

Ohioans to Stop Executions

Criminal Justice Issues and Prisoners' Rights

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[Hannah Kubbins](#) / February 5, 2018

As the overdose crisis continues to devastate Ohio's families, it has forced many difficult conversations about how the state as well as the nation approaches addiction. In this state, the governor, legislators and local officials have recognized that the most effective way to address problem drug use is through treatment and rehabilitation, rather than punishment.

For many decades, the dominant narrative about addiction painted it as a moral weakness, a character flaw that a person could overcome primarily through sheer willpower. This spurred Ohio and most other states to emphasize criminal law, its harsh enforcement and prisons to deter drug use and drug-related crime.

In the wake of the opioid crisis, this popular narrative has begun to shift. We now understand addiction as a chronic health condition, which results from a complex combination of factors like genetics, childhood experiences, and social and economic environment. Exposure to habit-forming substances like drugs and alcohol, along with other mental and physical health conditions, often determine the severity of a person's addiction and how well he or she can keep the compulsive behavior at bay. This more-complete understanding has spurred policymakers to expand investment in prevention, treatment and support services.

But this shifting approach won't benefit many Ohioans whose criminal sentences date back to the era of the tough approach to drug use. As a professor and scholar of how our society deals with drug use, I was struck by recent news of Ohio's plan to kill Raymond Tibbetts on Feb. 13. This decision is fundamentally unjust in view of Tibbetts' history of untreated addiction. It is also wholly inconsistent with our current effort to address substance use as a health issue.

Like many death row inmates, Tibbetts struggled with severe drug and alcohol addiction for much of his life. Both his parents were severe alcoholics and struggled with drug addiction. Tibbetts grew up in a poor, abusive household replete with the kinds of adverse childhood experiences that are some of the surest risk factors for addiction. Tragically, the state placed Tibbetts and his siblings in a foster-care setting where they suffered even more physical and emotional trauma. Though this was well documented, Tibbetts never received the mental-health support he needed to deal with the history of horrific abuse. Unsurprisingly, he began using alcohol and other drugs by the age of 14. By 18, he was living on the streets and running afoul of the law.

To his credit, Tibbetts repeatedly tried to break his addiction. He began seeking help in 1982 while he was incarcerated and continued to seek help after his release through the early 1990s. By the late 1990s, he was employed, in a relationship, had a newborn son and seemed to be getting his life back in order.

In 1996, Tibbetts was injured on the job and was prescribed powerful opioids, without adequate supports that his history of addiction would dictate. Compounded by unemployment and unaddressed mental illness, the drug regimen he received sent Tibbetts spiraling into relapse. During this time, while highly intoxicated on drugs and alcohol, Tibbetts took the lives of Sue Crawford and Fred Hicks. His addiction, combined with decades of severe and untreated mental health problems rooted in a traumatic childhood, led him on a path to disaster.

While Tibbetts' addiction and underlying mental-health issues in no way excuse his crimes, modern understanding of how to treat and support people in recovery shines a different light on these tragic events. Thanks to scientific advances, we know today that addiction impairs choice and decision-making. Just as our leaders seek compassionate, science-based public-health policies to combat opioid addiction, Gov. Kasich should apply this same compassion to Tibbetts in considering his request for clemency to life in prison without the possibility of parole.

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