Comments of Joshua M. Sharfstein, M.D., Commissioner
Baltimore City Health Department
Domestic Policy Subcommittee
Oversight and Government Reform Committee
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9:30 a.m.

Mr. Chairman, Ranking Member Issa and members of the Subcommittee, I would like to thank you for this opportunity to testify today on behalf of the Baltimore City Health Department's (BCHD).

Despite ongoing efforts, substance abuse remains a substantial challenge for the United States. According to a 2006 report released by the Substance Abuse and Mental Health Services Administration, each year, there are nearly 20 million illicit drug users throughout the country. In 2005, there were over 3 million cocaine and crack users, 600,000 more than the previous year.

In Baltimore, heroin addiction remains particularly challenging – heroin continues to be the primary drug of abuse in Baltimore City, and we've found that most patients admitted to treatment facilities abuse multiple substances such as heroin in combination with cocaine, marijuana and alcohol. Despite a major expansion in access to effective substance abuse treatment for uninsured persons over the last decade, available services still fall far short of the demand.

While Baltimore has been successful in nearly doubling treatment capacity since 1995, at least half of those calling for help cannot get treatment. This gap in services results in long waiting periods for people requesting treatment, and significant consequences in terms of crime, public safety, health care costs, foster care costs and human suffering.

Nationally, we have a three-pronged approached to substance abuse – enforcement, treatment, and public education. For years, far too little attention has been paid to prevention and treatment. If our goal is to reduce drug consumption, then our policies must reflect that addiction is a medical illness and approach substance abuse from a public health perspective.

In Baltimore, we have worked with the public health community to develop a comprehensive strategy for substance abuse. This includes increasing the availability and accessibility of drug treatment services. Specifically, over the last decade, funding for substance abuse treatment in the city of Baltimore has increased from $17.7 million in fiscal year 1996 to $52.7 million in 2006. More than 7,000 uninsured individuals receive treatment each day, about half of whom receive methadone for heroin addiction.

In October 2006, Baltimore launched a citywide effort to expand access to buprenorphine treatment, a recently approved therapy for heroin addiction that can be prescribed by

doctors in their own offices. It offers the potential of tapping into Baltimore's world-class medical system to achieve a major reduction in heroin use.
Buprenorphine is a synthetic opioid used to treat addiction to heroin and other narcotics.

It has three important properties:

- **Reduces cravings.** Buprenorphine binds to and blocks the same brain receptors activated by heroin and other short-acting opioids -- reducing craving and promoting abstinence from illicit drugs.
- **Less potential for illegal diversion.** Buprenorphine is a "mixed agonist-antagonist," which means it can reverse the effects of more potent opioid drugs. Someone taking heroin who abuses buprenorphine will suffer withdrawal symptoms. This characteristic discourages diversion for illicit use.[5]
- **Fewer overdoses.** Due again to the fact that buprenorphine is a partial agonist, there is a cap to its effect, making it extremely difficult to overdose.

Because of this ample margin of safety, regulatory authorities around the world have approved buprenorphine for prescription by doctors *in their own offices*

There are three principal components of the Baltimore Buprenorphine Initiative (Figure).

- **Step 1: Patient starts buprenorphine in a substance abuse treatment program.** The program provides the patient with buprenorphine as well as other therapeutic services including group therapy and individual counseling.

- **Step 2: Patient transitions to the medical system.** While the patient is receiving treatment in a substance abuse treatment program, a social worker from Baltimore Healthcare Access, Inc. assists with locating appropriate health insurance and other social services. The social worker then helps the patient find a buprenorphine-trained doctor in the medical system and transfer to care there.

- **Step 3: Patient continues to receive buprenorphine from his or her own doctor.** The patient can also receive at least another 3 months of counseling at the original treatment site and will continue to receive another 3 months of case management services from the social worker. Meanwhile, the spot for buprenorphine treatment in the substance abuse treatment program is now available for someone else.

Three agencies are working together to implement the Baltimore Buprenorphine Initiative.

- **Baltimore Substance Abuse Systems, Inc.** is overseeing contracts and providing guidance to the substance abuse treatment programs.
- **Baltimore Healthcare Access, Inc.** is providing social workers to manage transfers to physicians' offices and is leading outreach to insurers and managed care plans.

- **Baltimore City Health Department** is recruiting city physicians to prescribe buprenorphine, providing free-online training, and overseeing efforts to find new ways to finance buprenorphine treatment.

In July, BCHD conducted a preliminary review of the program, and the encouraging results were presented to the City Council. As of September 27, 2007 the following results have been achieved:

- **Through September 27, 2007, 543 patients have entered the Baltimore Buprenorphine Initiative.**
  63% have remained in treatment for at least 90 days, nearly meeting the initial benchmark of 67% retention at 90 days.
- **At least 79% of patients are able to qualify for health insurance for transfer to the medical system.**
  This exceeds the initial benchmark of 75%. Moreover, it appears that all but a few patients will eventually obtain the coverage they need to receive buprenorphine from their own doctor.
- **Through September 27, 2007, 91 patients have transferred care to the medical system, and 13 have dropped out in 236 total months of medical care.** The average length of time until transfer to the medical system has been greater than anticipated, in part because of delays in obtaining insurance coverage. Patients are having other medical problems addressed in primary care, including HIV, high blood pressure, and depression.
- **About one in two patients are continuing to participate regularly in counseling or other supportive treatment after transfer to the medical system.**
  Because the patients who do not participate in counseling may be at higher risk of relapse, social workers will monitor these patients and encourage ongoing supportive care.
- **107 doctors as well as 31 residents from 2 residency training programs have signed up for buprenorphine training in Baltimore, and 57 have completed the training.**
  While this is less than the initial benchmark, it represents a surge in capacity for the city.
- **The HIV treatment system is providing a new source of funding for buprenorphine.**
  Maryland added buprenorphine to its AIDS Drug Assistance Program, and the Baltimore Ryan White Planning Council has made primary care funding contingent on the ability to provide buprenorphine to patients.

While we are pleased with the initial success of this initiative, it is clear there is also room to improve and expand.

In Step 1, the substance abuse treatment system needs to identify factors associated with success in buprenorphine, both to enhance retention and facilitate timely transfer to the

medical system. Additional capacity and funding to prescribe buprenorphine would expand the front door of the Baltimore Buprenorphine Initiative in fiscal year 2008.

In Step 2, the challenge is for Baltimore Healthcare Access, Inc. to reduce the wait time for Primary Adult Care insurance and facilitate faster transfers to the medical system. Baltimore Healthcare Access, Inc. is planning to hire additional case mangers to expand its key role.

In Step 3, more providers are needed. Hospitals, community health centers, and private physicians should redouble efforts to prioritize buprenorphine training and use their skills and compassion to save the lives of thousands of city residents. We are looking into

Finally, additional funding streams need to be developed to support buprenorphine treatment in the medical system. Promising funding streams could include funding saved from reduced inpatient medical admissions, and funding from the mental health care system for patients with severe mental illness.

Again, thank you for inviting me to participate in today's field hearing. This provides us with a great opportunity to evaluate the effectiveness of the Baltimore Buprenorphine Initiative and explore methods to increase its success. We look forward to working with the Congress in this regard, and we welcome the opportunity to provide more information about the Baltimore Buprenorphine Initiative.