# Heroin Use: National and Illinois Perspectives

2008 to 2010

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**About the Illinois Consortium on Drug Policy**

The Illinois Consortium on Drug Policy was established in 2005 and is housed at Roosevelt University's Institute for Metropolitan Affairs (IMA) in Chicago, Illinois. The Consortium brings together the research, ideas and recommendations from non-profit organizations, scholars, and policymakers working in the diverse fields impacted by drug policies. The Consortium creates policy recommendations derived from analysis of quantitative data sets, interviews with impacted populations, legislative reviews, and lessons learned from around the nation. The Consortium engages in projects that intersect with drugs and the criminal justice system and aims to inform Illinois' public policy by disseminating information that informs policymaking.

**Our Mission**

We promote socially just and economically viable drug policies in Illinois by providing sound research to policymakers, advocates, impacted individuals and the general public.

**Our Vision**

The Consortium looks to a time when substance use is viewed as a public health issue rather than a criminal justice problem. We envision a future where substance use declines due to decreased demand achieved through advancements in drug and alcohol treatment, mental health services and prevention and outreach programs.

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# EXECUTIVE SUMMARY

## NATIONAL TRENDS

Nationally, multiple data sources such as survey data, public treatment admissions and emergency department statistics indicate that heroin use is increasing:

- Heroin production and availability has grown significantly in the past decade. Reports from the National Drug Intelligence Center highlight the larger yields in Mexico, which has resulted in purer, less expensive and more abundant heroin in U.S. markets.
- According to the National Household Survey on Drug Use and Health, initiations to heroin have increased 40 percent since 2002, from around 100,000 per year to over 140,000 in 2010.
- The number of individuals entering the emergency room for heroin increased by 12 percent across the country from 2008 to 2010.
- Nationally, heroin treatment admissions increased slightly from about 280,000 individuals in 2008 to 284,000 in 2009, an increase of 1 percent. In contrast, cocaine treatment admissions declined by 19 percent during the same one-year period.
- In both 2008 and 2009, the second most common illicit substance for which individuals entered public treatment was heroin. Cocaine ranked third.

National data indicate that this growth is mainly occurring among young people:

- According to the National Household Survey on Drug Use and Health (NSDUH), the average age of first use of heroin decreased from 25.5 years old in 2009 to 21.3 years in 2010.
- Among those ages 12 to 17, survey data indicate that nearly 34,000 youths initiate to heroin in a given year.
- On any given day in 2008, 2,866 youth aged 12 to 17 used heroin.
- Public treatment admissions among the following age cohorts:
    - Under age 18 increased 14% in one year,
    - Aged 18 to 20 grew 12% in one year,
    - Aged 21 to 24 grew 10% in one year.
    - Under age 30 as a whole increased 8% in one year,
    - Over age 30 as a whole declined 3% in one year.
- According to analysis of the Drug Abuse Warning Network (DAWN), emergency room mentions of heroin over two years (2008 to 2010):
    - Increased 8% among those aged 20 and younger,
    - Increased 23% among those aged 21 to 29,
    - Increased 15% among those aged 30 to 44,
    - Decreased 1% among those aged 45 and older.

Significant demographic changes are occurring among those seeking help for heroin:

- According to analysis of the Drug Abuse Warning Network (DAWN), emergency room mentions for heroin over two years (2008 to 2010):
    - Increased among whites by 30%,
    - Declined among African Americans by 5%.
- Among those admitted to public treatment for heroin from 2008 to 2009:
    - The number of whites increased by 4% in one year.
    - The number of African Americans decreased by 5% in one year.

Of those admitted for to public treatment, there were significant demographic differences between younger and older users in 2009:

- Of those under age 30:
    - 85% were white,
    - 3% were African American,
    - 13% were another race.
- Of those over age 30:
    - 46% were white,
    - 31% were African American,
    - 23% were another race.

The number of injection drug users increased by 5% in just one year, according to public treatment data.

- Sixty-seven percent of those entering treatment reported injection drug use in 2009:
    - 79% of whites reported injecting,
    - 31% of African Americans reported injecting,
    - 66% of all other races reported injecting.

## ILLINOIS TRENDS

Illinois emergency department and public treatment indicators mirror national patterns overall with service increases among younger, white users, and decreases among older users. Indicators suggest that African American admissions to treatment and the emergency department will continue to decline. Data show two distinct cohorts of heroin users in Illinois: Younger, white users and older African American users.

For individuals admitted to the Emergency Department (ED)for heroin, the Chicago metropolitan area ranked:

- First in the number and rate of individuals entering the ED.
- First in the number of individuals under age 21 entering the ED.
- First in the number of individuals aged 21 and entering the ED.
- First in the number of African Americans entering the ED.

- Second in the number of whites entering the ED.
    - However, mention of white heroin users increased by 27% in two years.

Public treatment admissions remain high:

- For the second year in a row (2008 to 2009), heroin is listed as the second most common drug, after alcohol, and the most common illegal substance for which individuals enter publicly funded treatment in Illinois.
    - In 1998, heroin use was the fourth most common reason Illinoisans entered publicly funded treatment.

As with national data, Illinois indicators demonstrate increasing heroin use among younger individuals:

- According to analysis of the Drug Abuse Warning Network (DAWN), emergency room mentions for heroin over two years (2008 to 2010) for the Chicago metropolitan area:
    - Increased 27% among those aged 20 and younger,
    - Increased 12% among those aged 21 to 29,
    - Declined 2% among those aged 30 to 44,
    - Increased 1% among those aged 45 and older.
- According to analysis of Illinois' public treatment admissions for heroin the following age cohorts:
    - Under age 18 increased 22% in one year,
    - Aged 18 to 20 increased 17% in one year,
    - Aged 21 to 24 increased 11% in one year,
    - Under age 30 increased 13% in one year,
    - Over age 30 decreased 5% in one year.

Significant demographic differences were noted among those seeking public treatment in Illinois:

- Whites entering treatment increased by 6% in one year.
    - Whites made up nearly 30 percent of treatment admissions for heroin in Illinois.
- African Americans entering treatment decreased by 8% in one year.
    - African Americans comprised 60 percent of treatment admissions for heroin in Illinois.
- Latinos entering treatment increased by nearly 50% in one year.
    - Latinos comprised 10 percent of treatment admissions for heroin in Illinois.

There were significant differences between younger and older users admitted to public treatment in 2009:

- Of those under age 30:
    - 77% were white,
    - 7% were African American,
    - 14% were Latino.

- Of those over age 30:
    - 13% were white,
    - 76% were African American,
    - 9% were Latino.

<u>The number of injection drug users increased by 11% in just one year, according to Illinois public treatment data.</u>

- Thirty-one percent of those entering treatment reported injection drug use in 2009:
    - 72% of whites reported injecting,
    - 9% of African Americans reported injecting,
    - 47% of Latinos reported injecting.

<u>Mortality is increasing throughout Illinois due to heroin. From 2007 to 2011:</u>

- Overdose deaths attributed to heroin increased by 115% in Lake County
- Overdose deaths attributed to heroin increased by 100% in Will County
- Overdose deaths attributed to heroin increased by 50% in McHenry County

# Introduction and Methodological Notes

This brief report is an update to *Heroin Use in Illinois: A Ten-Year Multiple Indicator Analysis, 1998 to 2008* (2010)[i]. This update examines public treatment data, emergency department statistics, and mortality trends using the most recent and complete years available. Data was gathered from the National Household Survey on Drug Use and Health, the Treatment Episode Data Set, the Drug Abuse Warning Network and Illinois collar county coroner data. The following methodological notes regarding the data sets will provide additional information on the data contained within this report.

- **National Drug Intelligence Center (NDIC)** – The National Drug Threat Assessment (2011) was used for this report to provide data on heroin production overseas and market availability in the United States. Retrieved from the NDIC website August, 2012.

- **National Household Survey on Drug Use and Health (NSDUH)** - The 2010 data set was used for this report to provide information on heroin initiates and use patterns in the United States. Downloaded August, 2012.

- **Treatment Episode Data Set (TEDS)** – The 2008 and 2009 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.[1] Readers of the Consortium's 2010 heroin report will note that the 2008 numbers provided in this report do not match the numbers provided in original report. The number mismatch is likely the result of a corrected 2008 file being posted to the Substance Abuse and Mental Health Data Archive (SAMHDA) after the conclusion of the original study. To ensure that the most current data was represented in this report, the 2008 admissions were reanalysed using the new dataset downloaded August, 2012.

- **Drug Abuse Warning Network (DAWN)** - The 2010 data set was used for this report to provide details on the number and rates of individuals receiving emergency medical services for heroin problems throughout the United States and the Chicago metropolitan area. Downloaded August, 2012.

- **Illinois collar county coroner data** - The collar counties are DuPage, Kane, Lake, McHenry, and Will. Data was not available for Kane County. Data was also not available for Cook County, which includes the City of Chicago as well as a number of suburban municipalities. For counties with available data, the most recent year of data used in the report was 2011.

[1] Although a 2010 dataset was available, there appeared to be an error in the data that requires further examination. The number of heroin treatment admissions dropped precipitously from 2009 to 2010. Additionally, the number of admissions reporting use of medically assisted therapies dropped significantly. Although Illinois is currently facing a budget crisis and treatment cuts, these declines suggest that heroin treatment data may be missing from the 2010 dataset.

# National Overview

### Heroin Availability in the United States

According to the National Drug Intelligence Center, Mexican heroin production increased significantly in the past decade, from an estimated 6.8 metric tons in 2002 to a production level of 50 metric tons in 2011. This represents a production increase of 668 percent in just seven years, resulting in greater availability throughout the United States[ii,iii]. Additionally, heroin supplies are purer and less expensive. Mexican drug trafficking organizations have expanded to include the distribution of South American heroin as well as Mexican heroin, which has significantly multiplied the amount of heroin available in a number of U.S. markets, including: Missouri, New York, North Carolina, Illinois, Pennsylvania, and South Carolina. Though national heroin use levels are somewhat stable, use is increasing among young people in many suburban and rural areas[iv].

This rise of heroin use among young people has been featured extensively in news reports, community forums, and in drug threat assessments during the last few years. There has been much attention paid to youth heroin use across the country, with articles and television news reports profiling young, suburban heroin users in the metro areas surrounding cities. Atlanta, St. Louis, Cincinnati, New York City, Kansas City, Wichita, Boston, Philadelphia, Milwaukee, Denver, Los Angeles, Salt Lake City, Charlotte, Baltimore, Seattle, San Jose, Detroit, and Chicago have all reported an alarming growth in heroin use among younger people in the suburbs. Reports of heroin use in smaller metro areas have also surfaced. Aside from these reports, survey and treatment data also demonstrate the rise of heroin initiation among younger, predominantly white users across the nation[v].

### Increasing Heroin Initiations across the Nation

According to the National Household Survey on Drug Use and Health, initiations to heroin have increased 40 percent since 2002, from around 100,000 per year to over 140,000 in 2010. The average age at first use decreased from 25.5 years old in 2009 to 21.3 years in 2010[vi]. Among those aged 12 to 17, survey data indicates that nearly 34,000 youths initiated to heroin in a given year[vii]. On any given day in 2008, 2,866 youth aged 12 to 17 used heroin[viii].

**Increasing Emergency Department Mentions for Heroin in the United States**

As larger numbers of new initiates begin their use and established use increases, admissions in which heroin is listed as the cause or contributing cause in an emergency department visit also increases. The number of individuals entering an emergency room for heroin grew by 12 percent across the country from 2008 to 2010. The largest percentage rise in emergency department mentions for heroin occurred among those aged 21 to 29. This age cohort experienced a 23 percent increase in mentions, from 55,624 in 2008 to 68,142 in 2010. The number of individuals aged 30 to 44 admitted to the emergency department also continued to increase (71,438 to 82,293 mentions), but not as rapidly as people in their 20s (Table DN-1)

**Table DN-1: Emergency Department Mentions for Heroin, by Age Group and Total 2008 to 2010[ix]**

| Age Group | 2008 | 2010 | Percent Change |
|---|---|---|---|
| Under 21 | 17,116 | 18,571 | 8% |
| 21 to 29 | 55,625 | 68,142 | 23% |
| 30 to 44 | 71,438 | 82,293 | 15% |
| 45 and older | 56,450 | 55,683 | -1% |
| Total | 200,666 | 224,706 | 12% |

Emergency department mentions by race indicate that white individuals comprise the largest and most rapidly growing racial cohort using emergency services for heroin. The number of whites entering the emergency department for heroin increased by 30 percent in just two years. During this same period, there was a 5 percent decline in the number of African Americans seeking assistance for heroin in the emergency department. Latinos' use of emergency services remained relatively stable, increasing by 1 percent from 2008 to 2010 (Table DN-2)

**Table DN-2: Emergency Department Mentions for Heroin, by Age Group and Total 2008 to 2010[x]**

| Race | 2008 | 2010 | Percent Change |
|---|---|---|---|
| Whites | 102,986 | 133,811 | 30% |
| Blacks | 40,756 | 38,761 | -5% |
| Latinos | 30,225 | 30,473 | 1% |

**Increasing Mortality as a Result of Opiate Use**

Accidental overdoses from all substances kill nearly the same number of people as motor vehicle accidents - about 27,000 in 2007 alone[xi]. According to the Centers for Disease Control, deaths attributable to heroin have remained somewhat stable since 1999, with approximately 2,000 deaths per year due specifically to heroin use[xii]. While there has been a small increase in the number of heroin-related deaths, this number is difficult to quantify. Heroin is metabolized in the body as morphine, and the toxicology screens often detect the presence of morphine metabolites in tissue samples. However, there is a small window of opportunity in which heroin can be identified as contributing to death through the morphine marker *6-monoacetylmorphine*[xiii]. Many medical examiners lack the resources to perform these very specific tests, opting instead to screen for morphine and code the death as an opiate death.

The largest increase in overdose deaths has been attributed to misuse of prescription opiate painkillers. Prescription opiate overdoses tripled between 1999 and 2007, from about 3,000 deaths per year to more than 12,000 deaths per year[xiv].

**Increasing Public Treatment Admissions for Heroin across the Nation**

An increase in the number of heroin initiates over the past decade has also lead to a rise in public treatment use for heroin problems. Nationally, heroin treatment admissions grew slightly from about 280,000 individuals in 2008 to 284,000 in 2009, an increase of 1 percent (Table TN-1). Further, the second most common illicit substance for which individuals entered public treatment in both 2008 and 2009 was heroin. A one percent increase in aggregate treatment admissions for heroin may seem unremarkable, but this small change conceals important differences in admission rates among varied demographic groupings, such as race and age.

**Table TN-1: Public Treatment Admissions Nationally by Number and Rank: 2008 and 2009 (TEDS)[xv]**

| Substance | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Alcohol | 835,292 | 829,249 | -1% |
| Marijuana | 347,358 | 361,261 | 4% |
| Heroin | 280,579 | 284,484 | 1% |
| Cocaine (Includes Crack) | 230,761 | 186,423 | -19% |
| Other opiates | 115,992 | 136,086 | 17% |
| Methamphetamine | 120,400 | 109,472 | -9% |

Among racial groups admitted to public treatment for heroin use, the number of whites increased by 4 percent in just one year, from 167,445 to 174,451 admissions. Treatment admissions among African Americans declined during this same period by 5 percent (59,554 to 56,444), while treatment admissions among all other races remained relatively unchanged (Table TN-2).

**Table TN-2: Public Treatment Admissions Nationally by Race and Percent Change: 2008 and 2009 (TEDS)[xvi]**

| Race | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Whites | 167,445 | 174,451 | 4% |
| Blacks | 59,554 | 56,444 | -5% |
| All Others | 53,580 | 53,589 | 0% |
| Total | 280,579 | 284,484 | 1% |

**Heroin Treatment Admissions among Teens and Young Adults in the United States**

Nationally, treatment admissions among those under age 18 increased 14 percent in just one year. Among those aged 18 to 20, the one-year increase is also sizable at 12 percent. In fact, every single age cohort under 35 had significant increases in public treatment admissions, while almost every cohort aged 35 and older had decreases in treatment admissions (Table T-3).

**Table TN-3: Public Treatment Admissions Nationally by Age: 2008 and 2009 (TEDS)[xvii]**

| Age Range | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Under 18 | 1,352 | 1,545 | 14% |
| 18-20 | 14,521 | 16,308 | 12% |
| 21-24 | 37,958 | 41,903 | 10% |
| 25-29 | 47,914 | 51,928 | 8% |
| 30-34 | 34,413 | 36,153 | 5% |
| 35-39 | 35,169 | 32,858 | -7% |
| 40-44 | 37,726 | 35,212 | -7% |
| 45-49 | 32,546 | 30,915 | -5% |
| 50-54 | 23,214 | 21,614 | -7% |
| 55 and Older | 15,766 | 16,048 | 2% |
| Total | 280,579 | 284,484 | 1% |

Another way to compare age differences in treatment admissions is to split the age groupings into those under 30 years of age entering publicly funded treatment for heroin and those over 30 years of age. Table T-4 demonstrates that in just one year, public treatment admissions grew by 8 percent among those under 30, while dropping by 3 percent among those older than 30. In 2009, those under age 30 made up 38% of treatment admissions for heroin, while in 2008, they made up just 36%.

**Table TN-4: Public Treatment Admissions Nationally by Age Cohort: 2008 and 2009 (TEDS)[xviii]**

| Age Range | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Under 30 | 101,745 | 110,139 | 8% |
| Over 30 | 178,834 | 172,800 | -3% |

**National Treatment Characteristics among Those Under Age 30 and Over Age 30**

There were profound demographic differences between those under age 30 and those over the age of 30 in public treatment use. The majority of those under age 30 entering public treatment for heroin across the nation were white (85 percent), followed by all other races (13 percent). Just 3 percent of people under age 30 entering treatment were African American (Table TN-5). Among those 30 or older, less than half were white (46%), nearly one-third were African American (31%), and approximately one-quarter were all other races (23%). These differences highlight two distinct cohorts of heroin users. The younger cohort is nearly all white, with very few African Americans. The older cohort, aged 30 and older, is much more racially diverse and is comprised of more African Americans than the younger cohort (Table TN-6).

**Table TN-5: Public Treatment Admissions Nationally among People Aged 30 and Younger by Race: 2009 (TEDS)[xix]**

| Race | Number | Percent |
|---|---|---|
| White | 94,416 | 85% |
| Black | 3,178 | 3% |
| Other | 14,090 | 13% |
| Total | 111,684 | 100% |

**Table TN-6: Public Treatment Admissions Nationally among People Aged 30 and Older by Race: 2009 (TEDS)[xx]**

| Race | Number | Percent |
|---|---|---|
| White | 80,035 | 46% |
| Black | 53,266 | 31% |
| Other | 39,499 | 23% |
| Total | 172,800 | 100% |

**National Injection Drug Use Trends**

The number of individuals reporting injection drug use as the route of drug administration increased by 5 percent in just one year. The number grew from approximately 182,000 injection drug users (IDUs) in 2008 to over 190,000 in 2009 (Table TN-7).

**Table TN-7: Public Treatment Admissions Nationally Injection Drug Use 2008 and 2009 (TEDS)[xxi]**

| | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Number IDU | 181,730 | 190,475 | 5% |
| Percent IDU | 64.8 | 67.0 | |

The majority of white individuals use injection as their method of administering heroin (79%). This compares to only 31 percent of African Americans. People of all other races also inject at fairly high rates (Table TN-8).

**Table TN-8: Public Treatment Admissions Nationally Injection Drug Use by Race: 2008 and 2009 (TEDS)[xxii]**

| Race | Number IDU | Percent IDU |
|---|---|---|
| White | 137,547 | 79% |
| African American | 17,363 | 31% |
| All others | 35,565 | 66% |
| Total | 190,475 | |

**Nationwide Emergency Department Mentions by Number and Rate**

The Chicago metropolitan area continued to have the most emergency department mentions for heroin in both 2008 and 2010 (23,931 and 24,360). New York had the second highest number of mentions in both 2008 and 2010 at 16,084 and 12,226 respectively (Table DN-1).

In 2008, Boston had the highest rate of mentions per 100,000[2] for individuals entering the emergency room for heroin (259.4). In 2010, Boston experienced a decrease in mentions and Chicago overtook Boston with a rate of 254.2 per 100,000 persons (Table DN-2).

**Table DN-1: Emergency Department Mentions for Heroin by Metropolitan Area: 2008 to 2010 (DAWN)[xxiii]**

| Metro Area | 2008 | 2010 | 2010 Rank |
|---|---|---|---|
| Chicago | 23,931 | 24,360 | 1 |
| New York – 5 Boroughs | 16,084 | 12,226 | 2 |
| Boston | 11,715 | 10,493 | 3 |
| Detroit | 5,644 | 6,597 | 4 |
| Seattle | 4,234 | 5,248 | 5 |

**Table DN-2: Emergency Department Rates for Heroin Mentions per 100,000 population: 2008 to 2010 (DAWN)[xxiv]**

| Metro Area | 2008 | 2010 | 2010 Rank |
|---|---|---|---|
| Chicago | 252.7 | 254.2 | 1 |
| Boston | 259.4 | 228.7 | 2 |
| Seattle | 127.6 | 154.0 | 3 |
| Detroit | 127.0 | 149.8 | 4 |
| New York – 5 Boroughs | 193.4 | 145.7 | 5 |

[2] A rate is used to adjust for population differences. For example, New York had the second largest number of heroin mentions in the emergency department, but it also has a much larger population than Seattle. The rate scales the population so that the findings from different cities can be compared against each other.

**Nationwide Emergency Department Mentions by Race**

Boston ranked first in the number of white individuals seeking assistance for heroin in the emergency department in 2008 and 2010, while Chicago ranked second in the nation (7,660 v. 6,335). From 2008 to 2010, Chicago, Detroit and Seattle experienced large percentage increases in whites entering the ED for heroin (N-3). Boston and New York experienced declines among both whites and African Americans entering the emergency department for heroin during this period (Tables DN-3 and DN-4).

**Table DN-3: Emergency Department Number of Heroin Episodes for Whites: 2008 to 2010 (DAWN)[xxv]**

| Metro Area | 2008 | 2010 | Percent Change |
|---|---|---|---|
| Boston | 8,564 | 7,660 | -11% |
| Chicago | 4,997 | 6,335 | 27% |
| Detroit | 2,628 | 3,491 | 33% |
| Seattle | 1,719 | 3,459 | 101% |
| New York-5 Boroughs | 2,639 | 2,502 | -5% |

**Table DN- 4: Emergency Department Number of Heroin Episodes for African Americans: 2008 to 2010 (DAWN)[xxvi]**

| Metro Area | 2008 | 2010 | Percent Change |
|---|---|---|---|
| Chicago | 14,181 | 13,586 | -4% |
| New York-5 Boroughs | 5,168 | 3,614 | -30% |
| Detroit | 2,508 | 2,525 | 1% |
| Boston | 818 | 721 | -12% |
| Seattle | 197 | 335 | 70% |

**Nationwide Emergency Department Mentions by Age**

The Chicago metropolitan area ranked first in the nation for heroin emergency department mentions among young adults aged 20 and younger (781 mentions). This is a change from 2008 when Chicago ranked 2nd in the nation after Boston (616 v. 855). While heroin admissions to the emergency department declined for the Boston area (855 to 639) and New York's five boroughs (250 to 150) among the very young, in other metro areas like Detroit and Seattle, the number of younger users seeking emergency help for heroin increased (Table DN-5).

**Table DN-5: Emergency Department Numbers for Heroin Mentions for Individuals Under 21 Years Old: 2008 to 2010 (DAWN)[xxvii]**

| Metro Area | 2008 | 2010 | 2010 Rank |
|---|---|---|---|
| Chicago | 616 | 781 | 1 |
| Boston | 855 | 639 | 2 |
| Detroit | 363 | 471 | 3 |
| Seattle | 215 | 471 | 4 |
| New York – 5 Boroughs | 250 | 150 | 5 |

The Chicago metro area continued to rank first in 2010 for individuals 21 and older entering the emergency department for heroin, with over 23,000 mentions for both years. New York (15,829 to 12,076) and Boston (10,829 to 9,854) saw declines among this age group in the number of individuals entering the emergency room for heroin. Detroit (5,279 to 6,125) and Seattle (4,014 to 4,777) witnessed an increase in the number of individuals seeking emergency treatment for heroin in 2010 (Table DN-6).

**Table DN-6: Emergency Department Mentions by Metropolitan Area for Individuals Aged 21 and Older: 2008 to 2010 (DAWN)[xxviii]**

| Metro Area | 2008 | 2010 | 2010 Rank |
|---|---|---|---|
| Chicago | 23,314 | 23,561 | 1 |
| New York -5 Boroughs | 15,829 | 12,076 | 2 |
| Boston | 10,856 | 9,854 | 3 |
| Detroit | 5,279 | 6,125 | 4 |
| Seattle | 4,014 | 4,777 | 5 |

**Emergency Department Mentions in Chicago Metro Area by Age**

Emergency department service use for heroin problems differs by age. Although the vast majority of individuals treated in the emergency department for heroin are aged 30 to 44, the fastest growing cohort during this two-year period was individuals under age 21. This group saw a 27 percent increase in mentions, from 616 to 781 mentions. Also of interest is the 12 percent increase among those in their 20s (from 3,285 to 3,682 mentions). There have been decreases or slow growth in admissions in many of the older cohorts, which includes individuals aged 30 and older. Among those aged 45 and older, emergency room mentions for heroin increased slightly, by one percent, from 2008 to 2010 (Table DI-1).

**Table DI-1: Emergency Department Mentions by the Chicago Metro Area by Age: 2008 to 2010 (DAWN)[xxix]**

| Age Group | 2008 | 2010 | Percent Change |
|---|---|---|---|
| Under 21 | 616 | 781 | 27% |
| 21 to 29 | 3,285 | 3,692 | 12% |
| 30 to 44 | 10,289 | 10,041 | -2% |
| 45 and older | 9,740 | 9,829 | 1% |
| Total | 23,930 | 24,342 | 2% |

## Publicly Funded Treatment Admissions in Illinois

For the second year in a row, heroin problems were the most common reason for entering treatment behind alcohol. Further, heroin was the most commonly used illicit substance resulting in public treatment in Illinois (Table TI-1). This compares to treatment patterns in 1998, when heroin was ranked as the fourth most common substance.[xxx]

**Table TI-1: Total Public Treatment Admissions (TEDS) 2009 by Substance[xxxi]**

| Substance | 2009 |
|---|---:|
| Alcohol | 23,177 |
| Heroin | 19,419 |
| Marijuana | 15,346 |
| Other Opiates | 1,644 |
| Methamphetamine | 747 |

**Illinois Publicly Funded Treatment Admissions by Age**

As with the national treatment admissions, there were increases in admissions among young adults aged 30 and under and decreases in the older treatment population. The percent change in admissions among young adults from 2008 to 2009 was greater in Illinois than it was in the nation as a whole (13% v. 8%). See Table TI-2 for details.

**Table TI-2: Public Treatment Admissions (TEDS) 2008-09 by Age Cohort and Percent Change[xxxii]**

| Age Range | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Under 30 | 3,963 | 4,486 | 13% |
| Over 30 | 15,687 | 14,931 | -5% |
| Total | 19,650 | 19,417 | -1% |

Illinois treatment admissions among young adults aged 20 and younger increased dramatically in one year. All admissions for individuals aged 29 and under rose over the course of one year, while most age groups over age 30 saw a decrease in admissions. While this pattern mirrors national findings, changes in Illinois admission rates are more pronounced (TableT I-3).

**Table TI-3: Public Treatment Admissions (TEDS) 2008-09 by Age and Percent Change[xxxiii]**

| Age Range | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Under 18 | 65 | 79 | 22% |
| 18-20 | 563 | 656 | 17% |
| 21-24 | 1,480 | 1,643 | 11% |
| 25-29 | 1,855 | 2,108 | 14% |
| 30-34 | 1,627 | 1,607 | -1% |
| 35-39 | 3,077 | 2,710 | -12% |
| 40-44 | 3,678 | 3,487 | -5% |
| 45-49 | 3,270 | 3,191 | -2% |
| 50-54 | 2,407 | 2,245 | -7% |
| 55 Over | 1,628 | 1,691 | 4% |
| Total | 19,650 | 19,417 | -1% |

**Illinois Publicly Funded Treatment by Race**

The racial profile for public admissions changed slightly from 2008 to 2009. Due to the large number of older African Americans, the majority of overall treatment admissions are African American people (64% in 2008 and 60% in 2009). While the proportion of whites and Latinos in public treatment is increasing (and proportion of African Americans decreasing), their combined percentage remains smaller than that of the African American group (Table TI-4).

**Table TI-4: Public Treatment Admissions (TEDS) 2008-09**
**by Race, Number, Percent of Total, and Percent Change**[xxxiv]

| Race | 2008 | 2008 % of Total | 2009 | 2009 % of Total | Percent Change |
|---|---|---|---|---|---|
| White | 5,106 | 26% | 5,435 | 28% | 6% |
| Black | 12,650 | 64% | 11,626 | 60% | -8% |
| Latino | 1,333 | 7% | 1,981 | 10% | 49% |
| All others | 564 | 3% | 377 | 2% | -33% |
| Total | 19,653 | 100% | 19,419 | 100% | -1% |

**Illinois Publicly Funded Treatment by Race and Age**

A more detailed comparison of race by age uncovers an important pattern in public treatment admissions in Illinois. White young adults significantly comprise the bulk of treatment admissions for people aged 30 and under (77%). This pattern flips at age 31, with African Americans comprising the majority of treatment admissions (76%). Latinos are also more likely to be represented as younger users in public treatment (14% aged 30 and under v. 9% aged 31 and older). Please see Table TI-5 for additional details.

**Table TI-5: Public Treatment Admissions (TEDS) 2009**
**by Race/Ethnicity by Age Cohort and Percent of Total[xxxv]**

| Race/Ethnicity | Under 30 | % Under 30 | Over 30 | % Over 30 |
|---|---|---|---|---|
| White | 3,423 | 77% | 2,012 | 13% |
| Black | 296 | 7% | 11,330 | 76% |
| Latino | 600 | 14% | 1,381 | 9% |
| Other | 98 | 2% | 271 | 2% |
| Total | 4,417 | 100% | 14,994 | 100% |

**Injection Drug Use in Illinois**

The number of IDUs climbed by 11 percent from 2008 to 2009. In 2008, nearly 5,500 individuals were admitted to public treatment for injecting drugs. In 2009, the number of IDUs climbed to over 6,000 individuals (Table TI-6).

**Table TI-6: Public Treatment Admissions (TEDS) 2008-09**
**By Number and Percent of Injection Drug Users[xxxvi]**

| | 2008 | 2009 | Percent Change |
|---|---|---|---|
| Number | 5,453 | 6,058 | 11% |
| Percent | 28% | 31% | N |

In 2009, most IDUs admitted to public treatment were white (72 percent). About half of Latinos admitted to public treatment for heroin were IDUs, but fewer than 10 percent of African Americans were IDUs (Table TI-7).

**Table TI-7: Public Treatment Admissions (TEDS) 2008-09 Racial/Ethnic Composition of IDUS in 2009[xxxvii]**

| Race | Number IDU | Percent IDU |
|---|---|---|
| White | 3,901 | 72% |
| African American | 1,020 | 9% |
| Latino | 939 | 47% |
| All others | 198 | 53% |

## Mortality in the Collar Counties

Mortality rates remained steady in DuPage County over the one year period. In contrast, mortality rates in Lake and Will Counties increased considerably over the course of just one year. McHenry County also saw an increase in mortality, though the number of deaths was much smaller overall (Table M).

**Table M: Heroin Overdose Deaths in Lake, DuPage, McHenry and Will Counties: 2007 to 2011**

| County | 2007 | 2011 | Percent Change |
|---|---|---|---|
| Lake | 13 | 28 | 115% |
| DuPage | 29 | 27 | -7% |
| McHenry | 6 | 9 | 50% |
| Will | 15 | 30 | 100% |

## Policy Recommendations

*1. Comprehensive Drug Education for Youth and Young Adults*

Conversations with youth about heroin and heroin use may not come easy to communities that have little experience with this substance. When developing youth education approaches, including youth as key participants in the development of drug education curriculum and materials is beneficial in developing programs that will resonate with young people. Increased participation in drug education can be achieved in a number of ways, including:

- Conducting focus groups with youth to assess their existing drug knowledge and what they would like to learn.
- Determining whom youth would prefer to receive drug information from and the best method of delivering information.
- Identifying terminology and developing activities and materials that are reflective of youth preferences and respectful of the challenges faced during adolescence (e.g., peer influence, distrust of adults/authority, increasing desire for independence).

*2. Educate Parents and the General Public and the Public about Heroin, Opiates and Other Drugs*

Brochures, booklets, websites, school newsletters and newspaper articles are an important way to deliver drug information to community members. These educational campaigns should provide descriptions of substances of misuse, with attention paid to heroin and other opiates, as well as effects of misuse and include a list of local resources to assist those with drug-related concerns.

*3. Increase Treatment Funding*

There have been service cuts in all types of alcohol and drug treatment, including residential, outpatient, and detoxification services. Certain treatment modalities are underfunded in Illinois, including medically-assisted treatment (MAT) programs. MAT services include methadone and buprenorphine detoxification and maintenance for opioid dependence. With heroin use consistently listed as the second most common reason for entering publicly funded treatment in Illinois, ensuring adequate treatment funding has never been a more pertinent issue.

*4. Increase Availability of Syringes and Syringe Exchange Programs*

Increases in injection drug use across the state, particularly in areas that have historically not had a large injection drug use population, should be countered by interventions to prevent individuals from contracting blood-borne pathogens (such as hepatitis or HIV) or experiencing other health problems associated with injection drug use such as endocarditis and bacterial infections.

*5. Support Overdose Prevention and Naloxone Administration Efforts*

In 2009, Governor Quinn signed into law Public Act 06-361, an amendment to the Alcoholism and Other Drug Abuse and Dependency Act. Under the amendment (Section 5-23), entitled the *Drug Overdose Prevention Program*, the Illinois Division of Alcoholism and Substance Abuse (DASA) now has authority to publish reports and educational materials on drug overdose and promote health responses to prevent overdose deaths.

In the Chicago metropolitan area, the Chicago Recovery Alliance has been prescribing naloxone and providing training and education to its participants since 2001. Since then, nearly 3,000 lives have been saved as a result of this intervention. Now is the time to expand overdose prevention beyond Chicago and throughout Illinois.

*6. Implement Illinois' Good Samaritan Law*

Illinois passed SB 1701 which provided limited immunity for those in possession of small amount of drugs who call for emergency medical assistance in the event of an overdose. Governor Pat Quinn signed the law in February of 2012 and it went into effect on June 1, 2012. In order for this law to be effective, individuals need to be aware that it is in place. Campaigns such as "Don't Run. Call 911," with an explanation of how the limited immunity applies would lower the number of fatal overdoses.

*7. Dispose of Unused Prescription Opiates and Educate the Community about Prescriptions Pills*

Information should be included on where individuals may safely dispose of unneeded prescribed pills, such as pharmacies with prescription disposal programs. Communities should consider hosting prescription pill safety sessions at hospitals or other public places. The misuse of prescription pills is a growing problem across the nation. Sometimes this misuse is intentional, but misuse can also be unintentional or accidental. A prescription pill safety session can present information on the different types of prescription pills, their intended purpose, and effects on the body.

*8. Develop an Anti-Stigma Campaign*

There are many barriers to seeking help for problems among individuals with substance use issues. Aside from financial concerns, some people are hesitant to receive services because they are worried that people will think badly of them or judge them for needing help. Others might be worried that people will find out about a hidden drug problem, especially one such as heroin. These concerns occur as the result of stigma - a situation in which people with certain life conditions are judged on the basis of that condition. Anti-stigma campaigns help to educate the public about the nature of addiction while clarifying misperceptions people may have about heroin users. Promoting anti-stigma messages also increases the likelihood that individuals with drug related problems will seek help and feel supported in the process.

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