

Opponent Testimony- Senate Bill 261
Ohio House Government Oversight Committee
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Good afternoon Chair Shane Wilken, Vice Chair Andrea White and Ranking Member Richard Brown and to each member of the Ohio House Government Oversight Committee. Thank you for this opportunity to provide opponent testimony for Senate Bill 261.

My name is Amanda Conn Starner. I am a senior director at PreventionFIRST! which is a non-profit organization that has served the Greater Cincinnati region since 1996. I am a certified prevention specialist with the Ohio Chemical Dependency Professionals Board and a certified health specialist with the National Commission for Health Education Credentialing.

In Ohio, PreventionFIRST!'s service area includes the counties of Hamilton, Butler, Warren, Montgomery, Clinton, Clermont, Brown, Highland and Adams. We also work in three counties in Indiana and eight counties in Northern Kentucky.

PreventionFIRST!'s vision is that all communities apply prevention strategies in every stage of life. Our mission is that PF! implements best practice strategies to reduce the risk of behavioral health disorders.

We work with more than 12 sectors in a community to improve access to prevention. Schools, public health departments, businesses, law enforcement, the faith community, and parents are just a few of the many community entities that help us carry out more prevention awareness and reduction of substance abuse rates.

While much of our work includes prevention awareness across the life span, youth is a primary audience we focus on. In my role, I oversee the development and sustainability of more than 30 community-based coalitions. These coalitions are in rural, urban and suburban parts of the Tristate. Each of the coalitions is led primarily by volunteers who are committed to behavioral health prevention.

I am in support of the positions that my prevention colleagues from Prevention Action Alliance and the Montgomery County Prevention Coalition will present today. I would like to bring to your attention an element of Senate Bill 261 that would permit medical marijuana dispensaries to market on social media platforms.

Every two years for the past 20 years, PreventionFIRST! has administered a valuable assessment tool in the Cincinnati area called the Student Use Survey. This tool allows us to understand the scope of substance use, attitudes by youth, adults, and peers, and determine the strengths and gaps of prevention programs and policies in schools and communities. We ask questions in regard to substance use, mental health, gambling and other lifestyle habits and behaviors.

For the past two survey cycles going back to 2018- marijuana has surpassed all other substances and has become the top drug choice for youth. The same survey has shown that the age of first use for marijuana is 14. This age is in line with the national yearly drug use survey called Monitoring the Future. The Monitoring the Future survey is funded by the National Institute on Drug Abuse and conducted by the University of Michigan. It has measured drug and alcohol trends since 1975.

Coalitions in the Tristate are seeing consistent drops in perception of harm among their peers, their parents and the community around the dangers of marijuana use. The community norms and marketing of marijuana gives the perception that marijuana must be okay to use since there is medical marijuana. The more youth hear about medical marijuana the more misconceptions they have that marijuana in general is safe and harmless for kids.

Nearly 9.6 million young people aged 12-25 used marijuana in the past month. Past month use is indicative of frequent use (SAMSHA- 2019 National Survey on Drug Use and Health). Chronic marijuana use is associated with cognitive impairment, poor academic performance and reduced educational attainment (Journal of Clinical Psychiatry 2018). The National Institute on Drug Abuse reports compared to those who don't use marijuana, those who frequently use the drug report lower life satisfaction, poorer mental health, poorer physical health, less career success, and more relationship problems.

Increasing more marketing of a substance under the header of medical marijuana on social media platforms may only exacerbate the non-medical use of marijuana by individuals who do not have fully developed brains yet. It would be important to eliminate the use of social media for medical dispensary marketing and advertisement. The marketing could come in other forms that youth and young adults do not have access too.

Thank you for your time and consideration. I am happy to answer any questions from the committee.

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