

Senate Bill 1065 - Support  
March 21, 2023

Senator Prozanski, and Members of the Senate Committee on Judiciary:

My name is Moxie Loeffler and I am an Addiction Medicine and Internal Medicine Physician. I currently work for the federally qualified Health Center for Lane County and the Opioid Treatment Program, which is a methadone and buprenorphine clinic. I am an Assistant Professor of Medicine, and I volunteer in Public Policy and have served on the Board of the American Society of Addiction Medicine. I want Oregon to improve, expedite, and simplify the process of removing people's past drug possession records so they can start over.

Why do people want to quit fentanyl, heroin, and other drugs? They have so many goals.

My patients come to see me and say–

"I want my kids back."

"I want to have my own apartment. I don't want to live in a tent anymore."

What I hear the most is "I want to get a job."

With all of this momentum, they often improve rapidly. Some people quit fentanyl, methamphetamine, and cannabis all at once. Within a couple of months they often meet their goals of quitting street drugs entirely.

Patients without criminal records often do very well. In 2017, I treated a patient who had heroin and methamphetamine use disorder with buprenorphine. I did not feel hopeful. He was living in his car, had lost his children to foster care, and did not even have shoes. In a few months, he quit heroin, got a job, and made sober friends. He got a union job and an apartment, and he has full parental rights now. After a brief return to drug use during the pandemic, he quit again when I treated him with methadone. He was promoted at work and now makes \$45 per hour.

My patient turned his back on his past. But many Oregonians have a problem that we will not let them leave behind—criminal records of drug possession.

Patients say "I cannot pass a background check. Nobody will hire me."

About ninety percent of employers perform background checks before they hire someone new. Sixty five percent of employers will not hire someone who has a criminal record.

Because my patients have health conditions that resulted in criminal records, they often remain trapped in poverty and unable to pay their restitution fines and move on.

My main question is— does America let people get better?

In Addiction Medicine, our patients get "weller than well." They accomplish awesome things. Dr. Leigh Sundem from Georgia is a shining example of how much a person with addiction can improve if given the opportunity. She began drinking alcohol at age 12 years. Cannabis use and later heroin use disorder followed. She rear-ended a state trooper in 2007 and was offered 2 years of treatment or 7 years in prison. She chose treatment.

There, Leigh Sundem learned a lot about herself and this awakened in her a sense of hope. She enrolled in college, excelled in all of her courses, and decided to become a physician. She scored better than 99% of all

the people who took the medical college admissions test. Leigh was accepted to University of Rochester medical school where she had a 4.0 grade point average. By the time she graduated in 2017 she had been free from the grip of drugs and alcohol for 10 years. Leigh's friends and family describe her as gifted, driven, inspiring, and authentic.

After completing medical school, Leigh was unable to find a job. Nobody would hire her. She tried for 3 years in a row to find a residency program that would accept her with two felonies on her record, for which she had already been pardoned.

I will never meet Leigh. Neither will you. She is gone. I do not know what happened.

Did she receive the death penalty as punishment for substance use disorder? Or is it what some other people say—that she killed herself? Maybe both of these things are true.

She wrote her suicide note in stages, adding to it each time she was unable to get a job. She moved to one new state after another, sinking deeper into isolation and debt. She owed a quarter of a million dollars (which is common among medical school graduates). In that letter, she wrote "living in this insidious depression, fear, and uncertainty for the future, how will I support myself? Pay my bills? Pay my student loans? Live? Much less be relatively content, happy, fulfilled... I cannot do it anymore.... I am an empty shell of myself."

Leigh thought that if she had been a Black man instead of a white woman, she would have suffered much more.

She implored us to do something about this, saying, "This has to change. Please. Make my life, and my death, mean something. Something for someone else. This is my hope."

Leigh received the cruel, usual, and permanent punishment for drug use in America.

We will never know how many people return to drug use when they feel no sense of purpose after hitting endless obstacles. We will also never know how many drug overdoses were the result of despair. The result of being shut out of society.

I hope that America will develop a culture of kindness and mercy. I want this to start in Oregon and spread to Leigh's home state of Georgia. From sea to shining sea.

Members of the committee, I envy your position right now. You have the power to let so many people recover. Thank you. Please vote yes on Senate Bill 1065. Let's welcome people back to life.

Best Regards,

Moxie Loeffler, DO, MPH, Fellow of the American Society of Addiction Medicine  
Eugene, Oregon



*Leigh Sundem, MD*