



## **Senate Bill 261**

### **Ohio House Government Oversight Committee**

#### **Prevention Action Alliance**

**March 24, 2021**

Good afternoon, Chairman Wilkin, Vice-Chair White, Ranking Member Brown, and members of the House Government Oversight Committee. Thank you for the opportunity to provide opponent testimony on Senate Bill 261, a bill to revise the medical marijuana program. My name is Fran Gerbig, and I am the Executive Director of Prevention Action Alliance (PAA). PAA is a statewide nonprofit prevention agency based in Columbus, Ohio and has been in existence for over thirty years. Prevention Action Alliance is dedicated to leading healthy communities in the prevention of substance misuse and the promotion of mental health wellness. Our organization offers an abundance of resources, training services, grants, and advocacy opportunities for those who are active in the prevention and mental health fields.

Prevention Action Alliance has several concerns to share with the committee today.

Since Ohio has implemented a medical marijuana program, neither the FDA nor the American Medical Association has endorsed using marijuana as medicine. Medical marijuana is not recommended to treat mental illness or addiction and would be detrimental to the mental health of youth and young adults. The medical benefits of marijuana use are still largely unknown but there are some things we do know that are attributed to its use. People who start smoking marijuana heavily in their teens and have an ongoing marijuana use disorder lose an average of 8 IQ points between ages 13 and 38. These lost mental abilities do not fully return to those who quit marijuana as adults. People who use marijuana are more likely to develop psychosis and long-lasting mental disorders, including schizophrenia. The association between marijuana and schizophrenia is stronger in people who start using marijuana at an earlier age and at a more frequent rate. Studies have found direct associations between how much a user ingests, how regularly they ingest it, how strong the THC is, and how likely the user is to develop mental health issues. Mental health issues often begin with depression and anxiety

but can develop into addiction and psychosis and include suicidal thoughts and attempts. Youth and young adults are particularly at risk.

The proposed recommendations to expand the list of qualifying conditions are concerning as well. There is no viable data to suggest that the use of marijuana is an effective treatment for opioid use disorder. Setting a standard for the use of medical marijuana through state policy as a replacement for FDA-approved medications for opioid use disorders is potentially dangerous for our consumers and our communities. In addition, the JAMA Internal Medicine Journal stated that “The opioid crisis appears to be worsening where marijuana has been legalized.” (1) Additionally, several studies show that 25% to 50% of people who use cannabis daily will develop cannabis use disorder (2), which certainly would be detrimental for those who have diagnosed with a substance addiction disorder.

We need to protect and ensure the best outcomes for the youth of Ohio. Youth use social media as their primary means of news, communication, and entertainment, yet this bill looks to allow dispensaries to advertise their products on social media without any prior approval from an overarching regulator. This is concerning when taking into consideration the consumption rate of social media advertising that is done by our youth today. Youth exposure to positive marijuana messages increases their risk of marijuana use. Social media allows cannabis brands to reach a new level of engagement and interaction with youth. As stated above, the risks to brain development that are caused using marijuana during adolescence are great.

The Pharmacy Board is trusted with establishing and monitoring the regulations for all prescribed and recommended drugs in the state. Senate Bill 261 would undo, at least partially, these regulations by removing the medical marijuana program from the Pharmacy Board’s control and instead placing it under the Department of Commerce. The Department of Commerce has as its primary purpose the promotion of prosperity for business. As such, it will have a vested interest in expanding the business of marijuana rather than protecting the public from the dangerous effects of Schedule I drug that is being promoted as a medicinal solution. At a time when Ohio families are grappling with unprecedented addiction compounded by the stress of a global pandemic, we consider the commercialization of an addictive drug to be an unnecessary risk.

Thank you again for allowing me to provide opponent testimony. If there are any questions, I would be happy to answer them.

1 <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2698365>

2 <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2021.7.20>