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For Immediate Release

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Newly Released Studies Support Use of Buprenorphine and Methadone to Treat Heroin Addiction

May 24, 2007 – The Baltimore City Health Department and Baltimore Substance Abuse Systems, Inc. are releasing two new studies supporting the expanded use of buprenorphine and methadone to treat addiction to heroin and other opiates.

The studies show the high cost of opiate use for the health care system and the potential to reduce healthcare costs by expanding drug treatment. The studies build upon a report released in March, which found that opiate users receiving treatment accounted for far less health care costs than people not in treatment.

The studies were conducted by Center for Health Program Development and Management at the University of Maryland Baltimore County and financed by a grant from the Annie E. Casey Foundation.

In the first of the two new studies, *Opioid Exposure in Maryland Hospitals*, researchers found that the Maryland hospital system spent \$99 million in fiscal year 2005 to care for individuals with diagnoses suggesting opiate use. More than one-third of hospital visits involving opiate use diagnoses across the state were made by people without health insurance. These costs are financed by higher hospital and health insurance rates to everyone in Maryland.

The researchers concluded, “These data indicate that eradication of the morbidity associated with opioid diagnoses has the potential to save nearly \$100 million statewide (>\$60 million in Baltimore City) in hospital charges alone.”

In the second study, *Review of Cost-Benefit and Cost-Effectiveness Literature for Methadone or Buprenorphine as a Treatment for Opiate Addiction*, researchers surveyed the scientific literature to identify information on the cost-effectiveness of opiate treatment with methadone and buprenorphine. After closely reviewing the 13 most relevant papers, the study found that both methadone and buprenorphine are viable and cost-effective treatments.

The researchers concluded, “In summary, across all studies reviewed, it can be said that buprenorphine is either: almost as effective, equivalent to, or better than methadone – all conclusions that point toward expanded use.”

“This new research shows that effective drug treatment can save the health care system significant sums of money, even as it saves lives and restores our communities,” said Baltimore Mayor Sheila Dixon. “I look forward to working with hospitals and state officials to expand access to buprenorphine and identify new sources of support for drug treatment.”

“These studies demonstrate how much is to be gained in Maryland by engaging the health care system in drug treatment,” said Dr. Joshua M. Sharfstein, Commissioner of Health.

“This new research validates the aggressive approach taken in Baltimore to provide treatment with methadone and buprenorphine,” said Adam Brickner, President of Baltimore Substance Abuse Systems, Inc. “We need to expand investment in drug treatment as quickly as possible.”

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