



## ILLINOIS DRUG CONTROL UPDATE

*This report reflects significant trends, data, and major issues relating to drugs in the state of Illinois.*

### Illinois At-a-Glance:

- The number of meth lab seizure incidents in the state of Illinois increased 9 percent, from 364 incidents in 2007 to 395 incidents in 2009.  
*Source:* El Paso Intelligence Center's National Seizure System (EPIC-NSS)
- Approximately 7 percent of Illinois residents reported past-month use of illicit drugs; the national average was 8 percent.
- The rate of drug-induced deaths in Illinois is below the national average.
- Heroin is the most commonly cited drug among primary drug treatment admissions in Illinois.

## Drug Use Trends in Illinois

**Drug Use in Illinois:** The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 7.17 percent of Illinois residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 2.95 percent of Illinois residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

*Source:* Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

**Drug-Induced Deaths:** As a direct consequence of drug use, 1,239 persons died in Illinois in 2007. This is compared to the number of persons in Illinois who died from motor vehicle accidents (1,375) and firearms (1,032) in the same year. Illinois drug-induced deaths (9.6 per 100,000 population) were lower than the national rate (12.7 per 100,000).

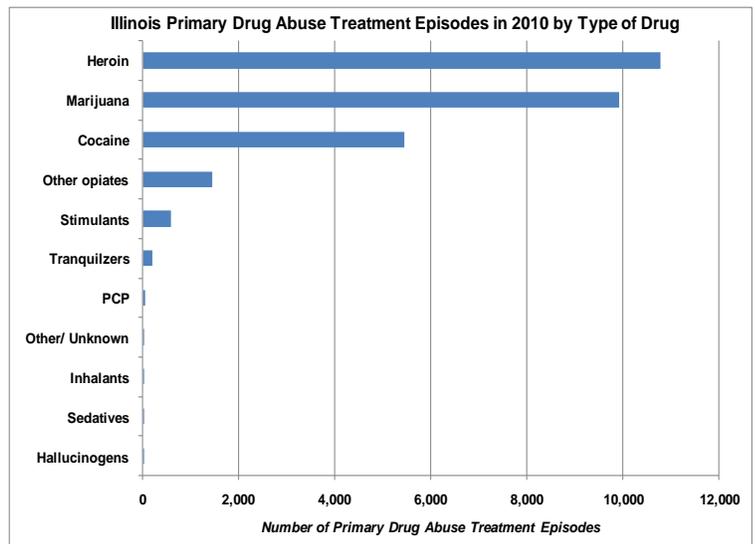
*Source:* Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: [http://www.cdc.gov/nchs/data/nvsr/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)

## Substance Abuse Treatment Admissions Data

### Illinois Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Illinois in 2010. The data show heroin is the most commonly cited drug among primary drug treatment admissions in the state.

*Source:* Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



## Innovative State Programs

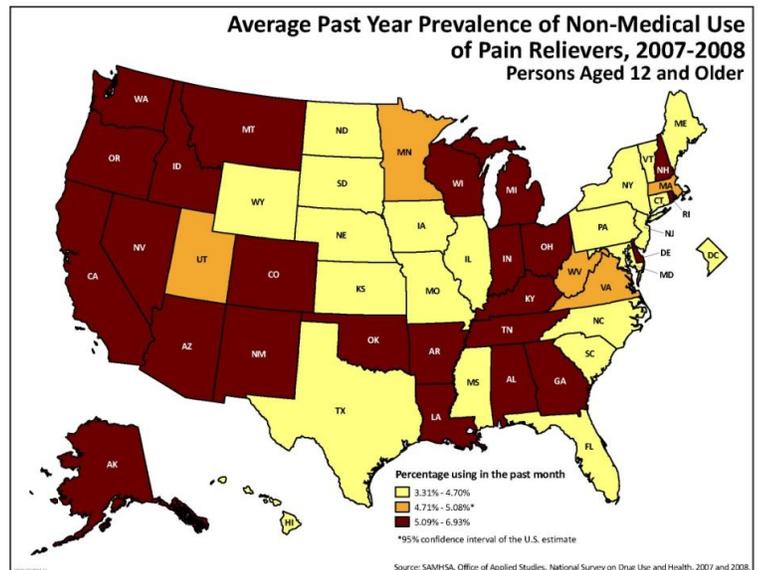
### Treatment Alternatives for Safe Communities

Treatment Alternatives for Safe Communities (TASC) offers a state-level model for how intensive case management of drug offenders might work to reduce crime and incarceration and support reentry programs. In Illinois as well as many other states and localities, governments have provided access to treatment as an alternative to prison for nonviolent offenders with substance abuse or dependence disorders. If clients meet eligibility criteria under the statute, TASC conducts an assessment of their criminal justice history, the nature and extent of addiction, readiness for treatment, and likelihood of treatment success. Through a specialized system of clinical case management, TASC initiates and motivates positive behavior change and long-term recovery for individuals in criminal justice, corrections, juvenile justice, child welfare, and public aid systems.

## Prescription Drug Abuse

### ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled, "**Epidemic: Responding to America's Prescription Drug Abuse Crisis,**" provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



### State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The **Illinois Prescription Monitoring Program** monitors controlled substances in Schedules II, II, IV, and V. Data are reported on a weekly basis by retail pharmacies dispensing in Illinois and is viewable for six months and kept on record for two years. The Prescription Monitoring Program became operational in 1968 and is part of the Department of Health and Human Services.

Source: Illinois Prescription Information Library: <https://www.ilpmp.org/#>

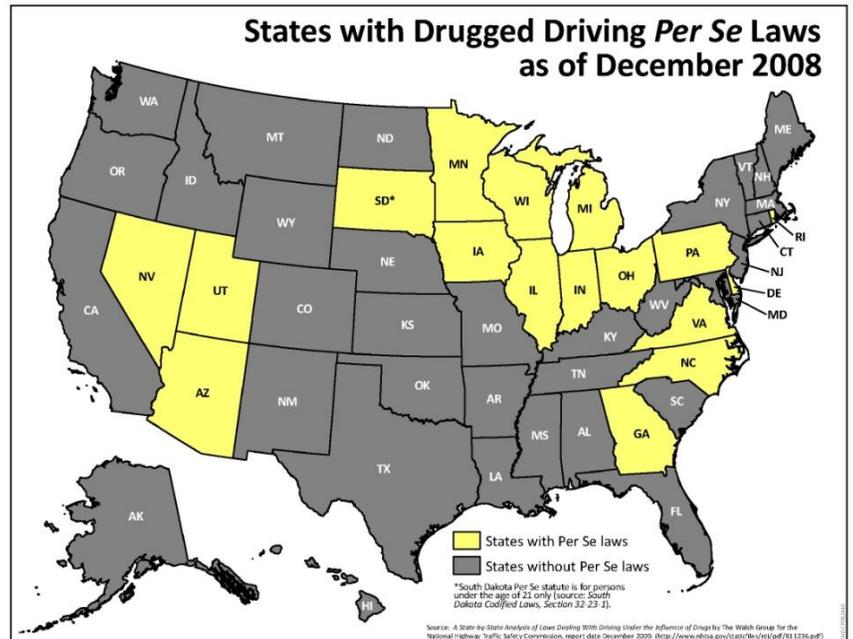
### State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

## Drugged Driving

### ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



### State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

**Illinois has a *Per Se* standard for drugged driving.** Sec. 11 501 of the Illinois Compiled Statutes prohibits driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds or any combination. Required Proof: While driving, the defendant was under the influence of an intoxicating compound or other drug, or a combination and that influence rendered the defendant incapable of safely driving. Proof can also be found if while driving, the defendant had any amount of cannabis, methamphetamine, or intoxicating compound in his/her blood or urine. Legal entitlement to use the drug or compound is not a defense. Refusal to submit to a drug test is admissible in civil and criminal cases.

Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration.

## ONDCP Support for Community-Based Prevention

### National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

### The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Illinois coalitions received grants from ONDCP:

- Adams County Substance Abuse Coalition
- Alton Youth Development Strategy Partnership (AYDSP)
- Asian Health Coalition of Illinois
- Brighton Park Drug Free Community Coalition
- Coalition for Healthy Communities
- Community Partners Against Substance Abuse
- Community Partnership Coalition
- Decatur Drug Free Community Coalition
- Dekalb County Partnership for a Safe, Active and Family Environment
- Edwards County Project Success
- Evanston Substance Abuse Prevention Council (ESAPC)
- Kewanee Community Drug and Alcohol Task Force
- Knox County Substance Abuse Prevention Coalition
- Maine Community Youth Assistance Foundation
- Menard County School and Community Task Force
- Mundelin STAND-UP Taskforce
- Orthodox Christian Coalition for Health Youth-Greater Chicago
- Speak Up! Prevention Coalition
- TEAM 10 (Maryville)
- Wilmington Coalition for a Healthy Community

Source: Office of National Drug Control Policy  
[http://www.ondcp.gov/dfc/grantee\\_map.html](http://www.ondcp.gov/dfc/grantee_map.html)

## ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

### HIDTA Counties in Illinois:

**Chicago HIDTA:** Cook (including the City of Chicago), Grundy, Kendall, and Will counties.

- Chicago HIDTA is in the planning stages of forming a new initiative at the Cook County Jail, the largest single-site county jail in the United States, with a daily inmate count of approximately 9,500. The proposed initiative will gather drug and gang information from cooperating jail inmates and collate/analyze the more than 40,000 inmate phone calls per day that emanate from the jail facility.
- Preliminary efforts have been made to locate an appropriate facility to collocate Chicago HIDTA offices and initiatives, including the Investigative Support Center, with a newly formed Chicago OCDETF Strike Force.

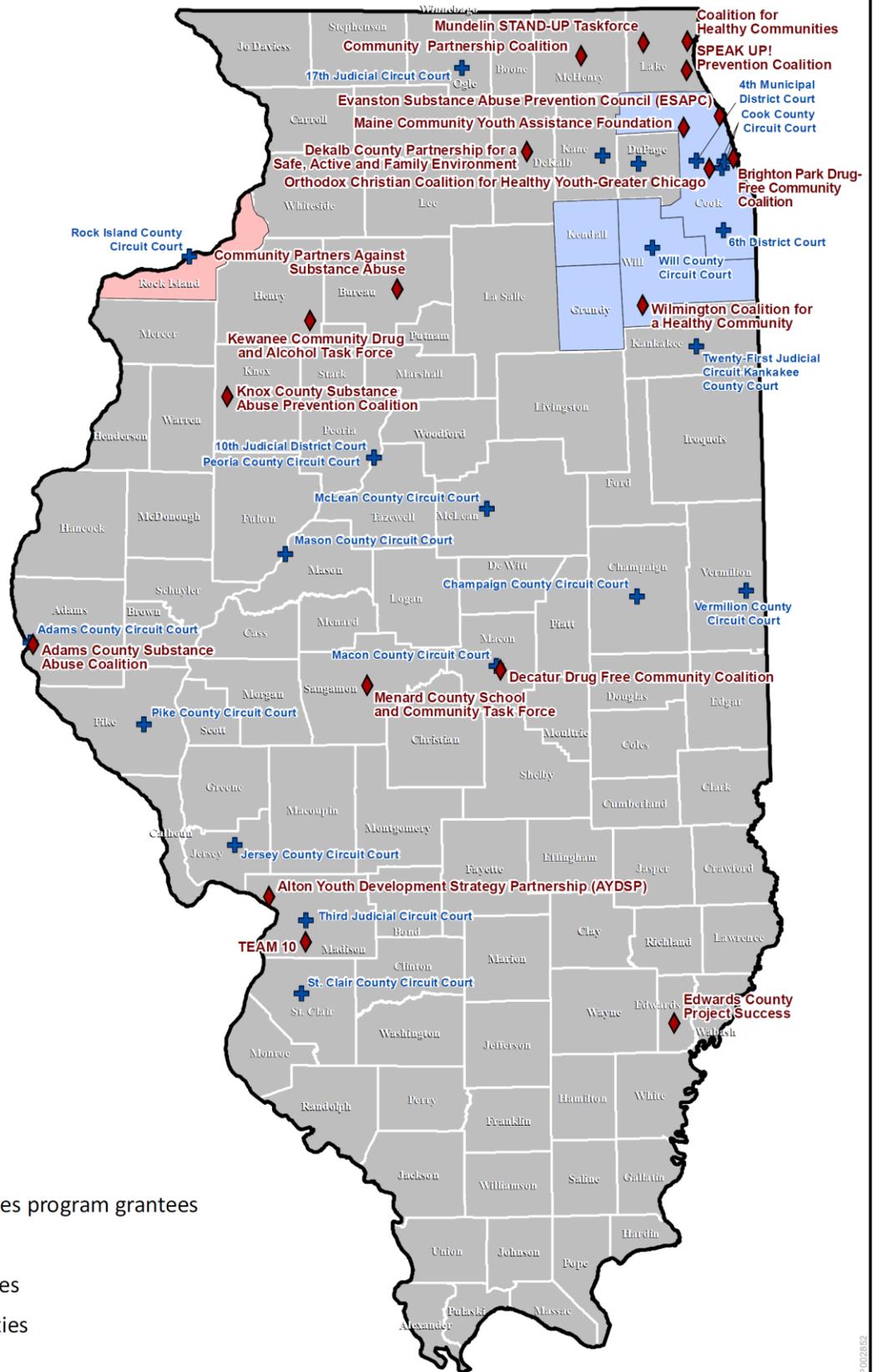
## Federal Grant Awards Available to Reduce Drug Use in the State of Illinois

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards	2010
<b>Department of Education</b>	
<b>Safe and Drug-Free Schools and Communities_National Programs</b>	<b>5,105,688</b>
Alcohol Abuse Reduction Grants	327,672
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence	250,000
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students	138,000
Grants For School-Based Student Drug-Testing Programs	84,878
Safe Schools/Healthy Students Grants	4,305,138
<b>Department of Health and Human Services</b>	
<b>Administration for Children and Families</b>	<b>19,688,495</b>
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse	1,333,985
Mentoring Children of Prisoners	2,229,550
Promoting Safe and Stable Families	16,124,960
<b>Centers for Disease Control and Prevention</b>	<b>2,344,547</b>
HIV Prevention Activities_Non-Governmental Organization Based	2,344,547
<b>Health Resources and Services Administration</b>	<b>7,841,276</b>
Healthy Start Initiative	7,841,276
<b>Immediate Office of the Secretary of Health and Human Services</b>	<b>300,000</b>
Family and Community Violence Prevention Program	300,000
<b>Indian Health Service</b>	<b>223,780</b>
Urban Indian Health Services	223,780
<b>National Institutes of Health</b>	<b>33,283,838</b>
Discovery and Applied Research for Technological Innovations to Improve Human Health	11,655,128
Drug Abuse and Addiction Research Programs	21,628,710
<b>Substance Abuse and Mental Health Services Administration</b>	<b>100,842,675</b>
Block Grants for Prevention and Treatment of Substance Abuse	70,114,715
National All Schedules Prescription Electronic Reporting Grant	181,462
Projects for Assistance in Transition from Homelessness (PATH)	2,950,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	24,244,498
Substance Abuse and Mental Health Services-Access to Recovery	3,352,000
<b>Department of Housing and Urban Development</b>	
<b>Assistant Secretary for Community Planning and Development</b>	<b>14,912,839</b>
Shelter Plus Care	14,912,839
<b>Assistant Secretary for Housing--Federal Housing Commissioner</b>	<b>1,116,200</b>
Shelter Plus Care	1,116,200
<b>Department of Justice</b>	
<b>Office of Justice Programs</b>	<b>41,092,184</b>
Community Capacity Development Office	1,085,128
Congressionally Recommended Awards	4,888,000
Criminal and Juvenile Justice and Mental Health Collaboration Program	691,026
Drug Court Discretionary Grant Program	1,411,512
Edward Byrne Memorial Justice Assistance Grant Program	21,085,580
Enforcing Underage Drinking Laws Program	356,400
Gang Resistance Education and Training	50,000
Harold Rogers Prescription Drug Monitoring Program	400,000
Juvenile Accountability Block Grants	1,660,700
Juvenile Mentoring Program	1,934,339
National Institute of Justice Research Evaluation and Development Project Grants	2,456,005
Residential Substance Abuse Treatment for State Prisoners	827,972
Second Chance Act Prisoner Reentry Initiative	4,245,522
<b>Executive Office of the President</b>	
<b>Office of National Drug Control Policy</b>	<b>5,615,756</b>
High Intensity Drug Trafficking Area Program	5,615,756
<b>Substance Abuse and Mental Health Services Administration</b>	<b>2,601,530</b>
Drug-Free Communities Support Program Grants	2,601,530
<b>Grand Total</b>	<b>234,968,808</b>

**Note:** Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

# Office of National Drug Control Policy Programs in Illinois and Drug Court Locations



- ◆ Drug Free Communities program grantees
- ⊕ Drug Court locations
- Chicago HIDTA counties
- Midwest HIDTA counties
- Counties

Source: National Drug Court Institute and ONDCP, September 2011

ONDCP/002852