

# Metro

BRIEF

Baltimore

## Substance Abuse Treatment in Metropolitan Areas

### Office of Applied Studies



*This report is one in a series of reports that provide a snapshot of substance abuse treatment in various metropolitan areas nationwide. This report focuses on substance abuse treatment admissions and treatment facilities in the Metropolitan Statistical Area (MSA)<sup>1</sup> of Baltimore-Towson, Maryland,<sup>2</sup> hereafter referred to as Baltimore.*

Data presented in this report are derived from the Treatment Episode Data Set (TEDS),<sup>3</sup> which collects information on the characteristics of persons admitted to substance abuse treatment, and the National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>4</sup> an annual survey of treatment facilities. Both TEDS and N-SSATS are conducted by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).

### Demographic Characteristics of Treatment Admissions

- In 2008, there were approximately 25,000 total substance abuse treatment admissions in Baltimore: 66 percent were male and 34 percent were female.

The age and race/ethnicity of treatment admissions in Baltimore are shown below in Figures 1 and 2.

Figure 1. Treatment Admissions by Age: Baltimore: TEDS 2008

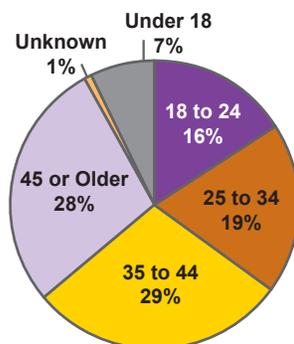
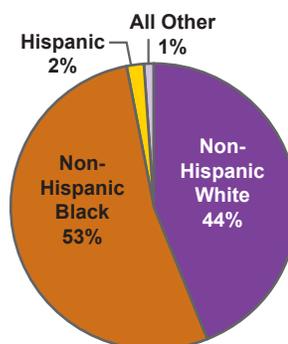


Figure 2. Treatment Admissions by Race/Ethnicity: Baltimore: TEDS 2008



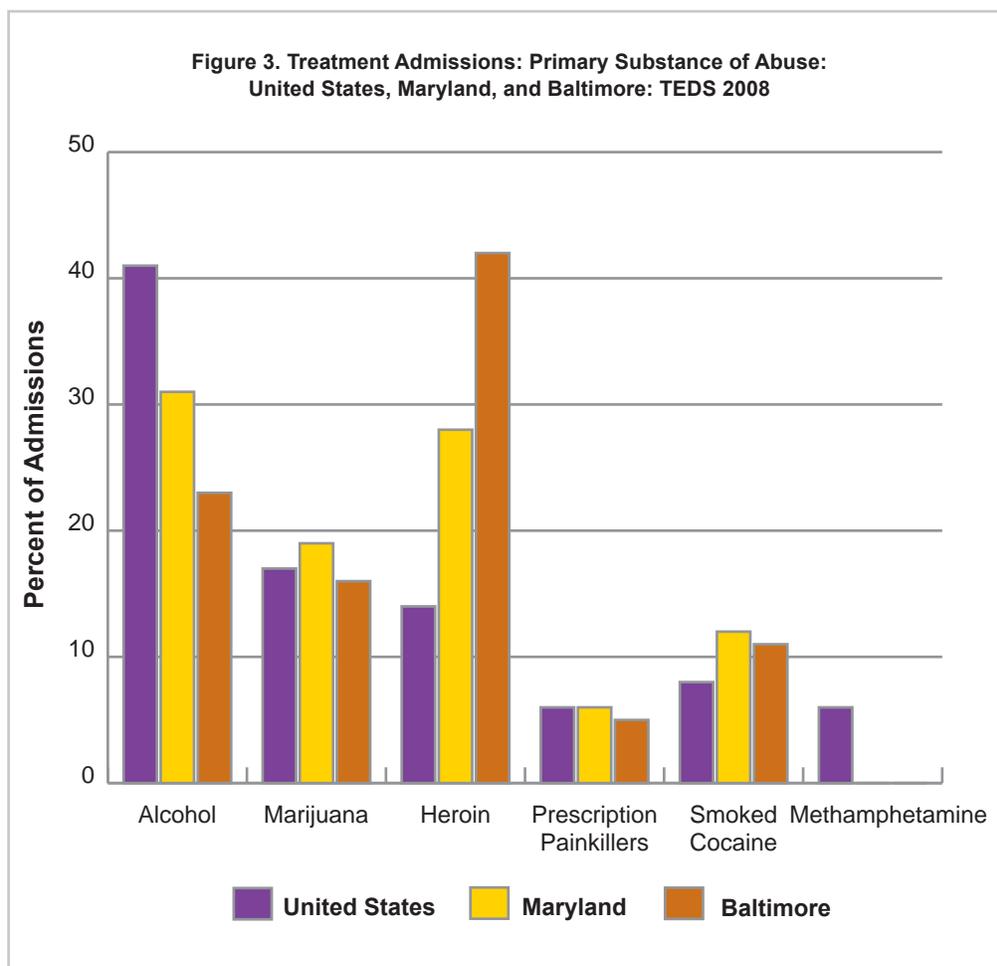
Source: Treatment Episode Data Set (TEDS) 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

## Primary Substance of Abuse<sup>5</sup> Reported at Treatment Admission

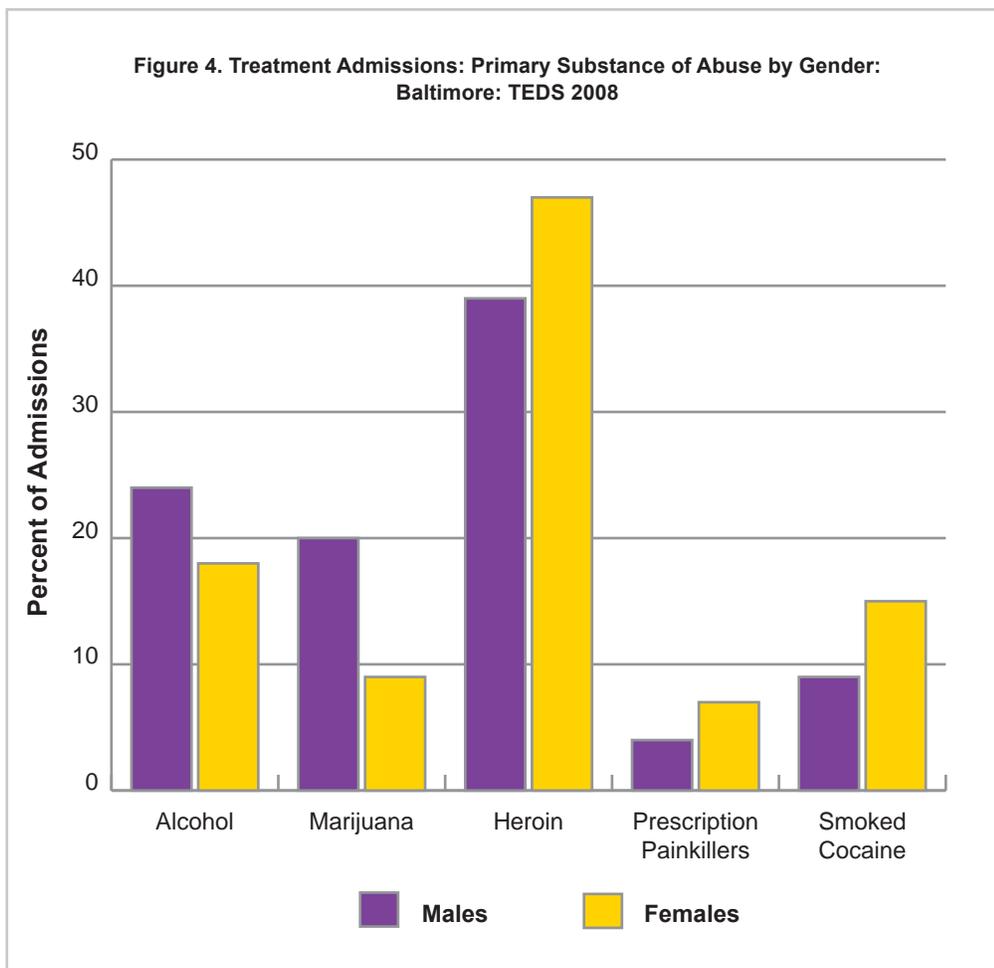
- Compared with the Nation as whole and the State of Maryland, treatment admissions in Baltimore were:
  - more likely to report heroin as a primary substance of abuse,
  - less likely to report alcohol or methamphetamine,
  - slightly less likely to report marijuana or prescription painkillers, and
  - slightly less likely than admissions in Maryland as whole, but more likely than all U.S. admissions to report smoked cocaine (Figure 3).



Source: Treatment Episode Data Set (TEDS) 2008

### By Gender

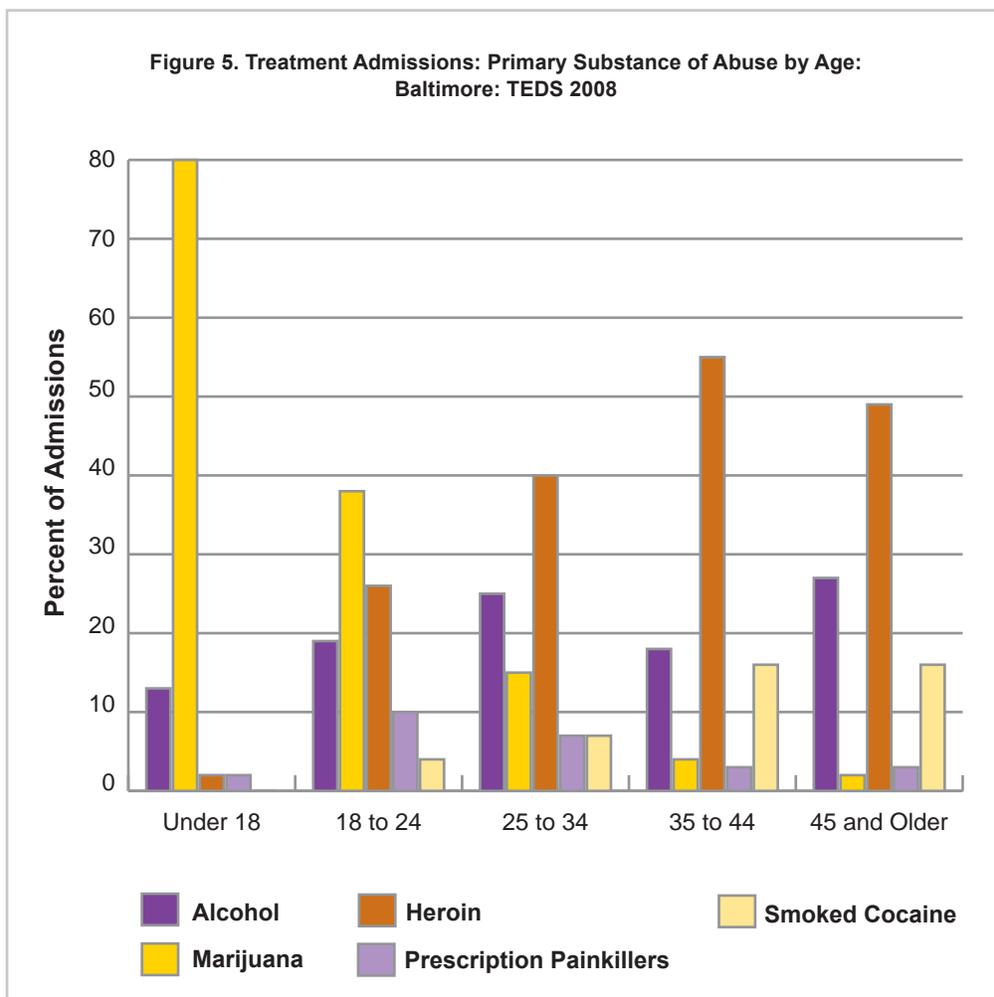
- Both males and females reported heroin as their primary substance of abuse more often than other substances.
- Compared with males, females were more likely to report heroin, prescription painkillers, and smoked cocaine, and less likely to report alcohol or marijuana (Figure 4).



Source: Treatment Episode Data Set (TEDS) 2008

## By Age

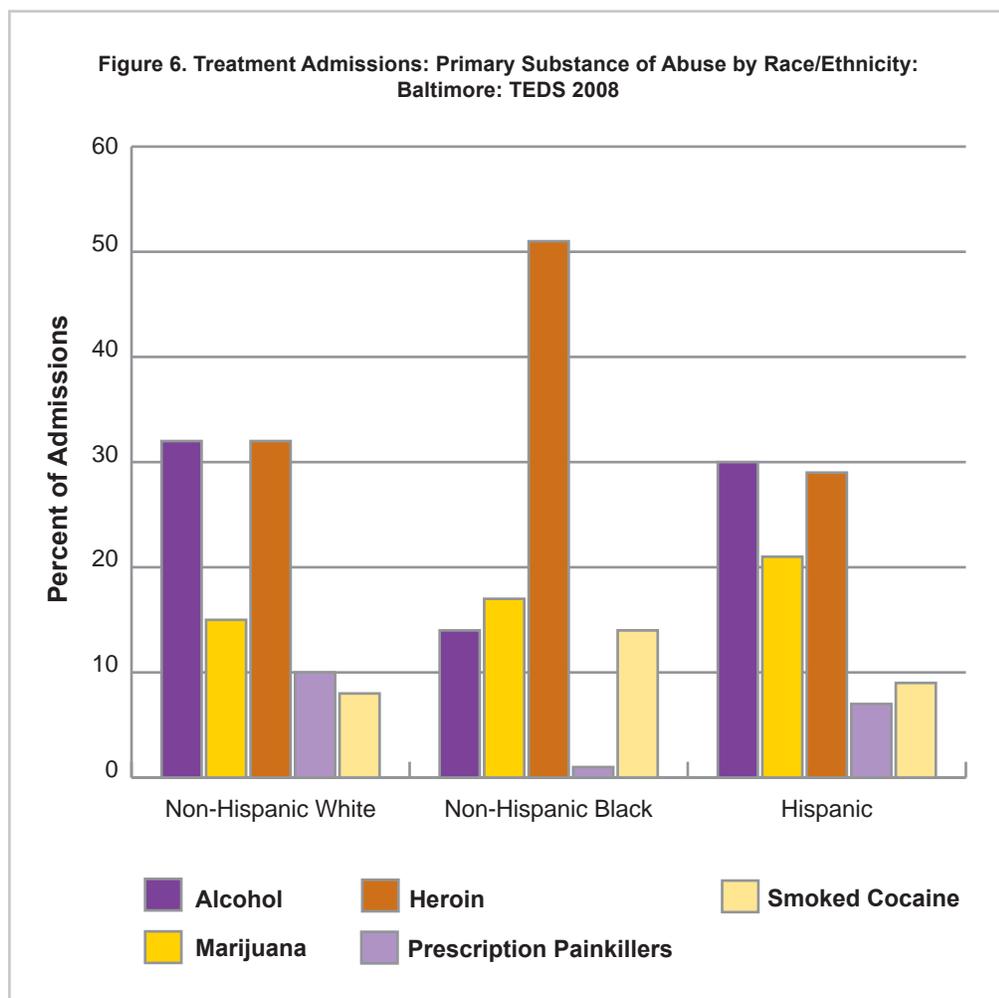
- Admissions under the age of 25 reported marijuana as their primary substance of abuse more often than other substances. Reports of marijuana decreased with age.
- Conversely, reports of heroin increased with age, peaking between ages 35 to 44 and slightly declining among those aged 45 and older. Heroin was the most prevalent substance of abuse among admissions aged 25 and older.
- Second to heroin, admissions aged 25 and older reported alcohol as their primary substance of abuse more often than other substances (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

### By Race/Ethnicity

- Non-Hispanic Black admissions reported heroin most often as their primary substance of abuse.
- Non-Hispanic White and Hispanic admissions reported alcohol and heroin most often as their primary substance of abuse.
- Compared with admissions in all other race/ethnic groups, non-Hispanic White admissions were most likely to report prescription painkillers, non-Hispanic Black admissions were most likely to report heroin and smoked cocaine, and Hispanic admissions were most likely to report marijuana (Figure 6).



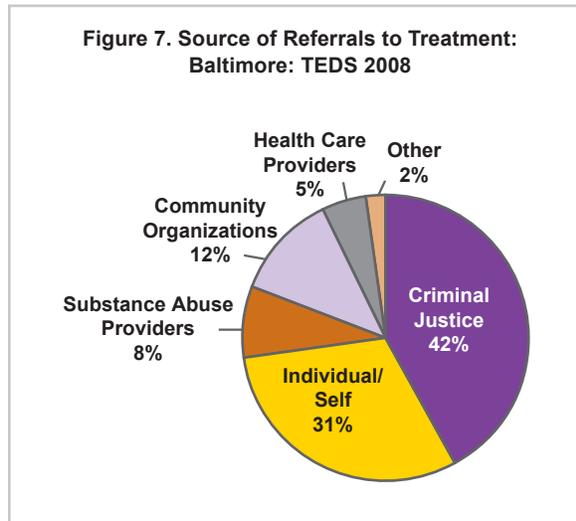
Source: Treatment Episode Data Set (TEDS) 2008

## Injection Drug Use

- Of the total admissions in Baltimore, 23 percent reported injection drug use.

## Sources of Referral

- The criminal justice system was the primary source of referral to treatment in Baltimore (42 percent of admissions), followed by individual/self-referral (31 percent), community organizations (12 percent), substance abuse providers (8 percent), and health care providers (5 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

## Substance Abuse Treatment Facilities

### Types of Care

- In 2008, 220 facilities in Baltimore offered substance abuse treatment services: 184 facilities offered outpatient care, 47 facilities offered non-hospital residential care, and 9 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

### Outpatient Care

- Of the 184 facilities that offered outpatient substance abuse care, 41 percent provided intensive outpatient services and 7 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 87 percent of outpatient facilities.

### Residential Care

- Of the 47 residential facilities in Baltimore, 89 percent offered long-term residential treatment (more than 30 days), and 26 percent offered short-term residential treatment (30 days or less).

## Detoxification Programs

- A total of 56 facilities offered detoxification services. Of these facilities, 98 percent provided detoxification from opiates (heroin and prescription painkillers), 55 percent from cocaine, and 71 percent from alcohol.

## Opioid Treatment Programs

Opioid treatment programs (OTPs) provide medication-assisted therapy with methadone and/or buprenorphine for the treatment of addiction to opiates such as heroin and prescription painkillers.

- In 2008, 44 of the 220 treatment facilities (20 percent) in Baltimore operated OTPs. On a typical day,<sup>6</sup> 11,776 clients at these OTPs were receiving medication-assisted opioid therapy with methadone or buprenorphine.<sup>7</sup>

## References

U.S. Census Bureau. (2009). Metropolitan and micropolitan statistical areas. Retrieved on December 2, 2009, from <http://www.census.gov/population/www/metroareas/metrodef.html>

## End Notes

- <sup>1</sup> MSAs are geographic entities used by Federal statistical agencies to collect, analyze, and publish Federal statistics, and are defined by the U.S. Office of Management and Budget.
- <sup>2</sup> The Baltimore-Towson MSA includes the following Maryland counties: Howard, Harford, Carroll, Baltimore County, Baltimore City, Ann Arundel County, and Queen Anne's County.
- <sup>3</sup> The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) in a standard format. TEDS records represent admissions rather than individuals, because a person may be admitted to treatment more than once. See the annual TEDS reports at <http://www.oas.samhsa.gov/dasis.htm#teds3>.
- <sup>4</sup> The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.
- <sup>5</sup> TEDS collects information on up to three substances of abuse that lead to the treatment episode. The main substance abused by the client is known as the "primary substance of abuse."
- <sup>6</sup> N-SSATS collected information on the number of clients in treatment at each facility on the survey reference date of March 31, 2008.
- <sup>7</sup> It is possible that the number of clients receiving treatment at opioid treatment programs (OTPs) on the N-SSATS reference date will appear relatively large in comparison with the number of annual treatment admissions based on data from TEDS. Reasons for this include: (1) persons receiving medication-assisted opioid therapy often remain in treatment for extended periods of time and thus do not show up in an annual count of admissions to treatment; and (2) some private for-profit OTPs do not report to TEDS but are surveyed in the N-SSATS.