



MARYLAND

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the SAPT Block Grant has been cut approximately \$20 million. Maryland's FY 2007 SAPT Block Grant allocation is \$31,868,920, representing a cut of approximately \$400,000 compared to FY 2004.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. For example, the Maryland Alcohol and Drug Abuse Administration reported the following **treatment outcomes in FY 2006:**

- Admission versus discharge: 68% decrease in substance use for adolescents and 70% decrease in substance use for adults.
- Admission versus discharge: 25% increase in employment
- Admission versus discharge: 45.6% decrease in homelessness
- Admission versus discharge: 79.3% decrease in arrest rates
- Average length of stay for Long Term Residential: 108 days
- Average length of stay for Outpatient Programs: 197 days

Family Treatment

ADAA provides family treatment outpatient and residential treatment programs offering services to women and their children and other family members. Thirteen residential and four intensive outpatient programs across the State are designated for pregnant women and women with dependent children, totaling 196 beds and 284 Intensive Outpatient (IOP) slots.

Data on prevention services

During SFY 2006, 260,554 persons received prevention services funded all or in part by the SAPT Block Grant 20% prevention set-aside. This set-aside represents the entirety of ADAA's substance abuse prevention funds and contributed to the following prevention outcomes as reported in the 2004 Maryland Adolescent Survey:

- 78.7 percent of twelfth graders perceived five or more drinks to be very dangerous;
- 50.9 percent perceived marijuana and 83.9 percent perceived cocaine to be very dangerous;
- 85 percent of twelfth grade users and 97 percent of non-users perceived their parents would disapprove of marijuana use; the respective figures for perception of friends' disapproval were 22 and 71 percent.

Maryland Quick Facts

Treatment Admissions

- 47,152 patients admitted during FY 2006

➤ **Primary substance of abuse at admission:**

Alcohol	33.3%
Heroin	27.6%
Marijuana/Hashish	17.5%
Crack Cocaine	13.4%
Other Cocaine	3.5%
Other Opiates	3.1%
Other	1.6%
Multiple substance abuse:	62.9%

➤ **Race/Gender:**

White Male	33.1%
White Female	16.4%
Black Male	32.1%
Black Female	15.2%

➤ **Ethnicity:**

Non Hispanic	96.8%
Hispanic	3.2%

➤ **Age:**

Under 18	9.9%
18-20	7.0%
21-25	13.4%
26-30	10.2%
31-40	25.5%
41-50	26.1%
Over 50	7.9%

Treatment Gap

An estimated 117,000 Marylanders over age 12 needed but did not receive treatment for illicit drug use, and 306,000 needed but did not receive treatment for alcohol use.

Wait List

The number of those on a treatment waiting list on a typical day in Maryland totals approximately 1,800.

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability: ADAA has mechanisms in place to ensure that providers deliver effective prevention and treatment services. ADAA-funded treatment programs have specific performance benchmarks they are expected to achieve in the areas of patient retention, substance use, employment, arrests and progression from one level of care to another. These have been in place for only a few years. The focus has been on refining measures and assisting programs that fall short to come up to the standards. No funds have been “pulled” as of yet for failure to attain benchmarks. However, this may occur as the system matures. Financial incentives for performance in certain areas are under development at this time.

ADAA has in place a number of specific goals, objectives and performance measures that include:

- By Fiscal Year 2008, at least 75% of mothers assessed for substance abuse problems delivering newborns exposed to heroin, crack cocaine, or cocaine and living in designated jurisdictions will be placed into treatment under the Dept. of Human Resources’ Children in Need of Assistance-Drug Affected Babies Pilot project.
- By Fiscal Year 2008, 62% of the patients in ADAA funded outpatient programs are retained in treatment at least 90 days.
- By Fiscal Year 2008, the number of patients using substances at completion of treatment will be reduced to 75% among adolescents and 72% among adults from the number of patients who were using substances at admission to treatment.
- By Fiscal Year 2008, the average arrest rate per patient during treatment will decrease 75% among adolescents and 80% among adults.

The local advisory councils in each of the State’s 24 subdivisions develop the plans, strategies and priorities of each for meeting the identified needs of the general public and the criminal justice system for alcohol and drug abuse evaluation, prevention, intervention and treatment. Internally, ADAA has developed cross-functional regional teams with membership from each ADAA division. These teams bring their expertise to bear on subdivision planning, managing for results, improving treatment utilization, monitoring vendors and developing new programs. They have the responsibility of ensuring that Block Grant and other funds are appropriately utilized and that programs deliver high quality services.

A Solid Economic Investment: According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the county regain their lives and families.

The *Baltimore Drug and Alcohol Treatment Outcomes Study*, released in 2002, examined approximately 1,000 uninsured Baltimore City residents who voluntarily entered outpatient drug and alcohol treatment. The study found that illegal activity of treatment participants was reduced by 64%. In addition, the amount of illegal income treatment participants received was reduced by 72%. Treatment participants also worked 52% more and earned 67% higher wages in the 30 days prior to the 12-month follow-up interview. The study estimates, based on the average drop in drug use and crime in the first 30 days of treatment compared to the 30 days prior to treatment entry, that treatment of an additional 1,000 persons avoids: 164,000 days of heroin use, 45,600 days of cocaine use, 63,600 days of crime and \$3.2 million in illegal income.



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