



October 23rd, 2023

HB 230

Opponent Testimony
Minister Blyth Barnow
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Dear Chairman Ghanbari, Vice Chair Plummer, Ranking Member Thomas, and members of the House Homeland Security Committee, thank you for the opportunity to offer opponent testimony for House Bill 230.

My name is Minister Blyth Barnow, I live in Newark Ohio and I am the Director of HEAL Ohio where I convene the Statewide Harm Reduction Policy Table. We started with 5 members two years ago and have since grown to over 150 members. The table includes service providers, clergy, grassroots harm reduction leaders, people who have lost loved ones to overdose, and most importantly, people who use drugs. Together we support one another to raise our voice and get involved in the legislative process in our state in order to prevent unnecessary death. I am also a founding member of the Harm Reduction and Overdose Prevention Ministry of the United Church of Christ at the National Setting, as well as the lead for that ministry locally in the Heartland Conference.

I came to my work and my ministry after losing a former partner to an accidental overdose back in 2004. Since then I have continued to lose people who are dear to me. My heart broke again last week when I listened to family members tell the harrowing stories of their children's preventable deaths. I recognized their rage, devastation, and desperation. While I have not lost a child, I know well the sort of grief that hollows you from the inside out. I lived with that grief for decades, until I was introduced to a new way forward.

When the person I loved overdosed in a hotel room, there was someone with him and that person left. For a decade I hated them. Any chance I had I wished them ill. I wanted them to suffer, I craved their punishment. We'd been friends since middle school but everything I loved about them disappeared for me after my partner's death. I blamed them and I wanted them to suffer as much as I was. I like to think I am a loving and compassionate person, but my partner's loss robbed me of my compassion and left me empty. Hard hearted.

That changed for me in 2014, when the person I blamed for my loved ones death, also died of an overdose. To my surprise, I was devastated. When faced with what I'd wished for, I felt nothing but shame and ever deeping grief. That person had a child, I knew their family, I knew the heartbreak of the loss they were now overcome by. It was then that I learned intimately, that



while vengeance may sound good in theory it only brings shame and exacerbated grief when it arrives.

The truth is, nothing is ever as simple as we want it to be. There are always layers that lead to every loss. Tidy, faultless narratives that paint a clear picture of who the “bad guy” is, offers comfort that is far too shallow. We deserve more than oversimplified stories. We deserve nuanced and careful solutions.

Like most who are dying today, my partner was not the victim of a sports injury, or an overprescription of opioids from a doctor. He used illicit drugs. He helped sell and, yes, traffic illicit drugs. And he still did not deserve to die.

Over the past few weeks I have listened to testimony for this bill and I have heard people devastated by loss. And from that pain I have heard calls for vengeance and punishment. I’ve heard people speak as if there is an “us” and a “them”. I have heard people float ideas like mandatory minimums, involuntary treatment, and increased penalties. These are solutions driven by blind rage and grief. Which is to say they are not solutions at all. In fact they can only bring more suffering.

For 4 years I worked alongside others to expand Ohio’s Good Samaritan policy, in the hopes that people might trust it enough to call for help in the event of an overdose. It was my attempt to honor my partner by preventing avoidable deaths, like his, from happening again. We passed some meaningful expansion as part of SB 288 last year, but this bill threatens the modest advancement we’ve made. When people fear prosecution, preventable deaths increase.

This legislation leans into a failed trend that we have seen across the country. HB 230 not only increases penalties for “trafficking”, assuming that those struggling with substance use and those supporting the import of illicit drugs are not the same individuals - which they frequently are, but it also seeks to require coroners label fentanyl related overdoses “fentanyl poisoning” instead of simply a fatal overdose, which would support prosecutors in prosecuting people in those deaths.

“Analyses of drug-induced homicide practices in jurisdictions in New Jersey, Tennessee, North Carolina, Illinois, Louisiana, and New York, found that despite dramatic growth in drug-induced homicide prosecutions, all of the jurisdictions experienced significant increases in overdose deaths, ranging from 7.6% to 20.1% in a single year...

DIH laws are premised on the theory that they will reduce supply by incarcerating and eliminating entrepreneurial drug sellers or “kingpins.” In Vermont, for example, legislators



explicitly stated in legislation authorizing drug-induced homicide prosecutions that the provision was not intended to be directed at small-scale sellers and users. In practice, however, DIH laws have almost exclusively been used to prosecute and imprison low-level dealers or friends and family of the deceased. This is likely in part due to the challenge of proving charges against drug sellers two or three levels removed from the actual death, as compared to pursuing charges against someone who was present at the scene of the overdose...

In the early 2000s in New Jersey, 25 out of 32 drug-induced homicide prosecutions were of friends of the decedents who did not regularly sell drugs. In southeastern Wisconsin, an analysis of 100 drug-induced homicide prosecutions similarly found that close to 90% of the defendants were either friends or relatives of the decedent or low-level dealers selling to support their own drug use. And in Illinois, a review of drug-induced homicide prosecutions indicated that the person charged was typically the last person who was with the decedent before their death and was often a friend, rather than a drug supplier. Nationally, a study of media reports of drug-induced homicide prosecutions between 2000 and 2016 revealed that half of those charged were social contacts of the deceased, not traditional “dealers,” and those who were deemed “dealers” were at the very bottom of the trafficking chain...”¹

Ohio is actually [third in the country](#) for Drug Induced Homicide prosecutions and [fifth in the country](#) for overdose fatalities, showing that harsher prosecution does not reduce death.

Simply put, if the aim is to protect our loved ones and save lives, then HB 230 would be a failure.

I have found that grief, anger, and fear distort our perspective. It has us reaching for grand solutions, when what we actually need is far more achievable.

In listening to testimony and questioning over the weeks, I have heard several calls to increase involuntary treatment, which data shows does not work. Wouldn't it be far simpler to simply increase access to VOLUNTARY treatment?

“In Massachusetts, “Section 35” allows for people deemed at imminent risk of harm from their substance use to be sent against their will to “treatment.”...Between 2011 and 2018, 42,853 people in Massachusetts were sent to [involuntary treatment](#)...[O]bservational data from the public health department found that the risk of fatal overdose was [twice as high after Section 35](#) as opposed to voluntary treatment. In addition, the risk of fatal overdose is [120 times higher](#)

¹ <https://fairandjustprosecution.org/wp-content/uploads/2022/07/FJP-Drug-Induced-Homicide-Brief.pdf>



among people recently released from correctional settings, largely due to reduced tolerance to opioids and a failure to initiate effective medication treatment...

[W]hat works is voluntary, welcoming, low-barrier treatment that includes a range of options based on science, delivered with compassion, and centered on and driven by patients. Before pouring money into filling prison cells reformed as “treatment beds,” why not fund and expand models that have decades of evidence?”

If you are truly looking for solutions to the overdose crisis, we have a long list of evidence based options that Ohioans actually want. Such as:

- Easy, dignified, access to all forms of FDA-approved medication for opioid use disorder, including methadone.
- Harm reduction services including syringe services programs and robust drug checking services that are community based.
- Housing, outreach and wraparound support services for people who use drugs and people with drug-related convictions that could bar them from housing.
- Increased peer support in emergency rooms and in other community settings.
- Second-chance employment and recovery-to-work programs that provide social support and financial resources for people to attain education and employment despite prior criminal charges related to drug use.
- Legal aid services should be made available for free for people who use drugs and/or are in recovery to expunge their record, and to help fight discrimination in housing, healthcare, child custody, and employment.

These are just a few, effective, common sense ideas that would make a REAL difference and cost far less than exploding our already overcrowded prison system.

From my grieving heart to yours, please do not support HB 230. It is dangerous legislation that would only increase our current crisis and our grief. There is a better way forward.

Thank you again for allowing me to offer opponent testimony for HB 230. I would be happy to answer any questions you may have.

Prayerfully,

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Director

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