Heroin Task Force and Beyond
Chicago’s Work to Defeat the Opioid Epidemic

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Issue Background

• Opioid overdose deaths in the US more than tripled between 2001 and 2014—and heroin deaths rose six-fold

• Opioids are now involved in at least half of the nation’s lethal drug overdoses

• 80% of people who began using heroin since 2000 started on opioid pain medications
Issue Background: Chicago

• In 2015, Chicago had at least 403 opioid-related overdose deaths; Cook County had 609 overall

• Chicago area is second per-capita (to Boston) in heroin-related emergency department visits as of 2011

• Disproportionate share of overdoses, deaths, and arrests are on west side, near the “heroin highway” of I-290
The relentless marketing of pain pills. 
Crews from one small Mexican town 
selling heroin like pizza. The collision has 
led to America’s greatest drug scourge.

The True Tale of America’s Opiate Epidemic

DREAMLAND

SAM QUINONES
Recent State and Federal Efforts

• Illinois Heroin Crisis Act: 2015
  → MAT and naloxone in Medicaid; parity in private insurance; naloxone at schools and by law enforcement; enhanced PDMP; drug courts

• Federal CARA Act: 2016
  → Prevention & education; treatment; enforcement; recovery
  → Achilles’ heel: Low funding

• Other federal: 2016
  → CDC guidelines
  → HHS rules raising buprenorphine patient limits
Current City Efforts: Examples

• $1.75M in 2016 for substance use prevention, treatment, and recovery

• Lawsuit against five drug companies; agreement with Pfizer on marketing and “reasonable support”

• National Prevention Week and Recovery Walk

• Drop-boxes at CPD stations

• HIDTA-CPD diversion pilot

• CFD armed with naloxone
Chicago-Cook Task Force on Heroin

• Launched by Mayor Emanuel, Ald. Ed Burke, and Cook County Commissioner Richard Boykin

• Met January through May 2016, hearing testimony from experts, providers, and advocates; released October 6

• Composed of:
  → Elected officials; reps of CDPH, CPD, CFD, OEMC, 911, Law, mayor, county president, public defender, chief judge, state’s attorney, sheriff, county hospital, justice advisory council

• CDPH played a leading role
Task Force Recommendations

• Six categories:
  o Education of community members
  o Education of healthcare professionals
  o Data
  o Treatment
  o Trafficking
  o Overdose
Task Force Recommendations

• 36 recommendations total: See handout

• Immediate commitments:
  o Invest $700,000 a year more in opioid addiction treatment, including TA, focusing first on west side
  o Use $350,000 from Pfizer, CVS, and Walgreens to launch public awareness campaign engaging community groups and using ads to de-stigmatize addiction and direct people to treatment
  o Grant $250,000 a year for overdose education and naloxone distribution to Chicago Recovery Alliance
  o Expand naloxone to entire CFD fleet
Target: Treatment Deserts

Community Area Capacity to Provide Treatment for Opioid Use

Capacity to Provide Care for Opioid Abuse:
- Lowest capacity relative to community need
- Highest capacity relative to community need

*Based on a weighted composite score derived from the following datasets:
1) Number of Illinois Department of Alcohol and Substance Abuse (DASA) clients with opioid abuse as a primary problem by community area
2) Number of clients in publicly funded OTC slots by community area
3) Number of clients in privately funded OTC slots by community area
4) Number of physicians certified to distribute buprenorphine by community area
5) Hardship index by community area
6) Ambulance run data by community area for suspected opioid overdose where naloxone was administered

Office of Epidemiology
Chicago Department of Public Health
September 9, 2016
Continuing the Task Force Work

• Next step: implementation

• Implementation led largely by CDPH, with guidance of new behavioral health medical director

• Examples of recommendations to be tackled:
  o Apply CDC guidelines to City employee benefits
  o Create hotline and referral system
  o Create toolkit for providers
  o Create “Safe Prescribing” recognition for hospitals and clinics
  o Work with pharmacies on signage
Complementing the Task Force

• New pharmaceutical licensure:
  o Holds companies more accountable for marketing
  o Frees up dollars for treatment

• Continued work with current delegate agency (Public Health Institute) to allocate dollars for maximum impact

• Continued advocacy to state and federal government to enable task force goals to be met
Questions?