



Kansas Bureau of Investigation

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Testimony in Opposition to House Bill 2184
Before the Standing House Federal and State Affairs Committee
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Chairman Barker and Members of the Committee:

My name is Robert Jacobs and I serve as the Executive Officer of the Kansas Bureau of Investigation. Thank you for this opportunity to testify in opposition to HB 2184, which proposes to create the Kansas Medical Marijuana Regulation Act. This testimony will address the current legal status of marijuana and the impact we believe medical marijuana will have on public safety. The concern for public safety will be focused on three primary issues. Those issues are accessibility to marijuana, increased crime rates, and the difficulties in enforcing the Kansas drug laws with the passage of HB 2184.

Considering the current classification of marijuana with the United States Food and Drug Administration (FDA) and the United States Drug Enforcement Administration (DEA), the KBI views the legalization of marijuana, in any form, as a danger to public safety. Legalizing medical marijuana in Kansas will increase accessibility to a drug that is already commonly abused, contribute to increased property and violent crime and significantly complicate the enforcement of marijuana laws.

The debate over the “benefits” of medical marijuana use is extensive. The United States Food and Drug Administration (FDA), which is a part of the United States Department of Health and Human Services, is responsible for protecting public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our nation’s food supply, cosmetics and products that emit radiation. The FDA is responsible for advancing the public health by helping to speed innovations that make medical products more effective, safer, and more affordable and by helping the public get the accurate, **science-based information** they need to use medical products and foods to maintain and improve their health¹. In an article published by the FDA in October 2020, the agency states,

“To date, the FDA has not approved a marketing application for cannabis for the treatment of any disease or condition. The agency has, however, approved one cannabis-derived drug product: Epidiolex (cannabidiol), and three synthetic cannabis-related drug products: Marinol (dronabinol), Syndros (dronabinol), and Cesamet (nabilone). These approved drug products are only available with a prescription from a licensed healthcare provider. Importantly, the **FDA has not approved**

¹ See What We Do, FDA Mission, [What We Do | FDA](#)

any other cannabis, cannabis-derived, or cannabidiol (CBD) products currently available on the market²”. Epidiolex, Marinol, Syndros, and Cesamet are drugs that require a prescription from a physician and are dispensed through a pharmacy.

According to the United States Drug Enforcement Agency (DEA) website, Schedule I drugs, substances, or chemicals are defined as drugs with **no currently accepted medical use and a high potential for abuse**. Some examples of Schedule I drugs include: heroin, lysergic acid diethylamide (LSD), **marijuana (cannabis)**, 3,4-methylenedioxymethamphetamine (ecstasy) methaqualone, and peyote³. We do not believe that the provisions of HB 2184 are consistent with the scientific practices and methods long established in the medical community for the treatment of disease.

My hope is that this testimony will bring to light the negative consequences that result from increased access to a drug that continues to be one of the most frequently abused drugs in the nation and which remains illegal under federal law.

Increased Accessibility to Marijuana:

According to the National Institute on Drug Abuse, marijuana is the most commonly used psychotropic drug in the United States. In 2018, more than 11.8 million young adults reported marijuana use in the previous year⁴. The proliferation of marijuana across the United States is evident.

This is true in Kansas, as well. According to drug seizure data from the Kansas Incident Based Reporting System (KIBRS), between 2015 and 2019, marijuana seizures by law enforcement have increased 15.5%. Annual marijuana seizures have consistently been almost double the combined total of all stimulants seized annually, which is the second highest class of drug seizures in Kansas.

In 2019, over 7,000 items of marijuana/THC evidence were submitted to the KBI Forensic Science Laboratory for testing. Marijuana laboratory submissions regularly exceed all other drug categories by a wide margin.

Data from the Midwest High Intensity Drug Trafficking Areas (HIDTA) 2020 Threat Assessment Report indicates that approximately 151,247 pounds of marijuana was seized between 2015 and 2019 in the six state region that includes Kansas⁵.

Increasing marijuana use in Kansas could potentially lead to marijuana being more accessible to minors. “Marijuana commercialization and the subsequent normalization of marijuana use plays an important role in the increased marijuana use of young people⁶. Marijuana dispensary density has been linked to more use among youth, with 16% of 11th graders reporting marijuana use in

² See FDA and Cannabis: Research and Drug Approval Process, <https://www.fda.gov/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process>

³ See Drug Scheduling, Drug Schedules, [Drug Scheduling \(dea.gov\)](https://www.dea.gov/drug-scheduling)

⁴ Marijuana Research Report, <https://www.drugabuse.gov/download/1380/marijuana-research-report.pdf?v=d9e67cbd412ae5f340206c1a0d9c2bfd>

⁵ 2020 Midwest HIDTA Threat Assessment, June 2020, p.21

⁶ Smart Approaches to Marijuana, Lessons Learned From State Marijuana Legalization, 2020-2021 edition, p. 35-36, [Smart Approaches to Marijuana – Smart Approaches to Marijuana \(learnaboutsam.org\)](https://www.learnaboutsam.org/)

areas with less dispensary density compared to 24.3% of the same age group reporting use in more retail-dense areas⁷. Youth marijuana use poses a significant risk for depression and suicide.

As is true with all narcotics, **availability drives use, use drives demand, and demand drives availability**. HB 2184 proposes to expand access to a drug that has long been held to have a high potential for abuse, the potential to create severe psychological and/or physical dependence, and lacks any demonstrated medical value. The mere thought of expanding access, thereby contributing to an increase in use and demand and furthering the downward spiral, is frightening.

Increased Property and Violent Crime:

Drug use is often associated with on-going criminal activity. Both violent crime and property crimes have a direct link to drug use. During my tenure with the KBI, I can attest to the causal link drugs have consistently had with homicides, sexual assaults, robberies, home invasions, thefts, and human trafficking/exploitation in Kansas. Often these crimes were committed while a subject was either using narcotics or in an effort to obtain narcotics.

In October 2020, the Major Cities Chief's Association (MCCA) and the Major County Sheriff's of America (MCSA) Intelligence Command Group published its annual 2020 US MCCA Threat Picture. The law enforcement members of MCCA-MCSA reviewed 21 specific threats to their communities. The threats were placed into categories and ranked in priority. Throughout the nation in 2020, violent crime with a firearm was ranked as the greatest threat. However, a closer look at the U.S. Western Region, which includes Colorado, for the years 2018 and 2019, revealed that **Drug User Derivative Crime**, which is defined as crimes committed by drug users to either support their habits or due to the influence of drugs, was ranked the number one threat to communities. In Kansas, which is located in the U.S. Central Region, Drug User Derivative Crime ranked as a top 5 threat for each year from 2018 to 2020⁸.

Following the legalization of marijuana in Colorado, the state observed increases in marijuana related traffic deaths, marijuana related suicides, violent crimes, and property crimes. Below are some high-level reflections on those increases in relation to when legalization occurred.

- Average vehicle operators testing positive for marijuana **pre- and post- medical marijuana** commercialization rose 64%.
- From 2013 to 2019 the percentage of all Colorado traffic deaths that were marijuana related increased from **15% to 25%**.
- Treatment for marijuana use for all ages **decreased 21%** from 2009 to 2019.
- The percent of suicides incidents in which toxicology results were positive for marijuana use has increased from **14% in 2013 to 23% in 2018**.
- Between 2015-2019, violent crime in Colorado increased 24% to include:
 - Murder rate 29.8% increase
 - Sexual Assault/Rape rate 14.5% increase
 - Aggravated Assault rate 33.1% increase
 - Robbery rate 11.6% increase

⁷ Hatch, A. (2017, April 14). Researchers tracking public health impacts of marijuana legalization. Washington State University. <https://nursing.wsu.edu/2017/04/24/13255>

⁸ See MCCA-MCSA TRP North American Threat Picture, p.2 Oct. 2020

- Property crimes in Colorado had an average increase of 9.2% during the same time
- A Rocky Mountain High Intensity Drug Trafficking Area (HIDTA) drug task force conducted 278 investigations of **black market marijuana** in Colorado resulting in:
 - 237 felony arrests
 - 7.49 tons of marijuana seized
 - 68,600 marijuana plants seized
- Seizure of marijuana increased 17% between 2013 and 2019.
- **Marijuana tax revenue** represented approximately **.85%** of Colorado's FY 2019 budget.
- **67% of local jurisdictions** in Colorado have **banned** medical and recreational marijuana businesses⁹.

The Kansas violent crime rate continues to rise. Between the years 2015-2019, violent crime in Kansas has increased 19.8%. During that same time, property crime rates have begun to fall, however, according to a study highlighted by the National Institute of Health, researchers found that neighborhoods near marijuana dispensaries experienced 85% more property crime incidents each year than neighborhoods without a dispensary nearby¹⁰.

When considering the tangible and intangible costs, the economic impacts of crime, alone, are significant to Kansas citizens, the criminal justice system, and the overall economy. While there is no direct causal link between the legalization of marijuana and increases in violent and property crime, the correlation is evident.

Enforcing the State Marijuana Laws:

If HB 2184 is passed, the enforcement of illegal quantities of marijuana will be negatively impacted. Law enforcement agencies will need a mechanism for confirming whether a person has a valid medical marijuana card and is registered with the Kansas Department of Health and Environment (KDHE). Under the new Section 8(e) of HB 2184 states, "The department (KDHE) **may** share information identifying a specific patient with a licensed retail dispensary or any law enforcement agency for confirming that such patient has a valid registration". Law enforcement access to this information is paramount.

Law enforcement officers in Kansas will have a practical need to confirm registration of patients *and caregivers* both day and night. The KBI anticipates that an interface between KDHE and the Kansas Criminal Justice Information System (KCJIS) will need to be created to allow law enforcement the ability to confirm a patient or caregiver's registration status. Failing to establish KDHE access to quickly retrieve patient and caregiver information could potentially lead to delays during vehicle traffic stops and increased demand on already limited law enforcement resources.

Kansas law enforcement will be placed in the predicament of having to determine whether the vegetative material they are observing during a traffic stop or through an investigation is within the prescribed medical marijuana limitations as outlined in HB 2184. The impact to the KBI will specifically be measured through the increased submissions to our forensic science laboratory.

⁹ See Rocky Mounty HIDTA, the Legalization of Marijuana in Colorado: The Impact, p. 1-2, [The Impact Volume 7 September 2020 | Strategic \(rmhida.org\)](#)

¹⁰ Freisthler, B., Gaidus, A., Tam, C., Ponicki, W.R., & Gruenewald, P.J. (2017). From Medical to Recreational Marijuana Sales: Marijuana Outlets and Crime in an Era of Changing Marijuana Legislation. *The Journal of Primary Prevention*, 38(3), 249-263. doi: 10.1007/s10935-017-0472-9

With both medicinal marijuana and illegal marijuana available in the state, it will be necessary to quantitate the levels of marijuana to determine if the evidence falls within the potency limits as established through HB 2184. Currently, no procedure exists for quantitating vegetative marijuana at the 35% level or a procedure for quantitating oils at all.

Additionally, from an agency standpoint, the KBI Special Operations Division focuses on larger drug trafficking organizations rather than individual distributors in an effort to restrict overall access to drugs within our state. The legalization of medical marijuana will complicate investigative and law enforcement efforts to reduce illicit narcotics in Kansas. The likelihood of individuals possessing a medical marijuana card to facilitate transporting illicit marijuana **as well as other illicit drugs** across Kansas is troubling.

As previously mentioned, there will continue to be a large volume of illegal marijuana and other drugs entering the state. KIBRS records indicate there was a 17.8% increase in drug seizures in Kansas over the last five years. In 2020, there were over 18,000 drug seizures in Kansas. Violent drug trafficking organizations will use the legalization of medical marijuana to their advantage. The black market of illegal marijuana will continue to grow in Kansas with similar results as seen in other states.

I strongly urge you not to simply concede to the notion that Kansas needs to join the other states by legalizing medical marijuana. I encourage you to consider the impact this bill will have on drug associated crime, the safety of the public and our youth, and our ability to enforce the laws in Kansas by voting against HB 2184. Thank you for your consideration of this testimony and the issues of marijuana in Kansas.

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