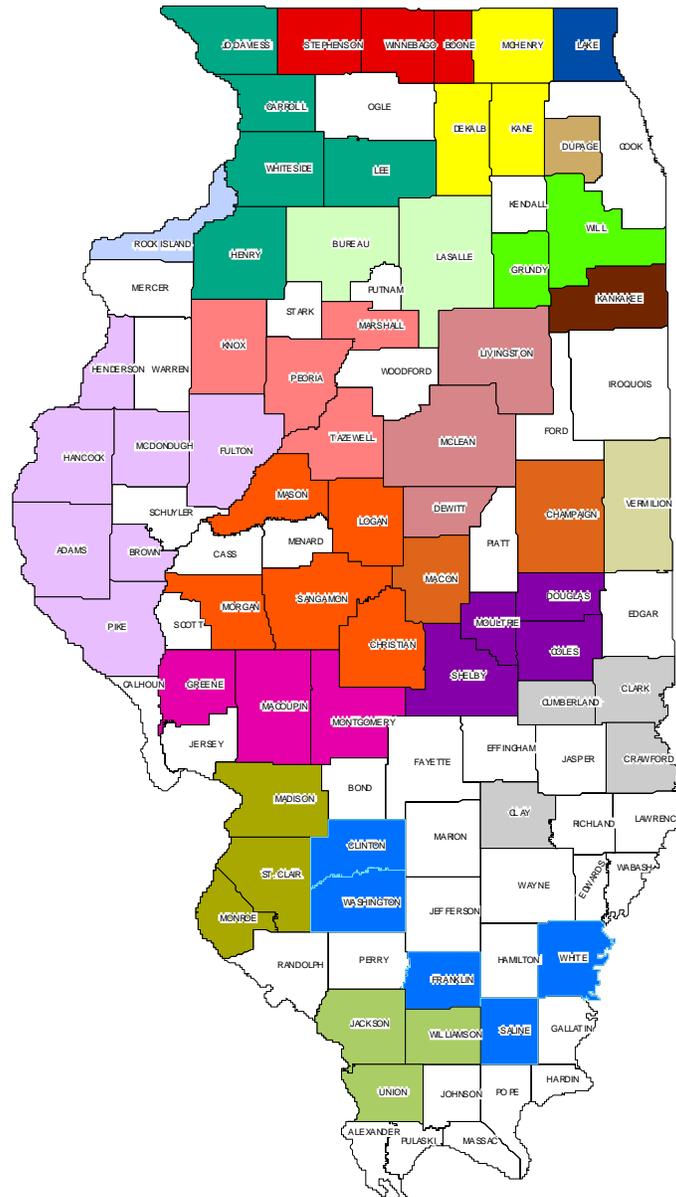


Assessing Illinois' Metropolitan Enforcement Groups and Task Forces

SPECIAL FOCUS:

The Impact of Methamphetamine on Illinois'
Metropolitan Enforcement Groups and Task Forces



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2004 Summary of Drug Enforcement Activities Across Illinois' Metropolitan Enforcement Groups and Task Forces

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EXECUTIVE SUMMARY

Since 1989, the Authority's Research and Analysis Unit has received funds under the federal Anti-Drug Abuse Act of 1988 to document the extent and nature of drug and violent crime in Illinois and the criminal justice system's response to these offenses. As a result of these efforts, the Authority has amassed a large amount of data measuring the extent and nature of drug and violent crime in Illinois and the impact these crimes have had on the criminal justice system. In addition, as part of its monitoring and evaluation efforts, the Authority also requires funded programs to submit periodic data reports describing their activities and accomplishments. This profile is intended to provide a general overview of the drug and violent crime problem in the jurisdictions covered by Illinois' Metropolitan Enforcement Groups (MEGs) and task forces, and the response to these problems by the units.

Although the data presented in this report are by no means inclusive of all indicators, they do provide a general overview of drug and violent crime and the response and impact of the criminal justice system. The following represent general conclusions that can be made based on the data analyzed for this report.

- In 2002, 196 local Illinois police agencies participated in a MEG or task force (a participating agency is defined as one that contributes either personnel or financial resources to a MEG or task force). Officers assigned to MEGs and task forces (totaling 288 in 2002, 164 from Illinois local participating agencies, 96 from the Illinois State Police (ISP), 17 from other Illinois county and state agencies, as well as federal agencies, and 11 from out-of-state agencies), accounted for less than 2 percent of the total number of sworn police officers working for agencies participating in a MEG or task force (page 1).
- The violent Index offense rate was collectively higher across jurisdictions that participated in a MEG or task force than among the combined jurisdictions that did not participate in a MEG or task force (page 3).
- An agency's participation in a MEG or task force was also associated with greater overall drug arrest activity (in addition to the MEG and task force arrests). In those regions covered by MEGs and task forces, the drug arrest rate was collectively higher in the participating than in the non-participating jurisdictions (page 9).
- The MEGs and task forces generated significant levels of drug enforcement activity, as reflected in their volume of arrests, convictions, and seizures. MEGs and task forces accounted for 14 percent (one out of every seven) of the drug arrests made in the coverage regions between 1993 and 2002, but accounted for less than 2 percent of the sworn officers in the regions. Thus, due to their focused efforts, while non-MEG and task force personnel made an average of two drug arrests per officer in 2002, those in the MEGs and task forces made nearly 13 drug arrests per officer (page 10).
- MEGs and task forces tended to target and arrest more serious drug law violators in 2002, specifically violators of the Controlled Substances Act, which tend to be felony-level offenses, than local agencies (page 14).
- Between 1993 and 2002, the proportion of total drug arrests accounted for by Controlled Substances Act offenses (more serious, felony-level offenses) increased across all MEGs and task forces, combined. However, with the exceptions of LCMEG and QCMEG, the proportion of total drug arrests accounted for by Controlled Substances Act offenses increased across all MEGs and task forces, individually (page 15).
- MEGs and task forces in rural areas appear to account for a larger overall share of drug arrests in their coverage regions than in more urban areas (page 17).

- The majority (72 percent) of all drug arrests reported by MEGs and task forces between 1993 and 2002 involved drug sale or delivery, while drug possession offenses were found to account for the majority of drug arrests made by local agencies (page 26).
- Between 1993 and 2002, the amount of cannabis and cocaine seized by all MEGs and task forces, combined, increased. Cannabis seizures increased for mostly urban MEGs and task forces, while decreasing across mixed urban/rural and mostly rural MEGs and task forces. Cocaine seizures increased among mostly urban and mixed urban/rural, but decreased significantly among mostly rural MEGs and task forces (pages 29 through 34).
- Between 1991 and 2002, nearly all drug arrests by MEGs and task forces were accepted for prosecution, which translates to nearly 35,000 cases. In addition, between 1991 and 2002, nearly three-quarters (73 percent) of all drug offenders who were prosecuted as a result of MEG and task force activity were convicted (page 37).
- In 2002, among those MEG and task force drug offenders convicted and sentenced, prison sentences accounted for the largest proportion (45 percent), followed by probation sentences (43 percent) and jail sentences (12 percent) (page 43).
- Between state fiscal years 1991 and 2002, prison sentences resulting from all MEG and task force cases accounted for 32 percent of all drug-law violators sent to prison from regions where MEGs and task forces operate (page 46). The proportion of prison sentences resulting from MEG and task force cases varied across unit types, mostly urban (24 percent), mixed urban/rural (34 percent) and mostly rural (78 percent) (pages 47 and 48).
- Unlike the arrests made by the participating and non-participating agencies, the arrests made by MEGs and task forces tended to involve the substances considered to be most serious (i.e., felony versus misdemeanor) and the substances for which a large proportion of community residents were seeking and receiving substance abuse treatment in 2002 (page 56).

SPECIAL FOCUS:
**The Impact of Methamphetamine on Illinois' Metropolitan
Enforcement Groups and Task Forces**

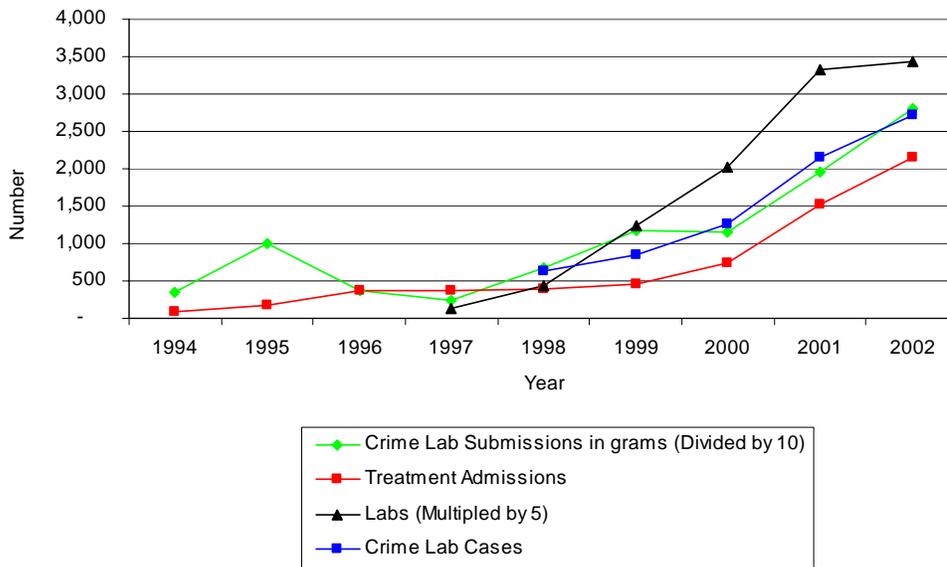
While the 1980s saw the emergence of crack cocaine across drug markets in the United States and many parts of Illinois, it appears that the 1990s will be looked upon as the time when the popularity of methamphetamine spread, resulting in a greater demand for criminal justice as well as treatment resources. This section examines the emergence of methamphetamine in Illinois through an examination of various law enforcement and drug treatment indicators, and pays particular attention to how the drug's production and use has progressed across the state's diverse geographic regions. The findings indicate that methamphetamine has put Illinois' rural jurisdictions into a similar situation as the state's more urban areas were when crack cocaine emerged during the late 1980s, and methamphetamine has also dramatically changed the extent and nature of the drug problem – as seen by both the justice system and drug treatment agencies – in Illinois' rural communities.

Thus, while methamphetamine use is still low when compared to other drugs, like marijuana or cocaine, it increased dramatically during the 1990s and appears to be concentrated in different types of geographic/population environments. As with many drugs of abuse, there are some clear geographic differences in the availability and use of methamphetamine, but this may be changing. Up until the last decade methamphetamine was limited to rather isolated regions of the West and Southwest parts of the country. However, that is no longer the case. Methamphetamine is now spreading through the Midwest and becoming an emerging and significant new drug problem in previously unaffected rural and urban areas. And even though the drug has been made and used in the United States for more than three decades, large-scale methamphetamine production and use is a fairly new phenomenon. As such, relatively little research has been done to examine the extent and nature of methamphetamine production and use. This *Special Focus* attempts to explore the emergence of this drug in the State of Illinois by examining a variety of indicators across different regions of the state. In order to examine the emergence of methamphetamine in Illinois, data sources were identified and examined to measure such activities as drug arrests, drug seizures by law enforcement agencies, identified clandestine methamphetamine labs, and drug treatment admissions across each of Illinois' 102 counties. Data were aggregated at the county level and subsequently aggregated into their respective geographic regions. MEGs and task forces are classified as being either *mostly urban*, *mostly rural*, or *mixed urban/rural* based upon the classification of the county(s) that each unit covers. Map SF 3 depicts the geographic regions covered by each MEG and task force.

Law Enforcement Indicators

There were three primary variables which measure police activities that were used to examine the extent and nature of methamphetamine from the justice system's perspective, including: the weight and number of cases involving methamphetamine submitted from local law enforcement agencies to Illinois State Police Crime Labs, methamphetamine labs identified by law enforcement agencies in the state, and drug arrests reported through the Illinois Uniform Crime Report (I-UCR) program as well as arrest data reported to the Authority by each MEG and task force. For each of these measures, rates were calculated based on the total population of the counties or regions. Finally, the availability of these measures varied over time, ranging from long periods of time for the UCR arrest data (the mid-1970s through 2002) and individual MEG and task force arrest data (generally from 1989 through 2002) to only recent years (the late 1990s through 2002) for activities like methamphetamine cases submitted to crime labs or methamphetamine labs uncovered by police (Figure SF 1).

Figure SF 1
Measures of Methamphetamine Activity in Illinois



Source: Illinois State Police and Illinois Department of Human Services' Office of Alcoholism and Substance Abuse data

Crime Lab Submissions

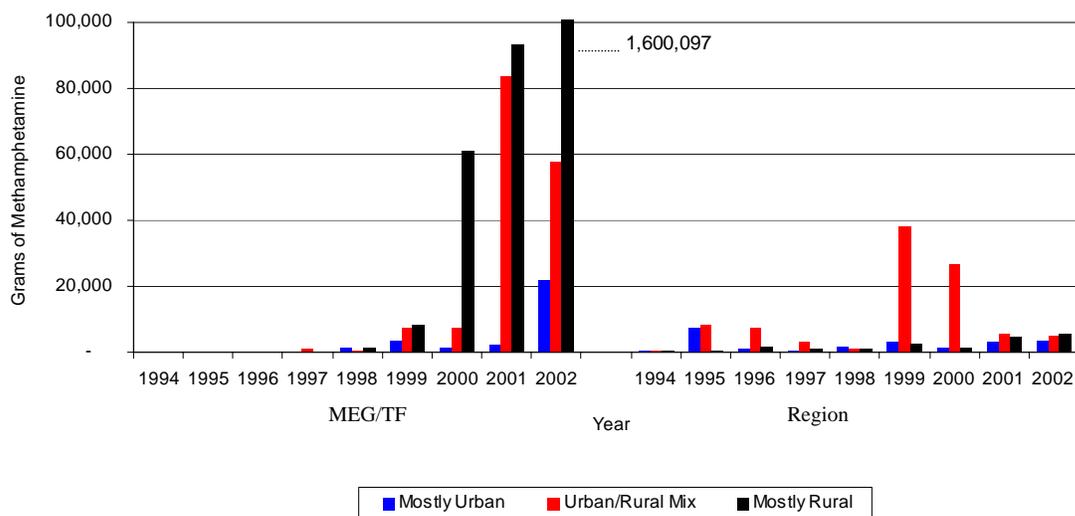
In Illinois, most law enforcement agencies submit seized drugs to Illinois State Police crime laboratories for identification and analysis. From these data, the Illinois State Police were able to provide the number of submissions (e.g., cases) involving particular drugs for each county and for each year from 1998 to 2002, as well as the quantity of each drug submitted (e.g., the weight in grams) for each county from 1994 through 2002. From analyses of these data, it can generally be concluded that the number of cases involving methamphetamine has increased, as has the quantity of the drug submitted to crime labs. Further, the extent to which law enforcement agencies are encountering methamphetamine has also dispersed during the 1990s across a large area of the state. However, when these data are examined more closely, and disaggregated, it is evident that most of the statewide increase has been fueled by activities in Illinois' rural jurisdictions. For example, the quantity of methamphetamine seized and submitted to the Illinois State Police increased dramatically between 1994 and 2002, jumping from 3,433 grams to 28,002 grams. When controlling for the differences in the population of Illinois' counties, the 2002 methamphetamine seizure rate of 712.1 grams per 100,000 residents in Illinois' rural counties was more than five-times that seen in the rest of the state (Table SF 1).

During the period, methamphetamine seizures accounted for a relatively small proportion of total drugs seized by law enforcement agencies in the regions covered by MEGs and task forces as well as all MEGs and task forces, combined. Between 1994 and 2002, the quantity of methamphetamine seized in regions covered by MEGs and task forces increased more than 14-fold, from 911 grams to 13,767 grams and accounted for just 1 percent of total drug seizures in 2002. Although the MEGs and task forces did not report methamphetamine seizures in 1994 or 1995, the quantity of methamphetamine seized by MEGs and task forces increased dramatically between 1996 and 2002, from 41 grams to 1,680,825 grams and accounted for nearly 6 percent of total MEG and task force drug seizures in 2002. In 2002, the methamphetamine seizure rate for MEGs and task forces was 42,009 grams per 100,000 population,

dramatically higher than the seizure rates of 222 grams per 100,000 population for both the regions covered by MEGs and task forces and the statewide seizure rate.

When geographic regions were examined separately, the results were even more dramatic (Figure SF 2). Between 1994 and 2002, the quantity of methamphetamine seized in regions covered by mostly urban MEGs and task forces increased from 358 grams to 3,463 grams, while methamphetamine seizures reported by regions covered by mixed urban/rural MEGs and task forces increased from 310 grams to 4,875 grams and mostly rural MEGs and task forces increased from 243 grams to 5,429 grams. As mentioned above, MEGs and task forces did not report methamphetamine seizures in 1994 or 1995. Despite this, however, methamphetamine seizures by MEGs and task forces were even more telling. The quantity of methamphetamine seized by mostly urban MEGs and task forces increased from one gram in 1996 to 20,898 grams in 2002, while the quantity of methamphetamine seized by mixed urban/rural MEGs and task forces increased from zero grams to 57,886 grams. The mostly rural MEGs and task forces experienced the greatest increase in methamphetamine seizures between 1996 and 2002, increasing from 40 grams to 1,600,937 grams (Figure SF 2). Of the methamphetamine seized by all MEGs and task forces in 2002, mostly rural MEGs and task forces accounted for the largest proportion (95 percent), followed by mixed urban/rural (3 percent) and mostly urban (1 percent), compared to 25 percent, 35 percent, and 39 percent, respectively, for regions covered by MEGs and task forces.

Figure SF 2
Methamphetamine Seized and Submitted to ISP
by Regions Covered by a MEG or Task Force
and Seized by All MEGs and Task Forces, by Unit Type



Source: ICJIA calculations using
Illinois State Police and MEG and task force data

Between 2000 and 2002, methamphetamine accounted for an average of 20 percent of total illicit drugs seized by mostly rural MEGs and task forces, followed by mixed urban/rural units (nearly 6 percent), and mostly urban units (less than one-tenth of 1 percent). However, when individual units were examined, significant patterns emerged. Between 2000 and 2002, methamphetamine accounted for significant proportions of total drugs seized by the following units: ECITF (86 percent), SEIDTF (36 percent), WCITF (24 percent), and MCNEG (21 percent). All but MCNEG operate in mostly rural regions; MCNEG operates in mixed urban/rural regions.

In 2002, the methamphetamine seizure rate for mostly urban MEGs and task forces was 831 grams per 100,000 population, more than nine times higher than the methamphetamine seizure rate of 91 grams per 100,000 population for the regions covered by mostly urban MEGs and task forces and nearly four times higher than the statewide rate of 222 grams per 100,000 population. The 2002 methamphetamine seizure rate of 6,932 grams per 100,000 population for mixed urban/rural MEGs and task forces was more than 21-times higher than the rate of 310 grams per 100,000 population for the regions covered by mixed urban/rural MEGs and task forces and more than 30-times higher than the statewide rate of 222 grams per 100,000 population. In 2002, the methamphetamine seizure rate for mostly rural MEGs and task forces was 308,383 grams per 100,000 population, dramatically higher than the seizure rates of 653 grams per 100,000 population for the regions covered by mostly rural MEGs and task forces and the statewide seizure rate as well as the rates across the more urban MEGs and task forces.

Another interesting pattern when it comes to methamphetamine seizures across Illinois' counties is that it is the only drug where rural counties experienced higher rates of seizure than more urban counties in the state. For example, in 2002, heroin seizure rates in rural counties were 98 percent lower than in the rest of Illinois, cocaine seizures rates were 93 percent lower than in the rest of Illinois, and cannabis seizures were 30 percent lower in rural Illinois.

However, it also appears that methamphetamine is spreading to other parts of the state, including many of the “downstate” urban areas as well as Chicago and the suburban Collar Counties. Illustrative of this dispersion is the fact that in 1994, rural counties accounted for 77 percent of all methamphetamine seized in Illinois, compared to 47 percent in 2002. Another pattern indicating the spread of the drug throughout large areas of Illinois is the number of different counties where methamphetamine has been encountered by police departments. In 1994, methamphetamine was seized in 61 of Illinois' 102 counties, most (45, or 74 percent) of which were rural. However, in 2002, methamphetamine had been seized in 92 Illinois counties, including 66 of the 74 rural counties in the state and 26 of the 28 urban counties. By presenting the rates of methamphetamine seizures, Map SF 1 visually demonstrates the spread of methamphetamine across Illinois between 1994 and 2002, while also illustrating how the highest rates tend to be in rural areas of western and southeastern Illinois.

Similar trends and patterns were seen when the number of submissions (e.g., cases) to crime labs involving methamphetamine were examined (Table SF 1). For example, statewide, between 1998 and 2002, the number of methamphetamine submissions for analysis to the Illinois State Police Division of Forensic Services crime laboratories increased more than four-fold, from 628 to 2,717, and the number of different counties submitting methamphetamine also increased, from 73 in 1998 to 92 in 2002. Submissions from rural counties accounted for 75 percent of all methamphetamine submissions in 2002. The average quantity of methamphetamine submitted to the Illinois State Police crime labs per case nearly doubled statewide between 1994 and 2002, from 5.5 grams to 10.3 grams. However, when specific geographic regions were examined, patterns varied. For example, between 1994 and 2002, the average quantity of methamphetamine submitted per case across the rural counties, combined, declined slightly, from 7.2 grams to 6.5 grams. Conversely, the average quantity of methamphetamine submitted from the more urban regions increased more than seven times, from three grams in 1994 to 21.6 grams in 2002. Thus, although the urban regions are experiencing fewer methamphetamine cases than their more rural counterparts, urban methamphetamine cases, on average, tend to involve larger quantities.

Although methamphetamine presents a significant problem to Illinois' rural counties, it is clear that methamphetamine is quickly moving into Illinois' more urban regions, including Chicago. Between 1994 and 2002, Illinois' rural counties have accounted for a decreasing proportion of methamphetamine seized in the state, decreasing from 77 percent to 47 percent, meaning that the more urban regions accounted for more than one-half of the methamphetamine seized statewide in 2002. Of particular interest is that the proportion of methamphetamine seized in the City of Chicago has increased from 8 percent in 1997 to 26 percent in 2002. During that period, Chicago's methamphetamine seizure rate has increased dramatically,

from seven grams per 100,000 population in 1997 to 253 grams per 100,000 population in 2002. Chicago's methamphetamine seizure rate was slightly less than the methamphetamine seizure rate of 268 grams per 100,000 population in Illinois' urban counties, but still significantly less than the rate of 712 grams per 100,000 population in the rural counties, combined.

Methamphetamine Lab Seizures

Another measure used to examine the extent and nature of methamphetamine from the justice system's perspective in Illinois is the number of methamphetamine labs identified by law enforcement agencies in the state. In Illinois, methamphetamine labs are reported to, and tracked by, the Strategic Information and Analysis Group within the Illinois State Police (ISP). According to ISP, Illinois' MEGs and task forces account for the vast majority of methamphetamine labs seized.

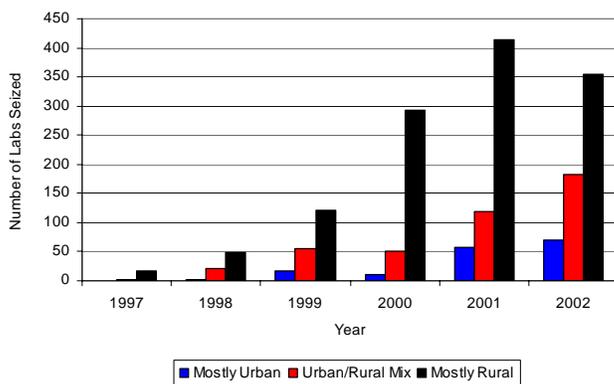
A growing number of local independent distributors are producing small quantities of methamphetamine for retail distribution in their local areas. Despite law enforcement pressure and the regulation of precursor chemicals, individuals and groups continue to manufacture bulk quantities of methamphetamine. According to the National Drug Intelligence Center, law enforcement reporting indicates that local independent lab operators account for as much as 80 percent of retail methamphetamine distribution in some areas of the country.

The number of clandestine methamphetamine labs seized statewide increased dramatically between 1997 and 2002, from 24 to 668 (Table SF 1). As with seizures of the actual drug (e.g., "finished product"), most identified labs were found in rural areas of the state. For example, during the period examined (1997 to 2002), there were 346 labs seized in Illinois' more urban counties, compared to 1,750 in Illinois' rural counties. Thus, rural counties accounted for the vast majority (83 percent) of labs seized in Illinois between 1997 and 2002, and as a result, had the highest rate of methamphetamine labs when population was taken into account. As seen in Table SF 1, in 2002 Illinois' rural counties had a lab seizure rate more than seventeen-times greater than the rest of the state.

When specific geographic regions were examined, some dramatic results were noted. The number of methamphetamine labs seized by mostly urban MEGs and task forces increased from one lab in 1997 to 76 labs in 2002, while the number of methamphetamine labs seized by mixed urban/rural MEGs and task forces increased from two to 177 labs. The mostly rural MEGs and task forces experienced the greatest increase in methamphetamine lab seizures between 1997 and 2002, increasing from 16 labs to 355 labs (Figure SF 3).

Figure SF 3

Total 2002 Methamphetamine Labs Seized by Illinois MEGs and Task Forces, by Unit Type



Source: ICJIA calculations using Illinois State Police data

While the number of labs seized increased across all MEG and task force types between 1997 and 2002, the proportion of labs seized increased in those regions covered by mostly urban and mixed urban/rural MEGS and task forces, while decreasing in regions covered by mostly rural MEGS and task forces. In 2002, mostly urban MEGs and task forces accounted for 13 percent of all methamphetamine labs seized by Illinois MEGs and task forces, compared to 5 percent in 1997. Similarly, the proportion of labs seized in regions covered by mixed urban/rural units increased from 11 percent to 29 percent during the period analyzed. On the other hand, MEGs and task forces in mostly rural regions of the state accounted for a decreased proportion of seized methamphetamine labs, decreasing from 84 percent in 1997 to 58 percent in 2002.

As with the seizures of the drug, the identification of labs has also diffused to many more counties, although they still appear to be concentrated in rural areas. For example, in 1997, clandestine methamphetamine labs were seized in only ten of Illinois' 102 counties, nine of which were rural counties. However, by 2002, methamphetamine labs were discovered in 76 different Illinois counties, with most of these (56 of the 76) counties being rural. Map SF 2 demonstrates the spread of clandestine methamphetamine lab seizures across Illinois between 1997 and 2002, by depicting the lab seizure rates for Illinois counties and revealing how rural counties accounted for those counties experiencing the highest lab seizure rates in 2002. The counties that experience the highest rates of methamphetamine lab seizures, and places where high rates were persistent over time, could be the result of increased law enforcement awareness/attention to the signs of these labs, or it may be that they are in close proximity to the consumer markets.

In general, there was a fairly high degree of correlation between the number of methamphetamine submissions (e.g., cases) to crime labs across the counties and the quantity (e.g., grams) of the drug submitted to the labs. Still, it does appear that the amount of methamphetamine involved per seizure (e.g., case) is higher in the urban areas. Specifically, during 2002, the average weight of methamphetamine per seizure in urban areas was 21.6 grams per seizure, compared to an average of 6.6 grams per case in rural parts of the state. On the other hand, there was only a slight to moderate correlation between the rate of methamphetamine lab seizures and the rate of submissions of the finished product (cases and grams), which would tend to indicate that places where the labs are seized may not necessarily be the places where the largest volume of the finished product is being discovered by police departments. There also appear to be some counties that have consistently experienced high rates of methamphetamine seizures as well as lab seizures. In order to identify and analyze the counties with a chronic/persistent presence of methamphetamine across Illinois' 102 counties, the 20 counties with the highest rates across each indicator were identified. Between 1997 and 2002, nine counties, all of which were rural, consistently ranked in the top 20 counties in at least one-half of the years examined. Each of these counties is listed along with the individual MEG or task force that covers that county: Adams (WCITF), Clark, Clay, and Cumberland (SEIDTF), Coles (ECITF), White (SIDTF); and Gallatin, Massac, and Wayne (no MEG or task force coverage). With the exception of Adams County, all these counties are concentrated in southeastern Illinois.

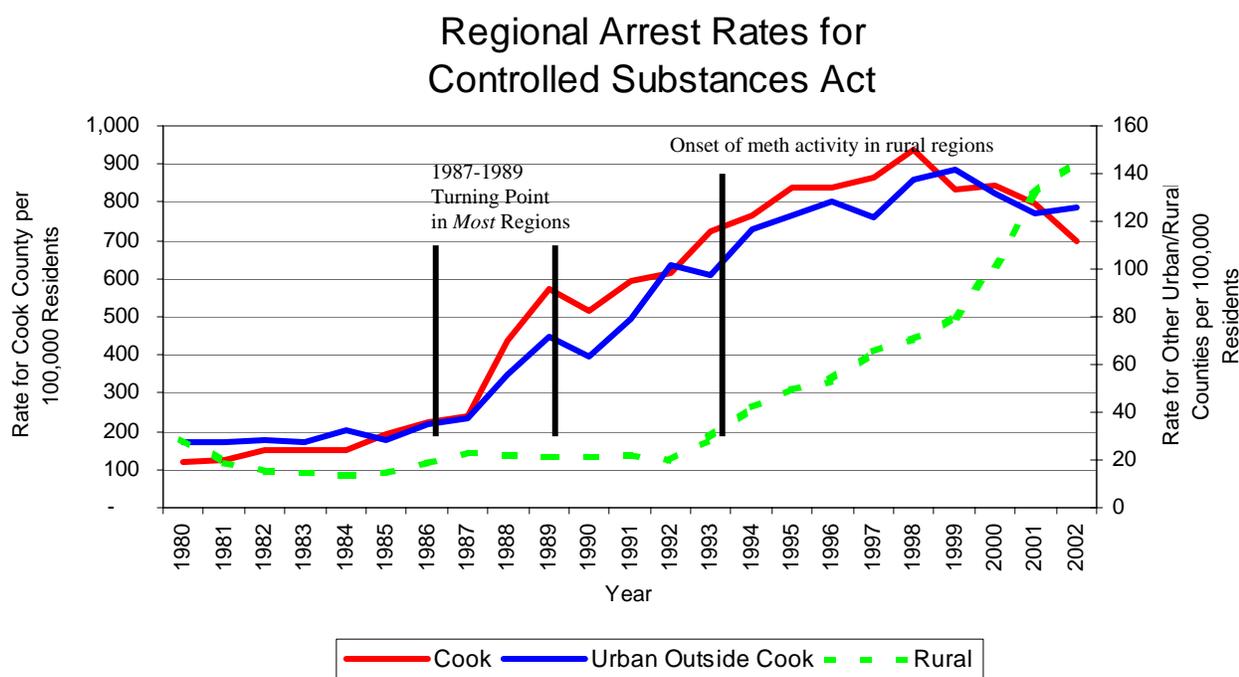
Arrest Data

Arrest data were obtained through the Illinois Uniform Crime Reporting (I-UCR) Program. These data, which are reported at the agency level, were subsequently aggregated to the county level and then grouped into their respective geographic regions. However, unlike the crime-lab submission data, the only distinction that can be made when arrests are examined is between those involving cannabis (identified as violations of Illinois' Cannabis Control Act) and all other illegal substances (identified as violations of Illinois' Controlled Substances Act). This presents a major limitation with using UCR data in that drug arrests by local police departments do not distinguish between arrests for cocaine, crack cocaine, heroin, methamphetamine, etc., but are instead reported in aggregate as a violation of Illinois' Controlled

Substances Act. However, despite this limitation, when examined in light of what was seen in terms of crime lab submissions, some general conclusions regarding the impact methamphetamine has had on arrests across Illinois can be offered. Further, through examination of arrests made by Illinois' multijurisdictional drug enforcement units, which do report arrests by specific drug-type, these conclusions can be further supported.

When long-term trends in arrests for violations of the Controlled Substances Act are examined, which includes cocaine, heroin, and methamphetamine, among other drugs, a number of patterns are evident. First, is the dramatic increase in arrests for the Controlled Substances Act during the *late 1980s* across all of the *urban areas* of the state. Based on examination of historic drug seizure data, it appears that most of this increase during the late-1980s in Illinois' urban areas was the result of increased arrests for cocaine/crack-cocaine offenses. On the other hand, during this period (the late 1980s) of dramatic increases in Controlled Substance Act arrests across Illinois' urban areas, arrests for these offenses in Illinois' rural counties remained relatively *stable and low*. However, beginning in the *mid-1990s*, the period when methamphetamine seizures began to be made by police, the Controlled Substance Act arrest rate in Illinois' rural counties also began to increase. By 2002, the Controlled Substance Act arrest rate in Illinois' rural counties was equal to, or higher, than the rates seen in urban areas of the state outside of Cook County/Chicago (Figure SF 4). Thus, while rural counties historically had much lower arrest rates for Controlled Substance Act violations, it appears that the emergence of methamphetamine in those areas has become the equalizer in terms of arrest rates for these felony-level drug offenses.

Figure SF 4



Obviously, this dramatic increase in Controlled Substances Act arrests in rural counties fueled by methamphetamine has also had a profound effect on the output and activities of other components of the justice system in these jurisdictions, including the courts, probation, and prison admissions. For example, between 1997 and 2002, the number and rate of prison sentences for violations of the Controlled Substances Act from rural counties increased at a pace consistent with arrests for these offenses, and by 2002 the rate of prison admissions for drug offenses from rural counties was equal to or higher than most

urban parts of Illinois outside of Chicago/Cook County. Specifically, between 1997 and 2002, prison admissions from rural counties for drug-law violations doubled, and this rate of increase was also twice as large as that experienced in the rest of Illinois during that period.

Another way to examine the rates and patterns of methamphetamine arrests in Illinois is through analyses of the cases developed by Illinois' 21 multijurisdictional drug enforcement units. While these units tend to focus on a different type of drug offender than local police departments, they do report arrest data that is drug-specific, unlike that reported through the UCR program. Based on analyses of these data, Illinois' multijurisdictional drug units did not begin to make arrests involving methamphetamine until 1997, but after that, arrests involving methamphetamine jumped dramatically. For example, between 1997 and 2001, the number of methamphetamine arrests by these multijurisdictional drug units increased from just three to a period high of 941 in 2001 before declining slightly to 938 arrests in 2002.

Further, when these multijurisdictional units were classified as serving either mostly urban, mixed urban/rural, or mostly rural jurisdictions, patterns consistent with those seen in methamphetamine drug seizures and lab seizures were found. While methamphetamine arrests increased across all regions covered by a MEG or task force during the late-1990s and early 2000s, those units serving mostly rural areas experienced the greatest increase in methamphetamine arrests, going from zero in 1997 to 500 by 2002, followed by mixed urban/rural units and mostly urban units which increased from three to 334 arrests and zero to 104 arrests, respectively. Thus, in 2002, those multijurisdictional drug units in mostly rural areas accounted for more than one-half (53 percent) of all methamphetamine arrests by MEGs and task forces in the state, followed by mixed urban/rural units (36 percent) and mostly urban units (11 percent).

Between 1989 and 2002, the proportion of cocaine and cannabis arrests by MEGs and task forces decreased, while the proportion of MEG and task force arrests accounted for by methamphetamine increased. On average, between 1989 and 1996 (the period prior to the first arrests for methamphetamine), cocaine accounted for the majority (51 percent) of all MEG and task force arrests, followed by cannabis (41 percent), and other drugs (7 percent). In 2002, cocaine accounted for 43 percent of all MEG and task force arrests, followed by cannabis arrests (25 percent). On the other hand, arrests for methamphetamine accounted for an increased proportion of all MEG and task force drug arrests, increasing from less than one-tenth of 1 percent in 1997 to 24 percent in 2002.

When specific types of units were examined, the results were more dramatic. On average, between 1989 and 1996, cocaine accounted for the majority (59 percent) of mostly urban MEG and task force arrests, followed by cannabis (34 percent), and other drugs (7 percent). In 2002, cocaine accounted for 55 percent of mostly urban MEG and task force arrests, followed by cannabis arrests (33 percent). On the other hand, arrests for methamphetamine accounted for an increased proportion of mostly urban MEG and task force drug arrests, increasing from zero percent in 1997 to 5 percent in 2002.

The decline in cocaine and cannabis arrests were more notable across mixed urban/rural and mostly rural MEGs and task forces during the period analyzed. On average, between 1989 and 1996, cocaine accounted for the largest proportion (49 percent) of mixed urban/rural MEG and task force arrests, followed by cannabis (42 percent), and other drugs (9 percent). In 2002, cocaine accounted for 39 percent of mixed urban/rural MEG and task force arrests, followed by cannabis arrests (13 percent). On the other hand, arrests for methamphetamine accounted for an increased proportion of mixed urban/rural MEG and task force drug arrests, increasing from zero percent in 1997 to 34 percent in 2002.

Unlike mostly urban and mixed urban/rural MEGs and task forces, cannabis arrests accounted for the majority (56 percent) of mostly rural MEG and task force drug arrests, on average, between 1989 and 1996, followed by cocaine arrests (36 percent) and arrests for other drugs (8 percent). Between 1997 and 2002, the proportion of mostly rural MEG and task force arrests accounted for by cocaine and cannabis

arrests decreased. In 2002, cocaine accounted for 39 percent of mostly rural MEG and task force arrests, followed by cannabis arrests (13 percent). On the other hand, arrests for methamphetamine accounted for an increased proportion of mostly rural MEG and task force drug arrests, increasing from zero percent in 1997 to 52 percent in 2002.

As a result, methamphetamine can be seen as having a significant impact on the number and types of drug arrests made by mixed urban/rural and mostly rural MEGs and task forces. Where enforcement activities were once primarily focused on cocaine and cannabis, respectively, that focus has now shifted to methamphetamine. In 2002, methamphetamine arrests accounted for more than one-half (52 percent) of arrests by mostly rural MEGs and task forces, while accounting for more than one-third (34 percent) of mixed urban/rural MEG and task force drug arrests. Methamphetamine has had a less, but growing, impact on mostly urban MEGs and task forces, accounting for 5 percent of all mostly urban MEG and task force drug arrests in 2002, compared to zero percent in 1997.

Methamphetamine Treatment Admissions

Another way to examine the extent and nature of methamphetamine use is by considering admissions to drug treatment programs in the state. Specifically, data on the aggregate number of individuals admitted to drug treatment for methamphetamine abuse were obtained for each county from the Illinois Department of Human Services' Office of Alcoholism and Substance Abuse (OASA). These data were then aggregated so as to correspond to their respective geographic region. Although the characteristics and substances abused by those admitted to treatment may not be reflective of general drug use patterns within a region, one can interpret treatment admissions as reflective of more serious substance abusers.

In Illinois, the number of admissions to drug treatment where methamphetamine was identified as the primary substance of abuse increased dramatically between SFYs 1994 and 2002, from 97 to more than 2,100 (Table SF 1). As with seizures of the drug, during the period examined, treatment admissions for methamphetamine abuse were concentrated in rural areas of the state, but have also spread to a wide number of jurisdictions. For example, methamphetamine abuse treatment admissions from rural counties increased from 46 to 1,609 between SFYs 1994 and 2002, and more than tripled in the three years from SFY 2000 to 2002. During the entire period examined, rural counties accounted for more than 70 percent of all methamphetamine treatment admissions in Illinois. Further, by 2002, one-in-five admissions to treatment for abuse of an illegal drug in Illinois' rural counties involved methamphetamine. By comparison, during 2002 there were fewer than 50 admissions to treatment for methamphetamine abuse in Chicago/Cook County, and less than 550 from all other urban areas of the state, combined. In these urban areas of the state, cocaine and heroin accounted for the majority of treatment admissions, while methamphetamine admissions accounted for less than 2 percent of all drug treatment admissions for abuse of an illegal substance. As a result of these patterns, in 2002, Illinois' rural counties had a methamphetamine treatment admission rate that was more than fifteen-times greater than the rate for the rest of the state (Table SF 1).

As with law enforcement indicators, treatment admission trends for methamphetamine abuse also indicate a great degree of dispersion throughout the state during the mid-1990s through the early 2000s. Specifically, during SFY 1994, admissions for treatment of methamphetamine abuse were reported in 34 of Illinois' 102 counties, 18 of which were rural counties. However, by SFY 2002, methamphetamine treatment admissions were reported in 80 different Illinois counties, with rural counties accounting for three-quarters (61) of these 80 counties. Map SF 1 demonstrates the spread of methamphetamine treatment admissions across Illinois by summarizing rates for each county between SFYs 1994 and 2002. Again, rural counties, particularly those in southeastern and western Illinois, accounted for the majority of those counties experiencing the highest treatment admission rates in SFY 2002.

Based on an examination of drug treatment admission data it is also evident that some of the characteristics of methamphetamine abusers in treatment is markedly different than those admissions associated with abuse of other drugs, such as cocaine, heroin, and marijuana. For example, the most dramatic difference, which is likely influenced by the difference in the geographic distribution of the population accessing treatment for methamphetamine abuse (e.g., rural), is that nearly all (95 percent) of those admitted to treatment for methamphetamine abuse in Illinois during SFY 2002 were white, compared to 30 percent or less of those admitted to treatment for abuse of cocaine, heroin, or marijuana. The impact of law enforcement efforts also appears to be strongly associated with methamphetamine treatment admissions, with roughly one-half of all methamphetamine treatment admissions the result of a referral from the criminal justice system (e.g., treatment as a condition of probation or parole). By comparison, less than one-third of people admitted to treatment in Illinois during 2002 for abuse of cocaine or heroin were referred by the criminal justice system. Despite this pattern, it is interesting to note that only about one-third of those admitted to treatment for methamphetamine abuse had prior criminal convictions, compared to about one-half of those admitted to treatment for cocaine or heroin abuse. Finally, as was the case with treatment admissions for most substances, with the exception of marijuana, roughly 55 percent of those admitted to treatment for methamphetamine abuse were male.

When methamphetamine drug arrests and drug treatment admissions were examined across all regions covered by MEG or task force, significant differences were noted. In state fiscal year (SFY) 2002, methamphetamine arrests accounted for 12 percent of total drug arrests by mostly urban MEGs and task forces and 1 percent of all drug treatment admissions in regions covered by mostly urban MEGs and task forces. However, methamphetamine arrests by mixed urban/rural and mostly rural MEGs and task forces accounted for 32 percent and 23 percent, respectively, of all drug arrests by mixed urban/rural and mostly rural MEGs and task forces in SFY 2002. Similarly, drug treatment admissions for methamphetamine accounted for 4 percent and 16 percent, respectively, of all drug admissions in regions covered by mixed urban/rural and mostly rural MEGs and task forces.

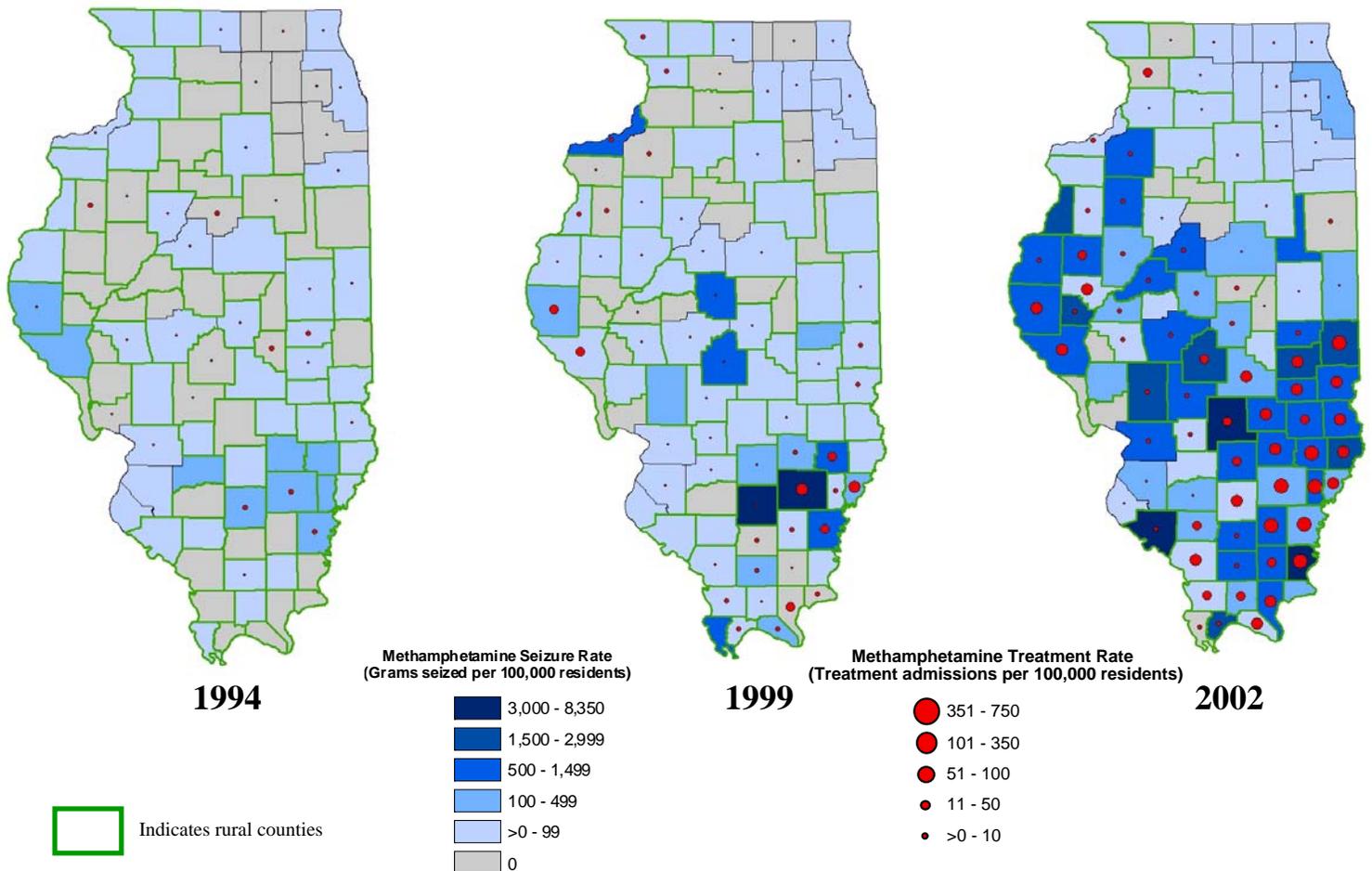
Examining Law Enforcement & Treatment Indicators Together

While the law enforcement and treatment indicators examined above provide a great deal of insight into the extent of the methamphetamine “encounters” across Illinois, and over time, an even better understanding of the unique nature of the methamphetamine problem can be generated through a simultaneous examination of these two sources of information. For example, by comparing which counties in Illinois began to “see” methamphetamine as the result of law enforcement seizures versus treatment admissions, it is clear that when the drug first began to emerge in Illinois, police departments across the state were more likely to seize methamphetamine than were treatment agencies likely to have people showing up for services with a methamphetamine abuse problem. Illustrative of this is the fact that in 1994 nearly 30 percent of Illinois’ 102 counties had police departments submitting methamphetamine to an Illinois State Police crime lab, but did not have anyone admitted to substance abuse treatment for the drug. Conversely, only 11 percent of the counties saw people admitted to treatment for methamphetamine abuse, but none of the drug was seized by police departments. In the remaining counties, both law enforcement and treatment were seeing the drug (22 percent of the counties) or neither treatment nor law enforcement saw evidence of methamphetamine (36 percent). Further evidence of this limited relationship between methamphetamine treatment admission rates and seizure rates by police during the early stages of the drug’s evolution in Illinois can be seen in the relatively low correlation ($r=.27$) between these two indicators during 1994. However, as the drug began to spread across the state, the correlation and correspondence between treatment indicators and seizures by police involving methamphetamine began to come together. By 2002, most counties in the state had seen methamphetamine – through both drug treatment and law enforcement indicators. Similarly, the correlation between methamphetamine treatment admission rates and methamphetamine submission rates (e.g., cases) was quite high ($r=.70$) (Map SF 1). Thus, it appears that with methamphetamine, law enforcement agencies were initially more likely to see

the drug on the street than drug treatment agencies were in terms of seeing people seeking services for their methamphetamine abuse. However, as the drug spread to more and more counties, law enforcement and treatment agencies were seeing similar levels or rates of the methamphetamine problem.

Map SF 1

**Methamphetamine Seizure & Treatment Rates—
Strong Correlation**

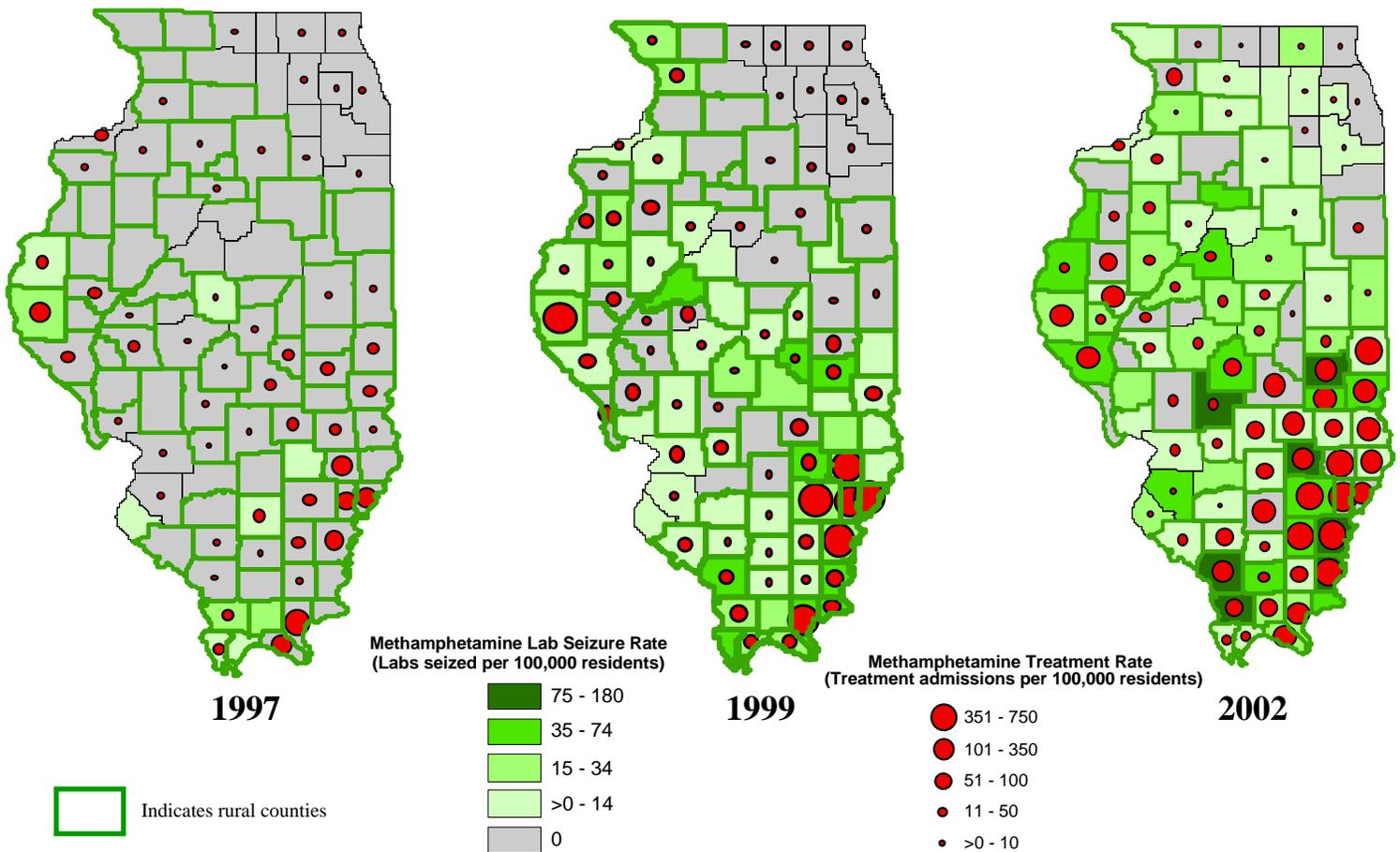


Another interesting pattern seen when treatment and law enforcement indicators were examined together is the fact that there appears to be a much stronger correlation or association between measures of the “finished product” availability (e.g., seizures by police) and use (e.g., treatment admissions) than between measures of production (e.g., meth. labs) and measures of either finished product or use. Specifically, the correlation between *lab* seizure rates and methamphetamine seizure rates (both quantity/grams and cases) was only moderate ($r=.31$ to $r=.46$), as was the case with lab seizure rates and treatment admission rates ($r=.33$). This could possibly be indicative of a pattern where methamphetamine production may not necessarily be supplying the drug market within the same specific counties, but rather, counties (consumers) in the surrounding area (e.g., contiguous counties). This theory can be partially supported by examining the relationship between methamphetamine *lab* rates to the treatment admission rates in

contiguous counties. Doing so reveals that in a number of instances counties with high lab seizure rates had relatively low treatment admission rates, but the treatment admission rates in the contiguous counties was relatively high. Visually, this pattern is also evident in Map SF 2, which shows many counties with high lab seizure rates, but relatively low treatment admission rates. However, many of these counties with high lab seizure rates and low treatment rates are adjacent to places (counties) with high rates of methamphetamine treatment admissions and law enforcement seizures of the finished product.

Map SF 2

**Methamphetamine Lab and Seizure/Treatment Rates –
Low-Moderate Correlation**



Conclusions

Based on analyses of law enforcement and treatment indicators available in Illinois, it is clear that methamphetamine “activity” in the state has increased dramatically since the mid-1990s, with most of this being fueled by activities taking place in Illinois’ rural jurisdictions. Based on the quantity of methamphetamine seized by law enforcement agencies, the number of methamphetamine labs identified by police, and the number of people seeking treatment for methamphetamine abuse, the drug’s use and production has been evolving across Illinois, but is still primarily concentrated in rural communities. For example, out of the 2,717 submissions of methamphetamine to crime labs throughout the state during

2002, 75 percent were from rural jurisdictions. Importantly, methamphetamine is the only drug where rural jurisdictions account for such a large proportion of submissions to crime labs. Also, through analyses of the different indicators together, a complex picture of methamphetamine production, in proximity to consumer markets, begins to emerge. Although not presented in this section, there also appears to be high concentrations and correlations of methamphetamine treatment admissions between some counties in states contiguous to Illinois, such as that in southeastern Illinois and southwestern Indiana. Similarly, there are a group of counties in Illinois and Missouri with high rates of methamphetamine treatment admissions, and others that are not, which may indicate how counties very close to one another, but separated by natural boundaries (e.g., the Mississippi River), may not necessarily both have high rates of methamphetamine treatment admissions. From a law enforcement standpoint, these relationships point to the importance of not only multijurisdictional efforts *within* a state, but also *interstate* communication and coordination of enforcement approaches for methamphetamine, particularly given the potential link between areas of production and consumption.

It is also important to point out that lawmakers in Illinois have responded to the emergence of methamphetamine in the state. During the period when methamphetamine use, arrests, and clandestine labs seizures were on the rise, lawmakers in Illinois reexamined the existing drug laws and recognized the need to bring the penalties associated with methamphetamine possession, delivery/sale and production in line with other drugs. For example, prior to 2000 there was a dramatic disparity in the classification of offenses involving methamphetamine and other drugs, such as cocaine and heroin. Specifically, prior to the year 2000 it required the sale/delivery of more than 200 grams of methamphetamine before the offense was considered a Class X felony (a non-probationable offense with a mandatory prison sentence of 6-30 years). By comparison, the sale/delivery of more than 15 grams of cocaine or heroin were classified as Class X felonies, and had been since the late 1980s. In response to this disparity, in 2000, the Illinois legislature changed the weight classification for methamphetamine, bringing it into line with cocaine. Similar changes were also made in the weights of the drug associated with lower level offenses, such as possession or sale/delivery of lesser quantities of the drug. Lawmakers also responded to the unique challenge of methamphetamine being produced locally by creating laws to govern the possession of the precursor chemicals for the drug.

Finally, although methamphetamine activity (e.g., use, arrests, treatment admissions, etc.) in Illinois still accounts for a relatively small proportion of the illegal drug problem in the state, the way the drug has evolved in Illinois appears to be unique and unlike other drugs, such as cocaine, crack, and heroin. Specifically, methamphetamine is a drug that is disproportionately seen in Illinois' more rural communities, and due to the nature of rural policing and criminal justice, is producing unique financial challenges. Thus, while the same types of data appear to indicate that crack cocaine and heroin have not had a substantial presence in rural parts of Illinois, the same cannot be said for methamphetamine. On the other hand, these same data sources indicate the presence of cocaine, crack, and heroin users based on treatment admissions, but little law enforcement experiences encountering these drugs, according to seizure data. Based on the analyses presented in this *Special Focus*, it appears that there are a number of possible advantages to having the treatment and justice system's communicate more frequently regarding what types of drug problems each other is encountering. In many ways, and in many jurisdictions, law enforcement agencies could have informed treatment agencies of the oncoming methamphetamine problem years before treatment agencies ever saw a patient show up for abuse of methamphetamine. By examining a wide array of drug-related data, from various perspectives, criminal justice and substance abuse policy makers and practitioners will be able to get a much better sense of how certain drugs are emerging, how they can be responded to, and will have a much larger perspective on the complexity of drug use, production and distribution both in Illinois as well how what occurs in surrounding states may impact their respective fields.

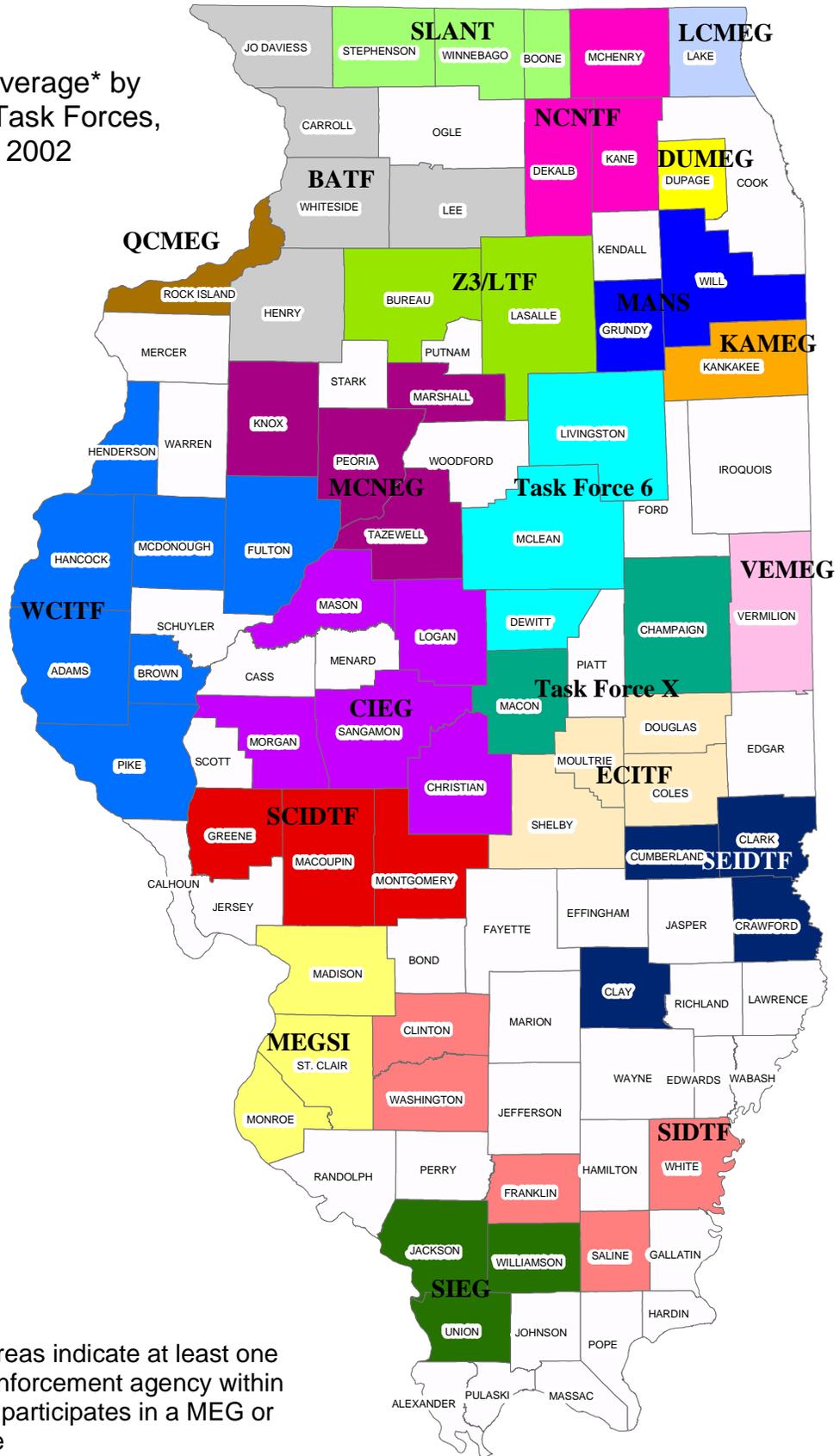
Table SF 1
Volume and Rate of Methamphetamine Drug and Lab Seizures by Illinois Law Enforcement
Agencies, and Treatment Admissions, 1994 to 2002
(Rates per 100,000 Residents in Parentheses)

	Rural Counties		Other Counties		State Total	
	1994*	2002	1994*	2002	1994*	2002
Meth. Seizures submitted to Crime Labs (Grams)	2,632 (140.2)	13,268 (712.1)	801 (8.1)	14,734 (137.2)	3,433 (29.1)	28,002 (222.2)
Meth. Submissions to Crime Labs (Cases) (*1998)	362 (19.2)	2,034 (109.2)	266 (2.7)	683 (6.4)	628 (5.2)	2,717 (17.2)
Average Grams per submission	7.2	6.5	3	21.6	5.5	10.3
Meth. Labs Identified (*1997)	23 (0.8)	498 (18.7)	1 (0.01)	170 (1.6)	24 (0.2)	668** (5.4)
Meth. Treatment Admissions	46 (2.5)	1,609 (86.4)	51 (0.5)	540 (5.0)	97 (0.8)	2,149 (17.1)

** excludes 13 labs seized in other states by Illinois MEGs and Task Forces

Map SF 3

Illinois Coverage* by
MEGs and Task Forces,
SFY 2002



*Shaded areas indicate at least one local law enforcement agency within the county participates in a MEG or Task Force

I. Introduction

In 2002, 21 MEGs and task forces were operating throughout Illinois. These units covered 63 of Illinois' 102 counties, serving a combined 2002 total population of 6,212,482 – 11 percent more than in 1990. However, between 1999 and 2002, the number of local Illinois police agencies participating in a MEG or task force decreased from 211 to 196. While the proportion of the regional population these agencies served remained unchanged at 64 percent between 1999 and 2002, the number of counties covered by a MEG or task force decreased from 69 to 63. As a result, MEGs and task forces covered 32 percent of the total population of Illinois in 2002, compared to 33 percent in 1999 (see Map 1 on page 69). A participating agency is defined as one that contributes either personnel or financial resources to a MEG or task force.

In addition to agencies that participate in a MEG or task force, these 63 Illinois counties are served by 391 police departments that do not participate in a MEG or task force. According to the Illinois State Police, county sheriffs and local police departments, in the regions covered by a MEG or task force, combined, employed 11,810 full-time police officers as of October 31, 2002. In comparison, there were 288 officers assigned to a MEG or task force in 2002 (compared to 321 in 1999), 164 of which were assigned by local participating agencies and 96 were from the Illinois State Police (ISP). The remaining 17 officers assigned to a MEG or task force were assigned by other Illinois county and state agencies, federal agencies, and officers from 11 local police agencies from Iowa and Wisconsin. Thus, the number of Illinois officers assigned to a MEG or task force during 2002 accounted for a relatively small proportion -- less than 2 percent -- of the total number of sworn police officers working in the participating police departments, and the region as a whole.

In addition to administering federal block-grant funds that come to Illinois for crime control initiatives, the Illinois Criminal Justice Information Authority is also responsible for providing policymakers, criminal justice professionals and others with information, tools and technology needed to make effective decisions that improve the quality of criminal justice in Illinois. The Authority provides an objective system-wide forum for identifying critical problems in criminal justice, developing coordinated and cost-effective strategies, and implementing and evaluating solutions to those problems. The specific powers and duties of the Authority are delineated in the Illinois Criminal Justice Information Act (Illinois Compiled Statutes, Ch. 20, Sec. 3930). Two of the Authority's many responsibilities are serving as a clearinghouse of information and research on criminal justice and undertaking research studies to improve the administration of criminal justice.

Since 1989, the Authority's Research and Analysis Unit has received funds under the federal Anti-Drug Abuse Act of 1988 to document the extent and nature of drug and violent crime in Illinois and the criminal justice system's response to these offenses. As a result of these efforts, the Authority has amassed a large amount of data measuring the extent and nature of drug and violent crime in Illinois and the impact these crimes have had on the criminal justice system. In addition, as part of its monitoring and evaluation efforts, the Authority also requires funded programs to submit monthly data reports describing their activities and accomplishments. To put this information into the hands of Metropolitan Enforcement Group (MEG) and drug task force directors and policy board members, the Authority's Research and Analysis Unit has developed profiles for each MEG and task force. This report is intended to provide a general overview of the drug and violent crime problem in the jurisdictions covered by Illinois' MEGs and task forces, and the response to these problems by the units. MEGs and task forces are classified as being either *mostly urban*, *mixed urban/rural* or *mostly rural*, based upon the classification of the county(s) that each unit covers, and, for purposes of this report, are compared to the units in other geographic regions, as illustrated below.

Mostly Urban:

DuPage Metropolitan Enforcement Group (DUMEG)
Joliet Metropolitan Area Narcotics Squad (MANS)
Kankakee Area Metropolitan Enforcement Group (KAMEG)
Lake County Metropolitan Enforcement Group (LCMEG)
Metropolitan Enforcement Group of Southwestern Illinois (MEGSI)
North Central Narcotics Task Force (NCNTF)
Quad-Cities Metropolitan Enforcement Group (QCMEG)
Task Force X (TF X)

Mixed Urban/Rural:

Blackhawk Area Task Force (BATF)
Central Illinois Enforcement Group (CIEG)
Multi-County Narcotics Enforcement Group (MCNEG)
Southern Illinois Drug Task Force (SIDTF)
State Line Area Narcotics Team (SLANT)
Task Force 6 (TF 6)

Mostly Rural:

East Central Illinois Task Force (ECITF)
South Central Illinois Drug Task Force (SCIDTF)
Southeastern Illinois Drug Task Force (SEIDTF)
Southern Illinois Enforcement Group (SIEG)
Vermilion County Metropolitan Enforcement Group (VEMEG)
West Central Illinois Task Force (WCITF)
Zone 3/LaSalle Task Force (Z3/LTF) (formerly Task Force 17)

While the data presented in this report are by no means inclusive of all indicators, they do provide a general overview of drug and violent crime and the response and impact of the criminal justice system. In addition, these data are readily available and consistently defined through existing statewide data collection mechanisms. Some data presented in this profile have been analyzed differently than in previous years; therefore, caution must be taken when comparing numbers presented with previous profiles.

Although a considerable amount of the information presented in this summary profile has been provided to the Authority by the 21 individual MEGs and task forces, a number of state agencies have also provided data to the Authority that are included in this report. Specifically, the Illinois State Police, the Administrative Office of the Illinois Courts, the Illinois Department of Human Services' Office of Alcoholism and Substance Abuse, the Illinois Department of Corrections and the Illinois Department of Children and Family Services all provided data used to develop this profile. The support and cooperation of these agencies and their staffs have helped make this report an informative and timely source of information on the activities of the criminal justice system in Illinois.

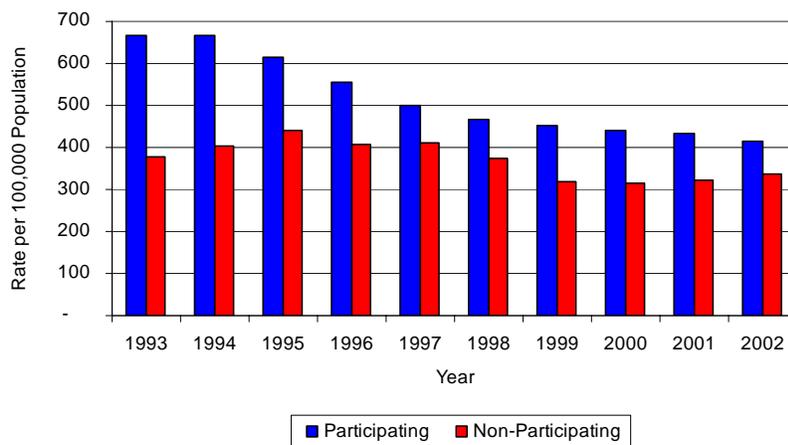
II. Trends in Violent Index Offenses and Arrests

While most of Illinois' Metropolitan Enforcement Groups and task forces are primarily involved in drug enforcement activities, it is clear that the relationship between drugs and violence is particularly evident in a number of Illinois communities. In addition, a number of MEGs and task forces have increased their involvement in the investigation of violent crime, particularly that associated with gang activity and violence related to drug distribution, sale and turf battles. One of the most commonly used indicators of the level of crime in a particular jurisdiction is the number of Index offenses reported to the police. In Illinois, as part of the Illinois Uniform Crime Reporting (I-UCR) program, every law enforcement agency in the state is required to report crime data monthly to the Illinois State Police (ISP), either directly or through another law enforcement agency, usually the county sheriff's office. There are eight separate offenses that constitute the Crime Index, including murder, criminal sexual assault, robbery, aggravated assault (violent Index offenses), burglary, theft, motor vehicle theft, and arson (property Index offenses). Although these eight offenses do not account for all crimes reported to the police, they are considered to be the most serious, frequent, pervasive, and consistently defined by different law enforcement agencies.

In 2002, the total number of violent Index offenses reported to the police in the regions where MEGs and task forces operate totaled 24,011, a 26 percent decrease from the 32,665 offenses reported in 1993. Similar to most other regions across Illinois, aggravated assaults accounted for the majority of violent Index offenses reported to the police between 1993 and 2002. During the period examined, aggravated assaults accounted for 71 percent of reported violent Index offenses, while 18 percent were robberies.

During the period analyzed, the violent Index offense rate for the regions covered by MEGs and task forces decreased 31 percent, from 563 offenses per 100,000 population in 1993 to 387 offenses per 100,000 population in 2002. Similarly, the violent Index offense rate in the participating agencies decreased 38 percent, from 666 to 415 offenses per 100,000 population, while the rate in the non-participating agencies decreased 12 percent, from 379 to 335 offenses per 100,000 population (Figure 1). Thus, the violent Index offense rate was collectively higher across the jurisdictions that participated in MEGs and task forces than it was among the combined jurisdictions that did not participate; however, participating agencies experienced a larger percentage decrease in these crimes.

Figure 1
Violent Index Offense Rates for Participating
and Non-participating Agencies in Regions Covered
by a MEG or Task Force

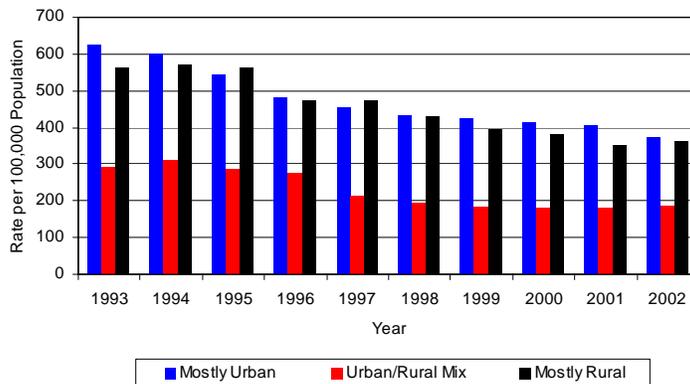


Source: ICJIA calculations using
Illinois State Police and U.S. Census Bureau data

When the MEGs and task forces were examined regionally, the results varied somewhat. Between 1993 and 2002, the violent Index offense rate decreased across all regions among those agencies that participated in a MEG or task force (Figure 1.1). Mostly urban regions experienced the largest decrease between 1993 and 2002, falling 41 percent, from 625 offenses per 100,000 population to 371 offenses per 100,000 population. The violent Index offense rate decreased 37 percent in mixed urban/rural regions, from 291 to 184 offenses per 100,000 population and decreased 35 percent in mostly rural regions, from 560 to 363 offenses per 100,000 population.

Figure 1.1

Violent Index Offense Rates for Participating Agencies in Regions Covered by a MEG or Task Force, by Unit Type

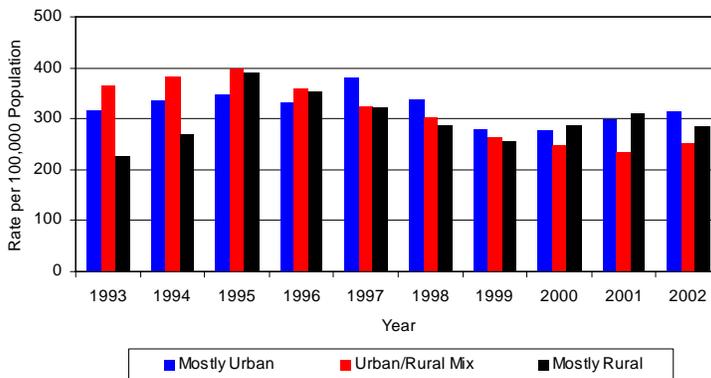


Source: ICJIA calculation using Illinois State Police and US. Census Bureau data

Among non-participating agencies, the violent Index offense rate in mixed urban/rural regions decreased 31 percent, from 365 to 252 offenses per 100,000 population, while the violent Index offense rate in mostly rural regions increased 26 percent, from 226 offenses per 100,000 population in 1993 to 285 offenses per 100,000 population in 2002. Meanwhile, the violent Index offense rate in mostly urban regions remained relatively unchanged, decreasing slightly from 317 to 315 offenses per 100,000 during the period analyzed (Figure 1.2).

Figure 1.2

Violent Index Offense Rates for Non-participating Agencies in Regions Covered by a MEG or Task Force, by Unit Type

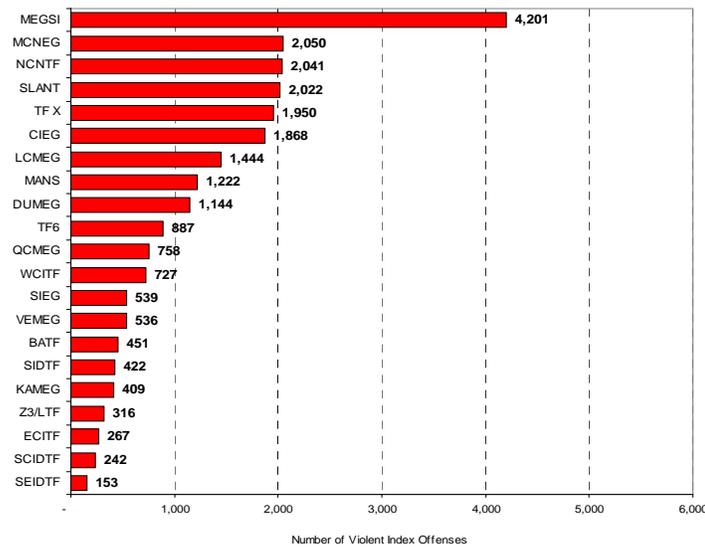


Source: ICJIA calculation using Illinois State Police and U.S. Census Bureau data

Across the 21 individual MEGs and task forces, law enforcement agencies in nine units (Metropolitan Enforcement of Southwestern Illinois (MEGSI), Multi-County Narcotics Enforcement Group (MCNEG), North Central Narcotics Task Force (NCNTF), State Line Area Narcotics Team (SLANT), Task Force X (TF X), Central Illinois Enforcement Group (CIEG), Lake County Metropolitan Enforcement Group (LCMEG), Joliet Metropolitan Area Narcotics Squad (MANS), and DuPage County Metropolitan Enforcement Group (DUMEG)) accounted for more than three-quarters (76 percent) of all violent Index offenses reported to the police in 2002 (Figure 2). When controlling for differences in the populations served by all 21 MEGs and task forces, the violent Index offense *rate* ranged from 154 offenses per 100,000 population in the region covered by DUMEG to 785 offenses per 100,000 population in the region covered by MEGSI.

Figure 2

2002 Violent Index Offenses Reported by Participating and Non-participating Agencies in Regions Covered by a MEG or Task Force

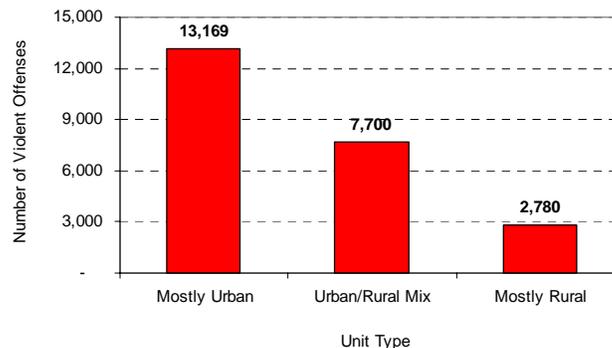


Source: ICJIA calculations using Illinois State Police data

Among those regions covered by a MEG or task force in 2002, mostly urban regions accounted for the largest proportion (56 percent) of violent Index offenses reported to police, followed by mixed urban/rural regions (33 percent) and mostly rural (12 percent) (Figure 2.1).

Figure 2.1

2002 Violent Index Offenses Reported by Agencies in Regions Covered by a MEG or Task Force, by Unit Type



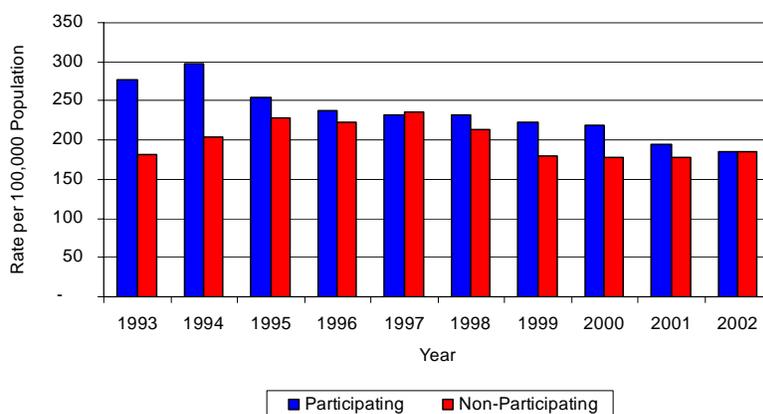
Source: ICJIA calculations using Illinois State Police data

An indicator of the workload that law enforcement agencies place on other components of the justice system is the number of arrests made by police, including those for violent and property Index offenses and drug offenses. Unlike offenses, which are what police must respond to, arrests represent those offenders who may eventually be processed through other components of the justice system, including the courts, county jails, and state and local correctional programs.

Between 1993 and 2002, the number of arrests for violent Index offenses made by law enforcement agencies in the regions covered by a MEG or task force decreased 18 percent, from 14,048 to 11,528. As with reported violent Index offenses, the majority (82 percent) of violent Index arrests were for aggravated assaults, followed by robberies (11 percent).

During the period analyzed, the violent Index arrest rate for the regions covered by MEGs and task forces decreased 23 percent, from 242 arrests per 100,000 population in 1993 to 186 arrests per 100,000 population in 2002. Similarly, the violent Index arrest rate in the participating agencies decreased 33 percent, from 277 to 186 arrests per 100,000 population, while the rate in the non-participating agencies increased 3 percent, from 181 to 185 arrests per 100,000 population (Figure 3).

Figure 3
Violent Index Arrest Rates for Participating and
Non-participating Agencies in Regions
Covered by a MEG or Task Force

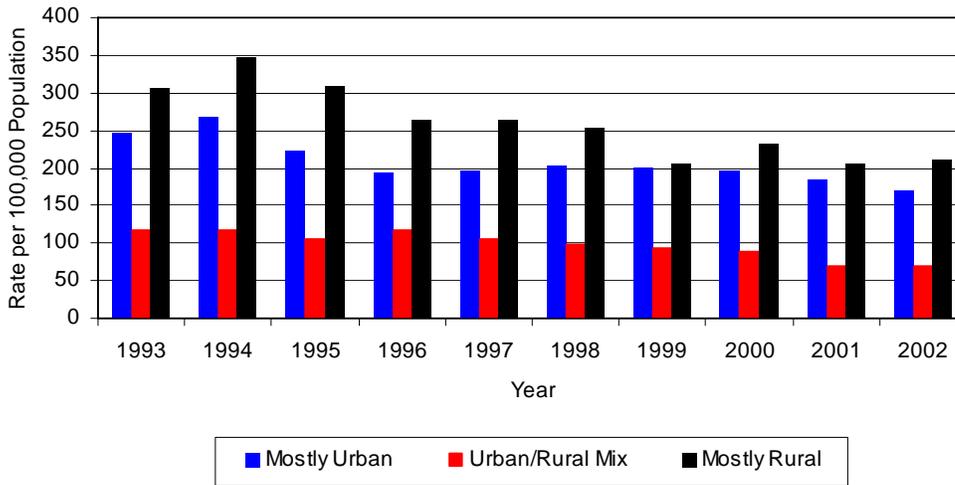


Source: ICJIA calculations using Illinois State Police and U. S. Census Bureau data

Similar to violent Index offenses, when the MEGs and task forces were examined separately, the results varied. Between 1993 and 2002, the violent Index arrest rate decreased across all regions among those agencies that participated in a MEG or task force (Figure 3.1). Mixed urban/rural regions experienced the largest decrease, decreasing 40 percent, from 117 arrests per 100,000 population to 71 arrests per 100,000 population. The violent Index arrest rate decreased 32 percent in mostly urban regions, from 247 to 169 arrests per 100,000 population and decreased 31 percent in mostly rural regions, from 307 to 211 arrests per 100,000 population.

Figure 3.1

**Violent Index Arrest Rates for Participating Agencies
in Regions Covered by a MEG or Task Force,
by Unit Type**

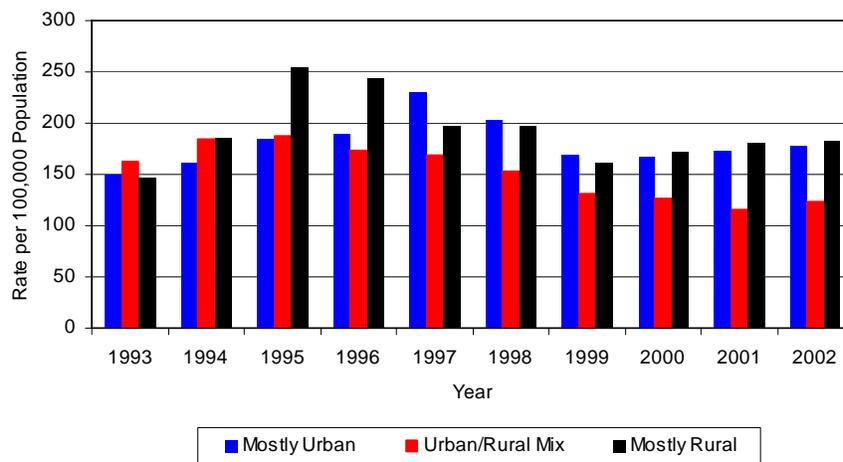


Source: ICJIA calculations using
Illinois State Police and U. S. Census Bureau data

While decreasing among non-participating agencies in mixed urban/rural regions, the violent Index arrest rate in mostly urban and mostly rural regions increased between 1993 and 2002 (Figure 3.2). The violent Index arrest rate in mixed urban/rural regions decreased 24 percent, from 162 arrests per 100,000 population to 124 arrests per 100,000 population. Conversely, the violent Index arrest rate in mostly urban and mostly rural regions increased during the period analyzed, from 150 to 178 arrests per 100,000 population (19 percent) and 147 to 183 arrests per 100,000 population (25 percent), respectively.

Figure 3.2

**Violent Index Arrest Rates for Non-participating
Agencies in Regions Covered by a MEG or Task Force,
by Unit Type**

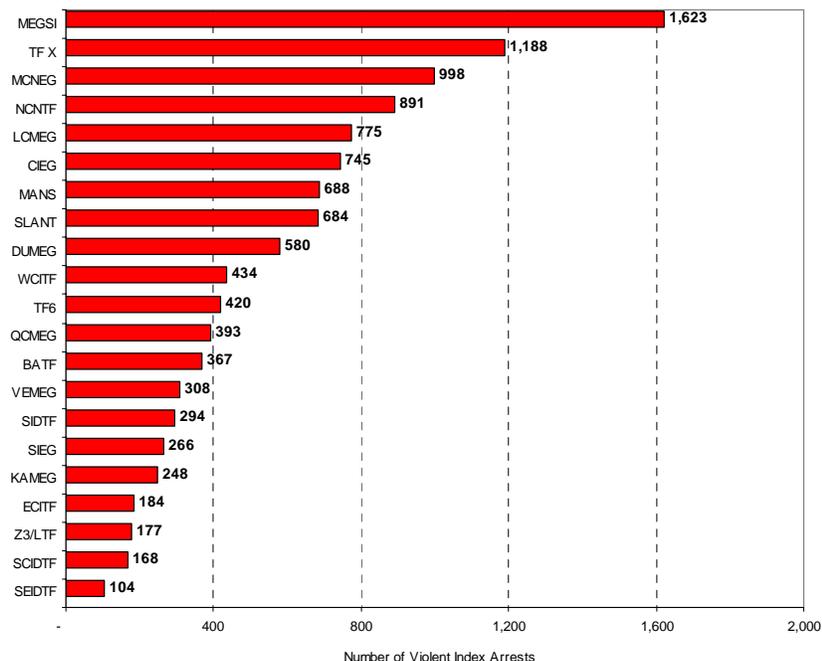


Source: ICJIA calculations using
Illinois State Police and U. S. Census Bureau data

Similar to the number of violent Index offenses, nine units accounted for more than 70 percent of the arrests for violent Index offenses occurring in the regions covered by MEGs and task forces. Of the 11,535 violent Index arrests made in 2002, MEGSI accounted for the majority (14 percent), followed by Task Force X (10 percent), MCNEG (9 percent), and NCNTF (8 percent) (Figure 4).

Figure 4

2002 Violent Index Arrests Reported by Participating and Non-participating Agencies in Regions Covered by a MEG or Task Force

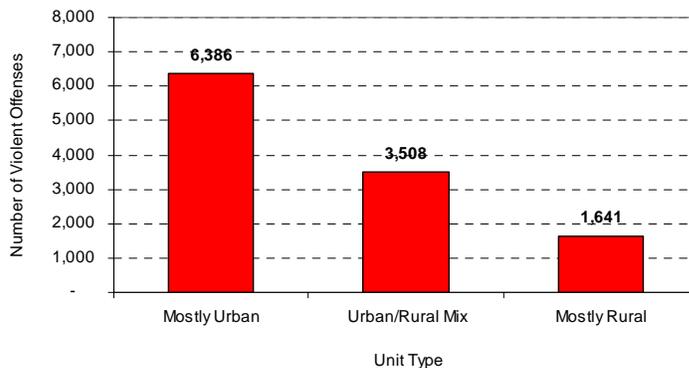


Source: ICJIA calculations using Illinois State Police data

Similar to violent Index offenses, among those regions covered by a MEG or task force in 2002, mostly urban regions accounted for the largest proportion (55 percent) of violent Index arrests reported to police, followed by mixed urban/rural (30 percent) and mostly rural regions (14 percent) (Figure 4.1).

Figure 4.1

2002 Violent Index Arrests Reported by Agencies in Regions Covered by a MEG or Task Force, by Unit Type



Source: ICJIA calculations using Illinois State Police data

III. Trends in Drug Arrests

There are two sources of drug arrest data presented in this section. One source is the Illinois Uniform Crime Reporting (I-UCR) program that includes information submitted by local law enforcement agencies on the number of persons arrested for violations of Illinois' Cannabis Control Act, Controlled Substances Act, Hypodermic Syringes and Needles Act and Drug Paraphernalia Control Act. In addition, data on drug arrests made by Illinois' MEGs and task forces are reported to the Illinois Criminal Justice Information Authority. In some jurisdictions, arrests made by the MEG or task force may be reported by both local law enforcement agencies through the I-UCR and to the Authority by the unit. In other jurisdictions, arrests made by the MEG or task force are only reported to the Authority by the unit. Therefore, in some instances drug arrests may be double counted – included in both local agency statistics reported to I-UCR and those of the MEG or task force. Currently there is no mechanism in place to ensure that drug arrest statistics are not being duplicated at both the local agency and MEG/task force level. This should be kept in mind when interpreting the information presented in the following section.

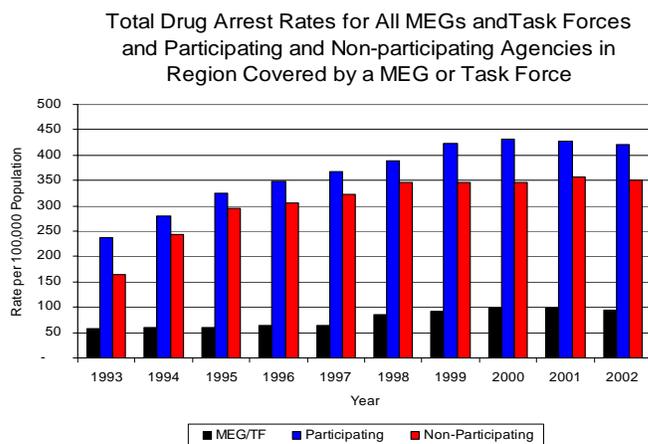
The majority of drug offenses in Illinois are violations of either the *Cannabis Control Act* – which prohibits the possession, sale and cultivation of marijuana – or the *Controlled Substances Act* – which prohibits the possession, sale, distribution or manufacture of all other illegal drugs, such as cocaine and opiates. Illinois also has various other laws prohibiting other drug-related activity. These include the *Hypodermic Syringes and Needles Act* – which prohibits the possession or sale of hypodermic instruments – and the *Drug Paraphernalia Control Act* – which prohibits the possession, sale or delivery of drug paraphernalia. In general, violations of Illinois Controlled Substances Act are considered to be more serious, since they primarily involve cocaine, heroin, methamphetamine, and hallucinogens, and are almost all classified under Illinois law as felonies – offenses for which a sentence to prison for one year or more is provided. The majority of cannabis and drug paraphernalia offenses encountered by police, on the other hand, tend to be misdemeanor-level offenses – those offenses for which a sentence to a term of incarceration in other than a prison for less than one year may be imposed.

In 2002, the regions covered by MEGs and task forces reported 34,559 arrests for drug law violations, more than double the number in 1993 (12,965 arrests). Between 1993 and 2002, arrests for violations of Illinois' Cannabis Control Act consistently out-numbered arrests for violations of the Controlled Substances Act. During the same period, the number of arrests for violations of the Cannabis Control Act more than doubled, from 7,345 to 16,085. Arrests for violations of the Controlled Substances Act increased 72 percent, from 4,929 to 8,497. In addition, arrests for violations of the Drug Paraphernalia Control Act, enacted in 1993, increased dramatically from 458 in 1993 to 9,218 in 2002, while reaching a period high of 10,738 in 2001. Much of this increase can be attributed to a 1994 addition to the Drug Paraphernalia Control Act, which included the possession of drug paraphernalia as a violation. Because arrests for violations of the Drug Paraphernalia Control Act are frequently made in conjunction with other drug offense arrests, these arrests may be double-counted, thus skewing the actual number of drug arrests. Therefore, only arrests for violations of the Cannabis Control Act and Controlled Substances Act will be used for drug arrest comparisons among the MEGs and task forces.

During the period analyzed, the drug arrest rate for the Cannabis Control and Controlled Substances Acts combined, in the regions covered by MEGs and task forces increased 87 percent, from 212 arrests per 100,000 population in 1993 to 396 arrests per 100,000 population in 2002. Similarly, the drug arrest rate in the participating and non-participating agencies also increased, from 237 to 420 arrests per 100,000 population and 165 to 351 arrests per 100,000 population, respectively. The drug arrest rate for all MEGs and task forces, on the other hand, increased 64 percent, from 57 to 93 arrests per 100,000 population (Figure 5). Thus, an agency's participation in a MEG or task force was also associated with greater overall drug arrest activity (in addition to the MEG and task force arrests). In those regions covered by

MEGs and task forces, the drug arrest rate was collectively higher in the participating than in the non-participating jurisdictions.

Figure 5

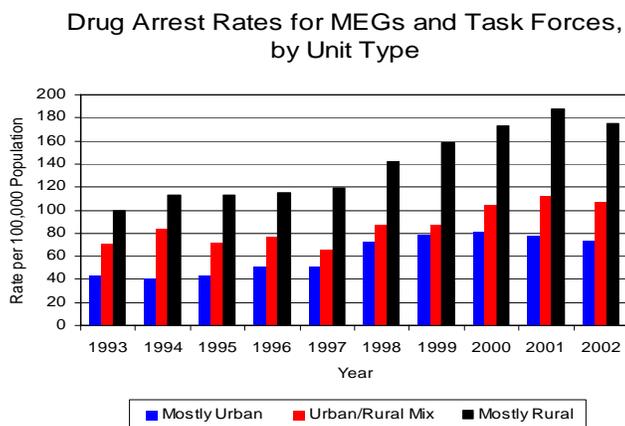


Source: ICJIA calculations using Illinois State Police and U. S. Census Bureau data

The MEGs and task forces provided significant results in terms of drug enforcement, as reflected in their arrest productivity. Although MEGs and task forces accounted for 14 percent of the total number of drug arrests of all individual law enforcement agencies in the coverage region during the period analyzed, these were accomplished by a much smaller work force. The 288 MEG and task force officers represent less than 2 percent of all sworn law enforcement officers in the regions covered by a MEG or task force. Therefore, while non-MEG and task force personnel made an average of two drug arrests per officer in 2002, those in the MEGs and task forces made nearly 13 drug arrests per officer.

Between 1993 and 2002, the drug arrest rate increased for all MEGs and task forces combined, as well as participating and non-participating agencies in those regions covered by a MEG or task force. When geographic regions covered by MEGs and task forces were examined separately, it was noted that the mostly rural regions experienced the largest increase, increasing 77 percent, from 99 arrests per 100,000 population to 175 arrests per 100,000 population. This may be the result of mostly rural MEGs and task forces playing a larger role in drug enforcement activities in the regions they cover than do other MEGs and task forces. The drug arrest rate increased 69 percent in mostly urban regions, from 43 to 73 arrests per 100,000 population and increased 52 percent in mixed urban/rural regions, from 70 to 106 arrests per 100,000 population (Figure 5.1).

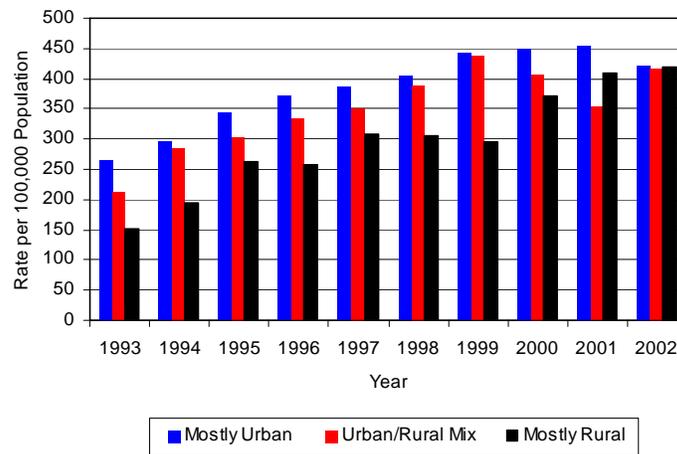
Figure 5.1



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

While the drug arrest rate for agencies participating in a MEG or task force also increased between 1993 and 2002, the drug arrest rate trends varied across geographic regions. Similar to the drug arrest rate for MEGs and task forces, agencies that participated in a MEG or task force in mostly rural regions experienced the largest increase, nearly tripling from 151 arrests per 100,000 population in 1993 to 418 arrests per 100,000 population in 2002. The drug arrest rate nearly doubled in the mixed urban/rural regions, from 212 to 418 arrests per 100,000 population and increased 59 percent in mostly urban regions, from 265 to 421 arrests per 100,000 population. While mostly urban regions experienced the highest drug arrest rate throughout most of the period analyzed, by 2002, the drug arrest rate was nearly equal across all regions (Figure 5.2).

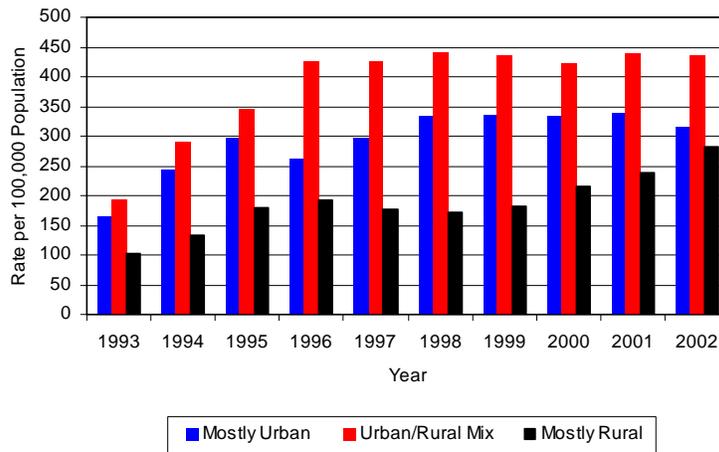
Figure 5.2
Drug Arrest Rates for Participating Agencies in
Regions Covered by a MEG or Task Force,
by Unit Type



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

Similar to participating agencies, the drug arrest rate for non-participating agencies also increased between 1993 and 2002. Agencies that did not participated in a MEG or task force in mostly rural regions covered by a MEG or task force experienced the largest increase, nearly tripling from 104 arrests per 100,000 population in 1993 to 282 arrests per 100,000 population in 2002. Similarly, the drug arrest rate more than doubled in the mixed urban/rural regions during the period analyzed, from 191 to 436 arrests per 100,00 population, while the drug arrest rate in the mostly urban regions nearly doubled from 165 to 316 arrests per 100,000 population, respectively (Figure 5.3).

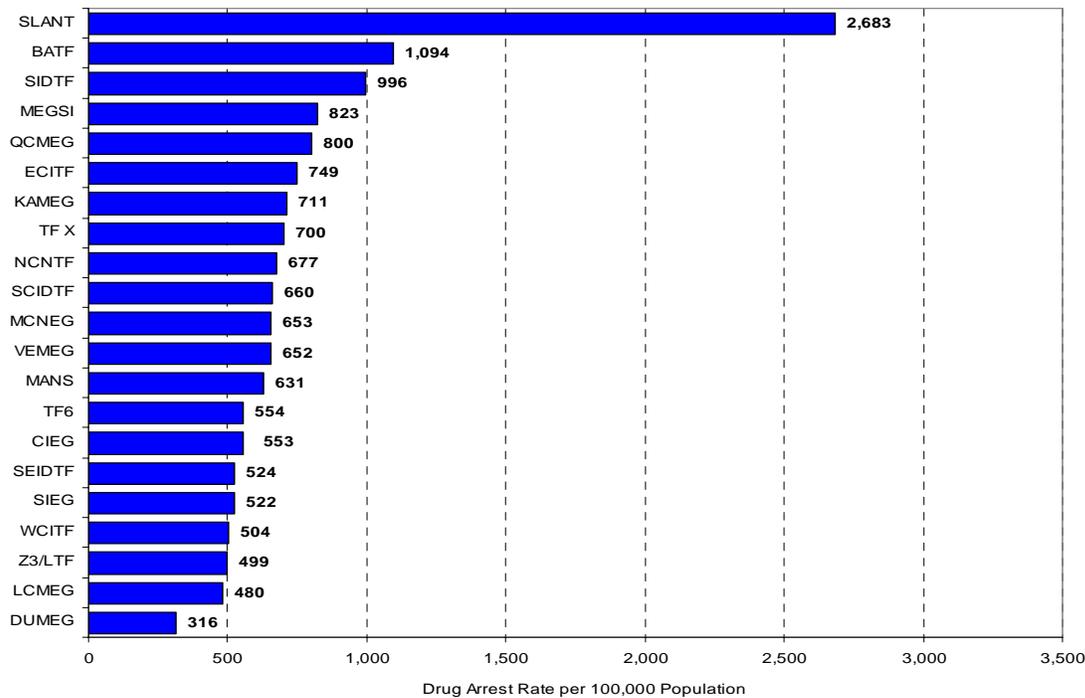
Figure 5.3
Drug Arrest Rates for Non-participating Agencies
in Regions Covered by a MEG or Task Force,
by Unit Type



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

Across the MEGs and task forces, the rate for cannabis and controlled substance arrests ranged from 316 to 2,683. Of the 24,577 drug arrests made during 2002, seven units accounted for more than one-half (55 percent) of those drug arrests. NCNTF accounted for the largest proportion (11 percent) of the total cannabis and controlled substance arrests, followed by and LCMEG and DUMEG (10 percent each), MANS and MEGSI (9 percent each), and MCNEG and SLANT (7 percent each) (Figure 6).

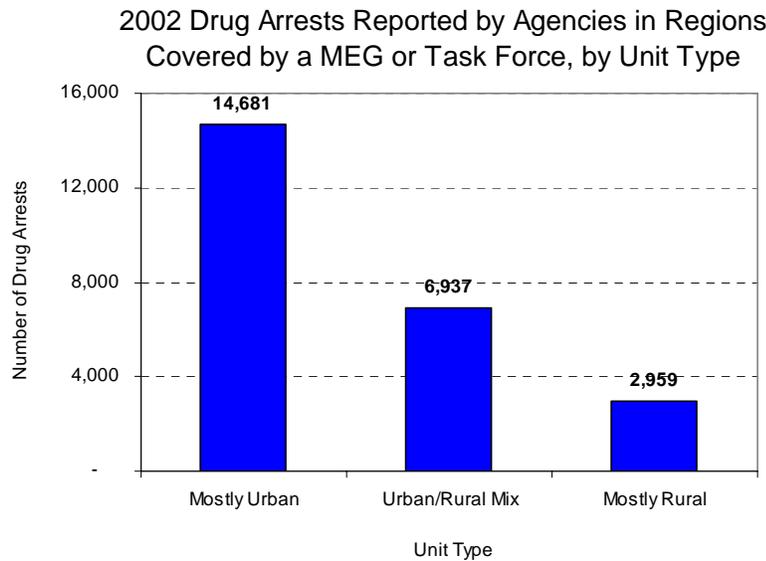
Figure 6
2002 MEG and Task Force Drug Arrest Rates



Source: ICJIA calculations using Illinois State Police data

Among those regions covered by a MEG or task force in 2002, mostly urban regions accounted for the largest proportion (60 percent) of drug arrests reported to police, followed by mixed urban/rural regions (28 percent), and mostly rural regions (12 percent) (Figure 6.1).

Figure 6.1

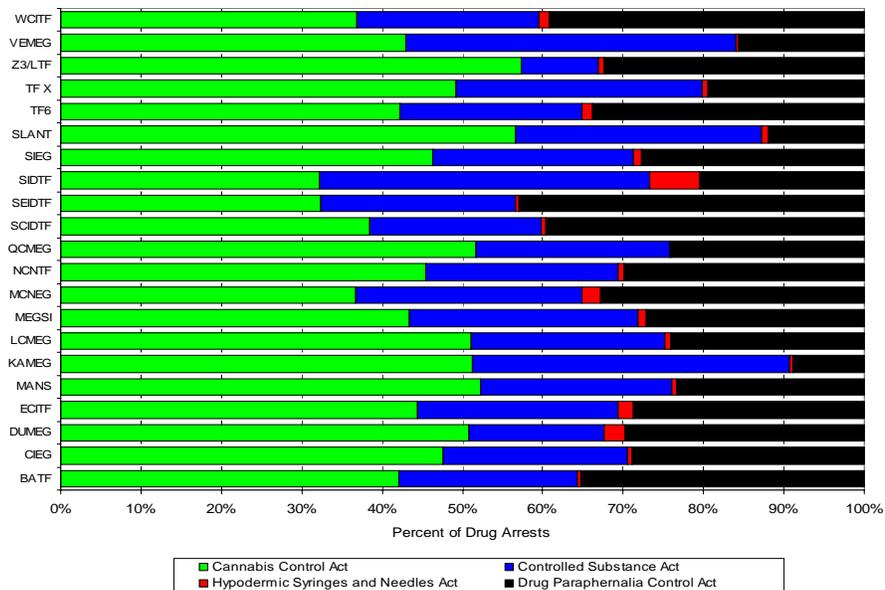


Source: ICJIA calculations using Illinois State Police data

In addition to the dramatic difference in the number of drug arrests made, there are also differences in the types of arrests for drug law violations across the agencies in the region. In 2002, violations of the Cannabis Control Act accounted for the largest proportion of arrests across most individual agencies in the regions covered by MEGs and task forces (Figure 7).

Figure 7

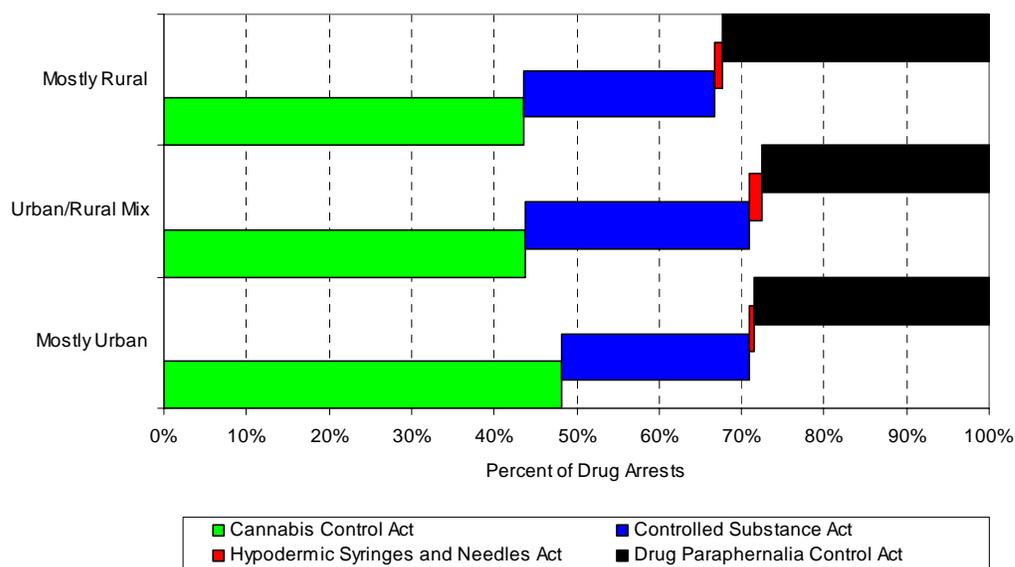
Total 2002 Drug Arrests Reported by Participating and Non-participating Agencies in Regions Covered by a MEG or Task Force, by Drug Type



Source: ICJIA calculations using Illinois State Police data

Across the regions covered by a MEG or task force in 2002, arrests for violation of the Cannabis Control Act accounted for the largest proportion of drug arrests. Cannabis arrests accounted for 49 percent of all drug arrests in the mostly urban regions, while arrests for violation of the Cannabis Control Act accounted for 44 percent of all drug arrests in both the mixed urban/rural and mostly rural regions. Violations of the Drug Paraphernalia Control Act accounted for the second largest proportion of drug arrests across all regions – mostly rural (32 percent), mostly urban (29 percent) and mixed urban/rural (28 percent) (Figure 7.1).

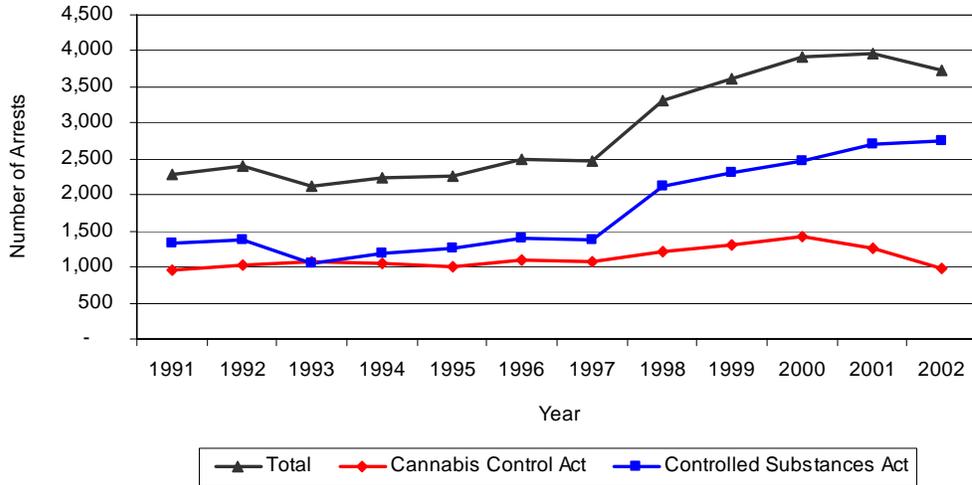
Figure 7.1
Total 2002 Drug Arrests Reported by Participating and Non-participating Agencies in Regions Covered by a MEG or Task Force, by Drug Type and Unit Type



Source: ICJIA calculations using Illinois State Police data

Between 1991 and 2002, the number of combined cannabis and controlled substances arrests made by MEGs and task forces increased 63 percent, from 2,289 to 3,733. Unlike drug arrests made by most local police departments in the region, violations of the Controlled Substances Act accounted for the majority of drug arrests made by the MEGs and task forces throughout most of the period analyzed. During the period analyzed, the number of MEG and task force arrests for violations of the Cannabis Control Act increased slightly, from 959 to 977, while arrests for violations of the Controlled Substances Act more than doubled, from 1,330 to 2,756 (Figure 8). However, between 1993 and 2002, the proportion of total drug arrests accounted for by Controlled Substances Act offenses increased across all MEGs and task forces, combined. In addition, with the exceptions of LCMEG and QCMEG, the proportion of total drug arrests accounted for by Controlled Substances Act offenses increased across all MEGs and task forces, individually. Thus, arrests by MEGs and task forces were more likely than arrests by either participating or non-participating agencies to involve violations of Illinois' Controlled Substances Act, as opposed to the Cannabis Control Act. One interpretation of this pattern is that MEGs and task forces are more focused in who they are targeting and arresting than local departments, and are also getting a more serious drug law violator, since violations of the Controlled Substances Act are more likely to involve felony-level offenses.

Figure 8
Drug Arrests by all MEGs and /Task Forces

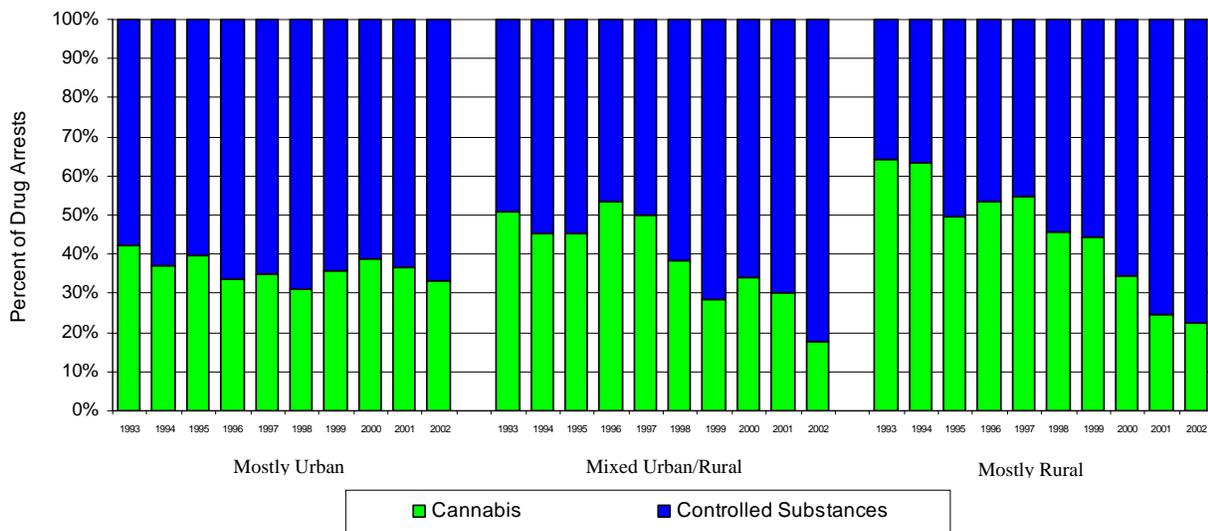


Source: ICJIA calculations using MEG and task force data

Between 1993 and 2002, the proportion of drug arrests accounted for by violations of the Controlled Substances Act decreased for participating and non-participating agencies, but increased for all MEGs and task forces, combined. In 2002, 74 percent of the drug arrests made by MEGs and task forces were for violations of the Controlled Substances Act, compared to 50 percent in 1993.

When the MEGs and task forces were examined separately, the results varied somewhat. The proportion of drug arrests accounted for by violations of the Controlled Substances Act increased across all regions covered by MEGs and task forces. Regions covered by mostly rural MEGs and task forces experienced the largest increase, increasing from 36 percent in 1993 to 77 percent in 2002. During the same period, the proportion of drug arrests accounted for by violations of the Controlled Substances Act in regions covered by mostly urban and mixed urban/rural MEGs and task forces increased from 59 percent to 67 and from 47 percent to 86 percent, respectively, between 1993 and 2002 (Figure 8.1).

Figure 8.1
Percent of MEG and Task Force Drug Arrests, by Drug and Unit Type

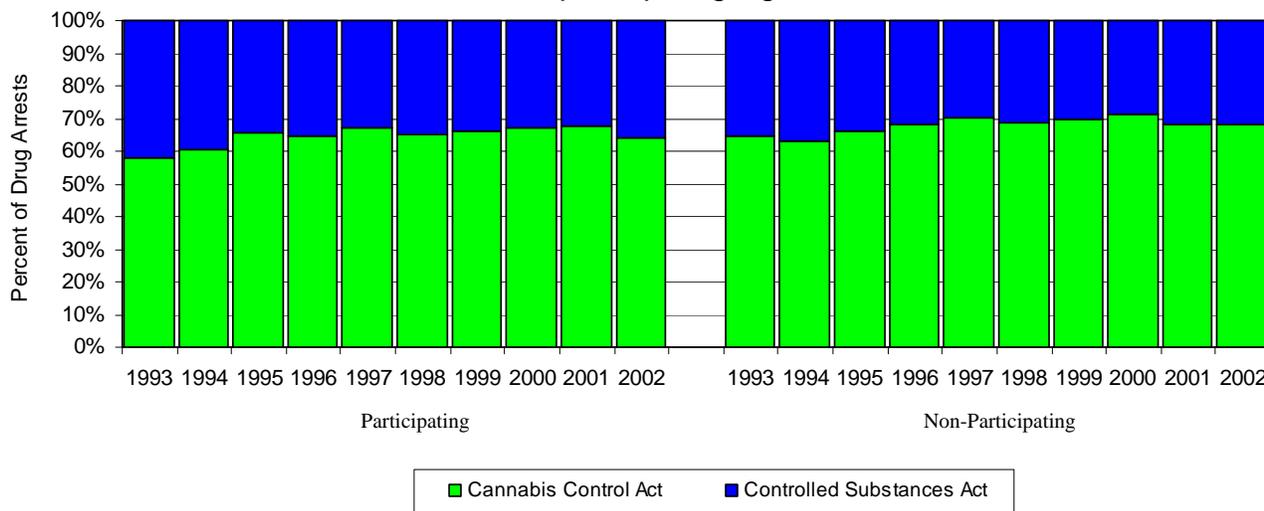


Source: ICJIA calculations using MEG and task force data

Between 1993 and 2002, arrests for violations of the Controlled Substances Act accounted for a decreased proportion of drug arrests for both participating and non-participating agencies. In 2002, arrests for violations of the Controlled Substances Act accounted for 36 percent of the drug arrests made by the participating agencies and 32 percent by the non-participating agencies, compared to 42 percent and 35 percent, respectively, in 1993 (Figure 8.2).

Figure 8.2

Percent of Drug Arrests for Participating and Non-participating Agencies

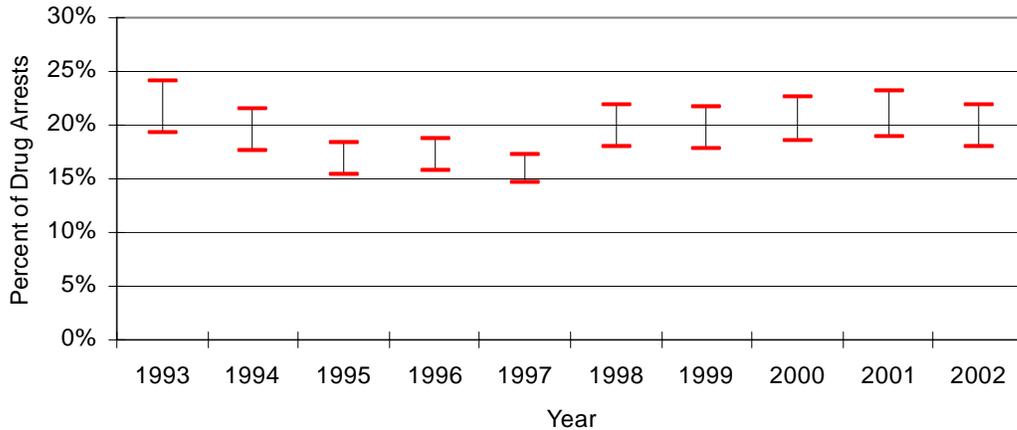


Source: ICJIA calculations using Illinois State Police data

The data presented below represent the percent of total drug arrests made by agencies participating in MEGs and task forces accounted for by MEGs and task forces. An upper and lower bound is shown in Figure 9 which accounts for whether or not the units numbers are counted as part of the UCR submissions made by local departments (which is unknown at this point). The upper bound indicates the percentage of arrests if *all* of the MEG and task force arrests are included in the local UCR submissions. The lower bound indicates the percentage if *none* of the MEG and task force arrests are included in the local UCR submissions. It is estimated that the proportion of all drug arrests across participating agencies accounted for by MEGs and task forces was between 19 to 24 percent in 1993, but decreased slightly to between 18 to 22 percent in 2002. Thus, despite the fact that the officers assigned to MEGs and task forces accounted for a small proportion of total officers in the region, they accounted for a relatively large proportion of arrests for violations of the Cannabis Control Act and Controlled Substances Act, combined, in the region.

Figure 9

Percent of Total Drug Arrests Accounted for by MEGs and Task Forces

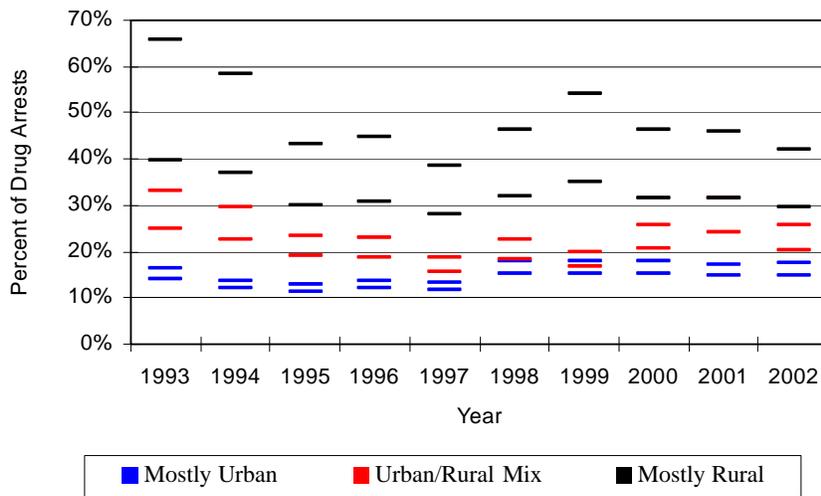


Source: ICJIA calculations using Illinois State Police and MEG and task force data

However, when geographic regions were examined separately, significant differences were noted. It is estimated that the proportion of all drug arrests across participating agencies accounted for by MEGs and task forces in mostly urban regions was between 14 to 16 percent in 1993, but increased slightly to between 15 to 17 percent in 2002. Conversely, the proportion of all drug arrests across participating agencies accounted for by MEGs and task forces in mostly rural regions was between 40 to 66 percent in 1993, but decreased to between 30 to 42 percent in 2002, while the proportion of all drug arrests across participating agencies accounted for by MEGs and task forces in mixed urban/rural regions was between 25 to 33 percent in 1993, but decreased to between 20 to 25 percent in 2002 (Figure 9.1).

Figure 9.1

Percent of Total Drug Arrests Accounted for by MEGs and Task Forces, by Unit Type



Source: ICJIA calculations using Illinois State Police and MEG and task force data

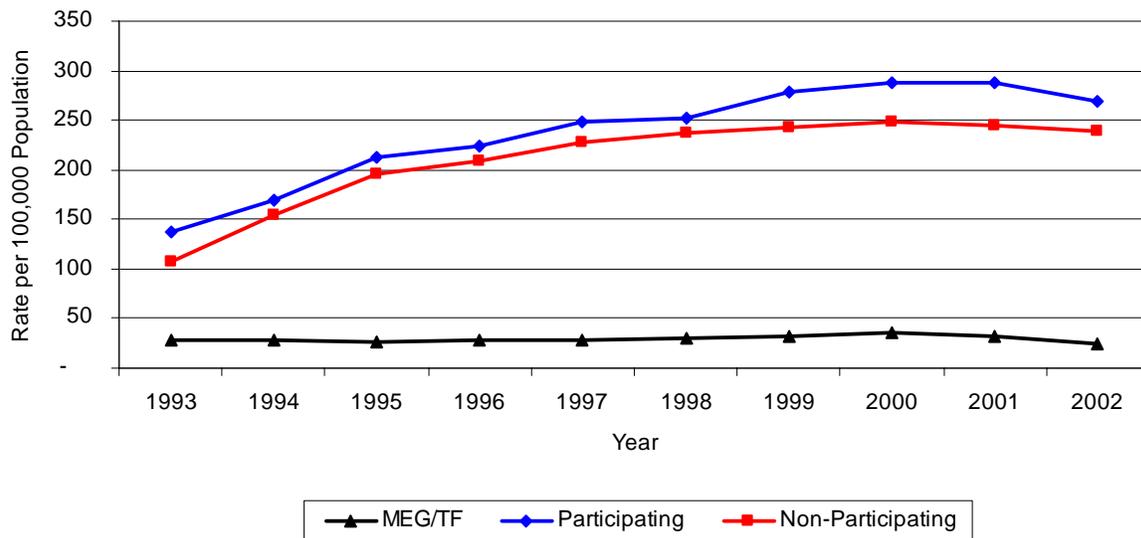
Thus, despite the fact that the officers assigned to MEGs and task forces accounted for a small proportion of total officers in the region and accounted for a relatively large proportion of the drug arrests in their respective regions, it is clear that mostly rural MEGs and task forces accounted for twice the proportion of reported drugs arrests than mostly urban MEGs and task forces and a greater proportion of reported drug arrests accounted for by mixed urban/rural MEGs and task forces.

The number of arrests for violations of Illinois' Cannabis Control Act in the regions covered by MEGs and task forces totaled 16,085 in 2002, more than double the 7,345 arrests made for cannabis violations in 1993. Between 1993 and 2002, the proportion of all drug arrests accounted for by violations of the Cannabis Control Act increased from 60 percent to 65 percent. Agencies participating in MEGs and task forces accounted for the largest portion (67 percent) of the total number of arrests for cannabis violations. MEGs and task forces reported a total of 977 arrests for cannabis violations in 2002, 26 percent of the units' drug arrests.

During the period analyzed, the cannabis arrest rate for the regions covered by MEGs and task forces more than doubled, from 127 arrests per 100,000 population in 1993 to 259 arrests per 100,000 population in 2002. The cannabis arrest rate in the non-participating agencies more than doubled from 107 to 240 arrests per 100,000 population, while the cannabis arrest rate in the participating agencies nearly doubled, from 138 to 269 arrests per 100,000 population. The cannabis arrest rate for MEGs and task forces decreased 15 percent, between 1993 and 2002, from 29 to 24 arrests per 100,000 population (Figure 10). Thus, the arrest rate for violations of the Cannabis Control Act was collectively higher in the jurisdictions of the participating agencies than in the combined area served by non-participating agencies.

Figure 10

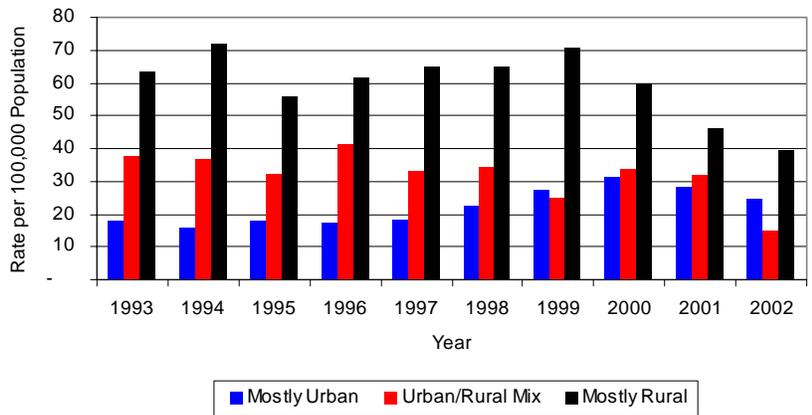
Cannabis Arrests Rates in Regions Covered by a MEG or Task Force as Reported by Participating Agencies, Non-participating Agencies, and All MEGs and Task Forces



Source: ICJIA calculations using Illinois State Police and MEG and task force data

When geographic regions were examined separately, similar trends were noted for both participating and non-participating agencies, while MEGs and task forces varied somewhat. The cannabis arrest rate for MEGs and task forces increased 31 percent, from 18 to 24 arrests per 100,000 population in the mostly urban regions between 1993 and 2002. However, the cannabis arrest rate decreased 38 percent, from 64 to 39 arrests per 100,000 population in the regions covered by mostly rural MEGs and task forces, and decreased 60 percent in the regions covered by mixed urban/rural MEGs and task forces, from 37 to 15 arrests per 100,000 population (Figure 10.1).

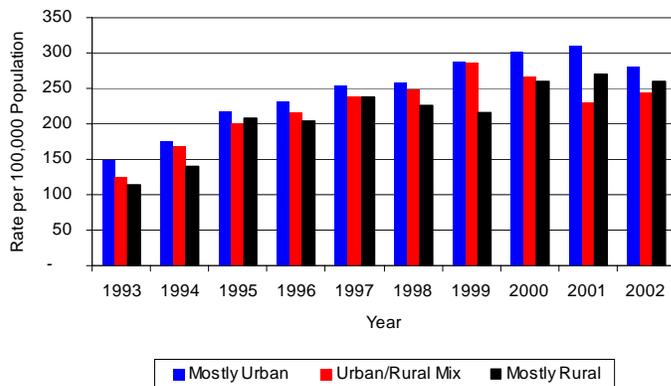
Figure 10.1
Cannabis Arrest Rates in the Regions Covered by a MEG or Task Force as Reported by All MEGs and Task Forces, by Unit Type



Source: ICJIA calculations using Illinois State Police and MEG and task force data

Similar to combined cannabis arrest rate trends for participating agencies, the cannabis arrest rate for participating agencies nearly doubled in the regions covered by mostly urban and mixed urban/rural MEGs and task forces, from 147 to 279 arrests per 100,000 population and 124 to 244 arrests per 100,000 population, respectively. The cannabis arrest rates more than doubled, from 114 to 260 arrests per 100,000 population in the mostly rural regions (Figure 10.2).

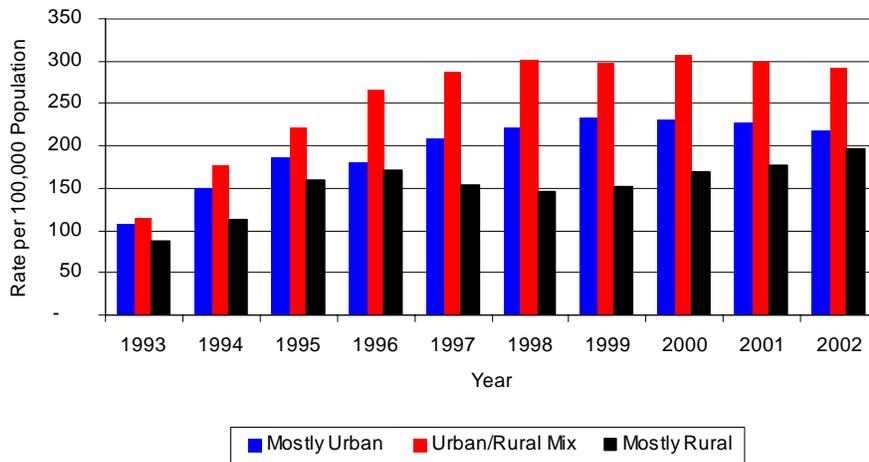
Figure 10.2
Cannabis Arrests Rates in Regions Covered by a MEG or Task Force as Reported by Participating Agencies, by Unit Type



Source: ICJIA calculations using Illinois State Police and MEG and task force data

The cannabis arrest rate for non-participating agencies more than doubled across all geographic regions, increasing from 107 to 218 arrests per 100,000 population in the regions covered by mostly urban MEGs and task forces, from 88 to 196 arrests per 100,000 population in the mostly rural regions, and from 115 to 293 arrests per 100,000 population in the mixed urban/rural regions (Figure 10.3).

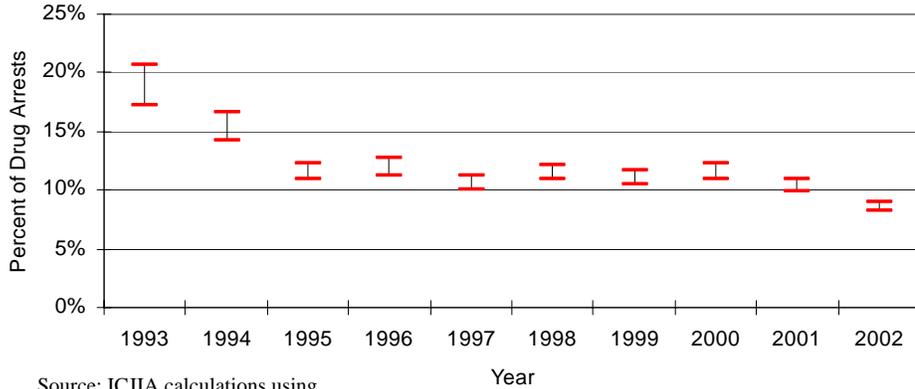
Figure 10.3
Cannabis Arrests Rates in Regions Covered
by a MEG or Task Force as Reported by
Non-participating Agencies, by Unit Type



Source: ICJIA calculations using
Illinois State Police and MEG and task force data

The data presented in Figure 11 represent the percent of cannabis arrests made by agencies participating in MEGs and task forces accounted for by MEGs and task forces. An upper and lower bound is shown which accounts for whether or not the units' numbers are counted as part of the UCR submissions made by local departments (which is unknown at this point). The upper bound indicates the percentage of arrests if *all* of the MEG and task force arrests are included in the local UCR submissions. The lower bound indicates the percentage if *none* of the MEG and task force arrests are included in the local UCR submissions. It is estimated that the proportion of cannabis arrests across participating agencies accounted for by MEGs and task forces was between 17 to 21 percent in 1993, but decreased to between 8 to 9 percent in 2002.

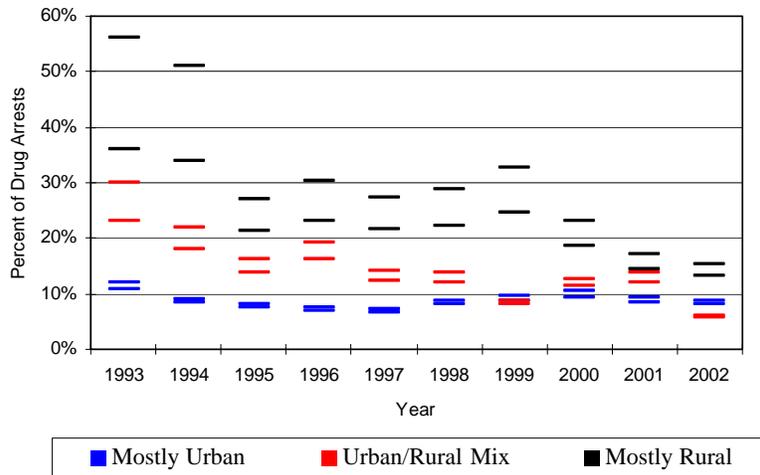
Figure 11
Percent of Cannabis Arrests
Accounted for by All MEGs and Task Forces



Source: ICJIA calculations using Illinois State Police and MEG and task force data

However, when geographic regions were examined separately, the results varied significantly. While it is estimated that the proportion of cannabis arrests across participating agencies accounted for by MEGs and task forces in mostly urban regions was between 11 to 12 percent in 1993, that proportion decreased to between 8 to 9 percent in 2002. It is estimated that the proportion of cannabis arrests across participating agencies accounted for by MEGs and task forces in mixed urban/rural regions was between 23 to 30 percent in 1993, but decreased to 6 percent in 2002. The proportion of cannabis arrests across participating agencies accounted for by MEGs and task forces in mostly rural regions decreased from between 36 to 56 percent in 1993 to between 13 to 15 percent in 2002 (Figure 11.1).

Figure 11.1
Percent of Total Drug Arrests Accounted for by
MEGs and Task Forces, by Unit Type



Source: ICJIA calculations using Illinois State Police and MEG and task force data

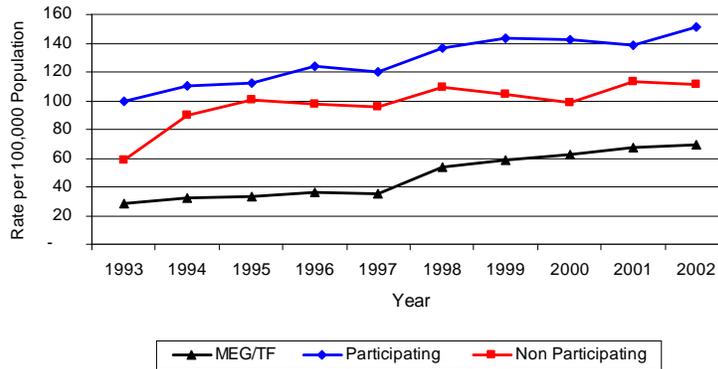
Across the regions covered by MEGs and task forces, the number of arrests for violations of Illinois' Controlled Substances Act increased 72 percent between 1993 and 2002, from 4,929 to 8,497. Between 1993 and 2002, the proportion of all drug arrests accounted for by violations of the Controlled Substances Act in the regions covered by MEGs and task forces decreased from 40 percent to 35 percent. In 2002, all MEGs and task forces reported 2,756 arrests for controlled substance violations, 74 percent of all drug arrests reported to the Authority by the units.

As mentioned in the *Special Focus* section, methamphetamine has accounted for a substantial increase in the proportion of MEG and task force drug arrests since 1997. While total cocaine arrests *on average* have accounted for a decreased proportion of total MEG and task force drug arrests between 1989 and 1996 and 1997 to 2002, when powder cocaine and crack cocaine arrests were examined separately, significant differences were noted. Across all MEGs and task forces between 1989 and 1996, total cocaine arrests accounted for 51 percent of MEG and task force drug arrests, compared to 46 percent from 1997 to 2002. As a result, the proportion of powder cocaine arrests decreased from 44 percent to 24 percent during the same periods. However, the proportion of crack cocaine arrests more than tripled during the periods, from 7 percent to 22 percent. Similar trends were noted across each MEG and task force type. For example, the proportion of powder cocaine arrests decreased from 51 percent to 29 percent in mostly urban MEGs and task forces, while crack cocaine arrests more than tripled from 8 percent to 26 percent. Likewise, the proportion of powder cocaine arrests decreased from 43 percent to 22 percent in mixed urban/rural MEGs and task forces, while crack cocaine arrests more than tripled from 6 percent to 21 percent. Finally, in mostly rural MEGs and task forces, the proportion of powder cocaine arrests decreased from 30 percent to 15 percent, while crack cocaine arrests doubled from 6 percent to 12 percent.

Between 1993 and 2002, the arrest rate for controlled substances act violations for the region covered by all MEGs and task forces increased 61 percent, from 85 to 137 arrests per 100,000 population (Figure 12). The controlled substances arrest rate in the participating agencies increased 51 percent, from 100 to 151 arrests per 100,000 population, while the arrest rate in the non-participating agencies increased 90 percent, from 59 to 112 arrests per 100,000 population. During the period analyzed, the controlled substances arrest rate for MEGs and task forces more than doubled, from 28 to 69 arrests per 100,000 population. Thus, the arrest rate for violations of the Controlled Substances Act was collectively higher in the participating agencies than in the non-participating agencies. Also, the arrest rate for violations of the Controlled Substances Act achieved by all MEGs and task forces was 78 percent lower than the rate experienced by the participating agencies and 73 percent lower than the rate experienced by the non-participating agencies, meaning that with 288 officers, the MEGs and task forces made nearly one-quarter as many arrests for violations of the Controlled Substances Act as did all of the participating and non-participating agencies, combined.

Figure 12

Controlled Substances Arrest Rates in the Regions Covered by a MEG or Task Force as Reported by Participating Agencies, Non-participating Agencies, and All MEGs and Task Forces

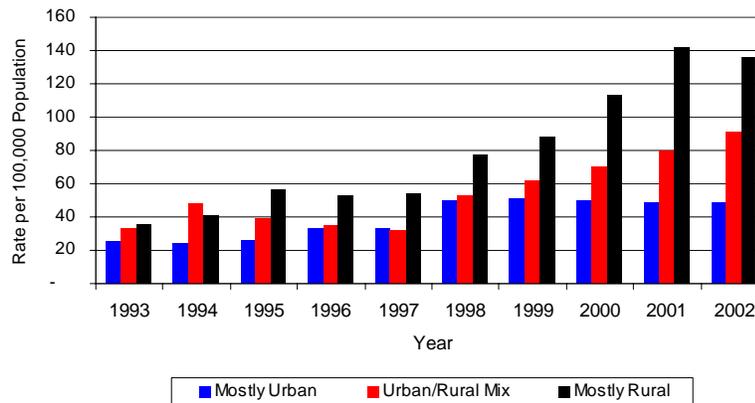


Source: ICJIA calculations using Illinois State Police and MEG and task force data

When geographic regions were examined separately, similar trends were noted for both participating and non-participating agencies as well as all MEGs and task forces. The controlled substances arrest rate for regions covered by mostly urban MEGs and task forces increased 91 percent, from 25 arrests per 100,000 population in 1993 to 49 arrests per 100,000 population in 2002, while the arrest rate for controlled substances act violations for regions covered by mixed urban/rural MEGs and task forces nearly tripled, from 33 to 91 arrests per 100,000 population. As a result of increased arrests for methamphetamine, the arrest rate for mostly rural regions nearly quadrupled between 1993 and 2002, from 35 to 136 arrests per 100,000 population (Figure 12.1).

Figure 12.1

Controlled Substances Arrest Rates in the Regions Covered by a MEG or Task Force as Reported by All MEGs and Task Forces, by Unit Type

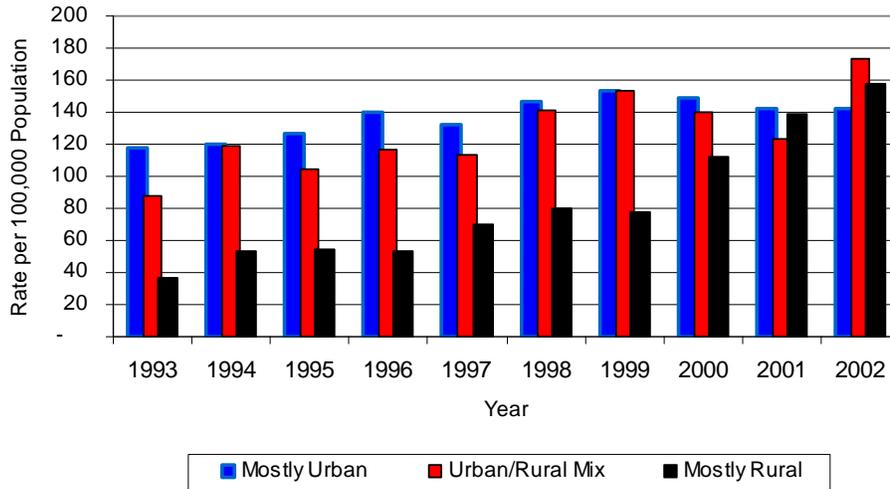


Source: ICJIA calculations using Illinois State Police and MEG and task force data

The controlled substances arrest rate for participating agencies increased 21 percent in the regions covered by mostly urban MEGs and task forces, from 118 to 142 arrests per 100,000 population, while the controlled substances arrest rates nearly doubled in the mixed urban/rural regions, from 87 to 174 arrests per 100,000 population, and more than quadrupled, from 37 to 158 arrests per 100,000 population in the mostly rural regions (Figure 12.2).

Figure 12.2

Controlled Substances Arrest Rates in the Regions Covered by a MEG or Task Force as Reported by Participating Agencies, by Unit Type

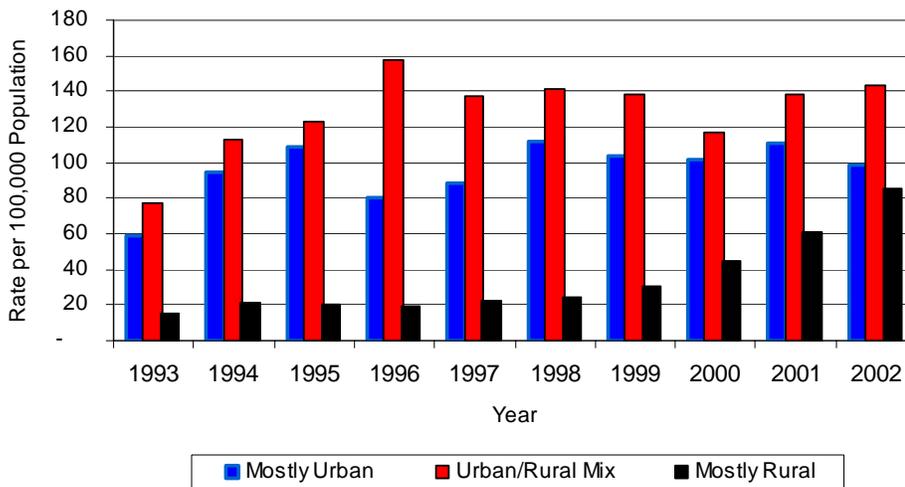


Source: ICJIA calculations using Illinois State Police and MEG and task force data

Between 1993 and 2002, the controlled substances arrest rate for non-participating agencies also increased across all geographic regions, increasing 67 percent, from 59 to 98 arrests per 100,000 population in the regions covered by mostly urban MEGs and task forces and increasing 86 percent, from 77 to 144 arrests per 100,000 population in the mixed urban/rural regions. The controlled substances arrest rate for non-participating agencies in regions covered by mostly rural MEGs and task forces increased more than four-fold, from 16 arrests per 100,000 population in 1993 to 85 arrests per 100,000 population in 2002 (Figure 12.3).

Figure 12.3

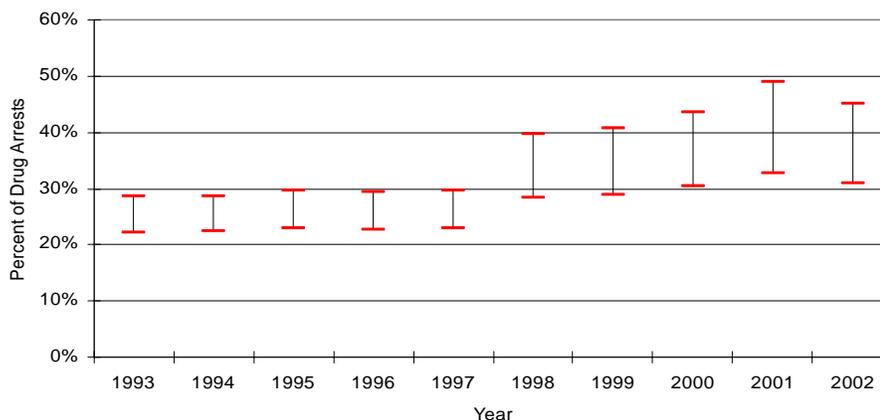
Controlled Substances Arrest Rates in the Regions Covered by a MEG or Task Force as Reported by Non-participating Agencies, by Unit Type



Source: ICJIA calculations using Illinois State Police and MEG and task force data

The data presented in Figure 13 represent the percent of controlled substances arrests made by agencies participating in MEGs and task forces accounted for by MEGs and task forces. An upper and lower bound is shown which accounts for whether or not the units' numbers are counted as part of the UCR submissions made by local departments (which is unknown at this point). The upper bound indicates the percentage of arrests if *all* of the MEG and task force arrests are included in the local UCR submissions. The lower bound indicates the percentage if *none* of the MEG and task force arrests are included in the local UCR submissions. It is estimated that the proportion of controlled substances arrests across participating agencies accounted for by MEGs and task forces was between 22 to 29 percent in 1993, but increased to between 31 to 46 percent in 2002.

Figure 13
Percent of Controlled Substances Arrests Accounted for by
All MEGs and Task Forces

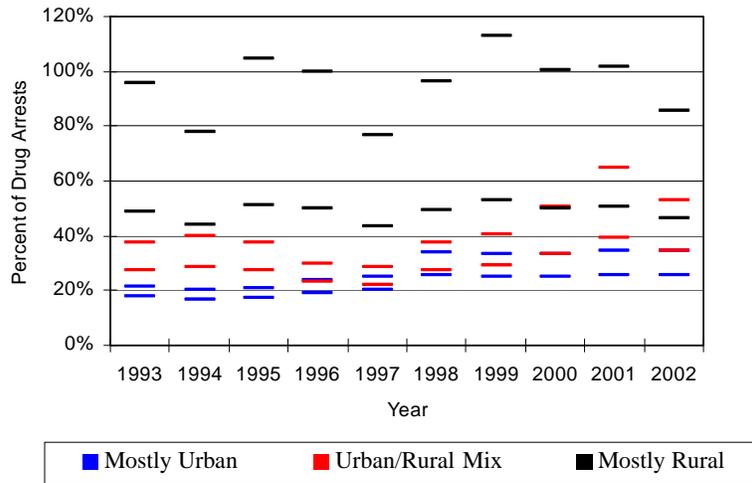


Source: ICJIA calculations using Illinois State Police and MEG and task force data

When geographic regions were examined separately, significant differences were noted. It is estimated that the proportion of controlled substances arrests across participating agencies accounted for by MEGs and task forces in mostly urban regions was between 18 to 22 percent in 1993, but increased to between 26 to 34 percent in 2002. Similarly, the proportion of controlled substances arrests across participating agencies accounted for by MEGs and task forces in mixed urban/rural regions was between 27 to 37 percent in 1993, but increased to between 34 to 53 in 2002. Conversely, the proportion of controlled substances arrests across participating agencies accounted for by MEGs and task forces in mostly rural regions was between 49 to 96 percent in 1993, but decreased slightly to between 46 to 86 in 2002 (Figure 13.1).

Figure 13.1

Percent of Total Drug Arrests Accounted for by MEGs and Task Forces, by Unit Type

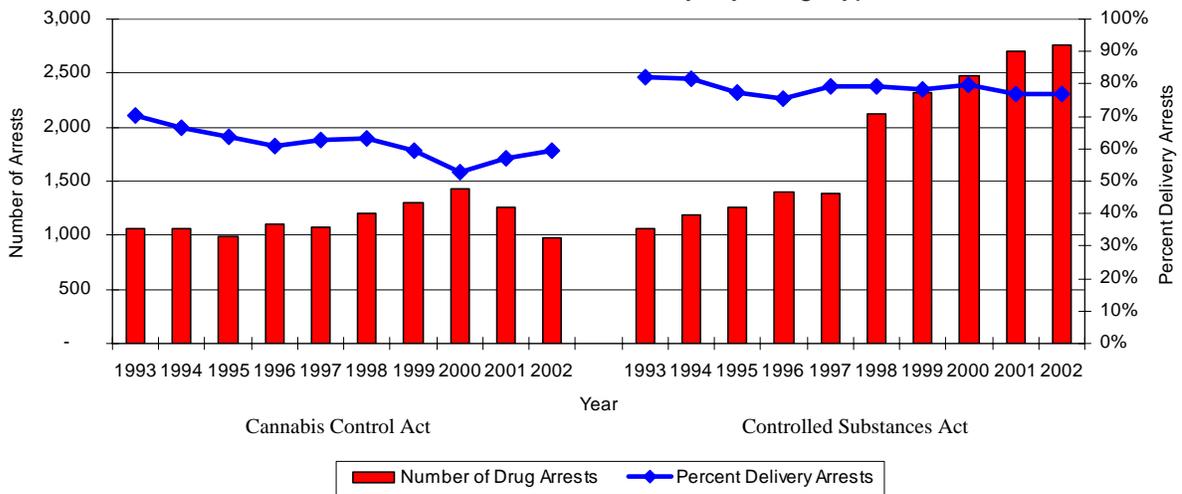


Source: ICJIA calculations using Illinois State Police and MEG and task force data

The majority of all drug arrests reported by MEGs and task forces are for delivery. Between 1993 and 2002, the number of drug delivery arrests made by MEGs and task forces increased 67 percent, from 1,610 to 2,694. Arrests for drug delivery accounted for 72 percent of all drug arrests made by MEGs and task forces between 1993 and 2002. When cannabis and controlled substance arrests were examined separately, during the period analyzed, arrests for delivery of controlled substances accounted for 79 percent of the total number of arrests made for violations of the Controlled Substance Act, whereas, arrests for the delivery of cannabis accounted for 62 percent of all arrests for violations of the Cannabis Control Act. Between 1993 and 2002, the proportion of arrests for delivery of cannabis decreased from 70 percent to 59 percent, while the proportion of arrests for delivery of controlled substances decreased from 82 percent in 1993 to 77 percent in 2002 (Figure 14).

Figure 14

MEG and Task Force Drug Arrests for Possession versus Delivery, by Drug Type

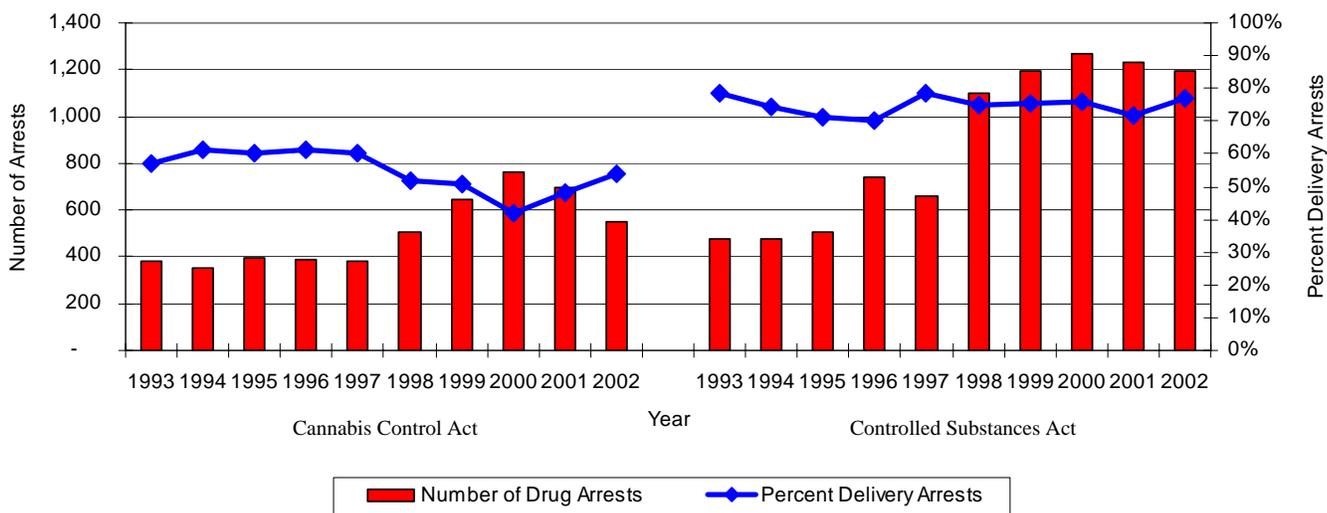


Source: ICJIA calculations using MEG and task force data

Between 1993 and 2002, the number of drug delivery arrests made by mostly urban MEGs and task forces more than doubled, from 592 to 1,219. Arrests for drug delivery accounted for 73 percent of all drug arrests made by mostly urban MEGs and task forces between 1993 and 2002. When cannabis and controlled substance arrests were examined separately, during the period analyzed, arrests for delivery of controlled substances accounted for 75 percent of the total number of arrests made for violations of the Controlled Substance Act, whereas, arrests for the delivery of cannabis accounted for 55 percent of all arrests for violations of the Cannabis Act. Between 1993 and 2002, the proportion of arrests for delivery of cannabis decreased from 57 percent to 54 percent, while the proportion of arrests for delivery of controlled substances decreased from 79 percent in 1993 to 77 percent in 2002 (Figure 14.1).

Figure 14.1

**Mostly Urban MEG and Task Force Drug Arrests
for Possession versus Delivery, by Drug Type**

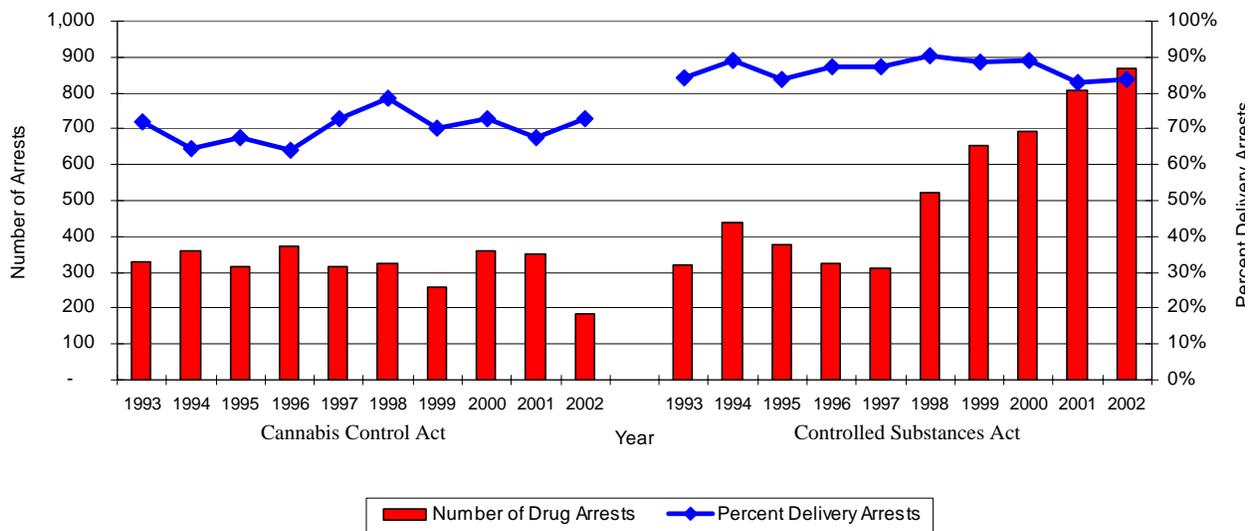


Source: ICJIA calculations using MEG and task force data

Between 1993 and 2002, the number of drug delivery arrests made by mixed urban/rural MEGs and task forces increased 70 percent, from 506 to 861. Arrests for drug delivery accounted for 89 percent of all drug arrests made by mixed urban/rural MEGs and task forces between 1993 and 2002. When cannabis and controlled substance arrests were examined separately, during the period analyzed, arrests for delivery of controlled substances accounted for 87 percent of the total number of arrests made for violations of the Controlled Substance Act, whereas, arrests for the delivery of cannabis accounted for 70 percent of all arrests for violations of the Cannabis Act. Between 1993 and 2002, the proportion of arrests for delivery of cannabis increased slightly, from 72 percent to 73 percent, while the proportion of arrests for delivery of controlled substances remained unchanged at 84 percent (Figure 14.2).

Figure 14.2

Mixed Urban/Rural MEG and Task Force Drug Arrests for Possession versus Delivery, by Drug Type

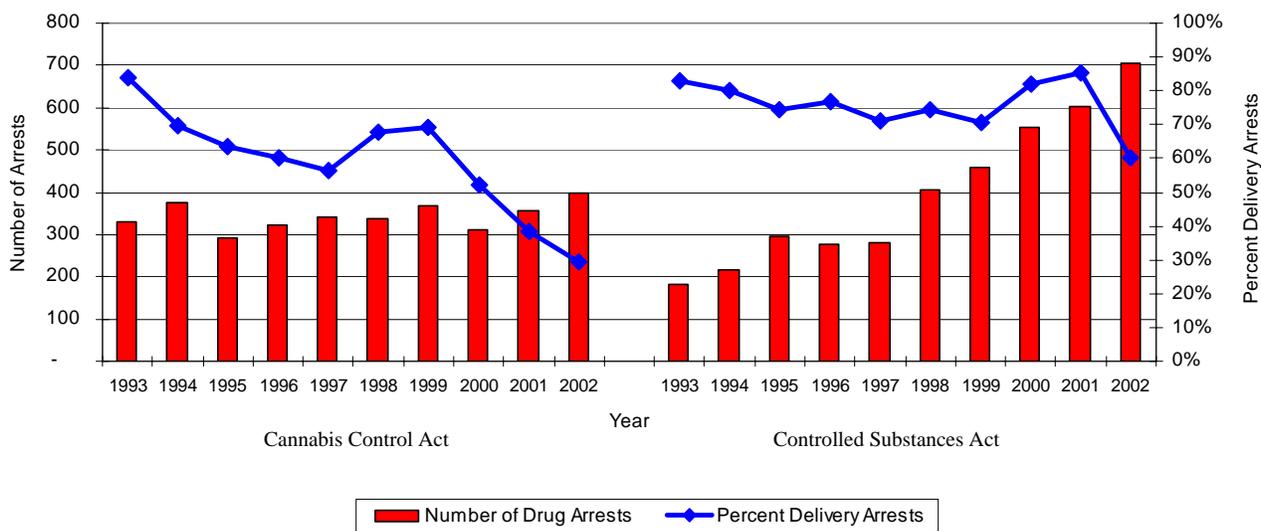


Source: ICJIA calculations using MEG and task force data

Between 1993 and 2002, the number of drug delivery arrests made by mostly rural MEGs and task forces increased 26 percent, from 429 to 541. Arrests for drug delivery accounted for 73 percent of all drug arrests made by mostly rural MEGs and task forces between 1993 and 2002. When cannabis and controlled substance arrests were examined separately, during the period analyzed, arrests for delivery of controlled substances accounted for 76 percent of the total number of arrests made for violations of the Controlled Substance Act, whereas, arrests for the delivery of cannabis accounted for 59 percent of all arrests for violations of the Cannabis Act. Between 1993 and 2002, the proportion of arrests for delivery of cannabis decreased significantly, from 84 percent to 29 percent, while the proportion of arrests for delivery of controlled substances also decreased, from 83 percent in 1993 to 60 percent in 2002 (Figure 14.3).

Figure 14.3

Mostly Rural MEG and Task Force Drug Arrests for Possession versus Delivery, by Drug Type



Source: ICJIA calculations using MEG and task force data

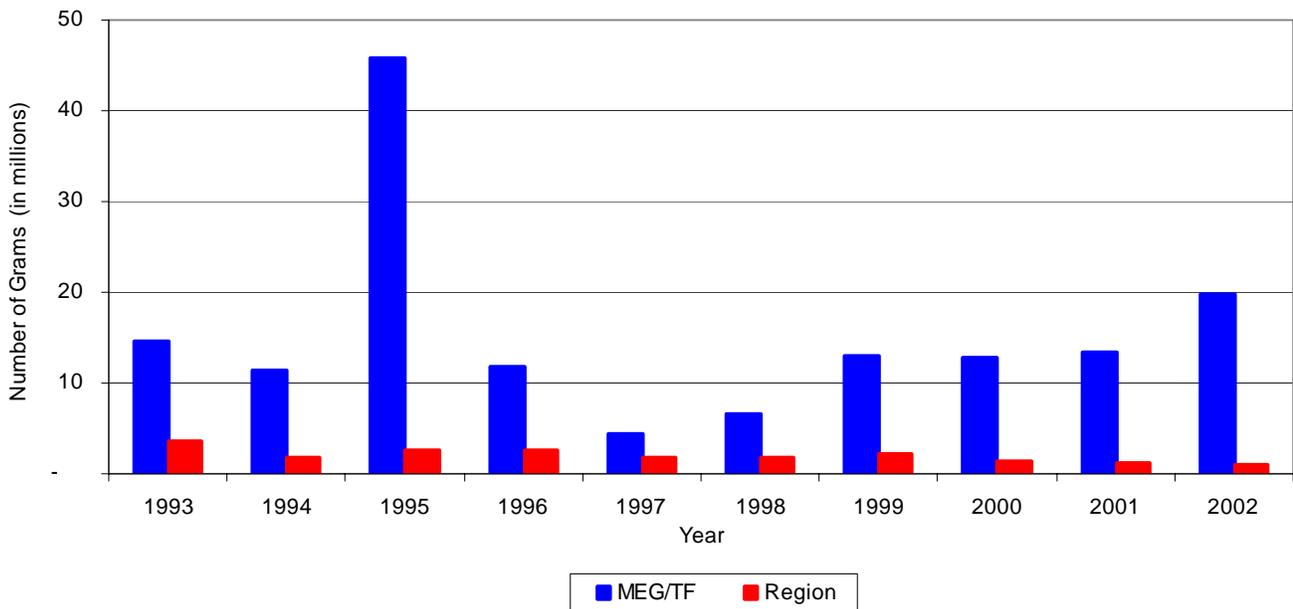
IV. Trends in Drug Seizures

Drugs seized by law enforcement agencies are another indicator of the extent and nature of illegal drug trade in a jurisdiction. When illegal drugs are seized by law enforcement agencies, all or a portion of the total amount seized is submitted to a crime lab for analysis. Most agencies submit drugs to one of the Illinois State Police crime labs. These labs record the quantity of drugs submitted from each county. This section discusses trends in the quantities of illegal drugs seized and submitted to the Illinois State Police from local law enforcement agencies in each of the 21 individual units as well as the quantities of drugs seized by the MEGs and task forces. It is important to note, however, that while the MEG and task force data report the total quantities of drugs actually *seized*, local agency data only represent the quantities of seized drugs that are *submitted* to the Illinois State Police for analysis. County-level cannabis, cocaine, crack cocaine, methamphetamine, and heroin seizure rates for Illinois' 102 counties are provided in maps located in the Appendix of this report.

As in most Illinois jurisdictions, cannabis accounts for the majority of illegal drugs seized in all regions covered by MEGs and task forces. The quantity of cannabis seized and submitted by law enforcement agencies in the regions covered by MEGs and task forces decreased 72 percent, from 3,636,163 grams in 1993 to 1,031,555 grams in 2002. On the other hand, the quantity of cannabis seized by MEGs and task forces increased 35 percent between 1993 and 2002, from 14,573,315 grams to 19,703,864 (Figure 15). In 2002, the MEG and task force cannabis seizure rate of 492,458 grams per 100,000 population was 30 times the seizure rate of 16,605 grams per 100,000 population for the regions covered by MEGs and task forces and 25 times the statewide cannabis seizure rate of 19,437 grams per 100,000 population (Map 2).

Figure 15

Cannabis Seized and Submitted to ISP by Regions Covered by MEGs and Task Forces and Seized by All MEGs and Task Forces

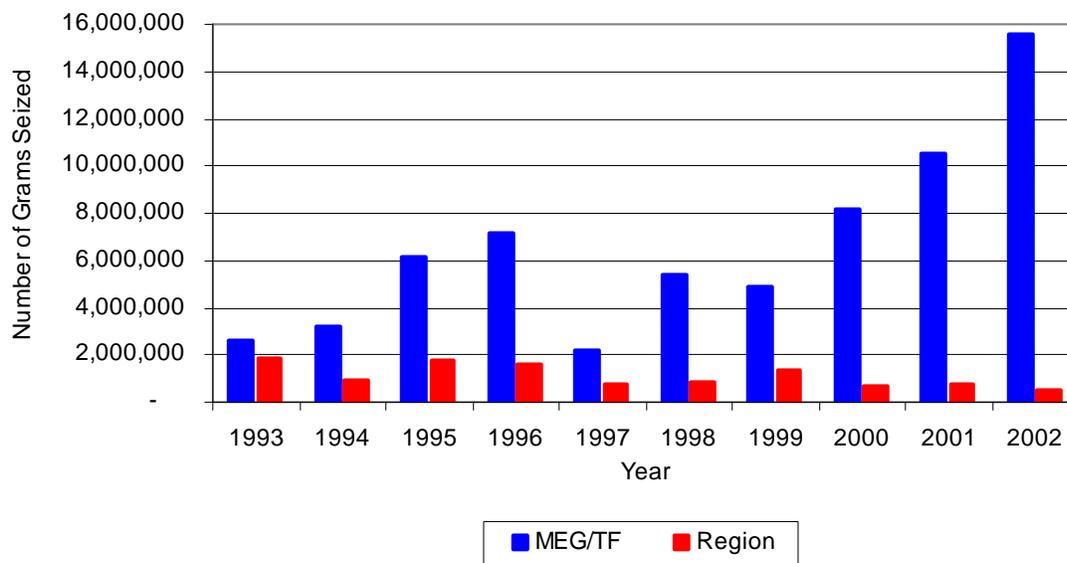


Source: Illinois State Police and MEG and task force data

The quantity of cannabis seized and submitted by law enforcement agencies in the regions covered by mostly urban MEGs and task forces decreased 74 percent, from 1,878,220 grams in 1993 to 492,651 grams in 2002. Conversely, the quantity of cannabis seized by mostly urban MEGs and task forces increased nearly five-fold between 1993 and 2002, from 2,650,404 grams to 15,602,091 (Figure 15.1). In 2002, cannabis seizure rate of 589,450 grams per 100,000 population for mostly urban MEGs and task forces was more than 45 times the seizure rate of 12,937 grams per 100,000 population for the regions covered by mostly urban MEGs and task forces and more than 30 times the statewide cannabis seizure rate of 19,437 grams per 100,000 population.

Figure 15.1

Cannabis Seized and Submitted to ISP by Regions Covered by Mostly Urban MEGs and Task Forces and Seized by Mostly Urban MEGs and Task Forces

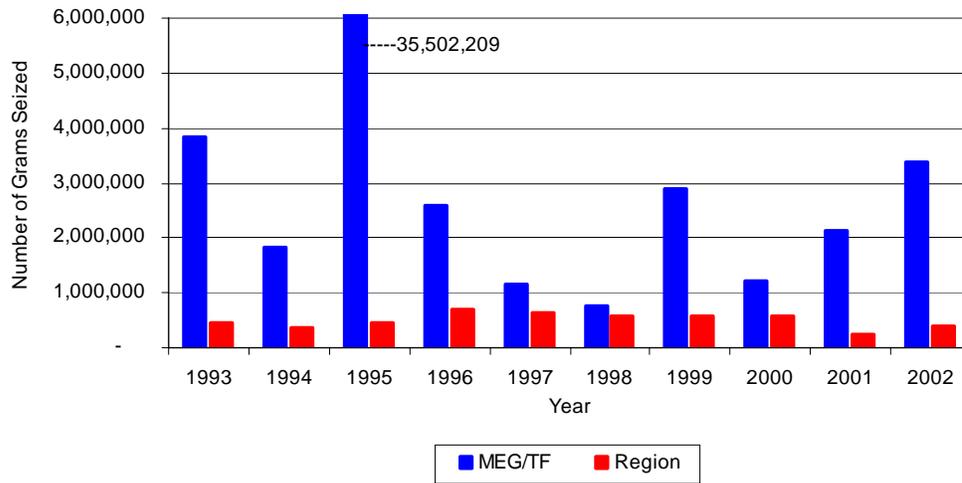


Source: Illinois State Police and MEG and task force data

The quantity of cannabis seized and submitted by law enforcement agencies in the regions covered by mixed urban/rural MEGs and task forces decreased 12 percent between 1993 and 2002, from 464,290 grams to 409,577 grams. The quantity of cannabis seized by mixed urban/rural MEGs and task forces also decreased 12 percent during the same period, from 3,840,584 grams to 3,381,696 (Figure 15.2). In 2002, the mixed urban/rural MEG and task force cannabis seizure rate of 404,947 grams per 100,000 population was more than 15 times the seizure rate of 26,038 grams per 100,000 population for the regions covered by mixed urban/rural MEGs and task forces and nearly 21 times the statewide cannabis seizure rate of 19,437 grams per 100,000 population. (Note: It should be noted that nearly 36 million grams of cannabis were seized by mixed urban/rural MEGs and task forces in 1995 and that the scale in Figure 15.2 was intentionally set at seven million in order to adequately reflect the quantities of cannabis seized during the entire period analyzed.)

Figure 15.2

Cannabis Seized and Submitted to ISP by Regions Covered by Mixed Urban/Rural MEGs and Task Forces and Seized by Mixed Urban/Rural MEGs and Task Forces

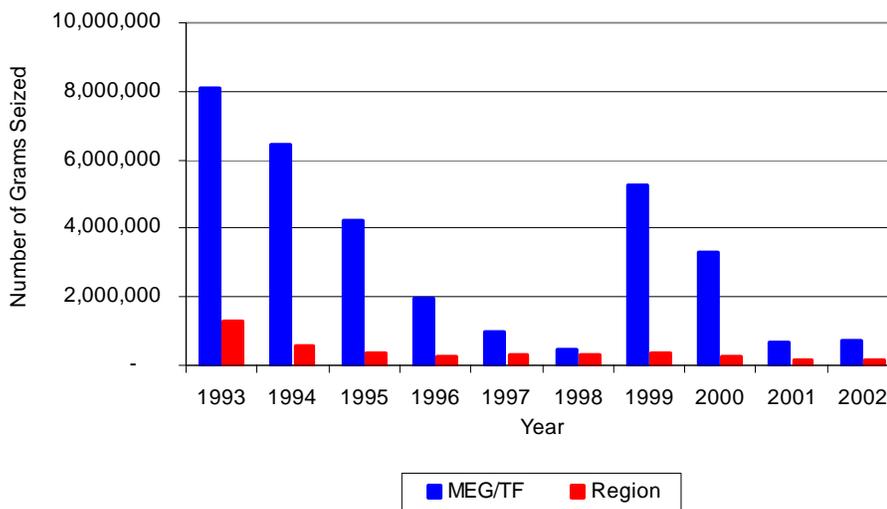


Source: Illinois State Police and MEG and task force data

The quantity of cannabis seized and submitted by law enforcement agencies in the regions covered by mostly rural MEGs and task forces decreased 90 percent, from 1,293,654 grams in 1993 to 129,327 grams in 2002. Similarly, the quantity of cannabis seized by mostly rural MEGs and task forces decreased 91 percent between 1993 and 2002, from 8,082,327 grams to 720,077 (Figure 15.3). In 2002, the mostly rural MEG and task force cannabis seizure rate of 138,706 grams per 100,000 population was nearly nine times the seizure rate of 15,553 grams per 100,000 population for the regions covered by mostly rural MEGs and task forces and more than seven times the statewide cannabis seizure rate of 19,437 grams per 100,000 population.

Figure 15.3

Cannabis Seized and Submitted to ISP by Regions Covered by Mostly Rural MEGs and Task Forces and Seized by Mostly Rural MEGs and Task Forces

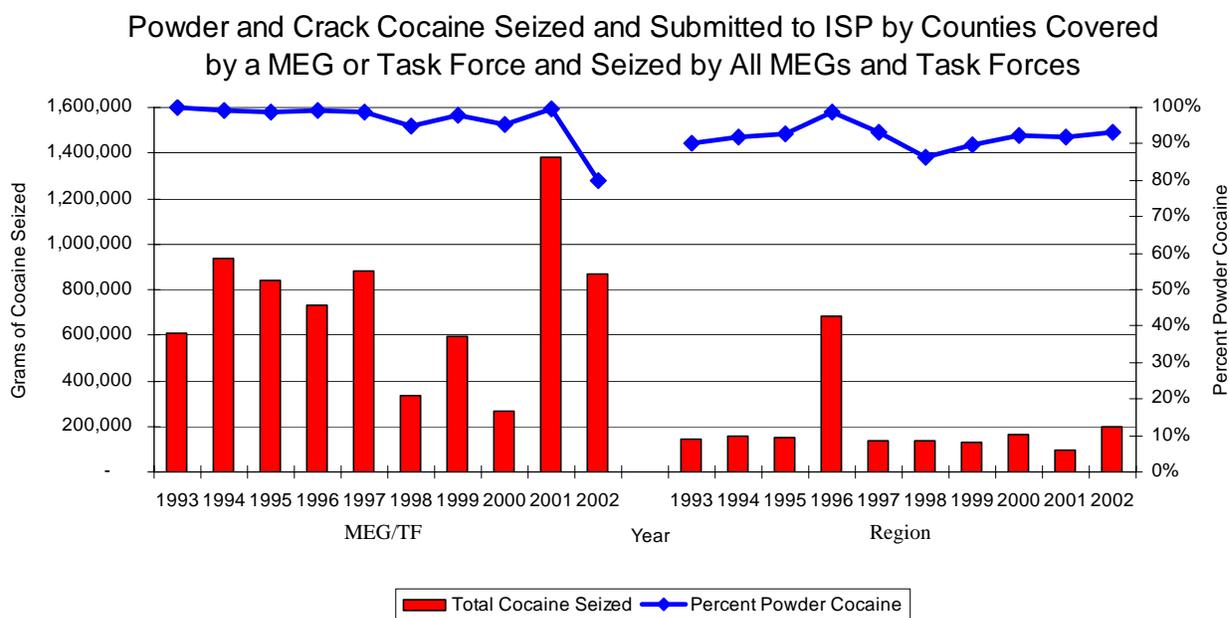


Source: Illinois State Police and MEG and task force data

Between 1993 and 2002, a combination of crack and powder cocaine accounted for a small proportion of drugs seized in the regions covered by MEGs and task forces. The quantity of cocaine seized and submitted by law enforcement agencies increased 41 percent, from 142,567 grams in 1993 to 200,839 grams in 2002. Between 1993 and 2002, the quantity of cocaine seized by MEGs and task forces increased 43 percent, from 608,643 grams to 870,219 grams.

The proportion of all cocaine seized in the regions covered by MEGs and task forces accounted for by powder cocaine increased from 90 percent in 1993 to 93 percent in 2002, while fluctuating slightly throughout the period analyzed. Similarly, for MEGs and task forces, the proportion remained relatively stable between 1993 and 2001, accounting for 98 percent of all cocaine seized during the period, but declined to a period low of 80 percent in 2002 (Figure 16). In 2002, the MEG and task force cocaine seizure rate of 21,749 grams per 100,000 population was nearly seven times the cocaine seizure rate of 3,233 grams per 100,000 population in the regions covered by MEGs and task forces, but less than 1 percent less than the statewide cocaine seizure rate of 21,891 grams per 100,000 population (Maps 3 and 4).

Figure 16

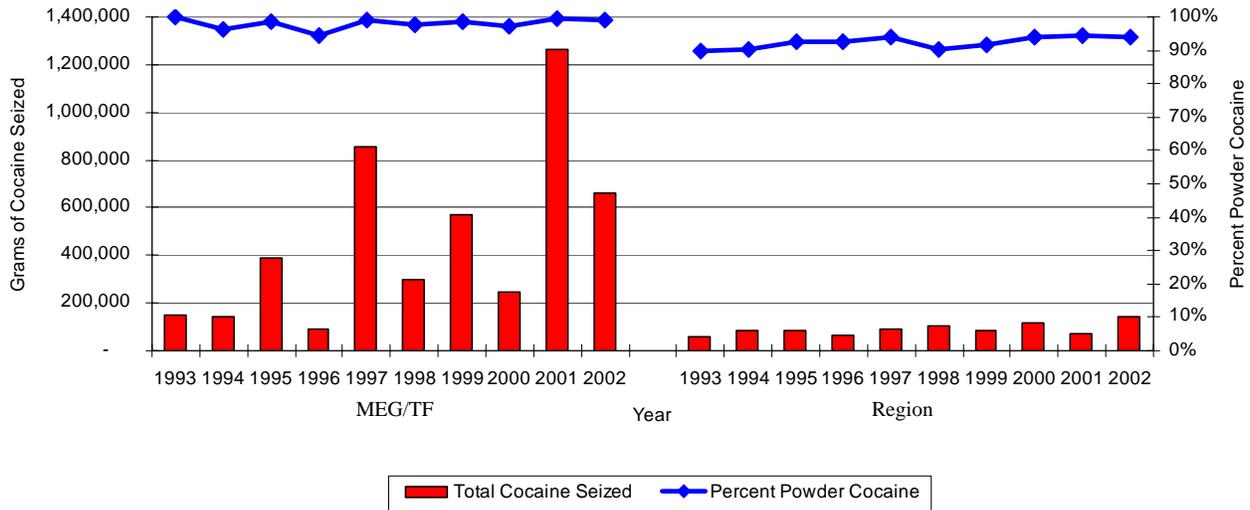


Source: Illinois State Police and MEG and task force data

When cocaine seizures were examined separately by geographic regions, the results varied significantly. The quantity of cocaine seized and submitted by law enforcement agencies in the regions covered by mostly urban MEGs and task forces more than doubled, from 60,983 grams in 1993 to 141,043 grams in 2002. Between 1993 and 2002, the quantity of cocaine seized by mostly urban MEGs and task forces more than quadrupled, from 147,144 grams to 660,737 grams.

The proportion of all cocaine seized in the regions covered by mostly urban MEGs and task forces accounted for by powder cocaine remained relatively stable between 1993 and 2002, accounting for 93 percent of all cocaine seized during the period. Similarly, for mostly urban MEGs and task forces, powder cocaine accounted for 98 percent of all cocaine seized by mostly urban MEGs and task forces between 1993 and 2002 (Figure 16.1). In 2002, the cocaine seizure rate of 24,963 grams per 100,000 population for mostly urban MEGs and task forces was nearly seven times the cocaine seizure rate of 3,704 grams per 100,000 population in the regions covered by mostly urban MEGs and task forces, and 14 percent higher than the statewide cocaine seizure rate of 21,891 grams per 100,000 population.

Figure 16.1
Powder and Crack Cocaine Seized and Submitted to ISP
by Regions Covered by Mostly Urban MEGs and Task Forces
and Seized by Mostly Urban MEGs and Task Forces

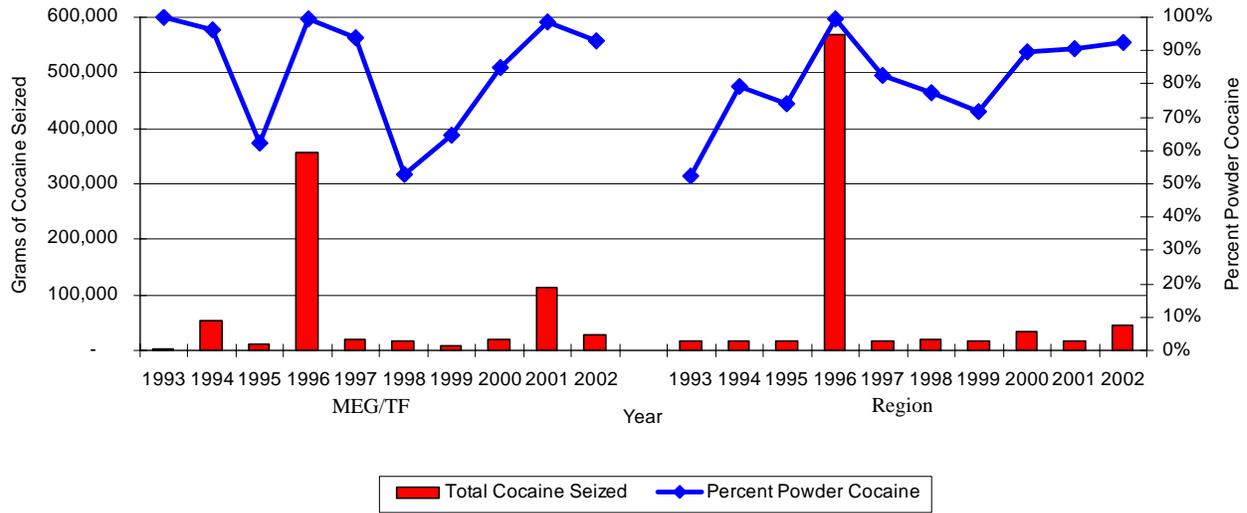


Source: ICJIA calculations using Illinois State Police and MEG and task force data

The quantity of cocaine seized and submitted by law enforcement agencies in the regions covered by mixed urban/rural MEGs and task forces more than doubled, from 16,084 grams in 1993 to 45,637 grams in 2002. Between 1993 and 2002, the quantity of cocaine seized by mixed urban/rural MEGs and task forces increased more than six-fold, from 3,817 grams to 27,084 grams.

The proportion of all cocaine seized in the regions covered by mixed urban/rural MEGs and task forces accounted for by powder cocaine varied between 1993 and 2002, accounting for 81 percent of all cocaine seized during the period. Similarly, for mixed urban/rural MEGs and task forces, powder cocaine accounted for 85 percent of all cocaine seized by mixed urban/rural MEGs and task forces between 1993 and 2002 (Figure 16.2). In 2002, the cocaine seizure rate of 3,243 grams per 100,000 population for mixed urban/rural MEGs and task forces was nearly 12 percent higher than the cocaine seizure rate of 2,901 grams per 100,000 population in the regions covered by mixed urban/rural MEGs and task forces, but 85 percent lower than the statewide cocaine seizure rate of 21,891 grams per 100,000 population.

Figure 16.2
Powder and Crack Cocaine Seized and Submitted to ISP
by Regions Covered by Mixed Urban/Rural MEGs and Task Forces
and Seized by Mixed Urban/Rural MEGs and Task Forces



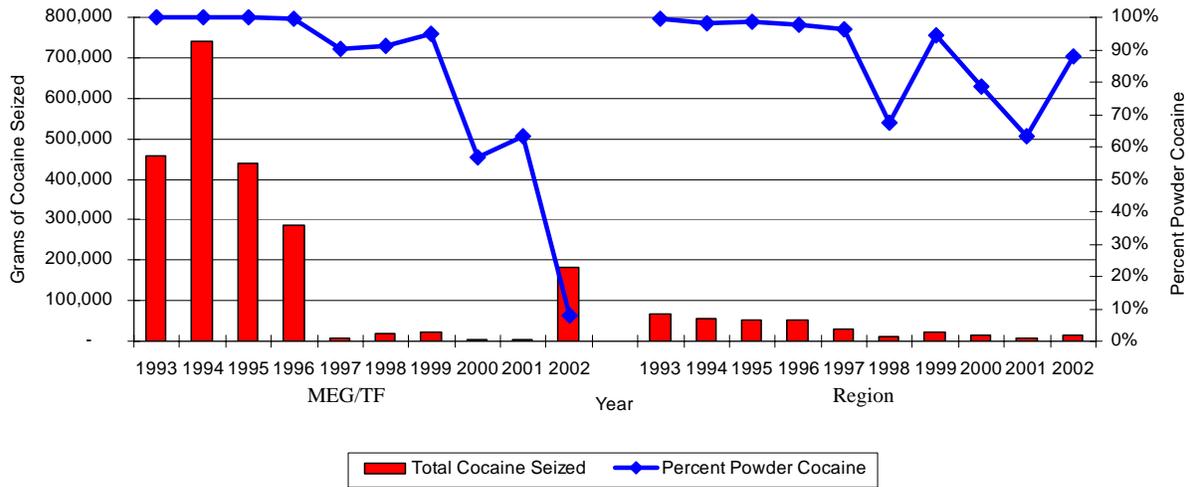
Source: ICJIA calculations using Illinois State Police and MEG and task force data

The quantity of cocaine seized and submitted by law enforcement agencies in the regions covered by mostly rural MEGs and task forces decreased 78 percent, from 65,562 grams in 1993 to 14,305 grams in 2002. Between 1993 and 2002, the quantity of cocaine seized by mostly rural MEGs and task forces decreased 60 percent, from 457,681 grams to 182,397 grams. While there was a large decrease in cocaine seizures between 1993 and 1997, beginning in 1997, seizures of methamphetamine began to increase markedly across regions covered by mostly rural MEGs and task forces (Figure SF 2).

The proportion of all cocaine seized in the regions covered by mostly rural MEGs and task forces accounted for by powder cocaine remained relatively stable between 1993 and 1999, but has varied somewhat since, thus, accounting for 88 percent of all cocaine seized between 1993 and 2002. Similarly, for mostly rural MEGs and task forces, powder cocaine accounted for 80 percent of all cocaine seized by mostly rural MEGs and task forces between 1993 and 2002, but declined to a period low of just 8 percent in 2002 (Figure 16.3). In 2002, the cocaine seizure rate of 35,135 grams per 100,000 population for mostly rural MEGs and task forces was 19-times higher than the cocaine seizure rate of 1,720 grams per 100,000 population in the regions covered by mostly rural MEGs and task forces, but 60 percent lower than the statewide cocaine seizure rate of 21,891 grams per 100,000 population.

Figure 16.3

**Powder and Crack Cocaine Seized and Submitted to ISP
by Regions Covered by Mostly Rural MEGs and Task Forces
and Seized by Mostly Rural MEGs and Task Forces**



Source: ICJIA calculations using Illinois State Police and MEG and task force data

The total quantity of illegal drugs seized and submitted by law enforcement agencies in the regions covered by MEGs and task forces decreased 66 percent between 1993 and 2002, from 3,792,365 grams to 1,285,144 grams. On the other hand, the total quantity of illegal drugs seized by MEGs and task forces nearly doubled, from 16,027,688 grams in 1993 to 30,686,258 grams in 2002.

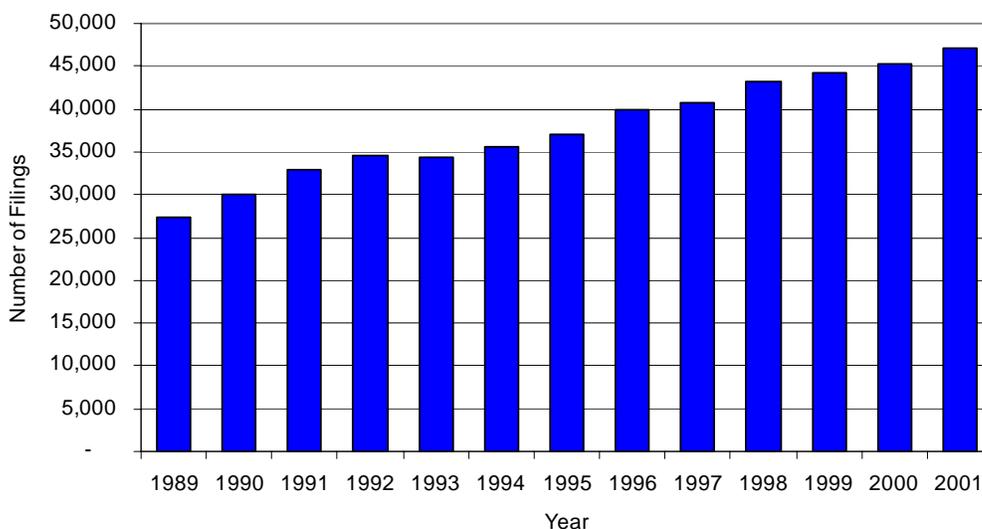
V. Trends in Prosecutions for Drug Offenses and All Felonies

Although Illinois has one of the best court reporting systems in the country, the Administrative Office of the Illinois Court only collects information regarding the aggregate number of court filings. Currently, there are no statewide data available on court filings by offense type. The Administrative Office of the Illinois Courts reports data on felony criminal court cases. After screening a case and deciding it warrants further action, the state's attorney must file formal charges in court. Felony cases can be punished by a probation term up to four years and incarceration for more than one year.

Between 1989 and 2001, the number of felony filings increased across all regions covered by MEGs and task forces, increasing 72 percent, from 27,320 to 47,017 (Figure 17).

Figure 17

Number of Felony Filings in Counties Covered by a MEG or Task Force

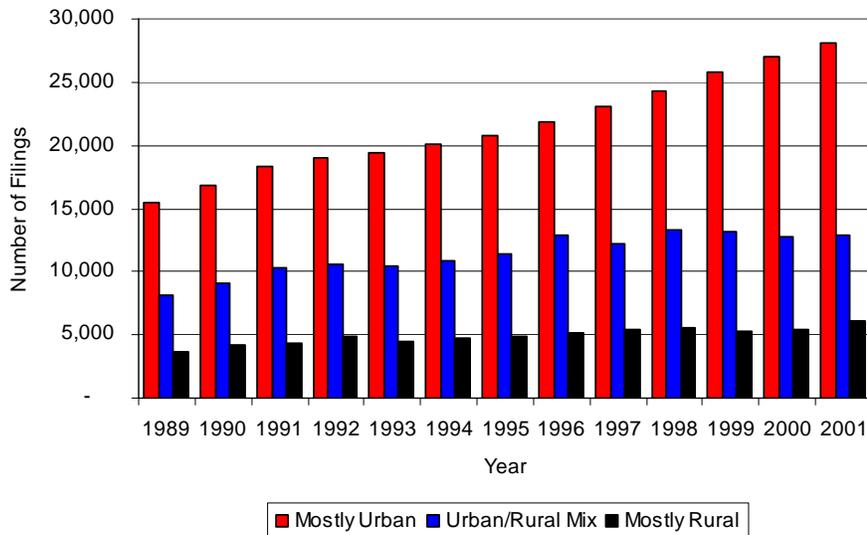


Source: Administrative Office of the Illinois Courts

When geographic regions were examined separately, the results varied somewhat. Regions covered by mostly urban MEGs and task forces experienced the largest increase (81 percent) in the number of felony filings, increasing from 15,524 to 28,062. The number of felony filings in regions covered by mostly rural regions increased 66 percent, from 3,656 to 6,074, while felony filings in mixed urban/rural regions increased 58 percent, from 8,140 to 12,881 filings (Figure 17.1). Despite these increases, the proportion of total felony filings accounted by each region remained relatively stable throughout the period analyzed. Between 1989 and 2001, regions covered by mostly urban MEGs and task forces accounted for the largest proportion of felony filings, increasing from 57 percent in 1989 to 60 percent in 2001. Conversely, the proportion of felony filings decreased in mixed urban/rural regions between 1989 and 2001, from 30 percent to 27 percent, while the proportion of felony filings in mostly rural regions remained unchanged at 13 percent.

Figure 17.1

Number of Felony Filings in Counties Covered by a MEG or Task Force, by Unit Type

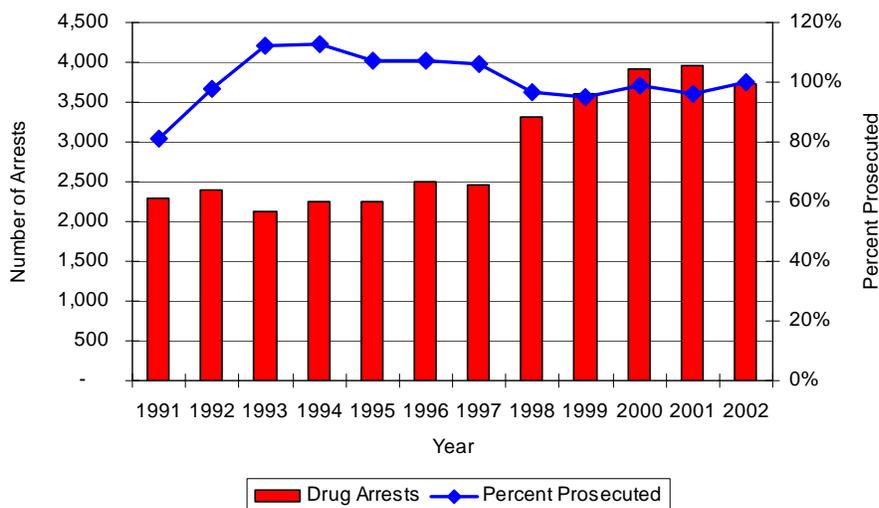


Source: ICJIA calculations using Administrative Office of the Illinois Courts data

Between 1991 and 2002, there were a total of 34,883 drug prosecutions initiated as a result of MEG and task force arrests in the regions covered by MEGs and task forces. During the period analyzed, the number of MEG and task force drug arrests increased 63 percent, from 2,289 in 1991 to 3,733 in 2002 (Figure 18). Between 1991 and 2002, nearly all drug arrests by MEGs and task forces resulted in prosecution. The majority (62 percent) of MEG and task force drug offender prosecutions during this period was for violations of the Controlled Substance Act. In some years, the proportion of arrests resulting in a prosecution exceeded 100 percent. This is due to some slight differences in the timing of an arrest and the filings of charges, or could be due to charges, rather than defendants, being reported by the unit. In addition, some offenders have charges filed, and a subsequent warrant issued, without an arrest taking place.

Figure 18

Total MEG and Task Force Drug Arrests and Percentage of Arrests Resulting in Prosecution

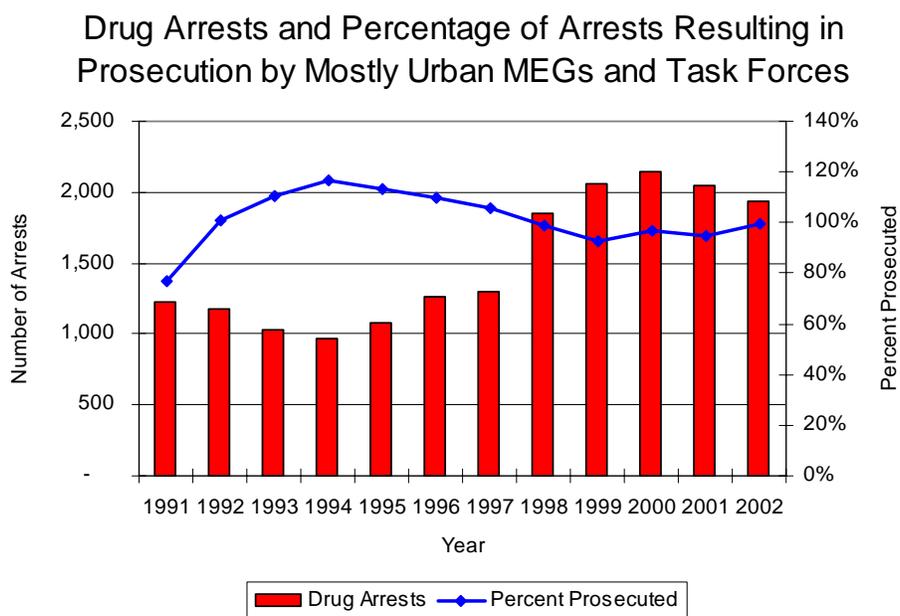


Source: ICJIA calculations using MEG and task force data

Between 1991 and 2002, nearly three-quarters (25,492) of the 34,883 drug offenders who were prosecuted as a result of MEG and task force activity were convicted. Convictions for controlled substances accounted for 65 percent of all MEG and task force initiated convictions during the period analyzed.

When geographic regions were examined separately, the results varied somewhat. Between 1991 and 2002, there were a total of 18,074 drug prosecutions initiated as a result of MEG and task force arrests in regions covered by mostly urban MEGs and task forces. During the period analyzed, the number of mostly urban MEG and task force drug arrests increased 57 percent, from 1,231 arrests in 1991 to 1,935 arrests in 2002 (Figure 18.1). Between 1991 and 2002, nearly all drug arrests by mostly urban MEGs and task forces resulted in prosecution. The majority (65 percent) of mostly urban MEG and task force drug offender prosecutions during this period was for violations of the Controlled Substance Act.

Figure 18.1



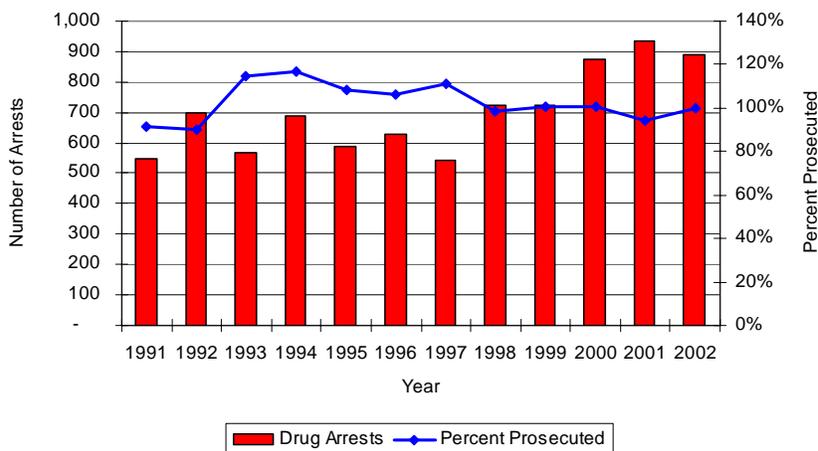
Source: ICJIA calculations using MEG and task force data

Between 1991 and 2002, 66 percent (12,000) of the 18,074 drug offenders who were prosecuted as a result of mostly urban MEG and task force activity were convicted. Convictions for controlled substances accounted for 69 percent of all mostly urban MEG and task force initiated convictions during the period analyzed.

Between 1991 and 2002, there were a total of 8,582 drug prosecutions initiated as a result of MEG and task force arrests in regions covered by mixed urban/rural MEGs and task forces. During the period analyzed, the number of mixed urban/rural MEG and task force drug arrests increased 62 percent, from 549 arrests in 1991 to 889 arrests in 2002 (Figure 18.2). Between 1991 and 2002, nearly all drug arrests by mixed urban/rural MEGs and task forces resulted in prosecution. The majority (65 percent) of mixed urban/rural MEG and task force drug offender prosecutions during this period was for violations of the Controlled Substance Act.

Figure 18.2

Drug Arrests and Percentage of Arrests Resulting in Prosecution by Mixed Urban/Rural MEGs and Task Forces



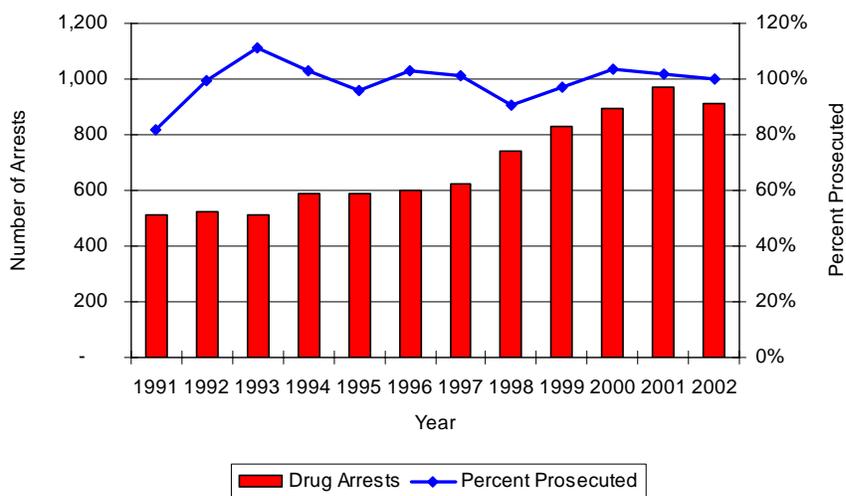
Source: ICJIA calculations using MEG and task force data

During the period analyzed, 79 percent (6,762) of the 8,582 drug offenders who were prosecuted as a result of mixed urban/rural MEG and task force activity were convicted. Similar to regions covered by mixed urban/rural MEGs and task forces, convictions for controlled substances accounted for 67 percent of all mixed urban/rural MEG and task force initiated convictions during the period analyzed.

Between 1991 and 2002, there were a total of 8,227 drug prosecutions initiated as a result of MEG and task force arrests in regions covered by mostly rural MEGs and task forces. During the period analyzed, the number of mostly rural MEG and task force drug arrests increased 79 percent, from 509 arrests in 1991 to 909 arrests in 2002 (Figure 18.3). Between 1991 and 2002, nearly all (99 percent) drug arrests by mostly rural MEGs and task forces resulted in prosecution. The majority (54 percent) of mostly rural MEG and task force drug offender prosecutions during this period was for violations of the Controlled Substance Act.

Figure 18.3

Drug Arrests and Percentage of Arrests Resulting in Prosecution by Mostly Rural MEGs and Task Forces



Source: ICJIA calculations using MEG and task force data

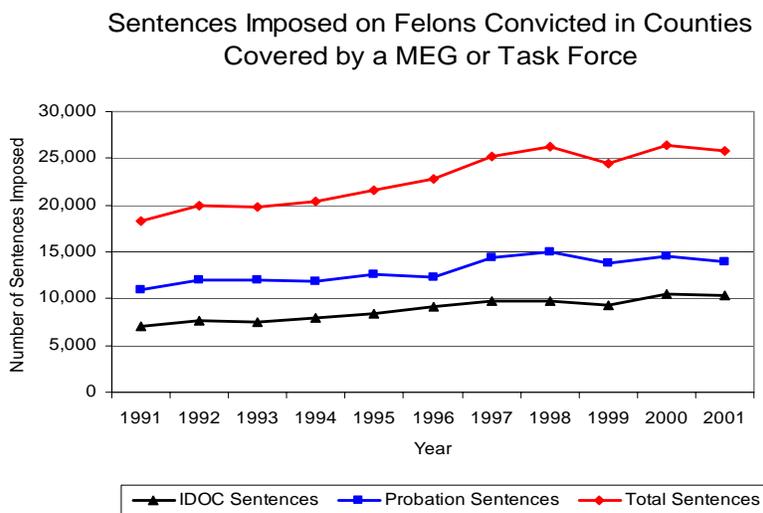
Between 1991 and 2002, 82 percent (6,730) of the 8,227 drug offenders who were prosecuted as a result of mostly rural MEG and task force activity were convicted. Convictions for controlled substances accounted for 56 percent of all mostly rural MEG and task force initiated convictions during the period analyzed.

VI. Trends in Percent of Convicted Drug Offenders Sentenced to Prison

Under Illinois law, those convicted of most Class 1, 2, 3, and 4 felonies can be sentenced to probation or prison; the two most commonly used sentencing options. However, there are some exceptions. For example, those convicted of possessing 15 grams or more of cocaine, heroin, or methamphetamine are guilty of a Class 1 felony, but cannot be sentenced to probation. Such instances, as well as for all Class X felonies (e.g., sale/distribution of 15 grams or more of cocaine, heroin, and methamphetamine), must result in a sentence to prison and cannot be sentenced to probation. Where a sentence to probation or prison is an option, a number of factors may influence the type and length of sentence imposed, including the severity of the crime, the offender's criminal and social history, and the safety of the community.

Between 1991 and 2002, the number of offenders convicted of a felony and sentenced in the regions covered by MEGs and task forces increased 41 percent, from 18,312 to 25,750. Although the number of convicted felons sentenced to the Illinois Department of Corrections (IDOC) increased 46 percent, from 7,094 to 10,338 between 1991 and 2002, the proportion of felons sentenced to IDOC remained relatively stable, increasing only slightly from 39 percent in 1991 to 40 percent in 2002. In 2002, 13,898 probation sentences were imposed on convicted felons, 27 percent more than in 1991 (Figure 19). The proportion of felons sentenced to probation decreased during the period analyzed, from 60 percent in 1991 to 54 percent in 2002. The number of sentences other than prison or probation increased more than five-fold between 1991 and 2002, from 244 to 1,514, while their proportion of all felony sentences increased from 1 percent in 1991 to 6 percent of the remaining felony sentences imposed in 2002.

Figure 19

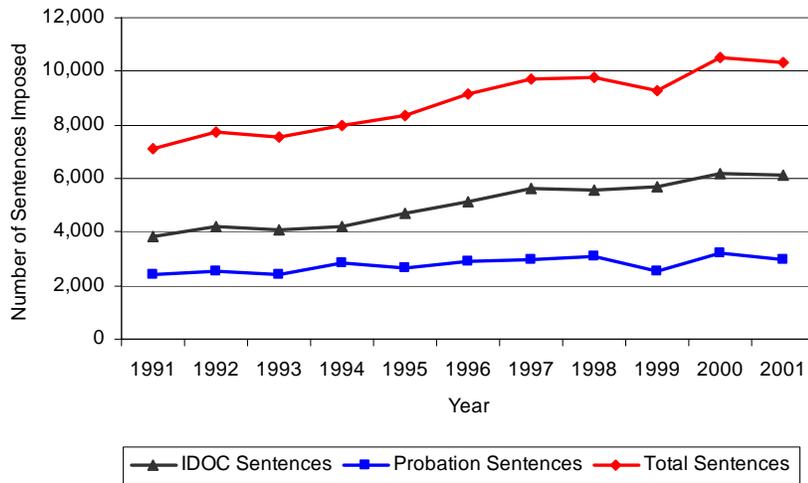


Source: Administrative Office of the Illinois Courts

When geographic regions were examined separately, the results varied somewhat. Between 1991 and 2002, the number of offenders convicted of a felony and sentenced in the regions covered by mostly urban MEGs and task forces increased 46 percent, from 6,428 to 10,338. The number of convicted felons sentenced to the Illinois Department of Corrections (IDOC) increased 61 percent between 1991 and 2002, from 3,814 to 6,125. As a result, the proportion of felons sentenced to IDOC increased from 54 percent in 1991 to 59 percent in 2002. In 2002, 2,969 probation sentences were imposed on convicted felons, 24 percent more than the 2,388 reported in 1991 (Figure 19.1). The proportion of felons sentenced to probation decreased during the period analyzed, from 34 percent in 1991 to 29 percent in 2002. While the number of sentences other than prison or probation increased 39 percent, their proportion of all felony sentences remained unchanged between 12 percent in 1991 and 12 percent in 2002.

Figure 19.1

Sentences Imposed on Felons Convicted in Regions Covered by Mostly Urban MEGs and Task Forces

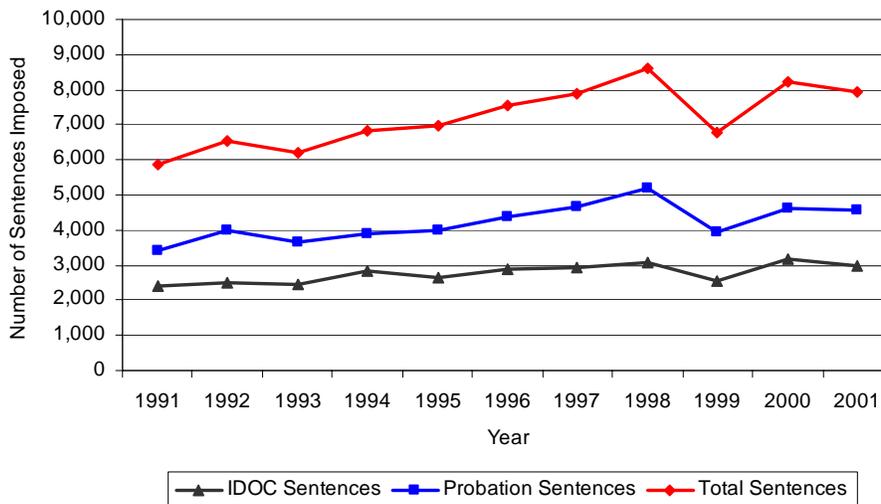


Source: ICJIA calculations using Administrative Office of the Illinois Courts data

Between 1991 and 2002, the number of offenders convicted of a felony and sentenced in the regions covered by mixed urban/rural MEGs and task forces increased 35 percent, from 5,167 to 7,921. Although the number of convicted felons sentenced to the Illinois Department of Corrections (IDOC) increased 24 percent between 1991 and 2002, from 2,388 to 2,969, the proportion of felons sentenced to IDOC decreased slightly, from 39 percent 1991 to 37 percent in 2002. In 2002, 4,565 probation sentences were imposed on convicted felons, 34 percent more than the 3,410 reported in 1991 (Figure 19.2). The proportion of felons sentenced to probation also decreased during the period analyzed, from 60 percent in 1991 to 58 percent in 2002. The number of sentences other than prison or probation increased more than five-fold between 1991 and 2002, from 68 to 387, while their proportion of all felony sentences increased from 1 percent in 1991 to 5 percent of the remaining felony sentences imposed in 2002.

Figure 19.2

Sentences Imposed on Felons Convicted in Regions Covered by Mixed Urban/Rural MEGs and Task Forces

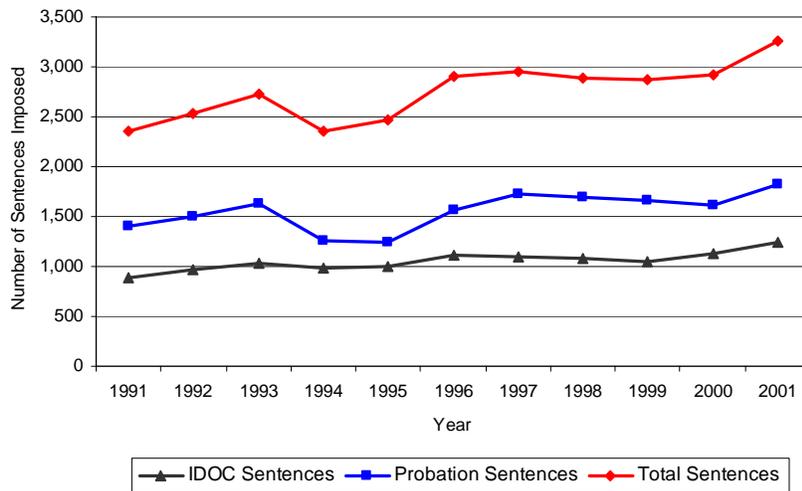


Source: ICJIA calculations using Administrative Office of the Illinois Courts data

Between 1991 and 2002, the number of offenders convicted of a felony and sentenced in the regions covered by mostly rural MEGs and task forces increased 39 percent, from 2,349 to 3,266. Although the number of convicted felons sentenced to the Illinois Department of Corrections (IDOC) increased (39 percent) between 1991 and 2002, from 892 to 1,244, the proportion of felons sentenced to IDOC remained unchanged at 38 percent in both 1991 and 2002. In 2002, 1,822 probation sentences were imposed on convicted felons, 30 percent more than the 1,400 reported in 1991 (Figure 19.3). The proportion of felons sentenced to probation decreased during the period analyzed, from 60 percent in 1991 to 56 percent in 2002. The number of sentences other than prison or probation more than tripled between 1991 and 2002, from 57 to 200, while their proportion of all felony sentences increased from 2 percent in 1991 to 6 percent of the remaining felony sentences imposed in 2002.

Figure 19.3

Sentences Imposed on Felons Convicted in Regions Covered by Mostly Rural MEGs and Task Forces

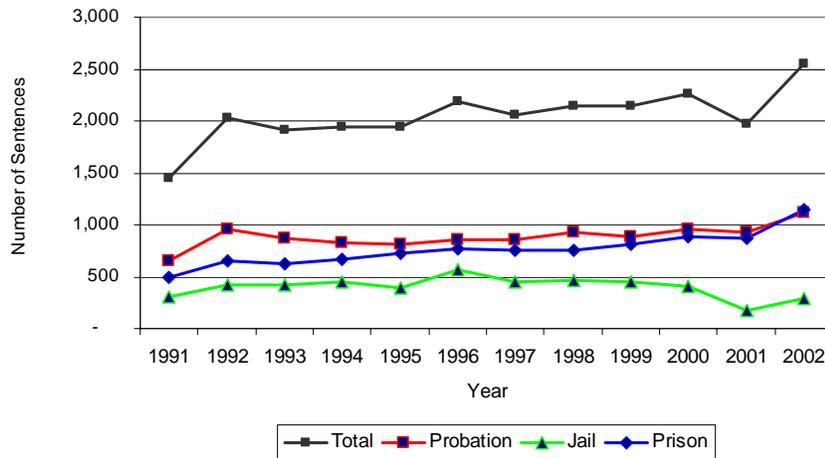


Source: ICJIA calculations using Administrative Office of the Illinois Courts data

Between 1991 and 2002, the number of MEG and task force drug offenders convicted and sentenced increased 77 percent, from 1,445 to 2,555. During the period analyzed, the number of MEG and task force drug offenders sentenced to prison more than doubled, from 486 to 1,152, while the number of convicted MEG and task force drug offenders sentenced to probation increased 69 percent, from 655 to 1,109. Conversely, the number of those drug offenders sentenced to jail decreased 3 percent between 1991 and 2002, from 304 to 294 (Figure 20). Among those MEG and task force drug offenders convicted and sentenced in 2002, prison sentences, for the first time, accounted for the largest proportion (45 percent) of sentences, compared to 34 percent in 1991. The proportion of probation and jail sentences decreased during the period analyzed from 45 percent to 43 percent and from 21 percent to 12 percent, respectively.

Figure 20

**Sentences Imposed on Convicted
MEG and Task Force Drug Offenders**

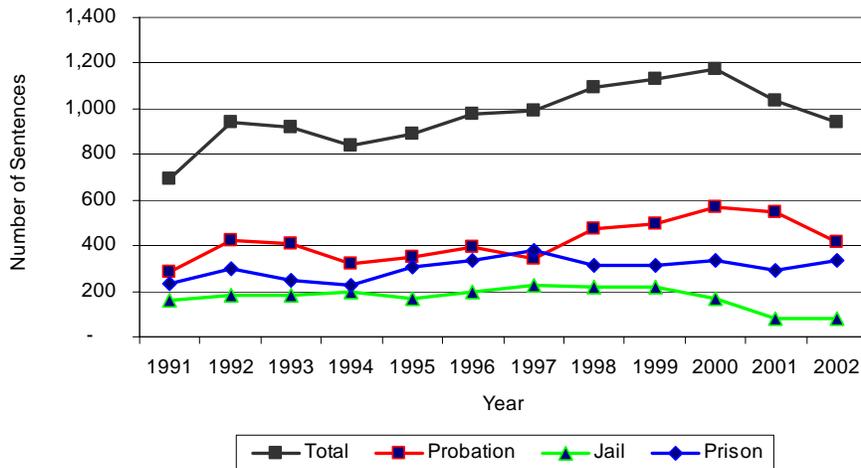


Source: MEG and task force data

When geographic regions were examined separately, some significant differences were noted. Between 1991 and 2002, the number of mostly urban MEG and task force drug offenders convicted and sentenced increased 36 percent, from 694 to 941. During the period analyzed, the number of convicted drug offenders sentenced to probation from regions covered by mostly urban MEGs and task forces increased 47 percent, from 283 in 1991 to 417 in 2002, while the number of those drug offenders sentenced to prison increased 45 percent, from 230 to 333. The number of mostly urban MEG and task force drug offenders sentenced to jail, on the other hand, decreased 52 percent, from 164 to 78 (Figure 20.1). The proportion of probation and prison sentences increased during the period analyzed, while the proportion of jail sentences decreased. In 2002, among those mostly urban MEG and task force drug offenders convicted and sentenced, probation sentences accounted for the largest proportion (44 percent), compared to 41 percent in 1991, while the proportion of prison sentences increased from 33 percent to 35 percent during the same period. The proportion of jail sentences, on the other hand, decreased from 24 percent to 8 percent.

Figure 20.1

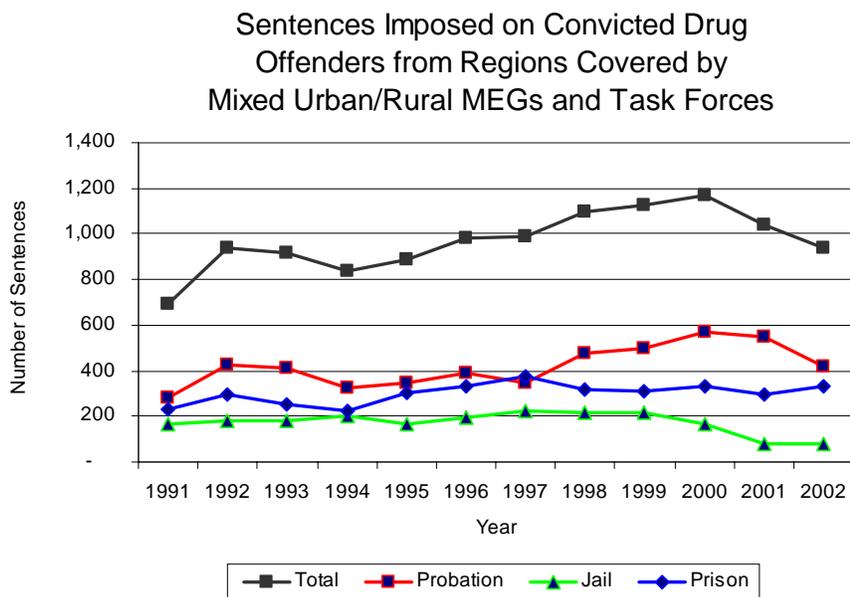
**Sentences Imposed on Convicted Drug
Offenders from Regions Covered by
Mostly Urban MEGs and Task Forces**



Source: ICJIA calculations using MEG and task force data

Between 1991 and 2002, the number of mixed urban/rural MEG and task force drug offenders convicted and sentenced increased 22 percent, from 325 to 396. During the period analyzed, the number of convicted drug offenders sentenced to prison from regions covered by mixed urban/rural MEGs and task forces increased 91 percent, from 138 in 1991 to 263 in 2002. Conversely, the number of those drug offenders sentenced to probation decreased 13 percent, from 166 to 144, and the number of mixed urban/rural MEG and task force drug offenders sentenced to jail decreased 39 percent, from 76 to 46 (Figure 20.2). In 2002, among those mixed urban/rural MEG and task force drug offenders convicted and sentenced, prison sentences accounted for the largest proportion (66 percent), compared to 42 percent in 1991. Conversely, the proportion of probation and jail sentences decreased during the same period, from 51 percent to 36 percent and from 23 percent to 12 percent, respectively.

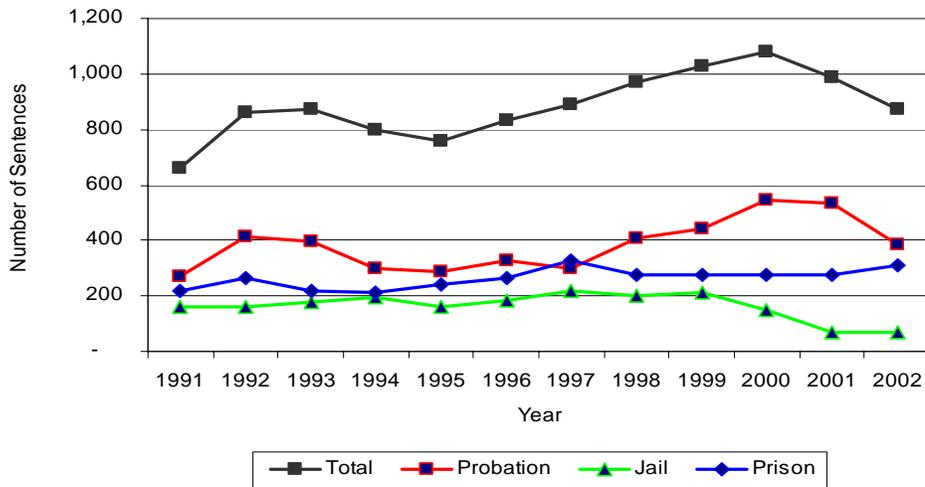
Figure 20.2



Source: ICJIA calculations using MEG and task force data

Between 1991 and 2002, the number of mostly rural MEG and task force drug offenders convicted and sentenced more than tripled, from 371 to 1,161. During the period analyzed, the number of convicted drug offenders sentenced to probation from regions covered by mostly rural MEGs and task forces increased more than three-fold, from 206 in 1991 to 548 in 2002, while the number of those drug offenders sentenced to prison and jail more than doubled, from 101 to 443, and 64 to 170, respectively (Figure 20.3). While accounting for the largest proportion of sentences in 2002, the proportion of mostly rural MEG and task force drug offenders convicted and sentenced to probation decreased from 56 percent in 1991 to 47 percent in 2002. The proportion of jail sentences also decreased during the period analyzed, from 17 percent to 15 percent. Conversely, the proportion of prison sentences increased from 27 percent in 1991 to 38 percent in 2002.

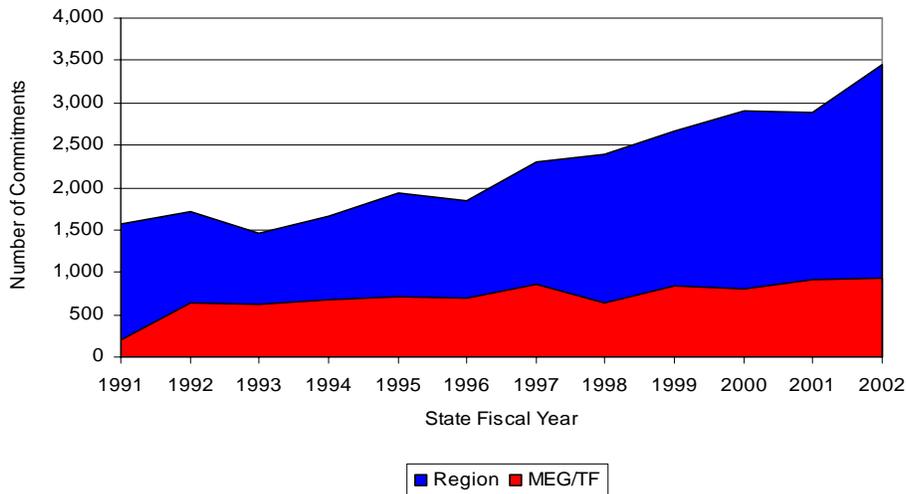
Figure 20.3
Sentences Imposed on Convicted Drug Offenders from Regions Covered by Mostly Rural MEGs and Task Forces



Source: ICJIA calculations using MEG and task force data

Between state fiscal years¹ 1991 and 2002, the number of new court commitments to IDOC's Adult Division for drug offenses from the regions covered by MEGs and task forces more than doubled, from 1,578 to 3,447. The number of drug offender admissions accounted by MEGs and task forces increased nearly four-fold, from 192 to 938 between 1991 and 2002 (Figure 21). Thus, during the period analyzed, prison sentences resulting from MEG and task force cases accounted for nearly one-third (32 percent) of all drug-law violators sentenced to prison from the regions where MEGs and task forces operate.

Figure 21
Number of New Court Commitments for Drug Offenders to IDOC by MEGs and Task Forces and Regions Covered by a MEG or Task Force



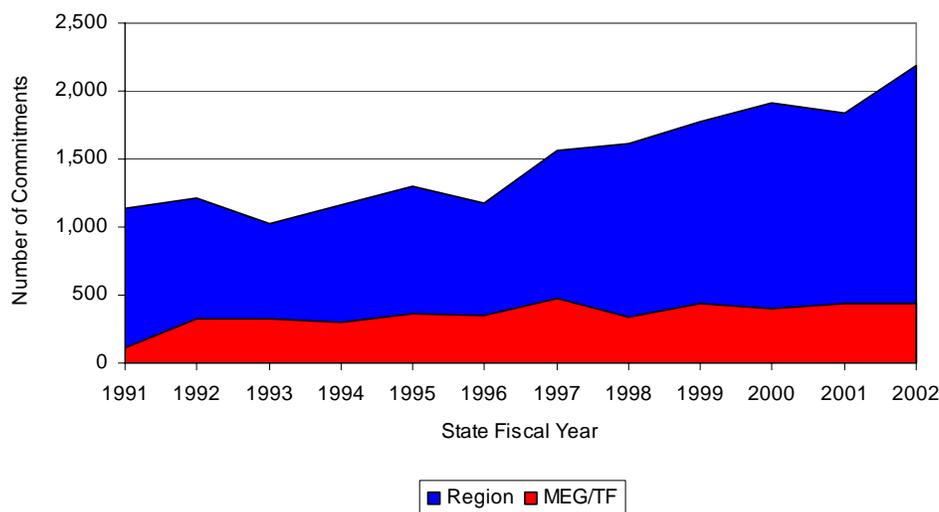
Source: ICJIA calculations using Illinois Department of Corrections and MEG and task force data

¹ Some state data are collected according to State Fiscal Year (SFY) instead of calendar year. SFYs begin on July 1st and end the following June 30th, and are named according to the calendar year between January and June, e.g. state fiscal year 1991 was from July 1st, 1990 to June 30th, 1991.

When geographic regions were examined separately, significant differences were noted. Between state fiscal years 1991 and 2002, the number of new court commitments to IDOC's Adult Division for drug offenses from the regions covered by mostly urban MEGs and task forces increased 92 percent, from 1,141 to 2,186. The number of drug offender admissions by mostly urban MEGs and task forces nearly quadrupled between 1991 and 2002, from 110 to 436 (Figure 21.1). Thus, during the period analyzed, prison sentences resulting from mostly urban MEG and task force cases accounted for nearly one-quarter (24 percent) of all drug-law violators sentenced to prison from the regions where mostly urban MEGs and task forces operate.

Figure 21.1

Number of New Court Commitments for Drug Offenders to IDOC by Mostly Urban MEGs and Task Forces and Regions Covered by a Mostly Urban MEG or Task Force

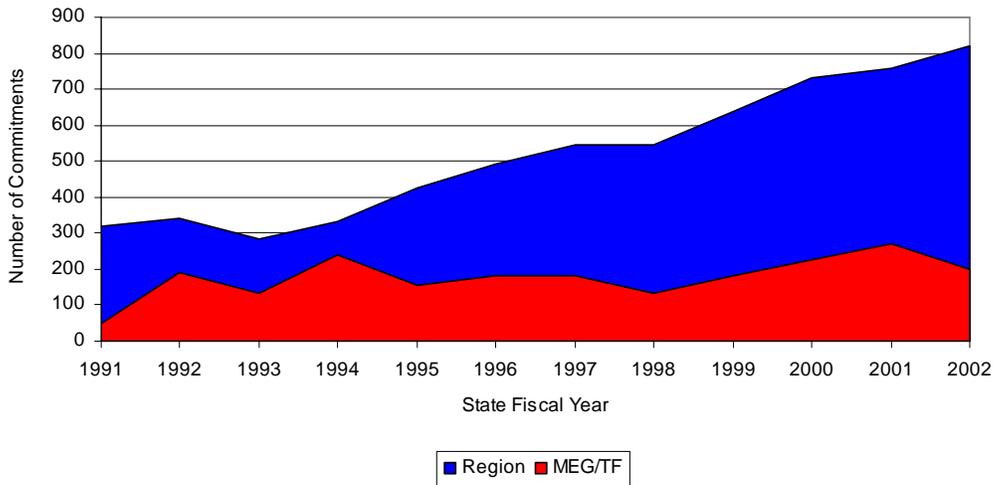


Source: ICJIA calculations using Illinois Department of Corrections and MEG and task force data

Between state fiscal years 1991 and 2002, the number of new court commitments to IDOC's Adult Division for drug offenses from the regions covered by mixed urban/rural MEGs and task forces more than doubled, from 321 to 819. The number of drug offender admissions by mixed urban/rural MEGs and task forces increased more than three-fold between 1991 and 2002, from 49 to 198 (Figure 21.2). As a result, during the period analyzed, prison sentences resulting from mixed urban/rural MEG and task force cases accounted for more than one-third (34 percent) of all drug-law violators sentenced to prison from the regions where mixed urban/rural MEGs and task forces operate.

Figure 21.2

Number of New Court Commitments for Drug Offenders to IDOC by Mixed Urban/Rural MEGs and Task Forces and Regions Covered by a Mixed Urban/Rural MEG or Task Force

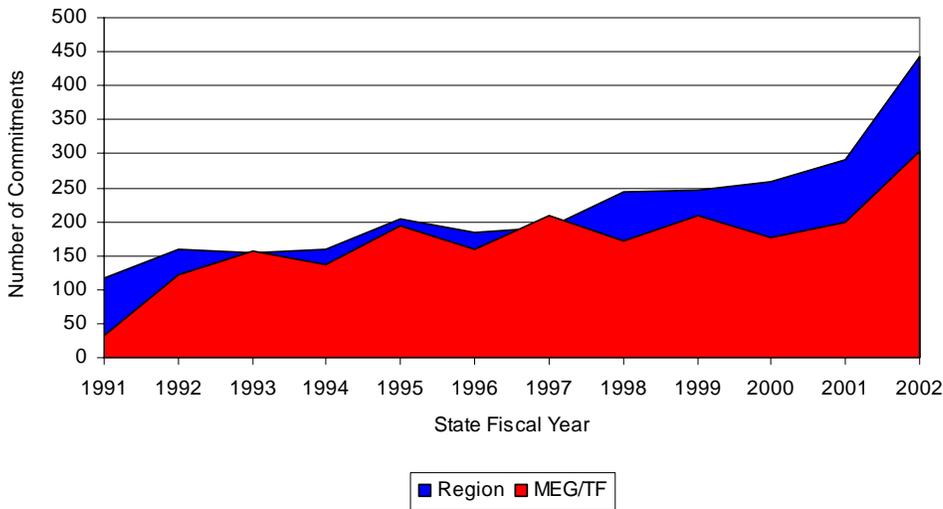


Source: ICJIA calculations using Illinois Department of Corrections and MEG and task force data

Between state fiscal years 1991 and 2002, the number of new court commitments to IDOC’s Adult Division for drug offenses from the regions covered by mostly rural MEGs and task forces more than tripled, from 116 to 442. The number of drug offender admissions by mostly rural MEGs and task forces increased dramatically between 1991 and 2002, from 33 to 304 (Figure 21.3). As a result, during the period analyzed, prison sentences resulting from mixed urban/rural MEG and task force cases accounted for more than three-quarters (78 percent) of all drug-law violators sentenced to prison from the regions where mostly rural MEGs and task forces operate.

Figure 21.3

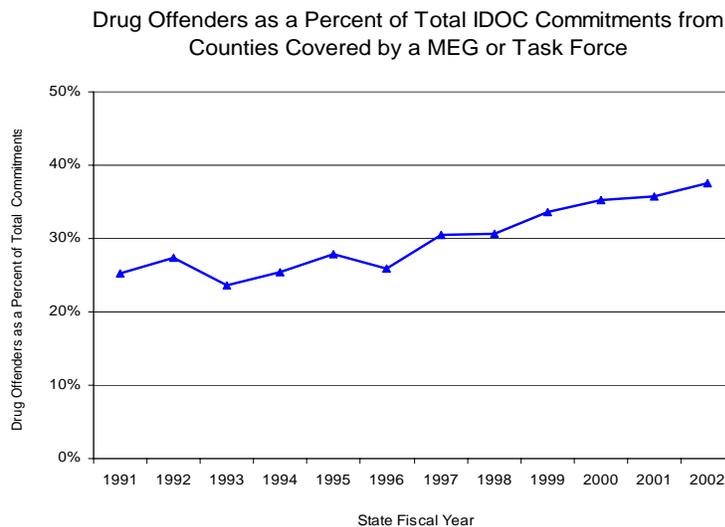
Number of New Court Commitments for Drug Offenders to IDOC by Mostly Rural MEGs and Task Forces and Regions Covered by a Mostly Rural MEG or Task Force



Source: ICJIA calculations using Illinois Department of Corrections and MEG and task force data

During the period analyzed, drug offenders accounted for an increasing proportion of adults convicted and sentenced to prison from the regions covered by MEGs and task forces. In 1991, drug offenses accounted for 25 percent of all commitments to IDOC, compared to 38 percent in 2002 (Figure 22).

Figure 22

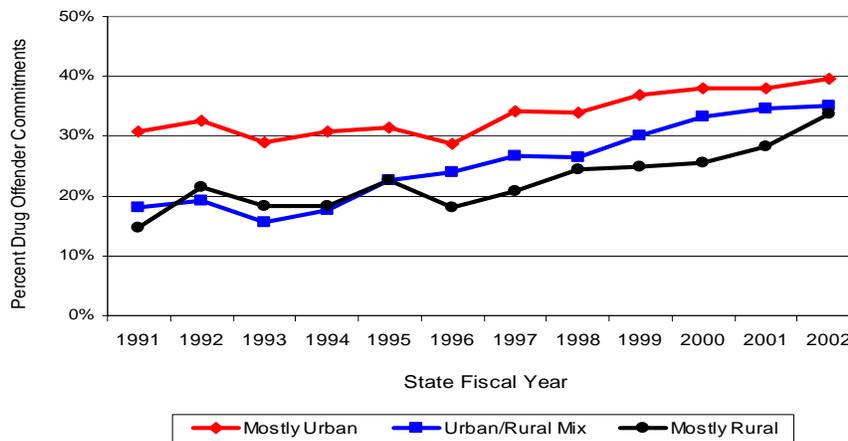


Source: Illinois Department of Corrections

When geographic regions were examined separately, some differences were noted. During the period analyzed, drug offenders accounted for an increasing proportion of adults convicted and sentenced to prison across all regions covered by MEGs and task forces. In 1991, drug offenses accounted for 31 percent of all commitments to IDOC from mostly urban regions covered by a MEG or task force, compared to 40 percent in 2002. Drug offenders from regions covered by mixed urban/rural MEGs and task forces accounted for 18 percent of adults convicted and sentenced to prison in 1993, compared to 35 percent in 2002, while the proportion of commitments for mostly rural regions more than doubled, from 15 percent in 1991 to 34 percent in 2002 (Figure 22.1).

Figure 22.1

Drug Offenders as a Percent of Total IDOC Commitments from Counties Covered by a MEG or Task Force, by Unit Type

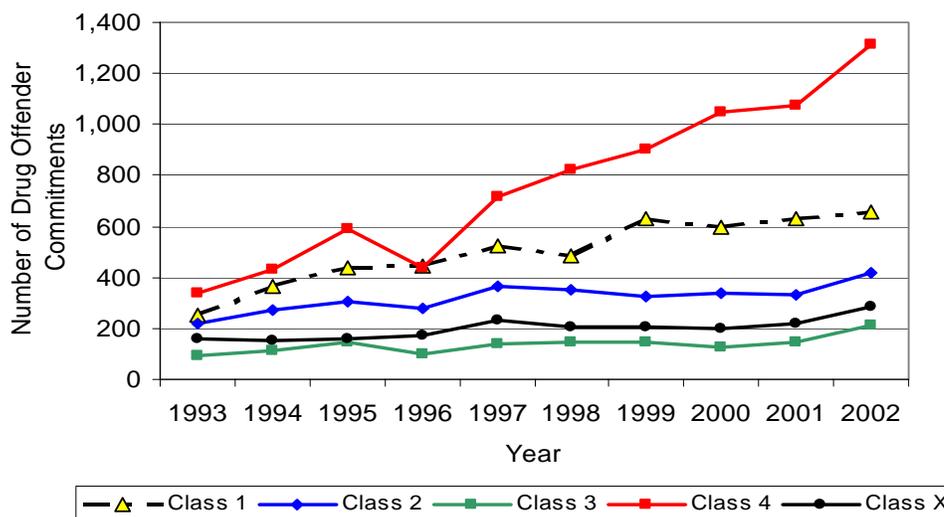


Source: ICJIA calculations using MEG and task force data

As a result, when MEG and task force unit commitments to prison for drug offenses were compared to commitments from regions covered by a MEG or task force, the results varied. Regions covered by mostly urban MEGs and task forces accounted for the largest proportion (40 percent) of adults convicted and sentenced to prison for drug offenses. Of those, mostly urban MEG and task force cases accounted for 24 percent, the smallest proportion across all MEG and task force types. Conversely, regions covered by mostly rural urban MEGs and task forces accounted for the smallest proportion (34 percent) of adults convicted and sentenced to prison for drug offenses, but the MEGs and task forces accounted for the largest proportion (78 percent). On the other hand, the proportion of drug offenders convicted and sentenced to prison from regions covered by mixed urban/rural MEGs and task forces was similar to the proportion accounted for by mixed urban/rural units, 35 percent and 34 percent, respectively.

Penalties for drug offenses were also examined between 1993 and 2002. Class 4 felonies accounted for the largest proportion (40 percent) of sentences to IDOC for drug offenses by regions covered by MEGs and task forces, followed by Class 1 felonies (26 percent), Class 2 felonies (17 percent), Class X felonies (10 percent), and Class 3 felonies (7 percent). Between 1993 and 2002, the number of Class 4 felony sentences nearly quadrupled, from 337 to 1,314, while Class 1 and Class 3 felony sentences more than doubled, from 254 to 659 and 96 to 211, respectively. The number of Class 2 and Class X felony sentences increased 91 percent and 82 percent, respectively, from 218 to 416 and 158 to 287 (Figure 23).

Figure 23
Drug Offenders Committed to IDOC from
Counties Covered by a MEG or Task Force,
by Offense Class

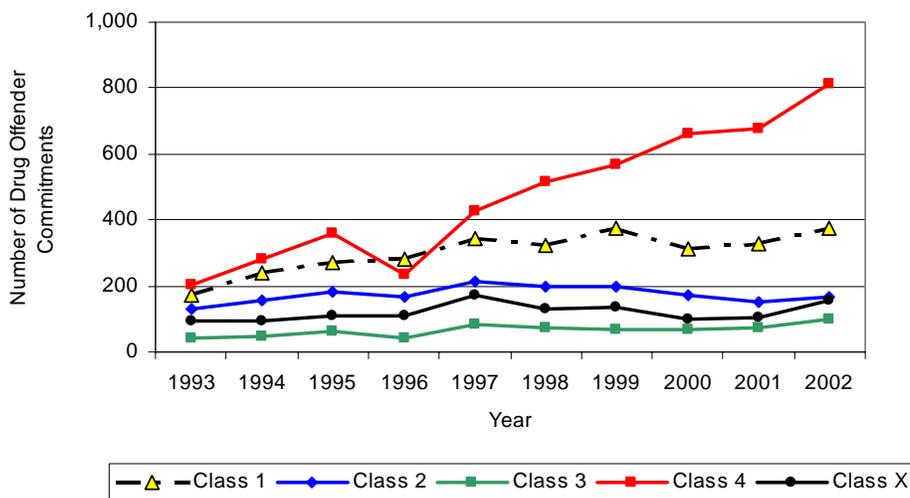


Source: Illinois Department of Corrections

Despite the increase in Class 4 felony sentences to IDOC between 1993 and 2002, the mean sentence length for Class 4 felonies decreased only slightly during the period, from 2.2 years to 2.1 years. However, the mean sentence length for Class 1 felonies increased 22 percent, from 4.7 to 5.7 years, while the mean sentence for a Class 2 and Class 3 felonies remained unchanged at 4.1 and 3.0 years, respectively. Class X felony sentence lengths decreased 3 percent, from 8.5 years in 1993 to 8.3 years in 2002.

When geographic regions were examined separately, some differences were noted. Class 4 felonies accounted for the largest proportion (42 percent) of sentences to IDOC for drug offenses by regions covered by mostly urban MEGs and task forces, followed by Class 1 felonies (27 percent), Class 2 felonies (15 percent), Class X felonies (11 percent), and Class 3 felonies (6 percent). Between 1993 and 2002, the number of Class 4 felony sentences nearly quadrupled, from 204 to 813, while Class 3 and Class 1 felony sentences more than doubled, from 41 to 97 and 174 to 377, respectively. The number of Class X felonies increased 64 percent, from 94 to 154, while Class 2 felony sentences increased 28 percent, from 130 to 166 (Figure 23.1).

Figure 23.1
Drug Offenders Committed to IDOC from
Counties Covered by Mostly Urban MEG or Task
Forces, by Offense Class

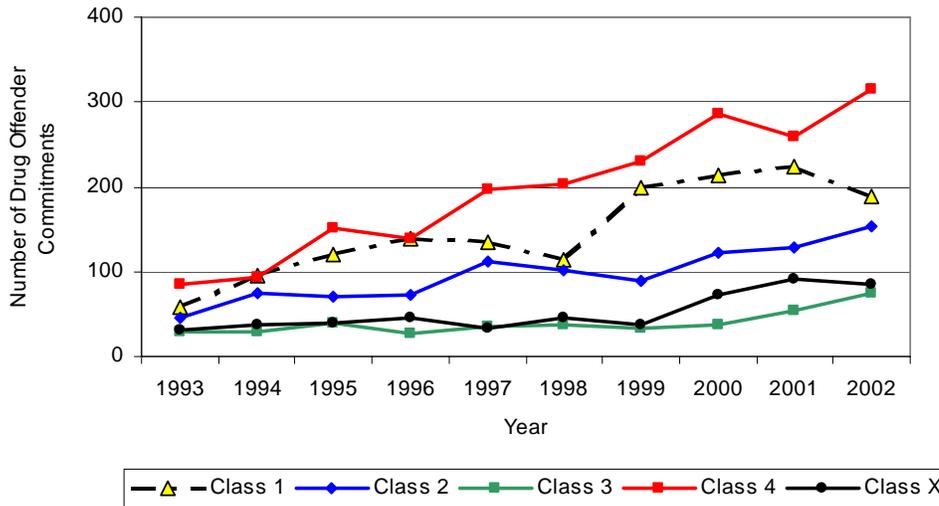


Source: ICJIA calculations using Illinois Department of Corrections data

Despite the increase in Class 4 felony sentences to IDOC between 1993 and 2002, the mean sentence length for Class 4 felonies decreased slightly during the period, from 2.1 years to 1.9 years. However, the mean sentence length for Class 1 felonies increased 9 percent, from 5.1 to 5.5 years, while the mean sentence for both Class 2 and Class X felonies increased 5 percent, from 3.8 to 4.0 years and 7.4 to 7.8 years, respectively. Conversely, Class 3 felony sentence lengths decreased slightly, from 2.9 to 2.8 years.

Class 4 felonies accounted for the largest proportion (37 percent) of sentences to IDOC for drug offenses by regions covered by mixed urban/rural MEGs and task forces, followed by Class 1 felonies (28 percent), Class 2 felonies (18 percent), Class X felonies (10 percent), and Class 3 felonies (7 percent). Between 1993 and 2002, the number of Class 4, Class 1, and Class 2 felony sentences more than tripled, from 85 to 316, 45 to 154, and 59 to 189, respectively. During the same period, the number of Class X and Class 3 felonies more than doubled, from 32 to 86 and 29 to 74, respectively (Figure 23.2).

Figure 23.2
Drug Offenders Committed to IDOC from
Counties Covered by Mixed Urban/Rural MEG or Task
Forces, by Offense Class

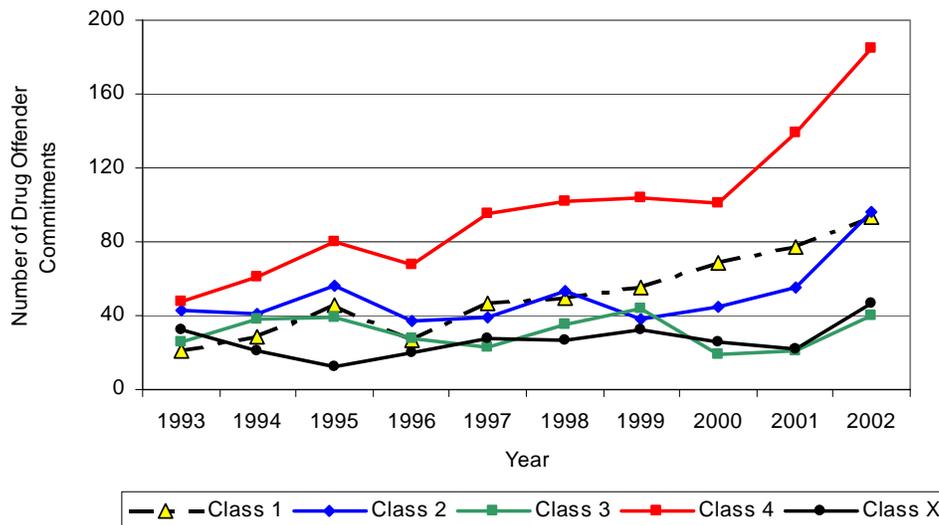


Source: ICJIA calculations using Illinois Department of Corrections data

Along with the increase in Class 4, Class 1, and Class 2 felony sentences to IDOC between 1993 and 2002, the mean sentence length for those felonies increased slightly during the period, from 2.2 to 2.3, 5.8 to 5.9, and 4.0 to 4.3 years, respectively. The mean sentence length for Class 3 felonies also increased 4 percent during the period analyzed, from 2.9 to 3.0 years, while the mean sentence for a Class X felonies decreased 5 percent, from 9.7 to 9.2 years.

Class 4 felonies accounted for the largest proportion (38 percent) of sentences to IDOC for drug offenses by regions covered by mostly rural MEGs and task forces, followed by Class 1 felonies (20 percent), Class 2 felonies (19 percent), Class 3 felonies (12 percent), and Class X felonies (10 percent). Between 1993 and 2002, the number of Class 1 felony sentences more than quadrupled, from 21 to 93, while Class 4 felony sentences more than tripled, from 48 to 185, Class 2 felonies more than doubled, from 43 to 96. The number of Class 3 felonies increased 54 percent, from 26 to 40, while Class X felony sentences increased 47 percent, from 32 to 47 (Figure 23.3).

Figure 23.3
Drug Offenders Committed to IDOC from
Counties Covered by Mostly Rural MEG or Task
Forces, by Offense Class



Source: ICJIA calculations using Illinois Department of Corrections data

Along with the increase in Class 1 felony sentences to IDOC between 1993 and 2002, the mean sentence length for Class 1 felonies increased 75 percent during the period, from 3.3 years to 5.7 years, while the mean sentence length for Class 4 felonies increased slightly, from 2.2 to 2.3 years. Conversely, the mean sentences for Class X and Class 2 felonies decreased 7 percent and 6 percent, respectively, from 8.8 to 8.1 years and 4.4 to 4.2 years. Meanwhile, Class 3 sentence lengths remained unchanged at 3.1 years between 1993 and 2002.

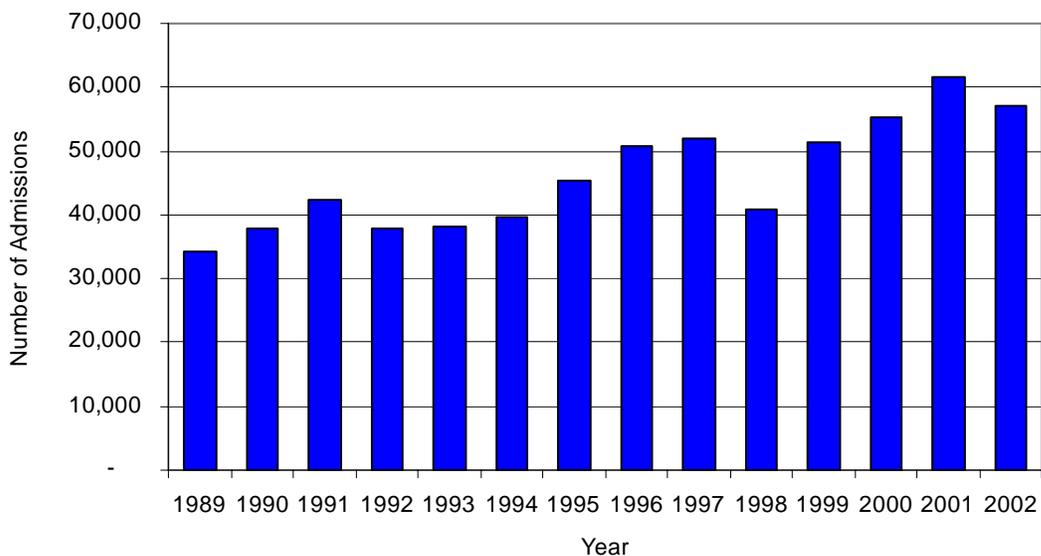
VII. Trends in Drug Treatment Admissions, by Drug Type

In addition to considering indicators of the extent and nature of drug abuse as reported through the criminal justice system (for example, arrests and prison sentences), there are indicators of substance abuse available from other Illinois social service agencies. Overseeing and supporting treatment for substance users, whether they are referred from the criminal justice system or elsewhere, is the responsibility of the Illinois Department of Human Services' Office of Alcoholism and Substance Abuse (OASA). It is important to note, however, that while OASA data represent the majority of the overall demand for substance abuse treatment in the state, some private programs provide treatment services to a smaller but significant number of clients who may not be included in the state's reporting system.

In state fiscal year 2002, OASA reported 56,985 admissions for alcohol or drug abuse treatment from the regions covered by MEGs and task forces, 67 percent more than the 34,181 admissions in 1989 (Figure 24). Among the 56,985 admissions to substance abuse treatment in state fiscal year 2002, 40 percent reported alcohol as their primary substance of abuse, while abuse of illicit substances accounted for 52 percent of treatment admissions and 3 percent reported no primary substance of abuse.

Figure 24

Substance Abuse Treatment Admissions from Counties Covered by a MEG or Task Force



Source: Illinois Department of Human Services' Office of Alcoholism and Substance Abuse

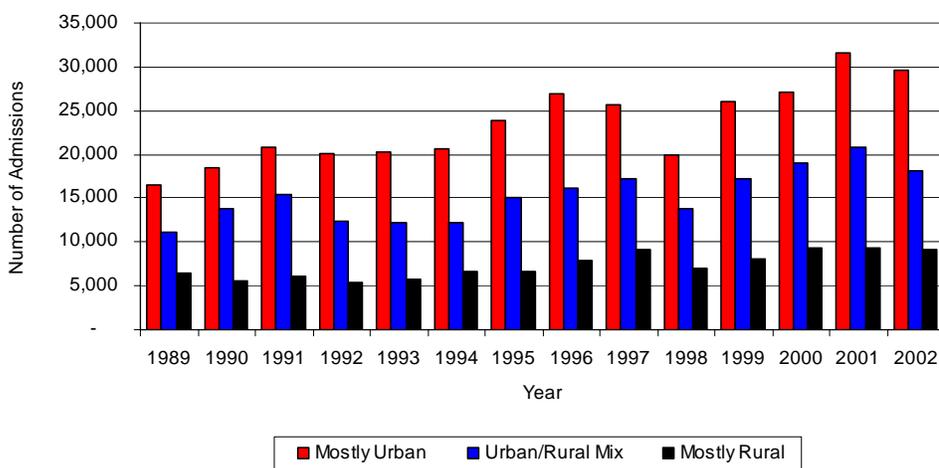
When geographic regions were examined separately, some differences were noted. Admissions for alcohol or drug abuse treatment from the regions covered by MEGs and task forces increased across all regions (Figure 24.1). Regions covered by mostly urban MEGs and task forces experienced the largest increase, increasing 79 percent, from 16,574 to 29,698 admissions between 1989 and 2002. Among the 29,698 admissions to substance abuse treatment from regions covered by mostly urban MEGs and task forces in state fiscal year 2002, 35 percent reported alcohol as their primary substance of abuse, while abuse of illicit substances accounted for more than one-half (56 percent) of treatment admissions and 3 percent reported no primary substance of abuse.

In state fiscal year 2002, there were 18,096 admissions to substance abuse treatment from regions covered by mixed urban/rural MEGs and task forces, 62 percent more than the 11,194 admissions reported in 1989. Among the 18,096 admissions to substance abuse treatment from regions covered by mixed urban/rural MEGs and task forces in state fiscal year 2002, 44 percent reported alcohol as their primary substance of abuse, while abuse of illicit substances accounted for nearly one-half (49 percent) of treatment admissions and 5 percent reported no primary substance of abuse.

There were 9,191 admissions to substance abuse treatment from regions covered by mostly rural MEGs and task forces in state fiscal year 2002, 43 percent more than the 6,413 admissions reported in 1989. One-half of admissions to substance abuse treatment from regions covered by mostly rural MEGs and task forces reported alcohol as their primary substance of abuse, while abuse of illicit substances accounted for 45 percent of treatment admissions and 2 percent reported no primary substance of abuse.

Figure 24.1

Substance Abuse Treatment Admissions from Counties Covered by a MEG or Task Force, by Unit Type



Source: ICJIA calculations using Illinois Department of Human Services' Office of Alcoholism and Substance Abuse data

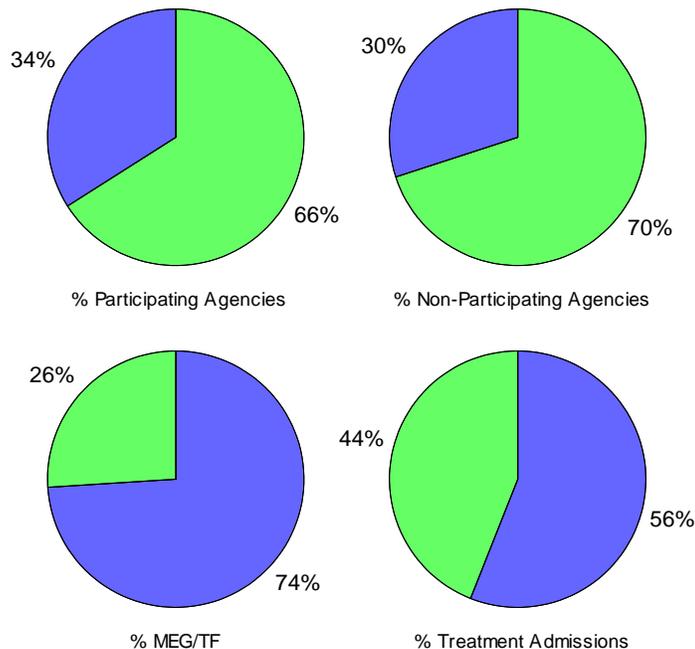
While the number of treatment admissions to substance abuse treatment increased across all regions covered by MEGs and task forces, the proportion accounted for by each region varied. Between state fiscal years 1989 and 2002, the proportion of total admissions to substance abuse treatment decreased for those regions covered by mixed urban/rural and mostly rural MEGs and task forces, from 33 percent to 32 percent and 19 percent to 16 percent, respectively. Conversely, the proportion of admissions accounted for by regions covered by mostly urban MEGs and task forces increased during the period analyzed, from 48 percent to 52 percent.

While drug treatment admissions can be considered a measure of the demand placed on a specific component of the human services system within Illinois, the extent and nature of drug treatment admissions could also be indicative of the substance abuse problem within a particular region. In some respects, the characteristics of those admitted to drug treatment can be considered a profile of the most serious drug abusers in the community, since admission to treatment requires a documented, formal assessment of a drug problem and a level of substance abuse warranting treatment. By comparing the types of drugs of abuse reported by those admitted to substance abuse treatment with the types of drugs involved in law enforcement agency arrests, one can get a sense of the degree to which arrests reflect the drugs which are most problematic within a community.

In the following analyses, the percent of arrests accounted for by drugs classified under Illinois' Controlled Substances Act (primarily cocaine, heroin, and methamphetamine) versus the Cannabis Control Act (marijuana) across the participating agencies combined, non-participating agencies combined, and MEGs and task forces are compared to the proportion of drug treatment admissions accounted for by these groups of substances in 2002. From these comparisons, a number of general conclusions can be made. First, the proportion of arrests made by MEGs and task forces accounted for by drugs other than marijuana (Controlled Substances Act offenses) more closely resembled the proportion of drug treatment admissions from the covered regions accounted for by these substances. Thus, there is considerable convergence between the drugs involved in MEG and task force arrests and treatment admissions. On the other hand, the majority of arrests by local police departments (including those participating in MEGs and task forces and non-participating agencies) were for cannabis offenses. Thus, while local arrests may reflect the most widely available and used drug in the region, they tend not to involve the substances considered to be most serious (i.e., felony versus misdemeanor) nor the substances individuals are seeking and receiving treatment for (Figure 25).

Figure 25

Comparison of Drug Arrests by MEGs and Task Forces and Participating and Non-participating Agencies vs. Drug Abuse Treatment Admissions in Regions Covered by MEGs and Task Forces, 2002



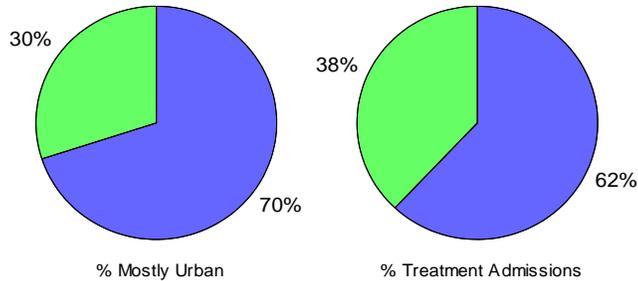
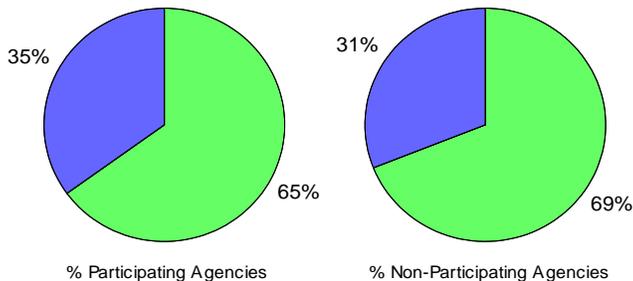
Source: Source: ICJIA calculations using Illinois State Police, Illinois Department of Human Services' Office of Alcoholism and Substance Abuse and MEGs and task force data

When geographic regions were examined separately, similar trends were noted. The proportion of arrests made by all MEGs and task forces accounted for by drugs other than marijuana (Controlled Substances Act offenses) more closely resembled the proportion of drug treatment admissions from those covered regions accounted for by these substances. Thus, there is considerable convergence between the drugs involved in MEG and task force arrests and treatment admissions for regions covered by MEGs and task forces. In SFY 2002, arrests for Controlled Substances Act offenses accounted for the majority of drug arrests by all MEGs and task forces. Between 1999 and 2002, the proportion of arrests for violation of the Controlled Substances Act increased across all MEG and task forces. The proportion of Controlled Substance Act arrests made by MEGs and task forces in mostly urban regions increased from 66 percent in 1999 to 70 in 2002, while the proportion increased from 72 percent to 82 percent in mixed urban/rural MEGs and task forces. MEGs and task forces in mostly rural regions experienced the largest increase in Controlled Substance Act arrests between 1999 and 2002, increasing from 61 percent to 75 percent. With the exception of mixed urban/rural units, there is considerable convergence between drug arrests by MEGs and task forces and treatment admissions in those regions they cover in that they tend to involve the substances individuals are seeking and receiving treatment for (Figure 25.1). Across all regions examined, arrests for cannabis offenses continue to account for the majority of arrests by local police departments (including those participating in MEGs and task forces and non-participating agencies).

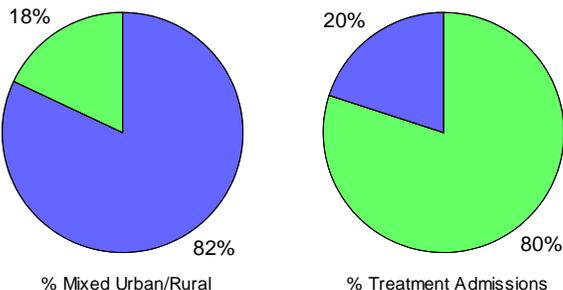
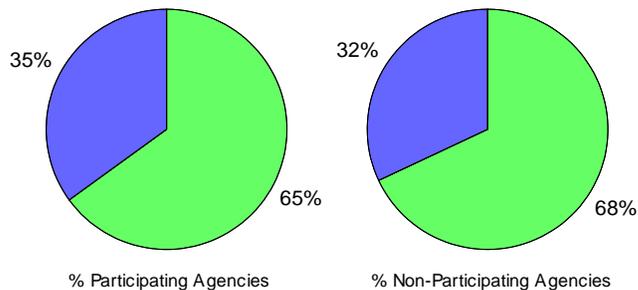
When drug arrests and drug treatment admissions were examined more closely, it was observed that cocaine accounted for the largest proportion (38 percent) of drug arrests, followed by cannabis (26 percent) and methamphetamine (23 percent). On the other hand, cannabis accounted for the largest proportion of drug treatment admissions (44 percent) across all regions covered by MEGs and task forces, followed by cocaine (36 percent) and heroin (12 percent).

Figure 25.1

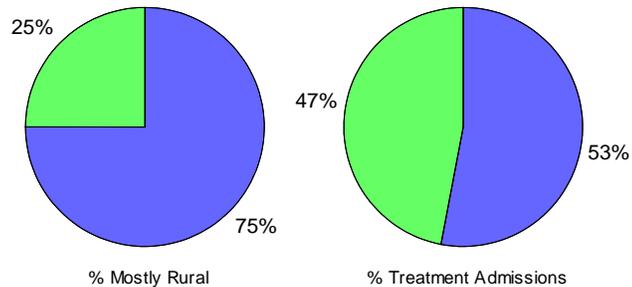
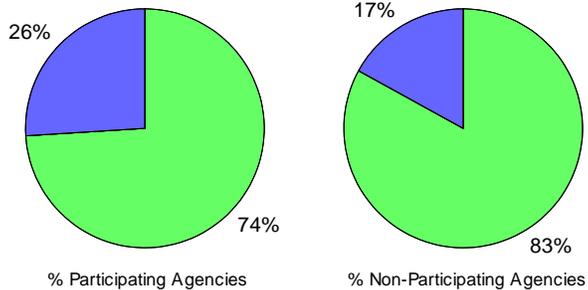
Comparison of Drug Arrests by MEGs and Task Forces and Participating and Non-participating Agencies vs. Drug Abuse Treatment Admissions in Regions Covered by MEGs and Task Forces, by Unit Type, 2002



Regions Covered by Mostly Urban MEGs and Task Forces



Regions Covered by Mixed Urban/Rural MEGs and Task Forces



Regions Covered by Mostly Rural MEGs and Task Forces

■ Cannabis ■ Controlled Substances

Source: ICJIA calculations using Illinois State Police, Illinois Department of Human Services' Office of Alcoholism and Substance Abuse and MEGs and task force data

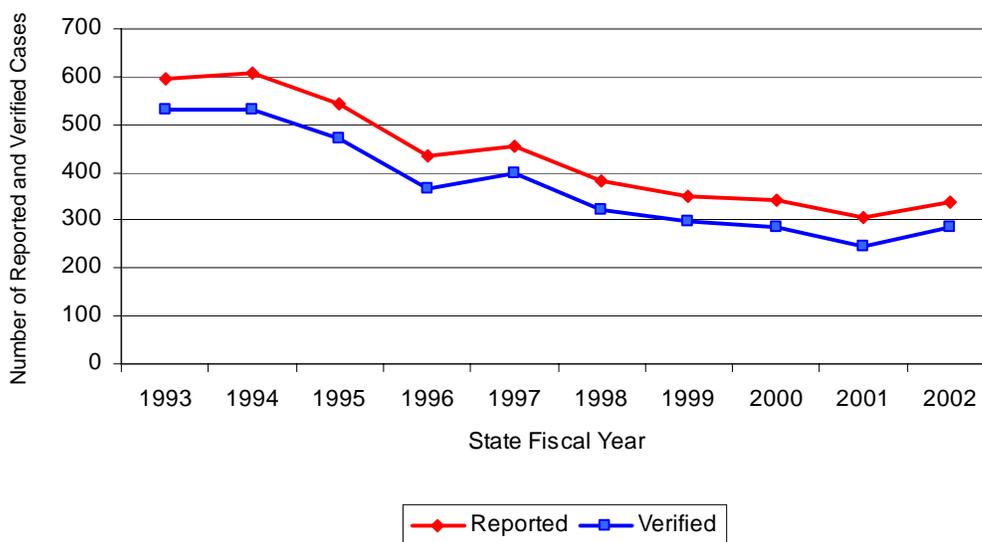
VIII. Trends in Substance-Exposed Infants

Illinois continues to experience the effects of prenatal substance abuse. In Illinois, if a baby is born and thought to have been exposed to illegal substances or alcohol, either through observation by physicians or toxicology tests, the case is reported to the Illinois Department of Children and Family Services. These cases are then investigated by DCFS to verify the child's prenatal exposure to either alcohol or illegal substances. Between state fiscal years 1993 and 2002, 91 of Illinois' 102 counties reported at least one case of a substance-exposed infant.

Between state fiscal years 1993 and 2002, the number of substance-exposed infant cases reported in the regions covered by MEGs and task forces decreased 43 percent, from 596 to 339. During the same period, 3,730 cases, or 86 percent of all cases reported, were verified as involving prenatal drug use by a DCFS investigation. Mirroring the trend of reported cases, verified cases of substance-exposed infants in regions covered by a MEG or task force also declined 1993 and 2002, from 530 to 286 (Figure 26).

Figure 26

Cases of Substance-Exposed Infants in Counties Covered by a MEG or Task Force



Source: Illinois Department of Children and Family Services

When geographic regions were examined separately, some differences were noted. Between state fiscal years 1993 and 2002, regions covered by mostly urban MEGs and task forces accounted for the majority (62 percent) of reported cases of substance-exposed infants, followed by regions covered by mixed urban/rural (31 percent) and mostly rural (7 percent) MEGs and task forces. However, the proportion accounted for by regions covered by mostly rural MEGs and task forces more than tripled, from 4 percent to 13 percent, while the proportions accounted for by mostly urban and mixed urban/rural regions decreased, from 63 percent to 58 percent and 33 percent to 29 percent, respectively. The number of substance-exposed infant cases reported in the regions covered by mostly urban MEGs and task forces decreased 47 percent, from 371 in 1993 to 197 in 2002. During the same period, 2,355 cases, or 88 percent of all cases reported, were verified. Mirroring the trend of reported cases, verified cases of

substance-exposed infants in the regions covered by mostly urban MEGs and task forces decreased 49 percent between 1993 and 2002, from 334 to 169.

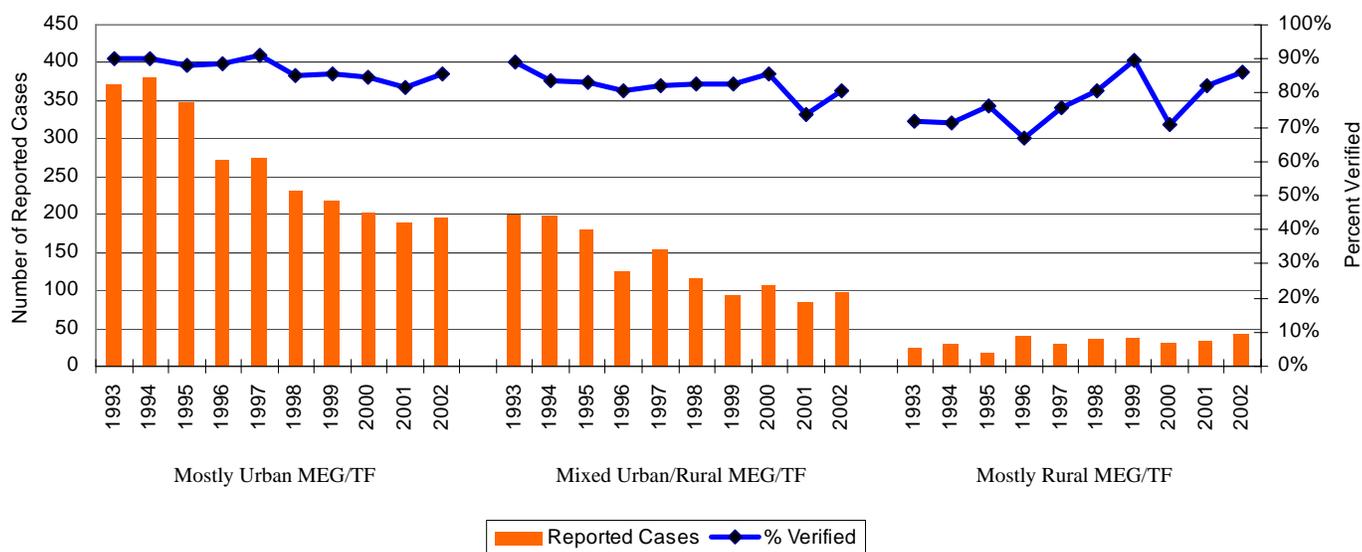
Similar to regions covered by mostly urban MEGs and task forces, the number of substance-exposed infant cases reported in the regions covered by mixed urban/rural MEGs and task forces also decreased between state fiscal years 1993 and 2002, from 200 to 99. During the same period, 1,126 cases, or 83 percent of all cases reported, were verified. Mirroring the trend of reported cases, verified cases of substance-exposed infants in the regions covered by mixed urban/rural MEGs and task forces decreased 55 percent between 1993 and 2002, from 178 to 80.

Conversely, the number of substance-exposed infant cases reported in the regions covered by mostly rural MEGs and task forces increased 72 percent between state fiscal years 1993 and 2002, from 25 to 43. During the same period, 249 cases, or 78 percent of all cases reported, were verified. Between state fiscal years 1993 and 2002, verified cases of substance-exposed infants in the regions covered by mostly rural MEGs and task forces more than doubled, from 18 cases to 37 cases.

As can be seen in Figure 26.1, the proportion of verified cases of substance-exposed infants in the regions covered by MEGs and task forces varied by region. The proportion of verified cases declined slightly, from 90 percent in 1993 to 86 percent in 2002 for regions covered by mostly urban MEGs and task forces, while regions covered by mixed urban/rural MEGs and task forces experienced a decreased proportion, decreasing from 89 percent in 1993 to 81 percent in 2002. On the other hand, during the period analyzed, the proportion of verified cases in regions covered by mostly rural MEGs and task forces increased from 72 percent to 86 percent.

Figure 26.1

Reported Cases of Substance-Exposed Infants and Percent Verified in Regions Covered by MEGs and Task Forces, by Unit Type



Source: ICJIA calculations using Illinois Department of Children and Family Services data

IX. Drug Seizures and Forfeitures

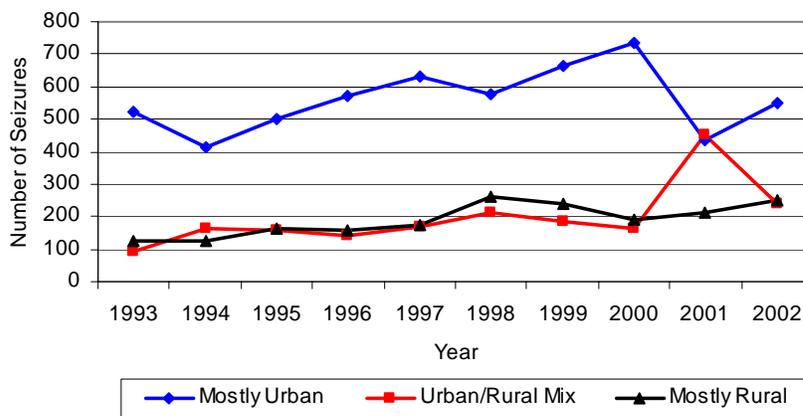
Since they were first enacted in the early 1980s, state laws authorizing the seizure and forfeiture of drug offenders' assets have become increasingly important tools for Illinois's law enforcement agencies. Illinois' asset seizure and forfeiture laws are intended to attack the profit motive for trafficking in illegal drugs. In Illinois, asset seizure and forfeiture in drug cases are authorized under four separate laws: *the Controlled Substances Act* (720 ILCS 570/505), the *Cannabis Control Act* (720 ILCS 550/12), the *Narcotics Profit Forfeiture Act* (725 ILCS 175/5) and the *Drug Asset Forfeiture Procedure Act* (725 ILCS 150/1).

Seizure and forfeiture are not interchangeable terms for the same thing, but rather are distinct parts of an integrated process. A *seizure* is the act of physically taking possession of a piece of property (e.g., cash, a vehicle, or real estate, for example) that is suspected of having been used to violate a drug law or acquired with the profits of illegal drug activity. Seized property, however, is not immediately or automatically "forfeited" by its owner, but instead becomes the subject of subsequent legal proceedings. Whereas, *forfeiture* is the legal proceeding following the initial seizure. It is at this point in the process that the state attempts to deny the owner of all rights to the seized property and to acquire the property for future sale and distribution of proceeds.

When analyzing changes over time in asset seizures and forfeitures two factors must be kept in mind. First, seizures and forfeitures in drug cases are, by their very nature, inconstant. One or two large forfeitures in a given year can inflate the total for that year, just as the absence of any large forfeiture can deflate the total in other years. Second, there can be a significant delay from the time a piece of property is seized and the time it is ultimately forfeited and the proceeds distributed. This delay means that forfeitures may not be reflected in the same year as the seizure from which they resulted was reported.

Between 1993 and 2002, the number of MEG and task force seizures increased 41 percent, from 737 to 1,041. However, when geographic regions were examined separately, significant differences were noted. The number of seizures increased across all regions covered by a MEG or task force, but increased most notably in regions covered by mixed urban/rural and mostly rural MEGs and task forces where the number of seizures more than doubled, from 92 to 240 and 125 to 252, respectively. The number of seizures made by mostly urban MEGs and task forces increased 6 percent during the period analyzed, from 520 to 549 (Figure 27).

Figure 27
MEG and Task Force Asset Seizures,
by Unit Type

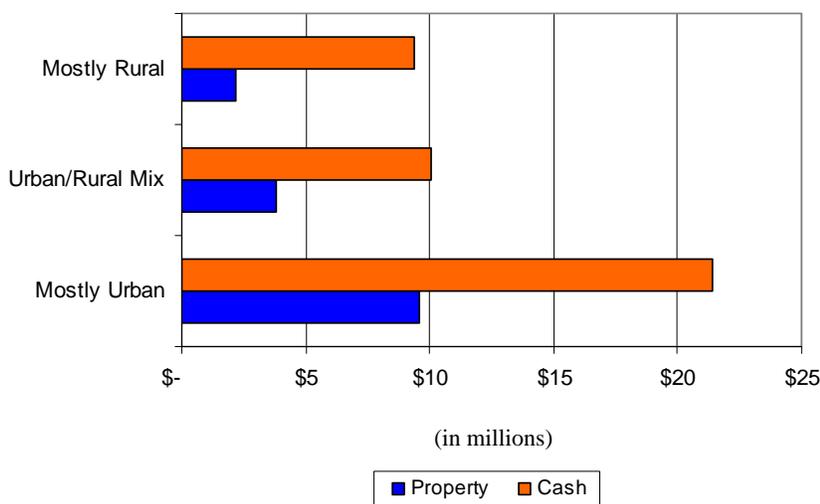


Source: ICJIA calculations using MEG and task force data

During the period analyzed, more than \$56 million in cash and property were seized as a result of the 9,465 seizures made by Illinois' MEGs and task forces. Cash accounted for the majority (72 percent) of the value of all seizures, while tangible property accounted for 28 percent. Mostly urban MEGs and task forces accounted for the largest proportion (52 percent) of cash assets seized by MEGs and task forces between 1993 and 2002, seizing more than \$21.4 million, followed by mixed urban/rural (25 percent) and mostly rural (23 percent) MEGs and task forces which seized more than \$10 million and \$9.3 million, respectively. Mostly urban MEGs and task forces also accounted for the largest proportion (62 percent) of property assets seized by MEGs and task forces during the period analyzed, seizing nearly \$9.6 million, followed by mixed urban/rural (24 percent) and mostly rural (14 percent) MEGs and task forces which seized nearly \$3.8 million and \$2.2 million, respectively (Figure 27.1).

Figure 27.1

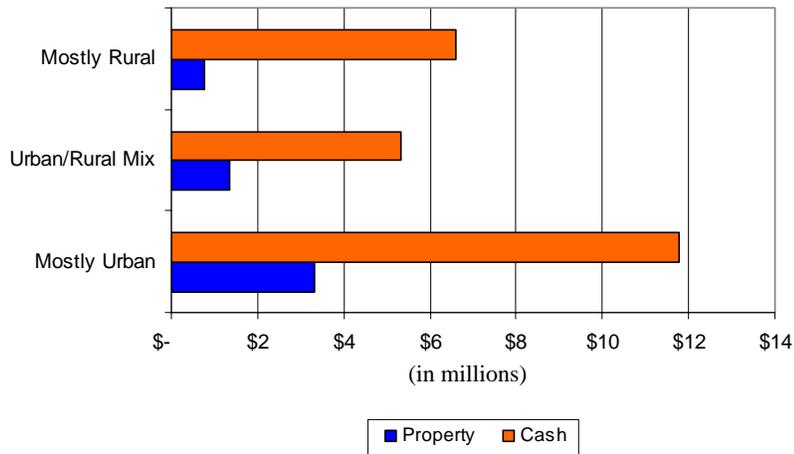
MEG and Task Force Cash and Tangible Property Seizure Values, by Unit Type, 1993-2002



Source: ICJIA calculations using MEG and task force data

A total of 7,513 forfeiture judgments were filed between 1993 and 2002. As a result, nearly \$24 million in cash and more than \$5.4 million in property assets were forfeited. Cash accounted for the majority (81 percent) of the value of all forfeiture assets, while tangible property accounted for 19 percent. Similar to seizures, mostly urban MEGs and task forces accounted for 50 percent (\$11.8 million) of the cash value of assets forfeited as a result of MEG and task force seizures between 1993 and 2002, followed by mostly rural (28 percent) and mixed urban/rural (22 percent) MEGs and task forces which accounted for more than \$6.5 million and \$5.3 million in forfeited cash assets, respectively. Mostly urban MEGs and task forces accounted for the largest proportion (61 percent) of the value of all property assets forfeited during the period analyzed, accounting for more than \$3.3 million in forfeited assets. Mixed urban/rural MEGs and task forces accounted for 25 percent, while mostly rural MEGs and task forces accounted for 14 percent of the total value of property assets forfeited between 1993 and 2002 accounting for more than \$1.3 million and \$0.76 million, respectively (Figure 27.2).

Figure 27.2
MEG and Task Force Cash and Tangible
Property Forfeiture Values,
by Unit Type, 1993-2002

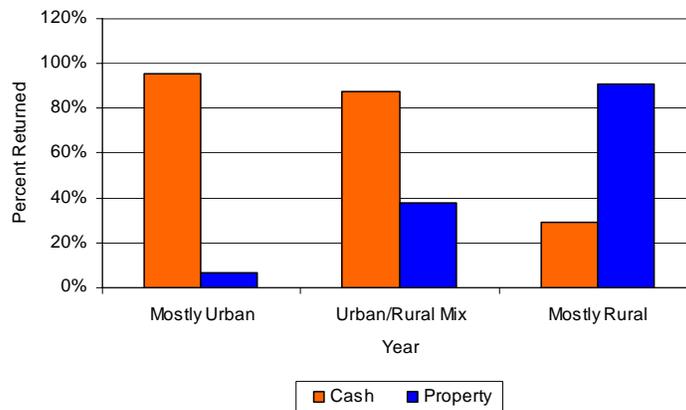


Source: ICJIA calculations using MEG and task force data

Between 1993 and 2002, of the \$56.3 million in cash and property seized by MEGs and task forces, more than one-half (58 percent) of the cash (\$40.8 million) and 35 percent of the property (\$15.5 million) were ultimately forfeited. Overall, that proportion of property forfeitures was constant across MEG and task force regions, while cash forfeitures varied, ranging from a high of 70 percent in the mostly rural regions to 55 percent and 53 percent in the mostly urban and mixed urban/rural regions, respectively.

As a result, in 2002, the majority of cash (67 percent) forfeitures were returned to the MEGs and task forces, while just 21 percent of property forfeitures were returned to the units. These proportions, however, varied significantly by region. Mostly rural MEGs and task forces accounted for the largest proportion of property forfeiture judgments returned (91 percent), compared to 29 percent of cash forfeitures. Conversely, mostly urban MEGs and task forces accounted for the largest proportion (95 percent) of cash forfeitures returned to the units, followed by mixed urban/rural MEGs and task forces (87 percent), compared to 7 percent and 38 percent of property forfeitures returned to the units, respectively (Figure 27.3).

Figure 27.3
Percentage of Cash and Tangible Property
Forfeiture Judgments Returned to MEGs and Task
Forces, by Unit Type, in 2002



Source: ICJIA calculations using MEG and task force data

X. Summary of Drug Situation

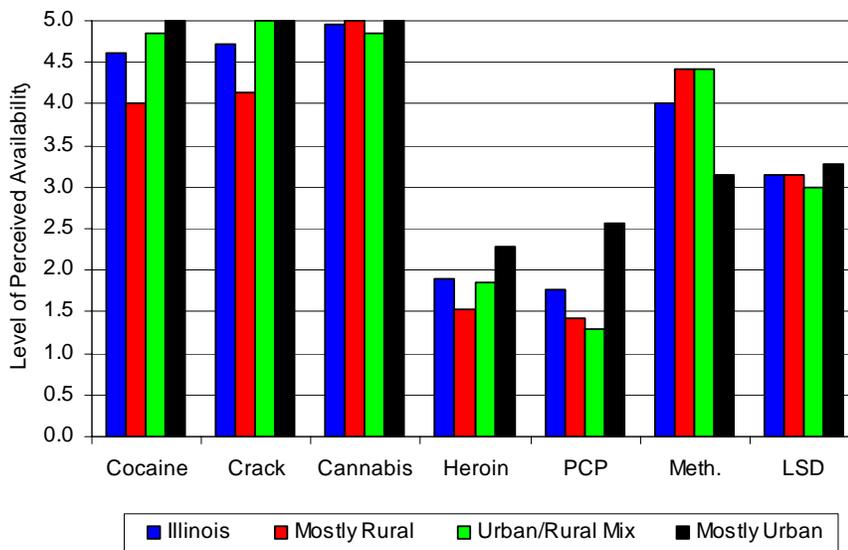
Although the distribution of illegal drugs is difficult to measure precisely, data obtained from criminal justice sources can be helpful in estimating drug availability. Information from a recent survey of Illinois drug enforcement units, as well as the most up-to-date data available on drug price, are presented as indicators of the drug supply in Illinois.

The Authority periodically conducts a survey of each MEG and task force in Illinois (the most recent being conducted in 2000) to gauge the perceived availability of drugs in the areas they cover. Questions were asked concerning the availability of specific drugs, and results were analyzed by region of the state. MEGs and task forces are classified as being either mostly urban, mostly rural, or mixed urban/rural based upon the classification of the county(s) that each unit covers, and, for purposes of this report, are compared to the average of similar units.

According to MEG and task force survey responses, cannabis, cocaine, and crack continued to be the most visible drugs on the street and were all reported to be “readily available” across all regions analyzed. Between the 1998 and 2000 surveys, the perceived availability of most drugs remained relatively unchanged in the regions covered by all MEGs and task forces, combined, with the exception of the availability of methamphetamine, which has increased across most regions covered by mixed urban/rural and mostly rural MEGs and task forces, and LSD, which has decreased across Illinois and all regions covered by MEGs and task forces (Figure 28).

Figure 28

Availability of Drugs in Illinois, 2000 1=Not Available 5=Easily Available



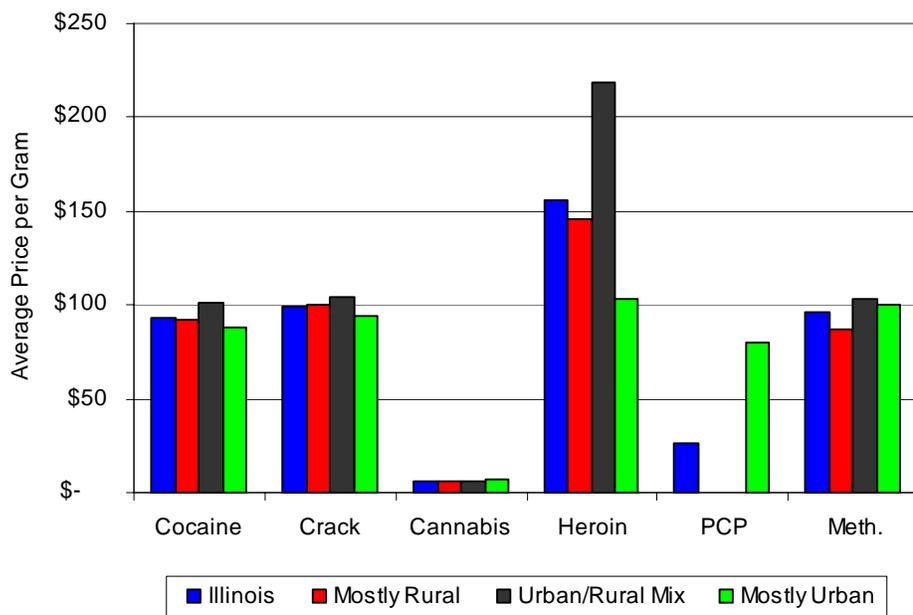
Source: Authority survey of MEGs and task forces

Another market indicator that can be used to assess availability is drug price. Lower prices tend to suggest a sufficient supply to meet demand, while increasing prices indicate decreased availability.

Based on the 2000 statewide survey of MEG and task force units, the average price of cannabis and cocaine have declined across all regions, while prices for methamphetamine and heroin appear to have increased across most regions in Illinois. While the average prices for most drugs were similar across all regions, the average price of heroin varied widely, from \$103 per gram in regions covered by mostly urban MEGs and task forces to \$219 per gram in regions covered by mixed urban/rural MEGs and task forces. The average price of methamphetamine increased across all regions covered by MEGs and task forces with the exception of mostly rural regions where the average price decreased slightly. The average price of crack decreased in regions covered by mostly rural MEGs and task forces and statewide, while increasing in the regions covered by mostly urban MEGs and task forces, but remained unchanged in mixed urban/rural regions.

The 2000 average price of most drugs were relatively stable across regions covered by a MEG or task force with the exception of heroin. The average price of heroin across Illinois was reported as \$156 per gram, compared to \$219 per gram in the regions covered by mixed urban/rural MEGs and task force, \$146 per gram in the mostly rural regions and \$103 per gram in mostly urban regions covered by MEGs and task forces (Figure 29). In 2000, the average price of cocaine, crack, and methamphetamine each averaged nearly \$100 per gram across all regions.

Figure 29
Price Per Gram in Illinois, 2000



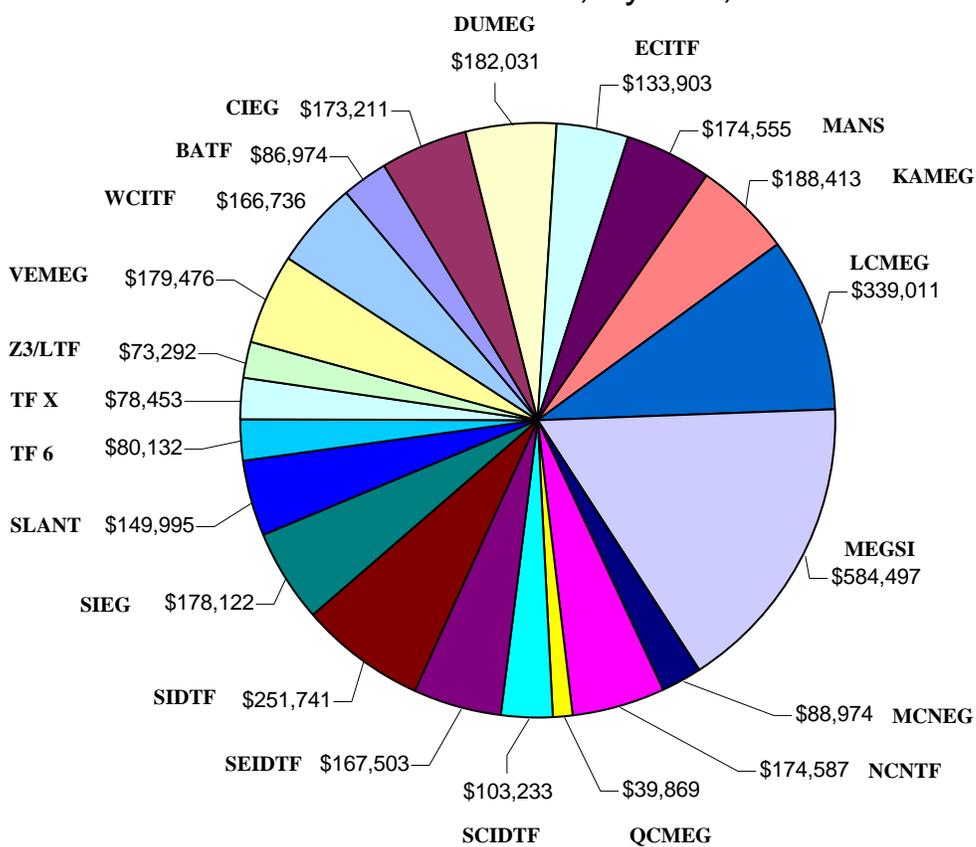
Source: Authority survey of MEGs and task forces

XI. MEG and Task Force Funding Summary

The federal Anti-Drug Abuse Act (ADAA) of 1988, also known as the Edward Byrne Memorial State and Local Law Enforcement Assistance Program, supports government programs that enable the enforcement of Illinois drug laws and help decrease violent crime. In SFY 2002, Illinois received a federal award of \$19.5 million under ADAA. Among the programs supported with these funds are Illinois' 21 metropolitan enforcement groups and task forces, which received nearly \$3.6 million (Figure 30). In SFY 2002, mostly urban MEGs and task forces received the largest proportion of federal funds (49 percent), followed by mostly rural MEGs and task forces (28 percent) and mixed urban/rural units (23 percent).

Figure 30

MEG and Task Force Federal Grant Funds Allocations, by Unit, SFY 2002

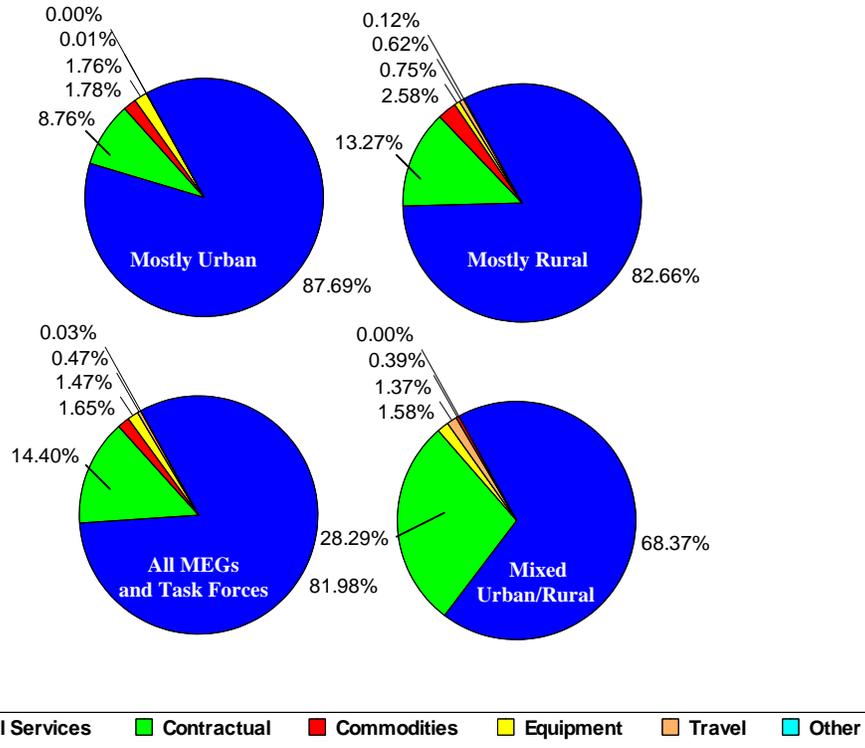


Source: ICJIA Federal and State Grants Unit

Matching contributions are nonfederal funds provided by the implementing agency, in an amount not less than that required by the interagency agreement. Personnel services and contractual costs accounted for the largest budget expenditures (83 percent and 14 percent, respectively) across all unit types, individually, and combined (Figure 31). However, when examining specific regions, the proportion accounted for by personnel services varied somewhat. While personnel services accounted for nearly 88 percent and 83 percent of mostly urban and most rural MEGs and task forces, respectively, those expenditures accounted for 68 percent of the budgets for mixed urban/rural units.

Figure 30.1

**Percentage of Total MEG and Task Force Budget Allocations, by Purpose Area and Unit Type, SFY 2002
(Includes Federal and Match Funds)**

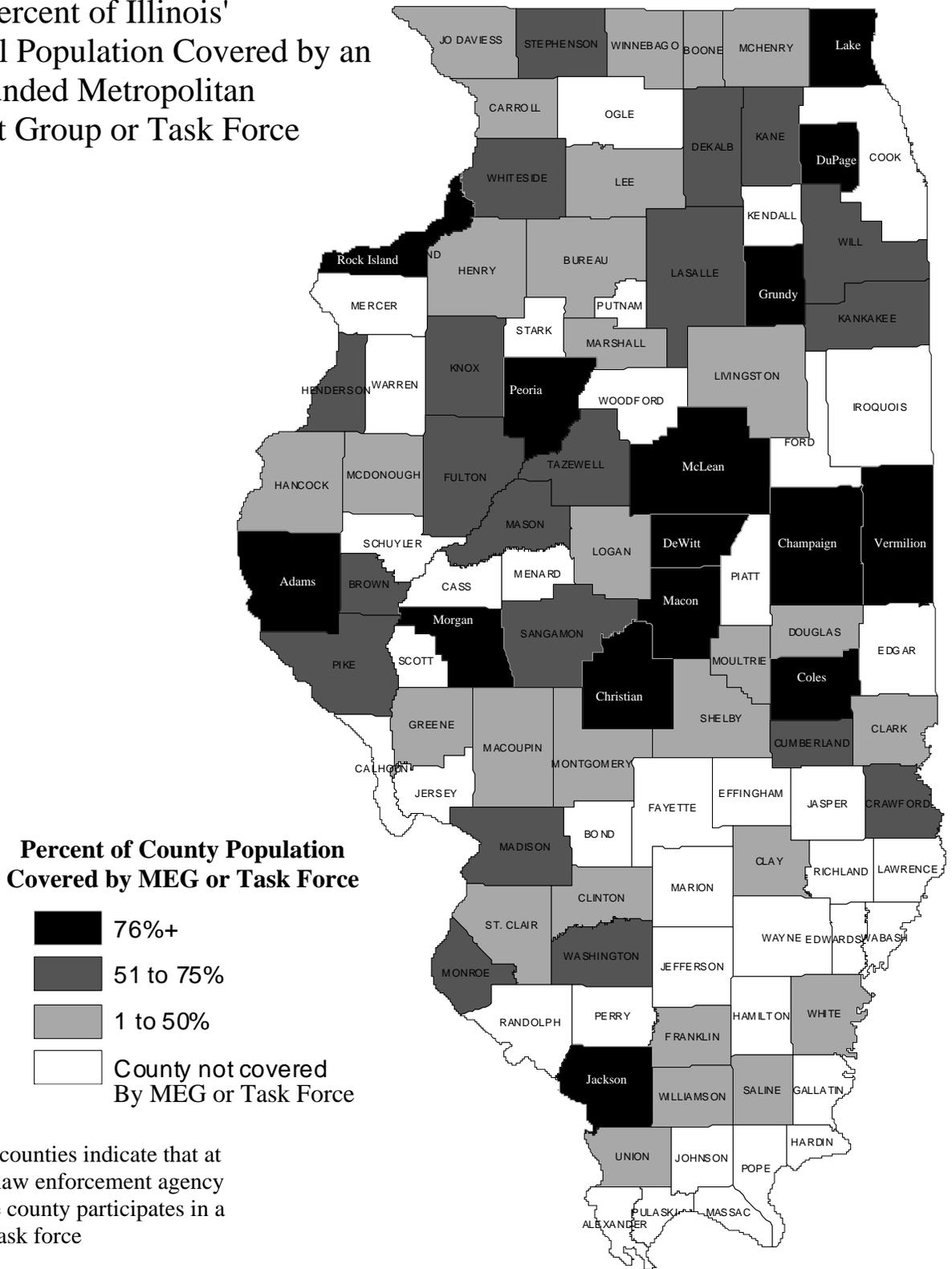


Source: ICJIA calculations using MEG and Task Force data

XII. Appendices

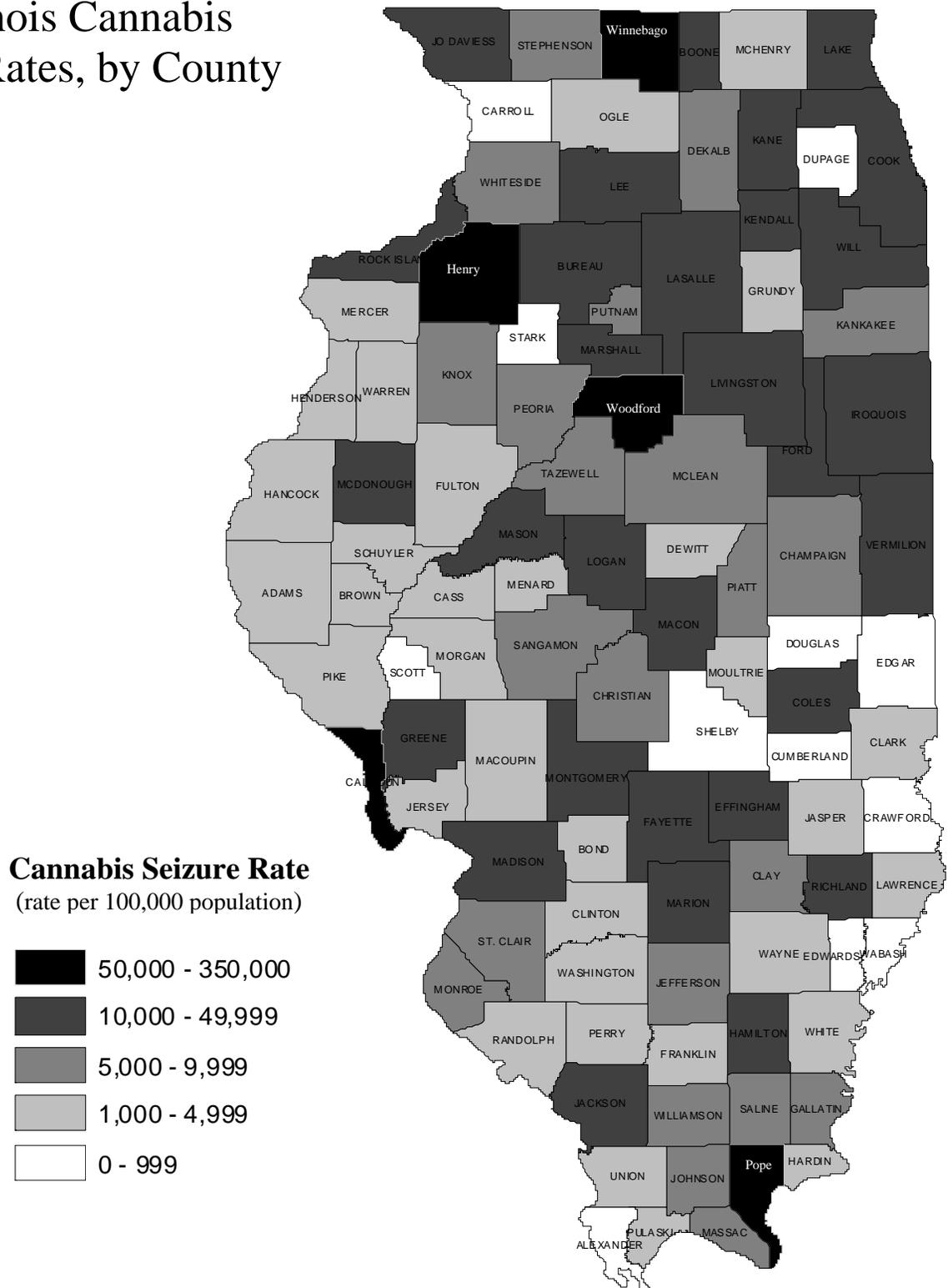
Map 1

SFY 2002 Percent of Illinois' County-level Population Covered by an Authority-funded Metropolitan Enforcement Group or Task Force

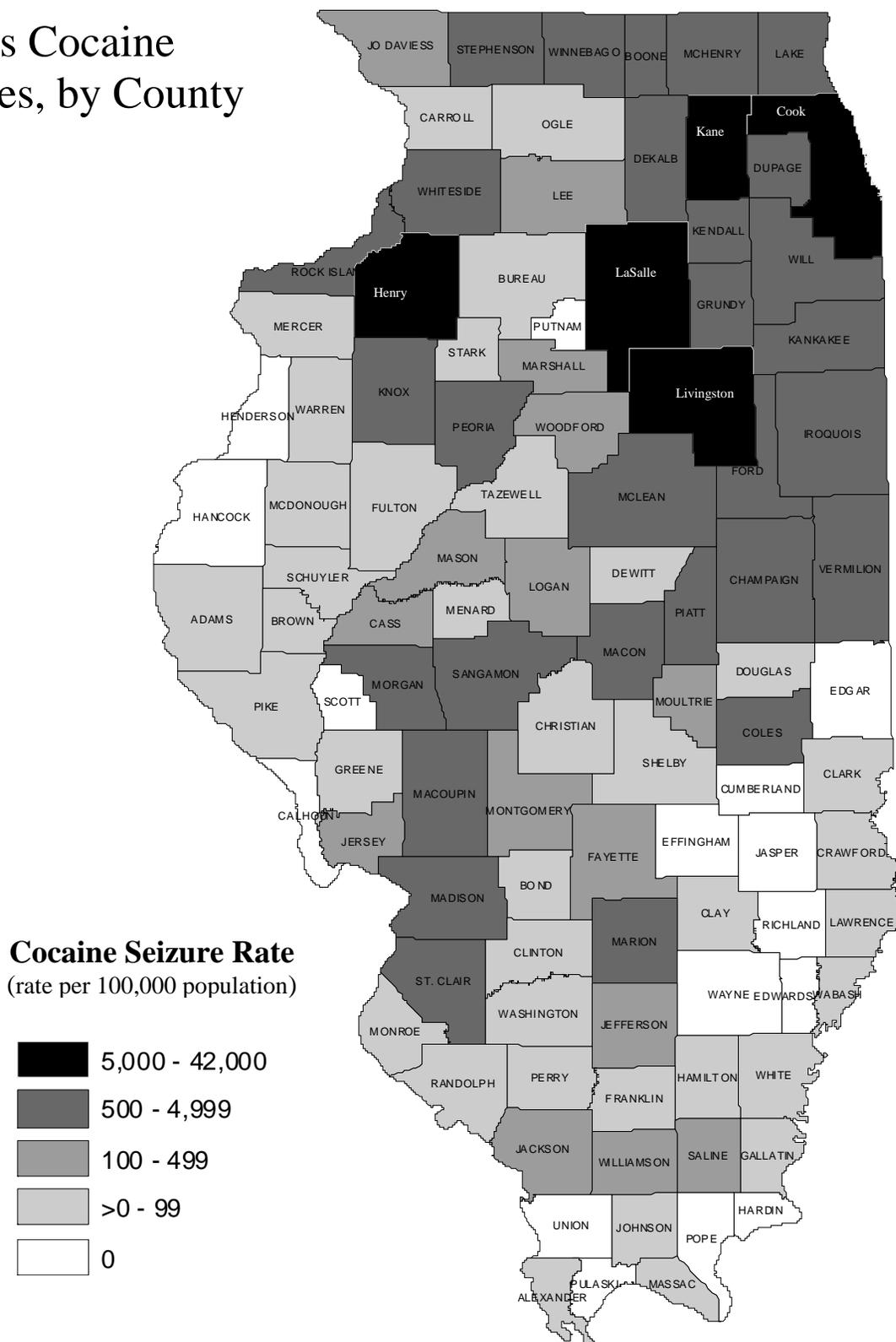


Map 2

2002 Illinois Cannabis Seizure Rates, by County

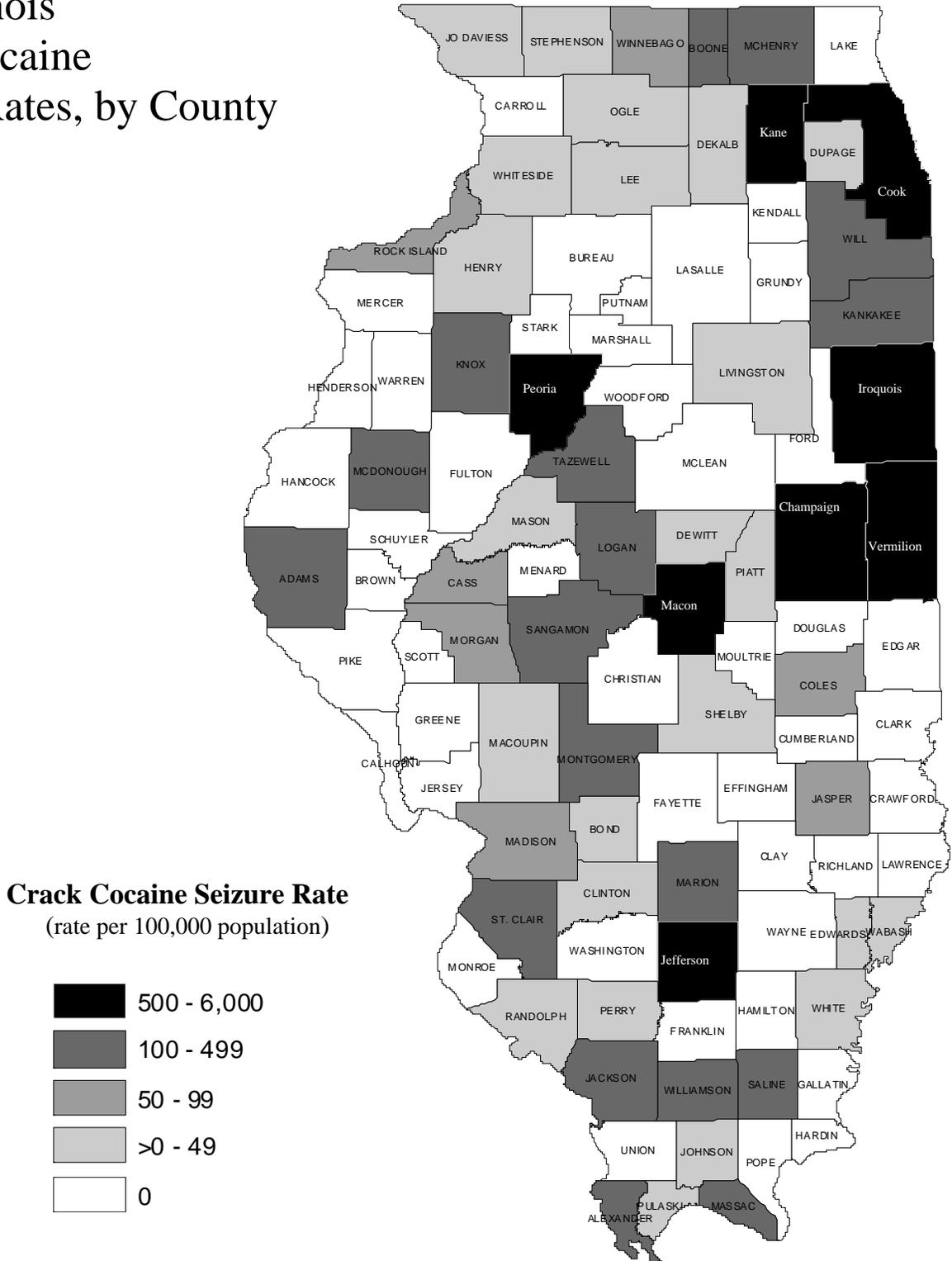


2002 Illinois Cocaine Seizure Rates, by County



Map 4

2002 Illinois Crack Cocaine Seizure Rates, by County



XIII. Bibliography

- Administrative Office of the Illinois Courts, *Annual Report to the Supreme Court of Illinois*. 1989 through 2001 reports, Springfield, Illinois.
- Administrative Office of the Illinois Courts' Probation Division, *Statewide Probation Data Report*. 1989 through 2001 reports, Springfield, Illinois.
- Bauer, Robert. *Methamphetamine in Illinois: An Examination of an Emerging Drug*. Chicago, Illinois: Illinois Criminal Justice Information Authority, 2003.
- Bauer, Robert and David E. Olson: The Emergence of Methamphetamine in Illinois: Examining Law Enforcement and Drug Treatment Indicators to Gauge the Extent and Nature of the Problem. Illinois Law Enforcement Training and Standards Board Executive Institute. *Law Enforcement Executive Forum*. September 2003.
- Illinois Department of Human Services' Office of Alcoholism and Substance Abuse. Data provided for state fiscal years 1989 through 2002, Springfield, Illinois.
- Illinois Department of Children and Family Services, *Child Abuse/Neglect Statistics Report*, 1989 through 2002 reports, Springfield, Illinois.
- Illinois Department of Corrections. Data provided for fiscal years 1989 through 2002, Springfield, Illinois.
- Illinois State Police, *Crime in Illinois*. 1993 through 2002 reports, Springfield, Illinois.
- Illinois State Police, *Drug Statistics Report*. Monthly reports, January 1989 through December 2002, Springfield, Illinois.
- MEG and Task Force Monthly/Quarterly Reports, January 1989 through June 2003.
- Ramker, Gerard, Bauer, Robert, Olson, David, Albertson, Stephanie, Brees, Jennifer, Cobb, Andrew, Feliciano, Lisa, and Juergens, Rebecca, *A Comparison of Local and Multijurisdictional Drug Enforcement in Illinois*. Chicago, Illinois: Illinois Criminal Justice Information Authority, 2003.
- U.S. Bureau of the Census.



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