Heroin use at historic highs in Chicago area

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In the last several years, there has been an alarming increase in heroin use and related deaths in Chicago and its outlying suburbs. A significant portion of new heroin users as well as those who fatally overdose have been young adults in the city's western suburbs. The rise in youth unemployment, and heroin's recent broad availability and very low cost, has brought wider layers of young people into contact with the drug.

In west suburban DuPage County, 43 deaths were attributed to heroin overdoses in 2012 and 46 in 2013, both an increase from 26 in 2011 and double the average number of deaths since 2007. Of the 2013 deaths, 15 occurred in the month of July alone. In the DuPage suburb of Naperville, approximately 20 youth have died from heroin overdoses over the last six years.

In Kane County, there were 20 documented heroin-related deaths in 2013 and 27 in 2012, up from 11 in 2011, seven in 2010, and 10 in 2009. In Will County, heroin deaths hit 54 in 2012 and 35 in 2013, up from 30 in 2011.

According to a Roosevelt University research study, Chicago presently has the highest number of heroin overdose-related emergency room visits for any major US city. Heroin currently ranks second behind alcohol for admissions to substance abuse treatment in Illinois.

The high prevalence of heroin use in the Chicago area has occurred alongside the drug's increasing presence on the national level, at its highest since the 1970s. According to the national survey on drug use and health, heroin use in the United States has nearly doubled over the past decade, increasing more that 79 percent in the past five years alone.

A 2012 survey by the federal Substance Abuse and Mental Health Services Administration found that about 669,000 people over age 12 had used heroin at some point in the year. About 156,000 of those were first-time users, averaging 23 years of age, and roughly 467,000 were considered heroin-dependent—more than double the number in 2002.

Nationally, the Centers for Disease Control and Prevention reports a 102 percent increase in fatal overdoses from 1999 to 2010, and a 45 percent increase in US drug poisoning deaths involving heroin from 2006 to 2010.

The explosion in heroin use, in particular, in the Chicago area and beyond is the result of several factors. The lack of decent jobs and poor prospects for young people play a primary role in drug abuse historically. When combined with a sharp increase in purity and availability of the powerful narcotic, and a dramatic drop in price in a region like the Midwest, which has been for decades battered by deindustrialization, there exist the makings of an epidemic.

Where heroin was once confined largely to the inner city, and historically associated with the poorest sections of the population, under conditions of deepening economic and social crisis, the drug's low cost and expanded availability have resulted in growing heroin use among poor and middle income young people.

In addition to the disproportionate rates of incarceration of the urban poor and minorities for drug-related offenses, there is also a profound social inequality in the access to drug treatment and rehabilitation services.

Roosevelt University's Illinois Consortium on Drug Policy found that in 2011, 77 percent of admissions to Chicago public rehabilitation programs for heroin over the age of 30 were African American, while 95 percent of those entering public treatment for heroin under 29 were white. This amounts to a 33 percent decrease in admissions of African Americans to public treatment programs for heroin, a drop that ICDP director Kathie Kane-Willis attributed to state and federal funding cuts and closings of public treatment centers in predominantly African American communities.

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The plundering of essential social services and slashing of budgets for public drug rehabilitation programs by the Democratic city and state governments have ratcheted up the social costs of the heroin epidemic, with tens of thousands suffering from addiction and substance abuse unable to access public rehabilitation services or afford private treatment. In March 2011, Illinois Democratic Governor Pat Quinn's discontinuation of state funding for public drug treatment programs caused dozens of programs to close and over 55,000 people to lose access to treatment.

Dr. Dan Lustig, head of clinical services at Chicago's Haymarket Center, an addiction treatment provider, emphasized the correlation between the lack of access to public treatment for heroin addiction, and the increased levels of crime and incarceration of addicts, as users denied treatment resort to desperate crimes to finance their addiction.

In an interview for the *Chicago Reader* and Chicago Public Radio's December 2013 "Heroin, LLC' series Lustig said, "When you don't have the beds available, this is the natural kind of path that people take. But we have to be aware that you're not going to solve the drug problem in the State of Illinois—or anywhere else—by incarcerating these individuals."

He added that the public treatment programs being cut by the state "can be the difference between life and death…that is the key thing that our policymakers don't get…is the importance of getting people access to treatment when that person needs it. This field is not ready for the Affordable Care Act…It's not ready because there's not the volume of beds or slots needed so that when people need or access treatment, it is available"

In addition to the difficulties of caring for an addict, including treatment costs and absence due to incarceration that the families of addicts must bear, more than half of people struggling with heroin addiction die before the age of 50, with the mean age of death being 30.

Amid the bleak prospects for the 'lost generation' of young people with no decent jobs, and crushing student debt, looking out onto the landscape of empty factories, closed schools, and the destruction of the cultural capital of American cities, increasing sections of disenfranchised youth will fall victim to the miseries of substance abuse and addiction under circumstances where heroin is cheaper than alcohol, tobacco, and other softer drugs.

The vast majority of heroin in Chicago has its origin in Mexico, where heroin production has increased by more than six times from 2005 to 2009. After initial entry in El Paso, heroin is subsequently transported to Chicago for distribution, where the city's location and surrounding avenues for transportation are utilized as a hub for moving the drug across the greater Midwest area.

The Sinaloa cartel has recently monopolized the heroin market in the Midwest, turning Chicago into its national distribution center. The Sinaloa cartel was able to acquire control of the heroin market in Chicago due to the power vacuum introduced into the city's drug trade by the jailing of local gang leaders by Chicago police and federal prosecutors, which threw the local gangs into chaos.

The Sinaloa cartel controls an estimated 70 to 80 percent of the illegal narcotics trade in Chicago and the Midwestern United States.

The consolidation of the heroin market in the Midwest and the influx of the drug to the region have been followed by all-time low prices for heroin. In the early 1980s, one tenth of a gram (one unit dose) of heroin cost around $50 in Chicago. Now, that same amount sells for a street price as low as $5-10, the lowest in the country next to Detroit.

Wholesale heroin confiscated in Chicago in the 1980s was, on average, 64 percent pure. By 2011, heroin seized from the Sinaloa cartel was at a 94 percent pure.

These changes in price and purity coincide with Washington's so-called war on drugs, exposing the fraud of this multi-billion-dollar exercise in prohibition, repression and military intervention.

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