



Research Bulletin

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Methamphetamine in Illinois: An examination of an emerging drug

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“The threat posed to the United States by methamphetamine lies in its availability and the severe physiological effects associated with its use. The violence and environmental damage associated with the production, distribution and use of the drug further threaten the country and render methamphetamine the third greatest drug threat. Methamphetamine is readily available throughout the western half of the country and is becoming increasingly available.”

— U.S. Department of Justice, National Drug Intelligence Center (NDIC), “National Drug Threat Assessment 2002.”¹

The NDIC also reported that methamphetamine is widely available throughout most regions of the United

States. This is evident from the increasing methamphetamine drug and clandestine laboratory seizures, arrests, indictments, and sentences that have taken place.²

National surveys conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) also indicate that methamphetamine use is on the rise. According to the 2001 National Household Survey on Drug Abuse, 9.6 million people had tried methamphetamine at least once, which was more than double the 1994 estimate of 3.8 million people who had tried the drug.³ In addition, the Drug Abuse Warning Network (DAWN) reported that methamphetamine was ranked sixth on the list of drugs causing death in 1999.⁴

The National Institute on Drug Abuse’s (NIDA) Community Epidemiology Work Group (CEWG), an early warning network of researchers that provides information about the nature and patterns of drug use in major cities, reported that while methamphetamine continued to be a problem in the West, increased methamphetamine availability and production were being reported in diverse areas of the country, particularly rural areas, prompting concern about more widespread use.⁵

As shown in Figure 1, up until the last decade, methamphetamine was limited to rather isolated regions of the West and Southwest. That is no longer the case. Methamphetamine is now spreading through the Midwest and becoming an emerging and significant



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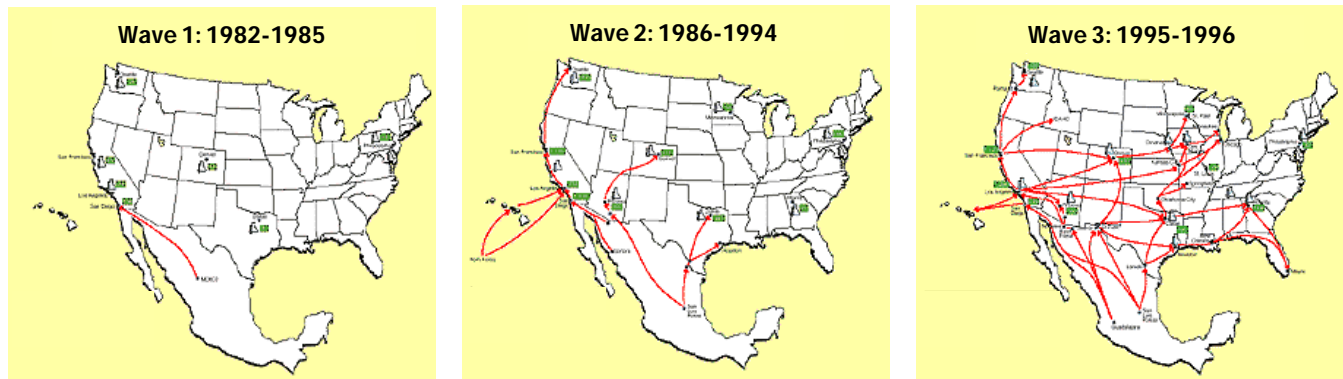
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Figure 1

The spread of methamphetamine in the United States



Source: U.S. Department of Health and Human Services, National Institute of Health, National Institute on Drug Abuse

new drug problem in previously unaffected rural and urban areas.

A study by the National Center on Addiction and Substance Abuse found higher rates of methamphetamine use in rural areas. Using 1999 data, researchers found that eighth-graders in rural America were more than twice as likely than those in urban centers to use methamphetamine. The researchers also stated that illegal drug use among adolescents in small towns and rural areas was reaching alarming proportions.⁶

This *Research Bulletin* was developed to demonstrate how key indicators can be used to measure, monitor, and evaluate the extent and nature of methamphetamine use and abuse in Illinois. Using aggregate data at the local and national level, the research sought to gauge the migratory characteristics of methamphetamine as an emerging drug by examining prevalence indicators, such as drug arrests, lab seizures, and quantity of drugs seized, relative to consequence indicators, such as admissions to treatment for methamphetamine abuse and other health data.

Methodology

This study employed a general approach to answering questions regarding the extent and nature of methamphetamine activity in Illinois. It also looked at how specific prevalence and consequence indicators reflect the use and abuse of methamphetamine in Illinois, and the extent to which those indicators relate to each other. The prevalence indicators used in this study were arrests for violations of Illinois' Controlled

Substances Act, clandestine methamphetamine laboratory seizures, and the number and weight of methamphetamine drug seizures submitted to Illinois State Police (ISP) crime laboratories for analysis. The consequence indicators were treatment admissions for methamphetamine abuse.

When reading this report, it is important to view it as a whole. Statistical measures can be open to different interpretations, and no single indicator can accurately reflect the complexity of the problems associated with methamphetamine activity. But multiple indicators, taken together, provide at least a rough indication of patterns and trends in the spread of methamphetamine use and abuse in Illinois.

The first set of analyses attempted to compare the volume and characteristics of drug indicators over time. One of the benefits to this approach was the fact that the data needed to perform the analyses were readily available through existing sources. The data, however, had never been examined to answer questions regarding the migration of methamphetamine and the correlation, if any, among these indicators. Specifically, this study sought to answer three questions:

- 1) What is the volume and rate of prevalence indicators and consequence indicators in Illinois relative to methamphetamine activity, and are these correlated with each other? This would provide an estimate of the current trends of the indicators and the relationships between them.

2) What is the extent and nature of methamphetamine “migration” in Illinois? This would provide a longitudinal study as well as a spatial examination of drug availability, use, and abuse by examining specific geographic regions of Illinois.

3) Are national drug indicator trends reliable measures for methamphetamine drug indicator trends in Illinois?

To answer these questions, data on the following were collected and examined:

- ✓ Arrests for violations of Illinois’ Controlled Substances Act.
- ✓ The number and weight of methamphetamine seizures submitted to ISP crime laboratories.
- ✓ Clandestine methamphetamine laboratory seizures.
- ✓ Admissions to substance abuse treatment programs for methamphetamine abuse.

The next section summarizes the sources of these data, how they were aggregated, and how they were interpreted as indicators of methamphetamine activity.

Many of the analyses presented in this report were structured to provide an overview of methamphetamine activity across the state. In addition to examining statewide trends, the report also examined methamphetamine activities across regions of Illinois: Cook County, collar counties (five counties that share a contiguous border with Cook County), urban counties (22 counties outside of Cook County and the collar counties that lie within a Metropolitan Statistical Area), and rural counties (the 74 remaining counties that do not lie within a Metropolitan Statistical Area).

Arrests

Statewide arrest data were obtained through the Uniform Crime Reporting (UCR) program. The data, which are reported at the agency level, were subsequently aggregated at the county level and then grouped into their respective geographic regions. A major limitation with UCR data is that the only distinction in drug arrests is between those involving cannabis (identified as violations of the Illinois Cannabis Control Act) and all other illegal substances (identified

as violations of the Illinois Controlled Substances Act). Arrests for drugs such as cocaine, crack cocaine, heroin, and methamphetamine, are reported simply as violations of the Controlled Substances Act. But while statewide methamphetamine arrest data are not currently available, reports from multi-jurisdictional drug task forces operating in Illinois do specifically identify methamphetamine arrests and can provide a limited picture of arrest activity for the drug.

Between 1994 and 2001, the statewide arrest rate per 100,000 population for violations of the Illinois Controlled Substances Act increased 6 percent (Table 1). Similar to statewide trends, the controlled substances arrest rate per 100,000 population increased in the collar counties and urban counties. Although the Cook County controlled substances arrest rate increased 3 percent during the period, its arrest rate in 2001 was the lowest since 1994. Rural counties, on the other hand, experienced the greatest rate increase, more than tripling between 1994 and 2001. Thus, by 2001, the arrest rate in rural counties was nearly equal to or greater than the rates in the collar and urban regions.

The number of methamphetamine arrests made by multijurisdictional drug enforcement units in Illinois offers some insight on the extent and nature of arrests for methamphetamine in the state.⁷ The 21 metropolitan enforcement groups (MEGs) and task forces that operate in Illinois did not begin to make a significant number of methamphetamine arrests until after 1997, when they made six. The number of methamphetamine arrests by MEGs and task forces increased rapidly after that, reaching 1,000 arrests in state fiscal year 2002.

Table 1
Rates per 100,000 population for
Controlled Substances Arrests, 1994-2001

Region	1994	2001	Percent Change
Cook County	770.84	796.36	3%
Collar Counties	9517	108.32	14%
Urban Counties	135.35	144.12	6%
Rural Counties	42.51	130.49	207%
Statewide	391.53	414.58	6%

MEGs and task forces are classified as being either mostly urban, mixed urban/rural, or mostly rural, based on the classification of the county or counties that each unit covers. While methamphetamine arrests increased across all regions covered by a MEG or task force, between state fiscal years 1997 and 2002, mostly rural units experienced the greatest increase in methamphetamine arrests, increasing from three to 714 arrests, followed by mixed urban/rural units and mostly urban units, which increased from three to 219 arrests and zero to 67 arrests, respectively. In 2002, mostly rural units accounted for more than 71 percent of all methamphetamine arrests by MEGs and task forces.

Drug seizures

Nationally, the quantity of methamphetamine seized by the U.S. Drug Enforcement Administration (DEA) has grown from 221 kilograms in 1990 to 3,163 kilograms in 2000.⁸

Drugs seized by law enforcement agencies are another indicator of the extent and nature of illegal drug trade in a jurisdiction. When illegal drugs are seized by Illinois law enforcement agencies, all or a portion of the total amount seized is submitted to a crime lab for identification and analysis. Most agencies submit drugs to one of the ISP crime labs. For this report, data on drugs that were seized and submitted to state police labs were aggregated at the county level and subsequently aggregated into their respective geographic regions. The quantity of methamphetamine seized and submitted to ISP labs jumped from 3,433 grams in 1994 to 19,576 grams in 2001. While all regions reported increases in methamphetamine seizures during that period, rural counties accounted for 57 percent of all methamphetamine seized.

The statewide methamphetamine seizure rate per 100,000 population increased more than fourfold between 1994 and 2001 (Table 2). While Cook County had the greatest percentage increase in seizure rates during that period, the rural counties accounted for the highest methamphetamine seizure rate throughout most of the period analyzed. Indeed, methamphetamine is the *only* drug for which rural counties experienced higher seizure rates than more urban counties in the state. In 2001, heroin seizure rates were 90 percent lower in rural counties than the rest of the state,

Table 2
Rate per 100,000 population for methamphetamine seizures, 1994-2001

Region	1994	2001	Percent Change
Cook County	3.75	68.71	1,700%
Collar Counties	.01	22.25	---
Urban Counties	25.52	165.89	550%
Rural Counties	140	597	326%
Statewide	29	157	439%

cocaine seizure rates were 77 percent lower, and cannabis seizures were 13 percent lower. When methamphetamine seizure rates are compared regionally, however, the rate of 597 grams per 100,000 population in Illinois' rural counties was more than four times the methamphetamine seizure rate experienced in the rest of Illinois.

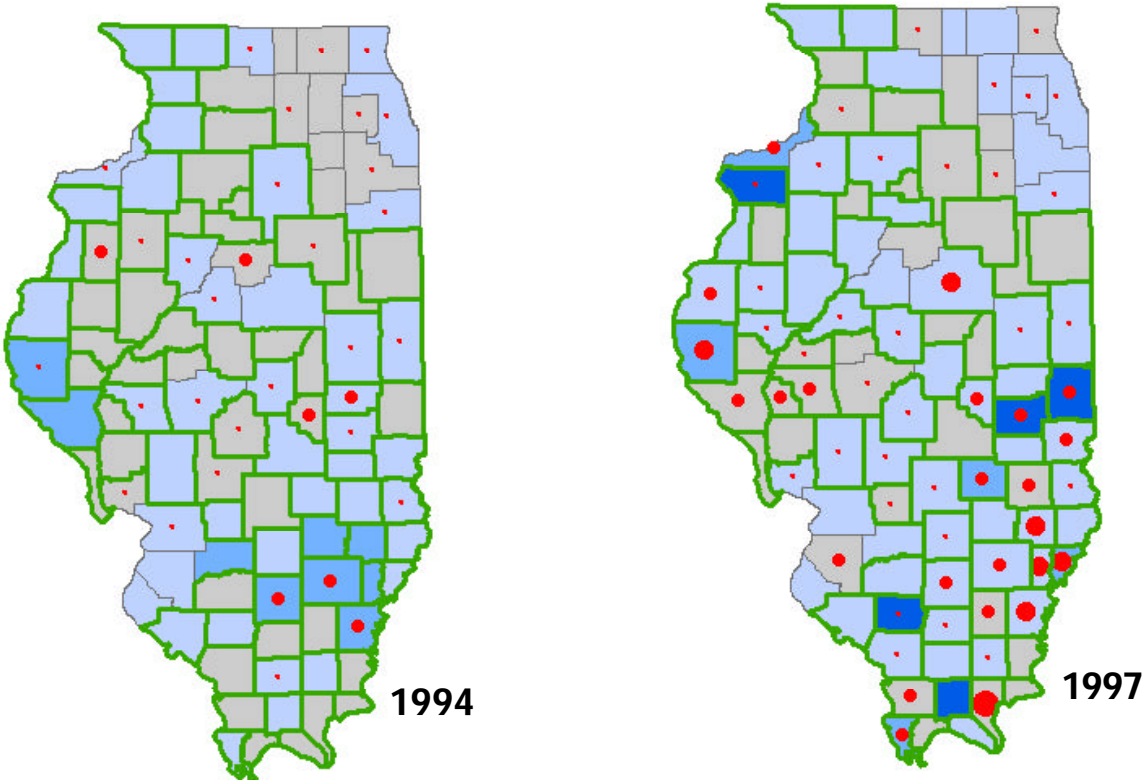
In 1994, methamphetamine was seized in 61 of Illinois' 102 counties. By 2001, methamphetamine had been seized in 91 counties, 68 of which were rural. The maps on page 5 depict the seizure rates for Illinois counties and demonstrates the spread of methamphetamine seizures between 1994 and 2001 (Figure 2). The maps also show treatment admission rates for methamphetamine in Illinois, which is discussed below.

Drug treatment admissions

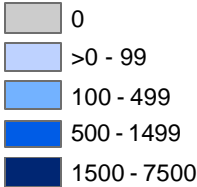
National-level consequence indicators produced by the Drug Abuse Warning Network (DAWN) and the Treatment Episode Data Set (TEDS), indicate rising admissions to treatment facilities and increasing visits to hospital emergency departments associated with methamphetamine, suggesting increases in the use of methamphetamine. DAWN is an ongoing, national drug abuse surveillance system that monitors visits to hospital emergency departments and deaths reviewed by medical examiners and coroners that are attributable to drug abuse. DAWN showed an 18 percent increase in the number of emergency department mentions for methamphetamine between 1998 and 2000.⁹

Figure 2

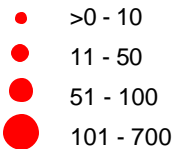
Methamphetamine Seizure and Treatment Admission Rates



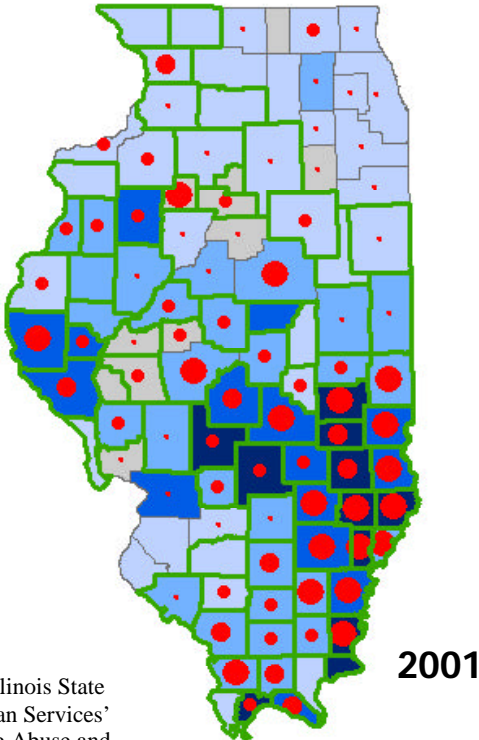
Methamphetamine Seizure Rates
(Grams seized per 100,000 population)



Methamphetamine Treatment Rates
(Treatment admissions per 100,000 population)



 Rural Counties



Source: ICJIA calculations using Illinois State Police, Illinois Department of Human Services' Office of Alcoholism and Substance Abuse and U.S. Bureau of the Census data

Methamphetamine in the U.S. and Illinois

- In 1999, methamphetamine was the primary form of amphetamine seen in the United States, making up 94 percent of all treatment admissions for amphetamines.^a
- Largely driven by methamphetamine arrests, rural counties experienced the greatest increase in controlled substance arrest rates in the state, having more than tripled between state fiscal years 1994 and 2001.^b
- Of all arrests for methamphetamine by the 21 metropolitan enforcement groups (MEGs) and drug task forces in Illinois during state fiscal year 2002, more than 71 percent were in rural areas.^c
- Rural counties accounted for 57 percent of methamphetamine seized by police in Illinois between 1994 and 2001. In 2001, rural counties accounted for 68 of the 91 counties where methamphetamine was seized.^d
- The number of methamphetamine submissions to Illinois State Police crime labs for analysis more than tripled between 1998 and 2001.^e
- In 2001, rural counties accounted for more 76 percent of all methamphetamine submissions.^f
- The number of clandestine methamphetamine labs seized by police increased from 24 to 666 between 1997 and 2001, with rural counties accounting for 87 percent.^g
- The number of admissions for treatment for methamphetamine abuse from rural counties increased from 46 to 1,122 between 1994 and 2001. Rural counties accounted for 73 percent of methamphetamine treatment admissions in Illinois in state fiscal year 2001.^h

a. Source: Substance Abuse and Mental Health Services Administration

b. Source: Illinois State Police, I-UCR Program

c. Source: Illinois MEGs and Task Force quarterly reports

d. Source: Illinois State Police, Division of Forensic Services

e. Ibid.

f. Ibid.

g. Source: Illinois State Police, Strategic Information and Analysis Group

h. Source: Illinois Department of Human Services' Office of Alcoholism and Substance Abuse

TEDS is a data set that tallies admissions to publicly funded substance abuse treatment programs in most of the 50 states. The most current TEDS data indicate that publicly funded treatment admissions for methamphetamine rose from 20,771 in 1993 to 55,745 in 1998.¹⁰

To determine the extent to which methamphetamine abuse has changed in Illinois, treatment admissions were examined. The aggregate number of individuals admitted to drug treatment for methamphetamine abuse was obtained for each county from the Illinois Department of Human Services' Office of Alcoholism and Substance Abuse. These data were then aggregated to correspond to their respective geographic region. Although the characteristics and substances abused by those admitted to treatment may not be reflective of general drug use patterns within a region, one can interpret treatment admissions as reflective of more serious substance abusers.

The number of admissions for treatment where methamphetamine was identified as the primary substance of abuse rose from 97 in 1994 to 1,528 in 2001. This increase was largely driven by treatment admissions from rural areas, where admissions surged from 46 in 1994 to 1,122 in 2001. Admissions from rural counties accounted for 73 percent of all methamphetamine treatment admissions in Illinois in 2001.

During the same period, admissions for treatment also increased in other regions of the state, but in much smaller numbers. Between 1994 and 2001, admissions from Cook County increased from 11 to 17, admissions from urban counties increased from 34 to 207, and admissions from collar counties rose from six to 31.

The statewide methamphetamine treatment admission rate rose from 0.8 admissions per 100,000 population in 1994 to 12 admissions per 100,000 population in 2001 (Table 3). The admission rate in Cook County and the urban and collar counties remained relatively low during this period. The rate in the rural counties, however, increased from two to nearly 60 admissions per 100,000 residents, a rate nearly five times greater than the rate for the entire state.

In 1994, admissions for treatment of methamphetamine abuse were reported in 34 counties, 18 of which were rural. However, by 2001, rural counties ac-

Table 3

Rate per 100,000 population for methamphetamine treatment admissions, 1994-2001

Region	1994	2001	Percent Change
Cook County	0.21	0.89	321%
Collar Counties	0.25	1.14	351%
Urban Counties	1.43	8.29	479%
Rural Counties	2.45	59.76	2,339%
Statewide	0.82	11.00	1,239%

counted for 58 of the 81 counties in which methamphetamine treatment admissions were reported. Figure 2 on page 5 depicts the admission rates for Illinois counties and demonstrates the spread of methamphetamine treatment admissions across Illinois. Rural counties accounted for the majority of those counties experiencing the highest treatment admission rates in 2001.

Methamphetamine treatment admissions also accounted for an increasing proportion of total illicit drug abuse treatment admissions. Similar to national trends, the proportion of treatment admissions for methamphetamine abuse in Illinois increased slightly, from 0.2 percent in 1994 to nearly 2 percent in 2001. Although the proportion of methamphetamine treatment admissions in both the collar and urban county regions increased between 1994 and 2001, the increase was slight, increasing from 0.2 to 0.4 percent and 0.4 to 1 percent, respectively. However, during the same time period, the proportion of treatment admissions in rural counties accounted for by methamphetamine increased significantly, from slightly more than 1 percent to 12 percent of all illicit drug treatment admissions.

Methamphetamine submissions to ISP crime laboratories

In addition to collecting data on the quantities of drugs seized and submitted to ISP crime labs, ISP also collects and reports data on the actual number of submissions and the types of drugs submitted regardless of the amount of drugs involved in each submission. When a law enforcement agency submits a drug

for analysis at one of the state's crime labs, ISP documents the type of drug submitted, the law enforcement agency that submitted the drug, and the county where the law enforcement agency is located.

Statewide, between 1998 and 2001, the number of methamphetamine submissions for analysis to ISP crime labs more than tripled, from 628 to 2,148. Rural counties accounted for 76 percent of all methamphetamine submissions in 2001.

In 2001, the statewide methamphetamine submission rate was 17 submissions per 100,000 population, compared to five submissions per 100,000 population in 1998 (Table 4). Rural counties experienced a nearly fourfold increase, rising from 19 submissions per 100,000 population in 1998 to a rate of nearly 87 submissions in 2001. The methamphetamine submission rate for rural counties was more than five times greater than the rate for the entire state in 2001.

Clandestine laboratory seizures

As a result of the growing number of small methamphetamine producers who began operating local laboratories in more regions of the country, the number of labs seized in the U.S. by the DEA increased more than eightfold between 1994 and 2000, rising from 263 to 1,815.¹¹ These independent distributors are producing small quantities of methamphetamine for retail distribution in their local areas or possibly to surrounding areas. Despite law enforcement pressure and regulation of the chemical ingredients, individuals and groups continue to manufacture bulk quantities of methamphetamine. According to the National Drug

Table 4

Rate per 100,000 population for methamphetamine submissions to ISP labs, 1998-2001

Region	1998	2001	Percent Change
Cook County	1.87	1.49	-0.2%
Collar Counties	0.31	0.88	185%
Urban Counties	6.67	15.92	139%
Rural Counties	18.77	86.65	362%
Statewide	5.20	17.21	231%

Table 5

Rate per 100,000 population for lab seizures, 1997-2001

Region	1997	2001	Percent Change
Cook County	0.00	0.02	---
Collar Counties	0.00	0.00	---
Urban Counties	0.64	4.24	1,010%
Rural Counties	1.22	29.88	2,300%
Statewide	0.2	5.34	2,600%

Intelligence Center, law enforcement reporting indicates that local independent lab operators account for as much as 80 percent of retail methamphetamine distribution in some areas of the country.¹²

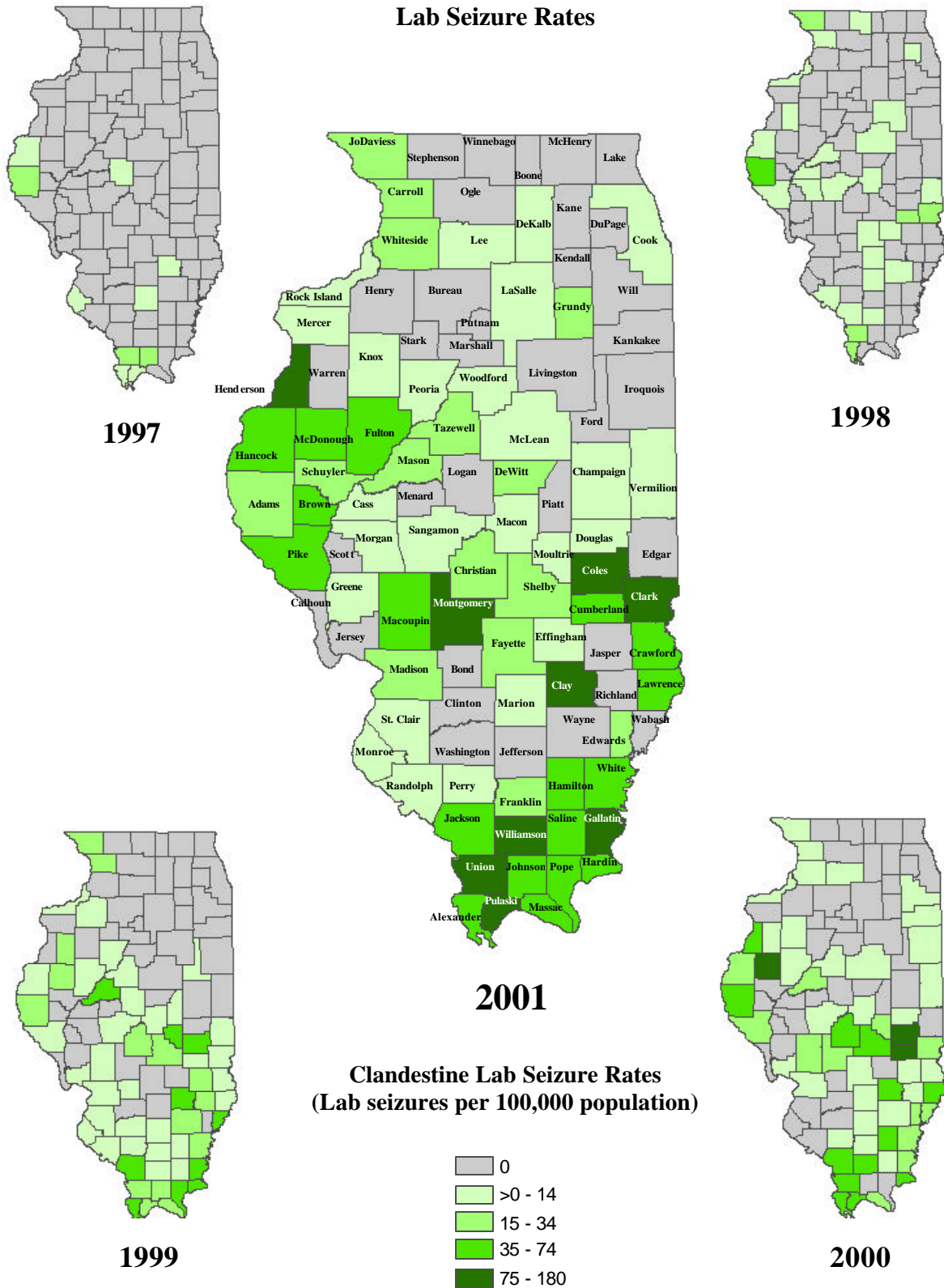
In Illinois, methamphetamine labs that have been detected by police are reported to, and tracked by, ISP's Strategic Information and Analysis Group. The state data on labs were aggregated at the county level and subsequently aggregated into their respective geographic regions. The number of clandestine methamphetamine labs seized in Illinois increased from 24 in 1997 to 666 in 2001. During that period, only three labs were seized in the collar counties, and the first methamphetamine lab was seized in Cook County in 2001. In urban counties one lab was seized in 1997, and 104 were seized in 2001. In rural counties, 23 labs were seized in 1997, and 561 were seized in 2001. Rural counties accounted for 87 percent of labs seized in Illinois during that period.

The statewide methamphetamine lab seizure rate in 2001 was five labs seized per 100,000 population, compared to 0.2 labs seized per 100,000 population in 1997 (Table 5). Rural counties experienced the greatest seizure rate increase during this period, nearly six times greater than the rate for the entire state.

In 1997, clandestine methamphetamine labs were seized in 10 Illinois counties, nine of which were rural counties. By 2001, however, rural counties accounted for 53 of the 67 counties in which methamphetamine labs were seized. The maps on page 9 show the spread of clandestine methamphetamine lab seizures across

Figure 3

Clandestine Methamphetamine
Lab Seizure Rates

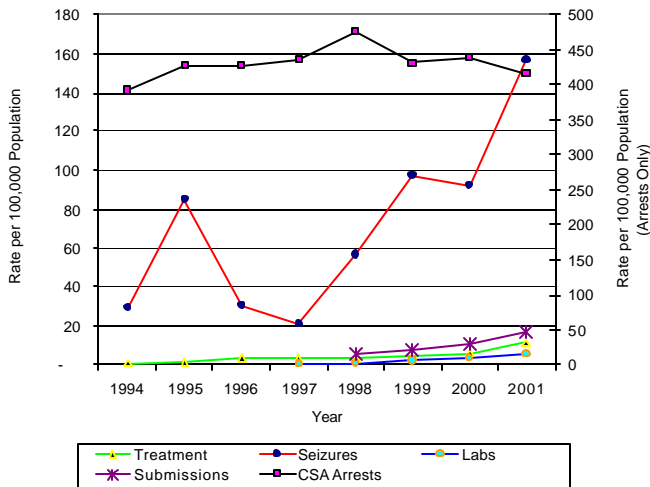


Clandestine Lab Seizure Rates
(Lab seizures per 100,000 population)

Source: ICJIA calculations using Illinois State Police and U.S. Census Bureau data

Figure 4

Rates of methamphetamine activity in Illinois



Source: ICJIA calculations using Illinois State Police, OASA and U.S. Census Bureau data

Illinois between 1997 and 2001 (Figure 3). The maps depict the lab seizure rates for each Illinois county and further demonstrate how rural counties accounted for the highest lab seizure rates in 2001.

Summary

Examination of national-level data regarding the prevalence of methamphetamine shows that methamphetamine is no longer confined to isolated areas of the West and Southwest. Methamphetamine can be seen rapidly spreading across the country and it appears that no region will be left unaffected. High rates of prevalence and consequence indicators of methamphetamine use and abuse indicate that methamphetamine has migrated predominantly into urban and rural counties in the south and central regions of Illinois. While the rates of these indicators have all experienced increases during the periods analyzed, controlled substance arrest rates have remained relatively stable (Figure 4).

Statewide, the findings indicate that during the periods analyzed, the relationships between prevalence and consequence indicators examined in this report were significantly correlated across most variables. Most notably, there were strong relationships between methamphetamine drug submission rates and the rates of methamphetamine seizures and treatment admissions. In addition, there were moderate relationships between methamphetamine treatment admission rates

and methamphetamine seizure rates as well as between rates of methamphetamine drug submissions and methamphetamine lab seizure rates. It is also clear that there is no fixed relationship between specific rates of methamphetamine laboratory seizures and specific rates of controlled substance arrests.

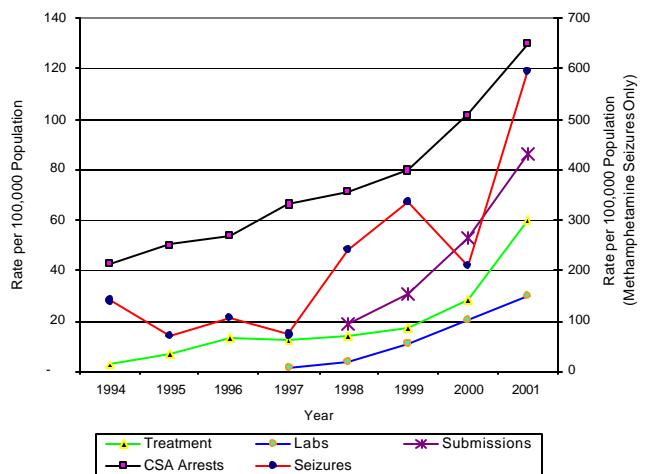
When specific regions were examined, however, rural counties are seen to have experienced the greatest impact from methamphetamine.

Historically, rural counties have had little opportunity to impact statewide crime trends in Illinois. That has changed with methamphetamine. As can be seen in Figure 5, activities in rural counties are responsible for driving the escalating statewide levels of methamphetamine drug seizures, clandestine lab seizures and methamphetamine submissions to ISP crime laboratories. They are also leading the state in methamphetamine treatment admissions. As a result the data indicate that rural counties are contributing significantly to the overall controlled substance arrest rate.

Methamphetamine can no longer be referred to as an emerging drug. The expansion of methamphetamine trafficking and the growth of independent clandestine laboratories have dramatically increased the availability and abuse of methamphetamine in Illinois. Over the past decade, as demonstrated in this report, methamphetamine has quickly gained a firm foothold in the heartland of Illinois. ■

Figure 5

Rates of methamphetamine activity in rural Illinois



References

1. U. S. Department of Justice , National Drug Intelligence Center, National Drug Threat Assessment 2002, Johnstown, PA.
2. Ibid (28).
3. Substance Abuse and Mental Health Services Administration, Results from the 2001 National Household Surveys on Drug Abuse: Volume II. Technical Appendices and Selected Data Tables, August 2002.
4. Substance Abuse and Mental Health Services Administration, Drug Abuse Warning Network-Annual Medical Examiner Data 1999, December 2000.
5. U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. NIDA Notes, Methamphetamine Abuse Alert. Volume 13, Number 6 (March, 1999).
6. ABCNEWS.com: Study Finds Higher Rural Drug Use. <http://abcnews.go.com/sections/us/DailNews/druguse000126.html>.
7. Illinois Multi-jurisdictional Enforcement Group and Task Force quarterly data reports provided to ICJIA, SFY 1997 to 2002.
8. U.S. Department of Justice, Drug Enforcement Administration, Drug Trafficking in the United States, Methamphetamine Section.
9. Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS) 1994-1999: National Admissions to Substance Abuse Treatment Services, December 2001.
10. Substance Abuse and Mental Health Services Administration. SAMHSA Treatment Episode Data Set (TEDS) Drug and Alcohol Services Information System. The DASIS Report: Amphetamine Treatment Admissions Increase: 1993-1999.
11. U.S. Department of Justice, Drug Enforcement Administration, Drug Trafficking in the United States, Methamphetamine Section.
12. U. S. Department of Justice, National Drug Intelligence Center, National Drug Threat Assessment 2002, Johnstown, PA.



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