



U.S. Department of Justice  
National Drug Intelligence Center



# Michigan High Intensity Drug Trafficking Area



## Drug Market Analysis 2011

## **Source Summary Statement**

The National Drug Intelligence Center (NDIC) has high confidence in this drug market analysis as it is based on multiple sources of information that have proved highly reliable in prior NDIC, law enforcement, and intelligence community reporting. Quantitative data, including seizure, eradication, and arrest statistics, were drawn from data sets maintained by federal, state, or local government agencies. Discussions of the prevalence and consequences of drug abuse are based on published reports from U.S. Government agencies and interviews with public health officials deemed reliable because of their expertise in the diagnosis and treatment of drug abuse. Trends and patterns related to drug production, trafficking, and abuse were identified through detailed analysis of coordinated counterdrug agency reporting and information. NDIC intelligence analysts and field intelligence officers obtained this information through numerous interviews with law enforcement and public health officials (federal, state, and local) in whom NDIC has a high level of confidence based on previous contact and reporting, their recognized expertise, and their professional standing and reputation within the U.S. counterdrug community. This report was reviewed and corroborated by law enforcement officials who have jurisdiction in the Michigan High Intensity Drug Trafficking Area and possess an expert knowledge of its drug situation.



**U.S. Department of Justice  
National Drug Intelligence Center**



2011-R0813-014

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## **Drug Market Analysis 2011**

This assessment is an outgrowth of a partnership between the NDIC and HIDTA Program for preparation of annual assessments depicting drug trafficking trends and developments in HIDTA Program areas. The report has been coordinated with the HIDTA, is limited in scope to HIDTA jurisdictional boundaries, and draws upon a wide variety of sources within those boundaries.



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## Executive Summary

The overall threat from drug trafficking and abuse in the Michigan High Intensity Drug Trafficking Area (HIDTA) region has remained stable despite some strategic shifts for various drugs. For example, cocaine availability and abuse have decreased, while heroin distribution and local marijuana production have increased. In fact, cocaine and heroin are now nearly equal in their overall negative societal effect in the HIDTA region. Law enforcement and public health officials continue to be challenged by persistent and destructive cocaine and heroin distribution and abuse. Those challenges were expressed consistently by officials from agencies throughout the HIDTA region during recent interviews, and they were reflected in National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) data compiled in early 2011.<sup>a</sup>

Key issues identified in the Michigan HIDTA region include the following:

- Heroin trafficking and abuse—prevalent throughout the Michigan HIDTA—now represent a threat nearly equal to that of cocaine trafficking and abuse. The high level of heroin trafficking has been fueled, at least in part, by oxycodone users substituting heroin for prescription opioids.
- Cocaine is a leading drug threat in the Michigan HIDTA region, but reductions in wholesale availability that first appeared in 2008 have persisted, sustaining high wholesale prices and possibly driving down demand.
- Controlled prescription drugs (CPDs) are widely available in the Michigan HIDTA region, contributing to prevalent abuse and rising treatment admissions for CPD addiction. Over the past 5 years, the number of treatment admissions for prescription opioids has nearly doubled in the HIDTA region.
- Marijuana in the Michigan HIDTA region is widely available, and local production and cannabis eradication are increasing. Area criminals often exploit Michigan's medical marijuana law, making it difficult for state and local law enforcement officials to distinguish illegal marijuana cultivation and distribution from state sanctioned activities.
- Close cooperation between methamphetamine users and producers in western counties of the Michigan HIDTA region is helping to sustain high methamphetamine production levels

a. The National Drug Threat Survey (NDTS) is conducted annually by NDIC to solicit information from a representative sample of state and local law enforcement agencies. NDIC uses this information to produce national, regional, and state estimates of various aspects of drug trafficking activities. NDTS data reflect agencies' perceptions based on their analysis of criminal activities that occurred within their jurisdictions during the past year. NDTS 2011 data cited in this report are raw, unweighted responses from federal, state, and local law enforcement agencies solicited through either NDIC or the Office of National Drug Control Policy (ONDCP) HIDTA program as of February 24, 2011.

there and is supporting local abuse of the drug. Methamphetamine producers in western counties frequently acquire precursor chemicals by circumventing chemical control laws, often employing criminal associates in the local area who are methamphetamine users.

- African American and Mexican drug trafficking organizations (DTOs) and criminal groups, the primary distributors of illicit drugs in the HIDTA, are working together to dominate both wholesale and retail drug distribution. This ongoing collaboration serves to stabilize operations, likely translating into higher and consistent profits for the organizations involved.
- Violent crime, including drug-related crime, is prevalent throughout the HIDTA region, particularly in Detroit, Flint, and Saginaw. Of particular concern are frequent violent thefts by criminals targeting drug distributors to steal money and drugs.

## Key Issues<sup>b</sup>

**Heroin trafficking and abuse—prevalent throughout the Michigan HIDTA—now represent a threat nearly equal to that of cocaine trafficking and abuse.**

Law enforcement reporting, drug survey data, drug purity data, and drug pricing data all indicate that while cocaine availability has decreased ([see text box on page 3](#)), heroin availability has remained high and stable within the HIDTA region. Numerous law enforcement officials throughout the HIDTA region report that heroin (primarily South American heroin<sup>c</sup>) is readily available in their areas.<sup>1</sup> In fact, of the 49 agencies that responded to the NDTs,<sup>d</sup> most (41 agencies) report that heroin availability is either high or moderate.<sup>2</sup> Supporting the assertions of law enforcement officials are heroin price and purity data that indicate both high availability and high demand for the drug.<sup>3</sup> According to the Drug Enforcement Administration (DEA), retail heroin purity in the region typically ranges between 20 and 50 percent, and some seized samples have been as high as 90 percent pure.<sup>4</sup> The reports of high heroin purity in Michigan HIDTA counties are consistent with information dating back several years, including heroin purity data for 2008 (the most recent published data) showing that the purity of retail South American heroin samples tested in Detroit (45.3%) was much higher than the average of all samples tested nationwide (33.6%).<sup>5</sup> While high heroin purity indicates strong availability, the high heroin prices since 2008 indicate continued high demand for the drug. Wholesale powder heroin prices have remained high and mostly stable from year-end 2008 (\$55,000–\$100,000 per kg) to midyear 2009 (\$80,000–\$100,000 per kg) through midyear 2010 (\$65,000–100,000 per kg).<sup>6</sup>

b. For a general overview of the drug threat in the Michigan HIDTA region, [see Appendix A](#).

c. Most heroin available in the region is South American heroin supplied by Mexican DTOs. Relatively little Mexican heroin is available or abused.

d. Number of respondents is reported per question.



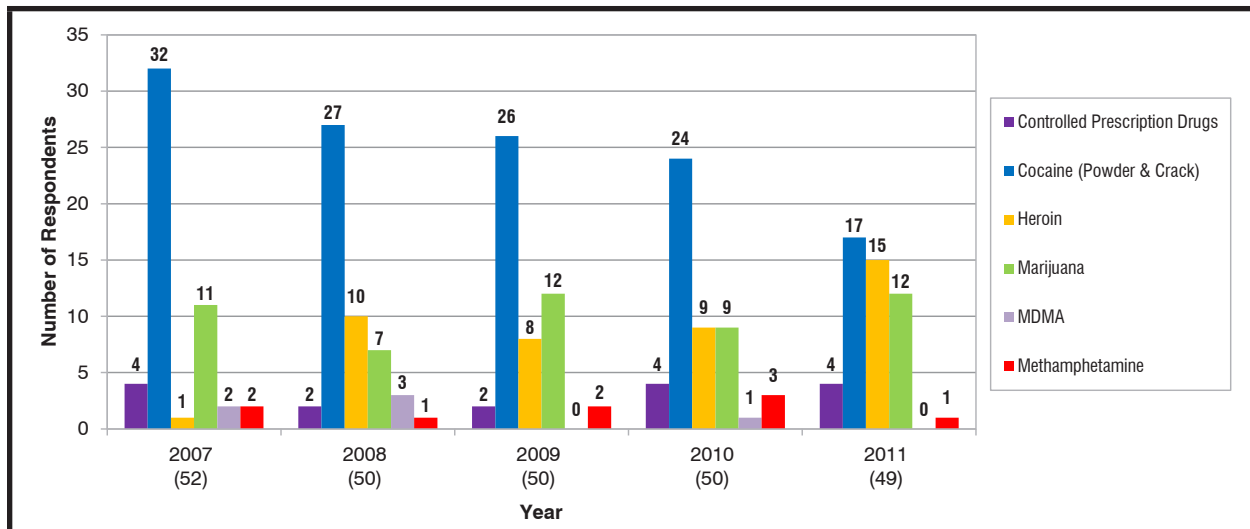
### Decreased Cocaine Availability and Abuse

Law enforcement officials in Detroit report that cocaine availability has decreased since 2008.<sup>7</sup> Such reporting is supported by law enforcement drug pricing data showing that cocaine prices have increased.<sup>8</sup> According to law enforcement officials, wholesale cocaine prices in Detroit increased from June 2007 (\$17,000–\$24,000 per kg) to June 2008 (\$19,000–\$34,000 per kg), remained relatively stable through June 2009 (\$18,000–\$33,000 per kg), and then increased again between year-end 2009 (\$28,000–\$32,000 per kg) and midyear 2010 (\$28,000–\$35,000 per kg). In addition, law enforcement officials report that wholesale amounts of cocaine are difficult to purchase in some areas and that prices for lesser amounts of cocaine in Detroit are high (\$1,000–\$1,300 per ounce)—further indications of lower than normal availability of the drug.<sup>9</sup> Moreover, the lower cocaine availability and high prices may now be reducing demand for the drug, as evidenced by the sharp decrease in the number of individuals seeking treatment for cocaine use since decreased cocaine availability was first observed in 2008. Data show that treatment admissions for cocaine in HIDTA counties decreased 51 percent from 2007 (9,389 admissions) to 2010 (4,608 admissions).<sup>10</sup> (See Figure 2 on page 4.)

The high level of heroin trafficking in Michigan HIDTA counties has been fueled, at least in part, by oxycodone users substituting heroin for prescription opioids.<sup>11</sup> Law enforcement officials report that the number of young suburban Caucasians using heroin has increased in the last 3 or 4 years, remaining high throughout that period.<sup>12</sup> Law enforcement officials further report that many of the new heroin users are former oxycodone users who switched to heroin because although wholesale heroin prices have increased, the drug is still much less expensive at the retail level and easier to purchase.<sup>13</sup> A smaller but unknown percentage of new users initiated their opioid abuse with heroin (rather than prescription opioids), or they abuse both heroin and oxycodone.<sup>14</sup>

Heroin trafficking in the Michigan HIDTA region has become so pervasive that it has reached a level of threat and concern near that of cocaine.<sup>15</sup> During numerous interviews in 2011, law enforcement officials repeatedly expressed their concern about increasing heroin trafficking and abuse.<sup>16</sup> In fact, drug threat survey data indicate that, overall, law enforcement officials perceive the problems attendant to heroin trafficking to be approaching those associated with cocaine and surpassing those for every other drug. According to NDTs 2011 data, the number of agencies in the Michigan HIDTA region that identified either heroin or cocaine as their greatest drug threat was almost equal, a significant departure from previous years.<sup>17</sup> (See Figure 1 on page 4.)

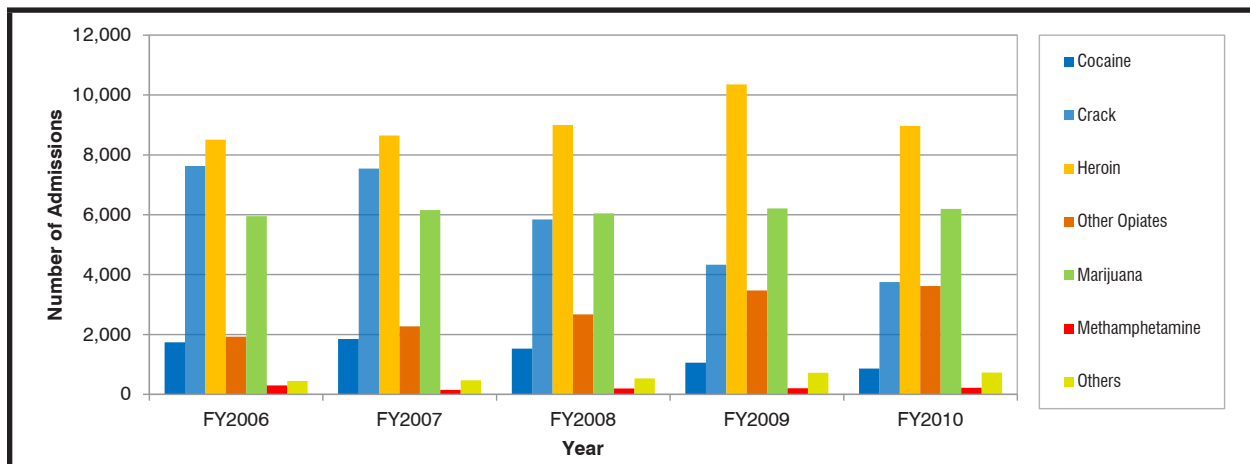
**Figure 1. Greatest Drug Threat in the Michigan HIDTA Region, by Number of NDTs Respondents, 2007–2011**



Source: National Drug Threat Survey.

Drug treatment data also indicate that heroin addiction is a threat equal to or greater than the threat posed by all other drugs in the HIDTA region. For instance, in fiscal year (FY) 2010, the number of admissions to publicly funded treatment facilities within the HIDTA region for heroin (8,971) was higher than for any other drug and was almost double the number of admissions for powder and crack cocaine combined (4,608 admissions).<sup>18</sup> (See Figure 2.) In fact, the actual heroin abuse figures may be even higher than indicated because many young suburban drug abusers (who constitute a large portion of the new heroin users) are covered by private health insurance and are not included in these data.<sup>19</sup>

**Figure 2. Number of Admissions to Publicly Funded Treatment Facilities in the Michigan HIDTA Region, by Primary Substance, FY2006–FY2010<sup>i</sup>**



Source: Michigan Department of Community Health.

i. Services funded in whole or in part by Michigan Department of Community Health-administered allocations.

**CPDs are widely available in the Michigan HIDTA region, contributing to prevalent abuse and rising treatment admissions for prescription drug addiction.**

Despite significant seizures by law enforcement, CPD diversion by common methods (doctor-shopping, prescription fraud, and theft) is occurring at high levels in the Michigan HIDTA region and is sustaining high availability of these drugs.<sup>20</sup> According to NDTs data, 38 of the 49 respondents in the Michigan region reported high CPD availability in their areas in 2011—a higher number of respondents than in any of the prior 4 years. (See Figure 3 on page 6.) These data are supported by law enforcement reporting that describes high levels of CPD availability and abuse throughout the HIDTA counties, especially for prescription opioids. Further evidence of widespread availability is the high and increasing dollar value of seized CPDs, from \$200,153 in 2009 to \$462,462 in 2010—a 131 percent increase.<sup>21</sup>

The ability of users to acquire CPDs in the Michigan HIDTA region has driven CPD addiction to its highest level in 5 years.<sup>22</sup> In FY2010, there were more than 3,600 admissions to treatment facilities in Michigan for prescription opioids (referred to as “Other Opiates” by the Michigan Department of Community Health), which include oxycodone, hydrocodone, and codeine.<sup>23</sup> The rise in treatment admissions is occurring despite a 2010 reformulation of OxyContin tablets that makes abuse difficult (see text box); many pharmacies are still selling their inventory of old tablets, and abusers are stockpiling the old tablets. The number of treatment admissions for prescription opioids increased significantly each year from FY2006 to FY2010, representing an 88 percent increase (1,925 to 3,615) during that period.<sup>24</sup> (See Figure 2 on page 4.)

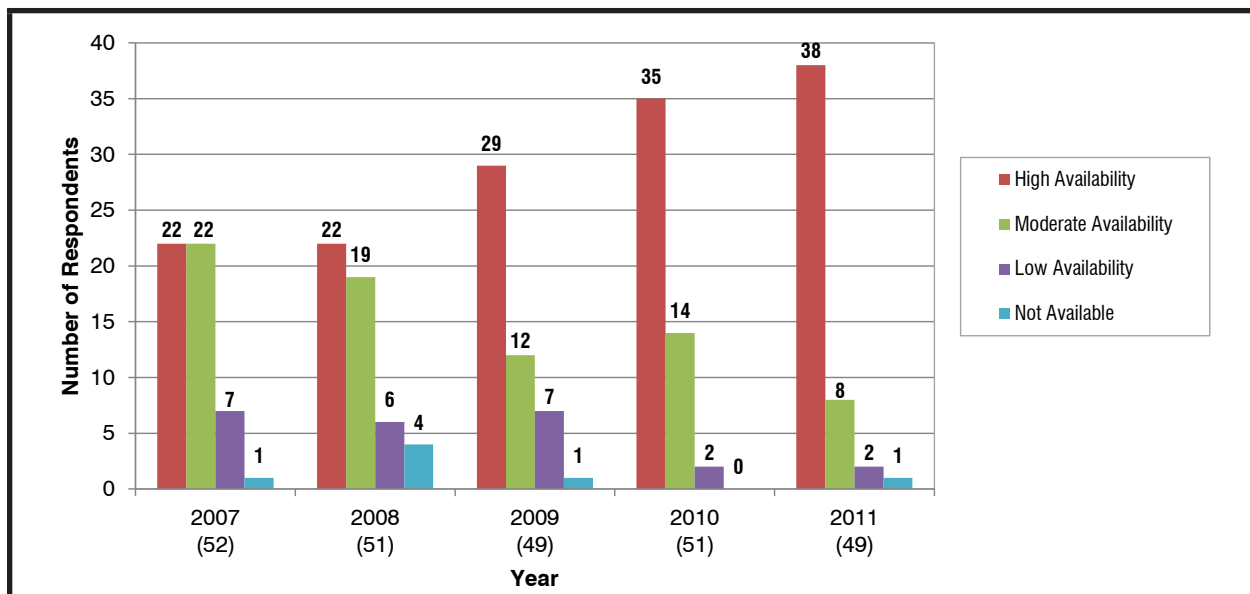
**OxyContin Reformulation Introduced**

In August 2010, the manufacturer of OxyContin (oxycodone), an extended-release semisynthetic opioid analgesic, introduced a new tablet formulation that includes additional inactive ingredients to make it more difficult for abusers to snort or inject the drug. The new tablets are difficult to cut, break, chew, crush, or dissolve. Treatment provider reporting indicates that some OxyContin abusers have developed methods to circumvent the physical properties of the new formulation. Some opioid abusers, who typically are not selective about the type or brand of opioid they abuse, have decided to avoid the new OxyContin formulation and have switched to other prescription opioids (such as immediate-release oxycodone products or immediate- or extended-release oxymorphone products) or heroin. U.S. OxyContin abusers, particularly those who live along the U.S.–Canada border or have the aid of Canadian friends or family, can obtain the old formulation in Canada and smuggle it into the United States.

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Source: Purdue Pharma, federal, state, and local law enforcement reporting.

**Figure 3. CPD Availability in the Michigan HIDTA Region, by Number of NDTS Respondents, 2007–2011**



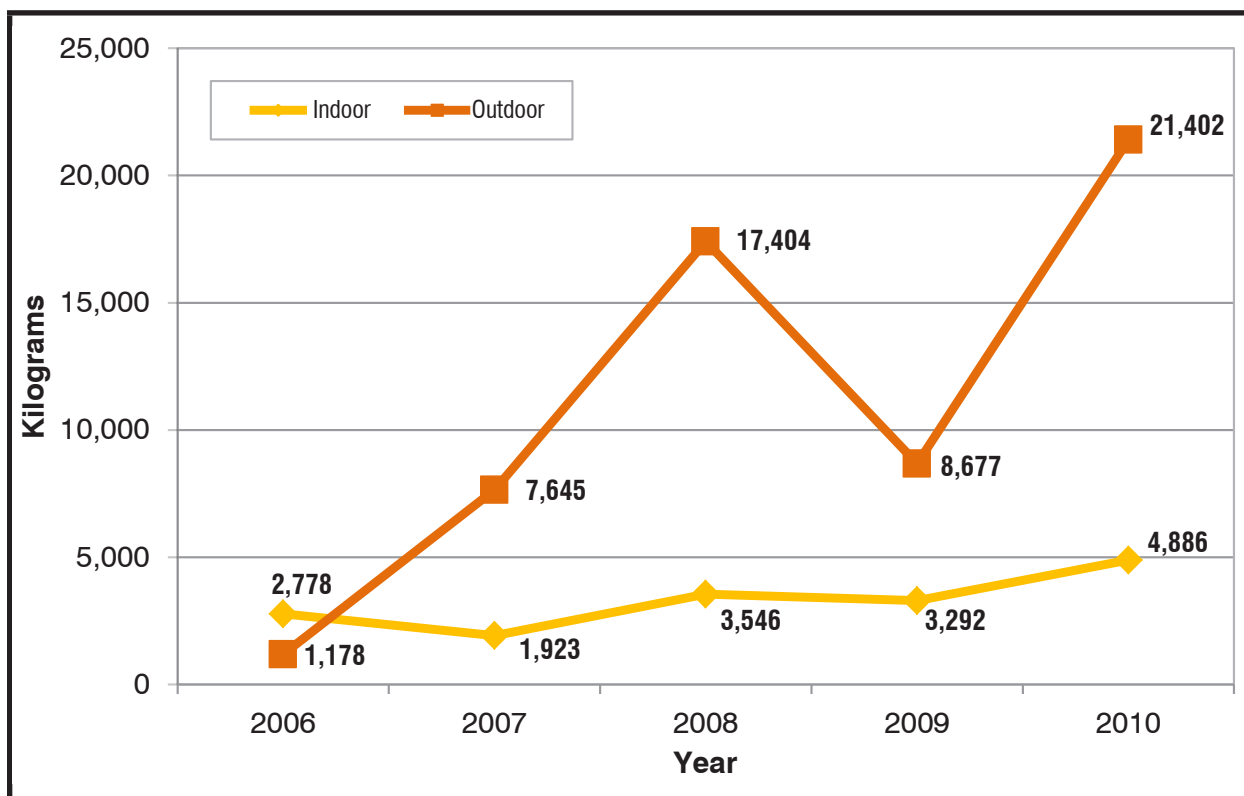
Source: National Drug Threat Survey.

**Marijuana in the Michigan HIDTA region is widely available, and local production is increasing, in part because of area criminals exploiting Michigan’s medical marijuana law.**

Several varieties of marijuana are available in the HIDTA region, including low-potency, locally produced marijuana, Mexico-produced marijuana of varying potency, and high-potency marijuana produced locally and in Canada, resulting in very high levels of availability.<sup>25</sup> In fact, of the 50 agencies that responded to the NDTS, 45 reported that marijuana availability was high in their areas.<sup>26</sup>

Although many varieties of marijuana are available, demand is highest for high-potency, marijuana (produced in Canada or locally), which draws a much higher price for producers and distributors.<sup>27</sup> In fact, wholesale prices for high-potency marijuana (which have been stable in Detroit) were much higher (\$4,500–\$7,500 per lb) than those for commercial-grade marijuana (\$700–\$1,400 per lb).<sup>28</sup> Higher profits associated with high-potency marijuana are affecting local marijuana production.<sup>29</sup> According to Michigan State Police officials, outdoor cannabis cultivation—which is increasing (see text box on page 7)—often yields plants that have very large buds.<sup>30</sup> Many growers harvest only the buds (disregarding the low-potency leaves and other plant material), most likely to compete with Canadian cannabis growers and to command higher prices.<sup>31</sup> In addition, local indoor production (and eradication) of high-potency marijuana has increased since 2008 (see Figure 4 on page 7). Most of the indoor marijuana production is occurring in private homes or apartments, and some of the indoor plots are very large, sometimes filling an entire house.<sup>32</sup> For example, in January 2010 in Detroit, police seized 1,346 plants from a single indoor grow in which plants were growing in a basement.<sup>33</sup>

**Figure 4. Cannabis Plants Eradicated Through Michigan HIDTA Initiatives, in Kilograms, 2006–2010**



Source: Michigan High Intensity Drug Trafficking Area.

### Rising Cannabis Cultivation

The availability of law enforcement resources coupled with favorable weather and strategic eradication flight schedules contributed to high eradication totals for 2010.<sup>34</sup> Outdoor plants totaling approximately 21,402 kilograms and indoor plants totaling approximately 4,886 kilograms were eradicated in 2010; both totals are much higher than in any of the previous 4 years.<sup>35</sup> Further, Michigan State Police officials report that in 2010, they encountered more cannabis plants than at any point in the past 10 years and that some outdoor grows most likely were able to complete two grow cycles, potentially doubling the normal output at many grow sites.<sup>36</sup> Additionally, law enforcement officials report that since 2008, some outdoor grow sites run by DTOs have been found in Michigan, with rotating crews living at the sites and tending and guarding the crops.<sup>37</sup>

Some of the increase in marijuana availability and cultivation in HIDTA counties is likely the result of criminals exploiting Michigan's medical marijuana law.<sup>38</sup> The Michigan Medical Marijuana Act authorizes qualified and registered patients to possess marijuana and cultivate specified amounts of cannabis. (See text box on page 8.) Michigan law enforcement officials report that there are more indoor marijuana grows in Michigan since the legislation was enacted and that the growers are more likely to cultivate the plants in their own homes.<sup>39</sup> Many indoor grows contain as many as 72 cannabis plants, which could include 12 plants for the grower and 12

plants for each of the grower's five patients, the maximum number allowed under the law.<sup>40</sup> In some cases, multiple caregivers live at the same residence, and each grows approximately 72 plants, resulting in larger indoor grows.<sup>41</sup> Although many of the marijuana growers in Michigan hold registration cards, they often do not meet the requirements of state law, commonly growing more than the legal number of plants or failing to secure their grow sites in an enclosed, locked facility.<sup>42</sup> Furthermore, medical privacy safeguards can make it difficult for law enforcement to determine whether growers, distributors, or users are operating within state law; criminals likely exploit this situation.<sup>43</sup>

### Michigan Medical Marijuana Act

The Michigan Medical Marijuana Act, enacted in December 2008, authorizes a qualifying patient to possess up to 2.5 ounces of usable marijuana and to cultivate, or designate a qualified caregiver to cultivate, 12 cannabis plants in an enclosed, locked facility. Each caregiver can assist up to five patients. The program has issued more than 58,000 patient registrations since April 6, 2009.<sup>44</sup>

Source: Michigan Department of Community Health.

**Close cooperation between methamphetamine users and producers in western counties of the Michigan HIDTA region is helping to sustain high methamphetamine production levels there and is supporting local abuse of the drug. Methamphetamine producers in western counties frequently acquire precursor chemicals by circumventing chemical control laws, often employing criminal associates in the local area who are methamphetamine users.**

Methamphetamine users and producers are helping one another maintain supplies of precursor chemicals and locally produced methamphetamine.<sup>45</sup> Local Caucasian independent dealers are the primary methamphetamine producers in the region, operating small-scale laboratories (usually using the “one-pot” production method; [see text box on page 9](#)) that often supply multiple users.<sup>46</sup> The users often assist the producers by obtaining pseudoephedrine and other supplies necessary for methamphetamine production in exchange for finished methamphetamine.<sup>47</sup> Pseudoephedrine is expensive to purchase outright—street prices for illegally diverted pseudoephedrine are as high as \$50 for a single box of pseudoephedrine cold medicine—so producers often trade finished methamphetamine for pseudoephedrine.<sup>48</sup> The users and producers often cooperate over an extended period to support multiple production cycles, maintaining a mutually beneficial criminal relationship.

Individuals attempting to purchase pseudoephedrine from stores for use in methamphetamine production often engage in pseudoephedrine smurfing<sup>e</sup> in order to collect enough of the chemical to produce methamphetamine consistently.<sup>49</sup> In some smurfing operations, a coordinator drives a group of people from local homeless centers or missions to purchase pseudoephedrine from numerous stores throughout the day.<sup>50</sup> The smurfers are paid approximately \$50 for the day, and the pseudoephedrine is used to support the coordinator's local cook.<sup>51</sup> In addition, Michigan State

e. Smurfing is a method used by some methamphetamine and precursor chemical traffickers to acquire large quantities of pseudoephedrine. Individuals purchase pseudoephedrine in quantities at or below legal thresholds from multiple retail locations. Traffickers often enlist the assistance of several associates in smurfing operations to increase the speed with which chemicals are acquired.

Police report that methamphetamine cooks may provide those who obtain pseudoephedrine or other supplies with used filters from the laboratory.<sup>52</sup> These filters, which contain small amounts of methamphetamine, are then chewed or put in beverages and consumed by the methamphetamine users.<sup>53</sup> Such organized smurfing operations support production and abuse in western Michigan HIDTA counties and have prompted efforts by law enforcement officials to combat illegal diversion of pseudoephedrine either by linking all pharmacy pseudoephedrine purchase records electronically or by requiring a prescription for the drug.<sup>54</sup>

### **One-Pot Methamphetamine Production in the Michigan HIDTA Region**

Statewide methamphetamine legislation enacted in December 2005 restricted the sale of and access to products containing pseudoephedrine and ephedrine, increased law enforcement efforts, and mandated public awareness campaigns, effectively reducing local methamphetamine production from 2005 (126 seizures) to 2007 (36 seizures). However, local producers have found alternative chemical sources of supply and now primarily employ simple production techniques such as the one-pot method.<sup>55</sup>

In the one-pot method, commonly available chemicals are combined in a single container to produce methamphetamine. Individuals using this method are able to produce the drug in approximately 30 minutes at nearly any location by mixing the ingredients, usually in 16-ounce, 1-liter, or 2-liter plastic bottles.<sup>56</sup> Producers often use the one-pot method while traveling in vehicles and dispose of waste components along roadsides. Numerous methamphetamine producers also operate in homes, apartments, trailers, hotels, motels, and wooded outdoor areas. Hazardous waste products, as well as methamphetamine laboratory fires and explosions, remain a threat to producers, law enforcement officers, and area residents.

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Source: Kalamazoo Public Safety; Michigan State Police; National Seizure System.

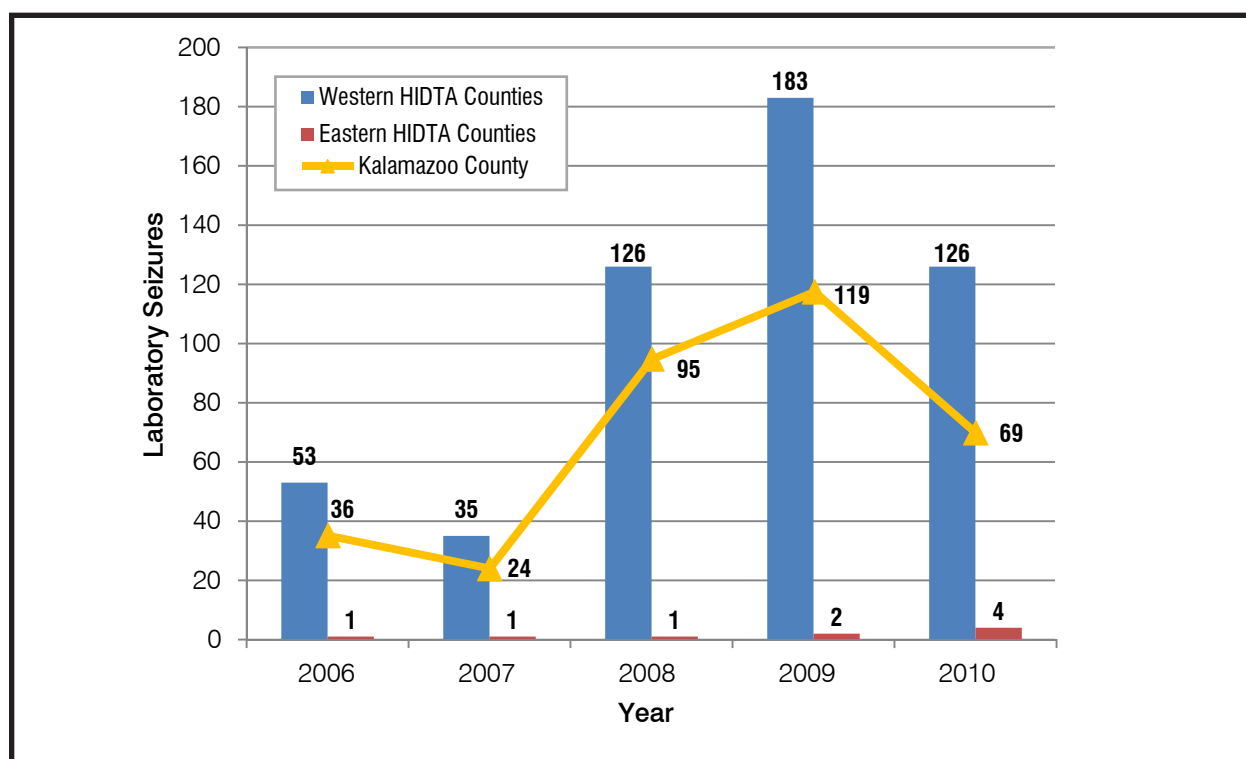
Most of the methamphetamine production and abuse in the Michigan HIDTA region is occurring in western counties.<sup>57</sup> National Seizure System (NSS) data indicate that methamphetamine laboratory seizures in HIDTA counties more than tripled from 2007 (36 seizures) to 2008 (127 seizures), increased again in 2009 (185 seizures) and decreased<sup>f</sup> but remained high in 2010 (130 seizures).<sup>58</sup> Most of the laboratories were in western counties, particularly Kalamazoo County, where more than half of the recorded laboratory incidents in the HIDTA region in 2010 occurred.<sup>59</sup> (See Figure 5 on page 10.) Consistent with laboratory seizure data, NDTs 2011 data show that the only agency reporting methamphetamine as its greatest drug threat is located in Kalamazoo County.<sup>60</sup> The concentration of methamphetamine production in western HIDTA counties is consistent with data showing that the highest rates of treatment for methamphetamine abuse are occurring in western counties. In FY2010, rates of admission to publicly funded treatment facilities for methamphetamine were much higher in western counties, such as Allegan (9.4% of admissions), Kalamazoo (7.7%), and Van Buren (19.7%), than in eastern counties (less than 0.5% of admissions in each county).<sup>61</sup>

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f. Decreased seizures are not necessarily indicative of lower methamphetamine production, but likely resulted from a shift in local agency responsibility for laboratory seizures.



**Figure 5. Methamphetamine Laboratory Seizures in the Michigan HIDTA Region, 2006–2010**



Source: National Seizure System, data run February 7, 2011.

**African American and Mexican DTOs and criminal groups are working together to dominate both wholesale and retail drug distribution.**

African American DTOs distribute most drugs at the wholesale level in the Michigan HIDTA region.<sup>62</sup> They are typically supplied by Mexican DTOs both outside and within Michigan.<sup>63</sup> African American DTOs are the predominant wholesale distributors of cocaine, heroin, and marijuana in the region.<sup>64</sup> They transport powder cocaine and marijuana from various drug markets in the United States, such as Chicago and Atlanta, as well as directly from locations along the Southwest Border, where they have connections to Mexican sources of supply.<sup>65</sup> Law enforcement reporting indicates that Michigan-based African American criminal groups also purchase cocaine and marijuana from Mexican DTOs along the Southwest Border, most notably in Arizona.<sup>66</sup>

African American criminal groups also purchase wholesale quantities of these drugs from Mexican traffickers within the HIDTA region.<sup>67</sup> Mexican DTOs, many of which have direct ties to sources of supply along the Southwest Border, transport and distribute wholesale quantities of powder cocaine, heroin, and marijuana in Michigan.<sup>68</sup> These groups frequently receive their drugs from associates in Chicago, Texas, or Arizona.<sup>69</sup> Some of the Mexican drug transporters and distributors operating in Michigan were sent to the area by Mexican DTOs, often to pay off a debt, while their families remain in Mexico to serve as leverage for the DTO.<sup>70</sup>



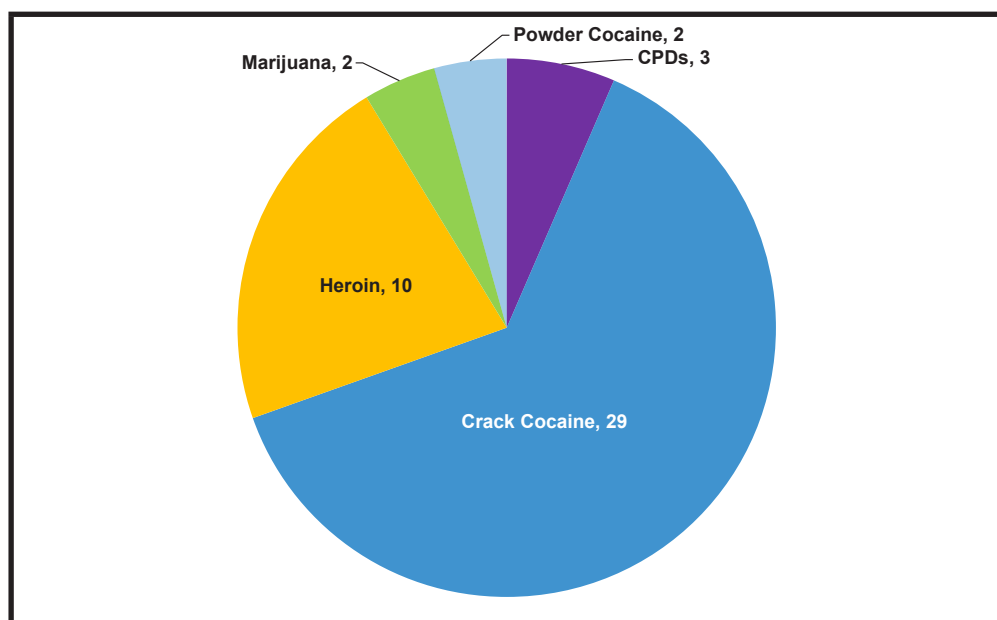
NDIC assesses that by selling drugs to African American DTOs along the Southwest Border, Mexican DTOs limit their own exposure during transportation. At the same time, the African American DTOs gain more direct control of their supplies, and likely more favorable pricing, than they would if they purchased the drugs in Michigan from groups further removed from the sources of supply. This ongoing collaboration among African American and Mexican DTOs serves to stabilize operations, likely resulting in higher and consistent profits for the organizations involved.

**Violent crime, including drug-related crime, is prevalent throughout the HIDTA region, particularly in Detroit, Flint, and Saginaw. Of particular concern are frequent violent thefts by criminals targeting drug distributors to steal money and drugs.**

The Detroit, Flint, and Saginaw areas have violent crime rates higher than the national average, and the violent crimes in these cities are often related to drug trafficking and abuse.<sup>71</sup> According to the FBI's Uniform Crime Reporting (UCR) Program, the 2009 national violent crime rate was 429.4 per 100,000 inhabitants.<sup>72</sup> The rate in the Detroit-Livonia-Dearborn metropolitan district was 1,139.8 per 100,000 inhabitants; in the Flint metropolitan statistical area (MSA), it was 771.5; and in the Saginaw-Saginaw Township North MSA, it was 930.9.<sup>73</sup> Law enforcement reporting indicates that many of the violent crimes reported under the UCR are drug-related because drug distributors use violence to advance or defend their operations, and drug abusers in the HIDTA region commit violent crimes to obtain drugs or money to purchase drugs.<sup>74</sup> The drug most often associated with violent crime (committed by distributors and users) in the HIDTA region is cocaine.<sup>75</sup> (See Figure 6 on page 12.)

Violent robberies targeting drug distributors and customers occur frequently in the Michigan HIDTA region.<sup>76</sup> Drug distributors are often targeted by criminals seeking to steal their drugs and cash.<sup>77</sup> Area criminals specialize in such robberies after gathering information about their target in order to determine the best time and place to steal from a drug distributor.<sup>78</sup> Some of these thieves are impersonating law enforcement officers and even using vests, clothing, and equipment similar to police equipment during the robberies.<sup>79</sup> Some criminals also arrange to meet individuals who are attempting to purchase drugs and steal their cash and other valuables.<sup>80</sup> This type of crime is underreported, as victims are hesitant to report such incidents to the authorities because they were engaged in illegal activity at the time. Law enforcement officials in the HIDTA region report an increase in female retail-level distributors; customers may favor these distributors, believing them to be less likely to participate in violent robberies against them.<sup>81</sup>

**Figure 6. Drug Most Associated With Violent Crime in the Michigan HIDTA Region, as Reported By State and Local Law Enforcement Agencies**



Source: National Drug Threat Survey 2011.

## Outlook

NDIC assesses with high confidence<sup>g</sup> that heroin use in the Michigan HIDTA region will increase slightly as OxyContin users continue to switch to heroin. In August 2010, the manufacturer of OxyContin redesigned the drug to make it more difficult to abuse, a development that will likely draw some users away from prescription opioid use and toward heroin use.

NDIC assesses with high confidence that cocaine will remain a significant threat to the region despite some decrease in availability since 2007. Demand may decrease, particularly if the trend of declining availability and increasing prices continues.

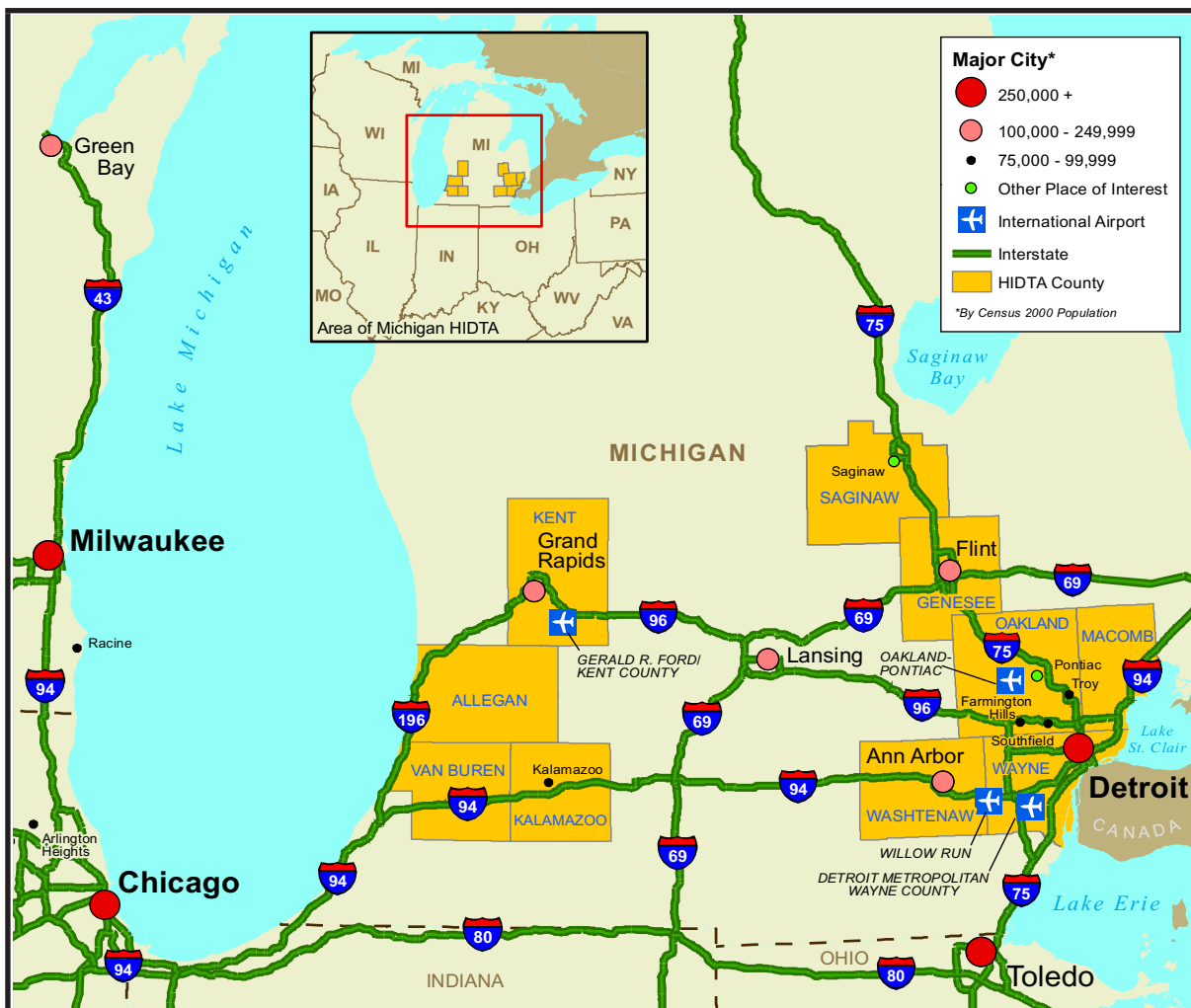
NDIC assesses with high confidence that both indoor and outdoor cannabis cultivation will increase in the near term. Cultivators, distributors, and users are exploiting the Michigan Medical Marijuana Act, and large numbers of patients are continuing to register under the act. As it becomes increasingly difficult for law enforcement to distinguish illegal marijuana cultivation and distribution from activities which are sanctioned by the state, it is likely that criminals will further exploit the situation for personal gain.

NDIC assesses with high confidence that methamphetamine production and abuse will remain a serious threat in western HIDTA counties in the near term. However, several factors could diminish the level of methamphetamine production in the HIDTA region. The possibility of prescription requirements for the purchase of pseudoephedrine and ongoing efforts to improve law enforcement training and awareness could result in declining methamphetamine production in the long term.

g. **High Confidence** generally indicates that the judgments are based on high-quality information or that the nature of the issue makes it possible to render a solid judgment. **Medium Confidence** generally means that the information is credibly sourced and plausible but can be interpreted in various ways, or is not of sufficient quality or corroborated sufficiently to warrant a higher level of confidence. **Low Confidence** generally means that the information is too fragmented or poorly corroborated to make a solid analytic inference, or that there are significant concerns or problems with the sources.

## Appendix A. Michigan HIDTA Region Overview

Map A1. Michigan High Intensity Drug Trafficking Area



The Michigan HIDTA region comprises six counties in eastern Michigan (Genesee, Macomb, Oakland, Saginaw, Washtenaw, and Wayne) and four counties in western Michigan (Allegan, Kalamazoo, Kent, and Van Buren). Saginaw County<sup>h</sup> was added to the HIDTA region in 2009, bringing the HIDTA population to approximately 6 million.<sup>82</sup> (See Map A1.) The HIDTA counties include the major drug markets of Detroit, Flint, Saginaw, and the Kalamazoo-Grand Rapids area. These markets serve as distribution centers for many smaller drug markets within the HIDTA region and in neighboring states.<sup>83</sup>

The Michigan HIDTA region is located between major drug markets in Chicago and New York City. It is connected by interstate highways and roads to other domestic drug markets as well as to source areas along the Southwest Border and in Canada, where the shared international border renders Michigan particularly susceptible to drug smuggling. Drugs are frequently transported to

h. Reported statistics include Saginaw for all years to allow for comparison.

and within Michigan HIDTA counties in private and commercial vehicles, often in hidden compartments.<sup>84</sup> The Ambassador Bridge, Detroit-Windsor Tunnel, and Michigan Central Railway Tunnel connect Detroit with Windsor, Ontario, Canada, providing numerous opportunities for the cross-border shipment of drugs and currency. (See Map A2.) Additionally, there are more than 2 million registered watercraft in Michigan and Ontario, and some are used by traffickers to transport illicit drugs across the extensive maritime border.<sup>85</sup> The Detroit Metropolitan Wayne County Airport and other area airports are also used by couriers transporting drugs, particularly heroin, into and through the region.<sup>86</sup> Some traffickers also ship drugs into the Michigan HIDTA counties through the U.S. Postal Service and parcel delivery services.

**Map A2. International Border Between Detroit, Michigan, and Windsor, Ontario**



Drugs crossing the U.S.–Canada border frequently transit the Michigan HIDTA counties. High-potency marijuana and MDMA (3,4-methylenedioxymethamphetamine, also known as ecstasy) from Canada are smuggled across the border into Michigan, and cocaine from the U.S.–Mexico border is smuggled from Michigan into Canada.<sup>87</sup> Some of these drugs remain in Michigan for distribution and abuse, but law enforcement reporting suggests that the majority transit the area en route to other destinations.<sup>88</sup>

The distribution and abuse of heroin, cocaine, marijuana, CPDs, and methamphetamine are the principal drug threats to the Michigan HIDTA region.<sup>89</sup> African American DTOs, Mexican DTOs, and Canada-based traffickers are the most significant drug transportation and distribution groups in the area.

Detroit, Flint, and Saginaw are the largest drug markets in the eastern counties of the HIDTA.<sup>90</sup> Detroit, in particular, serves as the primary distribution center for illicit drugs transported into and through the HIDTA region from various source locations. Flint is supplied with illicit drugs principally from Detroit, which lies approximately 70 miles to the south. Saginaw distributors receive drugs mainly from Detroit and Chicago but also receive some shipments directly from the Southwest Border area.<sup>91</sup>

Grand Rapids and Kalamazoo are the primary drug markets in the western counties of the HIDTA region.<sup>92</sup> They are located between Chicago and Detroit, the cities of origin for most of the illicit drugs available in these markets. Methamphetamine production in the region occurs primarily in the western HIDTA counties.

## Endnotes

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Kalamazoo Valley Enforcement Team  
State of Michigan  
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    Department of State Police  
    Bay Area Narcotics Enforcement Team

### Federal

Executive Office of the President  
    Office of National Drug Control Policy  
        High Intensity Drug Trafficking Area  
        Michigan  
U.S. Census Bureau  
U.S. Department of Homeland Security  
    U.S. Customs and Border Protection  
        Office of Field Operations  
        Detroit  
U.S. Immigration and Customs Enforcement  
    Office of Investigations  
        Detroit Field Office  
U.S. Department of Justice  
    Drug Enforcement Administration  
        Detroit Division  
        El Paso Intelligence Center  
        National Seizure System  
        Heroin Domestic Monitor Program  
Federal Bureau of Investigation  
    Uniform Crime Reporting Program

### Other

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