



June 4, 2025

Chairman Jim Thomas
House Judiciary Committee
Ohio House of Representatives
Proponent Testimony – SB 56

Chair Thomas Vice Chair Adams, Ranking Member Isaacsohn, and members of the committee:

Thank you for allowing me to testify on the impact of recreational cannabis on Ohio's citizens and the impact on our poison control operations. My name is Dr. Hannah Hays, and I am the Medical Director and Chief of Toxicology at the Central Ohio Poison Center located at Nationwide Children's Hospital in Columbus. This testimony is also submitted on behalf of the Drug & Poison Information Center located at Cincinnati Children's Hospital. Together, we assure that all Ohioans maintain access to trusted poison control services at no cost, 24 hours per day, 365 days per year.

Ohio Poison Control Centers provide immediate, expert medical advice and drug information to individuals and families of all ages. Last year, we responded to more than 80,000 poisoning victims and 25,000 inquiries, representing a poisoning or drug overdose every 6 minutes. One in five of these calls were received from emergency departments, first responders, and law enforcement professionals responding to an overdose patient or poisoning victim.

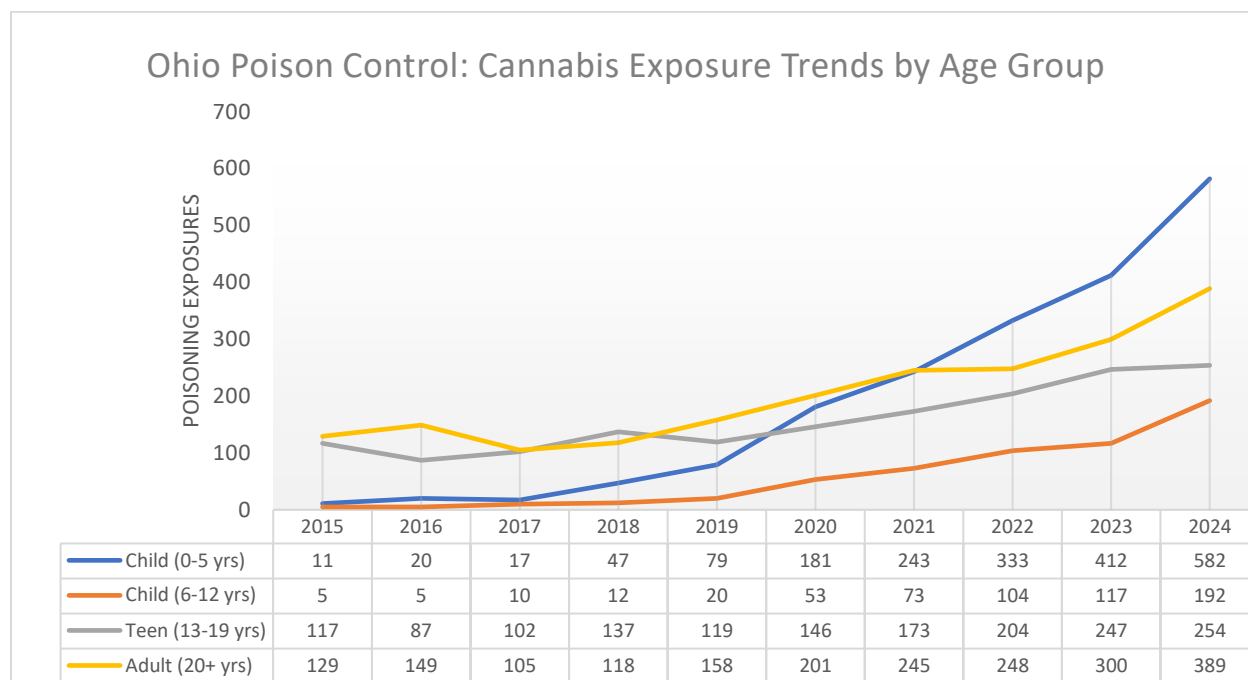
All Poison Control services are provided by highly trained physicians, pharmacists, and nurses with specialized training and certification in medical toxicology and related disciplines including addiction medicine. It is well established that consultation with a poison center improves patient outcomes and eliminates unnecessary healthcare costs by reducing unnecessary ED visits, ambulance runs, and hospital length of stay. It is estimated that we save Ohioans nearly \$60 million dollars each year, second only to vaccines per dollar invested.

Every call to the poison center is documented and uploaded to the National Poison Data System (NPDS) in real time. Our data is used to identify and respond to emerging public health threats across the state, as well as to advance medical research. We can also adapt these data systems to support proactive risk evaluation and prevention strategies. For example, our data is used to monitor novel opioids, e-cigarettes, edible marijuana products, toxic mushroom exposures, and increased adolescent overdose and self-harm trends. Additionally, Ohio Poison Centers play a key role in emergency preparedness and response, as demonstrated by the clinical guidance and situational awareness we provided during the East Palestine Train Derailment incident.

In addition to the poison control hotline, we act as the hub for medical toxicology training for first responders and healthcare professionals. We also maintain a team of educators and prevention specialists who are focused on reducing the impact of poisoning and drug overdose within Ohio communities. Our services are accredited by the American Association of Poison Control Centers and certified by the Ohio Department of Mental Health and Addiction Services.

Today, poisoning remains the leading cause of injury-related death in the U.S. More people die of poisoning every year than gun or car-related injuries.

The number of **accidental cannabis-related poisonings** reported to Ohio Poison Centers for all age groups has **increased 20-fold** from baseline levels prior to the introduction of retail medical cannabis in early 2019. This trend has been most notable for **children under six years**, who have experienced a **36-fold increase** in accidental exposures. Additionally, exposures to minor cannabinoid products such as **Delta 8, Delta 10, & THC-O Acetate** have **increased over 331% for young children** since 2021 and over 200% across all age groups.



According to a study we published that evaluated over 5,000 pediatric exposures to delta-8, delta-10, and THC-O-acetate, over 95% of exposures in children under six years occurred via ingestion of edible products.¹

Additionally, a recent study conducted by our team at Nationwide Children’s Hospital found that states transitioning to legal cannabis had significantly higher rates of delta-8-THC exposures than states not in transition. In this same study, the rate of delta-8-THC exposures was significantly lower in states where delta-8-THC was banned. In states where delta-8-THC was unregulated, the mean rate of exposures was 1.36 per 100,000 in 2022, where this rate was 0.17 per 100,000 in states where delta THC was banned.²

When young children access these products, they can experience severe symptoms including hallucinations, confusion, loss of consciousness, seizures, and respiratory failure. We currently receive several calls each and every day for cannabinoid exposures in children under six. Recently, I’ve cared for children exposed to intoxicating hemp products who have experienced severe and prolonged symptoms, including coma. This is unfortunately an all-too-frequent event.

Because symptoms do not begin immediately after a cannabis edible ingestion, children have time to consume very large doses before they recognize that something is wrong. When this happens, we often

receive a call from EMS, requesting assistance while on scene and in transport. This is unfortunately an all-too-frequent event.

It may not surprise you that poison centers receive calls from law enforcement while caring for a person with severe symptoms after exposure to intoxicating hemp products. In my practice, I also receive phone calls from child protective services and police officers who need my help understanding what happened, how to interpret laboratory testing, and how to support families with education and other prevention resources.

Of note, research from other states also report that unintentional poisoning incidents involving children more than doubled after legalization.^{1,2,3}

- An article published in the Journal of the American College of Emergency Physicians noted that call rates in decriminalized states increased by **30% per year - every year - over** a six-year period, compared to no change in non-legal states.⁴
- A study conducted by Nationwide Children's Hospital found that over an eight-year period, the mean annual rate of marijuana ingestions in children rose by **27% per year - with more than 70% of all cases occurring in states with legalized marijuana.**⁵

Ultimately, Ohio Poison Control Centers continue to manage an increasing volume of calls and consultations from healthcare providers emphasizing the need for public education and prevention measures.

To prevent accidental exposures and reduce the impact on Ohioans, we support prevention measures that improve the safety of these products, including those outlined in Senate Bill 56. These include, but are not limited to:

- Child-resistant / tamper-resistant packaging of products
- Clear labeling of cannabis (marijuana) content on packaging
- Individual wrapping of each dosing unit
- Limitations of total cannabis (marijuana) content per package
- Restriction of the use of brightly colored products and logos that may be appealing to children

While we can anticipate some ways this new industry will impact the state of Ohio, we have yet to understand its full impact. Ohio's Poison Control Centers will clearly play a vital role in effectively tackling these challenges. We are a unique combination of clinical care, cost effectiveness, public health surveillance, and interaction with those on front lines from first responders to law enforcement, and

¹ Burgess A, Hays HL, et al. Delta-8 tetrahydrocannabinol, delta-10 tetrahydrocannabinol, and tetrahydrocannabinol-O acetate exposures reported to America's Poison Centers. Clin Toxicol (Phila). 2024 Apr;62(4):256-266.

² Smith GA, Burgess A, Badeti J, Rine NI, et al. Delta-8 Tetrahydrocannabinol Exposures Reported to US Poison Centers: Variations Among US States and Regions and Associations with Public Policy. J Med Toxicol. 2024 Oct;20(4):389-400.

³ Thomas, A.A., Von Derau, K., Bradford, M.C., Moser, E., Garrard, A. & Mazor, S. (2019). Unintentional pediatric marijuana exposures prior to and after legalization and commercial availability of recreational marijuana in Washington State. Journal of Emergency Medicine, 56(4), 398-404

⁴ Wang, G.S., Hoyte, C., Roosevelt, G. & Heard, K. (2019). The continued impact of marijuana legalization on unintentional pediatric exposures in Colorado. Clinical Pediatrics 58(1), 114-116.

⁵ Wang, S.G., Roosevelt, G., & Heard, K. (2013). Pediatric marijuana exposures in a medical marijuana state. JAMA Pediatrics, 167(7), 630-633.

⁶ www.ncbi.nlm.nih.gov/pmc/articles/PMC9255894/

⁷ www.nationwidechildrens.org/newsroom/news-releases/2019/06/marijuana-ingestions-study

everyone in between. We applaud Senators Huffman and Wilkin for introducing this bill and recognizing the potential danger these unregulated products have on children.

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