September 25, 2019

Hello and thank you for the opportunity to speak today at this Public Hearing for Access to the Prescription Drug Monitoring Program Database.

My name is Mike Krafick and I am a Certified Recovery Specialist and the CRS Supervisor with the Armstrong-Indiana-Clarion Drug and Alcohol Commission. I am also a person in long-term recovery, for years I struggled with addiction to heroin and other opioids but this past April I celebrated 11 years of recovery. I started using drugs and alcohol at a very young age, by age 20 I started using heroin after experimenting with a variety of other drugs prior to that. Over the next 7 years I was in and out of treatment facilities and County jails. The first time I went to treatment I was 22 years old and by the time I was 27 I entered treatment for the ninth time. I am an overdose survivor, throughout my addiction to opioids I was hospitalized for overdose 5 different times. During my experience with addiction and recovery I've had plenty of opportunities to experience the stigma of addiction firsthand and that is what I would like to focus my testimony on today, the stigma that people with substance use disorders experience.

When I learned that Pennsylvania was considering expanding access to the Prescription Drug Monitoring Program stigma was the first concern that came to mind. How would this data be used and how would that impact those individuals and families that are dealing with substance use disorders? I believe that there are several positive things that can happen if entities like County Health Departments have access to PDMP data. Data drives good decision making, and having accurate data is very important to the work that these agencies do. I do think County Health Departments having access to prescriber data would be very valuable information, allowing them to see what doctors are prescribing more opioids than others so they could provide education to those physicians. This information would allow Health Departments to do education and outreach with those prescribers which could lead to a reduction in over prescribing of these dangerous and addictive drugs.

The consideration of expanding what medications are logged in the Prescription Drug Monitoring Program to include Naloxone was something that I was much more concerned about because that is where I believe that the stigma around addiction could have a significant negative impact on individuals struggling with opioid use disorders. Naloxone is not a controlled substance and with the Standing Order that was signed by the Secretary of the Department of Health, Rachel Levine Naloxone is essentially an over the counter medication. Increasing access to Naloxone has been one of the major initiatives across the Commonwealth to combat the opioid epidemic. The PDMP has been vital in gaining a better understanding of the amount of opioids that are being prescribed across the state and from all the data that I have seen, it has had a positive impact on reducing the number of prescription opioids that are in our communities. The system has allowed doctors to have the information about what controlled substances their patients are already getting, therefore cutting down on the doctor shopping for opioids. What is the benefit of tracking Naloxone in the PDMP and more importantly in my opinion, what is the harm that could be caused by tracking this life saving medication in the same system used to track addictive and potentially lethal opioids? My main concern about tracking Naloxone administration in the PDMP is that it would be used to label individuals as addicts, adding a red flag into their medical record that this person is a drug addict and how that could impact the care that they receive. Like I said earlier, I have experienced stigma around addiction myself and for me my experience

with being treated for multiple overdoses is the time that I most vividly recall feeling judged, misunderstood, and even mistreated. In the work that I have the opportunity to do at Armstrong-Indiana-Clarion Drug and Alcohol Commission with overdose survivors I know that not a lot has changed in that regard over the past 15 years. I hear stories from overdose survivors about their experiences with hospital staff and first responders and I even get the opportunity to hear comments from some medical personnel and first responders myself. Part of my role with our Warm Handoff Program is working with medical providers to reduce the stigma around substance use disorders and while we have made some progress in that area, there is still a lot of work to be done.

In Middletown, Ohio in 2017 the town's City Council considered implementing a rule that would exclude individuals that have more than 2 overdoses from receiving life saving treatment with Naloxone from EMS. https://www.usatoday.com/story/news/nation/2017/06/28/ohio-councilman-suggests-three-strikes-law-halt-overdose-rescues/434920001/ This thought process in not unique to Ohio, I hear comments like this from people in my community.

The American Medical Association (AMA) determined that addiction was a disease in 1956, over 60 years ago, but I can say from my experience that substance use disorders are still not treated the same way that other chronic diseases like diabetes, hypertension, and asthma are and I believe stigma is the reason that is the case. My number one concern with making this change is that this stigma that we still see on this issue will prevent overdose survivors from getting the medical care that they need because they would be treated as if they were drug seeking because they have a history of substance use. I'm concerned that will prevent individuals that need assistance from EMS/other first responders from calling 911 for help.

Thank you very much for the opportunity to offer testimony on this very important topic. I know this issue of opioid use disorder impacts a lot of people in our communities and I appreciate the chance to be a part of this hearing today. I would be happy to answer any questions.

Sincerely,

Mike Krafick
CRS Supervisor
Armstrong-Indiana-Clarion Drug and Alcohol Commission