



Senate General Government Committee
SB 9 Opponent Testimony
Empower Tusc
March 7, 2023

Chair 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 Revise Medical Marijuana law.

My name is Jodi Salvo. I am an Ohio Certified Prevention Consultant, the Director of Substance Use Disorder Prevention at OhioGuidestone, coordinator of Empower Tusc, a community coalition with a mission to prevent youth substance use, suicide, and the promotion of positive mental health. I am on the Board of Directors for the Ohio Prevention Professionals Association, the past president and a member of the Advisory Council for Ohio's Statewide Prevention Coalition Association, and on the Ohio Counselor, Social Worker and Marriage and Family Therapist Board. As a prevention professional, I have concerns about the negative impact SB 9 could have, as currently written on Ohio's youth, and communities.

First, I want to say thank you for your service. I recognize the complexity of this issue, and the weight you must feel as you try to serve and protect Ohioans. With that being said, our concerns around SB 9 include moving the oversight of Ohio's Medical Marijuana program, increasing the THC percentage of extracts, adding additional product forms, the expansion of qualifying conditions, and most concerning to me is unfettered advertising. As a prevention professional, our field works to prevent addiction. My area of expertise is to work in communities to reduce risk factors that can lead to substance use addiction, and promote protective factors that help Ohio young people lead healthy, drug free lives.

In advocating for healthy communities, I want us to be mindful that Ohio is coming out of a pandemic, and with that, we continue to see a rise in addiction, overdose deaths, an increase in mental health challenges, and suicide. The last thing we should be exploring is how to place more high potency drugs into our communities. THC extracts with up to 90% potency have absolutely no place in a medical program. In fact, there is no scientific journal to date, that supports the use of high-THC cannabis products with THC levels over 15% demonstrating medical efficacy for any condition. According to an addiction psychiatrist, the strongest recommendation would be to initiate regulations to limit the concentration of THC. Ideally this would be to less than 10% as there is no good research on concentrations greater than this for any medical condition, and there is significant literature on the negative effects of high potency

THC.¹ In fact, high THC products and chronic use have shown to be a risk factor to develop cannabis use disorder, and exacerbate mental health illnesses such as suicide, anxiety, psychosis and schizophrenia. Therefore, I would recommend not raising the THC limits to 90% as is written in SB 9. This bill also expands the permissible forms of medical marijuana that are more favorable to youth and provide mediums to access high potency THC concentrates. In our local schools, we are already seeing an increase in youth vaping THC and consuming THC gummies. This bill would only intensify the challenges our schools are already facing. Research is also clear that the earlier the use of high THC products the more likely the chance of addiction. Research shows that approximately 1 in 6 youth who use marijuana will become addicted, if teens are daily users addiction rates goes up to 25–50 percent.²

We are also very concerned about shifting the oversight of the Medical Marijuana program from the Board of Pharmacy to the Department of Commerce. Moving the oversight of our medical program severely undermines the argument for marijuana as medicine. Considering The State of Ohio Board of Pharmacy is the single state agency in Ohio responsible for administering and enforcing laws governing the practice of pharmacy and the legal distribution of drugs, it only makes sense that the Board of Pharmacy should retain the regulatory oversight of the program. Why would we place our program under the Department of Commerce, unless we are viewing this as a business and not medicine. If the intent of this bill is to truly serve the patients in need of therapeutic intervention, Ohioans deserve to have marijuana regulated as medicine and our program to be driven by science and research.

In addition, the proposed composition of the Division of Marijuana Control (DMC) mandates a physician and pharmacist supportive of marijuana as medicine, please consider having a physician and pharmacists that are committed to following the science and research of marijuana as medicine. We would also encourage the consideration of including an Ohio Certified Prevention Professional on the DMC, as prevention professionals will be mindful of unintended consequences that might occur with program changes, as they follow the science of substance use prevention.

It is also concerning that SB 9 expands marijuana as medicine to treat conditions that are not supported by research. We are opposed to legislatively expanding the types of medical conditions that would qualify for treatment without the research to support the expansion. The catch-all provision that is in this bill, is also very concerning, as it would allow a physician to recommend marijuana for any condition, and it only takes one or two bad players to abuse this provision for financial gain without concern for any ramifications, such as we saw with the opioid epidemic. Please note that the American Medical Association, the Association for Addiction Professionals, the American Psychiatric Association, the American Academy of Ophthalmology, the FDA, and the list goes on and on of reputable associations and organizations that do not endorse the use of marijuana as medicine. With that being said, we have already chosen the path of marijuana as medicine, lets now ensure that the road we are

¹Stuyt, Elizabeth. The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist. Missouri Medicine. 2018 Nov-Dec. 115-116.

going down will not lead to a path of destruction by saturating our communities with high potency products under the guise of a “needed” expansion of Ohio’s medical marijuana program.

Unfettered advertising to include social media is the most concerning thing to me as a prevention professional regarding SB 9. It allows dispensaries to advertise on social media without receiving prior approval from any regulatory board. We first need to look at how advertising prescription drugs has served our nation. The United States and New Zealand are the only two countries where drug makers are allowed to market prescription drugs directly to consumers. The United States by far takes more pills than people do in any other country, followed only by New Zealand, coincidence?

We can also look at the impact advertising had with Big Tobacco. They marketed that their product was healthy, all natural, had medical benefit, promoted everyone is doing it and hooked generations upon generations. This is also the playbook that was used to hook our young people on vaping devices. I have been following this issue for years, and it is evident that the Cannabis Industry is using Big Tobacco’s playbook, page by page. Please note, advertising creates a decrease perception of harm, and a decrease perception of harm among our young people creates an increase in youth use. Is advertising marijuana for medicine going to go well for Ohio? Please take a moment to consider the impact Big Tobacco and Big Pharma advertising has had on addiction and the opioid epidemic. Research has shown that higher average exposure to medical marijuana advertising was associated with higher average use, intentions to use, and positive expectancies.³

I also must encourage you to think about the gaming industry. In Ohio, we just legalized sports betting, for persons over the age of 21. Yet, no one can deny that the incessant promotion of gambling has been in the face of our young people. It will be down the road before we see the impact and outcomes gambling promotion will have on our youth, but we would be foolish to think it will not have a negative impact. Unfettered advertising for marijuana as medicine has the potential to look very similar to what we have just experienced if there is not oversight placed on advertising. If we want to protect our youth and stop filling the funnel of drug use and addiction, we need oversight on advertising. My solution to this would be that the only permissible form of advertising in our medical program should be direct advertising to medical marijuana cardholders.

In conclusion, please take into consideration these issues and concerns. The unintended consequences that can come from medical marijuana expansion and promotion can cause a detrimental negative impact on our youth, families, communities and State. There are significant negative health and public safety implications to increasing the availability of high potency drugs into our communities, while decreasing the perception of harm around marijuana use. I caution our legislature in moving forward with expansions in the medical program, which are not supported by science and research. I think you first must carefully consider is SB 9 really about medicine, or is it one-step closer to preparing our State for

commercialization. SB 9 looks to me as if we are playing into the Cannabis Industries game plan. We have seen this same course of action in other states. First, adopting a medical program, and then expanding it to get ready for their end game, which is the commercialization of marijuana. We have a responsibility to our young people, our vulnerable populations, families, communities and Ohio to do the right thing. My hope is that this committee will see fit to maintain Ohio's current medical marijuana program or take in consideration the concerns provided by opponent testimonies to modify SB 9.

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