Drug Abuse in Detroit, Wayne County, and Michigan: 2013

Cynthia L. Arfken, Ph.D.¹

ABSTRACT

A key finding for the reporting period is the differing profile for Detroit when compared with the rest of the State of Michigan. There were no major changes in indicators in 2013 when compared with the previous year’s report. Proportions of primary cocaine treatment admissions continued to decrease slowly; cocaine represented 14.8 percent of Detroit publicly funded admissions in the first half of fiscal year (FY) 2014, compared with 15.7 percent for FY 2013. The proportion for crack cocaine among cocaine admissions also declined slightly, from 90.7 to 89.8 percent during the same period. For the rest of the State, the proportion of primary cocaine treatment admissions may be stabilizing; it was 6.6 percent in the first half of FY 2014, compared with 6.0 percent in FY 2013 (and 6.8 percent in FY 2012). The proportion of the cocaine admissions for crack cocaine declined, from 67.7 to 66.5 percent between FY 2013 and the first half of FY 2014. Of the total primary cocaine admissions in Detroit, 64.2 percent were male; 91.6 percent were African-American; and 87.3 percent were older than 35. Cocaine accounted for the second highest percentage of drug reports among drug items seized and analyzed by National Forensic Laboratory Information System (NFLIS) laboratories for both Wayne County and the State of Michigan for 2013. In the first half of FY 2014, primary heroin treatment admissions increased to 36.8 percent of Detroit publicly funded admissions, compared with 33.3 percent for FY 2013. Of the heroin admissions, 67.1 percent were male; 82.4 percent were African-American; and 85.7 percent were older than 35. In Detroit, White clients had a lower mean age and were more likely to inject heroin than African-American clients: 38.2 versus 53.7 years, respectively, and 65.3 versus 27.5 percent, respectively. In the rest of the State, White clients also had a lower mean age and were more likely to inject heroin than African-American clients: 30.7 versus 48.6 years, respectively, and 87.8 versus 53.8 percent, respectively. In Michigan, clients younger than 30 constituted 19.6 percent of heroin admissions in calendar year (CY) 2003; this proportion increased to 43.1 percent in CY 2013. Heroin accounted for the third highest percentage of drug reports identified among drug items seized and analyzed in NFLIS laboratories in Wayne County and in the State of Michigan for 2013. In the first half of FY 2014, primary opioid treatment admissions in Detroit (2.4 percent) reflected a slight decline from the previous year (2.8 percent in FY 2013) among publicly funded admissions. The proportion for the rest of the State’s publicly funded admissions reporting primary opioid abuse also declined, to 14.9 percent in first half of FY 2013 from 15.6 percent in FY 2013. In Michigan, clients younger than 30 constituted 38.8 percent of opioid admissions in CY 2003; this proportion was 45.9 percent in CY 2013. Treatment admissions for opioids or heroin accounted for 39.2 percent in Detroit and 36.5 percent in the rest of the State of Michigan. Treatment admissions for marijuana decreased to 11.2 percent of the publicly funded admissions during the first half of FY 2013, compared with 15.3 percent in FY 2013. Of the marijuana admissions, 66.2 percent were

¹The author is affiliated with Wayne State University in Detroit.
male; 91.6 percent were African-American; and 19.5 percent were younger than 18. Marijuana accounted for the highest percentage of drug reports among drug items seized and analyzed by NFLIS laboratories in Wayne County and in the State in 2013.

INTRODUCTION

Area Description

Detroit and surrounding Wayne County are located in the southeast corner of Michigan’s Lower Peninsula. In 2010, the Wayne County population totaled fewer than 2 million residents (39 percent live in Detroit) and represented 18.4 percent of Michigan’s 9.9 million population. Michigan was the only State in the 2010 census to lose population over the decade.

Michigan is the eighth most populous State in the Nation. In 2000, Detroit ranked 10th in population among cities (with 951,000 people), but the population has since dropped by 25 percent to 713,777 (the city is currently ranked 18th). The racial distribution did not change substantially. The six-county Metropolitan Statistical Area ranked 11th in total 2010 population in the country. Detroit has the highest percentage of African-Americans (82.7 percent in 2010) of any major city in the country. The following factors contribute to the probability of substance abuse in the State:

• Michigan has a major international airport in Wayne County, 10 other large airports that also have international flights, and 235 public and private small airports.

• The State shares a 721-mile international border with Ontario, Canada. There are land crossings at Detroit (a bridge and a tunnel), Port Huron, and Sault Ste. Marie and water crossings through three Great Lakes and the St. Lawrence Seaway, which connects to the Atlantic Ocean. All of the border crossings rank among the top 10 highest volume crossings between the 2 countries.

• Michigan ranks third in number of registered boats (812,066 in 2010). Many places along the 85 miles of waterway between Port Huron and Monroe County are less than one-half mile from Canada.

Additional factors influencing substance use in Detroit include the following:

• The percentage of individuals living below the Federal poverty level in 2010 (34.5 percent) reflected a 32.2-percent increase since 2000 (at 26.1 percent).

• At the State level, the unemployment rate has been among the highest in the country since 2002. As of April 2014, the unemployment rate had declined to 7.4 percent from a height of 9.6 percent in 2010. Within the State, Detroit has one of the lowest rates of employed adults.

Data Sources

Data for this report were drawn from the sources listed below:

• Treatment admissions data for the first half of fiscal year (FY) 20142 were provided by the Bureau of Substance Abuse and Addiction Services, Division of Substance Abuse and Gambling

2The data for the first half of FY 2014 include data from October 1, 2013, through March 31, 2014. Treatment admissions trend data in this report comparing 2003 with 2013 reflect CY data.
Services, Michigan Department of Community Health (MDCH), for those clients whose treatment was covered by Medicaid or Block Grant funds. Therefore, the data underestimate the total number of people receiving treatment, as they do not include treatment paid for by cash or covered by private insurance. Additionally, the data do not include admissions funded by the Michigan Department of Corrections.

- **Drug intelligence data** for 2013 were provided by the Drug Enforcement Administration (DEA).

- **Data on drug reports among drug items seized** in Wayne County and in the State of Michigan and analyzed were provided by the National Forensic Laboratory Information System (NFLIS) for calendar year 2013 as reported in May 2014. The total reports include primary, secondary, and tertiary substances detected. The totals are preliminary and subject to change.

- **Numbers of prescriptions filled in the State of Michigan** for 2013 were provided by the Michigan Department of Licensing and Regulatory Affairs.

- **Drug-related infectious disease data** were provided by the MDCH on newly diagnosed cases of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) for 2013.

**DRUG ABUSE PATTERNS AND TRENDS**

**Cocaine**

For the first half of FY 2014, 14.8 percent of all Detroit publicly funded treatment admissions listed either powder cocaine or crack cocaine as the primary drug of abuse (exhibit 1); this was lower than the FY 2013 proportion (15.7 percent). Of the current cocaine treatment admissions, 89.8 percent were for crack cocaine. Clients seeking treatment for cocaine were predominately male (64.2 percent), African-American (91.6 percent), and older (87.3 percent were 35 or older). Cocaine ranked second in the percentage of drug reports among drug items seized and identified in Wayne County and in the State of Michigan by NFLIS forensic laboratories in 2013 (exhibit 2).

**Heroin**

In the first half of FY 2014, 36.8 percent of Detroit publicly funded treatment admissions reported heroin as the primary drug of abuse (exhibit 1), compared with 33.3 percent in FY 2013. Clients seeking treatment for heroin were likely to be male (67.1 percent), African-American (82.4 percent), and older (85.7 percent were 35 or older). White clients had a younger mean age and were more likely to inject heroin than African-American clients. White primary heroin admissions had a mean age of 38.2 years, compared with 53.7 years among African-American admissions. While 65.3 percent of Whites reported injection as the main route of administration, 27.5 percent of African-American heroin admissions reported injection as the main route of heroin administration in the first half of FY 2014. In the rest of the State, the mean age of White primary heroin admissions was 30.7, compared with 48.6 for African-American admissions. Among heroin admissions in the rest of the State, 87.8 percent of the White clients injected, compared with 53.8 percent among the African-American clients.

To address whether young adults (younger than 30) are increasingly being admitted for heroin in the State, admissions were analyzed by calendar year. In CY 2003, only 19.6 percent of heroin
admissions were among young adults. The percentage peaked in CY 2010 at 44.5 percent, and it may be decreasing. In CY 2013, 43.1 percent of heroin admissions were among young adults. The percentage of young adults among treatment clients who reported heroin as the primary drug of abuse and injected may be falling. In CY 2003, young adults accounted for 23.5 percent of injecting heroin admissions. The percentage peaked in CY 2010 at 53.2 percent. In CY 2013, the percentage had declined to 49.9 percent.

Since CY 2003, the proportion of treatment admissions in Detroit for heroin has remained relatively stable (at 31.0 percent in 2003 and 34.0 percent in 2013). In comparison, for the rest of the State, the proportion increased from 9.4 to 20.7 percent. Also during this time, there was an increase among clients admitted for heroin who were younger than 30. In Detroit, such admissions increased from 4.9 percent in CY 2003 to 6.1 percent in CY 2013; for the rest of the State, this age group increased in proportion from 27.6 percent in 2003 to 51.5 percent in 2013.

Heroin is a prominent problem outside of Detroit based upon treatment admissions. Of the total number of heroin admissions in the State of Michigan for the first half of FY 2014, 79.8 percent were nonresidents of Detroit. Of the White admissions in Detroit, 31.2 percent were among young adults. Among the African-American admissions in Detroit, only 2.0 percent were among young adults. In contrast, for the rest of the State, 53.2 percent of the White admissions were among young adults, and 10.5 percent of the African-American admissions were among young adults.

Heroin ranked third among the number of drug reports from drug items seized and identified in Wayne County and in the State of Michigan by NFLIS laboratories during 2013 (exhibit 2).

Data from 2011 suggest that heroin street prices remained stable and relatively low in Detroit. A wide range of purity could also be found, but it averaged 36.2 percent pure in 2010 for heroin from South America, the dominant source.

**Opioids**

Opioids represented 2.4 percent of primary treatment admissions in Detroit during the first half of FY 2014 (exhibit 1). Of the 85 admissions, none was for diverted methadone. For the State of Michigan, there were 226 treatment admissions for diverted methadone and 3,483 treatment admissions for other opioids, for a total of 13.3 percent of the treatment admissions. In Detroit, clients younger than 30 constituted 32.5 percent of the admissions for other opiates as the primary drug of abuse. Admissions for other opiates in the rest of the State showed more clients admitted who were younger than 30 (at 44.9 percent).

To address whether young adults (younger than 30) are increasingly being admitted for opioids in the State, admissions were analyzed by calendar year. The proportion of treatment admissions in Detroit for other opiates increased from 1.4 percent in CY 2003 to 27 percent in CY 2012. In comparison, for out-State Michigan, there was an increase from 4.4 percent in CY 2003 to 15.4 percent in CY 2012. Also during this time, there was an increase in the proportion of admissions who were younger than 30 among those admitted for other opiates. In Detroit, admissions in this age group increased from 21.3 percent in CY 2003 to 35.8 percent in CY 2012. Out-State clients in this age group showed a smaller increase, from 39.7 percent in 2003 to 46.2 percent in 2011. For the State, in CY 2003, 38.8 percent of opioid admissions were among young adults. The percentage peaked in CY 2009 at 55.9
percent and may be decreasing. In CY 2013, 45.9 percent of heroin admissions were among young adults.

Two opioids—hydrocodone (with 318 reports) and oxycodone (with 86 reports)—were among the top 10 drugs reported from drug items seized in Wayne County and identified in 2013 (exhibit 2). For the State of Michigan, hydrocodone (1,437 reports, representing 4.2 percent of all reports), oxycodone (390 reports, representing 1.1 percent of all reports), morphine (413 reports, representing 1.2 percent of all reports), and methadone (255 reports, representing 0.7 percent of all reports) were among the top 10 drugs reported from analyzed drug items. These data are subject to change.

The numbers of prescriptions filled in Michigan across different schedules, including for opioids, continued to be high. For Schedule II medications, the number of prescriptions filled increased, from 4,323,434 in 2012 to 4,500,619 in 2013. For Schedule III medications, the number of prescriptions filled declined, from 8,449,497 in 2012 to 8,280,39 in 2013.

**Methamphetamine and Amphetamine**

In Detroit during the first half of FY 2014, treatment data showed that admissions for stimulants other than cocaine as primary drugs of abuse included no admissions for methamphetamine or other amphetamines. Admissions with methamphetamine as the primary drug of abuse totaled 320 in the State of Michigan (or 1.1 percent of total admissions) during the first half of FY 2014, and there were 39 admissions for other amphetamines. Methamphetamine ranked eighth among reports from drug items seized in Wayne County and identified by forensic laboratories (31 items, or 0.4 percent of the total). For the State of Michigan, there were 1,241 drug reports of methamphetamine (representing 3.6 percent of all reports) identified by forensic laboratories in 2013.

Amphetamines were among the top drugs seized in Wayne County (55 reports) and in the State of Michigan (427 reports) and analyzed by forensic laboratories for 2013. Informal discussions with treatment clients indicate that amphetamines are easy to find.

**Marijuana**

Marijuana indicators remained mostly stable but at elevated levels in Detroit in 2013. Domestic, Canadian, and Mexican marijuana remained widely available. Among all publicly funded substance abuse admissions in Detroit, marijuana decreased to 11.2 percent in the first half of FY 2014 from 15.3 percent in FY 2013 (exhibit 1). Clients seeking treatment for marijuana were more likely to be male (66.2 percent) and African-American (91.6 percent). Approximately one-fifth (19.5 percent) of the admissions in the first half of FY 2014 were younger than 18, a substantial decline from FY 2007, when they constituted 38.7 percent of all admissions.

Marijuana was the most frequently identified drug reported among drug items seized and identified by forensic laboratories both in Wayne County and in the State of Michigan in 2013 (exhibit 2).

Michigan voters approved a Medical Marihuana referendum in the 2008 election with implementation in April 2009. Certification has been valid for 2 years. As of April 30, 2013, 135,267 people (or 1.4 percent of the population) were active registered qualified patients. The State is no longer publicly announcing the active registered qualified patients.
Hallucinogens and Emerging Psychoactive Drugs

The emerging psychoactive drugs are a rapidly changing and hard-to-characterize group. Traditional drugs in this category include MDMA (3,4-methylenedioxymethamphetamine), GHB (gamma hydroxybutyrate), flunitrazepam (Rohypnol®), ketamine, PCP (phencyclidine), and hallucinogens. There were six treatment admissions in Detroit for “club drugs” during the first half of FY 2013: two for hallucinogens, one for PCP, two for “ecstasy,” and one for inhalants. In the State of Michigan, there were 42 such admissions for the first half of FY 2013. These admissions included 12 for inhalants, 20 for hallucinogens, 7 for ecstasy, 2 for PCP, and 1 for GHB. None of these drugs ranked among the top 10 NFLIS drugs reported from drug items seized in Wayne County and identified by NFLIS laboratories in 2013 (exhibit 2).

Nontraditional drugs in this category include substances identified as synthetic cannabinoids and synthetic cathinones. Cathinones and synthetic cathinones were identified among drug items seized and analyzed by NFLIS laboratories in Wayne County and in the State of Michigan in 2013. For the county, 5 different synthetic cathinones (35 reports) were identified, and for the State, 8 different synthetic cathinones (274 reports) were identified. For the county, 1 synthetic cannabinoid (7 reports) was identified, and for the State, 5 different synthetic cannabinoids (46 reports) were identified. According to drug intelligence, there was talk of “Molly.”

INFECTIOUS DISEASES RELATED TO DRUG ABUSE

During 2013, there were 573 newly diagnosed cases of HIV/AIDS in Michigan. These newly diagnosed people were disproportionately African-American, male, and located in the six-county metropolitan Detroit area. The percentage of newly diagnosed cases with a history of injecting drugs (6 percent) was stable and low.

For inquiries regarding this report, contact Cynthia Arfken, Ph.D., Professor, Wayne State University, Department of Psychiatry and Behavioral Neurosciences, 3901 Chrysler Service Drive, Tolan Park Medical Building, Detroit MI 48207, Phone: 313–993–3490, Fax: 313–577–8823, E-mail: carfken@med.wayne.edu.
### Exhibit 1. Number and Percentage\(^1\) of Substance Abuse Treatment Admissions by Primary Drug of Abuse, Detroit and the State of Michigan: First Half of Fiscal Year 2014

<table>
<thead>
<tr>
<th>Substance</th>
<th>Detroit</th>
<th>State of Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Alcohol</td>
<td>1,248</td>
<td>34.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>1,330</td>
<td>36.8</td>
</tr>
<tr>
<td>Marijuana</td>
<td>405</td>
<td>11.2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>533</td>
<td>14.8</td>
</tr>
<tr>
<td>Opioids</td>
<td>85</td>
<td>2.4</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Amphetamines</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,611</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\(^1\)Percentage of treatment admissions with primary drug of abuse identified.

**Source:** Bureau of Substance Abuse and Addiction Services, Division of Substance Abuse and Gambling Services, Michigan Department of Community Health, for those clients whose treatment was covered by Medicaid or Block Grant funds.

### Exhibit 2. Number and Percentage of Most Commonly Identified Drugs Among Reports\(^1\) From Drug Items Seized and Analyzed by NFLIS Laboratories, Wayne County, Michigan: 2013\(^2\)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Number of Reports</th>
<th>Percentage of Reports(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Cannabis</td>
<td>3,688</td>
<td>49.4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1,358</td>
<td>18.2</td>
</tr>
<tr>
<td>Heroin</td>
<td>1,031</td>
<td>13.8</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>318</td>
<td>4.3</td>
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<tr>
<td>Alprazolam</td>
<td>214</td>
<td>2.9</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>86</td>
<td>1.2</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>55</td>
<td>0.7</td>
</tr>
<tr>
<td>Other</td>
<td>714</td>
<td>9.6</td>
</tr>
<tr>
<td><strong>Total Items Reported</strong></td>
<td>7,464</td>
<td>100.0</td>
</tr>
</tbody>
</table>

\(^1\)NFLIS methodology allows the accounting of up to three drug reports per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug item for the selected drugs.

\(^2\)Data are for January–December 2013. Data are subject to change.

\(^3\)Percentages may not sum to the total due to rounding.

**Source:** NFLIS, DEA, data retrieved May 9, 2014