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2nd Ohio Senate District

Sponsor Testimony for Senate Bill 25

Senate Judiciary Committee

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Chairman Manning, Vice-Chairman McColley and Ranking Member Thomas, I appreciate the chance to address you and the other members of the Judiciary Committee about my legislation, Senate Bill 25, also known as the 'Relapse Reduction Act'. This legislation would do the following: (1) elevate the level of offense for certain drug crimes that occur near substance addiction services providers and (2) prohibit the use of fake urine to defraud a drug or urine screening test.

Just as I did in this committee last week, I am here to do what is essentially a combined re-introduction of legislation I sponsored last General Assembly. This bill mixes Senate Bill 55 and Senate Bill 156. Everyone in this room voted on the contents of SB 55 twice in the 133rd General Assembly, and SB 156 passed unanimously out of the Senate and unanimously out of the House Criminal Justice Committee before just falling short of time when the House unexpectedly adjourned in December.

As all of you know, we have invested a lot of time and money towards fighting the opioid epidemic. We've included money in the past several budgets, passed legislation and those of us who served in the House during the 132nd General Assembly had the opportunity to attend meetings of the Speaker's Task Force on Heroin, Opioids, Prevention, Education and Safety, chaired by Treasurer and former Representative Robert Sprague.

The first meeting of that task force took place in my district and in attendance was Wood County Prosecutor and former President of the Ohio Prosecuting Attorneys Association, Paul Dobson. Around the time of that meeting, Paul brought this idea to my attention. He has an interesting perspective on this issue because he deals with it every day professionally, but also dealt with it personally as the result of losing his stepson to an overdose. I want to allow Paul to tell his story, and he will shortly, but I want to mention him as someone who is a tremendous resource as we go forward in this process.

This bill would enhance penalties for certain drug offenses that occur within 1,000 feet of a 'substance addiction services provider'. As an example, current law states that aggravated trafficking of drugs is a felony of the 4th degree, however, when this law goes into effect and if it takes place within 1,000 feet of a substance addiction services provider, it would be a felony of the 3rd degree. The idea is that a person coming out of a facility should be able to get to their car, the bus stop or possibly even walk to their home without being accosted by a drug dealer. I would like to note that this bill was modeled after current law that applies penalty enhancements for certain drug crimes that occur within the vicinity of a school or juvenile.¹

For those people currently addicted to a substance, the decision to seek treatment could be life-changing. However, the pull their addiction has is strong and the odds they face to complete treatment at a rehab facility, even under perfect circumstances, are not great. And once a person completes treatment, they are in an extremely vulnerable state of mind and it is probable they will relapse. They are perfect prey for dealers.

A simple Google search yields many stories from across the country of drug dealers targeting people entering, staying and leaving rehab facilities. The drug dealers have a product that this population would do just about anything to get, so why

¹ Ohio Revised Code 2925.01(P). <http://codes.ohio.gov/orc/2925.01>

shouldn't they traffic the drugs into the facility, set up camp in the parking lot or wait at the end of the street for guaranteed customers? The logic and economics are easy to understand.

In fact, during one of the committee hearings in the Senate, we heard about the conviction of a man who attended Narcotics Anonymous meetings solely to give drugs to people trying to get clean so they would stay hooked. Last year an officer informed me that a parolee he arrested for several different violations told him that drug dealers came to his treatment group each time carrying heroin to sell. Luckily, they found one of them, but were searching for the others.

Unfortunately, I have also learned about the public safety threat we face because of people who choose to mask their addiction with something called synthetic urine. This product is designed to resemble clean human urine and is manufactured to contain an appropriate balance of water and minerals that virtually assures anyone using drugs can pass a urine or drug test.

Currently, synthetic urine is easily accessible. Another quick Google search shows the sheer amount of brands and locations where you can purchase the product. In an article about SB 156 featured in the Toledo Blade, a quick survey of three local shops found between four and nine types of synthetic urine.ⁱ If you need to pass a drug test, there is no shortage of stores you can visit to acquire synthetic urine.

The first reality we must deal with is the fact that people who use drugs and work in trucking, construction, manufacturing, or any other field that requires the use of heavy machinery, are more likely to hurt someone else or themselves. Each of those industries requires attention to detail, critical thinking and strong communication—skills that are severely impaired by drug use. Unfortunately, a study from the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that workers in those industries suffer from some of the highest rates of alcohol and substance abuse among all professions.ⁱⁱ

Because of the skills required and danger present in those jobs, the pay is good and workers are in-demand. However, because the rates of substance abuse are so high, it stands to reason that workers would do anything within their power, even if it means putting the safety of the public or their co-workers at risk, to stay in their position. Fake urine gives them the option to continue their drug use and threaten public safety.

The other problem fake urine poses is the promotion of continued drug use over treatment. My goal since joining the legislature has been to get as many people suffering from addiction as possible into voluntary treatment programs. Right now, it is much easier to walk into a store, purchase synthetic urine, follow the directions, and then cheat your test than successfully completing substance abuse treatment.

Currently the risk-reward for selling drugs around a substance abuse service provider and using synthetic urine to cheat a drug test is entirely slanted towards the reward side. Senate Bill 25 will fix that, increase the rate of success for anyone entering rehab, and help people struggling with addiction get clean so that they can become productive members of society again.

Chairman Manning, thank you for allowing me to speak in favor of Senate Bill 25. I am ready to answer any questions the members may have.

ⁱ Pee in a Cup? Ohio Bill Would Ban Synthetic Urine as People Try to Beat Drug Tests

<https://www.toledoblade.com/local/politics/2019/06/05/theresa-gavarone-bill-would-ban-synthetic-urine-used-to-skirt-drug-tests/stories/20190605120>

ⁱⁱ Substance Use and Substance Use Disorder by Industry https://www.samhsa.gov/data/sites/default/files/report_1959/ShortReport-1959.html