City [Baltimore] Overdose Deaths Fell by 12% Last Year; Illicit drug toll of 261 in '04 was the lowest in 5 years

Alec MacGillis; Baltimore Sun; 2005-03-28

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Health Commissioner Beilenson: 'It's very encouraging'; Experts credit treatment, Staying Alive programs

Fatal overdoses in Baltimore reached their lowest level in five years in 2004, a drop the city health commissioner and some experts attribute to an expansion in drug treatment and distribution of an anti-overdose medication to heroin addicts trained to administer it in emergencies.

City officials will announce today that Baltimore recorded 261 fatal overdoses from illicit drugs last year, down 12 percent from the previous year, and 22 percent below the highest total of the past five years, 336 deaths in 2002. It is the first time in five years that the number has been lower than the homicide total -- 278 in 2004.

Baltimore, which still far outpaces most other cities in its overdose rate, is not releasing an exact breakdown of the drugs involved. But Dr. Peter L. Beilenson, the city's health commissioner, said that in keeping with past years, the vast majority involved heroin or heroin in combination with cocaine.

While there was no way of knowing for sure what caused last year's drop, Beilenson said he believes the city's Staying Alive initiative -- paid for by billionaire George Soros' Open Society Institute -- was a big factor. The year-old program, which initially attracted criticism, trains addicts to recognize an overdose, do mouth-to-mouth resuscitation and administer Narcan, an antidote that can revive a person near death from a heroin overdose.

Heroin addicts who complete a course and score over 80 percent on a final quiz are given a vial of Narcan to inject if someone suffers an overdose. So far, the program has distributed Narcan (known generically as naloxone) to 562 people, many of whom were told about the program during visits to the city's needle-exchange sites.

Beilenson said participants have reported 52 successful Narcan interventions to 911 operators or needle-exchange personnel, and he speculated that there had been other "saves" that were not reported. (Addicts are instructed to call 911 after injecting Narcan because overdose victims still require attention after receiving the antidote. Some addicts do not call for fear of being arrested, though Beilenson says authorities have refrained from arresting those reporting overdoses in which Narcan was administered.)
"It's very encouraging," said Beilenson. "It's not coincidental that the number of saves is about equivalent to the amount that [overdoses] have dropped."

Dr. Robert Schwartz, a psychiatrist who oversees the Open Society Institute's drug treatment programs in Baltimore, said the institute has drawn a similarly upbeat conclusion from the overdose numbers. It hopes to find other donors to help sustain the program after the institute's two-year, $340,000 grant runs out next year.

"This is a very good sign," Schwartz said. "We want to see what impact [the program] has had, and so far it looks good."

Beilenson and Schwartz speculated that the expansion of drug treatment in the city contributed to the overdose decline. About 25,000 people underwent treatment last year in Baltimore, up from 11,000 in 1998 -- though the number has remained relatively stable in the past two years as state funding leveled off.

Beilenson said it was unlikely that the drop in overdoses was related to changes in drug purity, because the heroin available locally has generally become more pure in recent years. (Some in the Police Department differ, saying that after increasing in recent years, heroin purity may have fallen last year.)

When the city announced the Narcan program two years ago, Baltimore County's then-top health officer, Dr. Michelle A. Leverett, said the county would watch closely with an eye toward implementing one there. Last week, the new acting health officer, Ellen R. Clayton, said the county -- which is still compiling its overdose numbers for 2004 -- is continuing to gauge the city's results and has no immediate plans to follow suit.

Though Narcan has been widely distributed to heroin addicts in several European countries, only a few U.S. cities have adopted programs, including Chicago, San Francisco and Santa Fe, N.M. The practice is regarded warily by some public officials and substance abuse experts, who worry that it might encourage heroin use by removing a deterrent, the threat of overdose.

Among those who questioned Staying Alive when the program was announced two years ago was the former director of Baltimore County's bureau of substance abuse, Michael W. Gimbel. Last week, Gimbel applauded the city's drop in overdoses, but said he didn't think it proved that distributing Narcan was the right approach.

"I still feel strongly that giving Narcan ... is not the best way to get addicts clean and sober and back into society," said Gimbel, a former heroin addict who now directs substance abuse education at the Sheppard Pratt Health System. "If they're claiming that people took a class and were trained [in using Narcan], I'd love to see those people get trained in how to seek a job and go back to school. I'm still a skeptic."
Program proponents argue that heroin users are clearly not being deterred by the threat of overdose, and that cities with high overdose rates should do whatever they can to prevent them.

"It's really staggering if you think of the numbers that die [in Baltimore] every year," Schwartz said. "It's really a lot of people, and it's preventable -- that's the tragedy."