



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
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May 14, 2021

Chicago Opioid Update

Key Messages and Action Steps

- There were 793 opioid-related EMS responses¹ and at least 100 opioid-related deaths² in Chicago in November 2020.
- This is a 1.7% decrease in opioid-related EMS responses and a 28.2% increase in deaths compared to 2019.
- For the total number of opioid related deaths in November, **91% involved fentanyl**.
- For the opioid-related overdose deaths that involved polysubstance use, about **37% involved cocaine**.
- Consider [immediate initiation of buprenorphine](#) in persons whose opioid overdose was reversed with [Naloxone](#). Increase availability of Naloxone and [increase signage](#) in your facility to increase awareness.
- The Food and Drug Administration (FDA) has [approved the New Drug Application \(NDA\) for Kloxxado™](#) (naloxone hydrochloride) nasal spray for the emergency treatment of known or suspected opioid overdose. Kloxxado a formulation of naloxone that delivers **8mg** of naloxone per spray into the nasal cavity compared with the [previously approved Narcan®](#), the formulation of naloxone that delivers 4mg of naloxone per spray into the nasal cavity.
- Share these [Harm Reduction Tips](#) for people who use drugs.

Background: Opioids are a class of drugs that include illicit substances like heroin or carfentanil as well as prescription pain medications including oxycodone, morphine, and fentanyl. Opioids exert their effects by binding to specific receptors to diminish the sense of pain. Other effects of opioids include mood alteration to induce euphoria, constipation, and depression of the respiratory system. There are several ways overdoses can occur such as taking a regular dose after tolerance has lowered, taking a stronger dose than the body is accustomed to, or combining opioids with other substances such as benzodiazepines.

Routes of Opioid Consumption: oral; inhaled/snorted through the nose; smoked; or injected.

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.

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. [Naloxone](#) is a medication that acts as an opioid antagonist and is designed to rapidly reverse an opioid overdose. If the first dose does not reverse the overdose symptoms in 2-3 minutes, give a second dose. It is important to increase access to this life saving 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. Providers can initiate buprenorphine immediately after reversal of an opioid overdose with naloxone using [this protocol](#). When making referrals for treatment, a [warm handoff](#) is preferred.

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.

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, patients should be provided naloxone and counseled to carry it with them at all times and to inform those in their social circle that they possess naloxone for overdose reversal.

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.

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 comes from the Cook County Medical Examiner's opioid dashboard as of 4/22/21. Numbers are provisional and subject to change.

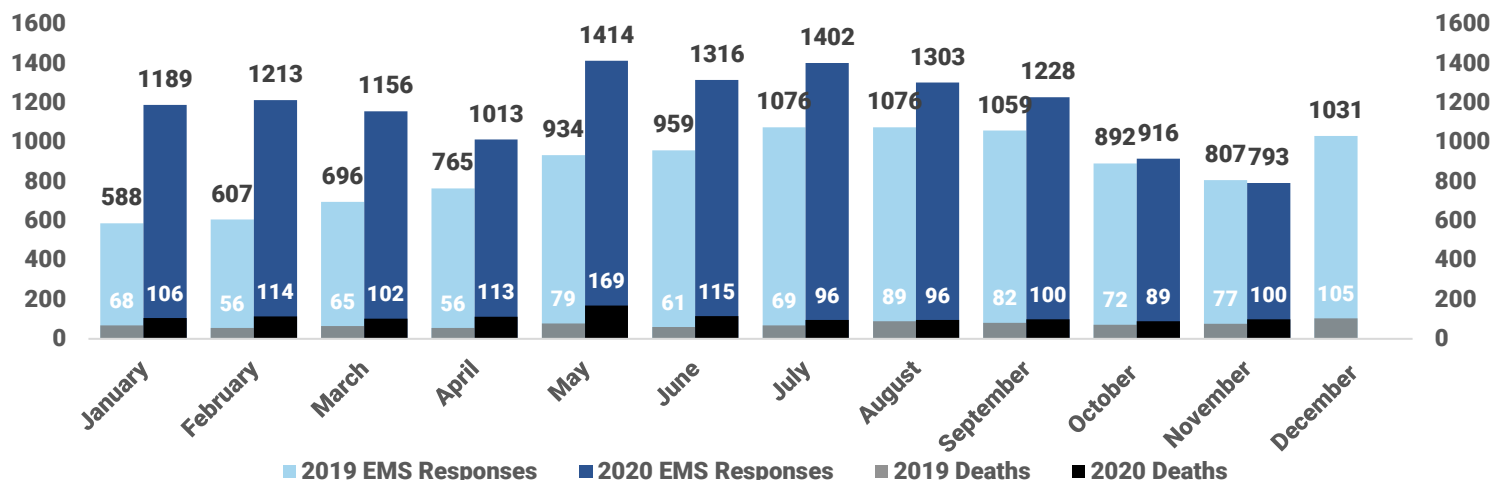


CHICAGO OPIOID UPDATE: November 2020

Opioid-related overdose deaths are provisional, and subject to change. For informational use.

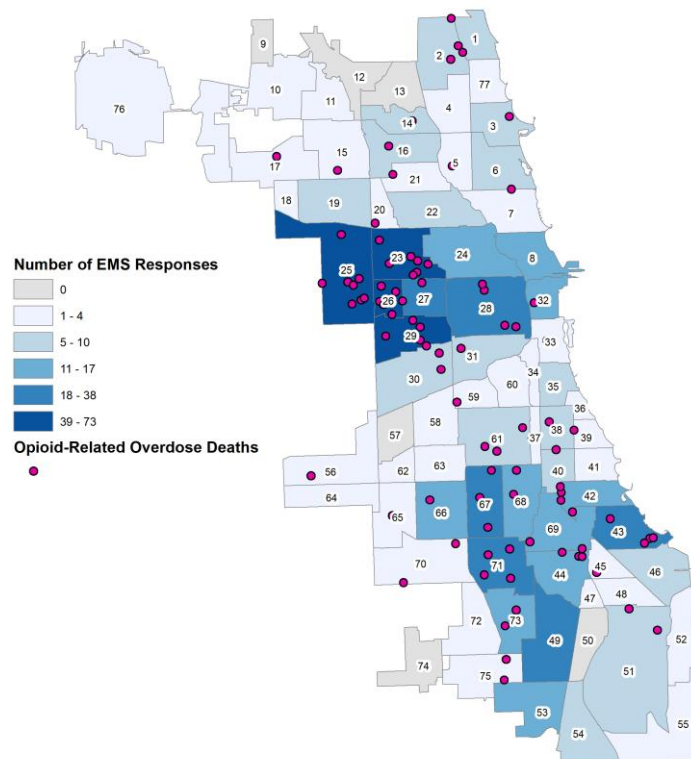
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Chicago opioid-related EMS responses and opioid-related deaths by month, 2019 and 2020



Opioid-Related Overdose, Chicago		
	Counts	2019 to 2020 % Change
November		
EMS Runs ¹	793	-1.7%
Naloxone doses administered ²	977	-0.4%
Opioid- Related Overdose Death ³	100	28.2%
Year to Date		
EMS Runs ¹	12,150	28.4%
Naloxone doses administered ²	15,653	34.0%
Opioid- Related Overdose Death ³	1,200	59.2%

EMS Responses for opioid-related overdose and opioid-related overdose deaths by community area of incident, Chicago, November 2020



Current CDPH actions to combat the opioid epidemic:

- CDPH is funding grants to support the formation of partnerships between hospitals with the highest volume of overdoses and community-based providers of opioid use disorder (OUD) treatment.
- CDPH is funding a novel drug checking program that allows persons who use drugs to have their drugs checked prior to usage to reduce risk of overdose by identifying adulterants that increase overdose risk.
- CDPH is funding outreach services on the CTA train lines for continuous riders who are experiencing homelessness. These outreach efforts include linkage to substance use recovery and harm reduction services.
- CDPH funding is supporting the expansion a pre-arrest deflection program that offers substance use treatment in place of incarceration. This expansion will increase the availability of these services citywide.

For more information about opioids in Chicago visit:

<https://overcomeopioids.org/>

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 4/22/21. Numbers are provisional and subject to change.

Opioid-related overdose death characteristics, Chicago November 2020

November 2020			
	n	%	Rate ⁱⁱ
Chicago	100	100.0%	3.6
Drug Typeⁱ			
Heroin-involved	40	40.0%	1.4
Fentanyl-involved	91	91.0%	3.3
Fentanyl - Only Opioid	44	51.2%	1.6
Opioid pain reliever-involved ⁱⁱⁱ	3	3.0%	0.1 [^]
Methadone-involved	6	6.0%	0.2 [^]
Gender			
Male	83	83.0%	6.2
Female	17	17.0%	1.2 [^]
Race-Ethnicity^{iv}			
NH Black or African American	66	66.0%	7.4
NH White	19	19.0%	1.8 [^]
Latinx	15	15.0%	2.1 [^]
NH Asian or Pacific Islander	0	0.0%	0
Age (years)^v			
0-14	0	0.0%	0
15-24	2	2.0%	0.5 [^]
25-34	15	15.0%	2.9 [^]
35-44	23	23.0%	6.1
45-54	23	23.0%	6.8
55-64	33	33.0%	12.6
65-74	3	3.0%	2.0 [^]
75+	1	1.0%	1.0 [^]

Polysubstance use among opioid-related overdose deaths, Chicago November 2020

November 2020			
	n	%	Rate ⁱⁱ
Chicago	100	100.0%	3.6
Drug Typeⁱ			
Opioid-Only	59	59.0%	2.2
Cocaine -involved	37	37.0%	1.0
Methamphetamine - involved	3	3.5%	0.1 [^]
Benzodiazepine-involved	5	5.0%	0.2 [^]

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Data Source: Cook County Medical Examiner's office as of 4/22/21. **Numbers are provisional and subject to change** 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.

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

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.

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