



Health Alert



City of Chicago
Lori E. Lightfoot, Mayor

www.chicagohan.org

Chicago Department of Public Health
Allison Arwady MD MPH, Commissioner

December 31, 2020

Chicago Opioid Update

Key Messages and Action Steps

- There were 1,303 opioid-related EMS responses and at least 93 opioid-related deaths in Chicago in August 2020.
- This is a 21% increase in opioid-related EMS responses and a 9% increase in deaths compared to 2019.
- Physicians can register to complete the [ASAM Treatment of Opioid Use Disorder Course](#) on January 6th at 2pm.
- Physician Assistants and Nurse Practitioners can register to complete the [NP/PA 24-hour waiver training](#) course.
- Consider [immediate initiation of buprenorphine](#).
- Increase availability of Naloxone and [increase signage](#) in your facility to increase awareness.
- Share these [Harm Reduction Tips](#) for people who use drugs.
- [BeSafe](#) and [Never Use Alone](#) (800)484-3731 are two resources that can be shared with people who use drugs alone; these resources allow for help to be called if an overdose occurs.

Background: Opioids are a class of drugs that include illicit drugs like heroin or carfentanil as well as prescription pain medications including oxycodone, hydrocodone, and many others. Opioids are drugs that bind to specific receptors in the brain, spinal cord, and gastrointestinal tract to relieve or diminish the sense of pain. Other effects of opioids include altering mood to induce euphoria, constipation, and depression of the respiratory system leading to slow breathing. 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. In 2019, [about 80% of opioid related overdose deaths in Chicago](#) involved fentanyl and another opioid³. Although this increase in opioid overdoses preceded our current coronavirus pandemic, it is thought that the pandemic has further exacerbated this increasing rate.

Methods of Opioid Consumption: Opioids are consumed via: orally; inhaled/snorted through the nose; smoked, or injected.

Recognizing Opioid Overdose: Signs and symptoms include slow, shallow breathing or no breathing; no response when you call the person's name; lips and fingernails turn blue or gray; skin is pale, cold and clammy; 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. There are three medications that are FDA-approved for treatment of opioid use disorder: methadone, buprenorphine, and naltrexone. Services that provide medications used to treat opioid use disorder must continue to offer access to treatment while implementing social distancing into all aspects of care. [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 improve condition in 2-3 minutes give a second dose. It is important to increase access to these life saving medications. Providers can initiate buprenorphine immediately after reversal of opioid overdose with naloxone using [this protocol](#).

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. For patients who use alone, they are at increased risk of overdose. [BeSafe](#) and [Never Use Alone](#) (800)484-3731 are two resources that can be shared with people who use drugs alone; these resources allow for help to be called if an overdose occurs.

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 5/27/20. **Numbers are provisional and subject to change.**

³CDPH Office of Epidemiology and Behavioral Health Bureau. 2019 Chicago Opioid Overdose Data brief. December 2020.

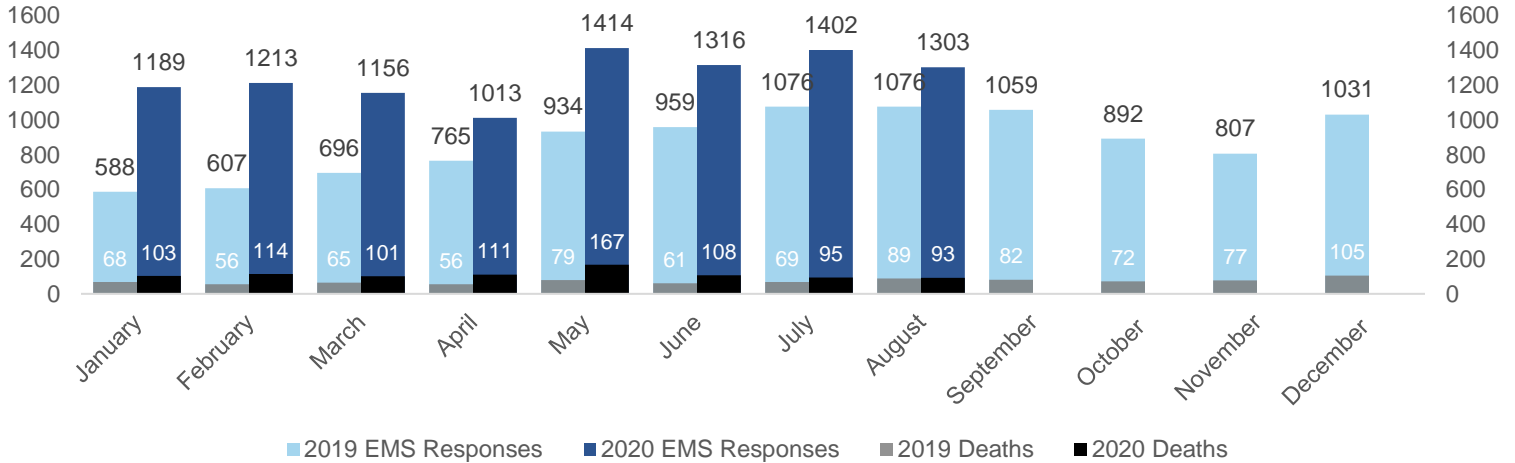


CHICAGO OPIOID UPDATE: August 2020

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

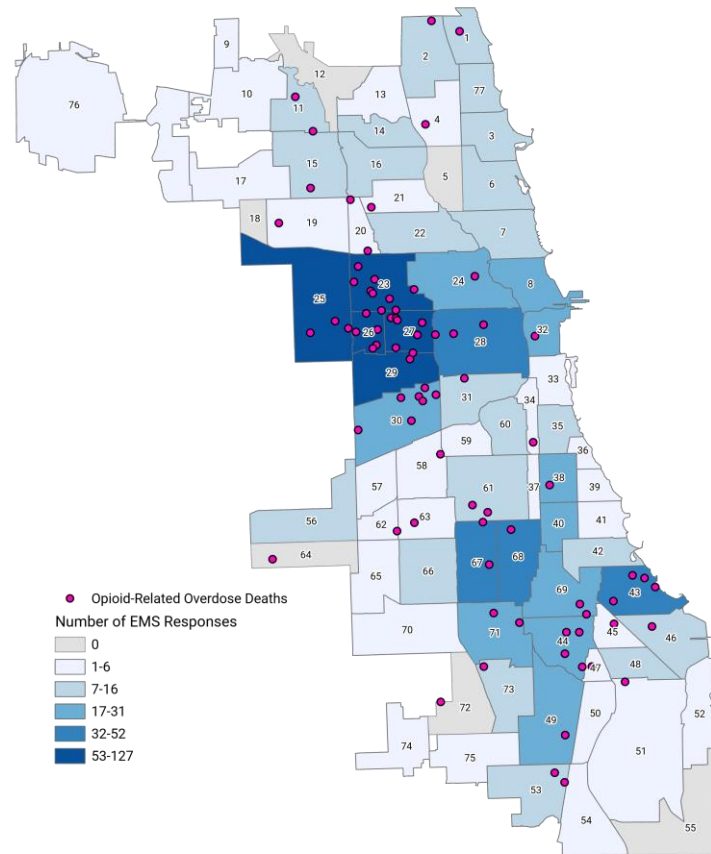
There were **1,303** opioid-related EMS responses and at least **93** opioid-related deaths in Chicago in August 2020. This is a **21%** increase in opioid-related EMS responses and a **9%** increase in deaths compared to 2019.

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



Opioid-Related Overdose, Chicago		
	Counts	2019 to 2020 % Change
August		
EMS Runs ¹	1,303	21.1%
Naloxone doses administered ²	1,519	12.9%
Opioid- Related Overdose Death ³	93	9.4%
Year to Date		
EMS Runs ¹	10,006	49.3%
Naloxone doses administered ²	12,074	45.1%
Opioid- Related Overdose Death ³	892	71.9%

EMS Responses for opioid-related overdose and opioid-related overdose deaths by community area of incident- Chicago, August 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 proactively providing consultations to behavioral health and substance use recovery service providers on infection control practices that would allow them to continue providing their recovery services while mitigating the risk of spreading COVID-19.
- CDPH has awarded over \$2 million to addiction treatment and services providers.
- For more information about opioids in Chicago visit: <https://overcomeopioids.org/>

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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 11/23/20. Numbers are provisional and subject to change.



Opioid-related overdose death characteristics, Chicago August 2020

	August 2020		
	n	%	Rate ⁱⁱ
Chicago	93	100.0%	3.5
Drug Typeⁱ			
Heroin-involved	36	38.7%	1.3
Fentanyl-involved	81	87.1%	3
Fentanyl - Only Opioid	41	47.7%	1.6
Opioid pain reliever-involved ⁱⁱⁱ	7	7.5%	0.3 [^]
Methadone-involved	10	10.8%	0.4 [^]
Gender			
Male	73	78.5%	5.8
Female	20	21.5%	1.4
Race-Ethnicity^{iv}			
NH Black or African American	52	55.9%	5.6
NH White	22	23.7%	2.2
Latinx	18	19.4%	2.6 [^]
NH Asian or Pacific Islander	0	0.0%	0
Age (years)^v			
0-14	0	0.0%	0
15-24	4	4.3%	1.0 [^]
25-34	10	10.8%	1.9 [^]
35-44	17	18.3%	4.5 [^]
45-54	30	32.3%	8.9
55-64	23	24.7%	8.8
65-74	8	8.6%	5.3 [^]
75+	1	1.1%	1.1 [^]

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

	August 2020		
	n	%	Rate ⁱⁱ
Chicago	93	100.0%	3.5
Drug Typeⁱ			
Opioid-Only	43	46.2%	1.6
Cocaine -involved	34	36.6%	1.3
Methamphetamine - involved	5	5.8%	0.2 [^]
Benzodiazepine-involved	15	16.1%	0.5 [^]

For more information about opioids in Chicago visit: <https://overcomeopioids.org/>

Data Source: Cook County Medical Examiner's office as of 11/23/20. **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.