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By **Matt Rocheleau**

GLOBE STAFF MAY 27, 2015

Detox programs to help drug addicts in Boston have nearly reached capacity and may soon have to turn patients away, if they aren't already, as a surge in opioid abuse threatens to increase demand on the services.

Detox programs in Boston are operating at 97 percent capacity, and individuals seeking treatment in residential programs last year waited an average of more than three weeks for a spot to become available, according to a report released this month by the city's new Office of Recovery Services.

The report forecasts that the problem will worsen, citing a surge in opioid abuse and overdoses in recent years, and that experts expect the prevalence of prescription drug abuse will continue to rise.

Even if drug abuse does not become more common, more beds will be needed simply to keep up with the area's anticipated population growth, said the report, which was authored by the City of Boston and the Blue Cross Blue Shield of Massachusetts Foundation.

"Too many Bostonians are all too familiar with the destruction that substance abuse addiction causes in our city's families and neighborhoods," Boston Mayor Martin M. Walsh

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said in a statement.

“We see addiction’s devastation in our homes, at our workplaces, and on our streets,” he said.

A recent rise in overdoses from heroin and other opioids has ignited concern among Massachusetts residents, health experts, and public leaders, and the epidemic has highlighted shortcomings in the substance abuse treatment system statewide.

Meanwhile, the number of available drug treatment beds in Boston dropped suddenly last fall when the city abruptly shut down a homeless shelter and drug treatment programs on Long Island because of concerns about the structural integrity of a bridge to get to the island. Efforts to identify and setup new locations have taken longer than planned.

Walsh said in a statement that addressing addiction in Boston is a top priority for him. Last year, he created the Office of Recovery Services and announced the start of the study that produced the report, which he said will “serve as a vital roadmap,” for the new office.

Funding for the office’s \$300,000 budget came from money leftover after last year’s closure of a longstanding city-run methadone treatment clinic, which had its services taken over by a for-profit facility.

Here are some key findings from the report:

Treatment bed capacity in Boston

- Boston has a much higher concentration of treatment and recovery beds than any other part of the state. There are 152 beds per 100,000 residents in the city. The next largest areas, Central Massachusetts and Cape Cod, have roughly 42 beds per 100,000 residents.
- At any given time, as many as half of the residential treatment beds in Boston are filled by people who live outside the city.

Substance abuse prevalence in Boston

- Surveys indicate that about 11.3 percent of people age 12 and older have been dependent on or abused illicit drugs or alcohol within the past year. That rate is roughly comparable to other regions of the state. The highest rate is 11.6 percent in Western Massachusetts and the lowest is 9.4 percent in the Metrowest area, the report said.
- One in 10 of all emergency department visits at Boston hospitals are related to substance abuse.
- Alcohol and heroin are the most popular drugs in Boston, and heroin abuse has increased dramatically. The rate of unintentional heroin overdoses rose by 76 percent between fiscal years 2010 and 2012. Heroin-specific calls to Boston’s emergency medical service department increased by 25 percent between January and mid-

November of 2013.

Key report recommendations

- In addition to increasing the capacity for detox and residential treatment programs, the report calls for creating a centralized way to track in real-time the availability of beds and outpatient services.
- The report says that there should be better cohesion and integration within Boston's network of treatment providers to reduce relapse rates.
- The report recommends better data collection to monitor demand and capacity within the city's treatment system.

Matt Rocheleau can be reached at matthew.rocheleau@globe.com. Follow him on Twitter [@mrochele](https://twitter.com/mrochele)



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