

1
2 IN THE IOWA DISTRICT COURT FOR POLK COUNTY3 CARL OLSEN,)
4 Petitioner,) Case No.:
5 vs.) CVCV068508
6 STATE OF IOWA,) TRANSCRIPT OF
7 Respondent.) PROCEEDINGS
89 The above-captioned matter came on before the
10 Honorable Celene Gogerty, Judge of the Fifth Judicial
11 District of Iowa, commencing on the 10th day of
12 August, 2026, at the Polk County Historic Courthouse,
13 Des Moines, Polk County, Iowa.14 **APPEARANCES**

15 Petitioner by: PRO SE

16 respondent by: JEFFREY PETERZALEK
17 Assistant Attorney General
18 Hoover State Office Building, 2nd Floor
19 1305 East Walnut Street
20 Des Moines, Iowa 5031921 **TAMARA K. GEFFE, CSR, RPR, FCRR**
22 **Official Shorthand Reporter**
23 **Polk County Historic Courthouse**
24 **Des Moines, Iowa 50309**
25 **515.561.5933**

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EXHIBITS

PETITIONER'S EXHIBITS OFFERED/RECEIVED

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P-R-O-C-E-E-D-I-N-G-S

(Proceedings started at 9:00 a.m.,
on the 10th day of August, 2026.)

THE COURT: We are here in Polk County case
CVCV068508. This is the case of Carl Olsen v. the State of
Iowa.

Mr. Olsen is present and self-represented.

The State is represented by Assistant
Attorney General Jeff Peterzalek.

This is the date and time set for trial on a
petition under Chapter 675.

A couple things before we get started. One, I was
kind of reviewing this case over the weekend. I realized
this is one of the first trials under this particular
statute, and I wanted to make sure we're all on the same
page.

It doesn't specifically state whether this is in
equity or law. Based on the fact that it's a request for an
injunction, I'm presuming it's in equity. Is there any
dispute about that?

Mr. Olsen, do you have any position whether we're
at equity or law? It makes a difference regarding further
review and evidentiary objections.

MR. OLSEN: As far as I know, that's correct.

THE COURT: Okay. You believe we're in equity,

1 sir?

2 MR. OLSEN: I believe so. The legal issues were
3 all set aside, and now we're just talking about burden of
4 evidence.

5 THE COURT: And as far as -- and one of the factors
6 between equity and law is what you're asking for.
7 Essentially, you're asking for an injunction. Is that
8 correct, sir?

9 MR. OLSEN: Yes; an injunction for the portion of
10 the law that prohibits simple possession of marijuana.

11 THE COURT: I just want to make sure -- are you
12 asking for any damages? I didn't see that in your petition,
13 but I just want to make sure.

14 MR. OLSEN: No, absolutely not.

15 THE COURT: On behalf of the State, do you take a
16 position on that, sir?

17 MR. PETERZALEK: Yeah. The only relief requested
18 is equitable, so I believe it would be an equitable
19 proceeding.

20 THE COURT: And that's fine. I just wanted to make
21 sure, again, that we were all on the same page before we
22 proceeded today.

23 We discussed at our final status conference the
24 request for judicial notice. There were several motions for
25 judicial notice. Have the parties discussed those?

1 As far as, Mr. Olsen, are you still requesting
2 judicial notice of all of those? I think there were
3 five requests.

4 MR. OLSEN: I'm not going to refer to any of those,
5 except for the -- one of them has the annual report from the
6 Medical Cannabidiol Board attached to it, so those one, I'll
7 refer to the docket number and the exhibit.

8 THE COURT: Okay.

9 MR. OLSEN: But the other ones, I'm not going to
10 talk about.

11 Do those stay on the record for appeal or anything
12 like that?

13 Or are they useful later for the legal issues?

14 THE COURT: If you're asking for the Court to take
15 judicial notice, they become facts in the record and it
16 becomes part of the record. If you're not asking for
17 those --

18 MR. OLSEN: Well, they're all published government
19 documents anyway, so it doesn't make any difference.

20 THE COURT: Are you talking about the Iowa Medical
21 Cannabidiol Board Report, January 2026, sir?

22 MR. OLSEN: Yep. That's the one.

23 THE COURT: Okay. So that is attached to the
24 motion filed June 17, 2026 in Docket Number D0059.

25 Does the State object to the Court taking judicial

1 notice of that particular report?

2 MR. PETERZALEK: Your Honor, that's an exhibit that
3 he was proposing for this case. I don't have any objection
4 to it as an exhibit.

5 THE COURT: Okay.

6 MR. PETERZALEK: I would have an objection to you
7 taking judicial notice of the contents of it.

8 THE COURT: All right. What exhibit --

9 MR. OLSEN: That's fine.

10 THE COURT: Okay. And so is there any stipulation
11 on exhibits at this point?

12 MR. PETERZALEK: I would stipulate to the admission
13 of -- I think he listed it as Exhibit AA.

14 I know that I have an Exhibit A. We briefly
15 discussed it; I don't believe Mr. Olsen has an objection to
16 that exhibit either.

17 But you can certainly tell the judge.

18 MR. OLSEN: Was that my statement?

19 MR. PETERZALEK: No. That was the --

20 MR. OLSEN: The annual report?

21 MR. PETERZALEK: -- the annual report --

22 MR. OLSEN: Okay.

23 MR. PETERZALEK: -- from the Office of Drug Control
24 Policy.

25 MR. OLSEN: Yeah, that one.

1 My statement, I'm just going to read it, so that
2 doesn't matter.

3 THE COURT: So, Mr. Olsen, it looks like you have
4 two exhibits. You've uploaded AA, Annual Report to the Iowa
5 General Assembly. Is that the same thing that --

6 MR. OLSEN: That's the same thing that I asked for
7 judicial notice on; yeah.

8 THE COURT: Okay. And then BB is your statement.
9 So you're only offering AA?

10 MR. OLSEN: Yeah. I'm just going to read that
11 statement, so it will be my testimony.

12 THE COURT: Okay. So it sounds like it is not
13 objected to.

14 MR. OLSEN: And I'm going to say more than that.

15 THE COURT: That's fine.

16 We'll admit AA.

17 (Petitioner's Exhibit AA was admitted.)

18 THE COURT: Do you have any objection to the
19 State's Exhibit A?

20 MR. OLSEN: No.

21 That's the annual report from the drug abuse --

22 MR. PETERZALEK: Office of Drug Control Policy.

23 MR. OLSEN: Yes. Annual.

24 THE COURT: Exhibit A will be admitted.

25 (Respondent's Exhibit A was admitted.)

1 THE COURT: On behalf of the State, Mr. Olsen is
2 obviously self-represented. He'll be testifying. Do you
3 want him to testify in a question and answer format?

4 MR. PETERZALEK: That's typically very hard to do.
5 He can testify in a narrative, as far as I'm concerned.

6 MR. OLSEN: That's what I'm planning to do.

7 He can cross-examine me afterwards if he wants to
8 take notes.

9 THE COURT: I'm sure he will.

10 One last thing, our court reporter -- it's really
11 hard to take everything down if we talk over each other. I
12 know that's not the natural way we discuss things. When
13 people have conversations, they talk over one another.

14 In court, we need to make sure you're not talking
15 at the same time as everyone else. It's important to me,
16 it's important to our court reporter; we want to make sure
17 we don't miss it. If you don't mind, sir.

18 MR. OLSEN: No, that's fine.

19 THE COURT: Any opening statement, Mr. Olsen?
20 You don't have to give one if you don't want to.

21 MR. OLSEN: No.

22 THE COURT: All right. On behalf of the State?

23 MR. PETERZALEK: Just briefly, Your Honor.

24 May I remain seated?

25 THE COURT: You may. I actually prefer that

1 because we have fans for the AV equipment under the bench.

2 MR. PETERZALEK: Mr. Olsen comes into court today
3 raising the same arguments he's raised literally for the
4 last 40-some years under the First Amendment, under the
5 Federal Religious Freedom Restoration Act. Nothing new
6 about this particular case.

7 I think we understand what the elements of the case
8 are. If Mr. Olsen can show a prima facie case that his
9 exercise of religion is burdened somehow by the State, the
10 State then has the -- come forward with the burden of
11 showing it has a compelling state interest and the
12 enforcement of the controlled substances laws as it applies
13 to marijuana is the least restrictive means of doing that.

14 We have Susan Sher, from the Office of
15 Drug Control Policy, who will talk about the health, safety,
16 and welfare components of the State's compelling interests.
17 There are compelling interests on all three of those legs.
18 There's a compelling interest with respect to the health of
19 the citizens of the state of Iowa. There's compelling state
20 interests with respect to the safety not only of the
21 citizens and people, for instance, on the roadways for the
22 state. And then also welfare of citizens, particularly with
23 respect to children, Ms. Sher will talk about that.

24 Bryant Strouse, who is an assistant director with
25 the Department of Public Safety, Division of Narcotics

1 Enforcement, will talk about enforcement efforts and the
2 issues related to the matters of enforcement and the types
3 of things they run into with respect to the enforcement of
4 Iowa's controlled substances laws as it applies to
5 marijuana.

6 After receiving that evidence, we believe it will
7 be clear that the State has multiple compelling interests
8 with respect to its controlled substance laws and policies
9 and that enforcing the laws equally across the board is the
10 least restrictive means of doing that, and we'll be asking
11 that judgment be rendered against Mr. Olsen.

12 THE COURT: Thank you, sir.

13 With that, Mr. Olsen, did you want to testify
14 first, sir?

15 MR. OLSEN: Yeah.

16 THE COURT: All right.

17 MR. OLSEN: Do you want me to take the witness
18 stand or --

19 THE COURT: You can stay right there, sir.

20 Please raise your right hand.
21
22
23
24
25

1 CARL OLSEN,
2 called as a witness, having been first duly sworn by the
3 Court, was examined and testified as follows:

4 THE COURT: All right. Thank you, sir.

5 Can you please state your name and spell it for the
6 record.

7 MR. OLSEN: Carl Olsen; C-a-r-l, O-l-s-e-n.

8 THE COURT: And, sir, I understand you're going to
9 read a statement. Just based on my experience, when people
10 read statements, they tend to read too fast. We want to
11 make sure we don't miss anything. So read a little slower
12 than you think you should, and you'll probably be going
13 about the right speed.

14 You may proceed, sir.

15 MR. OLSEN: Thank you.

16 DIRECT EXAMINATION

17 BY MR. OLSEN:

18 THE WITNESS: I am -- well, my name is Carl Olsen.
19 I'm a citizen of the United States. I live at
20 130 East Aurora Avenue, Des Moines, Iowa. I own my
21 residence.

22 Cannabis is central and essential to my religious
23 beliefs.

24 I smoked cannabis when I was younger and I realized
25 it had spiritual qualities. I'd heard a lot of extreme

1 things about marijuana, but using it had a profound effect
2 on me.

3 I saw myself faced with a choice between good and
4 evil, between following my conscience or conforming to a
5 lie. It did not occur to me I should stop using it, but I
6 thought religious activity that does not cause harm to
7 anyone was protected by the First Amendment to the
8 U.S. Constitution.

9 The Iowa Supreme Court deferred to the
10 legislature's decision to prohibit marijuana rather than
11 apply the First Amendment compelling interest test.

12 I would like to introduce an exhibit. It's Docket
13 Number 42, attached to the second Motion for Summary
14 Judgment on March 4, 2026. It's attached to that motion as
15 Exhibit A, and it's a copy of the Iowa Supreme Court
16 decision in *State v. Olsen*, 1984.

17 THE COURT: So what's been attached to that docket,
18 Exhibit A, *State v. Olsen*, that's actually the
19 Supreme Court's ruling from 1984, Iowa Supreme Court?

20 THE WITNESS: Yeah.

21 THE COURT: It's not in the exhibits, so I can't
22 admit it as an exhibit; however, I certainly can take down
23 that case and that will be something I'll look at, sir, as
24 far as this case goes.

25 THE WITNESS: Okay.

1 THE COURT: I can always look at any case law out
2 there.

3 If you think that's relevant, I will certainly look
4 at that.

5 THE WITNESS: What that document says is -- it's
6 the last decision I got on my religious claim from the Iowa
7 Supreme Court, and it says that the court will not apply the
8 compelling interest test to the marijuana laws. It's my
9 understanding that the Religious Freedom Restoration Act
10 does apply to the compelling interest laws, so that's the
11 reason I want that exhibit -- or want that to be part of the
12 record.

13 THE COURT: I certainly will consider that case as
14 part of your argument, sir. Thank you.

15 THE WITNESS: Okay. The *King James Version* of the
16 Bible has many references that I interpret to be references
17 to cannabis. "Holy anointing oil" is mentioned throughout
18 the Bible. Cannabis and cannabis extract were recently
19 moved into Federal Schedule III because they have accepted
20 medical use, and both of them are exceptions to the state
21 Controlled Substances Act for medical use. It's easy to
22 picture an essential oil used as a medicine for millennia
23 being used in holy anointing oil.

24 I do; I believe it was used for that purpose.

25 Since I learned the truth about cannabis by smoking

1 it, I'm going to cite the references in the Bible that talk
2 about smoking.

3 There's plenty of references to essential to the
4 holy anointing oil throughout the Bible; a dozen or so.

5 The Bible says God spoke to Moses through a burning
6 bush. That's Exodus 3:4.

7 The Bible says God will raise up for me a plant of
8 renown. That's Ezekiel 34:29.

9 The Bible says God has smoke coming out of his
10 nostrils. That's Psalm 18:8.

11 The Bible says man is made in the image of God.
12 Genesis 1:27.

13 The Bible says smoke accompanies prayer.
14 Revelation 8:4.

15 The Bible says I am a temple of God.
16 1 Corinthians 3:16.

17 The Bible says the glory of God filled the temple
18 with smoke. Revelations 15:8.

19 These references in the Bible refer to my
20 sacrament, cannabis. I do not and will not use cannabis
21 unlawfully under state law, Iowa Code chapter 124. That's
22 why I'm here today.

23 I do not and will not use cannabis unlawfully under
24 federal law. Title 21 USC Chapter 13, that's the federal
25 drug law.

1 I have an application pending with the Drug
2 Enforcement Administration for an exemption pursuant to the
3 federal Religious Freedom Restoration Act of 1993, and
4 that's 42 USC Chapter 21B, pending the outcome of this
5 trial.

6 I met with the DEA in March of 2023 and discussed
7 my efforts to get a state exemption and told them that
8 compliance with state law is a federal requirement, and they
9 should put my application on hold while I try to get
10 authority from the State to try to use my sacrament. That
11 case is pending. It was mentioned in a report a couple
12 years ago, 2024.

13 The Iowa Controlled Substance Act is a substantial
14 burden on my religious beliefs. The possession of marijuana
15 in Iowa Code section 124.204(4)(m), that's the listing for
16 marijuana, including Iowa Code section 124.204(4)(av), and
17 that's marijuana extract, combined with the penalty in
18 section 124.401(5)(b), which is an aggravated misdemeanor
19 for every second -- or third and subsequent offense, so
20 every instance of possession carries a two-year prison
21 sentence and a fine of at least \$150 -- \$855, but not to
22 exceed \$8,540, and that's section 903.1(2).

23 That's a terrific amount of penalty for each
24 instance of simple possession. And I'm a repeat offender,
25 so I feel that.

1 There is no least restrictive means of enforcing
2 the act, and the State attorney just said that that's true,
3 because the legislature chose not to make exceptions by
4 regulations. Federal law makes exceptions by regulations,
5 Iowa law does not.

6 Unless the State can show a compelling interest in
7 how I worship in the privacy of my home and property, the
8 only remedy is to enjoin that portion of the act which
9 violates the Iowa Religious Freedom Restoration Act,
10 Iowa Code section 675.4(2).

11 And that would have been my opening statement, so
12 there it is.

13 That concludes my direct testimony.

14 THE COURT: All right. Any cross-examination on
15 behalf of the State?

16 MR. PETERZALEK: Yes, Your Honor.

17 CROSS-EXAMINATION

18 BY MR. PETERZALEK:

19 Q. Mr. Olsen, are your religious beliefs still linked
20 to the Ethiopian Zion Coptic Church?

21 A. No. They never were.

22 Q. You dedicated an entire section of your lawsuit to
23 that religion.

24 A. That's because I was a member of that church and
25 would be today if it were lawful.

1 Q. I just want to be clear, as we suss out your
2 religious beliefs, you're not making any claims today based
3 on any teachings or beliefs of Ethiopian Zion Coptic Church?

4 A. Only that I joined that church because it was a
5 church that agreed with my beliefs. It's part of my
6 history.

7 Q. What -- can you tell me, tell the Court, what it is
8 that -- what your religious beliefs are that you claim are
9 affected by Iowa's controlled substances laws?

10 A. No better than what I just did.

11 It's my belief that that's throughout the Bible,
12 and that's the sacrament that's shared between the members
13 of the church. That's the communion, rather than, like, the
14 Catholic church thinks it's wine and a wafer. In the Coptic
15 church, we think the body of Christ is the corporate body,
16 the members of the church in 1 Corinthians 12:12, towards
17 the end of the chapter. And we think that cannabis is the
18 bottomless cup that Christ shared with his disciples.

19 In Jamaica, they actually use a bottomless cup
20 called a chillum, so that brought it very real to me, that
21 that's what it was talking about.

22 Q. When you say "we believe," who are the "we" that
23 you're referring to?

24 A. Anybody that agrees with me.

25 Q. Agrees with what, in particular?

1 A. That cannabis is a sacrament in the Bible, and it
2 is a Christian sacrament in the -- throughout the Bible, Old
3 and New Testament, and Apocrypha.

4 THE COURT: I'm sorry, what was that last part?

5 THE WITNESS: And Apocrypha.

6 A. Not all religions use the Apocrypha. Catholics,
7 do, I think, but the King James Version of that.

8 BY MR. PETERZALEK:

9 Q. These -- or this religious belief that you're
10 talking about, is that something a minor can practice, as
11 well?

12 A. Absolutely.

13 Q. Are you still using marijuana or cannabis for
14 religious purposes?

15 A. No.

16 Q. When was the last time you would have used
17 marijuana or cannabis for religious purposes?

18 A. The day the U.S. Supreme Court rejected my appeal
19 in 1990 and tore me to shreds in the opinion in
20 *Employment Division v. Smith*, 494 U.S. 872.

21 And that was a case that -- about peyote, and the
22 Religious Freedom Restoration Act was created to overturn
23 that *Smith* decision.

24 So I remember that date really well because it's
25 tied to that case, and that case is, like, so fundamental to

1 the Religious Freedom Restoration Act. I've been doing this
2 for a long time, and the parts all fit together.

3 Q. So the 36 years since that supreme court decision
4 you referred to, have you been able to believe in the faith
5 that you were telling the Court about?

6 A. Oh, certainly. That never goes away.

7 Q. With respect to whatever religious belief you may
8 hold, how would you use cannabis and marijuana?

9 A. It's smoked. It's vaporized. It's eaten. It's
10 used to make tea. It's used to make extracts.

11 And, of course, it's used for industrial materials,
12 so it was actually required -- England required the
13 colonists to grow it for -- to make rope for sails. Well,
14 sails and rope, so it's got a long history with the human --

15 Q. How often would any religious belief you hold
16 involve using marijuana?

17 A. There's no -- there's no -- the only limit is
18 self-imposed here, because possession doesn't allow sharing
19 with anybody or the public use. So other than those
20 two restrictions, that it would not be shared with anybody
21 and that it would be private, there are none. There are no
22 other restrictions.

23 Q. Would your religious beliefs entail daily use of
24 marijuana?

25 A. Yes.

1 Q. For your use of marijuana that you're asking the
2 Court to assist you with, where would you get it?

3 A. Well, right now, it's legal to buy seeds, so I
4 could cultivate my own. Those were legalized in 2018 under
5 state -- under federal law, and in 2019 under state law.

6 Q. Would you be buying cannabis or marijuana in other
7 states and transporting it to Iowa?

8 A. I suppose. I would say yes.

9 I'm not saying I would, I'm saying I see that as
10 being something that could be done discreetly and would be
11 within my rights.

12 It may not be within the rights of the person
13 selling it to me, but it would be within my rights to take
14 possession of it for religious use.

15 Q. Are there other folks that you're aware of that
16 hold the same religious belief that you've been telling us
17 about?

18 A. What now?

19 Q. Are there others that you're aware of, other people
20 that you're aware of, that hold a religious belief similar
21 to what you've been telling us about?

22 A. I don't know anybody with my religious beliefs
23 that's not using cannabis. I'm unique.

24 So I would say, because I don't use cannabis, I'm
25 no longer aware of who does and who doesn't. I told the

1 members of my church that I would no longer be able to see
2 them. Glad to talk to them on the phone, but no personal
3 contact. They're not coming over to see me, I'm not going
4 to see them.

5 Clifton Middleton, for example. He's cited in the
6 *Middleton* case.

7 Q. If you were able to have a gathering for religious
8 purposes to exercise your beliefs, would you share the
9 cannabis among each other?

10 A. Well, let me give you an example in Jamaica.

11 In Jamaica, they have a law that says anybody can
12 grow cannabis for any reason. They have a law that protects
13 religious use of it. But if you want to have a gathering,
14 you have to get an additional permit and describe what's
15 going on there. And so it's not, like, the same exemption.
16 It's a different exemption.

17 So the answer to your question would be that's
18 beyond the scope of what I'm asking the Court for today.
19 Certainly, that would be something I would want to do, but I
20 would not consider that to be -- this case to have anything
21 to do with that.

22 Q. And just to be clear, what are you asking the Court
23 to provide to you for relief?

24 A. To enjoin the possession law against my religious
25 use, against my personal use; in private, personal, simple

1 possession, no public use, no sharing with anybody. Just me
2 growing it.

3 There are four states surrounding Iowa that allow
4 medical patients to grow their own at home, and they are not
5 allowed to share it with anybody. They're not allowed to
6 use it in public. It would be -- so there's actual examples
7 of what it is I'm asking for in the real world.

8 Q. As I understand it, the level of THC in marijuana
9 or cannabis has increased substantially over the years; is
10 that right?

11 A. No. That's breeding.

12 So what you're talking about is seizures. Okay?
13 So the level of THC in marijuana that's being seized has
14 gone up, but the ability to create that amount of THC hasn't
15 changed in millennia. It's just that more people are doing
16 that, that's all. That's always been possible.

17 Q. It's always been possible, but the cannabis that
18 we're dealing with in law enforcement and otherwise today is
19 different from a THC level in cannabis than what we were
20 seeing in 1980s or 1990s?

21 A. I'm not an expert, but I'm probably not going to
22 object if your witness says that.

23 I suspect that's true, but I'm not an expert. I
24 can't say.

25 Q. Would you agree the State has an interest in

1 preventing child abuse?

2 A. Sure.

3 Q. Would you also agree that the State has an interest
4 in preventing impaired drivers from operating on Iowa's
5 roads?

6 A. Absolutely.

7 Q. What volume of cannabis or marijuana are you asking
8 to be able to utilize for religious purposes?

9 A. Well, let me use a metaphor or something.

10 You're thirsty. You take a drink of water. You
11 stop when you've had enough, but you get thirsty again.
12 That's exactly how it works. That's how marijuana works.
13 Or THC, I suppose, if you want to get -- talk about the -- I
14 mean, the THC is the thing you're going to notice, and
15 that's the thing that you're going to self-titrate.

16 And that's a very common term, "titrate," with
17 marijuana use.

18 Q. Well, the early 1980s, you claimed that 20 tons of
19 marijuana was for religious purposes; right?

20 A. Yes.

21 Q. Then in the early 1980s, in Iowa, you claimed that
22 over 100 pounds of marijuana was for religious use; right?

23 A. Correct.

24 Q. Is that the kind of volume we're still talking
25 about?

1 A. I also said that was property of the church and
2 that it was for being distributed to and for on behalf of
3 the church. So, no, that is not the volume that I'm talking
4 about.

5 Q. Well, what is the volume we're talking about -- or
6 you're talking about?

7 A. Well, it would be like supplying water for a
8 gathering or water for yourself. The same metaphor again.
9 You need a lot more water for a gathering than you need for
10 your own use. So it's going to be whatever it is that's
11 comfortable for me.

12 Q. What is that?

13 A. I don't know.

14 How much water are you going to drink?

15 It varies. That's a personal decision that's
16 beyond the power of the State to get involved with. How
17 much I use is no business of the State. How much I share
18 with somebody else is a concern for the State.

19 And I don't have the standing to represent anyone
20 else today, so I can't say that someone else has a right to
21 use it with me. That's for another day, for somebody else
22 to make the argument. Right now, I don't know anybody that
23 I could legally share it with, so I would not be producing
24 an amount for that purpose.

25 Q. In general, any limitation on the amount of

1 cannabis and marijuana you would be using would be limited
2 only by yourself; right?

3 A. Correct.

4 Q. Is that a pound a month? Ten pounds a month? An
5 ounce a month?

6 I'm trying to get an idea what you're asking for.

7 A. I don't know. I've never -- never looked at it
8 that way.

9 Q. But we would agree that the only limitation that
10 you believe --

11 A. Well, how -- how would you determine --

12 THE COURT: Mr. Olsen --

13 THE WITNESS: I'm sorry.

14 THE COURT: That's okay.

15 I need you to make sure to let him ask his question
16 and then answer.

17 THE WITNESS: Yeah.

18 Ask another question, I'll try to -- and ask you
19 one.

20 BY MR. PETERZALEK:

21 Q. What I'm trying to understand is I want to make
22 sure that the only limitation that you would be wanting the
23 Court to impose would be whatever you thought was
24 appropriate for your use?

25 A. Yes.

1 But can I just say you already know how to
2 determine simple possession from distribution under the law
3 as it stands without any religious thing, so it would be
4 just like that.

5 How do you determine if a person is in simple
6 possession or if it's intent to distribute because of the
7 quantity? How does the State determine where that line is?
8 That's the line you're talking about.

9 THE COURT: Mr. Olsen, right now you're being
10 cross-examined.

11 THE WITNESS: I'm sorry.

12 THE COURT: You'll have a chance to respond and
13 make a statement based on the questions you're asked, but if
14 you could just answer the questions you're asked. Hold on
15 to those other statements if you want to add those to the
16 record.

17 THE WITNESS: Okay. I need to think of a better
18 way to say that, but yeah.

19 THE COURT: Thank you, sir.

20 BY MR. PETERZALEK:

21 Q. Over the years, you've made claims for religious
22 use of cannabis and marijuana under the First Amendment to
23 the United States Constitution.

24 A. Correct.

25 Q. You've made a request pursuant to the federal

1 Religious Freedom Restoration Act.

2 A. Yes.

3 Q. None of those arguments have been successful to
4 date, have they?

5 A. No.

6 Q. What's different about the arguments you're making
7 today versus the arguments you made over the last many
8 years? They're the same arguments, aren't they?

9 A. Let me address the First Amendment and then the
10 Religious Freedom Restoration Act, one at a time.

11 So the argument I made under the First Amendment
12 was that the -- my religious freedom was being burdened.
13 And then I said it was a violation of the
14 Establishment Clause because Iowa had a peyote exemption.
15 And then I said there was a violation of due process because
16 Iowa had no process that I could use to apply for an
17 exemption. So that was the 14th Amendment argument on due
18 process and equal protection, and a First Amendment argument
19 on religious exercise and Establishment Clause.

20 If you can show any of those things, or all of
21 those things, that gets you the compelling interest test.
22 You haven't won yet. All that means is you're going to get
23 strict scrutiny.

24 After that, they compare your use of marijuana to
25 whatever, in that case peyote, and they say if they're not

1 the same, then the compelling interest test doesn't lean in
2 your favor and you lose.

3 Okay?

4 So I lost the First Amendment argument. I lost the
5 Equal Protection, Due Process, and Establishment Clause
6 argument because they said my use of cannabis was not --
7 they said the peyote thing doesn't cause any trouble. They
8 don't -- it doesn't come -- it's not a big problem. That
9 was the difference, basically; too much marijuana, too many
10 people use it.

11 Now, the Religious Freedom Restoration Act, that's
12 a federal law, and the federal law does have an exemption
13 process. They have a peyote exemption, but it's not in the
14 statute, it's in the regulation. And you can apply for an
15 exemption under federal law, which you can't do in Iowa.

16 So I lost that argument on the Religious Freedom
17 Restoration Act, basically, because all I had to talk about
18 was peyote and alcohol.

19 I never made an argument based on alcohol or
20 tobacco, so I threw those in, and the court said "No, you
21 lose."

22 Okay?

23 So the difference today is that the Iowa Religious
24 Freedom Restoration Act has to be applied in the context of
25 the Iowa law. The federal Religious Freedom Restoration Act

1 only applies to federal law, because in
2 *City of Boerne v. Flores* in 1997, the Supreme Court struck
3 down the federal application to state law. So the Iowa
4 Religious Freedom Restoration Act is a response to that
5 *Boerne* case saying we're going to establish that by law here
6 in Iowa.

7 So the context in the federal level is it's a
8 regulatory system and it turns on regulatory feasibility, so
9 the question of least restrictive means comes up. "Well,
10 couldn't you do a regulation that accommodates this?" Well,
11 in Iowa, like you said at the opening, we don't have that,
12 so there is no least restrictive means. The entire Act
13 becomes the only option the State has. They don't have a
14 regulatory scheme, like the federal government has, to
15 create an exemption.

16 So that's why those two -- and all -- so all the
17 First Amendment gets you, and all the Religious Freedom
18 Restoration Act gets you, is a compelling interest test.
19 And that's what we're here today doing, because the Iowa
20 Religious Freedom Restoration Act gives me the compelling
21 interest test.

22 So none of that means I won yet, it just means
23 that's why we're here today and that's what the issue is.

24 Q. And under Iowa's Religious Freedom Restoration Act,
25 you have to show that something the State is doing is

1 imposing an undue burden on your religious beliefs; right?

2 A. Correct. That's the first hurdle, yeah.

3 Q. Which is the same thing you had to prove under the
4 federal Religious Freedom Restoration Act; right?

5 A. Right.

6 And the Court said I received strict scrutiny,
7 which I would not have received if I had not passed that
8 hurdle; yes.

9 Over and over again; every case. The
10 First Amendment cases, I passed that hurdle. The
11 Religious Freedom Restoration Act cases, I passed that
12 hurdle. I always lost on the compelling interest test, not
13 on the burden on religion.

14 In other words, the State was able to prove that
15 they had no less restrictive means or that I was not
16 entitled to the same treatment as the peyote church -- my
17 church wasn't entitled to the same protection, and that I
18 wasn't entitled to the same protection as a member of that
19 peyote church.

20 Q. So you're requesting that --

21 A. And it was always based on distribution.

22 Large amounts, distribution, public use, children;
23 you name it.

24 And none of those cases had one person that came
25 forward and said they were injured by it. I thought this

1 country had religious freedom unless you were interfering
2 with somebody else's freedom, and the only people that
3 complained was the government. "We don't allow this."

4 Q. And so you're asking the Court to allow you to use
5 marijuana or cannabis anytime you want to; right?

6 A. Yeah.

7 Q. As much as you want to?

8 A. Yep.

9 Q. Any day of the week?

10 A. Yep.

11 Q. But with not any limitations at all on any quantity
12 involved?

13 A. Correct.

14 MR. PETERZALEK: That's all I have.

15 THE COURT: Just a second here.

16 Mr. Olsen, if you want to address anything you were
17 asked on cross-examination, you think you need to expand on
18 or follow up on, this is your opportunity.

19 Anything you want to add to your testimony, sir?

20 REDIRECT EXAMINATION

21 BY MR. OLSEN:

22 THE WITNESS: Oh, just the last few questions
23 there.

24 I'm not going to use cannabis in public. I'm not
25 going to share it with anyone. So the quantities, saying

1 they're unlimited is the metaphor I made on the glass of
2 water. I'm not going to store a whole lot of water if it's
3 coming out of the faucet, which would be -- like, growing
4 cannabis at home would be kind of an unlimited -- what do
5 they call -- regenerative or -- you know, plants, seeds.
6 It's a continuous cycle of life and growing and harvesting,
7 like vegetables.

8 THE COURT: Anything else, sir?

9 THE WITNESS: Huh?

10 THE COURT: Anything else you want to add to your
11 testimony?

12 THE WITNESS: No, that's it.

13 THE COURT: Any recross?

14 MR. PETERZALEK: Just one question.

15 RECROSS-EXAMINATION

16 BY MR. PETERZALEK:

17 Q. With respect to growing, the same thing with
18 respect to your use, there wouldn't be any limit on how much
19 you could grow?

20 A. No. Just the limit would be the space that I have.

21 I gave my residence. You can look it up on the
22 county assessor's site and see how much square footage I
23 have. I'm not going to use all of that square footage to
24 grow cannabis, obviously, because I live there. So it would
25 be -- what's the limits in Minnesota; 6 plants for adult use

1 and 12 for medical, or something like that? That's probably
2 ballpark.

3 Q. But your request is that the Court not impose any
4 limits on how much you can grow?

5 A. Well, the example in the real world is all of those
6 laws that allow people to grow at home, they do have a plant
7 limit.

8 I'm saying I shouldn't have a plant limit, but I
9 would hate to see the case rise or fall on that. If you
10 want to make an argument for limits, that means you're
11 agreeing that I have a valid argument. And now if you just
12 want to argue about the limits, I'll go there, if that's
13 what you're doing.

14 Q. I'm just trying to get an idea of what you're
15 asking the Court for.

16 What you're asking the Court for is not to impose
17 any limits?

18 A. Exactly; yes.

19 MR. PETERZALEK: That's all I have.

20 THE COURT: All right. Mr. Olsen, that's the end
21 of your testimony.

22 Are there any other witnesses you wish to call?

23 MR. OLSEN: Yes. I would like to call Owen Parker,
24 the director of the Iowa Bureau of Cannabis [sic], bureau
25 chief.

1 THE COURT: You may do so.

2 OWEN PARKER,

3 called as a witness, having been first duly sworn by the
4 Court, was examined and testified as follows: Witness I do.

5 THE COURT: Thank you, sir.

6 Please be seated. When you're settled, if you
7 could please state your name and spell it for the record.

8 THE WITNESS: Owen Parker; O-w-e-n, P-a-r-k-e-r.

9 THE COURT: Thank you, sir.

10 Mr. Olsen, you may proceed.

11 DIRECT EXAMINATION

12 BY MR. OLSEN:

13 Q. Good morning. Thank you for being here.

14 What state administrative agency do you work for?

15 A. Iowa.

16 Q. The agency.

17 A. Oh, Iowa HHS.

18 Q. Okay.

19 A. Health and Human Services.

20 Q. Yes.

21 Thank you.

22 What is your position on that state administrative
23 agency?

24 A. I am the bureau chief for cannabis regulation.

25 Q. Can you give a brief description of your

1 responsibilities in that position?

2 A. Sure.

3 So I suppose I set the strategy of implementation
4 and enforcement of both of our programs. And, obviously,
5 administrative duties, staffing, budget, et cetera.

6 Q. Do you host the Iowa Medical Cannabidiol Board
7 meetings?

8 A. I do.

9 Q. And have you met me before?

10 A. I have.

11 Q. And do I attend the board meetings?

12 A. I believe you've attended all of them.

13 Q. I think so.

14 Do I make public comments?

15 A. You do. And I, again, believe each time -- at each
16 board meeting.

17 Q. Do my public comments always address the exact same
18 issue?

19 A. They do.

20 Q. And what is that issue?

21 A. Generally, around receiving a -- some form of state
22 exemption from the federal legality of the -- of THC or
23 marijuana, with it being -- again, I think you cited, up
24 until recently, the move to Schedule III status, just kind
25 of trying to resolve that discrepancy.

1 Q. Yeah. It's possible. It's under review and
2 appeal, but --

3 A. Yeah.

4 Q. So finally they got around to doing it.

5 Did the board adopt that request that I made?

6 A. They did.

7 Q. Did the Legislature enact my request in the law in
8 2020 in House File 2589, Section 31?

9 A. They did.

10 THE COURT: I'm sorry. Could you repeat that
11 House File, sir?

12 What's the House File number again?

13 MR. OLSEN: It's House File 2589, Section 31.

14 THE COURT: I'm sorry, sir.

15 Go ahead.

16 MR. OLSEN: It's just like that last section under
17 the Religious Freedom Restoration Act, it's not codified.
18 It's in the Act, but it's not codified. So that section is
19 not codified, but it is in the session law.

20 BY MR. OLSEN:

21 Q. Are you the report contact for the
22 Medical Cannabidiol Board Annual Report to the
23 General Assembly 2026?

24 A. I am.

25 MR. OLSEN: And a copy of the board's annual report

1 is attached to the Petitioner's Motion for Judicial Notice,
2 or I think I proposed it as Exhibit AA or something, Docket
3 Number 59. I ask that be included in the record as
4 Exhibit B.

5 And I ask that my witness be qualified as an expert
6 on the implementation of the Iowa Medical Cannabidiol Act.

7 THE COURT: Hold on, Mr. Olsen.

8 I thought that was already in the record as
9 Exhibit AA. Is that right?

10 MR. OLSEN: I don't care what the numbers are, but
11 I attached it as a proposed exhibit; yeah.

12 THE COURT: You've already offered and admitted
13 Exhibit AA, Annual Report to the Iowa General Assembly.

14 MR. OLSEN: Yeah.

15 THE COURT: Okay. So it's already in evidence.
16 You can go ahead and use it however you wish, sir.

17 MR. OLSEN: Okay.

18 I would ask that my witness be qualified as an
19 expert on the implementation of the Iowa Medical
20 Cannabidiol Act, chapter 124E.

21 THE COURT: Any objection?

22 MR. PETERZALEK: I would object. Although, I would
23 object to the relevancy of that particular area of expertise
24 to this proceeding.

25 THE COURT: Well, since we're in equity, I'm going

1 to allow it subject to the action.

2 You can ask questions of this witness regarding
3 that Act, sir.

4 MR. OLSEN: All right.

5 BY MR. OLSEN:

6 Q. Regarding recommendation 2 on page 8 of the board's
7 annual report, Renaming Chapter 124E the Iowa Medical
8 Cannabis Act, what is medical cannabidiol?

9 A. It refers to Iowa's definition for CBD and THC
10 products or, you know, all of the cannabinoids for medical
11 purposes.

12 Q. Why is medical cannabidiol different than
13 cannabidiol or CBD?

14 A. Really, it is a construct or definition that only
15 Iowa uses. So, again, "medical cannabidiol" is Iowa's
16 definition of medical cannabis products, you know, again,
17 containing CBD and THC.

18 Q. Is cannabidiol a scheduled controlled substance?

19 A. There are pharmaceutical products that include it,
20 but I'm not sure that CBD, on its own, necessarily is.

21 Q. Can cannabidiol be used without a prescription or a
22 recommendation from a health care provider?

23 A. I think that's what I'm referring to, is that you
24 can procure over-the-counter CBD products. Generally, that
25 is the Consumable Hemp Program that I also regulate.

1 Q. Yeah; that's what I'm getting at.

2 If you know, does Congress and the U.S. Department
3 of Justice refer to state medical cannabis programs as
4 medical marijuana programs?

5 A. At this point, I believe that they do; yes.

6 Q. What is delta-9 THC?

7 A. That would be the primary psychoactive component of
8 the plant, as I believe you referenced earlier.

9 Q. As part of your duties, do you oversee the state
10 consumable hemp law, Iowa Code chapter 204?

11 A. I do.

12 MR. OLSEN: I would ask that my witness be
13 qualified as an expert on the implementation of the Iowa
14 hemp and hemp products act, Iowa Code chapter 204.

15 MR. PETERZALEK: I don't know that there's been
16 foundation laid for that yet, so I guess I would reserve an
17 objection depending on questions that come up in the moment.

18 THE COURT: If you want to ask a few more questions
19 to establish him as an expert on this Act, go ahead, sir.

20 MR. OLSEN: Yeah.

21 BY MR. OLSEN:

22 Q. Is it true that the only legal difference between
23 marijuana and hemp is the amount of delta-9 THC that it
24 includes?

25 A. That's a fair assessment.

1 Q. Okay. Is that difference a mathematical formula,
2 0.3 of 1 percent THC by dry weight?

3 A. Yes.

4 Q. As far as you know, is delta-9 THC the only reason
5 that marijuana was added to Schedule I of the state and
6 federal Controlled Substances Act?

7 A. Not sure that I can --

8 MR. PETERZALEK: I'll object to that as calling for
9 a legal conclusion.

10 THE COURT: Tamara, can you read me that question
11 back.

12 (Requested portion of the record was read.)

13 THE COURT: I'm going to sustain that objection.
14 If you want to ask another question, sir.

15 MR. OLSEN: That's fine.

16 BY MR. OLSEN:

17 Q. Are products containing delta-9 THC sold in Iowa
18 grocery stores, restaurants, and bars?

19 A. They are.

20 Q. What are those products?

21 A. It would range. Beverages are certainly popular.
22 Products containing food are legal too, such as gummies or
23 chocolate, assuming they meet the potency limits that are
24 implemented. Tinctures, such as, like, a glass vile with a
25 pipette for titration are allowed. Topical products, such

1 as lotions or creams, are also allowed.

2 Q. So the bars and grocery stores and restaurants
3 would be more on the drink side, and the other stuff would
4 be like the hemp shops, maybe?

5 A. Sure. It ranges.

6 Q. Okay. Let's see.

7 Is the current amount of delta-9 THC in a
8 12-ounce beverage capped at 4 milligrams of THC --
9 delta-9 -- well, it's total THC, isn't it?

10 Is it capped at 4 milligrams of total THC? "Yes"
11 or "no."

12 A. Yes.

13 Q. Do you know what year that cap was added and how
14 many milligrams of delta-9 THC a 12-ounce beverage could
15 have contained prior to that, from 2019 to 2024?

16 A. The law was implemented in the summer of 2020, so
17 it was -- or 2024. Excuse me.

18 Q. Yeah.

19 A. So July 1, 2024, and prior to that, it was just
20 limited to that 0.3 percent total THC by dry weight of the
21 product. So the potencies could range widely prior -- in
22 Iowa prior to 2024.

23 Q. Well, I did the math, and a 12-ounce is
24 340,000 milligrams. If you multiply that by 0.3 of
25 1 percent, that comes out to 1,020 milligrams.

1 A. Correct.

2 Q. So that was how much THC could be sold in a grocery
3 store in a beverage. Nobody was doing that, but --

4 A. Correct. Yes; nobody -- products like that
5 didn't --

6 Q. Why -- why weren't they doing that?

7 THE COURT: Hold on.

8 Mr. Olsen, you need to let him finish his answer.
9 We can't get it down when you're talking over each other.

10 Can you read that answer, Tamara.

11 (Requested portion of the record was read.)

12 BY MR. OLSEN:

13 Q. So do --

14 THE COURT: Hold on.

15 Do you want to finish your answer, sir?

16 A. The potency of the products varied widely because
17 that 0.3 percent was not necessarily a limit.

18 BY MR. OLSEN:

19 Q. Do you have any idea what the potency of those
20 products was before that cap was added?

21 A. Again, it would range depending on the products.

22 Q. How about the 12-ounce beverage?

23 A. You're asking for, like, a normal or a standard or
24 an upper limit to what we saw?

25 Q. Climbing Kites, how about that one.

1 A. Popular beverages, I would say, were 5 milligrams,
2 10 milligrams, 15, potentially. There were some products
3 that would be in the, you know, 20 to 30, even
4 50 milligrams, at times. Very potent products.

5 Q. I'm just going to ask for an opinion.

6 Why weren't they putting 1,020 milligrams in there?

7 A. That would -- it wouldn't be wise, from a business
8 standpoint. It would be a very intoxicating product.

9 Q. Probably wouldn't sell any? Or only one time?

10 A. I can't speak to that, but it would be very potent
11 products.

12 Q. Okay. So they were self-limiting that for some
13 reason? Probably so they didn't overdose people?

14 A. That's probably fair.

15 Q. Okay. Let's see.

16 Chapter 124E authorizes the sale and possession of
17 up to 4.5 grams of delta-9 THC every 90 days, which is
18 approximately 50 milligrams of THC per day.

19 If you know, is 50 milligrams of THC per day a
20 low dose, a moderate dose, or a high dose?

21 A. I think that's subjective based on the person.

22 I think our board even speaks to this, you know,
23 that a -- you know, a smaller person, you know, of elderly
24 age may have a different use case and need than, you know,
25 say, a younger, larger male, for instance.

1 Q. Okay. A pharmaceutical drug Marinol, a brand name
2 prescription medicine containing synthetic delta-9 THC, has
3 been a state and federal Schedule III for over
4 three decades, and it comes in 2.5, 5, and 10-milligram
5 doses. If you know, are those low, moderate, and high
6 doses, respectively?

7 A. I mean, again, I think that that is subjective, but
8 I will say that those -- I wouldn't call them high doses.

9 Q. Okay. Well, that was my next question, so thank
10 you.

11 Regarding recommendation 8 on page 10 of the
12 board's annual report seeking a federal exemption for Iowa's
13 program, do you know who the author of that text is?

14 A. Could you repeat the question?

15 Q. Recommendation number 8 on page 10 of the board's
16 annual report that seeks a federal exemption for Iowa's
17 program, do you know who the author of that text is?

18 A. That is you, Carl.

19 Q. All right. On page 12 and 13 of the board's annual
20 report, it says 2,585 practitioners voluntarily certified
21 patients to enroll in Iowa's medical cannabis program.

22 Are those practitioners certifying that medical
23 cannabis is beneficial for any particular medical condition?

24 A. Not necessarily. They are certifying that the
25 patient has that qualifying condition. They are not

1 necessarily certifying anything other than that.

2 Q. Okay. At the last meeting of the board,
3 Dr. Richards, at 47 minutes and 50 seconds into the video
4 recording, the state Department of Public Health's
5 recording, right now a provider authorizes somebody that has
6 a condition. From that point forward, the provider is out
7 of it. Okay? You're at the dispensary, and you're at the
8 mercy of what happens there. Is that a fairly accurate
9 description?

10 A. I think what he means is that it doesn't operate
11 like a traditional prescription, you know, where a provider
12 will write you, you know, a milligram or a dosing amount, a
13 frequency amount, the specific medication that you're
14 supposed to take. Because of the federal illegality, that's
15 where, again, the practitioner is just certifying that the
16 patient has the condition.

17 So with it not being a prescription, that does mean
18 that there is deference to the patient to select their
19 products, how frequently they use it. In some cases, the --
20 you know, for new patients, dispensary staff do consult and
21 work with the patient on what may be best for their given
22 condition.

23 But I think that's what Dr. Richards is referring
24 to, is that it doesn't operate like a prescription that
25 practitioners are usually accustomed to working with.

1 Q. Okay. And the way he worded that, "at the mercy of
2 the dispensary."

3 Let's go from 2020 when the cap was removed and the
4 amount of THC could be up to around 80 percent in some of
5 the products, those dispensaries were operating illegally
6 under federal law until just this last April. Isn't that
7 correct?

8 And that's why I made that federal exemption
9 suggestion.

10 A. Yes.

11 As I referenced earlier, and you've referenced,
12 that was the -- my understanding, you know, the point of
13 your work is to reconcile that discrepancy between Iowa law
14 and the federal law.

15 Q. So I saw it coming. Took a long time.

16 So you already said you know who -- on page 14 of
17 the report, it says over 18,000 patients purchased and
18 possess medical cannabis in Iowa.

19 On page 15, it says over 5,000 caregivers purchase
20 and possess medical cannabis in Iowa, or are authorized.

21 Is that over 23 -- I just added them together.

22 Is that over 23,000 Iowans who can purchase and
23 possess medical cannabis in Iowa?

24 A. Sounds right.

25 Q. Okay. On page 22, figure 19, it says over

1 90 percent of the formulation sold are high THC. Is that
2 still accurate?

3 A. It should be generally in that ballpark, yes.

4 Q. Okay. On page 22, figure 20, it says 78 percent of
5 the products sold are inhaled. Is that still generally
6 accurate?

7 A. Generally still in the ballpark still, yes.

8 Q. I suppose we should say, what does that "inhaled"
9 mean?

10 A. They are -- it's a vaporized form. So that would
11 be the most popular products are -- it's like a small glass
12 cartridge attached to a battery that allows patients to, you
13 know, titrate themselves at the frequency that they would
14 like.

15 It does also include small jars of concentrates,
16 which is ultimately very similar to what is in the
17 vaporization cartridges, but it allows different use cases
18 for the patient, other than just inhaling it with the
19 battery and the cartridge.

20 Q. Are they allowed to share it with anybody?

21 A. No.

22 Q. Are they allowed to possess it anywhere?

23 A. They do have the affirmative defense for
24 possession.

25 Q. Okay. So they decide when, where, and how to use

1 it, but they have to keep it private and they have to --

2 A. Well, I mean, this is -- there are exclusions. For
3 instance, there's -- like, if you are a -- if you rent
4 property, there's not necessarily protection there.
5 Obviously, there's extenuating circumstances with, you know,
6 federally regulated facilities or schools or really where
7 it's more at their discretion.

8 Q. So you can't use it anywhere where you might put
9 someone else in jeopardy being involved in a federal crime?
10 I mean, it has been that way.

11 A. I think that would be a fair assessment.

12 Q. That's probably going to change.

13 A. I can't speak to that.

14 Q. Up until now, that's how it's been?

15 A. Correct.

16 Q. Let's see.

17 This is a question relating to last two questions
18 about the high THC and the inhaled form being the most
19 popular. Any idea what the percentage is where those
20 two cross, where the person is using high THC in an inhaled
21 vaporizer? Any idea what percentage of the patient
22 population that would be?

23 A. You're saying what percentage of the patient
24 population is using those?

25 Is it only purchasing those types of products?

1 Q. Well, 90 percent are high -- the formulations are
2 high THC. You know, your chart doesn't -- it just says
3 90 percent of the formulations are high THC. Then it says
4 78 percent of the products are inhaled. Do you have any
5 idea what percent would be both of those things, it's high
6 THC, and it's inhaled in a vaporizer? Or is that, like,
7 just kind of obvious from the data?

8 A. Yeah, it's just observational data. I don't
9 have --

10 Q. That's okay. Kind of a ridiculously precise
11 question.

12 And you described what the products could look
13 like. I mean, that product, the vaporizer. That was
14 another question, so I won't ask you that.

15 On page 24, figure 22, it says over 27 percent of
16 patients have waivers for higher amounts of delta-9 THC. Do
17 you know what the highest waiver is, the number?

18 A. It would be -- again, I don't have the numbers in
19 front of me, but probably around 50.

20 Q. Okay. Is delta-9 THC toxic?

21 A. I think that's subjective.

22 What would be your definition?

23 Q. Oh, death.

24 THE COURT: Could you repeat that question?

25 MR. OLSEN: Is delta-9 THC toxic. He asked me what

1 I meant by that, and I said death.

2 THE COURT: Death.

3 Thank you.

4 A. I guess I'm not familiar with an upper limit dose
5 that on its own would cause death, if that is your
6 definition.

7 BY MR. OLSEN:

8 Q. Okay. So you're not aware of anyone dying from
9 delta-9 THC?

10 A. On its own, I'm not familiar.

11 Q. Okay. If you know -- this is just an opinion --
12 how dangerous is delta-9 THC?

13 A. Again, I think that's subjective. It would depend
14 on the definition of dangerous.

15 Q. I asked you that question, so skip that one.

16 And you already talked about this, I didn't ask
17 you, but these products don't have similar labeling
18 requirements like a prescription. They don't have the drug
19 name, they don't have the strength and dosage, they don't
20 have directions for use?

21 A. We have labeling requirements for the medical
22 cannabis products that do require the cannabidiol content
23 and label claim. They require directions for use. There's
24 a pretty decent series of rules that they have to comply to
25 for packaging and labeling.

1 I guess if you're asking if this meets the same
2 regulatory bar as pharmaceutical products, you know, I would
3 say no, but not terribly dissimilar to over-the-counter
4 products, I would say.

5 Q. Well, the -- I guess what I'm getting at is a
6 prescription is for a particular person.

7 A. Correct.

8 Q. It's a very precise formulation for that person.
9 This is more of a precision for an entire class
10 of -- it doesn't get that specific.

11 A. Correct. Yes. And I think that would refer back
12 to my previous testimony that it is not a prescription.

13 Q. Okay. I asked you that question.

14 I asked you that one.

15 Okay. Chapter 124E, Section 13. It says "Medical
16 cannabidiol provided exclusively pursuant to a written
17 certification of a health care practitioner, if not legally
18 available in this state or from another bordering state,
19 shall be obtained from an out-of-state source."

20 The reason I'm bringing that up is because you
21 track the amount of THC that each person gets, the 4.5 grams
22 in a 90-day period. And that is tracked at the dispensary.
23 When the person shows their ID, the dispensary knows, in the
24 system, how much THC they purchased in the last 90 days. Is
25 that correct?

1 A. Correct.

2 Q. So if they bring in a product from out of state
3 that meets the definition of medical cannabis, it could have
4 a lot of THC in it, that's not going to be tracked, is it?

5 A. No.

6 Q. Okay. So that's an additional amount that just
7 sort of escapes out there.

8 Do you know if anybody does that?

9 A. I can't speak to it, obviously.

10 Q. You wouldn't have any way of knowing?

11 A. I wouldn't have the data.

12 Q. Okay. Chapter 204, now, the consumable hemp law
13 allows adults to purchase consumable hemp products
14 containing delta-9 THC. Does the State have any way of
15 tracking those additional amounts of delta-9 THC against the
16 4.5-gram limit?

17 A. No. Those do not -- we do not have the same
18 inventory or track and trace requirements the medical
19 cannabis does.

20 Q. And then, finally -- let's see.

21 Is this finally? Well, not really.

22 Okay. This question is kind of out there, but
23 it's -- the International Narcotics Control Board or the
24 Narcotics Control Commission, they reclassified cannabis in
25 2020 under the UN Treaty, the Single Convention. Are you

1 aware of that?

2 MR. PETERZALEK: Your Honor, I'm going to object to
3 this as irrelevant to what we're here to talk about today.
4 I've been pretty patient, letting this go on for a long
5 time, but we're really getting pretty far afield.

6 THE COURT: What's the relevancy, sir?

7 MR. OLSEN: Just showing that it's not a fluke,
8 that cannabis has medical use. Its classification is being
9 changed at the state and federal and international level.
10 It's a consistent trend worldwide.

11 THE COURT: I'll allow it subject to the objection.

12 If you want to ask your question, sir.

13 BY MR. OLSEN:

14 Q. Did the UN Commission on Narcotic Drugs reclassify
15 cannabis to recognize therapeutic use and medical value in
16 2020?

17 A. I'm not specifically familiar with what you're
18 speaking to.

19 Q. Okay. Are you a member of the Cannabis Regulators
20 Association?

21 A. I am.

22 Q. What is your position on the Cannabis Regulators
23 Association?

24 A. I'm a current board member.

25 Q. Can you give a brief description of what the

1 Cannabis Regulators Association is and what it does?

2 A. Sure.

3 So in the absence, again, of a federal regulatory
4 framework, it's an assemblage of, you know, principle
5 regulators from these various, you know, domestic state
6 programs for both hemp, cannabis, medical or adult use, as
7 well as some international countries. And we work to, you
8 know, establish some harmony, you know, between these
9 programs. Discuss issues, challenges that face all of us.

10 Q. How many states are members, do you know?

11 A. I don't know exactly. It's evolving all the time.
12 I would say most states that have a medical or adult use
13 program or a hemp regulatory framework.

14 Q. How many states have programs?

15 A. Again, medical, I believe it's in the upper 30s.
16 For adult use, I believe we're somewhere in the teens at
17 this point.

18 Q. You're off a little bit. That's okay.

19 A. Yeah. Is it upper 40s?

20 Q. How do states decide whether to participate?

21 A. Again, I think most states come -- come to CANNRA
22 when they're having to implement a new program.

23 At this point, again, I think it isn't terribly
24 difficult to get states to join, considering what we're all
25 up against.

1 Q. I guess what I'm -- the question that I'm trying to
2 figure out is how does the -- how do the states authorize a
3 person or persons to join that thing? How does that happen?

4 A. I mean, that's going to be up to each individual
5 state, I suppose. I mean, again, we --

6 Q. Is that something the department decides or is that
7 something the legislature decides or is that --

8 A. For Iowa, I can speak to --

9 Q. I suppose if you --

10 THE COURT: Hold on.

11 Mr. Olsen, you're talking over him. You've got to
12 let him finish his answer.

13 BY MR. OLSEN:

14 Q. Yeah, for Iowa.

15 A. It was a decision made internally at the
16 department --

17 Q. Okay.

18 A. -- that it was beneficial for us to be in the
19 organization.

20 Q. As far as you know, did the other states do it that
21 same way?

22 A. I can't speak to their processes for agencies
23 joining this or that --

24 Q. Okay.

25 A. -- external organization.

1 Q. Okay. This is another one.

2 Do you know how many states that are members of
3 that thing allow medical users to possess raw cannabis?

4 A. I don't exactly; no.

5 Q. Okay. So if you don't know, is it a substantial
6 number?

7 A. Quite a few states.

8 Q. Okay. I anticipated you wouldn't know.

9 Would it be accurate to say there are millions of
10 people who can possess raw cannabis legally in the
11 United States?

12 A. I think that would be fair; yes.

13 Q. Okay. In your role, do you know how many states
14 allow medical users to cultivate their own cannabis plants
15 at home?

16 A. I don't know exactly, but it's not uncommon,
17 particularly in medical programs.

18 Q. Would it be fair to say there are millions of
19 people growing their own cannabis at home in the
20 United States legally under medical programs?

21 A. I can't speak to the exact number, but it -- it
22 might be reasonable to say that.

23 Q. Okay. It's -- it's substantial; right?

24 A. Sure.

25 Q. All right. Do any of those states share a border

1 with Iowa?

2 A. Yes.

3 Q. Do you know the names of those states?

4 A. I believe at least Illinois, Minnesota, and
5 Missouri allow for that for medical purposes.

6 Q. Yeah.

7 Well, some for recreational too; right?

8 A. Yeah. I believe Missouri -- I know there's one of
9 the three that does not allow it on the adult use side, but
10 multiple of them allow for both medical and adult use to
11 grow.

12 Q. Well, let's put it this way: Every state that
13 allows people to grow their own cannabis for recreational
14 use also allows patients to grow their own for medical use.
15 There's no state that just says you can grow it for
16 recreational use that didn't start out with a medical
17 program first.

18 A. Yes.

19 Q. Has the personal possession and cultivation of raw
20 cannabis by these authorized users been shown to be a threat
21 to public health and safety? Are any states considering
22 repealing those laws?

23 A. I can't speak to the challenges that other states
24 might have.

25 Q. Okay.

1 A. My authority is within our statutes and rules
2 within Iowa.

3 Q. Has that generated a problem for Iowa?

4 A. Again, I can't -- not something that I can really
5 speak to --

6 Q. Okay.

7 A. -- or that I am specifically aware of.

8 MR. OLSEN: I have no further questions. Thank
9 you.

10 THE COURT: Any cross-examination?

11 MR. PETERZALEK: I do, Your Honor.

12 CROSS-EXAMINATION

13 BY MR. PETERZALEK:

14 MR. PETERZALEK: Can we get Exhibit AA pulled up?

15 THE COURT: One second, sir.

16 Are you plugged in?

17 MR. PETERZALEK: I think I need you -- I need a lot
18 of structure.

19 THE COURT: Exhibit A is projected.

20 MR. PETERZALEK: Exhibit AA.

21 THE COURT: One moment.

22 Exhibit AA is being displayed.

23 BY MR. PETERZALEK:

24 Q. Can you see that on your screen okay, Mr. Parker?

25 A. I can.

1 Q. I know we've been chatting a little bit about that
2 exhibit. I thought it might be useful to see it in response
3 to some questions.

4 This exhibit that is AA, is that something that
5 your group is required to put together every year?

6 A. Correct.

7 Q. What is your role in putting that together?

8 A. I draft the report itself. It's mentioned that I
9 run the board meetings, so we obviously consult our board of
10 practitioners and the one member of law enforcement on, you
11 know, what data they would like to see, what their
12 recommendations are, what information they would like to
13 convey to the Legislature.

14 Q. Would it be fair to say that this report sets out
15 the positions and recommendations of the board?

16 A. That's absolutely correct.

17 Q. On page 5 of the report, it sets out the board's
18 activities, recommendations, and some of the data that they
19 look at?

20 A. Correct.

21 Q. Page 7 -- if we get to that -- where it says
22 November 14, 2025.

23 A. Yep.

24 Q. In that section, the board -- a board subcommittee
25 reviewed data and literature regarding dried, raw cannabis?

1 A. Correct.

2 Q. Is dried, raw cannabis the cannabis that we would
3 typically associate with smoking marijuana?

4 A. Yes.

5 Q. After reviewing the data and the literature, the
6 subcommittee concluded that raw, dried cannabis was not
7 appropriate for medical treatment?

8 A. They did.

9 Q. They specifically noted that dried, raw cannabis
10 had a high potential for diversion for combustion?

11 A. Yes.

12 Q. And "combustion" would be smoking?

13 A. Correct; yes.

14 The concern would be that the vaporized form could
15 just as easily be burned, and so that was a -- based on the
16 health consequences, public health optics, that was a big
17 concern of theirs.

18 Q. And that diversion would be for nonmedical use;
19 recreational use or whatever?

20 A. Correct.

21 Q. Then the subcommittee recommended that the board
22 reaffirm its opposition to dried, raw cannabis in all forms?

23 A. Correct.

24 Q. Is that -- did the board adopt that?

25 A. They did.

1 Q. It looks like towards the end of the report,
2 starting on page 26, it's Appendix A, at the top of that
3 page, it lists the members of the subcommittee.

4 A. Correct.

5 Q. Two medical doctors and a pharmacist?

6 A. Correct.

7 Q. They were the ones that reviewed the data and the
8 literature that we were talking about --

9 A. Correct.

10 Q. -- and came up with the recommendation to the board
11 that the board adopted?

12 A. Correct.

13 Q. On page 27, there's a conclusion at the bottom.
14 "Evidence-based literature supporting dried, raw cannabis in
15 a vaporized form of medical treatment cannot be found."

16 That's something that the subcommittee concluded?

17 A. Yes.

18 And I believe -- you know, again, this is a board
19 of practitioners, you know, who are very accustomed to a
20 degree of robustness and thoroughness of data research when
21 they're making medical decisions, so they're referring to
22 that that was not found.

23 Q. As we talked about before, there was a
24 determination that dried, raw cannabis for vaporization can
25 be readily diverted for combustion.

1 A. Yes.

2 Q. That's a form of use specifically prohibited by
3 Iowa law?

4 A. Correct; yes. "Smokable forms" is how the statute
5 refers to it as being prohibited.

6 Q. Page 29, that's an abstract of some data studies
7 that were attached to this report. Would that be fair?

8 A. Yes.

9 Q. As you look down through that, underneath the
10 section where it says "Abstract," "While the recreational
11 use of cannabis smoking has been legalized in several
12 countries, its health consequences have been underestimated
13 and undervalued."

14 A. Yes. I believe that's what this -- this specific
15 study that the board was citing was referring to.

16 Q. That was attached to this report to the
17 Legislature?

18 A. Correct.

19 Q. They find that that study indicated that cannabis
20 smoke irritates the bronchial tree and is strongly
21 associated with symptoms with chronic bronchitis?

22 A. Yes. I think this is something the board has been
23 concerned about, is there's no analogous modality in
24 traditional medicine to combusting material and inhaling it.

25 Q. "Finally, a growing number of studies report an

1 independent association of cannabis smoking with the
2 development of lung cancer." That's also in that abstract?

3 A. Yes. I believe that's also true.

4 Q. Then, finally, "In conclusion, unequivocal evidence
5 established that cannabis smoking is harmful to the
6 respiration system"?

7 A. Yes. I think that relates to the board's concerns
8 that the lungs are meant to breathe air. I believe, as they
9 say, anything beyond that can be harmful.

10 Q. Fair to say that the board, with respect to
11 combustible marijuana, had concerns about diversion?

12 A. Yes.

13 Q. That would include potential diversion to children?

14 A. Potentially. I think they -- I don't believe they
15 put something specific about minors, but it could; correct.

16 Q. And then that there are health implications
17 relating to smoking marijuana?

18 A. Yes.

19 MR. PETERZALEK: I think that's all I have.

20 THE COURT: Mr. Olsen, are you going to have any
21 more questions for this witness?

22 MR. OLSEN: Yes. Just on --

23 THE COURT: Just how long --

24 MR. OLSEN: Just one.

25 THE COURT: Go ahead, sir.

REDIRECT EXAMINATION

BY MR. OLSEN:

Q. On the raw cannabis, the board made a distinction between vaporizing raw cannabis and smoking raw cannabis.

A. Correct.

Q. And we've pretty much gone through the smoking here.

Why did they oppose vaporizing raw cannabis?

A. Similarly, based on, you know, the amount of data and the quality of data or research that they like to see beyond -- in their opinion, it did not justify adding it. And then in conjunction with concerns around easily being able to combust it and violating the, you know, smokable language in the statute.

Q. Did they say there's such a wide variety of stuff in it, it's hard to figure out what --

A. Yes. That's also --

THE COURT: I can't have you talk at the same time.

Please finish your question, sir.

BY MR. OLSEN:

Q. Did they say that there's such a wide variety of components in raw cannabis that vaporizing it is an unknown -- there's not enough data to approve it?

A. Yeah. I think they do cite studies that speak to botanicals being difficult to regulate across the board in

1 that way, just because there's a lot of constituents that
2 it's hard to really zero in on what's causing what or
3 leading to what.

4 MR. OLSEN: Okay. That's all I have.

5 THE COURT: Any recross?

6 MR. PETERZALEK: Just one final question.

7 RE CROSS-EXAMINATION

8 BY MR. PETERZALEK:

9 Q. Your involvement with the Department of Human
10 Services is related to allowable medical uses of cannabis or
11 cannabidiol -- I can't pronounce that. Is that right?

12 A. Correct; yeah.

13 Q. You're not involved in any law enforcement
14 activities?

15 A. I mean, on the medical side, it's just because we
16 do regulate the Consumable Hemp Program, and we do have --
17 we do engage frequently with law enforcement on issues on
18 that side of the situation.

19 Q. You work with them on inspections and different
20 things like that?

21 A. Generally, enforcement.

22 Q. Okay.

23 A. So noncompliance, illegal products. We work with
24 law enforcement frequently and local police departments on
25 removing noncomplying products, participating in seizure.

1 Q. So there is a concern within the Department of
2 Human Services with respect to noncompliance, with respect
3 to engaging in activities that aren't allowed by the law?

4 A. As it relates to our statutes, certainly.

5 MR. PETERZALEK: That's all I have.

6 THE COURT: May this witness be excused?

7 MR. PETERZALEK: Yes, as far as I'm concerned.

8 THE COURT: Thank you, sir. You may step down.
9 You're excused from the courthouse.

10 We're going to take our mid-morning break. We'll
11 be in recess approximately 15 minutes. Thank you.

12 (A recess was taken.)

13 THE COURT: Mr. Olsen, any other evidence or
14 witnesses you wish to offer in support of your position?

15 MR. OLSEN: No, Your Honor.

16 THE COURT: All right. Any evidence on behalf of
17 the State of Iowa?

18 MR. PETERZALEK: I do, Your Honor.

19 For the record, could I just make a brief motion?

20 THE COURT: Absolutely.

21 MR. PETERZALEK: Your Honor, I would move at this
22 time for a judgment as a matter of law with respect to
23 Mr. Olsen's claim, primarily because he has failed to
24 establish any undue burden on any religious belief he might
25 hold.

1 Two components of that. One would be he's been
2 practicing this religion without smoking marijuana for
3 36 years, as he's testified. Just as significant, we heard
4 a lot from Mr. Parker on the different consumable products
5 and hemp products that contain THC, so all of the things
6 that would be available for smoking marijuana or available
7 to him from purely legal means by buying different
8 consumable products. The oils that he referred to in his
9 opening testimony is legally available. Drinks are legally
10 available.

11 There isn't any evidence whatsoever that any
12 exercise of religion on the part of Mr. Olsen has been
13 unduly burdened, and for that reason, we would ask the judge
14 enter matter of law in this case.

15 THE COURT: Mr. Olsen, do you wish to make any
16 argument on this issue?

17 MR. OLSEN: Simply that the hemp law has been
18 repealed, and effective in November, none of those
19 consumable hemp products will be available anymore. All the
20 oils and tinctures and all that stuff is gone. Congress,
21 for some reason, decided to do that a year ago, and so it
22 takes effect in November. That's not going to satisfy my
23 request.

24 And the medical program is strictly medical, so I
25 don't qualify as a medical user; I qualify as a religious

1 user.

2 THE COURT: I'm going to take that issue under
3 advisement, and I'll issue a ruling later.

4 With that, are you ready to call your first
5 witness?

6 MR. PETERZALEK: I am, Your Honor.

7 We call Susan Sher.

8 SUSAN SHER,

9 called as a witness, having been first duly sworn by the
10 Court, was examined and testified as follows:

11 THE WITNESS: I do.

12 THE COURT: Thank you, ma'am.

13 Please be seated. When you're settled, if you can
14 please state your name and spell it for the record.

15 THE WITNESS: My name is Susan Sher; S-u-s-a-n,
16 S-h-e-r.

17 THE COURT: Counsel?

18 DIRECT EXAMINATION

19 BY MR. PETERZALEK:

20 Q. Can you tell us what your job is?

21 A. My title is the bureau chief of the Iowa Office of
22 Drug Control Policy.

23 Q. What does the Office of Drug Control Policy do?

24 A. The Office of Drug Control Policy was established
25 in Code to coordinate and monitor all of the substance use

1 issues in the state. We monitor the prevention, treatment,
2 and enforcement efforts going on across the state, trends in
3 anything really substance use-related.

4 Q. As bureau chief, what would your job duties entail?

5 A. My job duties are pretty broad.

6 We receive federal grant funding that comes to the
7 state to address criminal justice issues. We're the state
8 administrating agency for many grant programs that come to
9 the state, both adult and juvenile criminal justice issues.

10 We offer policy suggestions to the Department of
11 Public Safety.

12 We offer budget suggestions, things like that.

13 We also monitor, again, and coordinate the
14 substance use, prevention, treatment, and enforcement
15 efforts across the state.

16 Q. As the bureau chief, can you give us an idea what
17 your day-to-day job duties would entail?

18 A. Yes.

19 I have administrative duties. I have staff that
20 works for me, and I work closely with the executive officer,
21 the commissioner, and the commissioner of the other
22 divisions and bureaus within the department. We work on
23 tracking data. We administer grants. A wide variety of
24 things.

25 Q. How long have you been the bureau chief for the

1 Office of Drug Control Policy?

2 A. I've been the bureau chief almost three years.
3 I've been with the office almost 19.

4 Q. Nineteen years with the Office of Drug Control
5 Policy?

6 A. That's correct.

7 Q. What other positions have you held within that
8 office within your career?

9 A. Several.

10 I started in -- as an executive officer. I did
11 some programming work, prevention work. And then the
12 first year I started with the department, in 2007, one of my
13 first responsibilities was the Iowa Drug Control Strategy.
14 At the time, that was a required report, an annual report to
15 the Legislature, and so I have authored that document nearly
16 every year for 19 years.

17 Q. You mentioned that you had some role at some point,
18 perhaps still do, with respect to prevention. Could you
19 tell us a little bit more about that?

20 A. Sure.

21 I've had a long career with prevention programs. I
22 started my career in 2003 in local law enforcement. In
23 2005, I was working for the City of Norwalk for the police
24 department, and I was a D.A.R.E. officer there. I was a
25 school resource officer. I worked in the schools teaching

1 that prevention program.

2 And when I came to work for the State, we've had
3 several prevention programs through our office. We worked
4 in some local schools with some families who have lost loved
5 ones on prevention programs for those schools. We did
6 several different programs, but our office does all three --
7 prevention, treatment, and enforcement -- to address the
8 issues in the state.

9 Q. With respect to your role as bureau chief, do you
10 track data and studies for the purposes of doing what you
11 need to do for your job?

12 A. Yes.

13 Q. Is that also something that you would report in
14 your reports that you put together?

15 A. Yes.

16 Q. You mentioned that you had an earlier career in law
17 enforcement. Why don't you tell us a little bit about what
18 your employment background is, maybe starting after high
19 school or college.

20 A. Sure.

21 Right after I graduated college, I was hired at the
22 Indianola Police Department, and I worked there for a couple
23 of years. Then I went to work for Norwalk Police Department
24 until 2007, when I came to work for the Office of Drug
25 Control Policy.

1 In 2023, ODCP was, at that time, a standalone
2 executive branch agency, and with the statewide government
3 alignment, we were merged into the Department of Public
4 Safety and became a bureau within the commissioner's office
5 within the department.

6 Q. I think when it was a standalone agency, I recall
7 hearing the term "Drug Czar."

8 A. Yes.

9 Q. Is that --

10 A. That's the nickname for my position.

11 Q. So that's the position you hold --

12 A. Correct.

13 Q. -- is Czar?

14 A. Yes.

15 Q. I think your mission relates to -- I think you said
16 three different things: Prevention, treatment -- and what
17 was the third thing?

18 A. Enforcement.

19 Q. Enforcement. Thank you.

20 And with respect to those duties, does your office
21 publish any materials?

22 A. Yes, we do.

23 Q. And what sort of materials do you publish?

24 A. The main document that we publish is the Iowa Drug
25 Control Strategy & Drug Use Profile.

1 Q. We've designated that report -- you do that
2 annually; is that right?

3 A. We do.

4 Q. And we have, as Exhibit A, the Iowa Department of
5 Public Safety, Office of Drug Control Policy, 2026 report.

6 Are you familiar with that document?

7 A. Yes, sir.

8 Q. I'm going to go through some of the issues that are
9 raised in the report and talk about some of the information
10 that's in there.

11 Just to get some baseline information as far as
12 marijuana is concerned, where does that fall as far as
13 prevalence compared to other substances?

14 A. Marijuana is very frequently used in the state of
15 Iowa. It is the number one substance reported by juveniles
16 that go to treatment, and I believe it is --

17 Q. I see you're referring to your report. It may be
18 easier --

19 MR. PETERZALEK: Can we get that Exhibit A pulled
20 up, Judge?

21 I apologize for not being able to do that myself.

22 THE COURT: My computer is not cooperating.

23 If you want to refer to your copy, that's okay.

24 A. I was looking for the chart on page 15 so I have
25 the percentage right.

1 In State Fiscal Year 25, 40.2 percent of Iowans who
2 were admitted to substance use disorder treatment, cited
3 "recent," which means past 30 days, marijuana use, so it's
4 very prevalent.

5 BY MR. PETERZALEK:

6 Q. Yeah.

7 I think on page 15, marijuana is the most -- most
8 used substance by juveniles?

9 A. That's correct.

10 Q. What's the concern with juveniles using marijuana?

11 A. There are many concerns, primarily health and
12 safety concerns.

13 The welfare of our children is paramount in our
14 state, and we have lots of recent information is coming out
15 especially about the effects of marijuana on young people.
16 There's an increase in psychosis from cannabis use. There
17 is an increase in what's called hyperemesis, which is
18 uncontrolled vomiting, especially in young people.

19 The more access young people have and the more
20 normalization of the use of marijuana, the decrease in the
21 perception of the risk or the harm in using leads to an
22 increase in use, and that's very well established.

23 Q. You were referring to page 15 of your report.

24 As far as adult and juvenile clients submitted to
25 substance abuse treatment programs, marijuana is only second

1 to alcohol -- second only to alcohol?

2 A. That's correct.

3 Q. More than meth and cocaine and even opiates?

4 A. Yes.

5 Q. And these are people seeking treatment for
6 substance abuse disorders, substance use disorders?

7 A. Yes, that's correct.

8 Q. Is marijuana an intoxicant?

9 A. Yes, it is.

10 Q. With respect to smokable cannabis and marijuana, is
11 there any concern with respect to potency or increasing
12 potency with respect to that product?

13 A. Yes. I believe the study was called the Potency
14 Monitoring Project. They have studied the potency of
15 marijuana for decades, and the marijuana of the '70s was
16 less than 1 percent THC -- the plant material was less than
17 1 percent THC. The most recent number that I've seen was
18 2022, and the potency of the plant was approximately 16 -- a
19 little more than 16 percent THC, so it's steadily rising.

20 Q. And I think that if you look at page 24 of
21 Exhibit A, this is something that you were mentioning
22 earlier.

23 We've talked about the increased visits or
24 treatment for substance abuse, and you mentioned earlier
25 more emergency room visits related to marijuana use. I

1 think you used a term that I wasn't familiar with before
2 that had something to do with the vomiting. What was that?

3 A. It's called hyperemesis; yes.

4 Q. Is that something that emergency rooms and medical
5 providers are seeing an increase in around the country?

6 A. Yes, we're hearing more than about that.

7 But, yes, Iowa is seeing an increase in emergency
8 department visits for marijuana use, specifically. It's
9 nearly doubled in about the last ten years, the number of
10 people seeking emergency treatment or emergency department
11 services because of their THC use.

12 Q. And that's in Iowa?

13 A. That's correct.

14 Q. Do you know -- can you contribute that increase to
15 anything in particular?

16 A. I think there's a couple things happening. I think
17 the increased access to these types of products, both by
18 surrounding states, by mail, online ordering, and now with
19 the consumable hemp products available in the state, there's
20 very easy access to THC products. The medical program that
21 Mr. Parker talked about earlier, there's a lot of people in
22 the state accessing that program and that have THC products
23 in their homes. There's certainly just an increase in
24 access to THC products.

25 And then also the increase in potency, specifically

1 those concentrates and edibles and things like that can be
2 very, very potent, and, you know, widely available. So the
3 potency is definitely an issue, as well.

4 Q. And with respect to substance use, for instance,
5 there is a cost to the state and society related to that?

6 A. Of course, yes.

7 Q. Missed work, not -- and as far as other states that
8 have legalized marijuana -- smokable marijuana or smokable
9 cannabis, has there been -- are you aware of any studies or
10 information that would indicate to you that the problems
11 that you've talked about with the substance abuse, medical
12 treatment, things like that, are more prevalent or just as
13 prevalent in those states?

14 A. Yes. There was a study out of Colorado in 2020
15 that showed that for every dollar in tax revenue the state
16 brought in, \$4.50 was spent mitigating the cannabis effects
17 in that state.

18 Q. Mitigating the negative effects of substance abuse
19 treatment?

20 A. Yes.

21 Q. One of the things that we haven't talked about yet
22 would be with respect to the use of -- I guess we did talk
23 about.

24 With respect to the use of using marijuana by
25 minors, that's the most used substance?

1 A. Yes.

2 Q. And that relates to substance abuse treatment of
3 minors?

4 A. Yes.

5 THE COURT: Can I go back? I think I missed part
6 of your answer on the last question.

7 For every dollar in tax revenue, how much was
8 spent?

9 THE WITNESS: \$4.50.

10 THE COURT: Thank you.

11 I apologize for that interruption.

12 BY MR. PETERZALEK:

13 Q. Just to be clear, that \$4.50 was related to the
14 cost associated with -- to mitigate the damage caused by the
15 legalization of marijuana?

16 A. That's correct.

17 That includes decreased workplace productivity,
18 youth dropping out of school, emergency room visits,
19 treatment. All of the negative societal effects from
20 legalization; yes.

21 Q. So we've talked about emergency room visits.

22 We've talked about substance abuse treatment, which
23 goes to the -- I guess the health aspect or the prevention
24 part of what your job is; right?

25 A. Yes; right.

1 The prevention piece is preventing the use before
2 it happens, so education and prevention programs.
3 Specifically, the youth part of it, to get them early, to
4 prevent the use from happening in the first place.

5 And then the treatment side, people are seeking
6 treatment in the emergency department, or if they're seeking
7 substance use disorder treatment specifically.

8 We also have residential substance use treatment
9 for some folks that are coming out of jail, so we -- there
10 are several different aspects of prevention and treatment.

11 Q. The health and well-being of our citizens is of
12 interest to the state of Iowa?

13 A. Yes.

14 Q. The prevention of abusing substances is of interest
15 to the state of Iowa?

16 A. Yes.

17 Q. Something that you deal with in your profession?

18 A. Every day.

19 Q. With respect to the safety aspects of using
20 smokable marijuana, I think you mentioned something about
21 impaired driving. Is that a significant issue in the state
22 of Iowa?

23 A. Yes, it is.

24 Q. Can you tell us a little bit more about that?

25 A. Yes.

1 I will refer to page 17 of our report.

2 Marijuana, or cannabis, is by far the most
3 prevalent drug found in evaluations of impaired drivers in
4 our state. Cannabis outnumbers every other drug when we're
5 talking about illicit substances. It's also more common in
6 positive blood and urine screens than even alcohol.

7 Cannabis is found in a very large number of impaired driving
8 cases.

9 Q. This may seem obvious, but I'm going to ask you
10 what are the risks of driving while impaired?

11 A. Well, everything up to death.

12 Q. Vehicle accidents?

13 A. Yes.

14 Crashes, injuries, death.

15 Q. To be clear, it's -- you can be -- it's illegal to
16 operate a motor vehicle in Iowa while you're impaired
17 regardless whether that's alcohol or another drug?

18 A. That's correct.

19 Q. And marijuana is capable of impairing your ability
20 to drive?

21 A. Yes, it is.

22 Q. With respect to impaired driving, if someone's
23 pulled over and they smell alcohol on the driver's breath,
24 they can issue a preliminary breath test to test for
25 alcohol; right?

1 A. That's correct.

2 Q. Can't do that for marijuana?

3 A. Right.

4 Q. So they have to -- is that something that's more
5 difficult than alcohol to deal with on the roadway for law
6 enforcement officers?

7 A. I don't know if it's more difficult, but it is
8 difficult. There are still standardized tests that can be
9 done to show impairment. And also we have what are called
10 drug recognition experts who are often called to an
11 impaired -- or a suspected impaired driving incident and do
12 a very thorough evaluation of the person.

13 Q. That was really going to my next question.

14 Because of the, I guess, prevalence of people
15 driving while impaired for reasons other than alcohol, law
16 enforcement agencies, including the Department of Public
17 Safety, have had to get these drug recognition experts to
18 come in and work with other people -- people who might be
19 working on the road to assist with that analysis?

20 A. That's correct.

21 Q. We've talked a little bit about the health and the
22 safety issues.

23 As far as welfare issues, based on your knowledge,
24 based on things put together in your report, studies that
25 you report you studied, are there any issues with respect to

1 child welfare concerns with respect to the use or abuse of
2 marijuana?

3 A. Yes.

4 With any substance use, there is a large
5 correlation between substance use and neglect, or what is
6 referred to as denial of critical care cases, child welfare
7 cases in our state. Over 80 percent of all confirmed child
8 abuse cases in our state connect -- could connect to
9 substance use in some manner, whether it was denial of
10 critical care or an illegal substance found in a child's
11 body or someone using in the presence of a minor.

12 THE COURT: Did you say 8 percent?

13 THE WITNESS: 80. Over 80 percent.

14 THE COURT: Thank you.

15 A. That's page 19; 81 percent of confirmed and founded
16 child abuse cases in the state can relate back to substance
17 use in some manner.

18 BY MR. PETERZALEK:

19 Q. If there were an unregulated exemption for
20 religious marijuana use, would that be a concern to you in
21 your profession?

22 A. Yes.

23 Q. Could you tell us what types of concerns those
24 would be?

25 A. Well, if there's absolutely no regulation, we would

1 have a very difficult time enforcing our laws, you know, in
2 respect to whether it was possession or certain amounts of
3 substances that are allowed or not. It would be difficult
4 to enforce that in any way.

5 I also think, again, that increased access --
6 especially for our youth, the increased availability is a
7 big concern for me.

8 Q. Would there be concern for diversion for
9 nonreligious purposes?

10 A. Yes. Just like there's concern for diversion from
11 medical, as Mr. Parker's report stated, there would be
12 concern for diversion from religious, as well.

13 Q. As part of a religious ceremony -- even if it was a
14 part of a religious ceremony, would there be concern with
15 minors using marijuana as part of a religious ceremony?

16 A. Yes. We know that marijuana is an intoxicating and
17 addictive substance, and we absolutely -- I have big
18 concerns about youth using.

19 Q. And with respect to adults, diversion for
20 recreational use as opposed to religious use?

21 A. Yes.

22 Q. As a law enforcement agency, how would you
23 differentiate between the two?

24 A. I don't think you could.

25 Q. In your experience as a law enforcement officer and

1 as bureau chief for the Office of Drug Control Policy, do
2 you -- do Iowa's controlled substance laws, as they relate
3 to marijuana, apply uniformly to everyone?

4 A. Yes.

5 Q. You don't pick on certain segments of society?

6 A. No.

7 Q. I'm trying to get an idea on -- well, with respect
8 to issues surrounding neighboring states where recreational
9 use of marijuana is legal, we talked a little bit about a
10 Colorado study. Are you aware of other issues or problems
11 with other states with these health, safety, and welfare
12 issues we've talked about when recreational marijuana use is
13 allowed?

14 A. Yes.

15 I don't think it's in this report, but we certainly
16 have seen, in states where marijuana has been legalized for
17 recreational use, there is, across the board, an increase in
18 youth use of marijuana.

19 Q. I think you've already touched on this. Is there
20 any practical way to carve out a religious exemption such as
21 what Mr. Olsen is asking for?

22 A. I don't think so.

23 Q. Why not?

24 A. Having an unlimited amount of marijuana and being
25 able to smoke as much or as often as one wished would be

1 difficult. It would be difficult to enforce our laws. It
2 would be difficult to regulate that in any way.

3 We don't work in metaphors, so -- we work in
4 numbers and data, so it would be a very difficult thing to
5 do, I think.

6 Q. I'm going to go back a little bit.

7 At page 3 of your report -- a couple of things that
8 I'll note.

9 At the bottom of that report -- or page 3, you
10 indicate that this document provides data-driven support for
11 identifying priorities and directing responses in our state.
12 Is that what directs your job and directs these reports, is
13 actually data that you summarize and look at on a regular
14 basis?

15 A. Yes; in part. That helps us to determine what the
16 trend is. Information as to what are we seeing as a state,
17 what direction are we headed in terms of substance use, what
18 substances we're seeing, and what -- how we can address
19 those and what kind of programming we can put in place or
20 what kind of policy recommendations we can make. That
21 certainly all plays into that.

22 Q. As we go through your report, every one of the
23 charts that you have in there has a citation to where that
24 material came from?

25 A. Yes.

1 Q. You're not just making this up?

2 A. No.

3 Q. A lot of it comes from the Iowa Department of
4 Health and Human Services.

5 A. It does.

6 Q. The information related to child abuse and
7 substance abuse.

8 A. Yes.

9 Q. On page 25 of your report, there's a section that
10 deals with consumable hemp. At the bottom of page 25, you
11 talk about before the implementation of certain
12 restrictions.

13 A. Yes.

14 Q. What restrictions were put in place or what
15 restrictions weren't there prior to the enactment of those
16 laws?

17 A. In 2019, the Legislature passed the consumable hemp
18 law, and it allowed for THC products that were less than
19 0.3 percent THC by dry weight to come onto the market. And
20 I think one of the unintended consequences of that was very
21 potent THC products that came onto the market and the
22 ability for kids to access those products. There was no age
23 restriction, and there was no THC limit.

24 During that time, actually, our department went out
25 and purchased some consumable hemp products. Consumable

1 hemp is just another way of saying legal edible products,
2 THC products.

3 At the time, we purchased a candy bar, for example,
4 that had 150 milligrams of THC in it. The beverages that
5 were available on the market had 10 or 12 or 15 milligrams
6 of THC in them. These were potent products, and we saw a
7 large increase in calls to the Iowa Poison Control Center,
8 specifically youth accessing those products.

9 We purchased one, for example, that was a gummy
10 wrapped in -- or coated in Nerds candies, like a Nerds
11 Cluster candy, and that one gummy had 50 milligrams of THC
12 in it, so it was not surprising to anyone that we were
13 seeing this increase in emergency department visits and
14 calls to the Poison Control Center when you think about how
15 those are marketed and what they look like and who they are
16 targeting with those types of products.

17 So in 2024, we brought forward legislation to try
18 to close some of the loopholes on that and to at least put
19 an age restriction on that and to limit the amount of THC
20 that could be put into those products. So in 2024, that's
21 when those limitations were put into place.

22 Q. And those limitations that took -- that addressed
23 those loopholes or other things related to that, after
24 implementing those restrictions, there was an immediate
25 decrease in calls for exposure to marijuana edibles?

1 A. That's correct.

2 Q. If there was an unregulated exception for religious
3 use for marijuana, would you have a similar concern about an
4 increase in emergency room visits and Poison Control Center
5 calls?

6 A. I would.

7 Q. Especially among children?

8 A. Yes.

9 Q. I'll have you take a look at page 5 of your report.
10 That's your Iowa -- 2026 Iowa Action Plan.

11 Your number one priority was to prevent the short-
12 and long-term drug use and associated dangers?

13 A. Yes.

14 Q. Still the number one priority?

15 A. Yes. I think if we can prevent substance use from
16 happening in the first place, we certainly would have a
17 decrease in later treatment and enforcement costs to the
18 state, yes.

19 Q. Enforcement costs, you mean decrease in crime?

20 A. Uh-huh.

21 Q. Yes?

22 A. Yes; I believe so.

23 Q. One of the last bullet points you have on priority
24 area one is protect children from physical or psychological
25 harm from others' risky behavior.

1 It isn't just children having access to marijuana
2 or other drugs, it's the people that they're associated with
3 also using those substances?

4 A. Absolutely.

5 Q. And I think that's where you went to before when
6 you talked about the significant percentage of child abuse
7 denial of critical care reports that comes into the
8 Department of Health and Human Services?

9 A. The kids in those homes, most of the time, don't
10 have any choice in the matter. They're around their
11 caregivers and loved ones and so we need to do our best to
12 protect them.

13 Q. Certainly a significant state interest in
14 protecting the health and welfare of our children?

15 A. Absolutely.

16 Q. Page 7 of your report, under Prevention, we haven't
17 really talked about this yet, but the data indicates youth
18 use of marijuana can increase the risk of other drug use?

19 A. Yes.

20 Q. Is that something that studies have found?

21 A. Yes.

22 When young people start experimenting with any
23 substance, nicotine or tobacco or vaping or marijuana or
24 prescription drugs, there's kind of an entry into the
25 substance use world, and that certainly can, in some cases,

1 lead into addiction and other substance use.

2 Q. We often hear, in the context of substance abuse,
3 the addiction cycle that kind of perpetuates from almost
4 generation to generation. Is that something that your
5 office works to prevent or to break up that cycle?

6 A. We certainly do our best to implement programs to
7 break the cycle of addiction, yes. That's getting people
8 the appropriate treatment and intervention, especially
9 people with children and trying to prevent that cycle from
10 continuing, certainly.

11 Q. With respect to an exemption for use of marijuana
12 for religious purposes, to your knowledge, would there be
13 any way to distinguish religious use from recreational use?

14 A. No.

15 MR. PETERZALEK: I think that's all I have. Thank
16 you.

17 THE COURT: One moment, please.

18 Mr. Olsen, any cross-examination?

19 MR. OLSEN: Yes, Your Honor.

20 CROSS-EXAMINATION

21 BY MR. OLSEN:

22 Q. Good morning.

23 A. Good morning.

24 Q. With respect to Iowa Code Section 80, that's the
25 Department of Public Safety; correct?

1 A. I believe so.

2 Q. Section 5, subparagraph 3, is the statement of the
3 purpose for the agency, so I'm just going to read it to you
4 and then ask you a question about it.

5 A. Okay.

6 Q. "The department shall be primarily responsible for
7 the enforcement of all laws and rules relating to any
8 controlled substance or counterfeit substance, except for
9 making accountability audits of the supply and inventory of
10 controlled substances in the possession of pharmacists,
11 physicians, hospitals, and health care facilities as defined
12 in Section 135C1, as well as in the possession of any and
13 all other individuals or institutions authorized to have
14 possession of any controlled substance."

15 And my question is, does that create a clear
16 separation between the Department of Public Health -- well,
17 the Department of Public Safety and the Department of Health
18 and Human Services?

19 A. I believe it does.

20 Q. Yes.

21 So all that stuff that's excepted from your
22 responsibility is all on the Department of Health and
23 Human Services side? That's all it says there?

24 A. I believe so.

25 Q. Yeah.

1 And persons authorized who aren't pharmacists and
2 physicians, hospitals, that would be chapter 124E, the
3 medical cannabis program? That would be authorized use?

4 A. I'm not sure what you're referring to on that
5 question.

6 Q. I'm just saying that's exempt from the -- that's
7 not on your side. That's on the Department of Health and
8 Human Services side?

9 A. The regulatory side of that is, yes.

10 Q. That's what I'm looking for.

11 If I use cannabis for religious reasons in the
12 privacy of my home and I don't share it with anyone and I
13 don't use it in public, how are you injured by that?

14 A. I'm not personally injured by your use, but --

15 Q. That's the answer I'm looking for.

16 A. But --

17 Q. Okay. Go ahead.

18 A. There is no way to distinguish between religious
19 use, recreational use. There's no way to distinguish
20 between if someone has THC in their system, for example, and
21 is driving a vehicle and is impaired. There's no way to
22 determine whether that use was religious or medical or
23 recreational of that THC product.

24 So the unregulated ability to smoke as much as one
25 wants potentially puts the public in danger when, for

1 example, that person gets behind the wheel of a car, goes to
2 work, does any number of things in public.

3 Q. Okay. So if a person does those things, it causes
4 a threat?

5 A. Yes.

6 Q. All right. And as we -- you were here through the
7 whole day, so you heard the part where I said the State has
8 no way of issuing any kind of an exemption that says "here's
9 the parameters of what you can and cannot do." It's all or
10 nothing. There's nothing your department or the state, any
11 agency, can do to authorize a person like chapter 124E
12 authorizes users to possess a certain amount of THC?

13 A. I don't know. I believe that would be a
14 legislative issue.

15 Q. Let's see.

16 You mentioned this in your testimony and kind of
17 caught me by surprise.

18 Are you aware of any diversion for unauthorized use
19 of medical cannabidiol products?

20 A. I don't know the answer to that question.

21 Q. Okay. Because you said before it figured into your
22 data, so that's what made me --

23 A. I don't --

24 Q. I had this question already written down, but you
25 did say there was some crossover there, so I'm trying to

1 fish for that.

2 A. I don't know what you're referring to with that. I
3 don't believe I said that there was crossover.

4 Q. Well, to your knowledge, chapter 124E doesn't
5 contribute to substance abuse.

6 A. I did not say that.

7 Q. Okay. That's the question, then.

8 Does it?

9 A. Okay. Does 124E --

10 Q. Yeah.

11 A. Repeat that question, please.

12 Q. Yeah.

13 A. Can you repeat the question?

14 Q. Does chapter 124E contribute to substance abuse?

15 A. I think that's subjective.

16 Q. Okay. And have you -- and I already asked you, but
17 I'm just going to repeat it.

18 Do you have any information on -- has there been
19 any abuse attributed to chapter 124E?

20 A. I don't know.

21 Q. Okay. Well, since you say it's subjective, my next
22 question is kind of like that too, but I'll just ask it
23 anyway. Just your opinion, if you have one.

24 Is chapter 124E consistent with the public health
25 and safety?

1 A. With the public healthy and safety of what? The
2 state?

3 Q. Iowa.

4 A. I believe the intent of 124E is consistent.

5 But as Mr. Parker mentioned, there are many people
6 with waivers that can get more THC than is stated in that
7 chapter, and those -- you know, those higher amounts of THC
8 can lead to -- can lead to issues like addiction. And, you
9 know, again, if a person gets on the road under the
10 influence, it doesn't matter if that source of their THC was
11 a medical product, an approved product, if it was smoked
12 cannabis, if it was an edible. It doesn't matter the source
13 of the THC when someone is consuming it and then, you know,
14 can lead to other issues.

15 Q. So does that waiver contribute to threat to public
16 health and safety? Or are you just speaking in general
17 terms, like it might or could?

18 A. I don't have numbers.

19 Q. Yeah.

20 A. So, you know, we don't track --

21 Q. That's what I'm asking.

22 A. -- the source of a person's consumption like that.

23 Q. Okay. And you've been doing substance abuse stuff
24 for decades? Or, I don't know, a couple decades?

25 A. Yes.

1 Q. And this recent waive of authorized THC is kind of
2 new. So have you really grasped that use, how you're
3 explaining that it all crosses over? How are you going to
4 separate that?

5 I mean, now we've got authorized use and
6 unauthorized use. Before, it was really simple; it was all
7 not authorized. Is that going to create a challenge?

8 A. It can certainly be a challenge. But like the
9 medical program, right, there is a registration process,
10 there is --

11 Q. Yeah.

12 A. -- a card a person carries. There are parameters
13 around that program.

14 Q. Absolutely.

15 A. And that is -- you know, that is HHS's territory
16 for regulating that.

17 But, yes, specifically, the consumable hemp is a
18 concern.

19 Q. So when you take something that is potentially
20 dangerous and you put all those parameters around it, you're
21 trying to make it safe because you need to have some
22 parameters around it to achieve that?

23 A. Well, in that case, I don't know that they're
24 trying to make it safe. I think they're trying to -- I
25 don't know the intent behind all of those. That would be a

1 question for HHS.

2 But I don't believe that --

3 Q. Yeah. I asked those questions.

4 THE COURT: I can't have you interrupting each
5 other.

6 MR. OLSEN: I'm sorry.

7 THE COURT: It's okay. We can't get it down.

8 If you want to finish your answer, and then ask
9 another question, please.

10 A. I think that any substance use can cause potential
11 danger or harm.

12 BY MR. OLSEN:

13 Q. Okay. Has chapter 124E made Iowa a more dangerous
14 place to live?

15 A. I think that's a subjective question, as well.

16 Q. All right. So on page 15 of your report --

17 THE COURT: Page 15, did you say?

18 MR. OLSEN: Page 15.

19 THE COURT: Thank you.

20 BY MR. OLSEN:

21 Q. -- we've got the chart there that -- let's see.
22 We've got two charts. The top chart, figure -- well, the
23 first chart, it says 40 percent of patients screened for
24 drug abuse use marijuana. Is that correct?

25 A. It says 40 percent of Iowans being admitted to

1 substance use disorder treatment used marijuana in the last
2 30 days.

3 Q. Okay. Was marijuana the only thing the patient
4 used, or did they use it in a combination with other drugs?

5 A. Polysubstance use is very common.

6 If you note, in the paragraph above that,
7 polysubstance use was reported by 56.9 percent of patients
8 being admitted to treatment, so there's certainly some
9 overlap there.

10 Q. Okay. But it's not fine-grained enough to know
11 exactly, the marijuana group, how many of those were poly.
12 It just kind of combines that whole chart into --

13 A. We combine that for -- you know, to keep it as
14 anonymous as possible and to kind of have just a broad
15 overview. We don't break that out specifically, no. That's
16 HHS data.

17 Q. My question is, just the marijuana category, how
18 many of those were poly?

19 A. I don't have an answer to that.

20 Q. Yeah. I didn't think so. The chart certainly
21 doesn't have that.

22 And then the other thing for when you say you have
23 a report for marijuana, is that marijuana or something else,
24 like an extract or a synthetic or was it adulterated with
25 anything? Do you know if that was, like, raw, organically,

1 general good practice grown?

2 A. It's any THC use.

3 Q. Huh?

4 A. It's any THC use.

5 Q. Right.

6 Okay. Going to page 17.

7 So the blood screening chart, the last one --

8 A. Uh-huh.

9 Q. -- is there any way on knowing whether the THC came
10 from illicit or -- this is my last question.

11 Is there any way of knowing whether the THC came
12 from illicit or adulterated marijuana, from natural or
13 synthetic THC, or authorized under state medical marijuana
14 laws or consumable hemp laws? Or is that just all -- just
15 all of that?

16 A. There's no way of knowing the source of that THC
17 unless that person told someone where they got it.

18 That actually makes my point that there's no way to
19 know the difference between --

20 Q. Yeah.

21 A. -- consumable hemp or religious marijuana or
22 medical marijuana or any other THC product. There's no way
23 to know the source of that.

24 Q. Yeah.

25 A. It would be very difficult to break that out.

1 Q. Yeah.

2 Same thing I asked you before. Yeah.

3 Let's see.

4 You don't know if the THC came from a plant or --
5 my next question is, how sensitive is that test?

6 And to give you an example, how long after
7 consuming a 4-milligram THC gummy -- which is legal right
8 now until November -- how long after consuming one of those
9 would a person test positive?

10 A. Well, like Mr. Parker said, that depends completely
11 on the individual.

12 Q. Yeah. On their metabolism?

13 A. Yes.

14 Their tolerance, their metabolism, their size. It
15 depends --

16 Q. Is it possible, at 4 milligrams --

17 THE COURT: Hold on. Let her finish the answer.

18 A. It varies very much person to person.

19 BY MR. OLSEN:

20 Q. Is it possible that 4 milligrams would result in a
21 positive test?

22 A. I believe it's possible.

23 Q. Okay. And then this is a crazy question, but if
24 you know, how much THC can a person consume safely without
25 being impaired?

1 A. Again, that varies widely --

2 Q. Yeah.

3 A. -- person to person.

4 Q. Sure.

5 Okay. Going to page 18.

6 Iowa Drug and Alcohol-Related Deaths by Age.

7 Marijuana and THC are not on the chart?

8 A. That's correct.

9 Q. Are they toxic? Do they result in death?

10 A. Well, I'm not -- I don't have a solid answer.

11 I believe, like Mr. Parker said, not to my
12 knowledge. But, again, we don't -- we don't have specific
13 autopsy or toxicology data on every death, so I don't know
14 the answer to that question.

15 Q. Okay. Going to page 25.

16 And before the consumable hemp stuff, we're still
17 in the marijuana section.

18 The very top of that page, it lists a whole bunch
19 of chemical stuff there. How much of that stuff -- well,
20 I'll sort of mix in a consumable hemp thing with this
21 question. But didn't the consumable hemp thing result in a
22 whole bunch of -- they were going by a delta-9 THC, but they
23 didn't care delta-8 THC was in it and all these other --
24 THCP and THCO. All these other crazy things. THC-A was
25 another one. They didn't measure those. They weren't

1 limited to the 0.3 percent, and all kinds of crazy stuff got
2 unleashed. And I suppose a lot of that stuff tested
3 positive for marijuana, if you're just testing for THC.
4 Isn't that, like, totally corrupting the data? I mean, is
5 that marijuana?

6 A. Again, I'm not a chemist or a toxicologist, but my
7 understanding of all of those compounds, reason those are
8 listed there is just to make a point that the cannabis
9 plant, the marijuana plant, has many compounds in it.

10 CBD, or cannabidiol, is one of the nonpsychoactive
11 components in the plant. It's got well-established medical
12 benefits, especially for seizure disorders and things like
13 that. But, again, that is a nonpsychoactive component.

14 When you take the THC, which is the psychoactive
15 component, and then you pull out all these other versions of
16 it, there could be hundreds of different compounds in the
17 plant. There are often people one step ahead of us in
18 creating new compounds and synthesizing things and making
19 synthetic versions of drugs.

20 To your point, during the initial consumable hemp
21 process, when that was first established, there were
22 products that had multiple different strains of different
23 compounds in them. And so in the 2024 bill, that kind of
24 cleaned up that language, as well, and said total THC,
25 meaning all of the compounds. It doesn't matter which once.

1 If it's delta-8 that's converted in the body in the same way
2 or, you know, could be positive that way, it doesn't matter
3 which compound it is. It's total THC in that consumable
4 hemp language.

5 Yes, the list there is to point out that those --
6 all those different compounds are in the plant and they
7 certainly raise questions about the potential, you know,
8 benefits or harms that could be associated with those
9 compounds.

10 THE COURT: We're just about at noon, so I think
11 we're going to take our noon recess. We'll reconvene at
12 1:30.

13 (A recess was taken.)

14 THE COURT: We're back after lunch break on
15 day one.

16 Mr. Olsen, you can continue your cross-examination.

17 MR. OLSEN: All right. Thank you.

18 BY MR. OLSEN:

19 Q. So on page 25, that list of chemicals up at the top
20 of the page in the second paragraph, do you know if any of
21 those can be naturally derived from cannabis and which ones
22 are synthetic and which ones are naturally derived?

23 Of course, synthetic could be, like, derived from
24 CBD, like delta-8 isn't found very much in cannabis but it's
25 synthesized from CBD. THC can be synthesized from CBD.

1 Right now, Congress is going through, trying to
2 sort this out. They're kind of saying "Well, at least we're
3 going to get rid of the synthetics. Those are all out.
4 Then we'll deal with the other stuff that's naturally
5 derived and figure out how to limit that." That's what
6 they're in the process of doing right now.

7 But my question is, your data on the blood and
8 urine analysis is all that stuff mixed in there, if it
9 registered positive, it's in the data?

10 A. Well, again, I'm not a toxicologist, so I'm not
11 sure how many of those compounds would show positive.

12 Q. Okay. The other thing is on page 25 and 26, under
13 Consumable Hemp, it says that between 2019 and 2024, adult
14 use products exceeded the 10-milligram standard dosage --
15 adult dosage. Where does that 10-milligram standard dosage
16 number come from, do you know?

17 A. That number comes from standard industry
18 recommendations, products. The Marinol, you know, comes in
19 a 10-milligram form. Dispensaries commonly will tell us
20 10 milligrams is kind of that standard dose.

21 Q. That's my understanding.

22 My last question. Are you aware of anyone in Iowa
23 that has ever made a religious claim for cannabis?

24 A. Only you.

25 MR. OLSEN: Thank you.

1 That's all I've got.

2 THE COURT: Any redirect?

3 MR. PETERZALEK: Just briefly, Your Honor.

4 REDIRECT EXAMINATION

5 BY MR. PETERZALEK:

6 Q. At the beginning of your cross-examination, you
7 were asked a little bit about Iowa Code chapter 80. Do you
8 remember that?

9 A. Yes.

10 Q. Just to be clear, your office is established under
11 what Code chapter?

12 A. 80E.

13 Q. 80E?

14 You were also asked some questions about whether
15 you or society was injured or if there were costs with
16 respect to Mr. Olsen using marijuana. Do you remember that?

17 A. Yes.

18 Q. Are there societal costs -- other costs associated,
19 even if it's just Mr. Olsen using marijuana?

20 A. Yes.

21 Q. Could you tell me what those might be?

22 A. There are broad societal costs, and we've addressed
23 most of those today with health care. Even personal use can
24 cause someone to go to the emergency department. Impaired
25 driving issues, all of the related issues that we've talked

1 about.

2 Q. And an unregulated exception for religious use,
3 there wouldn't be any ability to monitor people within
4 Mr. Olsen's household?

5 A. That's correct.

6 Q. Including children?

7 A. Including children.

8 MR. PETERZALEK: That's all I have.

9 THE COURT: Any redirect based on that?

10 MR. OLSEN: Yeah.

11 I don't have children. Nobody else lives with me.

12 Whether I would drive or not is pure speculation.

13 Whether I would distribute it is pure speculation.

14 I'm saying I won't do that. And if I did do that,
15 I would be prosecuted for it and I would be not exempt.

16 THE COURT: Do you have any questions, sir? That's
17 a statement.

18 RECROSS-EXAMINATION

19 BY MR. OLSEN:

20 Q. So do you know that I would have children in my
21 house?

22 A. I wouldn't know that anyone has or does not have
23 children in their home. If we have any exemptions, there's
24 no way of knowing.

25 Q. Would you know if you got a report from somebody, a

1 credible witness, that said that was happening?

2 A. Well, I likely would not be the one receiving that
3 report.

4 Q. Would you know that I'm going to drive while
5 impaired?

6 A. Again, I wouldn't know that.

7 Q. Would I be exempt if I was driving impaired?

8 If I had an exemption that didn't allow me to do
9 anything else except for possess cannabis, would I be
10 allowed to distribute it and give it to children and drive
11 and all of that?

12 A. No, you would not.

13 Q. Would you know if I did any of those things?

14 A. Well, if you were stopped, for example.

15 Q. Exactly.

16 MR. OLSEN: Thank you.

17 That's it.

18 MR. PETERZALEK: Nothing further from this witness.

19 THE COURT: You may step down.

20 Thank you.

21 You may call your next witness, sir.

22 MR. PETERZALEK: We call Bryant Strouse.

23

24

25

1 BRYANT STROUSE,
2 called as a witness, having been first duly sworn by the
3 Court, was examined and testified as follows:

4 THE WITNESS: I do, Your Honor.

5 THE COURT: Thank you, sir.

6 Please be seated. When you're settled, if you
7 could please state your name and spell it for the record.

8 THE WITNESS: My name is Bryant Strouse;
9 B-r-y-a-n-t, S-t-r-o-u-s-e.

10 THE COURT: Thank you, sir.

11 DIRECT EXAMINATION

12 BY MR. PETERZALEK:

13 Q. Can you tell us what your job is?

14 A. I'm the assistant director for the Division of
15 Narcotics Enforcement with the Iowa Department of
16 Public Safety.

17 Q. As the assistant director for the Division of
18 Narcotics Enforcement within the Iowa Department of
19 Public Safety, can you tell us what your job duties are?

20 A. In a nutshell, I oversee and manage the entire
21 Division of Narcotics Enforcement, which is comprised of
22 sworn peace officers who are charged with enforcing Iowa
23 drug laws.

24 Q. How long have you held that position?

25 A. Six months.

1 Q. Prior to becoming the assistant director, did you
2 have a position within the Department of Public Safety?

3 A. Yes, sir, I did.

4 Q. Why don't you -- well, why don't you give us a
5 little history of your career with the Department of
6 Public Safety.

7 A. I'll keep it as brief as possible.

8 Yes. I started as a special agent in the Division
9 of Narcotics Enforcement in 2007. I was promoted to special
10 agent in charge of the Division of Narcotics Enforcement,
11 where I oversaw a quarter of the state. And then as we
12 mentioned, my recent promotion to the Division of Narcotics
13 Enforcement. I spent my entire career with DPS in the
14 Division of Narcotics Enforcement.

15 Q. Did you have any other law enforcement jobs?

16 A. Yes, sir, I did.

17 Q. Could you tell us about those?

18 A. I spent two years with the United States
19 Secret Service in Washington DC as a uniformed division
20 officer in the division branch.

21 Q. With respect to the Division of Narcotics
22 Enforcement, what is it that you and your folks do on a
23 day-to-day basis with respect to narcotics enforcement?

24 A. Generally, we enforce both state and federal law as
25 it relates to controlled substances violations.

1 Q. Sort of a general description.

2 Are you out there pulling over vehicles, undercover
3 work? Sort of -- what sort of work do you do?

4 A. On a general basis, we conduct investigations,
5 targeted to mid- to upper-level drug distributors. Variety
6 of investigations in both state and federal court.

7 Q. And your involvement in enforcing Iowa's controlled
8 substances laws include laws that apply to marijuana or
9 cannabis?

10 A. Yes, sir.

11 Q. With respect to your job within narcotics
12 enforcement, do you have occasions when you would be
13 executing search warrants, for instance?

14 A. Yes, sir.

15 Q. During your time as a law enforcement officer, have
16 you personally been involved in executing search warrants?

17 A. Many, many search warrants; yes.

18 Q. When you executed search warrants, have there been
19 occasions when there have been children in the home?

20 A. Yes.

21 Q. In situations where you've executed a search
22 warrant, there's been children in the home and also
23 narcotics in the home, are there any observations that you
24 often make with respect to the living conditions?

25 A. I would say yes, generally, that there's a strong

1 correlation between subjects involved in our drug
2 investigations and instances of child neglect, child abuse,
3 deplorable living conditions. We see that all too
4 frequently.

5 Q. I think HHS often calls that denial of critical
6 care?

7 A. Yes, sir.

8 Q. That's something that you've witnessed in your
9 years of a narcotics enforcement officer?

10 A. Unfortunately, far too many times; yes.

11 Q. In your role as a narcotics enforcement officer,
12 would a religious exemption allowing unregulated use of
13 marijuana for a claimed religious purposes raise any
14 concerns?

15 A. Yes.

16 Q. Could you tell the Court what types of concerns you
17 would have if such an exemption were to be allowed?

18 A. I think there would be several major concerns that
19 I would have.

20 First and foremost, just the absolute
21 impracticability of being able to establish what's religious
22 use versus a violation of the controlled substances laws and
23 illicit use of the substances. It would be impossible to
24 determine, based on someone's claim of religious use,
25 whether or not there was an actual religious use or if it

1 was simply, you know -- lack of a better term -- regular use
2 of a controlled substance.

3 I think it also raises concerns of diversion and
4 those controlled substances falling into unintended hands,
5 which, again, is very problematic when it comes to
6 controlled substances.

7 I think that you would also see increased drug
8 abuse and associated crimes with that drug abuse. You would
9 see likely increased, you know, child neglect, child welfare
10 issues associated with that use, as well.

11 Q. If there was a religious exemption, an
12 unregulated -- for unregulated use of marijuana, how would
13 you monitor that?

14 A. I don't know that it would be possible.

15 Q. Would there be any ability to -- if you execute a
16 search warrant, there's marijuana in the home, and the
17 person in the home said "Well, that's for religious use,"
18 would that be a situation you would just walk away and say
19 "Okay. Sorry to bother you"?

20 A. I don't see that as a likely outcome; no.

21 Q. One of the things that we talked a little bit about
22 earlier today was an exemption for peyote. In your
23 experience as a narcotics enforcement, have you ever been
24 involved in a peyote seizure?

25 A. I have not.

1 Q. Is that something that is at all prevalent in Iowa,
2 to your knowledge?

3 A. I've been with the Division of Narcotics
4 Enforcement since 2007. I have never heard of a single case
5 involving peyote.

6 Q. But you have had cases involving marijuana?

7 A. Personally, hundreds; anecdotally, thousands.

8 Q. Involving probably thousands of pounds of
9 marijuana?

10 A. Yes, sir.

11 Q. And zero for cannabis?

12 I'm sorry.

13 Zero for peyote?

14 A. Yes. Zero for peyote; that's correct.

15 Q. Do Iowa's controlled substance laws, as they relate
16 to marijuana, apply uniformly to everyone?

17 A. Yes, they do.

18 Q. Do you pick and choose who you enforce the law
19 against or with?

20 A. We do not.

21 MR. PETERZALEK: That's all I have.

22 THE COURT: Any cross-examination, sir?

23 MR. OLSEN: Yes.

24 CROSS-EXAMINATION

25 BY MR. OLSEN:

1 Q. Good morning -- good afternoon.

2 A. Good afternoon.

3 Q. Nice to meet you.

4 A. You, as well.

5 Q. You work for the Department of Public Safety,
6 chapter 80; right?

7 A. I work for the Department of Public Safety. I
8 guess it is regulated by chapter 80; yes, sir.

9 Q. Okay. In the description of what that purpose of
10 that agency is -- I'm going to just read it to you.

11 It says "The department shall be primarily
12 responsible for the enforcement of all laws and rules
13 relating to any controlled substance or counterfeit
14 substance, except for making accountability audits of the
15 supply and inventory of controlled substances in the
16 possession of pharmacists, physicians, hospitals, and health
17 care facilities, as defined in Section 135C.1, as well as in
18 the possession of any and all other individuals or
19 institutions authorized to have possession of any controlled
20 substance."

21 So my question is, do you see a division there
22 between public safety and the Department of Health and
23 Human Services on the other side?

24 A. I think that there's certainly some separation of
25 duties based on what the statutory roles and regulations of

1 each department are.

2 Q. The Department of Health and Human Services would
3 be the pharmacists, physicians, hospitals, and health care
4 facilities; right?

5 A. I'm not entirely certain. That's really outside
6 the scope of my professional duties.

7 Q. Okay. That's fair.

8 A. Yeah.

9 Q. Yeah.

10 And then any other instances of authorized use,
11 would chapter 124E, the medical cannabidiol program, which
12 allows any cannabidiol, it's misnamed, would that be
13 authorized use that would be not your concern that would be
14 on the Department of Health and Human Services side? Unless
15 there was diversion from that program.

16 A. I'm not sure I'm qualified to answer that question.

17 Q. That's fair.

18 A. I know HHS is involved in that program.

19 Q. Okay.

20 A. But certainly the department can be, as well.

21 Q. Okay. Well, anyway, you kind of get the feel for
22 what I'm talking about here.

23 Do you have any direct evidence that there's been
24 diversion from the Iowa medical cannabis program? Or any
25 other concern on your side of the enforcement?

1 A. I do have concerns overall, yes, on the diversion
2 of marijuana, cannabis, medical cannabidiol products that
3 are marketed specifically -- solicited towards youth
4 consumption.

5 Q. Well, do you have any specific instance that that's
6 happened with the medical cannabis program?

7 A. Yes.

8 Q. Oh, you do?

9 A. Yes.

10 Q. Is that frequent?

11 A. I wouldn't say it's super-frequent.

12 Q. Not super-frequent?

13 A. I would say it's not uncommon, but it's not unheard
14 of.

15 Q. Okay. That's good.

16 If I use cannabis religiously, you've said that you
17 wouldn't be able to tell if it was religious or
18 recreational. If I used cannabis privately, at home, and
19 nobody else is there, nobody else is involved, how does that
20 injure you? How are you injured by that?

21 A. I, personally, am not injured. I think that
22 individual use does not affect me.

23 But, unfortunately, there's no way to segregate,
24 delineate personal use with the associated societal costs of
25 diversion: Impaired driving, access to minors, increased

1 rates of child abuse. There's no way to keep that Pandora's
2 box lid shut because they would go hand-in-hand.

3 Q. If someone had a religious exemption that was
4 limited in its terms to personal and private use and any of
5 that other stuff there came up, wouldn't that just be a
6 violation of the exemption and wouldn't that be prosecuted
7 as a normal crime and there wouldn't be any protection from
8 the exemption?

9 Especially if the exemption said it was
10 specifically limited to those things not being covered by
11 the exemption, those things are not exempt, and it
12 explicitly says that, how would that person not just be
13 prosecuted like anyone else for a criminal offense?

14 A. Again, I don't know that I'm qualified to answer
15 that question. I think that's probably more of a legal
16 question.

17 Q. That's good.

18 MR. OLSEN: Now, hang on. I might have more.

19 A lot of my questions were related to the substance
20 of Susie's report, so they're not really relevant to you.
21 I'll try to figure out how to weed those out here.

22 BY MR. OLSEN:

23 Q. The Consumable Hemp Program has resulted in a whole
24 bunch of synthetic cannabinoids. They limited it to
25 delta-9 THC, and didn't realize that there was delta-8 THC

1 and delta-10 and then THCP, and all this other crap that
2 came through as being hemp-derived with no limit. And it's
3 been a disaster and the state rolled that back in 2024, and
4 the federal government is turning it back.

5 How does -- doesn't that stuff contribute to the
6 idea that -- isn't that all lumped in as marijuana abuse?

7 A. Well, I think it depends on what your definition
8 is.

9 But there is a distinguishable difference between,
10 for example, CBD and THC, as I know you're well aware of.
11 There's also a difference between, you know, medical
12 cannabidiol and cannabis based on percentages. And so to
13 lump all of them under one umbrella, that might be factually
14 correct, but practically, I think there are some important
15 differences.

16 Q. Well, the important differences are that in the
17 medical program, they require pharmaceutically pure
18 cannabinoids and they want to know what they are. But on
19 your side, anything that's not that is considered the abuse,
20 and so I'm just wondering if all that gets lumped in as
21 marijuana.

22 A. I guess maybe I don't understand the question
23 fully.

24 Q. Just that there's a lot of high-potency crap all of
25 a sudden out there that makes the drug problem worse than it

1 has ever been. Would you agree with that?

2 A. I would say that the advent of the different
3 synthetic cannabinoids, as well as the increased potency of
4 natural THC, have both contributed to the aforementioned
5 issues that we're seeing with controlled substance
6 violations.

7 Q. Okay. Let's see.

8 Are you aware of anyone in Iowa that has made a
9 religious claim for cannabis?

10 A. No, I am not, sir.

11 MR. OLSEN: Okay. That's all I have.

12 THE COURT: Any redirect?

13 MR. PETERZALEK: No, Your Honor.

14 THE COURT: May this witness be excused?

15 MR. PETERZALEK: I'm sorry?

16 THE COURT: May this witness be excused?

17 MR. PETERZALEK: Yes.

18 MR. OLSEN: Yeah.

19 THE COURT: You may be excused, sir.

20 Any other evidence on behalf of the State?

21 MR. PETERZALEK: No, Your Honor. We rest.

22 THE COURT: Thank you.

23 Mr. Olsen, do you have any rebuttal evidence you
24 wish to present?

25 MR. OLSEN: No, I don't. I wish I did. I didn't

1 prepare it.

2 THE COURT: So the evidence is in.

3 Do the parties want to make an oral closing
4 argument, not make an argument, file a brief? I guess I'm
5 pretty open to however you want to proceed.

6 MR. OLSEN: I would like to do both.

7 THE COURT: Okay. That is fine.

8 Mr. Olsen, do you want to make a closing argument?
9 Go ahead.

10 MR. OLSEN: Yeah.

11 What do you feel?

12 MR. PETERZALEK: Whatever the Court prefers.

13 MR. OLSEN: Okay. Sorry.

14 MR. PETERZALEK: I'm fine with doing just written
15 arguments. I think we put in all the factual evidence. But
16 if Mr. Olsen wants to do a closing argument, I would just
17 ask that I be given the opportunity to do so.

18 THE COURT: Yeah.

19 MR. OLSEN: I would like to make a brief closing
20 argument.

21 THE COURT: Go ahead, Mr. Olsen.

22 MR. OLSEN: Okay. An injunction is not an
23 exemption. So under federal law, you can get an exemption
24 for religious use, and there are several. Under state law,
25 the only way you can get an exemption is under this new

1 federal -- Freedom of Religion Restoration Act. It
2 authorizes an injunction, which would create an exemption.

3 So under federal law, this exemption thing has been
4 going on since day one. At the state level, it never
5 existed. And now all of a sudden, we have this Religious
6 Freedom Restoration Act that creates an opportunity for one.

7 The analytical question is the same: Does the
8 applicant merit the exemption? That's the question.

9 Is there a substantial burden?

10 Does the State have a compelling interest in
11 denying that person their religious freedom?

12 That would be the same argument under -- if you
13 applied for a federal exemption with the DEA, they would
14 want to know the same stuff. Are you substantially
15 burdened? Is it a sincere, bona fide religious claim? Is
16 there any less restrictive means?

17 Under federal law, there are. There's regulations,
18 and they've issued some. Under state law, there's no
19 regulation for that. There's no exemption.

20 But an injunction can be tailored to be addressing
21 a specific individual under specific circumstances, which is
22 what an exemption would do; same thing as an injunction.

23 If an exemption is violated, it can be revoked and
24 that person is still subject to criminal penalties.

25 If a person violates the terms of an injunction,

1 the injunction can be revoked and the person is still
2 subject to criminal penalties. So there's no blanket
3 authority to do anything you want to do for religious
4 purposes. It has to be worked out ahead of time and put
5 into the terms of the injunction or the exemption, if it's
6 federal.

7 So that's it. That's my closing argument.

8 THE COURT: I just have a question for you,
9 Mr. Olsen.

10 So if the Court granted your injunction to you,
11 would it not be a compelling interest and the State be
12 concerned they would be inundated with these requests that
13 suddenly everyone -- let me finish.

14 Let's say you only want the injunction applied to
15 you, but what's to stop literally thousands of people saying
16 "I have religious interests. I need --" wouldn't that
17 result in, essentially, an exemption? Wouldn't that be the
18 case, sir?

19 MR. OLSEN: The U.S. Supreme Court answered that in
20 *O Centro -- Gonzalez*, saying the courts are up to the task.
21 The courts have to weed those out.

22 The person has to show substantial burden on a
23 sincere religious belief. The State has to show compelling
24 interests. The Court said that Congress wrote this law and
25 the courts have to enforce it.

1 The First Amendment wasn't just written for one
2 person, so anyone could make a claim like that. But the
3 question is, like, how authentic would it be, what's the
4 quality of the claim.

5 And if everyone shows a sincere burden on their
6 religion and the State can't show a compelling interest in
7 prohibiting them from practicing their religion or --
8 there's a lot of things in between outright prohibition and
9 regulation. We can't regulate, but the injunction can have
10 terms saying "This is only for you. This isn't for you to
11 share it with anybody. This injunction doesn't allow you to
12 drive while you're intoxicated. It doesn't allow you to use
13 it in public."

14 The same exact limitations that are on the
15 patients; 18,000 people on this medical program have those
16 restrictions. They can't share it with anybody. They can't
17 drive while they're intoxicated. They can't give it to
18 children. They can't expose people to it.

19 It's, like, we already have 18,000 people that are
20 doing this in Iowa with pure THC. The idea that you
21 couldn't do that with a cannabis plant is -- I live alone.
22 I can grow at home. It's done in other states. Millions of
23 people are authorized to do this throughout the
24 United States.

25 So I see the injunction being the same as an

1 exemption. It has terms that can't be violated. It can be
2 revoked. It doesn't protect you from criminal prosecution
3 for exceeding the terms of the injunction or the exemption.
4 They're interchangeable as far as way they operate and the
5 way they're evaluated.

6 THE COURT: Thank you, sir. Appreciate it.

7 MR. OLSEN: Thank you.

8 THE COURT: Any closing argument on behalf of the
9 State?

10 MR. PETERZALEK: Thank you, Your Honor.

11 I'll just follow up with the question that you
12 asked Mr. Olsen.

13 It clearly would open the floodgates for a number
14 of people. Many people would be coming into court and
15 indicating that their religious beliefs require them or
16 allow them to have marijuana.

17 And that really goes to the least restrictive means
18 component of the argument that the State has been making
19 since the beginning of this case. You can't differentiate
20 or it's impractical to differentiate between religious use
21 and recreational use. It's impractical to monitor that.
22 It's impractical to enforce the laws. It's impractical to
23 prevent diversion. And the things we've already been
24 talking about, that really goes to the least restrictive
25 means component.

1 Then circling back to the elements of this case, as
2 I mentioned in my -- after Mr. Olsen got done, my motion to
3 dismiss as a matter of law. This case is attenuated, at
4 best, to any sort of religious belief. Mr. Olsen just wants
5 to smoke marijuana in his home. There isn't anything that's
6 particularly related to religion. All of the other
7 information we've had here in his cross-examination, he
8 wants to smoke marijuana in his home.

9 And it really is he has not carried his burden,
10 one, that there's a significant religious interest here.
11 But even more importantly, as I mentioned after he finished
12 with his evidence, he's been -- he's held these beliefs for
13 30 years. He has the -- he's been practicing those beliefs.
14 There hasn't been any burden, undue or otherwise, on his
15 ability to believe what he believes.

16 And as we discussed in my motion to dismiss after
17 the close of his evidence, he has plenty of legal means to
18 accomplish the same thing by having the consumables and the
19 drinks that are currently available, so there isn't a -- he
20 hasn't met the burden to even get to the point where we have
21 to show a compelling state interest.

22 But let's assume that he did. We had testimony
23 from Ms. Sher and from Mr. Strouse about the significant and
24 compelling state interest that the state has with enforcing
25 its controlled substance laws, particularly with respect to

1 marijuana. Marijuana is the most used substance by
2 children. The amount of emergency room visits related to
3 marijuana is increasing. The denial of critical care to our
4 children is a part of drug abuse -- drug abuse related to
5 marijuana. We have a significant safety interest in keeping
6 impaired drivers off of the roadway.

7 Those are the -- I refer to them in my opening as
8 health, safety, and welfare concerns. I think Ms. Sher
9 referred to them in her testimony as prevention, treatment,
10 and enforcement.

11 We've talked about all of those things. The
12 substance abuse that -- treatment, that is a societal cost.
13 Ms. Sher mentioned a study from Colorado, which has long had
14 legalized marijuana. I think it was for every dollar of
15 benefit to the state from taxing the marijuana, there's
16 \$4.50 expended to cover for the societal costs. So clearly
17 the state has a compelling interest in avoiding those
18 societal costs, making sure that the workplace is
19 productive, make sure homes are safe, decreasing the strain
20 on the state's financial resources for substance abuse
21 treatment and medical treatment. Those are all the
22 compelling state interests that we presented evidence on
23 today that the Court has directed before that we needed to
24 make a record on. And I think we have clearly covered the
25 compelling state interest that the state has on a number of

1 different fronts; on the health front, on the safety front,
2 on the welfare front.

3 This isn't limited to just one compelling interest.
4 There's multiple compelling interests that the state has.

5 Then we get to the least restrictive means, which I
6 mentioned at the beginning of my argument. There isn't any
7 practical way to monitor a religious exemption or
8 injunction. There isn't any way to monitor between
9 recreational and religious use. There isn't any way to
10 monitor for diversion. Substance abuse disease, there isn't
11 any way to do any of that, which is what the courts in many,
12 many other cases have determined is exactly why the uniform
13 application of controlled substance laws like Iowa's is the
14 least restrictive means to accomplish the state's goals.

15 We've proved both of the elements that we're
16 required to prove, assuming Mr. Olsen has made his
17 prima facie case. I would ask that the Court deny his
18 request for an injunction.

19 THE COURT: Thank you.

20 Do the parties still want to do written briefs?

21 MR. OLSEN: Yes.

22 THE COURT: Okay. How long do you need to get a
23 brief filed?

24 MR. OLSEN: A week.

25 THE COURT: If you want more time than that, I'm

1 not going to get to this case in the next week, I can
2 guarantee you that.

3 MR. PETERZALEK: I would need more than a week.

4 THE COURT: I was thinking if you want 30 days, I'm
5 happy to give you 30 days.

6 MR. OLSEN: Okay. I'll take 30 days.

7 MR. PETERZALEK: Perfect.

8 THE COURT: I'll look for your briefs in 30 days,
9 and we can consider this matter submitted.

10 If there is something you want to respond to, just
11 file a motion and let me know that you're going to respond.
12 I certainly don't want to step on your toes, Mr. Olsen, if
13 you think there's something that's critical that you want to
14 file something additional. Just file a motion saying you're
15 going to file a reply brief and how much time you need, if
16 that makes sense.

17 MR. OLSEN: That's good.

18 THE COURT: That works for me.

19 MR. PETERZALEK: Thanks, Judge.

20 THE COURT: Thank you. Have a good night.

21 (Proceedings concluded at 2:10 p.m.,
22 on the 10th day of August, 2026.)
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CERTIFICATE OF REPORTER

I, TAMARA K. GEFKE, Certified Shorthand Reporter and Official Reporter for the Fifth Judicial District of Iowa, do hereby certify that I was present during the foregoing proceedings and took down in shorthand the testimony and other proceedings held; that said shorthand notes were transcribed by me by way of computer-aided transcription; and that the foregoing pages of transcript contain a true, complete, and correct transcript of said shorthand notes so taken.

DATED this 19th day of August, 2026.

/s/Tamara K. Geffe
TAMARA K. GEFKE, CSR, RPR, FCRR
Official Shorthand Reporter
Polk County Courthouse
Des Moines, Iowa 50309
515.561.5933
tamara.geffe@iowacourts.gov