

we have been misperceived, stereotyped, underrepresented and grotesquely vilified, often by ourselves. This, then, is my minority report. I earnestly hope it makes a difference. Because this is a matter of life and death.

COMFORTABLY NUMB

Hello, Eugene, is there anybody in there? Just nod if you can hear me: Is there anyone home? The reason I ask is, well, I'm worried about you, Eugene — and that concern extends to Oregon, the Pacific Northwest and this glorious country of ours in general. Have you seen the latest statistics on how many Americans are feeding the monkey these days? It's scary.

A recent survey by the U.S. Substance Abuse and Mental Health Services Administration found that Oregon now has more people per capita abusing unprescribed pain killers — that is, pills purchased on the street or filched from grandma's medicine cabinet — than any other state in the U.S. As a nation, 4.6 percent of us above the age of 12 are self-medicating with pain pills, which is a frightening enough number.

But get this: Most of the Northwest pegs in at well above the national average. Oregon tops the list with an estimated 6.37 percent of its peeps popping pain pills on the down low, followed closely by our northern neighbor Washington (third on the list, at 5.75 percent) and Idaho (fourth, at 5.73 percent). Colorado — which, in places, looks a lot like the Northwest — stumbles in at second in the country, with a straight-up 6 percent.

Then, of course, there's always heroin. This year's Threat Assessment and Counter-Drug Strategy released by the Oregon Department of Justice, and currently posted on the Lane County Sheriff's website, finds that first-time use of smack by people 12 and older rose 54 percent from 2002 to 2010. The assessment also figures that heroin use and availability "appear to have increased in Oregon," a state where "illicit drug use ... continues to exceed the national per capita average."

Hello? Eugene? Oregon? Are you needing an intervention? And if you're "only" popping, don't think for a second that shunning the needle stops the damage done. Whether it's in the form of Mexican cartel brown-brick tar passing up and down the I-5 corridor, or illicitly procured prescription drugs like OxyContin or Vicodin, junk is junk. And, just like Burroughs said, it doesn't matter "if you sniff it smoke it eat it or shove it up your ass the result is the same: addiction."

That's right, Oregon: You've become comfortably numb.

CURE AND DISEASE, DIS-EASE AND CURE

One of the more recent innovations in the pharmaceutical treatment-and-recovery phase of dope addiction was the creation and marketing in the 1980s of buprenorphine, an opioid agonist that can be administered in its pure form as Subutex or — combined, typically one-to-four parts, with Naloxone, an anti-opioid agonist that is meant to prevent overdoses — as Suboxone. When it seemed I had nowhere left to turn, and I was sick of being sick, my doctor turned me toward Suboxone treatment. (Even when I had insurance, this was an expensive way to go; a month's scrip for Suboxone, with coverage and a \$25 coupon, ran me \$50. Minus insurance, my prescription cost upwards of \$300 a month.)

Eugene-based physician Douglas Bovee, a board-certified specialist in internal medicine, is one of only three doctors in Lane County now certified to prescribe Suboxone as a pharmaceutical aid in opioid-addiction treatment. Federal and state oversight of physicians prescribing Suboxone is incredibly strict: Bovee is legally limited to maintaining no more than 100 patients on Suboxone, and when he first started with the drug his list was capped at a mere 30 patients.

As someone who's long been concerned with understanding and treating addiction, Bovee says that one

of the toughest issues now facing the medical community is "how hard it is to be a doctor and walk that balance" between relieving pain, on the one hand, and opening the Pandora's Box of addiction on the other.

Bovee agrees that, physiologically speaking, a large share of the difficulty in treating opioid addiction can be chalked up to opium itself, which remains the king of all pain-relieving remedies. "There's nothing remotely close," he says of opioid-derived painkillers.

Beyond that, however, the tangle of concerns and complications that confronts anyone treating addiction is epic. Often it's less a tangle than a mess of tentacles reaching out in every direction and grabbing hold of issues that run the gamut from patient confidentiality to public policy, from access to medical care to the reluctance — on the part of addicts, doctors and the general public — to care enough, or at all.

"We are charged, and we want to relieve pain, and we don't want to hurt people," Bovee says, apropos the Hippocratic Oath that is the centerpiece of medical ethics (i.e., "to abstain from doing harm"). "If we give too much pain medicine to somebody who's not able to manage it safely, all kinds of bad things happen."

In part as a response to growing concern over the issue of opioids and pain management, the Joint Commission on the Accreditation of Healthcare Organizations — a powerful Chicago-based nonprofit created in 1951 with enough political oomph to hold sway over the medical licensing process and Medicare reimbursement to hospitals — now demands that pain be measured on a patient-by-patient basis. This accounts for the common "How much does it hurt on a scale of one to 10?" question that patients are asked in emergency rooms. (And which any addict learns to answer, *Spinal Tap*-style, with "ELEVEN! IT'S AN ELEVEN!")

According to Bovee, general awareness about the growing abuse of opioids would seem to suggest that doctors become even more cautious and observant when prescribing painkillers. Administering opioids should include careful monitoring of patients, he says, along with things like material-risk notices and informed consent agreements for people receiving painkillers. Nonetheless — with abuse, addiction and overdose on one side, and insufficiently treated pain on the other — many doctors, along with their patients, find themselves in a real pinch when it comes to treating pain.

"It's hard," Bovee admits, noting that along with informed consent and management agreements there are further steps doctors can take to ensure safety — like requiring urine drug screens and maintaining "the free flow of information" between patient and doctor as well as among medical professionals and organizations, while at the same time respecting issues of patient privacy and confidentiality.

Professionally, nearly all physicians — and certainly those prescribing opioids or opioid agonists like methadone or Suboxone — are required by law to take a full day of pain-management education.

Bovee sums up this "tangle" of issues surrounding the use and abuse of opiated painkillers: "So there's this very strong push in multiple quarters to adequately treat pain — all chronic pain, not just malignant. Then a whole bunch of new drugs came on board, with pharmaceutical companies pushing them very hard. Those products, with rare exceptions, are all opioids, which are addictive, and most of them can cause overdose death."

The vicious cycle of dope: Around and around it goes. *And there was an old lady who swallowed a cat to catch the bird who swallowed the spider to catch the fly that wriggled and jiggled and tickled inside her — but don't ask why she swallowed the fly. Do you think she'll die?*

BETTER OFF THAN DEAD

There are fates worse than death, and kicking opioids is one of them. I've heard people describe the withdrawals one suffers while kicking a chronic dope habit as being like

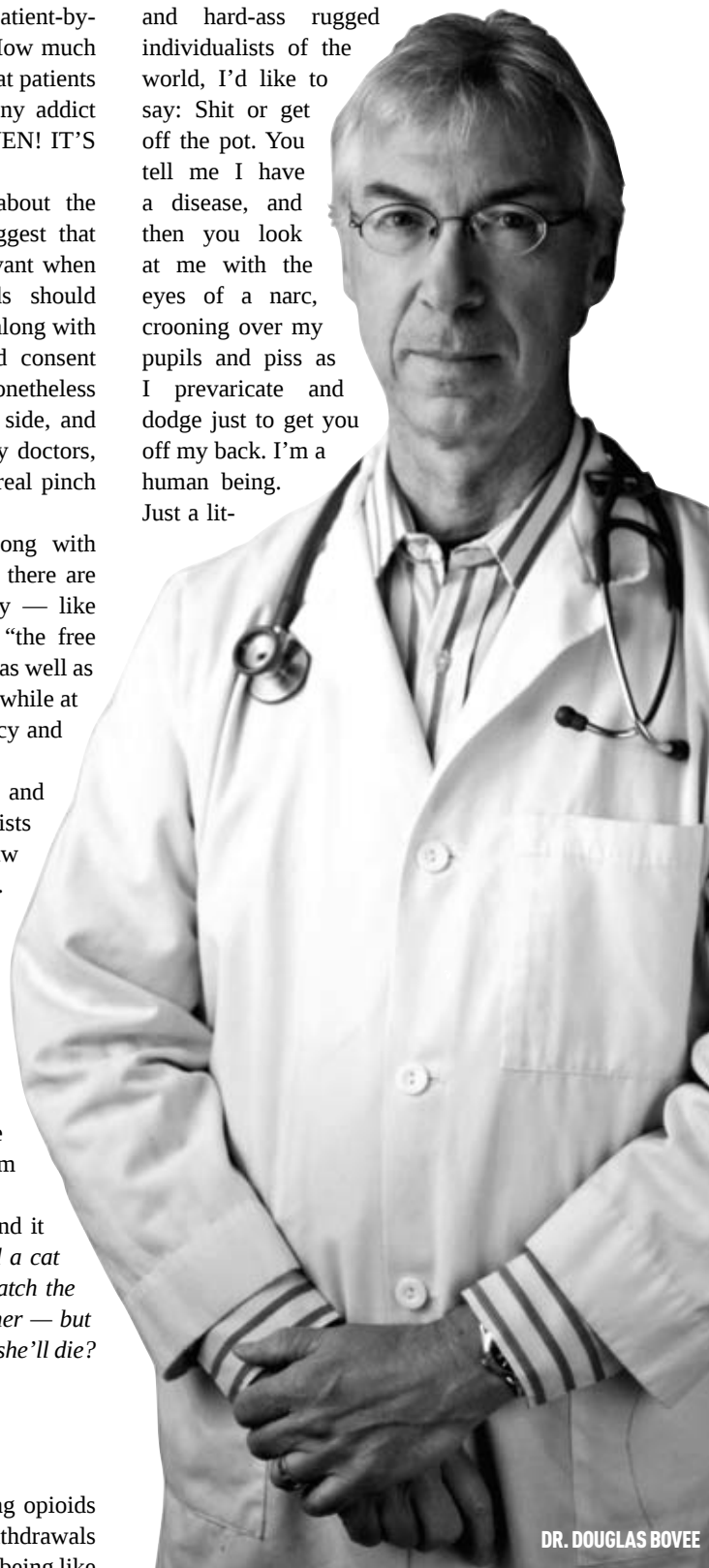
a really bad case of the flu, and I say: HA! I've had the flu; it made me sweat and ache and poop and barf. Brother, the flu ain't nothin'.

The torment of dope withdrawal is truly indescribable, but let me give it a go anyhow: Imagine the worst hangover you've ever had, and then imagine being stuck in a dank basement and slathered with Vaseline while your head is ratcheted in a rubber vise and then, simultaneously, you are being mildly electrocuted, pricked with needles, alternately overheated and chilled while, still at the same time, everything you've ever done wrong is screamed repeatedly into your ears at ungodly volumes by a chorus that includes Satan, your mother, Geddy Lee, Fran Drescher and Gilbert Godfried.

I'd opt for being drawn and quartered any day — at least death comes eventually. Don't believe me? I've still got a few very kind, very tolerant people in my life you could call.

Sure, I can almost hear all the dim-dick bootstrap baggers and draconian Darwin types lining up in the confederated raspberry mob to shoot back the stock mock-lament: "Oh, poor crybaby junkie, look how sick you get from STICKING A NEEDLE IN YOUR VEIN of your own damn free will! Shut up! Loser!" Hey, a lot of the time I feel the same way — because, honestly, show me a dope addict who doesn't carry a hefty rasher of self-loathing, and I'll plug every glory hole in the Republican wing of the House. But here's the deal:

As an addict speaking to all you professional healers, counselors, policy wonks and hard-ass rugged individualists of the world, I'd like to say: Shit or get off the pot. You tell me I have a disease, and then you look at me with the eyes of a narc, crooning over my pupils and piss as I prevaricate and dodge just to get you off my back. I'm a human being. Just a lit-



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PHOTO BY TODD COOPER