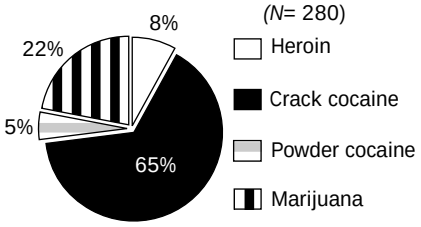
DETROIT PRIMARY METROPOLITAN STATISTICAL AREA PROFILE:

- Total population:. . . 4,441,551
- Median age: . . . . . 35.5 years
- Race (alone):
  - White 71.2%
  - Black 22.9%
  - American Indian/ Alaska Native 0.3%
  - Asian/Pacific Islander 2.3%
  - Other race 1.1%
  - Two or more races 2.1%
- Hispanic (of any race): 2.9%
- Unemployment rate: 5.9%
- Median household income:. $49,175
- Families below poverty level with children <18 years: 14.8%

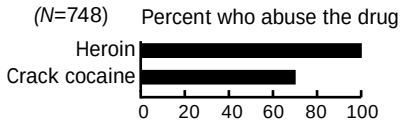
*Source: U.S. Census 2000**

What are the primary drugs of abuse among clients in a non-methadone treatment program? (Fall 2002)



Source: Non-methadone treatment respondent

What drugs do clients in a methadone program use+? (Fall 2002)



+Includes primary, secondary, and tertiary use

Source: Methadone treatment respondent

- *Treatment percentages among non-methadone clients are stable for all drugs of abuse between spring and fall 2002. Crack cocaine remains the most common primary drug of abuse.*[N]
- *The methadone treatment program reports an increase in the number of primary heroin users since spring 2002.*[M]

THE BIG PICTURE: WHAT'S CHANGED? (SPRING 2002 VS FALL 2002)

Overall, three of the four *Pulse Check* respondents state that Detroit's drug problem is stable, with the fourth perceiving a slight worsening in the situation. All four agree, however, that the current drug problem remains very serious. Some changes are reported since spring 2002, both positive and negative:

- The number of crack cocaine users is decreasing somewhat, possibly because users perceive the drug as less popular or of lower status.[E]
- Demand for gamma hydroxybutyrate (GHB) has declined.[E]
- Diverted methadone is increasingly available on the street. As in eight other *Pulse Check* cities, it is described as an emerging drug of abuse.[E]
- The prevalence of methamphetamine continues to increase throughout Detroit as it does in other *Pulse Check* cities. Labs are spreading out throughout the State. Currently, the problem in Detroit is not as great as in western Michigan.[E]
- The number of violent deaths associated with drug abuse has increased to a high level, primarily involving children caught in the crossfire.[N]
- Hepatitis C diagnoses have increased significantly, perhaps attributable to more aggressive screening within treatment programs.[M]

The drug market has also changed in several ways:

- The number of methamphetamine seizures by State police is expected to double between 2001 and 2002.[E]
- Pseudoephedrine, a precursor for methamphetamine, is now trafficked over the Internet.[L]
- More diverted OxyContin® (oxycodone hydrochloride controlled-release) appears to be arriving from Canada.[E]

While all the *Pulse Check* respondents agree that Detroit's drug problem is very serious, they differ on the most widely abused drug based on the different populations with which they work. However, they generally agree that heroin is associated with the most serious consequences.[L,E,M]

Most widely abused drug:
Marijuana[L,E]
Crack[N]
Heroin[M]

No reported changes between spring and fall 2002[L,E,N,M]

Second most widely abused drug:
Crack[E,M]
Heroin/Crack[L]
Marijuana[N]

No reported changes between spring and fall 2002[L,E,N,M]

Drug related to the most serious consequences:
Heroin[L,E,M]
Crack[N]

No reported changes between spring and fall 2002[L,E,N,M]

Drug related to the second most serious consequences:
Crack[L,E,M]
Marijuana[N]

No reported changes between spring and fall 2002[L,E,N,M]

New or emerging problems:
Methamphetamine[E]
Abused methadone[E]

Sources: [L]Law enforcement, [E]Epidemiologic/ethnographic, [N]Non-methadone treatment, and [M]Methadone treatment respondents
Note: These symbols appear throughout this city profile to indicate type of respondent.

**The census data in this table are provided as a frame of reference for the information given by* Pulse Check *sources. Whenever possible, the data given by the law enforcement and epidemiologic/ethnographic sources reflect the metropolitan area.*

HEROIN

The overall use of heroin is stable, but some negative developments are noted:

- There is increasing evidence of heroin abuse in the suburbs.[E]
- Hospital emergency room mentions involving heroin increased, and a record number of deaths in Detroit/Wayne County involved the drug in 2002.[E]
- The number of heroin users increased in the methadone program, but this was due to the referral of clients from other recently closed methadone programs in the area.[M]

COCAINE

While the use of crack cocaine remains pervasive (see pie and bar charts on the first page of this chapter)*, two changes are noted:*

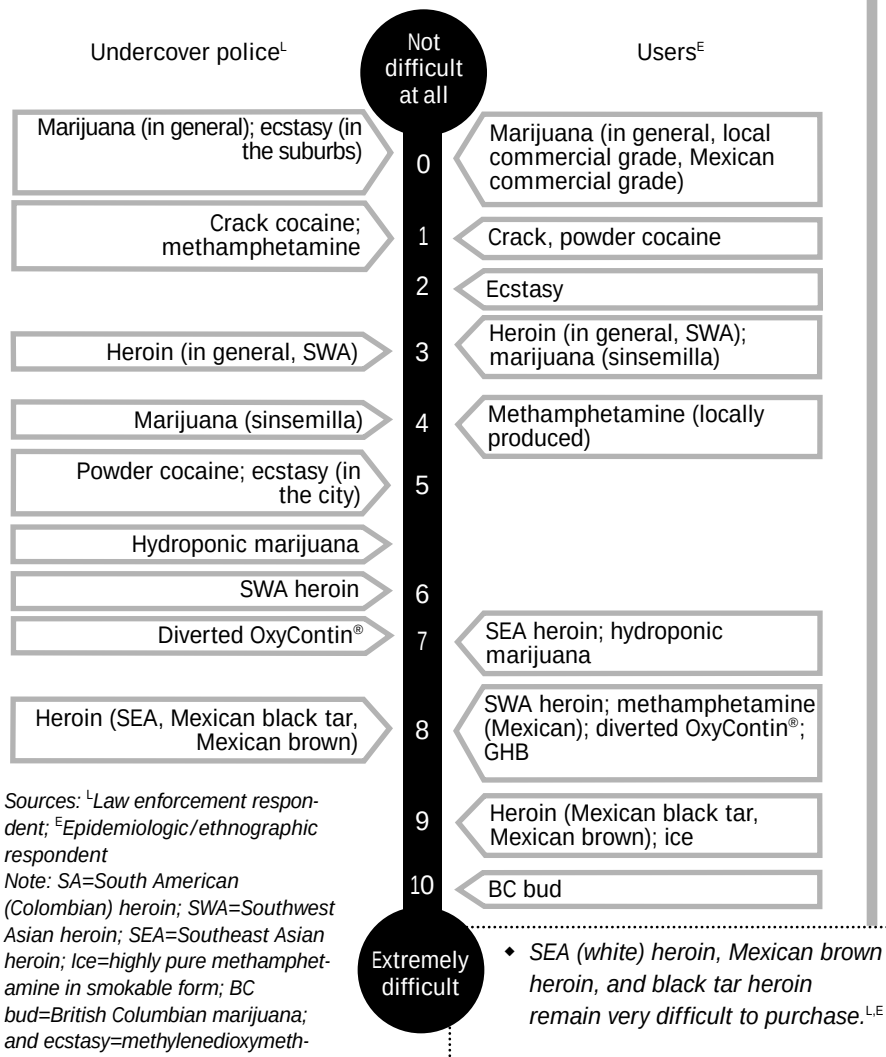
- The combination of crack cocaine with marijuana (or some form of tobacco), called "51," is increasingly used.[N,M]
- Outdoor use of crack cocaine (for example, in parks) decreased during fall 2002 due to the cold climate in Detroit.[M]

MARIJUANA

The marijuana problem in Detroit appears stable, although use remains at high levels.[E,N]

- Two respondents continue to consider marijuana the city's most widely abused drug,[L,E] and another considers it the second most widely abused drug.[N]
- Marijuana is often used in combination with alcohol and crack cocaine.[N]

How difficult is it for undercover police and users to buy drugs? (Fall 2002)



Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent
Note: SA=South American (Colombian) heroin; SWA=Southwest Asian heroin; SEA=Southeast Asian heroin; Ice=highly pure methamphetamine in smokable form; BC bud=British Columbian marijuana; and ecstasy=methylenedioxymethamphetamine or MDMA

- *SEA (white) heroin, Mexican brown heroin, and black tar heroin remain very difficult to purchase.*[L,E]
- *Undercover law enforcement officers have found it easier to purchase methamphetamine during this reporting period.*[L]
- *While marijuana remains widely available throughout the city, there is somewhat of a seasonal effect: in Detroit's cold fall/winter climate, small local plots decline in productivity, leading to a slight decline in availability.*[E]
- *The availability of diverted OxyContin® varies, but the drug is still not widely available in the city.*[E]
- *It is more difficult to purchase GHB.*[E]

METHAMPHETAMINE

Few methamphetamine users enter treatment, but the drug is becoming more prevalent.

- Methamphetamine use continues to increase, and new users are increasingly female.[E]
- Most users make the drug themselves in small labs or receive it from friends, rather than purchase it from a dealer.[E]

MDMA (ECSTASY)

Use of ecstasy remains stable at low levels,[N,M] but two changes are reported:

- Seizures of ecstasy increased.[E]
- Purity declined during the reporting period, and a variety of other drugs are being sold as ecstasy.[E]

OTHER DRUGS

- Diverted OxyContin®: Many pharmacies now post signs stating that they do not stock OxyContin® in order to prevent burglaries.[L] Sellers continue to work independently and are not very likely to abuse the drug.[L,E]
- GHB: There is reduced demand for GHB since the spring.[E] Those who do sell the drug range from adolescents to young adults, and they typically work as part of a larger organization.[L]
- Dextromethorphan (in Coricidin HBP®): The number of individuals abusing this over-the-counter drug has decreased slightly.[E]

OTHER DRUGS

- Diverted methadone: Availability is increasing.[E]
- Hydrocodone (Vicodin®): The number of individuals in treatment for abusing this opiate has increased somewhat, possibly indicating an increase in demand.

THE USE PERSPECTIVE

WHAT'S HAPPENING IN TREATMENT?

- The *Pulse Check* non-methadone treatment facility serves an average 300 outpatients each month. Among these clients, the primary drug of abuse is crack cocaine, with marijuana the distant second *(see pie chart on the first page of this chapter)*. Treatment percentages for all drugs remained stable between spring and fall 2002.[N]
- The methadone treatment facility can accommodate 750 clients (an increase from 600 just 3 years ago), and is operating at full capacity. While the number of heroin users in treatment has increased since spring 2002, this increase is largely due to referrals from recently closed area methadone programs.[M]
- Detroit has a central diagnostic and referral system contracted by the city Health Department's Bureau of Substance Abuse.
- While the capacity of private treatment programs has increased somewhat,[E] limited slot capacity remains the most significant barrier to treatment.[M]
- A lack of transportation remains a common barrier for individuals needing drug treatment.[N]
- Motivation among treatment clients continues to be an issue: since most clients are referred through the criminal justice system, they view treatment as punishment.[N]
- Treatment providers cite the need for increased funds for both prevention and longer courses of treatment to reduce recidivism and improve long-term outcomes.[N]
- After clients complete treatment, they need stable "recovering communities" that provide support and reinforcement as a part of daily life.[N] Some practitioners report that recovering users find it difficult to manage in halfway houses when they have just completed treatment.[N]
- The methadone program recently instituted an in-house testing program for hepatitis C. Also, mobile units now test individuals throughout the community for the disease.[M]
- The rate of human immunodeficiency virus (HIV) remains very low among clients in the methadone program. As one of the few programs in the city that routinely test clients, it checks approximately 600 individuals each year.[M]

WHO USES ILLICIT DRUGS?

The *Pulse Check* epidemiologic, non-methadone treatment, and methadone treatment sources were asked to describe the populations most likely to use heroin, cocaine, marijuana, methamphetamine, and ecstasy. They were also asked to describe any emerging user groups and to report on how the drugs are used. As shown on the following pages, user characteristics vary by drug. Further, because of the different perspective each brings, the three sources sometimes describe quite different populations and use patterns for each drug. For example, all methadone clients are primary opiate users who may use drugs other than opiates in a secondary or tertiary manner.

Who's most likely to use heroin?

Characteristic	E	N	M
Age group (years)	>30	>30	>30
Mean age (years)	40	45	38
Gender	60% male	90% male	55% male
Race/ethnicity	White	Black	Black
Socioeconomic status	Low/Middle	Low	Low
Residence	Central city/suburbs	Central city	Central city
Referral source	N/A	Criminal justice	Criminal justice
Level of education completed	N/A	Junior high	Junior high
Employment at intake	N/A	Unemployed	Unemployed

Note: *Only four clients in the non-methadone program report heroin as their primary drug of abuse (two men and two women, whose mean age is 36).*

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

For the most part, characteristics of heroin users remain stable. The typical user is older than 30, male, Black, of low socioeconomic status, and lives in the central city.[N,M] Fewer heroin users seeking treatment are younger than 30.[M]

How do users take heroin?

Characteristic	E	N	M
Primary route of administration	Snorting/ Injecting	Snorting	Injecting
Other drugs taken	Powder cocaine	Crack, marijuana	Crack, marijuana
Publicly or privately?	Privately	Privately	Privately
Alone or in groups?	Both	Alone	In groups

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *Methadone treatment clients tend to inject heroin, while non-methadone treatment clients tend to snort the drug.[N,M]*
- *Users in both methadone and non-methadone programs continue to take the drug along with crack cocaine and marijuana.[N,M]*
- *The shooting gallery environment for the sale and use of heroin has waned in popularity. The drug is sold more often on the street and then used in private locations.[M]*

Who's most likely to use cocaine?

Characteristic	Crack			Powder cocaine	
	E	N	M	E	N
Age group (years)	>30	18–30	>30	>30	>30
Mean age (years)	NR	28	38	30	40
Gender	50% male	55% female	65% male	50% male	75% male
Race/ethnicity	White	Black	Black	White	Black
Socioeconomic status	All	Low	Low	All	NR
Residence	All areas	Central city	Central city	All areas	Central city
Referral source	N/A	Detroit Health Department's Diagnostic & Referral system	Detroit Health Department's Diagnostic & Referral system	N/A	Criminal justice
Level of education completed	N/A	Junior high	Junior high/high school	N/A	Junior high
Employment at intake	N/A	Unemployed	Unemployed	N/A	Unemployed

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent; [M]Methadone treatment respondent

- *Cocaine users are typically Black, of lower socioeconomic status, and reside in the central city.[N,M]*
- *Crack cocaine users in methadone programs tend to be older than 30 and predominantly male.[M] In non-methadone programs, however, they tend to be young adults and the majority are female; they are also slightly less educated.[N]*
- *Powder cocaine users are typically older Black males living in the central city.[N]*
- *Users take cocaine with marijuana, alcohol, or heroin.[N]*

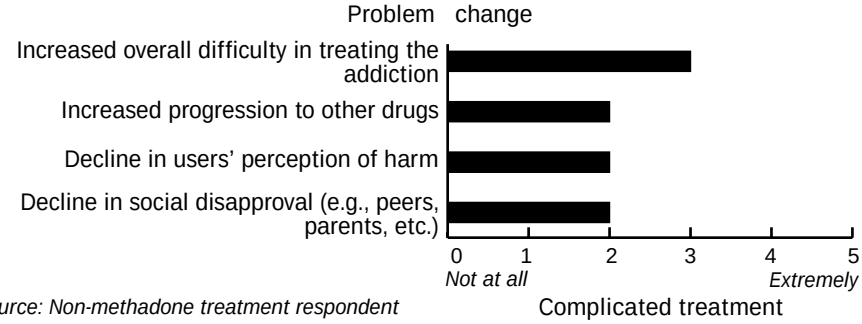
Who's most likely to use marijuana?

Characteristic	E	N
Age group (years)	13–17, 18–30, >30	Young adults
Mean age (years)	30	26
Gender	50% male	80% male
Race/ethnicity	White	Black
Socioeconomic status	All	Low
Residence	All	Central city
Referral source	N/A	Criminal justice
Level of education completed	N/A	Junior high
Employment at intake	N/A	Full time

Sources: [E]Epidemiologic/ethnographic respondent; [N]Non-methadone treatment respondent

- *As reported by the majority of* Pulse Check *sources (in 22 cities), two Detroit sources consider marijuana the most widely abused drug.*[L,E]
- *Marijuana users range from adolescents to young adults,*[E] *although users who enter treatment for primary marijuana use are typically young adults.*[N]
- *Marijuana users in treatment are predominantly male.*[N]

Marijuana-using clients: To what extent have changes in the following problems complicated their treatment over the past 10 years?



Source: Non-methadone treatment respondent

- *Declines in users' perception of harm and social disapproval of marijuana use have made treatment of marijuana-using clients more difficult.*[N] *The normalization of drug use in general has also complicated the city's drug problem.*[N]
- *The progression from marijuana to other drugs creates difficulty in treating marijuana-using clients.*[N]
- *There are still not enough treatment facilities to address the marijuana problem, particularly among adolescents.*[N]

WHAT ARE THE NEGATIVE CONSEQUENCES OF MARIJUANA USE?

Respondents associate marijuana, used either alone or with other drugs, with the following consequences, which remained stable between spring and fall 2002:

- Drug-related emergency room visits[E]
- Drug-related arrests[E,N]
- Automobile accidents[E]
- Short-term memory loss[E,N]
- Deteriorating family or social relationships[E,N]
- Poor academic performance[E]
- School absenteeism or truancy[E]
- Dropping out of school[E]
- Workplace absenteeism[E]
- Unemployment rates[N]

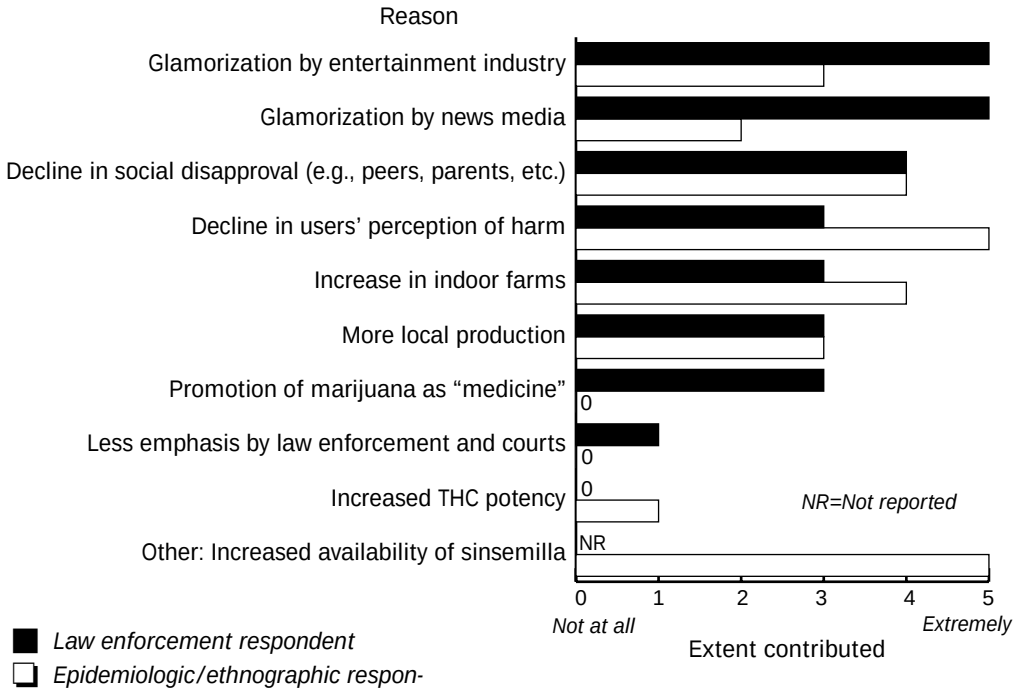
WHO'S MOST LIKELY TO USE METHAMPHETAMINE?

- Methamphetamine users are typically White young adults who live in the suburbs or rural areas.[E]
- While all routes of administration are reported, more users now smoke the drug. Users commonly take methamphetamine in combination with marijuana.[E]
- Most users make the drug themselves or share with friends, rather than purchase it from a dealer.[E]

WHO'S MOST LIKELY TO USE ECSTASY?

Ecstasy users are typically White young adults from the middle and upper income levels who live in suburban and rural areas.[E]

Widespread marijuana availability and use over the past 10 years: To what extent have the following contributed?



What they have to say...

- *Declines in users' perception of harm and social disapproval by peers and parents have significantly contributed to the widespread use of marijuana.*[L,E]
- *Glamorization of marijuana use by both the entertainment industry and the news media has contributed to significant increases in marijuana use over the past decade.*[L,E]
- *Marijuana availability has increased somewhat due to an increase in indoor farms and local production.*[L,E]
- *A proposed law to legalize marijuana use for medicinal purposes did not make it to the ballot in Detroit.*[L]

THE MARKET PERSPECTIVE

WHERE ARE DRUGS USED AND SOLD?

Marijuana is used and sold "everywhere" in the city.[L,E]

Also pervasive are heroin, crack cocaine, and powder cocaine, which are used and sold in the following venues:[L,E]

- Streets/open-air markets
- Crack houses/shooting galleries
- Private residences
- Playgrounds/parks
- Private parties
- Around drug treatment clinics
- Inside cars

New or emerging heroin users do not generally take the drug in outdoor settings like parks and playgrounds as do typical heroin users; they also purchase the drug in a new place: around drug or alcohol treatment clinics.[E]

Methamphetamine is sold in private residences, public housing developments, nightclubs/bars, inside cars, and in hotels/motels. It is generally used in private residences, inside cars, and at concerts.[E]

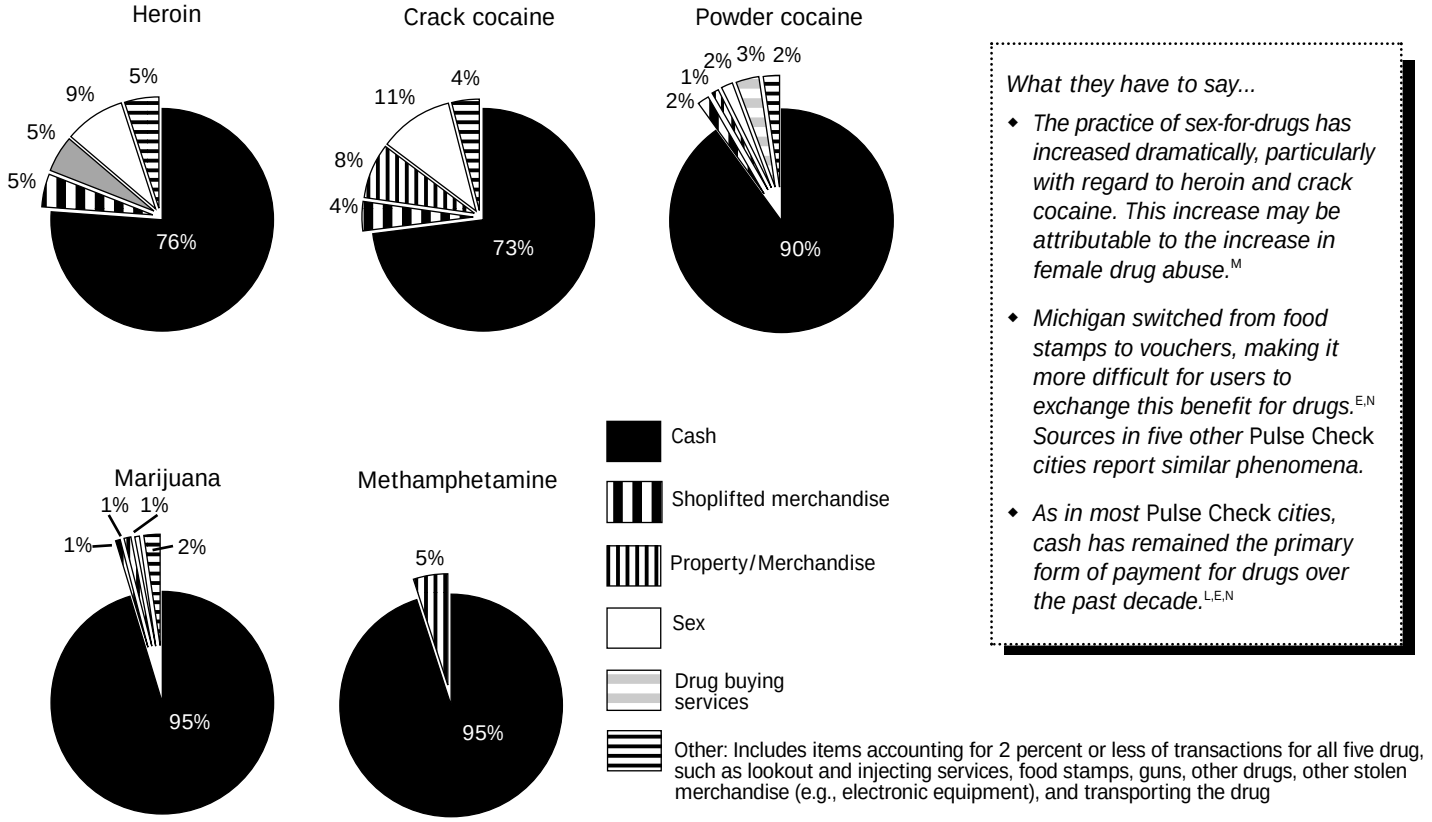
Ecstasy is both sold and used in private residences, on college campuses, and at private parties, raves, and concerts. It is also sold around elementary, junior high, and high schools; at nightclubs and bars; inside cars; and via the Internet.[L,E]

Sales of diverted OxyContin® generally take place in rural areas.[L]

HOW DO DRUGS GET FROM SELLER TO BUYER?

- Heroin is sold primarily in the central city through prearranged meetings or through drop-offs at designated locations.[E]
- Dealers sell both forms of cocaine in the central city, suburbs, and rural areas.[E] Transactions usually take place directly between sellers and users and are sometimes prearranged. They communicate via cell phones or intermediaries.[E]
- Methamphetamine is typically made by users in small mobile labs using the "Nazi" method.[L,E] Users who do not make their own generally barter something for it or receive it through friends.[E]
- Ecstasy dealers operate in the suburbs, communicating with most users through word of mouth at the sales setting.[E] The dealers communicate with their suppliers through the Internet.[E]
- Diverted OxyContin® is generally sold through direct meetings in suburbs or rural areas.[E]

Beyond cash: What else is accepted in exchange for drugs?



What they have to say...

- *The practice of sex-for-drugs has increased dramatically, particularly with regard to heroin and crack cocaine. This increase may be attributable to the increase in female drug abuse.*[M]
- *Michigan switched from food stamps to vouchers, making it more difficult for users to exchange this benefit for drugs.*[E,N] *Sources in five other* Pulse Check *cities report similar phenomena.*
- *As in most* Pulse Check *cities, cash has remained the primary form of payment for drugs over the past decade.*[L,E,N]

Source: Mean of response ratings given by law enforcement, non-methadone treatment, and methadone treatment respondents

Which drug sellers are associated with which crimes?

Crime	Heroin	Crack cocaine	Powder cocaine	Marijuana	Metham-phetamine	Ecstasy	Diverted OxyContin®	GHB
Gang-related activity	✓	✓		✓				
Violent criminal acts	✓	✓	✓					
Nonviolent criminal acts	✓	✓	✓	✓	✓	✓		✓
Prostitution	✓	✓	✓	✓				
Domestic violence			✓		✓			
Drug-assisted rape						✓		
No crimes associated						✓	✓	

Sources: Law enforcement respondent; epidemiologic/ethnographic respondent

Both sellers and users of heroin and cocaine are involved in nonviolent crimes such as breaking and entering, burglaries, and larceny.[E]

WHO'S SELLING HEROIN?

- Heroin dealers are quite varied. They range in age from young adults (18–30) to older adults (>30) who work either independently or as part of a larger organization.[L,E]
- Heroin dealers typically use the drug themselves.[L,E]
- Sellers are often involved in prostitution, gang-related activity, and violent crimes,[L] as well as nonviolent criminal acts such as robberies and breaking and entering.[L,E]

How much does heroin* cost?

Unit	Price
0.2 g	$10[L]
One hit	$10–$12[E]
1 g	$100–$150[L]
One bundle (10 hits)	$100–$200[E]

**Unspecified source and form*

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

All reported prices are stable between spring and fall 2002.

WHO'S SELLING COCAINE?

- Dealers of powder and crack cocaine are also varied in demographics and structure. They range in age from young adults to older adults, and work either independently or as part of an organization.[L,E]
- Powder cocaine dealers are often involved in nonviolent criminal acts such as breaking and entering, robbery, and larceny.[L,E] Prostitution and domestic violence are also common among these dealers.[L]
- Crack cocaine dealers are typically involved in prostitution, gang-related activity, violent criminal acts, and nonviolent criminal acts.[L,E]

How much does cocaine cost?

Form	Unit	Price
Powder	1 g	$75–$100[L] $75–$125[E]
Crack	One rock	$10[L] $50–$200[E]

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

All reported prices are stable between spring and fall 2002.

WHO'S SELLING MARIJUANA?

- Marijuana dealers range in age from young adults (18–30) to older adults (>30). They work either independently or as part of an organization.[E]
- Many marijuana dealers are part of a larger organization that has a "lock" on a particular area of the city.[L]
- Marijuana dealers almost always use the drug themselves.[L]
- While marijuana dealers are not generally involved in violent crimes, they are sometimes involved in nonviolent criminal acts as well as prostitution and gang activity.[L,E]

How much does marijuana cost?

Unit	Price
One bag	$10[L]
1/4 oz	$50–$200[E]
1/2 oz	$100–$400[E]
1 lb	$750–$3,000[L]

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

- *The wide variability in the price of marijuana reflects the availability and grade of the drug.*[L]
- *All reported prices are stable between spring and fall 2002.*

WHO'S SELLING METHAMPHETAMINE?

- Methamphetamine dealers are either younger and older users working independently,[E] or younger non-users working within a larger organization and catering to a specific area of town.[L]
- Methamphetamine dealers are often involved in nonviolent criminal acts as well as domestic abuse.[E]

WHO'S SELLING ECSTASY?

- Ecstasy dealers range in age from adolescents to young adults. They generally use the drug themselves. They operate independently or within an organized structure that has a specific territory within the city.[L,E]
- Ecstasy dealers often sell the drug in exchange for sex, as well as for money.[E]
- In addition to nonviolent criminal acts, ecstasy dealers are also commonly involved in drug-assisted rape.[L]

How much does ecstasy cost?

Unit	Price
One pill	$20–$30[L] $20–$40[E]

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

All reported prices are stable between spring and fall 2002.

How much does diverted OxyContin® cost?

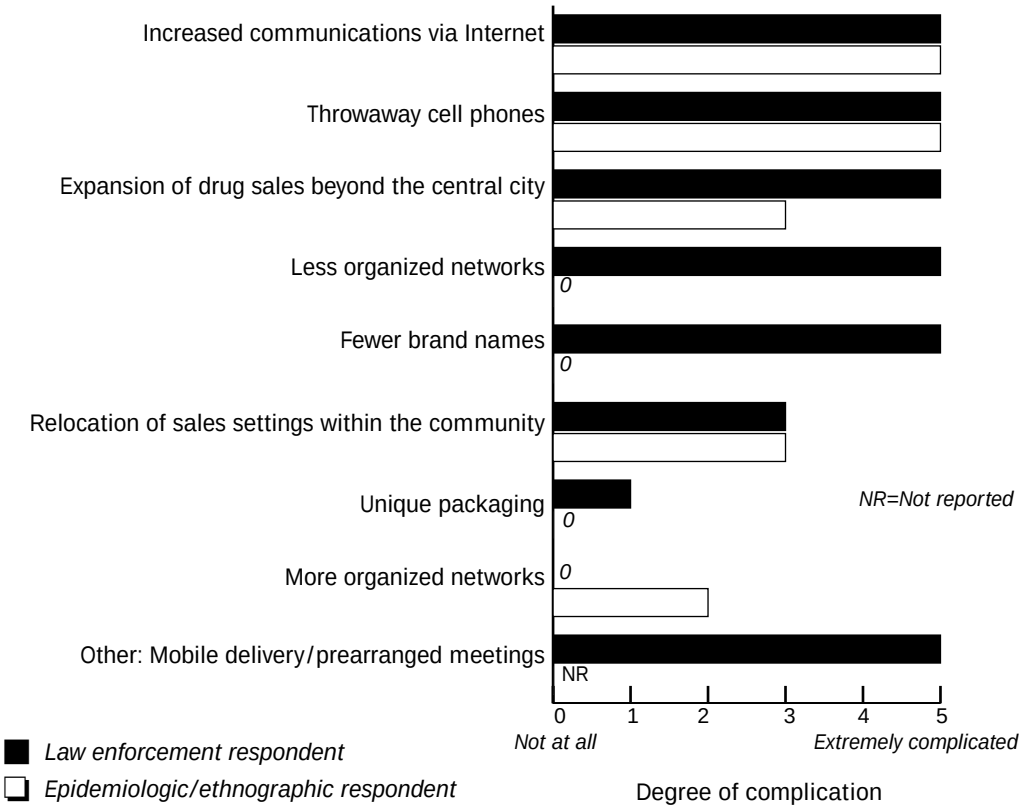
Unit	Price
1 mg	$1[L]
40 mg	$40–$60[E]

Sources: [L]Law enforcement respondent; [E]Epidemiologic/ethnographic respondent

According to one source, the price of diverted OxyContin® has risen up $1 to $1–$2 per milligram.[E] All other reported prices are stable between spring and fall 2002.

THE MARKET PERSPECTIVE: A 10–YEAR VIEW

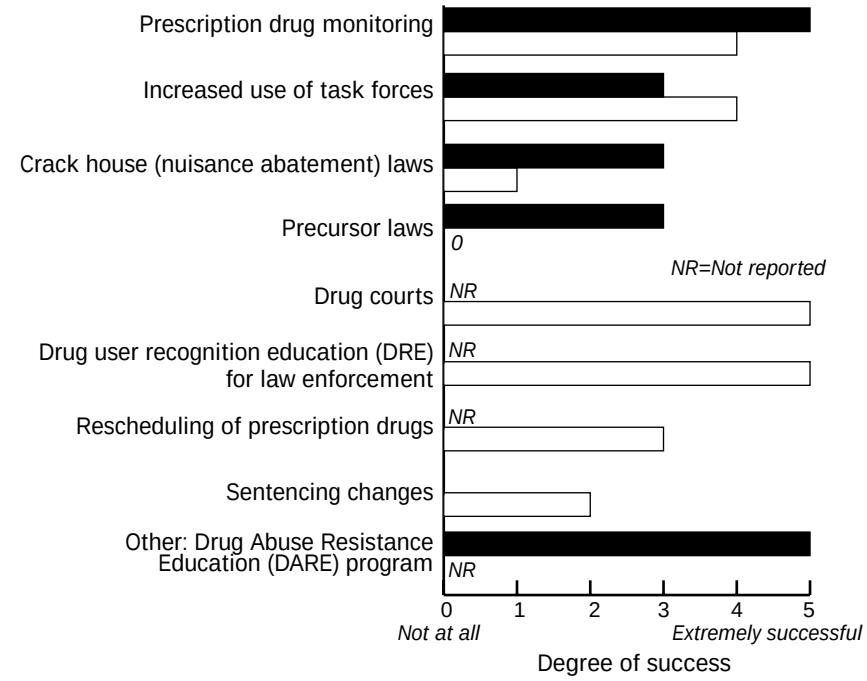
Drug marketing innovations and tools over the past 10 years: To what degree have they complicated efforts to detect or disrupt illicit drug activity in Detroit?



What they have to say...

- *Drugs are more available today than in a long time, which has led to an increase in the number of users.*[M]
- *As mentioned in the majority of* Pulse Check *cities, technological advances over the past decade, particularly throwaway cell phones and communication via the Internet, have severely complicated efforts to disrupt drug activity.*[L,E]
- *More organized networks that are both expanding drug sales beyond the central city and relocating sales settings within the community have complicated efforts to address the problem.*[E]
- *Unique packaging of drugs has diminished over the past decade,*[L,E] *making it somewhat easier to crack down on dealers. However, the use of brand names has also decreased, which makes it more difficult to identify the sources supplying the drugs.*[L]

Community innovations and tools over the past 10 years: How successful have they been?



What they have to say...

- *Local task forces throughout the State have been successful in addressing the increasingly complex drug market.*[L,E]
- *Because of Detroit's location as a port city on the Canadian border, it has historically been a transshipment point for ephedrine and pseudoephedrine. However, precursor laws for ephedrine and pseudoephedrine have significantly slowed the flow of these drugs from Canada.*[L]
- *Prescription drug monitoring through the Triplicate Prescription Program (TPP) has been largely successful. It will soon be replaced by the Official Prescription Program.*[E]
- *Nuisance abatement laws have succeeded in shutting down some rave promoters.*[L]
- *One source expresses concern about pain clinics, given the recent proliferation of methadone as a drug of abuse.*[E]

SEPTEMBER 11 FOLLOWUP

Both positive and negative effects are still being felt as a result of the terrorist attacks of September 11, 2001:

- Drug use: Users in treatment indicate that the terror attacks have not impacted their desire to use drugs.[M] However, because of increased security measures, users are aware that they may have increased difficulty maintaining their personal drug supply. They are therefore more willing to use a variety of drugs or to make their own drugs.[N]
- Changing trafficking patterns: Tighter border security continues to contribute to an increased number of arrests for transporting drugs, which is significant for this port/border city.[E,N]