

THE BALTIMORE BANNER

New details revealed about Baltimore's plan to reduce drug overdose deaths by nearly half

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Mayor Brandon Scott at a press conference at Baltimore City Hall last summer laid out his plans for managing the money won from pharmaceutical companies as part

of ongoing opioid litigation. (Jessica Gallagher/The Baltimore Banner)

A year after Baltimore scored a windfall of new money from settlements with drug companies, leaders unveiled a draft plan this week to chart a course for how the city plans to tackle substance use for the next two years, with a goal of reducing overdose deaths by 40% by 2040.

Beyond expanding the availability of drug addiction treatment, the near-term plan wraps in a wide swath of related issues, including a focus on housing needs for those struggling with addiction as well as special attention for those who are most at risk for overdosing, including older Black men and people who have been incarcerated.

Among other new efforts, the plan calls for specialized outreach teams to work around the clock to connect people to drug addiction services, developing safe spaces open all day and night where people can rest and receive resources, and establishing quality standards to help regulate treatment programs.

Leaders said they now want to hear from the public, online and in community meetings in the coming weeks about their draft plan.

Baltimore's fatal overdose rate, in recent years, has far surpassed that of any other large city in the country. Last fall, the city received an unprecedented opportunity to tackle overdoses. It won \$668.5 million from settlements and a separate jury award after going to trial against pharmaceutical companies the city blamed for worsening the addiction problem.

But the final figure on the payout to the city is still uncertain. Last month, a judge proposed slashing the amount of money the city may receive from companies.

Despite the uncertainty, Baltimore officials have already committed \$36.7 million of new opioid restitution money to various city agencies and community organizations, starting this month.

About half of that — \$17.4 million — is earmarked for specific community groups that were named earlier in various settlements with the drug companies.

Additional spending for city departments, however, has raised questions.

About \$17 million is allocated to the city government. Of that amount, at least \$5 million will be used to fund current services and help plug budget holes, city budget documents show.

The services are often related to the opioid crisis, such as the city's syringe exchange van and a roving band of specially trained paramedics. But using the new money to replace existing sources of funding could mean less to spend on new and expanded services for those suffering from addiction, critics say.

Some national experts have cautioned against the practice known as supplanting.

A Johns Hopkins University's Bloomberg School of Public Health guide on how governments should spend the opioid-related windfall said that while "many states and

localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs,” governments should instead “use the funds to supplement rather than replace existing spending.”

The possibility that some new money from the opioid restitution funds may be used to plug budget holes set off alarm bells for some members of the city’s Opioid Restitution Advisory Board, a group created by the administration for advice on how opioid funds should be spent.

The board even drafted a letter to Mayor Brandon Scott in May raising questions about a budget move to use opioid-related money to fund existing fire department positions.

“We are unsure whether the funding will be used exclusively for overdose-related interventions or to address pre-existing operational shortfalls,” the letter states. The letter, however, was never sent to Scott, and board members reached by The Banner have declined to say publicly what happened.

Jonas Poggi, a spokesman for Scott, said the programs funded in the Fire Department will have a direct impact on overdoses.

Poggi added that general fund dollars are in short supply, pointing to an \$85 million structural deficit in the city’s \$4.6 billion spending plan for the coming year. Even so, the bulk of money invested in city agencies will be for

new positions and new and expanded programming, he said.

Councilwoman Phylicia Porter, a Democrat who heads the City Council's Public Health and Environment Committee, said the city could do more to address the opioid crisis in a head-on manner. But she also believes the funding does both directly and indirectly address the issue.

"Depending on the agency, it may not necessarily get to directly helping the person, but it is helping to sustain the quality of life of public health in the city," she said.

A significant portion of opioid restitution funds will go to the health department, where the city plans to spend \$20 million over the next five years, according to Jennifer Martin, deputy commissioner for the division of population health.

The health department is creating a new division of overdose prevention with 25 positions, including seven employees to focus on maternal and child health and four to conduct outreach at buildings that primarily house older adults, Martin said during a meeting of the advisory board in May.

The health department is also looking to hire two epidemiologists to track data on overdose trends, she said. Three years ago, when fatal overdoses in Baltimore numbered about 1,000 a year, the department did not have any epidemiologists to help inform its overdose-related work, according to Martin.

The budget also calls for spending \$3 million in opioid money to support the city's homeless shelters, both long-term and emergency, and directs \$3.5 million toward the creation of an Opioid Restitution Oversight Team with seven new full-time staff members.

Kerry Graves, the executive director of the National Alliance on Mental Illness's affiliate in the Baltimore region, said the city is already "behind the curve" in investing in solutions.

"There is so much work to be done we really need all these dollars to go into new programs or extensions of programs," she said.
