Written Opponent Testimony - Senate Bill 9: Medical Marijuana
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As president of the Ohio Psychiatric Physicians Association (OPPA), a statewide medical specialty organization representing more than 1,000 physicians who specialize in the diagnosis, treatment and prevention of mental illnesses, including substance use disorders, I write today on behalf of the OPPA in opposition to Senate Bill 9.

As physicians who are dedicated to the health and well-being of the patients we treat, OPPA has serious concerns about the addition of autism spectrum disorder (ASD) and opioid use disorder (OUD) as a qualifying condition or disease for treatment with medical marijuana in Ohio. OPPA has held the position (since 2016) that Ohio should not allow cannabis manufacturers and distributors to circumvent the rigorous process of research and FDA approval for treatments that are marketed to individuals with mental illness. The current process for vetting pharmaceuticals through the FDA is the best process we have, to ensure purity, sterility, concentration, effectiveness, and safety. We believe that only medications that have been FDA approved should be marketed to our patients.

A comprehensive review of the literature concerning the use of cannabis for ASD by Aggarwal, et al, (2019) concluded that "There is currently insufficient evidence for cannabis use in ASD." Adverse outcomes in studies were found to include severe psychosis, increased agitation, somnolence, decreased appetite, and irritability. In short, the use of cannabis worsened many of the more challenging symptoms of autism. Overall, the current body of medical literature indicates marijuana and tetrahydrocannabinol (THC) contribute negatively to overall mental health outcomes. Therefore, the OPPA is extremely concerned that widespread use of medical marijuana will lead to worsening of mental health of patients with ASD, rather than improvement.

Additionally, our concerns about the addition of OUD to the list of conditions or diseases approved for medical marijuana in Ohio are well-summarized in *Cannabinoids for the Treatment of Opioid Use Disorder: Where is the Evidence?* by Suzuki and Weiss, published in the *Journal of Addiction* (2021). The authors of this commentary point out that while some studies point to a potential benefit in modulation of the endocannabinoid system for opioid withdrawal and opioid use disorders, rigorous research has not been completed to support cannabis use.

While population studies have suggested a benefit in approval of medical/recreational cannabis on opioid overdose statistics, later statistics from the same data showed a reversal in this relationship. Cannabis use among those on methadone maintenance was shown to have no effect on outcomes in a meta-analysis of 23 studies. Tetrahydrocannabinol (THC) analogs have been shown to help with opioid withdrawal in a few studies, particularly when combined with withdrawal management with buprenorphine, however, this was specific to the opioid withdrawal/detoxification period, not for long term opioid use disorder treatment.

Currently, we have several treatment options for opioid use disorder, and while these treatments have their limitations in some cases, including that they may not be tolerated by some individuals, the requirements for treatment may be onerous with potentially needing to dose daily at an approved clinic, and they may be less accessible to individuals in some areas. Though these treatments are by no means perfect, we do not agree that this warrants approval of cannabis for this indication because there is weak evidence thus far to support cannabis as a treatment for OUD.

We strongly believe that additional research is needed into these matters, with the same rigor that we expect of all pharmaceutical products. Thank you for your consideration of our remarks in opposition to SB 9. Please feel free to reach out to us if you have any questions.