

Hungry Hornets: Checkpoint 3

1. **Does assignment toward a particular neighborhood yield higher drug/alcohol abuse and medical allegations among officers? Alternatively, are officers with drug/alcohol abuse allegations more likely to work in certain areas?**

Our interactive map demonstrates an interesting but perhaps not entirely surprising geographic distribution of drug & alcohol abuse and medical allegations. The highest number of allegations is found in Douglas (146), where the overall crime rate is 120% higher than the national average¹, and the median household income is \$39,234, which is significantly below the national average of \$62,843². The next highest number occur in West Loop, which, while having a relatively high median household income of \$122,685 and being named the #3 best neighborhood in Chicago to live³, does have a crime rate that exceeds the national average³. The latter trends indicate that officers may be more inclined to abuse substances or be non-compliant with medical protocols, either as the result of heightened stress associated with overseeing a more crime-ridden neighborhood or due to increased accessibility of recreational drugs in these areas. The next highest number of allegations is 120 in the United Center region, a venue where there are multiple sports events, shows and concerts, at which officers must manage a vast population both on and off the premises. This finding again suggests how heightened stress from more a more demanding workload could precipitate substance abuse among assigned officers. Perhaps it also supports the suggestion that increased accessibility to illicit substances may contribute to the prevalence of these allegations. The latter theories are not supported by Englewood, however. Though the neighborhood's crime rate is notoriously high and its economic status compromised, only 19 allegations have been reported. One possibility is that civilian underreporting may occur in certain crime-ridden neighborhoods, to avoid their own prosecution for similar acts and prevent a possible loss of access to these agents. Additionally, in some areas with compromised socioeconomic status, civilians may not have the resources to participate in the reporting process.

These findings have highly important implications for the CPD. In particular, the possible association between drug & alcohol abuse and medical allegations and crime rate/economic status of the neighborhood to which officers are assigned, suggests that officers may need to be rotated between neighborhood assignments more frequently, in order to reduce the burden imposed by heightened stress and more significant workload in these regions. The latter may also minimize substance accessibility. Additionally, awareness of these trends may stimulate the CPD to anticipate the propensity of officers assigned to these areas towards drug & alcohol abuse and medical violations. Perhaps they could establish counseling services and/or a monitoring initiative, to prevent substance abuse and ensure adherence to medical protocols.

2. How is the frequency of each type of drug/alcohol and medical abuse allegation varying over time?

Some interesting trends are notable from our interactive word cloud, exhibiting the frequency of each kind of drug & alcohol abuse and medical allegation over time, from 1980 through 2018. Perhaps most notable is the increase in number of allegation types reported over time. While early allegations pertained to “intoxication” and “impairment,” these began to diversify, especially beginning in the late 1980s. Perhaps this reflects an increased awareness or focus on the various kinds of substance abuse and medical violations among CPD officers over time, or an evolution in the recording and documentation practices of the CPD.

In terms of specific allegation types, “positive drug screen – physical exam” appears to become increasingly elevated, particularly in the 1990s. As evidenced by our word cloud in checkpoint 2, both civilian and officer complaints of this allegation type were prevalent, suggesting that in this era, the attitude towards substance abuse among officers was focused on identifying who may have been “on drugs” based on a visual assessment, again a very subjective category. Furthermore, in the 2000s, there was an increased prevalence of off duty violations, including intoxication, driving under the influence (DUI) and substance abuse allegations. This suggests a heightened focus among complainants on officer activity outside of work, which could indicate a trend towards higher surveillance of officer activity in general.

In terms of overall number of allegations, an intriguing pattern emerges between 2016-2018. Though there are multiple allegation types, the words/phrases are homogeneously smaller in size during this time interval, suggesting that the overall volume of drug & alcohol abuse and medical allegations was reduced from previous years. This is surprising, given the heightened attention on police practices driven by multiple controversial cases in this period. It is however possible that the CPD and society were more focused on other types of allegations (i.e. pertaining to minorities and use of force), resulting in less of an emphasis on substance abuse and medical allegations.

References:

1. “Douglas, Chicago, IL Crime.” September 2020. *AreaVibes*. <https://www.areavibes.com/chicago-il/douglas/crime/>
2. “Douglas Demographics and Statistics.” 2021. *Niche*. <https://www.niche.com/places-to-live/n/douglas-chicago-il/residents/>
3. “West Loop Demographics and Statistics.” 2021. *Niche*. <https://www.niche.com/places-to-live/n/west-loop-chicago-il/>