OPIOID SURVEILLANCE REPORT

A DETAILED PICTURE OF Opioid-Related Death in Chicago



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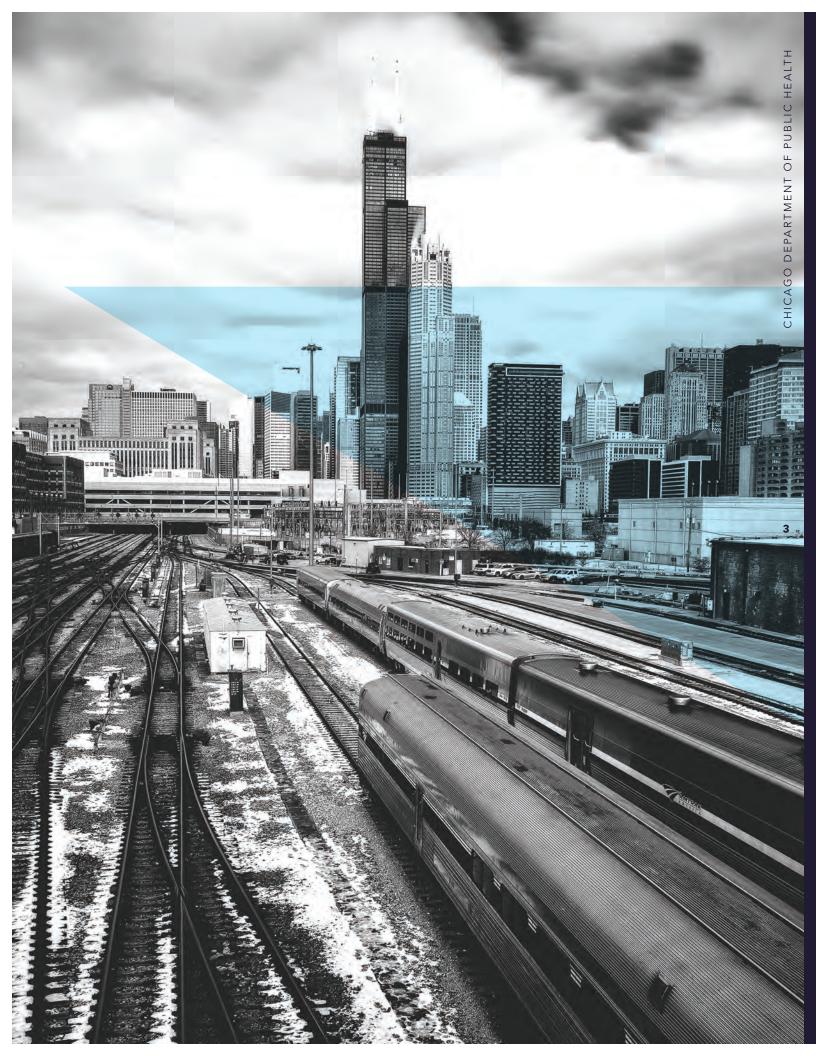
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EXECUTIVE SUMMARY

In 2020, **1302** people died from an opioid-related overdose in Chicago. For context, this is more than the combined number of people who died from homicides (n=776) and all traffic crashes (n=185) in Chicago in the same year.

From 2019 to 2020, the overall opioid-related overdose death rate **increased by 51.3%**. This is the largest increase in opioid-related overdose death rate to date.

Chicago Fire Department Emergency Management Services (EMS) teams responded to **13,794 opioidrelated overdoses in 2020—an average of 38 responses per day, a 31.5% increase over 2019**. Most overdoses are not fatal; every overdose is an opportunity to connect a patient to substance use treatment or harm reduction services.

Who is affected by opioid-related overdose deaths?

In 2020 in Chicago, opioid-related overdose death rates remained highest among **men; Black**, **Non-Latinx (NL); adults aged 45-64**; and persons living in communities experiencing **high economic hardship**. All four groups experienced an increase in opioid-related overdose death rate between 2019-2020.

In 2020, the rate of opioid-related overdose deaths in Black Non-Latinx males between 45-64 was **over 470 per 100,000**, a rate almost 6 times higher than White Non-Latinx males of the same age group. Emergency medical services (EMS) teams responded to 13,794 opioid-related overdoses in 2020

an average of **38** responses per day



Opioid-related death rates in Chicago in 2020 remained highest among men; Black, Non-Latinx; adults aged 45-64; and persons living in communities experiencing high economic hardship.

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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 who fatally overdosed.

Among Chicago residents, the community areas with the **most opioid-related overdose deaths** in 2020 were **Austin** (n=97), **Humboldt Park** (n=65), and **North Lawndale** (n=50). Only two community areas had **zero deaths: Burnside and Hegewisch**.

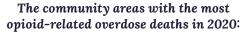
What types of opioids are involved in opioid-related deaths?

At least one opioid was the primary cause of death for all opioid-related overdose deaths. However, polydrug use is common, and often multiple substances are involved in an overdose death.

According to the 2020 Healthy Chicago Survey, 3.1% of Chicago adults (about 65,00 people) reported prescription opioid pain reliever misuse.

In 2020, less than 7% of all opioid-related overdose deaths involved prescription opioid pain relievers; these were commonly combined with illicit opioids (heroin, fentanyl). **Only 17 deaths involved opioid pain relievers alone** (less than 2% of all deaths).

Deaths involving fentanyl increased by almost **16 times**, from 71 deaths in 2015 to 1,122 deaths in 2020. Fentanyl was involved in 86% of all opioid-related overdose deaths in 2020. The predominance of **fentanyl** in the Chicago opioid supply continues to add complexity to addressing the opioid epidemic. Further investigation is needed to better understand fentanyl's role in the market and its introduction into non-opioid illicit substances, such as cocaine.







Of Chicago's community areas were home to at least 1 resident who fatally overdosed





SECTION ONE

CDPH

Opioid-Related Use and Misuse



OPIOID-RELATED USE AND MISUSE

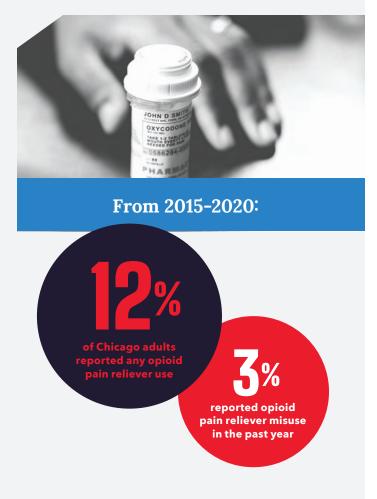
According to the CDPH Healthy Chicago Survey, in 2020, **12% of Chicago adults** (about 252,000 people) reported any opioid pain reliever (OPR) use in the past year. Of those, about **one-quarter** (approximately 65,000 adults) reported OPR misuse (Table 1).

From 2015-2020, about 12% of Chicago adults reported any opioid pain reliever use, and about 3% reported opioid pain reliever misuse in the past year (Table 1, Table 2).

OPR misuse can be categorized by using **more** than was prescribed by a physician (37.8% of adults who misused) and/or **without** a prescription (80.4% of adults who misused) (Table 1).

The percentage of Chicago adults who reported OPR misuse was significantly higher among Black, Non-Latinx (NL) (4.2%) and Latinx (4.3%) individuals compared to White, Non-Latinx (1.2%) (Table 2).

Higher OPR use was reported among those who identified as gay, lesbian, or bisexual (4.1%) than those who identified as heterosexual (2.8%). There were no significant differences by age, gender, or poverty level (Table 2).



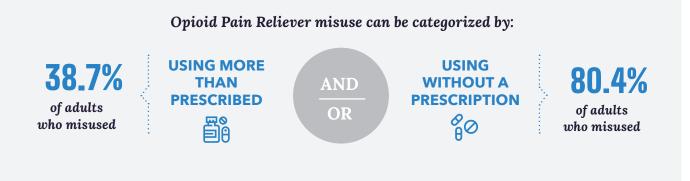


TABLE 1

Reported Opioid Pain Reliever Use and Misuse in the Past 12 Months Among Adults—Chicago, 2015-2020

| | 2015 | | 2016 | | 2017 | | 2018 | | 2020 | |
|---|------|----------------|------|----------------|------|----------------|------|----------------|------|---------------|
| | % | 95% CI | % | 95% CI |
| Used opioid pain relievers (of the total population) | 12.8 | 11.1 - 14.6 | 12.3 | 10.5 - 14.1 | 13.5 | 12.2 - 14.9 | 12.0 | 10.6 - 13.4 | 12.1 | 10.6- 13.6 |
| Used as directed by physician (of those who used opioid pain relievers) | 76 | 69.7 - 83.0 | 83 | 77.1 - 89.0 | 79.2 | 74.6 - 83.8 | 73.7 | 67.8 - 79.6 | 74.0 | 67.9- 80.1 |
| Misused (of those who used opioid pain relievers) | 24 | 17.0 - 30.3 | 17 | 11.0 - 22.9 | 20.8 | 16.1 - 25.4 | 26.3 | 20.4 - 32.2 | 25.9 | 19.9- 32.0 |
| Used more than was prescribed (of those who misused) ⁱ | 29 | 16.1 - 42.3 | 39.2 | 20.4 - 58.1 | 42.8 | 30.2 - 55.3 | 20.1 | 10.5 - 29.6 | 37.8 | 25.1- 50.0 |
| Used without a prescription (of those who misused) ⁱ | 79 | 68.6 - 90.4 | 73.9 | 56.5 - 91.3 | 70.8 | 59.0 - 82.6 | 85.9 | 77.5 - 94.2 | 80.4 | 71.2- 89.6 |

Data Source: CDPH Healthy Chicago Survey.

Note: The Healthy Chicago Survey was not conducted in 2019. ¹ Individuals may be categorized into both misuse categories.

TABLE 2

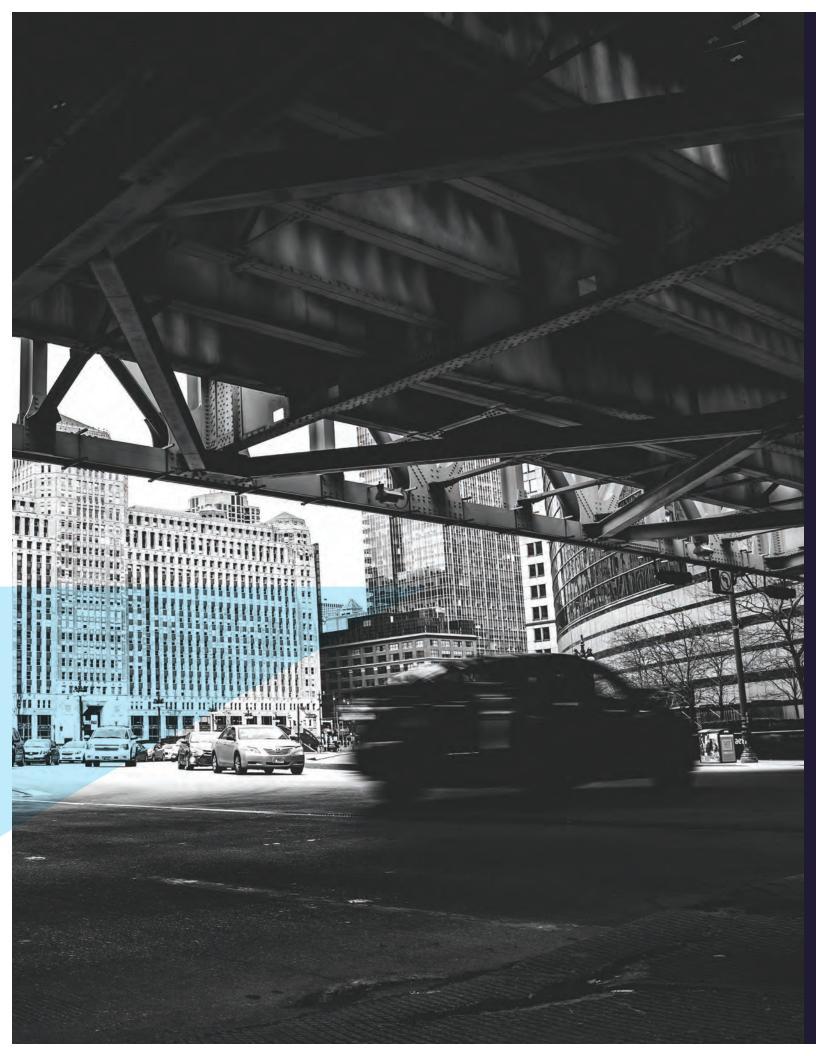
Reported Opioid Pain Reliever Misuse in the Past 12 Months Among Adults—Chicago, 2015-2020

| | 2015 | | 2016 | | 2017 | | 2018 | | 2020 | |
|--|------|----------------|------|---------------|------|----------------|------|----------------|------|----------|
| | % | 95% CI | % | 95% CI | % | 95% CI | % | 95% CI | % | 95% CI |
| Chicago | 3.0 | 2.0 - 4.0 | 2.1 | 1.3 - 2.9 | 2.8 | 2.1 - 3.5 | 3.2 | 2.3 - 4.0 | 3.1 | 2.3-4.0 |
| RACE-ETHNICITY | | | | | | | | | | |
| Black, Non-Latinx | 3.9 | 2.0 - 5.7 | 2.5* | 0.9 - 4.1* | 2.6 | 1.5 - 3.7 | 4.9 | 3.2 - 6.7 | 4.2 | 2.2-6.1 |
| White, Non-Latinx | 3.0 | 1.3 - 4.8 | 2.0* | 0.8 - 3.3* | 2.7 | 1.6 - 3.9 | 2.7 | 1.4 - 3.9 | 1.2 | 0.6-1.7 |
| Latinx | 2.5* | 0.6 - 4.3* | 2.6* | 0.0 -6.6* | 0.7 | 0.0 - 1.8 | 2.2 | 0.78 - 3.6 | 4.3 | 2.3-6.3 |
| Asian or Pacific Islander, Non-Latinx | ** | ** | ** | ** | ** | ** | ** | ** | ** | ** |
| AGE (YEARS) | | | | | | | | | | |
| 18-29 | 3.1* | 0.8 - 5.3* | 3.0* | 1.0 - 5.0* | 4.6 | 2.6 - 6.6 | 3.9 | 1.9 - 5.9 | 3.1 | 0.9-5.2* |
| 30-44 | 4.7 | 2.4 - 7.0 | 2.2* | 0.7 - 3.6* | 2.7 | 1.5 - 3.9 | 3.8 | 2.2 - 5.4 | 2.5 | 1.2-3.8 |
| 45-64 | 2.1 | 1.0 - 3.2 | 1.5* | 0.6 - 2.5* | 1.6 | 0.8 - 2.4 | 3.0 | 1.6 - 4.4 | 3.4 | 2.1-4.7 |
| 65+ | 1.1* | 0.1 - 2.2* | ** | ** | 2.5 | 1.1 - 4 | 1.0* | 0.6 - 2.0* | 3.8 | 1.6-6.0 |
| GENDER | | | | | | | | | | |
| Female | 3.3 | 1.7 - 4.8 | 2.3 | 1.1 - 3.5 | 3.5 | 2.3 - 4.6 | 3.8 | 2.5 - 5.1 | 3.8 | 2.4-5.3 |
| Male | 2.8 | 1.5 - 4.1 | 2.0 | 0.9 - 3 | 2.2 | 1.4 - 3.1 | 2.5 | 1.5 - 3.6 | 2.4 | 1.5-3.3 |
| POVERTY LEVEL | | | | | | | | | | |
| <100% | 4.0* | 1.6 - 6.4* | 3.1* | 1.1 - 5.2* | 2.2 | 1.0 - 3.4 | 3.3* | 1.3 - 5.3* | 4.5 | 2.1-6.9* |
| 100-199% | 2.8* | 0.9 - 4.7* | ** | ** | 3.3 | 1.5 - 5.1 | 3.0* | 1.1 - 4.9* | 5.2 | 2.3-8.2* |
| 200-399% | 5.7* | 1.8 - 9.5* | 3.5* | 0.3 - 6.7* | 4.3* | 1.7 - 7.0* | 3.3* | 0.9 - 5.6* | 3.2 | 0.8-5.4* |
| 400%+ | 2.2* | 0.6 - 3.8* | 1.1 | 0.5 - 1.7 | 2.4 | 1.3 - 3.5 | 3.1 | 1.7 - 4.5* | 0.7 | 0.3-1.1* |
| SEXUAL IDENTITY | | | | | | | | | | |
| Gay, Lesbian or Bisexual | 3.0 | 2.0 - 4.1 | 1.9 | 1.1 - 2.7 | 2.6 | 1.9 - 3.3 | 2.9 | 2.1 - 3.7 | 2.8 | 1.9-3.7 |
| Heterosexual | 5.5* | 0.4 - 10.7* | 2.3* | 0.5 - 4.1* | 6.5* | 2.5 - 10.5* | 7.1* | 2.2 - 12.0* | 4.1 | 1.8-6.5* |

Data Source: CDPH Healthy Chicago Survey. Note: The Healthy Chicago Survey was not conducted in 2019.

* Rates should be interpreted with caution due to small counts or small population denominators which might make the rate unstable when comparing across years **Data are suppressed when sample sizes are extremely small or when parameter estimates such as relative standard error, or 95% confidence intervals are deemed

to be unfit for display.



OPIOID-RELATED USE AND MISUSE: EMS RESPONSES FOR OPIOID-RELATED OVERDOSE

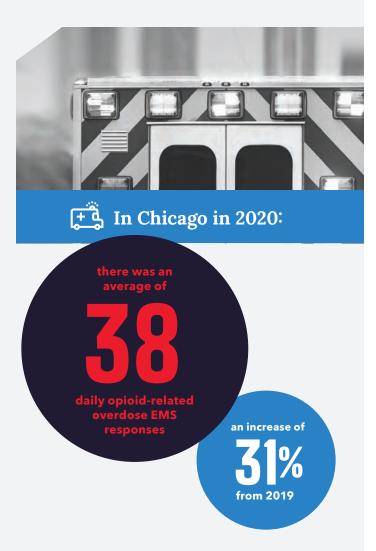
Chicago Fire Department (CFD) Emergency Medical Services (EMS) responded to **13,794 opioid-related overdoses in Chicago in 2020**, an increase of 31% from 2019 (n=10,490). In 2020, there were a total of 365,469 EMS responses for any reason in Chicago.

There was an average of **38 opioid-related overdose EMS responses per day** in Chicago in 2020.

Of the 13,794 opioid-related overdose EMS responses in 2020, 3.6% (N= 490) were not transported. This was a 30% increase from 2019, when 2.6% (N=272) of opioid-related overdose EMS responses were not transported.

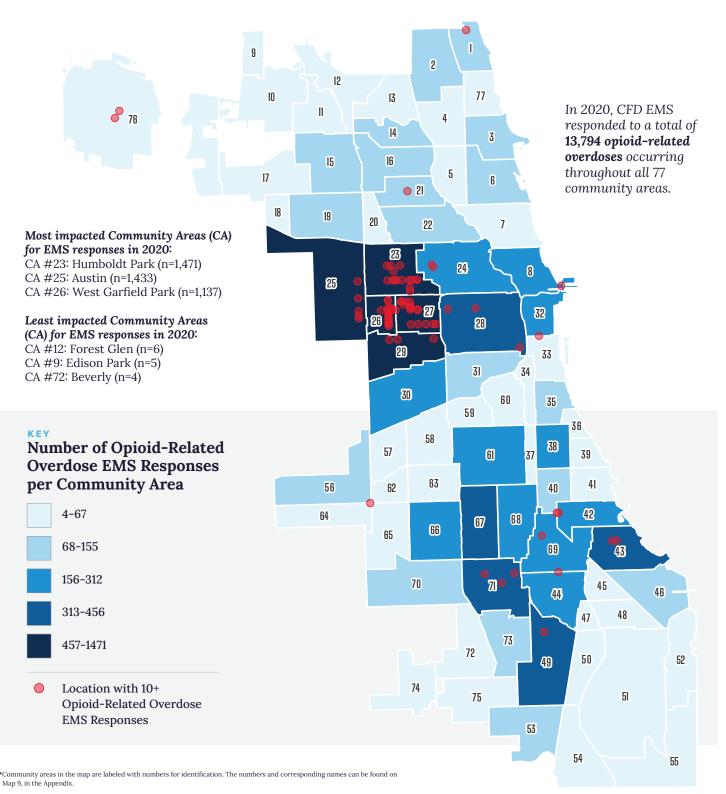
In 2020, CFD EMS responded to opioid-related overdoses at about **8,800 different addresses**. Approximately 80 of these addresses had 10 or more opioid-related EMS responses over the course of the year; these locations were concentrated on the west side of Chicago, with about 30 addresses on Madison St, Pulaski Rd, or Chicago Ave seeing 10 or more opioid-related EMS responses (Map 1).

There was **an increase in opioid-related EMS responses in 90%** of community areas from 2019 to 2020 (Map 2).



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Number of Opioid-Related Overdose EMS Responses in Chicago Community Areas, 2020

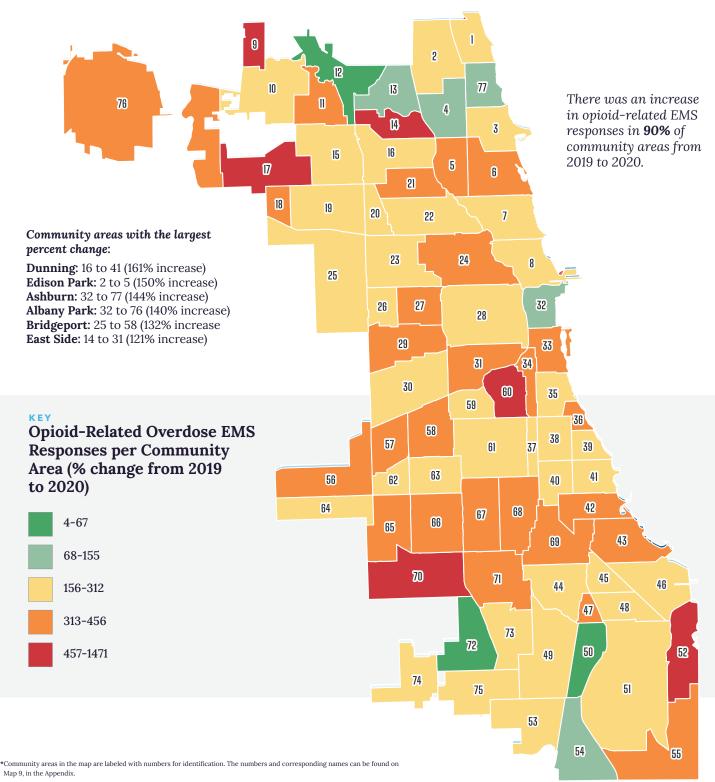


Data Source: Cook County Medical Examiner's Office.

Note: These maps depict overdose deaths that occurred within Chicago regardless of residency and may include non-Chicago residents. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information.

Some incidents were unable to be geocoded and are not represented on the maps.

MAP 2 Percent Change in Opioid-Related Overdose EMS Responses by Chicago Community Area, 2019 to 2020



Data Source: Cook County Medical Examiner's Office.

Note: These maps depict overdose deaths that occurred within Chicago regardless of residency and may include non-Chicago residents. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information

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Some incidents were unable to be geocoded and are not represented on the maps

CHICAGO DEPARTMENT OF PUBLIC HEALTH

OPIOID-RELATED USE AND MISUSE

EMS Responses for Opioid-Related Overdose (continued)

In 2020, there were **16,683 administrations of naloxone** by CFD EMS while responding to opioid-related overdoses.

In 2020, during most opioid-related overdose EMS responses (82.1%), **one administration** of naloxone was given (Table 3).

For those receiving 1-3 naloxone administrations, an average of 2 MG of naloxone per administration was given (Table 3).

What is naloxone?

Naloxone is a medicine that rapidly reverses an opioid overdose.



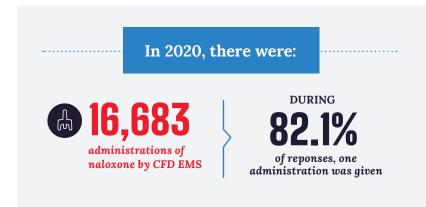


TABLE 3

Naloxone Administration Among Opioid-Related Overdose EMS Responses, Chicago 2020

| Number of Naloxone Doses | Average total MG of Naloxone per EMS response | Number of EMS Responses | Percent of EMS Responses |
|--------------------------|--|-------------------------|--------------------------|
| 1 | 2.00 | 11,324 | 82.1% |
| 2 | 4.00 | 2,111 | 15.3% |
| 3 | 6.00 | 297 | 2.2% |
| 4 | 7.90 | 54 | 0.4% |
| 5 | 11.30 | 6 | 0.0% |

Data Source: Chicago Fire Department

Note: There were two opioid-related overdose EMS responses where EMS did not administer any naloxone. This is likely because naloxone was administered prior to EMS's arriving on the scene.

OPIOID SURVEILLANCE REPORT

SECTION TVO



Opioid-Related Overdose Deaths

OPIOID-RELATED OVERDOSE DEATHS: OPIOID-RELATED OVERDOSE DEATHS IN CHICAGO

There were **1,302 opioid-related overdose deaths in Chicago** in 2020. This is an average of 4 per day (Table 4).

The rate of opioid-related overdose deaths in Chicago was 47.8 per 100,000 population. This was more than double the Illinois state rate of 23.0 per 100,000 (Figure 1).

From 2019 to 2020 the rate of opioid-related overdose deaths in Chicago increased by 51.3%. While the number of deaths has been steadily increasing since 2015, **the increase from 2019 to 2020 was the largest over this time** (Table 4).

From 2019 to 2020, the rate of opioid-related overdose deaths increased among all opioid types (Table 4).

In 2020, fentanyl was involved in 86% of opioidrelated overdose deaths in Chicago an increase from 79.8% in 2019 (Table 4).

In 2020, heroin was involved in 49% of opioidrelated overdose deaths which is a decrease from 57% in 2019. The percent of heroin-involved deaths has been decreasing since 2017 (Table 4).



In Chicago in 2020:



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Opioid-Related Overdose Deaths that Occurred in Chicago, 2020 (n=1,302) 9 12 Opioid-related overdose 76 deaths occurred in **75** of 77 community areas in Chicago. Only Burnside & Hegewisch had zero deaths. KEY **Opioid-Related Overdose** Death Locations per **Community Area** 41 56 64 Location of Opioid-Related Overdose Deaths Chicago Community Area 72 52 74 51 54 55

*Community areas in the map are labeled with numbers for identification. The numbers and corresponding names can be found on Map 9, in the Appendix.

Data Source: Cook County Medical Examiner's Office.

MAP 3

Note: These maps depict overdose deaths that occurred within Chicago regardless of residency and may include non-Chicago residents. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information. Some incidents were unable to be geocoded and are not represented on the maps.

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From 2019 to 2020 the rate of opioid-related overdose deaths in Chicago increased by 51.3%. While the number of deaths has been steadily increasing since 2015, **the increase from 2019 to 2020 was the largest over this time** (Table 4).

Chicago's opioid-related death rate in 2020 was:

47.8 per 100,000

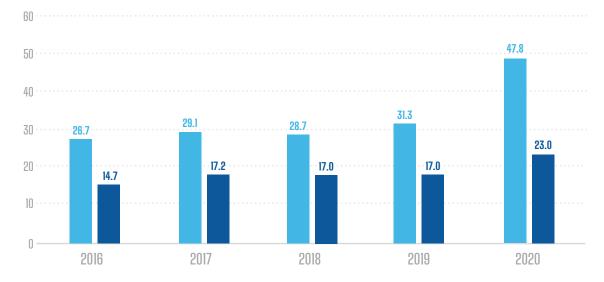
While Illinois' was:



Chicago 🚺 Illinois

Opioid-Related Overdose Death Rates, Chicago Compared to Illinois, 2016-2020

Age-adjusted rate of opioid-related overdose deaths



Data Source: Cook County Medical Examiner's Office, US Census Bureau. Illinois Vital Records System, Illinois Department of Public Health, 2020.



The highest rate of opioid-related overdose death was among Black NL individuals

In 2020

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TABLE 4 Overdose Deaths Involving Opioids-Chicago, 2016-2020

| | | | | , | | V 111 | 5 | 'P' | Jus | | /111 | -ug | 0, 1 | | | | |
|--------------------------------------|------|-------|--------------------|------------------|------|--------------------|-----|------|--------------------|-----|------|--------------------|-------|-------|--------------------|----------------------------|------------------------|
| | | 2016 | | | 2017 | | | 2018 | | | 2019 | | | 2020 | | 2019 t | io 2020 |
| | n | % | Rate ⁱⁱ | n | % | Rate ⁱⁱ | n | % | Rate ⁱⁱ | n | % | Rate ⁱⁱ | n | % | Rate ⁱⁱ | Absolute rate change | % change in rate |
| go | 741 | 100 | 26.7 | 796 | 100 | 29.1 | 793 | 100 | 28.7 | 855 | 100 | 31.6 | 1,302 | 100 | 47.8 | 16.2 | 51.3% |
| TYPE' | | | | | | | | | | | | | | | | | |
| n- 4 ed | 487 | 65.7 | 17.7 | 575 | 71.9 | 21 | 520 | 65.6 | 18.9 | 501 | 58.6 | 18.6 | 637 | 48.9 | 23.6 | 5 | 26.9% |
| nyl- 4 ed | 420 | 56.7 | 15.1 | 470 | 58.7 | 17.1 | 620 | 78.2 | 22.5 | 683 | 79.8 | 25.2 | 1,122 | 86.2 | 41.1 | 15.9 | 63.1% |
| nyl - 1 | 196 | 26.5 | 7 | 145 | 18.2 | 5.2 | 212 | 26.7 | 7.6 | 288 | 33.6 | 10.5 | 501 | 38.5 | 18.1 | 7.6 | 72.4% |
| l pain 4 er- ed ⁱⁱⁱ | 40** | 5.4 | 1.4 | 86 | 10.8 | 3.2 | 67 | 8.4 | 2.5 | 55 | 6.4 | 2 | 109 | 8.4 | 3.7 | 1.7 | 85.0% |
| done- ed | 48 | 6.5 | 1.8 | 68 | 8.5 | 2.6 | 69 | 8.7 | 2.6 | 69 | 8.1 | 2.6 | 131 | 10.1 | 4.8 | 2.2 | 84.6% |
| ER | | | | | | | 1 | | | | | | | | 1 | - | |
| 5 | 556 | 75 | 40.8 | 615 | 77.3 | 46.2 | 612 | 77.2 | 46.6 | 644 | 75.3 | 49.4 | 1,021 | 78.4 | 78.1 | 28.7 | 58.1% |
| e 1 | 185 | 25 | 13.3 | 179 | 22.5 | 13 | 181 | 22.8 | 12.9 | 209 | 24.4 | 15 | 278 | 21.4 | 19.7 | 4.7 | 31.3% |
| ETHNICIT | YIV | | | | | | - | | | - | 1 | | | | | - | |
| Non- 3 | 357 | 48.4 | 39.3 | 403 | 50.7 | 43.6 | 425 | 53.6 | 45.5 | 483 | 56.5 | 50.8 | 745 | 57.2 | 79.3 | 28.5 | 56.1% |
| , Non- | 251 | 34.1 | 25.1 | 293 | 36.8 | 29.7 | 244 | 30.8 | 24.6 | 260 | 30.4 | 27.6 | 342 | 26.3 | 35.3 | 7.7 | 27.9% |
| : 1 | 123 | 16.7 | 16.5 | 96 | 12 | 13.3 | 121 | 15.3 | 15.8 | 103 | 12 | 14.1 | 199 | 15.3 | 29.0 | 14.9 | 105.7% |
| or e er, atinx | 6 | 0.8 | 3.2^ | 0 | 0 | 0 | 3 | 0.38 | 1.9^ | 4 | 0.5 | 1.8 | 6 | 0.5 | 3.3 | 1.5 | 83.3% |
| YEARS) ^v | | | | | | | | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0.1 | 0.02^ | 0 | 0 | 0 | 2 | 0.2% | 0.38 | 0.38 | n/a |
| | 43 | 5.8 | 10.6 | 34 | 4.3 | 8.4 | 38 | 4.8 | 9.4 | 28 | 3.3 | 6.9 | 55 | 4.2% | 13.5 | 6.6 | 95.7% |
| | 151 | 20.4 | 29.3 | 132 | 16.6 | 25.6 | 135 | 17 | 26.2 | 117 | 13.7 | 22.7 | 184 | 14.1% | 35.7 | 13 | 57.3% |
| 1 | 150 | 20.3 | 39.7 | 155 | 19.5 | 41 | 152 | 19.1 | 40.2 | 163 | 19.1 | 43.1 | 229 | 17.6% | 60.6 | 17.5 | 40.6% |
| 2 | 229 | 31 | 67.6 | 249 | 31.4 | 73.5 | 224 | 28.2 | 66.1 | 278 | 32.5 | 82.1 | 369 | 28.3% | 108.9 | 26.8 | 32.6% |
| | 147 | 19.9 | 55.9 | 186 | 23.4 | 70.8 | 202 | 25.4 | 76.9 | 212 | 24.8 | 80.7 | 348 | 26.7% | 132.4 | 51.7 | 64.1% |
| | 18 | 2.4 | 11.9^ | 35 | 4.4 | 23.2 | 39 | 4.9 | 25.8 | 53 | 6.2 | 35.1 | 102 | 7.8% | 67.5 | 32.4 | 92.3% |
| | 1 | 0.1 | 0.1^ | 3 | 0.4 | 0.2^ | 0 | 0 | 0 | 3 | 0.4 | 2.4 | 10 | 0.8% | 7.8 | 5.4 | 225.0% |
| | | омісн | ARDSH | IP ^{VI} | | | | | | | | | | | | | |
| | 191 | 26.3 | 16.4 | 210 | 26.6 | 18.4 | 204 | 25.7 | 17.9 | 192 | 22.5 | 17 | 243 | 18.7% | 21.6 | 4.6 | 27.1% |
| m 1 | 164 | 22.6 | 21 | 197 | 25 | 25.2 | 143 | 18 | 18 | 192 | 22.5 | 24.5 | 312 | 24.0% | 39.5 | 15 | 61.2% |
| : | 372 | 51.2 | 44.1 | 381 | 48.4 | 45.6 | 431 | 54.2 | 51.2 | 446 | 52.2 | 53.5 | 712 | 54.7% | 85.4 | 31.9 | 59.6% |
| m 1 | 164 | 22.6 | 21 | 197 | 25 | 25.2 | 143 | 18 | 18 | 192 | 22.5 | 24.5 | 312 | 24.0% | 39.5 | | 15 |

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.

ⁱCategories are not mutually exclusive as some deaths involved more than one type of opioid.

^a Rates are expressed as number of overdoses per 100,000 people in the oppulation. Denominators are based on the 2010 census. Rates are age-adjusted to the 2000 US standard population. ^a 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.

* Race-ethnicity data is reported by the Cook County Medical Examiner, and was not available to CDPH in 2015. 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).

^v In 2019 one death was missing age , and in 2020 three deaths were missing age.

¹¹ Montiel L, et al. An Update on Urban Hardship. Rockefeller Institute of Gov. August 2004. 2014 5-Year ACS data was used to calculate Neighborhood Economic Hardship at the community area level 3. ** Expanded toxicology screening was implemented universally by the Cook County Medical Examiner in March 2017. Previously, opioid pain relievers were not tested for universally therefore, the number of opioid pain reliever-involved overdose deaths prior to 2017 may be greater than reported.

• For counts less than 20, rates may be unstable and should be interpreted with caution.
Note: 2015 data can be found on the Chicago Health Atlas: https://chicagohealthatlas.org/indicators/MEODL?topic=opioid-related-overdose-mortality-chicago-location

Gender

Consistent with previous years, in 2020 the opioid-related overdose death rate was higher among men in Chicago (Figures 2 & 3). For men, **the increase in the rate of opioid-related overdose fatalities from 2019 to 2020 was the largest since tracking began in 2015**.

Race-Ethnicity

In 2020, the highest rate of opioid-related overdose death was among Black Non-Latinx individuals followed by White Non-Latinx, Latinx, Asian or Pacific Islanders Non-Latinx individuals (Figures 2 & 4).

In 2020, the rate of opioid-related overdose deaths in **Black Non-Latinx males between 45-64 was over 470 per 100,000, a rate almost 6 times higher than White Non-Latinx males of the same age group** (Table 5).

From 2019 to 2020, the rate of opioid-related overdose deaths increased among all race-ethnicity groups. The largest rate increase was among Latinx individuals (106%), and the smallest increase was among White, Non-Latinx individuals (28%) (Table 4).

In 2020 in Chicago, the opioidrelated overdose death rate was:



compared to White Non-Latinx males of the same age group

Age

The rate of opioid-related overdose deaths **among adults 65-74 was five times higher in 2020 compared to 2016**. The fatality rate in this age group surpassed adults aged 35-44 for the first time.

From 2019 to 2020, the rate of opioid-related overdose deaths increased among all age groups. The largest increases were among youth 15-24 (96%) and older adults 75+ (225%), and the smallest increase was among adults 45-55 (33%) (Figure 2).

Geography

97% of Chicago's community areas were home to at least one resident with a fatal opioid-related overdose (Map 4).

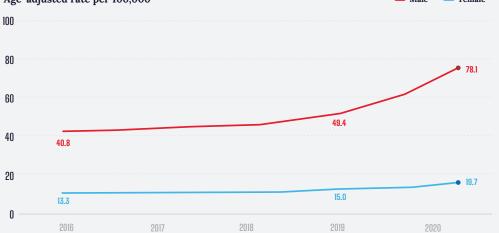
The distribution of deaths across Chicago's community areas by race/ethnicity followed similar distribution patterns of the race/ethnicity normally found in the community area. (Map 5).

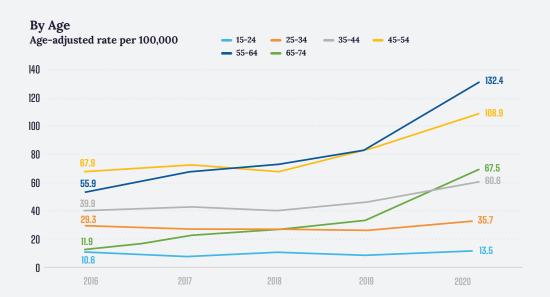
For more information about demographic data, see the following section beginning on page 26.



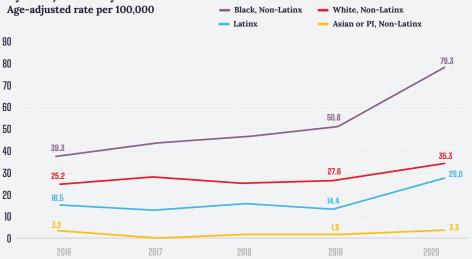
Of Chicago's community areas had at least one resident with a fatal opioid-related overdose

FIGURE 2 Opioid-Related Overdose Death Rates Chicago 2016-2020 By Sex Age-adjusted rate per 100,000 — Male — Female





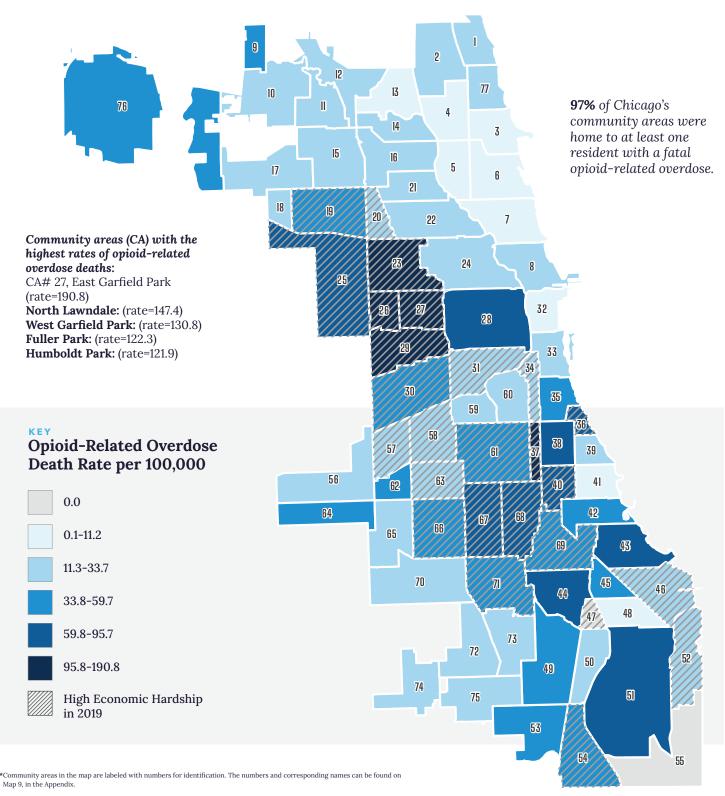
By Race/Ethnicity



Data Source: Cook County Medical Examiner's Office, US Census Bureau.

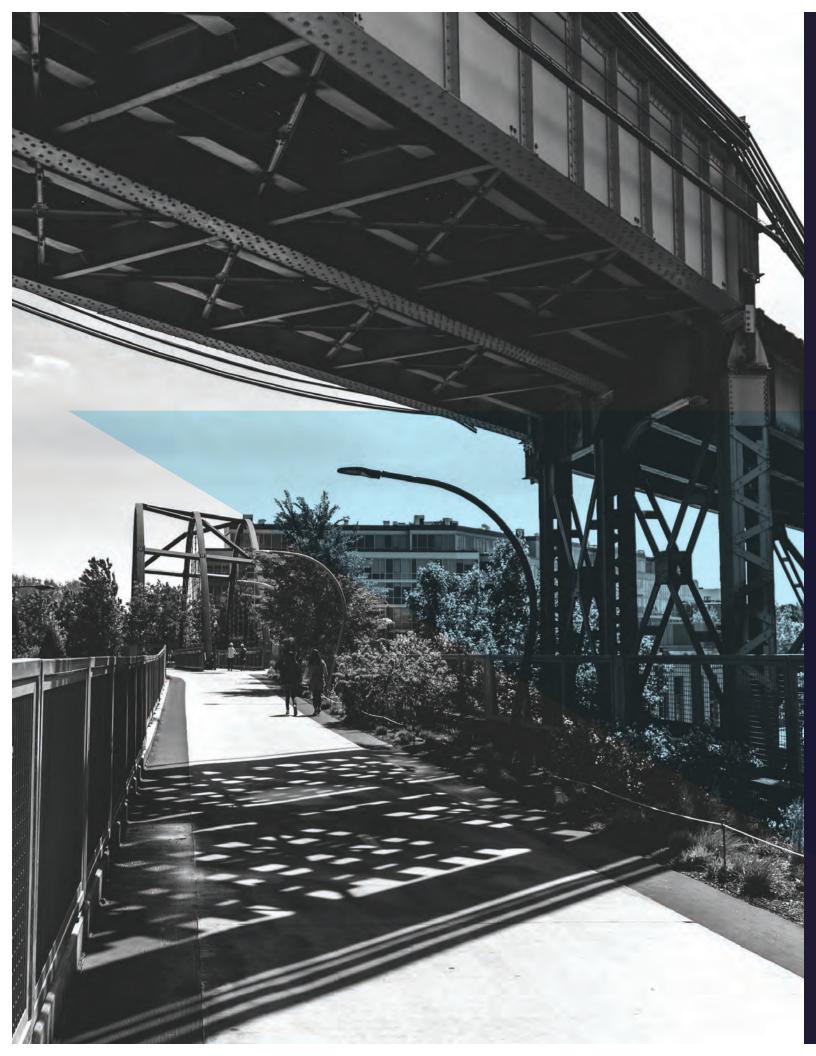
Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence

MAP 4 **Opioid-Related Overdose Death Rate by** Community Area of Residence, Chicago 2020



Data Source: Cook County Medical Examiner's Office.

Note: These maps depict overdose deaths that occurred within Chicago regardless of residency and may include non-Chicago residents. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information.



OPIOID-RELATED Overdose deaths: Demographics

In Chicago in 2020:

The life expectancy gap between Black Non-Latinx and White Non-Latinx Chicagoans is:

10 years

Opioid-related overdose deaths are one of the top drivers of the gap. In 2020, the life expectancy gap between Black Non-Latinx (NL) and White Non-Latinx Chicagoans was **10 years**. Opioid-related overdose deaths are one of the top drivers of the gap.

In 2020 in Chicago, opioid-related death rates were the highest among **men** (Figure 3) ; **Black Non-Latinx** (Figure 4); **adults aged 55-64** (Figure 5).

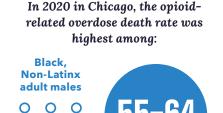


TABLE 5

Opioid-Related Overdose Death Rates per 100,000 Chicago, 2020

| | Black, Non-Latinx | | White, N | on-Latinx | La | tinx | Asian, Non-Latinx | |
|-------------------|-------------------|--------|----------|-----------|------|--------|-------------------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| 0-9 years | 0 | 4.7 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10-19 years | 8.2 | 2 | 14.9 | 0 | 1.5 | 0 | 0 | 0 |
| 20-34 years | 57.9 | 13.7 | 51.7 | 27.8 | 44.5 | 6.9 | 10.6 | 3.3 |
| 35 to 44 years | 155.4 | 30.3 | 89.8 | 31 | 81.4 | 19.2 | 6.2 | 0 |
| 45 to 54 years | 476.2 | 96.2 | 88.2 | 44.1 | 93.9 | 9 | 12.9 | 0 |
| 55 to 64 years | 474.3 | 97.2 | 82.5 | 17.3 | 77.3 | 9.2 | 0 | 0 |
| 65 to 74 years | 241.3 | 38 | 27.8 | 12.3 | 14.4 | 4.5 | 0 | 0 |
| 75 to 84 years | 34.8 | 0 | 6.1 | 4.7 | 28.7 | 0 | 0 | 0 |
| 85 years and over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Note: Denominator 2019 ACS 1-year Estimates; Denominator for Black and Asian included Latinx

Data Source: Cook County Medical Examiner's Office, US Census Bureau.

The opioid-related overdose rate was significantly higher among Black Non-Latinx individuals compared to all other race/ethnicity groups in Chicago in 2020 (Figure 3).

In 2020, White Non-Latinx individuals were the largest proportion of opioid-related overdose deaths amongst those aged 15-44, while Black Non-Latinx individuals comprised the largest proportion of opioid-related overdose deaths amongst those aged 45+ (Figure 5).

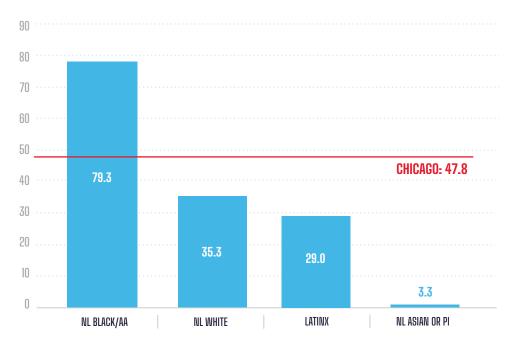
| In 2020 in Chicago, the largest |
|-------------------------------------|
| proportion of female opioid-related |
| overdose deaths occurred in |

White Non-Latinx females

compared to other race-ethnicity groups

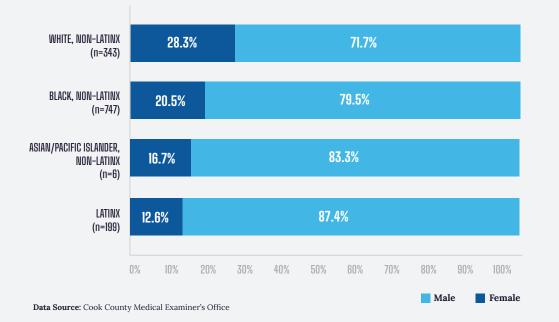
Opioid-Related Overdose Death Rate by Race/Ethnicity, Chicago 2020

Age-Adjusted Rate per 100,000

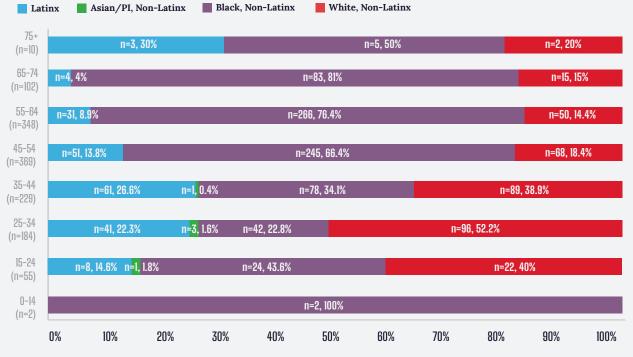


Data Source: Cook County Medical Examiner's Office, US Census Bureau.

Opioid-Related Overdose Deaths by Race/Ethnicity and Sex, Chicago 2020



Opioid-Related Overdose Deaths by Age and Race/Ethnicity, Chicago 2020



Data Source: Cook County Medical Examiner's Office.

Males

Black Non-Latinx (NL) males were 45% of the opioid-related overdose deaths in 2020.

In 2020, the opioid-related overdose death rate among Black Non-Latinx males ages 45-54 was **476 per 100,000 population** (almost 5 per 1000 people), which was the highest rate among any race/ethnicity and age group (Table 5 and Figure 7). The rates for Black Non-Latinx males 35+ are at least 5x higher than those of White Non-Latinx males (Table 5).

In 2020, among adults 35+ the rate of opioid related overdose death was **at least 5 times higher** among Black, Non-Latinx males, compared to White, Non-Latinx males (Table 7). These disparities have been consistent since 2018 (Figure 7).

A national study on opioid overdose deaths among adults 55 and older found that in 2019 the rate of opioid overdose deaths was 4 times higher among Black males compared to the national average, suggesting that this disparity is not unique to Chicago³.

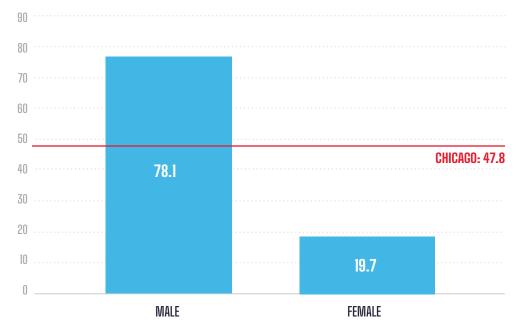
Females

Compared to other race-ethnicity groups White Non-Latinx had the largest proportion of female opioid-related overdose deaths in 2020 (Figure 5).

Unlike males, the race-ethnicity disparities in opioid-related overdose deaths are not consistent among all age groups in 2020 (Table 6, Figure 8). Among females aged 20-34 years old, the rate of opioid-related overdose death was two times higher among White Non-Latinx females compared to Black Non-Latinx females. Meanwhile, the rate of opioid-related overdose death for females aged 35-44 was very similar between Black Non-Latinx and White Non-Latinx females, although the rates for Black Non-Latinx females aged 35+ are higher than both White Non-Latinx males and Latinx males. For females 45 and older, the rate was 2-5 times higher among Black Non-Latinx females compared to White Non-Latinx females.

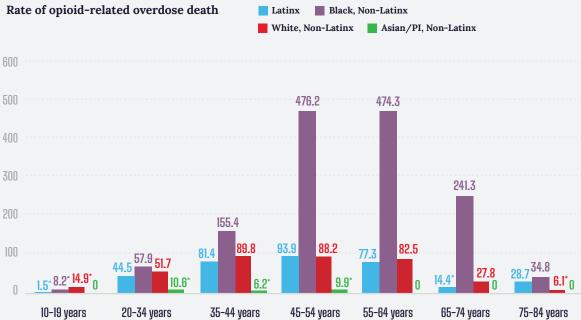
Opioid-Related Overdose Death Rate by Sex, Chicago 2020

Age-Adjusted Rate per 100,000



Data Source: Cook County Medical Examiner's Office, US Census Bureau.

Rate of Opioid-Related Overdose Deaths in Males, Chicago 2020

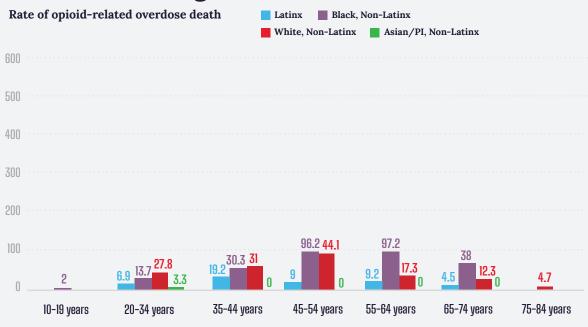


Data Source: Cook County Medical Examiner's Office, US Census Bureau.

Note: Denominator 2019 ACS 1-year Estimates; Denominator for Black and Asian included Latinx. *Counts less than 10. Rates should be interpreted with caution.

FIGURE 8

Rate of Opioid-Related Overdose Deaths Females, Chicago 2020



Data Source: Cook County Medical Examiner's Office, US Census Bureau.

Note: Denominator 2019 ACS 1-year Estimates; Denominator for Black and Asian included Latinx. *Counts less than 10. Rates should be interpreted with caution.

TABLE 6

Relative Risk Opioid-Related Overdose Deaths Females, Chicago 2020

| Age Groups | RR Latinx | RR Black | RR Asian | RR White |
|----------------|-----------|----------|----------|----------|
| 0-9 years | • | • | • | • |
| 10-19 years | • | • | • | • |
| 20-34 years | 0.2* | 0.5 | 0.1* | 1 |
| 35 to 44 years | 0.6 | 1 | • | 1 |
| 45 to 54 years | 0.2* | 2.2 | • | 1 |
| 55 to 64 years | 0.5* | 5.6 | | 1 |
| 65 to 74 years | 0.4* | 3.1 | • | 1 |
| 75 to 84 years | • | • | • | 1 |
| 85 + | • | • | | • |

*counts less than 10

Note: Denominator 2019 ACS 1-year Estimates; Denominator for Black and Asian included Latinx

Data Source: Cook County Medical Examiner's Office, US Census Bureau.

TABLE 7 Relative Risk Opioid-Related Overdose Deaths Males, Chicago 2020

| Age Groups | RR Latinx | RR Black | RR Asian | RR White |
|----------------|-----------|----------|----------|----------|
| 0-9 years | • | • | • | • |
| 10-19 years | 0.1* | 0.6* | • | 1 |
| 20-34 years | 0.9 | 1.1 | 0.2* | 1 |
| 35 to 44 years | 0.9 | 1.7 | 0.1* | 1 |
| 45 to 54 years | 1.1 | 5.4 | 0.1* | 1 |
| 55 to 64 years | 0.9 | 5.7 | • | 1 |
| 65 to 74 years | 0.5* | 8.7 | • | 1 |
| 75 to 84 years | 4.7* | 5.7* | | 1 |
| 85+ | • | · | • | • |

*counts less than 10

Note: Denominator 2019 ACS 1-year Estimates; Denominator for Black and Asian included Latinx

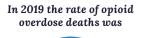
Data Source: Cook County Medical Examiner's Office, US Census Bureau.

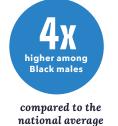
CHICAGO DEPARTMENT OF PUBLIC HEALTH

In 2020, the rate of opioid-related overdose deaths was the highest among adults 55-64 in Chicago (Figure 5). This rate is almost 4 times the rate in Illinois (132.4 vs 34.4 per 100,000 population)².

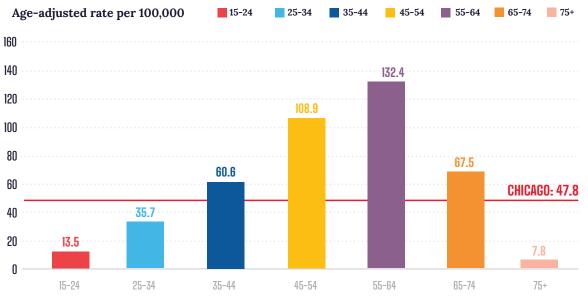
In 2020, White Non-Latinx individuals were the largest proportion of opioid-related overdose deaths amongst those aged 15-44, while Black Non-Latinx individuals comprised the largest proportion of opioid-related overdose deaths amongst those aged 45+ (Figure 6).

Among Adults 55 & Older





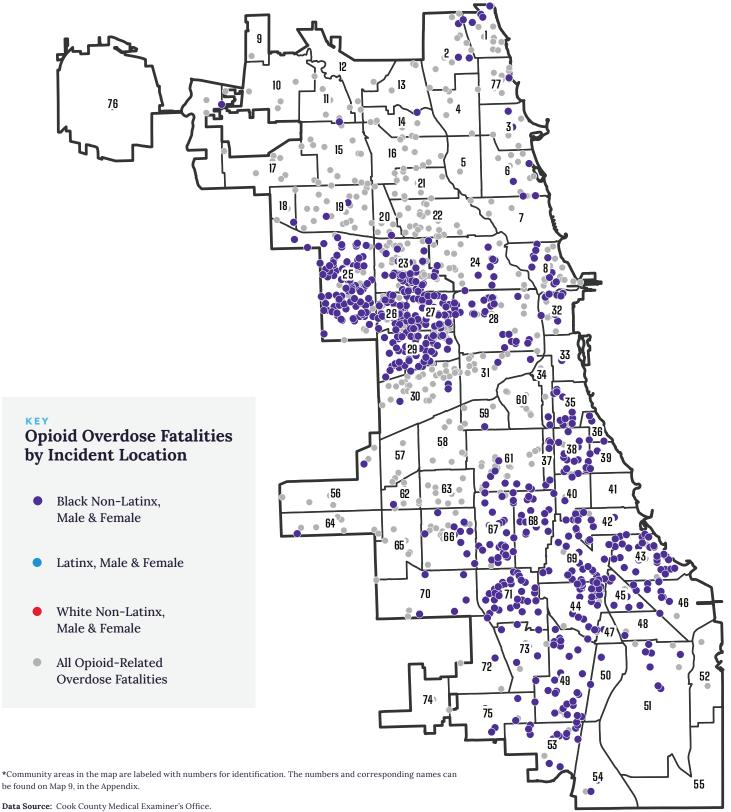
Opioid-Related Overdose Death Rate by Age, Chicago 2020



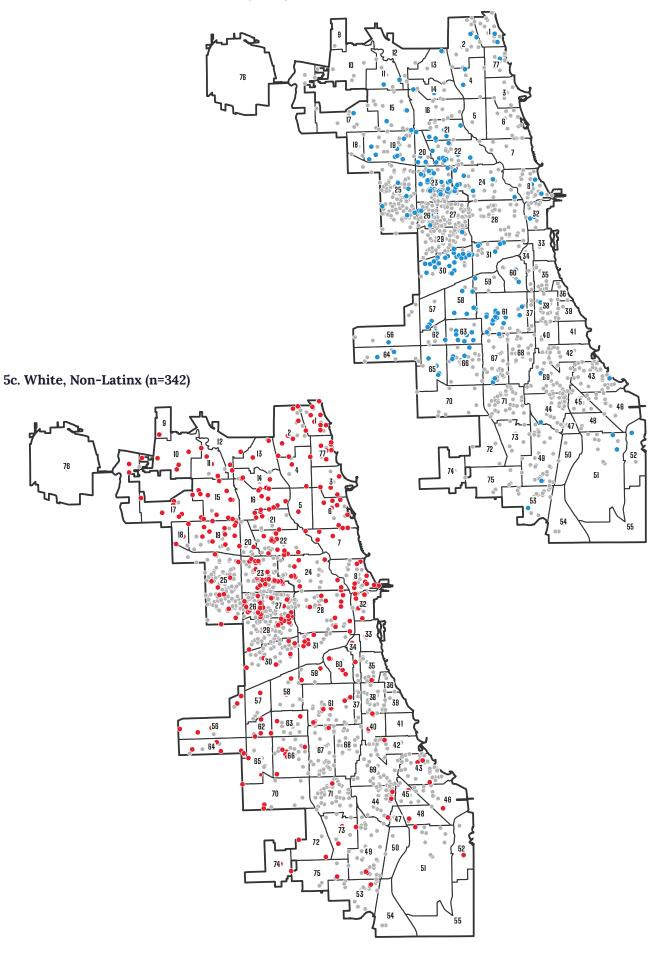
Data Source: Cook County Medical Examiner's Office, US Census Bureau.

Opioid-Related Overdose Deaths by Race/Ethnicity, Chicago 2020

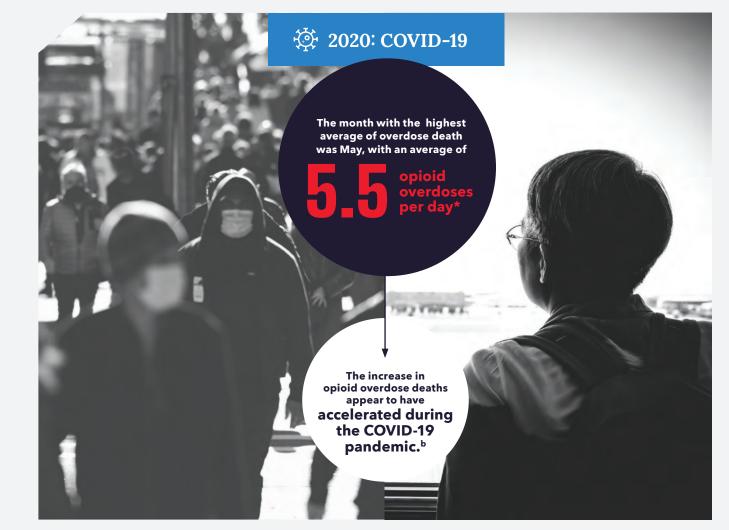
5a. Black, Non-Latinx (n=745)



Note: These maps depict overdose deaths that occurred within Chicago regardless of residency and may include non-Chicago residents. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information. Some incidents were unable to be geocoded and are not represented on the maps.

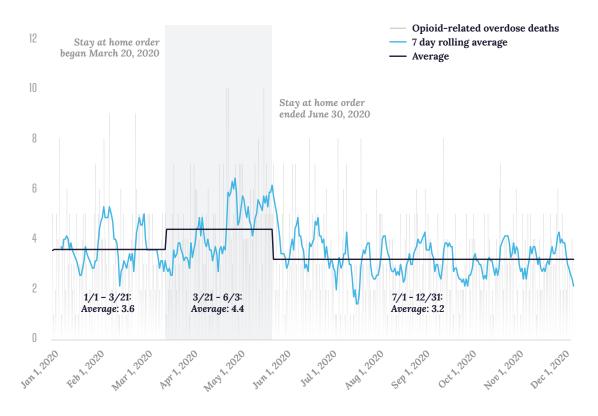


OPIOID-RELATED OVERDOSE DEATHS: OVERDOSE FATALITIES DURING THE COVID-19 PANDEMIC



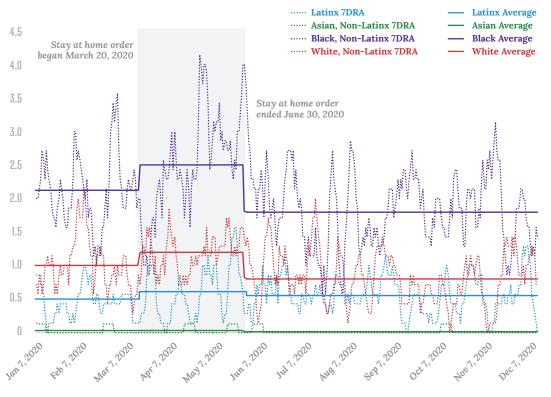
^bThis finding is consistent with a similar outcome in Cook County overall: https://www.cdc.gov/mmwr/volumes/70/wr/mm7010a3.htm The COVID-19 pandemic caused significant disruptions to the overdose prevention and opioid use disorder continuum of care in Chicago, straining a system that was already confronting an increase in opioid-related overdose deaths at the end of 2019. Between 2019-2020, Chicago saw a **52% increase in annual opioid-related overdose fatalities**, from 855 to 1,302. The sharp increase in opioid-related overdose fatalities in Chicago between 2019-2020 mirrors national trends and has been attributed in part to pandemic-induced social and economic stressors, reduced hospital capacity, increased barriers to treatment, social distancing measures, and an increasingly potent drug supply.

Opioid-Related Overdose Deaths by Day, Chicago 2020



Data Source: Park, Ju Nyeong, et al. "Fentanyl and fentanyl analogs in the illicit stimulant supply: results from US drug seizure data, 2011–2016." Drug and alcohol dependence 218 (2021): 108416.Tofighi, Babak, et al. Forthcoming paper: "Provider and administrator attitudes and experiences with implementing telebuprenorphine during COVID-19 pandemic: a mixed methods survey."

Opioid-Related Overdose Deaths by Day and Race-Ethnicity, Chicago 2020



Data Source: Cook County Medical Examiner's Office. **7DRA** = 7 Day Rolling Average

TABLE 8

Average Number of Opioid-Related Overdose Deaths per Day, Chicago 2020

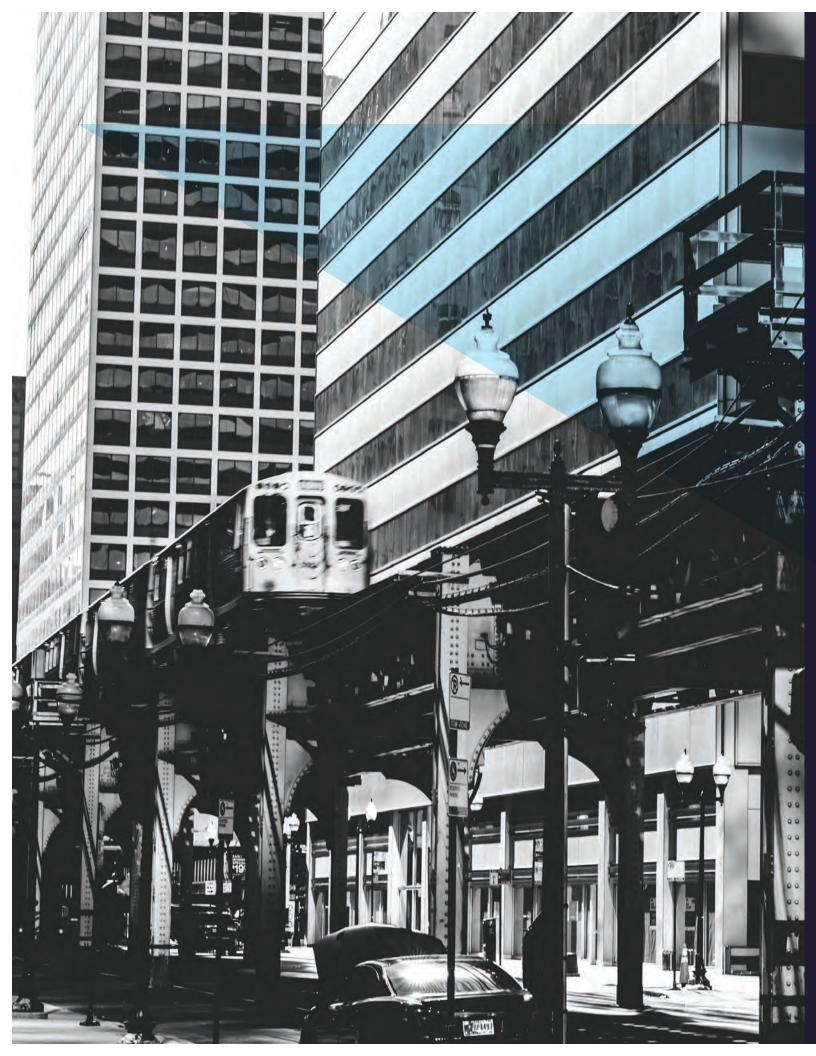
| | Pre Stay at home order 1/1/20-3/20/20 | Stay at Home Order 3/21/20 - 6/3/20 | After Stay at home order 6/4/20 - 12/31/20 |
|-------------------|--|--|---|
| Black, Non-Latinx | 2.1 | 2.5 | 1.8 |
| White, Non-Latinx | 1 | 1.2 | 0.8 |
| Latinx | 0.5 | 0.61 | 0.55 |
| Asian, Non-Latinx | 0.03 | 0.03 | 0.01 |

Data Source: Cook County Medical Examiner's Office

MEDICATION ASSISTED RECOVERY

If you or your loved one is struggling with opioid use, call 833-234-6343 and ask for MAR NOW

You will be connected 24/7 to a provider who can immediately prescribe you medication. The program serves everyone in Illinois, regardless of insurance status or ability to pay, and can provide free transportation to anyone who needs it.



OPIOID-RELATED OVERDOSE DEATHS: OPIOID-RELATED OVERDOSE DEATHS BY OPIOID TYPE

Cordinations of the intervention of the interv

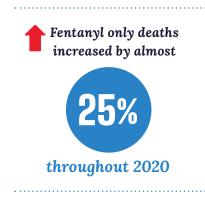
Fentanyl and heroin continued to drive the epidemic of overdose deaths in Chicago in 2020, having been involved in 95% of all opioid-related overdose deaths (Figure 12).

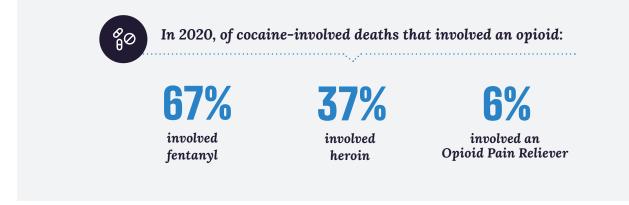
For the first time, **fentanyl alone was the most common opioid** involved in opioid overdose deaths. In previous years, the combination of fentanyl and heroin was most common (Figures 12 & 13).

In 2020, about half **(49%) of opioid-related overdose deaths involved more than one opioid** (Figure 14).

In addition to fentanyl, fentanyl analogs, and methadone, the synthetic opioids brorphine, isotonitazene, and U47700 were involved in opioid-related overdose deaths in 2020. These synthetics were involved in 4% of opioid-related overdose deaths (Figure 15).

Isotonitazene was not detected in any deaths after August and brorphine was not detected in any deaths before June (Figure 15).

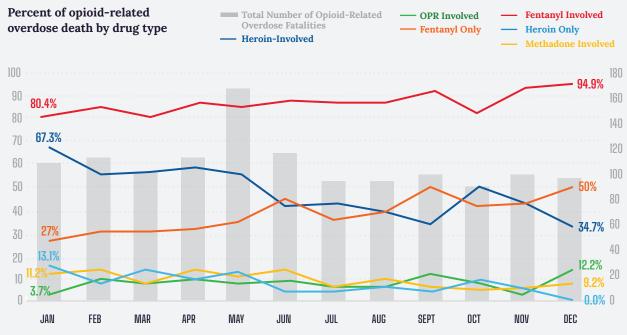




In 2020, 613 cocaine-involved overdose deaths occurred in Chicago. Of these, 79% (n=482) involved an opioid, suggesting that concurrent use is common (Figure 24). The percentage varied by opioid type: **67% of cocaine deaths involved fentanyl**, **37% involved heroin, and 6% involved an opioid pain reliever (OPR)**.

Opioid-related overdose deaths that involved another substance (cocaine, methamphetamine, and/or benzodiazepine) increased from 40% in 2019 to 51% in 2020 (Figure 17).

Opioid-Related Overdose by Opioid Type by Month, Chicago 2020

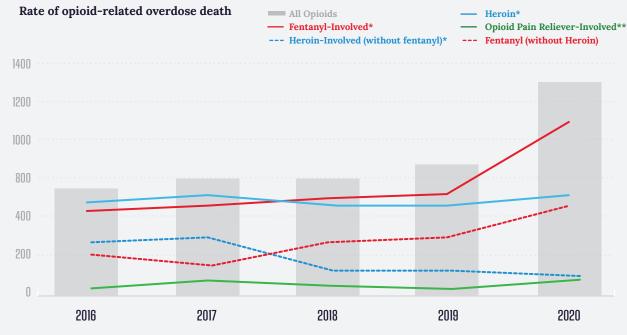


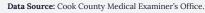
Data Source: Cook County Medical Examiner's Office.

Note: Opioid types are not mutually exclusive. Deaths in each category my involve other opioids.

Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of the decedent's address of residence.

Number of Opioid-Related Overdose Deaths by Opioid Type, Chicago 2016-2020

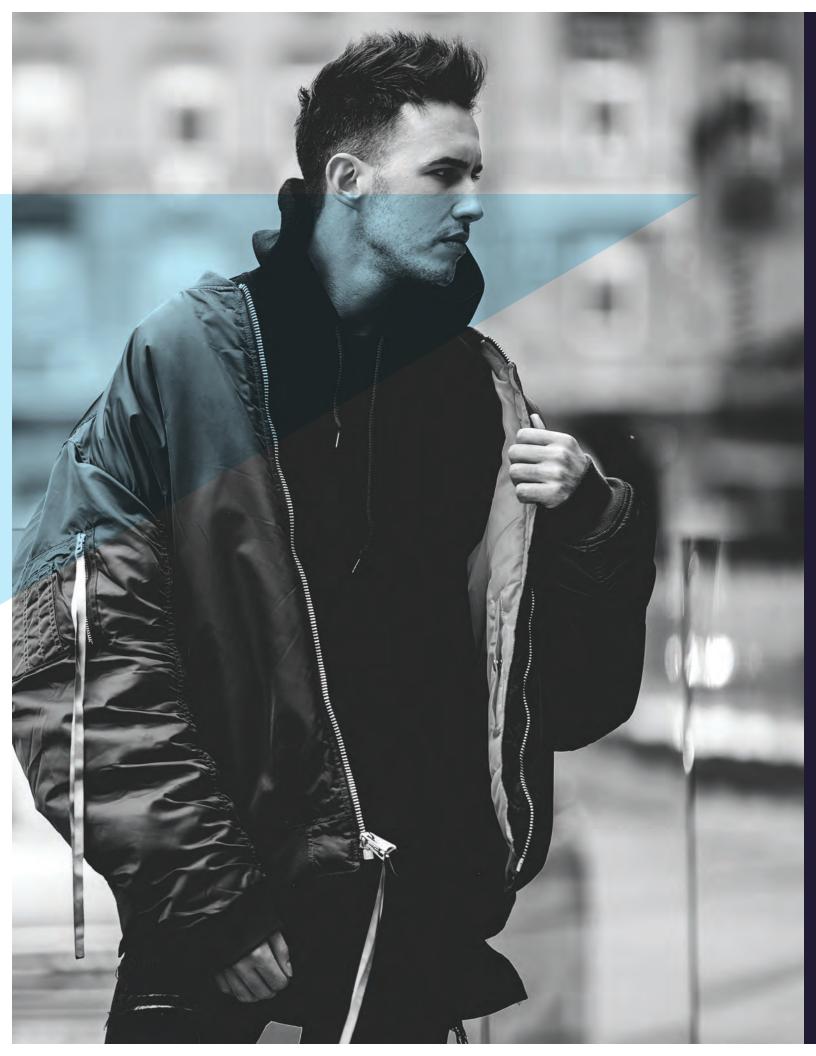




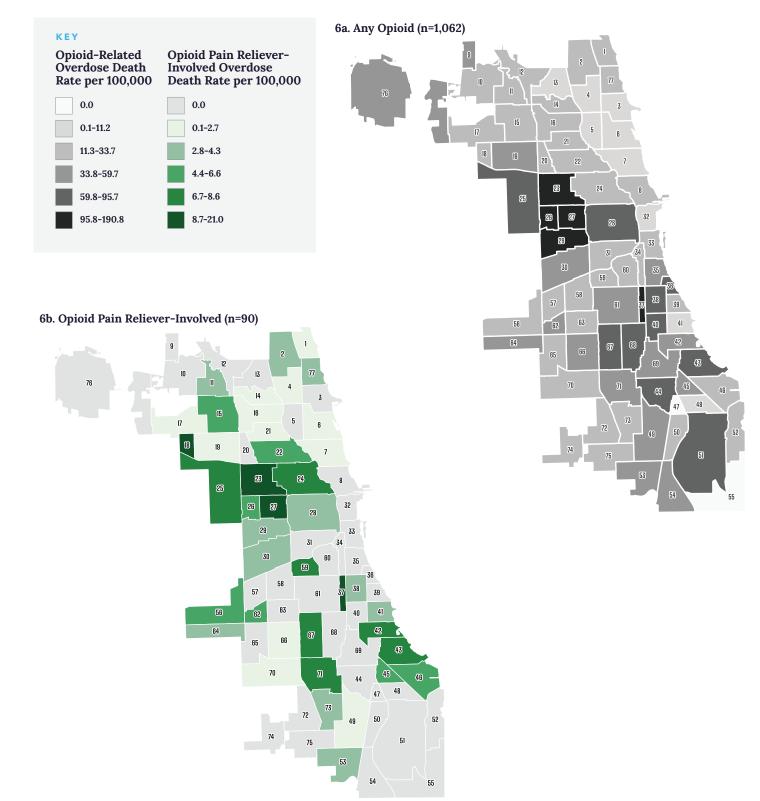
Note: Numbers include all opioid-related overdose deaths in Chicago, regardless of decedent's address of residence.

*Opioid types are not mutually exclusive. Deaths in each category my involve other opioids in addition to 'fentanyl' or 'heroin (without fentanyl)'. **Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, morphine, oxycodone or tramadol.

02: OPIOID-RELATED OVERDOSE DEATHS



Opioid-Related Overdose Death Rate by Opioid Typeⁱ and Community Area of Residenceⁱⁱ, Chicago 2020

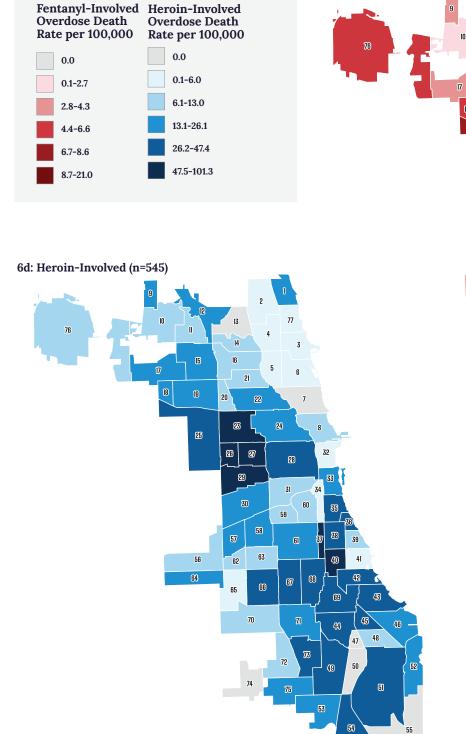


Data Source: Cook County Medical Examiner's Office.

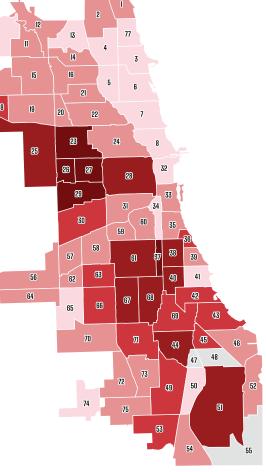
i Categories are not mutually exclusive as some death involved more than one type of opioid

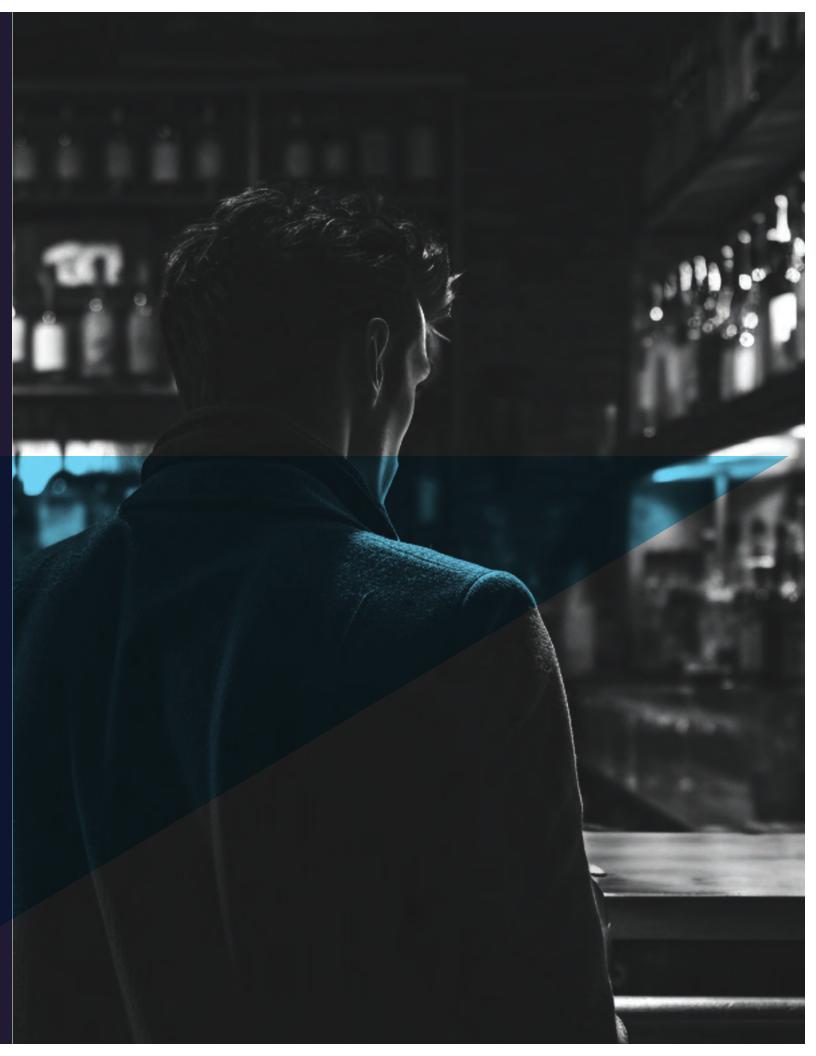
ii All community area-level opioid-related overdose mortality rates in this report reflect Chicago residents from respective community areas regardless of where the incident occurred. This is standard practice for reporting health surveillance data and allows for more accurate comparisons between community areas. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information. A total of 18 opioid-related overdose deaths among Chicago residents were unable to be geocoded. 25 opioid-related overdose deaths that occurred in Chicago were not able to be geocoded.





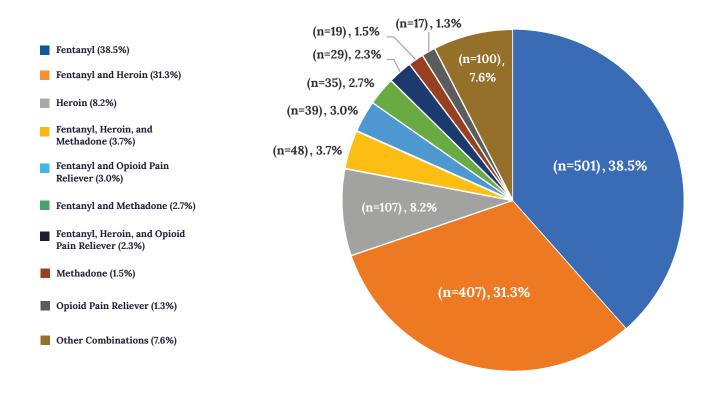
KEY





Combinations of Opioids Involved in Overdose Deaths, Chicago 2020

*Opioid categories listed below are mutually exclusive. Each category does not involve any other opioids aside from those listed. However, deaths my involve substances other than opioids (e.g. cocaine, alcohol cannabis, methamphetamines, benzodiazepine), which are not reported here.





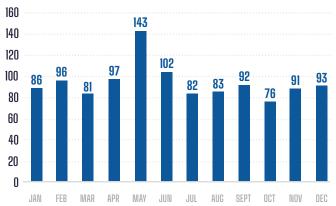
Synthetic Opioid-Related Overdose Deaths, Chicago 2020

Number of opioid-related overdose deaths

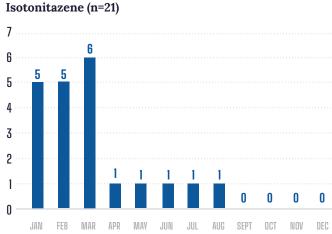
15A Brorphine (n=24)



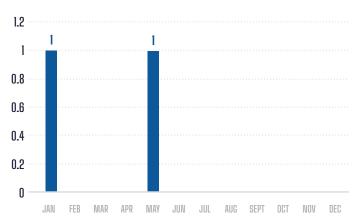
15B Fentanyl Involved (n=1,122)



15C



15D U-47700 (n=2)



02: OPIOID-RELATED OVERDOSE DEATHS

In addition to fentanyl, fentanyl analogs, and methadone:

The synthetic opioids

- brorphine
- isotonitazene
- U47700

were involved in opioid-related overdose deaths in 2020.

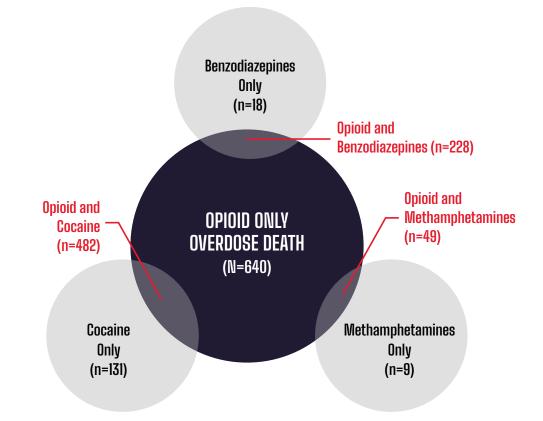
They were involved in



of opioid-related overdose deaths (Figure 23)



Polysubstance Involvement in Opioid-Related Overdose Deaths, 2020



Data Source: Cook County Medical Examiner's Office.

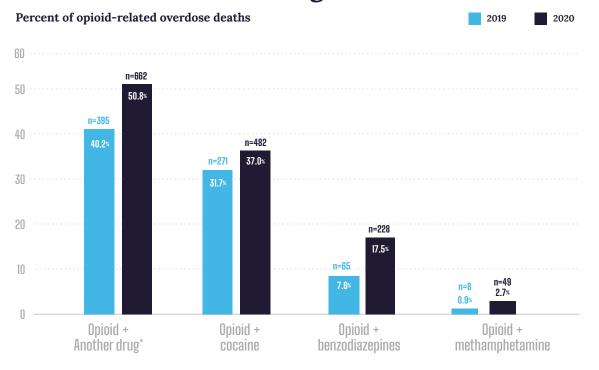
Note: This chart does not reflect the overlap between multiple drugs and opioids (ie, opioids, cocaine, benzodiazepines, and methamphetamines). Benzodiazepines include alprazolam, chlordiazepoxide, clonazepam, diazepam, etizolam, estazolam, flualprazolam, lorazepam, midazolam, temazepam, and noridazepam.Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.

What are benzodiazepines?



Benzodiazepines are a type of drug typically prescribed by doctors to relieve anxiety. They can also treat <u>withdrawal symptoms of</u> alcohol use disorder. Some common types include Xanax (alprazolam) and Valium (diazepam).

Polysubstance Involvement in Opioid-Related Overdose Deaths, Chicago 2019-2020

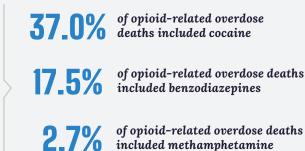


Data Source: Cook County Medical Examiner's Office.

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of the decedent's address of residence. The overdose deaths reflect prescription benzodiazepines and does not include illicit benzodiazepines in this count.



of opioid-related overdose deaths included cocaine, methamphetamine, or benzodiazepines



OPIOID-RELATED OVERDOSE DEATHS BY OPIOID TYPE: FENTANYL

Fentanyl and fentanyl analogs are synthetic opioids that are about **50 times more potent than heroin**. This difference in potency translates to an increased amount of naloxone needed to reverse an overdose from fentanyl. Naloxone is the medication used to reverse opioid overdose⁴.

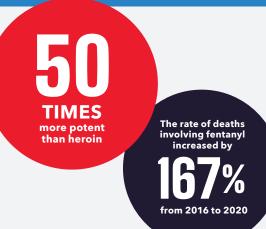
The rate of deaths involving fentanyl **increased by 167% from 420 deaths in 2016 to 1,122 deaths in 2020** (Table 4).

In 2020, 38% (n=501) of all opioid-related overdose deaths that occurred in Chicago involved fentanyl as the only opioid.

In 2020, 88.3% of Chicago's community areas were home to at least 1 resident who had a fentanyl-only opioid-related overdose death, up from 67.5% in 2019 (Maps 7 & 8).



Fentanyl & fentanyl analogs are:



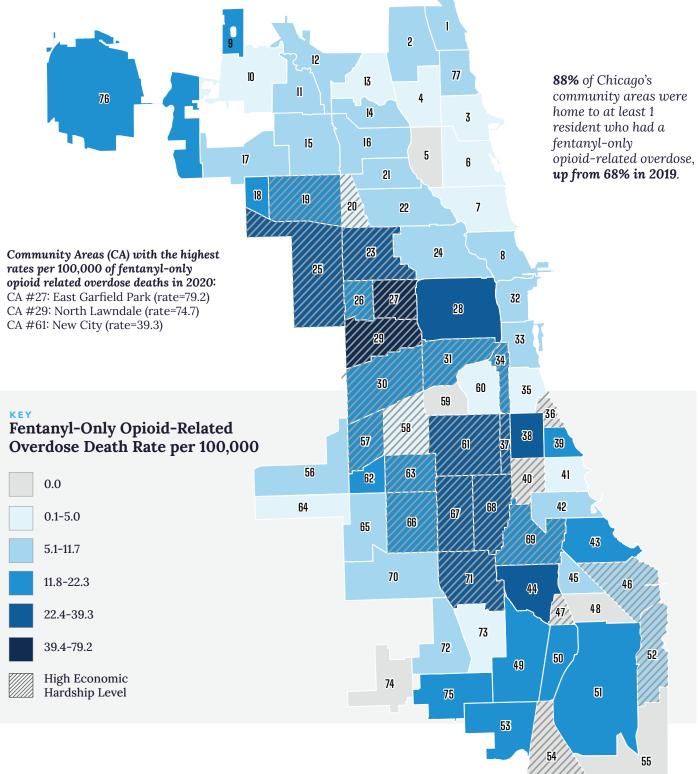
------ Fentanyl test strips (FTS)

Fentanyl test strips (FTS) allow people to test their drugs for the presence of fentanyl. This can help them stay safer. FTS are available at all CDPH STI and Mental Health Clinics in the city.



Email <u>osu.cdph@cityofchicago.org</u> for more information.

Fentanyl-Only Overdose Death Rate by Community Area of Residence^{*}, Chicago 2020 (n=379)



*Community areas in the map are labeled with numbers for identification. The numbers and corresponding names can be found on Map 9, in the Appendix.

Data Source: Cook County Medical Examiner's Office.

*Rates expressed as number of overdoses per 100,000 population. Denominators based on 2010 census population. Rates age-adjusted to the 2000 US standard population.

Note: All community area-level opioid-related overdose mortality rates in this report reflect Chicago residents from respective community areas regardless of where the incident occurred. This is standard practice for reporting health surveillance data and allows for more accurate comparisons between community areas. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information. A total of 18 opioid-related overdose deaths among Chicago residents were unable to be geocoded. Burnside and Fuller Park had very small population size (<2500 persons) in 2019; small population sizes can make rates unstable and hard to interpret.

Race-Ethnicity

From 2016 to 2019, fentanyl-only opioid overdose death rates were the highest among Black Non-Latinx individuals (Figure 18).

For the first time, the rate of fentanyl-only overdose deaths was higher among Latinx than White Non-Latinx individuals (Figure 18).

Age

In 2020, fentanyl-only overdose death rates were the highest among adults 55-64 (Figure 19).

For the first time in 2020, the rate of fentanyl-only deaths among adults 65-74 surpassed the rate for adults 25-34 (Figure 19).

The rate of fentanyl-only deaths among youth 15-24 and adults 55 and older in 2020 is 3-4 times higher than the rates in 2016 (Figure 19).



Fentanyl-only opioid overdose death rates were the highest among Black Non-Latinx individuals (Figure 18)



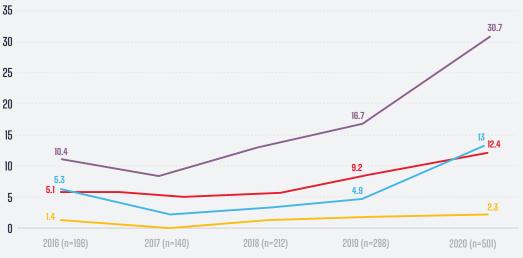
For the first time in 2020

The rate of fentanyl-only deaths among adults 65-74 surpassed the rate for adults 25-34 (Figure 19)



55

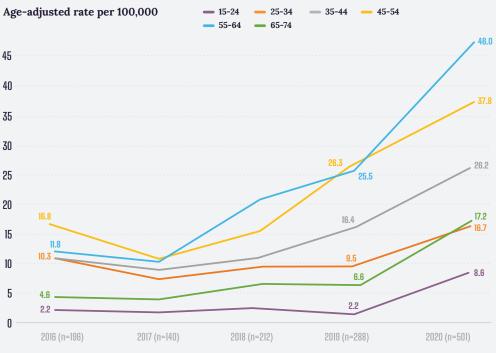
FIGURE 18 Fentanyl-Only Opioid-Related Deaths by Race-Ethnicity, Chicago 2016-2020 — Black, Non-Latinx — White, Non-Latinx — Latinx — Asian or PI, Non-Latinx 35



Data Source: Cook County Medical Examiner's Office.

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence

Fentanyl-Only Opioid-Related Deaths by Age, Chicago 2016-2020



Data Source: Cook County Medical Examiner's Office.

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence

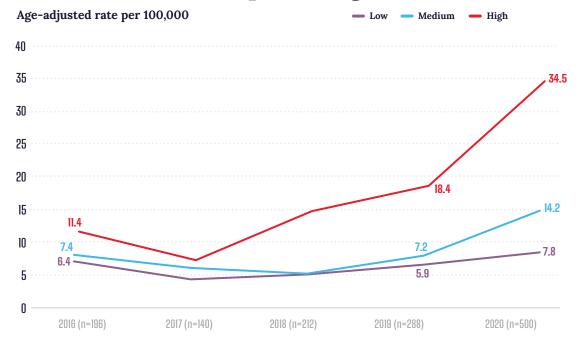
Economic Hardship

Fentanyl-only overdose death rates are the highest in communities experiencing high economic hardship (Figure 20).

Since 2016, the rate of fentanyl-only overdose deaths has tripled in communities experiencing high hardship. Rates in communities experiencing low economic hardship have remained steady (Figure 20).

FIGURE 20

Fentanyl-Only Opioid-Related Deaths by Economic Hardship, Chicago 2016-2020



Data Source: Cook County Medical Examiner's Office.

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.



Fentanyl-only overdose death rates are the highest in communities experiencing high economic hardship (Figure 20).

Economic hardship: The economic hardship data used in the report is based off hardship index, found on the Chicago Health Atlas. The definition we provide on the Health Atlas for Hardship Index is: Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes.

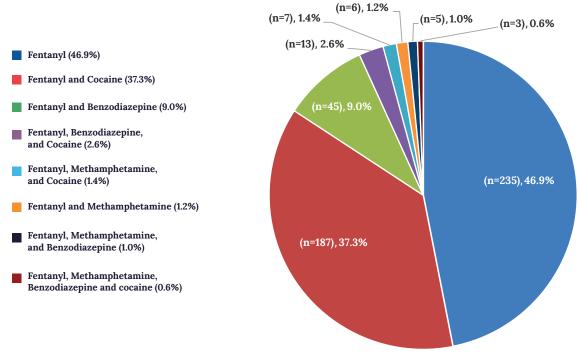
Polysubstance Use

In 2020, 53% of the fentanyl-only overdose deaths also involved cocaine, methamphetamine or benzodiazepines (Figure 21).

In 2020, there were 187 deaths that involved fentanyl as the sole opioid with cocaine (Figure 21).

Combinations of Fentanyl (As Sole Opioid) Deaths, Chicago 2020 (n=501)

*Categories listed below are mutually exclusive. Each category does not involve any other opioids aside from those listed. However, deaths may involve substances other than opioids (e.g. alcohol and cannabis), which are not reported here.



Data Source: Cook County Medical Examiner's Office.

Note: Numbers include all fentanyl-related overdose deaths that occurred in Chicago, regardless of the decedent's address of residence. Benzodiazepines include alprazolam, chlordiazepoxide, clonazepam, diazepam, etizolam, estazolam, flualprazolam, lorazepam, midazolam, temazepam, and noridazepam.

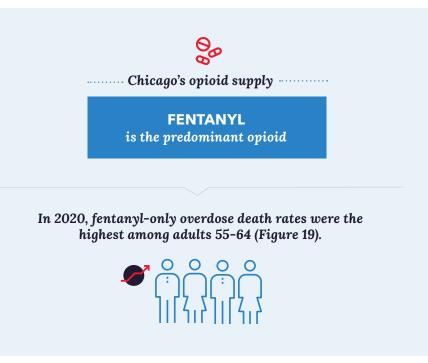




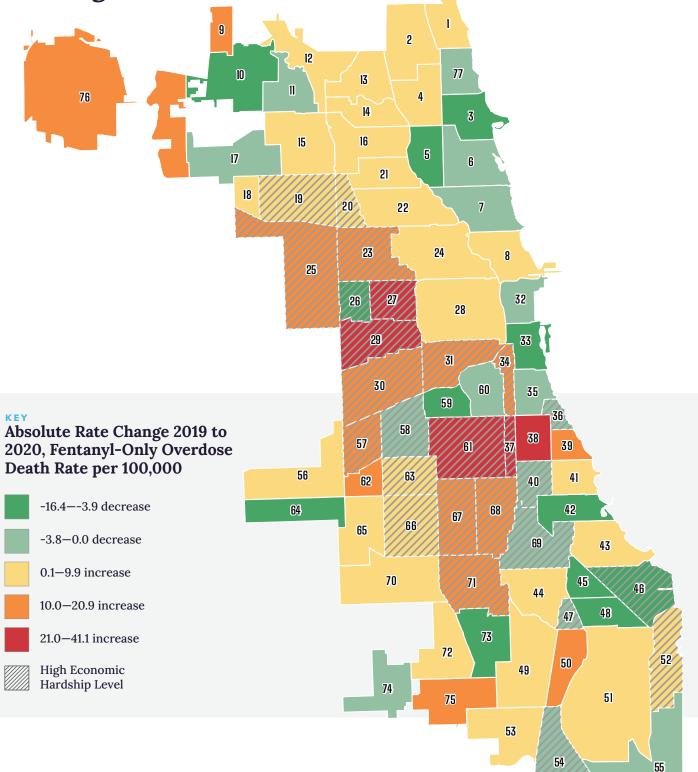
of the fentanyl-only overdose deaths also involved cocaine, methamphetamine or benzodiazepines (Figure 21). **Fentanyl is the predominant opioid in Chicago's opioid supply**. Fentanyl is pressed into counterfeit pills and is used as a lowcost additive to increase the potency of products sold as heroin, cocaine, and other illicit substances.

Further investigation is needed to better understand the following:

- To determine if people are intentionally seeking fentanyl, or unknowingly receiving it.
- The awareness of the harm reduction practice of testing the substance for the presence of fentanyl and how this knowledge affects adoption of other harm reduction practices such as not using alone, having naloxone on hand, using less of the substance and other practices advised by the Centers for Disease Control and Prevention's Fentanyl Test Strips: A Harm Reduction Strategy.
- What are the barriers to accessing naloxone among people who snort or smoke their drugs, putting them at increased risk for overdose?



Absolute Rate Change, Fentanyl-Only Overdose Death Rate by Community Area of Residence*, Chicago 2019-2020



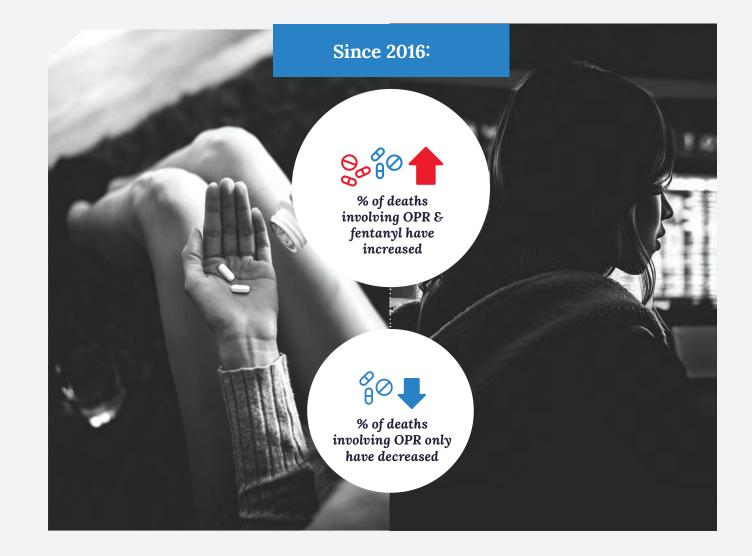
*Community areas in the map are labeled with numbers for identification. The numbers and corresponding names can be found on Map 9, in the Appendix

Data Source: Cook County Medical Examiner's Office.

*Rates expressed as number of overdoses per 100,000 population. Denominators based on 2010 census population. Rates age-adjusted to the 2000 US standard population.

Note: All community area-level opioid-related overdose mortality rates in this report reflect Chicago residents from respective community areas regardless of where the incident occurred. This is standard practice for reporting health surveillance data and allows for more accurate comparisons between community areas. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information. A total of 18 opioid-related overdose deaths among Chicago residents were unable to be geocoded. Burnside and Fuller Park had very small population size (<2500 persons) in 2019; small population sizes can make rates unstable and hard to interpret.

OPIOID-RELATED Overdose deaths By Opioid type: Opioid Pain Reliever

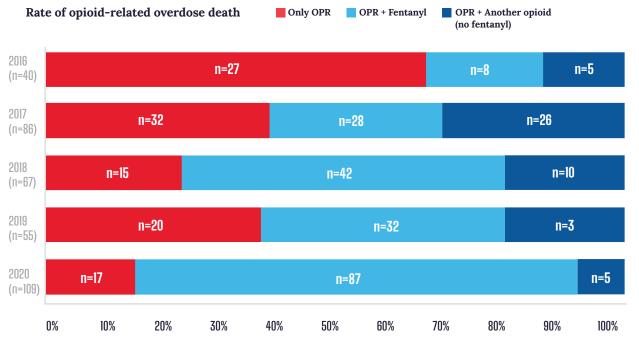


In 2020, the rate of opioid pain reliever involved overdose deaths was 4 per 100,000 population.

Similar to all other drug types, the rate of opioid pain reliever–involved overdose deaths increased from 2019 to 2020. The largest increase was among Black Non-Latinx individuals and young adults aged 25-24 (Table 9).

The percent of deaths involving OPR as the sole opioid continued to decrease since 2016. However, the percent of deaths involving OPR and fentanyl has continued to increase since 2016 (Figure 22).

Combinations of Opioids Involved in Opioid Pain Reliever Related Overdose Deaths, Chicago 2016-2020



Data Source: Cook County Medical Examiner's Office.

Note: Opioid types are mutually exclusive. Opioid pain reliever includes buprenorphine, codeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone, or tramadol. Deaths may involve substances other than opioids (e.g. alcohol, cannabis), which are not reported.

Opioid-Related Overdose Deaths involving Opioid Pain Relievers—Chicago, 2016-2020

| | 2016 | | | | 2017 | | | | 2018 | | | |
|--|------|--------------------------|----------------------------------|----------------------|------|--------------------------|----------------------------------|----------------------|------|--------------------------|----------------------------------|----------------------|
| | | elated aths | All opioid- related deaths | % involv- ing OPR | | elated aths | All opioid- related deaths | % involv- ing OPR | | related aths | All opioid- related deaths | % involv- ing OPR |
| | n | Rate ⁱ | n | % | n | Rate ⁱ | n | % | n | Rate ⁱ | n | % |
| All | 40 | 1.4 | 741 | 5.4 | 86 | 3.2 | 797 | 10.8 | 67 | 2.5 | 793 | 8.4 |
| RACE-ETHNICITY | | | | | | | | | | | | |
| Black, Non-Latinx | 12 | 1.3 | 358 | 3.4 | 25 | 2.8 | 404 | 6.2 | 27 | 3.0 | 426 | 6.3 |
| White, Non-Latinx | 19 | 1.9 | 253 | 7.5 | 51 | 5.2 | 293 | 17.4 | 26 | 2.6 | 243 | 10.7 |
| Latinx | 9 | 1.2 | 123 | 7.3 | 9 | 1.3 | 96 | 0 | 14 | 2 | 121 | 11.6 |
| Asian or Pacific Islander, Non-Latinx | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0.0 |
| AGE (YEARS) | | | | | | | | | | | | |
| 15-24 | 4 | 1 | 43 | 9.3 | 3 | 0.7 | 24 | 12.5 | 2 | 0.5 | 38 | 5.3 |
| 25-34 | 7 | 1.4 | 151 | 4.6 | 14 | 2.7 | 132 | 10.6 | 12 | 2.3 | 135 | 8.9 |
| 35-44 | 6 | 1.6 | 151 | 4 | 16 | 4.2 | 156 | 10.3 | 15 | 4 | 152 | 9.9 |
| 45-54 | 10 | 3 | 229 | 4.4 | 23 | 6.8 | 249 | 9.2 | 17 | 5 | 224 | 7.6 |
| 55-64 | 11 | 4.2 | 147 | 7.5 | 22 | 8.4 | 186 | 11.8 | 14 | 5.3 | 204 | 6.9 |
| 65-74 | 1 | 0.7 | 18 | 5.6 | 8 | 5.3 | 35 | 22.9 | 7 | 4.6 | 39 | 17.9 |
| GENDER | | | | | | | | | | | | |
| Female | 18 | 1.3 | 185 | 9.7 | 30 | 2.2 | 179 | 16.8 | 26 | 1.9 | 183 | 14.2 |
| Male | 22 | 1.7 | 557 | 3.9 | 56 | 4.2 | 616 | 9.1 | 41 | 3.1 | 610 | 6.7 |
| MANNER OF DEATH" | | | | | | | | | | | | |
| Accidental | 32 | 1.1 | 725 | 4.4 | 74 | 2.7 | 781 | 9.5 | 60 | 2.2 | 782 | 7.7 |
| Suicide | 6 | 0.2 | 9 | 66.7 | 8 | 0.3 | 10 | 80 | 5 | 0.2 | 8 | 62.5 |
| Undetermined | 2 | 0.1 | 7 | 28.6 | 4 | 0.1 | 5 | 80 | 2 | 0.01 | 3 | 66.7 |
| COMMUNITY ECONOMIC | HARD | SHIP | | | | | | | | | | |
| Low | 19 | 1.7 | 191 | 9.9 | 32 | 2.7 | 210 | 15.2 | 27 | 2.2 | 204 | 13.2 |
| Medium | 6 | 0.7 | 164 | 3.7 | 22 | 2.8 | 197 | 11.2 | 20 | 2.6 | 143 | 14.0 |
| High | 15 | 1.7 | 372 | 4.1 | 31 | 3.9 | 381 | 8.1 | 19 | 2.4 | 431 | 4.4 |

Data Source: Cook County Medical Examiner's Office. NL = Non-Latinx

¹ Rates expressed as number of overdoses per 100,000 population. Denominators based on 2010 census population. Rates age-adjusted to the 2000 US standard population. ⁱⁱ In 2019 and 2020, the manner of death for one opioid-related overdose death was homicide, which is not listed here

ⁱⁱⁱ 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.

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.

TABLE 9 (CONTINUED)

Opioid-Related Overdose Deaths involving Opioid Pain Relievers—Chicago, 2016-2020

| | 2019 | | | 2020 | | | | 2019 to 2020 | |
|--|-------|-------------------|----------------------------------|--------------------|-----------------------|--------------------------|------|--------------|----------------------------------|
| | | related aths | All opioid- related deaths | % involving OPR | OPR-related deaths | | | | % change in rate ⁱ |
| | n | Rate ⁱ | n | % | n | Rate ⁱ | n | % | % |
| All | 55 | 2.0 | 855 | 6.4% | 109 | 4.0 | 1302 | 8.4% | 100.0% |
| RACE-ETHNICITY | | | | | | | | | |
| Black, Non-Latinx | 24 | 2.4 | 483 | 5.0% | 50 | 5.6 | 745 | 6.7% | 133.3% |
| White, Non-Latinx | 26 | 2.9 | 260 | 10.0% | 44 | 4.5 | 342 | 12.9% | 55.2% |
| Latinx | 5 | 0.8 | 103 | 4.9% | 12 | 1.8 | 199 | 6.0% | 125.0% |
| Asian or Pacific Islander, Non-Latinx | 0 | 0.0 | 4 | 0.0% | 1 | 0.6 | 6 | 16.7% | |
| AGE (YEARS) | | | | | | | | | |
| 15-24 | 5 | 1.2 | 28 | 17.9% | 4 | 1.0 | 55 | 7.3% | -16.7% |
| 25-34 | 4 | 0.8 | 117 | 3.4% | 18 | 3.5 | 184 | 9.8% | 337.5% |
| 35-44 | 9 | 2.4 | 163 | 5.5% | 19 | 5.0 | 229 | 8.3% | 108.3% |
| 45-54 | 10 | 3.0 | 278 | 3.6% | 29 | 8.6 | 369 | 7.9% | 186.7% |
| 55-64 | 20 | 7.6 | 212 | 9.4% | 24 | 9.1 | 348 | 6.9% | 19.7% |
| 65-74 | 6 | 4.0 | 53 | 11.3% | 12 | 7.9 | 102 | 11.8% | 97.5% |
| GENDER | | | | | | | | | |
| Female | 22 | 1.6 | 209 | 10.5% | 37.0 | 2.8 | 278 | 13.3% | 75.0% |
| Male | 33 | 2.5 | 644 | 5.1% | 71 | 5.3 | 1021 | 7.0% | 112.0% |
| MANNER OF DEATH" | | | | | | | | | |
| Accidental | 48 | 1.8 | 843 | 5.7% | 104 | 3.8 | 1292 | 47.4 | 111.1% |
| Suicide | 7 | 0.3 | 9 | 77.8% | 4 | 0.2 | 4 | 0.2 | -33.3% |
| Undetermined | 0 | 0.0 | 2 | 0.0% | 1 | 0.01 | 3 | 0.1 | |
| COMMUNITY ECONOMIC HAR | DSHIP | | | | | | | | |
| Low | 20 | 1.8 | 192 | 10.4% | 29 | 2.6 | 243 | 11.9% | 44.4% |
| Medium | 18 | 2.2 | 192 | 9.4% | 23 | 3.1 | 312 | 7.4% | 40.9% |
| High | 17 | 2.0 | 446 | 3.8% | 53 | 6.5 | 712 | 7.4% | 225.0% |

Data Source: Cook County Medical Examiner's Office. NL = Non-Latinx

¹ Rates expressed as number of overdoses per 100,000 population. Denominators based on 2010 census population. Rates age-adjusted to the 2000 US standard population.

ⁱⁱ In 2019 and 2020, the manner of death for one opioid-related overdose death was homicide, which is not listed here

ⁱⁱⁱ 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.

Note: Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.

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APPENDIX

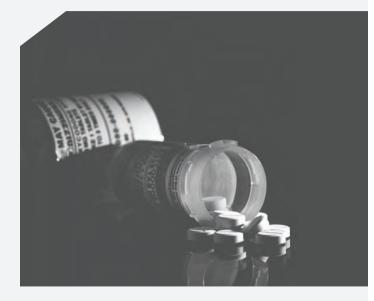




APPENDIX: Additional information about overdose death data and categories of opioids

In 2020, data were received directly from the Cook County Medical Examiner's Office. All cases labeled "morphine", "opiate", or "opioid" were re-reviewed with the medical examiner. The medical examiner and toxicologist re-reviewed the toxicology report, the police review, and the case history to determine the specific opioid involved in the death.

Ultimately, 82 cases of the opioid-related overdose death that occurred in Chicago in 2019 were re-reviewed and about 70% were re-categorized as heroin. The remaining were categorized as "unknown opioid", "morphine" or "other".



Heroin-involved deaths

637 deaths were categorized as heroin-involved deaths. Of these 637 deaths:

- 107 overdose deaths involved heroin alone
- 407 involved heroin and fentanyl combined
- 48 involved heroin, methadone, and fentanyl
- 32 involved heroin, fentanyl, and opioid pain reliever
- 11 involved heroin, fentanyl, and brorphine
- 9 involved heroin, methadone, fentanyl, and opioid pain reliever
- 8 involved heroin and methadone, 4 involved heroin, fentanyl and isotonitazene
- 3 involved heroin, methadone, fentanyl, and isotonitazene
- 2 involved heroin, fentanyl, and mitragynine, 2 involved heroin and opioid pain reliever
- 1 involved heroin, fentanyl, opioid pain reliever, and mitragynine
- 1 involved heroin, fentanyl, u 47700 and isotonitazene
- 1 involved heroin and isotonitazene
- 1 involved heroin, methadone, and opioid pain reliever

This category includes two types of deaths:

- Deaths labeled heroin on the death certificate
- Deaths originally labeled "opiate" or "morphine" (morphine is a breakdown product of heroin) but determined to be likely due to heroin after re-reviewing the toxicology reports, circumstances of death, and history with the Cook County Medical Examiner.

Fentanyl-involved deaths

1,122 deaths were categorized as involving fentanyl or fentanyl analogs by the Cook County Medical Examiner. Of the 1,122 deaths categorized as involving fentanyl or fentanyl analogs:

- 501 involved only fentanyl
- 407 involved fentanyl and heroin
- 48 involved fentanyl, heroin, and methadone
- · 40 involved fentanyl and opioid pain reliever
- 35 involved fentanyl and methadone
- 32 involved fentanyl, heroin, and opioid pain reliever
- 11 involved fentanyl, heroin, brorphine
- 9 involved fentanyl, heroin, methadone, and opioid pain reliever
- 8 involved fentanyl and brorphine
- 8 involved isotonitazene
- 4 involved fentanyl, heroin, and isotonitazene
- 3 involved fentanyl and mitragynine
- 3 involved fentanyl, heroin, methadone, and isotonitazene
- 3 involved fentanyl. Methadone, and brorphine
- 3 involved fentanyl, methadone, and opioid pain reliever
- 2 involved fentanyl, heroin, and mitragynine
- 1 involved fentanyl, opioid pain reliever, and brorphine
- 1 involved fentanyl, opioid pain reliever, and isotonitazene
- 1 involved fentanyl, heroin, opioid pain reliever, and mitragynine
- 1 involved fentanyl, heroin, U 447700 and isotonitazene
- 1 involved fentanyl, methadone, and isotonitazene

Opioid pain relieverinvolved deaths

109 deaths were categorized as involving an opioid pain reliever. The drugs found were: buprenorphine, codeine, dihydrocodeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone, tramadol, and unknown prescription opiates. The morphine involved deaths included in this category were determined by the medical examiner's office to be more likely related to actual morphine overdose rather than a heroin metabolite. 18 overdose deaths involved only opioid pain reliever, 40 involved opioid pain reliever and fentanyl, 32 involved opioid pain reliever, fentanyl, and heroin, 9 involved opioid pain reliever, heroin, methadone, and fentanyl, 3 involved opioid pain reliever, methadone, and fentanyl, 2 involved opioid pain reliever and heroin, and 1 involved opioid pain reliever, fentanyl, and brorphine, 1 involved opioid pain reliever, fentanyl, and isotonitazene, 1 involved opioid pain reliever, fentanyl, heroin, and mitragynine, 1 involved opioid pain reliever, heroin, and methadone, and 1 involved opioid pain reliever and methadone.

Methadone-involved deaths

131 deaths were categorized as methadone involved overdose. 19 overdose deaths involved methadone only, 48 involved methadone, heroin, and fentanyl, 35 involved methadone and fentanyl, 9 involved methadone, heroin, fentanyl, and opioid pain reliever, 8 involved methadone and heroin, 3 involved methadone, heroin, fentanyl, isotonitazene, 3 involved methadone, fentanyl, and brorphine, 3 involved methadone, heroin, and opioid pain reliever, 1 involved methadone, heroin, and opioid pain reliever, 1 involved methadone, fentanyl, and isotonitazene, 1 involved methadone and opioid pain reliever.

Unknown opioidinvolved deaths

16 deaths were identified as "opiate" deaths where no further information was available. Typically, these were cases where the individual died in a hospital setting where opiates had been confirmed by hospital testing, but it was no longer possible for the medical examiner's office to determine the type of opiate that had been involved (because of the length of time between drug use and eventual death).



DEFINITIONS

Incidents by Location vs Incidents by Residence

Chicago Department of Public Health receives opioid-related overdose fatality data from the Cook County Medical Examiner's Office. Opioidrelated overdose fatality data includes incidents geocoded by location, and incidents geocoded by residence.

INCIDENTS BY LOCATION

This data includes fatalities that occurred within the City of Chicago's boundaries, regardless of decedent's address of residence. This data is geocoded to the incident location of the fatality.

INCIDENTS BY RESIDENCE

This data includes residents of Chicago whose cause of death was deemed by the Cook County Medical Examiner's Office to be opioid-related, regardless of location of the overdose incident (i.e. incident may have occurred outside City of Chicago). Decedent's address is obtained from a variety of sources including hospital records, police records, family, and government ID by the Cook County Medical Examiner's Office. All community area-level opioid-related overdose mortality rates in this report reflect Chicago residents from the respective community areas, regardless of where the incident occurred. This is standard practice for reporting health surveillance data and allows for more accurate comparisons between community areas.

Common terms

OPIOID

Broad term that includes naturally occurring opiates, semi-synthetic and synthetic opioids.

OPIATE

Naturally occurring substances that are derived from opium.

OPIOID-RELATED OVERDOSE DEATH

A drug overdose death in which at least one opioid was the primary cause of death. It is possible that additional substances could have been involved in the deaths (e.g., cocaine, benzodiazepines, methamphetamines, cocaine, alcohol, cannabis).

FENTANYL-ONLY OPIOID OVERDOSE DEATH

An opioid overdose death in which fentanyl is the only opioid as the primary cause of death. It is possible that additional substances could have been involved in the deaths (e.g., cocaine, benzodiazepines, methamphetamines, cocaine, alcohol, cannabis).

OPIOID-RELATED OVERDOSE DEATH RATE Age-adjusted rate of opioid-related overdose death per 100,000 population.

DEFINITIONS (CONTINUED)

Classes of opioids

NATURAL OPIATES

Drugs that are fully derived from opium; examples include morphine and codeine.

SEMI-SYNTHETIC OPIOIDS

Drugs that are derived from a combination of natural and synthetic opioids; examples include heroin, oxycodone, hydrocodone, hydromorphone, and oxymorphone.

SYNTHETIC OPIOIDS

Drugs that are created to work in a similar way as naturally occurring opiates but are completely man-made; examples include fentanyl, tramadol and methadone.

Specific opioids

HEROIN

A highly addictive and illegally produced drug derived from morphine.

FENTANYL

A highly potent synthetic opioid that is prescribed to treat severe pain. In the US, there has been an increase in the development and distribution of illegally produced fentanyl. Most of the fentanyl involved in overdose deaths is thought to be from an illicit source. Fentanyl is a common adulterant in heroin—often without the user's knowledge.

METHADONE

A synthetic opioid that is FDA-approved to treat both pain and opioid use disorder.

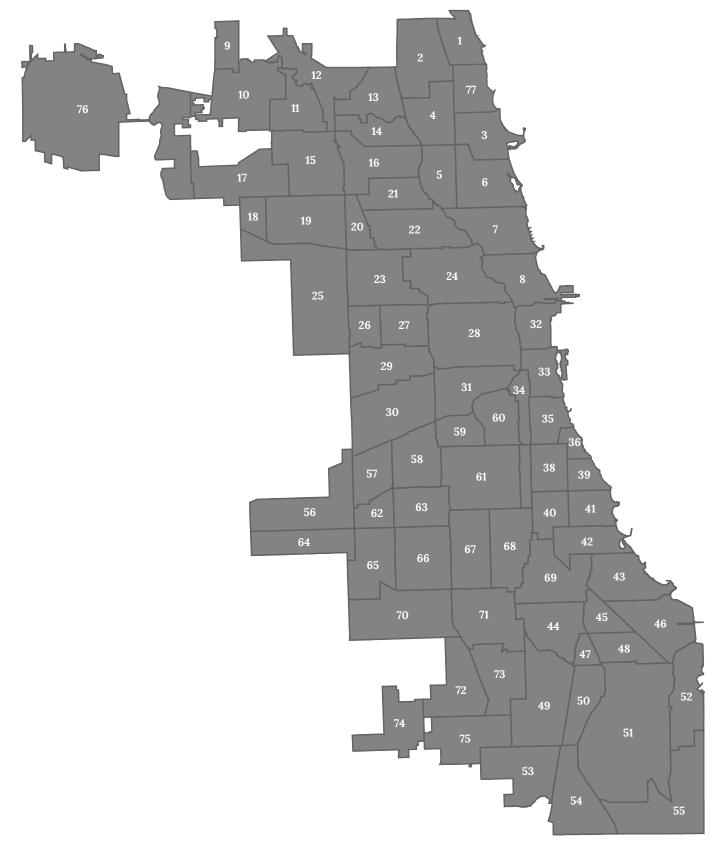
OPIOID PAIN RELIEVERS

Often called prescription pain relievers or opioid analgesics, this class of drugs is prescribed to treat pain. Includes: buprenorphine, codeine, fentanyl, hydrocodone (e.g. Lorcet, Lortab, Norco, Vicodin), meperidine,methadone, morphine, oxycodone (e.g. OxyContin, Percocet) and tramadol. Buprenorphine and methadone are FDA-approved to treat pain, however are more commonly used for addiction treatment. While fentanyl is approved to treat pain, it is rarely prescribed.

List of Chicago Community Areas

| 1. Rogers Park | 21. Avondale | 41. Hyde Park | 61. New City |
|--------------------|------------------------|---------------------|------------------------|
| 2. West Ridge | 22. Logan Square | 42. Woodlawn | 62. West Elsdon |
| 3. Uptown | 23. Humboldt Park | 43. South Shore | 63. Gage Park |
| 4. Lincoln Square | 24. West Town | 44. Chatham | 64. Clearing |
| 5. North Center | 25. Austin | 45. Avalon Park | 65. West Lawn |
| 6. Lake View | 26. West Garfield Park | 46. South Chicago | 66.Chicago Lawn |
| 7. Lincoln Park | 27. East Garfield Park | 47. Burnside | 67. West Englewood |
| 8. Near North Side | 28. Near West Side | 48. Calumet Heights | 68.Englewood |
| 9. Edison Park | 29. North Lawndale | 49. Roseland | 69.Gr. Grand Crossing |
| 10. Norwood Park | 30.South Lawndale | 50. Pullman | 70. Ashburn |
| 11. Jefferson Park | 31. Lower West Side | 51. South Deering | 71. Auburn Gresham |
| 12. Forest Glen | 32. Loop | 52. East Side | 72. Beverly |
| 13. North Park | 33. Near South Side | 53. West Pullman | 73. Washington Heights |
| 14. Albany Park | 34. Armour Square | 54. Riverdale | 74. Mount Greenwood |
| 15. Portage Park | 35. Douglas | 55. Hegewisch | 75. Morgan Park |
| 16. Irving Park | 36. Oakland | 56. Garfield Ridge | 76. O'Hare |
| 17. Dunning | 37. Fuller Park | 57. Archer Heights | 77. Edgewater |
| 18. Montclare | 38. Grand Boulevard | 58. Brighton Park | |
| 19. Belmont Cragin | 39. Kenwood | 59. McKinley Park | |
| 20. Hermosa | 40. Washington Park | 60.Bridgeport | |
| | | | |

Map Legend of Chicago Community Area Numbers & Names



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TABLE 10

EMS Response for Opioid-Related Overdose and Opioid-Related Overdose Deaths Among Chicago Residents by Community Area, Chicago 2020

| | | EMS Responses for Opioid-Related Overdose | Opioid -Related Overdose Deaths among Chicago Residents ⁱⁱⁱ |
|----|--------------------|--|---|
| | Community Area | #i | # |
| 1 | Rogers Park | 117 | 17 |
| 2 | West Ridge | 79 | 13 |
| 3 | Uptown | 100 | 7 |
| 4 | Lincoln Square | 32 | 4 |
| 5 | North Center | 16 | 2 |
| 6 | Lakeview | 91 | 7 |
| 7 | Lincoln Park | 64 | 2 |
| 8 | Near North Side | 232 | 17 |
| 9 | Edison Park | 5 | 4 |
| 10 | Norwood Park | 23 | 6 |
| 11 | Jefferson Park | 29 | 5 |
| 12 | Forest Glen | 6 | 3 |
| 13 | North Park | 18 | 1 |
| 14 | Albany Park | 76 | 9 |
| 15 | Portage Park | 85 | 22 |
| 16 | Irving Park | 82 | 12 |
| 17 | Dunning | 41 | 11 |
| 18 | Montclare | 19 | 4 |
| 19 | Belmont Cragin | 105 | 32 |
| 20 | Hermosa | 38 | 4 |
| 21 | Avondale | 86 | 8 |
| 22 | Logan Square | 137 | 17 |
| 23 | Humboldt Park | 1471 | 65 |
| 24 | West Town | 273 | 20 |
| 25 | Austin | 1433 | 97 |
| 26 | West Garfield Park | 1137 | 23 |
| 27 | East Garfield Park | 1053 | 37 |
| 28 | Near West Side | 456 | 32 |
| 29 | North Lawndale | 836 | 50 |
| 30 | South Lawndale | 194 | 25 |
| 31 | Lower West Side | 103 | 10 |
| 32 | Loop | 238 | 3 |
| 33 | Near South Side | 59 | 7 |
| 34 | Armour Square | 39 | 3 |
| 35 | Douglas | 155 | 9 |
| 36 | Oakland | 25 | 5 |
| 37 | Fuller Park | 50 | 4 |
| 38 | Grand Boulevard | 230 | 17 |
| 39 | Kenwood | 42 | 5 |

 $* {\rm counts \ less \ than \ 10}$

Note: Denominator 2019 ACS 1-year Estimates; Denominator for Black and Asian included Latinx

TABLE 10

EMS Response for Opioid-Related Overdose and Opioid-Related Overdose Deaths Among Chicago Residents by Community Area, Chicago 2020

| | 5 | EMS Responses for Opioid-Related Overdose | Opioid -Related Overdose Deaths among Chicago Residents ⁱⁱⁱ |
|----|------------------------|--|---|
| | Community Area | #i | # |
| 40 | Washington Park | 136 | 9 |
| 41 | Hyde Park | 34 | 3 |
| 42 | Woodlawn | 212 | 11 |
| 43 | South Shore | 428 | 36 |
| 44 | Chatham | 260 | 29 |
| 45 | Avalon Park | 50 | 8 |
| 46 | South Chicago | 142 | 10 |
| 47 | Burnside | 15 | 0 |
| 48 | Calumet Heights | 33 | 1 |
| 49 | Roseland | 340 | 29 |
| 50 | Pullman | 13 | 2 |
| 51 | South Deering | 48 | 10 |
| 52 | East Side | 31 | 6 |
| 53 | West Pullman | 142 | 15 |
| 54 | Riverdale | 29 | 2 |
| 55 | Hegewisch | 11 | 0 |
| 56 | Garfield Ridge | 111 | 9 |
| 57 | Archer Heights | 20 | 4 |
| 58 | Brighton Park | 44 | 9 |
| 59 | McKinley Park | 36 | 3 |
| 60 | Bridgeport | 58 | 6 |
| 61 | New City | 188 | 21 |
| 62 | West Elsdon | 13 | 6 |
| 63 | Gage Park | 42 | 12 |
| 64 | Clearing | 30 | 8 |
| 65 | West Lawn | 35 | 5 |
| 66 | Chicago Lawn | 236 | 25 |
| 67 | West Englewood | 439 | 26 |
| 68 | Englewood | 293 | 19 |
| 69 | Greater Grand Crossing | 312 | 17 |
| 70 | Ashburn | 77 | 9 |
| 71 | Auburn Gresham | 349 | 31 |
| 72 | Beverly | 4 | 5 |
| 73 | Washington Heights | 90 | 9 |
| 74 | Mount Greenwood | 11 | 3 |
| 75 | Morgan Park | 52 | 7 |
| 76 | O'Hare | 46 | 5 |
| 77 | Edgewater | 67 | 10 |
| | Unknown CA | 23 | 22 |
| 1 | CHICAGO TOTAL | 13,794 | 1,062 |

*counts less than 10

Note: Denominator 2019 ACS 1-year Estimates; Denominator for Black and Asian included Latinx

Data Source: Chicago Fire Department, Cook Count Medical Examiner's Office, US Census Bureau.

i Some locations of the EMS responses for opioid-related overdose fall on intersections. It is possible for an intersection address to fall on the border of between 1 to 4 community areas. If the location of EMS response was on the boarder of multiple community areas each community area was attributed a fraction of the run. The total EMS runs of each community area were rounded to the nearest whole number.

ii The rate is not calculated because the number of total EMS responses per community area is unknown.

iii Numbers include opioid-related overdose deaths that occurred among Chicago residents regardless of overdose incident location. See "Incidents by Location" and "Incidents by Residence" in Appendix: Definitions for more information.

GENERAL RESOURCES ABOUT OPIOIDS & OPIOID TREATMENT

Illinois Helpline for Opioids and Other Substances

1-833-2FINDHELP (3463 4357) https://helplineil.org/app/home

MAR Now

MAR Now (Medication Assisted Recovery Now) is a collaboration between CDPH, IDHS/SUPR, and treatment provider Family Guidance Centers, Inc. MAR Now operates through the existing 24/7 Illinois Helpline for Opioids and Other Substances. Any individual who calls the Illinois Helpline looking for treatment for opioid use disorder can be transferred directly to Family Guidance Centers to receive immediate MAR.

Illinois Poison Center

1-800-222-1222

Substance Abuse and Mental Health Services Administration National Helpline

1-800-662-HELP (4357)

Information on Opioids in Chicago

Access free printable flyers on Narcan, fentanyl test strips, xylazine, medications to treat opioid use disorder, and previous year opioid data reports. https://overcomeopioids.org

Chicago's Behavioral Health Resources Locator

http://www.chicagoconnects.org

SAMHSA's Behavioral Health Treatment Service Locator

https://findtreatment.samhsa.gov

Information about Safe Disposal of Medications

https://www.fda.gov/drugs/ensuring-safeusemedicine/safe-disposal-medicines

Chicago Recovery Alliance

https://anypositivechange.org

University of Illinois: Community Outreach Intervention Projects

https://coip.uic.edu

Chicago Health Atlas

Find all kinds of Chicago health-related data, including data related to opioid use. <u>https://chicagohealthatlas.org</u>

Become a Drug Overdose Prevention Program (DOPP)

Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/ SUPR) expanded community-based Overdose Educations and Naloxone Distribution (OEND) through the Drug Overdose Prevention Program (DOPP). DOPP-enrolled organizations can order and distribute naloxone (Narcan nasal spray). https://www.dhs.state.il.us/page.aspx?item=58142

Reach out to Chicago Department of Public Health via Email

Reach out to the Chicago Department of Public Health's Office of Substance Use to:

- inquire about ordering Narcan or fentanyl test strips.
- schedule a training about substance use, naloxone administration, or fentanyl test strips.
- find out more about CDPH initiatives, including Narcan distribution at Chicago Public Libraries

OSU.CDPH@cityofchicago.org

References

- Healthy Chicago Survey (2020): The Healthy Chicago Survey (HCS) is an annual-population health survey conducted by the Chicago Department of Public Health. HCS utilizes an address sampling frame and is self-administered via web or paper. Data are weighted to represent the household population of non-institutionalized adults over 18 years of age who reside in the City of Chicago. https://www.chicago.gov/city/ en/depts/cdph/supp_info/healthy-communities/healthy-chicago-survey.html
- $2. \ https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/opioids/idphdata/idph-semiannual-opioid-report-august-2021.pdf$
- $3.\ https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2787930$
- 4. "Synthetic Opioid Overdose Data." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 19 Mar. 2020, www. cdc.gov/drugoverdose/data/fentanyl.html.

Find Narcan Near You

Please visit <u>overcomeopioids.org</u> or scan the QR code!



OPIOID RESOURCES

Overcomeopioids.org

SUGGESTED CITATION

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