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The evolution of meth in Illinois

By **Robert Bauer**, ICJIA senior research analyst
and **David Olson**, Ph.D., Loyola University Chicago

Methamphetamine is a powerful central nervous stimulant that was developed more than 100 years ago and has been used medically to treat narcolepsy, attention deficit disorder, and obesity. However, abuse and illegal domestic production of the drug has become more widespread. And while gram-for-gram methamphetamine costs about the same as cocaine (roughly \$100 per gram), the drug's effects can last anywhere from eight to 24 hours, or more than 10 times the duration of cocaine's effects.

In response to the growing meth problem in Illinois, and increased arrests of those involved with meth production, distribution, and possession, state and local criminal justice practitioners and policymakers

have changed Illinois laws, increased resources to detect meth-related activities, and increased the capacity to treat meth abusers. This *Research Bulletin* examines the most current data available to gauge meth's emergence and migration in Illinois and how the drug has impacted justice and treatment systems across the state.

One of the most unique aspects of meth from the standpoint of enforcement is that it is one of the few drugs, other than marijuana, that can be produced domestically in the U.S., including Illinois. Cocaine and heroin are not produced in the U.S., making efforts to reduce supply an international affair. The nature of the production process makes rural communities particularly vulnerable to the proliferation of meth labs.

The manufacture of methamphetamine often requires the availability of chemicals that are traditionally found in farming communities, such as anhydrous ammonia, a common fertilizer ingredient. Also, due to the noxious gasses resulting from the production of the drug, clandestine manufacturing benefits from less densely populated areas. Finally, data show that the highest rates of meth use tend to be in rural parts of the country. Thus, having the supply close to the consumer offers another reason for the concentration of rural meth activities.

Seizure of clandestine methamphetamine labs

Clandestine meth lab seizure data collected by Illinois State Police (ISP) and the DEA reveal that the number of these labs seized annually by police increased from less than 30 in 1997 to nearly 1,200 in 2005.

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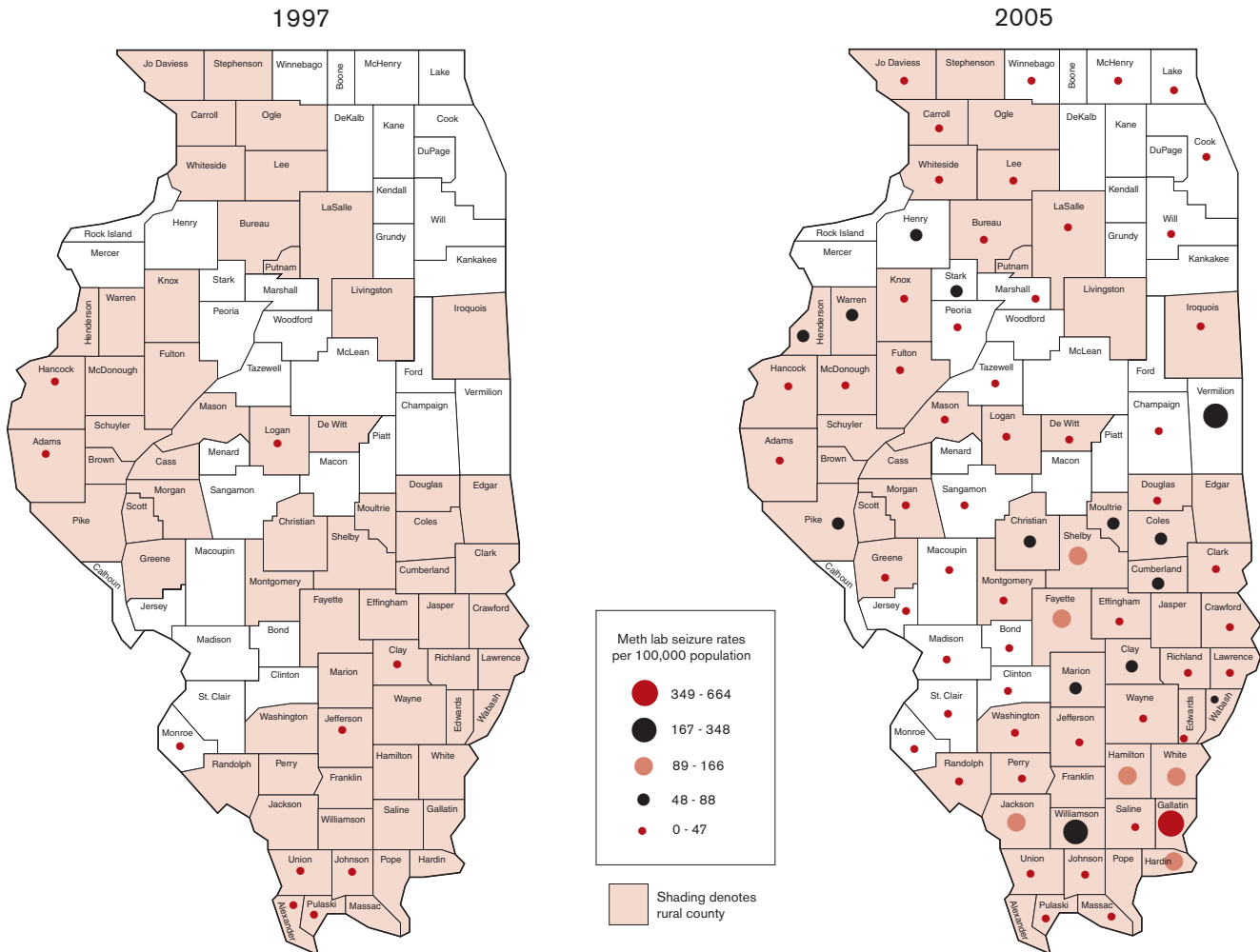
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Figure 1

Comparison of county-level meth lab seizure rates, 1997-2005



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

Between 1997 and 2002, 77 percent of the 2,416 labs seized by law enforcement agencies were in rural areas, primarily in southeast and southern Illinois. By 2005, 405 labs, constituting about 34 percent of the statewide total, were seized in urban areas.

Based on locations of seized clandestine meth labs, meth production appears to be limited to areas outside Chicago and the surrounding Collar county region (Cook, Lake, McHenry, Kane, DuPage and Will counties). From 1997 through 2005, of 6,137 labs seized statewide, only 77 labs were located in Cook and the Collar county region combined (Figure 1).

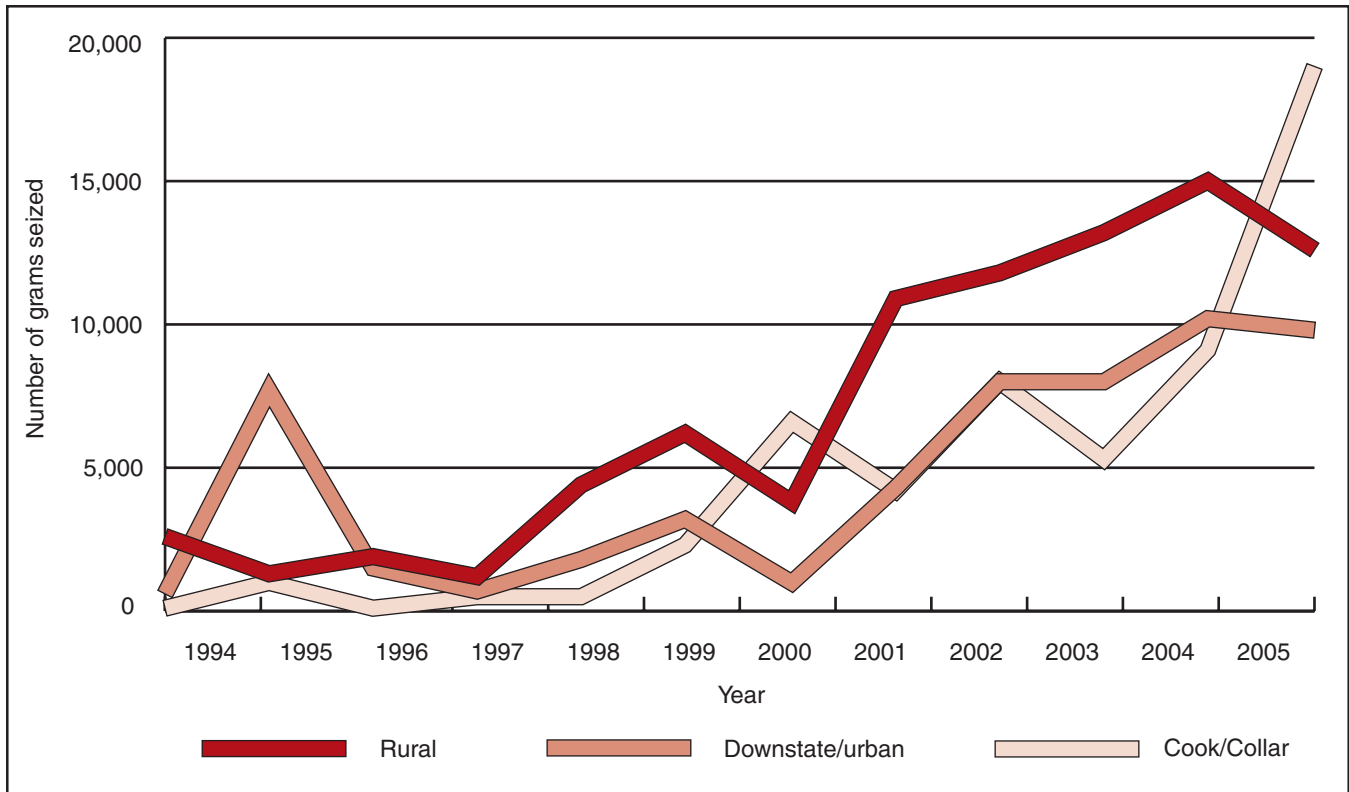
Seizures of methamphetamine

The number of seizure incidents and amounts of crystal and powder methamphetamine seized also have

risen. Between 1994 and 2005, meth grams seized by police and submitted to crime labs in Illinois increased to more than 41,000, the equivalent of 400,000 to 800,000 doses of the drug. Between 1994 and 2002 about one-half of methamphetamine seizures annually took place in rural counties. By 2005, however, 70 percent seized by police came from urban jurisdictions (Figure 2).

The number of methamphetamine cases submitted to ISP labs also increased between 1998 and 2004 before decreasing slightly in 2005. The quantity in grams of meth per case increased statewide, particularly among seizures and crime lab submissions from Cook County. Chicago recorded 388 cases involving meth seizures in 2005, while 1,970 such cases occurred in rural counties. However, the amount of the drug per

Figure 2
Methamphetamine seized in Illinois by region



case in Cook County, averaging 48 grams, was considerably higher than rural counties, which averaged six grams per case.

Arrests and sentencing

Increased methamphetamine lab and drug seizures have fueled an increase both in the number of arrests and the number of offenders sentenced for production, sale, and possession of meth. State and regional meth arrest data are not available for years up to 2005. Estimates by the Authority, however, are that the number of arrests for meth possession, production, and sale increased from less than 500 in 1998 to nearly 3,000 in 2004.

As with meth lab locations and seizures of the drug, arrests have been concentrated primarily in rural counties. By 2004, meth offenses accounted for an estimated 33 percent of arrests in rural areas for violations of the Illinois Controlled Substances Act. In recent years, meth offense arrests have more than quadrupled in urban regions of the state.

Particularly in rural counties, increases in drug arrests are resulting in a growing number of felony case filings and sentences to prison. Higher-level felony prison sentences also have resulted from changes in state law regarding the quantity of meth seized. In 2000, changes to the Controlled Substances Act reduced the quantity of meth associated with mandatory minimum prison sentences.

The possession amount associated with a mandatory prison sentence of four to 15 years dropped from 200 or more grams of methamphetamine to 15 or more grams (a Class 1 felony), making illegal methamphetamine possession weights similar to cocaine and heroin. The delivery, production, and sale amount of meth associated with a mandatory prison sentence of six to 30 years (a Class X felony) fell from 200 or more grams to 15 or more grams, also consistent with cocaine and heroin offenses. Weights associated with other felony-level meth offenses also were decreased and are similar to cocaine and heroin possession and sale/delivery/manufacture offenses.

Admissions to the Illinois Department of Corrections for drug offenses occurring in rural counties have increased dramatically due to these legislative changes and more felony arrests. Between 1994 and 2000, as methamphetamine began to emerge in rural areas, prison admissions for drug offenses from the state's rural counties increased 80 percent. These admissions have increased even more dramatically in recent years, climbing 130 percent between 2000 and 2005. By 2005 the prison admission rate for drug offenses in rural counties was 20 percent higher than the rate for all urban counties in Illinois outside of Cook.

Meth treatment admissions

Initially, meth treatment admissions were confined almost exclusively to rural communities. Between state fiscal years 1994 and 2005, 73 percent of the 20,094 statewide admissions for meth treatment were from rural counties. In the last five years treatment admissions for meth abuse have more than quadrupled in the urban regions of Illinois, while continuing to increase in rural regions. Some increases in treatment admissions can be linked to increased arrests and convictions of meth abusers, with about one-half of those admitted to treatment during state fiscal year 2005 referred by courts or by probation officers.

Between state fiscal years 1994 and 2003, 9,870 treatment admissions were recorded for meth abuse, while more than 10,000 admissions occurred between 2004 and 2005 alone. Rural counties still accounted for the majority of the 5,252 admissions in 2005 (76 percent), but the remaining 1,200 (23 percent) were in urban areas, including more than 100 admissions in Cook County.

Other signs of meth activity

Heightened public awareness and concern about the public health issue of crack-cocaine use among pregnant women may have fueled the increases. Reported and verified cases of substance-exposed infants skyrocketed statewide during the late 1980s and early 1990s and then dropped just as dramatically across much of the state, according to the Illinois Department of Children and Family Services. But rural Illinois counties have not experienced this decrease. Reported cases of substance-exposed infants decreased 80 percent in Cook County, and 41 percent in

other urban counties combined, but increased 55 percent in rural counties between state fiscal years 1994 and 2005.

Conclusion

Indicators of meth use have not yet reached the levels seen with cocaine, heroin, and other drugs of abuse, but the nature of meth's domestic production and concentration in rural areas continues to challenge the criminal justice system. Rural communities contend with limited law enforcement and treatment resources, and criminal activity is often difficult to detect and address. In recognition of this, Illinois began to provide additional resources to multijurisdictional drug task forces operating in these areas in the late 1990s.

In May 2005, a statewide methamphetamine response team program was created by Illinois State Police to aid the work of localized drug task forces. Between May and December of that year, the teams seized 469 clandestine meth labs, or 39 percent of 1,189 labs seized in Illinois in 2005, and made 446 meth-related arrests.

In addition to raiding meth labs and arresting offenders, an increased emphasis is being placed on providing substance abuse treatment to the state's inmate population in an attempt to break the cycle of drug abuse.

In the past, prison offered limited treatment options. Less than 20 percent of adult male inmates identified as drug abusers who were released from the Illinois prison system in 2002 received drug treatment while incarcerated. An increased emphasis has been placed on providing substance abuse treatment to the Illinois inmate population. A fully dedicated therapeutic community at the Sheridan Correctional Center and a meth treatment wing at the Southwestern Illinois Correctional Center were established to bridge the treatment gap. It is hoped that better post-prison success rates can be experienced through these efforts.