

From: [Public Comments](#)
To: [House Judiciary](#)
Subject: Public Comments on SB 196
Date: Wednesday, March 12, 2025 7:20:16 PM

Contact Info: name - Ella Mehring, email - eam00033@mix.wvu.edu, phone number - , org - , zip-code - 26505

Date of Submission: 03/12/2025

Hi, my name is Ella Mehring and I am a student at WVU minoring in Addiction Studies. The extreme criminalization of drug throughout this bill with hurt West Virginians. The best way to help individuals with a substance use disorder is to get them connected to their community and social support which is rarely provided within prison. Allow them to connect back with family, friends, and their community sooner rather than isolating them.

From: [Public Comments](#)
To: [House Judiciary](#)
Subject: Public Comments on SB 196
Date: Friday, March 21, 2025 12:46:29 PM

Contact Info: name - Jaime McCumbers, email - bluiedgemini420@gmail.com, phone number - (304) 928-9140, org - , zip-code - 26136

Date of Submission: 03/21/2025

Presently, there are inmates being held from going to work release simply because they have a Fentanyl possession charge. Reentry is hard enough and to take away the one way they can get their feet under them before release is only going to make things worse. What if that person thought they got a pain pill and it turned out that it was Fentanyl, they have a simple fentanyl possession charge and now considered dangerous?... Work release is a positive element to reentry. If you want to do something to help recovery, require inmate upon release on parole to graduate a long term rehab. They will be more likely to complete a year of parole. The funds that will be lost if the possession of fentanyl charges are refused permission to participate in work release will be considerable.

Drew Constable

From: Public Comments
Sent: Thursday, April 3, 2025 3:25 PM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - Brandi Farmer, email - brandiedwards.hjf@gmail.com, phone number - (304) 960-1294, org - , zip-code - 24739

Date of Submission: 04/03/2025

As a person in long-term recovery with a felonious possession with intent to deliver charge on my record, I cannot imagine the things I would not be able to do had I had a harsher sentence.

When I was caught with drugs on my person, I was doing whatever I had to do to feed my habit. I was not trying to get rich. I was not trying to hurt other people. I was merely trying to stay alive and well.

Thankfully, after spending 1 year in jail & prison, I was given a reconsideration which was the first bit of hope that I had for a better way of life. That reconsideration graciously landed me in treatment.

I was four years into recovery when I was finally released from supervision. I am six and a half years sober now. In six and a half years, at 32 years old after walking out of prison and into substance use treatment at 25 with nothing to my name - not even an outfit that fit me - I have been able to rekindle relationships with my three children, my father, and other family members. I have paid every debt to the state of West Virginia including all citations and reinstatement fees and other fees that I owed to the DMV/Courts. I have become a homeowner, a wife, a valued employee who has gracefully been able to move up the ladder. I will graduate in May from Concord University, Summa Cum Laude with a 4.0 GPA. I have been able to work with and form partnerships with police, probation and other entities, playing a crucial role in sharing my lived experience in an effort to help others recover - many of whom have been successful in their efforts.

Had my mandatory minimum sentence been doubled or tripled, my children would have had to spend longer without me in their lives, and my hope for a better way of life would have been diminished. The longer I would have had to spend confined to the inside of those walls, for an illness that every day I prayed would just go away, the more I would have internalized the stigma and shame that much of society had bestowed on me.

When I sat in my backseat of my mother's car at 7 years old while she recklessly drove my siblings on the wrong side of the road full of s-curves screaming, "I will kill us all," I swore I would never have an issue with drugs and alcohol. But Substance use disorder does not work like that. We don't get to choose after

that first time. My first time was alcohol from the adults in my life at 11 years old. My first pill was from a doctor at 12 years old with a copious amount more.

I was not a criminal. I was a sick individual, trying to stay alive. Please keep in mind that a majority of the individuals and families this may impact, if passed, have similar stories. We need love, support and connection. We've been beaten down enough.

Drew Constable

From: Public Comments
Sent: Thursday, April 3, 2025 4:30 PM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - Rachel, email - Rubin, phone number - (559) 978-8569, org - Rubin Investigations, LLC, zip-code - 25302

Date of Submission: 04/03/2025

I am a resident of, and business owner in, Kanawha County, WV. I have lived in West Virginia since 2019, and have been involved in public defense investigation in some capacity since 2020. I am reaching out to voice my staunch opposition to SB 196, a bill that explodes penalties for drug offenses.

The truth of the matter is, while overdoses have declined in recent years, WV is still deep in an overdose epidemic that impacts every person in our state. While supporters of this bill may say this is a step towards punishing people who bring drugs into or sell drugs in our state, but studies have found that there severity of penalties does not deter people from drug crimes ([link](#)). This bill also sets up a fake dichotomy between drug users and sellers, attempting to punish the latter more harshly. The truth is that many people who use drugs, especially in West Virginia, have to sell or transport drugs in some fashion to support their own use. According to a special [report](#) from the Bureau of Justice Statistics, half of people in prison for state drug offenses were using drugs at the time of their offense.

I do not support measures that are not likely to change the behavior of people who sell drugs in the state while diverting public money to incarcerate them for 3x as long. Please invest public dollars in real solutions: community-based SUD treatment, MAT treatment, access to primary health care, and affordable housing.

Drew Constable

From: Public Comments
Sent: Thursday, April 3, 2025 4:40 PM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - Lida Shepherd, email - Lshepherd@afsc.org, phone number - (304) 356-8428, org - American Friends Service Committee, zip-code - 24901

Date of Submission: 04/03/2025

SB 196 creates 21 new drug penalties while investing nothing in prevention & treatment. SB 196 also removes discretion from judges by introducing 10 new mandatory minimum sentences. Mandatory minimums increase prison populations and taxpayer costs, while showing zero evidence they improve public safety.

Recent [polling](#) conducted by Mark Blankenship reveals significant concern among voters regarding increasing criminal penalties and incarceration costs. Nearly 6 in 10 Republicans in West Virginia believe it is important to reduce the jail and prison population in the state. The results are not surprising as they come at a time when the state is spending more to incarcerate a single person annually than the average income for someone working in the state, costing taxpayers over [\\$420 million on its prisons and jails](#) during the 2024 fiscal year.

If our lawmakers want to be tough on crime, then they should spend our tax dollars on prevention and treatment, not on more of the same failed and costly policies of the past.

Drew Constable

From: Public Comments
Sent: Thursday, April 3, 2025 6:36 PM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - John Knight, email - wvirish@outlook.com, phone number - (304) 539-1321, org - Citizen, zip-code - 25303

Date of Submission: 04/03/2025

My Daughter's Death Taught Me We Can't Jail Our Way out of the Addiction Crisis

An Open Letter to the House of Delegates

March 17, 2025

The twins slept on the sectional in the living room. We, their grandparents, slept in the mother-in-law room just off the living room. This had been the practice for the twins, then 9, and us since they were born. They felt safe there and we found it easy this way to keep watch on them.

Along with my ex-wife, we had kept the twins every weekend since they were born to give the newlyweds time to be young. They chose to sleep mostly. Raising twins is a lot. After the divorce when they were only 3 it was to be sure they were ok. Sometimes they weren't.

Their mother, Elizabeth, had tucked them in around 10 and went upstairs to her bedroom. She had returned home after living in Huntington for about 18 months working on her sobriety. She had been clean for about two and a half years now. Yet, I felt something was wrong when she called about returning home.

It was the night of St. Paddy's Feast Day, March 17th, 2018. Exactly 7 years from the day I write this. Replaying that night is just as horrific, just as tragic, just as emotional, but necessary as I watch our leaders in the legislature make huge mistakes in attempting to solve the effects of this disease of tragedy.

We had had a beautiful night celebrating the Feast Day of the Great Bishop of Ireland. With ancestral names of Fitzpatrick, Finnerty, and Riley, and Roman Catholic, this day was always a day of great joy and happiness for our family. The twins spent the evening making a poster of leprechauns and shamrocks (I still have it today). Elizabeth had spent the evening at home, talking on the phone with friends and watching March Madness basketball with me.

Everyone went to bed happy. This was all I could have wished for and had prayed for. My grandchildren and my child healthy and happy in the home that had housed Knights since 1939. This would be the last.

The twin girl, I'll call her K, woke up first. Before 7am. She came into our room and said that mommy was sleeping funny. I asked how. She said her legs are underneath her. I missed it. I have regretted this ever since. The "what if" haunts me. I replied she would be ok. She'll move around. K, get up in bed here and we'll watch cartoons. I missed it. I missed it.

The twin boy, B, came in soon after. The four of us snuggled in and watched cartoons. A cup of coffee and some juice and we let the morning drift by.

My wife and I were to go to Logan for a bi-monthly Kroger and supply run for her mother. At about 9 am, we struggled out of this heaven and dressed. At 9:30, I went to the foot of the stairs to wake my daughter to fix breakfast for her kids. I yelled, "Elizabeth," like I had for 30 years. Her usual response was "what"! No answer. I didn't yell again. I don't remember it, but my wife tells me I took my phone out of my pocket as I climbed the stairs.

My heart beats hard even now as I recall that walk down the hallway. Tears come to me again, 7 years later, remembering pushing open the door. It took me years to get the memory of my daughter on that bed from waking me up in the middle of the night. Thinking about writing this over the last few days, it has started again.

I walked over to my daughter in a haunch position on her bed. Elizabeth was face down on her bed. There was a phone charging cord wrapped around her left arm. A needle was sticking out of her arm. I walked over to her. I touched her to attempt CPR. She was hard. Cold. Gone.

I missed it. Please, God forgive me. I failed my child. I failed my family. I failed. Another phase of this disease had begun. A phase few even think about. The waves of pain that reverberate through the family. For years.

My first thought was to call 911 and then protect the children. I dialed as I flew down the stairs, trying to keep calm. Speaking quietly to 911, I found my wife coming up from the basement. I whispered, "Get the children out of here". She asked, "Why, has something happened to Elizabeth"? She saw the answer in my eyes and moved quickly to get the twins out of the house. I heard K ask, "Is mommy ok"? My wife told her mommy is sick and Grandpa will take care of her. I failed. I missed it. K hadn't, but I had.

The 911 operator told me they're on the way. To go back and give her CPR. I turned her over to get to her face. A spoon was stuck to her blue face. She was pale. Cold. Hard. Gone. Waves of pain shot through my chest. I couldn't breathe. I screamed. All I heard was my own screams. I missed it.

I heard the sirens coming up Massey Circle. I went outside to direct them. They got out and hurried to the house. I told them she was upstairs to the left. They were up there for hours. I learned years later that a close friend's son had answered that call. He knew the family and Elizabeth and wouldn't quit trying to bring her back.

I lay in the street. Crying. I thought about jumping off a cliff nearby. I contacted a nephew who lived nearby to come and be with me. He was in Florida on vacation. He called his sister, my niece. The police came to question me.

My niece came and stood with me. She knew that just being there was all that could be done. My wife returned. She had taken the twins to their father. He's a good father.

Then I thought about Elizabeth's mother. My first wife. We had stayed close even through the divorce. I knew I had to call her. The first time it rang, she answered and hung up right away. Didn't even say hello. She knew. I called again. She was already crying. I told her. She screamed. I asked where her husband was. Gone to camp. Mom and sister. On a vacation trip. I told her I'm on my way. She lived 25 minutes away.

My wife had to drive. I couldn't trust myself. When we got to my ex's, she had collapsed on the front sidewalk. We hugged and cried together there. My wife drove Elizabeth's parents back to take care of our daughter one last time. She and I sat outside on a neighbor's wall watching the house until they carried our daughter out. When the EMTs carried the gurney out the door to our house with our daughter

wrapped in a body bag, I asked her to stand, our daughter is leaving home for the last time. We hugged and cried together.

We had fought this battle for almost 15 years together. The disease of addiction had and has infected my family for generations. My late mother was an alcoholic, as her father was before her. She obtained sobriety and had over 30 years in AA, where she was an in-demand speaker in many areas as well as a member of the AA congress. She was responsible for bringing sobriety to her children as well. I have never suffered from this disease, even though I have monitored my behavior for the slightest symptoms my entire life.

Elizabeth Michelle Knight wasn't so lucky. She became addicted to opioids. A drug that rewires the brain. A drug that shuts down all pain and stimulates the pleasure sensors, as my therapist described it. Who wouldn't want that, my therapist said.

Opioids overwhelm the senses. I'm not a medical professional, but I am a parent that read all he could on the disease that his child suffered from. I studied every solution. I read everything the internet could provide for years and years, searching for the answer. I would query every medical professional I came across.

I learned that this disease is a killer. In a therapy session before Elizabeth got sober the therapist asked me how long she had been using. At that time, it was about 10 years. The therapist said I needed to prepare myself for her death. If they've been using that long, they don't survive, they die. The therapist had been involved in the detox world for decades.

But one country has found a solution. Portugal has dropped their death rate by over 80%. And it wasn't by jailing the addicts. It was by recognizing that this is a mental health problem. Their research showed that it takes four years to unwire the brain from the need to block the pain and stimulate the pleasure sensors.

Many states have tried jailing the addict. It hasn't worked. The war on drugs has tried to stop the flow of fentanyl, heroin, marijuana, cocaine, etc. It hasn't worked. Too much money to be made. There will always be someone willing to take the risk. Someone to be the next one to be the dealer. Money talks.

The economic costs to the State of West Virginia are astronomical. A lost generation of taxpayers. Elizabeth was nine days from turning 34. She had many, many years left of contributing to society. She worked up to a few months before she entered treatment. She had started to work again 18 months into

her sobriety. I had the ability to support her while she worked on her mental health. As a friend once said, not many can do that.

A relapse can happen and often does. But with the money to be made from mixing with fentanyl, a death from relapse is almost certain. Elizabeth died from a mixture of heroin, meth and fentanyl. We lost not just a daughter or a mother but a bright and intelligent woman who would have been a great benefit to West Virginia in the future. There are many every year just like her. As the numbers of overdoses show.

And there is also the economic impact around the overdosed addict. I know of no study done on the effect on the loved ones left behind, but I can describe what happened to me. I was a successful contributor to our society. I made good money and spent good money. I contributed to charities. I worked hard and was promoted to a leadership position in the company. After Elizabeth overdosed and died, I could no longer think at that level. The grief was overwhelming. I had buried a father I admired and was close to. This was different.

Studying those who have buried a child from an overdose, I find that my story is very common. Marriages fall apart. People step down from stressful jobs, as I did. Some commit suicide to relieve their pain. The “what ifs” haunt you. Many parents have the same feeling I have; I failed my child.

This solution is not more jail time, its mental health treatment. Long term mental health treatment. I propose a different path. The Elizabeth bill.

In cooperation with professionals from drug treatment programs, psychiatrists from WVU, involving addicts, both those with years of sobriety and those still “in the madness”, and parents and loved ones from those who have been lost, this Great State cut a new path. A path that focuses on treating the addict as a person who is sick, not a criminal. To stop causing more trauma, but to be an innovator in saving lives.

Think about how the world would see this Great State. Think of the pride of Mountaineers when our children, mothers and fathers, our loved ones stop dying and instead come back home to enjoy time watching their families grow.

Yes, there will be expenses. Yes, it costs money. So does the loss of a generation of workers. So will the rising jail bills and prison costs that will come from bills like SB 196, which triple minimum sentences for some crimes. Combining those that leave our State with those that die, we are becoming a State of old

folks, like me. Stopping deaths from an overdose, we will find that the gains will far outweigh the costs. Both financially and to our hearts.

I ask our Honorable Leaders to consider a new path. A brave path. An innovative path. A path of mercy. A path of wellness.

I would like the opportunity to speak with any of you before you vote yes on SB 196, or any law that expands jails and prisons, but not health care.

I thank you for your attention.

John Knight

South Charleston, WV

wwirish@outlook.com

304.539.1321

Drew Constable

From: Public Comments
Sent: Thursday, April 3, 2025 7:37 PM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - Michael Mosteller, email - Miknww@aol.com, phone number - (304) 541-0145, org - , zip-code - 25526

Date of Submission: 04/03/2025

I would like to begin by sharing my story. I was lucky enough to avoid the prison system, but addiction is most definitely a medical condition, not a criminal one. When i was in my early 20s around 2005, I had a series of medical procedures. Each time, I was prescribed Lortab 5 mg so I would take one, put the rest away and not use them. I did this several times.

I then had a relatively minor procedure and the doctor prescribed me double the dose. I didn't really catch that information, and when I took one, it was the most euphoric feeling I'd ever felt. I finished off the bottle and had the doctor call in a few more prescriptions because after that first one, I began to feel sick after about 24 hours and had to have another period when he refused to call in more prescriptions, I remembered that I had squirrel some away and went through those pretty quickly, each time, though I would need more and more.

It wasn't long before I was buying them off the street. I justified it because I had a prescription. This began my addiction to opioids. I continued to buy, needing more and more until I was taking oxycodone. I found a pill mill that kept me from being sick. Finally, the doctors who were prescribing these in access were prosecuted, but that left a void. I can promise you that the high from painkillers and the high from heroin is the exact same, no difference at all, because painkillers are made from heroin.

I'm lucky to have a wife who didn't give up on me. She demanded that I get clean, and through suboxone treatment I was able to get clean and stay clean. Every addict I ever ran into said if there was a magic pill they could take that would never make them dope sick again, they would take it and be done with addiction. They also said if they could go back and stop themselves from taking that first dose, they would.

Connection is the cure for addiction, not incarceration. Most people who are caught with a small amount of drugs on them are suffering from the medical condition of addiction. To get to my point, let me share my cousin's story.

My cousin was addicted to a lot of things. Painkillers, Xanax, meth, you name it. She was addicted for the better part of 20 years. She was recently caught with a small supply for herself and did some time in jail. When she got out, she went straight back to her vices. She was on probation and ended up failing a few drug tests, so she went to a drug court, where they uniquely sentenced her to involuntary rehabilitation for 6 months. After she was clean for awhile and she was able to be trusted, they let her live in a halfway

house where she was able to get a job for the first time in her life and she has some limited autonomy outside. She's been clean for months and is a productive member of society. This is the type of support we need for West Virginians addicts.

Before our governor was a governor, he was a lobbyist for the opioid industry. That lit the fire of addiction that has killed so many of my generation. Note that he's Governor, he can sign a bill that will help make it right. We owe it to West Virginians to get them clean, not throw them in prison for a medical condition.

Drew Constable

From: Public Comments
Sent: Thursday, April 3, 2025 7:52 PM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - Edna Gooch, email - Edna.gooch@prestera.org, phone number - (304) 646-4077, org - Prestera/LEAD, zip-code - 25304

Date of Submission: 04/03/2025

I spent 10 years in Federal prison due to a conspiracy to Distribute Cocaine and 4 years of 8 Years of Parole. While incarcerated I Surrendered my Life to God and I now have 22 years of Sobriety. I Work for Prestera as a Peer Support Specialist/Service Outreach Coordinator! I just believe it would depend ok the Nature of the Crime to determine a sentence. There's lots of Great Resources available now to rehabilitate those that struggle with addiction and mental health issues! If you would like to hear more I would be happy to share!

Drew Constable

From: Public Comments
Sent: Friday, April 4, 2025 1:58 AM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - Michael Mosteller, email - Miknww@aol.com, phone number - (304) 541-0145, org - , zip-code - 25526

Date of Submission: 04/04/2025

I would like to begin by sharing my story. I was lucky enough to avoid the prison system, but addiction is most definitely a medical condition, not a criminal one. When i was in my early 20s around 2005, I had a series of medical procedures. Each time, I was prescribed Lortab 5 mg so I would take one, put the rest away and not use them. I did this several times.

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house where she was able to get a job for the first time in her life and she has some limited autonomy outside. She's been clean for months and is a productive member of society. This is the type of support we need for West Virginians addicts.

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Drew Constable

From: Public Comments
Sent: Friday, April 4, 2025 7:00 AM
To: House Judiciary
Subject: Public Comments on SB 196

Contact Info: name - Denise L Hanson, email - Dhrndnr@gmail.com, phone number - (304) 395-3707, org - Mother of only child who died of fentanyl poisoning, zip-code - 25302

Date of Submission: 04/04/2025

1. My name is Denise Hanson. I am a registered nurse who has seen the devastation of what the drug epidemic has done to our community and from the loss of my only child.
2. My son, Greg was vibrant, a school athlete, a determined young man who was incredibly smart and witty.
3. At the age of 14 years, he underwent corrective surgery and a long recovery from a four wheeler accident. At that time a surgeon perscribed him a long treatment with opioids during his recovery.
4. In college and in my professional career we were taught that if a person is in pain, they will not become addicted to opioids. The patients require this medication to recover at a faster pace to avoid other illnesses that would further prolong recovery.
5. My son ended up addicted. For 12 years he fought to stay in recovery from addiction.
6. Due to the mechanisms that make up all of us and make each person different, his personality, his DNA, his hedonic tone and the trauma from the accident, he became a statistic.
7. Greg did not make the choice to become an addict. It was made for him from being overperscribed. I used all the tools that were available to me at the time, but we both ended up being part of this nightmare.
8. My son died a suspicious death from fentanyl poisoning. He was found at JC Penny's, beat up and stabbed with a hot shot of straight fentanyl. Greg's toxicology report stated he had no other drugs in his system but those he was perscribed. He did not have any metabolites from taking illegal drugs. In other words, my son was "clean" abstinent from taking any drugs, in recovery. The amount of Fentanyl he was stabbed with killed him instantly by putting him in cardiac arrest. He was revived with Narcan but less than 20 minutes without oxygen before it was administered, left him on life support.
9. My son was an organ donor and saved 3 US soldiers' lives by giving them his kidneys and liver. How many people who have deliberately gone out of their way to become addicted volunteered to be organ donors?
10. Over the coarse of the 12 years of my son's illness, because that is what addiction is, an illness, it has been scientifically proven, at NO TIME, DID GREG SAY I WANT

TO BE ADDICTED TO DRUGS!! Greg went through so much of a battle to fight his brain chemistry that became addicted after taking one perscribed pill.

11. Not everyone is the same, that is why some folks recover from certain cancers vs others who do not survive from the same cancer.
12. Portugal devised a system of treatment for this illness vs creating more incarceration. Their plan worked and they have drastically reduced the numbers of overdose deaths and fentanyl poisoning into a single digit percentage.
13. Although I hole heartedly agree with some of Bill 196. I greatly disagree with several points written within the bill.
14. It appears this Bill will return us to the days when police went after the little man in hopes of catching the big man. The detective who investigated Greg's death said that was the system they used previously but it did not work. That in 2016, their goals were to let the little guys go to catch the big fish. The main drug dealers.
15. Punishing a young adult or teenager who is experimenting or taking a pill or decided to try marijuana or who has become addicted from being perscribed opioids, or someone who is self medicating due to their mental illness is not the answer.
16. Bill 196 needs to go back to the drawing board and not voted into law.
17. The way it is written with the amount of drugs for first time offenders is too high a cost. 3 years in prison and a felony to follow them the rest of their lives.
18. Are you aware of how hard it is to overcome a felony? It is a death sentence in this state. No one will hire someone with a felony. Without a job they can not become productive members of society. They are being punished for having a mental illness. The CDC, CADCA and the WHO all recognize addiction as a mental illness. When are you, the law makers of this state going to wake up.
19. Or is your goal to just get rid of anyone who tries an illegal substance. Build more prisons to house them, make them become part of the system of individuals dependent on the government to survive?
20. How many of you are preaching for this bill and have used or bought an illegal substance? How many have had your children try one type of an illegal drug? Your children are better than ours? Is that what you are trying to say?
21. Finally, look at the economic impact of how our community has suffered from this epidemic on a different note. I am one of those parents who had to step down from being a charge nurse, had to change my career. The stress of experiencing the death of a child has huge ramifications on the family. The guilt, the stress the anguish leaves us broken, unable to perform or make decisions we used to make by the second. There are thousands of parents who are now on disability because they can not work or worse, they committed suicide after the loss of their child or children. The folks who can no longer work are dependent on the government to survive.
22. Is this your ultimate goal? To continue this coarse so more and more people become dependent on you to survive vs being productive members of society?
23. Again, I want to emphasize the mental illness that draws people to self medicate. I bet every evening over half of you go home and have a glass of wine, a beer, or a bourbon to relax from your hard day at work. What do you think that form of drink is called? It is defined as self medicating.
24. Finally, I want to say that again I agree with the last part of this Bill. Drug dealers have become serial killers. Anyone who sells drugs today knowingly does so knowing they are playing Russian Rulete.

25. Bill 196 is not the answer. It needs to be rewritten. More money needs to go to mental health initiatives for recovery of an illness.
26. Reading this Bill reminded me instantly of John Knox and his vendetta to kill witches. However we all know now the majority of these so called witches were nearly healers of their communities or the elders speaking out against the aristocracy or overusing King at the time.
27. Thank you for taking the time to read my comments and hear about my son.

Drew Constable

From: Public Comments
Sent: Friday, April 4, 2025 11:24 AM
To: House Judiciary
Subject: Public Comments on SB 196

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I beg u not to vote for sb 196. We need treatment not prison time

Written Testimony of FWD.us in Opposition to SB 196
West Virginia House Committee on the Judiciary
April 7, 2025

FWD.us respectfully submits this written testimony in opposition to SB 196 because it falls short of the well-intentioned goals to improve public safety, curb drug use, and lower overdose deaths in West Virginia.

FWD.us is a bipartisan political organization that believes that America's families, communities, and economy thrive when more individuals are able to achieve their full potential. To that end, FWD.us has worked to advance common-sense criminal justice reforms that prioritize public safety, fairness, and fiscal responsibility in some of the nation's highest incarcerating states, including Oklahoma, Mississippi, and Arizona.

Lengthy sentences for drug offenses do not work to keep drugs out of communities.

Starting in the 1970s, states across the country and the federal government began to enact mandatory minimums and other harsh drug penalties similar to those proposed in SB 196 in an effort to curb the use and availability of drugs in our communities. However, since then, a growing body of evidence has shown that these harsh measures have not achieved their intended goals. Research has consistently found that increasing penalties and imposing lengthy prison terms are not effective in deterring drug use or sale.

For example, a 50-state analysis of drug imprisonment rates found that higher imprisonment rates for drug offenses did not result in lower rates of drug use, arrests, or overdose deaths.¹ In other words, harsh penalties for drug crimes do not lower drug problems. Incarceration is particularly ineffective for drug sale offenses because of the impact of the “replacement effect” – when a person gets incarcerated for selling drugs, someone else will replace them to supply the same drugs to the community as long as demand remains unchanged.² The extended prison sentences proposed in SB 196 will increase the prison population and corrections costs without addressing the underlying issues related to substance use.

Additionally, lengthy prison sentences for drug offenses can have the opposite effect of what is intended. Research indicates that long prison terms can make people convicted of drug crimes

¹ The Pew Charitable Trusts, “More Imprisonment Does Not Reduce State Drug Problems,” March 2018, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>

² Mark A.R. Kleiman, “Toward (More Nearly) Optimal Sentencing for Drug Offenders,” Criminology & Public Policy 3, March 2006, <https://doi.org/10.1111/j.1745-9133.2004.tb00051.x>

more likely to commit crimes in the future rather than less.³ Rather than rehabilitating, extended incarceration often makes reintegration after release more challenging, undermining public safety rather than improving it.

In light of this growing body of evidence, many states, spanning the political spectrum, have taken various steps to reduce drug penalties in the last 15 years. These evidence-based reforms include reclassifying simple drug possession to a misdemeanor, eliminating or limiting mandatory minimums, and limiting sentence enhancements that significantly increase prison stays.⁴ The federal government has also taken steps to right-size federal drug sentences, most notably through the 2018 First Step Act, signed into law by President Trump. The First Step Act, regarded as one of the most significant federal criminal justice reforms to date, narrowed the application of sentence enhancements for people convicted of multiple drug offenses and expanded judicial discretion to allow judges greater flexibility to depart from mandatory minimums, among many other data-driven reforms to federal drug sentences.⁵ Should West Virginia pass SB 196, it would not only go against well-established research findings, but it would also be at odds with the bipartisan movement to advance data-driven reforms to drug sentencing at the state and federal levels.

Evidence-based approaches are more effective at addressing substance abuse and preventing drug sales.

The rising prevalence of fentanyl is a serious and concerning issue, and every fatal overdose is tragic. This makes it all the more crucial that state leaders respond with data-driven measures that have been proven to address substance abuse effectively.

West Virginia is currently experiencing a notable decline in overdose deaths absent the proposals in SB 196, thanks to evidence-based public health measures. State data shows that overdose deaths decreased by 38% in January through July 2024 compared to a similar period in 2023.⁶ Notably, overdose deaths are declining at a higher rate in West Virginia compared to the national average – a true testament to the effectiveness of the data-driven measures in place.

³ Cassia Spohn and David Holleran, “The Effect Of Imprisonment On Recidivism Rates Of Felony Offenders: A Focus On Drug Offenders,” *Criminology*, 40(2), 329-358, <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1745-9125.2002.tb00959.x>

⁴ Vera Institute of Justice, “Drug War Détente? A Review of State-level Drug Law Reform, 2009-2013,” <https://vera-institute.files.svdcdn.com/production/downloads/publications/state-drug-law-reform-review-2009-2013-v5.pdf>

⁵ Congressional Research Service, “The First Step Act of 2018: An Overview,” March 2019 <https://crsreports.congress.gov/product/pdf/R/R45558>

⁶ West Virginia Department of Human Services, “West Virginia Department of Human Services Continues Progress in Reducing Overdose Deaths,” January 2025, <https://dhhr.wv.gov/News/2025/Pages/West-Virginia-Department-of-Human-Services-Continues-Progress-in-Reducing-Overdose-Deaths.aspx>

Increasing drug penalties as proposed by SB 196 will not lower overdose deaths any faster. Doubling down on ineffective and costly proposals such as SB 196 will divert limited public funds to prisons that could otherwise be used to scale up the public health strategies that are already in place and working. West Virginia needs to continue responding with public health measures that have been proven to address substance abuse rather than resorting to excessive imprisonment for drug offenses.

Additionally, studies have highlighted that most people engaging in drug sales rarely make substantial earnings and estimate that 67-80% of people sell drugs to supplement their low-paying jobs, underscoring the connection between poverty, economic conditions, and the drug market.⁷ In this case, expanding economic opportunities and addressing people's material needs would be far more effective at preventing people from engaging in drug sales than imprisonment.

The evidence-based approach aligns with the views of West Virginia voters, who understand that harsh penalties are an ineffective way to curb the use and availability of drugs in the state. Voters want evidence-based solutions, and the legislature should heed their call. A new poll conducted by Mark Blankenship Enterprises found that 65% of voters and 6 in 10 Republicans support eliminating mandatory minimums for drug offenses. Voters also believe the best way to keep West Virginia communities safe is through investment in prevention, housing, job training, and drug and mental health treatment (65%) rather than increased jail and prison sentences (32%).⁸ These results demonstrate that West Virginia voters want data-driven solutions and don't want to repeat the same over-incarceration policies that have been destructive to families, the workforce, and taxpayer dollars.

For the reasons highlighted above, FWD.us urges the committee to reject SB 196. We thank you for the opportunity to submit written testimony and for considering our thoughts.

⁷ The Sentencing Project, "The Economics of Drug Selling: A Review of the Research," April 2003, <https://static.prisonpolicy.org/scans/sp/5049.pdf>

⁸ Mark Blankenship Enterprises, "New Poll Shows Strong, Bipartisan Support for Criminal Justice Reforms in West Virginia," March 2025, <https://www.fwd.us/wp-content/uploads/2025/03/WV-Poll-Memo-March-2025.pdf>