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

The Statewide Semiannual Overdose Report provides details on drug overdoses in Illinois for the year 2023 and includes data from previous years to allow for comparisons. The report consolidates the overdose reporting requirements called for by 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 synthetic opioids, heroin, and other substances, and non-fatal overdose information reported by hospitals to the Illinois Department of Public Health as required in the Hospital Licensing Act (210 ILCS 85/6.14g(b)). The report updates the “Statewide Semiannual Overdose Report – June 2024,” adding recent data and trends.

In 2023, drug overdose deaths decreased by 8.3% from 3,819 in 2022 to 3,502 in 2023, the first reduction in drug overdoses since 2018. Opioid overdose deaths continued to account for the highest numbers of drug-related deaths but decreased by 9.7% from 3,160 in 2022 to 2,855 in 2023. Demographic data is included that indicates a continuation of previously reported racial disparities, with non-Hispanic Black or African American populations disproportionately affected by opioids.

Updates, information, and reporting on drug overdoses may be found on the IDPH website at <http://dph.illinois.gov/opioids/home> and <https://idph.illinois.gov/OpioidDataDashboard/>.

Sincerely,

Sameer Vohra, MD, JD, MA  
Director

# Statewide Semiannual Overdose Report

## Illinois Department of Public Health

January 2025

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### ALL DRUG OVERDOSES

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In 2023, the Centers for Disease Control and Prevention (CDC) predicts 105,007 people will die from drug overdoses in the United States,<sup>1</sup> which is a 4% decrease in the overall age-adjusted rate of drug overdose deaths. The number includes 3,502 Illinois residents who died from drug overdoses in 2023.

In 2023, there was an 8.3% decrease in overdose deaths from any drug in Illinois (Table 1), the first reduction in drug overdose deaths in the state since 2018. Many of those who died from drug overdose tested positive for more than one substance at their time of death. A single individual may be included in multiple categories. Deaths involving any opioids decreased by 9.7%, and deaths involving synthetic opioids (i.e., fentanyl and fentanyl analogs) decreased by 9.5%. Deaths involving heroin and natural and semi-synthetic opioids decreased by 21.2% and 17.4%, respectively.

Other substances include cocaine, alcohol, psychostimulants, benzodiazepines, and xylazine. Alcohol and psychostimulants-related fatalities increased by 0.8% and 1.5%, respectively. Benzodiazepine-related overdoses decreased by 10.5%. Overdose fatalities involving cocaine decreased by 2.5%. Xylazine, a non-opioid veterinary sedative, has been increasingly prevalent in the unregulated drug supply. Xylazine-involved deaths increased by 6.4% in 2023.

With decreasing drug overdose deaths, opioids continue to account for the majority of deaths (82%; Fig. 1). Additionally, opioids are responsible for the highest drug overdose fatality rates across all Illinois geographic categories (Fig. 2; Table 2).

Table 1. Drug Overdose Deaths, Illinois Residents, 2022-2023

Drug Involved	2022	2023	Percent Change
Any Drug	3819	3502	-8.3%
Any Opioid	3160	2855	-9.7%
<i>Synthetic Opioid</i>	2889	2614	-9.5%
<i>Heroin</i>	532	419	-21.2%
<i>Natural and Semi-synthetic</i>	426	352	-17.4%
Cocaine	1479	1442	-2.5%
Alcohol	625	630	0.8%
Psychostimulants	529	537	1.5%
Benzodiazepines	449	402	-10.5%
Xylazine	234	249	6.4%

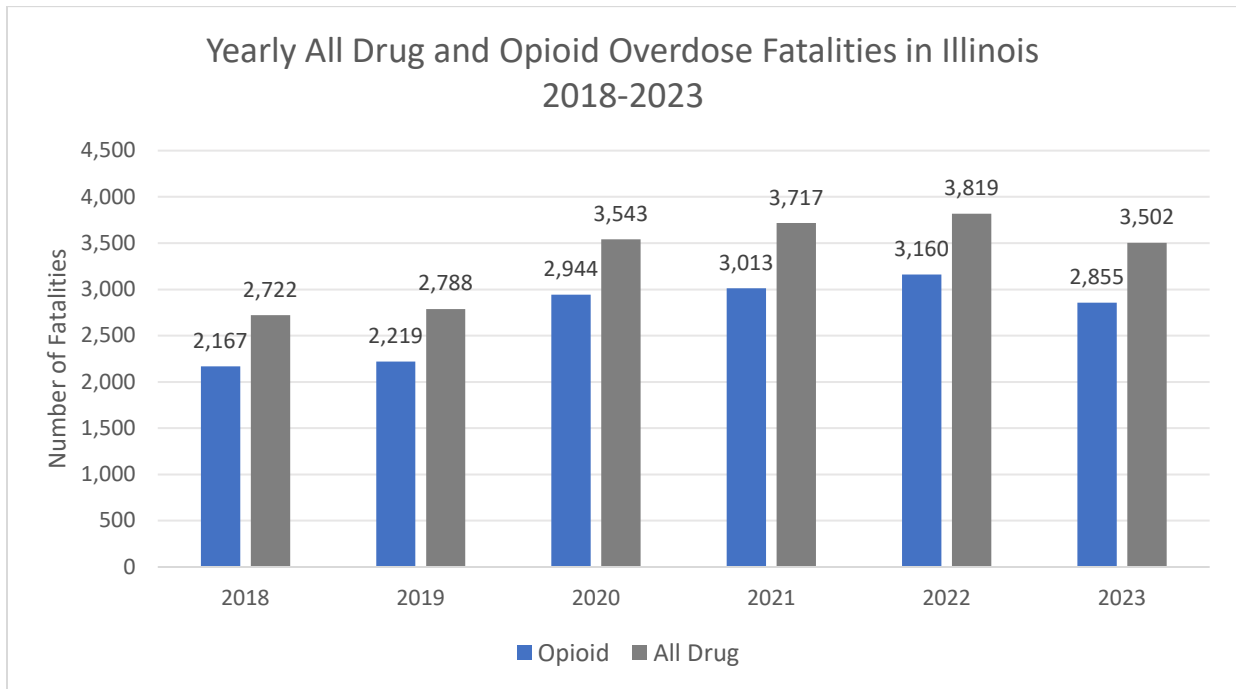


Figure 1. The number of all drug and opioid overdose deaths in Illinois per year from 2018-2023.

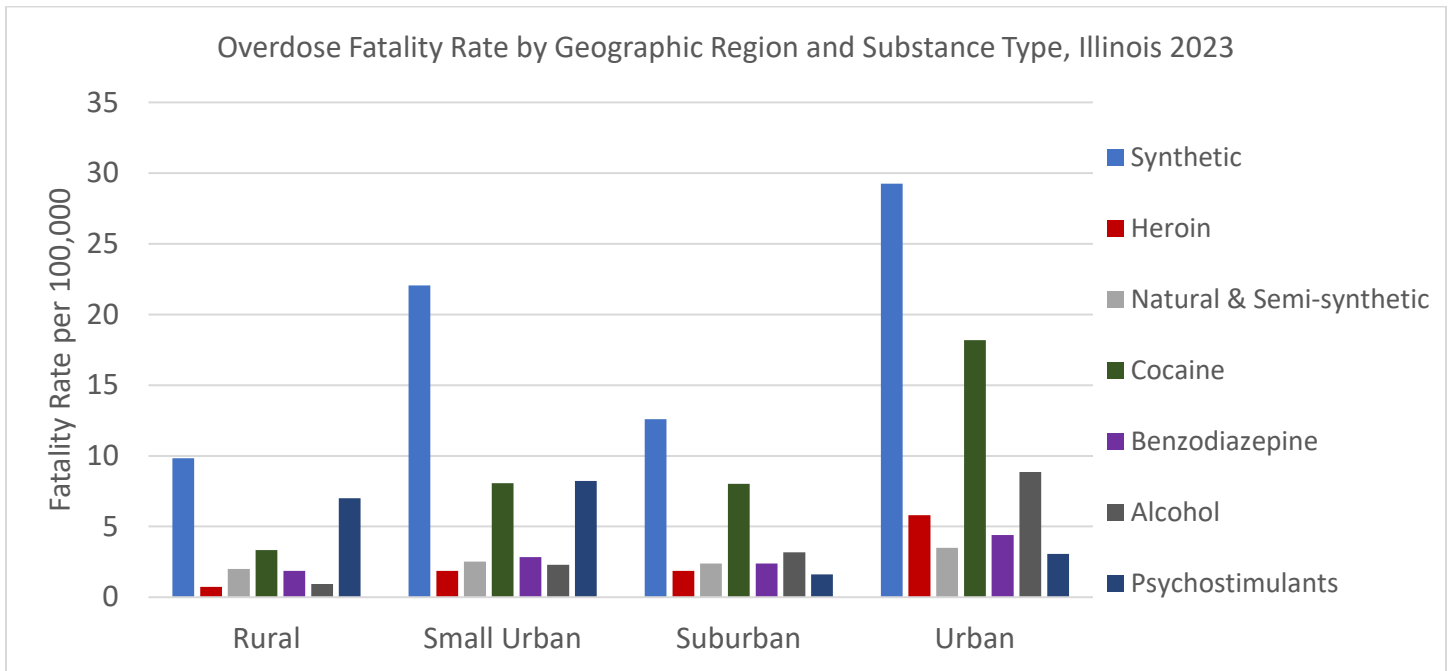


Figure 2. The overdose fatality rates (per 100,000 capita) by geographic region and substance type in Illinois in 2023.

Table 2. Overdose Fatality Rate by Geographic Region and Substance Type, Illinois 2023

Drug Involved	Rural	Small Urban	Suburban	Urban
Any Opioid	11.3	24.0	14.2	31.5
<i>Synthetic Opioid</i>	9.8	22.0	12.6	29.3
<i>Heroin</i>	0.7	1.9	1.9	5.8
<i>Natural and Semi-synthetic</i>	2.0	2.5	2.4	3.5
Cocaine	3.3	8.1	8.0	18.2
Benzodiazepines	1.9	2.8	2.4	4.4
Alcohol	0.9	2.3	3.2	8.9
Psychostimulants	7.0	8.2	1.6	3.1

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## FATAL OPIOID OVERDOSES

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In 2023, there were 2,855 fatalities due to opioid overdose in Illinois. This represents a 9.7% decrease from 2022 (Fig. 3). Monthly trends, although variable, have shown a generally decreasing trend through 2023 with a median monthly total of 239 deaths (Fig. 4). The monthly totals were generally higher in 2021 and 2022, with the median number of fatalities totaling 257 and 261, respectively.

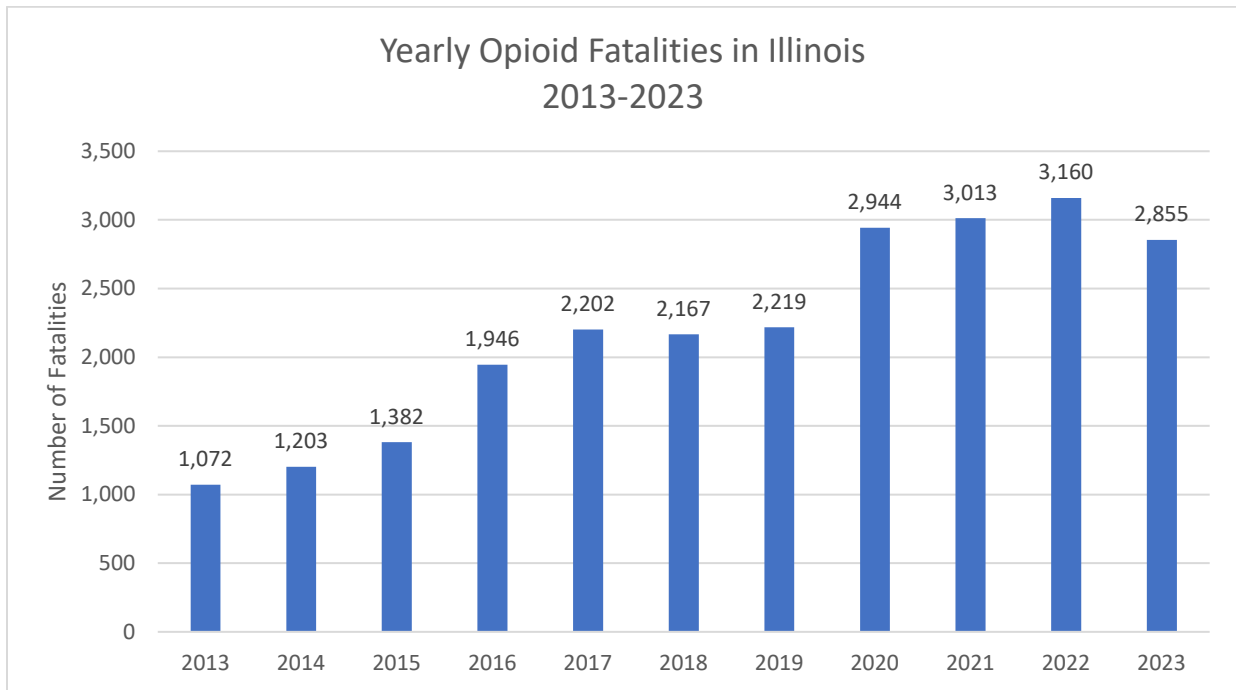


Figure 3. Yearly opioid fatalities in Illinois from 2013-2023 as reported by the Illinois Vital Records System, IDPH.

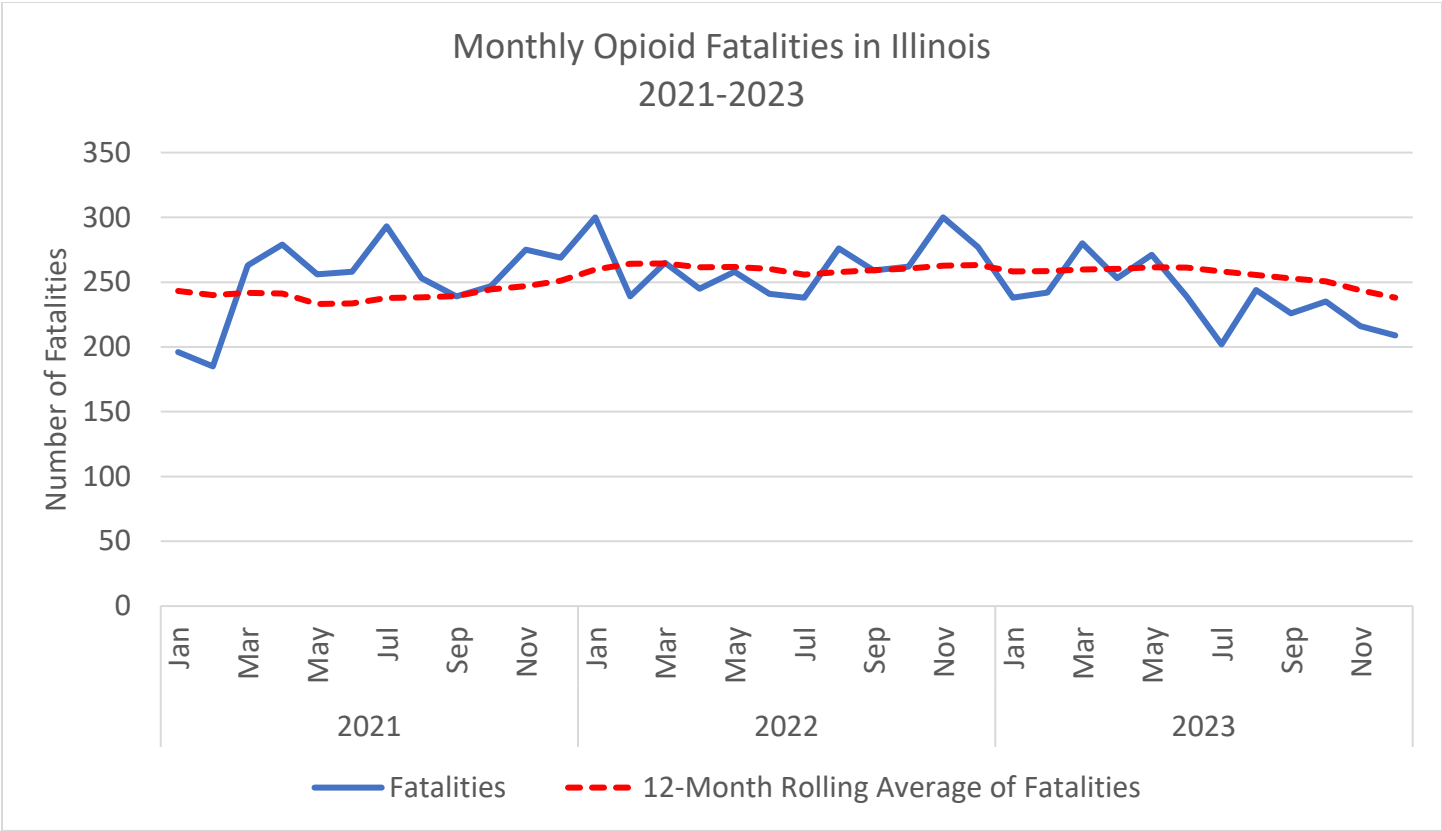


Figure 4. Monthly and 12-month rolling averages of opioid fatalities in Illinois from 2021-2023 as reported by the Illinois Vital Records System, IDPH.

Demographics of opioid fatalities are listed in Table 3. The highest number of opioid fatalities in 2023 occurred in non-Hispanic White individuals (1,295), while the highest age-adjusted fatality rate was among non-Hispanic Black individuals (69.3 per 100,000). There is a marked disparity between the fatality rates with non-Hispanic Black individuals of any age 3.9 times more likely to die from an opioid overdose than a non-Hispanic White individual.

The highest number of opioid fatalities occurred in the 35-44-year age group (645), followed closely by the 55-64-year age group (640). Similarly, the highest age-adjusted fatality rate occurred in the 55-64-year age group (40.4 per 100,000), followed by the 45-54 and 35-44-year age groups (39.9 per 100,000 and 38.5 per 100,000, respectively). Finally, the highest number and rate of opioid fatalities occurred in males (2,143; 34.2 per 100,000), which accounted for 75% of the fatalities.

Table 3. Statewide opioid fatality rate by race/ethnicity, age group, and sex for 2023 as reported by the Illinois Vital Records System, IDPH

	Total Number	Fatality Rate (per 100,000 of each population)
<b>Statewide*</b>	<b>2,855</b>	<b>22</b>
<b>Race/Ethnicity*</b>		
Non-Hispanic White	1,295	17.7
Non-Hispanic Black	1,168	69.3
Hispanic/Latinx	347	14.4
Non-Hispanic Other	45	4.4
<b>Age Groups<sup>+</sup></b>		
< 25	166	4.3
25 - 34	525	31.1
35 - 44	645	38.5
45 - 54	619	39.9
55 - 64	640	40.4
65 +	260	11.8
<b>Sex</b>		
Female	712	11.1
Male	2,143	34.2

\*Age-adjusted rates

+Age-specific rates

The rise in the number of opioid fatalities in the past decade nationwide is attributed to the influx of synthetic opioids (fentanyl and its analogs) into the drug supply and to an increase in polysubstance use. In 2023, toxicology testing found 2,614 (92%) of the opioid fatalities involved a synthetic opioid. Further, 1,964 (69%) of the opioid fatalities involved at least one additional substance (Table 4).

Table 4. Substance involvement in opioid-related fatalities for 2023, as reported by the Illinois Vital Records System, IDPH

<b>Total Opioid-Involved Fatalities</b>	<b>2,855</b>
Opioid Only	891
Opioid + Another Substance	1,964
<i>Multiple Substances</i>	749
<i>Cocaine</i>	658
<i>Psychostimulant</i>	212
<i>Benzodiazepine</i>	175
<i>Alcohol</i>	170

Opioid use and opioid fatalities are spread across the state. High opioid overdose rates occur in both urban, small urban, and rural counties, with 13 counties having a rate equal to or greater than the statewide opioid fatality rate of 22 deaths per 100,000 capita. Figure 5 and Tables 4 and 5 depict the provisional county-level opioid overdose fatality rate per 100,000 capita.





Table 4. The number of opioid fatalities and opioid fatality rate per 100,000 capita by county, 2023.

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Adams	6	9.3
Alexander	0	0.0
Bond	2	12.2
Boone	8	15.0
Brown	1	15.9
Bureau	2	6.1
Calhoun	0	0.0
Carroll	0	0.0
Cass	0	0.0
Champaign	43	20.9
Christian	2	6.0
Clark	2	13.3
Clay	1	7.7
Clinton	2	5.4
Coles	2	4.3
Cook	1604	31.5
Crawford	0	0.0
Cumberland	0	0.0
DeKalb	9	9.0
DeWitt	2	13.0
Douglas	1	5.1
DuPage	103	11.2
Edgar	0	0.0
Edwards	0	0.0
Effingham	1	2.9
Fayette	2	9.5
Ford	1	7.5
Franklin	4	10.8
Fulton	1	3.1
Gallatin	1	21.4
Greene	2	17.3
Grundy	12	22.4
Hamilton	0	0.0
Hancock	0	0.0
Hardin	0	0.0
Henderson	0	0.0
Henry	6	12.4
Iroquois	4	15.3

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Jackson	8	15.3
Jasper	1	10.9
Jefferson	3	8.3
Jersey	5	23.7
Jo Daviess	0	0.0
Johnson	0	0.0
Kane	64	12.4
Kankakee	27	25.5
Kendall	13	9.3
Knox	5	10.3
Lake	130	18.3
LaSalle	15	13.8
Lawrence	1	6.8
Lee	1	3.0
Livingston	3	8.5
Logan	5	18.1
McDonough	2	7.5
McHenry	38	12.1
McLean	19	11.1
Macon	19	18.9
Macoupin	7	15.9
Madison	72	27.4
Marion	6	16.4
Marshall	2	17.1
Mason	1	8.0
Massac	1	7.3
Menard	0	0.0
Mercer	1	6.5
Monroe	7	20.0
Montgomery	4	14.5
Morgan	8	24.9
Moultrie	1	7.0
Ogle	11	21.5
Peoria	50	28.2
Perry	3	14.6
Piatt	2	12.0
Pike	1	7.0
Pope	1	27.0

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Pulaski	0	0.0
Putnam	1	18.0
Randolph	0	0.0
Richland	0	0.0
Rock Island	18	12.7
St. Clair	57	22.7
Saline	4	17.5
Sangamon	64	33.1
Schuyler	0	0.0
Scott	0	0.0
Shelby	0	0.0
Stark	0	0.0
Stephenson	12	27.8
Tazewell	28	21.6
Union	0	0.0
Vermilion	28	39.1
Wabash	1	9.1
Warren	2	12.4
Washington	1	7.4
Wayne	2	12.7
White	0	0.0
Whiteside	7	12.8
Will	112	16.0
Williamson	3	4.5
Winnebago	124	44.1
Woodford	1	2.6

Table 5. The number of opioid fatalities and opioid fatality rate per 100,000 capita by county sorted by opioid fatality rate, 2023. The mean county fatality rate is 11.1 per 100,000 capita and the median county fatality rate is 9.9 per 100,000 capita.

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Alexander	0	0.0
Calhoun	0	0.0
Carroll	0	0.0
Cass	0	0.0
Crawford	0	0.0
Cumberland	0	0.0
Edgar	0	0.0
Edwards	0	0.0
Hamilton	0	0.0
Hancock	0	0.0
Hardin	0	0.0
Henderson	0	0.0
Jo Daviess	0	0.0
Johnson	0	0.0
Menard	0	0.0
Pulaski	0	0.0
Randolph	0	0.0
Richland	0	0.0
Schuyler	0	0.0
Scott	0	0.0
Shelby	0	0.0
Stark	0	0.0
Union	0	0.0
White	0	0.0
Woodford	1	2.6
Effingham	1	2.9
Lee	1	3.0
Fulton	1	3.1
Coles	2	4.3
Williamson	3	4.5
Douglas	1	5.1
Clinton	2	5.4
Christian	2	6.0
Bureau	2	6.1
Mercer	1	6.5
Lawrence	1	6.8
Moultrie	1	7.0
Pike	1	7.0

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Massac	1	7.3
Washington	1	7.4
McDonough	2	7.5
Ford	1	7.5
Clay	1	7.7
Mason	1	8.0
Jefferson	3	8.3
Livingston	3	8.5
DeKalb	9	9.0
Wabash	1	9.1
Kendall	13	9.3
Adams	6	9.3
Fayette	2	9.5
Knox	5	10.3
Franklin	4	10.8
Jasper	1	10.9
McLean	19	11.1
DuPage	103	11.2
Piatt	2	12.0
McHenry	38	12.1
Bond	2	12.2
Warren	2	12.4
Henry	6	12.4
Kane	64	12.4
Wayne	2	12.7
Rock Island	18	12.7
Whiteside	7	12.8
DeWitt	2	13.0
Clark	2	13.3
LaSalle	15	13.8
Montgomery	4	14.5
Perry	3	14.6
Boone	8	15.0
Iroquois	4	15.3
Jackson	8	15.3
Brown	1	15.9
Macoupin	7	15.9
Will	112	16.0

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Marion	6	16.4
Marshall	2	17.1
Greene	2	17.3
Saline	4	17.5
Putnam	1	18.0
Logan	5	18.1
Lake	130	18.3
Macon	19	18.9
Monroe	7	20.0
Champaign	43	20.9
Gallatin	1	21.4
Ogle	11	21.5
Tazewell	28	21.6
Grundy	12	22.4
St. Clair	57	22.7
Jersey	5	23.7
Morgan	8	24.9
Kankakee	27	25.5
Pope	1	27.0
Madison	72	27.4
Stephenson	12	27.8
Peoria	50	28.2
Cook	1604	31.5
Sangamon	64	33.1
Vermilion	28	39.1
Winnebago	124	44.1

## Special Populations

While fatalities due to opioid overdoses are decreasing, certain populations are still disproportionately affected or show concerning trends. One such group is the older non-Hispanic Black population, which has the highest rates of opioid overdose fatalities across all age groups, with the peak in the 55–64-year age group (Table 5). Non-Hispanic Black individuals of any age are 3.9 times more likely to die from an opioid overdose than non-Hispanic White individuals of any age (Table 2). However, when separated by age, the disparities are exacerbated in certain age groups. The fatality rate of non-Hispanic Black individuals aged 45-54 and 55-64 is 3.7 and 10.7 times higher than non-Hispanic White individuals of the same age, respectively. Moreover, the fatality rate of non-Hispanic Black individuals 65+ years of age is 15 times higher than non-Hispanic White individuals of the same age.

Table 5. Age-Specific Opioid Fatality Rate (per 100,000 capita) by Race/Ethnicity in Illinois, 2023

Race/Ethnicity	Age					
	< 25	25 - 34	35 - 44	45 - 54	55 - 64	65+
Non-Hispanic Black	11.2	46.2	64.1	119.6	194.0	67.5
Non-Hispanic White	3.0	33.2	39.7	32.2	18.1	4.5
Hispanic/Latinx	3.8	25.5	31.0	23.1	16.1	4.2
Non-Hispanic Other	1.6	5.7	9.8	4.7	5.3	3.1

Another Illinois population with a concerning trend is adolescents, specifically those 13-17 years of age. The number of fatalities due to synthetic opioids increased from three in 2020 to 14 deaths in 2021. The number remained elevated in 2022 and 2023, with 10 and 15 deaths, respectively, due to synthetic opioids (Fig. 6).

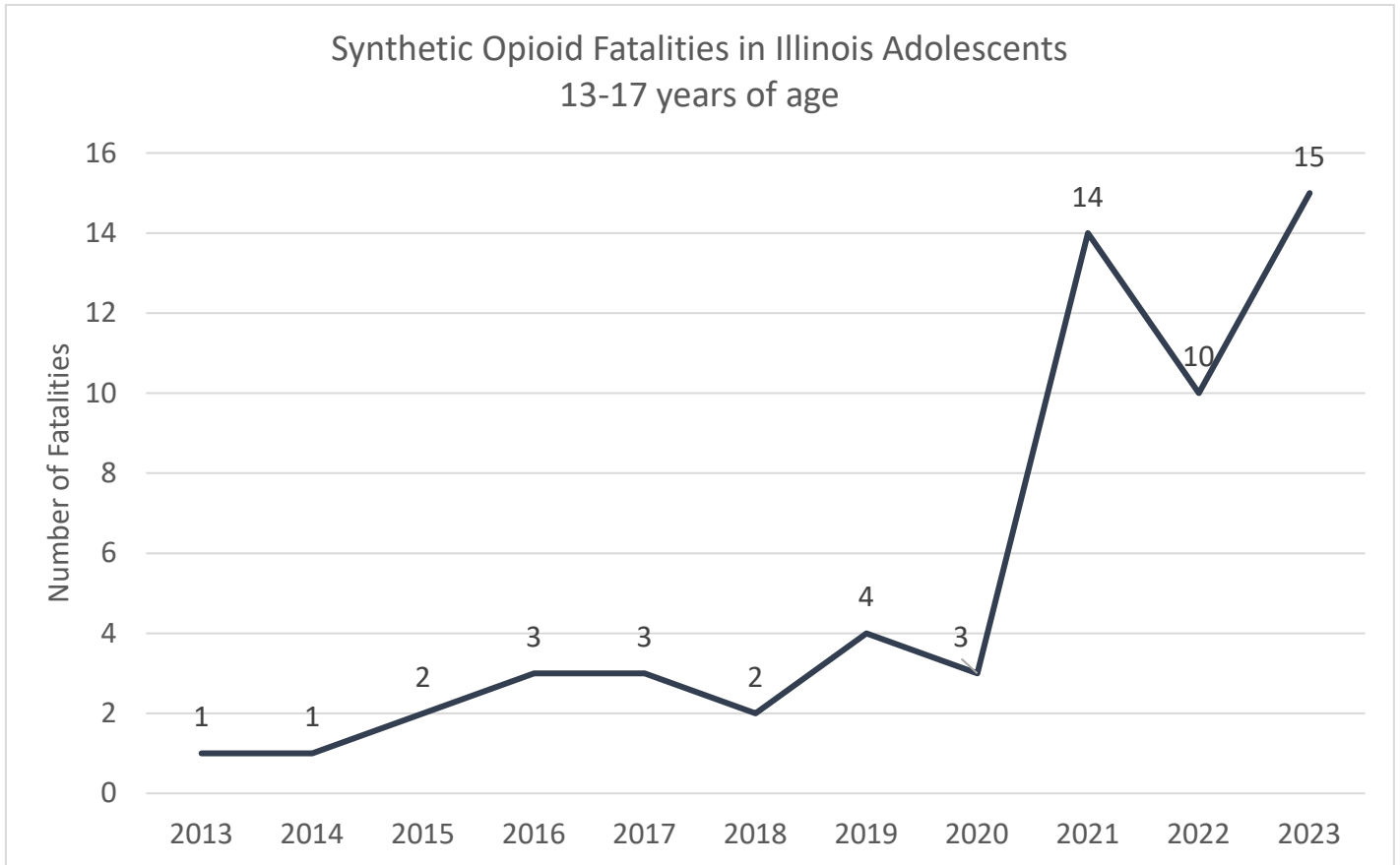


Figure 6. Synthetic opioid overdose fatalities in Illinois adolescents 13-17 years of age.

## Non-Fatal Opioid Overdoses

Monthly opioid overdose-related emergency department (ED) visits and emergency medical services (EMS) encounter trends are showing yearly seasonality, with the number of overdoses rising through the spring into summer and decreasing through autumn into winter (Fig. 7). In 2024, the peak number of opioid overdose-related ED visits and EMS encounters occurred in May and July and then decreased into autumn. However, the spring and summer peak in 2024 was of lower magnitude than the spring and summer peak of 2023.

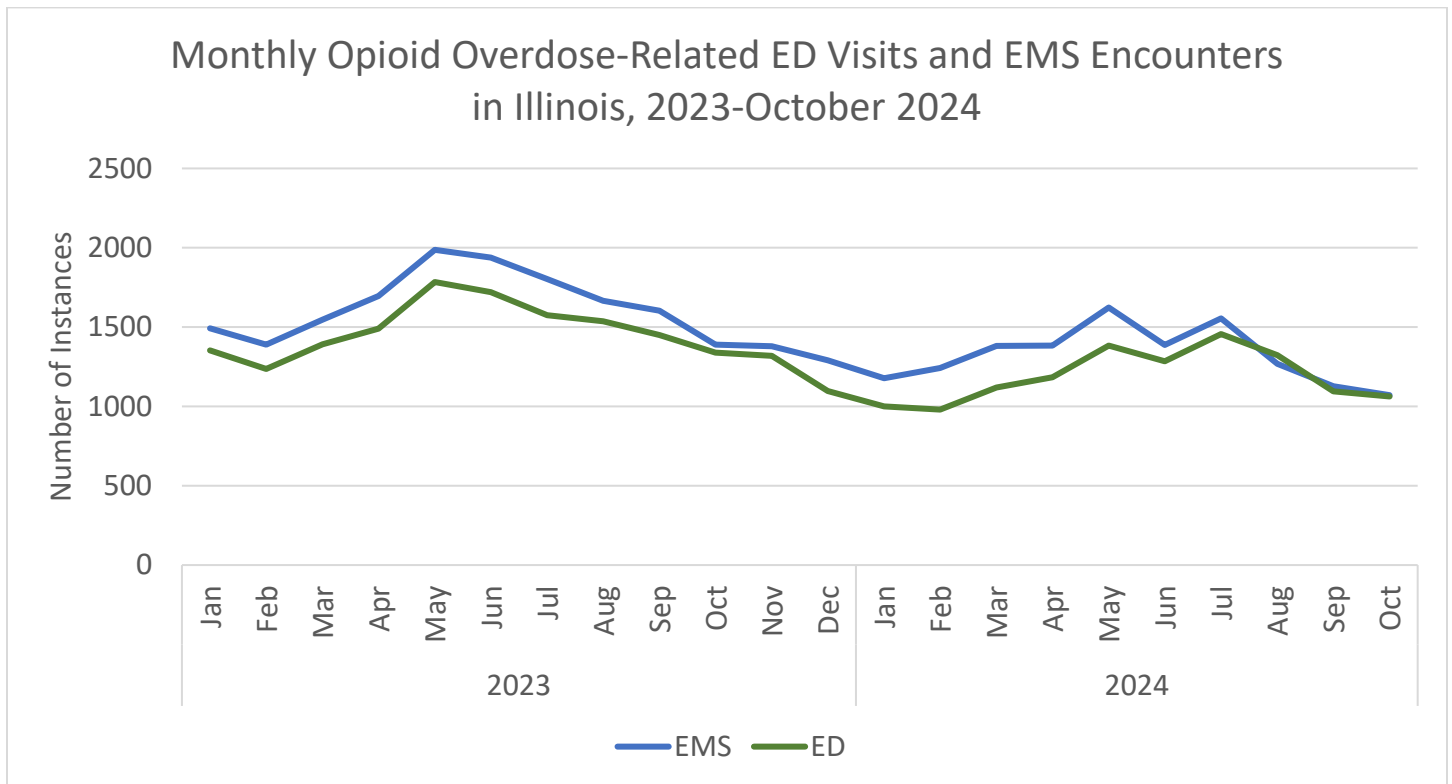


Figure 7. Monthly opioid overdose-related ED visits and EMS encounters in Illinois, 2023-October 2024. ED visits as reported by IDPH Syndromic Surveillance System; EMS encounters as reported by IDPH Prehospital Emergency Medical Services. The definition for EMS encounters was updated in May 2023 based upon updated recommendations from the Council of State and Territorial Epidemiologists (CSTE), resulting in more cases considered “suspected opioid overdoses.”

Illicit substances are not regulated and pose a significant risk of harm. If taking illicit substances, there are precautions that can be utilized. Consider testing the substance for fentanyl using fentanyl test strips. Carry naloxone and do not use substances alone. Also, be aware that more than one dose of naloxone may be required to reverse an overdose when a synthetic opioid is ingested. Naloxone can be obtained at your local health department or Drug Overdose Prevention Program. To find the closest provider, visit the Illinois Helpline online at <https://helplineil.org>, call 833-234-6343, or text “HELP” to 833234.

For more information on opioids, visit <https://dph.illinois.gov/topics-services/opioids.html>. If you or someone you know has an opioid use disorder, there is help, including treatment, available immediately, 24 hours a day, seven days a week. With the Medication Assisted Recovery Now (MAR NOW) service, a care manager can help callers determine the best treatment options and connect them to a provider for an immediate telephone appointment and medication prescription. Care managers can also facilitate a same- or next-day, in-person appointment. Callers are connected to ongoing treatment with a community provider that best meets their needs. Access the MAR NOW service at the Illinois Helpline numbers above.

## References

<sup>1</sup>Garnett MF, Miniño AM. Drug overdose deaths in the United States, 2003–2023. NCHS Data Brief, no 522. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: <https://dx.doi.org/10.15620/cdc/170565>