

SB 216 - Opponent Testimony - Feb. 5, 2022

TO: Chairman Manning, Vice-Chair McColley, Ranking Member Thomas, and Members of the Senate Judiciary Committee,

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Thank you for the opportunity to offer opponent testimony for SB 216. We appreciate your public service; we know it is not easy. We appreciate what you do to advance health, safety, justice and principles of democracy.

We have lived in Columbus since 1983 when we moved here for graduate school. We both attended OSU obtaining advanced degrees (Mac - PhD in Preventive Medicine and Deborah – Masters in Social Work and MA in Public Administration). We have worked extensively in Public Health, and studied social policies and their effects on the problems they are intended to solve for much of our lives.

SB 216 will not help the problems you are trying to correct, likely make complex challenges worse and devastate families. We are strongly opposed to SB216 for several reasons.

- People use substances for many reasons and not all people who use drugs are addicted. A positive drug test does not determine a person's ability to be a parent.
- The reunification demands in this bill are not realistic. Relapse is an inherent part of recovery, penalizing people for this and increasing the length of time their child is removed from them does not support recovery.
- Our systems are already overburdened, and families benefit from staying together. This bill forbids the child from living at the same residence with the parent, which means placement with a grandparent or other relative helping to support the parent during her pregnancy and with whatever else she is dealing with means foster care which is in very short supply.
- This bill unfairly penalizes women who use drugs for the failure of this country's ineffective and costly "war on drugs" and the ongoing stigma, inadequate funding and lack of access to both quality mental health and addiction treatment.
- This bill will unfairly affect poor and minority women and families. Research has shown that Black women are more likely to be tested for drugs during pregnancy despite the fact that their drug positivity rate is not higher than other groups. Once again, racism will have an impact on these women and their families. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2859171/> Research also shows that White women are more likely to use alcohol during pregnancy than Black women, but testing for alcohol is rarely done.
<https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=25&top=9&stop=420&lev=1&slev=4&obj=35>

We urge you not to move this legislation forward. Please reconsider this policy decision. It will likely not produce improved health for infants, if that is the goal, and will likely produce more trauma on an already vulnerable and under-resourced group of families.

Thank you for considering this testimony.