



# Ohio Prosecuting Attorneys Association

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Senate Bill 261  
Written Opponent Testimony  
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Chairman Rulli, Vice-Chair Lang, Ranking Member Sykes and members of the Senate Small Business and Economic Opportunity Committee, thank you for the opportunity to provide written opponent testimony on Senate Bill 261 to make changes to Ohio's medical marijuana program. While we can certainly appreciate the dilemma faced by the General Assembly on the marijuana issue and do not fault the sponsor for a good faith attempt to address concerns raised by the advocates of marijuana policy reform, we are opposed to Senate Bill 261 for three reasons.

First, we are opposed to removing oversight authority from the State Board of Pharmacy and placing it solely under the Department of Commerce. According to the Ohio Department of Commerce website, the Department is the State's chief regulatory agency with a mission "to promote prosperity for businesses and the state..." The Department is self-supporting through fees. The State Board of Pharmacy on the other hand is, according to their website "the single State agency in Ohio responsible for administering and enforcing laws governing the practice of pharmacy and the legal distribution of drugs." Marijuana remains a Schedule I controlled substance and should therefore remain subject to oversight by the State Board of Pharmacy. When the original medical marijuana legislation was enacted in 2016 the legislation was promoted to our Association as a good idea because it would be carefully and tightly regulated. Now, Senate Bill 261 would undo, at least partially, that regulation. It would place what is left of it under a department that has a primary purpose of promoting prosperity for business and that, due to its self-funding nature, will have a vested interest in expanding the business of marijuana rather than protecting the public from the dangerous effects of Schedule I drug.

Second, we are opposed to legislatively expanding the types of medical conditions that would qualify for treatment with marijuana and in particular to the catch-all provision that would allow a physician to prescribe marijuana for any condition. Neither the FDA nor the American Medical Association endorses using marijuana as though it were medicine. Dr. Susan R. Bailey, the Immediate Past President of the AMA said as recently as April of this year that "significant public health and safety questions remain" noting that the "National Academies of Sciences, Engineering and Medicine maintains that the medicinal benefits of cannabis are largely unknown, and that its use is associated with lower birth weight, an increased number of car accidents and other risks." Finally, Dr. Bailey stated that "Our AMA does not support legalization of cannabis for adult use until additional scientific research has been completed for fully document the public

health, medical and economic consequences of its use.”<sup>1</sup> Any expanded use of marijuana, medical or otherwise, should be subject to the same research, study, and approval process as any other medicine.

Finally, Senate Bill 261 is simply another step toward recreational use marijuana. We remain opposed to Ohio going down this path because we believe there are significant negative health and public safety implications of relaxed drug laws. In addition to the general lack of research and understanding about the impacts of marijuana use, what research does exist in terms of public safety should be cause for alarm. Earlier this year, the Colorado Department of Public Safety, Division of Criminal Justice released a report on the “Impacts of Marijuana Legalization in Colorado.”<sup>2</sup> A few highlights:

- The number of DUI summonses issued by the Colorado State Patrol in which marijuana-alone or marijuana-in-combination was recorded increased by 120% between 2014 and 2020.
- The number of fatalities with cannabinoid-only or cannabinoid-in-combination positive drivers increased 140%, from 55 in 2013 to 132 in 2019.
- A 2019 survey conducted by the Colorado Department of Public Health and Environment found that 3.5% of adults reported driving within two-to-three hours of using marijuana in the past-30 days, while 18.6% of recent marijuana users reported this behavior.

That’s just traffic safety. Table 45 of the report also shows that violent crime in Colorado increased by 20% between 2012 and 2019, preceding the current uptick in violent crime nationally.

While we certainly recognize that SB 261 does not permit recreational use, and therefore does not mirror Colorado law, its shift to a business model of oversight still represents a step in the direction of normalizing the use of a dangerous drug that’s effects we know little about.

Thank you again for the opportunity to provide written testimony. It is our sincere hope that the committee will see fit to maintain Ohio’s current model of carefully and tightly regulated use of medical marijuana that includes oversight by those responsible for the legal distribution of drugs in Ohio.

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<sup>1</sup> <https://www.ama-assn.org/about/leadership/questions-still-surround-cannabis-use-and-public-health>

<sup>2</sup> [https://cdpsdocs.state.co.us/ors/docs/reports/2021-SB13-283\\_Rpt.pdf](https://cdpsdocs.state.co.us/ors/docs/reports/2021-SB13-283_Rpt.pdf)