LANCASTER COUNTY
JOINING FORCES
Coordinating efforts to reduce deaths from opioids and heroin

STRATEGIC PLAN
2022-2025

Revised 3.22.2022

INTRODUCTION

Opioid-related overdose deaths constitute a serious public health concern across the United States. The United States government declared a national public health emergency in October 2017, and the State of Pennsylvania declared a statewide disaster emergency in January 2018. Lancaster County was not alone in this crisis, but it displayed a higher rate of drug-related overdose deaths than the nationwide average. In 2017, there were 168 drug-related overdose deaths in Lancaster County. Per capita, this is approximately 31 deaths per 100,000 people. From 2014 to 2017, the number of overdose deaths in Lancaster County increased 180%.

As our community mobilized to prevent fatal overdoses and with backbone support from Penn Medicine Lancaster General Health, Lancaster Joining Forces launched in 2017. The primary aim is to support and coordinate efforts to reduce the number of overdose deaths. Joining Forces brings together key stakeholders, including community members, to strengthen existing initiatives across all sectors; identify and address gaps in services and resources; and implement unified, comprehensive strategies to reduce harm and prevent overdose deaths.

While Lancaster Joining Forces achieved significant decreases in overdose deaths in 2018 (36%) and 2019 (4%) in Lancaster County, our work was not over. It is important to highlight that all overdose deaths are preventable, and no overdose death is acceptable. As Joining Forces continued to strategically and comprehensively work to prevent fatal overdoses, that work was made more challenging by the COVID-19 pandemic.

In 2020, the United States experienced the most fatal overdoses in any single year. Pennsylvania and Lancaster County also saw increases with Lancaster County seeing a 40% increase in overdose deaths. Although the increase cannot be directly linked to the pandemic, risk factors for overdose have clearly increased, including mental health distress, economic strain, and changes in treatment and recovery resources, including social support.

Though the community conditions and risk factors for overdose had changed due to the pandemic, Lancaster Joining Forces and its community partners pivoted to address the needs of people who use drugs, those in recovery, and their loved ones. Many services continued, virtually. Telehealth services, though not effective for all individuals, did work for some.

As our community conditions continue to evolve as the pandemic lingers, Lancaster Joining Forces is well positioned to continue to coordinate a community response to the overdose epidemic by monitoring data and implementing best practice strategies.

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EXECUTIVE SUMMARY

Since September 2017, Lancaster County Joining Forces has worked to support and coordinate countywide efforts to reduce the number of overdose deaths. Joining Forces brings together key stakeholders, including community members, to strengthen existing initiatives; identify and address gaps in services and resources; and implement strategies to prevent overdose deaths.

Overdose deaths are a serious public health concern across the United States. Both state and federal governments have used their authority to declare emergencies that have provided additional resources to the issue.

The COVID-19 pandemic and the social distancing it required, contributed to a record high number of fatal overdoses across the United States in 2020. Overdose deaths remain high as the pandemic and its effects linger through 2021 and beyond.

In Lancaster County, the number of overdose deaths in Lancaster County increased 180% between 2014 and 2017.

In 2018, there was a decrease of 36%. In 2019, there was a smaller decrease of 4%. In 2020, there was a 40% increase on overdose deaths, partly attributed to the COVID-19 pandemic.

In 2021, preliminary data shows a 5% decrease in overdose deaths from 2020.

This plan provides an update of our progress and the ongoing challenges at a local level. To effectively reduce overdose deaths, Joining Forces recognizes the importance of community involvement, and collaboration. To date, we have conducted community meetings and interviews to understand our ability to combat this issue.

The Lancaster community is home to many resources, prevention programs, treatment services, and recovery supports. However, there are still opportunities for improvement. Overall, we must continue our targeted and coordinated approach to the overdose crisis.

We will outline research-based strategies that will improve our ability to prevent substance use, treat substance use disorders, and decrease overdose deaths. Joining Forces uses strategies supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services (HHS) Overdose Prevention Strategy, and the Pennsylvania Opioid Command Center's Strategic Plan.

The goal of Lancaster Joining Forces is to reduce overdose deaths.

To reach this goal, we have identified eight strategies. They are to:

1. Strengthen evidence-based prevention and intervention initiatives.
2. Continue to share common messages and provide educational information throughout the community.
3. Create lasting changes in the medical community that improve patient safety.
4. Increase access to evidence-based treatment services.
5. Promote recovery by providing trainings and sharing positive stories about the recovery process.
6. Advance Trauma Informed Lancaster County.
7. Pilot an overdose fatality review process.
8. Advocate for evidence-based strategies that promote public safety and healthy communities.

MISSION

The mission of Joining Forces is to support and coordinate data driven efforts to reduce overdose deaths caused by opioids and other substances in Lancaster County.

GUIDING PRINCIPLES

- Collaboration and partnership
- Transparency and accountability
- Recognizing and building on community strengths
- Advocacy
- Data-driven planning and evaluation strategies across the continuum of care
- Strategic, systematic, multi-level methods
- Community engagement and mobilization
- Trauma-Informed Practices
- Stigma reduction (see terms in Appendix A)
- Implementing effective, evidence-based programs and practices

PARTNERS

The Joining Forces Steering Committee includes representatives from the following agencies and organizations:

- Compass Mark
- Lancaster Chamber
- Lancaster County Commissioners, Drug and Alcohol Commission, Probation and Parole, and Prison
- Lancaster County District Attorney's Office
- Lancaster County EMS Council
- Lancaster County Recovery Alliance
- Lancaster County Sheriff's Office
- Let's Talk, Lancaster
- Penn Medicine Lancaster General Health
- Penn State Health
- South Central PA Opioid Awareness Coalition
- Union Community Care
- United Way of Lancaster County
- UPMC
- WellSpan Health

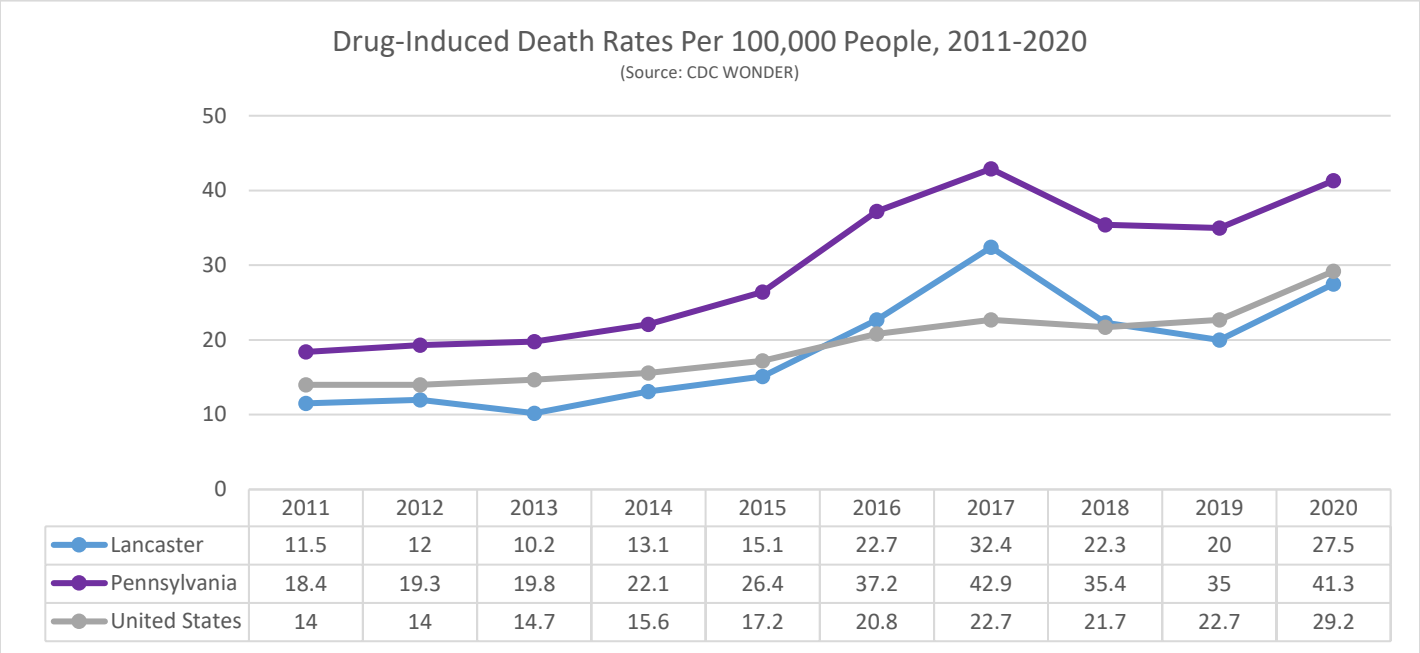
We recognize that we can do more together than we ever could separately. This is a community-wide issue that we can only address in collaboration. In addition to Steering Committee members, Joining Forces works in cooperation with community members, organizations, coalitions, and geographically based social service hubs. This larger network continuously works to prevent and address substance use disorders to prevent overdose deaths (see 2018 Strategic Plan for detailed description).

WHAT IS THE ISSUE?

NATIONAL, STATE & LOCAL STATISTICS

Drug-related overdoses continue to be a serious national public health concern and a leading cause of death in the United States. In 2020, 91,799 drug overdose deaths occurred in the United States.[1] The rate of drug-induced deaths in the United States has doubled from 14 per 100,000 in 2011 to 29.2 per 100,000 people in 2020.[2] Across the country, opioids (mainly synthetic opioids such as fentanyl) are the main driver of overdose deaths, but overdose deaths involving stimulants such as methamphetamine are also increasing.[3] Deaths caused by heroin have decreased between 2016 and 2020 at the national level.[4]

The latest official overdose statistics are from 2020. In 2020, the death rates from drug overdoses were 29.2 per 100,000 for the United States, 41.3 per 100,000 for Pennsylvania, and 27.5 per 100,000 for Lancaster County, as shown in the figure below.



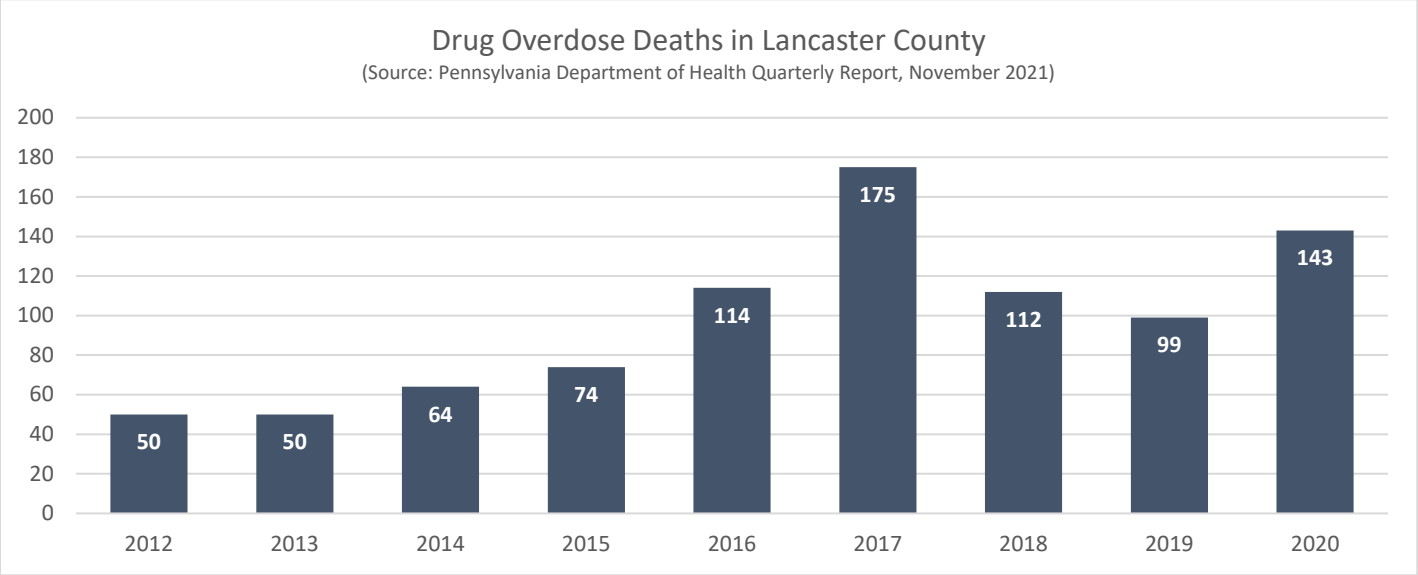
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Lancaster	11.5	12	10.2	13.1	15.1	22.7	32.4	22.3	20	27.5
Pennsylvania	18.4	19.3	19.8	22.1	26.4	37.2	42.9	35.4	35	41.3
United States	14	14	14.7	15.6	17.2	20.8	22.7	21.7	22.7	29.2

Pennsylvania's death rate from drug overdoses ranks 8th of 50 states and is higher than the death rate from drug overdoses in the nation overall. In 2020, the states with the highest crude death rates were West Virginia (78.3 per 100,000), Kentucky (48.8 per 100,000), Maryland (46.5 per 100,000), Ohio (46 per 100,000),

[1] National Center for Health Statistics. Drug Overdose Deaths in the United States, 1999–2020. NCHS Data Brief No. 428, December 2021.
[2] Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020. Accessed at http://wonder.cdc.gov/ucd-icd10.html
[3] Mattson et al. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR 2021;70:202–207.
[4] National Center for Health Statistics. Drug Overdose Deaths in the United States, 1999–2020. NCHS Data Brief No. 428, December 2021.

and Tennessee (45.9 per 100,000).[5] In Pennsylvania, Philadelphia County (72.1 per 100,000), Luzerne County (59.6 per 100,000), Cambria County (58.3 per 100,000), and Monroe County (57 per 100,000) had the highest crude death rates from drug-induced causes in 2020. In Pennsylvania, drug overdose deaths declined from 2017 to 2019, but then increased again in 2020.[6]

In Lancaster County, there were a total of 143 drug overdose deaths in 2020, a 44% increase from the number of deaths in 2019. The figure below shows the total number of drug overdose deaths from 2012 to 2020. The number of overdoses increased 54% from 2015 to 2016 and 54% from 2016 to 2017, reaching a peak of 175 deaths. From 2017 to 2018, there was a 36% decrease in deaths, followed by an additional 12% decrease in 2019.



SUBSTANCES

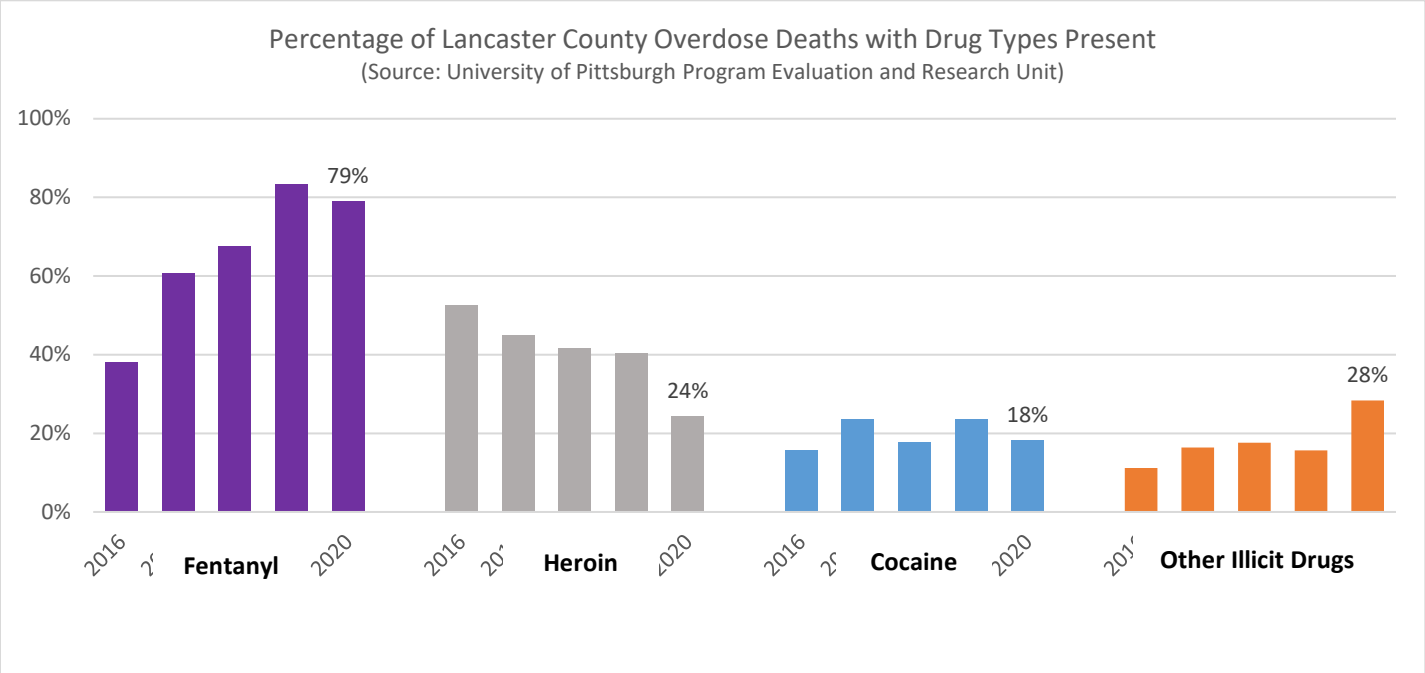
Across the United States, the age-adjusted rate of drug overdose deaths involving synthetic opioids (such as fentanyl) increased from 1999 through 2020. The rate increased 56%, from 11.4 to 17.8 per 100,000, between 2019 and 2020. The age-adjusted rate of drug overdose deaths involving heroin increased from 2005 to 2016, and decreased from 2016 through 2020. The national rate of drug overdose deaths involving cocaine increased by 22% and involving stimulants such as methamphetamine increased 50% between 2019 and 2020.

In Lancaster County, the vast majority of drug overdose deaths involved fentanyl (79% of deaths) in 2020. Of the total deaths in 2020, 24% involved heroin, 20% alcohol, 18% cocaine, 16% prescription opioids, 14%

[5] Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020. Accessed at http://wonder.cdc.gov/ucd-icd10.html

[6] Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 1999-2020. Accessed at http://wonder.cdc.gov/ucd-icd10.html

benzodiazepines, and 28% other drugs including methamphetamine and amphetamine. Overdose deaths may involve more than one substance.[7]



OVERDOSES BY GENDER, RACE, ETHNICITY AND AGE

Detailed overdose death rates by demographic groups for Lancaster County are shown in the chart below. For every demographic group except Hispanic individuals, the death rate from drug overdoses increased between 2019 and 2020. Overdose rates are higher for males than females. By age group, the highest rates of overdose are among those ages 35-44 and 25-34. Death rates are higher among Hispanic than non-Hispanic individuals, and among Persons of Color compared with White.

[7] University of Pittsburgh Program Evaluation and Research Unit, 2021.

Demographic	Group	Death Rate Per 10,000 (2020)	Percent Increase/Decrease 2019-2020
Gender	Male	3.7	+39.7%
	Female	1.5	+57.7%
Age	15-24	2.3	+70.0%
	25-34	5.7	+30.3%
	35-44	6.2	+21.2%
	45-54	3.4	+100.0%
	55-64	3.2	+76.9%
	65+	N/A	N/A
Ethnicity	Hispanic	2.9	-5.6%
	Non-Hispanic	2.6	+54.3%
Race	White	2.4	+36.0%
	Persons of Color	4.1	+92.3%

STIGMA

Penn Medicine LG Health partnered with the Center for Opinion Research to measure Lancaster County residents' knowledge, attitudes, beliefs, and behaviors related to addiction and recovery. The Center for Opinion Research developed a survey questionnaire and conducted a survey with a randomly selected sample of Lancaster County households between September 27 – October 9, 2021. Survey results were weighted by age, education, gender, and race to be representative of the population of Lancaster County. Key survey findings are outlined below.

Encouraging beliefs and attitudes:

- 92% recognize that drug addiction could become a problem for anyone.
- The vast majority of people believe that there are effective treatments for both addiction and mental illness, and that people can get well and live productive lives.
- 3 in 5 people recognize that discrimination against people with addiction and mental illness is a serious problem.

Challenging beliefs and attitudes:

- People are far more willing to live with, work with, and bring into their family a person with a mental illness, compared with a person with a drug addiction.
- People are far more likely to support housing or employment discrimination against a person with a drug addiction compared with a person with a mental illness.
- 43% of people do not see addiction as a medical condition like other chronic conditions.
- 56% think lack of moral strength plays a role in drug and alcohol addiction.

See Appendix B for the stigma survey report.

COVID-19 PANDEMIC

As the COVID-19 pandemic continues, individuals with substance use disorders continue to experience disproportionate poor health outcomes. The factors of anxiety, grief, isolation, financial worries, and changes at home, school, and work, all contribute to an increase in substance use and overdose deaths. COVID-19 has impacted every aspect of the Lancaster County community – including individuals who use substances and those in recovery.

Joining Forces partners have observed that changes to virtual services and support group meetings were not as effective for some individuals. For other individuals, the telehealth option was a more convenient way to maintain their treatment and recovery

Hospital based care, particularly emergency room care, has struggled to meet the demand for both COVID and non-COVID patients. Ongoing staffing challenges have led to increased wait times and some patients leaving against medical advice.

Lancaster County saw an increase in overdose deaths in 2020 compared to the two previous years. As the pandemic lingers and community members experience ongoing symptoms of anxiety and trauma, similar substance use trends are likely to continue. Joining Forces continues to monitor the lasting impacts of the pandemic, including social isolation, on individuals who use substances, those in recovery, and the agencies who provide treatment and recovery services to prevent overdose deaths. In addition, Lancaster Joining Forces monitors long-term, sustainable funding opportunities at the federal, state, and local level to address the risk factors that have been exacerbated by the pandemic.

LEGISLATIVE LANDSCAPE

The current legislation at the federal and state level affects the interventions that can be implemented at the local level. It is imperative for Lancaster Joining Forces to keep abreast of all pending and passed legislation that can affect interventions at the local level and contribute to a reduction in overdose deaths.

Lancaster Joining Forces continues to monitor local, state, and federal announcements that may influence our local response to the overdose crisis such as opioid settlement allocations.

ACCOMPLISHMENTS -SEPTEMBER 2017 TO DATE

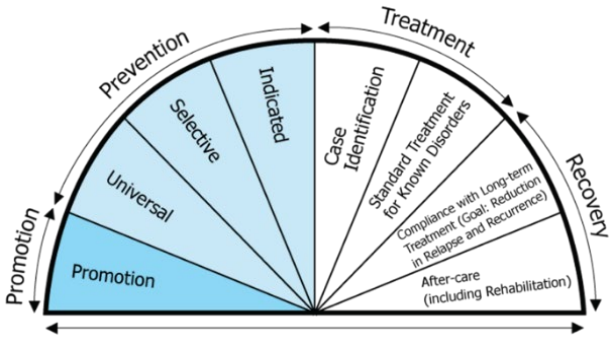
Some highlights of our accomplishments include:

- Website developed and launched to share information with 19,771 web visitors
- Countywide multimedia campaign reaching over 38 million impressions through print, digital, and outdoor advertising
- Provided evidence-based school prevention programs for over 27,000 students in 15 school districts
- Identified and promoted 29 drop-off sites for unused medications countywide
- 2,082 healthcare providers educated on safe opioid prescribing practices through 2021.
- 18,032 community members reached by educational events through December 2021.
- Increased access to naloxone and distributed over 4,985 naloxone kits to first responders, pharmacies, and community members from 145 different organizations.
- Increased total reported naloxone uses among first responders by 13.3% between 2017 and 2020, and increased all reported uses in the community by 11.6%
- Enhanced connections to treatment and recovery support services through warm handoff programs and clinical pathways
- Increased the number of medical providers waivered to provide buprenorphine for opioid use disorders from 76 in 2017, to 243 in 2021 (292% increase).
- Decreased risky prescriptions (MME>90) by 53% between 2016 and 2021
- Decreased overall number of opioid prescriptions dispensed by 33.6% between 2016 and 2021
- Launched Joining Forces for Children; serving 75 children impacted by addiction in 2020 and 2021
- Launched Handle With Care to include participation from 11 public school districts, 3 career and technology centers, 5 non-public schools, and 43 early learning program classrooms.
- Established educational support groups for children impacted by addiction in the fall of 2021.
- Facilitation of the Neonatal Opioid Withdrawal Syndrome (NOWS) Coalition transitioned to Joining Forces for Children.
- Conducted a community wide baseline survey to assess negative attitudes and beliefs about people who use substances or have a mental illness.

FRAMEWORK FOR ACTION

Joining Forces aims to prevent overdose deaths with a strategic, comprehensive, evidence-based approach to meet immediate needs in this crisis, build our community capacity, and establish long-term strategies for prevention and lasting healthy outcomes. For our collective actions, a Continuum of Care framework serves to guide assessments of the current strengths, resources, and gaps in our community; the planning of intervention strategies; the implementation of these strategies; and ongoing evaluation.

The Continuum of Care model is the foundation of our framework for action (see below and see 2018 Strategic Plan for detailed description). This comprehensive approach, developed by the Institute of Medicine and SAMHSA[38], integrates all levels of health promotion, prevention, and intervention to prevent and mitigate substance use disorders and support long-term recovery and wellness.



ALIGNMENT WITH STATE AND NATIONAL STRATEGIC PLANS

Lancaster Joining Forces works to maintain alignment with frameworks used at both the state and national level to reduce the impact of overdose deaths. This includes the PA Opioid Command Center Strategic Plan and the U.S. Health and Human Services Overdose Prevention Strategy.

The mission of the 2020-2023 PA Opioid Command Center Strategic Plan is to coordinate efforts across all disciplines at all levels of government in Pennsylvania aimed at reducing the rate of overdoses and mitigating harmful health outcomes and, support individuals affected by substance use disorder and the professionals who serve them. The vision is to protect all Pennsylvanians from substance use disorder and improve the lives of those who have it. The Lancaster County Joining Forces strategic plan goal and strategies align with many of the goals and strategies of the Opioid Command Center (OCC) Strategic Plan 2020-2023.

Areas of opportunity for Joining Forces to FURTHER support the goals and strategies of the PA Opioid Command Center Strategic Plan include:

- Support executive and legislative efforts to make Pennsylvania a trauma- informed state
- Advocate that providers can treat to their fullest potential in addition to addressing barriers regarding Pennsylvania confidentiality regulations
- Advocate for evidence-based strategies that promote public safety and healthy communities.

GOAL

The goal of Lancaster Joining Forces is to reduce overdose deaths.

To reach this goal, we have identified eight strategies. Each strategy includes multiple tactics and action steps that align with state and national strategic plans to reduce overdose deaths. They are listed in the table below along with tactics and action steps. Many of the tactics are currently in progress, during this three year plan, we will scale up many initiatives and continue to look for opportunities to improve existing initiatives. Through ongoing data collection and analysis, we will adjust tactics and action steps to respond to shifting needs and trends.

STRATEGY 1: Strengthen Evidence-Based Prevention and Intervention Initiatives			
Tactic	**Action Steps**	**Alignment with Opioid Command Center Plan**	**Alignment with HHS Overdose Prevention Strategy**
1.1 Provide school and community-based prevention programs.	Continue to promote school and community-based programs.	**Reduce stigma associated with SUD** • Increase compliance with existing requirements and expand availability of evidence-informed prevention programs focused on SUD in both school and community settings through partnerships, funding, and technical assistance.	Facilitate the implementation of evidence-based primary prevention across the lifespan.
1.2 Advocate for safe storage and disposal of unused medications.	• Advertise permanent medication drop off sites throughout Lancaster County • Distribute drug disposal pouches when funding allows. • Promote messages such as "every day is take back day" • Participate in Drug Take Back Day, biannually • Distribute medication lock boxes as funding allows • Encourage safe storage practices through messaging and education	**Reduce the availability of potentially addictive substances for those without a medical need** • Continue to promote opioid stewardship and education	Facilitate the implementation of evidence-based primary prevention across the lifespan.
1.3 Increase access to and availability of naloxone to individuals most at risk of overdose and people who may respond to an overdose incident.	Distribute naloxone kits made available through grant funding to first responders, pharmacies, primary care, and community organizations such as: • Blueprints • District Attorney's Office • DSAA • Lancaster Harm Reduction Project • SACA	**Ensure the availability, procurement, and deployment of naloxone** • Identify sustainable funding mechanisms to ensure that naloxone can continue to be made available to first responders and the public at large • Evaluate and implement sustainable delivery options for the provision of naloxone to the general public beyond traditional naloxone days • Increase the availability of public access naloxone in high occupancy public spaces **Increase awareness and importance of harm reduction philosophy, strategies, and interventions.** • Educate the public, first responders and members of the General Assembly in what constitutes traditional harm reduction and its	Promote evidence-based harm reduction services, including those that are integrated with health care delivery.

		importance in treating substance use disorder	
1.4 Implement "Handle with Care" model throughout Lancaster County.	Support the handle with care process in: • public school districts • nonpublic schools • early learning classrooms	**Address issues surrounding substance use including mental health and trauma** • Support executive and legislative efforts to make Pennsylvania a trauma-informed state	Facilitate the implementation of evidence-based primary prevention across the lifespan.

Strategy 2: Continue to share common messages and provide educational information throughout the community.

Tactic	Action Steps	Alignment with Opioid Command Center Plan	Alignment with HHS Overdose Prevention Strategy
2.1 Provide public health-based messages about opioid safety, substance use disorder, and community resources via multimedia campaign and education	Promote messages that include: • Help is here for addiction • Connecting individuals and families to local services • Success of people in recovery • Medication safety, storage & disposal • Naloxone access & overdose prevention • How to talk to children about SUD & Recovery • 7 C's for children of addiction • Trauma-informed practices • Supporting children impacted by addiction • Science of Hope – fostering wellness through the building of hope	**Reduce stigma associated with SUD** • Develop and implement a comprehensive communications strategy targeting specific populations and communities **Facilitate compassionate and effective interactions for individuals with a SUD, while decreasing stigma and compassion fatigue in the first responder community** • Facilitate trainings, outreach programs, and resources to first responders related to increasing awareness of SUD	Develop educational materials and programs to reduce stigma.

Strategy 3: Create Lasting Changes in the Medical Community that Improve Patient Safety

Tactic	Action Steps	Alignment with Opioid Command Center Plan	Alignment with HHS Overdose Prevention Strategy
3.1 Increase number of people receiving medication-assisted treatment (MAT).	Expand the locations (mobile, primary care, emergency department, etc.) where patients can access MAT - PM LGH, WellSpan, Union Community Care, UPMC, Penn State Use data to identify locations where access would require significant travel and develop a plan to increase	**Mitigate policy barriers to obtaining SUD treatment** • Enhance availability of drug and alcohol counseling and other health care professionals that serve individuals with SUD	Promote evidence-based integrated care for people with co-occurring conditions across lines of service and care settings.

	access in those communities through family practices and other providers & programs. Build relationships among providers across systems, including the local opioid treatment program (ARS), to promote the use of MAT. Explore feasibility of MAT expansion in the prison setting & warm handoff upon release. Expansion would include the initiation of buprenorphine, methadone, or Vivitrol while incarcerated. Increase provision of MAT maintenance for people incarcerated at Lancaster County Prison. Implement clearly defined pathways for pregnant patients to initiate/continue MAT when accessing emergency or maternity care to reduce the prevalence of Neonatal Opioid Withdrawal Syndrome. Educate providers on the updates to Plans of Safe Care and promote their use to support infants and families impacted by prenatal substance use.	• Ensure that providers can provide treatment to their fullest potential in addition to addressing barriers regarding Pennsylvania confidentiality regulations **Inform patients and providers about the treatment resources that are available within their communities in a timely fashion** • Continue providing face-to-face healthcare provider education and technical assistance. • Provide materials and resources to consumers to educate and empower them to talk with their healthcare providers or seek help for treatment **Provide support for identifying and referring individuals with SUD to community-based resources that support social determinants of health** • Promote care coordination and connect individuals with supportive services to achieve overall wellbeing	
Increase naloxone prescriptions among patients with opioid prescriptions (MME>50).	Continue to make Naloxone available at pharmacies throughout Lancaster county for free. Embed best practice alerts in the electronic medical record (EMR) to prompt provider to offer naloxone when clinically indicated. Provide educational tools for providers to use motivational interviewing to increase patient understanding of their individual risk for overdose and encourage access to naloxone.	**Ensure the availability, procurement, and deployment of naloxone** • Identify sustainable funding mechanisms to ensure that naloxone can continue to be made available to first responders and the public at large • Evaluate and implement sustainable delivery options for the provision of naloxone to the general public beyond traditional naloxone days • Increase the availability of public access naloxone in high occupancy public spaces	Promote evidence-based integrated care for people with co-occurring conditions across lines of service and care settings.
Establish a system for clinicians to send electronic messages to legislators to	Establish a baseline of messages sent	**Provide support for identifying and referring individuals with SUD to community-based resources that support social determinants of health**	Support research on and development of new treatments and strategies to improve engagement and retention in care.

support proposed legislation.		• Leverage information from health information exchange organizations and community treatment providers to determine and address current barriers to treatment	
Foster communication and collaboration among all healthcare systems to promote best practices.	Host bi-monthly meetings among providers through the South Central Opioid Awareness Coalition Convene quarterly MOUD provider panel discussions to increase MAT prescribing through peer led education. The group uses case studies to promote best practices of ongoing treatment. Convene bi-monthly meetings among providers and community-based services serving pregnant and parenting individuals through the Neonatal Opioid Withdrawal Syndrome (NOWS) Coalition Promote the use of Plans of Safe Care for substance affected infants and their caregivers	**Inform patients and providers about the treatment resources that are available within their communities in a timely fashion** • Continue providing face-to-face healthcare provider education and technical assistance. **Provide support for identifying and referring individuals with SUD to community-based resources that support social determinants of health** • Promote care coordination and connect individuals with supportive services to achieve overall wellbeing • Leverage information from health information exchange organizations and community treatment providers to determine and address current barriers to treatment **Mitigate policy barriers to obtaining SUD treatment** • Provide technical assistance and resources to providers to lessen burdens	Support research on and development of new treatments and strategies to improve engagement and retention in care.
Standardize prescribing through implementing standard orders that are embedded in electronic medical records to decrease the amount of opioids dispensed. (Ex: standard prescription for knee replacement).	Follow prescribing recommendations from organizations such as Pennsylvania Opioid Surgical Stewardship Enterprise (POSSE) for opioid use following surgical procedures. Embed best practice alerts in electronic medical record. Support patient centric decision making within the standardization of pain management treatment and provide additional resources when clinically indicated. (Example: referral to pain management team)		Broaden access to evidence-based care that increases willingness to engage in treatment. Reduce clinically inappropriate prescribing of medications with misuse potential.
Research tested and effective multi-modal pain management	Assess patients that have pain management needs and recommend multi-modal pain management strategies that include interventions such as non-opioid medications, early physical therapy, acupuncture, mindfulness, etc.	**Inform patients and providers about the treatment resources that are available within their communities in a timely fashion**	Support research on and development of new treatments and strategies to improve engagement and retention in care.

strategies and reimbursement for those services.	Explore avenues to engage payers for the reimbursement of multi-modal pain management treatment modalities.	• Continue providing face-to-face healthcare provider education and technical assistance. • Provide materials and resources to consumers to educate and empower them to talk with their healthcare providers or seek help for treatment	Reduce clinically inappropriate prescribing of medications with misuse potential.
Support clinicians who are helping patients manage pain and/or prescribing medications for substance use disorders.	Develop clinical pathways for acute and chronic pain management based on need and individual risk for substance use disorder and other complications.		

Strategy 4: Increase access to treatment services

Tactic	Action Steps	Alignment with Opioid Command Center Plan	Alignment with HHS Overdose Prevention Strategy
Explore the possibility of opening a licensed facility providing withdrawal management in Lancaster County and what will be needed to support this project	Identify potential resources including funding. Document needs, barriers, and assets that can be leveraged to open a detox facility. Initiate a sustainability plan for the proposed detox facility.	**Provide support for identifying and referring individuals with SUD to community-based resources that support social determinants of health** • Leverage information from health information exchange organizations and community treatment providers to determine and address current barriers to treatment	Broaden access to evidence-based care that increases willingness to engage in treatment.
Increase the number of SUD case managers and recovery support specialists throughout Lancaster County	Develop a sustainability plan that includes the resources needed to support increasing the number of recovery support specialists and case managers in Lancaster County. Convene case managers and other care coordinators to share best practices when connecting individuals and families to various levels of treatment. (See Appendix ## for sample resources to be shared)	**Provide support for identifying and referring individuals with SUD to community-based resources that support social determinants of health** • Promote care coordination and connect individuals with supportive services to achieve overall wellbeing **Inform patients and providers about the treatment resources that are available within**	

		their communities in a timely fashion • Provide materials and resources to consumers to educate and empower them to talk with their healthcare providers or seek help for treatment	
Reconvene SUD face to face treatment services and support groups	Disseminate information about in-person services across various platforms and in collaboration with community partners as available.	**Mitigate policy barriers to obtaining SUD treatment** • Enhance availability of drug and alcohol counseling and other health care professionals that serve individuals with SUD • Ensure that providers can provide treatment to their fullest potential in addition to addressing barriers regarding Pennsylvania confidentiality regulations	

Strategy 5: Promote recovery by providing trainings and sharing positive stories about the recovery process.

Tactic	Action Steps	Alignment with Opioid Command Center Plan	Alignment with HHS Overdose Prevention Strategy
Conduct a baseline community survey to understand attitudes, knowledge, and beliefs among community members about substance use disorder and recovery.	Contract with F&M Center for Opinion Research to conduct a follow-up community wide survey. Share results publicly at community forum Identify next steps to reduce negative attitudes and beliefs aligned with best practice strategies	**Reduce stigma associated with SUD** • Collect and share stories and examples of evidence-informed treatment programs, including MAT **Encourage employer policies and hiring practices that will support individuals in recovery obtaining and maintaining employment** • Identify barriers to hiring and supporting employees	Develop educational materials and programs to reduce stigma. Develop educational materials and programs to reduce stigma. Strengthen the recovery support services workforce.
Share positive stories about individuals in long-	Identify funding to continue to share positive recovery stories in publications such as LNP's Balance Magazine.	**Reduce stigma associated with SUD**	

term recovery via local media outlets such as LNP.	Explore additional outlets and funding sources to expand the audience that receives positive stories of recovery. Stories will include all pathways of recovery including the use of medications like buprenorphine.	• Collect and share stories and examples of evidence-informed treatment programs, including MAT	
Provide trainings throughout the community to reduce negative attitudes about substance use disorders and recovery.	Conduct trainings for key interveners to include representatives from: GOAL Project, Eastern Mennonite University, Recovery House Managers, etc. Promote new recovery hub trainings geared towards the recovery house community and the recovery support specialist workforce.	**Reduce stigma associated with SUD** • Increase compliance with existing requirements and expand availability of evidence-informed prevention programs focused on SUD in both school and community settings through partnerships, funding, and technical assistance. • Develop and implement a comprehensive communications strategy targeting specific populations and communities • Collect and share stories and examples of evidence-informed treatment programs, including MAT **Encourage employer policies and hiring practices that will support individuals in recovery obtaining and maintaining employment** • Educate employers on hiring individuals in recovery, employee benefits, and insurance best practices	

Provide education to media providers to increase science-based coverage on substance use disorders and pathways to recovery.	Network with media outlets to share the media education toolkit developed by the Lancaster County Recovery Alliance. Provide media outlets with positive stories, images, and technical assistance when developing content about substance use and recovery.	**Reduce stigma associated with SUD** • Develop and implement a comprehensive communications strategy targeting specific populations and communities • Collect and share stories and examples of evidence-informed treatment programs, including MAT	

Strategy 6: Advance trauma informed Lancaster County

Tactic	Action Steps	Alignment with Opioid Command Center Plan	Alignment with HHS Overdose Prevention Strategy
Increase awareness about the prevalence of trauma and how to mitigate the impacts of trauma on the community.	Promote trauma trainings among community partners and the community at large. Encourage community partner participation in learning opportunities (lunch and learn, learning collaboratives, etc.) Connect community partners to tools and resources as developed or shared by Trauma Informed Lancaster.	**Address issues surrounding substance use including mental health and trauma** • Support executive and legislative efforts to make Pennsylvania a trauma-informed state	Facilitate the implementation of evidence-based primary prevention across the lifespan.
Implementing trauma informed practices across all sectors.	Apply trauma informed principals to all aspects of the coalition's work (communications, meetings, development of educational materials shared, etc.)		

Strategy 7: Pilot an overdose fatality review process

Tactic	Action Steps	Alignment with Opioid Command Center Plan	Alignment with HHS Overdose Prevention Strategy
Build capacity and support for an overdose fatality review (OFR) process in Lancaster County.	Investigate issues around PA's confidentiality laws. Conduct interviews of key leaders needed to implement the process.	**Ensure the long-term sustainability of our collective efforts** • Secure legislative and regulatory reforms that codify existing practices	Support research and surveillance to develop and improve delivery of prevention interventions.

	Meet with other communities in Pennsylvania who have an existing review team.	**Continue to invest in innovative initiatives aimed at supporting people with a substance use disorder and their loved ones** • Fund community organizations that align with the mission and vision of the Opioid Command Center	
Launch the overdose fatality review process	Identify funding (grant opportunities, private donations) for a dedicated OFR facilitator to collect & analyze data, coordinate the team and facilitate meetings. Define local OFR policies and procedures. Implement a pilot overdose fatality review and evaluate the process.		

Strategy 8: Advocate for evidence-based strategies that promote public safety and healthy communities.

Tactic	Action Steps	Alignment with Opioid Command Center Plan	Alignment with HHS Overdose Prevention Strategy
Raise awareness and support research based interventions that promote public safety and reduce the spread of disease.	Educate community about evidence-based strategies that promote public safety and reduce the spread of disease: • Motivational Interviewing • Meeting people where they are • Treating People who use drugs with dignity and respect • Acknowledging that abstinence is not appropriate for all people who use drugs	**Increase awareness and importance of harm reduction philosophy, strategies, and interventions** • Educate the public, first responders and members of the General Assembly in what constitutes traditional harm reduction and its importance in treating substance use disorder • Advocate for change to permit utilization of harm reduction strategies, including the establishment of syringe service programs	Advance research and demonstrations on innovative harm reduction approaches. Promote evidence-based harm reduction services, including those that are integrated with health care delivery.
	Promote the implementation of evidence-based interventions, to include: • Medications for addiction disorders • Naloxone • Increased access to HIV/Hep C testing		

CONCLUSION

The collective efforts of community partners, guided by evidence and this plan, will address risk factors for substance use and overdose. Specifically, the work will aim to prevent, intervene, and treat substance use disorders while creating the conditions in the environment for individuals and families to maintain recovery. Following our framework for action, Lancaster Joining Forces has identified eight key strategies to affect change in Lancaster County. They are:

1. Strengthen evidence-based prevention and intervention initiatives.
2. Continue to share common messages and provide educational information throughout the community.
3. Create lasting changes in the medical community that improve patient safety.
4. Increase access to evidence-based treatment services.
5. Promote recovery by providing trainings and sharing positive stories about the recovery process.
6. Advance Trauma Informed Lancaster County.
7. Pilot an overdose fatality review process.
8. Advocate for evidence-based strategies that promote public safety and healthy communities.

The implementation and continuation of the eight strategies above along with regular analysis of key metrics will aid in evaluating the effectiveness of our collective efforts to reduce overdose deaths.

The overdose epidemic is a complex public health issue requiring a collaborative response to reduce harm, treat addiction, and build a recovery ready community. Lancaster Joining Forces provides the vehicle for such a collaborative response.

To stay up to date with our progress, visit lancasterjoiningforces.org.

APPENDIX A. TERMS

Here are commonly used terms and some of the terminology used in this document. Joining Forces actively employs language that is medically accurate, non-stigmatizing, and person-first (i.e. person with an opioid use disorder).

ADDICTION can be synonymous with severe substance use disorder. It is a chronic illness that most significantly affects the brain's reward, motivation, and memory processes. This manifests in a complex condition with biological, psychological, and social components and impairments in behavioral control and social and emotional functioning. In recovery circles, addiction may be self-defined and identified.

CO-OCCURRING DISORDERS are diagnosable when at least one mental health disorder (i.e. depression, anxiety, post-traumatic stress disorder, etc.) and at least one substance use disorder occur simultaneously.

OPIOIDS are a class of drugs that include the illegal drug heroin and opioids that are commonly available by prescription as pain relievers. Prescription opioids can include natural opioids (i.e. morphine and codeine), semi-synthetic opioids (i.e. oxycodone, hydrocodone, and morphine), methadone, and some other synthetic opioids (i.e. tramadol and fentanyl). The CDC identifies and tracks four categories of opioids: heroin, natural and semi-synthetic opioid analgesics, methadone, and other synthetic opioid analgesics. For the purposes of this strategic plan, we will most commonly use the term *opioids* to refer to all categories of opioids. The term *prescription opioids* is used to refer to all pharmaceutically manufactured opioids, as they are typically obtained in a way that originated with a prescription.

OPIOID DEPENDENCE is a physical state in which an individual is reliant on opioids to prevent physical withdrawal symptoms. Typically, dependence is also associated with a development of opioid tolerance, requiring higher amounts of the drug to obtain the same effects. While it can be a symptom of opioid misuse or use disorder, dependence can occur independently.

OPIOID MISUSE occurs when an individual takes opioids in any way not directed by a doctor (i.e. in a larger quantity than prescribed or without a prescription, as in non-medical recreational use).

OPIOID OVERDOSE occurs when an individual consumes a toxic quantity of opioids in excess of what the body can process. During an overdose, the brain's opioid receptors become overwhelmed and affect the body's central nervous system, which slows and eventually stops breathing and heart rate. Overdoses can be fatal or nonfatal and are most often unintentional.

OPIOID USE DISORDER is a specific substance use disorder, classified in the Diagnostic Statistical Manual of Mental Disorders, 5th Edition (DSM-5) by recurrent use of opioids that causes significant distress or impairment in daily living. Some symptoms of opioid use disorder include a strong desire to use opioids, inability to control or reduce use, opioid tolerance or dependence, and continued use despite adverse effects on health or social functioning. Opioid use disorders may be classified by severity as mild, moderate, or severe.

RECOVERY is a process of change, through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. This commonly refers to recovery from substance use disorders.

SUBSTANCE USE DISORDERS are characterized in the DSM-5 by the recurrent use of alcohol and/or drugs that results in clinically significant impairments in health, social functioning, and voluntary control over substance use. Substance use disorders are typically classified by the type of substance used (i.e. opioid use disorder or alcohol use disorder) and by level of severity (i.e. mild, moderate, or severe). Substance use disorders are clinically diagnosable, and this term will be used instead of *substance abuse*.

APPENDIX B: STIGMA SURVEY

Penn Medicine Lancaster General Health

Joining Forces Community Survey September 27 – October 9, 2021

Marginal Frequency Report, weighted data N = 591

Discrimination

D1. How much of a problem is discrimination against people with a [mental illness/drug addiction] in Lancaster County?

	Mental Illness *n=284*	Drug Addiction *n=307*
Very serious	14%	24%
Somewhat serious	44%	37%
Not much	18%	16%
Not at all	6%	2%
Do not know	17%	21%

D2. Do you think that employers should be allowed to deny employment to a person with a [mental illness/drug addiction]?

	Mental Illness *n=284*	Drug Addiction *n=307*
Yes, definitely	8%	30%
Yes, probably	17%	34%
No, probably not	28%	20%
No, definitely not	38%	11%
Do not know	9%	5%

D3. Do you think that landlords should be able to deny housing to a person with a [mental illness/drug addiction]?

	Mental Illness *n=284*	Drug Addiction *n=307*
Yes, definitely	6%	17%
Yes, probably	7%	27%
No, probably not	25%	27%
No, definitely not	57%	22%
Do not know	4%	7%

D4. Would you be willing to have a person with a [mental illness/drug addiction] marry into your family?

	Mental Illness *n=284*	Drug Addiction *n=307*
Yes, definitely	43%	8%
Yes, probably	31%	21%
No, probably not	12%	36%
No, definitely not	6%	26%
Do not know	9%	10%

D5. Would you be willing to have a person with a [mental illness/drug addiction] start working closely with you on a job?

	Mental Illness *n=284*	Drug Addiction *n=307*
Yes, definitely	49%	14%
Yes, probably	36%	30%
No, probably not	7%	29%
No, definitely not	2%	22%
Do not know	6%	6%

D6. Would you be willing to live with someone who has a [mental illness/drug addiction]?

	Mental Illness *n=284*	Drug Addiction *n=307*
Yes, definitely	49%	11%
Yes, probably	29%	19%
No, probably not	12%	32%
No, definitely not	2%	33%
Do not know	8%	5%

The following is a hypothetical situation.

Harry is a 30-year-old single man with [schizophrenia, a mental illness/a drug addiction]. He lives alone in an apartment and works as a clerk at a large law firm. He has been hospitalized six times because of his illness.

Please answer the following questions using a scale from 1 to 7, where 1 means "not at all' and 7 means "very much".

		Schizophrenia, a mental illness	A drug addiction
D7. How dangerous do you think Harry is?	n	230	264
	Mean	3.09	3.72

	Std. Dev	1.49	1.70
	Median	3.00	4.00
D8. How much is Harry personally at fault for having this condition?	n	267	278
	Mean	1.48	4.15
	Std. Dev	1.30	2.01
	Median	1.00	4.00
D10. How much would you try to stay away from Harry?	n	270	295
	Mean	2.63	3.61
	Std. Dev	1.73	1.98
	Median	2.00	3.00
D12. How likely is it that Harry also has a [mental illness / drug addiction]?	n	224	290
	Mean	2.85	5.25
	Std. Dev	1.67	1.66
	Median	3.00	6.00

D11. Using a scale from 1 to 7, where 1 means "definitely should **not**" and 7 means "definitely should".

Should Harry be forced to get treatment even if he does not want to?

	Schizophrenia, a mental illness	A drug addiction
n	268	303
Mean	2.25	2.43
Std. Dev	1.64	1.76
Median	2.00	2.00

D9. Using a scale from 1 to 7, where 1 means you would "definitely help" and 7 means "definitely would **not** help".

How likely is it you would help Harry, if he needs it?

	Schizophrenia, a mental illness	A drug addiction
n	259	296
Mean	3.89	3.93
Std. Dev	2.14	2.22
Median	4.00	4.00

Recovery

The following questions are about treatment for **a** [mental illness/drug addiction].
Are each of the following statements definitely true, probably true, probably false or definitely false?

		Mental Illness *n=284*	Drug Addiction *n=307*
R1. People who have a [mental	Definitely true	13%	17%

illness/drug addiction] can get treatment no matter where they live.	Probably true	23%	22%
	Probably false	29%	31%
	Definitely false	30%	23%
	Do not know	5%	7%
R2. There are effective treatments for people who have a [mental illness/drug addiction].	Definitely true	42%	51%
	Probably true	46%	41%
	Probably false	6%	3%
	Definitely false	1%	2%
	Do not know	4%	3%
R3. The treatment options for persons with a [mental illness/drug addiction] are effective at controlling symptoms.	Definitely true	13%	13%
	Probably true	62%	46%
	Probably false	8%	17%
	Definitely false	3%	4%
	Do not know	14%	20%
R4. Most people with a [mental illness/drug addiction] can, with treatment, get well and return to productive lives.	Definitely true	37%	46%
	Probably true	51%	44%
	Probably false	6%	6%
	Definitely false	2%	1%
	Do not know	4%	3%

Do you strongly favor, somewhat favor, somewhat oppose or strongly oppose each of the following?

		Mental Illness *n=284*	Drug Addiction *n=307*
R5. Requiring insurance companies to offer benefits for the treatment of a [mental illness/drug addiction] that are equal to benefits for other medical services	Strongly favor	77%	53%
	Somewhat favor	17%	31%
	Somewhat oppose	3%	8%
	Strongly oppose	2%	7%
	Do not know	1%	1%
R6. Increasing government spending on the treatment of a [mental illness/drug addiction]	Strongly favor	56%	37%
	Somewhat favor	28%	27%
	Somewhat oppose	9%	18%
	Strongly oppose	4%	14%
	Do not know	2%	4%
R7. Increasing government spending on programs to subsidize housing costs for people with a [mental illness/drug addiction]?	Strongly favor	45%	25%
	Somewhat favor	32%	26%
	Somewhat oppose	12%	24%
	Strongly oppose	5%	20%
	Do not know	4%	6%
R8.-Increasing government spending on programs that help people with a [mental illness/drug addiction] find jobs and provide on-the-job support?	Strongly favor	65%	42%
	Somewhat favor	25%	37%
	Somewhat oppose	4%	8%
	Strongly oppose	4%	9%
	Do not know	1%	4%

R9. Do you think there is more or less discrimination against people with a [mental illness / drug addiction] today than there was ten years ago?

	Mental Illness *n=284*	Drug Addiction *n=307*
Much more	10%	12%
Somewhat more	18%	13%
Somewhat less	43%	32%
Much less	17%	16%
About the same	7%	16%
Do not know	5%	11%

Attitudes/Beliefs about Substance Use

The next few questions ask about substance use, including the abuse of alcohol or opioids.

SA1. How much of a problem is drug and alcohol addiction in Lancaster County?

Very serious	42%
Somewhat serious	43%
Not much	6%
Not at all	0%
Do not know	8%

SA2. Do you think drug and alcohol addiction is more or less of a problem in Lancaster County today than there was ten years ago?

Much more	39%
Somewhat more	38%
Somewhat less	7%
Much less	1%
Do not know	15%

SA3. Do you think that drug and alcohol addiction can be a problem for anyone?

Yes, definitely	70%
Yes, probably	22%
No, probably not	5%
No, definitely not	1%
Do not know	1%

SA4. Do you think that drug and alcohol addiction is a medical illness like diabetes, arthritis, or heart disease?

Yes, definitely	29%
Yes, probably	27%
No, probably not	19%
No, definitely not	20%
Do not know	4%

SA5. Do you think those who have recovered from drug and alcohol addiction can be trusted?

Yes, definitely	44%
Yes, probably	47%
No, probably not	4%
No, definitely not	1%
Do not know	4%

SA6. Do you think a lack of moral strength plays a large part in drug and alcohol addiction?

Yes, definitely	25%
Yes, probably	31%
No, probably not	21%
No, definitely not	20%
Do not know	3%

SA7. Do you think those who seek treatment for drug and alcohol addiction are basically weak people who can't quit using drugs on their own?

Yes, definitely	4%
Yes, probably	9%
No, probably not	17%
No, definitely not	68%
Do not know	2%

SA8. Children should be taught about drug and alcohol addiction in school?

Yes, definitely	74%
Yes, probably	20%
No, probably not	2%
No, definitely not	2%
Do not know	2%

SA9. How often do you have contact with someone who has struggled with drug and alcohol addiction --daily, at least once a week, at least once a month, or less often than that?

Daily	25%
Once a week	18%
Once a month	13%
Less often	35%
Do not know	9%

SA10. Do you think people recovering from drug and alcohol addiction receive too many special advantages, usually receive fair treatment, or usually are discriminated against?

Too many special advantages	2%
Usually receive fair treatment	35%
Usually are discriminated against	48%
Do not know	15%

Prevalence

P1. Have you, yourself, ever had a problem with drug addiction, substance dependency, or substance use disorder including alcohol or opioids?

Yes	13%
No	86%

P2. Did you seek treatment for the drug addiction, substance dependency or substance use disorder?

	n=77
Yes, currently	1%
Yes, in the past	33
No	66%

P5. Do you currently have a problem with drug addiction, substance dependency, or substance use disorder including for alcohol or opioids?

Yes	8%
No	92%

P6. How long you been in recovery?

	n=74
Less than 1 year	3%
1-5 years	25%
5-10 years	11%
10-15 years	21%
15 or more years	40%

P3. Have you ever had a family member or close friend who has had a problem with drug addiction, substance dependency, or substance use disorder including alcohol or opioids?

Yes	73%
No	26%
Do not know	1%

P4. Did they seek treatment for the drug addiction, substance dependency, or substance use disorder?

	n=430
Yes, all of them	39%
Some, but not all	34%
No, none of them	23%
Do not know	4%

Taking Action

The next two questions are about your willingness to help address addiction issues in your community.

AC2. How involved do you want to be in helping people in your community deal with the opioid epidemic? Very involved, somewhat involved, not very involved, or not involved at all?

Very involved	6%
Somewhat involved	38%
Not very involved	30%
Not involved at all	19%
Do not know	7%

AC1. How interested are you in purchasing or getting naloxone, a medication that can quickly help a person experiencing a life-threatening drug overdose?

Very interested	14%
Somewhat interested	20%
Not very interested	25%
Not interested at all	34%
Do not know	7%

Demographics

AGE. What was your age on your last birthday?

Under 35	29%
35-54	31%
Over 55	40%

EDUC. What was the highest level of schooling you have completed?

HS or less	50%
Some College	22%
College degree	28%

MAR. What is your current marital status? Are you single, married, separated, divorced, or widower?

Single, never married	23%
Married	60%
Separated	2%
Divorced	9%
Widow, widower	6%

IDEO1. Politically speaking, do you consider yourself to be a liberal, a moderate, or a conservative?

Liberal	23%
Moderate	28%
Conservative	43%
Do not know	7%

PRTY1. Regardless of how you are registered in politics, as of today, do you think of yourself as a Republican, a Democrat, or an Independent?

Republican	36%
Democrat	24%
Independent	33%
Other	5%
Do not know	2%

VET. Are you a military veteran?

Yes	8%
No	92%

Hisp. Are you Hispanic or Latino, or not?

Yes	5%
No	95%

RACE_A. Which of the following categories best describes your racial background? White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, or American Indian, Alaska Native?

White	89%
Nonwhite	11%

NumC. How many children under 18 years of age currently live in your household?

None	68%
1-2	22%
3 or more	11%

WORK. Which best describes your current employment status? Are you working full-time, part-time, unemployed (looking for work), retired, disabled, going to school, or something else?

Full-time	55%
Retired	24%
Part-time	9%
Something else	6%
Going to school	2%
Unemployed and looking for work	2%
Disabled	1%

OCC. What [is/was] your main occupation?

	n=496
Office and Administrative Support Occupations	13%
Management Occupations	12%
Sales and Related Occupations	8%
Transportation and Material Moving Occupations	8%
Educational Instruction and Library Occupations	6%
Healthcare Practitioners and Technical Occupations	6%
Production Occupations	6%
Business and Financial Operations Occupations	5%
Architecture and Engineering Occupations	5%
Construction and Extraction Occupations	5%
Community and Social Service Occupations	4%
Arts, Design, Entertainment, Sports, and Media Occupations	4%
Healthcare Support Occupations	4%
Farming, Fishing, and Forestry Occupations	3%
Food Preparation and Serving Related Occupations	2%
Personal Care and Service Occupations	2%
Computer and Mathematical Occupations	1%
Life, Physical, and Social Science Occupations	1%
Legal Occupations	1%
Protective Service Occupations	1%
Installation, Maintenance, and Repair Occupations	1%

INDUSTRY. Which of the following best describes your main employer? A for-profit company or organization, a non-profit organization, a division of government or government agency, or are you self-employed?

	n=496
For-profit company or organization	53%
Non-profit organization	16%
Government	10%
Self-employed	15%
Other	3%
Do not know	4%

INCOME. And, just for statistical purposes, is your total family income…

Under $35,000	21%
$35,000-$75,000	37%
Over $75,000	42%

Gender. How do you describe yourself?

Male	48%
Female	52%

APPENDIX C: OPIOID COMMAND CENTER STRATEGIC PLAN

PA Opioid
Command Center St

APPENDIX D: HEALTH AND HUMAN SERVICES OVERDOSE PREVENTION STRATEGY

APPENDIX E: WORDS MATTER

NIDAMED

Words Matter

Terms to Use and Avoid When Talking About Addiction

This handout offers background information and tips for providers to keep in mind while using person-first language, as well as terms to avoid to reduce stigma and negative bias when discussing addiction. Although some language that may be considered stigmatizing is commonly used within social communities of people who struggle with substance use disorders (SUDs), clinicians can show leadership in how language can destigmatize the disease of addiction.

Stigma and addiction

What is stigma?

Stigma can be defined as a label with an associated stereotype that elicits a negative response. Typical stigma related to addiction patients: they are dangerous, unpredictable, incapable of managing treatment, at fault for their condition, etc.

Where does it come from?

For people with an SUD, stigma may stem from antiquated and inaccurate beliefs that addiction is a moral failing, instead of what we know it to be—a chronic, treatable disease from which patients can recover and continue to lead healthy lives.

How does it affect people with SUD?

- Stigmatizing attitudes can reduce willingness of individuals with SUD to seek treatment.[1,2]
- Stigmatizing views of people with SUD are common; this stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from people with an SUD.[2]
- Stigmatizing language can negatively influence health care provider perceptions of people with SUD, which can impact the care they provide.[3]

How can we make a change?

- When talking to people with SUD, their loved ones, and your colleagues, use non-stigmatizing language that reflects an accurate, science-based understanding of SUD and is consistent with your professional role.
- Because clinicians are typically the first points of contact for a person with an SUD, health professionals should "take all steps necessary to reduce the potential for stigma and negative bias."[3] Take the first step by learning the terms to avoid and use on the next page.
- Use person-first language and let individuals choose how they are described.[4]

What is person-first language?

Person-first language maintains the integrity of individuals as whole human beings—by removing language that equates a person to their condition or has negative connotations.[5] For example, "person with a substance use disorder" has a neutral tone and distinguishes the person from his or her diagnosis.[6]

What else should I keep in mind?

It is recommended that "substance use" be used to describe all substances, including alcohol and other drugs, and that clinicians refer to severity specifiers (e.g., mild, moderate, severe) to indicate the severity of the impairment. This language also supports documentation of accurate clinical assessment and development of effective treatment plans.[7] When talking about treatment plans with people with SUD and their loved ones, be sure to use evidence-based language instead of referring to treatment as an intervention.

Visit **NIDAMED** for resources at **drugabuse.gov/nidamed**

NIH National Institute on Drug Abuse

Terms to avoid, terms to use, and why

Consider using these recommended terms to reduce stigma and negative bias when talking about addiction.

Instead of...	Use...	Because...
Addict **User** **Substance or drug abuser** **Junkie** **Alcoholic** **Drunk** **Substance dependence** **Former addict** **Reformed addict**	• Person with opioid use disorder (OUD)/SUD or person with opioid addiction • Patient • Person in recovery or long-term recovery **For heavy alcohol use:** • Unhealthy, harmful, or hazardous alcohol use • Person with alcohol use disorder	• Person-first language. • The change shows that a person "has" a problem, rather than "is" the problem.[7] • The terms to avoid elicit negative associations, punitive attitudes, and individual blame.[7]
Addicted baby	• Baby born to mother who used drugs while pregnant • Baby with signs of withdrawal from prenatal drug exposure • Baby with neonatal opioid withdrawal/ neonatal abstinence syndrome • Newborn exposed to substances	• Babies cannot be born with addiction because addiction is a behavioral disorder—they are simply born manifesting a withdrawal syndrome. • Using person-first language can reduce stigma.
Habit	• Substance use disorder • Drug addiction	• Inaccurately implies that a person is choosing to use substances or can choose to stop.[4] • "Habit" may undermine the seriousness of the disease.
Abuse	**For illicit drugs:** • Use **For prescription medications:** • Misuse, used other than prescribed	• The term "abuse" was found to have a high association with negative judgments and punishment.[8] • Legitimate use of prescription medications is limited to their use as prescribed by the person to whom they are prescribed. Consumption outside these parameters is misuse. • Consider the motivation and intent of misuse (e.g., level, reasons) to determine whether the specific instance suggests SUD.
Opioid substitution **Replacement therapy**	• Opioid agonist therapy • Medication treatment for OUD • Pharmacotherapy	• It is a misconception that medications merely "substitute" one drug or "one addiction" for another.[4]
Clean	**For toxicology screen results:** • Testing negative **For non-toxicology purposes:** • Being in remission or recovery • Abstinent from drugs • Not drinking or taking drugs • Not currently or actively using drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[9] • Set an example with your own language when treating patients who might use stigmatizing slang. • Use of such terms may evoke negative and punitive implicit cognitions.[7]
Dirty	**For toxicology screen results:** • Testing positive **For non-toxicology purposes:** • Person who uses drugs	• Use clinically accurate, non-stigmatizing terminology the same way it would be used for other medical conditions.[9] • May decrease patients' sense of hope and self-efficacy for change.[7]

1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5937046
2 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5854406
3 https://www.tandfonline.com/doi/abs/10.1080/10826084.2019.1581221?journalCode=ismi20
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