



A Public Health Approach to the Opioid Crisis in Chicago

Matt Richards, LCSW, MDiv – Deputy Commissioner of Behavioral Health

Sarah Richardson, MPP – Project Manager

Chicago Department of Public Health



Agenda

- Data Review
- Public Health Approaches to Overdose:
 - Data-Driven Naloxone Access
 - Immediate Access to High Quality, Evidence-Based Treatment
 - Post-Overdose Outreach to Highest Risk Groups
- Conclusions & Questions



Content Advisory

Topics include themes related to substance use disorder, overdose and death.

- Feel free to excuse yourself at any time
- We hope you can leave feeling empowered to save lives, but take care of yourself first
- This may provide an opportunity for communal processing of trauma related to opioid overdose and overdose fatality

CDPH Office of Substance Use & Recovery

EDITORIALS COMMENTARY

Public libraries are stepping up to save lives amid the opioid epidemic

The Chicago Department of Public Health and the Chicago Public Library will make Narcan, an overdose reversal medication, available at 14 branches in areas devastated by drug overdoses.

By CST Editorial Board | Jan 30, 2022, 8:00pm CST

SAVE NALOXONE LIFE

Naloxone (Narcan) is a safe, legal medication that reverses an opioid overdose.

AVAILABLE HERE

1-833-2-FINDHELP
or "HELP" 633234

AUSTIN, GARFIELD PARK, NORTH LAWDALE

New Police Program Helps People On Drugs Get Substance Use Treatment Instead Of Jail Time

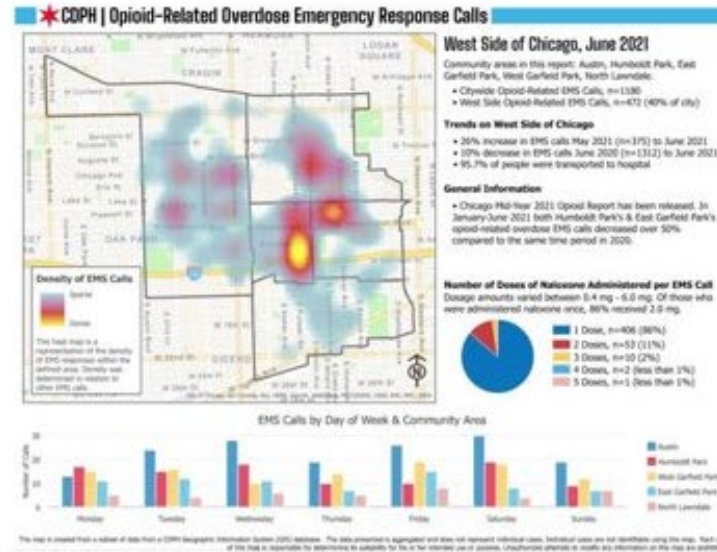
The Narcotics Arrest Diversion program was launched at a West Side police district in 2018. Soon, it'll be citywide. "It has long been obvious that we cannot arrest and jail our way out of this."

Paucal Sabino | 5:36 PM CDT on 6.8.2022

HEALTH

Chicago Pilot Program to Provide Easy Access to Treatment for Opioid Use Disorder

Kristen Thomsett | May 16, 2022 2:18 pm



NEWS

Mental health clinicians will start answering some 911 calls in Chicago — instead of cops

The "alternative response" programs are being launched amid continuing debate over the role of police after the killing of George Floyd by a Minneapolis police officer.

By David Struett and Tom Schuba | Jul 13, 2021, 6:00pm CDT

SHARE

HELP IS HERE. NOW.

MAR NOW is a new service that connects you directly to a provider for opioid use disorder treatment.

Call the IL Helpline 833-234-6343 24/7 and ask for MAR NOW. You can receive medication over the phone, or a same-day appointment for treatment.

MAR (Medication Assisted Recovery) involves the use of medications to treat opioid use disorder. MAR reduces the risk of overdose and can reduce withdrawal symptoms. It is safe, effective, and with MAR NOW it is available to all Chicagoans, regardless of ability to pay, insurance status, or documentation.

BREAKING NEWS NEWS

With fentanyl linked to most opioid deaths in Chicago, city now passing out free test strips: 'A whole different ballgame out here now with fentanyl'

By ALICE YIN
CHICAGO TRIBUNE | DEC 13, 2021 AT 5:09 AM

SHARE



Data Review

★ Overdose crisis in Chicago is severe

Opioid-related overdoses and overdose fatalities are at an all-time high in Chicago.

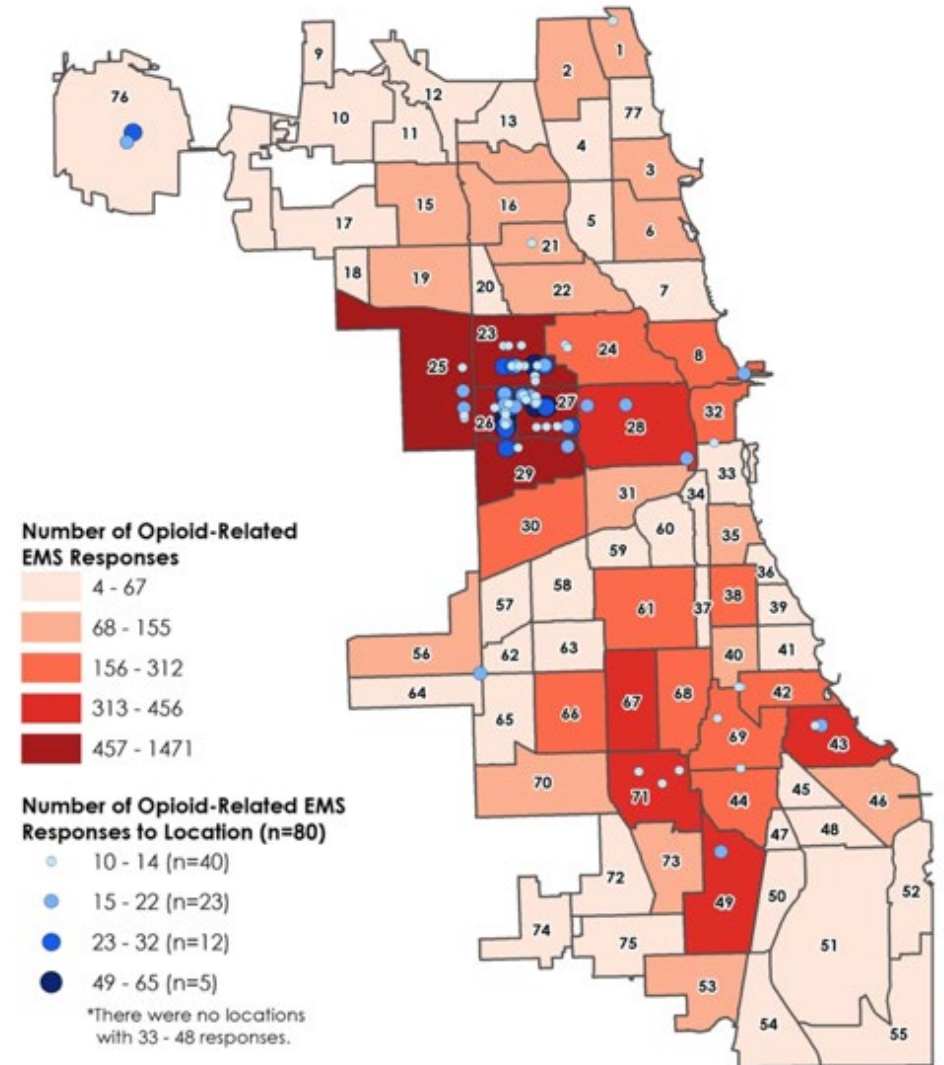
1,407* people died of an opioid-related overdose in Chicago in 2022: an average of 3-4 people each day.

100% of Chicago's community areas have opioid overdoses (fatal or nonfatal). 97% had a fatal opioid overdose in 2020.

West and South Sides are disproportionately affected by overdose.

*Provisional data subject to change

Opioid-Related Emergency Response Calls by Community Area & Locations with 10 or More Response Calls, 2020



Total number of opioid-related EMS responses in City of Chicago in 2020 was 13,794.

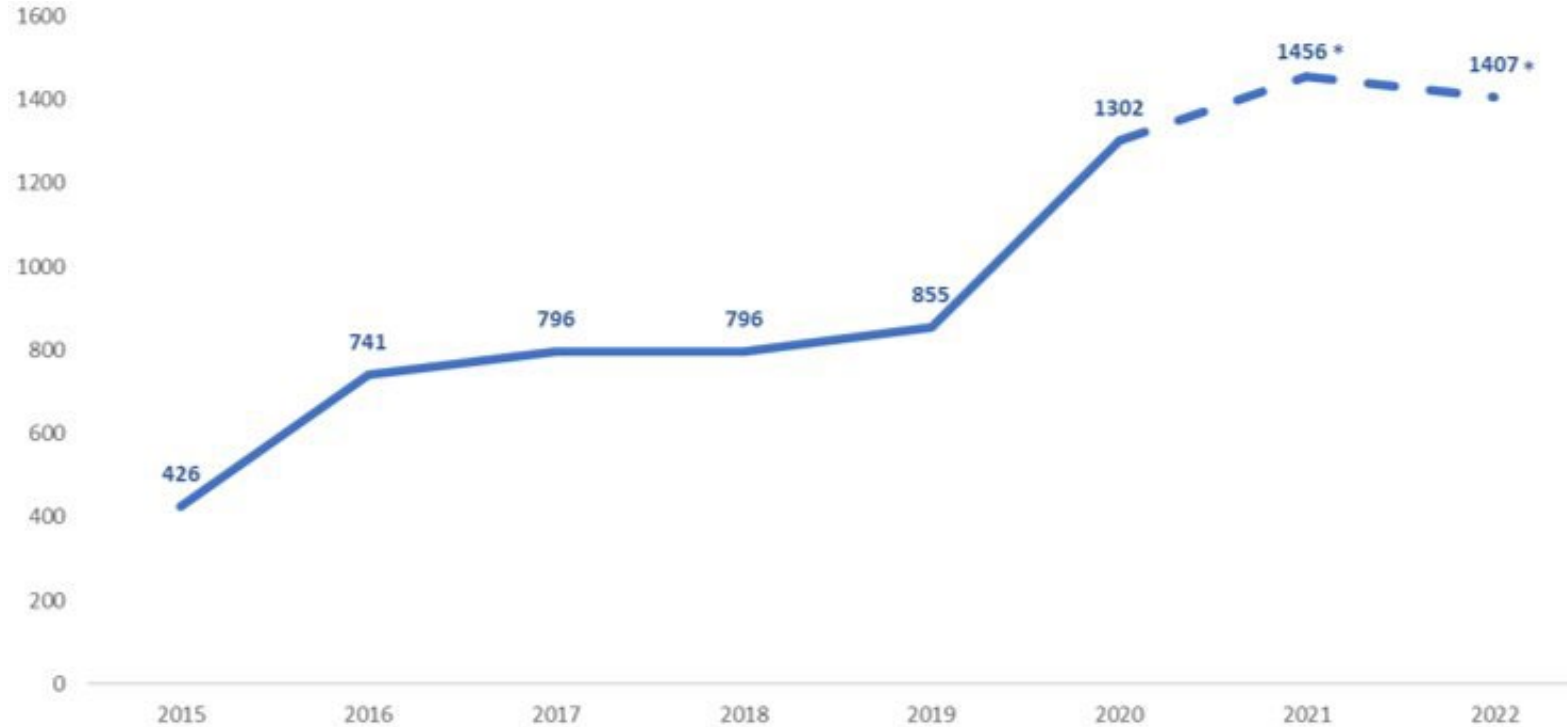
Data source: Chicago Fire Department





Fatal opioid overdoses leveling off in Chicago

After a decade of increases in opioid-related overdose deaths, preliminary data indicates that there was a slight decrease in overdose deaths in Chicago from 2021-2022

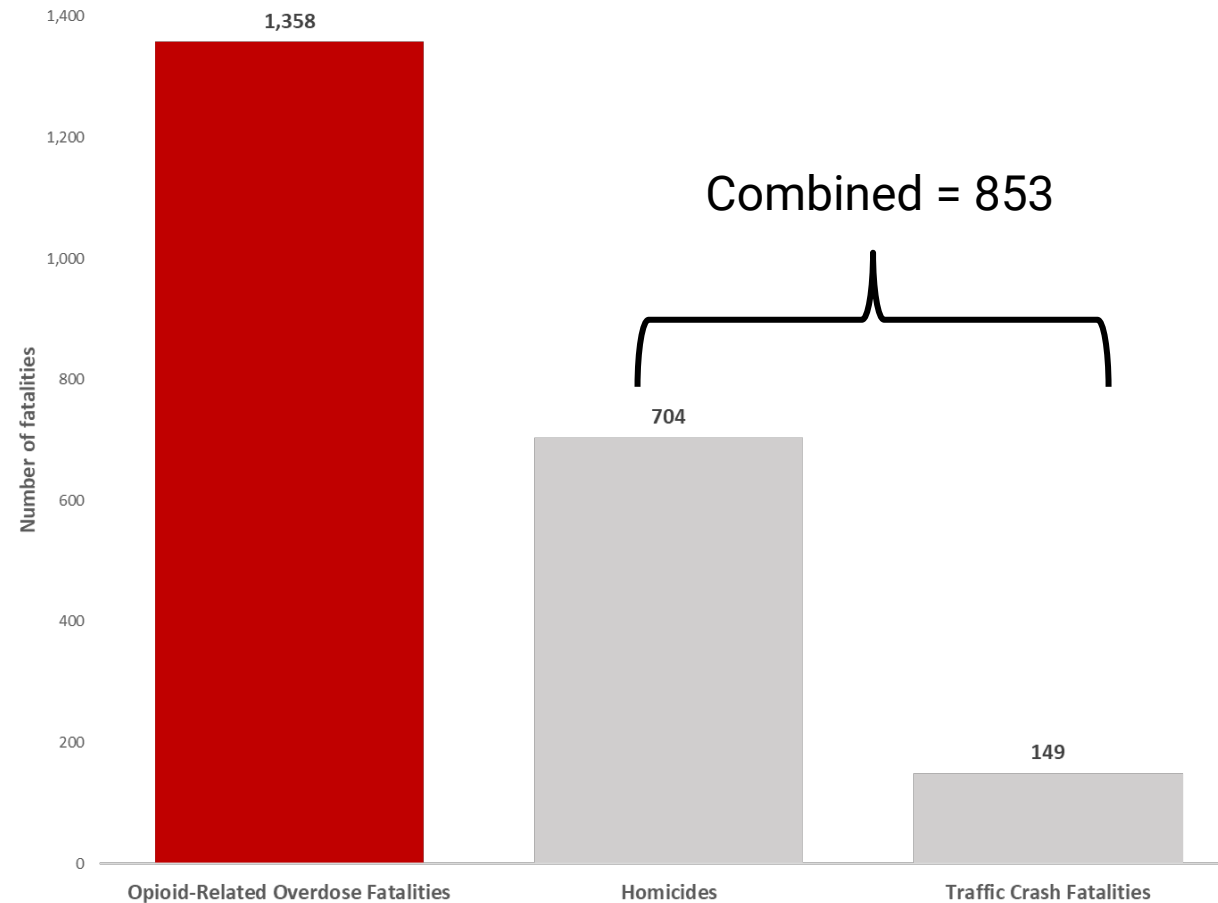


Data from Cook County Medical Examiner Open Data Portal as of May 16, 2023. This data, particularly data from 2021 and 2022, is provisional and subject to change.

Cook County Medical Examiner Data is available here: <https://datacatalog.cookcountyiil.gov/Public-Safety/Medical-Examiner-Case-Archive/cjeq-bs86/data>.



In 2022, there were more opioid-related overdose deaths in Chicago than homicides and traffic crash fatalities **combined**



Data-Driven Naloxone Access



Low-barrier naloxone access lowers overdose rates at the community level

Naloxone distribution can lead to lowered rate of opioid-related overdose death

- A national study found that **opioid overdose deaths decreased by 14%** in states after they enacted naloxone access laws
- Statistical modeling suggests that high rates of naloxone distribution among laypersons and emergency personnel could **avert 21% of opioid overdose deaths**, and the majority of overdose death reduction would result from *increased distribution to laypersons*

Community naloxone distribution (compared to pharmacy access and provider-prescribed) may have higher probability of use in witnessed overdose and higher number of deaths averted per 100,000 people

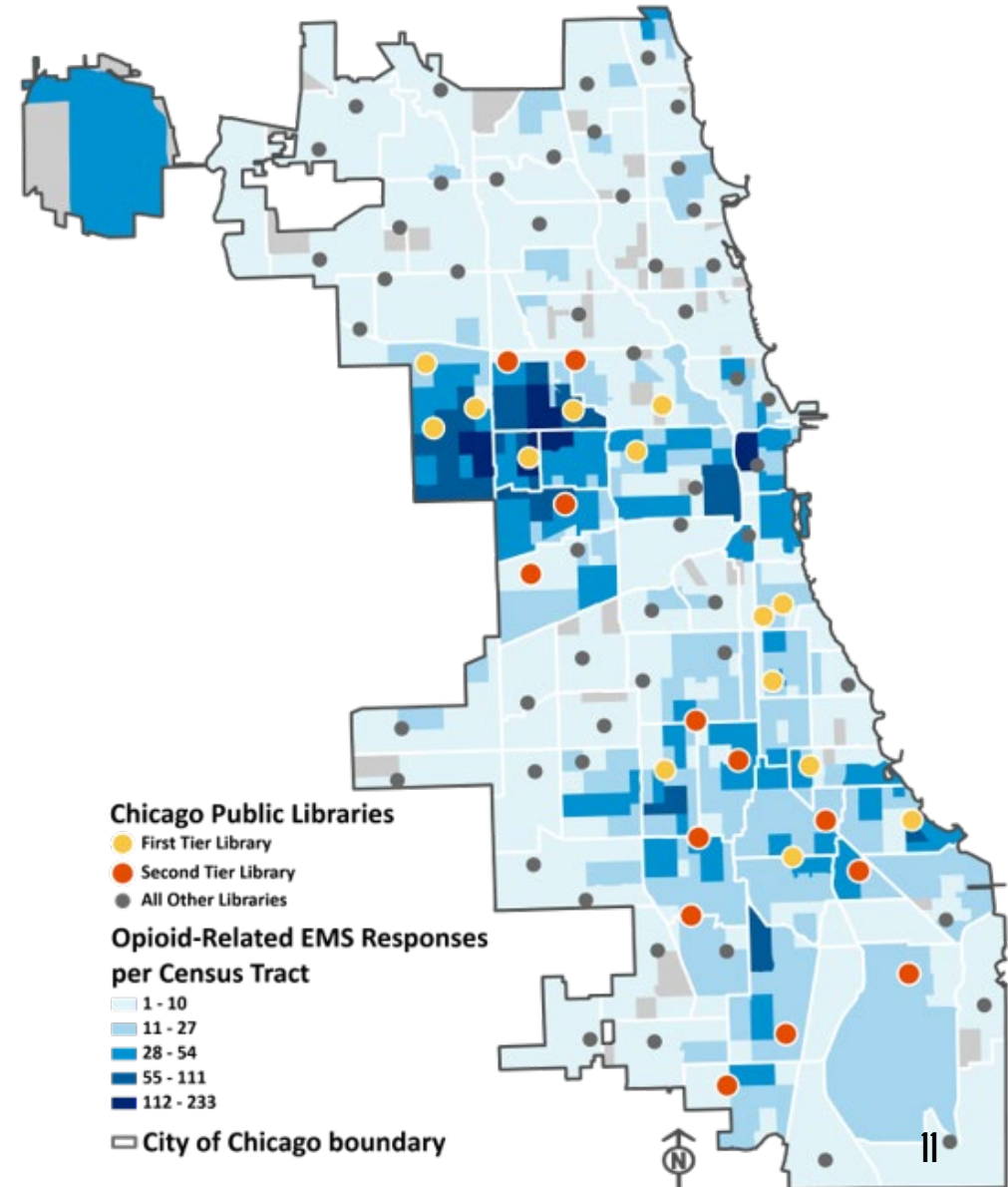


Public Narcan Access at Chicago Public Libraries

Through a partnership with CPL, CDPH makes Narcan available at every library in the city.

- Launched January 2022 in "First Tier" libraries in areas of the city with highest numbers of overdose
- Expanded to all **81 libraries** by December 2022
- Over **250 library staff** trained on overdose prevention
- Since January 2022, **over 11,000 Narcan kits distributed** to the public

2021 EMS Responses for Opioid Overdose

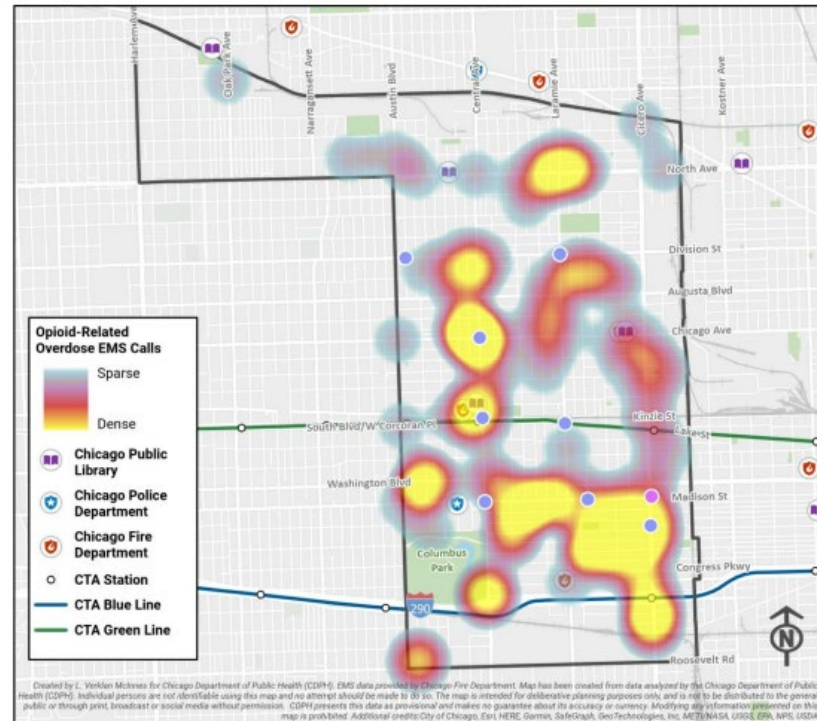


★ Targeted Naloxone Access in Highest Need Areas & Populations

CDPH analyzes overdose hotspot data on the **West and South sides** monthly, and maps against locations of naloxone distribution and outreach

- Monthly **provider convenings** to discuss the data and coordinate responses to changing trends

CDPH also works with Cook County Sheriff's Office to ensure that naloxone is distributed to **everyone leaving Cook County Jail**.



Austin, May 2023

- Citywide Opioid-Related EMS Responses, n= 1121
- West Side Opioid-Related EMS Responses, n=427
- Austin Opioid-Related EMS Responses, n=110 (10% of city, 26% of West Side)

Trends in Austin for the Month

- 8% decrease 2022 (n=119) to 2023

Hot Spot Intersections in Austin

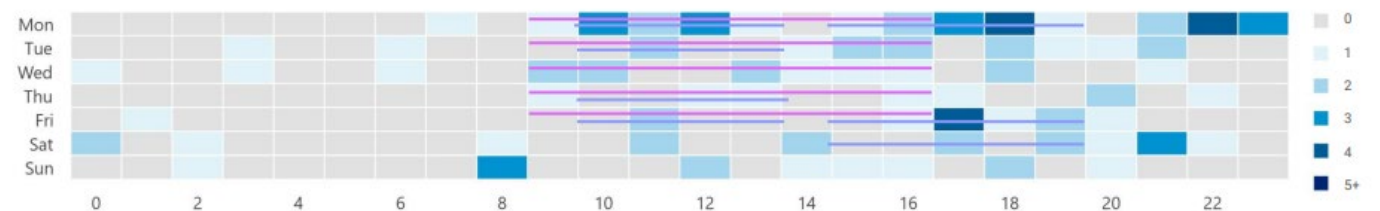
- Madison, from Central to Cicero
- Area bordered by Madison to Flournoy, Laramie to Cicero
- Central Ave corridor, especially by Division, by Chicago, and by Kinzie
- North & Laramie

Outreach Organizations

*Color shown corresponds to color used in maps and in heat calendar below.

- COIP/UIC (Austin Field Station) Mon, Tues, Wed, Thurs, Fri 9-5
- West Side Heroin /Opioid Task Force Mon, Tues, Thurs, Fri, Sat

Opioid-Related EMS Responses by Day of Week & Hour of Day





Immediate Access to High Quality, Evidence-Based Treatment

★ Nationwide we see significant gaps in access to OUD treatment

Medication Assisted Recovery (MAR) is the use of **buprenorphine (suboxone)**, **methadone**, or **naltrexone (Vivitrol)** to treat opioid use disorder, in some cases in combination with behavioral therapies like counseling or group therapy.

MAR is the standard of care for opioid use disorder, but an estimated **87% of people nationwide with an opioid use disorder do not receive MAR.**



*Brand names of buprenorphine include **Suboxone** (pictured above), **Subutex** (tablets) and **Sublocade** (extended-release injection).*

*Naltrexone is often referred to by its brand name **Vivitrol**.*



Evidence clearly indicates MAR is an effective treatment **and** harm reduction intervention

Compared to behavioral therapy alone, MAR:

1. Decreases illicit opioid use
2. Retains patients in treatment
3. Reduces mortality: *patients on buprenorphine have a **40-80% lowered risk of fatal overdose** compared to those not receiving buprenorphine treatment*

NOTE: "detox" or supervised withdrawal is **NOT** an effective treatment and **INCREASES** the risk of overdose if no linkage to next level of care

MAR restrictions changed under pandemic

1. Buprenorphine may be prescribed via audio-only telemedicine
2. Initial in-person examination with provider before first buprenorphine prescription is waived
3. Buprenorphine providers may use non-HIPAA-compliant platforms to reach patients
4. Also: up to 28 days of take-home methadone may be prescribed for "stable" patients (not new methadone patients)

These changes have allowed states and cities to implement "buprenorphine hotlines" or "telebuprenorphine clinics" where buprenorphine initiation is conducted over phone/video

*On May 9, 2023 the DEA and SAMHSA issued a temporary rule that took effect on May 11, 2023, and extends the full set of telemedicine flexibilities adopted during the COVID-19 PHE for six months—through **November 11, 2023**.*

*For any practitioner-patient telemedicine relationships that have been or will be established up to November 11, 2023, the full set of telemedicine flexibilities regarding prescription of controlled medications established during the COVID-19 PHE will be extended for one-year—through **November 11, 2024**.*

★ Immediate treatment is available to everyone in Illinois via the MAR NOW Program



MAR MEDICATION
ASSISTED
RECOVERY

is a safe and effective treatment for opioid use disorder.

With the MAR NOW Program, MAR is available to anyone in Chicago, regardless of insurance status, income, or ability to pay.

Call **833-234-6343** and ask for **MAR NOW** to receive immediate treatment 7 days/week.

Launched May 2022 in Chicago and expanded statewide in September 2022:

- 24/7 access statewide
- No insurance, income, or ability to pay required
- All languages and ages served
- Transportation to pharmacy, clinic provided

In first year of operation, the program has connected **over 500 people** to services.



Initial MAR NOW data indicates program model successfully connects patients to care

May 9, 2022 – April 23, 2023 MAR NOW Call Data

	<i>Number</i>	<i>Percent of Total</i>
Calls from patients seeking OUD care	474	
Patients seeking methadone	144	30%
Patients seeking buprenorphine	289	61%
Patients seeking withdrawal management w/ medical stabilization on MAR	28	6%
Patients seeking residential treatment	13	3%

May 9, 2022 – April 23, 2023: Patient Connection Data

	<i>Number</i>	<i>Percent of Total</i>
Methadone patients attended first appointment	108	75%
Buprenorphine patients connected to medication	286	99%
Withdrawal management & medical stabilization patients who showed at appointment	27	96%
Residential treatment patients who showed at appointment	11	85%

Connection to care is high across all treatment options.

Patients connected to withdrawal management and medical stabilization are also connected to FGC's mobile van and MAR.

**Note: connection to care pending for recent callers, data current as of April 23*



Initial data supports that buprenorphine home induction is safe and effective

May 9, 2022 – April 23, 2023: Buprenorphine Patient Data

	<i>Number Percent of Total</i>	
Calls from patients seeking buprenorphine	289	
Buprenorphine patients connected to medication	286	99%
Patients connected to medication that received home induction	261	91%
Patients connected to medication that received in-person induction	25	9%
Home induction patients connected to a community provider for ongoing care	247	95%
Home induction patients that experienced adverse events during induction	1	0.3%
Home induction patients terminated from care due to suspicions of misuse or diversion	0	0%






**Note: connection to care pending for recent callers, data current as of April 23*

Physicians provide a 14-day prescription for home induction, after which patients are connected to a community provider

★ Community education on MAR is key

IS OPIOID USE CAUSING PROBLEMS FOR YOU?

Buprenorphine and methadone stop withdrawal symptoms and cravings, and effectively reduce illicit opioid use.

	BUPRENORPHINE	METHADONE
 WHEN CAN I START?	12-24 Hours after last opioid use	Immediately
 HOW DO I TAKE IT?	Dissolve a film or pill in your mouth once/day. You can receive a prescription to start at home without going to a clinic first.	Take one dose/day at approved programs. Usually you have to go in person to receive the dose, but some take-home dose may be permitted.
 HOW DO I LONG TAKE IT?	Most effective when used for 9+ months.	Most effective when used for at least 1 year.
 HOW DO I GET IT?	CALL 833-234-6343 and ask for MAR NOW (medication assisted recovery now). Everyone in Illinois is eligible.	
 DO I NEED INSURANCE?	No. Through the MAR NOW program, anyone call access these medications with or without insurance. Just CALL 833-234-6343 to get started.	

Access MAR NOW 24/7 by calling the Illinois Helpline:

833-234-6343

and ask for opioid treatment





Post-Overdose Outreach to Highest Risk Groups

★ Why follow up shortly after a nonfatal overdose?

- Prior overdose significantly increases the risk for repeat nonfatal and fatal overdose
 - The time after a nonfatal overdose provides an opportunity to identify high-risk individuals and engage them in treatment and harm reduction to reduce their future overdose risk
- After an individual is transported by EMS to the ED for overdose, hospitals vary in terms of protocols for post-overdose care, and individuals do not usually seek treatment or overdose risk reduction services immediately after an overdose for a variety of reasons
- 2023 study of Massachusetts post-OD follow up programs found:
 - Implementation of post-overdose outreach programs was **significantly associated with lower opioid fatality rates** over time compared with municipalities without such programs.
 - Implementation of these outreach programs was also associated with a **significant and gradual reduction in opioid emergency response rates**.

★ CARE Opioid Response Team

Each day, CFD EMS responds to 30-35+ opioid overdoses citywide. The West Side experiences ~35% of these overdoses.

Opioid Response Team launched January 2023:

- 24-72 hour in-person follow-up with people who have recently overdosed
- Paramedic + Certified Peer Recovery Specialist
- East & West Garfield Park, Humboldt Park





Early ORT findings point to importance of engaging around harm reduction & meeting basic needs

1. When ORT is able to locate individuals, conversations are about harm reduction
 - a) Many times, the team works with family/friends/roommates even when they can't find the intended individual
2. Nearly all participants engaged are male, Black Non-Hispanic, 55 yrs and older, and less than 50% report currently having naloxone
3. Homelessness or housing insecurity, transient population, and lack of mobile phone/contact route complicate follow-ups

Conclusions & Questions



Conclusions & Questions

- What data do we need to make program and policy decisions that will most directly and immediately impact opioid overdose?
 - How do we balance data collection with low-barrier, trauma-informed programming?
- Who needs to be at the table to address the entire health system + public health infrastructure supporting people who use drugs?
 - What is the role of public health agencies in convening these tables?
 - Who has less access to these tables, and why?
- How do we utilize finite resources to address an immediate emergency AND the systemic structural inequities that have caused the emergency?
 - Where does government need to step up, and where do we need to step back?
 - How should we think about supporting well-established, evidence-based programs AND new/emerging/innovative practices?

Contact

matthew.richards@cityofchicago.org
Sarah.richardson@cityofchicago.org



[Chicago.gov/Health](https://www.chicago.gov/Health)



HealthyChicago@cityofchicago.org



[@ChicagoPublicHealth](https://www.facebook.com/ChicagoPublicHealth)



[@ChiPublicHealth](https://www.twitter.com/ChiPublicHealth)