



Center FOR Christian Virtue

Public Policy. Engagement. Education.

Date: February 28, 2023

To: Senate General Government Committee

From: David Mahan

Policy Director

Center for Christian Virtue

Re: SB9 opposition testimony

To Chairman Rulli and the esteemed members of the Senate General Government Committee, my name is David Mahan and I am testifying on behalf of the Center for Christian Virtue, Ohio's largest Christian public policy organization.

There is a scripture that says that there is SAFETY in a multitude of advisors. However, there are two main sides to this marijuana debate, and both sides claim to have health and safety as their main consideration. With that said, if both sides have such opposing views about whether this marijuana expansion bill will either help or harm Ohio children and families, it might be helpful to determine the identity of some of the primary advisors on each side.

If you look back over the past two years of hearings on medical marijuana, including the proponent hearing held a few weeks ago, you will clearly see that the supporters are primarily made up of people from the marijuana industry asking that regulations be relaxed and potency be increased in order to allow the white collar dope dealers to beat out the black market dope dealers. Regardless of how they like to delineate between medical marijuana and recreational marijuana, the wisdom from other states and the Ohio money trail reveal the truth that there is but one addiction-for-profit industry functioning under two DBAs. As one proponent of SB 9 admitted in committee, the medical program is how they destigmatize marijuana. Also, the medical marijuana money is what funds the recreational program 5-6 years later. In the February 2nd edition of Cleveland.com's Capitol Letter, it was reported that, **"The campaign to legalize recreational marijuana raised \$1.3 million last year. Half of it came from the Marijuana Policy Project, the national advocacy organization behind the push for the legislature to legalize medical marijuana. Laura Hancock reports that the other contributors were mainly medical**

marijuana businesses in Northeast Ohio.”¹

So while one group of “advisors” is very clearly made up of the marijuana industry, and using the same Big Marijuana playbook that has ravaged other states that fell for the “pro medical, but anti recreational” narrative, who are the voices advocating for “health and safety” on the other side of the debate? How about the medical community? In an article entitled, “Why Cleveland Clinic Won’t Recommend ‘Medical Marijuana’ for Patients,” Cleveland Clinic made the following statement, “To be clear, there is a difference between medications and ‘medical marijuana’ in the popular sense of the term.”² For SB9 to be about medicine that can help with serious conditions like TBI, CTE, Opioid Use Disorder (OUD), and Chronic Pain, why do most of the major medical associations fail to concur?

- **CDC:** “using marijuana either alone or in combination with opioids has been shown to increase risk for opioid misuse. There is no evidence that marijuana works to treat opioid use disorder. FDA-approved [medications](#) are available to treat opioid use disorder.”³
- **CDC:** “Even though pain management is one of the most common reasons people report for using medical marijuana in the United States, there is limited evidence that marijuana works to treat most types of acute or chronic pain.”⁴
- **CDC:** “the number one risk factor for adolescent opioid misuse is having EVER used marijuana”⁵
- **Mayo Clinic:** “Chronic traumatic encephalopathy (CTE) is the term used to describe brain degeneration likely caused by repeated head traumas. CTE is a diagnosis made only at autopsy [after death] by studying sections of the brain.”⁶
- **Journal of Neurotrauma:** “There is not a single pharmacological agent with demonstrated therapeutic efficacy for traumatic brain injury (TBI)”⁷
- **The Hazelden Betty Ford Foundation:** “Medical Marijuana is not a solution to

¹ https://www.cleveland.com/news/2022/02/campaign-to-legalize-recreational-marijuana-in-ohio-raised-13-million-last-year.html?e=c1555bf430585855d4aaa96e1c94e7c9&utm_source=Sailthru&utm_medium=email&utm_campaign=Newsletter_capitol_letter%202022-02-02&utm_term=Newsletter_capitol_letter

² <https://newsroom.clevelandclinic.org/2019/01/10/why-cleveland-clinic-wont-recommend-medical-marijuana-for-patients/>

³ <https://www.cdc.gov/marijuana/health-effects/chronic-pain.html>

⁴ <https://www.cdc.gov/marijuana/health-effects/chronic-pain.html>

⁵ Youth Risk Behavior Study, 2020

⁶ <https://www.mayoclinic.org/diseases-conditions/chronic-traumatic-encephalopathy/symptoms-causes/syc-20370921>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8260892/>

the Opioid Crisis.”⁸

- **JAMA Pediatrics:** “Cannabis use disorder is a common comorbidity and risk marker for self-harm, all-cause mortality, and death by unintentional overdose and homicide among youths with mood disorders. These findings should be considered as states contemplate legalizing medical and recreational marijuana, both of which are associated with increased CUD.”⁹ This was a population-based study performed using Ohio Medicaid claims data linked with death certificates. The analysis included 204,780 youth.
- **AAA:** “There is no level of marijuana safe for driving”¹⁰

I can go on and on, listing all of the organizations like the American Medical Association, the American Society of Addiction Medicine, and the National FOP that oppose the commercialization of marijuana. However, there are others who can and should be “advising” such dangerous decisions from the myriad of states across the country that have already been duped by the marijuana industry, that first masquerades as “medical” before revealing its true recreational identity. While Ohio legislators were touring cannabis farms and pot shops last year, I decided to travel to Colorado to speak with experts that might inform me on more than just marijuana policy INTENTIONS, but marijuana policy OUTCOMES. One of those experts was **Dr. Kevin Sabet, who was the drug policy advisor for Presidents Obama, Clinton and G.W. Bush.** During a webinar held for the Ohio state legislature last year, Dr. Sabet made the following statement after exposing the marijuana industry’s “tax and regulate” strategy (attached), “[Medical marijuana] is a cover for full legalization. When you start to see the relaxing of regulations, you begin to see what this cycle is truly about. In Oklahoma, medical marijuana passed, and 2 days later the same group announced a recreational ballot initiative. **IT’S CLEAR THAT THIS IS A COVER IN OHIO.**” After the bill sponsors and the industry proponents admitted that the medical program is “dying” and that 50% of medical marijuana card holders are using their cards to cover for cheaper black market dope, they are asking the legislature to **increase the THC potency limit to 90%, remove safeguards on advertising,** add what one of the bill sponsors described as **“catch-all” language** that would allow people to obtain a medical marijuana card for just about any reason, and **transfer the “medical” program from the Board of Pharmacy to the Department of Commerce?** How can we not see the obvious

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<https://www.mayoclinic.org/diseases-conditions/chronic-traumatic-encephalopathy/symptoms-causes/syc-20370921>

⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7816117/>

¹⁰ <https://exchange.aaa.com/safety/substance-impaired-driving/cannabis-driving/>

pattern laid out by Dr. Sabet in SB9?

In that same webinar, **Dr. Ken Finn, the President of the American Pain Medicine Board and the Vice President of the International Academy on the Science and Impact of Cannabis**, stated that the legislature needs to understand that there are “Two sides to every P&L: Profit and **LOSS**”. After giving several examples of societal loss, he described a slide that showed that the #1 substance found in the toxicology reports of Colorado youth suicide victims age 10-19, was marijuana. When he recently heard one of the bill sponsors try to rationalize allowing the Ohio marijuana industry to increase THC potency to 90%, he responded, “There is no medical need to produce products with THC potency levels above 15%. NONE. Even Amsterdam has a THC cap of 15%”. He went on to say, “I’d also like to ask them, “How many kids across the country are ending up on a ventilator because of drinking orange juice?”

As Ohioans are already struggling with epidemic rates of addiction, historically high crime, and a mental health crisis, how does one come to the conclusion that the Marijuana Industry could actually be the **solution** to these problems- rather than exacerbate them? Again, maybe we should stop listening to “advisors” that stand to gain millions of dollars from the advice that they give.

In closing, one of the Sponsors of SB 9, stated that the failures we are seeing with the program are due to the fact that in 2016 they “put in too many regulations that are costing the Industry money”, and that they “didn’t know what they didn’t know”. Well... now we know. And to ignore a decade of the lived experiences of mayors, attorney generals, business owners, healthcare professionals, drug court judges, law enforcement agencies and treatment professionals from commercialized states would be utter insanity. That said, I would like to invite you all to watch a recording of a webinar CCV hosted for the Ohio General Assembly last year. I assure you that our presenters, **Dr. Kevin Sabet and Dr. Ken Finn, who will both be advising the United Nations later this month**, will help clear up any confusion you may have regarding marijuana’s relationship to the health and safety of the citizens of your community. The webinar and corresponding slides can be found [HERE](#).
(www.ccv.org/marijuana)

Sincerely,

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Center for Christian Virtue



The Cycle of "Tax and Regulate"

