

Statewide Semiannual Overdose Report

Illinois Department of Public Health

December 2025

ALL DRUG OVERDOSES

The Illinois-specific fatality data for 2024 are preliminary. Numbers may change as cases are reviewed.

In 2024, the Centers for Disease Control and Prevention (CDC) predicts 81,711 people will have died from drug overdoses in the United States,¹ which is a 24% decrease in the overall age-adjusted rate of drug overdose deaths. The number includes 2,419 Illinois residents who died from drug overdoses in 2024.

In 2024, there was an 30% decrease in overdose deaths from any drug in Illinois (Table 1), the lowest number of drug overdose deaths since 2016. 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 35.6%, and deaths involving synthetic opioids (i.e., fentanyl and fentanyl analogs) decreased by 35.2%. Deaths involving heroin and natural and semi-synthetic opioids decreased by 16.7% and 19.6%, respectively.

Other substances include cocaine, alcohol, psychostimulants, benzodiazepines, and xylazine. All fatalities related to these substances showed a decrease in 2024 (Table 1).

With decreasing drug overdose deaths, opioids continue to account for the majority of deaths (76%; Fig. 1). Overall, opioids are responsible for the highest drug overdose fatality rates across all Illinois geographic categories (Fig. 2; Table 2).

Drug Overdose Deaths, Illinois Residents, 2023-2024

Drug Involved	2023	2024	Percent Change
Any Drug	3502	2419	-30.9%
Any Opioid	2855	1838	-35.6%
<i>Synthetic Opioid</i>	2614	1625	-37.8%
<i>Heroin</i>	419	330	-21.2%
<i>Natural & Semi-synthetic</i>	352	271	-23.0%
Cocaine	1442	1100	-23.7%
Alcohol	630	463	-26.5%
Psychostimulants	537	444	-17.3%
Benzodiazepines	402	375	-6.7%
Xylazine	249	208	-16.5%

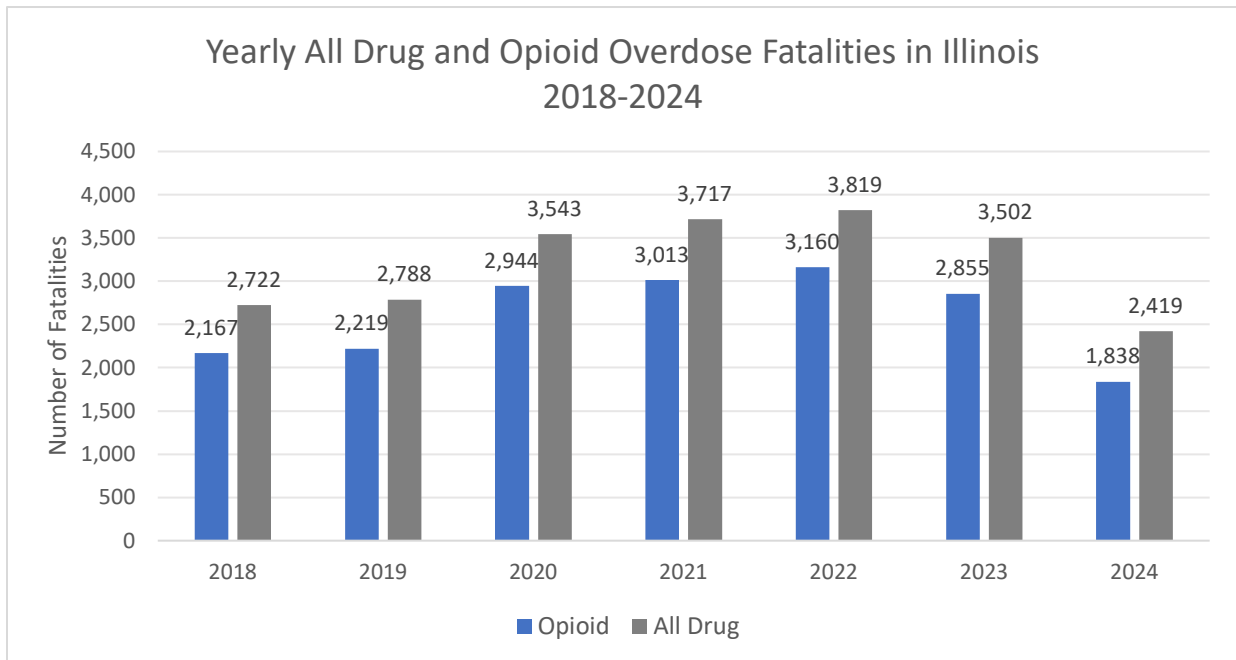


Figure 1. The number of all drug and opioid overdose deaths in Illinois per year from 2018-2024, as reported by the Illinois Vital Records System, IDPH.

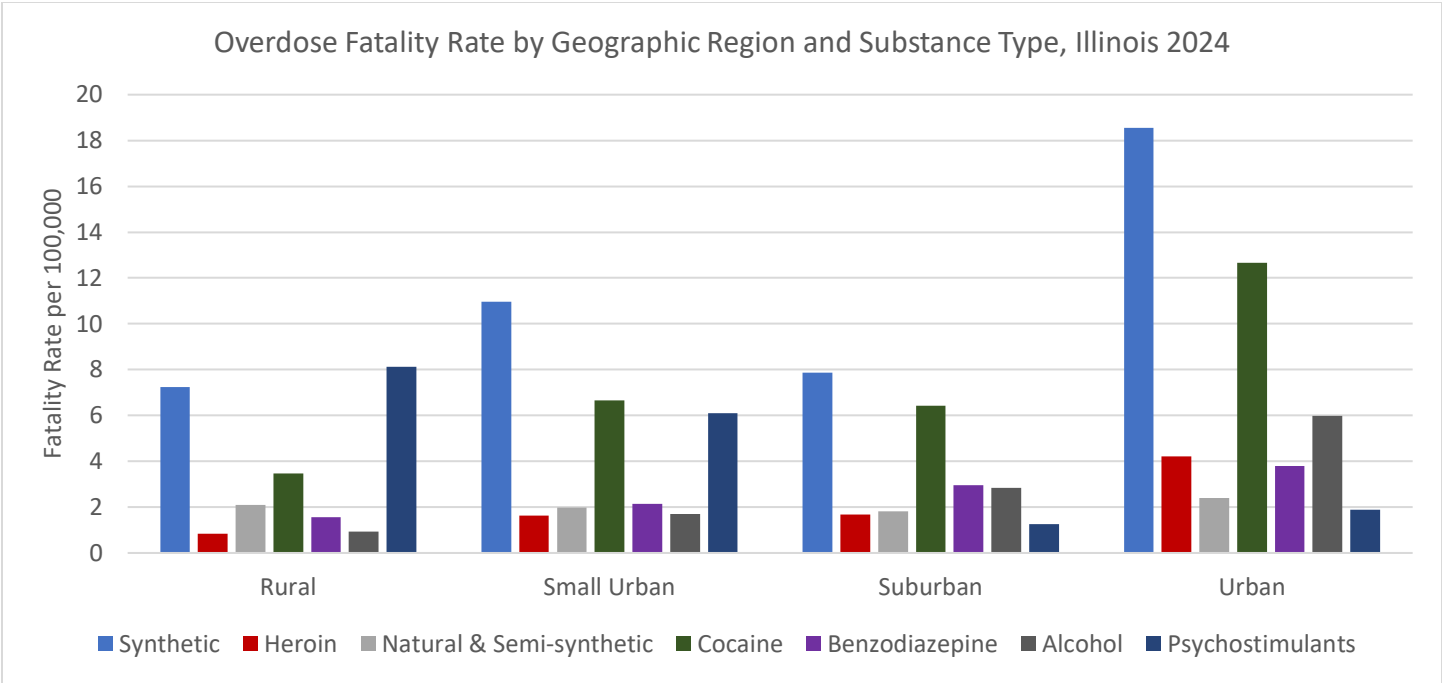


Figure 2. The overdose fatality rates (per 100,000 capita) by geographic region and substance type in Illinois in 2024, as reported by the Illinois Vital Records System, IDPH.

Table 2. Overdose Fatality Rate by Geographic Region and Substance Type, Illinois 2024

Drug Involved	Rural	Small Urban	Suburban	Urban
Any Opioid	8.8	12.7	9.6	20.2
<i>Synthetic Opioid</i>	7.2	11.0	7.9	18.5
<i>Heroin</i>	0.8	1.6	1.7	4.2
<i>Natural & Semi-synthetic</i>	2.1	2.0	1.8	2.4
Cocaine	3.5	6.7	6.4	12.7
Benzodiazepines	1.6	2.1	3.0	3.8
Alcohol	0.9	1.7	2.8	6.0
Psychostimulants	8.1	6.1	1.2	1.9

FATAL OPIOID OVERDOSES

In 2024, there were 1,838 fatalities due to opioid overdose in Illinois. This represents a 35.6% decrease from 2023 (Fig. 3). Monthly trends, although variable, have shown a generally decreasing trend through 2024 with a median monthly total of 165 deaths (Fig. 4). The monthly totals were higher in 2022 and 2023, with the median number of fatalities totaling 261 and 239, respectively.

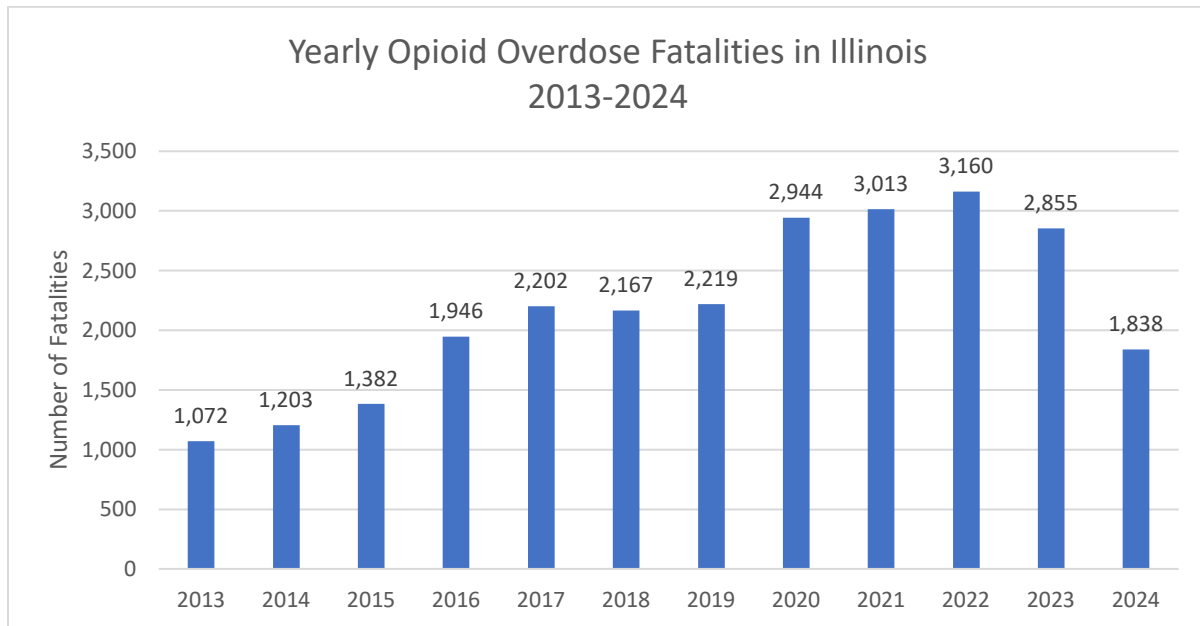


Figure 3. Yearly opioid fatalities in Illinois from 2013-2024 as reported by the Illinois Vital Records System, IDPH.

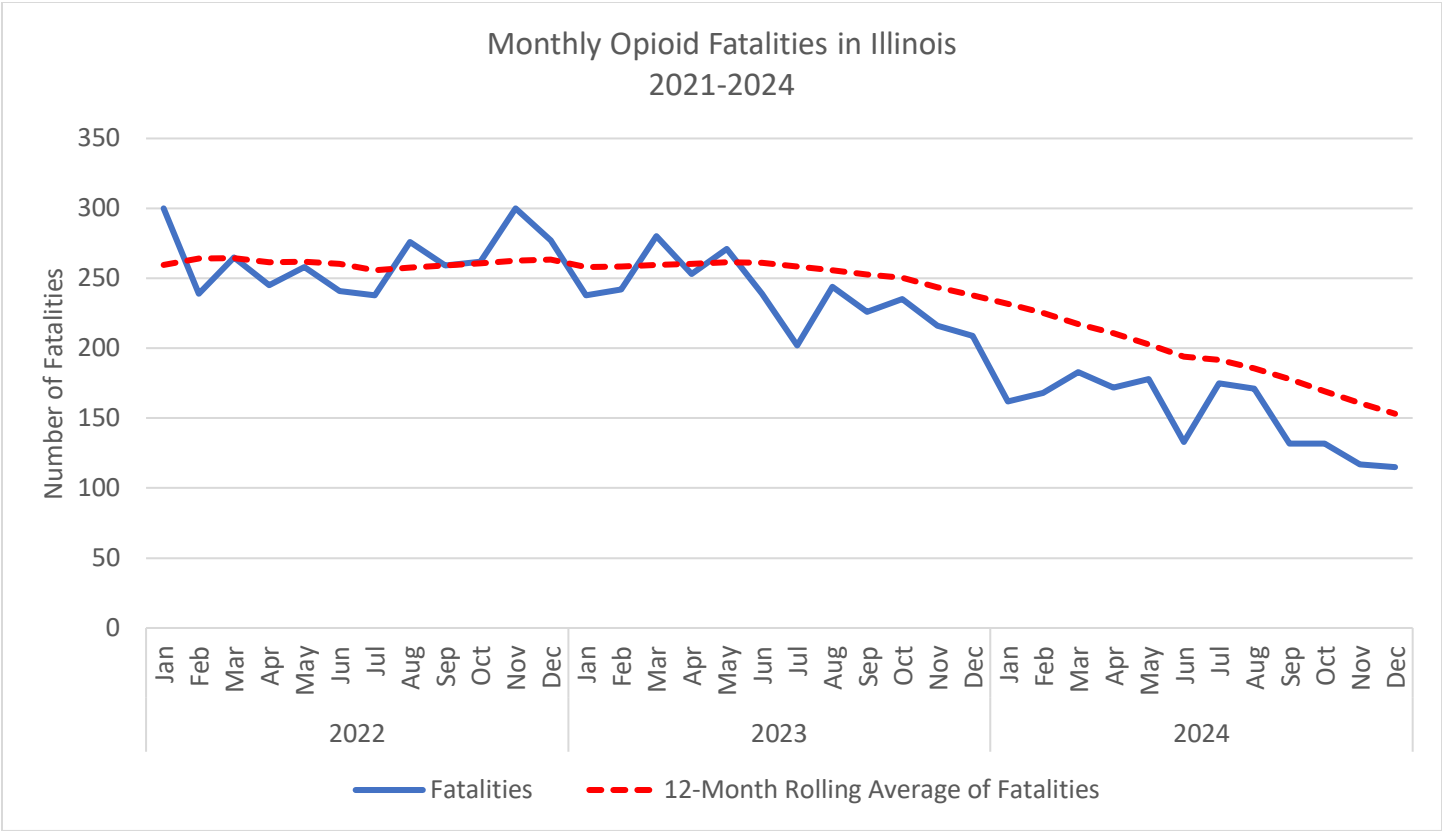


Figure 4. Monthly and 12-month rolling averages of opioid fatalities in Illinois from 2021-2024 as reported by the Illinois Vital Records System, IDPH.

Demographics of opioid fatalities are listed in Table 3. The highest number of opioid fatalities in 2024 occurred in non-Hispanic White individuals (898), while the highest age-adjusted fatality rate was among non-Hispanic Black individuals (42.3 per 100,000). There is a marked disparity between the fatality rates with non-Hispanic Black individuals of any age 3.4 times more likely to die from an opioid overdose than a non-Hispanic White individual.

The highest number of opioid fatalities occurred in the 45-54-year age group (425), followed closely by the 35-44-year age group (410) and the 55-64-year age group (408). Similarly, the highest age-adjusted fatality rate occurred in the 45-54-year age group (27.2 per 100,000), followed by the 55-64 and 35-44-year age groups (26.0 per 100,000 and 24.1 per 100,000, respectively). Finally, the highest number and rate of opioid fatalities occurred in males (1,340; 21.3 per 100,000), which accounted for 73% of the fatalities.

Table 3. Statewide opioid fatality rate by race/ethnicity, age group, and sex for 2024 as reported by the Illinois Vital Records System, IDPH

	Total Number	Fatality Rate (per 100,000 of each population)
Statewide*	1,838	14
Race/Ethnicity*		
Non-Hispanic White	898	12.3
Non-Hispanic Black	710	42.3
Hispanic/Latinx	215	8.8
Non-Hispanic Other	15	1.3
Age Groups⁺		
< 25	100	2.6
25 - 34	299	17.2
35 - 44	410	24.1
45 - 54	425	27.2
55 - 64	408	26.0
65 +	196	8.6
Sex		
Female	498	7.7
Male	1,340	21.3

*Age-adjusted rates

+Age-specific rates

Opioid use and opioid fatalities are spread across the state. High opioid overdose rates occur in both urban, small urban, and rural counties, with 18 counties having a rate equal to or greater than the statewide opioid fatality rate of 14 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, 2024.

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Adams	2	3.1
Alexander	0	0.0
Bond	1	6.0
Boone	4	7.5
Brown	0	0.0
Bureau	4	12.3
Calhoun	0	0.0
Carroll	1	6.5
Cass	1	7.9
Champaign	16	7.5
Christian	4	12.0
Clark	2	13.3
Clay	0	0.0
Clinton	1	2.7
Coles	4	8.6
Cook	1049	20.2
Crawford	0	0.0
Cumberland	0	0.0
DeKalb	9	8.9
De Witt	0	0.0
Douglas	2	10.1
DuPage	61	6.5
Edgar	3	18.3
Edwards	0	0.0
Effingham	1	2.9
Fayette	2	9.5
Ford	0	0.0
Franklin	2	5.4
Fulton	3	9.2
Gallatin	0	0.0
Greene	4	35.0
Grundy	5	9.3
Hamilton	0	0.0
Hancock	0	0.0
Hardin	0	0.0
Henderson	0	0.0
Henry	1	2.1
Iroquois	7	26.9

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Jackson	4	7.5
Jasper	0	0.0
Jefferson	9	24.9
Jersey	3	14.2
Jo Daviess	0	0.0
Johnson	0	0.0
Kane	37	7.1
Kankakee	16	15.0
Kendall	8	5.6
Knox	6	12.3
Lake	99	13.8
LaSalle	11	10.1
Lawrence	3	20.3
Lee	3	8.9
Livingston	9	25.4
Logan	3	10.9
McDonough	0	0.0
McHenry	34	10.8
McLean	20	11.6
Macon	10	9.9
Macoupin	4	9.1
Madison	33	12.5
Marion	9	24.7
Marshall	2	17.3
Mason	1	8.0
Massac	1	7.3
Menard	2	16.7
Mercer	0	0.0
Monroe	3	8.6
Montgomery	3	10.9
Morgan	6	18.4
Moultrie	2	13.9
Ogle	1	1.9
Peoria	21	11.7
Perry	2	9.9
Piatt	0	0.0
Pike	0	0.0
Pope	0	0.0

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Pulaski	0	0.0
Putnam	1	17.8
Randolph	1	3.3
Richland	0	0.0
Rock Island	5	3.5
St. Clair	35	13.9
Saline	4	17.5
Sangamon	44	22.6
Schuyler	0	0.0
Scott	0	0.0
Shelby	1	4.9
Stark	0	0.0
Stephenson	4	9.3
Tazewell	11	8.5
Union	0	0.0
Vermilion	20	28.1
Wabash	0	0.0
Warren	0	0.0
Washington	1	7.4
Wayne	1	6.3
White	1	7.5
Whiteside	1	1.8
Will	75	10.6
Williamson	3	4.5
Winnebago	61	21.5
Woodford	0	0.0

Table 5. The number of opioid fatalities and opioid fatality rate per 100,000 capita by county sorted by opioid fatality rate, 2024. The mean county fatality rate is 8.0 per 100,000 capita and the median county fatality rate is 7.5 per 100,000 capita.

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Alexander	0	0.0
Brown	0	0.0
Calhoun	0	0.0
Clay	0	0.0
Crawford	0	0.0
Cumberland	0	0.0
De Witt	0	0.0
Edwards	0	0.0
Ford	0	0.0
Gallatin	0	0.0
Hamilton	0	0.0
Hancock	0	0.0
Hardin	0	0.0
Henderson	0	0.0
Jasper	0	0.0
Jo Daviess	0	0.0
Johnson	0	0.0
McDonough	0	0.0
Mercer	0	0.0
Piatt	0	0.0
Pike	0	0.0
Pope	0	0.0
Pulaski	0	0.0
Richland	0	0.0
Schuyler	0	0.0
Scott	0	0.0
Stark	0	0.0
Union	0	0.0
Wabash	0	0.0
Warren	0	0.0
Woodford	0	0.0
Whiteside	1	1.8
Ogle	1	1.9
Henry	1	2.1
Clinton	1	2.7
Effingham	1	2.9
Adams	2	3.1
Randolph	1	3.3

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Rock Island	5	3.5
Williamson	3	4.5
Shelby	1	4.9
Franklin	2	5.4
Kendall	8	5.6
Bond	1	6.0
Wayne	1	6.3
Carroll	1	6.5
Du Page	61	6.5
Kane	37	7.1
Massac	1	7.3
Washington	1	7.4
White	1	7.5
Boone	4	7.5
Jackson	4	7.5
Champaign	16	7.5
Cass	1	7.9
Mason	1	8.0
Tazewell	11	8.5
Monroe	3	8.6
Coles	4	8.6
De Kalb	9	8.9
Lee	3	8.9
Macoupin	4	9.1
Fulton	3	9.2
Stephenson	4	9.3
Grundy	5	9.3
Fayette	2	9.5
Perry	2	9.9
Macon	10	9.9
Douglas	2	10.1
La Salle	11	10.1
Will	75	10.6
McHenry	34	10.8
Montgomery	3	10.9
Logan	3	10.9
Mclean	20	11.6
Peoria	21	11.7

County	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 Capita
Christian	4	12.0
Bureau	4	12.3
Knox	6	12.3
Madison	33	12.5
Clark	2	13.3
Lake	99	13.8
Moultrie	2	13.9
St Clair	35	13.9
Jersey	3	14.2
Kankakee	16	15.0
Menard	2	16.7
Marshall	2	17.3
Saline	4	17.5
Putnam	1	17.8
Edgar	3	18.3
Morgan	6	18.4
Cook	1049	20.2
Lawrence	3	20.3
Winnebago	61	21.5
Sangamon	44	22.6
Marion	9	24.7
Jefferson	9	24.9
Livingston	9	25.4
Iroquois	7	26.9
Vermilion	20	28.1
Greene	4	35.0

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 6). Non-Hispanic Black individuals of any age are 3.4 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 3.1 and 7.7 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 22.2 times higher than non-Hispanic White individuals of the same age.

Table 6. Age-Specific Opioid Fatality Rate (per 100,000 capita) by Race/Ethnicity in Illinois, 2024

Race/Ethnicity	Age					
	< 25	25 - 34	35 - 44	45 - 54	55 - 64	65+
Non-Hispanic Black	5.9	21.9	36.0	73.4	111.0	56.0
Non-Hispanic White	2.6	20.7	27.1	23.5	14.3	2.5
Hispanic/Latinx	1.6	13.0	18.0	17.1	13.1	2.0
Non-Hispanic Other	0.3	1.7	2.4	4.5	1.0	0.0

The opioid overdose fatality rates for all age groups within each race and ethnicity decreased from 2023 to 2024 (Table 7). The percent change in opioid overdose fatality rates ranged dramatically and while all groups showed a decrease, disparities between races and ethnicities remain.

Table 7. Age-Specific Opioid Fatality Rate (per 100,000 capita) by Race/Ethnicity in Illinois, 2022-2024

Race/Ethnicity	Age Group	2022	2023	2024	Percent Change 2023-2024
Non-Hispanic White	< 25	4.7	3.0	2.6	-15%
	25 - 34	36.8	33.2	20.7	-38%
	35 - 44	44.9	39.7	27.1	-32%
	45 - 54	31.8	32.2	23.5	-27%
	55 - 64	20.2	18.1	14.3	-21%
	65+	11.1	4.5	2.5	-44%
Non-Hispanic Black	< 25	8.6	11.2	5.9	-47%
	25 - 34	49.3	46.2	21.9	-53%
	35 - 44	76.6	64.1	36.0	-44%
	45 - 54	131.3	119.6	73.4	-39%
	55 - 64	207.0	194.0	111.0	-43%
	65+	69.2	67.5	56.0	-17%
Non-Hispanic Other	< 25	2.7	1.6	0.3	-84%
	25 - 34	9.7	5.7	1.7	-70%
	35 - 44	8.7	9.8	2.4	-75%
	45 - 54	4.1	4.7	4.5	-5%
	55 - 64	2.2	5.3	1.0	-81%
	65+	1.7	3.1	0.0	-100%
Hispanic/Latinx	< 25	3.6	3.8	1.6	-58%
	25 - 34	30.9	25.5	13.0	-49%
	35 - 44	26.4	31.0	18.0	-42%
	45 - 54	26.7	23.1	17.1	-26%
	55 - 64	20.3	16.1	13.1	-19%
	65+	7.4	4.2	2.0	-53%

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 less than 10 per year prior to 2021. The number remained elevated in 2023 and 2024, with 15 and 11 deaths, respectively, due to synthetic opioids (Fig. 6).

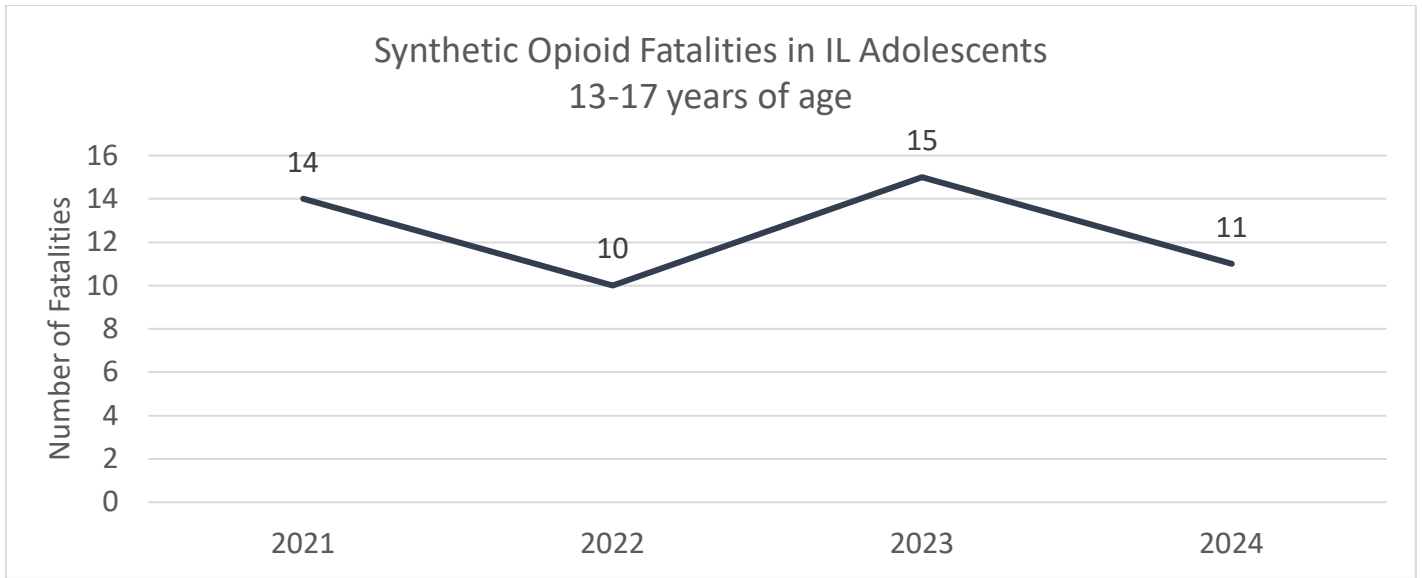


Figure 6. Synthetic opioid overdose fatalities in Illinois adolescents 13-17 years of age.

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.

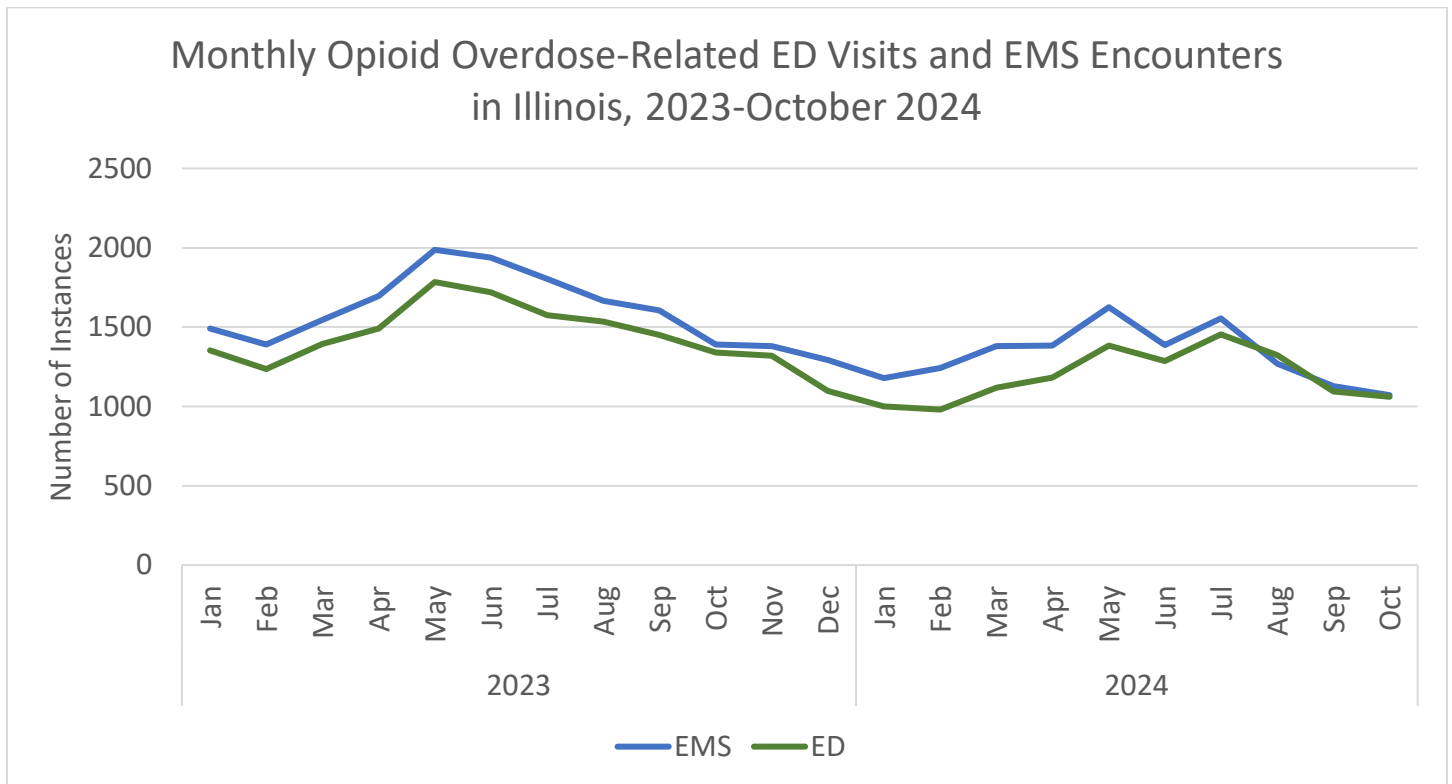


Figure 7. Monthly opioid overdose-related ED visits and EMS encounters in Illinois, 2023-October 2024. ED visits as reported by IDPH Syndromic Surveillance System; EMS encounters as reported by IDPH Prehospital Emergency Medical Services.

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

¹ Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2025. DOI: <https://dx.doi.org/10.15620/cdc/20250305008>