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**FOR IMMEDIATE RELEASE**

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## Health Department Releases Report on Intoxication Deaths, January 1995 to September 2007

**BALTIMORE, MD** (January 24, 2008) – The Office of Epidemiology and Planning of the Baltimore City Health Department is releasing *Intoxication Deaths Associated with Drugs of Abuse Or Alcohol, Baltimore, Maryland, January 1995 through September 2007*. This report is based on an analysis of records provided by the Office of the Chief Medical Examiner of the State of Maryland.

“This important report demonstrates that while there has been progress, we still have far to go in reducing drug use and its fatal consequences in Baltimore,” said Dr. Joshua M. Sharfstein, Commissioner of Health. “It is critical that as many people as possible have access to effective drug treatment.”

In collaboration with the Office of the Chief Medical Examiner, the report will be updated every three months.

The executive summary of this report follows. The full report is attached and online <http://baltimorehealth.org>.

### **Executive Summary**

Drug and alcohol abuse remains a serious problem in Baltimore, contributing to HIV and other medical illnesses, crime and victimization, family breakdown and foster care, and other harm to individuals, families, and communities. Over the last decade, the availability of drug treatment has increased substantially. However, with essentially level funding over the past several years, many city residents remain unable to obtain timely access to effective treatment.

One perspective on the scope of the substance abuse problem in Baltimore is the number of deaths due to intoxication. We used records from the Maryland Office of the Chief Medical Examiner (OCME) to examine trends in intoxication deaths in Baltimore City from 1995 to 2007. We analyzed intoxication deaths of undetermined or accidental manner that involved drugs of abuse or alcohol.

Key findings include:

- **Intoxication is an urgent public health challenge.** Drug of abuse- and alcohol-associated death rates are three to four times higher in Baltimore than in Maryland or the United States as a whole. The number of people who die in the city from intoxication associated with drugs of abuse or alcohol is comparable to the number of people murdered. In six of the last 12 years, the number of intoxication deaths exceeded the number of homicides.
- **Heroin is the most common drug associated with intoxication deaths.** More than three-quarters (77%) of drug and alcohol intoxication deaths among city residents over the study period were associated with heroin. Cocaine was implicated in 29% of the deaths, and alcohol in 26%.
- **Intoxication deaths have declined by a quarter since 1999.** Intoxication deaths associated with drugs of abuse or alcohol among Baltimore City residents peaked in 1999 at 321 deaths, or 48.8 deaths per 100,000 residents, and have decreased relatively consistently since then, to 244 deaths in 2006, or 37.9 deaths per 100,000 residents.
- **Heroin-associated intoxication deaths in particular have decreased dramatically since the late 1990s.** Nearly half as many heroin-associated fatal intoxications occurred in 2006 than in 1999 (150 vs. 283.) In the late 90s, heroin was implicated in almost 90% of intoxication deaths; while in 2006, only 61% of deaths were associated with heroin. Nonetheless, heroin remains the substance most commonly implicated in fatal intoxication deaths, and it is the most common cause of single-drug intoxication deaths.
- **Intoxication deaths increased in 2006, but appear to be decreasing again in 2007.** Despite an overall trend of declining deaths, 2006 saw a 14% increase in drug of abuse or alcohol intoxication deaths compared to 2005, from 214 to 244. Data for the first three quarters of 2007 suggest intoxication deaths may be lower in 2007 than in 2006.
- **Cocaine-associated intoxication deaths doubled between 2005 and 2006.** After a decade of relatively stable counts, cocaine-associated intoxications more than doubled from 52 deaths in 2005 to 116 in 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. Data for the first three quarters of 2007 suggest cocaine deaths declined in 2007 compared to 2006.
- **Methadone-associated deaths increased gradually over the study period.** Methadone-associated deaths increased from 7 in 1995 to 61 in 2006, with a major jump occurring from 2002 to 2003. Since 2003, the increase has been more gradual, with deaths increasing from 52 in 2003 to 61 in 2006. In 2006, methadone was

associated with a quarter of the city's drug of abuse- and alcohol- associated intoxication deaths. Data for the first three quarters of 2007 suggest this trend will continue in 2007.

- **Alcohol is 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. Data for the first three quarters of 2007 suggest alcohol deaths in 2007 have returned to 2005 levels.
- **Victims were predominantly male, African American and middle-aged.** From January 2003 to September 2007, 69% of intoxication deaths among Baltimore City residents occurred among men and 65% among African Americans. This mirrors the racial composition of the city. Age at death ranged from 14 to 77 years, with a mean of 44 years.
- **Non-city residents accounted for between one in ten and one in six fatal intoxication incidents occurring in Baltimore.** Non-residents who suffered fatal intoxications in Baltimore were more likely than residents to be Caucasian (73% vs. 33%) and more likely to be male (79% vs. 69%).

Progress has been made over the last decade in reducing the number of Baltimore City residents who die from intoxication associated with a drug of abuse or alcohol. However, significant challenges remain, and increased efforts are needed to limit drug and alcohol abuse and its fatal consequences.

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