

FY
21

GAUDENZIA, INC. FRONTLINE REPORT

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Message from our CEO

This has been a year of challenges and triumphs for our Gaudenzia team. Certainly, the challenges have been consistent across the world with the COVID-19 pandemic and the 'Great Resignation', but where it is a bit different in our industry is the increasing number of people dying from overdoses— an unbelievable 28.5% increase from the previous year to over 100,000 dead in 2020—and the unprecedented demand for behavioral health services.



Despite the numerous challenges experienced last year, we've had many triumphs. Thanks to our dedicated staff, we were able to quickly pivot and remain operational during an unprecedented global pandemic. While many providers were forced to restrict access or close altogether, Gaudenzia streamlined locations but remained open and accessible to all who needed our services – both in-person and increasingly via telehealth services. Further, we were able to forge creative partnerships to meet the needs of our most vulnerable community members, including partnering with local government in Philadelphia and Washington, D.C. to provide behavioral health support to individuals sheltered in city-run quarantine sites and opening Philadelphia's first 3.1 level of care where children can accompany their mothers to treatment.

Perhaps our most significant triumph, however, was introducing our new treatment model. With over 53 years in the field, Gaudenzia has observed that nearly every aspect of the work we do has changed and evolved. The needs of our clients are more complex and our understanding of addiction and social determinants, or influencers, of health has expanded. These changes have only strengthened Gaudenzia's commitment to providing high-quality, low-barrier care to our communities' most disadvantaged members. We have thus modified our beginnings as a successful therapeutic community to an evidence-based, trauma-informed, and gender-responsive treatment program. We are enormously proud to

Message from our CEO

provide individualized care that respects the individual and meets them where they are – even providing medication-assisted treatment (MAT) and addressing complex social determinants of health needs to help support a life in recovery.

We have a lot of dedicated and compassionate staff who have helped us, and our clients, be successful. They were instrumental in this transformation in our treatment model and improving the use of our EHR system. This is the first full year we have been using our EHR to capture information about whom we treat and what trends we see in the industry. As one of the largest providers across three states, we want to share the information we have collected to help make us collectively better so we can put a stronger fight to this battle we are facing with addiction and mental health challenges.

We are ready to strengthen the fight! Are you ready?

Thank you,

Dr. Dale Klatzker
President & CEO
Gaudenzia, Inc.

GAUDENZIA

Introduction

Gaudenzia, Inc. has created our Frontline Report to inform our stakeholders in Pennsylvania, Delaware, and Maryland of the trends we see in the field of addiction treatment. Gaudenzia has the distinction of being one of the largest non-profit treatment providers for substance use and co-occurring disorders in the Mid-Atlantic region. With 117 programs across 51 facilities, Gaudenzia served **over 14,000 clients in our 2021 fiscal year (July 2020 – June 2021)**. In alignment with the American Society of Addiction Medicine (ASAM), we provide a full continuum of evidence-based treatment services, including withdrawal management, high- and low-intensity residential services, partial hospitalization, intensive outpatient, and outpatient treatment services. We also provide specialized programming to meet the needs of pregnant and parenting women, adolescents, individuals with co-occurring diagnoses, and individuals involved in the criminal justice system.

We invite you to read through the Frontline Report for general observations and regionally specific data on demographics and primary substance use disorder diagnoses across our service areas. We welcome any feedback you may have at frontlinereport@gaudenzia.org.

ABOUT OUR DATA

The data reported here represents our first full year of tabulating data from diagnosis forms within our electronic health record system. As a note, data does not reflect clients served in Gaudenzia's affordable housing programs and some of those served in programs that have since closed. In future years, we will be reporting from clinician-obtained biopsychosocial questionnaires for more accurate and in-depth information. We hope this to be an annual reporting of accurate aggregated data from our client base to guide policy and interventions.

BETWEEN THE LINES

- **Opioid use** declined slightly from 2020 to 2021 (-2%) while **alcohol use** went up (+2%); however, there were significant regional differences.
- **Opioid use** was reported almost equally among men (40%) and women (38%).
- **Stimulant use** was more prevalent among women (26%) than men (19%).
- **Alcohol use** was more prevalent among men (29%) than women (24%).

Drug Diagnosis Categories

For coherence and ease of reporting, Gaudenzia, Inc. has grouped and defined substance use disorder diagnoses within its Frontline Report based on the following categories adapted from the Alcohol and Drug Foundation and National Institute on Drug Abuse:

Opioids

Opioids include any natural or synthetic drugs derived from or related to the opioid poppy plant. These drugs bind to opioid receptors in the brain and are central nervous system (CNS) depressants. Opioids also stimulate the release of dopamine and produce euphoria and pain relief. Commonly misused opioids include **heroin** and opioid-based medications like **fentanyl**, **codeine**, **morphine**, **oxycodone**, **methadone**, and **buprenorphine**. Since opioids slow breathing and heart rate, they pose a significant overdose risk when consumed in high doses or combined with other CNS depressants like alcohol and benzodiazapines.

Stimulants

Stimulants are a class of drugs that act on the sympathetic and CNS to accelerate brain activity and boost alertness and energy. Commonly misused stimulants include drugs like **cocaine**, **methamphetamine**, and **amphetamines**, including **prescription medications for ADHD**. Misuse of stimulants leads to long-lasting changes in the brain which promote craving and relapse and overuse can produce anxiety, paranoia, seizures, and other ill effects.

Alcohol

One of the most widely used drugs in the world, **alcohol** is a CNS depressant that slows down brain function and neural activity. Alcohol is neurotoxic with direct effects on nerve cells. Chronic alcohol use can result in brain damage, depression, liver damage, cancer, high blood pressure, and physical and psychological dependence. Individuals with severe alcohol dependence may require monitoring during withdrawal due to the heightened risk of seizures and hallucinations.

Marijuana

Similar to opioids, cannabinoids produce their effects by interacting with specific receptors, located within different parts of the CNS. One of the main cannabinoids is **delta-9-tetrahydrocannabinol (THC)**, commonly known as marijuana. Marijuana has strong psychoactive properties and can be unpredictable when used along with other substances. Repeated use of marijuana can lead to dependence.

Drug Diagnosis Categories

Hallucinogens

Hallucinogens, also known as psychedelics, are a class of psychoactive substances that produce changes in perception, mood, and cognitive processes. Hallucinogens affect all senses and can cause a person to see or hear things that do not exist. As a result, they can cause people to experience paranoia and behave in unintentionally dangerous ways. Commonly misused hallucinogens include phencyclidine (PCP), lysergic acid diethylamide (LSD), dimethyltryptamine (DMT), 2,5-dimethoxy-4-methylamphetamine (DOM), and psilocybin or "Magic Mushrooms". Symptoms of use can mimic schizophrenia and psychosis.

Benzodiazepines

Another CNS depressant, benzodiazepines are commonly prescribed to treat anxiety, panic disorders, and sleep disorders. While safe for short-term use, there is a high potential for dependence and misuse which may result in overdose and dangerous withdrawal symptoms, including seizures. These risks are heightened when paired with other CNS depressants like opioids and alcohol. Commonly misused benzodiazepines include Xanax, Valium, Ativan, and Klonopin.

Other

Gaudenzia used "other" to code drugs for which there was no statistically significant representation. Some "other" drugs included empathogens, like MDMA, disassociatives, like ketamine, and other depressants, like prescription and over-the-counter sleep aids.

SUMMARY DATA



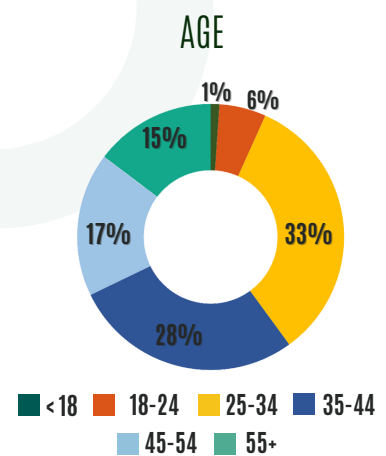
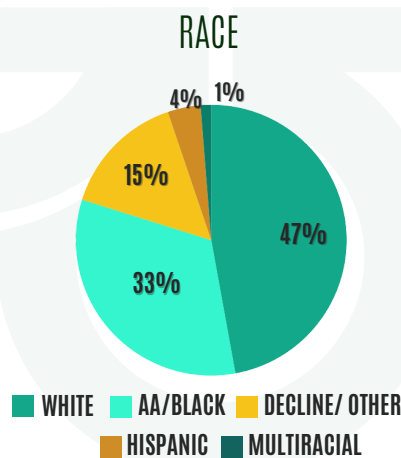
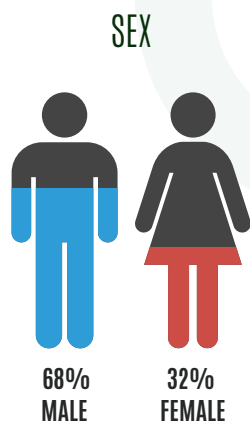
All Programs



14,030 Admitted in FY 21

BETWEEN THE LINES

- **Opioid use** declined slightly from 2020 to 2021 (-2%) while **alcohol use** went up (+2%); however, there were significant regional differences.
- **Opioid use** was reported almost equally among men (40%) and women (38%).
- **Stimulant use** was more prevalent among women (26%) than men (19%).
- **Alcohol use** was more prevalent among men (29%) than women (24%).



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------------|--------|-------|
| FY 2020 | 41% | 25% | 21% | 7% | 2% | 1% | 2% |
| FY 2021 | 39% | 27% | 21% | 7% | 3% | 1% | 2% |
| % Change | -2% | +2% | 0% | 0% | +1% | 0% | 0% |

FY 2021- DELAWARE SUMMARY



New Castle County, Delaware



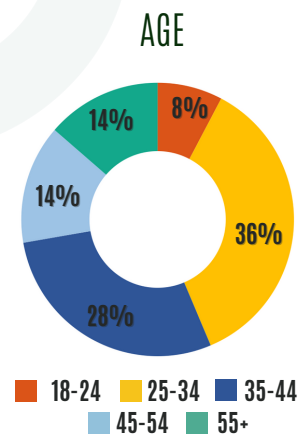
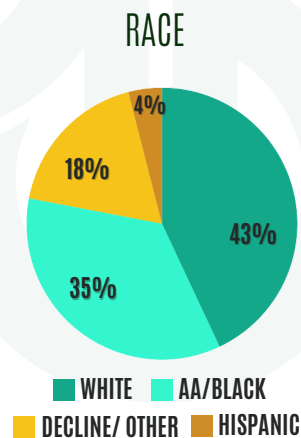
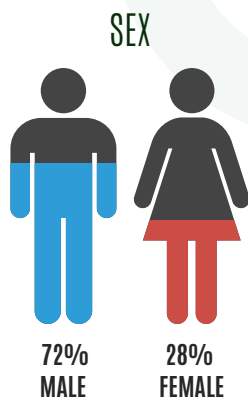
Fresh Start (3.3) & New Journey (3.3)



220 Admitted in FY 21

BETWEEN THE LINES

- Between FY 20-21, the percentage of individuals admitted with **opioid use disorder** decreased by over 20%.
- Simultaneously, admissions of individuals with a primary **alcohol use disorder** more than doubled in percentage.
- The increase in **alcohol use** is consistent with reporting by ChristianaCare which found a 34% increase in alcohol withdrawal between March 25 & September 22, 2020.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | OTHER |
|----------|--------|---------|-----------|-----------|-------|
| FY 2020 | 48% | 12% | 22% | 8% | 12% |
| FY 2021 | 27% | 28% | 20% | 3% | 20% |
| % Change | -21% | +16% | -2% | -5% | +8% |

FY 2021- MARYLAND SUMMARY



Cumulative for Anne Arundel and Baltimore Counties



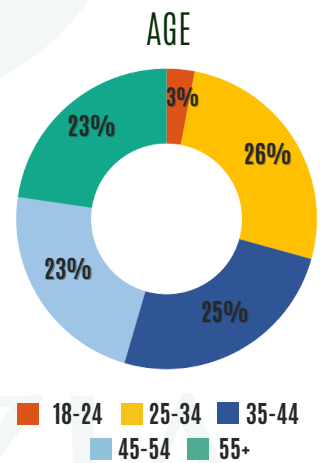
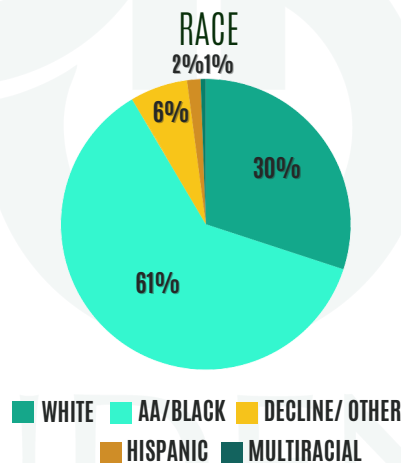
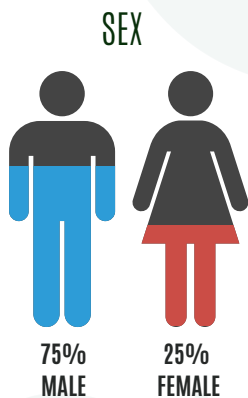
Multiple Locations



3,453 Admitted in FY 21

BETWEEN THE LINES

- Between the 2020 and 2021 fiscal years, there were increases in the number of clients seeking treatment for **opioids** (+3), **alcohol** (+5), and **hallucinogens** (+1) like PCP.
- In 2020, more people died in Maryland due to overdose (2,799) than any year on record with an alarming and disparate increase in fatalities within non-Hispanic Black and Hispanic communities.
- Compared to its other service areas, Gaudenzia's clients in Maryland are older, more likely to identify as Black/ African American, and more likely to present with **opioid use disorder**.



| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------------|--------|-------|
| FY 2020 | 53% | 25% | 13% | 5% | 1% | 1% | 2% |
| FY 2021 | 56% | 30% | 8% | 2% | 2% | 1% | 1% |
| % Change | +3% | +5% | -5% | -3% | +1% | -1% | -1% |

FY 2021- ANNE ARUNDEL COUNTY



Anne Arundel County, Maryland



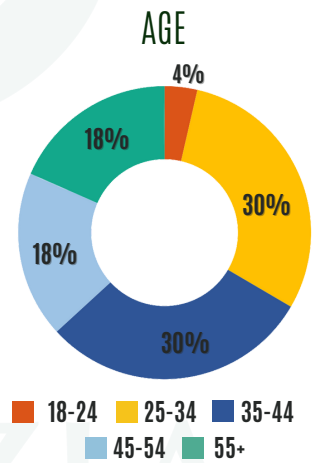
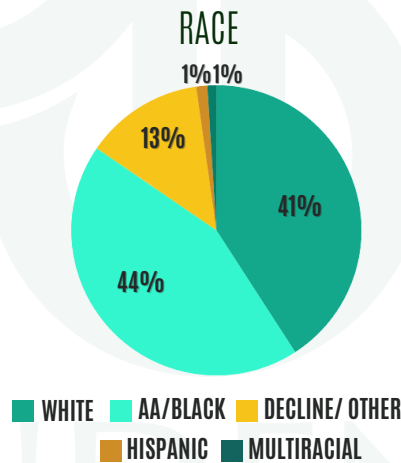
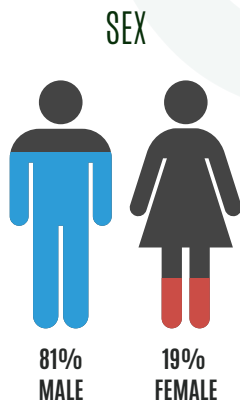
Glen Burnie Outpatient (2.1 & 1.0) and Crownsville (3.7 WM, 3.5, 3.3, 3.1)



1,304 Admitted in FY 21

BETWEEN THE LINES

- Between FY 20-21, admissions for **alcohol use disorder** increased by 7%.
- One in four of those with a primary **opioid use disorder** reported a secondary diagnosis related to **stimulants** (25%; 135/ 536) making it the most prevalent substance of co-use.
- The co-use of opioids and stimulants has led to significant spikes in overdose fatalities from mixing these substances, according to MD's Opioid Operational Command Center.



| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------------|--------|-------|
| FY 2020 | 44% | 27% | 15% | 10% | 2% | 1% | 1% |
| FY 2021 | 46% | 34% | 9% | 6% | 3% | 0% | 2% |
| % Change | +2% | +7% | -6% | -4% | +1% | -1% | +1% |

FY 2021- BALTIMORE COUNTY



Baltimore County, Maryland



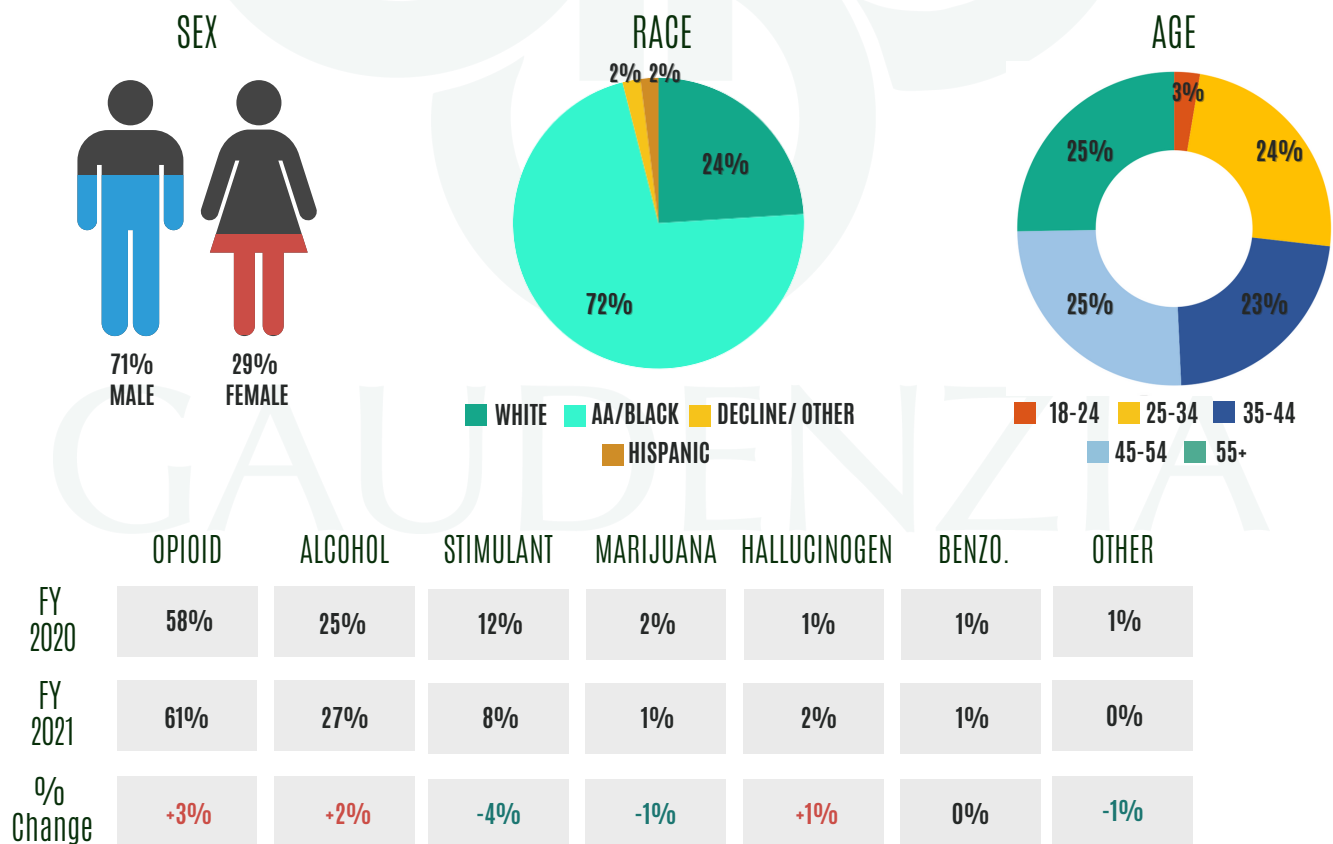
Park Heights (3.7 WM, 3.5, 3.3, & 3.1), Weinberg Center (3.5, 3.3, 3.1), and Owings Mills (3.5)



2,149 Admitted in FY 21

BETWEEN THE LINES

- Individuals seeking services in Baltimore are majority Black/ African American (72%) and more than half are over the age of 45 years old.
- 32% of those with a primary **opioid use disorder** reported a secondary diagnosis related to **stimulants** (427/ 1,309).
- According to CDC overdose mortality data, Baltimore has the nation's second-highest overdose death rate. With 141.2 overdose deaths per 100,000 residents, this is more than six-fold the national average of 21.6 overdose deaths per 100,000 residents.



PENNSYLVANIA SUMMARY



Bucks, Chester, Columbia, Cumberland, Dauphin, Erie, Fulton, Lancaster, Mercer, Montgomery, Northumberland, Philadelphia, Schuylkill, Snyder, Union, and York Counties



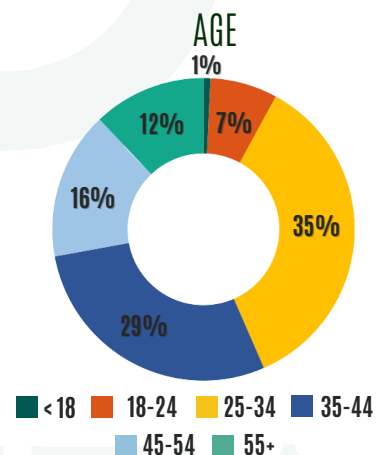
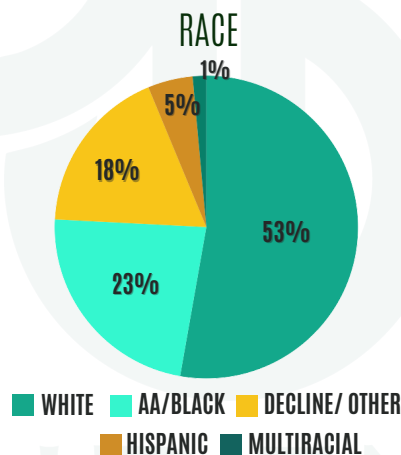
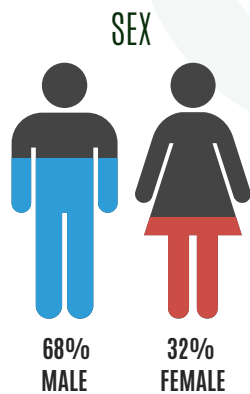
Multiple Locations



10,357 Admitted in FY 21

BETWEEN THE LINES

- Between the 2020 and 2021 fiscal years, there were increases in the number of clients seeking treatment for **alcohol** (+2), and **hallucinogens** (+1) like PCP.
- While 2017 is still on record for having the most overdoses, approximately 5,172 individuals-- or 14 people each day-- died as a result of overdose in Pennsylvania in 2020.
- Compared to its other service areas, Gaudenzia's clients in Pennsylvania were more likely than those in Delaware and Maryland to present with a **stimulant use disorder**.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------------|--------|-------|
| FY 2020 | 35% | 25% | 25% | 9% | 2% | 1% | 3% |
| FY 2021 | 34% | 27% | 25% | 8% | 3% | 1% | 2% |
| % Change | -1% | +2% | 0% | -1% | +1% | 0% | -1% |

FY 2021- BUCKS COUNTY



Bucks County, Pennsylvania



Lower Bucks (3.7 WM & 3.5)

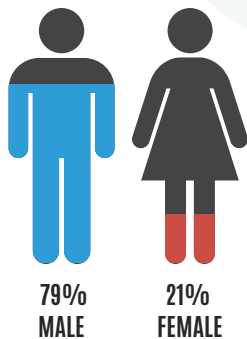


719 Admitted in FY 21

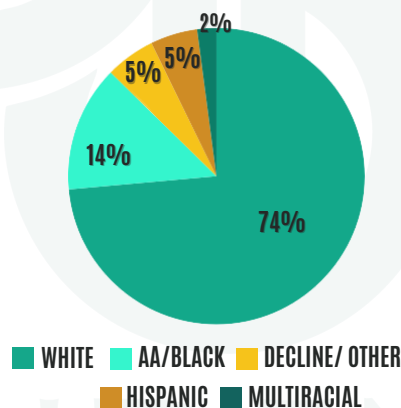
BETWEEN THE LINES

- Between FY 20-21, admissions for **stimulant use disorder** increased by 7%, and **alcohol use disorder** increased by 6%.
- A separate analysis of biopsychosocial data for Lower Bucks found **stimulants** were the leading cause of admission (36%) to short-term residential programming, and **opioids** and **alcohol** were the leading cause of admission to withdrawal management.
- Bucks County data published by Overdose Free PA found 80% of all overdose deaths (1,005) between 2015-2020 included fentanyl, heroin, and cocaine.

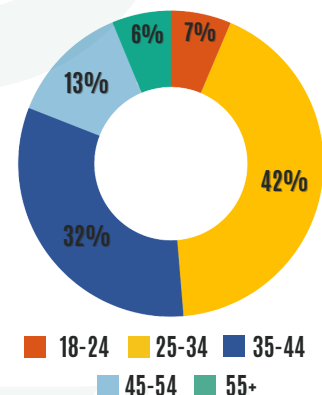
SEX



RACE



AGE



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | HALLUCINOGEN | BENZO. | OTHER |
|----------|--------|---------|-----------|--------------|--------|-------|
| FY 2020 | 75% | 14% | 10% | 0% | 1% | 0% |
| FY 2021 | 60% | 20% | 17% | 1% | 1% | 1% |
| % Change | -15% | +6% | +7% | +1% | 0% | +1% |

FY 2021- CHESTER COUNTY



Chester County, Pennsylvania



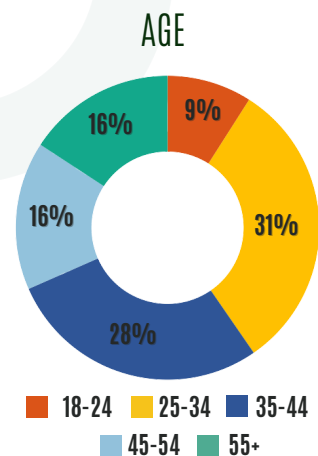
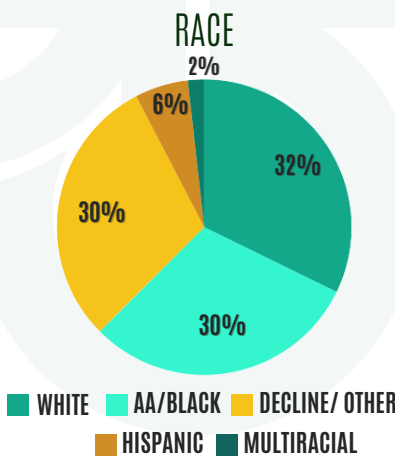
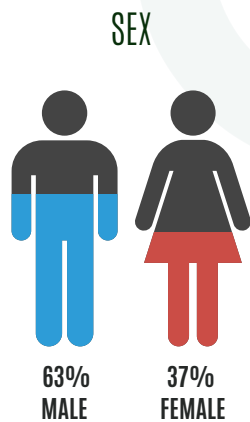
West Chester House (3.5), Kindred House (3.5), West Chester Outpatient (2.1 & 1.0), Coatesville Outpatient (2.1 & 1.0)



785 Admitted in FY 21

BETWEEN THE LINES

- In a departure from agency and national trends, **stimulants** are the leading cause of admission to treatment for Gaudenzia's Chester County programs.
- There are gendered differences in diagnosis with women being more likely to be admitted for **stimulants** (31%) and men more likely to be admitted for **alcohol** (27%).
- Chester County data published by Overdose Free PA found 73% of all overdose deaths (702) between 2015-2021 included fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------------|--------|-------|
| FY 2020 | 20% | 28% | 29% | 15% | 4% | 1% | 3% |
| FY 2021 | 22% | 25% | 27% | 16% | 6% | 1% | 3% |
| % Change | +2% | -3% | -2% | +1% | +2% | 0% | 0% |

FY 2021- COLUMBIA COUNTY



Columbia County, Pennsylvania



Berkwick Outpatient (2.1 & 1.0)

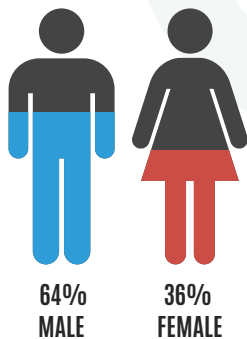


113 Admitted in FY 21

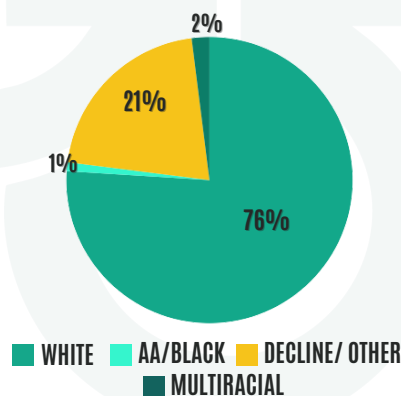
BETWEEN THE LINES

- **Opioids** and **stimulants** are the leading cause of admission to Columbia County programs.
- The percentage of individuals accessing treatment for **alcohol** increased by 9%.
- Columbia County data published by Overdose Free PA found 74% of all overdose deaths (86) between 2015-2019 included fentanyl, methamphetamine, and heroin.

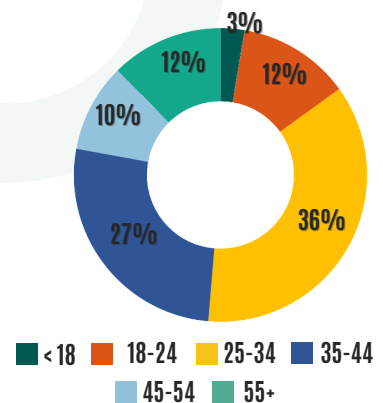
SEX



RACE



AGE



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | OTHER |
|----------|--------|---------|-----------|-----------|-------|
| FY 2020 | 39% | 16% | 35% | 6% | 2% |
| FY 2021 | 41% | 25% | 31% | 3% | 0% |
| % Change | +2% | +9% | -4% | -3% | -2% |

FY 2021- CUMBERLAND COUNTY



Cumberland County, Pennsylvania



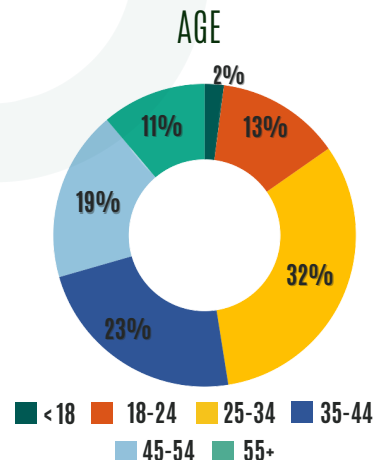
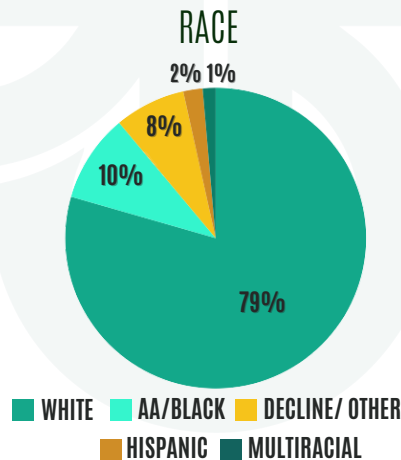
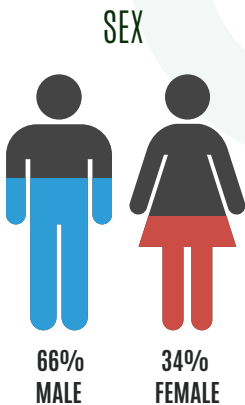
West Shore Outpatient (2.1 & 1.0)



438 Admitted in FY 21

BETWEEN THE LINES

- **Alcohol** is the leading cause of admission to treatment. The percentage of individuals seeking treatment for **alcohol use disorder** increased 9% between FY 20-21.
- Cumberland County data published by Overdose Free PA noted a declining trend in overdose death. However, 79% of all overdose deaths (272) between 2015-2019 included fentanyl, heroin, and alcohol (ethanol).



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | OTHER |
|----------|--------|---------|-----------|-----------|--------------|-------|
| FY 2020 | 19% | 51% | 11% | 15% | 1% | 3% |
| FY 2021 | 14% | 60% | 7% | 13% | 0% | 6% |
| % Change | -5% | +9% | -4% | -2% | -1% | +3% |

FY 2021- DAUPHIN COUNTY



Dauphin County, Pennsylvania



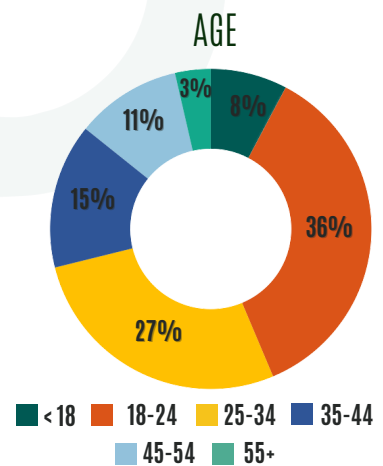
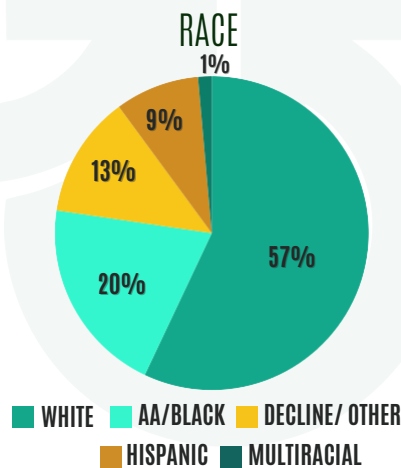
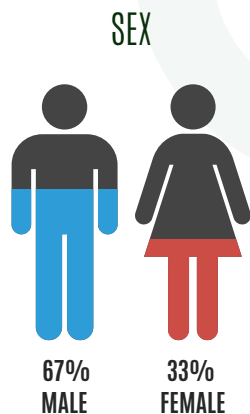
Common Ground (3.7 WM & 3.5), Concept 90 (3.5), Serenity House (3.1), & Harrisburg Outpatient (2.5, 2.1 & 1.0)



1,636 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for **alcohol** increased by 5%
 - Nearly 1 in 5 individuals seeking treatment for **alcohol use** reported co-use of **stimulants** (17.7%; 100/ 564).
- Dauphin County data published by Overdose Free PA found 79% of all overdoses (272) between 2015-2019 included fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------------|--------|-------|
| FY 2020 | 40% | 30% | 17% | 7% | 2% | 1% | 3% |
| FY 2021 | 34% | 35% | 18% | 9% | 2% | 2% | 0% |
| % Change | -6% | +5% | +1% | +2% | 0% | +1% | -3% |

FY 2021- ERIE COUNTY



Erie County, Pennsylvania



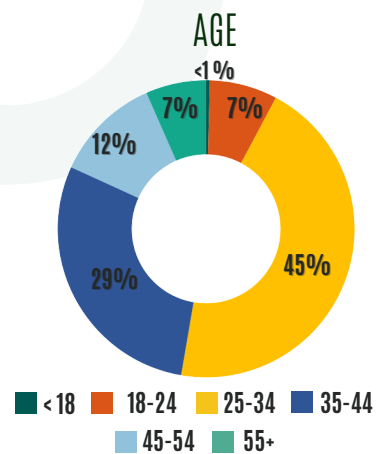
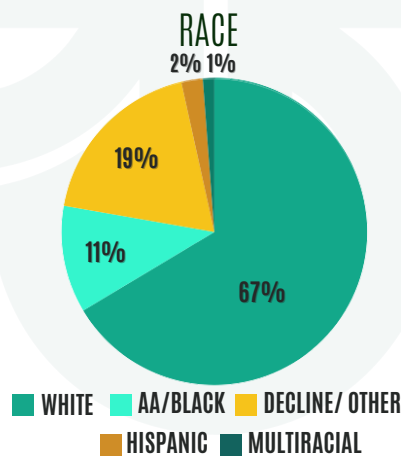
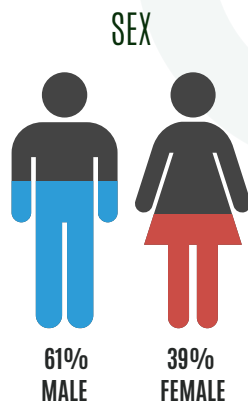
Community House (3.1, 2.1, & 1.0), Crossroads (3.5), House of Healing (3.1) Dr. Daniel Snow Halfway House (3.1), Edinboro OP (2.1 & 1.0), Erie OP (2.1 & 1.0), Girard OP (2.1 & 1.0), & North East OP (2.1 & 1.0)



1,480 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for **opioid use disorder** increased by 4%.
- Over 1 in 5 individuals seeking treatment for **opioid use** reported co-use of **stimulants** (21%; 118/ 550).
- Erie County data published by Overdose Free PA found 76% of all overdose deaths (439) between 2015-2019 included fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------|-------|
| FY 2020 | 33% | 29% | 28% | 8% | 1% | 1% |
| FY 2021 | 37% | 24% | 29% | 8% | 1% | 1% |
| % Change | +4% | -5% | +1% | 0% | 0% | 0% |

FY 2021- FULTON COUNTY



Fulton County, Pennsylvania



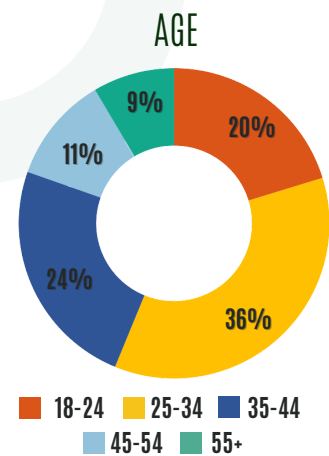
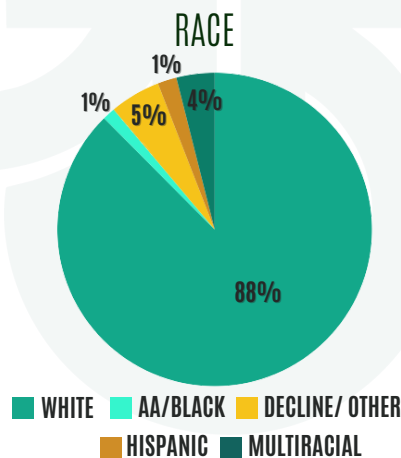
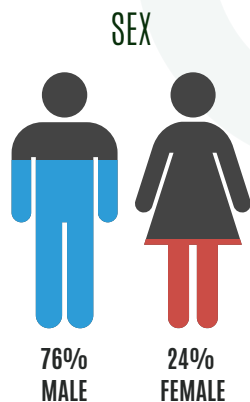
Fulton Co. OP (2.1 & 1.0)



153 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for **stimulant use disorder** increased by 16% making it the leading cause of admission to treatment in Fulton County.
- Fulton County data published by Overdose Free PA found 74% of all overdoses (23) between 2015-2020 included fentanyl, heroin, and oxycodone.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | BENZO. | OTHER |
|----------|--------|---------|-----------|-----------|--------|-------|
| FY 2020 | 23% | 37% | 15% | 22% | 0% | 3% |
| FY 2021 | 14% | 29% | 31% | 15% | 2% | 9% |
| % Change | -9% | -8% | +16% | -7% | +2% | +6% |

FY 2021- LANCASTER COUNTY



Lancaster County, Pennsylvania



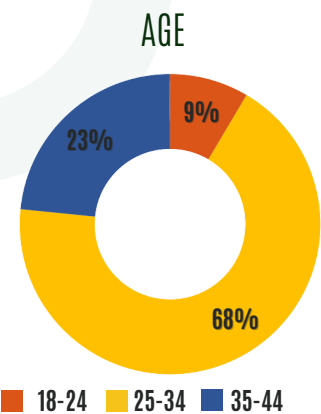
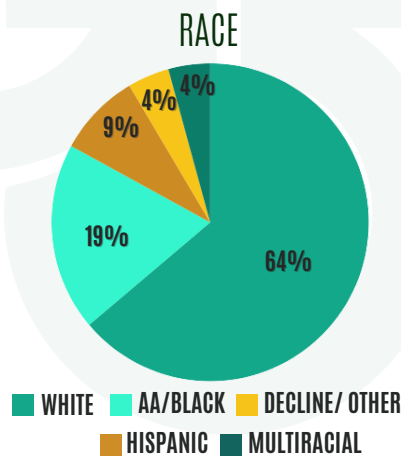
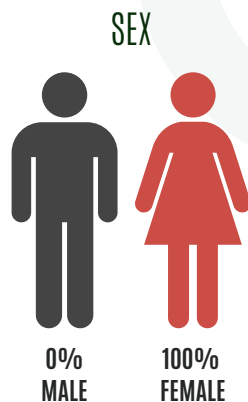
Vantage House (ASAM 3.5)



47 Admitted in FY 21

BETWEEN THE LINES

- The percentage of women seeking treatment for **stimulant use disorder** increased by 21% and surpassed opioids as the primary diagnosis at admission.
- Of the women reporting **stimulant use**, 76% reported methamphetamine as their drug of choice.
- Lancaster County data published by Overdose Free PA found 81% of all deaths between 2015-2021 (784) were attributed to fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | OTHER |
|----------|--------|---------|-----------|-----------|-------|
| FY 2020 | 43% | 25% | 26% | 4% | 2% |
| FY 2021 | 46% | 7% | 47% | 0% | 0% |
| % Change | +3% | -18% | +21% | -4% | -2% |

FY 2021- MERCER COUNTY



Mercer County, Pennsylvania



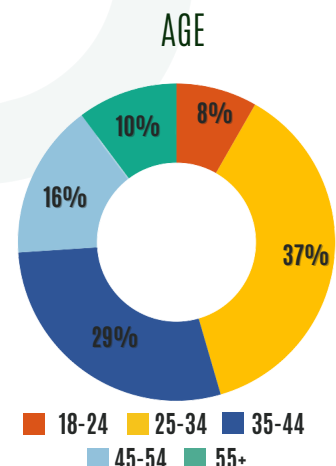
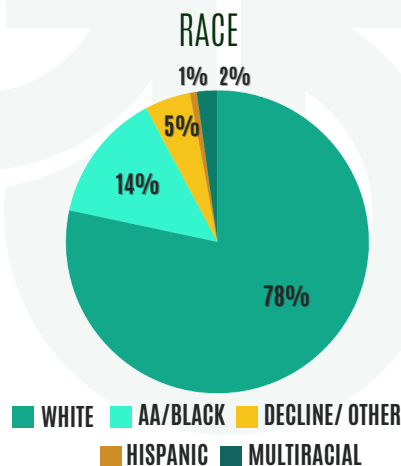
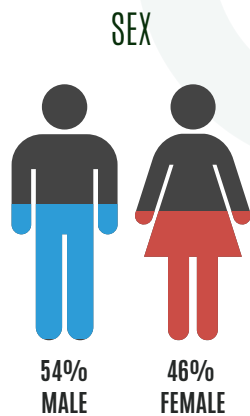
Sharon OP (ASAM 2.1 & 1.0)



403 Admitted in FY 21

BETWEEN THE LINES

- Mercer County OP saw increases in the number of individuals seeking treatment for **opioids** (+12) and **stimulants** (+5%).
- Mercer County data published by Overdose Free PA found 74% of all deaths between 2015-2021 (255) were attributed to fentanyl, cocaine, and heroin.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | BENZO. |
|----------|--------|---------|-----------|-----------|--------|
| FY 2020 | 23% | 35% | 26% | 15% | 1% |
| FY 2021 | 35% | 34% | 21% | 10% | 0% |
| % Change | +12% | -1% | -5% | -5% | -1% |

FY 2021- MONTGOMERY COUNTY



Montgomery County, Pennsylvania



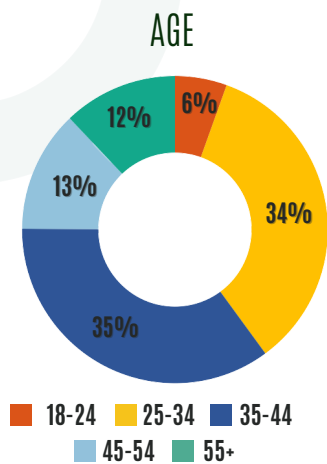
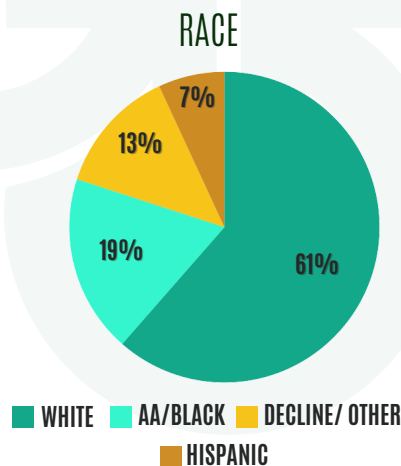
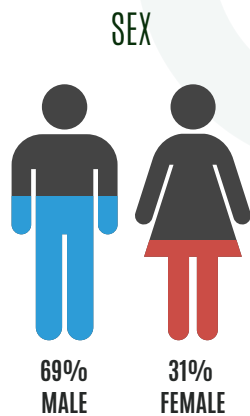
Montgomery Co. OP (2.1 & 1.0) & Dresher-Willow Grove OP (2.1 & 1.0)



273 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for opioids declined while the use of **alcohol**, **stimulants**, and **hallucinogens**, like PCP, increased.
- Montgomery County data published by Overdose Free PA found 73% of all deaths between 2015-2020 (1,400) were attributed to fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | OTHER |
|----------|--------|---------|-----------|-----------|--------------|-------|
| FY 2020 | 48% | 28% | 17% | 4% | 1% | 2% |
| FY 2021 | 33% | 35% | 21% | 6% | 4% | 1% |
| % Change | -15% | +7% | +4% | +2% | +3% | 0% |

FY 2021- NORTHUMBERLAND COUNTY



Northumberland County, Pennsylvania



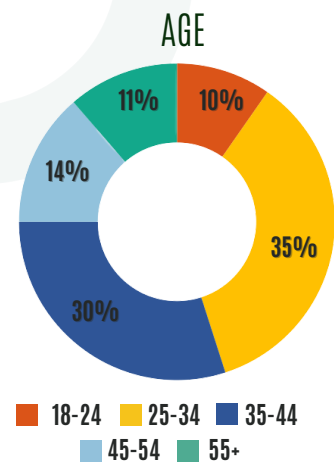
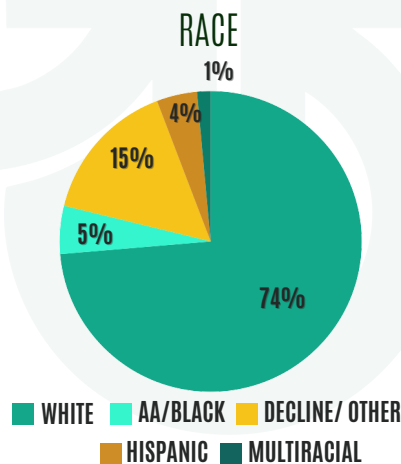
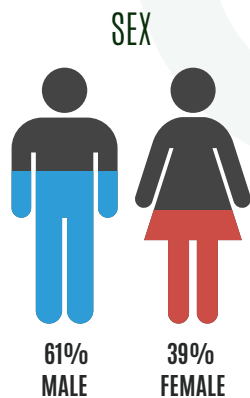
Coal Township (3.7 WM, 3.5, 3.1, 2.1 & 1.0) & Sunbury OP (2.1 & 1.0)



968 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment with a primary **alcohol use disorder** increased by 4%.
- At least 23% of those with a primary **alcohol use disorder** reported a secondary **stimulant use disorder**.
- Northumberland County data published by Overdose Free PA found 70% of all deaths between 2015-2020 (155) were attributed to fentanyl, heroin, and methamphetamine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | BENZO | OTHER |
|----------|--------|---------|-----------|-----------|-------|-------|
| FY 2020 | 43% | 27% | 23% | 4% | 0% | 3% |
| FY 2021 | 39% | 31% | 24% | 4% | 1% | 1% |
| % Change | -4% | +4% | +1% | 0% | +1% | -2% |

FY 2021- PHILADELPHIA COUNTY



Philadelphia County, Pennsylvania



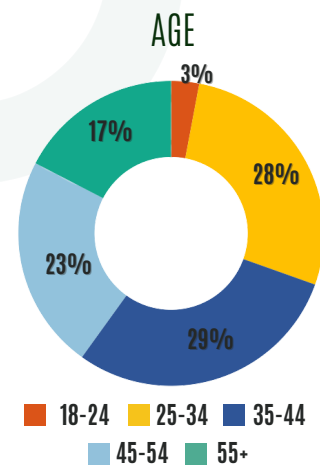
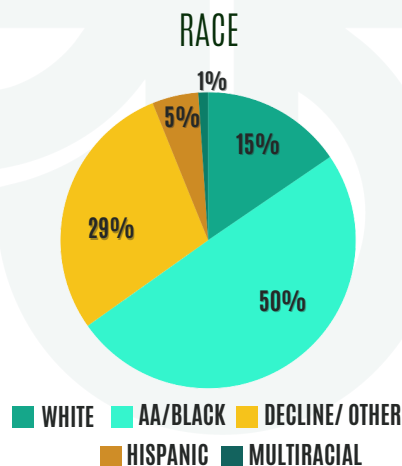
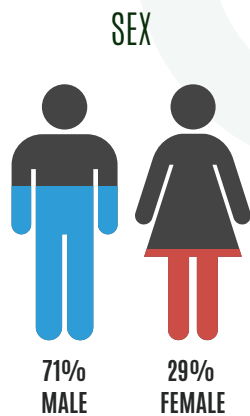
Broad Street (3.5), DRC (Res & OP), Focus House, New Beginnings (3.5), Outreach I (2.1 & 1.0), Outreach II (2.1 & 1.0), Philly House, Re-Entry House, Together House (3.5), & WSAC (3.5)



2,624 Admitted in FY 21

BETWEEN THE LINES

- SUD diagnosis data has remained consistent between 2020 and 2021.
- When compared to other counties, Philadelphia has the highest percentage of individuals seeking treatment for **hallucinogen** use (of which 74% reported PCP use).
- A recent report from the Philadelphia Department of Health noted an increase in overdose fatalities during the 2020 calendar year, particularly within non-Hispanic Black and Hispanic communities.



| | PRIMARY SUD DIAGNOSIS | | | | | | |
|----------|-----------------------|---------|-----------|-----------|--------------|--------|-------|
| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
| FY 2020 | 30% | 16% | 30% | 9% | 6% | 1% | 8% |
| FY 2021 | 32% | 18% | 28% | 9% | 7% | 2% | 3% |
| % Change | +2% | +2% | -2% | 0% | +1% | +1% | -5% |

FY 2021- SCHULYKILL COUNTY



Schuylkill County, Pennsylvania



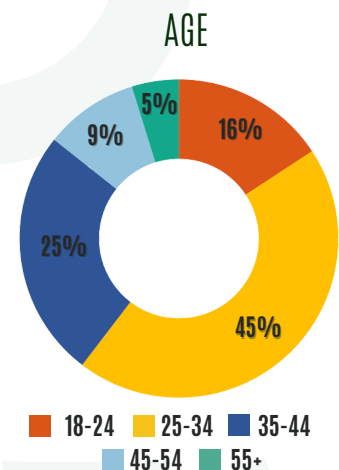
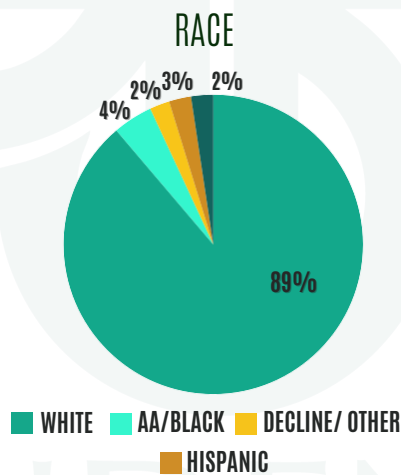
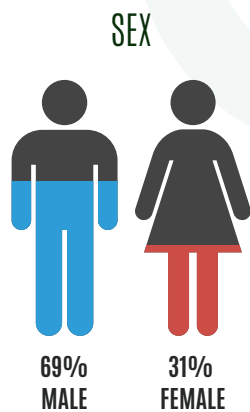
Fountain Springs (3.5), Pottsville OP (2.1 & 1.0), & New Destiny (3.1)



419 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for a **stimulant use disorder** increased by 10%, and 33% of those admitted for a primary **opioid use disorder** reported a secondary **stimulant use disorder**.
- Schuylkill County data published by Overdose Free PA shows overdose fatalities continue to rise from 2017. 70% of all deaths between 2015-2020 (419) were attributed to fentanyl, methamphetamine, and amphetamine.



| PRIMARY SUD DIAGNOSIS | | | | | | | |
|-----------------------|--------|---------|-----------|-----------|--------------|--------|-------|
| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | HALLUCINOGEN | BENZO. | OTHER |
| FY 2020 | 33% | 15% | 41% | 7% | 0% | 1% | 3% |
| FY 2021 | 24% | 16% | 51% | 6% | 1% | 0% | 2% |
| % Change | -9% | +1% | +10% | -1% | +1% | -1% | -1% |

FY 2021- SNYDER COUNTY



Snyder County, Pennsylvania



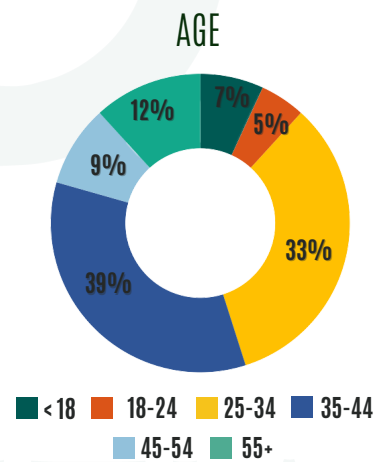
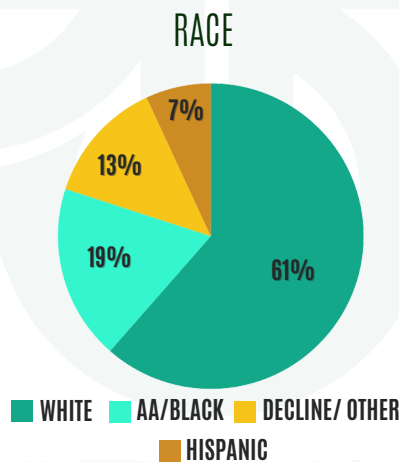
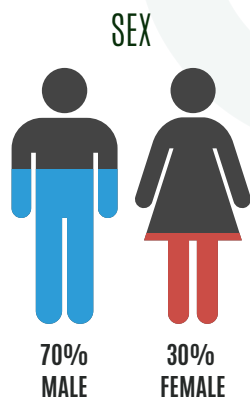
Middleburg OP (2.1 & 1.0)



101 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for a **stimulant use disorder** increased by 4%.
- Snyder County data published by Overdose Free PA shows 70% of all deaths between 2015-2019 (18) were attributed to fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | BENZO | OTHER |
|----------|--------|---------|-----------|-----------|-------|-------|
| FY 2020 | 26% | 26% | 33% | 13% | 0% | 2% |
| FY 2021 | 18% | 24% | 37% | 16% | 2% | 3% |
| % Change | -8% | -2% | +4% | +3% | +2% | +1% |

FY 2021- UNION COUNTY



Union County, Pennsylvania



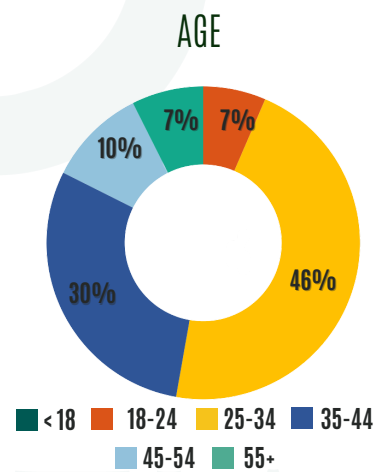
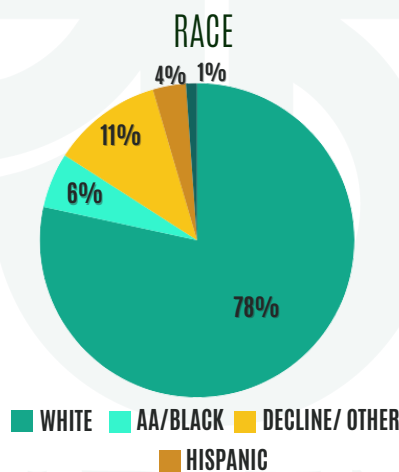
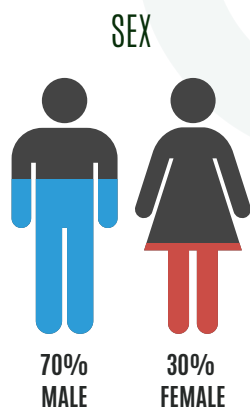
Lewisburg OP (2.1 & 1.0)



108 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for **alcohol** increased by 5%.
- Union County data published by Overdose Free PA shows 70% of all deaths between 2015-2019 (32) were attributed to fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | BENZO | OTHER |
|----------|--------|---------|-----------|-----------|-------|-------|
| FY 2020 | 36% | 26% | 26% | 9% | 0% | 3% |
| FY 2021 | 36% | 31% | 24% | 8% | 2% | 1% |
| % Change | 0% | +5% | -2% | -1% | +2% | -2% |

FY 2021- YORK COUNTY



York County, Pennsylvania



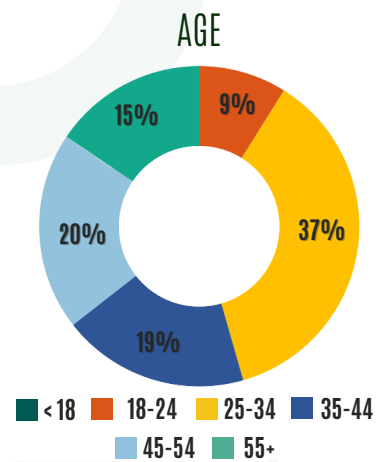
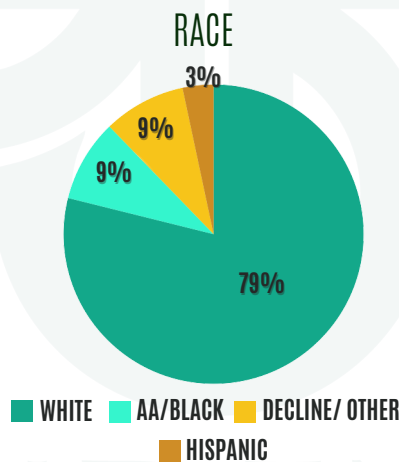
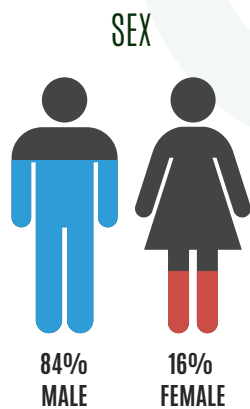
York OP (2.1 & 1.0)



90 Admitted in FY 21

BETWEEN THE LINES

- The percentage of individuals seeking treatment for a primary **opioid use disorder** (+4%), **alcohol use disorder** (+6%), and **marijuana use** (+5%) increased while there was a significant decline in admissions for those with a primary **stimulant use disorder** (-13%).
- York County data published by Overdose Free PA shows 82% of all deaths between 2015-2021 (1,035) were attributed to fentanyl, heroin, and cocaine.



PRIMARY SUD DIAGNOSIS

| | OPIOID | ALCOHOL | STIMULANT | MARIJUANA | OTHER |
|----------|--------|---------|-----------|-----------|-------|
| FY 2020 | 46% | 33% | 15% | 1% | 5% |
| FY 2021 | 50% | 39% | 2% | 6% | 3% |
| % Change | +4% | +6% | -13% | +5% | -2% |

CLOSING THOUGHTS

It has been easy to forget that prior to the COVID-19 pandemic, the states in which Gaudenzia, Inc. operates were among those most impacted by the opioid epidemic. Yet the collision of the COVID-19 and opioid epidemic brought about a series of new, dire challenges to drug and alcohol users, individuals in recovery, and the providers dedicated to serving them. By year's end, more than 100,000 people—greater than the population of Erie, Pennsylvania—had died due to overdose nationally.

What made the pandemic such a catalyst for devastation? Gaudenzia believes **existing systemic issues, emergent trends in drug use pre-dating COVID-19, and new challenges introduced by the pandemic** helped usher our nation to its grim overdose milestone. Gaudenzia experts believe some of the most salient issues included:

- **Chronic underfunding of mental health and substance use disorder treatment resources, particularly those serving Medicaid clients, resulted in less capacity to provide life-saving treatment.**

The need for strong public health infrastructure, inclusive of behavioral health treatment services, was made glaringly clear during the COVID-19 pandemic. For too long these services have been undervalued, underfunded, and under-resourced, particularly for Medicaid recipients. Unlike for-profit commercial providers, Gaudenzia, Inc. has long been committed to serving some of the region's most vulnerable and socioeconomically disadvantaged communities. With more than 9 out of 10 clients served on Medicaid, we are a critical resource to communities with more complex social determinants of health needs—including homelessness, justice involvement, and co-occurring mental health diagnoses—who might otherwise be unable to afford treatment. Poor rates for public service providers and the unanticipated financial strain of the pandemic led to Gaudenzia closing 12 of its programs across Pennsylvania, Maryland, and Delaware. While we were to keep the majority of our programs open, that was not the case for some of our referral partners who were forced to close altogether. Concerningly, in the wake of the pandemic, we anticipate seeing higher and more complex client needs but the reduced capacity to serve them.

- **COVID-19 Disrupted All Markets—Both Legal and Illegal—and Fueled the Opioid Epidemic's Fourth Wave**

While much has been said about supply chain disruptions due to COVID-19, less attention has been paid to the way it impacted the illegal drug trade. Travel restrictions, border closures, and stay-at-home orders pushed individuals to acquire drugs of unknown quality from new dealers, unintentionally ingest substances adulterated with more dangerous synthetics, or intentionally mix whatever drugs were available due to scarcity. COVID-19 also coincided with what experts are calling the opioid epidemic's "fourth wave" in which polysubstance use—including the mixing of psychostimulants and fentanyl—has led to an acceleration in overdose deaths. Gaudenzia has seen a rise in the co-use of opioids and psychostimulants firsthand in the communities we serve.

- **COVID-19 posed new psychosocial challenges to drug and alcohol users and individuals in recovery.**

As our CEO Dale Klatzker, Ph.D. notes, isolation is not a friend to addiction and other behavioral health challenges. The fear and uncertainty of the pandemic, paired with stay-at-home orders and record unemployment, presented individuals with an obstacle course of dangerous relapse triggers. Unfortunately, restricted access to recovery supports and treatment services left many individuals without access to the life-saving resources they needed.

GAUDENZIA

Acknowledgements

We wish to acknowledge those who helped to make this report possible, including:

- Our resilient clients for granting us the privilege of being part of their recovery journey.
- Our wonderful staff for capturing the information while still providing the best clinical care for our clients.
- Bhavani Raghavan Lobo, Andrew Groff, and Jessica Cantermen, MSW for compiling and analyzing the data.
- Jessica Cantermen, MSW for the report's design and layout.

**We thank you for your
continued support of
our efforts to provide
the highest quality care
to our clients.**

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