

PAUL A. DOBSON



WOOD COUNTY PROSECUTING ATTORNEY

CRIMINAL DIVISION

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Aram M. Ohanian
David E. Romaker, Jr.
Alyssa M. Blackburn
J. Christopher Anderson
Channa B. Beard
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VICTIM WITNESS

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Katelin A. McGowan, Assistant

C.Y.C.L.E. DIVISION

Brandy N. Hartman, Director
Stephanie E. Wendt, Assistant

A.R.C.

Belinda M. Brooks
Det. Sgt. Ryan M. Richards

MAILING ADDRESS

One Courthouse Square
Office Building, 4th Floor
Bowling Green, Ohio
43402

PHONE

419.354.9250

FAX

Criminal 419.353.2904
Civil & Juvenile
419.354.7627

WEBSITE

woodcountypProsecutor.org

Chairman Manning, Vice Chair Rezabeck, Ranking Member Celebrezze, thank you for allowing me to speak in support of HB 296. My name is Paul Dobson. I am honored to have been serving the citizens of Wood County as their Prosecuting Attorney since 2009. I am also the most recent Past President of the Ohio Prosecuting Attorneys Association. I am a former member of the Ohio Criminal sentencing Commission and currently sit on its Advisory Committee. As such I am the Chairman of its Juvenile Justice Committee. All of these positions have been humbling privileges for me. However, I am also the unfortunate member of a much larger and disheartening body, for I am one of the thousands of Ohioans and millions of Americans whose lives have been altered by tragedy associated with the opiate epidemic. On June 27, 2016, friends of mine from the Sheriff's Office came to my office to inform me that my 37 year old stepson Michael had been found dead in an apartment in Denver, CO of a fentanyl overdose. Before he had moved to Denver, Mike had lived with his mother and me for nearly a year and a half while he worked on rehabilitating from heroin addiction.

Having a household member as a heroin addict was as instructive as the years I've spent prosecuting drug cases. I hope you never experience it, but it teaches you about the power and mind-altering nature of addiction. My stepson, with a Bachelor's Degree and a history of jobs making over six figures, was reduced to living in his parents' spare room and borrowing a car to get to recovery meetings. But even these setbacks weren't enough to make him stop. Within a couple of months, after we found evidence of drug use, he admitted that he had been leaving NA meetings with a couple of guys and going to their place in Michigan to get high. We then put him in the Zepf Center in Toledo.

Mike spent several months at the Zepf Center. During our visits, Mike would tell his mom and me that he could walk a block in any direction from there and get heroin. After Zepf, he spent time in a group home before coming back to our house. Mike lived with us while being treated outpatient at A Renewed Mind and graduated from a program at the University of Toledo which provided him additional skills and special certificates in software training. Feeling stronger and ready for a new start, he took a job out in Denver. He said it was a dream job. He said he loved Denver and surrounding area, where he worked out and hiked. He said he loved the people he worked with and had started dating again.

But the lure of opiates was even stronger than all of these positives. Less than three months after he moved out there, my office investigator drove me home so I could tell my wife that her child was dead.

My story is not meant to merely to provide an emotional tug at your heart. It's to provide a demonstration of the strength of opiate addiction. From a young man who could cogently, passionately and skillfully argue issues of politics or philosophy, I received lies and manipulation. Mike pawned just about anything he could, including property of mine. Actions he would never take in his right mind, he did because of the often overwhelming urge to return to his addiction.

Drug dealers well know the desperation of those trying to recover. They know where their market is. Because of this, they surround and try to infiltrate recovery housing and programs. A September 23, 2013 article in USA Today describes the difficulties some of the most prominent and well-funded rehab centers in the country have in keeping drugs out of their facility. A 2012 article on The Fix, an addiction and recovery website, detailed the arrest of four drug dealers in Albany, New York, who were targeting a rehabilitation facility to sell drugs to the recovering addicts. And in April, 2016, Toledo Channel 11 News reported on drug dealers targeting patients of The Zepf Center, where Mike went through treatment. The reporter stated, "Those in rehab told police, while taking breaks outside the clinic, drug dealers try to offer them free heroin and cocaine to get them hooked again."

Relapse numbers for those going through heroin after detox are as high as 80-90% (Futures Rehab, Palm Springs). It has been reported that people in treatment are at greatest risk for overdose around 30 days after detoxification, especially without medication. That's because their tolerance has been substantially reduced, but their cravings have not.

The Ohio Revised Code already recognizes how the environment around such a treatment facility can affect recovery. Revised Code 3767.19 prohibits the operation of any facility "which may . . . prevent the recovery of the inmates" of the same institutions covered by this bill. Under R.C. 5119.17, before a business could be established within 120 rods (which is about 2,000 feet) it must file a petition in the court of common pleas which must state, among other things, "why the erection or carrying on of the business would not annoy or endanger the health, convenience, or recovery of the patients of such institution." If the law places this insulating border around rehabilitation facilities from legal businesses, doesn't make sense to put a similar barrier around the facility to protect patients from the illegal pressures of drug trafficking? And the insulation for lawful businesses is twice as deep as the hedge of protection proposed in this bill.

We have all repeatedly asked and been asked what it will take to support those in recovery and fight this horrible epidemic in which we find ourselves. The answer we often get is money. Ohio's General Assembly has allocated millions and millions of dollars to this cause. Several local jurisdictions, including my office, are using the \$3 million in grant funds offered through the Ohio Attorney General's Office. Funding is needed and will continue to be needed. However, with this bill, you are offered an opportunity to give support to those in recovery in a way which will save the taxpayers much more than it would cost. Increasing penalties for those trafficking in drugs inside and outside of rehab and other facilities can reduce the temptation of relapse, saving taxpayers those additional treatment costs and, most importantly, reducing the risk of overdose and death involved in relapse.

Thank you.