

2024 Summer Opioid Response

EXECUTIVE SUMMARY

In Chicago, fatalities due to opioid-related overdoses have risen by over 1.5-fold since pre-pandemic levels, from 855 in 2019 to a high of 1441 in 2021. For Chicagoans, the number of opioid-related fatalities exceed those due to traffic accidents and homicides combined. Fatal opioid overdoses are one of the top drivers of the 11.4 year gap in life expectancy between Blacks and non-Black Chicagoans, making up 1.5 years or 13% of that gap, ranked third only behind chronic diseases and homicide (2022). The number of opioid-related fatalities have been on a trajectory of modest decline starting in 2022.

To ensure that Chicago meets the Healthy Chicago 2025 goal of closing the racial life expectancy gap, the Chicago Department of Public Health (CDPH) has adopted a hyper-local place-based approach through the Summer Opioid Response Incident Command Structure (SOR-ICS). Launched from June 1, 2024 to August 31, 2024, SOR-ICS had the mission of ensuring a sustained decline in opioid-related overdoses during the summer, when overdoses tend to seasonally increase. While citywide in reach, SOR-ICS had a geographic focus on five West-Side communities, where over one-third of opioid-related EMS responses in Chicago occurred in 2023: Austin, East Garfield Park, Humboldt Park, North Lawndale, and West Garfield Park. SOR-ICS consisted of five main components.

I. Community-Based Drug Checking

Drug checking and toxicological surveillance is the first component of the response. On May 11, 2024, CDPH received a notification from the HIDTA (High-Intensity Drug Trafficking Area) Overdose Detection Mapping Application Program (ODMAP) of a high level of opioid-related overdoses in Chicago, particularly on the West Side. Working with the CDC, CDPH launched an outbreak investigation of this overdose cluster. Combining toxicological results of both drug samples and biological specimen tested across three hospitals, CDPH ascertained that medetomidine, a veterinary anesthetic and novel adulterant in Chicago's drug supply, had likely been responsible for at least 38 overdoses from May 11-May 17. CDPH quickly put out guidance to alert Chicagoans to the dangers of this novel adulterant. **Since then, working with organizations like the Chicago Recovery Alliance, CDPH has shared the results of over 200 drug samples tested in 2024, including samples containing medetomidine.** Community-based drug checking that includes clinical and harm reduction partners have ensured the rapid dissemination of information around the volatility of the drug supply.

II. Community Outreach/Operation SOS

The second core component of SOR-ICS is community outreach. CDPH partnered with community-based organizations to conduct "boots-on-the-ground" outreach because we recognize the critical role of trusted messengers in trauma-informed service delivery; this is especially important in the most impacted communities on Chicago's South and West Sides. CDPH launched Operation SOS: Summer Overdose Safety, a door-knocking campaign to promote harm reduction and distribute intranasal naloxone (Narcan) in five West Side communities. For this work, CDPH partnered

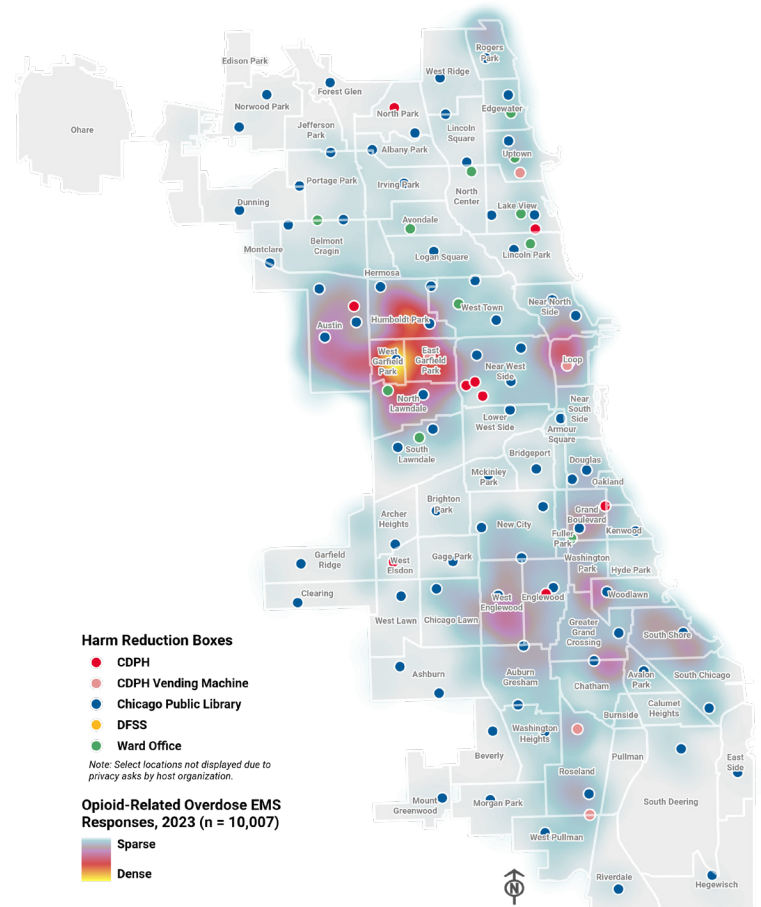


Figure 1: CDPH Harm Reduction Box Locations

with the West Side Heroin/Opioid Task Force, a coalition of community-based organizations working to activate a home-grown base of leaders who represent the interests and needs of Chicago's West Side. **Operation SOS started on July 20 in the largest West Side neighborhood of Austin. By September 6, 2024, outreach workers have met 1072 individuals and distributed 868 outreach kits, each containing at least 1 box of the opioid overdose reversal medication Narcan as well as other city resources.**

III. Harm Reduction Supply Distribution



Third, CDPH maintained and expanded a robust harm reduction supply distribution network that before the SOR-ICS included all 81 branches of the Chicago Public Library, select aldermanic ward offices, CDPH offices and clinics, Department of Family and Support Services (DFSS) locations and five public health vending machines. **Over a 75-day period from 5/13/2024 to 8/23/2024, CDPH and distributed 10,327 intranasal naloxone kits and 42,574 fentanyl and xylazine test strips to partner organizations.** This naloxone distribution rate of 156.8 units per 100,000 persons per month exceeded the HIDTA saturation threshold of 73.4 units per 100,000 persons per month. The SOR-ICS enabled CDPH to take stock of existing distribution volume and inventory, partner with new distributors, organize new supply lines such as for nitazene test strips, and expand the footprint of public-access Narcan in Chicago.

IV. Access to Medication Assisted Recovery



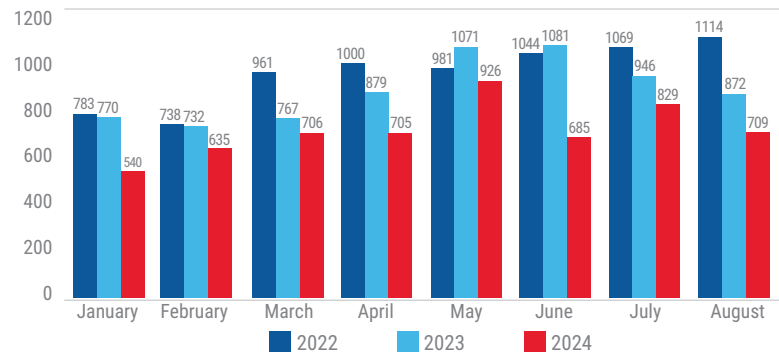
Fourth, there is a great need to make evidence-based treatment for opioid use disorder more accessible and acceptable. CDPH initiated a marketing campaign to promote medication assisted recovery or MAR through its innovative telemedicine hotline, MAR NOW, provided in partnership with the Illinois Department of Human Services. **Over the summer, the number of calls to MAR NOW steadily rose from 252 in May to 388 in August, with Chicago callers making up 17-18% of calls in July and August compared to 11% in May.** CDPH has also engaged with community safety net hospitals and treatment providers to ensure that patients who have recently overdosed are provided every opportunity to connect with evidence-based treatment for opioid use disorder. Eliminating barriers to MAR continues to be a key policy and practice priority.

V. Community Coordination



Finally, CDPH worked to coordinate targeted overdose education and naloxone distribution (OEND), harm reduction outreach and linkage to care efforts to areas identified as recent opioid overdose hot spots. Since 2021, CDPH has utilized Chicago Fire Department Emergency Medical Services (CFD EMS) data alongside HIDTA's ODMAP system to create monthly hyperlocal heat maps of opioid overdose and to monitor for opioid overdose spikes. CDPH also convened monthly coordination meetings with community stakeholders to review opioid-related data and hyperlocal heat maps, as well as the times and locations of attendees' outreach activities. Coordination meeting attendees represent over 40 organizations, including community-based organizations, faith-based groups, healthcare providers, and governmental partners. With the implementation of the SOR-ICS, CDPH received weekly CFD EMS data and shifted the coordination meetings to a bi-weekly cadence, allowing stakeholders to respond to emergent opioid overdose conditions.

Figure 2: Opioid-related overdose EMS responses in Chicago, January-August 2022-2024



Through coordination and collaboration with federal, state, county and sister agencies in city government as well as community service organizations and stakeholders in the community, the SOR-ICS enabled Chicago to flatten-the-curve of opioid-related overdoses. **Compared to the same period in 2023, the number of opioid overdose-related EMS responses from January 1 to August 31 decreased by 19% in 2024 and by 23% over the summer months alone (June-August).** Going forward, CDPH will take the lessons of the SOR-ICS and continue to ensure equitable access to and uptake of harm reduction and recovery services across Chicago. We will continue to center historically marginalized people disproportionately affected by the opioid epidemic. We will continue to strengthen partnerships between public health agencies and the healthcare and social service sectors to lower barriers to MAR, naloxone and other harm reduction services. Finally, we will continue to center trusted messengers and people with lived experience as drivers of our Health Chicago 2025 goal of reducing the racial life expectancy gap and achieving healthy lives for all Chicagoans.