



Maryland Department of Health and Mental Hygiene
Alcohol and Drug Abuse Administration

Trends and Patterns

in Maryland Alcohol and Drug Abuse Treatment
Fiscal Year 2001

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FORWARD

Trends and Patterns is an annual publication of the Research Division of the Alcohol and Drug Abuse Administration (ADAA). It presents data from the Substance Abuse Management Information System (SAMIS) to which all Department of Health and Mental Hygiene certified and/or JCAHO accredited alcohol and drug abuse treatment programs in Maryland are required to report.

While many of the persons in the community who are abusing alcohol and drugs will not come into contact with the treatment system, treatment data are the best source of information on the substance abuse problem because they are based on a substantial number of identified abusers from a variety of voluntary and non-voluntary sources. As the reader will discover, these accumulated data on treatment episodes provide a rich repository of information on activity in the statewide treatment network, and are an essential indicator of trends and patterns of alcohol and other drug use and abuse throughout the state.

TABLE OF CONTENTS

Summary.....6

SAMIS Explanations and Definitions.....9

Admissions.....12
Number of Admissions12
Admissions by Treatment Type.....12
Distribution of Admissions by Treatment Type.....12
Number of Prior Admissions.....12

Demographics and Admission Status.....15
Age at Admission.....15
Sex and Race of Admissions.....15
Race and Distribution of Admissions by Treatment Type.....15
Distribution of Admissions by Sex and Treatment Type.....15
Distribution of Highest School Grade Completed by Age at Admission.....18
Distribution of Employment Status by Age at Admission.....18
Health Coverage at Admission.....18
Living Situation by Treatment Type at Admission.....21
Number of Dependant Children at Admission.....21
Marital Status at Admission.....21
Voluntary Admissions by Referral Source.....21
Criminal Justice Admissions by Referral Source.....23
Number of Arrests Two Years Prior to Admission by Treatment Type.....24
Mental Health Problems by Treatment Type at Admission.....24
Admissions by Residence.....24

Alcohol And Other Drugs.....27
Patterns of Presenting Problem(s) at Admissions.....27
Distribution of Substance Mentions at Admission.....27
Mentions of Selected Substances.....29
Distribution of Alcohol Mentions by Residence.....29
Distribution of Marijuana Mentions by Residence.....29
Distribution of Cocaine Mentions by Residence.....33
Distribution of Heroin Mentions by Residence.....33
Selected Mentions by Age at Admission.....33
Selected Substance Mentions by Race and Sex at Admission.....36
Severity of Selected Problems at Admission.....36
Prior Month of Frequency of Use of Selected Substances at Admission.....36
Age at First Use of Selected Substances at Admission.....37
Selected Substance Mentions by Number of Prior Treatment Episodes.....38
Secondary Problems for Selected Primary Problems at Admission.....38

TABLE OF CONTENTS (Continued)

Route of Administration of Cocaine.....	40
Year of First Cocaine Use of Admissions.....	40
Route of Administration of Heroin.....	40
Year of First Heroin Use of Admission.....	42
Residence of Clients Admitted Injecting Drugs.....	42
Pattern of Injecting Drug Abuse at Admission.....	44
Race and Sex of Injecting Admissions.....	44
Discharges.....	45
Distribution of Discharges by Treatment Type.....	45
Reason for Discharge.....	45
Distribution of Reason for Discharge.....	45
Reason for Discharge by Residential Types of Treatment.....	47
Reason for Discharge by Other Types of Treatment.....	47
Reason for Discharge by Selected Substance Mentions.....	47
Average Length of Stay by Treatment Type.....	48
Distribution of Employment at Admission by Employment Status at Discharge.....	48
Percentages of Employed at Admission and Discharge by Types of Treatment.....	48
Discharge Living Situation of Homeless Admissions.....	51
Percentages with Independent Living Situations at Admission and Discharge by Types of Treatment.....	51
Mental Health Treatment Received by Admissions with Mental Health Problems.....	51
Mental Health Problem Treatment by Treatment Type.....	51
Employment Objective Status at Discharge by Treatment Type.....	53
Family Relationship Objectives Status at Discharge by Treatment Type.....	55
Legal Status Objective Status at Discharge by Treatment Type.....	55
Substance Abuse Objective Status at Discharge by Treatment Type.....	55
Arrest Rates Prior to and During Treatment by Types of Treatment.....	57
Map Appendix.....	59
Alcohol Abuse Treatment Admission Rates.....	60
Cocaine Abuse Treatment Admission Rates.....	61
Heroin Abuse Treatment Admission Rates.....	62
Marijuana Abuse Treatment Admission Rates.....	63
Total Alcohol and Drug Abuse Treatment Admission Rates.....	64

**TRENDS AND PATTERNS
IN MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT
FY 2001**

SUMMARY

The data presented in this report are derived from client treatment admissions and discharges as reported by 330 public and private sector substance abuse treatment programs. As a condition of State certification, treatment programs in Maryland are required to report data through the Alcohol and Drug Abuse Administration's Substance Abuse Management Information System (SAMIS).

ADMISSIONS

Total admissions increased by nearly 4% during FY 2001, reversing a gradual decline since FY 1995. Non-hospital detox and other residential admissions increased by about 20%, while medication-assisted and correctional admissions declined after substantial increases the prior year. Outpatient admissions increased by about 5%, making up about 45% of the FY 2001 total. Intermediate care admissions increased 6% while halfway house admissions fell by 7%. Forty-five percent of total admissions were entering treatment for the first time.

DEMOGRAPHICS

The average age of admissions during FY 1999 to 2001 was about 33, and about 35% of admissions during the three years were in their thirties. About 10% were adolescents. Black females increased by 14% from FY 1998 to FY 2001, while white males declined. Overall, 32% of FY 2000 and 2001 admissions were female; 43% were black.

EDUCATION, EMPLOYMENT, AND SOCIAL SITUATION

About two-thirds of adult clients admitted to treatment during FY 1999 - 2001 were graduates of high school and beyond. Less than half of those adults admitted were employed, and over half of all clients admitted lacked health

insurance. About 17% had Health Choice or other public health coverage. About 56% of FY 2001 admissions were living independently; about 5% were homeless. Nearly 20% were married, and 45% had dependent children. Thirty percent of FY 2001 admissions lived in Baltimore City.

SOURCE OF REFERRAL

About 45% of the FY 2000 and 2001 treatment admissions originated in some component of the criminal justice system, primarily DWI and probation. The largest categories of voluntary referrals were self-referrals and referrals from other treatment providers. Referrals from the Department of Social Services increased 133% from FY 1999 to 2001, but still made up less than two percent of total admissions. Parent/family referrals increased nearly 50%.

CRIMINAL JUSTICE AND MENTAL HEALTH

Drug Court referrals increased by over 40% during FY 2000 but dropped back about halfway to the FY1999 level during FY 2001. Detention center/prison referrals continued to decline, dropping 43% since FY 1999. DWI and juvenile justice referrals increased. Over sixty percent of all admissions had at least one arrest during the two years prior to admission. During FY 2001, 23% of admissions had mental health problems according to counselor appraisals.

ALCOHOL AND MARIJUANA

Alcohol was a factor in almost two-thirds of all FY 2001 treatment admissions. Alcohol-related admissions increased slightly during FY 2001, reversing a five-year trend. Marijuana-related admissions increased by 11%

over FY 1999 after decreases in each of the previous three years. Nearly half of both alcohol and marijuana-related admissions were white males; nearly a fourth of marijuana-related admissions were adolescents. Over two-thirds of alcohol-related admissions were first intoxicated before turning 18 and 80% of marijuana-related admissions first used the drug during adolescence. Marijuana was a secondary substance in 23% of primary alcohol cases, and alcohol was secondary in 56% of primary marijuana cases. Highest county admission rates related to alcohol and marijuana were on the Eastern Shore.

COCAINE AND HEROIN

Cocaine mentions declined slightly during FY 2000 – 2001. Crack, involved in 58% of the FY 2000 and 2001 cocaine cases, fell by over 20% since FY 1995. Heroin mentions, which more than tripled in the past fifteen years, were essentially level during FY 2000 – 2001. About 40% of cocaine and 43% of heroin mentions during FY 2001 involved females; nearly half of cocaine admissions were in their thirties, and about 70% of heroin-related admissions were over thirty. Nearly two-thirds of FY 2001 heroin admissions were daily users, and about half of the admissions involved inhalation. White heroin admissions were more likely to be primarily injectors, and blacks were more likely to be primarily inhalers. There is evidence of a new generation of heroin abusers in their early twenties, living in suburban and rural areas, who primarily inject the drug.

OTHER DRUGS

Admissions related to other opiates and synthetics increased by 72% from FY 1999 to FY 2001, probably reflecting increased abuse of the prescription painkiller OxyContin. Hallucinogen mentions increased by 60% during that period, and this may be due largely to the spread of the club drug ecstasy or

MDMA.

TREATMENT COMPLETION

Over half of the clients discharged during FY 1998 - 2001 completed treatment; over half of those were also referred or transferred for additional treatment within episode, and there is a slight trend toward increasing percentages of discharges referred or transferred for additional treatment. The treatment categories with highest proportions of successful discharges focused primarily on referral: non-hospital detox, intermediate care, other residential, and correctional. During FY 2001, 47% of outpatient and 41% of intensive outpatient discharges were successful.

Admissions related to other opiates and synthetics increased by 72% from 1999 to 2001, probably reflecting increased abuse of OxyContin.

EMPLOYMENT AND LIVING SITUATION OUTCOMES

One-fourth of the clients who were unemployed and seeking employment when they were admitted to treatment had obtained employment by the time of discharge during FY 2001. The percentage of clients employed went from 42 at admission to 47 at discharge. Halfway houses and other long-term residential treatment programs were particularly effective in assisting clients to obtain employment. Nearly a fourth of the clients discharged during FY 2001 who entered treatment as homeless advanced to independent living situations during treatment, and another 21% moved to de-

MENTAL HEALTH TREATMENT

Just under 70% of the clients discharged during FY 2001 who were considered to have mental health problems at admission received mental health treatment during the substance abuse treatment episode. Residential treatment types and intensive outpatient were most likely to include mental health treatment.

TREATMENT PLAN OBJECTIVES

Objectives were achieved or progress was made in the areas of family relationships and legal status in about 40% of the relevant discharges. Thirty percent of the applicable dis-

charges improved or achieved objectives in the area of employment, and 32% did so with respect to educational objectives. Sixty-four percent of the discharges improved or achieved their substance problem objectives.

ARRESTS DURING TREATMENT

Comparison of arrest rates during the two years preceding treatment with those during treatment showed decreases in all relevant treatment types. Not surprisingly, residential and correctional environments were most effective in reducing pre-treatment arrest rates, but outpatient arrest rates were reduced by more than half during treatment.



THE SUBSTANCE ABUSE MANAGEMENT INFORMATION SYSTEM

The Substance Abuse Management Information System (SAMIS) is a vital component of the mission of the Alcohol and Drug Abuse Administration (ADAA) to administer available resources effectively and efficiently so that all of Maryland's citizens who need them will have access to quality treatment and prevention services. As a condition of State certification and funding, treatment programs in Maryland are required to report data through this process.

The parent agencies of the Maryland Alcohol and Drug Abuse Administration (ADAA) began collecting data on clients abusing drugs in 1976, followed by data collection on alcohol abusers two years later. In the beginning, there were fewer than 50 drug treatment pro-

grams and approximately 70 alcohol treatment centers submitting data. The present data collection system, with participation by 330 substance abuse treatment clinics, is the result of numerous modifications based upon the needs of the Maryland ADAA and treatment providers as well as Federal reporting requirements of the Office of Applied Studies of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Information on clients in treatment is routinely gathered and analyzed by the ADAA Management Information Services Division. Each occurrence of an admission to, or a discharge from, a treatment clinic is documented in a report submitted to the Management Information System (MIS).

Interpretation of the data reported to SAMIS is facilitated by an understanding of the following:

1. **A treatment type** is the primary treatment approach or modality. The categories of treatment type used in this report are defined below:
 - A. **Intermediate Care Facility (ICF)** - A residential treatment facility that provides a short-term intensive regimen of individual and group therapy as well as other activities aimed at the physical, psychological and social recovery of clients.
 - B. **Halfway House (HWH)** - A transitional residential care facility providing time-limited services to alcohol and drug abuse clients who have received prior evaluation or treatment for their addiction. These clients are expected to move into a position of personal and economic self-sufficiency.
 - C. **Non-Hospital Detox (NHDetox)** - Treatment that provides 24 hour supervised medical care in a residential setting. The focus of this treatment is to systematically reduce toxins in the client's body, manage withdrawal symptoms and, once detoxified, refer the client for additional treatment.
 - D. **Other Residential (Other) or (RES)** - Non-chemotherapeutic treatment provided to alcohol and drug abusers in a group living environment for an extended period of time.

- E. **Hospital Detox (HOSP)** - Detoxification treatment in an inpatient hospital setting.
- F. **Outpatient (OP)** - A non-residential program that provides diagnosis, treatment and rehabilitation for alcohol and drug abuse clients and their families generally less than nine hours per week. The clients' physical and emotional status allow functioning with support in their usual environments.
- G. **Intensive Outpatient (IOP)** - A non-residential program that provides highly structured treatment services using a step-down model of intensity for a minimum of nine hours per week.
- H. **Correctional (CORR)** - The client is incarcerated in a federal, state, or county prison or detention center and participates in an alcohol and drug abuse treatment program within the institution.

I. **Medication Assisted (MAT)**

Maintenance (MAIN) - Treatment including the medically supervised administration of methadone, LAAM, or other medication for clients addicted to heroin or other opiates.

Methadone Detox (MDetox) - Treatment including the medically supervised administration of methadone, LAAM, or other medication for clients addicted to heroin or other opiates with the objective of systematically reducing toxins in the client's body.

- J. **Ambulatory Detox (AmbDetox)** - Medically managed outpatient treatment aimed at systematically reducing toxins in the client's body.

- 2. The number of days a client is in treatment refers to the time between admission and discharge. The number of treatment sessions that occurred during the treatment episode may differ by program type and client need. A client must be seen in a face-to-face treatment contact at least once in 30 days, or be discharged as of the date of last direct contact.
- 3. A drug or alcohol **problem** is defined as the abuse of a substance to the extent that it has contributed to the client's physical, mental, or social dysfunction.
- 4. A **mention** is a report of a substance as a problem on a SAMIS admission or discharge form. Up to three substances may be reported for each admission and each discharge; thus, the number of mentions exceeds the numbers of admissions and discharges.
- 5. The number of programs reporting to SAMIS differs over the years due to the opening or closing of some units.

6. Missing data account for slight differences in client totals from one table to another.
 7. Due to rounding, percentages may not always total 100.
 8. Since a client may have more than one treatment episode, each admission does not necessarily represent a unique individual. The 60,539 FY 1999 admissions reflect 47,062 unique individuals, the 60,975 FY 2000 admissions reflect 47,143 unique individuals, and the 63,129 FY 2001 admissions reflect 48,802 unique individuals. In each year, 79% of the individuals had one admission during the year and 16% had two.
 9. Approximately 2% of the total admissions during FY 1999 - 2001 did not have substance abuse problems but underwent a treatment regimen. These were primarily high-risk youth or family members of primary clients. They are included in all tables and figures except those involving substance mentions.
 10. Just under half of the admissions to treatment during FY 1999 - 2001 were to programs that received funds administered by ADAA.
-

ADMISSIONS

Admissions to certified public and private alcohol and drug abuse treatment programs in Maryland totaled 63,129 during FY 2001. This represents a 3.5% increase over the previous year and 4.3% over the FY 1999 level. This reverses a gradual decrease in total admissions that began in FY 1996. **Figure 1** shows a gradual increasing trend in admissions in the eight years preceding FY 1995, a slight downward trend in the four subsequent years, then increases in FY 2000 and 2001.

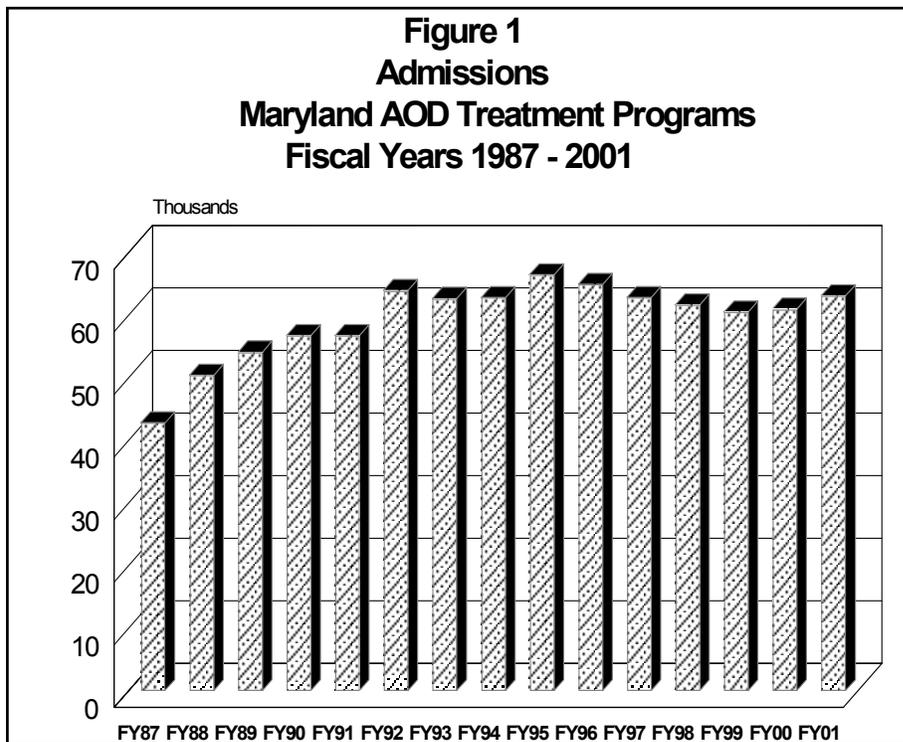


Figure 2 distributes FY 1998 - 2001 admissions by treatment type. Most apparent are increases of 20 and 18% in non-hospital detox and other residential admissions and a 5% increase in outpatient admissions during FY 2001. At the same time, correctional and medication-assisted admissions declined by 13% after substantial increases in both during FY 2000. ICF admissions went up by about 6%, while ambulatory detox admissions more

than doubled. About 45% of FY 2000 and 2001 admissions were to drug-free outpatient programs and 13% were to intensive outpatient programs. About ten percent of admissions were to medication-assisted programs and 21% of admissions were to forms of inpatient treatment during FY 2001. **Table 1** displays admissions by treatment type for FY 1998 through FY 2001. Outpatient admissions had been declining by 14% during FY 1997 to FY 2000; however, they increased by 5% during

FY 2001. Methadone maintenance admissions had increased by 35% and correctional admissions by 46%, but both fell during FY 2001, by 9% and 13% respectively. Non-hospital, hospital and ambulatory detox admissions all increased during FY 2001.

As shown in **Figure 3**, 45% of FY 2001 admissions and 46% of FY 2000 admissions had never been in substance abuse treatment before. Since FY

1998, there is a trend toward admissions with previous treatment experience. Nine percent of FY 2000 and 2001 admissions had four or more prior treatment episodes. Clients' numbers of prior admissions vary considerably by treatment type. Multiple prior admissions are generally most prevalent among halfway house and maintenance admissions. Outpatient, intensive outpatient, ambulatory detox and correctional admissions are least likely to have had prior treatment.

Figure 2
Admissions by Treatment Type
Maryland AOD Treatment Programs
Fiscal Years 1998 - 2001

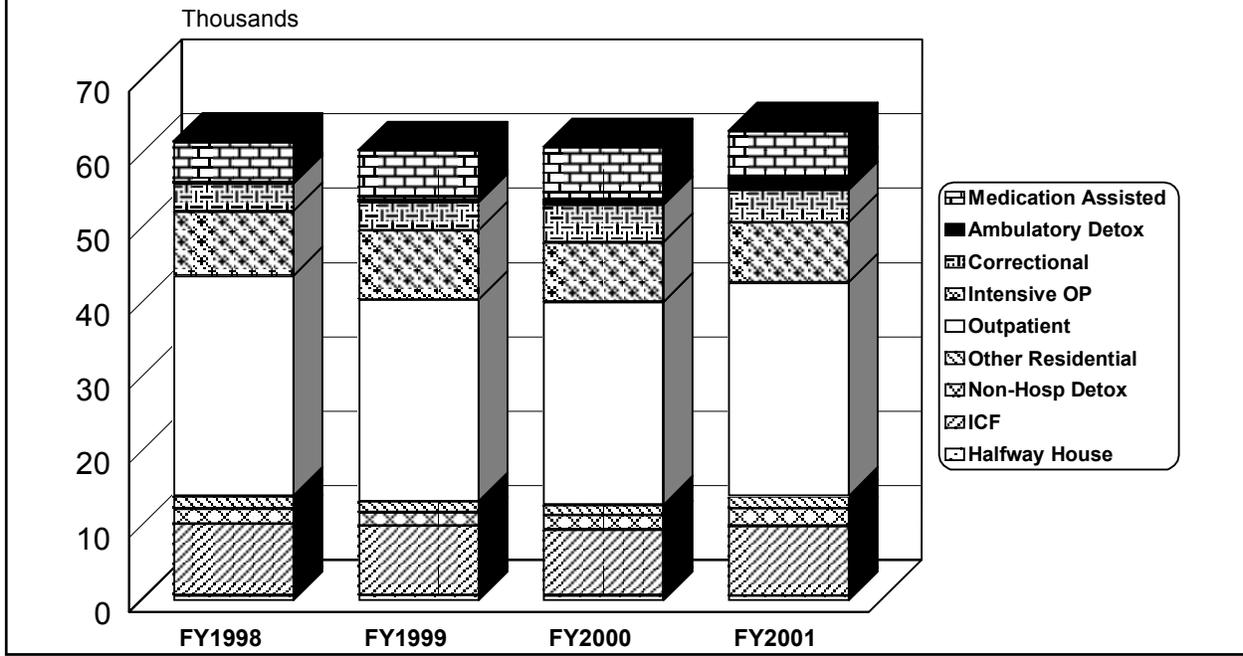
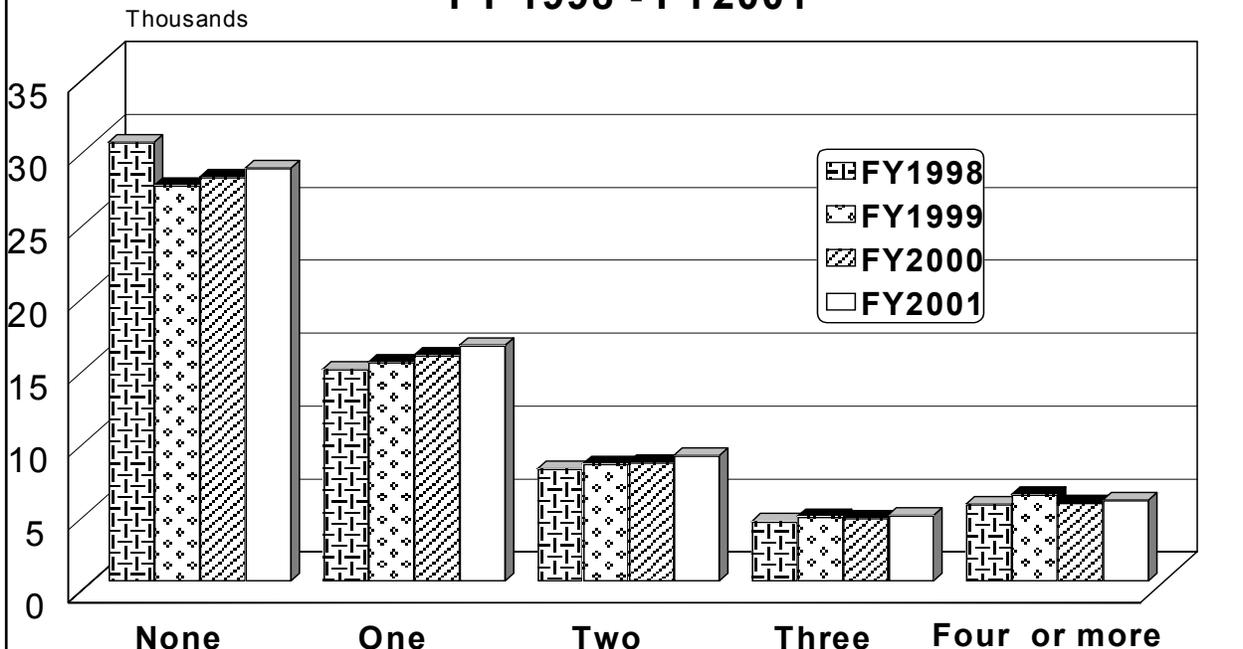


Figure 3
Number of Prior Treatment Admissions
Maryland AOD Treatment Programs
FY 1998 - FY2001



**TABLE 1. DISTRIBUTION OF ADMISSIONS BY TREATMENT TYPE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1998 - 2001**

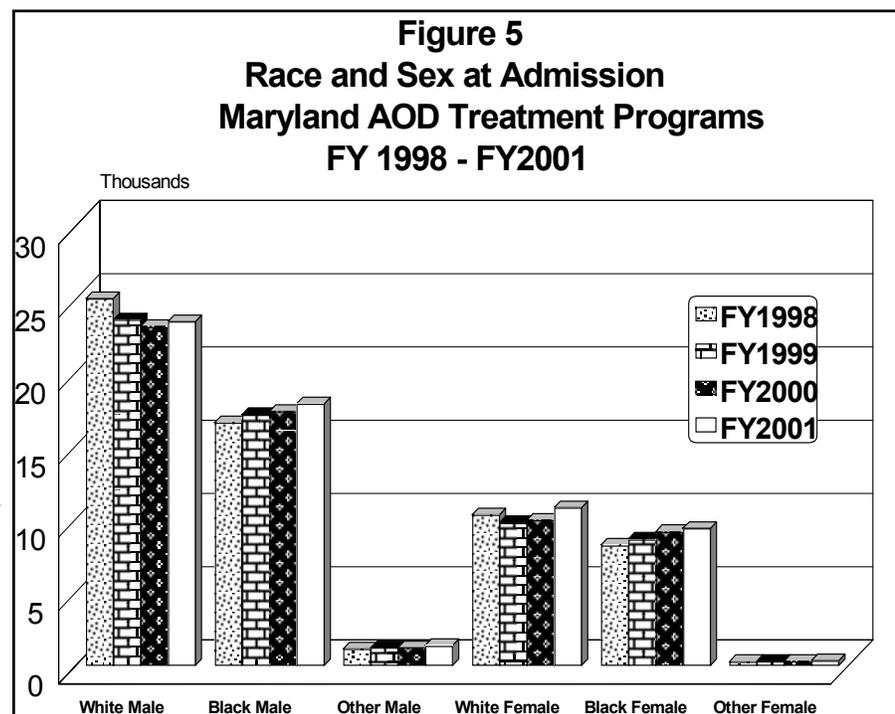
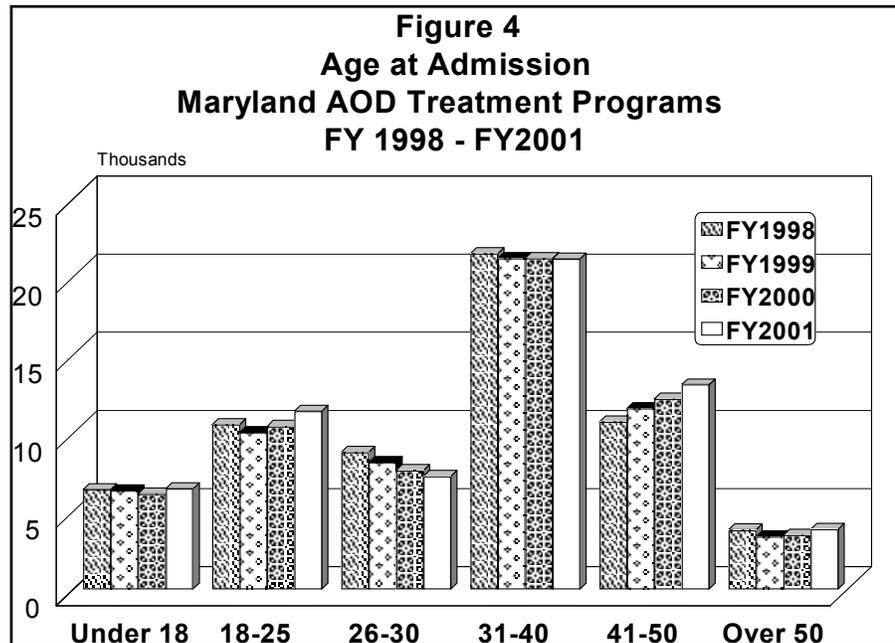
TREATMENT TYPE	FY 1998		FY 1999		FY 2000		FY 2001	
	#	%	#	%	#	%	#	%
HALFWAY HOUSE	751	1.2	771	1.3	723	1.2	674	1.1
ICF	9597	15.6	9348	15.4	8835	14.5	9400	14.9
OUTPATIENT	29622	48.0	27149	44.8	27288	44.8	28729	45.5
INTENSIVE OP	8653	14.0	9310	15.4	8004	13.1	8093	12.8
NON-HOSPITAL DETOX	2063	3.3	1778	2.9	1957	3.2	2356	3.7
CORRECTIONAL	3704	6.0	3728	6.2	5024	8.2	4358	6.9
MAINTENANCE	4520	7.3	5741	9.5	6037	9.9	5515	8.7
METHADONE DETOX	878	1.4	886	1.5	874	1.4	521	.8
OTHER RESIDENTIAL	1166	1.9	1134	1.9	1071	1.8	1082	1.7
HOSPITAL DETOX	484	0.8	310	.5	306	.5	536	.8
AMBULATORY DETOX	216	0.4	384	.6	856	1.4	1865	3.0
TOTAL	61654	100.0	60539	100.0	60975	100.0	63129	100.0

DEMOGRAPHICS AND ADMISSION STATUS

Figure 4 provides information on age of clients at admission during FY 1998 - 2001. While admissions in the 26-30 age group are trending downward, those in their forties are increasing. Ten percent of FY 2001 admissions were under the age of 18; 34% were in the 31 - 40 age group. In general, non-hospital detox, medication assisted, ambulatory detox and hospital admissions tend to be older. The average age of admissions increased 1.4 years from FY 1995 to FY 2000, but was unchanged in FY 2001.

Gender and race data are displayed in **Figure 5** and **Tables 2 and 3**. White males decreased by over 7% from FY 1998 to 2000, but increased slightly during FY 2001. Black females went up by 14% among admissions over the four years while black male admissions increased 8%. Overall, during both FY 2000 and 2001, 54% of admissions were white, down from 57.4% during FY 1998. Thirty-two percent were female during both years, up from 30.4%. The ratio of males to females was 1.9 to 1 among blacks and about 2.2 to 1 among whites. Over 80% of methadone detox admissions were black during FY 2001; however, less than half of methadone

maintenance admissions were black. The majority of ambulatory detox, correctional and other residential admissions were black.



**TABLE 2. RACE DISTRIBUTION OF ADMISSIONS BY TREATMENT TYPE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1999 - 2001**

TREATMENT TYPE	FY 1999				FY 2000				FY 2001			
	WHITE	BLACK	OTHER	TOTAL	WHITE	BLACK	OTHER	TOTAL	WHITE	BLACK	OTHER	TOTAL
	%	%	%	#	%	%	%	#	%	%	%	#
HALFWAY HOUSE	55.0	43.7	1.3	771	57.3	42.3	.4	723	57.1	40.9	1.9	674
ICF	56.5	42.2	1.3	9348	56.4	42.4	1.2	8835	57.4	40.8	1.9	9400
OUTPATIENT	61.2	35.2	3.6	27149	60.0	36.3	3.7	27287	56.8	39.5	3.8	28729
NON-HOSPITAL DETOX	62.5	35.1	2.4	1778	68.4	29.9	1.6	1957	70.2	27.0	2.8	2356
CORRECTIONAL	42.6	55.2	2.2	3728	38.8	59.8	1.4	5024	42.9	55.1	2.0	4358
MAINTENANCE	47.8	50.7	1.5	5741	49.6	48.7	1.7	6037	53.3	45.5	1.3	5515
OTHER RESIDENTIAL	37.8	60.9	1.2	1134	39.9	58.4	1.8	1071	43.0	55.2	1.8	1082
METHADONE DETOX	19.6	79.8	.6	886	17.2	82.7	.1	874	15.7	83.3	1.0	521
INTENSIVE OP	49.7	48.8	1.5	9309	50.1	48.4	1.5	8004	51.5	46.8	1.7	8091
HOSPITAL DETOX	78.4	19.4	2.3	310	83.0	14.1	2.9	306	72.9	24.6	2.4	536
AMBULATORY DETOX	22.1	76.8	1.0	384	17.8	80.5	1.8	856	31.6	67.9	.5	1865
TOTAL	55.0	42.5	2.5	60538	54.2	43.4	2.5	60974	54.2	43.1	2.7	63127

**TABLE 3. DISTRIBUTION OF ADMISSIONS BY SEX AND TREATMENT TYPE
MARYLAND SUBSTANCE ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1999 - 2001**

TREATMENT TYPE	FY 1999			FY 2000			FY 2001		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
	%	%	#	%	%	#	%	%	#
HALFWAY HOUSE	73.7	26.3	771	68.6	31.4	723	68.1	31.9	674
ICF	64.6	35.4	9348	63.6	36.4	8835	61.4	38.6	9398
OUTPATIENT	75.6	24.4	27148	74.6	25.4	27286	74.5	25.5	28724
NON-HOSPITAL DETOX	67.2	32.8	1778	65.5	34.5	1957	65.3	34.7	2356
CORRECTIONAL	82.3	17.7	3728	82.9	17.1	5023	83.5	16.5	4358
MAINTENANCE	53.9	46.1	5741	54.7	45.3	6034	54.7	45.3	5510
OTHER RESIDENTIAL	66.0	34.0	1134	58.5	41.5	1071	58.1	41.9	1082
METHADONE DETOX	49.5	50.5	886	44.7	55.3	874	48.6	51.4	521
INTENSIVE OP	62.6	37.4	9309	59.8	40.2	8001	57.1	42.9	8093
HOSPITAL DETOX	65.2	34.8	310	68.3	31.7	306	63.2	36.8	536
AMBULATORY DETOX	58.3	41.7	384	51.6	48.4	856	55.0	45.0	1865
TOTAL	69.2	30.8	60537	68.3	31.7	60966	67.6	32.4	63117

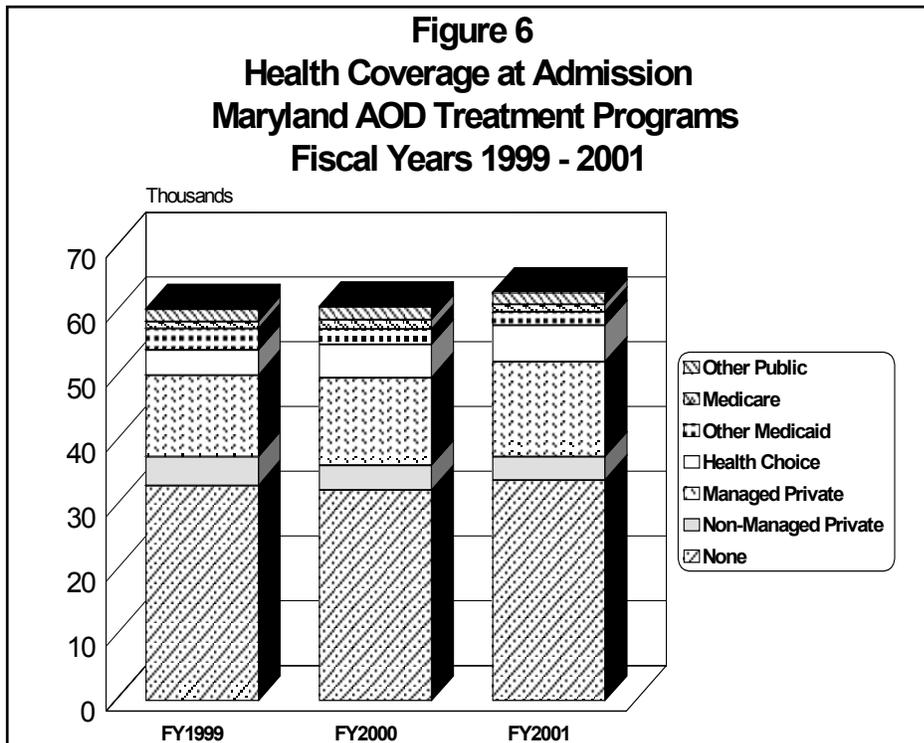
Intensive outpatient admissions were almost evenly divided between blacks and whites, while 57% of halfway house, ICF and outpatient admissions were white. Over 70% of hospital and non-hospital detox admissions were white. Females predominated among methadone detox admissions, decreasing from 55% of FY 2000 admissions to just over half. Most likely to be male were correctional admissions, and three-quarters of traditional outpatient admissions were male during FY 1999, 2000 and 2001. The proportion of females increased over the three years in every residential category.

bachelor's degree, the national percentage is 23% and the Maryland population percentage is 29%, while only 7% of FY 2001 over 18 admissions were in that category. For those over 18, the percentage of admissions lacking a high school degree decreased from FY 2000 to 2001 in every age category.

Table 5 shows that about 45% of FY 2001 admissions over the age of 17 were employed either part or full time, about the same rate as in FY 2000. About 14% of all admissions were seeking employment, down from 17% during FY 2000. Admissions who were unemployed and not seeking

employment went from 22% to 25%. According to adjusted U.S. Census Statistics for 1995, 53% of the national population over 17 was employed full-time and 11% part-time. Clearly, admissions to Maryland treatment programs are disadvantaged in education and employment in comparison to the national averages for the general population.

Clients' health coverage at admission is shown in **Figure 6** for



The highest school grade clients had completed at the time of admission is distributed by age at admission for FY 2000 - 2001 in **Table 4**. About 68% of the Maryland admissions who were 18 and over had at least a high school education. Adjusted National Census estimates for 2000 put the 18 and over general population figure at about 83% and the overall Maryland figure at 84% that possess at least a high school education. For those with at least a

FY 1999, 2000 and 2001. The percentage of admissions without health insurance of any kind has been stable at about 54% over the three years. Health Choice admissions went from 6.4% to 8.4% to 8.9%, while admissions with other Medicaid went from 5.4% to 4% to 3.4%. Admissions with managed private insurance increased by 16% from FY 1999 to 2001, while those with non-managed private insurance decreased by 19%.

**TABLE 4. DISTRIBUTION OF HIGHEST SCHOOL GRADE COMPLETED BY AGE AT ADMISSION
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1999 - 2001**

FISCAL YEAR 1999

HIGHEST SCHOOL GRADE COMPLETED	UNDER 18		18-25		26-30		31-40		41-50		OVER 50		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
LESS THAN 12TH	6054	96.2	3923	39.1	3054	37.6	6414	30.3	3088	26.7	933	27.8	23466	38.8
HIGH SCHOOL GRAD.	222	3.5	4607	46.0	3646	44.9	10468	49.5	5203	45.0	1258	37.4	25404	42.0
SOME COLLEGE	7	.1	1276	12.7	1021	12.6	3083	14.6	2091	18.1	537	16.0	8015	13.2
COLLEGE GRADUATE	3	.0	179	1.8	337	4.2	951	4.5	752	6.5	354	10.5	2576	4.3
BEYOND COLLEGE	6	.1	40	.4	56	.7	249	1.2	421	3.6	280	8.3	1052	1.7
TOTAL	6292	10.4	10025	16.6	8114	13.4	21165	35.0	11555	19.1	3362	5.6	60513	100.0

FISCAL YEAR 2000

HIGHEST SCHOOL GRADE COMPLETED	UNDER 18		18-25		26-30		31-40		41-50		OVER 50		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
LESS THAN 12TH	5847	95.7	4109	39.4	2872	37.7	6701	31.6	3358	27.5	993	28.7	23880	39.2
HIGH SCHOOL GRAD.	235	3.8	4712	45.2	3461	45.5	10462	49.4	5501	45.1	1313	38.0	25684	42.1
SOME COLLEGE	18	.3	1393	13.4	907	11.9	2872	13.6	2117	17.4	532	15.4	7839	12.9
COLLEGE GRADUATE	1	.0	180	1.7	305	4.0	876	4.1	840	6.9	321	9.3	2523	4.1
BEYOND COLLEGE	8	.1	23	.2	67	.9	268	1.3	375	3.1	295	8.5	1036	1.7
TOTAL	6109	10.0	10417	17.1	7612	12.5	21179	34.7	12191	20.0	3454	5.7	60962	100.0

FISCAL YEAR 2001

HIGHEST SCHOOL GRADE COMPLETED	UNDER 18		18-25		26-30		31-40		41-50		OVER 50		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
LESS THAN 12TH	6216	96.4	4216	37.0	2585	35.9	6620	31.3	3557	27.2	1004	26.2	24198	38.3
HIGH SCHOOL GRAD.	213	3.3	5386	47.2	3311	45.9	10236	48.4	5945	45.4	1428	37.3	26519	42.0
SOME COLLEGE	12	.2	1526	13.4	905	12.6	3025	14.3	2243	17.1	645	16.8	8356	13.2
COLLEGE GRADUATE	3	.0	227	2.0	334	4.6	920	4.4	926	7.1	384	10.0	2794	4.4
BEYOND COLLEGE	3	.0	47	.4	74	1.0	338	1.6	414	3.2	367	9.6	1242	2.0
TOTAL	6446	10.2	11402	18.1	7209	11.4	21139	33.5	13085	20.7	3828	6.1	63109	100.0

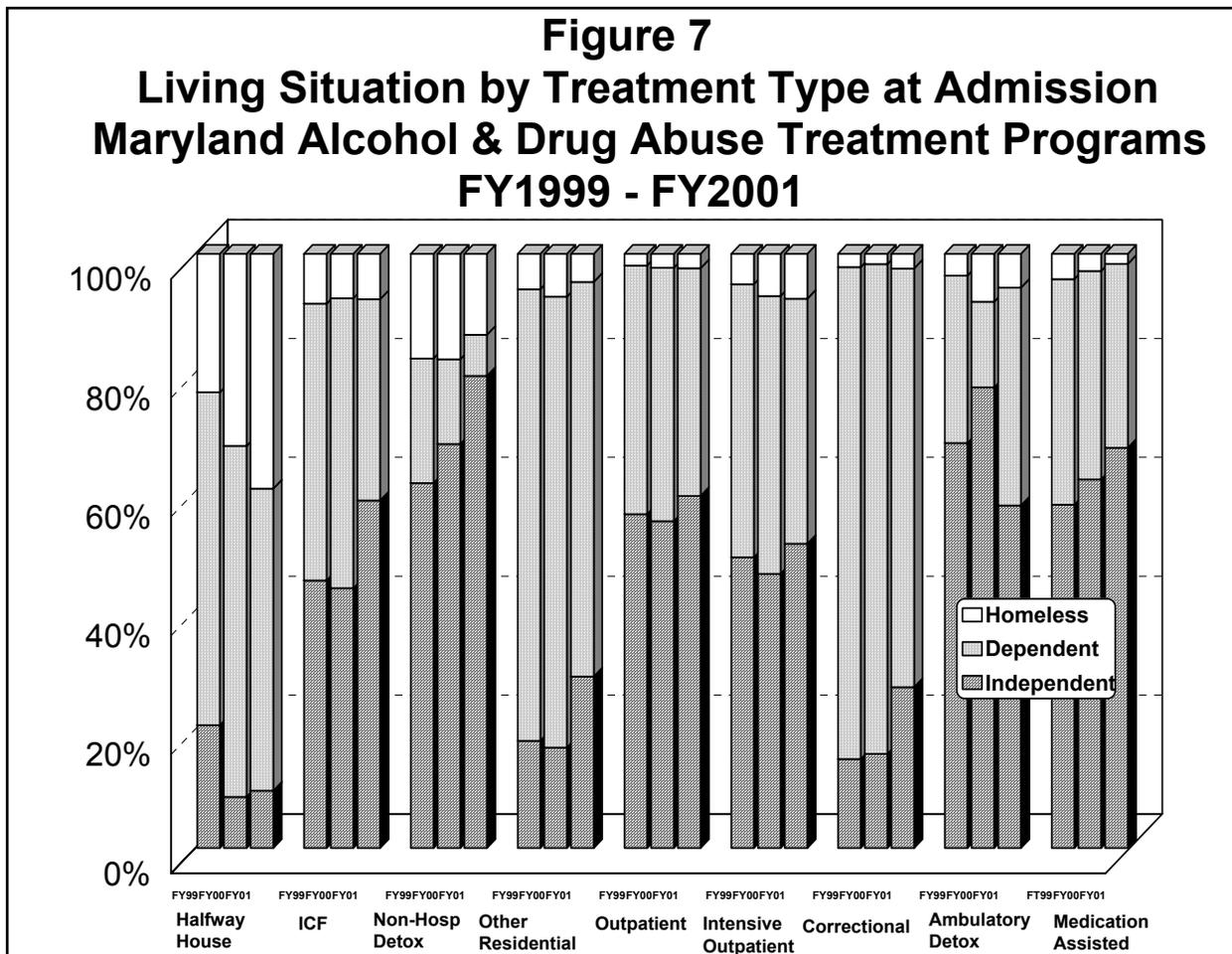
**TABLE 5. DISTRIBUTION OF EMPLOYMENT STATUS BY AGE AT ADMISSION
MARYLAND SUBSTANCE ABUSE TREATMENT PROGRAMS**

FISCAL YEAR 2000

EMPLOYMENT STATUS	UNDER 18		18-25		26-30		31-40		41-50		OVER 50		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
INCARCERATED	466	7.6	821	7.9	582	7.6	1409	6.7	533	4.4	90	2.6	3901	6.4
FULL-TIME HOMEMAKER	6	.1	56	.5	95	1.2	243	1.1	142	1.2	39	1.1	581	1.0
RETIRED/DISABLED	4	.1	74	.7	114	1.5	672	3.2	858	7.0	838	24.3	2560	4.2
UNEMPLOYED (IN SKILL DEV.)	3410	55.9	570	5.5	77	1.0	198	.9	84	.7	14	.4	4353	7.1
UNEMPLOYED (SEEKING)	257	4.2	1944	18.7	1471	19.3	4299	20.3	1990	16.3	375	10.9	10336	17.0
OTHER UNEMPLOYED	905	14.8	1827	17.6	1825	24.0	5234	24.7	2810	23.1	509	14.8	13110	21.5
EMPLOYED	1057	17.3	5117	49.2	3444	45.3	9114	43.1	5765	47.3	1582	45.9	26079	42.8
TOTAL	6105	100.0	10409	100.0	7608	100.0	21169	100.0	12182	100.0	3447	100.0	60920	100.0

FISCAL YEAR 2001

EMPLOYMENT STATUS	UNDER 18		18-25		26-30		31-40		41-50		OVER 50		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
INCARCERATED	417	6.5	838	7.4	556	7.7	1436	6.8	604	4.6	99	2.6	3950	6.3
FULL-TIME HOME- MAKER	2	.0	46	.4	78	1.1	219	1.0	110	.8	35	.9	490	.8
RETIRED/DISABLED	8	.1	75	.7	85	1.2	698	3.3	854	6.5	881	23.0	2601	4.1
UNEMPLOYED (IN SKILL DEV.)	3744	58.1	620	5.4	76	1.1	169	.8	103	.8	13	.3	4725	7.5
UNEMPLOYED (SEEKING)	324	5.0	1869	16.4	1193	16.6	3434	16.3	1942	14.8	346	9.0	9108	14.4
OTHER UNEMPLOYED	880	13.7	2304	20.2	1987	27.6	6214	29.4	3370	25.8	712	18.6	15467	24.5
EMPLOYED	1069	16.6	5646	49.5	3228	44.8	8958	42.4	6100	46.6	1742	45.5	26743	42.4
TOTAL	6444	100.0	11398	100.0	7203	100.0	21128	100.0	13083	100.0	3828	100.0	63084	100.0



Living situation at admission is distributed by treatment type for FY 1999 - 2001 in **Figure 7**. Halfway house and non-hospital detox had the highest percentages of homeless admissions, while non-hospital and ambulatory detox had the highest percentages of independent admissions. About 55% of outpatient admissions were living independently during FY 2000, rising to 59% during FY 2001. Proportions of independent admissions increased in every category during FY 2001, except ambulatory detox.

Figure 8 shows that the percentage of admissions with dependent children increased from 40% to 46% to 45% during FY 1999 - 2001.

Figure 9 looks at marital status of admissions during FY 1998 - 2001, and shows that about

60% of FY 2000 and 2001 admissions were never married, while 18% were married at the time of admission

Figure 10 distributes non-criminal justice sources of referral for clients admitted during FY 1999 - 2001. About 45% of the treatment cases originated in some component of the criminal justice system during the three years. The largest categories of voluntary referrals were individual or self-referrals and referrals from other alcohol and drug abuse treatment or other health care providers. Referrals from the Department of Social Services increased by 133% from FY 1999 to FY 2001, but still constituted less than 2% of all referrals. From FY 1999 to FY 2001, individual referrals increased by 8% and family referrals by 49%.

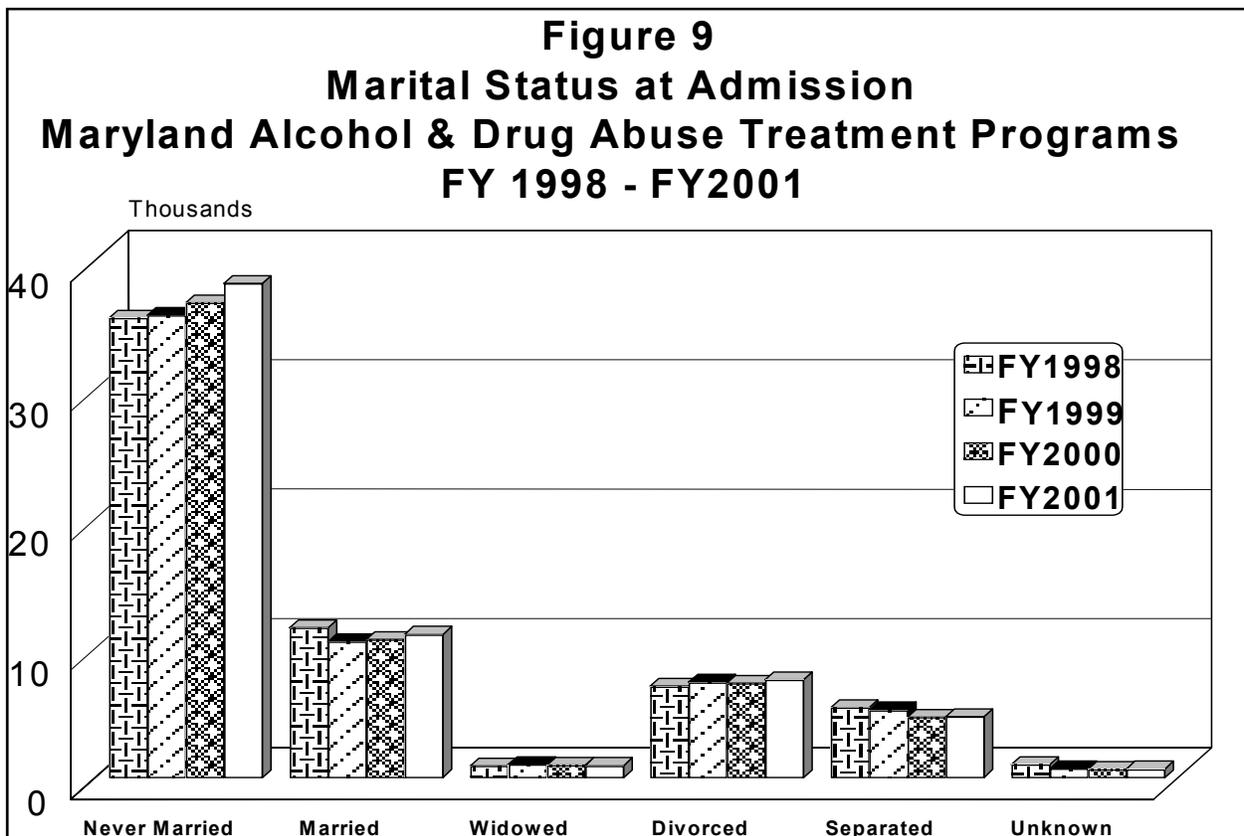
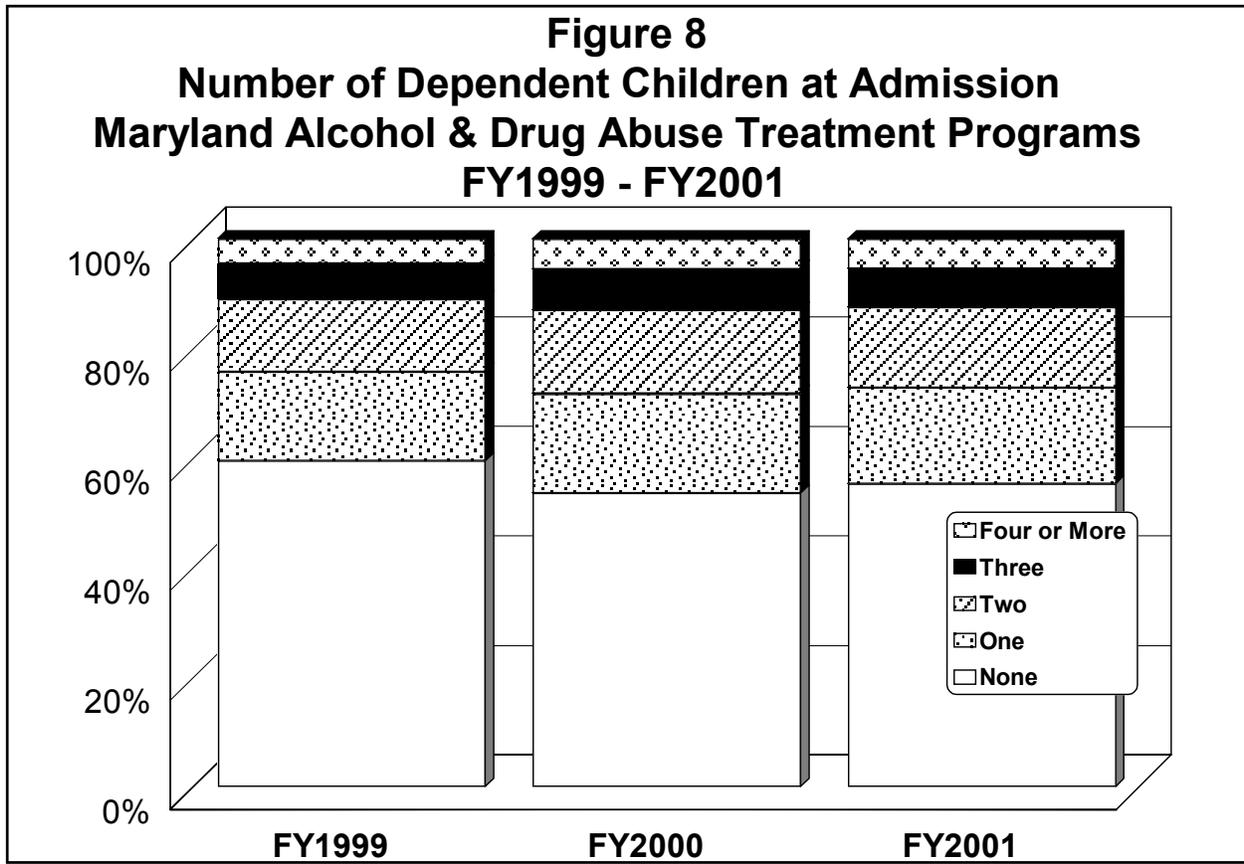


Figure 10
Voluntary Admissions by Referral Source
Maryland Alcohol & Drug Abuse Treatment Programs
Fiscal Years 1999 - 2001

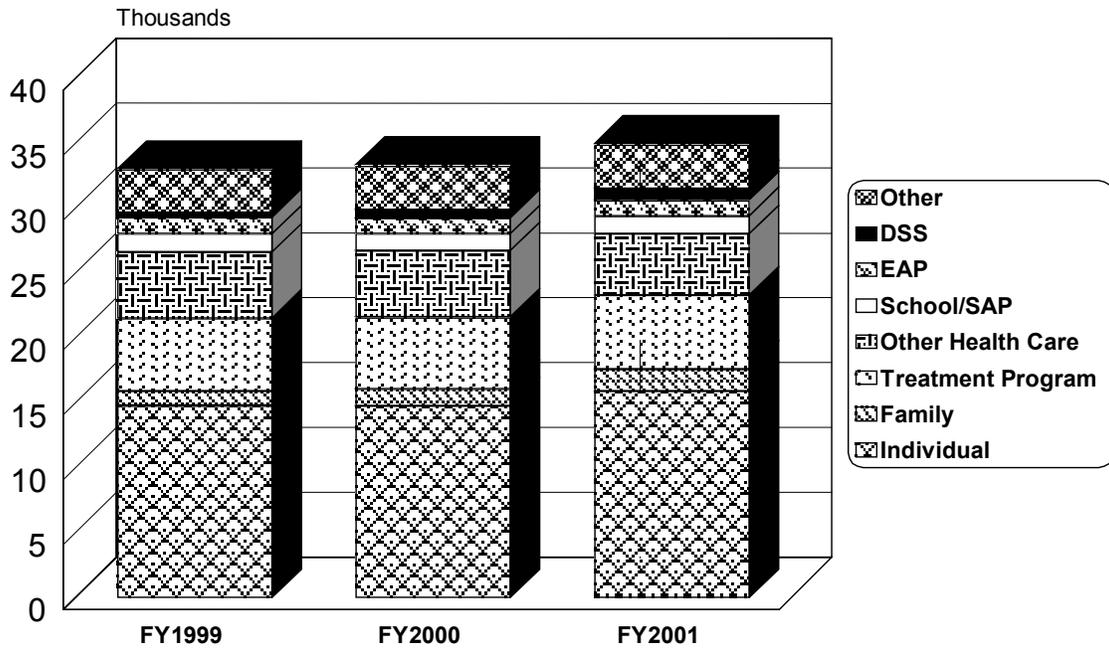
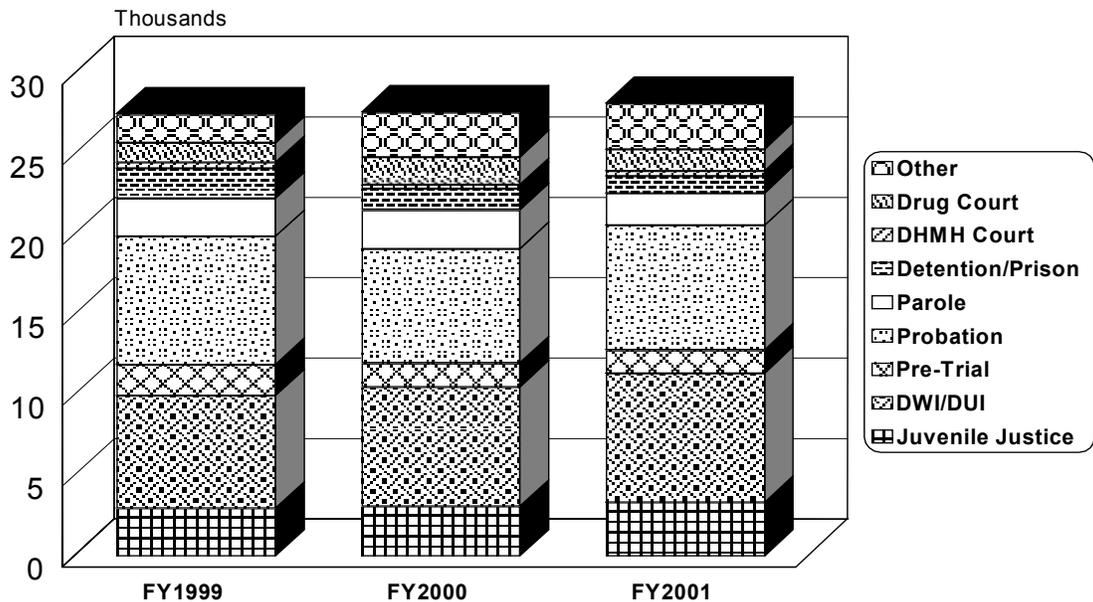


Figure 11
Criminal Justice Admissions by Referral Source
Maryland Alcohol & Drug Abuse Treatment Programs
Fiscal Years 1999 - 2001



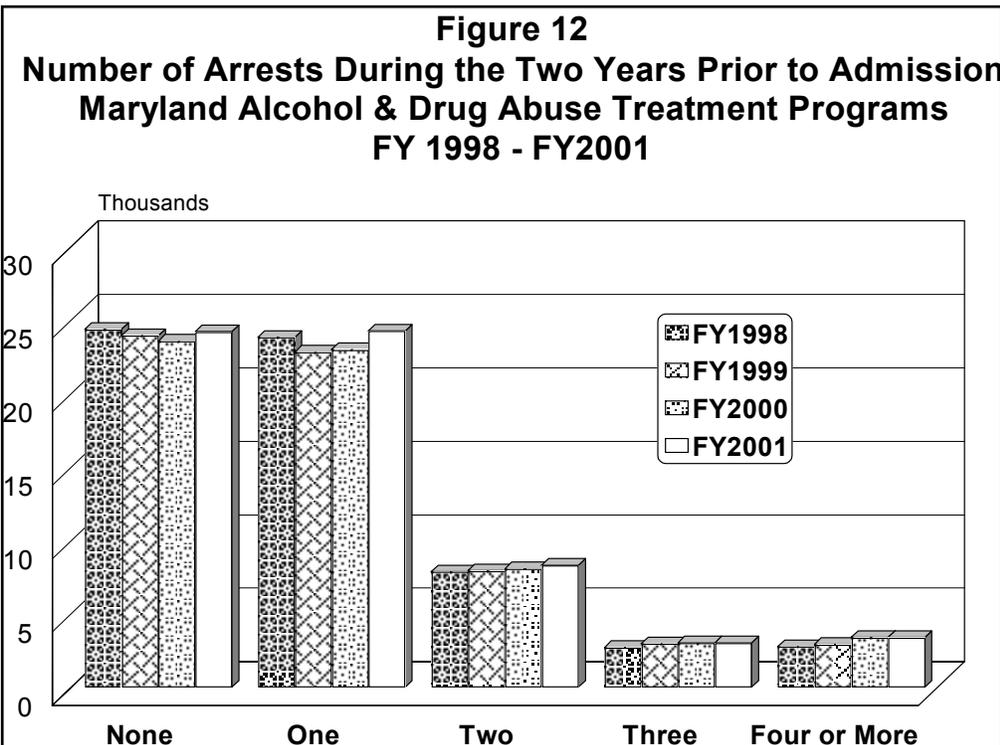
Note: Criminal justice sources accounted for 45% of total referrals in each of the three years.

Criminal justice referral sources are shown in **Figure 11**. DWI and probation referrals predominated, making up about 60% of criminal justice referrals. Drug court referrals increased by 42% from FY 1999 to FY 2000, but declined by 21% during FY 2001. Prison referrals continued to drop, falling by 43% over the three years. DWI referrals increased by 15%, while pre-trial referrals declined by 25%.

Figure 12 distributes the number of arrests re-

assessments were more common in halfway house, ICF, and non-hospital detox admissions. Overall, 20% of FY 2000 and 21% of FY 2001 admissions had mental health problems, and for 8%, the response was unknown.

Table 6 distributes FY 1994 through FY 2001 admissions by subdivision of residence. Substantial increases during the past two years are noted in Anne Arundel (17%), Calvert (13%), Cecil (12%), Charles (20%), Dorchester



(12%), Frederick (14%), Prince George's (10%), Somerset (50%), and Washington Counties (24%). Out of State admissions grew by 21%, and made up 5% of FY 2001 admissions to Maryland treatment programs. The only subdivision exhibiting a two-year decline that exceeded ten percent was Allegany (14%). Over the eight-year period, the

ported for clients during the two years prior to admission for FY 1998 - 2001. During all three years, about 60% of admissions had at least one arrest during the two years preceding treatment. The admissions most likely to have been arrested were those to correctional, outpatient and other residential treatment. Most maintenance and detox admissions had not been arrested prior to treatment.

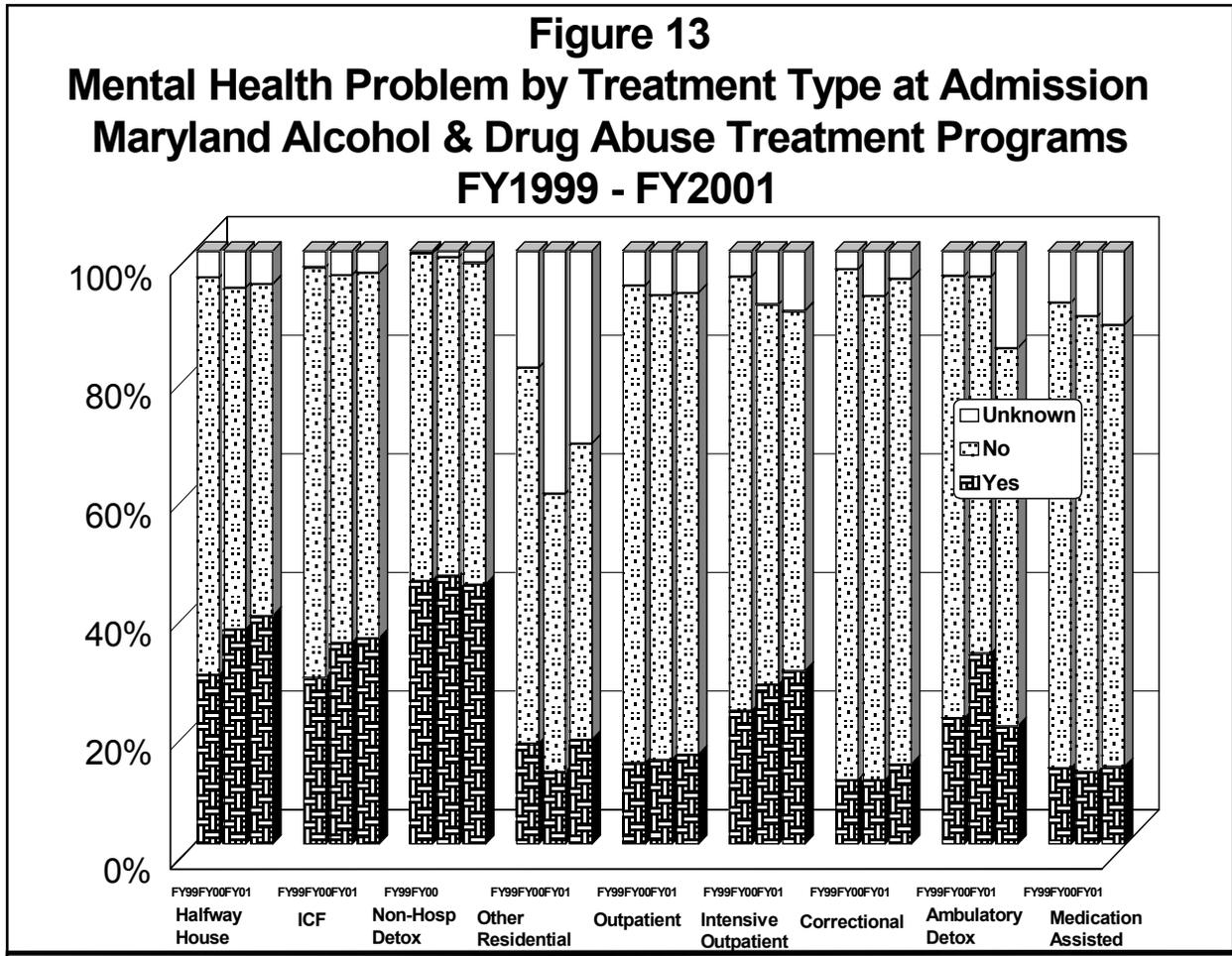
Figure 13 distributes counselor assessments of whether or not clients had mental health problems in addition to substance abuse problems at admission, by types of treatment. Such as-

steadiest increases were among residents of Carroll (40%), Howard (20%), Somerset (108%), Wicomico (33%), and Worcester Counties (43%). Admissions of residents of the Washington, D.C. metropolitan area have generally been decreasing over the period, most notably in Montgomery County (25%). About 30% of FY 2001 admissions lived in Baltimore City and nearly 60% lived in the Baltimore metropolitan area.

Map 1, (Appendix) developed for ADAA by the Washington/Baltimore High Intensity Drug

Trafficking Area (HIDTA), displays FY2001 treatment admission rate groupings by Maryland subdivision. Rates are calculated per one hundred thousand in the population over the age of 15, according to the 2000 census. Baltimore City stands alone in terms of its treat-

ment admission rate of 3635.8. Several Eastern Shore counties also had very high rates; lowest rates were in the heavily populated counties of Montgomery, Howard, and Prince George's.



**TABLE 6. ADMISSIONS BY RESIDENCE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1994 - 2001**

RESIDENCE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
ALLEGANY	819	778	877	822	889	799	744	685
ANNE ARUNDEL	5003	5198	5309	5167	5513	5284	4904	5714
BALTIMORE COUNTY	7017	7825	6700	7010	7555	6856	6924	6959
CALVERT	905	942	927	909	1059	903	921	1021
CAROLINE	506	513	522	490	501	457	426	471
CARROLL	1194	1268	1422	1481	1639	1677	1676	1665
CECIL	1163	1219	1114	1123	1244	953	986	1071
CHARLES	1269	1334	1303	1244	1289	1048	1181	1252
DORCHESTER	523	543	564	516	566	556	565	620
FREDERICK	1613	1715	1778	1840	1809	1810	2033	2056
GARRETT	294	293	282	385	379	279	309	273
HARFORD	1770	1907	1834	1889	2162	1975	2071	1865
HOWARD	1321	1373	1306	1141	1425	1454	1665	1581
KENT	431	432	383	376	368	368	351	395
MONTGOMERY	6240	6098	5667	5594	6001	4868	4579	4680
PRINCE GEORGE'S	4494	4835	4043	4073	4011	3574	3586	3935
QUEENE ANNE'S	521	484	489	502	535	556	611	558
ST. MARY'S	1081	955	1000	983	911	846	864	1118
SOMERSET	293	298	404	345	417	408	463	610
TALBOT	608	591	665	799	777	695	695	630
WASHINGTON	1621	1607	1674	1514	1653	1343	1529	1667
WICOMICO	1238	1423	1418	1333	1529	1726	1589	1645
WORCESTER	673	715	761	828	887	954	906	959
BALTIMORE CITY	18920	20676	21078	19491	18264	18510	18859	18748
OUT OF STATE	2977	3084	3063	2646	2898	2421	2482	2920
NO FIXED ADDRESS	292	334	391	366	348	116	5	1
TOTAL	62786	66440	64974	62867	64629	60436	60924	63099

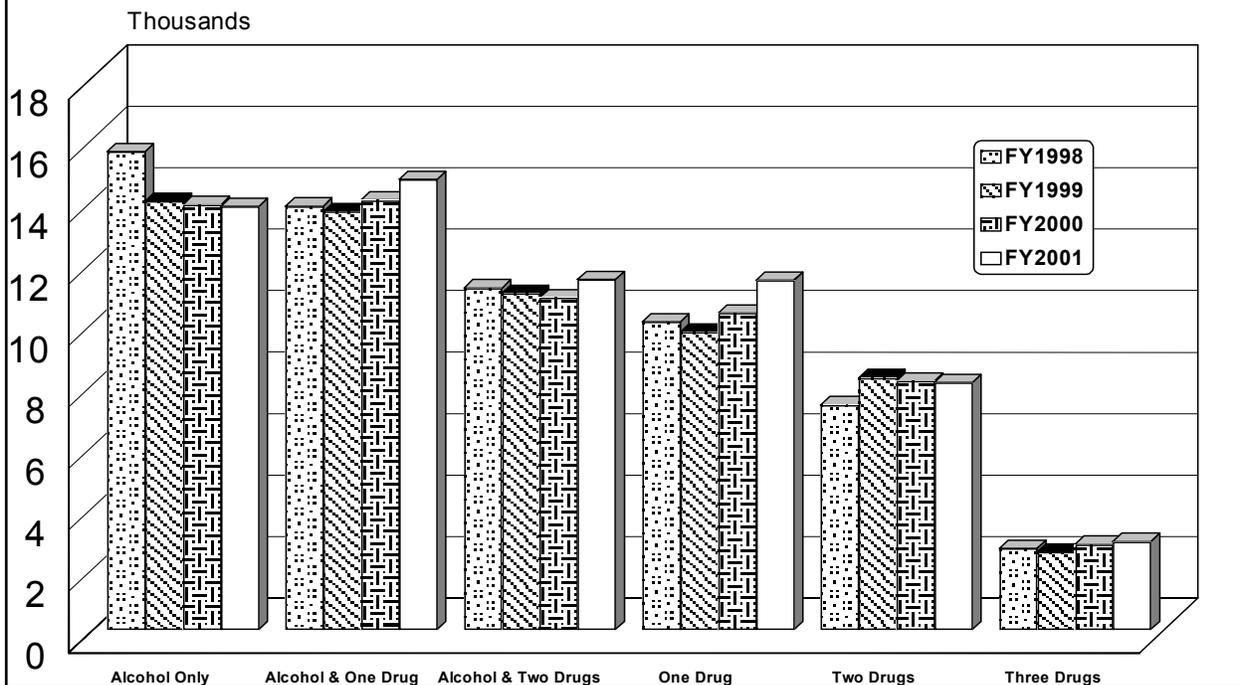
ALCOHOL AND OTHER DRUGS

As **Figure 14** shows, alcohol was involved in 64% of FY 2001 admissions. Sixty percent were multiple substance abusers and 23% were abusing three or more substances. Forty-two percent were dual abusers of alcohol and other drugs. These percentages are essentially unchanged from FY 1998 to FY 2001.

Table 7 displays all reported substances among admissions over a five-year period. Heroin admissions, which had increased in numbers and percentages throughout the late nineties, appeared to level off during FY 2001. This corresponds to findings from the federal Drug Abuse Warning Network (DAWN) that show the rate of emergency department heroin mentions decreasing in the Baltimore metro-

politan area during CY 2000 and 2001. However, of the 21 metropolitan areas participating in DAWN, Baltimore remains the leader in heroin-related emergency room rates. And notably, the SAMIS category of other opiates and synthetics went up by 72% in just two years. This almost certainly reflects illicit trade in OxyContin, a powerful prescription painkiller reported to be on the rise as an abused substance from Maine to Alabama, and described as an emerging problem substance in 17 subdivisions in the Center for Substance Abuse Research 2001 Drug Scan front-line interviews. According to the Maryland State Police, seizure cases and dosage units of oxycodone, the active ingredient in OxyContin as well as such drugs as Percodan and Percocet, have in-

Figure 14
Patterns of Presenting Problem(s) at Admission
Maryland Alcohol & Drug Abuse Treatment Programs
FY 1998 - FY2001



**TABLE 7. DISTRIBUTION OF SUBSTANCE MENTIONS AT ADMISSION
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1997 - 2001**

SUBSTANCE MENTIONS	FY 1997		FY 1998		FY 1999		FY 2000		FY 2001	
	#	%	#	%	#	%	#	%	#	%
HEROIN	17527	28.5	18234	30.2	19590	33.3	20505	34.3	20531	33.1
NON-RX METHADONE	383	0.6	256	0.4	325	.6	292	.5	222	.4
OTHER OPIATES & SYN- THETICS	1361	2.2	1497	2.5	1475	2.5	1705	2.9	2540	4.1
ALCOHOL	40999	66.7	40475	67.0	38505	65.4	38642	64.7	39845	64.2
BARBITURATES	182	0.3	182	0.3	190	.3	186	.3	159	.3
OTHER SEDATIVES & HYPNOTICS	378	0.6	343	0.6	329	.6	338	.6	368	.6
HALLUCINOGENS	1156	1.9	990	1.6	707	1.2	798	1.3	1128	1.8
CRACK	15102	24.6	13950	23.1	13848	23.5	13835	23.1	13550	21.8
OTHER COCAINE	10295	16.7	10035	16.6	10669	18.1	10065	16.8	9996	16.1
MARIJUANA	21044	34.2	20496	33.9	19643	33.4	20420	34.2	21732	35.0
METHAMPHETAMINES	250	0.4	301	0.5	172	.3	168	.3	197	.3
OTHER AMPHETAMINES	201	0.3	206	0.3	172	.3	185	.3	233	.4
INHALANTS	218	0.4	203	0.3	137	.2	138	.2	112	.2
PCP	1031	1.7	689	1.1	448	.8	511	.9	650	1.0
OTHER STIMULANTS	71	0.1	92	0.2	97	.2	65	.1	70	.1
BENZODIAZEPINE	800	1.3	799	1.3	761	1.3	862	1.4	989	1.6
OTHER TRANQUILIZERS	89	0.1	93	0.2	91	.2	68	.1	88	.1
OVER THE COUNTER	36	0.1	25	0.0	36	.1	32	.1	34	.1
OTHER	170	0.3	199	0.3	281	.4	141	.2	130	.2
TOTAL RESPONDENTS	61507	-	60433	-	58898	-	59770	-	62089	-

substantially during 2000 and 2001.

Crack-related admissions continued to decline, falling by over 10% since FY 1996. Hallucinogens, amphetamines, methamphetamines and PCP admissions all went up slightly during FY 2001 after steady declines. The two-year increase in admissions involving hallucinogens was 60%, probably reflecting the increasing popularity of the club drug ecstasy, or MDMA. Results from the Maryland State Police Crime Laboratory show an increase of 140% in MDMA cases from 1999 to 2001. In a 2002 Ecstasy Situation Report produced by the Washington/Baltimore HIDTA, the local spread of ecstasy from the rave and gay scenes to mainstream drug trafficking is described, and MDMA is reported as widely available in the Washington-Baltimore area. Finally, marijuana increased over 10% in related admissions since FY 1999.

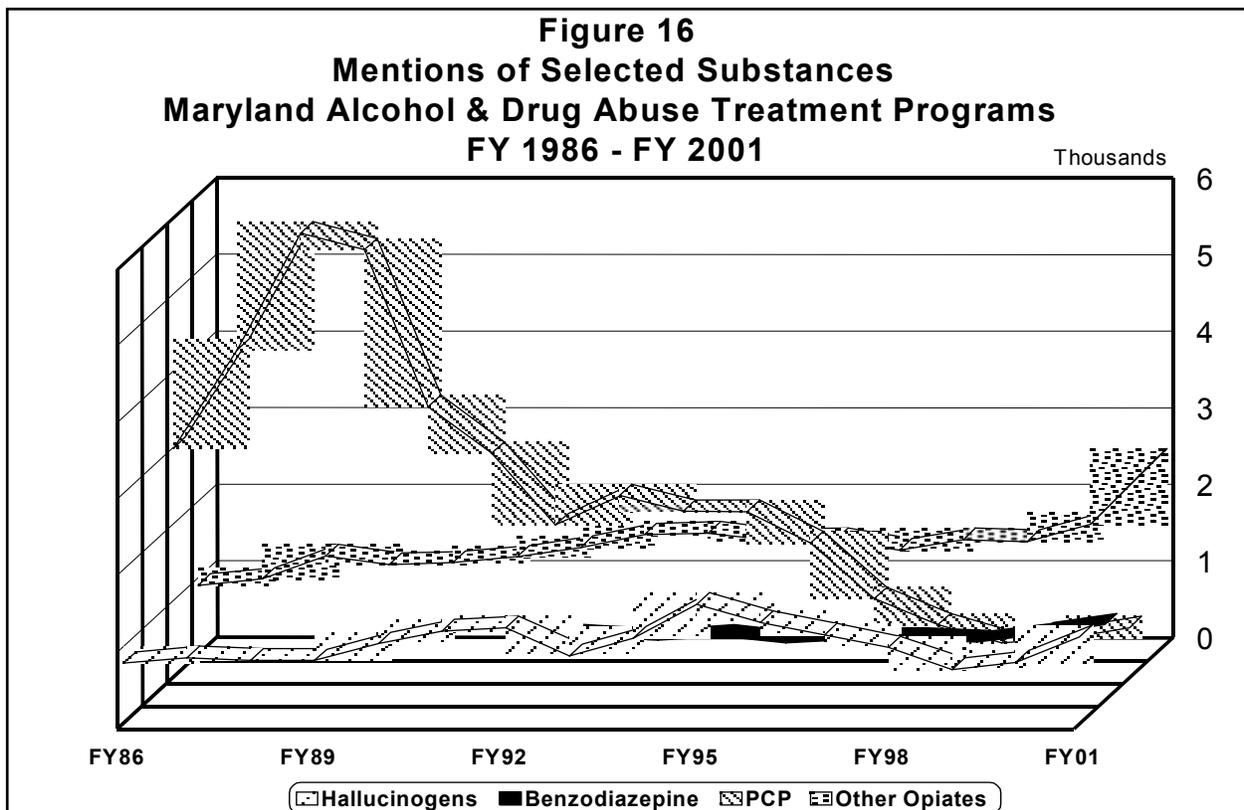
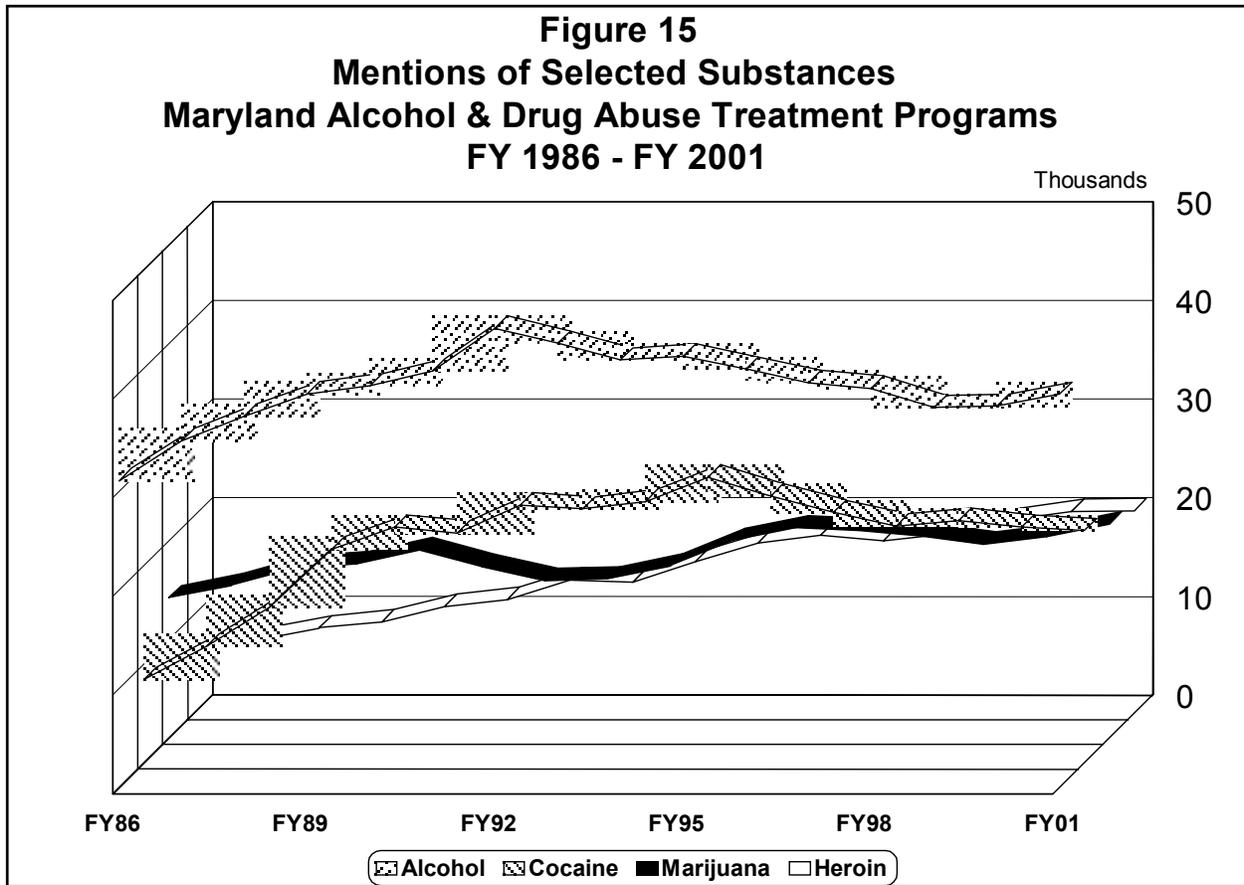
Fifteen-year trends are shown for selected substances in **Figures 15 and 16**. In **Figure 15**, cocaine appears to have peaked in FY 1995, and alcohol in FY 1992, while heroin and marijuana are converging. Heroin-related admissions have more than tripled in the past fifteen years. **Figure 16** shows that PCP was particularly popular in Maryland during the late eighties, and has been generally declining throughout the nineties. However, in the past two years PCP-related admissions have shown modest increases. As noted earlier, admissions involving other opiates and synthetics rose sharply during FY 2000 and 2001. Hallucinogens and benzodiazepines are also trending upward in the last two years.

Tables 8 thru 11 distribute mentions of the four most frequently reported substances of abuse, alcohol, marijuana, cocaine and heroin, by residence of admissions for FY 1995 - 2001. **Maps 2 thru 5** (Appendix) display subdivisions according to FY 2001 admission rates per hundred thousand in the population over the age of 15 for alcohol, marijuana, cocaine and heroin.

Table 8 indicates that admissions involving alcohol abuse are disproportionately from rural counties and that the great majority of admissions in these counties involved alcohol. Notable FY 2001 increases can be seen in Anne Arundel (16%), and St. Mary's Counties (30%). Among residents of Harford County, alcohol-related admissions declined by 15%. **Map 2** shows that the highest rates of admission involving alcohol occurred in the Eastern Shore counties of Somerset, Worcester, Kent, Wicomico, Talbot and Dorchester. Admission rates were lowest among residents of Baltimore, Howard, Montgomery and Prince George's Counties.

Hallucinogens, amphetamines and methamphetamines all went up slightly, likely reflecting the increased popularity of ecstasy.

Table 9 shows that marijuana-related admissions also increased by 17% for Anne Arundel County and by 60% for St. Mary's. Other subdivisions with substantial increases were the Eastern Shore counties of Somerset, Dorchester, Caroline, Kent, Cecil and Wicomico. Calvert, Charles, Washington, and Prince George's Counties also showed at least 10% increases, while Harford County marijuana-related admissions fell by 20%. **Map 3**, concerning marijuana-related admissions, again has several Eastern Shore counties with extremely high admission rates. The 2001 Maryland Adolescent Survey, conducted by the Maryland Department of Education in secondary schools around the State, similarly produced the highest regional alcohol, marijuana, and binge drinking rates among Eastern Shore students.



**TABLE 8. DISTRIBUTION OF ALCOHOL MENTIONS BY RESIDENCE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1995 - 2001**

RESIDENCE	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
ALLEGANY	718	773	701	717	679	587	517
ANNE ARUNDEL	3689	3780	3581	3939	3730	3394	3930
BALTIMORE COUNTY	4990	4339	4475	4636	4127	4174	4145
CALVERT	834	820	788	916	760	807	882
CAROLINE	448	422	400	425	373	354	367
CARROLL	1024	1111	1155	1121	1057	1079	1046
CECIL	1100	965	886	937	717	702	689
CHARLES	1130	1118	1066	1119	880	980	1058
DORCHESTER	469	476	411	430	422	425	447
FREDERICK	1455	1494	1568	1528	1458	1715	1678
GARRETT	232	235	313	318	224	253	238
HARFORD	1549	1456	1466	1686	1553	1577	1342
HOWARD	1079	968	853	927	989	1095	1049
KENT	318	302	302	284	304	275	311
MONTGOMERY	4710	4410	4442	4778	3879	3585	3582
PRINCE GEORGE'S	3677	2952	2883	2954	2503	2656	2848
QUEENE ANNE'S	406	399	411	448	462	482	470
ST. MARY'S	671	744	697	602	602	675	878
SOMERSET	238	341	307	342	326	402	481
TALBOT	502	576	673	678	552	553	517
WASHINGTON	1350	1424	1288	1347	1081	1254	1337
WICOMICO	1187	1112	1065	1284	1434	1300	1310
WORCESTER	646	679	735	781	814	780	810
BALTIMORE CITY	8573	8871	8206	7753	7616	7622	7717
OUT OF STATE	2468	2408	2052	2129	1841	1854	2148
NO FIXED ADDRESS	172	192	211	200	41	2	0
TOTAL	43635	42376	40974	42329	38424	38582	39797

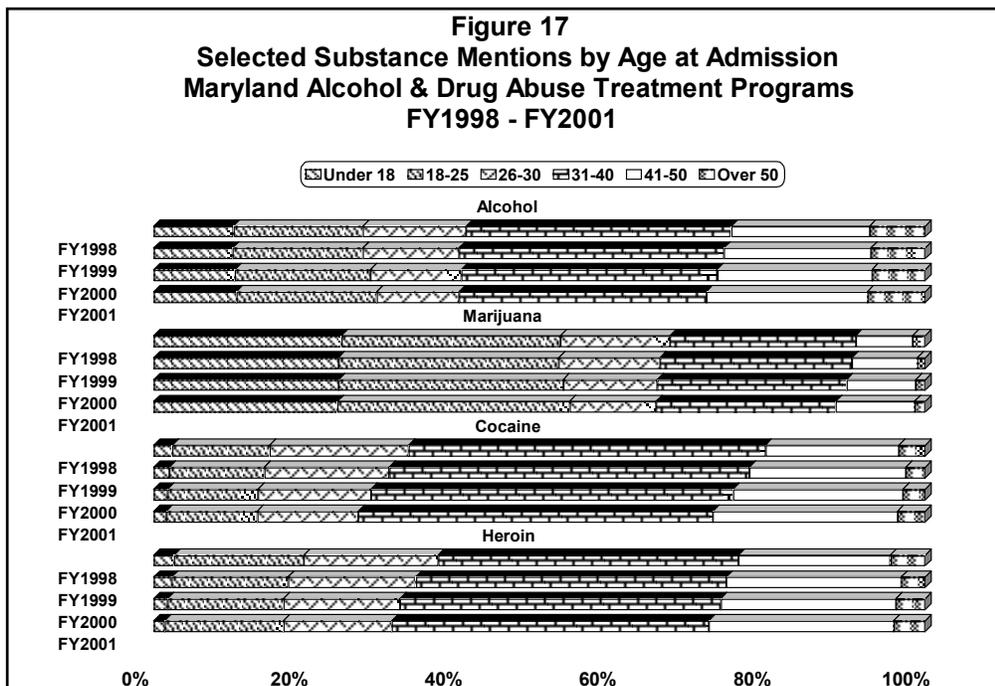
**TABLE 9. DISTRIBUTION OF MARIJUANA MENTIONS BY RESIDENCE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1995 - 2001**

RESIDENCE	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
ALLEGANY	395	475	405	435	378	380	361
ANNE ARUNDEL	1663	1996	1832	2046	2008	1918	2239
BALTIMORE COUNTY	2221	2136	2181	2451	1981	2131	2250
CALVERT	346	361	428	472	405	422	493
CAROLINE	212	219	203	206	214	199	244
CARROLL	581	659	686	702	688	718	735
CECIL	572	516	487	473	387	351	390
CHARLES	486	517	533	527	423	435	482
DORCHESTER	264	295	240	258	231	270	343
FREDERICK	718	765	775	764	778	909	926
GARRETT	87	117	183	198	127	144	166
HARFORD	809	779	736	894	786	947	754
HOWARD	536	527	448	583	534	593	539
KENT	144	144	159	137	157	179	207
MONTGOMERY	1697	1560	1772	1891	1631	1619	1561
PRINCE GEORGE'S	1537	1390	1410	1461	1296	1407	1597
QUEENE ANNE'S	232	239	249	235	280	316	264
ST. MARY'S	217	339	403	301	295	314	501
SOMERSET	118	159	172	235	209	212	297
TALBOT	309	355	403	389	301	304	278
WASHINGTON	733	739	688	738	661	767	879
WICOMICO	669	677	658	727	901	808	869
WORCESTER	306	322	385	356	412	441	436
BALTIMORE CITY	4308	5196	4988	4400	3962	4086	4079
OUT OF STATE	823	761	544	554	540	529	818
NO FIXED ADDRESS	45	71	64	66	10	0	0
TOTAL	20028	21314	21034	21499	19595	20399	21708

Cocaine mentions present a mixed picture in FY 2001, decreasing in some subdivisions and rising sharply in others. Significant increases were seen among residents of St Mary's (68%), Caroline (46%), and Somerset Counties (37%), as shown in **Table 10**. Substantial decreases occurred among residents of Harford (18%) and Talbot Counties (17%). Cocaine mentions among Montgomery County residents continued to decline, falling by a third since FY 1995. Cocaine mentions also declined among Baltimore County residents, decreasing by 30% over the time period, and among Baltimore City residents, decreasing by 24%. Cocaine-related admissions among Prince George's County residents fell by 40% from FY 1995 to FY 2000, but increased by 13% during FY 2001. According to **Map 4**, Baltimore City had the highest cocaine admission rate by far, but the Eastern Shore rates

substantial increases were seen in a few rural counties. Caroline (80%), Queen Anne's (65%), St. Mary's (64%), Somerset (59%) and Wicomico (63%) Counties all increased sharply, although numbers of heroin-related admissions remained modest. Urban and suburban counties were fairly stable, although Anne Arundel showed a 17% increase, and Harford and Howard showed ten percent declines in heroin cases. **Map 5** places the highest heroin admission rates among residents of Baltimore City and of Baltimore, Carroll, Anne Arundel, Somerset and Cecil Counties.

A profile of clients admitted during FY 1998 - 2001 who were reported as having alcohol, marijuana, cocaine, and/or heroin problems is shown in **Figures 17-24**. With respect to age, **Figure 17** shows marijuana-related admissions tend to be significantly younger than others.



Over half of marijuana mentions involved admissions younger than 26, and 24% involved adolescents. Cocaine-related admissions tend to be the oldest, with both cocaine and heroin-related admissions getting slightly older across the four years, although 8% of alcohol-related admissions were

again exceed those found elsewhere in the State.

Table 11 distributes heroin mentions by subdivision of residence. Heroin mentions overall were fairly level during FY 2001; however,

over 50. Forty-seven percent of cocaine-related admissions were in their thirties during FY 2001, and nearly 70% of admissions involving heroin were over the age of thirty. About 11% of alcohol-related admissions were adolescents during FY 2001.

**TABLE 10. DISTRIBUTION OF COCAINE MENTIONS BY RESIDENCE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1995 - 2001**

RESIDENCE	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
ALLEGANY	94	145	152	164	130	116	104
ANNE ARUNDEL	1672	1758	1467	1046	1827	1520	1627
BALTIMORE COUNTY	3096	2498	2540	2641	2386	2214	2154
CALVERT	223	210	254	283	272	226	246
CAROLINE	115	128	158	125	125	119	174
CARROLL	340	399	399	436	484	444	423
CECIL	314	277	347	341	317	271	255
CHARLES	381	390	367	409	285	321	330
DORCHESTER	245	264	248	263	272	286	287
FREDERICK	530	553	516	483	521	586	557
GARRETT	21	33	43	40	30	31	35
HARFORD	538	536	501	556	569	537	438
HOWARD	404	396	389	377	387	460	417
KENT	145	144	137	117	147	147	133
MONTGOMERY	2539	2255	2238	2260	1923	1726	1695
PRINCE GEORGE'S	2265	1748	1602	1559	1354	1359	1540
QUEENE ANNE'S	159	122	146	174	186	199	171
ST. MARY'S	220	223	199	245	200	179	300
SOMERSET	78	131	135	162	165	186	255
TALBOT	215	261	276	283	247	281	232
WASHINGTON	459	458	426	475	496	578	536
WICOMICO	497	474	487	627	736	728	683
WORCESTER	128	206	290	299	303	318	310
BALTIMORE CITY	12842	12118	10996	9904	10197	10280	9738
OUT OF STATE	1086	1007	793	858	792	730	857
NO FIXED ADDRESS	258	275	263	253	87	4	0
TOTAL	28918	27009	25369	24980	24438	23846	23497

**TABLE 11. DISTRIBUTION OF HEROIN MENTIONS BY RESIDENCE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1995 - 2001**

RESIDENCE	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
ALLEGANY	20	25	44	70	52	51	59
ANNE ARUNDEL	728	800	807	1051	1216	1170	1367
BALTIMORE COUNTY	1997	1713	1974	2588	2434	2403	2395
CALVERT	21	21	37	58	77	38	44
CAROLINE	6	22	18	24	15	20	36
CARROLL	138	212	241	437	448	461	444
CECIL	29	46	139	162	134	201	190
CHARLES	39	34	32	64	63	65	53
DORCHESTER	14	9	15	8	18	25	26
FREDERICK	88	101	79	134	159	167	183
GARRETT	5	8	10	11	6	10	12
HARFORD	166	172	260	331	309	426	383
HOWARD	143	208	208	359	377	465	403
KENT	11	16	25	30	14	21	16
MONTGOMERY	622	550	508	699	577	528	533
PRINCE GEORGE'S	549	476	539	541	550	482	494
QUEENE ANNE'S	19	14	17	27	17	26	43
ST. MARY'S	19	26	20	40	15	25	41
SOMERSET	7	13	16	48	62	39	62
TALBOT	19	17	21	41	43	48	49
WASHINGTON	34	49	32	72	58	106	96
WICOMICO	43	35	36	79	110	86	120
WORCESTER	25	23	25	28	39	45	52
BALTIMORE CITY	12105	12863	11912	11674	12292	13184	12862
OUT OF STATE	319	413	327	459	383	371	532
NO FIXED ADDRESS	124	209	173	167	81	4	1
TOTAL	17290	18075	17515	19202	19549	20467	20496

Race and sex distributions are shown in **Figure 18**. Nearly half of the alcohol and the marijuana-related admissions were white males, although the percentage of white males declined over the four years in every substance group. Black and white females, on the other hand, showed increasing trends for each substance. Just under 35% of cocaine and heroin-related admissions were black males. Cocaine and heroin mentions were substantially more likely than others to involve females - about 40% of cocaine and 45% of heroin admissions were females during FY 2001, and the trend is upward.

Figure 19 distributes substance mentions by the intake assessment of the severity of the contribution to clients' dysfunction at admission. With respect to alcohol, about 57% of the associated problems were rated severe; for marijuana it was about half, 73% for cocaine, and 90% for heroin. The consistency of these severity ratings over the four fiscal years is clear. Similarly, reported frequency of use of these substances is consistent from year to year, as shown in **Figure 20**, although there

is a slight trend toward greater percentages of heroin-related admissions who had not used during the preceding thirty days. It is important to note that the great majority of those admissions with no substance use during the thirty days prior to treatment had been in a controlled environment such as jail or a residential treatment program. Marijuana was the substance least likely to have been used by admissions in the thirty days preceding admission

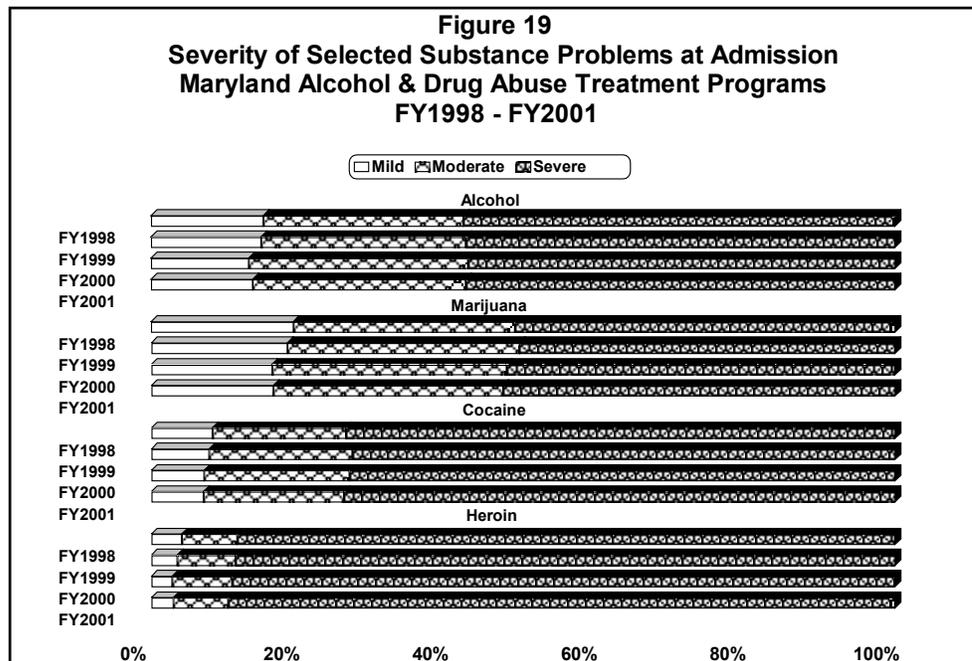
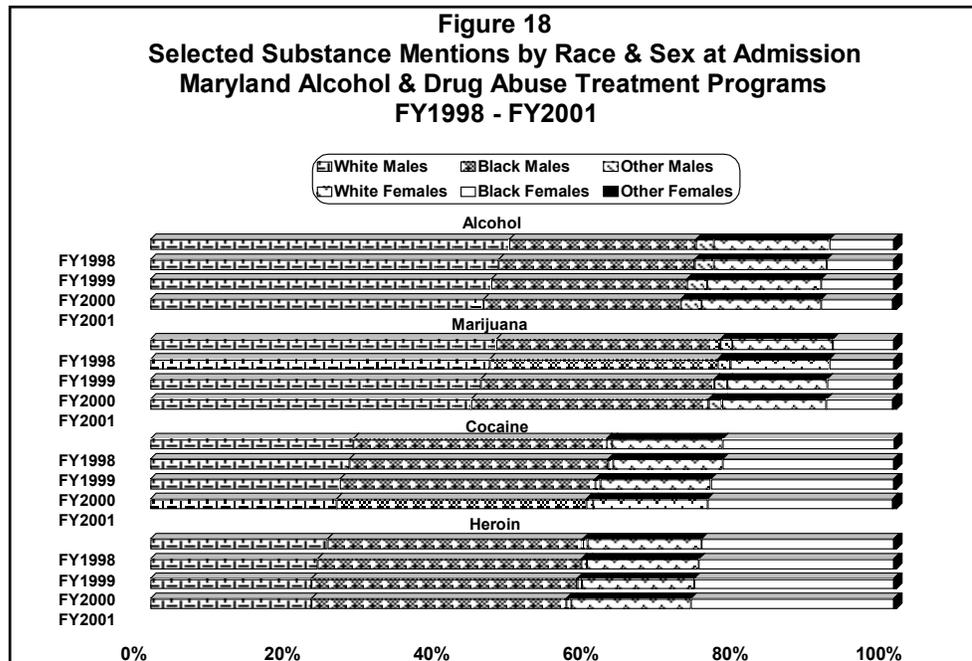
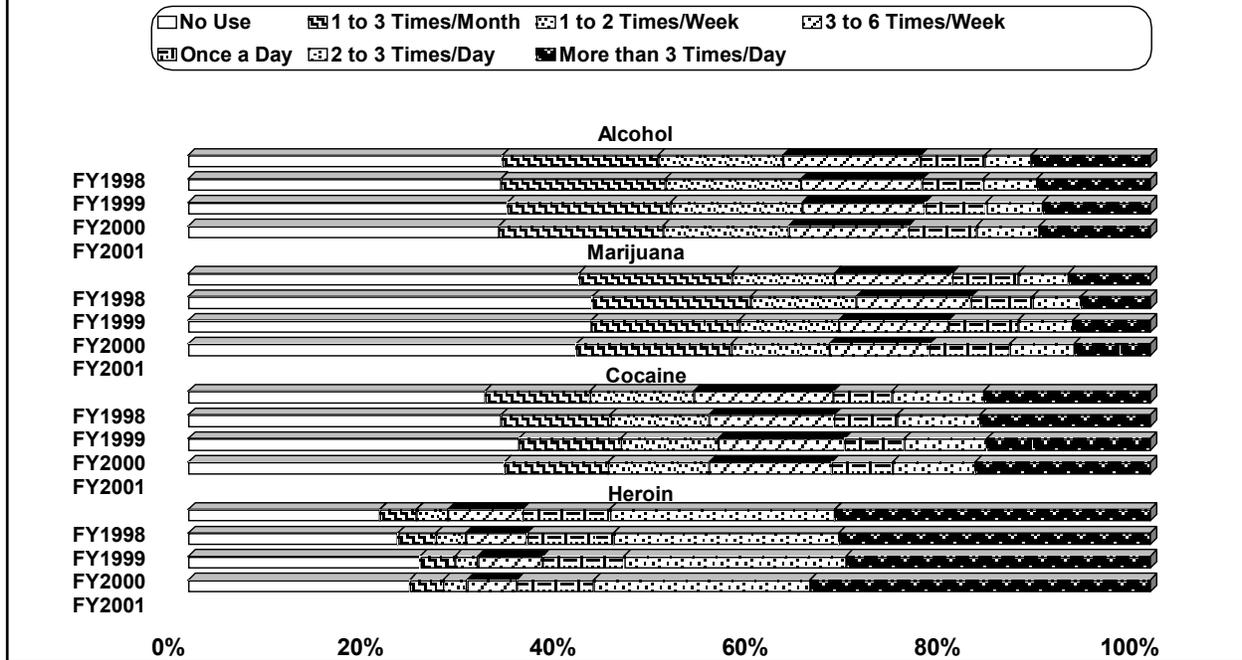


Figure 20
Prior Month Frequency of Use of Selected Substances at Admission
Maryland Alcohol & Drug Abuse Treatment Programs
FY1998 - FY2001



to treatment, and heroin was most likely to have been used. Notably, about 63% of heroin-related admissions had used the drug on a daily basis in the month before treatment, and over 30% used more than three times a day.

Figure 21 illustrates one of the most striking aspects of the profile of these four major substances of abuse - the age at which clients reported first using the drugs. Given the somewhat unique status of alcohol in our society and the common experience of most persons of having tasted alcoholic beverages at a very young age, the measure for alcohol applies to the age of reported first intoxication rather than age of first use. Over two-thirds of alcohol-related admissions had experienced their first intoxication before turning 18, and 35% before turning 15. Nearly half of the persons admitted with marijuana problems first used before the age of 15, and the trend is toward greater likelihood of admissions at an early age. Over

80% first used marijuana during the adolescent years. With respect to cocaine and heroin, however, the peak years of first use are 18 - 25, with about 45% falling into that category. For both heroin and cocaine, increasing percentages are first using the drugs after the age of thirty; however, 24% of cocaine mentions and 27% of heroin mentions involved first use of the drugs during adolescence.

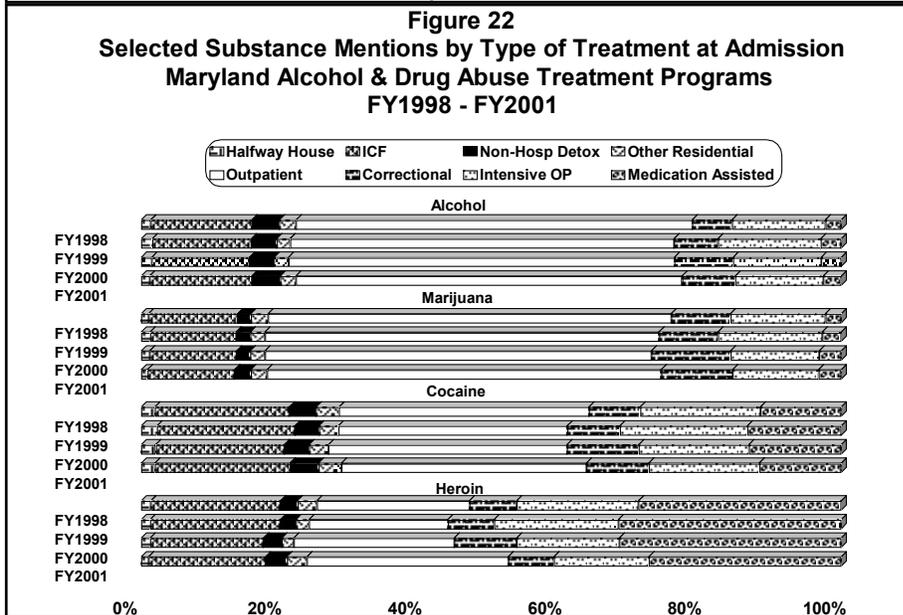
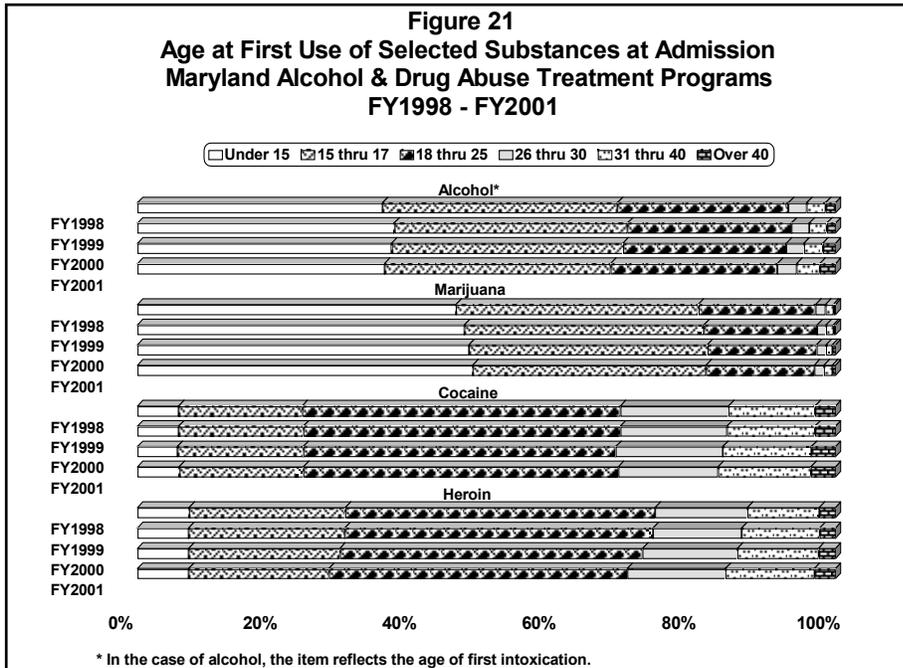
Over two-thirds of alcohol related admissions experienced their first intoxication before the age of 18.

In **Figure 22**, mentions of the four major substances are distributed by the type of treatment programs involved in the admissions. About 55% of both alcohol and marijuana-related admissions were to outpatient treatment and 12% were to intensive outpatient during FY 2001,

from 32% during FY 2000. The difference is made up in outpatient admissions, which went from 23% of heroin mentions to 29%. Number of prior treatment admissions to any treatment program is distributed for the four major substance mentions in **Figure 23**. About half of

the alcohol and marijuana mentions and a third of cocaine and heroin mentions involved first-time treatment admissions. Just under a fourth of cocaine and heroin admissions had three or more previous treatment experiences.

Figure 24 distributes reported secondary substance problems for the four leading primary substance problems. Alcohol was more likely than other substances to be reported as the only substance problem, with 56% classified as alcohol-only admissions. However, marijuana was a secondary problem in 23% and cocaine in 15% of cases. On the other hand, alcohol was the secondary problem in 56% of marijuana primary problem cases during FY 2001. Heroin was rarely reported as a secondary problem, appearing as such in only about 11% of cocaine primary problem cases and about 2% of others. However, nearly half of the heroin primary problem cases had secondary problems of cocaine.



not surprising in view of the overlap in these mentions. Twenty-seven percent of heroin-related admissions were to medication-assisted treatment programs during FY 2001, down

and about 2% of others. However, nearly half of the heroin primary problem cases had secondary problems of cocaine.

Figure 23
Selected Substance Mentions by Number of Prior Treatment Episodes
Maryland Alcohol & Drug Abuse Treatment Programs
FY1998 - FY2001

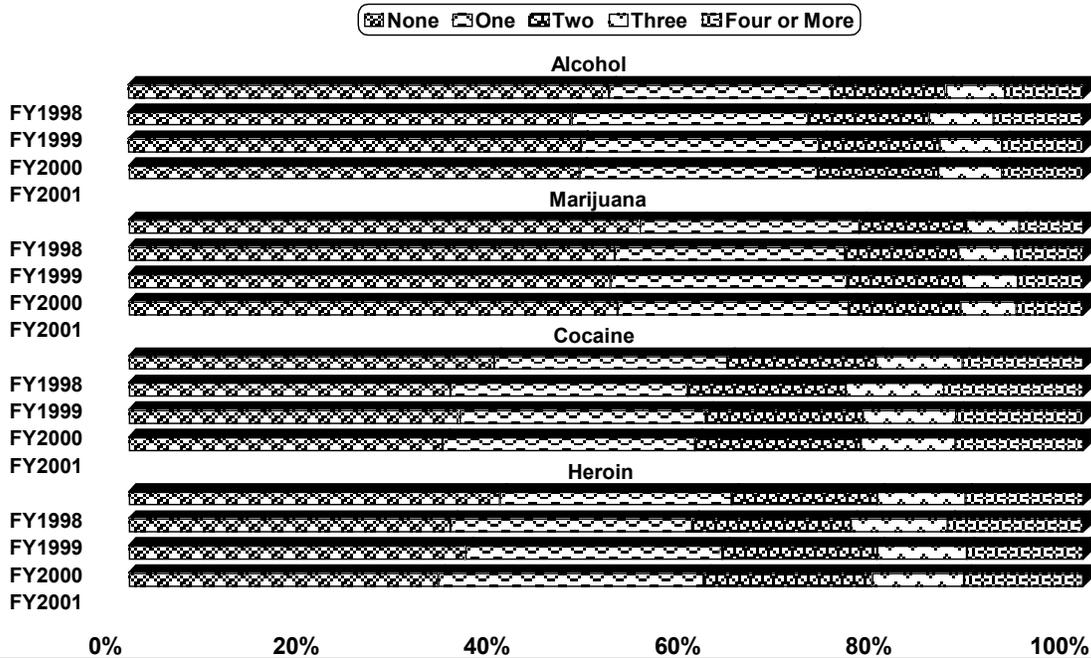
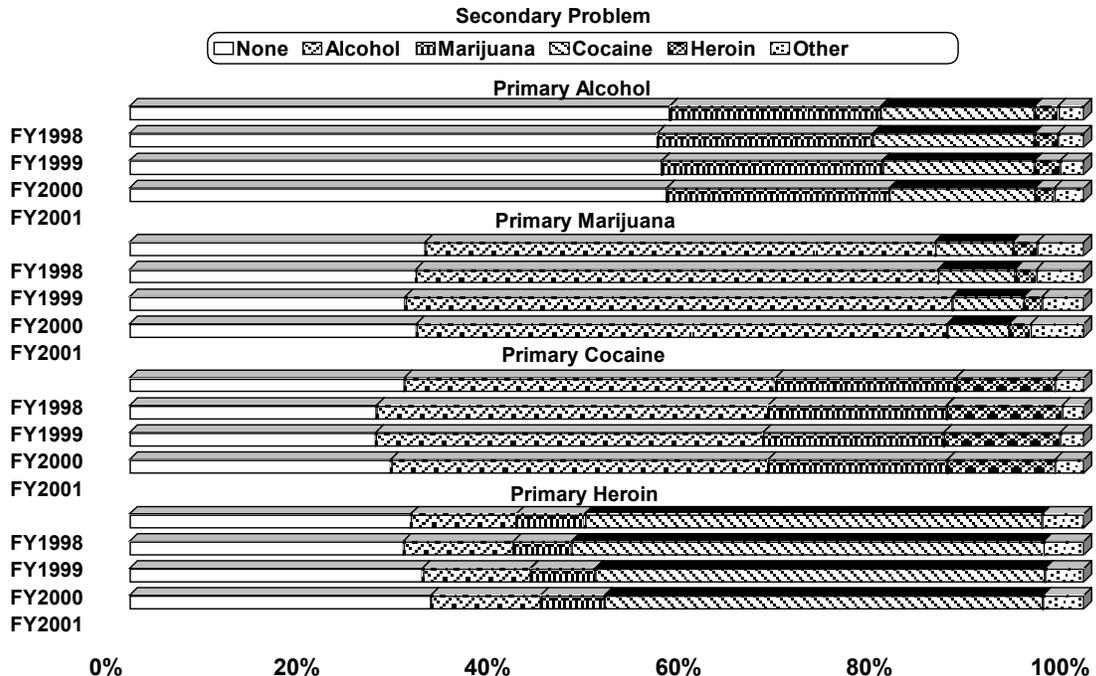


Figure 24
Secondary Problems for Selected Primary Problems at Admission
Maryland Alcohol & Drug Abuse Treatment Programs
FY1998 - FY2001

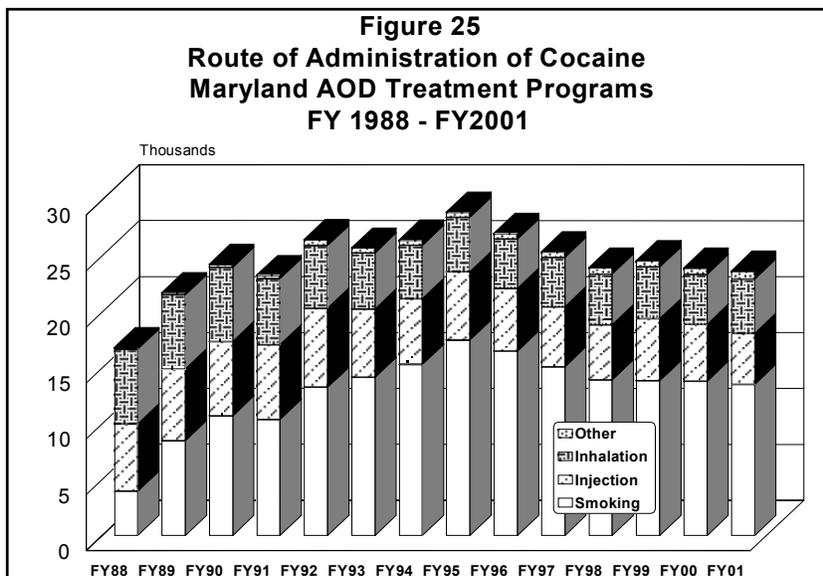


Figures 25 and 26 focus on cocaine mentions, and Figures 27 and 28 focus on heroin. Figure 25 shows that crack was the driving force in the rise in cocaine-related admissions that peaked in FY 1995, as well as the subsequent decline. During FY 2001, 58% of cocaine-related admissions involved smoking as the primary route of administration; during FY 1988 only 24% of cocaine-related admissions primarily smoked the drug.

Figure 26 pertains to cocaine-related admissions during the four-year period from FY 1998 to FY 2001, and presents the distribution

route of administration. FY 2001 is the first year during which more heroin admissions primarily inhaled the drug than injected; forty-eight percent of heroin-related admissions involved inhalation. While numbers of injectors decreased 5% during FY 2001 after increasing 17% the previous five years, numbers of inhalers continued to increase, reaching 26% since FY 1997. Further analysis revealed that residents of Baltimore City admitted for heroin abuse problems during FY 2000 and 2001 were less likely than others to be primarily injecting the drug. Forty percent of Baltimore City residents admitted with heroin

problems were injectors. Only St. Mary's County, with only 41 total heroin admissions, had a lower rate of injection. Injection was most likely among residents of Carroll (68%), Worcester (68%), Cecil (65%), Montgomery and Washington Counties (64%). In line with these findings, only 38% of black male admissions and 30% of black female admissions were injectors, as opposed to 65% of white heroin-related admissions. Possible reasons for these findings are the lack of



of the reported year of first use of cocaine, and whether the admission involved smoking, inhaling or injecting the drug. First cocaine use by crack-related admissions during FY 1998 - 2001 rose sharply in the late seventies and eighties, peaking in 1988. After 1988, first use of cocaine by smokers in this admission time period declined sharply, but shows signs of resurgence in the early nineties. Cocaine inhalation first users reached their highest point in 1996, suggesting a short lag-time between first inhalation and treatment admission, while injection first use seems to have peaked in 1987.

Figure 27 distributes heroin-related admissions during FY 1988 - 2001 by the primary

awareness among non-urban dwellers of the links between injection and diseases such as HIV and hepatitis, and greater availability of clean needles. Also, the higher purity level of heroin available in Baltimore City may be reduced as it is distributed throughout the State, making inhalation a less effectual mode of administration. Two separate age groups had the highest rates of heroin injection during FY 2000 and 2001, those between 18 and 25 and those over 40, suggesting a new generation of heroin abusers and an older group of long-time users may prefer injection. Only 26% of 18 - 25 year-old heroin admissions were injectors during FY 1994; about 65% were injectors during FY 2001.

Figure 26
Year of First Cocaine Use of Admissions
Maryland Alcohol & Drug Abuse Treatment Programs
FY1998 - FY2001

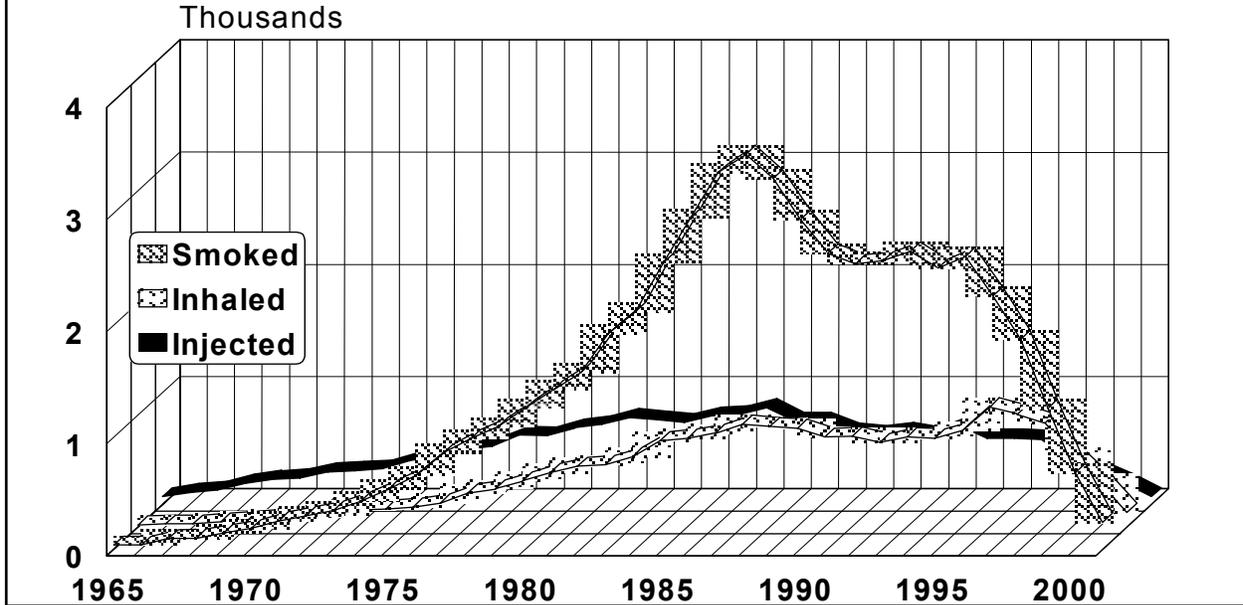


Figure 27
Route of Administration of Heroin
Maryland AOD Treatment Programs
FY 1988 - FY2001

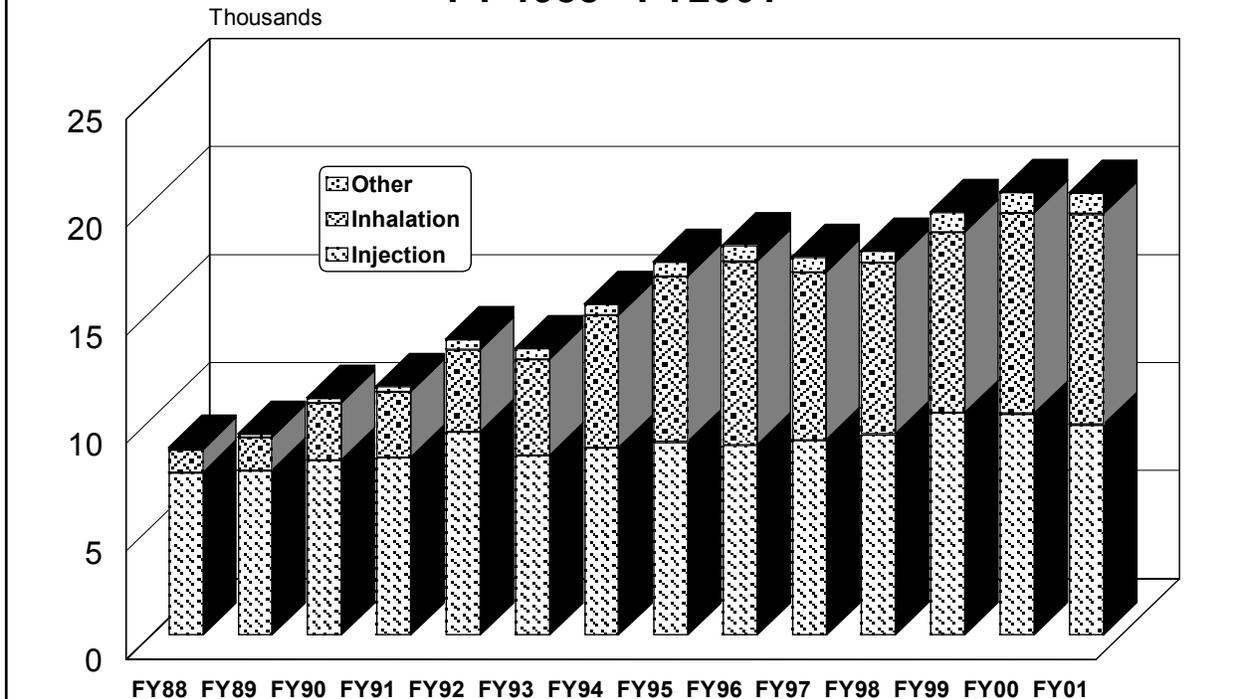
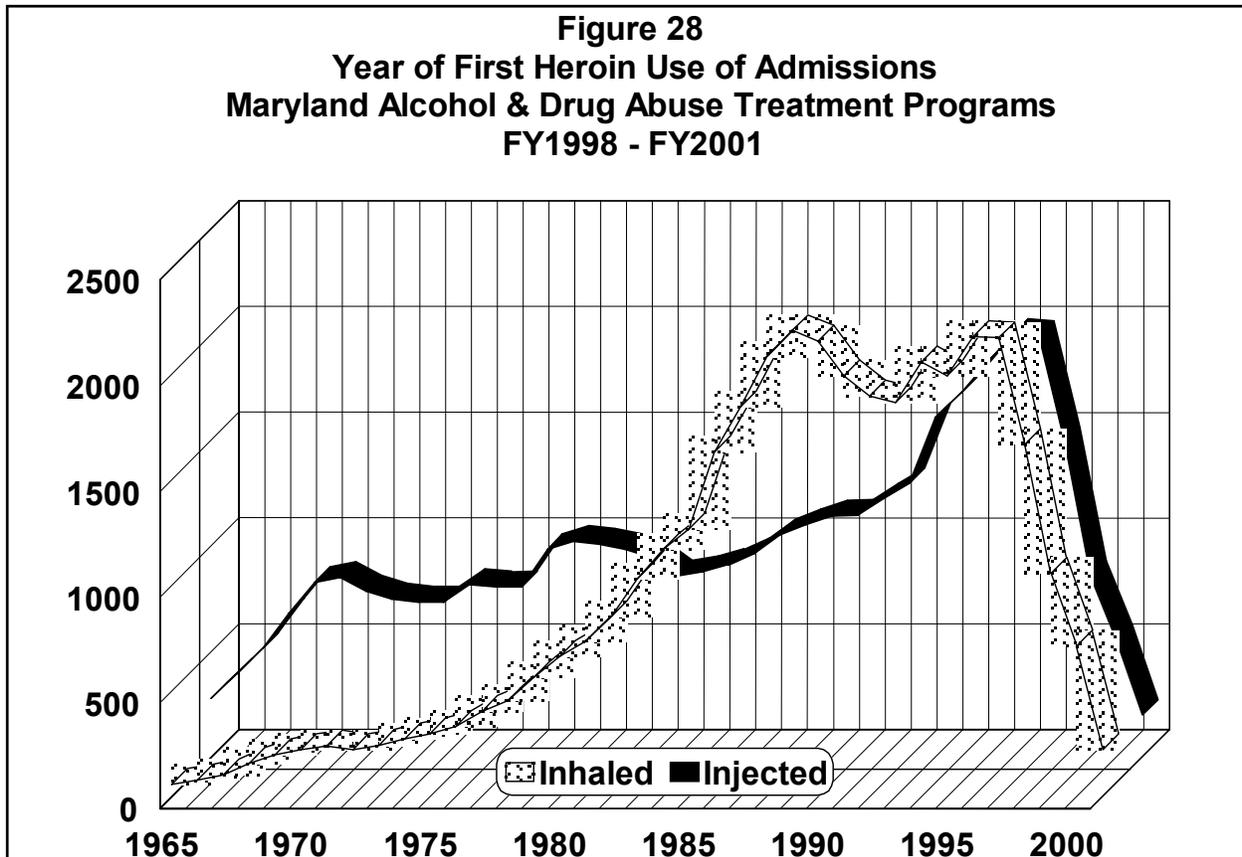


Figure 28, showing the year of reported first heroin use for inhaling and injecting admissions during FY 1998 - 2001, suggests it was during the eighties that inhalation of the drug really shot up, dropping off slightly in the early nineties, then beginning to climb again. According to the Drug Enforcement Administration Domestic Monitor Program, national average heroin purity more than tripled from 1984 to 1988, when first use by Maryland inhaling admissions hit its peak. Between 1992 and 1999, average purity fluctuated between 36 and 42%, with first use by inhalers in Maryland remaining at fairly high levels. Notably, the trend in year of first use by inhaling heroin treatment admissions is very similar to the trend in new AIDS cases published by the Maryland AIDS Administration, showing sharp increases in the late eighties and early nineties, mostly attributable to exposure through injecting drug use. Injecting heroin treatment admissions during FY 1998 - 2001

are more spread out in terms of the years they first used the drug, but a sharp increase in the nineties may reflect a new generation of heroin injectors.

Table 12 and Figures 29 and 30 pertain to injecting treatment admissions. **Table 12** shows that injecting admissions have been relatively stable since FY 1995, reaching their highest point during FY 1999. Substantial increases from FY 1999 to FY 2001 were seen in Caroline (82%) and Garrett (92%) Counties, but the numbers are relatively small. The increases among residents of Carroll, Cecil, Harford and Washington Counties were 20%, 53%, 15%, and 41% respectively. Some of the larger subdivisions showed substantial declines, including Montgomery (13%) and Prince George's (22%) Counties and Baltimore City (11%). Both Calvert and Charles Counties showed 45% declines in injecting admissions over the two-year period.



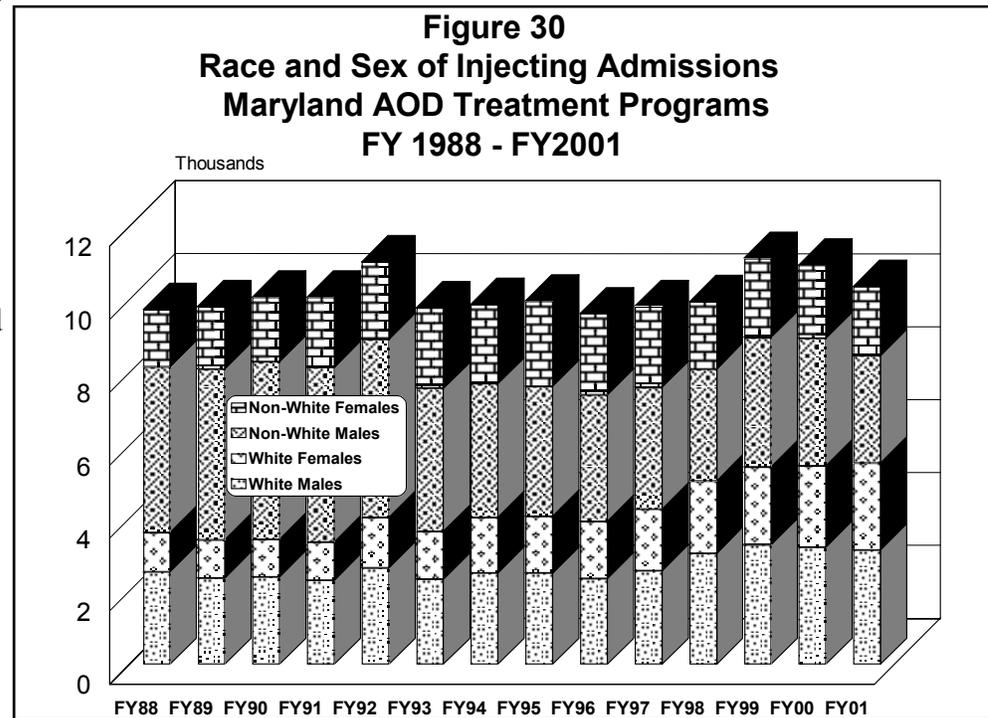
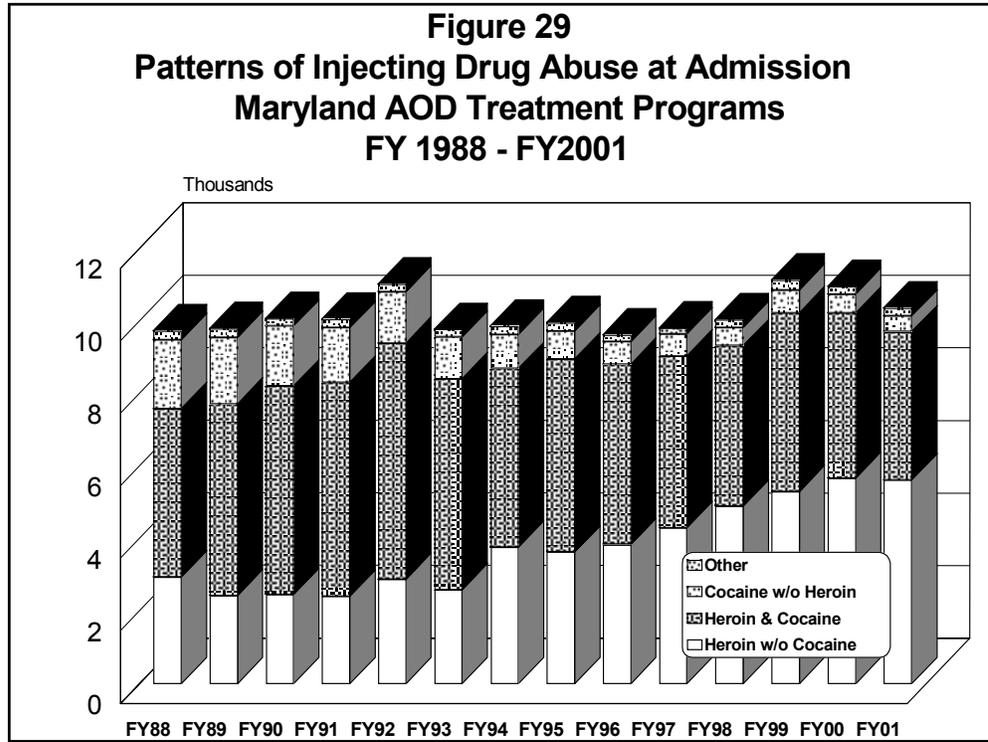
**TABLE 12. RESIDENCE OF CLIENTS ADMITTED INJECTING DRUGS
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1995-2001**

RESIDENCE	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
ALLEGANY	30	27	49	51	29	42	40
ANNE ARUNDEL	531	549	534	636	771	729	802
BALTIMORE COUNTY	1181	988	1197	1475	1486	1503	1452
CALVERT	20	27	26	38	67	29	37
CAROLINE	7	17	21	20	11	16	20
CARROLL	89	119	126	240	271	319	324
CECIL	57	54	98	117	91	116	139
CHARLES	36	33	27	54	52	44	29
DORCHESTER	14	8	11	8	26	20	17
FREDERICK	98	105	77	120	144	130	130
GARRETT	14	11	13	9	12	11	23
HARFORD	148	125	198	187	202	254	232
HOWARD	90	136	128	220	243	263	238
KENT	12	10	21	20	13	16	12
MONTGOMERY	550	486	411	578	456	381	395
PRINCE GEORGE'S	413	333	379	379	387	297	302
QUEENE ANNE'S	19	18	20	25	17	21	24
ST. MARY'S	15	22	17	40	18	11	25
SOMERSET	6	8	4	21	44	26	40
TALBOT	17	20	17	35	38	33	31
WASHINGTON	60	55	34	64	59	89	83
WICOMICO	39	31	30	49	96	71	75
WORCESTER	23	20	22	22	41	46	43
BALTIMORE CITY	6174	6041	6022	5760	6225	6191	5521
OUT OF STATE	228	260	220	294	261	283	321
NO FIXED AD- DRESS	79	112	107	106	54	0	0
TOTAL	9950	9615	9809	10597	11114	10941	10355

Figure 29 reveals that injection of heroin alone had been steadily increasing since FY 1995, but leveled off during FY 2001. Injection of cocaine without co-occurring injection of heroin made up only 4% of the injecting admissions during FY 2001. Forty-two percent of heroin injectors were also injecting cocaine, while 90% of cocaine injectors were also injecting heroin. Clearly, heroin is the driving force in injection drug abuse in Maryland. **Figure 30** distributes injecting admissions by race and sex.

Since FY 1999, the only race/sex category to increase among injectors was white females (12%). Non-white female injectors decreased by 13% while non-white males fell 17% and white males 5%. Whereas whites made up a third of the injecting admissions during FY 1991, they made up 53% of the FY 2001 injecting admissions. This corresponds to the above-

mentioned finding that injection of heroin is becoming more and more a suburban and rural phenomenon.



DISCHARGES

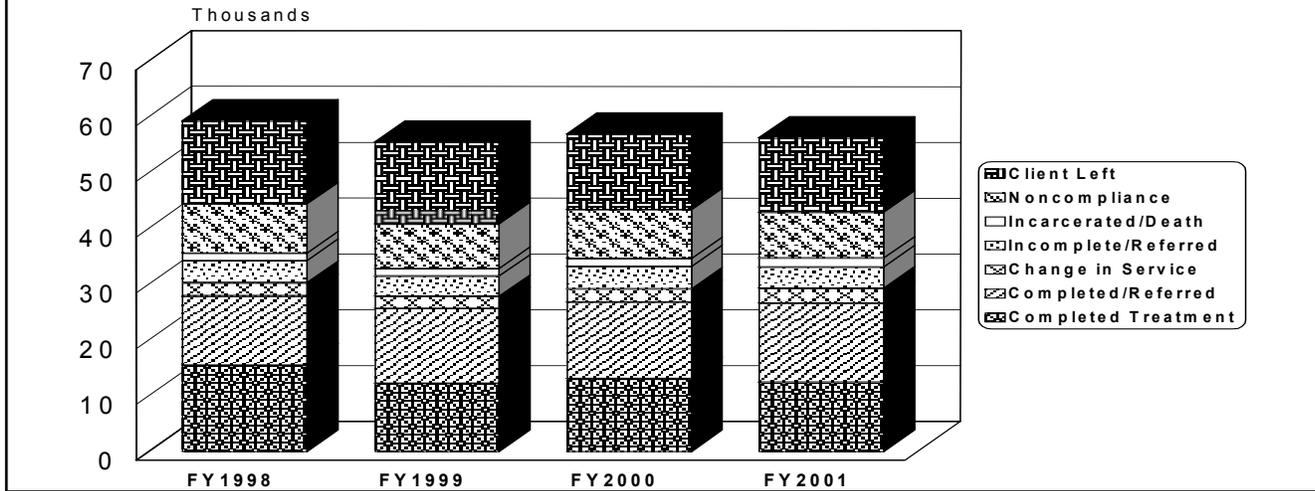
Discharges are distributed by treatment type for seven years in **Table 13**. Reason for discharge is shown for FY 1998 - 2001 in **Figure 31**. Just over half of the clients who were discharged during each of the four fiscal years shown completed their treatment plans successfully; During FY 2001, 58% of those were referred for further treatment or transferred to a less restrictive treatment category, up from 55% of the FY 2000 completers. Nearly a fourth of the discharges resulted from clients

leaving treatment against the advice of program clinicians and 15% were discharged due to failure to comply with program rules during FY 2000 and 2001. **Table 14** displays reason for discharge during FY 1995 through FY 2001, showing that the breakdown of reason for discharge is fairly consistent over time, with indications of a growing tendency for treatment completers to be referred for additional services, and a declining tendency for clients to leave before completing treatment.

**TABLE 13. DISTRIBUTION OF DISCHARGES BY TREATMENT TYPE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1995 - 2001**

TREATMENT TYPE	FY 1995		FY 1996		FY 1997		FY 1998		FY 1999		FY 2000		FY 2001	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
HALFWAY	805	1.2	748	1.2	726	1.2	775	1.3	740	1.3	714	1.3	665	1.2
ICF	9765	15.1	9589	15.1	6722	14.1	9493	16.0	9186	16.6	8647	15.2	9184	16.3
OUTPATIENT	35677	55.1	34185	53.8	32086	53.8	28348	47.8	25009	45.1	25698	45.2	25331	45.1
INTENSIVE OP	6287	9.7	7282	11.7	8274	13.4	8217	13.9	8749	15.8	8237	14.5	7026	12.5
NON-HOSPITAL DETOX	2042	3.2	1979	3.1	1941	3.1	2051	3.5	1755	3.2	1913	3.4	2267	4.0
CORRECTIONAL	3235	5.0	3426	5.4	3200	5.2	3629	6.1	3379	6.1	4414	7.8	3917	7.0
MAINTENANCE	3227	5.0	2952	4.6	3724	6.0	4092	6.9	4211	7.6	4448	7.8	4076	7.3
METHADONE DE- TOX	1388	2.1	1428	2.2	1128	1.8	836	1.4	893	1.6	791	1.4	546	1.0
RESIDENTIAL	810	1.3	1331	2.1	1460	2.4	1178	2.0	930	1.7	955	1.7	1009	1.8
HOSPITAL	1007	1.6	750	1.2	489	0.7	434	0.7	293	0.5	302	0.5	422	0.8
AMBULATORY DE- TOX	531	0.8	163	0.3	182	0.3	202	0.3	327	0.6	797	1.4	1762	3.1
TOTAL	64775	100.0	63511	100.0	61902	100.0	59255	100.0	55472	100.0	56916	100.0	56205	100.0

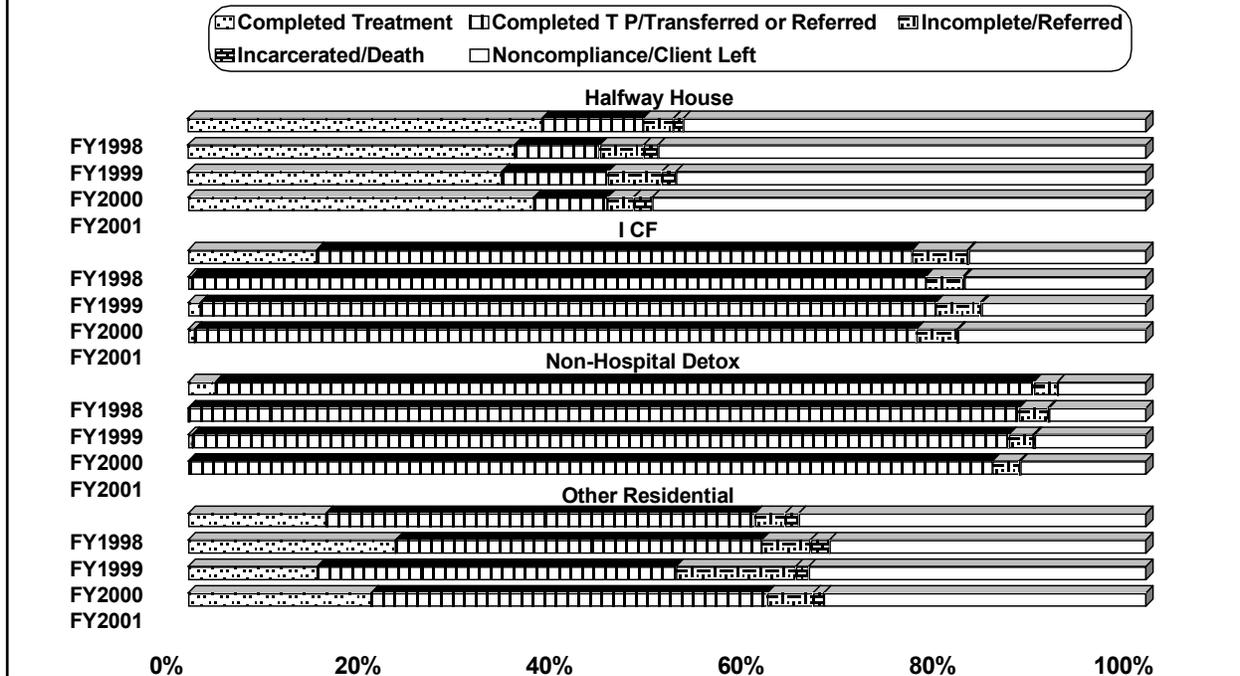
**Figure 31
Reason for Discharge
Maryland AOD Treatment Programs
Fiscal Years 1998 - 2001**



**TABLE 14. DISTRIBUTION OF REASON FOR DISCHARGE
MARYLAND SUBSTANCE ABUSE TREATMENT PROGRAMS
FISCAL YEARS 1995 - 2001**

REASON FOR DISCHARGE	FY 1995		FY 1996		FY 1997		FY 1998		FY 1999		FY 2000		FY 2001	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
COMPLETED, NO USE	16167	25.0	16221	25.5	15155	24.5	14728	24.9	11456	20.7	12285	21.6	11660	20.7
COMPLETED, SOME USE	563	0.9	604	1.0	785	1.3	805	1.4	772	1.4	785	1.4	769	1.4
COMPLETED, REFERRED	12789	19.7	12166	19.2	11975	19.3	12390	20.9	13424	24.2	13793	24.2	14207	25.3
CHANGE IN SERVICE	3476	5.4	3381	5.3	2970	4.8	2377	4.0	2201	4.0	2343	4.1	2693	4.8
DID NOT COMPLETE, REFERRED	3898	6.0	4714	7.4	5116	8.3	3993	6.7	3604	6.5	3970	7.0	3819	6.8
INCARCERATED	1252	1.9	1172	1.8	1157	1.9	1186	2.0	1213	2.2	1265	2.2	1375	2.4
DEATH	177	0.3	172	0.3	176	0.3	144	0.2	170	0.3	187	0.3	182	0.3
NON-COMPLIANCE	8777	13.5	8882	14.0	9218	14.9	8802	14.9	8029	14.5	8745	15.4	8261	14.7
LEFT BEFORE COMPLETING	17673	27.3	16194	25.5	15347	24.8	14828	25.0	14601	26.3	13532	23.8	13237	23.6
TOTAL	64772	100.0	63506	100.0	61899	100.0	59253	100.0	55470	100.0	56905	100	56203	100.0

Figure 32
Reason for Discharge by Residential Types of Treatment
Maryland AOD Treatment Programs
FY1998 - FY2001



Reason for discharge is displayed by treatment type in **Figures 32 and 33**. **Figure 32**, containing residential treatment types, shows that halfway houses are both most likely to discharge clients with no need for further treatment and to discharge clients for noncompliance or for leaving against clinical advice. Intermediate care and non-hospital detox discharges are predominantly those that completed treatment plans and were transferred or referred on, primarily to outpatient in the former case and to intermediate care in the latter. Substantial percentages of other residential discharges, most from therapeutic communities, are also referred to outpatient treatment. **Figure 33** shows the reason for discharge distributions for other types of treatment. During FY 2001, 40% of outpatient discharges completed treatment without referral and seven percent did so with a referral. Twenty-eight percent of intensive outpatient and 60% of correctional

discharges completed their treatment plans with referrals to outpatient treatment. The percentage of unsuccessful medication-assisted discharges is high, but it should be noted that recidivism, or multiple treatment episodes, is common among opiate addicts, and most of the successful cases are those that remain in maintenance treatment for extended periods of time.

Figure 34 distributes reason for discharge categories during FY 1998 - 2001 for the four major substances of abuse. Treatment completion rates are highest for cases involving alcohol, about 56%. It is encouraging that treatment completion rates for marijuana-related cases have gone from 45% to 50% over the four years, rates for cocaine have gone from 41% to 47%, and rates for heroin have gone from 33% to 41%, albeit with referrals in most cases.

The average length of stay is shown for the four years for each treatment type in **Figure 35**. FY 2001 discharged maintenance clients remained in treatment over a year on average. The average length of stay in traditional outpatient treatment was about 4.7 months; in correctional treatment and methadone detox, stays have been getting longer, reaching 3 months and 3.5 months respectively during FY 2001.

A comparison of employment status at admission and at discharge is shown for FY 1999 - 2001 in **Table 15**. Of the clients who were unemployed and seeking employment at admission, about 21% obtained full or part-time employment during their periods of treatment in FY 1999 and 2000; however, 25% of the FY2001 employment seekers found work during treatment. In all three years, about 42% of the clients were employed at admission and

about 47% were employed at discharge.

Figure 36 compares admission and discharge employment rates for various treatment types during FY 1998 - 2001. Clearly, halfway houses and other long term residential treatment programs are extremely effective in assisting clients in gaining employment, although most treatment types shows evidence of success in this area. In halfway houses during FY 2001, employment among discharges was increased by a factor of ten over admission, and in other residential the admission employment percentage was tripled during treatment.

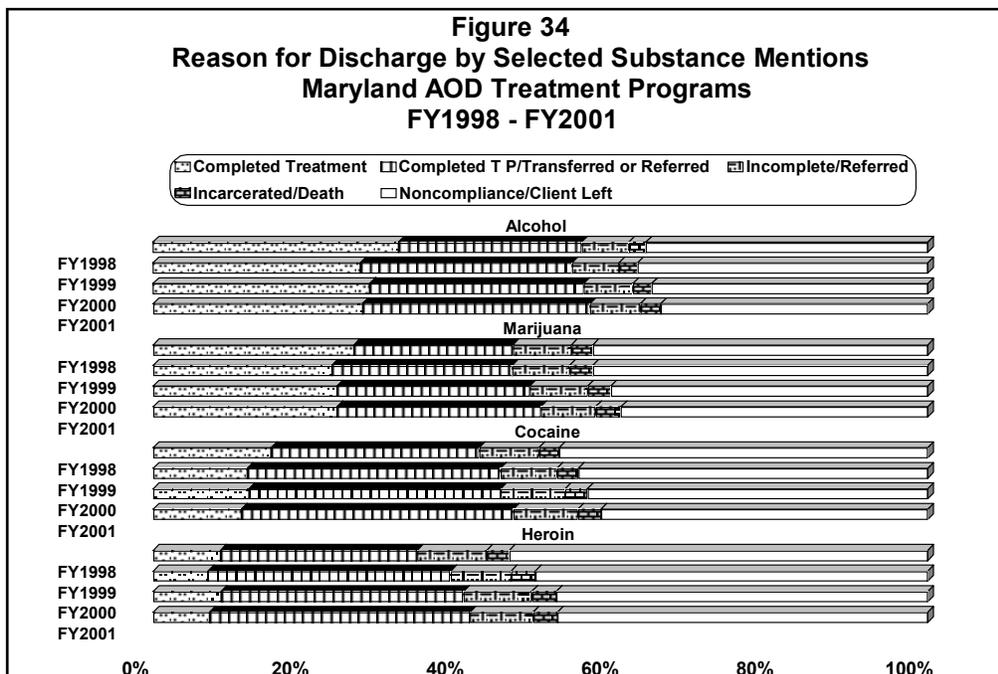
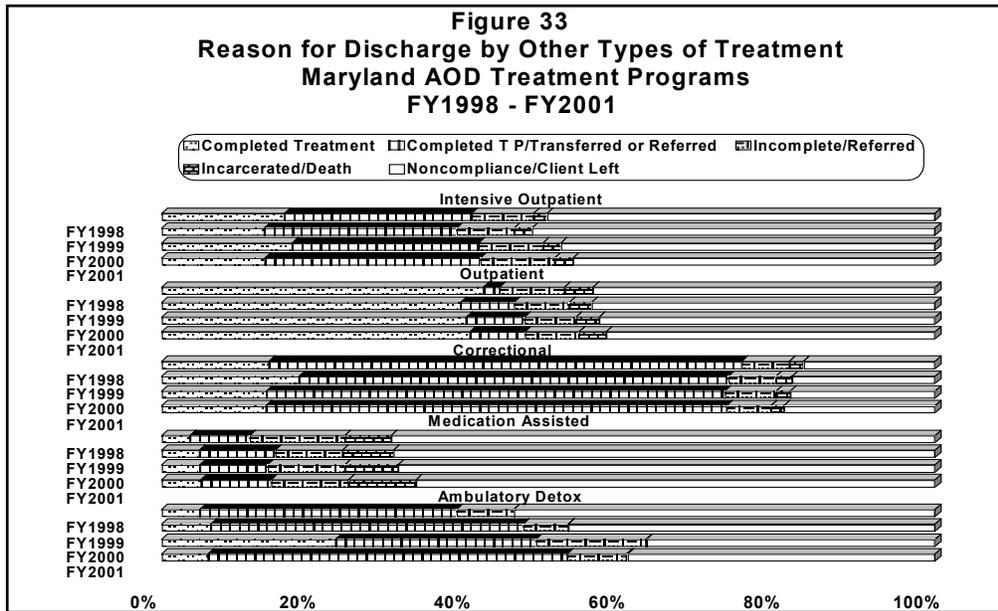


Figure 35
Average Length of Stay by Treatment Type
Maryland AOD Treatment Programs
FY1998 - FY2001

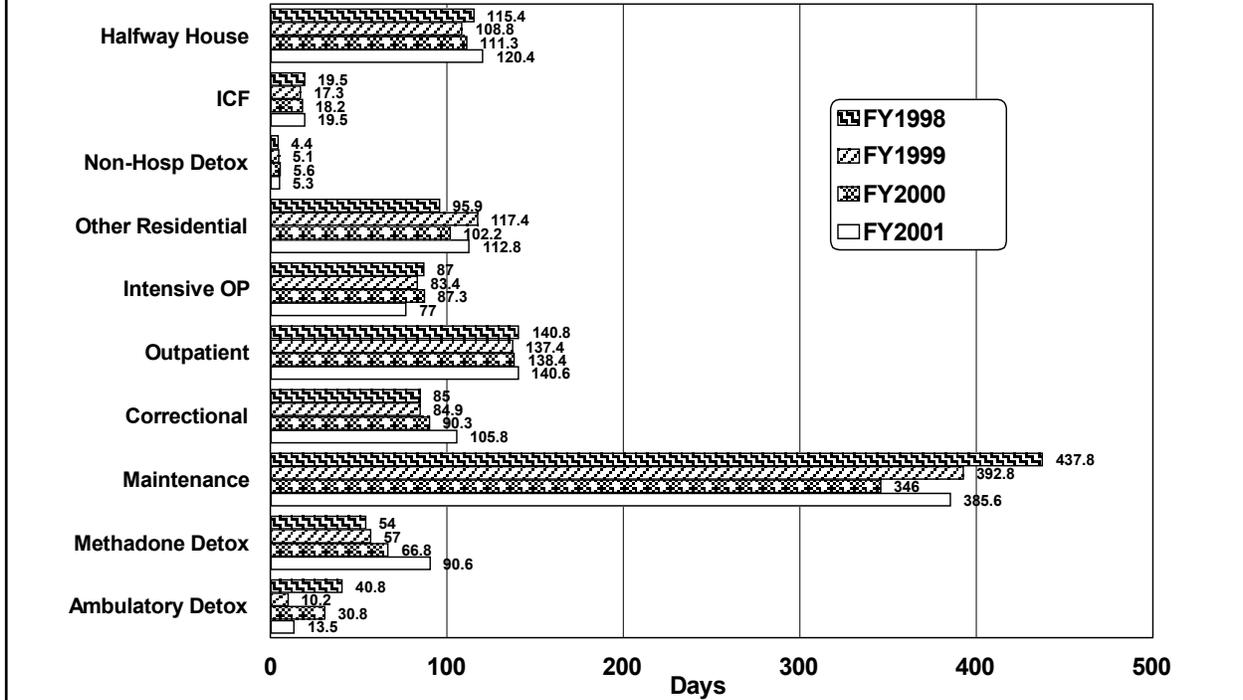
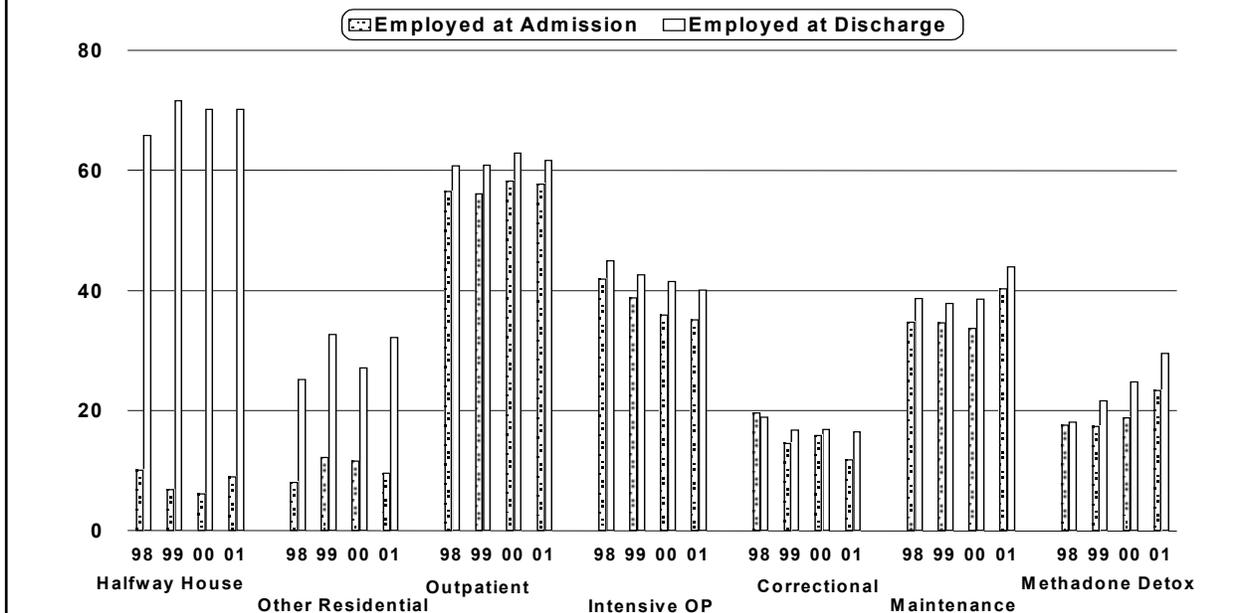


Figure 36
Percentages Employed at Admission and Discharge by Types of Treatment
Maryland Alcohol & Drug Abuse Treatment Programs
FY1998 - FY2001



**TABLE 15. DISTRIBUTION OF EMPLOYMENT STATUS AT ADMISSION BY EMPLOYMENT STATUS AT DISCHARGE
MARYLAND ALCOHOL AND DRUG ABUSE TREATMENT PROGRAMS**

FISCAL YEAR 1999

EMPLOYMENT STATUS AT ADMISSION	EMPLOYMENT STATUS AT DISCHARGE								
	UNEMPLOYED (NOT SEEKING)		UNEMPLOYED (SEEKING)		EMPLOYED PART-TIME		EMPLOYED FULL-TIME		TOTAL
	#	%	#	%	#	%	#	%	#
UNEMPLOYED (NOT SEEKING)	19103	85.1	1071	4.8	805	3.6	1466	6.5	22445
UNEMPLOYED (SEEKING)	886	9.0	6885	70.2	469	4.8	1565	16.0	9805
EMPLOYED PART-TIME	469	11.6	201	5.0	2641	65.5	718	17.8	4029
EMPLOYED FULL-TIME	701	3.7	488	2.5	321	1.7	17649	92.1	19159
TOTAL	21159	38.2	8645	15.6	4236	7.6	21398	38.6	55438

FISCAL YEAR 2000

EMPLOYMENT STATUS AT ADMISSION	EMPLOYMENT STATUS AT DISCHARGE								
	UNEMPLOYED (NOT SEEKING)		UNEMPLOYED (SEEKING)		EMPLOYED PART-TIME		EMPLOYED FULL-TIME		TOTAL
	#	%	#	%	#	%	#	%	#
UNEMPLOYED (NOT SEEKING)	19336	84.0	1287	5.6	846	3.7	1555	6.8	23024
UNEMPLOYED (SEEKING)	1212	12.2	6595	66.5	471	4.8	1637	16.5	9915
EMPLOYED PART-TIME	575	13.7	180	4.3	2607	62.0	842	20.0	4204
EMPLOYED FULL-TIME	801	4.1	438	2.2	379	1.9	18104	91.8	19722
TOTAL	21924	38.6	8500	14.9	4303	7.6	22138	38.9	56865

FISCAL YEAR 2001

EMPLOYMENT STATUS AT ADMISSION	EMPLOYMENT STATUS AT DISCHARGE								
	UNEMPLOYED (NOT SEEKING)		UNEMPLOYED (SEEKING)		EMPLOYED PART-TIME		EMPLOYED FULL-TIME		TOTAL
	#	%	#	%	#	%	#	%	#
UNEMPLOYED (NOT SEEKING)	20916	85.6	1121	4.6	858	3.5	1538	6.3	24433
UNEMPLOYED (SEEKING)	1100	13.7	4951	61.8	422	5.3	1539	19.1	8006
EMPLOYED PART-TIME	507	13.1	163	4.2	2405	62.2	794	20.5	3870
EMPLOYED FULL-TIME	966	4.9	489	2.5	419	2.1	18009	90.6	19884
TOTAL	23489	41.8	6724	12.0	4105	7.3	21874	38.9	56193

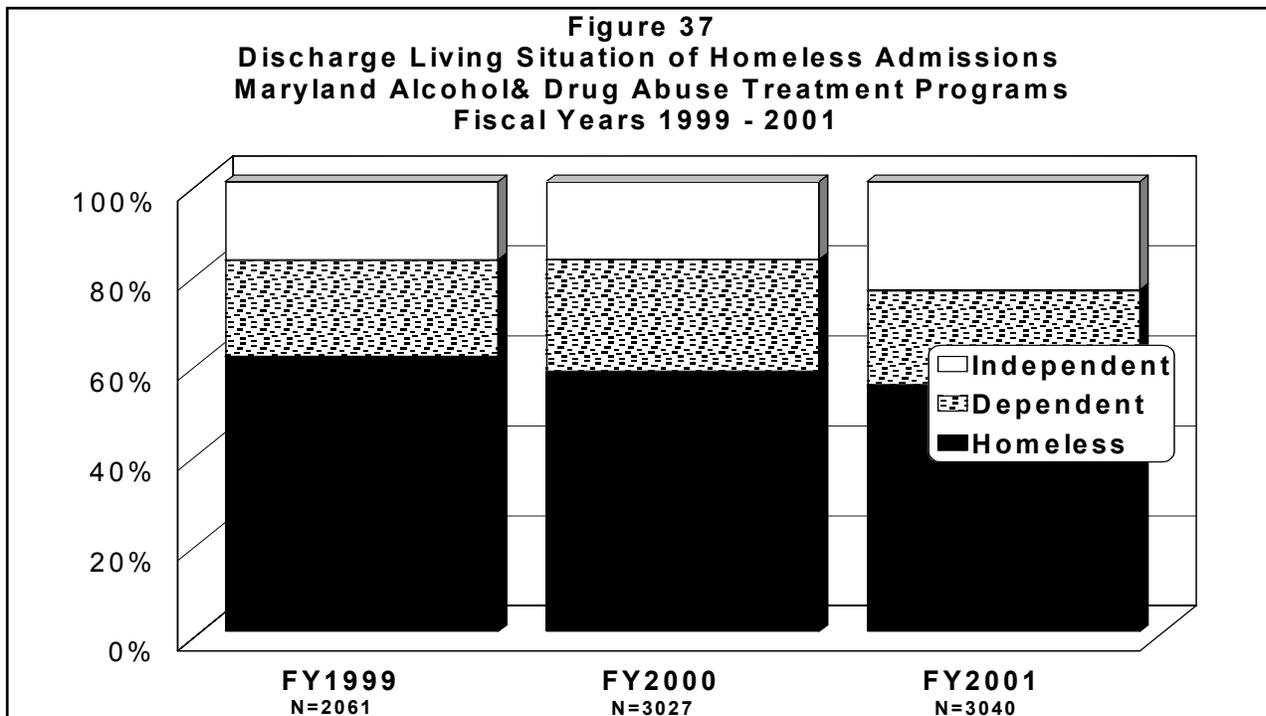


Figure 37 pertains to the FY 1999 - 2001 discharges that were homeless at admission, displaying their living situations at discharge. Importantly, the fact that 2,061 FY 1999 and 3,040 FY 2001 discharges were reported homeless at admission reflects greater availability of information on this new item rather than an increase in homelessness in the treatment population. During FY 2001, about 24% of the clients moved from being homeless to independent living situations, up from 17% of the FY 1999 and 2000 homeless clients. **Figure 38** compares admission and discharge percentages of clients with independent living situations by treatment types for FY 1999 - 2001. Not surprisingly, these results are highly correlated with those discussed above for employment rates in **Figure 36**.

Figure 39 contains information on the FY 1999 - 2001 discharges who were assessed as having co-occurring mental health problems at admission. Again, the increase in cases from FY 1999 to FY 2001 reflects increased reporting on another new item, not necessarily increased mental health problem assessments. During FY 2001, 69% of the clients discharged who were

considered to have mental health problems at admission received mental health treatment either within or outside the program during their substance abuse treatment episodes. This was down slightly from 71% during FY 2000. In **Figure 40**, discharges are distributed according to whether or not they had mental health problems at admission, whether or not they received mental health treatment during the substance abuse treatment episodes, and types of treatment. Non-hospital detox was the treatment type in which mental health problems were most likely to be assessed, with 44% having problems during FY 2001. Notably, 93% received mental health treatment during their detox. In halfway house and ICF, nearly 40% of FY 2001 discharges had mental health problems at admission, and 76% and 83% respectively received mental health treatment. In outpatient, 16% had problems and 61% of those cases received treatment; in intensive outpatient, 33% had mental health problems and 63% received treatment. The percentages of mental health problem diagnoses are increasing among halfway house, ICF, other residential, outpatient, intensive outpatient, correctional and methadone maintenance admissions.

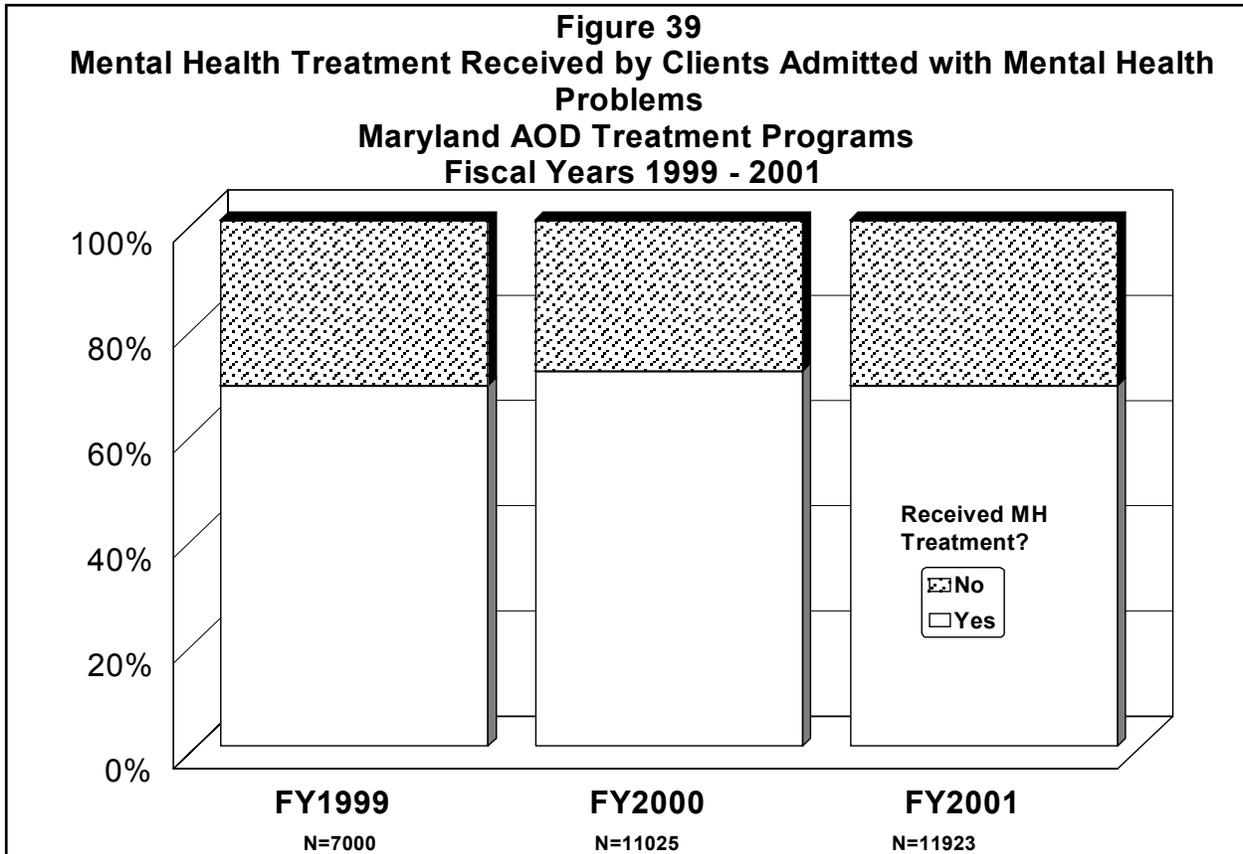
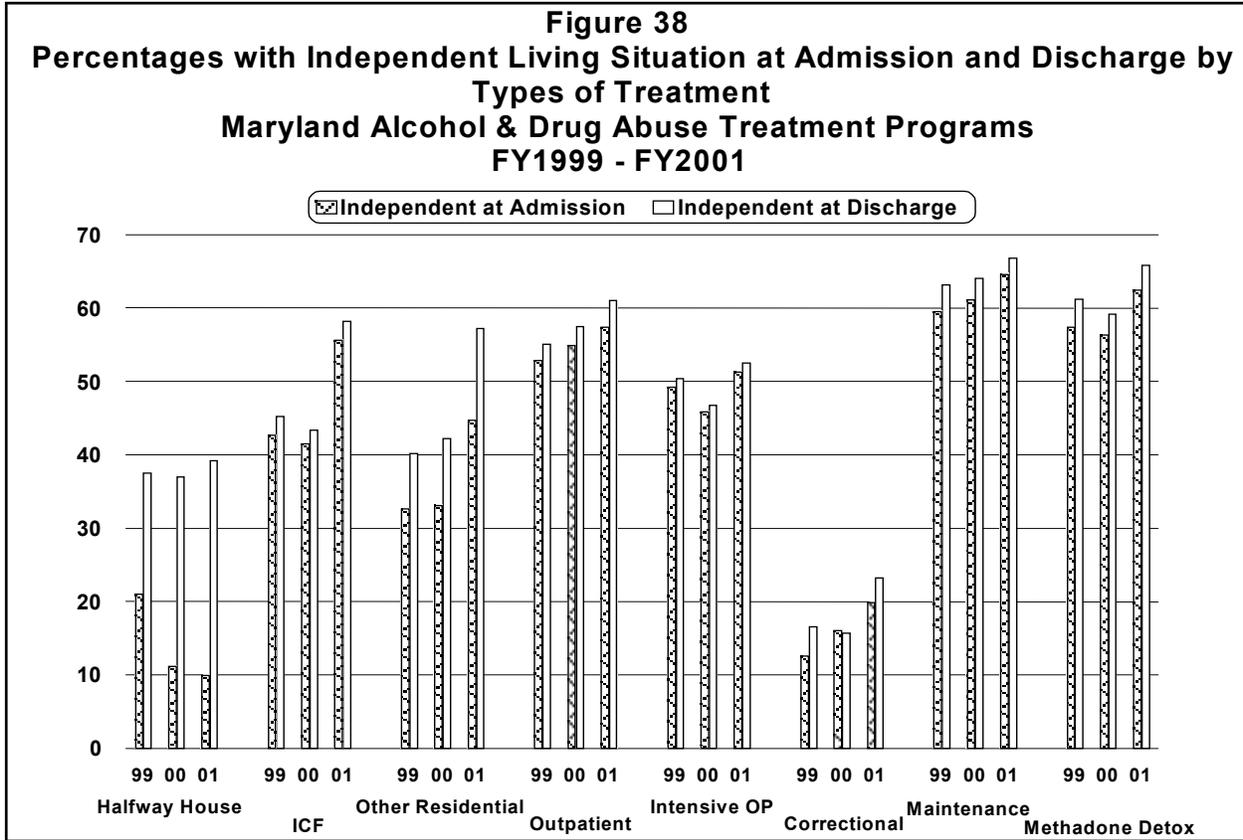


Figure 40
Mental Health Problem Treatment by Treatment Type
Maryland Alcohol & Drug Abuse Treatment Programs
Fiscal Years 1999 - 2001

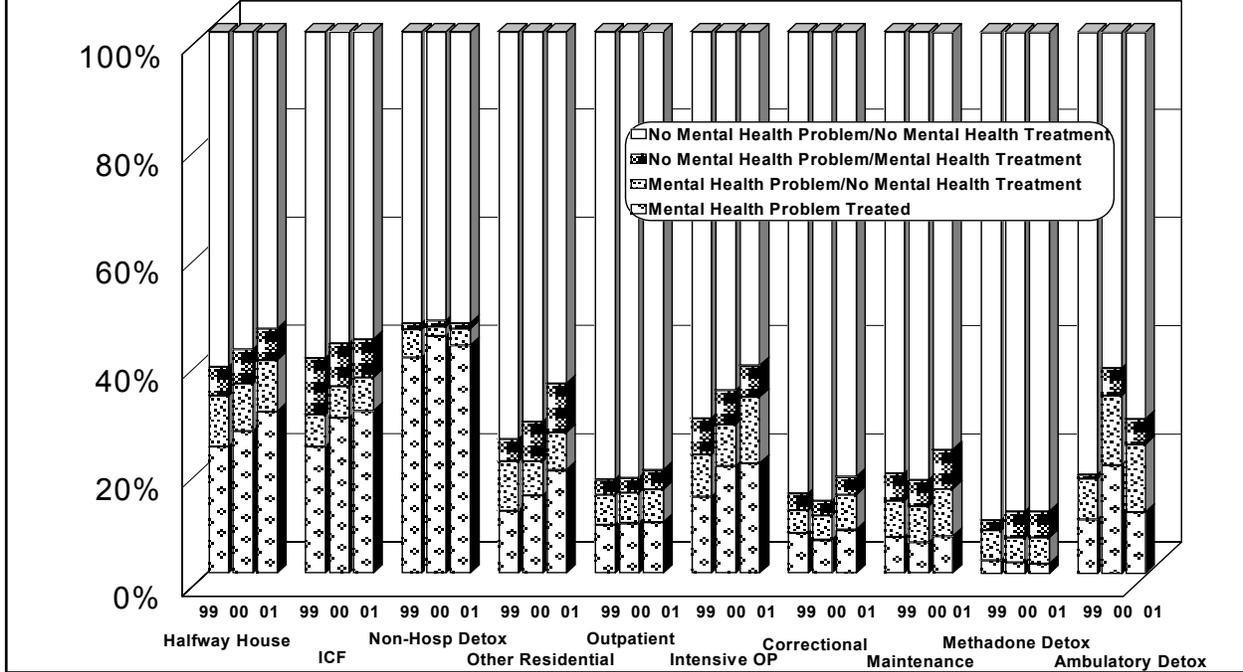
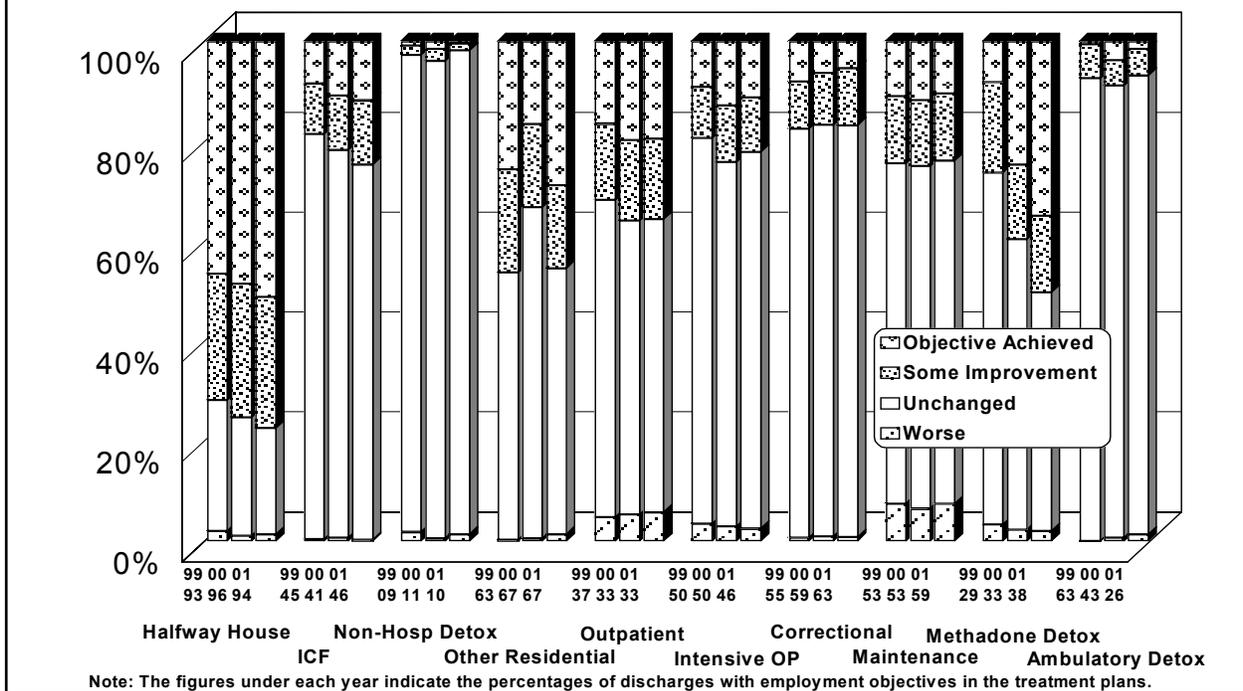


Figure 41
Employment Objective Status at Discharge by Treatment Type
Maryland Alcohol & Drug Abuse Treatment Programs
Fiscal Years 1999 - 2001



Note: The figures under each year indicate the percentages of discharges with employment objectives in the treatment plans.

health problems at admission, and 76% and 83% respectively received mental health treatment. In outpatient, 16% had problems and 61% of those cases received treatment; in intensive outpatient, 33% had mental health problems and 63% received treatment. The percentages of mental health problem diagnoses are increasing among halfway house, ICF, other residential, outpatient, intensive outpatient, correctional and methadone maintenance admissions.

house discharges during FY 2001 had employment objectives in their plans, and 51% achieved them and another 26% made progress. The three-year trend in halfway house, ICF and methadone detox is toward greater levels of achievement of employment objectives. Nearly two-thirds of the other residential discharges had employment objectives, and 29% achieved them; seventeen percent made progress. About a third of the outpatients had employment objectives and 20% achieved

them. About 38% of the methadone detox discharges had employment objectives during FY 2001 and half improved or achieved them.

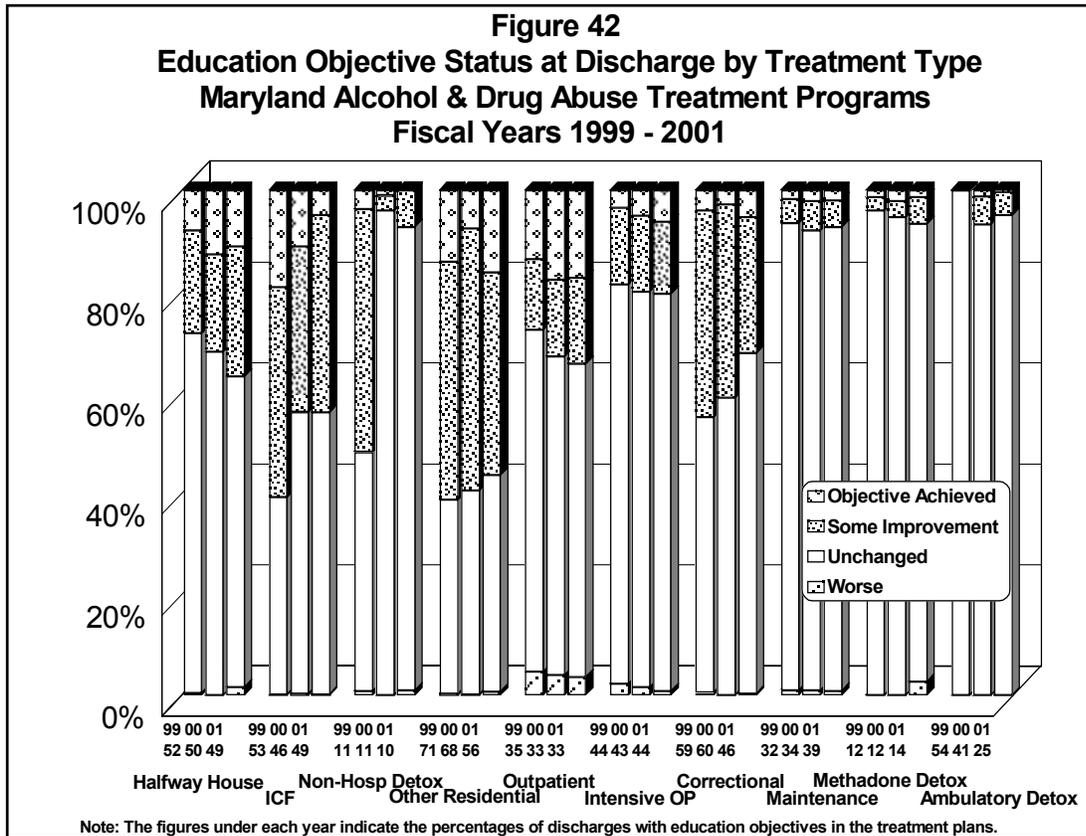


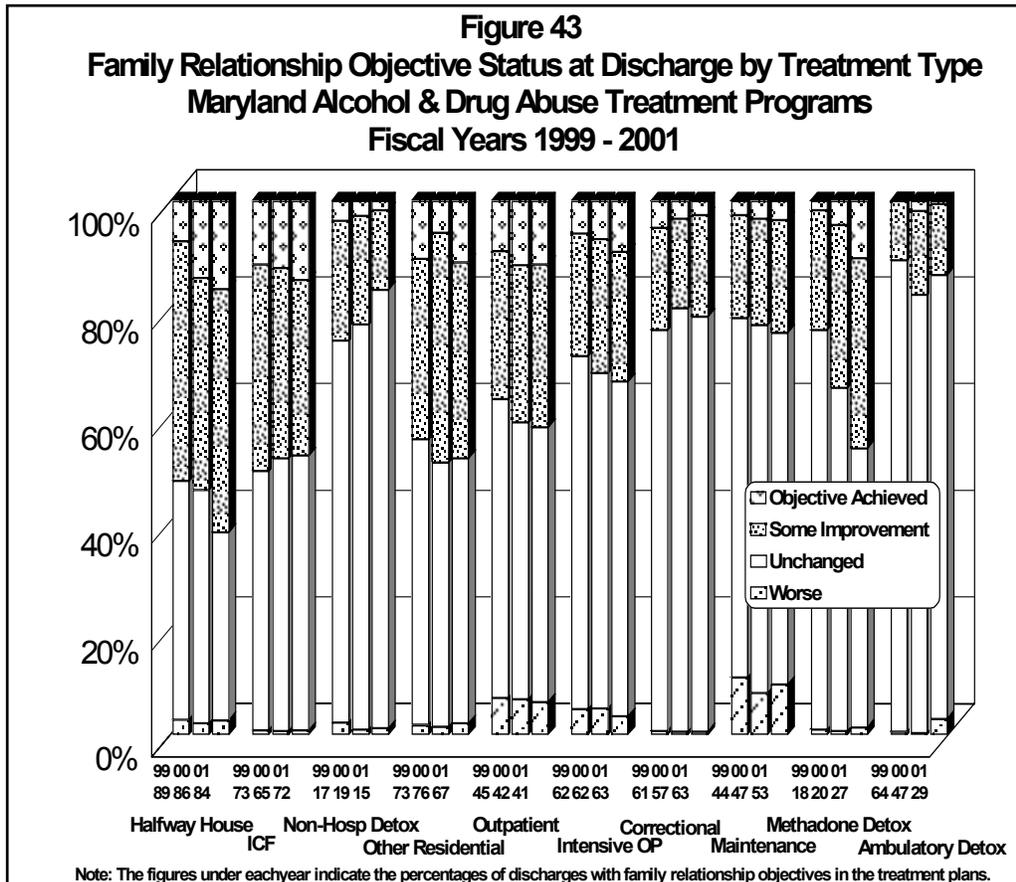
Figure 42 examines education objectives, showing

Figures 41 through 45 pertain to a new set of items added in FY 1999 to assess clients' completion of important components of their treatment plans. These items address treatment plan objectives in the areas of employment, education, family relationships, legal status and substance abuse. Clients may have individualized objectives in one or more of these domains. **Figure 41** shows that 94% of halfway

the types of treatment in which education objectives were most prevalent during FY 2001 were other residential (56%), including group homes and therapeutic communities, and halfway houses and ICF (49%); fifty-six percent improved or achieved in residential, 37% did so in halfway houses and 44% in ICF. The trend in halfway houses, outpatient and intensive outpatient is toward greater levels of improvement in educational objectives.

Figure 43 looks at objectives in the area of family relationships. The programs with the greatest percentages of discharges whose treatment plans contained family-related objectives during FY 2000 were halfway houses (84%), intermediate care facilities (72%), other resi-

most prevalent among treatment plans of FY 2001 discharges from other residential (76%), outpatient (68%), and halfway house and correctional (67%). Nearly a third of the outpatients achieved their objectives in this category and the three-year trend is positive. About half



of the halfway houses and correctional discharges improved or achieved objectives in this area, and here too, the trends are positive. Among methadone maintenance discharges with legal status objectives in their treatment plans during FY 1999 - 2001, more were reported as having regressed in this area than improved.

dential facilities (67%) and outpatient and intensive outpatient programs (63%). Over 60% of halfway house discharges and about half of the ICF and other residential discharges showed progress or achievement. In non-intensive outpatient, 42% of the applicable discharges made progress or achieved their family relationships objectives, while one-third of the intensive outpatients showed success or improvement. Only 27% of methadone detox cases had family objectives, but about half showed improvement or completion.

Legal status objective achievement is shown in **Figure 44**. These types of objectives were

45 presents the status of treatment plan objectives concerning substance abuse for FY 1999 - 2001 discharges. During FY 2001, substance abuse objectives were improved or achieved by 80% or more of the discharges in ICF, non-hospital detox and correctional programs; 70% or more in halfway house programs; and, over 60% of the discharges in other residential programs. In outpatient, 42% achieved substance abuse objectives, and over 55% of both outpatient and intensive outpatient discharges showed improvement. Notably, about 40% of the medication-assisted discharges improved or achieved their objectives with respect to substance abuse.

Finally, **Figure**

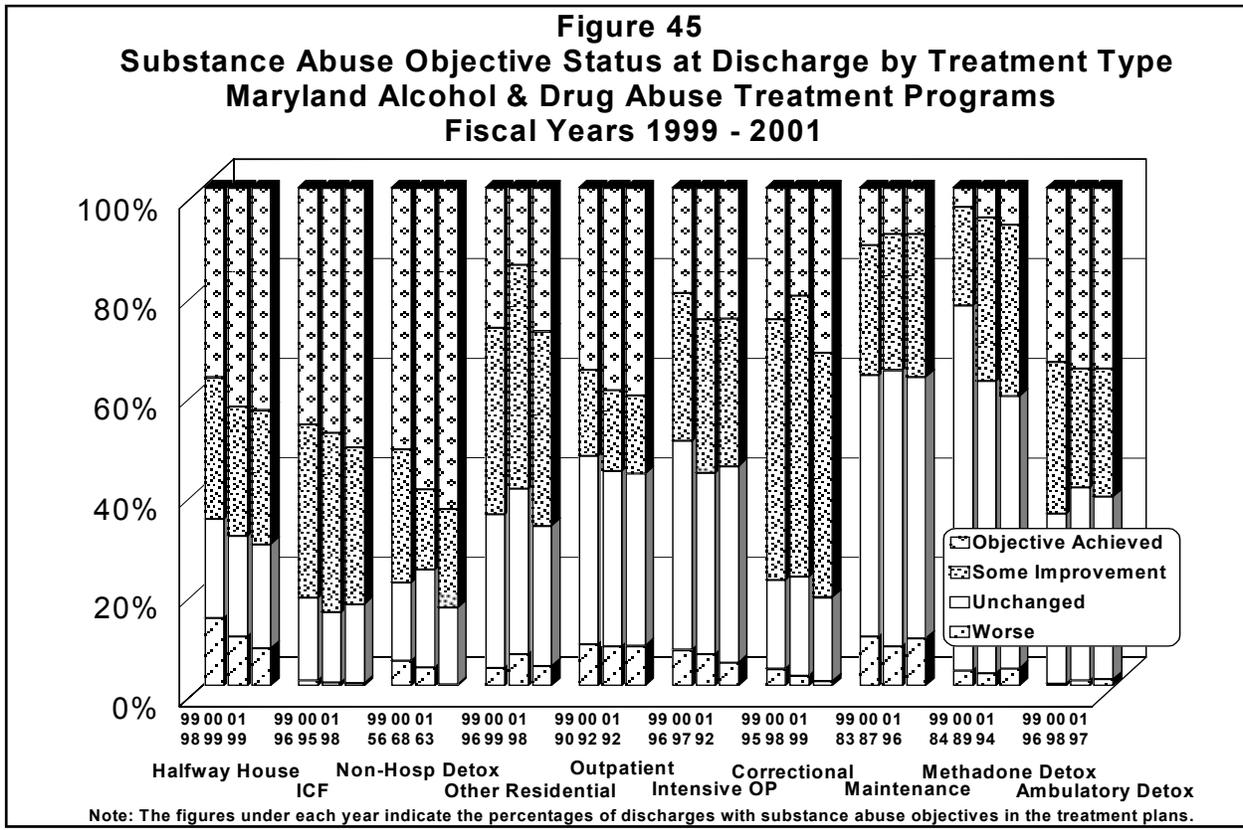
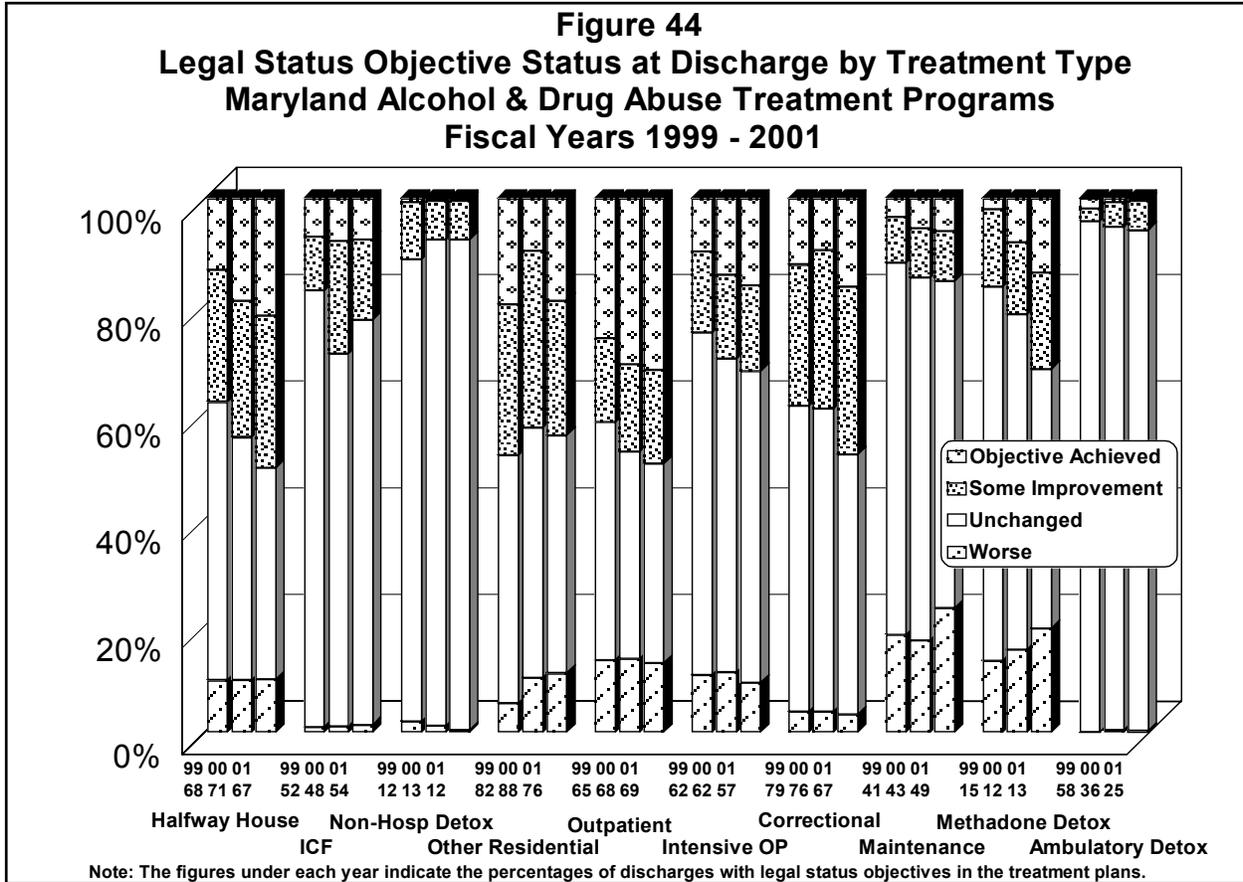
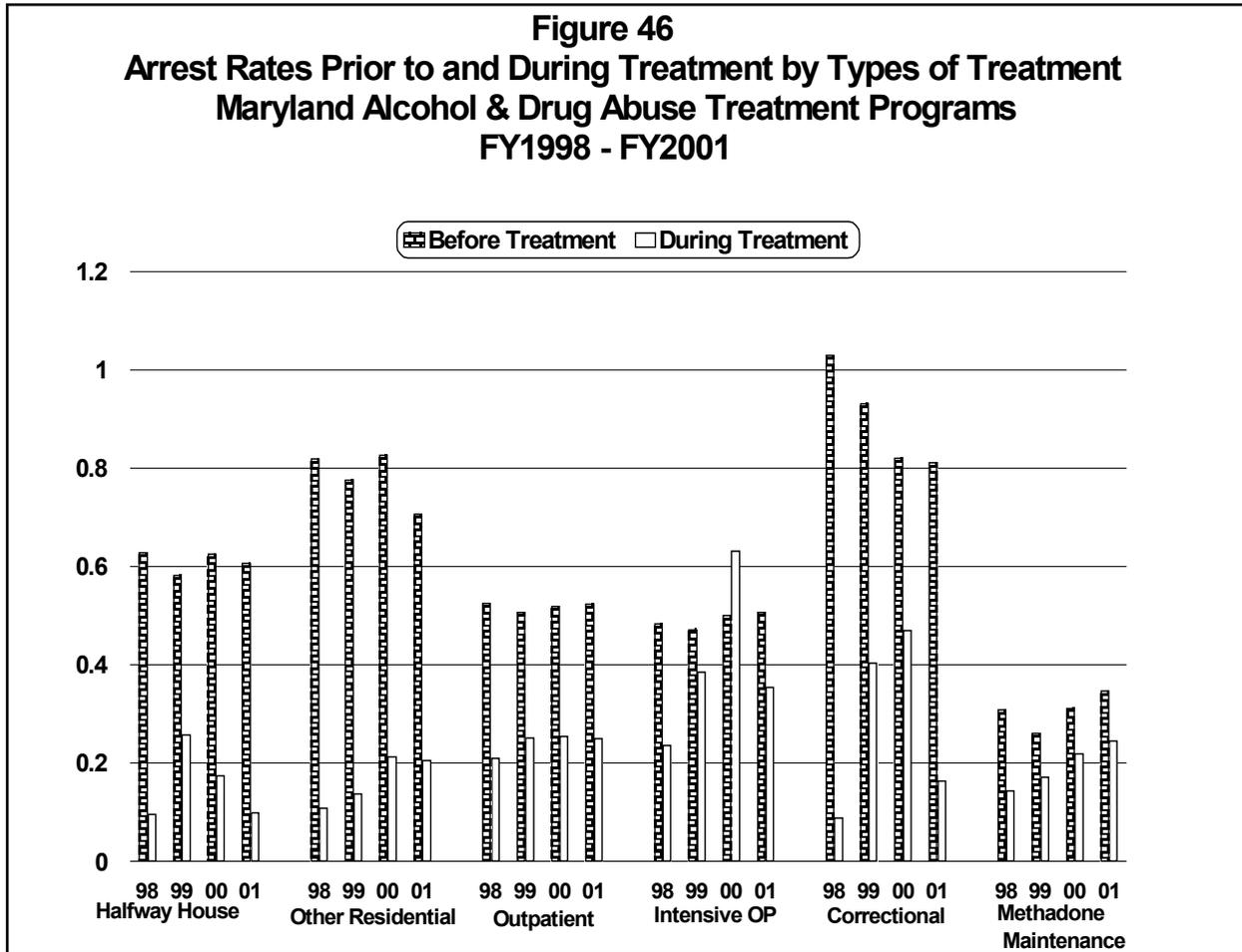
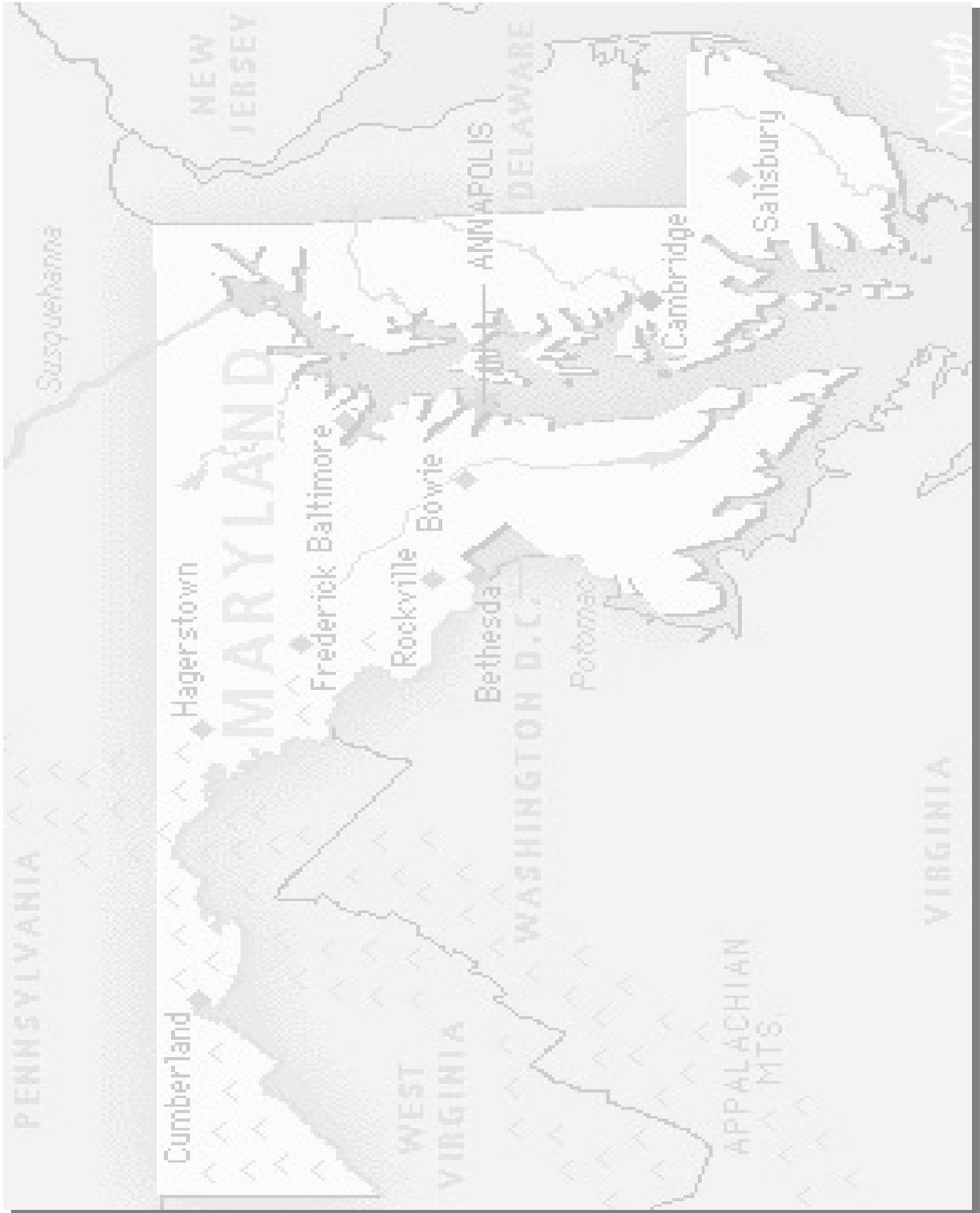


Figure 46 compares arrest rates during the 24 months prior to treatment to arrest rates during treatment for applicable treatment types during FY 1998 - 2001. Dramatic decreases in arrest rates are shown for correctional programs, halfway houses and other long-term residential

treatment; however, arrest rates were generally reduced in less restrictive treatment types as well. In outpatient, the arrest rate was reduced by more than half. One concern is that the arrest rates during maintenance treatment show an increasing trend across the four years.



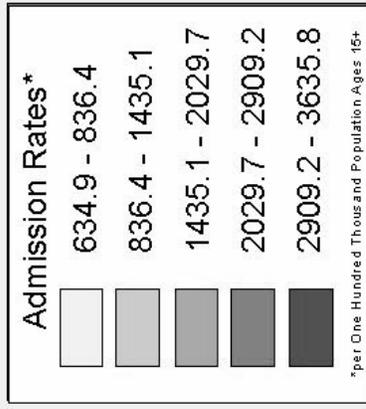
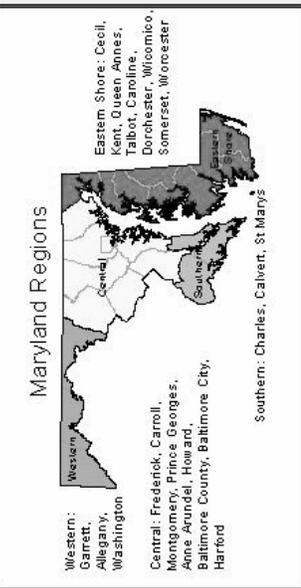
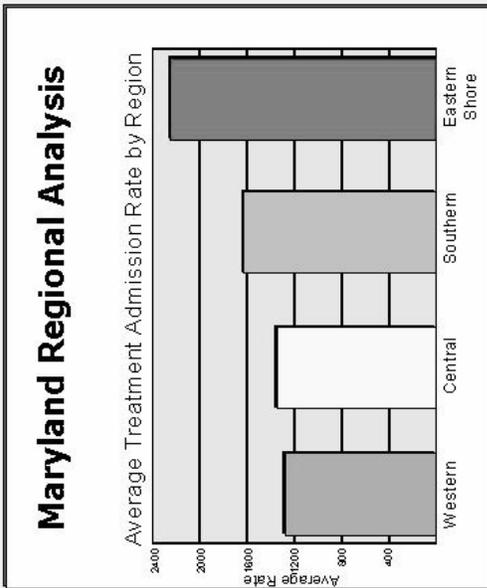
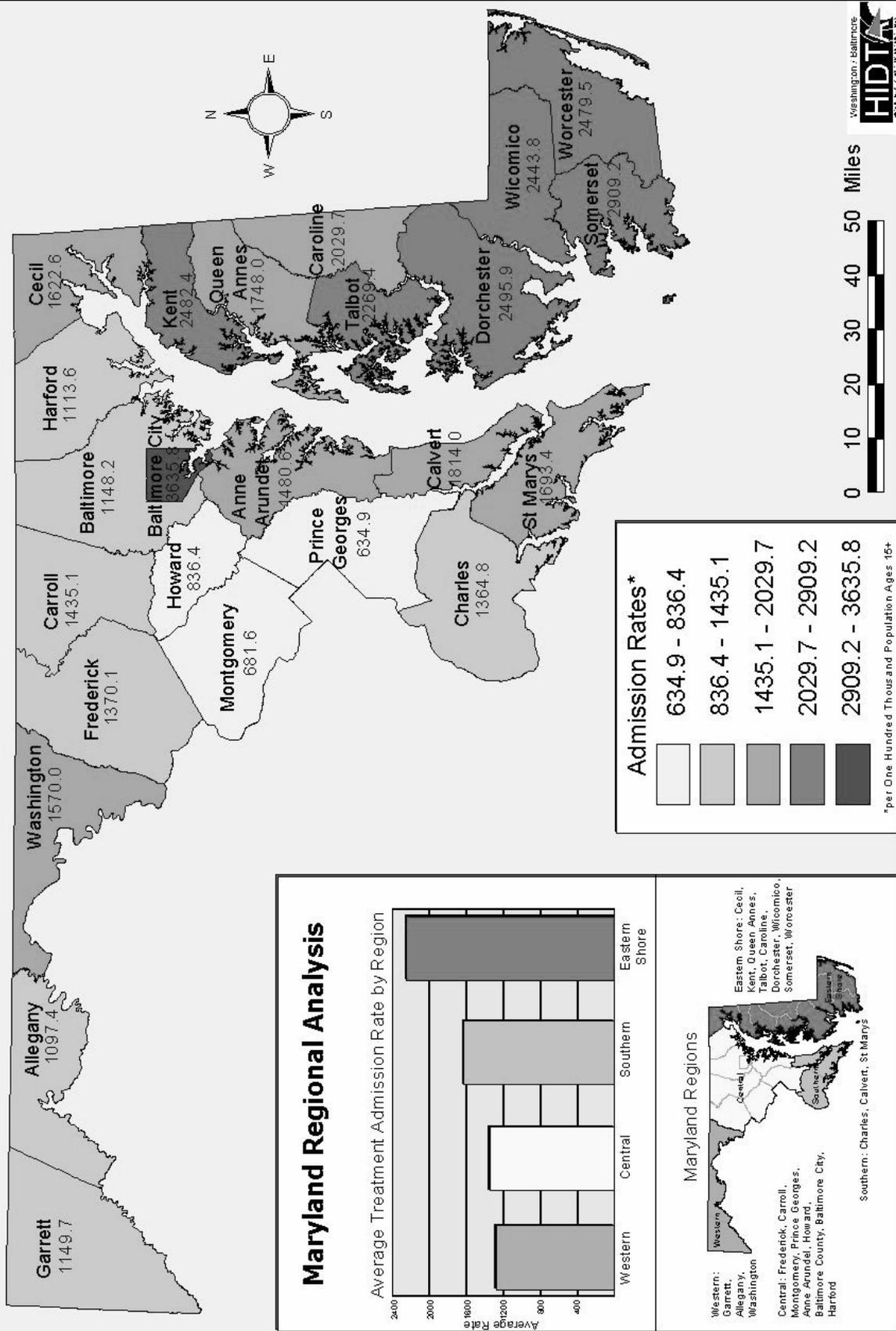
**APPENDIX
MAPS**





Total Alcohol and Drug Abuse Treatment Admission Rates

Fiscal Year 2001



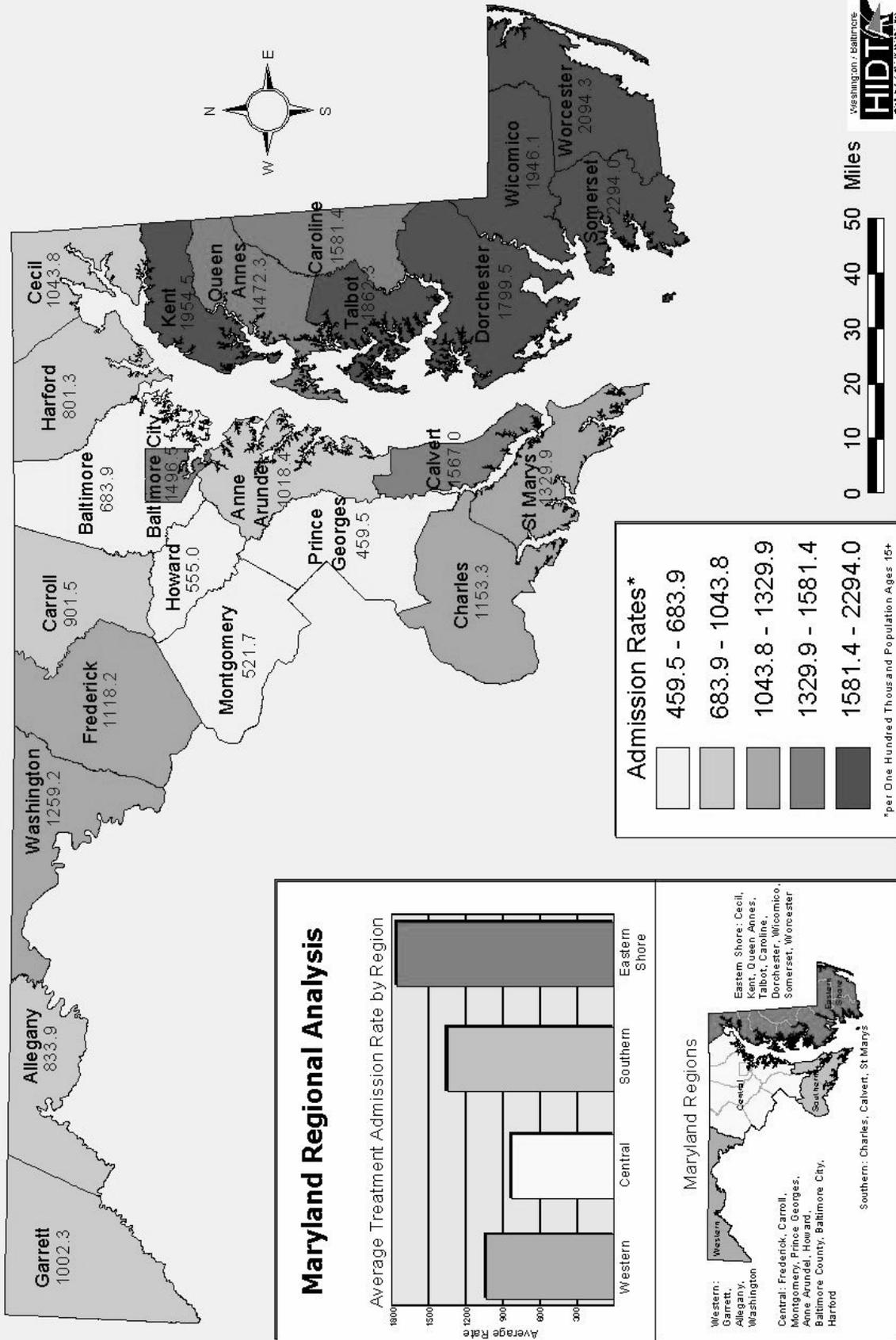
Map 1





Alcohol Abuse Treatment Admission Rates

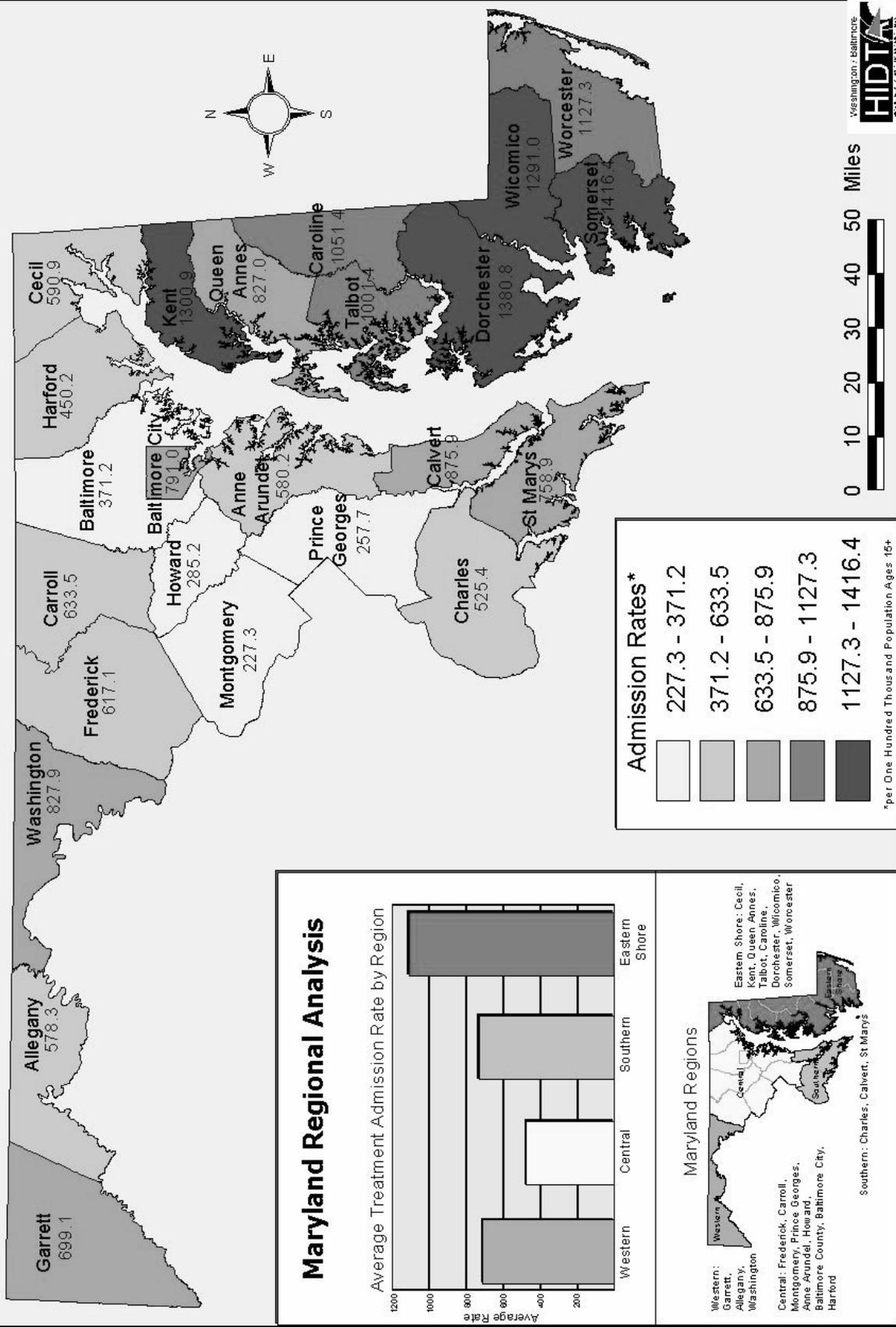
Fiscal Year 2001



Map 2

Marijuana Abuse Treatment Admission Rates

Fiscal Year 2001

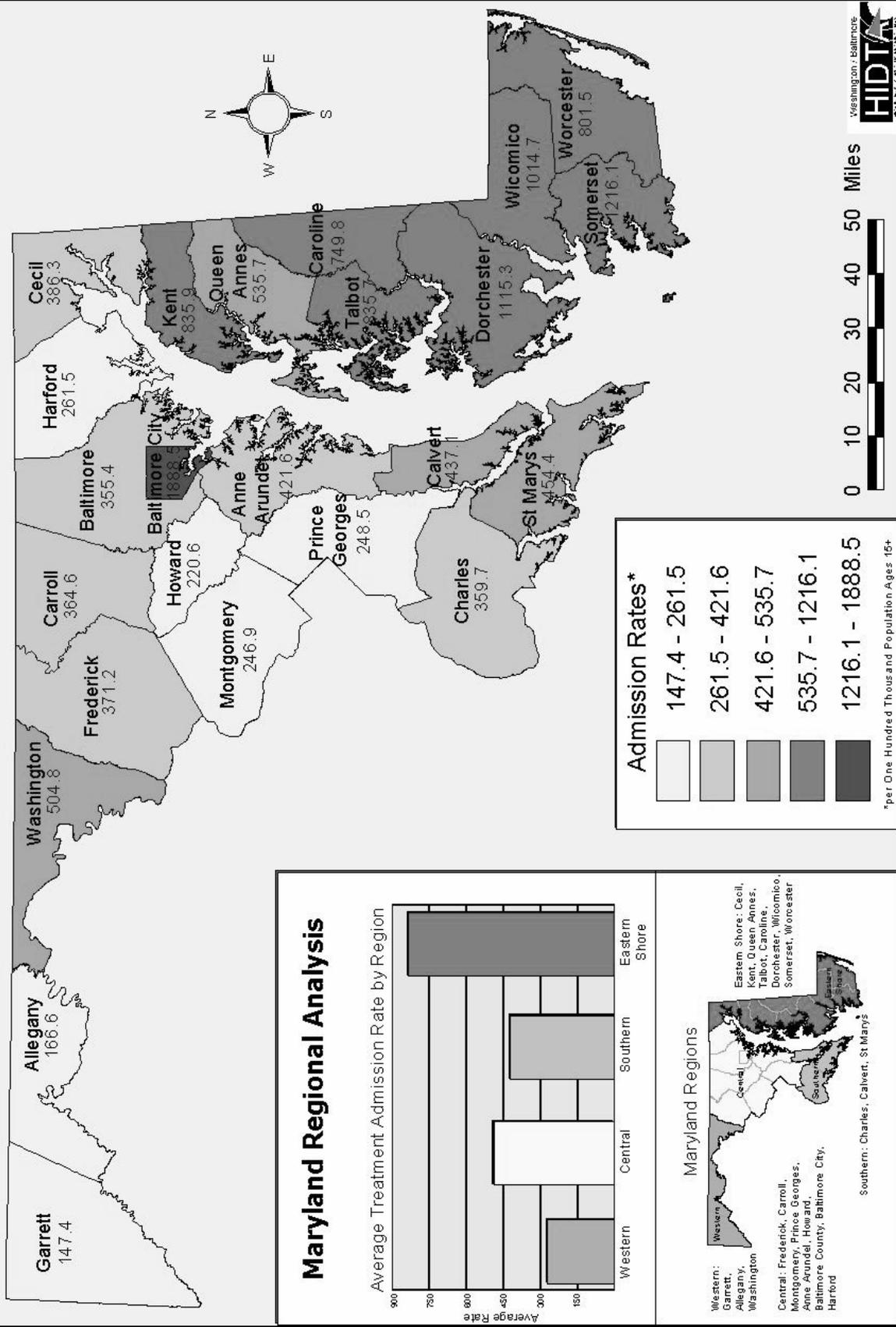


Map 3



Cocaine Abuse Treatment Admission Rates

Fiscal Year 2001



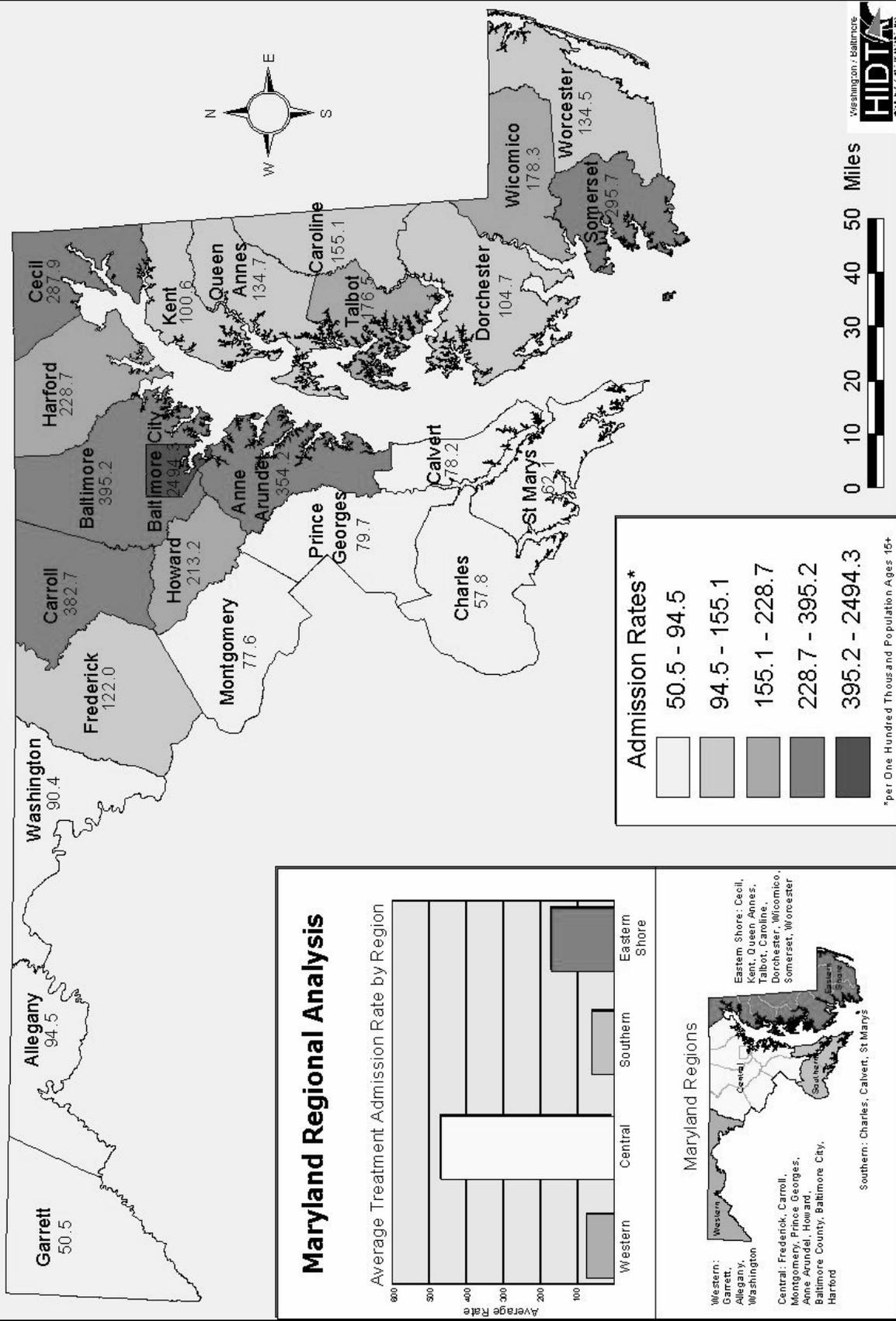
0 10 20 30 40 50 Miles

Map 4



Heroin Abuse Treatment Admission Rates

Fiscal Year 2001



Map 5

