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Can Baltimore beat heroin with \$580M?

Investing in drug treatment saves lives and money, research shows



Melvin Johnson, 67, left, attends drug recovery treatment programs at the Penn North Wellness and Recovery Center with help from Bill Brooks, right, President and CEO of the treatment center. (Kenneth K. Lam/Staff)



By **RUBEN CASTANEDA**

PUBLISHED: February 1, 2026 at 4:55 AM EST

Tee tried heroin at 16 when a boyfriend crushed it into powder and passed it off as prescription pills. When Tee sniffed it, she could barely open her eyes for hours, which terrified her. Weeks later, she joined friends who drove to a tough Delaware neighborhood, where they pulled into the parking lot of an apartment complex and bought bundles of heroin from a group of boys as young as seven — one of them brandished a gun and told her friend to stop talking or he'd shoot.

Tee, who asked The Baltimore Sun not use her full name, said she cycled through treatment up to 10 times, staying sober for weeks or months before relapsing. Heroin was an escape from her chaotic Eastern Shore home life, with a mother who drank too much, she said.

“It made me stop feeling everything,” she told The Sun.

But in 2016, her mom said she couldn't stay in their home if she kept using. Knowing she was on the clock, Tee focused like she hadn't before and entered treatment again.

Tee's repeated attempts to get sober underscore a hard truth: Recovery from substance use disorder is rarely linear. A 2019 study in [Alcohol, Clinical and Experimental Research](#) found U.S. adults need an average of five attempts to overcome alcohol or drug problems. Relapse is common — research published in Substance Abuse in 2023 suggests 40% to 60% relapse, and 85% of them do so within the first year.

Treatment is far cheaper than incarceration. A [2007 UCLA study](#) found every \$1 spent on treatment returns about \$7 in societal benefits, largely through reduced criminal justice costs and higher earnings. National Institutes of Health [research shows that \\$1 invested saves \\$4](#) in health care costs and \$7 in criminal justice spending.

Now, with Baltimore set to receive nearly \$580 million in opioid settlement funds, the city faces intense scrutiny over how it will allocate the money — and whether it can deliver meaningful treatment, measurable results, and long-term impact for its residents.

Despite the economic benefits of providing drug treatment, a raft of research suggests that the vast majority of people who need drug rehabilitation don't get it. Gauging the success of drug treatment is challenging — there's no one metric that researchers and clinicians agree on.

But the biggest measurement of success is what Sara Whaley, executive director of the Mayor's Office of Overdose Response, which coordinates the City of Baltimore's response to the opioid crisis, said bluntly: "Treatment keeps people alive."

Recovering from a grief-inspired relapse

In the fall of 2023, Melvin Johnson, who had started drinking at age 14 and soon turned to heroin and crack, had been sober for six years, nine months and 27 days after going through a rehab program at the Penn North Recovery Center. In October 2023, Johnson's wife — who was also in recovery — died of cancer.

Filled with grief, Johnson "went out" — the parlance people in recovery use for relapses — for 12 days.

Johnson returned to the Penn North Recovery Center to attend Narcotics Anonymous meetings, “This is where I got my foundation,” Johnson told The Sun. “I used that and my wife’s death to keep me in my recovery process.”

That process includes not picking up another drink or drug, attending support group meetings, and keeping in touch with other people who are in recovery, Johnson said.

“I wouldn’t be alive without drug treatment,” Johnson said.

Substance use disorder is a chronic, incurable — but treatable — condition, according to the [National Institute on Drug Abuse](#). Left untreated, it is a progressive disease, according to studies and clinicians.

Drug treatment is a key tool in Baltimore’s efforts to tame the deadly opioid crisis. Between 2014 and 2024, 8,872 people died of overdose in Baltimore, according to the [Maryland Department of Health Overdose Dashboard](#). The vast majority of the overdose deaths involved opioids, often fentanyl, a synthetic drug that is 50 to 100 times more powerful than morphine.

Baltimore is poised to invest millions of dollars in drug treatment. Of the \$579.9 million awarded to Baltimore in opioid settlements, \$392.5 million has been received by the city, with almost 40% of that going toward lawyers and litigation costs, according to a [Baltimore Sun analysis](#). Settlements earmarked \$87 million for 22 community programs and nonprofit organizations geared toward opioid addiction recovery, harm reduction, and treatment.

In 2024, Baltimore recorded 560 overdose deaths, 499 of which — 89% — involved opioids, mostly fentanyl, according to the [Maryland Department of Health](#). That marked a significant drop from 1,043 overdose deaths in the city in 2023.

Medications help keep people with substance use disorder alive

Making drug treatment — including medications for opioid use disorder — more readily available is one reason overdose deaths in Baltimore plunged in 2024, Whaley said.

“There is a strong correlation between access to medication for treatment of opioid use disorder and overdose risk,” Whaley said. “Individuals who are on medications, specifically methadone and buprenorphine, have a risk of overdose that decreases up to 50%.”

Physicians often prescribe methadone to people who use heroin. It’s a long-acting opioid medication that blunts the euphoric effects and painful withdrawal symptoms of drugs like heroin by binding opioid receptors in the brain. Buprenorphine works similarly.



Bill Brooks, right, President and CEO of the Penn North Wellness and Recovery Center, helps clients like Melvin Johnson, 67, left, get into treatment programs at the center. (Kenneth K. Lam/Staff)

Harm reduction — a public safety approach that seeks to mitigate the odds of negative outcomes for people who use drugs by providing medications like Naloxone that reverse the effects of opioid overdoses and clean syringes to avoid infections — is also saving countless lives in Baltimore, said Bill Brooks, president and chief executive officer of the Penn North Recovery Center.

“There are a lot of different things out there that can help different people in different ways,” Brooks said. “So while one program might be great for one person, it might not be the best for another.”

For some people, success could mean abstaining from alcohol and non-prescription drugs entirely, Brooks said. For others, it could mean using less of the substance or substances that precipitated their stay in drug rehab and being able to manage their lives.

A chronic medical illness

“Substance use disorder is now being treated as a chronic medical illness, similar to Type 2 diabetes, hypertension and asthma,” said Dr. Eric Weintraub, an addiction psychiatrist who is a professor and division head of alcohol and drug abuse at the University of Maryland Medical Center.

“All are long-lasting conditions impacted by genetics, environmental factors and personal choice and can be controlled with ongoing treatment and lifestyle changes. Data have demonstrated that adherence to treatment and relapse rates are similar in all of these disorders.”

“Addiction is a chronic disease with relapse rates similar to other chronic diseases,” the Trump administration said in an executive order signed Thursday about The Great American Recovery Initiative. “The framework for addiction treatment should parallel that of other chronic diseases — utilizing evidence-based care, scientific advancement, continuous support, and community connection.”

Drug treatment follows several models. Some use abstinence, teaching patients to live entirely without their substance of choice. Support groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) have helped millions maintain sobriety, research suggests.

When it comes to opioids, many clinicians consider medically-assisted treatment — an evidence-based approach that combines behavioral talk therapy with FDA-approved medications to mitigate withdrawal symptoms, reduce cravings, and blunt the effects of opioids — the gold standard for treating opioid dependence.

Drug treatment not only helps keep people with substance use disorder alive, but it also keeps other costs down, Weintraub said.

“From a cost perspective, when people don’t get treatment, they show up in other areas of the health care system,” Weintraub said. “So a lot of people will overutilize the emergency departments or they will have significant medical problems like infections and hepatitis C. They have to be treated, and the expenses are incredibly high.”

‘Honey, you don’t want this’

By the time Tee landed in a Baltimore drug treatment center in 2016, she had been in and out of about a dozen rehabs. One day, an older patient went outside for a smoke break, and Tee tagged along.

“She had a lot of health problems; she had a foot amputated while she was in treatment,” Tee said. “She had infections from injecting her foot. She didn’t talk to anybody. But she let me join her on her smoke break, and she said, ‘Honey, you don’t want this (life). It’s never too late to change.’”

The woman’s observation resonated. Tee was 29 and felt her youth slipping away. She completed the program, continued attending support group meetings, built a recovery network she could rely on, and has been drug-free for 10 years. She now works as a nurse in Maryland.

“I wouldn’t be alive without drug treatment,” she said.

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