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Submitted WRITTEN-ONLY Testimony of Sheriff (Ret) of the Johnson County Sheriff's Office, Currie Myers, PhD, MBA in SUPPORT of SB560

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For more than 50 years, most states have criminalized the possession of cannabis. These laws were adopted at a time when the prevailing wisdom was that cannabis had no accepted medical uses and was dangerous to consume in any amount. Today's status quo and available evidence reveal a different story. There are now 27 states which have decriminalized possession of small amounts of cannabis and 36 states and growing, have some form of legal cannabis market. There is also a growing body of research showing that marijuana can be an effective treatment for certain medical conditions.

In a 2019 random sample survey of Kansas adults, more than 63 percent of the respondents said they "strongly" or "somewhat" support legalizing recreational marijuana for people 21 years of age and older to allow state taxation.¹ And in a recent national survey that indicates an overwhelming share of U.S. adults (91%) say either that marijuana should be legal for medical *and* recreational use by adults according to a survey by the Pew Research Center that occurred from April 5-11, 2021.²

The Problem:

1. Cannabis has enough research now in place to show the efficacy of the drug for medical use.
 - a. Marijuana, or products derived from marijuana, have been found to be effective treatments for a variety of medical conditions. A 2017 study looked at the entire body of research studying the potential medical uses of cannabis and found that marijuana serves as an effective treatment for chronic or debilitating pain, sleep apnea, multiple sclerosis, and the negative impacts of chemotherapy for cancer patients.³
 - b. Research has confirmed these results and found that marijuana could also be a compelling treatment for epilepsy, migraines, and posttraumatic stress disorder (PTSD).⁴
 - c. There are four FDA-approved drugs that are either directly or synthetically derived from cannabis.

¹ Kansas Speaks, 2019 Kansas Survey on Medical Cannabis. Link: [Microsoft Word - Kansas Speaks Report_Fall 2019_final1.docx \(fhsu.edu\)](#)

² Pew Research Center, 2021 National Survey on Medical Cannabis. Link: [Overwhelming support for legal recreational or medical marijuana in U.S. | Pew Research Center](#)

³ National Academies of Sciences, Engineering, and Medicine, The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research, National Academies of Sciences, Engineering, and Medicine (2017), <https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state>.

⁴ C. Hindocha, et al., The Effectiveness of Cannabinoids in the Treatment of Posttraumatic Stress Disorder (PTSD): A Systematic Review, 16 J. Dual Diagnosis 120 (2020);

2. Marijuana is not a gate-way drug.
 - a. The “gateway” theory for cannabis has been questioned by experts for decades and recent evidence tends to reveal that the opposite effect occurs when states allow medical cannabis.⁵
 - b. Research finds that the legalization of medical marijuana reduces the prescription of opioids and the occurrence of opioid related hospitalizations, deaths, and overdoses.⁶
 - c. Research reveals that allowing the use of cannabis for medical issues may reduce the consumption of alcohol, tobacco, and other drugs.⁷
3. Simple possession of marijuana is overburdening our criminal justice system.
 - a. The data from the FBI’s report revealed that police arrested 545,602 people for cannabis related crimes in 2019. That arrest rate is 9% higher than the 495,871 people arrested for violent crimes the same year. The majority of these arrests (92%) were for simple possession of the drug. 500,395 of those arrested for cannabis were simply found in possession of cannabis.⁸
4. Marijuana Trend Use.
 - a. Trends in marijuana use show no consistent response to enforcement efforts and the prevalence of cannabis use has increased among adults irrespective of these enforcement activities.⁹
5. Use of Minors in Medical Cannabis
 - a. Most research on this topic concludes that establishing a medical cannabis market in a state either does not impact or reduces the use of cannabis among minors.¹⁰ See Marijuana Trend Use in #4.
 - b. The experience of the 36 other states with a medical cannabis market reveals that Kansas will not see a major spike in teen cannabis use if it allows doctors and patients access to these innovative medical treatments.
6. Law enforcement agencies have shifted more and more resources away from their core mission of solving and preventing property and violent crime and toward drug enforcement efforts.
 - a. Police now arrest someone as a suspect in a historically low percentage of violent (42 percent) and property (14 percent) crimes – leaving too many victims without justice and

⁵ See e.g., Janet E. Joy, et al., National Academy of Sciences, MARIJUANA AND MEDICINE: ASSESSING THE SCIENCE BASE (1998) (“There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs.”); Andrew R Morral, et al., Reassessing the marijuana gateway effect, 97 *Addiction* 1493 (2002)

⁶ i Kayla N. Tormohlen, et al., The State of the Evidence on the Association Between State Cannabis Laws and Opioid-Related Outcomes: A Review, 8 *Current Addiction Reports* 538 (2021); Stanford Chihuri & Guohua Li, State marijuana laws and opioid overdose mortality, 6 *Injury Epidemiology* 1 (2019); Anuj Shah, et al., Impact of Medical Marijuana Legalization on Opioid Use, Chronic Opioid Use, and High-risk Opioid Use, 34 *J. Gen. Internal Med.* 1419 (2019); Hefei Wen & Jason M. Hockenberry, Association of Medical and Adult-Use Marijuana Laws With Opioid Prescribing for Medicaid Enrollees, 178 *JAMA Intern. Med.* 673 (2018);

⁷ i Morgan M. Philbin, et al., Medical cannabis laws and medical and non-medical prescription stimulant use among a nationally representative sample of US Adults: Examining the role of sexual identity and gender, 84 *Int’l J. Drug Pol’y* 1 (2020); Michele Baggio, et al., Marijuana and alcohol: Evidence using border analysis and retail sales data, 53 *Can. J. Econ.* 563 (2020); Anna Choi, et al., Smoke Gets in Your Eyes: Medical Marijuana Laws and Tobacco Cigarette Use, 5 *Amer. J. Health Econ.* 303 (2019);

⁸ Forbes Magazine, October 2, 2020, Author: Emily Earlenbaugh, citing 2019 FBI Crime Statistics. Link: [More People Were Arrested For Cannabis Last Year Than For All Violent Crimes Put Together, According To FBI Data \(forbes.com\)](#)

⁹ Monitoring the Future, A Continuing Study of the Lifestyles and Values of the Youth, Marijuana Annual Use. Link: [mtf-occ96.pdf \(monitoringthefuture.org\)](#)

¹⁰ D. Mark Anderson, et al., Association of Marijuana Legalization With Marijuana Use Among US High School Students, 1993- 2019, 4 *JAMA Net. Open* 1 (2021); Julie K. Johnson, et al., Medical marijuana laws (MMLs) and dispensary provisions not associated with higher odds of adolescent marijuana or heavy marijuana use: A 46 State Analysis, 1991–2015, 42 *Substance Abuse* 471 (2021);

- jeopardizing public safety.¹¹ After decades of trying the same tactics without different results, Kansas should consider a different approach that allows doctors to access all the tools available to help their patients live full and successful lives.
- b. The impact of legalizing cannabis for medical use in other states has been extensively studied. All the existing research on the topic has found that such policy changes have either no impact or a positive impact on property and violent crime.¹² There are some mixed findings when it comes to property and nuisance crimes in urban neighborhoods with a cannabis dispensary and this means that our local and state leaders should be cautious about how they regulate where dispensaries may open in our communities.

7. Mitigating the Cannabis Black Market

- a. The forces that sustain the black market are high prices and not enough dispensaries — mean that there is a high risk of existing users sticking with their illegal sources and new users being turned off by high prices.
- b. States that want healthy cannabis markets are going to have to lower taxes, limit certain local excise taxes, and ease the red tape that makes it so difficult to open new dispensaries. The demand for cannabis is there; it's now time for regulations to evolve to meet this demand legally. Kansas should not follow the over-regulated concept that California has at present, or the under-regulated concept that Oklahoma has at present.
- c. The state should ensure that legal medical cannabis companies have a strong, well-defined quality assurance (QA) process that will produce safe products and be more sustainable in the long run. This is because QA is the set of principles, protocols, and procedures defined by a company that ensures the quality of its products is high and compliant with organizational and regulatory standards.
- d. The regulatory standards in place for cannabis products are aimed at keeping consumers safe and healthy. Although, without federal oversight, states have been left to create regulations for consumer safety all by themselves. States and consumers alike have had to learn the hard way through emerging quality and safety and security issues.

The Solution:

It is time for Kansas to allow innovation, industry, and research to thrive in a properly regulated and compliant medical marijuana market. A majority of Kansans support such a policy change and 36 other states, and growing, have already adopted similar policies without negative repercussions for road safety, violent crime, property crime, and youth marijuana use. The Medical Cannabis legislation currently being consider in your committee is a safe, measured way to allow access to new treatments and ensure higher product quality for those who already rely on cannabis to treat legitimate medical conditions.

Thank you for allowing me to submit my written testimony in support of SB560.

¹¹ FBI Crime Date Explorer, UCR Program, December 6, 2021. Link: [CDE :: Documents and Downloads \(cloud.gov\)](#)

¹² Evelina Gavrilova, et al., Is Legal Pot Crippling Mexican Drug Trafficking Organisations? The Effect of Medical Marijuana Laws on US Crime, 129 *Econ. J.* 375 (2019); Yu-Wei Luke Chu & Wilbur Townsend, Joint culpability: The effects of medical marijuana laws on crime, 159 *J. Econ Behav. Org.* 502 (2019); Edward M. Shepard & Paul R. Blackley, Medical Marijuana and Crime: Further Evidence From the Western States, 46 *J. Drug Issues* 122 (2016); David Bruner, et al., Heterogeneity in the Effect of Medical Marijuana Laws on Crime: Evidence from the US Counties from 1994 to 2016, *IDEAS* (2019), <https://ideas.repec.org/p/ags/aaea19/290927.html>; Robert G. Morris, et al., The Effect of Medical Marijuana Laws on Crime: Evidence from State Panel Data, 1990-2006, 9 *PLoS One* 1 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3966811/>