

Opioid-Related Overdose Deaths in Cook County, IL, 2016

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In 2016, Cook County experienced 1081 opioid-related overdose deaths – 741 in Chicago, and 340 in Suburban Cook. While the rate of opioid-related overdose deaths in Chicago (26.8 per 100,000 individuals) was substantially higher than the rate in Illinois (14.7 per 100,000 individuals), the rate in suburban Cook County (13.7 per 100,000) was slightly lower than the state rate.

- In both Chicago and suburban Cook County, the rate of overdose deaths involving heroin was higher than the rate of deaths involving other types of opioids in 2016.
- The rate of fentanyl-involved overdose deaths rose in both jurisdictions. In Chicago, the rate increased to 15.1 per 100,000 individuals in 2016 from 2.7 in 2015. In Suburban Cook County, the rate increased to 5.7 per 100,000 in 2016 from 1.3 in 2015.
- In Chicago, the rate of opioid-related overdose death was highest among non-Hispanic Black individuals compared to other racial/ethnic groups. The rate was highest in the 45-54 year old age group compared to other age groups.
- In suburban Cook County, the rate of opioid-related overdose death was highest among non-Hispanic white individuals compared to other racial/ethnic groups. The rate was highest in the 25-34 year old age group compared to other age groups.

As in 2015, in 2016, heroin was the drug involved in the majority of overdose deaths in both Chicago and suburban Cook County (65.7% and 60.6% respectively). However, in both jurisdictions, the percentage of fentanyl-involved overdose deaths increased substantially from 2015 to 2016. The percentage of overdose deaths involving opioid pain relievers in suburban Cook County (18.8%) was more than three times the percentage in Chicago (5.4%).

Table 1. Opioid-related overdose deaths – Cook County, IL (2015 – 2016)

	Chicago Population: 2,695,598				Suburban Cook Population: 2,499,077			
	2015		2016		2015		2016	
	#	Rate ⁱⁱ	#	Rate ⁱⁱ	#	Rate ⁱⁱ	#	Rate ⁱⁱ
Drug Typeⁱ								
All opioids	426	15.5	741	26.8	221	8.8	340	13.7
Heroin-involved	345	12.4	487	17.7	152	6.2	206	8.5
Fentanyl-involved	71*	2.7	420	15.1	32*	1.3	140	5.7
Opioid pain reliever-involved ⁱⁱⁱ	32	1.1	40	1.4	45	1.7	64	2.4
Methadone-involved ^{iv}	28	1.0	48	1.8	19	0.8 ⁺	13	0.6 ⁺
Gender								
Male	322	23.8	557	40.8	149	12.0	245	20.5
Female	104	7.5	185	13.3	72	5.6	95	7.2
Race-Ethnicity^v								
NH AA/Black	--	--	358	39.3	--	--	41	10.0
NH White	--	--	253	25.2	--	--	261	19.9
Hispanic or Latino	--	--	123	16.5	--	--	34	7.5
NH Asian or PI	--	--	6	3.2 ⁺	--	--	<5	++
Age								
15-24	27	6.7	43	10.6	20	6.1	39	11.9
25-34	78	15.1	151	29.3	62	19.6	97	30.7
35-44	89	23.5	151	39.9	42	12.7	75	22.6
45-54	121	35.7	229	67.6	52	13.7	70	18.5
55-64	96	36.5	147	55.9	39	12.7	52	17.0
65-74	14	9.3 ⁺	18	11.9 ⁺	<5	++	7	4.0 ⁺

Data Source: Cook County Medical Examiner's Office, US Census Bureau.

Note: Geographic designations are based on address of incident, 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 express the number of overdoses per 100,000 people in the population. Denominators are based on the 2010 census population. Rates are age-adjusted to the 2000 US standard population.

ⁱⁱⁱ Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol. Although buprenorphine is included in this category, it is not possible to determine if it was prescribed for pain or opioid use disorder treatment, as it is approved for both.

^{iv} It is not possible to determine if methadone was prescribed for pain, dispensed for opioid use disorder treatment, or used illicitly.

^v Race-ethnicity data not available for 2015. NH = non-Hispanic, AA = African American, PI = Pacific Islander.

* The Cook County Medical Examiner's office began routinely testing for fentanyl involvement in June 2015. For this reason, the actual number of fentanyl-involved overdose deaths in 2015 may be greater than reported.

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

⁺⁺ For counts less than 5, rates are not reported.

Table 2. Percentage of all opioid-related overdose deaths involving specific opioids – Cook County, IL (2016)

Drug Type ⁱ	Chicago n=741	Suburban Cook n=340
Heroin-involved	65.7%	60.6%
Fentanyl-involved	56.7%	41.2%
Opioid pain reliever-involved ⁱⁱ	5.4%	18.8%
Methadone-involved ⁱⁱⁱ	6.5%	3.8%

Data Source: Cook County Medical Examiner's Office.

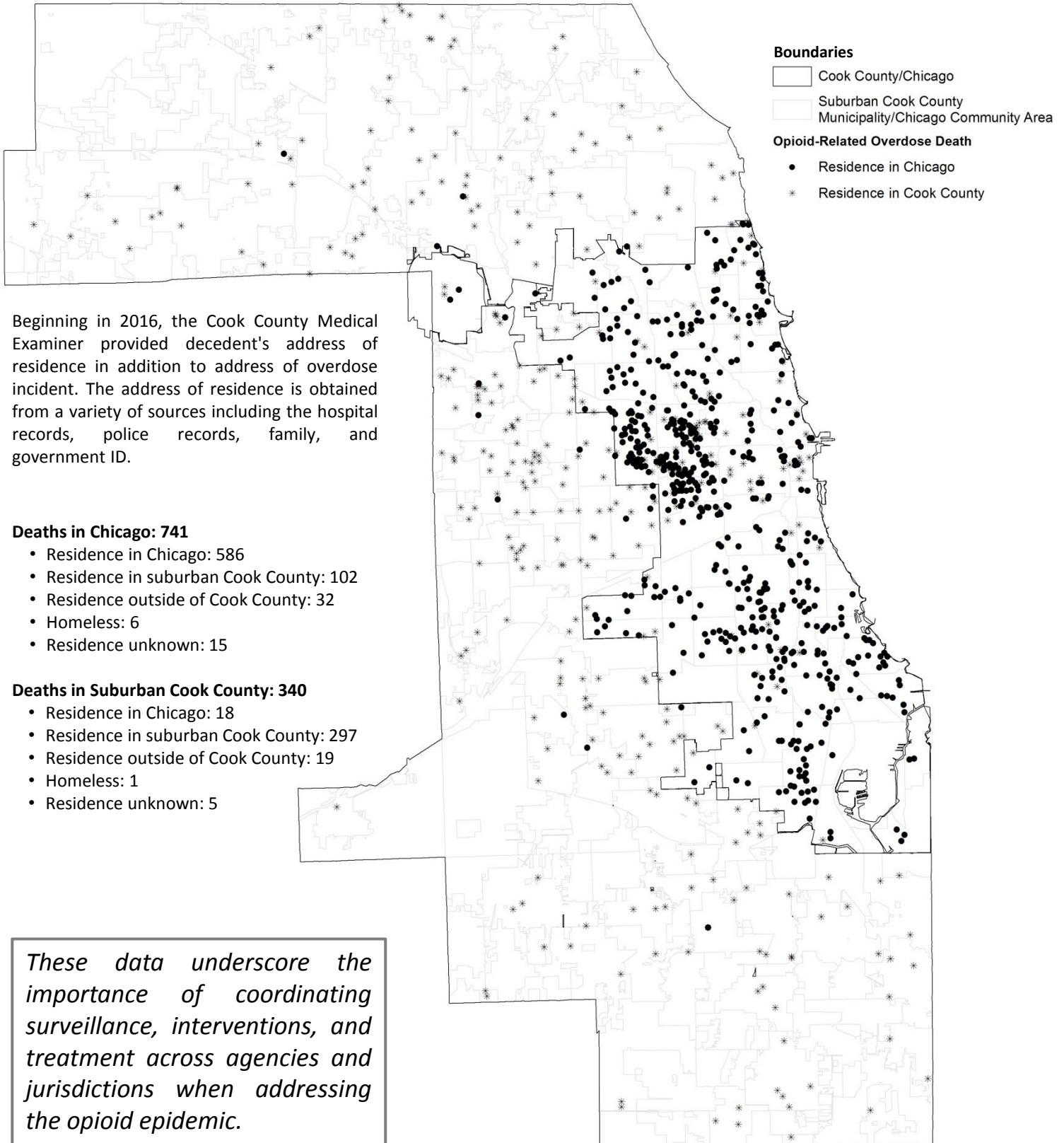
Note: Geographic designations are based on address of incident, regardless of decedent's address of residence.

ⁱ Categories are not mutually exclusive as some deaths involved more than one type of opioid. Percentages will not add to 100%

ⁱⁱ Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol. Although buprenorphine is included in this category, it is not possible to determine if it was prescribed for pain or opioid use disorder treatment, as it is approved for both.

ⁱⁱⁱ It is not possible to determine if methadone was prescribed for pain, dispensed for opioid use disorder treatment, or used illicitly.

Map 1. Location of fatal opioid-related overdoses by decedent's address of residence – Cook County, IL



Data Source: Cook County Medical Examiner
Note: Dots do not represent exact addresses.



Current Public Health Response Efforts

In addition to the important ongoing work by community based organizations, hospitals, clinicians, researchers, volunteers, and many others to address the opioid crisis, Chicago and Cook County are pursuing the following initiatives:

<p>Joint Efforts</p>	<ul style="list-style-type: none"> • The Chicago Department of Public Health (CDPH), Cook County Department of Public Health (CCDPH), Cook County Health and Hospital Systems (CCHHS) and Illinois Department of Public Health (IDPH) are working together to analyze available data sources, share information about opioid-related trends, and collaborate with the Cook County Medical Examiner’s Office. • Chicago and Cook County worked together to convene the Chicago-Cook Heroin Task Force, which engaged local leaders, community agencies and academic experts and developed a list of recommendations that was released in October 2016. The analysis in this report is a result of the recommendations set forth by the data section of the task force. • CDPH and CCHHS jointly provide buprenorphine (Suboxone™) waiver trainings to medical providers interested in prescribing this form of medication-assisted treatment (MAT). • Naloxone is a medication that can reverse opioid overdose and save someone’s life. CCHHS, CDPH, and CCDPH are working to ensure naloxone availability to all individuals who use opioids, both prescribed and illicit, in addition to their families and friends. Naloxone is available at all CCHHS pharmacies.
<p>Chicago</p>	<ul style="list-style-type: none"> • CDPH is working to increase community awareness about opioid risk, opioid use disorder (OUD) treatment, overdose prevention, and naloxone availability. The city recently launched a website, overcomeopioids.org, which provides educational information and local resources. CDPH will be launching a behavioral health treatment finder in early 2018, which will help individuals and families find substance use, mental health and violence prevention services in their communities. • CDPH provides educational events for medical professionals and has reached over 1,600 professionals in the Chicago area since the release of the Heroin Task Force Report in October 2016. These focus on safe opioid prescribing practices for pain management, identification and treatment of OUD, harm reduction and overdose prevention. CDPH also launched a learning collaborative for health centers that want to build capacity to offer MAT for OUD. • Since 2016, the City of Chicago has provided \$250,000 annually for overdose reversal training and naloxone distribution in the community. CDPH recently invested an additional \$225,000 for community health worker overdose prevention activities. • In 2017, the City of Chicago invested an additional \$700,000 for OUD treatment annually. This is in addition to the \$1.7 million that is already awarded annually for substance use disorder prevention and treatment. These funds were awarded through a competitive process to agencies that provide MAT for OUD in communities with high rates of opioid overdose. • In 2018, the City of Chicago will put another \$500,000 toward OUD treatment and supportive services, including funding for MAT and recovery home services.
<p>Cook County</p>	<ul style="list-style-type: none"> • Through CCHHS’ Cermak Health Services at the Cook County jail, beginning in August 2016, detainees with a history of opioid use are offered training and naloxone upon release to reduce the incidence of post-discharge overdose. So far, over 2,000 individuals have received training and 1,000 naloxone kits have been distributed. • Through funding from the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS-DASA) and CDPH, CCHHS’ Cermak Health Services has implemented a pilot program that administers MAT -- methadone, buprenorphine (Suboxone™), and naltrexone (Vivitrol™) -- to inmates at Cook County Jail who are screened and deemed clinically appropriate. Upon discharge, these patients receive follow up care coordination by CCHHS staff who assist with linkage to behavioral health services and continued MAT in the community. • CCDPH facilitates a panel of opioid addiction experts to provide awareness and education training on opioid addiction throughout the community as well as its own workforce. • CCHHS currently offers MAT at nine of its community health centers and is actively working to expand access throughout its clinic network. The health system also partners with three community health centers – Esperanza Health Centers, PrimeCare Community Health, and Heartland Health Centers – to offer MAT within their primary care clinics. • CCHHS invested \$3 million to establish a Community Triage Center (CTC) in Chicago’s Roseland neighborhood. The CTC provides evaluation, crisis stabilization and treatment for patients presenting with psychiatric and/or substance-related crises. In response to the epidemiology of the overdose epidemic, CCHHS will be launching a west side community triage center in early 2018.

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General Resources for Opioid Addiction:

- Substance Abuse and Mental Health Services Administration (SAMHSA) national helpline: 1-800-662-HELP(4357)
- SAMHSA's behavioral health treatment services locator: findtreatment.samhsa.gov
- Information on opioids in Chicago (overcomeopioids.org) and Cook County (<http://www.cookcountypublichealth.org/behavioral-health/opioids>)
- Illinois treatment finder resource line (1-833-2FINDHELP)
- IL Department of Human Services Consumer (DHS) Hotline: 1-866-213-0548