

Chairs Lieber and Kropf, members of the Joint Interim Committee On Addiction and Community Safety Response,

I tried to submit my public comment for this hearing via an email invitation from the Oregon Health Justice Recovery Alliance but was unable to. If it's not too late (I know the meeting is this morning) I would like to include my comments here:

"There is no doubt in my mind that the blame for this situation that is currently being labeled the "fentanyl crisis" lies squarely on the failure of a mental health care system that has never adequately addressed the causes that lead humans to not just use drugs but, I would argue, often need those drugs and even benefit by those drugs. It's a crisis clearly because people are dying from many of the current, unpredictable and illicit versions of those drugs - specifically fentanyl - and there appears to be no consensus from so-called experts or leaders about how to effectively address the problem. In a more perfect world, if the victims of these drugs were instead educated about why fentanyl and other street drugs should be avoided, and knew they had access to safe and regulated prescriptions via their healthcare providers for their pain, (and which providers could write those prescriptions sans the current the reign of terror being exacted by various medical regulators), the overdose rate would drop substantially.

To be honest, I find it difficult to blame those experts and leaders who are struggling for consensus because I suspect they, for the most part, do not suffer from the same issues that lead so many others to use or need certain drugs in the first place, and therefore cannot fully understand the issue. To say it's complicated is an understatement. If those experts and leaders have had certain advantages in their lives (such as education, financial stability, ambition, mentoring, a support system, as well as an absence of the mental health challenges that often drive folks to life on the streets in the first place) they are more likely to find themselves in a position of power to make the kinds of decisions that have the most direct impact on whether or not drug users are criminalized, whether they have access to treatment and housing if they need it, and how funds are allocated for everything related to this issue. But they are also probably not experiencing or understanding in the most fundamental way, what the victims of this crisis are even feeling.

This is human nature. Just because you may be relatively successful in your life, but also have, say, a close relative who is suffering from drug addiction, or maybe in your job you work frequently with drug users, does not mean you understand what that relative or client is experiencing. Are you in their brain? When you witness the pain they exhibit, do you believe it? Can you honestly say you know what it feels like? Or do you see them as weak? Manipulative, maybe? I know you definitely feel they need to change. THEY need to do something to change themselves, you may be thinking. Has it ever occurred to you that maybe that thing you believe needs changing is absolutely beyond their control? Will never change? Do you doubt them because you, for example, believe you came up in the same family, were faced with the same potential roadblocks, or that you certainly have had your own share of problems, yet here you are, standing on your own two feet in spite of what was difficult for you, so you're

wondering what in the world must be wrong with them? This way of thinking, as in, why can't they just do what I do? It works for me! My life is not perfect but I find a way to cope, to persevere in spite of everything. Why can't they? Why can't they be like me, think like me? This desire to think how simpler it would be if everyone else "saw things the way I do" is the crux of so many misunderstandings in not just this discussion of drug addiction, but our politics and so many other social issues.

Maybe the drug user sounds like they blame the world for their problems and that doesn't sit right with us. Have you stopped to wonder, or even asked them why they feel that way? Maybe they have a good reason to feel that way. Maybe, whatever their age is, they know they have spent their life trying to communicate their pain to others, but with no confidence they have been heard. It's possible they have never been heard. Possibly they have spent their life asking themselves what is wrong with themselves, because something must be, if they keep hearing that from others, if they have tried and tried and tried, to no avail, to be like everyone else because, to them, everyone in the world seems happier than them, more well-adjusted, and more successful. Unrelenting feelings of failure are a powerful incentive to self-medicate. Emotional and mental pain feels exactly like physical pain. Not sort of like it. Exactly. To tell an individual who is experiencing that pain to try some breathing exercises, or cognitive behavior therapy, maybe get a dog, workout at the gym, or retry all the SSRIs, MAOIs, and whatever else they have already been fed like so many useless placebos, well, you might as well slap them in face, and I mean as hard as you can, because you have only added to the pain they already feel. It's demoralizing. It's demeaning and humiliating. It's heartbreaking. It breeds desperation and thoughts of "what's the point?"

The secret of the fentanyl users on that certain block in downtown Portland that we see over and over again every night on the local news while we ask ourselves "why would they do that to themselves?" is that they know that puff of fentanyl is the best they are going to feel all day, at least until the next hit. What else is there for them when no one can offer them something better? They have already tried asking for help, remember? You, me, we are all the proverbial brick wall to them, and rightly so. Many of you wonder why we should even feel compelled to offer them anything better at all. They got themselves here on their own, after all. That's what we want to believe is true. But is it, completely? It may not look fun or like a good time to you and me but to them, it may be the one and only thing they have to look forward to. It may be the only thing they have ever tried that made them feel right. So why would they agree to leaving that behind when the alternative being offered is a complete and non-negotiable sobriety. Don't you get it? They've tried that already. For many of them, sobriety was instead, complete misery. They may be aware, even certain, they will die soon, but they would rather go that way than experience for a second, the hopelessness and the pain that is their only other option if they quit the only thing that ever made them feel better.

Drug use has existed for centuries and I believe it always will. (Please do yourself a favor and, though I'm sure many of you have already, read a history book about this subject; I would recommend one about the experiment in our own country's history

called Prohibition as there is much to learn in the tragic details of this period, yet we seem to have learned nothing). People will self-medicate as long as we fail as a mental health system that is in dire need of researchers who are also visionaries, who can find a way to see and even experience the pain of those with the many behavioral health conditions that exist, and can discover, invent, and utilize the treatments and drugs that address the individual instead of the crowd that we call the "drug addicted." It may mean admitting that the very drugs the DEA and the CDC want to declare as off limits and dangerous to our population are, in many cases, exactly what helps some of us to live better lives. How arbitrary and unhelpful is this system of "scheduling" certain drugs anyway? Is it really based in science? Or is there a deliberate denial of unadulterated and respected clinical studies that have actually shown some benefits to allowing certain patients to use these drugs in a safe and physician assisted way? Sufferers of mental health conditions are individuals, each with brains that are different not just from yours, but from mine's and everyone else's. They deserve individual treatment. Just because you don't understand it, don't write off those individuals. They are not less than you. They may even be you, you just haven't experienced the trigger, the trauma, the unfortunate event that will finally allow you the empathy that is essential if we are ever going address this age-old question properly."

Thank you for listening.

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