

Joyce Gamewell speaking in opposition of Bill 20-1065.

Speaking as a private voting citizen of El Paso County.

EDUCATION:

Bachelor of Science: Majors in Science; Psychology; Nursing
Minor in Public Health

Master of Arts: 90 Hr (2 year) Major in Rehabilitation
Major in Abnormal Psychology, Counseling

Doctorate: Major: Clinical Psychology
Focus: (1) Criminal Mind, Forensic Psychology,
Mentor: John McDonald, MD
(2) Program Design, Mentor: Max Jones, MD
Therapeutic Community founder

EXPERIENCE:

Administrator or Director of nine large programs (psychiatric;
Forensic; addiction

Program Development: Seven Overall programs
Five based on Therapeutic Community Principles

Trainer for the State of Colorado in Addiction, all aspects
Started full time, 1976 ; part time from 1980 - 2007

Consulting in Addictions, Psychiatric and forensic programs ;
Court Testimony

I have worked with addicts since 1960, long before it was a field.

Members of this committee it is my honor to speak to you today. I am certain that you have heard Many of my opposition statements before; therefore I am going to go at my opposition statements from a different direction .

I have seen the growth and evolution of knowledge of the cause, dynamics and treatment of the process of addiction.

Addiction has been listed as a disease for a number of years without a deep understanding of the whole picture behind the process. We now understand much more about the neuroscience and the physiology of the human body.

It is this knowledge as well as my knowledge and years of practice, as well as my years of training and awareness of the concepts of public health and my civic observations along with the practices of the needle and syringe exchange program that I speak to you today in opposition to HB 20 - 1065.

The current understanding of the foundation of addiction is trauma and pain. The last week of January was the annual advanced International winter symposium presenting the latest knowledge and practice in addictions, mental health and behavioral health. There were numerous presenters focusing on the trauma and pain of addictions and the many ways that one could find oneself in addiction. One significantly powerful speaker, Bennet E. Davis, MD, gave a very memorable presentation: THE OPIOID CRISIS IS NOT WHAT YOU THINK IT IS . It stressed that our population is overly focused on trauma and pain relief without taking our own responsibility to cope in our lives. Interventions is needed to be taken, now to reduce drug use. Our culture has become excessively dependent and wait to have a source outside of themselves to make them feel "good".

You do not need years of education an experience to understand that our culture/ Country does not deal well with reality/ discomfort. Look at the snowflake at college; our institutions of higher learning have succumbed to the demands of these psychologically ill-prepared students by giving them therapy animals, quiet rooms, hot chocolate, and crayons with which to draw pictures to rid themselves of their unpleasant thoughts . The students and even faculty talk about the great pain they are having and often seek out comfort in some type of Chemical with which to alter their mood and mind.

I am asking each one of you to review and count how many over the counter drugs you have to relieve pain or to relieve anxiety or indigestion or some form of discomfort and pain. Also look in your medicine cabinet at all of the prescription drugs you have; you asked the doctor to give you a written prescription for your pain, your anxiety, for some discomfort you're having. Now be honest with yourself have you ever gone back to the doctor to write you a script for a stronger drug or for a drug that would work better?

Combine these cultural patterns with electronics and high technology and you have individuals who have absolutely no knowledge or awareness or motivation to learn the meaning of human relationships or how to exist in a world of human relationships. Currently, our general population struggles with this.

Now enter the individuals who are in the addiction population. They feel totally isolated, forgotten and frequently have no reason to live. They feel that they have no voice. They lack the skills to have relationships or communication in their lives.

All of the foregoing base of information goes into my first opposition to the .

sterile or clean needle Exchange

1. The Name is a misnomer. They hand out whatever number of needles the client requests. (my experience is that they often sell some for small income.)

THE PROGRAM REQUIRES NO NEEDLES BE RETURNED WHEN USED

The name is worse than misnomer. It is totally misleading and not truthful .

2. The Program avoids identifying their clients. as addicts. Instead, they are addressed as individuals who have a drug use problem . It is known by those who work with addicts, that they have problems with telling the truth at times. THAT THE PROGRAM STAFF USE A MISNOMER IN THE NAME AND IN IDENTIFYING THE Dx of The condition for which the client is seeking 'help' is knowingly not correct. This will not pass any insurance requirements. It should not pass any State Licensing and no State Funding, in the form of Grants (which they now get), nor in any County, city or community Grants.

In speaking with staff who work with the first Needle Exchange in Pueblo, several statements were equally shocking to me. The Program not only does not request any needles back after the client uses them, but neither do they teach their clients where/how to discard their dirty needles. A major violation of Public Health Principles. I was given an example regarding how helpful local people were when a Pueblo resident installed a box for discarded needles on the resident's back yard fence post. Pueblo residents complain loudly regarding finding dirty needles and syringes everywhere in their city. That resident probably installed that box as a way of keeping his property free of contaminated needles /syringes. The Program takes no responsibility for their Program's contamination of the community. That should be an area in which the staff work to facilitate client behavioral change.

The Goal or Program objective is to meet the client where he is. All clinical professions say that as their beginning step. ALERT, THE NEEDLE EXCHANGE

DOES NOT CHALLENGE THEIR CLIENTS TO MOVE FORWARD TOWARD HEALTH AND GIVING UP THEIR MAINLINE DRUGS. The staff person said that he was there to hold the client's hand. He said that sometimes if a client wanted to enter recovery or have other services, the Program will refer them. Immediately, he hurried to tell me that a number of the clients who left their program, went into recovery had died within three years. It was obvious to hear him talk, that he prefers to leave the clients stuck in their life, dependent on an outside source to keep them pseudo alive and in pain and isolated. I was told another story, by another staff. A client recently told a Needle Exchange staff person that he was happy to come once a week to the exchange center because it is the only time in his life that he has a human contact when the person who gives him his packet, gives him a hug.

These programs ARE NOT PRACTICING within Public Health principles.

Those statements are both alarming and deeply sad to a person who has worked with that population for at least 50 years. With recovery programs that offer human relationships, interaction AND TEACHING HOW TO LIVE WITHOUT DRUGS, A VERY HIGH PERCENTAGE OF THAT POPULATION WOULD RECOVER AND LEAD FUNCTIONAL LIVES.

HIGH RISK REDUCTION PROGRAMS, THE ORIGIN OF THE "NEEDLE EXCHANGE" PROGRAMS CAME OUT OF THE HIV/AIDS ERA. I understand that time of panic. I was on a consulting job in the Bay Area of California. MY JOB WAS HIT BY THESE PATIENTS. EVENTUALLY I HELPED GUIDE THE GROUND WORK FOR THE CLEARING HOUSE NEEDED TO FACILITATE SERVICES FOR THE HIV/AIDS POPULATION. I TURNED DOWN THE DIRECTOR'S POSITION.

I understand the reason for initiating the risk reduction program. However they may have outlived their original format. Originally the High Risk Programs were focused on reducing the spread of HIV/AIDS and infections, such as Hepatitis C and B.

The original programs talked a lot about Public Health and not wanting the Communities to suffer from spread of these severe infections. That seems to have been dropped/forgotten. With the availability of HIV/AIDS medication and treatment for HIV/AIDS patients, the original format is not meeting the needs of their current clients. Their original clients were HIV/AIDS patients. They taught them not to share needles/syringes. Apparently, they have done a good job. However, the clients in the programs are vastly more dangerous for the entire community now. When the first "Needle Exchange" opened in Pueblo in 2014, they had 35 clients. In 2018, their census was 92. I was not given a current number, but was told that it was growing. MOST OF THESE ARE NOT ACTIVE HIV/AIDS PATIENTS. They are drug addicts who have found a free way to maintain their addiction.

SOME MAINLIN ADDICTS ARE SIMPLY ADDICTED TO THE USE OF NEEDLES. THEY DO WELL IN RECOVERY PROGRAMS.

County Commissioner Gonzales and I both spoke several years ago in Colorado Springs against the "needle exchange" program. We do not now have it, but the push always is there. All communities have some type of impact from this National Drug CRISIS. The cities see needles/syringes all over their community – these are a great threat to innocent community members. How many of you have been in Seattle, Portland, San Francisco or L.A. recently? Out of control drug use, needles and syringes everywhere in the community leads to vast, new never thought about problems. At the Symposium dinner where we paid extra to hear a speaker discuss Pueblo's "needle exchange", the man sitting next to me was an addiction professional from the Bay Area. He told the speaker there are 1,000 plus death/month in northern California. He said these were from the exchange population. They are not publicized. He said that the "needle exchange" programs do not work. They may have helped the HIV/AIDS issue 40 years ago, but they are not helpful in how they are used currently. They do not save lives, he said.

There are programs that incorporate the HIV/AIDS patients. They are not considered freaks; they are individuals who have special needs. I have consulted with several programs. One program flew in a number of patients each week from New York. I have developed, and done the administration on five such programs. That incorporated all types of drug use patterns.

Committee members, in closing let me strongly remind you that if you pass HB20-1065 out of committee, you will be:

1. enabling all "needle exchange" clients to remain stuck in their lifestyle of isolation and pain. They will continue to be dependent on the "needle exchange" without moving through recovery and a useful life, which will include relationships,
- 2, assigning a death warrant to the needle Exchange clients. That death may come soon or sometime in the future, but you are offering no other closure,
3. putting our State of Colorado into the same, or similar type of downward spiral to those West coast cities, with more and more needle users., who throw their Needles and syringes down where ever they used them. This becomes the beginning, of a long line of deterioration of the city. It is the beginning of hopelessness and ongoing decay. I understand that they pay well over \$100,00.00/ to hire individuals to pickup the needles, feces, etc from their streets/annually/ Multiply that salary times the required number of employees -- communities cannot afford that cost which could have been prevented.
4. Contributing to the ongoing opioid crisis. You do this by allowing and or funding the "needle Exchange" programs in the state of Colorado. It is essential for the survival of our Country to reduce drug and needle use.

Members of this committee let me remind you of the power you hold in your hands. Perhaps some of you come out of the medical backgrounds and hopefully all of the committee members are well versed in public health. You cannot in all fairness, allow HB20-1065 to go forward into our law: demand it the law throughout our State. without individual counties, communities to opt out .for fund the "needle Exchange programs" as they currently exist. Certainly you do not want to increase the opioid crisis. Therefore why not delay passing this bill until you and the legislative body get the leading doctors and other professional experts that I mentioned were at the winter symposium to enlighten this powerful body. .

Thank you .