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</table>
Last year, more than 100,000 people died from overdoses in this country – a record that amounts to nearly twice the number of U.S. deaths in the entire Vietnam War. The temptation is to throw up our societal hands, but the truth is that overdose deaths are preventable. Access to timely, evidence-based treatment and recovery services, including medication-assisted treatment, are essential in our fight to curb overdose deaths. Yet, according to data from the National Survey on Drug Use and Health, of the 41.1 million Americans who needed treatment for substance use disorder in 2020, only 6.5% – or just 2.7 million people – received services. With an illicit drug supply increasingly dominated by powerful synthetics and other novel drugs, the stakes are getting even higher.

The good news is that there is a growing awareness of the weaknesses in the public health infrastructure that the COVID-19 pandemic exposed – and the will to do something about it. We have seen this in places such as Delaware where state leaders recognized the need to support an often-underserved population. The result was the Claymont Center for Pregnant and Parenting Women, a Gaudenzia facility that opened in July and has the capacity to provide treatment for up to 20 women who can bring their children with them instead of giving them to family members or the foster care system. Just a few months earlier, with the help of state and local officials, Gaudenzia opened the Bobby Spurrier Center – the first halfway house for recovering pregnant and parenting women in Philadelphia.

Considering the recent shift in our laws that govern access to medical procedures for pregnant women, treatment of pregnant and parenting women for substance use disorders will become an even greater priority for Gaudenzia. Programs such as these are nothing short of investments in the future that have both immediate and long-term economic and social benefits. We are grateful so many of our region’s leaders understand this, because, as the 2022 Gaudenzia FrontLine Report shows, too many people are still in need of substance use disorder treatment.

As one of the largest non-profit treatment providers, we have a unique view into addiction trends in the states we serve. The FrontLine Report offers county-by-county data and observations that informs policymakers and media about people suffering from substance use disorder and helps guide future treatment decisions by Gaudenzia. For example, the data in this year’s report shows the growing use of stimulants as a primary or secondary substance of choice in polysubstance abuse suggest that our industry needs to develop new and specific withdrawal management treatments for these substances, while also treating the other factors that spur addiction.
In short, we must develop more of an urgency to provide greater access to treatment services no matter the substance. This will take a collective will – by providers, policymakers, and the general public – to treat substance use disorder with the same holistic approach we use to treat COVID-19, cancer, heart disease and any number of diseases.

Speaking on behalf of the almost 1,200 employees of Gaudenzia, I can assure you that we are engaged in this effort day in and day out. We never forget that the data points in this report are not mere statistics. They represent individual people with big and specific needs – needs met by the professional, caring, and courageous people on the Gaudenzia team. Please join in this fight. At stake is nothing less than the health of your family, friends, and neighbors.

Thank you for your support.

Dr. Dale Klatzker
President & CEO
Gaudenzia, Inc.
Gaudenzia, Inc. has created our Frontline Report to inform our stakeholders in Pennsylvania, Delaware, and Maryland of the trends we see in the field of addiction treatment. Gaudenzia has the distinction of being one of the largest non-profit treatment providers for substance use and co-occurring disorders in the Mid-Atlantic region. With 117 programs across 51 facilities, Gaudenzia served over 13,000 clients in our 2022 fiscal year (July 2021 – June 2022). In alignment with the American Society of Addiction Medicine (ASAM), we provide a full continuum of evidence-based treatment services, including withdrawal management, high- and low intensity residential services, partial hospitalization, intensive outpatient, and outpatient treatment services. We also provide specialized programming to meet the needs of pregnant and parenting women, adolescents, individuals with co-occurring diagnoses, and individuals involved in the criminal justice system.

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

### ABOUT OUR DATA

The data reported here represents a full year of data from diagnosis forms within our electronic health record system. As a note, data does not reflect clients served in Gaudenzia’s affordable housing programs and some of those served in programs that have since closed. The data here also does not include services we oversee in Washington D.C. at RAP, as they are not yet a part of our electronic health records system. This year we have included a spotlight on RAP services for reporting purposes, because they are an important part of our footprint. In future years, our goal will be to report from clinician-obtained biopsychosocial questionnaires for more accurate and in-depth information. We hope this annual reporting of aggregated data from our client base will help to guide policy and interventions.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>SITES</th>
<th>UNITS</th>
<th>BEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Programs</td>
<td>19</td>
<td>19</td>
<td>160</td>
</tr>
<tr>
<td>Halfway Houses</td>
<td>8</td>
<td></td>
<td>800</td>
</tr>
<tr>
<td>Mental Health Programs</td>
<td>7</td>
<td></td>
<td>1000</td>
</tr>
<tr>
<td>Women with Children Programs (including licensed and others)</td>
<td>14</td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>Withdrawal Management</td>
<td>10</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>Outpatient Programs</td>
<td>24</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Criminal Justice Programs</td>
<td>200</td>
<td>160</td>
<td>1500</td>
</tr>
<tr>
<td>DOC (Department of Corrections)</td>
<td>8</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

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

Counties Where **ALCOHOL** is the Primary Drug of Choice
- Chester Co., PA
- Cumberland Co., PA
- Fulton Co., PA
- Montgomery Co., PA (tied with OUD)
- Union Co., PA

Counties Where **OPIOIDS** are the Primary Drug of Choice
- New Castle Co., DE
- Anne Arundel Co., MD
- Baltimore Co., MD
- Bucks Co., PA
- Columbia Co., PA
- Dauphin Co., PA
- Erie Co., PA
- Mercer Co., PA
- Montgomery Co., PA (tied with alcohol)
- Northumberland Co., PA
- Philadelphia Co., PA
- York Co., PA

Counties Where **STIMULANTS** are the Primary Drug of Choice
- Lancaster Co., PA
- Schuylkill Co., PA
- Snyder Co., PA
SUMMARY DATA

- Primary SUD diagnoses remained mostly stable with slight increases in alcohol use disorder (+1%), stimulant use disorder (+5%), and hallucinogenic use (+1%).

- Approximately 30% of admissions had a secondary SUD diagnosis listed with most reporting stimulant use.

- The total number of admissions is down when compared to FY 2021. This can be attributed, in part, to program closures, including some outpatient sites.

TOTAL NUMBER SERVED: 13,387

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

- 66% Male
- 34% Female

RACE/ETHNICITY OF CLIENTS SERVED

- 54% White
- 29% Black/African American
- 10% Declined/Other
- 5% Hispanic
- 2% Multiracial

AGE DISTRIBUTION OF CLIENTS SERVED

- 34% <18
- 30% 18-24
- 16% 25-34
- 13% 35-44
- 6% 45-54
- 1% 55+

- 1% Other
**DIAGNOSIS DATA**

**Number Served:** 13,387  
**Programs:** All Gaudenzia Licensed SUD Treatment Programs

**PRIMARY SUD DIAGNOSIS DATA**  
FY 22 (N=13,387)

- **33%** Opioids
- **26%** Alcohol
- **13%** Stimulants
- **8%** Marijuana
- **3%** Hallucinogens
- **3%** Benzodiazapines
- **1%** Other

**SECONDARY SUD DIAGNOSIS DATA**  
FY 22 (N=3,962)

- **42%** Opioids
- **23%** Alcohol
- **13%** Stimulants
- **13%** Marijuana
- **2%** Hallucinogens
- **2%** Benzodiazapines
- **2%** Other

**PRIMARY SUD DIAGNOSIS COMPARISON CHART**  
BETWEEN FY 2021 AND FY 2022

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>HALLUCINOGENS</th>
<th>BENZO</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>42%</td>
<td>25%</td>
<td>21%</td>
<td>7%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>FY 22</td>
<td>33%</td>
<td>26%</td>
<td>26%</td>
<td>8%</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Difference</td>
<td>-9%</td>
<td>+1%</td>
<td>+5%</td>
<td>+1%</td>
<td>+1%</td>
<td>0%</td>
<td>+1%</td>
</tr>
</tbody>
</table>
• Percentage of clients 45 and older seeking treatment increased from 28% in 2021 to 43% in 2022.
• At least 14% of all clients reported more than one diagnosis with stimulant use disorder the most often cited secondary diagnosis.
• Given the high number of individuals reported as having a primary MH diagnosis in lieu of a SUD diagnosis, these entries have been categorized as “other”.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>73%</td>
</tr>
<tr>
<td>Female</td>
<td>27%</td>
</tr>
</tbody>
</table>

RACE/ETHNICITY OF CLIENTS SERVED

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>48%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>38%</td>
</tr>
<tr>
<td>Declined/Other</td>
<td>10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4%</td>
</tr>
</tbody>
</table>

AGE DISTRIBUTION OF CLIENTS SERVED

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>26%</td>
</tr>
<tr>
<td>25-34</td>
<td>25%</td>
</tr>
<tr>
<td>35-44</td>
<td>26%</td>
</tr>
<tr>
<td>45-54</td>
<td>6%</td>
</tr>
<tr>
<td>55+</td>
<td>17%</td>
</tr>
</tbody>
</table>
**Number Served:** 152  
**Programs:** Fresh Start & New Journey

**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA**  
**FY 22 (N=152)**

- **Alcohol:** 27%
- **Stimulants:** 2%
- **Marijuana:** 18%
- **Other:** 18%
- **Opioids:** 35%

**SECONDARY SUD DIAGNOSIS DATA**  
**FY 22 (N=220)**

- **Alcohol:** 5%
- **Stimulants:** 5%
- **Marijuana:** 5%
- **Opioids:** 57%
- **Other:** 5%

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>Opioids</th>
<th>Alcohol</th>
<th>Stimulants</th>
<th>Marijuana</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>27%</td>
<td>28%</td>
<td>22%</td>
<td>3%</td>
<td>20%</td>
</tr>
<tr>
<td>FY 22</td>
<td>35%</td>
<td>27%</td>
<td>18%</td>
<td>2%</td>
<td>18%</td>
</tr>
<tr>
<td>Difference</td>
<td>+8%</td>
<td>-1%</td>
<td>-4%</td>
<td>-1%</td>
<td>-2%</td>
</tr>
</tbody>
</table>
TOTAL NUMBER SERVED: 3,716

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

- 77% MALE
- 23% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

- White: 36%
- Black/African American: 58%
- Declined/Other: 4%
- Hispanic: 1%
- Multiracial: 1%

AGE DISTRIBUTION OF CLIENTS SERVED

- 18-24: 26%
- 25-34: 24%
- 35-44: 21%
- 45-54: 26%
- 55+: 3%

TOTAL NUMBER SERVED: 3,716
• Between FY 2021 and FY 2022, there was a 3% increase in individuals admitted with a primary stimulant use disorder—this represents a 2% decrease since FY 2020.
• Approximately 39% of admissions had a secondary SUD diagnosis with stimulants being the most common.

### PRIMARY SUD DIAGNOSIS DATA
**FY 22 (N=3,716)**

- Opioids: 30%
- Alcohol: 11%
- Stimulants: 1%
- Marijuana: 2%
- Other: 1%

### SECONDARY SUD DIAGNOSIS DATA
**FY 22 (N=1,458)**

- Opioids: 14%
- Alcohol: 58%
- Stimulants: 3%
- Marijuana: 7%
- Other: 15%

### PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPIOIDS</td>
<td>56%</td>
<td>54%</td>
<td>-2%</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>30%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>STIMULANTS</td>
<td>8%</td>
<td>11%</td>
<td>+3%</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>2%</td>
<td>1%</td>
<td>-1%</td>
</tr>
<tr>
<td>HALLUCINOGENS</td>
<td>2%</td>
<td>1%</td>
<td>-1%</td>
</tr>
<tr>
<td>BENZOS</td>
<td>1%</td>
<td>2%</td>
<td>+1%</td>
</tr>
<tr>
<td>OTHER</td>
<td>0%</td>
<td>1%</td>
<td>+1%</td>
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</table>
• Percentage of clients ages 25-44 increased from 60% to 72%
• Primary SUD stats remained stable with slight increases in individuals reporting opioid use disorder (+4%), benzodiazepine use (+2%) and alcohol use disorder (+1%).
• At least 30% reported more than one diagnosis with the majority reporting stimulant use.
• 17% of individuals with a primary opioid use disorder also reported a secondary stimulant use disorder.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

78% MALE
22% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

48%
43%
5%
2%
1%
1%

White
Black/African American
Declined/Other
Hispanic
Multiracial
Asian

AGE DISTRIBUTION OF CLIENTS SERVED

34%
22%
38%
2%
4%

18-24
25-34
35-44
45-54
55+
Number Served: 1,697

Programs: Glen Burnie OP and Crownsville programs—removed 1,286 WARMS

**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA**

FY 22 (N=1,697)

- Opioids: 35%
- Alcohol: 50%
- Stimulants: 3%
- Other: 2%
- Marijuana: 1%
- Hallucinogenics: 8%
- Benzodiazepines: 2%

**SECONDARY SUD DIAGNOSIS DATA**

FY 22 (N=501)

- Opioids: 36%
- Alcohol: 16%
- Hallucinogenics: 18%
- Benzodiazepines: 6%
- Stemulants: 22%
- Other: 2%
- Marijuana: 1%

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPIOIDS</td>
<td>46%</td>
<td>50%</td>
<td>+4%</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>34%</td>
<td>35%</td>
<td>+1%</td>
</tr>
<tr>
<td>STIMULANTS</td>
<td>9%</td>
<td>8%</td>
<td>-1%</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>6%</td>
<td>2%</td>
<td>-4%</td>
</tr>
<tr>
<td>HALLUCINOGENS</td>
<td>3%</td>
<td>1%</td>
<td>-2%</td>
</tr>
<tr>
<td>BENZOS</td>
<td>0%</td>
<td>3%</td>
<td>+3%</td>
</tr>
<tr>
<td>OTHER</td>
<td>2%</td>
<td>1%</td>
<td>-1%</td>
</tr>
</tbody>
</table>
- Consistent with 2021, the majority of individuals accessing care in Baltimore were 45 years old and older.
- The percentage of clients reporting a primary stimulant use disorder increased 5%.
- At least 47% of clients reported more than one diagnosis with the majority reporting secondary stimulant use.
- 39% of individuals with a primary OUD had a secondary stimulant use disorder
Number Served: 2,019

Programs: Park Heights, Woodland Avenue, and Owings Mills

MARYLAND

DIAGNOSIS DATA:

PRIMARY SUD DIAGNOSIS DATA
FY 22 (N=2,019)

SECONDARY SUD DIAGNOSIS DATA
FY 22 (N=957)

DIAGNOSIS DATA:

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>HALLUCINOGENS</th>
<th>BENZOS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>61%</td>
<td>27%</td>
<td>8%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
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<tr>
<td>FY 22</td>
<td>58%</td>
<td>26%</td>
<td>13%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Difference</td>
<td>-3%</td>
<td>-1%</td>
<td>+5%</td>
<td>0%</td>
<td>-1%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
• The majority of individuals seeking treatment are Black/African American (89%) and over 45 years old (57%).
• There were increases in the numbers of individuals seeking treatment for alcohol use disorder (+5%) and opioid use disorder (+3%) when compared to FY 2021.
• 66% of individuals seeking treatment reported a secondary substance use disorder with cannabis (31%) and stimulant (29%) use disorder most common.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

70% MALE

30% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

89%

Black/African American
White
Declined/Other
American Indian/Alaska Native

AGE DISTRIBUTION OF CLIENTS SERVED

57%

14%

27%

2%

18-24
25-34
35-44
45+
RAP, Inc. has been serving the community of District of Columbia for over 50 years and became an affiliate of Gaudenzia, Inc. in 2014. Located in Ward 5, RAP, Inc. is the only agency in the District to offer a full continuum of integrated substance use disorder (SUD) treatment services. These services are designed to meet the needs of the District’s most vulnerable residents, housing insecure residents, ones with serious mental illness (SMI), co-occurring disorders (COD), HIV/AIDS, justice involved, and members of the LGBTQI+ community. The data below has been collected from the District’s reporting software and reflects the people we served in our fiscal year 2022.

**DIAGNOSIS DATA:**

<table>
<thead>
<tr>
<th>PRIMARY SUD DIAGNOSIS DATA</th>
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</thead>
<tbody>
<tr>
<td>FY 22 (N=1,155)</td>
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</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>41%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>16%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>8%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>29%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECONDARY SUD DIAGNOSIS DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 22 (N=763)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>16%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>29%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>41%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>31%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>OPIODS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>HALLUCINOGENS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY 21</strong></td>
<td>27%</td>
<td>36%</td>
<td>19%</td>
<td>6%</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>FY 22</strong></td>
<td>29%</td>
<td>41%</td>
<td>16%</td>
<td>4%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Difference</strong></td>
<td>+2%</td>
<td>+5%</td>
<td>-3%</td>
<td>-2%</td>
<td>-2%</td>
<td>0%</td>
</tr>
</tbody>
</table>
TOTAL NUMBER SERVED: 9,519

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED:
- 66% Male
- 34% Female

RACE/ETHNICITY OF CLIENTS SERVED:
- 54% White
- 29% Black/African American
- 10% Declined/Other
- 5% Hispanic
- 2% Multiracial

AGE DISTRIBUTION OF CLIENTS SERVED:
- 18-24: 6%
- 25-34: 13%
- 35-44: 34%
- 45-54: 16%
- 55+: 30%
• Primary SUD data remained mostly stable with a 1% increase in stimulant use disorder.
• Approximately 26% of clients had a secondary SUD diagnosis with most reporting secondary stimulant use disorder.

DIAGNOSIS DATA:

PRIMARY SUD DIAGNOSIS DATA
FY 22 (N=9,519)

SECONDARY SUD DIAGNOSIS DATA
FY 22 (N=2,456)

PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022
Since FY 2020, individuals reporting alcohol use disorder increased by 10%.
At least 34% of clients reported more than one diagnosis with the majority reporting secondary stimulant use.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED
- 80% MALE
- 20% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED
- 73% White
- 16% Black/African American
- 3% Declined/Other
- 2% Hispanic
- 3% Multiracial
- 2% Asian

AGE DISTRIBUTION OF CLIENTS SERVED
- 38% 18-24
- 36% 25-34
- 15% 35-44
- 7% 45-54
- 4% 55+
**Number Served:** 629  
**Programs:** Lower Bucks

**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA**  
FY 22 (N=629)

<table>
<thead>
<tr>
<th>Opioids</th>
<th>Alcohol</th>
<th>Stimulants</th>
<th>Marijuana</th>
<th>Hallucinogens</th>
<th>Benzodiazepines</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**SECONDARY SUD DIAGNOSIS DATA**  
FY 22 (N=215)

<table>
<thead>
<tr>
<th>Opioids</th>
<th>Alcohol</th>
<th>Stimulants</th>
<th>Marijuana</th>
<th>Hallucinogens</th>
<th>Benzodiazepines</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>4%</td>
<td>12%</td>
<td>10%</td>
<td>4%</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPIOIDS</td>
<td>60%</td>
<td>57%</td>
<td>-3%</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>20%</td>
<td>23%</td>
<td>+3%</td>
</tr>
<tr>
<td>STIMULANTS</td>
<td>17%</td>
<td>16%</td>
<td>-1%</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>0%</td>
<td>1%</td>
<td>+1%</td>
</tr>
<tr>
<td>HALLUCINOGENS</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>BENZOS</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>OTHER</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
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</tbody>
</table>

**FY 21**

**FY 22**

**Difference**
Alcohol use disorder is now the leading primary diagnosis for individuals admitted to Chester County programs overtaking both opioid and stimulant use disorders.

At least 12% of clients reported more than one diagnosis with the majority reporting secondary alcohol use.

Consistent with last year’s findings, there are gendered differences in primary diagnosis. Stimulant use is the leading diagnosis for female admissions (30%) and alcohol use is the leading diagnosis for male admissions (35%).
Number Served: 1,025
Programs: West Chester House, Kindred House, West Chester OP, Coatesville OP

Primary SUD Diagnosis Data

FY 22 (N=1,025)
- Opioids: 24%
- Alcohol: 31%
- Stimulants: 14%
- Marijuana: 4%
- Other: 6%

Secondary SUD Diagnosis Data

FY 22 (N=119)
- Opioids: 15%
- Alcohol: 42%
- Stimulants: 7%
- Marijuana: 10%
- Other: 15%

Primary SUD Diagnosis Comparison Chart Between FY 2021 and FY 2022

<table>
<thead>
<tr>
<th></th>
<th>Opioids</th>
<th>Alcohol</th>
<th>Stimulants</th>
<th>Marijuana</th>
<th>Hallucinogens</th>
<th>Benzos</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>22%</td>
<td>25%</td>
<td>27%</td>
<td>16%</td>
<td>6%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>FY 22</td>
<td>20%</td>
<td>31%</td>
<td>24%</td>
<td>14%</td>
<td>6%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Difference</td>
<td>-2%</td>
<td>+6%</td>
<td>-3%</td>
<td>-2%</td>
<td>0%</td>
<td>0%</td>
<td>+1%</td>
</tr>
</tbody>
</table>
While opioids and stimulants were the leading cause of admission to Columbia County programs in FY 2021, there was a significant percentage increase (10%) in the number of admissions for alcohol use disorder representing a 19% increase since FY 2020.
Number Served: 96
Programs: Berwick OP

PRIMARY SUD DIAGNOSIS DATA
FY 22 (N=96)

- Opioids: 37%
- Alcohol: 35%
- Stimulants: 6%
- Marijuana: 5%
- Other: 17%

PRIMARY SUD DIAGNOSIS DATA
FY 21 (N=113)

- Opioids: 41%
- Alcohol: 25%
- Stimulants: 31%
- Marijuana: 3%
- Other: 0%

Difference

- Opioids: -4%
- Alcohol: +10%
- Stimulants: -14%
- Marijuana: +3%
- Other: +5%

*Secondary SUD diagnosis data unavailable*
PENNSYLVANIA

- Alcohol remains leading cause of admission to treatment in Cumberland County. However, the percentage of individuals seeking treatment stimulant use doubled over last year.
- At least 15% of clients reported more than one diagnosis with the majority reporting secondary cannabis use disorder.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

- 69% MALE
- 31% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

- 80% White
- 8% Black/African American
- 4% Declined
- 1% Hispanic
- 1% Multiracial

AGE DISTRIBUTION OF CLIENTS SERVED

- 29% 18-24
- 29% 25-34
- 16% 35-44
- 16% 45-54
- 10% 55+

County: Cumberland
**Number Served:** 296

**Programs:** West Shore OP

---

**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA**  
FY 22 (N=296)

- Opioids: 14%
- Alcohol: 61%
- Stimulants: 14%
- Marijuana: 3%
- Sedatives: 8%

**SECONDARY SUD DIAGNOSIS DATA**  
FY 22 (N=45)

- Opioids: 10%
- Alcohol: 42%
- Stimulants: 11%
- Marijuana: 8%
- Sedatives: 29%

---

**PRIMARY SUD DIAGNOSIS COMPARISON CHART**  
BETWEEN FY 2021 AND FY 2022

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>SEDATIVES</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>14%</td>
<td>60%</td>
<td>7%</td>
<td>13%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>FY 22</td>
<td>14%</td>
<td>61%</td>
<td>14%</td>
<td>8%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Difference</td>
<td>0%</td>
<td>+1%</td>
<td>+7%</td>
<td>-5%</td>
<td>0%</td>
<td>-3%</td>
</tr>
</tbody>
</table>
• Compared to FY 2021, there were increases in the percentage of individuals seeking care for a primary stimulant use disorder (+4%) and cannabis use disorder (+3%).
• At least 24% of clients reported more than one diagnosis with the majority reporting secondary stimulant use.

**DEMOGRAPHICS:**

**GENDER OF CLIENTS SERVED**
- 69% MALE
- 31% FEMALE

**RACE/ETHNICITY OF CLIENTS SERVED**
- 53% White
- 14% Black/African American
- 22% Hispanic
- 8% Multiracial
- 3% Declined/Other

**AGE DISTRIBUTION OF CLIENTS SERVED**
- 18-24: 13%
- 25-34: 32%
- 35-44: 15%
- 45-54: 28%
- 55+: 8%
Number Served: 1,570

Programs: Common Ground, Concept 90, Harrisburg OP, New View, & Serenity House

**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA**

FY 22 (N=1,570)

- Opioids: 31%
- Alcohol: 22%
- Stimulants: 30%
- Hallucinogenics: 12%
- Benzodiazepines: 4%
- Marijuana: 1%
- Other: 1%

**SECONDARY SUD DIAGNOSIS DATA**

FY 22 (N=379)

- Opioids: 36%
- Alcohol: 25%
- Stimulants: 15%
- Hallucinogenics: 12%
- Benzodiazepines: 3%
- Marijuana: 4%
- Other: 1%

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPIOIDS</td>
<td>34%</td>
<td>31%</td>
<td>-3%</td>
</tr>
<tr>
<td>ALCOHOL</td>
<td>35%</td>
<td>30%</td>
<td>-5%</td>
</tr>
<tr>
<td>STIMULANTS</td>
<td>18%</td>
<td>22%</td>
<td>+4%</td>
</tr>
<tr>
<td>MARIJUANA</td>
<td>9%</td>
<td>12%</td>
<td>+3%</td>
</tr>
<tr>
<td>HALLUCINOGENS</td>
<td>2%</td>
<td>1%</td>
<td>-1%</td>
</tr>
<tr>
<td>BENZOS</td>
<td>2%</td>
<td>1%</td>
<td>-1%</td>
</tr>
<tr>
<td>SEDATIVES</td>
<td>0%</td>
<td>1%</td>
<td>+1%</td>
</tr>
<tr>
<td>OTHER</td>
<td>0%</td>
<td>2%</td>
<td>+2%</td>
</tr>
</tbody>
</table>
Primary diagnosis data remained mostly stable with slight fluctuations.
At least 25% of clients reported more than one diagnosis with the majority reporting secondary stimulant use.

**DEMOGRAPHICS:**

**GENDER OF CLIENTS SERVED**
- 56% MALE
- 44% FEMALE

**RACE/ETHNICITY OF CLIENTS SERVED**
- White: 73%
- Black/African American: 15%
- Declined/Other: 2%
- Hispanic: 2%
- Multiracial: 2%

**AGE DISTRIBUTION OF CLIENTS SERVED**
- 18-24: 31%
- 25-34: 12%
- 35-44: 6%
- 45-54: 8%
- 55+: 12%
Number Served: 1,215

Programs: Community House (Res & OP), Crossroads, Dr. Snow Halfway House, Edinboro OP (ceased services), Erie OP, Girard OP, House of Healing, & North East OP (closed).

Diagnosis Data:

Primary SUD Diagnosis Data FY 22 (N=1,215)

Secondary SUD Diagnosis Data FY 22 (N=302)

Primary SUD Diagnosis Comparison Chart Between FY 2021 and FY 2022

<table>
<thead>
<tr>
<th></th>
<th>Opioids</th>
<th>Alcohol</th>
<th>Stimulants</th>
<th>Marijuana</th>
<th>Benzos</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>37%</td>
<td>24%</td>
<td>29%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>FY 22</td>
<td>36%</td>
<td>26%</td>
<td>30%</td>
<td>6%</td>
<td>2%</td>
<td>0%</td>
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<tr>
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<td>+2%</td>
<td>+1%</td>
<td>-2%</td>
<td>+1%</td>
<td>-1%</td>
</tr>
</tbody>
</table>
• There was a sizeable increase in the percentage of individuals seeking care for a primary alcohol use disorder (+7%) with alcohol use disorder becoming the leading cause of admission.
• The percentage of admissions with a primary stimulant disorder decreased by 9%.
• Approximately 21% of clients reported more than one diagnosis with the majority reporting secondary cannabis use.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

- 74% MALE
- 26% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

- White: 88%
- Black/African American: 6%
- Declined/Other: 2%
- Hispanic: 2%
- Multiracial: 2%

AGE DISTRIBUTION OF CLIENTS SERVED

- <18: 3%
- 18-24: 11%
- 25-34: 34%
- 35-44: 10%
- 45-54: 10%
- 55+: 32%
**Number Served:** 157

**Programs:** Fulton County OP

---

**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA**

FY 22 (N=157)

- Opioids: 36%
- Alcohol: 22%
- Stimulants: 13%
- Marijuana: 11%
- Other: 18%

**SECONDARY SUD DIAGNOSIS DATA**

FY 22 (N=33)

- Opioids: 49%
- Alcohol: 15%
- Stimulants: 12%
- Marijuana: 6%
- Other: 15%

---

**PRIMARY SUD DIAGNOSIS COMPARISON CHART**

FY 2021 AND FY 2022

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>BENZOS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>14%</td>
<td>29%</td>
<td>31%</td>
<td>15%</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>FY 22</td>
<td>18%</td>
<td>36%</td>
<td>22%</td>
<td>13%</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>Difference</td>
<td>+4%</td>
<td>+7%</td>
<td>-9%</td>
<td>-2%</td>
<td>-2%</td>
<td>+2%</td>
</tr>
</tbody>
</table>
There was a 6% increase in the number of women ages 18-24 admitted to the program.

Stimulant use disorder remains the leading diagnosis at admission, however, there was a 9% increase in the percentage of women reporting a hallucinogen-related use disorder with 100% of these women reporting PCP use.

At least 12% of women reported a secondary diagnosis with most reporting cannabis or an unspecified secondary SUD.

**DEMOGRAPHICS:**

**GENDER OF CLIENTS SERVED**

- 100% Female

**RACE/ETHNICITY OF CLIENTS SERVED**

- 83% White
- 3% Black/African American
- 2% Declined/Other
- 2% Hispanic
- 2% Multiracial

**AGE DISTRIBUTION OF CLIENTS SERVED**

- 63% 18-24
- 20% 25-34
- 15% 35-44
- 2% 55+
Number Served: 60
Programs: Vantage

PENNSYLVANIA

County: Lancaster

DIAGNOSIS DATA:

PRIMARY SUD DIAGNOSIS DATA
FY 22 (N=60)

- Opioids: 38%
- Stimulants: 3%
- Alcohol: 47%
- Hallucinogenics: 9%

SECONDARY SUD DIAGNOSIS DATA
FY 22 (N=7)

- Opioids: 29%
- Alcohol: 14%
- Stimulants: 14%
- Hallucinogenics: 14%
- Other: 29%

FY 21:
- Opioids: 46%
- Alcohol: 7%
- Stimulants: 47%
- Hallucinogenics: 0%
- Other: 0%

FY 22:
- Opioids: 38%
- Alcohol: 3%
- Stimulants: 47%
- Hallucinogenics: 9%
- Other: 3%

Difference:
- Opioids: -8%
- Alcohol: -4%
- Stimulants: 0%
- Hallucinogenics: +9%
- Other: +3%
Consistent with last year, Mercer County OP saw increases in the number of individuals seeking treatment for opioids (+6%) and stimulants (+2%).

There was incomplete reporting of secondary diagnosis with fewer than 2% (4) of individuals having any data listed under secondary diagnosis.
**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA FY 22 (N=231)**

- **Opioids:** 26%
- **Alcohol:** 23%
- **Stimulants:** 3%
- **Marijuana:** 8%
- **Other:** 3%

**PRIMARY SUD DIAGNOSIS DATA FY 21 (N=403)**

- **Opioids:** 34%
- **Alcohol:** 21%
- **Stimulants:** 10%
- **Marijuana:** 1%
- **Other:** 1%

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>34%</td>
<td>34%</td>
<td>21%</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>FY 22</td>
<td>40%</td>
<td>26%</td>
<td>23%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Difference</td>
<td>+6%</td>
<td>-8%</td>
<td>+2%</td>
<td>-2%</td>
<td>+2%</td>
</tr>
</tbody>
</table>

*Secondary SUD diagnosis data unavailable*
• Primary diagnosis data remained mostly stable with slight increases in opioid use (+2%) and benzodiazepine use (+1%).
• At least 13% of clients reported more than one diagnosis with the majority reporting secondary stimulant use.
### PRIMARY SUD DIAGNOSIS DATA

FY 22 (N=312)

- Opioids: 35%
- Alcohol: 20%
- Stimulants: 5%
- Hallucinogens: 3%
- Marijuana: 1%
- Other: 1%

### SECONDARY SUD DIAGNOSIS DATA

FY 22 (N=41)

- Opioids: 20%
- Alcohol: 17%
- Stimulants: 5%
- Hallucinogens: 8%
- Other: 5%
- Others: 17%

### DIAGNOSIS DATA:

#### PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPIOIDS</td>
<td>33%</td>
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<tr>
<td>MARJUANA</td>
<td>6%</td>
<td>5%</td>
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</tr>
<tr>
<td>HALLUCINOGENS</td>
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<tr>
<td>BENZOS</td>
<td>0%</td>
<td>1%</td>
<td>+1%</td>
</tr>
<tr>
<td>OTHER</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
There was a 7% increase in the number of individuals with an opioid use disorder at admission and 7% decrease in alcohol use disorder.

At least 31% of clients reported more than one diagnosis with the majority reporting secondary stimulant use disorder.

30% of individuals with a primary OUD reported co-use of stimulants.
Number Served: 832

Programs: Coal Township (Res & OP) & Sunbury OP

**PRIMARY SUD DIAGNOSIS DATA FY 22 (N=832)**

- Opioids: 46%
- Alcohol: 24%
- Stimulants: 25%
- Marijuana: 2%
- Benzodiazapines: 1%
- Other: 1%

**SECONDARY SUD DIAGNOSIS DATA FY 22 (N=261)**

- Opioids: 53%
- Alcohol: 15%
- Stimulants: 7%
- Marijuana: 5%
- Benzodiazapines: 3%
- Other: 2%

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>BENZOS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>39%</td>
<td>31%</td>
<td>24%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>FY 22</td>
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<td>25%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Difference</td>
<td>+7%</td>
<td>-7%</td>
<td>+1%</td>
<td>-2%</td>
<td>+1%</td>
<td>0%</td>
</tr>
</tbody>
</table>
• Primary diagnosis data has remained mostly stable between 2021 and 2022 with slight increase in stimulant (+2%), hallucinogenic (+2%), and alcohol (+1%) use disorders.

• When compared to other counties, Philadelphia still has the highest number of individuals seeking treatment for hallucinogen use with PCP the leading drug of choice for individuals reporting hallucinogen use.

• At least 36% of clients reported more than one diagnosis with the majority reporting secondary cannabis use.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

- 73% MALE
- 27% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

- 59% White
- 19% Black/African American
- 13% Declined/Other
- 7% Hispanic
- 1% Multiracial
- 1% Asian

AGE DISTRIBUTION OF CLIENTS SERVED

- 18-24: 4%
- 25-34: 27%
- 35-44: 19%
- 45-54: 30%
- 55+: 20%
Diagnosis Data:

Primary SUD Diagnosis Data
FY 22 (N=2,531)

- Opioids: 31%
- Alcohol: 19%
- Stimulants: 8%
- Marijuana: 30%
- Hallucinogenics: 2%
- Benzodiazepines: 1%
- Other: 9%

Secondary SUD Diagnosis Data
FY 22 (N=919)

- Opioids: 34%
- Alcohol: 19%
- Stimulants: 5%
- Marijuana: 3%
- Hallucinogenics: 10%
- Benzodiazepines: 2%
- Other: 7%

Primary SUD Diagnosis Comparison Chart Between FY 2021 and FY 2022

<table>
<thead>
<tr>
<th></th>
<th>Opioids</th>
<th>Alcohol</th>
<th>Stimulants</th>
<th>Marijuana</th>
<th>Hallucinogenics</th>
<th>Benzodiazepines</th>
<th>Mental Health</th>
<th>Synthetic</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>32%</td>
<td>18%</td>
<td>28%</td>
<td>9%</td>
<td>7%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>FY 22</td>
<td>31%</td>
<td>19%</td>
<td>30%</td>
<td>8%</td>
<td>9%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Difference</td>
<td>-1%</td>
<td>+1%</td>
<td>+2%</td>
<td>-1%</td>
<td>+2%</td>
<td>0%</td>
<td>-3%</td>
<td>-1%</td>
<td>+1%</td>
</tr>
</tbody>
</table>
The percentage of individuals seeking treatment for a stimulant use disorder increased by 3% representing a 13% increase since FY 2020.

At least 41% of clients reported more than one diagnosis with the majority reporting secondary stimulant use.

38% of individuals with a primary OUD reported secondary stimulant use.
Number Served: 276
Programs: Fountain Springs, Pottsville OP, New Destiny

Diagnosis Data:

Primary SUD Diagnosis Data FY 22 (N=276)
- Opioids: 29%
- Alcohol: 13%
- Stimulants: 1%
- Benzodiazepines: 1%
- Marijuana: 2%
- Other: 54%

Secondary SUD Diagnosis Data FY 22 (N=114)
- Opioids: 18%
- Alcohol: 2%
- Stimulants: 4%
- Benzodiazepines: 2%
- Hallucinogens: 23%
- Marijuana: 39%
- Other: 14%

Primary SUD Diagnosis Comparison Chart Between FY 2021 and FY 2022

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opioids</td>
<td>24%</td>
<td>29%</td>
<td>+5%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>16%</td>
<td>13%</td>
<td>-3%</td>
</tr>
<tr>
<td>Stimulants</td>
<td>51%</td>
<td>54%</td>
<td>+3%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>6%</td>
<td>2%</td>
<td>-4%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1%</td>
<td>0%</td>
<td>-1%</td>
</tr>
<tr>
<td>Benzos</td>
<td>1%</td>
<td>1%</td>
<td>+1%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>1%</td>
<td>-1%</td>
</tr>
</tbody>
</table>
The percentage of individuals seeking treatment for an opioid use disorder more than doubled while the percentage of individuals seeking treatment for stimulant use disorder fell by 15%.

**DEMOGRAPHICS:**

**GENDER OF CLIENTS SERVED**
- 67% MALE
- 33% FEMALE

**RACE/ETHNICITY OF CLIENTS SERVED**
- 82% White
- 16% Declined/Other
- 2% Black/African American

**AGE DISTRIBUTION OF CLIENTS SERVED**
- 18-24: 19%
- 25-34: 30%
- 35-44: 27%
- 45-54: 4%
- 55+: 20%
**PENNSYLVANIA**

**Number Served:** 110

**Programs:** Middleburg OP

---

**PRIMARY SUD DIAGNOSIS DATA**

**FY 22 (N=110)**

- Opioids: 38%
- Alcohol: 26%
- Stimulants: 11%
- Marijuana: 3%
- Other: 2%

**PRIMARY SUD DIAGNOSIS DATA**

**FY 21 (N=101)**

- Opioids: 18%
- Alcohol: 24%
- Stimulants: 37%
- Marijuana: 16%
- Other: 2%

**Difference**

- Opioids: +20%
- Alcohol: +2%
- Stimulants: -15%
- Marijuana: -5%
- Other: -2%

---

*Secondary SUD diagnosis data unavailable*
The percentage of individuals seeking treatment for alcohol increased by 16% representing a 21% increase since FY 2020.

Admissions fell for stimulant (-3%) and opioid use (-13%) disorders.

DEMOGRAPHICS:

GENDER OF CLIENTS SERVED

- 56% MALE
- 44% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

- 80% White
- 12% Black/African American
- 2% Declined/Other
- 1% Hispanic
- 1% Multiracial

AGE DISTRIBUTION OF CLIENTS SERVED

- 55+ 9%
- 45-54 26%
- 35-44 10%
- 25-34 26%
- 18-24 12%
**PRIMARY SUD DIAGNOSIS DATA**

**FY 22 (N=127)**
- Opioids: 47%
- Alcohol: 21%
- Stimulants: 23%
- Marijuana: 2%
- Other: 7%

**FY 21 (N=108)**
- Opioids: 36%
- Alcohol: 24%
- Stimulants: 21%
- Marijuana: 8%
- Other: 1%

**Difference**
- Opioids: -13%
- Alcohol: +16%
- Stimulants: -3%
- Marijuana: -1%
- Other: +1%

*Secondary SUD diagnosis data unavailable*
• The closure of York OP led to a demographic shift where the majority of individuals served are males at our residential treatment program, Integrity House.

• The percentage of individuals seeking treatment for a stimulant use disorder increased by 13% while there were reductions in the percentage of individuals with OUD (-4%) and AUD (-6%).

• At least 40% of clients reported more than one diagnosis with the majority reporting secondary stimulant use.

• 43% of individuals with a primary OUD reported secondary stimulant use.

GENDER OF CLIENTS SERVED

98% MALE

2% FEMALE

RACE/ETHNICITY OF CLIENTS SERVED

67% White

19% Black/African American

4% Declined/Other

4% Hispanic

AGE DISTRIBUTION OF CLIENTS SERVED

25% 18-24

40% 25-34

21% 35-44

12% 45-54

2% 55+

DEMOGRAPHICS:
**PENNSYLVANIA**

**Number Served:** 52

**Programs:** Integrity House, York OP (closed)

---

**DIAGNOSIS DATA:**

**PRIMARY SUD DIAGNOSIS DATA**

FY 22 (N=52)

- Opioids: 46%
- Alcohol: 33%
- Stimulants: 15%
- Marijuana: 1%
- Other: 5%

**SECONDARY SUD DIAGNOSIS DATA**

FY 22 (N=21)

- Opioids: 24%
- Alcohol: 5%
- Stimulants: 9%
- Marijuana: 5%
- Other: 27%

---

**PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022**

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>ALCOHOL</th>
<th>STIMULANTS</th>
<th>MARIJUANA</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>50%</td>
<td>39%</td>
<td>2%</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>FY 22</td>
<td>46%</td>
<td>33%</td>
<td>15%</td>
<td>1%</td>
<td>5%</td>
</tr>
<tr>
<td>Difference</td>
<td>-4%</td>
<td>-6%</td>
<td>+13%</td>
<td>-5%</td>
<td>+2%</td>
</tr>
</tbody>
</table>
Our Pregnant and Parenting Women’s (PPW) Programs

More than 40 years ago, Gaudenzia identified the responsibility for children and a lack of support with childcare as a barrier for women who needed substance use disorder treatment. A common fear was that mothers would have to risk losing their children to an abusive situation, or to the state, if they sought help.

In 1979, we responded to this need. Gaudenzia proudly emerged as one of the first providers in the nation to offer a substance use disorder treatment program specifically designed to meet the needs of pregnant and parenting women. Today, we continue that legacy with 14 programs offering expecting mothers and women with young children hope.

By making it possible for young children to stay with their mothers during treatment, our caring team members help women overcome their substance use disorders without fear of separation or losing custody of their children while getting the help they need.

With the opioid crisis, the increasing rates of alcohol use disorders, the increasing rates of stimulant use in pregnant women, and the change in our federal and state laws regarding abortion rights, there is an even greater need for these services in the coming years. For these reasons, we made the decision to make the services of pregnant and parenting women a stand-alone section in our FrontLine Report this year.

Our pregnant and parenting women’s treatment programs provide trauma-informed, gender-responsive and culturally responsive care, with specialized services that include:

- High-Intensity Residential SUD Treatment
- Low-Intensity Residential SUD Treatment
- Co-Occurring Disorders Treatment
- Medication-Assisted Treatment (MAT) Options
- Individual and Group Counseling
- Educational Support Services for Children
- Connection to Support Services
- Family Reunification Opportunities
- Parenting Skill Classes
- Childcare
ALL PPW PROGRAMS

We offer 14 locations for pregnant & parenting women, 11 treatment focused and 3 for supportive services. We are proud to offer these specialized programs where mothers can receive trauma-informed, gender-responsive and culturally responsive care. The data listed below are for our treatment programs actively providing these services in FY 2022.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>WOMEN SERVED</th>
<th>CHILDREN SERVED*</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community House for W&amp;C</td>
<td>66</td>
<td>7</td>
<td>73</td>
</tr>
<tr>
<td>Fountain Springs</td>
<td>106</td>
<td>32</td>
<td>138</td>
</tr>
<tr>
<td>House of Healing</td>
<td>74</td>
<td>18</td>
<td>92</td>
</tr>
<tr>
<td>Hutchinson Place</td>
<td>18</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Kindred House LT</td>
<td>50</td>
<td>45</td>
<td>95</td>
</tr>
<tr>
<td>New Destiny</td>
<td>89</td>
<td>32</td>
<td>121</td>
</tr>
<tr>
<td>New Image</td>
<td>62</td>
<td>42</td>
<td>104</td>
</tr>
<tr>
<td>Vantage House</td>
<td>76</td>
<td>32</td>
<td>108</td>
</tr>
<tr>
<td>Winner Program LT</td>
<td>31</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>572</strong></td>
<td><strong>259</strong></td>
<td><strong>831</strong></td>
</tr>
</tbody>
</table>

*This does not include reunification and children born while the mother was in treatment.
At least 27% (132 out of 487 admissions) of women report polysubstance use, with 11% (54 out of 487 admissions) reporting co-use of opioids and stimulants.

Stimulant use disorder remained the most prevalent primary diagnosis for women admitted to treatment with a 3% increase over 2021. Stimulant use disorder was also the most cited secondary diagnosis.

Women reporting a primary alcohol use disorder increased modestly by 2%.

**PROGRAM:** Community House, Fountain Springs, House of Healing, Hutchinson Place, Kindred House, New Destiny, New Image, Vantage House, and Winner

**TOTAL NUMBER:** 572 women, 259 children served; 487 adult admissions for fiscal year

**RACE/ETHNICITY OF CLIENTS SERVED**

- White: 67%
- Black/African American: 21%
- Declined/Other: 4%
- Hispanic: 4%
- Multiracial: 4%

**AGE DISTRIBUTION OF CLIENTS SERVED**

- 18-24: 31%
- 25-34: 56%
- 35-44: 2%
- 45-54: 10%
- 55+: 1%
# ALL PPW PROGRAM DATA: FY 2022

**Number Served:** 572 women  
**Programs:** All PPW programs

## PRIMARY DIAGNOSIS (N=487)

- Opioids: 48%
- Hallucinogens: 8%
- Stimulants: 2%
- Alcohol: 2%
- Marijuana: 35%
- Benzodiazapines: 1%
- Other: 2%

## SECONDARY DIAGNOSIS (N=132)

- Opioids: 25%
- Hallucinogens: 2%
- Stimulants: 19%
- Alcohol: 8%
- Marijuana: 10%
- Benzodiazapines: 2%
- Other: 34%

## PRIMARY SUD DIAGNOSIS COMPARISON CHART BETWEEN FY 2021 AND FY 2022

<table>
<thead>
<tr>
<th></th>
<th>OPIOIDS</th>
<th>STIMULANTS</th>
<th>ALCOHOL</th>
<th>HALLUCINOGENS</th>
<th>MARIJUANA</th>
<th>BENZOS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 21</td>
<td>36%</td>
<td>45%</td>
<td>6%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>FY 22</td>
<td>35%</td>
<td>48%</td>
<td>8%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Difference</td>
<td>-1%</td>
<td>+3%</td>
<td>+2%</td>
<td>+1%</td>
<td>-1%</td>
<td>-1%</td>
<td>-3%</td>
</tr>
</tbody>
</table>
THOUGHTS

I hope you have found this Frontline Report illuminating and informative. At Gaudenzia, we use this data every day as part of our never-ceasing efforts to develop more evidence-based and data-informed treatment services in the towns, cities and states in which we operate. Furthermore, we’ll use this to drive a greater awareness and urgency to this public health crisis.

But as we acknowledged at the beginning of this report, this is not just about the data. This report is about human beings who need and deserve action and concrete solutions over the next 12 months. When you’re in an emergency, it can be hard to prioritize, but at Gaudenzia, we believe there are two issues that need special attention.

▶ A shortage of qualified credentialed and trained clinicians, nurses and psychiatrists working with the underfunded population:

The people who come through our doors are sicker, the substances they are using are more debilitating and the incidence of polysubstance use makes treatment more complicated. The shortage of certified/licensed clinicians available to work in behavioral health settings remains acute. As a result, Gaudenzia has had to reduce bed availability and temporarily close critically needed programs due to lack of personnel, especially in services for more clinically complex clients. Gaudenzia has increased compensation, deepened an already robust benefit package and continues to offer tuition reimbursement and a loan repayment program. This staffing crisis merits a review or a temporary shortening of time to credentialing for clinicians treating people with substance use disorders for the next year.

▶ The future of treatment for the increasing population for pregnant and parenting women with substance use disorder:

Changing legislation reducing women’s access to pregnancy termination will have a ripple effect in our healthcare system, including on behavioral health. We will inevitably see an increased need for programs that allow women to bring their children with them to treatment and offer more robust co-occurring and trauma-informed services for both mother and child. With the growth this year of our signature pregnant and parenting women programs, we have added data specific to this population to our report. Where the focus is needed for this population is in a payment arrangement that enables appropriate treatment and continued support for these women, along with treatment and clinical support for their children during the treatment episode. We have had the good fortune to have excellent government partners working with us in Delaware and Pennsylvania to build an improved model. We still need to break down the silos of government programs working with this population to combine funding from multiple sources to adequately support programs such as this.

At Gaudenzia, we understand that responding to a crisis like the one before us represents a challenge and an opportunity, and we embrace both every day.

See you on the Front Lines.
DRUG DIAGNOSIS CATEGORIES

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

**OPIOIDS**

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

**ALCOHOL**

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

**STIMULANTS**

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

**MARIJUANA**

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

**HALUCINOGENS**

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

**BENZODIAZEPINES**

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

**OTHER**

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

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

- Our resilient clients for granting us the privilege of being part of their recovery journey.
- Our wonderful staff for capturing the information while still providing the best clinical care for our clients.
- Bhavani Raghavan Lobo, Andrew Groff, and Jessica Cantermen, MSW for compiling and analyzing the data.
- The Gaudenzia Communications Team for their collaboration and attention to detail.

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

Contact:
Gaudenzia, Inc.
106 W. Main Street
Norristown, PA 19401
FrontlineReport@gaudenzia.org

NEED HELP?
Contact our 24-hour Treatment and Referral HelpLine
833.976.HELP(4357) OR HELPLINE@GAUDENZIA.ORG

GAUDENZIA.ORG