

**CITY OF BALTIMORE
COUNCIL BILL 07-0278R
(Resolution)**

Introduced by: President Rawlings-Blake, Councilmembers D’Adamo, Young, Curran, Kraft,
Holton, Welch, Clarke, Middleton, Conaway, Reisinger, Mitchell

Introduced and read first time: March 26, 2007

Assigned to: Education, Housing, Health, and Human Services Committee

REFERRED TO THE FOLLOWING AGENCIES: City Solicitor, Health Department, Department of
Finance

A RESOLUTION ENTITLED

1 A COUNCIL RESOLUTION concerning

2 **Informational Hearing – Heroin Addiction Treatment – Buprenorphine**

3 FOR the purpose of inviting the Commissioner of Health to report to the City Council on the
4 status of drug abuse treatment in Baltimore, the success of new treatment protocols, the
5 prognosis for the efficacy of future substance abuse treatment, and the projected fiscal
6 requirements to implement a proactive treatment program to successfully address the needs
7 of Baltimore’s addicted population in future years.

8 **Recitals**

9 As reported in, Heroin Addiction Treatment Correlates in Maryland: Revised March 12,
10 2007, by the Center for Health Program Development and Management, UMBC, as sponsored
11 by the Annie E. Casey Foundation under a grant by the Baltimore City Health Department, “The
12 societal burden associated with heroin addiction is substantial. Avoidable financial costs and
13 personal suffering associated with such addiction include increased utilization of emergency
14 health care services, increased crime, lost productivity, and increases in serious illness often
15 leading to premature death. With regard to the financial burden alone, a recent review
16 determined that heroin-associated medical, lost earnings, and illegal activity costs totaled
17 approximately \$20 billion per year in the United States alone.”

18 In a report on drug abuse in Maryland in 2007, the U.S. Drug Enforcement Agency reports:
19 “Heroin is abused throughout Maryland, but is centered in and around the city of Baltimore,
20 where high-purity heroin is readily available. Baltimore is home to higher numbers of heroin
21 addicts and heroin-related crime than almost any other city in the nation and these problems tend
22 to spill over into adjoining counties where many heroin distributors maintain residences. The
23 enormous demand for heroin in the Baltimore metropolitan area led to an increase in the drug’s
24 abuse among teens and young adults, who routinely drive into the city to obtain heroin for
25 themselves and other local abusers.

26 To date, the most common treatment available to addicts to help them withdraw and abstain
27 from heroin, an opioid, is the use of an opioid agonist (promoter) – methadone. However, the
28 use of methadone has proven to be less than perfect because it is not universally effective –
29 studies show that only 1 in 4 heroin addicts receives successful methadone treatment. And, in
30 addition, the dispensing of methadone is heavily regulated by federal law because methadone

EXPLANATION: Underlining indicates matter added by amendment.
~~Strike out~~ indicates matter deleted by amendment.

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1 itself is an addictive drug. A more effective therapy is one using a non- or less- addictive drug
2 therapy that is not as strictly regulated and that can be prescribed by physicians with fewer
3 limitations.

4 Buprenorphine has shown promise in providing an effective treatment for heroin abuse, with
5 a lower risk of addiction than traditional methadone therapy. It triggers a weaker physiologic
6 response and has the potential to allow an addict to completely withdraw from drug usage.
7 Because it has less of a potential for abuse, many substance abuse treatment providers have
8 incorporated its use in conventional outpatient settings to treat patients who are reluctant to take
9 part in treatment protocols in stigmatized methadone clinics.

10 The Baltimore City Health Department will perform cost-benefit analysis on the efficacy of
11 buprenorphine, using data collected by Maryland’s Medicaid and hospital rate settings programs.
12 This report is the 1st in a series exploring whether the expansion of a program utilizing
13 buprenorphine to combat heroin addiction is the answer to Baltimore City’s seemingly
14 intransigent problem of drug abuse and addiction. The 1st report examines health care service
15 utilization differences between addicts who receive treatment and those who do not; subsequent
16 reports will include expanded analysis of cost-effectiveness data pertaining to Medicaid and
17 private pay clients, as well as secondary source review of cost-effectiveness studies of opioid
18 addiction treatment.

19 Baltimore City Health Department personnel are to be commended for the relentless battle
20 that has been waged against the drugs that prey on some of our most vulnerable residents. No
21 one in Baltimore can truly be free to enjoy the amenities this great city has to offer when so
22 many of our citizens are enslaved by drugs and victimized by the criminal activity that drugs
23 perpetuate.

24 **NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF BALTIMORE,** That the
25 Commissioner of Health is invited to report to the City Council on the status of drug abuse
26 treatment in Baltimore, the success of new treatment protocols, the prognosis for the efficacy of
27 future substance abuse treatment, and the projected fiscal requirements to implement a proactive
28 treatment program to successfully address the needs of Baltimore’s addicted population in future
29 years.

30 **AND BE IT FURTHER RESOLVED,** That a copy of this Resolution be sent to the Mayor, the
31 Baltimore Health Commissioner, the Chair and Members of the Baltimore City Senate and
32 House Delegations to the Maryland General Assembly, and the Mayor’s Legislative Liaison to
33 the City Council.