Pennsylvania State Coroners Association



Report on Overdose Death Statistics 2015

"To the living we owe respect, but to the dead we owe only the truth." Voltaire

"And I looked, and behold a pale horse: and his name that sat upon him was Death" Revelations Chapter 6 Verse 8

This report in the following pages provides statistics on deaths where drugs caused or contributed to the death of an individual. In reviewing the numbers on these pages we must be mindful that each number represents a history of an individual with hopes and dreams and families and friends. It is hoped that these numbers can assist in developing policies that will help abate this terrible scourge of drug related deaths.

This year's report would like to highlight a group of families from Butler County as they are coping with the drug addiction in their lives. They are engaged in many activities to highlight the problem and to help find solutions. As summed up by one mother:

"But we have to stop the stigma & stop the silence!! I'm a firm believer in that."



"Hope for Broken Hearts" is a family support group for people affected first hand, with loved ones caught up in addiction. It was started to give families a safe, confidential place to release their emotions and frustrations when dealing with addiction.

This group focuses on hope, support, education and saving lives. All people need the hope of turning around devastating situations. Members can speak openly about their experiences and their fears that other people cannot begin to understand. We support each other and gain strength in support and knowledge. Educating each other is important. We need to understand what opiates do to loved ones in order to deal with the devastation it causes. Along with the education is being prepared for an overdose. Overdoses happen anywhere at any time. Most of the members have been trained and carry Naloxone (Narcan) at all times. All lives are worth saving.

The drug epidemic does not just affect the families. This affects the community either directly or indirectly. We are losing people to addiction. This affects all families, every neighborhood, and every social status. No one is immune.

We need education on all levels. We need to have reality drug education in schools. The programs need to be more in depth than being told drugs are bad & just say no. They need to know the reality. They need to know what heroin does to the brain after just trying it once or twice. People need to know, too. Some would rather waste time debating if it is a choice or a disease. Yes, it was a choice the first time or two. After that it changes the way the brain functions. People are dying every day. We need to do more than talk about it. When the way we have done things for years doesn't work, it is time to do something different.

"Hope for Broken Hearts" has been doing a variety of things to help get the heroin epidemic out in the public eye.

Some of the things we have done include:

- Sent letters to doctors & dentists in the area to encourage them to not write prescriptions for opiates when there is an alternative medicine.
- Recognized by Butler County Commissioners with a proclamation declaring May as Drug Awareness Month.
- Traveled to another county for Naloxone (Narcan) training for our group.
- Set up first Naloxone Training in Butler County, with 90 people in attendance receiving lifesaving naloxone take-home kits. (We had a waiting list for this class.)
- Spoke at CJAB (Butler's Criminal Justice Advisory Board).
- Sought out needed grant information for Naloxone. Through CJAB, police in Butler City, Butler Township & various boroughs were able to be trained & carry Naloxone.
- Attended various drug summits.
- Held Drug Awareness Seminar at Butler County Community College with educated speakers active in dealing with addiction.
- Held first annual Candlelight Overdose Walk in Butler (Fall 2015).

- Participated in week long informative booth at Butler Farm Show, talking, listening and sharing information. Heard both heartbreaking reality stories & also positive recovery stories.
- Took part in the Butler Fall Festival & RiverFest in East Brady, handing out information.
- Spoke at various county level meetings.
- Took part in a webinar phone call with the White House regarding the drug epidemic.
- Attended a Relapse seminar in another county.
- Recognized from The Gaiser Addiction Center at a special Valentine's Breakfast, as they also handed out free naloxone kits to participants.
- Held our 1st free community movie night, showing documentary of a town that completely turned their community around from their drug use. (An Appalachian Dawn) Very positive responses. Others want to show the movie at their churches.
- Held our 3rd annual drug awareness walk (Walk of Hope) in downtown Butler in May of 2016.

This year's "Walk of Hope" had a record number in attendance despite the rain. Every year it keeps growing. There were a couple of speakers. There were pastors from different churches to offer up prayer for the families, the ones fighting addiction, the ones in recovery, and for our community.

We are encouraging others to find a family support group in their community. There are many hurting families that need to know they are not alone. If you cannot find a group that fits your needs, start one. Together, a few people can do great things. Our core group is small. We have done all these things within 2 ½ years. Everyone can make a difference. We cannot just sit back and watch this devastation destroy our families and loved ones. We need to speak up. We need to let them know there is hope. Recovery is possible. Things can get better.

We believe there is HOPE of recovery. Our group is there to SUPPORT each other. We emphasis the importance of EDUCATION, not only within our group, but with the public. We understand the importance of SAVING LIVES. Every life is worth saving.

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Data Collection

For the period of January – December 2015, the Coroners and Medical Examiners of the Commonwealth reported 3,505 deaths resulting from drug poisoning. This number may not reflect all drug related deaths for the time period, since there is lag time in getting toxicology reports and autopsy reports completed and not all drug related deaths may have been reported to the Coroner or Medical Examiner. Therefore, the current totals may ultimately be increased. Of the cases investigated by the Commonwealth's Coroners and Medical Examiners, toxicology results determined that the drugs listed below were present at the time of death. It is important to note that each death is a single case, while each time a drug is detected represents an occurrence. The vast majority of the decedents had more than one drug occurrence.

A drug is indicated as the cause of death only when, after examining all evidence and the autopsy and/or toxicology results, the Coroner/Medical Examiner determines the drug is present or identifiable in the deceased and has played a causal or contributing role in the death. It is not uncommon for a decedent to have multiple drugs listed as a cause of death. This report is limited to deaths where the manner of death is accident, suicide, homicide or undetermined. The reported deaths herein do not include natural deaths, where there may be a significant number of drugs in the person's system, but the drugs are not determined to be the cause of death. But, if the drugs were determined to have a underlying impact on a death, which is otherwise due to medical complications, it is included in this report even though it has been determined to be a natural death.

Data and demographics may be missing or flawed from certain counties which will alter the outcome of various totals to a certain degree.

Of the 67 counties data has been received from all 67 counties. The Coroners and Medical Examiners who took time out of their busy schedules serving the people of their counties in determining the cause and manner of death of those who have died as a result of violent acts, unintentional or intentional, are gratefully acknowledged. Without their assistance this report would not have been possible.

Any perceived opinions in this Report are those of the compiler of the Report and do not necessarily reflect the opinions of the Pennsylvania State Coroners Association, nor any individual Coroner or Medical Examiner in the State of Pennsylvania.

Susan M. Shanaman, Attorney PSCA Solicitor/Legislative Liaison

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Report Summary

The CDC has stated that our country is in the midst of an overdose epidemic.

The New York Times quoted Dr. Hamilton Wright of Ohio stating "Of all the nations of the world, America consumes the most opium in one form or another. The habit has this Nation in its grip to an astonishing extent. ... The drug habit has spread throughout America until it threatens us with a very serious disaster." What is astonishing about these comments is not that they were said, but when they were said. These remarks were made in 1911 by the first appointed US Drug Czar (appointed by President Theodore Roosevelt).

Drug related deaths have continued to increase. In 2014 that number reached at least 2,489 individuals. The year 2014 showed an average increase of about 20% over the prior year for many counties. In 2015 the number of drug related deaths increased to 3,505 or a 30% increase over the prior year. If, initial data for 2016 is any indication, the number of deaths will continue to increase.

Ten (10) people die every day in Pennsylvania from drug related causes. Not known are the number of persons who overdose but survive. In addition, this number may be somewhat conservative since many hospitals will throw away admission blood after three days, leaving nothing to be forensically analyzed in case of death.

The age of the deceased ranges from under 2 months to 94 years of age. The majority of deaths are found in the age group 30 – 39 years old, but with the vast majority occurring between the ages of 30 – 49 years old. Men represent 2/3rds of the deaths. Deaths are split along racial lines in accordance with the percentages represented in the Commonwealth. The typical decedent is single, either never been married, divorced or widowed.

Most deaths are the result of multiple prescription drugs either alone or with the addition of heroin or cocaine, to a lesser degree. In addition, there has been a significant increase in the number of heroin deaths which were accompanied by the addition of fentanyl or acetyl fentanyl. Also, the use of cocaine to which levamisole has been added continue to increase. Lastly, there is an increase in the presence of THC found in marijuana and synthetic cannabinoids. The latter drug is also seen increasingly in statistics reported by the PSP on impaired driving.

Found in 14% of the toxicology reports of the drug related deaths are the opioids generally prescribed to treat addiction or overdose events, methadone, buprenorphine (found either as suboxone or subutex), naloxone, naltrexone. Methadone is prescribed in clinics under the regulation of the Substance Abuse and Mental Health Services Administration (SAMSHA) and the Pennsylvania Drug and Alcohol Programs. To prescribe buprenorphine, the prescriber only needs to secure a DEA authorization.

As stated by US Senator Tim Murphy at the beginning of hearings he is chairing into the issue of Examining The Growing Problem Of Prescription Drug And Heroin Abuse: State And Local Perspectives, March 26, 2015:

"Buprenorphine can more safely maintain a person's dependence by reducing the need for illegal opioid use, such as heroin, and thereby the risk for overdose. But make no mistake, buprenorphine is a highly potent opioid, which according to SAMSHA, is 20 to 50 times more potent than morphine. So it is worth considering that our national strategy to combat substance abuse is to maintain addiction by either prescribing or administering a heroin-replacement opioid. ... And unlike clinics that administer methadone, there are no requirements for buprenorphine clinics to offer or even discuss non-addictive treatment alternatives, no requirement to develop treatment plans, no requirements to protect the public against it being diverted for illicit use."

Statewide drug related deaths occur throughout the year with a slight increase in October. (In 2014 the slight increase was in May.) Deaths generally increase on the weekends and 2/3rds of the deaths occur between the hours of 4 PM and 8 AM.

There are several ways in which these drug related deaths may be characterized and each requires a solution which considers the unique variables. There is the group of children either born with NAS or toddlers exposed to drugs and those drugs used for treatment who in error access them with fatal results. There is the group of teens and younger adults who are experimenting with drugs, perhaps as a matter of peer pressure. There is the vast majority of adults who perhaps believe that the American Dream has passed them by, have become addicted and see no clear path to recovery or have been unable to readily access the means of recovery. There are the elder citizens who are generally not experimenting with illegal drugs but are overdosing on prescribed medications. And, lastly, there are the veterans who have volunteered to serve our country and who come home with medical issues and mental health issues for which they have been receiving inadequate treatment in the form of a cocktail of drugs – a sleeping pill, anti-anxiety medication, an anti-depressant, and an anti-psychotic and sometimes, even a stimulant.¹

While the Federal Mental Health Parity Law requires parity for addiction treatment, that parity remains elusive. There are insurance companies who don't do admitting paperwork on a weekend, there are a scarcity of pain management practices or clinics, there is an apparent lack of facilities with beds to provide long term treatment or to accept mothers with their small children, so as to not needlessly further tear apart families during the healing process.

There needs to be a stronger tying of an overdose incident with the treatment process. Merely handing someone a card with locations of any treatment programs in the area doesn't appear to be adequate. If someone is ready to commit to getting treatment, suggesting treatment may be available in a couple of days or weeks is not adequate. And while there are appropriate, necessary privacy concerns and Constitutional issues involving the 14th Amendment regarding involuntary commitments for treatment, providing Narcan without further follow-up is probably just changing the date of death.

There needs to be a scalpel brought to the discussion of broad based policies to stem the tide of this drug pandemic. Take for example, an elderly women who has been diagnosed with pain generating medical issues. She has been given a prescription to relieve the pain while waiting 4 months to get another appointment with a specialist. This prescription is only valid for two weeks. After two weeks she has to get a relative to take her to the doctor to get another two week supply. She has no diagnosed tendencies to abuse or divert the drugs for another use, she has been caught in a system to try to stop abuse.

Another example is a mother with a child who has been diagnosed with ADHD. She can get a thirty day supply of the needed drugs, but to get a refill she must travel at least half an hour and on the precise day the prescription runs out to get a refill. Again, there are no indications of drug abuse or diversion of the use of the drugs for another purpose, she has been caught up in a one-size-fits-all system to stop drug abuse.

Can we not trust any of our physicians to exercise judgment in filling prescriptions? Shouldn't the ABC-MAP Act of 2014 provide the information necessary to catch those who would abuse their ability to prescribe?

Another obvious conclusion from reviewing the data relates to the number of drugs found in an individual's toxicology. While the average number of drugs, both prescription and illegal is about 3 per person, there are too many instances where an individual may be found with multiples of a classification of drugs. An example is the toxicology of one individual who had five antidepressants in their toxicology. Why would anyone take such multiples of one type of drug? Perhaps part of the answer may be found in the current use of drugs for off-label purposes. For example, antidepressants are prescribed by various physicians for treatment of disorders other than depression -- anxiety, sleep issues, pain, headaches, smoking cessation, premenstrual syndrome, premature ejaculation². In fact the CDC has indicated that the rate of use of antidepressants has increased nearly 400% since 1988.

¹ The Military's Prescription Drug Addiction, The American Conservative, Kelley Beaucar, October 3, 2013

² 5 Surprising Uses for Antidepressants, Wyatt Myers, www.everydayhealth.com

Another concern is when a patient is hospitalized after a nonfatal prescription opioid-related overdose, leaves the hospital or ER, and then continues to receive opioid based treatment. Perhaps there is not communication that the patient has been treated for an overdose to the prescribing physician, perhaps the patient has made no connection between the condition for which the opioid treatment is prescribed and the overdose. Perhaps this nonfatal overdose should represent an opportunity to identify and treat substance use disorders.³

It should be clear that there is a widespread commitment to share drug information with patients, but it is equally unclear whether the reason for the medication prescription is generally recorded or shared. The prescription label gives the name of the drug, the dosage and the number of times to take. It does not give an indication of the purpose served by its taking. Perhaps, there is a need for a Patients Drug Bill of Rights, such as suggested in the N Engl J Med, July 28, 2016, to provide for safe medication ordering and use – "the right patient, right drug, right dose, right time, right route … {and the } right indication."

This report is based upon a review of toxicology results and does not include any review of a decedent's prescription history, evidence at the scene (which may be collected by coroners or law enforcement based upon county protocol), autopsy results, investigatory reports or interviews with next of kin, friends or witnesses.

It is time to search for solutions that recognize the different faces of the drug issue, the addict, the family, those who will get caught in any broad based, one-size-fits all remedies. As Albert Einstein is quoted to have said, "Insanity is doing the same thing over and over again and expecting different results." No one can be a passive observer in thinking we can solve this problem by the same thought process which created it.

³ Patients Continue to Receive Prescription Opioids Following Overdose, MD Magazine, www.hcplive.com

Glossary of Drugs

Amphetamines – A group of synthetic psychoactive drugs called central nervous system (CNS) stimulants. The collective group of amphetamines includes amphetamine, dextroamphetamine, and methamphetamine. Methamphetamine is also known as "meth," "crank," "speed" and "tina." They may also be found in drugs for ADD or ADHD.

Benzodiazepines – A family of sedative-hypnotic drugs indicated for the treatment of stress, anxiety, seizures and alcohol withdrawal. Benzodiazepines are often referred to as "minor tranquilizers." Xanax (Alprazolam) and Valium (Diazepam) are the most commonly prescribed drugs in this drug class.

Buprenorphine – A semi-synthetic opioid known as Buprenex, Suboxone, and Subutex indicated for the treatment of opioid addiction and moderate to severe pain.

Cathinones - a family of drugs containing one or more synthetic chemicals related to cathinone, an amphetamine-like stimulant found naturally in the Khat plant. They are 'cousins' of the amphetamine family of drugs, which includes amphetamine, methamphetamine and MDMA (ecstasy). It often goes by the street name of "Molly."

Cannabinoids – A series of compounds found in the marijuana plant, the most psychoactive of which is THC, a strong, illicit hallucinogen. Street names for this drug are often associated with a geographic area from which it came but also include generic names like "ganja," "MJ," "ragweed," "reefer" and "grass."

Carisoprodol – Muscle relaxant indicated for the treatment of pain, muscle spasms and limited mobility. It is often abused in conjunction with analgesics for enhanced euphoric effect. It is marketed as Soma.

Cocaine – An illicit stimulant. Powdered cocaine goes by many street names including "C," "blow," "snow," and "nose candy," while freebase cocaine is mostly commonly known as "crack."

Ethanol – ethyl alcohol.

Fentanyl – Synthetic narcotic analgesic (pain killer) used in the Durgesic transdermal patch. Also available in a solid "lollypop" sold under the brand name Actiq.

Flunitrazepam (Rohypnol) – Commonly referred to as a "date rape" drug. It is a sedative-hypnotic drug in the Benzodiazepine class. It often goes by the street name "roofies".

Gamma-Hydroxybutyric Acid (GHB) – A depressant, also known as a "date rape" drug. GHB often goes by the street name "easy lay," "scoop," "liquid X," "Georgia home boy" and "grievous bodily harm."

Heroin – An illicit narcotic derivative. It is a semi-synthetic product of opium. Heroin also has multiple street names including "H," "hombre" and "smack," and others too numerous to mention.

Hydrocodone – A narcotic analgesic (pain killer). Vicodin and Lortab are two common drugs containing hydrocodone. **Hydromorphone** – A narcotic analgesic (pain killer) used to treat moderate to severe pain. Marketed under the trade name Dilaudid, it is two to eight times more potent than morphine. Commonly used by abusers as a substitute for heroin.

Ketamine – An animal tranquilizer and a chemical relative of PCP. Street names for this drug include "special K," "vitamin K" and "cat valium."

Levamisole-A drug originally developed for use in treating cancer but discontinued for human use due to its negative effects on the human body. Generally found in the Philadelphia area as a cutting agent for cocaine.

Meperidine – A synthetic narcotic analgesic (pain killer) sold under the trade name Demerol, it is used for preanesthesia and the relief of moderate to severe pain.

Methadone – A synthetic narcotic analgesic (pain killer) commonly associated with Heroin detoxification and maintenance programs but it is also prescribed to treat severe pain. It has been increasingly prescribed in place of oxycodone for pain management. Dolophine is one form of methadone.

Hallucinogenic Phenethylamines/Piperazine – Includes such drugs as MDMA (Ecstasy, a hallucinogen), MDA (a psychedelic), MDEA (a psychedelic hallucinogenic) and Piperazine derivatives. Ecstasy has multiple street names including "E," "XTC," "love drug," and "clarity." MDMA is often also known by a large variety of embossed logos on the pills such as "Mitsubishis" and "Killer Bees."

Hallucinogenic Tryptamines – Natural tryptamines are commonly available in preparations of dried or brewed mushrooms, while tryptamine derivatives are sold in capsule, tablet, powder, or liquid forms. Street names include "Foxy-Methoxy", "alpha-O", and "5-MEO."

Morphine – A narcotic analgesic (pain killer) used to treat moderate to severe pain. MS (Morphine Sulfate), Kadian, and MS-Contin are the tablet forms; Roxanol is the liquid form.

Nitrous Oxide (N2O) – Also known as "laughing gas," this is an inhalant (gas) that produces light anesthesia and analgesia. "Whippets" are a common form of nitrous oxide.

Oxycodone – A narcotic analgesic (pain killer). OxyContin is one form of this drug and goes by the street name "OC." Percocet, Percodan, Roxicet, Tylox, and Roxicodone also contain Oxycodone.

Oxymorphone – A narcotic analgesic (pain killer), that is often prescribed as Opana, Numorphan and Numorphone. **Phencyclidine (PCP)** – An illicit dissociative anesthetic/hallucinogen. Common street names for this drug include "angel dust," "ace," "DOA" and "wack."

Synthetic Cannabinoids – Synthetic cannabinoids are man-made chemicals that are applied (often sprayed) onto plant material to mimic the effect of delta-9-tetrahydrocannabinol (THC), the psychoactive ingredient in the naturally grown marijuana plant (cannabis sativa). Synthetic cannabinoids, commonly known as "synthetic marijuana", "Spice" or "K2", are often sold in retail outlets as "herbal incense" or "potpourri", and are labeled "not for human consumption." Sympathomimetic Amines – A group of stimulants including phentermine (an appetite suppressant) and other sympathomimetic amines not tracked elsewhere in this report.

Tramadol – A synthetic narcotic analgesic sold under the trade name Ultram and Ultracet. Indications include the treatment of moderate to severe pain. It is a chemical analogue to Codeine. Not currently a scheduled drug. **Zolpidem** – A prescription medication used for the short-term treatment of insomnia; it is commonly known as Ambien.

Number of Reported Drug Deaths by County, 2015



Number of Reported Drug Deaths by Region, 2015



Number of Reported Drug Deaths Per 100,000 Population by County, 2015



At or Below Statewide Average 🔀 Less than 10 Deaths

Change in Number of Reported Drug Deaths from 2014 to 2015 by County



Number of Reported Drug Deaths in Rural and Urban Pennsylvania County, 2015



OVERDOSES STATEWIDE BY SPECIFIC DRUGS

















The charts shown on the previous pages show the prevalence of certain drugs, both legally prescribed and those that are considered to be illegal an having no known medical use for general human consumption. These drugs may have been legally prescribed for the person whose toxicology was tested or they may have been diverted from their original prescription holder for use by the end user. Hopefully with the implementation of the PMDP those answers may be more readily available.

In calculating the drug use by category, it should be noted that heroin was determined to be present when the Coroner/Medical Examiner listed heroin specifically in the toxicology, when morphine was present with its known metabolites of 6-monoacetylmorphine or codeine. When morphine was determined to be the only marker of the drug, it was assumed that morphine was present in that form as it is utilized in hospitals, hospices and other prescriptions. Not all persons with the drug morphine in their drug toxicology can be presumed to be using heroin without further evidence, as in its metabolites.

Similarly, it should be noted that amphetamines and methamphetamines were found in 227 instances in the toxicology. While these stimulants are found in illegal drugs such as meth and MDMA, they are also found in ADD or ADHD drugs. Therefore, it was not presumed that the presence of the drug was automatically the presence of an illegal form of the drug.

It should also be noted that 18% of the decedents also had alcohol detected in the toxicology.

Statewide Demographics



















HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic13HIV14

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 74 Alcohol Abuse 55

TREATMENT FACILITIES (AS OF 6/13)

Outpatient 2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine6

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

 DRUG RELATED DEATHS

 2015
 10

 2014
 <10</td>







ALLEGHENY







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute24Hep B Chronic304HIV378

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 3,301 Alcohol Abuse 1,428

TREATMENT FACILITIES (AS OF 6/13)

Inpatient non-hospital16Inpatient hospital1Partial Hospitalization21Outpatient54

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS6Physicians authorized to prescribebuprenorphine180Centers of Excellence2

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS







ARMSTRONG







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic5HIV5

ADMISSIONS FOR SUBTANCE ABUSE

Drug Abuse 221 Alcohol Abuse 163

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital2Partial Hospitalization1Outpatient4

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 1 Physicians authorized to prescribe buprenorphine 3

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS 2015 28

2014 17













HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic16HIV17

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 405 Alcohol Abuse 234 TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital5Partial Hospitalization2Outpatient6

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine12

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 35







BEDFORD

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic7HIV6

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 95 Alcohol Abuse 65

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 <10







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic184HIV101

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 922 Alcohol Abuse 565

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital6Partial Hospitalization3Outpatient11

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine23Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015	69
2014	64













HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic18HIV9

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 473 Alcohol Abuse 275

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospitalization	5
Partial Hospitalization	4
Outpatient	9

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine13Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court Family Drug Re-entry Drug

SOURCE: PA Unified Judicial System June 2016

 DRUG RELATED DEATHS

 2015
 38

 2014
 21












INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic9HIV5

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 100 Alcohol Abuse 84

TREATMENT FACILITIES (AS OF 6/13)

Partial Hospitalization2Outpatient3

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (hybrid)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 16 2014 11















INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute9Hep B Chronic295HIV126

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 1,174 Alcohol Abuse 355

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital7Partial Hospitalization11Outpatient20

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS3Physicians authorized to prescribebuprenorphine47Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

20151232014205*(Included MVA,Homicides, Natural Deaths wheredrugs were found in the toxicology)





BUTLER









HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute5Hep B Chronic21HIV14

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 358 Alcohol Abuse 146

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital3Inpatient hospital1Partial Hospitalization2Outpatient8

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 2 Physicians authorized to prescribe buprenorphine 87

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 48 2014 33











INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic28HIV17

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 604 Alcohol Abuse 215

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital3Partial Hospitalization2Outpatient7

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine12Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Veterans Court

SOURCE: PA Unified Judicial System June 2016

2015	57
2014	37







CAMERON

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HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic<5</td>HIV0

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 36 Alcohol Abuse 17

TREATMENT FACILITIES (AS OF 6/13)

Outpatient 1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 0

CARBON







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic8HIV12

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 274 Alcohol Abuse 106

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine6

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

2015	18
2014	17





CENTRE







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic104HIV18

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 218 Alcohol Abuse 313

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-Hospital 1 Outpatient 9

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 1 Physicians authorized to prescribe buprenorphine 16 Centers of Excellence (Lycoming/Tioga/Clinton/Centre)

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

201517201418





CHESTER







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic149HIV85

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 559 Alcohol Abuse 590

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital5Partial Hospitalization3Outpatient16

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine28

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS 2015 131 2014 82

51





CLARION

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HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic<5</td>HIV4

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 133 Alcohol Abuse 92

TREATMENT FACILITIES (AS OF 6/13)

Partial Hospitalization 1 Outpatient 1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Hybrid)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS 2015 <10 2014 <10







INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic49HIV3

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 212 Alcohol Abuse 104

TREATMENT FACILITIES (AS OF 6/13)

Outpatient 5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine3

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS 2015 14 2014 15





CLINTON

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HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic5HIV3

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 64 Alcohol Abuse 40

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 4 Centers of Excellence (Lycoming/Tioga/Clinton/Centre)

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Hybrid)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 <10

COLUMBIA









HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic15HIV10

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 92 Alcohol Abuse 34

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

4

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine3

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Columbia/Montour)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 16





CRAWFORD



HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic14HIV10

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 150 Alcohol Abuse 181

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine6

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

2015	28
2014	16

CUMBERLAND







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic97HIV34

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 302 Alcohol Abuse 247

TREATMENT FACILITIES (AS OF 6/13)

Partial Hospitalization 1 Outpatient 9

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 1 Physicians authorized to prescribe buprenorphine 9

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Hybrid)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 41 2014 35









INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic196HIV130

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 473 Alcohol Abuse 224

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital 7 Outpatient 14

14

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine12Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Hybrid) Veterans Court

SOURCE: PA Unified Judicial System June 2016

2015	82
2014	54







DELAWARE









HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute5Hep B Chronic685HIV259

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 1,212 Alcohol Abuse 349

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital3Partial Hospitalization2Outpatient19

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine60Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

2015	208
2014	149



In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic<5</td>HIV0

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 74 Alcohol Abuse 36

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

2015	<10
2014	<10





INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic58HIV35

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 693 Alcohol Abuse 403

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital6Inpatient Hospital2Partial Hospitalization1Outpatient16

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine23Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Family Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

 DRUG RELATED DEATHS

 2015
 68

 2014
 60











INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic13HIV16

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 386 Alcohol Abuse 320

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital3Partial Hospitalization1Outpatient6

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine12

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Veterans Court

SOURCE: PA Unified Judicial System June 2016

2015	40
2014	40







FOREST

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic11HIV1

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 15 Alcohol Abuse 8

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non- Hospital 1 Outpatient 2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine None

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 0







INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic21HIV18

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 161 Alcohol Abuse 168

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-Hospital 1 Outpatient 7

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 8

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 21 2014 14






FULTON

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic0HIV1

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 41 Alcohol Abuse 19

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10

GREENE







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic26HIV15

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 240 Alcohol Abuse 167

TREATMENT FACILITIES (AS OF 6/13)

Partial Hospitalization 2 Outpatient 4

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 14 2014 10













INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV2

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 66 Alcohol Abuse 39

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

2015	10
2014	<10











INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic27HIV6

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 334 Alcohol Abuse 260

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital1Partial Hospitalization1Outpatient5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine11

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS 2015 36

10

2014

79





JEFFERSON

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV0

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 139 Alcohol Abuse 70

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10

JUNIATA

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV1

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 7 Alcohol Abuse 3

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10

LACKAWANNA







*Drug listings incomplete.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic71HIV43

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 524 Alcohol Abuse 406

TREATMENT FACILITIES (AS OF 6/13)

Ipatient Non-hospital2Partial Hospitalization3Outpatient7

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine15Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court Family Drug Court Co-occurring Court Veterans Court

SOURCE: PA Unified Judicial System June 2016 DRUG RELATED DEATHS 2015 74 2014 30

LANCASTER







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic224HIV104

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 1,352 Alcohol Abuse 899

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital8Partial Hospitalization3Outpatient20

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine28Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court

SOURCE: PA Unified Judicial System June 2016

2015	80
2014	56







LAWRENCE







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic13HIV7

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 439 Alcohol Abuse 193

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-Hospital 1 Outpatient 5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 1 Physicians authorized to prescribe buprenorphine 9

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 30









INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic34HIV23

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 249 Alcohol Abuse 140

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-Hospital 2 Outpatient 4

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 2 Physicians authorized to prescribe buprenorphine 4

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 20 2014 15







LEHIGH







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute8Hep B Chronic276HIV135

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 708 Alcohol Abuse 313

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-Hospitalization5Partial Hospitalization2Outpatient14

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine12Centers of Excelence1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System May 2016

2015	115
2014	88





LUZERNE





HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute31Hep B Chronic118HIV51

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 439 Alcohol Abuse 246

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital7Inpatient Hospital1Partial Hospitalization4Outpatient10

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine38Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

2015	96
2014	67







LYCOMING







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute	<5
Hep B Chronic	26
HIV	15

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 240 Alcohol Abuse 167

TREATMENT FACILITIES (AS OF 6/13)

Partial Hospitalization 2 Outpatient 4

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 1 Physicians authorized to prescribe buprenorphine 14 Centers of Excellence (Lycoming/Tioga/Clinton/Centre)

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS 2015 25 2014 13











MCKEAN

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HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic<5</td>HIV5

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 154 Alcohol Abuse 165

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital1Inpatient Hospital1Outpatient5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 <10







INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic17HIV8

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 143 Alcohol Abuse 118

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non- Hospital 1 Outpatient 6

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine12

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 19 2014 27





MIFFLIN

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic7HIV3

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 23 Alcohol Abuse 25

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital1Partial Hospitalization1Outpatient1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine6

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Hybrid) Juvenile Drug Court

SOURCE: PA Unified Judicial System June 2016

2015	<10
2014	<10







INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic90HIV41

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 186 Alcohol Abuse 82

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Nonhospital1Partial Hospitalization2Outpatient8

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine14

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

2015	46
2014	39







MONTGOMERY







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic529HIV156

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 708 Alcohol Abuse 287

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital7Inpatient hospital2Partial Hospitalization4Outpatient31

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS6Physicians authorized to prescribebuprenorphine80Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

 DRUG RELATED DEATHS

 2015
 171

 2014
 161







MONTOUR



NORTHAMPTON







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute7Hep B Chronic112HIV37

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 398 Alcohol Abuse 253

TREATMENT FACILITIES (AS OF 6/13)

Partial Hospitalization 2 Outpatient 5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine16

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 71 2014 28





NORTHUMBERLAND







DEATHS BY DRUG CASSIFICATION



HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic20HIV4

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 121 Alcohol Abuse 37

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 1 Physicians authorized to prescribe buprenorphine 3

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court (Co-occurring) Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 16

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics. Also, all the county data for the less than 10 drug deaths has been compiled in charts following the individual county charts.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic19HIV3

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 97 Alcohol Abuse 78

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphineNone

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 <10
PHILADELPHIA







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

 Hep B Acute
 17

 Hep B Chronic
 1,084

 HIV
 2,056

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 2,532 Alcohol Abuse 1,085

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital37Inpatient Hospital5Partial Hospitalization10Outpatient78

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS16Physicians authorized to prescribebuprenorphine172Centers of Excellence3

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

 DRUG RELATED DEATHS

 2015
 702

 2014
 611



PIKE

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic27HIV20

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 113 Alcohol Abuse 66

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine5

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 <10

POTTER

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV1

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 65 Alcohol Abuse 25

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine None

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 0







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute7Hep B Chronic51HIV15

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 419 Alcohol Abuse 162

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non- Hospital 3 Outpatient 5

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 6

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 24





SNYDER

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic7HIV0

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 45 Alcohol Abuse 19

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non- Hospital 2 Outpatient 1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine None

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Snyder/Union)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10

SOMERSET





HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic13HIV6

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 244 Alcohol Abuse 167

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital1Partial Hospitalization1Outpatient2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine None

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 16







SULLIVAN

NONE

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic0HIV1

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 2 Alcohol Abuse 3

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphineNone

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Wyoming/Sullivan Hybrid)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 None 2014 <10

SUSQUEHANNA

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic<5</td>HIV1

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 47 Alcohol Abuse 36

TREATMENT FACILITIES (AS OF 6/13)

Outpatient

3

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine None

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 12

TIOGA

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV0

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 71 Alcohol Abuse 19

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Hospital1Partial Hospitalization1Outpatient1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine None Centers of Excellence (Lycoming/Tioga/Clinton/Centre)

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015	<10
2014	<10

UNION

In the effort to maintain best practices in de-identifying personal and potentially health related data, any quantification of the drug related deaths by age, gender, race, drugs and date is not provided. The complete data though is included in the calculation of the state-wide statistics.

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic46HIV12

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 32 Alcohol Abuse 21

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital 2 Outpatient 3

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Snyder/Union)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 <10

VENANGO







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV2

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 231 Alcohol Abuse 147

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital2Partial Hospitalization2Outpatient6

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 4

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 11 2014 10







WARREN

NONE

HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV0

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 99 Alcohol Abuse 80

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Hospital	1
Outpatient	2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 None 2014 <10

WASHINGTON









HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute <5 Hep B Chronic 32 HIV 19

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 296 Alcohol Abuse 79

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital 5 Partial Hospitalization 5 Outpatient 6

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS 1 Physicians authorized to prescribe buprenorphine 33 Centers of Excellence 1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Co-occurring) Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015	73
2014	33













HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic30HIV3

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 141 Alcohol Abuse 115

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-Hospital 1 Outpatient 2

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICSNonePhysicians authorized to prescribebuprenorphine2

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

None

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 18 2014 14







WESTMORELAND







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute<5</th>Hep B Chronic43HIV18

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 415 Alcohol Abuse 183

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital2Partial Hospitalization6Outpatient11

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS2Physicians authorized to prescribebuprenorphine45

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Family Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015	126
2014	87

129





WYOMING

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HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute0Hep B Chronic<5</td>HIV1

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 89 Alcohol Abuse 59

TREATMENT FACILITIES (AS OF 6/13)

Partial Hospitalization1Outpatient1

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS None Physicians authorized to prescribe buprenorphine 1

SOURCE: PA DDAP 2015, SAMSHA July 2016

PROBLEM SOLVING COURTS

Adult Drug Court (Wyoming/Sullivan)

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 <10 2014 17

YORK







HEALTH PROFILE

INCIDENCE OF COMMUNICABLE DISEASE ASSOCIATED WITH DRUG USE

Hep B Acute9Hep B Chronic120HIV83

ADMISSIONS FOR SUBSTANCE ABUSE

Drug Abuse 697 Alcohol Abuse 379

TREATMENT FACILITIES (AS OF 6/13)

Inpatient Non-hospital4Partial Hospitalization3Outpatient18

SOURCE: Pennsylvania and County Health Profiles 2015, PA Department of Health

NARCOTIC TREATMENT PROGRAMS

METHADONE CLINICS1Physicians authorized to prescribebuprenorphine22Centers of Excellence1

SOURCE: PA DDAP 2015, SAMSHA July 2016, PA DHS July 2016

PROBLEM SOLVING COURTS

Adult Drug Court Juvenile Drug Court Veterans Court

SOURCE: PA Unified Judicial System June 2016

DRUG RELATED DEATHS

2015 99 2014 120







More needs to be done. Drug deaths represent approximately 10 percent of the drug abuse issue. Until hospitals, EMS, poison control centers, 911 call centers, law enforcement and all who prescribe and administer Narcan report on drug overdoses where the person survives, and on the judicial results of those who sell drugs, we are doing nothing more than establishing a drug policy which deals with drug use "**one grave at a time.**"

"The world is a dangerous place to live; not because of the people who are evil, but because of the people who don't do anything about it." Albert Einstein