OVERVIEW
We report on unintentional drug overdose deaths that occurred in counties participating in the Illinois Statewide Unintentional Drug Overdose Reporting System (SUDORS) in 2020. County participation in SUDORS is voluntary and not all Illinois counties reported data to SUDORS in 2020.

Table one shows the counties that reported data on unintentional drug overdose cases to SUDORS in 2020. In total, 52 of Illinois’ counties reported cases to SUDORS in 2020. These data represent 88.3% of all 2020 Illinois unintentional drug overdose cases.

SUDORS is part of a multi-state public health surveillance system collecting data on unintentional (e.g. non-suicide) drug overdose deaths operated by the Centers for Disease Control and Prevention (CDC) under the Overdose Data to Action (OD2A) initiative. The Illinois Department of Public Health (IDPH) implements OD2A in Illinois SUDORS is housed at Northwestern University under a bona fide agent agreement with IDPH.

SUDORS data come from death certificates and coroner/medical examiner, toxicology, and autopsy reports. It is the most comprehensive data system available on unintentional drug overdose deaths. SUDORS combines multiple sources of data to increase our understanding of the “what, where, when, how, and why” behind unintentional drug overdose deaths in Illinois. In this report, we present top-line findings using 2020 SUDORS data.

Questions or Comments?
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Section One: Decedent Demographic Findings

Three quarters of decedents were male.

Nearly half (48.6%) those deaths were among Non- Hispanic (NH) Whites; a little more than a third were NH Blacks. NH Whites make up the largest proportion of drug overdose deaths captured in SUDORS. NH Blacks are second only to NH Whites in the proportion of drug overdose deaths captured in SUDORS.

About half of those who died by unintentional drug overdose death in Illinois in 2020 held a high school diploma or GED.

Adults between the ages of 25 and 64 years make up the bulk of Illinois’ unintentional drug overdose deaths. With the exception of teens/young adults (15-24) and older adults, 65+ unintentional drug overdose decedents were split fairly evenly between 25-34, 35-44, 45-54, and 55-64-year-olds. Each of these age groups represents about one-fifth of Illinois unintentional drug overdose deaths in 2020. The very young (15-24) and very old (65+) had the least deaths among age groups.

The majority of those who died by unintentional drug overdose death in Illinois in 2020 had never married.
Section Two: Toxicology Findings

Nearly 90% of unintentional overdose deaths in SUDORS data tested positive for at least one opioid. Of those who tested positive for opioids, 74.3% had fentanyl (a powerful synthetic opioid) as a cause of death.

Nearly a quarter of those who died from an unintentional drug overdose death in the IL SUDORS were positive for alcohol at the time of their death. When opioids and alcohol are combined, there is increased potential for negative outcomes.

Most of the unintentional drug overdose decedents in SUDORS did not test positive for methamphetamine at the time of their death. Note that we do find a higher percentage of methamphetamine related deaths in rural areas, compared to urban areas (data not shown).

Nearly a quarter of overdose decedents captured by SUDORS tested positive for benzodiazepines at the time of their death. When opioids and benzodiazepines are combined there is increased potential for negative outcomes.
Section Three: Fatal Overdose Incident Circumstances

Slightly less than half (48.2%) of unintentional drug overdose death incidents had a bystander present at the fatal overdose. Yet only 31.7% of decedents had naloxone (an opioid reversal drug) administered.

The majority of overdose decedents captured by SUDORS had no record of a recent release from an institution before their deaths. Of those that did have a recent release, the largest proportion came from a hospital setting.

A minority of overdose decedents captured by SUDORS had a documented history of a mental health problem(s) based on information from interviews conducted during the death investigation.

The bulk of overdose decedents died in a residence (house or apartment).

1. Institution refers to jail, prison, or a detention facility, hospital, psychiatric hospital, other psychiatric institution, long term residential health facility (e.g. nursing home), supervised residential facility related to alcohol or substance abuse treatment (e.g. residential treatment facility, sober house or group home), supervised residential facilities not related to alcohol or substance abuse treatment (e.g. halfway houses or work-release homes), other or unknown type of institution.
Section Four: Summary

Unintentional drug overdose deaths are a significant problem in Illinois. The Illinois Statewide Unintentional Drug Overdose Reporting System (SUDORS) collects in-depth information on these deaths from participating counties. In 2020, SUDORS captured information on 88.3% of these deaths in Illinois. About 90% of these involved an opioid and of those deaths involving an opioid, three-quarters involved fentanyl. Polysubstance use is common in Illinois unintentional drug overdose deaths with alcohol and benzodiazepines the most common co-occurring substances with opioids. About 10% of these decedents were positive for methamphetamines, a growing problem nationally.

In Illinois, unintentional drug overdose death primarily affects adults of working age (25-64), males, and both Black and White residents.

Almost half of these decedents had one or more bystanders nearby at the time of their overdose yet only about a third of decedents had been administered naloxone, an overdose reversal drug. This suggests continued efforts to expand naloxone administration training and availability are needed. Most decedents in SUDORS did not have a recent release from an institution that could serve as a touchpoint for outreach and intervention.

However, among those that did have a recent release from an institution, the largest percentage was released from a hospital setting. This suggests that taking home naloxone when released from a hospital setting may be warranted. Finally, the bulk of decedents died of an overdose in a residential setting. This suggests that strategies for equipping building management in apartment settings with naloxone and naloxone administration training could be useful in preventing unintentional opioid overdose deaths.

Section Four: Resources


Illinois Helpline for Opioids & Other Substances: The Illinois Helpline for Opioids and Other Substances is the only statewide, public resource for finding substance use treatment and recovery services in Illinois. The Helpline is available 24 hours a day, 7 days a week at 833-2FINDHELP| HelplineIL.org

State of Illinois Department of Human Services, Division of Alcoholism and Substance Abuse Drug Overdose Prevention Program (DOPP)
DOPP develops guidelines and registers individual agencies and municipalities to administer naloxone and keeps track of naloxone reversals of trained first responders, bystanders, family and friends who have administered naloxone and have saved lives.
How do I register? Call 312-814-3840 or Visit: http://intranet.dhs.illinois.gov/oneweb/page.aspx?item=58142 and complete the enrollment package form IL444-2051. Email: DHS.DOPP.coordinator@illinois.gov for guidelines to implement your program.

Illinois Statewide Unintentional Drug Overdose Reporting System (SUDORS)
SUDORS is also open to sharing analysis results with researchers, policymakers, violence prevention programs, and others for more focused collaborative projects. Data Request Form

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