

PAUL A. DOBSON



**WOOD COUNTY
PROSECUTING ATTORNEY**

CRIMINAL DIVISION

Pamela A. Gross, Chief
David E. Romaker, Jr.
Alyssa M. Blackburn
J. Christopher Anderson
James A. Hoppenjans
Brian O. Boos
Dexter L. Phillips
Lara J. Rump
David T. Harold, Appellate
Michelle K. Mossbarger, Paralegal

CIVIL DIVISION

Arlen B. de la Serna, Chief
Linda F. Holmes
Joyce C. Nowak
Charles E. Sulek

JUVENILE DIVISION

Charles S. Bergman, Chief
Walter M. Meneses
Melody R. Wilhelm

INVESTIGATORS

Todd R. Curtis, Senior Inv.
Brynn C. Burr

VICTIM WITNESS

Monica A. DeLeon, Director
Katelyn A. McGowan

A.R.C.

Madison Weilnu, LSW
Dep. Kaleb E. Smith, WCSO

OFFICE DIRECTOR

Annie L. Wilson, LPCC

MAILING ADDRESS

One Courthouse Square
Bowling Green, Ohio 43402

PHONE

419.354.9250

FAX

Criminal 419.353.2904
Civil & Juvenile 419.354.7627

WEBSITE

prosecutor.co.wood.oh.us

Paul A. Dobson
Wood County Prosecuting Attorney
Proponent Testimony, SB 25
House Criminal Justice Committee
March 3, 2022

Chairman LaRe, Vice Chair Swearingen, Ranking Member Leland and members of the House Criminal Justice Committee, thank you for allowing me to speak in support of Senate Bill 55. My name is Paul Dobson. I am the Wood County Prosecuting Attorney and a Past President of the Ohio Prosecuting Attorneys Association. I have served nearly all of my 27-year legal career as a prosecutor, and have been honored to serve as the elected official since 2009.

According to the U.S. Department of Health and Human Services, Ohio reported that in 2015 just over 37,000 individuals were released from drug rehabilitation treatment. Of those, over 19,000 either dropped out, were unsuccessfully terminated, were incarcerated, or died. After considering other discharge categories, only 33% of those discharged that year had successfully completed their program. (SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS)). Opiate withdrawal symptoms can include low energy, irritability, anxiety, agitation, insomnia, hot and cold sweats, muscle aches and pains, abdominal cramping, nausea, vomiting, and diarrhea. These symptoms can last up to four weeks. (SOURCE: www.addictionsandrecovery.org/opioid-opiate-recovery.htm). "Protecting recovering addicts from relapse is especially important because many deadly overdoses occur during relapse. Because the user's body is no longer accustomed to the drug, it will be more sensitive. What would have been a normal dose for the user before withdrawal can become a deadly overdose in the weeks that follow." (SOURCE: "Stages of Opiate Withdrawal;" desertcoverrecovery.com; The Desert Cove Recovery Center, Scottsdale AZ). My office runs a Quick Response Team, called ARC, where survivors of drug overdose can get encouragement and support while engaging in and continuing recovery programs. This program has seen several participants drop out or return to their drug use, some of whom have not survived.

In the face of this, addicts in recovery are the targets of drug traffickers. On April 22, 2016, Toledo 11 News reported that drug traffickers were targeting recovering addicts outside Toledo's Zepf Center. According to the article, recovering addicts said that traffickers would make contact with them and offer them "free" drugs in order to get them back under their addiction. In May of 2012, The Fix, an addiction and recovery website, reported that four drug dealers were arrested for trafficking outside of a rehab facility in Albany, New York. In 2013, USA Today reported on a resident of The Betty Ford Clinic who alleged that she was

given heroin by another patient just days into her in-patient addiction recovery. ("Rehab centers struggle to keep drugs out;" www.usatoday.com; USA Today; September 23, 2013). My office has prosecuted several homicide cases on behalf of victims who had been out of rehab for as little as 24 hours before overdosing.

An article on a New Jersey recovery program website regarding the tactics drug dealers use to maintain their "business," states that, "... like any other business, you have to know your products, and then find creative ways to keep customers buying." (SOURCE: "The Strategy of How Cocaine and Crack Dealers Keep Their Patrons Addicted;" <https://www.bluecrestrc.com>; Blue Crest Recover Center; Woodland Park, NJ) To the five ways the article articulates, I would add a sixth "know where your client base is." For the same reason boat manufacturers build dealerships near water, drug traffickers know where their potential client base is and how to expand.

Further, drug addicts themselves will tell you that they will do whatever they can to feed their addiction and avoid discovery. They are aided by yet another industry that feeds off of their addiction. Yes, there is actually an industry built around the manufacture and sale of fake urine, under the guise of "fetish urine." Not only is this advertised openly on the internet, there are actually bloggers that rate the different brands to determine the best to frustrate a drug test. These are used to circumnavigate employers who are attempting to protect their employees and others as well as counselors and probation officers who are trying to assist in the treatment of the addiction.

When I was approached by Representative Gavarone about ideas I had to fight the opiate crisis in Ohio, my mind immediately went to the comments of my stepson, who was then an addict in treatment at the Zepf Center, that he could leave the facility, walk a block in any direction and find someone willing to provide him heroin. He was in that in-patient treatment program because a couple of the guys he had met in an out-patient group were inviting him back to their place, where they all got high. He told me that within days of coming to our house to get clean, he had found multiple places to buy drugs in the area through the internet. These are reasons why Theresa and I discussed the idea that has become the center of SB 25. My stepson, after months in recovery housing and outpatient treatment, did not survive his addiction. It has been my and my family's hope that lessons learned from Michael's life and death would result in better assistance for those seeking freedom from the entanglement of drug addiction. In addition to positive efforts that are being made around the state, I believe SB 25 offers that assistance in the form of a protective barrier around recovery housing.

The main thrust of this bill follows the same philosophy which led to an increase in penalties for trafficking in the presence of a juvenile or in the vicinity of a school. Our children stand at greater risk of falling into the trap of drug abuse and addiction. Those who target this vulnerable population must realize they face more substantial penalties for their conduct. In the same way, recovering addicts are an especially vulnerable population. Those who target them or target their places of sanctuary to capitalize on their vulnerability must also face harsher penalties.

Thank you for the opportunity to provide this testimony in support of Senate Bill 25.