



Tuscarawas Valley Local Schools

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SENATE BILL 9 OPPONENT TESTIMONY

Senate General Government Committee

Chairman Rulli, Ranking Member DeMora and members of the Senate General Committee:

Thank you for the opportunity to speak with you today and to share testimony in opposition to Senate Bill 9 which contains significant revisions to Ohio's current medical marijuana law.

I am here professionally on behalf of Ohio's public-school children, specifically the children and families of Tuscarawas County and the Tuscarawas Valley Local School District where I had the privilege of serving as superintendent for the past 17 years. I am proud to represent the outstanding school superintendents and district leaders of Tuscarawas County. Finally, I come to you today as a father of two incredible yet impressionable teenage children, an uncle to young nieces and nephews, and a cousin who lost his life to the war of addiction just a few short months ago.

Although initially reluctant in 2016 when Ohio first legalized medical marijuana under the control of the State Board of Pharmacy, I ultimately came to accept (and trust) that licensed physicians, under the authority of the State Board of Pharmacy and Marijuana Control Program, would utilize approved medical marijuana to treat individuals truly suffering from a list of 22 qualifying conditions. Now, seven years later, as this committee considers the expansions outlined in SB9, my concerns are once again at an all-time high (no pun intended).

I truly empathize with proponents who indeed suffer from chronic or debilitating health conditions, patients who legitimately seek relief. My goal today is to not diminish the need some people have to relieve physical pain; my concern is the expansion of something that continues to feed addiction on a much larger scale in our society, including the addiction of children and teens in our schools.

As superintendent, I conducted expulsion hearings when certain provisions of the student code of conduct had been violated. Most expulsions involved the use, sale, or distribution of illegal substances. In every case, the substance in question was marijuana; not the marijuana that is rolled and smoked with low levels of addictive THC, but sleek, modern, and very attractive products like marijuana gummies and vape pens with potent, highly addictive levels of THC. These products are intelligently designed and marketed by whom?

Last school year, on two separate occasions, I witnessed the incredible sadness and frustration of parents when they learned that their sons, by means of targeted, appealing, and very addicting social media platforms, got sucked into experimenting and then routinely vaping marijuana. I will emphasize, vaping or inhaling the product; not smoking it. It's horrifying enough when you're told that your child is using and worse yet, distributing an illegal substance to other minors. It is even more painful when one considers the wreckage left in the wake of addiction. Wreckage like expensive treatment and counseling programs, habitual absence and poor performance at school, increased risk for dropping out, and loss of employment, not to mention the deep scars of broken trust and relationships.

Proponents may argue that the black market, “bad actors” with “bad marijuana” are responsible for the situations I just described. Legislation authors may promise better guardrails and ensure Ohio’s “good marijuana” will be manufactured purely for the purposes of medical treatment for patients who need it the most. My instinct, however, tells me that the products in the hands of our students were indeed manufactured by the same medical marijuana dispensaries and retailers that this legislation purports as being “good for business” and good for Ohio’s economy.

Of the proposed changes in SB9 regarding the expansion of medical marijuana, I find three to be most disturbing.

First, this legislation broadens the influence (and impact) of social media for the advertisement of medical marijuana. Lines 1350-51, 1355-57, and 1358-59 discuss “methods of using medical marijuana that are attractive to children;” the advertisement of medical marijuana “on social media or otherwise, without receiving prior approval from the division;” and the allowance for “licensed dispensaries to display products on advertisements.” And who uses social media most? No one will convince me otherwise that the use of social media is intentionally designed to attract the attention and use of underaged youth. This bill says that prior approval for social media advertising is not required; therefore, there is no accountability.

In the situations I described earlier, both students who faced expulsion were lured via social media. Let’s consider this question related to marketing and social media: *How do these expulsions, based on a substance that is marketed to their age group, impact their future trajectory?* Clearly, as usage expands and marketing evolves, the youth perception of harm for medical and recreational use of marijuana diminishes. Per the 2021 Ohio Department of Health student survey, youth are now using marijuana at a higher rate than nicotine which is legal recreationally over the age of 21 (the new legal age for nicotine changed from 18 to 21, effective Oct. 2019).

More importantly, how do we as adults and leaders reconcile the fact that there is documented negative impact from the legalization and marketing of medical marijuana on our youth, yet we continue to expand access and marketing opportunities where youth is a primary audience? Is that not the definition of sabotage?

Second, this bill promotes the increase of THC up to 90% without the jurisdiction or oversight of the State Board of Pharmacy. It’s totally absurd, especially when I think of teenagers who will increasingly become immediately addicted after just taking a limited number of marijuana gummies or “hits” from a marijuana vape pen. Interestingly, this bill prohibits smoking or combustion of medical marijuana, yet inhalation, inhalers, edibles, patches, and oral absorption are permitted as outlined in lines 1474-89. One may recall, in the April 26, 2022 edition of the *Columbus Dispatch*, marijuana gummies with high levels of THC were taken to school by an elementary student who thought it was Easter candy, sending five students to the hospital.

Third, this bill expands qualifying medical conditions from the current list of 22 to 28 named conditions, plus the caveat on page 39, starting at line 1104 which states, “Any condition not specified in this division that a recommending physician is qualified to treat and considers, in the physician’s sole discretion and medical opinion, as debilitating to the patient as the conditions listed in division A9 of this section.” In essence, this bill clearly indicates that no medical diagnosis is needed for a physician to recommend marijuana to his/her patients, as long as the physician is willing to sign on the dotted line under the authority of his/her license with the State Medical Board of Ohio. So, is marijuana really medicine if it can be recommended, not even prescribed, by a physician for “any condition?” What other medicine falls in this realm, that it can be used to treat “any condition?”

Aside from the points outlined above, what concerns me the most is the question of motivation. Is the real motivation behind the expansions outlined in this bill to help people suffering from chronic health conditions? Or is the real motivation to build business and economic capital for Ohio? I am convinced that this legislation feeds our increasingly addictive society, as well as a money-hungry, profit-making industry uniquely designed to benefit growers and distributors. On January 17, Senator Huffman expressed to this committee that SB9

would decrease Ohio's medical marijuana regulations, be more user friendly for the patient, and promote better business because "safeguards are costing the industry a lot of money."

Have we learned nothing from the opiate epidemic? Pharmaceutical companies touted opiates as a non-addictive option to treat pain when first introduced. Mrs. Natalie Bolon, Executive Director of the Alcohol Drug Addiction Mental Health Services Board of Tuscarawas and Carroll Counties, reminds us that, "Decades have passed since opiates were a new drug and the result of the word-smith'd advertising and growth of the pharmaceutical industry have resulted in 2020 being the highest rate of unintentional drug overdose deaths in the state of Ohio per ODH. It is our duty to our children to consider the long-term impacts of the decisions we make today based on similar lessons in our recent past."

The reality is that the provisions outlined in SB9 are reckless and harmful, not only to Ohio's workforce where there is already a shortage of people willing and able to work, but to the future of our great state, Ohio's children and youth, those most vulnerable to the expansion of this type of legislation. My colleagues concur.

Dr. Ira Wentworth, Superintendent of Indian Valley Local School District, says his primary concern is the greater ease of access for our young people. "We have all had cases where students secure regular vapes, tobacco, or alcohol from their home environments. It's naivety to believe that a greater prevalence of marijuana in homes is not going to create an additional barrier for our young people." In addition, Dr. Wentworth sites how this legislation will "demand more financial and human resources in the school setting and increase the mental health struggles that are becoming more and more prevalent in our society." Mrs. Karie McCrate, Superintendent of Dover City Schools, cites the dangerous mix of advancing the economy coupled with the scarcity of professional resources like counselors, social workers, nurses, and resource officers whom serve students "already in crisis" due to addiction and social-emotional issues. Mr. Bob Alsept, Superintendent of Buckeye Career Center, has witnessed first-hand how high levels of THC, consumed through gummies and edibles, can lead to horrible effect, and possibly death in the school setting. Further, Mr. Alsept states, "Ohio has created a pathway to expanded drug use. The more people who receive it legally will also increase the number of people willing to sell it illegally."

Chairman Rulli, Ranking Member DeMora and members of the Senate General Committee, this concludes my testimony. I thank you for your time and ask that you please maintain Ohio's existing medical marijuana laws. I am happy to take any questions you might have.