
Prevention Action Alliance

Lifetime Prevention | Lifetime Wellness

House Bill 354

Ohio House Finance Committee

Prevention Action Alliance

December 12, 2023

Chairman Edwards, Vice-Chair LaRe, Ranking Member Sweeney and members of the House Finance Committee. Thank you for the opportunity to provide opponent testimony on House Bill 354, a bill that would revise the adult use marijuana program established in Issue 2. My name is Maggie Lutterus, and I am the Advocacy and Public Policy Coordinator of Prevention Action Alliance (PAA). PAA is a statewide nonprofit prevention agency based in Columbus, Ohio and has been in existence for over thirty years. Prevention Action Alliance is dedicated to leading healthy communities in the prevention of substance misuse and the promotion of mental health wellness. Our organization offers an abundance of resources, training services, grants, and advocacy opportunities for those who are active in the prevention and mental health fields.

PAA requests that this committee maintain the current language as provided in HB 86 that reduced the potency from 90 percent to 50 percent of extracts. Studies have found direct associations between how much a user ingests, how regularly they ingest it, and how strong the THC is with increased risk of the development of mental health issues. People who start smoking marijuana heavily in their teens and have an ongoing marijuana use disorder lose an average of 8 IQ points between ages 13 and 38. These lost mental abilities do not fully return to those who quit marijuana as adults.¹ People who use marijuana are more likely to develop psychosis and long-lasting mental disorders, including schizophrenia². The association between marijuana and schizophrenia is stronger in people who start using marijuana at an earlier age and at a more frequent rate³. By reducing the THC content extract cap percentage, youth and young adults will be protected and more likely to not experience as many negative health impacts.

¹ <https://nida.nih.gov/publications/drugfacts/cannabis-marijuana>

² <https://www.cdc.gov/marijuana/health-effects/mental-health.html>

³ <https://www.cdc.gov/marijuana/health-effects/mental-health.html#:~:text=The%20association%20between%20marijuana%20and,%2C%20suicide%20attempts%2C%20and%20suicide.>

PAA also supports the Senate version HB 86 reduction of homegrown marijuana. The homegrown language in Issue 2 would have allowed for a thriving underground and unregulated market activity to continue a portion of their cultivation functions- legally. Issue 2 language does not have any plant size limitations, allowing for unregulated growth and an unknown amount of marijuana being produced. A reduction in homegrown marijuana plants will reduce the likelihood of an expanded unregulated market that operates outside of law enforcement jurisdiction. With homegrown increasing access to marijuana, PAA is also concerned for a surge in accidental children exposure and consumption. As medical marijuana became legal, Ohio saw an increase in accidental marijuana poisonings in children.

Although we are pleased to see in the Senate version that there is some funding for marijuana substance abuse treatment, funding prevention education and community prevention programs should also be specifically identified and earmarked. PAA recommends that a portion of this fund should be allocated to age appropriate and evidence-based prevention education for K-12 schools as well as to Ohio colleges and universities in partnership with the Department of Mental Health and Addiction Services, the School-Based Center of Excellence for Prevention & Early Intervention, the Department of Education and Workforce, and the Department of Higher Education. Effective school-based prevention programs generate \$18 in savings for every dollar spent and go beyond just marijuana prevention, but other substance and addiction prevention.

In addition, a portion of this fund should be allocated to support community prevention coalition, programs, and activities across the state. Ohio has 92 prevention coalitions and 62 suicide prevention coalitions across the state that do impactful advocacy and programming that deters the behaviors that lead to a substance use disorder diagnosis. Each community is unique and so is every prevention coalition. As prevention coalitions identify prevention strategies to meet their community needs, it is imperative that funding within the marijuana substance abuse, treatment and prevention fund be available, that it is flexible, equitable, and accessible across all communities in Ohio to implement community specific prevention strategies. As each prevention coalition is different, so are our communities.

PAA would like to see home rule authority that allows for townships, cities, and villages to regulate zoning and prohibiting marijuana operators in their community. PAA would also like to see the host communities fund be expanded to all communities as its incentives municipalities and townships to allow, and even encourage, dispensaries in their communities. The way the fund was set up in Issue 2 also did not allow counties the ability to receive funding, where many rural counties rely more heavily on county services rather than municipal.

In addition to home rule, PAA recommends that when a license is granted to a dispensary, cultivator, or processor that the appropriate political subdivision that has jurisdiction of the location of the marijuana operator receives notification, such as political subdivisions do for alcohol facilities.

Thank you, Chairman Edwards, Vice-Chair LaRe, and Ranking Member Sweeney for the opportunity to provide written testimony on HB 354. I would be happy to answer any questions or provide additional information at this time.