
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.

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. For example,

- 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 society 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 system.
- 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 misdemeanor.
- 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.

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.