

Submitter:

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On Behalf Of:

Committee:

Senate Committee On Early Childhood and
Behavioral Health

Measure, Appointment or

SB1573

Topic:

Distributing needles to drug addicted individuals for the purpose of reducing harms to them does the opposite. It enables them to continue to use drugs and many of them overdose using the very implements that we have provided to them. This policy is badly misguided and unfortunately widely supported by the medical profession. I believe that it normalizes drug addiction and reduces the behavior of injecting narcotics as a disease solely, rather than the product of both a disease and a choice. We should never enable that choice by passing out needles. I think it is time for Oregon to wake up to the idea that distributing needles to drug addicted people in Multnomah County(some 10,000 to 20,000 per day) has been a big mistake, much like it was a mistake to pass Measure 110. I hope that this measure passes, but I also believe that Oregon will get on the right track when it does away with legalizing the distribution of needles in this way as well as legalizing the possession of drug paraphernalia. There are many physicians that feel as I do that these policies are doing great harm to our communities, the many vulnerable people with drug addiction, and that they are quite contrary to medical ethical behavior. The individuals that are using these drugs on a daily basis are quite infirm mentally, and many of them see us passing out needles as endorsing their behavior. To many, passing out needles seems like we are marketing drug addiction as a lifestyle choice. Our democracy depends upon public virtue and personal and social responsibility. We certainly have a right and responsibility to craft laws that recognize that reality if we want to enjoy the liberties that we all would like to share. Drug addiction is a tremendous societal burden and distributing needles makes it more and more the case that it will continue to grow and destroy the foundations of our cities and nation. Lets stop incentivize drug use and instead build the capacity to provide detox and inpatient psychiatric units in general hospitals. Currently Portland has 250 psychiatric beds and needs about 1250 beds to be at levels that are necessary to treat the substantive severe mental disorders in the community. I write about mental health policy and law on Substack every week. Feel free to reach me by phone or email or on substack any time if I can help in any way.

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