

Chicago Metro Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

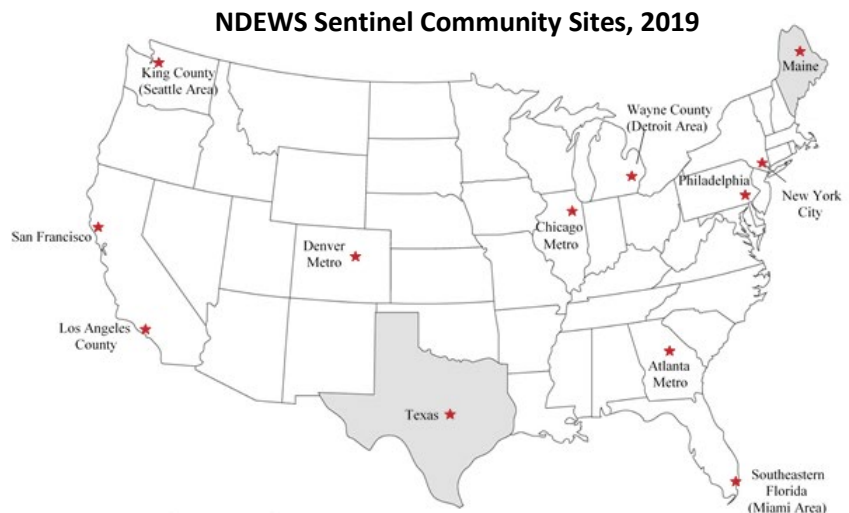
November 2019

NDEWS Coordinating Center

NDEWS *National Drug Early Warning System*

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

A unique feature of NDEWS is its capability to describe and compare drug use patterns and trends in selected communities across the United States. The NDEWS Coordinating Center works closely with Sentinel Community Epidemiologists (SCEs) in 12 Sentinel Community Sites (SCSs) across the U.S. Emerging drugs and changing drug trends are monitored by each local SCE utilizing indicators such as drug overdose deaths, treatment admissions, hospital cases, poison center exposure calls, and law enforcement seizures. **In May 2019, each SCE was asked to review available indicators and identify up to five drugs they considered most important to summarize for their site and include in their 2019 annual *Drug Use Patterns and Trends Report*.**



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National Drug Early Warning System (NDEWS) Chicago Metro Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2019

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Highlights

- Fentanyl is increasingly present in drugs seized by police and in fatal opioid-related overdose deaths.
- Fentanyl analogues declined among drugs seized by police.
- Methamphetamine (“ice”) reported as “new drug” in some Chicago areas, and is reported to be fueling a new wave of users in rural southern Illinois counties. There is considerable overlap in methamphetamine and opioid use in southern Illinois.
- Cocaine is a stable presence in the Chicago MSA, and the most common form continues to be “rock.”
- There are fewer counterfeit pain pills and more counterfeit alprazolam.
- An emerging substituted cathinone in 2019 is MMMP (2-methyl-4’-(methylthio)-2-morpholinopropiophenone), also known as MTMP, MMTMP, Irgacure 907 and Caccure 907. A declining substituted cathinone is n-ethylpentylone.

Top 10 Scheduled Drugs Seized/Analyzed, Chicago MSA Half-Year (Jan-June) Trend Data: 1st-H 2016 to 1st-H 2018

DRUG	1-H 2016 N=26,480	1-H 2017 N=21,228	1-H 2018 N=23,287
Marijuana	12,470	5811	6,983
Cocaine	4443	5272	5,356
Heroin	5137	4966	4521
Fentanyl (exhibits with fentanyl analogue)	587 (1)	842 (148)	2,004 (86)
Methamphetamine	382	664	732
Alprazolam	832	826	707
MDMA	241	292	426
PCP	232	266	249
Hydrocodone	310	275	217
n-ethylpentylone (substituted cathinone)	0	151	216

- *Fentanyl*: huge increase in 1-H 2018, but the presence of a fentanyl analogue decreased.
- *Methamphetamine*: steady increase, which aligns with some ethnographic field reports.
- *Alprazolam* decline may be due to substantial increase in counterfeits of Xanax and its generic forms, as reported by local state forensics lab.
- *MDMA*: drugs sold as MDMA appear more likely to contain MDMA in 1-H 2018.

Source: Data were retrieved from the NFLIS Data Query System (DQS) on 12/21/2018.

Opioid-Related Deaths in Two Chicago MSA Counties: 2015 to 2018

Cook County (includes Chicago)	2015	2016	2017	2018^
no. deaths ¹	546	970	1037	1,001
mean age ²	43.6	42.8	44.1	43.5
fentanyl present*	15%	49%	56%	71%
Will County (includes Joliet)	2015	2016	2017	2018^
no. deaths ³	72	96	91	90
mean age ³	37.5	37.4	37.2	35.9
heroin or fentanyl* present	74%	81%	93%	91%
fentanyl present*	8%	34%	59%	65%

^Additional data may be forthcoming *Includes fentanyl analogues

- Opioid-related deaths leveled in both counties.
- Fentanyl and heroin are present in most opioid-related deaths.
- No evidence of aging cohorts of heroin/fentanyl users.

¹Source: <http://www.dph.illinois.gov/sites/default/files/Drug%20Overdose%20Deaths%20-%20August%202019.pdf> (accessed 11/6/2019)

²Source: Cook County Medical Examiner's Office: <https://datacatalog.cookcountyil.gov/Public-Safety/Medical-Examiner-Case-Archive/cjeq-bs86> (accessed 4/28/2019)

³Source: Will County Coroner's Office: <https://www.willcountyillinois.com/County-Offices/Judicial-Services/Coroner> (accessed 5/3/2019)

Substance Use in Rural “Delta” Counties of Southern Illinois: Preliminary Findings from “ETHIC” study¹

- Sample area: southern Illinois Delta Region, which is largely rural
- Sample criteria: ≥15 years old; past 30 day injected any illicit drug or misused an opioid
- Preliminary findings from baseline drug toxicology screening (n=113)

opioid	fentanyl	methamphetamine	methamphetamine & opioid	benzodiazepine	mean no. of drugs
67%	17%	70%	43%	35%	4.2 range 1-10

- Preliminary ethnographic findings:
 - Ice methamphetamine of low cost and high quality has replaced locally produced methamphetamine and is said to be generating a new wave of users spanning a broad range of demographic characteristics.
 - Fentanyl is recognized by people who use heroin as being locally present and deadly; overdoses are common.
 - Opioid pain pills are increasingly difficult to acquire and street-level prices have increased.
 - Drug sellers typically peddle multiple types of drugs, exposing buyers to more options .

¹Ending transmission of HIV, HCV, and STDs and overdose in rural communities of people who inject drugs (ETHIC). Mai Tuyet Pho, MD, University of Chicago, and Wiley Jenkins, Ph.D, Southern Illinois University School of Medicine). Funded by National Institute on Drug Abuse, Appalachian Regional Commission, CDC and SAMHSA

Latest Developments in Illicit Drugs, Chicago MSA April 2019

- *Methamphetamine ('ice')* reported as “new drug” by current heroin injectors on the far northside of Chicago and in a western suburb. The DEA reported evidence suggesting some organized retail-level sales of methamphetamine on the southside of Chicago.
- *Xanax counterfeiting*: Lots of high-quality counterfeit Xanax and generic alprazolam,¹ and several local arrests by the DEA of persons with illegal prescription pill press machines.
 - contents unpredictable and range from other benzos (single and in combination) to non-psychoactive substances, and occasionally include fentanyl¹
- *Prescription opioid counterfeits* have declined in recently seized drugs.¹
- *Fentanyl analogues* have decreased in recently seized drugs.¹
- *Substituted cathinones*: *Emerging* = MMMP (2-methyl-4'-(methylthio)-2-morpholinopropiophenone, also known as MTMP, MMTMP, Irgacure 907 and Caccure 907); *Declining* = n-ethylpentylone¹
- *Doxepin* (antidepressant) is increasingly detected in analyses of drugs seized by police.¹

¹Source: Illinois State Forensic Science Center at Chicago, April 22, 2019.

Treatment Tables

Table 1: Trends in Admissions* to Programs Treating Substance Use Disorders, Chicago^ Residents, Fiscal Year 2014-2018[†]
Number of Admissions and Percentage of Admissions with Selected Substances Cited as Primary Substance at Admission, by Year and Substance

	Fiscal Year [†]									
	2014		2015		2016		2017		2018	
	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)	(#)	(%)
Total Admissions (#)	unavail	unavail	unavail	unavail	28,379	100%	17,207	100%	12,027	100%
Primary Substance of Abuse (%)										
Alcohol	unavail	unavail	unavail	unavail	5,343	18.8%	3,168	18.4%	2,153	17.9%
Cocaine/Crack	unavail	unavail	unavail	unavail	2,262	8.0%	1,205	7.0%	862	7.2%
Heroin	unavail	unavail	unavail	unavail	15,671	55.2%	10,464	60.8%	6,384	53.1%
Prescription Opioids**	unavail	unavail	unavail	unavail	299	1.1%	147	0.9%	97	0.8%
Methamphetamine	unavail	unavail	unavail	unavail	64	0.2%	58	0.3%	51	0.4%
Marijuana	unavail	unavail	unavail	unavail	4,650	16.4%	2,116	12.3%	1,909	15.9%
Benzodiazepines	unavail	unavail	unavail	unavail	74	0.3%	45	0.3%	30	0.2%
MDMA	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	25	0.2%
Synthetic Stimulants	unavail	unavail	unavail	unavail	6	<0.1%	4	<0.1%	14	0.1%
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail
Other Drugs/Unknown	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	502	4.2%

NOTES:

^Chicago: Includes data for Chicago not the entire Chicago MSA.

***Admissions:** Includes admissions to publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period. Data on services reimbursed by Medicaid Managed Care Organizations (MCOs) are not reported to IDHS/SUPR and, therefore, the admissions and other service information are not included in the SUPR data. It should be noted that beginning in State Fiscal Year 2016, an increasing number of Illinois Medicaid patients belonged to a Managed Care Organization (MCO) and did not have MCO-reimbursed substance use disorder treatment service data reported to SUPR.

†Fiscal Year (FY): Calendar Year (CY) data are not available for this site so fiscal year data are presented. Please note that treatment data presented for other NDEWS SCSs represent calendar year data.

****Prescription Opioids:** Includes oxycodone/hydrocodone, non-prescription methadone, and other opiates.

unavail: Data not available; nr=Data not reported.

SOURCE: Data provided to the Chicago Metro NDEWS SCE by Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR, formerly the Division of Alcohol and Substance Use).

Table 2: Demographic and Drug Use Characteristics of Treatment Admissions* for Select Primary Substances, Chicago^ Residents, Fiscal Year 2018**
Number and Percentage of Admissions, by Primary Substance with Selected Demographic and Drug Use Characteristics

	Primary Substance																	
	Alcohol		Cocaine/Crack		Heroin		Prescription Opioids***		Methamphetamine		Marijuana		Benzo-diazepines		Synthetic Stimulants		Synthetic Cannabinoids	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Admissions (#)	2,153	100%	862	100%	6,384	100%	97	100%	51	100%	1,909	100%	30	100%	14	100%	unavail	unavail
Sex (%)																		
Male	1,616	75.1%	581	67.4%	4,085	64.0%	58	59.8%	42	82.4%	1491	78.1%	22	73.3%	11	78.6%	unavail	unavail
Female	537	24.9%	281	32.6%	2,299	36.0%	39	40.2%	9	17.6%	418	21.9%	8	26.7%	3	21.4%	unavail	unavail
Race (%)																		
White, Non-Hisp.	553	25.7%	127	14.7%	1081	16.9%	49	50.5%	33	64.7%	168	8.8%	13	43.3%	8	57.1%	unavail	unavail
African-Am/Black, Non-Hisp	1,054	49.0%	599	69.5%	4548	71.2%	32	33.0%	9	17.6%	1309	68.6%	8	26.7%	5	35.7%	unavail	unavail
Asian/Pacific Islander	8	0.4%	5	0.6%	14	0.2%	1	1.0%	3	5.9%	19	1.0%	0	0.0%	0	0.0%	unavail	unavail
Other	538	25.0%	131	15.2%	741	11.6%	15	15.5%	6	11.8%	413	21.6%	9	30.0%	1	7.1%	unavail	unavail
Ethnicity (%)																		
Hispanic/Latino	597	27.7%	139	16.1%	850	13.3%	15	15.5%	8	15.7%	444	23.3%	10	33.3%	2	14.3%	unavail	unavail
Age Group (%)																		
Under 18	553	25.7%	2	0.2%	0	0.0%	1	1.0%	1	2.0%	310	16.2%	1	3.3%	2	14.3%	unavail	unavail
18-24	133	6.2%	29	3.4%	75	1.2%	5	5.2%	8	15.7%	761	39.9%	13	43.3%	5	35.7%	unavail	unavail
25-44	1,097	51.0%	292	33.9%	1,512	23.7%	51	52.6%	35	68.6%	724	37.9%	13	43.3%	6	42.9%	unavail	unavail
45+	553	25.7%	539	62.5%	4,797	75.1%	40	41.2%	7	13.7%	114	6.0%	3	10.0%	1	7.1%	unavail	unavail
Route of Administration (%)																		
Smoked	5	0.2%	636	73.8%	126	2.0%	2	2.1%	27	52.9%	1,823	95.5%	0	0.0%	5	35.7%	unavail	unavail
Inhaled	4	0.2%	197	22.9%	5,021	78.6%	12	12.4%	4	7.8%	10	0.5%	0	0.0%	2	14.3%	unavail	unavail
Injected	1	0.0%	8	0.9%	1,158	18.1%	4	4.1%	19	37.3%	2	0.1%	0	0.0%	2	14.3%	unavail	unavail
Oral/Other/Unknown	2,143	99.5%	21	2.4%	79	1.2%	79	81.4%	1	2.0%	74	3.9%	30	100.0%	5	35.7%	unavail	unavail
Secondary Substance (%)																		
None	1,096	50.9%	269	31.2%	3,189	50.0%	44	45.4%	17	33.3%	1,272	66.6%	9	30.0%	7	50.0%	unavail	unavail
Alcohol	n/s	n/s	293	34.0%	504	7.9%	8	8.2%	5	9.8%	356	18.6%	2	6.7%	1	7.1%	unavail	unavail
Cocaine/Crack	343	15.9%	n/s	n/s	1,596	25.0%	9	9.3%	3	5.9%	80	4.2%	2	6.7%	0	0.0%	unavail	unavail
Heroin	95	4.4%	105	12.2%	n/s	n/s	1	1.0%	0	0.0%	10	0.5%	3	10.0%	2	14.3%	unavail	unavail
Prescription Opioids***	24	1.1%	4	0.5%	37	0.6%	n/s	n/s	0	0.0%	19	1.0%	2	6.7%	1	7.1%	unavail	unavail
Methamphetamine	11	0.5%	1	0.1%	9	0.1%	0	0.0%	n/s	n/s	2	0.1%	0	0.0%	0	0.0%	unavail	unavail
Marijuana	466	21.6%	144	16.7%	304	4.8%	23	23.7%	15	29.4%	n/s	n/s	8	26.7%	1	7.1%	unavail	unavail
Benzodiazepines	12	0.6%	4	0.5%	33	0.5%	6	6.2%	4	7.8%	32	1.7%	n/s	n/s	0	0.0%	unavail	unavail
Synthetic Stimulants	6	0.3%	1	0.1%	5	0.1%	1	1.0%	1	2.0%	2	0.1%	1	3.3%	n/s	n/s	unavail	unavail
Synthetic Cannabinoids	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail	unavail

NOTES:

^Chicago: Includes data for Chicago not the entire Chicago MSA.

*Admissions: Includes admissions to publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period. Data on services reimbursed by Medicaid Managed Care Organizations (MCOs) are not reported to IDHS/SUPR and, therefore, the admissions and other service information are not included in the SUPR data. It should be noted that beginning in State Fiscal Year 2016, an increasing number of Illinois Medicaid patients belonged to a Managed Care Organization (MCO) and did not have MCO-reimbursed substance use disorder treatment service data reported to SUPR.

**Fiscal Year (FY) 2018: Please note that treatment data presented for other NDEWS SCSs represent calendar year data.

***Prescription Opioids: Includes oxycodone/hydrocodone, non-prescription methadone, and other opioids.

unavail: Data not available; nr: Data not reported; Percentages may not sum to 100 due to missing data, rounding, and/or because not all possible categories are presented in the table. Category frequencies may not sum to drug total due to missing data and/or not all possible categories are presented in the table.

SOURCE: Data provided to the Chicago Metro NDEWS SCE by Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR, formerly the Division of Alcohol and Substance Use).

Sources

DATA FOR THIS REPORT WERE DRAWN FROM THE FOLLOWING SOURCES:

Treatment admission episode data for Chicago were provided by the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR; formerly the Division of Alcoholism and Substance Abuse). Recent changes in drug treatment episodes should be understood within the context of major changes in some systems involved in financing and managing drug treatment. Data on services reimbursed by Medicaid Managed Care Organizations (MCOs) are not reported to IDHS/SUPR, and therefore, the admissions and other service information are not included in the SUPR data. It should be noted that beginning in State Fiscal Year 2016, an increasing number of Illinois Medicaid patients belonged to a MCO and did not have MCO-reimbursed substance use disorder treatment service data reported to SUPR.

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. Data for 1H2018 are preliminary and are subject to change.

Drug seizure data came from the Illinois State Forensic Science Center at Chicago, April 22, 2019.

Drug-related mortality data on deaths were obtained from the following sources:

- <http://www.dph.illinois.gov/sites/default/files/Drug%20Overdose%20Deaths%20-%20August%202019.pdf> (accessed 11/6/2019)
- Cook County Medical Examiner's Office: <https://datacatalog.cookcountyil.gov/Public-Safety/Medical-Examiner-Case-Archive/cjeq-bs86> (accessed 4/28/2019)
- Will County Coroner's Office: <https://www.willcountyillinois.com/County-Offices/Judicial-Services/Coroner> (accessed 5/3/2019)

Substance use in rural Delta counties data are from:

- Ending transmission of HIV, HCV, and STDs and overdose in rural communities of people who inject drugs (ETHIC). Mai Tuyet Pho, MD, University of Chicago, and Wiley Jenkins, PhD, Southern Illinois University School of Medicine. Funded by the National Institute on Drug Abuse, Appalachian Regional Commission, CDC, and SAMHSA.

For additional information about the drugs and drug use patterns discussed in this report, please contact Lawrence J. Ouellet, Ph.D., Research Professor, Community Outreach Intervention Projects, Division of Epidemiology and Biostatistics, School of Public Health, University of Illinois at Chicago, MC 923, 1603 West Taylor Street, Chicago, IL 60612-4394, Phone: 312-355-0145, E-mail: ljo@uic.edu.