



Jodi Salvo
Director of Substance Use Disorder Prevention, OhioGuidestone
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Opponent Testimony
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Chairman Wilkin, Vice Chair White, Ranking member Brown and members of the Government Oversight Committee, my name is Jodi Salvo, I am the Director of Substance Use Disorder Prevention for OhioGuidestone, which is one of Ohio's largest non-profit behavioral health organizations, serving 34 Ohio counties. I coordinate Empower Tusc, a community substance use prevention coalition, I serve on the advisory council for Ohio's Statewide Prevention Coalition Association and am on the Board of Directors for Ohio's Prevention Professionals Association. I have over 20 years of practice in the field of social work and over 10 years in the field of prevention.

First, I want to thank you for this opportunity to provide opponent testimony on Senate Bill 261. I do understand the dilemma the General Assembly is facing on the marijuana issue, but I am opposed to Senate Bill 261 for four major reasons. Areas of opposition are around the extremely high THC products (up to 90%), advertising, the expansion of medical diagnoses, and removing oversight authority from the Ohio State Board of Pharmacy and placing it under the Department of Commerce.

As a Prevention Professional, our field works to prevent addiction among our youth and vulnerable populations. My area of expertise is to work in communities to reduce risk factors that can lead to substance use addiction and to promote protective factors that help young people lead healthy, drug free lives, which then leads to healthy and thriving individuals, families, communities and a healthier Ohio.

In advocating for healthy communities, I first want us all to be mindful that the pandemic has taken its toll on Ohio. We have experienced catastrophic increases in addiction, overdose deaths, and in mental health challenges. The last thing we should be exploring at this time is how to place more high potency drugs in our communities. THC products with up to 90% potency have absolutely no place in a medical program, as there is no studies or research to support the medical benefit of high potency products. In fact, high THC products have been

shown to be a risk factor in developing cannabis use disorder. In a recent 2022 Harvard study in the Journal of the American Medical Association, “Effect of Medical Marijuana Card Ownership on Pain, Insomnia, and Affective Disorder Symptoms in Adults”, findings show that the ownership of a medical marijuana card led to rapid onset and increased incidence and severity of cannabis use disorder in some participants, particularly those with a chief concern of anxiety or depressive symptoms. There were no observed benefits of obtaining a medical marijuana card for pain, anxiety, or depressive symptoms. What is so confusing about marijuana as medicine is the lack of understanding by many about potency, products, research and the differences between THC and CBD. We can see potential medical promise on CBD products to address some medical issues yet, we see that with high THC products it can actually exacerbate the problems that people are trying to treat. The risks of physical dependence, addiction and other negative consequences such as drugged driving increase with exposure to high concentrations of THC. Higher doses of THC are more likely to produce anxiety, agitation, paranoia, psychosis, and suicidality. These harms are costly to individuals and society impacting mental health, educational achievement, workplace safety, and raising the risks of addiction and misuse of other substances. These high THC products are of major concern, as these are the products that are more favorable to young people. We also know that higher THC potency on un-developed brains (under the age of 25), is a bad combination for addiction. In our county we had two scenarios of students bringing in edibles to school within this past month, and sharing them with their peers. This happened in two different school districts among both a sixth grade and a freshmen classroom. Our young people are much more likely to initiate marijuana with the high potency products, as these products are much more appealing to our youth and include edibles and vaporization. Please note that our current crisis with young people vaping nicotine, has been an on-ramp for our young people to use marijuana. Until we get a better control of youth vaping, marijuana products that are vaporized will be particularly appealing to our young people and again, vaping marijuana is a higher THC content product. Senate Bill 261 will make more access and availability to higher THC marijuana products in our communities and this has the potential to lead to more marijuana use and addiction.

Advertising is another major concern with Senate Bill 261. It allows dispensaries to advertise on social media without receiving prior approval from the Division of Marijuana Control. We first need to look at how advertising prescription drugs has served our nation. The United States is one of only two countries where drug makers are allowed to market prescription drugs directly to consumers. The United States also takes far more pills than people in any other country, coincidence? If we want to really look at the impact of advertising on addiction for profit industries, we need only to reflect on what we experienced with Big Tobacco. They marketed that their product was healthy, all natural, had medical benefit, promoted everyone is doing it and hooked generations upon generations. I have been following this issue for years, and it is evident that the Cannabis Industry is using Big Tobacco’s playbook, page by page. Please note, advertising creates a decrease perception of harm, and a decrease perception of harm among our young people creates an increase in youth use. Is advertising medicine going to go well for

Ohio? Please take a moment to consider the impact Big Tobacco advertising has had on addiction and the role advertising has had on the opioid epidemic.

It is also concerning that Senate Bill 261 expands marijuana as medicine to treat conditions that are not supported by research. We are opposed to legislatively expanding the types of medical conditions that would qualify for treatment without the research to support the expansion. The catch-all provision that would allow a physician to recommend marijuana for any condition is extremely concerning. Please note that the American Medical Association, the Association for Addiction Professionals, the American Psychiatric Association, the American Academy of Ophthalmology, the FDA, and the list goes on and on of reputable associations and organizations that do not endorse the use of marijuana as medicine. With that being said, we have already chosen the path of marijuana as medicine, lets now ensure that the road we are going down will not lead to a path of destruction by saturating our communities with high potency products under the guise of a “needed” expansion of Ohio’s medical marijuana program. This catch-all provision in Senate Bill 261 makes me question if we really talking about medicine in this bill or is this a way to ensure that every Ohioan can legally have access to marijuana. Let us look at the proposed expansion of diagnosis to include the treatment of opioid use disorder. At this time there is no evidence that marijuana works to treat opioid use disorder. Initial findings that have been touted by the cannabis industry from the Bachhuber et al. study which looked at the time period from 1999 to 2010 of states with medical cannabis laws and it demonstrated that these states experienced slower increases in opioid overdose mortality. When in fact, another study which used the same methods to extend Bachhuber et al.’s analysis through 2017, found that findings from the original analysis did not hold over the longer period, but the association between state medical cannabis laws and opioid overdose mortality reversed direction from -21% to +23% and remained positive after accounting for recreational cannabis laws. I again caution us to reflect on how we moved forward as a nation accepting from pharmaceutical companies that opioid pain medication was the answer to all our problems. As we now know, this industry made billions, and look at the price we paid. Is this any different? Are we going to accept the messaging that the cannabis industry is promoting that marijuana is the solution to all of our medical problems, when in reality they are driven by profits for marijuana use and expansion. We need to learn from the opioid epidemic and protect our people from this addiction for profit industry.

My last major area of concern would be removing oversight authority from the Ohio State Board of Pharmacy and placing it under the Department of Commerce. If indeed we are truly speaking about marijuana as medicine, why would we place oversight authority of this program under the Department of Commerce. The State Board of Pharmacy has been set up as the single State agency in Ohio responsible for administering and enforcing laws governing the practice of pharmacy and the legal distribution of drugs. Whereas, the Department of Commerce’s mission is to promote prosperity for businesses, which gives their department a stake in expanding the business of marijuana, rather than protecting the public by administering and enforcing laws around the distribution of medication.

In conclusion, please take into consideration these issues and concerns. This particular piece of legislation and any others to expand marijuana access and potency bears much weight and responsibility. The unintended consequences that can come from marijuana expansion and promotion can cause a detrimental negative impact on our people and our State. There are significant negative health and public safety implications to increasing the availability of high potency drugs into our communities, while decreasing the perception of harm around marijuana use. I caution our legislature in moving forward with expansions in the medical program, which are not supported by science and research. I think you first must carefully consider is SB 261 really about medicine, or is it one-step closer to preparing our State for commercialization. Senate Bill 261 looks to me as if we are playing into the Cannabis Industries game plan. We have seen this same course of action in other states. First, adopting a medical program, and then expanding it to get ready for their end game, which is the commercialization of marijuana. We have a responsibility to our young people, our vulnerable populations, families, communities and Ohio to do the right thing. My hope is that this committee will see fit to maintain Ohio's current medical marijuana program or take in consideration the concerns provided by opponent testimonies to modify SB 261.

Thank you for your time and service and allowing me speak on this proposed legislation. I welcome any questions from this committee.