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IN THE IOWA DISTRICT COURT FOR POLK COUNTY

CARL OLSEN,	)	
	)	
Petitioner,	)	Case No.:
	)	CVCV068508
vs.	)	
	)	TRANSCRIPT OF
STATE OF IOWA,	)	PROCEEDINGS
	)	
Respondent.	)	
_____	)	

The above-captioned matter came on before the Honorable Celene Gogerty, Judge of the Fifth Judicial District of Iowa, commencing on the 10th day of August, 2026, at the Polk County Historic Courthouse, Des Moines, Polk County, Iowa.

APPEARANCES

Petitioner by: PRO SE

respondent by: JEFFREY PETERZALEK
Assistant Attorney General
Hoover State Office Building, 2nd Floor
1305 East Walnut Street
Des Moines, Iowa 50319

TAMARA K. GEFFE, CSR, RPR, FCRR
Official Shorthand Reporter
Polk County Historic Courthouse
Des Moines, Iowa 50309
515.561.5933

I N D E X

EXHIBITS

PETITIONER'S EXHIBITS	OFFERED/RECEIVED
Petitioner's Exhibit AA	7/8
RESPONDENT'S EXHIBITS	OFFERED/RECEIVED
Respondent's Exhibit A	7/8

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,

sir?

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

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

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

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

MR. OLSEN: No, absolutely not.

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

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

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

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

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

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

THE COURT: Okay.

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

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

Or are they useful later for the legal issues?

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

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

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

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

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

Does the State object to the Court taking judicial

notice of that particular report?

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

THE COURT: Okay.

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

THE COURT: All right. What exhibit --

MR. OLSEN: That's fine.

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

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

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

But you can certainly tell the judge.

MR. OLSEN: Was that my statement?

MR. PETERZALEK: No. That was the --

MR. OLSEN: The annual report?

MR. PETERZALEK: -- the annual report --

MR. OLSEN: Okay.

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

MR. OLSEN: Yeah, that one.

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

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

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

THE COURT: Okay. And then BB is your statement.

So you're only offering AA?

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

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

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

THE COURT: That's fine.

We'll admit AA.

(Petitioner's Exhibit AA was admitted.)

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

MR. OLSEN: No.

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

MR. PETERZALEK: Office of Drug Control Policy.

MR. OLSEN: Yes. Annual.

THE COURT: Exhibit A will be admitted.

(Respondent's Exhibit A was admitted.)

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

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

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

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

THE COURT: I'm sure he will.

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

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

MR. OLSEN: No, that's fine.

THE COURT: Any opening statement, Mr. Olsen?

You don't have to give one if you don't want to.

MR. OLSEN: No.

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

MR. PETERZALEK: Just briefly, Your Honor.

May I remain seated?

THE COURT: You may. I actually prefer that

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

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

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

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

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

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

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

THE COURT: Thank you, sir.

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

MR. OLSEN: Yeah.

THE COURT: All right.

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

THE COURT: You can stay right there, sir.

Please raise your right hand.

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CARL OLSEN,

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

THE COURT: All right. Thank you, sir.

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

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

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

You may proceed, sir.

MR. OLSEN: Thank you.

DIRECT EXAMINATION

BY MR. OLSEN:

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

Cannabis is central and essential to my religious beliefs.

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

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

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

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

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

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

THE WITNESS: Yeah.

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

THE WITNESS: Okay.

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

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

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

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

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

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

Since I learned the truth about cannabis by smoking

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

That concludes my direct testimony.

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

MR. PETERZALEK: Yes, Your Honor.

CROSS-EXAMINATION

BY MR. PETERZALEK:

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

A. No. They never were.

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

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

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

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

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

A. No better than what I just did.

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

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

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

A. Anybody that agrees with me.

Q. Agrees with what, in particular?

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

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

THE WITNESS: And Apocrypha.

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

BY MR. PETERZALEK:

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

A. Absolutely.

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

A. No.

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

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

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

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

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

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

A. Oh, certainly. That never goes away.

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

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

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

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

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

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

A. Yes.

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

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

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

A. I suppose. I would say yes.

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

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

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

A. What now?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. No. That's breeding.

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

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

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

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

Q. Would you agree the State has an interest in

preventing child abuse?

A. Sure.

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

A. Absolutely.

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

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

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

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

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

A. Yes.

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

A. Correct.

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

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

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

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

Q. What is that?

A. I don't know.

How much water are you going to drink?

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

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

Q. In general, any limitation on the amount of

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

A. Correct.

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

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

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

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

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

THE COURT: Mr. Olsen --

THE WITNESS: I'm sorry.

THE COURT: That's okay.

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

THE WITNESS: Yeah.

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

BY MR. PETERZALEK:

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

A. Yes.

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

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

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

THE WITNESS: I'm sorry.

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

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

THE COURT: Thank you, sir.

BY MR. PETERZALEK:

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

A. Correct.

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

Religious Freedom Restoration Act.

A. Yes.

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

A. No.

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

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

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

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

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

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

Okay?

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

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

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

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

Okay?

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

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

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

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

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

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

imposing an undue burden on your religious beliefs; right?

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

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

A. Right.

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

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

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

Q. So you're requesting that --

A. And it was always based on distribution.

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

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

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

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

A. Yeah.

Q. As much as you want to?

A. Yep.

Q. Any day of the week?

A. Yep.

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

A. Correct.

MR. PETERZALEK: That's all I have.

THE COURT: Just a second here.

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

Anything you want to add to your testimony, sir?

REDIRECT EXAMINATION

BY MR. OLSEN:

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

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

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

THE COURT: Anything else, sir?

THE WITNESS: Huh?

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

THE WITNESS: No, that's it.

THE COURT: Any recross?

MR. PETERZALEK: Just one question.

RECROSS-EXAMINATION

BY MR. PETERZALEK:

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

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

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

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

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

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

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

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

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

A. Exactly; yes.

MR. PETERZALEK: That's all I have.

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

Are there any other witnesses you wish to call?

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

THE COURT: You may do so.

OWEN PARKER,

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

THE COURT: Thank you, sir.

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

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

THE COURT: Thank you, sir.

Mr. Olsen, you may proceed.

DIRECT EXAMINATION

BY MR. OLSEN:

Q. Good morning. Thank you for being here.

What state administrative agency do you work for?

A. Iowa.

Q. The agency.

A. Oh, Iowa HHS.

Q. Okay.

A. Health and Human Services.

Q. Yes.

Thank you.

What is your position on that state administrative agency?

A. I am the bureau chief for cannabis regulation.

Q. Can you give a brief description of your

responsibilities in that position?

A. Sure.

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

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

A. I do.

Q. And have you met me before?

A. I have.

Q. And do I attend the board meetings?

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

Q. I think so.

Do I make public comments?

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

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

A. They do.

Q. And what is that issue?

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

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

A. Yeah.

Q. So finally they got around to doing it.

Did the board adopt that request that I made?

A. They did.

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

A. They did.

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

What's the House File number again?

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

THE COURT: I'm sorry, sir.

Go ahead.

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

BY MR. OLSEN:

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

A. I am.

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

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

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

THE COURT: Hold on, Mr. Olsen.

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

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

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

MR. OLSEN: Yeah.

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

MR. OLSEN: Okay.

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

THE COURT: Any objection?

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

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

to allow it subject to the action.

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

MR. OLSEN: All right.

BY MR. OLSEN:

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

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

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

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

Q. Is cannabidiol a scheduled controlled substance?

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

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

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

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

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

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

Q. What is delta-9 THC?

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

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

A. I do.

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

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

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

MR. OLSEN: Yeah.

BY MR. OLSEN:

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

A. That's a fair assessment.

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

A. Yes.

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

A. Not sure that I can --

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

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

(Requested portion of the record was read.)

THE COURT: I'm going to sustain that objection.

If you want to ask another question, sir.

MR. OLSEN: That's fine.

BY MR. OLSEN:

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

A. They are.

Q. What are those products?

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

as lotions or creams, are also allowed.

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

A. Sure. It ranges.

Q. Okay. Let's see.

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

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

A. Yes.

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

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

Q. Yeah.

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

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

A. Correct.
Q. So that was how much THC could be sold in a grocery store in a beverage. Nobody was doing that, but --
A. Correct. Yes; nobody -- products like that didn't --
Q. Why -- why weren't they doing that?
THE COURT: Hold on.
Mr. Olsen, you need to let him finish his answer. We can't get it down when you're talking over each other.
Can you read that answer, Tamara.
(Requested portion of the record was read.)
BY MR. OLSEN:
Q. So do --
THE COURT: Hold on.
Do you want to finish your answer, sir?
A. The potency of the products varied widely because that 0.3 percent was not necessarily a limit.
BY MR. OLSEN:
Q. Do you have any idea what the potency of those products was before that cap was added?
A. Again, it would range depending on the products.
Q. How about the 12-ounce beverage?
A. You're asking for, like, a normal or a standard or an upper limit to what we saw?
Q. Climbing Kites, how about that one.

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

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

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

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

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

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

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

A. That's probably fair.

Q. Okay. Let's see.

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

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

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

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

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

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

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

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

A. Could you repeat the question?

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

A. That is you, Carl.

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

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

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

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necessarily certifying anything other than that.

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

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

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

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

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

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

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

A. Yes.

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

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

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

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

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

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

A. Sounds right.

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

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

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

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

A. Generally still in the ballpark still, yes.

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

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

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

Q. Are they allowed to share it with anybody?

A. No.

Q. Are they allowed to possess it anywhere?

A. They do have the affirmative defense for possession.

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

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

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

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

A. I think that would be a fair assessment.

Q. That's probably going to change.

A. I can't speak to that.

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

A. Correct.

Q. Let's see.

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

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

Is it only purchasing those types of products?

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

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

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

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

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

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

Q. Okay. Is delta-9 THC toxic?

A. I think that's subjective.

What would be your definition?

Q. Oh, death.

THE COURT: Could you repeat that question?

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

I meant by that, and I said death.

THE COURT: Death.

Thank you.

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

BY MR. OLSEN:

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

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

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

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

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

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

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

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

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

A. Correct.

Q. It's a very precise formulation for that person.

This is more of a precision for an entire class of -- it doesn't get that specific.

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

Q. Okay. I asked you that question.

I asked you that one.

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

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

A. Correct.

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

A. No.

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

Do you know if anybody does that?

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

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

A. I wouldn't have the data.

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

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

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

Is this finally? Well, not really.

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

aware of that?

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

THE COURT: What's the relevancy, sir?

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

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

If you want to ask your question, sir.

BY MR. OLSEN:

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

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

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

A. I am.

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

A. I'm a current board member.

Q. Can you give a brief description of what the

Cannabis Regulators Association is and what it does?

A. Sure.

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

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

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

Q. How many states have programs?

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

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

A. Yeah. Is it upper 40s?

Q. How do states decide whether to participate?

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

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

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

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

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

A. For Iowa, I can speak to --

Q. I suppose if you --

THE COURT: Hold on.

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

BY MR. OLSEN:

Q. Yeah, for Iowa.

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

Q. Okay.

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

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

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

Q. Okay.

A. -- external organization.

Q. Okay. This is another one.

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

A. I don't exactly; no.

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

A. Quite a few states.

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

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

A. I think that would be fair; yes.

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

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

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

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

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

A. Sure.

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

with Iowa?

A. Yes.

Q. Do you know the names of those states?

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

Q. Yeah.

Well, some for recreational too; right?

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

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

A. Yes.

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

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

Q. Okay.

A. My authority is within our statutes and rules within Iowa.
Q. Has that generated a problem for Iowa?
A. Again, I can't -- not something that I can really speak to --
Q. Okay.
A. -- or that I am specifically aware of.
MR. OLSEN: I have no further questions. Thank you.
THE COURT: Any cross-examination?
MR. PETERZALEK: I do, Your Honor.
CROSS-EXAMINATION
BY MR. PETERZALEK:
MR. PETERZALEK: Can we get Exhibit AA pulled up?
THE COURT: One second, sir.
Are you plugged in?
MR. PETERZALEK: I think I need you -- I need a lot of structure.
THE COURT: Exhibit A is projected.
MR. PETERZALEK: Exhibit AA.
THE COURT: One moment.
Exhibit AA is being displayed.
BY MR. PETERZALEK:
Q. Can you see that on your screen okay, Mr. Parker?
A. I can.

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

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

A. Correct.

Q. What is your role in putting that together?

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

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

A. That's absolutely correct.

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

A. Correct.

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

A. Yep.

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

A. Correct.
Q. Is dried, raw cannabis the cannabis that we would typically associate with smoking marijuana?
A. Yes.
Q. After reviewing the data and the literature, the subcommittee concluded that raw, dried cannabis was not appropriate for medical treatment?
A. They did.
Q. They specifically noted that dried, raw cannabis had a high potential for diversion for combustion?
A. Yes.
Q. And "combustion" would be smoking?
A. Correct; yes.
The concern would be that the vaporized form could just as easily be burned, and so that was a -- based on the health consequences, public health optics, that was a big concern of theirs.
Q. And that diversion would be for nonmedical use; recreational use or whatever?
A. Correct.
Q. Then the subcommittee recommended that the board reaffirm its opposition to dried, raw cannabis in all forms?
A. Correct.
Q. Is that -- did the board adopt that?
A. They did.

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

A. Correct.

Q. Two medical doctors and a pharmacist?

A. Correct.

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

A. Correct.

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

A. Correct.

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

That's something that the subcommittee concluded?

A. Yes.

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

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

A. Yes.
Q. That's a form of use specifically prohibited by Iowa law?
A. Correct; yes. "Smokable forms" is how the statute refers to it as being prohibited.
Q. Page 29, that's an abstract of some data studies that were attached to this report. Would that be fair?
A. Yes.
Q. As you look down through that, underneath the section where it says "Abstract," "While the recreational use of cannabis smoking has been legalized in several countries, its health consequences have been underestimated and undervalued."
A. Yes. I believe that's what this -- this specific study that the board was citing was referring to.
Q. That was attached to this report to the Legislature?
A. Correct.
Q. They find that that study indicated that cannabis smoke irritates the bronchial tree and is strongly associated with symptoms with chronic bronchitis?
A. Yes. I think this is something the board has been concerned about, is there's no analogous modality in traditional medicine to combusting material and inhaling it.
Q. "Finally, a growing number of studies report an

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

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

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

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

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

A. Yes.

Q. That would include potential diversion to children?

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

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

A. Yes.

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

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

MR. OLSEN: Yes. Just on --

THE COURT: Just how long --

MR. OLSEN: Just one.

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

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

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

THE COURT: Any recross?

MR. PETERZALEK: Just one final question.

RECROSS-EXAMINATION

BY MR. PETERZALEK:

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

A. Correct; yeah.

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

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

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

A. Generally, enforcement.

Q. Okay.

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

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

A. As it relates to our statutes, certainly.

MR. PETERZALEK: That's all I have.

THE COURT: May this witness be excused?

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

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

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

(A recess was taken.)

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

MR. OLSEN: No, Your Honor.

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

MR. PETERZALEK: I do, Your Honor.

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

THE COURT: Absolutely.

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

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

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

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

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

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

user.

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

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

MR. PETERZALEK: I am, Your Honor.

We call Susan Sher.

SUSAN SHER,

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

THE WITNESS: I do.

THE COURT: Thank you, ma'am.

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

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

THE COURT: Counsel?

DIRECT EXAMINATION

BY MR. PETERZALEK:

Q. Can you tell us what your job is?

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

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

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

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

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

A. My job duties are pretty broad.

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

We offer policy suggestions to the Department of Public Safety.

We offer budget suggestions, things like that.

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

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

A. Yes.

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

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

Office of Drug Control Policy?

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

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

A. That's correct.

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

A. Several.

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

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

A. Sure.

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

that prevention program.

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

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

A. Yes.

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

A. Yes.

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

A. Sure.

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

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

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

A. Yes.

Q. Is that --

A. That's the nickname for my position.

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

A. Correct.

Q. -- is Czar?

A. Yes.

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

A. Enforcement.

Q. Enforcement. Thank you.

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

A. Yes, we do.

Q. And what sort of materials do you publish?

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

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

A. We do.

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

Are you familiar with that document?

A. Yes, sir.

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

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

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

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

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

I apologize for not being able to do that myself.

THE COURT: My computer is not cooperating.

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

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

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

BY MR. PETERZALEK:

Q. Yeah.

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

A. That's correct.

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

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

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

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

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

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

to alcohol -- second only to alcohol?

A. That's correct.

Q. More than meth and cocaine and even opiates?

A. Yes.

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

A. Yes, that's correct.

Q. Is marijuana an intoxicant?

A. Yes, it is.

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

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

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

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

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

A. It's called hyperemesis; yes.

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

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

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

Q. And that's in Iowa?

A. That's correct.

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

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

And then also the increase in potency, specifically

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

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

A. Of course, yes.

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

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

Q. Mitigating the negative effects of substance abuse treatment?

A. Yes.

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

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

A. Yes.
Q. And that relates to substance abuse treatment of minors?
A. Yes.
THE COURT: Can I go back? I think I missed part of your answer on the last question.
For every dollar in tax revenue, how much was spent?
THE WITNESS: $4.50.
THE COURT: Thank you.
I apologize for that interruption.
BY MR. PETERZALEK:
Q. Just to be clear, that $4.50 was related to the cost associated with -- to mitigate the damage caused by the legalization of marijuana?
A. That's correct.
That includes decreased workplace productivity, youth dropping out of school, emergency room visits, treatment. All of the negative societal effects from legalization; yes.
Q. So we've talked about emergency room visits.
We've talked about substance abuse treatment, which goes to the -- I guess the health aspect or the prevention part of what your job is; right?
A. Yes; right.

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

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

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

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

A. Yes.

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

A. Yes.

Q. Something that you deal with in your profession?

A. Every day.

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

A. Yes, it is.

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

A. Yes.

I will refer to page 17 of our report.

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

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

A. Well, everything up to death.

Q. Vehicle accidents?

A. Yes.

Crashes, injuries, death.

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

A. That's correct.

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

A. Yes, it is.

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

A. That's correct.
Q. Can't do that for marijuana?
A. Right.
Q. So they have to -- is that something that's more difficult than alcohol to deal with on the roadway for law enforcement officers?
A. I don't know if it's more difficult, but it is difficult. There are still standardized tests that can be done to show impairment. And also we have what are called drug recognition experts who are often called to an impaired -- or a suspected impaired driving incident and do a very thorough evaluation of the person.
Q. That was really going to my next question.
Because of the, I guess, prevalence of people driving while impaired for reasons other than alcohol, law enforcement agencies, including the Department of Public Safety, have had to get these drug recognition experts to come in and work with other people -- people who might be working on the road to assist with that analysis?
A. That's correct.
Q. We've talked a little bit about the health and the safety issues.
As far as welfare issues, based on your knowledge, based on things put together in your report, studies that you report you studied, are there any issues with respect to

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

A. Yes.

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

THE COURT: Did you say 8 percent?

THE WITNESS: 80. Over 80 percent.

THE COURT: Thank you.

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

BY MR. PETERZALEK:

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

A. Yes.

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

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

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

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

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

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

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

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

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

A. Yes.

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

A. I don't think you could.

Q. In your experience as a law enforcement officer and

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

A. Yes.

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

A. No.

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

A. Yes.

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

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

A. I don't think so.

Q. Why not?

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

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

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

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

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

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

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

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

A. Yes.

Q. You're not just making this up?
A. No.
Q. A lot of it comes from the Iowa Department of Health and Human Services.
A. It does.
Q. The information related to child abuse and substance abuse.
A. Yes.
Q. On page 25 of your report, there's a section that deals with consumable hemp. At the bottom of page 25, you talk about before the implementation of certain restrictions.
A. Yes.
Q. What restrictions were put in place or what restrictions weren't there prior to the enactment of those laws?
A. In 2019, the Legislature passed the consumable hemp law, and it allowed for THC products that were less than 0.3 percent THC by dry weight to come onto the market. And I think one of the unintended consequences of that was very potent THC products that came onto the market and the ability for kids to access those products. There was no age restriction, and there was no THC limit.
During that time, actually, our department went out and purchased some consumable hemp products. Consumable

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

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

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

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

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

A. That's correct.
Q. If there was an unregulated exception for religious use for marijuana, would you have a similar concern about an increase in emergency room visits and Poison Control Center calls?
A. I would.
Q. Especially among children?
A. Yes.
Q. I'll have you take a look at page 5 of your report. That's your Iowa -- 2026 Iowa Action Plan.
Your number one priority was to prevent the short- and long-term drug use and associated dangers?
A. Yes.
Q. Still the number one priority?
A. Yes. I think if we can prevent substance use from happening in the first place, we certainly would have a decrease in later treatment and enforcement costs to the state, yes.
Q. Enforcement costs, you mean decrease in crime?
A. Uh-huh.
Q. Yes?
A. Yes; I believe so.
Q. One of the last bullet points you have on priority area one is protect children from physical or psychological harm from others' risky behavior.

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

A. Absolutely.

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

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

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

A. Absolutely.

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

A. Yes.

Q. Is that something that studies have found?

A. Yes.

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

lead into addiction and other substance use.

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

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

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

A. No.

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

THE COURT: One moment, please.

Mr. Olsen, any cross-examination?

MR. OLSEN: Yes, Your Honor.

CROSS-EXAMINATION

BY MR. OLSEN:

Q. Good morning.

A. Good morning.

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

A. I believe so.

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

A. Okay.

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

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

A. I believe it does.

Q. Yes.

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

A. I believe so.

Q. Yeah.

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

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

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

A. The regulatory side of that is, yes.

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

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

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

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

A. But --

Q. Okay. Go ahead.

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

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

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

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

A. Yes.

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

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

Q. Let's see.

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

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

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

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

A. I don't --

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

fish for that.

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

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

A. I did not say that.

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

Does it?

A. Okay. Does 124E --

Q. Yeah.

A. Repeat that question, please.

Q. Yeah.

A. Can you repeat the question?

Q. Does chapter 124E contribute to substance abuse?

A. I think that's subjective.

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

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

A. I don't know.

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

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

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

Q. Iowa.

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

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

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

A. I don't have numbers.

Q. Yeah.

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

Q. That's what I'm asking.

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

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

A. Yes.

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

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

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

Q. Yeah.

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

Q. Absolutely.

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

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

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

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

question for HHS.

But I don't believe that --

Q. Yeah. I asked those questions.

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

MR. OLSEN: I'm sorry.

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

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

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

BY MR. OLSEN:

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

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

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

THE COURT: Page 15, did you say?

MR. OLSEN: Page 15.

THE COURT: Thank you.

BY MR. OLSEN:

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

A. It says 40 percent of Iowans being admitted to

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

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

A. Polysubstance use is very common.

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

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

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

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

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

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

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

general good practice grown?

A. It's any THC use.

Q. Huh?

A. It's any THC use.

Q. Right.

Okay. Going to page 17.

So the blood screening chart, the last one --

A. Uh-huh.

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

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

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

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

Q. Yeah.

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

Q. Yeah.

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

Q. Yeah.

Same thing I asked you before. Yeah.

Let's see.

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

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

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

Q. Yeah. On their metabolism?

A. Yes.

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

Q. Is it possible, at 4 milligrams --

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

A. It varies very much person to person.

BY MR. OLSEN:

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

A. I believe it's possible.

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

A. Again, that varies widely --
Q. Yeah.
A. -- person to person.
Q. Sure.
Okay. Going to page 18.
Iowa Drug and Alcohol-Related Deaths by Age. Marijuana and THC are not on the chart?
A. That's correct.
Q. Are they toxic? Do they result in death?
A. Well, I'm not -- I don't have a solid answer.
I believe, like Mr. Parker said, not to my knowledge. But, again, we don't -- we don't have specific autopsy or toxicology data on every death, so I don't know the answer to that question.
Q. Okay. Going to page 25.
And before the consumable hemp stuff, we're still in the marijuana section.
The very top of that page, it lists a whole bunch of chemical stuff there. How much of that stuff -- well, I'll sort of mix in a consumable hemp thing with this question. But didn't the consumable hemp thing result in a whole bunch of -- they were going by a delta-9 THC, but they didn't care delta-8 THC was in it and all these other -- THCP and THCO. All these other crazy things. THC-A was another one. They didn't measure those. They weren't

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

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

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

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

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

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

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

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

(A recess was taken.)

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

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

MR. OLSEN: All right. Thank you.

BY MR. OLSEN:

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

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

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

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

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

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

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

Q. That's my understanding.

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

A. Only you.

MR. OLSEN: Thank you.

That's all I've got.

THE COURT: Any redirect?

MR. PETERZALEK: Just briefly, Your Honor.

REDIRECT EXAMINATION

BY MR. PETERZALEK:

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

A. Yes.

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

A. 80E.

Q. 80E?

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

A. Yes.

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

A. Yes.

Q. Could you tell me what those might be?

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

about.

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

A. That's correct.

Q. Including children?

A. Including children.

MR. PETERZALEK: That's all I have.

THE COURT: Any redirect based on that?

MR. OLSEN: Yeah.

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

Whether I would drive or not is pure speculation.

Whether I would distribute it is pure speculation.

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

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

RECROSS-EXAMINATION

BY MR. OLSEN:

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

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

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

credible witness, that said that was happening?

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

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

A. Again, I wouldn't know that.

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

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

A. No, you would not.

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

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

Q. Exactly.

MR. OLSEN: Thank you.

That's it.

MR. PETERZALEK: Nothing further from this witness.

THE COURT: You may step down.

Thank you.

You may call your next witness, sir.

MR. PETERZALEK: We call Bryant Strouse.

BRYANT STROUSE,

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

THE WITNESS: I do, Your Honor.

THE COURT: Thank you, sir.

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

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

THE COURT: Thank you, sir.

DIRECT EXAMINATION

BY MR. PETERZALEK:

Q. Can you tell us what your job is?

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

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

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

Q. How long have you held that position?

A. Six months.

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

A. Yes, sir, I did.

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

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

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

Q. Did you have any other law enforcement jobs?

A. Yes, sir, I did.

Q. Could you tell us about those?

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

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

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

Q. Sort of a general description.

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

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

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

A. Yes, sir.

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

A. Yes, sir.

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

A. Many, many search warrants; yes.

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

A. Yes.

Q. In situations where you've executed a search warrant, there's been children in the home and also narcotics in the home, are there any observations that you often make with respect to the living conditions?

A. I would say yes, generally, that there's a strong

correlation between subjects involved in our drug investigations and instances of child neglect, child abuse, deplorable living conditions. We see that all too frequently.

Q. I think HHS often calls that denial of critical care?

A. Yes, sir.

Q. That's something that you've witnessed in your years of a narcotics enforcement officer?

A. Unfortunately, far too many times; yes.

Q. In your role as a narcotics enforcement officer, would a religious exemption allowing unregulated use of marijuana for a claimed religious purposes raise any concerns?

A. Yes.

Q. Could you tell the Court what types of concerns you would have if such an exemption were to be allowed?

A. I think there would be several major concerns that I would have.

First and foremost, just the absolute impracticability of being able to establish what's religious use versus a violation of the controlled substances laws and illicit use of the substances. It would be impossible to determine, based on someone's claim of religious use, whether or not there was an actual religious use or if it

was simply, you know -- lack of a better term -- regular use of a controlled substance.

I think it also raises concerns of diversion and those controlled substances falling into unintended hands, which, again, is very problematic when it comes to controlled substances.

I think that you would also see increased drug abuse and associated crimes with that drug abuse. You would see likely increased, you know, child neglect, child welfare issues associated with that use, as well.

Q. If there was a religious exemption, an unregulated -- for unregulated use of marijuana, how would you monitor that?

A. I don't know that it would be possible.

Q. Would there be any ability to -- if you execute a search warrant, there's marijuana in the home, and the person in the home said "Well, that's for religious use," would that be a situation you would just walk away and say "Okay. Sorry to bother you"?

A. I don't see that as a likely outcome; no.

Q. One of the things that we talked a little bit about earlier today was an exemption for peyote. In your experience as a narcotics enforcement, have you ever been involved in a peyote seizure?

A. I have not.

Q. Is that something that is at all prevalent in Iowa, to your knowledge?
A. I've been with the Division of Narcotics Enforcement since 2007. I have never heard of a single case involving peyote.
Q. But you have had cases involving marijuana?
A. Personally, hundreds; anecdotally, thousands.
Q. Involving probably thousands of pounds of marijuana?
A. Yes, sir.
Q. And zero for cannabis?
I'm sorry.
Zero for peyote?
A. Yes. Zero for peyote; that's correct.
Q. Do Iowa's controlled substance laws, as they relate to marijuana, apply uniformly to everyone?
A. Yes, they do.
Q. Do you pick and choose who you enforce the law against or with?
A. We do not.
MR. PETERZALEK: That's all I have.
THE COURT: Any cross-examination, sir?
MR. OLSEN: Yes.

CROSS-EXAMINATION

BY MR. OLSEN:

Q. Good morning -- good afternoon.
A. Good afternoon.
Q. Nice to meet you.
A. You, as well.
Q. You work for the Department of Public Safety, chapter 80; right?
A. I work for the Department of Public Safety. I guess it is regulated by chapter 80; yes, sir.
Q. Okay. In the description of what that purpose of that agency is -- I'm going to just read it to you.
It says "The department shall be primarily responsible for the enforcement of all laws and rules relating to any controlled substance or counterfeit substance, except for making accountability audits of the supply and inventory of controlled substances in the possession of pharmacists, physicians, hospitals, and health care facilities, as defined in Section 135C.1, as well as in the possession of any and all other individuals or institutions authorized to have possession of any controlled substance."
So my question is, do you see a division there between public safety and the Department of Health and Human Services on the other side?
A. I think that there's certainly some separation of duties based on what the statutory roles and regulations of

each department are.

Q. The Department of Health and Human Services would be the pharmacists, physicians, hospitals, and health care facilities; right?

A. I'm not entirely certain. That's really outside the scope of my professional duties.

Q. Okay. That's fair.

A. Yeah.

Q. Yeah.

And then any other instances of authorized use, would chapter 124E, the medical cannabidiol program, which allows any cannabidiol, it's misnamed, would that be authorized use that would be not your concern that would be on the Department of Health and Human Services side? Unless there was diversion from that program.

A. I'm not sure I'm qualified to answer that question.

Q. That's fair.

A. I know HHS is involved in that program.

Q. Okay.

A. But certainly the department can be, as well.

Q. Okay. Well, anyway, you kind of get the feel for what I'm talking about here.

Do you have any direct evidence that there's been diversion from the Iowa medical cannabis program? Or any other concern on your side of the enforcement?

A. I do have concerns overall, yes, on the diversion of marijuana, cannabis, medical cannabidiol products that are marketed specifically -- solicited towards youth consumption.

Q. Well, do you have any specific instance that that's happened with the medical cannabis program?

A. Yes.

Q. Oh, you do?

A. Yes.

Q. Is that frequent?

A. I wouldn't say it's super-frequent.

Q. Not super-frequent?

A. I would say it's not uncommon, but it's not unheard of.

Q. Okay. That's good.

If I use cannabis religiously, you've said that you wouldn't be able to tell if it was religious or recreational. If I used cannabis privately, at home, and nobody else is there, nobody else is involved, how does that injure you? How are you injured by that?

A. I, personally, am not injured. I think that individual use does not affect me.

But, unfortunately, there's no way to segregate, delineate personal use with the associated societal costs of diversion: Impaired driving, access to minors, increased

rates of child abuse. There's no way to keep that Pandora's box lid shut because they would go hand-in-hand.

Q. If someone had a religious exemption that was limited in its terms to personal and private use and any of that other stuff there came up, wouldn't that just be a violation of the exemption and wouldn't that be prosecuted as a normal crime and there wouldn't be any protection from the exemption?

Especially if the exemption said it was specifically limited to those things not being covered by the exemption, those things are not exempt, and it explicitly says that, how would that person not just be prosecuted like anyone else for a criminal offense?

A. Again, I don't know that I'm qualified to answer that question. I think that's probably more of a legal question.

Q. That's good.

MR. OLSEN: Now, hang on. I might have more.

A lot of my questions were related to the substance of Susie's report, so they're not really relevant to you. I'll try to figure out how to weed those out here.

BY MR. OLSEN:

Q. The Consumable Hemp Program has resulted in a whole bunch of synthetic cannabinoids. They limited it to delta-9 THC, and didn't realize that there was delta-8 THC

and delta-10 and then THCP, and all this other crap that came through as being hemp-derived with no limit. And it's been a disaster and the state rolled that back in 2024, and the federal government is turning it back.

How does -- doesn't that stuff contribute to the idea that -- isn't that all lumped in as marijuana abuse?

A. Well, I think it depends on what your definition is.

But there is a distinguishable difference between, for example, CBD and THC, as I know you're well aware of. There's also a difference between, you know, medical cannabidiol and cannabis based on percentages. And so to lump all of them under one umbrella, that might be factually correct, but practically, I think there are some important differences.

Q. Well, the important differences are that in the medical program, they require pharmaceutically pure cannabinoids and they want to know what they are. But on your side, anything that's not that is considered the abuse, and so I'm just wondering if all that gets lumped in as marijuana.

A. I guess maybe I don't understand the question fully.

Q. Just that there's a lot of high-potency crap all of a sudden out there that makes the drug problem worse than it

has ever been. Would you agree with that?

A. I would say that the advent of the different synthetic cannabinoids, as well as the increased potency of natural THC, have both contributed to the aforementioned issues that we're seeing with controlled substance violations.

Q. Okay. Let's see.

Are you aware of anyone in Iowa that has made a religious claim for cannabis?

A. No, I am not, sir.

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

THE COURT: Any redirect?

MR. PETERZALEK: No, Your Honor.

THE COURT: May this witness be excused?

MR. PETERZALEK: I'm sorry?

THE COURT: May this witness be excused?

MR. PETERZALEK: Yes.

MR. OLSEN: Yeah.

THE COURT: You may be excused, sir.

Any other evidence on behalf of the State?

MR. PETERZALEK: No, Your Honor. We rest.

THE COURT: Thank you.

Mr. Olsen, do you have any rebuttal evidence you wish to present?

MR. OLSEN: No, I don't. I wish I did. I didn't

prepare it.

THE COURT: So the evidence is in.

Do the parties want to make an oral closing argument, not make an argument, file a brief? I guess I'm pretty open to however you want to proceed.

MR. OLSEN: I would like to do both.

THE COURT: Okay. That is fine.

Mr. Olsen, do you want to make a closing argument? Go ahead.

MR. OLSEN: Yeah.

What do you feel?

MR. PETERZALEK: Whatever the Court prefers.

MR. OLSEN: Okay. Sorry.

MR. PETERZALEK: I'm fine with doing just written arguments. I think we put in all the factual evidence. But if Mr. Olsen wants to do a closing argument, I would just ask that I be given the opportunity to do so.

THE COURT: Yeah.

MR. OLSEN: I would like to make a brief closing argument.

THE COURT: Go ahead, Mr. Olsen.

MR. OLSEN: Okay. An injunction is not an exemption. So under federal law, you can get an exemption for religious use, and there are several. Under state law, the only way you can get an exemption is under this new

federal -- Freedom of Religion Restoration Act. It authorizes an injunction, which would create an exemption.

So under federal law, this exemption thing has been going on since day one. At the state level, it never existed. And now all of a sudden, we have this Religious Freedom Restoration Act that creates an opportunity for one.

The analytical question is the same: Does the applicant merit the exemption? That's the question.

Is there a substantial burden?

Does the State have a compelling interest in denying that person their religious freedom?

That would be the same argument under -- if you applied for a federal exemption with the DEA, they would want to know the same stuff. Are you substantially burdened? Is it a sincere, bona fide religious claim? Is there any less restrictive means?

Under federal law, there are. There's regulations, and they've issued some. Under state law, there's no regulation for that. There's no exemption.

But an injunction can be tailored to be addressing a specific individual under specific circumstances, which is what an exemption would do; same thing as an injunction.

If an exemption is violated, it can be revoked and that person is still subject to criminal penalties.

If a person violates the terms of an injunction,

the injunction can be revoked and the person is still subject to criminal penalties. So there's no blanket authority to do anything you want to do for religious purposes. It has to be worked out ahead of time and put into the terms of the injunction or the exemption, if it's federal.

So that's it. That's my closing argument.

THE COURT: I just have a question for you, Mr. Olsen.

So if the Court granted your injunction to you, would it not be a compelling interest and the State be concerned they would be inundated with these requests that suddenly everyone -- let me finish.

Let's say you only want the injunction applied to you, but what's to stop literally thousands of people saying "I have religious interests. I need --" wouldn't that result in, essentially, an exemption? Wouldn't that be the case, sir?

MR. OLSEN: The U.S. Supreme Court answered that in *O Centro -- Gonzalez,* saying the courts are up to the task. The courts have to weed those out.

The person has to show substantial burden on a sincere religious belief. The State has to show compelling interests. The Court said that Congress wrote this law and the courts haves to enforce it.

The First Amendment wasn't just written for one person, so anyone could make a claim like that. But the question is, like, how authentic would it be, what's the quality of the claim.

And if everyone shows a sincere burden on their religion and the State can't show a compelling interest in prohibiting them from practicing their religion or -- there's a lot of things in between outright prohibition and regulation. We can't regulate, but the injunction can have terms saying "This is only for you. This isn't for you to share it with anybody. This injunction doesn't allow you to drive while you're intoxicated. It doesn't allow you to use it in public."

The same exact limitations that are on the patients; 18,000 people on this medical program have those restrictions. They can't share it with anybody. They can't drive while they're intoxicated. They can't give it to children. They can't expose people to it.

It's, like, we already have 18,000 people that are doing this in Iowa with pure THC. The idea that you couldn't do that with a cannabis plant is -- I live alone. I can grow at home. It's done in other states. Millions of people are authorized to do this throughout the United States.

So I see the injunction being the same as an

exemption. It has terms that can't be violated. It can be revoked. It doesn't protect you from criminal prosecution for exceeding the terms of the injunction or the exemption. They're interchangeable as far as way they operate and the way they're evaluated.

THE COURT: Thank you, sir. Appreciate it.

MR. OLSEN: Thank you.

THE COURT: Any closing argument on behalf of the State?

MR. PETERZALEK: Thank you, Your Honor.

I'll just follow up with the question that you asked Mr. Olsen.

It clearly would open the floodgates for a number of people. Many people would be coming into court and indicating that their religious beliefs require them or allow them to have marijuana.

And that really goes to the least restrictive means component of the argument that the State has been making since the beginning of this case. You can't differentiate or it's impractical to differentiate between religious use and recreational use. It's impractical to monitor that. It's impractical to enforce the laws. It's impractical to prevent diversion. And the things we've already been talking about, that really goes to the least restrictive means component.

Then circling back to the elements of this case, as I mentioned in my -- after Mr. Olsen got done, my motion to dismiss as a matter of law. This case is attenuated, at best, to any sort of religious belief. Mr. Olsen just wants to smoke marijuana in his home. There isn't anything that's particularly related to religion. All of the other information we've had here in his cross-examination, he wants to smoke marijuana in his home.

And it really is he has not carried his burden, one, that there's a significant religious interest here. But even more importantly, as I mentioned after he finished with his evidence, he's been -- he's held these beliefs for 30 years. He has the -- he's been practicing those beliefs. There hasn't been any burden, undue or otherwise, on his ability to believe what he believes.

And as we discussed in my motion to dismiss after the close of his evidence, he has plenty of legal means to accomplish the same thing by having the consumables and the drinks that are currently available, so there isn't a -- he hasn't met the burden to even get to the point where we have to show a compelling state interest.

But let's assume that he did. We had testimony from Ms. Sher and from Mr. Strouse about the significant and compelling state interest that the state has with enforcing its controlled substance laws, particularly with respect to

marijuana. Marijuana is the most used substance by children. The amount of emergency room visits related to marijuana is increasing. The denial of critical care to our children is a part of drug abuse -- drug abuse related to marijuana. We have a significant safety interest in keeping impaired drivers off of the roadway.

Those are the -- I refer to them in my opening as health, safety, and welfare concerns. I think Ms. Sher referred to them in her testimony as prevention, treatment, and enforcement.

We've talked about all of those things. The substance abuse that -- treatment, that is a societal cost. Ms. Sher mentioned a study from Colorado, which has long had legalized marijuana. I think it was for every dollar of benefit to the state from taxing the marijuana, there's $4.50 expended to cover for the societal costs. So clearly the state has a compelling interest in avoiding those societal costs, making sure that the workplace is productive, make sure homes are safe, decreasing the strain on the state's financial resources for substance abuse treatment and medical treatment. Those are all the compelling state interests that we presented evidence on today that the Court has directed before that we needed to make a record on. And I think we have clearly covered the compelling state interest that the state has on a number of

different fronts; on the health front, on the safety front, on the welfare front.

This isn't limited to just one compelling interest. There's multiple compelling interests that the state has.

Then we get to the least restrictive means, which I mentioned at the beginning of my argument. There isn't any practical way to monitor a religious exemption or injunction. There isn't any way to monitor between recreational and religious use. There isn't any way to monitor for diversion. Substance abuse disease, there isn't any way to do any of that, which is what the courts in many, many other cases have determined is exactly why the uniform application of controlled substance laws like Iowa's is the least restrictive means to accomplish the state's goals.

We've proved both of the elements that we're required to prove, assuming Mr. Olsen has made his prima facie case. I would ask that the Court deny his request for an injunction.

THE COURT: Thank you.

Do the parties still want to do written briefs?

MR. OLSEN: Yes.

THE COURT: Okay. How long do you need to get a brief filed?

MR. OLSEN: A week.

THE COURT: If you want more time than that, I'm

not going to get to this case in the next week, I can guarantee you that.

MR. PETERZALEK: I would need more than a week.

THE COURT: I was thinking if you want 30 days, I'm happy to give you 30 days.

MR. OLSEN: Okay. I'll take 30 days.

MR. PETERZALEK: Perfect.

THE COURT: I'll look for your briefs in 30 days, and we can consider this matter submitted.

If there is something you want to respond to, just file a motion and let me know that you're going to respond. I certainly don't want to step on your toes, Mr. Olsen, if you think there's something that's critical that you want to file something additional. Just file a motion saying you're going to file a reply brief and how much time you need, if that makes sense.

MR. OLSEN: That's good.

THE COURT: That works for me.

MR. PETERZALEK: Thanks, Judge.

THE COURT: Thank you. Have a good night.

(Proceedings concluded at 2:10 p.m., on the 10th day of August, 2026.)

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CERTIFICATE OF REPORTER

I, TAMARA K. GEFFE, 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. GEFFE, CSR, RPR, FCRR
Official Shorthand Reporter
Polk County Courthouse
Des Moines, Iowa 50309
515.561.5933
tamara.geffe@iowacourts.gov