

Local Health Department Approaches to Opioid Use Prevention and Response: Chicago Department of Public Health



Introduction

The city of Chicago, Illinois has experienced recent increases in fatal opioid-related overdoses — almost doubling in two years from 426 deaths in 2015 to 796 deaths in 2017. For perspective, the 796 deaths due to opioid-related overdose in Chicago in 2017 is greater than the number of people who died from either gun-related homicide or traffic crashes.

Over 90% of fatal opioid overdoses in Chicago in 2017 involved illicit drugs (heroin and/or fentanyl). Compared to many jurisdictions in the US, Chicago has low rates of overdose deaths involving prescription opioid pain relievers. In Chicago, the highest rates of fatal opioid-related overdose occur among men, non-Hispanic Blacks/African Americans, and middle-aged adults (45-64 years). Fatal overdoses occur across all neighborhoods in Chicago, but communities experiencing high levels of economic hardship (i.e. high rates of poverty, unemployment, crowded housing, dependency, low educational attainment, and per capita income), such as neighborhoods on Chicago's west and south sides, see particularly high rates of opioid-related overdose deaths.

As a large city with unique opioid use trends, we chose to focus on harm reduction strategies to reach people who use drugs in non-traditional ways. These strategies included increasing naloxone awareness and access and engaging partners across multiple sectors.

Initiative Design and Implementation

As a health department, we are working to increase direct access to naloxone in Chicago communities that have been most impacted by fatal overdose deaths. Specific areas of focus are on the west and south sides of Chicago. South side community areas include Roseland, Englewood, Auburn Gresham, South Shore, Greater Grand, and Wood Lawn, while the West side community areas include Lawndale, East/West Garfield Park, Humboldt Park, and Austin. We are building internal capacity to provide naloxone trainings tailored to various organizations, such as neighborhood groups, the public, addiction treatment providers, and others. This activity was developed after many requests for naloxone trainings and information from community partners, as well as our desire to provide more direct community support as a department.

Equipping community members with the knowledge and tools to identify and respond to overdose events can help save lives. In fact, recently after an individual received training and obtained naloxone, he felt confident that he could identify an overdose, react appropriately, and use naloxone to save a life – and he did just that. Weeks later at another community meeting he expressed excitement and gratitude upon seeing the trainer again and told his story of how impactful the training had been to him and to the person he rescued. We are engaging these community groups in naloxone training during their regular meetings to reduce the burden of having to attend an additional training. This

also provides a venue to hear community concerns and thoughts about the opioid overdose epidemic and its impact to provide further direction for our overdose prevention programming.

We are also working alongside a well-established community partner, Chicago Recovery Alliance (CRA), to provide overdose prevention education to hard-to-reach, at-risk individuals. CRA hires Community Health Educators (CHE), who have lived experience with drug use to provide education on how to administer naloxone and where to obtain it. This peer-to-peer model facilitates deeper engagement with individuals who are actively using drugs. The CHEs know where to reach people who are actively using and can relate to the stigmatization of having a substance use disorder. Each encounter between a CHE and community member

Naloxone is a medication that can counter the effects of opioid overdose, thereby “reversing” an overdose. Often known by brand name Narcan. Can be administered intravenously, intramuscularly, or sprayed into the nose.

provides the opportunity for education on harm reduction (reducing the negative consequences associated with drug use), overdose risk education, and access to information about and administration of naloxone.

During the initial pilot of this outreach project, the CHEs realized that many individuals in the community were not being served by CRA through their syringe services programs because they were not injecting heroin, but rather snorting or smoking the drug. Not accessing the services or naloxone offered by CRA kept this population at high risk of opioid overdose. As a result, the program developed and tested “safer snorting and smoking kits” to engage and reduce the harm experienced by individuals who use methods other than injection to take their drugs and are therefore less likely to engage with traditional syringe exchange services. Through the Local Opioid Overdose and Response (LOOPR) project, this work continues to expand and CHEs can earn money and help save lives. Partnerships with Men Women In Prison Ministries (MWIPM) and Heartland Health Care

Centers (HHCC) have increased reach to individuals post-incarceration and experiencing homelessness who may be at risk for overdose. Eventually, we plan to shift this initiative from a pilot to a program that can be evaluated for effectiveness and possibly expanded to other communities. research/evidence based.



Lessons Learned

We will continue to develop the partnerships fostered through the LOOPR program and hope to continue these activities with future funding. The greatest facilitators for us have been our partners who were excited to work with us and dedicated to increasing education and awareness about opioid misuse and overdose. These partnerships have been helpful in carrying out the initiatives, as well as prioritizing and planning activities. New strategic planning efforts by CDPH will provide a framework for CDPH’s entire substance use prevention portfolio, provide guidance for when, where, and how often naloxone trainings will occur, and present realistic opportunities for program expansion and drive decisions.

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