



December 31, 2021

## 2020 Chicago Opioid Overdose Data Brief

### Key Messages and Action Steps

- There were 13,794 opioid-related EMS responses<sup>1</sup> and at least 1303 opioid-related deaths<sup>2</sup> in Chicago in January – December 2020. This is a **32% increase** in opioid-related EMS responses and a **52% increase in deaths** compared to 2019.
- For the total number of opioid related deaths from January – December 2020, **86% involved fentanyl**.
- In 2020 in Chicago, 51% of opioid-related overdose deaths also involved another substance (cocaine, methamphetamine, and/or benzodiazepine), suggesting polysubstance use is common.
- Consider immediate initiation of buprenorphine in persons whose opioid overdose was reversed with Naloxone. Share these Harm Reduction Interventions for people who use drugs.
- Hospitals and Community organizations can register to become a Drug Overdose Prevention Program to order and distribute Naloxone at no cost to their organization.
- Fentanyl test strips are available free of charge through CDPH and can be requested by emailing [OSU.CDPH@cityofchicago.org](mailto:OSU.CDPH@cityofchicago.org).
- BeSafe and Never Use Alone (800)484-3731 are two resources that can be shared with people who use drugs alone; these resources allow for help to be called if an overdose occurs.

**Recognizing Opioid Overdose:** Signs and symptoms include slow, shallow breathing or no breathing; no response when the person's name is called; blue or gray lips and fingernails; pale, cold and clammy skin; slow pulse or no pulse; small and constricted pupils.

**Laboratory:** Diagnosis of opioid overdose is often made clinically, when the signs and symptoms listed above are observed. Urine drug screens can be helpful in confirming the presence of opioids in the system. Providers should test specifically for fentanyl because synthetic opioids such as fentanyl are not detected with routine toxicology testing.

**Treatment:** Opioid use disorder is a chronic condition and can be effectively managed with evidence-based treatment and life-long support. The three FDA-approved drugs for treatment of opioid use disorder are methadone, buprenorphine, and naltrexone. Settings where these medications can be initiated include the ED, inpatient settings, outpatient primary care and behavioral health clinics, telehealth/virtual care visits, and mobile clinic settings. Providers can initiate buprenorphine immediately after reversal of an opioid overdose with naloxone using this protocol. When making referrals for treatment, a warm handoff is preferred.

Naloxone is a medication that acts as an opioid antagonist and is designed to reverse an opioid overdose rapidly. If the first dose does not reverse the overdose symptoms in 3 minutes, administer a second dose. It is important to increase access to this medication by providing naloxone to all people who use opioids and those who know people who use opioids. Given the possibility of adulteration with synthetic opioids, people who use other drugs such as cocaine, should also carry naloxone.

Chicago Connects is a treatment and resource finder for substance use, mental health, and violence prevention services.

Rethink Recovery is a statewide public awareness campaign provides education and resources directly to those needing Medication-Assisted Recovery (MAR) the services.

**Patient Counseling:** The Brief Negotiated Interview can be used with people who experienced an overdose to raise the subject of opioid use, provide feedback on their use, assess readiness to change, negotiate their goals, and initiate treatment or provide a referral to treatment. Regardless of readiness for treatment, harm reduction interventions such as providing naloxone and fentanyl testing strips should be implemented. Patients should be counseled to carry the opioid reversal medication Naloxone at all times and to inform those in their social circle that they possess naloxone for overdose reversal. The use of fentanyl test strips on drug samples prior to consumption may help minimize the risk of overdose.

**Reporting:** When a drug overdose treatment is provided in a hospital's Emergency Department (ED), the case shall be reported to the Illinois Department of Public Health (IDPH) within 48 hours after providing treatment for the drug overdose.

# **2020 Chicago Opioid Overdose Data Brief**

Note: The COVID-19 pandemic has influenced opioid-related overdoses in Chicago. This topic will be explored more extensively in the upcoming annual report.



## Overview

- In Chicago in 2020, **1,303** people died from an opioid-related overdose (Figure 1, Cook County Medical Examiner's Office).
  - From 2019 to 2020, the overall opioid-related overdose death rate **increased by 52%** (Table 1).
  - The number of **fentanyl-involved deaths continue to surpass heroin-involved deaths**. Almost 40% of overdose deaths involved fentanyl as the only opioid.
  - In 2020 in Chicago, opioid-related overdose death rates remained highest among **men; Black, Non-Latinx; adults aged 55-64**; and persons living in communities experiencing **high economic hardship**.
  - Emergency medical services (EMS) teams **responded to 13,794 opioid-related overdoses** in 2020 – an average of **38 per day** (Chicago Fire Department Emergency Medical Services).

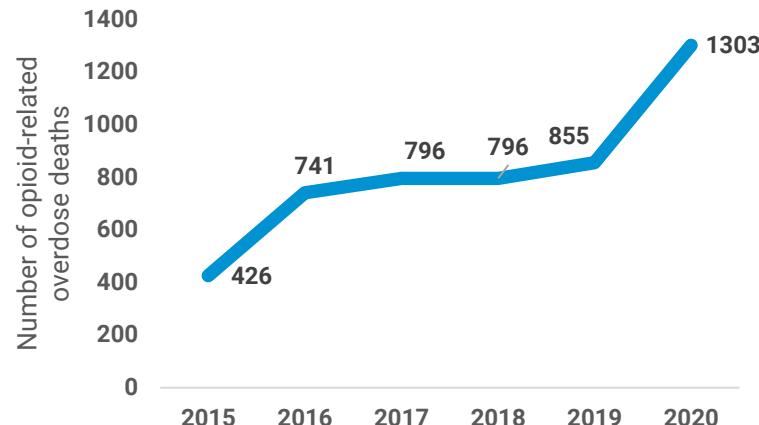
## Where do opioid-related overdose deaths occur?

- Chicago residents who died from an opioid-related overdose in 2020 lived across the city. **Ninety-seven percent of Chicago's community areas** were home to at least one resident with a fatal opioid-related overdose (Map 1).
  - Similar to 2019, among Chicago residents, the community areas with the **most opioid-related overdose deaths** in 2020 were **Austin** (n=97), **Humboldt Park** (n=64), and **North Lawndale** (n=49). Only two community areas had **zero deaths**: **Burnside and Hegewisch** (Map 1).

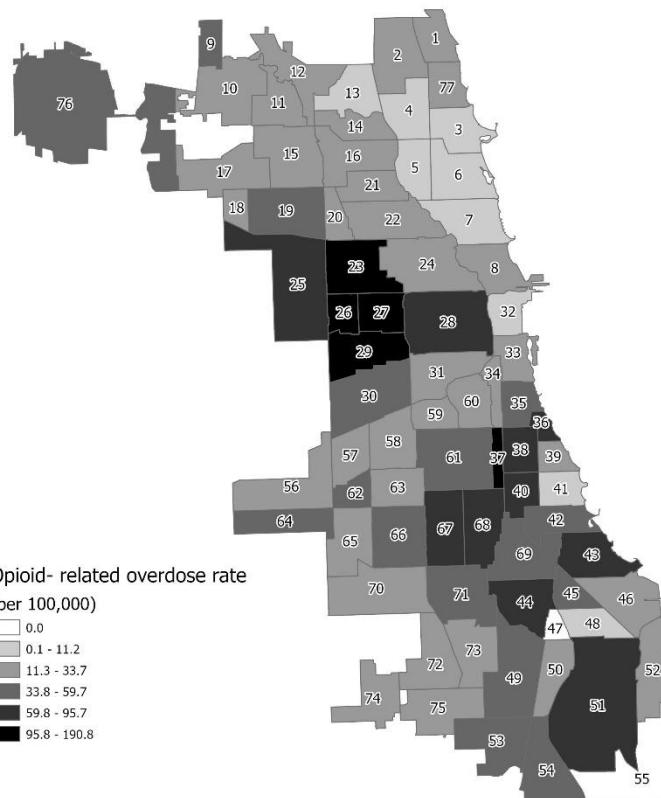
## **What types of opioids are involved in opioid-related deaths?**

- In 2020, 109 opioid-related overdose deaths were linked to prescription opioid pain relievers, majority in conjunction with illicit (heroin, fentanyl) opioids (83%). In fact, there were 17 opioid pain reliever-only deaths in 2020. This remains much less common than overdose deaths linked to illicit opioids.
  - In 2020, 86% of opioid-related overdose deaths involved fentanyl. The rate of deaths involving fentanyl has increased by 167% from 2016 to 2020. The increasing presence of fentanyl in the Chicago opioid supply continues to add complexity to addressing and describing the opioid epidemic.
  - In 2020 in Chicago, more than half (51%) of opioid-related overdose deaths also involved another substance (cocaine, methamphetamine and/or benzodiazepine), suggesting polysubstance use is common.

## **Figure 1. Opioid-Related overdose deaths – Chicago, 2015-2020**



## **Map1. Opioid-Related overdose death rate among Chicago Residents by community area – Chicago, 2020**



## OPIOID-RELATED OVERDOSE MORTALITY: A Detailed Table

- From 2019 to 2020 the rate of opioid-related overdose death **increased** among all opioid drug types. The highest rate was among fentanyl-involved overdose deaths, and the largest increase was among opioid pain reliever-involved and methadone-involved opioid overdose deaths.
- From 2019 to 2020 the rate of opioid-related overdose death **increased** among all gender, race-ethnicity, age groups, and all levels of economic hardship communities. Latinx individuals and people aged 15-24 and 75+ had the largest increase in rate compared to 2019.
- From 2019 to 2020 was first time, since we began tracking, that opioid-related overdose death rates increased for all demographics.

**Table 1. Overdose deaths involving opioids – Chicago, 2019-2020**

	2019			2020			2019 to 2020	
	n	%	Rate <sup>ii</sup>	n	%	Rate <sup>ii</sup>	Absolute rate change	% change in rate
<b>Chicago</b>	855	100%	31.6	1,303	100%	47.9	16.3	51.6%
<b>Drug Type<sup>i</sup></b>								
Heroin-involved	501	58.6	18.6	638	49.0%	23.6	5	26.9%
Fentanyl-involved	683	79.8	25.2	1123	86.2%	41.0	15.8	62.7%
Fentanyl - Only	288	33.6	10.5	500	38.4%	18.1	7.6	72.4%
Opioid pain reliever-involved <sup>iii</sup>	55	6.4	2	109	8.4%	3.7	1.7	85.0%
Methadone-involved	69	8.1	2.6	131	10.1%	4.8	2.2	84.6%
<b>Gender</b>								
Male	644	75.3	49.4	1022	78.4%	78.2	28.8	58.3%
Female	209	24.4	15	278	21.3%	19.7	4.7	31.3%
<b>Race-Ethnicity<sup>iv</sup></b>								
Black, Non-Latinx	483	56.5	50.8	746	57.3%	79.4	28.6	56.3%
White, Non-Latinx	260	30.4	27.6	342	26.2%	35.3	7.7	27.9%
Latinx	103	12	14.1	199	15.3%	29	14.9	105.7%
Asian or Pacific Islander, Non-Latinx	4	0.5	1.8	6	0.5%	3.3	1.5	83.3%
<b>Age (years)<sup>v</sup></b>								
0-14	0	0	0	2	0.2%	0.38	0.38	n/a
15-24	28	3.3	6.9	55	4.2%	13.5	6.6	95.7%
25-34	117	13.7	22.7	184	14.1%	35.7	13	57.3%
35-44	163	19.1	43.1	229	17.6%	60.6	17.5	40.6%
45-54	278	32.5	82.1	370	28.4%	109.2	27.1	33.0%
55-64	212	24.8	80.7	348	26.7%	132.4	51.7	64.1%
65-74	53	6.2	35.1	102	7.8%	67.5	32.4	92.3%
75+	3	0.4	2.4	10	0.8%	7.8	5.4	225.0%
<b>Community Economic Hardship<sup>vi</sup></b>								
Low	192	22.5	17	245	18.8%	21.8	4.8	28.2%
Medium	192	22.5	24.5	313	24.0%	39.7	15.2	62.0%
High	446	52.2	53.5	710	54.5%	85.2	31.7	59.3%

Data Source: Cook County Medical Examiner's Office, US Census Bureau. Note: NH = Non-Hispanic. Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence. Data as of 12/21/21 and is subject to change.

<sup>i</sup> Categories are not mutually exclusive as some deaths involved more than one type of opioid.

<sup>ii</sup> Rates are expressed as number of overdoses per 100,000 people in the population. Denominators are based on the 2010 census. Rates are age-adjusted to the 2000 US standard population.

<sup>iii</sup> Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, tapentadol, or tramadol. Opioid pain reliever-involved deaths may also have involved other substances including heroin, fentanyl, or cocaine.

<sup>iv</sup> The Cook County Medical Examiner's office assigns race and ethnicity classifications based on information from the funeral home as well as clarification and communication with the decedent's family (when possible).

<sup>v</sup> In 2019 one death was missing age, and in 2020 three deaths were missing age.

<sup>vi</sup> Montiel L, et al. An Update on Urban Hardship. Rockefeller Institute of Govt. August 2004. 2014 5-Year ACS data was used to calculate Neighborhood Economic Hardship at the community area level.

<sup>^</sup> For counts less than 20, rates may be unstable and should be interpreted with caution.

If you or a loved one is struggling with a substance use disorder, you can call the Illinois Opioid Helpline at 833-234-6343 to talk about treatment options. For harm reduction services like syringes, Narcan, and STI testing, please contact the Chicago Recovery Alliance at 312-953-3797. If you would like fentanyl test kits, email the Chicago Department of Public Health at [osu.cdpn@cityofchicago.org](mailto:osu.cdpn@cityofchicago.org).





## Additional Resources

### Substance Use Recovery Resources

This time of year can be a difficult & stressful time and can spark triggers. If you or someone in your life is struggling with substance use, know that you are not alone and that help and support are available.

- Visit the [SAMHSA Behavioral Health Treatment Services Locator](#)
- Or call the Illinois Helpline Call 833-234-6343, 24 hours a day, 365 days a year, to speak to trained helpline specialists who can answer questions, provide support, and connect you to services in Illinois. Helpline services are always free and confidential.

### Words Matter When Addressing Stigma

Addiction is a chronic, treatable medical condition from which people can recover and lead healthy lives. The stigma surrounding addiction can lead to guilt and shame and can lead to being less willing to seek the treatment they need. Stigma may stem from misinformation and misunderstandings fueled by fear. Feeling stigmatized can make people with substance use disorders (SUD) less willing to seek treatment. As a first step, when talking to or about people with SUD, keep in mind that words do matter. Please visit this site for tips to keep in mind when using person-first language: [Words Matter](#).

There is no one right way to adjust to this shift we have experienced over the past two years. When we feel worried, anxious, sad, afraid, or angry, those are all normal feelings we all experience at one point or another. At the end of the year, the holiday season can be comforting and exciting for some but can also be stressful for others. No matter what you're dealing with, if you need someone to lean on for emotional support, call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255) anytime. You aren't alone in trying to figure out a way to move forward.

Talking about mental health and mental illness is nothing to be ashamed of.

Visit [mentalhealth.chicago.gov](#) to find resources and services available in Chicago's 77 community areas.

Organizations on this site will provide services to anyone regardless of their insurance status, immigration status, or ability to pay.

### Harm Reduction Funding Opportunity

SAMHSA is now accepting applications for the first-ever SAMHSA Harm Reduction grant program and expects to issue \$30 million in grant awards. This funding, authorized by the American Rescue Plan, will help increase access to a range of community harm reduction services and support harm reduction service providers as they work to help prevent overdose deaths and reduce health risks often associated with drug use. Non-profit community-based organizations, primary and behavioral health organizations are encouraged to apply for this [grant funding opportunity](#).