



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

August 13, 2021

2021 Chicago Mid-Year Opioid Report

Key Messages and Action Steps

- There were 5,517 opioid-related EMS responses¹ and at least 467 opioid-related deaths² in Chicago in January – June 2021.
- This is a 24% decrease in opioid-related EMS responses and a 18% decrease in deaths compared to 2020.
- For the total number of opioid related deaths from January – June 2021, **90% involved fentanyl**.
- For the opioid-related overdose deaths that involved polysubstance use during this same period, **40% involved cocaine**.
- 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.

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 [updated 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. Earlier this year, [the FDA approved](#) a higher dose naloxone hydrochloride nasal spray product, named KLOXXADO, to treat opioid overdose. The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/SUPR) has invested \$13 million to expand access to naloxone. IDHS/SUPR expanded its hospital-based and community-based Overdose Education and Naloxone Distribution (OEND) through its Drug Overdose Prevention Program (DOPP). By [registering to become a DOPP](#), organizations can access [free of charge](#) and distribute the life-saving medication naloxone (Narcan nasal spray).

Earlier this year, the U.S. Department of Health and Human Services (HHS) released its '[Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder](#)'. All clinicians who can prescribe medications and have a valid state license and DEA can register for an X waiver without mandatory training using this [simple process](#). For more information, please watch this [short video](#).

[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.

Visit <https://overcomeopioids.org/> * Bureau of Behavioral Health * <https://www.chicagohan.org>

1.Chicago Fire Department Emergency Medical Services. Data provided reflect all EMS responses where naloxone was administered and where there was indication of opioid involvement. These cases have not been confirmed by a clinician.
2.This count comes from the Cook County Medical Examiner's opioid dashboard as of 7/27/21. This data is provisional and subject to change.

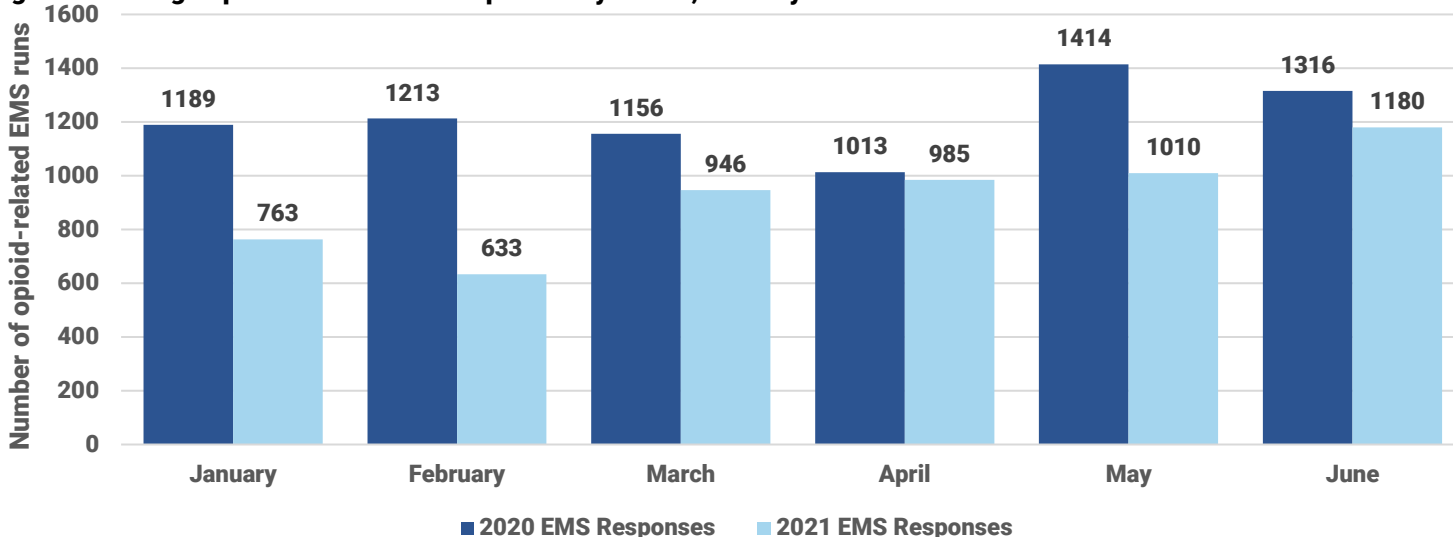


CHICAGO OPIOID UPDATE: Mid Year 2021

Opioid-Related overdose deaths are provisional, and subject to change. For internal use only

There were **5,517** opioid-related EMS responses and **467** opioid-related deaths in Chicago in January-June 2021. This is a decrease of **1,784** opioid-related EMS responses and a decrease of **106** deaths compared to the same time period in 2020.

Figure 1: Chicago opioid-related EMS responses by month, January – June 2020 and 2021



	January-June 2020	January-June 2021	2020 - 2021 % Change in count
January-June			
EMS Runs ¹	7,301	5,517	-24.4%
Naloxone doses administered ²	8,878	6,670	-24.9%
Opioid- Related Overdose Deaths ³	573	467	-18.5%

Key Findings:

- 467 opioid-related overdose deaths occurred in Chicago from January-June 2021, an 18.7% decrease in rate from the same time period in 2020.
- EMS has responded to opioid-related overdoses in all 77 community areas.
- Consistent with January- June 2020, during the first half of 2021, opioid-related overdose deaths were the highest among men; Blacks, Non-Latinx; and adults aged 55-64.
- Deaths that involved fentanyl as the only opioid and deaths that involved opioid pain relievers were the only drug types that increased from the first half of 2020 to 2021.
- In the first half of 2021, about **90%** of opioid-related overdose deaths involved fentanyl. This is a slight increase from 2020 (82%).
- The rate of opioid – related overdose deaths involving methamphetamine or benzodiazepines increased from the first half of 2020 to 2021.

Current CDPH actions to combat the opioid epidemic:

- Coordinate harm reduction services in the most impacted communities. These services include naloxone distribution, fentanyl testing, syringe exchange, initiation of medicated assisted recovery (MAR) by mobile clinic teams, and community health educator outreach.
- Monitor and detect overdoses in the community in real-time and communicate those increases to healthcare partners, first responders, and community outreach organizations through the Chicago Health Alert Network (HAN) system (chicagohan.org)
- Expansion of the Narcotics Arrest Diversion Program (NADP), which diverts individuals with substance use disorder away from the criminal justice system and towards treatment and recovery services.
- Co-locate syringe disposal units in several encampments throughout the city.

¹Chicago Fire Department Emergency Medical Services. Data provided reflect all EMS responses where naloxone was administered and where there was indication of opioid involvement. These cases have not been confirmed by a clinician.

²This count only reflects naloxone administered by the Chicago Fire Department Emergency Medical Services.

³This count comes from the Cook County Medical Examiner's office as of 2020 data are as of 7/22/2020 and 2021 data are as of 7/27/21. **Numbers are provisional and subject to change.**

Table 2. Opioid-related overdose death characteristics, Chicago January - June 2021

	January - June 2020			January - June 2021			2020 to 2021 % Change in Rate
	n	%	Rate ⁱⁱ	n	%	Rate ⁱⁱ	
Chicago	573	100.0%	20.9	467	100.0%	17.0	-18.7%
Drug Typeⁱ							
Heroin-involved	264	46.1%	9.7	164	35.1%	6.0	-38.1%
Fentanyl-involved	471	82.2%	17.2	420	89.9%	15.3	-11.0%
Fentanyl - Only	213	37.2%	7.7	226	48.4%	8.2	6.5%
Opioid pain reliever-involved ⁱⁱⁱ	36	6.3%	1.2	39	8.4%	1.4	16.7%
Methadone-involved	62	10.8%	2.3	29	6.2%	1.1	-52.2%
Gender							
Male	438	76.4%	33.3	366	78.4%	28.0	-15.9%
Female	135	23.6%	9.5	101	21.6%	7.3	-23.2%
Race-Ethnicity^{iv}							
NL Black or African American	340	59.3%	35.6	293	62.7%	30.9	-13.2%
NL White	151	26.4%	15.8	110	23.6%	11.4	-27.8%
Latinx	73	12.7%	10.6	61	13.1%	8.7	-17.9%
NL Asian or Pacific Islander	5	0.9%	2.9 [^]	1	0.2%	0.8 [^]	-72.4%
Age (years)^v							
0-14	1	0.2%	0.1 [^]	0	0.0%	0.0	-100.0%
15-24	29	5.1%	7.1	19	4.1%	4.7 [^]	-33.8%
25-34	86	15.0%	16.7	67	14.3%	13.0	-22.2%
35-44	96	16.8%	25.4	70	15.0%	18.5	-27.2%
45-54	157	27.4%	46.3	130	27.8%	38.4	-17.1%
55-64	149	26.0%	56.7	145	31.0%	55.2	-2.6%
65-74	50	8.7%	33.1	34	7.3%	22.5	-32.0%
75+	3	0.5%	3.3 [^]	2	0.4%	2.2 [^]	-33.3%

Table 3. Polysubstance use among opioid-related overdose deaths, Chicago June –January 2021

	January - June 2020			January - June 2021			2020 to 2021 % Change in Rate
	n	%	Rate ⁱⁱ	n	%	Rate ⁱⁱ	
Chicago	573	100.0%	20.9	467	100.0%	17.0	-18.7%
Drug Typeⁱ							
Opioid-Only	347	60.6%	12.8	232	49.7%	8.5	-33.6%
Cocaine-involved	193	33.7%	6.9	187	40.0%	6.8	-1.4%
Methamphetamine-involved	15	2.6%	0.6	22	4.7%	0.8	33.3%
Benzodiazepine-involved	32	5.6%	1.2	46	9.9%	1.6	33.3%

Data Source: Cook County Medical Examiner's office as of 7/27/21. **Numbers are provisional and subject to change** US Census Bureau. Note: NL = Non-Latinx. Numbers include all opioid-related overdose deaths that occurred in Chicago, regardless of decedent's address of residence.

ⁱ Categories are not mutually exclusive as some deaths involved more than one type of opioid. Deaths may involve additional substance (e.g. alcohol or cannabis), which are not reported here.

ⁱⁱ 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.

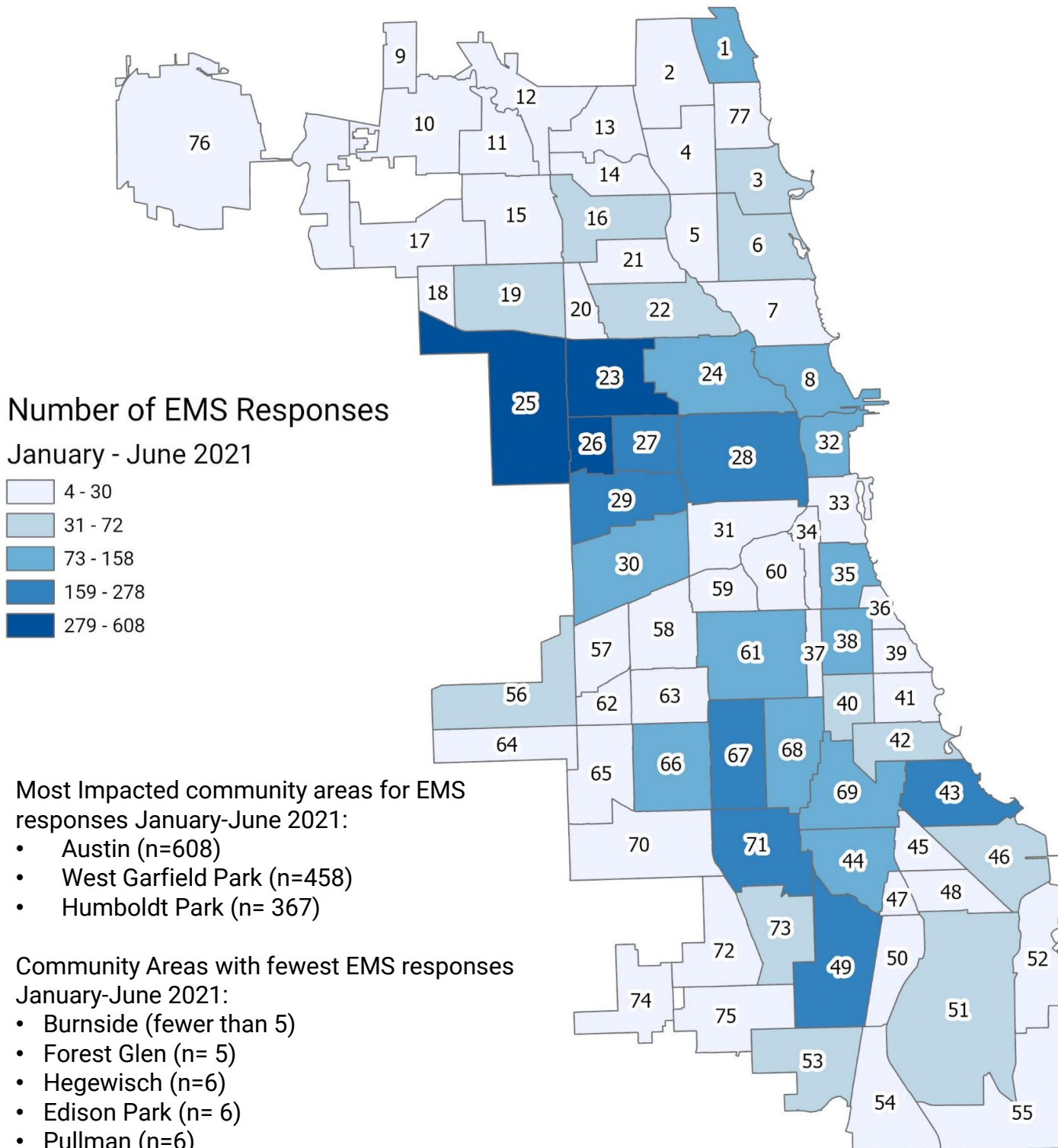
ⁱⁱⁱ Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol. Opioid pain reliever-involved deaths may also have involved other substances including heroin, fentanyl, or cocaine.

^{iv} In 2020 3 deaths and in 2021 2 deaths were missing race-ethnicity

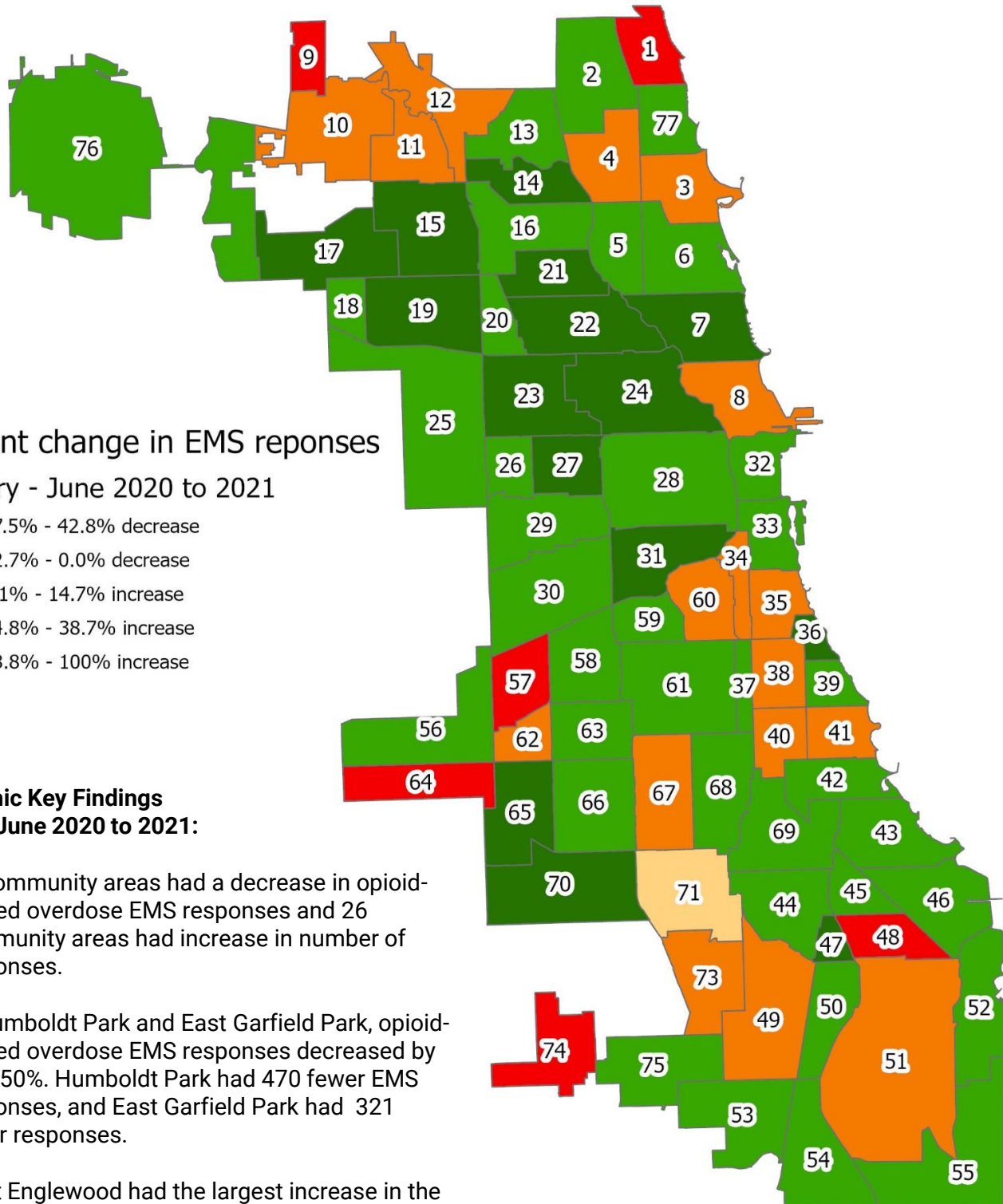
^v In 2020 one death were missing data for age.

[^] For counts less than 20, rates may be unstable and should be interpreted with caution.

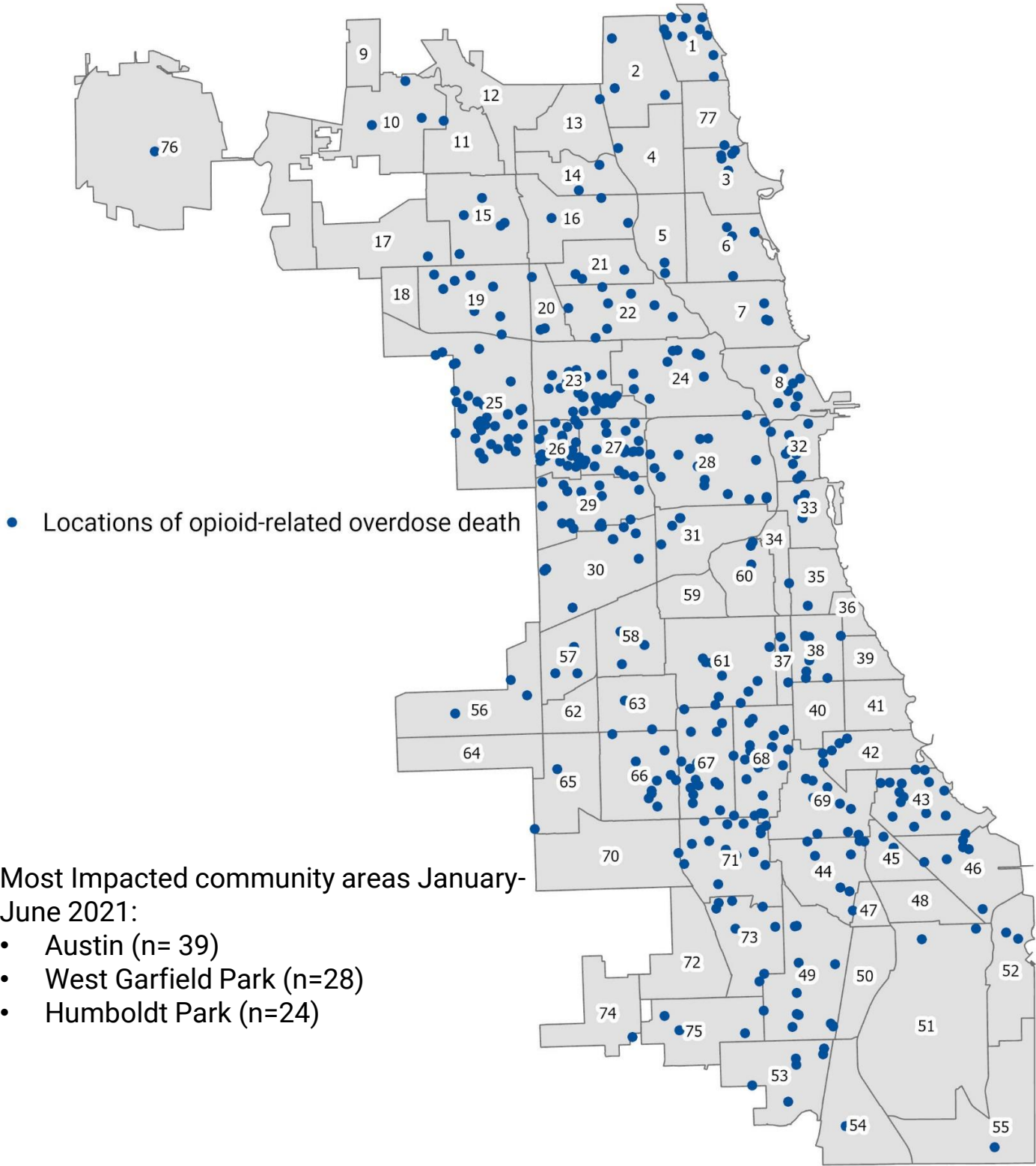
Map 1. CFD EMS responses for opioid-related overdose by community area of incident, Chicago January-June 2021



Map 2. Percent change in opioid-related overdose EMS responses, Chicago January - June 2020 to 2021



Map 3: Opioid-Related overdose deaths that occurred in Chicago, January- June 2021 (n=467)



Data Source: Cook County Medical Examiner's office as of 7/27/21. **Numbers are provisional and subject to change**
Note: Numbers include opioid-related overdose deaths that occurred in Chicago. More than one death can occur at the same location.