

February 17, 2025

General Assembly of Ohio

Ohio State Senate
Columbus, OH

Testimony as an Opponent of SB56 ** Written Only***

Chair Roegner, Vice Chair Gavarone, Ranking Member Backshear, and members of the Senate General Government Committee:

Thank you for the opportunity to provide testimony for Senate Bill 56, proposed by Senator Huffman.

This is the second time I have provided testimony to preserve this legislation that was voted into Ohio Law in November 2023 by a 57% majority.

I voted to make cannabis more accessible to the Ohio adult population. I voted to remove stigma, penalties, and criminality. I voted to enact expungements, to create social equity justice for incarcerated cannabis patients and those supporting cannabis patients.

Cannabis is a medicine. I have a Master's Degree specializing in Medical Cannabis Science and Therapeutics from the School of Pharmacy at the University of Maryland-Baltimore. Part of the time, I use this Degree to support medical patients and adult-use customers working in a Department of Cannabis Control (DCC) licensed dispensary in Cleveland. Every day, I help people of legal age, with valid state identification, choose products that are compliant, tested, and regulated by the State of Ohio.

Cannabis is complex pharmacokinetically and pharmacodynamically, depending on routes of administration, and dosing that varies greatly from person to person which makes it unique. These characteristics of cannabis are tough to recognize unless you have consumed it or have been educated in the current science that only began in 1992, when researchers discovered the endocannabinoid system, its endogenous cannabinoids, and the mechanisms centrally and peripherally that cannabis regulates exogenously.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8746417/>

While we have an active Medical Cannabis Program in Ohio, it is my professional opinion that 90% of our adult-use customers are medical patients consuming cannabis for pain, sleep, depression, anxiety, cancer, cancer treatment support, and symptoms of PTSD. I know because they tell me.

It's not hard to believe that these Ohioans are reluctant to become "registered" medical patients. There are little to no protections for medical patients in this state, and even less on a federal level. The War on Drugs over the past 55 years has left our country and its people with traumatic, generational stigma attached to cannabis and those who consume it. Approaching cannabis from the standpoint of alcohol and tobacco, I believe, is what helps those who don't consume it, understand how to consider it, but even this simplicity is not true.

Because tobacco and alcohol have scientifically-founded lethal dosages. You can smoke tobacco and drink alcohol to your death, but you cannot take enough cannabis to kill yourself. You might throw up, fall asleep, or pass out, but you won't die. You cannot, as we know the science to be true now, take enough cannabis to create a lethal dose.

Little children need to be protected, by not just cannabis, but anything ingestible that is of danger to them including household cleaners, alcohol, and prescription / OTC medications just to name a few. We protect our children by teaching them, removing these items from their reach, requiring labels and warnings, and child-safe packaging that keeps them from gaining access to these possible detriments. These are regulatory guidelines proposed by our cannabis legislation and implemented by the DCC. Our passed legislation agreed there would be no products permitted that would be shaped like children's candy or packaging that mimicked candy and treats bought by kids. No responsible licensee in the DCC-regulated program would want this either. This is a point we can all agree on. We don't need a new Bill to say it again.

We know cigarette smoking and alcohol lead to cancers and a host of health care issues and diseases. Just recently the Surgeon General of the United States linked alcohol consumption to at least 7 types of cancer. We know cigarettes cause lung cancer. Cannabis has evidence-based science supporting its therapeutic benefit to chronic healthcare issues including cancer.

<https://public3.pagefreezer.com/browse/HHS.gov/21-01-2025T07:38/https://www.hhs.gov/about/news/2025/01/03/us-surgeon-general-issues-new-advisory-link-alcohol-cancer-risk.html>

I witness hundreds of responsible, hard-working Ohioans every day choosing to forgo alcohol, tobacco, opioids, and illicit market products to find affordable, tested, and compliant products in our program. These products for the vast majority of Ohioans provide relief, comfort, and joy. Many tell me their quality of life has improved greatly since beginning cannabis. I help customers and patients understand the nuances of dosing, products, how they are made, what things like terpenes mean and do, and how to ask good questions and make smart purchases in a market that is foreign to a majority of Ohioans. We need more education like that. From academics like me.

But Ohioans knew what they voted for. They voted to remove criminalities from cannabis. To end prohibition rhetoric in place of newly founded science that has debunked the "gateway

theory” and realize that cannabis to many, is the exit strategy for many looking for more viable solutions to their pain and chronic health conditions.

<https://www.cannamd.com/proof-marijuana-is-an-exit-drug/>

Here are some of my notes for the newly revised bill sent out on the evening of 2.17.25. I am opposed to this rendition as well. It does not remove any of the harsh criminal penalties, and shuts down any adult cannabis-specific consumption opportunities except one’s home and only if they own it.

1. No one is growing home-grown cannabis to become a player in the illicit market. Growing 12 plants in residences is not excessive and going to lead to reefer madness! It’s just not happening that way. And gifting cannabis should be no different than an adult gifting a bottle of wine. If you are not interested in this pastime, then don’t participate. I can’t tell you how many times I have gone to a restaurant as a person who does not consume alcohol (for 15 years) and been asked if I wanted a beer, wine, or cocktail beverage. Every day, families consume alcohol with young children watching in these restaurants. Legal-age cannabis consumers should be able to consume in private locations without fear of targeting, scrutiny or criminal prosecution.
2. Sect 2953.321 (B) Should define “Hash”, and readjust the spelling of ‘Marihuana’ to Marijuana or cannabis as it’s used interchangeably at times throughout the Bill.
3. Sect 3376.07 (A) prohibits medical cannabis students from participating in compensatory athletics. Medical cannabis is not a performance enhancer. Medical patients are using this as medicine. Unless you prohibit the same rules from other athletes who are using CNS medicines like SSRIs, Mood stimulators, enhancers, and stabilizers, this is a baseless discriminatory exclusion. In March of 2024, the FDA recognized that cannabis had medical benefits, and federal rescheduling was initiated. This is where I spend most of my time with my degree; federal medical cannabis repositioning. The monograph for cannabis is already back in the US Pharmacopeia along with guidelines for doctors and healthcare workers. The American Nurses Association now has a Cannabis Nursing Specialty.
4. In Pages 17 & 18, while you say “hemp byproduct” I would be sure to include the “THCA”, which is the natural state of cannabis before conversion to THC, into the text to avoid the loophole issues that got us into the intoxicating hemp space to begin with. I believe hemp and cannabis need to be regulated together. It’s ridiculous to separate this plant this way and it is causing public confusion and serious unregulated, non-age-gating problems regulating these markets differently.
5. Page 53 Medical and Adult products are separated.

Pills, Capsules, Suppositories, salves, lotions, and topicals are all medical products that are products permitted in the medical program and consumed for medical purposes. Topicals and salves are especially helpful for patients who cannot consume cannabis that integrates into the bloodstream for fear of drug testing or systematic effect. It does not make them non-medical. Please return these items to the medical patient program, to be included in the medical tax bracket and as qualified medicines in protected housing situations where patients live and need their medicines that are not combustible.

6. PP 84 (D) Under “influence” medical marijuana. Medical patients who are consuming cannabis may have THC present in their systems because of medical use which can include everyday consumption. This does not make patients impaired or under the influence. In many cases, medical cannabis makes them functional. There will need to be differentiators for discerning impairment in relationship with consumption. No one is taking Grandpa Joe or Grandma Em to jail because their doctor just changed their heart medicine resulting in adverse effects of tachycardia while driving. One cannot criminalize medicine and therapeutics even if the person is not a “registered” patient and they are purchasing legal, regulated, compliant products as a legal consumer.
7. Sec 3796.221 (C) Storing Cannabis in Original Packaging Lines 2361-2364 This is excessive and logistically not plausible. If I purchased an Ounce of Cannabis in a large bag, I do not want to travel with more cannabis than I need to. Often packaging gets torn up as customers get into them. Placing items in the trunk is fine. This original packaging requirement is not acceptable.
8. PP 86 Sec 3796.24 Line 2406 “ Prohibited Concentration “ needs to be defined.
9. I reviewed the most recent SB56 that came through the evening of 2/17/25 and saw the Tax Revenue returning to 10% tax rate as voters agreed and distributed the funds designated. This is the will of the people and I concur in keeping with the Social Equity Fund, Local and municipal fund for towns with licensed businesses, the addiction and recovery fund, and the DCC administrative fund. Cannabis tax funds should not be funneled into a General Reserve Fund, nor should any of the tax revenue be used toward penalty enforcement or criminality.
10. Finally, while I have respect for Dr. Crane and his work on preventing tobacco addiction especially with teen nicotine use, I want to remind him and this Assembly, that nicotine is proven to be one of the most addictive substances commonly being consumed by the public at this time and cannabis has not. Substance Use Disorders are now understood to be symptoms of coping and often trauma, where correlation is not the same as causal to the substance in question. More research is needed to understand this in cannabis. Cannabis Use Disorder is a misnomer. As we continue to realize the medical repositioning of cannabis, we will redefine CUD and the markers being used to determine its prevalence.

Thank you for the opportunity to be heard, as an informed voice of the majority of Ohioans who knew what they wanted when they voted for Adult-Use Cannabis in November of 2023. It is now your job to uphold their will as civil servants of democracy, educated with science, and work within the framework of the DCC to move the intended program forward and follow through with new initiatives that invite others in like reciprocity with other state medical cannabis programs.

Respectfully,

Karen Jaynes, MSc
Bay Village, OH
703-851-4038