



The Opioid Crisis * Flip-Side Part 1

As always, it's not about the stated goal, in this case, drugs. It is, however, all about the actual goal, control.

Preface

My name is Kimiko Kurata Komatsu. I'm a divorced mother of two wonderful teenage sons and I've been a drug addict for more than ten years. I'm addicted to the narcotics that help relieve my pain and provide me with some semblance of a normal life. I've been addicted to Fentanyl much longer than most of you have been aware the drug existed.

I'm going to relate my complete story before I begin. I've told bits and pieces of this to various people but now I'll give the entire story... because I want you to understand completely... because I want something from you. I don't want your pity, or your sympathy. I don't want your money. I'm not rich but, financially, I'm well off. So, what do I want? I want your awareness. I want you to be able to view me as simply another single mom doing the very best she can do to raise two sons to be proud, productive, and patriotic American citizens. I want you to see the other side of the coin that the media will never show you and the Government would rather you not know. I would like you, if you ever get the chance, to speak out in favor of people like me and maybe, just maybe, let your Government know what you think of their "Opioid Crisis."

Throughout this article, when I refer to the Federal Government, I'm referring to the entire legislative branch, judicial branch and the executive branch including those populating either side of the aisles of Congress. I make no differentiation between the two political parties.

The Beginning

I consider myself to be a moderately intelligent person but that doesn't preclude anyone from making poor choices. A few evenings ago, the boys and I re-watched the movie, *London Has Fallen*. To me, one of the more memorable exchanges was between President Benjamin Asher (Aaron Eckhart) and Secret Service Agent Mike Banning (Gerard Butler). The President asked Banning "... seriously... the Hell you made of?" Banning answered, "Bourbon and poor choices." Back when I was a young woman, I took the tea-totaller route; I left out the Bourbon but, to compensate, I doubled-up on the poor choices.

My husband wasn't perfect, but neither was I. I made excuses. I overlooked things I shouldn't have. I was trying to make the best of a less than perfect situation. I had two young boys who were my entire life. I considered myself no worse off than any of my friends. I did my best to "get along."

One day my husband came home from work with the usual chip on his shoulder. He started screaming at one of the boys for some imaginary transgression and I told him to stop; that he was just being a jackass and that the poor kid had done nothing wrong. My first clue that I had crossed some sort of line came when I felt him grab me by the hair and smash my face against the wall.

He proceeded to beat me and when that wasn't exercising enough control, he raped me right there in front of the boys. After that, while I was trying to crawl away, he kicked me down a flight of stairs. The doctors tell me that's probably when I received the cervical and lumbar spinal injuries. He continued kicking and beating me until Sean, my oldest son, who was all of six years old, gave him several whacks with a baseball bat. I'm positive Sean saved my life. After I saw the jackass limping out the door, I lost consciousness. Sean ran next door for help and Mike covered me up, with an old rug, and stayed with me. I was supposed to be taking care of them but, instead, they were taking care of me.

I stayed in the hospital for almost three days before I convinced them I needed to go home. I made a pretty quick recovery with the exception of the spinal injuries which caused me a considerable amount of pain. Luckily, at that point in time, the medical community was all about relieving pain and I had a practically never-ending supply of narcotics, especially Percocet, which is a combination of oxycodone and acetaminophen. When I first started with the Percocet it quite literally kicked my butt. To say I was "loopy" was a gross understatement. There was no possible way I could do anything even remotely hazardous, like drive a car. Just to prove my point I remember almost gouging

my eye out with my toothbrush; my coordination was that poor, but the situation did lend a bit of dark humor to the common phrase, *eye-hand coordination*. My doctor assured me that I would become accustomed to the drug and I could drive again, soon. He was right. It wasn't long before I stopped feeling "loopy" and thought I could drive safely. Being a worrier and not wishing to harm anyone, including myself or my sons, I asked a local Sheriff's deputy to go for a ride with me and evaluate my driving. This was not mandated or suggested by anyone. I did this of my own volition. The deputy said he was impressed and that he wished everyone drove as well and as carefully as I did. I wanted to do the responsible thing and I didn't trust myself, so I enlisted someone qualified to make an intelligent determination. If nothing else, I'm a responsible individual.

Eventually, I had two lumbar surgeries, the second of which was botched to such an extent that I easily won a malpractice suit against the surgeon. I understood the depth of his incompetence when I filed the lawsuit and was told to take a number; that I was number eight in line. The scar tissue, which was a result of the surgeon's incompetence, ended up creating more pain than I had before the surgery. It didn't take me long to realize I was in serious trouble; my pain medications weren't relieving my pain like they had in the past. I was back to being non-functional.

*Attorney General Jeff Sessions comment to chronic pain sufferers:
"Sometimes you just need two Bufferin or something and go to bed"*

Dealing with My New Life

Soon, I'd fenagled a referral to a local Pain Clinic. During my initial visit, the doctor asked me a battery of questions, one of which was "On a scale of 0 to 10 how would you rate your pain level at this moment." I thought about it for a minute and answered "six." He put down his clipboard and stared at me. He said "Kim, you can barely walk. I watched you hobble in here." He looked at his clipboard again and said "You're not even thirty and my 90-year-old grandmother gets around better than you do. Please, explain why you answered 'six.'"

I responded "Nobody can claim a 'ten' because they would be unconscious with that much pain. I'm assuming that being burned alive, traumatic amputation and gunshot wounds would take care of '7', '8' and '9'. That leaves me with, at the maximum, a six." The man got off his stool and walked across the room and very carefully gave me a hug and said "Honey, we're going to get you fixed up. I promise." He was as good as his word.

Within a few months he found a regimen that worked for me. He put me on the highest dosage fentanyl patch, arranged to give me spinal injections, under x-ray, every ten weeks and made sure I had a supply of pain relievers that could be tailored to whatever type of "break-through" pain I may be having. I still had my Percocet, but he also prescribed Tramadol and Toradol injections. He taught Sean to give me the injections and we were all set. The doctor went so far as to swear me to secrecy before he slipped me a pre-loaded syringe of Demerol with the instructions "*If the pain should ever get so bad you need to go to the emergency room, have Sean give you this. It'll make you comfortable until the hospital can do something for you.*" This was back in the good old days before my Government's latest crusade to save what it sees to be a group of valuable citizens; in this case recreational opioid abusers.

"Of pain you could wish only one thing: that it should stop. Nothing in the world was so bad as physical pain. In the face of pain there are no heroes." — George Orwell 1984

Settled in for the Long Haul

Thanks to the best Pain Clinic doctor on the planet I began to feel like a normal person again. I could do housework and I could do the shopping. I could go to the gun range for a day and, within reason, shoot anything I wanted, right up to and including full power loads for my .300 WSM. I could do the volunteer medical advocacy work I love so much. I slept when I was supposed to, and I was awake when I should be. I felt so good that, on occasion, I over-did it and I paid for it with pain. I didn't mind that pain. That pain served to remind me of how good I felt 95% of the time. That pain was actually welcomed and appreciated.

Several years passed without incident but I was beginning to notice the effects of long-term narcotic use. In my case it was most noticeable in my teeth. I was spending too much time, and money, with my dentist. Then I began hearing about a new method of pain control that was providing a lot of people with a high level of relief. I began researching electronic spinal cord stimulators and liked what I was discovering. I talked to several people who were actually using one and I received nothing but rave reviews, so I brought the question to my doctor. He thought it could work for me and I was scheduled for the temporary implantation of the trial version of the device. I was warned that this method of pain relief wasn't for everyone and that I should be prepared for disappointment. It worked very well and a month later I had the permanent version surgically implanted.

Immediately I was off of all my drugs with the exception of the fentanyl patch. This little device is wonderful. I can tune the machine by adjusting the frequency, amplitude, and waveform of the pulses it sends to my spinal cord. These pulses block my body's pain impulses from reaching my brain. It's like tuning a complicated radio but it works. As with everything else "good" is temporary. Due to the continuing degeneration of my spine I began experiencing lower back pain again and sciatic pain I'd seldom had before. I was back to the drugs along with my stimulator. I wasn't crazy about the idea of the drugs again, but I was less excited about the return of the pain. Under my doctor's approval I went back to some of my old drugs. Again, my pain was manageable.

“The nine most terrifying words in the English language are: ‘I’m from the Government and I’m here to help.’” — Ronald Reagan

My Government to My Rescue

In the interest of brevity and clarity I’m going to simplify this part of my account or, neither you or I, will understand the lunacy involved. At one visit, when I was ordering my prescriptions, I was informed that I couldn’t have two of my normal drugs. I hadn’t been using Toradol very much and I had a large supply, so I gave it up. In addition, I had to make a choice between Percocet and Tramadol. Previously I had access to both so I could alter the strength of my drugs to match the severity of my pain. More often than not I used the weaker of the two, Tramadol. This arrangement made so much sense the Government just had to “fix” it. I’m not a fool so I picked the Percocet, the stronger of the two. Had I picked Tramadol I would have encountered days where I didn’t have enough drug to dull my pain. I chose the peace of mind of the stronger drug.

The next shock was that instead of a 90-day prescription I was now only allowed a 30-day supply and, just to add insult to injury, I was informed that I needed to pick up my prescription, at the doctor’s office, as quickly as possible after the day the drug became available to me. Supposedly it “looked bad” if I weren’t there, frothing at the mouth, the second my prescription was available. So now, in the Winter time, I sometimes have to drive on horrible roads to pick up my prescription on time. Doc tried to make me feel better by telling me that some patients were allowed only a three-day supply and that some drug stores were placing their own additional restrictions on the handling of *legal* opioid prescriptions.

From time to time some of the people I knew, who were patients at the Pain Clinic, were randomly drug tested. I know a lady who tested positive for Marijuana and was told that if it happened again, she would not be seen at the clinic in the future. This was shortly before medical Marijuana became legal in Michigan. Finally, my day came, and I had to pee in the cup. When Doc came into the examining room, he wouldn’t look at me. I knew something was wrong. He had a little piece of paper in his hand that he tore into a hundred tiny pieces and then tossed them into the trash. Finally, he looked up at me and said very softly *“Kim, we have a problem.”* My mouth literally dropped open.

I began defending myself and told him I had never smoked Marijuana in my life. He motioned for me to stop talking and said he knew that but that wasn’t the problem. I was speechless so he explained *“Kim, we didn’t find any Percocet in your system.”* I was trying to process how this was a bad situation. I’d had a very good week and I hadn’t needed to take any. I thought that was a good thing and I said so.

That’s when he explained that the Government, in its infinite wisdom, was “cracking down,” even farther, on opioid abuse. I was slightly ahead of the learning curve because a few weeks earlier I’d skimmed an article explaining there were an unacceptable amount of opioid related deaths among recreational drug users. Fentanyl was extremely popular because of its strength and wide availability. The one fact that did stick in my mind, from that article, was that ***when one recreational user died of a Fentanyl overdose, other abusers would attempt to purchase from that same batch because an overdose death was a testament to the potency of that batch and potency made it more desirable.*** In other words, the more likely the drug was to kill them the more they wanted it. ***These are the members of society we’ve singled out as needing to be saved. I’d also like to point out that sacrificing law-abiding members of society, who used those drugs in a positive manner that enabled them to be comfortable, if not productive, was acceptable collateral damage.***

Then we got back to my drug test. Doc explained that since I had no Percocet in my system the Government suspected that I may either not actually have a need for the drug and be abusing it myself or that I may be selling my drugs to recreational users. I can’t begin to explain that rationality. I’m not the sharpest knife in the drawer but I still can’t dumb myself down enough to understand a bureaucrat.

It’s nice to know jackasses like Chucky Schumer and Nancy Pelosi believe, with no real evidence, that I’m a criminal and not a lucky person who hadn’t needed all their drugs that week. ***To avoid this problem he recommended that if, in the three days prior to my next appointment, I had no legitimate need for Percocet, I should take one or two anyhow, so it appeared in my next drug screening.*** Just to make certain this is understood; ***my doctor had just instructed me to take unneeded drugs, in order to pass a Government ordered drug test designed to determine if I was a drug abuser.***

I asked what would happen to me if I showed up Percocet free the next time. He told me that I would be required to bring in all my opioids for a mandatory pill and patch count. If it happened again “action” could be taken against me. I must have looked at him like he was insane because he immediately said “Kim, this isn’t my doing. I have to comply, or I can lose my license. This is the same man that, several years earlier, told me, very quietly, “Kim, never, ever throw away a pain pill. Stored correctly, 25 years after their expiration date, they’ll have lost only a few percent of their potency.” I do what frugal people tell me to do. Mixed among the many .50 BMG ammo cans that are full of ammunition, there’s a few whose inventory code is slightly different from the rest of the cans. Those cans contain more than ammo.

So, I suggested I tell this story back to him to see if I really had a handle on it. He agreed. It went something like this:

“In order to protect the lives of those imbeciles who go out of their way to purchase from a batch of Fentanyl that has killed previous abusers, I’m forced to use stronger opioids than I would sometimes select because I’m not trustworthy enough to have a variety on hand. Also, there are times, I need to take powerful drugs, that my Government has declared war on, for the sole purpose of passing a Government mandated drug test.”

“I’m also reduced to 33% of the amount of these drugs I’m allowed to have on hand so, in the Winter, I can traverse treacherous roads to be sure I don’t forfeit my drugs for the month.”

He slowly shook his head and said I caught on faster than most of his patients. Then I asked if he minded if I speculated about the future. He told me to give it my best shot.

“I’m positive their ‘war’ doesn’t stop here. I expect that soon we junkies should be ready for the probability that we will be ‘weaned off’ our opioids even though there are no effective replacements for those drugs. I’m betting that ‘physical therapy’ is their idea of a replacement for drug therapy.”

After staring at the floor for a few more seconds and, without looking up, he answered “I think you have an accurate view of what’s happening.” I had another question, so I just blurted it out.

“So, Doc, how soon are you retiring?”

This is one time I wanted to be wrong. He finally looked up from the floor and said very softly “I’ve already started the process. How did you know; my wife doesn’t even know yet?” I’d been doing really well until that point but this when I began to fall apart.

“I know you’re much too good of a doctor to allow some mouth-breathing, knuckle dragging bureaucrat who doesn’t know his ass from a hole in the ground, let alone whether it was punched, bored, or drilled, to dictate to you how you will or will not practice medicine.”

He thanked me for my comment and said “Before you ask, no, it’s only supposed to get worse. From what I understand they want to stop the use of opioids completely.” He knew as well as I do that would be a death sentence for myself and many others. Without an effective opioid replacement, I simply couldn’t tolerate the pain for any extended length of time.

How do I know that? Being a drug addict was never on my list of things to accomplish before I died. You also need to understand that I’m nothing if not frugal. My Fentanyl patches are supposed to last three days or 72 hours. On rare occasions I get two days out of one and sometimes they’ll last four days. I don’t replace them based on the hands of the clock. I wait until I feel an increase in my pain level, or I feel the monkey climbing onto my back. Then I change my patch. One day I thought I’d verify that I still needed my patch, which is my primary opioid pain reliever. I’ll freely admit, and my boys will verify, this was not the brightest stunt I’ve ever pulled. It was right up there with a “*Hold my beer and watch this!*” moment. I wanted to face the pain with my stimulator as my only means of relief. At the time this idea made perfect sense and I don’t regret doing it.

It was a matter of only a few hours before the pain became bigger than the monkey. Soon, my ability to be upright and mobile was too much for the stimulator to mask. Luckily, I was bright enough to put on a new patch at that point. Before the new patch kicked in it was extremely uncomfortable to be in any position. This was about the time I vowed to never, ever run this “test” again. I did, however, come to terms with the very fine edge I walk; the razor-thin edge between torture and relief.

I was also able, thanks to my experiment, to put everything into perspective. If the Government made no further reductions in what drugs and what quantity of drugs I may use, and if my physical condition deteriorates no more than it has already, and if I don’t become immune to the relief offered by drugs and electronics, I can expect to continue the quality of life I experience now. I also realize condition one is practically impossible; condition two is wishful thinking; and condition three is a toss-up.

As of this moment, this is my life. I’m not complaining about anything but my Government. All the rest, at least at this point in time, is just a large inconvenience for anyone who’s an inveterate planner.

Addendum № 1

Since I began writing this article, I’ve become a party to two additional cases that raise different issues but still fall under the “opioid crisis.” I became involved in both because of my volunteer medical advocacy work. The lady who recruited me into the medical advocacy gig explained that the candidate needed a modicum of common sense, a willingness and ability to communicate with others and, a mouth that the owner was willing to use without reservation. She assured me the last qualification is flattering but I’m not convinced.

The first case involves a woman I knew from a social organization and we’ll refer to her as “Marge.” She’s a patient at the same pain clinic I use and was doing quite well until her doctor retired. Then she was assigned a young doctor who’s new to the practice. His first official act was to withdraw all medications that had been prescribed for by her previous doctor. She protested but the new doctor allegedly said something like “I’m not losing my license for you.” A pain clinic doctor who refuses to prescribe drugs? That’s an interesting point to ponder.

When Marge didn’t make an appearance at a meeting, we both always attend, I made inquiries and discovered what had happened to her. After the meeting I went to her home and knocked on the door. I barely recognized the woman who answered the door. Marge is almost 6 feet tall and always stood straight and proud and looked every inch of her actual height. The woman who answered the door was bent over and crippled. Gone was the snappy wit and normal friendly banter. She looked exactly like what she is, a 70-year-old woman in horrible pain. It had been over a week since she’d been unceremoniously taken off her opioids, so, at least, she was no longer suffering from withdrawal and had obviously survived the risky “cold turkey” termination of her drug therapy.

I assured her that I realized she looked like Hell but that was how she needed to be seen by the medical professionals at our pain clinic. I'd been going to the same clinic for ten years, so I knew the office staff pretty well and I thought I could push for a favor and get Marge a brief meeting of some type. The entire staff was somewhat stand-offish, and the reason soon became obvious. They all thought Marge wasn't treated fairly but none were willing to question the doctor's decision. We did finally get a brief "appointment." I'm not ashamed to admit it was more of an ambush than a normal appointment. We heard what we expected to hear. ***"If you can endure a week without your drugs it's proof you didn't need them."***

Possibly, this is where I can bring this new philosophy home to those of you who aren't opioid dependent like I am. How would you feel if you, or a loved one, an insulin dependent diabetic, were told ***"Since you've survived for an entire week without insulin we'll no longer be prescribing it for you?"*** How about ***"Since you've survived without your heart medication for a week, we've determined it's not, in your case, necessary and we will no longer prescribe those drugs for you."*** Ponder those points for a few moments and possibly you can begin to understand my fears for the future.

Recent developments, in just the last week, have improved Marge's situation. Due to promises I made, concerning litigation in Marge's case, the medical staff has reevaluated their position and Marge, just over a week ago, received an electronic stimulator much like mine. She's doing very well and is showing an unreasonable amount of optimism regarding the future.

Addendum № 2

Several weeks ago, a Vietnam Vet I'll refer to as Bob, asked me to accompany him, in my medical advocacy capacity, to his first appointment at the Veterans Administration Clinic. Other than suffering from diabetes he's in generally good health. His only real question was about getting his prescription for Tylenol 3 from the VA. His previous doctor had prescribed it for him for several years. He suffers from carpal tunnel pain that was relieved by the Tylenol 3. The doctor immediately went on the defensive and said they don't like prescribing narcotics. Bob said that any other pain reliever, that worked as well, would be perfectly acceptable. The doctor said there was no non-narcotic pain reliever that would give the same level of relief and then stated that surgery was indicated. Bob had two friends who had the surgery and experienced less than satisfactory results and that was why he preferred using the Tylenol 3s on a very intermittent basis.

Bob explained, more calmly and rationally than the doctor, that he wasn't a drug abuser, that he had never been a drug abuser and that, to the best of his knowledge, he would never be a drug abuser. At this point the doctor started to interrupt and Bob flashed him a look that silenced him immediately. Then he presented one of the most logical and most sensible proposals I've ever heard. I was so impressed that I realized my primary function, for that day, had to be as a lunch partner for Bob. I wasn't needed in my advocacy capacity. He proved that he wasn't intimidated by the medical profession and that he was perfectly capable of speaking for himself. To the best of my recollection this was his presentation.

"Please, allow me to suggest a solution to this problem. Why don't you prescribe the Tylenol 3 that I've used successfully and completely safely for several years? If, at any time in the future, for any reason, you feel that I've somehow been harmed or that somehow, I've abused or misused the drug you can withdraw it immediately."

"As an alternative proposal I will gladly submit to your suggested surgery with a similar stipulation to the one I just mentioned. If, at any time, I feel that the surgery isn't meeting my needs you'll revoke said surgery and give me my drugs back."

Of course, everyone realizes that a surgery can't be "taken back" but, I believe, Bob was trying to apply *Occam's razor*. Occam's razor is the problem-solving principle that states, essentially, ***"simpler solutions are more likely to be correct than complex ones."*** In this example, that boils down to the question, *why put the patient under the knife for a non-reversible procedure, that has no guarantees, when occasional drug use solves the problem to the complete satisfaction of the patient.* Bob's logic, although flawless, was refuted by the Veteran's Administration. He was denied his Tylenol 3.

I want to be absolutely positive that everyone understands that, in this circumstance, and many others, the reasonable and prudent desires of the patient, the entity that's actually feeling the pain, are regarded as irrelevant. The patient and, any choices he may have previously been entitled to, have been destroyed in yet another Government bureaucracy populated by unelected, uncaring, pompous, idiotic bureaucrats. Decisions that, previously, and rightfully, were the concern of the patient and his physician, have now been usurped by our ever-expanding, increasingly malignant, progressively more contemptuous, and arrogant Government.

I hope I've painted a disturbing picture of our current "Opioid Crisis." In part two of ***The Opioid Crisis * Flipside*** I'll tie this power play in with several others and hopefully I can help you lose a few night's sleep. We can't fix what we aren't aware of or don't understand.



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