

Co-Chairs and Members of the Joint Interim Committee On Addiction and Community Safety Response,

Thank you for inviting me to speak on December 4, 2023. I would like to submit additional comments pertaining to my testimony and mandating treatment.

During the hearing, I spoke about how a police officer referred a patient to the Opioid Treatment Program (OTP) where I work instead of sending him to jail. This medical care was not mandated. The patient had warrants for arrest and the police officer decided to give him a chance to get help. The officer did not force the patient to see me and did not escort him to our clinic. This patient came to our clinic on his own, which is ideal.

In rare circumstances, mandated medical treatment has excellent outcomes. Special populations with high socioeconomic status-- such as doctors, nurses, lawyers, and pilots-- often benefit from treatment that is required as a condition of continued employment. However, their experiences differ greatly from those of many low- or middle-income and homeless patients. Having housing, a supportive family, a savings account, an adequate food supply, and a highly desirable job improves outcomes of course.

Many Addiction Medicine Physicians share the concern that mandatory treatment can harm patients even if we intend to help them. In Medical Ethics, autonomy is considered a core value. As stated by a bioethicist, "Personal autonomy is, at minimum, self-rule that is free from both controlling interference by others and from limitations, such as inadequate understanding, that prevent meaningful choice. The autonomous individual acts freely in accordance with a self-chosen plan." We limit the authority of people who are "incapable of deliberating or acting on the basis of his or her desires and plans." (1)

If people are capable of weighing risks and benefits of their choices, then they are competent to make their own decisions. This is true even when most people disagree with them about the decisions they make or the values that underlie those decisions.

Approaching people with Substance Use Disorder respectfully and treating them with dignity is of critical importance in medicine and harm reduction.

Resistance increases when we act forcefully toward people. When we push them, they often push back. I commonly see that patients who were forced to complete programs in the past refuse support, counseling, and inpatient treatment when they present later of their own free will. The moral injury from forced participation persists and can worsen their prognosis.

Fortunately, force is not needed. In Addiction Medicine, we help them build insight and find their goals through motivational interviewing. Indeed, if the state could support and incentivize all social services, public safety, and healthcare workers to complete training in motivational interviewing, we would likely improve outcomes.

Thank you for your ongoing efforts and service to the state of Oregon, and thank you for including the Oregon Society of Addiction Medicine in your work. We remain available for questions and for any educational or policy inquiries.

Best Regards,

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References:

Varelius J. The value of autonomy in medical ethics. *Med Health Care Philos.* 2006;9(3):377-88. doi: 10.1007/s11019-006-9000-z. Epub 2006 Oct 11. PMID: 17033883; PMCID: PMC2780686.

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