
Hidden in Plain Sight: Heroin's Impact on Chicago's West Side

A report conducted for the west side heroin task force

Illinois Consortium on Drug Policy at
Roosevelt University

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Our Mission

The Consortium's primary objectives are to promote discussion of alternatives to Illinois' current drug policies and to serve as a forum for the open, honest, and thoughtful exchange of ideas. We aspire to serve both the general public and populations significantly affected by drug policies through careful analysis of current policies in the areas of housing, employment, education, social services, healthcare and economics. We aim to offer sensible, prudent, just and economically viable alternatives to ineffective policies. The Consortium seeks meaningful change by increasing dialogue, heightening public awareness, meeting with legislators, organizing individuals and communities, and expanding outreach to other organizations that are also impacted by drug policies. The Consortium views individuals and communities that have been directly impacted by drug policies as an integral component for change.

Our Vision

The Consortium envisions a time when Illinoisans discuss and view substance use disorders in a new way—as a public health problem, rather than simply a criminal justice issue. We aspire to see treatment delivered when individuals need it and to provide care based on individual needs. We endeavor to promote initiatives and policies that recognize the nexus between substance use, mental health problems and factors related to being a member of a disadvantaged population. We also encourage work that seeks to reduce the physical, psychological, social and legal harms associated with substance use. The Consortium sees a future where drug use declines as we reduce the demand for drugs through advancements in treatment and prevention programming, and where those who receive services help determine how these services are delivered. The Consortium pictures Illinois as a national leader in fostering healthy individuals and communities and providing evidence-based treatment for addiction disorders. The Consortium conceives of a world where individuals who have criminal records are given opportunities to contribute to society through employment, community building, and civic engagement.

Mission of West Side Heroin Task Force

To provide evidenced based, health centered solutions for those experiencing heroin and opioid use disorders while connecting families, service providers and communities together to promote health and well-being for West Side residents.

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EXECUTIVE SUMMARY

The West side of Chicago may be mentioned in media reports, but in passing -- a place where suburban or increasingly rural users travel to in order to purchase heroin. However, Chicago's West side has not been spared from the health consequences of the heroin crisis, which are severe, significant and mostly silent.

While the focus remains on suburban and rural users, the majority of hospitalizations for opioids (including heroin) and publicly funded treatment admissions data paint a different picture:

- In 2013, 80% of the State's heroin treatment admissions occurred in the Chicago Metro Area;
- Analysis of Illinois Department of Public Health Data indicate that the majority (67%) of total Illinois hospitalizations for opioids, including heroin, occurred in Chicago (2010 data) and 79% occurred in Cook County, while about 3% occurred in DuPage county (2,711) in the same period;
- West side hospitalizations for opioids, including heroin, comprised nearly 1 out of 4 opioid hospitalizations for the entire State (23%);
- West side hospitalizations make up 35% of the Chicago's total, compared to 7% for the North Side, and 20% for South side of Chicago;
- The majority of those hospitalized for opioids on Chicago's West side were Black (83%).

Diminishing Capacity

Illinois publicly funded treatment capacity has declined rapidly. This decline in funding impacts those across the state but particularly those in the Chicago Metro Area, and may have a disparate impact on Black individuals – especially those in areas like the West side -- who are attempting to gain access to treatment. For example:

- In just 5 years, from 2009 to 2013, the Chicago Metro Area lost 61% of its publicly funded treatment capacity compared to a state decline of 54%;
- Blacks entering publicly funded treatment for heroin from the Chicago Metro Area comprised 58% of the Chicago Metro Areas treatment episodes for heroin;
- The only area with a larger change in treatment episodes occurred in the Bloomington Metro area which experienced a 63% reduction in capacity from 2009 to 2013, while rural areas decreased by 39% and Peoria Metro remained stable.

Mortality

The image presented in news media and other forums suggests that heroin overdose is primarily a white problem, but analysis of Illinois Public Health data sets paints a different picture:

- The heroin overdose mortality rate was significantly higher for African Americans (8.94 per 100,000) than for whites (5.86). Latino deaths were too low to calculate a significant rate, but both white deaths and Black deaths increased rapidly between 2013 and 2014;
- Fifty-seven percent of overdoses among Blacks were due to heroin, while 37% of whites died from heroin overdoses.
- Chicago had the highest rate of heroin overdose (7.42 per 100,000) significantly higher than Suburban Cook (4.73), Will (5.42), Lake (5.55), McHenry (5.53), DuPage (4.72), Kane (2.86).

Arrests and Neighborhood Disparity

The majority of the attention paid to the West side in regard to the heroin crisis and use is policing, arrest and incarceration rather than health based solutions for heroin use disorders. These policy and policing decisions have an impact on not only the community but on our spending for the state.

- Even as arrests for heroin possession declined by 30 percent from 2010 to 2015 across the City of Chicago, the West side neighborhoods of West and East Garfield Park experienced an *increase* in the heroin possession arrest rate from 2010-2015;
- The four Chicago neighborhoods with the highest rates of arrest for heroin possession in 2015 include West Garfield Park (2,983 arrests per 100,000), East Garfield Park (1,925 arrests per 100,000), North Lawndale (1,375.58 arrests per 100,000) and Humboldt Park (per 100,000), which all located on the West side of Chicago compared to a City rate of 141 per 100,000;
- To put these arrest rates in context, the rate for heroin possession arrests in West Garfield Park (2,983 per 100,000) was more than *20 times higher than the rate for the city as a whole* (141 per 100,000), East Garfield Park's was about *13 times higher than the city's rate*, North Lawndale 9 times higher and Austin (642 per 100,000) 4 times the city's rate;
- West Garfield Park's rate was *2,000 times higher* than Lincoln Park's arrest rate (1.56 per 100,000) and compared to Hyde Park, West Garfield Park's rate of arrest was *766 times higher* than Hyde Park's rate (3.89 per 100,000).
- In five areas of Chicago, no arrests for heroin possession occurred during 2015.

Incarcerating individuals costs \$25,000 per year, while jail time costs about \$150 a day. As the state reconsiders its policies regarding both crime reduction, cost savings and reducing prison populations, it is important to recognize that providing treatment, such as methadone, returns \$12 for every dollar spent. Imprisoning individuals with heroin use disorders, a health condition, is neither cost effective nor as effective as treatment in the community. Treatment in the community returns significant savings to taxpayers and societyⁱ in public health and economic savings.

POLICY RECOMMENDATIONS

Increase Community Based Treatment Capacity – Particularly Medication Assisted Treatment

According to analysis, Cook County has high treatment need and not enough providers for opioid use disorders, for example:

- In Illinois, for everyone 1,000 residents 3.8 people has opioid use disorders than could be treated under the current systemⁱⁱ.
- Currently Cook County can only treat about 15,000 individuals but the need is much higher than the system can accommodate currently.

Create a Misdemeanor Classification for Small Amounts of Drugs

Heroin and other opioids, no matter the amount, are currently felonies in Illinois but this is inconsistent with federal law, and many other states have created misdemeanors for personal use, for small amounts of drugs other than cannabis. Illinois policymakers have introduced legislation to reduce amounts under 1 gram from a felony to a misdemeanor.

- According to polling of Illinois residents, 78% of Illinoisan believe in reclassifying small amounts of drugs from a felony to a misdemeanorⁱⁱⁱ.
- Not only would this policy change help prevent the collateral consequences of felony convictions on those with substance use disorder, but it would yield a cost savings of *\$58M over three years according* to a fiscal impact analysis conducted by the Sentencing Policy Advisory Council^{iv}.

Provide Methadone and/or Buprenorphine Maintenance in Cook County Jail and Create Linkages to Treatment Providers

There exist a number of models, like the Riker’s Island model in New York City, where individuals who are addicted to heroin or other opioids are provided with opioid agonist (e.g. methadone, buprenorphine) treatment in jail and then are linked to continuing methadone or buprenorphine treatment providers in the community.

- These programs have demonstrated great success in both lowering crime and retaining individuals in treatment – which is one of the biggest predictor of treatment success;
- Research demonstrates that methadone maintenance yielded better results than counseling alone for detainees in terms of one month and yearly relapse rates.

Naloxone Dispensing in Different Environments

Researchers have consistently demonstrated that more naloxone distributed in the community lowers the fatal overdose rate overall. In order to ensure that persons who are at high risk for overdose have access to naloxone (which is now covered by Medicaid as private insurance under Public Act 099-0480), it is essential to ensure that it is more widely distributed under “standing orders,” in the following settings:

- In the Emergency Department, hospitals should prescribe or distribute naloxone to individuals who have experienced overdose;
- In Treatment Centers and after Detox, according to the American Society of Addiction Medicine, naloxone education and distribution programs should be incorporated into the treatment system;
- In Cook County Jail, Cook County Jail is now launching a pilot to ensure that individuals have access to opioid overdose education and naloxone. This program should be expanded.

Increase Access to Harm Reduction Practices

Harm reduction practices are an excellent way to bridge the gap to reduce the health consequences of heroin use. Harm reduction practices include the following:

- Syringe exchange, including cookers, cottons and needles to stop the spread of blood borne pathogens and naloxone distribution;
- Housing First initiatives, which do not require complete abstinence from substances, before being housed;
- Safe use and consumption facilities, staffed with medical professionals to ensure that overdoses can be reversed as safe consumption facilities also reduce fatal overdoses in the community.

METHODOLOGY

This brief report is an update to *Heroin Use: National and Illinois Perspectives, 2008 to 2010^v* and *Diminishing Capacity*, which detailed the impacts of heroin use and the decline in treatment capacity across Illinois. This update examines public treatment data, hospitalizations, and arrest data using the most recent and complete years available. Data was gathered from the Treatment Episode Data Set, the Illinois Department of Public Health IQuery system, Illinois Department of Public Health Reports on Overdose and Heroin Mortality Data and the City of Chicago Data Portal, Crimes 2001 to Present. The following methodological notes regarding the data sets will provide additional information on the data contained within this report.

- **Treatment Episode Data Set (TEDS)** – The 2009 and 2013 data sets were used for this report to provide information on use of public treatment services for heroin problems in the United States and Illinois. It is important to note that one person can undergo multiple treatment episodes. Downloaded in 2015.
- **Illinois Department of Public Health Hospitalizations for Opioids IQuery^{vi}** – 2009-10 Inpatient Drug Abuse, opioids. Data were selected based on area, race and neighborhood for this report. These data represent the total number of hospitalizations for opioids. Additionally, these were the most current publicly available data available through the IQuery system for opioids.
- **Illinois Department of Public Health Report of Overdose Deaths**
Reports created by the IDPH Illinois Center for Health Statistics per Public Act 099-0480. Total drug overdose deaths are defined as those in which drug poisoning (ICD-10 X40-X44, X60-X64, X85, Y10-Y14) was an underlying cause of the deaths. Heroin-related drug overdose deaths are a subset of total drug overdoses in which heroin (ICD-10 T40.1) specifically was reported as being involved in the deaths. ∞ Causes of death are reported to the Department on death certificates by county coroners, medical examiners and physicians.
- **City of Chicago Data Portal, Crimes 2001 to present. [Data set]^{vii}**. This analysis is based on the heroin possession numbers by neighborhood. The Consortium present these data adjusted for rate per 100,000 using US census data in order to make an apples to apples comparison across neighborhoods.

INTRODUCTION

Reports regarding heroin in the state of Illinois generally focus on the white, suburban or rural user. The West side of Chicago may be mentioned in media reports but in passing, a place where suburban or increasingly rural users travel to in order to purchase heroin. The Eisenhower Expressway (290) is often referred to as the “Heroin Highway,” but the idea that heroin deaths and hospitalizations exists in these neighborhoods, such as East and West Garfield Park, North Lawndale, Austin and even Humboldt Park, are not often discussed in the media.

The fact is that many members of the West side communities have been significantly impacted by the heroin crisis leading to hospitalization and deaths. For those individuals who have never been on Chicago’s West side, but have heard the extensive media coverage about the heroin crisis may wrongly believe that the West side has been spared. The West side has not been spared.

In order to correct this inaccurate depiction, we believe that it is essential to talk about the health repercussions of the heroin crisis through the eyes of the West side. This report aims to do just that.

TREATMENT ADMISSIONS AND HOSPITALIZATIONS

The Chicago Metropolitan Area (Chicagoland) accounts for the vast majority of admission to treatment for heroin use in Illinois—as much as 80% of admissions in Illinois.^{viii} Of course, the Chicago Metro Area accounts for not just Chicago itself, but also the nearby suburbs in both Cook County and the Collar Counties. These suburbs frequently receive news coverage as the home of the “new face of heroin”—white, suburban youth. However, narrowing our focus from Chicagoland to its constituent counties and the neighborhoods therein paints a more complicated picture (Table 1).

Despite increases in heroin use, overdose, and death in the Chicago Metro Area as a whole, Cook County, and more specifically Chicago itself, still bears the brunt of the opioid crisis. Cook County reported 79% of Illinois’s heroin hospitalizations, and Chicago alone reported 67%.^{ix} This tells us that any effort to better understand the opioid crisis in Illinois must take a closer look at Chicago specifically. (Table 2)

The suburban focus so common in current reports on the opioid crisis obscures the many hospitalizations and treatment episodes in Chicago, and the West Side in particular. Chicago’s West side accounted for almost one quarter of all hospitalizations for heroin in the entire state of Illinois (23%)—more than any other area of Chicago. The West side claimed an even larger chunk of heroin hospitalizations when compared to the rest of Chicago with 35%. West Chicago’s 18,554 heroin hospitalizations again outpaced any other Chicago area^x (Tables 3-4).

Black Chicagoans living on the West side have experienced the vast majority of the area’s hospitalizations. Complicating the frequently reported “new face of heroin,” Black individuals accounted for 83% of hospitalizations for heroin on the West side.^{xi} These treatment admission and hospitalization data make it clear that Chicago’s Black communities are struggling greatly and disproportionately under the weight of the opioid crisis (Table 5)

Table 1: Treatment Episode Data Set, Heroin Treatment Admissions, 2013 by Metro Area¹

Metro Area	Total n	% Total
Bloomington Metro	75	1%
Champaign Urbana Metro	44	1%
Chicago Metro	6,013	80%
Quad Cities Metro	70	1%
Decatur Metro	79	1%
Kankakee Metro	227	3%
Peoria Metro	354	5%
Rockford Metro	303	4%
Metro East	241	3%
Springfield Metro	137	2%
Total	7,543	100%

¹Does not include rural areas. Most recent data year available.

Table 2: Total Hospitalizations for Heroin by County and Percent of State Total, 2010²

Area	Hospitalizations	%state Total
Chicago	53,073	67%
Cook County	62,904	79%
DuPage	2,711	3%
Grundy	89	0%
Kane	1,344	2%
Kendall	312	0%
Lake	1,514	2%
McHenry	950	1%
Will	1,469	2%
State Total	79,637	100%

Table 3: Total Hospitalizations for Heroin by Chicago Area and Percent of State Total 2010

Area	Number	%Total State Hospitalizations
Central Chicago	1,226	2%
Far South Chicago	6,274	8%
North Chicago	3,849	5%
Northwest Chicago	4,275	5%
South Chicago	10,839	14%
West Chicago	18,554	23%
Southwest Chicago	8,056	10%
State Total	79,637	100%

² Illinois Department of Public Health Data, most up to date numbers accessible through data portal, available to the public.

Table 4: Total Hospitalizations for Heroin by Chicago Area by Number and Percent of Chicago Total, 2010

Chicago Area	Hospitalizations	% Chicago Hospitalizations
Central Chicago	1,226	2%
Far South Chicago	6,274	12%
North Chicago	3,849	7%
Northwest Chicago	4,275	8%
South Chicago	10,839	20%
West Chicago	18,554	35%
Southwest Chicago	8,056	15%
Total Chicago	53,073	100%

Table 5: Hospitalizations for Heroin in West Chicago by Race and Percent, 2010

Race	Number	%West Side Hospitalizations
Black	15,440	83%
Latino/Hispanic	1,618	9%
White	771	4%
Other	725	4%
Total	18,554	100%

DIMINISHING CAPACITY – PUBLICLY FUNDED TREATMENT IN CONTEXT

Even though the Chicago Metro Area accounts for more heroin treatment admissions and hospitalizations than any other metro area in the state, its capacity for treatment has fallen far, quickly. In 2013, Chicagoland had 61% fewer treatment admissions than in 2009. This change is one of the largest in the state, second only to the Bloomington Metro Area’s 63% drop in treatment admissions, and still on a much larger scale—Chicagoland had 28,188 fewer treatment admissions in 2013 than in 2009, compared with the Bloomington Metro Area’s 1,146 fewer admissions (Table 6).^{xii}

The disproportionate number of heroin hospitalizations on Chicago’s West side shows up again, in a slightly different way, when we examine treatment episodes by race. In the Chicago Metro Area, 58% of those admitted to treatment for heroin were Black.^{xiii} This indicates that Chicagoland’s significantly reduced capacity to treat heroin and other opioid use disorders is disproportionately affecting Black Chicagoans (Table 7).

Table 6: Treatment Episode Data Set, All Treatment Admissions 2009-2013, by Metro Percent Change

Metro Area	2009	2013	%Change
Bloomington Metro	1,808	662	-63%
Champaign Urbana Metro	1,109	455	-59%
Chicago Metro	45,856	17,668	-61%
Quad Cities Metro	1,495	1,124	-25%
Decatur Metro	826	404	-51%
Kankakee Metro	762	603	-21%
Peoria Metro	2,290	2,346	2%
Rockford Metro	3,059	1,297	-58%
Metro East	2,353	1,128	-52%
Springfield Metro	1,614	771	-52%
Rural	10,366	6,303	-39%
Total	71,537	32,760	-54%

Table 7: Treatment Episode Data Set, Heroin Treatment Admissions, 2013 by Metro Areaⁱⁱⁱ and Race

Metro Area	Latino	Black	White	Other	Total
Bloomington Metro	1%	7%	92%	0%	75
Champaign Urbana Metro	2%	27%	68%	2%	44
Chicago Metro	7%	58%	32%	2%	6,013
Quad Cities Metro	1%	16%	83%	0%	70
Decatur Metro	0%	14%	85%	1%	79
Kankakee Metro	7%	41%	52%	0%	227
Peoria Metro	19%	7%	73%	1%	354
Rockford Metro	9%	9%	80%	3%	303
Metro East	1%	9%	90%	0%	241
Springfield Metro	2%	5%	93%	0%	137
Total	7%	49%	41%	2%	7,543

ⁱⁱⁱDoes not include rural areas.

MORALITY DATA

More people die of heroin-related overdoses in Cook County than anywhere else in the Chicago Metro Area—321 Chicagoans died in 2014 alone.^{xiv} What’s more, Chicago itself faces a higher death rate from heroin-related overdoses than anywhere else in Chicagoland, and accounted for 28% of Illinois’s heroin-related overdoses in 2014 (Table 8).^{xv}

Chicago’s black communities, largely concentrated on the South and West sides, are not only going to the hospital for heroin more frequently, but are also dying from heroin-related overdoses in unconscionably disproportionate numbers. In 2014, Black Illinoisan died from heroin-related overdose at a rate of 8.94 people per 100,000, compared with 5.86/100,000 for Whites.^{xvi} Furthermore, in 2014, heroin-related deaths made up 57% of overdose deaths among Black Illinoisans, a full 20% higher than Whites, albeit 1% lower than Chicago’s Latino communities (Tables 9-10).^{xvii}

In other words, the heroin crisis is *not* limited to Chicago’s White suburbs. Instead, Black Chicagoans, especially on the West side, are going to the hospital, attending treatment, and dying in large numbers, disproportionate to White individuals living in Chicago. These deaths and hospitalizations are compounded by Chicago’s substantial decrease in treatment capacity. Any effort to stem the tide of the opioid crisis in Illinois must therefore eschew a narrow focus on the white, suburban “new face of heroin,” and instead account for the many harms wrought by heroin, hidden in plain sight, on Chicago’s West side.

Table 8: Heroin-Related Drug Overdose Deaths by Collar County, Chicago and Suburban Cook County 2013-2014

County/Area	2013	2014	%State Total 2014	Crude Rate
Cook	291	321	45%	6.13
Chicago	194	202	28%	7.42
<i>Suburban Cook</i>	97	119	17%	4.73
DuPage	44	44	6%	4.72
Kane	14	15	2%	2.86
Lake	27	39	5%	5.55
McHenry	11	17	2%	5.53
Will	30	37	5%	5.42

Table 9: Heroin-Related Drug Overdose Deaths, by Race and Rate 2013-2014

Race	2013	2014	Crude Rate 2013	Crude Rate 2014
Black	131	169	6.93	8.94
Latino/Hispanic	67	68	NA	NA
White	377	474	4.66	5.86
Other	8	2	NA	NA

Table 10: Heroin Related Deaths by Race as Percentage of All Overdose Deaths 2013-2014

Race	2013	2014	%heroin2014
Black	283	294	57%
Latino/Hispanic	133	117	58%
White	1,145	1,276	37%
Other	18	13	15%

ARRESTS: THE IMPACT OF THE CRIMINAL JUSTICE SYSTEM ON THE WEST SIDE COMMUNITIES

The majority of the attention paid to the West side's heroin use problem has focused on policing, rather than on providing health based solutions for heroin use disorders. These policy and policing decisions have an impact on not only the community but on our spending for the state. Incarcerating individuals costs \$25,000 per year, while jail time costs about \$150 a day. As the state reconsiders its policies regarding both crime reduction, cost savings and reducing prison populations, it is important to recognize that providing treatment, such as methadone, returns \$12 for every dollar spent^{xviii}. Imprisoning individuals with heroin use disorders, a health condition, is neither cost effective nor as effective as treatment in the community. Treatment in the community returns significant savings to taxpayers and society^{xix} in public health and economic savings. Statistical models looking at large scale diversion efforts suggest that if 10% of drug offenders (nationally) were diverted to drug treatment would yield a lifetime savings of over \$12.5B and if 40% were diverted there would be cost savings of more than \$34B^{xx}. These are not small numbers.

Arrests for the possession of heroin have historically have been the highest in West side communities than in any other part of the city. Even as arrests for heroin possession declined by 30 percent from 2010 to 2015 across the City of Chicago (See Appendix 2), the West side neighborhoods of West and East Garfield Park experienced an increase in the arrest rate for heroin possession from 2010-2015, while most neighborhoods, including those in South Side communities, the heroin possession arrest rate continued to fall (Table 11)^{xxi}.

In 2015, of the top 10 neighborhoods with the highest arrest rates for *possessing* – not selling – heroin, six were located on the West side of Chicago. The four neighborhoods with the highest rates of arrest including West Garfield Park (2,983 arrests per 100,000), East Garfield Park (1,925 arrests per 100,000), North Lawndale (1,375. arrests per 100,000) and Humboldt Park (763 per 100,000) are all located on the West side of Chicago (Table 11)^{xxii}.

To put these arrest rates in context, the rate for heroin possession arrest in West Garfield Park (2,983 arrests per 100,000) was *more than 20 times higher* the rate for the city as a whole (141 per 100,000). East Garfield Park's arrest rate was about *13 times higher* than the city's rate. Compared to the city's rate total, North Lawndale's arrest rate was *9 times higher* and Austin 4 times higher.

It is not possible to compare the neighborhoods with the lowest heroin arrest rates because in 2015, 5 neighborhoods had zero arrests (North Park, Monclare, Burnside and Hegwisch and West Elsdon). The sixth lowest arrest rate occurred in Lincoln Park (1.56 arrest per 100,000). West Garfield Park's rate was 2000 times higher than Lincoln Park's arrest rate. Compared to Hyde Park, West Garfield Park's rate of arrest was 766 times higher than Hyde Park's rate (3.89 per 100,000). Humboldt Park's rate was 489 times higher than Lincoln Park. Austin's rate was more than 400 times Lincoln Park's rate and 165 times higher than Hyde Park's rate (Table 11, Appendix 2).^{xxiii}

These arrests take a tremendous toll on communities which have individuals with heroin use disorders. The collateral consequences of felony conviction can follow an individual long after they have received treatment and are sober. Felony convictions make it extremely difficult to get employment, education or even housing, thus continuing the cycle of addiction. Even if an individuals is able to obtain treatment, the inability to gain employment, housing, licensure, or education, it might be the cause for some individuals to turn to other means of support to survive, such as illicit drug market activities.

Therefore, arrests for possession without treatment or neither cost effective nor effective in reducing crime.

Table 11: Top 10 Highest Heroin Possession Rates by Community Area 2010-2015^{iv}

Rank	Area	2010	2011	2012	2013	2014	2015
1	West Garfield Park	2,999.83	3,260.93	3,310.93	4,344.20	3,916.45	2,983.17
2	East Garfield Park	1,711.48	1,356.54	2,056.69	1,944.86	1,944.86	1,925.41
3	North Lawndale	1,667.97	1,606.71	1,807.20	2,149.70	1,534.31	1,375.58
4	Humboldt Park	1,306.75	1,255.26	1,409.73	1,397.30	1,283.67	763.45
5	Fuller Park	799.72	625.87	660.64	869.26	764.95	695.41
6	Austin	1,192.72	1,056.70	959.25	1,012.04	802.93	642.55
7	West Englewood	532.32	543.59	591.47	430.93	453.46	414.03
8	Englewood	404.51	365.37	355.58	322.96	290.34	322.96
9	New City	308.72	443.92	407.87	259.14	175.77	227.6
10	Washington Park	563.28	614.49	324.32	358.45	256.04	213.37
NA	City Rate	202.96	195.54	202.11	206.37	173.99	141.19

^{iv} Retrieved from <https://data.cityofchicago.org/Public-Safety/Crimes-2001-to-present/ijzp-q8t2> analysis of heroin possession arrest by neighborhood 5/10/16 ICR codes

POLICY RECOMMENDATIONS

Increase Community Based Treatment Capacity – Particularly Medication Assisted Treatment

The Chicago Metropolitan Area and the State as a whole has seen an unprecedented decrease in treatment capacity for all substance, not just for heroin. Publicly funded treatment capacity shrunk by 54% across the state and 61% across the Chicago Metropolitan Area.

The Heroin Crisis Act (Public Act 099-0480) provides for more coverage for Medication Assisted Treatment (MAT) for heroin and opioid use disorder under Medicaid. The law effectively provides for buprenorphine and methadone coverage under Medicaid without lifetime limits or pre-authorization. Methadone, however, will not be implemented until 2017. Without more access to treatment, it will be difficult to reduce morbidity and mortality from heroin on Chicago's West side.

According to several analyses, the capacity for buprenorphine vs the need for buprenorphine is dramatic in the Chicago Metro area. According to a Huffington Post analysis, Cook County has high treatment need and not enough providers. In Illinois, for every one 1,000 residents 3.8 people has opioid use disorders than could be treated under the current system^{xxiv}.

Create a Misdemeanor Classification for Small Amounts of Drugs

According to polling of Illinois residents, 78% of Illinoisan believe in reclassifying small amounts of drugs from a felony to a misdemeanor^{xxv}. Not only would this help prevent the collateral consequences of felony convictions on those with substance use disorder, but it would yield a benefit \$58M over three years according to a fiscal impact analysis conducted by the Sentencing Policy Advisory Council^{xxvi}. The creation of a misdemeanor classification for amounts under one gram represents good policy and should be passed in the Illinois State Legislature and has the support of Illinois' voters.

Provide Methadone and/or Buprenorphine Maintenance in Cook County Jail and Create Linkages to Treatment Providers

There exist a number of models, like the Riker's Island model in New York City, where individuals who are addicted to heroin or other opioids are provided with opioid agonist (e.g. methadone, buprenorphine) treatment in jail and then are linked to continuing methadone or buprenorphine treatment providers in the community. These programs have demonstrated great success in both lowering crime and retaining individuals in treatment – which is the biggest predictor of treatment success. Research demonstrates that methadone maintenance yielded better results than counseling alone in terms of one month relapse rates^{xxvii}. Buprenorphine maintenance appears to be as effective. This practice could be implemented with seed grant moneys and those leaving jail would have access to methadone treatment programs beginning in 2017 when Medicaid coverage for methadone maintenance begins.

Naloxone Dispensing after Overdose: Emergency Departments

Emergency departments serve a vital purpose in stabilizing a patient after they have experienced an overdose. It is essential that hospitals prescribe or distribute naloxone to individuals who have experience overdose by prescribing naloxone, the opioid reversal drug. Naloxone is covered under Medicaid and now part of Illinois parity coverage under the Heroin Crisis Act. Hospitals across the West side should work to provide overdose prevention and naloxone distribution programs in their

Emergency Departments. Illinois has significant legislation that allows for dispensing under standing orders that can be implemented within hospitals.

Naloxone Dispensing after Treatment Completion

Overdose Education and naloxone distribution is extremely important after detoxification completion because the rate of death is about 3 times higher in the first 30 days after completing treatment.^{xxviii} Additionally the American Society of Addiction Medicine recommends^{xxix} that:

The Guideline Committee, based on consensus opinion, recommends that patients who are being treated for opioid use disorder and their family members/significant others be given prescriptions for naloxone. Patients and family members/significant others should be trained in the use of naloxone in overdose.

To lower overdose rates among African Americans and all groups it is essential that all treatment providers create naloxone training and dispensing programming. As noted above, Illinois has laws that allow for dispensing naloxone under a standing order. Treatment providers should consider overdose education and naloxone distribution (OEND) a standard component of care and should integrate programs to include OEND.

Increase Access to Harm Reduction Practices

Harm reduction practices are an excellent way to bridge the gap to reduce the health consequences of heroin use. Harm reduction practices include the following:

- Syringe exchange, including cookers, cottons and needles to stop the spread of blood borne pathogens;
- Housing First initiatives, which do not require complete abstinence from substances, before being housed;
- Naloxone distribution to those who use heroin or other opioids;
- Safe use and consumption facilities, staffed with medical professionals to ensure that overdoses can be reversed and to provide a place to use drugs out of harm and away from the public. While controversial, safe consumption rooms reduce mortality in the community while reducing injection and drug use on the streets.

Appendix: Table 1: Heroin Possession Arrest Numbers by Community Area 2010-2015

Community Area	Area #	2010	2011	2012	2013	2014	2015
Roger's Park	1	21	7	14	9	6	9
West Ridge	2	13	6	9	4	6	7
Uptown	3	13	9	15	15	13	6
Lincoln Square	4	1	2	3	5	4	2
North Center	5	1	1	4	2	1	1
Lake View	6	2	5	9	7	8	3
Lincoln Park	7	1	1	2	3	0	1
Near North Side	8	54	49	22	27	25	26
Edison Park	9	-	0	0	1	0	1
Norwood Park	10	3	1	3	0	1	3
Jefferson Park	11	6	3	3	11	8	4
Forest Glen	12	-	0	0	2	0	1
North Park	13	3	2	0	2	1	0
Albany Park	14	2	7	2	3	1	6
Portage Park	15	21	12	12	19	19	12
Irving Park	16	10	12	0	9	5	4
Dunning	17	8	5	10	8	7	4
Montclare	18	3	1	3	0	1	0
Belmont Cragin	19	38	31	40	24	31	28
Hermosa	20	9	15	19	10	13	3
Avondale	21	9	13	7	8	7	11
Logan Square	22	32	30	16	11	9	12
Humboldt Park	23	736	707	794	787	723	430
West Town	24	43	58	65	31	13	17
Austin	25	1,175	1,041	945	997	791	633
West Garfield Park	26	540	587	596	782	705	537
East Garfield Park	27	352	279	423	400	400	396
Near West Side	28	83	76	58	51	48	64
North Lawndale	29	599	577	649	772	551	494
South Lawndale	30	36	34	48	32	23	40
Lower West Side	31	6	11	7	2	8	11
Loop	32	17	15	12	14	18	9
Near South Side	33	3	4	5	5	4	2
Armour Square	34	6	7	8	7	6	5
Douglas	35	55	39	35	54	26	24
Oakland	36	14	10	8	6	2	3
Fuller Park	37	23	18	19	25	22	20
Grand Boulevard	38	107	116	150	80	63	44

Kenwood	39	19	21	9	13	35	8
Washington Park	40	66	72	38	42	30	25
Hyde Park	41	10	9	4	0	0	1
Woodlawn	42	106	88	73	78	72	35
South Shore	43	100	85	80	98	69	68
Chatham	44	46	51	69	75	53	39
Avalon Park	45	10	9	7	4	1	7
South Chicago	46	28	43	36	49	40	29
Burnside	47	-	2	1	1	2	0
Calumet Heights	48	6	7	9	6	10	7
Roseland	49	84	92	92	118	67	59
Pullman	50	3	3	13	6	6	8
South Deering	51	13	6	8	9	15	5
East Side	52	3	2	1	3	7	3
West Pullman	53	38	48	45	64	52	36
Riverdale	54	16	13	16	12	15	11
Hegewisch	55	-	1	1	0	0	0
Garfield Ridge	56	22	20	29	33	22	13
Archer Heights	57	2	0	1	3	2	1
Brighton Park	58	8	4	0	6	6	8
McKinley Park	59	2	2	4	2	2	1
Bridgeport	60	7	4	5	1	7	5
New City	61	137	197	181	115	78	101
West Elsdon	62	2	1	3	2	1	0
Gage Park	63	16	8	11	10	7	7
Clearing	64	5	1	5	5	13	5
West Lawn	65	4	4	3	3	2	2
Chicago Lawn	66	95	111	91	62	68	54
West Englewood	67	189	193	210	153	161	147
Englewood	68	124	112	109	99	89	99
Greater Grand Crossing	69	78	86	103	108	61	47
Ashburn	70	12	15	13	15	13	16
Auburn Gresham	71	116	119	118	94	64	61
Beverly	72	2	1	2	3	3	2
Washington Heights	73	38	31	34	33	28	15
Mount Greenwood	74	4	4	0	2	3	1
Morgan Park	75	11	11	4	7	15	4
O'Hare	76	4	1	2	1	1	1
Edgewater	77	-	3	3	3	1	2
City Total	NA	5,471	5,271	5,448	5,563	4,690	3,806

Appendix Table 2: Heroin Possession Arrest Rate by Community Area 2010-2015

Community Area	Area #	2010	2011	2012	2013	2014	2015
Roger's Park	1	38.19	12.73	25.46	16.37	10.91	16.37
West Ridge	2	18.07	8.34	12.51	5.56	8.34	9.73
Uptown	3	23.07	15.97	26.61	26.61	23.07	10.65
Lincoln Square	4	2.53	5.06	7.60	12.66	10.13	5.06
North Center	5	3.14	3.14	12.55	6.28	3.14	3.14
Lake View	6	2.12	5.30	9.54	7.42	8.48	3.18
Lincoln Park	7	1.56	1.56	3.12	4.68	0.00	1.56
Near North Side	8	67.09	60.88	27.33	33.55	31.06	32.30
Edison Park	9	0.00	0.00	0.00	8.94	0.00	8.94
Norwood Park	10	8.10	2.70	8.10	0.00	2.70	8.10
Jefferson Park	11	23.58	11.79	11.79	43.23	31.44	15.72
Forest Glen	12	0.00	0.00	0.00	10.81	0.00	5.40
North Park	13	16.73	11.15	0.00	11.15	5.58	0.00
Albany Park	14	3.88	13.58	3.88	5.82	1.94	11.64
Portage Park	15	32.75	18.71	18.71	29.63	29.63	18.71
Irving Park	16	18.74	22.49	0.00	16.87	9.37	7.50
Dunning	17	19.08	11.92	23.85	19.08	16.69	9.54
Montclare	18	22.34	7.45	22.34	0.00	7.45	0.00
Belmont Cragin	19	48.26	39.37	50.80	30.48	39.37	35.56
Hermosa	20	35.99	59.98	75.97	39.98	51.98	12.00
Avondale	21	22.92	33.11	17.83	20.38	17.83	28.02
Logan Square	22	43.48	40.76	21.74	14.95	12.23	16.31
Humboldt Park	23	1306.75	1255.26	1409.73	1397.30	1283.67	763.45
West Town	24	52.80	71.23	79.82	38.07	15.96	20.88
Austin	25	1192.72	1056.70	959.25	1012.04	802.93	642.55
West Garfield Park	26	2999.83	3260.93	3310.93	4344.20	3916.45	2983.17
East Garfield Park	27	1711.48	1356.54	2056.69	1944.86	1944.86	1925.41
Near West Side	28	151.24	138.48	105.68	92.93	87.46	116.62
North Lawndale	29	1667.97	1606.71	1807.20	2149.70	1534.31	1375.58
South Lawndale	30	45.40	42.88	60.54	40.36	29.01	50.45
Lower West Side	31	16.77	30.75	19.57	5.59	22.37	30.75
Loop	32	58.05	51.22	40.98	47.81	61.47	30.73
Near South Side	33	14.03	18.70	23.38	23.38	18.70	9.35
Armour Square	34	44.81	52.27	59.74	52.27	44.81	37.34
Douglas	35	301.57	213.84	191.91	296.09	142.56	131.59
Oakland	36	236.57	168.98	135.18	101.39	33.80	50.69
Fuller Park	37	799.72	625.87	660.64	869.26	764.95	695.41
Grand Boulevard	38	487.94	528.98	684.03	364.81	287.29	200.65
Kenwood	39	106.50	117.71	50.45	72.87	196.18	44.84

Washington Park	40	563.28	614.49	324.32	358.45	256.04	213.37
Hyde Park	41	38.94	35.05	15.58	0.00	0.00	3.89
Woodlawn	42	407.96	338.68	280.95	300.20	277.10	134.70
South Shore	43	200.94	170.80	160.75	196.92	138.65	136.64
Chatham	44	148.25	164.37	222.38	241.72	170.81	125.69
Avalon Park	45	98.18	88.37	68.73	39.27	9.82	68.73
South Chicago	46	89.75	137.83	115.39	157.06	128.21	92.95
Burnside	47	0.00	68.59	34.29	34.29	68.59	0.00
Calumet Heights	48	43.44	50.68	65.16	43.44	72.40	50.68
Roseland	49	188.26	206.19	206.19	264.46	150.16	132.23
Pullman	50	40.96	40.96	177.47	81.91	81.91	109.22
South Deering	51	86.04	39.71	52.95	59.57	99.28	33.09
East Side	52	13.02	8.68	4.34	13.02	30.38	13.02
West Pullman	53	128.16	161.88	151.77	215.84	175.37	121.41
Riverdale	54	246.84	200.56	246.84	185.13	231.41	169.70
Hegewisch	55	0.00	10.61	10.61	0.00	0.00	0.00
Garfield Ridge	56	63.74	57.95	84.03	95.62	63.74	37.67
Archer Heights	57	14.93	0.00	7.47	22.40	14.93	7.47
Brighton Park	58	17.63	8.82	0.00	13.23	13.23	17.63
McKinley Park	59	12.81	12.81	25.62	12.81	12.81	6.41
Bridgeport	60	21.89	12.51	15.64	3.13	21.89	15.64
New City	61	308.72	443.92	407.87	259.14	175.77	227.60
West Elsdon	62	11.04	5.52	16.57	11.04	5.52	0.00
Gage Park	63	40.11	20.05	27.57	25.07	17.55	17.55
Clearing	64	21.61	4.32	21.61	21.61	56.18	21.61
West Lawn	65	11.99	11.99	8.99	8.99	6.00	6.00
Chicago Lawn	66	170.78	199.54	163.59	111.45	122.24	97.07
West Englewood	67	532.32	543.59	591.47	430.93	453.46	414.03
Englewood	68	404.51	365.37	355.58	322.96	290.34	322.96
Greater Grand Crossing	69	239.25	263.79	315.93	331.27	187.11	144.16
Ashburn	70	29.21	36.51	31.64	36.51	31.64	38.95
Auburn Gresham	71	237.98	244.14	242.09	192.85	131.30	125.15
Beverly	72	9.98	4.99	9.98	14.97	14.97	9.98
Washington Heights	73	143.43	117.01	128.34	124.56	105.69	56.62
Mount Greenwood	74	20.95	20.95	0.00	10.48	15.71	5.24
Morgan Park	75	48.79	48.79	17.74	31.05	66.54	17.74
O'Hare	76	31.36	7.84	15.68	7.84	7.84	7.84
Edgewater	77	0.00	5.31	5.31	5.31	1.77	3.54
Chicago Total	NA	202.96	195.54	202.11	206.37	173.99	141.19

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