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PA House of Representatives  
Republican Policy Committee

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414, Main Capitol Building  
Harrisburg, PA 17120  
(717) 260-6144

**Rep. Joshua D. Kail**  
Chairman

**PA House Republican Policy Committee Hearing**  
**“A State Lost in Addiction: Pennsylvania’s Path to Recovery”**

**February 22, 2024, at 1:00 p.m.**

**The Crane Room Grille**  
**3009 Wilmington Rd.**  
**New Castle, PA 16105**

- |           |   |
|-----------|---|
| 1:00 p.m. | Welcome and Pledge of Allegiance  |
|           | <b>Understanding Community Impact Panel</b>                                   |
| 1:10 p.m. | Hon. Joshua D. Lamancusa<br><i>District Attorney, Lawrence County</i>         |
| 1:15 p.m. | Hon. Richard M. Johnson, D-ABMDI<br><i>Coroner, Lawrence County</i>           |
| 1:20 p.m. | Questions for the Understanding Community Impact Panel                        |
|           | <b>Understanding Recovery Panel</b>   |
| 1:50 p.m. | Coleen Crisci<br><i>Certified Recovery Specialist, Unity Recovery</i>         |
| 1:55 p.m. | Angelo Papa, Esq.<br><i>Owner, Angelo A. Papa P.C.</i>                        |
| 2:00 p.m. | Dr. Mark Matta<br><i>CEO and Medical Director, Psych Med Associates, P.C.</i> |
| 2:05 p.m. | Questions for the Understanding Recovery Panel                                |
| 2:35 p.m. | Closing Comments  |



## Testifier Biographies

### PA House of Representatives Policy Committee Hearing *"A State Lost in Addiction: Pennsylvania's Path to Recovery"*



#### **Hon. Joshua D. Lamancusa** **District Attorney, Lawrence County**

Joshua David Lamancusa, born in New Castle, Pennsylvania, is a distinguished legal professional and community leader. Graduating from Denison University in 1995 with a Bachelor of Arts in Economics, Josh excelled in campus governance, holding various elected positions. Following this, he pursued a Master's Degree in Finance at The Ohio State University and obtained his Juris Doctorate from Case Western Reserve University School of Law in 1999.

Commissioned as Ensign in the United States Navy Judge Advocate General's Corps (JAG Corps), Josh rose through the ranks, showcasing leadership as a Trial Counsel Team Leader, as Assistant Chief Trial

Counsel at Naval Station Norfolk, and as defense counsel for the Navy Legal Service Command in Naples, Italy. During his military service, he received numerous accolades, including two Navy and Marine Corps Commendation Medals, the National Defense Medal, Oversea Service Ribbon, and various weapon medals.

In 2005, after completing active duty, Josh returned to Lawrence County, Pennsylvania, establishing a private legal practice specializing in criminal and civil litigation. Active in community organizations, he held roles in the American Legion, Veterans of Foreign Wars, United Way, and the New Castle Public Library, among others.

In 2010, Josh was elected District Attorney of Lawrence County, becoming its Chief Law Enforcement Officer. Leading various law enforcement units, he has spearheaded initiatives like the "Jail to Jobs" reentry program and "Project Oasis" for neighborhood revitalization. Over the years, he received numerous awards, including the YMCA Salute to Courage Award in 2018 and the Boy Scouts of America Award for Community Service and Dedication in 2022.

Maintaining active memberships in legal and community organizations, Josh continues his commitment to justice and community service. As of 2018, he has served as an Adjunct Professor at the University of Pittsburgh School of Law.

#### **Hon. Richard M. Johnson, D-ABMDI** **Coroner, Lawrence County**

A lifelong Lawrence County resident, Richard spent 20 years as a full-time deputy coroner under former Coroner Russell S. Noga and was first elected to the lead position of coroner five years ago.

Johnson is a board-certified, medico-legal death investigator, through the American Board of Medicolegal Death Investigators and has completed over 11 specialized training courses and certifications for death investigations.





**Coleen Crisci**  
**Certified Recovery Specialist, Unity Recovery**

A dedicated supporter of providing aid to individuals affected by addiction, Coleen collaborates with community groups to organize local events such as Overdose Awareness Day and Light Up the Sky for Recovery and serves as a certified recovery specialist for Unity Recovery.

**Angelo Papa, Esq.**  
**Owner, Angelo A. Papa P.C.**

Angelo Papa, Esq. is a dynamic and experienced trial attorney with over 35 years of experience in legal procedures.

As a nationally recognized attorney in substance abuse criminal, employment, professional, domestic, and school litigation, Angelo is the founder of innovative programs like [www.elmfreedomtree.com](http://www.elmfreedomtree.com), a non-profit, community learned presentation referral organization project, and has been featured in various publications for his groundbreaking work. He is also an educator of other attorneys and actively involved in the community as a leader and member of local organizations.

Angelo holds a BS in education from Slippery Rock State University, MA in school administration, and Juris Doctorate in Law from Duquesne School of Law. Angelo is a former High School State Championship Linebacker, Collegiate Football Player, Football Coach, High School Administrator, and School Board President.



**Dr. Mark Matta**  
**CEO and Medical Director, Psych Med Associates, P.C.**

Dr. M. Matta, a board-certified psychiatrist, joined Psych Med Associates in 2007, working alongside his father, Dr. Shoukry Matta. Since then, he has excelled in his field, earning board certification from the American Board of Psychiatry & Neurology in 2008. Currently serving as the CEO and Medical Director of Psych Med Associates, P.C., he also holds the role of medical director at People in Need and Community Alternatives in New Castle.

Dr. Matta is actively involved in various aspects of psychiatric care. He serves on staff at Sharon Regional Hospital where he directs the child, adolescent, and adult partial hospital programs and rounds on the inpatient behavioral health unit. Throughout his career, he has held associate clinical professor titles at several institutions, receiving accolades such as Psychiatric Preceptor of the Year from Chatham University in 2012 and Clinical Preceptor of the Year in 2013.

Recognized for his exceptional contributions, Dr. M. Matta was elected as a "Distinguished Fellow" of the American Psychiatric Association in 2019. He served as the president of the Pittsburgh Psychiatric Society for the 2021-2022 term and continues to actively participate in the Lawrence County Mental Health Advisory Board. Notably, he was honored with the Pennsylvania Medical Society's 40 Under 40 award for his significant service to the field.

# **Paradise Lost – An Addendum**

*Written Testimony of Lawrence County District Attorney Joshua D. Lamancusa*

Lawrence County, a county of approximately 85,000 citizens, is classified as a rural community but crime in the county seat, the city of New Castle, rivals any comparable district in the city of Pittsburgh. The county is uniquely situated between three major highways connecting it to Youngstown, Ohio, Detroit, Michigan, and the city of Pittsburgh. Its proximity to this highway infrastructure has resulted in the constant flow onto its county and city streets of the two deadliest drugs in the United States: heroin and Fentanyl.

Heroin and Fentanyl firmly became the most prevalent drugs in the county sometime in 2021, as an opioid dependent segment of our population sought satisfaction for an addiction that was created several years earlier during the prescription pain medication epidemic. The opioid demand that was created by irresponsible medical prescribing guidelines, negligent physicians, and illegal street dealers set the stage for the inevitable rise of heroin as the drug hegemon. Once opioid addicts could no longer afford to maintain their habit at the ever-increasing prices of prescription pain medication, they turned to the stronger, readily available, and cheaper alternative, heroin. Eventually, the supply of heroin was replaced by the even more prevalent Fentanyl.

The District Attorney's Office in Lawrence County prosecutes nearly 1600 cases per year and roughly 90% of those cases have some nexus to drugs. Of those cases nearly 80% of them involve heroin and/or Fentanyl. That translates to a little under 1300 citizens in Lawrence County that commit crimes (the burglars, robbers, thieves, shoplifters, etc.) are doing so to maintain an opioid addiction. This level of addiction has resulted in unprecedented overdose deaths throughout the county.

Law Enforcement in Lawrence County has evolved to address this threat through the creation of a Special Investigative Unit (SIU) within the Office of the District Attorney. This unit is comprised of county and local police officers, agents of the Pennsylvania Attorney General's Office, the DEA, and the FBI. The SIU has been designated a HIDTA task force by the federal government and maintains working relationships with all state and federal drug agencies. The unit has conducted 396 high-risk drug raids since its inception in 2010 and its efforts have led to the incarceration of hundreds of mid to upper-level drug dealers, the seizure of more than one thousand illegal firearms, and the large-scale forfeiture of illegal drugs and monies. Despite the many notable successes of the unit and its unprecedented efficiency, local policing efforts can only serve to diminish, not eliminate, the supply of heroin, fentanyl, and other illegal narcotics. Furthermore, any effort to cut funding or decrease police officers dedicated to fighting this epidemic would have a catastrophic effect on our citizenry. Additionally, in the absence of more reasoned and coordinated federal drug policy the efforts of local law enforcement are essential despite their inability to provide a complete solution.

John Milton's warning in *Paradise Lost*, "[we] may find, who overcomes by force, hath overcome but half his foe," is one to be heeded when considering how to



combat our county's drug epidemic. Since we cannot arrest our way out of this nationwide nightmare, we must seek to diminish demand and allocate resources to help rehabilitate those suffering from addiction. State monies allocated to rehabilitative services must not be diminished in the interests of tax cuts or other projects of legislative priority. Movement towards insufficiency in the allocation of rehabilitative resources is indicative of a fundamental lack of understanding that drug addiction permeates every demographic and negatively impacts every part of our society. Locally, Lawrence County through various partnerships between the Office of the District Attorney, the Lawrence County Drug and Alcohol Commission and the Lawrence County Court of Common Pleas Drug Court have launched numerous initiatives to inform the public about the wide array of treatment options and support groups located within the county, to provide treatment alternatives to any who would seek it, and to provide early and often court intervention pushing rehabilitation initiatives.

Lastly, though not always directly related to the opioid epidemic, we cannot ignore those individuals that have paid their debt to society for their wrongdoing and expect them to seamlessly assimilate back into the law-abiding working populace without meaningful assistance. Presently the state correctional institution maintains a 50% - 70% recidivism rate for convicts released between 1-3 years. Recidivism of this magnitude only serves to guarantee that most previous offenders return to the criminal justice system leaving behind a wake of new victims. Research has found that economic distress predicts individual and family outcomes, including marital dissatisfaction and family conflict. Therefore, relevant skills training and economic opportunity incentives must be pursued to ensure that at-risk individuals are not forced back into criminal behavior. Relevant skills and educational training should be available both inside and outside of our prison walls.

In an effort to reduce recidivism in Lawrence County, the Office of the District Attorney launched a pilot program in February 2014 entitled "Jail to Jobs." The program is available only to convicted felons (only sex offenders are excluded) and participating members of the local drug court program. The program coordinator matches participating individuals with available local employment opportunities and provides information to employers about already existing federal bonding and tax credit initiatives. Since its inception, more than five hundred felons and drug court members have been hired throughout our community via the program.

Despite limited resources within Lawrence County, the community continues to pursue strategies that police criminal conduct, provide treatment for drug-addicted citizens and rehabilitate those who have paid their debt to society. However, local initiatives cannot accomplish widespread lasting change without the support of state officials. It is my hope that the men and women we have elected to lead our Commonwealth have the foresight and patience to pursue long-term community strategies that will benefit all of its citizens.

# Lawrence County Coroner's Office



Pennsylvania Coroners  
Association

- Richard M. Johnson D-ABMDI
- Coroner Lawrence County



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## Pennsylvania Coroner Laws 1218-B CORONER'S INVESTIGATION

- (1) A sudden death not caused by a readily recognizable disease or, if the cause of death cannot be properly certified, by a physician on the basis of prior recent medical attendance.
- (2) A death occurring under suspicious circumstances, including if alcohol, a drug or another toxic substance may have had a direct bearing on the outcome.**
- (3) A death occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental, including, but not limited to, a death due to mechanical, thermal, chemical, electrical or radiational injury, drowning, cave-in or subsidence.
- (4) A death in which trauma, chemical injury, drug overdose or reaction to a drug or medication or medical treatment was a primary or secondary, direct or indirect, contributory, aggravating or precipitating cause of death.
- (5) A perioperative death in which the death is not readily explainable on the basis of prior disease.
- (6) A death in which the body is unidentified or unclaimed.
- (7) A death known or suspected to be due to contagious disease and constituting a public hazard.
- (8) A death occurring in prison or a penal institution or while in the custody of the police.
- (9) A death of an individual whose body is to be cremated, buried at sea or otherwise disposed of so as to be unavailable for examination thereafter.
- (10) A sudden and unexplained infant death.
- (11) A stillbirth.

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## Overdose Classifications / Vital Records

- “Avoid using vague phrases such as “drug overdose,” “multiple drug toxicity,” or “polypharmacy” without including the specific drug(s) involved. While these phrases identify the death as having some aspect of drug involvement, the detailed information on the specific drug(s) is still needed.”

3

## Drug Related Death Statistics for 2010-2023

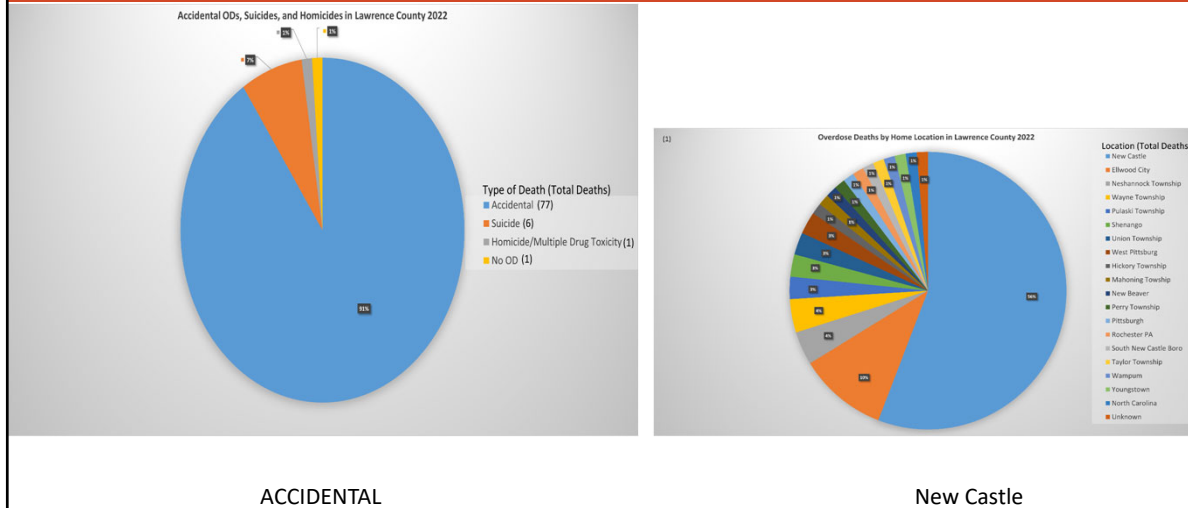
### • Lawrence County

<b>2010 – 11</b>	<b>2011 – 17</b>
<b>2012 – 13</b>	<b>2013 – 27</b>
<b>2014 – 19</b>	<b>2015 – 30</b>
<b>2016 – 39</b>	<b>2017 – 55</b>
<b>2018 – 38</b>	<b>2019 – 30</b>
<b>2020 – 38</b>	<b>2021 – 57</b>
<b>2022 – 85</b>	<b>2023 – 63</b>

- A. Ages range from upper teens to over 70.
- B. Average age range of decedents has been: 35 to 55 years.
- C. The majority of the deaths were a result of: CDP (Combined Drug Poisonings). This can be from both prescription and non-prescription medications together.

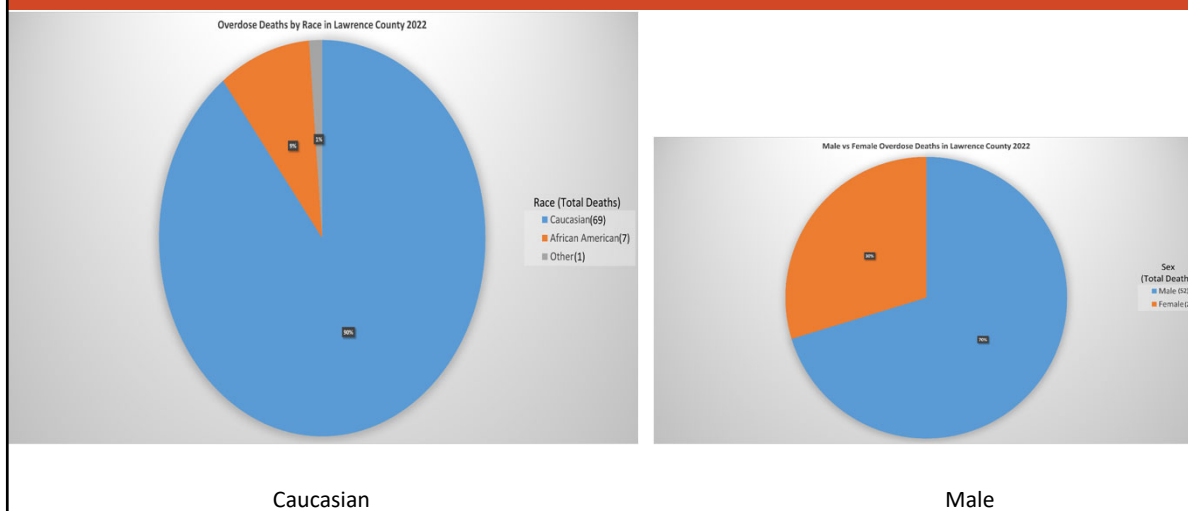
4

## Majority of overdose deaths are Accidental & at Home

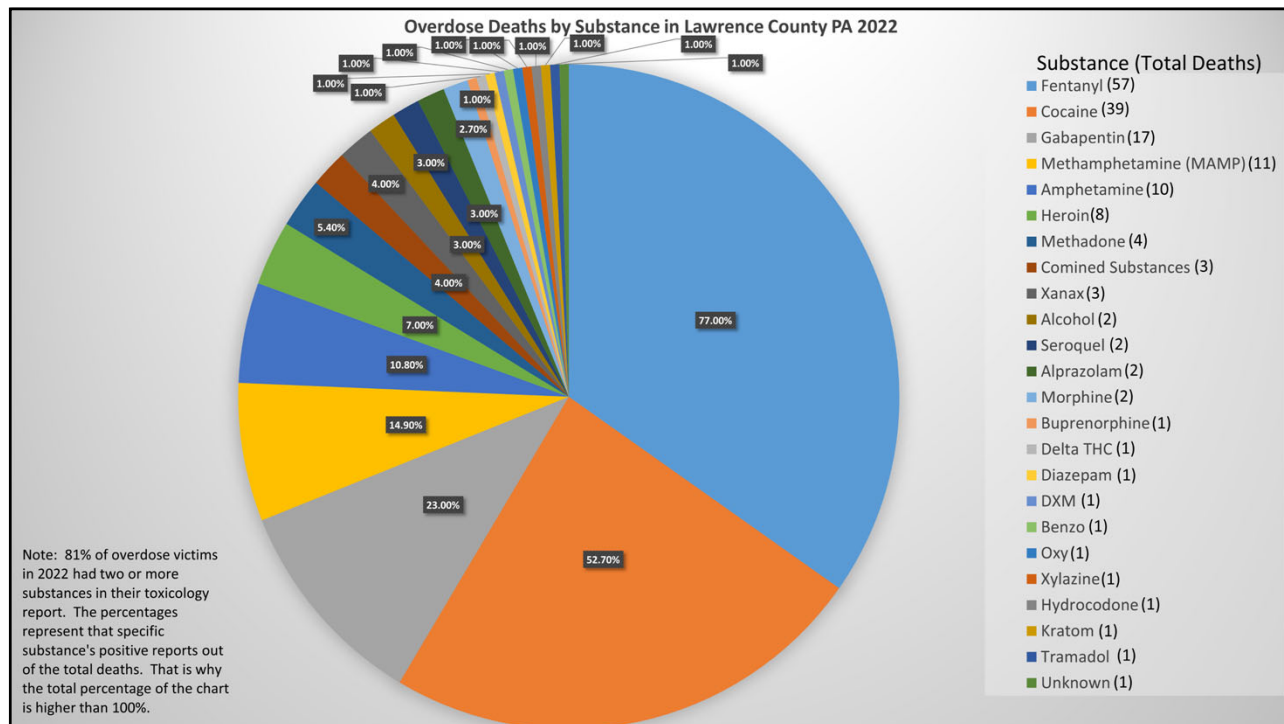


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## Majority of deaths are white males



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## Fentanyl

### What is it?

Fentanyl is a synthetic opioid that is 80-100 times stronger than morphine. Fentanyl is added to heroin to increase its potency or be disguised as highly potent heroin. Many users believe that they are purchasing heroin and don't know that they are purchasing fentanyl – which often results in overdose deaths.

### Street Names

Apace, China Girl, China Town, China White, Dance Fever, Goodfellas, Great Bear, He-Man, Poison and Tango & Cash

### How is it used?

Clandestine fentanyl is typically injected or inhaled like heroin.

How does it affect the body?

- Intense, short-term high
- Temporary feelings of euphoria
- Slowed respiration and reduced blood pressure
- Nausea • Fainting • Seizures • Death



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## Lethal dose of Fentanyl



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## Fake Prescription Pills



Xanax (Fentanyl)



Pain Pills (Fentanyl)

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## Gabapentin Rx

Neurontin (gabapentin) is used to treat pain you may have from shingles (postherpetic nerve pain). It is also used with other seizure medicines for partial onset seizures in patients 3 years and older.

### Warning

Using gabapentin with other drugs that make you drowsy or slow your breathing can cause dangerous side effects or death.

Ask your doctor before using opioid medication, a sleeping pill, cold or allergy medicine, a muscle relaxer, or medicine for anxiety or seizures.



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Gabapentin is NOT a controlled substance yet in PA!

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## XYLAZINE: Human Use

### Consumption

- Inject
- Oral
- Inhale
- Smoke
- Snort

### The High

- Heroin Effect (w/ fentanyl)
- Fentanyl Legs

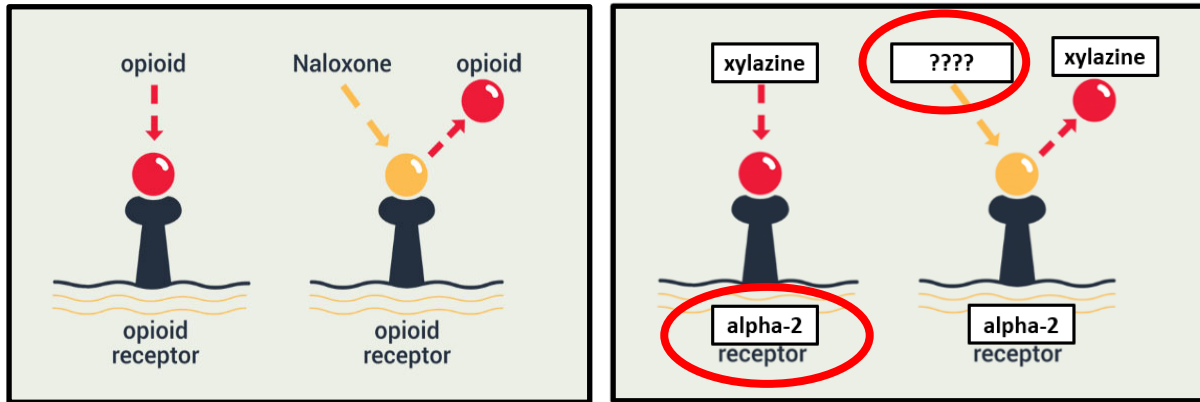
### Physical Effects

- Sedation
- Muscles Relax
- Low Heart Rate/BP
- Body Temp Drop
- Decreased Breathing

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## Naloxone (Narcan) does not reverse effects of xylazine

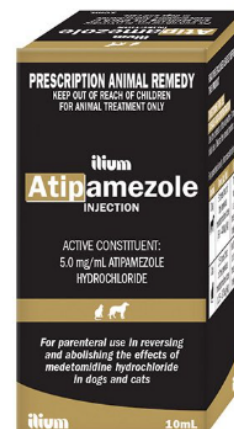


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## Atipamezole

- Not FDA approved for humans
- Not considered as “safe” as naloxone is for humans
- Wrong dosages can cause negative effects (*severe hypotension & bradycardia*)
- Timing is more important than with naloxone



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## OTHER DANGERS

### Unconsciousness

- No Reversing Agent
- Rape, Assault, Accidents

### Skin Necrosis

- Not always near injection location

### Withdrawal


- Tachycardia
- Hypertension
- No Established Medical Protocol

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<p>118TH CONGRESS 1ST SESSION</p> <h2>H. R. 1839</h2> <p>To prohibit certain uses of xylazine, and for other purposes.</p> <hr/> <p>IN THE HOUSE OF REPRESENTATIVES</p> <p>MARCH 28, 2023</p> <p>Mr. PANETTA (for himself, Mr. PEPLAUGH, Mr. BILIRAKIS, Mr. BUCK, Mr. PAPPAS, Mr. BACON, Mr. LAMBORN, Mr. VASQUEZ, Mr. THOMPSON of California, and Ms. BOULAHIAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned</p> <hr/> <h3>A BILL</h3> <p>To prohibit certain uses of xylazine, and for other purposes.</p> <p>1 <i>Be it enacted by the Senate and House of Representa-</i>  2 <i>tives of the United States of America in Congress assembled,</i>  3 <b>SECTION 1. SHORT TITLE.</b>  4 This Act may be cited as the “Combating Illicit  5 Xylazine Act”.</p>	 <h2>COMBATING ILLICIT XYLAZINE ACT</h2> <h3>28 MARCH 2023</h3>
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 <p><b>翰弘医药</b> HAN HONG</p> <p>Whatsapp/Tel/Wechat: +8618707125992 Email: zocyy@hanhong-pharm.com</p>	<h2>ONLINE</h2>	 <p>name: cherry Email: sales05@rulintech.com Whatsapp: +86-1375441203</p> <p>RULINTECH TECHNOLOGY CO., LTD. (http://rulintech.en.china.cn/)</p> <p><b>茹麒科技</b> RUQITECHNOLOGY</p>
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## Not in the blood toxicology?

Gabapentin is not metabolized, does not bind to plasma proteins and once absorbed, is eliminated solely by **renal extraction**. Based on studies done, a single oral dose of 400 mg has a maximum plasma gabapentin concentration of ~3.4 mg/L. The cutoff for blood toxicology is Gaba is 50 ng/mL. Another reason could be that since Gaba is not metabolized, and the drug was probably taken orally, it then must cross further barriers to reach systemic circulation which can significantly reduce the final extent of the drug in the bloodstream versus oral fluid.

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## Cocaine

### What is it?

White, crystalline powder derived from coca leaves. Cocaine base (crack) looks like small, irregularly shaped white rocks.

### Street Names

Coca, Coke, Crack, Crank, Flake, Rock, Snow, Soda Cot

### How is it used?

- Snorted • Dissolved in water and injected • Crack cocaine is smoked
- Cocaine users usually binge on the drug until they are exhausted or run out of cocaine.

### How does it affect the body?

- Smoking or injection creates an intense euphoric "rush"
- Tolerance builds quickly, easy to overdose • Cardiac arrhythmias
- Increased blood pressure and heart rate
- Restlessness, irritability, anxiety, paranoia
- Insomnia, loss of appetite • Stroke or death • Sudden cardiac arrest
- Convulsion
- The crash that follows a high is mental and physical exhaustion, sleep, and depression lasting several days. Following the crash, users crave cocaine again.



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## Benzodiazepines

\ mfyaxayD

Depressants that produce sedation, induce sleep, relieve anxiety and prevent seizures. Available in prescription pills, syrup and injectable preparation. Prescribed as Valium®, Xanax®, Restoril®, Ativan®, Klonopin®

XywjyS fr jx

Benzos, Downers, Nerve Pills, Tranks

Mt | xayxjid

Orally or crushed and snorted.

Mt | itjxayfkjhyamjgti~D

- Calming, euphoria
- Vivid or disturbing dreams
- Amnesia, hostility, irritability
- Overdose may be fatal. Signs: shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma



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## Amphetamines

### What is it?

Prescription stimulants used to treat Attention-deficit hyperactivity disorder (ADHD). Used as a study aid, to stay awake, and to suppress appetites. Prescribed as Adderall®, Concerta®, Dexedrine®, Focalin®, Metadate®, Methylin®, Ritalin®.

### Street Names

Bennies, Black Beauties, Crank, Ice, Speed, Uppers

### How is it used?

Orally or injected. "Ice" or crystallized methamphetamine hydrochloride is smoked.

### How does it affect the body?

- Similar to cocaine, but slower onset and longer duration
- Increased body temperature, blood pressure and pulse rates, insomnia, loss of appetite, physical exhaustion
- Chronic abuse produces a psychosis that resembles schizophrenia: paranoia, hallucinations, violent and erratic behavior
- **Overdose can be fatal**



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## NCPE “Foam Cone” in OD’s

- Noncardiogenic pulmonary edema is a disease process that results in acute hypoxia secondary to a rapid deterioration in respiratory status.
- The underlying pathology is at the microvascular level due to the increase in pulmonary vascular pressure. In addition to this, the capillaries also become leaky, causing the formation of edema. The imbalance between the hydrostatic and oncotic forces and the enhanced permeability of the pulmonary capillaries results in pulmonary edema.

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## Noncardiogenic Pulmonary Edema

- The disease process has multiple etiologies, all of which require prompt recognition and intervention.
- Increased capillary permeability and changes in pressure gradients within the pulmonary capillaries and vasculature are mechanisms for which noncardiogenic pulmonary edema occurs. Prehospital findings during the patient's initial evaluation may include a lack of acute cardiac disease or inappropriate fluid balance, flat neck veins, and the absence of peripheral edema. In hospital chest imaging may reveal a peripheral distribution of bilateral infiltrates with no evidence of excessive pulmonary vasculature congestion or cardiomegaly. An echocardiogram may also be used to confirm a lack of acute systolic or diastolic dysfunction.

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## Clinical Significance of NCPE

- These findings suggest a noncardiogenic source. Arguably the most recognized form of noncardiogenic pulmonary edema is acute respiratory distress syndrome (ARDS), which is a noncardiogenic pulmonary edema that has an acute onset secondary to an underlying inflammatory process such as sepsis, pneumonia, gastric aspiration, blood transfusion, pancreatitis, multisystem trauma or trauma to the chest wall, or **drug overdose**.

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**WARNING:**  
**GRAPHIC IMAGES**

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### Philadelphia, South Jersey & Xylazine



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### Drug Paraphernalia



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## LAWRENCE COUNTY CORONER'S OFFICE



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LCCO: Syringe, Needles and Spoon found in Backpack.



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## Lawrence County Coroner's Office



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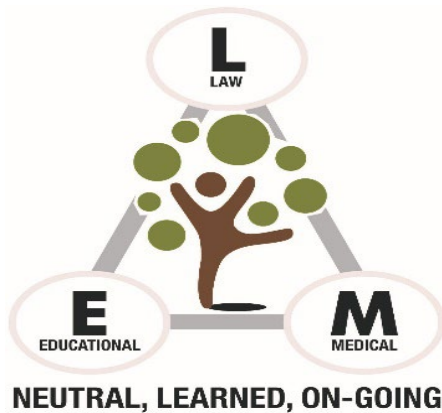
## Drug Deaths / Combined Drug Intoxications

- **“ To the Living we owe respect, but to the dead we owe only the truth”**

*Voltaire*

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There's a stigma that us addicts end up addicted because we grew up in bad homes or bad neighborhoods, with no morals or values. The truth is addiction does not discriminate. You and I could come from two different lifestyles and still both end up with the same experience. There is 100 different reasons why we become addicts. Some of us may have endured trauma, some of us may have grown up with parents or family that used around us or tried to hid it from us. Some of us may have been prescribed medication for an injury or mh. Addiction is cunning, baffling and powerful. We lose ourselves, our families and all of our hopes and dreams that we envisioned for ourselves. We become dependent on the drug whether we want to or not. We end up homeless, we use more, many overdose and die. Too many die. Narcan and treatment centers are not as readily available as they should be. Once and if recovery is found, do we begin to recover. However, We needs more programs to help get us on our feet. We do not have a female half way house in this area, only men. Recovery is lacking greatly for females here in New Castle. My fathers organization goes into schools and speaks to the kids on fetanyl and overdoses and could always use more support. I wish I had that when I was younger. People are homeless, with nowhere to go and no food to eat. The stigma needs to end and the language needs to change. Once an addict, always an addict is false. I got clean September 16, 2015 after going on a suicide mission after losing my brother to an overdose. I had been using off and on for 25 years and just wanted to die. I was tired of the life that I was living and not being a mother to my son. Share lived experience



**...LEARNED DEBATES**

## **SUMMARY**

### **ELM Collaborating, Neutral, Non-Profit: Experts in Education, Law, Medicine**

*Redefining Team Collaboration: Diversity, Competence,  
Integrity, and Work Ethic...one Click...one Call/Location*

4

**- NEUTRAL NON PROFIT TEAM -**

**Hundreds of years of Education & Experiences.  
Multiple Professional Degrees, License's &  
Designations.**

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## ELM LOBBYISTS

one who conducts activities aimed at influencing or swaying public officials and especially members of a legislative body on legislation : a person engaged in [lobbying](#) public officials

1. **Did you know** that since 2006 (for alcohol dependence) October 11, 2010, (for opioid dependence) a “shot” (depot formulation for intramuscular injection) was approved by the FDA that put cravings in remission and with extended care counseling to prevent the relapse of drug and alcohol dependence?
2. **Did you know** that although, in opioid dependence cases, the injection cannot be administered until the patient is detoxed, and otherwise “clean” for approximately 10 days, the FDA has also approved a device demonstrated to reduce the pain of detox by as much as 85% over five days?
3. **Did you know** that there is a correlation between illiteracy and crime? According to The Department of Justice, academic failure and delinquency, violence, and crime are linked to reading failure. Nearly 70% of inmates in America’s prisons cannot read above a fourth-grade level. Furthermore, approximately 50% of all prison inmates have been diagnosed with dyslexia.
4. **Did you know** that there is an assessment tool and/or mobile eligibility survey online? It is a comprehensive battery of questions in education, law, and medicine that concludes with a one-on-one interview with a trained professional. The score is based on the likelihood of response to treatment and the danger one presents to the community. The assessment compiles individualized findings and customized treatment/defense recommendations. An expert report will be verified and signed by a certified professional evaluator.
5. **Did you know** that this assessment can lead to bond conditions, furlough, early parole, and/or pardon?
6. **Did you know** that there are legally binding, short-term, intermediate, long-range, and extended care binding behavioral contracts suited to Criminal, Civil, Employment, Domestic/Family, and School Law?
7. **Did you know** that undergraduate, graduate, professional CLE, CME, Act 48 credits as well as adult diploma programs are obtainable through this program?
8. **Did you know** that government policymakers can attend classes?

Since its inception, ELM and its predecessor, SACS, have successfully connected professionals and lawyers for a collaborative solution-oriented approach aimed at significantly reducing, if not eliminating, incarceration for offenses related to substance use disorder. The technology team at

ELM has been instrumental in recruiting and directing collaborative efforts among multidisciplinary professionals, with the total client in mind. Substance use disorder is a complex issue that requires a diversified team of professionals to address it effectively.

As someone whose professional roots are in education, I can attest that prevention is the most effective and affordable treatment strategy. ELM professionals have collaborated with public, private, and higher education facilities to reach more people and recruit educators to join the cause. Our educational alliance has yielded wonderful results, with educators teaching other professionals the best ways to partner in treatment and presentation.

The ELM team is a veritable "dream team" that offers proactive prevention, professional reaction referrals, and much more. We present to, recruit, orient, teach, direct, and technologically support limitless numbers of other treatment/defense/educational local community organizations as ELM professionals and beta sites.

Neutral, not-for-profit, ELM wants to come to your community and present, educate, and direct diversified teams in education, law, and medicine, and accelerate a learned debate aimed at constantly evolving toward the latest, and best techniques in one of America's most significant problem areas.



# Testimony for the Policy Committee hearing on the Opioid Epidemic

Mark Matta, DO, DFAPA

February 22, 2024

**Theme:** Opioid and other Substance Use Disorders have underlying mental and physical health components and must be approached as a multifactorial disease state that can be a potentially terminal illness.

## Mental Health:

- Evidence from W.H.O. suggests that nearly half of the world's population may suffer from a mental illness.
- Approximately a third to a half of Americans experience chronic or intermittent repeating pain.<sup>1</sup>
- Chemical dependency may affect up to 15% of our population<sup>2</sup>
  - <sup>1</sup>Elliott, Smith, Penny, Smith, & Chambers, 1999
  - <sup>2</sup>Isaacson, Fleming, Kraus, 2000
- ~8.5 percent of the world's population are suffering from a depressive disorder.<sup>1</sup>
- ~1% of the adult population suffers from bipolar I, a further 1% suffers from bipolar II Disorder.
- Between 2% and 5% suffer from "sub-threshold" forms of bipolar disorder.
  - <sup>1</sup>Ayuso-Mateos, J.L. et al., 2001

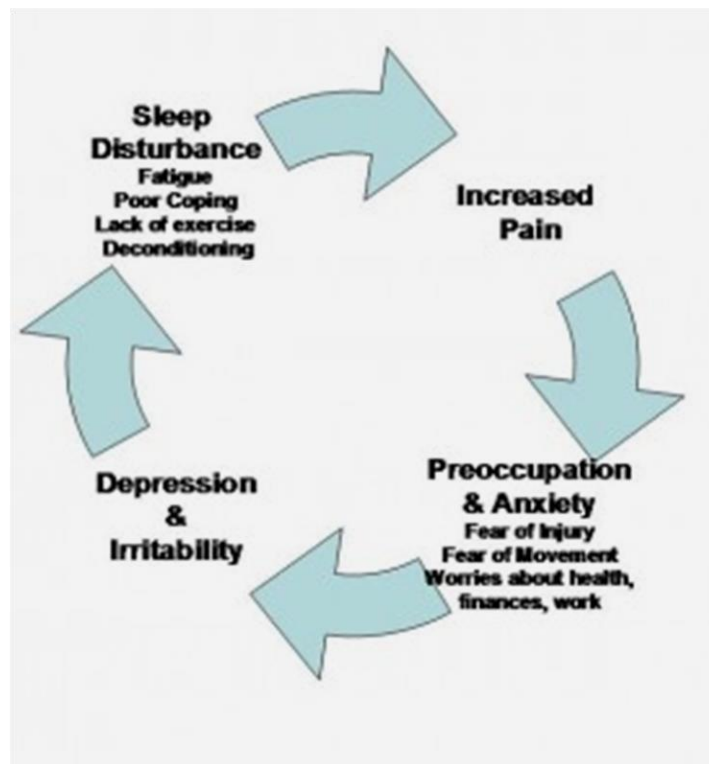
## Opioid Use Disorder:

In 2016, over 42,000 Americans died from an opioid overdose, representing a 27% increase in death rates from opioid overdoses from 2015 (13.3 per 100,000 population).<sup>4</sup> Heroin, IMF and highly potent fentanyl analogs are now implicated in the majority of fatal opioid overdoses. The Centers for Disease Control and Prevention (CDC) estimate that over 80% of the opioid overdose deaths in 2016 involved heroin or a synthetic opioid other than methadone (i.e., fentanyl).<sup>55</sup> Between 1999 and 2016, the rate of deaths involving heroin increased seven-fold (from 0.7 per 100,000 in 1999 to 4.9 in 2016) and the rate of deaths involving synthetic opioids increased twenty-fold (from 0.3 per 100,000 in 1999 to 6.2 per 100,000 in 2016). This includes a 100% increase in synthetic opioid overdose death rates from 2015 to 2016.<sup>5</sup>

## Mental Health and Opioid Use:

- 52% Patients with pain in Pain clinics reported also having depression
- 38% Patients with pain in Psychiatric clinics have depression
- 56% Patients... in Ortho/Rheum. clinics have depression
- 85% Patients with pain in Dental clinics have depression
- 13% Patients....in OB/GYN clinics have depression
- 27% Patients...in Primary Care clinics have depression

Cheatle, *Pain Medicine* 2011



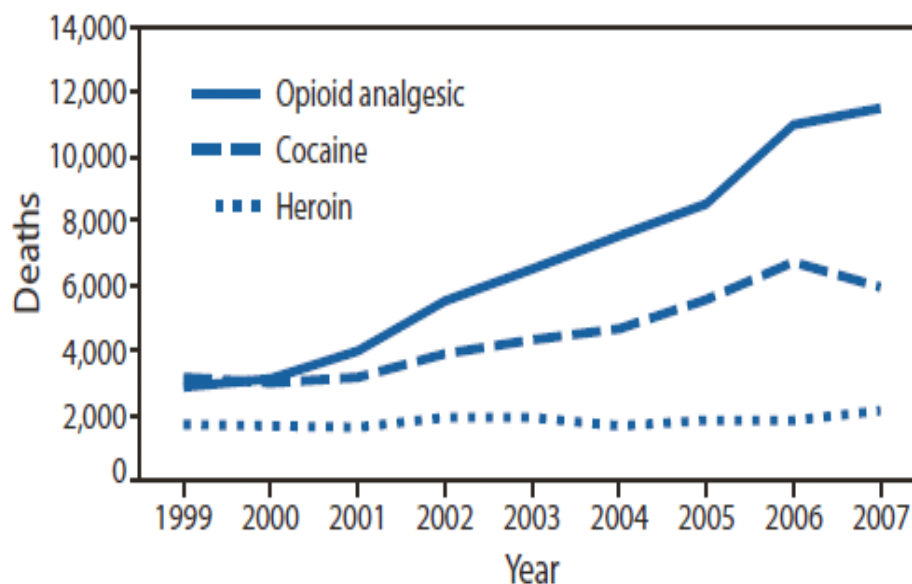
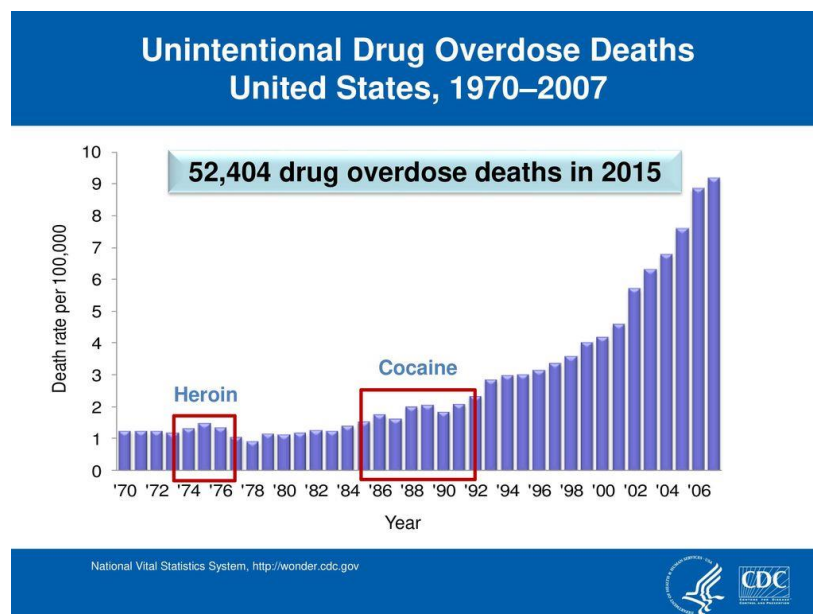
- Pts with Opioid dependence & co-morbid pain were 1.77 times more likely to have a psychiatric illness<sup>1</sup>
- Dramatic increase in fatal poisonings – tripled from 4,000 in 1999 to 13,800 in 2006.<sup>2</sup>
- From 2005-2007 there was a 30% increase in ER visits for drug-related suicide attempts, and an overall 55% increase in opioid-related attempts.<sup>2</sup>

<sup>1</sup>Wachholtz et. Al 2011

<sup>2</sup>Cheatle, *Pain Medicine* 2011

## Why Suicide?

- A survey in 1994, found that 50% of chronic pain pts had serious thoughts of committing suicide due to their pain disorder...that doesn't include the co-morbid dependency/lack of judgment issue.
- Suicide was seen as: an easy way out, a permanent solution to a problem, related to hopelessness, related to relationship issues, the only option, self-oriented, and an escape from (emotional) pain.
- Of those that died by suicide, 1/3 tested positive for etoh, 1/5 showed evidence of opiates, including heroin and Rx opioids.



## Treatments:

- **Prevention starts in the home, at a young age**
- **Sobriety, Sobriety, Sobriety**
- There are three FDA-approved medications to treat patients with OUD—methadone, buprenorphine and naltrexone. Methadone and buprenorphine are long-acting opioid receptor agonists that provide consistent systemic drug levels and have been shown to reduce opioid cravings<sup>89</sup> and prevent withdrawal syndromes.<sup>90</sup> Naltrexone, an opioid receptor antagonist, is available as an oral medication requiring daily dosing or as an injectable medication requiring monthly dosing. When taken appropriately, naltrexone blocks the effects of opioids and can prevent relapse. However, adherence to daily dosing is challenging and a 2011 Cochrane Review suggested that oral naltrexone was no better than placebo or no pharmacotherapy in preventing relapse or improving treatment retention.<sup>91</sup> Studies investigating the efficacy of extended-release naltrexone have been more promising;<sup>92,93</sup> however, concerns remain regarding the overdose risk in patients treated with naltrexone only.<sup>94,95</sup>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6578581/>
- Must also focus treatment on underlying mental and/or physical illness with psychosocial treatments, i.e. therapy, community supports, vocational supports, family supports, etc.

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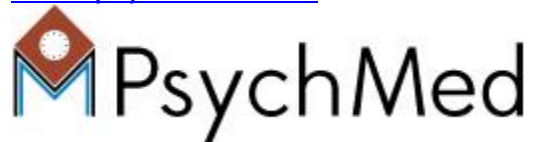
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## Emerging Fatal Overdose Trends: Xylazine in Pennsylvania

Year	Number of Overdose Deaths where Xylazine Contributed to Death	Number of <b>Counties</b> where Xylazine Contributed to Death
2017	0	0
2018	51	3
2019	259	17
2020	377	17
2021	576	30
2022*	761	40
2023*	817	47

\*2022/2023 death data is preliminary, based on death record data as of January 2024. Please note that death records for overdose deaths are often delayed by 3-6 months and counts may change. Counts do not include suicides or homicides where someone intended to harm another person by poisoning.

†As of January 2024, ~2% of 2022 and ~7% of 2023 overdose deaths are missing drug specificity. Previous years are missing ≤5%.



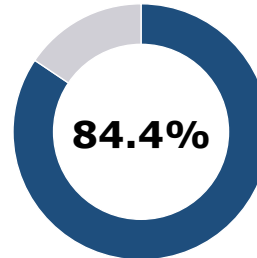
# Office of Drug Surveillance and Misuse Prevention

## Fatal and Non-Fatal Drug Overdose Surveillance | Interactive Data Report

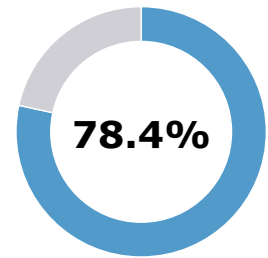
In **Pennsylvania**,  
there were **5,155**  
drug overdose deaths in **2022**  
which was a  
**4%**  
**DECREASE**  
compared to **2021**

### Substances Involved

Of the 5,155 overdose deaths in 2022,



were opioid-related



involved fentanyl

[Click for more drug specificity data](#)

### 2022 | Fatal Overdoses

Approximately every



**2 hours**

one Pennsylvanian died  
from a drug overdose.

**69.9%**  
of decedents  
were male

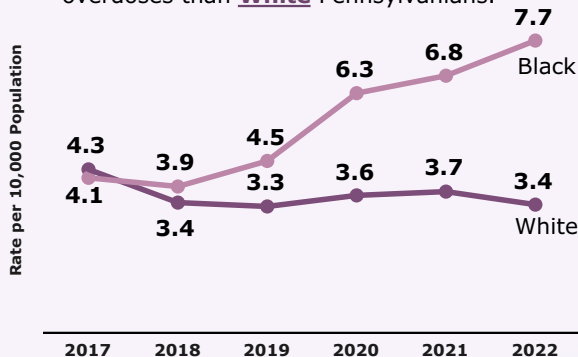


**54.4%**  
of decedents  
died at home



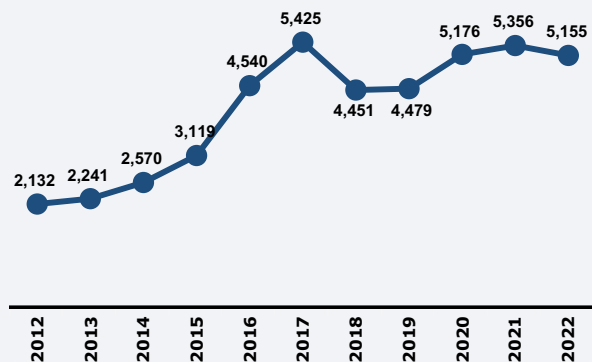
[Click for more enhanced data](#)

**Black** Pennsylvanians have a higher rate of fatal overdoses than **White** Pennsylvanians.



[Click for more demographic characteristics](#)

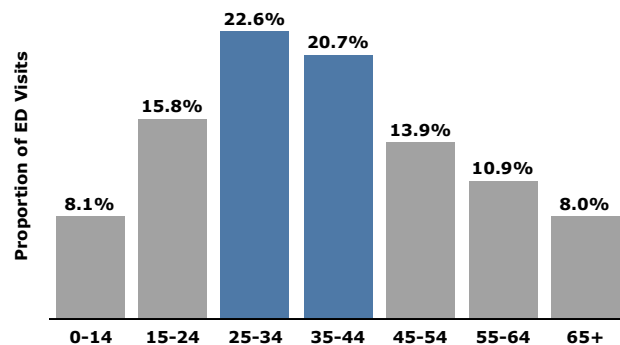
The number of **fatal drug overdoses** has  
**increased** since 2012 in Pennsylvania.



[Click for more trends & preliminary 2022 data](#)

### 2022 | Non-Fatal Overdoses

Most drug overdose-related emergency department visits occurred among **25 to 34** and **35 to 44** year olds.



[Trends in ED Visits](#)

[ED Demographics](#)



Overdose Data  
Technical Notes



Email questions to:  
ra-dh-pdmp@pa.gov

Updated: February 2024

What's New Since Last Update:  
Drug overdose death estimates - updated with January 2024 data  
Emergency Department visit data - 2023 Q4 added