The Kansas Marijuana Best Practices, Bellwether, and Content Analysis Report

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November 11th, 2022

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Supported by Safe Streets Wichita

Safe Streets Wichita Mission Statement: The mission of Safe Streets Wichita is the prevention of substance-related harms through community collaboration, the advancement of health equity, and the promotion of mental wellness and community well-being.

Safe Streets Wichita Diversity Statement: We acknowledge that every community experiences substance-related harms. Some communities experience a disproportionate amount of harm. Our strategies center those impacted and systemically underserved due to poverty, class, racism, social isolation, past trauma, sexual orientation, gender identity, and other social inequities which affect people's vulnerability and capacity to effective deal with substance-related harm. We focus on addressing disparities and promoting prevention for youth and equity for all with lived experiences.

Acknowledgements: We would like to acknowledge Angela Scott, current Chair of Safe Streets Wichita, for being the creative inspiration behind this report. Given the likelihood of medical and adult use/recreational marijuana legalization in Kansas, Angela helped advocate for Safe Streets Wichita to commission a report on cannabis policy reform in Kansas. This resulted in a collaboration between Safe Streets Wichita and WSU's Center for Applied Research and Evaluation (CARE).

About this Report: The *Kansas Marijuana Best Practices, Bellwether, and Content Analysis Report* is a three-part guide and overview on (1) best practices in cannabis legalization based on lessons learned from states and alcohol/tobacco control policy; (2) bellwether interviews with key drug policy stakeholders in Kansas; and (3) a content analysis of Kansas Senate Bill 560, otherwise known as the Kansas Medical Marijuana Regulation Act.

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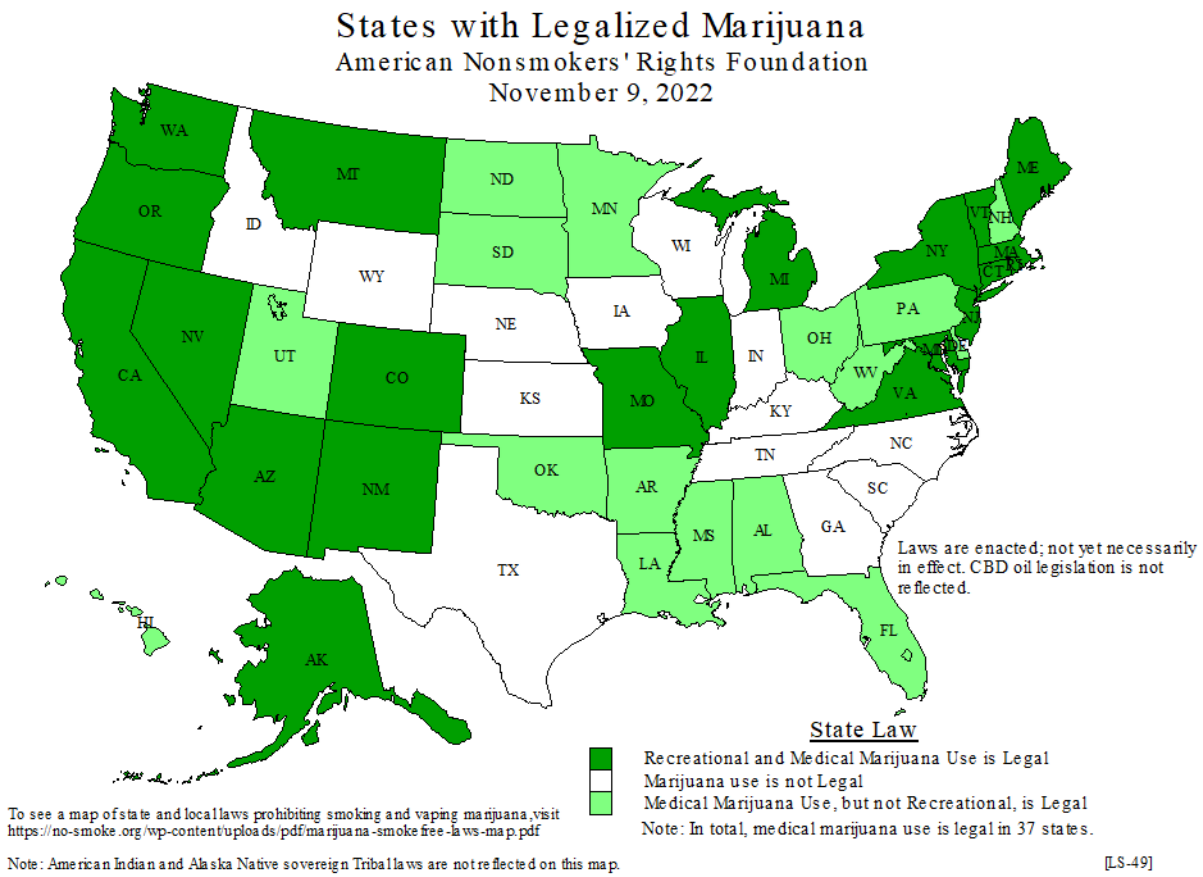
As of November 9, 2022, 39 states and DC have some form of marijuana legalization and/or decriminalization (https://mjbizdaily.com/map-of-us-marijuana-legalization-by-state/). Nineteen states have fully legalized both medical and recreational marijuana. In Kansas, marijuana is still fully illegal. Of the four states that border Kansas (Colorado, Missouri, Nebraska, and Oklahoma), only Nebraska has not legalized or decriminalized cannabis at any level. Colorado has fully legalized marijuana and Missouri and Oklahoma allow medical marijuana sales and use. Following the 2022 mid-term elections, Missouri passed recreational marijuana legalization. The Kansas legislature has made efforts to pass legislation related to medical marijuana but, the most recent bill in the 2021-2022 legislative session stalled at the Senate.

Figure 1. States with Legalized Marijuana. From States with Legalized Marijuana, by American Nonsmokers' Rights Foundation, 2022, November 9. (https://no-smoke.org/wp-content/uploads/pdf/marijuana-states-legal-map.pdf)



On the national level, the Marijuana Opportunity Reinvestment and Expungement Act passed the United States House in April 2022 and, if passed by the Senate, will make cannabis legal at the federal level. This bill will not, however, require states to legalize cannabis, and it is unlikely to pass the Senate in its current form. However, legalization is supported by most US residents and more states are considering legalization of at least medical use. This report seeks to

present “lessons learned” from experiences in states that have had the longest history with legalization as well as recommendations from research on best practices for states, like Kansas, considering legalization.

This report first includes a section on legalization as a public health issue and which, consequently, should have significant input and oversight from the public health system. The next section summarizes recommended best practices outlined in an article by Orenstein and Glantz (2020), which includes a compilation of recommendations from multiple sources and experiences based on alcohol and tobacco control policies. Finally, this report includes specific information regarding prevention efforts in the states that were first to legalize cannabis for medical and/or recreational adult use.

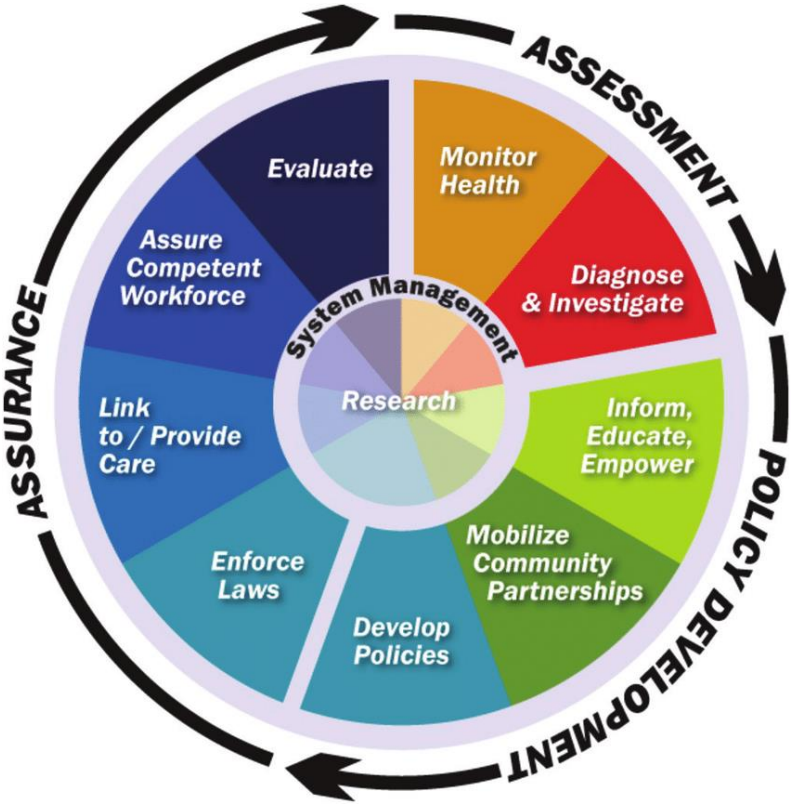
- **Colorado and Washington**: The first two states in the US to legalize recreational use (2012).
- **California**: The first state to legalize medical use (1996); legalized recreational use (2016); largest legal marijuana market in the U.S.
- **Missouri**: Decriminalized marijuana (2014); legalized medical use (2018); legalized recreational use (2022).
- **Oklahoma**: Legalized medical use (2018); will have a ballot measure for legalization of recreational use (2023).

Public Health as a Key Factor in Legalization

Many articles have focused on using public health models and/or the public health system to address policy and practice considerations prior to and following legalization (e.g., APHA Policy Statement 20206, 2020; Ghosh, Van Dyke, Maffey, Whitley, Gillim-Ross, & Wolk, 2016; Orenstein & Glantz, 2020; Warnick, 2019). A foundational concern is that many current laws came from ballot initiatives crafted by advocates for legalization with business and finance as the primary purported benefit (Orenstein & Glantz, 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8351589/pdf/nihms-1055748.pdf). This focus on financial gains makes legalization a popular concept. But in these scenarios, public health and public safety concerns may be an afterthought or “addressed” merely by the idea that increased revenue can better fund prevention and treatment.

Issues of finance and equity (given inconsistent enforcement and application of current drug laws) are an important element in considering legalization. A public health approach (see graphic below) recognizes the complexity of the necessary protections and possible consequences that need to be carefully considered and addressed before implementing legalization. Orenstein and Glantz (2020) argue that legalization should be achieved through legislative means (with the involvement of the public health system) rather than through ballot initiatives. In the following section, an extensive list of considerations and suggestions for implementing a comprehensive, public health-based approach to legalization is included.

Figure 2. Essential Public Health Services. From Original Essential Public Health Framework, by Centers for Disease Control and Prevention, 2020 September 8. (https://www.cdc.gov/publichealthgateway/publichealthservices/originalessentialhealthservices.html)



Recommendations for Best Practices Related to Legalization

Orenstein and Glantz (2020) provide a comprehensive list of recommendations for implementing legalization with public health in mind and based on the lessons from both domestic and international experiences with legalization and/or control of alcohol and tobacco. Their recommendations encompass models put forth by the American Public Health Association (APHA), Centers for Disease Control (CDC), and World Health Organization (WHO) among others. Many other authors have provided similar recommendations but the list from Orenstein and Glantz (2020) is used here given its comprehensive nature. As mentioned, Orenstein and Glantz (2020) advocate for legislative action, rather than ballot initiatives, to guide legalization efforts.

Orenstein and Glantz (2020) separate out the recommended best practices into three categories: 1) market and regulatory structures; 2) consumer-facing product and retailer regulation; and 3) youth, environmental exposure, and normalization. The following is a summary of each recommended best practice:

Market and Regulatory Structures

1. **Health Department Authority –** It is recommended that the state public health authority (in Kansas, that would be the Kansas Department of Health and Environment – KDHE) be the lead organization "charged with developing and enforcing subsequent regulations" (Orenstein and Glantz, 2020, p. 20). This authority is granted by the legislature. Other entities will undoubtedly play important roles. But selecting the state public health agency as the lead puts public health in a primary position for all considerations regarding legalization.
2. **State Monopoly or Non-Profit Requirement –** Using alcohol control as the model, it is suggested that the state maintain control of the cannabis market as a way to protect public health. Related to alcohol, a state monopoly allows for "control of price, location, advertising, and other elements that affect behavior, particularly excessive consumption" (p. 20). Currently, no state that has adopted legalization uses a state-run model, and even in states with legislative proposals, a for-profit, commercial structure is planned.
3. **Unitary Regulatory System –** A unitary system would merge regulation of medical marijuana use with that of adult recreational use. This would help shore up inconsistencies between the two systems that have been found in states where regulation is separate.
4. **Exclusion of Industry from Formal Regulatory Roles –** Lessons taken from alcohol control efforts indicate the best practice is to not allow the industry (in this case, the cannabis industry) to regulate themselves. This is another reason Orenstein and Glantz (2020) have recommended oversight by the public health system or another state system.
5. **Local Control and Non-Preemption –** Local control allows those who are closest to the community and its conditions to determine the best options for public health. It is recommended that marijuana legislation preserve local authority to "limit or prohibit operation of cannabis business within their jurisdiction" (p. 24).
6. **Revenue Allocation** – Using tobacco as an example of a drug for which the impact of its effects wasn't addressed until well after they became obvious (e.g., with the 1988 Master Settlement Agreement that helps states recovers costs associated with smoking-related illnesses and deaths), a forward-thinking approach to revenue allocation is recommended, especially related to public health. At this point, the health effects of cannabis are not fully understood, especially given the burgeoning use of edibles and other forms. It is recommended that revenues be consistently allocated to fund continuing research into cannabis. Additionally, states currently use revenue from taxation to fund enforcement, education, treatment, mental health services, and a host of other programs.
7. **Enforcement and Liability** – Similar to alcohol and tobacco control efforts, unannounced compliance checks and escalating penalties (including license revocation) are recommended as essential elements in the response to legalization. Additionally, specific penalties for sales to minors and civil liability for retailers (for overservice or underage service) are also recommended.

Consumer-Facing Product and Retailer Regulation

1. **Packaging and Labeling**
    a. **Packaging –** To reduce the effects of marketing, it is recommended that plain packaging be used (only including brand name and product variant in a specified font). While no state currently requires plain packaging, several are considering bills related to this issue, some have language to prohibit packaging that appeals to youth or children, and Oregon allows for the use of pre-approved generic packaging as a way to bypass the labeling and packaging approval processes.
    b. **Warning Labels –** The recommended best practice for warning labels follows the example set by tobacco control, studies about which have found that the most effective labels are "large, prominently positioned, clearly worded, periodically changed to reduce familiarity, and designed to include pictorial content in addition to text" (p. 29). Current warning labels for states that have legalized marijuana tend to include much weaker language with few of these best practices included.
2. **Product Taxes –** Cannabis presents a unique situation for taxation as compared against tobacco and alcohol given the strong illicit market. Taxes need to be high enough to discourage use by youth but low enough to not allow illicit markets to undercut the prices for legal products. Illinois enacted legislation in 2019 that offers an example of taxing cannabis products based on THC content.
3. **Product Access –** Considerations for access to cannabis products encompass a range of outlets and distribution methods including age-restricted venues, vending machines, self-service options, drive-through windows, and internet-based sales. Selling cannabis through age-restricted venues and drive-throughs appear to be universally accepted approaches as is prohibition of vending sales (except in Hawaii). However, there are conflicting views on distribution through delivery (usually via internet-based sales). While age verification has been problematic at best with other types of internet sales/delivery and would need to be significantly tightened for cannabis, delivery methods may be beneficial as a way to limit normalization of use, reduce retailers being near areas where children/youth congregate, and to limit signage and advertising for retailers.
4. **Outlet Density Restrictions –** Although the effect of outlet density on cannabis consumption has yet to be studied comprehensively, similar findings are likely as for alcohol and tobacco, where higher density equates to higher rates of use. Various approaches are being taken by states including setting a maximum number of licenses for medical and "at-large" purposes, apportioning licenses by legislative district, restrictions on proximity to other licensed retailers, and even minimum number of licenses to prevent illicit sales due to lack of legal options.
5. **Day and Time Operating Restrictions –** Research on alcohol control has shown that limiting hours of operation for retailers has an impact on consumption, drinking patterns, and damage from alcohol (i.e., drinking/driving incidents). Although only a few states currently address days and times of operation for cannabis distribution, it's recommended that this be part of any legislation.

Youth, Environmental Exposure, and Normalization

1. **Minimum Purchase Age –** The legal drinking age in all states is 21. This is based on a large body of research that has shown a link between a higher legal age and decreased alcohol traffic accidents/deaths and negative health effects. Research supports an age of at least 21 given continued brain development until around age 25. States that have legalized cannabis have largely chosen 21 as the legal age for use.
2. **Flavors and Other Additives –** As with current restrictions on additives and flavorings for tobacco, which has been somewhat challenged by the rise of e-cigarettes and JUUL, cannabis regulation should limit the types of additives (e.g., tobacco or alcohol or other ingredients that increase potency, toxicity, or addictive potential) and flavorings (those that may appeal particularly to youth).
3. **Advertising and Marketing –** The WHO recommends a total ban on advertising and marketing of cannabis. However, even though research has shown that promotion of tobacco and alcohol products are related to youth initiation and overconsumption, First Amendment issues make a total ban in the U.S. unlikely. In general, the recommended approach to controlling the content of cannabis promotion is focused on supporting public health through prohibiting misleading or false statements or those that encourage overconsumption and limiting the possible reach and impact for children and youth. Restrictions also include the location of advertising. New Jersey and Illinois are examples of states with explicit and extensive restrictions on advertising.
4. **Public Use and On-site Consumption –** As with current smokefree laws in most states and communities, it is recommended that similar regulations be enacted relative to cannabis. Such regulations protect public health through limiting secondhand exposure and reducing normalization of smoking behavior. Some states allow on-site consumption, which is a concern from a public health perspective due to the potential for the tobacco industry to use this as an avenue to renormalize public smoking. This particular issue of public or on-site consumption is complex with considerations being required regarding limiting locations for on-site consumption (if allowed at all), whether users must purchase cannabis on-site, if on-site use is only allowed in locations with a producer license (like a tasting room at a distillery), the question of whether users can leave unused cannabis or if it must be repackaged, etc. For a more thorough presentation of various issues being considered in other states, see Orenstein and Glantz, 2020, p. 40.

A more succinct description of recommended best practices comes from the Getting It Right from the Start Project (funded by the Conrad N. Hilton Foundation, Tobacco Related Disease Research Program, and National Institutes of Drug Abuse) and can be found at: https://gettingitrightfromthestart.org/wp-content/uploads/2021/03/Principles-for-Protecting-Youth-Public-Health-and-Equity-in-Cannabis-Regulation_2021.pdf. This resource outlines principles for protecting children and youth, promoting equity and mitigating harms, averting the emergence of a new tobacco-like industry, protecting public health, and limiting product diversification and marketing.

State-Specific Information

Colorado

The American Public Health Association published a brief titled “Protecting public health key as marijuana legalization grows: Colorado leading the way among states” in 2019 (https://www.thenationshealth.org/content/49/6/1.1). In this publication, the APHA provides information based on the experiences of states that have legalized marijuana, most notably, Colorado as the first state to enact full legalization. The key elements they note as critical in addressing the public health risks of legalization are consistent with the primary public health model of focusing on regulation, safety, education/prevention, and monitoring/evaluation. More specifically, states have set up systems to use proceeds from sales of marijuana, similar to those from alcohol and tobacco, should support public health initiatives (e.g., education and monitoring) as well as regulations on additives, limits on potency and advertising restrictions.

Additionally, the Department of Public Health and Environment in Colorado was charged with leading efforts to monitor the impact on public health by tracking use trends as well as scientific findings on health impacts of marijuana use. Use (frequency and incidence) has increased for adults, with use of edibles by teens also showing an increase since legalization. These trends support the continued need for education based solidly in science to help the public understand risks despite the legality of marijuana. Colorado also created a campaign as a precursor to “Responsibility Grows Here,” called “Good to Know,” which was shown to have positive effects on increasing public knowledge about details of the new laws related to marijuana following legalization. In general, the American Public Health Association recommends that public health education efforts related to legalization start broadly with the general public then narrow to marijuana consumers. These efforts underscore the value of public health approaches in dealing with legalization through monitoring and education. The “Responsibility Grows Here” website and campaign (https://responsibilitygrowshere.com/) includes the following major categories and topics:

1. Responsible Marijuana Use
    a. Responsible Use
    b. Health Effects
    c. Tourist Information
    d. Marijuana 101
    e. Know the Laws
2. Youth and Marijuana
    a. What is Marijuana
    b. Health Effects
    c. Consequences of Underage Use
3. Talking Tips for Adults
    a. Talking with Youth
    b. Health Effects
    c. Consequences of Underage Youth
4. Marijuana and Pregnancy
    a. Health Considerations
    b. Myths & Questions
    c. Resources
5. Community Resources

a. Marijuana Consumer Resources
b. Youth Prevention Resources
c. Pregnant and Breastfeeding Resources

The health effects of marijuana use are included in nearly all pages of the Colorado responsible use website. Other messages are repeated frequently including information for and about youth, consequences, and resources. This website offers a consistent package of resources for various audiences that have an increased need for information/prevention messages (i.e., youth, parents, users, pregnant and breastfeeding women).

Washington State

Prevention efforts in Washington State are led by the Washington State Department of Health. While there are many programs across the state offered by other organizations, the Health Department was legislatively directed, through Initiative 502 (the bill that legalized recreational marijuana use in 2012) to provide the following Cannabis Prevention and Education program (https://doh.wa.gov/you-and-your-family/cannabis):

- "A cannabis use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or researched-based public health approaches to minimizing the harms associated with cannabis use, and does not solely advocate an abstinence-only approach.
- A grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of cannabis use by youth.
- Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately reaching youth and adults, that provide medically and scientifically accurate information about the health and safety risks posed by cannabis use."

The Washington State Institute for Public Policy provides research and evaluation of the overall efforts to deal with substance abuse and legalization in the state (https://www.wsipp.wa.gov/). Several recent reports address Evidence-Based Practices for substance abuse in general as well as the efforts to regulate legal marijuana production, processing, and legal and illicit sales. Again, based on legislation, the Department of Health, in collaboration with the Washington State Institute for Public Policy and University of Washington Evidence-Based Practice Institute, was directed to create a directory of evidence-based practices for youth substance abuse prevention. As with many other directories, Washington State has designated programs/initiatives as EBPs, research-based, promising practices, null (not significant effects found), or poor (undesirable effects found).

Additionally, the Cannabis Patient Protection Act (SB 5052) was passed in 2015 to regulate medical cannabis production, processing, and sales. Again, the Washington State Health Department was legislatively directed to implement the following to protect qualifying patients:

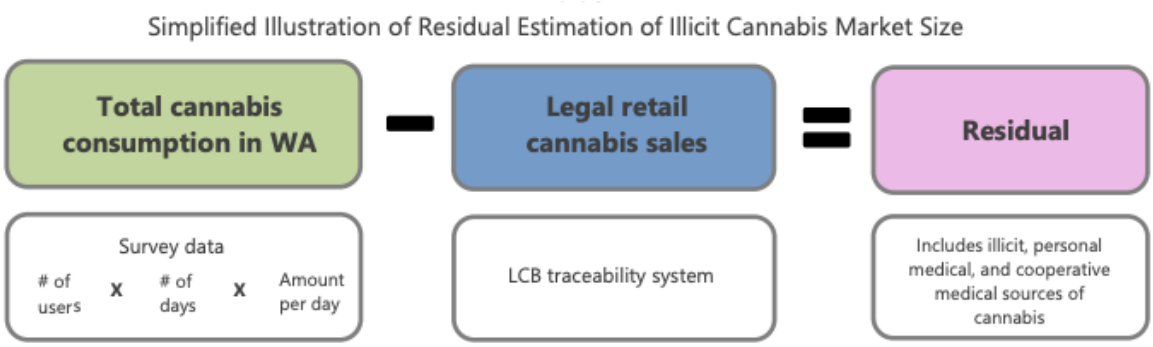
- Product compliance
- A medical cannabis authorization database
- Training and certification of medical cannabis consultants

In 2018, WSIPP did a study of possible effects of or best practices for suppressing illicit sales after legalization. Based on analysis of what little data existed, they noted that greater restrictions on the legal marijuana production, processing, and sales system, while valuable, can also create a greater market share for illicit sales. They identified various areas at which controls may be placed in the legal system. These areas are:

- Tax rates,
- Price controls,
- Cultivation limits,
- Retail license caps,
- Vertical integration (to what extent an entity can be involved across multiple levels of the production, processing, and sales of marijuana),
- Personal cultivation (i.e., home grow), and
- Criminal history disqualification for licensure.

They underscored the importance of having adequate data systems to monitor legal aspects but to also assess the relative market share of illicit sales. They offered a "formula" that involves survey estimates of the overall consumption of marijuana and the actual data from legal sales. The following diagram outlines the process:

Figure 3. Simplified Illustration of Residual Estimation of Illicit Cannabis Market Size. From Suppressing illicit cannabis markets after state legalization by Darnell et al., 2019. *http://www.wsipp.wa.gov/ReportFile/1708/Wsipp_Suppressing-Illicit-Cannabis-Markets-After-State-Marijuana-Legalization_Report.pdf*



California

California implemented the Medicinal and Adult Use Cannabis Regulation and Safety Act (MAUCRSA), which provides a framework for licensing, oversight, and enforcement for all cannabis related businesses. CalCannabis Cultivation Licensing was also created by the California Department of Food & Agriculture. The Bureau of Cannabis Control is the lead agency in developing regulations for medical marijuana use. The three state programs were merged to form a single new state department called the Department of Cannabis Control (DCC), which is in charge of regulating all commercial cannabis activity in California.

The California Department of Public Health (CDPH) also passed Proposition 64, which created two new taxes. Forty percent of revenues are deposited into the California Cannabis Tax Fund.

The remaining funds are split between the Youth Education Prevention, Early Intervention and Treatment Account (YEPEITA) and the Department of Health Care Services (DHCS) for youth programs aimed to educate and prevent harm. The Prop 64 Advisory Group was established by DHCS with the purpose of observing new trends in youth substance use, recommendations to better serve DHCS for youth substance prevention, and provide feedback on YEPEITA funded programs assessment, implementation, and evaluation.

The CDPH was also responsible for creating the "Let's Talk Cannabis" website (https://www.cdph.ca.gov/Programs/DO/letstalkcannabis/pages/letstalkcannabis.aspx), which features the following:

- "What's Legal?"
- Pregnant and Breastfeeding Women
- Youth
- Parents & Mentors
- Responsible Use
- Helpful Resources
- Community Toolkit
- FAQs & Fact Sheets

The CDHP also implemented a Medical Marijuana Identification Card Program (MMICP). This program includes a registry database of primary caregivers and qualified patients that receive a state-authorized medical marijuana identification card (MMIC). Participation in this program is voluntary but serves as a point of cross-reference.

Missouri

Due to the efforts of Legal Missouri, Amendment 3, an adult-use legalization measure was placed on the ballot in Missouri in November 2022. This ballot measure to legalize adult-use marijuana passed 53 to 47%. Medical marijuana use had been legalized in 2018 and possession was partially decriminalized in 2014. Currently, penalties for possession vary on a sliding scale based on the quantity from $500 fines all the way to a felony offense with jail time. Cultivation for non-patients remains illegal and is deemed a Class E felony at a minimum. However, with the passing of Amendment 3, existing prohibitions on marijuana will be removed. Additionally, adults will be allowed to purchase and possess up to three ounces of marijuana and be allowed to grow up to six flowering plants at home. Missouri lawmakers are aware of the possible impact on Kansas given the likelihood that residents of Kansas will cross state lines to purchase marijuana and will then be in violation of Kansas law when they return. Kansas officials maintain that they will continue to enforce Kansas laws regardless of changes in Missouri laws.

With the passing of Amendment 3, medical marijuana use, which was legalized in Missouri in 2018, will also be impacted. For example, patients must currently possess a medical ID card and can purchase up to four ounces of marijuana within 30 days. Full adult use legalization as proposed will increase the length of time a medical ID card is valid from one year to three (as one example).

The Missouri Department of Health and Senior Services (DHSS) currently oversees medical marijuana regulation and has created a publication for patients regarding medical marijuana use. The manual includes the following sections:

- Right to Access Medical Marijuana
- Qualifying Patient
- Primary Caregiver
- Step 1: Physician Certification Form
- Step 2: Application
- How to Select and Electronic Verification Form
- Patient Cultivation
- Renewals
- Rejections
- Denials
- Identification Cards
- Monthly Patient Allotment
- Medical Marijuana Purchases
- Legal Possession in Missouri

Oklahoma

Medical marijuana was legalized in 2018 due to the passing of Statute Title 63, also known as the Unform Controlled Dangerous Substances Act. As of 2022, Title 63 is the most recent update of Marijuana laws in the state of Oklahoma. Oklahoma had previously decriminalized marijuana in 2017, which made all marijuana charges misdemeanors, regardless of the number of marijuana-related offenses an individual might have.

The Oklahoma Medical Marijuana Authority (OMMA, part of the Oklahoma State Department of Health - OSDH) is the regulatory agency for Oklahoma's medical marijuana program. This agency was created to regulate the processing of commercial and patient license applications, provide customer service for licensees and applicants, facilitate the rulemaking process based on statutes, enforce set rules, and investigate violations. A 7% excise tax was placed on medical marijuana from dispensaries to patients as well as authorizing OMMA to collect fees for license applications. Revenue goes to OMMA's authorized budget totaling $57 million. Seventy five percent of the revenue is designated for education through the state's general fund, including $2,000,000 to the Office of Juvenile Affairs to fund evidence-based substance abuse interventions. The remaining 25% is utilized to fund drug and alcohol rehabilitation.

Additionally, the Oklahoma State Department of Education offers resources on substance abuse prevention by providing a research-based curriculum. They also publish fact sheets for parents and teens. This includes a guide to starting the conversation between parents and teens. The Oklahoma Bureau of Narcotics Education Group provides drug abuse awareness presentations for schools through 12th grade and to anyone wanting to be educated on such matters.

Bellwether Interviews

Background

In 2022, Safe Streets Wichita and the WSU Center for Applied Research and Evaluation (CARE) interviewed seven (7) community leaders from across Kansas to gather information on their perspectives on substance abuse and policy issues. CARE and Safe Streets contacted fourteen additional bellwethers to request an interview but received no response. Safe Streets Wichita was interested in gauging the opinions and recommendations of influential community leaders across the state toward cannabis legalization.

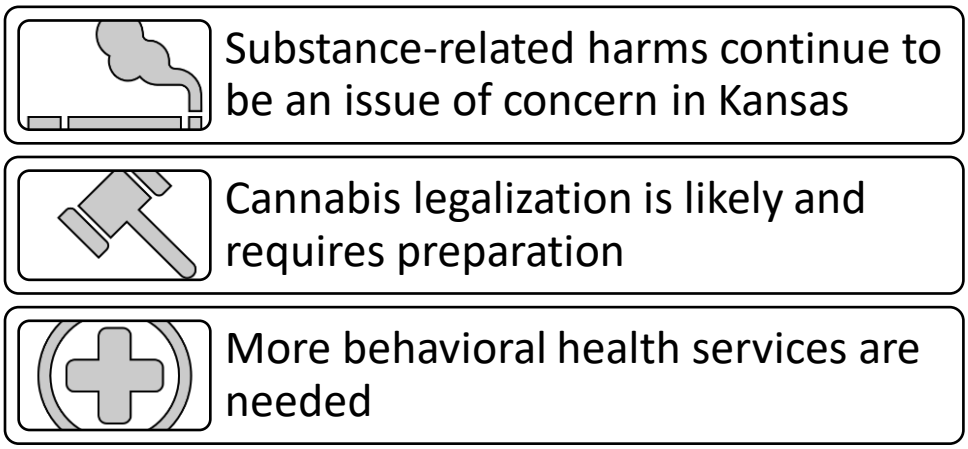
The Bellwether Interview approach, developed by the Harvard Family Research Project, was used for this project (https://archive.globalfrp.org/evaluation/the-evaluation-exchange/issue-archive/advocacy-and-policy-change/evaluating-an-issue-s-position-on-the-policy-agenda-the-bellwether-methodology). The Bellwether method features two unique elements that have made this a valuable technique for gathering information on issues that may be controversial or have a particular social desirability spectrum: 1) Persons interviewed are those who are "bellwethers," which means their opinions hold particular weight and/or they are particularly aware of policy issues on a particular topic; and 2) questions are broad so as to allow opinions and issues to emerge organically related to a topic of particular interest rather than interviewers directing them toward the issue of interest (in this case, legalization).

One caveat related to the following report is that a number of participants in this project are self-identified advocates for legalization. Others represented law enforcement and other professions that have first-hand knowledge of substance-related harms in Kansas. The inclusion of legalization proponents was important to ensure a balanced view, but their answers often focused exclusively on legalization rather than the issue of substance-related harms in general. Regardless, cannabis legalization came across as a major theme due to its inclusion in comments by all participants. Additionally, the small number of participants could be viewed as a limitation. However, because there were few comments that didn't coalesce around just a few themes, "saturation" was achieved. Saturation in qualitative research is considered to occur when input from participants stops generating new ideas/themes. Saturation often occurs with relatively few participants.

The sections below provide a summary of overall themes across all questions followed by primary themes identified by individual question (including notes on comments that fell under each theme).

Summary of Overall Themes

Although respondents were asked six questions that started with general thoughts about substance use issues and drilled down to policies and who supports/opposes them, most comments coalesced around several topics that are good indicators of the issues/policies on the mind of community leaders in Kansas. These primary topics are:



Substance-related harms continue to be an issue of concern in Kansas

Most respondents referred to the opioid epidemic as the driver of a worsening problem with substance use in Kansas. One person noted that we may not have seen the worst yet since we tend to lag behind the coasts in terms of how severely we're impacted by a particular drug trend. Overdoses and deaths due to opioid (including fentanyl) were referenced frequently as an indicator of the worsening issue. A number of respondents linked the worsening problem with Kansas' continued delay in enacting cannabis legalization. The thinking is that making a quality-controlled drug available legally would help lessen the popularity of illicit drugs.

Legalization of cannabis is likely and requires preparation

As noted, a number of respondents are self-proclaimed legalization proponents, so their answers were largely focused in this area. But responses from even those who oppose legalization indicated the extent to which this policy/legislation is looming as a possibility for Kansas in the near future. Increased tax revenue, criminal justice reform, and greater quality control were acknowledged as the main drivers in interest and support for legalization. Concerns regarding the impact on law enforcement, underage use/problematic cannabis use, and the complexity of preparing for legalization (i.e., licensing, tax policies, quality control, distribution networks, prevention/treatment, etc.) were even brought up by proponents. In general, it appears that respondents see legalization as almost inevitable given shifting public opinion and the number of states surrounding us that have already legalized at least medical marijuana.

More behavioral health services are needed

The current availability of and access to mental health and substance use services fails to meet the need and funding continues to be reduced. Participants agreed that funding is always an issue. Some believe legalization may bring revenue that will help shore up the behavioral health system. Others are concerned legalization may increase the need. But there was agreement that many are in need of the services but they're simply not available when needed. Somewhat related to the need for services is greater focus on harm reduction. Several participants mentioned the need to at least recognize people with substance use disorder as deserving of help and to ensure harm reduction strategies such as decriminalization of and access to fentanyl strips and enacting Good Samaritan laws that would remove legal consequences for people who report an overdose but were also engaged in the same currently illegal activities. A few participants view legalization as a harm reduction technique in itself because it makes safe, legal marijuana available in lieu of more dangerous, illicit substances.

Themes by Question

In responding to this question, participants covered a wide range of perspectives on whether substance-related harms have become worse (the short answer is: “yes”), reasons why, and related issues. It should be noted that some of the participants are cannabis legalization proponents and focused their answers primarily on legalization. However, other participants also touched upon legalization in their answers. Therefore, legalization comes up as a frequent theme but may not have been as commonly mentioned with a more general population.

What’s your perspective on substance-related harms in the state? Is it a critical issue? Has it gotten better, worse, stayed the same?

- ☑ Substance-related harms are getting worse in Kansas
- ☑ Cannabis legalization preparation and impacts
- ☑ Big pharma and lack of legal options are spurring trends
- ☑ Disparities/changes in criminal justice practices
- ☑ Need more consistency between federal policies and local needs
- ☑ Kansas needs better systems for harm reduction

Substance-related harms are getting worse in Kansas

The general consensus is that the issue of substance use is getting worse in Kansas. Participants highlighted opioids (especially fentanyl), methamphetamine, and heroin as particular concerns along with overdoses related to opioids. Participants provided additional ideas as to why concerns are growing, including:

- Fentanyl is easy to manufacture.
- Fentanyl gets mixed in with other drugs – people may not be seeking it out but end up addicted or overdosing; there’s always a concern about adulterants/purity.
- Arrests for fentanyl, meth, and heroin are increasing.
- Kansas tends to be behind national trends and may soon experience even worse problems; smaller communities may start experiencing more substance use/overdoses.

Cannabis legalization preparation and impacts

- Kansas continues to waffle on legalization, which causes unintended harm.
- Kansas will likely leave legalization up to counties, which is a bad idea.
- Not addressing legalization is allowing opioid use/other illicit drugs to flourish.
- Kansas needs to start figuring out the infrastructure to support legalization.
    - A related issue is figuring out what to do about those who've been charged/imprisoned because of drug offenses that could soon be legal.
- Some law enforcement representatives are OK with medical use.
    - They're concerned legalization of personal/recreational adult use could bring increased law enforcement challenges.

Big pharma and lack of legal options are spurring trends

- Big Pharma is largely responsible for the opioid epidemic.
- Decreases in opioid use have been tied to availability of legalized cannabis in studies.
- With no legal market, the illicit market flourishes.

Disparities/changes in criminal justice practices

- BIPOC populations have been especially impacted by biased consequences for substance possession and use.
- Continued prohibition of cannabis contributes to disparities.
- In general, changing attitudes have contributed to decreased arrest rates (but still too high); decriminalization in other states has helped reduce disparities; some DAs are opting not to prosecute.
- Concerns that BIPOC populations may still be targeted even if cannabis is legalized; this has been true in other states where disparities still exist with legalized medical and recreational use.

Need more consistency between federal policies and local needs

- Federal funding and policies are often misaligned with local needs.
- Increased flexibility of federal funds allows communities to use funds where they are most needed (e.g., harm reduction, enforcement, prevention, treatment, etc).

Kansas needs better systems for harm reduction

- Overdoses are a product of criminalization and lack of harm reduction.

What three issues do you think are at the top of the policy agenda, specifically related to substance-related harms?

- ☑ Legalization (medical and/or adult use) and decriminalization
- ☑ Opioid epidemic
- ☑ Criminal justice reform
- ☑ Access and funding for behavioral health services
- ☑ Education about substances/issues related to abuse/addiction
- ☑ Data sharing

Again, it's worth noting that a number of respondents are proponents of cannabis legalization and responded primarily about that topic. However, all respondents touched on legalization to some extent (most were supportive of medical use, but not all support recreational/adult-use legalization). But other topics emerged as well across all respondents. The following are all themes related to this question.

Legalization (medical and/or adult use) and decriminalization

- Legalization is on the horizon, but Kansas isn't preparing an infrastructure to support it; politicians don't want to address it.
- Legalization could help drive down opioid use and overdose/mortality rates (as seen in other states).
- Decriminalization and removal from Schedule 1 would allow research on medical use.

Opioid epidemic

- Increasing overdose/death rate
- Need access to fentanyl strips and naloxone to help prevent overdose/deaths.
- Need more money for treatment.
- Need to address criminalization that discourages harm reduction.
    - Support Good Samaritan laws.
    - Align with federal laws.
- Need greater accountability for those who've driven the epidemic (e.g., Sackler family, other pharmaceutical companies, FDA).

Criminal justice reform

- Incarceration for non-violent drug offenses costs taxpayers and affects BIPOC populations disproportionately.
- Pharmaceutical companies and those who put profit over public good should be held accountable as much as those who use or sell.
- Good Samaritan laws are needed to protect both those who overdose and anyone who is trying to save their lives (but may also be using/in possession).

Access and funding for behavioral health services

- Need to view substance use disorder as a disease and treat it as such.
- Funding needs to increase to make treatment more readily available.

Education about substances/issues related to abuse/addiction

- Basic drug education for parents and youth.
- Education for medical professionals (and even veterinarians) related to prescription monitoring/appropriate use of medications (e.g., humans using animal drugs).
- Education about proper disposal/storage of narcotics.
- Provide job and life skills education, especially in jails and treatment programs.

Data sharing

- Share overdose data with confidential partners to improve services and save lives.

Considering the state's current educational, social, and political context, should Kansas adopt any of these policies now or in the near future?

- ☑ Legalization
- ☑ Address need for behavioral health services
- ☑ Need more focus on harm reduction

As noted previously, a number of interviewees are vocal proponents of legalization. Not surprisingly, this came up as a primary policy they believe the state should adopt. Some participants provided a counterpoint that questioned whether the financial benefits of legalization would really counterbalance possibly increased rates of use and related issues. However, current bills in the Kansas Legislature as well as the fact that the majority of states have at least legalized cannabis for medicinal use indicates legalization will likely come up for serious consideration in the near future.

Legalization

- Legalization has brought significant financial gains in other states and, as one participant said, "the world didn't fall apart."
    - Financial benefits are causing even conservative states to at least consider medical marijuana.
    - Conservative Kansas politicians are blocking movement on legislation.
- Prior to legalization, Kansas needs to prepare for:
    - Well-thought-out regulations, because the cannabis industry will be irresponsible if requirements are not clear, and monitoring/enforcement is lax.
    - Education on cannabis to help Kansans understand the benefits, risks, and concerns.
- Most law enforcement personally oppose legalization except for medical use. Their concerns are related to:
    - Continuing illicit market and resulting law enforcement burden.
    - High taxes on legal cannabis can create an illicit market.
    - Other states have reduced taxes to fight illegal distribution, which reduces revenue.
    - Increased tax revenue may not be as plentiful or have the positive effect many expect.

Address need for behavioral health services (mental health and substance use disorder)

- Funding is always less than needed and Covid has further reduced funds for behavioral health.
- Waiting lists make accessing services difficult.
- If cannabis is legalized, funds should be required to go to treatment/recovery services.

Need more focus on harm reduction

- Opioid overdoses and deaths are impacting a number of communities; this may result in more interest in harm reduction.
- As more people are affected by the opioid crisis, it creates a window for interest in and support for harm reduction.
- Education is needed to change the attitude that people with substance use disorder don't deserve to be saved.
    - This might improve support for harm reduction methods such as fentanyl strips and Good Samaritan laws.
- Being prepared for legalization is harm reduction; ignoring it adds to the problem.
    - Continuing to ignore legalization as an option is putting Kansas behind in preparing for appropriate distribution networks and taxation processes.
- Creating a system for data sharing is a method of harm reduction because it allows partners across systems to save lives.

Looking ahead, how likely do you think it is that these policies will be established in the next 5 years?

- ☑ Medical marijuana/legalization is likely
- ☑ Harm reduction focus is likely
- ☑ More behavioral health access could happen
- ☑ Medicaid expansion could happen

According to respondents, cannabis legalization at some level and greater focus on harm reduction are likely as long as legislators and public opinion continues to shift toward supporting both. Increased access to behavioral health services and Medicaid expansion are seen as being possible but would depend on the upcoming election and continued education/advocacy. The general thoughts about each policy/practice are listed below.

Medical marijuana/legalization is likely

- Bills related to legalizing cannabis keep getting stopped in Kansas, but it seems inevitable with so many other states adopting it at some level and more people using cannabis regardless
    - Cannabis will be easier to regulate if legal.
    - Ultra-conservatives now see financial benefits and recognize we're losing tax dollars to states around us that have some level of legalization.
    - May happen county by county and the state may get involved once they see the revenue.
- A number of issues impact whether legalization will pass and in what form.
    - The upcoming election may impact movement toward legalization.
    - Legislators need to listen to those with the most information about the impact of legalization, not just law enforcement.
        - The quality of legislation depends on legislators getting good information.
- Criminal justice reform is tied to legalization in terms of decriminalizing certain offenses and expunging records of many.

Harm reduction focus is likely

- Opioids have made this more relevant.
- More people are starting to recognize people with substance use disorder as being worthy of care/treatment.

More behavioral health access could happen

- Will take strong advocacy and education to make this happen.
- Funding is always an issue that could impact this.

Medicaid expansion could happen

- Depends on the upcoming election.

Currently, what individuals, constituencies, or groups do you see as the main advocates for these policies? Who do you see as the main opponents?

NOTE: Most of the answers seemed focused on cannabis legalization only.

Legalization

Advocates for legalization

- Some law enforcement (but mainly opponents)
- Medical community
- Cannabis industry
- Patient advocates (including family members/caregivers)
- Kansas Cannabis Coalition/legalization advocacy groups

Opponents to legalization

- Law enforcement
- Physicians who have treatment centers
- Treatment centers that get referrals from courts
- Pharmaceutical companies
- People with personal experience of being harmed by drugs or drug-related crime

Substance use disorder in general

Advocates for addressing substance use disorder in general

- Legislators
- Law enforcement
- Educators
- Substance use prevention coalitions
- Healthcare professionals
- People in recovery

If the policies are established, what issues do you think the state needs to be most concerned about related to its implementation?

Those who discussed legalization in their responses provided a long list of considerations for the state. This list has not been themed given its specificity and the extent to which it matches literature that addresses considerations for states related to legalization. Respondents also mentioned considerations for the state related to other issues. That list is much shorter and has been summarized with a few statements below.

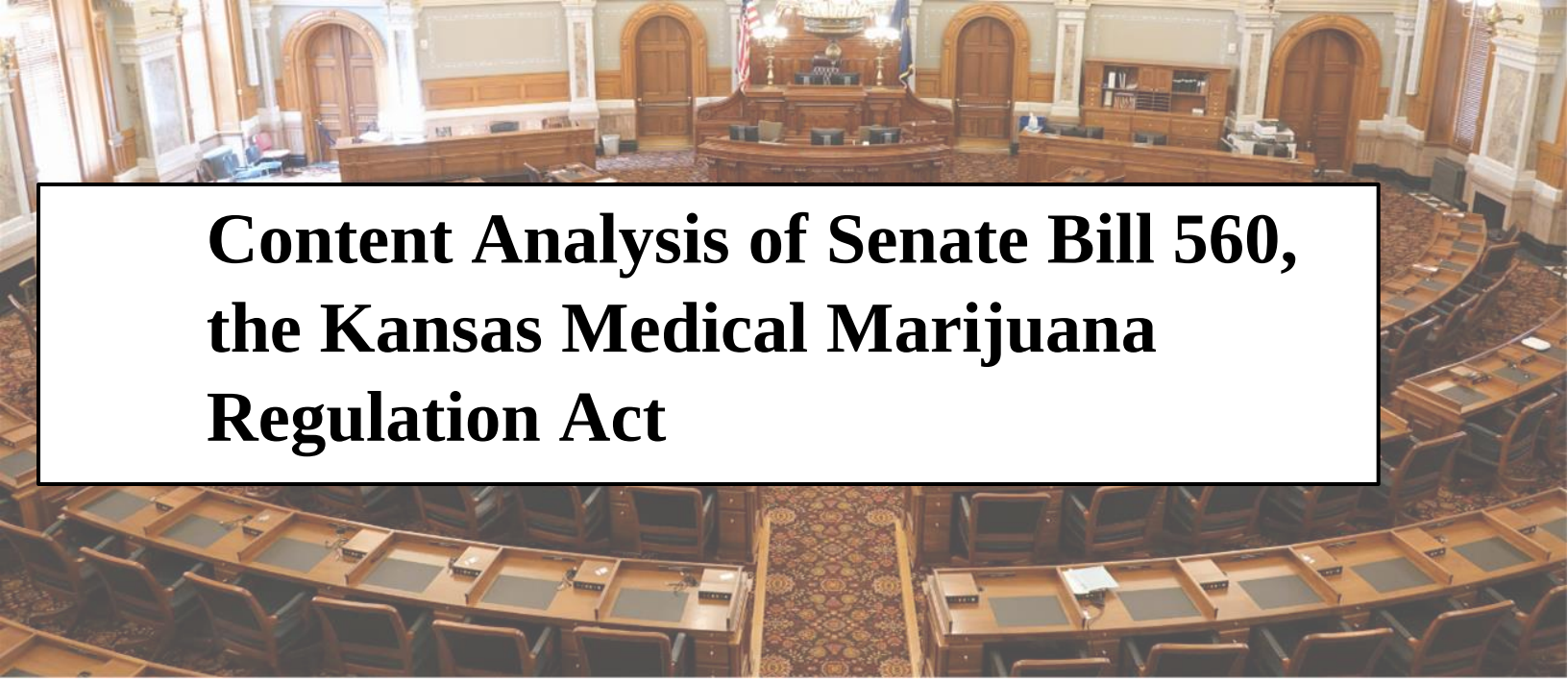
For legalization:

- Location/access to medical marijuana programs
- Licensing and licensing fees
    - Who gets licensed?
    - If fees are too high, patients can't afford it; if too low, it encourages the illicit market by causing a glut that is then taken to other states.
- Policies for indigent persons – can't require them to go to the doctor frequently for medical card.
- Consumption methods – will inhalation/smoking be allowed?
- Dealing with those that need exoneration/restoration.
- The concentration of THC is going up – concern especially for young people due to potential for substance use disorder and adverse effects on brain development and functioning.
    - Putting limits on it may then boost illicit market.
    - Will need to make decisions about what's legal and what to do when the concentration is higher than that.
- Security/checking IDs related to underage people in dispensaries.
- Quality control/monitoring of labs
- Packaging/marketing strategies (cannot appeal to children, should not encourage overuse, free products, etc.).
- Appropriate dosage/serving size on edibles like cookies.
- Caps on how much a person can buy at one time.
- Security around dispensaries
- Monitoring effects of different strains.
    - Federally illegal to research
- Taxation infrastructure
- Ensure funding to programs to mitigate heavy and underage use.
    - Make sure the revenues actually go to programs.
- Look to other states that have already legalized or decriminalized.
- Delta 9 can increase anxiety so it should be treated with caution.
- Pay attention to the effect on marginalized and already suffering populations (e.g., homeless).
- Ensure education that's accurate and not driven by desire for revenue or pursuit of high with no regard for consequences.
    - Education needs to start early.

- Pay attention to how legalization will affect law enforcement and treatment/recovery programs.

For other concerns:

- Increased funding for social services is needed.
    - Kansas is losing out on funding because we ignore the issue of substance use.
- Harm reduction needs to be specific and include appropriate education.
    - Good Samaritan laws – what charges will not be brought.
    - Naloxone – where it should be distributed and how it should be funded.
    - Fentanyl strips should go to public health resources.
    - Legislators need to be educated about harm reduction strategies (e.g., fentanyl strips, etc.).
- Be strategic about data collection opportunities to improve information available to professionals dealing with social issues.



Content Analysis of Senate Bill 560, the Kansas Medical Marijuana Regulation Act

Background

As a supplement to (1) the literature review of best practices on cannabis legalization based on lessons learned in other states and from drug policy related to other substances (including tobacco/nicotine and alcohol) and (2) the bellwether interviews conducted with key stakeholders in Kansas on their attitudes and recommendations toward cannabis legalization, Safe Streets Wichita and the WSU Center for Applied Research and Evaluation conducted a **content analysis** of legislative testimony regarding Kansas Senate Bill 560 (SB 560), otherwise known as the Kansas Medical Marijuana Regulation Act. Safe Streets Wichita was interested in the stance of proponents, opponents, and neutral stakeholders toward this bill, which would have legalized medical marijuana, and toward marijuana legalization in general.

An Overview of Content Analysis

Content analysis entails identifying, interpreting, and quantifying patterns within qualitative data. Through a content analysis, we can understand the key concepts that emerged within a testimony and count how many times they occurred. First, all legislative testimonies regarding the Kansas Medical Marijuana Regulation Act were organized into three broad categories: (1) proponent testimonies; (2) neutral testimonies; and (3) opponent testimonies. Table 1 provides an overview of the various stakeholders who provided testimony.

Table 1: Overview of stakeholders providing proponent, neutral, or opponent testimony to the Kansas Medical Marijuana Regulation Act.

Proponents (*n* = 40)	**Neutral (*n* = 10)**	**Opponents (*n* = 8)**
• Private citizens • Kansas Cannabis Chamber • Doctors for Cannabis Regulation (DFCR) • Kansas Natural Remedies • Kansas Cannabis Industry Association • Canna Convict Project • Kansas Cannabis Business Association • BesaMe Wellness • The EVOLUTION Magazine • Kancanna Hemp Extraction • Midwest Hemp Technology • Prairie Band Potawotami Nation • Tallgrass Hemp & Cannabis • Kansas Hemp Consortium • Pack Rat Smokes • Cannabis Care Team • Industrial Hemp Advisory Board • Kansans for Hemp • Libertarian Party of Kansas (LPK)	• Private citizens • League of Kansas Municipalities (LKM) • Kansas Chamber • Kansas Department of Revenue, Alcoholic Beverage Control Division (ABC) • Kansas Optometric Association (KOA) • Kansas Human Rights Commission (KHRC) • Currus Independent Pharmacies of Kansas • Kansas Office of the State Fire Marshall • Kansas Department of Health and Environment (KDHE) • Kansas Board of Pharmacy (KBOP)	• Kansas Peace Officers' Association (KPOA) • Kansas Association of Chiefs of Police (KACP) • Kansas Sheriffs' Association (KSA) • International Academy on the Science and Impact of Cannabis (IASIC) • Kansas Bureau of Investigation (KBI) • Kansas Society of Eye Surgeons and Physicians (KSEPS) and Kansas Optometrist Association (KOA) • DUID Victim Voices

In summarizing the table, stakeholders who provided testimony in favor of the Kansas Medical Marijuana Regulation Act were predominantly private citizens and cannabis interest groups. Stakeholders who provided neutral testimony were predominantly state government entities. And stakeholders who provided testimony opposing the Kansas Medical Marijuana Regulation Act were predominantly law enforcement organizations. Given time and capacity constraints, while a content analysis was conducted on all 11 neutral testimonies and all 8 opponent testimonies, a content analysis was conducted on only 10 proponent testimonies. The 10 proponent testimonies were randomly selected and included the following:

- Progressive Osteopathic Therapies
- Kansas Cannabis Coalition
- Kansas Cannabis Industry Association

- Canna Convict Project
- Greenlight Corporation
- BesaMe Wellness
- Cannabis Care Team
- Two private citizens
- Libertarian Party of Kansas

Results

Proponent Testimonies

Based on the ten randomly selected proponent testimonies, 127 codes were generated from the content analysis.

Table 2: Overview of codes from proponent testimonies

Codes	Count of Codes	%
Scientific evidence for medical cannabis	33	26%
Reduced restrictions/regulations	18	14%
Perceived need for medical cannabis among special populations	18	14%
Medical cannabis to reduce substance-related harms	15	12%
Opposition to high fines and fees	14	11%
Adverse effects of criminalizing cannabis use	12	9%
Increased regulations/restrictions	8	6%
Majority support for cannabis legalization	6	5%
Economic benefits of cannabis legalization	3	2%
Grand Total	**127**	

Scientific evidence for medical cannabis

A plurality of codes from proponent testimonies entailed the wide range of health benefits proponents stated were associated with medical cannabis use. With these health benefits in mind, proponents felt that the list of qualifying conditions for medical cannabis were not comprehensive/inclusive enough, and they thus recommended the following conditions be added onto the list:

- Pain
- Inflammation
- Anxiety
- Depression
- Insomnia
- Poor appetite
- Seizures
- Muscle spasms
- Autism
- Sleep disorders

Reduced restrictions/regulations

Proponents also recommended that there be reduced restrictions and regulations imposed by the Kansas Medical Marijuana Regulation Act on medical cannabis patients, medical cannabis health care providers, and the cannabis industry at large. Their rationale for having reduced restrictions and regulations was to improve access to medical cannabis, mitigate the illicit cannabis market, and protect individual rights and free-market principles. Some of the specific amendment items included the following:

- Allow topical and vapor applications of medical cannabis.
- Allow medical cannabis patient consultations to be done through video.
- Allow any physician to recommend medical cannabis.
- Allow home delivery of medical cannabis.
- Allow individuals to purchase medical cannabis seeds (seed-to-sale) or medical cannabis flower.
- Allow medical cannabis to also be grown in greenhouses and hoop houses.
- Allow medical cannabis retail dispensaries to have either a licensed pharmacist or nurse as a consultant.
- Remove requirement to report all medical cannabis sales to the medical cannabis prescription monitoring program database.
- Remove requirement to have all medical cannabis retail dispensaries to require all their employees to have an employee license by Alcoholic Beverage Control (ABC).
- Remove pharmacist consultation registration.

Perceived need for medical cannabis among special populations

Proponents highlighted several populations in their argument for the Kansas State Legislature to pass the Kansas Medical Marijuana Regulation Act, notably veterans, seniors, patients with chronic illness, and children with autism or epilepsy. These proponents, in addition to sharing the lived experiences of these special populations, provided a broader overview on some of the troubling statistics related to these special populations as a reason why medical cannabis should be legalized. As an example, Dr. James McEntire from Progressive Osteopathic Therapies noted:

> One of my patients, US Army veteran, Jonathan Lewis, who was honorably discharged after 8 years of service, is here to record today's proceedings. I am authorized to disclose that he experiences a serious form of neurological pain known as phantom limb pain. Medical cannabis has been essential to manage his excruciating pain and allows him to engage in his film and video production business.

Medical cannabis to reduce substance-related harms

In addition, proponents expressed the grave urgency of the opioid epidemic, whether in trends related to the number of people with opioid use disorder (OUD) or in the number of opioid overdose deaths. Proponents argued that medical cannabis should be allowed to be utilized as an alternative to opioids in pain management. As mother and private citizen Dolores Montgomery said, "It was fine with Kansas for our son to be on Oxycontin which has killed millions of American's [sic] yet he could not use his cannabis, which has never killed anyone".

Opposition to high fines and fees

Proponents expressed opposition to what they regarded as high costs unduly imposed on the medical cannabis industry in Kansas should the Kansas Medical Marijuana Regulation Act be enacted as law. Proponents believed that the bill, as is, could undermine the economic viability and feasibility of the medical cannabis industry. The significant costs the cannabis industry would incur would be passed onto medical cannabis patients, who may then be forced or incentivized to receive cannabis from illicit sources or in other states. Proponents' recommendations on this code included the following:

- A lower cultivation license fee at $1,000/100 square feet instead of $4,000/100 square feet.
- A two- or three-tiered cultivation license fee that does not price out smaller cannabis companies out of the market.
- A lower renewal fee (every two years) for medical cannabis dispensary licenses (Missouri's is $10,000; the proposed renewal fee in Kansas is $80,000).
- A lower processor license fee (Missouri's is $10,000/year; the proposed processor license fee in Kansas is $180,000/two years).
- A lower employee license fee (the proposed employee license fee in Kansas is $100).
- Have the same $25 registration fee for medical cannabis patients rather than the proposed two-tiered registration fee.

Adverse effects of criminalizing cannabis use

Proponents, whether through their lived experiences or through a broader overview on trends associated with the criminalization of cannabis use, endorsed the idea that cannabis should be legalized, and people should not be arrested and prosecuted for cannabis use. One proponent, Rob Hodgkinson from the Libertarian Party of Kansas, made the following argument:

> To continue prohibition and deny alternatives for people that need physical relief any longer would be humanly callous. The human toll is not just physical suffering but includes mass incarceration numbers, the accompanying prison expense to taxpayers, racial bias, corruption, lost [sic] of job and wealth creation opportunities and broken and splintered families.

Increased restrictions/regulations

Contrary to some proponents' recommendations to reduce the restrictions and regulations of the Kansas Medical Marijuana Regulation Act, one proponent, Shelby Story of Greenlight Corporation, instead advised that there be increased restrictions and regulations. More specifically, Greenlight Corporation advocated that should be a limited license market for the medical cannabis industry in Kansas (as in the case of Missouri and Arkansas), and not an unlimited license market (as in the case of Oklahoma). The key argument Greenlight Corporation made was that in Oklahoma, an unlimited license market led to there being too many cannabis businesses to the point that it was nearly impossible for any of them to make profit, and as a result, most medical cannabis in Oklahoma has been sold illicitly. A limited license market, in contrast, "allows the industry to gain its footings and provide the citizens of the state with a safe market. As importantly, it allows the state to implement a thorough regulatory program that can grow with the industry".

Majority support for medical cannabis legalization

Proponents also brought up the political aspects of medical cannabis legalization, particularly how voters and politicians were increasingly in support of medical cannabis legalization. This was reflected in the success of state ballot measures to legalize medical cannabis, the majority of voters in Kansas supporting medical cannabis legalization, and Republican and Democratic states alike legalizing medical cannabis.

Economic benefits of cannabis legalization

While much less frequent than other codes from the proponents, the economic benefits of medical cannabis legalization were nevertheless brought up in their testimonies. Proponents of medical cannabis legalization brought up the creation of jobs across various sectors and industries, influx of investments and tax revenue, and the importance of a homegrown cannabis industry. However, proponents also had different perspectives on their prioritization of different economic benefits to medical cannabis legalization. While Tuck Duncan of the Kansas Cannabis Industry Association focused on job creation.

Neutral Testimonies

Based on the eleven neutral testimonies, 62 codes were generated from the content analysis.

Table 3: Overview of codes from neutral testimonies

Codes	Count of Codes	%
Unclear and/or conflicting language	18	31%
Increased restrictions/regulations	13	22%
Improve data infrastructure	7	12%
Increased funding, fines, and fees	7	12%
Pharmacist involvement	6	10%
Reduced restrictions/regulations	5	8%
Difficulties with enforcement of medical cannabis legalization	4	6%
Lack of scientific evidence for medical cannabis	2	3%
Grand Total	**62**	

Unclear and/or conflicting language

A plurality of codes from neutral testimonies entailed their concerns that various clauses of the Kansas Medical Marijuana Regulation Act lacked specificity/clarity, contradicted each other, were in violation of Supreme Court rulings, and/or did not account for potential loopholes. With these concerns in mind, neutral stakeholders made numerous recommendations to amend the Kansas Medical Marijuana Regulation Act.

Increased regulations/restrictions

Neutral stakeholders also supported imposing increased regulations and restrictions on medical cannabis legalization in Kansas. More specifically, they recommended that cities be able to enact additional regulations and restrictions on medical cannabis in their community beyond what the state requires, that medical cannabis licenses not be transferrable, additional penalties, and to increase the authority of the Office of the State Fire Marshal with respect to medical cannabis legalization.

- Allow cities to opt-in to allowing medical cannabis dispensaries.
- Prohibit home-grown medical cannabis.
- Allow cities to place additional zoning regulations on the medical cannabis industry.

Improve data infrastructure

Neutral stakeholders also discussed the data infrastructure that would be responsible for certifying a patient's eligibility to receive and possess medical cannabis and shared with medical cannabis retail dispensaries and law enforcement agencies. In terms of specific recommendations, while KDHE agreed on the need to have unique identification numbers for medical cannabis patients, they suggested removing the language on how many characters the number must contain.

Increase funding, fines, and fees

Neutral stakeholders recommended that the Kansas State Legislature increase funding toward state entities in implementing and regulating medical cannabis legalization and that there be additional fees imposed by state entities on the medical cannabis industry.

- Allow cities to impose additional fees on medical cannabis.
- Have the state government allocate a portion of state tax revenue from medical cannabis to cities.
- Alcoholic Beverage Control (ABC) requested that fees be imposed for them to process "ownership changes and license transfers" and "proposed expansion plans".
- Kansas Board of Pharmacy (KBOP) requested a registration fee to offset the costs of additional staff time in processing pharmacist consultant licenses and registrations.
- The Kansas Office of the State Fire Marshall requested additional funding given their concern that their current funding would not be sufficient in carrying out additional responsibilities as mandated by the Kansas Medical Marijuana Regulation Act.

Pharmacist involvement

Neutral stakeholders who represented pharmacy interests expressed support for the current inclusion of the roles and responsibilities of pharmacists in the Kansas Medical Marijuana Regulation Act, emphasizing how the requirement for medical cannabis retail dispensaries to have pharmacists as consultants and for the Kansas Board of Pharmacy to monitor the prescription of medical cannabis could ensure the safety of patients.

Reduced restrictions/regulations

Three neutral stakeholders recommended the removal of several clauses, and thus, endorsed there being fewer restrictions and regulations within the Kansas Medical Marijuana Regulation Act. The Kansas Chamber of Commerce recommended that business employers not be required to provide workers' compensation for medical marijuana nor to maintain any existing drug testing or zero tolerance policies. The two other neutral stakeholders under this code were pharmacies and they recommended the removal of "Not charge a fee for such pharmacist's services that exceeds 1% of the gross annual receipts of such retail dispensary" in order to be allowed to charge a higher fee for consultation services with a medical cannabis retail dispensary.

Difficulties with enforcement of medical cannabis legalization

Neutral stakeholders also acknowledged difficulties with enforcement of medical cannabis should it be legalized in Kansas. There was concern that the timeline in rolling out medical cannabis legalization in Kansas was inadequate, and that there were not the necessary resources allocated toward state government entities in enforcing the Kansas Medical Marijuana Regulation Act.

Lack of scientific evidence for medical cannabis

One of the neutral testimonies, Todd Fleischer of the Kansas Optometric Association, recommended that until glaucoma could be safely and effectively treated by medical cannabis, it should be removed from the list of qualifying medical conditions:

> While there is a reduction in intraocular pressure with marijuana use, the effects are not sustainable without continued use, so the risks to the patient from prolonged use are higher than with other treatment options.

Opponent Testimonies

Based on the eight opponent testimonies, 115 codes were generated from the content analysis.

Table 4: Overview of codes from opponent testimonies

Codes	Count of Codes	%
Difficulties with enforcement of medical cannabis legalization	24	21%
Lack of scientific evidence for medical cannabis	23	20%
Connection between cannabis legalization and crime	14	12%
Increased restrictions/regulations	14	12%
Concerns of behavioral health issues	13	11%
Lack of adherence of medical cannabis legalization to standard pharmaceutical practices	12	11%
Concerns of normalizing cannabis use among youth and the general population	10	9%
Proliferation of Big Weed	5	4%
Grand Total	**115**	

Difficulties with enforcement of medical cannabis legalization

Opponents (especially law enforcement interests) raised questions and expressed concern with their ability to enforce the various regulations and ensure public safety in general should the Kansas Medical Marijuana Regulation Act be enacted as law. This was due in part to what they perceived as various loopholes in the bill, potential conflicts with the federal government, the strain law enforcement agencies would experience. Some of those questions and concerns entailed the following:

- How to confirm a suspicious Kansas medical marijuana patient card.
- How to verify if someone is a medical cannabis patient but does not have the card on them.
- Lack of field tests and labs to reliably determine THC potency levels.
- Certain labs can only determine THC potency levels in vegetative cannabis, not oils, tinctures, edibles, or patches.
- How to prevent a medical marijuana container from being filled with home-grown marijuana.

- How law enforcement and dispensaries would verify the authenticity/validity of a medical marijuana patient card.
- Lack of clear definitions on a 30-day supply of medical cannabis.
- What would happen to a medical cannabis patient's supply should they die.
- How to prevent unused medical cannabis from entering the illicit drug trade.
- How dispensaries would verify a physician who has recommended medical cannabis for their patient is in good-standing.
- What would happen should a medical cannabis patient be incarcerated.

Lack of scientific evidence for medical cannabis

While proponents focused on the scientific evidence for medical cannabis, opponents focused on the lack thereof. Opponents, in addition to highlighting the limitations of the research conducted on cannabis, expressed their view on where the research on cannabis did not support the purported health benefits of cannabis. More specifically, opponents stated that (1) many of the qualifying conditions for medical cannabis were not supported in the literature; (2) that there were no randomized, placebo-controlled clinical trials on smoked, crude cannabis; and (3) that the studies which demonstrated medical benefits of cannabis emphasized a THC potency limit of 10-15% (the Kansas Medical Marijuana Regulation Act allowed a THC limit of up to 35%). Opponents recommended that qualifying conditions for medical cannabis be allowed to be removed (the Kansas Medical Marijuana Regulation Act only allowed for them to be added).

Connection between cannabis legalization and crime

Additionally, opponents expressed concern that the legalization of medical cannabis would increase crime. Opponents emphasized the potential for the rise of an illicit cannabis market and conflict between drug trafficking organizations (DTOs) in controlling the illicit cannabis market. Opponents also emphasized concerns related to driving under the influence (DUI) and marijuana-related traffic accidents, violent crime, and property crime should medical cannabis be legalized.

Increased restrictions/regulations

Opponents supported increased restrictions and regulations on medical cannabis legalization in Kansas.

- Mandatory Interpol background check on anyone seeking to a medical cannabis cultivator, laboratory, processor, distribution, etc.
- Require medical cannabis products be stored in "original packaging to include labels and ID numbers and product identification and potency".
- Require KDHE to share information verifying a medical cannabis patient's registration status with law enforcement.
- Create an interface between KDHE and the Kansas Criminal Justice Information System (KCJIS) to confirm a patient or caregiver's registration status.
- Amend current DUI law to "define DUID (Driving Under the Influence of Drugs) as impairment to the slightest degree".
- Require the state government to measure and evaluate the causes and trends of DUI cases and traffic accidents/fatalities.
- Require medical providers who recommend medical cannabis to their patients be held to a standard of care.

Concerns of behavioral health issues

Opponents focused on how cannabis use, particularly high-potency THC use, could exacerbate existing behavioral health issues and/or cause behavioral health issues. On the potential of cannabis use to lead to substance use disorder, Elizabeth Stuyt, an addiction psychiatrist, stated, “The more potent a drug is, the greater its addictive potential, and the more people addicted, the greater guarantee there will be customers purchasing the products”. And Robert Jacobs of the KBI stated, “SB 560 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”. In addition to substance use disorder, opponents focused on how cannabis use could worsen PTSD symptoms and increase the risk for psychosis and suicidality.

Lack of adherence of medical cannabis legalization to standard pharmaceutical practices

A major talking point made by opponents of medical cannabis legalization was that while the FDA had approved some medications derived from cannabis, medical cannabis in the form that would be allowed through the Kansas Medical Marijuana Regulation Act had not been approved for use by the FDA. Some of the opponents would not support medical cannabis legalization until medical cannabis had been approved by the FDA. This led to a broader conversation by opponents that how medical marijuana has been prescribed/dispensed in other states and would be prescribed/dispensed in Kansas (through medical cannabis retail dispensaries) is not in alignment with how other medications have been tested, regulated, and distributed to patients.

Concerns of normalizing cannabis use among youth and the general population

In alignment with their concerns of behavioral health issues, opponents expressed concern that medical cannabis legalization would lead to increased cannabis use among youth and the general population. They feared that cannabis use would be normalized by society despite their perceptions of the harms of cannabis use.

Proliferation of Big Weed

Opponents perceived that the cannabis industry had substantial policymaking influence and profit-motive in legalizing medical cannabis and to pave the way for recreational/adult-use cannabis legalization, with little to no regard for the harms of cannabis use. They drew analogies to how the tobacco industry has adversely undermined the health of citizens and felt that the cannabis industry would do the same should medical cannabis be legalized in Kansas.

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