

Senate Judiciary Committee
Proponent Testimony Ohio Senate Bill 288
Dr. Sydney M. Silverstein
February 28, 2022

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 suggestions for how this bill could be expanded to maximize its potential to prevent unnecessary overdose death.

My name is Sydney Silverstein, and I am an assistant professor and researcher at the Wright State University Boonshoft School of Medicine. While I am testifying on behalf of myself, and not my institution, I present my opinion as a scholar with decades of experience conducting public health research with people who use drugs, people in treatment for substance use disorders (SUD), and people in recovery from SUD. The testimony provided here draws on over a decade of experience working with these populations, and four years of experience working with these populations in the State of Ohio. I draw on my extensive ethnographic research experience with people who use drugs in the state of Ohio, as well as people who have been impacted by the ongoing crisis of overdose death, to offer the following testimony in support of the Good Samaritan provisions of SB288, as well as to propose three additional amendments to this Bill.

In 2021, along with two colleagues from The Ohio State University, I received a grant to study the utility and efficacy of Ohio's Good Samaritan Laws among people who use drugs in Dayton and Columbus. While I am still in the process of data collection, preliminary findings from our research show that, while Good Samaritan Laws are deeply appreciated by people who witness and respond to overdose, the protections afforded by them are insufficient. People who are witnessing overdose in Ohio remain scared of interactions with law enforcement in the context of overdose response and continue to worry about being arrested or having their lives disrupted because they summoned lifesaving support. Currently, more education and awareness about the breadth of protections offered by the Good Samaritan provisions of SB 288 need to be expanded, but the power of these provisions could be so much greater if we acknowledge the realities of the individuals who are most frequently witnessing overdoses and expand protections of the Good Samaritan provisions to truly empower these individuals to summon the lifesaving support of first responders without fear.

To fully realize the potentials of Good Samaritan Laws as a tool of preventing unnecessary overdose death, it is crucial that we remove restrictions on the use of the law, and expand the protections offered by it, so that fear never holds an individual back from calling on the lifesaving support of first responders.

Three Requested Revisions:

- 1. Remove restrictions for those on parole and probation (community control or post release-control).**

Main Points:

1. Any restrictions on Good Samaritan policy will result in the loss of lives that could be saved. We are here to save every life.
2. Much research shows that people with substance use disorders are entangled in the justice system and expanding protections to individuals on supervised release is crucial.
3. Those under community control and post release-control need this legislation the most, as they are the most fearful of calling authorities.
4. People released from prison and jail are at heightened risk of overdose after release
5. The highest increase of overdose death rates in Ohio are among Black men. Black men are overrepresented in Ohio's carceral system and so are underrepresented in protection from the Good Samaritan policy.

2. Remove limitations on how many times an individual can receive the immunity.

Main Points:

1. There should be no limits on how many times you can save a life.
2. In hard-hit communities, some people are responding to more than two overdoses in a week, sometimes even in a day.
3. Let those in a position to save the most lives, save the most lives.
4. There should never be a penalty for saving a life.

3. Remove treatment assessment requirements.

Main Points:

1. Not all those who are in possession of drugs or drug paraphernalia have a substance use disorder or in need of treatment.
2. Requiring treatment creates an unnecessary burden on treatment centers that are already working beyond capacity. Slots in these facilities should go to people who need treatment and are ready for it.
3. Treatment is most successful when it is voluntary. As my own research has shown, autonomy and self-determination can be crucial elements in a recovery narrative.

I ask you to consider my testimony and support the current language regarding the Good Samaritan law in SB 288 as well as adopting the three amendments proposed here. Thank you again for the opportunity to testify.

Sincerely,

Sydney M Silverstein

Sydney M. Silverstein, PhD