



LANCASTER COUNTY
JOINING FORCES

Strategic Plan

2024-2026

INTRODUCTION

Overdose deaths and other harm caused by substance use are serious public health concerns in Lancaster County and across the United States. The United States government declared a national public health emergency because of the opioid crisis in October 2017, and the State of Pennsylvania declared a statewide disaster emergency in January 2018. Lancaster County also experienced a rapid increase in overdose deaths between 2014 and 2017, when deaths increased 180%.

Lancaster County Joining Forces launched in 2017 to prevent fatal overdoses, with broad-based community participation and backbone support from Penn Medicine Lancaster General Health. The primary goal was to reduce the number of overdose deaths caused by opioids and heroin. Joining Forces brings together key stakeholders to strengthen existing initiatives across all sectors; identify and address gaps in services and resources; and implement unified, comprehensive strategies to reduce preventable deaths.

Since it began, Joining Forces has achieved notable success. From the peak of 168 overdose deaths in 2017, the number declined to 84 overdose deaths in 2023. Across the community, partners have implemented programs and policies to prevent initiation of substance use, connect individuals with treatment and recovery services, increase the use of evidence-based medications for opioid use disorder, and train first responders and bystanders countywide in responding to overdose emergencies.

However, the work is not over. All overdose deaths are preventable, and no overdose death is acceptable. During the COVID-19 pandemic, there was a temporary increase in overdose deaths, when risk factors for overdose increased, including mental health distress, economic strain, and changes in treatment and recovery resources, including social support. New substances have emerged, including xylazine, which is contributing to overdose deaths as well as serious skin wounds. Racial and ethnic disparities in overdose deaths have grown, possibly linked to differences in access to treatment.

As community conditions and risk factors for overdose have changed, Joining Forces has adapted to address the community's needs. This year, the Steering Committee and the broader Joining Forces collaborative worked through a strategic planning process to re-evaluate the mission, goals, and objectives. Building on our success in reducing opioid-related deaths, we recognize the importance of addressing substances beyond opioids and harms beyond death.

Our updated mission is to prevent and reduce the most harmful impacts of substance use and promote recovery in Lancaster County.

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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MISSION

The mission of Joining Forces is to prevent and reduce the most harmful impacts of substance use and promote recovery in Lancaster County.

GOALS AND STRATEGIES

Goal 1: Prevent early deaths caused by substance use.

Strategy 1: Improve medical care for individuals with substance use disorders.

Strategy 2: Strengthen evidence-based overdose prevention.

Goal 2: Reduce addiction and dependence.

Strategy 3: Strengthen school and community-based prevention programs.

Strategy 4: Improve systems of care for substance use.

Strategy 5: Improve housing and employment resources to support recovery.

Goal 3: Prevent and reduce trauma to children and families caused by substance use.

Strategy 6: Provide and promote resources to support families affected by substance use.

Strategy 7: Decrease isolation and stigma associated with substance use and treatment.

STEERING COMMITTEE

The Joining Forces Steering Committee is a group of organizations that provides leadership and support for the countywide effort to address substance use. The key responsibilities of the Steering Committee are to:

- Provide long term strategic direction
- Establish a common agenda and goals
- Provide professional expertise on best practices and strategies
- Identify staff and resource needs
- Review data and monitor progress
- Use data to inform strategies
- Champion the effort broadly in the community

The Steering Committee includes representatives from Compass Mark, The Gatehouse, Lancaster Chamber, Lancaster County Commissioners Office, Lancaster County Drug and Alcohol Commission, Lancaster County District Attorney's Office, Lancaster County Emergency Management Agency, Lancaster County EMS Council, Lancaster County Prison, Lancaster County Recovery Alliance, Lancaster County Sheriff's Office, Penn Medicine Lancaster General Health, Penn State Health, UPMC, and WellSpan Health.

In addition to Steering Committee members, Joining Forces includes individual community members, organizations, and coalitions continuously working to prevent and address substance use disorders to prevent overdose deaths.

STRATEGIC PLANNING PROCESS

The Steering Committee plans and hosts public forums regularly to engage the community in this important work. In August 2023, we distributed an online survey to 253 Joining Forces partners, including community members and professionals in healthcare, substance use treatment, social services, government, and criminal justice. The goal was to identify the community's top priority issues related to substance use. The key survey findings included:

- Early death, trauma to children and family members, and addiction and dependence are the most concerning harms of substance use for our community.
- Currently, partners are most concerned about the impact of fentanyl and other opioids, followed by alcohol and stimulants.
- More than 50% of participants are concerned alcohol, marijuana, and opioids will become a larger problem in the future.

The survey participants identified a broad range of people and systems affected by substance use, shown in the figure below. Specific vulnerable populations of concern included people with minimal support systems, low-income individuals and families, veterans, black and brown individuals/BIPOC community, people experiencing homelessness, LGBTQIA+ individuals, and people with mental illness.

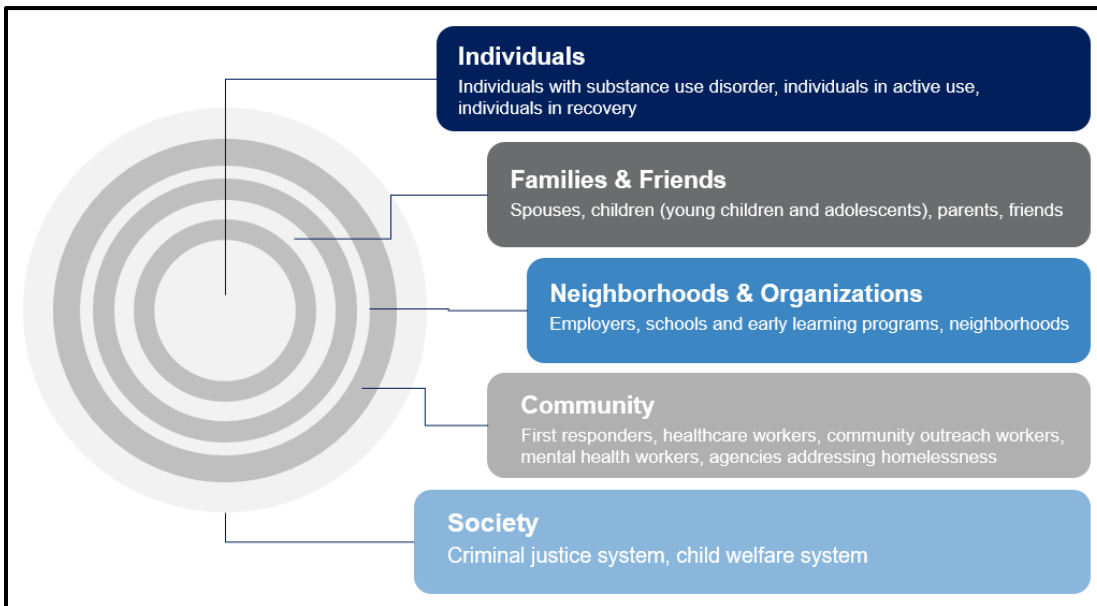


Figure 1. Survey results: Who is affected by substance use in Lancaster County?

In fall 2023, small groups of stakeholders discussed the actions needed to reduce the most concerning harms from substance use. These discussions focused on two open-ended questions:

- What are the most important things our community is currently doing to address this issue?
- What are the most important things our community needs to do over the next 2-3 years?

From these discussions, the Steering Committee developed the measurable goals and objectives included in this plan.

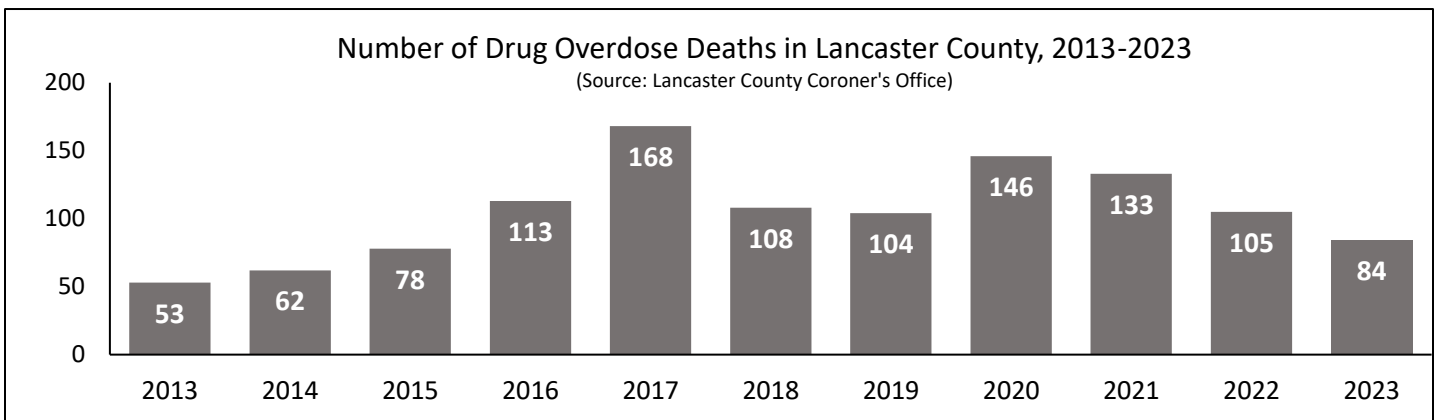
DATA SUMMARY

OVERDOSE DEATHS

Overdose deaths and other harms from substance use are serious national public health concerns in the United States. Across the United States, the age-adjusted rate of drug overdose deaths nearly quadrupled from 8.2 in 2002 to 32.6 in 2022.¹ Opioids (mainly synthetic opioids such as fentanyl) are the main driver of national overdose deaths, and overdose deaths involving stimulants such as methamphetamine have also increased in the past decade.² However, in 2023, early estimates from the CDC show that there was a decrease in overdose deaths for the first time since 2018. A total of 107,543 individuals died from drug overdoses in the United States in 2023.³

Pennsylvania has a drug overdose death rate of 40.7 per 100,000, which ranks 14th highest of 50 states in the nation overall. In 2022, the states with the highest crude death rates were West Virginia (80.9 per 100,000), Tennessee (56.0 per 100,000), Delaware (55.3 per 100,000), Louisiana (54.5 per 100,000), and Maine (54.3 per 100,000).⁴ In Pennsylvania, Lawrence County (98 per 100,000), Philadelphia County (90 per 100,000), Cambria County (69 per 100,000), Montour County (66 per 100,000) and Fayette County (56 per 100,000) had the highest crude death rates from drug-induced causes in 2022. There were a total of 19 counties with crude death rates higher than the state average.⁵

Lancaster County has a lower overdose death rate (22.1 per 100,000) than Pennsylvania and the United States overall. There were a total of 84 drug overdose deaths in 2023, the lowest number since 2019. After an increase during the COVID-19 pandemic, the number of overdose deaths has decreased 44% between 2020 and 2023.



¹ Spencer MR, Garnett MF, Miniño AM. National Center for Health Statistics Data Brief: Drug Overdose Deaths in the United States, 2002-2022. No. 491, March 2024.

² Spencer et al, 2024.

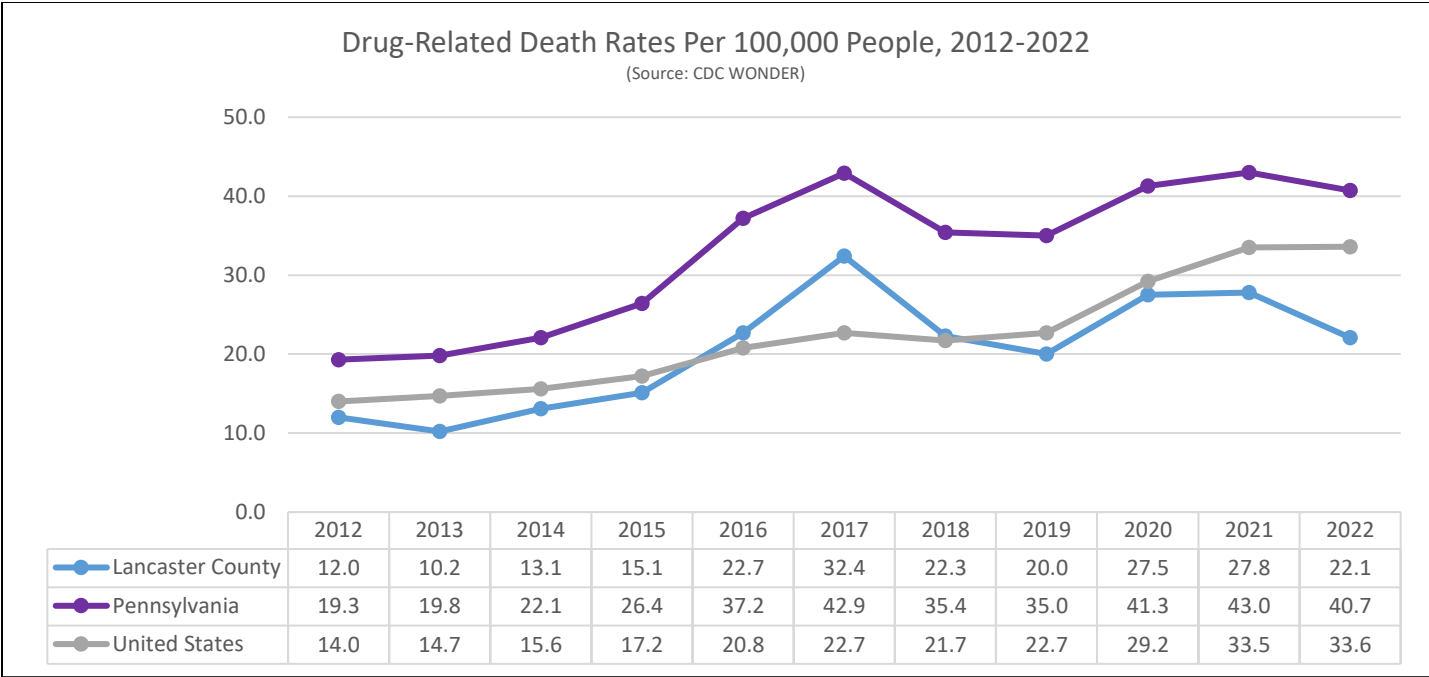
³ Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional Drug Overdose Death Counts. National Center for Health Statistics. 2024.

⁴ Centers for Disease Control and Prevention, National Center for Health Statistics. Drug Overdose Mortality by State, 2022.

https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

⁵ Pennsylvania Department of Health. Pennsylvania Overdose Data Brief 2022. 2023.

<https://www.health.pa.gov/topics/programs/PDMP/Pages/Data.aspx>



OVERDOSES BY GENDER, RACE, ETHNICITY AND AGE

Detailed overdose death rates by demographic groups for Lancaster County are shown in the chart below. Overdose rates are higher for males than females. By age group, the highest rates of overdose are among middle-aged adults ages 35-44 and 45-54. Death rates are higher among individuals who are Hispanic, Black, or other races compared with individuals who are White.

Demographic	Group	Death Rate per 10,000 (2022) ⁶
Gender	Male	2.6
	Female	1.2
Age	15-24	N/A
	25-34	3.6
	35-44	4.4
	45-54	4.3
	55-64	2.4
Race/Ethnicity	Hispanic	3.2
	Black	3.9
	White	1.5
	Other Races	4.6

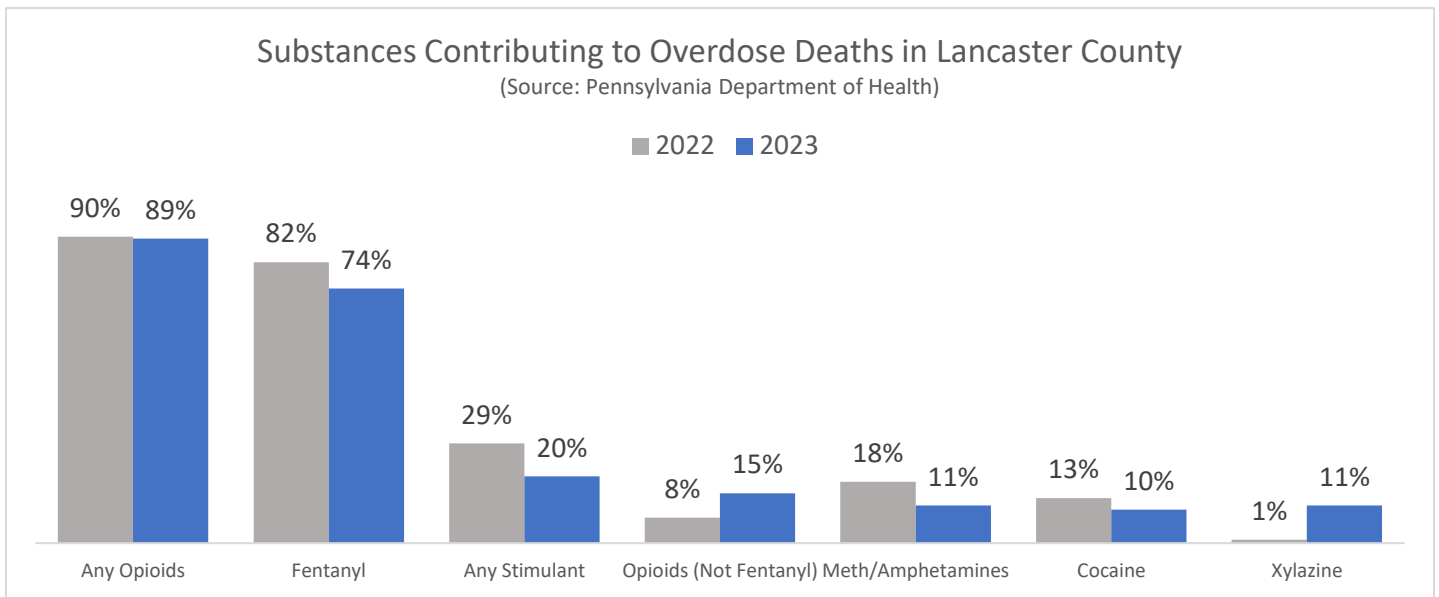
⁶ Pennsylvania Department of Health, Office of Drug Surveillance Interactive Data Report, OD-Drug Specificity.

NON-FATAL OVERDOSES

In Lancaster County, the rate of emergency department visits for drug overdoses was 4.15 per 10,000 people in the first quarter of 2024 (January-March). This rate is lower than the state rate overall (6.23 per 10,000) and has declined since 2020.⁷ First responders commonly respond to overdose emergencies in Lancaster County. In 2023, law enforcement and emergency medical services reported providing naloxone in 653 overdose incidents.⁸

SUBSTANCES

Causes of Overdoses. In 2023 in Lancaster County, the vast majority of drug overdose deaths (89%) involved an opioid, and 74% of the deaths involved fentanyl. Of the total deaths in 2023, 20% involved any type of stimulant, 15% involved non-fentanyl opioids, 11% involved methamphetamine or amphetamine, 10% involved cocaine, and 11% involved xylazine. Xylazine, a sedative intended for veterinary use, increased rapidly in overdose deaths between 2022 and 2023.



⁷ Pennsylvania Department of Health, Office of Drug Surveillance and Misuse Prevention.

⁸ ODIN Pennsylvania State Police database; Emergency Health Services Federation Public Health Division.

Adult Marijuana, Cocaine, Heroin Use. There are limited data available about the use of substances among adults in Lancaster County. The National Survey on Drug Use and Health provides estimates on the use of substances and substance use disorders, but the most recent data is from 2016-2018. These estimates are available for our multi-county region, including Adams, Dauphin, Lancaster, Lebanon, and York Counties.

Lancaster Region (Adams, York, Lancaster, Lebanon, Dauphin)⁹	2016-2018
Marijuana Use in the Past Month (12+ years)	6.79%
Cocaine Use in the Past Year (12+ years)	1.67%
Heroin Use in the Past Year (12+ years)	0.53%

Alcohol and Tobacco Use. Binge drinking is a pattern of excessive alcohol use. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion. Binge drinking and alcohol use rates for Lancaster County adults are shown below.

Lancaster County¹⁰	2020-2022
Percentage of Adults who Binge Drink	10%
Percentage of Adults who Smoke	11%

Youth Substance Use. The Pennsylvania Youth Survey provides survey data on substance use, risk factors, and preventive factors among students in 6th, 8th, 10th, and 12th grade in Lancaster County. The survey is completed every two years, and the most recent results from 2023 on substance use among students are shown in the table below.

Lancaster County 6th, 8th, 10th, 12th graders¹¹	2023
Percentage of Students Reporting Alcohol Use in Past 30 Days	7.8%
Percentage of Students Reporting Marijuana Use in Past 30 Days	4.1%
Percentage of Students Reporting Vaping/E-Cig Use in Past 30 Days	5.1%
Percentage of Students Reporting Cigarette Use in Past 30 Days	1.1%
Percentage of Students Ever Used Cocaine/Crack	0.3%
Percentage of Students Ever Used Methamphetamine	0.3%
Percentage of Students Ever Used Heroin	0.2%

⁹ Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, <https://pdas.samhsa.gov/saes/substate#>, accessed 5/20/2024.

¹⁰ Pennsylvania Department of Health, Behavioral Risk Factor Surveillance Survey, 2020-2022.

¹¹ Pennsylvania Commission on Crime and Delinquency, Pennsylvania Department of Drug and Alcohol Programs, Pennsylvania Department of Education. PA Youth Survey, 2023.

ACCOMPLISHMENTS TO DATE

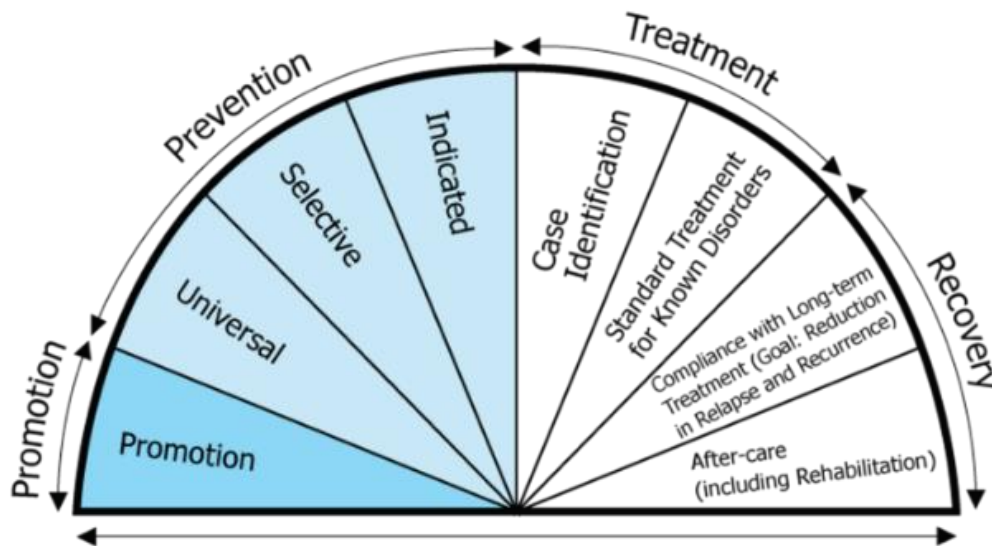
The accomplishments of Joining Forces partners since 2017 include:

- Website developed and launched as a central location for community information on overdose prevention, and countywide multimedia campaign reached over 38 million impressions through print, digital, and outdoor advertising
- Evidence-based programs implemented in 16 school districts, using proven skill-building strategies to support healthy social and emotional development, reinforce positive coping strategies, and strengthen resilience
- Identified and promoted drop-off sites for unused medications countywide, collected over 25,000 pounds of unused medication, and distributed safe medication disposal information and lockboxes at community events
- Educated over 2,000 healthcare providers on safe opioid prescribing practices
- Educated over 18,000 community members through education events
- Increased access to naloxone and distributed over 12,000 naloxone kits to first responders, pharmacies, and community members
- Enhanced connections to treatment and recovery support services through warm handoff programs and clinical pathways
- Implemented pre-arrest diversion program and Pathways to Recovery program to connect individuals with substance use challenges from the criminal justice system to treatment and recovery support
- Provided medication assisted treatment and services from certified recovery specialists in Lancaster County Prison
- Increased countywide buprenorphine prescriptions by 79% between 2016 and 2023
- Conducted a community wide baseline survey to assess negative attitudes and beliefs about people who use substances or have a mental illness
- Planned and launched Lancaster County Overdose Fatality Review Team, which published first annual report in 2024 with recommendations to prevent future overdose deaths

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, integrates all levels of health promotion, prevention, and intervention to prevent and mitigate substance use disorders and support long-term recovery and wellness.



GOAL 1: Prevent Early Deaths from Substance Use

Strategy 1: Improve medical care for individuals with substance use disorders.

- 1.1 Host bi-monthly meetings to increase collaboration and best practices among medical providers in the South Central Opioid Awareness Coalition.
- 1.2 Complete a baseline assessment to identify patient barriers to receiving medications for opioid use disorder (MOUD).
- 1.3 Increase access to medications for opioid use disorder (MOUD) for people who have opioid use disorder.
- 1.4 Increase maintenance and initiation of MOUD and post-release SUD treatment for people incarcerated at Lancaster County Prison.
- 1.5 Provide resources and support for emergency departments to effectively treat and navigate people with SUD to care.
- 1.6 Improve capacity and quality of treatment for stimulant use.
- 1.7 Provide training for medical providers and laypeople to treat wounds caused by xylazine use.
- 1.8 Increase and improve treatment for Hepatitis C.
- 1.9 Improve team care and resources to help providers screen and intervene to reduce patients' alcohol and tobacco use.
- 1.10 Provide education for legislators and policymakers about evidence-based treatments and practices to address substance use.

Strategy 2: Strengthen evidence-based overdose prevention.

- 2.1 Distribute medication lockboxes and drug disposal bags, and maintain network of medication drop-off sites throughout Lancaster County.
- 2.2 Increase access to naloxone for individuals at risk of overdose and people who may respond to an overdose incident.
- 2.3 Increase access to fentanyl and xylazine testing strips.
- 2.4 Proactively connect patients with resources and follow up after overdose (e.g., RASE, Blueprints/LGH Post-Overdose Response Team).
- 2.5 Connect individuals to treatment and recovery services through pre-trial Second Chances program and the Pathways to Recovery Drug and Alcohol Diversion Program as an alternative to criminal charges for eligible individuals with substance use disorder.

GOAL 2: Reduce addiction and dependence

Strategy 3: Strengthen school and community-based prevention programs.

3.1 Provide evidence-based school and community-based prevention programs.

3.2 Support and enhance school-based Student Assistance Programs (SAPs) to address concerns about mental health and substance use among students.

3.3 Increase awareness about the prevalence of trauma and how to reduce substance use by mitigating the impact of trauma.

3.4 Implement trauma informed practices across all sectors.

Strategy 4: Improve systems of care for substance use.

4.1 Provide and improve specialized treatment for special populations (e.g., pregnant people, adolescents, individuals with complex medical needs).

4.2 Add Lancaster County facilities for withdrawal management and residential rehabilitation for men and women.

4.3 Increase the number of case managers and certified recovery specialists (CRS) in outpatient clinics, recovery houses, and community settings throughout Lancaster County.

Strategy 5: Improve housing and employment resources to support recovery.

5.1 Provide support for housing needs for individuals with substance use disorder.

5.2 Enhance employment support services for individuals in recovery, including job placement assistance, legal support, skills training, and mentorship programs.

GOAL 3: Prevent and reduce trauma to children and families caused by substance use

Strategy 6: Provide and promote resources to support families affected by substance use.

6.1 Increase Certified Family Recovery Specialists.

6.2 Connect families with support services (such as Joining Forces for Children, Safe Families, Compass Mark's Family Services Advocate, and the Post-Overdose Response Team).

6.3 Promote family support groups and resources.

Strategy 7: Decrease isolation and stigma associated with substance use and treatment.

7.1 Educate community on progression of codependence, family roles, and cycle of substance use.

7.2 Provide education and training throughout the community to reduce negative attitudes about substance use disorders and treatment.

7.3 Share positive stories about individuals in long-term recovery via local media outlets.

APPENDIX. KEY 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*.