PREVENTING TOBACCO ADDICTION FOUNDATION

Testimony in Support of Sub H.B. No. 86

Mr. Chairman and members of the committee. I'm Rob Crane, a Dublin Ohio family physician and retired professor at OSU. For the last 25 years I've also helped to run the Preventing Tobacco Addiction Foundation and its advocacy arm, Tobacco 21. We helped pass the clean indoor air laws in Central Ohio and subsequently the state, and we led the effort to raise the sales age for nicotine products to 21 in 42 states and nationally. As such I have some level of expertise on adolescent addiction and its consequences.

I'm here because of the vivid parallels between Big Tobacco and Big Marijuana. I'm here because when the foxes build the henhouse, you're going to lose a lot of hens. But of course, we aren't talking about hens, make no mistake, it's our kids they are after.

You have to admire the audacity of the backers of this initiative. They set themselves up for a complete monopoly for two years before anyone else can even apply for a recreational license. And I'm not even going to address the preposterous restrictions they put on our police forces doing field sobriety checks or preventing our licensing boards from disciplining doctors, nurses, barbers, optometrists, etc., that are impaired with THC addiction. I'd like to talk about kids.

One of the great … and terrifying things about having toddlers around is that they have endless curiosity and get into everything. If you leave something out, and turn your back for 2 minutes, whoops they're into it, whether it's magic markers on the walls, scaling the bannisters, or tasting the dog food. The thing is, if you're high, maybe your attention isn't all that focused, and the bag of marijuana gummy bears or brownies on the couch is within reach. 5 years ago, about 200 American toddlers were hospitalized with THC overdoses: last year 3000. Imagine getting the call that one of your grandchildren was in the ICU in a coma from gummy bears.

The thing is, that's largely preventable. Requiring child-proof, individual packages and lowering dosage limits to below those that would knock out a rhinoceros … or a parent … would help. But does this 50-page, 23,000-word inscrutable document even mention this. Nope.

Let's talk about teenagers. The marijuana team says kids are already using in Ohio, we just want to regulate it better. They point out that the number of kids who've tried marijuana only goes up 10% or so with legal recreational. But here's the rub, the number of kids who use every day, who become addicted, more than doubles.

About 30% of regular users will develop addiction. But these 30% consume 80% of the volume of marijuana products, and these are the folks who are likely to have trouble in school, with motivation, concentration, judgement, parenting, driving and effectively holding a job. These are also the folks who are more likely to become ensnared by other drugs.

Here lies the challenge. The marijuana industry knows these numbers. Their business model depends on addicts for 80% of sales, and that's why this document leans so heavily on high doses and ready availability whether in their stores or starting with grow your own. Anything that fosters THC addiction eventually feathers their nest.

Mirroring other states with good regulation, our organization has made a number of straightforward recommendations that are attached to this testimony. But our first suggestion: consign the lengthy ballot bill to the dustbin of history. We support the substitute bill, with the exception that the THC limits are still way too high for the safety of our kids and the driving public. We are glad to see that the substitute bill honors the will of the people and their intent, but creates a thoughtful, careful recreational system that works for Ohio and protects our most precious resource.

Thank you,

Rob Crane, MD
President
Preventing Tobacco Addiction Foundation
5600 Dublin Road
Dublin, OH 43017
Mobile: 614-296-6666
Rob.Crane@PTAF.org

PREVENTING TOBACCO ADDICTION FOUNDATION

Considerations for Amendments to Ohio Issue 2 (Recreational Marijuana Legalization)

This review encompasses the lengthy ballot initiative, which has a significant "foxes guarding the henhouse" problem and Ohio's current medical marijuana law, which apparently suffered similarly in its construction. We've tried to incorporate the most thoughtful (and restrictive) measures from other states, feeling that Ohio can always loosen regulation, but tightening is often tough. The Network for Public Health provided many of the comparison statutes, and Ohio's Weed Free Kids site has a substantial list of appropriate guardrails.

1) **Reducing the potential for accidental poisoning to young children or attractiveness to older kids.**

-- Edibles: Each product and packaging preapproved by Board of Pharmacy with the specific intent to limit appeal to young people.

A) Individual, sealed packages with no greater than 5 mg THC per dose, no more than 10 packages per container (50 mg THC). All containers to be child-proof.

B) No depiction of human, animal or cartoon characters on the packaging or the product.

C) No suggestion whatsoever that the product is candy-like in any form.

D) No packaging, promotion or marketing that associates the product with glamor, excitement, vitality, health, risk or daring.

-- Prohibition on all liquids, drinks, topical products or additives to food products. No combined drugs (nicotine, caffeine, alcohol, etc.)

2) Reducing the potential for addiction, psychosis and highway crashes - limits to potency.

-- **Plant material** (flower) potency: average THC content of current high quality marijuana flower is 10-15%, this is still 5x higher than potencies of just a 20 years ago. Prohibiting a limit below 35% is just crazy. It's like encouraging the sale of 180 proof grain alcohol.

A) Limit potency to current levels, i.e., 15%. Ohio's medical marijuana potency limit is 35%, and that should also be addressed. There is no rational for recreational limits that high -- all risk, no reward.

B) Reduce plant material package sizes to 15 grams (1/2 oz). That's enough for about 30 joints. This will reduce underage diversion, and similarly limit individual possession to 30 grams (1 oz.) - 60 joints.

C) Limit home grown to 2 plants per individual, 4 per household. At 6 crops per year with grow lights, that's 24 ounces per household - 1440 joints per year - obviously even this lower limit suggests a serious risk of external sales and teen diversion.

-- **Extract and concentrate potency**: this is where the real danger lies in mega dosing thru "dabbing" and youth usage in vape pens. The current Ohio medical marijuana top limit for extracts is 70%, and is ridiculously high. Clearly the industry is saying - don't bother us with limits.

A) Limit extract/concentrate THC potency to 20% and allow sales and possession of up to 1 gram (200 mg) per person.

B) Prohibit the sale - including internet - of paraphernalia ("rigs" that use extract and dangerous butane or other organic solvents to deliver high dose THC via "dabbing."

-- **Other cannabinoids**: prohibit the sale of currently legal Delta-8 THC and other "spice" like drugs.

3) **Reducing the risk of underage sale and diversion.**

-- WeedFreeKids.org has a lengthy section on guardrails to prevent underage use, but to summarize some of these. We know from alcohol and tobacco enforcement that the only real deterrent to underage retail sales is license suspension.

A) The act should include a schedule that levies a hefty fine for the first violation and a temporary suspension for the second and third within 3 years.

B) Enforcement clearly works better at the local level involving local authorities and civil procedure rather than state police and criminal law, which tends to focus on the clerk. The statute should require our two underage (youth decoy based) compliance checks per year funded by the license fees.

C) A novel solution proposed is setting a specific civil statute allowing parents to sue those who provide THC to their children if there is demonstrable injury. This might well be a substantial deterrent to peer distribution.

4) Highway Safety and Professional Licensure.

-- The limits on police use of field sobriety testing are dangerous and should be quickly eliminated. The same is true for prohibitions on professional licensing agencies in regulating their licensees. Insane.

5) Social Equity Provisions

-- One may accept that minority communities have suffered disproportionate enforcement of possession laws, but to remedy that with greater encouragement and financial support of marijuana retail shops in these communities doesn't make sense. Why not develop a funding stream for educational opportunity, medical care and job training. Consideration for a commission to study an amnesty program for those convicted of possession would be reasonable.

6) Research

-- We need to know where we are, and where we are heading with both adolescent and adult use. Some portion of tax revenue should go be dedicated to Ohio academic research institutions to do surveys and epidemiologic work.

7) Education and Counter-Marketing

-- Limits on sales and dosing works on the supply side, but Ohio should also address the demand side with research-based educational endeavors and nuanced public advertising that reminds both teens and adults what the substantial risks are.

6) Licensing Fees and Taxation

-- An Ohio liquor license costs $3000, and because they are regionally limited, the cost to obtain a license can easily run up to $50,000 in a competitive market. Other states require initial marijuana license fees of $5000 to $20,000. Higher fees not only bring in funds to support regulation, drug treatment and research but they also prevent "pop up" shops from infiltrating high-risk neighborhoods.

A) An initial license fee of $5000, with an annual fee of $2000.

B) Increase the marijuana excise tax from 10% to 20% as youth deterrence and increase funding of enforcement and education.

7) Local Control

-- Allow communities to set their own standards as long as they are more stringent than the states. Also allow them to increase excise taxes and penalty structures. (I realize this will be a hard sell in our current preemption friendly legislature, but public health almost always innovates locally.) Eliminate the statutory requirement of an expensive one-sided local ballot, rather let local elected officials decide.

Rob Crane, MD
Preventing Tobacco Addiction Foundation
Rob.Crane@PTAF.org
Mobile: 614-296-6666