Good morning. My name is Dr. Lisa Kugler, and I am a life long resident of Westmoreland County.

I am here today in my professional capacity as the Senior Vice President of Treatment Atlas at Shatterproof, a national nonprofit organization dedicated to creating a world where addiction never defines or ends a life. We work to transform systems for tomorrow, support families today, and end stigma forever.

I am also here as a mother.

My son lives with a serious mental illness and has experienced involvement with the criminal justice system. Because of that experience, I have seen firsthand both the challenges that individuals and families face and the opportunities we have as policymakers, providers, and communities to do better.

At any given time, approximately **a quarter-million Pennsylvanians** are involved in the correctional system, whether incarcerated, on probation, or on parole. It is estimated that **60% to 80%** of those individuals are living with a substance use disorder, a mental health condition, or a co-occurring disorder.

To put that into perspective, as many as **200,000 Pennsylvanians**, roughly **one in every 65 residents of our Commonwealth**, are simultaneously involved with the criminal justice system while managing a behavioral health condition.

As a result, our criminal justice system has become, by default, one of the largest systems impacting mental health and substance use outcomes in Pennsylvania.

Today, I would like to briefly address two critical points along this continuum: **prevention** and **reentry**.

First, prevention.

Every day, new psychoactive substances become more readily available to consumers. Adolescents are particularly vulnerable to these substances because the regions of the brain responsible for impulse control, decision-making, and evaluating long-term consequences are still developing. At the same time, the adolescent brain is highly responsive to reward, making young people especially susceptible to the reinforcing effects of psychoactive substances.

Simply put, youth are at greater risk not because they make poor choices, but because their developing brains process risk and reward differently than adults.

Throughout my career, I have worked with thousands of individuals impacted by addiction. Not one of them has ever told me that their childhood dream was to grow up and develop a substance use disorder.

Because of this, we must do everything possible to prevent addiction before it starts.

Pennsylvania should continue to examine policies that limit youth access to psychoactive substances and establish meaningful consequences for those who knowingly market, sell, or provide these products to minors.

Today, individuals can purchase several psychoactive substances outside of traditional pharmacies or regulated cannabis dispensaries, including **kratom, concentrated 7-hydroxymitragynine (7-OH) products, and nitrous**. These products are often sold through retail channels, such as gas stations, with limited oversight, creating legitimate concerns regarding potency, product transparency, and addiction risk.

We should be asking ourselves whether products with these risks should be as accessible to young people as they currently are.

The second issue I would like to address is reentry.

For individuals returning to the community after involvement with the criminal justice system, recovery is often only the beginning of the journey.

These individuals face significant barriers to employment, education, housing, and community reintegration. Too often, they are judged not by who they are today, but by the worst moment of their lives.

I have witnessed this personally through my son's experience. Although the issues focused on mental health instead of substance use, the process would have been similar. My son was required to provide proof of completion from an intensive outpatient treatment program, documentation from aftercare services, and letters from both his psychiatrist and therapist. In one instance, despite providing all of this documentation and demonstrating more than three years of sustained remission and stability, he was denied an opportunity to drive for DoorDash.

Imagine having to relive and explain the most difficult chapter of your life during every job interview, every housing application, and every opportunity to move forward. Imagine repeatedly being asked to prove that you are worthy of a second chance.

When repeated, this process becomes discouraging, demoralizing, and traumatizing.

Recovery thrives when people are given the opportunity to rebuild their lives. Individuals reentering society need access to treatment, stable housing, educational opportunities,

meaningful employment, and communities that understand behavioral health conditions are medical conditions, not moral failures.

When we provide those supports, remarkable things happen. People regain hope. They begin to believe in themselves. Families heal. Communities become stronger. Recovery becomes possible.

Together, we can build a future where behavioral health conditions are met with effective treatment, where young people are protected from preventable harm, and where individuals returning to our communities are given a genuine opportunity to recover, contribute, and thrive.

I thank the Committee for its leadership and interest in this important issue.

Thank you for the opportunity to testify today.