Testimony before the Ohio House Government Oversight Committee
Senate Bill 261
Chris Lane

Chairman Wilkin, Vice-Chair White, Ranking Member Brown, and members of the House Government Oversite Committee, thank you for the opportunity to provide opponent testimony to SB 261 which would irresponsibly revise Ohio's medical marijuana control program.

As a matter of introduction and background, my name is Chris Lane. I am a 2nd generation business owner operating in Tuscarawas, Coshocton, Stark, and Carroll counties in Ohio. We employee more than 500 Ohioans annually accounting for more than 225 full time equivalent positions, many of which are high school or college aged students gaining their first employment experience. I am the father of four children, Lucas (17), Elizabeth (15), Abigail (12), and Addison (8). I serve as the Business Sector Representative on the Empower Tusc Coalition as well as serve on the board of directors for Prevention Action Alliance. I am also a veteran of the United States Army with combat deployments to Iraq. My testimony today comes not from any one of those perspectives, but the holistic perspective of them all as an engaged and concerned citizen with a penchant for service and an unwavering hope that we can create a better future for our children.

As others who have testified before you, I want to first commend you for having the hard conversation. The topic of marijuana legalization, whether medical or recreation in nature, is easily one of the most polarizing topics in modern day society. I do not envy your position in making, amending, and adapting polices that meet Ohio's citizens needs, wants, and desires. To shove the topic in the corner would not only be foolish, but it would ensure the worst of any outcomes.

As I reviewed SB 261, and the testimony of proponents, opponents, and interested parties, it became noticeably clear that there are many divergent opinions. However, one underlying theme emerged starting with Senator Huffman's sponsor testimony: we are in a hurry, but no one can agree why. In hurry you may ask inquisitively? Well, if we were to compare the penchant for action around "correcting" HB 523 that is a mere five years old to the monumentally slow process by which we have dealt with the school funding crisis in the state (more than 20 years old), then yes, I would say we are in a hurry. In a hurry to make the least of the bad decisions, only to not be forced to make the ultimate bad decision- universal adult-use legalization. All this said reflecting on the fact that just one week ago (yes on 4/20 day) legislation was introduced to pre-empt a ballot initiative that would allow all Ohioans to speak directly at the ballot box if successful.

Mr. Chairman, and members of the committee, I come before you today, not with answers and not with suggestions. I don't come armed with more opinions and although I provide citations to many studies for reference, I don't come armed with all the "scientific" and "economic" data you have already been inundated with. I come to you with questions that I am hopeful you will thoughtfully contemplate as you pave the path forward on the next step of Ohio's marijuana journey:

Question 1: Who should shepherd this program moving forward?

SB 261 "streamlines" the regulatory control of the medical marijuana program under the authority of the Department of Commerce. If the Ohio Medical Marijuana Control Program is indeed intended to provide certified medical professionals a means to recommend a Schedule I drug, why would we remove the entity solely responsible for the legal distribution of drugs? The three-tier system has worked for decades in managing the production, distribution, and sale of alcohol and the already imposed regulatory process mimics that. SB 261 creates a new Division of Marijuana Control that is to become more agile in responding to market demands using real time data. Why can't the Board of Pharmacy maintain jurisdiction using the same criteria while ensuring that licensed medical professionals are in control of decisions surrounding the distribution of drugs?

Question 2: How is commoditizing demand patient focused?

The provision of SB 261 that allow for a recommending physician to recommend treatment for "any condition if the physician, in the physician's sole discretion and medical opinion" deems it beneficial. I fully support the private relationship that exists between patient and physician. However, no other medicine can be so arbitrarily prescribed outside of the intended treatment classification. In written and other testimony before you medical professionals, licensed practicing physicians, have stated "it would be, not only negligent but also unethical to approve medical cannabis as an indication of ASD (Nationwide Children's Hospital)" prior to gold-standard trial completion. Allowing an individual physician to make a sole determination about the efficacy of treatments would not be allowed, so why for medical marijuana? Again, the question behind the question here is, what's the hurry?

Question 3: Is guiding the program in a way that is business friendly and creates greater access for patients at a lower cost worth the risks?

In President Barak Obama's archives on the landing page of the Office of National Drug Control Policy we find a series of questions, many similar to mine. One of the most impactful answers to the important question "Isn't marijuana generally harmless?" reads in part:

"No. Marijuana is classified as a Schedule I drug, meaning it has a high potential for abuse and no currently accepted medical use in treatment in the United States." "Research tells us that chronic marijuana use may increase the risk of schizophrenia in vulnerable individuals, and high doses of the drug can produce acute psychotic reactions."

I have included this list of questions, and their answers, for your reference in a link in this testimony.https://obamawhitehouse.archives.gov/ondcp/frequently-asked-questions-and-facts-about-marijuana

Question 4: Why should we reduce current restrictions on advertising?

In a 2015 article in The Guardian, they ask the question "Is Responsible Ohio's mascot Buddie 'the Joe Camel of marijuana'? (Link to article)" The answer, embedded in the sub-title, states "For the first time in the US, a campaign to legalize cannabis has taken on the air of a big business lobby – and in so doing risks alienating those who brought the movement this far." This proclamation may sound eerily familiar based on the hours of testimony you have endured thus

far. Currently dispensaries are required to submit any advertisement material, social media or otherwise for prior approval before public consumption. Sen Huffman stated in his sponsor testimony that "This bill would not require such a burdensome regulation. However guardrails would still be in place as the division would be able to impose fines or other penaltie. or failure to comply with rules pertaining to advertisements." So, if I understand the premise clearly, we are going to unlock advertising completely in hopes that the same influencers who unlocked it will ultimately agree to lock it back up? There are rules in place, so what has changed that justifies this drastic reversal? Again, I ask, what's the hurry?

Question 5: Is medical marijuana too expensive?

If you ask Andy Rayburn the answer is "Yes"(Testimony). If you ask Matt Close the answer is "No"(Testimony). Which is it, they do represent the same trade association? Or do we not have enough information? SB 261 attempts to rectify this disparity by establishing a patients per dispensary ratio and moving this determination under the Department of Commerce comes with a requirement, not an option, to add dispensaries to maintain such ratios. One of the biggest complaints of inefficiency is the Board of Pharmacies unwillingness to add additional dispensaries even though we have far exceeded the expected patient population. Interestingly enough, one of the largest concerns of many interested parties is the flooding of the market through oversupply of cultivation licenses and cultivation area. According to Pete Nischt, an interested party, this overflooding has already happened in California, Michigan, and Oregon ultimately resulting in the inevitable flooding of the illegal market with legal product (Testimony). Very much like with the advertising conundrum, what I understand from this is that we want the price for patients to be low, just not too low, and we don't want the free market to decide that price we want the Department of Commerce to "nimbly massage" the supply and access to ensure the desired price. I ask, who exactly determines that price?

Question 6: Does medical marijuana contribute to increased youth trial and usage?

In a National Bureau of Economic Research working paper titled "The Effect of Medical Marijuana Laws on Marijuana, Alcohol, and Hard Drug Use (NBER Working Paper No. 20085) "they find that legalization increased both marijuana use and marijuana abuse/dependence in people 21 or older. It was also associated with an increase in adult binge drinking, defined as the number of days on which an individual had five or more drinks on the same occasion in the last month. People 12 to 20 years old were 5 to 6 percent more likely to try marijuana for the first time when medical use was legalized." In a similar admission the Irish Board of Psychiatry have dubbed "Cannabis 'gravest threat' to mental health of young people- Drug potency and misconception as harmless are 'devastating". (https://www.irishtimes.com/news/health/cannabis-gravest-threat-to-mental-health-of-young-people-1.4554489#:~:text=Cannabis%20is%20the%20)

Question 7: What is Colorado doing 10 years later?

HB 1317 in Colorado was recently passed with very strong majorities in both the house and senate begin to reign in the generalizations that were instituted in original legalization legislation. Specifically, the law requires the Colorado school of public health to do a systematic review of the scientific research related to the possible physical and mental health effects of high-potency THC marijuana and concentrates using only funding provided by the general assembly, imposes

far more stringent controls on recommendation to patients 18-20 years of age, and prohibits medical marijuana advertising that is specifically directed to persons ages 18 to 20 years old and requires medical and retail marijuana concentrate advertising to include a warning regarding the risks of medical marijuana concentrate overconsumption. https://leg.colorado.gov/bills/hb21-1317

Question 8: Do we really need an equity study specific to this industry?

What we know is that diversity, equity, and inclusion in all facets of society bring better outcomes for all. There seems to be a concern that this industry, more so than others, is riddled with inequity and a general lack of inclusion and opportunity amongst people of color and other minorities. I will save you some work and provide you with a study conducted in Denver, Colorado that demonstrates that "Marijuana businesses have made it clear that fostering a diverse industry is not a priority, either. Even though Denver's population is 10% black, only 5.6% of marijuana businesses are black-owned." The study confirms what was widely suspected; "Just like what has been seen across the state and in other legalized markets across the U.S., Denver does not have a diverse marijuana industry." (Study).

Mr. Chairman, and members of the committee, in conclusion, I would like to again thank you for having this conversation, in the open and willing to hear all sides. I hope that my testimony has challenged the critical thinking around this topic and brought you to a place to consider what I believe to be the most important question before you: "What's the hurry?" There is no doubt that there are countless stories of what many would consider to be anecdotal evidence of tremendous benefit brough to many debilitating and horrific conditions, I cannot dispute that evidence. I too hope that we then also recognize that there are just as many anecdotal instances where the story does not end in relief or comfort, but rather tragedy, trauma, and even possibly the entry to another debilitating condition- addiction and dependence. My request of you today is to pause, evaluate the scientific data, not the anecdotal, and consider if what we have is good enough for now. Or are we in a hurry to satisfy those special interests that envision a world where "pot shops outnumber McDonalds 5-to-1, and Starbucks nearly 2-to-1." (https://mjbizdaily.com/marijuana-store-density-surpasses-starbucks-and-mcdonalds-in-many-mature-cannabis-markets/).

Thank you for your time and service and allowing me to speak on this proposed legislation. I welcome any questions from the committee.