

**OKLAHOMA STATE BUREAU OF NARCOTICS
AND DANGEROUS DRUGS CONTROL**

419 N.E. 38th Terrace
Oklahoma City, Oklahoma 73105
TELEPHONE 405-521-2885 • 1-800-522-8031



**Senate Committee on Federal and State Affairs
Before the Kansas Legislature**

Testimony in Opposition to Senate Bill 135

March 16, 2023

Brian Surber, Deputy Director, Oklahoma Bureau of Narcotics

Chairman Thompson and Members of the Committee:

Good Afternoon – My name is Brian Surber and I am currently the deputy director of the Oklahoma Bureau of Narcotics. I have worked in public safety since 1996 in the capacity of a prosecutor, agency general counsel, and narcotics agent. I have also served as the president of Oklahoma’s state narcotics enforcers association during the implementation of Oklahoma’s medical marijuana paradigm. The Bureau has a statutory mandate to educate both law enforcement and the public at large on “the misuse and abuse of controlled dangerous substances,” as well as “the problems of misuse and abuse of controlled dangerous substances within the regulated industry”, which are to include “the social effects thereof ...” To that end, I am here to simply convey the facts and experiences of law enforcement after the legalization of medical marijuana in Oklahoma.

Overview of Testimony: While I have testified before this committee before, I wish to restate the facts contained in my previous testimony. Specifically however, I would like to comment on the notion that our problem is simply one related to regulations.

Black market marijuana is not a problem limited to Oklahoma, but every state that implemented a legalized paradigm.

The Background: Oklahoma legalized marijuana not through the legislative process, but by a state referendum where the proponents dramatically outspent the opposition.

The Science & Anecdotes: In Oklahoma's legalization discussion, we experienced a media campaign asserting that cannabis was needed to treat seizures in children and also was a safe alternative to opioid pain medication. It was not medical professionals making the claim, but a collection of anecdotes. Ultimately, for the first time in our state's history, a medication was approved not by the process put in place by the Food and Drug Administration, but by popular vote impacted by political advocacy funded primarily from groups outside of Oklahoma.

The Science & Epilepsy: So, what do the scientists say regarding marijuana and pediatric seizures? To that end, I would like to quote Dr. Michael Privitera, the president of the American Society of Epilepsy.

"[T]he American Epilepsy Society has been opposed to the expanded use of medical marijuana and its derivative, cannabidiol or CBD, in the treatment of children with severe epilepsy."

At this time there is no evidence from controlled trials that strongly supports the use of marijuana for treatment of epilepsy. Our position is informed by the lack of available research and supported by the position statements from the American Academy of Neurology, the American Academy of Pediatrics, and the American Medical Association. (See Attachment 1)

The Science & Marijuana as an Alternative to Pain Medications: Marijuana was also promoted as a safe alternative to addictive pain medications. Again, this claim is contrary to the science and data which has demonstrated that the main correlation between marijuana use and opioid use disorder is solid research showing

that the use of marijuana increases the likelihood of the user developing opioid use disorder. Regarding marijuana as a treatment for drug dependence, the American Society of Addictive Medicine has made clear the dangers of cannabis use disorder. In fact, ASAM has actually penned a white paper opposing marijuana legalization efforts over a decade ago, and is staunch in its position that cannabis use “should be subject to FDA review and approval.” (See Attachment 2)

Post Legalization Impact and the Black Market: Since Oklahoma has legalized marijuana, an enormous black market has emerged virtually overnight. My agency has identified international criminal syndicates from 12 foreign nations on 3 continents operating black market marijuana grows in Oklahoma. We currently have over 2.4 times the licensed growers as compared to retail dispensaries. Simply ask this question: *In what economic model can there be more wholesalers than retail outlets?* Less than a year ago, my agency released a peer reviewed white paper regarding our marijuana enforcement efforts. With modest assumptions, we estimated that the legitimate cardholder demand for marijuana could be met with 1.2 percent of our grows. (See Attachment 3) While that sounds like extreme hyperbole, that estimate is completely consistent with our intelligence and enforcement efforts. We have done two wiretaps targeting black market marijuana operations (both in foreign languages) and during the entirety of the wiretaps, both involving multiple licensed marijuana grows, not a single effort was made to deliver regulated marijuana to an Oklahoma processor or dispensary. Some would say that there simply needs to be more regulation and oversight. There is a false assumption in most criminal justice reform efforts – the assumption that criminals follow the law. Our legislature mandated that grows be owned by Oklahomans. Again, virtually overnight, an underground system of straw owners developed where criminals simply pay off destitute Oklahomans to be bogus and straw owners. We have had lower income individual who allegedly owned 299 marijuana farms – on paper. Don’t take my word for it – just ask any Oklahoman living in a rural part of the state how marijuana legalization has impacted the real estate market, power grid, or water supply.

The Impact Locally: It would be nice indeed if a state could dramatically increase the supply of an addictive compound, and there was no impact on the citizenry. Prior to legalization, the Oklahoma Poison Control Center averaged 5 pediatric cannabis overdoses each year for ages 0-5. In 2022, they fielded 269 such cannabis overdose calls – not a doubling, or quadrupling, but a 53-fold increase, many resulting in hospitalization including the use of a respirator. (See Attachment 4) There is a reason, edibles, packaged like candy targeting children, are extremely common.

Legalized Marijuana and Crime: I have not heard from a single, not a single, law enforcement officer who claims that Oklahoma's medical marijuana legalization has led to a reduction in crime. To the contrary, there is a consensus among prosecutors and peace officers that our marijuana legalization has resulted in a significant increase in a host of crimes. Beyond the explosion of cartel-level black market activities I previously discussed, these new crimes include theft, robbery, human trafficking, and even homicide. Just over 2 months ago, a grow in rural Oklahoma, being operated by foreign nationals, was the scene of a quadruple homicide. Official filings read as follows:

Eyewitnesses to the murders have stated that [the defendant] demanded \$300,000 be handed over to him by other employees of the marijuana operation, as a return of a portion of his 'investment' in the enterprise,

The fact that it could not be handed over on a moment's notice is what precipitated the mass murder. (See Attachment 5)

I had the draft of my testimony for this committee virtually completed last week, and on Friday, news broke of my agency's human trafficking division making arrests related to sex trafficking, prostitution, and Ketamine distribution connected to marijuana farms. (See Attachment 6)

Steve Kunzweiler, the elected district attorney for Tulsa County, heard I was traveling here to testify on this topic. He wanted me to convey he would be more than happy, in fact eager, to speak to any lawmaker, public safety professional, media member, or other stakeholder on the negative impact Oklahoma's medical marijuana legalization has had on crime in the community he is elected to protect.

Closing Remarks: I have taken an oath to uphold and administer the law – medical marijuana is the law in my state. To be sure, there are individuals and groups that seek to lawfully engage in Oklahoma's medical marijuana scheme, by following the seed to sale tracking system, laboratory testing, fire codes, etc. But whatever this number is, they simply are not part of my world at the Bureau. And those licensees seeking to follow the law are being undermined by these groups. I hope my description of Oklahoma's law enforcement and societal experience is helpful as you examine this issue.

*Brian Surber
Deputy Director
Oklahoma Bureau of Narcotics and Dangerous Drugs Control*

Attachment 1



135 SOUTH LASALLE STREET, SUITE 2850
CHICAGO, IL 60603
OFFICE 312.883.3800
FAX 312.896.5784
EMAIL info@aesnet.org

March 11, 2016

Representative Matthew Baker and the Pennsylvania Legislature
213 Ryan Office Building
PO Box 202068
Harrisburg, PA 17120-2068

Dear Representative Baker,

On behalf of the American Epilepsy Society I am writing in opposition to Pennsylvania SB-3 and to share the position of our organization and highlight some of the experience of our members in other states, especially those in Colorado who have seen the most epilepsy CBD cases in the U.S. We applaud your measured approach and for giving this issue thoughtful consideration.

The American Epilepsy Society is the leading U.S. organization of clinical and research professionals specializing in the diagnosis and treatment of people with epilepsy, with more than 3,800 members engaged in all aspects of epilepsy. For nearly 85 years, the members of the American Epilepsy Society have led nearly every medical and scientific advance in epilepsy. Each year, the American Epilepsy Society hosts a scientific meeting on epilepsy more than 1,500 scientific studies are presented, making this the world's largest and most respected epilepsy meeting. This year's meeting in Philadelphia attracted over 5000 attendees from around the world.

Epilepsy is the most common and potentially devastating neurological disease that affects people across the lifespan. In America, one in 26 people will be diagnosed with epilepsy at some time in the course of their life - more will experience an isolated seizure. Epilepsy is associated with significant morbidity and mortality and carries an increased risk of many co-morbidities including depression, cognitive dysfunction, and autism. Today between 2.2 and 3 million Americans, including almost 400,000 children, live with epilepsy, with one third living with treatment-resistant seizures that do not respond to current medications. The large number of treatment resistant cases emphasizes the urgency of bringing forth new treatments for epilepsy, but those treatments must be proven safe and effective in order to be truly helpful to people with epilepsy.

Despite the pressure of anecdotal evidence prevalent in the popular press and social media, for the past two years the American Epilepsy Society has been opposed to the expanded use of medical marijuana and its derivative, cannabidiol or CBD, in the treatment of children with severe epilepsy. At this time there is no evidence from controlled trials that strongly supports the use of marijuana for treatment of epilepsy. [Our position](#) is informed by the lack of available research and supported by the position statements from the American Academy of Neurology, the American Academy of Pediatrics, and the American Medical Association.

The American Epilepsy Society has consistently advised states against acting on anecdotal evidence alone and has called for more research. The need for more research is a consistent theme from nearly every medical society in the U.S. To help advance research, the American Epilepsy Society has requested that the Federal Drug Enforcement Agency reschedule marijuana to ease access for clinical studies.

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Attachment 2



ASAM American Society of
Addiction Medicine

Public Policy Statement on Cannabis

Background

Cannabis is a plant that has been used for its intoxicating effects for at least a century in the United States and for longer in other cultures. It also has a long history of use around the world for purported medical benefits. More than 100 different cannabinoids have been identified in cannabis. The primary intoxicating cannabinoid in cannabis is delta-9-tetrahydrocannabinol (THC). The cannabinoid cannabidiol (CBD) has received increasing public attention in recent years; preliminary findings suggest that CBD may be a useful treatment for several medical conditions and it is not reported to be associated with intoxication or addiction, unlike THC.¹ In this document, the term "cannabis" is used to describe the plant-based products. When the document refers specifically to individual cannabinoids, they are identified as such.

Between 2001-2002 and 2012-2013, the prevalence of past-year cannabis use by U.S. adults increased from 4.1% to 9.5%, respectively, and the prevalence of cannabis use disorder (CUD) nearly doubled.² Adults and adolescents increasingly view cannabis use as harmless. A 2019 Pew Research Center survey revealed two-thirds of American adults support cannabis legalization, which reflects a steady increase over the past decade.³ However, between 9.3% and 30.6% of American adults who use cannabis have CUD as measured in the largest recent national surveys. Specifically, 9.3% of past-year adult cannabis users met DSM-IV criteria for CUD based on the 2017 National Survey on Drug Use and Health (NSDUH).⁴ 2012-2013 data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) showed that 30.6% of past-year cannabis users had DSM-IV CUD.⁵ Among U.S. lifetime cannabis users (current or past users), 19.5% met criteria for DSM-5 CUD, of whom 23% were symptomatically severe (with >6 criteria). Thus, CUD in cannabis users is not rare and can be serious.⁶

In contrast to adult use, adolescent use of cannabis in recent years has remained relatively stable, but the percentage of 8th and 10th grade students who use cannabis on a daily basis increased significantly from 2017 to 2019.⁷ The type of cannabis product used may also be evolving in this group. Research has identified a significant increase in cannabis vaping among U.S. middle and high school students.⁸ A survey of 8th, 10th, and 12th graders revealed 24% reported lifetime use of cannabis concentrates, and 72% of all lifetime cannabis users had used concentrates.⁹

Cannabis use has been shown to be associated with cognitive decline, impaired educational or occupational attainment, risk of other substance use disorders, and poor quality of life.¹⁰ It has also been shown to be associated with impaired driving and fatal vehicle crashes, cannabis-related emergency room visits, psychosis, and psychiatric comorbidity.¹¹ CUD has been associated with disability¹² and strongly and consistently associated with other substance use

1



ASAM

American Society of Addiction Medicine

White Paper on State-Level Proposals to Legalize Marijuana

Adopted by the ASAM Board of Directors July 25, 2012

ASAM Writing Committee to Develop a Response to
State-Level Proposals to Legalize Marijuana

Robert L. DuPont, M.D., Co-Chair
Andrea G. Barthwell, M.D., Co-Chair

Mark Kraus, M.D.

Kevin Sabet, Ph.D.

Richard Soper, M.D.

Scott Teitelbaum, M.D.

[2020-public-policy-statement-on-cannabis.pdf \(asam.org\)](https://www.asam.org/2020-public-policy-statement-on-cannabis.pdf)

[state-level-proposals-to-legalize-marijuana-final2773DD668C2D.pdf \(asam.org\)](https://www.asam.org/state-level-proposals-to-legalize-marijuana-final2773DD668C2D.pdf)

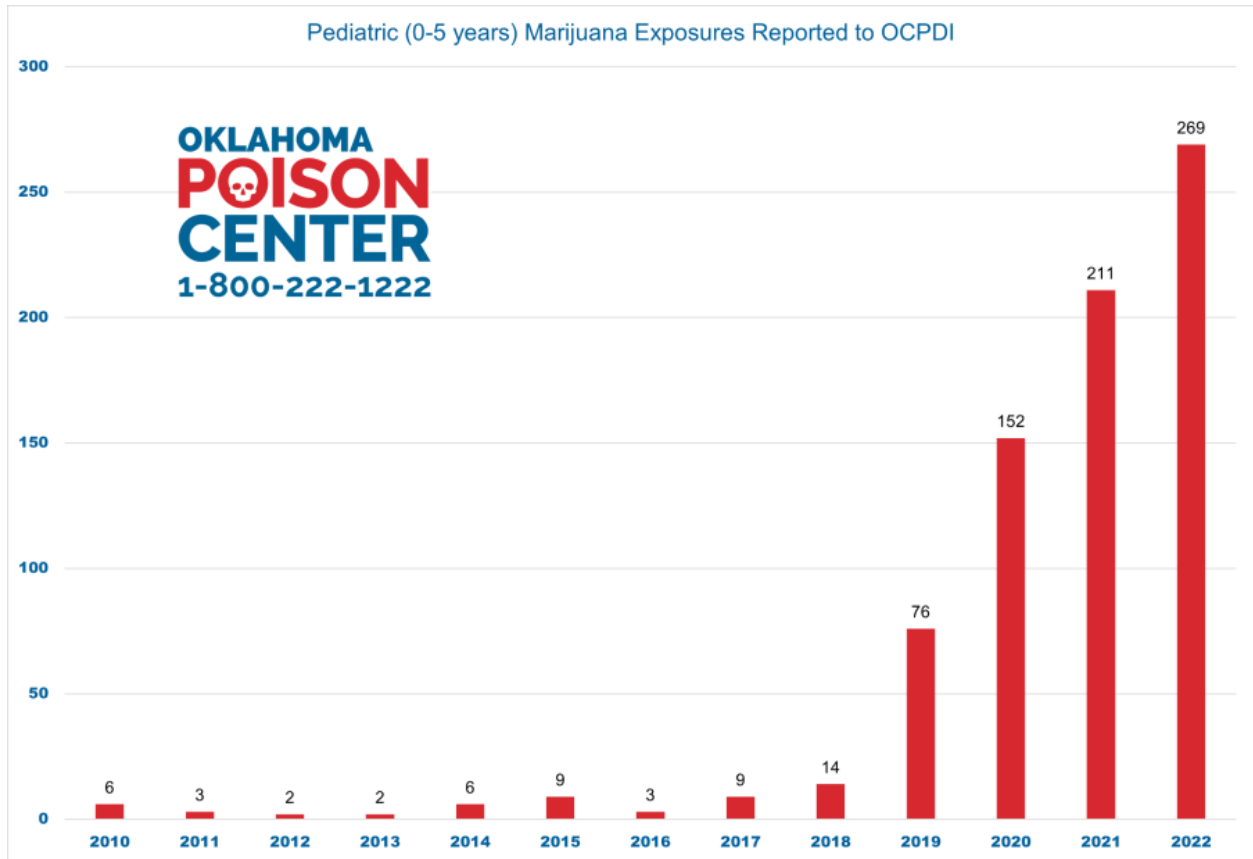
Medical Marijuana in Oklahoma:
Agency Position & Response



Oklahoma Bureau of Narcotics and Dangerous Drugs Control
May 2022

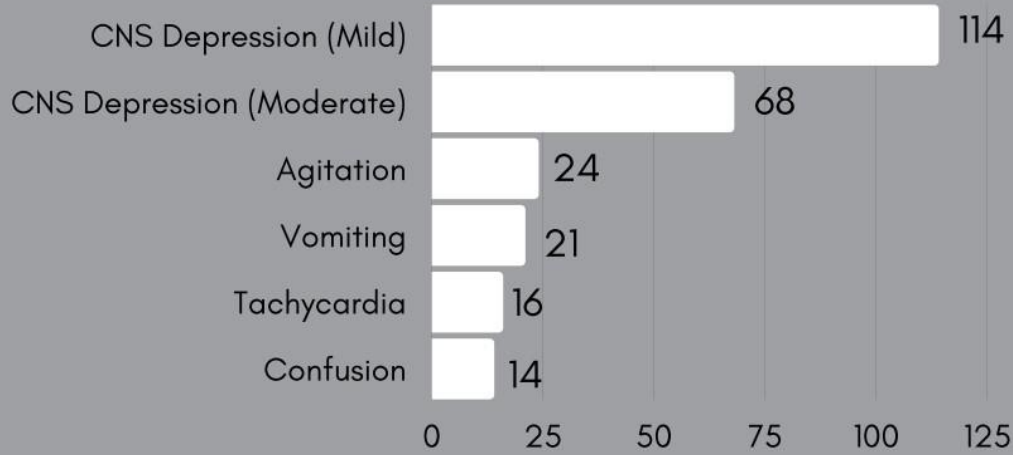
<https://www.obnndd.ok.gov/home/showpublisheddocument/243/637872493632170000>

Attachment 4



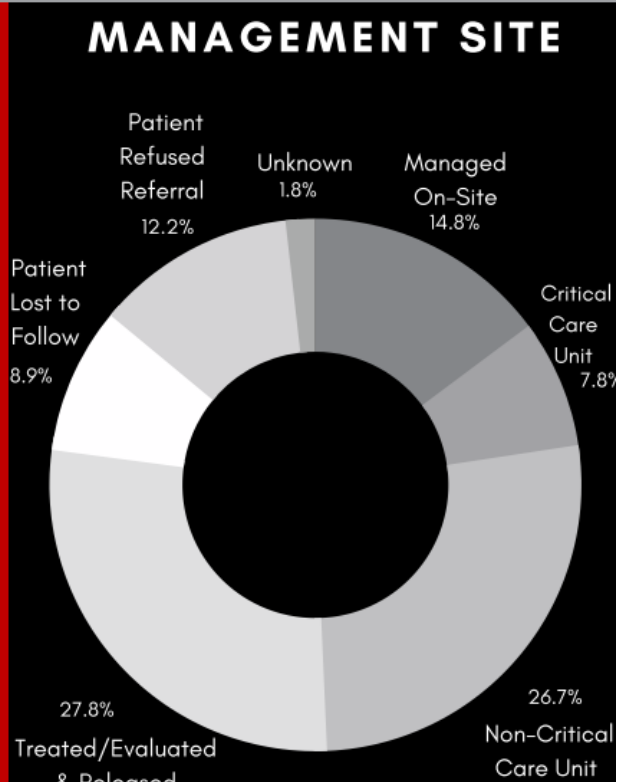
PEDIATRIC CASES (CHILDREN 0-5 YEARS)
5/3/2021 TO 6/13/2022

CLINICAL EFFECTS



*Note: 3 children had seizures, 6 children had bradycardia, and 8 children had hypotension

THERAPIES	N = 270
IV FLUIDS	62
OXYGEN	14
BENZODIAZEPINES	4
INTUBATED/ VENTILATOR	3
ATROPINE	2
VASOPRESSORS	1





OKLAHOMA · Published December 5, 2022 9:14pm EST

Oklahoma quadruple homicide: Suspect charged in execution-style murders at marijuana farm

Prosecutors say the man went to the marijuana farm and demanded his \$300,000 investment back before opening fire



By **Paul Best** | Fox News

OBN: Organized crime network using illegal marijuana farms for drug, sex trafficking

K. Querry-Thompson/KFOR
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3 days ago

