

SB 288 Proponent Testimony
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Central Ohio Harm Reduction (COHR)
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Dear Chairman Manning, Vice-Chair McColley, Ranking Member Thomas, and members of the Senate Judiciary Committee, thank you for the opportunity to offer proponent testimony for the Good Samaritan provisions of SB 288, as well as offering three additional amendments.

My name is Kerri Symes. I reside in Summit County currently and split my time between northeast and central Ohio. I earned my bachelor's degree in social work and have experience working and volunteering with mental health and substance abuse populations. This legislation is important to me professionally as a social worker, but also personally.

Good Samaritan laws intend to protect people from prosecution for low-level possession when they call for help in the event of an overdose, with the hopes that this will encourage people to save the lives of those around them. Ohio's legislation leaves a lot to be desired as the scope of that protection is very narrow. Very large portions of the population most impacted by this legislation are exceptions to it.

An additional barrier the current legislation presents is that it is confusing for most of my clients, and frankly most professionals I work with in my field. There is very little public education and public exposure to the laws. But more problematic in my experience, is that the legislation creates doubt within the population it is intended to help. Because there are so many exceptions and situations in which it does not provide protection, clients report that they would rather just not take a chance and not use it at all. It is far too risky in their minds because it is unclear for them. Do you know what that means when it comes down to it? Death. A lot of death, and if the person overdosing does survive, it usually means they have much more damage from the incident than if their peers had the ability to call for help. More time without oxygen to their brains. It means that these people who are quite literally dying in front of others, who may be their friends, family, neighbors, etc., are abandoned. Everyone runs for safety and leaves the dying person there. If the person overdosing is lucky, maybe someone will put them out on the sidewalk or street with the hopes that a passerby will find them and call 911. One rare time I did have a client who was put on the sidewalk while a peer called them in anonymously on a payphone reporting their location. That person did manage to survive. Most of the others I've encountered did not.

But the Good Samaritan law is a really positive and powerful concept when properly employed. A very close loved one of mine was overdosing quite a while back. They were fully engulfed in a heroin addiction after serious trauma. They were using with their two closest friends, using from the same source they always did and placed unearned trust in. My loved one and one of their friends shot up first. They both went down before the third could take their turn. Thank God that third friend knew about the Good Samaritan law. They got help immediately and saved my loved one's life, as well as their other friend. However, this lifesaver wasn't actually protected by the

legislation as it stood and continues to stand in Ohio, as they were on probation. It was only by luck that they encountered an officer who had compassion for their situation who was able to resolve it without incident. That officer had compassion that the legislation lacks and desperately needs. I cannot believe that my loved one's best friend would still be incarcerated right now just for trying to save my loved one's life if that officer had not fought for them and for what they believed was just and fair, at the risk of their own career admittedly.

As a professional and as a human who believes in saving lives and offering as many opportunities for recovery and rehabilitation as it takes, I beg the committee to please hear me out. That loved one I talked about is now clean and sober and has been for some time. They are back in their children's lives. They are in a new career they love and have a natural talent for. They have found love and will be getting married soon. They are still in my life because of this legislation, but not all get this chance. If we do not pass Good Samaritan expansion, our communities will continue on this way. People will continue to be confused and doubt their immunity. People without immunity will continue to abandon those that desperately need their help, even if they love them more than anyone else in the world, because we make it unsafe for them to do the right thing. People will continue to become more permanently disabled and ill from an extended length of time without oxygen. People will continue dying, with the ongoing global pandemic precipitating record rates of relapses, ODs and related deaths throughout Ohio.

I think we have a very good start to something that will make an impact on the effects of the opiate crisis here. We must build upon the existing Good Sam legislation to protect and heal our communities, which have been hit so hard by this crisis in all parts of the state. Senator Manning of District 13 introduced SB 288 which would expand Ohio's current Good Samaritan law to also cover drug paraphernalia. We applaud this effort and support it wholeheartedly. With a few additional amendments, this legislation can accomplish the goals the original intentions set in motion- saving lives without increasing incarceration, criminalizing people for doing the right thing, or straining law enforcement who are already overburdened in the opiate crisis. If we expand the scope of protection the legislation offers, we will save more lives. It is that simple.

Our three requested revisions are as follows:

First, remove restrictions for those on parole and probation. Any restrictions on Good Samaritan policy will result in the loss of lives that could be saved and we are here to value and save every life. Additionally, those on parole and probation need this legislation the most! Not only are they the most fearful of calling authorities, but people released from prison and jail are at a critical risk of overdosing. This is generally because their tolerance has lowered with time away from the substance, but they return to society and attempt to use similar amounts as they did before leading to alarming overdose rates. Many groups, including ours, target these populations with harm reduction efforts such as Narcan distribution because of the available data supporting it on the matter. It is time the legislation follows. Additionally, we recognize that the highest recent increases in overall OD rates in Ohio are among Black men. Black men are grossly

overrepresented in Ohio's carceral system, which means that they, as the population whose rates are most concerning, are left out of this protection at inequitable rates.

Second, we wish to remove limitations on how many times an individual can receive the immunity. There should be no limits on how many times you can save a life. In certain areas people we do outreach with will report to us that they see multiple ODs a day. Sometimes within the same group and time, sometimes at repeated variables throughout the day. It is not uncommon for us to witness multiple overdoses in one day ourselves, even with just one individual person. It is somewhat common that a person revived with Narcan will overdose again when the Narcan wears off, particularly if they had extraordinarily large doses in their system or more commonly if they try to use more of the substance to stop the suffering from withdrawal symptoms Narcan induces. The people who love them deserve to request help again. To save their lives again. The person overdosing deserves another chance to live. To be saved as many times as it takes, for every life is valuable. That every life has inherent worth and value is not just a personal belief but one that is built into the Social Work Code of Ethics that we are bound to serve by. Overall we also believe that it is a moral duty to let those in a position to save the most lives, save the most lives. Without fear of what it means for their life. Bottom line, ethically and morally, there should never be punishment for saving a life, let alone saving multiple lives.

Third and finally, we request that treatment assessment requirements are removed from the legislation. Not all those who are in possession of drugs or drug paraphernalia are addicted to drugs or in need of treatment. I can speak from the social work perspective when I tell you that treatment centers in our state are already working beyond capacity and that this requirement places additional burden on them, which costs lives. I cannot tell you how many clients I've had who have come to me telling me they are ready to go detox, but I cannot find them a bed in a timely fashion. It typically works out that clients have a specific window of time where they are ready to get help. If they can't immediately commit to a program and start that day, that timeframe closes. They lose their courage, start feeling withdrawals without necessary support, are encouraged by others not to enter programming or are told horror stories discouraging them, they give up hope, they lose what childcare they had lined up, and more. We cannot clog up the system with people who do not need these services and that is what the current legislation does. Most importantly, you will find over and over and over again in literature, treatment is most successful when it is voluntary. When resources are scarce, we need to direct them to those who have the best chance of success and recovery. That is unfortunately just not people who are being mandated into a program.

In closing, this legislation is extremely important to my work and to my personal life. I shared just one story of a loved one for whom this law impacted their chance of survival and recovery. I could share dozens just from my personal life. From my professional life, I could count in the hundreds how many people I've worked with who are directly impacted by this law- the people who were overdosing or who have died, their loved ones, the ones who were brave enough to call for help but who were scared and traumatized in the process, those who were too scared to seek help and carry guilt the rest of their lives, and those who were brave enough to seek help, but are now being punished for it.

I appreciate you allowing me time and space to provide my testimony and I thank you for listening with an open mind. I urge you to approve the Good Samaritan provisions in SB 288 and strongly consider adopting our three additional amendments.

Sincerely,
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