

SB 288 Interested Party Testimony submitted by:

Amy Bush Stevens, MSW, MPH Vice President Health Policy Institute of Ohio Feb. 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 interested party testimony for the Good Samaritan provisions of SB 288.

The Health Policy Institute of Ohio (HPIO) is an independent and nonpartisan organization. Our mission is to advance evidence-informed policies that improve health, achieve equity, and lead to sustainable healthcare spending in Ohio.

Since 2018, HPIO has cataloged and assessed state-level policy changes and identified strengths, gaps and opportunities for improvement to address addiction and overdose deaths. After a comprehensive review of data and research evidence on what works to save lives, HPIO brought stakeholders together from around the state to identify the most important addiction policy priorities to address in 2022.

As described in the resulting policy brief <u>Taking Action to Strengthen Ohio's Addiction</u> <u>Response</u>, the first recommendation is to remove all barriers to overdose reversal, including improving Ohio's Good Samaritan law by removing limitations related to paraphernalia, parole or probation status, treatment requirements, and the number of times a bystander can receive immunity.

SB 288 would remove one of those limitations by allowing Good Samaritan protections to be extended to drug paraphernalia possession. This is a good start for improving Ohio's law. However, more overdoses can be prevented if the following additional changes are made to Ohio's Good Samaritan policy:

- Remove the restriction on the number of times a bystander can receive immunity
- Remove limitations on legal immunity related to parole or probation status (community control or post release-control)
- Remove the provision requiring a person to seek addiction treatment to be eligible for immunity

Simplifying Ohio's Good Samaritan Law would save lives

Drug overdose deaths are preventable and there are many ways to deter and reverse overdoses. A strong Good Samaritan policy is an important part of a comprehensive policy response¹ that respects the dignity of all people and acknowledges the complex reality of the current phase of the overdose epidemic. Ohio must send a clear, simple message that seeking help to save a life is always the right thing to do. Without bold and urgent action, thousands of Ohioans will continue to die each year, leaving behind grieving families and untapped potential.

Fear of arrest is cited as a common barrier to calling 911 during an overdose², and law enforcement officers report that Good Samaritan Laws have improved public perception of law enforcement.³ A 2017 study found that those with knowledge of their state's Good Samaritan Law were three times more likely to call 911 if they witnessed someone experiencing an overdose.⁴

Ohio's Good Samaritan law is overly complex

Ohio appears to be the only state that has a restriction on the number of times a person can be covered by the Good Samaritan law. The lack of protection for people on probation or parole is also unusual among states.⁵ The result is an overly complex policy that is difficult to communicate. Ohio stakeholders report that awareness of the law is low, leaving many too fearful to call 911.

A pragmatic approach that empowers families is critical to combat fentanyl

The number of Ohioans who died from drug overdose rose 54% from 2015 to 2020.⁶ Since 2016, fentanyl and related drugs have been the most common drugs present in unintentional overdose deaths in Ohio.⁷ A 2021 study estimated that 93% of the change in unintentional drug overdose deaths in Ohio from 2009 to 2018 was explained by changes in the lethality of the drug supply.⁸

Fentanyl can kill quickly and requires an intensified and streamlined response to overdose prevention. Friends and family of people who use drugs are on the front lines and should be equipped with all the tools needed to save lives—including access to naloxone (the overdose reversal medication) and the ability to call for help without fear of being caught up in the criminal justice system.

A stronger Good Samaritan Law can be part of a multi-pronged approach that maximizes support and encouragement, rather than stigma and punishment, and empowers communities to build paths to recovery that minimize the unsafe conditions that lead to overdoses.

HPIO resources

- Addiction Evidence Project: Taking action to strengthen Ohio's addiction response
- <u>HPIO Addiction Evidence Project Fact Sheet: Refocusing Ohio's approach to overdose deaths</u>

 Ohio addiction policy scorecard: Overdose reversal and other forms of harm reduction

https://www.tandfonline.com/doi/abs/10.1080/08897077.2017.1387213?journalCode=wsub20

⁵ The Network for Public Health Law. Legal Interventions to Reduce Overdose Mortality: Overdose Good Samaritan Laws, August 2021. <u>https://www.networkforphl.org/resources/legal-interventions-to-reduce-overdose-mortality-overdose-good-samaritan-laws/</u>

⁶ 2015 rate is from CDC WONDER. 2020 rate is based on provisional deaths data provided by CDC for Dec., 2019 - Nov., 2020 and U.S. Census Bureau July 1, 2020 population estimates. Additional analysis by HPIO.

⁷ Ohio Department of Health, Drug overdose death reports, 2016-2019:

https://odh.ohio.gov/wps/portal/ gov/odh/know-our-programs/violence-injuryprevention-program/injury-data/injury-data

⁸ Hall, Orman E., O. Trent Hall, John L. Eadie, Julie Teater, Joe Gay, Meelee Kim, Dennis Cauchon, and Rita K. Noonan. "Street-drug lethality index: A novel methodology for predicting unintentional drug overdose fatalities in population research." Drug and alcohol dependence 221 (2021): 108637. doi: 10.1016/j. drugalcdep.2021.108637

¹ Drug Overdose, Strategies and Partnerships. Center for Disease Control. Accessed 12/14/2021. <u>https://www.cdc.gov/drugoverdose/strategies/index.html</u> and WWFH]

² Follett K. Between life and death: The barriers to calling 9-1-1 during an overdose emergency. Waterloo Region Crime Prevention Council. 2012:1-45. See also Banta-Green C J, Beletsky L, Schoeppe JA, Coffin PO, Kuszler PC. Police officers' and paramedics' experiences with overdose and their knowledge and opinions of Washington State's drug overdose-naloxone-Good Samaritan law. Journal of Urban Health: Bulletin of the New York Academy of Medicine. 2013;90(6):1102-11. http://preventingcrime.ca/wp-content/uploads/2015/05/911Report.pdf

³ Davis CS, Ruiz S, Glynn P, Picariello G, Walley AY. Expanded access to naloxone among firefighters, police officers, and emergency medical technicians in Massachusetts. American Journal of Public Health. 2014;104(8):e7-e9. <u>https://pubmed.ncbi.nlm.nih.gov/24922133/</u>

⁴ Jakubowski, A. et. al. Knowledge of the 911 Good Samaritan Law and 911-calling behavior of overdose witnesses. Substance Abuse Journal. October 3, 2017.