



Drug sentencing reform: House Bill 1 and Senate Bill 3 133rd Ohio General Assembly (as passed by the House)

Health Note

What is the goal of this health note?

Policy decisions made outside public health and health care sectors, such as in the justice system, education or transportation, can affect health and well-being. Health notes are intended to provide objective, nonpartisan information to help legislators understand the connections between these sectors and health. Health notes are not intended to make definitive or causal predictions.

Why was this bill selected?

Policy Matters Ohio selected this bill as an illustrative example to demonstrate the potential health impacts of proposed legislation.

Additional information

This health note was produced using a methodology and approach developed by the Health Impact Project at The Pew Charitable Trusts, and is part of a pilot program in several jurisdictions to test the use of health notes to inform policymaking at state and local levels. This health note is supported by a grant from the Health Impact Project. The views expressed are those of the authors and do not necessarily reflect the views of the Health Impact Project or the Pew Charitable Trusts. Please visit the Health Impact Project at www.healthimpactproject.org for more information.

Bill numbers:

H.B. 1 and S.B. 3, as passed by the Ohio House of Representatives

Bill topic:

Reform of sentencing practices for drug-related infractions.

Primary Sponsors:

H.B. 1:

Rep. Paula Hicks Hudson
Rep. Phil Plummer

S.B. 3:

Sen. John Eklund
Sen. Sean O'Brien

Summary of selected components:

- H.B. 1 expands and strengthens the use of "intervention in lieu of conviction" (ILC).
- S.B. 3 reclassifies low-level, non-violent drug possession felonies as misdemeanors.
- Under S.B. 3, violation of low-level drug possession provisions would no longer constitute a criminal record and need not be reported on applications for employment, public housing or assistance.
- Both bills strengthen opportunities for offenders to have their criminal records permanently sealed.

Health Note analysts:

Policy Matters Ohio

Summary of health note findings

Two justice reform bills under consideration in the Ohio legislature—House Bill 1 and Senate Bill 3—promote treatment rather than incarceration for people struggling with addiction, and reduce felony barriers to future employment opportunities.¹

A review of health-related research suggests these bills would likely have positive impacts on the health of Ohio’s residents because they would:

- **Decrease drug use and reduce prison populations.** There is strong evidence that ILC and drug courts are more effective than conventional approaches to reducing drug use and recidivism.²
- **Reduce the “collateral consequences” of incarceration and a criminal record,** which create barriers to employment, housing and public assistance. The inability to meet these basic needs is linked to poor physical and mental health outcomes for formerly incarcerated individuals and their families.³
- Prevent further collateral consequences arising from felony convictions by expanding opportunities for the permanent sealing of criminal records.⁴
- Reduce overcrowding in jails and prisons, a condition that promotes disease transmission and contributes to the wider COVID-19 pandemic.⁵

Note: This paper was largely written before the coronavirus came to Ohio in early 2020. We have updated it to include the impact of this new health crisis in Ohio’s prisons, which has thrown into sharp contrast the significant negative effects of incarceration on health.

Methods summary

To complete this health note, staff conducted an expedited literature review using a systematic approach to minimize bias and identify studies to answer each of the identified research questions. The strength of the evidence is quantitatively described and categorized as: not well researched, a fair amount of evidence, strong evidence and very strong evidence. It was beyond the scope of this analysis to consider the fiscal impacts of this bill or the effects any funds dedicated to implementing the bill may have on other programs or initiatives in the state. To the extent that this bill requires funds to be shifted away from other purposes or would result in other initiatives not being funded, policymakers may want to consider additional research to understand the relative effect of devoting funds for this bill relative to another purpose. A detailed description of the research methodology is provided on pages 10 and 11.

What are the potential health impacts of H.B. 1 and S.B. 3?

- 1. Promoting ILC could increase the number of people accessing addiction treatment, sending fewer people into Ohio's prisons.** Incarcerating individuals has not proven to be an effective way to reduce drug use. In fact, in the first two weeks after release, people who have been in prison are much more likely than the general population to die of a drug overdose.⁶

Alternatively, there is strong evidence that ILC and drug courts are more effective than conventional corrections for reducing drug use and recidivism.⁷ In theory, this creates cost savings for state and local jurisdictions from lower policing, court and prison costs.⁸ Reducing Ohio's prison population can decrease negative health impacts, including the chronic stress and increased mortality experienced by incarcerated individuals⁹ and staff¹⁰ working in overcrowded prisons. The dangers of overcrowding are heightened due to the COVID-19 pandemic, and include the possibility of spill-over to hospitals. However, there is a fair amount of evidence that drug courts may be unlikely to significantly affect prison population levels, even if they were to be put in place more broadly, since "a large share" of drug-court participants fail to complete the program and sometimes end up receiving longer sentences than those sentenced in a more conventional fashion.¹¹

Sending fewer Ohioans to prison as the coronavirus pandemic continues would help reduce prison populations, thereby protecting the health of those who would otherwise have been incarcerated as well as those who are incarcerated in less overcrowded conditions.¹²

- 2. Two components of these bills would reduce or eliminate some of the collateral consequences of a felony conviction,** which include restrictions on access to employment, housing, education and food assistance. Improvements to the record-sealing process and reclassification of low-level drug possession as a misdemeanor could have significant positive health effects on people convicted of these low-level crimes, their families, and communities.¹³

Strong evidence indicates people who have been incarcerated have more difficulty finding work, and tend to work in low-wage, unstable jobs with few benefits.¹⁴ Over the long haul, barriers to employment, housing and public services have the collective effect of creating roadblocks to financial security and housing stability. These factors contribute to poor mental and physical health, as well as heightened rates of addiction and recidivism.¹⁵ Strong evidence indicates that a majority of people who have been incarcerated experience housing instability after release.¹⁶ A fair amount of evidence indicates mothers whose partners have been incarcerated are nearly 50% more likely to face housing insecurity than other mothers.¹⁷ The loss of income resulting from a family member's incarceration can drive a family into poverty and create toxic stress.¹⁸

The positive health impacts of S.B. 3 would likely be limited, however, by the provision stating the changes will not be applied retroactively. As a result, those who have already been convicted of relevant felonies will not access the benefits of S.B. 3.

Health Note: Drug sentencing reform

House Bill 1 and Senate Bill 3; 133rd Ohio General Assembly
(as passed by the House)

Amanda Woodrum & Ben Stein

Backdrop

Rates of incarceration increased dramatically because of the nation's war on drugs, including in the state of Ohio.¹⁹ According to the Prison Policy Initiative, approximately 78,000 Ohioans are incarcerated, almost four times more residents than were incarcerated prior to 1980, when the war on drugs escalated sharply.²⁰ People of color have been disproportionately impacted during this "tough on crime" era. Black Ohioans are 5.5 times more likely to be incarcerated than white Ohioans.²¹ In February 2020, at the beginning of the COVID-19 pandemic, the state prison system held more than 49,000 people, over its design capacity by nearly 9,000 people.²² This overcrowding, already dangerous for the incarcerated and staff alike, became even more dangerous with the onset of the pandemic. As of June 17, 2020, COVID-19 had caused the deaths of 76 incarcerated people and five prison staff, according to daily reports by the Ohio Department of Rehabilitation and Corrections.²³

The consequences of a conviction extend long after a person's release from prison. In Ohio, felony convictions carry more than 1,200 collateral consequences,²⁴ defined by the National Inventory of Collateral Consequences of Conviction as "legal and regulatory sanctions that limit or prohibit people convicted of crimes from accessing employment, business and occupational licensing, housing, voting, education, and other rights, benefits and opportunities."²⁵ Almost 1 million Ohioans (994,000)—including roughly one in four Black Ohioans—are subject to felony-triggered collateral sanctions.²⁶ In 2014, more than a quarter of all felonies resulting in prison sentences in Ohio were drug-related.²⁷

There is now a growing consensus, based on a fair amount of evidence, that harsh penalties for drug use adopted as part of the war on drugs have not been effective in reducing the availability or use of illicit drugs.²⁸ The focus on punishment has meant that only a small share of the people suffering from addiction during the war on drugs has actually received appropriate treatment.²⁹ Collateral consequences compound the damage by permanently limiting employment opportunities, increasing the likelihood of recidivism.³⁰

The sponsors of S.B. 3 have stated that their goal is to increase access to treatment rather than incarcerating more people who are struggling with addiction.³¹

Addiction treatment

H.B. 1 expands and strengthens the use of ILC.

Under Ohio law, ILC is a process whereby a court orders an individual charged with one or more drug- or alcohol-related crimes to complete treatment for addiction rather than incarcerating them. If the individual successfully completes the prescribed treatment, the court dismisses the criminal proceedings and those charges do not permanently mar the individual's record. If the individual fails to fully comply with the treatment program, the court may then find the individual guilty.³²

To qualify for ILC, an individual must first request and be granted a hearing to determine eligibility, which is reserved for those whose offenses are not violent or sexual in nature, and do not involve the possession of drugs in bulk quantities, drug trafficking or manufacturing.³³

H.B. 1 promotes the use of ILC by requiring Ohio courts to presume it is appropriate for all eligible individuals, unless a court can demonstrate specific reasons the process would not be appropriate. It can be used for drug-possession charges, but also offenses where drug and alcohol addiction are seen to be a primary contributing factor driving an individual to undertake said offense.³⁴

Impact of incarceration versus treatment on drug use

Incarcerating individuals has not proven to be an effective way to reduce drug use. In fact, within the first two weeks after release from prison, people are much more likely to die of a drug overdose than the general population.³⁵ Overdose is common, in part, because a person who has detoxed in prison will have a far lower tolerance than they had prior to incarceration.³⁶

Alternatively, there is strong evidence that ILC and drug courts are more effective than conventional corrections for reducing drug use and recidivism.³⁷ In theory, this creates cost savings for the state and local jurisdictions from lower policing, court and prison costs.³⁸ Evidence is mixed, however, on whether expanded access to drug courts could affect prison population levels. One study finds evidence it would, while noting that “a large share” of drug court participants fail to complete the program. It is unclear how expanded access would affect that high failure rate. Also troubling is the fact that people who fail to complete a drug court program sometimes end up receiving longer sentences than those sentenced in a more conventional fashion.³⁹

Studies suggest drug courts have had differing impacts on Black versus white populations.⁴⁰ One study found drug courts disproportionately serve white people, while people of color are less likely to be granted access to these courts.⁴¹ Other studies suggest the use of drug courts encourages more arrests for low-level drug possession with a disproportionate impact on people of color.⁴² One researcher notes that in order for drug courts to address previous injustices created by the war on drugs, courts must exercise caution to ensure they do repeat those injustices in new ways.⁴³

Prison is a stressful place, and navigating life after incarceration exacerbates heightened levels of stress.⁴⁴ There is strong evidence linking incarceration to both acute and chronic stress, even well beyond release,⁴⁵ and very strong evidence showing chronic stress strains the cardiovascular and immune systems, increasing risk of heart attack and susceptibility to infectious diseases.⁴⁶ While social support, such as family and friends, can help mitigate the effects of stress, there is also a fair amount of evidence that incarceration disrupts or destroys those support systems, contributing to higher rates of divorce, strained relations with children, and more stress.⁴⁷

There is strong evidence indicating a relationship between incarceration and premature death for those in prison, those recently released, and for years after release.⁴⁸ The link between poor health and incarceration appears to be more closely connected with the experience of being incarcerated, rather than the length of incarceration.⁴⁹

One complicating factor is that Black men serving time historically have had a slightly lower mortality rate than Black men on the outside because there are lower overdose and homicide rates in prison than in some of the communities where these men would be living.⁵⁰ This finding hinges on quality of care in prison, which is inconsistent, possibly due to overcrowding.⁵¹

Negative health impacts of overincarceration extend to the staff working in overcrowded prisons. One review found a fair amount of evidence to indicate that working in an overcrowded facility is a risk factor for stress and stress-related illnesses among corrections workers.⁵² Among the most common stress-related illnesses is heart disease, the leading cause of death for both men and women in Ohio, according to a 2017 report by the Ohio Department of Health.⁵³ Another review found strong evidence of workplace stress among corrections officers and a 12-15 year “life-expectancy gap” between corrections workers and the general population, along with increased risk of suicide, post-traumatic stress disorder, cardiovascular disease, and musculoskeletal disorders.⁵⁴

The coronavirus crisis in prisons only compounded the negative health impact of incarceration in an overcrowded system, with at least 4,919 incarcerated people and 749 staff testing positive in ODRC facilities as of June 17, 2020.⁵⁵ An unreported number of those displayed serious symptoms and/or were hospitalized. As of June 17, COVID-19 had caused the deaths of 76 incarcerated people and five prison staff, according to daily reports by the Ohio Department of Rehabilitation and Corrections.⁵⁶ Individuals not entering the system would not be exposed to the virus in this congregate setting, and a lower population would likely reduce the risk for staff as well.

Reclassification and record sealing

S.B. 3 reclassifies low-level, non-violent drug possession felonies as either “minor misdemeanors” for marijuana or hashish or “unclassified misdemeanors” for most other controlled substances. If enacted, violation of these provisions will no longer constitute a criminal record and need not be reported as such in response to criminal inquiries found on applications for employment, licenses, public housing or assistance, etc. S.B. 3 does not retroactively reclassify low-level non-violent felonies as misdemeanors (except in very limited circumstances).⁵⁷ Both H.B. 1 and S.B. 3 also strengthen opportunities for individuals to have their criminal records permanently sealed.⁵⁸ H.B. 1 removes the cap on the number of low-level felonies that an individual can have in order to be considered for record sealing. H.B. 1 also shortens the period of time a rehabilitated person has to wait before they can apply to have records sealed. If eligible, formerly incarcerated people must demonstrate to the court they have been rehabilitated.⁵⁹

Each of these components—reclassification and improved record sealing—could reduce the harm done by collateral sanctions. The health impacts of these components would be due to either (a) fewer people being charged with felonies for low-level drug possession, or (b) more people having felony convictions sealed. Either would reduce or eliminate the impact of some

felony-triggered collateral sanctions, which include restrictions on access to employment, housing and education. These health impacts would likely be limited, however, by the provision stating low-level drug possession felonies tried prior to the bill's passage will not retroactively be changed to misdemeanors. Foregoing retroactive application will also mean that Black Ohioans disproportionately targeted in the war on drugs will also be disproportionately excluded from S.B. 3 remedies.

Collateral sanctions create or exacerbate difficulties finding adequate post-incarceration employment. In a 2018 report, Policy Matters Ohio documented over 500 Ohio laws that bar Ohioans with low-level drug convictions from various employment opportunities; 56% of them apply only to felonies and not misdemeanors.⁶⁰ Strong evidence indicates people who have been incarcerated have more difficulty finding work, and tend to work in low-wage, unstable jobs with few benefits.⁶¹ A fair amount of evidence finds that inadequate health insurance and unstable employment combine to predict poor health.⁶²

The economic effects of inadequate employment have health impacts of their own. Strong evidence indicates men who have been incarcerated earn between 10% and 20% less after they have been released than before they were locked up.⁶³ They also experience the added economic stress of court fees, fines, and visitation expenses that add up over time during incarceration. A fair amount of evidence supports a link between economic stress and physical manifestations of that stress, such as hypertension, diabetes and chronic obstructive pulmonary disease.⁶⁴ Prolonged financial stress is linked to anxiety, depression and suicide, as well as physical illnesses such as heart disease, hypertension, asthma and diabetes.⁶⁵

When a member of a family is incarcerated, the entire family often suffers, particularly the children. Men who have been incarcerated tend to be paid lower wages and encounter more frequent income disruptions, and thus contribute less financial support to the mothers of their children, even beyond periods of incarceration.⁶⁶ As a result, children whose fathers have been incarcerated are more likely to experience hunger and homelessness.⁶⁷ They are also more likely to develop post-traumatic stress disorder.⁶⁸ Children of incarcerated mothers are far more likely to end up in the foster care system and become depressed.⁶⁹ The loss of income resulting from a family member's incarceration can drive a family into poverty and create toxic stress.⁷⁰ One study found that women whose partners are incarcerated are at higher risk for cardiovascular disease, a condition associated with toxic stress.⁷¹ A recent systematic review of the literature shows a fair amount of evidence of negative health impacts on children from incarceration of a parent and poor overall health of these children over the long run.⁷² There is strong evidence that parental incarceration also increases the risk of infant and child mortality.⁷³

Anxiety, depression, and post-traumatic stress disorder in children experiencing parental incarceration can cause developmental delays and learning disabilities.⁷⁴ In turn, there is very strong evidence parental incarceration affects a child's ability to succeed in school, and his or her level of educational attainment over the long run.⁷⁵ There is also strong evidence demonstrating a link between parental incarceration and an increased likelihood of drug use later in the life, and the child's own eventual incarceration.⁷⁶ Strong evidence links a father's incarceration to a child's physically aggressive behavior.⁷⁷

People who have been convicted of a felony have few opportunities to improve their job prospects through education. In general, they are already at a disadvantage: Incarcerated Ohioans have lower rates of educational attainment than the general population. In 2013, 37.7% of Ohioans admitted to Ohio prisons had never completed high school, compared to 10.5% of the statewide population over age 25.⁷⁸ Only 3% of Ohioans who have served time have completed a four-year degree or more education, compared to 35% of the over-25 population in general.⁷⁹

While Ohio allows individuals with low-level drug felonies to access federal public assistance programs, such as Temporary Assistance to Needy Families or the Supplemental Nutrition Assistance Program, barriers to employment may limit the ability to meet work requirements needed to access public assistance.⁸⁰ A 2019 study finds a fair amount of evidence indicating that prior incarceration increases a person's risk of food insecurity, compounding other risk factors common to people experiencing incarceration, such as poverty, depression and limited physical mobility.⁸¹ Strong evidence links food insecurity to diabetes, hypertension, oral health problems, stroke, cancer, asthma, arthritis, and kidney disease.⁸²

Collateral sanctions create disincentives to pursue education after release, because many jobs that require a college degree are inaccessible to anyone with a felony conviction.⁸³ Since low-income and Black and Latinx individuals are overrepresented in Ohio's criminal justice system, this may also reinforce racial disparities in educational attainment.⁸⁴ Very strong evidence indicates a close link between low educational attainment and poor health outcomes, including premature mortality.⁸⁵

Felony convictions create barriers to housing, a crucial element of successful reentry.⁸⁶ Federal law allows public housing authorities and private landlords to deny housing to people who carry drug-related convictions.⁸⁷ This further limits the housing options for formerly incarcerated individuals.⁸⁸

Strong evidence indicates that a majority of people who have been incarcerated experience housing instability after release.⁸⁹ Data from the Bureau of Justice Statistics shows individuals who have been incarcerated once experience homelessness at a rate nearly seven times higher than the general public.⁹⁰ Those who have been incarcerated more than once are 13 times more likely than the general public to have experienced homelessness.⁹¹ Although formerly incarcerated Black men have much higher rates of unsheltered homelessness than white or Latino men,⁹² prior incarceration is a better predictor of housing insecurity than race, according to a 2017 study.⁹³

A study on housing insecurity's relationship to incarceration finds collateral sanctions that limit job options are closely tied to housing insecurity post-incarceration.⁹⁴ Housing instability can also influence the employment process, as applications often require an address and consistent contact with prospective employers.⁹⁵

Factors beyond income influence access to housing. Even with equal annual earnings, a fair amount of evidence indicates that recently incarcerated parents experienced more housing insecurity, particularly residential turnover, than peers with no history of recent incarceration.⁹⁶ Credit checks, expensive security deposits, professional references, and other rental application requirements can limit rental opportunities for formerly incarcerated individuals who have been away from the labor market.⁹⁷

A fair amount of evidence indicates that lack of access to stable housing after incarceration can influence recidivism by disrupting contact with parole officers.⁹⁸ Manifestations of homelessness, such as sleeping outside, are also violations of public order, and can result in re-arrest.⁹⁹ A study on housing opportunities for formerly incarcerated individuals with substance use disorders found a strong association between housing and substance use in settings with less stability and financial obligation, such as homelessness and couch surfing.¹⁰⁰ A reentry survey focused on Boston found respondents with a history of addiction were more likely to experience unstable housing or live outside regular households than the general population.¹⁰¹ Strong evidence links homelessness to greater use of emergency room services.¹⁰²

Effects of incarceration on housing stability extend to the families of incarcerated people as

well. A fair amount of evidence indicates mothers whose partners have been incarcerated are 50% more likely to face housing insecurity than other mothers.¹⁰³ A fair amount of evidence suggests stable housing provides better access to healthcare, substance abuse treatment, and mental health services.¹⁰⁴ Housing instability creates chronic stress associated with poor health, according to a fair amount of evidence.¹⁰⁵ When collateral sanctions restrict access to rent subsidies, the increased financial burden has been linked to poor mental and physical health.¹⁰⁶

Formerly incarcerated people experience negative health impacts from the stress of the prejudice and stigma of criminal convictions that create additional barriers to employment and supportive policies to help them transition into a healthier lifestyle.¹⁰⁷ There is strong evidence to suggest misdemeanor convictions come with less prejudice and stigma.¹⁰⁸

Harsh sentencing practices have ripple effects that extend beyond the family. Residents living in communities where a relatively high percentage of the population has been incarcerated suffer health consequences even if those residents themselves were never incarcerated.¹⁰⁹ There is strong evidence to indicate that neighborhoods with high rates of incarceration have poor overall population health, poor mental health, and higher rates of sexually transmitted infections.¹¹⁰ There is some evidence, albeit mixed, suggesting the health of children attending schools in areas with high rates of parental incarceration is also negatively impacted.¹¹¹

Components of S.B. 3 and H.B. 1 would reduce the lasting effects of collateral consequences. These barriers put long-term financial security out of reach, contributing to poor mental and physical health as well as rates of addiction and recidivism.¹¹²

Research methodology

Once the bill was selected, the research team hypothesized the bill's likely impacts, including health outcomes. The bill components were mapped into steps on a pathway of impacts. Research questions and a list of keywords to search were developed. We reached consensus on the final conceptual model, research questions, contextual background questions, keywords, and keyword combinations. External subject matter experts reviewed a draft of the note. A copy of the conceptual model is available upon request.

Our five research questions related to the bill components examined:

1. To what extent does incarceration affect addiction rates?
2. To what extent does treatment affect addiction rates?
3. To what extent does incarceration affect the health of incarcerated individuals, their families and communities?
4. To what extent does incarceration or a criminal record affect employment, income and housing?
5. To what extent do employment, income and housing affect health?

We then conducted an expedited literature review¹¹³ using a systematic approach to minimize bias and answer each of the identified research questions. We limited the search to systematic reviews and meta-analyses of studies first, since they provide analyses of multiple studies or address multiple research questions. If no appropriate systematic reviews or meta-analyses were found for a specific question, we searched for nonsystematic research reviews, original articles, and research reports from U.S. agencies and nonpartisan organizations. The search was limited to electronically available sources published between January 2015 and March 2020. However, research cited by these sources was also explored, some of which may have been published before 2015.

We searched PubMed and EBSCO databases along with the following leading journals to explore each research question: The American Journal of Public Health, Social Science and Medicine, Health Affairs, Health & Justice and the Journal of Substance Abuse Treatment. For all searches, the team used the following key terms: addiction, incarceration, “community health,” “parental incarceration,” “life course,” “collateral sanctions,” employment, housing, income, education, health, “felony reclassification.”

We also searched the websites of subject matter experts including Pew Research Center, the National Institute on Drug Abuse, and the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

After following the above protocol, the team screened 92 abstracts and excluded 22 that did not meet inclusion criteria. They reviewed the remaining 70 articles in full.¹¹⁴ Forty-four of those articles failed to meet inclusion criteria; the remaining 26 were included in the health note. In addition, the team used 12 references to provide contextual information.

Of the studies included, the strength of the evidence was qualitatively described and categorized as: very strong evidence, strong evidence, a fair amount of evidence, mixed evidence, or not well researched. The evidence categories were adapted from a similar approach from another state.¹¹⁵

Very strong evidence: The literature review yielded robust evidence supporting a causal relationship with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the relationship.

Strong evidence: The literature review yielded a large body of evidence on the association, but the body of evidence contained some contradictory findings or studies that did not incorporate the most robust study designs or execution or had a higher than average risk of bias; or some combination of those factors.

A fair amount of evidence: The literature review yielded several studies supporting the association, but a large body of evidence was not established; or the review yielded a large body of evidence but findings were inconsistent with only a slightly larger percent of the studies supporting the association; or the research did not incorporate the most robust study designs or execution or had a higher than average risk of bias.

Mixed evidence: The literature review yielded several studies with contradictory findings regarding the association.

Not well researched: The literature review yielded few if any studies or yielded studies that were poorly designed or executed or had high risk of bias.

Acknowledgements

This health note benefits from the insights and expertise of Stephen JohnsonGrove, Strategy Director for the Ohio Transformation Fund; Gary Daniels, Chief Strategist for ACLU-Ohio; and Piet van Lier, Justice Reform Research Consultant for Policy Matters Ohio. Research was conducted with the invaluable assistance of Policy Matters interns Colleen Gravens, Lillian Platten, Zane Steiber and Morgan Williams.

Endnotes

- 1 H.B. 1 and S.B. 3, 133rd General Assembly, Regular Session, 2019-20 (OH).
- 2 Sevigny, E., Pollack, H., & Reuter, P. (2013). "Can Drug Courts Help to Reduce Prison and Jail Populations"? *Annals of the American Academy of Political and Social Science*, 647, 190-212. Retrieved from <http://proxy.ulib.csuohio.edu:2087/stable/23479101>. See also Mitchell, Ojmarrh. "Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts." *Journal of Criminal Justice*. Vol. 40, Issue 1. 2012 and Zarkin, G.A., Cowell, A.J., Hicks, K.A., Mills, M. J., Belenko, S., Dunlap, L.J., and Keyes, V. "Lifetime Benefits and Costs of Diverting Substance-Abusing Offenders from State Prison." *Crime & Delinquency*. 2015. <https://doi.org/10.1177/0011128712461904>.
- 3 Kirk, David S. and Sara Wakefield. "Collateral Consequences of Punishment: A Critical Review and Path Forward." *Annual Review of Criminology*. Vol. 1. 2018. <https://www.annualreviews.org/doi/full/10.1146/annurev-criminol-032317-092045#article-denial>. See also Wildeman, Christopher and Emily A. Wang. "Mass incarceration, public health, and widening inequality in the USA." *The Lancet*. v. 389. 2017
- 4 See note 1.
- 5 Burki, Talha. "Prisons are 'in no way equipped' to deal with COVID-19." *The Lancet*. v. 395. 2020.
- 6 Dumont, D., Brockmann, B., Dickman, S., Alexander, N., Rich, J.D. "Public Health and the Epidemic of Incarceration." *Annual Review of Public Health*. Vol. 33: 325-339. (2012). See also Wildeman, Christopher. "Incarceration and population health in wealthy democracies" *Criminology*. Volume 54, Issue 2. May 2016.
- 7 See Sevigny, note 2.
- 8 Zarkin, G.A., Cowell, A.J., Hicks, K.A., Mills, M. J., Belenko, S., Dunlap, L.J., and Keyes, V. "Lifetime Benefits and Costs of Diverting Substance-Abusing Offenders from State Prison." *Crime & Delinquency*. 2012. <https://doi.org/10.1177/0011128712461904>
- 9 Mittelmark MB, Sagy S, Eriksson M, et al., editors. *The Handbook of Salutogenesis*. "The Application of Salutogenesis to Correctional Officers in Corrections Settings": Springer; 2017.
- 10 Massoglia, Michael and Brianna Remster. "Linkages between incarceration and health." *Public Health Reports*. V. 134. 2019.
- 11 See Sevigny, note 2.
- 12 See Massoglia, note 10.
- 13 See Kirk, note 3.
- 14 See Massoglia, note 10.
- 15 See Kirk, note 3.
- 16 Chavira, D. and Jason, L., The Impact of Limited Housing Opportunities on Formerly Incarcerated People in the Context of Addiction Recovery. *J Addict Behav Ther*. 2017; 1(1) <https://bit.ly/2tzRpwu>.
- 17 Geller, Amanda, and Allyson Walker Franklin. "Paternal Incarceration and the Housing Security of Urban Mothers." *Journal of Marriage and Family* vol. 76,2 (2014): 411-427. <https://bit.ly/2SXlpwR>
- 18 Gifford, Elizabeth J., "How Incarceration Affects the Health of Communities and Families." *North Carolina Medical Journal*. Vol. 80, Issue 6. 2019.

- 19 Prison Policy Initiative. Ohio profile. Accessed May 26, 2020. www.prisonpolicy.org/profiles/OH.html
- 20 Ibid.
- 21 Ibid.
- 22 Based on a comparison of ODRC's current population estimates to ODRC's 2015 Strategic Capital Master Plan: https://www.drc.ohio.gov/Portals/0/CAM/Ohio%20DRC%20Master%20Plan_Final%20Report_updated.pdf?ver=2018-01-24-105454-747
- 23 Ohio Department of Rehabilitation and Correction. COVID-19 Inmate Testing report. Accessed June 18, 2020. <https://coronavirus.ohio.gov/static/reports/DRCCCOVID-19Information.pdf>
- 24 Ohio Justice and Policy Center. Civil Impacts of Criminal Convictions under Ohio Law database. Accessed May 26, 2020. <https://civicc.opd.ohio.gov/>
- 25 The Council of State Governments Justice Center. National Inventory of Collateral Consequences. Accessed May 26, 2020. <https://niccc.csjjusticecenter.org/about/>
- 26 Shields, Michael. "Wasted assets: The cost of excluding Ohioans with a record from work." Policy Matters Ohio. December 18, 2018. http://bit.ly/WastedAssets_OH
- 27 Ibid.
- 28 "Federal Drug Sentencing Laws Bring High Cost, Low Return." The Pew Charitable Trusts. August 27, 2015. <http://bit.ly/2OCPnUW>
- 29 Perry, Amanda E., et al. "Are Non-Pharmacological Interventions Effective in Reducing Drug Use and Criminality? A Systematic and Meta-Analytical Review with an Economic Appraisal of These Interventions." International Journal of Environmental Research and Public Health. September 2016.
- 30 Elderbroom, Brian and Julia Durnan. "What Happens when states Defelonize Drug Possession?" The Urban Institute. October 10, 2018.
- 31 van Lier, Piet. "Sentencing reform through a stronger S.B. 3," Policy Matters Ohio. May 13, 2019. <http://bit.ly/2nvBuwv>.
- 32 Title 29 of the Ohio Revised Code § 2951.041, available at <http://codes.ohio.gov/orc/2951.041>
- 33 Ibid.
- 34 H.B. 1, 133rd General Assembly, Regular Session, 2019-20 (OH).
- 35 See Dumont, note 6.
- 36 Khazan, Olga. "The Prison-Health Paradox." The Atlantic. April 7, 2017. <https://www.theatlantic.com/health/archive/2017/04/the-prison-health-paradox/522090/>
- 37 See Sevigny, note 2.
- 38 See Zarkin, note 8.
- 39 See Sevigny, note 2.
- 40 Lilley, D. R., DeVall, K., & Tucker-Gail, K. "Drug Courts and Arrest for Substance Possession: Was the African American Community Differentially Impacted?" Human Factors, 61(2), 352-374. 2019. <https://proxy.ulib.csuohio.edu:2096/10.1177/0011128718789856>
- 41 Ibid.
- 42 Ibid.

- 43 Ibid.
- 44 See Massoglia, note 10.
- 45 Ibid.
- 46 Ibid.
- 47 Ibid.
- 48 Ibid.
- 49 Ibid.
- 50 Wildeman, Christopher and Emily A. Wang. "Mass incarceration, public health, and widening inequality in the USA." *The Lancet*. v. 389. 2017.
- 51 Ibid.
- 52 See Mittelmark, note 9.
- 53 Ohio 2017 BRFSS Annual Report. Ohio Department of Health. p. 11. 2017. <http://bit.ly/2017BRFSS>
- 54 See Mittelmark, note 9.
- 55 See note 23.
- 56 Ibid.
- 57 S.B. 3, 133rd General Assembly, Regular Session, 2019-20 (OH).
- 58 See note 1.
- 59 See note 34.
- 60 Shields, Michael. "Breaking barriers: Issue 1 could put Ohioans back to work." *Policy Matters Ohio*. October 9, 2018. <https://bit.ly/3fQLNAX>
- 61 See Massoglia, note 10.
- 62 Ibid.
- 63 See Gifford, note 18.
- 64 Mucci, N., Giorgi, G., Roncaioli, M., Perez, J., Arcangeli, Giulio. (2016). The correlation between stress and economic crisis: a systematic review. *Neuropsychiatric Disease and Treatment*. 12: 983-993.
- 65 Ibid.
- 66 See Gifford, note 18.
- 67 Ibid.
- 68 Wildeman, Christopher, Alyssa W. Goldman and Kristin Turney. "Parental Incarceration and Child Health in the United States." *Epidemiologic Reviews*. V. 40. 2018.
- 69 Ibid.
- 70 See Gifford, note 18.
- 71 See Wildeman, note 50.
- 72 See Wildeman, note 68.

73 Ibid.

74 Ibid.

75 Ibid.

76 Ibid.

77 Ibid.

78 See Shields, note 26.

79 Ibid.

80 Keene, D., Rosenberg, A., Schlesinger, P., Guo, M., Blankenship, K., Navigating Limited and Uncertain Access to Subsidized Housing After Prison. *Housing Policy Debate*. 2018 ; 28(2): 199-214. <https://bit.ly/2s1Cef4>

81 Testa, Alexander, and Dylan B. Jackson. "Food Insecurity Among Formerly Incarcerated Adults." *Criminal Justice and Behavior*, vol. 46, no. 10, Oct. 2019, pp. 1493-1511.

82 Ibid.

83 See Shields, note 26.

84 Taliaferro, W., and Pham D., *Incarceration to Reentry: Education & Training Pathways in Ohio*. Center for Law and Social Policy. 2018.

85 Kaplan R, Spittel M, David D (Eds). *Population Health: Behavioral and Social Science Insights*. AHRQ Publication No. 15-0002. Rockville, MD: Agency for Healthcare Research and Quality and Office of Behavioral and Social Sciences Research, National Institutes of Health; July 2015.

86 See Wildeman, note 50.

87 Weiss, Elayne. "Housing access for people with criminal records." National Low Income Housing Coalition. 2019.

88 McCarty, A. Falk, G., Aussenberg, R Carpenter, D. Drug Testing and Crime-Related Restrictions in TANF, SNAP, and Housing Assistance. Congressional Research Service. 2016. <https://fas.org/sgp/crs/misc/R42394.pdf>

89 See Chavira, note 16.

90 Couloute, Lucius. *Nowhere to Go: Homelessness among formerly incarcerated people*. Prison Policy Initiative. 2018. <https://bit.ly/2FmhxO6>

91 Ibid.

92 Ibid.

93 Geller, Amanda, and Marah A Curtis. "A Sort of Homecoming: Incarceration and the housing security of urban men." *Social science research* vol. 40,4 (2011): 1196-1213. <https://bit.ly/2QQLuLt>

94 Ibid.

95 Ibid. See also: Keene, note 80.

96 Ibid.

97 See Couloute, note 90.

98 See Geller, note 93.

99 Ibid. See also: Keene, note 80.

100 See Chavira, note 16.

101 Western B, Braga AA, Davis J, Sirois C. Stress and Hardship after Prison. *AJS*. 2015 Mar; 120(5):1512-47. <https://bit.ly/2tCsKY6>

102 See Keene, note 80.

103 See Geller, note 17.

104 See Geller, note 93.

105 See Massoglia, note 10.

106 See Keene, note 80.

107 Rade, Candalyn B. et al. "A meta-analysis of public attitudes toward ex-offenders." *Criminal Justice and Behavior*. Vol. 43, No. 9. 2016.

108 Ibid.

109 See Wildeman, note 50.

110 Ibid.

111 Ibid.

112 See Kirk, note 3.

113 Expedited reviews streamline traditional literature review methods to synthesize evidence within a shortened timeframe. Prior research has demonstrated that conclusions of a rapid review versus a full systematic review did not vary greatly. See Cameron A. et al., "Rapid versus full systematic reviews: an inventory of current methods and practice in Health Technology Assessment," (Australia: ASERNIP-S, 2007): 1-105, https://www.surgeons.org/media/297941/rapidvsfull2007_systematicreview.pdf.

114 Many of the searches produced duplicate articles. The number of sources screened does not account for duplication across searches in different databases.

115 Washington State Board of Health, "Executive Summary: Health Impact Review of HB 2969," <http://bit.ly/2WSO6t7>.