

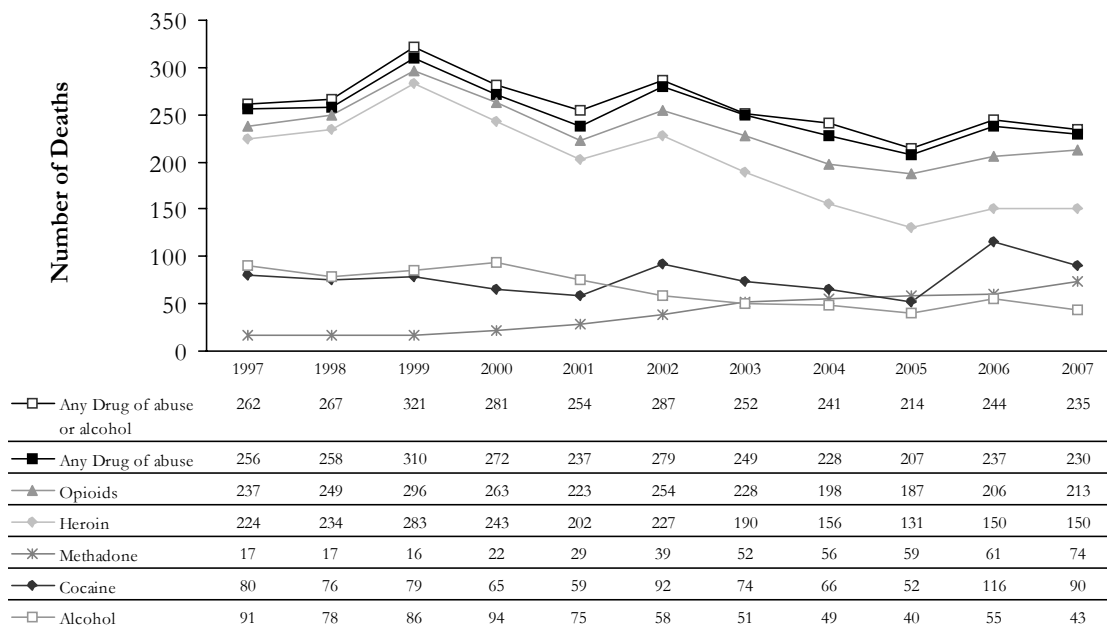
Substance Abuse

Importance: Substance abuse can lead to cognitive and physiological damage, chronic disease, infectious disease (through unsafe needle use) and in some cases death from overdose.

National statistic: In 2005, 8.1% of persons age 12 years or older reported using illicit drugs during previous month; in 2006, the drug-induced death rate nationwide was 11.5 per 100,000 Healthy People 2010 goal: 1.0 per 100,000 (drug-induced death)

Intoxication Deaths

Intoxication Deaths Associated with Drugs of Abuse or Alcohol According to Medical Examiner Records, Baltimore City Residents, 1995-2007



Source: Data from the Office of the Chief Medical Examiner (OCME); analyzed and reported by the Office of Epidemiology and Planning, Baltimore City Health Department in: *Intoxication Deaths Associated with Drugs of Abuse or Alcohol*. Baltimore City, Maryland: Baltimore City Health Department. January 2008. http://www.baltimorehealth.org/info/2008_01_24.IntoxicationDeaths.pdf

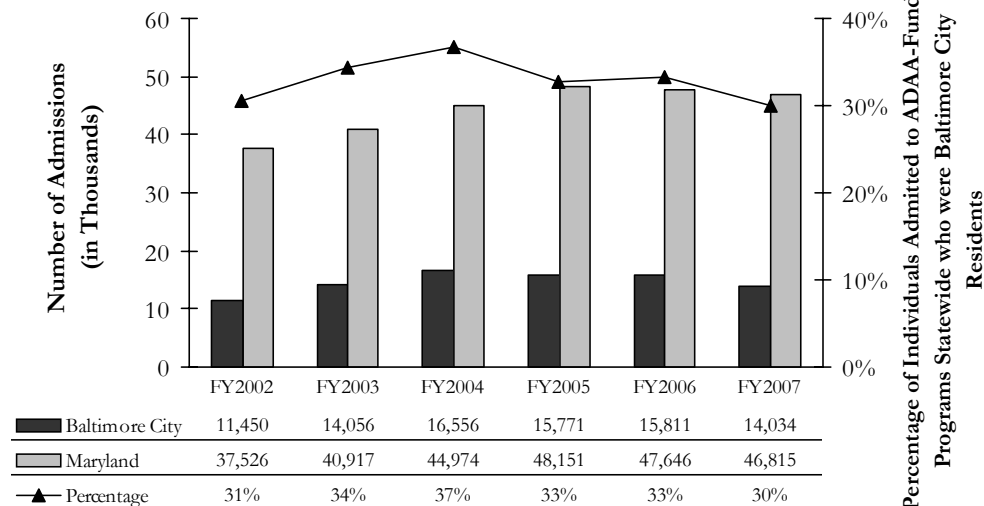
A 'drug of abuse' is any drug classified as a controlled substance by the federal Controlled Substance Act or any drug classified as a commonly abused drug by the National Institute on Drug Abuse. See source (above) for a list of drugs considered to be drugs of abuse.

- Intoxication deaths among Baltimore City residents increased in the late 1990's but have been decreasing since—intoxication deaths have declined by over 25% since 1999.
- Heroin is the most common drug associated with intoxication deaths. More than three-quarters (78%) of drug and alcohol intoxication deaths among city residents were associated with heroin from 1997-2007. In 2007, 64% of deaths were associated with heroin. This marks a dramatic decrease since the late 1990's, when heroin was implicated in almost 90% of intoxication deaths. Nonetheless, heroin remains the substance most commonly implicated in fatal intoxication deaths, and it is the most common cause of single-drug intoxication deaths.
- Cocaine was implicated in 30% of the deaths from 1997-2007; cocaine-associated intoxication deaths doubled between 2005 and 2006. Almost all the additional cocaine associated deaths also involved opioids, in particular heroin or methadone. One third of the increase in cocaine-associated deaths could be due improvements in detection of recent cocaine use in toxicological samples. This increase did not persist in 2007.
- Alcohol was involved in a quarter of intoxication deaths. Alcohol-associated deaths peaked between 1997 and 2000, and decreased by more than 50% between 2000 and 2005. As with drug of abuse-associated deaths, alcohol-associated deaths increased in 2006. In 2007, alcohol deaths returned to 2005 levels.

Substance Abuse

Treatment

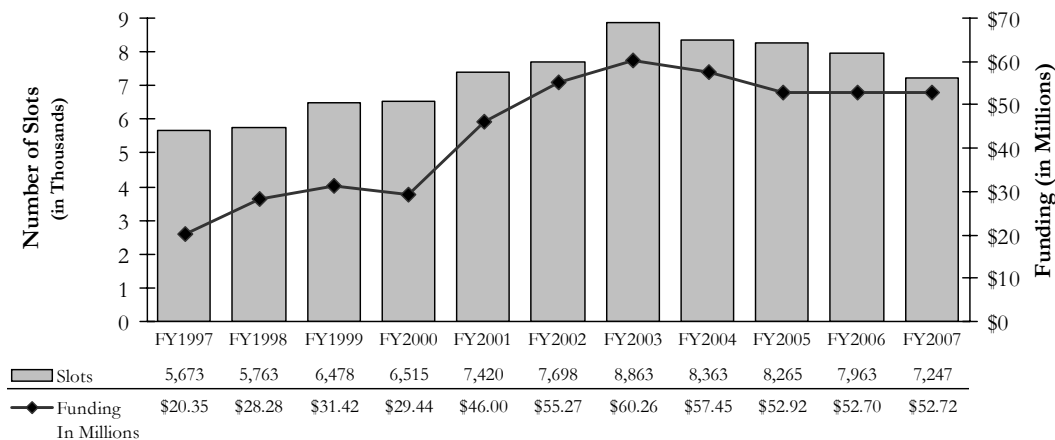
Substance Abuse Treatment Admissions of Baltimore City Residents to Maryland Publicly Funded Programs, Fiscal Years 2002-2007



Source: State of Maryland Department of Health and Mental Hygiene Alcohol and Drug Abuse Administration (ADAA)

- In fiscal year 2007, there were 14,034 admissions of Baltimore City residents to publicly funded inpatient and outpatient drug treatment programs in the state of Maryland. This is a decline of more than 2500 admissions from a peak of 16,556 admissions in FY 2004. In 2006, just over two-thirds of all admissions among Maryland residents to Maryland drug and alcohol treatment centers were publicly funded.

Substance Abuse Treatment Slot and Funding Trends*: Publicly Funded Programs for Baltimore City Residents, Fiscal Years 1997-2007



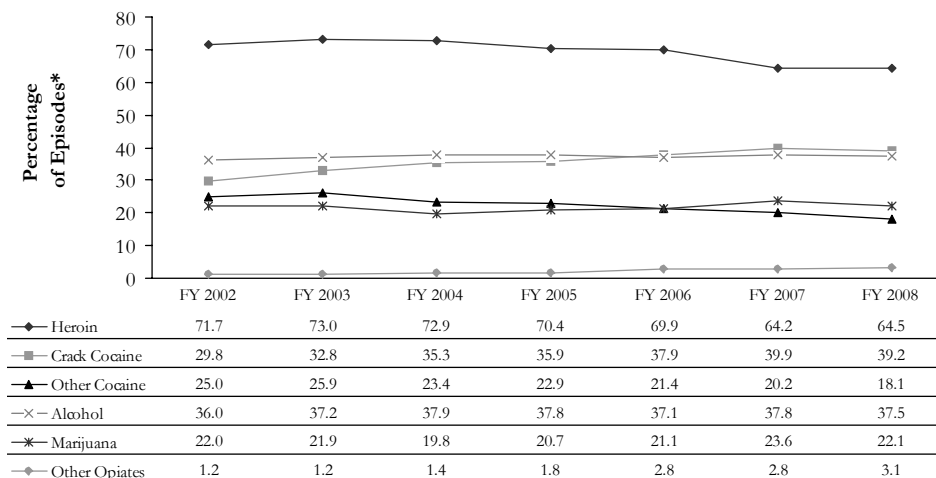
Source: Baltimore Substance Abuse Systems, Inc.; dollar figures not adjusted for inflation

*There is not a direct correlation between the number of slots and funding amount per year—the composition of slots (in terms of cost and type) changes from year to year. Also a single slot can be filled by more than one individual—i.e. one individual in the first 6 months of the year, and another in the second 6 months.

- Since FY1998, funding to Baltimore City's publicly funded substance abuse treatment programs has increased by 86%. The number of treatment slots have increased by 26% during this same time period.

Substance Use

Leading Substances of Abuse Mentioned at Admission to Maryland Publicly Funded Clinics, Baltimore City Residents, FY2002-FY2008



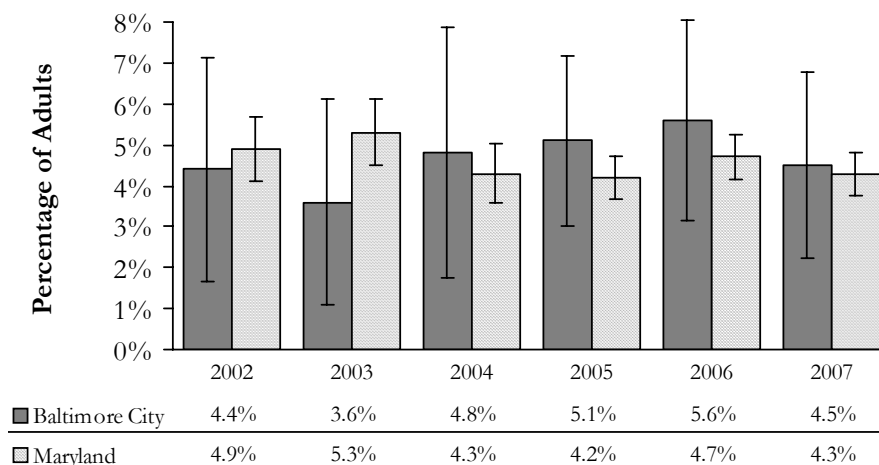
Source: Maryland Alcohol and Drug Abuse Administration.

*Up to three substances may be reported for each respondent, so percentages will not add up to 100

- Heroin was the most common substance of abuse reported by Baltimore City clients admitted to Maryland publicly funded substance abuse treatment programs; it was associated with almost 65% of admissions in FY2008. (In the rest of the state, alcohol is the most common substance reported at admission to treatment.)
- From FY2002 to FY2008 the percent of admissions associated with heroin have decreased by 10%. Crack Cocaine and alcohol related admissions have increased by 32% and 4%, respectively. Admissions related to opiates other than heroin have more than doubled, while admissions related to other cocaine products have decreased by 28%.

Chronic* Alcohol Use among Baltimore City and Maryland Residents, 2002-2007

- Approximately 5% of Baltimore City adults surveyed reported chronic alcohol use from 2002 to 2007, a percentage similar to that reported by Maryland residents over the same time period.



Source: Maryland Behavioral Risk Factor Surveillance System (BRFSS) - See technical notes for a description of the BRFSS data and methodology

*More than 2 drinks per day for men and more than 1 drink per day for women