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To the Honorable JB Pritzker, Governor and Members of the General Assembly:

This report provides details on opioid overdoses in Illinois for the year 2020. Overdose data from the previous years are also provided to allow for comparisons. The Opioid Overdose Semiannual Report consolidates the overdose reporting requirements under the Hospital Licensing Act (210 ILCD 85/6.14g) and the Counties Code (55 ILCS 5/3-3013).

The report includes information on overdose deaths, including heroin and opioid analgesics. Additionally, it includes non-fatal overdose information reported by hospitals to the Illinois Department of Public Health (IDPH) as required in the Hospital Licensing Act (210 ILCS 85/6.14g(b)). This semiannual report updates the "Opioid Overdose Semiannual Report - September 2020", adding more recent data and trends. The 2020 data shared within this report are finalized.

In 2020, opioid overdose deaths among Illinois residents increased 32.7% from 2,219 deaths in 2019 to 2,944 deaths in 2020. The report includes demographic data that indicate a continuation of the previously reported racial disparities, with non-Hispanic Black or African American populations continuing to be disproportionally affected by opioids.

Continuing reporting, updates, and information may be found on the IDPH website at http://dph.illinois.gov/opioids/home and https://idph.illinois.gov/OpioidDataDashboard/. Among the many resources on the IDPH website are the Illinois Opioid Action Plan and the Illinois Opioid Action Plan Implementation Report, which are located under "Data and Reporting" and "Publications."

I hope you find this report informative and useful as we continue working together to address the opioid crisis facing Illinois.

Sincerely,

Ngozi O. Ezike, MD

Director

Statewide Semiannual Opioid Report

Illinois Department of Public Health

August 2021

FATAL OPIOID OVERDOSES

In 2020, there were 2,944 fatalities due to opioid overdose in Illinois, an average of eight Illinois resident deaths per day. This represents a 32.7% increase from 2019 (Fig. 1) and is 2.3 times higher than motor vehicle fatalities and 2.2 times higher than homicides. While the number of fatalities has been steadily increasing since 2013, 2020 was the largest annual increase over this time.

Prior to May of 2020, the monthly trends fluctuated, but overall, overdose incidents were gradually on the rise. The rate of increase began to escalate in the second half of 2019 and culminated in May 2020 with a peak of 354 deaths. The number of deaths decreased in the following months (June – Dec.; Fig. 2).

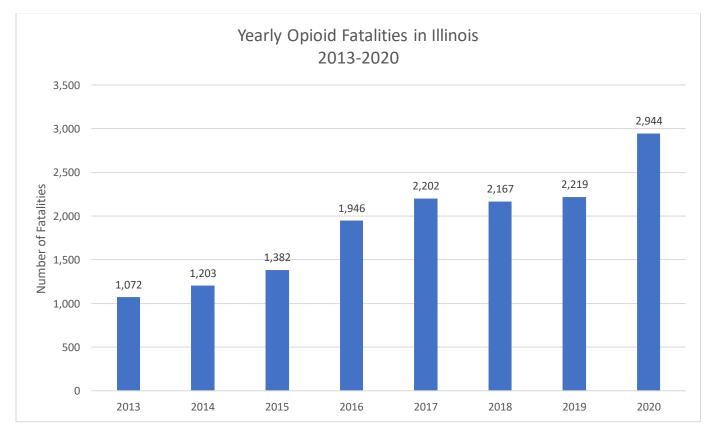


Figure 1. Yearly opioid fatalities in Illinois from 2013-2020 as reported by the Illinois Vital Records System, IDPH.

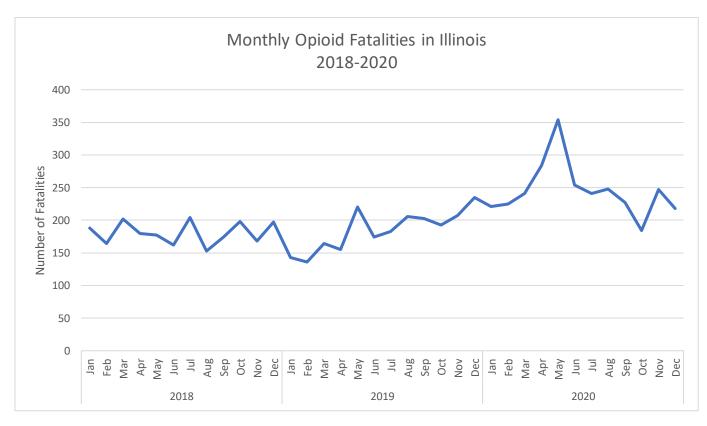


Figure 2. Monthly opioid fatalities in Illinois from 2018-2020 as reported by the Illinois Vital Records System, IDPH.

Demographics of opioid fatalities are listed in Table 1. The highest number of opioid fatalities in 2020 occurred in non-Hispanic White individuals (1,530), while the highest fatality rate was among non-Hispanic Blacks (55.3 per 100,000). By age group, the highest number and rate of opioid fatalities occurred in the 35–44-year age group (686; 41.8 per 100,000), followed by the 45-54-year age group (683; 41.7 per 100,000). Finally, the highest number and rate of opioid fatalities occurred in males (2,167; 34.6 per 100,000), which accounted for 74% of the fatalities.

Table 1. Statewide opioid fatality rate by race/ethnicity, age group, and sex for 2020 as reported by the Illinois Vital Records System, IDPH

| Race/Ethnicity* | Total Number | Fatality Rate (per 100,000 of each population) |
|--------------------|--------------|--|
| Non-Hispanic White | 1530 | 20.8 |
| · | | |
| Non-Hispanic Black | 1044 | 55.3 |
| Hispanic/Latinx | 344 | 16 |
| Non-Hispanic Other | 26 | 3.1 |
| Age Groups | | |
| < 25 | 215 | 5.3 |
| 25 - 34 | 628 | 35.5 |
| 35 - 44 | 686 | 41.8 |
| 45 - 54 | 683 | 41.7 |
| 55 - 64 | 573 | 34.4 |
| 65 + | 159 | 8.0 |
| Sex | | |
| Female | 777 | 12.0 |
| Male | 2167 | 34.6 |

^{*}The fatality rate for race/ethnicity is age-adjusted.

Synthetic opioids, specifically fentanyl, are the leading cause of fatal drug overdoses statewide and are involved in 84% of opioid fatalities and 70% of all drug fatalities in 2020. However, the substance use landscape across the state is different depending on location. There are pockets of high opioid overdose rates in both urban and rural areas, with 15 having a rate above the statewide opioid fatality rate of 23 deaths per 100,000 capita. Figure 3 and Table 2 depict the county-level opioid overdose fatality rate per 100,000 capita.

2020 Illinois Opioid Fatality Rate per 100,000 Capita

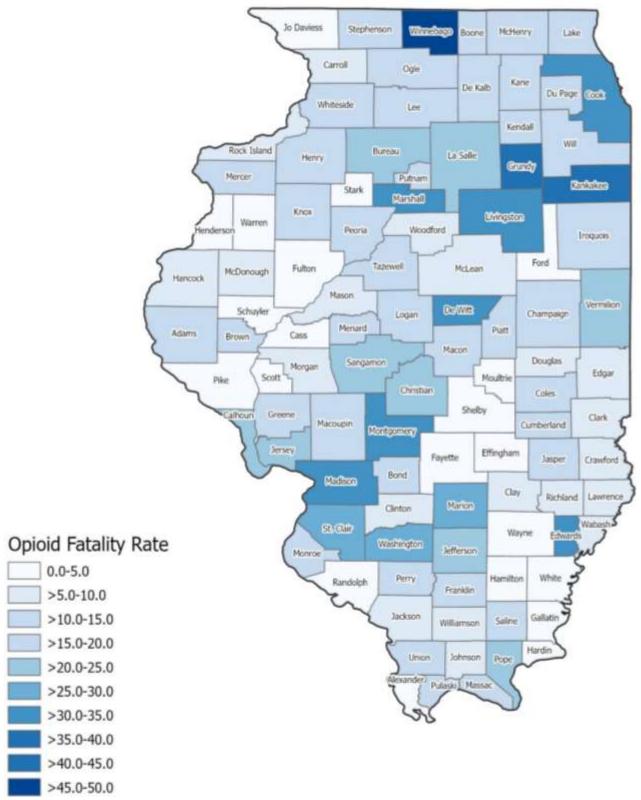


Figure 3. 2020 Illinois opioid fatality rate per 100,000 capita by county as reported by the Illinois Vital Records System, IDPH. County-level fatality rates are calculated by the number of county residents who died due to opioid overdose per year divided by the population of the county and multiplied by 100,000. Counties with smaller populations could have rates higher than counties with larger populations, even though there are fewer opioid fatalities.

Table 2. 2020 Illinois opioid fatality rate per 100,000 capita by county

| Opioid Fatality Rate per 100,000 County Capita Adams 15.2 Alexander 0.0 Bond 12.0 Boone 14.9 Brown 15.3 Bureau 21.2 Calhoun 20.8 Carroll 7.0 |
|---|
| per 100,000 Capita Adams |
| CountyCapitaAdams15.2Alexander0.0Bond12.0Boone14.9Brown15.3Bureau21.2Calhoun20.8 |
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| Brown 15.3 Bureau 21.2 Calhoun 20.8 |
| Bureau 21.2 Calhoun 20.8 |
| Calhoun 20.8 |
| |
| Carroll 7.0 |
| |
| Cass 0.0 |
| Champaign 17.1 |
| Christian 21.4 |
| Clark 6.4 |
| Clay 7.5 |
| Clinton 8.0 |
| Coles 11.8 |
| Cook 31.8 |
| Crawford 5.3 |
| Cumberland 18.5 |
| DeKalb 18.2 |
| De Witt 31.7 |
| Douglas 5.1 |
| DuPage 14.0 |
| Edgar 5.8 |
| Edwards 31.3 |
| Effingham 0.0 |
| Fayette 4.7 |
| Ford 0.0 |
| Franklin 15.5 |
| Fulton 2.9 |
| Gallatin 0.0 |
| Greene 15.3 |
| Grundy 35.3 |
| Hamilton 0.0 |
| Hancock 5.6 |
| Hardin 0.0 |
| Henderson 0.0 |
| Henry 14.3 |
| Iroquois 14.5 |

| | Opioid Fatality Rate | |
|------------|-------------------------|--|
| | per 100,000 | |
| County | Capita | |
| Jackson | 8.7 | |
| Jasper | 10.4 | |
| Jefferson | 23.8 | |
| Jersey | 22.9 | |
| Jo Daviess | 4.7 | |
| Johnson | 8.0 | |
| Kane | 14.2 | |
| Kankakee | 35.4 | |
| Kendall | 12.5 | |
| Knox | 16.0 | |
| Lake | 11.4 | |
| La Salle | 20.1 | |
| Lawrence | 6.3 | |
| Lee | 11.7 | |
| Livingston | 33.6 | |
| Logan | 10.4 | |
| McDonough | 6.7 | |
| McHenry | 19.4 | |
| McLean | 9.3 | |
| Macon | 18.1 | |
| Macoupin | 11.0 | |
| Madison | 31.8 | |
| Marion | 26.6 | |
| Marshall | 34.7 | |
| Mason | 7.4 | |
| Massac | 14.2 | |
| Menard | 16.3 | |
| Mercer | 12.8 | |
| Monroe | 14.6 | |
| Montgomery | 31.5 | |
| Morgan | 8.8 | |
| Moultrie | 0.0 | |
| Ogle | 15.7 | |
| Peoria | 16.6 | |
| Perry | 18.9 | |
| Piatt | 12.2 | |
| Pike | 0.0 | |
| Pope | 23.7 | |

| | Opioid | |
|-------------|---------------|--|
| | Fatality Rate | |
| | per 100,000 | |
| County | Capita | |
| Pulaski | 18.3 | |
| Putnam | 17.4 | |
| Randolph | 3.1 | |
| Richland | 6.3 | |
| Rock Island | 7.0 | |
| St. Clair | 28.3 | |
| Saline | 12.5 | |
| Sangamon | 20.5 | |
| Schuyler | 0.0 | |
| Scott | 0.0 | |
| Shelby | 4.6 | |
| Stark | 0.0 | |
| Stephenson | 17.9 | |
| Tazewell | 14.4 | |
| Union | 17.8 | |
| Vermilion | 20.8 | |
| Wabash | 8.7 | |
| Warren | 0.0 | |
| Washington | 28.6 | |
| Wayne | 0.0 | |
| White | 0.0 | |
| Whiteside | 10.8 | |
| Will | 17.3 | |
| Williamson | 7.5 | |
| Winnebago | 45.8 | |
| Woodford | 7.8 | |

Non-Fatal Opioid Overdoses

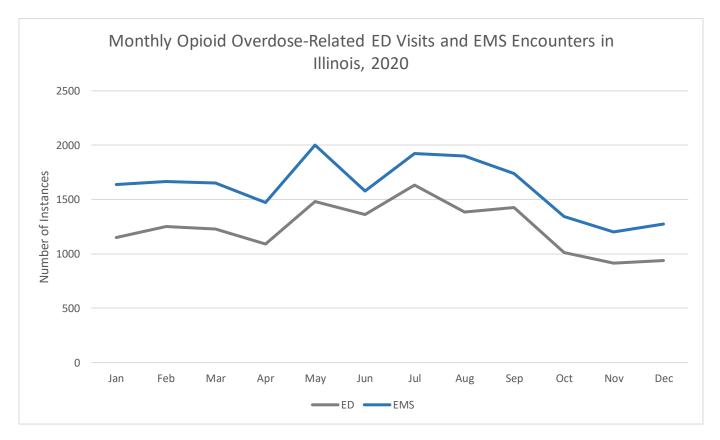


Figure 4. Monthly opioid overdose-related emergency department (ED) visits and emergency medical services (EMS) encounters in Illinois in 2020. ED visits as reported by IDPH Hospital Discharge Dataset; EMS encounters as reported by IDPH Prehospital Emergency Medical Services.

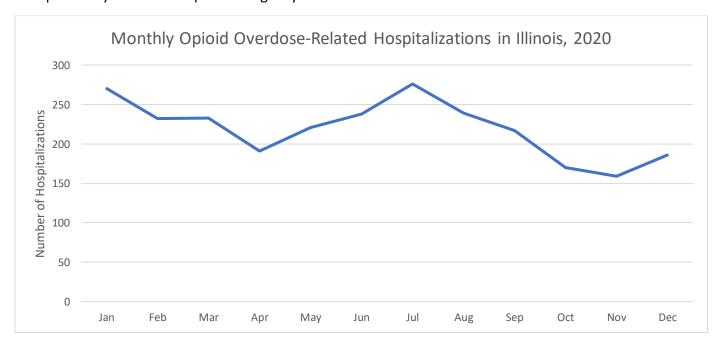


Figure 5. Monthly opioid overdose-related hospitalizations in Illinois in 2020 as reported by IDPH Hospital Discharge Dataset.

Monthly opioid overdose-related ED visits and EMS encounters in 2020 peaked during the spring and summer months and then decreased in the autumn and winter months (Fig. 4), which was similar to the fatal overdose trends. Hospitalizations for opioid-overdose related conditions followed a similar trajectory, peaking in July 2020 and generally decreasing across the autumn and winter months with a slight increase in December (Fig. 5). Throughout 2020, Illinois experienced the opioid overdose epidemic and the COVID-19 pandemic. For more detailed information on the impact of COVID-19 on the opioid overdose crisis, visit http://www.dph.illinois.gov/opioids/idphdata.