



Ohio Prosecuting Attorneys Association

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Senate Bill 9
Opponent Testimony
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Chairman Rulli, Vice-Chair Schuring, Ranking Member DeMora and members of the Senate General Government Committee, thank you for the opportunity to provide opponent testimony on Senate Bill 9 to make changes to Ohio's medical marijuana program. My name is Jane Hanlin and I am the Jefferson County Prosecuting Attorney and the current President of the Ohio Prosecuting Attorneys Association. Our Association is opposed to Senate Bill 9 for the following reasons.

First, we are opposed to removing oversight authority from the State Board of Pharmacy and placing it solely under the Department of Commerce. According to the Ohio Department of Commerce website, the Department is the State's chief regulatory agency with a mission "to promote prosperity for businesses and the state..." The Department is self-supporting through fees. The State Board of Pharmacy on the other hand is, according to their website "the single State agency in Ohio responsible for administering and enforcing laws governing the practice of pharmacy and the legal distribution of drugs." Marijuana remains a Schedule I controlled substance and should therefore remain subject to oversight by the State Board of Pharmacy. When the original medical marijuana legislation was enacted in 2016 the legislation was promoted to our Association as a good idea because it would be carefully and tightly regulated. Now, Senate Bill 9 would undo, at least partially, that regulation. It would place what is left of it under a department that has a primary purpose of promoting prosperity for business and that, due to its self-funding nature, will have a vested interest in expanding the business of marijuana rather than protecting the public from the dangerous effects of a Schedule I drug.

Second, we are opposed to legislatively expanding the types of medical conditions that would qualify for treatment with marijuana and in particular to the catch-all provision that would allow a physician to prescribe marijuana for essentially any condition. Neither the FDA nor the American Medical Association endorses using marijuana as though it were medicine. The American Medical Association Policy Statement on Cannabis Legalization for Medical Use says that the AMA believes that cannabis for medicinal use should not be legalized through the state legislative, ballot initiative, or referendum process,¹ and has argued in court briefings that "numerous evidence-based studies demonstrate that significant deleterious effects abound" and that "public health risks are immense."² In addition, the American Psychiatric Association Position Statement

¹ <https://policysearch.ama-assn.org/policyfinder/detail/cannabis?uri=%2FAMADoc%2Fdirectives.xml-D-95.969.xml#https://policysearch.ama-assn.org/policyfinder/detail/cannabis?uri=%252FAMADoc%252Fdirectives.xml-D-95.969.xml>

² <https://www.ama-assn.org/delivering-care/public-health/ama-urges-court-overturn-medical-cannabis-ballot-initiative>

in Opposition to Cannabis as Medicine states that “There is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at a minimum, a strong association of cannabis use with the onset of psychiatric disorders”, and that “Policy and practice surrounding cannabis-derived substances should not be altered until sufficient clinical evidence supports such changes.”³

Finally, Senate Bill 9 is simply another step toward recreational use marijuana. We remain opposed to Ohio going down this path because we believe there are significant negative health and public safety implications of relaxed drug laws. In addition to the general lack of research and understanding about the impacts of marijuana use, what research does exist in terms of public safety should be cause for alarm. In 2021, the Colorado Department of Public Safety, Division of Criminal Justice released a report on the “Impacts of Marijuana Legalization in Colorado.”⁴ A few highlights:

- The number of DUI summonses issued by the Colorado State Patrol in which marijuana-alone or marijuana-in-combination was recorded increased by 120% between 2014 and 2020.
- The number of fatalities with cannabinoid-only or cannabinoid-in-combination positive drivers increased 140%, from 55 in 2013 to 132 in 2019.
- A 2019 survey conducted by the Colorado Department of Public Health and Environment found that 3.5% of adults reported driving within two-to-three hours of using marijuana in the past-30 days, while 18.6% of recent marijuana users reported this behavior.

That’s just traffic safety. Table 45 of the report also shows that violent crime in Colorado increased by 20% between 2012 and 2019, preceding the current uptick in violent crime nationally.

While we certainly recognize that SB 9 does not permit recreational use, and therefore does not mirror Colorado law, its shift to a business model of oversight still represents a step in the direction of normalizing the use of a dangerous drug whose effects we know little about.

Thank you again for the opportunity to provide written testimony. It is our sincere hope that the committee will see fit to maintain Ohio’s current model of carefully and tightly regulated use of medical marijuana that includes oversight by those responsible for the legal distribution of drugs in Ohio.

³ <https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Cannabis-as-Medicine.pdf>

⁴ https://cdpsdocs.state.co.us/ors/docs/reports/2021-SB13-283_Rpt.pdf