

Written Testimony.

My name is Mark Harris. I have a Master's degree in Psychology, a Certified Alcohol and Drug Counselor Level I, and Master Addiction Counselor certification. I've worked in Adult Outpatient, School Based Youth, Federal Training, and for 27 years ran the only Community College Based Recovery Program in this State at Lane Community College. While I've been retired for a year and a half, I've continued to work on a part-time basis, addressing health disparities in vulnerable populations.

In full disclosure, I am not an addict-alcoholic, but I come from a multi-generational medical family of color, who have always been focused on effectively reducing health disparities among neglected ethnic minority and other cultural populations.

Substance Abuse Disorders, commonly known as addictions, are a medical problem, like diabetes, best treated medically, to halt its progression. While I have observed that my insulin costs more than street heroin, at least I'm not forced to rob a bank, to get treatment, because my disease has progressed untreated. I have observed racial disparities in addiction treatment, since working in a local high school. An African-American youth, was given a marijuana citation along with the 5 white occupants in the car. The white kids got treatment, the black kid got no treatment, and his disease progressed. Tracking him through the local county juvenile justice system in at least a 2-year period, NO minority youth, even with multiple alcohol and drug related offenses, received treatment. 5 years after I first encountered him in high-school he had gone to prison with drug related offenses, with no treatment.

I've referred minority youth, and young adults to treatment, who meet the diagnostic criteria for treatment, but who were discharged from mainstream 12-Step based treatment, when they legitimately raised gender and racial based trauma, as drivers for self-medicating their addictive disease. If we understand, that one in three women will experience sexual trauma in their lifetimes, and they will often self-medicate with alcohol and other drugs, and develop addictive disease, it also follows that women of color, will experience both racial and sexual trauma. Without preventative skill building, they will often self-medicate and develop substance use disorders. Sexism exists. Racism exists. They exist systematically throughout society including the medical and treatment communities. There have been advances because of increasing diversification in the academic, therapeutic, and medical fields, such that we have actual science to rely upon. Where that science is applied, we can effectively guide people through the challenges they face. Actual science is more effective than mainstream prejudice, in treatment.

In this state, and nationally, linguistically and culturally specific treatment providers and programs, go a long way to solve the problem and reduce relapse and recidivism.

Immediately funding the provisions of the bill, is a short but necessary step, in a marathon, not a hundred yard dash.

Thank you for your attention to this matter.

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