1980 PLAN

PHASE I: 1978-80

Illinois Dangerous Drugs Commission

ILLINOIS HUMAN SERVICES PLAN

nn 5

STATE OF ILLINOIS

DANGEROUS DRUGS COMMISSION

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ROBERT A. deVITO, M.D.
CHAIRMAN

THOMAS B. KIRKPATRICK, JR.
EXECUTIVE DIRECTOR

TO THE MEMBERS OF THE GENERAL ASSEMBLY:

Pursuant to P.A. 79-1035, I am pleased to submit Phase I of the Fiscal Year 1980 Human Services Plan for the Dangerous Drugs Commission.

The programs developed by the Dangerous Drugs Commission over the years represent a carefully planned strategy of initially focusing upon the broad and immediate problem of opiate addiction in areas of population concentration and than narrowing and intensifying the focus on specific types of drug abuse, specific populations, and specific modes of treatment. This sequence is of even broader significance since Illinois represents a microcosm of the entire nation with large urban centers, small centers, rural communities and suburban developments. Diverse populations inhabit these areas, requiring multiple approaches to meet the unique human needs.

In both FY 1975 and FY 1976, the Dangerous Drugs Commission carried out existing national policy that required priority emphasis on programs aimed at the prevention of the abuse of opiates, particularly heroin, which produced the greatest social costs to society. Focusing first upon the areas of greatest population concentration, the Commission then expanded treatment and rehabilitation services throughout the State to areas of less concentration. During late FY 1976 and FY 1977, the Commission channeled resources into coordination, licensing, and monitoring for program quality. It also began to develop a statewide training network for drug abuse workers and established a program consultation capability in areas of administration and management, clinical services, vocational rehabilitation, and third party payment systems. In FY 1978, agency goals and objectives included the development of a statewide strategy to deliver increased prevention services, the continued improvement of program effectiveness and efficiency, and the refinement of sub-state planning and programming. During these periods and during FY 1979, the Commission continued to give high priority to the abuse of opiates. While opiate abuse causes intense social and personal dysfunction, it must also be recognized that polydrug abuse and the combined use of drugs and alcohol have an equally costly effect on society and the individual. Consequently, the Commission in its Human Services Plan, Part II for FY 1979 began to concentrate upon the unique needs of such special high risk abusing populations as

women, urban youth, minority youth, and rural communities. These areas of focus will continue during FY 1980 and will also be expanded to include further development of the Treatment Alternatives to Street Crime (TASC) and the expansion of drug treatment programs for prison populations.

Your comments upon Phase I and upon this brief outline of our programs would be greatly appreciated for incorporation into Phase II of the planning cycle.

Sincerely,

Thomas B. Kirkpatrick, Jr.
Executive Director

1980 PLAN FOR

DANGEROUS DRUGS COMMISSION

PHASE 1: FISCAL YEARS 1978 - 1980

Illinois Human Services Plan

Volume 5

April, 1979

In Accordance With Public Act 79-1035

Complete listing of Volumes in the
1980 ILLINOIS HUMAN SERVICES PLANS
Phase 1: Fiscal Years 1978-1980

1980 PLAN FOR DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Phase I: 1978 - 1980
Illinois Human Services Plan - Volume I

1980 PLAN FOR DEPARTMENT OF PUBLIC AID
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1980 PLAN FOR COMMISSION ON DELINQUENCY PREVENTION
Phase I: 1978-1980
Illinois Human Services Plan - Volume 12

1980 PLAN FOR DIVISION OF SERVICES FOR CRIPPLED CHILDREN
Phase I: 1978-1980
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Illinois Bureau of the Budget
Room 108 Statehouse
Springfield, IL 62727

The ILLINOIS HUMAN SERVICES PLAN, SUMMARY OF

1980 PLANS is also available from the
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1980 PLAN FOR
DANGEROUS DRUGS COMMISSION

PHASE 1. FISCAL YEARS 1978 - 1980

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AGENCY PURPOSE AND ORGANIZATION FOR SERVICE DELIVERY

The Illinois Dangerous Drugs Commission was created with the enactment of the Dangerous Drug Abuse Act (P.A. 78-977) in July, 1974. This act designated the Commission as the Single State Agency responsible for the planning and coordination of drug abuse prevention and treatment services within the state. Specifically, the Dangerous Drugs Commission was given the mandate to establish and implement "a comprehensive program... through the facilities of the state, counties, muncipalities, the Federal Government, and local and private agencies to prevent such addiction and abuse. [of controlled substances and cannabis]; to promote research on the effects and consequences of the abuse of controlled substances and use of cannabis in this State and inform the public as to its findings; and to provide diagnosis, treatment, care and rehabilitation for controlled substance addicts to the end that these unfortunate individuals may be restored to good health and again become useful citizens in the community". To fulfill this mandate, P.A. 78-977 provided an 11 member governing commission, a 30 member Dangerous Drugs Advisory Council, and a full time staff.

FRAMEWORK AND GOALS OF DRUG ABUSE PREVENTION PROGRAMS

DDC, since its ince on, has viewed drug abuse prevention as an overall strategy which incl s education and public information, early intervention, and treatment and r bilitation. Pursuant to this strategy, education and public information are seen as primary prevention; early intervention efforts constitute secondary prevention; and treatment and rehabilitation constitute tertiary prevention.

In term of this framework, certain premises and understandings about the nature of drug abuse and drug abuse treatment are crucial in understanding the process by which DDC has defined realistic objectives and allocated the limited resources available for drug abuse in all its aspects in the State.

- Existing national policy requires priority emphasis on programs aimed at the prevention of the abuse of opiates, particularly heroin, which continues to produce the greatest degree of personal dysfunction among the users and the greatest social costs to society. The removal of the heroin abusers from the illicit market, involving that person in treatment, and providing supportive services that assist in reintegrating the abuser into the mainstream of society are the highest priorities for Illinois drug abuse programming. But, while opiate abuse causes intense social and personal dysfunction, polydrug abuse and the combined use of drugs and alcohol also create an exorbitant cost to society and to the individual. Both problems, and programs for these victims are of equal importance to the DDC.

- The use of illicit drugs is a small but visible part of the overall pattern of self-medication, chemical mood alteration, and chemical intoxication in our society. Tremendous quantities of over-the-counter drugs, mood altering medications, alcohol, tobacco, cola drinks, coffee, and tea are consumed daily with little awareness, that such usage is simply the most accepted part of a broad pattern of chemical usage of which the illicit drugs are a part. There is little realization that the total effect of combined drugs is greater than the sum of its parts in the case of polydrug abuse.

- Although the majority of DDC's resources are directed toward the abuse of illicit drugs (primarily the opiates), this is done with the understanding that long range strategies must address the multiple use and abuse of other illicit drugs (particularly when used as opiate substitutes) and the use of mood altering drugs at a national, state, and community level.

- Drug abuse is not a problem unique to any individual age, ethnic, or socio-economic group. Although drug abuse has come to be associated with the unconventional lifestyles of the youth "drug culture", it is not confined to this group. There are older abusers of drugs who are not so visible since their lifestyles reflect, at least in public, the more conventional and accepted styles of society. There are rural abusers, women, and the aged. There are minority youth whose drug problems are hidden behind and within the multitude of social and economic problems faced by minorities in general. Among these groups, polydrug abuse and the use of drugs in combination with alcohol are partially troublesome.

- Finally, there is a lack of concensus on the definition of the problem, which adds to the problem of planning and resource allocation. Some define use as the problem, while others see the personal dysfunction resulting from drug abuse as the problem, and still others focus on the social costs, such as drug related crime, as the primary problem.

From these premises flow specific plans intended to:

- Dissuade the non-user from experimenting with drugs through effective drug abuse prevention and education programs and through more intensive programs stressing alternatives to drug abuse among high risk groups.

- Deter the occasional or experimental user from progressing to actual abuse of drugs through direct, early intervention programs.

- Provide effective and accessible treatment services for drug abusers so as to rehabilitate the individual abuser and remove him/her from the illicit drug market.

- Help prevent the former drug abuser from returning to the illicit market by assisting that person in becoming a more productive member of society.

Based upon these premises and these plans, the treatment and prevention network developed by the Dangerous Drugs Commission follows this sequence:

- from those persons in greatest immediate need to those persons with less critical needs;

- from the type of drug abuse creating the greatest personal and social costs to the type of abuse creating least personal and social costs;

- from areas of greater concentration of need (the larger urban centers) to geographical areas of less immediate need (suburban and rural areas);

- from direct services to ancillary services, e.g., training and evaluation;

- from treatment services to prevention services;

- from creating service systems to maximizing quality service delivery;

- from primary state and federal support to a balance of state, federal, and local support; and

- from a focus on state level planning to a focus on state, regional, and local planning.

MAJOR ACCOMPLISHMENTS IN FY 1979

Dangerous Drugs Commission's major accomplishments during FY 1979 include the following:

Expanded Financing of Drug Abuse Programming

- Added 365 federally funded treatment slots as a result of negotiations between the Commission and the National Institute on Drug Abuse. In 1978, more than 5,000 slots were available to clients to receive services within 79 licensed and Commission funded drug abuse programs throughout the State. Some 3,500 additional slots were available in 24 licensed facilities not in receipt in a number of private hospital facilities and in the three Veterans Administration Hospitals.

- Generally expanded the Title XX reimbursible programs in 1978. At the same time, completed a plan for tapping privately donated funds within five programs to expand Title XX reimbursements by $485,000 each year. By this means, both residential and outpatient drug free treatment services were expanded at no added cost to the State.

Expanded Service Delivery

- Provided vocational counseling within eight drug abuse treatment programs as part of the National Institute on Drug Abuse funded National Employment Specialist Demonstration Project.

- Negotiated with the Illinois Department of Corrections to expand prison based drug abuse treatment from Pontiac to a second site at the Dwight Correctional Center.

- Continued efforts to expand the Treatment Alternatives to Street Crime (TASC) program beyond Chicago and Cook County. Assistance in this was given to two Judicial Circuits downstate.

- Developed a regional consortium of drug abuse prevention service providers.

- Created a substance abuse task force to coordinate alcohol and drug abuse policy development and programming between Commission and the Division of Alcoholism.

- Initiated special focus treatment programming for minority youth, women, rural drug abusers, and for persons within the Criminal Justice System. As a result, the overall proportion of female treatment admission rose from 22.6% in 1976 to 33.3% in 1978, while admissions among persons under 21 years of age rose from 10.5% in 1976 to 16.4% in 1978.

- Developed implementation standards pursuant to the statutory requirement of diverting drug abusing offenders from the criminal justice system into treatment wherever appropriate.

- Continued work on establishing professional credentialling criteria to be applicable to persons working in the drug abuse field.

- Delivered 75 days of training to 316 drug abuse program staff from 50 different programs within the state, doubling the number of courses available in FY 1978.

Expanded Coordination and Regulation

- Reclassified pentazocine (Talwin) as a Schedule II drug requiring triplicate presciptions pursuant to the Controlled Substances Act based on high levels of abuse within the State, especially in the City of Chicago. The Commission's efforts provided the framework for federal hearings as to the abuse potential of Talwin.

- Designed a procedure for implementing the new statute which permits the use of marijuana (THC) in medically treating glaucoma and the side effects of chemotherapy in cancer patients.

- Revised the federal 409 competitive grant award procedure so as to limit project funding to three years. This action emphasizes the importance of providing developmental support to new program concepts especially in the area of prevention and early intervention.

- Designed and implemented a uniform system for reporting the scope of prevention oriented activities within Commission funded programs.

- Initiated a survey of hospital emergency rooms throughout the state so as to more accurately measure drug abuse problems within local communities.

- Negotiated working agreements with seven of the eleven Health Systems Agencies (HSA's) within the state to provide for cooperative technical assistance, data collection, and program development within local communities throughout the State.

SUMMARY OF FY 1979 GOALS

The major goals of the Dangerous Drugs Commission for FY 1979 are listed below in order of priority.

- The continued support and expansion, where needed and when resources permit, of the existing statewide drug abuse treatment network; specifically highlighting definition and identification of detoxification services;

- the continued planning and coordination of drug abuse treatment and prevention efforts, and increasing participation by regional and local planning bodies;

- the assurance of high quality service delivery by Illinois drug programs through DDC licensing, program monitoring, program performance evaluations, the provision of technical assistance, and the delivery of competency based training to drug abuse workers on a statewide basis;

- the continuing development of resources to meet the prevention and treatment needs of the following special populations:

    . minorities
    . youth
    . women,
    . rural, and
    . drug abusers in the criminal justice system;

- increased coordination of external fiscal resources through Commission designed mechanisms to ensure that local programs have knowledge of and access to all possible sources of Federal, State, local, governmental, and private funds;

- the continued joint planning with the Division of Alcoholism to develop statewide services to address the problems of multiple substances abuse.

NEW INITIATIVES

DDC's new initiatives for FY 1980 were:

- the development of more sophisticated outreach and follow-up services in existing drug abuse treatment programs, especially for youth, minorities, and rural populations;

- the expansion of the Treatment Alternatives to Street Crime (TASC) program to include other metropolitan areas of the State;

- the expansion of service delivery to female drug abusers, with emphasis on the multiple drug user not presently reached by the existing drug abuse treatment system;

- the initiation of an employee assistance program serving government workers with drug and alcohol abuse problems;

- the development of rules and regulations to establish standards for drug abuse research within the State;

- the establishment of quarterly meetings of DDC staff to evaluate progress on goals and objectives in an attempt to institutionalize the use of the State Plan and supporting data as a management tool; and

- the development of more sophisticated early warning systems to identify emerging trends of drug abuse at early states of prevalence.

SUMMARY OF PROGRAM CHANGES AND NEW INITIATIVES

FY 1980

- Expansion of vocational counseling from 8 to 10 clinics, including one for Spanish-speaking clients.

- Initiation of a comprehensive rural drug abuse treatment and prevention demonstration project to include prevention, early intervention and treatment components.

- Initiation of two federal grants for the development of special programming for inner-city Black youth and another serving Spanish-speaking clients.

- Employment of one NIDA sponsored minority university graduates for management training within the drug abuse field.

- Initiation of a federally funded demonstration grant to provide specialized treatment for women. Residential and outpatient drug free slots are anticipated.

- Initiation of a federal grant to provide specialized treatment within the Women's Correctional Center at Dwight.

GOVERNING STRUCTURE OF THE DANGEROUS DRUGS COMMISSION

The governing board of the Dangerous Drugs Commission consists of the following representatives:

- Director of the Department of Mental Health and Developmental Disabilities Chairperson,

- Superintendent of Education,

- Director of the Department of Corrections,

- Director of the Department of Law Enforcement,

- Director of the Department of Public Health,

- Director of the Division of Vocational Rehabilitation,

- Director of the Department of Public Aid,

- Director of the Department of Children and Family Services, and

- Three public members appointed by the Governor, by and with the advice and consent of the Senate.

These Commissioners are responsible for establishing policy, exercising the powers and duties vested in the Commission by the Dangerous Drug Act, and administering the Illinois State Plan for Drug Abuse Prevention. The broad membership of the Commission reflects the desire to utilize the resources of all of the State human service departments to address the problems of drug abuse and to involve all of the human service departments in the planning and policy development process.

The Dangerous Drug Abuse Act also mandated the creation of the Dangerous Drugs Advisory Council whose function is to advise the Commission on the status of abuse prevention, problem areas, and to suggest implementation strategies for the annual State Plan. The membership of the Advisory Council was broadly structured to reflect a cross section of officials of State and professional organizations associated with drug abuse and drug abuse related fields, members of the legislature, and representatives of the general public. The 30 member Council is composed of:

- Superintendent, Division of Alcoholism, Department of Mental Health and Developmental Disabilities;

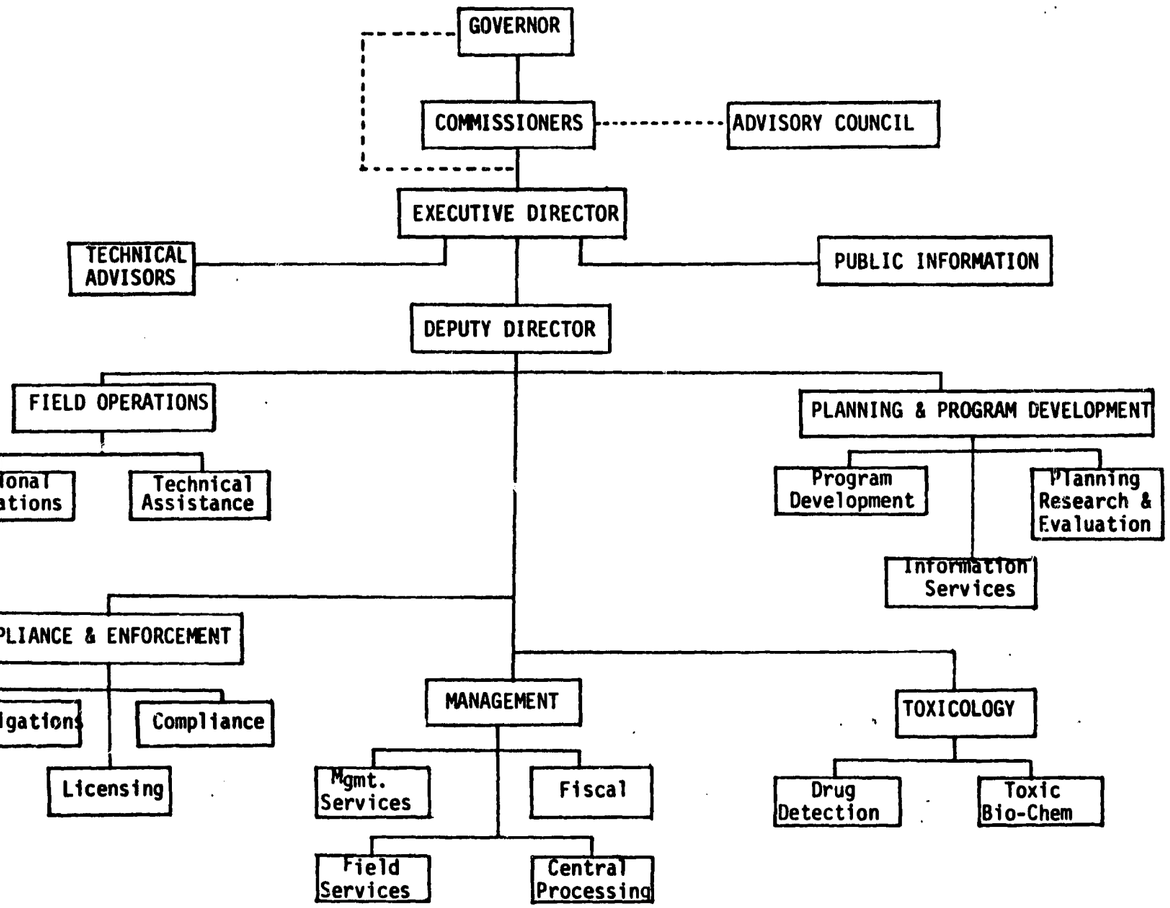
- State's Attorney of Cook County;

- Judge of the Circuit Court of Cook County, designated by the Chief of that court;
- Four members of the House of Representatives, two each appointed by the Speaker and Minority Leader thereof;
- Public Defender, appointed by the President of the Illinois Public Defender's Association;
- Superintendent of Police of the City of Chicago;
- Commissioner of the Board of Health, City of Chicago;
- Four Members of the Senate, two each appointed by the President and the Minority Leader;
- Director of the Department of Registration and Education;
- Executive Director of the Comprehensive Health Planning Agency;
- Executive Director of the Commission of Children;
- President of the Illinois State Medical Society;
- President of the Illinois State Dental Society;
- President of the Illinois Nurses Association;
- President of the Illinois Hospital Association;
- President of the Illinois Pharmaceutical Association or a licensed pharmacist designated by the President;
- Chairman of the Illinois Council of Medical Deans;
- Three Public Members appointed by the Governor;
- One Public Member appointed by the President of the Senate;
- One Public Member appointed by the Minority Leader of the Senate;
- One Public Member appointed by the Speaker of the House of Representatives; and
- One Public Member appointed by the Minority Leader of the House of Representatives.

ADMINISTRATION STRUCTURE

DDC is comprised of five divisions in addition to the Director's staff. They are depicted in Figure 1.

ILLINOIS DANGEROUS DRUGS COMMISSION



The 109 employees provide a wide variety of professional experiences ranging from public administration, fiscal management, accounting, computer technology, criminal justice, and law to biochemistry, allied health care, social welfare, education, clinical psychology, therapy, and vocational rehabilitation.

Compliance and Enforcement - This Division's primary responsibility includes processing all licensure applications and coordinating investigations and inspections of all drug abuse programs in Illinois. It also assists in the development and periodic up-date of standards for both security of controlled substances and quality of care.

Planning and Program Development - This Division encompasses Program Development; Planning, Research and Evaluation; and the Information Services Sections.

The staff provides consultation and support through a staff of experts in vocational rehabilitation, criminal justice, training, prevention programming, and third party payments. They also analyze basic drug abuse indicators in order to document the extent of the drug abuse problem and develop related statistical information forecasting future programming needs and develop evaluation methodologies for assessing program impact and performance and coordinates all research and planning activities needed for the development of annual planning documents. The Information Services Section designs, writes, and maintains DDC's on-going automated data files as well as analyze programs for special purpose research and evaluation and, control computer hardware maintenance, systems performance, production flow, data entry, the central information center, and the historical medical archives.

Management Division serves to support total agency operations by assuming responsibility for personnel, purchasing, property control, and office management. This Division also maintains the master files and processes all grants and contracts for each of DDC's four annual funding cycles. In addition, the Management Division prepares fund disbursements, conducts audits, and established fiscal controls for drug abuse programs.

Toxicology Division performs drug detection services for all state and federally funded treatment programs in Illinois, approximating 115,000 urinalysis tests per month. The toxic biochemical analysis provide programs with one mode of determining whether clients have taken drugs while in treatment.

Field Operations - In the Field Operations Division, Coordinators and Program Monitors serve seven sub-state areas. Their primary responsibilities include information sharing among drug abuse and related human service resources, monitoring DDC grants and contracts, and coordinating with service providers, local planning groups, and community resources for comprehensive drug abuse prevention planning within each geographic region of Illinois. Regional Coordinators also play a key role in identifying problems and unmet needs through

their on-going contact with a variety of regional advisory groups and local resources. Technical assistance is also provided by Field Operations staff versed in clinical services and administrative development.

Directorate - The Executive Director has primary responsibility for the agency's total operations. He is the primary contact for the Commissioners, the Advisory Council, Governor's Office, State and Federal Legislatures, the Federal Government, and the general public. In this he is assisted by an immediate staff consisting of the deputy director, an administrative assistant, two technical advisors who respond to all legal issues, and the Public Information unit.

Public Information assumes responsibility for disseminating factual drug abuse information through pamphlets, newspapers, broadcast media, and public presentations to civic organizations and schools. This unit also maintains DDC's professional library and provides supportive services to staff in compiling drug abuse related materials.

PROGRAMS AND SERVICES SUMMARY

The Illinois Dangerous Drugs Commission, as the Single State Agency mandated by both Federal and Illinois statutes, to coordinate and administer drug abuse treatment, prevention, and rehabilitation, is authorized to:

- plan and implement a statewide system of services for drug abusers and drug dependent persons;
- coordinate state and federal funding of drug abuse functions, including treatment, prevention, education and research;
- establish and enforce standards, rules and regulations, required of persons operating facilities or services for drug abuse treatment, rehabilitation or related training;
- license and inspect all treatment rehabilitation in the State (except those conducted within a licensed hospital);
- make agreements, grants-in-aid, and purchase-care arrangements with other state departments, public and private institutions;
- regulate and schedule controlled substances; and
- regulate and control the use of substances containing cannabis for purposes of research and for the medical treatment of glaucoma and the side effects of cancer chemotherapy.

In addition to state funding, the Illinois Dangerous Drugs Commission receives substantial resources from the National Institute on Drug Abuse. The federal 409 grant-in-aid funds are derived from a formula based on analysis of drug abuse indicators within the state, while federal statewide services grants are annually negotiated according to comparative utilization of drug abuse treatment among the 50 states. In fiscal year 1980, Illinois will receive increases under both categories of federal funding.

The major emphasis for FY 1980 continues to be maintaining quality treatment and prevention services to these populations most in need of services, thus providing an alternative to institutionalization or incarceration in many instances.

DRUG ABUSE TREATMENT SERVICES

Program Data	FY 1978	FY 1979	FY 1980
Expenditures & Appropriations	10,766.8	10,964.7	12,162.9
Recipients			
Activity Measures			
. # of Treatment Slots Awarded	5,099	5,621	4,968
. # of Central Intake Examinations Performed	3,500	3,500	3,500
Performance Indicators			
. Average Utilization of Funded Treatment slots	85%	90%	90%
. Average # of Central Intake Completed/Month	290	290	290
SERVICES			
Residential			
Expenditures & Appropriations		2,891.4	3,452.2
Recipients			
Days of Care		365	365
Outpatient Drug Free			
Expenditures & Appropriations		1,920.4	2,286.2
Recipients			
Days of Care		52	52
Outpatient Methadone Maintenance			
Expenditures & Appropriations		204.5	211.5
Recipients			
Days of Care		156	156
Central Intake			
Expenditures & Appropriations		420.2	420.2
Recipients			

PREVENTION SERVICES FOR DRUG ABUSE

Program Data	FY 1978	FY 1979	FY 1980
Expenditures & Appropriations	298.4	488.9	555.0
Recipients			
Activity Measures			
. # of Programs Funded	32	20	25
Performance Indicator			
. % Achievement of Specified Operational Objectives	75%	75%	80%

CRIMINAL JUSTICE INTERFACE

Program Data	FY 1978	FY 1979	FY 1980
Expenditures & Appropriations	536,3	449.4	*
Recipients			
Performance Indicators			

OPERATIONS

Program Data	FY 1978	FY 1979	FY 1980
Expenditures & Appropriations			
. General Office	2,217.5[a]	2,155.0[b]	2,267.4
. Evaluation	--	110.9	114.7
. Toxicology	390.6	413.7	424.1
[a]Includes $312.5 thousand appropriated for Information Systems Division. [b]Includes $284.8 thousand appropriated for Information Systems Division.			
Activity Measure (Toxicology)			
. # of Monthly Tests Performed	114,000	115,000	116,000
Performance Indicators (Toxicology)			
Accuracy of test results	90% CDC rating[a]	90% CDC rating[a]	90% CDC rating[a]
Rate of Turnaround of tests	48 hours	48 hours	48 hours
[a]Laboratory proficiency is monitored by the Federal Center for Disease Control, and a rating is issued to each laboratory.			

* Included under the Illinois Law Enforcement Commission Budget

NATURE AND SCOPE OF DANGEROUS DRUG ABUSE IN ILLINOIS

Given the illicit and covert nature of much of the drug use in our society, determination as to the nature and extent of drug abuse must rely upon indicators which are approximate rather than definitive measures of specific problem areas. Like an object which can not be viewed directly, but can only be seen indirectly through refelction, one's confidence in estimating the nature and extent of drug abuse is greatly increased as the number of indicators observed yield similar patterns and impressions.

Basic Indicator Data widely thought to relate to drug abuse trends and regularly collected by DDC include:

- Medical data
  - . drug related deaths
  - . drug related hospital emergency room episodes
  - . laboratory analysis of illcit drugs
  - . incidence of serum hepatitis B
- Crime data
  - . arrests for drug offenses
  - . thefts of narcotics and controlled substance
  - . quantities of drugs seized by law enforcement agencies
  - . price and purity of heroin
- Treatment data
  - . primary drug of abuse for admitted clients
  - . demographic characteristics of client admissions and discharges
  - . utilization rates by modality of treatment

An analysis of the medical and crime-related indicator data was presented in the 1977-79 Human Services Plan. Updated information will not be available until the publication of Phase II of this document. However, the most recent treatment oriented data has been included.

Primary Drug of Abuse for Clients Admitted to Treatment

The majority of all clients admitted for drug treatment in Illinois continue to list heroin as their primary drug of abuse. While there has been a 8.6 percent decrease in the number of clients reporting primary heroin abuse since 1977, this drug still is the single drug most frequently mentioned by clients entering treatment. The most significant shifts in drug usage that lead people into treatment appears among amphetamine abuses (an increase from 2.3% in 1977 to 5.6% in 1978). (See Table 1)

As can be seen in Table 2 both males and females appear to be following similar patterns in the types of drugs which are bringing them into treatment. Females however, do seem to be experiencing difficulties with sedative hypnotics at a higher rate than that reported for males, and seem to acquire more serious abuse problems at a younger age.

TABLE 1

% Total Population Admitted

By Primary Drug Used for 1977 - 1978

	TOTAL CODAP POPULATION			
	1977		1978	
DRUG USED	#	%	#	%
Not Reported	526	6.5	553	5.7
Heroin	5722	70.5	5937	61.3
Methadone	34	0.4	40	0.4
Other Opiates	142	1.8	320	3.3
Alcohol	147	1.8	138	1.4
Barbiturates	219	2.7	354	3.7
Other Sedatives	89	1.1	189	2.0
Amphetamines	192	2.4	540	5.6
Cocaine	81	1.0	137	1.4
Marijuana	547	6.7	506	5.2
Hallucinogens	229	2.8	625	6.5
Inhalants	36	0.4	68	0.7
OTC	26	0.3	39	0.4
Tranquilizers	128	1.6	233	2.4
TOTAL	8118 *	100.0	9679 **	100.0

Source: CODAP (Client Data Oriented Acquisition Process)

*Information not available on 22 cases
**Information not available on 117 cases

TABLE 2

PRIMARY DRUG OF ABUSE FOR CLIENTS ADMITTED TO TREATMENT BY SEX

PRIMARY DRUG OF ABUSE	1977		1978	
	Males	Females	Males	Females
1. Not Reported	7% (374)	6% (152)	6% (408)	5% (145)
2. Heroin	69% (3808)	73% (1914)	61% (3949)	62% (1988)
3. Methadone	.5% (25)	.3% (9)	.4% (24)	.5% (16)
4. Other Opiates	2% (94)	2% (48)	3% (218)	3% (102)
5. Alcohol	2% (110)	1% (37)	2% (96)	1% (42)
6. Barbiturates	3% (154)	3% (65)	4% (250)	3% (104)
7. Sedative Hypnotics	1% (60)	1% (29)	2% (106)	3% (83)
8. Amphetamines	2% (107)	3% (85)	5% (329)	7% (211)
9. Cocaine	1% (54)	1% (27)	1% (86)	2% (51)
10. Marijuana/Hashish	7% (398)	6% (149)	6% (358)	5% (148)
11. Hallucinogens	3% (167)	2% (62)	7% (451)	5% (174)
12. Inhalants	.5% (30)	.2% (6)	.8% (54)	.4% (14)
13. Over-the-Counter	3% (16)	.4% (10)	.2% (13)	.8% (26)
14. Tranquilizers	2% (89)	2% (39)	2% (130)	3% (103)
	100% (5486)	100% (2632)	100% (6472)	100% (3207)

Source: CODAP

1977		1978	
Males	68% (5486)	Males	67% (6472)
Females	32% (2632)	Females	33% (3207)
TOTAL	(8118)*	TOTAL	(9679)**

*Information not available on 22 cases
**Information not available on 117 cases

TABLE 3

Incidence Of Drugs Found In Toxicology Lab Results*
1978

DRUG	# TESTS	% TESTS POSITIVE (FOR EACH SUB-STANCE)	# CLIENTS	% CLIENTS POSITIVE (FOR EACH SUB-STANCE)
1. Quinine	119,764	14.9	115,714	13.8
2. Antihistamine	10,584	10.9	10,296	11.1
3. Morphine	164,330	8.6	156,746	8.0
4. Diazepam (Valium)	1,052	8.1	973	7.1
5. Pentazocine (Talwin)	10,592	5.1	10,304	5.2
6. Propoxyphene (Darvon)	60,840	3.1	58,130	3.8
7. Codeine	162,846	2.1	155,859	2.1
8. Barbiturate	56,698	2.0	54,180	2.2
9. Phenmetrazine (Preludin)	56,759	1.7	54,214	1.9
10. Phenothiazine	56,720	1.3	54,197	1.6
11. Methamphetamine	56,721	0.5	54,189	0.4
12. Cocaine	9,654	0.3	9,303	0.3
13. Phenytoin (Dilantin)	56,710	0.2	54,187	0.2
14. Phencyclidine (PCP)	48,987	0.2	46,923	0.2
15. Ethchlorvynol (Placidyl)	469	0.2	463	0.2
16. Glutethemide (Doriden)	56,709	0.1	54,186	0.1
17. Amphetamine	56,666	0.1	54,151	0.1
18. Methylphenidate (Ritalin)	56,712	0.1	54,192	0.1
19. LAAM	677	0.1	670	0.1
TOTAL	1,043,490	15.4	998,877	15.7

0 % clients positive for: phenylpropanolamine, Librium and alcohol

*Source: DDC Toxicology Laboratory

Demographic Characteristics of Clients in Treatment - Charting demographic characteristics of persons entering and leaving treatment can be helpful in identifying high risk populations if one assumes that the characteristics and needs of those seeking treatment are representative of the population in greatest danger of abusing drugs. However, such an analysis can introduce the following difficulties:

- geographic/demographic error is reflected in statistics which measure incidence based on program location rather than the residential areas from which clients could be drawn;
- the type of therapeutic treatment available often determines the types of clients to be served; and
- many drug abusers never seek treatment or come into contact with the criminal justice system.

DDC relies primarily on the Client Oriented Data Acquisition Process (CODAP) for its analysis of client characteristics. All drug abuse treatment programs in Illinois are required to use the CODAP system for documenting admissions, discharges, and client flow.

Table 4 summarizes the distribution of client admissions by age, race, and sex during 1977 and 1978. There has been an overall increase in treatment admissions and the proportion of women entering treatment rose from 32.4% to 33.2% in just one year. Also, greater numbers of young persons are now entering treatment. In 1978, approximately 49% of DDC's client population was under 26 as compared to almost 43% in 1977.

Approximately one-half of all drug abuse treatment recipients have had at least one prior treatment experience, 70% are unemployed and a clear majority (61%) consider heroin as their primary drug of abuse, with reported use at more than once per day in 64.4% of the cases admitted to treatment. However, during the past year, the greatest proportionate increase in primary drug of abuse appeared among those entering treatment for non-opiate abuse. The addition of outpatient drug free programs to the CODAP reporting system as well as the pattern of substituting other drugs for heroin are among the primary factors which contribute to this change.

Utilization Rates By Modality of Treatment - One of the basic measures of program utility and effectiveness is utilization or demand for treatment. Table 5 summarizes the slots available for drug users seeking treatment in DDC funded programs by service type for each of the geographical regions.

TABLE 4

DISTRIBUTION OF ALL CODAP CLIENTS

BY AGE, RACE, AND SEX

1977 - 1978

ITEM	1977		1978	
	#	%	#	%
SEX:				
Male	5505	67.6	6548	66.8
Female	2635	32.4	3248	33.2
TOTAL	8140	100.0	9796	100.0
RACE:				
White	3217	41.7	4461	48.1
Black	3930	50.9	4201	45.3
Spanish	531	6.9	555	6.0
Other	37	0.5	61	0.6
TOTAL	7715*	100.0	9278*	100.0
AGE:				
< 18	409	5.0	1037	10.6
18-20	763	9.4	1067	10.9
21-25	2297	28.2	2705	27.6
26-30	2616	32.1	2778	28.4
31-44	1782	21.9	1868	19.0
> 44	273	3.4	341	3.5
TOTAL	8140	100.0	9796	100.0

*Total of race is less than total of sex and age due to information not reported

Source: CODAP

Table 5
Static Treatment Capacity by Region and Modality
July 1, 1978

MODALITY	REGION 1A	1B	2 Chicago	2 Non Chicago	3A	3B	4	5	Total
Residential	0	33	215	199	66	6	18	26	563
Outpatient Drug Free	35	211	502	469	20	109	100	50	1,496
Outpatient Methadone	78	118	2829	363	57	0	55	0	3,500
Transitional	0	12	42	25	0	0	0	0	79
Total	113	374	3588	1,056	143	115	173	76	5,638

SOURCE: DDC Grants and Contracts

According to the cumulative results of DDC monitoring efforts as well as CODAP Client Flow Summary data, almost all DDC funded drug treatment programs are presently operating at full capacity and, in some instances, the demand for services exceeds the available treatment capacity. Table 6 presents these treatment utilization rates for each funded modality by geographic region.

Table 6

Treatment Utilization Rates by Modality and Region
July 1, 1978

MODALITY	REGION 1A	1B	2 Chicago	2 Non Chicago	3A	3B	4	5	Total
Residential	--	83%	102%	110%	111%	100%	83%	104%	103%
Outpatient Drug Free	43%	105%	96%	90%	120%	89%	85%	108%	94%
Outpatient Methadone	93%	98%	99%	102%	93%	--	99%	--	98%
Transitional	--	108%	90%	104%	--	--	--	--	98%
Total	78%	101%	100%	95%	105%	90%	89%	107%	98%

SOURCE: CODAP

CURRENT TRENDS AND PATTERNS OF DRUG ABUSE IN ILLINOIS BY DRUG TYPE

In addition to collecting and analyzing data to document and effectively address current trends in drug abuse, the planning staff of the Commission bears the responsibility for estimating future trends and patterns of drug abuse.

This estimating process is aimed at:

- facilitating the development of an early warning system capable of rapidly identifying the emergence of new patterns of drug use which pose a threat to the health and safety of citizens of Illinois;
- increasing the Commission's capability to deter such emerging patterns through its network of drug abuse prevention and treatment programs before they have become widespread within the State; and
- informing the Dangerous Drugs Commissioners, the Dangerous Drugs Advisory Council members, and Illinois policymakers of potential trends in drug abuse that may require modification in current policies and programs. (See below, Talwin and Pyribenzamine Section)

Based on an analysis of a variety of drug abuse indicators, new usage patterns seem to be emerging.

Heroin and Other Narcotics - While narcotic abusers in Illinois continue to be highly represented in drug-related deaths, drug-related emergency room visits, and admissions to drug abuse treatment programs, the yearly increase in narcotic addiction in Illinois appears to have slowed. Particularly significant is the reduction in heroin-related emergency room visits and in heroin-related deaths during 1977. A number of factors may be contributing to this current stabilization of heroin incidence:

- Illinois' major investment of dollars and resources to support narcotic addiction treatment services has resulted in an average of 8,000 addict admissions to treatment each year since 1970. The aggregate impact of this investment may be reflected in current decreases in the incidence of heroin addiction within the State.
- Drug Enforcement Administration (DEA) figures show that by the fourth quarter of 1977, the midwest region had both the lowest percentage of heroin purity in the country and the highest street price. This combination of low purity and high price may in itself be having a deterrent effect on heroin incidence.
- The increasing number of heroin users who institute other depressant drugs for heroin may be reaching a level which may significantly reduce current heroin prevalence.

The drug consumption patterns of heroin addicts are changing. The trend toward multiple drug abuse by this group continues to increase as evidenced by the fact that 41% of heroin-related deaths in Chicago/ Cook County in 1977 involved alcohol in combination with another depressant drugs. An increasing number of addicts are substituting other drugs for heroin. (See section immediately following.)

The heroin abusing population in Illinois continues to be predominately Black and Latino males from lower socio-economic neighborhoods of urban areas of the State. More than 90% of persons in treatment for heroin addiction are between the ages of 18 and 30. Of 8,118 clients in DDC funded drug abuse treatment during 1977, 70% (5,722) cited heroin as the primary drug of abuse. In 1978, 61% (5,937) of the 9,679 total clients listed heroin as their primary drug of abuse. This represents a continuing heroin problem in Illinois. DDC is committed to programming aimed at reducing the abuse of those drugs which create the greatest clinical need for the individual.

Pentazocine (Talwin) and Pyribenzamine - Beginning in April, 1977, drug abuse treatment programs in Chicago began reporting that addicts were switching from heroin to a combination of Pentazocine (Talwin - a prescribed analygesic) and Pyribenzamine (an antihistamine). This combination, know and "T's and Blues", is dissolved and intravenously injected in much the same manner as heroin and produces a similar euphoric effect. Pentazocine is obtained primarily through physician prescription and the forging of prescriptions; Pyribenzamine is available without prescription. When taken in proper doses under a doctor's care, Pentazocine relieves pain and can be used as a surgery related anesthetic. However, a 1978 Northwestern University Hospital study conducted by the Institute of Psychiatry revealed that "T's and Blues" users averaged 21 pentazocine pills in combination with 9 Pyribenzamine tablets per day. Each Pentazocine pill costs approximately $2.00 with slight variations based on quantity purchased while Pyribenzamine tablets sold for $1.00 each. The daily drug usage costs among the 73 clients interviewed as part of this study ranged between $25.00 and $30.00, far less than the amount required to support a heroin habit. Since rescheduling, the price of each pill has gone up to $6.00 making the expense equivalent to that of heroin.

Pentazocine and Pyribenzamine abuse in Chicago occurs primarily among young Black males with prior histories of heroin addiction, although other urban areas throughout Illinois have begun to experience this drug substitution pattern among heroin abusers as well.

Approximately 20% of all Chicago drug treatment candidates showed toxicological evidence of Pentazocine abuse, while only an average of 6% appeared in examining statewide data. Emergency room episodes and drug related death data also provide evidence of increased Pentazocine usage among heroin addicts. Although individuals are still obtaining Pentazocine from physicians and forged prescriptions, there is substantial evidence that large quantities are diverted into the illicit drug market. According the Northwestern Hospital study cited above, 80% of the clients interviewed were able to purchase Pentazocine without a prescription within a mile of their residences. The Illinois Department of Registration and Education is presently investigating pharmacies

unable to account for large quantities of this drug.

In excessive amounts, Pentazocine produces nausea, vomiting, drowsiness, dizziness, sweating, headache, euphoria, disorientation, and confusion in individuals. The psychotomimetic reactions include psychosis, visual hallucination, dysphoria, nightmares, and feelings of depersonalization. Physically, soft tissue induration, nodules, and cutaneous depression can occur at injection sites. Ulceration (sloughing) and severe sclerosis of the skin and subcutaneous tissues (and, rarely underlying muscle) have been reported after multiple doses. Seizures have been reported and there is danger of liver disease with predisposition to more severe side effects.

By February, 1978, the use of this combination as a substitute for heroin was creating major concern among drug abuse treatment personnel and bulic health officials. In Cook County, 24 deaths and 150 emergency room episodes druing 1977 were attributed to the ingestion of this drug combination.

As a direct result of this epidemic, on August 1, 1978, the Dangerous Drugs Commission noted that the drug be placed on Schedule II of the Illinois Controlled Substances Act (Ill. Rev. Stats., Ch. 56½, Section 1206) after reviewing evidence presented at a public hearing pursuant to the provisions of the Illinois Administrative Procedures Act. Thereafter, Pentazocine (Talwin) became subject to the Schedule II "designated product" controls requiring an official triplicate prescription prior to issuing the drug to patients.

Propoxyphene ((Darvon) - This drug recently became the focus of national attention when a private research group revealed that in fourteen American cities, Propoxyphene accounted for more drug related deaths than any other substance include heroin or morphine. Although no city within Illinois was one of these fourteen urban areas, Propoxyphene did rank third in causes of drug related deaths in Chicago in 1977.

In light of these revelations, the Commission if presently reviewing all available information on this substance to determine whether or not to initiate more stringent regulation of Propoxyphene. The major problem seems to stem from a tendency among physicians to over prescribe rather than illicit distribution and consumption. If this continues to be the case, physician education in addiction to or as an alternative to rescheduling would be a more appropriate deterrent to Propoxyphene induced death. It appears that many physicians are not presently aware of the dangers associated with Propoxyphene when it is prescribed as a pain killer instead of aspirin or other analgesic equivalents.

Other Depressant Drugs - The emergence of depressant drug abuse in Illinois has been documented by DDC during the past two years. Tranquilizers, barbiturates, and non-barbiturate sedatives ranked immediately below heroin in drug-related deaths in Illinois during 1977. These same drugs comprised 41.3% of all drug-related emergency room visits (January - June, 1978) in a sampling of Chicago SMSA hospitals. While females between the ages of 20 and 40 seem particularly susceptible

to this form of drug abuse. Of particular concern is the potentially lethal mixture of alcohol and depressant drugs. Of the 1977 drug-related deaths in Cook County, 31.1% involved combinations of alcohol and depressant drugs. The Dangerous Drugs Commission is, therefore, increasing its coordinated planning efforts with the Division of Alcoholism in order to address this concurrent abuse of alcohol and depressant drugs.

Amphetamines and Psychostimulants - The abuse of amphetamines and psychostimulants seem to be increasing once again. Of the 8,818 clients admitted to treatment in 1977, only 2% (192) cited amphetamines as the drug of primary abuse. In 1978, however, this number jumped to 6% (540) of the 9,679 client admissions. Females appear to be slightly more inclined than males to enter treatment with this problem (7% female compared to 5% male). Emergency room episodes in Chicago involving amphetamines confirm this pattern by indicating an increase from 2% in 1977 to 4% in 1978.

Cocaine - The National Institute on Drug Abuse (NIDA), in its last nationwide survey of drug use, discovered that some eight million Ammericans have used cocaine. A major increase in cocaine use among high school youth and young adults was also noted. Although there are reports of increased cocaine use across Illinois (particularly in urban areas), the casualty rate remains relatively low. There were only 90 persons (less than 1%) admitted into the drug abuse treatment system during 1977 with a primary problem of cocaine abuse and only 39 (less than 1%) cocaine-related visits to emergency rooms in the Chicago SMSA during the first six months reported. It seems, also, that cocaine, a drug historically associated with heroin addiction in urban ghettos, has almost totally been removed from this context, re-emerging instead, as an expensive and fashionable drug among the young and affluent who, for the most part, snort rather than inject this drug.

Phencyclidine (PCP) - is another drug which has recently entered the arena of national attention and investigation. Most often sold on the streets as "Angel Dust", "Tic", "THC" or "Tac"; it is a very powerful substance whose only legal use is as an animal tranquilizer. Current data reveal that the majority of users are between 15 and 25 years of age, predominately white and male.

The Dangerous Drugs Commission has provided Illinois data to the Food and Drug Administration to support increased regulatory control of Phencyclidine and provided information about the drug and its potential effect on users to drug abuse treatment personnel, law enforcement agencies, and the general public.

Hallucinogenic Drugs - While problems associated with hallucinogens have been generally declining, it appears that in 1978, there has been an increase in at least the number of people seeking treatment for a primary hallucinogenic drug problem. In 1977, only 3% of the new clients cited a primary problem with this category of drug, whereas, in 1978 this has risen to 6%. Drug analysis services continue to report low quality and small dose LSD which is available on the streets.

Marijuana - Only 506 persons (5.2%) were admitted into treatment during 1978 with a primary problem of marijuana use. Most of these individuals were diverted from the criminal justice system following arrest for possession of small amounts of marijuana. Illinois has averaged more than 17,500 arrests a year under the Cannabis Control Act since 1973.

Although some persons (137) within the Chicago SMSA were seen in emergency rooms following use of marijuana, these admissions comprised only 2.5% of drug-related admissions from the reporting hospitals.

Anticipated Trends and Patterns of Drug Abuse

These are the anticipated trends in drug abuse in Illinois:

- Increased abuse of drug combinations and the concurrent use of alcohol with other drugs.
- Increased trend toward drug substitution among active heroin addicts as long as low purity and high prices prevail.
- Re-emergence of white heroin as a countervailing force which could be marketed at increased purity and lower prices when competing with the "Mexican" brown for control of the illicit heroin market.
- Increased abuse and misuse of licit and over-the-counter drugs.
- Increased use of cocaine as a drug of choice among young, affluent adults with continuing low toxicity levels dur to high cost and little adulteration.
- Increased intranasal ingestion of drugs causing serious risk of upper respiratory damage to the user.
- Re-emergence of exotic drugs, particularly of the stimulant and hallucinogenic variety, and mood altering herbal preparations ("legal highs") will come into increasing use.
- The decrease in amphetamine use has ended and its popularity appears to be once again increasing.

CORRELATION BETWEEN DRUG ABUSE AND CRIMINAL BEHAVIOR

For more than a decade, professionals in both the drug abuse field and the criminal justice system have been concerned with the apparent relationship between drug abuse and crime. The relationship, however, remains obscure. A number of studies do at least suggest that illegal behavior when begun prior to drug addiction, increases in frequency and scope following initial drug use.

Crimes most often associated with drug use are larceny (theft), robbery, and prostitution. A review of the literature on crime and addiction supports this

association with findings that addicts tend to avoid those crimes of violence that show little likelihood of monetary return. These same studies identify shoplifting, burglary, and prostitution as accounting for the largest proportion of addict income. Criminality as the primary means of supporting addiction has been estimated to range from a low of 30% to a high of about 80% in various addict groups.

The cost to society of the non-medical use of drugs is staggering. Law enforcement, criminal justice, and health service systems spend millions in the prevention, control, and treatment of drug abuse. The loss to our economy of goods and services resulting from illicit and illegal activity associated with the non-medical use of drugs brings the estimated national cost of drug abuse to between $8.4 and $12.2 billion based on information gathered by the National Institute on Drug Abuse.

In 1977, there were over 28,000 arrests for violations of various drug laws. In addition, approximately 20% of Illinois' Department of Corrections 9,000 inmates (1,800) reported themselves as drug abusers. The estimated Illinois population abusing drugs in 90,000 (50,000 heroin; 40,000 polydrug). Although the total number of individuals shared by the criminal justice and drug abuse systems can only be estimated, a significant proportion of all offenders arrested for non-drug related offenses are actually drug abusers and have previously been arrested for crimes indirectly related to drug dependence.

An internal evaluation covering the period of January, 1976 through July, 1978 stated that 95.5% of the clients in the Community Corrections Drug Abuse Program (CCDAP) at Pontiac (Pontiac, Illinois) have been involved with the criminal justice system prior to their current conviction. Of the CCDAP clients, 62% had been convicted of property crimes and 16% of crimes directly related to illicit drugs.

An analysis of Cook County Circuit Court cases filed between January 1, 1976 and June 30, 1977 shows findings consistent with current studies. A preliminary overview of this data indicates the following:

- 55,442 cases were filed in Narcotics Court involving drug related offenses alone or in combination with property crimes against persons.

- 52.2% involved narcotics offenses only (N = 31,158).

- 3.7% involved narcotics plus a crime of violence (murder, rape, armed robbery or aggravated assault (N = 2,051).

- 40.1% involved narcotics plus a non-violent property crime (theft or burglary).

A limited number of studies have shown that two types of drug abuse treatment modalities (methadone maintenance and residential drug free therapeutic communities) do reduce criminal behavior. Other studies also show close relationships between crime and drug abuse. One of the best studies of this kind was conducted in 1969 by the New York State Narcotic Control Commission which suggested the following:

- There is a predictable rise in income-producing crimes as the street price of heroin increases.

- There is a reduction in this same category of crimes as treatment for drug addiction becomes available.

The problem with interpreting such studies is the temptation to assume a direct relationship when other factors may also be at play. For example, as found in the New York Study, there was a strong association between drug abuse and other measures of social disorganization such an unemployment, illegitimacy, and welfare status.

PROGRAM AND SERVICE DATA

Introduction

The tables contained in this section provide program and service data for FY 1978 - FY 1980. The discussion below explains the terms used in the table titles and column headings.

Table 1. Obligational Authority and Expenditures

In order to relate the information contained in this Plan to the information contained in the FY 1980 budget, the data have been organized by the program categories found in the Narrative Budget Book for this agenyc. In Table 1 and subsequent tables, data are provided on each treatment program and service components and where appropriate, for the Commission's administrative responsibilities.

The dollar amounts indicated under "Obligational Authority" are the same as identified in the Bureau of the Budget Narrative Budget Book. "Obligational Authority" refers to all available financial resources (appropriated and non-appropriated). In addition to obligational authority, expenditure (actual for FY 1978 and estimated for FY 1979) are also indicated. Subsequent tables are also based on expenditures for FY 1978 and FY 1979 and project obligational authority for FY 1980.

Table 2. Clients in Treatment

The average number of active clients within each drug abuse treatment modality on the last day of every month is presented in this table.

Table 3. Actual Expenditures

Expenditures for each service are delineated by the source of funds which support them - Federal grants or State General Revenue Funds.

That portion of the State's General Revenue Fund not used as match for Federal grants, are reimbursable by the Federal Government under Title XX of the Social Security Act. Services for which State expenditures are reimbursed under Title XX at a 75% rate, are indicated in Table 4.

DDC's major Federal grant source is the Department of Health, Education, and Welfare (HEW) National Institute on Drug Abuse (NIDA). NIDA grants include both the Section 410 and the Section 409 Formula Grant, pursuant to P.L. 92-255, Drug Abuse Office and Treatment Act of 1972 as amended by P.L. 94-237 and P.L. 94-371.

The Section 410 Statewide Services Grant is a negotiated cost-reimbursement type under which DDC receives a grant from the National Institute of Drug Abuse and then contracts for services with drug abuse programs throughout the State. At present, there are 29 contractors whose services include methadone maintenance and drug free services in both outpatient and residential care settings. Section 409 grants are Federal formula allocations made to each State for funding drug abuse prevention efforts. DDC also receives special purpose NIDA awards for training, research/evaluation efforts and demonstration programs service priority populations and problem areas.

Other Federal grant sources include the Law Enforcement Assistance Administration and the Food and Drug Administration. The Law Enforcement Assistance Administration, pursuant to P.L. 90-351, Omnibus Crime Control and Safe Streets Act of 1968 as amended in 1976, provides block grants, which are in turn awarded to state and local programs for the improvement of criminal justice services. The Illinois Law Enforcement Commission, the State planning agency for LEAA, is responsible for allocation of the funds. DDC receives LEAA funds for the Chicago/Cook County Treatment Alternatives to Street Crime Program, a diversion alternative for certain drug abusers within the purview of the criminal justice system. FDA monies are used for methadone maintenance inspections.

Table 4. Title XX Expenditures and Recipients

This table identifies DDC's services, expenditures, and recipients as proposed in the FY 1980 Title XX Comprehensive Annual Services Plan for reimbursement by the Federal government.

Tables 5A-5G. Treatment Expenditures by Substate Area

These tables depict the distribution of drug abuse treatment expenditures among the seven geographic regions of the State. The figures exclude expenditures for Central Intake clients, all of which fall within Region II - Chicago.

Table 6. Units of Service

The number of treatment slots as well as the costs per slot by service type are identified on this table. Units of Service within service types have just begun to be defined and are therefore not presented in tabular form. At present, the following delineation is available:

Service Type	Unit of Care Description	# of Units Per Client/yr.	Cost Per Unit FY 79	Cost Per Unit FY 80
Residential Care	One client per 24 hr. day in each facility	365	N/A	$15.00
Transitional Day Care	Client participation in a treatment program for less than a 24-hr. day	225	N/A	12.04
Outpatient Drug Free	Staff counselor contacts with a client	155	N/A	9.88
Outpatient Methadone Maintenance	Counselor contact or event with the client related to the daily ingestion & pick up of methadone or other prescribed medication	260	$3.15	4.05
Central Intake	A five minute intake report component for each client as part of the information & referral service	11.1	N/A	1.50

Summary Table 1

OBLIGATIONAL AUTHORITY AND EXPENDITURES

(000's)

	FY '78		FY '79		FY '80
	Obligational Authority Actual	Expenditure Actual	Obligational Authority Actual	Expenditure Estimated	Obligational Authority Recommended
I. GENERAL OFFICE	1802.3	1641.6	1870.2	1869.4	2267.4
II. INFORMATION SYSTEMS	315.2	220.8	284.8	259.0	B
III. EVALUATION		95.8	110.9	110.9	114.7
IV. TOXICOLOGY	390.6	360.3	413.7	413.3	424.1
V. DRUG ABUSE TREATMENT	(A)10,811.2	10,706.8	11,235.1	10,964.7	12,162.9
1. Methadone Maintenance (OP)			5,686.0	5,528.2	5,792.7
2. Drug Free (OP)			2,003.7	1,920.4	2,286.2
3. Residential			2,906.8	2,891.4	3,452.2
4. Transitional Day Care			218.4	204.5	211.6
5. Central Intake			420.2	420.2	420.2
VI. PREVENTION	300.0	289.4	545.0	488.9	555.0
VII. CRIMINAL JUSTICE INTERFACE	950.0	536.3	1,006.0	449.4	*
TOTAL	14,669.3	13,911.0	15,465.7	14,555.6	15,524.1

Source: Bureau of the Budget, Dangerous Drugs Commission Submission for FY 1980
*Included under the Illinois Law Enforcement Commission Budget
A- Grants-In-Aid not appropriated or recorded by modality in 1978
B- Information Systems not appropriated as separate division for FY '80

Summary Table 2

CLIENTS IN TREATMENT**

	FY78 Actual	($)	FY79 Estimated	(%)	FY80 Projected	(%)
Total Treatment	6,060	(100)	6,385	(100)	6,720	(100)
. Methadone Maintenance(OP)	3,350	(55.3)	3,508	(54.9)	3,674	(54.7)
. Drug Free (OP)	2,348	(38.7)	2,490	(39.0)	2,639	(39.3)
. Residential	302	(5.0)	324	(5.1)	341	(5.1)
. Transitional Care	60	(1.0)	63	(1.0)	66	(0.9)
Central Intake	3,273		3,453		3,643	
Prevention	*					
Criminal Justice Interface	754		795		839	

Source: CODAP Admissions 1978

* At present, the Activity Reporting System measures the level of client participation in a variety of prevention programs but does not provide an unduplicated count. Data collected during the last 6 months of 1978 is included in the descriptive narrative for prevention services.

**Refers to the average number of persons (unduplicated count) receiving treatment on the last day of each month.

FY 1979 estimates and FY 1980 projections include clients who will be acquired as part of the new initiatives identified in this document as well as a 5.5% annual growth factor.

Summary Table 3
ACTUAL EXPENDITURES
(000's)

	FY78 Actual	FY79 Estimated	FY80 Projected
Federal(C)			
Operations	1,390.2	1,633.4	1,736.9
Grants in Aid	4,413.6	4,626.5	5,585.9
Subtotal	5,803.8	6,259.9 (44.4%)	7,322.8 (47.2%)
State			
Operations	928.3	1,019.2	1,069.3
Grants in Aid(A)	6,642.6	6,827.1	7,132.0
Subtotal	7,570.9 (56.6%)	7,846.3 (55.6%)	8,201.3 (52.8%)
TOTAL(B)	13,374.7	14,106.2	15,524.1

(A) A portion of State funds for treatment services, not presently used to match federal dollars, are eligible for Title XX reimbursement. See Table 5.

(B) Excludes LEAA grants to TASC, now identified under the Illinois Law Enforcement Commission budget.

(C) Sources include a contract from the Food and Drug Administration, STSP Training Contract, Vocational Rehabilitation Employment Specialist Demonstration Project, Prevention Programming Demonstration Grant and a Special Women's Treatment Demonstration Program.

Summary Table 4

TITLE XX REIMBURSEMENT

Category Human Services Plan	Title XX Plan	Title XX Reimbursement FY78 (Actual) Expenditures	FY78 (Actual) Recipients	FY79 (Estimated) Expenditures	FY79 (Estimated) Recipients	FY80 (Projected) Expenditures	FY80 (Projected) Recipients
Outpatient Drug Free	Rehabilitation and treatment for substance abuse - outpatient drug free	*	*	470.1	320	496.0	320
Outpatient Methadone Maintenance	Rehabilitation and treatment for substance abuse - outpatient methadone maintenance	*	*	3,483.5	4,194	3,546.2	3,250
Residential	Rehabilitation and treatment for substance abuse - residential care	*	*	1,492.3	885	1,649.0	772
Transitional Day Care	Rehabilitation and treatment for substance abuse - transitional care	*	*	60.9	12	54.4	20
Central Intake	Information and referral	*	*	55.5	3,336	57.9	3,471

*Unable to identify expenditures by service type prior to FY79.

FY 1980 will include Early Intervention

Table 5A
REGIONAL SERVICE DELIVERY
(000's)

REGION 1A

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	-0-	-0-
ODF		10.0	11.4
OMM		119.6	127.4
Transitional Care		-0-	-0-
TOTAL TREATMENT	140.0	129.6	152.0 (1.3%)
Prevention	53.5	82.9	102.0 (18.5%)

Table 5B
REGIONAL SERVICE DELIVERY
(000's)

REGION 1B

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	167.4	214.0
ODF		318.7	368.0
OMM		200.2	214.3
Transitional Care		24.0	35.3
TOTAL TREATMENT	753.6	710.4	822.0 (7.0%)
Prevention	7.5	11.8	14.3 (2.6%)

*Appropriations were not available by modality until FY79.

Table 5C
REGIONAL SERVICE DELIVERY
(000's)

REGION 2 (City of Chicago)

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	2,316.3	2,969.0
ODF		1,011.3	1,168.2
OMM		4,406.1	4,761.4
Transitional Care		76.0	112.0
TOTAL TREATMENT	8,258.1	7,809.7	9,007.0 (76.7%)
Prevention	88.3	136.7	169.2 (30.5%)

REGION 2 (Cook County)

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	-0-	-0-
ODF		238.0	274.3
OMM		311.6	336.0
Transitional Care		43.7	64.2
TOTAL TREATMENT	624.4	593.3	681.1 (5.8%)
Prevention	38.8	60.1	74.4 (13.4%)

REGION 2 (non-Cook County)

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	-0-	-0-
ODF		165.9	192.0
OMM		125.4	133.2
Transitional Care		-0-	-0-
TOTAL TREATMENT	312.2	291.3	341.0 (2.9%)
Prevention	1.2	2.0	2.0 (0.4%)

*Appropriations were not available by modality until FY79.

Table 5D
REGIONAL SERVICE DELIVERY
(000's)

REGION 3A

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	-0-	-0-
ODF		24.2	30.0
OMM		89.3	98.4
Transitional Care		-0-	-0-
TOTAL TREATMENT	118.4	113.5	129.2 (1.1%)
Prevention	8.1	12.4	16.0 (2.8%)

Table 5E
REGIONAL SERVICE DELIVERY
(000's)

REGION 3B

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	21.8	27.6
ODF		107.8	123.4
OMM		-0-	-0-
Transitional Care	-0-	-0-	-0-
TOTAL TREATMENT	140.0	129.5	152.0 (1.3%)
Prevention	32.1	49.5	62.0 (11.1%)

*Appropriations were not available by modality until FY79.

Table 5F
REGIONAL SERVICE DELIVERY
(000's)

REGION 4

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	40.0	51.6
ODF		63.8	73.2
OMM		108.3	122.0
Transitional Care		-0-	-0-
TOTAL TREATMENT	226.1	212.1	247.0 (2.1%)
Prevention	19.4	30.2	37.1 (6.7%)

Table 5G
REGIONAL SERVICE DELIVERY
(000's)

REGION 5

Modality	FY78 Actual	FY79 Estimated	FY80 Projected
Residential	*	146.9	190.0
ODF		39.5	45.7
OMM		-0-	-0-
Transitional Care		-0-	-0-
TOTAL TREATMENT	194.0	186.4	211.4 (1.8%)
Prevention	40.5	62.6	78.0 (14.0%)

*Appropriations were not available by modality until FY79.

Summary Table 6
UNITS OF SERVICE

Treatment Modality	FY78 - Actual		FY79 - Estimated		FY80 - Projected	
	Slots	Average Cost Per Slot	Slots	Average Cost Per Slot	Slots	Average Cost Per Slot
Outpatient Drug Free	1,556	1,750	1,553	1,750	1,553	1,850
Outpatient Methadone Maintenance	3,438	1,750	3,403	1,750	3,403	1,775*
Residential	573	5,450	573	5,450	573	7,000
Transitional Care	79	3,500	79	3,500	79	3,500
TOTAL	5,646	-	5,608	-	5,604	-

* Excludes Central Intake referral costs within the city of Chicago.

PROGRAM AND SERVICE DEFINITIONS

Each of the following pages provides definitions for the programs and services identified in the prior tables. In addition, the method of service delivery for each service is explained. A definition of the types of persons to whom a service is directed is given. The basis used for counting recipients and units of service is also identified.

I. GENERAL OFFICE

II. EVALUATION

III. TOXICOLOGY

IV. DRUG ABUSE TREATMENT SERVICE

- Outpatient Services
- Methadone Maintenance Drug Free
- Residential
- Transitional Day Care
- Central Intake

V. DRUG ABUSE PREVENTION

VI. CRIMINAL JUSTICE

I. Program Title: GENERAL OFFICE

Provision of centralized services which support the agency's administration operations and assist in carrying out federal and state mandates.

Program component include:

- personnel and financial management
- planning and research
- federally assisted training
- monitoring and evaluation of grants
- licensing and inspection of drug clinics to ensure compliance with federal and state regulations
- technical assistance to funded programs

II. Program Title: EVALUATION

Assessment of agency and program operations to determine the effectiveness and efficiency of drug abuse programming in Illinois.

Program components include:

- performance evaluation of each program to measure success in accomplishing service objectives
- management efficiency assessments of internal organization activities
- design of evaluation methodologies for use by commission staff
- client outcome evaluations to determine impact of various drug treatment modalities on clients and treatment
- review of evaluation proposals submitted by sub-grantee
- technical assistance to sub-grantee in evaluation techniques

III. Program Title: TOXICOLOGY

Biochemical analysis and drug detection to determine evidence of illicit drugs and to monitor effectiveness of each program in reducing drug abuse among its clientele.

Program components include:

- urine testing for all methadone maintenance and residential programs
- special testing for polydrug program upon request

IV. Program Title: DRUG ABUSE TREATMENT SERVICES

Provision of federal or state funds to locally administered, nonprofit corporations to develop treatment and rehabilitation services for drug abusers.

Program components include:

- residential, outpatient and transitional care clinics which utilize both methadone maintenance and drug free modalities
- diagnostic and referral services for incoming clients

IV. Program Title: DRUG ABUSE TREATMENT

4.1. Service Title: OUTPATIENT SERVICES

Definition: Rehabilitation and treatment provided in a community-based setting which is designed to reduce or eliminate drug abuse and to improve personal and social functioning.

Outpatient treatment focuses on two major modalities:

1. Methadone Maintenance: Chemotherapeutic treatment to stabilize or detoxify opiate addicted individuals and to reduce the individual's craving for opiate drugs.

2. Drug Free: Nonchemotherapeutic services, such as psychotherapy, geared towards maintaining a drug-free condition.

Service activities include:

- professional diagnosis and assessment
- group and individual counseling
- social, vocational, and educational skills development
- medical, remedial or specialized health care

Method of Service Delivery: Grants to public and private agencies, contracts with drug treatment clinics.

Target Population: Heroin addicts and poly drug users, based on Institute for Juvenile Research Study, which estimates 50,000 heroin addicts and 40,000 poly drug abusers in Illinois. For methadone maintenance, persons demonstrating at least a two year addiction.

Recipient Definition: Total persons admitted to a DDC funded program during one year period.

IV. Program Title: DRUG ABUSE TREATMENT

4.2. Service Title: RESIDENTIAL TREATMENT

Definition: Treatment and rehabilitation services, provided in a highly structured living environment, which are designed to reduce or eliminate substance abuse, facilitate the return to normal community life, and enhance the capacity of the individual to function in a self-sufficient manner.

Service activities include:

- professional diagnosis and treatment
- social, vocational, and educational skills development
- medical, remedial and other specialized health care;

  examples are:

  - chemotherapeutic treatment (small methadone maintenance component)
  - detoxification
  - medication supervision
- room and board

Method of Service Delivery: Purchase care through contracts with drug clinics.

Target Population: Persons addicted to narcotics or poly drugs.

Recipient Definitions: Total persons admitted to a residential drug treatment program funded by DDC within a one year period.

IV. Program Title: DRUG ABUSE TREATMENT

4.3. Service Title: TRANSITIONAL DAY CARE

Definition: Residential program providing transitional treatment and rehabilitation services in a community-based setting for persons unable to live independently because of the effects of substance abuse. Activities are geared toward eliminating drug dependence and strengthening the individual's capacity for adequate social functioning.

Service activities include:

- individual, group and/or limited family counseling
- vocational counseling and referral
- social, vocational, and educational skills development
- medical, remedial and/or other specialized health care
- room and board

Method of Service Delivery: Purchase care with private drug clinics through contractual arrangements.

Target Population: Persons with a history of drug abuse who have been assessed as ready to participate in a program which emphasizes resocialization of the individual into the community.

Recipient Definition: Total persons admitted to a DDC funded transitional care program during a one year period.

IV. Program Title: DRUG ABUSE TREATMENT

4.4. Service Title: CENTRAL INTAKE

Definition: A centralized intake system which provides uniform, standardized medical and psychological evaluation of all drug abuse treatment applicants within the Chicago metropolitan area.

Service activities include:

- initial client screening
- record of personal, psychological, medical and drug histories
- physical examination and professional observation of drug symptoms
- laboratory testing

Method of Service Delivery: Provision of physical examinations, laboratory testing, client screening and referral to appropriate treatment.

Target Population: Persons seeking drug abuse treatment within the Chicago area who must be screened and tested prior to admission or readmission to a program.

Recipient Definition: Total persons receiving medical examinations, counseling and referral to a Chicago area drug treatment program during a one year period.

V. Program Title: DRUG ABUSE PREVENTION

Provision of public information and education concerning effects, legal status and patterns of drug abuse, aimed towards reducing the attractiveness of drugs and discouraging use of those drugs with the highest potential for abuse and harm. Early intervention services are also provided to develop alternatives to drug abuse for youth who are experimental drug users or potential drug users.

Program activities include:

- dissemination of information to the general public
- public presentations and training sessions
- personal and interpersonal counseling

Method of Service Delivery: Grants-in-aid to public and private not for profit organizations.

Target Population: "At risk" non-drug users who are in danger of becoming drug users or episodic and experimental drug users, especially persons under the age of 18.

Recipient Definition: Early Intervention

VI. Program Title: CRIMINAL JUSTICE INTERFACE

Provision of diagnostic placement and tracking system as a diversion alternative for narcotic addicted drug abusers within the criminal justice system.

Program activities include:

- client screening and referral to treatment
- cooperative work with Criminal Court System
- monitoring of treatment service provided

Method of Service Delivery: Grant to Chicago/Cook County area through the Illinois Law Enforcement Commission.

Target Population: Persons arrested for violating drug laws or related offenses; narcotic addicted offenders within the criminal justice system.

Recipient Definition: Number of circuit court referrals to the Treatment Alternatives to Street Crime Program during a one year period.

DRUG PROGRAMS BY REGION, ENVIRONMENT AND MODALITY,
TYPE OF FUNDING AND CAPACITY
1978

REGION PROGRAM	STATE CONTRACT	STATEWIDE SERVICE CONTRACT	409	TOTAL
Region 1A				
1. NICADD	32 OMM	36 OMM	-	68 OMM
	-	34 ODF	-	34 ODF
Region 1B				
1. Peoria	-	175 ODF	-	175 ODF
(Tazewood incl.)	-	81 OMM	-	81 OMM
	-	17 RDF	-	17 RDF
	-	20 RMM	-	20 RMM
	-	14 ODC	-	14 ODC
2. Quint Cities	29 OMM	22 OMM	-	51 OMM
		12 ODF	-	12 ODF
Region 2 (Chicago)				
1. Allied	-	230 OMM	-	230 OMM
2. Alternatives	-	-	48 ODF	48 ODF
3. BASTA	-	89 OMM	-	89 OMM
4. BRASS	179 OMM	235 OMM	-	414 OMM
5. Counterpoint (IDDRS)	30 RDF	-	-	30 RDF
	35 ODF	-	-	35 ODF
	12 ODC	-	-	12 ODC
6. Comprand (Impact)	148 OMM	-	-	148 OMM
7. El Rincon	185 OMM	-	-	185 OMM
8. Firman	-	88 ODF	-	88 ODF
9. Gateway	92 RDF	134 RDF	-	226 RDF
(Partly under Regions 2-NC and 3A)	25 ODF	-	-	25 ODF
10. Harambee	128 OMM	-	-	128 OMM
11. Central Intake (IDDRS)	3,500 INT	-	-	3,500 INT
12. Family Guidance (Near North)	-	71 OMM	-	71 OMM
13. Northside (IDDRS)	110 OMM	-	-	110 OMM
	-	30 ODC	-	30 ODC
14. Northwestern	32 OMM	57 OMM	-	89 OMM
	82 ODF	10 ODF	-	92 ODF
15. NYO	-	240 ODF	-	240 ODF
16. Prairie	36 OMM	75 OMM	-	111 OMM
17. Rotary (WACA)	94 OMM	-	-	94 OMM
18. Safari House	55 RMM	27 RMM	-	82 RMM
	205 OMM	-	-	205 OMM

REGION PROGRAM	STATE CONTRACT	STATEWIDE SERVICE CONTRACT	409	TOTAL
19. STU	135 OMM	-	-	135 OMM
20. Uptown	-	160 OMM	-	160 OMM
21. WSO	115 OMM	330 OMM	-	445 OMM
22. Brotherhood (SASI)	181 OMM	-	-	181 OMM
23. Day One (Safari)	30 RDF	-	-	30 RDF
	79 OMM	-	-	79 OMM
Region 2 (Non-Chicago)				
1. Aurora	-	-	40 ODF	40 ODF
2. Crossroads (IDDRS)	40 RDF	-	-	40 RDF
	40 ODF	-	-	40 ODF
3. Du Page	-	55 ODF	-	55 ODF
4. CCADA	-	25 ODC	-	25 ODC
	-	-	75 ODF	75 ODF
5. Evanston	-	42 OMM	-	42 OMM
	-	46 ODF	-	46 ODF
6. Forest	-	45 OMM	-	45 OMM
7. Foundation I	70 OMM	36 OMM	-	106 OMM
	-	16 ODF	-	16 ODF
8. DCIC	49 OMM	-	-	49 OMM
	-	-	18 ODF	18 ODF
9. HIP	-	63 OMM	-	63 OMM
10. Kankakee	41 OMM	-	-	41 OMM
	25 ODF	28 ODF	-	53 ODF
11. Lake County	-	-	55 ODF	55 ODF
12. Oak Park	-	80 ODF	-	80 ODF
13. Omni	-	-	15 ODF	15 ODF
14. Tinley Park (SASI)	76 RMM	21 RMM	-	97 RMM
Region 3A				
1. MHA of Springfield	57 OMM	-	-	57 OMM
2. Tri County	-	-	20 ODF	20 ODF
Region 3B				
1. Central East	-	-	10 ODF	10 ODF
2. Gemini	-	-	20 ODF	20 ODF
3. McLean	-	48 ODF	-	48 ODF
	-	6 RDF	-	6 RDF
4. Vermilion	-	-	31 ODF	31 ODF

REGION PROGRAM	STATE CONTRACT	STATEWIDE SERVICE CONTRACT	409	TOTAL
		Region 4		
1. ADDDCO	-	18 RDF	-	18 RMM
	-	37 OMM	-	37 OMM
	-	61 ODF	-	61 ODF
2. Madison County Council	-	-	30 ODF	30 ODF
3. Madison County MHC	27 OMM	-	-	27 OMM
		Region 5		
1. Aeon	-	-	20 ODF	20 ODF
2. CEFS	-	-	20 ODF	20 ODF
3. Hill House	6 RDF	18 RDF	-	24 RDF
4. Synergy	-	10 ODF	-	10 ODF
CCDAP (Whole State)	49 PRI	-	-	49 PRI
TOTALS	6,029	2,842	402	9,194

Abbreviations	Total
(OMM) - Outpatient Methadone Maintenance	3,541
(ODF) - Outpatient Drug Free	1,512
(ODC) - Outpatient Day Care	82
(RMM) - Residential Methadone Maintenance	199
(RDF) - Residential Drug Free	390
(PRI) - Prison	49
(INT) - Intake	3,500

SOURCE: Dangerous Drugs Commission, Field Operations Division

END