Submitter: Doyle Thibert

On Behalf Of: No to criminzalization

Committee: Joint Committee On Addiction and Community Safety Response

Measure: HB4002

I oppose HB 4002 and efforts to criminalize addiction.

Addiction is a healthcare issue, not a crime. We cannot address the addiction crisis with arrests and jails, which add barriers to stable housing and increase overdose deaths. Instead our communities need more investments in treatment, including outreach teams and peer mentor programs. People need help, not handcuffs.

Lock Them Up ---And Throw Away the Key---

RE: HB 4002

If our past actions or current decisions are an indication of the present or the direction of our collective future; locking fellow citizens away would neither decrease nor eliminate crime rates. So, what is the real situation? Are we not locking our fellow citizens up for long enough terms? Are we not tough enough with application of criminal statutes or not draconian enough in general? Or is this response and desire to mark, label and incarcerate others nothing more than a bad case of 'Knee Jerk Reactions'.

What are we as Oregonians to expect by jailing the houseless and drug-addicted? Do we somehow expect that this will make the Oregon experience better for the rest of us? I don't think so. When labeling and punishing fellow citizens for their shortcomings or lack of good luck and/or familial connections who may be drug-addicted or houseless --- do we really get ahead of the game with these actions? My own experience circa 1977 and the devastation of being ground up and spit out by the Oregon legal and corrections system was devastating. In a very real way I am still in recovery from that horrible experience. This punitive process has driven a lot of frustration, confusion, and hurt, followed by anger (mostly manifested in severe heart problems - 2 major heart attacks). It was only in 2015 that I was finally able to get into counseling. I still struggle with Major Depressive Disorder, Anxiety, and PTSD after all these years. Some experiences just won't go away by themselves. If you have never been locked up, excluded from the rest of the world, excommunicated from family and friends, and found employment almost nonexistent --- I would argue that you have no idea what you are asking for and expecting when you punish fellow Oregonians. Much like the failed war on drugs, our judiciary and legislation is once again poised to pounce upon the downtrodden with the aim of protecting those with stability i.e. financial liquidity, stable employment and long-term family and friend connections.

Instead of punishing those of lesser existence, I would argue that support and guidance are far better arbiters of a good outcome. In my life, what a wondrous result

could have been experienced with support, mentoring or at least being offered first time offender status --- how different my life might have been --- how my 'life chances' and life trajectory could have been greatly improved.

Any fellow Oregonian who is houseless, struggling with mental health issues, drug addiction or a myriad of other causes related to their criminal behavior; needs help not punishment or exclusion from societal norms and resources. We as fellow Oregonians should instead be looking at what will help, what will improve the situation for these people we see every day on the streets. I will not pretend to be Christian, but I do believe with great certainty in the following:

"They also will answer, 'Lord, when did we see you hungry or thirsty or a stranger or needing clothes or sick or in prison, and did not help you?' ?He will reply, 'Truly I tell you, whatever you did not do for one of the least of these, you did not do for me.'" -- Matthew 25:44-45, NIV

Arresting and jailing people for addiction has never worked. Criminalization has inflicted decades of government harm and violence on Black and brown communities. Giving a new name to the old war on drugs won't change the results: HB 4002 will harm, not help, Oregonians.

People suffering from addiction need investments to the continuum of care. They need successful peer outreach.