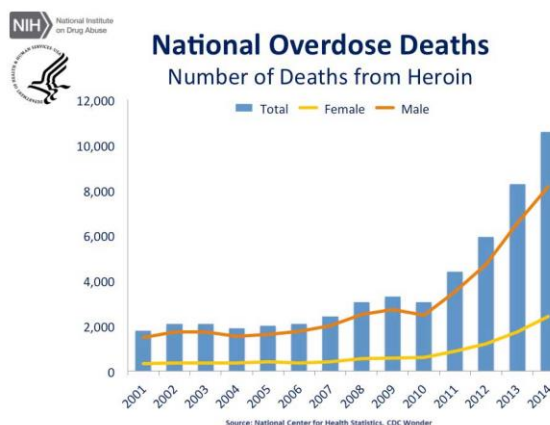
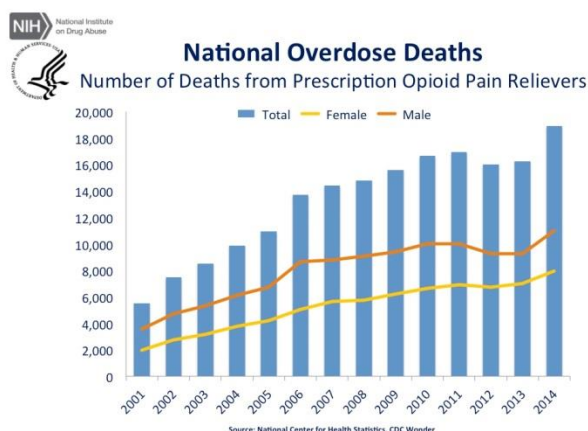


BALTIMORE'S RESPONSE TO THE OVERDOSE EPIDEMIC: AN OPEN SOCIETY INSTITUTE-BALTIMORE BRIEF

Introduction

Dr. Leana Wen, Baltimore City Health Commissioner

Opioid drug overdose is an epidemic and a public health emergency in America. As the New York Times reported earlier this year, “deaths from drug overdoses have jumped in nearly every county across the United States, driven largely by an explosion in addiction to prescription painkillers and heroin.” In 2015, 47,055 people died of overdoses, a 9% increase from the previous year. Of those, about 19,000 died of prescription opioid overdoses, a 14% increase from the previous year and more than three times as many as in 2001. About 11,000 died of heroin overdoses, a 26% increase from the previous year and *six times* as many as in 2001.



Recently, increases in overdose deaths among predominately white populations, particularly in suburban and rural areas, have resulted in new media attention and a growing understanding of opioid addiction as a public health crisis, not a criminal justice issue. This attention, while tragically absent when opioid addiction affected predominantly minority communities, nevertheless now offers a window of opportunity to enact public health policies and campaigns to change outcomes for all people suffering from addiction.

Baltimore stands at the cutting edge among cities across the country in implementing such policies and campaigns. Over a decade ago, Open Society Institute-Baltimore (OSI) worked with the Baltimore City

THE OSI-BALTIMORE BRIEFS SERIES

*Open Society Institute-Baltimore was created as a field office for the Open Society Foundations to test approaches for solving some of the most difficult challenges faced by cities and communities around the country. In keeping with that mission, we offer this set of **OSI-Baltimore Briefs**. The initiatives and projects they describe occurred in Baltimore with multiple partners and stakeholders from both the city and state, but the ideas, insights, and information they contain are useful to people and places across the nation. Our hope is that these examples may be replicated or adapted so that others may benefit from what we have learned about the process, challenges, and successes of addressing some widely shared issues.*

Health Department to establish an overdose prevention program to train opioid users, who were at greatest risk for an overdose, to administer naloxone, the life-saving opioid antidote medication. Now, together with OSI, we have established a multi-pronged, comprehensive overdose and addiction strategy based on three pillars:

First, Baltimore is preventing deaths from overdose by expanding access to naloxone to all city residents. In October 2015, I wrote a blanket prescription for naloxone for the roughly 620,000 citizens of Baltimore City under a “Standing Order” approved by the Maryland State Legislature. In 2015, we trained over 8,000 people to use naloxone—in jails, public housing, bus shelters, street corners, and markets. With OSI support, we launched a program to train police officers to administer naloxone and, during the first six months, officers have saved more than 30 lives as a result of the training. We also recently launched a first-of-its-kind online platform that allows residents to get trained online and immediately receive a prescription for naloxone.

Second, Baltimore is increasing access to quality and effective on-demand treatment services and long-term recovery support. Nationwide, only 11% of patients with addiction get the treatment they need, but the evidence is clear: opioid addiction treatment requires a combination of medication-assisted treatment, psychosocial support, and wrap-around services. Baltimore’s Health Department has started a 24/7 “crisis, information, and referral” phone hotline that connects people in need to services for mental health and substance abuse treatment. We are expanding and promoting access to medication-assisted treatment, an evidence-based and highly effective method to help people with opioid addiction recover. And we are increasing our capacity to reduce the risk of overdose in the community by hiring community-based peer recovery specialists and expanding case management and diversion programs across the city. OSI funding and technical assistance for buprenorphine initiatives, peer support, and the Law Enforcement Assisted Diversion program, which diverts people to treatment in lieu of arrest, are critical to Baltimore’s response to this current public health crisis.

Third, Baltimore is providing education to reduce stigma and prevent addiction. With OSI support we launched a public education campaign, *Don’t Die*, to educate citizens that addiction is a chronic disease and encourage individuals to seek treatment. We are also targeting educational efforts to physicians and other prescribers of opioid medications by sending “best practice” letters to every doctor in the city addressing the importance of judicious prescribing of opioids and requiring co-prescribing of naloxone for any individual receiving an opioid prescription.

As part of our education strategy, I recently co-led a group of over 40 City Health Commissioners and State Health Directors across the country urging the U.S. Food and Drug Administration (FDA) to require a “black box warning” on opioids and benzodiazepines, two medications that are commonly prescribed together yet which can be deadly in combination. The petition, currently under review, is the first-of-its kind delivered to the FDA by frontline health officials.

Baltimore City is providing a national model for addiction treatment and recovery. We are deeply grateful for OSI’s support of Baltimore’s innovative work and look forward to continuing this vital partnership.



Dr. Leana Wen, M.D., M.Sc.
Commissioner of Health
Baltimore City

International philanthropic group Open Society Foundations established Open Society Institute-Baltimore (OSI) in 1998 as its sole field office in the United States. As a midsize city with many of the same deeply entrenched problems that affected cities throughout the U.S., Baltimore was considered an ideal place to plant roots, to explore these issues and ideally, to develop and test solutions that would work in Baltimore and that could be exported to other cities. This brief on overdose prevention is one of a series intended to share OSI's experiences and approaches to addressing a significant problem with the understanding that other cities, policymakers, practitioners, and funders face similar challenges.

Early on, OSI determined that addressing the public health crisis of addiction would be central to its work. Not only did addiction take a dramatic toll on the lives of so many Baltimoreans, but it clearly and definitively intersected with so many other urban policy challenges—such as juvenile and criminal justice, education, housing, etc.—that it became clear that the organization (and the city) would not be able to address any of these issues seriously if it did not address addiction. Furthermore, from its origins, OSI sought to take on issues that other organizations were reluctant to address, whether because they were controversial or because they made fundraising more difficult or because they were seemingly intractable issues. Addiction was then, and remains now, one of those issues.

“Early on, OSI determined that addressing the public health crisis of addiction would be central to its work.”

Soon after establishing a Drug Addiction Treatment program, OSI recognized that preventing overdose would be an early priority. In 2000, there were 566 overdose deaths in Maryland—a 15% percent increase over the three years prior—and 80% of those occurred in the Baltimore City area. At that time, OSI worked with the Baltimore City Health Department to establish an overdose program for the city and, over the years, to put in place a set of strategies to prevent overdoses.

From the outset, a primary goal was to shift the discussion about substance use from the realm of the criminal justice system to the realm of behavioral health. Even in 2000, it was clear to many observers that the “War on Drugs” was a failure and that the billions spent to address addiction within the criminal justice system largely exacerbated the problem. We sought to change the institutional landscape in Baltimore to address addiction and overdose in a more effective way.

At that time, Baltimore Substance Abuse System (BSAS) was the quasi-governmental agency responding to the city's drug treatment needs while Baltimore Mental Health Systems (BMHS) dealt with mental health. Given our understanding of the need to address mental health and substance use in an integrated behavioral health approach, we sought to strengthen the connections between the two agencies with a series of grants between 2000 and 2013 that supported cross-training of staff that would help the agencies integrate their services and approach. This would create a real-world infrastructure for treating addiction as a public health matter within a behavioral health framework and not within a criminal justice framework. The goal was achieved in 2013 with the merger of the two groups and the establishment of Behavioral Health System Baltimore (BHSB). OSI support helped the two organizations build capacity and establish a working relationship that they could build on and allowed BHSB to develop a plan to become an effective behavioral health organization.

While working to create a behavioral health framework to respond to addiction, OSI began working with other stakeholders on public education campaigns around overdose. In 2002, with OSI support, the

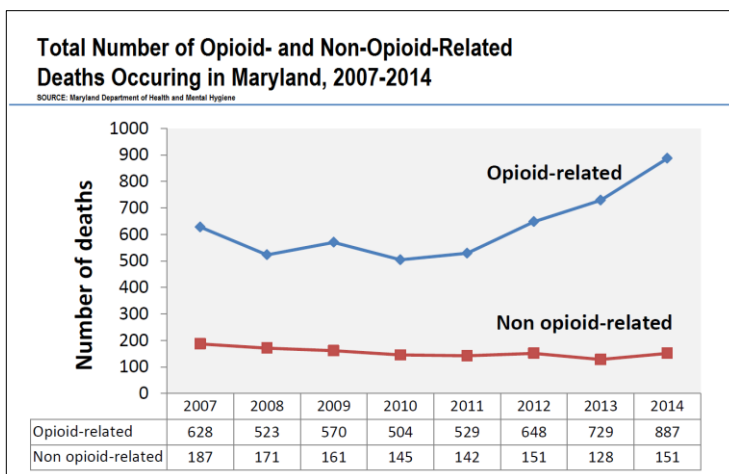
health department launched *Staying Alive*, a program which trained drug users and their families to recognize and respond effectively to heroin overdoses which reached thousands of drug users over many years. In 2015, again with OSI support, the health department launched two new public education campaigns: *Don't Die* includes a web portal, dontdie.org, where people can take an online training on administering the life-saving overdose-reversal drug naloxone and download a prescription on the spot, as well as a citywide billboard campaign; and “Be More in Control” is a multimedia initiative with a website that aims to give drug users and other community members information and access to services to prevent overdose.

OSI also awarded a multi-year grant to the National Council on Alcoholism and Drug Dependence-Maryland to conduct public education and advocacy to highlight the value of a Good Samaritan law, which protects individuals from certain types of arrests and prosecutions, including for possession of a controlled substance and related paraphernalia, when they seek medical attention for overdose for themselves or others. Policymakers enacted a Good Samaritan law and subsequently strengthened it. The advocates then turned to educating members of the public by publicizing that it would be “safe” to call 911 for help if they were witnessing an overdose. Simultaneously, OSI and Health Department staff worked with the police to ensure that they knew about and would abide by the law.

Concurrent with these public education campaigns, OSI collaborated with city agencies to increase their capacity to address overdose and addiction. This included coordinating training for police officers to develop appropriate responses to people with mental illness, often related to substance use issues, and to reduce unnecessary injury, arrest, and incarceration; working with the city’s health department to provide mobile and street outreach to women engaged in sex work who also cope with drug addiction in order to reduce HIV/STI transmission and increase access to drug treatment; and increasing outreach capacity for the Baltimore needle exchange van.

Also, given that heroin is a commonly used drug in Baltimore, OSI’s Drug Addiction Treatment program worked over several years to establish the Baltimore Buprenorphine Initiative (BBI), a framework to increase the availability and usage of buprenorphine as an opioid addiction treatment. While this program is not directly related to overdose, it was helpful to the effort since Suboxone—the most common brand of buprenorphine—also contains naloxone which means that individuals taking Suboxone inherently have a lower likelihood of overdosing. As buprenorphine became more widely used as a treatment, it also spread the positive effects of naloxone among community members.

As a result of BBI, *Staying Alive*, and other initiatives, opioid overdose deaths in Maryland were on a continuous decline for several years, and hit a low of 504 in 2010 (see chart). However, as other issues began to take attention away from overdoses and as the use of the much more deadly Fentanyl as a cutting agent increased, overdoses began to rise again in 2011. By 2014 it was clear that, similar to the national trend, the overdose epidemic had spun out of control in Maryland. In this state alone, there were 887 fatal opioid overdoses in 2014, a 76 percent increase from 2010. And as the epidemic



spread to suburban and rural areas—the New York Times reported in 2015 that “nearly 90 percent of those who tried heroin for the first time in the last decade were white”—there was a concern that new resources from the federal government or elsewhere would focus disproportionately on those communities and not on minority and urban communities, where overdoses were still most common and addiction was pervasive and damaging.

In response, OSI launched a campaign in 2015 to support educational and training activities to decrease the number of opioid-related overdoses in Baltimore by half over three years. This campaign has supported several initiatives:

- The development of a naloxone toolkit, template prescription, and recommended prescribing practices to educate and encourage physicians and nurses treating substance use disorder to incorporate the overdose-reversal drug into the programs they administer;
- One-to-one physician detailing to educate physicians directly about naloxone and overdose prevention and reversal;
- The creation of standard-of-care guidelines for primary care, emergency department, dentists, and other medical professionals on safe prescribing practices, prescribing of naloxone, and screening and referral to Medically-Assisted Treatment programs;
- The hiring of peer-support specialists to staff the city’s “Overdose Interrupter” program, similar to violence interruption programs but focused on providing immediate services to people experiencing overdoses and on offering naloxone trainings.
- Convening key stakeholders to develop and implement overdose training for Baltimore City Police and purchasing naloxone kits for distribution to officers in the city. By the end of 2015, 1,630 officers had been trained to recognize and respond to overdoses and 255 officers were certified to administer naloxone. In the first six-month period that trained officers administered naloxone, they saved more than 30 lives. A secondary result of police engagement in overdose prevention is its contribution to improving police-community relationships.

“By establishing an overdose prevention program and responding aggressively to the shifting dynamics on the ground, OSI has created a framework for other cities to replicate.”

These efforts have combined with several others that the health department and Behavioral Health System Baltimore have independently implemented to create a comprehensive overdose strategy. Among those efforts:

- The city health department established the Crisis Information and Referral line, a 24/7/365 hotline staffed by trained professions for residents to call when in crisis related to substance use or mental health;
- Health Commissioner Dr. Wen issued a citywide standing order for naloxone—the first in the country—earning considerable media coverage and boosting a public awareness campaign;
- Development of a web training for residents to become certified to carry and administer naloxone without having to attend an in-person training;
- The Health Department is planning to establish a stabilization center, where individuals could go for assistance when intoxicated without any danger of arrest.

At the same time, OSI's Drug Addiction Treatment program and Criminal and Juvenile Justice program collaborated with Behavioral Health System Baltimore and the Baltimore Police Department to establish a pilot Law Enforcement Assisted Diversion (LEAD) program in Baltimore, modeled on the program in Seattle. The LEAD program allows officers to divert drug users into treatment programs instead of arresting them, so that drug users gain access to treatment and have the opportunity for entering long term recovery without the burden of a criminal record. The Baltimore Police Department has also asked OSI to assist in the development of a training program to educate officers on heroin in Baltimore, including modules on the drug's history in the city, available treatment methods, and the experience of living with addiction. These initiatives aim, among other things, to lower the threshold to treatment by removing the barrier caused by arrest and to reduce overdoses as a result.

Over the last year, OSI has taken an active role in changing public attitudes about addiction and overdose, beyond the health department's public education campaigns. This has included the launch of a *Talking About Addiction* series, beginning with a 2015 panel discussion featuring two police chiefs from Massachusetts who have launched groundbreaking programs to help drug users enter treatment instead of the criminal justice system. OSI staff and grantees also advocate for the expansion of harm reduction programs and a public health approach to drug use and addiction through opinion pieces, blogs and presentations.

Just as the overdose epidemic continues to evolve, OSI will continue to re-evaluate its strategy, in collaboration with Behavioral Health System Baltimore, the Baltimore City Health Department and advocates. The surge in overdose deaths, fueled in part by misuse of prescription opioids as well as by heroin, underscores the importance of monitoring and responding aggressively to the shifting dynamics on the ground.

For further information about any of the initiatives or approaches described in this brief, contact Program Director Scott Nolen at OSI-Baltimore (scott.nolen@opensocietyfoundations.org).





OPEN SOCIETY INSTITUTE-BALTIMORE

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The Open Society Institute-Baltimore’s Drug Addiction Treatment Program seeks to ensure universal access to treatment services for all in need regardless of income or insurance status.

PRIORITIES

Use the opportunity of health care reforms, including the Affordable Care Act, to reach universal access to a comprehensive, high-quality public addiction treatment system.

The greatest opportunity, and challenge, to the field has been the passage of national health care reform. Although Maryland identified essential health benefits that include substance use treatment, we still have much work to do to ensure that these benefits are actually available to those in need. Health care reform implementation has changed the way health care is provided in this country in substantial ways and created some new challenges for behavioral health providers. To make the most of this changing landscape, providers, hospitals, government officials, and health care advocates have to continue to be nimble and forward thinking. OSI-Baltimore initiatives support education, advocacy, and demonstration projects to increase meaningful access to substances use disorder services.

Support harm reduction policies and initiatives to reduce the stigma associated with addiction and decrease the negative impact of substance use.

One of the most debilitating negative effects associated with substance use is the criminalization of addiction. OSI-Baltimore supports programs, such as Law Enforcement Assisted Diversion (LEAD), that work to divert individuals struggling with addiction from the criminal justice system into the public health and social services systems. This work is important to decreasing the stigma associated with substance use and creating a more open environment for individuals who wish to seek treatment. Clearly, one of the most immediate and concerning risks associated with opioid use is the increasing numbers of fatal overdoses. OSI-Baltimore will continue to serve as a local leader in the efforts to identify simple but effective policies that reduce overdose risk.

Strengthen and help to sustain a strong, diverse addiction treatment advocacy community, inclusive of those most affected by substance use disorder services policies.

The initiative supports the establishment of a diverse advocacy community that includes directly impacted individuals who have first-hand knowledge of how policies that discriminate against people with substance use disorders lead to the breakdown of families and disintegration of our communities.

For more information about OSI-Baltimore and our Drug Addiction Treatment program, visit osibaltimore.org