

# **NDEWS** *National Drug Early Warning System*

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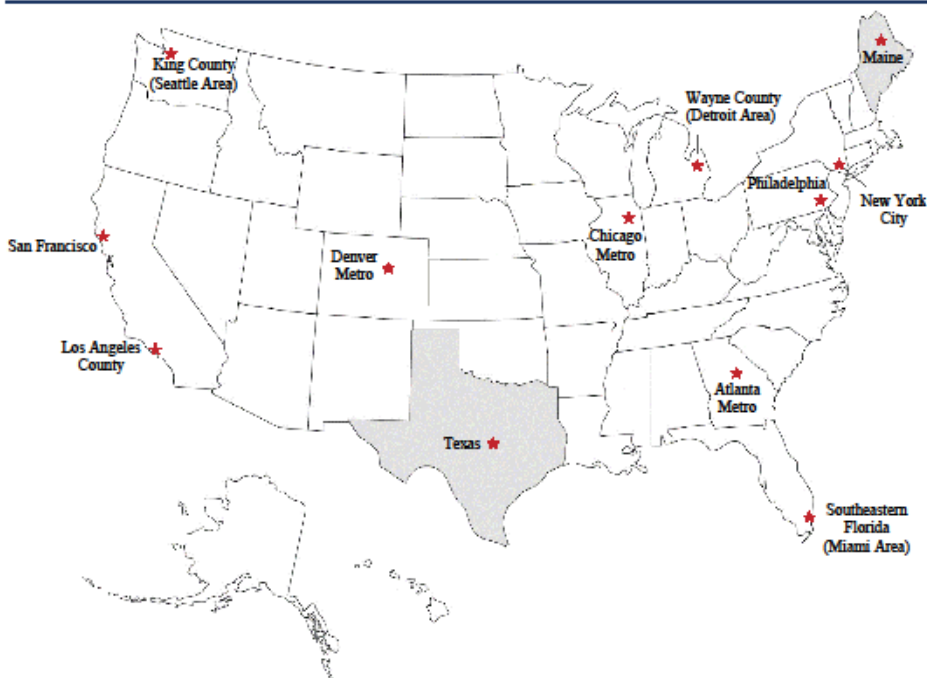
Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

## National Drug Early Warning System (NDEWS) Sentinel Community Site Profile 2015: Chicago Metro

August 2015

NDEWS Coordinating Center

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# National Drug Early Warning System (NDEWS) Sentinel Community Site Profile Overview

The National Drug Early Warning System (NDEWS) was launched in 2014 with the support of the National Institute on Drug Abuse. The Center for Substance Abuse Research (CESAR) at the University of Maryland manages the NDEWS Coordinating Center and has recruited a team of nationally recognized experts to collaborate on building NDEWS. During 2015, 12 Sentinel Community Sites (SCS) were established, each with an expert Sentinel Community Epidemiologist (SCE). This inaugural Sentinel Community Site Profile contains three sections:

- ◇ The *Profile Snapshot* presents selected indicators of substance use, consequences, and availability;
- ◇ The *Drug Use Patterns and Trends* contains the SCE's review of important findings and trends; and
- ◇ The *Appendix Data Tables* contains a set of data tables prepared by Coordinating Center staff and disseminated to each SCE for review in preparing their profiles.

This entire Profile necessarily relies on using a variety of data sources produced by governmental and local agencies and these sources often measure geographic areas that differ from the intended catchment area of a Sentinel Site. For example, some surveys measure statewide patterns while others provide county level estimates. Wherever appropriate, a note is provided specifying the area covered by the findings presented.

The Annual Profiles for the 12 Sentinel Community Sites and detailed information about NDEWS can be found on the NDEWS website at [www.ndews.org](http://www.ndews.org).

# National Drug Early Warning System (NDEWS)

## Chicago Metro Sentinel Community Site

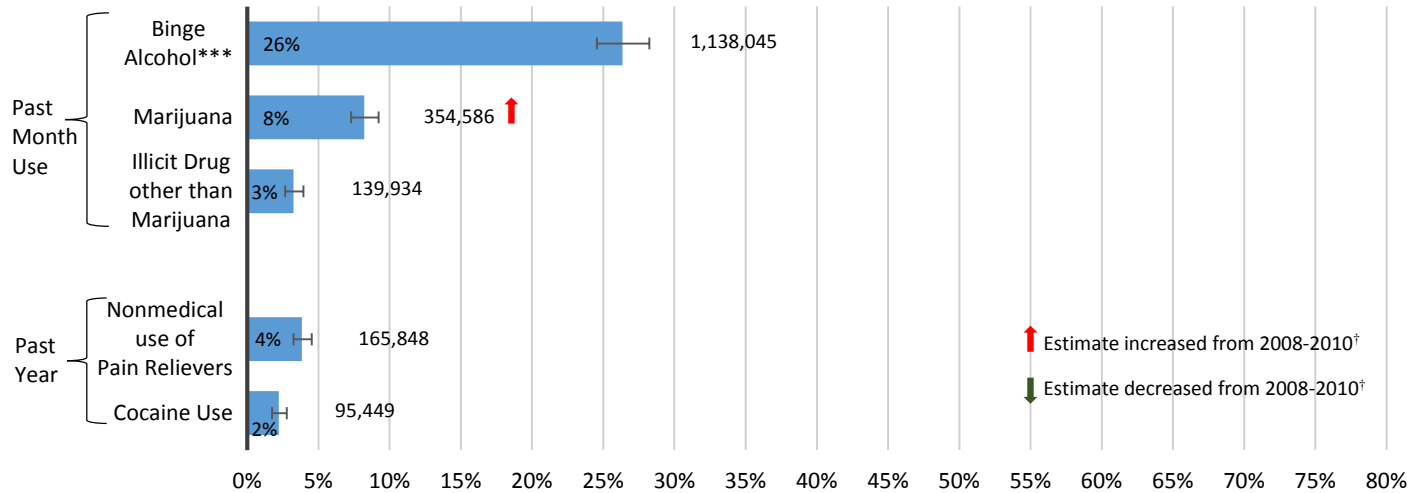
### Profile Snapshot, 2015

#### Substance Use

*National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population\**

#### Persons 12+ Years Reporting Selected Substance Use, Chicago Region<sup>^</sup>, 2010-2012

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons\*\*



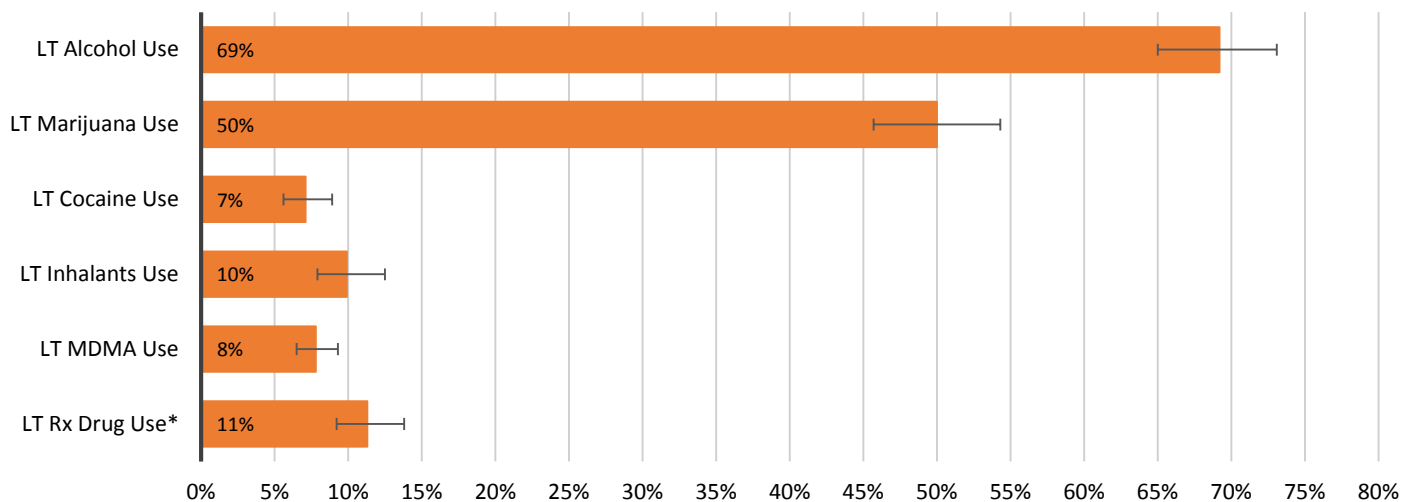
\*U.S. Population: U.S. civilian non-institutionalized population. <sup>^</sup>Chicago Region: NSDUH Region I - (Cook County). \*\*Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (4,318,958) from Table C1 of the NSDUH Report. \*\*\*Binge Alcohol: Defined as drinking five or more drinks on the same occasion. <sup>†</sup>Statistically significant change:  $p < 0.05$ .

Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

*Youth Risk Behavior Survey (YRBS): Survey of Student Population*

#### Public High School Students Reporting Lifetime (LT) Use of Selected Substances, Chicago, 2013

Estimated Percent and 95% Confidence Interval



\*LT Rx Drug Use: Defined as ever took prescription drugs without a doctor's prescription.

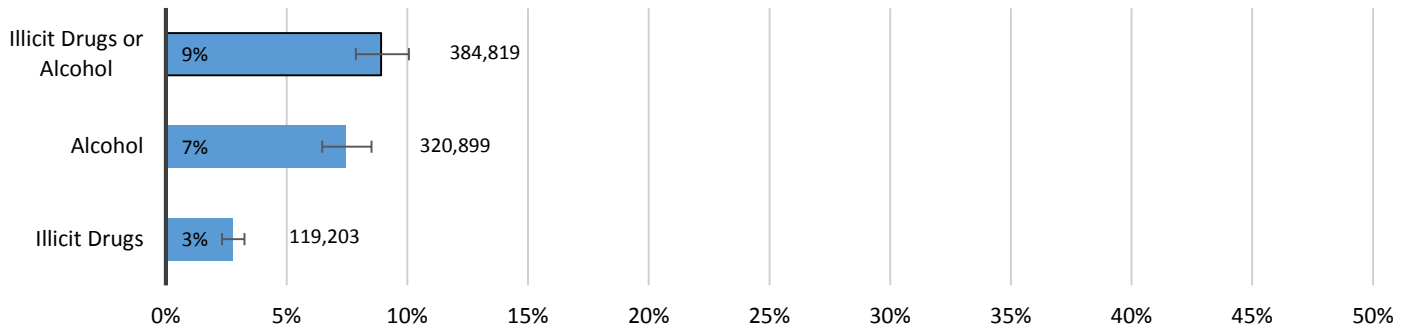
Source: Adapted by the NDEWS Coordinating Center from data provided by CDC, 2001-2013 high school YRBS data.

## Substance Use Disorders and Treatment

### *National Survey on Drug Use and Health (NSDUH): Survey of U.S. Population\**

#### **Dependence or Abuse\*\* in Past Year Among Persons 12+ Years, Chicago Region^, 2010-2012**

Estimated Percent, 95% Confidence Interval, and Estimated Number of Persons\*\*\*



\*U.S. Population: U.S. civilian non-institutionalized population. \*\*Dependence or Abuse: Based on definitions found in the 4<sup>th</sup> edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. ^Chicago Region: NSDUH Region I - (Cook County). \*\*\*Estimated Number: Calculated by multiplying the prevalence rate and the population estimate of persons 12+ years (4,318,958) from Table C1 of the NSDUH Report.

Source: Adapted by the NDEWS Coordinating Center from data provided by SAMHSA, NSDUH. Annual averages based on 2010, 2011, and 2012 NSDUHs.

### *Treatment Admissions Data from Local Sources*

#### **Trends in Treatment Admissions, by Primary Substance of Abuse, Chicago Metro Area, 2010-2014**

DATA NOT AVAILABLE

#### **Demographic Characteristics of Treatment Admissions, Chicago Metro Area, 2014**

DATA NOT AVAILABLE

# Law Enforcement Drug Seizures

## National Forensic Laboratory Information System (NFLIS)

### Drug Reports\* for Items Seized by Law Enforcement in the Chicago MSA^ in 2014 National Forensic Laboratory Information System (NFLIS)

Top 10 Drug Reports and Selected Drug Categories

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
<b>TOTAL Drug Reports</b>	<b>64,781</b>	<b>100%</b>
<b>Top 10 Drug Reports</b>		
Cannabis	34,844	53.8%
Heroin	12,707	19.6%
Cocaine	9,720	15.0%
Alprazolam	1,057	1.6%
Hydrocodone	721	1.1%
N-Benzylpiperazine (BZP)	574	0.9%
Phencyclidine	563	0.9%
3,4-methylenedioxymethamphetamine (MDMA)	505	0.8%
Methamphetamine	367	0.6%
Amphetamine	282	0.4%
<b>Top 10 Total</b>	<b>61,340</b>	<b>94.7%</b>
<b>Selected Drugs/Drug Categories</b>		
Piperazines	601	0.9%
Synthetic Cathinones	572	0.9%
Synthetic Cannabinoids	226	0.3%
2C Phenethylamines	73	0.1%
Tryptamines	57	0.1%
Fentanyl & Fentanyl Analogs	22	<0.1%

Top 5 Drugs, by Selected Drug Category  
(% of Category)\*\*

**Piperazines**  
(n=601)

BZP (96%)  
TFMPP (5%)

**Synthetic Cathinones**  
(n=572)

Alpha-PVP (43%)  
Methylone (25%)  
Ethylone (20%)  
MDPV (5%)  
Alpha-PBP (4%)  
Other (3%)

**Synthetic Cannabinoids**  
(n=226)

XLR-11 (31%)  
AB-FUBINACA (28%)  
AB-PINACA (14%)  
AB-CHMINACA (8%)  
AM-2201 (4%)  
Other (16%)

\*Drug Reports: Drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.

The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

^Chicago MSA: Includes Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, Will, Jasper, Newton, Porter, Lake County, IL, and Kenosha County, WI.

\*\*Percentages may not sum to 100 due to rounding.

Source: Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit, May 2015.

# National Drug Early Warning System (NDEWS)

## Chicago Metro Sentinel Community Site

### Drug Use Patterns and Trends, 2015

Lawrence J. Ouellet, Ph.D.

#### SCS Highlights

- Heroin continues to be the primary opioid abused in the Chicago region, and heroin use indicators increased or maintained levels that had been elevated since the mid-1990s.
- Hydrocodone is the most commonly used prescription opioid in the Chicago MSA.
- Cocaine indicators suggest a continuing decline. In 2012 cocaine fell to third in the number of drug reports among items seized and analyzed in NFLIS, behind marijuana and heroin, and the decline continued in 2014. Cocaine also fell to third among reasons for entering publicly -funded treatment programs in FY 2009 and then fell to fourth in FY 2012. Among detainees at the Cook County Jail who participated in the Arrestee Drug Abuse Monitoring Program (ADAM) II in 2012, urinalyses and self-reports indicated declines in cocaine use.
- PCP continues to increase in NFLIS reports for the Chicago MSA. Between 2007 and 2014, PCP reports increased from 115 to 563.
- The number of substituted cathinones reported in NFLIS for the Chicago MSA continues to increase, with 575 reports in 2014, 487 reports in 2013, 525 reports in 2012, and 140 reports in 2011. The prevalence of various forms of substituted cathinones in 2014 again changed notably from the preceding year.
- Compounds designed to mimic marijuana (synthetic cannabinoids) show a steep decline among items seized and analyzed by NFLIS, with 92 reports in 2014 compared to 281 reports in 2013, 363 in 2012, and 223 in 2011. The decline may be a consequence of local laws that penalize retailers for selling these compounds.
- Tryptamine reports in the NFLIS database declined steeply, from 403 in 2011, to 307 in 2012, 168 in 2013, and 57 in 2014.

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## Area Description

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Chicago's geographic location and multifaceted transportation infrastructure makes it a major hub for the distribution of illegal drugs throughout the Midwest. Located in northeastern Illinois, Chicago stretches for 25 miles along the shoreline of the southern tip of Lake Michigan. The 2010 U.S. Census estimated the population of Chicago at 2.7 million. This represented a decline of 7% since 2000, and it was the city's lowest population since 1910. Census estimates for 2013, however, indicated a slight population increase (by 0.9%). The population of non-Hispanic African Americans and Whites decreased, by 17% and 6%, respectively, while Hispanics experienced a modest increase of 3%. The population of Chicago is 32.4% non-Hispanic African American, 31.7% non-Hispanic White, and 28.9% Hispanic. Cook County, which includes Chicago, had a population of 5.2 million in 2010, which was a decline of 3% from 2000. By mid-2014, the Census estimated that the Cook County population had grown 1.0% since 2010. The Chicago-Naperville-Michigan City, IL-IN-WI Metropolitan Statistical Area (MSA) had a population of 9.4 million in the 2009-2013 Census estimate, making it the third largest MSA in the United States. Among U.S. cities, Chicago has the third largest Mexican-American and second largest Puerto Rican populations.

The U.S. Bureau of Labor Statistics estimated unemployment for the Chicago MSA to be 6.4% in March 2014, down from 7.3% in April 2014, 9.3% in May 2013 and the peak of 11.3% in December 2009. The census estimated that the proportion of Chicago residents living below the Federal poverty level increased from 20% in 2000 to 22.6% between 2009 and 2013.

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## Changes in Legislation

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Illinois legalized the medical use of marijuana in late 2013, though the program was among the strictest in the country. In September 2014, the Illinois Department of Public Health began accepting applications from potential patients, and in May 2015, the Illinois Medical Marijuana Advisory Board proposed expanding the list of qualifying conditions to better align with other states that permit the medical use of marijuana. Other proposed legislation at the state level seeks to legalize marijuana or to decriminalize possession of small amounts of marijuana across the state. Currently, over 100 Illinois municipalities have changed local ordinances to reduce penalties for marijuana possession. In Chicago, police have the option of writing a ticket for possession of no more than 15 grams of marijuana. Synthetic drug use was addressed by legislation in 2012 that amended the state's Food, Drug and Cosmetics Act to prevent retail sales of these drugs due to misleading labeling.

Illinois enacted a "Good Samaritan" law in June 2012, which provides limited protections from prosecution for drug possession for persons seeking emergency medical assistance for themselves or other persons in response to a drug overdose. According to public health workers, the law's implementation appears to be uneven across Illinois.



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## Drug Use Patterns and Trends

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### OVERVIEW

- Heroin continued to be the primary opioid abused in the Chicago region, and heroin use indicators increased or maintained levels that had been elevated since the mid-1990s.
- Hydrocodone is the most commonly used prescription opioid in the Chicago MSA.
- Cocaine indicators suggested a continuing decline. In 2012 cocaine fell to third in the number of NFLIS drug reports among items seized and analyzed, behind marijuana and heroin, and the decline continued in 2014. Cocaine also fell to third among reasons for entering publicly funded treatment programs in FY 2009 and then fell to fourth in FY 2012. Among detainees at the Cook County Jail who participated in the Arrestee Drug Abuse Monitoring Program (ADAM) II in 2012, urinalyses and self-reports indicated declines in cocaine use.
- Marijuana remains the drug most often found in NFLIS reports and is plentiful across the Chicago MSA. High quality marijuana in the form of buds constitutes about 60% of the seizures by the Chicago police department.
- PCP reports continue to increase among NFLIS reports for the Chicago MSA. Between 2007 and 2014, PCP reports increased from 115 to 563.
- While methamphetamine remains uncommon in Chicago among groups other than men who have sex with men, the number of methamphetamine reports in the NFLIS database continue to increase.

### BENZODIAZEPINES

In Chicago, depressants such as benzodiazepines and barbiturates are commonly taken with opioids, frequently heroin, to enhance the effects or to help alleviate symptoms of drug withdrawal. Depressants may also be taken with stimulants to moderate the undesirable side effects of chronic stimulant abuse, or when concluding “runs,” to help induce sleep and to reduce the craving for more stimulants.

In FY 2012, the Illinois Division of Alcoholism and Substance Abuse (DASA) reported 38 treatment episodes for benzodiazepines and 11 episodes for other prescription depressants in Chicago. Males (53%) and Whites (87%) constituted the majority of treatment episodes for benzodiazepines.

In 2014, NFLIS reported a substantial increase in alprazolam (Xanax®) in drug items seized and analyzed in the Chicago MSA, now ranking fourth among all drug reports. In 2014 there were 1,057 reports of alprazolam compared to 605 in 2013, 488 in 2012 and 419 in 2011. The increase in alprazolam reports between 2011 and 2014 was 152.3%. Ethnographic reports indicated alprazolam was the benzodiazepine most often used by persons who used heroin or cocaine. Alprazolam typically sold for \$2–\$3 for 1-milligram tablets and for \$3–\$5 for 2-milligram bars.

## COCAINE

While cocaine continues to constitute a serious drug problem for Chicago, the majority of quantitative and qualitative cocaine indicators suggest that its use continues to decline. In 2000, cocaine was second only to marijuana/cannabis among NFLIS drug reports for the Chicago MSA, and it constituted over 30% of all drug reports. By 2012 cocaine had declined to third place among seized and analyzed drug reports, and in 2014 it constituted only 15% of all such drug reports.

The number of treatment episodes for primary cocaine use in Chicago continued to decline from the FY 2006 peak of 17,764, to 7,272 in FY 2010, and to 5,665 in FY 2012. While budget cuts contributed to a 44% reduction in all treatment episodes between FY 2007 and FY 2012, cocaine episodes experienced the greatest decline during this period (by 66%). The majority of cocaine clients (82%) reported treatment for crack cocaine use, which was a lower proportion than in FY 2011 (89%). Cocaine was the most commonly mentioned secondary drug among clients treated for primary alcohol and heroin problems. In FY 2012, African Americans remained the largest group treated for cocaine abuse (at 80%); more males sought services for cocaine addiction (61%) than females.

Among the 430 male arrestees sampled in 2012 by ADAM II at the Cook County Jail, 395 (94%) consented to interviews, and 374 of them (95%) provided a urine sample for drug testing. Most of the arrestees (86%) tested positive for at least one illicit drug. More than one-fifth (22%) were positive for multiple drugs, a significantly lower level ( $p \leq .01$ ) than found in the 6 years in which ADAM was conducted (between 2000 and 2008). Nineteen percent were urinalysis positive for cocaine. This proportion marked the fourth consecutive year of decline and was significantly lower ( $p < .01$ ) than in 2007 (41%), 2008 (44%), and 2009 (33%,  $p \leq .05$ ). Self-reported crack use in the 30 days before arrest declined for the fourth consecutive year and was significantly lower ( $p \leq .01$ ) in 2012 (9%) compared with 2007 and 2008 (23% in both years). Two percent of Chicago arrestees reported using powdered cocaine in the 30 days before arrest. Chicago arrestees were the least likely (2%) among the five ADAM-II sites to report using powdered cocaine in the 30 days before arrest.

The amount of cocaine seized by the DEA's Chicago Field Division in FY 2012 declined for the eighth consecutive year to the lowest level in more than 20 years. The 255 kilograms of cocaine seized in FY 2012 represented a 94% reduction compared with FY 2007—the peak year since FY 2000—and an 86% reduction since 2007, the first year that cocaine shortages were reported.

The DEA reported an increase in the wholesale price of a kilogram of powder cocaine in Chicago, from \$17,000–\$25,000 in 2007, to \$21,000–\$34,500 in the first half of 2011, \$24,000–\$45,000 in FY 2012, and \$28,000 to \$39,000 in the second half of 2014. Prices for an ounce of powdered cocaine reported by the DEA in the second half of 2014 ranged from \$650 to \$1,500. Prices for 1 ounce of crack cocaine during the same periods ranged from \$750 to \$1,700, according to the DEA and ethnographic sources. Crack typically sold for \$5–\$20 per bag; this price has been stable for many years. Ethnographic reports indicated that while crack cocaine remained readily available in street markets, there continued to be reports of areas with only moderate availability. The availability of powdered cocaine was moderate to low.

The YRBS assesses lifetime cocaine use among public high school students in the city of Chicago. Any use of cocaine was reported by 4.2% (CI=2.4–7.3) of students in 2005, 5.9% (CI=3.9–8.8) in 2007, 6.7% (CI=4.3–10.1) in 2009, 5.9% (CI=4.7–7.4) in 2011, and 7.1% (CI=5.6–8.9) in 2013. the increase in 2013 compared to 2004 was

statistically significant ( $p=0.04$ ). Any use of cocaine by Chicago high school students was more often reported in 2013 by males than females (10.1% vs. 3.8%) and by Hispanics (8.2%) and blacks (6.8%) than by whites (2.2%).

## HEROIN

Heroin abuse indicators in this reporting period continued to suggest high levels of use in the Chicago area. Most heroin in Chicago comes from Colombia and Mexico, and its distribution locally is controlled by Mexican cartels. Heroin in Chicago is most often sold in a powdered form and is readily available in both outdoor markets and through meetings arranged by phone. Heroin's availability for purchase appears to be increasing in the suburbs. Tar heroin is available, although mostly in neighborhoods where residents are predominately of Mexican descent.

According to NFLIS, heroin was the second most often identified drug in reports among items seized and analyzed in the Chicago MSA in 2014. Heroin accounted for 19.6% of all reports among items in 2014, which was about equal to the proportion in 2013 (19.9%) but higher than in 2011 (15.5%). Between 2011 and 2014, the total number of heroin reports increased 11.7%, despite a decline of 10.3% in the overall number of drug seizures.

The amount of heroin seized by the DEA's Chicago Field Division since 2006 has increased in every year except 2010. The 180 kilograms of heroin seized in FY 2012 represented a more than fourfold increase since 2006, which was the low point between 2000 and 2012.

During FY 2012, heroin use was the most frequently reported reason for seeking addiction treatment in Chicago, representing 40% of admissions. Among these treatment episodes, the most common secondary substances reported were cocaine (29%, down from 43% in 2010) and alcohol (11%). The number of primary heroin treatment episodes in Chicago increased to 15,360 in FY 2012, up from 13,312 in FY 2011. The increase may be due mostly to the partial restoration of funds cut in recent years. The number of clients treated for heroin use in State-supported programs increased considerably from FY 2002 to a high in FY 2005 of 33,662 clients. Numbers then decreased to approximately 27,000 in both FYs 2006 and 2007 and to 15,360 in FY 2012, largely due to declines in the availability of publicly funded treatment slots. The proportion reporting inhalation ("snorting") as the primary route of administration declined from 81% in FY 2009 to 72% in FY 2012. The proportion reporting injection as the primary route of administration increased from 14% in FY 2007, to 17% in FY 2009, 19% in FY 2010, and 21% in FY 2012. In contrast, clients entering treatment programs outside of Chicago were more likely to report injection as the primary route of administration; this proportion increased markedly from 46% in FY 2007 to 66% in FY 2012. Recent research indicated that injection was declining among African Americans and was perhaps increasing among Whites (Armstrong, 2007; Broz and Ouellet, 2008; Cooper et al, 2008), which may account for some of this difference in injection prevalence. While clients entering treatment for heroin in Chicago were more likely to be African American (74%), clients from the remainder of Illinois were more likely to be White (73%).

ADAM II data indicated that 15.1% of male arrestees at the Cook County Jail tested urinalysis-positive for opiates in 2012; this represented a decrease from 2011 (18.6%) and 2009 (17.6%) and was significantly lower ( $p<.05$ ) than in 2008 (28.6%). This was the highest level among the five ADAM II sites nationally.

The average age of males testing positive for opiates in 2010–2012 was 38.7, higher than the average age for 2000–2003 (37.4 years). Whites were more likely to test positive for opiates than were African Americans and Hispanics. Among Chicago arrestees who used heroin, 37% said they injected the drug (fewer than in the other four cities in the ADAM II study), up from 21% in 2010 and a significant increase ( $p<.05$ ) compared with 4 of the 5 years ADAM was conducted between 2000 and 2007.

The purity of street-level heroin peaked in 1997, at about 31% pure, and then began a steady decline to 12.6% pure in 2006. However, the average price per milligram pure was \$0.49 in 2006, which was among the lowest prices in CEWG cities nationally. Purity rebounded to 22.4% pure in 2007, 23.8% pure in 2008, and 26.6% pure in 2009, and it then declined to 13.8% pure in 2011 and 13.6% pure in 2012. This change was accompanied by a decline in the average price to \$0.37 per milligram pure in 2008 and 2009. In 2012, the price per milligram pure was \$0.58 (the most recent date for which data are available).

Heroin prices varied depending on type and origin. Heroin was commonly sold on the street in \$10 and \$20 units (bags), although bags for as little as \$5 were available. The DEA reported kilogram price ranges for the second half of 2014 of \$40,000–\$65,000 for South American heroin, \$46,000–\$53,000 for Mexican brown, \$55,000–\$65,000 for Mexican black tar heroin, and \$65,000–\$80,000 for Southwest Asian heroin. Ethnographic reports in 2012 regarding kilogram prices for these three types of heroin were approximately \$100,000, \$80,000, and \$60,000, respectively. For heroin whose source was unknown, kilogram prices were estimated at \$73,000, according to the DEA. Prices for an ounce of heroin in the second half of 2014 ranged from \$1,000–\$2,200 for South American and \$1,000–\$1,200 for Southwest Asian heroin. Ethnographic sources reported a range of \$600–\$1,000 for 1 ounce of heroin (type not cited) in early 2013. Gram prices for heroin reported by the DEA ranged from \$80 to \$200 in the second half of 2014, while ethnographic reports found a typical range of \$80–\$100. “Jabs” of heroin typically featured 12–13 “dime” bags for \$100. Ethnographic reports indicated that heroin was readily available in street markets. DEA reports indicated gram prices for brown and tar heroin typically ranged from \$70 to \$110.

The YRBS reported lifetime use of heroin among Chicago public high school students at 2.0% (CI=0.9–4.4) in 2005, compared with 4.7% (CI=3.0–7.2) in 2009, 3.9% (CI=2.9–5.2) in 2011, and 4.1% (CI=2.6–6.5) in 2013. The increase from 2005 to 2013 was not statistically significant. More use was reported among male (5.1%) than among female (2.2%) students. Any use of heroin by Chicago high school students was more often reported in 2013 by males than females (6.1 vs. 1.7%) and by Blacks (5.7%) and Hispanics (3.4%) than by Whites (0.7%).

A substantial problem with heroin use began in the 1990s across many of Chicago’s suburbs. In local studies conducted of people age 30 and younger who injected drugs, almost all of whom primarily injected heroin, the proportion residing in the suburbs has risen. These proportions increased from negligible levels in the early 1990s, to 30–50% in the late 1990s-to-mid-2000s (Boodram et al, 2010; Thorpe et al, 2001), and to 75% in the late 2000s (Mackesy-Amiti et al, 2012).

As another indicator of increasing heroin use in Chicago’s suburbs, the number of heroin purchases by the DuPage Metropolitan Enforcement Group in 2011 was more than 3 times greater than in 2008 (59 in 2011 compared with 16 in 2008), and the amount of heroin seized was more than 16 times greater in 2011 (1,835 grams). Overdose deaths in DuPage County, which encompasses relatively affluent suburbs

west of Chicago, increased from 29 in 2010 to 46 in 2013, of which 56% were under 30 years old. DuPage County now has a public information website titled “Heroin DuPage” (<http://www.heroindupage.org/>), and in September 2013 officials established the DuPage Narcan Program to equip and train law enforcement officers in the administration of Narcan (naloxone), a safe, non-addictive, and effective in reversing opioid overdoses.

In Will County, which includes suburbs south and southwest of Chicago, heroin overdose deaths reported by the Coroner’s Office increased from 6 in 1999, to 30 in 2011 and 53 in 2012, and then decreased back to 38 in 2013 and 35 in 2014. Of the 35 overdose deaths in 2014, 49% of the decedents were age 29 or younger.

## MARIJUANA

Marijuana continued to be the most widely available and used illicit drug in Chicago and in Illinois. Marijuana users represented 17% (6,625) of all treatment episodes in Chicago in FY 2012. The proportion of marijuana treatment episodes was similar to those for FYs 2007, 2009, and 2011. Marijuana-related episodes increased as a percentage of total episodes in Chicago between FY 2002 and FY 2007, reaching a peak number of 9,639 episodes in 2007. Alcohol remained the most commonly reported secondary drug among clients receiving treatment for marijuana (33%). There were higher proportions of primary marijuana treatment episodes for males (80%) than for females and for African Americans (72%) than for other ethnicities.

Among arrestees in the 2012 ADAM II study, 58% tested urinalysis-positive for marijuana; this was the second highest proportion among the five sites. Males age 25 and younger were more likely to test positive for marijuana than were older male arrestees. When participants in the 2011 ADAM II survey were asked about their most recent purchase of marijuana, 62% said they used an outdoor drug market; this was a lower proportion than in 2010 survey reports (81%) but close to the 2008, 2009, and 2011 proportions (66%, 63%, and 69%, respectively).

According to the DEA, the bulk of marijuana shipments were transported by Mexico-based polydrug trafficking organizations. The primary wholesalers of marijuana were the same Mexico-based organizations that supplied most of the cocaine, methamphetamine, and heroin in the Midwest. In addition, high quality marijuana was brought from the west coast to Chicago by Whites involved in trafficking and from Canada by Chinese, Vietnamese, and Albanian traffickers. The DEA and the Chicago Police Department also reported increases in the number of local grow houses and the availability of marijuana produced locally (both indoor and outdoor).

The abundance and popularity of marijuana across the city has led to an array of types, quality, and prices. Chicago police report that ‘buds’ constituted about 60% of the marijuana they seized in 2014. Marijuana prices may have increased since 2003. According to the DEA’s Chicago Field Division, the price for 1 pound of marijuana in FY 2012 generally ranged from \$1,800 to \$4,800 for high quality grades such as sinsemilla and “BC Bud” and was \$400–\$700 for lower quality domestic and Mexican grades. Ounce prices for marijuana were \$250–\$500 for high-grade varieties and \$30–\$225 for low-grade varieties, according to the DEA. Ethnographic reports in Chicago for late 2012 found prices for high quality marijuana of around \$3,000 per pound and \$350–\$450 per ounce, and low quality marijuana prices of

\$800 per pound and \$90–\$100 per ounce. On the street, marijuana was most often sold in bags for \$5–\$35 or as blunts (cigars).

There were more NFLIS reports for marijuana (n=34,844) than for any other drug in the Chicago MSA in 2014, but this number has declined 15% since 2011 (n=41,165). Whereas marijuana constituted 57.0% of all NFLIS drug reports in 2011, that proportion fell to 53.8% in 2014.

According to the 2013 YRBS, 50.0% (CI=45.7–54.3) of public high school students in Chicago reported lifetime use of marijuana, similar to the earlier peak of 49.3% in 2001. After 2001, reports of lifetime marijuana use declined in each survey year through 2009 (41.0%) and then increased to 42.6% in 2011. Likewise, reports of marijuana use in the past 30 days (28.5%, CI=25.8–31.4) is higher than all survey years after 2001. In 2013, male students were somewhat more likely to report lifetime use than female students (53.9% and 45.9%, respectively). For Illinois as a whole, 46.6% (CI=43.9– 54.5) of African American students, 49.4% (CI=44.8–54.0) of Hispanic students, and 35.9% (CI=29.0–43.5) of White students reported lifetime marijuana use.

## **METHAMPHETAMINE**

Primary methamphetamine treatment episodes in Chicago steadily increased from 29 episodes in FY 2002 to 139 in FY 2006, before declining to 114 in FY 2007, 81 in FY 2009, and 60 in FY 2011. In FY 2012, methamphetamine treatment episodes increased to 123. Recent changes, however, may to some extent reflect budget reductions and then a partial restoration of funds. After a substantial increase in the proportion of episodes involving African Americans seeking treatment for methamphetamine abuse (from 15% in FY 2005 to 47% in FY 2006), there was a decline to 30% in FY 2007 and to 10% in FY 2011. In FY 2012, the proportion of African Americans increased to 26%. Males (representing 80%) continued to be more likely to seek treatment than females, probably because the use of methamphetamine in Chicago has been concentrated among the MSM population. The proportion who reported that smoking was the primary route of administration decreased from 65% in FY 2011 to 40% in FY 2012, while injection increased from 20% to 30% during that period. A more pronounced increase in methamphetamine treatment episodes was reported in the rest of the State. Treatment episodes increased from 698 in FY 2000 to a peak in FY 2005 at 5,134, but they declined to 4,879 in FY 2006 and then to 3,029 in FY 2007. There were 1,388 episodes in FY 2011 and 1,949 in FY 2012. These figures likely were first affected by budget cuts and then by a recent budget increase. Alcohol was the predominant secondary drug used with methamphetamine in Chicago (22%), followed by marijuana (7%). Elsewhere in the State, the predominant secondary drug was marijuana (33%), followed by alcohol (18%).

Primary methamphetamine treatment episodes outnumbered those for amphetamine in Chicago and in the rest of the State. In FY 2012, there were 51 amphetamine episodes reported in Chicago. Amphetamine treatment episodes in the rest of the State numbered 335 in FY 2007, 127 in FY 2009, 145 in FY 2011, and 280 in FY 2012. Treatment for amphetamine use in Chicago more often involved males (75%) than females; African Americans and Whites represented nearly all episodes and in equal proportions. Elsewhere in the State, females constituted 57% of treatment episodes, and 95% were White. Alcohol was the predominant secondary drug used with amphetamine in Chicago (17%), while elsewhere in the State marijuana was the predominant secondary drug (33%).

ADAM II data indicated that in 2012, only 0.8% of male arrestees at the Cook County Jail tested urinalysis positive for methamphetamine.

NFLIS reported a notable increase in the number of methamphetamine drug reports among items seized and analyzed in the Chicago MSA in 2014 (n=367) compared to 2013 (n=278), 2012 (n=229) and 2011 (n=287). When methamphetamine is identified by the lab, it often is in drug items sold as ecstasy. Most of the methamphetamine seized by the DEA's Chicago Field Division is produced in large laboratories based in Mexico and is bound for States other than Illinois.

According to the YRBS, lifetime use of methamphetamine among Chicago public high school students increased significantly from 1.5% (CI=0.7-3.3) in 2005 to 3.4% (CI=2.7-4.3) in 2011 and 3.7% (CI=2.4-5.5) in 2013. Use was greater among male students (4.8%) than among female students (2.5%), and among Blacks (4.6%) and Hispanics (3.4%) than Whites (0.0%). Methamphetamine use among high school students was more prevalent in the State of Illinois as a whole in 2013 (4.5%) than in the city of Chicago, although this difference could be due to chance.

Within Chicago, a low but stable prevalence of methamphetamine use has been reported for a number of years in the North Side gay community and occasionally among some Asian ethnic groups. In the 2010 reporting period, the Community Outreach Intervention Projects (COIP) staff heard for the first time of modest availability of methamphetamine in some South Side African American neighborhoods. In the January 2014 reporting period, staff for the first time learned of a methamphetamine laboratory in an African American neighborhood, and more recently, of use among some young gay men of color.

The DEA's Chicago Field Division reported methamphetamine prices in the second half of 2014 ranging from \$10,000 to \$18,000 for a pound of "ice," which typically is smoked, and \$10,500–\$14,000 for a pound of powder, which typically is snorted. Ounce prices for ice methamphetamine were \$900–\$1,200.

## **PRESCRIPTION OPIOIDS**

Drug treatment episodes for other opiates/opioids as the primary drug of abuse decreased from 788 episodes in FY 2006 to 496 in FY 2007; this represents a 37% decline. A continued decrease to 197 episodes in FY 2011 may reflect budget reductions rather than diminished demand. Likewise, the increase to 248 treatment episodes in FY 2012 may reflect a partial restoration of funds to increase treatment availability. Treatment episodes in FY 2012 for other opiates/opioids compared with other substances had a high proportion of females (49%) and White clients (52%). Clients older than 34 constituted the largest age group, but this proportion was substantially lower in FY 2012 (50%) than in FY 2007 (76%). Oral ingestion was reported as the most frequent route of administration (with 84% reporting that route of administration), and marijuana was reported to be the most common secondary drug. In other areas of the State, females (52%) and Whites (91%) constituted the majority of treatment episodes; the largest age group was 26–34-year-olds (41%); oral ingestion was reported as the most frequent route of administration by 78%; and marijuana was reported as the most common secondary drug (21%).

Of the top 25 drugs identified in NFLIS reports among drug items seized and analyzed by laboratories in 2013 (excluding acetaminophen), 6 were opiates/opioids other than heroin: hydrocodone (n=641),



buprenorphine (n=156), oxycodone (n=128), methadone (n=102), codeine (n=90), and morphine (n=76). A Vicodin® tablet with 7.5 milligrams of hydrocodone generally cost \$4–\$6 on the street.

There were 21 reports of fentanyl in 2014, up from 1 report each in 2012 and 2013.

The YRBS added a question in 2011 regarding the non-prescribed use of prescription drugs. In 2013, 11.3% (CI=9.2-13.8) of students reported any such use, a non-statistically significant increase from 9.8% (CI=7.9-12.0) in 2011. Any misuse of prescribed drugs by Chicago high school students was more often reported in 2013 by males than females (14.2% vs. 8.0%) and by Whites (13.1%) and Blacks (12.2%) than by Hispanics (10.0%).

## OTHER DRUGS

### MDMA

In the Chicago area, “ecstasy,” MDMA (3,4-methylenedioxymethamphetamine), or drugs sold as ecstasy (primarily BZP [1-benzylpiperazine]) and methylone (n-methyl-3,4-methylenedioxycathinone) continued to be the most prominently identified of the “club drugs,” and their use in Chicago appeared to be most common among African Americans. In FY 2012, there were only 37 treatment episodes for MDMA use in Chicago and 45 in other areas of Illinois. Treatment episodes in Chicago more often involved males (81%), African Americans (89%, an increase from 77% in 2011), and clients age 18–25 (54%). In other areas of Illinois, treatment episodes most often involved males (71%), Whites (53%) and African Americans (34%), and clients age 18–25 (66%). In Chicago, the most commonly reported secondary drug was alcohol (41%), while in other areas of Illinois it was marijuana (58%).

According to the YRBS, lifetime use of MDMA among public high school students in Chicago has steadily increased from 3.3% (CI=2.0-5.2) in 2005 to 6.4% (CI=4.2-9.6) in 2007, 6.5% (CI=4.6-9.0) in 2009, 6.9% (CI=5.6-8.4) in 2011 and 7.8% (CI=6.5-9.3) in 2013. The increase from 2005 to 2011 was statistically significant ( $p=.00$ ). Male students were statistically significantly ( $p=.00$ ) more likely to report lifetime MDMA use (10.8%) than were female students (4.4%). Whites (9.5%) were more likely to report lifetime use than were Blacks (8.1%) and Hispanics (6.7%), but the difference was not statistically significant.

NFLIS reported a decline in MDMA drug reports for the Chicago MSA in 2012 (n=451) compared to 2011 (n=677). In 2014, the number of MDMA reports was 505. MDMA represents 0.78% of all drug reports in the Chicago MSA in 2014, down from a peak of 1.6% in 2009. BZP is a drug often sold as, or in combination with, MDMA. Following large increases in the number of BZP reports (from 15 in 2007, to 380 in 2008, and 1,188 in 2009), reports of BZP among NFLIS drug items declined to 574 samples in 2014, when they constituted 0.9% of all NFLIS reports. Methylone, which increasingly is sold as ecstasy or “Molly,” dropped from the eleventh most often reported illicit drug (n=203) in the 2013 NFLIS data to the sixteenth drug in 2014 (n=143). In comparison, there were 90 reports of methylone in 2012, 19 in 2011 and none in 2010.

Ecstasy was generally reported to be easily acquired in street drug markets, although availability varied across the city. In some areas, ecstasy was reported by street sources to be sold by the same persons who sold heroin and cocaine. In other markets, it was sold by sellers who specialized in ecstasy. Ecstasy continued to be sold in pill or capsule form. Prices for a kilogram of MDMA ranged from \$15,000 to \$17,000 in the second half of



2014, according to the DEA. Ethnographic reports indicated that 2014 retail prices ranged from \$5 to \$30 per pill, and the drug most often sold for \$10–\$20.

During the last few years, there have been increasing reports of ecstasy use from participants in local studies of drug users. These reports indicate a ready presence of ecstasy—or drugs thought to be MDMA—in African American neighborhoods. The principal users are in their teens and twenties, but some are older. This use of ecstasy occurs not only in the context of club-going and house parties, but also among street populations, including sex workers. Marijuana and alcohol are the drugs most often intentionally consumed in combination with ecstasy. Users commonly claim that ecstasy exists in “upper” and “downer” forms, which suggests the tablets include different combinations of drugs. Some users describe their experience with MDMA as a “rollercoaster,” meaning the effects of the drugs vary considerably from purchase to purchase. The fact that reports of MDMA in the NFLIS data are outnumbered by reports of piperazines like BZP and substituted cathinones like methylone suggests that these drugs may more often be present in drugs sold as ecstasy.

### **GHB**

GHB (gamma hydroxybutyrate) is a central nervous system depressant with hallucinogenic effects. There were 5 GHB reports among Chicago NFLIS drug reports in 2014, none in 2013 and 14 in 2012. GHB is not tracked in most other quantitative indicators, but its use is perceived to be low in the Chicago area compared with ecstasy. No prices were obtained for GHB during this reporting period.

### **Ketamine**

Ketamine, an animal tranquilizer, is another depressant with hallucinogenic properties. It is often referred to as “Special K,” among other names. DASA did not report anyone treated for ketamine use in FY 2012 in publicly funded treatment programs in Illinois. There were 52 ketamine reports identified among NFLIS drug items in 2014. Between 2007 and 2014, the number of ketamine reports annually has ranged between a low of 11 in 2010 and a high of 63 in 2007. No prices were obtained for ketamine during this reporting period.

### **PCP, LSD, and Other Hallucinogens**

The number of PCP (phencyclidine) reports among NFLIS drug items for the Chicago MSA have increased each year since 2007, despite declines in the number of all drug items tested. There were 563 PCP reports in 2014 compared to 115 reports in 2007. As a proportion of all drug reports, PCP has increased from 0.16% in 2007 to 0.87% in 2014, and it ranks as the eighth most common drug among those analyzed. Only 0.8% of arrestees sampled for ADAM II in 2012 tested urinalysis positive for PCP, the highest level among the five sites but less than the level in 2011 (1.4%). NFLIS reported 59 LSD (lysergic acid diethylamide) reports in both 2014 and 2013, up from 34 in 2012 and 39 in 2011.

In FY 2007, treatment episodes in Chicago for PCP totaled 60, and “other hallucinogens,” which includes LSD, totaled 25. PCP episodes increased to 126 in 2009, 148 in 2011, and 155 in FY 2012. There were 42 treatment episodes for other hallucinogens in FY 2012. The majority of treatment episodes for PCP occurred among African Americans (78%), while males and females were nearly equally represented (52% and 48%, respectively).

Ethnographic reports on PCP use in 2014 suggested that PCP “sticks” about the size of toothpicks were available for \$5–\$20, with the most common price being \$10. LSD hits typically cost \$10–\$15.

## **NEW AND NOTABLE**

### **Synthetic Cannabinoids**

In 2014 there were 92 NFLIS reports of compounds designed to mimic marijuana (cannabinoids), a steep decline from 281 in 2013, 363 in 2012, and 223 in 2011. Whereas XLR-11 accounted for 62% of all cannabinoids in 2013, it was not found in any drug items in 2014. The most common cannabinoids in 2014 NFLIS analyses for the Chicago MSA were AB-PINACA (n=31), AB-CHMINACA (n=18), and AM-2201 (n=8), which together accounted for 62% of all such items. Neither AB-PINACA nor AB-CHMINACA was reported in the 2013 NFLIS analyses for the Chicago MSA. The sale of these drugs was banned in Chicago beginning January 1, 2012, and can result in a \$1,000 fine and the loss of a business license. In July 2012, Illinois designated some of these cannabinoid-mimicking drugs as Schedule I controlled substances.

### **Substituted Cathinones**

In 2014, there were 575 reports in NFLIS of psychoactive drugs in substances that once were commonly marketed as “bath salts” (substituted or synthetic cathinones) among analyzed drug items, up from 487 reports in 2013, 525 reports in 2012, and 140 reports in 2011. The prevalence of various forms of substituted cathinones in 2014 changed notably compared to the previous year. Alpha-PVP (alpha-pyrrolidinopentiophenone) was the substituted cathinone most often reported in 2014 (43% of substituted cathinone reports), up from 120 reports in 2013, and 27 reports in 2012. Methylone (n-methyl-3,4-methylenedioxycathinone), which was the most common substituted cathinone in 2013 (n=203), fell to second in 2014 with 143 reports. Appearing for the first time in 2014 were ethylone (3,4-methylenedioxyethylcathinone), which ranked third (n=114), and alpha-pyrrolidinobutiophenone (alpha-PBP), which ranked fifth (n=25). MDPV (3,4-methylenedioxypyrovalerone) declined from 343 reports in 2012 to 95 in 2013 and 26 in 2014.

Other substituted cathinones reported were 4-mec (4-methyl-n-ethylcathinone) with 7 reports in 2014, 56 reports in 2013, and 34 reports in 2012; 7 reports each for 4-methylmethcathinone (4-mmc) and butylone ( $\beta$ -keto-n-methylbenzo-dioxylpropylamine); 3 reports each for cathinones and dimethylone (3,4-methylenedioxymethylcathinone; bk-MDDMA), and 1 report for fluoromethcathinone.

### **Piperazines**

In each of years 2013 and 2014 there were 601 NFLIS reports for the Chicago MSA of piperazines involving two drugs: BZP (n-benzylpiperazine) and TFMPP (1-(3-trifluoromethyl)phenyl-piperazine)). BZP was the most common piperazine in both years (n= 584 and 574, respectively).

### **Tryptamines**

In 2014, there were 57 reports of tryptamines in NFLIS for the Chicago MSA. The most common tryptamine reported was 5-MEO-DIPT (5-methoxy-n,n-diisopropyltryptamine), sometimes called ‘foxy methoxy,’ which produces a hallucinogenic experience. There were 30 reports of 5-MEO-DIPT in 2014, well below the

403 reports in 2011, 307 in 2012, and 168 in 2013. The two other tryptamines reported were DMT (dimethyltryptamine) (n=21) and 5-MEO-DALT (n,n-diallyl-5-methoxytryptamine) (n=6).

### **Phenethylamines (2C Series) (H)**

In 2014 there were 73 reports of phenethylamines (2C Series) (H), a substituted phenethylamine with hallucinogenic effects. The most commonly reported were 2C-C-NBOME (2-(4-chloro-2,5-dimethoxyphenyl)-n-(2-methoxybenzyl)ethanamine)) (n=32), and 2C-I-NBOME (2-(4-iodo-2,5-dimethoxyphenyl)-n-(2-methoxybenzyl)ethanamine) (n=28).

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## DATA SOURCES

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Data for this report were drawn from the Appendix tables and the following sources:

**Treatment episode** data for the State of Illinois and Chicago for fiscal years (FYs) 2002–2012 (July 1–June 30) were provided by the Illinois Division of Alcoholism and Substance Abuse (DASA). Declines in drug treatment episodes should be understood within the context of reductions in the availability of treatment. Treatment episodes declined by 49% from 67,778 in FY 2007 to 34,807 in FY 2010, and they then increased by 9% in FY 2012 to 37,986.

Data on **drug reports among items seized and analyzed in forensic laboratories** are from the Drug Enforcement Administration (DEA)'s National Forensic Laboratory Information System (NFLIS). Data are for the Chicago-Naperville-Michigan City, IL-IN-WI MSA. NFLIS methodology allows for the accounting of up to three drugs per item submitted for analysis. The data presented are a combined count including primary, secondary, and tertiary reports for each drug for calendar years (CYs) 2009–2014. Data for 2014 are preliminary and are subject to change. In 2014, the definition of the MSA changed slightly. The City of Joliet was dropped. All other jurisdictions remained the same.

**Drug seizure** data also came from the DEA's Chicago Field Division, which is composed of the States of Indiana, Minnesota, North Dakota, Wisconsin, and the Northern and Central Federal Judicial Districts of Illinois.

**Arrestee drug use** data were derived from the Arrestee Drug Abuse Monitoring (ADAM) II program, sponsored by the Office of National Drug Control Policy. ADAM II collected data regarding drug use and related issues from adult male booked arrestees in five counties across the country. ADAM II data come from two sources—a 20–25-minute face-to-face interview and urinalysis of a test sample for the presence of 10 different drugs. Participation in both the interview and the urine test is voluntary and confidential. Data were collected between April 1 and July 15 and then statistically annualized to represent the entire year. During that period, 1,938 interviews were conducted and 1,736 urine specimens were collected from a probability-based sample of adult male booked arrestees within 48 hours of their arrest. When weighted, the samples represented 14,155 persons arrested and booked in the 5 ADAM counties during the data collection period. Since 2007, in these 5 sites alone, almost 15,000 interviews have been conducted and almost 13,000 urine specimens have been tested, representing more than 100,000 arrests.

**Drug-related mortality** data on deaths were obtained from the Will County Coroner's Office, the Northwest Herald, the AIDS Foundation of Chicago, the American Civil Liberties Union, the Chicago Sun Times, the Lake County Coroner's Office, and the DuPage Coalition Against Heroin.

**Price and purity** data for heroin were provided by the DEA's Heroin Domestic Monitor Program (HDMP) for 2001–2011. Drug price data are reported from the February 2010 report of National Illicit Drug Prices by the National Drug Intelligence Center (NDIC) and from HDMP and local Trends in Trafficking report from the DEA. Ethnographic data on drug availability, prices, and purity are from observations

conducted by the Community Outreach Intervention Projects (COIP), School of Public Health, University of Illinois at Chicago (UIC).

**Student drug use prevalence** data populations were derived from the 2013 Youth Risk Behavior Survey (YRBS), prepared by the Centers for Disease Control and Prevention (CDC). These data provided drug use data representative of students in Chicago public high schools.

**Infectious Disease** data are from:

CDC, Viral Hepatitis Statistics & Surveillance

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# **National Drug Early Warning System (NDEWS) Chicago Metro Sentinel Community Site Appendix Data Tables, 2015**

## **NDEWS Coordinating Center**

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- Table 2a: Self-Reported Substance Abuse Behaviors Among Persons 12+ Years, 2010-2012, NSDUH
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**Table 1: Demographic and Socio-Economic Characteristics**  
**Chicago and Chicago Metropolitan Statistical Area (MSA) ^**  
 2009-2013 ACS Five-Year Estimates

	Chicago City		Chicago MSA	
	Estimate	Margin of Error	Estimate	Margin of Error
<b>Total Population (#)</b>	<b>2,706,101</b>	<b>+/-79</b>	<b>9,488,493</b>	<b>**</b>
<b>Age (%)</b>				
18 years and over	77.3%	+/-0.1	75.3%	+/-0.1
21 years and over	73.0%	+/-0.1	71.2%	+/-0.1
65 years and over	10.5%	+/-0.1	11.8%	+/-0.1
Median Age	33.3		36.0	
<b>Race (%)</b>				
White, Not Hisp.	32.2%	+/-0.2	54.7%	+/-0.1
Black/African Am, Not Hisp.	31.9%	+/-0.1	16.9%	+/-0.1
Hispanic/Latino	28.7%	+/-0.2	20.9%	**
American Indian/Alaska Native	0.1%	+/-0.1	0.1%	+/-0.1
Asian	5.7%	+/-0.1	5.8%	+/-0.2
Native Hawaiian/Pacific Islander	0.0%	+/-0.1	0.0%	+/-0.1
Some Other Race	0.2%	+/-0.1	0.1%	+/-0.1
Two or More Races	1.3%	+/-0.1	1.4%	+/-0.3
<b>Sex (%)</b>				
Male	48.5%	+/-0.1	48.9%	+/-0.1
Female	51.5%	+/-0.1	51.1%	+/-0.1
<b>Educational Attainment (Among Population Aged 25+ Years) (%)</b>				
High School Graduate or Higher	81.1%	+/-0.3	86.6%	+/-0.1
Bachelor's Degree or Higher	34.2%	+/-0.3	34.6%	+/-0.2
<b>Unemployment (Among Civilian Labor Force Pop Aged 16+ Years) (%)</b>				
Percent Unemployed	9.0%	+/-0.2	7.5%	+/-0.1
<b>Income</b>				
Median Household Income (in 2013 inflation-adjusted dollars)	\$47,270	+/-481	\$61,156	+/-253
<b>Poverty (%)</b>				
People Whose Income in Past Year is Below Poverty Level	22.6%	+/-0.3	13.8%	+/-0.1

**NOTES:**

**Margin of Error:** can be interpreted roughly as providing a 90% probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value.

**^Chicago MSA:** in 2013 the U.S. Office of Management and Budget (OMB) revised MSA delineations across the country; the new Chicago-Naperville-Elgin, IL-IN-WI MSA is made up of 14 counties (previously, 13 counties). The 14 counties are: Cook, DuPage, Grundy, Kendall, McHenry Will, DeKalb, Kane, Jasper, Lake, Newton, Porter Counties in Illinois and Kenosha County, Wisconsin. The principal cities of the Chicago MSA include: Chicago, Naperville, Elgin, Arlington Heights, Evanston, Schaumburg, Skokie, Des Plaines, and Hoffman Estates, IL and Gary, IN.

\*\*The estimate is controlled; a statistical test for sampling variability is not appropriate.

**SOURCE:** Adapted by the NDEWS Coordinating Center from data provided by the U.S. Census Bureau, 2009-2013 5-Year American Community Survey (ACS).

**Table 2a: Self-Reported Substance Use Behaviors**  
**Among Persons 12+ Years in *Chicago* Region<sup>^</sup>, 2010-2012**  
 Estimated Percent, 95% Confidence Interval, and Estimated Number  
 Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Substate Region: Region I <sup>^</sup>		Substate Region: Region II <sup>^</sup>	
	Estimated % (95% CI)	Estimated #*	Estimated % (95% CI)	Estimated #*
<b>Used in Past Month</b>				
Alcohol	55.90 (53.73 - 58.05)	2,414,298	57.10 (54.86 - 59.32)	1,912,117
Binge Alcohol**	26.35 (24.55 - 28.23)	1,138,045	24.57 (22.71 - 26.53)	822,780
Marijuana	8.21 (7.30 - 9.22)	354,586	5.53 (4.81 - 6.35)	185,184
Use of Illicit Drug Other Than Marijuana	3.24 (2.66 - 3.94)	139,934	2.83 (2.32 - 3.45)	94,769
<b>Used in Past Year</b>				
Cocaine	2.21 (1.74 - 2.79)	95,449	1.42 (1.11 - 1.82)	47,552
Nonmedical Use of Pain Relievers	3.84 (3.24 - 4.54)	165,848	3.79 (3.20 - 4.48)	126,916
<b>Dependence or Abuse in Past Year***</b>				
<b>Illicit Drugs or Alcohol</b>	<b>8.91 (7.87 - 10.07)</b>	<b>384,819</b>	<b>7.41 (6.46 - 8.49)</b>	<b>248,140</b>
Alcohol	7.43 (6.47 - 8.52)	320,899	6.29 (5.42 - 7.28)	210,634
Illicit Drugs	2.76 (2.33 - 3.26)	119,203	2.02 (1.70 - 2.39)	67,644

**NOTES:**

**95% Confidence Interval (CI):** provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

**^Chicago Region:** includes NSDUH Substate Region I and Region II; **Region I** comprises Cook County; and NSDUH Substate **Region II** comprises Boone, Carroll, DeKalb, DuPage, Grundy, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, and Winnebago Counties.

**\*Estimated #:** the estimated number of persons aged 12 or older who used the specified drug or are dependent/abuse a substance was calculated by multiplying the prevalence rate and the population estimate from Table C1 of the NSDUH report. The population estimate is the simple average of the 2010, 2011, and 2012 population counts for persons aged 12 or older

**\*\*Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

**\*\*\* Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

**SOURCE:** Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: <http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx>.



**Table 2b: Self-Reported Substance Use Behaviors Among  
Persons in *Chicago* Area<sup>^</sup>, by Age Group and Region, 2010-2012**  
Estimated Percent and 95% Confidence Interval (CI)  
Annual Averages Based on 2010, 2011, 2012 NSDUHs

Substance Use Behaviors	Region: Region I ^						Region: Region II ^					
	12-17		18-25		26+		12-17		18-25		26+	
	(95% CI)		(95% CI)		(95% CI)		(95% CI)		(95% CI)		(95% CI)	
Used in Past Month												
Binge Alcohol*	7.2	(6.0 - 8.7)	45.2	(42.5 - 47.9)	25.5	(23.3 - 27.8)	7.5	(6.3 - 8.9)	45.0	(42.0 - 48.0)	23.9	(21.6 - 26.3)
Marijuana	6.6	(5.4 - 8.0)	23.0	(20.8 - 25.3)	5.9	(4.9 - 7.1)	6.9	(5.8 - 8.3)	17.9	(15.6 - 20.4)	3.4	(2.6 - 4.3)
Use of Illicit Drug Other Than Marijuana	4.0	(3.2 - 5.1)	6.6	(5.4 - 8.0)	2.6	(1.9 - 3.4)	3.5	(2.7 - 4.4)	7.2	(5.8 - 8.7)	2.1	(1.5 - 2.8)
Used in Past Year												
Marijuana	12.6	(10.9 - 14.5)	35.3	(32.6 - 38.1)	9.4	(8.0 - 11.0)	12.7	(11.1 - 14.7)	30.3	(27.6 - 33.1)	5.7	(4.6 - 7.0)
Cocaine	0.8	(0.5 - 1.2)	4.6	(3.6 - 5.8)	2.0	(1.5 - 2.7)	0.7	(0.5 - 1.1)	3.9	(3.0 - 5.1)	1.1	(0.8 - 1.6)
Nonmedical Use of Pain Relievers	4.2	(3.3 - 5.2)	9.0	(7.6 - 10.5)	2.9	(2.3 - 3.8)	4.9	(4.0 - 6.0)	9.9	(8.3 - 11.7)	2.7	(2.0 - 3.5)
Dependence or Abuse in Past Year**												
Illicit Drugs or Alcohol	6.1	(5.0 - 7.4)	21.2	(19.1 - 23.3)	7.2	(6.0 - 8.6)	5.2	(4.2 - 6.5)	19.8	(17.6 - 22.3)	5.8	(4.7 - 7.1)
Alcohol	3.6	(2.8 - 4.6)	15.7	(13.8 - 17.8)	6.5	(5.4 - 7.8)	3.3	(2.5 - 4.2)	15.4	(13.5 - 17.6)	5.3	(4.3 - 6.5)
Illicit Drugs	3.8	(2.9 - 4.9)	9.1	(7.7 - 10.8)	1.6	(1.1 - 2.2)	3.6	(2.8 - 4.5)	6.9	(5.7 - 8.5)	1.0	(0.7 - 1.4)

**NOTES:**

**95% Confidence Interval (CI):** provides a measure of the accuracy of the estimate. It defines the range within which the true value can be expected to fall 95 percent of the time.

<sup>^</sup>**Chicago Region:** includes NSDUH Substate Region I and Region II; **Region I** comprises Cook County; and **Region II** comprises Boone, Carroll, DeKalb, DuPage, Grundy, Jo Daviess, Kane, Kankakee, Kendall, Lake, Lee, McHenry, Ogle, Stephenson, Whiteside, Will, and Winnebago Counties.

**\*Binge Alcohol:** defined as drinking 5 or more drinks on the same occasion on at least 1 day in the past 30 days.

**\*\* Dependence or Abuse in Past Year:** based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

**SOURCE:** Adapted by the NDEWS Coordinating Center from data provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables. Rockville, MD. 2014. Available at: <http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx>.

**Table 3: Self-Reported Substance Use-Related Behaviors Among *Chicago* ^ Public High School Students, 2013**  
 Estimated Percent and 95% Confidence Interval (CI)  
 2011 and 2013 YRBS\*

Substance Use Behaviors	2013 vs 2011				2013 by Sex				2013 by Race							
	2013		2011		p-value	Male		Female		p-value	White		Black		Hispanic	
	Percent					Percent					Percent					
	Estimate (95% CI)		Estimate (95% CI)			Estimate (95% CI)		Estimate (95% CI)			Estimate (95% CI)		Estimate (95% CI)		Estimate (95% CI)	
Used in Past Month																
Alcohol	37.3	(34.1 - 40.6)	37.7	(34.3 - 41.3)	0.86	37.7	(33.8 - 41.8)	36.7	(32.5 - 41.1)	0.68	47.2	(33.3 - 61.6)	33.1	(28.2 - 38.3)	38.2	(33.2 - 43.5)
Binge Alcohol**	17.6	(15.3 - 20.3)	19.7	(16.5 - 23.4)	0.33	19.1	(15.8 - 23.0)	16.1	(13.7 - 18.8)	0.08	24.3	(16.9 - 33.5)	10.9	(8.3 - 14.2)	21.0	(17.0 - 25.7)
Marijuana	28.5	(25.8 - 31.4)	25.0	(21.4 - 28.9)	0.13	31.7	(28.4 - 35.3)	25.3	(21.7 - 29.2)	0.01	24.5	(17.1 - 33.8)	31.4	(27.9 - 35.2)	27.8	(23.7 - 32.3)
Ever Used in Lifetime																
Alcohol	69.2	(65.0 - 73.1)	68.9	(64.9 - 72.7)	0.92	64.5	(58.2 - 70.3)	73.6	(68.9 - 77.9)	0.01	68.2	(56.8 - 77.7)	67.0	(61.0 - 72.5)	71.9	(66.1 - 77.1)
Marijuana	50.0	(45.7 - 54.3)	42.6	(38.4 - 46.9)	0.02	53.9	(48.9 - 58.9)	45.9	(40.7 - 51.1)	0.01	41.6	(29.9 - 54.3)	52.9	(47.1 - 58.7)	50.6	(44.3 - 57.0)
Cocaine	7.1	(5.6 - 8.9)	5.9	(4.7 - 7.4)	0.26	10.1	(8.1 - 12.5)	3.8	(2.5 - 5.7)	0.00	2.2	(0.6 - 7.6)	6.8	(4.5 - 10.2)	8.2	(6.5 - 10.3)
Hallucinogenic Drugs	—		—		~	—		—		~	—		—		—	
Inhalants	9.9	(7.9 - 12.5)	10.7	(9.1 - 12.5)	0.61	10.2	(7.6 - 13.5)	9.0	(6.8 - 11.9)	0.49	8.3	(4.5 - 14.8)	10.4	(7.8 - 13.7)	9.6	(7.3 - 12.5)
Ecstasy also called "MDMA"	7.8	(6.5 - 9.3)	6.9	(5.6 - 8.4)	0.35	10.8	(8.8 - 13.2)	4.4	(3.0 - 6.4)	0.00	9.5	(6.7 - 13.5)	8.1	(6.0 - 10.7)	6.7	(5.2 - 8.5)
Heroin	4.1	(2.6 - 6.5)	3.9	(2.9 - 5.2)	0.82	6.1	(3.8 - 9.6)	1.7	(0.8 - 3.6)	0.00	0.7	(0.1 - 5.4)	5.7	(3.4 - 9.3)	3.4	(1.7 - 6.6)
Methamphetamine	3.7	(2.4 - 5.5)	3.4	(2.7 - 4.3)	0.76	4.8	(2.9 - 7.9)	2.5	(1.3 - 4.7)	0.11	0.0	(0.0 - 0.0)	4.6	(2.9 - 7.2)	3.4	(1.9 - 6.1)
Rx Drugs without a Doctors Prescription	11.3	(9.2 - 13.8)	9.8	(7.9 - 12.0)	0.31	14.2	(10.6 - 18.6)	8.0	(6.4 - 10.0)	0.01	13.1	(7.7 - 21.2)	12.2	(8.6 - 17.0)	10.0	(7.7 - 12.9)
Injected Any Illegal Drug	2.6	(1.6 - 4.1)	3.4	(2.7 - 4.2)	0.26	3.4	(2.2 - 5.2)	1.5	(0.7 - 3.1)	0.01	0.0	(0.0 - 0.0)	2.8	(1.6 - 5.0)	2.5	(1.4 - 4.3)

**NOTES:**

'—' = Data not available; ~ = P-value not available; **N/A** = < 100 respondents for the subgroup.

**^Chicago:** weighted data were available for Chicago in 2011 and 2013; weighted results mean that the overall response rate was at least 60%. The overall response rate is calculated by multiplying the school response rate times the student response rate. Weighted results are representative of all students in grades 9–12 attending public schools in each jurisdiction.

**\*Sample Frame for the 2011 and 2013 YRBS:** sampling frame consisted of public schools with students in at least one of grades 9-12. The sample size for 2011 was 1,907 with an overall response rate of 69%; the 2013 sample size was 1,581 with a 71% overall response rate.

**\*\*Binge Alcohol:** defined as had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey.

**Source:** Adapted by the NDEWS Coordinating Center from data provided by the Centers for Disease Control and Prevention (CDC), 1991-2013 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed on [3/12/2015].

**Table 4a: Trends in Admissions\* to Substance Abuse Treatment Programs, *Chicago* Residents, 2010-2014**  
Number of Admissions and Percent of Admissions with Selected Substances  
Cited as Primary Substance of Abuse at Admission, by Year and Substance

	Calendar Year									
	2010		2011		2012		2013		2014	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
<b>Total Admissions (#)</b>	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
<b>Primary Substance of Abuse (%)</b>										
Alcohol	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Cocaine/Crack	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Heroin	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Prescription Opioids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Methamphetamine	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Marijuana	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Benzodiazepines	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
MDMA	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Synthetic Stimulants	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other Drugs/Unknown	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail

**NOTES:**

**SOURCE:**

**Table 4b: Demographic and Drug Use Characteristics of Primary Treatment Admissions  
for Select Substances of Abuse, *Chicago Residents, 2014***  
Number of Admissions, by Primary Substance of Abuse and Percent of Selected Primary Treatment Admissions,  
by Demographic and Drug Use Characteristics

	Primary Substance of Abuse								
	Alcohol	Cocaine/ Crack	Heroin	Prescription Opioids	Meth- amphetamine	Marijuana	Benzo- diazepines	Synthetic Stimulants	Synthetic Cannabinoids
<b>Number of Admissions (#)</b>	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
<b>Sex (%)</b>									
Male	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Female	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
<b>Race/Ethnicity (%)</b>									
White, Non-Hisp.	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
African-Am/Black, Non-Hisp	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Hispanic/Latino	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Asian	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
<b>Age Group (%)</b>									
Under 18	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
18-25	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
26-44	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
45+	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
<b>Route of Administration (%)</b>									
Smoked	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Inhaled	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Injected	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Oral/Other/Unknown	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
<b>Secondary Substance (%)</b>									
None	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Alcohol	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Cocaine/Crack	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Heroin	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Prescription Opioids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Methamphetamines	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Marijuana	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail

NOTES:

SOURCE:

**Table 5: Drug Poisoning Deaths\*, by Demographic Characteristics, *Chicago Area Counties* ^, 2009-2012**  
Rate per 100,000 of deaths with underlying causes of drug related poisonings and 95% Confidence Interval (CI),  
2009-2011 and 2010-2012

	Cook County		DuPage County		Will County	
	2009-2011 Rate (95% CI)	2010-2012 Rate (95% CI)	2009-2011 Rate (95% CI)	2010-2012 Rate (95% CI)	2009-2011 Rate (95% CI)	2010-2012 Rate (95% CI)
<b>Total</b> (Age-Adjusted**)	9.6 (9.2 - 10.1)	10.1 (9.6 - 10.6)	8.1 (7.0 - 9.2)	9.6 (8.4 - 10.8)	10.6 (9.2 - 12.0)	10.8 (9.3 - 12.2)
<b>Sex</b> (Age-Adjusted**)						
Male	14.2 (13.4 - 15.1)	14.9 (14.0 - 15.8)	11.6 (9.7 - 13.4)	13.8 (11.8 - 15.7)	14.0 (11.7 - 16.3)	14.2 (11.8 - 16.5)
Female	5.3 (4.8 - 5.8)	5.4 (4.9 - 5.9)	4.7 (3.6 - 5.9)	5.4 (4.3 - 6.8)	7.2 (5.6 - 9.0)	7.4 (5.8 - 9.3)
<b>Race/Ethnicity</b> (Age-Adjusted**)						
White, Non-Hisp.	11.4 (10.6 - 12.2)	12.2 (11.4 - 13.0)	10.1 (8.7 - 11.6)	12.0 (10.4 - 13.6)	12.6 (10.7 - 14.5)	13.2 (11.2 - 15.2)
African-Am/Black, Non-Hisp.	12.7 (11.5 - 13.8)	12.4 (11.3 - 13.5)	DSU	DSU	9.5 (5.9 - 14.3)	8.4 (5.2 - 13.0)
Hispanic	5.2 (4.4 - 6.0)	5.5 (4.7 - 6.3)	DSU	DSU	DSU	7.3 (4.5 - 11.1)
Asian	DSU	DSU	DSU	DSU	DSU	DSU
American Indian/Alaska Native	DSU	DSU	DSU	DSU	DSU	DSU
<b>Age Group</b>						
<18	DSU	DSU	DSU	DSU	DSU	DSU
18-44	13.9 (12.9 - 14.8)	14.2 (13.3 - 15.2)	13.2 (10.9 - 15.4)	15.3 (12.9 - 17.8)	19.0 (15.8 - 22.1)	19.5 (16.3 - 22.7)
45-64	15.7 (14.5 - 17.0)	17.3 (16.0 - 18.6)	11.8 (9.5 - 14.5)	13.8 (11.2 - 16.4)	12.9 (10.0 - 16.4)	12.1 (9.3 - 15.4)
65+	2.7 (2.0 - 3.6)	2.4 (1.8 - 3.2)	DSU	DSU	DSU	DSU

**NOTES:**

^**Chicago Area Counties:** data are presented for 3 select Chicago area counties: Cook, DuPage, and Will Counties.

\***Deaths due to drug poisoning,** ICD-10 codes X40-44, X60-64, X85, Y10-14. Please see the *Overview & Limitations* section (pgs. 8-9) for the ICD-10 definitions.

\*\***Age Adjusted Rate:** the rate is adjusted based on the age distribution of a standard population allowing for comparison of rates across different sites.

**unavail:** data not available for geographic area; **DSU:** data statistically unreliable.

**SOURCE:** Adapted by the NDEWS Coordinating Center from National Vital Statistics System-Mortality (NVSS-M) data provided by the Centers for Disease Control and Prevention, National Center for Health Statistics. Accessed from Health Indicators Warehouse. [www.healthindicators.gov](http://www.healthindicators.gov). [3/19/15].

**Table 6: HIV/AIDS and Viral Hepatitis Cases, *Chicago Area Counties* ^ and *State of Illinois***  
Number of Cases and Rate per 100,000 Population, Various Years

Type of Disease	Cook County		DuPage County		Will County		Illinois	
	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000	#	Rate per 100,000
<b>HIV</b>								
Diagnosis of HIV Infection, 2012 <sup>a</sup>	1,691	38.8	29	3.7	44	8.0	2,165	20.2
Persons Living with Diagnosed HIV Infection (Prevalence), Year-End 2011 <sup>a</sup>	24,723	569.9	609	79.4	563	103.4	32,446	304.4
<b>Hepatitis B, 2012<sup>b</sup></b>								
Acute Cases (reported new cases)	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail	86	0.7
Chronic Cases (estimated #)	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail
<b>Hepatitis C, 2012<sup>b</sup></b>								
Acute Cases (reported new cases)	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail	26	0.2
Chronic Cases (estimated #)	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail	Unavail

**NOTES:**

**^Chicago Area Counties:** data are presented for 3 select Chicago area counties: Cook, DuPage, and Will Counties.

**unavail:** data not available.

**Sources:** Adapted by the NDEWS Coordinating Center from data provided by:

<sup>a</sup>Centers for Disease Control and Prevention (CDC). NCHHSTP Atlas. Accessed on [3/20/15]. Available at: <http://www.cdc.gov/nchhstp/atlas/>.

<sup>b</sup>Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Viral Hepatitis, *Surveillance for Viral Hepatitis — United States, 2012*.

**Table 7a: Drug Reports for Items Seized by Law Enforcement in the *Chicago MSA* ^ in 2014**  
**National Forensic Laboratory Information System (NFLIS)**  
 Top 10 Drug Reports\* and Select Drugs/Drug Categories of Interest,  
 Number of Drug-Specific Reports and Percent of Total Analyzed Drug Reports

Drug Identified	Number (#)	Percent of Total Drug Reports (%)
<b>TOTAL Drug Reports*</b>	<b>64,781</b>	<b>100%</b>
<b>Top 10 Drug Reports</b>		
Cannabis	34,844	53.8%
Heroin	12,707	19.6%
Cocaine	9,720	15.0%
Alprazolam	1,057	1.6%
Hydrocodone	721	1.1%
N-Benzylpiperazine (BZP)	574	0.9%
Phencyclidine	563	0.9%
3,4-methylenedioxymethamphetamine (MDMA)	505	0.8%
Methamphetamine	367	0.6%
Amphetamine	282	0.4%
<b>Top 10 Total</b>	<b>61,340</b>	<b>94.7%</b>
<b>Selected Drugs/Drug Categories**</b>		
Fentanyl & Fentanyl Analogs	22	<0.1%
Synthetic Cannabinoids	226	0.3%
Synthetic Cathinones	572	0.9%
2C Phenethylamines	73	0.1%
Piperazines	601	0.9%
Tryptamines	57	0.1%

**NOTES:**

^ **Chicago MSA:** includes the following counties (2009 OMB delineation): Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, Will, Jasper, Newton, Porter, Lake County, IL; and Kenosha County, WI.

\* **Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.

\*\* **Selected Drugs/Drug Categories:** Fentanyl & Fentanyl Analogs and Synthetic Cannabinoids, Synthetic Cathinones, 2C Phenethylamines, Piperazines, and Tryptamines are drug categories of current interest to the NDEWS Project because of the recent increase in their numbers, types, and availability. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each category that were reported to NFLIS during the January to December 2014 timeframe.

The NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

**Source:** Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 8, 2015.

**Table 7b: Drug Reports\* for Selected Categories of New Psychoactive Substances (NPS) among Items Seized by Law Enforcement in the Chicago MSA^ in 2014, National Forensic Laboratory Information System (NFLIS),**  
Number of NPS Drug-Specific Reports and Percent of NPS Category

NPS Category Drug Identified	Number (#)	Percent of NPS Category (%)
<b>Top 5 Synthetic Cannabinoid Drug Reports**</b>		
XLR-11 (1-(5-FLUOROPENTYL-1H-3-YL)(2,2,3,3-TETRAMETHYLCYCLOPROPYL)METHANONE)	70	31.0%
AB-FUBINACA	63	27.9%
AB-PINACA	31	13.7%
AB-CHMINACA (N-[(1S)-1-(AMINOCARBONYL)-2-METHYLPROPYL]-1-(CYCLOHEXYLMETHYL)-1H-INDAZOLE-3-CARBOXAMIDE)	18	8.0%
AM-2201 (1-(5-FLUOROPENTYL)-3-(1-NAPHTHOYL)INDOLE)	8	3.5%
Other Synthetic Cannabinoid	36	15.9%
<b>Total Synthetic Cannabinoid Reports</b>	<b>226</b>	<b>100.0%</b>
<b>Top 5 Synthetic Cathinone Drug Reports**</b>		
ALPHA-PYRROLIDINOPENTIOPHENONE (ALPHA-PVP)	246	43.0%
N-METHYL-3,4-METHYLENEDIOXYCATHINONE (METHYLONE)	143	25.0%
3,4-METHYLENEDIOXYETHYL CATHINONE (ETHYLONE)	114	19.9%
METHYLENEDIOXYPYROVALERONE (MDPV)	26	4.5%
ALPHA-PYRROLIDINOBUTIOPHENONE (ALPHA-PBP)	25	4.4%
Other Synthetic Cathinone	18	3.1%
<b>Total Synthetic Cathinone Reports</b>	<b>572</b>	<b>100.0%</b>
<b>Top 5 2C Phenethylamine Drug Reports**</b>		
2-(4-CHLORO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-C-NBOME)	32	43.8%
2-(4-iodo-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-I-NBOME)	28	38.4%
2-(4-BROMO-2,5-DIMETHOXYPHENYL)-N-(2-METHOXYBENZYL)ETHANAMINE (2C-B-NBOME)	9	12.3%
4-BROMO-2,5-DIMETHOXYPHENETHYLAMINE (2C-B)	2	2.7%
2,5-DIMETHOXY-4-iodophenethylamine (2C-I)	1	1.4%
2,5-DIMETHOXY-4-ETHYLPHENETHYLAMINE (2C-E)	1	1.4%
<b>Total 2C Phenethylamine Reports</b>	<b>73</b>	<b>100.0%</b>
<b>Top 5 Piperazine Drug Reports**</b>		
N-BENZYLPIPERAZINE (BZP)	574	95.5%
1-(3-TRIFLUOROMETHYL)PHENYL-PIPERAZINE (TFMPP)	27	4.5%
<b>Total Piperazine Reports</b>	<b>601</b>	<b>100.0%</b>
<b>Top 5 Tryptamine Drug Reports**</b>		
5-METHOXY-N,N-DIISOPROPYLTRYPTAMINE (5-MEO-DIPT)	30	52.6%
DIMETHYLTRYPTAMINE (DMT)	21	36.8%
N,N-DIALLYL-5-METHOXYTRYPTAMINE (5-MEO-DALT)	6	10.5%
<b>Total Tryptamine Reports</b>	<b>57</b>	<b>100.0%</b>

**NOTES:**

^**Chicago MSA:** includes the following counties: Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, Will, Jasper, Newton, Porter, Lake County, IL; and Kenosha County, WI.

\***Drug Report:** drug that is identified in law enforcement items, submitted to and analyzed by federal, state, or local forensic labs, and included in the NFLIS database.

\*\***Top 5 NPS Category Drug Reports:** fewer than 5 drug types for a specific NPS category may have been seized in the catchment area during the reporting period. Please see the Overview & Limitations section (pgs. 12-17) for a complete list of drugs included in each NPS category that were reported to NFLIS during the January to December 2014 timeframe.

NFLIS database allows for the reporting of up to three drugs per item submitted for analysis. The data presented are a total count of first, second, and third listed reports for each selected drug item seized and analyzed.

**Source:** Adapted by the NDEWS Coordinating Center from data provided by the U.S. Drug Enforcement Administration (DEA), Office of Diversion Control, Drug and Chemical Evaluation Section, Data Analysis Unit. Data were retrieved from the NFLIS Data Query System (DQS) on May 8, 2015.