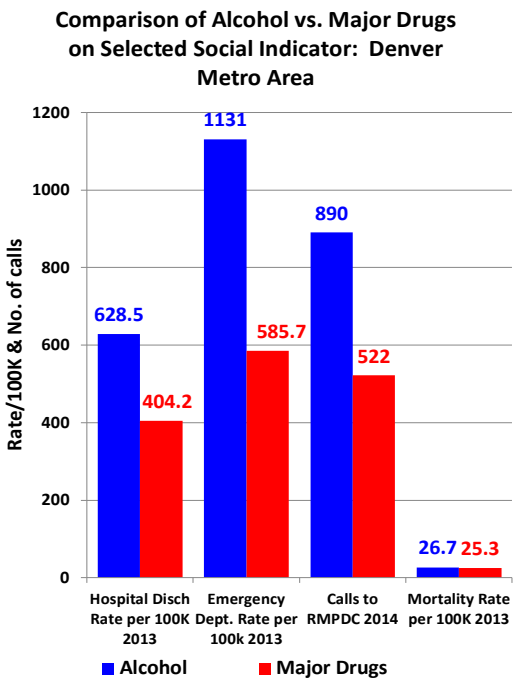
SYNTHETIC CATHINONES (BATH SALTS)

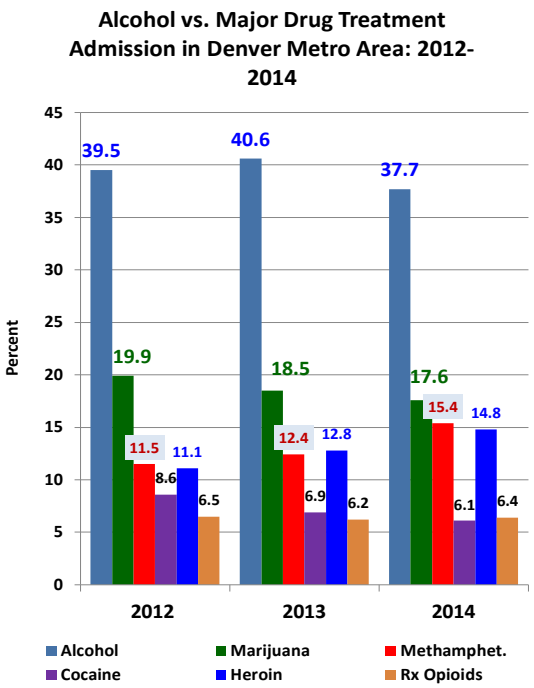
- A class of drugs appearing on the scene in the Denver metro area and in Colorado circa 2010-11 was the synthetic stimulants called bath salts, or psychoactive bath salts (PBS). Marketed with such benign sounding names as Cloud Nine, Vanilla Sky, Bliss, and White Dove, these stimulants have effects similar to methamphetamine and ecstasy. The actual names for these drugs include mephedrone, methylone, and MDPV.
- In 2011, the Denver Crime Lab (DCL) reported analyzing 15 types of PBSs, increasing to 41 in 2012, but decreasing to 9 in 2013 and 12 in 2014. These drugs do not typically appear in any other institutional data sets at this point, with the exception of the Rocky Mountain Poison and Drug Center (RMPDC). According to the RMPDC, based on data from January through April 2011, there were 9 exposures to bath salts (8 males and 1 female). These bath salt users reported twenty-one different symptoms, including slurred speech, seizures, hypertension, excessive sweating, acidosis, chest pain, confusion, agitation and irritability, and tachycardia (abnormally rapid heart rate). Although bath salts are not in the treatment data set, one Denver area treatment program reports an increase in bath salts use, mainly by males in their late 20s to early 30s.

NEW AND NOTABLE

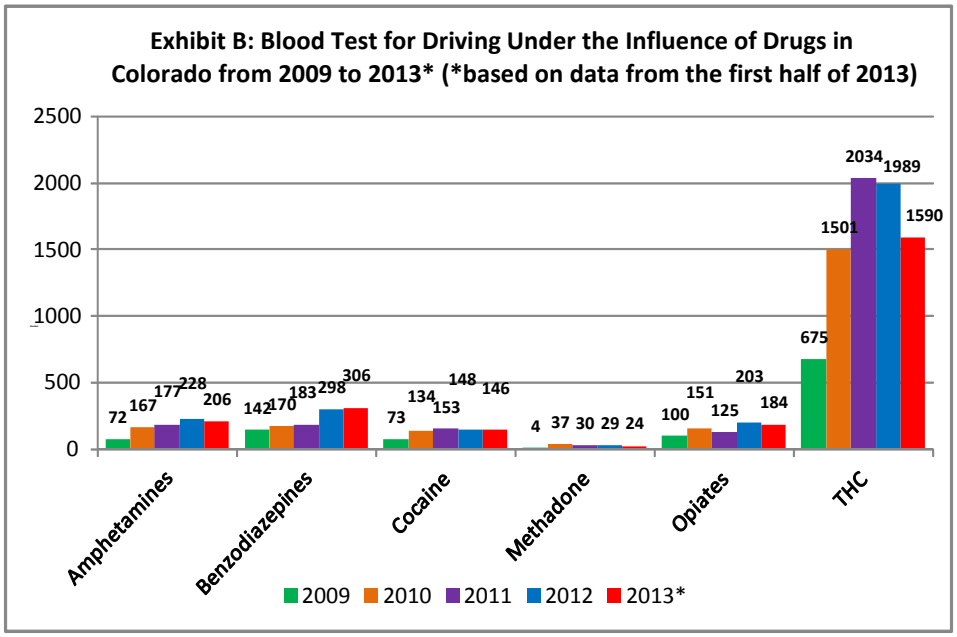
Alcohol: While certainly not an emerging problem in the DMA, alcohol abuse is by far the most serious substance abuse problem in the area and across Colorado. As shown in Exhibit A on the right, alcohol causes more hospital discharges, emergency department visits, and calls to the RMPDC than all the other major drugs combined. In addition, there are about twice as many alcohol treatment admissions in the DMA as for the next closest drug (marijuana).

Exhibit A: Alcohol vs. Drug Indicator Data: Denver Metro Area



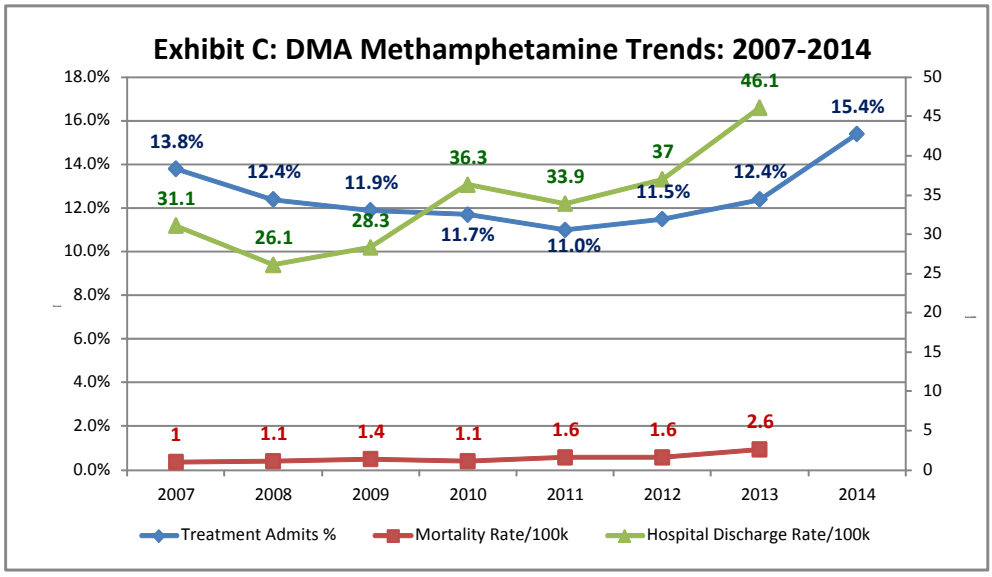


Marijuana: As with alcohol, marijuana abuse is not an emerging drug problem in the DMA. However, the legalization of medical marijuana in 2000 and of recreational marijuana in 2012 has put its current and potential problems back on the epidemiological "front burner." According to a recent Rocky Mountain PBS news article, "there are 698 storefronts you can walk into to buy medical or retail marijuana, more than triple the number of Starbucks (216) in the state. Moreover, the "canna-business has generated $90 million in taxes, licenses and fees for the state since FY 2013. The cannabis industry has created 15,992 people licensed to work in the industry as of February 2015. That's about the same number of high school teachers in



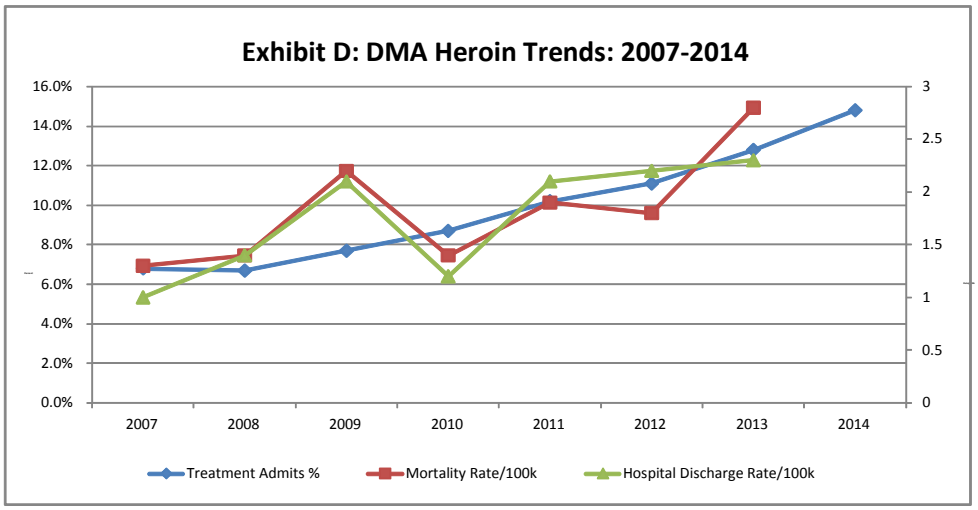
Colorado." As described in the earlier marijuana section, marijuana hospital discharges, emergency department visits and calls to the RMPDC in the DMA have increased substantially. While marijuana treatment admissions have decreased slightly, this is somewhat of a misleading scenario. As indicated in Exhibit A, the average time from onset of marijuana use to first treatment for marijuana abuse is almost 11 years. Thus, given the increased marijuana use prevalence in conjunction with decreased risk perception, and the increase in "early warning" indicators (e.g., hospital discharges, ED visits), it is likely that the DMA and Colorado will see increased patterns of marijuana treatment admissions in the not too distant future. Also, in 2006, about 2 in 5 marijuana treatment admissions involved clients under 18 years old. That proportion is now less than 1 in 4, as the 25 and over group now constitutes more than half of clients admitted to treatment for marijuana abuse. Substance abuse clinicians report that many of their older marijuana clients said they started using (or began using again) because it helped with the "aches and pains" of aging, and that it was certainly less addictive than opioids. This is somewhat borne out by data from the medical marijuana registry in which 94% of patients report the use medical marijuana for chronic pain. However, the younger age groups are still showing a propensity for marijuana abuse, as the 18 to 25 year old group makes up the largest proportion of marijuana hospital discharges in the DMA. There is also evidence that marijuana is getting stronger, with much of the drug sold both recreationally and medically testing at 25% THC. Driving under the influence of marijuana is also an increasing problem in the DMA, as evidenced in Exhibit B above. As indicated, positive DUID marijuana blood tests tripled from 2009 to 2012 and had already reached 1,590 in the first half of 2013. Also, as shown in Exhibit 18, marijuana-related fatal crashes have shown an overall upward trend from 2008 to 2013.

Methamphetamine: The methamphetamine abuse problem has shown peaks and valleys in the DMA for decades. The 2005-06 methamphetamine resurgence had subsided by 2010. However, current data analyses show that all methamphetamine indicators in the DMA are increasing either moderately or substantially (Exhibit 22). Exhibit C shows three methamphetamine indicators from 2007 through 2014. Treatment admissions had been declining from 2007 to 2011, but increased from 2012 to 2014 (the highest level of methamphetamine treatment admissions in the entire time period). In addition, both methamphetamine mortality and hospital discharges per 100,000 reached their highest level in 2013. In their most recent intelligence report for the DMA (and other areas in Colorado) the DEA, said the following: "methamphetamine is the single greatest drug threat throughout the DFD (Denver Field Division). During this reporting period, every



DEA office within the Division ranked methamphetamine as its top drug threat. All offices rated methamphetamine availability as high. Methamphetamine purity levels remain consistently high; purity levels are commonly in the range of 90-100%, even at the retail level." As shown in Exhibit 11, there have been some substantial changes in methamphetamine use/abuse demographics. In 2006, White-non Hispanics were the major users of methamphetamine (81% of methamphetamine treatment admissions). However, in 2014 the proportion of Hispanics in treatment for methamphetamine abuse had increased from 12.9% (2006) to nearly 24%. Further, the proportion of methamphetamine treatment clients who reported injecting the drug had increased from 18.2% to 31.8%.

Heroin (and relationship with prescription opioids): The DEA reported that heroin was their second highest threat in the DMA (after methamphetamine) with moderate to high availability. As shown in Exhibit 22 all heroin indicators in the DMA are increasing. Exhibit D shows three such heroin indicators: treatment admissions, mortality, and hospital discharges per 100,000. Exhibit 28 shows mortality data from the Denver Medical Examiner's Office from 2003 to 2014, emphasizing those for heroin (shown with a red trend line and red data labels). While some of the increase in heroin deaths in the City and County of Denver is based on better detection of heroin, the 52 heroin deaths in 2014 is the highest in the time period shown. Exhibit 11 also illustrates that there have been changes in heroin demographics among clients in treatment with increased White (non-Hispanic) users, slightly more females, younger users (with a large increase in the 34 and younger group), and a doubling of clients who use a smoking route of ingestion. Anecdotally, much of the heroin use/abuse increase in the DMA relates to clients who start abusing prescription opioids (often younger clients) either from a prescription for an injury or by obtaining opioids from a family member or friend (via the medicine cabinet). The prescription opioid abuser can't maintain the expensive habit and switches to heroin. In fact, prescription opioid abuse, which had been on the increase from 2007 through 2011, has leveled (or declined somewhat) between 2011 and 2014, as illustrated in Exhibit 29. There is some evidence of the slowing of some commonly prescribed prescription opioids in the City and County of Denver. Exhibit 31 shows the number of oxycodone, hydrocodone, and methadone prescriptions dispensed in Denver from the 3rd quarter of 2007 through the fourth quarter of 2014. Oxycodone prescriptions peaked in the fourth quarter of 2011 (43,332 prescriptions dispensed) and dropped to only 34,494 dispensed in the fourth quarter of 2014. Hydrocodone prescriptions dispensed in Denver dropped dramatically, from a high of 48,723 prescriptions dispensed in first quarter of 2012 to only 21,294 dispensed in the fourth quarter of 2014. This decline is mostly due to the rescheduling of hydrocodone combinations from a schedule III to II.



Exhibits

Exhibit 1: Colorado Map showing 14 Planning and Management Regions

Exhibit 2: DMA Population by County: 2013 Estimates

DMA Counties	Population
Adams	468,688
Arapahoe	606,603
Boulder	309,874
Broomfield	59,450
Clear Creek	9,029
Denver	648,937
Douglas	306,033
Gilpin	5,589
Jefferson	552,213
TOTAL	2,966,416

Exhibit 3: DMA Population by Race from 2010 Census

State/County	Total Population	White (non-Hispanic)	African American	American Indian/Alaskan Native	Asian/Pacific Islander	Some other Races Alone	Two or More Races Total	Hispanic Origin (of any race)
Colorado	5,029,196	3,520,793	188,778	31,244	141,225	7,622	100,847	1,038,687
Adams	441,603	234,970	12,207	2,478	15,907	677	7,486	167,878
Arapahoe	572,003	361,747	55,657	2,386	29,631	1,002	16,058	105,522
Boulder	294,567	233,741	2,265	1,061	12,149	478	5,597	39,276
Broomfield	55,889	44,358	530	244	3,411	66	1,064	6,216
Clear Creek	9,088	8,371	50	56	54	11	117	429
Denver	600,158	313,012	58,388	3,525	20,420	1,208	12,640	190,965
Douglas	285,465	243,297	3,245	803	10,738	387	5,603	21,392
Gilpin	5,441	4,947	28	34	84	3	78	267
Jefferson	534,543	427,160	5,001	2,638	14,072	715	8,512	76,445
	2,798,757	1,871,603	137,371	13,225	106,466	4,547	57,155	608,390
		66.9%	4.9%	0.5%	3.8%	0.2%	2.0%	21.7%

Exhibit 4: DMA Population by Age from 2010 Census

Age Group	Percent
0-14	**20.1**
15-29	**20.2**
30-44	**22.4**
45-59	**20.4**
60-74	**12.2**
75+	**4.6**
Total	**2,798,757**
Median Age	**36.6**

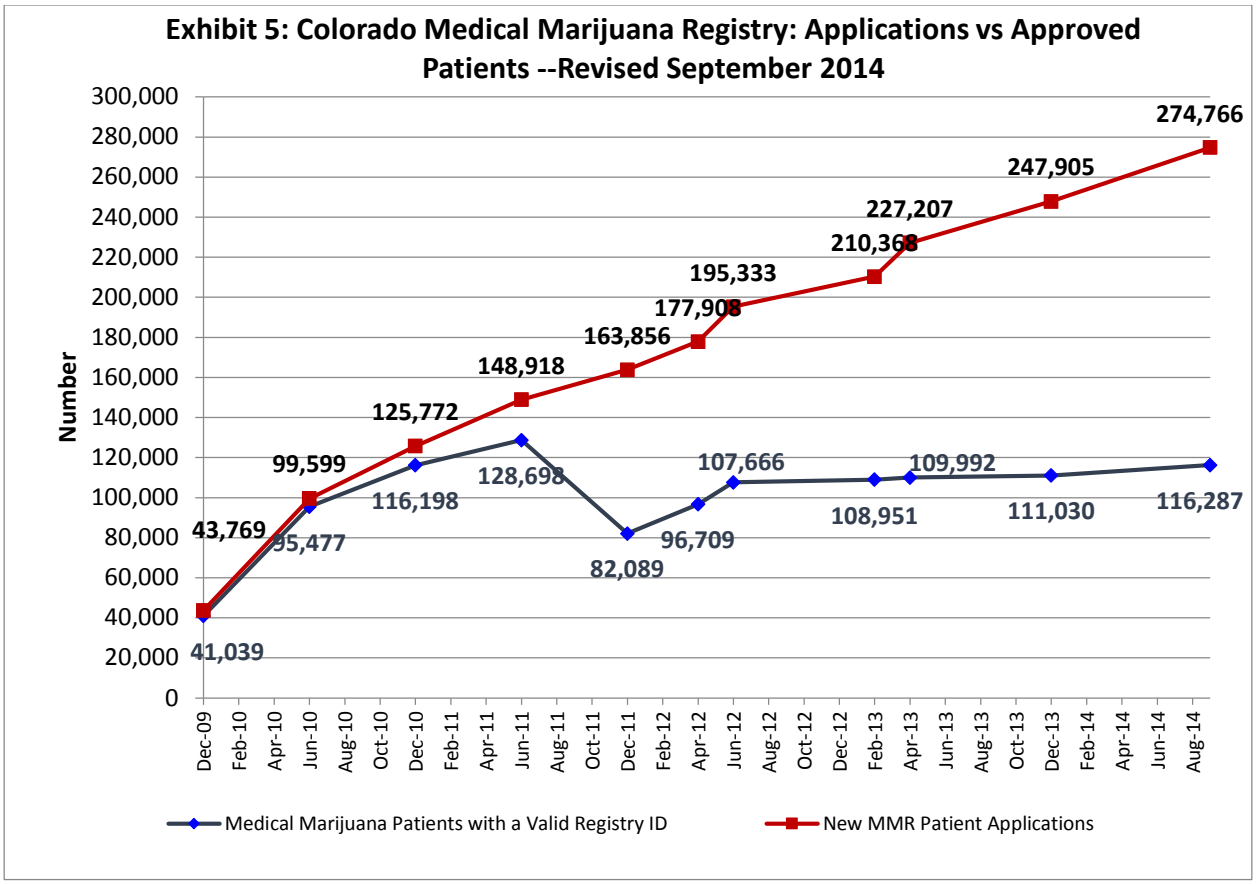


Exhibit 6: Colorado Medical Marijuana Centers (MMCs): Denver Metro Area Compared to Outside Metro Area* by License Type**

License Type	Denver Metro N	Denver Metro Percent of Statewide MM Centers	Outside Denver N	Outside Denver Percent of Statewide MM Centers	Total MM Centers in Colorado
Type 1	218	44.0	201	40.6	419
Type 2	28	5.7	15	3.0	43
Type 3	27	5.5	6	1.2	33
Total	273	55.2	222	44.8	495

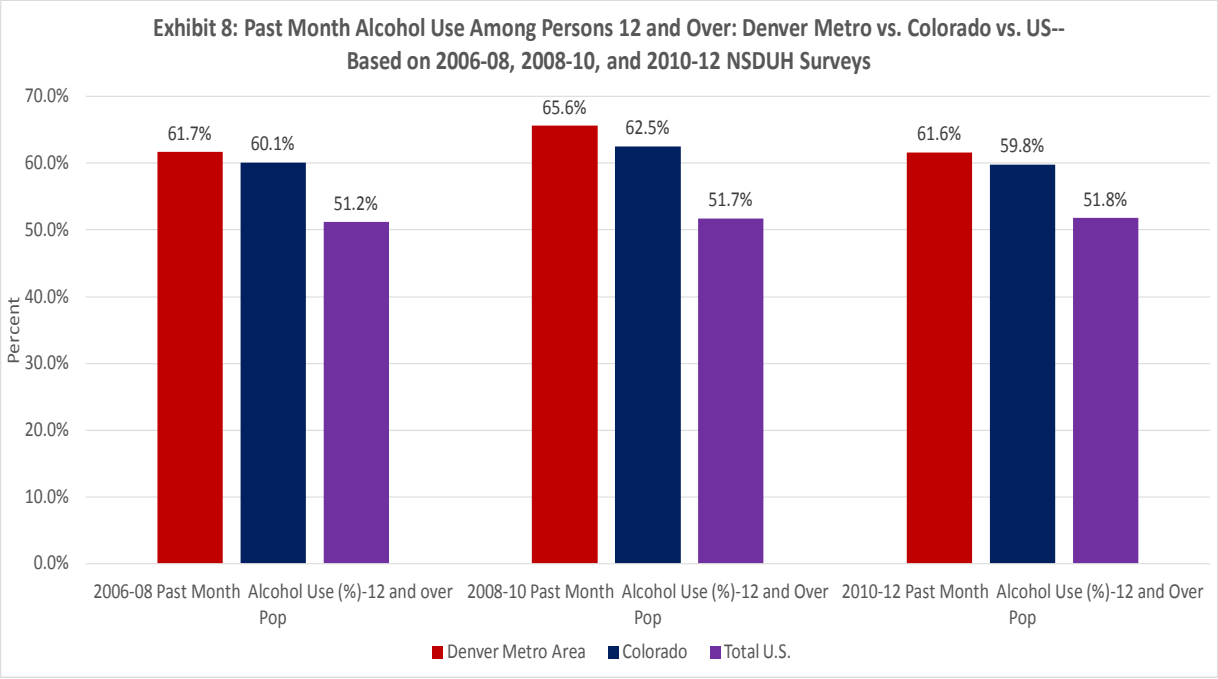
Source: Colorado Department of Revenue: Medical Marijuana Enforcement

****License Types:**

- Type 1 Centers are those with 1 to 300 Primary Patients
- Type 2 Centers are those with 301 to 500 Primary Patients
- Type 3 Centers are those with 501 and above Primary Patients
- This excludes Infused Product Manufacturing Licenses—see chart 9a

Exhibit 7: Top Cities/Areas for Retail Marijuana Stores

Cities/Areas	Number of Retail Stores	Percent of Total
City/County of Denver	122	52.4
Rest of Denver Metro Area	42	18.0
Front Range Outside Denver Metro Area	22	9.4
Western Slope	47	20.2
TOTAL ALL CITIES	233	100



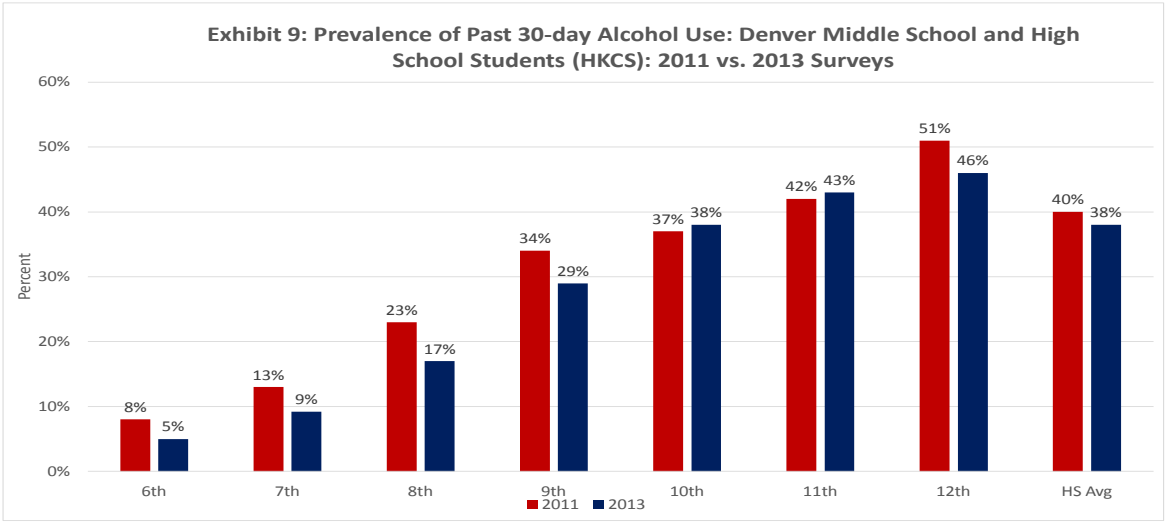


Exhibit 10: Numbers and Percentages of Treatment Admissions by Primary Drug Type in Denver Metro: CY 2006–2014										
Drug		**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Alcohol	*n*	4,414	4,451	5,095	5,265	4,973	5,142	5,685	5,586	5,222
	%	35.9	35.8	37.0	38.0	37.3	38.4	39.5	40.6	37.7
Marijuana	*n*	2,903	2,929	3,295	3,289	3,229	2,891	2,856	2,544	2,431
	%	23.6	23.5	23.9	23.8	24.2	21.6	19.9	18.5	17.6
(excluding alcohol)	%	36.8	36.6	38.0	38.3	38.7	35.0	32.9	31.2	28.2
Methamphetamine	*n*	1,699	1,722	1,714	1,641	1,562	1,475	1,653	1,707	2,127
	%	13.8	13.8	12.4	11.9	11.7	11.0	11.5	12.4	15.4
(excluding alcohol)	%	21.5	21.5	19.7	19.1	18.7	17.9	19.0	20.9	24.7
Cocaine	*n*	1,848	1,862	1,910	1,602	1,355	1,276	1,244	951	841
	%	15.0	15.0	13.9	11.6	10.2	9.5	8.6	6.9	6.1
(excluding alcohol)	%	23.4	23.3	22.0	18.7	16.2	15.4	14.3	11.7	9.8
Heroin	*n*	829	846	925	1,062	1,154	1,364	1,599	1,760	2,048
	%	6.7	6.8	6.7	7.7	8.7	10.2	11.1	12.8	14.8
(excluding alcohol)	%	10.5	10.6	10.7	12.4	13.8	16.5	18.4	21.6	23.8
Other Opioids[1]	*n*	433	429	570	688	786	843	930	852	890
	%	3.5	3.4	4.1	5.0	5.9	6.3	6.5	6.2	6.4
(excluding alcohol)	%	5.5	5.4	6.6	8.0	9.4	10.2	10.7	10.4	10.3
Depressants[2]	*n*	57	50	68	64	44	66	77	71	73
	%	0.5	0.4	0.5	0.5	0.3	0.5	0.5	0.5	0.5
(excluding alcohol)	%	0.7	0.6	0.8	0.7	0.5	0.8	0.9	0.9	0.8
Other /Stimulants	*n*	34	17	29	22	31	31	32	19	32
	%	0.3	0.1	0.2	0.2	0.2	0.2	0.2	0.1	.2
(excluding alcohol)	%	0.4	0.2	0.3	0.3	0.4	0.4	0.4	0.2	0.4
Hallucinogens[3]	*n*	25	18	18	15	9	22	34	29	31
	%	0.2	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2
(excluding alcohol)	%	0.3	0.2	0.2	0.2	0.1	0.3	0.4	0.4	0.4
Club Drugs[4]	*n*	24	42	53	43	63	85	74	71	54
	%	0.2	0.3	0.4	0.3	0.5	0.6	0.5	0.5	0.4
(excluding alcohol)	%	0.3	0.5	0.6	0.5	0.8	1.0	0.9	0.9	0.6
Other[5]	*n*	39	82	97	152	121	210	197	152	92
	%	0.3	0.7	0.7	1.1	0.9	1.6	1.4	1.1	0.7
(excluding alcohol)	%	0.5	1.0	1.1	1.8	1.4	2.5	2.3	1.9	1.1
Total	***N***	**12,305**	**12,448**	**13,774**	**13,844**	**13,328**	**13,405**	**14,382**	**13,742**	**13,841**
(excluding alcohol)	***N***	**7,890**	**7,998**	**8,680**	**8,579**	**8,355**	**8,263**	**8,697**	**8,156**	**8,619**

[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, Office of Behavioral Health, Colorado Department of Human Services

Exhibit 11: Demographic Characteristics of Clients Admitted to Treatment in Denver Metro: CY 2006 compared to CY 2014												
	Alcohol		Cocaine		Heroin		Meth.		Rx Opioids		Marijuana	
Year	2006	2014	2006	2014	2006	2014	2006	2014	2006	2014	2006	2014
Total N by Year	**4415**	**5222**	**1848**	**841**	**829**	**2048**	**1699**	**2127**	**433**	**890**	**2902**	**2431**
Gender												
Male	69.3	67.9	60.8	65.6	68.0	65.6	54.7	57.0	52.0	49.7	76.6	79.9
Female	33.4	32.1	39.2	34.4	32.0	34.4	45.3	43.0	48.0	50.3	23.4	20.1
Race/Ethnicity												
White	65.4	57.2	44.0	30.1	65.1	67.3	81.8	64.5	85.9	63.8	42.8	39.8
African-American	7.5	8.7	20.8	30.8	6.6	2.9	1.3	2.3	2.5	4.3	20.7	16.4
Hispanic	21.9	26.4	31.3	33.9	23.5	23.6	12.9	23.8	9.0	25.7	31.3	35.1
Other	6.2	7.7	5.2	5.2	4.8	6.2	4.0	9.4	2.6	6.2	5.2	8.7
Age at Admission												
Under 17	4.0	1.0	2.6	1.1	0.2	1.7	3.8	2.4	0.5	1.5	39.1	23.9
18 to 24	17.4	12.4	13.3	9.6	12.8	30.3	24.2	13.8	11.8	17.2	27.0	24.6
25 to 34	26.0	32.2	26.5	25.3	29.6	37.9	38.8	41.5	34.9	41.8	20.2	31.6
35-44	28.8	25.3	37.0	23.1	21.4	15.0	25.5	28.5	25.2	22.8	10.1	12.0
45-54	18.2	20.8	18.3	31.3	25.9	7.2	7.3	11.8	20.6	9.9	2.9	5.6
55 and older	5.6	8.3	2.3	9.6	10.1	7.9	0.4	1.9	7.2	6.9	0.7	2.2
Route of Ingestion for Primary Substance												
Smoking	0.4	0.2	57.4	59.5	10.0	20.6	65.7	58.8	0.9	6.3	92.9	93.1
Inhaling	2.9	0.3	36.2	32.6	6.0	4.2	12.1	7.1	5.8	10.1	5.2	3.7
Injecting	0.1	0.0	4.3	5.5	82.4	74.2	18.2	31.8	10.2	5.5	0.0	0.0
Oral/Other	96.6	99.5	0.6	2.5	0.4	0.3	4.0	2.3	83.1	78.1	1.9	3.2
Secondary Substance												
Alcohol	0	0	33.5	32.6	6.5	8.2	17.6	19.4	13.9	16.2	40.4	36.7
Cocaine	13.9	8.0	0	0	30.3	16.1	12.1	7.2	9.7	4.7	11.8	6.3
Heroin	0.5	1.2	1.8	3.0	0	0	0.7	6.5	3.2	8.7	0.3	1.0
Methamphetamine	3.9	4.4	5.2	6.7	5.2	13.7	0	0	3.2	6.3	8.2	7.9
Marijuana	23.7	22.7	25.2	21.5	9.2	15.2	31.9	29.8	7.2	15.3	0.0	0
Rx Opiates	1.7	2.0	0.7	2.0	6.3	14.7	0.9	2.1	0	0	0.4	1.8
Hallucinogens	0.2	0.1	0.3	0.2	0.1	0.2	0.4	0.4	0.5	0.1	0.7	1.2
Sedatives	0.9	1.2	0.8	0.2	2.6	3.5	0.7	0.5	6.9	7.6	0.3	0.5
Other	0.5	5.9	0.9	3.8	0.4	5.4	1.3	4.6	1.5	5.5	1.3	6.3
None	54.5	54.2	31.6	30.0	39.3	23.0	34.5	29.3	52.7	34.4	36.6	38.2

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

Exhibit 12: Number and Rates of Denver Metro Drug-Related Hospital Discharge Reports per 100,000 Population for Selected Drugs (unduplicated): 2007–2013							
Number and Rate per 100k	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Alcohol N	14,465	16,005	16,130	17,515	18,264	18,144	18,645
Alcohol Rate	538.87	586.01	580.92	622.77	638.24	623.13	628.54
Marijuana N	2,091	2,438	2,507	3,397	3,526	3,558	4,655
Marijuana Rate	77.9	89.26	90.29	120.79	123.22	122.19	156.9
Cocaine N	2,583	2,334	2,135	2,252	2,231	1,901	1,870
Cocaine Rate	96.22	85.46	76.89	80.07	77.96	65.29	63.04
Heroin N	26	37	58	33	59	64	69
Heroin Rate	0.97	1.35	2.09	1.17	2.06	2.2	2.33
Rx Opioid N	2,301	2,618	2,851	3,441	4,257	4,098	4,030
Rx Opioid Rate	85.72	95.86	102.68	122.35	148.76	140.74	135.85
Stimulant N	836	712	786	1,021	969	1,077	1,367
Stimulant Rate	31.14	26.07	28.31	36.3	33.86	36.99	46.08

SOURCE: Colorado Department of Public Health and Environment, Colorado Hospital Association Discharge Data Program Database

Exhibit 13: Denver Metro ED Visits by Selected Drug for 2011-2013			
	2011	**2012**	**2013**
Alcohol ED Rate per 100,000	990.8	984.6	1130.9
Marijuana ED Rate per 100,000	152.9	176.2	256.5
Rx Opioid ED Rate per 100,000	110.5	121.1	135.6
Cocaine ED Rate per 100,000	84.4	73.5	83
Stimulant ED Rate per 100,000	52.6	63.0	102.7

Exhibit 14: Denver Metro Area Mortality for Alcohol and Selected Drugs.							
	2007	2008	2009	2010	2011	2012	2013
Population	2,684,335	2,731,197	2,776,620	2,812,417	2,861,627	2,911,749	2,962,704
Alcohol Count	706	827	882	819	806	775	792
Alcohol Rate/100,000	26.3	30.3	31.8	29.1	28.2	26.6	26.7
Rx opioid Count	506	479	525	418	515	500	479
Rx Opioid Rate/100,000	18.9	17.5	18.9	14.9	18.0	17.2	16.2
Cocaine Count	155	119	103	81	93	75	65
Cocaine Rate/100,000	5.8	4.4	3.7	2.9	3.3	2.6	2.2
Heroin Count	34	39	60	38	53	53	77
Heroin Rate/100,000	1.3	1.4	2.2	1.4	1.9	1.8	2.6
Marijuana Count	*	4	*	*	*	6	4
Marijuana Rate/100,000	*	0.15	*	*	*	0.21	0.14
Stimulant Count	27	29	40	32	45	46	75
Stimulant Rate/100,000	1.0	1.1	1.4	1.1	1.6	1.6	2.5
Benzo Count	44	33	49	39	45	33	54

Exhibit 15: Number of Statewide Drug-Related Calls to the Rocky Mountain Poison and Drug Center: 2004 to 2012 (human exposure calls only)									
Drug	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
Alcohol	868	858	916	840	913	991	951	912	890
Cocaine/Crack	129	91	104	63	64	96	64	80	46
Heroin/Morphine	25	21	23	29	19	47	50	44	51
Marijuana	45	70	61	54	107	98	130	136	238
Methamphetamine	29	31	51	60	72	78	72	117	131
Club Drugs	47	49	55	46	48	53	51	33	56

Note: Club Drugs includes Gamma Hydroxybutyrate and MDMA

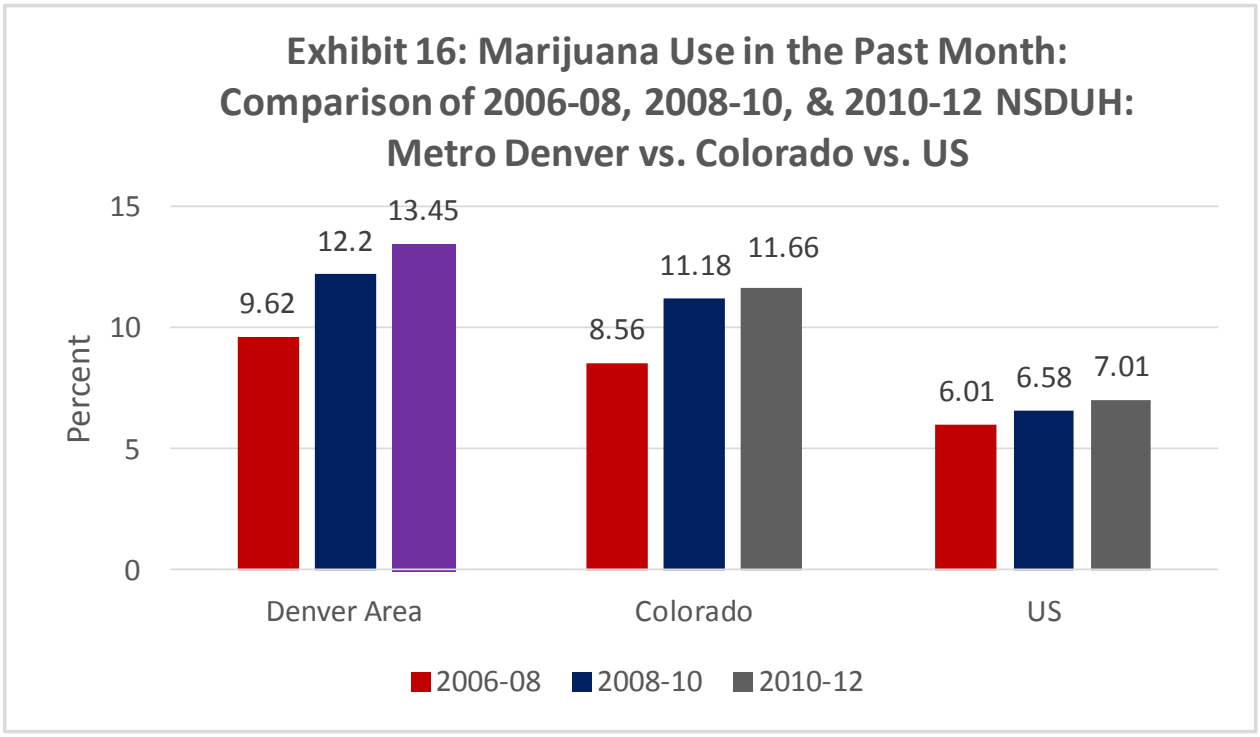


Exhibit 16: Marijuana Use in the Past Month: Comparison of 2006-08, 2008-10, & 2010-12 NSDUH: Metro Denver vs. Colorado vs. US
Percent
15
10
5
0
9.62
12.2
13.45
8.56
11.18
11.66
6.01
6.58
7.01
Denver Area
Colorado
US
2006-08
2008-10
2010-12

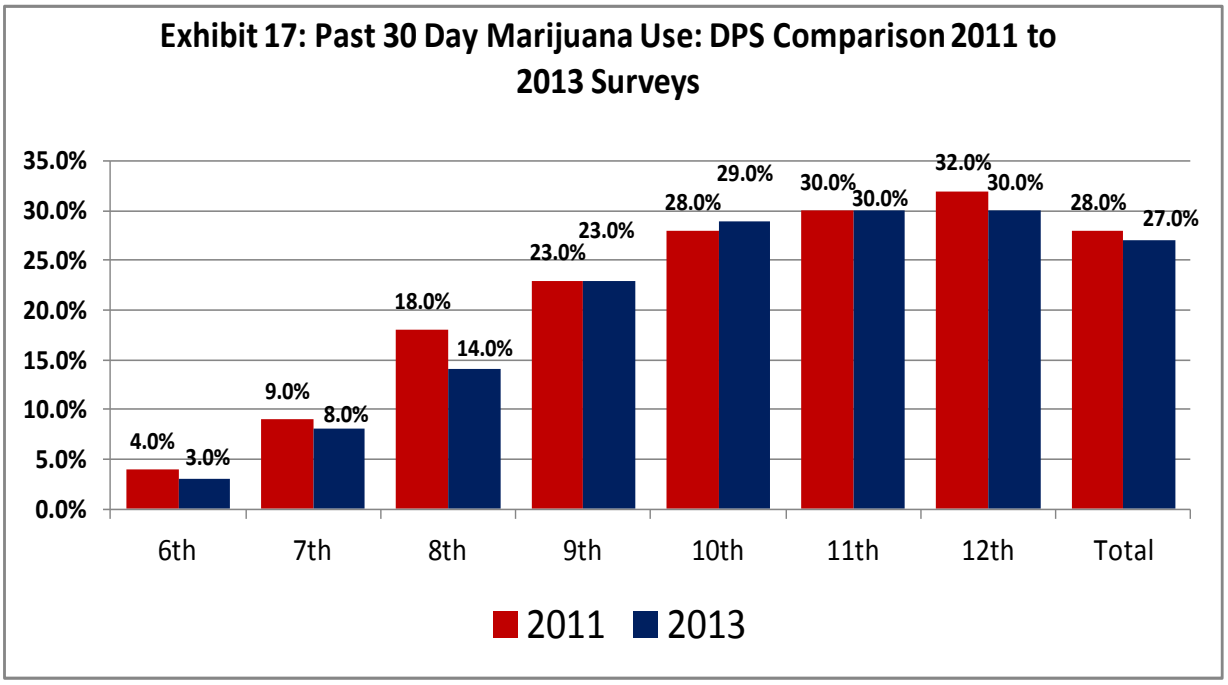


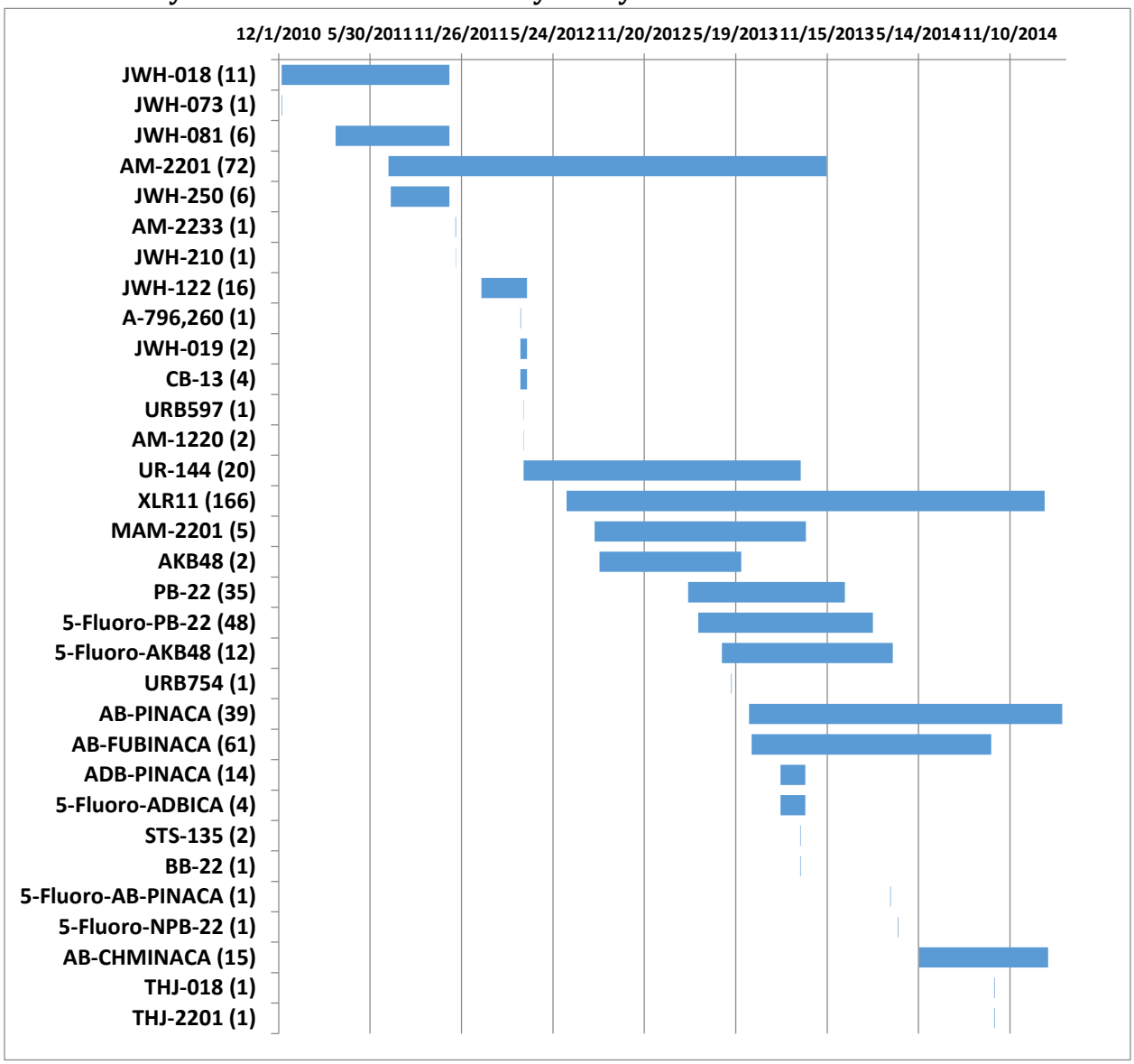
Exhibit 17: Past 30 Day Marijuana Use: DPS Comparison 2011 to 2013 Surveys
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
4.0%
3.0%
9.0%
8.0%
18.0%
14.0%
23.0%
23.0%
28.0%
29.0%
30.0%
30.0%
32.0%
30.0%
28.0%
27.0%
6th
7th
8th
9th
10th
11th
12th
Total
2011
2013

Exhibit 18: Cannabis Related Motor Vehicle Fatalities among Total Motor Vehicle Fatalities in Colorado by Year: 2008 through 2013*

Year	Cannabis Related Crashes	Fatalities of Cannabis Related Crashes	Total Motor Vehicle Fatalities	Percent Fatalities Cannabis Related
2008	30	36	548	6.6%
2009	37	41	465	8.8%
2010	42	47	450	10.4%
2011	52	59	447	13.2%
2012	35	45	474	9.5%
2013*	44	52	481	10.8%

*2013 data are preliminary

Exhibit 19: Synthetic Cannabinoids Analyzed by Denver Crime Lab 2010-2014



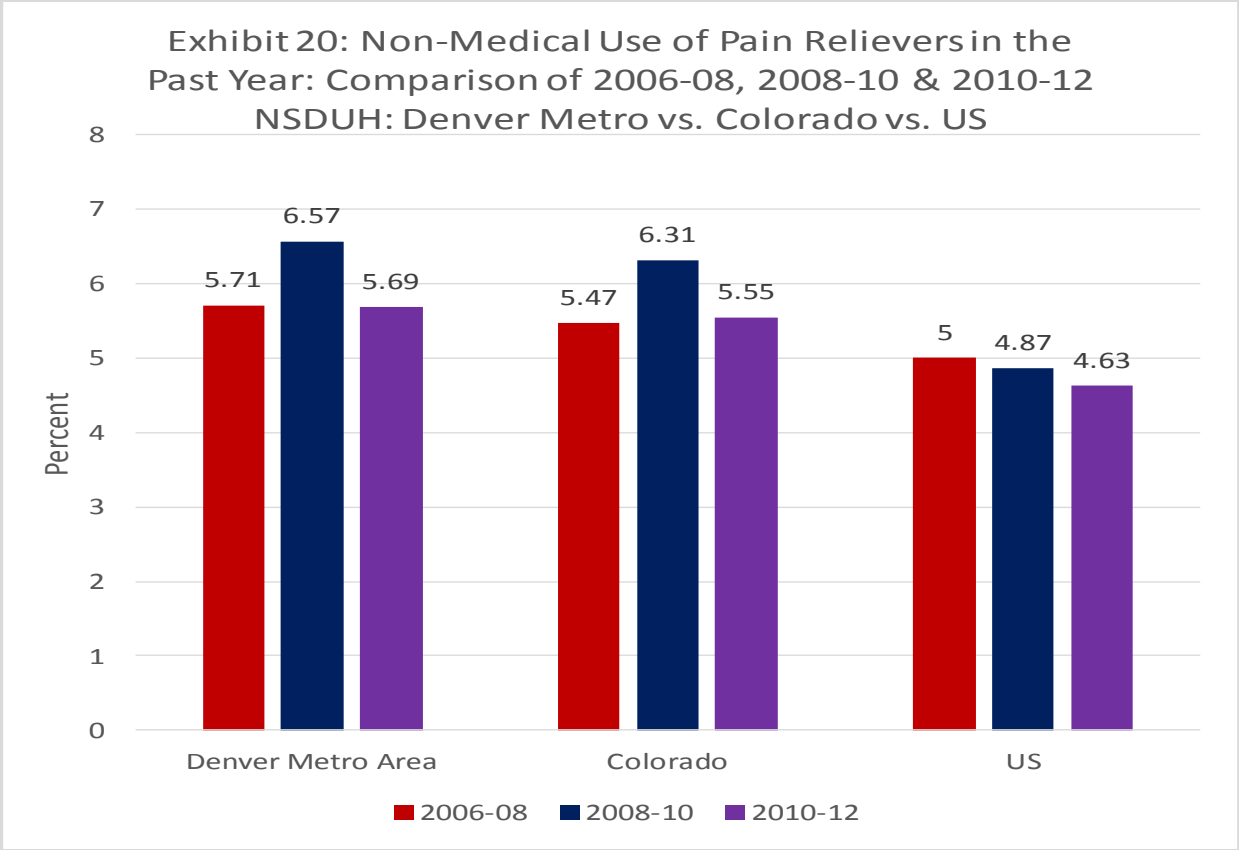


Exhibit 20: Non-Medical Use of Pain Relievers in the Past Year: Comparison of 2006-08, 2008-10 & 2010-12 NSDUH: Denver Metro vs. Colorado vs. US
Percent
8
7
6
5
4
3
2
1
0
5.71
6.57
5.69
5.47
6.31
5.55
5
4.87
4.63
Denver Metro Area
Colorado
US
2006-08
2008-10
2010-12

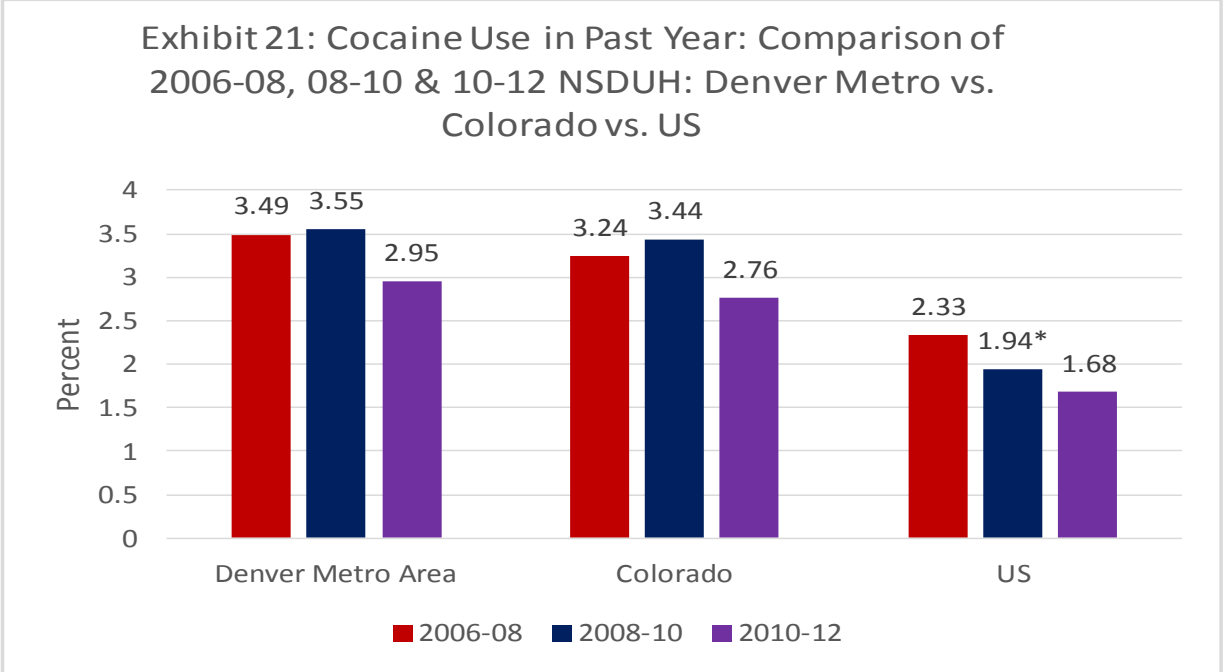
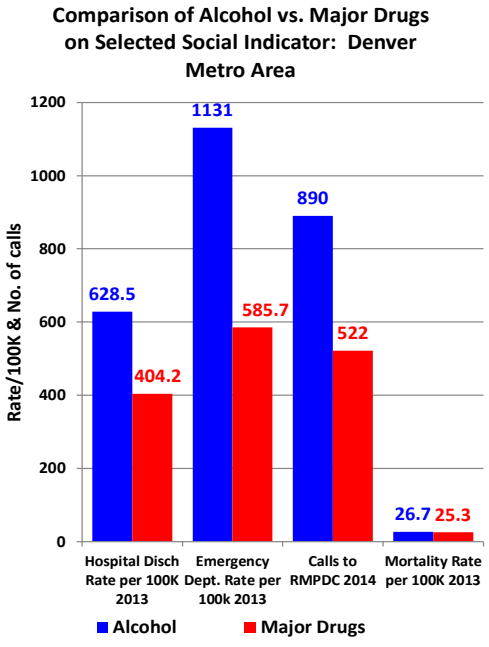


Exhibit 21: Cocaine Use in Past Year: Comparison of 2006-08, 08-10 & 10-12 NSDUH: Denver Metro vs. Colorado vs. US
Percent
4
3.5
3
2.5
2
1.5
1
0.5
0
3.49
3.55
2.95
3.24
3.44
2.76
2.33
1.94*
1.68
Denver Metro Area
Colorado
US
2006-08
2008-10
2010-12

Exhibit 22: Drug Trends Summary (2007-2014)

Drug	Tx-Admits	Tx-New Users	Hosp. Disch.	Mortality	ED	Crime Lab
Marijuana	↘	↘	↑	NA	↑	↓
Cocaine	↓	↓	↓	↓	↘	↓
Heroin	↑	↗	↗	↑	↗	↑
Methamph.	↗	↗	↑	↗	↑	↗
Rx Opioids	↗	↔	↗	↔	↑	↗

Exhibit 23: Alcohol vs. Drug Indicator Data: Denver Metro Area



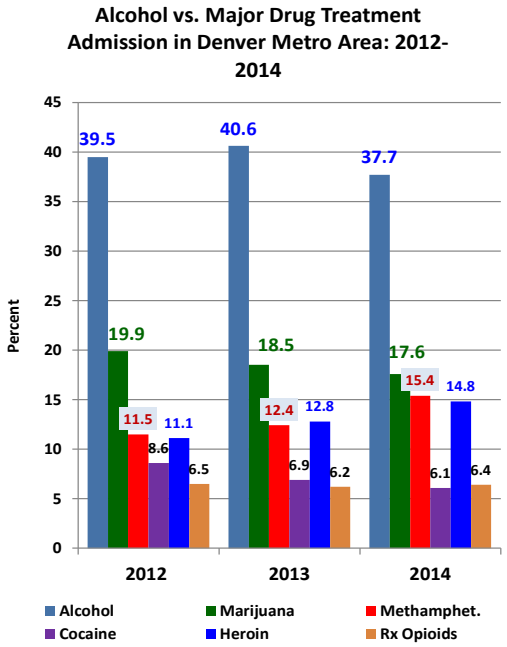


Exhibit 24: Age of Onset, Years to Treatment, and Proportions of New Users (< 3 Years) and New to Treatment (Tx) Admissions for Colorado and the Denver Area: CY 2013

Area		Cocaine	Heroin	Other Opiates	Metham-phetamine	Marijuana
Statewide		(*n*=1,741)	(*n*=3,174)	(*n*=2,276)	(*n*=5,646)	(*n*=5,970)
Age at Onset[1]	Mean	22.1	22.1	24.3	20.9	14.2
	Median	20.0	20.0	22.0	18.0	14.0
Years to 1st Tx[1]	Mean	15.3	5.9	7.7	11.0	10.7
	Median	13.0	3.0	5.0	10.0	8.0
% New Users[1]		11.1	43.8	22.9	18.1	19.3
% New to Tx.[2]		28.9	28.0	39.4	28.0	51.4
Denver Area		(*n*=939)	(*n*=1,755)	(*n*=844)	(*n*=1,700)	(*n*=2,526)
Age at Onset [1]	Mean	22.0	22.2	24.5	21.2	14.1
	Median	20.0	20.0	23.0	19.0	14.0
Years to 1st Tx[1]	Mean	16.0	6.3	8.4	11.8	10.8
	Median	13.0	3.0	6.0	10.0	8.0
% New Users[1]		10.3	40.0	19.6	14.5	19.5
% New to Tx[2]		32.2	27.5	40.0	29.9	54.5

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.

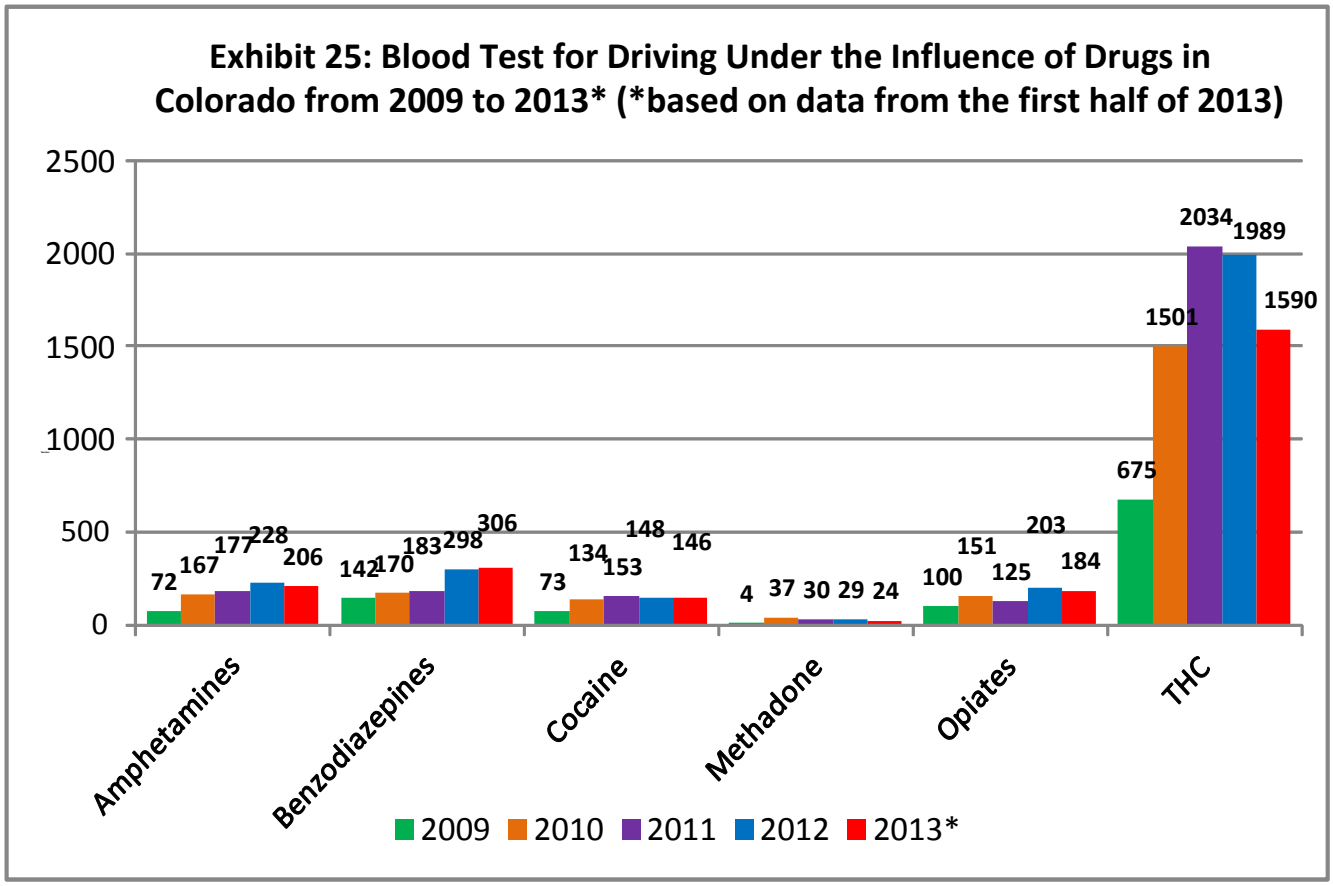


Exhibit 25: Blood Test for Driving Under the Influence of Drugs in Colorado from 2009 to 2013* (*based on data from the first half of 2013)
2500
2000
1500
1000
500
0
72 167 177 228 206
142 170 183 298 306
73 134 153 148 146
4 37 30 29 24
100 151 125 203 184
675 1501 2034 1989 1590
Amphetamines
Benzodiazepines
Cocaine
Methadone
Opiates
THC
2009 2010 2011 2012 2013*

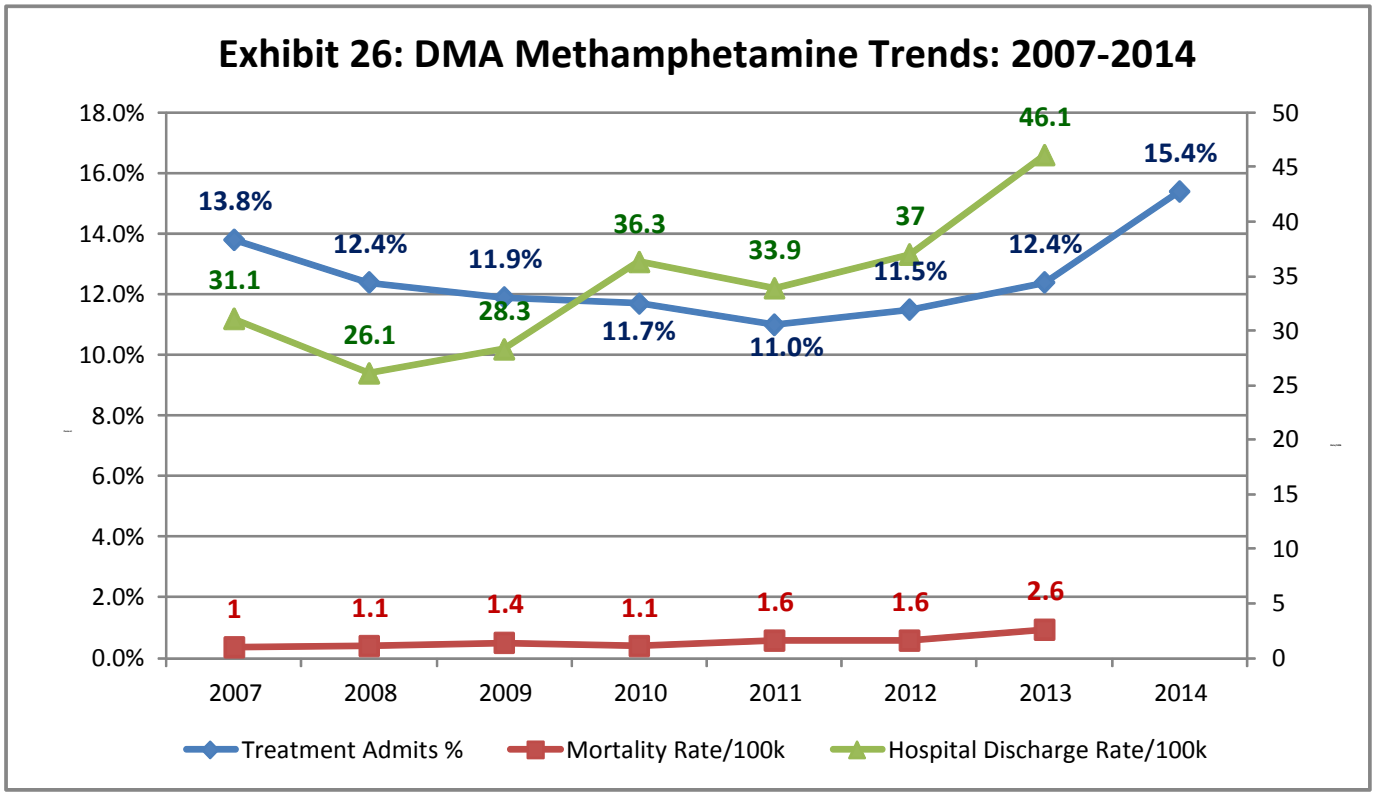


Exhibit 26: DMA Methamphetamine Trends: 2007-2014
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
50
45
40
35
30
25
20
15
10
5
0
13.8% 12.4% 11.9% 11.7% 11.0% 11.5% 12.4% 15.4%
31.1 26.1 28.3 36.3 33.9 37 46.1
1 1.1 1.4 1.1 1.6 1.6 2.6
2007 2008 2009 2010 2011 2012 2013 2014
Treatment Admits %
Mortality Rate/100k
Hospital Discharge Rate/100k

Exhibit 27: DMA Heroin Trends: 2007-14

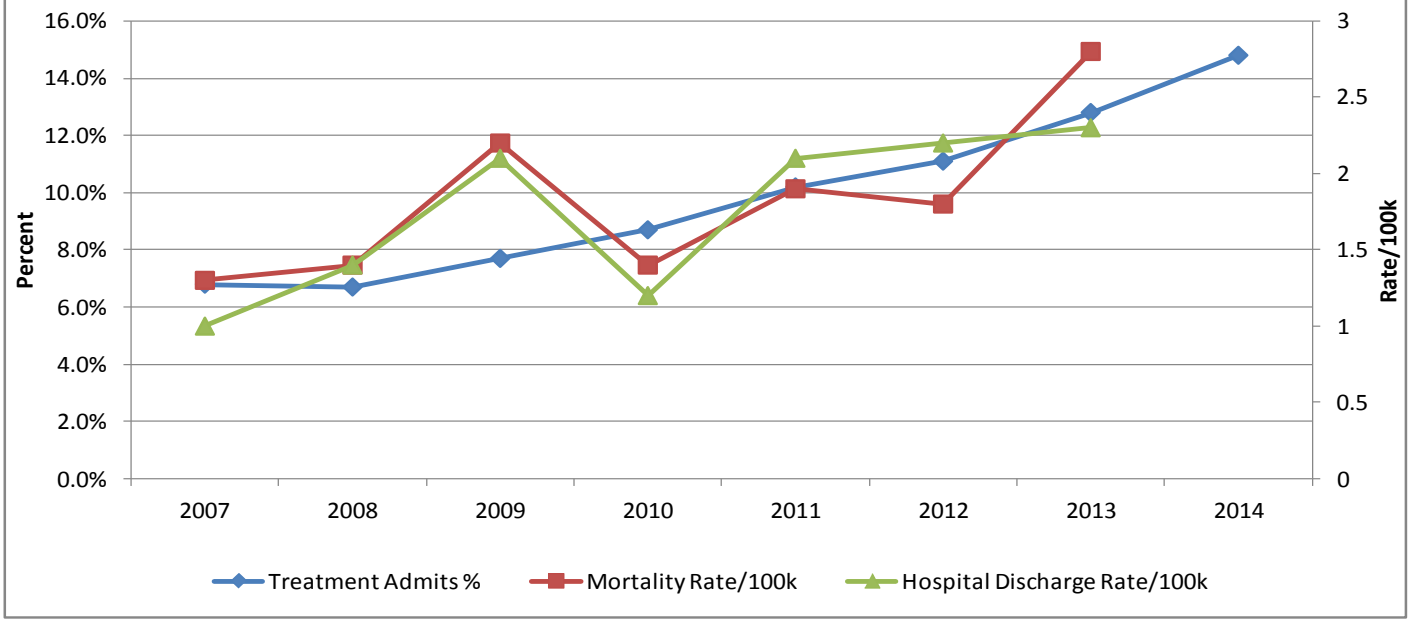
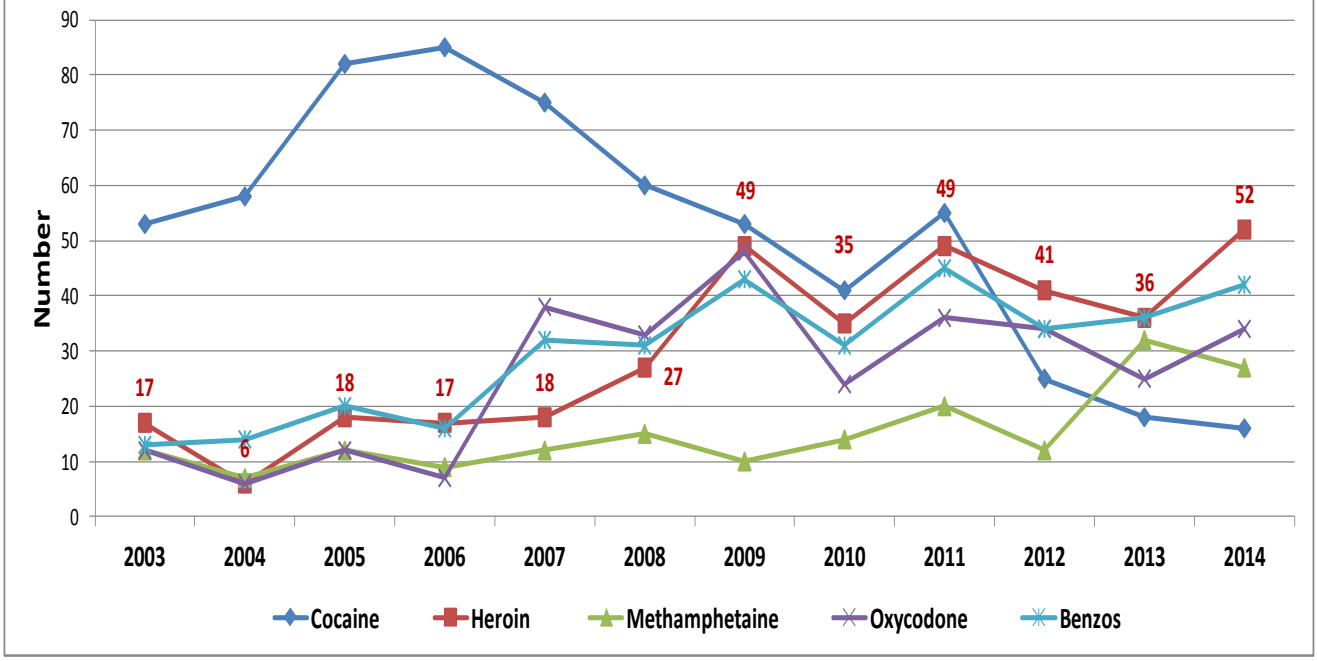


Exhibit 28: Selected Drug Mortality from Denver Medical Examiner's Office: 2003-2014



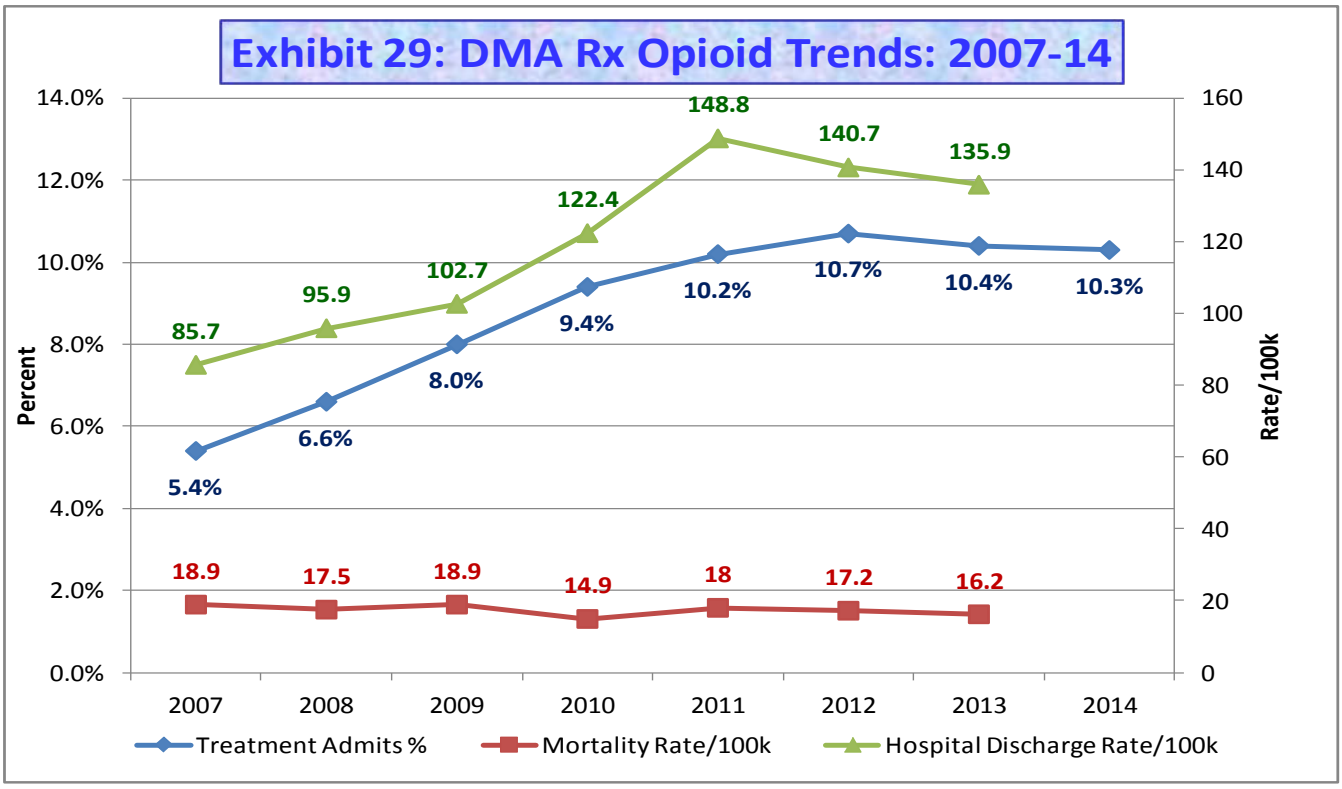


Exhibit 30: Denver Area and US NFLIS Samples: Top 10 Most Frequently Identified Drugs of Total Analyzed Drug Items: CY 2014

Drug	Denver Area		Total US	
	N	%	N	%
Methamphetamine	2,435	31.0%	228,826	20.0%
Cocaine	1,755	22.3%	191,595	16.8%
Heroin	1,341	17.0%	153,702	13.4%
Marijuana/Cannabis	1,252	15.9%	410,890	35.9%
Non-Controlled non-narcotic drug	516	6.6%	33,324	2.9%
Oxycodone	225	2.9%	39,424	3.4%
Alprazolam	137	1.7%	36,714	3.2%
Hydrocodone	70	0.9%	39,256	3.4%
MDMA	69	0.9%	*	0.0%
XLR-1-synth. cannabinoid	67	0.9%	9,788	0.9%
TOTAL	7,867	100%	1,143,519	100%

* Not in top ten

Source: National Forensic Lab Information System-Primary, secondary and tertiary reports

Note: Denver Area in this comparison includes Denver, Jefferson and Arapahoe Counties

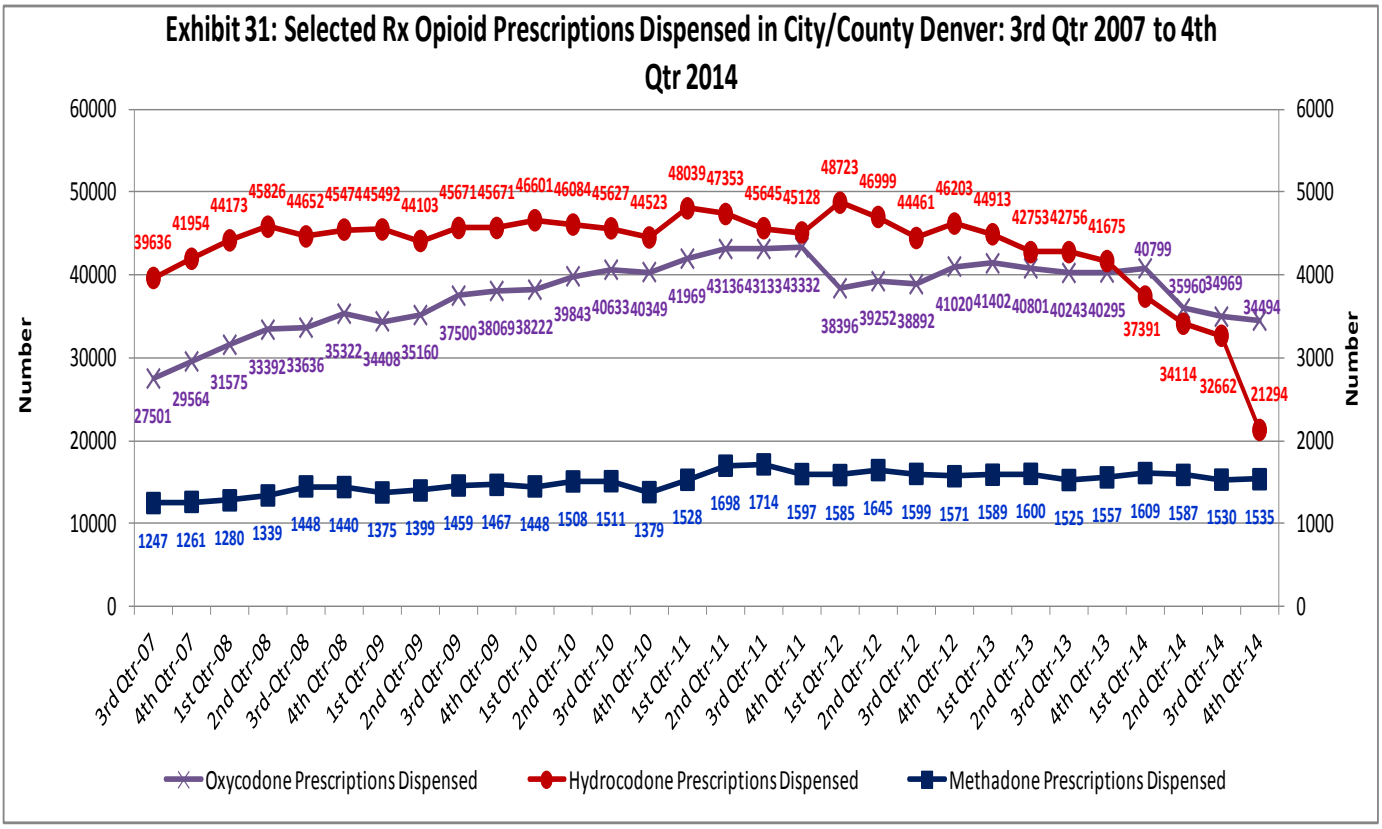


Exhibit 31: Selected Rx Opioid Prescriptions Dispensed in City/County Denver: 3rd Qtr 2007 to 4th Qtr 2014
Number
Number
60000
50000
40000
30000
20000
10000
0
6000
5000
4000
3000
2000
1000
0
3rd Qtr-07
4th Qtr-07
1st Qtr-08
2nd Qtr-08
3rd Qtr-08
4th Qtr-08
1st Qtr-09
2nd Qtr-09
3rd Qtr-09
4th Qtr-09
1st Qtr-10
2nd Qtr-10
3rd Qtr-10
4th Qtr-10
1st Qtr-11
2nd Qtr-11
3rd Qtr-11
4th Qtr-11
1st Qtr-12
2nd Qtr-12
3rd Qtr-12
4th Qtr-12
1st Qtr-13
2nd Qtr-13
3rd Qtr-13
4th Qtr-13
1st Qtr-14
2nd Qtr-14
3rd Qtr-14
4th Qtr-14
39636 41954 44173 45826 44652 45474 45492 44103 45671 45671 46601 46084 45627 44523 48039 47353 45645 45128 48723 46999 44461 46203 44913 42753 42756 41675 40799 35960 34969 34494
27501 29564 31575 33392 33636 35322 34408 35160 37500 38069 38222 39843 40633 40349 41969 43136 43133 43332 38396 39252 38892 41020 41402 40801 40243 40295 37391 34114 32662 21294
1247 1261 1280 1339 1448 1440 1375 1399 1459 1467 1448 1508 1511 1379 1528 1698 1714 1597 1585 1645 1599 1571 1589 1600 1525 1557 1609 1587 1530 1535
Oxycodone Prescriptions Dispensed
Hydrocodone Prescriptions Dispensed
Methadone Prescriptions Dispensed

Data Sources

Data for this report were drawn from the Appendix tables and the following sources:

General population prevalence data for the DMA is derived from the National Survey on Drug Use and Health (NSDUH) which is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey is the primary source of information on the use of illicit drugs, alcohol, and tobacco in the civilian, non-institutionalized population of the United States aged 12 years or older. The survey interviews approximately 67,500 persons each year. Data are available at the state and sub-state levels. The current NDEWS report for the DMA uses 2006-08, 2008-10, and 2010-12 NSDUH data.

Student prevalence data are from the Healthy Kids Colorado Survey (HKCS). The HKCS was developed to monitor statewide and local trends for school-attending youth by surveying a representative sample of middle and high school students. The HKCS integrates items from the CDC's Youth Risk Behavioral Survey (YRBS), the Colorado Youth Survey (CYS), and additional items selected by Colorado state agencies. The HKCS contains a total of 142 items on the high school version and 127 items on the middle school version. The HKCS provides information on a wide range of youth attitudes and behaviors, including substance use, violence and delinquency, mental health, and academic performance. The HKCS data used in this report captures Denver Public School (DPS) middle (6-8th grade) and high school (9-12th grade) students for the 2011 and the 2013 school years.

Treatment data are provided by the Drug/Alcohol Coordinated Data System (DACODS) which is maintained by the Office of Behavioral Health (DBH) 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 DBH. Treatment admissions are reported by the primary drug of choice (as reported by the client at admission) unless otherwise specified. Annual figures are given for calendar years (CY) 2006 through 2014.

Alcohol- and drug-related emergency department (ED) visits for the City/County of Denver, the Denver metropolitan area, and Colorado were provided by the Colorado Department of Public Health and Environment (CDPHE) based on ICD-9-CM codes for 2011, 2012 and 2013.

Alcohol- and drug-related hospital discharges for the City/County of Denver, the Denver metropolitan area, and Colorado were provided by the Colorado Department of Public Health and Environment (CDPHE) based on ICD-9-CM codes for 2007 through 2013.

Alcohol- and drug-related mortality data for the City and County of Denver for CY 2007 through CY 2013 are from the Denver Office of the Medical Examiner. Drugs associated with mortality are based on blood toxicology performed as part of the autopsy. The toxicology findings are part of the autopsy report.

Poison center data are from the Poison Rocky Mountain Poison and Drug Center (RMPDC) for Colorado. The data represent the number of calls (human exposure only) to the center regarding "street drugs" from 2006 through 2014.

Data on drug reports from items seized and analyzed by law enforcement are from the National Forensic Lab Information System (NFLIS) for Denver, Jefferson, and Arapahoe Counties for 2014 with a comparison to the entire US. The NFLIS is a Drug Enforcement Administration program through their Office of Diversion Control that systematically collects drug identification results and associated information from drug cases analyzed by federal, state and local forensic laboratories. (NOTE: The NFLIS data utilized in this narrative were run at an earlier time than the NFLIS data prepared by the DEA for NDEWS. Therefore, the numbers and percentages cited in this narrative may not match the numbers and percentages in the NDEWS Appendix Tables or in the Data Snapshot.)

Additional drug-specific crime lab statistics for 2000 through the first half of 2013 were obtained from the Denver Crime Lab, Denver Police Department.

Statistics on prescriptions filled for Denver residents by drug type from the 3rd quarter 2007 through the 2nd quarter 2013 were obtained from the Colorado Prescription Drug Monitoring Program (PDMP), Colorado Department of Regulatory Agencies, Division of Registrations, Board of Pharmacy.

Data on the number of medical marijuana applications and approved patients from December 2009 through September 2014 are from the Colorado Department of Public Health and Environment, Medical Marijuana Registry.

Data on medical marijuana centers, retail stores, medical marijuana infused product manufactures, and medical marijuana grow sites are provided by the Colorado Department of Revenue. Data are presented through October 2014.

Data on price, purity and trafficking comes from the Denver Field Division of the Drug Enforcement Administration, with additional data from the Denver Police Dept. and the High Intensity Drug Trafficking Areas Program (HIDTA).

Contact Information: For additional information about the drugs and drug use patterns discussed in this report, please contact Bruce Mendelson, MPA, Denver Department of Human Services, Denver Office of Drug Strategy, 1200 Federal Blvd. Denver, CO 80204, Phone: 720–944–6266, E-mail: Bruce.mendelson@denvergov.org.

National Drug Early Warning System (NDEWS)
Denver Metro Sentinel Community Site
Appendix Data Tables, 2015

NDEWS Coordinating Center

- Table 1: Demographic and Socio-Economic Characteristics, 2009-2013, ACS
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Table 1: Demographic and Socio-Economic Characteristics
Denver* and *State of Colorado
2009-2013 ACS Five-Year Estimates

	Denver City		Colorado	
	Estimate	Margin of Error	Estimate	Margin of Error
Total Population (#)	**619,297**	**	**5,119,329**	**
Age (%)				
18 years and over	78.8%	+/-0.1	76.0%	+/-0.1
21 years and over	75.3%	+/-0.1	71.8%	+/-0.1
65 years and over	10.5%	+/-0.1	11.4%	+/-0.1
Median Age	33.8		36.1	
Race (%)				
White, Not Hisp.	52.7%	+/-0.1	69.7%	+/-0.1
Black/African Am, Not Hisp.	9.7%	+/-0.1	3.8%	+/-0.1
Hispanic/Latino	31.4%	**	20.8%	**
American Indian/Alaska Native	0.6%	+/-0.1	0.5%	+/-0.1
Asian	3.3%	+/-0.1	2.7%	+/-0.1
Native Hawaiian/Pacific Islander	0.1%	+/-0.1	0.1%	+/-0.1
Some Other Race	0.2%	+/-0.1	0.2%	+/-0.1
Two or More Races	2.1%	+/-0.2	2.2%	+/-0.1
Sex (%)				
Male	50.0%	+/-0.1	50.2%	+/-0.1
Female	50.0%	+/-0.1	49.8%	+/-0.1
Educational Attainment (*Among Population Aged 25+ Years*) (%)				
High School Graduate or Higher	85.4%	+/-0.4	90.2%	+/-0.1
Bachelor's Degree or Higher	42.9%	+/-0.5	37.0%	+/-0.2
Unemployment (*Among Civilian Labor Force Pop Aged 16+ Years*) (%)				
Percent Unemployed	6.2%	+/-0.2	5.8%	+/-0.1
Income				
Median Household Income (in 2013 inflation-adjusted dollars)	$50,313	+/-618	$58,433	+/-314
Poverty (%)				
People Whose Income in Past Year is Below Poverty Level	19.1%	+/-0.6	13.2%	+/-0.2

NOTE:
Margin of Error: can be interpreted roughly as providing a 90% probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value.
****The estimate is controlled; a statistical test for sampling variability is not appropriate.

SOURCES: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Census Bureau, 2009-2013 5-Year American Community Survey (ACS).

Table 2a: Self-Reported Substance Use Behaviors Among Persons 12+ Years in *Denver/BoulderRegion* ^ and *State of Colorado*, 2010-2012

Estimated Percent, 95% Confidance Interval, and Estimated Number

Annual Averages Based on 2010, 2011, 2012 NSDUHs

	Region: Denver/Boulder^		Colorado	
Substance Use Behaviors	Percent Estimate (95% CI)	Estimated Number*	Percent Estimate (95% CI)	Estimated Number*
Used in Past Month				
Alcohol	61.59 (58.26 -64.82)	1,445,422	59.80 (57.21 - 62.35)	2,518,955
Binge Alcohol**	25.98 (23.13 -29.05)	609,711	24.36 (22.20 - 26.65)	1,026,116
Marijuana	13.45 (11.36 -15.84)	315,651	11.66 (10.17 - 13.34)	491,154
Use of Illicit Drug Other Than Marijuana	4.17 (3.24 - 5.36)	97,863	4.11 (3.33 - 5.06)	173,126
Used in Past Year				
Cocaine	2.95 (2.23 - 3.90)	69,232	2.76 (2.15 - 3.53)	116,259
Nonmedical Use of Pain Relievers	5.69 (4.63 - 6.98)	133,536	5.55 (4.70 - 6.56)	233,783
Dependence or Abuse in Past Year* **				
Illicit Drugs or Alcohol	**10.66 (8.98 - 12.62)**	**250,174**	**10.30 (9.01 - 11.76)**	**433,867**
Alcohol	8.80 (7.26 - 10.62)	206,522	8.58 (7.36 - 9.98)	361,415
Illicit Drugs	3.39 (2.75 - 4.17)	79,558	3.21 (2.70 - 3.83)	135,215

NOTES:

95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

^Denver/Boulder Region: includes NSDUH Substate Regions 2 and 7; **Region 2** comprises Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties; **Region 7** comprises Boulder County.

***Estimated #**: the estimated number of persons aged 12 or older who used a drug or are dependent/abuse a substance was calculated by multiplying the prevalence rate and the population estimate from Table C1 of the NSDUH report. The population estimate is the simple average of the 2010, 2011, and 2012 population counts for persons aged 12 or older

****Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

*****Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* .

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables.Rockville, MD. 2014. Available at: http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 2b: Self-Reported Substance Use Behaviors Among Persons in *Denver/Boulder Region* ^ and *State of Colorado*, by Age Group, 2010-2012

Estimated Percent and 95% Confidence Interval (CI),
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Region: Denver/Boulder Area			Colorado		
	12-17	18-25	26+	12-17	18-25	26+
	Estimated Percent (95% CI)	Estimated Percent (95% CI)	Estimated Percent (95% CI)	Estimated Percent (95% CI)	Estimated Percent (95% CI)	Estimated Percent (95% CI)
Used in Past Month						
Binge Alcohol*	7.6 (6.0 - 9.6)	44.9 (40.5 - 49.4)	25.1 (21.7 - 28.9)	7.4 (6.1 - 8.9)	44.1 (40.7 - 47.5)	23.1 (20.5 - 25.9)
Marijuana	11.0 (8.7 - 13.8)	30.9 (26.9 - 35.2)	10.9 (8.6 - 13.8)	10.1 (8.4 - 12.0)	27.2 (24.3 - 30.4)	9.2 (7.5 - 11.3)
Use of Illicit Drug Other Than Marijuana	4.6 (3.3 - 6.3)	9.5 (7.4 - 12.2)	3.3 (2.3 - 4.6)	4.5 (3.5 - 5.8)	9.2 (7.5 - 11.1)	3.2 (2.4 - 4.3)
Used in Past Year						
Marijuana	18.6 (15.5 - 22.1)	44.2 (40.0 - 48.4)	15.6 (12.8 - 18.9)	17.8 (15.5 - 20.4)	40.8 (37.8 - 43.9)	13.6 (11.5 - 16.0)
Cocaine	1.2 (0.7 - 2.0)	10.0 (7.7 - 12.9)	2.0 (1.3 - 3.1)	1.2 (0.8 - 1.8)	9.3 (7.6 - 11.4)	1.8 (1.2 - 2.7)
Nonmedical Use of Pain Relievers	7.4 (5.6 - 9.6)	13.1 (10.6 - 16.2)	4.3 (3.2 - 5.8)	7.1 (5.8 - 8.7)	13.0 (11.0 - 15.2)	4.1 (3.2 - 5.2)
Dependence or Abuse in Past Year**						
Illicit Drugs or Alcohol	7.8 (6.0 - 10.1)	25.2 (21.7 - 28.9)	8.7 (6.8 - 11.0)	7.8 (6.4 - 9.5)	24.2 (21.5 - 27.0)	8.3 (6.8 - 10.0)
Alcohol	3.9 (2.8 - 5.4)	19.3 (16.3 - 22.7)	7.7 (6.0 - 9.9)	4.1 (3.2 - 5.3)	19.4 (17.0 - 22.1)	7.3 (5.9 - 9.0)
Illicit Drugs	6.4 (4.8 - 8.6)	11.6 (9.1 - 14.6)	1.7 (1.1 - 2.6)	6.0 (4.8 - 7.6)	10.3 (8.4 - 12.5)	1.7 (1.2 - 2.3)

NOTES:

95% Confidence Interval (CI): provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

^Denver/Boulder Region: includes NSDUH Substate Regions 2 and 7; **Region 2** comprises Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties; **Region 7** comprises Boulder County.

***Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

****Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

SOURCE: Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx.

Table 3: Self-Reported Substance Use Behaviors Among Denver^ Public High School Students, 2013
Estimated Percent and 95% Confidence Interval (CI)
2011 and 2013 YRBS*

Substance Use Behaviors	2013 vs 2011			2013 by Sex			2013 by Race		
	2013	2011	p-value	Male	Female	p-value	White	Black	Hispanic
	Percent			Percent			Percent		
	Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)		Estimate (95% CI)	Estimate (95% CI)	Estimate (95% CI)
Used in Past Month									
Alcohol	—	—		—	—		—	—	—
Binge Alcohol**	—	—		—	—		—	—	—
Marijuana	—	—		—	—		—	—	—
Ever Used in Lifetime									
Alcohol	—	—		—	—		—	—	—
Marijuana	—	—		—	—		—	—	—
Cocaine	—	—		—	—		—	—	—
Hallucinogenic Drugs	—	—		—	—		—	—	—
Inhalants	—	—		—	—		—	—	—
Ecstasy also called "MDMA"	—	—		—	—		—	—	—
Heroin	—	—		—	—		—	—	—
Methamphetamine	—	—		—	—		—	—	—
Rx Drugs without a Doctors Prescription	—	—		—	—		—	—	—
Injected Any Illegal Drug	—	—		—	—		—	—	—

NOTES:
'—' = Data not available; **~ =** P-value not available; **N/A =** < 100 respondents for the subgroup.

^Denver: YRBS data were not available for **Denver Metro Area** or **Colorado** in 2013 so no data is presented.

****Binge Alcohol:** defined as had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey.

Source: Adapted by the NDEWS Coordinating Center from data provided by the Centers for Disease Control and Prevention (CDC), 1991-2013 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on [3/12/2015].

Table 4a: Trends in Admissions* to Substance Abuse Treatment Programs,
***Denver Metro Area^* Residents, 2010-2014**
Number of Admissions and Percent of Admissions with Selected Substances
Cited as Primary Substance of Abuse at Admission, by Year and Substance

	Calendar Year									
	2010		2011		2012		2013		2014	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	**13,328**	n/a	**13,405**	n/a	**14,382**	n/a	**13,742**	n/a	**13,841**	n/a
Primary Substance of Abuse (%)										
Alcohol	4,973	37.3%	5,142	38.4%	5,685	39.5%	5,586	40.6%	5,222	37.7%
Cocaine/Crack	1,355	10.2%	1,276	9.5%	1,244	8.6%	951	6.9%	841	6.1%
Heroin	1,154	8.7%	1,364	10.2%	1,599	11.1%	1,760	12.8%	2,048	14.8%
Prescription Opioids**	786	5.9%	843	6.3%	930	6.5%	852	6.2%	890	6.4%
Methamphetamine	1,562	11.7%	1,475	11.0%	1,653	11.5%	1,707	12.4%	2,127	15.4%
Marijuana	3,229	24.2%	2,891	21.6%	2,856	19.9%	2,544	18.5%	2,431	17.6%
Benzodiazepine	29	<1%	54	<1%	62	<1%	57	<1%	54	<1%
MDMA	59	<1%	81	<1%	72	<1%	71	<1%	49	<1%
Synthetic Stimulants	unavail	n/a	unavail	n/a	unavail	n/a	unavail	n/a	unavail	n/a
Synthetic Cannabinoids	unavail	n/a	unavail	n/a	unavail	n/a	unavail	n/a	unavail	n/a
Other Drugs/Unknown	121	<1%	210	1.6%	197	1.4%	152	1.1%	92	<1%

Notes:
^Denver Metro Area: includes residents of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties.
***Admissions:** includes admissions to all Colorado alcohol and drug treatment agencies licensed by the Colorado Department of Human Services, Office of Behavioral Health (OBH). Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.
****Prescription Opioids:** includes non-prescription methadone and other opiates and synthetic opiates.

SOURCE: Data provided by the Denver Metro NDEWS SCE and the Colorado Department of Human Services, Office of Behavioral Health (OBH), Drug/Alcohol Coordinated Data System (DACODS).

Table 4b: Demographic and Drug Use Characteristics of Primary Treament Admissions* for Select Substances of Abuse, *Denver Metro Area*^, 2014

Number of Admissions, by Primary Substance of Abuse and Percent of Selected Primary Treatment Admissions, by Demographic and Drug Use Characteristics

	Primary Substance of Abuse								
	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Meth-amphetamines	Marijuana	Benzo-diazepines	Synthetic Stimulants	Synthetic Cannabinoids
Number of Admissions (#)	5,222	841	2,048	890	2,127	2,431	47	unavail	unavail
Sex (%)									
Male	67.9%	65.6%	65.6%	49.7%	57.0%	79.9%	51.1%	unavail	unavail
Female	32.1%	34.4%	34.4%	50.3%	43.0%	20.1%	48.9%	unavail	unavail
Race/Ethnicity (%)									
White, Non-Hisp.	57.2%	30.1%	67.3%	63.8%	64.5%	39.8%	87.2%	unavail	unavail
African-Am/Black, Non-Hisp	8.7%	30.8%	2.9%	4.3%	2.3%	16.4%	0.0%	unavail	unavail
Hispanic/Latino	26.4%	33.9%	23.6%	25.7%	23.8%	35.1%	8.5%	unavail	unavail
Asian	<1%	<1%	<1%	<1%	<1%	<1%	0.0%	unavail	unavail
Other	6.9%	5.1%	5.5%	5.4%	8.5%	8.0%	4.3%	unavail	unavail
Age Group (%)									
Under 18	1.0%	1.1%	1.7%	1.5%	2.4%	23.9%	0.0%	unavail	unavail
18-25	15.5%	11.8%	34.7%	21.0%	17.5%	29.0%	31.9%	unavail	unavail
26-44	54.4%	46.3%	48.5%	60.8%	66.4%	39.2%	48.9%	unavail	unavail
45+	29.1%	40.9%	15.0%	16.7%	13.7%	7.9%	19.1%	unavail	unavail
Route of Administration (%)									
Smoked	<1%	59.5%	20.6%	6.3%	58.8%	93.1%	0.0%	unavail	unavail
Inhaled	<1%	32.6%	4.2%	10.1%	7.1%	3.7%	6.4%	unavail	unavail
Injected	<1%	5.5%	74.2%	5.5%	31.8%	0.0%	2.1%	unavail	unavail
Oral/Other/Unknown	99.5%	2.5%	<1%	78.1%	2.3%	3.2%	91.5%	unavail	unavail
Secondary Substance (%)									
None	54.2%	30.0%	23.0%	34.4%	29.3%	38.2%	23.4%	unavail	unavail
Alcohol	n/a	32.6%	8.2%	16.2%	19.4%	36.7%	14.9%	unavail	unavail
Cocaine/Crack	8.0%	n/a	16.1%	4.7%	7.2%	6.3%	0.0%	unavail	unavail
Heroin	1.2%	3.0%	n/a	8.7%	6.5%	1.0%	6.4%	unavail	unavail
Prescription Opioids**	2.0%	2.0%	14.7%	n/a	2.1%	1.8%	34.0%	unavail	unavail
Methamphetamine	4.4%	6.7%	13.7%	6.3%	n/a	7.9%	2.1%	unavail	unavail
Marijuana	22.7%	21.5%	15.2%	15.3%	29.8%	n/a	10.6%	unavail	unavail

NOTES:

^Denver Metro Area: includes residents of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties.

***Admissions:** includes admissions to all Colorado alcohol and drug treatment agencies licensed by the Colorado Department of Human Services, Office of Behavioral Health (OBH). Each admission does not necessarily represent a unique individual, since some individuals are admitted to treatment more than once in a given period.

****Prescription Opioids:** includes non-prescription methadone and other opiates and synthetic opiates.

unavail: data not available; **percentages** may not sum to 100 due to either rounding and/or because not all possible categories are presented in the table.

SOURCE: Data provided by Denver Metro NDEWS SCE and the Colorado Department of Human Services, Office of Behavioral Health (DBH), Drug/Alcohol Coordinated Data System (DACODS).

Table 5: Drug Poisoning Deaths*, by Demographic Characteristics,
***Denver County* and *Colorado*, 2009-2012**

Rate per 100,000 of deaths with underlying causes of drug related poisonings and 95% Confidence Interval (CI), 2009-2011 and 2010-2012

	Denver County		Colorado	
	2009-2011 Rate (95% CI)	2010-2012 Rate (95% CI)	2009-2011 Rate (95% CI)	2010-2012 Rate (95% CI)
Total (Age-Adjusted**)	25.2 (22.9 - 27.6)	22.6 (20.4 - 24.8)	14.6 (14.0 - 15.2)	14.6 (14.0 - 15.2)
Sex (Age-Adjusted**)				
Male	31.8 (28.1 - 35.5)	27.9 (24.4 - 31.3)	16.2 (15.3 - 17.1)	15.7 (14.9 - 16.6)
Female	18.6 (15.7 - 21.5)	17.2 (14.5 - 20.0)	12.9 (12.1 - 13.7)	13.4 (12.6 - 14.2)
Race/Ethnicity (Age-Adjusted**)				
White, Non-Hisp.	28.7 (25.4 - 32.0)	25.9 (22.7 - 29.0)	15.6 (14.9 - 16.4)	15.9 (15.1 - 16.6)
African-American/Black, Non-Hisp.	21.7 (15.6 - 29.3)	21.2 (15.3 - 28.7)	16.4 (13.1 - 19.6)	14.9 (12.0 - 18.2)
Hispanic	22.0 (17.6 - 26.3)	19.2 (15.5 - 23.6)	12.6 (11.2 - 13.9)	12.4 (11.0 - 13.7)
Asian	DSU	DSU	DSU	DSU
American Indian/Alaska Native	DSU	DSU	13.3 (9.3 - 18.5)	9.0 (5.8 - 13.4)
Age Group				
<18	DSU	DSU	0.8 (0.5 - 1.1)	0.7 (0.4 - 1.0)
18-44	24.6 (21.3 - 28.0)	21.7 (18.6 - 24.8)	20.1 (18.9 - 21.3)	19.9 (18.7 - 21.0)
45-64	57.1 (49.8 - 64.5)	49.0 (42.3 - 55.8)	23.5 (22.0 - 25.0)	23.9 (22.4 - 25.4)
65+	10.7 (6.5 - 16.5)	14.0 (9.2 - 20.4)	8.0 (6.6 - 9.3)	8.4 (7.0 - 9.8)

NOTES:

***Deaths due to drug poisoning,** ICD-10 codes X40-44, X60-64, X85, Y10-14. Please see the *Overview & Limitations* section (pgs. 8-9) for the ICD-10 definitions.

****Age Adjusted Rate:** the rate is adjusted based on the age distribution of a standard population allowing for comparison of rates across different sites.

Unless noted otherwise, any age-adjusted data are adjusted using the year 2000 standard population.

unavail: data not available for geographic area; **DSU:** data statistically unreliable.

SOURCE: Adapted by the NDEWS Coordinating Center from National Vital Statistics System-Mortality (NVSS-M) data provided by the Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from Health Indicators Warehouse. www.healthindicators.gov.

Table 6: HIV/AIDS and Viral Hepatitis Cases, *Denver County* and *Colorado*
Number of Cases and Rate per 100,000 Population, Various Years

Type of Disease	Denver County		Colorado	
	#	Rate per 100,000	#	Rate per 100,000
HIV				
Diagnosis of HIV Infection, 2012[a]	152	28.9	399	9.3
Persons Living with Diagnosed HIV Infection (Prevalence), Year-End 2011[a]	6,346	1,231.4	11,378	269.7
Hepatitis B, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	24	0.5
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail
Hepatitis C, 2012[b]				
Acute Cases (reported new cases)	unavail	unavail	42	0.8
Chronic Cases (estimated #)	unavail	unavail	unavail	unavail

NOTES: unavail: Data not available

Sources: Adapted by the NDEWS Coordinating Center from data provided by:
[a]Centers for Disease Control and Prevention (CDC). NCHHSTP Atlas. Accessed on [3/20/15]. Available at: http://www.cdc.gov/nchhstp/atlas/.
[b]Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Viral Hepatitis, *Surveillance for Viral Hepatitis — United States, 2012.*

Table 7a: Drug Reports for Items Seized by Law Enforcement in the *Denver Metro Area*^ in 2014
National Forensic Laboratory Information System (NFLIS)
Top 10 Drug Reports* and Select Drugs/Drug Categories of Interest,
Number of Drug-Specific Reports and Percent of Total Analyzed Drug Reports

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
TOTAL Drug Reports*	**8,794**	**100%**
Top 10 Drug Reports		
Methamphetamine	2,435	27.7%
Cocaine	1,755	20.0%
Heroin	1,341	15.2%
Cannabis	1,252	14.2%
Non-Controlled Non-Narcotic Drug	516	5.9%
Oxycodone	225	2.6%
Alprazolam	137	1.6%
Hydrocodone	70	0.8%
3,4-methylenedioxymethamphetamine (MDMA)	69	0.8%
XLR-11 (1-(5-fluoropentyl-1H-3-YL)(2,2,3,3-tetramethylcyclopropyl)methanone)	67	0.8%
Top 10 Total	**7,867**	**89.5%**
Selected Drugs/Drug Categories**		
Fentanyl & Fentanyl Analogs	4	<0.1%
Synthetic Cannabinoids	187	2.1%
Synthetic Cathinones	26	0.3%
2C Phenethylamines	9	0.1%
Piperazines	30	0.3%
Tryptamines	4	<0.1%

NOTES:
^Denver Area: includes 9 counties of the NDEWS Denver Metro catchment area: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties. Note that this 9 county catchment area is different than that previously reported for the NFLIS Denver Metro area, which only included 3 counties (Arapahoe, Denver and Jefferson Counties).
***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.
****Selected Drugs/Drug Categories:** Fentanyl & Fentanyl Analogs and Synthetic Cannabinoids, Synthetic Cathinones, 2C Phenethylamines, Piperazines, and Tryptamines are drug categories of current interest to the NDEWS Project because of the recent increase in their numbers, types, and availability. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each category that were reported to NFLIS during the January to December 2014 timeframe.

The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed. The Aurora Police Department laboratory's last reported data is July 2014, following the migration to a new LIMS. Due to staffing issues, the Jefferson County Laboratory did not report data for June 2014.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.

Table 7b: Drug Reports* for Selected Categories of New Psychoactive Substances (NPS) among Items Seized by Law Enforcement in the *Denver Metro Area^ in 2014,* National Forensic Laboratory Information System (NFLIS),
Number of NPS Drug-Specific Reports and Percent of NPS Category

NPS Category Drug Identified	Number (#)	Percent of NPS Category (%)
Top 5 *Synthetic Cannabinoid* Drug Reports**		
XLR-11 (1-(5-FLUOROPENTYL-1H-3-YL)(2,2,3,3-TETRAMETHYLCYCLOPROPYL)METHANONE)	67	35.8%
AB-FUBINACA	34	18.2%
AB-PINACA	22	11.8%
AB-CHMINACA (N-[(1S)-1-(AMINOCARBONYL)-2-METHYLPROPYL]-1-(CYCLOHEXYLMETHYL)-1H-INDAZOLE-3-CARBOXAMIDE)	15	8.0%
ADB-PINACA	9	4.8%
Other Synthetic Cannabinoids	40	21.4%
Total *Synthetic Cannabinoid* Reports	**187**	**100.0%**
Top 5 *Synthetic Cathinone* Drug Reports**		
N-METHYL-3,4-METHYLENEDIOXYCATHINONE (METHYLONE)	12	46.2%
3,4-METHYLENEDIOXYETHYLCATHINONE (ETHYLONE)	8	30.8%
4-METHYL-N-ETHYLCATHINONE (4-MEC)	2	7.7%
METHCATHINONE	1	3.8%
DIMETHYLONE (3,4-METHYLENEDIOXYDIMETHYLCATHINONE; bk-MDDMA)	1	3.8%
BUTYLONE (ß-KETO-N-METHYLBENZO-DIOXYLPROPYLAMINE)	1	3.8%
4-METHYLMETHCATHINONE (4-MMC) (MEPHEDRONE)	1	3.8%
Total *Synthetic Cathinone* Reports	**26**	**100.0%**
Top 5 *2C Phenethylamine* Drug Reports**		
2-(4-IODO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-I-NBOME)	3	33.3%
2-(4-CHLORO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-C-NBOME)	3	33.3%
2-(4-BROMO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-B-NBOMe)	2	22.2%
4-CHLORO-2,5-DIMETHOXYPHENETHYLAMINE (2C-C)	1	11.1%
Total *2C Phenethylamine* Reports	**9**	**100.0%**
Top 5 *Piperazine* Drug Reports**		
N-BENZYLPIPERAZINE (BZP)	21	70.0%
1-(3-TRIFLUOROMETHYL)PHENYL-PIPERAZINE (TFMPP)	4	13.3%
1-METHYL-4-BENZYLPIPERAZINE (MBZP)	3	10.0%
1,4-DIBENZYLPIPERAZINE (DBZP)	1	3.3%
META-CHLORPHENYLPIPERAZINE (MCPP)	1	3.3%
Total Piperazine Reports	**30**	**100.0%**
Top 5 *Tryptamine* Drug Reports**		
DIMETHYLTRYPTAMINE (DMT)	3	75.0%
4-HYDROXY-N-METHYL-N-ETHYLTRYPTAMINE (4-HO-MET)	1	25.0%
Total *Tryptamine* Reports	**4**	**100.0%**

NOTES:
^Denver Area: includes 9 counties of the NDEWS Denver Metro catchment area: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson Counties. Note that this 9 county catchment area is different than that previously reported for the NFLIS Denver Metro area, which only included 3 counties (Arapahoe, Denver and Jefferson Counties).
***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.
****Top 5 NPS Category Drug Reports:** fewer than 5 drug types for a specific NPS category may have been seized in the catchment area during the reporting period. Please see the Overview & Limitations section (pgs. 11-16) for a complete list of drugs included in each NPS category that were reported to NFLIS during the January to December 2014 timeframe.

NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed. The Aurora Police Department laboratory's last reported data is July 2014, following the migration to a new LIMS. Due to staffing issues, the Jefferson County Laboratory did not report data for June 2014.

Source: Adapted by CESAR from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 5, 2015.