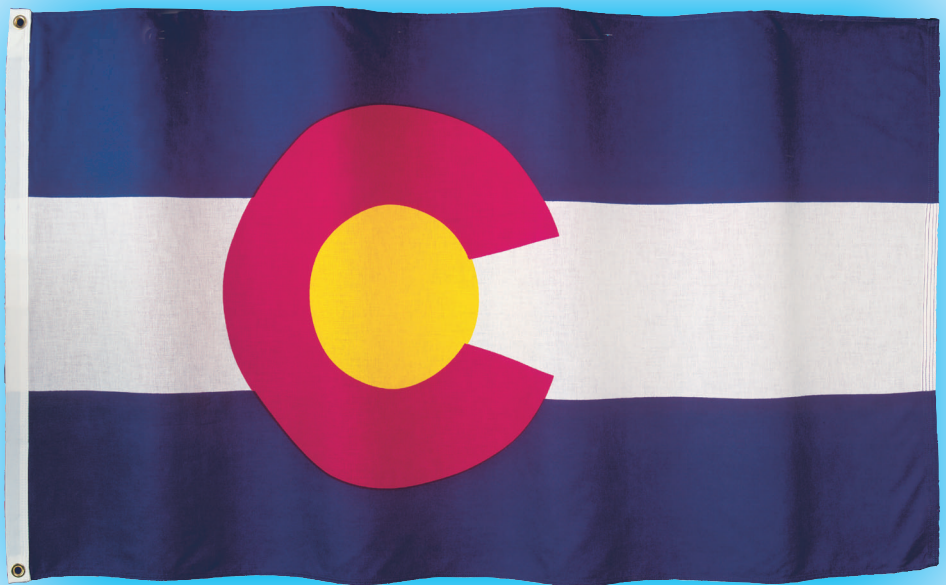


May 2003

Colorado

Drug Threat Assessment



National Drug Intelligence Center
U.S. Department of Justice



Colorado Drug Threat Assessment

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Preface

This report is a strategic assessment that addresses the status and outlook of the drug threat to Colorado. Analytical judgment determined the threat posed by each drug type or category, taking into account the most current quantitative and qualitative information on availability, demand, production or cultivation, transportation, and distribution, as well as the effects of a particular drug on abusers and society as a whole. While NDIC sought to incorporate the latest available information, a time lag often exists between collection and publication of data, particularly demand-related data sets. NDIC anticipates that this drug threat assessment will be useful to policymakers, law enforcement personnel, and treatment providers at the federal, state, and local levels because it draws upon a broad range of information sources to describe and analyze the drug threat to Colorado.

Colorado Drug Threat Assessment

Executive Summary

The production, distribution, and abuse of illicit drugs pose a serious threat to Colorado. Mexican drug trafficking organizations and criminal groups transport wholesale quantities of methamphetamine, cocaine, heroin, and marijuana into the state and subsequently distribute these drugs at the wholesale level. Mexican criminal groups also are involved in the transportation and distribution of illicit drugs in Colorado. Drugs typically are transported into the state in private, commercial, and rental vehicles traveling interstate and U.S. highways. Package delivery services and couriers aboard commercial aircraft also are used to transport drugs, although to a lesser extent.

Methamphetamine is a primary drug threat to Colorado, and it is readily available in most population centers in the state. Most methamphetamine available in Colorado is produced by Mexican drug trafficking organizations and criminal groups in Mexico, California, and Arizona. Mexican drug trafficking organizations and, to a lesser extent, Mexican criminal groups transport wholesale quantities of methamphetamine into Colorado from Mexico via southwestern states or from production sites in California and Arizona. Caucasian criminal groups and local independent dealers also produce significant quantities of methamphetamine throughout the state. The rising number of methamphetamine laboratories in the state poses a significant threat to public safety. Mexican drug trafficking organizations and criminal groups dominate the wholesale distribution of methamphetamine produced in Mexico, California, and Arizona. Caucasian criminal groups also distribute methamphetamine at the wholesale level; typically they are supplied by laboratory operators in Colorado and neighboring states. Outlaw motorcycle gangs also produce and distribute methamphetamine in the state. At the retail level Caucasian and Mexican local independent dealers are the most common distributors of the drug, but Hispanic and African American street gangs also distribute methamphetamine.

Cocaine is a significant drug threat to Colorado. Powdered cocaine is readily available throughout the state, and crack cocaine is available in urban population centers. Cocaine is the drug most often associated with violent crime in the state, principally because cocaine distributors frequently resort to violence to protect their distribution operations and to collect debts. Mexican drug trafficking organizations and criminal groups transport wholesale quantities of powdered cocaine into Colorado in private or

rental vehicles and distribute the drug at the wholesale level. Hispanic and African American street gangs distribute powdered and crack cocaine; some gangs distribute powdered or crack cocaine at the wholesale and retail levels, while others distribute crack at the retail level only. Local independent dealers also distribute powdered and crack cocaine at the retail level. Retail distributors in Colorado typically convert powdered cocaine into crack on an as-needed basis and sell the drug at open-air markets or from crack houses.

Heroin is available in the state's metropolitan and suburban areas and poses a considerable drug threat to Colorado. Mexican black tar heroin and brown powdered heroin are the most common types available. Most new heroin abusers in Colorado are young adults who smoke or snort the drug rather than inject it, mistakenly believing this practice to be safer and less likely to lead to addiction. Mexican drug trafficking organizations transport heroin into the state and serve as the primary wholesale distributors. Transporters commonly use private and rental vehicles, couriers aboard commercial aircraft, and package delivery services to transport heroin from Mexico into the state. Mexican drug trafficking organizations and criminal groups are the principal retail distributors of heroin in Colorado.

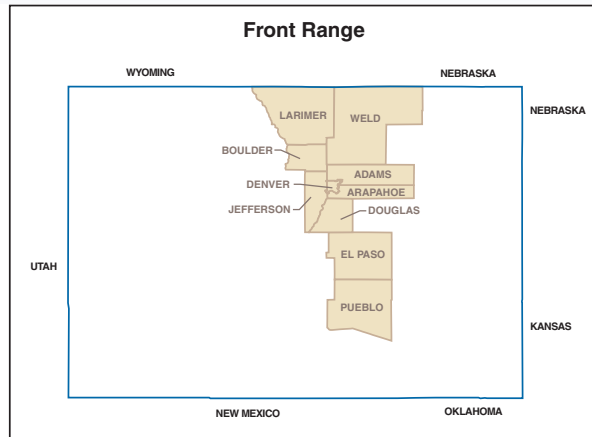
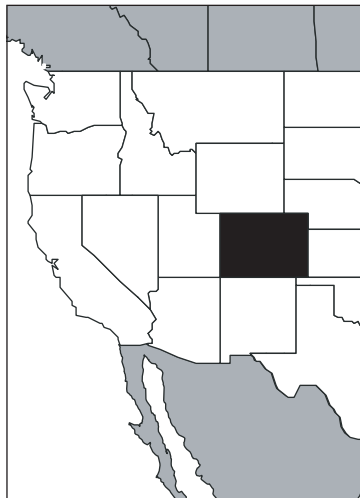
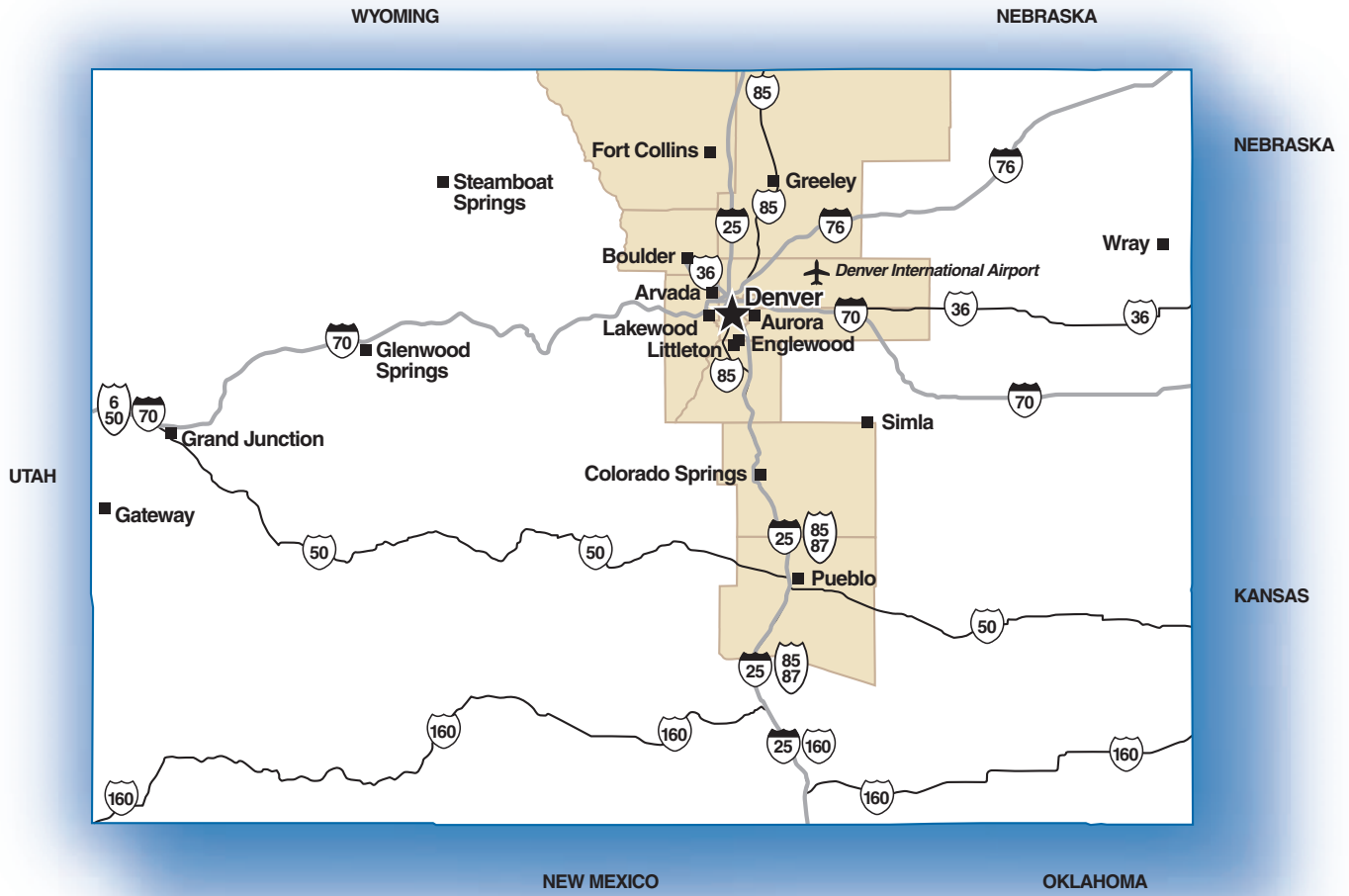
Marijuana, produced primarily in Mexico, is the most widely available and frequently abused illicit drug in Colorado. However, law enforcement officers generally regard the drug as a lower threat than methamphetamine or cocaine because marijuana abusers and distributors usually do not commit violent crimes. Most of the marijuana available in the state is produced in Mexico; however, marijuana produced in Colorado and other western states, particularly California, by Mexican criminal groups and local independent dealers is also available. Marijuana typically is transported into the state in commercial trucks, rental and private vehicles, and by package delivery services. Marijuana produced in Mexico or by Mexican criminal groups in Colorado and other western states is distributed primarily by Mexican drug trafficking organizations and criminal groups at the wholesale level and by Hispanic and African American street gangs at the retail level. Caucasian criminal groups and local independent dealers are the primary distributors of the marijuana and sinsemilla they produce in Colorado.

Other dangerous drugs present a significant and increasing threat to Colorado. Other dangerous drugs include the club drugs MDMA, LSD, ketamine, and GHB and its analogs; the hallucinogen psilocybin; and diverted pharmaceuticals including opioids (narcotic analgesics) such as Dilaudid, Lorcet, OxyContin, Percocet, Percodan, and Vicodin and sedative hypnotics (benzodiazepines) such as Valium and Xanax. Club drugs are transported into Colorado in private vehicles, by couriers aboard commercial flights, and via package delivery services. Many of these drugs are distributed and abused by middle-class, suburban young adults at raves and nightclubs and on college campuses. MDMA is increasingly available and abused in Colorado, particularly in the Denver area where the drug is distributed at a growing number of venues such as college campuses and private parties. The diversion and abuse of pharmaceuticals, especially opioids, is an increasing threat to Colorado. Local independent dealers are the principal distributors of diverted pharmaceuticals.

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Colorado Drug Threat Assessment



Colorado.

Note: This map displays features mentioned in the report.



Colorado

Drug Threat Assessment

Overview

Colorado ranks twenty-fourth in population among U.S. states with more than 4.3 million residents. Approximately 69 percent of the state's population is concentrated in Colorado's Front Range, which includes Adams, Arapahoe, Boulder, Denver, Douglas, El Paso, Jefferson, Larimer, Pueblo, and Weld Counties. Douglas County, located southwest of Denver, was the fastest-growing county in the United States each year between 1990 and 2001. Colorado is ethnically diverse, which makes it possible for drug distributors of all ethnic backgrounds to blend easily with the resident population.

The primary drug market areas in Colorado are in the Front Range counties. Denver, the state's capital and largest city, is a primary regional distribution center for methamphetamine, cocaine, heroin, marijuana, and MDMA. Wholesale distributors in Denver supply midlevel and retail distributors with these drugs in virtually all cities in Colorado, as well as cities in several other states. Colorado Springs, south of Denver, is a regional distribution center for a variety of illicit drugs, principally methamphetamine, cocaine, and MDMA. Greeley, 45 minutes north of Denver, is a significant regional distribution center for methamphetamine and cocaine distributed in Iowa, Montana, Nebraska, Wyoming, and other west central states. Boulder,

| Fast Facts | |
|--------------------------------|---|
| Colorado | |
| Population (2000) | 4,301,261 |
| U.S. population ranking | 24th |
| Median household income (2001) | \$49,397 |
| Unemployment rate (2001) | 3.7% |
| Land area | 103,729 square miles |
| Capital | Denver |
| Other principal cities | Aurora, Colorado Springs, Fort Collins, Grand Junction, Lakewood, Pueblo |
| Number of counties | 63 |
| Principal industries | Aerospace, agriculture, construction, electronics equipment, government, manufacturing, tourism |

also north of Denver, is a distribution center for marijuana distributed throughout the west central region of the country and is a primary national distribution center for psilocybin.

Colorado's well-developed transportation infrastructure and its central location in the western United States are ideal for the movement of licit and illicit goods into and through the state. Private and rental vehicles and commercial trucks frequently are used to transport drugs into and through Colorado. Couriers on commercial aircraft, buses, and passenger railways also are used to transport illicit drugs, although to a lesser extent.

Drug transporters primarily use Interstates 25, 70, and 76 and U.S. Highways 36, 50, 85, and 160 to transport drugs into and through Colorado. Interstates 25 and 70 intersect in Denver and are frequently traveled by Mexican drug trafficking organizations (DTOs). These two interstates provide access to many other U.S. states: I-25 extends from near the U.S.–Mexico border to Montana, and I-70 extends from Utah to Maryland. Interstate 76 in eastern Colorado connects I-70 with I-80 in Nebraska and is used by individuals transporting drugs eastward from Denver. U.S. Highway 50, which connects Grand Junction and Pueblo; US 85, which connects Denver and Greeley with Cheyenne, Wyoming; and US 36 between Denver and Boulder frequently are used by criminal groups to transport illicit drugs between drug markets. Law enforcement officials in Colorado commonly seize drugs on interstate highways, often as part of Operation Pipeline initiatives.

Operation Pipeline

Operation Pipeline is a national highway interdiction program supported by the El Paso Intelligence Center (EPIC). Drug seizures from private vehicles are reported to Operation Pipeline by federal, state, and local law enforcement agencies operating nationwide along the highways and interstates most frequently used to transport illicit drugs and drug proceeds.

Denver International Airport and many small municipal and private airfields facilitate drug transportation into Colorado. More than 36 million passengers transited Denver International Airport in 2001, ranking it the fifth busiest airport in the United States. Law enforcement officials

report that drugs usually are not transported on aircraft directly from foreign source countries into the state. However, Operation Jetway data indicate that drugs have been transported into Colorado on aircraft from states such as California, New York, and Texas.

Operation Jetway

Operation Jetway is an EPIC-supported domestic interdiction program. Drug seizures are reported to Operation Jetway by federal, state, and local law enforcement agencies across the nation at airports, train stations, bus stations, package shipment facilities, U.S. Post Offices, and airport hotels/motels.

Mexican DTOs based in Nayarit and Sinaloa, Mexico, that operate in several western and southwestern states transport wholesale quantities of methamphetamine, cocaine, heroin, and marijuana into Colorado. Mexican criminal groups also transport wholesale quantities of these drugs, usually directly from sources of supply in Mexico. Mexican DTOs distribute methamphetamine, cocaine, heroin, and marijuana at the wholesale level in Colorado, while Mexican criminal groups typically seek to maximize profits by distributing these drugs in both wholesale and retail quantities.

The percentage of Colorado residents who report abusing illicit drugs is higher than the percentage nationwide. According to the 1999 and 2000 National Household Survey on Drug Abuse (NHSDA), 8.9 percent of individuals age 12 and over surveyed in Colorado reported having abused an illicit drug in the month prior to the survey compared with 6.3 percent nationwide.

Drug-related treatment admissions in Colorado are at relatively high levels. According to the Alcohol and Drug Abuse Division (ADAD) of the Colorado Department of Human Services, admissions to publicly funded treatment facilities for drug abuse increased from 11,757 in 1997 to 14,511 in 1999. Thereafter, admissions to treatment facilities declined to 13,109 in 2000 and 13,039 in 2001. (See Table 1 on page 3.) Admissions for marijuana abuse were higher than for any other illicit drug from 1997 through 2001. Treatment admissions

**Table 1. Drug-Related Treatment Admissions to Publicly Funded Facilities by Drug Type
Colorado, 1997–2001**

| | 1997 | 1998 | 1999 | 2000 | 2001 |
|------------------------|---------------|---------------|---------------|---------------|---------------|
| Methamphetamine | 1,748 | 1,931 | 1,554 | 1,710 | 2,037 |
| Cocaine | 3,182 | 3,798 | 3,432 | 2,768 | 2,699 |
| Heroin | 1,613 | 1,894 | 2,086 | 1,896 | 1,810 |
| Marijuana | 4,459 | 5,686 | 6,339 | 5,571 | 5,299 |
| Other* | 755 | 992 | 1,100 | 1,164 | 1,194 |
| Total | 11,757 | 14,301 | 14,511 | 13,109 | 13,039 |

Source: ADAD.

*Includes barbiturates, hallucinogens, opiates, PCP and other stimulants, sedatives, and tranquilizers.

for cocaine abuse ranked second. Heroin accounted for the third-highest number of treatment admissions until 2001 when admissions for methamphetamine abuse surpassed those for heroin. Since 1999 treatment admissions for methamphetamine abuse have increased annually, while admissions for cocaine, heroin, and marijuana have declined.

In Colorado the percentage of federal sentences that were drug-related was lower than the percentage nationwide; however, methamphetamine and cocaine each accounted for a higher percentage of the total drug-related federal sentences in Colorado than nationwide. According to data from the U.S. Sentencing Commission (USSC), drug-related sentences constituted 31.8 percent of all federal sentences in Colorado in fiscal year (FY) 2001 compared with 41.2 percent nationally. Methamphetamine-related offenses accounted for 30.8 percent of drug-related federal sentences in Colorado compared with 14.2 percent nationally. Powdered cocaine accounted for 34.0 percent of drug-related federal sentences in Colorado compared with 22.1 percent nationally.

Methamphetamine

Methamphetamine is a primary drug threat to Colorado, and it is readily available in most population centers in the state. Most methamphetamine available in Colorado is produced by

Drug-related crimes and violent crimes are common in Colorado but are decreasing. Violent crime in Colorado, including drug-related violent crime, declined throughout the 1990s. The Colorado Bureau of Investigation reported that arrests for drug-related offenses decreased almost 9 percent, from 18,330 in 1999 to 16,686 in 2000. The rates of juvenile and adult arrests for violent crimes per 100,000 population also declined from 1990 through 2000, reaching a level close to the record low set in 1980.

The financial impact on Colorado's government from substance abuse-related costs is significant. In 1998, the most recent year for which these data are available, Colorado spent over \$845 million—approximately \$217 per resident—on substance abuse-related programs. The amount accounted for more than 12 percent of the state's total expenditures. According to the Denver Department of Public Safety, a large percentage of these funds are allocated to law enforcement and administrative costs, and approximately 6 percent is allocated for drug abuse treatment and prevention.

Mexican DTOs and criminal groups in Mexico, California, and Arizona. Mexican DTOs and, to a lesser extent, Mexican criminal groups transport wholesale quantities of methamphetamine into

Colorado from Mexico via southwestern states or from production sites in California and Arizona. Caucasian criminal groups and local independent dealers also produce significant quantities of methamphetamine throughout the state. The rising number of methamphetamine laboratories in the state poses a significant threat to public safety. Mexican DTOs and criminal groups dominate the wholesale distribution of methamphetamine produced in Mexico, California, and

Arizona. Caucasian criminal groups also distribute methamphetamine at the wholesale level; typically they are supplied by laboratory operators in Colorado and neighboring states. Outlaw motorcycle gangs (OMGs) also produce and distribute methamphetamine in the state. At the retail level Caucasian and Mexican local independent dealers are the most common distributors of the drug, but Hispanic and African American street gangs also distribute methamphetamine.

Abuse

Methamphetamine abuse is increasingly prevalent in Colorado. The number of methamphetamine-related treatment admissions to publicly funded facilities in the state increased from 1,748 in 1997 to 2,037 in 2001, according to data from ADAD. (See Table 1 on page 3.) Since 1999 treatment admissions for methamphetamine abuse have increased each year, while admissions for cocaine, heroin, and marijuana have declined. According to ADAD, more than 83 percent of patients treated for methamphetamine abuse in 2001 were Caucasian, 54 percent were male, and nearly 33 percent were 35 or older. Nearly 43 percent of methamphetamine abusers treated during 2001 smoked the drug, 32 percent injected it, 19 percent snorted it, and 6 percent used some other method or multiple methods of administration.

Methamphetamine-related poison control calls also have increased in Colorado. The Rocky Mountain Poison and Drug Center (RMPDC) reports an increase in the number of calls related to the category “street-drug amphetamine,” from 38 in 1997 to 581 in 2001. The significance of this increase in the volume of calls is unknown but may be related to increased public awareness of the dangers and warning signs of methamphetamine abuse and production.

In the Denver metropolitan area, trends in methamphetamine-related hospital emergency department (ED) mentions and deaths are mixed. According to the Drug Abuse Warning Network (DAWN), in the Denver metropolitan area the

number of methamphetamine ED mentions decreased, from 292 in 1997 to 98 in 2001. However, mortality data from DAWN indicate that methamphetamine-related deaths increased, from 3 in 1996 to 19 in 2001.

NDIC National Drug Threat Survey

The NDTs 2002 was administered by NDIC to a representative sample of state and local law enforcement agencies throughout the United States to assess the availability, abuse, and overall threat posed by all major drugs. NDIC received 2,906 survey responses from law enforcement agencies, an overall response rate of 80 percent. Survey respondents were asked to rank the greatest drug threats in their areas and to indicate the level of availability for each major drug type. They also were asked to provide information on specific groups involved in the transportation and distribution of illicit drugs. Responding agencies also provided narrative assessments of various aspects of the overall drug situation and the threat that specific drugs posed to their areas. Survey responses are used by NDIC to substantiate and augment drug threat information obtained from other federal, state, and local law enforcement agencies.

Law enforcement agencies in Colorado also report that methamphetamine abuse is common. According to the National Drug Intelligence Center (NDIC) 2002 National Drug Threat Survey (NDTS), 53 of the 71 law enforcement officials

surveyed in Colorado who reported on methamphetamine abuse in their jurisdictions indicated that abuse was at a high level, 8 indicated that abuse was moderate, and 10 reported low or no abuse of the drug.

Methamphetamine is most commonly abused in homes and other private locations in Colorado.

Availability

Methamphetamine is readily available throughout the state. Most of the methamphetamine available in Colorado is produced by Mexican DTOs and criminal groups in Mexico or in California and Arizona. Locally produced methamphetamine is available in small quantities in most areas. According to law enforcement respondents to the NDTs, methamphetamine availability is high in most areas of the state; 55 of the 68 Colorado respondents who reported methamphetamine availability in their jurisdictions indicated that availability was high. Anecdotal information indicates that crystal methamphetamine, locally known as glass, is becoming increasingly available throughout the state.

Crystal Methamphetamine

Crystal methamphetamine is a colorless, odorless, smokable form of d-methamphetamine resembling glass fragments or ice shavings. Crystal methamphetamine is known by several names including crystal, glass, ice, and ventanilla.

Seizure data also reflect the availability of methamphetamine in Colorado. According to Federal-wide Drug Seizure System (FDSS) data, federal law enforcement officials in Colorado seized 51.1 kilograms of methamphetamine in 1998, 42.6 kilograms in 1999, 35.1 kilograms in 2000, and 51.0 kilograms in 2001. The El Paso Intelligence Center (EPIC) reported a total of 87 kilograms of methamphetamine seized in Colorado during Operation Pipeline interdictions in 2000 and 2001. The amounts seized ranged from less than 1 kilogram to 40 kilograms, but the amount seized per

Methamphetamine also is abused in public venues such as bars, nightclubs, and all-night rave parties. The Drug Enforcement Administration (DEA) reports that methamphetamine is increasingly used in public venues by long-term club drug abusers seeking to intensify their high.

incident typically was 2 to 3 kilograms. Highway interdiction seizures of methamphetamine are most common in less heavily populated western Colorado between Grand Junction and Glenwood Springs. Garfield County law enforcement agencies reported the highest number of methamphetamine-related highway seizure incidents of any county in the state from 1997 through 2000.

Federal-wide Drug Seizure System

FDSS data comprise seizures made in the United States by DEA, Federal Bureau of Investigation (FBI), U.S. Customs Service (USCS), U.S. Border Patrol (USBP), and U.S. Coast Guard (USCG). Only seizures that exceed certain threshold weights are included in these statistics: 250 grams of methamphetamine, 500 grams of cocaine, 100 grams of heroin, and 25 kilograms of marijuana.

A large percentage of federal law enforcement operations in Colorado are focused on methamphetamine-related activity, and the number of federal sentences for methamphetamine-related violations has increased. From October 1998 through May 2001, 36 of the 86 Organized Crime Drug Enforcement Task Force (OCDETF) investigations initiated in Colorado were methamphetamine-related. In FY2001 the percentage of drug-related federal sentences that were methamphetamine-related in Colorado was higher than the national percentage. According to USSC data, 30.8 percent of drug-related federal sentences in Colorado in FY2001 were methamphetamine-related compared with 14.2 percent nationally. The number of methamphetamine-related federal

sentences in Colorado increased from 27 in FY1997 to 48 in FY2001.

Wholesale and retail prices of methamphetamine vary by location throughout Colorado. According to DEA, the price of methamphetamine in Denver remained relatively stable from FY1999 to FY2002. In the third quarter of FY2002, methamphetamine in Denver sold for \$5,500 to \$9,000 per pound and \$80 to \$100 per gram. In Grand Junction methamphetamine sold for \$500 to \$750 per ounce and \$140 to \$160 per gram. In Colorado Springs higher purity methamphetamine is readily available from Mexican distributors or local producers with prices ranging from \$9,000 to \$15,000 per pound, \$700 to \$1,200 per ounce, and \$90 to \$125 per gram. Crystal methamphetamine available in the Denver area sells approximately 20 percent higher than powdered methamphetamine.

In Denver the purity of methamphetamine produced by Mexican DTOs and criminal groups was typically 10 to 20 percent during the second

half of FY2000, according to DEA. The same type of methamphetamine sold at the wholesale and retail levels averaged 20 percent pure in Colorado Springs. Federal, state, and local law enforcement agencies throughout the state report that locally produced methamphetamine generally has a higher purity than methamphetamine produced by Mexican DTOs and criminal groups in Mexico, California, and Arizona. However, because of current federal and state restrictions placed on the sale of chemicals used in methamphetamine production, producers and distributors in Colorado have been diluting small quantities of locally produced methamphetamine, resulting in lower purity methamphetamine. The purity of crystal methamphetamine, which is becoming increasingly available in most metropolitan areas in Colorado, is higher than the purity of other types of methamphetamine. Crystal methamphetamine has tested as high as 90 percent pure in Colorado.

Violence

The potential for methamphetamine-related violence is one of the most serious concerns of law enforcement officials in Colorado. Individuals addicted to methamphetamine often are unpredictable, frightened, and confused; they will also commit violent crimes to obtain the drug, particularly during the “tweaking” stage of abuse. Methamphetamine abusers often are paranoid and delusional and frequently arm themselves against perceived threats, particularly from law enforcement officers. The effects of methamphetamine have caused many abusers to assault or kill others, including family members and friends.

Many police departments throughout Colorado report a direct correlation between methamphetamine distribution and violence. Criminal groups and local independent dealers who distribute methamphetamine engage in violent acts including assault and homicide to protect drug distribution activities and to collect

Tweaking

As the euphoric effects of methamphetamine diminish, abusers enter the tweaking stage in which they are prone to violence, delusions, paranoia, and feelings of emptiness and dysphoria. During the tweaking stage, the user often has not slept in days and, consequently, is extremely irritable. The “tweaker” also craves more methamphetamine, which results in frustration and contributes to anxiety and restlessness. In this stage the methamphetamine abuser may become violent without provocation. Case histories indicate that tweakers have reacted negatively to the mere sight of a police uniform.

drug debts. Between January and August 2001, three Westminster Police Department officers were involved in shooting incidents with methamphetamine producers—an officer was injured in one of the incidents. Numerous street gangs

such as AK Huds, Sureños 13, and West Side Varrios as well as OMGs such as Bandidos and Sons of Silence distribute methamphetamine in Colorado and also reportedly engage in violent activity, some of which is linked to their methamphetamine distribution activities.

Methamphetamine User Threatens Police

In March 2001 a Colorado Springs man, who had fled after engaging in an altercation with a police officer, later charged two officers while wielding a knife. The officers shot and killed the man. An autopsy revealed that he had a high concentration of methamphetamine in his system.

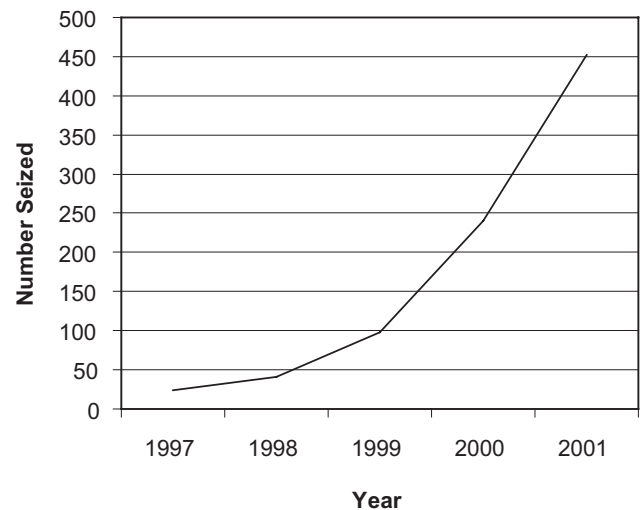
Source: Colorado Springs Police Department.

Production

Mexican DTOs and criminal groups produce most of the methamphetamine available in Colorado in large laboratories in Mexico, California, and Arizona. Methamphetamine also is produced in significant quantities in Colorado, primarily by Caucasian criminal groups and local independent dealers. The Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) estimates that less than 20 percent of the methamphetamine available in Colorado is produced in the state; however, these laboratories pose a significant threat to public safety. Most of the methamphetamine produced in Colorado is produced in volatile stovetop or “bathtub” laboratories. The hydriodic acid/red phosphorus method is the most popular method of producing methamphetamine in the state. The Birch reduction method, also known as the Nazi method, is used by local methamphetamine producers to produce small quantities—usually 1 ounce or less—of high purity methamphetamine. The Rocky Mountain HIDTA reports that the Birch reduction method is one of the most common methods used in the Rocky Mountain region.

Methamphetamine laboratory seizures in Colorado increased significantly from 1997 through 2001. (See Chart 1.) The Rocky Mountain HIDTA reports that 452 methamphetamine laboratories and dumpsites were seized in Colorado during 2001 compared with 240 in 2000. Most laboratories seized in 2001 were small, capable of

Chart 1. Methamphetamine Laboratory and Dumpsite Seizures, Colorado, 1997–2001



Source: Rocky Mountain HIDTA.

producing up to 2 ounces per production cycle; however, the Rocky Mountain HIDTA reports that four laboratories seized in Colorado during 2001 were capable of producing more than 1 pound of methamphetamine per production cycle. Further, in 2000 the West Metro Task Force in Jefferson County reportedly seized one super lab—a laboratory capable of producing 10 or more pounds of methamphetamine per production cycle.

Methamphetamine production poses serious safety and environmental concerns to Colorado. The production process creates toxic and

Methamphetamine Production Methods

Ephedrine/Pseudoephedrine Reduction:

Hydriodic acid/red phosphorus. The principal chemicals are ephedrine or pseudoephedrine, hydriodic acid, and red phosphorus. This method can yield multipound quantities of high quality d-methamphetamine and often is associated with Mexican DTOs and criminal groups.

Iodine/red phosphorus. The principal chemicals are ephedrine or pseudoephedrine, iodine, and red phosphorus. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with red phosphorus. This method yields high quality d-methamphetamine.

Iodine/hypophosphorous acid. The principal chemicals are ephedrine or pseudoephedrine, iodine, and hypophosphorous acid. The required hydriodic acid in this variation of the hydriodic acid/red phosphorus method is produced by the reaction of iodine in water with hypophosphorous acid. Known as the hypo method, this method yields lower quality d-methamphetamine. Hypophosphorous acid is more prone than red phosphorus to cause a fire and can produce deadly phosphine gas.

Birch. The principal chemicals are ephedrine or pseudoephedrine, anhydrous ammonia, and sodium or lithium metal. Also known as the Nazi method, this method typically yields ounce quantities of high quality d-methamphetamine and often is used by independent dealers and producers.

Phenyl-2-propanone:

P2P. The principal chemicals are phenyl-2-propanone, aluminum, methylamine, and mercuric acid. This method yields lower quality dl-methamphetamine and traditionally has been associated with OMGs.

hazardous waste that endangers law enforcement personnel, emergency response teams, children (particularly those who reside in the homes of methamphetamine producers), and the environment. Methamphetamine laboratories may contain a variety of highly flammable chemicals and

produce 5 to 7 pounds of toxic waste for every pound of methamphetamine produced. Most of the toxic residue from methamphetamine production is dumped in areas accessible to the public. These chemicals contaminate soil, streams and rivers, and public sewer systems.

Transportation

Mexican DTOs and, to a lesser extent, Mexican criminal groups are the primary transporters of most of the methamphetamine available in Colorado. These DTOs and criminal groups transport methamphetamine into Colorado in private vehicles from Mexico via transshipment areas in southwestern states or from laboratories in California and Arizona. The primary transportation routes into Colorado are I-70 and I-25. Operation Pipeline seizure data indicate that methamphetamine destined for Colorado has

been transported on highways from Arizona, California, New Mexico, and Utah. Criminal groups based in El Paso, Texas, as well as in Los Angeles and Stockton, California, transport substantial quantities of methamphetamine into the state. In addition, methamphetamine reportedly has been shipped via package delivery services to street gang members in the Denver area from a source in California. Methamphetamine also is transshipped through Colorado en route to drug markets in other states.

A Common Concealment Method

In April 2001 Colorado State Patrol officers seized 2.7 pounds of methamphetamine from a vehicle traveling east on I-70 in Mesa County near Grand Junction. The driver, a resident of Iowa, was en route to Ottumwa, Iowa, in a vehicle rented in Palm Springs, California. The methamphetamine was concealed in the driver's side door panel.

Source: Colorado State Patrol.

Distribution

The groups and individuals that distribute methamphetamine in Colorado vary depending on the source of the drug and the level of distribution. Mexican DTOs and criminal groups dominate the wholesale distribution of methamphetamine produced by other Mexican DTOs and criminal groups in Mexico, California, and Arizona. Law enforcement officials in Colorado report that Mexican criminal groups that distribute methamphetamine are “vertical” in nature—local Mexican groups purchase methamphetamine directly from friends and family members associated with Mexican DTOs operating in Nayarit and Sinaloa, Mexico; California; and southwestern states. These groups in turn supply wholesale and midlevel quantities of methamphetamine to other criminal groups, local independent dealers, street gangs, or OMGs. Mexican criminal groups also occasionally distribute the drug directly to abusers at the retail level. Many members of these criminal groups are illegal immigrants who work in Colorado's recreation and construction industries, and many maintain ties with friends and family in Mexico.

Caucasian criminal groups also distribute methamphetamine at the wholesale level in Colorado, but to a lesser extent than Mexican DTOs and criminal groups. These groups produce the drug in Colorado and neighboring states and often are involved in multistate distribution. Some of these groups distribute up to 15 pounds of methamphetamine per month in Colorado and surrounding states, according to the Rocky Mountain HIDTA. These groups are loosely organized; however, individuals associated with the group typically perform one specific role in the

production and distribution process, which is coordinated by the group leader.

OMGs maintain extensive methamphetamine distribution networks in Colorado. Many OMGs obtain their methamphetamine from Mexican DTOs. Sons of Silence—which maintains its national headquarters in Colorado Springs—and Bandidos are the most active OMGs in Colorado; both distribute methamphetamine at the wholesale and retail levels. Other OMGs that distribute methamphetamine in Colorado include Brothers Fast, Hells Angels, High Plains Drifters, Iron Horsemen, and Sundowners. The Weld County Drug Task Force reports that the Sons of Silence chapter in its jurisdiction produces and distributes methamphetamine. The Arvada Police Department reports that Bandidos and High Plains Drifters distribute significant quantities of methamphetamine in Arvada (a suburb of Denver). Hells Angels has expanded its operations into Colorado by absorbing the Colorado-based Brothers Fast as well as its methamphetamine distribution operations.

Hispanic street gangs such as Sureños 13, West Side Varrios, and AK Huds distribute midlevel and retail quantities of methamphetamine in Colorado. They purchase methamphetamine from Mexican DTOs and criminal groups who produce the drug in Mexico, California, and Arizona. According to Colorado law enforcement officials, Sureños 13 is one of the largest Hispanic gangs distributing methamphetamine in Colorado. Many Sureños 13 gang members in Colorado have ties to other Hispanic gangs in Southern California. Police department officials in Aurora, Colorado Springs, Denver, Fort Collins, and Lakewood

report that Sureños 13 and other Hispanic gangs distribute methamphetamine at the retail level in their jurisdictions but are capable of supplying larger quantities of the drug. Law enforcement officials report that West Side Varios distributes methamphetamine in Colorado Springs, and AK Huds distributes methamphetamine in Denver.

Caucasian and Mexican local independent dealers are the most common retail-level methamphetamine distributors in Colorado. Caucasian local independent dealers are supplied by Mexican as well as Caucasian criminal groups, while Mexican local independent dealers are supplied by Mexican DTOs or criminal groups. In addition, small groups of local independent dealers—most of whom are Caucasian—produce and distribute small amounts of methamphetamine throughout the state. According to DEA, these groups produce and distribute only about 20 percent of the methamphetamine available in Colorado; however, some jurisdictions report that local independent dealers are responsible for most or all of the methamphetamine distribution in their jurisdictions. For instance, the 16th Judicial District Drug Task Force reports that nearly all of the methamphetamine in the district—composed of Bent, Crowley, and Otero Counties—is produced and distributed by Caucasian local independent dealers.

African American street gangs, primarily Bloods and Crips, also distribute methamphetamine at the retail level in Colorado. Both Bloods and Crips originated in Southern California in the late 1960s and subsequently spread from California to other states. Members of some local Crips gangs maintain close ties with Crips members in Southern California; however, some street gangs that identify themselves as Crips have no ties to the California gangs. The East Side 12th Street Crips gang distributes methamphetamine in Pueblo, and the Ruthless Ass Gangster Crips gang distributes methamphetamine in Colorado Springs. The Arvada Police Department reports that the Little Mafia Gangster Crips gang distributes methamphetamine in its jurisdiction.

Major OMGs in Colorado

Sons of Silence, with 27 chapters in 10 states, is the fifth largest OMG in the United States; total membership is estimated to be between 200 and 250. In addition to maintaining its headquarters in Colorado Springs, Sons of Silence has a number of other chapters in Colorado including Denver West, Denver East, Northern (Fort Collins), Eastern (Aurora), and Western (Grand Junction). Sons of Silence members in Colorado produce, transport, and distribute methamphetamine within the state and to other states, including North Dakota.

Bandidos has over 2,000 members in the United States and 12 other countries. Law enforcement authorities estimate that in the United States the Bandidos OMG has approximately 700 members belonging to 77 chapters in 13 states in the Pacific, Southeast, Southwest, and West Central regions. The Bandidos chapters in Colorado are located in Denver, Pueblo, and Grand Junction. Membership is expanding continually as the club recruits new members and allows smaller, affiliated OMGs called support clubs to become Bandidos chapters. Bandidos members and support club members produce and distribute methamphetamine in the United States and abroad. Members also are involved in the smuggling, transportation, and distribution of cocaine and marijuana. The Bandidos OMG has recently aligned with the Outlaws and Mongols OMGs and is an adversary of the Hells Angels Motorcycle Club.

Source: International Outlaw Motorcycle Gang Investigators Association.

Methamphetamine at the wholesale level typically is wrapped in cellophane and duct tape and often is smeared with grease to mask its odor. At the retail level methamphetamine is sold in quantities of less than 2 ounces in small plastic bags. Small quantities of methamphetamine generally are distributed on the street or from private vehicles, while larger quantities of methamphetamine typically are distributed from private residences or businesses such as bars and nightclubs.

Cocaine

Cocaine is a significant drug threat to Colorado. Powdered cocaine is readily available throughout the state, and crack cocaine is available in urban population centers. Cocaine is the drug most often associated with violent crime in the state, principally because cocaine distributors frequently resort to violence to protect their distribution operations and to collect debts. Mexican DTOs and criminal groups transport wholesale quantities of powdered cocaine into Colorado in private or rental vehicles and distribute the drug at

the wholesale level. Hispanic and African American street gangs distribute powdered and crack cocaine; some gangs distribute powdered or crack cocaine at the wholesale and retail levels, while others distribute crack at the retail level only. Local independent dealers also distribute powdered and crack cocaine at the retail level. Retail distributors in Colorado typically convert powdered cocaine into crack on an as-needed basis and sell the drug at open-air markets or from crack houses.

Abuse

Cocaine is frequently abused in Colorado. The percentage of Colorado residents who report having abused cocaine in the past year is higher than the percentage nationwide. According to the 1999 and 2000 NHSDA, 2.5 percent of Colorado residents age 12 and over reported having abused cocaine in the year prior to the survey compared with 1.6 percent nationwide.

Despite the fact that cocaine is readily available and frequently abused, cocaine-related treatment admissions to publicly funded facilities in Colorado are declining. According to ADAD, the number of admissions for cocaine abuse increased from 3,182 in 1997 to 3,432 in 1999, and then decreased to 2,699 in 2001, the lowest level since the 1980s. (See Table 1 on page 3.) ADAD reported that 39 percent of cocaine-related treatment admissions in 2001 were for powdered cocaine abuse, and 58 percent were for crack cocaine abuse. Admissions for crack cocaine abuse have fallen steadily—from 67 percent of cocaine-related admissions in 1995. Caucasian males aged 35 and older were the primary powdered and crack cocaine abusers admitted for treatment in 2001. Among cocaine abusers, 58.5 percent smoked, 24.9 percent snorted, 12.5 percent injected, and 4.1 percent employed other or multiple means to administer the drug.

Despite the decline in treatment admissions, the number of cocaine-related calls to RMPDC has increased. In 1994 there were 71 calls to the poison and drug center concerning cocaine. This number decreased to 49 calls in 1995 and did not fluctuate significantly through 2000 but increased to 127 in 2001.

Cocaine is frequently a factor in drug-related ED mentions and drug-related deaths in the Denver metropolitan area. According to DAWN, in the Denver metropolitan area cocaine-related ED mentions increased from 1,072 in 1997 to 1,343 in 2001. DAWN mortality data indicate that cocaine-related deaths in the Denver metropolitan area also increased, from 68 in 1996, to 80 in 2000, and 126 in 2001.

Law enforcement officials in Colorado report that cocaine abuse is a significant problem throughout the state. According to the NDTs, 31 of the 68 Colorado law enforcement respondents who reported on powdered cocaine abuse in their jurisdictions indicated that abuse was at a high level, and 24 indicated that abuse was moderate. Crack cocaine abuse was regarded as high by 7 respondents, and 39 respondents reported that crack cocaine abuse was moderate.

Powdered cocaine commonly is abused at nightclubs and bars, while crack primarily is

abused in residences and apartments. Many white-collar professionals reportedly purchase powdered cocaine for personal use at nightclubs,

bars, and offices. Some crack cocaine abusers purchase the drug at open-air markets.

Availability

Powdered cocaine is readily available throughout Colorado, while crack cocaine is available mostly in urban population centers in the Front Range. According to the NDTs, 38 of the 68 Colorado law enforcement respondents who reported powdered cocaine availability in their jurisdictions indicated that availability was high, while 23 reported moderate availability of the drug. Crack cocaine availability is greatest in the metropolitan areas of the Front Range and was reported as high by 10 respondents to the NDTs and as moderate by 21 respondents.

Seizure data also reflect the ready availability of cocaine in Colorado. According to FDSS data, federal law enforcement officials in Colorado seized 59.8 kilograms of cocaine in 1998, 88.6 kilograms in 1999, 132.7 kilograms in 2000, and 69.3 kilograms in 2001. Law enforcement officials seized 44.7 kilograms of cocaine in 1999 and 110 kilograms in 2000 as part of Operation Pipeline and 20.8 kilograms in 2000 as part of Operation Jetway.

The percentage of drug-related federal sentences that were cocaine-related in Colorado was higher than the national percentage in FY2001. According to USSC data in FY2001, 51 percent of drug-related federal sentences in Colorado were cocaine-related compared with 43 percent nationally. Sentences resulting from powdered cocaine-related offenses constituted 34 percent of drug-related federal sentences in Colorado that year compared with 22 percent nationally. Crack cocaine-related sentences constituted 17 percent of all drug-related federal sentences in Colorado compared with 20 percent nationwide in FY2001. Further, from October 1998 to May 2001, 68 of the 86 OCDETF investigations initiated in

Colorado were powdered cocaine- or crack cocaine-related. Although OCDETF investigations often involve more than one type of drug, cocaine was involved in more cases than any other illicit drug in the state.

Price and purity data for powdered and crack cocaine indicate steady availability in urban population centers in Colorado. Wholesale and retail prices of powdered and crack cocaine in the state are comparable to prices in many other states. According to the DEA Denver Division, wholesale quantities of powdered cocaine sold for \$18,000 to \$20,000 per kilogram in Denver and from \$15,000 to \$25,000 per kilogram in Colorado Springs during the fourth quarter of FY2002, a moderate increase from the first quarter of FY2001. However, DEA reports that bulk purchases of cocaine in Denver can reduce the price per kilogram to as low as \$16,000. During the same period powdered cocaine sold for \$650 to \$1,200 per ounce in Denver and \$600 to \$700 per ounce in Colorado Springs. Crack sold for \$800 to \$1,200 per ounce in Denver and \$500 to \$1,100 per ounce in Colorado Springs. Retail quantities of powdered cocaine sold for \$70 to \$125 per gram statewide, while crack sold for \$20 to \$30 per rock in Denver and \$25 to \$50 per rock in Colorado Springs.

Cocaine purity levels are high in metropolitan areas, indicating ready availability. According to DEA, the purity of powdered and crack cocaine available in Denver ranged from 57 to 75 percent in FY2002 compared with 35 to 82 percent in FY2001. During FY2001 powdered cocaine purity in Colorado Springs averaged 50 percent at the retail level.

Violence

Cocaine is the drug most often associated with violent crime in Colorado. Law enforcement officials in Colorado report that there has been an increase in the number of gang-related violent crimes such as assault, carjacking, drive-by shooting, and homicide as street gangs distributing cocaine protect their drug operations and attempt to collect drug debts. Cocaine abusers also are prone to violence but to a lesser extent than methamphetamine abusers.

Weapons Seized From Street Gangs Distributing Crack

In August 2001 an investigation into two Crips street gangs distributing crack cocaine in Denver led to the arrests of 20 suspects and the seizure of 48 firearms, described as “weapons of war” by Denver’s Metro Gang Task Force. The weapons that were seized included an M-60 machine gun with 3,000 rounds of ammunition, M-16 assault rifles with attached grenade launchers, several AK-47 assault rifles, Tek-9 machine pistols, and a .50 caliber machine gun with armor-piercing rounds.

Source: Metro Gang Task Force.

Production

Coca is not cultivated nor is cocaine produced in Colorado. Cocaine is produced in South America, primarily Colombia. However, distributors in Colorado convert powdered cocaine to crack at or near distribution sites on an as-needed basis to avoid federal drug sentences that are lengthier for possessing crack than powdered cocaine. Most of the crack cocaine available in Colorado is converted

within the state. African American street gangs such as Rolling 30s Crips and Crenshaw Mafia Gangster Bloods in Denver, as well as Mexican criminal groups and Hispanic street gangs in Colorado Springs and Pueblo, convert powdered cocaine to crack. However, some of the crack cocaine available in Denver is transported from other states such as California and Illinois.

Transportation

Mexican DTOs and criminal groups are the principal transporters of wholesale quantities of powdered cocaine into Colorado. These groups transport most of the powdered cocaine available in Colorado from Mexico primarily through Texas, but also through California and Arizona. Cocaine typically is transported into Colorado in private and rental vehicles on interstate highways, particularly I-25 and I-70. The Colorado State Patrol seized 41 kilograms of cocaine from highway interdictions in 1999, 41 kilograms in 2000, and 58 kilograms in 2001. Cocaine also is transported into

and through the state by couriers aboard commercial aircraft. In May 2000, 5 kilograms of cocaine were seized at Denver International Airport from a courier on a flight originating in Los Angeles and destined for New York City. Shipments may contain 1 to 12 kilograms of compressed powdered cocaine. According to the Denver Police Department, drug couriers traveling to or transiting Denver International Airport frequently use discount air carriers to take advantage of cheaper rates.

Colorado also serves as a transshipment area for cocaine destined for drug markets throughout

the Rocky Mountain region and the Midwest. In March 2002 the Front Range Task Force in Arapahoe and Douglas Counties dismantled a Mexican criminal group that was linked to the Arellano-Felix DTO. The criminal group transported multi-kilogram quantities of cocaine to Denver, then distributed the drug locally and in Illinois, Michigan, Minnesota, and Nebraska. Durango, which is located in the Four Corners area—where Arizona, Colorado, New Mexico, and Utah meet—is a major transit point for cocaine transported from California and Arizona. Much of the cocaine interdicted in the Four Corners area is destined for Boston, Chicago, and New York City.

Crack cocaine is not commonly transported into Colorado because crack distributors typically seek to evade the severe penalties associated with crack possession by converting powdered cocaine to crack at or near the point of sale. However, law

Distribution

Mexican DTOs and criminal groups that transport powdered cocaine into Colorado also distribute the drug at the wholesale level. At the midlevel and retail level Mexican criminal groups, Hispanic and African American street gangs, and Mexican and Caucasian local independent dealers distribute powdered and crack cocaine. Some Mexican criminal groups operating in less populated areas of the state attempt to control all levels of distribution.

Mexican DTOs are the dominant wholesale distributors of powdered cocaine in Colorado; these DTOs typically distribute methamphetamine and heroin as well. Mexican criminal groups also distribute cocaine at the wholesale level, but to a lesser extent. These groups have ties to Mexican DTOs that maintain distribution cells in Arizona, California, New Mexico, and Texas. Mexican criminal groups typically are family-based and vertically structured; each has a group leader who works with a single source of supply.

Hispanic and African American street gangs are the dominant retail distributors of powdered

Cocaine Seized Along I-70

In January 2001 officers with the Colorado State Patrol in Summit County seized nearly 32 kilograms of cocaine concealed in a hidden compartment in the bed of a truck that had been pulled over for a traffic violation. After a consensual search of the vehicle, a canine alerted to the truck's bed, leading to the discovery of the cocaine. The vehicle was stopped on I-70 en route to Atlanta, Georgia, via Denver. Two Hispanic male residents of Georgia were arrested.

Source: Colorado State Patrol; Rocky Mountain HIDTA Annual Enforcement Report.

enforcement officials indicate that some gangs in Denver and Aurora transport small amounts of crack cocaine into the area in private vehicles from Los Angeles and Chicago.

and crack cocaine, although at the retail level local independent dealers also distribute powdered and crack cocaine. Some street gangs distribute powdered or crack cocaine at the wholesale and retail levels, while others distribute crack at the retail level only. Wholesale distribution generally occurs within the gang, with higher-level members selling cocaine to lower-level members for retail distribution. The major gangs that distribute powdered or crack cocaine in the Front Range area are listed in Table 2 on page 15.

Crack commonly is distributed in metropolitan areas of the state. There are more than 100 crack houses, some of which have been established by gang members from Los Angeles, in several of Denver's inner-city neighborhoods. Los Angeles gang members also make periodic trips from Los Angeles to Denver to sell crack cocaine because there is less competition in Denver than in Los Angeles. Local gang members often are recruited to assist in distribution. Local independent crack dealers are also prevalent in Denver

Table 2. Street Gangs That Distribute Cocaine in the Front Range Area

| Colorado Springs |
|--------------------------------|
| 81st Eastside Hustlers |
| Four Corner Hustlers |
| Gangster Disciples |
| Neighborhood Bloods |
| Parkside Varríos |
| Sureños 13 |
| Denver |
| 32 Gangster Crips |
| 33 Gangster Crips |
| 83 Gangster Crips |
| Black Gangster Disciples |
| Compton Crips |
| Crenshaw Mafia Gangster Bloods |
| Dog City Crips |
| Horton Boy Gangster Crips |
| Rolling 30s Crips |
| Sureños 13 |
| Viet Pride Gangster Crips |
| Westside Mafia Gangster Crips |
| Fort Collins |
| Sureños 13 |
| Pueblo |
| Eastside Dukes |
| Kelly Park Crips |
| Latin Aces |

and Aurora. The Aurora Police Department reports that approximately 10 percent of crack cocaine retailers in its jurisdiction are street gang members, and the remaining 90 percent are local independent dealers.

Distribution methods vary widely in Colorado. Wholesale quantities of powdered cocaine are distributed in a variety of settings, including residences and businesses such as restaurants, shops, and auto body garages. Midlevel and retail sales usually take place in nightclubs, bars, on street corners, or in private residences. Crack houses are popular in metropolitan areas such as Denver, but crack also is distributed on the street and from other venues. Kilogram quantities of powdered cocaine usually are packaged in cellophane-wrapped bricks bound with tape, and ounce quantities of cocaine typically are packaged in plastic bags. One-quarter-ounce packages of crack cocaine commonly are distributed in aluminum foil or small plastic bags.

Drug Distribution in Lower Downtown Denver

The City and County of Denver Department of Excise and License (DEL) reports that the lower downtown Denver area (known as the LoDo) has many bars and nightclubs frequented by affluent young adults from the Denver metropolitan area. African American and Hispanic local independent powdered cocaine dealers have traditionally dominated drug distribution in the LoDo. In recent years DEL has observed that these cocaine distributors have lost some business in the LoDo to Caucasian local independent dealers as the club drugs, particularly MDMA, have increased in popularity. However, according to DEL, cocaine remains the drug of choice in the LoDo area.

Source: City and County of Denver DEL.

Heroin

Heroin is available in the state's metropolitan and suburban areas and poses a considerable drug threat to Colorado. Mexican black tar heroin and brown powdered heroin are the most common types available. Most new heroin abusers in Colorado are young adults who smoke or snort the drug rather than inject it, mistakenly believing this practice to be safer and less likely to lead to

addiction. Mexican DTOs transport heroin into the state and serve as the primary wholesale distributors. Transporters commonly use private and rental vehicles, couriers aboard commercial aircraft, and package delivery services to transport heroin from Mexico into the state. Mexican DTOs and criminal groups are the principal retail distributors of heroin in Colorado.

Front Range Crack Distribution Group Dismantled

In February 2003, officials from DEA, FBI, Metro Gang Task Force, and the U.S. Attorney's Office for the District of Colorado announced the arrests of 15 alleged members of a criminal group operating in the Front Range. Members of the group allegedly purchased powdered cocaine from Denver-based Mexican criminal groups and gangs, converted it to crack, and distributed the drug to other distributors and users in the Denver area. The arrests resulted from a 16-month investigation that culminated when more than 250 law enforcement officers executed 48 search warrants at 26 locations in the Denver metropolitan area. Officials seized 14 weapons—including 5 weapons that had been reported stolen—more than \$10,000 in currency, and small amounts of cocaine, marijuana, and methamphetamine. The group typically distributed 2 to 4 kilograms of crack cocaine per month in Adams, Arapahoe, Denver, and Douglas Counties. The central figure in the investigation, who was charged with operating a continuing criminal enterprise, also periodically transported kilogram quantities of powdered cocaine to Louisiana for conversion to crack and subsequent distribution. Additionally, task force officials reported that many of the arrestees were members of, or were closely affiliated with, the Crenshaw Mafia Gangster Bloods, a Los Angeles-based street gang operating in Denver and Aurora. The Crenshaw Mafia Gangster Bloods is a violent gang linked to homicides and assaults, including assaults on law enforcement officers.

Source: Metro Gang Task Force.

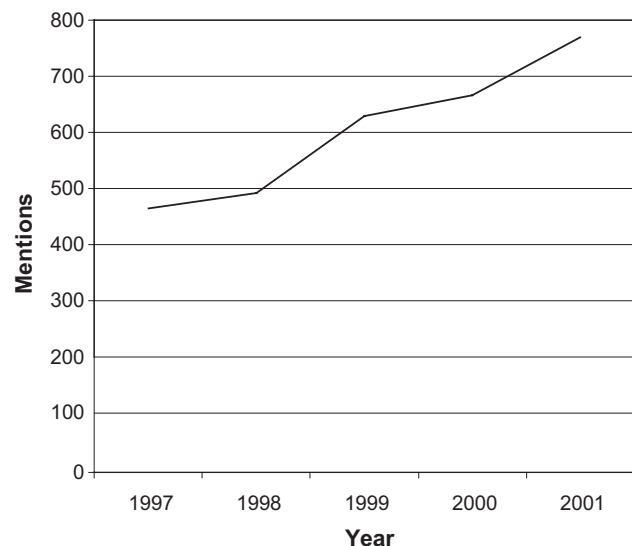
Abuse

Heroin abuse poses a growing threat to Colorado. The number of heroin abusers who smoke the drug—mostly younger users who are new to heroin abuse—has increased, and the number of heroin abusers who inject the drug has decreased. Many new abusers mistakenly believe that smoking or snorting heroin protects them from the addictive and lethal properties of the drug. Also, snorting or smoking the drug allows them to avoid the stigma associated with intravenous use. According to the NDTs, the prevalence of heroin abuse was regarded as high by 8 of 68 Colorado law enforcement respondents—in Boulder, Denver, Englewood, Littleton, and Steamboat Springs—and as moderate by 18 respondents.

The number of admissions for heroin abuse fluctuated from 1997 through 2001. According to ADAD, in 1997 there were 1,613 admissions to treatment for heroin abuse in the state; that number rose steadily to 2,086 in 1999, then decreased to 1,896 in 2000 and to 1,810 in 2001. (See Table 1 on page 3.) ADAD reports that more than 67 percent of abusers admitted to treatment for heroin abuse in 2001 were Caucasian and 68 percent were

male. In addition, the percentage of clients admitted to treatment for heroin abuse who were under 35 years old increased to 40 percent in 2001 from 35 percent in 1995. Although injecting is the preferred means of administering heroin in Colorado

Chart 2. Heroin Emergency Department Mentions, Denver, 1997–2001



Source: DAWN.

(used by 81.8 percent of admitted patients), the percentage of patients who smoke or snort the drug has increased from 4.5 percent in 1995 to 9.5 percent in 2001.

Heroin is frequently a factor in ED mentions and deaths in the Denver metropolitan area as well as deaths throughout the state. According to DAWN, heroin ED mentions in the Denver metropolitan area increased steadily from 465 in 1997 to 769 in 2001. (See Chart 2 on page 16.) DAWN mortality data indicate an increase in heroin-related deaths in the Denver metropolitan area—from 34 in 1996 to 77 in 2001. Statewide

there were 142 heroin-related deaths in 1999, according to ADAD; that number increased to 147 in 2000 and 160 in 2001. Heroin/morphine-related calls to RMPDC likewise increased from 21 in 1997 to 36 in 2001.

A recent trend observed by some treatment providers in Colorado involves methamphetamine abusers using heroin as a means of curbing the stimulant effects of methamphetamine. A study by ADAD and the University of Colorado revealed that some intravenous methamphetamine abusers have developed dependence on heroin as a result. This trend does not appear to be widespread.

Availability

Heroin is not available in all parts of Colorado; availability is largely limited to the state's metropolitan and suburban areas. According to the NDTs, 42 of 68 Colorado law enforcement respondents indicated low or no availability of heroin within their jurisdictions. Where heroin is available, Mexican black tar is the most prevalent type. Mexican brown powdered heroin also is available to a lesser extent.

The amount of heroin seized in Colorado has fluctuated during the past several years. According to FDSS data, federal law enforcement officials seized 4.9 kilograms in 1998, 2.0 kilograms in 1999, 4.9 kilograms in 2000, and 1.2 kilograms in 2001. Law enforcement officials seized 1.65 kilograms of heroin in 1999 and 3.15 kilograms in 2000 as part of Operation Pipeline and 2.41 kilograms in 2000 as part of Operation Jetway.

The number of drug-related federal sentences that were heroin-related in Colorado was lower than the percentage nationwide in FY2001. According to USSC data, in FY2001 heroin-related federal sentences constituted 3.8 percent of all drug-related federal sentences in Colorado compared with 7.2 percent nationwide. During the same year there were fewer federal sentences resulting from heroin-related offenses than for offenses associated with any other major drug.

Heroin prices in Colorado vary depending on type, quantity, and location. Mexican black tar heroin usually is available in quantities of 1 ounce or more, and brown powdered heroin typically is available in quantities of less than 1 ounce. Mexican black tar heroin and brown powdered heroin are readily available in Denver. In FY2002 Mexican heroin in Denver sold for \$1,500 to \$3,000 per ounce and \$50 to \$200 per gram, an increase from FY2001 prices of \$1,300 to \$2,000 per ounce and \$50 to \$100 per gram. In Colorado Springs Mexican black tar heroin and brown powdered heroin were less available and sold for \$1,800 to \$3,500 per ounce and \$75 to \$300 per gram. In some more rural areas where Mexican

Availability of Mexican Black Tar Heroin on the Rise

The Summit County Task Force reports that the availability of Mexican black tar heroin in the county has "skyrocketed." Heroin-related arrests increased 400 percent in this rural county between January and June 2001, and there were three deaths attributed to heroin overdoses during the same period. Task force officials report that users in Summit County typically are in their teens or midtwenties.

Source: Summit County Drug Task Force.

black tar heroin is available, prices can be as low as \$50 per gram due to lower purity.

Purity levels in Colorado vary depending upon type and location. According to DEA, Mexican black tar heroin in Colorado ranges

from 46 to 55 percent pure, and Mexican brown powdered heroin averages 67 percent pure. The purity of Mexican heroin available in rural areas can be as low as 2 percent.

Violence

Heroin generally is not associated with violence in Colorado. Heroin abusers sometimes commit property crimes to acquire funds to purchase the drug. Heroin distributors, however, may commit violent crimes to protect their operations. For instance, Sinaloan Cowboys, which is active in Colorado Springs and other parts of the state, is a violent street gang that distributes heroin in several jurisdictions. Its members commit homicide, burglary, kidnapping, and auto theft; some crimes may be linked to their heroin distribution activities.

Sinaloan Cowboys

Sinaloan Cowboys, a street gang primarily composed of Mexican nationals, has adopted cowboy attire and symbols. Many wear expensive cowboy boots and hats, silk shirts, and gold jewelry. Members prefer fancy vehicles with gold and chrome plating and sometimes hang a miniature lasso and saddle from the rearview mirror. Members typically possess numerous weapons including fragmentation grenades. Most members come from Sinaloa, Mexico, or from nearby areas such as Chihuahua, Durango, Michoacan, Nayarit, and Zacatecas. The principal criminal activities associated with this street gang are drug transportation and distribution.

Source: Rocky Mountain Information Network; Fort Collins Police Department.

Production

Opium is not cultivated nor is heroin produced in Colorado. Heroin is produced in four source regions: South America, Southeast Asia, Southwest

Asia, and Mexico. Most of the heroin available in Colorado is produced in Mexico.

Transportation

Mexican DTOs are the principal transporters of Mexican heroin into Colorado. These DTOs typically transport heroin into the Denver metropolitan area from Nayarit and Sinaloa, Mexico, through California and Texas. Private vehicles are the principal means used to transport heroin into Colorado. Operation Pipeline data for 1999

indicate that heroin is transported into Colorado primarily on interstate and U.S. highways, including US 160, I-25, and I-70. In May 2000 Colorado State Police seized 1.5 kilograms of Mexican brown powdered heroin from two male Mexican nationals traveling east to Pueblo on US 160 in Rio Grande, Colorado. Law enforcement

officers found the heroin bundle wrapped in cellophane and hidden between the trunk liner and the rear quarter panel of the vehicle. Heroin seized in Colorado often is transiting the state and is destined for drug markets in other states.

In addition, Mexican DTOs and criminal groups transport heroin to Colorado using commercial aircraft and package delivery services. Mexican DTOs and criminal groups often recruit

young, single women to serve as couriers on commercial flights. Law enforcement agencies in Aurora, Greeley, and Pueblo report that heroin is transported to those jurisdictions via couriers aboard commercial flights transiting Denver International Airport. Law enforcement information indicates that some heroin is transported to Colorado via package delivery services.

Distribution

Heroin distribution in Colorado is dominated by Mexican DTOs based in Denver. These organizations supply wholesale and midlevel quantities of black tar and brown powdered heroin to distributors throughout the state, including Mexican criminal groups and a variety of Central American criminal groups that distribute the drug at the retail level.

Mexican DTOs, the principal wholesale distributors of Mexican black tar heroin in Colorado, maintain ties to Nayarit and Sinaloa, Mexico, where most of the heroin available in Colorado is produced. Mexican DTOs in Denver are associated with heroin distribution groups in Los Angeles, California; Phoenix, Arizona; and Portland, Oregon. Mexican DTOs in Denver are suspected of cooperating with each other—loaning, bartering, or intermingling quantities of either brown powdered or black tar heroin—to maintain a steady supply for the user population in Denver. Mexican DTOs in Colorado segregate into small

autonomous distribution cells to minimize the organization's exposure to law enforcement. Each cell has its own source of supply, although distribution cells often share heroin with other cells when supplies are low.

Mexican DTO cells, Mexican criminal groups and, to a lesser extent, Honduran, Guatemalan, and Nicaraguan criminal groups distribute Mexican black tar and brown powdered heroin at the retail level in the Denver metropolitan area. In addition, Sinaloan Cowboys distributes heroin in the Front Range. The gang obtains heroin in Sinaloa, Mexico, and transports it to cities such as Colorado Springs for distribution.

Retail dealers sell heroin packaged in small plastic bags or aluminum foil. In the Denver metropolitan area the typical quantity sold during street transactions is one-tenth gram. Larger transactions occur inside residences or businesses.

Marijuana

Marijuana, primarily produced in Mexico, is the most widely available and frequently abused illicit drug in Colorado. However, law enforcement officers generally regard the drug as a lower threat than methamphetamine or cocaine because marijuana abusers and distributors usually do not commit violent crimes. Most of the marijuana available in the state is produced in Mexico; however, marijuana produced in Colorado and other

western states, particularly California, by Mexican criminal groups and local independent dealers is also available. Marijuana typically is transported into the state in commercial trucks, rental and private vehicles, and by package delivery services. Marijuana produced in Mexico or by Mexican criminal groups in Colorado and other western states is distributed primarily by Mexican DTOs and criminal groups at the wholesale level

and by Hispanic and African American street gangs at the retail level. Caucasian criminal groups and local independent dealers are the

primary distributors of the marijuana and sinsemilla they produce in Colorado.

Abuse

Marijuana is the most commonly abused illicit drug in Colorado. The percentage of Colorado residents who report having abused marijuana in the past month is higher than the percentage nationwide. According to the 1999 and 2000 NHSDA, 7.8 percent of Colorado residents age 12 and over reported having abused marijuana in the year prior to the survey compared with 4.8 percent nationwide. Marijuana abusers have constituted the largest percentage of self-reported drug abusers in Colorado since 1995, according to ADAD. According to the NDTs, 45 of the 68 Colorado law enforcement respondents who reported marijuana abuse in their jurisdictions indicated a high level of abuse.

Marijuana-related admissions to publicly funded treatment facilities in Colorado far exceed admissions associated with any other illicit drug. State data indicate rising marijuana-related treatment admissions through 1999, followed by a

decline in 2000 and 2001. ADAD reports that marijuana-related admissions increased from 4,459 in 1997 to 6,339 in 1999. That number decreased to 5,571 in 2000 and to 5,299 in 2001. (See Table 1 on page 3.) In 2001, 38 percent of marijuana-related treatment admissions were under 17 years old, nearly 75 percent were male, and nearly 56 percent were Caucasian, according to ADAD. Marijuana is a secondary drug commonly mentioned by methamphetamine abusers admitted to treatment facilities. The exact nature of this link is speculative; however, these methamphetamine abusers may be using marijuana to curb the stimulant effects of methamphetamine.

Marijuana increasingly is a factor in drug-related ED mentions in the Denver metropolitan area. According to DAWN, in the Denver metropolitan area marijuana ED mentions increased from 505 in 1997 to 979 in 2001.

Availability

Marijuana is the most widely available illicit drug in Colorado. According to the NDTs, marijuana availability was reported as high by 53 of 68 Colorado law enforcement respondents. Most of the marijuana available in the state is produced in Mexico. Marijuana produced in Colorado and other western states, primarily California, also is available. High potency marijuana produced in Canada is becoming increasingly available in Colorado's metropolitan areas.

Seizure data reflect the ready availability of marijuana in Colorado. According to FDSS data, federal law enforcement officials in Colorado seized 882.5 kilograms of marijuana in 1998,

901.6 kilograms in 1999, 718.1 kilograms in 2000, and 1,591.5 kilograms in 2001. Law enforcement officials seized 2,348.1 kilograms of marijuana in 1999 and 1,520.9 kilograms in 2000 as part of Operation Pipeline and 175.1 kilograms in 2000 as part of Operation Jetway.

The percentage of drug-related federal sentences that were marijuana-related in Colorado was significantly lower than the national percentage in FY2001. According to USSC data, approximately 13 percent of drug-related federal sentences in Colorado in FY2001 were marijuana-related compared with nearly 33 percent nationally. There were 21 marijuana-related federal sentences in Colorado in

FY1997, 29 in FY1998, 20 in FY1999, 18 in FY2000, and 20 in FY2001. From October 1998 to May 2001, 25 of the 86 OCDETF investigations initiated in Colorado were marijuana-related.

Marijuana prices vary throughout Colorado. According to the DEA Denver Division, marijuana produced in Mexico or western states sold for \$500 to \$1,000 per pound in Denver in FY2002; locally produced sinsemilla sold for \$1,000 to \$3,000 per pound and \$200 to \$300 per ounce. In FY2002 in Colorado Springs, marijuana from Mexican sources sold for \$300 to \$1,200 per pound and \$100 to \$150 per ounce. Locally produced sinsemilla sold for \$1,500 to \$3,200 per pound and \$100 to \$150 per ounce. In Grand Junction marijuana from Mexican sources sold for \$800 per pound and \$150 per ounce, and

sinsemilla was available for \$2,000 to \$4,000 per pound and \$200 per ounce during the second quarter of 2001. A marijuana cigarette typically sold for \$3 to \$10 statewide in FY2002. DEA reports that high potency BC Bud, also known as triple-A, which is produced in British Columbia, Canada, is becoming increasingly available in Boulder, Colorado Springs, Denver, Fort Collins, and Greeley. BC Bud sells for \$3,000 to \$5,000 per pound where it is available.

According to the Domestic Cannabis Eradication/Suppression Program (DCE/SP), a DEA program that supports 88 state and local law enforcement agencies, 10,862 outdoor and 3,584 indoor cannabis plants were eradicated in Colorado in 2000; 1,948 outdoor and 2,222 indoor cannabis plants were eradicated in 2001.

Violence

The production and distribution of marijuana occasionally have been linked to violent crime in Colorado. Law enforcement officials report that outdoor cannabis growers often use countersurveillance equipment, trip wires, and explosives to secure their cultivation sites. According to DCE/SP statistics, 20 firearms were seized from cannabis

cultivation sites in Colorado in 2001. According to Denver law enforcement officials, street gangs that distribute marijuana commit violent crimes such as assault, auto theft, drive-by shooting, and homicide, some of which have been related to their marijuana distribution activities.

Production

Most of the marijuana available in Colorado is produced in Mexico. However, marijuana produced by Mexican criminal groups and Caucasian local independent dealers in Colorado and other western states, primarily California, also is available. Marijuana produced in Canada is becoming increasingly available.

Outdoor cannabis cultivation reportedly yields more cannabis than indoor cultivation in Colorado. However, smaller, indoor cannabis growing operations are more common throughout the state. Mexican criminal groups cultivate large-scale outdoor sites containing thousands of cannabis plants in remote areas of Colorado. In

July 2002 the Grand Valley Joint Drug Task Force eradicated 10,300 cannabis plants from a grow site operated by a Mexican group near Gateway. The site was situated in a secluded canyon on U.S. Bureau of Land Management property. A local resident discovered the site and reported its location to task force officers. The individual also reported observing four armed men near the site. Outdoor cannabis operations typically are concealed among legitimate agricultural crops or on remote National Forest Service lands. Indoor cannabis grows are common, and there have been significant seizures of indoor grows containing 1,000 or more cannabis plants. Indoor operations

that utilize hydroponics to produce high THC (tetrahydrocannabinol) sinsemilla are becoming more common. Indoor operations generally are conducted by Caucasian criminal groups and local independent producers.

Sinsemilla

Sinsemilla, in Spanish, means without seed. Growing the female cannabis plant in the absence of the male cannabis plant prevents pollination, resulting in an increase in THC (tetrahydrocannabinol) levels and bud growth in female plants. According to data from the Potency Monitoring Project, the THC content of marijuana available in the United States in 2001 averaged 9.55 percent for sinsemilla, compared to 5.03 percent for commercial-grade marijuana. Sinsemilla includes only the buds and flowering tops of the cannabis plant, where THC is most concentrated, while commercial-grade marijuana usually also includes the leaves, stems, and seeds. Thus, the average marijuana yield for mature sinsemilla is approximately one-half pound per plant, compared with 1 pound per plant for commercial-grade marijuana.

Transportation

Mexican DTOs and criminal groups based in Mexico and California are the primary transporters of Mexico-produced marijuana and of marijuana produced by Mexican criminal groups in western states. Caucasian local independent distributors and a limited number of Mexican criminal groups transport Canada-produced marijuana to Colorado through northwestern states.

Marijuana typically is transported into Colorado along the state's interstate highway system. Operation Pipeline data from 2000 indicate that I-25 is the highway most often used to transport marijuana to Colorado, although I-70 also is frequently used. Interstate 76 typically is used to transport marijuana from Colorado to destinations in other states. The Four Corners-Durango area is a major transit area for marijuana being transported from Arizona, California, and New Mexico to cities such as Boston, Chicago, and New York. Commercial, private, and rental vehicles generally are used to transport marijuana into and through the state.

Marijuana also is transported by couriers traveling aboard commercial aircraft, but to a much lesser extent. The Boulder County Drug Task Force reports that BC Bud available in its jurisdiction is transported from British Columbia via Denver International Airport. The Task Force reports that at least three organizations supply BC Bud to the Boulder area. These organizations have been connected to several seizures of high-grade marijuana at Denver International Airport in 1999 and 2000, including one of 40 pounds and another of 75 pounds. Couriers on commercial flights also transport marijuana to drug markets in other states via connecting flights through Colorado airports.

A small amount of marijuana is transported to Colorado via package delivery services. According to the Rocky Mountain HIDTA, many law enforcement agencies in Colorado report that marijuana is transported into the state in packages that typically contain from 5 to 10 pounds of the

Marijuana Seized From Commercial Truck

In March 2001 the Colorado Front Range Task Force seized 2,500 pounds of marijuana from a commercial truck bearing Oklahoma plates. The marijuana was sealed in 37 metal containers that were 3 feet wide, 5 feet long, and 3 inches high. The containers were welded shut, bolted to the roof of the vehicle's trailer, and covered with paneling. Once the containers were cut open, officers used shovels to break apart the compacted marijuana to remove it. This was the first seizure of marijuana in Colorado involving this concealment method.

Source: Front Range Task Force.

Marijuana Seized on I-25

In January 2000 the Colorado Highway Patrol seized 227 kilograms of marijuana from two male U.S. citizens traveling northbound on I-25 in Pueblo County. The driver, a resident of Arizona, and the passenger, a resident of New Mexico, were en route to Denver from Las Cruces, New Mexico, in a rented minivan bearing Texas plates. A consensual search of the vehicle led to the discovery of the marijuana in a hidden compartment located in the cargo area.

Source: Colorado State Patrol.

drug. Packages containing marijuana and arriving in Colorado usually are shipped from Southern California or Texas.

According to the United States Postal Inspection Service, El Paso, Texas; Phoenix, Arizona; and Los Angeles are the most common cities from which marijuana is transported to Colorado in mail packages.

Distribution

Mexican DTOs and criminal groups dominate the wholesale distribution of marijuana produced in Mexico and western states. African American and Hispanic street gangs also distribute all varieties of marijuana at the retail level. Caucasian local independent dealers distribute locally produced marijuana at the wholesale and retail levels. Mexican DTOs and local independent producers also supply marijuana to Colorado street gangs for retail distribution. Caucasian criminal groups in Boulder, Denver, and Jefferson Counties are the primary distributors of BC Bud in Colorado.

Street gangs, primarily African American and Hispanic, are the principal retail distributors of Mexico-produced marijuana in Colorado's metropolitan areas. According to law enforcement officials, dozens of gangs based in every metropolitan area of the state distribute marijuana; major gangs that distribute marijuana include 18th Street, Crenshaw Mafia Gangster Crips, Gangster Disciples, and Sureños 13.

Wholesale quantities of marijuana typically are wrapped in cellophane, paper, duct tape, or a combination of the three and are distributed from

residences and businesses, including bars, nightclubs, and restaurants. Retail quantities of marijuana typically are packaged in plastic bags in

one-quarter-ounce amounts. Retail sales generally take place on street corners and in residences.

Other Dangerous Drugs

Other dangerous drugs (ODDs) present a significant and increasing threat to Colorado. ODDs include the club drugs MDMA, LSD, ketamine, and GHB and its analogs; the hallucinogen psilocybin; and diverted pharmaceuticals including opioids (narcotic analgesics) such as Dilaudid, Lorcet, OxyContin, Percocet, Percodan, and Vicodin and sedative hypnotics (benzodiazepines) such as Valium and Xanax. Club drugs are transported into Colorado in private vehicles, by couriers aboard commercial flights, and via package delivery services. Many club drugs are

sold and abused by middle-class, suburban, young adults at raves and nightclubs, and on college campuses. MDMA is increasingly available and abused in Colorado, particularly in the Denver area, where the drug is distributed at a growing number of venues such as college campuses and private parties. The diversion and abuse of pharmaceuticals, especially opioids, is an increasing concern to Colorado. Caucasian criminal groups and local independent dealers are the principal distributors of diverted pharmaceuticals.

Raves

Throughout the 1990s high energy, all-night dances known as raves, which feature techno music and flashing laser lights, increased in popularity among teens and young adults. Raves occur in most metropolitan areas of the country. They can be held at either permanent dance clubs or temporary “weekend event” sites set up in abandoned warehouses, open fields, empty buildings, or civic centers. Club drugs are a group of synthetic drugs often sold at raves and dance clubs. MDMA is one of the most popular club drugs. Rave managers often sell water, bubble gum, glow sticks, and mentholated cream at rave parties. “Ravers” drink water to offset dehydration caused by MDMA; chew bubble gum to prevent the grinding of teeth, which is a common side effect of abusing MDMA; wave glow sticks in front of their eyes because MDMA stimulates light perception; and apply mentholated cream to their nostrils to produce a rush of feeling called freeze.

Club Drugs

MDMA. The increasing availability and abuse of MDMA (3,4-methylenedioxymethamphetamine), particularly among teenagers and young adults, pose a growing threat to Colorado. MDMA, also known as ecstasy, XTC, E, and X, is a stimulant and low-level hallucinogen. MDMA was patented in 1914 in Germany where it was sometimes given to psychiatric patients to assist in psychotherapy, a practice never approved by the American Psychological Association or the Food and Drug Administration. Abuse of the drug can cause psychological problems similar to those associated with methamphetamine and

cocaine abuse, including confusion, depression, sleeplessness, anxiety, and paranoia. The physical effects can include severe dehydration, muscle tension, involuntary teeth clenching, blurred vision, and increased heart rate and blood pressure. MDMA can also cause a marked increase in body temperature leading to muscle breakdown, kidney failure, cardiovascular system failure, stroke, or seizure. MDMA abuse may result in long-term, permanent damage to parts of the brain that are critical to thought and memory.

MDMA is increasingly available and abused in Colorado. According to DAWN data, MDMA

ED mentions in the Denver metropolitan area increased from 11 in 1997 to 42 in 2001. Many law enforcement agencies in Colorado reported dramatic increases in MDMA availability in 2000 and 2001. These increases in MDMA availability have been noted by Colorado law enforcement agencies throughout the state, as law enforcement pressure in larger cities such as Denver and Colorado Springs has compelled rave promoters to stage events in more rural areas. In early 2001 a Colorado promoter gave a 48-hour notice of a planned rave in Wray, a small farming community in northeastern Colorado. More than 2,500 young adults from eight states attended the event. In addition to raves, MDMA is distributed in many bars, nightclubs, and private parties in the Denver metropolitan area. Moreover, MDMA appears to have become a mainstream drug, according to law enforcement officials. MDMA increasingly is abused in traditional settings, including residences and businesses, and it often is abused in combination with other drugs, including cocaine and methamphetamine.

Most MDMA available in Colorado is produced outside the United States, typically in laboratories in the Netherlands and Belgium, and is transported to Colorado via package delivery services and by couriers aboard commercial aircraft. Most MDMA available in the state transits distribution centers such as Miami, New York City, Philadelphia, and Washington, D.C., en route to Colorado. MDMA also is transported to the state in private vehicles. Caucasian criminal groups and local independent dealers are the primary transporters of the drug to the state. MDMA generally is not produced in Colorado, although law enforcement authorities in Boulder County seized one MDMA laboratory in 2000.

Caucasian local independent dealers are the principal distributors of MDMA in the state. They typically are supplied by European, Russian, or Israeli DTOs based in Los Angeles and Las Vegas or, to a lesser extent, New York City or Philadelphia. In Denver, Asian street gangs such as Asian Pride and Viet Pride have established sources of supply in Southern California and may have

Operation Green Clover

In August 2001 federal, state, and local law enforcement agencies in California and Colorado dismantled three affiliated drug distribution groups that operated in Denver. This law enforcement initiative, Operation Green Clover, resulted in the arrests of more than 50 suspects and the seizure of 85,000 MDMA tablets, 2.5 kilograms of cocaine, 320 pounds of marijuana, 4,100 cannabis plants, 5 pounds of methamphetamine, 40,000 dosage units of LSD, and \$1.36 million. These groups are suspected of distributing nearly 100,000 MDMA tablets per month from Denver to drug markets in Colorado, California, Illinois, Michigan, New York, and other states. Couriers aboard commercial aircraft transported MDMA in 20,000-tablet shipments from the Netherlands through New York on behalf of these groups. The groups then distributed the tablets to a series of midlevel distributors, who in turn supplied a vast network of retail distributors throughout the United States. Authorities in Lakewood also charged three of the defendants with distributing a controlled substance that resulted in death because MDMA was sold to a 16-year-old girl who died after ingesting the drug.

Source: DEA Denver Division.

become the primary wholesale distributors of MDMA in the city, according to the Denver Police Department. In addition, DEA reports that in late 2001 several Mexican criminal groups began distributing MDMA in wholesale quantities in several areas of the state. Wholesale distributors supply MDMA primarily to Caucasian independent dealers in their late teens and twenties. Most retail distribution of MDMA occurs at raves or in dance clubs; however, MDMA increasingly is being distributed in residences, apartment buildings, and other venues. MDMA is sold for \$20 to \$30 per tablet or \$8 to \$12 per tablet in 100-tablet lots. In addition, tablets sold as MDMA in Colorado, particularly in Denver and surrounding cities, increasingly contain other drugs such as methamphetamine, MDA (methylenedioxyamphetamine), and MDEA (methylenedioxyethylamphetamine).

LSD. The distribution and abuse of LSD (lysergic acid diethylamide) pose an increasing threat to Colorado. LSD, also known as acid, boomers, and yellow sunshine, is a hallucinogen that induces abnormalities in sensory perceptions. The effects of LSD are unpredictable depending upon the amount taken, the environment in which it is abused, and the abuser's personality, mood, and expectations. Abusers may feel the effects for up to 12 hours. The physical effects include dilated pupils, elevated body temperature, increased heart rate and blood pressure, sweating, loss of appetite, nausea, numbness, weakness, insomnia, dry mouth, and tremors. Two long-term disorders associated with LSD are persistent psychosis and hallucinogen persisting perception disorder (flashbacks). LSD typically is taken orally.

LSD is available in powder and liquid forms, in tablets or capsules, on pieces of blotter paper that absorb the drug, and on small candies. In Alamosa County in southern Colorado, law enforcement authorities report that LSD is available in the form of blue tablets with a yellow star. Some abusers hide liquid LSD in breath mint vials or bottles designed to contain eyedrops. The drug primarily is distributed and abused at raves, bars, and night-clubs in large cities and college towns in Colorado. Typically, abusers in Colorado are 14- to 21-year-old males who usually abuse the drug in combination with another substance, typically MDMA.

Most LSD available in the state is produced in California and transported to Colorado primarily through package delivery services. College and high school students, primarily Caucasian, are the principal retail distributors of the drug. The South Metro Drug Task Force (encompassing Arapahoe and Douglas Counties) reportedly seized 183 kilograms of LSD in a single seizure in 2000. LSD sells for \$50 to \$350 per sheet (100 dosage units) in Colorado, and a single dosage unit or "hit" typically sells for \$1 to \$5.

Ketamine. Also known as K, special K, vitamin K, and cat valium, ketamine presents an increasing threat to Colorado. The drug is an injectable anesthetic that is approved for both human and animal use. Ketamine is sold

Dosing

A recent trend at Colorado raves is a practice called dosing. If the rave attendees suspect that an individual is an undercover law enforcement officer or an informant for law enforcement authorities, they will sometimes dose that individual. A number of ravers will approach the person from behind and spray him with water containing liquid drugs, primarily LSD, which is easily absorbed through the skin. Ravers will occasionally dose themselves and each other at the end of a rave as an ovation to the departing disc jockey.

Source: Colorado Regional Club Drug Seminar, Gunnison, Colorado.

commercially and is produced in liquid, powder, and tablet forms. The liquid form is injected intramuscularly. In its powdered form, ketamine can be mistaken for cocaine or methamphetamine and often is snorted or smoked with marijuana or tobacco products.

Low-dose intoxication from ketamine may result in impaired attention, learning ability, and memory; dissociation, which includes out-of-body and near-death experiences; and hallucinations. High doses of ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems. Ketamine gained popularity among drug abusers in the 1980s when it was discovered that large doses caused reactions similar to those experienced with PCP.

Ketamine reportedly is increasing in popularity among abusers at raves throughout the state, but few law enforcement agencies report that ketamine is available in their jurisdictions. Abusers typically commit burglaries of veterinary clinics and hospitals to acquire the drug for personal use. In an attempt to deter burglars, pharmacies, veterinary clinics, and veterinary hospitals in many counties, including Boulder, El Paso, and Larimer, have posted signs stating that they do not stock ketamine. Ketamine is also available from sources in Mexico. The Larimer County Drug Task Force reports that ketamine from Mexico is

routinely encountered, particularly around the campus of Colorado State University in Fort Collins. The Grand-Routt-Moffat Counties Narcotic Enforcement Team (GRAMNET)—with jurisdiction over Grand, Routt, Moffat, and Jackson Counties—reports that retail quantities of ketamine from Mexico are available for purchase from Mexican criminal groups. There were five nonfatal overdoses of ketamine in the task force area in 2001. Law enforcement chemists in Denver have discovered ketamine in tablets seized or purchased by law enforcement that were marketed as MDMA.

GHB and Analogs. The threat to Colorado from GHB (gamma-hydroxybutyrate) and its analogs is low but increasing. GHB and its analogs—GBL, BD, GHV, and GVL—also are known as liquid MDMA, scoop, grievous bodily harm, and Georgia home boy. GHB is a depressant that occurs naturally in the body and is necessary for full functioning of the brain and central nervous system. GHB analogs are drugs that possess chemical structures that closely resemble GHB. Overdoses of GHB and its analogs can occur quickly; some signs include drowsiness, nausea, vomiting, loss of consciousness, impaired breathing, and occasionally death. These drugs often are used in the commission of drug-facilitated sexual assault because of their sedative effects. Overdoses are common but rarely lethal and can trigger coma. Abusers in some Denver clubs have become so accustomed to overdosing on GHB and becoming unconscious that they write a large “G” on the backs of their hands to inform other dancers not to call for help should they pass out.

GHB and its analogs are not available in most parts of the state. Few counties report ready availability, and many counties report that GHB and its analogs are infrequently, if ever, seized by law enforcement. In Denver GHB and its analogs occasionally are seized during routine traffic stops and rave parties. Despite limited statewide availability, GHB and its analogs are becoming more available in some areas. In Boulder the use of GHB is suspected in several sexual assault cases involving female university students. Almost all of the GHB abused in Colorado is produced in the state. GHB producers typically make enough of the drug to supply themselves and several friends for a short period of time—1 to 2 days—so that little distribution occurs. GHB is commonly sold for \$5 to \$10 per dose. GHB analogs are available at some disreputable health food stores, gyms, and via the Internet.

| GHB Analogs | |
|--------------------|---|
| Analog | Chemical/Alternative Name |
| GBL | gamma-butyrolactone furanone di-hydro dihydrofuranone |
| BD | 1,4-butanediol tetramethylene glycol sucol-B butylene glycol |
| GVL | gamma-valerolactone 4-pentanolide |
| GHV | gamma-hydroxyvalerate methyl-GHB |

Hallucinogens

Psilocybin. Also known as cubes, liberty caps, magic mushrooms, mushies, mushrooms, psilocybes, and shrooms, psilocybin is the psychoactive ingredient found in certain mushrooms, notably, two Mexican species—*Psilocybe mexicana* and *Stropharia cubensis*. Hallucinogenic mushrooms used in religious

ceremonies by the indigenous people of Mexico were considered sacred and were called “God’s flesh” by the Aztecs. In the 1950s the active ingredients psilocyn and psilocybin were isolated from the Mexican mushrooms. Psilocyn and psilocybin produce effects similar to those of LSD.

The physical effects of psilocybin can include nausea, vomiting, muscle weakness, yawning, drowsiness, tearing, facial flushing, enlarged pupils, sweating, and lack of coordination. The chemical takes effect within 20 to 30 minutes and lasts about 6 hours depending on dosage. Other physical effects include dizziness, diarrhea, dry mouth, and restlessness. The psychological and physiological effects of the drug include changes to auditory, visual, and tactile senses. Colors reportedly appear brighter and users report a crossing of the senses, for example, seeing a sound and hearing a color.

Psilocybin has been abused in Colorado for decades and is the most frequently encountered hallucinogen in the state. A number of law

enforcement agencies in Colorado describe psilocybin availability in their jurisdictions as “constant.” Psilocybin mushrooms are grown in various parts of Colorado. Many individuals in Colorado grow their own psilocybin mushrooms from kits legally obtained from counterculture groups. Criminal groups in Simla supply psilocybin mushrooms to the Denver metropolitan area. Boulder is reportedly a hub for psilocybin distribution throughout the western United States. DEA reports that an entrenched organization in Boulder distributed 400 to 500 pounds of psilocybin mushrooms per month for at least a decade at prices ranging from \$600 to \$800 per pound. The organization was dismantled in June 2002, and two psilocybin production sites were seized.

Diverted Pharmaceuticals

Diverted pharmaceuticals pose a significant and increasing threat to Colorado. The most commonly diverted pharmaceuticals in Colorado are opioids (narcotic analgesics) such as Dilaudid, OxyContin, Percocet, Percodan, Vicodin and sedative hypnotics (benzodiazepines) such as Valium and Xanax. Narcotic analgesics are prescribed to relieve moderate to severe pain. Most sedative hypnotics are prescribed to relieve anxiety; however, some are used as anticonvulsants to treat muscle spasms.

Pharmaceutical Diversion Methods

Methods of diverting pharmaceuticals include pharmacy diversion, doctor shopping, and improper prescribing practices by physicians. Pharmacy diversion occurs when pharmacy employees steal products directly from the shelves or through prescription forgeries. One of the most widely used diversion techniques is doctor shopping—individuals who may or may not have a legitimate ailment visit numerous physicians to obtain drugs in excess of what should be legitimately prescribed.

Abusers of diverted pharmaceuticals in Colorado use a variety of means to acquire the drug. Forged and fraudulent prescriptions remain the most common methods used. Unscrupulous physicians and healthcare professionals directly divert prescription medications for themselves and for others. DEA reports that oxycodone and morphine are abused by some doctors and nurses, while drug-abusing anesthesiologists prefer fentanyl. According to the Mineral County Sheriff’s Office, pharmaceuticals are diverted through nursing homes and clinics in its jurisdiction. In addition, criminal groups and individuals transport a variety of diverted pharmaceuticals to Colorado on commercial flights. Seizures at Denver International Airport in 1999 included depressants (369 dosage units), Valium/diazepam (180 dosage units), and miscellaneous prescription drugs (3,444 dosage units). No pharmaceuticals were seized at the airport in 2000 or 2001. Local independent dealers are the principal distributors of diverted pharmaceuticals.

Outlook

Methamphetamine will continue to pose a primary drug threat to Colorado. Methamphetamine likely will remain a greater threat than any other illicit drug in the state. Methamphetamine produced by Mexican DTOs and criminal groups in Mexico, California, and Arizona will be increasingly available as the drug gains in popularity. Stimulative effects similar to those produced by cocaine, but at lower prices, will continue to fuel this gain. However, low methamphetamine purity, increasing public awareness of the dangers of methamphetamine abuse, and increasing law enforcement focus on methamphetamine producers and distributors may impede the advancing popularity of the drug. Tightened federal and state regulations governing the purchase of precursor chemicals will continue to affect the availability and purity of locally produced methamphetamine. The cost of environmental cleanup of toxic waste from methamphetamine laboratories will continue to rise if the number of laboratories seized in the state increases.

Powdered and crack cocaine will remain a serious threat to Colorado. The number of admissions to publicly funded treatment facilities may continue to decrease; however, rising ED mentions and deaths in the Denver metropolitan area will continue to contribute to the magnitude of the threat. Cocaine distributors will increasingly target young club drug users in Denver. Consequently, the threat posed by cocaine may increase dramatically in Denver and its surrounding suburbs. In addition, if methamphetamine purity levels remain low, some methamphetamine users may switch to cocaine.

The threat posed by heroin may increase in Colorado. The demand for high purity, low cost heroin will ensure the continued flow of heroin from Mexico to Colorado. New heroin abusers likely will continue to prefer smoking or snorting the drug; however, as their tolerance increases, some abusers will switch to injecting as the primary method of administration. As heroin abuse increases, so will the number of heroin-related deaths, medical complications, and treatment admissions.

Marijuana will remain the most widely available and commonly abused drug in Colorado. Marijuana from Mexico and western states will continue to be readily available. High potency BC Bud is expected to increase in availability.

The popularity of club drugs will continue to grow. MDMA, already regarded as a mainstream drug in the metropolitan areas, will continue to increase in popularity throughout the state. Mexican DTOs and criminal groups, already suspected of distributing MDMA in wholesale quantities in several jurisdictions, may play an increasing role in MDMA transportation and distribution. GHB may become more popular among young abusers as these individuals become accustomed to the drug's effects and thus begin to view it as a comparatively safe substance.

Abuse of other club drugs such as LSD and ketamine and the hallucinogen psilocybin, particularly among youth, will lead to increased admissions for treatment, long-term healthcare concerns, and further strains on social welfare and law enforcement agencies. Diverted pharmaceuticals will remain a considerable threat to Colorado.

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Sources

State and Regional

16th Judicial District Drug Task Force

22nd Judicial District Drug Task Force

Alamosa Police Department

Aurora Police Department

Vice and Narcotics Investigations

Boulder County Drug Task Force

City and County of Denver

Denver Police Department

Complex Investigations Unit

Denver International Airport Interdiction Unit

Gang Investigations Unit

Street Enforcement Unit

Vice and Narcotics Unit

Department of Excise and License

Department of Public Safety

Colorado Springs Metropolitan Drug Task Force

Colorado Springs Police Department

Delta-Montrose Counties Drug Task Force

Denver Health and Hospital Authority

Rocky Mountain Poison and Drug Center

The Denver Post

Denver Westword

Eagle County Sheriff's Office

Eastern Colorado Plains Drug Task Force

El Paso County Sheriff's Office

Fort Collins Police Department

Front Range Task Force

Colorado Drug Threat Assessment

Grand-Routt-Moffat Counties Narcotics Enforcement Team

Grand Valley Joint Drug Task Force

Gunnison Police Department

Jefferson County Sheriff's Office

Larimer County Drug Task Force

Longmont Police Department

Drug Investigations Unit

Metro Gang Task Force

Morgan County Sheriff's Office

North Metro Drug Task Force

Pueblo Police Department

Drug Investigations Unit

The Rocky Mountain News

San Luis Valley Drug Task Force

Southern Colorado Drug Task Force

South Metro Drug Task Force

Southwestern Colorado Narcotics Enforcement Team

State of Colorado

Department of Human Services

Alcohol and Drug Abuse Division

Department of Public Safety

Bureau of Investigation

Colorado State Patrol

Division of Criminal Justice

Summit County Drug Task Force

Two Rivers Drug Enforcement Team

Vail Police Department

Investigative Unit

Weld County Drug Task Force

West Metro Drug Task Force

National and International

Executive Office of the President

Office of National Drug Control Policy
High Intensity Drug Trafficking Area
Rocky Mountain

International Outlaw Motorcycle Gang Investigators Association

National Methamphetamine Chemical Initiative

U.S. Department of Commerce

Bureau of the Census

U.S. Department of Health and Human Services

Substance Abuse and Mental Health Services Administration
Office of Applied Studies
Drug Abuse Warning Network
National Household Survey on Drug Abuse
Treatment Episode Data Set

U.S. Department of Homeland Security

Directorate of Border and Transportation Security
Bureau of Immigration and Customs Enforcement (formerly U.S. Customs Service)
Bureau of Customs and Border Protection (formerly U.S. Border Patrol)

U.S. Department of Justice

Drug Enforcement Administration
Denver Division
Colorado Springs Resident Office
Domestic Cannabis Eradication/Suppression Program
El Paso Intelligence Center
Operation Convoy
Operation Jetway
Operation Pipeline
Federal-wide Drug Seizure System
National Clandestine Laboratory Seizure System
Federal Bureau of Investigation
National Institute of Justice
Office of Justice Programs
Bureau of Justice Assistance
Rocky Mountain Information Network

Colorado Drug Threat Assessment

U.S. Attorney's Office
District of Colorado
Organized Crime Drug Enforcement Task Force

U.S. Postal Service

U.S. Sentencing Commission

Other

Associated Press

Columbia University
National Center on Addiction and Substance Abuse



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