



SB 216

Opponent Testimony

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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 opponent testimony for SB 216. I serve as the Ohio Associate Director at Faith In Public Life as well as on the leadership council for the Harm Reduction and Overdose Prevention Ministry for the United Church of Christ nationally. I regret that I cannot attend in person, but my health prohibits it in this time of pandemic.

I grieve as I write this. I grieve for Baby Dylan and all those who loved him. I also grieve for my dear friend Dylan Stanley, a young mother whose daughter Ruby was taken from her after a positive drug test. I sobbed for her when reading this legislation that bears her name. I watched Dylan fight for her daughter and her sobriety, hitting the brick wall of stigma and criminalization at every turn. Dylan was honest about her substance use in hopes of getting support, instead she faced criminalization and the removal of her daughter. No matter how hard she fought or all the good she accomplished nothing changed. Dylan was a national leader in the harm reduction movement, fighting for justice and understanding for people who use drugs. But the state of Ohio let her down and she died of an overdose in August of 2020. I know that the loss of her daughter contributed to her death and I know that SB 216 would have deadly consequences for countless Ohio families.

Parents who use drugs are still parents and a positive drug test can never tell you how effective they will be at caring for their children. I know that as a minister, an advocate, and as a daughter. I was removed from my Mother's care as a toddler, and under the reunification demands stated in this bill I likely would have never been returned to her. My mother was young, poor, and a single parent. She used methamphetamine to stay up in order to work multiple jobs to care for me. She did not receive support from those around her and so she sought to help herself and her child using the only available resources. Under this bill I would have been held in foster care even longer than I was because custody would not have been able to be granted to my Grandparents

since my mother also lived with them. SB 216 would devastate families just like mine, making healing impossible.

Parental unfitness should be established based on individualized proof, not a blanket law that presumes that pregnant people who used any amount of a controlled substance are unsuitable and neglectful parents.

I am a minister because I know deeply that God loves people who use drugs, and I do too. Legislation like this may be well meaning but it simply exacerbates the harm it seeks to prevent. Trauma fuels substance use and the trauma of removing a child from a loving and safe home will negatively impact both the parent and the child for decades to come.

Legislation like SB 216 does not protect children or parents.

Neonatal Abstinence Syndrome (NAS) is a constellation of transitory and treatable conditions that do not have a long-lasting impact. Best practices include breastfeeding and skin to-skin contact¹, which cannot be done if an infant is separated from their parent.

Breaking up families can itself have a detrimental impact on children. For example, a study compared cocaine exposed babies who were put in foster care with those left with their birth mothers. The infants who stayed with their mothers showed better neurological and physical development than those in foster care. As one commentator put it, “separation from their mothers was more toxic than the cocaine to the foster care children.”²

Laws like SB 216 also drive pregnant people away from seeking prenatal and obstetric care. Pregnant people specifically cite fears of social services involvement after birth as a deterrent for seeking care³.

We also often see racial bias in the enforcement of legislation such as this. Women of color are reported for substance use during pregnancy at much higher rates than white women. For example, a study in Florida found that Black women were reported at a rate 10 times higher than white women even when rates of substance use were comparable.⁴ The so-called “crack epidemic” of the 1980s and 1990s used hysteria over prenatal drug exposure to break up (mostly Black) families. Subsequent evidence has shown that crack exposure in utero did not have the long-lasting negative outcomes that were predicted; rather poverty drove health disparities.⁵

¹ Nancy J MacMullen, Laura A Dulski, and Paul Blobaum. "Evidence-Based Interventions for Neonatal Abstinence Syndrome." *Pediatric Nursing* 40, no. 4 (2014): 165-72.

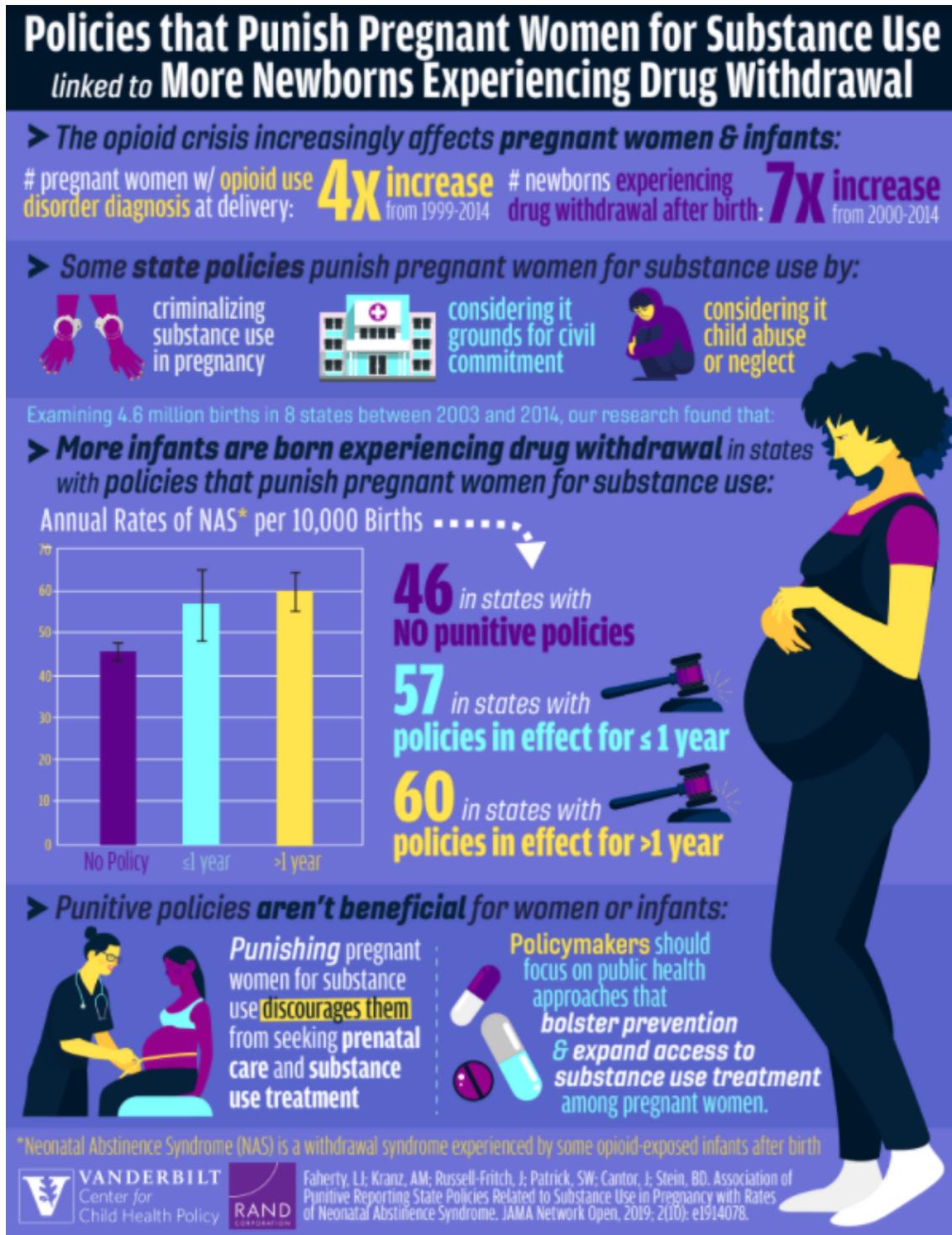
² Susan C. Boyd, "Mothers and Illicit Drugs: Transcending the Myths." (1999): 14-16.

³ B Ostrach and C Leiner. "'I Didn't Want to be on Suboxone at First...' -Ambivalence in Perinatal Substance Use Treatment." *Journal of Addiction Medicine* 13, no. 4 (2019): 264-71. doi: 10.1097/ADM.0000000000000491.

⁴ IJ Chasnoff, HJ Landress, and ME Barrett. "The Prevalence of Illicit-drug or Alcohol use During Pregnancy and Discrepancies in Mandatory Reporting in Pinellas County, Florida." *New England Journal of Medicine* no. 322 (1990): 1202-1206.

⁵ Susan Okie. "The Epidemic that Wasn't." *The New York Times*, January 26, 2009. <https://www.nytimes.com/2009/01/27/health/27coca.html>

Laws such as SB 216 degrade the care of God’s children. I would like to draw your attention to the following infographic from Vanderbilt Center for Child Health Policy which clarifies:



A great deal of research has been done showing the devastating impact of policies like SB 216. I would like to draw your attention to the following:

1. Tsai AC, Kiang MV, Barnett ML, Beletsky L, Keyes KM, McGinty EE, et al. Stigma as a fundamental hindrance to the United States opioid overdose crisis response. *PLoS Med.* 2019 Nov 26;16(11):e1002969.
2. American Obstetrics and Gynecology. Opioid Use and Opioid Use Disorder in Pregnancy [Internet]. ACOG | Clinical. Available from: <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy#>
3. Angelotta C, Weiss CJ, Angelotta JW, Friedman RA. A Moral or Medical Problem? The Relationship between Legal Penalties and Treatment Practices for Opioid Use Disorders in Pregnant Women. *Women's Health Issues.* 2016 Nov;26(6):595–601.
4. Faherty LJ, Kranz AM, Russell-Fritch J, Patrick SW, Cantor J, Stein BD. Association of Punitive and Reporting State Policies Related to Substance Use in Pregnancy With Rates of Neonatal Abstinence Syndrome. *JAMA Netw Open.* 2019 Nov 13;2(11):e1914078.
5. Hand DJ, Fischer AC, Gannon ML, McLaughlin KA, Short VL, Abatemarco DJ. Comprehensive and compassionate responses for opioid use disorder among pregnant and parenting women. *International Review of Psychiatry.* 2021 Aug 18;33(6):514–27.
6. Experts: Baby's mother is the best treatment for NAS. *The Brown University Child & Adolescent Psychopharmacology Update.* 2016 May;18(5):1–4.
7. Howard K, Martin A, Berlin LJ, Brooks-Gunn J. Early mother–child separation, parenting, and child well-being in Early Head Start families. *Attachment & Human Development.* 2011 Jan;13(1):5–26.
8. [Report from Movement for Family Power](#), “How the foster system has become ground zero for the U.S. drug war”

As a faith leader, a friend, and a daughter I know that we can do better for children and parents than SB 216. In summation, please vote no on SB 216.

Thank you for the opportunity to offer opponent testimony on SB 216. I am available for any questions you may have.

Faithfully,
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