# 2026 Oklahoma's Medical Marijuana Program Report

# May 21, 2026

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# Executive Summary

The 2026 Oklahoma’s Medical Marijuana Program Report provides a public health and policy analysis of Oklahoma’s medical marijuana program using survey data, regulatory review, market analysis, and stakeholder perspectives collected between April and May 2026. The report was developed collaboratively by the Cannabis Center of Excellence, Patients for Safe Access Oklahoma, Synergistic Cannabis Consulting, industry experts, and public health researchers to evaluate the current status, challenges, and future direction of Oklahoma’s medical marijuana system.

Oklahoma continues to maintain one of the largest medical marijuana programs in the United States, with more than 311,000 registered patients, representing approximately 1 in 13 Oklahoma residents. Patient survey data indicate that anxiety, depression, PTSD, and chronic pain remain the most common reasons for medical marijuana use, with many respondents reporting substitution away from prescription medications, alcohol, opioids, or other substances.

The report documents significant market contraction within Oklahoma’s medical marijuana industry since 2021, including a 77% decline in cultivation licenses between 2021 and 2026. Despite these reductions, Oklahoma businesses continue to demonstrate resilience and strong commitment to patient care, compliance, and product quality. Business survey respondents emphasized the need for a more transparent, collaborative, and sustainable regulatory framework that supports responsible operators while protecting public health.

Major concerns identified throughout the report include inconsistent laboratory testing standards, insufficient oversight of pesticide contamination, lack of standardized quality assurance procedures, and ongoing uncertainty surrounding OMMA enforcement practices. Respondents expressed substantial concerns regarding the reliability and consistency of cannabis testing in Oklahoma and strongly supported expanded laboratory oversight, standardized methodologies, improved chain-of-custody procedures, and stronger public health protections.

The report also raises concerns regarding the continued non-operational status of the OMMA Quality Assurance Laboratory despite legislative mandates, as well as limited transparency surrounding recalls, failed products, and patient notification systems. Stakeholders emphasized that Oklahoma patients deserve timely access to accurate information regarding contaminated or recalled products and called for real-time public recall databases, expanded pesticide testing requirements, and improved regulatory communication.

Additional findings examine environmental and occupational health risks associated with cultivation practices, barriers faced by veterans and medically vulnerable populations, concerns regarding synthetic cannabinoid products sold outside the regulated market, and limitations within existing state and federal reporting systems. The report also critically evaluates prior market analyses, including the TEXOMA HIDTA report, concluding that several widely cited estimates regarding overproduction and diversion rely on outdated or methodologically limited data.

Overall, this report concludes that Oklahoma's medical marijuana program remains a major public health, economic, and patient-access system that requires modernization through evidence-based regulation, increased transparency, stronger laboratory oversight, improved patient protections, and integration of public health monitoring frameworks. The authors recommend that Oklahoma adopt a comprehensive public health approach grounded in scientific evidence, patient safety, quality assurance, and collaborative stakeholder engagement to ensure the long-term sustainability and integrity of the state's medical marijuana program.

# Report Authors

This report was prepared by three organizations: The Cannabis Center of Excellence, Patients for Safe Access, Oklahoma, and Synergistic Cannabis Consulting, LLC.

### Cannabis Center of Excellence (CCOE)

The Cannabis Center of Excellence (CCOE) was founded in 2017 and is a registered 501(c)(3) nonprofit organization focused on conducting citizen-science population studies and programs in the areas of community engagement, medical cannabis, adult-use cannabis, and social justice within the cannabis industry.[1] You can learn more about the CCOE here: https://cannacenterofexcellence.org

Dr. McNabb, DrPH, MPH is the Founder of the CCOE, and is an internationally recognized and widely published Public Health Doctor and Cannabis Researcher that has worked in the Massachusetts and national Cannabis industry since 2017 conducting Cannabis research studies with UMass Dartmouth, Harvard, Boston University, and other partners. Dr. McNabb's company Cannabis Community Care and Research Network (C3RN) won the first annual Boston University Cannabis Startup Competition in 2017 to create a virtual Cannabis Center of Excellence (CCOE).[2] Please see: www.cannacenterofexcellence.org.

[1] **Source**: About the Cannabis Center of Excellence: https://cannacenterofexcellence.org/about Accessed March 2, 2026
[2] **Source:** 2017 CCOE wins BU Cannabis Startup Competition https://www.bu.edu/articles/2017/cannabis-start-up-competition/ Accessed March 2, 2026

Since 2017, Dr. McNabb has served as the Principal Investigator at the CCOE of eleven research studies related to the impacts of adult use and medical Cannabis on health, wellness, and Adult-Use outcomes among medical patients and veterans. Findings from these studies are published by peer-review in JAMA Network Open[3] and the Journal of Clinical Therapeutics[4]. Dr. McNabb also conducted research related to the knowledge and attitudes of healthcare providers on medical Cannabis.

From 2021-2023, Dr. Marion McNabb served as the Cannabis Retail Appointee to the MA Cannabis Advisory Board (CAB), appointed by Massachusetts Treasurer Deborah Goldberg.[5] Dr. McNabb was then appointed by the CCC Executive Director to serve as the Chair of the Research Sub-Committee of the Cannabis Advisory Board (CAB). From June 2022- 2023 Dr. McNabb and the Research Subcommittee published three sets of recommendations for the CCC. Please see Annex 1 and 2 for Dr. McNabb's Curriculum Vitae (CV) and list of Cannabis accomplishments.

Dr. McNabb is also a Cannabis legal expert with extensive experience working in the Massachusetts Cannabis industry. Dr. McNabb has worked with three adult-use cannabis clients in Massachusetts who successfully won litigation through settlement against cities and towns for lack of documentation related to the negative impacts claimed by cities and towns related to Cannabis business operations.

In December 2024, Dr. Marion McNabb was asked by one of 25 designated participants to testify in the historic Federal Drug Enforcement Administration (DEA) hearings on rescheduling Cannabis from Federal Schedule 1 to Schedule III expected to have happened in early 2025. As a part of Designated Participated Ellen Brown's team, Dr. McNabb was approved to be one of only 25 experts approved to testify at the DEA hearings on rescheduling Cannabis from Federal Schedule 1 to Schedule 3 in January

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[3] **Source:** Zolotov Y, Mendoza Temple L, Isralowitz R, et al. Developing Medical Cannabis Competencies: A Consensus Statement. *JAMA Netw Open.* 2025;8(10):e2535049. doi:10.1001/jamanetworkopen.2025.35049. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2839750 Accessed March 2, 2026

[4] **Source:** McNabb M, Durante KA, Trocchio S, Ritter DJ, MacCaffrie R, Brum A, Mandile S, White S. Self-reported Medicinal Cannabis Use as an Alternative to Prescription and Over-the-counter Medication Use Among US Military Veterans. Clin Ther. 2023 Jun;45(6):562-577. doi: 10.1016/j.clinthera.2023.04.003. PMID: 37414507. https://pubmed.ncbi.nlm.nih.gov/37414507/ Accessed March 2, 2026

[5] **Source:** Dr. McNabb nominated to serve on MA Cannabis Advisory Board: https://www.masslive.com/Cannabis/2021/10/these-5-experts-have-been-appointed-to-the-massachusetts-Cannabis-advisory-board-including-former-neta-president-amanda-rositano-and-laury-lucien-of-major-bloom.html Accessed March 2, 2026

2025, when the hearings were postponed.[6],[7] Please see Annex 4. Dr. McNabb received her Doctorate in Public Health (DrPH) from the Boston University School of Public Health, and her Master's in Public Health (MPH) from the Johns Hopkins University Bloomberg School of Public Health. You can learn more about Dr. McNabb's background by reading Dr. McNabb's Curriculum Vitae (CV) and a Statement of Cannabis Research accomplishments in Annex 1. Dr. Marion McNabb's LinkedIn Profile: https://www.linkedin.com/in/marion-mcnabb-drph-mph.

### Patients for Safe Access, Oklahoma

Patients for Safe Access Oklahoma is a patient-led advocacy and public health organization focused on improving the safety, transparency, and accountability of Oklahoma's medical marijuana program. The organization advocates for stronger product testing standards, patient protections, recall transparency, and evidence-based cannabis policy. According to a 2025 feature published by Undark Magazine, the group was founded by patient advocates Summer Parker and Charles Hrabina after independent testing of medical marijuana products identified concerns related to pesticides, mold contamination, and heavy metals in Oklahoma products.

The organization engages in public education, policy advocacy, independent product testing awareness, and collaboration with patients, researchers, industry stakeholders, and policymakers to advance safer medical marijuana access in Oklahoma. Patients for Safe Access Oklahoma has also participated in statewide citizen-science research initiatives and public discussions focused on laboratory oversight, recall systems, and patient safety within the regulated medical marijuana market.[8]

### Synergistic Cannabis Consulting, LLC

Synergistic Cannabis Consulting, LLC is an Oklahoma-based cannabis consulting and patient advocacy organization founded by Kadi Nail, a board-certified Nurse Practitioner with a Master's degree in Clinical Cannabis Therapeutics. The organization focuses on medical cannabis patient care, clinical education, industry consulting, and evidence-based cannabinoid therapeutics.

Kadi Nail served on the Oklahoma Medical Marijuana Authority (OMMA) Executive Advisory Council (EAC) from 2024–2026, where she represented patient perspectives and contributed expertise related to patient safety, cannabis therapeutics, and public

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[6]**Source:**https://www.Cannabisbusinesstimes.com/industry-headlines/news/15711493/dea-approves-marion-mcnabb-as-expert-witness-for-Cannabis-rescheduling-hearing Accessed August 13, 2025
[7]**Source:**https://www.Cannabisbusinesstimes.com/Cannabis-rescheduling/news/15737428/ncia-files-motion-with-dea-judge-to-consolidate-with-rescheduling-participant-absent-of-standing Accessed Sept 5, 2025
[8] Source: https://undark.org/2025/07/16/cannabis-testing-reform/ Accessed May 14, 2026

health. Through Synergistic Cannabis Consulting, LLC, Nail provides patient-centered consultations, healthcare provider education, and guidance to individuals seeking evidence-based information regarding medical cannabis use, dosing considerations, product selection, and therapeutic applications. The organization also supports broader cannabis policy and public health initiatives through advocacy, community engagement, and collaboration with researchers, patients, healthcare professionals, and regulated industry stakeholders to improve patient access, safety, and education within Oklahoma's medical marijuana program.

## Public Health Research Methods Used to Prepare This Report and Develop Key Findings

This report was developed through a collaborative public health research effort conducted in 2026 by Oklahoma Medical Marijuana community stakeholders to assess the current state of Oklahoma's medical marijuana market. For the full Methods Section, please see Annex 2.

In order to prepare this report, the authors reviewed publicly available regulatory reports, historical market data, and findings from two original research studies focused on Oklahoma medical marijuana patients and businesses. Key data sources included reports and datasets from the Oklahoma Medical Marijuana Authority (OMMA), the Oklahoma State Department of Health, the U.S. Census Bureau, and comparable cannabis regulatory agencies in Colorado and California.

The report examined several core measures, including patient enrollment trends, numbers of licensed businesses (dispensaries, cultivators, and processors), and dispensary density per 100,000 residents to compare market access across states. Data were harmonized and analyzed descriptively to identify trends in market growth, contraction, and stabilization between 2018 and 2026. Visualizations and comparative charts were developed to improve accessibility for policymakers, stakeholders, and the public.

To complement the market analysis, the organizations conducted two cross-sectional survey research studies between April and May 2026. One study focused on Oklahoma medical marijuana patients, while the second examined the experiences of Oklahoma medical marijuana business owners and workers. Participants were recruited using convenience sampling methods through online outreach, dispensaries, social media, professional networks, and advocacy organizations. Eligible participants were adults aged 18 years or older residing in Oklahoma and either registered OMMA patients or individuals involved in licensed medical marijuana businesses.

Survey data were collected anonymously through web-based questionnaires designed to minimize respondent burden while gathering information on demographics, health conditions, product use patterns, affordability, access to care, perceived effectiveness, operational challenges, and regulatory concerns. Descriptive statistical analyses were used to summarize responses, with subgroup comparisons conducted where appropriate. No personally identifiable information was collected, and all participation was voluntary with electronic informed consent obtained prior to survey participation.

This report acknowledges several limitations, including reliance on self-reported survey data, convenience sampling, and variability in early program reporting and interstate licensing definitions. As a result, findings are intended to provide exploratory, real-world insights rather than fully representative estimates of all Oklahoma medical marijuana patients or businesses.

The final report synthesizes the collected data, public information, and survey findings into key observations and recommendations intended to support evidence-informed policy discussions regarding Oklahoma's evolving medical marijuana program. For the full methods Section, please see Annex 1.

# Background: History of the Oklahoma Medical Marijuana Market (2018–2026)

### Oklahoma Medical Marijuana Legalization and Early Implementation (2018–2019)

Oklahoma voters authorized the state's medical marijuana program in 2018 with State Question 788. SQ 788 created the state laws that started the industry and OMMA's rules are based on those state laws. Subsequent amendments and new state laws are passed by the Oklahoma Legislature."[9]

Medical marijuana was legalized in Oklahoma through the passage of State Question 788 in June 2018, a voter-initiated ballot measure that received approximately 57% approval.[10] Unlike many other state programs, SQ 788 was notable for its broad language, allowing physicians to recommend marijuana for any condition they deemed appropriate rather than limiting access to a predefined list of qualifying conditions.

Following legalization, the Oklahoma Medical Marijuana Authority (OMMA) was established under the Oklahoma State Department of Health to oversee licensing, regulation, and compliance. The program officially launched in August 2018, and within months, Oklahoma experienced an unprecedented surge in both patient registrations and business applications. OMMA was part of the Oklahoma State Department of Health (OSDH) until Oct. 31, 2022, and became an independent state agency on Nov. 1, 2022, when SB 1543 (2022) took effect."[11]

A defining feature of Oklahoma's approach was its low-cost, accessible licensing structure. Business licenses, including dispensaries, cultivators, and processors, were made available at relatively low fees with no statewide cap on the number of licenses issued. This open-market model contrasted sharply with more restrictive programs in states such as Colorado and New York. Please see Key Finding #2 for a ful explanation of the history of the Oklahoma Medical Marijuana Market.

[9] **Source**: About OMMA: https://oklahoma.gov/omma/about/about-omma.html Accessed March 2, 2026
[10] **Source: https://oklahoma.gov/content/dam/ok/en/omma/docs/sq_788_1.pdf** Accessed April 8, 2026
[11] **Source**: About OMMA: https://oklahoma.gov/omma/about/about-omma.html Accessed March 2, 2026

## 2026 Governor Stitt Call to End the Oklahoma Marijuana Industry

In early February 2026, Governor Kevin Stitt, during his State of the State address, called for a public vote to end Oklahoma's medical marijuana program.[12] This statement represents a significant policy position with potential implications for patient access, small businesses, and state regulatory systems.[13]

A review of commonly cited sources in The Governor's public discourse, including the 2025 report by the Texoma High Intensity Drug Trafficking Area (*"Marijuana in Oklahoma 2025"*), suggests that some conclusions may rely on data drawn from earlier periods (e.g., 2022–2023 datasets) and modeled estimates rather than real world data observations.[14] While such analyses can provide historical context, their use in current policymaking warrants careful consideration given the pace of change in Oklahoma's medical marijuana market in 2026.

## A Critical Appraisal of the TEXOMA HIDTA "Marijuana in Oklahoma (2025)" Report

In March 2025, the TEXOMA High Intensity Drug Trafficking Area (HIDTA) program released *Marijuana in Oklahoma*, a report intended to inform policymakers and stakeholders on the impacts of medical marijuana legalization in the state.[15] While the report presents a broad compilation of data across multiple domains, including youth use, public safety, and health outcomes, it relies heavily on heterogeneous data sources, non-standardized methodologies, and lagged datasets.

Given the rapidly evolving nature of cannabis policy and market dynamics, particularly between 2018 legalization and 2026 policy discussions, a critical appraisal of the report's methods and interpretations is warranted. Please see Key Finding 3 that evaluates the key methodological limitations, data validity concerns, and interpretive biases that necessitate caution in the use of this report for policymaking.

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[12]Source:https://mjbizdaily.com/news/oklahoma-governor-wants-to-recriminalize-600-million-medical-cannabis-industry/614282/ Accessed April 29, 2026
[13] Source: https://www.koco.com/article/oklahoma-chronicle-kevin-stitt-medical-marijuana-ossaa/70271956 Accessed April 29, 2026
[14] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[15] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.

# 2026 President Trump Reclassifies State-Approved Medical Cannabis and FDA approved cannabinoid products to Schedule III.

On April 23 2026, the Trump administration enacted a significant shift in federal cannabis policy by reclassifying state-licensed medical marijuana from Schedule I to Schedule III under the Controlled Substances Act.[16] This change represents one of the most consequential federal actions on cannabis in over 50 years and signals growing recognition of marijuana's medical utility within the U.S. regulatory framework.

While the reclassification does not legalize marijuana federally, it substantially alters the policy environment in several key ways. First, it reduces regulatory barriers for scientific research, explicitly allowing researchers to study state-licensed cannabis without federal penalties. Second, it provides significant economic relief to licensed operators by permitting standard federal tax deductions—addressing long-standing financial constraints imposed under prior Schedule I classification. Additionally, the policy establishes a pathway for state-licensed businesses to register with the U.S. Drug Enforcement Administration (DEA), further legitimizing state medical marijuana programs.[17]

**What Schedule III means for Oklahoma Businesses:[18], [19]**

1. State approved Medical Marijuana Businesses will need to register with the DEA within 60 days. Deadline June 27, 2026 for all businesses to register with the DEA.
2. Medical Marijuauana businesses will be able to deduct federal taxes previously unallowed under 280e.
3. Cannabis Research will become more widespread.

Below is a summary of Gies Law Firm legal opinion about rescheduling published on April 24, 2026 highlights the major changes and impacts on Oklahoma.[20]

Scope of Rescheduling The policy applies to:

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[16]**Source:**https://www.justice.gov/opa/pr/justice-department-places-fda-approved-marijuana-products-and-products-containing-marijuana Accessed April 29, 2026
[17]**Source:**https://www.justice.gov/opa/pr/justice-department-places-fda-approved-marijuana-products-and-products-containing-marijuana Accessed April 29, 2026
[18]**Source**:https://www.oklahoman.com/story/news/drugs/marijuana/2026/04/24/marijuana-weed-reclassification-oklahoma-businesses-impact-big-changes/89751389007/ Accessed April 29, 2026
[19]**Source**:https://gieslawfirm.com/blog/legal-opinion-and-memorandum-redea-registration-and-june-22-2026-deadline Accessed April 29, 2026
[20]**Source**:https://gieslawfirm.com/blog/legal-opinion-and-memorandum-redea-registration-and-june-22-2026-deadline Accessed April 29, 2026

- FDA-approved cannabis-derived medications
- Marijuana produced and distributed under state medical programs (e.g., licensed by the Oklahoma Medical Marijuana Authority)

It **does not apply** to:

- Adult-use (recreational) marijuana
- Unlicensed cannabis operations
- Synthetic cannabinoids

Hemp remains unaffected.

### DEA Registration Requirement

State-licensed operators must apply for registration with the Drug Enforcement Administration within a **60-day window ending June 27, 2026**.

- Operators who apply on time may continue operating while applications are reviewed (~6 months).
- Failure to apply creates legal uncertainty and potential federal enforcement risk.
- OBNDD on May 8, 2026 wrote a letter instructing all OMMA licensed operators to register with the DEA before the deadline to maintain operational in Oklahoma.[21]

### Costs and Operational Changes[22]

Registration fees vary by role:

- Manufacturers: $3,699 annually
- Distributors: $1,850 annually
- Dispensers: $888 (3-year registration)

Cultivators face additional federal oversight, including:

- A $113/kg administrative fee on harvested cannabis
- Potential DEA involvement in transactions due to international treaty obligations (e.g., Single Convention on Narcotic Drugs)

### Tax Implications

[21]Source: https://www.obndd.ok.gov/home/showpublisheddocument/887/639138435703830000 Accessed May 15, 2026
[22]**Source**:https://gieslawfirm.com/blog/legal-opinion-and-memorandum-redea-registration-and-june-22-2026-deadline Accessed April 29, 2026

Reclassification eliminates the burden of Internal Revenue Code Section 280E, allowing businesses to deduct ordinary expenses. This represents a substantial financial benefit, though uncertainties remain around retroactive application and mixed medical/adult-use operations. Despite progress, key federal restrictions persist:

- Recreational marijuana remains illegal federally
- Banking and interstate commerce barriers remain unresolved
- DEA-registered operators face new compliance, inspection, and reporting requirements

The **June 27, 2026 DEA registration deadline, mandated by OBNDD** is the most urgent requirement, with significant legal and financial consequences for non-compliance.[23][24]

# KEY FINDINGS

The section below comprises of key findings and recommendations related to the current state of the Oklahoma Medical Marijuana Market.

**Key Finding 1:** Oklahoma has the highest percentage of medical marijuana patients per capita in the United States. As of April, 2026, OMMA reports 311,260 medical marijuana patients registered; 7,870 patients per 100,000, 1 in 13 residents in Oklahoma is a Medical Marijuana patient, or 7.9% of the population.[25] 2026 Oklahoma Medical Marijuana Patient Survey Data indicate anxiety, depression, PTSD, chronic pain are top reasons for Medical Marijuana use. Nearly 60% of patients report using medical marijuana to reduce some kind of substance or medication use. Most respondents did not believe Oklahoma politicians support medical marijuana patients (59%), while only 11% believed state politicians were supportive. 38% of respondents reported they would consider changing political party affiliation based on a candidate's position on medical marijuana policy.

**Summary Findings:**

- Oklahoma has a unique medical marijuana program because the state does not require specific qualifying medical conditions for patient approval.

[23] **Source**:https://gieslawfirm.com/blog/legal-opinion-and-memorandum-redea-registration-and-june-22-2026-deadline Accessed April 29, 2026
[24] Source: https://www.obndd.ok.gov/home/showpublisheddocument/887/639138435703830000 Accessed May 15, 2026
[25] **Source**: https://oklahoma.gov/omma/about/licensing-and-tax-data.html Accessed March 24, 2026.

- OMMA physician recommendation forms do not require diagnosis codes or ICD-10 documentation, limiting the state's ability to track the exact health conditions for which patients use medical marijuana.
- Oklahoma's medical marijuana patient population grew rapidly after program implementation in 2018, increasing from approximately 3,000 patients in 2018 to 385,000 patients by 2021.
- Following peak enrollment in 2021, patient numbers gradually declined and stabilized, reaching approximately 311,260 registered patients by 2026.
- Despite recent declines, Oklahoma continues to maintain one of the largest medical marijuana patient populations per capita in the United States.
- In 2026, approximately 7.9% of Oklahoma's population—or roughly 1 in 13 Oklahomans—were registered OMMA medical marijuana patients.
- The rapid early growth of the program likely reflected high patient demand, broad access, limited qualifying restrictions, and widespread provider participation.
- The subsequent decline in enrollment may reflect market maturation, regulatory changes, patient attrition, evolving public perception, or changes in healthcare access.
- Current enrollment trends suggest the Oklahoma medical marijuana market has transitioned from rapid expansion into a more stable and mature healthcare market.
- Because OMMA does not collect detailed qualifying condition data, independent patient surveys and external datasets remain important sources for understanding patient health conditions, symptom profiles, and reasons for medical marijuana use.
- Data from the OMMA Application Support Agency provide additional insight into the demographic and health characteristics of Oklahoma medical marijuana patients.

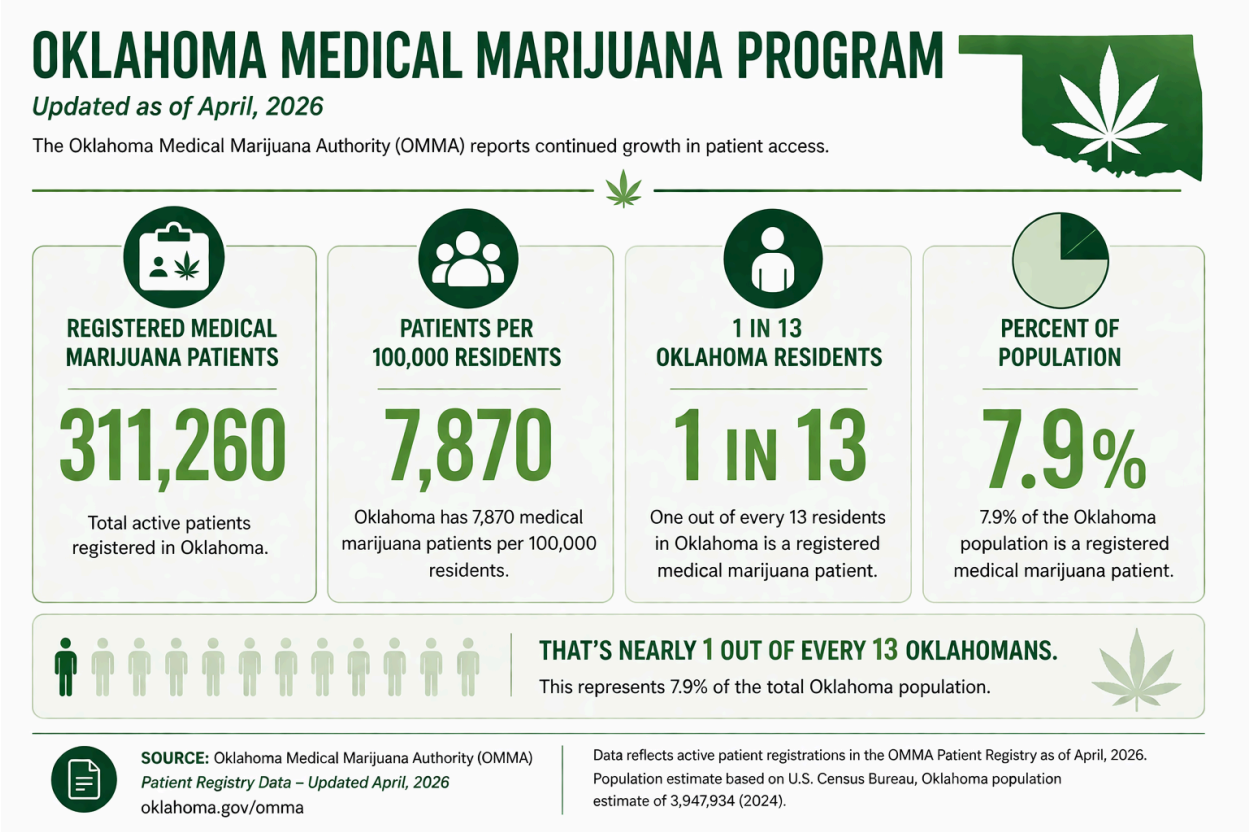
**2026 Oklahoma Medical Marijuana Patient Research Study Findings**

- A total of 188 respondents participated in the study, with an average age of 49 years and a predominantly female sample (63%).
- Participants represented diverse socioeconomic and educational backgrounds, with many reporting annual household incomes below $60,000 and varied levels of educational attainment.
- Many respondents remained employed despite chronic health conditions, with 34% employed full time and others identifying as retired, self-employed, or unable to work.
- Respondents reported spending an average of $49.24 per week on medical marijuana products in Oklahoma, demonstrating significant participation in the regulated cannabis economy.

- Approximately 94% of monthly marijuana purchases were reported to occur through OMMA-regulated dispensaries and licensed businesses rather than illicit or unregulated sources.
- Most respondents reported frequent medical marijuana use, with 73% using marijuana multiple times daily and many reporting repeated daily dosing for symptom management.
- Anxiety (82%), depression/mood disorders (64%), chronic pain (61%), arthritis (58%), PTSD (52%), and insomnia (50%) were the most commonly reported conditions for which medical marijuana was perceived as helpful.
- Respondents also reported using medical marijuana for neurological, gastrointestinal, and chronic health conditions including ADHD, migraines, fibromyalgia, seizures, IBD, Parkinson's disease, cancer-related symptoms, and end-of-life care.
- Panic attacks (41%), fatigue (39%), racing thoughts (34%), headaches (33%), nausea (32%), and cognitive symptoms such as difficulty concentrating and brain fog were among the most commonly treated symptoms.
- Respondents overwhelmingly reported positive quality-of-life outcomes associated with medical marijuana use, including improvements in physical symptoms (85%), psychological symptoms (87%), and overall quality of life (71%).
- Many participants reported reducing the use of alcohol, opioids, tobacco, and other prescription medications while using medical marijuana, suggesting potential harm reduction and medication substitution effects.
- Fifty-nine percent of respondents reported attempting to reduce prescription medication use, most commonly antidepressants, muscle relaxants, and opioids.
- Similarly, 59% of respondents reported using medical marijuana to reduce use of other substances, particularly alcohol (31%) and tobacco (21%).
- Most respondents (82%) disclosed their medical marijuana use to healthcare providers; however, only 51% believed their providers supported their use, while 31% remained unsure.
- A notable minority of respondents (5%) reported experiencing discontinuation of healthcare services related to their medical marijuana use, highlighting potential ongoing stigma or barriers to care.
- Approximately 68% of respondents reported receiving education on reading Certificate of Analysis (COA) lab results, though many still expressed concerns regarding laboratory testing accuracy and product reliability.
- Most respondents did not believe Oklahoma politicians support medical marijuana patients (55%), while only 11% believed state politicians were supportive.

- Nearly one-third of respondents (39%) reported they would consider changing political party affiliation based on a candidate's position on medical marijuana policy.

## Health and Demographic Characteristics of the Oklahoma Medical Cannabis Patient Population[26]




## Oklahoma Medical Marijuana Patient Health Conditions and Symptoms

Oklahma has a unique medical marijuana market as there are no qualifying conditions listed and required for medical patients to receive an OMMA Medical Marijuana card. Additionally, OMMA does not require that the diagnosis or ICD-10 code be entered on the physician recommendation form. Therefore, the exact health conditions and symptoms of the OMMA approved patient population cannot be known.

[26] **Source**: https://oklahoma.gov/omma/about/licensing-and-tax-data.html Accessed March 24, 2026.

From program inception in 2018 (3,000 patients), enrollment increased sharply, reaching 83,000 in 2019 and 269,000 in 2020. This growth culminated in a peak of approximately 385,000 patients in 2021, reflecting widespread adoption and relatively low barriers to entry compared to other state programs.

Following this peak, patient enrollment entered a period of steady decline, decreasing to 365,000 in 2022 and continuing downward to approximately 311,260 patients by 2026. While this represents a notable contraction from peak levels (approximately a 19% decline from 2021 to 2026), the patient population has largely stabilized since 2024, with only marginal decreases observed year-over-year.

This pattern suggests a maturing medical marijuana market in Oklahoma. The initial surge likely reflects demand, broad qualifying conditions, and rapid provider participation, while the subsequent decline may be attributed to market correction, regulatory changes, patient attrition, and shifts in access or perception.

Importantly, despite the decline, Oklahoma continues to maintain one of the largest medical marijuana patient populations in the United States on a per capita basis, indicating sustained demand and integration of marijuana into patient care practices.

**Table 2:** OMMA Registered Patient Data (Estimated from OMMA reports and public datasets) Data note: Patient counts include in-state and temporary out of state patients.[27]

| Year | OMMA Registered Patients |
|---|---|
| 2018 | 3,000 |
| 2019 | 83,000 |
| 2020 | 269,000 |
| 2021 | 385,000 |
| 2022 | 365,000 |
| 2023 | 330,000 |
| 2024 | 315,000 |
| 2025 | 312,000 |

[27] **Source:** Oklahoma Medical Marijuana Authority. OMMA Monthly Metrics and Licensing Reports. Oklahoma State Department of Health; 2018–2026.Accessed March–April 2026. https://oklahoma.gov/omma

| | |
|---|---|
| 2026 | 311,260 |

**Source:** Oklahoma Medical Marijuana Authority. OMMA Monthly Metrics and Licensing Reports. Oklahoma State Department of Health; 2018–2026.Accessed March–April 2026. https://oklahoma.gov/omma

**Figure 3. Growth in Oklahoma Medical Marijuana Patients (2018–2026)**

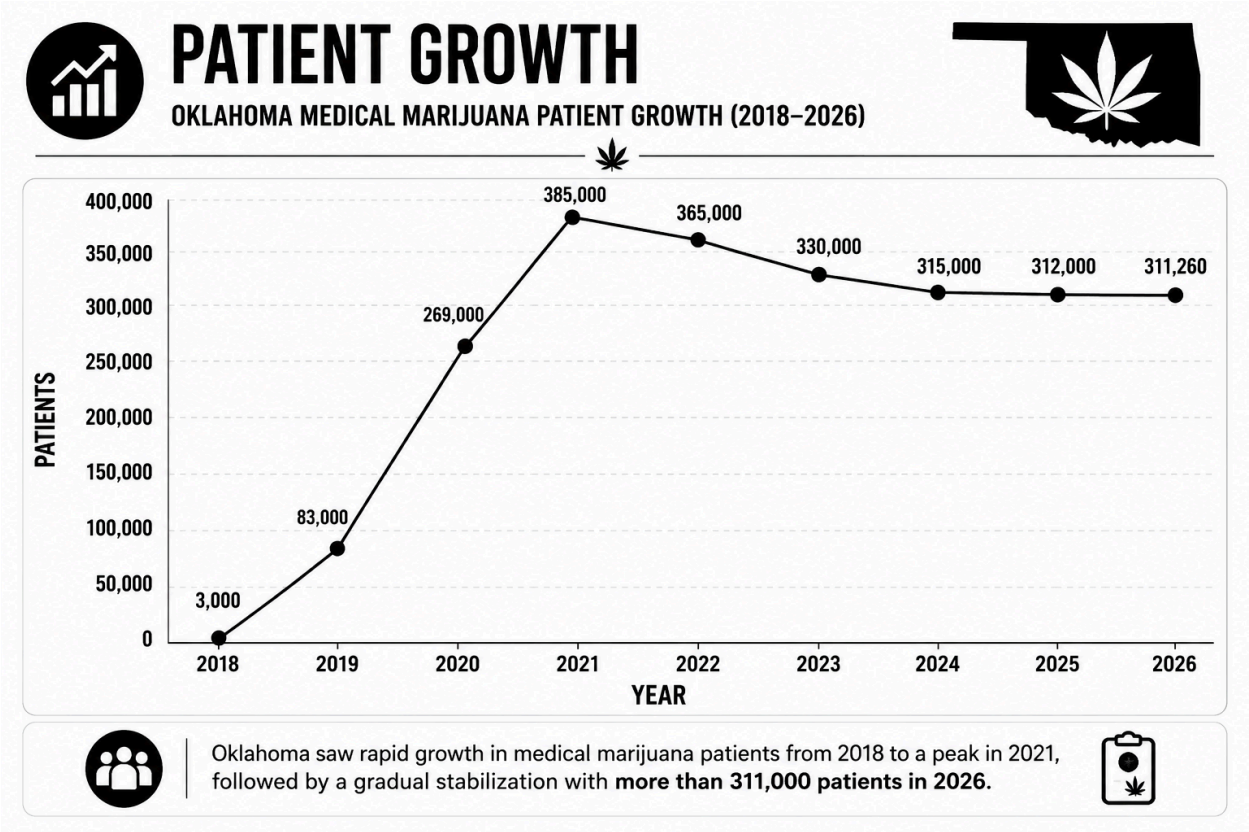



**Figure 3:** Oklahoma Department of Public Health Medical Marijuana Program Implementation and Annual Reports. 2018–2021. Oklahoma Medical Marijuana Authority. OMMA Monthly Metrics and Licensing Reports. Oklahoma State Department of Health; 2018–2026. Accessed March–April 2026. https://oklahoma.gov/omma

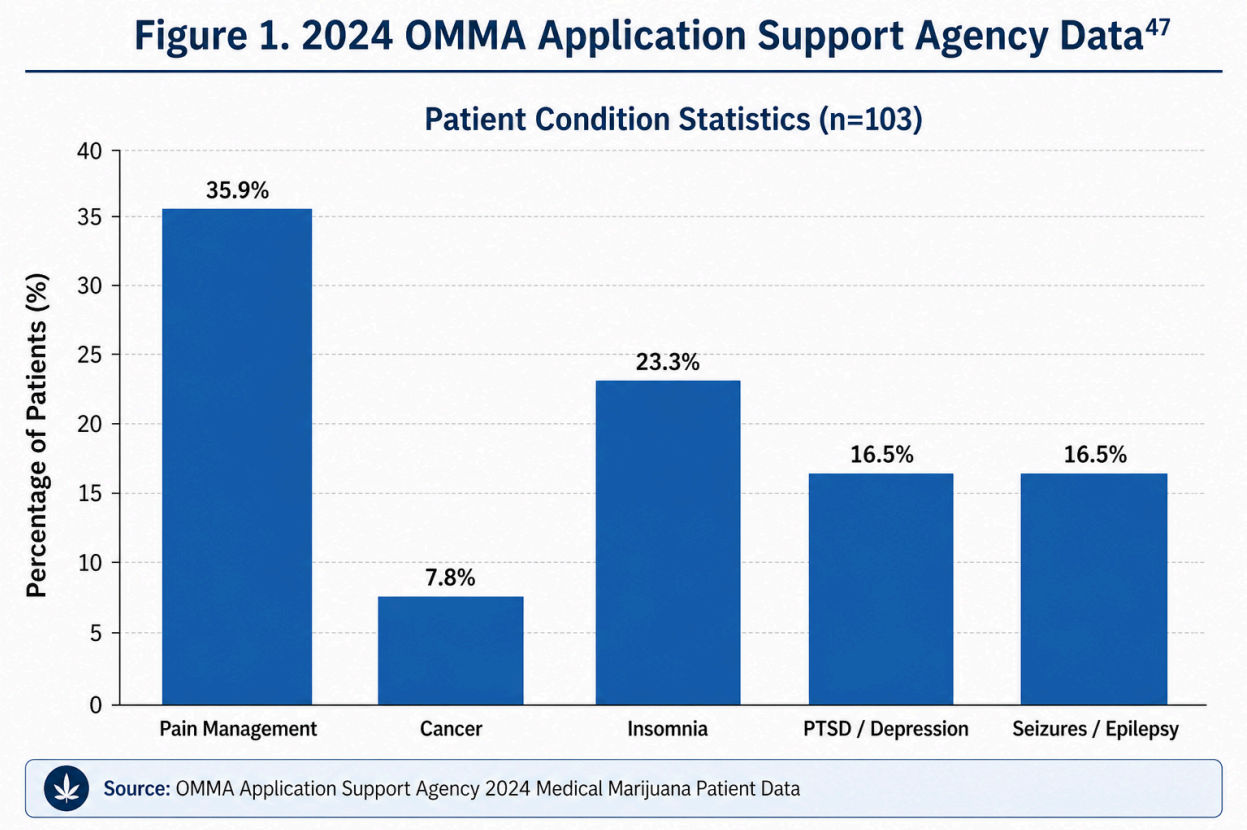
**Data Notes:**

- Oklahoma's patient population grew rapidly post-legalization, peaking in 2021 and stabilizing thereafter.
- Despite the decline in patient counts in recent years, Oklahoma maintains one of the highest per capita Medical Marijuana patient rates in the United States, with

approximately 7.9% of the population enrolled as patients in 2026 or 1 in 13 Oklahomans.

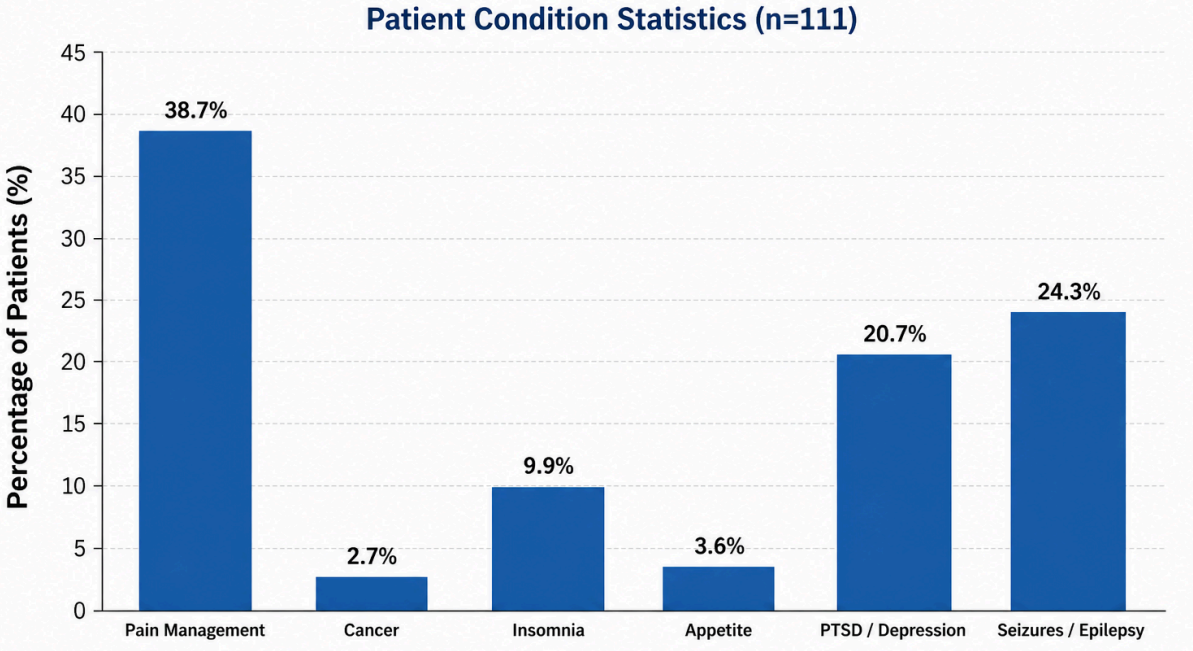
OMMA does not require that the patient's physician add the qualifying condition for cannabis use, so the state does not have an accurate dataset of the reasons Oklahomans choose medical marijuana. Graphs below are for medical marijuana patients profiles, with the data provided by an organization called OMMA Application Support Agency.

**Figure 1. 2024 OMMA Application Support Agency Data[28]**

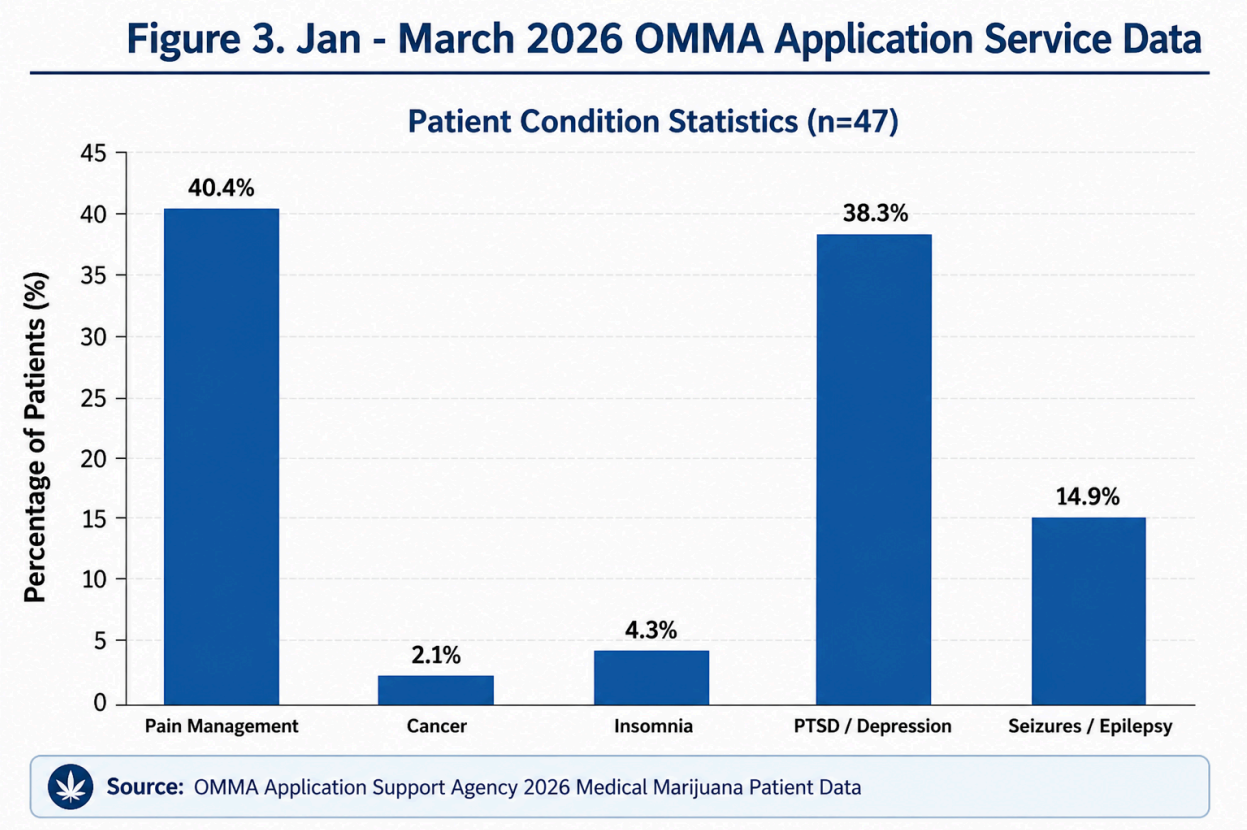



[28] Source: OMMA Application Support Agency Data shared with the authors on March 8, 2025

## Figure 2. 2025 OMMA Application Service Data




**Source:** OMMA Application Support Agency Data 2025 Medical Marijuana Patient Data




## 2026 Oklahoma Medical Marijuana Patient Research Study

To better understand the evolving role of medical marijuana within Oklahoma's healthcare landscape, the 2026 Oklahoma Medical Marijuana Patient Survey was conducted to capture patient-reported experiences, motivations, and patterns of use. The study is led by the Cannabis Center of Excellence, Synergistic Cannabis Consulting, and Patients for Safe Access Oklahoma, and John Frasure/Veteran and Patient Advocate.

Data was collected from April 1- May 20, 2026 from Oklahoma Medical Marijuana patients asking their patient-centered perspectives to fully understand *why* individuals choose medical marijuana as part of their care. Please see Annex 2 for the full research study methods and findings.

This survey was designed to address that gap by collecting real-world, self-reported data directly from Oklahoma Medical Marijuana patients. Using a cross-sectional survey approach, participants were asked to identify their primary and secondary reasons for using medical marijuana, as well as the conditions they seek to manage.

Understanding patient motivations is particularly important in Oklahoma, which has one of the highest per-capita medical marijuana participation rates in the United States. Prior

research suggests that individuals frequently turn to cannabis for conditions such as chronic pain, anxiety, sleep disorders, and neurological conditions, often when conventional therapies are insufficient, inaccessible, or associated with undesirable side effects.[29] However, state-specific data on patient decision-making remains limited.

By systematically capturing these perspectives, this survey contributes to a growing body of real-world evidence on medical marijuana use in Oklahoma. These findings are intended to inform policymakers, healthcare providers, and public health practitioners by providing a clearer understanding of patient needs, supporting evidence-based decision-making, and identifying opportunities to improve safety, access, and education within Oklahoma's medical marijuana program.

The following section presents key findings from the 2026 survey, highlighting the most common reasons patients report choosing medical marijuana and the conditions they aim to manage.

## 2026 Oklahoma Medical Marijuana Patient Research Findings

A total of 188 respondents participated in the 2026 Oklahoma Medical Marijuana Patient Study. The average age of participants was 49 years, suggesting that the survey population primarily represented middle-aged adults actively engaged in Oklahoma's medical marijuana program. The sample was predominantly female, with 63% of respondents identifying as female and 36% identifying as male, while 1% preferred to self-describe their gender identity.

[29] Source: National Academies of Sciences, Engineering, and Medicine. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research.* National Academies Press; 2017.

Boehnke KF, Scott JR, Litinas E, Sisley S, Clauw DJ. Pills to pot: observational analyses of cannabis substitution among medical cannabis users with chronic pain. *J Pain.* 2019;20(7):830-841. doi:10.1016/j.jpain.2019.01.010

# 2026 OKLAHOMA MEDICAL MARIJUANA PATIENT STUDY

*Understanding the Experiences of Oklahoma Patients*

### REGISTERED MEDICAL MARIJUANA PATIENTS
**311,260**
Total active patients registered in Oklahoma.

### PATIENTS PER 100,000 RESIDENTS
**7,870**
Oklahoma has 7,870 medical marijuana patients per 100,000 residents.

### 1 IN 13 OKLAHOMA RESIDENTS
**1 IN 13**
One out of every 13 residents in Oklahoma is a registered medical marijuana patient.

### PERCENT OF POPULATION
**7.9%**
7.9% of the Oklahoma population is a registered medical marijuana patient.

**THAT'S NEARLY 1 OUT OF EVERY 13 OKLAHOMANS.**
This represents 7.9% of the total Oklahoma population.

## ABOUT THE 2026 STUDY RESPONDENTS (N=188)

### TOTAL RESPONDENTS
**188**
A total of **188** respondents participated in the 2026 Oklahoma Medical Marijuana Patient Study.

### AVERAGE AGE
**49 YEARS**
The average age of participants was **49 years**, representing primarily middle-aged adults.

### GENDER IDENTITY


- **63%** Female
- **36%** Male
- **1%** Self-Described

The sample was predominantly female, with **63%** identifying as female, **36%** as male, and **1%** self-describing.

## TOP CONDITIONS IMPACTED

| AGES 21–51 (N=117) | | AGES 52+ (N=71) | |
|---|---|---|---|
| Anxiety | 84% | Anxiety | 79% |
| Depression / Mood Disorders | 66% | Arthritis | 70% |
| Chronic Pain | 56% | Chronic Pain | 68% |
| PTSD | 56% | Depression / Mood Disorders | 61% |
| Arthritis | 50% | Insomnia | 49% |
| Insomnia | 50% | PTSD | 46% |
| ADHD | 45% | Fibromyalgia | 38% |
| Migraines | 42% | Brain Fog | 34% |

★ Younger adults more often reported PTSD, ADHD, migraines, nausea, and mood-related benefits. Older adults more often reported arthritis, chronic pain, insommia, fibromyalgia, and brain fog.

## IMPACT ON DAILY LIFE

| AGES 21–51 (N=117) | | AGES 52+ (N=71) | |
|---|---|---|---|
| Improved Psychological Symptoms | 87% | Improved Physical Symptoms | 92% |
| Improved Physical Symptoms | 81% | Improved Psychological Symptoms | 87% |
| Reduced Alcohol Use | 50% | Avoiding Starting New Medications | 46% |
| Reduced Non-Opioid Medication Use | 49% | Reduced Alcohol Use | 46% |

★ Both age groups reported significant improvements in daily life, with older adults emphasizing physical health and medication avoidance.

## PRESCRIPTION MEDICATION REDUCTION

Using medical marijuana to reduce prescription medication use.

| AGES 21–51 (N=117) | | AGES 52+ (N=71) | |
|---|---|---|---|
| Antidepressants | 32% | Antidepressants | 32% |
| Muscle Relaxants | 25% | Muscle Relaxants | 32% |
| Opioids / Narcotics | 18% | Opioids / Narcotics | 30% |
| NSAIDs / Non-Opioid Pain Medications | 15% | NSAIDs / Non-Opioid Pain Medications | 24% |

★ Older adults reported higher reductions in opioids and pain medications.

## REDUCTION IN OTHER SUBSTANCE USE

Using medical marijuana to reduce use of other substances.

- Alcohol **~30%**
- Tobacco **~19–23%**

Older adults also reported reductions in cocaine, heroin/fentanyl, ketamine, and xylazine.

## VETERAN REPRESENTATION

| AGES 21–51 | AGES 52+ |
|---|---|
| **11%** | **24%** |

A higher proportion of older respondents identified as veterans, which may relate to higher rates of chronic pain, PTSD, and opioid reduction.

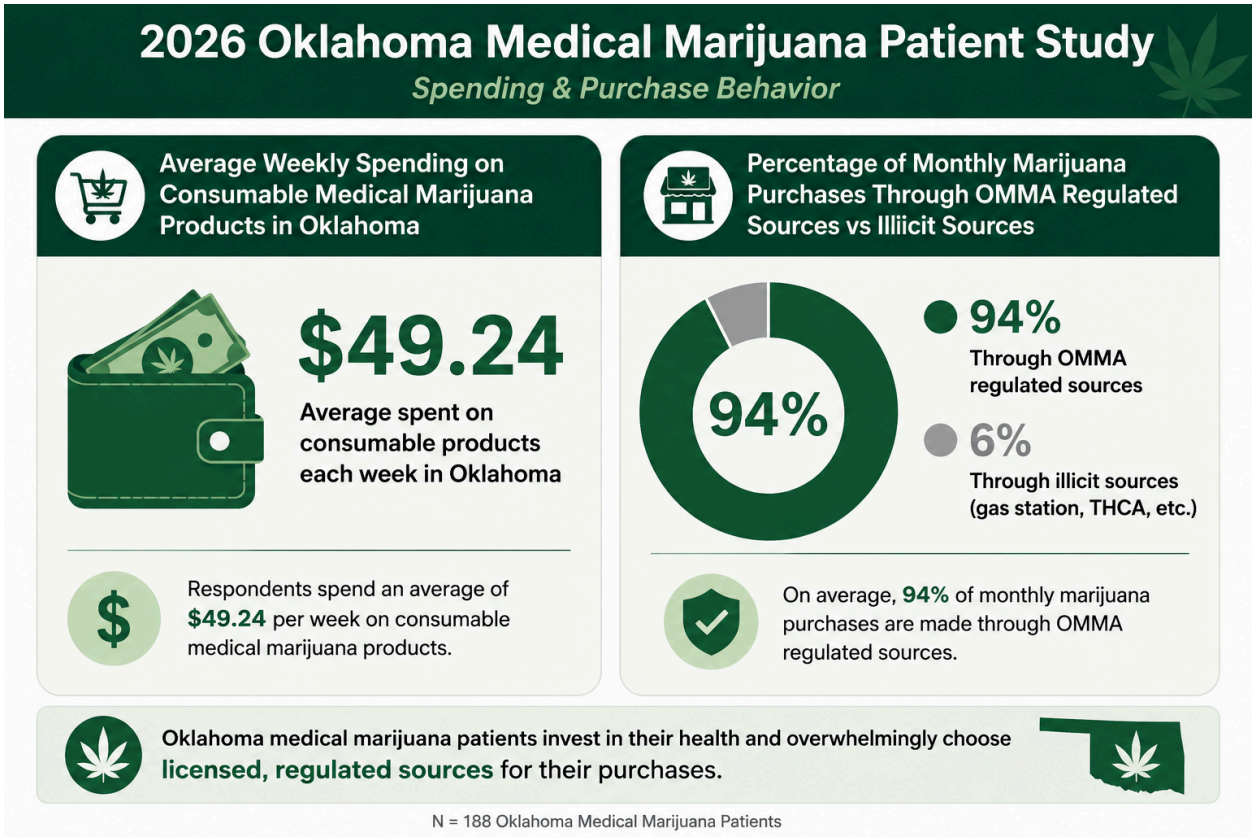
> "Medical marijuana patients across ages report meaningful improvements in health and quality of life."

SOURCE: Oklahoma Medical Marijuana Authority (OMMA)
Patient Registry Data – Updated April 2025 | oklahoma.gov/omma

*Population estimate based on U.S. Census Bureau, Oklahoma population estimate of 3,941,924 (2024).*

Participants represented a broad range of socioeconomic backgrounds and educational attainment levels. Household income distribution was diverse, with respondents represented across nearly all income categories, although many participants reported annual household incomes below $60,000 per year. Educational backgrounds also varied considerably, with the largest proportion reporting some college education without a degree (30%), followed by high school or GED completion (22%), bachelor's degrees (15%), associate degrees (13%), and vocational training (12%). A smaller proportion of respondents reported graduate or professional degrees.

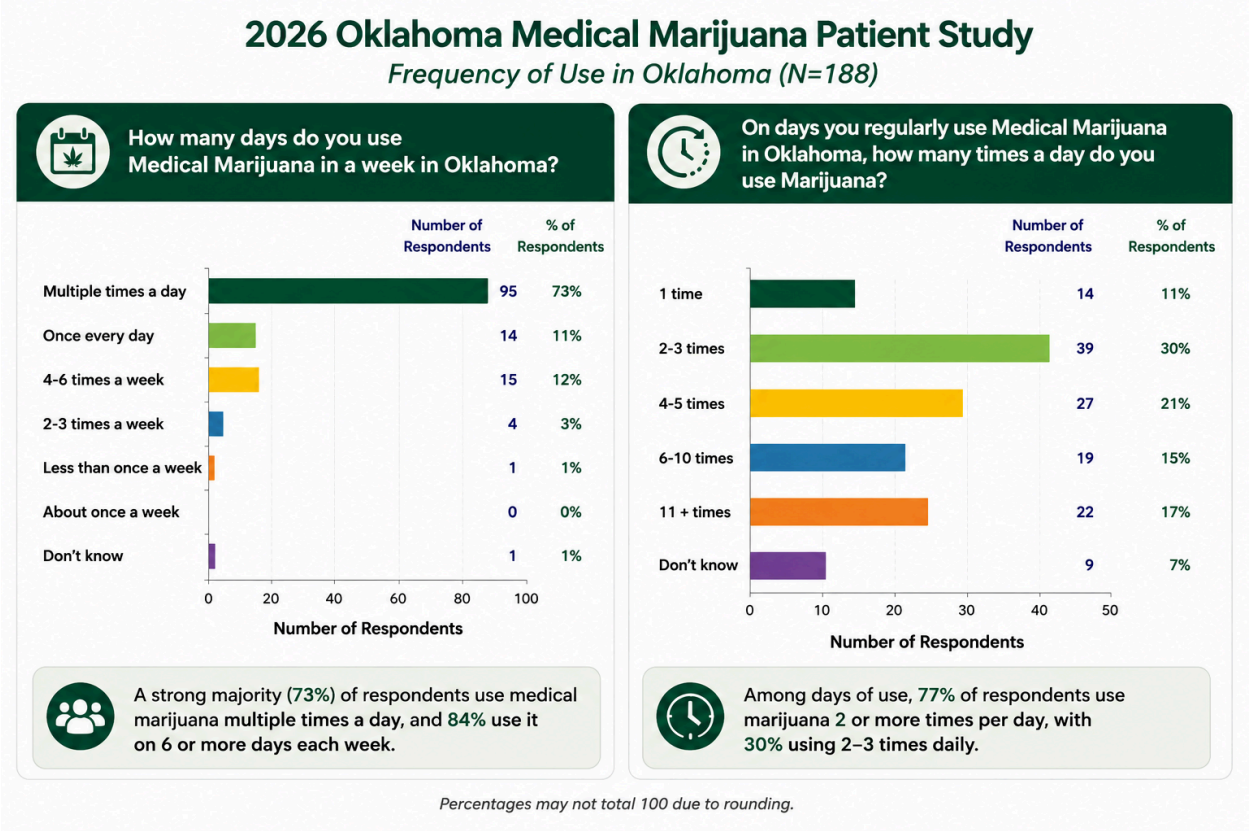
Employment status findings indicated that many participants remained actively engaged in the workforce despite often reporting chronic health conditions and symptom burdens. Approximately one-third of respondents were employed full time (34%), while others identified as retired (18%), unable to work (15%), self-employed (12%), or employed part time (9%). Family-related findings demonstrated that many respondents were parents, with 42% reporting they had children who did not consume medical marijuana and 23% reporting children who used medical marijuana with an OMMA card.




Research (N=188) findings suggest that respondents contribute substantial ongoing spending to Oklahoma's regulated medical marijuana economy while primarily

purchasing products through licensed OMMA-regulated businesses. On average, participants reported spending approximately $49.24 per week on consumable medical marijuana products in Oklahoma. This level of weekly expenditure reflects the significant role medical marijuana plays in the routine healthcare and wellness practices of many patients participating in the state's program.

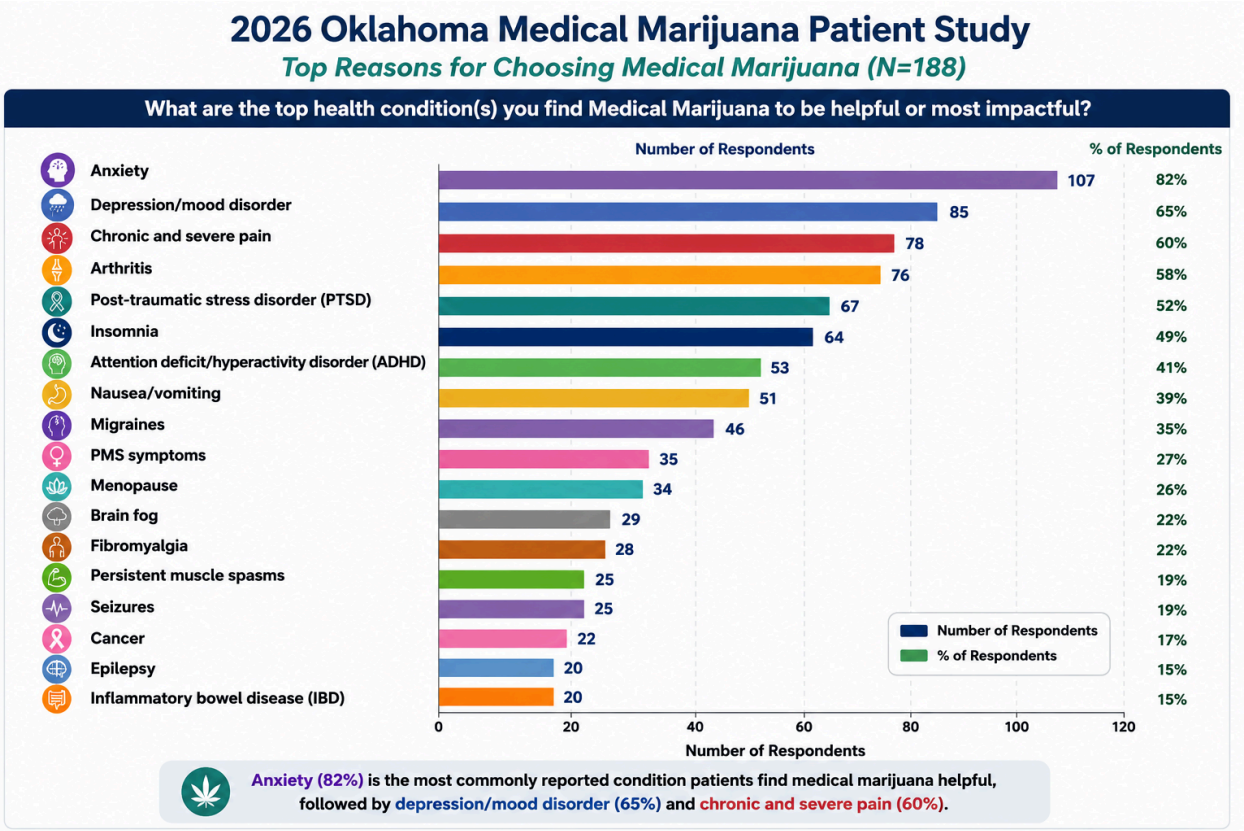
Importantly, respondents also reported that the overwhelming majority of their marijuana purchases were obtained through regulated sources. On average, 94% of monthly marijuana purchases were reported to occur through OMMA-regulated dispensaries and licensed businesses rather than illicit or unregulated sources such as gas stations or non-regulated THC/THCA products. These findings suggest strong patient utilization of Oklahoma's regulated medical marijuana market and indicate that most participants prefer purchasing products through the state's licensed and tested system.




Most respondents reported frequent and consistent medical marijuana use throughout the week. Nearly three-quarters of participants (73%) reported using medical marijuana multiple times per day, while an additional 11% reported use once every day. Only a small proportion of respondents reported less frequent use, with 12% using medical marijuana 4–6 times per week and 3% reporting use 2–3 times per week. These findings suggest that medical marijuana use among survey participants is commonly

integrated into daily symptom management routines rather than occasional or intermittent use.

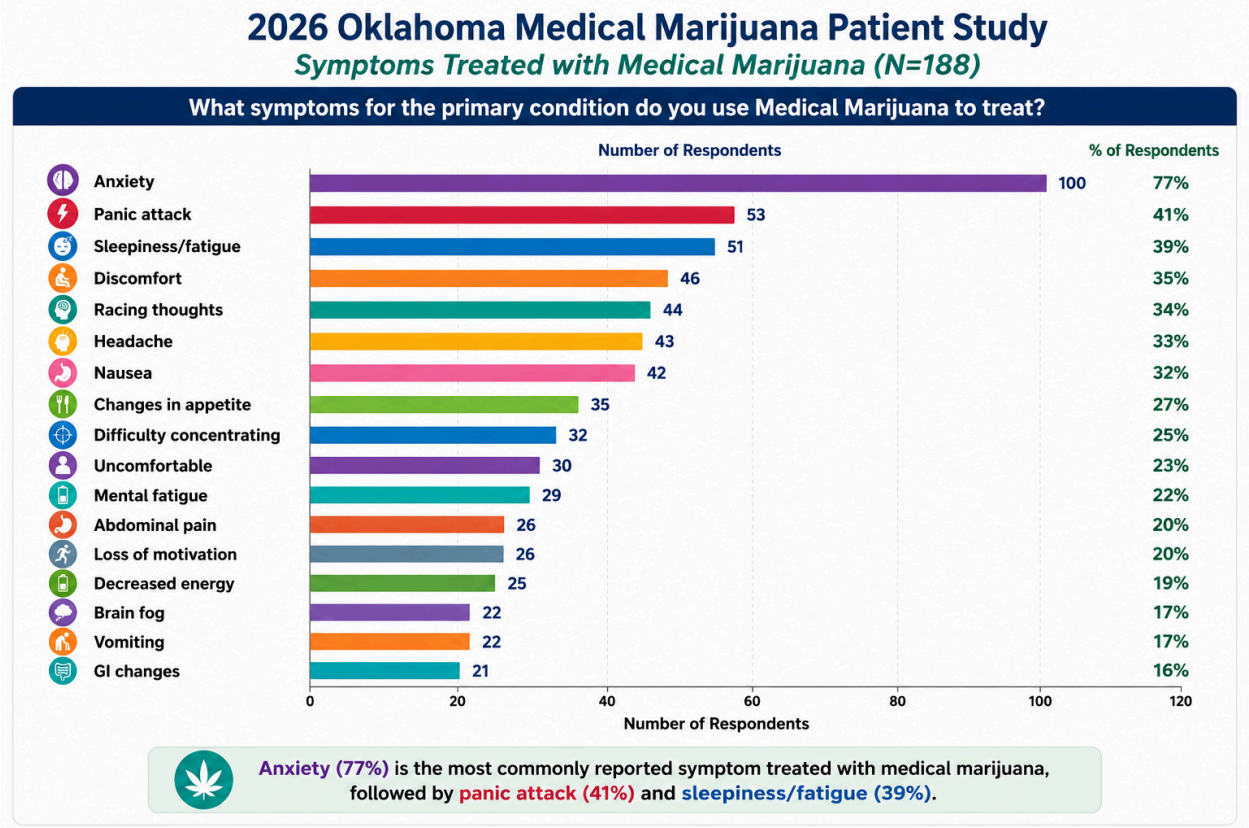
Among respondents who regularly used medical marijuana, many reported multiple daily dosing events. Thirty percent indicated using marijuana 2–3 times per day, while 21% reported use 4–5 times daily. Additional respondents reported very frequent use, including 15% using marijuana 6–10 times per day and 17% reporting use 11 or more times daily. Only 11% reported using marijuana once daily. Collectively, these findings suggest that many Oklahoma medical marijuana patients use cannabis repeatedly throughout the day to manage ongoing or fluctuating symptoms, consistent with chronic symptom management approaches observed in other real-world medical cannabis patient populations.




The 2026 Oklahoma Medical Marijuana Patient Study findings demonstrate that respondents most commonly reported using medical marijuana to manage mental health conditions, chronic pain, and sleep-related symptoms. Anxiety was the most frequently reported condition for which respondents found medical marijuana helpful or impactful, reported by 82% of participants (n=107). Depression or mood disorders

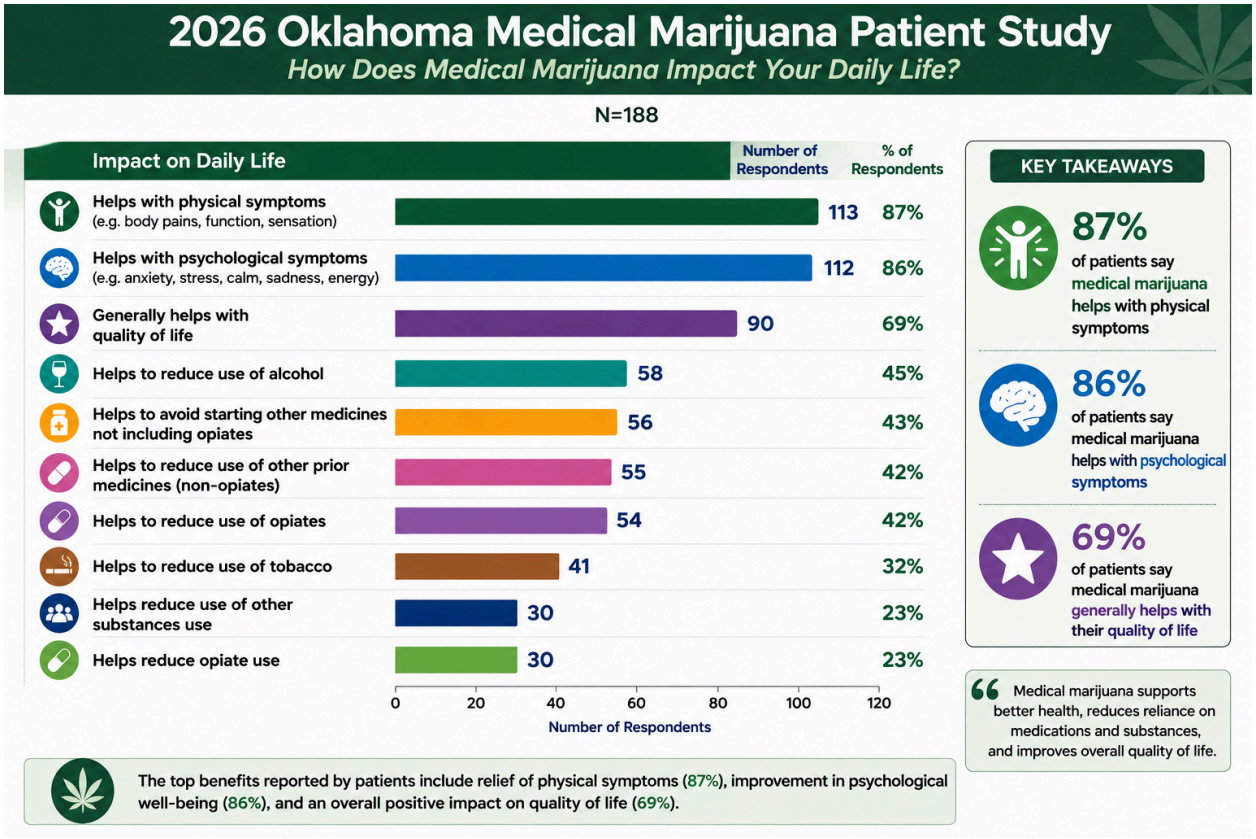
(65%), chronic and severe pain (60%), arthritis (58%), post-traumatic stress disorder (PTSD) (52%), and insomnia (49%) were also highly represented among respondents. These findings suggest that many Oklahoma medical marijuana patients are using cannabis therapeutically to address both psychological and physical health concerns simultaneously.

Additional commonly reported conditions included ADHD (41%), nausea and vomiting (39%), migraines (35%), PMS symptoms (27%), menopause-related symptoms (26%), and brain fog (22%). Respondents also reported using medical marijuana for complex neurological, gastrointestinal, and chronic health conditions, including fibromyalgia, seizures, inflammatory bowel disease (IBD), Crohn's disease, Parkinson's disease, multiple sclerosis, cancer-related symptoms, and end-of-life care. Lower-frequency but clinically significant conditions included long-haul COVID-19, amyotrophic lateral sclerosis (ALS), Alzheimer's disease, HIV/AIDS, and hepatitis C.



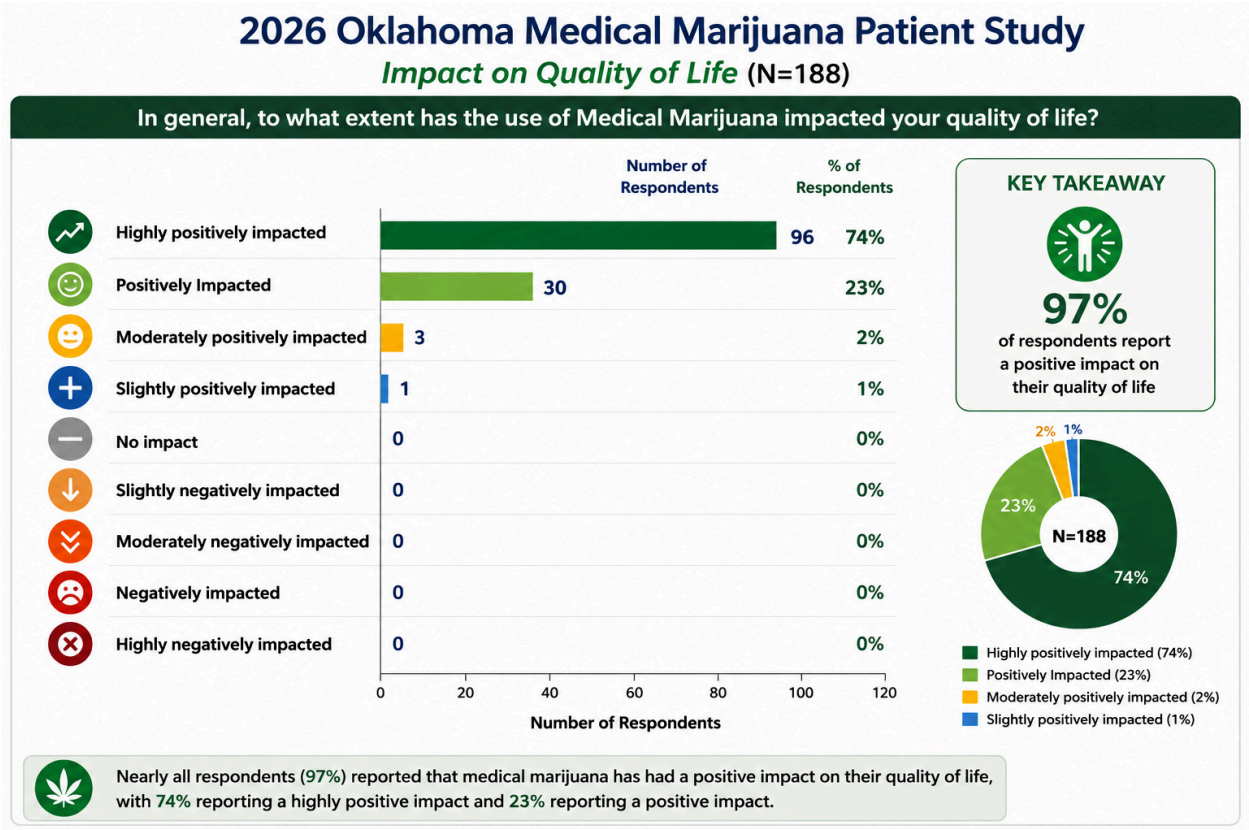

When asked about specific symptoms treated with medical marijuana, anxiety again emerged as the most commonly reported symptom (77%), followed by panic attacks (41%), sleepiness or fatigue (39%), discomfort (35%), racing thoughts (34%), headaches (33%), and nausea (32%). Cognitive and functional symptoms—including difficulty concentrating (25%), mental fatigue (22%), brain fog (17%), and problems

multitasking (12%)—were also frequently reported. Gastrointestinal symptoms such as abdominal pain, vomiting, and GI changes were commonly identified, reflecting the broad range of symptom management goals among participants.

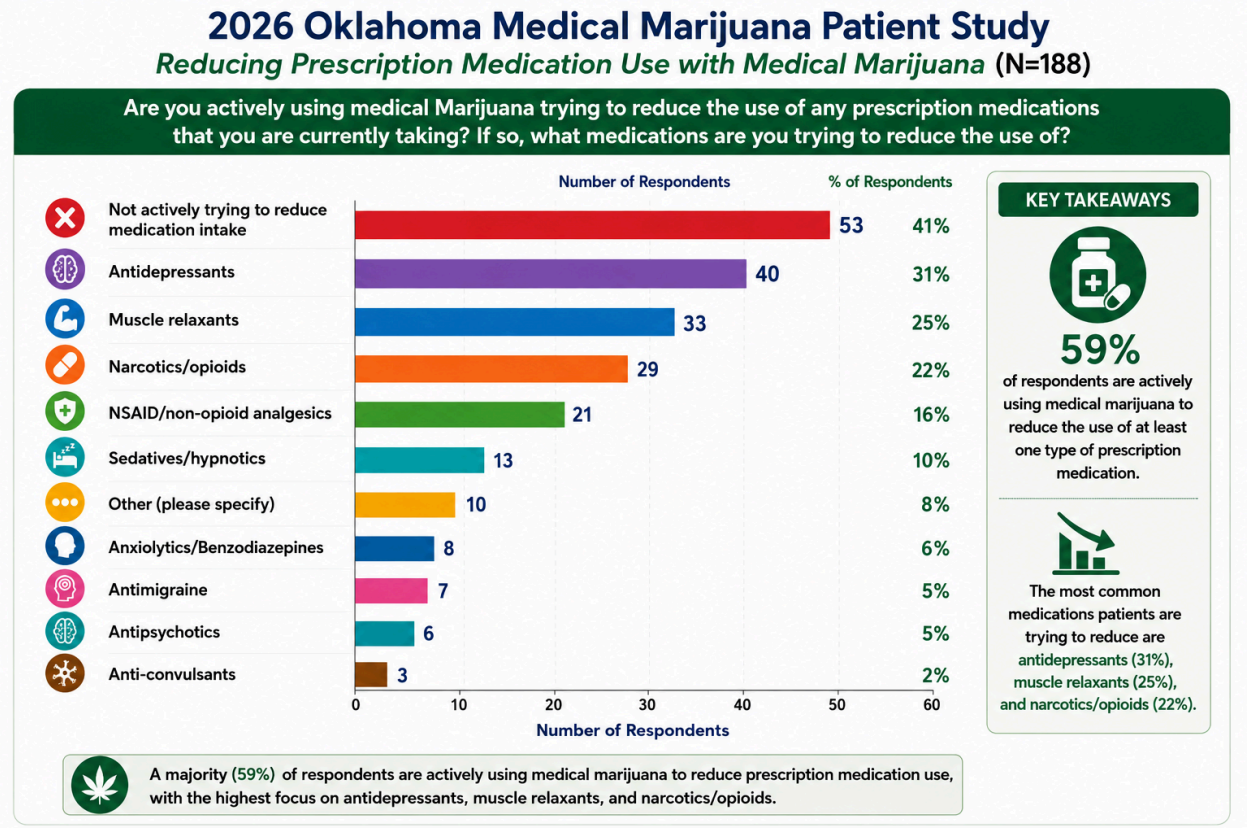



Importantly, respondents reported overwhelmingly positive impacts of medical marijuana on daily functioning and quality of life. Nearly nine in ten participants indicated that medical marijuana helped with physical symptoms such as pain, bodily function, and sensation (87%), while 86% reported improvements in psychological symptoms including anxiety, stress, calmness, sadness, and energy. More than two-thirds (69%) stated that medical marijuana generally improved their quality of life.

The survey also identified substantial medication and substance substitution effects. Approximately 45% of respondents reported reducing alcohol use, 43% reported avoiding the initiation of additional medications, and 42% reported reducing use of prior non-opioid medications. Notably, 42% reported reducing opioid use, while nearly one-third (32%) reported reducing tobacco use. Additional respondents reported reductions in the use of other substances, suggesting that medical marijuana may play a role in broader harm reduction strategies for some patients.




Overall, the findings highlight that Oklahoma medical marijuana patients report using cannabis across a wide spectrum of medical, psychological, neurological, and pain-related conditions. Respondents consistently described positive effects on symptom management, functioning, and overall quality of life, while also reporting reductions in the use of alcohol, opioids, tobacco, and other medications. Collectively, these results provide important real-world evidence regarding patient-reported outcomes and therapeutic motivations within Oklahoma's medical marijuana program.

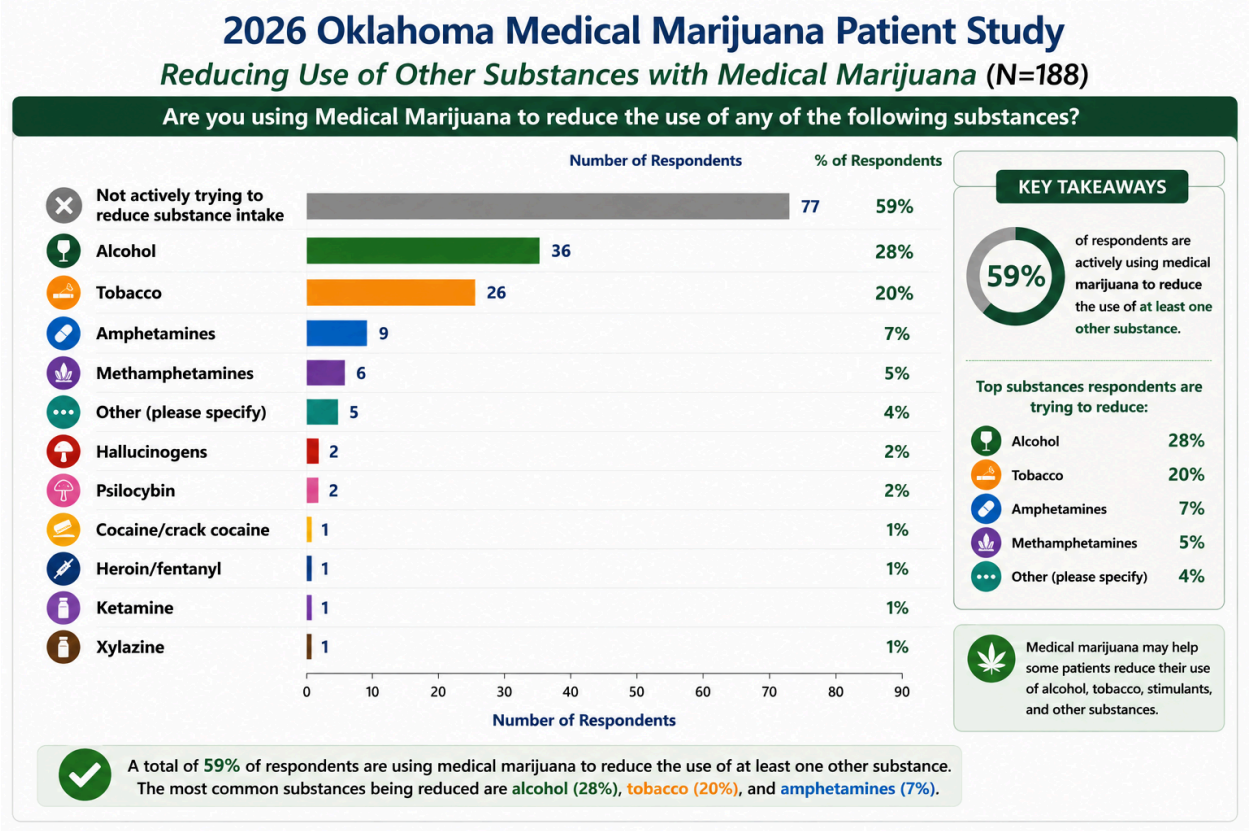



The findings presented in this figure demonstrate that many respondents in the 2026 Oklahoma Medical Marijuana Patient Study reported actively using medical marijuana as part of an effort to reduce reliance on prescription medications. Overall, 59% of respondents indicated that they were attempting to reduce the use of at least one category of prescription medication, while 41% reported they were not actively trying to reduce medication intake.

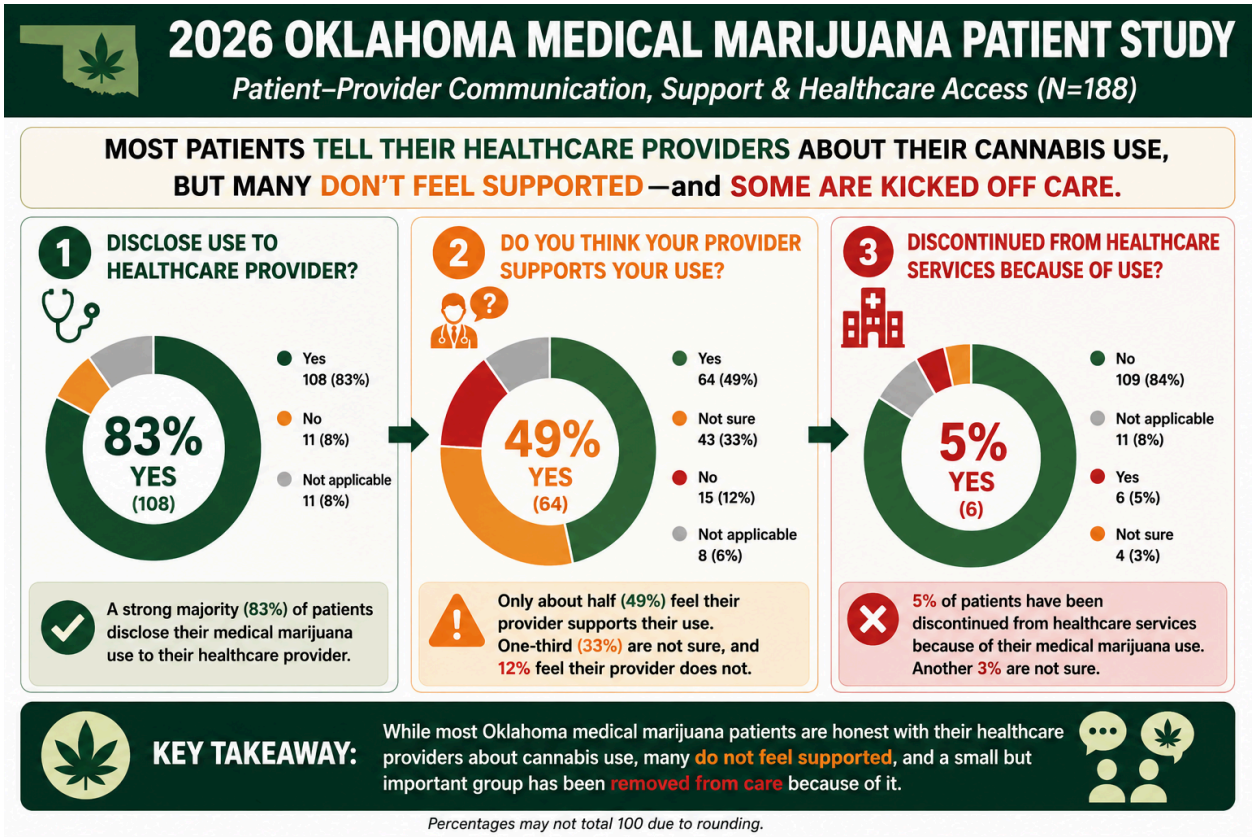
Among respondents seeking medication reduction, antidepressants were the most commonly reported medication class patients were attempting to reduce, identified by 31% of respondents. Muscle relaxants (25%) and narcotics/opioids (22%) were also frequently reported, suggesting that many patients perceive medical marijuana as a complementary or substitute therapy for managing chronic pain, musculoskeletal symptoms, and mental health conditions. Additional medication categories participants reported attempting to reduce included NSAID and non-opioid analgesics (16%), sedatives/hypnotics (10%), anxiolytics/benzodiazepines (6%), antimigraine medications (5%), antipsychotics (5%), and anticonvulsants (2%).

These findings suggest that a substantial proportion of Oklahoma medical marijuana patients may be using cannabis within a broader self-directed harm reduction or

medication substitution framework. The reported reductions in opioids, sedatives, and other prescription medications are consistent with emerging real-world evidence literature describing patient-reported substitution effects associated with medical marijuana use. The data also highlight the importance of further research evaluating the clinical outcomes, safety considerations, and healthcare system implications associated with cannabis-related medication substitution practices.



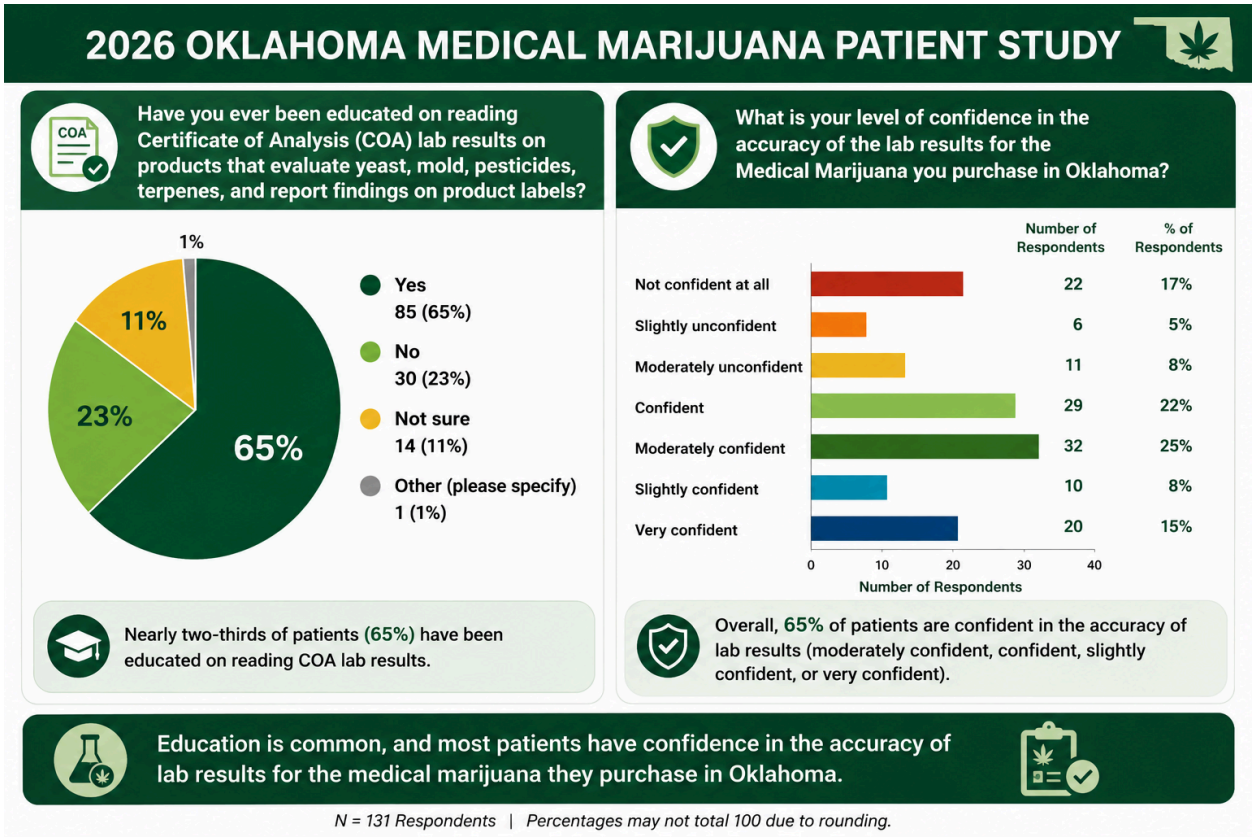

The findings from the 2026 Oklahoma Medical Marijuana Patient Study suggest that a substantial proportion of respondents reported using medical marijuana as part of an effort to reduce or substitute the use of other substances. Overall, 59% of respondents indicated they were actively using medical marijuana to reduce consumption of at least one other substance, while 41% reported they were not actively trying to reduce substance intake. Alcohol was the most commonly reported substance respondents were attempting to reduce, identified by 28% of participants, followed by tobacco (20%). Smaller proportions of respondents reported attempting to reduce stimulants such as amphetamines (7%) and methamphetamines (5%). Additional substances reported included hallucinogens, psilocybin, cocaine/crack cocaine, heroin/fentanyl, ketamine, and xylazine, though these were reported at relatively low frequencies (1–2%). These findings suggest that some Oklahoma medical marijuana patients may be using cannabis within broader harm reduction or substance substitution strategies, particularly related to alcohol, tobacco, and stimulant use.




Study findings also reveal a complex relationship between medical marijuana patients and the healthcare system in Oklahoma. A strong majority of respondents (83%) reported disclosing their medical marijuana use to their healthcare providers, suggesting that most patients are attempting to engage openly and honestly about cannabis use within clinical settings. However, despite this high rate of disclosure, only 49% of respondents believed their healthcare provider supports their medical marijuana use, while 33% reported uncertainty regarding provider support and 12% perceived that their provider did not support their use. These findings suggest that many patients may experience uncertainty, stigma, or inconsistent communication regarding medical marijuana within healthcare environments.

Importantly, while most respondents (84%) reported they had not been discontinued from healthcare services because of their medical marijuana use, a notable minority (5%) indicated they had experienced discontinuation of care related to cannabis use, with an additional 3% unsure whether their care had been affected. Although representing a smaller proportion of participants, these findings are clinically and policy relevant because they suggest that some Oklahoma medical marijuana patients may still face barriers to healthcare access or fear of discrimination associated with cannabis

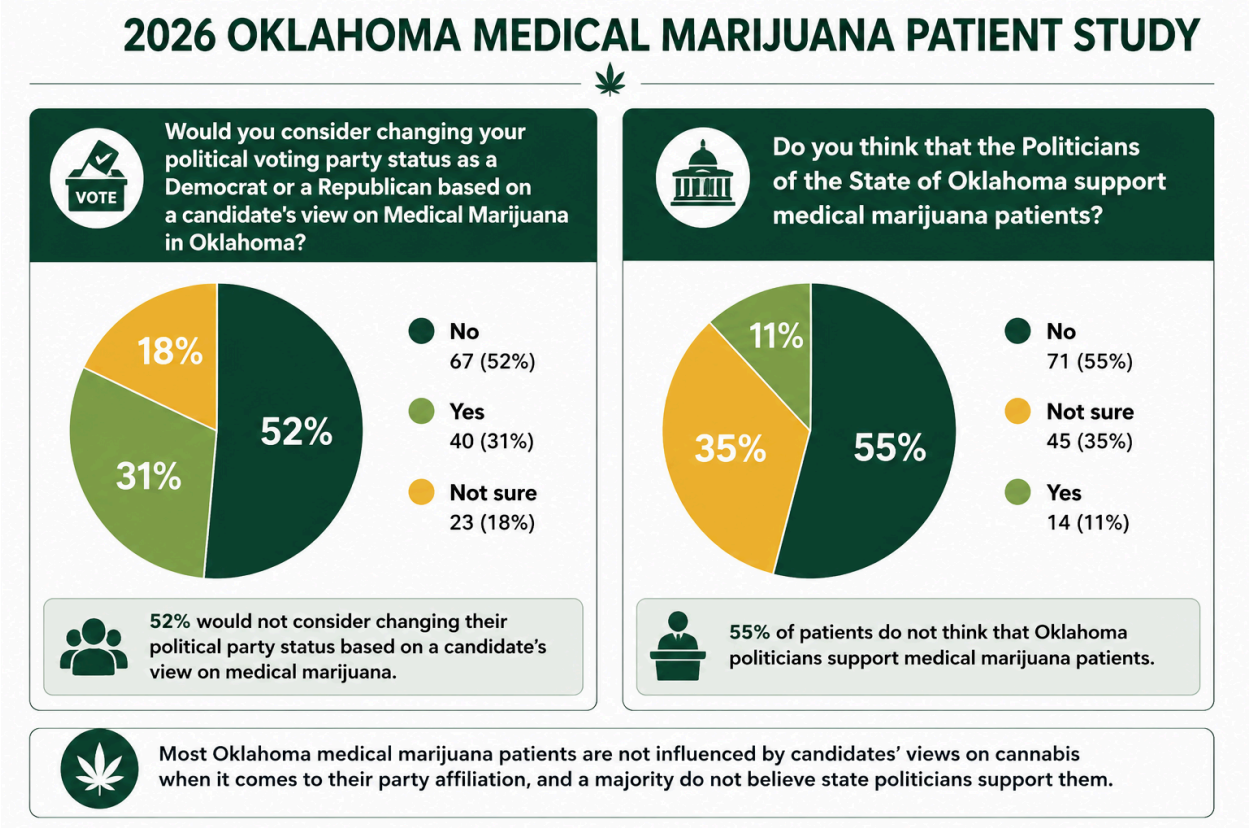
use. Collectively, the data highlight a significant disconnect between patient transparency regarding medical marijuana use and perceived provider acceptance, underscoring the need for improved provider education, evidence-based clinical guidance, and patient-centered communication surrounding medical marijuana in Oklahoma healthcare systems.




The findings from the 2026 Oklahoma Medical Marijuana Patient Study suggest that many respondents have received at least some education regarding Certificate of Analysis (COA) laboratory testing and product labeling within Oklahoma's medical marijuana market. Approximately 65% of respondents reported they had been educated on how to read COA lab results for products evaluating contaminants and product composition, including yeast, mold, pesticides, terpenes, and cannabinoid findings listed on product labels. However, nearly one-quarter of respondents (23%) reported they had not received this education, while 11% were unsure, indicating that substantial gaps in patient knowledge and product literacy may still exist within the marketplace.

The survey also assessed patient confidence in the accuracy of laboratory testing results for medical marijuana products purchased in Oklahoma. Overall, findings suggest moderate levels of confidence in the regulated testing system. Approximately 65% of respondents reported some level of confidence in the accuracy of lab results,

including 25% who were moderately confident, 22% who were confident, and 15% who were very confident. However, a notable proportion of respondents expressed concerns regarding testing reliability, with 17% reporting they were "not confident at all," 8% moderately unconfident, and 5% slightly unconfident. These findings highlight both the importance of Oklahoma's regulated testing framework and ongoing concerns among some patients regarding product consistency, contamination testing, and laboratory accuracy. Collectively, the results suggest a need for continued patient education on COA interpretation as well as ongoing efforts to strengthen trust, transparency, and standardization within Oklahoma's medical marijuana testing system.




The findings from the 2026 Oklahoma Medical Marijuana Patient Study suggest that medical marijuana policy and perceived political support may influence some patient attitudes toward elected officials and political engagement in Oklahoma. Approximately one-third of respondents (31%) reported they would consider changing their political party affiliation based on a candidate's position on medical marijuana, while 18% reported being unsure. However, a slight majority of respondents (52%) indicated they would not consider changing their political party status based on a candidate's views on cannabis policy. These findings suggest that although cannabis policy may not be the sole determinant of political identity for many patients, it remains a politically meaningful issue for a substantial proportion of respondents.

The survey also revealed low levels of perceived political support for medical marijuana patients among Oklahoma policymakers. More than half of respondents (55%) reported they do not believe Oklahoma politicians support medical marijuana patients, while 35% were unsure whether state politicians were supportive. Only 11% of respondents felt that Oklahoma politicians support medical marijuana patients.

These findings may reflect broader concerns among patients regarding regulatory changes, patient protections, access to care, affordability, product safety, and perceived stigma surrounding medical marijuana use. Collectively, the results suggest that many Oklahoma medical marijuana patients feel politically underserved or uncertain about governmental support despite the state's large and established medical marijuana program.

**Key Finding 2:** The current number of OMMA Licensees as of April 1, 2026 is: 2,136 cultivators, 677 processors, 1,417 dispensaries. OMMA Medical Marijuana licensed business enrollment increased exponentially between 2018 and 2021, with 9,400 cultivation licenses in 2021 and a drop to 2,136 cultivation licensed operators in 2026. Peak enrollment occurred in 2021, after which the market experienced a gradual decline due to market competition, addressing illegal grows, and natural market saturation. This marks a 77% market reduction in OMMA licensed cultivators from 2021 - 2026. As of April 20, 2026, there are 1,522 registered pharmacies and 1,417 medical marijuana dispensaries according to OBNDD.[30]

**Summary Findings:**

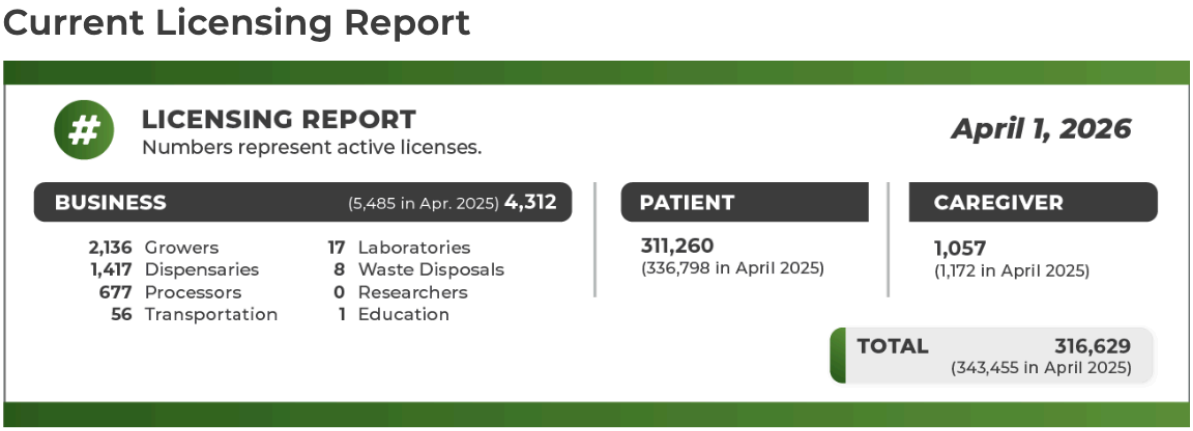
- Oklahoma's medical marijuana market expanded rapidly between 2018 and 2021, reaching approximately 9,400 cultivation licenses in 2021 before declining to 2,136 licensed cultivators by April 2026, representing a 77% market reduction.
- As of April 2026, Oklahoma reported 2,136 cultivators, 677 processors, and 1,417 dispensaries licensed through OMMA.
- Oklahoma continues to maintain one of the highest per-capita rates of medical marijuana businesses and patients in the United States, with approximately 34.7 dispensaries per 100,000 residents.
- Early market growth was driven by low barriers to entry, broad physician discretion, minimal licensing restrictions, and strong patient demand.
- Rapid expansion contributed to market saturation, declining wholesale prices, financial pressure on smaller operators, and increased regulatory concerns related to compliance and illicit activity.
- Beginning in 2022, Oklahoma implemented significant regulatory reforms, including licensing moratoriums, enhanced enforcement efforts, grower license caps, physician education requirements, and new product safety regulations.
- Between 2021 and 2026, the market transitioned from rapid expansion to consolidation, with fewer but more established operators remaining active.
- Stakeholders reported that the current market reflects increasing regulatory sophistication, improved compliance monitoring, and ongoing policy debates related to taxation, patient access, product safety, and long-term industry sustainability.
- Despite market contraction, Oklahoma's medical marijuana program remains notable nationally for its patient accessibility and historically open market structure.

[30] Source: OBNDD Verify, https://obnddc.us.thentiacloud.net/webs/obnddc/register/#/search/all/0/20/0/Active/Business%253A%2520Hospital%2520and%2520Pharmacy/all/ Accessed April 20, 2026

## 2026 Medical Marijuana OMMA Licensing Data

Oklahoma has a population of 4.13 million, and with 1,432 licensed dispensaries in the State; there are currently 34.7 dispensaries per 100,000 residents in Oklahoma. [31]

**Figure 2: OMMA Licensing Dashboard April 1, 2026; Accessed April 23, 2026**




**Source:** OMMA Licensing Dashboard:[32]
https://oklahoma.gov/omma/about/licensing-and-tax-data.html

**Figure 3: OMMA Licensing Trends April 1, 2026; Accessed April 23, 2026**

[31] **Source:** https://oklahoma.gov/omma.html Accessed April 17, 2026
[32] Source: https://oklahoma.gov/omma/about/licensing-and-tax-data.html Accessed March 24, 2025

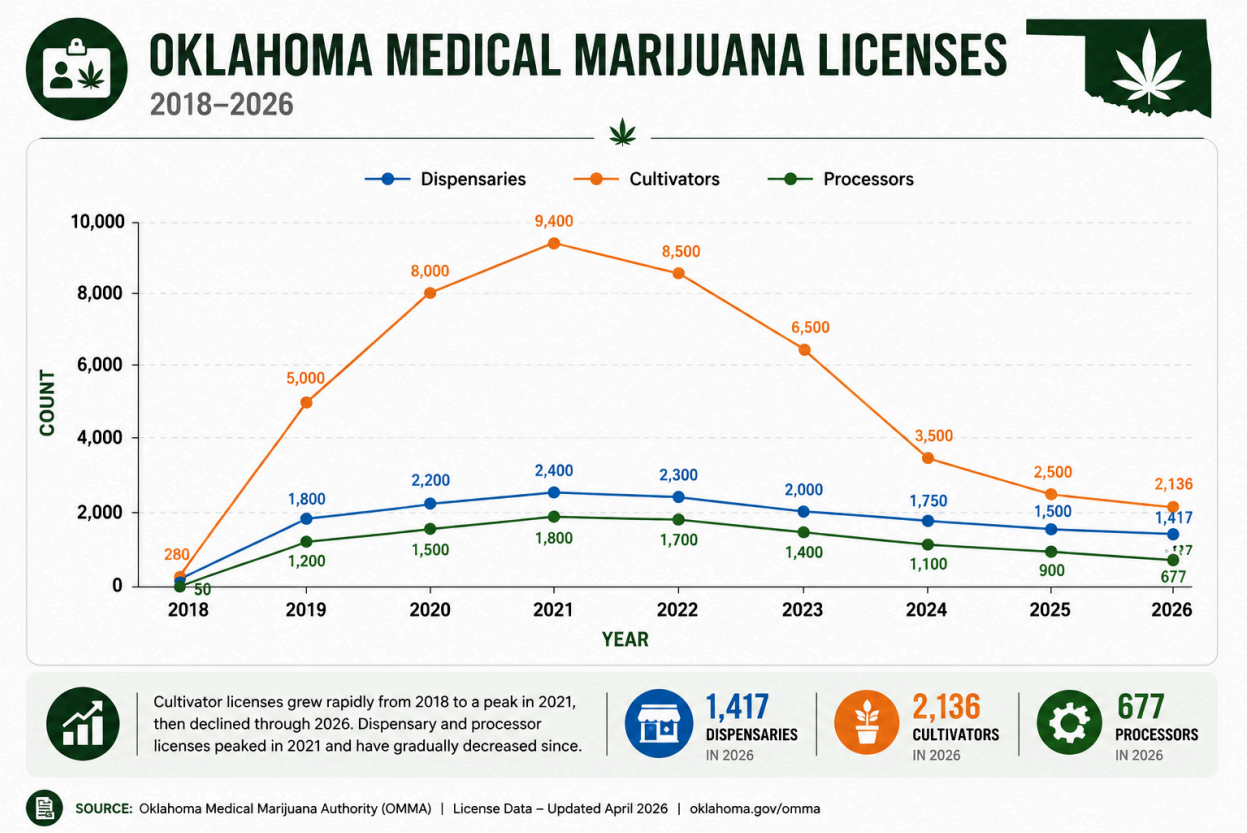



**Figure 3: Data Source:** Oklahoma Medical Marijuana Authority. OMMA Monthly Metrics and Licensing Reports. Oklahoma State Department of Health; 2018–2026.Accessed March–April 2026. https://oklahoma.gov/omma

**Table 1: OMMA Licensing Trend Data (2018-2026)**

| Year | Dispensaries | Cultivators | Processors |
|---|---|---|---|
| 2018 | 100 | 200 | 50 |
| 2019 | 1,800 | 5,000 | 1,200 |
| 2020 | 2,200 | 8,000 | 1,500 |
| 2021 | 2,400 | 9,400 | 1,800 |
| 2022 | 2,300 | 8,500 | 1,700 |
| 2023 | 2,000 | 6,500 | 1,400 |
| 2024 | 1,750 | 3,500 | 1,100 |
| 2025 | 1,500 | 2,500 | 900 |

| | | | |
|---|---|---|---|
| 2026 | 1,417 | 2,136 | 677[33] |

**Table 1.** Trends in registered medical marijuana patients and licensed businesses in Oklahoma (2018–2026). Patient enrollment grew rapidly following legalization, peaking in 2021 before stabilizing. In contrast, business licenses—particularly cultivators—expanded beyond sustainable demand levels and later declined following regulatory intervention and market correction.

**Market Expansion 2019-2021**

Between 2019 and 2021, Oklahoma's medical marijuana market expanded at a pace unmatched by other states. By 2020, the state had one of the highest per capita rates of medical marijuana patients in the country. This growth was driven by several factors:

- Broad physician discretion for recommendations
- Low patient barriers (e.g., no qualifying condition list)
- Minimal barriers to business entry with low fees
- Strong consumer demand

By 2021, Oklahoma had thousands of licensed businesses, including cultivators, processors, and dispensaries, creating a highly competitive and saturated marketplace. The rapid proliferation of licenses contributed to declining wholesale prices, particularly for cannabis flower, and increased economic pressure on smaller operators. Please see Key Finding #2 for more details.

**Market Consolidation 2021-2025**

In Oklahoma, from 2021-2025 marked a transition from an open-access market to a more regulated and enforcement-driven framework. During this period, the number of active licenses began to decline as businesses exited the market due to financial pressures, regulatory noncompliance, illicit market activity, or consolidation.

Beginning in 2022, Oklahoma entered a period of regulatory reform aimed at stabilizing the market and addressing concerns about oversupply and compliance. Key legislative and regulatory actions included:

- **License Moratorium:** HB 3208 (2022 Regular Session). The moratorium took effect on August 26, 2022. The Bills purpose was to pause the issuance of new grower, processor, and dispensary licenses to curb market saturation and allow

[33] Source: OMMA Dashboard https://oklahoma.gov/omma/about/licensing-and-tax-data.html Accessed April 23, 2026

the Oklahoma Medical Marijuana Authority (OMMA) to address backlogs and enforcement.[34]

- **Licensing & Caps:** HB 3143 and HB 3144 (2026) extended the license moratorium until 2028 and capped commercial grower licenses at 2,550.[35]
- **Regulation & Safety:** HB 3519 (2026) requires environmental reclamation fees, while HB 4454 (2026) caps edible THC levels. SB 1066 (2025) mandates doctor training, and SB 786 (2025) prohibits consumption in vehicles.[36]

**Market Maturation and Policy Evolution (2025–2026)**

OMMA Medical Marijuana licensed business enrollment increased exponentially between 2018 and 2021, with 9400 cultivation licenses in 2021 and a drop to 2136 cultivation licensed operators in 2026. Peak enrollment occurred in 2021, after which the market experienced a gradual decline due to market competition, addressing illegal grows, and natural market saturation. This marks a 77% market reduction in OMMA licensed cultivators from 2021 - 2026.[37]

By 2025–2026, the Oklahoma medical marijuana market had entered a phase of maturation characterized by:

- Market consolidation: Fewer but more established operators remained active
- Stabilization of supply and pricing: Following earlier oversupply, production levels began to align more closely with patient demand
- Increased regulatory sophistication: OMMA expanded its enforcement capacity and data systems to monitor compliance and track industry trends
- Ongoing policy debates: Including discussions on taxation, patient access, product safety standards, and potential future pathways

As of early 2026, Oklahoma continues to maintain one of the highest per capita rates of medical marijuana patients in the United States, with a program that remains distinct for its patient accessibility and historically open market structure. Please see key Finding #1.

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[34] **Source:** OK Legislature https://www.oklegislature.gov/BillInfo.aspx?Bill=hb3208&Session=2200 Accesseed April 8, 2026
[35] **Source:** OMMA https://oklahoma.gov/omma/rules-and-legislation/legislative-updates.html#:~:text=HB%203143%20(2026):%20Extends%20the%20moratorium%20on%20new%20medical%20marijuana%20businesses%20until Accessed April 8, 2026
[36] **Source:** https://oklahoma.gov/omma/rules-and-legislation/legislative-updates.html Accessed May 14, 2026
[37] Source: OBNDD Verify, https://obnddc.us.thentiacloud.net/webs/obnddc/register/#/search/all/0/20/0/Active/Business%253A%2520Hospital%2520and%2520Pharmacy/all/ Accessed April 20, 2026

In 2025, SB1066 was passed, starting Jan. 1, 2026, where physicians must complete specific continuing medical education and register with the Oklahoma Medical Marijuana Authority (OMMA) to recommend Medical Marijuana.

**Key Finding 3:** In May 2026, Oklahoma Medical Marijuna Businesses expressed strong support for a more transparent, collaborative, and sustainable regulatory framework, including improved communication from OMMA, fair and consistent enforcement practices, stronger laboratory oversight, and reforms that reduce unnecessary financial and administrative burdens. Significant concerns were also raised regarding the reliability and consistency of laboratory testing in Oklahoma, with respondents calling for increased standardization, stronger quality assurance measures, and enhanced public health protections moving forward.

**Summary Findings:**
From April 1- May 21, 2026 Oklahoma Medical Marijuana Businesses were surveyed to ask current challenges, successes, and recommendations for the future of OK Medical Marijuana businesses. The following is a summary of the results from 13 OK businesses and workers. Summary Findings:

- **Challenges:** Respondents described operating in a highly uncertain and stressful business environment shaped by regulatory complexity, economic instability, and concerns about the future direction of Oklahoma's medical marijuana industry. Despite these challenges, several respondents emphasized their commitment to producing quality products and serving patients responsibly.
- **Successes:** Respondents demonstrated strong resilience and continued commitment to patient care, compliance, and professionalization within Oklahoma's medical marijuana industry. While many businesses reported significant operational and regulatory challenges elsewhere in the survey, these responses reveal that operators remain motivated by patient outcomes, entrepreneurial dedication, and the long-term potential of the industry.
- **Recommendations**: Respondents strongly supported a more transparent, collaborative, and business-supportive regulatory environment in Oklahoma. While many businesses acknowledged the importance of compliance and enforcement, they emphasized that OMMA's priorities should shift toward communication, operational efficiency, fair enforcement practices, and long-term industry sustainability.
- **Lab Testing:** Overall, respondents identified substantial concerns about the reliability, consistency, and oversight of medical marijuana lab testing in Oklahoma. Businesses strongly supported increased standardization, improved chain-of-custody procedures, and stronger quality assurance measures to improve trust in the system and ensure fair competition within the industry.
- **Legislative Reforms:** Respondents expressed strong interest in legislative reforms that would stabilize the Oklahoma medical marijuana industry, reduce financial and regulatory burdens, improve oversight systems, and provide greater representation for industry professionals and patients in policymaking decisions. Many responses reflected a desire for a more collaborative, transparent, and economically sustainable regulatory framework moving forward.

1. **What challenges does your company face in Medical Marijuana in Oklahoma in 2026?**

Survey respondents identified several major challenges currently impacting Oklahoma medical marijuana businesses. The most frequently reported concerns centered around regulatory instability, financial pressures, market oversaturation, and difficulties working with state agencies.

Overall, respondents described operating in a highly uncertain and stressful business environment shaped by regulatory complexity, economic instability, and concerns about the future direction of Oklahoma's medical marijuana industry. Despite these challenges, several respondents emphasized their commitment to producing quality products and serving patients responsibly.

Key Themes Identified

**Regulatory Burden and OMMA Oversight**
Many respondents described the Oklahoma Medical Marijuana Authority (OMMA) regulatory environment as overly burdensome, unclear, and difficult to navigate. Businesses expressed frustration with:

- Lack of clear guidance or transparency regarding rules and compliance expectations
- Fear of severe penalties or license loss for interpretation errors
- Stress and financial strain associated with audits, renewals, and compliance processes
- Perceptions that enforcement efforts are punitive rather than supportive

Several respondents specifically referenced challenges interacting with OMMA and OBNDD, citing inconsistent communication and difficulty obtaining regulatory clarification.

**Oversupply and Market Instability**
Business owners reported ongoing economic hardship due to:

- Market oversaturation from the large number of licenses issued early in the program
- Declining wholesale prices
- Increased competition from large-scale operators
- Continued impacts of the illicit market

Some respondents noted that many businesses have already closed or are exiting the market, creating financial uncertainty for remaining operators.

**Rising Costs and Financial Pressure**
Respondents highlighted increasing operational costs, including:

- Licensing and renewal fees
- Compliance-related expenses

- Inflation and business overhead costs

Many businesses reported difficulty remaining financially sustainable under current market conditions.

**Lack of Government Leadership and Industry Support**
Several respondents expressed concern about state leadership and the direction of Oklahoma's medical marijuana industry. Concerns included:

- Perceived hostility toward the industry
- Lack of support for compliant local businesses
- Frustration over changing regulations and political uncertainty

**Need for Clearer Processes and Administrative Reform**
Businesses requested:

- More transparent and streamlined renewal processes
- Better communication from regulatory agencies
- Consistent enforcement and interpretation of rules
- Policies that support long-term business sustainability

**2. What are some successes for your OK Medical Marijuana business you work for or own right now?**

Responses reflected a mix of perseverance, professional pride, patient-centered motivations, and appreciation for improving industry standards. Despite significant challenges, many respondents described meaningful successes and positive outcomes from participating in Oklahoma's medical marijuana industry.

Overall, respondents demonstrated strong resilience and continued commitment to patient care, compliance, and professionalization within Oklahoma's medical marijuana industry. While many businesses reported significant operational and regulatory challenges elsewhere in the survey, these responses reveal that operators remain motivated by patient outcomes, entrepreneurial dedication, and the long-term potential of the industry.

Key Themes Identified

**Commitment to Patients and Improving Quality of Life**
Many respondents emphasized that the most rewarding aspect of their work is helping patients improve their health and well-being. Businesses described:

- Providing safe medication and quality products
- Seeing improvements in patient quality of life
- Supporting individuals reducing or eliminating use of opioids, alcohol, and other substances

- Belief in cannabis as a life-changing or life-saving therapeutic option

Several respondents framed their work as mission-driven and rooted in patient care.

**Pride in Compliance and Professional Operations**
A number of businesses expressed pride in operating compliant, professional organizations within a heavily regulated industry. Respondents highlighted:

- Maintaining strong compliance records with no violations
- Investing substantial resources into compliance systems and standardized testing
- Support for regulatory tools such as Metrc tracking and pre-packaging requirements when implemented fairly
- Recognition that stronger regulation can improve patient safety and industry credibility

These responses suggest that many operators value accountability and support policies that remove non-compliant actors from the market.

**Resilience and Entrepreneurial Persistence**
Respondents frequently described success as the result of:

- Hard work and perseverance
- Dedication despite financial and regulatory pressures
- Long-term commitment to building sustainable businesses

Several comments reflected pride in surviving difficult market conditions and continuing to operate successfully in a highly competitive environment.

**Industry Collaboration and Community**
Some respondents highlighted positive relationships within the industry, including:

- Building partnerships with vendors and other businesses
- Appreciation for supportive patients and professional networks
- Increased awareness and public discussion of industry issues

Respondents also noted the importance of transparency and legislative engagement to improve the industry over time.

**Contributions to Public Knowledge and Policy**
A smaller number of respondents described contributing data, reports, advocacy, and educational efforts to support policymakers and improve public understanding of the industry. These respondents emphasized:

- Transparency
- Evidence-based policymaking
- Legislative reform efforts
- Public education around compliance and patient safety

### 3. What are three top priorities the Oklahoma Medical Marijuana Authority (OMMA) should focus on in 2026 to support OK Medical Marijuana businesses?

When asked about the top priorities the Oklahoma Medical Marijuana Authority (OMMA) should focus on in 2026, respondents consistently emphasized the need for regulatory reform, improved communication, and greater support for compliant businesses.

Overall, respondents strongly supported a more transparent, collaborative, and business-supportive regulatory environment in Oklahoma. While many businesses acknowledged the importance of compliance and enforcement, they emphasized that OMMA's priorities should shift toward communication, operational efficiency, fair enforcement practices, and long-term industry sustainability.

Key Themes Identified

**Clearer Regulations and Improved Communication**
The most common recommendation was for OMMA to provide:

- Clear, transparent, and consistent interpretations of rules
- Better communication with license holders
- Direct support channels for businesses seeking compliance guidance
- Faster responses to questions and applications

Many respondents expressed frustration that businesses often cannot obtain reliable answers from regulators and are forced to seek legal interpretation of unclear regulations.

**More Collaborative and Fair Compliance Enforcement**
Respondents repeatedly called for a shift from punitive enforcement toward collaborative compliance support. Suggested priorities included:

- Allowing businesses opportunities to correct non-emergency violations before punitive action
- Reducing what respondents described as aggressive or hostile enforcement practices
- Treating compliant operators as partners rather than presumed bad actors
- Increasing consistency in inspections and enforcement procedures

Several respondents emphasized that honest mistakes should not immediately result in severe penalties or license threats.

**Streamlining Licensing and Renewal Processes**
Businesses identified licensing inefficiencies as a major operational burden. Respondents recommended:

- Simplifying renewal processes when no operational changes have occurred
- Speeding up application approvals and license transfers
- Improving coordination between OMMA and OBNDD

- Reducing delays that create prolonged financial hardship for operators

Some respondents described months-long approval delays that resulted in substantial business expenses before revenue generation could begin.

**Reforming or Improving Metrc and Tracking Systems**
Numerous responses discussed frustrations with Metrc and state tracking systems, including:

- Concerns about system inefficiencies
- Lack of meaningful utilization of collected data
- Technical and operational burdens placed on businesses
- Desire for improved inventory and point-of-sale integration

Respondents also noted inconsistencies between OMMA and OBNDD systems and reporting requirements.

**Supporting Sustainable Industry Growth**
Several respondents encouraged OMMA to focus on strengthening the legal market through:

- Increasing patient participation
- Reducing barriers to patient licensing
- Supporting compliant businesses while removing non-compliant actors
- Creating policies that stabilize pricing and reduce oversupply pressures

Some respondents advocated for initiatives to attract out-of-state patients and improve market sustainability.

**Greater Industry Engagement and Transparency**
Businesses expressed interest in:

- More public education and training opportunities
- Open discussion forums with regulators
- Increased industry participation in rule development
- Greater transparency regarding use of cannabis tax revenue and agency decision-making

Respondents emphasized that business owners possess operational expertise that should be incorporated into policymaking discussions.

4. **Do you have any thoughts about medical marijuana lab testing in Oklahoma?**

Responses related to medical marijuana lab testing in Oklahoma revealed significant concerns about consistency, transparency, oversight, and trust in the current testing system. While some respondents acknowledged improvements in standardization efforts, the overwhelming theme was that the current testing environment lacks reliability and uniformity.

Overall, respondents identified substantial concerns about the reliability, consistency, and oversight of medical marijuana lab testing in Oklahoma. Businesses strongly supported increased standardization, improved chain-of-custody procedures, and stronger quality assurance measures to improve trust in the system and ensure fair competition within the industry.

Key Themes Identified

**Concerns About Inconsistent Lab Results**
The most common issue raised was major variability between testing laboratories. Respondents described:

- Significant inconsistencies in potency and terpene results between labs
- Concerns that some laboratories report unrealistically high THC percentages
- Lack of standardized testing methodologies across the state
- Frustration that honest businesses may be disadvantaged compared to operators seeking inflated results

Several respondents emphasized the need for more uniform testing standards and improved inter-laboratory consistency.

**Questions About Testing Integrity and Fraud**
Multiple respondents expressed serious concerns regarding the integrity of the testing system, including:

- Concerns that products submitted for testing may not accurately represent products sold to consumers
- Perceptions that fraudulent or manipulated testing may occur
- Belief that loopholes in sampling and chain-of-custody procedures are being exploited

A recurring recommendation was that laboratories, rather than businesses, should conduct or directly oversee sample collection to improve accountability and reduce opportunities for tampering.

**Lack of Trust in Oversight and Enforcement**
Respondents questioned whether OMMA has sufficient oversight capacity for laboratories. Concerns included:

- Belief that inspections and enforcement are inconsistent
- Perceptions that Oklahoma's testing standards lag behind other states
- Concerns that the state's reputation for cannabis testing quality has suffered nationally

Some respondents specifically noted skepticism regarding whether regulators are effectively monitoring lab performance and data accuracy.

**Support for Increased Standardization**
Despite criticism, some respondents acknowledged recent efforts toward standardization, including:

- Development of more uniform testing codes and procedures
- Anticipation that OMMA-operated verification testing could improve consistency
- Desire for standardized proficiency testing and validation requirements across all labs

Businesses expressed support for stronger oversight if applied fairly and consistently.

**Financial Burden of Testing Requirements**
Several respondents discussed the high cost of mandatory testing, particularly:

- Paying for full-panel testing before confirming potency compliance
- Duplicate testing costs when products fail allowable potency variance ranges
- Desire for staged testing approaches that would reduce unnecessary expenses

Respondents suggested allowing lower-cost potency screening before full compliance panels are required.

**Laboratory Availability and Market Access**
A smaller number of respondents expressed concern about limited laboratory availability due to enforcement actions and closures, stating that reduced testing capacity can create delays and operational challenges for businesses.

5. **What changes directly impacting the OK Medical Marijuana industry would you like pushed through legislation?**

Respondents focused on legislative reforms that they believe are necessary to improve the stability, fairness, and long-term success of Oklahoma's medical marijuana industry. While responses varied in specificity, several clear themes emerged.

Overall, respondents expressed strong interest in legislative reforms that would stabilize the Oklahoma medical marijuana industry, reduce financial and regulatory burdens, improve oversight systems, and provide greater representation for industry professionals and patients in policymaking decisions. Many responses reflected a desire for a more collaborative, transparent, and economically sustainable regulatory framework moving forward.

Key Themes Identified

**Support for Recreational/Adult-Use Legalization**
One of the most commonly mentioned legislative priorities was expanding Oklahoma's program to include adult-use or recreational marijuana access. Respondents stated that:

- Adult-use legalization could improve business sustainability
- Licensed dispensaries should remain the regulated point of sale

- Expansion could reduce illicit market activity while increasing tax revenue

Several respondents framed adult-use legalization as a logical next step for the industry.

**Fairness and Protection for Small Businesses**
Businesses expressed concern that current policies disproportionately favor larger operators. Respondents called for:

- Legislative protections for Oklahoma-based small businesses
- Policies preventing dominance by large corporate or out-of-state entities
- Greater consideration of the economic impact regulations have on small operators

These comments reflected broader concerns about market consolidation and economic survival.

**Reform of OMMA and Regulatory Processes**
Multiple respondents recommended structural reforms to the way rules are developed and implemented, including:

- Reducing OMMA's direct control over rulemaking
- Increasing involvement of industry professionals in drafting regulations
- Creating advisory panels made up of experienced operators and subject matter experts
- Requiring review of proposed regulations before implementation

Respondents emphasized that businesses working directly within the industry possess valuable operational knowledge that should inform policymaking.

**Concerns About Fees and Financial Burdens**
Several responses focused on rising regulatory costs, particularly OBNDD registration fees. Respondents described:

- Concerns about rapidly increasing fees
- Perceptions that fee structures are excessive compared to other controlled substance industries
- Desire for more standardized and transparent fee-setting practices

Financial sustainability remained a recurring concern throughout responses.

**Improved Lab Testing and Patient Protection**
Respondents also identified laboratory reform and patient safety as legislative priorities, including:

- Strengthening lab testing requirements
- Improving sample collection procedures
- Increasing accountability and transparency within testing systems
- Enhancing patient representation within state advisory structures

These responses suggest strong support for science-based oversight and consumer protection measures.

**Desire for "Common Sense" Governance**

A broader underlying theme across responses was frustration with political decision-making and regulatory complexity. Several respondents called for:

- More practical, evidence-based policymaking
- Reduced bureaucracy
- Greater consistency and transparency from regulators and lawmakers

**Key Finding 4:** The TEXOMA HIDTA *Marijuana in Oklahoma (2025)* report should be interpreted with caution due to its reliance on inconsistent methodologies, outdated data (primarily 2021–2022), and perception-based inputs that limit validity and generalizability. The report frequently emphasizes large relative increases without appropriate context and attributes causality without controlling for confounding factors. In contrast, more recent OMMA data from 2026 indicate market contraction and stabilization, including declines in patient licenses, dispensaries, and a 77% reduction in cultivation licenses. These differences highlight the importance of using current, standardized, and peer-reviewed evidence to inform Medical Marijuana policy decisions in Oklahoma.

Summary Findings:

- The TEXOMA HIDTA *Marijuana in Oklahoma (2025)* report relies on inconsistent methodologies, mixed data sources, and non-standardized datasets, limiting the validity of cross-sectional and longitudinal comparisons.
- The report incorporates perception-based and non-peer-reviewed information, including law enforcement and school resource officer accounts, which may introduce confirmation bias and reduce scientific rigor compared to validated public health surveillance systems.
- Significant portions of the TEXOMA analysis are based on outdated data, including NSDUH 2021–2022 datasets, which do not reflect current market conditions, regulatory changes, or trends occurring through 2026.
- The report frequently emphasizes large relative percentage increases without presenting absolute prevalence rates or confidence intervals, which may overstate the magnitude of public health impacts.
- Increases in marijuana seizure data may reflect expanded enforcement capacity, including the creation of Marijuana Enforcement Teams (MET), rather than true increases in illicit market activity.

- The TEXOMA report often implies causation between medical marijuana legalization and adverse outcomes without controlling for confounding factors such as national trends, economic conditions, or COVID-19 impacts.
- The report emphasizes negative outcomes while providing limited discussion of potential public health benefits documented in scientific literature, including opioid substitution effects and reductions in opioid prescribing.
- More recent 2026 OMMA data demonstrate substantial market contraction and stabilization in Oklahoma since the early expansion years:
    - Dispensaries declined to approximately 1,400 statewide
    - Patient licenses declined to approximately 310,000–320,000
    - Cultivation licenses declined by approximately 77% from 2021 to 2026
    - Stricter enforcement and compliance requirements contributed to reduced market saturation.
- Comparisons between Oklahoma and Colorado should be interpreted cautiously because Oklahoma operates a medical-only market with broader patient eligibility, while Colorado has both adult-use and medical programs.
- Oklahoma continues to have significantly higher medical marijuana access density than Colorado, with approximately 36.2 dispensaries per 100,000 population compared to Colorado's 4.7 medical dispensaries per 100,000 population.
- Future Oklahoma cannabis policy analysis should prioritize standardized public health surveillance systems, longitudinal studies, peer-reviewed evidence, and balanced frameworks that assess both risks and benefits.

**A Critical Appraisal of the TEXOMA HIDTA "Marijuana in Oklahoma (2025)" Report**

In March 2025, the TEXOMA High Intensity Drug Trafficking Area (HIDTA) program released *Marijuana in Oklahoma*, a report intended to inform policymakers and stakeholders on the impacts of medical marijuana legalization in the state.[38] While the report presents a broad compilation of data across multiple domains, including youth use, public safety, and health outcomes, it relies heavily on heterogeneous data sources, non-standardized methodologies, and lagged datasets.

Given the rapidly evolving nature of cannabis policy and market dynamics, particularly between 2018 legalization and 2026 policy discussions, a critical appraisal of the report's methods and interpretations is warranted. Key Finding 3 evaluates key methodological limitations, data validity concerns, and interpretive biases that necessitate caution in the use of this report for policymaking.

[38] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.

## Methodological Limitations

A central limitation of the HIDTA report is the lack of methodological consistency across datasets. The authors acknowledge that "the specific years of data presented vary in each section," reflecting the use of multiple data systems with differing collection periods and definitions.[39] This heterogeneity undermines comparability across indicators and precludes valid longitudinal analysis. In epidemiologic research, comparability of data sources and consistent measurement frameworks are essential to ensure valid inference.[40]

Additionally, the report incorporates non-peer-reviewed and perception-based data, including law enforcement surveys and anecdotal accounts from School Resource Officers (SROs).[41] While such perspectives may provide contextual insight, they are inherently subjective and lack standardized measurement protocols. Public health research prioritizes population-based surveillance systems—such as the Youth Risk Behavior Surveillance System (YRBSS) and National Survey on Drug Use and Health (NSDUH)—which employ validated methodologies and representative sampling.[42] Reliance on perception-based data introduces potential confirmation bias and limits generalizability.

Further, the report explicitly acknowledges significant data gaps, particularly in emergency department data, noting that "no trend information…can be determined" due to changes in data systems and voluntary reporting.[43] Despite this limitation, the report proceeds to present trend interpretations, which is methodologically inappropriate. When data are non-comparable across time, trend analysis should be avoided or clearly qualified.[44]

## Use of Outdated and Lagged Data

A critical concern for policy relevance is the report's reliance on outdated datasets, particularly in the context of 2026 decision-making. Many key findings are derived from NSDUH 2021–2022 data, which are averaged across two years and reflect conditions several years prior to publication.[45]

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[39] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[40]Source: Rothman KJ, Greenland S, Lash TL. *Modern Epidemiology*. 3rd ed. Lippincott Williams & Wilkins; 2008. Accessed April 29, 2026
[41] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[42] Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Updated 2023.
[43] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[44] Source: Rothman KJ, Greenland S, Lash TL. *Modern Epidemiology*. 3rd ed. Lippincott Williams & Wilkins; 2008. Accessed April 29, 2026
[45] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.

By 2026, these data are effectively 4–5 years old and fail to capture more recent developments, including regulatory changes, market stabilization, and updated behavioral trends.

The report also employs pre- and post-legalization comparisons using multi-year averages (2015–2018 vs 2019–2022).[46] While this approach may smooth variability, it obscures year-to-year trends and may exaggerate perceived increases by anchoring comparisons to artificially low baseline periods. Importantly, national data demonstrate that cannabis use has increased across many states irrespective of legalization status, suggesting that broader societal trends, not solely state policy, contribute to observed changes.[47]

**Overstatement and Interpretation Bias**

The report frequently emphasizes large relative percentage increases without providing adequate context. For example, claims of a "73% increase in youth use" and "162% increase in adult use" are presented prominently.[48] However, these figures are derived from comparisons of averaged datasets and do not include corresponding absolute prevalence rates or confidence intervals. Relative percentage changes, particularly when based on small baseline values, can overstate the magnitude of public health impact.[49] Best practices in epidemiology recommend presenting both absolute and relative measures to contextualize findings.[50]

Similarly, law enforcement metrics, such as a "69,573% increase in marijuana plants seized", are interpreted as indicators of increased illicit activity.[51] However, the report itself notes the establishment of Marijuana Enforcement Teams (MET) beginning in 2021.[52] Increased enforcement capacity is a well-documented driver of seizure data and does not necessarily reflect underlying prevalence of illegal activity. Without controlling for enforcement intensity, such metrics are not valid indicators of population-level trends.

The report also demonstrates a tendency to conflate correlation with causation, implying that medical marijuana legalization directly caused increases in youth use, crime, and health-related harms.[53] However, no multivariate analyses are presented to control for

[46] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[47] Substance Abuse and Mental Health Services Administration. *National Survey on Drug Use and Health (NSDUH)*. 2022.
[48] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[49] World Health Organization. *Guidelines for Accurate and Transparent Health Estimates Reporting*. 2022.
[50] Source: Rothman KJ, Greenland S, Lash TL. *Modern Epidemiology*. 3rd ed. Lippincott Williams & Wilkins; 2008. Accessed April 29, 2026
[51] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[52] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[53] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.

confounding variables, such as national behavioral trends, economic conditions, or the COVID-19 pandemic. Peer-reviewed research indicates that the relationship between cannabis legalization and public health outcomes is complex, with mixed or null effects observed across multiple domains.[54][6],[7]

### Selective Framing and Omission of Context

Another limitation is the report's selective emphasis on negative outcomes, including poison control calls, hospitalizations, and criminal activity, without providing balanced context. For example, increases in cannabis-related poison control calls are presented without acknowledging increased reporting, improved surveillance systems, or population growth.[55] Additionally, the report does not address potential public health benefits, such as reductions in opioid prescribing and substitution effects, which have been documented in the literature.[56]

The report also relies heavily on gray literature and internal agency data, with limited integration of peer-reviewed scientific evidence.[57] While state-level data are valuable, the absence of systematic reviews or national comparative studies limits the report's ability to situate findings within the broader evidence base.

### Implications for Policy and Research

Given these limitations, the HIDTA report should be interpreted with caution in legislative and regulatory contexts. The combination of outdated data, non-standardized methodologies, and interpretive bias increases the risk of misinforming policy decisions. Policymakers should instead prioritize evidence derived from:

- Standardized surveillance systems (e.g., YRBSS, NSDUH, BRFSS)
- Longitudinal and population-based studies
- Peer-reviewed literature and systematic reviews
- Public health frameworks that incorporate both risks and benefits

A shift toward a public health–oriented monitoring framework, including standardized indicators, transparent methodology, and balanced interpretation, would provide a more reliable foundation for evaluating cannabis policy in Oklahoma. Please see Key Finding 4 for further recommendations.

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[54] Cerdá M, Mauro C, Hamilton A, et al. Association between recreational marijuana legalization and marijuana use among US adolescents. *JAMA Psychiatry*. 2020;77(2):165-171. And Smart R, Pacula RL. Early evidence of the impact of cannabis legalization on cannabis use, cannabis use disorder, and the use of other substances. *Annu Rev Public Health*. 2019;40:221-241.
[55] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.
[56] Bachhuber MA, Saloner B, Cunningham CO, Barry CL. Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999–2010. *JAMA Intern Med*. 2014;174(10):1668-1673.
[57] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025

The TEXOMA HIDTA *Marijuana in Oklahoma (2025)* report represents an effort to synthesize diverse data sources into a single policy document.[58] However, its methodological limitations, reliance on outdated data, and tendency toward overinterpretation of relative changes constrain its utility as an evidence base for policymaking. While the report identifies areas for further investigation, its findings should be contextualized within the broader scientific literature and interpreted with appropriate caution. Future analyses should prioritize methodological rigor, transparency, and alignment with established public health research standards.

### 2026 Updated Oklahoma OMMA Data

More recent administrative data from the Oklahoma Medical Marijuana Authority (OMMA) indicate that the Oklahoma market has undergone substantial contraction and stabilization since its early expansion phase:

- Licensed dispensaries decreased to approximately 1,400 by early 2026, down from prior peak levels exceeding 2,000 (OMMA, April 2026)
- Active patient licenses have declined from peak levels, with approximately 310,000–320,000 registered patients in 2026 (OMMA, April 2026)
- The state has implemented stricter licensing, enforcement, and compliance requirements beginning in 2023–2024, contributing to reduced market saturation
- Most notably a 77% reduction in cultivation licenses from 2021 to 2026, driven by a combination of market saturation, enforcement actions, and evolving regulatory requirements.
- These trends suggest that earlier projections of oversupply or uncontrolled expansion may not accurately reflect current market conditions.

### 2026 Data Update to the TEXOMA Report

The section below details out data claims from the TEXOMA report, and provides a 2026 data update when and where applicable.

[58] Source: Texoma High Intensity Drug Trafficking Area (HIDTA). *Marijuana in Oklahoma*. March 2025.

| **TEXOMA Report Claim**[59] | **TEXOMA Data Claim Comments** | **2026 Data Available** | **2026 Data Comments** |
|---|---|---|---|
| A moratorium of new licenses for any dispensary, grower, or processor was established August 26, 2022, and is set to expire on August 1, 2026. | This is correct. Source: https://oklahoma.gov/omma/businesses/commercial-licenses/dispensary-license.html | 2026 Proposed House Bills 3143 and 3144 would extend an existing moratorium on all new marijuana business licenses to Aug. 1, 2028, and limit the number of grow licenses to 2,500.[60] | New Bill is proposed in 2026 Session to extend the moratorium and cap licenses. |
| Oklahoma has 12 times as many licensed medical marijuana growers as Colorado, and over 3 times as many medical and recreational growers combined. | No citation is listed. | Current Cultivators in 2026 according to OMMA: 2,157[61]<br><br>Current cultivators in 2026 in Colorado: 487 Adult-Use and 218 Medical Marijuana<br><br>OK has 3.06 times more growers than Colorados medical+adult use. | Oklahoma's medical marijuana system operates at a scale and intensity far exceeding Colorado due to a large patient population. As of 2026, Oklahoma has:<br><br>5× more medical dispensaries, ~1.6× more total<br><br>3× more cultivators |

[59]**Source**:https://www.texomahidta.org/files/DDF/Texoma%20HIDTA%20Oklahoma%20Marijuana%20Report%202025.pdf Accessed March 24, 2026

[60]**Source:**https://oklahomavoice.com/briefs/extended-moratorium-on-oklahoma-medical-marijuana-business-licenses-approved-by-house/ Accessed March 24, 2026

[61] **Source:** https://ncsanalytics.com/transparency-project/ok/?shareable=true Accessed March 24, 2026

| TEXOMA Report Claim[59] | TEXOMA Data Claim Comments | 2026 Data Available | 2026 Data Comments |
|---|---|---|---|
| | | | Nearly 9× higher patient participation[62] |
| Oklahoma has more than 5 times as many licensed medical marijuana dispensaries as Colorado, and nearly twice as many medical and recreational dispensaries combined. | No citation is listed. | Current dispensaries 2026 according to OMMA: 1,432 (as of March 2, 2026)[63]<br><br>Current medical marijuana dispensaries in 2026 in Colorado: 284 medical marijuana and 688 adult-use (as of Dec 2025)[64] and 882 total licenses as of Dec 2025.[65]<br><br>As of 2026, Oklahoma 1.62 Times as many medical and recreational | Colorado is an adult-use and medical State whereas Oklahoma is a medical only State. Because of this, the demand to become a medical patient is lower in Colorado and so the states are not truly comparable. Oklahoma is a medical only program with lower standards for qualifying conditions making Oklahoma patient friendly.<br><br>Medical Patient Count in Oklahoma |

[62] Data based on: Colorado: https://public.tableau.com/app/profile/cu.business.research.division/viz/ColoradoMEDDashboard/Overview and Oklahoma: https://oklahoma.gov/omma/about/licensing-and-tax-data.html
[63] Source: https://oklahoma.gov/omma/about/licensing-and-tax-data.html Accessed March 24, 2026
[64] Source: State of Colorado: https://docs.google.com/spreadsheets/d/1QseVKR6CEvUiB91s-rvKUC-JZawmPggw/edit?gid=2630898#gid=2630898 Accessed March 24, 2026.
[65] Source: https://public.tableau.com/app/profile/cu.business.research.division/viz/ColoradoMEDDashboard/Overview Accessed March 24, 2026

| TEXOMA Report Claim[59] | TEXOMA Data Claim Comments | 2026 Data Available | 2026 Data Comments |
|---|---|---|---|
| | | dispensaries combined as Colorado and five times as many. | 311,556 (As of March 2, 2026)<br><br>Medical Patient count in Colorado: 53,840 (Jan 2026)[66]<br><br>Pop of Oklahoma: 3,959,353 (2020 Census Data)[67]<br><br>Pop of Colorado: 6,012,561 (Jan 2026)[68]<br><br>What is the medical marijuana dispensary ratio per 100,000 population in Oklahoma 36.2 and Colorado - 4.7<br><br>OK has 7.7 times higher density of medical only dispensaries compared to Colorado. |

[66] Source: https://spl.cde.state.co.us/artemis/heserials/he1950010internet/he1950010202601internet.pdf Accessed march 24, 2026.
[67] Source: https://content.govdelivery.com/accounts/USCENSUS/bulletins/37b674c Accessed March 24, 2026
[68] Source: https://cdola.colorado.gov/press-release/colorados-state-demography-office-summarizes-the-us-census-data-released-today Accessed March 24, 2026

| TEXOMA Report Claim[59] | TEXOMA Data Claim Comments | 2026 Data Available | 2026 Data Comments |
|---|---|---|---|
| The medical marijuana industry has produced more than 32 times the marijuana supply necessary to meet licensed patient demands. | Citation: OMMA 2023 Supply and Demand Study with flawed methodology | | Please see key finding 4 |
| "The large oversupply observed in the regulated systems suggests that the licensed operators contributing to oversupply are very likely adding to an illicit market both at the point of cultivation and the point of retail sale." - An Empirical Assessment of Oklahoma's Medical Marijuana Market (June 2023) | Citation: OMMA 2023 Supply and Demand Study | From July 2023-24, the number of Medical Marijuana businesses decreased by 40%.[69] | From 2018-2022 there was a proliferation of businesses, but since 2022 there has been a dramatic decline in Oklahoma. |

[69] Source: https://oklahoma.gov/content/dam/ok/en/omma/content/publications/annual-report/fy-2024/OMMA%20Annual%20Report%20FY%202024.pdf Accessed March 24, 2026.

**Key Finding 5:** The TEXOMA report's claim that Oklahoma produces "32 times" the medical marijuana supply needed is based on flawed and insufficiently described methodology. Key limitations include non-representative sampling, lack of demographic transparency, and failure to capture the full range of cannabis products, particularly concentrates, which comprise a substantial portion of the market. Production estimates rely on assumptions derived from indoor cultivation that do not reflect Oklahoma's outdoor growing conditions and fail to account for real-world losses during cultivation. Critically, the analysis underestimates the significant biomass required for concentrate production and inaccurately assumes such products are derived from "waste." Together, these methodological gaps substantially undermine the validity of the oversupply conclusion and suggest the estimate likely misrepresents actual market dynamics.

**Summary Findings:**

- The methodology and conclusions of the TEXOMA/OMMA cannabis supply and demand report deserve critique, particularly its claim that Oklahoma produces "32 times" more medical marijuana than is necessary to meet patient demand. The analysis argues that the oversupply conclusion is based on flawed assumptions, weak survey methodology, and an incomplete understanding of cannabis production and product manufacturing. Key concerns include the lack of representative sampling, insufficient demographic transparency, and failure to adequately describe data collection methods or sample size calculations. The report also primarily focuses on smokable flower products while failing to meaningfully account for concentrates, vape cartridges, edibles, and other processed cannabis products that represent a substantial portion of Oklahoma's market.
- A major criticism centers on the assumptions used to estimate production capacity. The TEXOMA report assumes that approximately 1.49 plants are needed to produce one pound of cannabis, a figure likely derived from indoor cultivation studies that do not reflect Oklahoma's large outdoor and sun-grown cultivation environment. The report also does not adequately account for real-world agricultural losses caused by pests, contaminants, weather, or failed crops. Additionally, the analysis argues that the report significantly underestimates the amount of biomass required to manufacture concentrate products such as distillate vape oils and live resin products. Concentrates are not made from "waste" material such as stalks and leaves, but instead require large quantities of high-quality flower and trim. For example, the document notes that only 10–15% of processed dry biomass is typically recovered as distillate oil and approximately 4% for fresh frozen live resin production.
- The critique also challenges the demand assumptions used in the report. According to the TEXOMA calculations, the average medical patient consumes

approximately 11.28 grams per month (roughly 0.37 grams per day), while non-patient consumers are estimated at 19.7 grams per month (0.65 grams per day). The report extrapolates these estimates to Oklahoma's entire adult population, assuming that 47.2% of adults used cannabis within the past year and projecting uniform consumption patterns across all users. The analysis argues that this represents a substantial leap in logic and likely underestimates true market demand, particularly for processed and concentrate-based products.

- Finally, this highlights contradictions between the TEXOMA report's oversupply conclusions and OMMA market data from 2026 showing that only about 35.8% of sales involve flower products, while a large proportion of the market consists of vape cartridges, edibles, infused pre-rolls, and other processed products. The critique proposes that future supply calculations should incorporate realistic product category market shares, concentrate manufacturing yields, and production losses to more accurately estimate actual market demand and available supply. Collectively, the analysis concludes that the TEXOMA report's oversupply estimate lacks methodological rigor and likely misrepresents Oklahoma's true cannabis market dynamics.

The 2023 Oklahoma Medical Marijuana Authority (OMMA) Supply and Demand Study concluded that Oklahoma's regulated medical marijuana market produced substantially more cannabis than estimated patient demand, including widely cited claims that the state produced "32 times" more marijuana than necessary to meet licensed patient demand. However, review of the study methods and assumptions raises important concerns regarding the validity, interpretation, and generalizability of these findings.

The OMMA-commissioned analysis estimated regulated patient demand at approximately 50 million grams (110,000 pounds) of cannabis annually by multiplying the number of licensed patients in Oklahoma in April 2023 (369,515 patients) by a self-reported average monthly consumption of 11.28 grams per patient. This calculation assumes that the average licensed medical marijuana patient consumes approximately 0.37 grams of smokable cannabis flower per day.

The study further estimated total statewide cannabis demand — including both regulated and illicit consumers — at approximately 340 million grams (750,000 pounds) annually. This estimate was derived by assuming that 47.2% of Oklahoma adults used cannabis at least once in the previous year and that all such individuals consumed an average of 19.7 grams per month. These assumptions translate to an estimated average consumption of approximately 0.65 grams of smokable cannabis flower per day for every individual who reported any cannabis use in the prior year.

Several methodological concerns emerge from these assumptions. First, the calculations appear to rely heavily on average smokable flower consumption estimates without adequately accounting for the diversity of medical marijuana product types utilized within Oklahoma's market, including concentrates, vape cartridges, infused pre-rolls, tinctures, edibles, topical products, and other processed cannabinoid formulations. Market data from April 2026 demonstrate that flower products represented only a portion of total sales, with substantial percentages attributable to processed products such as vape cartridges and edibles.

Second, the study extrapolated monthly average consumption estimates across all individuals reporting any past-year cannabis use, regardless of frequency or intensity of use. This approach may overestimate demand among infrequent consumers while simultaneously oversimplifying highly variable patterns of medical cannabis use among patients with chronic or severe health conditions. Importantly, the report did not fully account for patient-specific dosing variability, routes of administration, cannabinoid concentrations, or non-smokable product equivalencies commonly used in medical marijuana programs.

Additional concerns arise from supply-side assumptions used to estimate production capacity. The study relied on external assumptions suggesting that 1.49 cannabis plants produce one pound of cannabis, combined with generalized assumptions regarding cultivation waste and processing losses. These assumptions were derived in part from data outside Oklahoma and may not accurately reflect Oklahoma's unique cultivation environment, which includes significant outdoor and greenhouse production capacity, variable environmental conditions, differing cultivation practices, and product conversion rates.

The report also concluded that the observed supply-to-demand ratio strongly suggested large-scale diversion into illicit markets. However, causality between oversupply estimates and illegal diversion was inferred rather than directly demonstrated through empirical evidence. The study itself acknowledged that additional research would be necessary to verify these assertions.

Given the substantial policy implications of these findings, including their use in shaping enforcement priorities, legislative debates, licensing moratoriums, and public perceptions of Oklahoma's medical marijuana industry, it is important that supply and demand analyses incorporate transparent methodologies, peer-reviewed assumptions, updated market data, and comprehensive accounting of modern cannabis product categories. Overreliance on simplified consumption assumptions or outdated market models may lead to inaccurate conclusions regarding market dynamics, patient demand, and the scale of illicit diversion.

Overall, while the OMMA Supply and Demand Study represented an important attempt to quantify Oklahoma's rapidly evolving medical marijuana market, the findings should be interpreted cautiously due to methodological limitations, broad assumptions regarding consumption patterns, and insufficient consideration of the complexity of modern cannabis product markets and patient use behaviors.

**Figure: NCA Analytics OMMA Data Dashboard, Accessed April 23, 2026[70]**


**Proposed Available Supply Assumptions and Calculations:**

Take total live flowering plant count, with assumptions: 1.5 pounds per plant (as assumed by CPCC Report) assumed waste was already removed to get 1.5 pounds per plant.

a. Get total % of possible flower in pounds
b. Remove (35.8%+13.4%+6.9%)= % total flower based on April 2026 OMMA Demand data
c. Remaining flower to be used for processing
    i. Average plant count needed for (22.1% vape cart +8.1% edible +13.6% other) product market share.

As of April 23, 2026: NCS reported OMMA Top Product Category Sales[71]

- 35.8% Bud and flower,
- 13.4% infused pre-roll
- 6.9% pre-roll flower
- 22.1% vape Carts
- 8.1% edible
- 13.6% other

[70] Source: NCS Analytics https://ncsanalytics.com/transparency-project/ok/?shareable=true OMMA Data Dashboard, Accessed April 23, 2026
[71] Source:L NCS Analytics Dashboard: https://ncsanalytics.com/transparency-project/ok/?shareable=true Accessed April 23, 2026

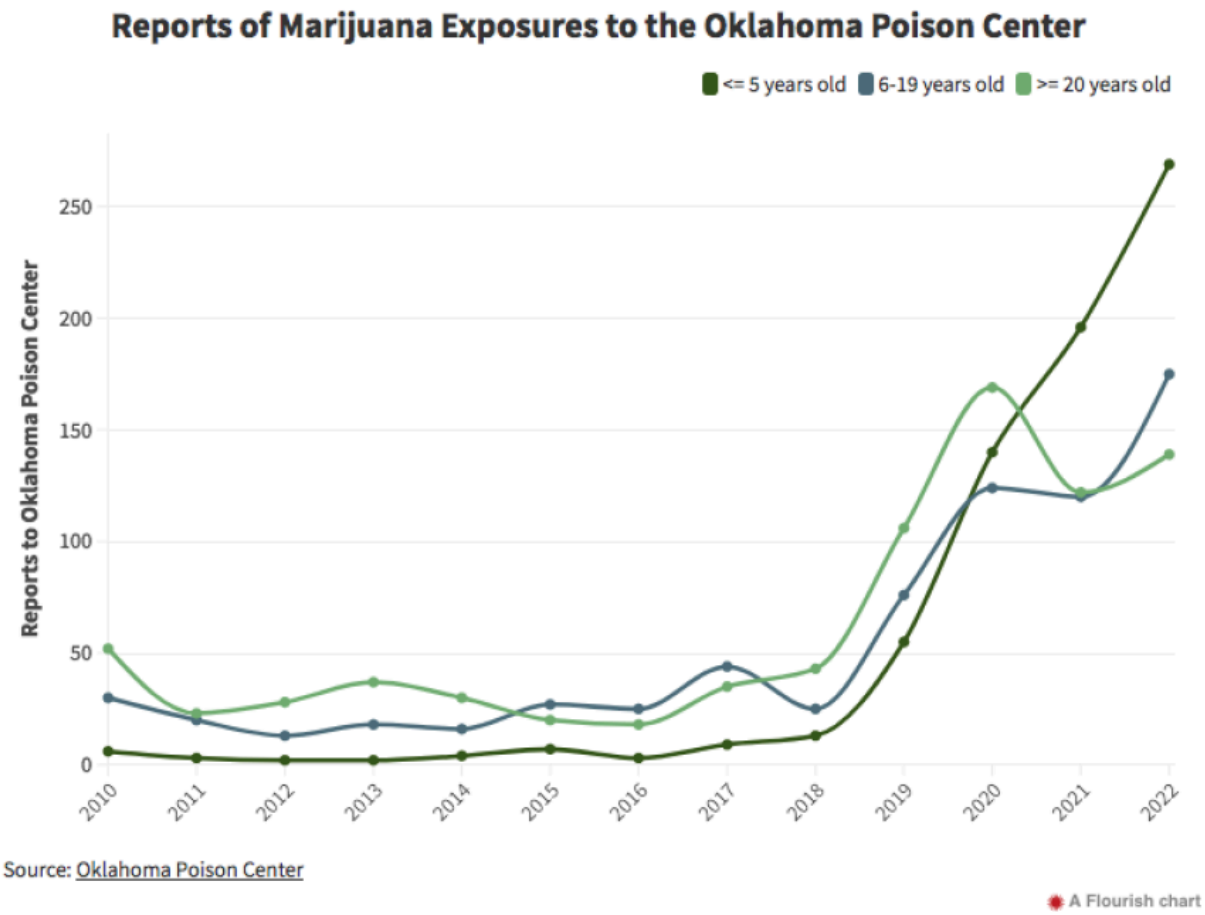
**Key Finding 6:** Accidental ingestion of medical marijuana among children and youth is increasing in Oklahoma, representing a preventable public health concern. To mitigate this risk, the Oklahoma Medical Marijuana Authority (OMMA), in collaboration with key stakeholders, should expand statewide education and prevention efforts targeting parents, caregivers, and youth. Strengthening initiatives such as the OMMA Medical Marijuana Lockbox Campaign and the Youth Impact Initiative, while partnering with the Oklahoma Department of Mental Health and Substance Abuse Services and the Department of Human Services, could improve safe storage practices, reduce unintentional exposures, and enhance public awareness of cannabis safety.

**Summary Findings**

- Pediatric marijuana poison control calls among children ages 0–5 increased 20-fold from 2018 to 2023.
- Inpatient hospitalizations related to cannabis poisonings increased by 228%.
- Accidental ingestion of marijuana products among children remains a growing public health concern in Oklahoma.
- Expanded statewide education campaigns focused on safe storage and cannabis safety are recommended.
- Continued implementation of the OMMA Lockbox Initiative may help reduce accidental pediatric exposures.
- Strengthening partnerships with ODMHSAS, DHS, schools, healthcare providers, and community organizations could improve prevention efforts.
- Enforcement of updated packaging and labeling regulations is important for reducing accidental ingestion risks.
- Consider limiting edibles to 25 mg per serving with 2,000 mgs per package, taking into account the nature of the medical marijuana program and patient profiles needing higher mg limits to meet therapeutic thresholds and individual patient needs.
- Most pediatric exposures are preventable through improved caregiver education, secure storage, and public awareness initiatives.[72]

**TEXOMA Report Health Impacts:** Pediatric marijuana poison control calls (ages 0-5) increased 20-fold from 2018 to 2023. Additionally, inpatient hospitalizations for cannabis poisonings increased 228%.

[72] Source: https://oklahoma.gov/omma/patients-caregivers/request-medication-lockbox.html Accessed




The findings from the TEXOMA report and related Oklahoma public health data indicate that accidental ingestion of medical marijuana among children and youth is an increasing and preventable public health concern in Oklahoma. Pediatric marijuana poison control calls involving children ages 0–5 increased approximately 20-fold between 2018 and 2023, while inpatient hospitalizations related to cannabis poisonings increased by 228% during the same period. These findings suggest that as access to medical marijuana products has expanded across the state, accidental pediatric exposures have also increased, particularly involving edible and consumable products that may be attractive to young children.

Importantly, these exposures are largely preventable through improved public education, safe storage practices, packaging compliance, and caregiver awareness. Continued implementation and expansion of prevention-focused initiatives could play a critical role in reducing unintentional cannabis exposures among children and adolescents. Existing efforts such as the OMMA Medical Marijuana Lockbox Initiative provide an important foundation for improving safe storage behaviors among patients

and households with children.[73] Additionally, strengthening youth-focused prevention and education efforts through programs such as the Youth Impact Initiative may improve awareness of cannabis safety, responsible adult use, and the risks associated with accidental ingestion.

The report recommends that the Oklahoma Medical Marijuana Authority (OMMA), in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Department of Human Services (DHS), healthcare providers, dispensaries, schools, and community organizations, expand statewide public education campaigns focused on marijuana safety and secure product storage. Enforcement of packaging and labeling regulations implemented in late 2025 should also remain a priority to reduce the likelihood of accidental pediatric exposure.

**Key Finding 7:** The TEXOMA HIDTA report asserts that youth cannabis use in Oklahoma has increased dramatically since legalization; however, this conclusion is not supported by methodologically rigorous or current evidence. The analysis relies on outdated data (primarily 2021–2022), does not incorporate Oklahoma-specific youth surveillance systems, and lacks alignment with established public health research standards. State-level youth substance use surveillance data from the Oklahoma Prevention Needs Assessment (OPNA) indicate that past 30-day marijuana use among youth has declined between 2021 and 2024 across surveyed grade levels. OPNA findings further suggest that youth cannabis use has generally decreased since the legalization of medical marijuana in Oklahoma in 2018, while perceptions of marijuana-related risk among students have increased, likely reflecting prevention and education efforts led by OMMA and the Oklahoma Department of Mental Health and Substance Abuse Services.

**Summary Findings:**

- TEXOMA Report Usage Trends: Oklahoma youth ranked 3rd in the nation for past-month marijuana use in 2021/2022, up from 43rd in 2017/2018. Since legalization, adult use (ages 26+) has increased by 188%.
- The TEXOMA report claims about youth cannabis use in Oklahoma are exaggerated. Youth use has not dramatically increased in Oklahoma since legalization, and the TEXOMA reported youth use of cannabis data is not accurate or relevant in 2026.

[73] **Source:** https://oklahoma.gov/omma/patients-caregivers/request-medication-lockbox.html Accessed May 15, 2026

- Oklahoma Youth Risk Behavior Survey (YRBS) trend data from 2013–2023 demonstrated no significant long-term increase in youth marijuana use, early initiation before age 13, or current marijuana use among students. National Monitoring the Future data similarly reported stable or declining cannabis use among adolescents, particularly among 12th graders. However, the report notes increasing use of hemp-derived intoxicating cannabinoid products such as delta-8-THC among youth, highlighting an emerging area of concern distinct from Oklahoma's regulated medical marijuana program.
- OMMA Regulations prevent any medical marijuana from being purchased by anyone below the age of 21 years, unless they are enrolled as a pediatric patient.
- Past 30-day use of Marijuana has decreased since 2021 - 2024 among all surveyed grades according to the State standard Oklahoma Prevention Needs Assessment (OPNA)
- Oklahoma Prevention Needs Assessment (OPNA) survey data, the State's gold standard youth substance use bi-annual survey, reports that youth and adolescent Use of Cannabis has declined since the legalization of Medical Marijuana in Oklahoma in 2018.
- Student perception of the risk of using marijuana has increased since legalization, due to efforts of OMMA and the Oklahoma Department of Mental Health and Substance Use.
- Oklahoma YRBS 2013-2023 trend monitoring reported no linear change over ten years in % of students who report: ever using marijuana, tried marijuana for the first time before age 13, who currently use marijuana. [74]
- Nationally, according to Monitoring the future data, "Cannabis use remained stable for the younger grades, with 7.2% of eighth graders and 15.9% of 10th graders reporting cannabis use in the past 12 months. Cannabis use declined among 12th graders, with 25.8% reporting cannabis use in the past 12 months (compared to 29.0% in 2023). [75] Of note, 2% of 8th graders, 6% of 10th graders, and 9% of 12th graders reported use of cannabis products made from hemp, which include intoxicating products such as delta-8-tetrahydrocannabinol, in the past 12 months.[76]

[74]Source:https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/yrbs/2023/Oklahoma%20YRBS%202013-2023%2010-Year%20Trend%20Report.pdf Accessed March 24, 2025

[75]Source:https://www.nih.gov/news-events/news-releases/reported-use-most-drugs-among-adolescents-remained-low-2024

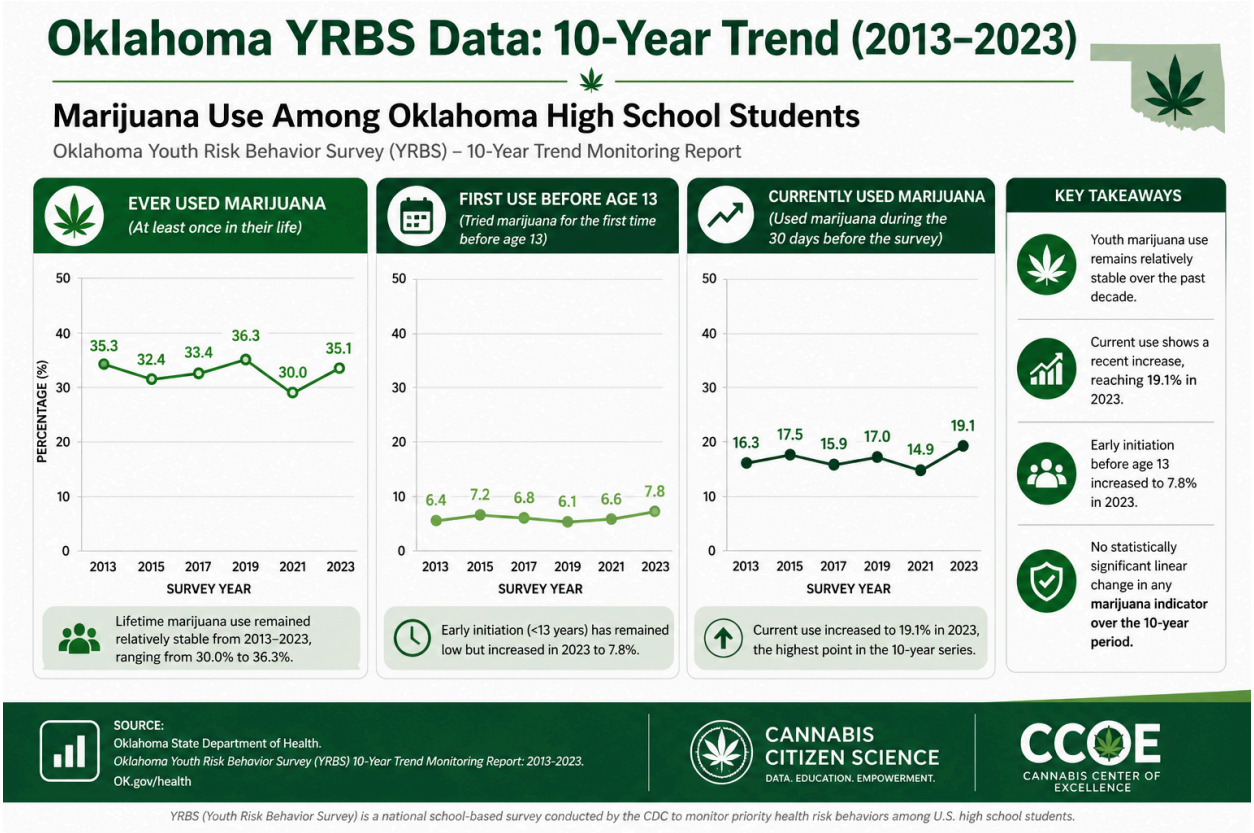
[76]Source:https://nida.nih.gov/news-events/news-releases/2025/12/reported-use-of-most-drugs-remains-low-among-us-teens Accessed April 23, 2026 Patrick, M. E., Miech, R. A., Johnston, L. D., & O'Malley, P. M. (2025). Monitoring the Future Panel Study annual report: National data on substance use among adults ages 19 to 65, 1976-2024. Monitoring the Future Monograph Series. Ann Arbor: Institute for Social Research, The University of Michigan.

**Table 2: Youth Behavior Risk Surveillance Survey Data From 2013-2023[77]**

| Year | Ever Used Marijuana (%) | First Use <13 (%) | Current Use (%) |
|---|---|---|---|
| 2013 | 35.3 | 6.4 | 16.3 |
| 2015 | 32.4 | 7.2 | 17.5 |
| 2017 | 33.4 | 6.8 | 15.9 |
| 2019 | 36.3 | 6.1 | 17.0 |
| 2021 | 30.0 | 6.6 | 14.9 |
| 2023 | 35.1 | 7.8 | 19.1 |

[77] Source: https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/yrbs/2023/Oklahoma%20YRBS%202013-2023%2010-Year%20Trend%20Report.pdf Access April 29, 2025

**Figure 4:** High School Youth Risk Behavior Survey. % of students that currently used marijuana(also called pot or weed, one or more times during the 30 days before the survey or ever in the past). Oklahoma Youth Risk Behavior Survey (YRBS)[78] | 2013-2023




- Lifetime use ("ever used") remained relatively stable over the decade (~30–36%), indicating persistent exposure among youth populations.
- Current marijuana use shows a recent increase, rising to 19.1% in 2023, the highest point in the 10-year series.
- Early initiation (<13 years) remains low but increased in 2023 (7.8%), suggesting potential emerging risk in younger cohorts.
- Overall, the report classifies most marijuana indicators as "no significant linear change," despite short-term fluctuations .

[78] Source: CDC YouthOnline, https://youthonline.cdc.gov/#/data?topics=ALL&location1=OK&year1=ALL&location2=&year2=&question=H48&locationtype=ALL&view=graph&row_variable_1=S&row_variable_2=none&row_variable_3=none&survey=highschool&direction=Greater&gender=S1&ethnicity=R1&grade=G1&age=A1&identity=I1&transgender=N1&sexualandgenderidentity=L1&contact=P1&twolocations=false&decimal=1&variance=0&samplesize=1&filteredYears=&yearSort=ASC Accessed April 23, 2023

## Current/Past 30 Day Marijuana Use has declined among high school youth in Oklahoma.

- Data from the Oklahoma Youth Risk Behavior Survey (YRBS) indicate Long-term decline in youth marijuana use: Past 30-day marijuana use among Oklahoma high school students decreased from 22.0% in 2003 to 14.9% in 2021, representing a substantial overall reduction.[79]
- No sustained increase following medical marijuana legalization: Despite the implementation of Oklahoma's medical marijuana program in 2018, youth use did not increase and instead continued a downward or stable trend through 2021.[80]

Periods of fluctuation but overall stabilization: Between 2009 and 2019, youth marijuana use fluctuated within a relatively narrow range (~16%–19%), suggesting stabilization prior to further decline in the most recent data year.

Data from the Oklahoma Youth Risk Behavior Survey (YRBS) indicate that the prevalence of current marijuana use among high school students has generally declined over the past two decades, with some fluctuations over time. In 2003, approximately 22.0% of high school students reported using marijuana at least once in the past 30 days. This proportion decreased notably through 2007 (15.9%), followed by modest variability in subsequent years.

Between 2009 and 2015, youth marijuana use fluctuated within a relatively narrow range (16.3%–19.1%), suggesting periods of stabilization rather than sustained increase or decrease. From 2015 onward, the trend again moved downward, with reported use declining to 15.9% in 2017, slightly increasing to 17.0% in 2019, and then reaching a low of 14.9% in 2021, the lowest level observed across the study period.

Overall, these data suggest a long-term downward trend in youth marijuana use in Oklahoma, despite the implementation and expansion of the state's medical marijuana program beginning in 2018. Importantly, there is no clear evidence from this dataset that legalization of medical marijuana corresponded with an increase in youth use; rather, rates continued to decline into the most recent survey year.

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[79] Source: Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance System (YRBSS)*. Updated 2021. Accessed April 23, 2026. https://www.cdc.gov/yrbs and Oklahoma State Department of Health. *Oklahoma Youth Risk Behavior Survey Results*. Accessed April 23, 2026.

[80] Source: Source: Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance System (YRBSS)*. Updated 2021. Accessed April 23, 2026. https://www.cdc.gov/yrbs and Oklahoma State Department of Health. *Oklahoma Youth Risk Behavior Survey Results*. Accessed April 23, 2026.

From a public health perspective, these findings are consistent with broader national trends indicating stable or declining adolescent marijuana use in the context of evolving cannabis policies. Continued surveillance is warranted to monitor trends over time, particularly as regulatory frameworks and product availability continue to evolve.

**Ever-Used Marijuana Key Findings:**

- **Data from the Oklahoma Youth Risk Behavior Survey (YRBS) Sustained decline in lifetime use of marijuana:** The proportion of high school students reporting ever using marijuana decreased from **42.5% in 2003 to 30.0% in 2021**, indicating a meaningful reduction in youth initiation over time.[81]
- **No post-legalization increase observed:** Following the implementation of Oklahoma's medical marijuana program in 2018, lifetime use **did not increase**, and instead reached its **lowest recorded level in 2021**, suggesting continued downward trends in youth exposure.[82]

From 2009 to 2019, lifetime use rates fluctuated modestly, ranging between approximately 32% and 36%, indicating a period of relative stabilization. A slight increase was observed in 2019 (36.3%), followed by a more pronounced decline to 30.0% in 2021, the lowest level recorded across the study period.[83]

**Overall, these findings suggest that fewer Oklahoma youth are initiating marijuana use over time, as evidenced by declining lifetime prevalence.** Importantly, this downward trend continues through the period following the legalization of medical marijuana in Oklahoma in 2018, with no clear indication of increased lifetime use among adolescents. From a public health perspective, these data point to a potential reduction in early exposure risk, though continued monitoring is warranted to assess long-term trends as policies and market dynamics evolve.

**Oklahoma Prevention Needs Assessment Survey (OPNA)**

The Oklahoma Prevention Needs Assessment (OPNA) Survey is a biennial survey of the 6th, 8th, 10th, and 12th grades. The survey is a project of the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and has

[81]Source:https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/yrbs/2023/Oklahoma%20YRBS%202013-2023%2010-Year%20Trend%20Report.pdf Accessed April 29, 2026

[82]Source:https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/yrbs/2023/Oklahoma%20YRBS%202013-2023%2010-Year%20Trend%20Report.pdf Accessed April 29, 2026

[83] Source: Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance System (YRBSS)*. Updated 2021. Accessed April 23, 2026. https://www.cdc.gov/yrbs and Oklahoma State Department of Health. *Oklahoma Youth Risk Behavior Survey Results*. Accessed April 23, 2026.

been conducted in Oklahoma since 2004.[84] The current OPNA Survey is being conducted from December 2025 - March 2026. The latest publicly available data is from 2023, published in 2024.

According to the Oklahoma Mental Health and Substance Use Department:

> "The OPNA Survey (is conducted every two years and) is a robust tool for providing direction to schools, districts, and communities to effectively improve the lives of students across a variety of issues: alcohol, tobacco, other drug use, mental illness, academic failure, and violence. The survey results provide the necessary information to plan important prevention and intervention strategies. It will also help schools, districts, and counties judge the effectiveness of current prevention and intervention efforts. The information gained from these surveys will allow school districts and the State of Oklahoma to continue to provide comprehensive prevention programs for our schools and children. The focus of the OPNA Survey is on health risk behaviors such as violence and alcohol, tobacco, and other drug use that can result in injury and/or impede positive development among our youth. The survey also includes risk and protective factors, which are attitudes, behaviors, and opinions that research has shown to be highly correlated with these health risk behaviors "[85]

**Oklahoma Prevention Needs Assessment (OPNA)**

Data from the Oklahoma Prevention Needs Assessment (OPNA) were analyzed to examine trends in youth use of Marijuana, attitudes toward marijuana use, and related prevention indicators across grade levels. The following graphs and key findings are from the 2022-2024 OPNA survey.

**OPNA Youth Marijuna Use Declining (2021–2024)**: Despite the long-term rise, the most recent 2023/2024 Oklahoma Prevention Needs Assessment (OPNA) indicated

1. Past 30-day marijuana use **decreased among all surveyed grades** (6th, 8th, 10th, and 12th) between the 2021–22 and 2023–24 school years.[86]
2. The most commonly reported way of getting marijuana was from a friend or relative for free for all grades.[87]
3. The top two reasons for using marijuana in the past 12 months reported for each grante was to relax, coping with problems or emotions.[88]

[84] **Source:** https://oklahoma.gov/odmhsas/prevention/schools/opna.html Accessed March 3, 2026.
[85] **Source**: OPNA Survey, https://oklahoma.gov/odmhsas/prevention/schools/opna.html Accessed March 3, 2026.
[86] Source: https://digitalprairie.ok.gov/digital/collection/stgovpub/id/690795 Accessed April 23, 2026
[87] Source: https://digitalprairie.ok.gov/digital/collection/stgovpub/id/690795 Accessed April 23, 2026
[88] Source: https://digitalprairie.ok.gov/digital/collection/stgovpub/id/690795 Accessed April 23, 2026

4. Perception of peer disapproval of marijuana use and perception of moderate or high risk has increased since 2021-2022 along with decreasing rates of marijuana use.[89]
5. Perception of the ease of availability of marijuana was decreased.[90]

**Data trends from 2018-2026 are presented below, according to five core prevention domains:**

### Youth Marijuana Use in Oklahoma

- 14.9% of students reported past 30 days or lifetime use of Marijuana in Oklahoma.[91]
- Use increases with grade level: lowest in 6th grade and highest in 12th grade for both alcohol and marijuana in past 30-day measures.

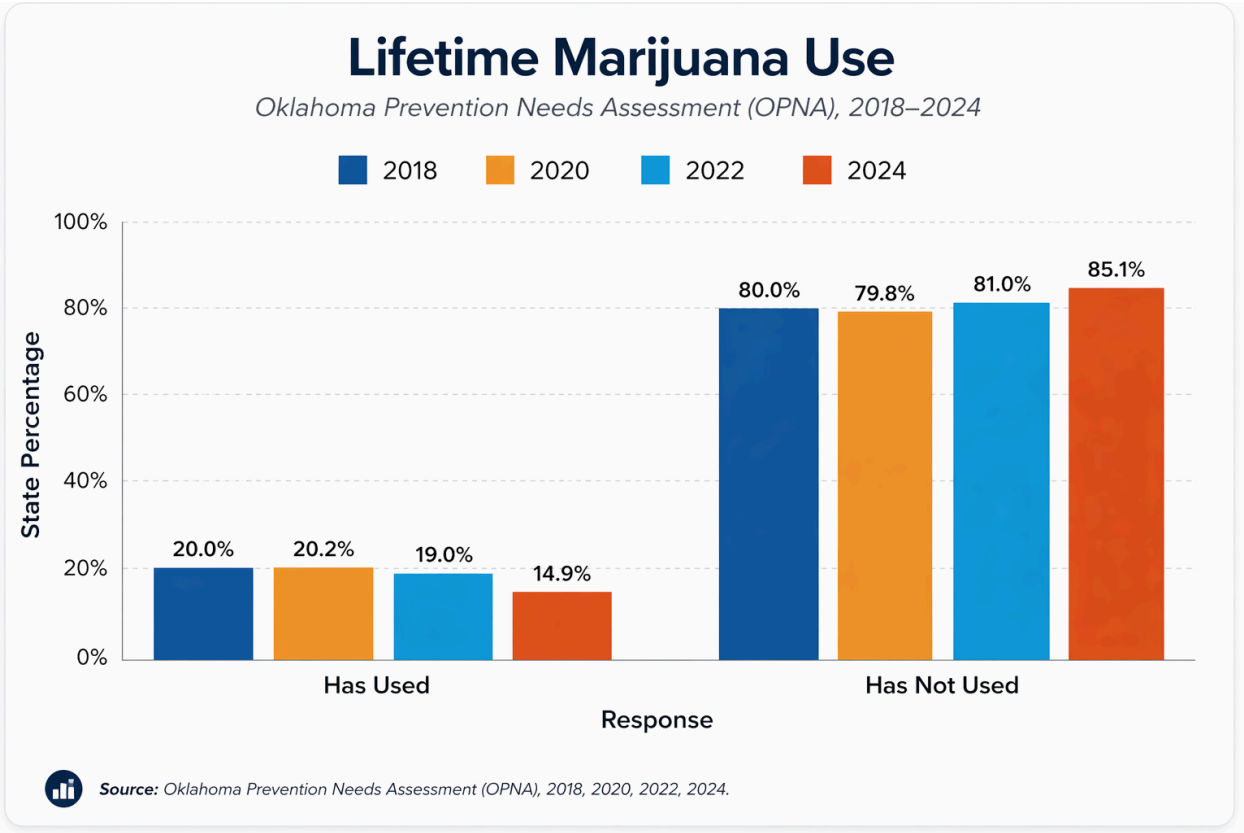
**Table 3: OPNA: Oklahoma Youth Marijuana Use 2018-2024**

| Indicator | Meaning | 2018-2024 Trends |
|---|---|---|
| Lifetime marijuana use | Ever used marijuana | Lifetime youth Marijuana use has not increased and is declining, with 14.9% reporting use in 2024, representing the lowest level observed.[92] |
| Past 30-day marijuana use | Current marijuana use | Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate that recent (past |

[89] Source: https://digitalprairie.ok.gov/digital/collection/stgovpub/id/690795 Accessed April 23, 2026
[90] Source: https://digitalprairie.ok.gov/digital/collection/stgovpub/id/690795 Accessed April 23, 2026
[91] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.
[92] Source: https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Past+30-Day+Marijuana+Use&Grade=&Gender=Female%2CMale Accessed April 23, 2026

| | | |
|---|---|---|
| | | 30-day) marijuana use has remained relatively low and has declined overall with a notable decline to 5.9% in 2024, representing the lowest level observed[93] |

Figure: OPNA 2013-2024 Lifetime Marijuana Use[94]




Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate a gradual decline in lifetime marijuana use over the study period, accompanied by a corresponding increase in the proportion of individuals who report never using

[93]Source:https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Past+30-Day+Marijuana+Use&Grade=&Gender=Female%2CMale Accessed April 23, 2026

[94] Source: https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Past+30-Day+Marijuana+Use&Grade=&Gender=Female%2CMale Accessed April 23, 2026

marijuana. The percentage of respondents reporting ever using marijuana remained relatively stable between 2018 (20.0%) and 2020 (20.2%), followed by a modest decline in 2022 (19.0%) and a more pronounced decrease to 14.9% in 2024, representing the lowest level observed.[95]

Conversely, the proportion of individuals reporting no lifetime marijuana use increased from 80.0% in 2018 to 85.1% in 2024, suggesting a shift toward lower overall exposure in the population. This trend points to a potential reduction in initiation or experimentation over time, rather than an expansion of use.[96]

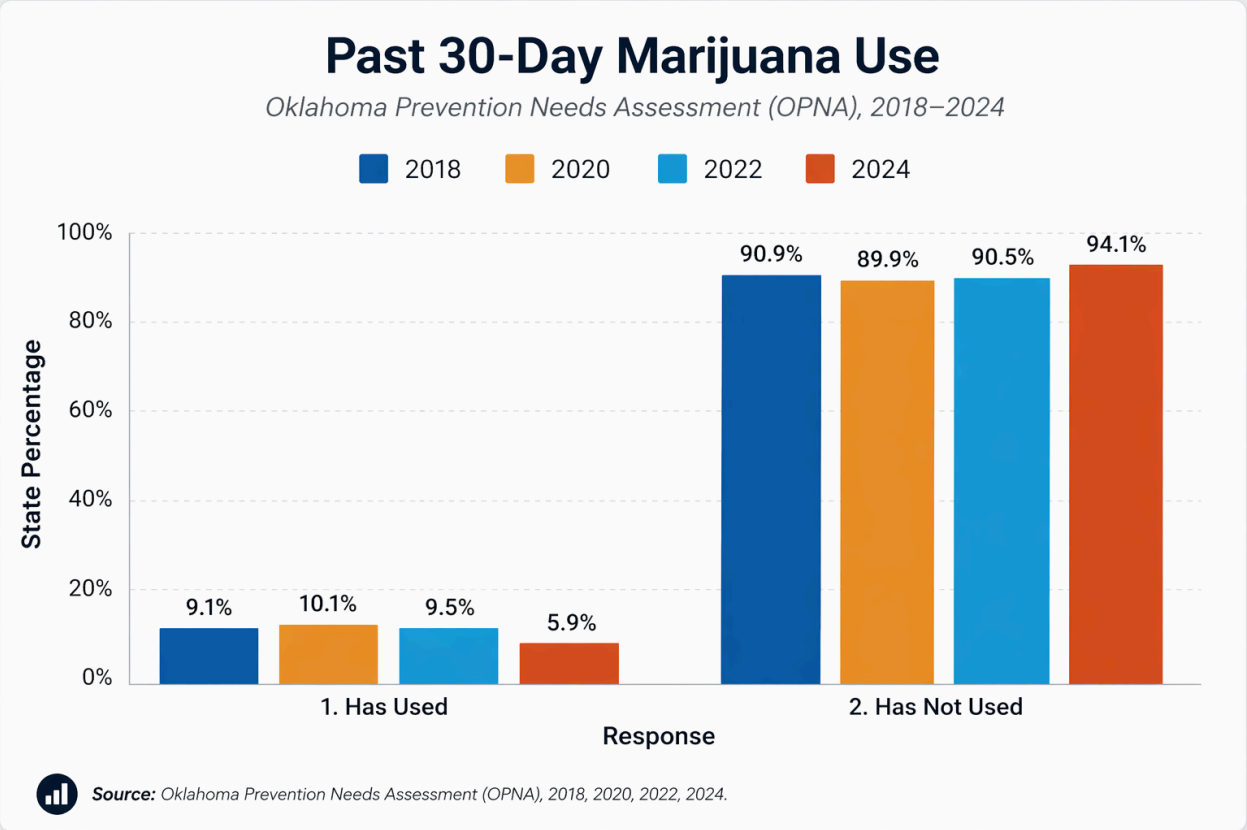
From a public health perspective, these findings align with broader youth survey data and suggest that, despite the evolving medical marijuana policy landscape in Oklahoma, lifetime use has not increased and may be declining. Continued monitoring is warranted to assess whether these trends persist and to better understand underlying drivers, including prevention efforts, policy changes, and shifting social norms.

**Figure: OPNA 2013-2024 Past 30-day Marijuana Use[97]**

[95] Source: OPNA https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=&Grade=&Gender=Female%2CMale Accessed April 23 2026

[96] Source: OPNA https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=&Grade=&Gender=Female%2CMale Accessed April 23 2026

[97] Source: https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Past+30-Day+Marijuana+Use&Grade=&Gender=Female%2CMale Accessed April 23, 2026




Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate that recent (past 30-day) marijuana use has remained relatively low and has declined overall across the study period. Reported use increased slightly from 9.1% in 2018 to 10.1% in 2020, followed by a modest decrease to 9.5% in 2022, and a more notable decline to 5.9% in 2024, representing the lowest level observed.[98]

Conversely, the proportion of individuals reporting no past 30-day marijuana use increased over time, rising from 90.9% in 2018 to 94.1% in 2024. This pattern suggests a reduction in current or active use, rather than simply changes in lifetime exposure.[99]

Overall, these findings point to a downward trend in recent marijuana use, indicating that fewer individuals report current consumption in 2024 compared to prior years. From

[98] Source: OPNA https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=&Grade=&Gender=Female%2CMale Accessed April 23 2026

[99] Source: OPNA https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=&Grade=&Gender=Female%2CMale Accessed April 23 2026

a public health perspective, this trend is notable given the broader context of medical marijuana program expansion in Oklahoma, suggesting that increased legal access has not corresponded with higher rates of recent use in this population. Continued surveillance will be important to monitor whether this decline persists over time.

### Oklahoma Youth Marijuana Attitudes and Risk Perception

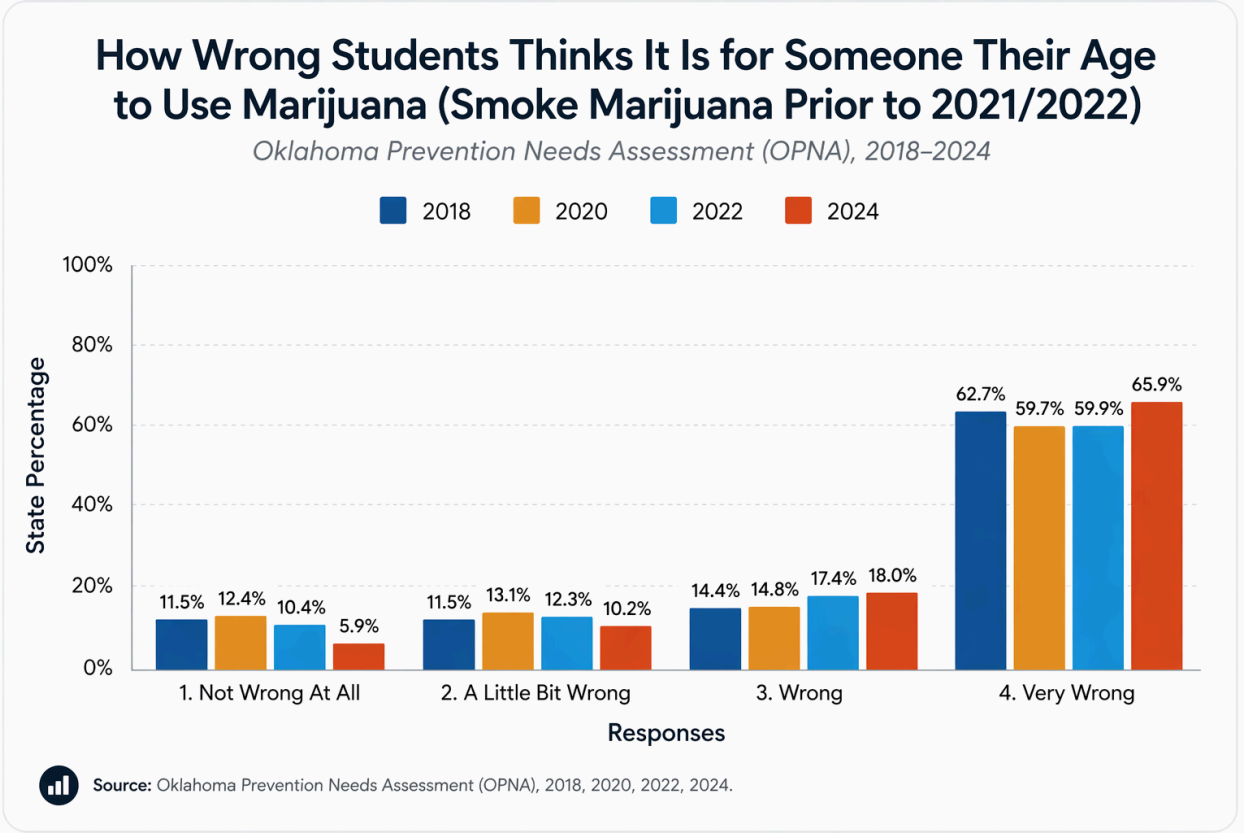
- Perceived attitudes toward marijuana varied substantially by grade.
- Younger students were more likely to report that marijuana use was "very wrong," while older students were less likely to express strong disapproval.
- These findings suggest that protective norms may weaken across adolescence.

**Table 4: OPNA: Oklahoma Youth Marijuana Attitudes and Risk Perception[100]**

| Indicator | Meaning | 2018-2026 Trends |
|---|---|---|
| Personal belief marijuana use is very wrong | Personal norms | Perceived risk of marijuana use among youth has generally increased over time, 2022 (59.9%), but increased notably to 65.9% in 2024. |
| Perceived risk of weekly marijuana use | Harm perception | Perception of **risk of use of Marijuana has *increased*** overtime, from 53.8% in 2018 to 63% in 2024. |

[100] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

**Figure: OPNA 2013-2024 Data, Students Reporting Marijuana Use if "Very Wrong".[101]**




**Oklahoma Family and Peer Norms Related to Marijuana Use**

Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate that perceived risk of marijuana use among youth has generally increased over time, particularly in the proportion of students who view use as "very wrong." In 2018, 62.7% of students reported that it was "very wrong" for someone their age to use marijuana. This perception declined slightly in 2020 (59.7%) and 2022 (59.9%), but increased notably to 65.9% in 2024, representing the highest level observed across the study period.

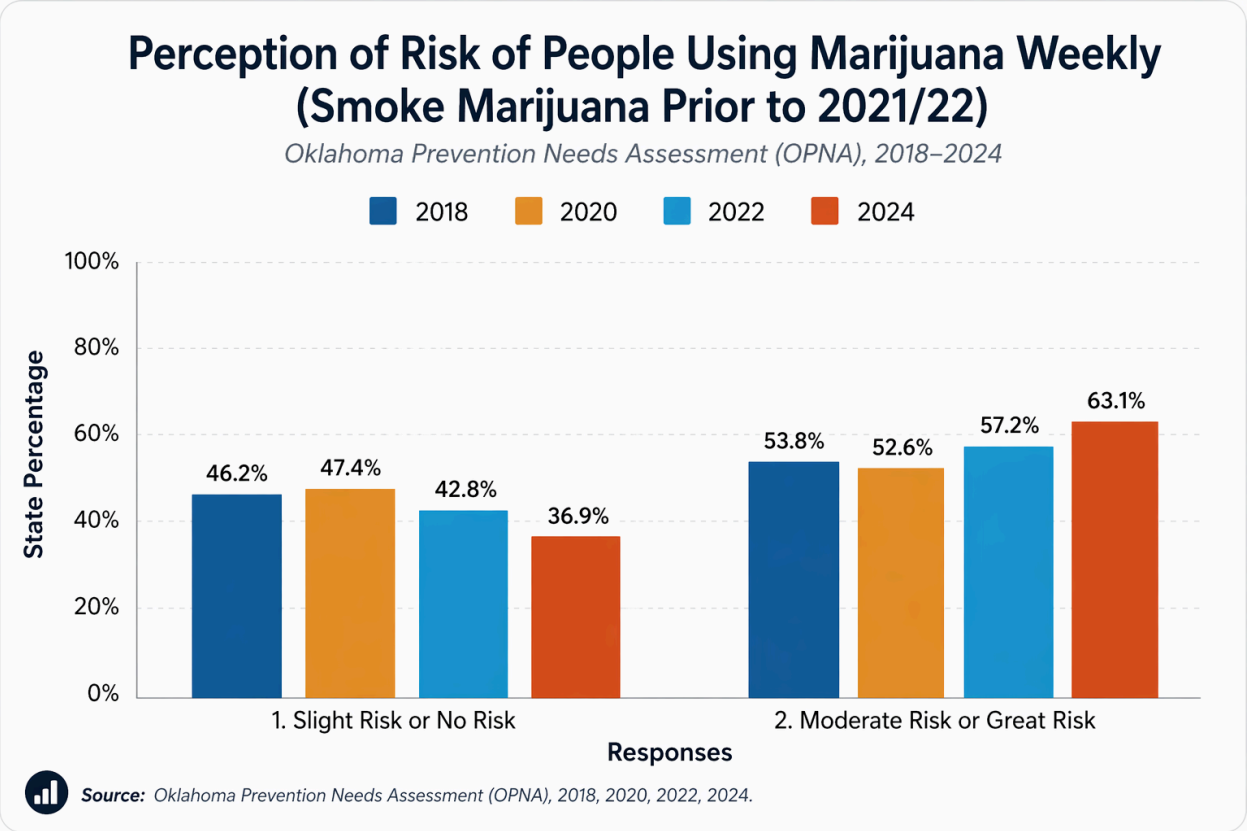
At the same time, the proportion of students who perceive marijuana use as "not wrong at all" declined substantially, from 11.5% in 2018 to 5.9% in 2024, suggesting a shift away from permissive attitudes. Similarly, responses indicating "a little bit wrong" also

[101] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed Mar 4, 2026

decreased over time, while the category "wrong" increased modestly, reinforcing a broader movement toward more risk-averse perceptions.[102]

Overall, these findings suggest that youth attitudes in Oklahoma are trending toward greater perceived harm associated with marijuana use, particularly in the most recent data. From a public health perspective, increased perceived risk is often associated with lower rates of substance use, aligning with observed declines in both lifetime and past 30-day marijuana use. These trends may reflect the impact of prevention efforts, evolving public health messaging, or broader cultural shifts in how marijuana use is perceived among adolescents.

**Figure: Perception of Marijuana Risk, all ages OPNA data.[103]**




[102] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

[103] Source: https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Risk+of+Marijuana+Use&Grade=&Gender=Female%2CMale Accessed April 23, 2026

Data from the Oklahoma Prevention Needs Assessment (OPNA) show a notable shift toward increased perception of risk associated with weekly marijuana use over time. The proportion of respondents who perceive "moderate risk or great risk" increased from 53.8% in 2018 to 63.1% in 2024, representing a meaningful rise in perceived harm in the most recent data. While there was a slight dip in 2020 (52.6%), perceptions of risk strengthened again in 2022 (57.2%) and reached their highest level in 2024.

Conversely, the proportion of individuals who perceive "slight risk or no risk" declined steadily across the study period, from 46.2% in 2018 to 36.9% in 2024. This downward trend suggests a reduction in more permissive attitudes toward regular marijuana use.[104]

Overall, these findings indicate a growing awareness of potential risks associated with frequent marijuana use, particularly in the most recent year of data. From a public health perspective, increased perceived risk is often associated with lower levels of substance use, aligning with observed declines in both lifetime and past 30-day marijuana use among Oklahoma youth. These trends may reflect the influence of prevention efforts, evolving public health messaging, and broader shifts in social norms regarding marijuana use.

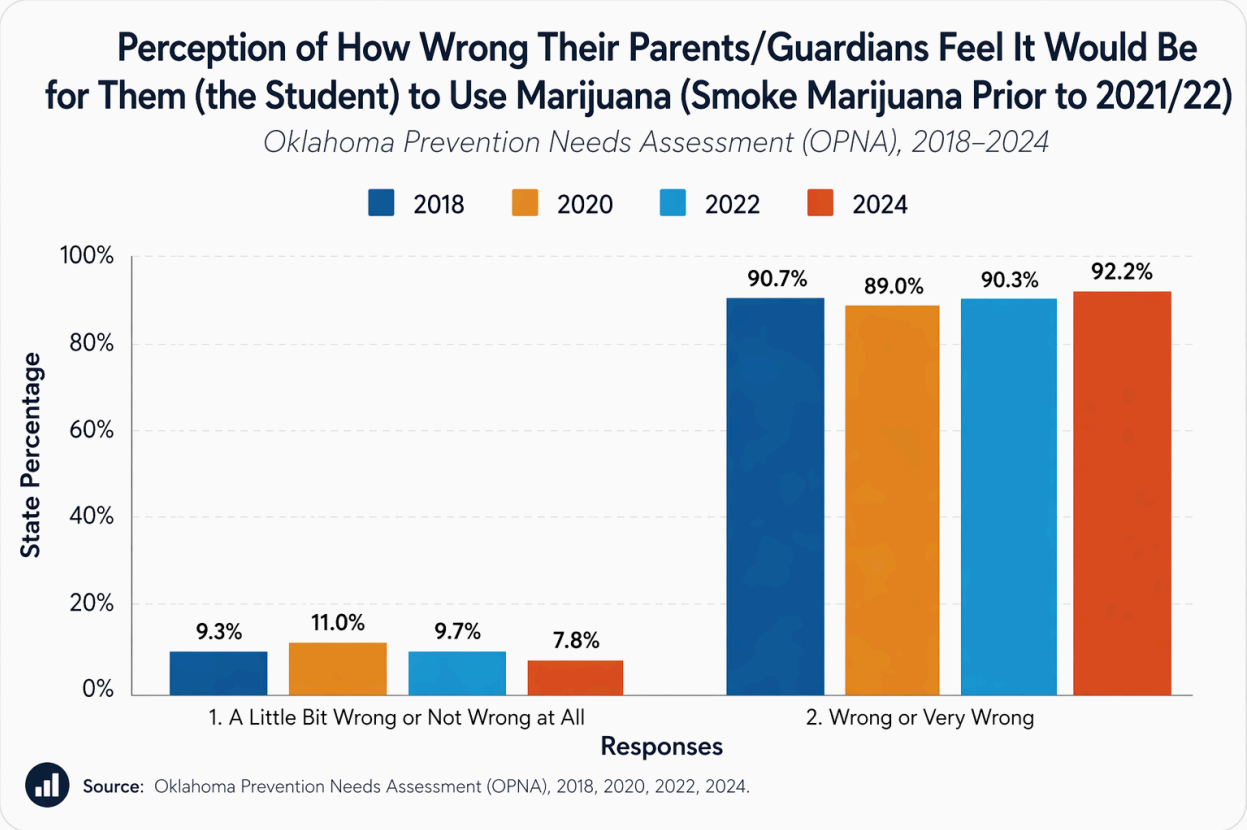
**Table 5: OPNA: Oklahoma Family and Peer Norms Related to Marijuana Use[105]**

| Indicator | Meaning | 2013-2026 Trends |
|---|---|---|
| Parent/guardian disapproval | Family expectations | Perceived parental or guardian disapproval of marijuana use remains consistently high and has strengthened slightly over time. |

[104] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

[105] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

| | | |
|---|---|---|
| Friends' disapproval | Peer norms | Substantial increase in perceived peer disapproval of marijuana use over time, particularly in the most recent year. The proportion of students reporting that their friends would view marijuana use as "wrong or very wrong" increased from 71.1% in 2018 to 83.7% in 2024.[106] |



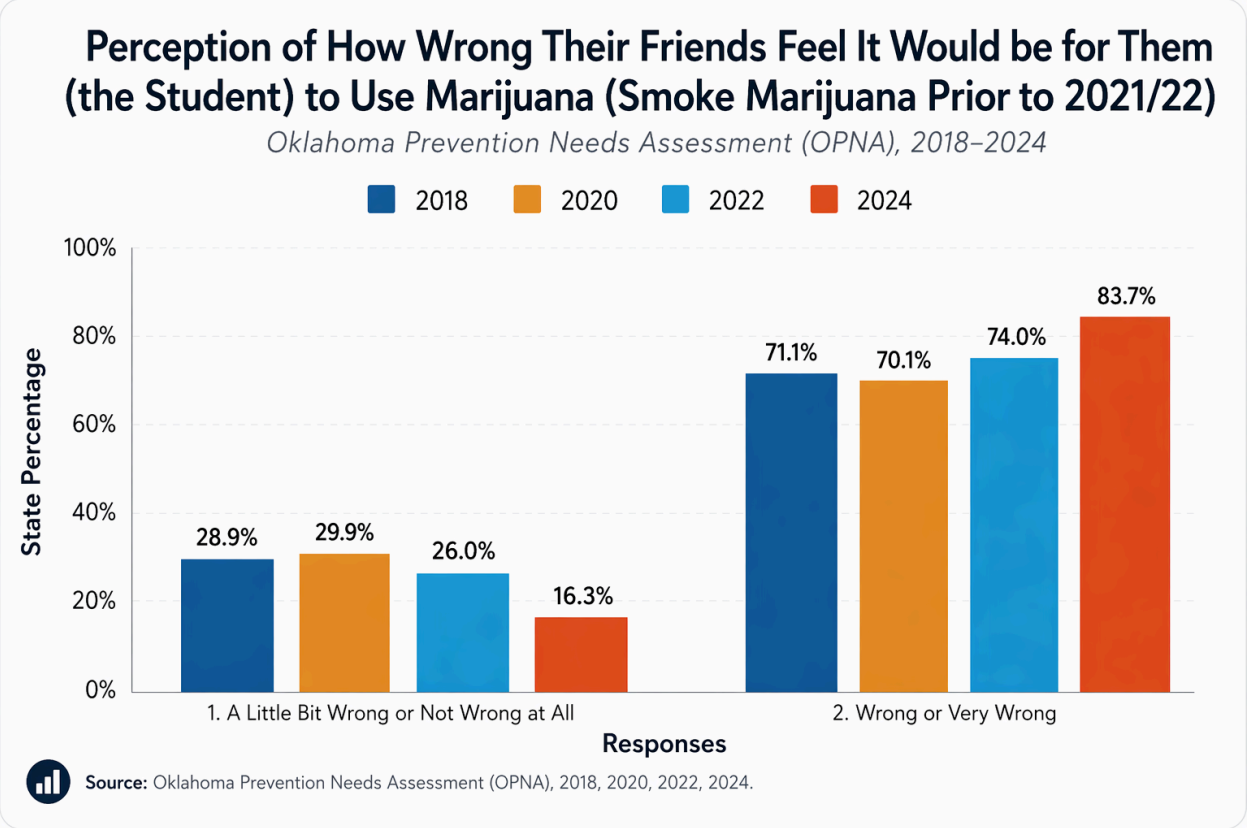

[106] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate that perceived parental or guardian disapproval of marijuana use remains consistently high and has strengthened slightly over time. Across all years, a large majority of students report that their parents or guardians would view marijuana use as "wrong or very wrong," increasing from 90.7% in 2018 to 92.2% in 2024, with only minor fluctuations in 2020 (89.0%) and 2022 (90.3%).

Conversely, the proportion of students who perceive their parents or guardians as more permissive—indicating marijuana use is "a little bit wrong or not wrong at all"—has remained low and declined overall, from 9.3% in 2018 to 7.8% in 2024.[107]

Overall, these findings suggest that strong parental norms against marijuana use are stable and potentially strengthening in Oklahoma, with the overwhelming majority of youth perceiving clear disapproval from parents or guardians. From a public health perspective, perceived parental disapproval is a well-established protective factor associated with lower substance use among adolescents, reinforcing trends observed in declining youth marijuana use across the state.

[107] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.




Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate a substantial increase in perceived peer disapproval of marijuana use over time, particularly in the most recent year. The proportion of students reporting that their friends would view marijuana use as "wrong or very wrong" increased from 71.1% in 2018 to 83.7% in 2024, with steady gains following a slight dip in 2020 (70.1%). This represents a notable strengthening of peer norms against marijuana use.

Conversely, the percentage of students who believe their friends view marijuana use as "a little bit wrong or not wrong at all" declined markedly, from 28.9% in 2018 to 16.3% in 2024, indicating a shift away from more permissive peer attitudes.[108]

Overall, these findings suggest that peer environments in Oklahoma are becoming increasingly protective, with stronger social norms discouraging marijuana use among youth. From a public health perspective, peer disapproval is a critical determinant of adolescent behavior, and increasing perceptions of peer-level risk and disapproval are typically associated with lower rates of substance use. These trends align with broader

[108] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

patterns observed in declining marijuana use and increasing perceived risk among Oklahoma youth.

### Oklahoma Youth Marijuana Use Environmental Risk Factors

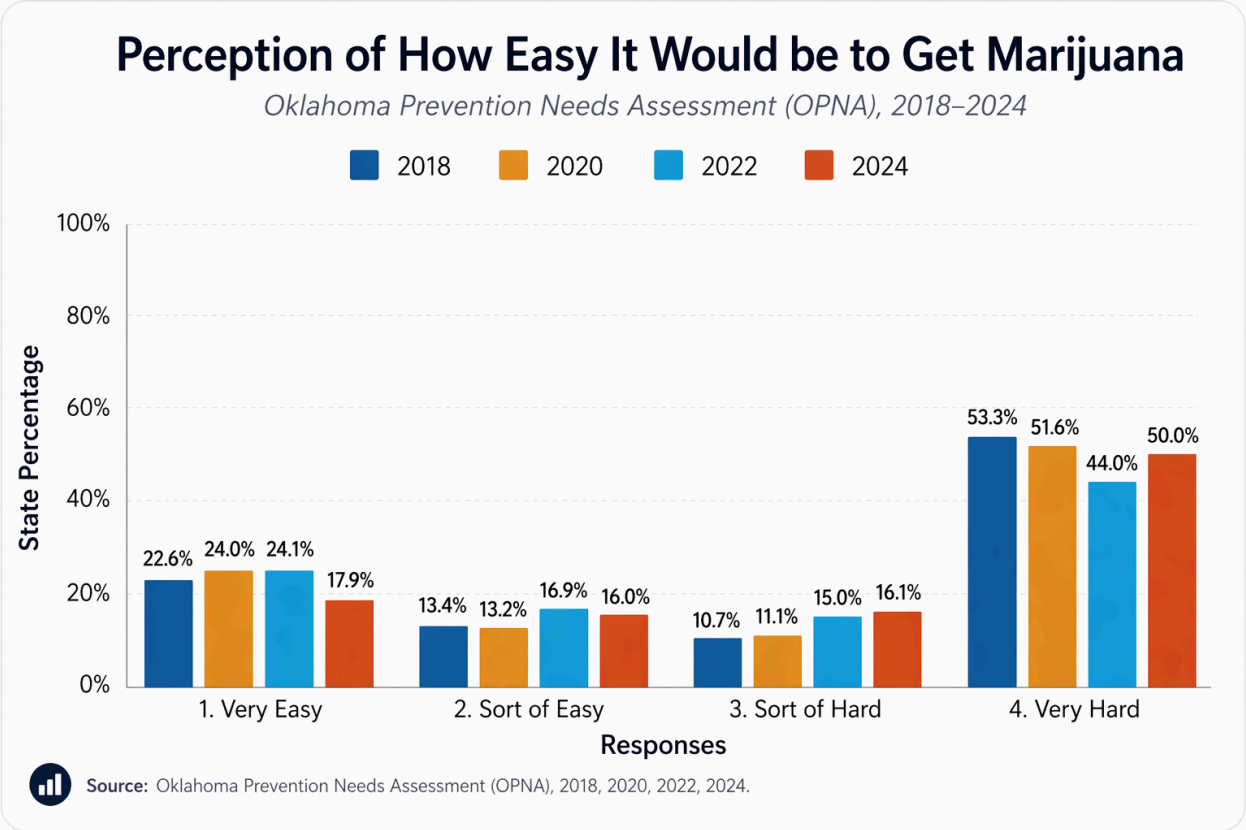
- Environmental indicators also highlighted perceived availability to be very hard and enforcement risk to be very high for Marijuana, shaping youth perceptions of marijuana use.

**Table 6: OPNA: Oklahoma Youth Marijuana Use Environmental Risk Factors**

| Indicator | Meaning | 2013-2026 Trends |
|---|---|---|
| Perception of How Easy it would be to get Marijuana | Access | 66% of students in 2024 reported that it would be hard or very hard to access Marijuana. In 2013, 64% of students reported the same.[109] |
| Chance of getting caught by police | Enforcement perception | 42.3% report that they believed they would be caught by the police for Marijuana.[110] |

[109] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

[110] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.




Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate a shift toward decreased perceived ease of access to marijuana over time. The proportion of respondents reporting that marijuana is "very easy" to obtain declined from 22.6% in 2018 to 17.9% in 2024, following a peak in 2020 (24.0%) and 2022 (24.1%). This suggests that fewer individuals perceive marijuana as highly accessible in the most recent data.[111]

At the same time, perceptions of difficulty in obtaining marijuana have increased. The percentage of respondents indicating that marijuana is "very hard" to obtain rose from 53.3% in 2018 to 50.0% in 2024, with a notable dip in 2022 (44.0%) followed by a rebound in 2024. Additionally, the proportion reporting it is "sort of hard" increased steadily, from 10.7% in 2018 to 16.1% in 2024.[112]

Responses in the middle category, "sort of easy", also increased modestly over time, suggesting some redistribution from the extremes of perceived access.

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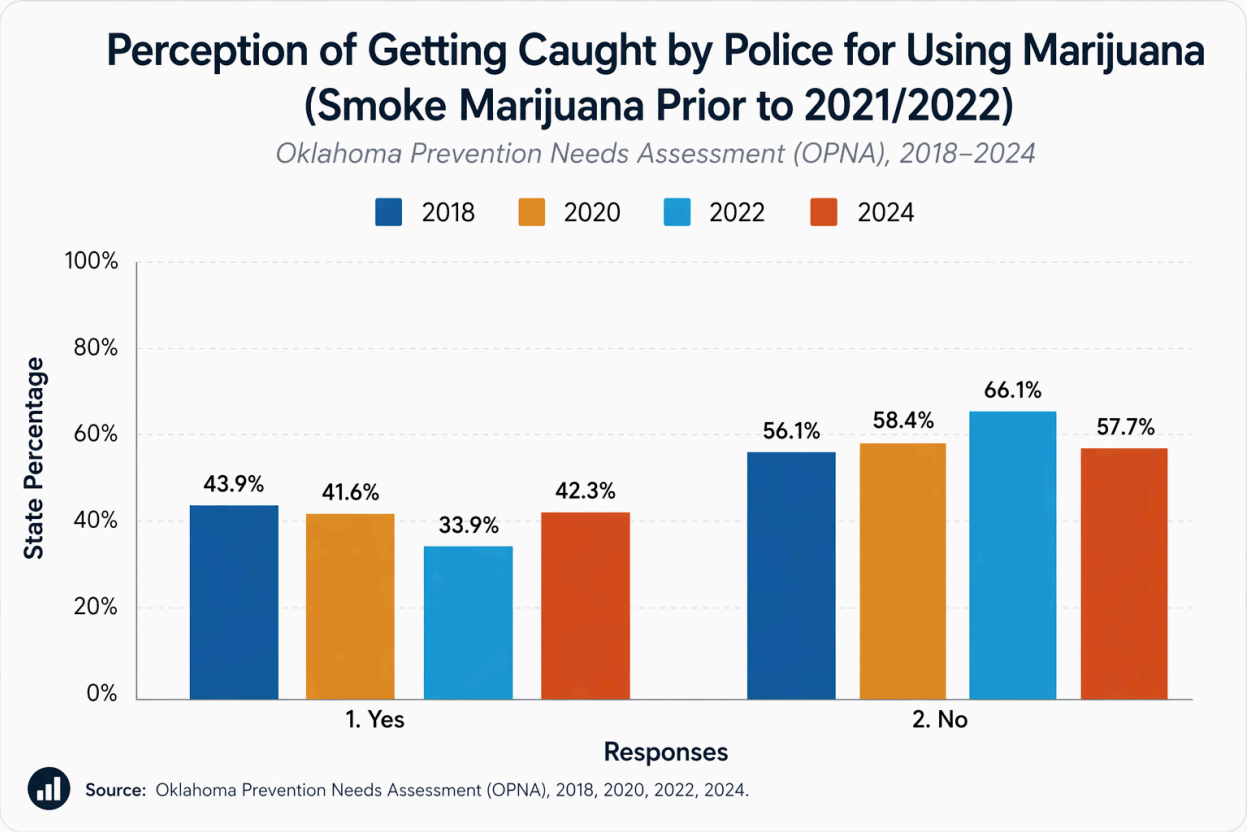
[111] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.
[112] IBID

Overall, these findings suggest a moderate shift toward perceptions of reduced accessibility, with fewer respondents reporting marijuana as very easy to obtain and more indicating some level of difficulty. From a public health perspective, perceived access is an important predictor of use behavior, and these trends align with observed declines in both recent and lifetime marijuana use among Oklahoma youth.




Data from the Oklahoma Prevention Needs Assessment (OPNA) suggest that perceived likelihood of being caught by police for marijuana use has fluctuated over time without a clear long-term upward or downward trend. In 2018, 43.9% of respondents believed they would be caught ("Yes"), which declined to 41.6% in 2020 and further to 33.9% in 2022, indicating a period of reduced perceived enforcement risk. However, this perception rebounded in 2024, with 42.3% again reporting that they believed they would be caught.[113]

[113] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

Conversely, the proportion of respondents who believed they would not be caught ("No") increased from 56.1% in 2018 to 66.1% in 2022, before declining to 57.7% in 2024. This pattern mirrors the dip and rebound seen in perceived enforcement risk.[114]

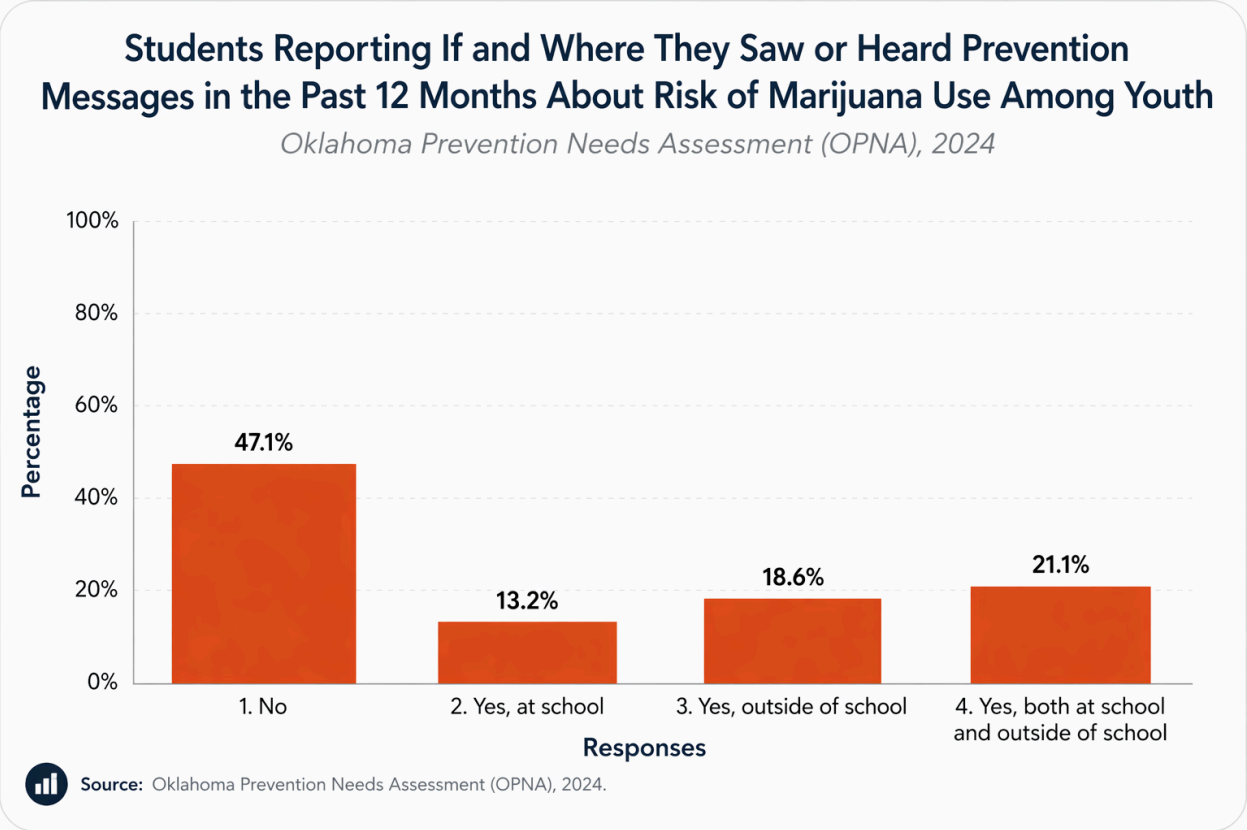
Overall, these findings indicate a temporary decline in perceived enforcement between 2018 and 2022, followed by a return toward earlier levels by 2024. Unlike other indicators—such as perceived risk of use or access—perceptions of being caught do not show a consistent directional trend over time. From a public health and policy perspective, perceived enforcement risk is an important factor influencing behavior, and these fluctuations may reflect changes in enforcement practices, public awareness, or broader policy dynamics in Oklahoma during this period.

**Table 7: OPNA: Oklahoma Youth Marijuana Prevention**

| Indicator | Meaning | 2013-2026 Trends |
|---|---|---|
| Exposure to marijuana prevention messaging | Prevention program reach | 53% of students report being exposed to marijuana prevention messaging in 2023/2024[115] |
| Adult neighborhood disapproval of Marijuana use | Community norms | Perceived disapproval of youth marijuana use among adults in students' neighborhoods remains high. |

[114] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

[115] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.




Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate that a substantial proportion of students report no exposure to marijuana prevention messaging, while those who do report exposure encounter it across multiple settings. In 2024, 47.1% of students reported that they had not seen or heard any prevention messages about the risks of marijuana use in the past 12 months, representing the largest single category.[116]

Among students who did report exposure, messages were most commonly encountered across both school and non-school environments (21.1%), followed by outside of school only (18.6%) and at school only (13.2%). This distribution suggests that while schools play an important role in prevention messaging, a significant portion of exposure occurs in community or media settings, and integrated, multi-setting approaches may be most effective in reaching youth.[117]

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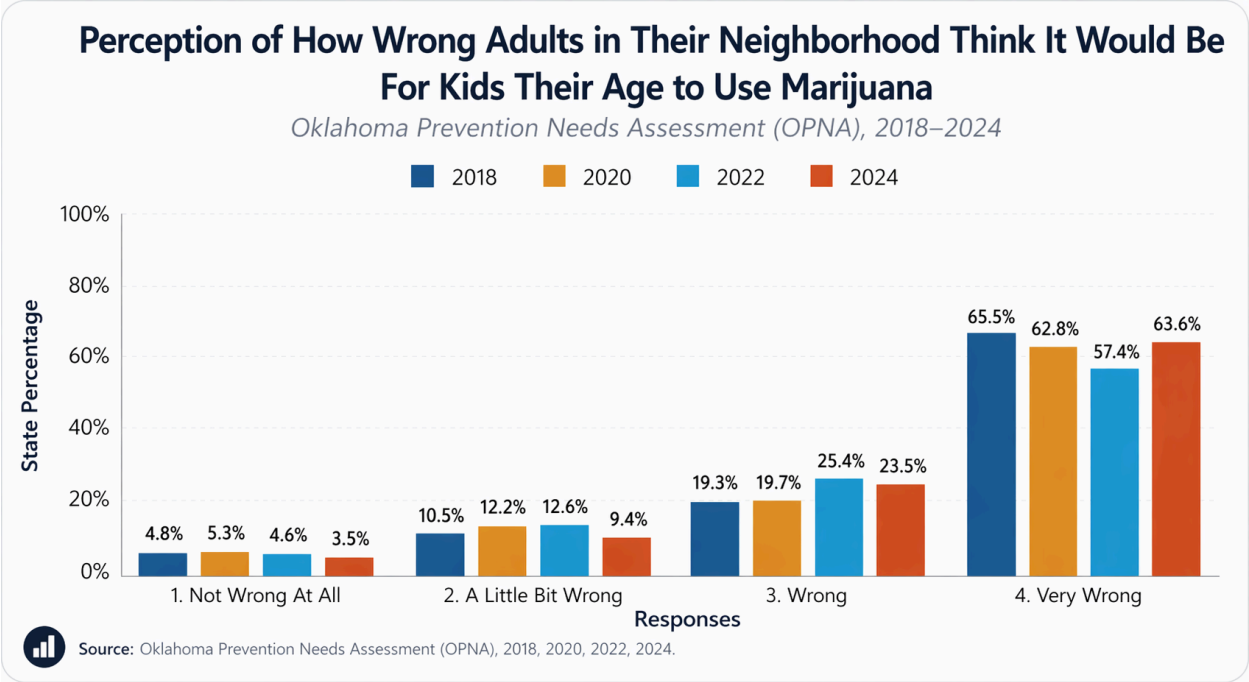
[116] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.

[117] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perc

Overall, these findings highlight a gap in prevention message reach, with nearly half of students reporting no exposure. From a public health perspective, this suggests an opportunity to expand and better target prevention efforts to ensure broader and more consistent dissemination of evidence-based messaging across both school and community contexts.




Data from the Oklahoma Prevention Needs Assessment (OPNA) indicate that perceived disapproval of youth marijuana use among adults in students' neighborhoods remains high, though with some variability over time. The majority of students consistently report that adults would view marijuana use as "very wrong," with responses ranging from 65.5% in 2018 to 63.6% in 2024, despite a dip in 2022 (57.4%). This suggests that strong community norms against youth marijuana use are largely sustained.[118]

At the same time, the proportion of students selecting "wrong" increased modestly from 19.3% in 2018 to 23.5% in 2024, indicating a slight shift from the strongest level of disapproval ("very wrong") toward moderate disapproval. Meanwhile, perceptions that adults view marijuana use as "a little bit wrong" or "not wrong at all" remain low overall

eption+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale
Accessed March 4, 2026.

[118] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale
Accessed March 4, 2026.

and have generally declined by 2024, with "not wrong at all" decreasing from 4.8% to 3.5%.[119]

Overall, these findings suggest that community-level adult norms continue to strongly discourage youth marijuana use, even as there is some redistribution across levels of perceived disapproval. From a public health perspective, consistent adult disapproval within neighborhoods is an important protective factor, reinforcing broader trends of increased perceived risk and declining marijuana use among Oklahoma youth.

**Key Finding 8:** The Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) has significantly intensified enforcement efforts, including large-scale arrests, seizure of illicit cannabis products, and a reported reduction in cultivation sites from approximately 9,400 at the peak to 1,370 cultivators registered in OBNDD[120], a 85% decline. OMMA's April 2026 data reports 2,136 cultivators are registered.[121] While OBNDD actions demonstrate progress in addressing illegal operations, it is essential that enforcement efforts clearly distinguish between unlicensed activity and legally authorized medical marijuana businesses operating under OMMA and OBNDD regulations. Ensuring consistent adherence to regulatory frameworks, including METRC tracking and OMMA compliance standards, across all enforcement activities is critical to protect licensed operators, maintain industry integrity, and uphold public trust.

Summary Findings:

- Oklahoma's medical marijuana cultivation market has experienced a major contraction since 2021, with licensed cultivators declining from approximately 9,400 operations to 2,136 OMMA-licensed cultivators by April 2026, representing an estimated 77–85% reduction.
- OBNDD significantly expanded enforcement efforts during this period, including large-scale investigations, arrests, and seizures targeting illegal cultivation operations and interstate diversion activity.
- Stakeholders acknowledged progress in addressing illicit operations but emphasized the importance of clearly distinguishing between unlicensed criminal

[119] **Source:** OPNA State of Oklahoma Dashboard, https://odmhsaspublic.cloud.looker.com/embed/dashboards/24?School+Year=School+Year+2023-24%2CSchool+Year+2017-18%2CSchool+Year+2019-20%2CSchool+Year+2021-22&Category=&Question=Perception+of+Availability+of+Marijuana&Grade=6th%2C8th%2C10th%2C12th&Gender=Female%2CMale Accessed March 4, 2026.
[120] Source: https://obnddc.us.thentiacloud.net/webs/obnddc/register/#/search/all/0/20/0/Active/Medical%2520Marijuana%2520Manufacturer/all/ Accessed May 1, 2026
[121] Source: https://oklahoma.gov/omma/about/licensing-and-tax-data.html Accessed May 1, 2026

enterprises and compliant OMMA-licensed businesses operating within state regulations.

- Public claims suggesting that "85 million pounds of marijuana are missing" were viewed by respondents as relying on oversimplified assumptions regarding plant yields, product conversion, and market valuation.
- Respondents noted that cannabis yield per plant varies significantly depending on cultivation methods, plant size, genetics, environmental conditions, and intended product use, making generalized one-pound-per-plant assumptions unreliable.
- Participants emphasized that comparing total plant counts solely to dispensary flower sales oversimplifies the cannabis supply chain because large amounts of biomass are used for concentrates, edibles, vape products, testing, processing, inventory storage, or are lost through trimming, contamination, and environmental factors.
- Stakeholders expressed concern that broad public narratives regarding "missing marijuana" may unintentionally stigmatize compliant licensed businesses that are following METRC tracking requirements, OMMA regulations, and testing standards.
- Respondents emphasized the need for more transparent supply-chain analyses, evidence-based market modeling, independent peer review of assumptions, and improved use of METRC data analytics to better distinguish regulated activity from confirmed illicit diversion.
- Maintaining targeted enforcement against illegal operations while protecting compliant businesses was viewed as essential to preserving public trust and the integrity of Oklahoma's regulated medical marijuana program.

Since 2021, Oklahoma has experienced a substantial reduction in the number of licensed medical marijuana cultivation operations as state and federal enforcement efforts intensified in response to concerns regarding illicit cultivation, organized criminal activity, and interstate diversion. According to Oklahoma Medical Marijuana Authority (OMMA) and Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDD) data, cultivation licenses declined from approximately 9,400 licensed cultivators at the market's peak to approximately 2,136 OMMA-licensed cultivators by April 2026, while OBNDD registration figures reportedly identified approximately 1,370 registered cultivation sites. These reductions represent an estimated 77–85% contraction in the regulated cultivation market over a five-year period.

OBNDD has substantially expanded enforcement operations during this period, including large-scale investigations, arrests, seizure of illicit cannabis products, and coordinated actions targeting unlicensed cultivation operations. These efforts reflect significant progress toward addressing illegal grows and improving oversight within Oklahoma's rapidly evolving medical marijuana market. However, concerns remain regarding how enforcement data and public statements are communicated, interpreted, and contextualized.

In public testimony provided in September 2025, OBNDD Director Donnie Anderson stated that between 2024 and 2025 licensed grow sites reportedly tracked approximately 87 million cannabis plants, while dispensaries sold approximately 1.7 million pounds of marijuana. Based on an assumption that each cannabis plant yields approximately one pound of processed marijuana, the testimony suggested that more than 85 million pounds of marijuana were "unaccounted for," representing an estimated $153 billion in potentially missing product and proceeds.[122]

While these figures generated significant public attention, several methodological and economic concerns limit the validity of these conclusions and warrant careful interpretation.

[122]Source:https://www.oklahoman.com/story/news/state/2026/01/17/oklahoma-missing-medical-marijuana-tracking-system/88101034007/ Accessed May 15, 2026

First, the assumption that one cannabis plant uniformly produces one pound of finished marijuana product is highly variable and not representative of many commercial cultivation practices. Cannabis yield per plant differs substantially based on cultivation method, environmental conditions, genetics, harvest timing, indoor versus outdoor production, plant density strategies, and intended product use. Many commercial cultivation operations prioritize rapid harvest turnover using smaller plants that may yield substantially less than one pound of finished flower per plant. Real-world commercial yields may vary widely and are often significantly lower than simplified one-pound-per-plant assumptions.

Second, comparing raw plant counts directly to dispensary flower sales oversimplifies the complexity of the cannabis supply chain. Not all cultivated cannabis enters the market as smokable flower sold directly through dispensaries. Significant portions of harvested biomass are utilized for:

- Concentrates and extraction products,
- Vape cartridges,
- Edibles and infused products,
- Tinctures and topicals,
- Manufacturing inputs,
- Research and testing samples,
- Product destruction due to contamination or failed testing,
- Trimming losses,
- Mold, pest, or environmental damage,
- Inventory storage and delayed sales cycles.

As Oklahoma's market evolved, processed cannabis products represented a growing proportion of overall sales, reducing the appropriateness of comparing total plant counts solely against retail flower sales figures.

Third, the estimated $153 billion valuation appears to rely on inflated price assumptions that do not reflect Oklahoma's wholesale cannabis market conditions during periods of substantial oversupply and market contraction. Wholesale cannabis prices in saturated markets are often dramatically lower than retail-equivalent estimates used in public discussions. Applying high retail price estimates across all theoretical "missing" product volumes likely overstates the estimated economic impact substantially.

Importantly, none of these concerns suggest that illicit diversion or unlicensed cultivation do not exist within Oklahoma. Rather, they highlight the importance of using transparent methodologies, evidence-based assumptions, and contextually accurate economic modeling when making public claims regarding market size, diversion, and criminal activity. Overstated or poorly contextualized estimates may unintentionally undermine public confidence in Oklahoma's regulated medical marijuana industry and create confusion between licensed businesses operating within OMMA and OBNDD regulatory frameworks and unlicensed criminal enterprises.

Stakeholders interviewed throughout this study repeatedly emphasized the importance of distinguishing between compliant OMMA-licensed operators utilizing METRC tracking systems and illegal operations functioning outside state oversight. Respondents expressed concern that broad public narratives regarding "missing marijuana" may inadvertently stigmatize compliant businesses despite significant investments in regulatory compliance, testing, tracking systems, and public safety standards.

Given the continued evolution of Oklahoma's medical marijuana market, future enforcement and policy discussions would benefit from more transparent supply-chain analyses, independent peer review of market assumptions, improved integration of METRC data analytics, and clearer differentiation between regulated medical marijuana activity and confirmed illicit diversion. Strengthening evidence-based analysis while maintaining targeted enforcement against illegal operations will be essential to protecting public trust, supporting compliant businesses, and preserving the integrity of Oklahoma's regulated medical marijuana program.

**Key Finding 9:** Hemp-derived synthetic cannabinoid products such as Delta 8, Delta 10, HHC still remain Federal Schedule I, and also fall inside Oklahoma's Total THC legal framework yet remain inconsistently enforced, contributing to a growing public health concern.Governor Stitt has called for cooperation to enforce these products. Emerging evidence suggests these unregulated products, often sold in gas stations may pose greater risks to youth and consumers than age-restricted, lab-tested medical marijuana regulated by OMMA. Strengthening enforcement to remove non-compliant products from retail settings, alongside targeted training for law enforcement to distinguish between OMMA-regulated cannabis and unregulated synthetic products, will protect public health and ensure regulatory clarity.

**Summary Findings and Recommendations:**

- OMMA could develop its own enforcement arm that are deputized and are under law enforcement supervision, but are solely authorized to address gas station synthetics.
- OBNDD to train law enforcement on identifying and enforcing synthetic hemp-derived cannabinoids as synthetics, including HHC, remain Schedule I.[123]
- Local Oklahoma State Department of Health (OSDH) and Hospital Emergency Departments to consider including additional tracking indicators at point of entry for patients to track OMMA vs synthetic product consumption to expand surveillance and reporting.
- Develop a public education campaign to inform families and the public about the legality and risks associated with synthetic gas station cannabis products.
- Develop a law enforcement education campaign and CLEET training for law enforcement officers to understand the role of OMMA, rules, lab testing, reading labels, and learning how to identify OMMA regulated vs Synthetic products. Officers could also benefit from learning about the latest evidence-based practices for identifying acute intoxication from cannabis.
- Gas Station Synthetic Hemp, vape shops, bodegas, and online "Hemp" sales poses a greater risk to Oklahoma youth than OMMA regulated medical marijuana. OBNDD and OMMA should strengthen their partnership to address illegal products on the market as a priority.

## Synthetic and Hemp-Derived Marijuana in Oklahoma

### Oklahoma as a Total THC State: Regulatory Gaps, Enforcement Challenges, and Youth Protection

Oklahoma operates under a "total THC" regulatory framework, meaning that intoxicating tetrahydrocannabinol (THC), regardless of source, is intended to fall under the jurisdiction of the state's medical marijuana program, administered by the Oklahoma Medical Marijuana Authority (OMMA). In principle, this framework is designed to prevent

[123] Source: https://public-inspection.federalregister.gov/2026-08595.pdf Accessed May 14, 2026

the proliferation of unregulated intoxicating cannabinoid products, including those derived from hemp (e.g., delta-8 THC, delta-10 THC, and other synthetic or semi-synthetic cannabinoids).

However, in practice, a significant regulatory gap persists. Hemp-derived THC products, often marketed as legal under federal provisions established by the 2018 Farm Bill, remain widely available in Oklahoma through convenience stores, smoke shops, and online retailers.[124] Despite their technical illegality under Oklahoma's total THC interpretation, enforcement has been inconsistent or minimal, allowing these products to proliferate in the marketplace.

On April 28, 2025, Oklahoma Governor Kevin Stitt announced a coordinated statewide enforcement initiative aimed at addressing the growing presence of psychoactive hemp- and marijuana-derived byproducts in Oklahoma markets. In a formal letter to leaders of the Oklahoma Department of Public Safety, Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC), Oklahoma Medical Marijuana Authority (OMMA), and the Oklahoma State Bureau of Investigation (OSBI), Governor Stitt called for strengthened cross-agency collaboration to investigate and regulate the manufacture, distribution, and sale of psychoactive cannabinoid compounds that may pose risks to public health and safety.

The Governor specifically identified emerging compounds including Delta-8 THC, Delta-10 THC, HHC, THC-O, THCP, and THCV, noting concerns that these products are often chemically synthesized from hemp-derived CBD and sold without adequate oversight, including in convenience stores and other unlicensed venues. Governor Stitt emphasized concerns regarding youth exposure, consumer safety, and inconsistent regulatory enforcement surrounding these intoxicating cannabinoid products.[125]

The initiative directed state agencies to coordinate investigations into both licensed and illicit markets, strengthen enforcement actions against unlawful distribution networks, and evaluate potential regulatory gaps within Oklahoma's cannabis and hemp oversight framework. OMMA was tasked with ensuring compliance among licensed dispensaries, while agencies including OBNDDC, DPS, and OSBI were directed to focus on broader enforcement and criminal investigations. The agencies were also instructed to provide recommendations for potential statutory and administrative reforms aimed at improving consumer safety and regulatory oversight of psychoactive cannabinoid products in Oklahoma.[126]

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[124] Source: https://gieslawfirm.com/blog/oklahoma-thca-regulations Accessed April 12 2026
[125]Source:https://oklahoma.gov/governor/newsroom/newsroom/2025/governor-stitt-calls-for-coordinated-action-to-protect-oklahoman.html Accessed May 14, 2026
[126]Source:https://oklahoma.gov/governor/newsroom/newsroom/2025/governor-stitt-calls-for-coordinated-action-to-protect-oklahoman.html Accessed May 14, 2026

## Public Health Implications and Youth Risk

Products such as Delta- 8, Delta-10 are produced by using carcinogenic solvents and acids such as Hydrochloric acid, Toluene Sulfonic acid, which are very hazardous. Additionally since most of these products are not cleaned up after the conversion process, they may contain harmful or toxic by products.[127]

HHC, a synthetic cannabinoid, is made from cracking THC with Raney Nickel and Hydrogen, and can leave behind both Nickel and Aluminum that are not normally monitored for and are toxic metals.[128]

Emerging evidence from national surveillance systems, including the Centers for Disease Control and Prevention, indicates that hemp-derived THC products are associated with:

- Increased reports of accidental ingestion among youth[129]
- Mislabeling and inconsistent potency[130]
- Presence of contaminants due to unregulated manufacturing processes[131]
- Marketing strategies that appeal to minors (e.g., gummies, candies, and brightly packaged products)[132]

These products often exist outside the regulated medical marijuana supply chain, meaning they are not subject to the same testing, packaging, labeling, or age-verification requirements as OMMA-licensed products. As a result, they represent a disproportionate source of risk for youth exposure compared to regulated medical marijuana products.

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[127] Source: https://cfah.org/how-is-delta-8-made/ Accessed May 14, 2026

[128] Source: https://pubchem.ncbi.nlm.nih.gov/compound/Nickel#section=U-S-Production Accessed May 14, 2026

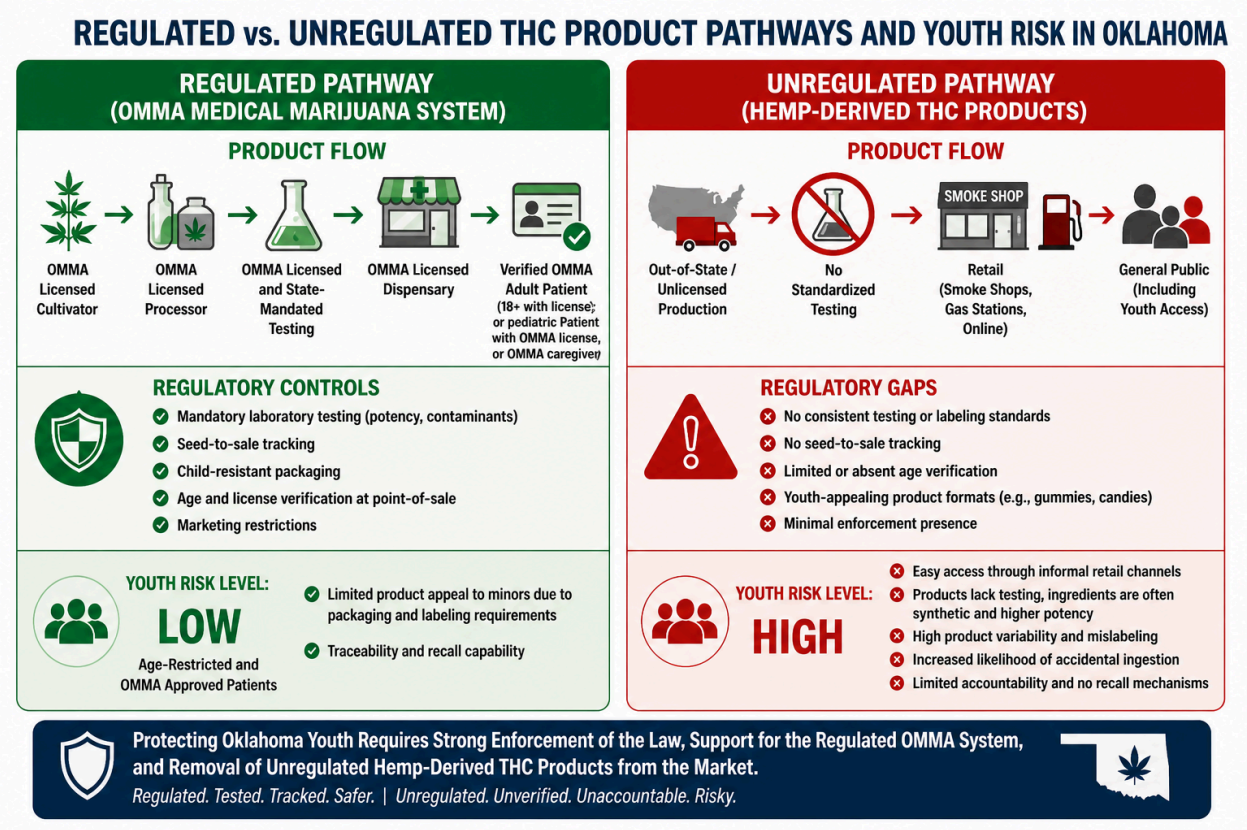
[129] Centers for Disease Control and Prevention. Notes from the Field: Pediatric Edible Cannabis Exposures — Multiple States, 2017–2021. *MMWR Morb Mortal Wkly Rep.* 2023;72(7):1-4.
Centers for Disease Control and Prevention. Increases in Availability of Cannabis Products Containing Delta-8 THC and Reported Cases of Adverse Events. *MMWR Morb Mortal Wkly Rep.* 2021;70(44):1523-1527.

[130] Food and Drug Administration. 5 Things to Know about Delta-8 Tetrahydrocannabinol – Delta-8 THC. Updated 2022.

Johnson AR, et al. Delta-8-THC product labeling and content variability in the US marketplace. *J Cannabis Res.* 2023;5(1):

[131] Food and Drug Administration. FDA Regulation of Cannabis and Cannabis-Derived Products: Questions and Answers. Updated 2023.
6. Centers for Disease Control and Prevention. Health Effects of Cannabis and Cannabinoids. CDC Cannabis Information Page. 2024.

[132] Centers for Disease Control and Prevention. Cannabis and Teens. CDC. 2024.
8. Food and Drug Administration. FDA Warns Companies Marketing Delta-8 THC Products That May Appeal to Children. 2022.




### Synthetic Hemp-Derived Products Enforcement and Regulatory Fragmentation

The current enforcement landscape in Oklahoma is characterized by fragmentation across agencies, including OMMA, local law enforcement, and public health authorities. While OMMA has established a regulatory infrastructure for licensed operators, it does not currently have a fully integrated enforcement arm capable of addressing the widespread availability of illicit hemp-derived THC products in retail environments.

This gap has resulted in:

- Limited inspections of non-licensed retailers
- Inconsistent product seizure or penalties
- Lack of clarity among law enforcement regarding jurisdiction and legal authority
- Minimal deterrence for retailers selling non-compliant products

### Policy Recommendations

To address these challenges, a coordinated, evidence-based enforcement strategy is warranted. Key recommendations include:

#### 1. Establish a Dedicated Enforcement Unit within OMMA

OMMA should develop a **specialized enforcement division**, in formal collaboration with state and local law enforcement agencies, tasked specifically with:

- Identifying and removing illegal hemp-derived THC products from retail shelves
- Conducting compliance checks in high-risk retail environments
- Supporting investigations into illicit supply chains

**2. Standardized Law Enforcement Training**

Implement statewide training programs for law enforcement officers focused on:

- Distinguishing between regulated medical marijuana products and illegal hemp-derived THC products
- Understanding Oklahoma's total THC legal framework
- Evidence collection and enforcement protocols

Training could be developed in partnership with OMMA, public health agencies, and legal experts to ensure consistency and clarity.

**3. Data Collection and Surveillance**

Integrate enforcement activities with public health surveillance systems to:

- Track trends in youth exposure and adverse events
- Identify geographic hotspots of illegal product sales
- Inform ongoing policy adjustments
- Start collecting data on synthetic vs OMMA approved products at poison control and emergency departments.

While Oklahoma's total THC framework provides a strong legal foundation for regulating intoxicating cannabinoid products, the lack of consistent enforcement has undermined its effectiveness. Hemp-derived THC products, largely unregulated and widely accessible, pose a growing risk to youth and public health. Strengthening enforcement capacity, clarifying regulatory authority, and investing in training and surveillance are critical next steps to align policy intent with real-world outcomes.

**Key Finding 10:** Hemp-derived synthetic products sold in gas stations, Laboratory testing failures and fraudulent Certificates of Analysis (COA) are enabling the widespread sale of hemp-derived marijuana products labeled as hemp in Oklahoma's unregulated retail market. Independent testing demonstrates that 100% of sampled products exceeded federal THC limits, by as much as 4,000%, while corresponding lab reports inaccurately reported non-detectable Δ9-THC levels. This breakdown in testing integrity has facilitated the emergence of a parallel, unregulated marijuana market that bypasses state oversight, increases youth access, and undermines the OMMA regulated medical marijuana system.

**Summary Findings and Recommendations**

- Independent laboratory testing identified significant concerns regarding hemp-derived cannabinoid products sold in Oklahoma gas stations, smoke shops, and convenience stores, with some products exceeding federal THC limits by up to 4,000% despite Certificates of Analysis (COAs) reporting compliant or non-detectable Δ9-THC levels.
- Stakeholders reported that loopholes in hemp testing regulations, inconsistent laboratory standards, and limited enforcement have enabled the growth of a large unregulated cannabinoid market operating outside OMMA oversight and public health protections.
- Concerns were raised that products submitted for laboratory testing are often not representative of products sold to consumers and that testing methods may underestimate total THC concentrations.
- Participants identified limited public access to METRC data and the continued non-operational status of OMMA's QA Laboratory as major barriers to identifying potency inflation, laboratory inconsistencies, and suspicious market activity.
- Respondents reported that complaints regarding potentially non-compliant hemp-derived products have received limited enforcement response, allowing products to remain widely available in non-dispensary retail settings and increasing concerns regarding youth access and consumer safety.
- Stakeholders recommended expanding the OMMA Secret Shopper Program, increasing enforcement in gas stations and smoke shops, strengthening hemp laboratory oversight, improving cannabinoid education for policymakers and law enforcement, and increasing scientific transparency through greater public access to anonymized market data.

Independent laboratory testing and stakeholder reports raise significant concerns regarding the widespread sale of hemp-derived synthetic cannabinoid products in

Oklahoma's unregulated retail market, including gas stations, smoke shops, and convenience stores. Findings indicate that many products marketed as "legal hemp" substantially exceeded federal THC limits, in some cases by as much as 4,000%, despite accompanying Certificates of Analysis (COAs) reporting non-detectable Δ9-THC levels. These findings suggest serious breakdowns in testing integrity, laboratory oversight, and regulatory enforcement.

Stakeholders reported that loopholes within hemp testing regulations, combined with inconsistent laboratory standards and limited enforcement authority, have enabled the growth of a parallel unregulated marijuana market operating outside OMMA oversight and public health protections. Concerns were raised that products submitted for testing are often not representative of products sold to consumers and that pre-harvest hemp testing practices may artificially lower reported Δ9-THC concentrations. Variability in laboratory extraction methods and sample preparation procedures may also significantly affect cannabinoid test results.

Participants emphasized that the lack of public access to METRC data prevents independent researchers, analysts, and third-party oversight groups from identifying trends related to inflated potency reporting, laboratory inconsistencies, or suspicious market activity. At the same time, the delayed operationalization of OMMA's Quality Assurance Laboratory further limits independent verification and oversight capacity.

Additional concerns were raised regarding the limited response to complaints submitted by patient advocacy organizations, compliance professionals, and licensed laboratories regarding potentially non-compliant hemp-derived products. Respondents noted that insufficient enforcement coordination between OMMA, OBNDD, sheriffs, and other agencies has allowed these products to remain widely available in non-dispensary retail settings, increasing youth access and undermining Oklahoma's regulated medical marijuana system.

Stakeholders recommended several policy actions to address these concerns, including:

- Expanding the OMMA Secret Shopper Program and publicly releasing aggregate findings;
- Increasing targeted enforcement against illegal marijuana products sold as hemp in gas stations and smoke shops;
- Improving coordination between enforcement agencies;
- Developing standardized cannabinoid education and training programs for policymakers and law enforcement;
- Clarifying scientific distinctions and legal thresholds related to THCa, Δ9-THC, and total THC calculations;

- Expanding transparency and public access to METRC data for qualified public health researchers and oversight purposes;
- Strengthening oversight and accountability standards for hemp testing laboratories operating both within and outside Oklahoma.

Overall, respondents viewed the current hemp-derived cannabinoid marketplace as a significant regulatory and public health concern that requires stronger scientific oversight, improved laboratory accountability, enhanced enforcement, and greater public transparency to protect consumers and preserve the integrity of Oklahoma's regulated medical marijuana program.

Recommendations Include:

1. Allow open access to METRC data to detect trends in inflated THC for public researchers.
2. Expand the OMMA secret shopper program and announce general results to the public
3. Enforce Retail Compliance in Non-Dispensary Settings
    - Conduct targeted enforcement in:
    - Gas stations and Smoke shops
    - Remove illegal marijuana products sold as hemp
4. Develop Training for Policymakers and Law Enforcement: The reported lack of understanding (e.g., confusion about Δ9-THC) highlights a critical need for:
    - Standardized cannabinoid education
    - Clear explanation of:
    - THCa vs Δ9-THC
    - Total THC calculations
    - Legal thresholds

Main issues:

a. The lack of public access to METRC Data means that trends cannot be detected by data analysts, and public open detection and policing cannot happen.
b. Since there is no access to METRC data by other groups/labs, this makes the safety checks dependent on the second non-functional OMMA QA Lab (300 N. Meridian).
c. Complaints submitted to the OMMA by Patient Advocacy Groups/ Compliance Companies/ Third Party Test Produced by Oklahoma Licensed Testing Labs are not being acted upon (to our knowledge).
d. Additionally, the lack of enforcement or investigation by either the Sheriff, OBN, OMMA or other agencies with enforcement authority allows these products to continue to be sold in smoke/ head shops, gas stations and other places.

e. These products claim to be compliant with the 2020 Farm Bill, but often time they are not. THCa produced by Cannabis and THCa produced synthetically are the same drug. Delta-9 produced by Cannabis and Delta-9 produced synthetically are the same drug. General logic would state that regardless of how these drugs are being produced, they are still regulated. Case in Point, Opium from Poppy flowers is regulated. If someone made Opium synthetically, it would still be regulated as the *same drug* and yet, this isn't actually occurring with Hemp/Cannabis.

There are some 'loop-holes' in the testing that people are exploiting, and a combination of this and no accountability in test results produced by testing labs has made this problem persistent.

- Hemp products are typically tested for THC potency several weeks before the actual harvest and THC numbers are significantly different from the end product. This is common industry practice.
- The products submitted for testing are not representative of the actual batch being sold on the shelf. This is also a common practice in both Hemp and Cannabis industry. Lack of regulatory action (through compliant investigation, secret shopping, QA lab activities) allows these problems to persist.
- As stated in point one above, the THC Potency testing for Hemp products occurs before the actual harvest and cure of the batch. Additionally, samples submitted to the lab may be specially grown (in the case of Hemp, the plants going to the lab may be exposed to high Nitrogen levels that significantly lowers the Delta-9 in the sample.)
- Issues with lab testing of Hemp; on the lab testing side, there is little to no regulation for the testing of Hemp products and Hemp products can be shipped nationally. There is no regulatory actions that can effectively be taken against these labs, especially ones that are out of State.
- Furthermore, the conditions on how these products are tested are important. If the lab isn't inflating/deflating Cannabinoid test results and if they haven't been given a special 'lab sample', the way samples are prepared can affect the outcome.
- Extracting the Hemp samples for a short period of time will lead to low Delta-9 THC measurements and longer extractions will lead to higher Delta-9 THC measurements when THCa is present. This is just *one* of many ways that Hemp producers can meet regulatory requirements.

**Background:**

In 2025 year, Patients for Safe Access worked with Dr. Kirk Berry to conduct independent testing of products purchased outside of OMMA dispensaries. The full

report of the expert analysis of the products is found in Annex 5. Below is the summary of the report as it relates to synthetic derived hemp products sold in gas stations.

The expert analysis of retail hemp-derived cannabis products reveals systemic failures in laboratory testing integrity, product traceability, and regulatory enforcement, resulting in widespread misclassification of marijuana products as legal hemp.

Independent testing conducted by Patients for Safe Access Oklahoma of six retail pre-roll products purchased from a non-dispensary ("gas station weed") setting found that:

- 100% of products exceeded the federal legal limit of 0.3% Δ9-THC, confirming they are marijuana, not hemp
- Measured Δ9-THC levels ranged from ~3.7% to 6.7%, with total THC up to 12.3%
- These levels represent 1,200%–2,100% above the legal threshold for Δ9-THC and up to 4,000% above allowable total THC limits

In contrast, Certificates of Analysis (COAs) from an OMMA licensed laboratory reported "non-detectable" Δ9-THC (ND) despite measurable THCa levels, an outcome that is scientifically implausible in natural cannabis flower. This discrepancy strongly suggests:

- Sample manipulation, or
- Laboratory data misreporting or collusion

This is not an isolated compliance issue, it represents a **structural breakdown in the cannabis testing ecosystem**, with three major implications:

**1. Testing Is Not Functioning as a Consumer Protection Toot:** Laboratory COAs, intended to ensure safety and legality, are being misused, manipulated, or ignored entirely.

This undermines the **entire regulatory framework**, as products with fraudulent or misleading COAs can move freely into the marketplace.

**2. A Parallel "Hemp" Market Is Effectively an Unregulated Marijuana Market** The report confirms that:

- Products sold as "hemp" are chemically marijuana
- These products are sold **outside OMMA oversight**
- They bypass:
    - Age verification
    - Seed-to-sale tracking

    - Testing standards
    - Taxation

This creates a **two-tier system**:

- **Highly regulated medical marijuana market**
- **Unregulated, high-risk retail market (gas stations, smoke shops)**

**3. Youth Access and Public Health Risk Are Elevated:** Because these products are:

- Sold in non-age-gated environments
- Poorly labeled or unlabeled
- Not child-resistant
- Not traceable

They represent a **significantly higher risk pathway for youth exposure and accidental use**.

**Key Finding 11:** Environmental and occupational health concerns related to medical marijuana cultivation are emerging in Oklahoma, including risks associated with pesticide use, runoff, and worker exposure. To proactively address these issues, the Oklahoma Medical Marijuana Authority (OMMA) should consider adopting national best practices and collaborating with state agencies, industry stakeholders, and public health experts. Strengthening guidance on environmental protections and workplace safety can help mitigate risks, support sustainable cultivation practices, and protect both workers and surrounding communities.

**Key Findings:**

- The rapid expansion of medical marijuana cultivation in Oklahoma has introduced increasing environmental and occupational health risks, including pesticide runoff, water quality impacts, and worker exposure to hazardous conditions.
- Current regulatory frameworks do not fully integrate environmental protection or workplace safety standards, creating gaps in oversight.
- Adopting national best practices like the PowerScore and strengthening coordination across agencies presents a critical opportunity to mitigate these risks while supporting a sustainable and responsible industry.

**Recommendations:**

1. **I**ntegrate Environmental Oversight into Cannabis Regulation OMMA should formally coordinate with Oklahoma Department of Environmental Quality (ODEQ) and Oklahoma Department of Agriculture, Food, and Forestry (ODAFF) to:

- Develop joint environmental compliance standards
- Conduct coordinated inspections of cultivation sites
- Share data on pesticide use and environmental risks

2. Adopt National Best Practices for Pesticide Use and Runoff Prevention. OMMA could establish guidelines aligned with:
    - EPA pesticide application standards
    - State-level cannabis best practices (e.g., California, Colorado)
    - Require approved pesticide lists specific to cannabis cultivation
    - Mandate buffer zones near waterways
    - Implement runoff mitigation plans (e.g., berms, filtration systems)

3. Require Environmental Management Plans for Cultivators
    - All licensed cultivators should submit, Water management plans, Soil conservation strategies, and Chemical use and storage protocols.

4. Establish Routine Environmental Monitoring
    - Implement: Randomized water and soil testing near cultivation sites, Monitoring of high-density cultivation regions Data should Publicly reported, aggregated, and used to guide enforcement and policy updates.

5. Strengthen Occupational Health and Safety Standards In collaboration with Oklahoma Department of Labor and OSHA framework to Require:
    - Worker training on pesticide handling and exposure risks
    - Access to personal protective equipment (PPE)
    - Reporting systems for workplace injuries and exposures
6. Develop a Cannabis-Specific Environmental and Worker Safety Training Program OMMA could:
    - Create standardized training modules for Cultivators, Processors and Workers
    - Topics Including: Safe pesticide use, Environmental stewardship, and Worker health protections

7. Engage Local Stakeholders and Communities. OMMA could convene:
    - Farmers, Environmental groups, Public health experts AND Industry representatives to Identify region-specific risks, Develop locally tailored solutions, and Build trust and transparency

**Environmental Health Background**

The rapid expansion of medical marijuana cultivation in Oklahoma has outpaced environmental and occupational health protections, increasing risks related to pesticide runoff, water quality degradation, and worker safety.

As Oklahoma's medical marijuana industry has rapidly expanded since legalization, emerging environmental and occupational health considerations have gained increasing attention from policymakers, regulators, and local communities. While the regulated market overseen by the Oklahoma Medical Marijuana Authority (OMMA) includes compliance requirements for licensed operators, gaps in environmental guidance and the proliferation of illicit cultivation activities have contributed to documented concerns across the state.

Media reports and law enforcement briefings have identified environmental harms associated primarily with unlicensed and illegal cultivation operations, including improper pesticide use, chemical runoff, groundwater contamination, and unauthorized water diversion.[133] These activities can lead to soil degradation, ecosystem disruption, and risks to nearby agricultural and residential areas. Similar environmental impacts have been well documented in other states with large-scale cannabis production, particularly where enforcement and environmental regulations lag behind market growth.[134]

Water use has also emerged as a concern in rural regions of Oklahoma, where cultivation sites may place strain on local groundwater resources and infrastructure. Although Oklahoma does not face the same level of water scarcity as western states, the cumulative impact of high-density cultivation, particularly during the early expansion period (2019–2022), has raised concerns among landowners and local officials.[135]

In addition to environmental risks, occupational health considerations are increasingly recognized within cannabis cultivation and processing environments. Workers may be exposed to pesticides, fertilizers, and airborne particulates, as well as ergonomic and repetitive strain hazards. National occupational health research has highlighted the need for standardized safety protocols, including ventilation controls, personal protective equipment (PPE), and worker training.[136]

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[133] Oklahoma Bureau of Narcotics and Dangerous Drugs Control. Marijuana Enforcement Team (MET) operations reports and public statements. 2023–2026.
Local Oklahoma media reporting on cannabis cultivation, water use, and environmental concerns (e.g., *The Oklahoman*, *Tulsa World*). 2022–2025.

[134] Carah JK, Howard JK, Thompson SE, et al. High time for conservation: adding the environment to the debate on marijuana liberalization. *BioScience.* 2015;65(8):822-829. doi:10.1093/biosci/biv083

[135] Local Oklahoma media reporting on cannabis cultivation, water use, and environmental concerns (e.g., *The Oklahoman*, *Tulsa World*). 2022–2025.

[136] National Institute for Occupational Safety and Health. Cannabis Industry and Worker Safety. Centers for Disease Control and Prevention. Updated 2023.

Importantly, available evidence suggests that many of the most significant environmental and safety concerns are associated with illicit or non-compliant operations, rather than OMMA-licensed businesses operating within the state's regulatory framework. In response, Oklahoma has implemented enhanced enforcement efforts, contributing to a substantial reduction in illegal cultivation sites. However, experts increasingly recommend that enforcement be complemented by proactive environmental and occupational health standards to support long-term sustainability.

To address these challenges, OMMA and state partners may consider adopting national best practices, including standardized pesticide regulations, water management guidance, waste disposal protocols, and worker safety standards. Collaborative approaches involving the Oklahoma Department of Environmental Quality, Oklahoma Department of Agriculture, Food, and Forestry, and public health stakeholders could strengthen oversight, reduce environmental risks, and ensure that Oklahoma's medical marijuana industry develops in a manner that protects both public health and natural resources.

Main Issues

1. Water Quality and Ecosystem Impact
    a. Pesticide and nutrient runoff from cultivation sites may: Contaminate local waterways, affect aquatic ecosystems, and impact downstream drinking water sources.This is particularly relevant in regions already vulnerable to: Flooding, Soil erosion, and Agricultural runoff
2. Soil and Land Use Degradation.
    a. Improper cultivation practices may lead to:
    b. Soil nutrient depletion, Increased sediment runoff, Long-term land degradation
3. Occupational Health Risks.
    a. Workers in cultivation and processing environments may face:
        i. Exposure to pesticides, fertilizers, and solvents
        ii. Respiratory risks from organic dust and mold
        iii. Musculoskeletal strain from repetitive labor
4. Without standardized protections, these risks may disproportionately affect:
    a. Rural workers
    b. Temporary or seasonal laborers
5. Community-Level Impacts
    a. Neighboring agricultural operations
    b. Residential water sources
    c. Local ecosystems and biodiversity

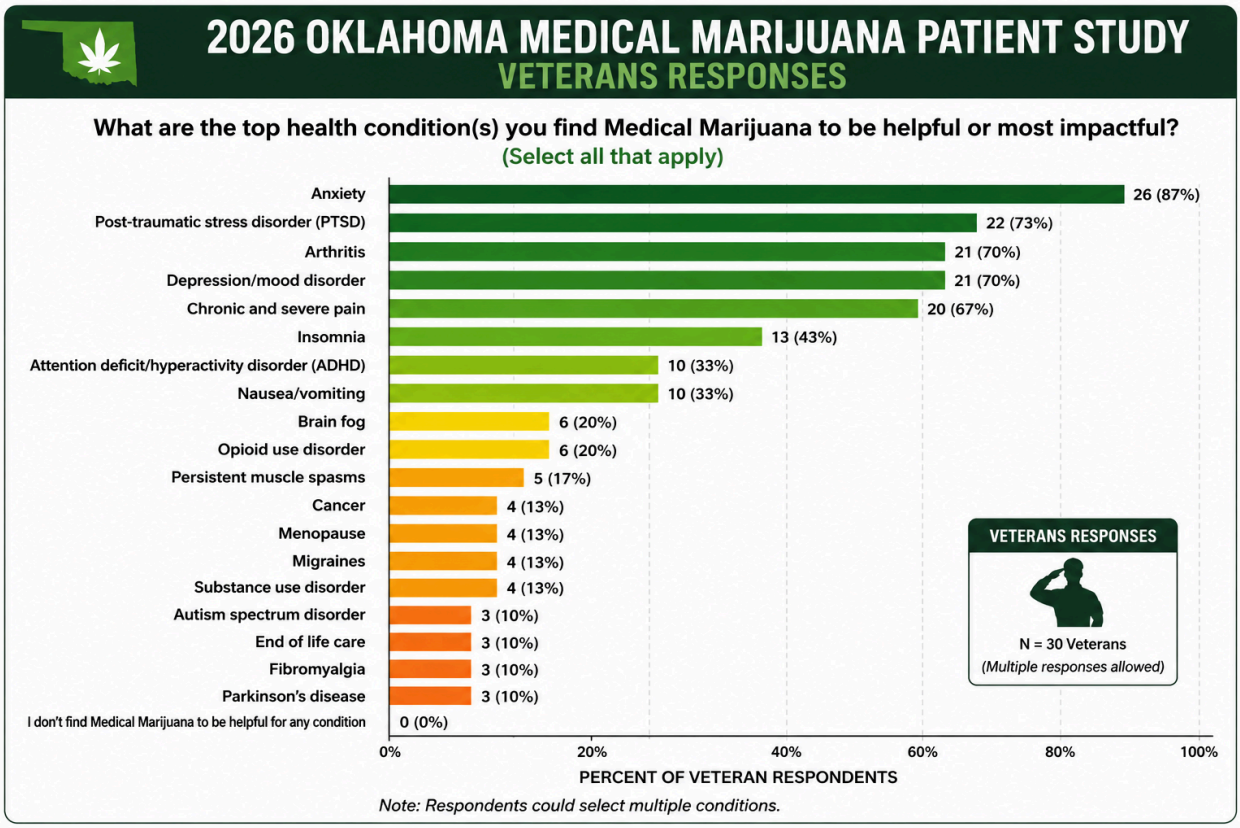
**Key Finding 12:** Veterans in the 2026 Medical Marijuana Research study in Oklahoma report using Marijuna for Anxiety, PTSD, and Arthritis; cost to access an OMMA medical card as the largest barrier. Expanding access to medical marijuana for veterans and first responders represents a critical opportunity to address unmet health needs in Oklahoma. These populations experience disproportionately high rates of service-related physical and mental health challenges, yet often face barriers to safe, regulated treatment options. Strengthening access through reduced licensing fees, discounted medical cannabis, free certifications, targeted outreach, provider education, and streamlined licensing pathways, while ensuring integration with existing healthcare and support systems, could improve health outcomes.

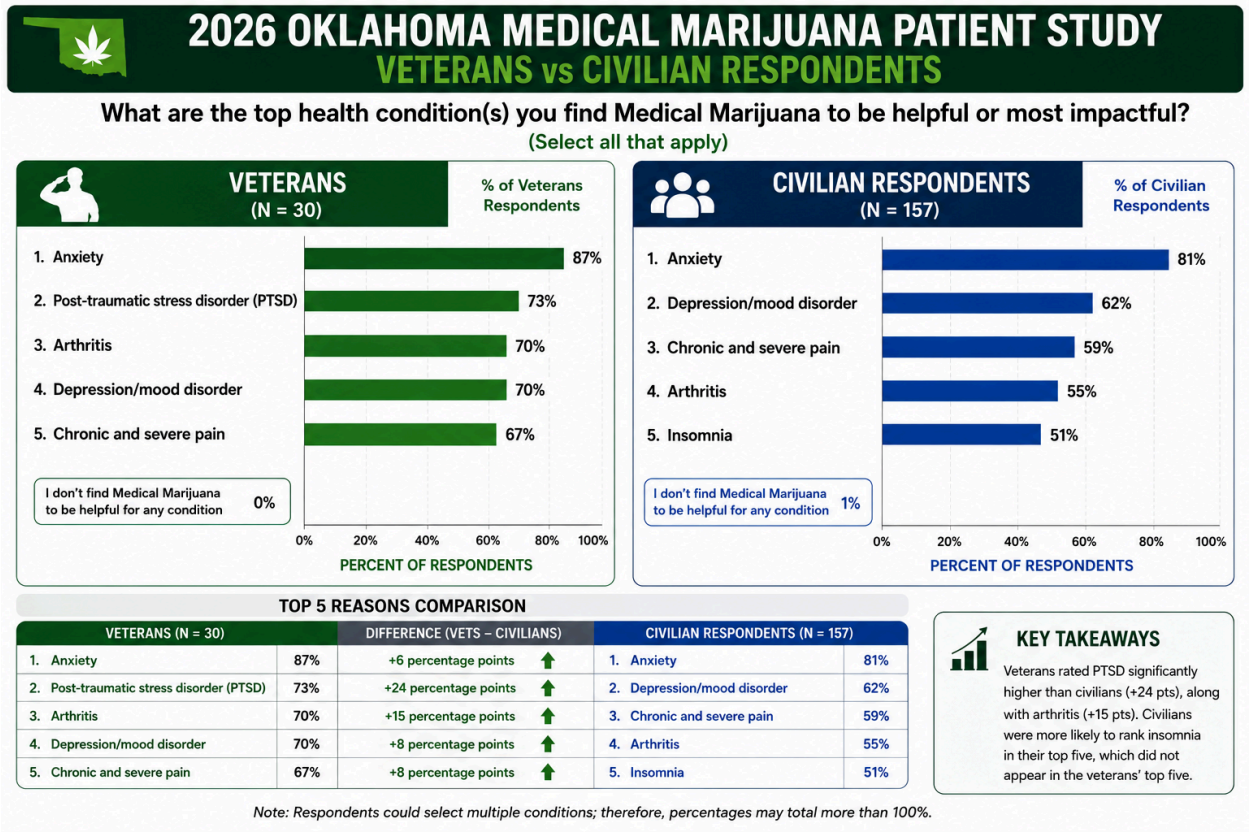
Summary Findings:

- Veterans in the 2026 Oklahoma Medical Marijuana Patient Study reported disproportionately high rates of anxiety, PTSD, arthritis, depression, and chronic pain compared to civilian respondents, highlighting the significant physical and mental health burden experienced within veteran populations.
- PTSD was reported substantially more frequently among veterans (73%) than civilians (49%) as a condition for which medical marijuana was perceived as beneficial, suggesting that many veterans view cannabis as an important tool for managing trauma-related symptoms.
- Veterans also reported higher rates of arthritis (70% vs. 55%), depression or mood disorders (70% vs. 62%), and chronic pain (67% vs. 59%) compared to civilian respondents, reflecting the cumulative impacts of military service, injuries, and co-occurring mental health conditions.
- Cost associated with obtaining and maintaining an OMMA medical marijuana card emerged as a major barrier to access for veterans and first responders, despite these populations reporting substantial therapeutic benefit from medical marijuana use.
- Nearly half of veteran respondents (47%) reported using medical marijuana to reduce alcohol consumption compared to 27% of civilian respondents, suggesting cannabis may serve as a perceived harm reduction or substitution strategy among some veterans.
- Veterans also reported higher rates of attempting to reduce tobacco use (27% vs. 19%) and greater use of medical marijuana to reduce antipsychotic medications compared to civilian respondents.
- Both veteran and civilian respondents reported using medical marijuana in efforts to reduce prescription medications including antidepressants, muscle relaxants, NSAIDs, narcotics/opioids, sedatives, and other pharmaceuticals associated with chronic pain and mental health treatment.
- The findings suggest that many Oklahoma patients, particularly veterans, perceive medical marijuana as part of broader medication management, mental health support, and substance use reduction strategies.
- Expanding access for veterans and first responders through reduced OMMA licensing fees, discounted products, free medical certifications, targeted outreach, provider

education, and streamlined enrollment pathways may improve healthcare access and health outcomes among these high-need populations.

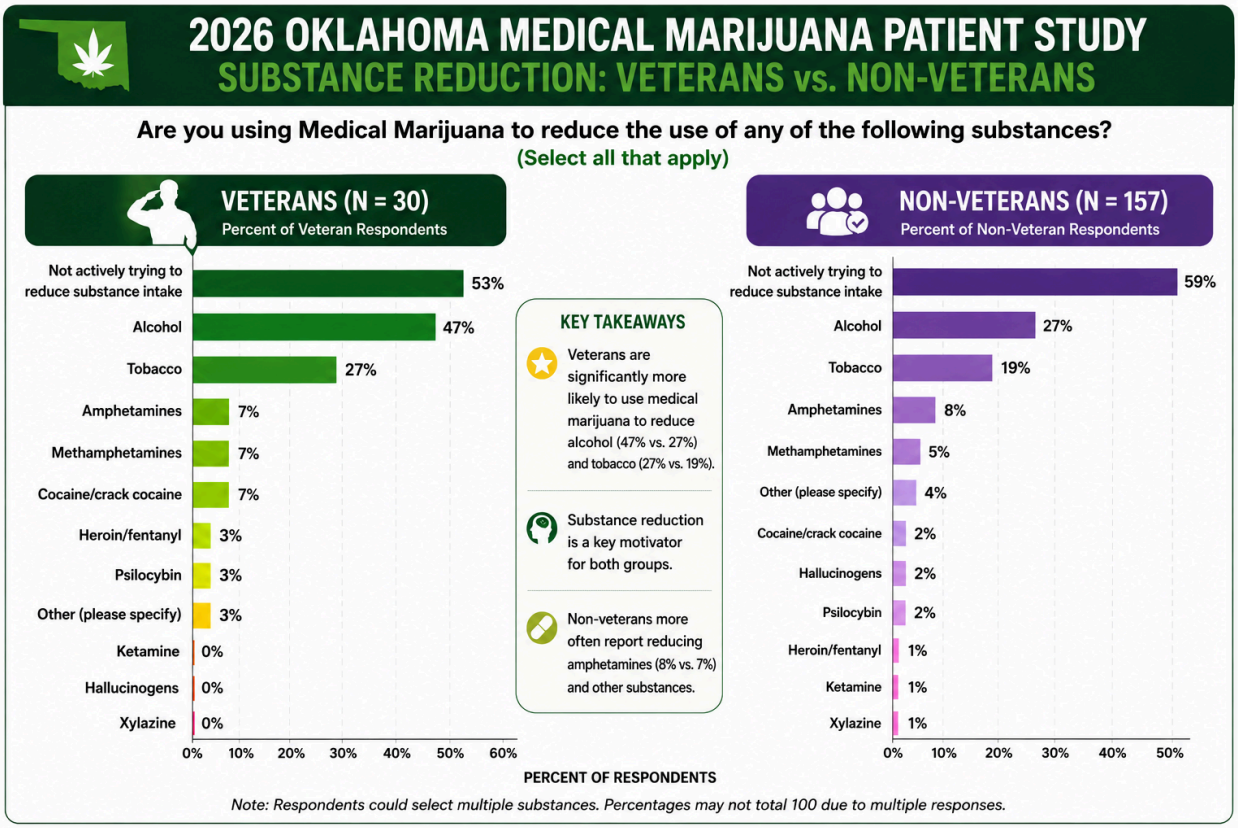
- Respondents emphasized the need for additional clinical research evaluating the role of medical marijuana in PTSD management, chronic pain treatment, medication substitution, harm reduction, and polypharmacy reduction among veteran populations.






The comparison between veteran and civilian respondents in the 2026 Oklahoma Medical Marijuana Patient Study highlights both important similarities and notable differences in the health conditions for which participants report medical marijuana to be most helpful. Anxiety emerged as the most commonly reported condition among both groups, reported by 87% of veterans and 81% of civilian respondents. However, veterans reported substantially higher rates of post-traumatic stress disorder (PTSD), with 73% identifying PTSD as a primary condition for which medical marijuana was beneficial compared to 49% among civilian respondents. This finding reflects the significant mental health burden experienced by many veterans and suggests that cannabis may play an important role in symptom management for trauma-related conditions within this population.

Veterans also reported higher rates of arthritis (70% vs. 55%), depression or mood disorders (70% vs. 62%), and chronic and severe pain (67% vs. 59%) compared to civilian respondents. These findings may reflect the cumulative physical and psychological impacts associated with military service, including chronic musculoskeletal injuries, pain conditions, and co-occurring mental health disorders. In contrast, civilian respondents were more likely to identify insomnia among their top conditions (51%), although sleep-related concerns remained highly represented among veterans as well (43%).

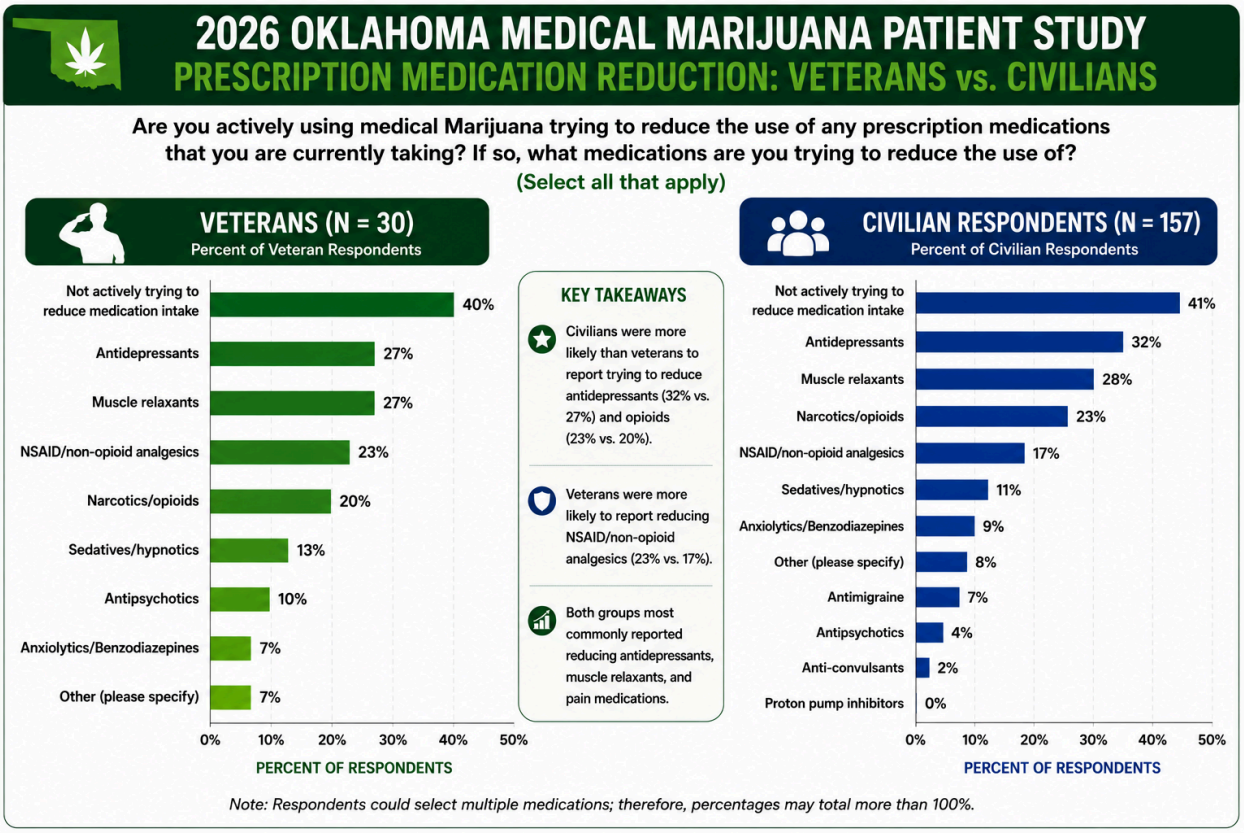



The comparison between veteran and non-veteran respondents in the 2026 Oklahoma Medical Marijuana Patient Study suggests that many participants reported using medical marijuana as part of broader harm reduction or substance substitution strategies. In both groups, the largest proportion of respondents reported they were not actively trying to reduce the use of another substance; however, substantial percentages indicated they were using medical marijuana to reduce alcohol, tobacco, stimulant, and other substance use.

Alcohol reduction emerged as one of the most notable differences between veterans and non-veterans. Nearly half of veteran respondents (47%) reported using medical marijuana to reduce alcohol consumption compared to 27% of non-veteran respondents. Veterans also reported higher rates of using medical marijuana to reduce tobacco use (27% vs. 19%). These findings may reflect the elevated burden of chronic stress, trauma exposure, mental health conditions, and substance use concerns often reported among veteran populations. The data suggest that some veterans may perceive medical marijuana as a tool to reduce reliance on alcohol and tobacco as coping mechanisms or self-management strategies.

Both groups also reported attempts to reduce stimulant use, including amphetamines and methamphetamines, although these percentages were lower overall. Non-veteran respondents reported slightly higher rates of attempting to reduce amphetamine use (8% vs. 7%), while veterans reported higher rates of cocaine/crack cocaine reduction (7% vs. 2%). Smaller proportions of respondents in both groups reported using medical marijuana to reduce heroin/fentanyl, psilocybin, ketamine, hallucinogens, and xylazine use.

Overall, the findings suggest that medical marijuana may serve as a perceived harm reduction or substitution strategy for some Oklahoma patients, particularly among veterans. The substantially higher rates of alcohol and tobacco reduction among veteran respondents highlight the need for further research evaluating the potential role of medical marijuana within veteran-focused mental health, addiction recovery, and substance use reduction frameworks.




The comparison between veteran and civilian respondents in the 2026 Oklahoma Medical Marijuana Patient Study suggests that many participants reported using medical marijuana as part of efforts to reduce reliance on prescription medications. In

both groups, the largest proportion of respondents reported they were not actively attempting to reduce medication intake; however, a substantial percentage indicated they were using medical marijuana in an effort to reduce antidepressants, muscle relaxants, pain medications, sedatives, and other pharmaceutical therapies.

Among civilian respondents, the most commonly reported medications participants were attempting to reduce included antidepressants (32%), muscle relaxants (28%), narcotics/opioids (23%), and NSAID/non-opioid analgesics (17%). Similarly, veterans most commonly reported attempting to reduce antidepressants (27%), muscle relaxants (27%), NSAID/non-opioid analgesics (23%), and narcotics/opioids (20%). These findings suggest that both veteran and civilian populations may perceive medical marijuana as a complementary or substitute therapy for chronic pain management, mental health conditions, musculoskeletal symptoms, and medication-related side effects.

Veterans reported slightly higher rates of attempting to reduce NSAID and non-opioid analgesic use compared to civilians (23% vs. 17%), while civilian respondents reported somewhat higher rates of reducing antidepressants and opioid medications. Veterans also reported greater use of medical marijuana in efforts to reduce antipsychotic medications (10% vs. 4%), which may reflect the higher prevalence of PTSD, trauma-related symptoms, and complex mental health conditions observed within veteran populations.

Overall, the findings suggest that both veterans and civilians are actively incorporating medical marijuana into broader medication management and harm reduction strategies. The frequent reporting of efforts to reduce opioids, sedatives, antidepressants, and muscle relaxants highlights the need for additional clinical research examining the potential role of medical marijuana in medication substitution, chronic pain management, mental health treatment, and polypharmacy reduction among diverse patient populations.

**Key Finding 13:** OMMA's Quality Assurance Laboratory Remains Non-Operational Despite Legislative Mandate, Raising Significant Public Health Concerns

Summary Findings:

- OMMA's Quality Assurance (QA) Laboratory, authorized through Senate Bill 813 in 2023 and expected to be operational by 2025, remains non-operational at the time of this report, creating a major gap in Oklahoma's medical marijuana oversight system.
- The QA laboratory was intended to serve as an independent public health safeguard responsible for verification testing, blind sample testing, laboratory standardization, contaminant investigations, and support of OMMA's Secret Shopper Program.

- The absence of a functioning QA laboratory limits Oklahoma's ability to independently verify the accuracy of private laboratory test results and identify patterns of inconsistent or potentially fraudulent testing practices.
- Respondents throughout this study expressed substantial concerns regarding inconsistent laboratory testing results, inflated THC potency reporting, laboratory shopping, and variability in pesticide, microbial, heavy metal, and residual solvent testing outcomes.
- Without independent confirmatory testing capacity, potentially contaminated, mislabeled, or inaccurately tested products may continue reaching Oklahoma patients without adequate secondary verification or oversight.
- The delayed implementation of the QA laboratory also limits OMMA's ability to effectively operate the Secret Shopper Program and publicly evaluate laboratory performance, contamination trends, recall activities, and product safety risks.
- Medical marijuana patients in Oklahoma include medically vulnerable populations such as individuals with cancer, epilepsy, PTSD, chronic pain, and immunocompromising conditions who may face elevated risks from microbial contamination, pesticides, heavy metals, residual solvents, or inaccurate cannabinoid labeling.
- Industry stakeholders reported concerns that Oklahoma's laboratory oversight infrastructure currently lacks sufficient scientific transparency, inter-laboratory validation procedures, and independent quality assurance mechanisms compared to more mature medical marijuana programs in other states.
- The lack of an operational QA laboratory may undermine public confidence in Oklahoma's regulated medical marijuana system, create disadvantages for compliant businesses, and increase potential regulatory and public health liability risks.
- Stakeholders emphasized the need for immediate operationalization of the QA laboratory, publication of transparent annual reports, public release of laboratory comparison data, and implementation of corrective action protocols to strengthen consumer protection and restore confidence in Oklahoma's medical marijuana testing infrastructure.

The Oklahoma Medical Marijuana Authority's (OMMA) Quality Assurance (QA) Laboratory, which was authorized through Senate Bill 813 in 2023 and anticipated to be operational in 2025, remains non-operational at the time of this report. The continued delay in implementation raises substantial concerns regarding Oklahoma's ability to adequately monitor medical marijuana product safety, laboratory testing accuracy, and contamination risks within the state's medical marijuana supply chain.

Senate Bill 813 authorized OMMA to establish and operate a state-run Quality Assurance Laboratory intended to strengthen oversight of licensed testing laboratories and support implementation of the state's Secret Shopper Program. Legislative summaries for SB 813 stated that the QA laboratory would be responsible for:

- Conducting independent verification testing of medical marijuana products;

- Performing blind sample testing to assess laboratory accuracy and consistency;
- Establishing standardized testing methodologies and quality control procedures;
- Investigating potentially harmful unidentified compounds;
- Supporting contaminant investigations and public health surveillance activities;
- Generating annual reports for the Oklahoma Legislature regarding findings and laboratory operations.

The QA laboratory was intended to serve as a critical public health safeguard within Oklahoma's medical marijuana regulatory framework. However, despite these legislative objectives, the lack of an operational state QA laboratory has created a major gap in oversight and quality assurance capabilities.

This absence is particularly concerning given widespread industry and patient concerns identified throughout this study regarding:

- Inconsistent laboratory testing results across licensed labs;
- Allegations of inflated THC potency reporting;
- Concerns regarding laboratory shopping by operators seeking favorable results;
- Variability in pesticide, microbial, heavy metal, and residual solvent testing outcomes;
- Limited transparency regarding failed products and recalls;
- Lack of publicly available inter-laboratory validation data.

Without an operational QA laboratory, Oklahoma lacks an independent state mechanism capable of systematically verifying the accuracy of private laboratory testing results or identifying patterns of testing irregularities across the industry. As a result, potentially contaminated or inaccurately labeled products may continue reaching patients without adequate secondary verification.

The public health implications of these delays are substantial. Medical marijuana patients in Oklahoma include individuals with cancer, epilepsy, chronic pain, PTSD, immunocompromising conditions, and other serious health conditions that may increase vulnerability to contaminants such as:

- Aspergillus and microbial contamination;
- Pesticide residues;
- Heavy metals;
- Residual solvents;
- Inaccurate cannabinoid dosing or labeling.

Independent verification testing is particularly important for inhaled products, concentrates, and products consumed by medically vulnerable populations.

The lack of a functioning QA laboratory also limits OMMA's ability to effectively implement the Secret Shopper Program established under House Bill 3971. Without independent confirmatory testing capacity and transparent public reporting, the state's ability to identify unsafe products, evaluate laboratory performance, issue timely recalls, and maintain confidence in the regulated market is significantly constrained.

Respondents in this study repeatedly identified concerns about laboratory oversight, inconsistent testing standards, and limited trust in the current regulatory system. Several industry participants specifically expressed concern that Oklahoma's testing infrastructure lacks sufficient scientific oversight and independent verification mechanisms compared to more mature medical marijuana programs in other states.

The absence of a functioning QA laboratory may also expose the state to broader regulatory and reputational risks, including:

- Reduced public confidence in Oklahoma's medical marijuana program;
- Increased patient safety concerns;
- Economic disadvantages for compliant businesses;
- Challenges in enforcing standardized laboratory practices;
- Potential liability concerns if unsafe products remain undetected.

Given the central role laboratory testing plays in medical marijuana patient safety, the delayed implementation of OMMA's Quality Assurance Laboratory represents a critical regulatory and public health concern. Stakeholders interviewed as part of this study emphasized the need for immediate operationalization of the QA laboratory, transparent public reporting of findings, publication of laboratory comparison data, and development of clear corrective action protocols to strengthen consumer protection and restore trust in Oklahoma's medical marijuana oversight system.

**Key Finding 14:** There is a need to expand the pesticide monitoring list for Medical Marijuana in Oklahoma. The Oklahoma Medical Marijuana Authority (OMMA) requires testing for 13 specific pesticides, many growers use a much wider variety of unregulated chemicals that as a result may go undetected.[137] In 2026, a new Bill (HB 3013) was filed to increase the number of pesticides to 72 tested in Oklahoma.[138]

[137] **Source:** https://www.mmjdaily.com/article/9755459/us-ok-concerns-raised-over-contaminated-mmj/ Accessed April 10, 2026

[138] **Source:** **https://journalrecord.com/2026/02/03/oklahoma-pesticide-thc-limits-medical-marijuana/#:~:text=Summary:,medical%20marijuana%20growers%20or%20businesses.** Accessed April 10, 2026

Summary Findings:

- Oklahoma currently requires testing for only 13 pesticides in medical marijuana products, and this list has remained largely unchanged for several years despite the rapidly evolving pesticide and fungicide market.
- Industry stakeholders, laboratory professionals, and regulatory experts expressed concern that many growers avoid regulated pesticides and instead use alternative chemicals that are not included on Oklahoma's required testing panel.
- Experts reported that pesticide resistance and evolving agricultural practices make static pesticide lists increasingly ineffective over time, as new chemical variants can replace regulated compounds while avoiding detection under current testing requirements.
- In 2026, House Bill 3013 was introduced to expand Oklahoma's pesticide testing requirements from 13 pesticides to 72, reflecting growing concern regarding potential gaps in consumer protection and contaminant oversight.
- Respondents recommended transitioning from regulating individual chemicals to regulating broader classes of compounds (e.g., "-thrins" or "-zoles") to prevent industry workarounds and improve the adaptability of Oklahoma's pesticide regulations.
- Current regulations may allow cumulative pesticide exposures to exceed reasonable safety thresholds because each chemical is regulated individually rather than as part of a broader chemical class. Stakeholders argued this creates loopholes where multiple chemically similar compounds can remain below individual limits while collectively resulting in substantially higher overall exposure levels.
- Concerns were also raised regarding Oklahoma's laboratory testing infrastructure and the state's prior attempts to limit pesticide testing technologies primarily to LC/MS/MS methods, despite many other states utilizing multiple complementary technologies for accurate pesticide detection.
- Respondents identified the confidentiality of Oklahoma METRC data under Title 63 as a major barrier to independent oversight, preventing researchers, data analysts, and citizen scientists from identifying trends related to potency inflation, laboratory shopping, or suspicious testing patterns.
- Stakeholders noted that the OMMA Quality Assurance Laboratory reportedly gained THC potency testing capability in October 2025; however, concerns regarding potency inflation and inconsistent laboratory oversight remain unresolved.
- Participants emphasized that limited transparency, lack of publicly available inter-laboratory comparison data, and insufficient independent oversight may undermine confidence in Oklahoma's medical marijuana testing system and create ongoing public health concerns related to pesticide exposure and laboratory integrity.
- Overall, respondents strongly supported expanding pesticide monitoring, modernizing testing regulations, increasing scientific transparency, improving access to anonymized market data for qualified researchers, and strengthening independent laboratory oversight to better protect Oklahoma medical marijuana patients.

**Background:**
Oklahoma tests for only 13 pesticides and the list has remained unchanged for multiple years. Pesticides become irrelevant as the pest become resistant to them, and new types or variations of pesticides replace them. If a particular pesticide is written into regulation in a fixed way, then it either becomes obsolete, or it is easy to avoid these pesticides for others that are not on the regulatory list.

Oklahoma tried to limit testing equipment through a misinterpretation of *Standardization* and tried to limit pesticide testing by LC/MS/MS alone. Most other states use multiple pieces of laboratory equipment to accurately detect pesticides and Oklahoma only conceded when they were challenged on the legislative level. They allowed additional equipment, but do not have any regulations to properly reflect the added technology.

Written into Title 63 OSS, Oklahoma made Metrc data confidential (https://law.justia.com/codes/oklahoma/title-63/section-63-427-22/) and prevents data scientists (or citizen scientists) from being able to review data, detect trends, and find where data manipulation is occurring either through lab shopping, data cliffs, inversion of products, manipulated test results from laboratories, and other facets. The other State that also has confidential Metrc data is New York which also has an extreme problem with both THC potency inflation and rumors of Black Market products arriving there from Oklahoma.

The OMMAs Second QA Lab (300 N. Meridian) has had the ability to test for THC Potency since October 2025 but the problem of THC Potency inflation has remained. Part of the reason for this problem being persistent is that the OMMA QA lab has little to no industry experience at this point.

Occluded Metrc data makes it impossible for outside data analyst to review the data being produced and check the THC and Terpene Potency for inflation and self-police the Oklahoma market.

Oklahoma only tests for 13 pesticides (fungicides) and this list has remained unchanged for many years. Through conversations with Growers/ ISO Auditors/ Regulatory bodies outside Oklahoma/ Lab Managers outside Oklahoma the general consensus is that;

1. Most growers do not use the pesticides on the banned pesticide list for their State. They look for alternatives that are not regulated and use those instead, or ask the lab if they will fail or to have them tested.

2. Pests can become resistant to commonly used pesticides/fungicides and the market and products are always evolving. When a specific pesticide/fungicide is included into regulation, they can become irrelevant within a few years, or they are not used for another variant. (i.e. Permethrin is regulated Pesticide in OMMA regulations, but there are options to use many others that are *non-regulated* such as Cyperethrin, Prallethrin, Cyhalothin and the list goes on and on… and these are easy to find on the shelf). The way to combat the ever evolving pesticide market is to make a dynamic list of pesticides/fungicides.

Instead of listing a specific chemical that can be avoided and legally not regulated, we suggest dynamically regulating classes of chemicals. For instance;

a. Example one, "-Thrins", instead of just Permethrin, there should be a regulation for all -Thrins including Permethrin, Cyfluthrin, Cypermethrin, Prallethrin, etc.

b. Example two, "-zoles", instead of just Tebuconazole, there should be a regulation for all – Zoles including Tebuconazole, Ipconazole, Metconazole, etc.

This list is not exhaustive and there are many classes of chemicals that could or should be regulated, but shows the example of how the regulations can be written to not identify or single out a pesticide/fungicide chemical, but can include all variations of these chemicals and will allow the regulations to be dynamic (able to accommodate changes in the pesticide industry) and not fixed.

The second problem that this would solve is the allowance of passing amounts of pesticides that cumulatively exceed safety thresholds. For example,  the limit for Permethrin is currently 200ppb, but if the batch contains 190ppb of Permethrin, 190ppb of Prallethrin, 190ppb Cyperethrin, 190ppb Cyfluthrin, 190ppb Pyrethrins, then the sample now contains 950ppb of various -thrins and this batch would pass and could be sold on the shelf, although common logic would tell us that this sample *should* actually fail. If the regulations were written dynamically where -Thrins were set to a regulatory limit of 200ppb, then this sample would actually miserably fail. Furthermore, even if new -thrin compounds came onto the market, the regulations would be unaffected *and* the batch would still fail.

This makes the most sense in regards to how pesticides/fungicides should be treated, and it would stop the workarounds and loopholes that the industry has always been exploiting.

**Key Finding 15:** The OMMA Secret Shopper Program (House Bill 3971) has failed implementation, putting the public's and patients' health at risk. While there is some semblance of a 'Secret Shopper Program,' there are no substantial annual reports that show what products were shopped, the test results from the QA lab to the original test

results, any analysis if these met regulatory limits, investigatory or follow-up actions, and any outcomes.

Summary Finding:

- To improve patient safety and restore public confidence, respondents and stakeholders identified the need for OMMA to publish comprehensive annual Secret Shopper reports containing detailed testing outcomes, recall actions, laboratory comparison data, corrective enforcement measures, and aggregate public health findings while protecting proprietary business information where appropriate. Enhanced transparency would allow Oklahoma to better evaluate the effectiveness of its regulatory framework and strengthen trust in the medical marijuana supply chain.
- The report for the Secret Shopper activities that was provided by the OMMA (and attached in the Annex 6 in this document) is only a summary of actions in an addendum to a 2025 OMMA report and lacks any kind of depth, and doesn't address any actions to correct risks to public health.

In 2022, Oklahoma lawmakers passed House Bill 3971, which required the Oklahoma Medical Marijuana Authority (OMMA) to establish a "Secret Shopper Program" by January 1, 2024, to purchase medical marijuana products from dispensaries and submit those products for laboratory testing. According to OMMA legislative materials, the purpose of the program was to strengthen oversight of product contamination, potency accuracy, and consumer safety through independent verification testing. The legislation specifically envisioned a robust quality assurance framework in which products would be purchased anonymously, divided into five samples, tested across multiple laboratories, and evaluated for contaminants and potency discrepancies. Under the law, unanimous contaminant failures were intended to trigger public recalls, while partial failures were to prompt additional investigation and enforcement activity. The law further required a minimum of 50 inspections in 2024 and annual inspections involving at least 10% of licensed dispensaries thereafter.

Despite these statutory requirements and the significant public health implications of the program, the implementation of the Secret Shopper Program appears to lack transparency, measurable accountability, and publicly available outcome data. The only publicly identifiable reporting located by this study was a limited addendum contained within a broader OMMA report. The summary provided minimal operational detail and did not include critical information necessary to evaluate whether the program is effectively protecting patients and consumers.

Notably absent from OMMA reporting were:

- The identities or categories of products purchased and tested;
- The specific contaminants or analytes evaluated;
- Comparative analysis between original licensed laboratory results and OMMA quality assurance laboratory findings;
- Data regarding potency discrepancies, pesticide contamination, microbial contamination, heavy metals, residual solvents, or other failed analytes;
- The number of recalls initiated;
- Investigatory or enforcement actions resulting from failures;
- Outcomes of corrective actions taken by licensees;
- Trends analysis identifying systemic laboratory inconsistencies or product safety risks.

This lack of transparency significantly limits the ability of patients, healthcare providers, businesses, policymakers, and researchers to assess whether the Secret Shopper Program is functioning as intended under Oklahoma law. The absence of detailed annual public reporting also undermines confidence in the state's broader cannabis testing and quality assurance infrastructure.

The concerns are amplified by subsequent legislative actions authorizing OMMA to operate its own quality assurance laboratory through Senate Bill 813 (2023). Legislative summaries for SB 813 specifically stated that the OMMA quality assurance laboratory was intended to support implementation of the Secret Shopper Program, conduct blind testing, establish standardized testing procedures, analyze potentially harmful unidentified compounds, and generate annual reports to the Legislature regarding findings and program operations. However, comprehensive public-facing annual reports documenting these activities remain difficult to locate or appear absent altogether.

Given the central role of laboratory testing in ensuring patient safety within medical marijuana programs, the lack of publicly accessible and scientifically detailed Secret Shopper reporting raises substantial concerns regarding:

- Product safety oversight,
- Laboratory standardization and verification,
- Public recall transparency,
- Regulatory accountability,
- And the state's ability to identify and mitigate contaminated or inaccurately labeled products reaching Oklahoma patients.

Survey respondents in this study repeatedly expressed concerns regarding inconsistent laboratory testing, inflated potency reporting, weak oversight of testing laboratories, and limited confidence in current quality assurance systems. The limited transparency surrounding the Secret Shopper Program appears to reinforce these concerns and

suggests that Oklahoma's current implementation may not yet meet the level of public health surveillance and accountability envisioned by lawmakers when HB 3971 was enacted.

To improve patient safety and restore public confidence, respondents and stakeholders identified the need for OMMA to publish comprehensive annual Secret Shopper reports containing detailed testing outcomes, recall actions, laboratory comparison data, corrective enforcement measures, and aggregate public health findings while protecting proprietary business information where appropriate. Enhanced transparency would allow Oklahoma to better evaluate the effectiveness of its regulatory framework and strengthen trust in the medical marijuana supply chain.

**Key Finding 15:** OMMA Recall and Patient Notification Processes Lack Transparency and Raise Public Health Concerns.

- OMMA emergency rules require recalls, embargoes, and patient notifications for unsafe medical marijuana products, but stakeholders raised concerns regarding transparency and implementation.
- Respondents reported inconsistent laboratory testing, delayed enforcement actions, and limited public communication surrounding contaminated or failed products.
- Patients often have little visibility into whether products they purchased were later recalled or subject to contamination investigations.
- Public recall notices and patient alerts were described as inconsistent, difficult to access, and lacking timely dissemination.
- The lack of detailed reporting from OMMA's Secret Shopper Program and delays in operationalizing the OMMA QA Laboratory further limit product safety oversight and transparency.
- Without robust recall systems and independent verification testing, patients may unknowingly consume products contaminated with pesticides, microbes, heavy metals, residual solvents, or inaccurately labeled cannabinoids.
- Stakeholders identified the absence of a centralized public recall database and standardized patient notification procedures as major weaknesses in Oklahoma's oversight system.
- Concerns are heightened because many Oklahoma medical marijuana patients are medically vulnerable individuals, including those with cancer, epilepsy, PTSD, chronic illness, and chronic pain.
- Respondents recommended:
    - Real-time public recall databases;
    - Clear patient-facing health alerts;
    - Greater transparency regarding failed products and contamination events;
    - Improved coordination between OMMA, laboratories, and dispensaries;
    - Annual public reporting on recalls, investigations, and corrective actions.

- Strengthening recall transparency and patient notification systems was viewed as essential to protecting patient safety and restoring public trust in Oklahoma's medical marijuana program.

Oklahoma Medical Marijuana Authority (OMMA) emergency rules establish specific requirements related to product recalls, embargoes, patient safety notifications, and public health protections. Under OMMA's emergency rules, licensees and regulators are expected to take timely action when contaminated, adulterated, mislabeled, or potentially unsafe medical marijuana products are identified within the regulated market. These rules are intended to ensure that patients and consumers are rapidly informed of potential health risks and that unsafe products are effectively removed from circulation. However, findings from this study raise substantial concerns regarding whether OMMA's current implementation of recall and patient notification procedures is adequately protecting public health or meeting the level of transparency envisioned under Oklahoma regulations. OMMA Emergency Rules (July 12, 2025)

Survey respondents repeatedly expressed concerns regarding inconsistent laboratory testing, delayed enforcement actions, and limited public communication surrounding contaminated or failed products. Respondents noted that patients often have little visibility into whether products they purchased were later subject to recalls, contamination investigations, or failed testing events. Concerns were also raised that public recall notices and patient notifications are not consistently disseminated in a manner that is timely, comprehensive, or easily accessible to consumers and healthcare providers.

These concerns are amplified by the continued lack of publicly available detailed annual reporting associated with OMMA's Secret Shopper Program and the delayed operationalization of the OMMA Quality Assurance Laboratory. Without robust independent verification testing, transparent recall reporting, and systematic patient notification mechanisms, Oklahoma patients may remain at risk of unknowingly consuming products contaminated with pesticides, microbial contaminants, heavy metals, residual solvents, or inaccurately labeled cannabinoid concentrations.

The absence of comprehensive publicly accessible recall databases, detailed corrective action reporting, and standardized patient notification procedures undermines confidence in Oklahoma's medical marijuana oversight system and may limit the state's ability to rapidly identify and mitigate emerging public health risks. This is particularly concerning given that many Oklahoma medical marijuana patients include medically vulnerable populations such as individuals with cancer, chronic illness, immunocompromising conditions, epilepsy, PTSD, and chronic pain.

Respondents and stakeholders participating in this study emphasized the need for OMMA to strengthen recall transparency and public health communication through:

- Real-time public recall databases;
- Clear patient-facing health alerts;
- Greater transparency regarding failed products and contamination events;
- Improved coordination between laboratories, dispensaries, and regulators;
- And comprehensive annual reporting on recalls, investigations, corrective actions, and patient safety outcomes.

Strengthening recall implementation and patient notification systems was widely viewed as essential to restoring public trust, improving accountability, and ensuring that Oklahoma's medical marijuana regulatory system adequately protects patient health and safety.

**Key Finding 16:** OMMA should develop a strategic plan that includes adopting a public health framework based on the national guidance of the National Academies of Science, Engineering, and Medicine published in 2024 and develop a tracking system that monitors the impact of the industry from seed to population health outcomes.[139]

- The 2024 National Academies of Sciences, Engineering, and Medicine report recommends that cannabis policy be guided by a public health framework focused on prevention, harm reduction, and population health outcomes rather than solely market regulation.
- Stakeholders recommended that OMMA adopt a formal public health framework grounded in the core public health functions of assessment, policy development, and assurance.
- Respondents emphasized the need for a comprehensive statewide cannabis surveillance system integrating patient registry data, METRC seed-to-sale data, healthcare outcomes, poison control data, and public safety indicators.
- Key indicators recommended for monitoring include cannabis use patterns, adverse health events, THC potency trends, contaminant levels, impaired driving incidents, pediatric exposures, and market trends.

[139] Source: Cannabis Policy Impacts Public Health and Health Equity. National Academies of Sciences, Engineering, and Medicine. 2024. Cannabis Policy Impacts Public Health and Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/27766. https://www.nationalacademies.org/read/27766/chapter/1 Accessed April 29, 2026

- Participants stressed the importance of real-time surveillance and early warning systems to rapidly identify contaminated products, adverse events, and emerging public health risks.
- Recommendations included expanding pesticide testing, strengthening laboratory standardization, monitoring high-potency products, and improving product safety oversight.
- Stakeholders supported evidence-based public education campaigns focused on youth prevention, safe storage, impaired driving, and safe consumption practices.
- Respondents emphasized integrating health equity into OMMA policies, including improving access for veterans, individuals with disabilities, and medically vulnerable populations.
- Participants recommended that OMMA publish annual public health reports and use surveillance data to guide adaptive policymaking, enforcement priorities, and regulatory updates.
- Overall, stakeholders concluded that adopting a public health-centered regulatory framework could improve patient safety, strengthen regulatory credibility, reduce unintended harms, and support evidence-based cannabis policymaking in Oklahoma.

The 2024 National Academies of Sciences, Engineering, and Medicine report Cannabis Policy Impacts Public Health and Health Equity emphasizes that cannabis policy should be grounded in a public health framework that prioritizes prevention, harm reduction, and population-level outcomes rather than solely market regulation. This report specifically outlines how core public health functions of assessment, policy development, and assurance should guide cannabis policy. This approach aligns cannabis regulation with established frameworks used in tobacco, alcohol, and injury prevention. The following section outlines key areas for public health intervention for OMMA to consider:

Key elements of a public health framework for OMMA could include:[140]

1. **Prevention over reaction:** Public health policy should aim to prevent harms before they occur rather than respond after adverse outcomes emerge
2. **Balancing benefits and harms:** Policies should simultaneously mitigate risks (e.g., youth use, impaired driving) while preserving therapeutic and economic benefits
3. **Cross-sector coordination:** Effective cannabis policy requires collaboration across health, transportation, education, and regulatory systems

[140] Source: Cannabis Policy Impacts Public Health and Health Equity. National Academies of Sciences, Engineering, and Medicine. 2024. Cannabis Policy Impacts Public Health and Health Equity. Washington, DC: The National Academies Press. https://doi.org/10.17226/27766. https://www.nationalacademies.org/read/27766/chapter/1 Accessed April 29, 2026

4. **Continuous surveillance:** Real-time and longitudinal data systems are essential to monitor outcomes such as adverse events, product safety, and population health impacts

OMMA could consider adopting a public health surveillance system that could track a wide range of indicators, including:

- Patterns of cannabis use (frequency, mode, potency)
- Adverse health events (e.g., poison center calls, emergency visits)
- Product characteristics (THC levels, contaminants)
- Behavioral outcomes (impaired driving, youth access)
- Market dynamics (pricing, availability, product diversity)

These indicators allow policymakers to adjust regulations dynamically based on evidence, rather than relying on static or outdated assumptions.

**Recommendations for the Oklahoma Medical Marijuana Authority (OMMA)**

The following recommendations outline how OMMA can operationalize a public health–centered regulatory model through structured surveillance and policy alignment.

**1. Adopt a Formal Public Health Framework for Cannabis Regulation**

OMMA should formally integrate the three core public health functions into its regulatory structure:

- **Assessment:** Establish a statewide cannabis data surveillance system
- **Policy Development:** Use data to guide rulemaking, enforcement, and program design
- **Assurance:** Ensure compliance, product safety, and equitable access

This would align OMMA with established public health models used by the Centers for Disease Control and Prevention and other state health departments.

**2. Establish a Comprehensive Cannabis Surveillance System**

OMMA should develop or expand a centralized data system integrating:

Core Data Streams

- Patient registry data (demographics, qualifying conditions)
- Seed-to-sale (METRC) data (product type, potency, sales volume)

- Healthcare data linkages (emergency department visits, hospitalizations)
- Poison control data (acute adverse events)
- Law enforcement data (impaired driving, diversion)

Key Indicator Domains

OMMA should track indicators across five domains:

**1. Population Health Indicators**
- Prevalence of cannabis use (adult, youth, veterans)
- Daily/near-daily use rates
- Cannabis use disorder prevalence

**2. Health Outcomes**
- Emergency department visits related to cannabis
- Poison center calls
- Adverse reactions (e.g., psychosis, hyperemesis)

**3. Product Safety**
- THC potency trends
- Contaminant levels (pesticides, heavy metals, solvents)
- Product type distribution (flower, edibles, concentrates)

**4. Public Safety**
- Cannabis-involved traffic fatalities
- Impaired driving incidents
- Unintentional pediatric exposures

**5. Market and Access Indicators**
- Price trends and affordability
- Density of dispensaries
- Legal vs. illicit market share

These align directly with national surveillance examples described in the report (e.g., poison center data, fatal crash datasets)

**3. Implement Early Warning and Rapid Response Systems**

OMMA should develop early warning systems to detect emerging risks, including:

- Sudden increases in high-potency products
- Clusters of adverse health events
- Contaminated product batches

This could include:

- Real-time dashboards
- Mandatory adverse event reporting from licensees
- Rapid recall protocols

### 4. Strengthen Product Safety and Regulatory Standards

OMMA should:

Standardize testing thresholds for contaminants
Expand pesticide testing
Monitor emerging product types (e.g., high-concentration extracts)

### 5. Prioritize Prevention and Public Education

OMMA should invest in evidence-based education campaigns focused on:

- Youth prevention
- Safe storage (to reduce pediatric exposure)
- Impaired driving risks
- Safe consumption practices

Public health messaging should mirror successful strategies used in tobacco and alcohol prevention but be mindful that Oklahoma's program serves Medical Marijuana patients.

### 6. Integrate Health Equity into Policy Design

Consistent with the broader report, OMMA should ensure:

- Expand access for veterans and people living with disabilities
- Monitoring of disparities in health outcomes
- Inclusion of community stakeholders in policy development

### 7. Use Data to Drive Adaptive Policy

OMMA should: Publish annual public health reports, Use data to adjust licensing, potency limits, or marketing rules, and Conduct ongoing program evaluation.

By adopting a public health framework and systematically tracking key indicators, OMMA can:

- Improve patient safety
- Reduce unintended harms
- Strengthen regulatory credibility
- Support evidence-based policymaking in Oklahoma

**Annexes:**

1. Methods Used to Prepare this Report
2. 2022 OMMA Supply and Demand Study
3. 2025 HIDTA/TEXOMA Report
4. Patients for Safe Access Oklahoma Report: Re: 2024 C001, Pipez Smoke & Snack Shop
5. OMMA Response to Open Records Request Regarding the Secret Shopper Program in Oklahoma, April 2026

## ANNEX 1: Public Health Research Methods Used to Prepare This Report, Conduct Research Studies, and Develop Report Key Findings

In February 2026, the three organization authors joined together to conduct two research studies, review the available public data, history, and develop this report on the current state of the Oklahoma Medical Marijuana Market. The authors used established public health methods to review two reports, one prepared by OMMA regarding supply and demand, and the TEXOMA/HIDTA report with regards to the report and study methodology, rationale, and justifications used for presenting data.

Patient and licensing data were obtained from publicly available reports from the Oklahoma Medical Marijuana Authority (OMMA). Historical estimates for early program years (2018–2019) were derived from state reports and secondary policy analyses. Population-adjusted rates were calculated using U.S. Census Bureau estimates. Comparable data for Colorado and California were obtained from respective state regulatory agencies. Where exact point-in-time counts were unavailable, conservative rounded estimates were used for comparative visualization purposes.

### Data Sources for Estimates

Data for this report were obtained from publicly available regulatory, demographic, and policy sources. Primary data on Oklahoma's medical marijuana market, including patient registrations and licensed business counts (dispensaries, cultivators, and processors), were sourced from the Oklahoma Medical Marijuana Authority (OMMA) through monthly metrics reports and publicly released datasets spanning 2018 through 2026. Early program data (2018–2019) were supplemented with implementation reports from the Oklahoma State Department of Health.

Population estimates used to calculate per capita rates were obtained from the United States Census Bureau QuickFacts database (2020–2025 estimates). Comparable cannabis licensing data for other states were obtained from the Colorado Department of Revenue Marijuana Enforcement Division and the California Department of Cannabis Control.

**Measures:** Three primary measures were constructed:

1. **Patient Enrollment**
   Total number of registered medical marijuana patients in Oklahoma by year (2018–2026).
2. **Licensed Businesses**
   Annual counts of active:

    - Dispensaries
    - Cultivators
    - Processors
3. **Dispensary Density (Per Capita Access)**
   Dispensary availability was standardized using the following measure:
   Dispensaries per 100,000 population=(Total dispensariesState population)×100,000{Dispensaries per 100,000 population} ={Total dispensaries}{State population}) \times 100,000Dispensaries per 100,000 population=(State populationTotal dispensaries)×100,000

This metric was calculated for Oklahoma, Colorado, and California to enable cross-state comparison of market access and saturation.

**Data Processing and Analysis**

Data were compiled and harmonized across sources to produce annual estimates for each measure. Where exact year-end values were unavailable (particularly in early implementation years), conservative estimates were derived from the closest available reporting periods. Trend analyses were conducted descriptively, focusing on:

- Growth trajectories (2018–2021)
- Market correction and contraction (2022–2024)
- Stabilization phase (2025–2026)

Visualization of trends was performed using standardized line and bar charts with embedded data labels to enhance interpretability for policy and public audiences.

**2026 Oklahoma Medical Marijuana Patient Research Study Methods.**

The 2026 Oklahoma Medical Marijuana Patient Research Study employed a cross-sectional survey design to assess the experiences, behaviors, and perspectives of medical marijuana patients and industry stakeholders in Oklahoma. Cross-sectional methods are appropriate for capturing a snapshot of a population at a single point in time and are widely used in public health research to inform policy and program development.

Study Population and Sampling

Two primary populations were targeted:

1. Registered medical marijuana patients in Oklahoma, and
2. Medical marijuana business owners and workers, including those involved in cultivation, processing, and dispensary operations.

Participants were recruited using convenience sampling methods, primarily through online and in-person dispensary outreach from April 1 - May 20, 2026. Recruitment strategies included dissemination via social media platforms, partner organization networks, email listservs, and community-based advocacy groups. This approach enabled rapid data collection across a geographically diverse population, though it may limit generalizability due to potential self-selection bias.

Eligibility criteria included being 18 years of age or older and residing in Oklahoma, being an OMMA medical patient. Participation was voluntary, and respondents could decline to answer any question or exit the survey at any time.

### Medical Patient Study Data Collection

Data were collected via anonymous, web-based survey platform between April 1 - May 20, 2026. The patient survey instrument included structured questions assessing demographics, medical conditions, marijuana use patterns, access to care, perceived benefits and risks, and experiences with the regulatory environment. The business survey included additional domains related to operational challenges, regulatory compliance, workforce issues, and market conditions.

The survey was designed to be completed in approximately 5–10 minutes to reduce respondent burden and improve completion rates. No personally identifiable information was collected, ensuring participant anonymity.

### Measures

Key variables included:

- Patient characteristics (e.g., age, gender, veteran status)
- Health conditions and symptoms for which marijuana was used
- Patterns of marijuana use (e.g., product types, frequency, routes of administration)
- Access and affordability of medical marijuana
- Perceived effectiveness and side effects
- Business characteristics (e.g., license type, size, years in operation)
- Regulatory and economic challenges faced by industry participants

### Data Analysis

Descriptive statistics were used to summarize survey responses, including frequencies, proportions, and means where appropriate. Results are presented as aggregate data to protect respondent anonymity. Where applicable, subgroup analyses (e.g., veterans vs.

non-veterans, patient vs. business respondents) were conducted to identify patterns and differences across populations.

### Ethical Considerations

The study was conducted in accordance with ethical principles for human subjects research. Participation was voluntary, informed consent was obtained electronically prior to survey initiation, and no identifiable data were collected. The study posed minimal risk to participants.

### 2026 Oklahoma Medical Marijuana Business Research Study Methods.

The 2026 Oklahoma Medical Marijuana Business Research Study utilized a cross-sectional survey design to assess the perspectives and experiences of medical marijuana business owners and workers across Oklahoma. The study focused on capturing stakeholder opinions related to industry conditions, regulatory environment, and operational challenges.

Participants were recruited using convenience sampling methods, primarily through online outreach, including professional networks, industry organizations, and social media channels. Eligible participants were individuals aged 18 years or older who were currently working in or operating a licensed medical marijuana business in Oklahoma.

Data were collected  using an anonymous, web-based survey, designed to be completed in approximately five minutes. The survey included structured questions related to business experiences, perceived barriers, regulatory challenges, and industry outlook. Importantly, no personally identifiable information was collected, ensuring respondent anonymity and minimizing risk to participants.

Responses were analyzed using descriptive statistics, with findings reported in aggregate form. Given the use of convenience sampling and self-reported data, results are intended to provide exploratory insights into industry perspectives rather than be fully representative of all Oklahoma medical marijuana businesses.

Limitations: Several limitations should be considered when interpreting these findings:

- Early-Year Estimates: Data from 2018–2019 reflect early program implementation and may be subject to reporting variability.
- Licensing Definitions: Differences in how states define "active" or "operational" licenses may affect cross-state comparisons.
- California Estimates: Retail license counts in California are presented as approximate values due to variability in reporting across jurisdictions.

- Descriptive Analysis: This report focuses on descriptive trends and does not include inferential statistical modeling.
- Research Study: As a cross-sectional study using convenience sampling, findings may not be representative of all Oklahoma medical marijuana patients or businesses. Responses are subject to self-report bias, and causal inferences cannot be made. However, the study provides valuable real-world insights into patient and industry experiences in a rapidly evolving regulatory environment.

**Synthesis and Preparation of Key Findings**

The authors analyzed the compiled data, publicly available information, and synthesized the results into key findings and recommendations; supporting evidence related to the key findings is listed in each of the sections of the report with relevant references. Annexes to this report include key exhibits related to the key findings and deemed relevant to this report.