## **2019 Chicago Opioid Overdose Data Brief**

# CDPH Chicago Department of Public Health

#### **Overview**

- In Chicago in 2019, 855 people died from an opioid-related overdose (Cook County Medical Examiner's Office).
- From 2018 to 2019, the overall opioid-related overdose death rate **increased by 10.1**%. This increase comes after there was a slight decrease in opioid-related overdose death rate from 2017 to 2018.
- The number of fentanyl-involved deaths continue to surpass heroin-involved deaths. About 80% of opioidrelated overdose deaths involved fentanyl and another opioid. More than 30% of deaths involved fentanyl as the only opioid.
- In 2019 in Chicago, opioid-related overdose death rates remained highest among men; Black, Non-Latinx; adults age 55-64; and persons living in communities experiencing high economic hardship.
- Emergency medical services (EMS) teams responded to 10,490 opioid-related overdoses in 2019 – an average of 29 per day (Chicago Fire Department Emergency Medical Services).

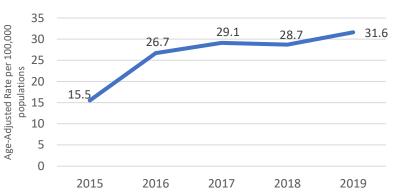
#### Where do opioid-related overdose deaths occur?

- Chicago residents who died from an opioid-related overdose in 2019 lived across the city. Ninety-five percent of Chicago's community areas were home to at least one resident with a fatal opioid-related overdose.
- Among Chicago residents, the community areas with the most opioid-related overdose deaths in 2019 were Austin (n=71), Humboldt Park (n=31), and North Lawndale (n=31).
   Only four community areas had zero deaths: Forest Glen, Beverly, Kenwood, and Hyde Park.

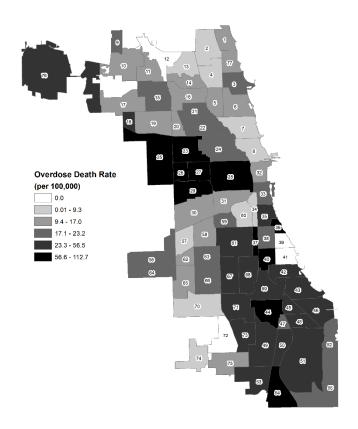
#### What types of opioids are involved in opioid-related deaths?

 In 2019, 55 opioid-related overdose deaths were linked to prescription opioid pain relievers, most commonly in conjunction with illicit (heroin, fentanyl) opioids. This remains much less common than overdose deaths linked to illicit opioids. In fact, there were 20 opioid pain reliever—only deaths in 2019.

### Opioid-Related overdose death rate - Chicago, 2015-2019



Opioid-Related overdose death rate among Chicago Residents by community area – Chicago, 2019



- The rate of deaths involving fentanyl increased by 66.9% from 2016 to 2019. The presence of fentanyl in the Chicago
  opioid supply continues to add complexity to addressing the opioid epidemic.
- In 2019 in Chicago, 40.2% of opioid-related overdose deaths also involved another substance (cocaine, methenamine, and/or benzodiazepine), suggesting polysubstance use is common.

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#### **OPIOID-RELATED OVERDOSE MORTALITY: A Detailed Table**

- From 2018 to 2019 the rate of opioid-related overdose death <u>increased</u> for fentanyl-involved and fentanyl-only overdoses, while rates decreased for heroin-involved overdoses and opioid pain-reliever involved overdoses.
- From 2018 to 2019 the rate of opioid-related overdose death <u>increased</u> among Black, Non-Latinx; White, Non-Latinx individuals; people 35 and older; and people in high and medium economic hardship communities; while rates <u>decreased</u> among Latinx individuals, people younger than 35, and people in low economic hardship communities.

Table 1. Overdose deaths involving opioids - Chicago, 2018-2019

		2018			2019		2018 to 2019	
							Absolute	% change
	n	%	Rate <sup>ii</sup>	n	%	Rate <sup>ii</sup>	rate change	in rate
Chicago	793	100%	28.7	855	100%	31.6	2.9	10.1
Drug Type <sup>i</sup>								
Heroin-involved	520	65.6	18.9	501	58.6	18.6	-0.3	-1.6
Fentanyl-involved	620	78.2	22.5	682	79.8	25.2	2.7	12.0
Fentanyl - Only	212	26.7	7.6	287	33.6	10.5	2.9	38.2
Opioid pain reliever-involved <sup>iii</sup>	67	8.4	2.5	55	6.4	2	-0.5	-20.0
Methadone-involved	69	8.7	2.6	69	8.1	2.6	0	0.0
Gender								-
Male	612	77.2	46.6	644	75.3	49.4	2.8	6.0
Female	181	22.8	12.9	209	24.4	15	2.1	16.3
Race-Ethnicity <sup>iv</sup>								
Black, Non-Latinx	425	53.6	45.5	483	56.5	50.8	5.3	11.6
White, Non-Latinx	244	30.8	24.6	260	30.4	27.6	3.3	12.2
Latinx	121	15.3	15.8	103	12.0	14.1	-1.7	-10.8
Asian or Pacific Islander, Non-Latinx	3	0.38	1.9^	4	0.5	1.8^	-0.1	-5.3
Age (years) <sup>v</sup> 0-14	1	0.1	0.02^	0	0.0	0	-0.02	-100.0
15-24	38	4.8	9.4	28	3.3	6.9	-2.5	-26.6
25-34	135	17.0	26.2	117	13.7	22.7	-3.5	-13.4
35-44	152	19.1	40.2	163	19.1	43.1	2.9	7.2
45-54	224	28.2	66.1	278	32.5	82.1	16	24.2
55-64	202	25.4	76.9	212	24.8	80.7	3.8	4.9
65-74	39	4.9	25.8	53	6.2	35.1	9.3	36.0
75+	0	0	0	3	0.4	0.1^	0.1	NA
Community Economic Hardship <sup>vi</sup>								
Low	204	25.7	17.9	192	22.5	17	-0.9	-5.0
Medium	143	18.0	18	192	22.5	24.5	6.5	36.1
High	431	54.2	51.2	446	52.2	53.5	2.3	4.5

Indicates a decrease in rate from 2018 to 2019

Indicates an increase in rate from 2018 to 2019

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



 $<sup>^{</sup>i}$  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.

in 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 2018 two deaths were missing data for age and in 2019 one death was missing data for age.

vi 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.

<sup>^</sup>For counts less than 20, rates may be unstable and should be interpreted with caution.