

DetroitProfile

cigarettes

crime

treatment

traffic accidents

smoking

marijuana

prevention

heroin

health care

teen drinking

medicaid

cocaine

lost productivity

alcohol abuse

Alcohol, Tobacco & Other Drugs

Drug Strategies promotes more effective approaches to the nation’s drug problems and supports private and public initiatives that reduce the demand for drugs through prevention, education, treatment and law enforcement.

This profile, prepared by Drug Strategies, was made possible by a grant from the Robert Wood Johnson Foundation.

Drug Strategies is supported by grants from:

**Abell Foundation
Bonderman Family Foundation
Carnegie Corporation of New York
Annie E. Casey Foundation
Edna McConnell Clark Foundation
Fannie Mae Foundation
William T. Grant Foundation
Miriam & Peter Haas Fund
Robert Wood Johnson Foundation
Henry J. Kaiser Family Foundation
Kansas Health Foundation
John D. & Catherine T. MacArthur Foundation
Open Society Institute
Spencer Foundation
STAR Alliance for Drug-Free Youth**

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Executive Summary

Youth in Detroit are less likely to use alcohol, tobacco and other drugs than are youth statewide. The trend is consistent with typically lower rates of use found among African American teens nationwide. However, drug seizures are rising and Detroit youth can easily obtain drugs, particularly alcohol, tobacco and marijuana. Economically and socially the city pays a high price. Rates of unemployment, traffic accidents, crime and many other problems are all exacerbated by drugs.

Historically, Detroit's efforts to address drug abuse through prevention and treatment have been hampered by limited financial resources. For instance, 93 percent of residents who need drug treatment do not receive it. More than 80 percent of inmates in Wayne County have drug-related problems, yet treatment is available for only 6 percent.

But there are positives, too. Drug-related homicide reports have decreased recently. Efforts to monitor the sale of tobacco products to youth are also working.

Detroit can build on these advances and strengthen its drug prevention efforts by adopting a variety of measures. Chief among them:



- Both within and among public and private agencies, substantial steps should be taken to improve coordination and information-sharing. Currently, many departments and agencies are characterized by a serious lack of collaboration and accountability.
- Improved collection, analysis, use and dissemination of the city's drug-related data is essential for all of these players. Better information can play a crucial role in shaping Detroit's anti-drug strategies and programs.
- Local efforts to reduce drug problems must be rigorously evaluated to determine their effectiveness. Programs that work should be replicated, while those that do not should be modified or eliminated.

Fortunately, Detroit is now well-positioned to reinvigorate its response to drug abuse. Many of the city's public agencies have new leaders, creating an opportunity for real structural and programmatic change. And the city has recently undergone an economic upswing which may help increase the availability of much-needed resources.

Deploying these resources wisely will be pivotal for Detroit's future. A sustained economic recovery will depend on sustained reduction of drug use and the costly problems it causes, through prevention, treatment and criminal justice initiatives.

I. Introduction

The *Detroit Profile* was prepared by Drug Strategies, a nonprofit policy research institute in Washington, D.C., dedicated to promoting more effective approaches to the nation's drug problems. Drug Strategies has also produced state profiles of Arizona, California, rural Indiana, Kansas, Massachusetts, Ohio and South Carolina. The *Detroit Profile* is the second in a series of city profiles, which includes Washington, D.C. and Santa Barbara, California. This project is supported by a grant from the Robert Wood Johnson Foundation.

This report is designed to illuminate the dimensions of the problems caused by alcohol, tobacco and other drugs in the city of Detroit, to assess local initiatives to reduce these problems, and to offer recommendations for the future. The report focuses on:

- use and abuse of alcohol, tobacco and other drugs;
- alcohol and other drug-related crime;
- impact of substance abuse on health;
- costs of substance abuse; and
- the city of Detroit's efforts to address these problems.



In preparing this report, Drug Strategies consulted the Michigan Department of Community Health; the Michigan State University School of Criminal Justice; the Wayne County Department of Community Justice; the Detroit Health Department (including the Bureau of Substance Abuse); the Greater Detroit Area Health Council; the Detroit Public Schools Office of Guidance; the Detroit Police Department; the Wayne State University Addiction Research Institute and Center for Urban Studies; and experts in prevention, education, treatment, law enforcement and criminal justice. Drug Strategies also worked closely with Join Together, a national resource center for communities working to reduce substance abuse. Distinguished Advisory Panels guided the project: (1) a panel of technical experts on local drug abuse data and trends and (2) a panel of public and private sector leaders concerned about alcohol, tobacco and other drug problems.

Drug Strategies will distribute this profile broadly to city, county and state legislators; business leaders; researchers; private organizations; government agencies; community groups; and the media. We hope the profile will increase public understanding of drug problems in the city of Detroit and generate political and financial support for more effective policies and programs.

II. Detroit Profile

This report describes patterns of alcohol, tobacco and other drug abuse in the city of Detroit, and their impact on economic and social problems. Drug Strategies estimates that costs related to substance abuse in the city of Detroit exceed \$925 million annually. Costs include expenditures for health care, treatment and prevention programs, traffic accidents, foster care and criminal justice. These calculations do not include indirect costs, such as reduced productivity, lost wages and property losses from drug-related crime. Local geography, demography, economy and agency structure provide the underlying context for the city's drug problems and the effectiveness of its solutions.

Geography. Detroit borders Canada, to which it is connected by a bridge, a passenger tunnel and a rail tunnel. Each day, an estimated 30,000 people cross Detroit's international border. Close proximity to Canada enhances the city's social, economic and cultural composition; however, Detroit's international flavor extends beyond its Canadian border. Greektown, Mexicantown and a large Arab population contribute to the city's diversity. More than 75,000 Detroit area residents are employed by over 700 foreign-owned companies representing 23 countries.



Although there are broad socio-economic differences between the city of Detroit and its suburbs, both regions contribute to the city's drug problems. City residents are often blamed for these problems because drug trafficking is thought to be more commonplace in Detroit than in the suburbs. However, city leaders report that residents of surrounding communities play an active role in sustaining the local drug market, often traveling into the city to purchase drugs.

Demography and Economy. Detroit is Michigan's largest metropolitan area, comprising approximately 10 percent of the state population. With one million residents, the city of Detroit accounts for 47 percent of Wayne County's residents. Detroit's urban characteristics—a large population, poverty, and until recently, substantial unemployment—make it particularly vulnerable to alcohol and other drug problems. Today, the city's racial composition is 75 percent African American and 22 percent white, while the state of Michigan is 14 percent African American and 83 percent white (other races comprise approximately three percent of the city and state populations).

Detroit's recent economic upswing has prompted more businesses, private foundations and public agencies to invest in the city's rejuvenation. Since his election in 1994, Mayor Dennis Archer has made economic and civic development a priority, establishing four "cornerstone goals": (1) safety, (2) effective and "user-friendly" services, (3) business expansion and development, and (4) moving forward without incurring new debt. Detroit's recuperating economy sustains over 400 small businesses. Unemployment has decreased dramatically, falling from 14.5 percent in 1990 to 5.8 percent in 1998.

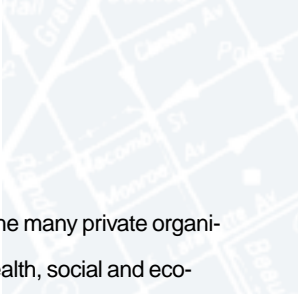



In 1994, the city of Detroit received more than \$100 million in federal Urban Empowerment Zone funds. The project has attracted more than \$2.2 billion in private investment and created over 1,750 jobs. Detroit's primary industries include manufacturing, wholesale and retail trade, and professional services; the city remains one of the world's largest producers of automobiles. The DaimlerChrysler Corporation, General Motors and the Ford Motor Company together employ over 21,000 city residents. These auto makers offer employee assistance programs and other health benefits often unavailable to workers in small businesses. Detroit is also renowned for its health and medical facilities, including the Henry Ford Health System, St. John's Health System and the Detroit Medical Center (which is affiliated with Wayne State University School of Medicine); all are major employers within the city.

Poverty as a Risk Factor. In a 1996 survey by the United Way Community Services of Southeastern Michigan, residents of the city of Detroit were 3 times more likely to perceive alcohol and other drug abuse as major problems than were residents of the larger Detroit metropolitan area. Other concerns of city residents included truancy, school dropout, layoffs, unemployment, lack of recreational facilities, crime and neighborhoods getting "run down." Local leaders are concerned that drug problems exacerbate the lack of economic opportunities for many adults in Detroit. For example, those who test positive for drugs are immediately disqualified for employment in many public and private institutions.

Local Agencies. The Detroit Health Department (DHD) addresses smoking through the American Stop Smoking Intervention Study for Cancer Prevention (Project ASSIST) and the Tri-Cities Tobacco Action Coalition. The Bureau of Substance Abuse (BSA), an agency within DHD, has primary responsibility for prevention and treatment services in the city. BSA sponsors a wide range of community-based initiatives; provides financial and technical assistance to treatment and prevention programs; and contracts with local agencies to conduct surveys and program evaluations. BSA holds monthly roundtable meetings with prevention and treatment providers to build collaborative citywide efforts. In addition, neighborhood initiatives address drug abuse, education, economic and cultural needs throughout the city.

The Private Sector. Detroit's public agencies rely on federal and state funds, but as in many cities, they often lack the necessary resources to serve city residents comprehensively. The private sector in the city of Detroit and its surrounding areas actively supports treatment and prevention programs. Businesses and private foundations, including General Motors, Ford Motor Company, the Community Foundation for Southeastern



Michigan and the Skillman Foundation, are some of the many private organizations whose contributions are critical to the city's health, social and economic well-being. In the early 1990s, the Skillman Foundation funded the RAND Corporation to analyze trends in drug use and related problems in the Detroit Metropolitan Area. The analysis formed the basis of the Skillman Foundation's Drug-Free Youth and Families Initiative. In 1993, the Skillman Foundation funded school and community prevention efforts in Metropolitan Detroit as well as evaluations of these efforts. Other organizations, such as the Detroit Free Press and the Youth Sports and Recreation Commission, also support prevention efforts. Public agencies and local leaders encourage continued partnerships with the city's private sector as an effective way to tackle drug abuse in Detroit.

Data Resources. In preparing this profile, Drug Strategies used specialized local research, Wayne County statistics or state data when city-wide data describing Detroit were not available. Drug Strategies hoped to obtain data on Detroit broken down by neighborhood or zip code; however, funding and training restrictions have so far precluded BSA from compiling this information. The Michigan Department of Community Health, which conducts statewide research, has not gathered trend data on key drug use indicators in the city of Detroit. BSA recently contracted with the Wayne State University Center for Urban Studies to conduct Detroit's first prevention needs assessment, which will involve detailed sampling of local communities. While the Greater Detroit Health Council gathers information on Detroit, it does not focus specifically on alcohol and other drug abuse.



The city of Detroit lacks trend data on many key indicators. Efforts are currently underway to collect and analyze data on a more consistent basis. Youth alcohol, tobacco and other drug use rates in the city of Detroit are based on data obtained from the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance Survey (YRBS), which is also conducted throughout Michigan. In this report, national averages from the YRBS are used to draw national comparisons with rates of use in Detroit.

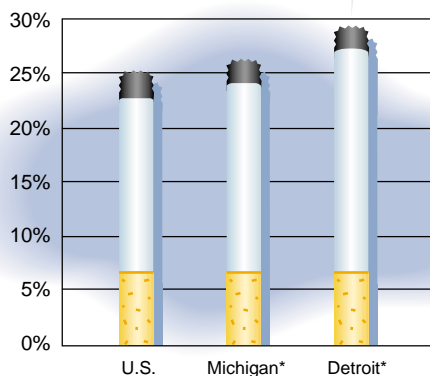
III. Substance Abuse in Detroit

Youth in Detroit say alcohol, tobacco and other drugs are readily available at school and in their own neighborhoods. However, Detroit's high school students are less likely to use alcohol, tobacco and other drugs than are youth statewide. Binge drinking among high school students in the city is half the rate of teens statewide. Surveys report that Detroit youth often express disapproval of drug use and refer to crack cocaine users as "crackheads." Nationwide, as teens reach adulthood and confront employment and educational barriers, their rates of drug use often rise. Similar to national trends, rates of adult heroin use are rising in the city of Detroit. Although crack cocaine continues to be widely available, use has stabilized in Detroit.

Tobacco. In 1997, more than two-thirds of Detroit high school students had tried cigarettes, with one in five reporting smoking in the past month. This figure is significantly lower than past month rates for teens in Michigan (two in five) and the nation (one in three), but identical to the rate for African American teens nationally.

Approximately 82 percent of Detroit's youth are African American.

**Cigarette Smoking
Higher Than Average
Among Detroit Adults**



*Behavior Risk Factor Surveillance Survey, 1995
* 1995 and 1996 data combined to achieve reliability*

The Detroit Health Department's (DHD) Tri-Cities Tobacco Coalition and Project ASSIST prevent smoking through education and other community-based efforts. Youth have access to cigarettes through older students, adults, vending machines and stores. In 1995, DHD launched an initiative to stop the sale of tobacco to youth under age 18. Local youth groups assist DHD in conducting compliance checks, and the police impose penalties on vendors caught selling tobacco products to minors. According to Project ASSIST staff, these efforts have reduced tobacco sales to minors in the city of Detroit; evaluation data pertaining to the compliance checks will be available in 1999.



Among Detroit adults, smoking is slightly more prevalent than in Michigan overall (29 percent vs. 26 percent). It is also higher than the national average (25 percent). Health experts in Detroit attribute the higher adult smoking rates to extensive tobacco billboard advertising in the city.

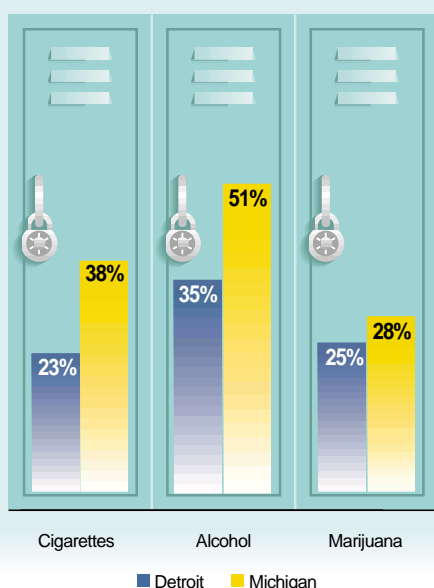
In 1993, Michigan was among the top ten states in per capita tobacco revenues. Since the state adopted a 75¢ per pack excise cigarette tax in 1994, Michigan's cigarette sales have decreased by 22 percent, although smoking rates have remained steady. The current tax is far above the national average (39.9¢). In 1997, Michigan collected \$543 million in tobacco tax revenues. Six percent of these revenues support health programs, including tobacco control efforts in the city of Detroit and elsewhere.

Since September 1998, the state has required that each pack of cigarettes sold in Michigan have a tax stamp, indicating that excise taxes have been paid. The new policy is designed to deter interstate cigarette smuggling. Local experts report that without the tax stamp, buyers can purchase cigarettes on Native American reservations or in neighboring states with lower tobacco taxes and then sell them on the black market in Michigan.

The Michigan Public Health Institute estimates that smoking-attributable direct health care costs in the Detroit area (including neighboring Hamtramck and Highland Park) are nearly \$116 million annually; total smoking-attributable costs, including indirect costs, are estimated at \$397 million annually.

Youth Substance Use Lower in Detroit Than in Rest of State

% of High School Students Reporting Past Month Use



Youth Risk Behavior Surveillance, 1997

Alcohol. Detroit teens' drinking rates are lower than those of youth statewide. In 1997, one in three Detroit high school students used alcohol in the past month compared to one in two students statewide. Like youth nationwide, Detroit students are more likely to drink as they get older; 30 percent of 9th graders drank in the month prior to the survey compared to 46 percent of 12th graders. Teenage drinking in the city of Detroit reflects generally lower rates among African American youth nationally. Binge drinking (consuming five or more drinks at one time) among high school students in Detroit (15 percent) is less than half the rate of students statewide (32 percent), and about half the rate for teens overall, but very close to the national rate among African American teens (16 percent). In 1995, 41 percent of Detroit adults reported drinking within 30 days of the survey. Binge drinking among adults in Detroit has not been measured.

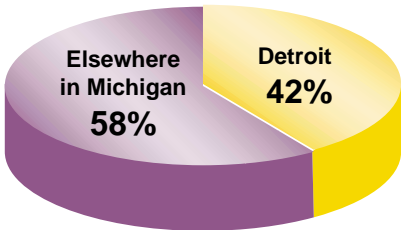
Alcohol advertising concerns city officials and community leaders. The "Denounce the 40-Ounce" Initiative, created in 1995 under the direction of Councilwoman Alberta Tinsley-Williams, targets sales of 40-ounce malt liquor bottles. Currently, Tinsley-Williams and her group are working toward preventing sales of malt-liquor in 65-ounce bottles. Through collaborations among the Detroit Bureau of Substance Abuse (BSA), community leaders and local organizations, public awareness regarding alcohol abuse is growing; in addition, local efforts are helping reduce the number of alcohol billboard advertisements throughout the city. BSA is also collaborating with community organizations and residents to address youth drinking.

Sponsored by the Michigan State Police Office of Highway Traffic Safety, BSA has launched a campaign to eliminate alcohol billboards, advertising and flyers targeting teens.

Like all states, Michigan collects excise taxes on the sale of alcoholic beverages. The excise tax on liquor (or a mixed drink) is 2.1¢ per 1.5-ounce shot. Wine is taxed at 2¢ per glass and beer at 1.9¢ per 12-ounce can or bottle. In 1997, Michigan collected approximately \$118 million in alcoholic beverage excise taxes. In a national survey conducted by the Robert Wood Johnson Foundation in 1997, almost all Americans (96 percent) reported being concerned about underage drinking; most (82 percent) were willing to raise alcohol taxes to 5¢ per drink if the additional revenue was used to fund alcohol treatment and prevention programs for minors.

Marijuana. Among Detroit high school students, marijuana is the second most widely used drug after alcohol. In 1997, one in two students reported having tried marijuana, which is consistent with national rates, including rates among African American teens. High school students in Detroit and throughout Michigan are equally likely to have tried marijuana at some point in their lives. However, past month use of marijuana is higher among students statewide than in Detroit (28 percent vs. 25 percent). Unlike drinking, for which there is little difference by gender, Detroit boys are more likely than girls to have used marijuana in the past month (29 percent vs. 21 percent). Marijuana use among Detroit youth (like youth nationwide) increases with age; 21 percent of 9th graders report marijuana use in the past month compared to 36 percent of 12th graders.

**42 Percent of
Michigan Heroin
Users Live in Detroit**



Michigan Department of Community Health, 1997

Marijuana is the most commonly used illicit drug among adults in Detroit as it is in most cities. In 1995, 31 percent of adults surveyed in the city of Detroit had tried marijuana at some time and 6 percent had used it in the previous 30 days.

Other Illicit Drugs. Use of inhalants, cocaine, heroin or LSD among Detroit high school students is less than that of their peers statewide. For example, one percent of Detroit high school students have tried cocaine compared to 7 percent of students in Michigan. Use rates differ most dramatically for inhalants; 7 percent of Detroit's high school students have used inhalants compared to 22 percent of youth statewide.

However, inhalant use is more common among younger teens in the city; in 1997, 5 percent of Detroit 12th graders had tried inhalants compared to 9 percent of 9th graders. The figures point to the need to educate youth and parents about the dangers of inhalants and to increase awareness among vendors about the purchase of these products by youth.

In 1995, 5 percent of Detroit adults reported having tried crack cocaine at least once while 1 percent used it in the preceding year. Although rates of use are low compared to marijuana, treatment needs, emergency room visits and toxicology reports indicate crack cocaine continues to be a problem. Heroin use is increasing in Detroit. Based on treatment admissions, medical examiner data and law enforcement data, the Michigan Department of Community Health Heroin Prevalence Study showed a 40 percent increase in the

number of heroin users in Detroit between 1977 (24,200) and 1992 (33,800). Forty-two percent of Michigan's heroin users in 1992 were living in the city of Detroit. The 1992 heroin data are the most recent available. Experts caution that a significantly greater stigma is attached to heroin than to other drugs, which may lead to underreporting of use.

Availability. The 1992 Synar Amendment requires state agencies to enforce laws prohibiting tobacco sales to minors or risk losing federal prevention and treatment funds. The national goal is to have no more than 20 percent noncompliance by the year 2000. In 1999, data from a three year project by the Detroit Health Department will indicate whether or not youth access to tobacco products is compliant with Synar requirements. However, in 1997, just 15 percent of Detroit teens who smoke regularly said they were not asked to show proof of age during their last cigarette purchase.



In focus groups conducted in 1997 by the Wayne State University Addiction Research Institute, Detroit youth reported easy access to drugs. Most identified alcohol, tobacco and marijuana as the most available drugs in their neighborhoods, and almost half claimed that drugs were available “down the street” or “close to home.” In 1997, 26 percent of Detroit high school students said they had been offered, sold or given illegal drugs on school property. During the same year, one in ten said they drank alcohol, smoked cigarettes or used marijuana on school property. According to the Detroit Public Schools, many Detroit youth believe adults facilitate teen drinking. In 1995, 58 percent of Detroit high school students and 44 percent of school staff knew of parents or other adults who condoned underage drinking in their homes.

Attitudes and Perceptions. Fifty-two percent of Detroit students think underage drinking is a serious problem. In focus groups, youth offered various explanations for alcohol and other drug use. Some said people experiment with drugs and then get “hooked,” while others said people use drugs to be “cool.” Youth also said alcohol and other drug use can be a coping mechanism, with parents often setting the example. Older students cited stress and pressure as contributing factors.

Truancy increases the risk of delinquent activity, including alcohol and other drug use. In 1994, Michigan ranked 43rd among the states in public high school graduation rates. In the 1994-95 school year, 66,440 complaints of chronic absenteeism were investigated in Detroit.

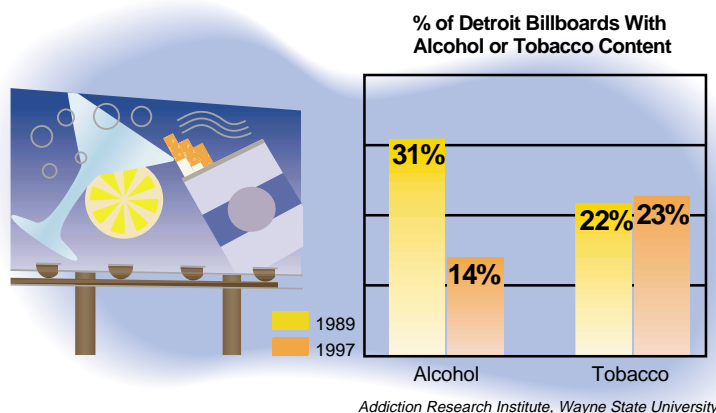
Prevention Needs and Services. Michigan receives \$16 million per year in federal Safe and Drug-Free Schools and Communities (SDFSC) funding; 91 percent goes to school districts while 9 percent goes to the Michigan Education Agency. Public schools in the city of Detroit receive about \$1.5 million in SDFSC funds (an average expenditure of \$8.33 per pupil), and all 263 Detroit public schools have drug and violence prevention programs. SDFSC dollars also support Student Assistance Programs (SAPs) which offer help to students with family, personal, substance abuse or mental health problems. The Detroit Public Schools Office of Guidance has a Peer Counseling Program in city schools to match youth with peer counselors who are trained to be attentive listeners and can provide support through difficult times.



The drug abuse prevention programs used in Detroit public schools include Growing Healthy and the Michigan Model for Comprehensive School Health Education. The full implementation of the Michigan Model in middle schools has been supported by the Skillman Foundation for five years, with funding exceeding the amount of SDFSC funds given annually to school districts. However, the Michigan Model has not been consistently or completely implemented in Detroit as a result of unresolved administrative, training and time management concerns within the public schools. Thus, while the school district has adopted the Michigan Model, not all schools teach it; those that do often teach only parts of it.

In addition to school prevention programs, prevention partnerships among agencies (including the Bureau of Substance Abuse, the Detroit Recreation Department, the Detroit Police Department and local community service groups) reach out to youth in the city's neighborhoods. Prevention efforts involve the promotion of healthy lifestyles among youth through teaching, tutoring and recreational activities.

Billboard Advertising Changes in Detroit



Advertising. Alcohol and tobacco advertising billboards concern many Detroit residents. According to the Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT), alcohol and cigarette billboards are found far more often in low-income zip codes in Detroit than in more affluent areas. In 1997, the Addiction Research Institute at Wayne State University

reported little change in the number of tobacco billboards citywide since 1989; however, alcohol billboard advertising in Detroit dropped by 52 percent during the same eight year period, which may reflect the impact of CABAAT's efforts.

Drug Abuse and the Workplace. According to a 1998 survey by the Detroit Regional Chamber of Commerce, all large companies in the city have health plans that cover alcohol and other drug abuse treatment, compared to 91 percent of medium-sized companies and 71 percent of small companies. The majority of large (96 percent) and medium-sized (86 percent) companies also have published policies regarding drug use in the workplace, compared to half of small companies. The differences indicate that, like many employee benefits, alcohol and other drug abuse assistance is less affordable to small companies. The Federal Drug-Free Workplace Act of 1998 provides financial incentives and technical assistance to small businesses to develop employee assistance programs. In addition, Michigan Drugs Don't Work, a program housed in the Michigan Chamber Foundation, is a statewide effort to help employers in Detroit and across the state implement drug-free workplace programs.

Making A Difference

Prevention

The *Detroit Profile* highlights a number of efforts that reflect commitment to prevention, treatment and criminal justice in Detroit, many of which were suggested by members of our Technical Advisory Panel. Few of these programs have been evaluated; there is an urgent need to assess their effectiveness before they are replicated elsewhere. While the programs described are not an exhaustive list, they represent the diverse funding strategies, collaborations and designs implemented throughout the city.

Coalition Efforts Add Up. In urban areas across the country, people worry that alcohol and tobacco billboards may be placed disproportionately in low-income neighborhoods. In 1988, Detroit residents and local leaders formed the Coalition of Billboard Advertising Against Alcohol and Tobacco (CABAAT), following protests against a Wild Irish Rose billboard located a few feet from a shelter for run-away teens. Led by City Councilmember Alberta Tinsley-Williams and Congressman John Conyers, the rally resulted in residents advocating restrictions on billboard ads for alcohol and tobacco. CABAAT staff keep track of billboards throughout the city, up to 50 percent of which advertise alcohol and cigarettes; the figure is 58 percent in lower income zipcodes compared to 43 percent in higher income areas. A 1997 Wayne State University study showed a 50 percent drop in the number of alcohol billboards in the areas where CABAAT has fought to reduce such advertising. CABAAT's campaign removed ads for tobacco-rolling papers from over 100 billboards in the city. CABAAT also leads substance abuse prevention and education workshops and provides technical assistance to other groups implementing similar projects. For more information, call (313) 872-2279.

Reaching Out To Gay Communities. Alcoholism affects 20 to 30 percent of gays and lesbians, placing homosexuals at increased risk for alcohol and other drug use and abuse. This behavior also raises their risk for HIV; nearly 10 percent of gay men in Michigan do not wear condoms as a result of being high or drunk. In 1996, the Midwest AIDS Prevention Project (MAPP) established Alcohol and Other Drug Abuse Prevention and Training (ADAPT) to address the substance abuse prevention needs of southeast Michigan's gay population. Using methods developed by the Center for AIDS Intervention Research of the Medical College of Wisconsin, MAPP staff trained 50 gay community leaders to teach prevention and risk reduction, and help change norms within the gay community. In 1997, the program launched a statewide media campaign on substance abuse prevention and HIV/AIDS awareness. Bars, drug treatment centers, businesses and gay community centers distribute alcohol and other drug educational and referral guides. More than 40 agencies received gay sensitivity training. Financial support for ADAPT has been provided by the Hope Fund, the Community Foundation of Southeastern Michigan, the Colin Higgins Foundation, and the Center for Substance Abuse Services of the Michigan Department of Community Health. For details about ADAPT, call (248) 545-1435.

Making A Difference

Prevention

Sharing Health and Education. The Life Points Outreach Program was established by the Community Health Awareness Group on World AIDS Day in 1996. The first licensed needle exchange program in the City of Detroit, Life Points aims to reduce the spread of HIV among injection drug users and those close to them by providing sterile needles and syringes as well as HIV risk education and counseling in five locations. Life Points also refers injection drug users to drug treatment and works to reduce the number of needles and syringes discarded in public places. In 1997, the Life Points mobile unit expanded outreach to target populations and increase program visibility. Life Points works closely with other community public agencies, including businesses, law enforcement, churches and non-profit organizations. Life Points has been recognized as an effective model for HIV prevention among injection drug users by the Congressional Black Caucus of the United States Congress, the Presidential Advisory Council on HIV/AIDS, and the Centers for Disease Control and Prevention. Since 1996, Life Points has had 689 participants and has referred 121 clients to drug treatment. In addition, Life Points has exchanged 78,189 syringes and distributed 56,404 condoms, 81,706 alcohol wipes and 10,444 needle sterilization kits. When surveyed, 88 percent of participants reported no needle sharing in the preceding 90 days. For more details, call (313) 872-2424.

Working With Children. In 1990, the Maplegrove Community Education developed the Maplegrove Children's Programs to work with children of substance abusers. This focus distinguishes Maplegrove Children's Programs from other addiction services. The program reaches youth between the ages of five and twelve. Maplegrove offers children a place to learn about the harms and impact of alcoholism and other drug addiction on individuals and their families. Through age appropriate education, recreation and discussion, Maplegrove Children's Programs teach youth how to make good decisions, get help, and stay safe. Children enrolled in Maplegrove's programs attend sessions two hours a week for 8 consecutive weeks. A two-week summer day camp offers a variety of outdoor educational and recreational programs. Parents may attend an optional program where they learn what their children are taught each day; in addition, Maplegrove staff give parents a better understanding of how various family stresses affect their children. Parents are taught how to improve communication with their children and how to make good parenting decisions. An evaluation of Maplegrove's Children's Programs is currently underway. In 1994, it was elected the Detroit Program of the Year by the Tri-County Volunteers Association. It has also received the Michigan Hospital Association Award and a letter of merit from The American Hospital Association. Part of the Henry Ford Behavioral Services, the program is supported by the Downriver Advisory Council, the Junior League of Detroit, and the Wayne County Youth Education Fund. For more information, call (248) 661-6170.

Making A Difference

Prevention

Serving Adults. People over age 60 take more prescription drugs than any other age group in the United States, yet they are less likely to seek professional help if they become addicted. Drug abuse among high risk adults is a central focus of Adult Well-Being Services, a non-profit agency serving adults with advancing age, low income, mental or physical health problems and other challenges. The agency has four substance abuse programs to reach adults and their families. First, Project S.A.F.E. provides community-based prevention, education and information to help prevent addiction; the program was profiled in 1998 by the Gerontology Network. The Senior Service Center offers addiction counseling in collaboration with Harper Hospital. The Grandparents Raising Grandchildren program is a collaboration with the Greater Detroit Chapter of the National Council on Alcohol and Drug Dependency (NCADD) to provide information, treatment and prevention to families. Finally, the Increase Your Dreams with Substance Abuse Prevention program, funded by the Prevention Network, is a prevention tool for individuals with developmental disabilities. Adult Well-Being serves more than 3,000 tri-county residents each year and receives funding from United Way, individuals, corporations, government grants and private foundations. Adult Well-Being is affiliated with Generations United, the National Caucus of Black Aged and Continuing Care Alliance. For more information, call (313) 924-7860.

Rapping With Youth After School. Positive after-school activities are an essential part of helping parents and communities raise healthy children. The Detroit Recreation Department offers after-school prevention programs which focus on social skills, cultural awareness, recreational activities and academic success. Among these programs is the Recreation and Prevention Project (RAP). Funded by the Michigan Department of Community Health and administered by the Detroit Health Department's Bureau of Substance Abuse, RAP works with 400 3rd to 6th grade youth who are referred by school administrators and counselors. Through art projects, role-playing activities, discussions and field trips, youth learn about the dangers of alcohol, tobacco and other drug use. RAP also provides a variety of recreation and sports activities as positive alternatives. Parents are included in semi-annual meetings at which project goals and prevention strategies are discussed. By involving parents in the prevention process, RAP's prevention ideas can be reinforced at home. RAP is offered in four Detroit Recreation Department Centers, with transportation provided for students who need it. The Wayne State University Counselor Training Program assists RAP staff in leading the program. For more information, call (313) 224-4367.

IV. Crime and Substance Abuse



Detroit faces diverse alcohol and other drug-related crime problems. Drug seizures are rising in the city. While drug use continues to be widespread among arrestees in the city of Detroit, the percent of male arrestees who test positive for illegal drugs is decreasing. On the other hand, rates of marijuana use among arrestees are increasing steadily. While eight in ten prison inmates have alcohol and other drug abuse problems, treatment is available for only 6 percent of the inmates who need it.

Drug Seizures. The Detroit Police Department (DPD) works with federal agencies, including the Federal Bureau of Investigation, the Drug Enforcement Administration and the Internal Revenue Service, to target drug markets throughout the city. Between 1994 and 1996, the amount of drugs narcotics officers seized from local dealers more than doubled. Currently, the DPD estimates street prices at approximately \$10 per bag of heroin (\$20 to \$40 for “black tar,” which has a higher concentration of heroin), \$5 to \$20 for a rock of crack cocaine and \$20 to \$40 for the same weight of powder cocaine. Hallucinogens, such as ecstasy—which Detroit police are starting to see with more frequency—cost \$20 to \$30 a tablet.

In 1997, southeastern Michigan (including Wayne County) was among seven national areas designated by the White House Office of National Drug Control Policy as a High Intensity Drug Trafficking Area (HIDTA). HIDTA programs are intended to help federal, state and local officials work together to reduce drug trafficking. Narcotics officials at DPD report that the frequency of drug-related homicide reports has greatly decreased since they began intensive anti-drug effort with HIDTA funding. In addition, the city of Detroit recently received \$23 million in federal funding to expand community policing.

Drug Offenders. Michigan has the seventh largest prison population in the United States, with 43,784 inmates in 1997. Statewide prison admissions for drug offenses declined by more than 31 percent between 1990 and 1997. Drug offenders comprise about 13 percent of the state prison population compared to 23 percent nationally. The Michigan Department of Corrections attributes this difference to its emphasis on diversion of drug offenders to non-prison based punishment and treatment, including drug courts.

Drinking and Driving. Michigan’s legal blood alcohol content (BAC) level is .10; a few states have adopted the lower .08 level. Operating Under the Influence of Liquor (OUIL) arrests are declining in Michigan as they are nationally. However, DPD made 2,301 OUIL arrests in 1997, an increase of 30 percent since 1995. Some criminal justice experts speculate that the increase in Detroit reflects increased law enforcement attention as well as high levels of commuter traffic.

The Office of Highway Safety Planning and the Michigan Department of State Police estimate that traffic accidents in Michigan cost \$179,000 per crash, including fatalities, personal injuries and property damage. In 1997, there were 1,377 alcohol-related accidents in Detroit which generated total costs of approximately \$247 million.

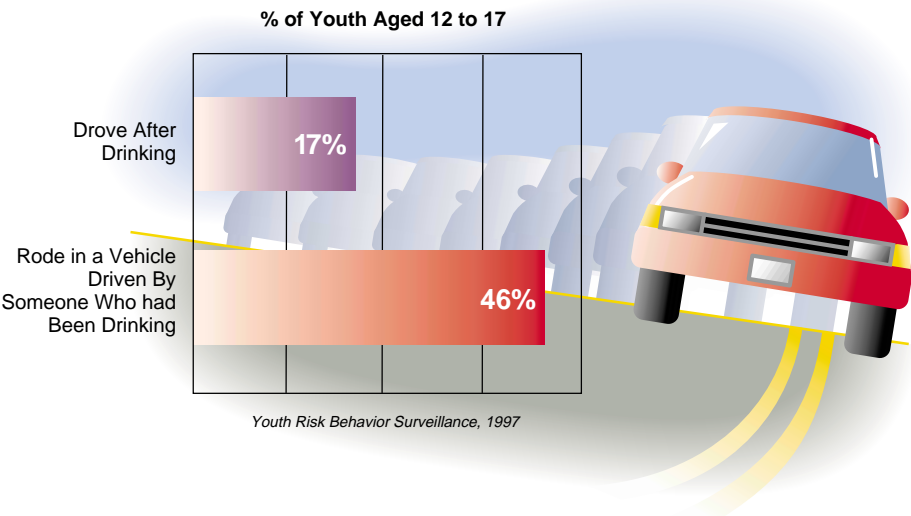


Drinking and driving is also a problem among teenagers. In 1997, 17 percent of Detroit 12th graders reported driving after drinking during the preceding month; 46 percent said they had been in a vehicle driven by someone who had been drinking. Information regarding juvenile OUIL arrests in Detroit is unavailable.

In 1996, Michigan earned a grade of “B minus” in a report card produced by Mothers Against Drunk Driving (MADD). MADD’s evaluation of Michigan highlighted strengths in alcohol assessment training for judges and prosecutors, zero tolerance laws and OUIL legislation. OUIL offenders in Michigan must participate in county alcohol and other drug education and awareness programs. However, MADD called for more OUIL enforcement officers as well as more training of Liquor Control Commission officers. While MADD commended Michigan for its stringent OUIL laws, it also recommended more OUIL program funding, including earmarking of alcoholic beverage taxes.

Students Against Drunk Driving (SADD) is also heavily involved in efforts to combat drinking and driving. SADD promotes alternatives to alcohol and

Drinking and Driving a Threat to Student Safety



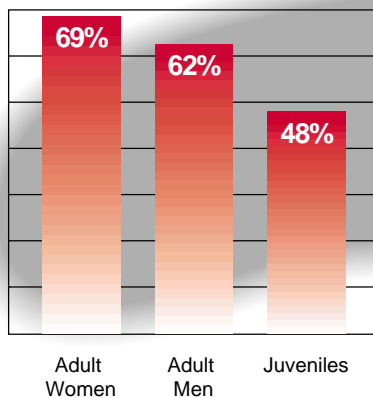
other drug use for students through an annual SADD conference; local radio, television, newspaper and billboard messages aimed at students; and regional leadership and training seminars. There are 590 high school SADD chapters in Michigan, 17 of which are in Detroit.

Substance Abuse By Arrestees. Illegal drug use is widespread among arrestees nationwide, including two-thirds of those in the city of Detroit. According to the 1997 Arrestee Drug Abuse Monitoring (ADAM) program (previously Drug Use Forecasting), drug use among adult males arrested in Detroit declined slightly from 66 percent in 1996 to 62 percent in 1997; the rate for women (69 percent) exceeded the rate for men both years.

Cocaine and marijuana are the drugs most commonly used by arrestees. However, from 1992 to 1997, positive cocaine tests declined by 38 percent among men and by 22 percent among women. Older arrestees are much more likely to test positive for cocaine than their younger counterparts, suggesting that the crack cocaine epidemic of the 1980s is waning. Positive heroin tests among female arrestees have recently declined, with 18 percent of women testing positive for heroin in 1996 compared to 9 percent in 1997. More female arrestees are testing positive for marijuana, with rates jumping from 19 percent in 1996 to 28 percent in 1997. Positive test rates for marijuana

Drug Use Common Among Detroit Arrestees

% of Arrestees Testing Positive for Any Illicit Drug



Arrestee Drug Abuse Monitoring Program (ADAM), 1997
Substance Abuse and Need for Treatment Among Arrestees (SANTA), 1995



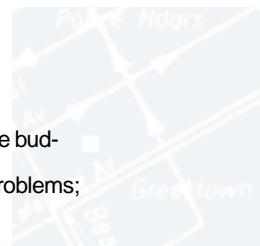
na and heroin use among males declined slightly between 1996 and 1997. Data on alcohol and other drug use among juvenile arrestees in the city of Detroit come from the 1995 Substance Abuse and Need for Treatment Among Arrestees (SANTA) study. Michigan was one of 15 states to participate in this project. In 1995, almost half of juvenile arrestees in Wayne County tested positive for illegal drug use; most had used marijuana.

Treatment for Criminals. In 1995, Detroit was selected as one of ten Center for Substance Abuse Treatment (CSAT) Target Cities. Federal Target Cities funding has allowed Detroit's Bureau of Substance Abuse to increase treatment for criminal offenders, improve effectiveness through case management and follow-up services, link existing treatment and social services and develop treatment programs for offenders in jail and in the community. An evaluation of the Target Cities program will be released in 2000.



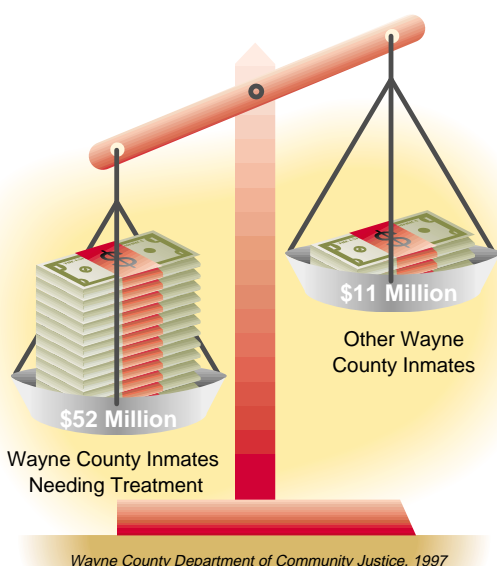


In 1998, Wayne County's criminal justice budget totaled \$200 million—the highest county criminal justice budget in the state. More than 80 percent of inmates in Wayne County have alcohol and other drug abuse problems; their incarceration costs approximately \$52 million a year.



Treatment is available for only 6 percent of the inmates who need it. In addition to 100 treatment slots in Wayne County jails, volunteers coordinate 12-step programs which serve another 200 to 300 inmates. The Wayne County Community Justice Department and the People's Community Services work jointly with the Sheriff's Department to seek funding for treatment which is not provided by the county government. In 1998, this partnership acquired \$400,000 through local and state organizations to fund treatment for jail inmates.

Addicts Account For Bulk of Corrections Costs



At the state level, treating inmates with alcohol and other drug abuse problems has become a priority. The U.S. Department of Justice has identified the Michigan Department of Corrections (MDOC) Substance Abuse Prevention and Treatment Strategy as one of the most advanced in the country. MDOC provides services according to the severity of drug use; programs include residential and outpatient treatment, education, treatment readiness and 12-step programs.



In 1997, 1,281 juveniles admitted to the Wayne County Juvenile Detention Facility were tested for illicit drug use; 51 percent tested positive for marijuana and 2 percent tested positive for cocaine use. The annual cost of detaining these juvenile drug users is estimated to be \$10 million.

Drug Courts. Drug courts, which refer non-violent drug abusing offenders to intensive court-supervised treatment, offer alternatives to incarceration and traditional probation. Detroit's first drug court opened in December 1997 in the city's 3rd District Court with funding from other municipal court divisions. By July 1998, there were 160 participants in the program which is open to individuals with no felony record. Planning for a second drug court is currently underway in Detroit's 36th District Court. Although outcome statistics for Detroit's drug court have not been released, recidivism rates among drug court graduates in other major metropolitan areas are about half the rates of untreated offenders.

Making A Difference

Criminal Justice

Ganging Up Against Drugs and Crime. In October 1996, there were 22 gang-related shootings in Southwest Detroit. Then rumors spread of gang riots planned to slash and burn sections of the city on Detroit's annual "Devil's Night" (this occurs each Halloween Eve, and was officially renamed "Angel's Night" by Mayor Archer). In response, a local community leader approached the city's top three gang leaders—all heavily involved in drug dealing—to negotiate an agreement. Their response: "help us get jobs, child care for our kids, and go back to school." With help from city officials, prospective employers, the Detroit Police Department and a local priest, the request was successfully fulfilled. The Gang Retirement and Continued Employment and Education (GRACE) program was created to teach gang members the importance of education and self-respect. GRACE successfully has placed ex-gang members into manufacturing jobs through negotiations with local employers. Following the agreement, Detroit's neighborhoods witnessed the lowest arson rate in ten years on Devil's Night 1996. In addition, no gang-related shootings occurred for the following two months. GRACE helped many gang members involved with drugs to recover their health and families. During a recent visit to Detroit, Vice President Al Gore cited the program as a success story; in 1997, GRACE received the Governor's Service Award for successful community work in Michigan. For more information, call (313) 554-2400.

Flushing Drugs Down the Drain. In 1990, the Downriver Area Narcotics Organization (DRANO) developed the DRANO Enhancement Team (DET) to assist with cross-jurisdictional efforts to eliminate drug abuse. Supported by funds from the federal Anti-Drug Abuse Act and DRANO forfeitures, undercover officers attack drug sales at the street level and investigate established drug dealers both within the city and elsewhere. Although DRANO is headquartered approximately 30 miles outside Detroit in Livonia, the organization is active in Detroit. Combining officers from different jurisdictions increases the effectiveness of DRANO's anti-drug efforts by reducing drug use and sales throughout Detroit and in Michigan's downriver area. The DRANO Enhancement Team recorded over 800 arrests for drug-related crimes in 1997. In 1995, DRANO collaborated with the FBI, the Michigan State Police and several municipal police agencies to form a narcotics interdiction team. The team seizes narcotics transported in and out of Michigan via major roadways, hotels, air, rail and bus terminals. The narcotics team relies on DET officers to help identify targets and succeed in their interdiction efforts. To learn more, call (734) 479-1710.

Making A Difference

Criminal Justice

Working the Street. In 1987, Alternatives for Girls (AFG) was established to help homeless, high-risk girls and young women in Southwest Detroit. The Street Outreach Program (SOP), one of four AFG programs, began in 1989 as a resource for drug-addicted prostitutes. Unlike more traditional referral programs, SOP staff approach and foster relationships with prostitutes on the streets of Detroit to inform them of SOP's services. SOP staff have made over 3,500 street contacts with prostitutes, tracking clients using a computerized identification system. Staff refer women to drug treatment programs, shelter, medical care, and mental healthcare services. They operate a needle exchange program through the Community Health Awareness Group as well as weekly support groups for recovering addicts and prostitutes. SOP also led to the establishment of the Young Women's Lead Project for girls at high risk of homelessness and drug addiction. SOP's funders include the Skillman Foundation, the McGregor Foundation, the Detroit Bureau of Substance Abuse and the Michigan AIDS Fund. To learn more, call (313) 496-0938.

Touching the Heart. Women addicted to drugs often face challenges beyond substance abuse; many have no jobs, childcare or housing. Heartline, Inc. helps these women prepare for independent living. Heartline was established in the late 1960s when a group of Catholic women regularly visited Detroit women incarcerated in state prisons. Upon release, many parolees had few resources and lacked housing; they often had new legal troubles after reentering society. Their crimes were often related to substance abuse. In response, Heartline opened five Christian homes for women transitioning back into mainstream society. Heartline also houses women serving federal prison time for felonies, on probation or those who are homeless. Eventually, the units were merged into one home, a renovated convent in central Detroit donated by a local church. An accredited substance abuse treatment program, Heartline provides aftercare for women who have already completed residential treatment. In addition to 12-step programs and individual counseling, Heartline offers clients a place to live, job search assistance, and GED preparation. Many Heartline women have moved back to the local community where they are employed and often regain custody of their children in foster care. Heartline can house up to 35 women at a time and is funded through the Federal Bureau of Prisons. Heartline serves approximately 100 women per year. For more details, call (313) 923-4200.

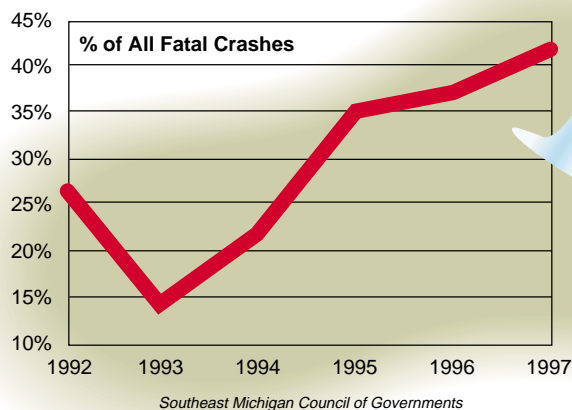
V. Impact on Health

Alcohol, tobacco and other drugs impair the health and well-being of individuals who use them as well as those who do not, adding substantially to health care costs. Drug abuse plays a significant role in chronic illness, fatal automobile accidents, newborn health problems, the spread of infectious diseases and emergency room visits. Heroin is the drug of choice for one in four adults in treatment in Wayne County—more than twice the statewide rate. More than half of the Michigan residents who need alcohol and other drug treatment reside in the Detroit metropolitan area. However, just 7 percent of Detroit residents needing treatment receive it.

Deaths from Substance Abuse. Tobacco-related deaths are not tracked by state or city health departments in Michigan. However, according to mortality figures from the Centers for Disease Control and Prevention, in 1995, more than 1,500 people in Wayne County died from lung cancer, bronchial cancer or emphysema alone. Total tobacco-related deaths are almost certainly higher since they also include a portion of deaths from heart disease, stroke and other chronic diseases.

Between 1990 and 1995, 1,451 deaths investigated by the Wayne County medical examiner were attributed directly to alcohol, and 1,046 deaths were attributed to other drugs. In 1995, a total of 231 drug-related deaths occurred in the city of Detroit; more than half were among adults aged 35 to 54. Deaths attributed directly to cocaine use increased by a third from 1992 to 1996. Many treatment and prevention programs in Detroit incorporate specialized services for clients addicted to crack and powder cocaine. Heroin-related deaths more than doubled from 118 in 1992 to 242 in 1996—one of many indications of the re-emergence of heroin in Detroit.

Alcohol-Related Fatal Crashes Rise in Detroit



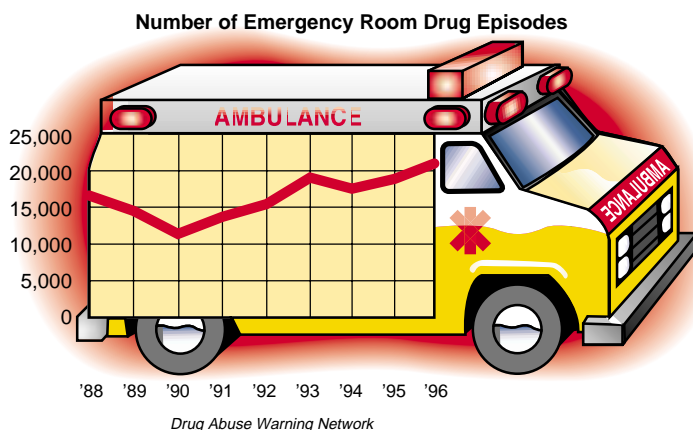
Drinking continues to compromise safety on Michigan roads. In 1995, more than a third of fatal crashes in the state involved drinking, and almost half of alcohol-related crashes in Michigan resulted in injury or death. In 1997, alcohol was involved in 42 percent of fatal crashes in the city of Detroit—twice the rate in 1994.

Emergency Room

Visits. Data from emergency rooms (ER) can illustrate drug use

trends within a community. Drug-related ER visits in the seven county region that includes the city of Detroit rose 29 percent between 1988 and 1996, when 20,822 people visited hospital emergency rooms for drug-overdoses or drug-induced medical conditions. This trend not only reflects the need for increased alcohol and other drug abuse education, prevention and treatment, but also indicates a growing economic burden on area medical resources needed to treat drug-related health problems.

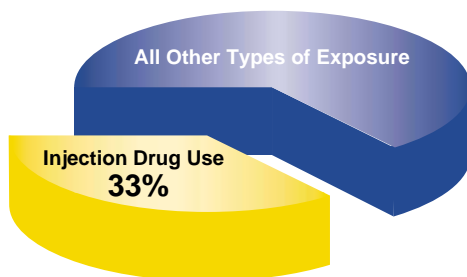
Drug-Related Emergency Room Visits Rising In Detroit Area



Between 1988 and 1996, emergency room cocaine mentions in the region increased by 57 percent. Heroin is also a growing concern to health experts. Between 1990 and 1996, heroin ER visits more than doubled in the Detroit area. During the same period, ER visits for marijuana rose seven fold, with more than 4,200 such visits in 1996. Data regarding alcohol-related ER visits in Detroit are not available. However, alcohol-related health problems and injuries comprise a significant portion of hospital visits across the country. Sixty percent of fatal burns nationally involve alcohol use, and up to 38 percent of ER patients are legally intoxicated at the time of their visit.

Injection Drug Use Accounts for One-Third of AIDS Cases in Detroit Area

Persons Living with HIV/AIDS



*Michigan Department of Community Health
HIV/AIDS Surveillance Section, 1998*

HIV and AIDS. One in three AIDS cases in the Detroit metropolitan area is attributable to injection drug use (IDU). In 1996, 10 percent of the estimated 35,000 Detroit metropolitan area injection drug users were HIV positive, with about 315 new IDU-related HIV cases that year. The city itself does not record new HIV infections. Wayne County, including the city of Detroit, accounts for 57 percent of cumulative AIDS cases in the state.

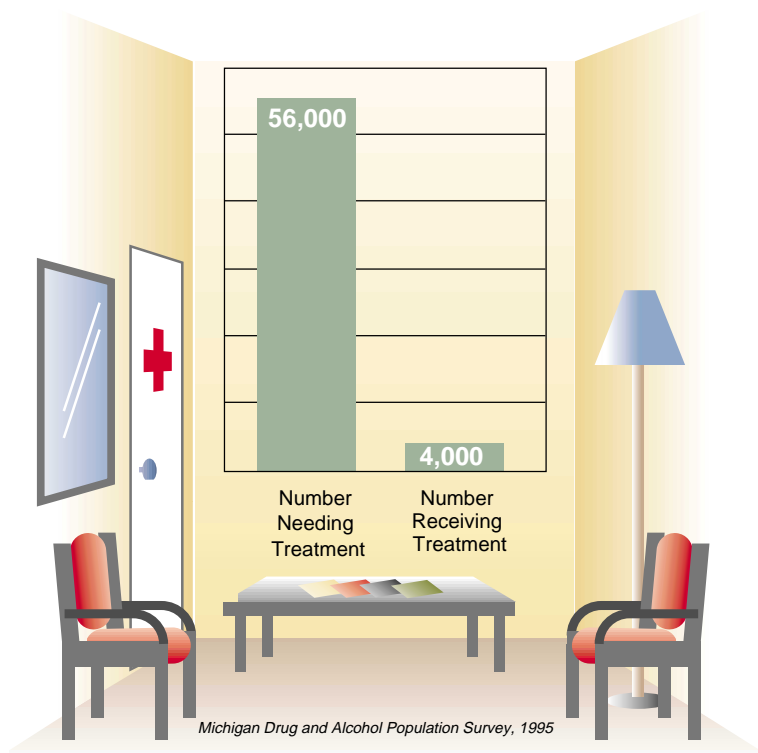


Alcohol and other drug use increase the risk of contracting sexually transmitted diseases (STDs). Findings from a 1995 study by the Michigan Department of Community Health indicate that 44 percent of Detroit residents with STDs used illicit drugs in the past year and 31 percent used in the past month. In 1997, 18 percent of sexually active 12th graders in Detroit said they used alcohol or other drugs at the time of their last sexual intercourse.

Impact on Newborns. Citywide statistics on alcohol, tobacco and other drug use by pregnant women are not available for Detroit. However, research at Detroit's Hutzel Hospital, which specializes in serving pregnant women with alcohol or other drug addiction problems, found that many women underreport their drug use. In an 11 year study of 3,000 live births at Hutzel Hospital, one in ten mothers admitted using illicit drugs during pregnancy; however, half of their newborns had positive urine drug screens and nine in ten had positive meconium drug screens. There were 16,586 live births in the city of Detroit in 1996, 39 percent of which took place at Hutzel Hospital. Estimated medical expenditures for a drug exposed infant exceed \$50,000 during the first year of life. A statewide study of pregnant alcohol and other drug abusers by the Michigan Department of Community Health will be released later in 1999.

Treatment. Treatment is one of the most cost-effective ways to reduce drug abuse and related crime. In FY 1998, Detroit spent approximately \$16.5 million on publicly-funded alcohol and other drug treatment services. Nearly \$10 million was spent on specialized services for pregnant and parenting women, the hearing impaired and addicts with HIV/AIDS.

Treatment Need Versus Access in Detroit, 1995



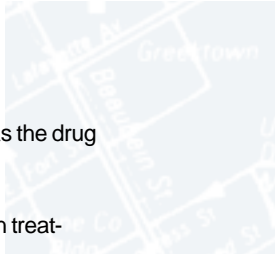
The Detroit Bureau of Substance Abuse (BSA) funded 55 treatment programs in Detroit in 1998. BSA is struggling to acquire funding to provide treatment on demand; however, the agency is only able to serve a fraction of those who need help.



According to the Michigan Department of Community

Health, an estimated 155,000 alcohol and other drug abusers in Detroit need treatment. In 1995, 56,000 Detroit residents sought treatment; however, only 7 percent (4,000 residents) received treatment within the previous year. More than one-third of those in treatment are there for alcohol-related problems. In 1997, there were 2,853 residential treatment admissions in the city of Detroit, for a total cost of \$6 million dollars. An additional 3,626 individuals

were admitted for outpatient services costing \$4.4 million. Finally, 788 people were admitted for outpatient methadone maintenance or residential detox services, with costs totaling \$4.6 million.



Crack cocaine is a more common treatment focus in Wayne County than elsewhere in the state. In 1997, cocaine was the drug of choice for 31 percent of those receiving treatment in Wayne County, compared to 18 percent of those in treatment statewide. Heroin is the drug of choice for 23 percent of adults in treatment—more than twice the rate among those in treatment statewide (9 percent). Although the admission rate for marijuana in Wayne County reached 9 percent in 1997, it remains below the statewide rate of 15 percent.

According to the Detroit Board of Education, alcohol and other drug treatment referrals for children under age 14 increased by 15 percent between 1992 and 1995. The majority of youth are referred for drinking problems; however, when asked to identify their drug of choice, most responded “none,” suggesting they do not consider alcohol a drug.

Treatment and Public Assistance. Statistics regarding treatment needs among welfare and Medicaid participants in Detroit are unavailable due to several factors, including lack of funding for data collection. Nationwide, alcohol and other drug use affects the job security and parenting of up to two in five welfare recipients.

In 1998, Detroit began a program which specifically targets treatment and education to local residents receiving welfare and Medicaid. BSA is working with the Michigan Family Independence Agency (FIA) and the Detroit Department of Employment and Training to assess treatment needs among welfare recipients and refer them to providers.

A new alcohol and other drug abuse treatment plan is also under development for Michigan’s Medicaid recipients, including those in the city of Detroit. Under this plan, Medicaid recipients seeking alcohol and other drug abuse treatment will be assessed for appropriate treatment and other necessary health services, and guaranteed access to treatment. Urine testing is generally included as part of the treatment regime. BSA has begun to advertise the availability of publicly-funded treatment services for this population.

Dual Diagnosis. Many people suffer from both drug abuse and other mental health problems. Access to comprehensive treatment is complicated by the fact that services are often administered by separate agencies with different funding streams, professional orientations and areas of expertise. In order to serve Detroit’s dually-diagnosed population, the Detroit Dual-Diagnosis/Mentally Ill Substance Abuse Council was established in 1991. Created by the Detroit/Wayne County Community Mental Health Agency and BSA, the Council helps reduce misdiagnosis and helps dually-diagnosed individuals access comprehensive treatment. However, many clients who need treatment cannot get help because such services are underfunded.

Impact on Families. Alcohol and other drug abuse undermines families and puts children at risk of harm. According to the U.S. General Accounting Office, more than three-quarters of all foster care cases nationwide involve parental alcohol and other drug abuse. Wayne County spent \$66 million on foster care in 1997, of which \$52 million can be attributed to cases involving alcohol and other drug problems.

Making A Difference

Treatment

Reaching Out To Women. Historically, substance abuse treatment has been geared toward men. Fortunately, programs increasingly are designed to meet women's needs. The Eleonore Hutzel Recovery Center (EHRC) is one of them. A component of the Detroit Medical Center, EHRC has been providing substance abuse treatment to women for over 30 years. EHRC specializes in the many needs of women affected by substance abuse. Prevention courses are provided for children of women enrolled in the residential treatment program. EHRC has specialized services for pregnant women and accepts clients with children; on-site childcare is also provided. Many of the women at EHRC are working toward regaining custody of their children. EHRC can access many internal medical resources at the Detroit Medical Center such as obstetric/gynecological care. A team of professionals including social workers, child care specialists, nurses, psychiatrists, and psychologists—all knowledgeable about substance abuse—work with residential and outpatient clients. Services include individual, group and family therapy, parent groups, shelter for women and their children, education, and referral to outside agencies. EHRC has received awards from the Association of Program Directors and Black Family Development as the best treatment program in Detroit. EHRC is supported with federal, state and city funds. For more details, call (313) 745-7411.

Shedding Light. A growing proportion of HIV/AIDS cases are linked to injection drug use. Individuals suffering from both addiction and HIV/AIDS often feel alienated and lack resources and critical services. The Detroit Light House Program (DLHP) was started by nurses, substance abuse counselors and business administrators in 1990 to assist HIV positive individuals with substance abuse problems. The program offers relapse prevention, educational services, employment assistance and medical care; free housing is also available during treatment. The majority of DLHP's clients have failed in treatment previously and are drawn to DLHP's holistic treatment services which include personalized relapse prevention and long-term HIV survival strategies. In addition to 12-step meetings and nutritional counseling, DLHP finds that its services are more affordable than traditional residential treatment centers. While no evaluation of the Detroit Light House Program has been conducted, its partner organization, which offers the same services as DLHP, has been able to measure its impact. Like DLHP, the Personalized Nursing LIGHT House, Inc., located in Plymouth, Michigan, also opens its doors to HIV-infected drug addicts. A recent evaluation showed that 83 percent of Personalized Nursing LIGHT House clients reduced their drug use and 68 percent improved their overall health. DLHP is currently designing 30- and 60-day follow-up evaluations. For more information about the Detroit Light House Program, call (313) 832-1300.

Making A Difference

Treatment


Working With Latino Communities. Latino Family Services (LFS), established in 1973, offers social services to Wayne County's Latino community. LFS offers substance abuse prevention and AIDS awareness workshops, youth programs designed to provide recreation, and cultural activities to build confidence. Program services are available to youth, the elderly, families, individuals and the disabled. Outpatient substance abuse treatment services include specialized therapeutic support services, counseling and 12-step programs in both Spanish and English. Working closely with other community agencies, LFS staff refer clients to detoxification and residential programs, as well as legal, medical and mental health services. LFS also has HIV/AIDS risk reduction counseling and voluntary testing, and a street outreach team to distribute educational materials and make referrals in local neighborhoods. Latino Family Services is an affiliate of the National Council of La Raza and is a contract agency of the Detroit/Wayne County Community Mental Health Board. For more information, call (313) 841-7380.

Accessing Arab Communities. Detroit has one of the largest Arab-American communities in the country. Like other ethnic groups, the Arab-American community has unique needs which are not always met by mainstream community services. In 1971, the Arab Community Center for Economic and Social Services (ACCESS), a multi-service, community organization, was created to work specifically with Arab-Americans—new arrivals to Detroit as well as those with longer histories in the city. ACCESS addresses many concerns within the Arab community including youth education, health and employment. Cultural training to promote individual, family and community development within the Arab-American community are also priorities. ACCESS offers substance abuse education and referrals to outside treatment facilities, an issue which is not easily discussed in the Arab-American culture. ACCESS is running the nation's first Arabic speaking AA group for addicts and their families. ACCESS primarily serves southwest Detroit and Dearborn residents and is funded by the United Way for Southeastern Michigan, Federal and state grants, membership dues and contributions. To learn more, call (313) 945-8380.

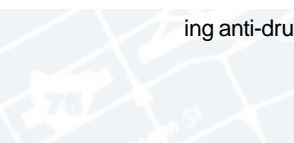
VI. Looking to the Future

The answers to Detroit's myriad problems associated with drug abuse begin with the city's public leaders but certainly do not end there. The private sector has a crucial role to play.

Although insufficient financial resources have often limited the city's ability to measure the needs of its residents and reach those who need services, Detroit's public agencies now feature a host of new leaders. Their arrival presents an opportunity to renew each agency's focus and commitment to addressing the city's drug problems.



In addition, Detroit's private sector has demonstrated its willingness to support local drug abuse strategies, and many community groups are committed to tackling drug problems. The city's leadership should work to strengthen partnerships with all local organizations that share these aims. Successful collaborations can leverage new resources for the city, help place drug abuse at the forefront of public policy and increase the effectiveness of Detroit's existing anti-drug efforts.



Data Gathering. Detroit has not conducted studies of local drug use trends on a regular basis, but recently the city has begun to make data collection a higher priority. For example:

- In 1998, the Detroit Bureau of Substance Abuse (BSA) received state and federal funds to conduct the city's first Prevention Needs Assessment, which will be implemented by Wayne State University's Center for Urban Studies.
- The Michigan Department of Community Health began a statewide youth survey—the first to be representative of Michigan households with young people aged 12-18 and the first to include school dropouts. The results will provide information on drug use trends in Detroit that was previously unavailable.
- The Target Cities project provides an unprecedented opportunity to collect drug abuse data among criminal offenders in Wayne County. Evaluation of treatment services funded by Target Cities will be released in 1999.

Nonetheless, Detroit still lacks critical data in many areas. For example: binge drinking among adults has not been measured; tobacco-related deaths are not tracked by the Health Department; and correctional facilities do not track the communities from which their prisoners originate, making it difficult to identify locations that would benefit from targeted intervention.

Lack of data is not the only problem. Frequently, existing data are difficult to access. Obtaining certain types of information on drug enforcement efforts and arrests from the Detroit Police Department, for instance, is impossible without contacting each of 13 police precincts individually.

Due to all of the above data-related problems, the city is essentially striving to combat drug abuse without comprehensive information to help shape sound policy. Therefore:

- The city's public agencies should establish a more unified system of data collection, analysis and dissemination. This should include a method for ensuring that numbers from various agencies are compatible.
- Detroit should gather drug use trend and needs assessment data every two years to stay abreast of changes in the populations that should be targeted with drug abuse services and the interventions that are needed.
- Detroit's public agencies should make more thorough use of evaluation data, such as the upcoming Target Cities data, to learn which interventions are working. Those that are working should be replicated and expanded, while those that are not should be modified or eliminated.
- State and local criminal justice and corrections officials should collect data on the residency of criminal offenders, as well as citywide drug arrest data, to facilitate crime prevention efforts.

Collaboration and Partnership. Detroit is home to a variety of collaborative efforts to combat drug abuse and related crime. For instance, the Detroit Police Department works with various prevention groups to teach youth about the dangers of drugs and assists other city agencies in their efforts to reduce crime and social problems related to drugs. Similarly, Detroit businesses including DaimlerChrysler and General Motors support alcohol and other drug prevention efforts in the city.



In 1998, BSA launched a collaboration among prevention and treatment experts, community leaders, local agencies and businesses to combat drug problems. BSA is also facilitating an organized effort within the faith community to foster treatment and prevention efforts across the city. These initiatives are exactly what is needed, but they are just a start. Better collaboration would also allow all public agencies to gain a fuller understanding of the city's drug abuse picture. For example, Detroit criminal justice officials suspect that young adulthood is an especially high-risk period in which alcohol and other drug use increases dramatically, but the actual rates of use among adults aged 18-25 are unknown. The ideal solution would be to obtain this information, but even in its absence, discussions with other local officials would help criminal justice officials to determine whether others on the front lines share their theory. If so, appropriate collaborative responses should be developed.

Generally, within and among public agencies, knowledge is poorly shared, and one department is often unaware of what others are doing. Lack of communication among BSA and other public agencies impairs the city's ability to ascertain trends and mount coordinated interventions. Multidisciplinary interventions are particularly important for young drug users, who often have multiple needs. Many young people who become involved with drugs have a history of abuse or neglect, truancy, criminal activity or other problems. Comprehensive approaches are needed to address these problems, with multifaceted follow-up to ensure lasting success. Therefore:

- The Health Department should ensure that agencies under its supervision manage and share information more effectively, should ensure that staff are aware of available information and resources, and should hold agencies and their personnel accountable for improvements in these areas.
- BSA should develop a citywide public agency working group to coordinate intervention efforts. The group, consisting of key representatives from every public agency involved in addressing drug problems, should meet monthly so that all players can exchange information, share ideas and coordinate planning.
- On an ongoing basis, these public players should increase inter- and intra-agency collaboration, and increase outreach to private sector partners. BSA in particular should increase its collaboration with these partners in order to expand available resources and services.

Prevention. Currently, BSA supports 45 drug prevention programs in Detroit, targeting people of all ages. They range from Detroit's "Denounce the 40-Ounce" campaign, which targets large-size carry-out containers in heavily African American communities, to the Wayne County MADD chapter's efforts to educate communities about the dangers of drinking and driving. The effectiveness of community-based programs is, however, difficult to determine, since Detroit does not collect data on the location of alcohol sales.



Other entities that work to prevent alcohol and other drug abuse include the Detroit Recreation Department and the Detroit Public Schools. School programs, however, have been inconsistently implemented. The Michigan Model for Comprehensive School Health Education, for instance, is a good program. However, while the Detroit school district has adopted the Michigan Model, not all schools teach it; those that do often teach only parts of it.

Finally, few prevention programs in Detroit have been thoroughly evaluated. But beginning in 2000, the Michigan Department of Community Health will require that all prevention programs be based on research in order to receive public funding. Therefore:

- Detroit should track alcohol sales locations throughout the city.
- The city should emphasize prevention for its most vulnerable citizens. For example, since children and adolescents are especially vulnerable, city agencies should expand their efforts to reach young people of all ages.
- The public school system should implement teacher training to improve the consistency of implementation of the Michigan Model. In addition, students and parents should be educated about the dangers of inhalants.
- Based on outcome evaluations, prevention programs that work best should be replicated, and ineffective programs should be modified or eliminated.

Treatment. Drug treatment is scarce in Detroit; currently 93 percent of the city's addicts go untreated. Certainly, part of this problem is attributable to limited funding for BSA, but available funds also may not be used optimally.

BSA must study how well funding allocations match local needs, and ultimately distribute funds more effectively. Upcoming BSA-funded studies, such as those to be undertaken by the Center for Urban Studies and the Addiction Research Institute at Wayne State University, will contribute to this body of knowledge.



Generally, treatment program evaluations are scarce in Detroit and are not a standard part of future program planning. Only through evaluation can the city assess and improve program effectiveness. Therefore:

- The Health Department should determine whether treatment funds are being used in the most efficient and effective manner.
- BSA and private funders should require evaluation of local treatment programs.
- Detroit's treatment programs, like its prevention programs under the new requirements of the Michigan Department of Community Health, should be research-based in order to receive public funding.

Tackling Tobacco. Despite the 1994 state tobacco tax increase of 50¢, adult smoking rates are higher in Detroit than statewide and across the country. Unfortunately trend data are unavailable, as is information regarding the amount and location of tobacco sold in Detroit. Therefore, the impact of the tax hike and other prevention measures is difficult to determine.

Local efforts to decrease adult smoking in Detroit are comprehensive, but insufficient. They must continue to grow if the city is to address the scope of this problem. This is especially true of programs for youth, who are unlikely ever to start smoking if they do not start by age 21. Data on the impact of efforts to reduce tobacco sales to minors—some of which will be available this year—will be helpful for guiding future initiatives. Therefore:

- Detroit should expand the collection of trend data, outcome data and other data in order to answer key questions regarding local tobacco use and prevention.
- Based on these figures, the city should expand and strengthen its existing tobacco control and prevention efforts.
- Private employers should assist local anti-tobacco efforts by continuing to establish smoke-free workplaces.

As these strategies continue to develop, Detroit will be well positioned to create more interdisciplinary and successful prevention, intervention and law enforcement programs. Ultimately, these efforts will enable public and private agencies and citizen groups to work together in reducing alcohol, tobacco and other drug abuse dramatically in Detroit.



Detroit Resources

The following are key resources in combating alcohol, tobacco and other drug problems in Detroit.

The American Stop Smoking Intervention Study for Cancer Prevention (ASSIST), (313) 876-4048, is part of a seven year nationwide project to reduce tobacco use sponsored by the National Cancer Institute. Project ASSIST works with community groups, schools, work sites and health facilities in Detroit and targets minorities, women and youth. Project ASSIST is part of the Tri-Cities Tobacco Action Coalition.

The Arab-American and Chaldean Council, (248) 559-1990, was established on the outskirts of Detroit in 1979 to assist recently-arrived and underserved segments of the Arab and Chaldean populations in southeastern Michigan. Job training and placement, immigration, health referrals and alcohol and other drug abuse treatment are among those services offered by the Council. Alcohol and other drug services focus on prevention and education, while a counseling component includes group and family therapy.

Catholic Social Services (CSS) of Wayne County, (313) 883-2100, is a private organization that advocates policies and provides services to improve the quality of life for those in need of health and/or social assistance. CSS offers a broad range of services including alcohol and other drug abuse counseling for individuals and families. In addition, more specialized counseling is available for those who are incarcerated, paroled or on probation due to alcohol and other drug abuse.

The Catholic Youth Organization (CYO), (313) 963-7172, opened the Renaissance Youth Center (RYC) in 1993 to provide comprehensive alcohol and other drug abuse education and prevention to youth within a safe environment. The purpose of RYC is to enhance services available to youth and involve adults in volunteer activities to improve local communities. Programs include after-school tutoring, peer counseling, recreational activities and service projects to promote good decision making.

The Coalition Against Billboard Advertising of Alcohol and Tobacco (CABAAT), (313) 872-2279, is a nonprofit organization established in 1988 to combat alcohol and tobacco advertising targeting minorities. Through lobbying, prevention and networking efforts, CABAAT promotes strong community leadership and supportive social networks to accomplish its goals.

The Community Foundation for Southeastern Michigan, (313) 961-6675, supports nonprofit organizations and efforts to improve the quality of life in Detroit and the surrounding area. Established in 1984, the Foundation solicits, receives and manages charitable contributions to facilitate the establishment of social and health services, including many that focus on alcohol and other drug abuse prevention and education.

The Partnership for a Drug-Free Detroit, (313) 876-4353, was established in April 1995 to reduce alcohol, tobacco and other drug use in Detroit through the promotion of treatment and prevention. With help from its six subcommittees, the Task Force has acquired funds, held community meetings and convened public hearings. The Task Force has received national, state and local awards for its efforts.

The Detroit Parks & Recreation Department (DRD), (313) 224-1123, promotes safe communities through the provision of recreational and leisure facilities and services to enhance the physical, emotional and social environment of Detroit residents. Among its programs is the Youth Initiative, a project geared toward providing youth with after-school recreational, educational and cultural activities. The Department also supports drop-in centers which help promote alcohol and other drug abuse awareness.

The Detroit Regional Chamber, (313) 964-4000, helps Detroit and southeastern Michigan businesses to prosper and enhance their local communities while maintaining a competitive edge to compete in national and international markets. The Chamber promotes investment and job growth in metropolitan Detroit and supports Employee Assistant Programs and other efforts to reduce alcohol and other drug abuse in the workplace.

The Detroit Rescue Mission, (313) 993-6747, was created in 1909 to rescue and restore individuals suffering from hardships. Through the provision of shelter, food, clothing and alcohol and other drug abuse treatment, the Detroit Rescue Mission offers hope to many in need of transitional care.

The Detroit Urban League, (313) 832-4600, is part of a national effort to help African Americans achieve social and economic equality through advocacy, research, program service and systems change. Efforts focus on youth educational and social development, economic self-sufficiency and racial inclusion. A special component focuses on alcohol and other drug abuse prevention and awareness in an effort to reach out to those suffering from chemical dependency.

The Detroit/Wayne County Community Mental Health Agency, (313) 833-2500, works with the Detroit Bureau of Substance Abuse to serve the mentally ill who are also addicted to alcohol or other drugs. Using a portion of its HUD funding, the agency supports shelter, care and supportive housing programs for mentally ill alcohol and other drug abusers.

The Empowerment Zone Community Prevention Coalition (EZCPC), (877) 569-3232, works toward the prevention of alcohol, tobacco and other drug abuse throughout the city of Detroit. With a concentrated focus on Detroit's Empowerment Zone, EZCPC mobilizes communities and grassroots organizations to design alcohol and other drug abuse prevention programs and provide needed services in the community. EZCPC is a community initiative of the Detroit City Council Task Force and Policy Panel on Substance Abuse Prevention.

The Greater Detroit Area Health Council (GDAHC), (313) 963-4990, is a community-based health care coalition that works to improve the health status of southeastern Michigan residents. Through advocacy and linking services, GDAHC develops policy and position statements that strengthen the distribution and organization of health care resources, including those related to combating alcohol and other drug abuse.

The Metropolitan Detroit Substance Abuse Prevention Information Center, (313) 869-2010 (<http://ariinfo@med.wayne.edu>), was established in 1994 by the Addiction Research Institute with funding from the Skillman Foundation. The Center, housed in a Detroit branch library, offers educational materials for dissemination at community activities, and publications and videos for those interested in alcohol and other drug abuse prevention. Residents throughout Detroit and southeastern Michigan can access the Prevention InfoCenter's resources and request free on-line computer searches.

Michigan Comnet, (<http://comnet.org/docs/about.html>), is a national Internet resource that connects non-profits, public services and people to each other. Michigan Comnet organizes local resources to assist Michigan leaders and residents working toward improving the social, economic, educational, health and general well-being of their communities. Michigan Comnet was created through a collaboration between the University of Michigan, WTVS/Channel 56 (Metro Detroit), Non-Profit Enterprise At Work, Inc., and a number of other institutions.

Michigan Drugs Don't Work, 1-800-748-0266, is a statewide effort to help companies solve alcohol and other drug abuse problems. Housed in the Michigan Chamber Foundation, Michigan Drugs Don't Work is available to help employers implement drug-free workplace programs across the state, including Detroit.

The Midwest AIDS Prevention Project (MAPP), (248) 545-1435, is a community-based organization that teaches HIV/AIDS education and awareness throughout Michigan. Established in 1988, MAPP has partnered with the Michigan Department of Community Health to create innovative HIV prevention programs focused on alcohol and other drug abuse prevention and education targeting youth, women, minorities and the gay/lesbian community.

The National Council on Alcoholism and Drug Dependence (NCADD), (313) 341-9891, is a voluntary agency that promotes community health in Detroit through the provision of alcohol and other drug abuse prevention, education, training, treatment and advocacy. NCADD was established in 1947, and has established several alcohol and other drug abuse treatment and education programs for Detroit residents. The Council is supported by the Detroit Bureau of Substance Abuse.

Neighborhood Service Organization (NSO), (313) 537-9880, was established in 1955 to meet the health and social needs of Detroit's diverse population. NSO offers alcohol and other drug abuse education, prevention and treatment and serves those suffering from chemical dependency and mental health problems.

The Prevention Network, 1-800-968-4968, supports volunteer-based alcohol, tobacco and other drug abuse prevention efforts throughout Michigan. The Prevention Network is a statewide coalition of volunteer and professional groups which promotes a diverse set of approaches to combat alcohol, tobacco and other drug problems. The Prevention Network provides a support system for the volunteer community, a communication network, technical assistance and training, a mini-grant program, networking links, advocacy and alliance with other organizations.

NorthStar Community Development Corporation (CDC), (313) 345-8727, is an organization dedicated to neighborhood, economic and family development within the Martin Park and Pilgrim Village neighborhoods in northwest Detroit. After-school and Saturday programs targeting elementary, middle and high school aged youth offer a safe place for youth to stay while their parents are away from home. Reach offers tutoring assistance, group recreation prevention classes, off site field trips, workshops and community service projects.

The Skillman Foundation, (313) 568-6360, was established in 1960 as a private, grantmaking foundation aimed at improving the well-being of residents in southeastern Michigan with an emphasis on metropolitan Detroit. The Foundation makes awards to social service efforts including child and family welfare, health, education, youth development, juvenile justice and culture and the arts.

The Substance Abuse Prevention Coalition of Southeast Michigan (PREVCO), (248) 203-6300, was established in 1990 to combat alcohol and other drug abuse in southeastern Michigan through the promotion of organized action. PREVCO was created by public alcohol and other drug abuse coordinating agencies. By bringing together individuals, groups and organizations to promote and coordinate alcohol and other drug abuse prevention and public awareness programs, PREVCO acts as a resource for those involved in anti-drug efforts.

Target Cities, (313) 876-4562, is a program funded by the U.S. Center for Substance Abuse Treatment aimed at increasing access to treatment for Detroit residents. Administered by the Detroit Bureau of Substance Abuse (BSA), Target Cities strives to increase the effectiveness of addiction treatment and recovery services by measuring program outcomes, conducting follow-up studies and coordinating resources from existing treatment facilities with social service programs. Target Cities also provides jail-based and community-based alcohol and other drug abuse treatment to addicted offenders.

The Tri-Cities Tobacco Action Coalition, (313) 876-4048, is an advocacy and information network created to encourage a tobacco-free lifestyle in Detroit. Through community action, social change and advocacy projects, the Coalition assists local efforts to create a smoke-free environment. The Coalition is comprised of volunteer members and organizations from health, human services, business, government and faith communities.

Wayne State University is a key center of research related to alcohol and other drug abuse in Detroit. The University houses both the Addiction Research Institute and the Center for Urban Studies. **The Addiction Research Institute (ARI)**, (313) 577-1388, conducts and promotes research, service and training in an effort to prevent alcohol and other drug abuse in Detroit. Since it was first established in 1985, ARI's prevention-focused efforts have expanded to include health promotion services, clinical and community training, faculty development, epidemiology research and treatment outcome research. Supported by the Detroit Bureau of Substance Abuse and the Skillman Foundation, ARI is at the forefront of alcohol and other drug abuse research in Detroit. **The Center for Urban Studies**, (313) 577-2208, has provided urban-related information, research and technology to academics, policymakers, urban constituencies, government agencies at all levels, educational institutions, human service agencies, businesses and nonprofit organizations since it was established in 1967. Organized into nine specialized programs, the Center focuses on social issues including urban housing, race relations, parenting, alcohol and other drug abuse and neighborhood empowerment.



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Drug Use by Adult Arrestees in Detroit

	1991	1992	1993	1994	1995	1996	1997
Adults Testing Positive for Any Illicit Drug							
Male	55%	58%	63%	66%	67%	66%	62%
Female	68%	72%	76%	62%	78%	69%	69%
Violent Offenses							
Any Drug							
Male				66%	67%	63%	59%
Female				47%	63%	55 %	58%
Marijuana							
Male				47%	42%	48%	47%
Female				27%	27%	30%	39%
Cocaine							
Male				28%	30%	21%	19%
Female				20%	33%	30%	22%
Drug Offenses							
Any Drug							
Male				78%	85%	85%	78%
Female				60%	86%	43%	92%
Marijuana							
Male				52%	64%	53%	58%
Female				30%	14%	14%	31%
Cocaine							
Male				38%	33%	29%	22%
Female				30%	71%	29%	62%
Property Offenses							
Any Drug							
Male				62%	71%	74%	57%
Female				44%	53%	67%	60%
Marijuana							
Male				17%	32%	50%	36%
Female				0%	23%	22%	36%
Cocaine							
Male				54%	37%	37%	25%
Female				38%	43%	33%	32%

Source: Arrestee Drug Abuse Monitoring Program, 1998

Drug Use by Wayne County Juvenile Arrestees, 1995

Any Drug	48%
Marijuana	42%
Cocaine	2%
Opiates	1%

Source: Substance Abuse and Need for Treatment Among Arrestees (SANTA)

Youth Substance Use, 1997

Cigarettes	Michigan	Detroit
Lifetime use	75%	69%
9th grade	72%	68%
10th grade	77%	69%
11th grade	74%	71%
12th grade	79%	67%
Past month use	38%	23%
9th grade	32%	25%
10th grade	38%	22%
11th grade	39%	19%
12th grade	47%	23%

Alcohol		
Lifetime use	82%	71%
9th grade	77%	66%
10th grade	83%	73%
11th grade	81%	75%
12th grade	89%	77%
Past month use	51%	35%
9th grade	44%	30%
10th grade	50%	34%
11th grade	50%	37%
12th grade	62%	46%

Binge drinking		
Past month use	32%	15%
9th grade	25%	13%
10th grade	31%	15%
11th grade	32%	14%
12th grade	45%	20%

Marijuana		
Lifetime use	48%	48%
9th grade	34%	41%
10th grade	53%	45%
11th grade	49%	53%
12th grade	61%	62%
Past month use	28%	25%
9th grade	20%	21%
10th grade	33%	21%
11th grade	30%	26%
12th grade	31%	36%

Cocaine		
Lifetime use	7%	1%
Past month use	4%	1%

Inhalants		
Lifetime use	22%	8%

Injection drugs		
Lifetime use	3%	2%

Source: Youth Risk Behavior Surveillance

Emergency Room Visits in Detroit

	1988	1989	1990	1991	1992	1993	1994	1995	1996*
Total drug episodes	16,166	14,759	11,527	14,327	15,777	19,169	17,162	18,630	20,822
Total drug mentions	24,233	24,000	19,102	24,377	28,378	35,715	30,748	34,177	39,037
Cocaine	6,426	6,324	3,888	5,919	6,939	8,991	7,964	8,767	10,435
Heroin/Morphine	2,796	1,963	1,552	1,828	1,843	2,380	2,106	2,401	3,214
Marijuana/Hashish	1,112	1,132	589	807	1,487	2,716	2,849	3,875	4,215

*preliminary estimate

Source: Drug Abuse Warning Network, 1998

Crashes in Detroit

	1992	1993	1994	1995	1996	1997
All Crashes	40,709	47,667	50,009	51,641	54,575	52,871
Alcohol-Related	1,677	1,727	1,626	1,591	1,572	1,377
All Fatal Crashes	128	120	115	159	158	144
Alcohol-Related	33	17	25	55	58	60

Source: Southeast Michigan Council of Governments (SEMCOG), 1998.

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Officers:

Neil Goldschmidt
Former Governor of Oregon
Chair

Mathea Falco
President

Directors:

Robert Carswell
Senior Partner
Shearman & Sterling

Dr. Michael Crichton
Author

Marian Wright Edelman
President
Children's Defense Fund

Dr. Avram Goldstein
Professor Emeritus of Pharmacology
Stanford University

Dr. Pedro José Greer
University of Miami
School of Medicine

Lee Hamilton
Director
The Woodrow Wilson Center

Philip B. Heymann
Harvard Law School

Dr. Dean T. Jamison
Center for Pacific Rim Studies
UCLA

Robert S. McNamara
Former President
World Bank

Dr. Robert Millman
New York Hospital-Cornell
Medical Center

Norval Morris
University of Chicago Law School

Howard E. Prunty
Former President
National Association of Black
Social Workers

Herbert Sturz
Former President
Vera Institute of Justice

Hubert Williams
President
Police Foundation

Emeritus:

Dr. Margaret Hamburg

Charles Ruff

Hope Taft

Nancy Dickerson Whitehead
(1927-1997)

Leadership Advisory Panel:

Dr. Amos Aduroja
Bureau of Substance Abuse
City of Detroit Health Department

C. David Campbell
McGregor Fund

Robert A. Ficano
Sheriff of Wayne County

Alan Frank
WDIV-TV4

Dr. Lloyd Johnston
University of Michigan

Ben Jones
National Council on Alcoholism

Dr. Isaiah McKinnon
University of Detroit, Mercy

Heath Meriwether
Detroit Free Press

Mariam Noland
Community Foundation for
Southeastern Michigan

Arlene Robinson
City of Detroit Youth Department

Karen Schrock
Adult Well-Being

Dr. Charles Schuster
Wayne County Circuit Court

Brad Simmons
Ford Motor Company

Leonard Smith
The Skillman Foundation

David Smydra
City of Detroit Executive Office

Cynthia Taueg
St. John Health System

Alberta Tinsley Williams
Detroit City Council

Dr. John Waller
Wayne State University
University Health Center

Gail Warden
Henry Ford Health System

Technical Advisory Panel:

David Booker
Office of Community Medicine
Wayne State University

Jim Byrd
Wayne County Jails

Amanda Cabellaro
Latino Family Services

Richard Calkins
Michigan Department of
Community Health

Craig Covey
Midwest AIDS Prevention Project

Dr. Barbara Dorsett
Wayne County Community
Mental Health Department

Denise Gray
Empowerment Zone
Development

Susan Grover
PREVCO

Dr. Shara Johnson
Boniface Community Action
Corporation

Dr. Rebie Kingston
Detroit Public Schools

Roberta Leis
Join Together

Pamela Lowe
Catholic Youth Organization

Allen Martin
Detroit Health Department

Osvaldo Rivera
ACCESS

Dr. Eugene Schoener
Addiction Research Institute
Wayne State University

Sheila Taylor
Prevention Network

Sebastion Wade
Detroit Regional Chamber

Kendra Wilkins
Greater Detroit Area Health
Council, Inc.

Charles Wilson
Detroit Police Department

Design and Production:

Levine & Associates, Inc.

Drug Strategies

1575 Eye Street, NW
Suite 210
Washington, DC 20005
202-289-9070
Fax 202-414-6199
dspolicy@aol.com
www.drugstrategies.org