



# ILLINOIS DRUG THREAT ASSESSMENT

A Survey of Police Chiefs and County Sheriffs





# **ILLINOIS DRUG THREAT ASSESSMENT**

## **A survey of police chiefs and county sheriffs**

**2017**

*Prepared by:*

Lily Gleicher, Research Analyst  
Jessica Reichert, Senior Research Analyst

This evaluation was supported by Grant #12-DJ-BX-0203 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Authority or the U.S. Department of Justice.

Suggested citation: Gleicher, L., & Reichert, J. (2017). *Illinois drug threat assessment: A survey of police chiefs and county sheriffs*. Chicago, IL: Illinois Criminal Justice Information Authority.

Illinois Criminal Justice Information Authority  
300 West Adams, Suite 200  
Chicago, Illinois 60606  
Phone: 312.793.8550  
Fax: 312.793.8422  
[www.icjia.state.il.us](http://www.icjia.state.il.us)

## **Acknowledgements**

The Illinois Criminal Justice Information Authority (Authority) wishes to thank the following individuals and agencies for providing assistance and guidance for this project:

Illinois Association of Chiefs of Police

Illinois Association of Metropolitan Enforcement Groups/ Drug Task Force Commanders

The agency would like to acknowledge the following Authority staff and interns for their assistance:

Megan Alderden

Ariel Gibbs

Rachel Kinsella

John Maki

Cristin Evans

Sal Perri

Christopher Schweda

## **Table of contents**

Key findings .....	1
Introduction .....	3
Section 1: Drug trafficking, distribution availability, and use.....	3
Section 2: Present study .....	8
Section 3: Main findings .....	11
Drug threat in Illinois.....	11
Drug contributions to violent and property crime .....	12
Drug distribution, transportation, and production .....	14
Drug availability and demand.....	15
Section 4: Discussion and conclusion.....	20
References .....	21

## Key findings

In April 2016, Illinois Criminal Justice Information Authority (Authority) researchers administered an online survey to police chiefs and county sheriffs to better understand drug problems from an Illinois law enforcement perspective. Researchers sought to identify the greatest perceived drug threat and gather information on drug distribution, production/cultivation, transportation methods, availability, and demand with a focus on five substances: heroin, cocaine (crack and powder), methamphetamine, prescription drugs, and marijuana.

The Authority collaborated with the Illinois Association of Chiefs of Police (IACP) to help distribute the electronic survey to its police chief and county sheriff members. Authority researchers also conducted outreach by telephone to police chiefs and sheriffs in counties where drug arrests make up 67 percent or more of total arrests. A total of 83 local police chiefs (n=68) and county sheriffs (n=15) responded to the Illinois Drug Threat Assessment survey. The sample represents agencies cover 35 percent of the total population in Illinois and made 51 percent of the total drug arrests in Illinois in 2015.<sup>1</sup>

### Top drug threats: Heroin, prescription drugs, and methamphetamine

Overall, Illinois police chiefs and sheriffs most frequently identified heroin and prescription drugs as the greatest drug threats in their jurisdictions (*Figure 1*). This observation is consistent with the 2016 National Drug Threat Assessment published by the Drug Enforcement Agency (DEA), indicating heroin, in particular, as the greatest drug threat in 2015 (DEA, 2016). The survey results were also consistent with an Authority survey of directors of 19 Illinois multi-jurisdictional, law enforcement, drug task forces (Reichert, Sacomani, Medina, DeSalvo, & Adams, 2016). The directors reported marijuana (n=19), heroin (n=18), and prescription drugs (n=16) as most problematic with regard to use and distribution (Reichert et al., 2016). Respondents to the Illinois drug threat assessment also reported an increase in the distribution and transport of heroin, prescription drugs, and marijuana. Marijuana, heroin, and prescription drugs were reported as highly available, and this corresponded with respondents reports that demand for heroin, marijuana, and prescription drugs also increased. Heroin, prescription drugs, and methamphetamine were also identified as the greatest contributors to violent crime.

In the central and southern regions, methamphetamine was also identified as the greatest drug threat. Southern region respondents identified a significant increase in the distribution and transport of methamphetamine in their jurisdictions. Though reported production of methamphetamine from small and large operations tended to be low throughout the state, respondents in the central region reported high production amounts coming from small methamphetamine operations and those serving communities in the southern region reported a moderate production of methamphetamine by both small operations and large operations. The survey responses reflect arrests in Illinois for violations of the Methamphetamine Control and

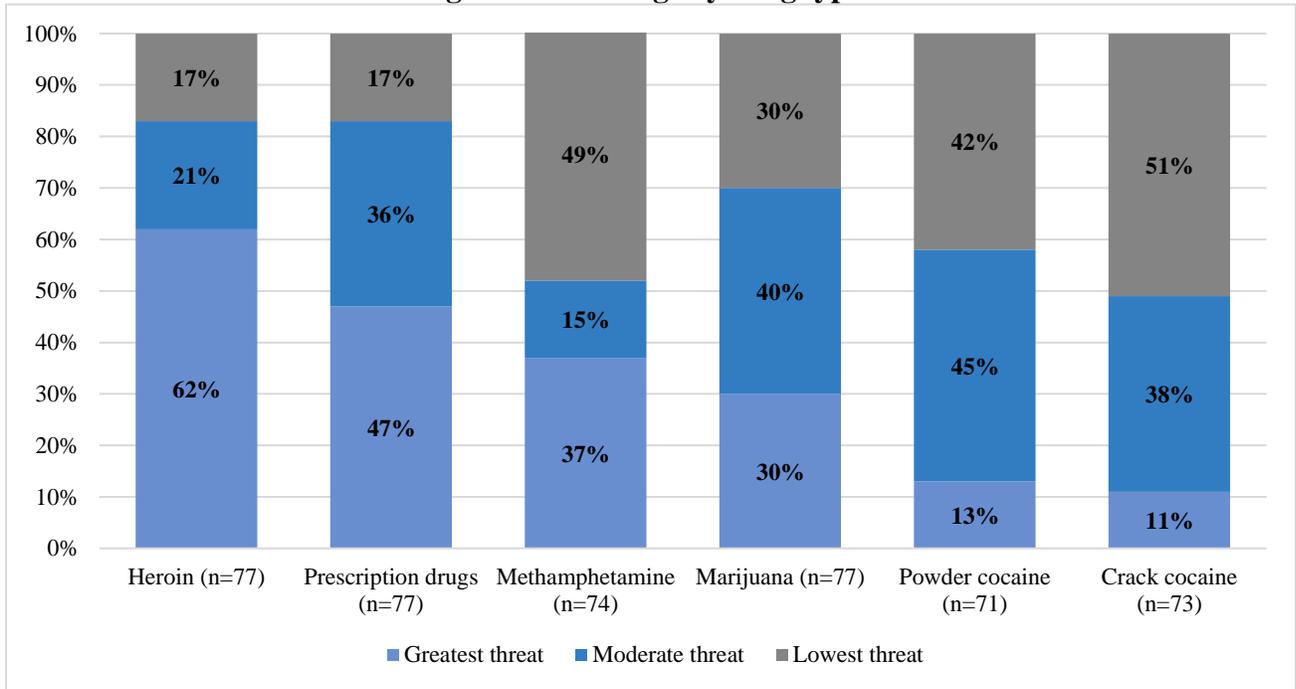
---

<sup>1</sup> Population and drug arrest data derived from 2015 UCR and CHRI data.

Community Protection Act. Eighty-six percent of the total methamphetamine arrests come from the central and southern regions of Illinois.<sup>2</sup>

**Figure 1**

**Drug threat rankings by drug type**



Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: On scale of Greatest threat=1 to Lowest threat=6. Greatest threat=responses of 1 or 2, moderate threat=responses of 3 or 4, lowest threat=responses of 5 or 6.

<sup>2</sup> Data source: ICJIA analysis of CHRI data.

## **Introduction**

In order to be proactive, states should understand the current drug and crime trends. A variety of resources and data can provide a clearer perspective of the greatest drug concerns and needs, as well as potential drug trends or crime patterns within the state. Sources of data include public health departments; emergency departments; drug treatment service providers; drug prescribers; coroners and medical examiners; and police, courts, and state correction agencies. Local law enforcement is a particularly vital contributor to identification of emerging drug and crime trends since they are on the frontline.

This report documents findings from the Illinois Drug Threat Assessment survey administered by the Illinois Criminal Justice Information Authority (Authority) in 2016. Authority researchers surveyed police chiefs and county sheriffs to gain their perceptions of drug trafficking in their jurisdictions. The study was designed to understand the extent of the drug trafficking including demand, availability, transportation (how it is coming into the state), and distribution (who is bringing it into the state). The information presented details the current drug trafficking trends and issues around the state and is intended to inform criminal justice policy, practice, and research regarding drug trafficking and related concerns.

## **Section 1: Drug Trafficking, Distribution Availability, and Use**

### **Drug Trafficking**

Since Chicago is a major hub for trucking and transportation, drugs are most easily trafficked via commercial trucks, passenger vehicles, mail package delivery services, air couriers, and railways (National Drug Intelligence Center, 2001). Chicago is near many interstates and state highway systems, in addition to a large international airport, port connections along the Great Lakes, and one of the busiest postal facilities in the country (Illinois Drug Threat Assessment, 2002). This provides for flow of drugs through the Great Lakes area and surrounding Midwest, and is the focal point for drug flow (Ouellet, 2014). The most significant threat in the United States for drug trafficking comes from transnational criminal organizations in Mexico, Colombia, Dominican Republic, and Asia (DEA, 2016). Mexican criminal organizations, however, are the greatest threat to the United States, with stake and control over large border territories used to smuggle in drugs (DEA, 2016). Gangs across the United States connect with local Mexican criminal organizations as their source of drug supply (DEA, 2016).

Mexican criminal organizations and street-level gangs pose the greatest threat to Illinois (DEA, 2015). One of the leading public safety concerns in the Chicago High Intensity Drug Trafficking Area (HIDTA) is drug-related violence between warring street gangs, using intimidation and violence to propel their drug operations and control drug distribution territories (National Drug Intelligence Center, 2011). Additionally, the street gang distribution and related violence has moved toward the Chicago suburbs (National Drug Intelligence Center, 2011) (*Figure 2*).

**Figure 2**  
**Chicago High Intensity Drug Trafficking Area**



Source: *Chicago High Intensity Drug Trafficking Area Drug Market Analysis*, National Drug Intelligence Center and Chicago HIDTA, 2007.

### Online illicit marketplaces

More recently, the development of online illicit marketplaces (OIMs) is beginning to take a hold of drug trafficking and distribution. However, little is known about online illicit marketplaces, which enables advanced encrypted technology called cryptomarkets to provide buyer and seller anonymity. While less violent than traditional drug distribution networks, online illicit marketplaces pose the potential for rapid proliferation of drug distribution (Martin, 2014). More research is needed to determine their impact on drug trafficking, distribution, and availability.

### Overview of drug distribution, availability, and use

#### *Heroin*

Frequently, heroin is delivered to a “mill,” where trafficking organization members break it into smaller quantities for retail or mid-level sale (DEA, 2015). Nationally, heroin availability is highest in the Midwest and Northeast (DEA, 2016). The Chicago HIDTA indicates the past several years have seen a sharp increase in heroin availability, based on the amounts being sold and seized (National Drug Intelligence Center, 2011). In 2013, the NFLIS identified heroin as the second most seized drug in the Chicago metropolitan statistical area, with an increase of 21 percent in heroin seizures from 2011 to 2013 (Ouellett, 2014). Forty-five percent of respondents from the NDTAS reported heroin as the greatest threat in their area; up from eight percent in 2007 (DEA, 2016).

According to the 2016 NDTAS, the total number of prescription drug users initiating heroin use, though a small portion of the prescription drug using population, accounted for almost 80 percent

of new heroin initiates between 2002 through 2011 (DEA, 2016). Further, between 2007 and 2014, the National Survey on Drug Use and Health (NSDUH) reports a 184 percent increase in reported heroin use (DEA, 2016; CBHSQ, 2015). Prescription drug users who cannot afford prescription opioids often turn to heroin, another opiate, to give them similar effects at only a fraction of the price (Muhuri, Gfroerer, & Davies, 2013). Illegal prescription drugs generally cost around \$1 to \$2 per milligram, while a quarter-sized bag of heroin goes for about \$5 to \$10 (Bernstein, 2015; Dasgupta, 2011; Doubek, 2014; National Drug Intelligence Center, 2009).

### ***Prescription drugs***

Aside from street dealers, prescriptions can be obtained through doctors, pill mills<sup>3</sup>, prescription drug fraud, robbery, and burglary (DEA, 2015; DEA, 2016). Additionally, individuals may obtain prescription drugs from family, friends, hospitals and hospices, doctors, nursing homes, or the internet (DEA, 2015). More than half of nonmedical prescription drug users ages 12-years and older reported obtaining prescription drugs for free from a friend or family member (DEA, 2016). A majority of DEA field divisions reported high availability of prescription drugs for the first half of 2015 compared to the previous period. In 2016, however, NDTAS respondents reported a decline in prescription drug availability between 2014 (75 percent) and 2016 (58 percent). This is generally perceived as a result of illicit prescription drug users turning to cheaper versions of prescription drugs (i.e. heroin or methamphetamine) in order to receive a similar high for a cheaper price.

Though rates of illegal prescription drug use are declining in the United States, the rate of prescription drug abuse is still more than the reported use of heroin, methamphetamine, cocaine, MDMA, and PCOP combined (DEA, 2016). Nationally, survey data of individuals ages 12-years old and older indicated a high level of prescription drug use disorders across the United States—more than the reported use of cocaine, heroin, methamphetamine, MDMA, and PCP combined (American Society of Addiction Medicine, 2016; CBHSQ, 2016).

### ***Prescription opioids***

Typically used for pain relief, opioids include codeine, fentanyl, hydrocodone (Norco, Vicodin), oxycodone, and methadone. Prescription opioids hydrocodone and oxycodone are most commonly trafficked by gangs (DEA, 2016). Opioid-related deaths (including deaths from heroin and prescription pain pills) quadrupled in the United States from 2000 to 2014, accounting for 28, 647 deaths in 2014 (or a 200 percent increase from 2000) (Rudd, Aleshire, Zibbell, & Gladden, 2016).

Fentanyl, developed to help cancer patients manage pain, is a synthetic opioid that is 25 to 40 times stronger than heroin and 80 to 100 times stronger than morphine (DEA, 2015; DEA, 2016). Primarily manufactured illegally in China and possibly Mexico, fentanyl is transported across the Southwest border of the United States and generally distributed into already functioning heroin markets. Mexican criminal organizations are combining fentanyl with heroin causing increased opioid-related deaths (DEA, 2016). In 2015, the DEA issued a nationwide health alert as an

---

<sup>3</sup> Pill mills are pill distribution operations in which a doctor, clinic, or pharmacy prescribes and/or dispenses narcotics despite a legitimate medical purposes for such a prescription.

increase in fentanyl-laced heroin emerged (Drug Enforcement Agency, 2015; NFLIS Special Report, 2016; DEA, 2016). Fentanyl poses a serious threat, as even small amounts can be absorbed through skin or accidentally inhaled, resulting in overdoses and/or fatalities (DEA, 2016).

### ***Marijuana***

Marijuana can be grown both indoors and outdoors and generally comes from the United States, Canada, Mexico, South America, and Asia (DEA, 2015). It is considered the most widely available and most commonly used illicit drug in the United States (DEA, 2016; CBHSQ, 2015). The majority of marijuana is transported by the same Mexican drug trafficking organizations responsible for cocaine, heroin, and methamphetamine supplied to the Midwest (Ouellett, 2014). However, with the current era of states legalizing marijuana for recreational or medicinal purposes, the DEA reported some decline in overall weight of marijuana seized at the Southwest border from Mexico (DEA, 2016). Chicago also is seeing an uptick in high-quality marijuana from the West Coast, smuggled in from Canada by Chinese, Vietnamese, and Albanian traffickers (National Drug Intelligence Center, 2011; Ouellett, 2014).

Approximately 80 percent of police agencies responding to the NDTAS (2016) reported marijuana was highly available within their areas. The DEA and the Chicago Police Department reported increases in the number of local grow houses and amount of locally-produced marijuana (Ouellett, 2014). However, just under five percent of NDTAS respondents indicated marijuana as the greatest drug threat, which may be a result of state law changes and changing views of marijuana as a threat (DEA, 2016).

While legal in some states, marijuana use is illegal under the Controlled Substances Act of 1970 (Hughes, Lipari, & Williams, 2015). Medical marijuana is legal in Illinois but recreational/retail (non-medical) use is not permitted by Illinois state law (DEA, 2016). In July 2016, possession of 10 grams or less of marijuana was decriminalized in Illinois [P.A. 99-697, eff. 7-29-16; 720 ILCS 550/4].

From 2006 to 2010, marijuana use in the U.S. increased 30 percent (CBHSQ, 2015). The overall increase in marijuana use is largely attributed to increased use by individuals 18 years and older (CBHSQ, 2015).

### ***Methamphetamine***

Most methamphetamine is manufactured in Mexico and transported to the U.S., produced in large laboratories with a high purity—typically known as “ice” (Berkes, 2007a). Methamphetamine also is manufactured domestically in people’s homes, abandoned buildings, and cars (Berkes, 2007a). Small, domestic labs tend to be located in rural areas and they generally produce smaller amounts sold to people living in or by the communities where it is manufactured. Almost 32 percent of NDTAS responding agencies reported methamphetamine as the greatest threat in their areas, 45 percent reporting high availability of methamphetamine, and 40 percent reported an increase in demand for methamphetamine (DEA, 2016).

Due to the high potential for abuse, the Combat Methamphetamine Epidemic Act of 2005 began to regulate stimulants ephedrine and pseudoephedrine—over-the-counter drugs frequently used to manufacture methamphetamine (DEA, 2015). These over-the-counter drugs are used by combining it with anhydrous ammonia and lithium, creating a dangerous chemical reaction that increase the risk of labs exploding or catching fire. This hazard may have influenced a decrease in domestic methamphetamine laboratories by 43 percent nationally between 2003 and 2005 (pre- and post- state restrictions to methamphetamine ingredients), particularly with an already increasing Mexican methamphetamine market (Berkes, 2007a). At California ports of entry between 2006 and 2007, there was a 40 percent increase in seizures of Mexican methamphetamine (Berkes, 2007b). There has been a 39 percent decrease in methamphetamine laboratory seizures and incidents between 2010 and 2014 (DEA, 2014).

Domestically produced methamphetamine has continued to decrease since 2006 (DEA, 2016). Mexico has become a large provider of methamphetamine for much of the Midwest, including Illinois (DEA, 2016; Berkes, 2007). While U.S.-based illicit laboratories manufacture and produce methamphetamine, the majority of methamphetamine is smuggled from Mexico, through the same routes used to traffic heroin, cocaine, and marijuana. Mexican criminal organizations manufacture methamphetamine at “super labs,” producing up to 10 pounds of high quality (“ice”) methamphetamine per cycle<sup>4</sup> (DEA, 2016; Gilbreath, 2015). Mexican criminal organizations can more easily evade law enforcement detection by concealing methamphetamine in powder form or dissolved in solutions (DEA, 2016). Once the concealed methamphetamine is trafficked into the U.S. from Mexico, it is generally converted to crystal methamphetamine from a powder methamphetamine and methamphetamine dissolved in a solution in conversion labs, predominately in California and other Southwest border states (DEA, 2016).

The most recent data in Illinois (2014) indicates the Illinois State Police encountered 729 clandestine methamphetamine laboratory incidents (labs, dumpsites, chemical/glass/equipment) (DEA, n.d.). In Illinois, the number of methamphetamine labs seized by law enforcement increased 103 percent from 394 in 2007 to 799 incidents in 2012. This can be attributed to an increasing number of mobile labs in central and southern regions and “smurfing” (bulk purchases of pseudoephedrine for non-therapeutic reasons, generally at various stores) (Illinois Drug Control Update, n.d.).

In Illinois, methamphetamine laboratories are predominately located in central and southern regions. Although less common in the Chicago area, the Chicago DEA Field Division reported higher availability of methamphetamine in 2015 than in the previous year (DEA, 2016). Illinois State Police in Vermilion County made the state’s second largest seizure, with a total of 77 methamphetamine labs in 2012 (Thoren, 2013). The top five counties with the most meth lab seizures between 2006 and 2013 include Madison, Adams, Tazewell, Coles, and Montgomery and Vermilion (tied for fifth) (Illinois State Police, 2013).

Methamphetamine use grew two-fold between the early 1990s and early 2000s, and has remained relatively stable since (Hunt et al., 2006; DEA, 2015). In 2014, an estimated 569,000 individuals aged 12 years and older identified themselves as current methamphetamine users (CBHSQ, 2015), and a national survey of individuals 12 years and older noted a 71 percent

---

<sup>4</sup> A cycle is considered one “batch” of methamphetamine made at one time.

increase in the number of new methamphetamine users between 2010 and 2014 (DEA, 2016; CBHSQ, 2015).

### *Cocaine*

Most cocaine is manufactured in remote labs in South America using chemical processes to transform raw coca leaves into the drug. About 90 percent of cocaine trafficked into the U.S. originates in Colombia, with the rest originating in Peru (DEA, 2016). Cocaine availability levels in the U.S. have stabilized in recent years. The availability of powdered cocaine is moderate or low in the Chicago Metropolitan Statistical Area (Ouellett, 2014). However, between 2014 and 2015, the DEA reported an increased flow of cocaine toward the U.S., potentially as the result of an increase in coca cultivation and pure cocaine production in Colombia, which may contribute to increases in the future (DEA, 2016). The Chicago Field Division of the DEA reported a moderate level of availability during the first half of 2015 (DEA, 2016).

Nationally, cocaine use has declined from around 1 million users aged 12-years old and older in 2007 to 724,000 in 2012 (DEA, 2015). Historically, the majority of cocaine users are aged 26-years old and older. Out of the 1.5 million current cocaine users, 1.1 million were 26-years old or older in 2014 (DEA, 2016). Overall, cocaine is still accessible, but 2014 data demonstrated its availability at historically low levels while cocaine prices have drastically increased; there was a 149 percent increase between January 2007 and March 2015 per pure gram of cocaine (National Drug Intelligence Center, 2011; DEA, 2016).

## **Section 2: Present study**

Authority researchers administered the Illinois Drug Threat Assessment survey to police chiefs and county sheriffs to identify perceived trends in Illinois drug data, and obtain the ability to compare the results to reported state and national trends. In order to improve response rates, the Authority collaborated with the Illinois Association of Chiefs of Police (IACP) who was able to assist in pushing out the online survey to police chiefs across the state. The Authority created an email in Constant Contact marketing software which contained an invitation to take the survey along with a link. The IACP forwarded the email to its listserv members in May 2016 and sent a reminder email in June 2016; the survey closed on June 24, 2016.

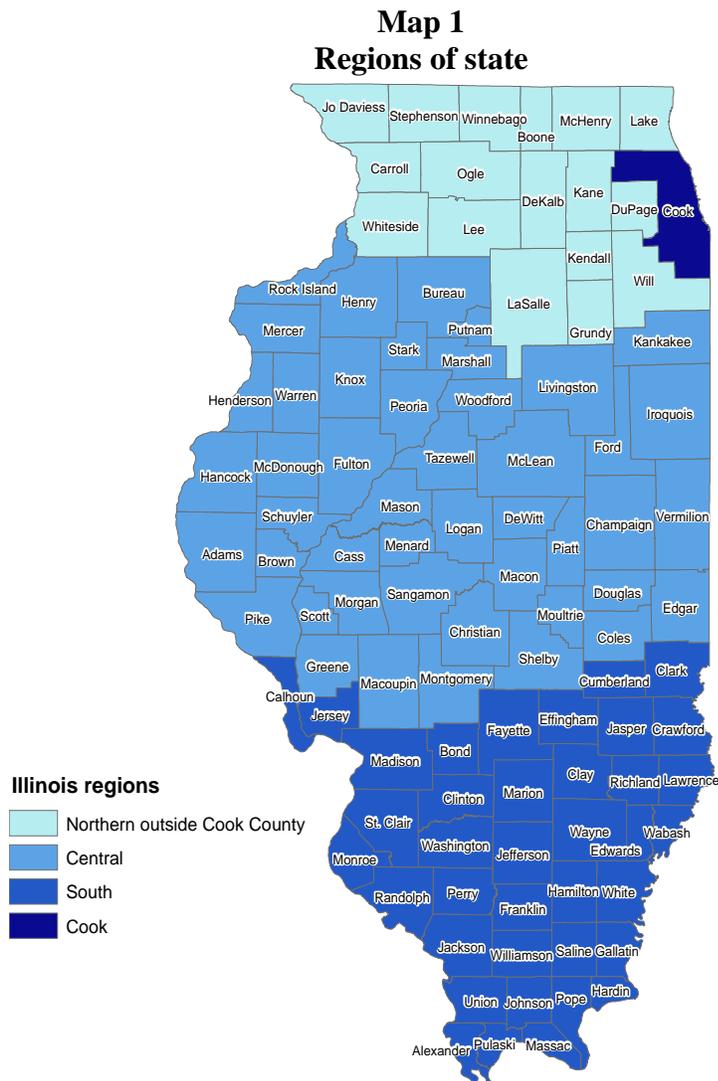
In addition to email, Authority researchers conducted outreach by telephone to police chiefs and sheriffs of the arresting agencies in which drug arrests made up 67 percent or more of total arrests in the state, based on Illinois State Police, Criminal History Records Information data. A total of 68 chiefs and sheriffs were contacted and of those, twelve additional agencies responded.

Of the 782 chiefs and sheriffs who received the survey, 99 responded to the online survey. Thirteen respondents were omitted from the final data analysis for lack of identifying information or for falling outside of the survey parameters. These omissions included:

- two surveys with respondents from two separate MEG/TF agencies,
- four surveys with respondents from different Illinois State Police districts,
- one survey with a respondent from a Railroad Police Department,

- five other surveys were removed for lack of response with less than five questions answered,
- two surveys due to the inability to identify the agency, and
- two surveys in which two individuals from the same agency submitted responses were taken out. Of the two responses, the case in which the police chief responded was kept in the dataset.

In addition to analyzing overall police chief and county sheriff responses, Authority researchers analyzed responses by region to identify patterns of drug threats. Examined were Cook County, northern (minus Cook County), central, and southern Illinois regions (*Map 1*). Surveys of two respondents were removed from this analysis for lack of a regional identifier.



*Table 1* provides the percentage of Illinois population served by the responding agencies and the percentage of the region’s drug arrests that were made by the participating agencies. Overall, responding agencies accounted for jurisdictions with 35 percent of the state’s population and

about half of the drug arrests. Regional differences were noted; law enforcement agencies outside of Cook County were the least likely to respond.

**Table 1**  
**Number of agency respondents and representation per region in Illinois**

<b>Regions</b>	<b>N</b>	<b>Total pop. covered by responding agencies (n)</b>	<b>Total regional pop. (n)</b>	<b>% of pop. covered by responding agencies</b>	<b>Total # of drug arrests by responding agencies (n)</b>	<b>Total # of regional drug arrests (n)</b>	<b>% of total drug arrests by responding agencies</b>
Cook County	15	3,013,266	5,246,456	57%	27,865	34,982	80%
Northern	30	1,088,459	3,994,541	26%	3,397	13,059	26%
Central	25	338,312	2,451,925	15%	2,111	11,594	18%
Southern	11	83,546	1,274,135	6%	705	6,931	10%
<b>Total</b>	<b>83</b>	<b>4,523,583</b>	<b>12,967,057</b>	<b>35%</b>	<b>34,078</b>	<b>66,566</b>	<b>51%</b>

Data source: Illinois UCR data, CHRI data

Note: Population and arrest data are from 2015.

### **Study Limitations**

The final sample size of completed surveys was 83; an 11 percent response rate. Though low, the response rate for the DEA’s 2016 NT DAS was about 9 percent. Responses were received from county sheriffs in three of the five agencies recording the most drug-related arrests in Illinois. In addition, responses were received from 17 of the 20 counties recording the most drug-related arrests across the state. While low, SurveyGizmo—the web-based survey platform used for this survey—identifies an average response rate of 10 to 15 percent for external, web-based surveys (Fryrear, 2015). In addition, an emailed online survey of police chiefs and county sheriffs in 2015 in Georgia also had an 11 percent response rate (Compton, Broussard, Reed, Crisafio, & Watson, 2015). Therefore, this response rate is not uncommon for the method and target respondents. Low response rates, however, can impact the generalizability of the findings and therefore the survey responses presented here reflect police chief and county sheriff perceptions and are not generalizable to any particular region of Illinois or the state itself.

## Section 3: Main findings

### Drug threat in Illinois

Drug “threat” encapsulated the demand, use, availability, and distribution of five drugs in the respondents’ jurisdiction.<sup>5</sup> Respondents were asked to identify the greatest drug threat in their jurisdictions by ranking powder cocaine, crack cocaine, heroin, methamphetamine, marijuana, and prescription drugs from 1=greatest drug threat to 6=lowest drug threat. From the data, Authority researchers created the following categories for further analysis: *greatest threat* (1 and 2), *moderate threat* (3 and 4), and *lowest threat* (5 and 6).

Respondents most frequently reported heroin, prescription drugs, and methamphetamine as the top three greatest drug threats (*Table 2*). Powder and crack cocaine were most frequently reported as the lowest drug threat. This is consistent with the DEA’s 2016 NDTAS as 45 percent of law enforcement respondents reported heroin as the greatest drug threat in their areas (DEA, 2016). The second and third greatest drug threats reported from the NDTAS were methamphetamine (32 percent), and prescription drugs (12 percent) (DEA, 2016).

These responses are also consistent with the state and national impact of opioids. In particular, the Centers for Disease Control (CDC) estimates about 78 deaths every day, on average, related to opioids (CDC, 2015). Further, a recent study by the Authority surveyed 19 multi-jurisdictional Illinois drug task forces on the extent of the drug problem in each drug task forces’ jurisdiction; heroin and prescription drugs were identified as the most problematic and emerging in terms of illicit use and distribution (Reichert, 2016). The findings for methamphetamine are also consistent with DEA reporting an increase in methamphetamine availability and use. As noted in *Table 2*, law enforcement respondents from the central and southern regions of the state noted methamphetamine as the greatest drug threat and methamphetamine was third among the highest drug threats for the state overall.

**Table 2**  
**Law enforcement responses to greatest drug threat overall and by region (N=83)**

Region	Greatest Drug Threat	Second Greatest Drug Threat	Third Greatest Drug Threat
Cook County	Heroin	Marijuana	Prescription drugs
Northern Region	Heroin	Prescription drugs	Marijuana
Central Region	Methamphetamine	Heroin	Prescription drugs
Southern Region	Methamphetamine	Heroin	Prescription drugs
<b>Overall</b>	Heroin	Prescription drugs	Methamphetamine

Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

**Drug threat by region.** Cook County and northern region respondents most frequently identified heroin as the greatest drug threat. Conversely, central and southern region respondents most

<sup>5</sup> Respondents could indicate more than one drug as greatest, moderate, or lowest threat.

frequently identified methamphetamine as the greatest drug threat, reporting heroin as the second greatest drug threat in their areas. This is similar to reports of increased or more prevalent use of methamphetamine in findings from the 2001 Illinois Drug Threat Assessment, which indicated increased production and abuse of methamphetamine in rural areas of the central and southern regions of the state (National Drug Intelligence Center, 2001). In addition, the reported increase in methamphetamine availability and use in the central and southern regions of Illinois coincides with the number of arrests for violations of the Methamphetamine Control and Community Protection Act. In 2015, the central region accounted for 44 percent of methamphetamine arrests and the southern region accounted for 42 percent of methamphetamine arrests made by Illinois police agencies.<sup>6</sup>

## **Drug contributions to violent and property crime**

Chicago HIDTA reports drug-related violence between street gangs as the leading public safety concern in the Chicago HIDTA region (National Drug Intelligence Center, 2011). Violent crime can also be a result of the effects of drugs on an individuals' behavior (BJA, 2006). Additionally, drugs may contribute to property crime, as individuals may illegally obtain money or goods (to sell) in order to support their substance use disorder (BJA, 2006; Powell, 2011).

Respondents were asked to rank each drugs' contribution to violent and property crime in their jurisdictions, 1=greatest contributor and 6=the lowest contributor. Researchers consolidated their responses into the following categories for analysis: *greatest contributor* (1 and 2), *moderate contributor* (3 and 4), and *lowest contributor* (5 and 6).

**Violent crime.** The top three greatest contributors to violent crime reported by responding agencies were heroin, methamphetamine, and prescription drugs (*Table 3*). Thirty-four percent of respondents from the 2016 NDTAS reported methamphetamine as the greatest contributor to violent crime, followed by heroin (20 percent) (DEA, 2016), which is similar to the DEA findings in the National Drug Threat Assessment. Conversely, the national survey indicates 14 percent of respondents reported crack cocaine as the third greatest contributor to violent crime, with only 6 percent reporting prescription drugs as the greatest contributor to violent crime (DEA, 2016).

**Violent crime by region.** Similar to responses regarding greatest drug threat, Cook County and northern region respondents reported heroin as the greatest contributor to violent crime (*Table 3*). Northern region respondents also reported powder cocaine as the second greatest contributor to violent crime in their area. Central and southern region respondents most frequently reported methamphetamine as the greatest contributor to violent crime, with heroin emerging as the second greatest contributor to violent crime identified by agency respondents (*Table 3*).

---

<sup>6</sup> Data on methamphetamine arrests includes violations of the Methamphetamine Control and Community Protection Act, offenses: 1910, 1915, 1920, 1925, 1930, 1935, 1940, 1945, 1950, 1955, 1960, 1965, 1970, 1975, 1980. Data comes from ICJIA analysis of CHRI data.

**Table 3**  
**Law enforcement responses to greatest contributor to violent crime overall and by region**  
**(N=83)<sup>7</sup>**

<b>Region</b>	<b>Greatest Contributor</b>	<b>Second Greatest Contributor</b>	<b>Third Greatest Contributor</b>
<b>Cook County</b>	Heroin	Marijuana	Prescription drugs
<b>Northern Region</b>	Heroin	Powder cocaine	Prescription drugs
<b>Central Region</b>	Methamphetamine	Heroin	Prescription drugs
<b>Southern Region</b>	Methamphetamine	Heroin	Marijuana
<b>Overall</b>	Heroin	Methamphetamine	Prescription drugs

Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: Any tie for second greatest contributor was split between the second and third greatest contributor rankings.

**Property crime.** Law enforcement respondents most frequently reported heroin, marijuana, and prescription drugs as the top three contributors to property crime (*Table 4*). Law enforcement respondents from the 2016 NDTAS also reported heroin as the greatest contributor to property crime (36 percent) (DEA, 2016). However, the national survey differed in the second and third greatest contributor to property crime, with 28 percent reporting methamphetamine and 16 percent reporting prescription drugs as the second and third greatest contributors, respectively (DEA, 2016). Only eight percent of respondents from the national survey reported marijuana as the greatest contributor to property crime (DEA, 2016).

**Property crime by region.** Similar to violent crime, Cook County and northern region respondents most frequently identified heroin as the top contributor to property crime, with prescription drugs and marijuana as the second or third greatest contributor to property crime. Central region respondents most frequently reported heroin as the greatest contributor to property crime, with methamphetamine a close second. The southern region agency responses were similar to their violent crime responses, with methamphetamine reported as the greatest contributor to property crime, followed by heroin and prescription drugs.

**Table 4**  
**Law enforcement responses to greatest contributor to property crime overall and by region**  
**(N=83)<sup>8</sup>**

<b>Region</b>	<b>Greatest Contributor</b>	<b>Second Greatest Contributor</b>	<b>Third Greatest Contributor</b>
<b>Cook County</b>	Heroin	Prescription drugs	Marijuana
<b>Northern Region</b>	Heroin	Marijuana	Prescription drugs
<b>Central Region</b>	Heroin	Methamphetamine	Prescription drugs/Marijuana
<b>Southern Region</b>	Methamphetamine	Heroin	Prescription drugs
<b>Overall</b>	Heroin	Marijuana	Prescription drugs

Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: Any tie for second greatest contributor was put as the third greatest contributor.

<sup>7</sup> Respondents could identify more than one drug as the greatest, moderate, or lowest contributor to violent and property crime.

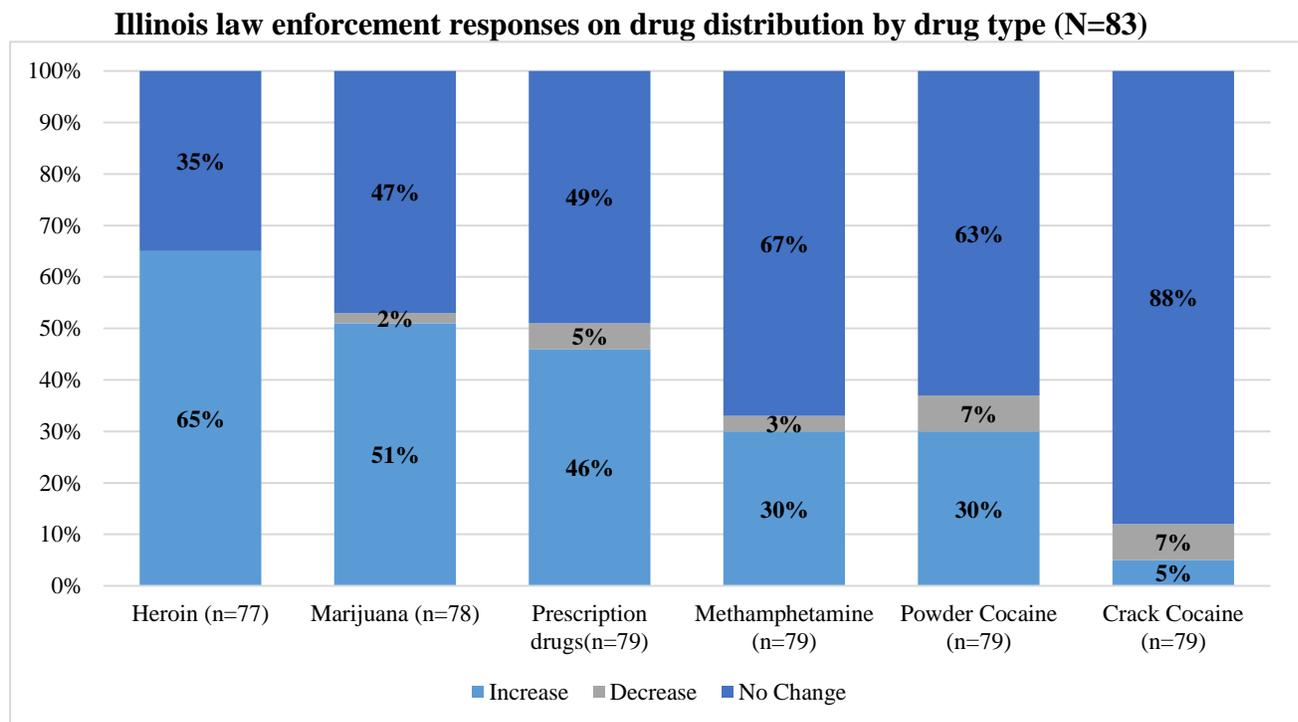
<sup>8</sup> Respondents could identify more than one drug as the greatest, moderate, or lowest contributor to violent and property crime.

## Drug distribution, transportation, and production

Police chiefs and sheriffs indicated whether they felt there had been an increase, decrease, or no change in drug distribution, transportation methods, and methods, and production of methamphetamine and cultivation of marijuana within the previous 12-months prior to survey submission.

**Drug distribution.** Law enforcement respondents most frequently reported an increase in distribution of heroin (65 percent), marijuana (51 percent), and prescription drugs (46 percent) (*Figure 3*). This is also consistent with the Authority survey of 19 drug task forces, in which heroin was reported as the most serious drug distribution problem over the past two years (Reichert, 2016).

Figure 3



Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

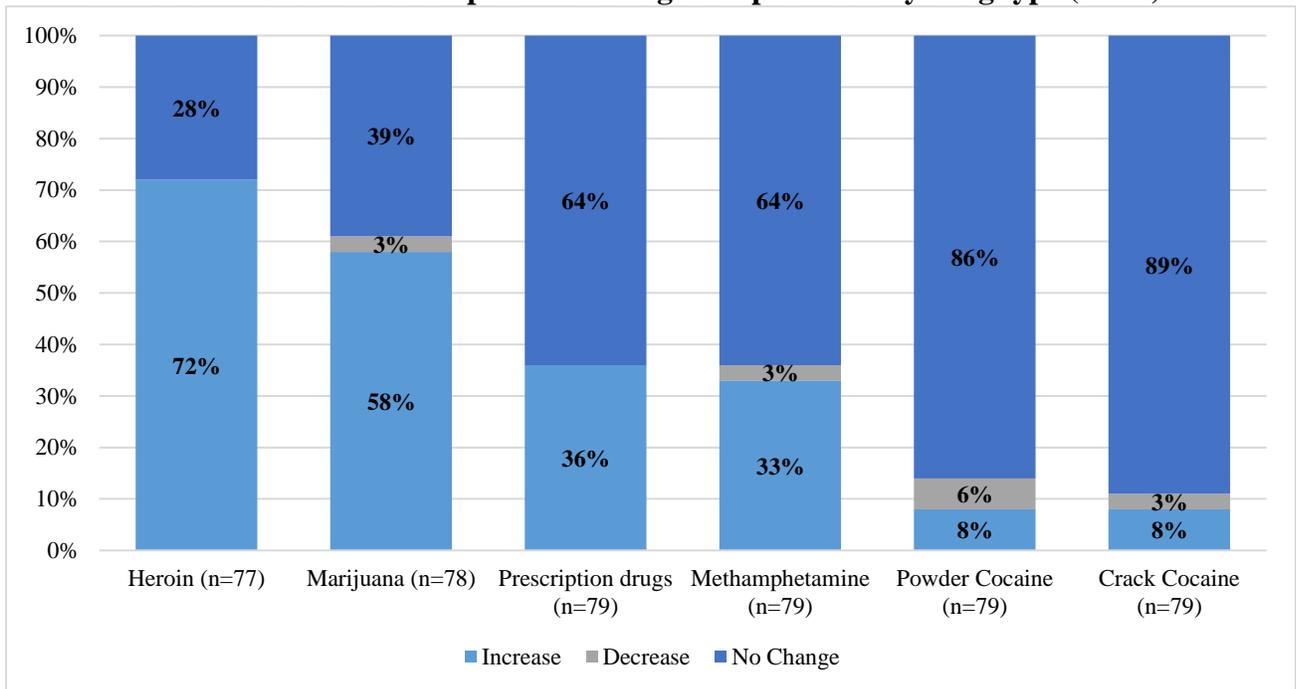
Note: These totals exclude N/A responses from the total.

**Drug distribution by region.** In each region, a majority reported an increase in heroin distribution. A majority of southern region respondents and just under one-third of central region respondents reported an increase in distribution of methamphetamine. In addition, half of the southern region respondents reported an increase in distribution of prescription drugs.

**Transportation of drugs.** A majority of law enforcement agency respondents reported an increase in transport of heroin (72 percent) and marijuana (58 percent) (*Figure 4*). This is also consistent with the Authority's drug task force survey, with drug task force respondents

indicating an increase in heroin and marijuana transportation and distribution throughout the state of Illinois. The Chicago High Intensity Task Force (HIDTA) also reported sharp increases in heroin availability and wholesale heroin trafficking in the past several years by Mexican transnational criminal organizations (National Drug Intelligence Center, 2011).

**Figure 4**  
**Illinois law enforcement responses on drug transportation by drug type (N=83)**



Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: These totals exclude N/A responses from the total.

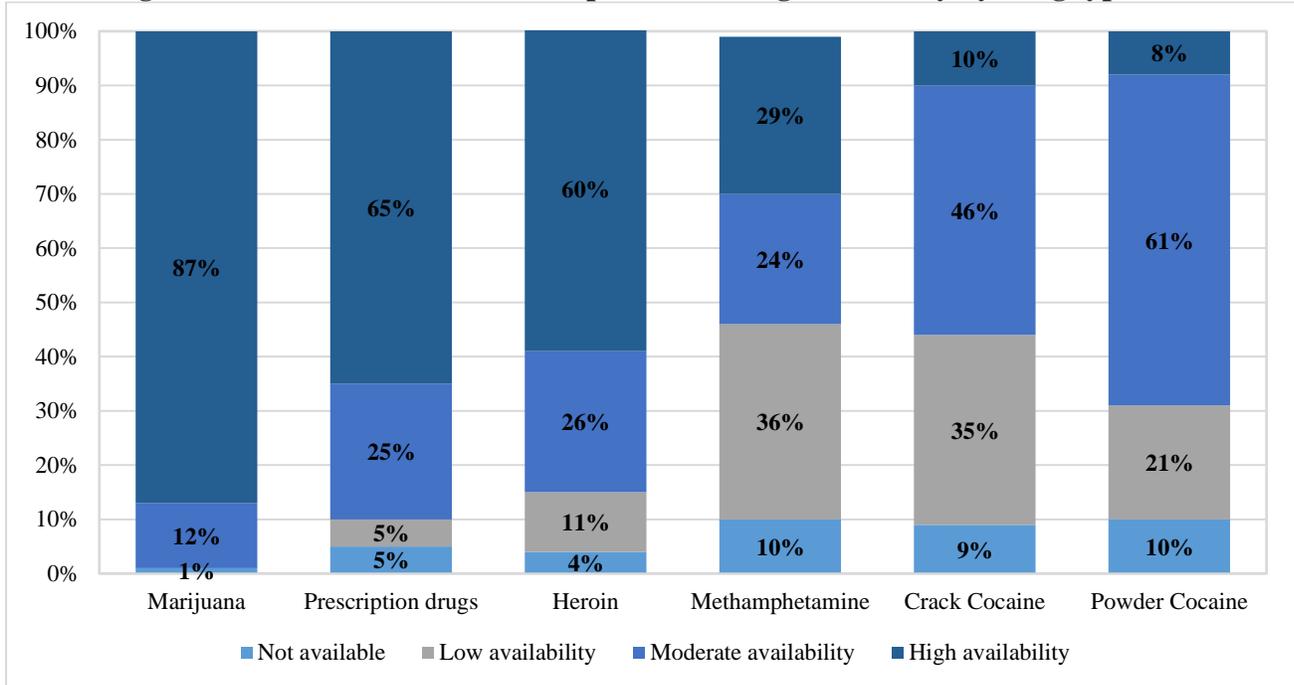
**Drug transport by region.** A majority of respondents indicated an overall increase in the past 12-months in the transport of heroin into Illinois. In addition, a majority of Cook County, northern, and central region respondents reported an increase in the transport of marijuana. Southern region respondents most frequently reported an increase in the transport of methamphetamine.

## Drug availability and demand

**Drug availability.** Survey respondents were asked to describe the availability of drugs in their areas as *high availability*, *moderate availability*, *low availability*, or *no availability*, within the past 12-months. Sixty percent of law enforcement surveyed indicated a high availability of heroin. Additionally, most respondents indicated marijuana (87 percent) and prescription drugs (65 percent) were highly available (*Figure 5*).

**Figure 5**

**Percentage of Illinois law enforcement responses on drug availability by drug type (N=83)**



Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: These totals exclude N/A responses from the total.

**Drug availability by region.** Respondents predominately reported high availability of heroin, marijuana, and prescription drugs in all regions. A majority of central and southern region respondents reported high availability of methamphetamine as well. In general, regions reported low to moderate availability of powder and crack cocaine.

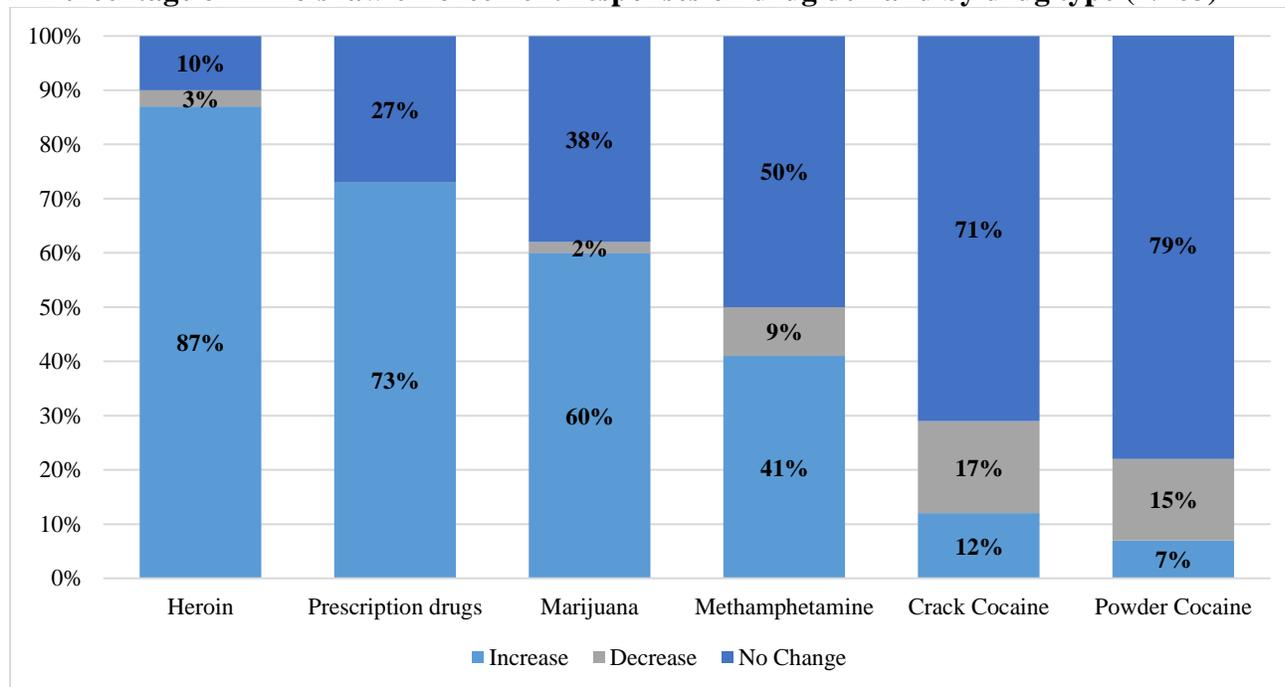
Our finding that marijuana, prescription drugs, heroin, and methamphetamine are the most commonly available drugs in Illinois is consistent with that reported by the DEA for the Great Lakes region. (DEA, 2016).

**Drug demand.** A majority of law enforcement responses indicated an increase in demand for heroin (87 percent), prescription drugs (73 percent), and marijuana (60 percent). No one indicated a decrease in demand for prescription drugs (*Figure 6*).

Similarly, Chicago HIDTA reported a growing heroin user population, with increases in heroin availability supporting this rise in demand (National Drug Intelligence Center, 2011). Chicago HIDTA reported a significant increase in heroin seizures from 2005 (35.5 kg) to 2010 (125.0 kg), with this rise in availability and demand coinciding with an increase in wholesale heroin prices, emergency department admissions, treatment admissions, and heroin-related deaths. (Maxwell, 2015; National Drug Intelligence Center, 2011; Rudd et al., 2016; Volkow, 2014). The DEA also reported high levels of prescription drug abuse across the U.S., including an increase in treatment admissions for prescription drugs (DEA, 2016; CBHSQ, 2015). Though the DEA also reported slight declines in prescription drug use, they report this may be a contributing factor to the increase in heroin demand, availability, transportation, and distribution across the U.S., as heroin

tends to offer the same effect opioid prescription drugs for a significantly cheaper price (DEA, 2015; DEA, 2016).

**Figure 6**  
**Percentage of Illinois law enforcement responses on drug demand by drug type (N=83)**



Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: These totals exclude N/A responses from the total.

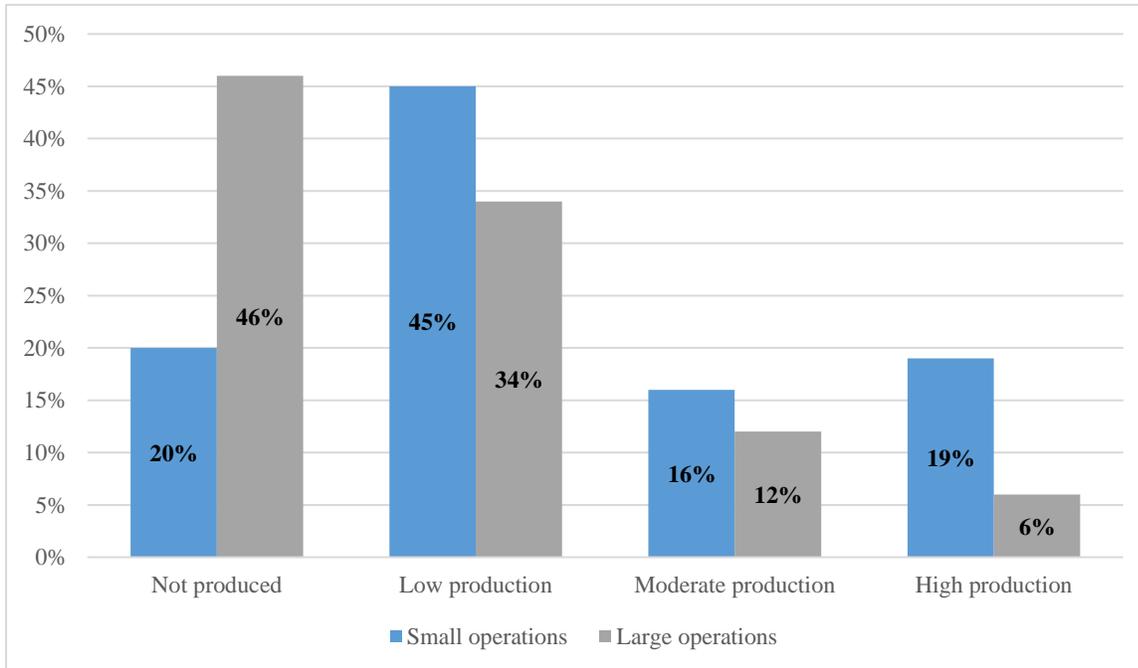
**Drug demand by region.** Over 70 percent of respondents in each region reported an increase in demand for heroin. All responses from the southern region indicated an increase in demand for methamphetamine, and just over half of the responses from the central region indicated an increase demand for methamphetamine. Southern region respondents also most frequently reported an increase in demand for prescription drugs (82 percent). Cook County respondents most frequently reported an increase in demand for marijuana as well (87 percent).

### **Methamphetamine production**

The Illinois drug threat assessment survey asked questions about the level of production of methamphetamine both for personal use and larger production for distribution and sale.

**Small methamphetamine operations for personal use.** The survey responses suggest that small methamphetamine production for personal use predominately occurs in the central and southern regions of Illinois, with limited production in Chicago and its surrounding suburbs. Most frequently, respondents reported low production of methamphetamine from small operations (45 percent) (*Figure 7*).

**Figure 7**  
**Percentage of Illinois law enforcement respondents reporting production of methamphetamine for personal use (small operations) and production of methamphetamine for sale (large operations) (N=83)**



Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: Respondents who reported “don’t know” were excluded from this figure.

***Large methamphetamine operations for sale.*** Thirty-four percent of respondents indicated low production of methamphetamine by large operations. Regionally, the only respondents to report moderate or high production of methamphetamine by large operations for sale come from the southern region and central regions. Respondents from the northern region and Cook County most frequently reported no production of methamphetamine by large operations for sale (*Figure 7*).

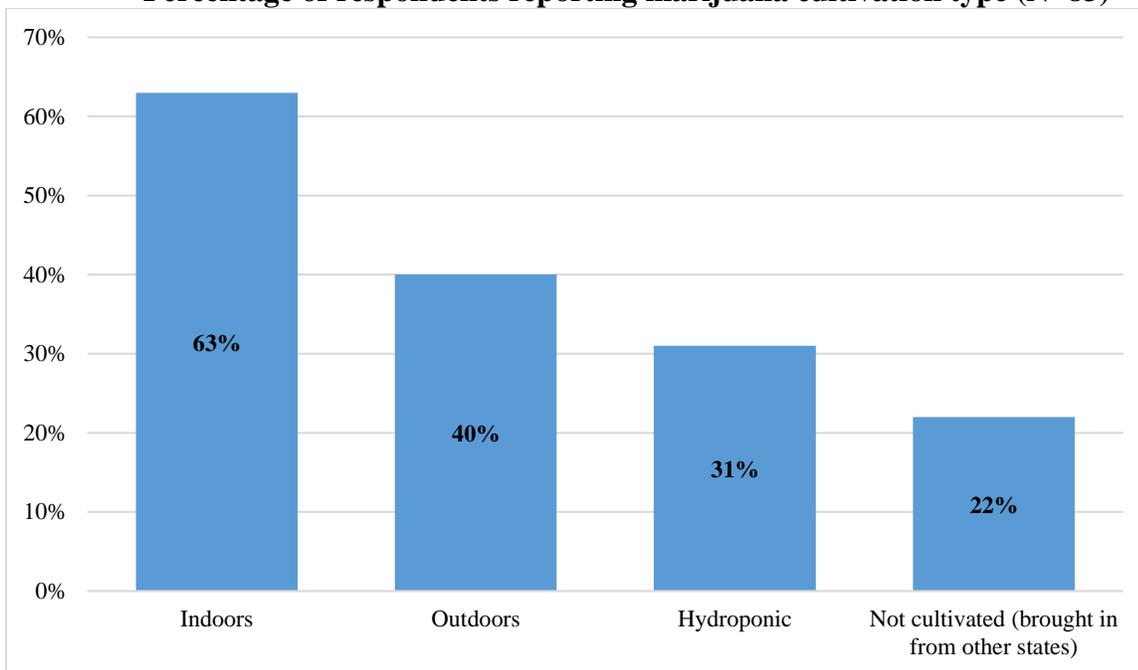
While the DEA reports increased methamphetamine availability and use, this increase is only reported for the central and southern regions of Illinois. The DEA also suggests that some individuals who use cocaine may switch to methamphetamine as cheaper alternative with the same euphoric effects (DEA, 2015). As previously reported, the percent of methamphetamine arrests (violations of the Methamphetamine Control and Community Protection Act) comes predominately from the central (44 percent) and southern (42 percent) regions within the state of Illinois in 2015.<sup>9</sup>

<sup>9</sup> Data source: ICJIA data analysis of CHRI data.

## Marijuana cultivation

Respondents were asked to indicate whether marijuana in their jurisdictions was cultivated indoors, outdoors, hydroponically, or not cultivated (but transported from other states). A majority of respondents (63 percent) reported seeing indoor marijuana cultivation in their jurisdiction, and 40 percent of respondents reported seeing outdoor marijuana cultivation in their jurisdictions. A total of 31 percent reported presence of hydroponic marijuana and 22 percent of respondents reported no cultivation in their jurisdictions but that marijuana was brought in from other states (*Figure 8*). These responses are also consistent with the DEA's 2016 NDTAS, indicating indoors as the most frequent method of marijuana cultivation (65 percent), followed by outdoors (56 percent), hydroponic (36 percent), and not cultivated (9 percent) (DEA, 2016).

**Figure 8**  
**Percentage of respondents reporting marijuana cultivation type (N=83)**



Data source: ICJIA Illinois Drug Threat Assessment survey, 2016

Note: Respondents who reported “don’t know” were excluded from this figure. Respondents were asked to indicate all methods of cultivation in their area.

***Marijuana cultivation by region.*** Analyzing marijuana cultivation regionally provides insight into where the drug is predominately cultivated and method of cultivation. The northern region and Cook County most frequently reported indoor cultivation of marijuana. In the central and southern regions, outdoor cultivation was the predominant method reported.

## Section 4: Discussion and conclusion

Overall, Illinois police chiefs and sheriffs most frequently identified heroin and prescription drugs as the greatest drug threats in their jurisdictions. This observation is consistent with the 2016 NDTAS indicating heroin, in particular, as the greatest drug threat in 2015 (DEA, 2016). The survey results were also consistent with an Authority survey of directors of 19 Illinois multi-jurisdictional, law enforcement, drug task forces (Reichert, Sacomani, Medina, DeSalvo, & Adams, 2016). The directors reported marijuana (n=19), heroin (n=18), and prescription drugs (n=16) as most problematic with regard to use and distribution (Reichert et al., 2016). Respondents from the Illinois drug threat assessment also reported an increase in the distribution and transport of heroin, prescription drugs, and marijuana. Marijuana, heroin, and prescription drugs were reported as highly available. This corresponded with agency reports from the Illinois drug threat assessment that demand for heroin, marijuana, and prescription drugs also increased.

In Illinois' central and southern regions, methamphetamine was also identified as the greatest drug threat. Southern region respondents identified a significant increase in the distribution and transport of methamphetamine in their jurisdictions. Though reported production of methamphetamine from small and large operations tended to be low throughout the state, respondents in the central region reported high production coming from small methamphetamine operations and those serving communities in the southern region reported a moderate production of methamphetamine by both small operations and large operations. Responses are also consistent with arrests for violations of the Methamphetamine Control and Community Protection Act, in which 86 percent of the total methamphetamine arrests come from the central and southern regions of Illinois.<sup>10</sup> Further, the 2016 NDTAS also supports this finding, as methamphetamine was reported as the second greatest drug threat per law enforcement respondents (32 percent) (DEA, 2016); second greatest threat in the Great Lakes region (17 percent) (DEA, 2016).

Moving forward, local and county law enforcement agencies should engage collaboratively with surrounding agencies to help combat the spread of illicit drugs. This includes information sharing through multijurisdictional collaborations and working with public health agencies to develop comprehensive strategies that combine traditional police efforts to break up major drug distribution networks (supply) with public health approaches that address substance use (demand). Such efforts may include local and county law enforcement agencies integrating evidence-informed policing strategies to deflect and divert individuals with substance use disorders to more effective pathways (Police Executive Research Forum, 2016) as an alternative to arresting substance using individuals who may benefit from community-based treatment as opposed to criminal justice system involvement.

---

<sup>10</sup> Data source: ICJIA analysis of CHRI data.

## References

- American Society of Addiction Medicine. (2016). *Opioid addiction, 2016 facts and figures*. North Bethesda, MD: Author. Retrieved from <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>
- Berkes, H. (October, 2007a). Mexican “ice” replaces home-cooked meth in the U.S. *National Public Radio*. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=9193186>
- Berkes, H. (April, 2007b). Plunge in meth labs paves way for potent import. *National Public Radio*. Retrieved from <http://www.npr.org/templates/story/story.php?storyId=9310479>
- Bernstein, L. (August, 2015). Why a bag of heroin costs less than a pack of cigarettes. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/news/to-your-health/wp/2015/08/27/why-a-bag-of-heroin-costs-less-than-a-pack-of-cigarettes-2/>
- Blumstein, A. (1995). Youth violence, guns, and the illicit-drug industry. *The Journal of Criminal Law and Criminology*, 86(1), 10-36.
- Botticelli, M. P. (2015). *Drug trafficking across the Southwest border and oversight of U.S. counterdrug assistance to Mexico*. Caucus on International Narcotics Control, United States Senate. Washington, D.C.
- Bureau of Justice Statistics. (2006). *Drug use and crime*. Washington, D.C. Retrieved from <http://www.bjs.gov/content/pub/pdf/dcf.pdf>
- Center for Behavioral Health Statistics and Quality. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>
- Center for Behavioral Health Statistics and Quality. (2013). *Behavioral health trends in the United States: Results from the 2012 National Survey on Drug Use and Health* (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>
- Centers for Disease Control. (2015). *Increases in fentanyl drug confiscations and fentanyl-related overdose fatalities*. CDC Health Report. Retrieved from <https://emergency.cdc.gov/han/han00384.asp>
- Centers for Disease Control. (2016). *Prescription opioid overdose: State data*. National Center for Health Statistics, 2016. Retrieved from <http://www.cdc.gov/drugoverdose/data/overdose.html>

- Centers for Disease Control and Prevention (CDC). (2000-2014). Number and age-adjusted rates of drug-poisoning deaths involving opioid analgesics and heroin: United States, 2000-2014. *National Vital Statistics System, Mortality File*. <http://wonder.cdc.gov/>.
- Ciccarone, D., Unick, G. J., & Kraus, A. (2009). Impact of South American heroin on the US market 1993-2004. *International Journal of Drug Policy*, 20, 329-401.
- Compton, M. T., Broussard, B., Reed, T. A., Crisafio, A., & Watson, A. C. (2015). Surveys of police chiefs and sheriffs and of police officers about CIT programs. *Psychiatric Services*, 66, 760-763.
- Davis, C. S., Carr, D., Southwell, J. K., & Beletsky, L. (2005). Engaging law enforcement in overdose reversal initiatives: Authorization and liability for naloxone administration. *American Journal of Public Health*, 105(8), 1530-1537.
- Dasgupta, N. (2011). *StreetRx program*. RADARS Systems: Denver, Co. Retrieved from <http://www.radars.org/home2/programs/streetrx>
- Doubek, M. (April 2014). How suburban teens score heroin for \$10 a bag. *Daily Herald*. Retrieved from <http://www.dailyherald.com/article/20140101/news/140109859/>
- Drug Enforcement Administration. (2015). *National drug threat assessment summary 2015*. Washington, D.C.: Author. Retrieved from <https://www.dea.gov/docs/2015%20NDTA%20Report.pdf>
- Drug Enforcement Administration. (2016). *National drug threat assessment summary 2016*. Washington, DC: Author. Retrieved from <https://www.dea.gov/divisions/hq/2016/hq120616.shtml>
- Drug Enforcement Administration. (2014). *Methamphetamine lab incidents*. Washington, DC.: Author. Retrieved from: <https://www.dea.gov/resource-center/meth-lab-maps.shtml>
- Drug Enforcement Administration & U.S. Department of Justice. (2015). *Drugs of abuse: A DEA resource guide*. Washington, DC: Author.
- Gilbreath, A. H. (2015). From soda bottles to superlabs: An analysis of North America's dual methamphetamine production networks. *Geographical Review*, 105(4), 511-527.
- Gorner, J., Nickeas, P., & Sobol, R. R. (October, 2015). 72 overdoses in 72 hours: Laced heroin may be to blame. *Chicago Tribune*. Retrieved from <http://www.chicagotribune.com/news/local/breaking/ct-heroin-overdoses-met-20151002-story.html>
- Hedegaard, H., Chen, L.H., & Warner, M. (2015). Drug-poisoning deaths involving heroin: United States, 2000-2013. *National Center for Health Statistics Data Brief*, 190.

- Hughes, A., Lipari, R. N., & Williams, M. (2015). State estimates of adolescent marijuana use and perceptions of risk of harm from marijuana use: 2013 and 2014. *The CBHSQ Report, Substance Abuse and Mental Health Services Administration (SAMHSA) short report, December*.
- Illinois Drug Control Update. (n.d.). *Office of National Drug Control Policy*. Washington, D.C., Retrieved from [https://www.whitehouse.gov/sites/default/files/docs/state\\_profile-illinois.pdf](https://www.whitehouse.gov/sites/default/files/docs/state_profile-illinois.pdf)
- Illinois State Police. (2014). *Crime in Illinois 2013*. Annual Report. Retrieved from <http://www.isp.state.il.us/crime/ucrhome.cfm>
- Illinois State Police. (2016). *Crime in Illinois 2015*. Annual Report. Retrieved from <http://www.isp.state.il.us/crime/ucrhome.cfm>
- Jackson-Green, B. (July, 2016). Illinois Gov. Bruce Rauner signs marijuana decriminalization bill. *Illinois Policy*.
- Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2015). *Monitoring the Future national survey results on drug use: 1975-2014: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, The University of Michigan.
- Johnson, B. D. (2003). Patterns of drug distribution: Implications and issues. *Substance Use & Misuse*, 38(11-13), 1789-1806.
- Kane-Willis, K. (2015). *Diminishing capacity: The heroin crisis and Illinois treatment in national perspective*. Chicago, IL: Roosevelt University, Institute for Metropolitan Affairs, Illinois Consortium on Drug Policy.
- Kilmer, B., Everingham, J., Caulkins, G. Midgette, R. Pacula, P. Reuter, Burns, R., Han, B., & Lundberg, R. (2014). *What America's users spend on illegal drugs: 2000-2010*. HHS-P23320095649WC, Prepared for the Office of National Drug Control Policy & Office of Research & Data Analysis. Washington, D.C.
- Martin, J. (2014). Lost on the Silk Road: Online drug distribution and the 'cryptomarket.' *Criminology and Criminal Justice*, 14(3), 351-367.
- Mowry, J. B., Spyker, D. A., Brooks, D. E., McMillan, N., & Schauben, J. L. (2015). 2014 annual report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 32<sup>nd</sup> annual report. *Clinical Toxicology*, 53(10), 962-1147.
- Muhuri, P. K., Gfroerer, J. C., & Davies, M. C. (2013). Associations of nonmedical pain reliever use and initiation of heroin use in the United States. *CBHSQ Data Review*, 1-17.
- National Drug Intelligence Center. (2002). *Illinois drug threat assessment update*. No. 2002-20382IL-001, Washington, D.C.

- National Drug Intelligence Center. (2011). *Chicago high intensity drug trafficking area: Drug market analysis 2011*. No. 2011-R0813-008, Washington, D.C.
- National Drug Intelligence Center. (2009). *National prescription drug threat assessment 2009*. Drug Enforcement Administration: Washington, D.C.
- National Forensic Laboratory Information Systems. (2016). *Special report: Opiates and related drugs reported in NFLIS, 2009-2014*, United States Department of Justice & Drug Enforcement Agency Office of Diversion Control, Washington, D.C.
- National Gang Intelligence Center. (2013). *2013 national gang report*. Washington, D.C. United States Department of Justice.
- National Institute on Drug Abuse. (2016). *DrugFacts: Cocaine*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/cocaine>
- National Institute on Drug Abuse. (2015). *DrugFacts: Nationwide trends*. Retrieved from: <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>
- National Institute on Drug Abuse. (2016). *DrugFacts: Cocaine*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/cocaine>
- National Institute on Drug Abuse. (2011). *DrugFacts: Drug-related hospital emergency room visits*. Retrieved from: <https://www.drugabuse.gov/publications/drugfacts/drug-related-hospital-emergency-room-visits>
- National Institute on Drug Abuse. (2014). *DrugFacts: Heroin*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/heroin>
- National Institute on Drug Abuse. (2016). *DrugFacts: Marijuana*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/marijuana>
- National Institute on Drug Abuse. (2012). *DrugFacts: Methamphetamine*. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/methamphetamine>
- National Institute on Drug Abuse. (2016). *Opioids*. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids>
- Office of National Drug Control Police. (2014). *ADAM II 2013 annual report*. Washington, D.C. Executive Office of the President.
- Ouellett, L. J. (2014). Patterns and trends of drug abuse in Chicago: 2013. *Proceedings of the Community Epidemiology Work Group, June*.

- Ouellett, L. J. (2014). Drug abuse patterns and trends in Chicago—Update: January 2014. *National Institute on Drug Abuse*. Retrieved from: <https://www.drugabuse.gov/about-nida/organization/workgroups-interest-groups-consortia/community-epidemiology-work-group-cewg/meeting-reports/highlights-summaries-january-2014-2>
- Paulozzi, L., Baldwin, G., Franklin, G., Kerlikowske, R., Jones, C., Ghiya, N., & Popovic, T. (2012). CDC grand rounds: Prescription drug overdoses – a U.S. epidemic. *Morbidity & Mortality Weekly Report*, *61*(1), 10-13.
- Police-Assisted Addiction and Recovery Initiative. (2016). *About us*. Newton, MA. Retrieved from <http://paariusa.org/>
- Police Executive Research Forum. (2016). *Building successful partnerships between law enforcement and public health agencies to address opioid use*. COPS Office of Emerging Issues Forums. Washington, DC: Office of Community Oriented Policing Services.
- Powell, M. A. (2011). A comprehensive analysis of the drug-crime relationship. *Research Papers, Southern Illinois University*. Carbondale, IL. Paper 100, retrieved from [http://opensiuc.lib.siu.edu/g\\_s\\_rp/100](http://opensiuc.lib.siu.edu/g_s_rp/100)
- Rudd, R. A., Aleshire, N., Zibbell, J. E., & Gladden, M. (2016). Increases in drug and opioid overdose deaths—United States, 2000–2014. *Morbidity and Mortality Weekly Report*, *64*(50), 1378–1382.
- Reichert, J., Sacomani, R., Medina, E., DeSalvo, M., & Adams, S. (2016). *Drug trends and distribution in Illinois: A survey of drug task forces*. Chicago, IL: Illinois Criminal Justice Information Authority.
- Schumann, H., Erickson, T., Thompson, T. M., Zautcke, J. L., & Denton, J. S. (2008). Fentanyl epidemic in Chicago, Illinois and surrounding Cook County. *Clinical Toxicology*, *46*, 501–506
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Behavioral health barometer: Illinois, 2014*. HHS Publication No. SMA-15-4895IL, MD. Retrieved from <http://www.samhsa.gov/>
- The White House (2015). *White House Drug Policy Office funds new projects in high intensity drug trafficking areas*. Retrieved from <https://www.whitehouse.gov/the-press-office/2015/08/17/white-house-drug-policy-office-funds-new-projects-high-intensity-drug>
- The White House (2016). *Fact sheet: Obama administration announces additional actions to address the prescription opioid abuse and heroin epidemic*. Retrieved from <https://www.whitehouse.gov/the-press-office/2016/03/29/fact-sheet-obama-administration-announces-additional-actions-address>

- Thoren, T. (October, 2013). Meth use on the rise again in Illinois. *CitizenUAccess.org*, Retrieved from <http://cu-citizenaccess.org/2013/10/22/meth-use-on-the-rise-again-in-illinois/>
- Thrasher, D. L., Von Derau, K., & Burgess, J. (2009). Health effects from reported exposure to methamphetamine labs: A poison center-based study. *Journal of Medical Toxicology*, 5(4), 200-204.
- United Nations Office on Drugs and Crime. (2015). *World drug report, 2015*. United Nations, New York, NY.
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: HHS.
- Wexler, C. (2014). *New challenges for police: A heroin epidemic and changing attitudes towards marijuana*. Washington D.C., Police Executive Research Forum, Critical Issues in Policing Series.
- Wojcicki, E. (2016). *Illinois association of chiefs of police provides support to save passage initiative*. Dixon, IL. Press Release April 11, 2016. Retrieved from <http://paarius.org/2016/04/11/illinois-association-of-chiefs-of-police-provides-support-to-safe-passage-initiative/>



**Illinois Criminal Justice Information Authority**

300 W. Adams Street, Suite 200

Chicago, Illinois 60606

Phone: 312.793.8408

Fax: 312.793.8422

TDD: 312.793.4170

[www.icjia.state.il.us](http://www.icjia.state.il.us)