

Chair LaRe, Vice Chair Swearingen, Ranking Member Leland, and Members of the House Criminal Justice Committee thank you for allowing me the opportunity to provide proponent testimony on House Bill 356, commonly referred to as the Comprehensive Ohio Drug Addiction Solution or CODAS.

I started work on this legislation about six years ago with Rep. Boggs, and have in the process talked with dozens of groups and individuals to reach the current language of the bill. I would like to thank Rep. Loychik and Rep. Bird for proposing the legislation this term.

There are many different bills that are introduced every year, and many of them are worthy of being passed. However, what is needed is a comprehensive approach to tackling the drug epidemic and understanding why Ohio has become ground zero of it. This bill helps to address many of the different problems of the epidemic with solutions.

One of the things we need to do first is to not treat those who are severely addicted as criminals, but get them the treatment that they need. Addiction is a mental illness. Most treatment today does not work because it is not enough. This will offer the opportunity to have in-patient treatment and supervised out-patient treatment for up to three years. Studies show that this is a disease of the brain and even after a year of abstinence, the changes wrought from the addiction is little different from a person who is actively using. This is why the success rate of our current treatment, no matter how expensive and no matter how many drugs are used, is around 10% and the average person relapses 6 or 7 times before succeeding. However, if you have enough time the brain does heal, and we've seen that after 3 years – where the chance of relapse is diminished by up to 90%. There is hope for those who are addicted. This bill offers the chance at success rather than continuing the same methods that clearly are not working.

With more people seeking treatment it will help to free up jail and prison space in order to put those who are perpetuating this epidemic behind bars. Currently our penalties for drug trafficking are pathetically weak. Right now someone with a clean record could sell up to 1g of fentanyl, enough cause overdoses in up to 500 people, and would receive an F5 with presumption against a prison sentence. Ohio has become a corridor of drug trafficking thanks to our major highway systems, central location and light punishment for dealers. This combination has resulted in Ohio becoming the 3<sup>rd</sup> highest state in terms of drug overdose deaths, which is only rising. By increasing the penalty for drug trafficking to an F2 and making it an offence of violence, we are letting traffickers know that Ohio is not open to the sale of drugs. While the addiction treatment centers of which I just spoke treat one end of the problem in a way that has never been tried, a rational punishment system for those that are killing vulnerable Ohioans is the other part of this comprehensive solution. There are many other parts.

There still exists some over prescribing of opioids. Current law allows for an initial prescription to be up to 7 days, when the chance to become addicted to opioids can take only 5 days. The bill would reduce initial prescriptions to 3 days. Though the health licensing boards can still develop rules for circumstances under which an initial prescription can be longer than 3 days.

The current strategy to curb the drug epidemic has not been working, it is time that we tried a new and comprehensive solution so that we can finally tackle this terrible cloud hanging over Ohio.

Thank you once again for allowing me to provide testimony; I am happy to answer any questions.