



2024 Summer Opioid Response: After Action Report



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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 CDC, CDPH launched an outbreak investigation of this overdose cluster. Combining toxicological results of both drug samples and biological specimens 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

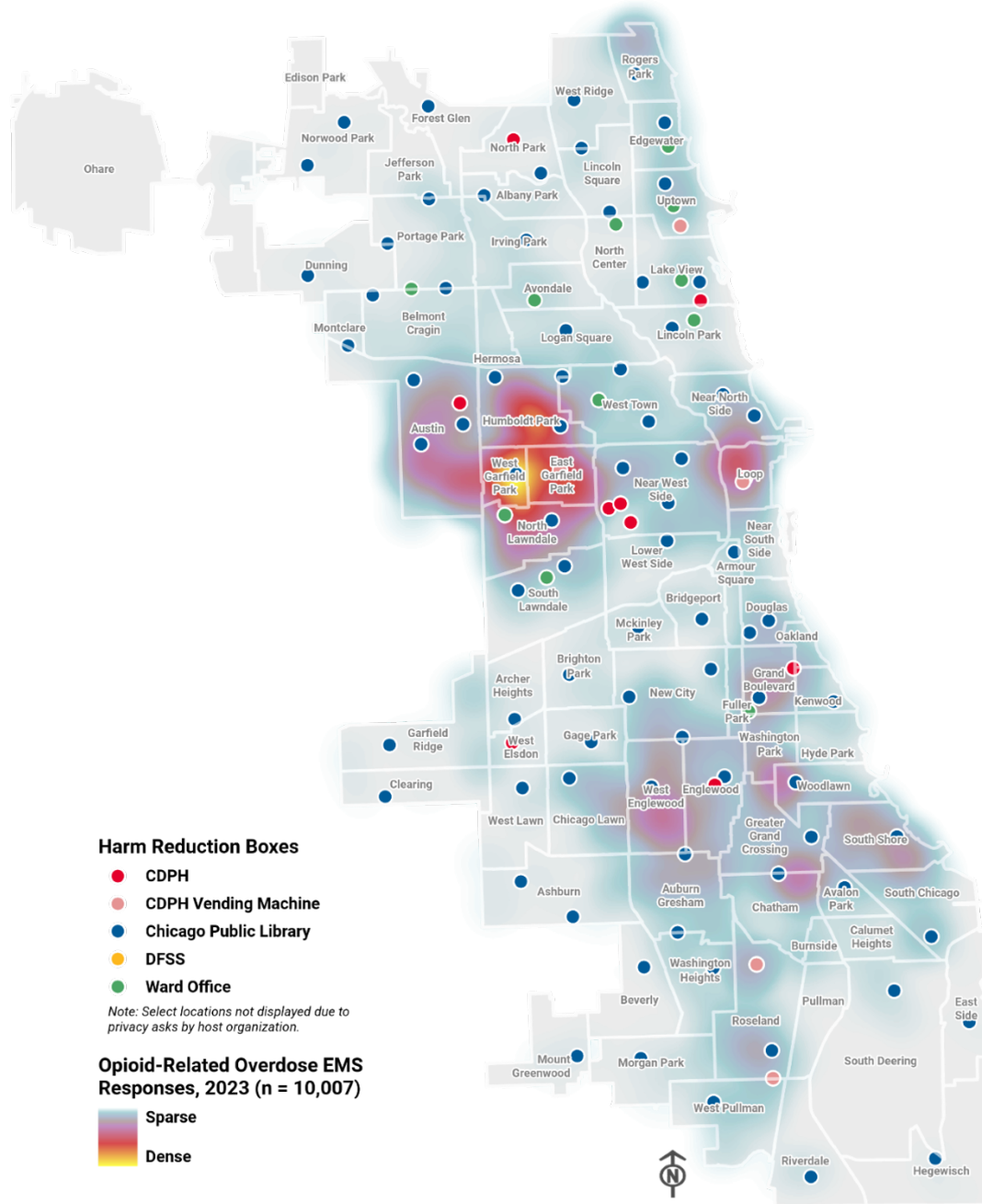
The second core component of SOR-ICS is community outreach. CDPH partnered with community-based organizations to conduct "boots-on-the-ground" outreach because we recognize the critical role of trusted messengers in trauma-informed service delivery; this is especially important in the most impacted communities 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 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 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 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 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. 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.

FIGURE 1: CDPH HARM REDUCTION BOX LOCATIONS AND OPIOID-RELATED OVERDOSE LOCATIONS



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.

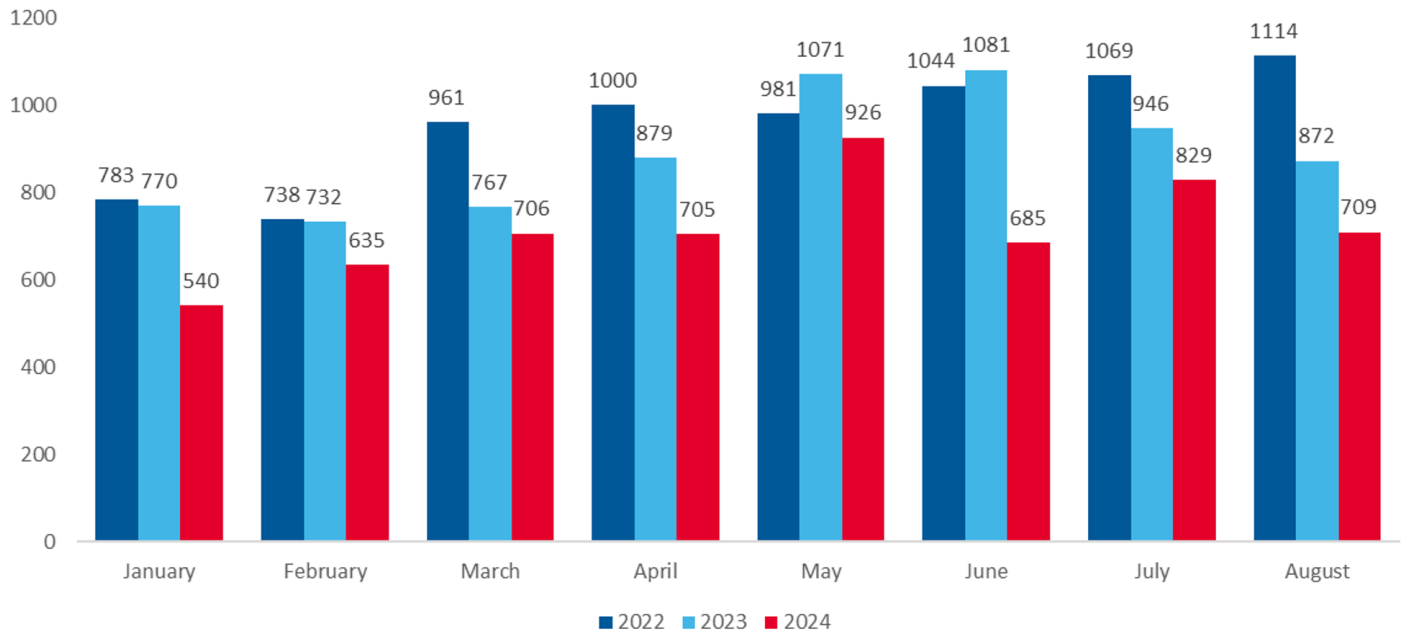
V. Community Coordination

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 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.

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, 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). However, hyperlocal data highlights ongoing challenges. On Chicago's West Side—the city's epicenter of the opioid crisis—opioid-related EMS responses declined by only 14% during the first eight months of 2024 compared to the same period in 2023.

Going forward, CDPH will take the lessons of SOR-ICS and continue to ensure equitable access to and uptake of harm reduction and recovery services across Chicago. We will continue refining hyperlocal strategies in 2025 and beyond. Efforts in 2025 will prioritize early initiation of ICS by May 1, 2025 and expansion into the South Side. 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.

FIGURE 2: OPIOID-RELATED OVERDOSE EMS RESPONSES IN CHICAGO, JANUARY-AUGUST 2022-2024

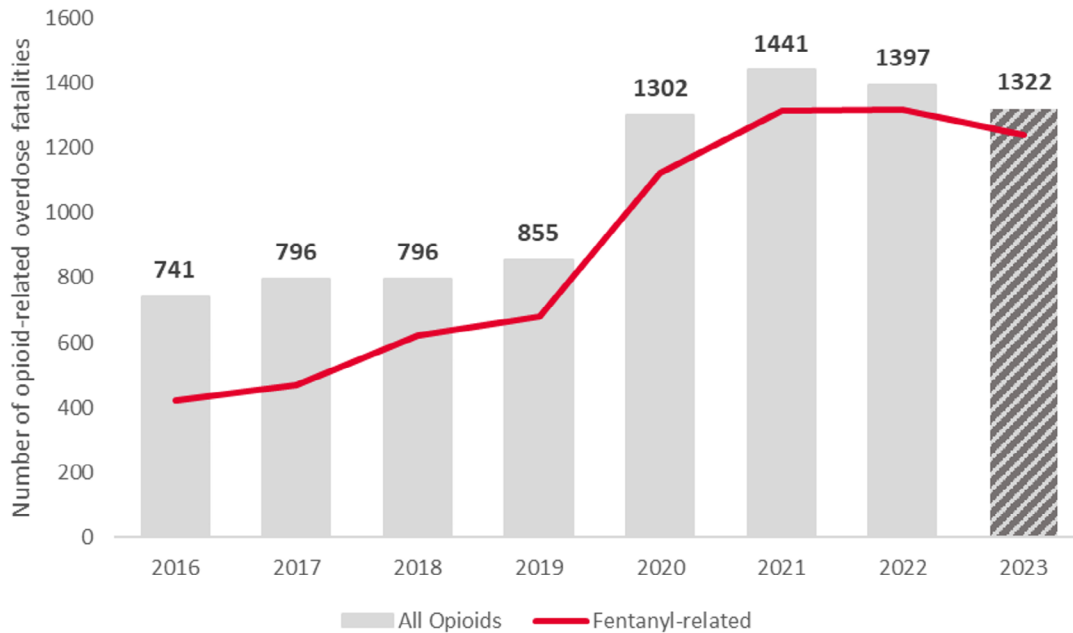


Data source: Chicago Fire Department

Background

Since 2020, opioids—particularly fentanyl—have been responsible for more than 1,300 fatal overdoses annually in Chicago, representing a roughly 1.5-fold increase compared to pre-pandemic levels. This alarming surge peaked in 2021 with 1,441 opioid-related overdose deaths. Although fatalities have since stabilized and begun to show a slight decline from 2022 to 2023, the number of opioid overdose deaths in 2023 remains over 1.5 times higher than in 2019 and exceeds the combined fatalities from traffic accidents and homicides in Chicago.

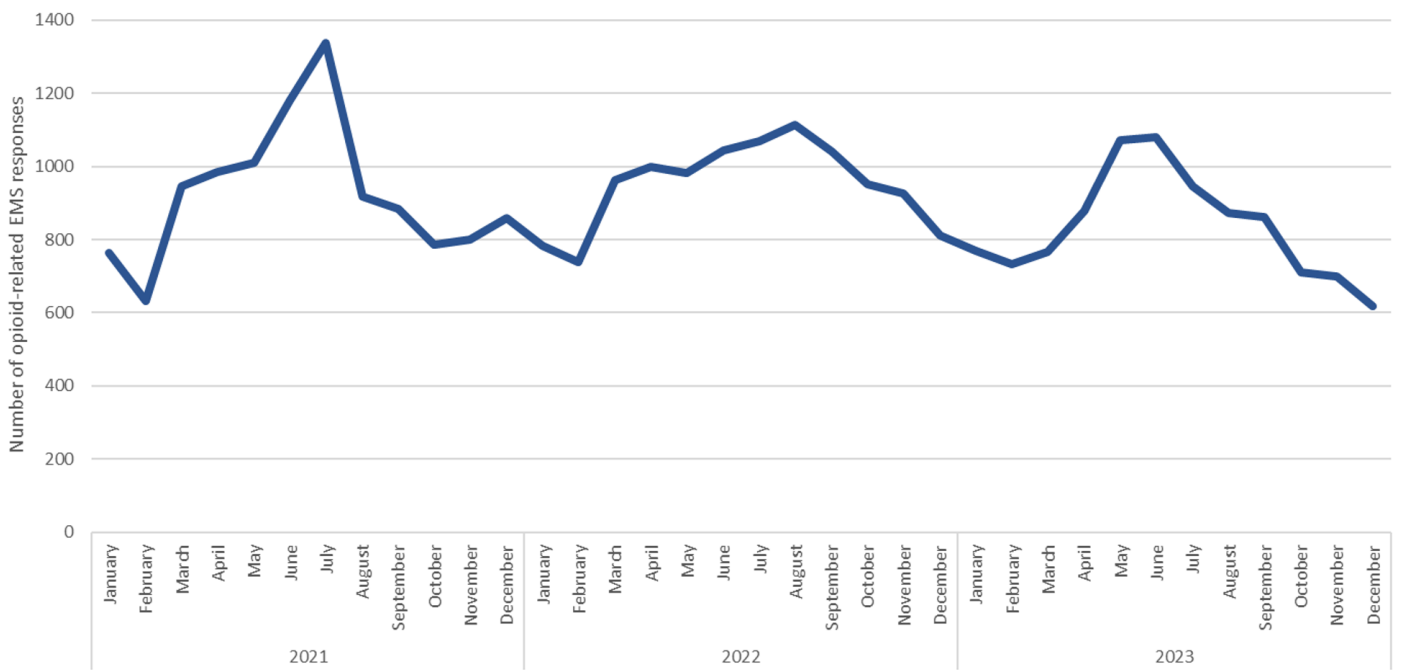
FIGURE 3: CHICAGO OPIOID AND FENTANYL-RELATED FATALITIES, 2016-2023



Data source: Cook County Medical Examiner’s Office. All data are provisional and subject to change
Note: 2023 shaded bar indicates data are still preliminary.

There is moreover a seasonal trend in the number of opioid-related overdoses, with overdoses going up during the spring and summer months (May to July) and falling in the fall and winter months. The number of opioid related emergency medical service (EMS) responses was 1.5-2x higher at the mid-year peak in 2021 (July), 2022 (August) and 2023 (June) than at the annual ebb (February in 2021, 2022 and December in 2023). The first half of 2024 suggested a continuation of this trend.

FIGURE 4: CHICAGO OPIOID-RELATED EMS RESPONSES BY MONTH, 2021-2023



Data source: Chicago Fire Department

On May 11, 2024, the Chicago Department of Public Health (CDPH) received an alert from the Overdose Detection Mapping Application Program (ODMAP) regarding a spike in opioid-related overdoses in Chicago. The surge persisted through May 13, 2024, and hospitals reported unusual symptoms among overdose patients, including bradycardia, hypertension, and downward gaze. The highest concentration of overdoses occurred in West Garfield Park, East Garfield Park, Austin, Humboldt Park, and North Lawndale. Notably, in 2023, these five West Side neighborhoods accounted for approximately 34% of all opioid-related overdoses in the city (see Figure 1).

The opioid epidemic continues to exacerbate health disparities, particularly along racial and geographic lines. In 2022, opioid overdoses accounted for 1.5 years of the 11.4-year life expectancy gap between Black and non-Black Chicagoans, ranking behind only chronic diseases and homicide as leading contributors. The disproportionate impact on Black communities is stark: from 2021 to 2023, 61–65% of opioid-related overdose deaths involved non-Hispanic Black individuals, despite this group comprising just 28% of Chicago’s population (see Figure 5). During this same period, those who died from overdoses were predominantly male (76–80%) (see Figure 6) and older, with nearly half aged 45 to 64 (see Figure 7).

Spatial clustering of opioid fatalities has allowed CDPH to focus efforts on addressing these inequities. Targeted interventions aim to mitigate the opioid epidemic’s impact on Chicago’s most affected communities and populations.

Figure 5: Percent of opioid-related overdose fatalities by race/ethnicity in Chicago, 2021-2023

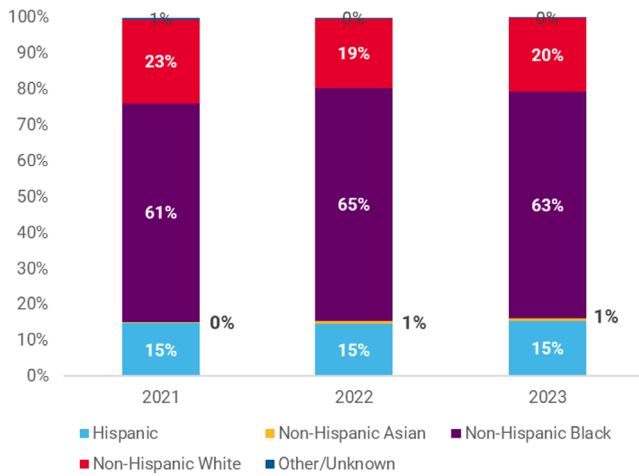


Figure 6: Percent of opioid-related overdose fatalities by gender in Chicago, 2021-2023

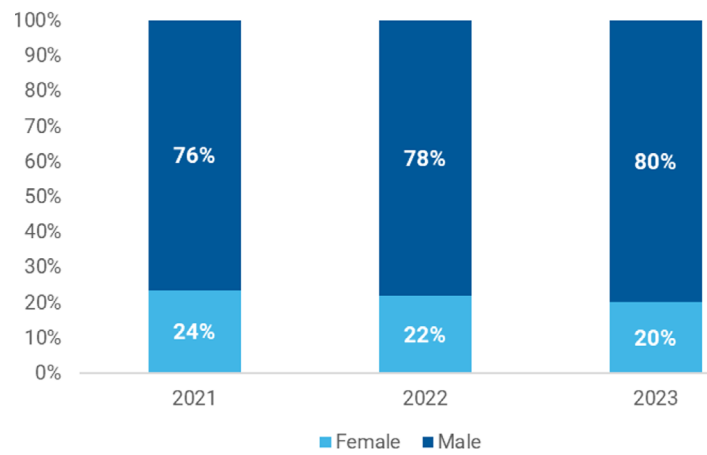
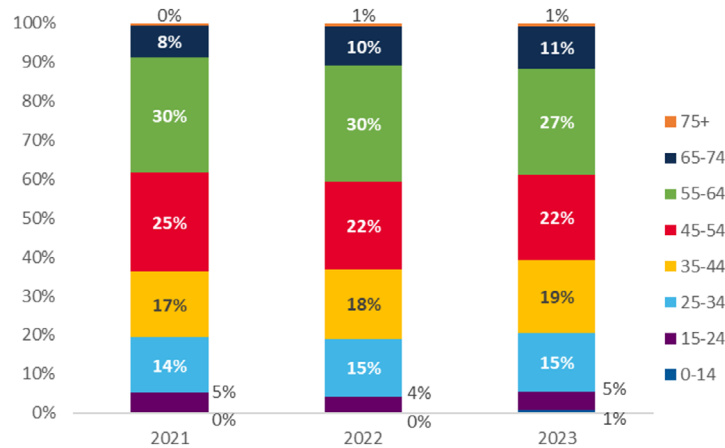


Figure 7: Percent of opioid-related overdose fatalities by age in Chicago, 2021-2023



Data source: Cook County Medical Examiner's Office. Data are preliminary and subject to change.

On May 20, 2024, following alerts from hospitals on Chicago's West Side, CDPH notified the public about the detection of medetomidine, a potent veterinary tranquilizer, in multiple drug samples associated with a recent overdose cluster. This marked the first time medetomidine was detected in Chicago's drug supply. Additional substances detected included fentanyl, heroin, xylazine, alprazolam and nitazene compounds. Beginning on June 3, 2024, CDPH implemented the Summer Opioid Response Incident Command System (SOR-ICS). This initiative leveraged personnel and resources from government agencies and community organizations under a unified chain of command. Its goal was to provide guidance, strategies, and coordinated community efforts to mitigate summer overdoses across Chicago.

SOR-ICS identified the following specific objectives:

1. Respond to overdose spikes and clusters through coordinating community partners to distribute naloxone, provide overdose education, drug checking, investigate overdose clusters, and improve linkage to medication-assisted recovery.
2. Ongoing coordination of community and healthcare partners to:
 - Canvas Chicago's West Side to provide harm reduction supplies and education
 - Improve public awareness and education around the risks of substance use
 - Create and disseminate guidance, alerts and protocols around overdose trends, novel substances, and trauma-informed best practices for working with people who use drugs and substance treatment institutions

Drug Checking and Toxicological Surveillance

Community-based drug checking is an increasingly vital harm reduction strategy in addressing fatal overdoses in the era of novel synthetic opioids. The first public drug checking service in the United States was established in 1998, and in recent years programs have gained traction particularly in response to the growing presence of fentanyl fentanyl analogues, and novel adulterants in the drug supply¹. Organizations that support drug-checking initiatives, including those in Chicago, offer people who use drugs the opportunity to anonymously test their substances on-site. These services are often paired with harm reduction education and access to naloxone.²

Starting in January 2024, CDPH has funded five organizations to support community-based drug checking: Chicago Recovery Alliance (CRA), University of Illinois Community Intervention Outreach Project (UIC-COIP), Healthcare Alternative Systems (HAS), Community Counseling Centers of Chicago (C4) and Inner-city Muslim Action Network (IMAN). By May 2024, the medetomidine overdose outbreak underscored the critical importance of integrating community-based drug checking with public health surveillance and clinical practice to better inform harm reduction strategies amid the volatility of the drug supply.

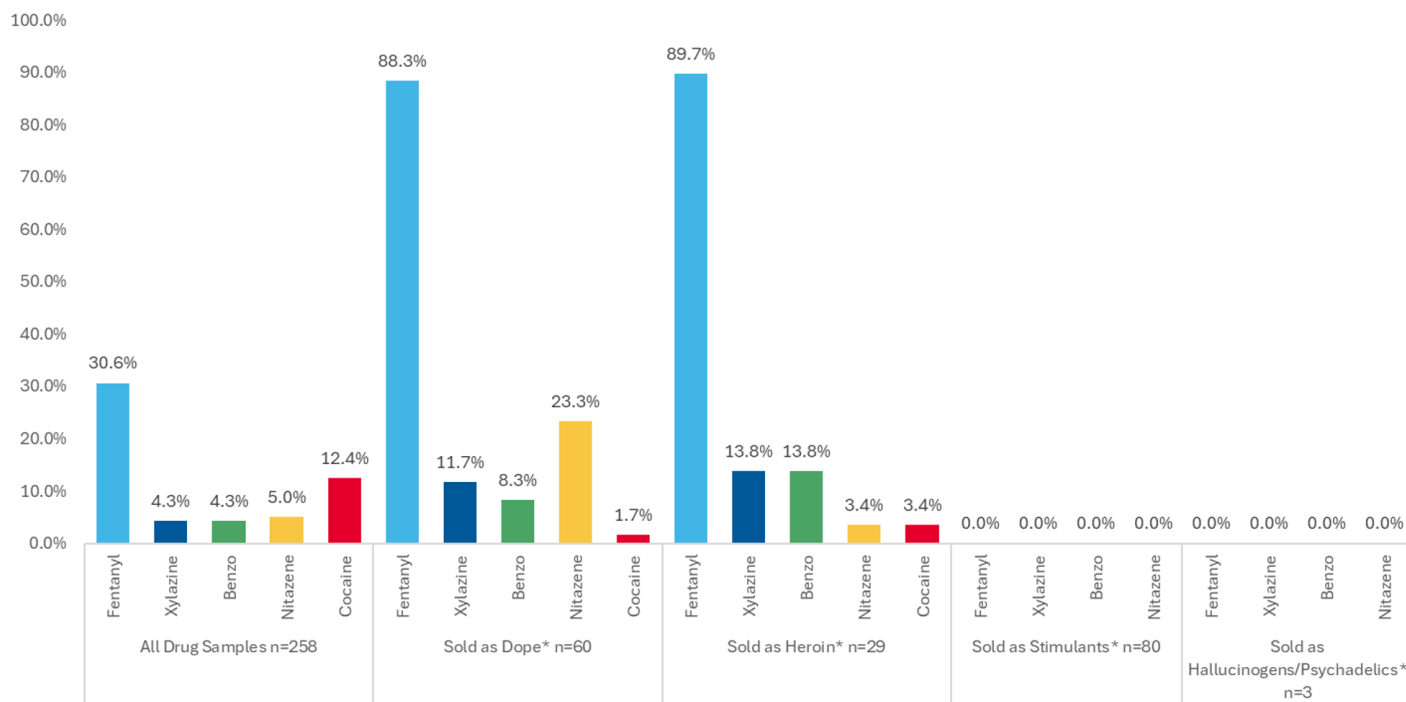
Drug-checking and toxicological surveillance tools include immunoassay test strips (ITS), Fourier-transform infrared spectroscopy (FTIR), and mass spectrometry (MS). ITS are widely distributed and can be used by individuals with minimal training. In 2024, CDPH distributed over 40,000 fentanyl and xylazine ITS. While ITS are generally sensitive to specific compounds, each type is limited in scope. For instance, fentanyl test strips cannot reliably detect potent analogues like carfentanil. FTIR, a light-based technology capable of identifying a wide range of compounds in a single sample, offers greater versatility but requires significant operator expertise for accuracy. To address these limitations, point-of-care testing with ITS and FTIR is often supplemented by laboratory-based testing using MS, a highly sensitive and specific chemical analysis method.

As community-based drug checking expands, it generates critical public health insights that inform harm reduction messaging and response coordination. Data from April to July of 2024, for example, revealed that 23% of substances sold as “dope” contained nitazene compounds, which are up to 25 times more potent than fentanyl. Combining drug-checking data with clinical toxicology allows for a deeper understanding of the individual and population health impacts of an increasingly volatile drug supply.

¹ Karch, Lydia, et al. “Results from a mobile drug checking pilot program using three technologies in Chicago, IL, USA.” *Drug and Alcohol Dependence* 228 (2021): 108976.

² Nazlee Maghsoudi, Justine Tanguay, Kristy Scarfone, Indhu Rammohan, et al. (2021). The Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review. *Qeios*. doi:10.32388/TXE86U.

FIGURE 8: PROVISIONAL TOXICOLOGICAL RESULTS FROM CHICAGO RECOVERY ALLIANCE'S COMMUNITY-BASED DRUG CHECKING PROGRAM IN CHICAGO, APRIL-JULY, 2024



Data source: Chicago Recovery Alliance Community Drug Checking Program. Toxicological results are inclusive of all testing modalities including test strips and FTIR so estimates should not be interpreted as final. “Sold as” categorizations may not be mutually exclusive (e.g., a drug sold as a psychedelic may also have been sold as a stimulant). Drug classifications: Sold as Dope includes: Dope, Dope/Fentanyl, and Dope/Tranq; sold as Heroin includes: Heroin, Black Tar Heroin, and Fentanyl/Heroin; sold as Stimulants include: 2-CB, Amphetamine, Cocaine, Crack-Cocaine, Ecstasy, MDA, MDMA, Methamphetamine, and Amphetamines; and sold as Hallucinogens/Psychadelics includes: LSD, and PCP

Case Study: Medetomidine

On May 11, 2024, the Chicago Department of Public Health (CDPH) and Illinois Department of Public Health (IDPH) were alerted by the Overdose Detection Mapping Application Program (ODMAP) of 54 emergency medical services (EMS) responses for opioid-related overdoses – double the 2023 daily average of 27 – and predominantly clustered on Chicago’s West Side. Hospitals and the Illinois Poison Center (IPC) also notified CDPH of an unusual toxidrome not fully reversed by naloxone associated with these overdoses. Initial toxicology results from several drug samples showed the presence of medetomidine mixed with opioids. Medetomidine, a newer central nervous system depressant, was detected for the first time in Chicago as an adulterant in the illegal drug supply. Unlike common substances, medetomidine is not identified by standard immunoassay urine drug screens, requiring advanced toxicology testing.

On May 17, 2024, CDPH requested assistance from CDC to investigate the outbreak. Investigators collected blood and drug sample results from the Drug Enforcement Administration’s Toxicology Testing Program’s (DEA TOX) contract laboratory at University of California San Francisco, Center for Forensic Science Research and Education (CFSRE), and Chicago Recovery Alliance (CRA). Additional data were sourced from the Cook County Medical Examiner’s Office (CCMEO), EMS records from the Chicago Fire Department, and medical records from three West Side emergency departments (EDs) that received the highest number of opioid overdose-related EMS transports during May 11–17, 2024. Data from drug and biospecimen test results, EMS response surveillance, and clinical chart

reviews were all linked together to identify medetomidine exposure and its associated symptoms and outcomes.

The investigation confirmed 12 cases, classified 26 as probable, and identified 140 suspect cases of overdoses involving medetomidine mixed with opioids. Among the patients reviewed, 73% were non-Hispanic Black, 80% were male, and 48% were aged 45–64. These findings aligned with the demographics of Chicago residents who have died from opioid overdoses (see Figures 5–7). This data informed the Substance Use Response – Incident Command System (SOR-ICS) to intensify outreach efforts in Chicago’s West Side to mitigate overdose risks among residents and substance users.

This outbreak underscored the critical role of multi-sector surveillance in rapidly identifying and addressing emerging adulterants in the drug supply. Coordinated efforts – including hospital-initiated comprehensive toxicology testing, IPC reporting, and timely analysis of drug and biological samples by CRA, CFSRE, and DEA TOX – were pivotal in identifying medetomidine as a contributing factor to the overdose cluster.

Community Outreach

CDPH strategically partnered with community-based organizations to conduct “boots-on-the-ground” outreach, recognizing the pivotal role trusted messengers play in delivering trauma-informed services. This approach is particularly vital in the most impacted communities on Chicago’s South and West Sides, which historically face significant barriers to accessing care.

These partnerships involved coordinating and leveraging an extensive suite of services across five organizations. Services were delivered via mobile service vans and street outreach efforts, enabling the team to meet individuals both literally and culturally at various points in their harm reduction and recovery journeys.

For example, in July 2024, the West Side Heroin Opioid Task Force maintained outreach locations five days a week across the West Side, offering critical resources such as Narcan, fentanyl and xylazine test strips, and referrals to treatment and social services as desired. Similarly, organizations like UIC’s Community Outreach Intervention Project (COIP), Family Guidance Center (FGC), Chicago Recovery Alliance (CRA), and the Inner-City Muslim Action Network (IMAN) provided care through mobile units in community hotspots. Their services ranged from drug checking to comprehensive substance use disorder evaluations, including immediate access to methadone and buprenorphine treatment. SOR-ICS positioned CDPH to develop a centralized calendar for mobile and street outreach service providers—a resource that facilitated collaboration among stakeholders. This initiative also enabled CDPH’s Substance Use and Recovery team to initiate hyper-local outreach efforts, including door-to-door canvassing to distribute harm reduction supplies.

Case Study: Operation SOS

Chicago’s West Side bears a disproportionate burden of the opioid crisis, with open-air drug markets supplying the majority of the city’s heroin³. Interstate 290, dubbed the, “heroin highway,” has further cemented the West Side as a major hub for illicit drug distribution across Illinois, Indiana, and Wisconsin. Historic disinvestment has led the area’s largely low-income and Black residents to shoulder the burden of drug-related crime and high overdose rates in Chicago⁴. Five West Side community areas: Austin, East Garfield Park, Humboldt Park, North Lawndale, and West Garfield Park experience approximately one-third of all opioid-related overdose EMS responses in Chicago. On May 11, 2024, over half of the overdoses were clustered on the West Side.

Recognizing seasonal spikes in opioid-related overdoses from May to September, CDPH launched **Operation SOS: Summer Overdose Safety**, a targeted door-knocking campaign designed to “flatten the curve” of overdose incidents. The campaign aimed to:

1. Increase awareness of community-based resources and how to access them.
2. Promote the availability of MAR Now services.
3. Ensure households had access to Narcan.

Public health campaigns have seen success by partnering with trusted community-based organizations to use canvassing as an empowerment tool in impacted communities.⁵ Through

³ Arora, Ashna and Bencsik, Panka, Policing Substance Use: Chicago’s Treatment Program for Narcotics Arrests (October 11, 2023). Available at SSRN: <https://ssrn.com/abstract=4599291> or <http://dx.doi.org/10.2139/ssrn.4599291>

⁴ The University of Chicago Crime Lab. Narcotics Arrest Diversion Program Research Brief. June 2023. <https://crimelab.uchicago.edu/resources/nadp-research-brief/>

⁵ Mansfield, L.N., Carson, S.L., Sunku, N. et al. Community-based organization perspectives on participating in state-wide community canvassing program aimed to reduce COVID-19 vaccine disparities in California. BMC Public Health 23, 1356 (2023). <https://doi.org/10.1186/s12889-023-16210-9>

face-to-face conversations, canvassers are able to build trust with and tailor messaging to different neighborhoods and communities. In 2023, the City of Philadelphia conducted an effective overdose prevention canvassing campaign, knocking on over 100,000 doors, having over 10,000 conversations, and distributing over 18,000 units of naloxone over a seven-month period.⁶

In Chicago, CDPH partnered with the West Side Heroin/Opioid Task Force (WSH/OTF), a coalition of community-based organizations working to activate local community leaders who authentically represent the best interest of their communities. Using CDPH data, WSH/OTF identified high-priority areas for outreach, focusing on blocks that experienced at least one opioid-related overdose EMS response in 2023 (See figure 1).

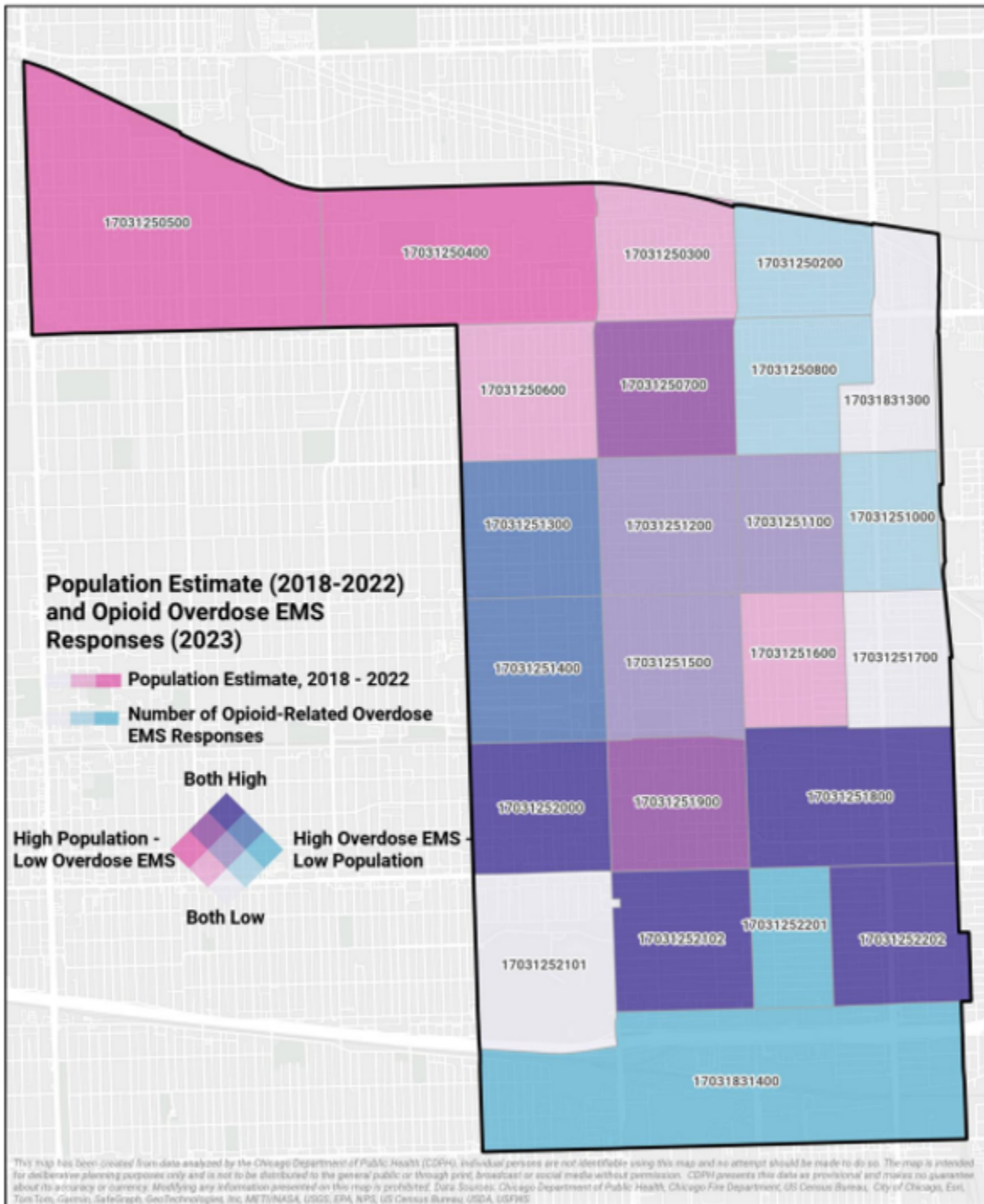
From July to October 2024, WSH/OTF concentrated their canvassing efforts on Austin, the most populous of the five West Side neighborhoods, with plans to expand to remaining neighborhoods over the next six months. In pairs, canvassers systematically covered designated areas within census tracts, knocking on every door to deliver essential resources and information.



Mayor of Chicago, Brandon Johnson, and community volunteers building leave-behind bags at the Operation SOS kick-off event at Austin Public Library, July 20, 2024.

⁶ City of Philadelphia Overdose Response Unit. 100,000 Doors: Overdose Awareness Canvassing and Trusted Community Messenger Program. August 20, 2024. https://www.phila.gov/media/20240820100202/100k-Door-Canvassing-Report_Acknowledgments.pdf

FIGURE 9: MAP OF AUSTIN COMPARING OPIOID-RELATED OVERDOSE RESPONSES AND POPULATION BY CENSUS TRACT



The WSH/OTF canvassers engaged residents in neighborhoods most affected by opioid-related overdoses, conducting home visits to foster meaningful conversations. Using a thoughtfully designed questionnaire, they assessed residents' knowledge and attitudes regarding opioid-related overdoses on the West Side, Narcan use and administration, and access to medication-assisted recovery (MAR) and other substance use disorder (SUD) services. Canvassers also gauged opinions on overdose prevention sites and identified priorities for reducing overdoses, such as housing, mental health services, employment, and medications.

To prepare the canvassing staff, CDPH organized comprehensive training sessions on naloxone, MAR, fentanyl and xylazine test strips, and available community resources. After each interaction, canvassers provided residents with a leave-behind bag containing:

- Narcan
- Wristbands featuring the MAR Now hotline (Illinois' opioid treatment line)
- A "Save a Life" trifold detailing overdose symptoms and naloxone administration
- A magnet with a QR code linking to the City of Chicago's Community Resource Guide
- Literature and materials from community partners
- Fentanyl test kits, xylazine test kits, and additional Narcan upon request

Between July 20, 2024, and October 26, 2024, Operation SOS outreach workers engaged 2,358 individuals and distributed 2,208 outreach kits, each containing at least one box of Narcan. The outreach team has grown to include community-based organizations and West Side treatment providers, bringing critical services directly to residents' doorsteps.

Linkage to Care

People ready to make the choice of recovery should be empowered to do so. While recovery can take many paths, there is current broad consensus that medications for opioid use disorder (MOUD), particularly the opioid agonist treatments (OAT) buprenorphine and methadone, are part of the standard of care for opioid use disorder (OUD).⁷ However, pre-pandemic, only about 25% of people with OUD in the United States received MOUD.⁸ Expanding access to and utilization of these effective, evidence-based treatments, especially in communities that have historically faced barriers to care, remains a top priority for CDPH.

As part of SOR-ICS, CDPH engaged with seven substance use treatment organizations funded since April 2024 under the Linkage to Care grant: PCC Wellness, Access Community Health Network, Lawndale Christian Health Center, Haymarket Center, Above and Beyond, UIC Community Outreach Intervention Projects (COIP), and Healthcare Alternative Systems (HAS). These organizations are tasked with connecting patients to substance use treatment, focusing on initiating MOUD. SOR-ICS initiative also fostered new partnerships to address the urgent opioid crisis. For example, HAS and UIC-COIP enhanced their street outreach efforts in collaboration with West Side Heroin/Opioid Task Force (WSH/OTF), deploying outreach workers and mobile treatment vans to the West Side.

Despite these efforts, a significant gap remains in linking individuals at high risk of fatal overdose to care. A recent study of Medicare beneficiaries who survived a nonfatal overdose in 2020 found that only 4.1% received MOUD within the following year.⁹ In Chicago, over 90% of individuals who experience nonfatal overdoses and receive EMS services are transported to a hospital emergency department (ED). Reducing barriers to initiating buprenorphine and methadone treatment in EDs is critical to addressing the opioid crisis.

Opioid-related overdoses disproportionately impact certain Chicago EDs. In 2023, approximately 45% of the 10,007 opioid-related EMS transports were directed to just eight community safety-net hospitals on the West and South Sides. Programs like CA Bridge have demonstrated that EDs can effectively provide evidence-based, compassionate care to patients who have recently overdosed.¹⁰

Through SOR-ICS initiative, CDPH collaborated with hospitals at the forefront of Chicago's opioid crisis, many of which also treated a significant share of patients affected by medetomidine-associated overdoses. Building on these efforts, CDPH has continued to engage with these eight community safety-net hospitals to launch a pilot program modeled after CA Bridge. In partnership with the Illinois Hospital Association and CA Bridge, these hospitals will receive resources and training to expand their capacity to provide immediate, on-site MOUD initiation for patients admitted with opioid-related overdoses. This initiative, known as the "Chicago Bridge" program, is set to launch in January 2025.

⁷ Wakeman SE, Laroche MR, Ameli O, Chaisson CE, McPheeters JT, Crown WH, Azocar F, Sanghavi DM. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open*. 2020 Feb 5;3(2):e1920622. doi: 10.1001/jamanetworkopen.2019.20622. Erratum in: doi: 10.1001/jamanetworkopen.2024.19798. PMID: 32022884; PMCID: PMC11143463.

⁸ Mauro PM, Gutkind S, Annunziato EM, Samples H. Use of Medication for Opioid Use Disorder Among US Adolescents and Adults With Need for Opioid Treatment, 2019. *JAMA Netw Open*. 2022;5(3):e223821. doi:10.1001/jamanetworkopen.2022.382

⁹ Jones CM, Shoff C, Blanco C, Losby JL, Ling SM, Compton WM. Overdose, Behavioral Health Services, and Medications for Opioid Use Disorder After a Nonfatal Overdose. *JAMA Intern Med*. Published online June 17, 2024. doi:10.1001/jamainternmed.2024.1733

¹⁰ <https://californiaopioidresponse.org/matproject/california-bridge-program/>

Case Study: MAR NOW

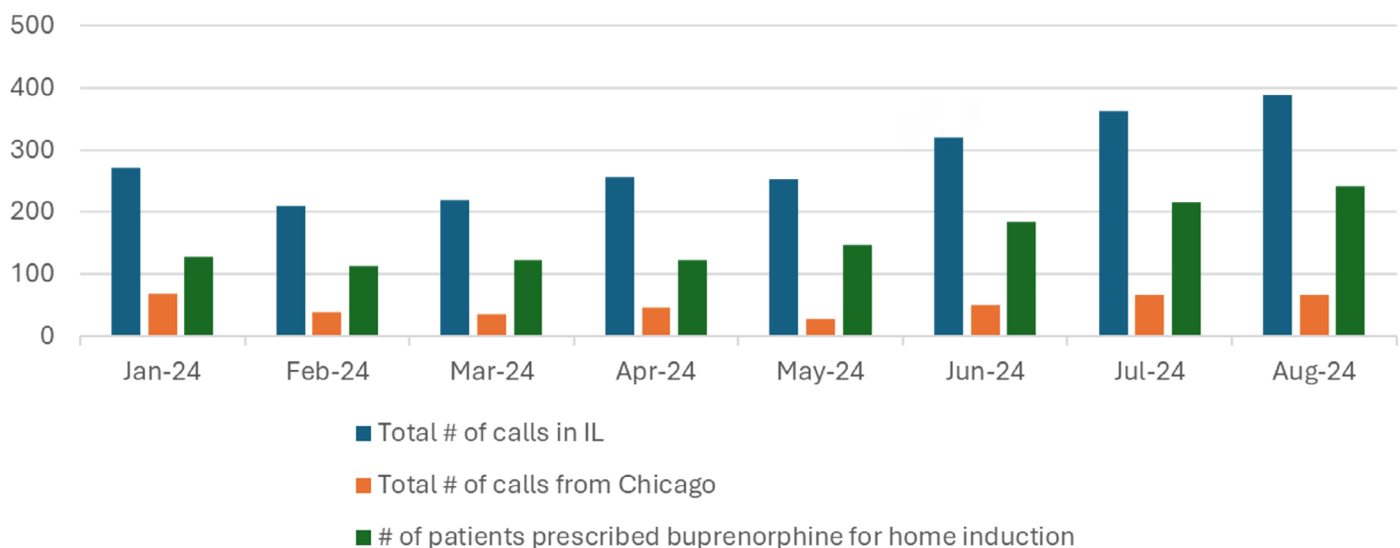
Beyond hospitals and clinics, Chicago has partnered with the Illinois Department of Human Services Division of Substance Use Recovery and Prevention (SUPR) since 2022 to fund a telemedicine hotline for substance use treatment called MAR NOW. Enabled by pandemic-era flexibilities for audio-only telemedicine prescribing for buprenorphine, MAR NOW works with Family Guidance Centers, Inc (FGC), an opioid treatment program (OTP), and the Illinois Helpline operator Health Resources in Action to offer callers immediate telemedicine prescription and home initiation of a 14-day supply of buprenorphine. Based on caller preference, individuals can also be connected to same or next-day clinic appointment to begin methadone, buprenorphine, or long-acting naltrexone, the three FDA-approved MOUD. The program serves all callers aged 18 years and over seeking MOUD, regardless of insurance status, immigration status, or ability to pay.

Initially operating daily from 6 a.m. to 10 p.m., the program expanded to 24/7 coverage in March 2023, eliminating delays caused by off-hours voicemail transfers. From its launch on May 9, 2022, through March 7, 2024, MAR NOW connected 1,698 unique callers to MOUD across Illinois, with approximately 25% of callers residing in the Chicago metropolitan area.

During SOR-ICS initiative, an awareness campaign for MAR NOW targeted Chicago's West Side. From July 23 to August 31, 2024, the campaign included bus bench advertisements at 10 locations and targeted social media ads across five neighborhoods, reaching over 130,000 residents.

Over the summer of 2024, the total number of MAR NOW calls statewide increased steadily, rising from 252 in May to 388 in August. In Chicago, call volume surged by 250%, increasing from 27 calls in May to 67 in both July and August. This growth highlights MAR NOW's critical role as a resource for individuals at high risk of overdose. To enhance recognition and usage of this service, ongoing marketing efforts will continue, alongside collaboration with emergency departments and hospital partners through the Chicago Bridge program. These efforts aim to integrate MAR NOW or similar linkage-to-care resources into patient discharge processes, ensuring more individuals receive life-saving support.

FIGURE 10: MAR NOW CALLS TO FAMILY GUIDANCE CENTERS, JANUARY – AUGUST, 2024



Data source: Family Guidance Centers, Inc.

Naloxone and Harm Reduction Supply Distribution

Before the implementation of SOR-ICS, CDPH operated a comprehensive harm reduction supply distribution network. This network included all 81 Chicago Public Library branches, selected aldermanic ward offices, CDPH offices and clinics, Department of Family and Support Services (DFSS) locations, the 95th Street Red Line Station, and numerous non-governmental partners (Figure 1). The introduction of SOR-ICS allowed CDPH to enhance and streamline supply distribution, expanding its reach to social service providers, faith-based organizations, and healthcare institutions.

Between May 13, 2024, and August 23, 2024, CDPH and its partners distributed 10,327 intranasal naloxone kits and 42,574 fentanyl and xylazine test strips. The naloxone distribution rate of 156.8 units per 100,000 residents per month significantly exceeded the HIDTA saturation threshold of 73.4 units per 100,000 residents per month.¹¹

CDPH was able to increase its output by scheduling bimonthly kit builds, inviting staff from various city departments and community groups to assist with assembling xylazine and fentanyl testing kits. These sessions, hosted across multiple CDPH locations, also engaged staff who traditionally did not work in substance use and harm reduction initiatives. Each session produced over 1,000 kits. SOR-ICS also supported the development of a detailed inventory system for managing harm reduction supplies. This enhanced system allowed for more efficient ordering and tracking of multiple supply lines, accommodating the increased demand. Beyond the project's timeframe, these organizational improvements have had lasting benefits for CDPH's Office of Substance Use and Recovery. As a result, CDPH has expanded its services further, now offering nitazene and benzodiazepine test kits for public distribution. Additionally, public health vending machines now stock new sexual health kits and Plan B, enhancing the accessibility of essential health resources for the community.

Case Study: Summer Festival Outreach

Overdose education and naloxone distribution (OEND) delivery involves training community members on how to recognize an overdose, what naloxone (Narcan) is and how to administer naloxone to someone who is overdosing, with an overall aim to make naloxone widely available in communities.¹² OEND has shown to produce long-term knowledge improvement regarding opioid-related overdose, improve attitudes toward naloxone, and allow individuals to safely and effectively manage overdoses with a long-term goal of reducing opioid-related overdose mortality.¹³ A key component of OEND is direct outreach to individuals in community settings and events. In June 2024, a state law came into effect specifying that indoor or outdoor music venues that can hold 1000 or more people must carry Narcan.¹⁴ As a result, CDPH partnered with sister agencies, Chicago Department of Cultural Affairs and Special Events (DCASE) and Office of Emergency Management and Communications (OEMC) to provide OEND at city-sponsored events and festivals throughout the summer.

Summer festival outreach became an integral component of SOR-ICS outreach strategy, as it allowed CDPH to directly interact with community members and truly meet them where they are. This strategy relied on coordination with sister agencies, community partners, and other teams at CDPH. We partnered with the Chicago Department of Cultural Affairs and Special Events to provide OEND at the Chicago Blues Festival and Taste of Chicago Neighborhood Pop-Ups at Marquette Park and Pullman

¹¹ ODMAP Training Manual 2024. <https://www.odmap.org/Content/docs/training/general-info/ODMAP-Training-Manual.pdf>

¹² Deaton G, Hiltz B, Cowley A, Larimore E, Young AM. HEALing Communities Study Overdose Education and Naloxone Distribution (OEND) Outreach Manual. University of Kentucky. June 6, 2023. <https://fw.uky.edu/HEALKYResources>.

¹³ Razaghizad A, Windle SB, Filion KB, et al. The Effect of Overdose Education and Naloxone Distribution: An Umbrella Review of Systematic Reviews. *Am J Public Health.* 2021;111(8):1516-1517. doi:10.2105/AJPH.2021.306306a

¹⁴ 235 ILCS 5/6-39. <https://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=023500050K6-39>

Park. We collaborated with CDPH's Community Safety Coordination Center to provide OEND at the summer safe space activation initiative, Take Back the Block, in Auburn Gresham, Austin, Humboldt Park, and South Shore. We also coordinated OEND efforts at community-sponsored festivals, including South Shore Summer Festival, Thalia Hall Block Party, and Villapalooza. We partnered with two FQHC's, Access Community Health Network and Mile Square Health Center, to support us with staffing these events. Over the course of the summer, we distributed 1064 intranasal naloxone units, 1142 fentanyl test strips, and 1137 xylazine test strips and provided overdose education directly to community members.



Community Partners, Mile Square Health Center, at Taste of Chicago Marquette, July 27, 2024.

Community Coordination

In summer 2021, CDPH met with community partners involved in substance use and overdose prevention on Chicago's West Side to review ways in which the Office of Substance Use could best support their work. Partners highlighted the need for hyperlocal data and mapping, as well as improved coordination among providers. Many were unaware of the services others provided, including their timing, locations, and method of delivery. In response, CDPH developed hyperlocal map pages for the 5 West Side community areas most impacted by opioid overdose: Austin, East Garfield Park, Humboldt Park, North Lawndale, and West Garfield Park.

These map pages, updated monthly, include heat maps of opioid-related EMS responses and spatiotemporal trends. The Chicago Fire Department (CFD) supplies EMS response data, which is overlaid with partner-submitted outreach times and locations. This data is further visualized on a heat calendar to identify high-overdose periods versus outreach activity times. CDPH also convened monthly coordination calls with over 50 stakeholders including City departments, healthcare providers, outreach organizations, and faith-based leaders, to improve alignment on overdose prevention efforts.

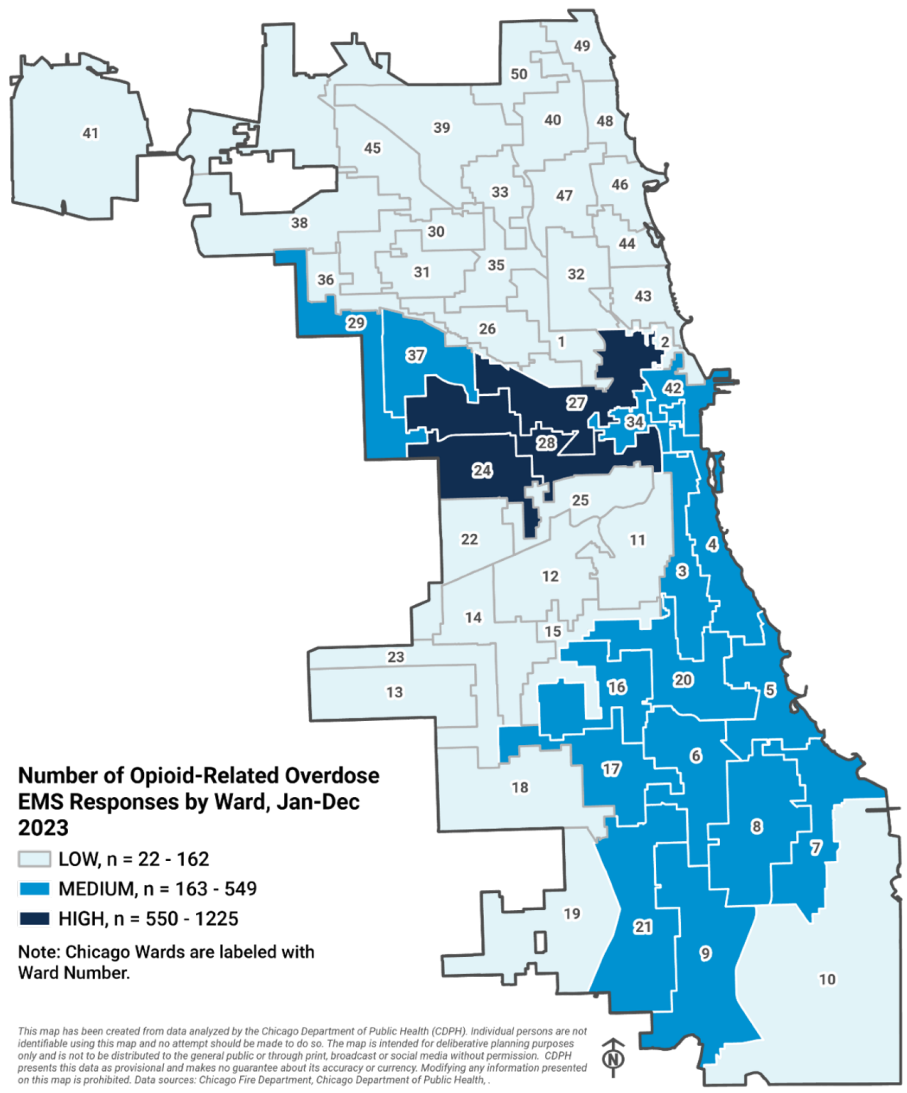
During SOR-ICS, CDPH began receiving weekly opioid-related overdose EMS data from CFD, allowing coordination meeting to occur biweekly. This increased frequency enabled stakeholders to access more timely data and improve real-time decision-making. The additional meetings also fostered stronger collaboration and integration into SOR-ICS framework.

For the first time, SOR-ICS initiative expanded hyperlocal heat maps to include all 50 Chicago wards. CDPH presented these maps to the Chicago City Council, along with a resource book and a comprehensive virtual harm reduction training. The training, made available to Chicagoans, covered opioid basics, overdose prevention using Narcan, an overview of Chicago's opioid data, and practical applications of the map book. CDPH distributed the resource book and training materials to all Council members and staff. Currently, CDPH partners with 15 ward offices to distribute Narcan free of charge to residents, empowering communities with tools to prevent opioid overdoses and save lives.

Case Study: Narcan Newsstands

The bi-weekly CDPH Substance Use Coordination meetings held during SOR-ICS provided attendees the opportunity to use near real-time data to respond to the opioid crisis in Chicago. Outreach organizations and service providers were able to plan the locations of outreach and coordinate the delivery of services. While outreach activities often include actively distributing naloxone to community members and engaging in conversations about harm reduction, a passive distribution model is being incorporated as well. A network of "Narcan newsstands" has been growing across Chicago, offering free access to Narcan from newspaper stands in various public places. Many of these boxes are strategically placed near a hosting organization to streamline restocking efforts. During SOR-ICS, the intersection of Lake and Pulaski on Chicago's West Side was identified as a 'hot area' for opioid-related overdose EMS responses. This information prompted Lawndale Christian Health Center to lead an initiative, informed by discussions during the coordination meetings, to place a Narcan newsstand at this high-need location. On July 26, 2024, a Narcan newsstand was placed at the corner. From the date of its placement to November 30, 2024, Lawndale Christian Health Center distributed 554 boxes of Narcan from the Lake and Pulaski newsstand.

FIGURE 11: NUMBER OF OPIOID-RELATED OVERDOSE EMS RESPONSES IN CHICAGO WARDS, 2023



Conclusion & Recommendations

SOR-ICS leveraged existing inter-agency and community partnerships within an emergency response structure to rapidly expand a range of interventions. Key lessons learned include:

- 1. Hyper-local approach:** Targeting resources in a geographically focused and time-sensitive manner enabled the saturation of resources such as Narcan in areas most heavily impacted by opioid-related overdoses.
- 2. Multi-sector data collection and interpretation:** The medetomidine investigation and subsequent response depended on timely data sharing between hospitals, state and local health departments, the CDC, and forensic and research laboratories. Hospitals should consider working with their local health department as well as harm reduction and community-based drug checking organizations to develop the infrastructure for drug checking as a mode of clinical and toxicological surveillance.
- 3. Maximizing government-community partnerships:** Existing partnerships between government agencies and communities can be intensified to maximize a time-and-place limited response. Door-to-door canvassing through Operation SOS, summer festival outreach, harm reduction kit-builds and the rapid deployment of new Narcan distribution sites exemplify the possibilities of leveraging such partnerships.
- 4. Ensuring a continuum of ongoing interventions:** SOR-ICS built upon an existing continuum of interventions around substance use harm reduction and recovery that was further developed and advanced during the summer activation. The consolidation of this continuum is ongoing. Maximizing the potential of the MAR NOW program and launching the Chicago Bridge pilot are both examples of this ongoing work.

Ultimately, SOR-ICS coincided with a significant 14.5% national decrease in opioid-related overdoses from 2023 to 2024.¹⁵ Focusing on the summer months (June to August 2023 vs. June to August 2024), Chicago experienced a 23% drop in opioid-related EMS responses from June to August, surpassing national and state declines of 14-21%.¹⁶ Moreover, the number of fatal opioid overdoses in Chicago has steadily declined since peaking in 2021 (Figure 3), reflecting meaningful progress.

However, hyperlocal data highlights ongoing challenges. On Chicago's West Side—the city's epicenter of the opioid crisis—opioid-related EMS responses declined by only 14% during the first eight months of 2024 compared to the same period in 2023. Over the summer months, this decrease was smaller (12%), and July 2024 saw more overdoses in five West Side neighborhoods compared to July 2023. This divergence from broader trends underscores the persistent, disproportionate impact of opioid-related injuries on the West Side. CDPH will continue refining hyperlocal strategies in 2025 and beyond, leveraging knowledge and lived experience to mitigate opioid-related morbidity and mortality effectively. Efforts in 2025 will prioritize:

- 1. Initiate ICS by May 1, 2025:** Early activation of community outreach partners by April-May, including through Operation SOS, may anticipate overdose spikes that began in May 2024.
- 2. Activate Continuum of Care:** Efforts will include centrally coordinated summer response across city-funded Linkage to Care partners, harm reduction outreach organizations, the MAR NOW program and the new Chicago Bridge program.
- 3. Synergize across summer incident command systems:** Centralize summer incident response around opioid-related overdoses and gun violence – two public health crises with similar seasonality and geographic concentration in Chicago – so trusted messengers can coordinate interventions along the continuum substance use, violence and justice-involvement.

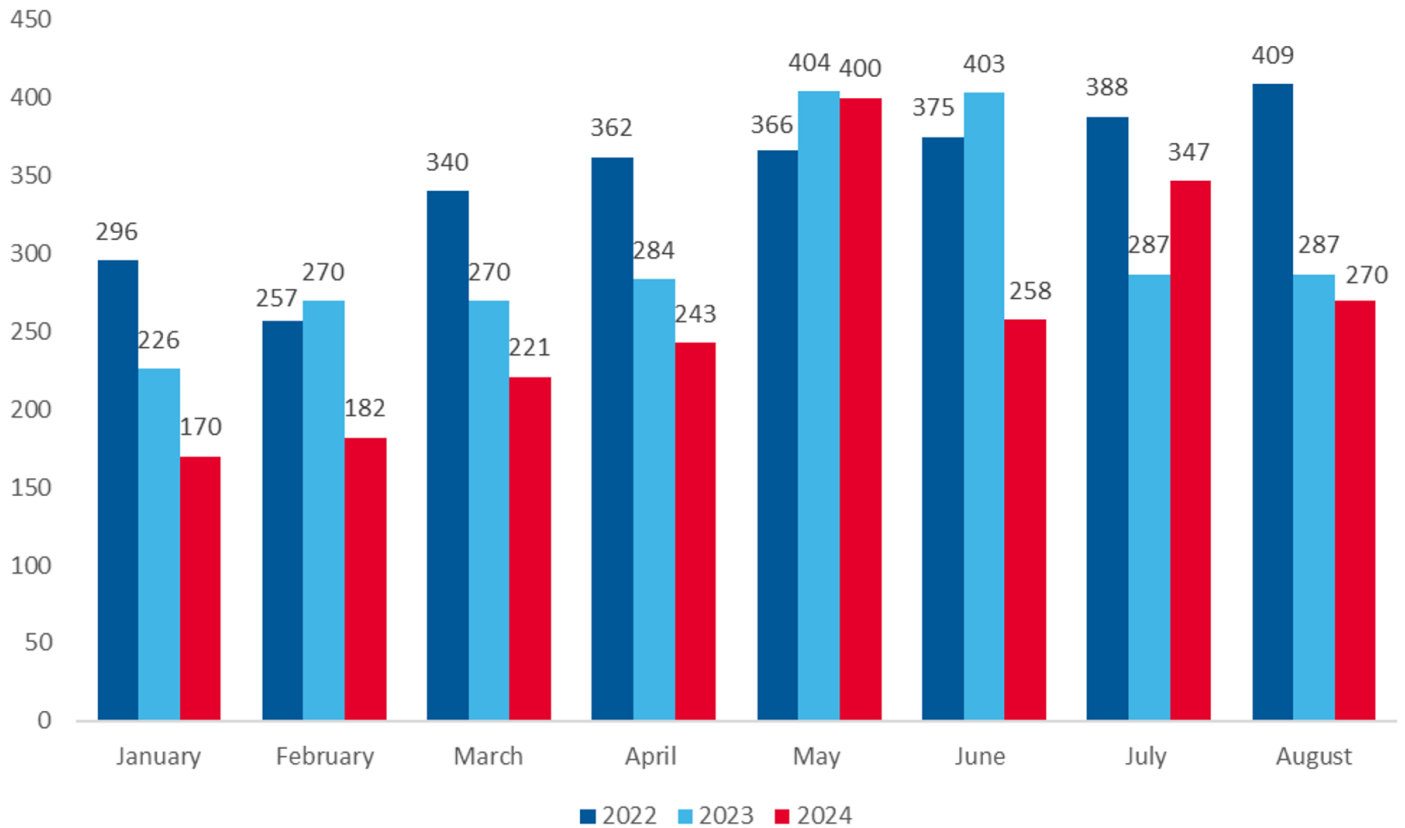
¹⁵ <https://www.dea.gov/press-releases/2024/11/15/deas-third-annual-national-family-summit-fentanyl-highlights-progress>

¹⁶ [Products - Vital Statistics Rapid Release - Provisional Drug Overdose Data](#)

4. Expand SOR-ICS to include the South Side: Chicago violence prevention efforts have been targeted across 15 priority community areas inclusive of the 5 West Side neighborhoods prioritized by SOR-ICS and South Side neighborhoods. Fusing the violence prevention and opioid overdose ICS will enable outreach and activation to extend to injury hotspots on Chicago’s South Side.

While progress has been made, the work to address the crisis—particularly in the hardest-hit communities—remains critical.

FIGURE 12: OPIOID-RELATED OVERDOSE EMS RESPONSES IN CHICAGO’S WEST SIDE COMMUNITY AREAS (AUSTIN, EAST GARFIELD PARK, HUMBOLDT PARK, NORTH LAWDALE, WEST GARFIELD PARK), JANUARY-AUGUST, 2022-2024



Data source: Chicago Fire Department