BALTIMORE SUBSTANCE ABUSE SYSTEMS

Drug Treatment in Baltimore: 2005

GOAL

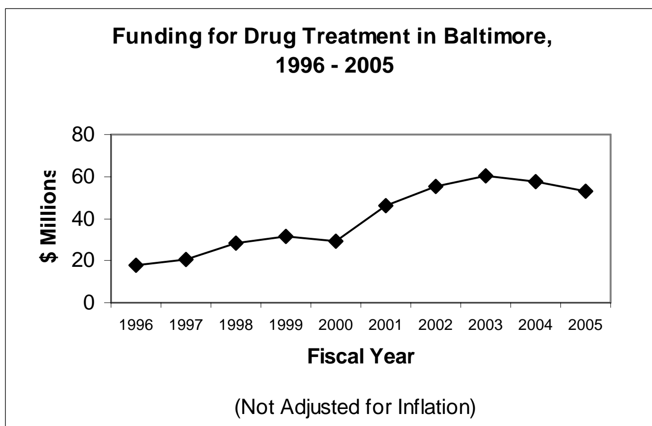
To prevent drug dependency and its adverse health, social and economic consequences in the City of Baltimore

TREATMENT FUNDS IN BALTIMORE CITY TRIPLE OVER LAST DECADE

During the past decade, the availability and accessibility of drug treatment services in Baltimore City has increased significantly.

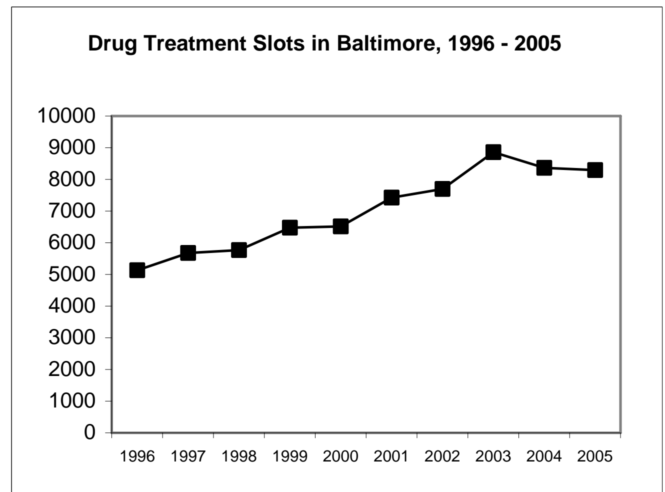
Funding for drug treatment services rose from $17.7 million in fiscal year 1996 to $60.3 million in fiscal year 2003. After 2003, funding dropped modestly. In fiscal year 2005, funding stood at $52.9 million – almost triple the funding level in 1996 (See Figure 1).

Figure 1.



The number of treatment slots rose from 5,136 in 1996 to 8,863 in 2003, and currently stand at 8,295 treatment slots. (See Figure 2). Between 1996 and 2005, there was a 62% increase in drug treatment slots. There is not a linear relationship between funding and treatment slots, because important categories of drug treatment can be both needed and more expensive.

Figure 2.



Treatment modalities

Methadone treatment (37%), residential treatment (28%) and non-residential treatment (24%) receive the majority of funding. (See Figure 3.)

Figure 3.
Distribution of Drug Treatment Funding and Slots in Baltimore City, 2005

Treatment Modality	Funding	Slots
Methadone	37%	55%
Residential	28%	6%
Non-residential	24%	36%
Detoxification	11%	2%

Accountability

The Baltimore City Health Department and Baltimore Substance Abuse Systems used bi-weekly accountability meetings called "DrugStat" to promote effective, efficient and accessible drug treatment services. At DrugStat, the President of BSAS reviews performance measurement data from all service providers funded by the City. This data is used to identify successful

strategies, share best practices, and improve program weaknesses.

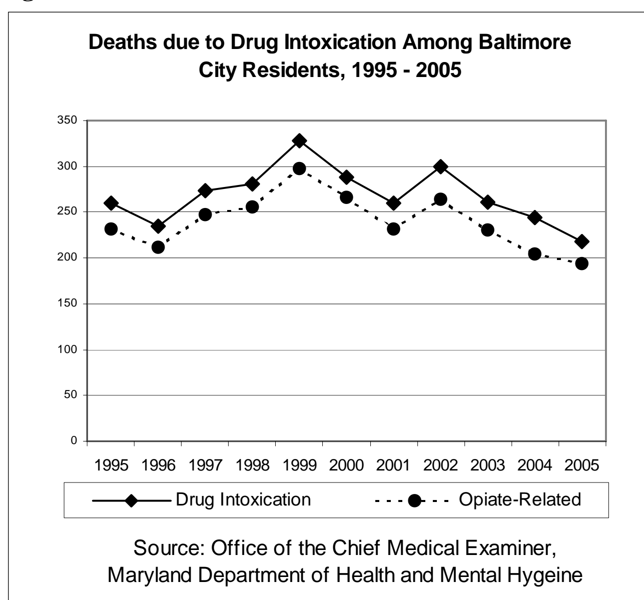
DEATHS DUE TO DRUG INTOXICATION AT LOWEST POINT IN MORE THAN 10 YEARS

In 2005, deaths due to drug intoxication among Baltimore city residents reached their lowest point during the past decade, according to an analysis of autopsy data by the Office of the Chief Medical Examiner of Maryland.[1]

Deaths due to illicit substances peaked in 1999, with 328 deaths. Since then, deaths decreased by 33.5% to 218 in 2005. During the past year, deaths decreased from 244 in 2004 to 218 in 2005 – a drop of 11%. (See Figure 4).

Deaths related to opiates followed a similar pattern, reaching their highest point in 1999 at 298 deaths. They fell to their lowest point in a decade in 2005, with 194 deaths. This represents a decrease of 35%, and 104 fewer deaths.

Figure 4.



According to the Office of the Chief Medical Examiner, deaths due to drug intoxication that took place in Baltimore City are also at a 10-year low.[2]

SYRINGE EXCHANGE REDUCES HIV TRANSMISSION; PREVENTION PROGRAM REVERSES OVERDOSES

To reduce injection drug use as a major cause of HIV transmission, the Baltimore City Health Department initiated a Needle Exchange Program in 1994. The program exchanges needles on a one-for-one basis, decreasing the circulation time of contaminated syringes in the community. Since 1994, the proportion of HIV cases attributable to injection drug use has dropped by approximately one-third in Baltimore City.[3]

The Staying Alive Program seeks to prevent deaths due to illicit substances by training injection drug users in CPR and the use of narcan. Since April 2004, 1,596 individuals have been trained. As of December 31, 2005, participants reported reversing 194 overdoses.

NEXT STEPS

Baltimore Substance Abuse Systems and the Baltimore City Health Department are committed to further reducing deaths and other problems due to substance abuse. These agencies are pursuing a variety of new strategies, including the expansion of office-based substance abuse treatment with buprenorphine.

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NOTES

[1] The Office of the Chief Medical Examiner of Maryland counted all deaths caused or complicated by drug intoxication, excluding those caused solely by alcohol intoxication or carbon monoxide poisoning. If toxicology results showed the presence of opiates, those deaths were considered opiate-related.

[2] According to the Office of the Chief Medical Examiner, the methodology for counting deaths that took place in Baltimore has changed over the last decade. For this reason, this snapshot presents the data from deaths for residents in Baltimore City. The results for the two analyses are very similar.

[3] Baltimore City Commission on HIV/AIDS Treatment and Prevention, *Interim Report 2005: HIV/AIDS in Baltimore City, An Ongoing Emergency* (Jan. 2006).