



Baltimore City Overdose Response Needs Assessment

May 2025



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Contents

<i>Letter from the Mayor</i>	iv
<i>Executive Summary</i>	vi
<i>Background</i>	1
<i>Methods</i>	2
<i>Findings</i>	4
Profile of the Overdose Crisis in Baltimore City	4
<i>Key Takeaway 1: Overdose deaths appear to be declining in Baltimore City in 2024, but rates remain extremely high, and the City still leads all metro areas nationally in overdose mortality.</i>	4
<i>Key Takeaway 2: In Baltimore City, Black male residents who are 60 years old and older are at the greatest risk of overdose. Other groups also experience notable disparities .</i>	5
<i>Key Takeaway 3: The leading cause of maternal mortality in Maryland is overdose.....</i>	7
Pillar 1: Social Determinants of Health	8
<i>Key Takeaway 4: Housing is the most essential need to support people who use drugs in Baltimore City.....</i>	8
<i>Key Takeaway 5: Lack of services and inadequate coordination create barriers to accessing social needs services.</i>	9
Pillar 2: Prevention	13
<i>Key Takeaway 6: Expanding substance use prevention initiatives for youth is a key priority.</i>	13
<i>Key Takeaway 7: Public health education and awareness campaigns promote prevention.</i> 14	
<i>Key Takeaway 8: Expanding access to mental health services and support services is crucial to preventing substance use and the development of substance use disorders.</i>	16
Pillar 3: Harm Reduction	18
<i>Key Takeaway 9: The harm reduction approach is not consistently adopted in Baltimore City .</i>	18
<i>Key Takeaway 10: Baltimore City's insufficient access to existing harm reduction services and lack of safe spaces increases overdose risk.</i>	18
Pillar 4: Treatment	21
<i>Key Takeaway 11: Access to treatment services needs to be improved in Baltimore City. .</i> .. 21	
<i>Key Takeaway 12: Quality of treatment services in Baltimore City needs to be improved.</i> 23	
<i>Key Takeaway 13: Treatment services must address the ongoing social support needs of Baltimore City residents.</i>	24

<i>Key Takeaway 14: More meaningful integration of peer recovery specialists is needed across services in Baltimore City.</i>	25
<i>Key Takeaway 15: There is an insufficient supply of high-quality housing for people in recovery.</i>	27
Next Steps.....	29
Acknowledgements	30

Letter from the Mayor

Dear Baltimore City Residents,

Opioid use and opioid overdoses are a nationwide epidemic but have had a particularly devastating impact on the City of Baltimore. According to recent data from the Baltimore City Health Department, Baltimore City makes up 9% of Maryland's population but represents 44% of overdose deaths. Annually, Baltimore averages more than two overdose deaths per day.

Because of the devastating impact of this crisis on communities across the country, jurisdictions began filing lawsuits against opioid manufacturers, distributors, and pharmacies. In 2018, Baltimore joined the state and counties in Maryland in suing the companies responsible for the wave of substance use and overdose in our city. In 2022, Baltimore was offered a portion of the state's global settlement agreement but ultimately declined the offer and opted to make the case on our own. While many viewed this as a risky move, the City has now recovered awards totaling more than \$402.5 million (before legal fees and repayment of litigation costs) as of June 2025.

These new funds present an incredible opportunity for the City of Baltimore to address the ongoing overdose crisis by investing directly in our communities. These dollars will be used to bolster the City's existing programming. This includes proven, successful initiatives run by the Baltimore City Health Department—like the syringe services programs and Healthcare on the Spot—and the tireless efforts of our first responders. Funding will support our community programs, which have worked diligently to provide harm reduction, recovery, and treatment support to people with substance use disorders. Funds will be reinvested into impacted communities and for supporting families most impacted by this tragic and preventable crisis.

To ensure these restitution funds are used effectively and thoughtfully with existing initiatives and fund streams, the City is committed to understanding the most current needs of Baltimoreans. This is why, as part of my Executive Order signed on August 29, 2024, I called for a current needs assessment that will inform a Citywide strategic plan.

This success of the initiative is possible thanks to a collaboration between the Baltimore City Health Department, who led this project, and the Baltimore City Mayor's Office of Overdose Response. But we could not have done this without the support and participation of city residents, city agencies, and many community partners who provided their time and their voice to share experiences and expertise throughout this process. The data collected through various engagement opportunities provided the bases for the analysis that comprises this report.

Overall, while not a surprise to many of us doing this work, we are confident that the information in this report will help guide decisions to make Baltimore City a thriving community for residents to live, learn, work, and play. Moving forward, the needs assessment will be reviewed annually and updated every two years and will inform the City's strategy for addressing the overdose crisis. It will guide not only our focus and mission, but also our fiscal investments—tied to concrete objectives and measures of success developed with partners and stakeholders to ensure accountability and transparency.

The completion of this report is just one step of a broader mission. Our work is far from over. We look forward to continued collaboration with residents and local organizations to save lives by preventing overdoses and create opportunities for all Baltimoreans to thrive.

With best regards,



Mayor Brandon M. Scott

Executive Summary

Baltimore City leads all metros areas across the United States in overdose related deaths. In 2023, 1,043 people died of drug and alcohol-related overdose in Baltimore City. 921 of these fatal overdoses involved illicitly-made fentanyl. To address this crisis, Mayor Brandon Scott issued Executive Order “Administration of Baltimore City Opioid Restitution Funds” on August 29, 2024, calling for a comprehensive city-wide overdose reduction strategy to guide efforts to reduce overdoses. As a first step, a needs assessment was conducted to understand data trends and perspectives from community members and key leaders. This needs assessment recognizes the racist War on Drugs that resulted in disparate outcomes of overdose and harm for Black, Indigenous, People of Color who use drugs. To that end, this needs assessment aimed to center living and lived experiences. The needs identified in this assessment will inform Baltimore City’s Overdose Response Strategic Plan and guide funding for programming and services.

The needs assessment process included both quantitative and qualitative components that align with five pillars: social determinants of health, prevention, treatment, harm reduction, and recovery. Information from the Needs Assessment can also be found on the [Baltimore City Health Department Overdose Dashboard](#). The Baltimore City Overdose Dashboard will include additional data and will be updated regularly. Findings from this assessment included:

The data profile of the overdose crisis in Baltimore City found that since 2014, more than 8,800 people have died of overdose in the City.

- **Key Takeaway 1: Overdose deaths appear to be declining in Baltimore City, but rates remain extremely high, and the City still leads all metro areas nationally in overdose mortality.** In 2023, 1,043 people died of drug and alcohol-related overdose in Baltimore City; 921 of these deaths were related to illicitly made fentanyl. Baltimore City’s 2023 fatal overdose rate was more than three times higher than the rest of Maryland and nearly five times higher than the national rate. In 2024, Baltimore City anticipates a decline in the number of overdose deaths compared to 2023, by as much as 31%.¹
- **Key Takeaway 2: In Baltimore City, Black male residents who are 60 and older are at the greatest risk of overdose. Other groups also experience notable disparities.** In 2023, Black male residents who are 60 and older were more than nearly 4.6 times as likely to experience a fatal overdose compared to their white counterparts.
- **Key Takeaway 3: The leading cause of maternal mortality in Maryland is overdose.**² In 2022, while 93% of pregnant or postpartum people in Maryland

¹ The 2024 data will be finalized by Maryland and CDC WONDER in late 2025 at the earliest.

² These data for Baltimore are not publicly available.

who died from overdose had a known history of substance use, only 20% were known to receive treatment.³

Pillar 1: Social determinants of health are everyday conditions in our communities that shape our health and well-being.

- **Key Takeaway 4: Housing is the most essential need to support people who use drugs in Baltimore City.** Community members and providers named safe, stable, and secure housing, as the primary need across all parts of the continuum of care for people who use drugs in Baltimore City.
- **Key Takeaway 5: Lack of services and inadequate coordination create barriers to accessing social needs services.** Community members and providers reported challenges of real-time connections to the most basic safety net services like food, housing, employment, and transportation. Limited or uncoordinated access to these services impedes access to harm reduction, treatment, and recovery services.

Pillar 2: Prevention focuses on decreasing risk factors or increasing protective factors to deter the use of substances, identifying issues, and intervening early.

- **Key Takeaway 6: Expanding substance use prevention initiatives for youth is a key priority.** Meaningful opportunities for youth engagement decreases risks for substance use; however, the City's youth specific programming is insufficient. Service providers highlighted the need for expanding programming and 63% of Community Input Form respondents indicated that evidence-based prevention programs in K-12 schools were among the most needed prevention activities in Baltimore City.
- **Key Takeaway 7: Public health education and awareness campaigns promote prevention.** Coordinated public health communication and mobilization campaigns can support prevention activities through education and connection to resources. Additional guidance around prescribing opioids for pain can also help mitigate future substance use and overdose
- **Key Takeaway 8: Expanding access to mental health services and support services is crucial to preventing substance use and the development of substance use disorders.** Service providers in forums highlighted the need to more effectively serve Baltimoreans' mental health needs to prevent substance use. 76% of respondents to the City's Community Input Form indicated that prevention would be supported by expanded support services.

Pillar 3: Harm Reduction is a philosophy and a set of approaches to minimize harm and maximize health.

- **Key Takeaway 9: The harm reduction approach is not consistently adopted in Baltimore City.** Many services incorporate harm reduction approaches and practices across Baltimore City, but many others do not.

³ Maryland Department of Health. Maryland Maternal Mortality Review: 2022 Annual Report. Maryland Department of Health, Jan. 2023, <https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>

Community members and service providers emphasized that pervasive experiences of stigma and discrimination delay access to services, impede equity, and constrict a person's autonomy.

- **Key Takeaway 10: Baltimore City's insufficient access to existing harm reduction services and lack of safe spaces increases overdose risk.** Not all programs across Baltimore City offer the full array of harm reduction services, and access to current harm reduction services is insufficient.

Pillar 4: Treatment assists people with substance use disorders in managing symptoms, minimizing adverse effects of drug use, and stabilizing these health conditions.

- **Key Takeaway 11: Access to treatment services needs to be improved in Baltimore City.** Community members identified challenges in pharmacy access. Health care providers emphasized the need to support justice-involved individuals upon release to reduce risk of overdose.
- **Key Takeaway 12: The quality of treatment services in Baltimore City needs to be improved.** Community members identified a range of needs around treatment quality including poor conditions, rigid program guidelines, and stigma associated with use of medications for opioid use disorder.
- **Key Takeaway 13: Treatment services must address the ongoing social support needs of Baltimore City residents.** 49% of Community Input Form respondents identified smoother transitions between residential and outpatient treatment stages as a critical need, and noted gaps in housing, transportation, and other social support services leave many without resources to continue care.

Pillar 5: Recovery is a complex "process of change through which individuals improve their health and wellness and live self-directed lives."

- **Key Takeaway 14: More meaningful integration of peer recovery specialists is needed across services in Baltimore City.** Limited supply and availability of peer specialists creates barriers to recovery. Community members and service providers indicated that Baltimore City is experiencing a workforce shortage of peer recovery specialists and funding constraints limit meaningful integration.
- **Key Takeaway 15: There is an insufficient supply of high-quality housing for people in recovery.** Community members and providers identified gaps in oversight and accountability regarding the quality of recovery housing. Service providers reported that time limitations for housing support leads to premature discharges of people in recovery, which increases their risk of relapse.

From these findings, the following recommendations were identified to address the needs across all five pillars. These include:

1. Address the worsening inequities in the City's overdose crisis.
2. Dismantle silos and improve connections throughout the systems of care.
3. Confront systems, policies, and practices that perpetuate stigma to reduce barriers to care.
4. Increase access to low-barrier services for substance use disorders across all neighborhoods.
5. Improve the quality of substance use services across the City.

Background

Substance use and overdose claims lives, disrupts families, and reduces quality of life across Baltimore City. Since 2014, more than 8,800 people have lost their lives to overdose in the City.⁴ In 2023, 1,043 people died of drug and alcohol-related overdose in Baltimore City.⁵ 921 of these fatal overdoses involved illicitly-made fentanyl.⁶

In 2018, Baltimore City joined the State of Maryland and other jurisdictions around the country in suing companies that were responsible for the devastating wave of addiction and overdose. In 2022, the City declined to join other jurisdictions in a global settlement and opted to continue making the case against several companies on its own. As of June 2025, the City has reached settlements totaling more than \$402.5 million (before legal fees and repayment of litigation costs). The City entered abatement proceedings in December 2024. All recoveries from these cases will go to the Baltimore City Opioid Restitution Fund.

On August 29, 2024, Mayor Brandon Scott issued Executive Order [Administration of Baltimore City Opioid Restitution Funds,](#) calling for a “comprehensive city-wide overdose reduction strategy based on evidence at least once every two years to guide overall efforts to reduce overdoses.” The Executive Order also called for Baltimore City to conduct an assessment to understand the community’s current needs related to the overdose crisis, and for this needs assessment to inform a city-wide strategy and financial investments. The Executive Order outlines a structure for the use of the funds to support both community organizations and city agencies doing work across five key areas: social determinants of health, prevention, treatment, harm reduction, and recovery.

This needs assessment was developed and conducted by the Baltimore City Health Department with support from representatives of the Baltimore City Mayor’s Office of Overdose Response and Behavioral Health Systems of Baltimore. The needs assessment is intended to describe the epidemiological trends and provider and community member perspectives to identify opportunities to address service gaps and support services. The intended audience of the needs assessment includes decision makers, community-based organizations, City residents, and academic partners. Information from the Needs Assessment can also be found on the [Baltimore City Health Department Overdose Dashboard](#). The Baltimore City Overdose Dashboard will include additional data and will be updated regularly.

⁴ MDH Interactive Dashboards. Maryland.gov Enterprise Agency Template. Updated March 10, 2025. Accessed April 10, 2025. <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx>

⁵ Overdose death data for 2023 and 2024 were not yet finalized by the Maryland Department of Health as of March 28, 2024. Future years of data will determine if the decrease observed in 2024 is a definitive downward trend.

⁶ Overdose death data for 2023 and 2024 were not yet finalized by the Maryland Department of Health as of March 28, 2024. Future years of data will determine if the decrease observed in 2024 is a definitive downward trend.

Methods

The needs assessment relied on analysis of quantitative data (like the number of overdose events, number of individuals receiving treatment, and percent of harm reduction kits distributed) and qualitative data (like experiences navigating care, perceptions of stigma, and suggestions for improving service) gathered through discussion with service providers and community members, including people who use drugs.

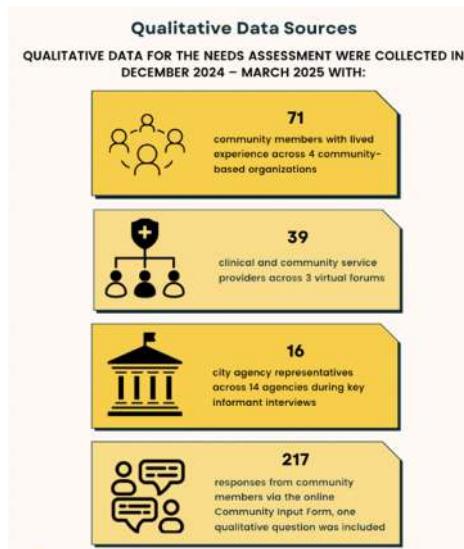
Quantitative data included publicly available data, internal data, as well as 217 responses from the public through an online Community Input Form. The Community Input Form was a short online questionnaire circulated to obtain feedback from City residents. A list of all quantitative sources can be found in Figure 1.

After quality checks, quantitative data were analyzed using descriptive statistics to identify patterns and trends over time and across demographic groups. Crude (not age-adjusted) rates were calculated per population to allow for meaningful comparisons between groups within Baltimore City. Geographic data were visualized using MySidewalk and GIS tools. For geographic mapping, address-level data were geocoded and aggregated to Community Statistical Areas (CSAs) to protect confidentiality and enhance spatial analysis. CSAs are groupings of census tracts that approximate neighborhoods in Baltimore City. Geocoding accuracy was verified through multiple passes. Charts and graphs were designed to maximize clarity and accessibility. Bar charts were used to present demographic breakdowns, while line graphs highlighted temporal trends. Maps were created to display geographic patterns, with attention to color selection for accessibility and readability. Stata, R, ArcGIS Pro, and Excel were used to analyze and prepare data. All quantitative findings are presented in aggregate form. Analyses and visualizations adhere to established confidentiality standards to protect individual identities.

Quantitative Data Sources

- Baltimore City Health Department
- Baltimore City Fire Department
- State of Maryland
- Behavioral Health System Baltimore, Inc.
- Centers for Disease Control and Prevention (CDC)
- US Census Bureau
- Maryland Maternal Mortality Review Report (2022)
- Baltimore City Point-in-Time Count Report (2024)
- US Bureau of Labor Statistics
- ED Facts
- US Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Plan and Provider Enumeration System National Provider Identifier (NPPES NPI) Registry
- Maryland ESSENCE (syndromic surveillance)
- Maryland Health Services Cost Review Commission
- Baltimore Police Department
- Community Input Form

Figure 1: Quantitative Data Sources



Qualitative data were obtained using multiple methods in December 2024 – March 2025. Data were collected from focus groups and interviews from 71 community members with lived experience across 4 community-based organizations, 39 clinical and community service providers across 3 virtual forums, 16 City agency representatives across 14 agencies during key informant interviews, and one open-ended question from the 217 responses from community members via online Community Input Form. Qualitative data were analyzed for thematic analysis to identify common barriers and opportunities across the pillars: social determinants of health, prevention, harm reduction, treatment, and recovery as outlined in the Mayor's Executive Order.

Figure 2: Qualitative Data Sources

Findings

Profile of the Overdose Crisis in Baltimore City

Key Takeaway 1: Overdose deaths appear to be declining in Baltimore City in 2024, but rates remain extremely high, and the City still leads all metro areas nationally in overdose mortality.

According to preliminary data available at the time the needs assessment was prepared, Baltimore City experienced an estimated 31% decline in the number of overdose deaths in 2024 compared to 2023.² Baltimore City continues to experience a disproportionate number of fatal overdoses compared to the State of Maryland and the United States. Since 2014, more than 8,800 people have died of overdose in the City.⁷ In 2023, the City's fatal overdose rate was 147.2 per 100,000 residents, more than three times higher than the statewide rate (40.1) and nearly five times higher than the national rate (29.9).⁸

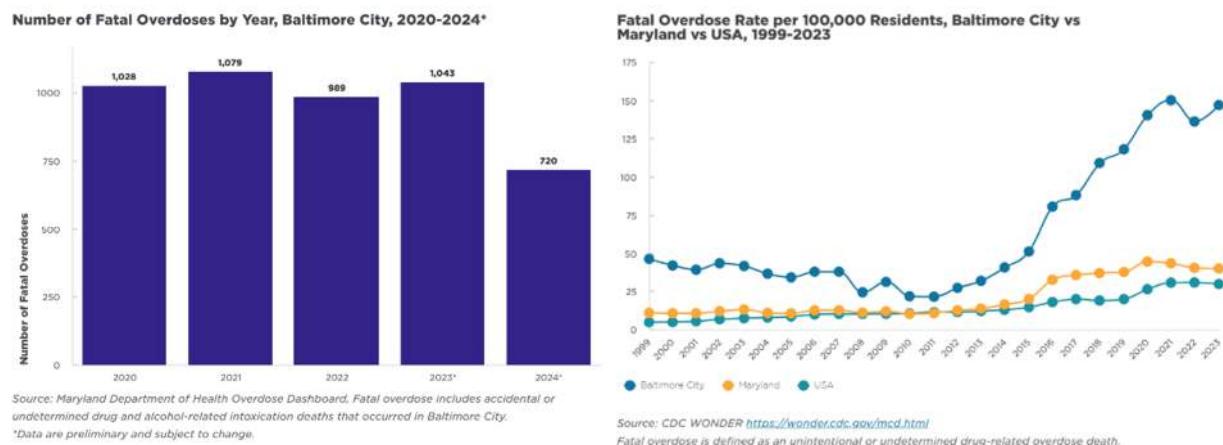


Figure 3: Number of Fatal Overdoses by Year, Baltimore City, 2020-2024

Figure 4: Fatal Overdose Rate per 100,000 Residents, Baltimore City vs Maryland 1999-2023

Baltimore City has faced enormous harms related to substance use, beginning with crack cocaine in the 1980s. Following the crack epidemic, the increased prescribing of opioids in the 1990s triggered the first wave of the opioid crisis in the City and across the country. As a result of national policies in the mid-2000s to restrict overprescribing, heroin use increased, driving the second wave of the crisis around 2010. By 2013, the crisis entered the third wave, fueled by the rise of synthetic opioids, particularly illegally made fentanyl and fentanyl analogs. Today, the fourth wave is characterized by the widespread mixing of fentanyl with other substances, particularly stimulants like

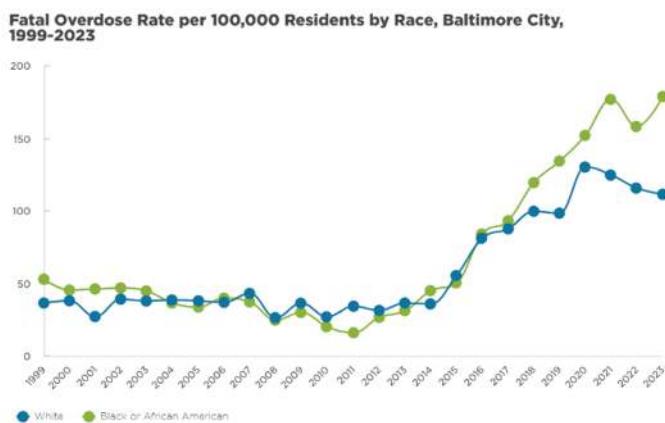
⁷ Maryland Department of Health Data Office. Maryland.gov Enterprise Agency Template. Updated March 10, 2025. Accessed April 10, 2025. <https://health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx#Overdose>

⁸ CDC wonder. Centers for Disease Control and Prevention. Updated April 08, 2025. Accessed April 10, 2025. <https://wonder.cdc.gov/>

cocaine.⁹ In recent years, non-opioid sedatives (i.e., xylazine) have also been increasingly found in fentanyl analogs. Combined with the War on Drugs, mass criminalization, and a long history of racial segregation and disinvestment, Baltimore City's decades-long overdose crisis has disproportionately harmed the City's majority Black community and continues to do so. As overdose deaths appear to be declining in Baltimore City in 2024, it will be essential to examine what is driving this trend—both to sustain progress and to ensure that improvements are equitably reaching those most affected.

Key Takeaway 2: In Baltimore City, Black male residents who are 60 years old and older are at the greatest risk of overdose. Other groups also experience notable disparities.

For nearly 20 years, the rate of fatal overdose was roughly equivalent between Black or African American (Black) people and their white counterparts in Baltimore City. However, in 2018 a disparity emerged between overdose rate of Black residents compared to their white counterparts. In recent years, Black residents have the highest fatal overdose rates of any racial group in the City. Since 2020, the fatal overdose rate for Black residents increased, whereas it decreased for white residents. In 2023, the rate of fatal overdose among Black people in Baltimore City was 1.6 times that of white people in the City.³



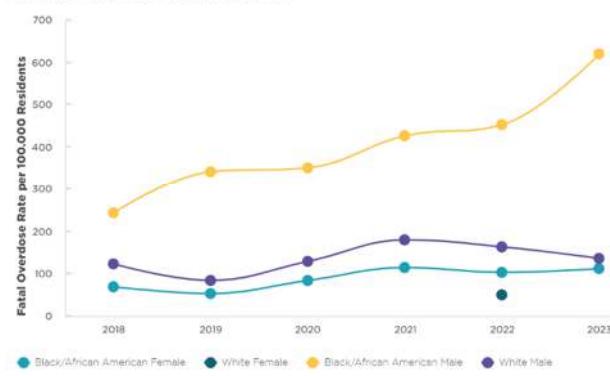
Source: CDC WONDER <https://wonder.cdc.gov/mcd.html>
 Rates for all other race and ethnicity categories but Black or African American and White are suppressed by CDC because they meet criteria for confidentiality constraints to protect personal privacy. See <https://wonder.cdc.gov/mcd.html> for more information.

Fatal overdose is defined as an unintentional or undetermined drug-related overdose death.

Figure 5: Fatal Overdose Rate per 100,000 Residents by Race, Baltimore City, 1999-2023

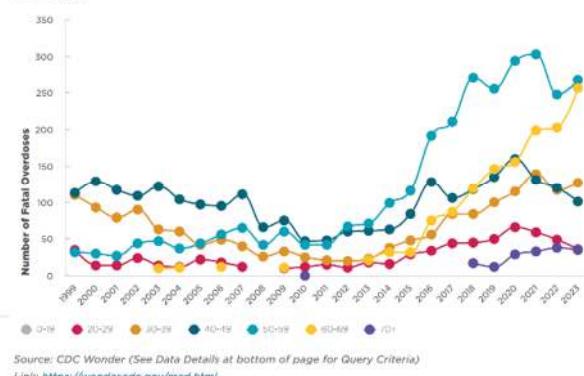
⁹ Friedman, J., & Shover, C. L. (2023). Charting the fourth wave: Geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021. Wiley Online Library. September 13, 2023. Accessed April 10, 2025. <https://doi.org/10.1111/add.16318>

Fatal Overdose Rate Among Residents 60 Years and Older by Race and Sex, Baltimore City, 2018-2023



Source: CDC Wonder

Number of Fatal Overdoses by Age Group and Year, Baltimore City, 1999-2023



Source: CDC Wonder (See Data Details at bottom of page for Query Criteria)

Link: <https://wonder.cdc.gov/mcd.html>

Data that appear missing are suppressed due to low counts.

Figure 6: Fatal Overdose Rate Among Residents 60 Years and Older by Race and Sex, Baltimore City, 2018-2023

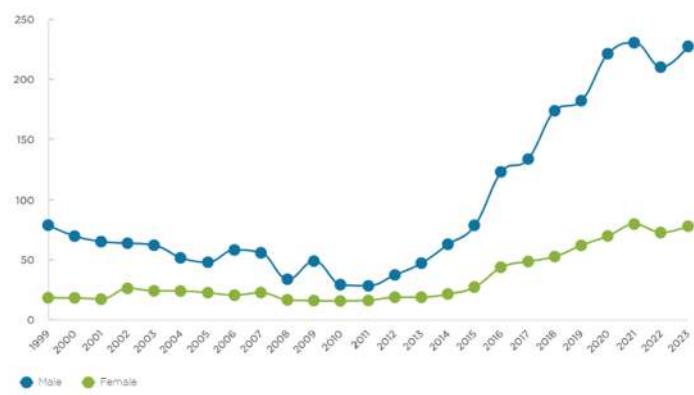
Figure 7: Number of Fatal Overdoses by Age Group and Year, Baltimore City, 1999-2023

In Baltimore City, overdose deaths are increasingly concentrated among older adults, particularly among Black or African American male residents aged 60 and older. The overdose mortality rate for Black or African American male residents aged 60 and older (619.9 per 100,000) was 4.6 times the rate for their white counterparts (135.6) in Baltimore City in 2023. Irrespective of sex and race, between 2018 and 2023, Baltimore City had the highest fatal overdose rate for residents aged 60 and older among all U.S. counties. Residents aged 50-59 and 60-69 experienced the highest number of overdose deaths in 2023 at 268 and 257, respectively. Since 2015, the number of overdose deaths for the 60-69 age group has increased every year, whereas all other adult age groups experienced one or more declines (data for ages 0-19 were suppressed by CDC WONDER).³

For decades, male residents have experienced consistently higher overdose fatality rates than female residents, with a widening gap since 2012 in the City. In 2023, male residents in Baltimore City were nearly three times more likely to die from overdose than female residents (227.5 vs. 77.8 per 100,000 residents)³. While male residents bear the highest burden of overdose mortality, the crisis poses unique risks for female residents.

In general, people with disabilities more often report using substances than their non-disabled peers. In

Fatal Overdose Rate per 100,000 Residents by Sex, Baltimore City, 1999-2023



Source: CDC WONDER <https://wonder.cdc.gov/mcd.html>

Figure 8: Fatal Overdose Rate per 100,000 Residents by Sex, Baltimore City, 1999-2023

Baltimore City, nearly 17% of people live with a disability.¹⁰ People with disabilities have an increased risk of substance use¹¹ and fatal overdose¹² compared to those not living with disabilities. Their needs are also more complex. Given this disproportionate risk, tailoring prevention, harm reduction, treatment, recovery, and support services to address the social determinants of health for people with disabilities is essential to ensuring an equitable response to the overdose crisis.

Key Takeaway 3: The leading cause of maternal mortality in Maryland is overdose

In Maryland, overdose is the leading cause of maternal death,¹³ which is defined as a death occurring during or within one year after pregnancy. Nationally, the ratio of maternal deaths due to drug overdose tripled between 2018 and 2021.¹⁴ The loss of a new mother is profound in its far-reaching, multi-generational impact on families and communities.¹⁵ Factors contributing to maternal mortality due to drug overdose include stigma, discrimination, implicit bias, and racism that manifest as punitive policies in healthcare and child welfare, and the lack of family-friendly treatment. These practices often deter pregnant and postpartum individuals from seeking or remaining in care.¹⁶ Addressing these barriers through compassionate, evidence-based interventions is essential to improving maternal, family, and community health outcomes in Baltimore City.

¹⁰ U.S. Census Bureau Releases 2019-2023 ACS 5-Year Estimates. United States Census Bureau. December 12, 2024. Accessed April 10, 2025. <https://www.census.gov/programs-surveys/acs/news/updates/2024.html>

¹¹ Reif S, Karriker-Jaffe KJ, Valentine A, Patterson D, Mericle AA, Adams RS, Greenfield TK. Substance use and misuse patterns and disability status in the 2020 US National Alcohol Survey: A contributing role for chronic pain. Disability and health journal. 2022 Jun 1;15(2):101290. <https://www.sciencedirect.com/science/article/pii/S1936657422000231?via%3Dihub>

¹² Altekruze SF, Cosgrove CM, Altekruze WC, Jenkins RA, Blanco C. Socioeconomic risk factors for fatal opioid overdoses in the United States: Findings from the Mortality Disparities in American Communities Study (MDAC). *PLoS One*. 2020;15(1):e0227966. Published 2020 Jan 17. doi:10.1371/journal.pone.0227966 <https://pmc.ncbi.nlm.nih.gov/articles/PMC6968850/>

¹³ Maryland Maternal Mortality Review 2022 Annual Report Health -General Article §13-1212.; 2022. Accessed April 10, 2025. <https://health.maryland.gov/phpa/mch/Documents/MMR/2022%20MMR%20Report.pdf>.

¹⁴ Han B, Compton WM, Einstein EB, Elder E, Volkow ND. Pregnancy and Postpartum Drug Overdose Deaths in the US Before and During the COVID-19 Pandemic. *JAMA Psychiatry*. 2024;81(3):270–283. doi:10.1001/jamapsychiatry.2023.4523

¹⁵ National Research Council (US) Committee on Population; Reed HE, Koblinsky MA, Mosley WH, editors. The Consequences of Maternal Morbidity and Maternal Mortality: Report of a Workshop. Washington (DC): National Academies Press (US); 2000. EVIDENCE ON THE CONSEQUENCES OF MATERNAL MORTALITY.

¹⁶ National Research Council (US) Committee on Population; Reed HE, Koblinsky MA, Mosley WH, editors. The Consequences of Maternal Morbidity and Maternal Mortality: Report of a Workshop. Washington (DC): National Academies Press (US); 2000. EVIDENCE ON THE CONSEQUENCES OF MATERNAL MORTALITY.

Pillar 1: Social Determinants of Health

Social determinants of health are the everyday factors that shape our health and well-being. They are the conditions in which people are born, grow up, live, work, and age—things like income, education, housing, transportation, and access to health care. These factors affect health in powerful ways and improving them can help people live longer, healthier lives. Addressing social determinants of health is a key part of reducing health gaps between different communities. The needs assessment identified many needs pertaining to stable and secure housing, food security, transportation, financial opportunities, and general health care access.

Key Takeaway 4: Housing is the most essential need to support people who use drugs in Baltimore City.

Stable and secure housing is a core component in substance use disorder prevention, harm reduction, treatment, and recovery. Substance use disorder can be both the cause and the result of homelessness.¹⁷ Housing insecurity is a risk factor for substance use disorder and overdose is more common among people who are homeless.¹⁸ However, for people with substance use disorder, housing can be a protective factor, which are factors that help to reduce negative risks, for recovery.¹⁹

“[I] firmly believe we can’t solve overdose crisis in the city of Baltimore if we don’t put permanent housing solutions with jobs and mental health services and case management at the forefront.”
-Service Provider

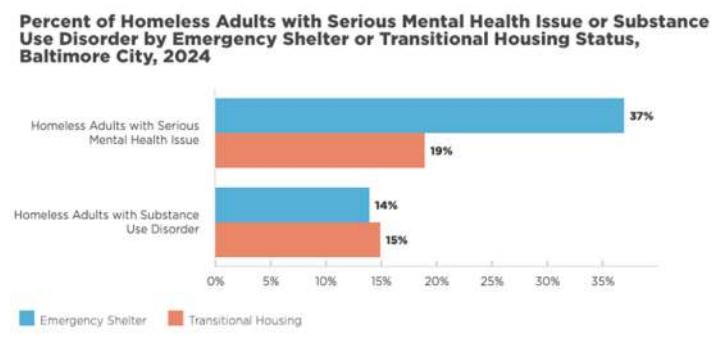


Figure 9: Percent of Homeless Adults with Serious Mental Health Issue or Substance Use Disorder by Emergency Shelter or Transitional Housing Status, Baltimore City, 2024

Housing remains a challenge in Baltimore City, where approximately 22% of adults are housing insecure, meaning they were not able to pay for housing (mortgage or rent) or a utility bill in the past 12 months.²⁰ In 2024, a point in time count measure identified 1,487 people in Baltimore City

¹⁷ National Coalition for the Homeless. Substance Abuse and Homelessness. Published July 2009. Accessed April 10, 2025. <https://nationalhomeless.org/wp-content/uploads/2014/06/addiction-Fact-Sheet.pdf>

¹⁸ Yamamoto A, Needleman J, Gelberg L, Kominski G, Shoptaw S, Tsugawa Y. Association between homelessness and opioid overdose and opioid-related hospital admissions/emergency department visits. *Soc Sci Med*. 2019;242:112585. doi:10.1016/j.socscimed.2019.112585

¹⁹ Pfefferle SG, Karon SS, Wyant B. Choice matters: housing models that may promote recovery for individuals and families facing opioid use disorder. *Office of the Assistant Secretary for Planning and Evaluation*. June 23, 2019. Accessed April 10, 2025. <https://aspe.hhs.gov/reports/choice-matters-housing-models-may-promote-recovery-individuals-families-facing-opioid-use-disorder>

²⁰ CDC BRFSS PLACES 2022

experienced homelessness,²¹ representing about 26% of Maryland's population living in homelessness.²² Of those who experienced homelessness, 14% had a substance use disorder.²³

"Sometimes I go to the ER or to rehab just to be inside but it's only temporary"
- Community Member

Both service providers and community members with lived experience provided testimony to the importance of stable and secure housing. Some community members shared the extraordinary means they and their loved ones will go to seek shelter. Insufficient access to stable and secure housing for people who use drugs perpetuates inequities, creates silos, fosters stigma, raises barriers to care, and undermines the quality of that care.

Key Takeaway 5: Lack of services and inadequate coordination create barriers to accessing social needs services.

"I can't get food. It takes all day just to find a meal."
- Community Member

Food insecurity, or insufficient access to nutritious and nourishing food, contributes to the poor nutritional status associated with risky substance use behaviors and untreated substance use disorders may exacerbate poor

nutritional states.²⁴ Ensuring consistent access to nutritious and nourishing food is an essential component of promoting prevention and harm reduction for people who use drugs and supporting effective treatment and recovery for those experiencing substance use disorders.

Compared to Maryland, food insecurity in Baltimore City impacts a greater proportion of residents. About 27% of adults in the city receive SNAP benefits (vs. 14% for Maryland overall).¹³ In interviews with community members, access to food was identified as an ongoing challenge. Service providers expressed challenges in connecting community members to services due to lack of coordination and lack of real time available services, naming that providing a resource phone number is insufficient. In addition, service providers identified a desire for flexibility to permit the purchase of food with grant funds in order to strengthen outreach and community engagement.

²¹ Mayor's Office of Homeless Services, Baltimore City. *Baltimore City 2024 Point-in-Time Count Results*. Accessed April 10, 2025. <https://homeless.baltimorecity.gov/sites/default/files/Baltimore%20City%202024%20PIT%20Count%20Infographic.pdf>.

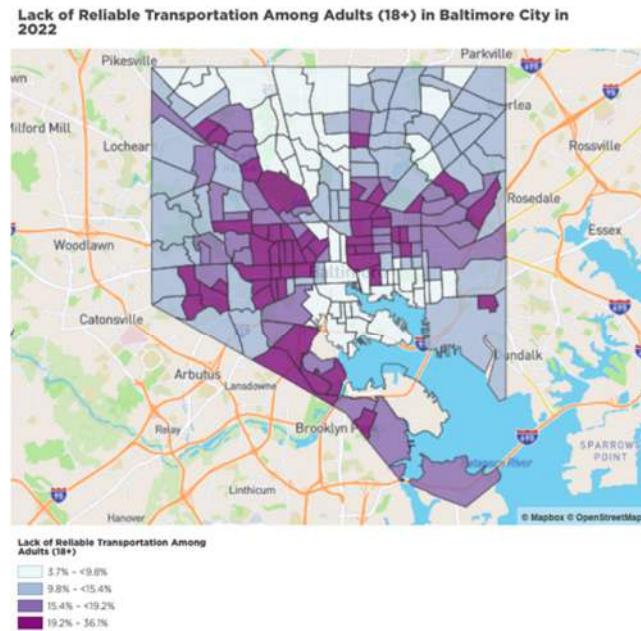
²² U.S. Department of Housing and Urban Development. 2024 Annual Homelessness Assessment Report (AHAR) to Congress: Part 1: Point-In-Time Estimates of Homelessness in the U.S. Published December 2024. Accessed April 10, 2025. <https://www.huduser.gov/portal/datasets/ahar/2024-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html>.

²³ Mayor's Office of Homeless Services, Baltimore City. *Baltimore City 2024 Point-in-Time Count Results*. Accessed April 10, 2025. <https://homeless.baltimorecity.gov/sites/default/files/Baltimore%20City%202024%20PIT%20Count%20Infographic.pdf>.

²⁴ Pant S. Can expanding SNAP policies help reduce substance misuse in the US? *UNC Gillings School News*. January 25, 2024. Accessed April 10, 2025. <https://sph.unc.edu/sph-news/can-expanding-snap-policies-help-reduce-substance-misuse-in-the-us/>

Transportation is an essential component of timely, consistent, and equitable access to the continuum of care. About 14% of Baltimore City adults lack reliable transportation.¹³ Reliable transportation increases access to needed social and health services, yet Baltimore City's public transportation is unevenly distributed. This can be especially difficult for people with mobility challenges when accessing treatment services consistently, even when services were in the same area. As shown in Figure 10, neighborhoods in Baltimore City's Black Butterfly severely lack access to convenient and reliable transportation options.²⁵ Systemic lack of accessible and reliable transportation options occur in communities that bear the brunt of Baltimore City's overdose crisis. These neighborhoods have faced longstanding underinvestment in infrastructure, which has contributed to chronic health disparities, including disproportionate rates of fatal overdoses.

Service providers identified that transportation barriers create significant delays connecting a person to treatment services. They noted that when a person is ready to seek care, there is little time to identify a treatment facility with availability and arrange transportation. They also highlighted challenges in connecting individuals with mobility challenges or individuals with families or children to services. Treatment and harm reduction service providers proposed solutions such as coordinated ride share services for behavioral health services, bus tokens, and taxis to improve timely access.



Sources: CDC BRFSS PLACES 2022

Figure 10: Lack of Reliable Transportation Among Adults (18+) in Baltimore City, 2022

"Address the Root Causes. The overdose crisis is tied to broader social issues, including poverty, housing instability, and social isolation.

Addressing these root causes through policies that promote affordable housing, job creation, and social safety nets could help reduce the underlying drivers of addiction and overdose."

– Community Input Form Respondent

²⁵ Brown LT. *The Black Butterfly: The Harmful Politics of Race and Space in America*. Baltimore, MD: Johns Hopkins University Press; 2022. Accessed April 10, 2025. <https://www.press.jhu.edu/books/title/11971/black-butterfly>.

Access to health care, especially primary care, is foundational to a person's overall health and is the frontline of disease prevention. For people who use drugs, primary care services offer an opportunity for health care providers to intervene with patients early. In addition, inadequately treated substance use disorders can exacerbate chronic physical and mental health conditions while the inability to receive treatment for these comorbidities puts a person at greater risk of exacerbating a substance use disorder.⁷

"I'm afraid to find out what's wrong with me. My legs keep swelling up and one time the hospital told me my kidneys might be bad, or maybe it was my heart. But I feel like when I do want to get better, I can't get an appointment with primary care. I know I can't just keep going to the emergency room, and they don't really help me anyway they just kick me right back out with the same problems. I need someone to come do health care for my blood pressure and stuff the way you do the suboxone. Come out here in the street, come to my bando."

— Community Member

Testimony from Baltimore City residents with lived experience detailed widespread difficulty finding and connecting with primary care providers, which has left patients delaying primary care and ultimately seeking subsequent care at hospitals and emergency departments. Alternative forms of service connections through harm reduction providers can help to reach the City's most vulnerable residents by meeting people where they are, including unhoused individuals who may be at increased risk for overdose. Street medicine approaches deliver essential health services, including harm reduction services, to unhoused people. Providers identified that improved service outreach to unhoused residents through street medicine or mobile health could help

"Street based medicine exists but minimally...we don't have a robust way to bring comprehensive medical outreach to the streets where people need it and where people are more likely to utilize it."

-Service Provider

advance Baltimore City's coordination and capacity around this outreach as an area for improvement. Models for integrated physical, mental health, and substance use disorder treatment also exist both for primary care settings and specialty behavioral health centers, reaching people across the spectrum of substance use disorder severity.

Employment opportunities support the financial and economic stability, independence, and purpose for people who use drugs and can serve as a protective factor from substance use disorders. Employment opportunities serve as protective factors for people in treatment and recovery.²⁶

The needs assessment identified a lack of employment opportunities and recovery-friendly-workplaces as barriers in Baltimore City, where about 20% of residents live below the poverty level. In January 2025, the City had an unemployment rate of 4.2%.²⁷ Employment aids the individual's economic status and can work to reverse the divestment of communities. Harm reduction providers indicated that Baltimoreans need more meaningful employment opportunities and highlighted the importance of hiring

²⁶ National Institute for Occupational Safety and Health. Workplace supported recovery. December 21, 2023. Accessed April 10, 2025. <https://www.cdc.gov/niosh/substance-use/workplace-supported-recovery/>.

²⁷ U.S. Bureau of Labor Statistics. Unemployment rate in Baltimore City, MD [MDBALT5URN]. FRED, Federal Reserve Bank of St. Louis. Accessed April 10, 2025. <https://fred.stlouisfed.org/series/MDBALT5URN>.

representatives from local communities to serve in their respective communities. They also named having recovery-friendly-workplaces or recovery-ready-workplaces²⁸ as essential to harm reduction. Community members and providers stressed the need for connection to education, training, employment, and support obtaining identification documents.

²⁸ Recovery Friendly Workplace. <https://www.recoveryfriendlyworkplace.com/>. Accessed April 13, 2025.

Pillar 2: Prevention

Prevention is a broad term that focuses on reducing the start of substance use, identifying it early, and intervening before it develops into substance use disorder. Prevention strategies include reducing risk factors like negative childhood experiences or uplifting protective factors such as education and employment opportunities, screening people early, or increasing access to mental health support.

Key Takeaway 6: Expanding substance use prevention initiatives for youth is a key priority.

The pervasiveness and long history of substance use in Baltimore City has contributed to a multigenerational impact on Baltimore families. 20% of Baltimore City high school students reported ever living with a parent or a guardian who was having a problem with alcohol or drug use.²⁹ Fortunately, intervention programs that meaningfully engage youth (as well as their families through the promotion of parental resilience, social connections, other forms of support) can act as a protective factor for youth against future substance use, including early experimentation with substances.³⁰ Engagement in these activities and the connectedness a young person feels with their school or work can discourage early experimentation with substances. Alternatively, disengagement with school or work activities, which can be caused by several different factors including

There is a “lack of earlier approaches to prevention, as teenagers, [and] a lot of need for earlier interventions for families, and parenting and upstream thoughts; community level interventions are needed.”

-Service Provider

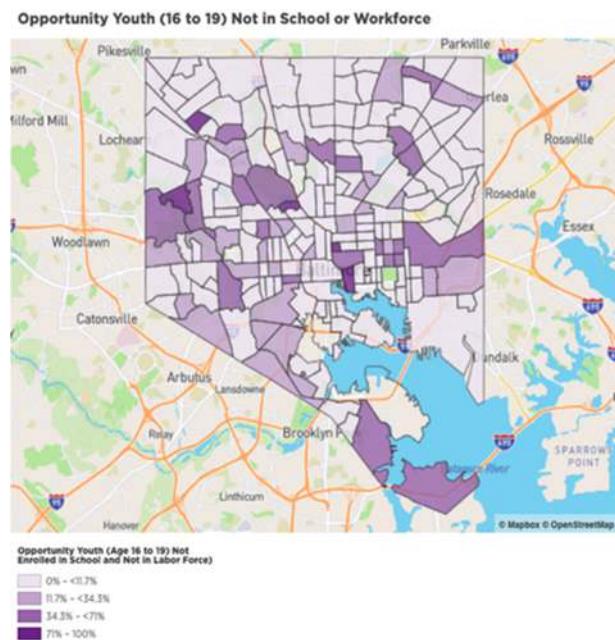


Figure 11: Opportunity Youth (16 to 19) Not in School or Workforce

academic difficulties, financial struggles, family issues, and social conflicts, like feeling unsafe or bullied, can put a young person at risk of substance use and substance use disorders. Youth who are not engaged in school or work are sometimes referred to as “opportunity youth.” As shown in Figure 11, percent of

²⁹ Maryland Department of Health. *Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS) 2022–2023*. Published June 25, 2024. Accessed April 10, 2025. <https://health.maryland.gov/phpa/ccdp/Reports/Pages/YRBS-2022-2023.aspx>.

³⁰ Griffin KW,

Botvin GJ. Evidence-based interventions for preventing substance use disorders in adolescents. *Child Adolesc Psychiatr Clin N Am.* 2010;19(3):505-526. doi:10.1016/j.chc.2010.03.005; Center for the Study of Social Policy. Strengthening Families. Accessed April 16, 2025. <https://cssp.org/our-work/project/strengthening-families/>.

opportunity youth varies significantly by neighborhood, perpetuating health and other inequities.

"We need to focus on long-term strategies, especially prevention programs for youth."

– Community Input Form Respondent

School-based prevention programming offers an opportunity to intervene with young people before substance use occurs or before substance use behaviors become substance use disorders. Such programming is the beginning of developing a broader space of interventions that span prevention, harm reduction, early intervention, treatment, and recovery both in schools and with families.^{31,32}

Evidence-based initiatives for youth mitigate risk behaviors, empower youth to engage in conversations with trusted adults, and strengthen school staff trust and capacity to identify youth at risk of substance use or developing substance use disorder.^{33,34} This type of tailored, evidence-based youth support offers an opportunity to address the stigma and miseducation, build capacity to talk about substance use, and provide resources when needed.

The needs assessment identified a need for additional resources for staff including nurses to identify, intervene, and refer students at risk of developing a substance use disorder. 63% of respondents to the Community Input Form indicated that evidence-based programs in K-12 schools were among the most needed prevention activities in Baltimore City. K-12 school based prevention services may include student and peer-led prevention programming, mechanisms to identify and serve impacted youth in schools,³⁵ and after school community-awareness programming. Baltimore City has partially implemented K-12 school-based prevention programs through initiatives such as the Expanded School Mental Health Program and the Consortium on Coordinated Community Supports.³⁶

Key Takeaway 7: Public health education and awareness campaigns promote prevention.

Public health campaigns play a critical role in mobilizing both providers and community members, promoting prevention through education and awareness-building.

³¹ Kumpfer K. Strengthening Families Program. Accessed April 17, 2025. <https://strengtheningfamiliesprogram.org/>

³² Oregon Recovery High School Initiative. Accessed April 17, 2025. <https://www.oregonrecoveryschools.org/>

³³ Benningfield MM, Riggs P, Stephan SH. The role of schools in substance use prevention and intervention. *Child Adolesc Psychiatr Clin N Am*. 2015;24(2):291-303. doi:10.1016/j.chc.2014.12.004

³⁴ Benningfield MM, Riggs P, Stephan SH. The role of schools in substance use prevention and intervention. *Child Adolesc Psychiatr Clin N Am*. 2015;24(2):291-303. doi:10.1016/j.chc.2014.12.004

³⁵ Community Preventive Services Task Force. Mental health: universal school-based cognitive behavioral therapy programs to reduce depression and anxiety symptoms. *The Community Guide: The Guide to Community Preventive Services*. Updated September 4, 2019. Accessed April 10, 2025. <https://www.thecommunityguide.org/findings/mental-health-universal-school-based-cognitive-behavioral-therapy-programs-reduce-depression-anxiety-symptoms.html>

³⁶ Maryland's Office of Overdose Response. Overdose Prevention Team: Substance Use Program Inventory. As of the fourth calendar quarter, 2024. Accessed April 10, 2025. <https://stopoverdose.maryland.gov/wp-content/uploads/sites/34/2025/02/OPT-Survey-Report-Q3-Q4-2024.pdf>

Increasing understanding of the City's available resources can help prevent substance use and mitigate risks of substance use and substance use disorders.

The needs assessment indicates that education and awareness should focus on both providers and community members. Safe prescribing and dispensing of opioids when they are clinically appropriate is an essential component of prevention. Baltimore City service providers underscored the need for more robust resources and training to promote safer opioid prescribing and dispensing practices for pain management.³⁷ For example, continuing education opportunities for providers can reduce the overprescribing of opioids and other controlled medications.

Currently, Baltimore City lacks comprehensive public education and awareness campaigns dedicated to prevention. While prior campaigns have raised awareness about naloxone, there is additional opportunity to engage providers and community members around prevention. Efforts to promote engagement through awareness and education could include outreach to older adults who are disproportionately impacted by overdose fatalities; education around maternal and child health audiences; events to facilitate the safe disposal of medications, such as drug take-back days; and pharmacy engagement around harm reduction practices.³⁸ Of note, drug take back days and dissemination of drug deactivation bag initiatives have previously activated community as proper drug disposal reduces risks of diversion posed by unused and excess prescription opioids in households.

³⁷ Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep. 2022;71(No. RR-3):1–95. Accessed April 10, 2025.

<https://www.cdc.gov/mmwr/volumes/71/rr/pdfs/rr7103a1-H.pdf>

³⁸Opioid Awareness Program at NeedyMeds. Safe storage and disposal practices. Accessed April 10, 2025.

<https://www.opioidawareness.org/safe-storage-and-disposal-practices/>

Key Takeaway 8: Expanding access to mental health services and support services is crucial to preventing substance use and the development of substance use disorders.

Mental health disorders frequently appear alongside substance use disorders. For example, mental health conditions like anxiety, depression, or post-traumatic stress disorder—which may stem from childhood trauma or adverse childhood experiences—

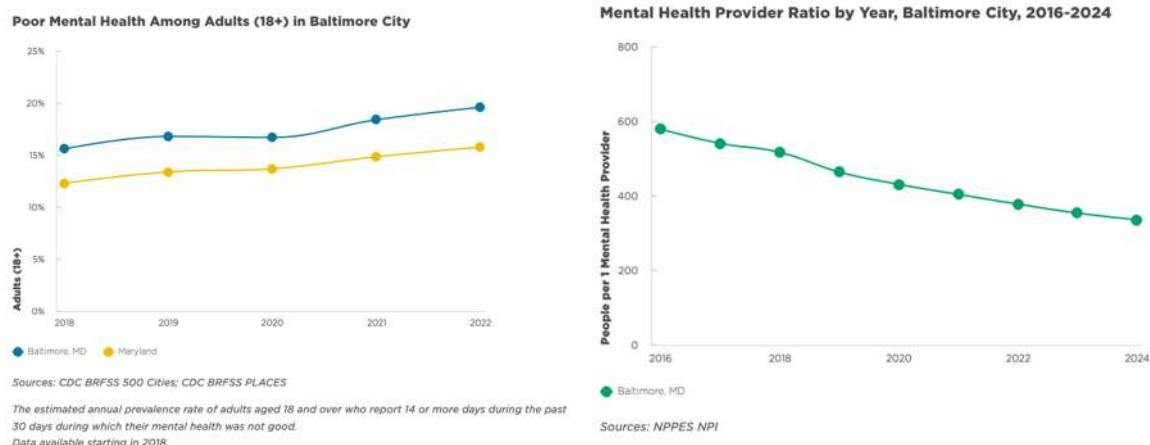


Figure 12: Poor Mental Health Among Adults (18+) in Baltimore City, 2018-2022

Figure 13: Mental Health Provider Ratio by Year, Baltimore City, 2016-2024

can result in the use of drugs or alcohol as a form of self-medication. Marginalized communities experiencing systemic racism and trauma disproportionately experience these mental health disorders, which exacerbates the risk of developing a substance use disorder.³⁹ Stigma of mental health disorders may prevent individuals, especially underserved populations, from accessing care.

The needs assessment identified that additional resources are required to improve access to mental health services, including treatment and peer support. Though mental health provider ratios are stronger in Baltimore City compared to Maryland and have been improving over time (decreases in the number of patients per provider represents improvement),⁴⁰ adults in Baltimore City reported higher rates of poor mental health compared to Maryland (Figure 12).

Mental health disorder and substance use disorder services have been historically separated, contributing to lost opportunities to integrate people who use drugs into care services. Integrated behavioral health provider screening practices for mental health

³⁹ National Institute of Mental Health. Substance use and co-occurring mental disorders. Updated March 2024. Accessed April 10, 2025. <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>.

⁴⁰ Centers for Medicare & Medicaid Services. NPPES NPI Registry. Accessed April 10, 2025. <https://npiregistry.cms.hhs.gov/search>

and substance use disorders can better meet people's comprehensive needs.^{41,42} Additionally, for patients with mental health disorders, support services that allow patients to maintain stable housing, food security, and employment play a particularly important role in preventing the development of a future substance use disorder. 76% of respondents to the City's Community Input Form indicated that expanded social needs services to better address factors like housing, food security, and employment were among the most needed prevention activities in Baltimore City.

⁴¹ Woodward D, Wilens TE, Glantz M, et al. A systematic review of substance use screening in outpatient behavioral health settings. *Addict Sci Clin Pract.* 2023;18(1):18. doi:10.1186/s13722-023-00376-z
<https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-023-00376-z>

³⁸ Centers for Medicare & Medicaid Services. Innovation in Behavioral Health (IBH) Model. Accessed April 17, 2025.
<https://www.cms.gov/priorities/innovation/innovation-models/innovation-behavioral-health-ibh-model>

Pillar 3: Harm Reduction

Harm reduction includes a set of evidence-based strategies that reduce the negative consequences associated with drug use, maximize wellness, and empower people who use drugs to make choices that work for them. Harm reduction is also a social and political movement for social justice, anti-racist, and anti-oppressive practices built on a belief in, and respect for, the rights of all people regardless of if they use drugs.⁴³

Key Takeaway 9: The harm reduction approach is not consistently adopted in Baltimore City.

Harm reduction recognizes the War on Drugs resulted in disparate harm on Black, Indigenous, and People of Color who use drugs and aims to address it by centering the voices of those with lived and living experience in identifying solutions.

While Baltimore has a wealth of harm reduction programs, it was noted that the adoption of a harm reduction approach across the citywide response to the overdose crisis was needed. Service providers noted the need for increased education about harm reduction across systems of care. Community members emphasized the need for harm reduction to help address stigma and discrimination, and support people who use drugs by meeting people where they are in use, treatment, and recovery. By incorporating a harm reduction philosophy in the citywide overdose response, the City can address the stigma of substance use disorder that permeates through service implementation and delivery, while building upon evidence-based practices.

Substance Abuse and Mental Health Services Administration's six harm reduction pillars

- 1) Led by people who use drugs and have lived experience,
- 2) Embraces the inherent nature of people,
- 3) Commits to deep community engagement,
- 4) Promotes equity, rights, and reparative justice,
- 5) Offers most accessible and noncoercive care, and
- 6) Focuses on any positive change, as defined by the person

Figure 14: SAMHSA's Six Harm Reduction Pillars

Key Takeaway 10: Baltimore City's insufficient access to existing harm reduction services and lack of safe spaces increases overdose risk.

Harm reduction initiatives include comprehensive and equitable services for people who use drugs. Service providers and community members stated that the current landscape of harm reduction services is not enough. Providers explained that there is often state and philanthropic funding for supplies and programming to prevent the harms of injection drug use. However, supplies are also needed for non-injection routes of ingestion. Despite this need, there is less funding for these interventions and Baltimore City programs inconsistently offer safe smoking and snorting supplies. Currently only three of the eight syringe service programs based in the city provide safe

⁴³ National Harm Reduction Coalition. Accessed April 10, 2025. <https://harmreduction.org/>

snorting or smoking kits as well as hypodermic syringes.⁴⁴ Smoking and snorting are often associated with a reduction of overdoses, infectious disease transmission, and wound development compared to injecting.²⁵ Therefore, supplying safer smoking and sniffing kits expands the opportunity for people who use drugs to change their routes of administration and better safeguard their overall health.⁴⁵

"It is difficult to access safer smoking supplies and I'm trying not to inject. Also [organization] is the only place I know that gives me stems. The City only does needles anyway and I'm trying to stop shooting up so I'm smoking more."

– Community Participant

In recent years, the drug supply in Baltimore, and across the nation has changed and become more contaminated, making drug use more dangerous. Key drug supply related strategies include the expansion of community-based drug checking programs and piloting safer supply. Baltimore City's syringe service program participates in the Maryland Department of Health's Rapid Analysis of Drugs initiative. Participating in such programs helps providers understand the current and emerging drug market

landscape (such as the appearance of xylazine and other sedatives) and can empower people to reduce risks. This data could be shared more broadly with providers and public audiences to inform decision-making regarding the drug supply and help harm reduction practices and approaches.

New contaminants in the drug supply not only increase overdose risk but also have other harmful consequences. Xylazine in drugs increases the risk and severity of wounds among people who use drugs. This results in increased challenges in wound management among unhoused people and introduces new barriers to access to treatment and recovery services. In addition, when wounds become infected and go unmanaged, they can result in more complex adverse outcomes, such as amputation. To engage in a comprehensive harm reduction model, service providers and community members noted that harm reduction also includes educating and addressing wound care and providing wound care supplies.

Due to persistent stigma of drug use and discrimination, people who use drugs often find themselves in unsafe spaces, such as abandoned houses, alleyways, street corners, and parks to rest, sleep, and use drugs. Unsafe and marginalized spaces increase the mortality and morbidity risks of people who use drugs.²¹ Evidence consistently demonstrates that stable, safe, and quality housing has a positive impact on drug use behavior and can reduce the risks associated with substance use.²³ This has been demonstrated across the country in Housing First models that focus on housing individuals regardless of if they are actively using substance.

In 2023, 54.6% of fatal overdoses in Baltimore City occurred in victims' homes.³ Stigma related to drug use often leads to individuals using drugs alone. If someone is

⁴⁴ Maryland Department of Health. Syringe Services Program (SSP). Updated January 24, 2025. Accessed April 10, 2025. <https://health.maryland.gov/pha/NALOXONE/Pages/Syringe-Services-Program.aspx>.

⁴⁵ Karandinos G, Unick J, Ondocsin J, et al. Decrease in injection and rise in smoking and snorting of heroin and synthetic opioids, 2000-2021. *Drug Alcohol Depend*. 2024;263:111419. doi:10.1016/j.drugalcdep.2024.111419

alone and overdoses, there is no one to reverse the overdose. Supervised places to use substances have been proven to prevent overdose deaths. Service providers emphasized the need for overdose prevention sites, and 54% of respondents to the Community Input Form indicated that establishing safe spaces for supervised drug use and medical intervention were among the most needed harm reduction services in Baltimore City. However, pervasive stigma has often led to opposition of life-saving harm reduction efforts like overdose prevention sites in favor of the criminalization of people who use drugs. The City has and will continue to support policies such as paraphernalia decriminalization in order to decrease barriers to evidence based harm reduction services and promote interventions that support the dignity, health, and well-being of people who use drugs.

Pillar 4: Treatment

Treatment includes a variety of services to support people with substance use disorders in managing symptoms, minimizing adverse impacts on their health, and stabilizing health conditions to reduce mortality and improve quality of life. Treatment for substance use disorders includes medications for the treatment of opioid use disorder (i.e., methadone, buprenorphine, and naltrexone), often in combination with other behavioral health therapies and recovery support services. Treatment services are available in different settings, including outpatient clinics where individuals attend appointments while continuing to live at home, or inpatient or residential facilities such as crisis stabilization centers, specialty residential treatment centers, or hospitals that offer 24-hour care.

Key Takeaway 11: Access to treatment services needs to be improved in Baltimore City.

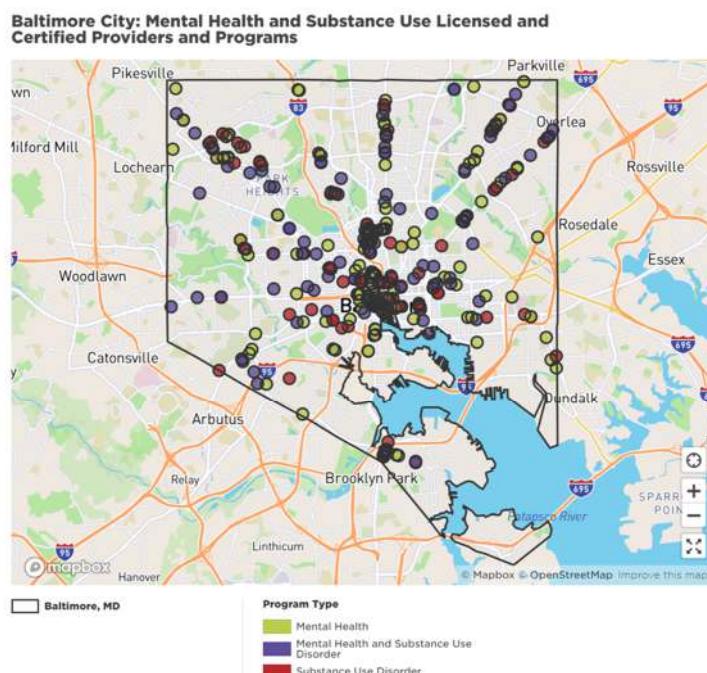


Figure 15: Mental Health and Substance Use Licensed and Certified Provider Locations, Baltimore City, May 5, 2025

and recovery support services in Baltimore City. Low-barrier access may include same-day starts of medication, on-demand treatment, or field-initiated buprenorphine by

Medication for opioid use disorder is considered the “gold standard” for treating opioid use disorders and is essential to supporting patients across the City in their recovery journeys.⁴⁶ However, access is limited due to barriers such as wait times and missed opportunities for engagement.

The needs assessment identified a need for an increase in low-barrier access to medication for opioid use disorder. As seen in Figure 15, access to treatment programs varies widely by neighborhood, which perpetuates inequities in the City’s overdose crisis. 28% of respondents to the City’s Community Input Form indicated that more access to medication for opioid use disorder, including buprenorphine and methadone, is one of the most needed treatment

⁴⁶ Dickson-Gomez J, Spector A, Weeks M, Galletly C, McDonald M, Green Montague HD. "You're Not Supposed to be on it Forever": Medications to Treat Opioid Use Disorder (MOUD) Related Stigma Among Drug Treatment Providers and People who Use Opioids. *Subst Abuse*. 2022;16:11782218221103859. Published 2022 Jun 27. doi:10.1177/11782218221103859

emergency medical services.⁴⁷ Currently, programs that meet these criteria are limited throughout the City.

Access to treatment among Baltimore City's incarcerated population is also an issue given the high risk of overdose after release from jail or prison.⁴⁸ Medication for opioid use disorder plays a key role in decreasing this risk, but current capacity would need to increase to meet the needs of the City's incarcerated population. Increased capacity in the community also is needed to continue medication seamlessly for people upon re-entry.

Engaging people in treatment and providing or starting people on medication for opioid use disorders can occur in many different settings, such as pharmacies and hospitals. Testimony from people with lived and living experience with substance use also identified inconsistent access to buprenorphine in pharmacies. According to the testimony, pharmacies sometimes lack adequate stock or only stock a generic version of their medication, limiting access to formulations preferred or better tolerated by specific individuals. Pharmacies carrying only generic versions of medications is likely due to federal policies governing formulary coverage.

Testimony from people with lived and living experience also referenced financial barriers, including the cost of medication for opioid use disorder and/or lack of insurance, that prevent City residents from being able to afford medication for opioid use disorder.

Beyond access issues relating to medication for opioid use disorder, the needs assessment also identified gaps in treatment services available to Baltimore City residents, including a need to expand access to drop-in center and crisis stabilization center services.

Drop-in centers offer convenient spaces for people to obtain care and services—including treatment services, wound care, harm reduction services and supplies, and connections to other support services. They can also provide services like laundry facilities, showers, and food. Not all neighborhoods in Baltimore have easy access to drop-in centers and currently Baltimore City has no drop-in centers that offer 24/7 services.

Crisis stabilization centers provide people with safe and secure settings to go when they are

"Heard from a site [that they] had someone in the community ... who had used drugs and wanted support to stop using in that moment. [They] knew when that neighbor walked away that the opportunity closed. [We] need real-time and available resources, housing or treatment that isn't exploitative, for ... boots on the ground they're confronting this every single day"

-Service Provider

⁴⁷ Hern HG, Lara V, Goldstein D, Kalmin M, Kidane S, Shoptaw S, Tzvieli O, Herring AA. Prehospital buprenorphine treatment for opioid use disorder by paramedics: first year results of the EMS buprenorphine use pilot. *Prehosp Emerg Care*. 2023;27(3):334-342. doi:10.1080/10903127.2022.2132913

⁴⁸ Hartung DM, McCracken CM, Nguyen T, Kempny K, Waddell EN. Fatal and nonfatal opioid overdose risk following release from prison: a retrospective cohort study using linked administrative data. *J Subst Use Addict Treat*. 2023;147:208971. doi:10.1016/j.josat.2023.208971

experiencing a potential crisis and need immediate and more intensive care than drop-in centers. Clinical teams at stabilization centers that include nurses and behavioral health professionals offer care to people experiencing substance use crises and can facilitate connection to long term treatment options for substance use disorders. The Maryland Crisis Stabilization Center is the only stabilization center serving Baltimore City, providing sobering services through referrals from hospitals and healthcare providers and accepting walk-ins.

Key Takeaway 12: Quality of treatment services in Baltimore City needs to be improved.

High-quality and flexible services meet people with substance use disorders where they are in their recovery and reduce their risk of overdose. The needs assessment identified areas across the spectrum of treatment services in Baltimore City where quality needs to be improved.

Testimony from people with lived and living experience detailed wide-ranging issues with the quality of treatment services throughout Baltimore City, including:

- Instances of unsanitary conditions, overcrowding, mistreatment from staff, and experiences of theft and assault;
- Program rules and policies are misaligned with client needs, such as limited hours and the inability to remain in treatment even after a positive drug screening result; and
- Refusals to accept clients who are taking evidence-based medication, such as methadone, for opioid use disorder as part of their treatment and recovery.

In addition, people with lived experience explained how restrictions on entering treatment with wounds compromises the quality of treatment they can receive. The Maryland Office of Overdose Response's 2024 Substance Use Program Inventory indicates that there is insufficient availability of treatment facilities that accept people with wounds in Baltimore City, though Baltimore City Health Department has conducted education and outreach to providers.

Regarding the quality of medication for opioid use disorder services in Baltimore City, testimony from people with lived and living experience indicated that daily methadone dosing at opioid treatment programs is too burdensome.

The needs assessment also identified opportunities to strengthen treatment services to meet the highest levels of quality standards and regulations. Ten hospitals across the City provide three levels of treatment—from minimum requirements to comprehensive response—under the Levels of Care initiative. Each hospital's designation is certified by the Baltimore City Health Department and includes practices in emergency room

departments, inpatient units, and on-campus outpatient clinics.⁴⁹ Level 1 hospitals ensure that all patients, regardless of the department or care setting, are screened for substance use disorder, have access to all three FDA-approved medications for opioid use disorder, receive linkage to ongoing treatment through peer recovery specialists, and receive overdose prevention education and are provided naloxone upon discharge. By encouraging all hospitals to implement Level 1 standards, the City will move toward a healthcare system that meets people where they are and builds stronger connections between hospital and community providers for smoother transitions in care.

In addition, Maryland established behavioral health crisis stabilization center standards and regulations in 2024 to require crisis stabilization centers to provide not only substance use services, but also mental health crisis services and coordination with emergency responders. However, the Maryland Crisis Stabilization Center does not currently provide mental health services as outlined in the 2024 regulations.⁵⁰

Key Takeaway 13: Treatment services must address the ongoing social support needs of Baltimore City residents.

"I think all the other resources are just very disjointed, and you end up sending people on a wild goose chase when it comes to finding food or getting access to all sorts of things."

-Service Provider

Social support services that address the social determinants of health are an essential component of behavioral health services.⁵¹ These can include obtaining transportation or arranging childcare. Expanding access to and coordination of support services efficiently and effectively promotes initiation and continuance of treatment and care for the whole patient.

The needs assessment identified a need to strengthen access to social support services during treatment. Outreach specialists identified barriers to access due to lack of a centralized system. Treatment providers identified difficulty connecting their patients with a broader array of health care and social services, including social safety net services and wound care. 49% of respondents to the City's Community Input Form identified ensuring smooth transition between treatment stages as one of the most needed treatment and recovery services in Baltimore City. Service providers noted that people in treatment may lose access to social support services due to relapses, making treatment and recovery more difficult. Finally, providers named the need to increase awareness of and communication regarding the existing service capacities. Inadequate supply of services and challenges with connecting people to support services perpetuate silos, raises barriers to recovery, and undermines quality of care.

⁴⁹ Baltimore City Health Department. Levels of Care for Baltimore City Hospitals Responding to the Opioid Epidemic. Published April 30, 2018. Accessed April 11, 2025. <https://health.baltimorecity.gov/substance-use-disorder/levels-care-baltimore-city-hospitals-responding-opioid-epidemic>

⁵⁰ Maryland Code of Regulations. COMAR 10.63.03.21. Baltimore, MD: Maryland Division of State Documents. <https://dsd.maryland.gov>. Accessed April 17, 2025

⁵¹ Paino M, Aletraris L, Roman P. The Relationship Between Client Characteristics and Wraparound Services in Substance Use Disorder Treatment Centers. *J Stud Alcohol Drugs*. 2016;77(1):160-169. doi:10.15288/jsad.2016.77.160

Pillar 5: Recovery

Recovery is a complex “process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”⁵² Recovery is non-linear and self-defined; community engagement with people with substance use disorder found varied definitions of recovery including that recovery increased freedom, provided opportunities to reconnect with loved ones, health, and a second chance at life. The Substance Abuse and Mental Health Services Administration describes the four dimensions of recovery as health, home, purpose, and community. The needs assessment identified the need to invest in the peer specialist workforce, create opportunities that support recovery, and uphold and promote empathy.

“We have no hope holders. The system tells you to get clean but then leaves you on your own.”
– Community Participant

Key Takeaway 14: More meaningful integration of peer recovery specialists is needed across services in Baltimore City.

“There are so many ways to show up for people, but we can’t do anything until we establish trust. To establish trust, we need early intervention and support for families affected by SUD. Intergenerational trauma runs deep in this city and until we stop blaming individual people and owning that every system has been set up to fail them, we won’t get anywhere.”
– Community Input Form Respondent

Peer recovery specialists have living or lived experience with substance use. This workforce is essential to recovery, due to the empathy and understanding they provide to people in recovery and how their presence works to mitigate stigma. Stigma refers to negative attitudes, belief, and stereotypes that people, communities, and systems hold toward people with substance use disorders. Stigma perpetuates discrimination and creates barriers to seeking care for fear of judgment. For people with intersecting marginalized identities, such as a person of color with a substance use

disorder, stigma can compound. Stigma is systemic and appears within our care systems, is held by friends and neighbors, and can be internalized by the individual. Stigma prevents individuals from seeking care and impedes progressive policies that can facilitate connections to life-saving care.

One important component of reducing stigma is uplifting individuals who have achieved recovery. While conversations and media coverage related to the overdose crisis are often focused on the negative, there is often a failure to acknowledge the thousands of people who recover from substance use disorder and use that experience to provide support to other individuals with substance use disorders by encouraging them, helping them navigate different social support systems, and helping them

“[People who use drugs] feel unloved, but they need unconditional love.”
– Community member

⁵² Substance Abuse and Mental Health Services Administration. Recovery and support. Updated September 5, 2024. Accessed April 10, 2025. <https://www.samhsa.gov/substance-use/recovery>.

stay in treatment. Evidence demonstrates that peers improve outcomes among people with substance use disorder.

Data from CDC PLACES (2022)¹³ showed that about 32% of adults lack social and emotional support in the City. For people who use drugs, this figure is most likely higher, stressing the importance of building a sense of community and purpose for people who use drugs. The Baltimore Area Survey⁵³ found that among Baltimore residents, more than 40% of respondents know someone addicted to drugs and more than a quarter have had someone close to them die from an overdose. Despite this, stigma and negative perceptions of people who use drugs maintains prevalent across Baltimore City.

Peer recovery specialists provide access to much-needed social support and connections to services that help recovery. When asked about what support services are needed, one respondent shared: housing, service for homeless, and love. Providers overwhelmingly emphasized the importance of promoting a workforce that is representative of the communities that they serve. The peer workforce was a common theme throughout the data, but to ensure long-term sustainability of the peer workforce, the City will need workplaces that support people with substance use disorders, policies that reflect the importance of this work, and opportunities for ongoing career advancement.

“Hire more people who use drugs, who are Black and give them a living wage.”
—Service Provider

“I would like more conversations with my care team, like my counselor or whoever. Being able to work closely with peer recovery specialists would provide a more interpersonal experience.”
—Community member

The needs assessment revealed gaps in wraparound services for individuals transitioning from treatment into recovery, with participants highlighting the need for more in-depth mental health therapy, stronger engagement with their care teams, as well as employment training and education. One individual emphasized that working closely with peer recovery specialists would provide a more personalized and supportive experience. Peer support was consistently identified as a critical component in recovery, with both

individuals in treatment and their families noting its value in providing mentorship and guiding people through their recovery journey. Peer recovery specialists can play a foundational role in connecting individuals to these resources, offering not just guidance but also a sense of community and purpose in their recovery process.

⁵³ Robbins H. Report: Baltimoreans distrust government, fear police, and face transportation issues, but like their neighborhoods. *JHU Hub*. December 5, 2023. Accessed April 10, 2025. <https://hub.jhu.edu/2023/12/05/baltimore-area-survey/>

Key Takeaway 15: There is an insufficient supply of high-quality housing for people in recovery.

Substance use disorders are chronic conditions, however measuring or tracking recovery is often framed by markers such as treatment, completion of a withdrawal management program, or medication retention for 30, 60, or 90 days. Engagement with Baltimore City residents with lived experience in substance use found that recovery markers were not aligned to what recovery meant to people living with substance use disorders. Respondents explained that to them, recovery was seen as "freedom," a chance to reconnect with and provide support to loved ones, being healthy, and having a second chance at life. Recovery may also mean using different forms of treatment to manage symptoms while also working towards self-identified goals like having a safe and stable place to live; participating in meaningful daily activities like school, work, and family engagement; and having supportive relationships with friends and family.⁵⁴ Based on these definitions, successful recovery can be supported by the quality and availability of support services, especially stable and supportive transitional housing, employment and training opportunities, and additional wraparound services.

Stable and supportive housing is among the four fundamental dimensions of recovery. However, funding for supportive housing and related services is often time-limited, leaving individuals vulnerable and with potential to relapse once supports end. Multiple providers emphasized the struggle to maintain housing due to financial and structural barriers. Providers reported that the limited duration of housing support forces premature discharges, undermining recovery processes. Additionally, providers and people in treatment and recovery highlighted the need for essential documentation such as EBT cards, social security cards, and birth certificates. Providers stated that often by the time that a person in treatment and recovery is able to access documentation, their benefits coverage ends.

"We need longer-term support with resources, starting with housing."

-Service provider

Improving quality of housing options for people in recovery and strengthening accountability to ensure that quality is maintained were also identified, including in testimony from treatment and recovery providers. Certification standards, such as the National Association for Recovery Residences (NARR) standards, help to ensure that housing services provided to people in recovery are high quality. For certified housing providers, rigorous and routine oversight is necessary to ensure these quality standards are being met. For uncertified recovery housing providers, oversight is necessary to ensure that they are providing high quality services and not taking advantage of people in their time of need. To minimize the potential for bad actors taking advantage of people in recovery, additional policies prioritizing the use of certified recovery housing

⁵⁴ Share Facts Save Lives. Four dimensions of recovery. Accessed April 10, 2025. <https://sharefactssavelives.org/dimensions/>

services, such as a requirement that treatment providers receiving public funding only operate or affiliate themselves with certified recovery housing providers, are necessary.

Next Steps

The needs assessment identified 15 takeaways. These takeaways contribute to five cross-cutting recommendations:

1. **Address the worsening inequities in the City's overdose crisis.** Disparities in overdose are increasing among male residents, Black residents, and residents 60 years and older. Access to appropriate and tailored harm reduction, treatment, and support services are needed to ensure equitable access to care.
2. **Dismantle silos and improve connections throughout the systems of care.** Services across the substance use continuum can be better coordinated so people who use drugs can move most effectively from addiction to recovery.
3. **Confront stigma to reduce barriers to care.** Addressing stigma at all levels improves quality of services, removes barriers to high treatment, increases readiness to engage with services, and supports the success of individuals in the community.
4. **Increase access to low-barrier services for substance use disorder across all neighborhoods.** Persistent barriers prevent people from accessing life-saving substance use disorder services and supportive services that promote health and wellbeing. Creating services that meet people where they are and allow for immediate connection to care promotes overall health for Baltimore residents.
5. **Improve the quality of substance use services across the City.** Across the continuum of care, there is a great need to strengthen and implement high-quality programs. The City's current service landscape varies in quality leading to individuals who are hesitant to engage in services. Monitoring and evaluation of access and quality of services is necessary to ensure equitable and effective response.

These recommendations will provide the framework for a comprehensive strategic plan, as outlined in the Mayor's Executive Order on the Administration of Opioid Restitution Funds. This plan will include comprehensive, evidence-informed, and targeted solutions for implementation and funding dispersed from the Opioid Restitution Fund and other fiscal resources.

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