

2022 ANNUAL CANNABIS REPORT

Cannabis Regulation & Tax Act Evaluation



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EXECUTIVE SUMMARY

The Cannabis Regulation and Tax Act requires the submission of an annual report of the Adult Use Cannabis Health Advisory Committee by September 30th to the General Assembly with the goal of comprehensively covering all aspects of the public health issues related to recreational cannabis legalization. The annual report gathers information regarding the public health impacts of the legalization of recreational cannabis sales and use. This document serves as the 2022 annual report and focuses upon changes over time since the last report, as well as providing meaningful comparisons between Illinois, other Midwest states, and the US. This report is commissioned by the Illinois Department of Human Services to be completed by the University of Illinois Chicago, Jane Addams College of Social Work as a work product of the Committee. The data and analysis found in the report is presented to the Committee for further commentary and recommendations to address potential public health consequences.

Summary of Findings

1. Cannabis Legalization in the US and Illinois

There have not been any large changes in regard to Cannabis legislation from 2021 to 2022 in Illinois. Changes have included the creation of new lotteries for licenses, greater dispensary access for medical cannabis users, and the expansion of rights for requests for expungement.

As of July 2022, 19 states have legalized recreational marijuana use, 37 states allow medical marijuana and for qualified individuals, and 10 states allow cannabidiol/low THC products. Since our last report in August 2021, two states have experienced legislature changes regarding marijuana legalization: (1) Mississippi began permitting medical use marijuana in February 2022, and (2) Rhode Island began permitting non-medical adult use of cannabis in May 2022.

2. **Dispensary Licensing, Sales, and Revenues by Medical/Recreational**

On July 15th, 2021, Illinois passed HB1443 and made amendments to the Cannabis Regulation and Tax Act. These changes were effective immediately. The changes to the CRTA created two new lotteries for 110 additional licenses, of which 55 qualified as social equity applicants.

New licenses tripled the size of the Illinois retail industry and ownership in the Illinois Cannabis industry the most diverse in the country at 30%.

18 additional dispensaries are in operation since October 2021, 4 of which are located on the West and North sides of the City of Chicago.

Cigarettes continue to be a greater source of revenue for IL in FY 22, with total revenue accounting for approximately \$844 million. Adult use Cannabis sales have surpassed liquor sales with total revenue for FY 22 equating to \$466 in comparison to \$319 to liquor sales.

Adult Use Sales account for approximately 80% of total sales revenue for Cannabis in IL.

Total revenue in the Cannabis Regulation Fund for FY22 is \$276,240,102. The largest percentage of revenue from Cannabis is being directed towards the General revenue fund, 33%, with the R3 Criminal Justice Information Project and DHS Community Services following at 23% and 19%, respectively.

There is a total of 4,621 trained budtenders within the state of Illinois in 2022, which is less than the 4,894 trained in 2021.

3. **Trends in Illinois Cannabis Use Incidence and Prevalence**

Indiana, Iowa, Missouri, Wisconsin, and Michigan are included in the analyses concerning the comparisons between Illinois and other Midwest states. Michigan is the only contiguous state that has legalized both medical and recreational marijuana use. Missouri legalized medical marijuana use, while Indiana, Iowa, and Wisconsin provide some permissions for low THC CBD products.

In Illinois, there was no apparent effect of legalizing recreational cannabis use on past-year initiation among those 12 or older. The initiation rates remained unchanged between 2018-2019 and 2019-2020 and were comparable to other Midwest states and the U.S. The 1.2% incidence rate of past-year cannabis initiation translates to 130,000 new Illinois cannabis users in 2019-2020.

In Illinois, there was also no apparent effect of legalizing recreational cannabis use on past-year initiation among those 12-17 years old although Illinois has had higher initiation rates in this age group compared with other Midwest states, including Michigan, and the US. The 6.1% incidence rate of past-year cannabis initiation translates to 59,000 new Illinois cannabis users ages 12 to 17 in 2019-2020.

Among 12 to 17 year olds cannabis initiation increased substantially between 2015 and 2018 and has remained at that elevated level since. But there is no indication as yet that legalized recreational cannabis has led to a further increase. There was a more modest increase between 2018 and 2020 for 18 to 25 years old and the incidence of cannabis initiation remains very low for person 26 or older.

Illinois and Michigan, the two states that have legalized cannabis, both had 3% increases in any past year use between 2018 and 2020 among residents 12 years of age or older. Other Midwest states showed no increase over the same time while there was only a 1% increase across all US states.

Past-year use of cannabis increased between 2018-2019 and 2019-2020 among 18-25 year olds and to a lesser extent among those 26 years or age or older. Past-year use among 12-17 year olds has remained relatively stable.

With the exception of persons in the "other or poly-racial/ethnic" category, the prevalence of any past-year cannabis use has increased among all racial/ethnic groups in the past two years with a noticeably sharp recent increase among White, non-Hispanic persons. Black/African American, non-Hispanics have consistently had and continue to have the highest prevalence rate over time.

Illinois and Michigan, the two states that have legalized cannabis, both had about 2% increases in the prevalence of past-year frequent cannabis use between 2018 and 2020 among residents 12 years of age or older. Other Midwest states showed no similar increase over the same time while there was less than a 1% increase across all US states. The increase in Illinois from a prevalence rate of 4.8% in 2018-2019 to 6.4% in 2019-2020 corresponds to an increase from 517,000 to 684,000 frequent cannabis users.

The largest increase among frequent cannabis users - those who use cannabis 20 or more days per month in the past year - has been among those 26 years or age or older. But this increase has been occurring since 2017-2018. Although initiation of cannabis use has increased among 12 to 17 year olds, this has not resulted in increased frequent use among this age group.

Frequent cannabis use - 20 or more days per month in the past year - has been increasing most among Black, non-Hispanics and to a somewhat lesser extent among White, non-Hispanics. There was an especially sharp increase in frequent use among Black, non-Hispanics between 2018-2019 and 2019-2020.

There has been no increase in perceived availability of cannabis as being easy or very easy to obtain among youth, 12-17 years of age, since legalization of recreational cannabis in 2020. There was only a slight increase in perceived availability among those 18 to 25 years of age, the group that also has the highest prevalence of cannabis use. The largest increase in perceived availability was availability among those 26 years of age or older.

Perceptions that using cannabis 1-2 times per week represents no or only a slight risk increased between 2015 and 2017 among Illinois youth 12 to 17 years old. This change in perception corresponded to an increase in frequent cannabis use (20+ days per month) over roughly the same time period. However, both perceived risk and frequent use have remained constant since then, including in 2019-2020.

4. Prevalence Trends for Special Populations

Males were more likely to report any past-month cannabis use (16.7%) compared with females (11.0%). Males were also more likely to report frequent cannabis use (> 20

days) in the past month (7.8%) compared with females (5.1%). Past-month use increased for both genders between 2018-2019 and 2019-2020 with a larger increase in the frequent user category for females.

There has been a large increase in the prevalence of past-month cannabis use among pregnant women in Illinois. Based on available estimates, 9.4% of women pregnant at the time of the survey in 2017-2018 said they used marijuana in the past month. This increases to 15.7% in 2019-2020 and was close to the prevalence reported by non-pregnant women.

Self-identified sexual minorities were more likely than heterosexuals to indicate past-month cannabis use and to have used cannabis more frequently in the past month. Nineteen percent of gay or lesbian participants and just over seventeen percent of bisexual participants indicated they used cannabis 20 or more days in the past month. Among gay and lesbian Illinoisans', 4.4% (N = 5,000) had a past-year cannabis use disorder as did 6.5% (N = 10,000) of bisexual state residents. These prevalence compare with a rate of 2.3% (N = 41,000) among heterosexual residents.

Persons with a past-year serious mental illness (SMI) - defined as any DSM disorder with moderate or greater functional impairment - had much higher rates of both any and frequent cannabis use (i.e., \geq 20 or more days in the past month) compared to persons without an SMI. Both persons with and without a past-year SMI increased their cannabis use and their frequency of cannabis use but the increases were larger for persons with an SMI, particularly among those who were frequent users. The prevalence of past-year cannabis use disorder in 2019-2020 was 1.9% for persons without an SMI and 14.9% for persons with an SMI.

Persons living in poverty had the highest rates of frequent monthly cannabis use (20 days per month or more) compared to persons with higher incomes. They also had the largest increase in frequent cannabis use - from 6.7% to 11.8% - between 2018 and 2020. Among Illinois residents living in poverty, 2.6% had a past-year cannabis use disorder as did 2.4% of residents with up to twice the federal poverty limit. These prevalences compare with a rate of 2.0% among residents with incomes higher than twice the federal poverty limit.

5. **Characteristics of Current Cannabis Use in Illinois**

Most cannabis users smoke or use edibles or vape oils or liquids. Medical users are more likely to have used a variety of other forms of cannabis compared with recreational users.

A large majority (81.3%) of Illinois residents ages 16 to 64 who indicated they had ever used and received a prescription for cannabis indicated they had used cannabis to manage mental health symptoms. The most common mental health symptoms were anxiety (52.9%), depression (42.4%), and PTSD/Trauma (25.6%). A smaller but still substantial proportion of recreational cannabis users (41.7%) also indicated they had ever used cannabis to manage mental health symptoms with anxiety (32.9%), depression (24.6%), and PTSD/Trauma (10.3%) also being the most common symptoms mentioned.

Among the demographic groups considered, those most likely to be frequent cannabis users and report using 20 days per month or more were: males, lesbian or gay, Black

non-Hispanic, ages 18 to 35, have attended but not graduated from College, unemployed, and living at the or below the federal poverty limit.

Past-year Illinois cannabis users tend to believe that legally purchased cannabis is safer to buy and use, more convenient, and is of better quality, although sizable minorities (one-quarter to one-third) do not perceive differences. A majority of users, however, ~60.0%, indicate that legal cannabis is more expensive than illegal cannabis. Most users indicate they are not at all (56.8%) or only a little concerned (19.4%) about government or law enforcement authorities tracking their cannabis purchases from authorized stores or websites.

6. **Medical Cannabis Use and Benefits**

On July 15th, 2021, Illinois passed HB1443 and made amendments to the Compassionate Use of Medical Cannabis Program Act (Public Act 102-0098). The changes to the Compassionate Use of Medical Cannabis Program Act allowed medical cannabis patients to purchase cannabis at any dispensary. Previously, patients were required to purchase from a single designated dispensary.

The Medical Cannabis Patient program (MCP) and the Opioid Alternative Pilot Program (OAPP) have similar program requirements and application steps; however, MCP provides the license for a greater length of time, as well as allows for expanded purchasing options.

As of June 30, 2022, MCP was serving a total of 135,649 active patients. Chronic pain accounted for 31.1% of all diagnoses, PTSD for 16.4%, Migraines, 10.4%, and Osteoarthritis 10.0%. Among minors (ages 0-17), the most common qualifying conditions were autism, PTSD, seizures, and cancer.

Application denial for MCP has declined from 2017 to 2020, with 5.6% and 3.2% denial rates, respectively. The most common reason for denial is because they did not respond to multiple attempts to correct deficiencies in their application.

As of June 30, 2022, OAPP had served 3,519 registered patients. Back neck pain accounted for 28.11% of all diagnoses, joint neck back pain for 23.25%, and musculoskeletal pain for 19.60%.

Medically, cannabis is most commonly used to manage pain, sleep disturbances, and lack of appetite by both medical and recreational users. Among those who said they had ever used cannabis to manage pain, 79.5% indicated they used cannabis as a substitute for opioids. Recreational users reported also using cannabis to manage muscle spasms, but this was not common among medical cannabis users.

7. **Cannabis Use Disorder and Treatment**

Illinois and Michigan also had similar increases in the prevalence of cannabis use disorder between 2018-2019 and 2019-2020. Other Midwest states and the US did not show the same amount of increase. In 2018-2019 and 2019-2020, the overall rate of CUD for Illinois residents 12 and older was estimated as 2.0% and 2.6%, respectively.

Illinois, Michigan, and the group of contiguous Midwest states all showed increases in alcohol use disorder between 2018-2019 and 2019-2020 though the US as a whole did

not show an increase. It is not clear then how much of the increases in cannabis use and cannabis use disorder in Illinois are to the CRTA, to COVID, or to some other factor.

Co-occurring mental health conditions and substance use disorders are common among persons meeting DSM criteria for a past-year cannabis use disorder. Just about 50% of those with a past-year CUD had a major depressive episode (49.0%) in the same year and/or met criteria for serious psychological distress (48.7%). About one-third (32.6%) indicated they had suicidal thoughts. Just over one-third (34.5%) of Illinoisans with a past-year CUD also met DSM criteria for a co-occurring alcohol use disorder with cocaine use disorder (9.1%) being the next most common co-occurring SUD.

The number of admissions to substance use treatment for cannabis use dropped in 2020 to 5,467 compared with over 8,000 admissions in 2018 and 2019. However, this drop occurred against an overall decline in treatment admissions in 2020. Consequently, the percentage of all admissions where cannabis was the primary drug, did not fall as sharply. In 2020, the percentage of admissions with cannabis as a primary drug was 15.1% compared with 17.2% in 2018 and 16.6% in 2019. Among all persons with a past-year CUD in 2019-2020, only 12.2% indicated they had received any kind of substance use treatment.

Compared with persons admitted to drug treatment in Illinois for other drugs, those whose primary drug was cannabis were more likely to be male, Black, non-Hispanic, ages 18 to 35, to have been referred to treatment from the criminal justice system and to have received treatment in an outpatient setting (as opposed to intensive outpatient or residential). Women admitted to treatment for cannabis use were more likely to be pregnant than women admitted for other drugs.

8. Public Health Effects

The number of Illinois Poison Control Center contacts where cannabis ingestion was involved increased dramatically for children ages 1-11 years old between 2019 and 2021. While other age groups also increased, the size of the increases was less dramatic than for pediatric cases. These contacts are based on cannabis as one of the reported drugs ingested.

The large majority of pediatric poison control center contacts (77.0%) were owing to ingestion of edible cannabis products whereas other age groups were more evenly divided between dried cannabis plant-based products and edibles. Pediatric poison control center cases were also much less likely to have ingested another drug (0.6%) compared with cases 12-17 years of age (26.5%), 18 - 25 years of age (33.0%) and those 26 or older (39.9%).

Although the absolute numbers are small, especially compared with EMS runs for opioid overdoses, there was a relatively large increase in the number of such runs where the primary or secondary diagnosis was for cannabis poisonings (T40.7X) among those 26 or older. There was a more modest increase for those 18 to 25 years of age and a consistent trend for those 17 years of age or younger. The number of pediatric cases (11 or younger) has remained low.

The modal cannabis poisoning patient requiring EMS treatment was male, white, about 35 years old, was treated at their primary residence, from Cook County, and following treatment was transported to the ED for further observation, treatment.

The rate of self-reported driving under the influence of alcohol decreased sharply for 18 to 25 year olds from 2017-2020 while the self-reported alcohol DUI rate remained largely unchanged for those 26 years old or older. This is in contrast to the cannabis DUI rate for this age group, which has increased recently. The alcohol DUI rate for 16 to 17 year olds remained low, with a slight increase in 2019-2020.

Illinois and Michigan, the two states that have legalized cannabis, both had larger increases in positive cannabis drug tests among drivers in traffic accidents in 2020 where there was a fatality compared with other contiguous states and the US as a whole. The percentage of persons driving who were involved in a fatal crash and who were tested for drugs declined between 2018 and 2020 from 48% in 2018 to 41% in 2019 and 25% in 2020. Results for Illinois are based on 719 tests in 2018, 604 tests in 2019, and 413 tests in 2020. There were similar decreases in the percentage of drivers (16 and older) in fatal accidents being drug tested in the contiguous states and Michigan.

Unlike the cannabis test results, there was not a pronounced increase in positive BAC tests for alcohol use or positive opioid tests for Illinois and Michigan nor in the contiguous states and the US.

The following factors were associated with a higher percentage of a positive cannabis test result for Illinois residents (2018-2020) who were age 16 or older, driving at the time of the fatality, and with a known drug test results: Black, non-Hispanic, younger age group (particularly 16-34 years old) and testing positive for another drug class, particularly MDMA/Hallucinogens. Analyses of testing positive for cannabis (as the driver, age 16 or older, residing in Illinois and with known drug test results) found that Black, non-Hispanics had a 50% higher odds of a positive test result compared with White, non-Hispanics. Persons who tested positive for stimulants or tranquilizers also had significantly higher odds of a positive cannabis test result. Conversely, persons over the age of 45 have significantly lower odds of a positive cannabis test result as did persons testing positive for opioids. There were no significant differences by gender or urban-rural location.

About 30% of persons using cannabis in the past year said they experienced 1 or more adverse effects with panic reactions (9.2%), feeling faint or dizzy (8.6%), and nausea or vomiting (7.9%) being among the more common adverse health effects. Of those reporting an adverse event, 16.2% experiencing one symptom and 24.7% of those experiencing 2 or more symptoms said they sought medical attention.

9. Cannabis and the Criminal Justice System

On May 27th, 2022, Illinois amended the Criminal Identification Act (Public Act 102-0933). The changes now prohibit courts from denying a petitioner's request for expungement solely because of marijuana drug test failure. Previously, negative marijuana drug tests were required within 30 days prior to filing the petition. These changes are effective January 1, 2023.

The percentage of cannabis bought exclusively from a legal source increased between 2018-2019 and 2020 from 21.4% to 42.1%. However, the percentage of legally purchased cannabis did not increase appreciably between 2020 and 2021, with 46.5% of cannabis used in the past-year purchased exclusively from a legal source in 2021. As of

2021, just over half (53.5%) of Illinois cannabis users continue to purchase some or all of their cannabis from a non-legal source.

Persons who indicated there was a dispensary in the city or town where they lived were more likely to buy their cannabis from a legal source than when there was no local dispensary or if the location of a dispensary was unknown. Persons who were White, non-Hispanic were the most likely to report buying all of their cannabis from a legal source compared with other racial/ethnic groups.

Persons who were White, non-Hispanic were the most likely to report buying all of their cannabis from a legal source compared with other racial/ethnic groups.

Between 2015 and 2017, there was a large drop in the number of state-wide arrests for CCA violations, from 48,723 in 2015 to 16,726 in 2017. Since then, the number of arrests for CCA violations has continued to decrease and in 2020, there were only 8,528 CCA arrests reported to the Illinois State Police. There has also been a downward trend in number of Controlled Substance Act arrests between 2012 (28,771) and 2021 (17,425) but not as steep as the decline in CCA arrests over that same time.

Both the number of IDOC prison admissions for any holding offense as well as for admissions where a violation of the Cannabis Control Act is the holding offense have both sharply declined between 2012 and 2021.

There was a total of 1,056 arrests for Cannabis Control Act violations in Chicago between 7/25/2021 and 7/25/2022. Many of the CCA arrests cluster on the west, near west, and south sides where there are few or no licensed cannabis dispensaries.

DATA SOURCES

Data Source	Purpose
International Cannabis Policy Study (ICPS)	Conducted in Canada and U.S.; Demonstrates cannabis use, perceptions of risk, price and purchasing, risk behaviors, and exposures to advertising.
Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health (NSDUH)	Conducted in U.S.; Demonstrates substance use, substance use disorder, and associated health conditions in people ages 12 or older.
Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS)	Estimates the number of substance use disorder treatment admissions and discharges, including demographics and characteristics.
Centers for Disease Control and Prevention (CDC) Wide-Ranging Online Data for Epidemiologic Research (WONDER)	Provides information on all fatalities, including those attributable to drug poisonings or to which drug poisonings contributed.
National Highway Traffic Safety Administration (NHTSA) Fatality Analysis Reporting System (FARS)	Provides data on motor vehicle traffic crashes that result in fatal injuries including substance use.
Illinois National Emergency Medical Services Information System (NEMSIS)	Provides the number of emergency medical service runs where cannabis or opioid use or overdose are contributing factors in Illinois.
Illinois Medical Cannabis Patient Program (MCP) and Opioid Alternative Pilot Program (OAPP)	Provides the number of medical cannabis prescriptions (prescribed and dispensed) for qualifying medical conditions and use of cannabis as an opioid analgesic alternative.
Illinois Poison Control Center Data	Provides the reported number of poisonings caused by cannabis and other drugs.
Illinois Department of Revenue	Provides collections remitted to the state comptroller, including revenue earned by tobacco, alcohol, and marijuana.
Illinois General Assembly	Provides state bills and resolutions, including legislative changes pertaining to cannabis legalization.

Data Source	Purpose
Illinois State Police Annual Uniform Crime Report	Shows reported crimes in both cities and counties, including crimes involving cannabis.
Illinois Department of Corrections Prison Population Data Sets	Shows state prison admissions, including admissions where the holding offense is a violation of the cannabis control act.
City of Chicago Data Portal	Shows arrests for the City of Chicago by city location, including arrests including arrests for cannabis control act violations.
Illinois Department of Financial and Professional Regulation	Shows completed cannabis budtender trainings and annual cannabis-related state revenue.

INTRODUCTION TO CANNABIS LEGALIZATION IN ILLINOIS AND THE U.S.

Summary of Recent Research Findings on Effects of Recreational Cannabis Legalization:

Topic:	General consideration of the benefits and harms of legalized recreational cannabis
Population / Location:	Review of recent (> 2020) research on the effects of cannabis legalization with an emphasis on studies conducted in Colorado, Washington, and California.
Findings:	<p>The data (so far) provide little support for the strong claims about legalization made by either opponents or supporters; the notable exception is tax revenue, which has exceeded some expectations.</p> <p>The absence of significant adverse consequences (e.g., traffic fatality rates, suicide rates, alcohol or cocaine use rates, rate of use among youth) is especially striking given the sometimes-dire predictions made by legalization opponents.</p>
Study:	Dills A, Goffard S, Miron J, Partin E. The effect of state marijuana legalizations: 2021 update. Washington, DC: CATO Institute; 2021. Contract No.: 908

Statutory

(410 ILCS 705/55-80)

Sec. 55-80. Annual reports.

(d) The Adult Use Cannabis Health Advisory Committee shall submit to the General Assembly and Governor a report, by September 30 of each year, that does not disclose any identifying information about any individuals, but does contain, at a minimum:

- 1) Self-reported youth cannabis use, as published in the most recent Illinois Youth Survey available;
- 2) Self-reported adult cannabis use, as published in the most recent Behavioral Risk Factor Surveillance Survey available;
- 3) Hospital room admissions and hospital utilization rates caused by cannabis consumption, including the presence or detection of other drugs;
- 4) Overdoses of cannabis and poison control data, including the presence of other drugs that may have contributed;
- 5) Incidents of impaired driving caused by the consumption of cannabis or cannabis products, including the presence of other drugs or alcohol that may have contributed to the impaired driving;
- 6) Prevalence of infants born testing positive for cannabis or delta-9-tetrahydrocannabinol, including demographic and racial information on which infants are tested;
- 7) Public perceptions of use and risk of harm;
- 8) Revenue collected from cannabis taxation and how that revenue was used;
- 9) Cannabis retail licenses granted and locations;
- 10) Cannabis-related arrests; and
- 11) The number of individuals completing required bud tender training.

(e) Each agency or committee submitting reports under this Section may consult with one another in the preparation of each report.

Timeline of Cannabis Legalization in Illinois

Additional details can be found in Appendix A.

1 AUGUST 2018

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program by changing Section 30 (Public Act 100-0660); allows caregivers of minor registered patients to administer medical cannabis on school property, also known as “Ashley’s Law”. Amendments effective immediately.

Source: <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0660>

28 AUGUST 2018

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program Act by changing Sections 5, 7, 10, 35, 55, 60, 65, 75, 130, and 160 and adding Sections 36 and 6. Governor also signs into law the Alternatives to Opioids Act of 2018 (Public Act 100-1114). Changes include the establishment of the Opioid Alternative Pilot Program, provide provisional access to dispensaries for medical cannabis patient applicants, remove fingerprinting requirements and eliminate disqualifying criminal offenses, prohibit organizations from charging fee for assisting with application, made the Medical Cannabis Pilot Program and Opioid Alternative Pilot Program permanent, allow veterans receiving medical services at VA facilities to participate in OAPP, added PA/APN/NP to providers who can certify, expand list of debilitating conditions, increase number of possible caregivers to 3, and require dispensary changes. Amendments effective immediately. (Opioid Alternative Pilot Program begins January 31, 2019).

Source: <https://www.ilga.gov/legislation/publicacts/100/100-1114.htm>

25 JUNE 2019

Governor signs into law the Cannabis Regulation and Tax Act (Public Act 101-0027). (Effective January 1, 2020.) Possession of up to 30 grams of cannabis became immediately legal.

Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1438&GAID=15&DocTypeID=HB&SessionID=108&GA=101>

31 January 2019

Opioid Alternative Pilot Program launches; provides access to medical cannabis for individuals who have or could receive a prescription for - opioids as certified by a physician licensed in Illinois. Veterans with a current prescription for an opioid who are receiving services at a VA will be eligible for the program on September 30, 2019.

Source: <http://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/opioid-alternative-pilot-program>



1 January 2020

Cannabis Regulation and Tax Act allows adults 21 to purchase cannabis products in licensed stores and allows registered medical cannabis patients to grow up to 5 cannabis plants for personal consumption. An adult Illinois resident may possess up to 30 grams of cannabis flower, 5 grams of cannabis concentrate and up to 500 milligrams of THC in a cannabis infused product. Existing medical cannabis dispensaries will provide to adult consumers until additional licensees can apply and get approved. Also authorized the automatic expungement of arrests and convictions for “minor cannabis offenses,” defined as involving not more than 30 grams, no enhancements, and no violence.

15 JULY 2021

Illinois passed HB1443 and made amendments to both the Cannabis Regulation and Tax Act and Compassionate Use of Medical Cannabis Program Act (Public Act 102-0098). These changes were effective immediately. The changes to the CRTA created two new lotteries for 110 additional licenses. The first 55 licenses were available to applicants that scored at least 85% on their submission to the 75 original licenses. The second 55 licenses were available to applicants that scored at least 85% on their submission and must also qualify as a social equity applicant (i.e. majority ownership must be someone who has;

- (a) lived in an area impacted by the war on drugs for 10 years,
- (b) be a member of a family impacted by the war on drugs, or
- (c) have been arrested or convicted of a marijuana crime eligible for expungement).

The changes to the Compassionate Use of Medical Cannabis Program Act allowed medical cannabis patients to purchase cannabis at any dispensary. Previously, patients were required to purchase from a single designated dispensary.

Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1443&GAID=16&DocTypeID=HB&SessionID=110&GA=102>

27 MAY 2022

On May 27th, 2022, Illinois amended the Criminal Identification Act (Public Act 102-0933). The changes now prohibit courts from denying a petitioner’s request for expungement solely because of marijuana drug test failure. Previously, negative marijuana drug tests were required within 30 days prior to filing the petition. These changes are effective January 1, 2023.

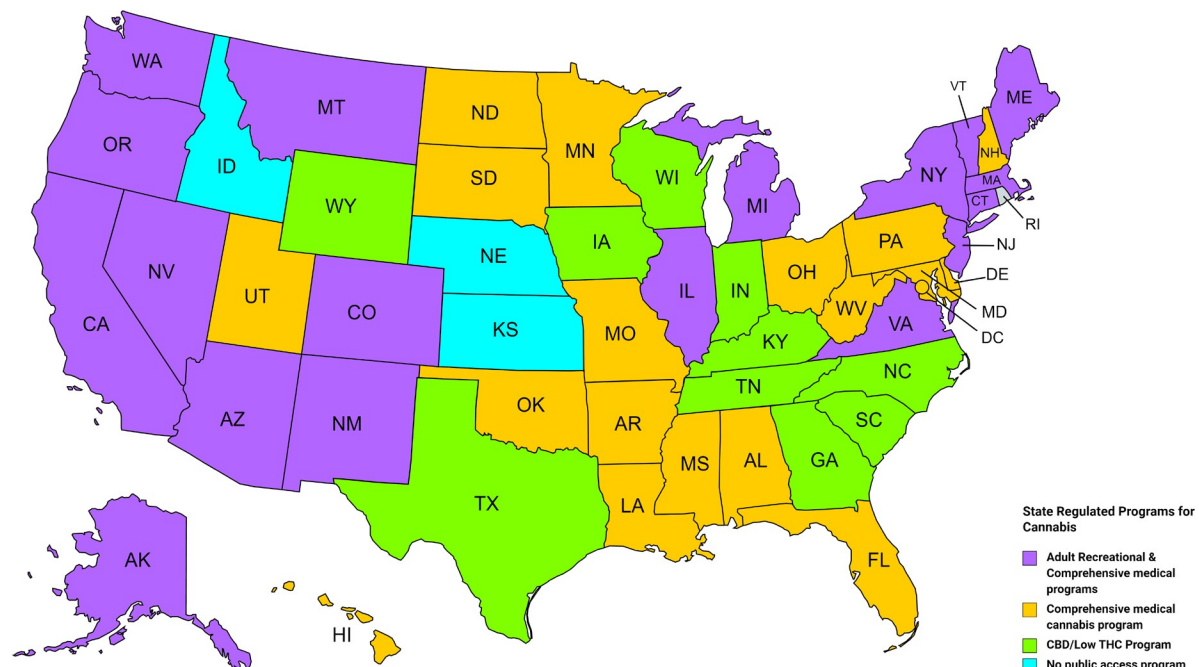
Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=4392&GAID=16&DocTypeID=HB&SessionID=110&GA=10>

Map of United States Cannabis Regulation

As of July 2022, 19 states have legalized recreational marijuana use, 37 states allow medical marijuana and for qualified individuals, and 10 states allow cannabidiol/low THC products.

Since our last report in August 2021, two states have experienced legislature changes regarding marijuana legalization:

(1) Mississippi began permitting medical use marijuana in February 2022, and (2) Rhode Island began permitting non-medical adult use of cannabis in May 2022.¹



¹ Source: National Conference for State Legislatures, State Medical Marijuana Laws <https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>
<https://www.mapchart.net/usa.html>

Cannabis and Suicide Rates

Medical marijuana may assist in decreasing the rates of drug deaths and suicides given that it can act as a pain relief substitute for opiates and other more harmful painkillers. Previous studies have linked opioid and painkiller overdoses to drug related deaths and suicides, particularly for middle-aged, white, non-Hispanic men and women in the U.S. However, the link between marijuana legalization and suicide rates is difficult to ascertain, which may be due in part to states legalizing medical use prior to recreational legalization.²

² Source: <https://www.cato.org/policy-analysis/effect-state-marijuana-legalizations-2021-update#health-suicides>

DISPENSARY LICENSING, SALES AND REVENUES BY MEDICAL/RECREATIONAL

Dispensary Policy Changes

- On July 15th, 2021, Illinois passed HB1443 and made amendments to the Cannabis Regulation and Tax Act. These changes were effective immediately.
- The changes to the CRTA created two new lotteries for 110 additional licenses.
- The first 55 licenses were available to applicants that scored at least 85% on their submission to the 75 original licenses.
- The second 55 licenses were available to applicants that scored at least 85% on their submission and must also qualify as a social equity applicant (i.e., majority ownership must be someone who has (a) lived in an area impacted by the war on drugs for 10 years, (b) be a member of a family impacted by the war on drugs, or (c) have been arrested or convicted of a marijuana crime eligible for expungement).³

Illinois Dispensary Licensures

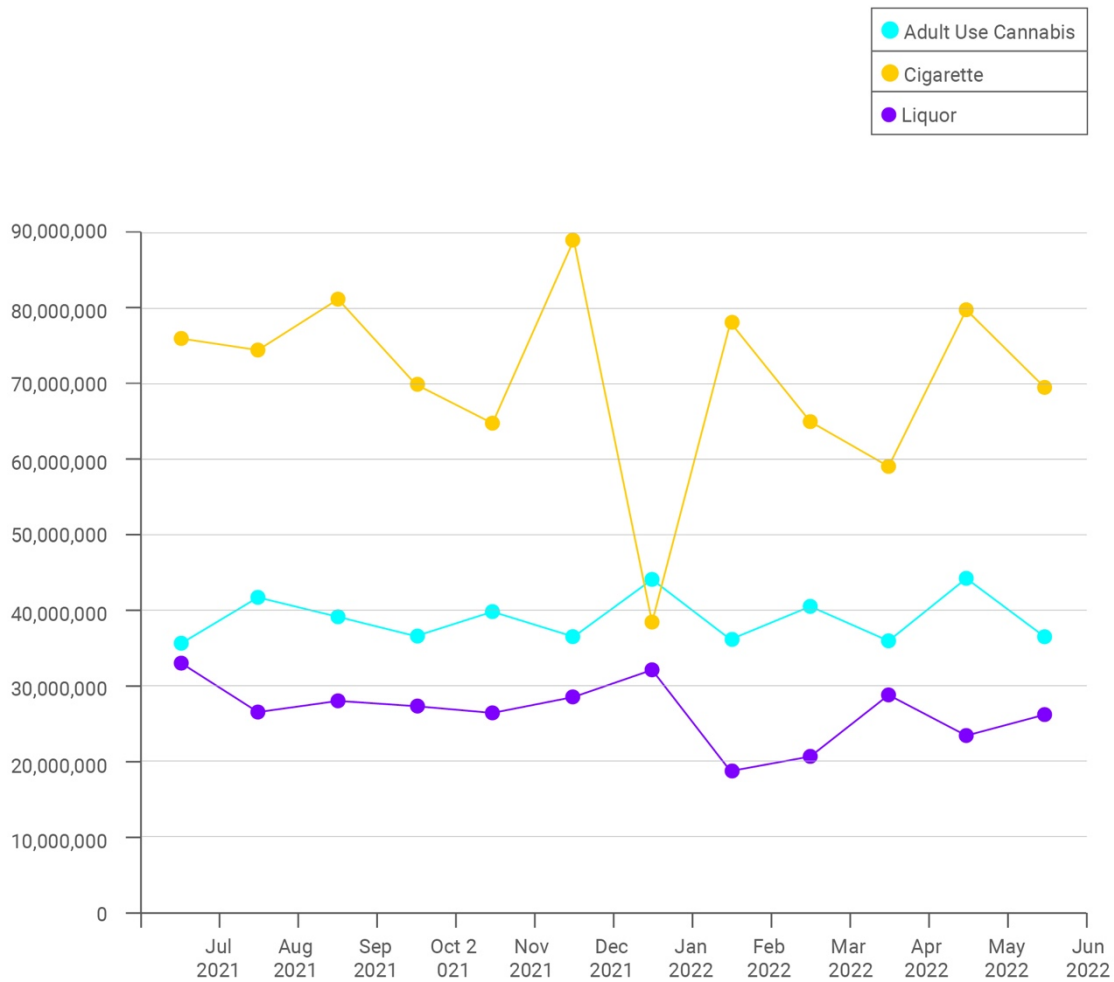
- Currently operating licensees, 100% are non-Hispanic White and only one is women-owned
- Of the new agricultural licensees i.e., craft growers, infusers and transporters, 100% are social equity licensees and the majority are non-White owned
- New licenses tripled the size of the Illinois retail industry
- 100% of the new retail licenses are social equity licenses
- Ownership in the Illinois Cannabis industry the most diverse in the country at 30%.⁴

³ Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1443&GAID=16&DocTypeID=HB&SessionID=110&GA=102>

⁴ Source: Illinois Department of Financial and Professional Regulation

Illinois Cannabis Revenue

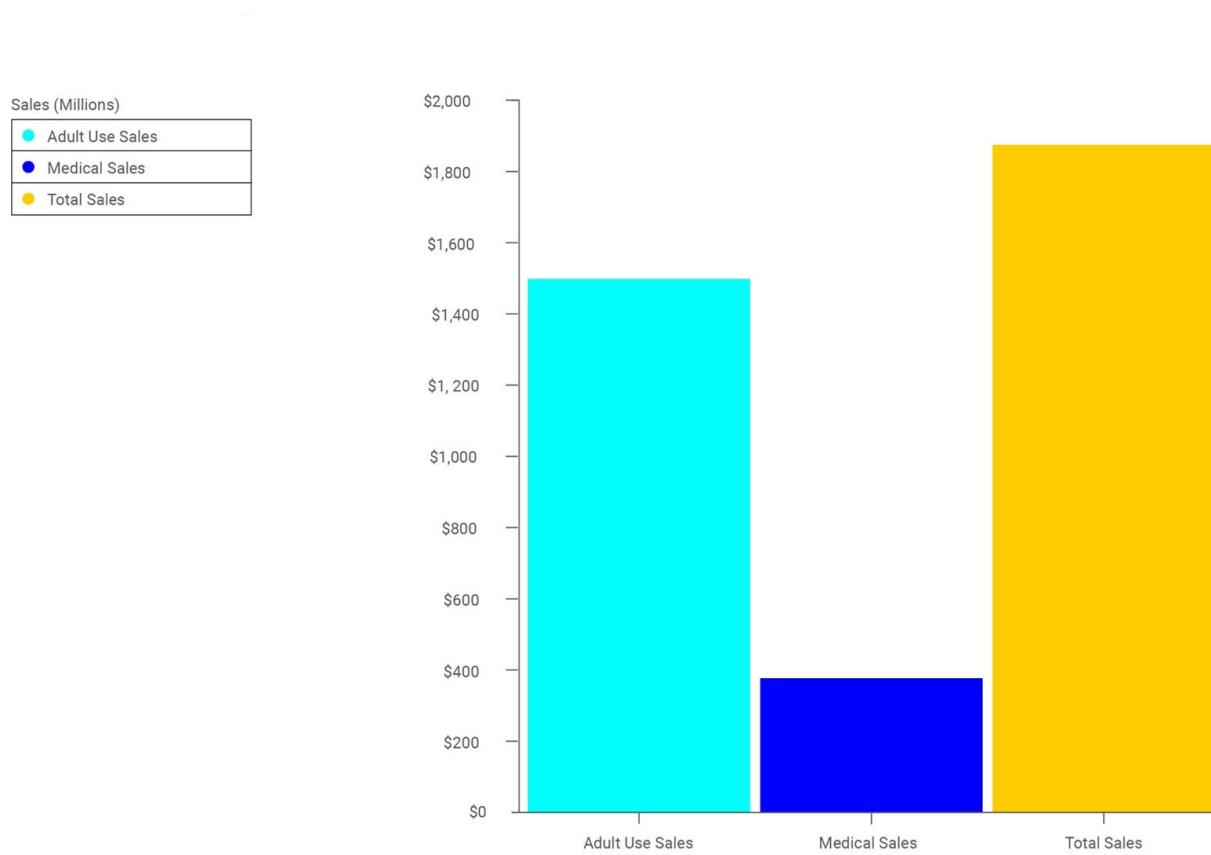
FY 2022 Revenue Over Time



Cigarettes continue to be a greater source of revenue for IL in FY 22, with total revenue accounting for approximately \$844 million. Adult use Cannabis sales have surpassed liquor sales with total revenue for FY 22 equating to \$466 in comparison to \$319 to liquor sales.⁵

⁵ Source: Illinois Department of Revenue, Collections Remitted to the State Controller, FY22
<https://www2.illinois.gov/rev/research/taxstats/CollectionsComptroller/Pages/default.aspx>

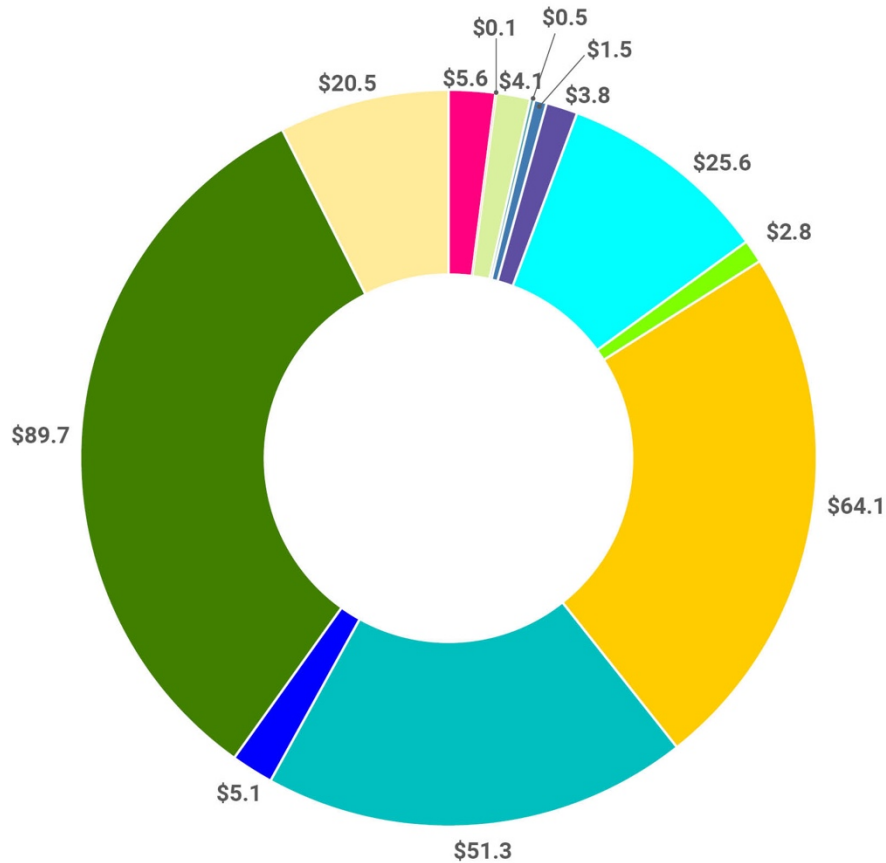
FY 2022 Cannabis Sales (Millions)



Adult Use Sales account for approximately 80% of total sales revenue for Cannabis in IL. This includes sales for solid marijuana infused edibles, liquid marijuana infused edibles, marijuana extract, marijuana topicals, usable marijuana, marijuana mix packaged, marijuana mix infused and liquid marijuana RSO⁶

⁶ Source: Illinois Department of Financial and Professional Regulation

FY2022 Cannabis Expenditures



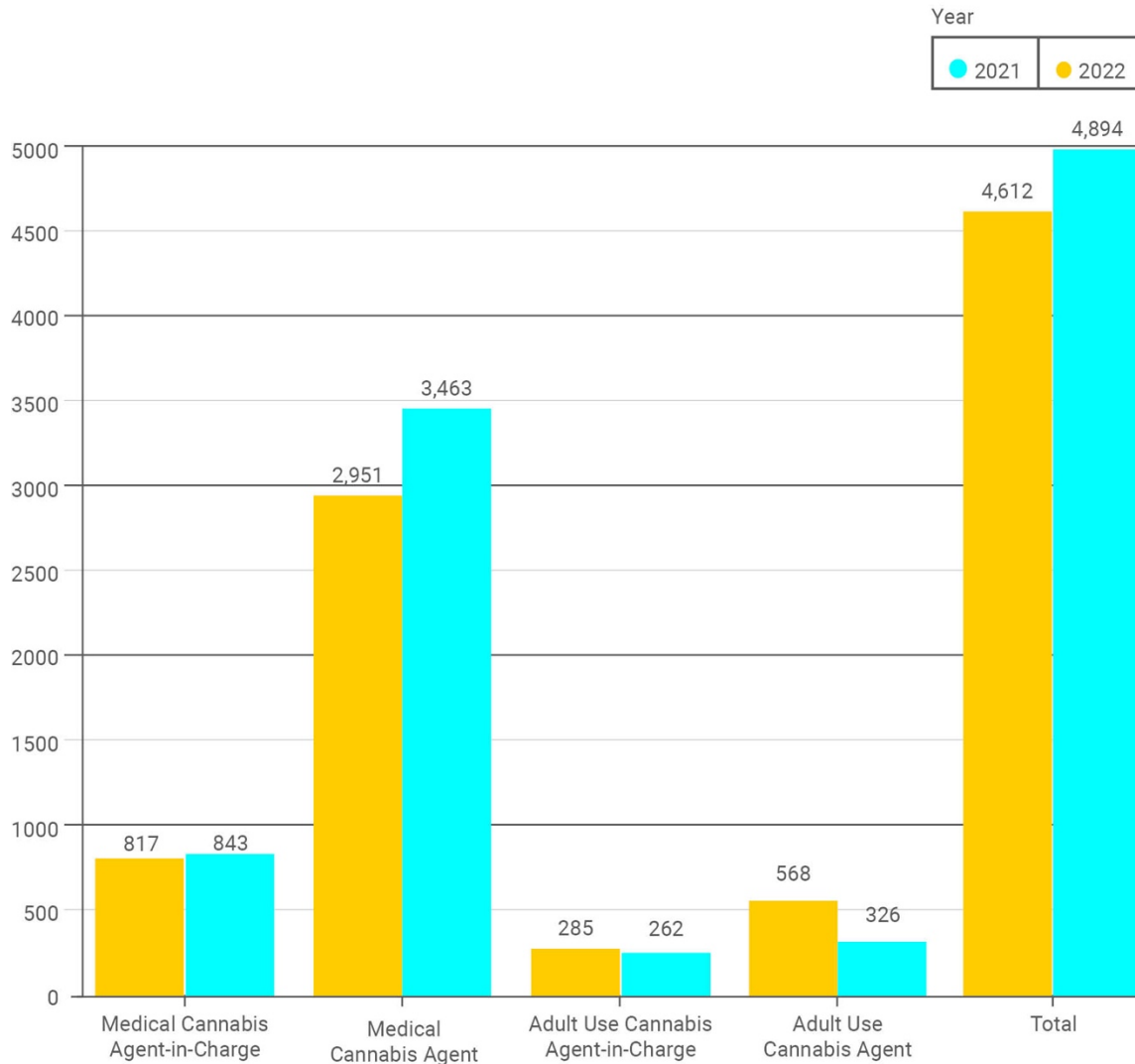
● Agriculture	\$5.6	2%	● Drug Treatment	\$5.1	2%
● Budget Stablization	\$25.6	10%	● Financial and Pro Regulation	\$4.1	2%
● Cannabis Expungement	\$2.8	1%	● General Revenue Fund	\$89.7	33%
● Comm and Eco Opportunity	\$0.1	0%	● Local Government	\$20.5	8%
● Criminal Justice Info Authority	—	—	● Public Health	\$0.5	0%
● Criminal Justice Infor Project (R3)	\$64.1	24%	● Revenue	\$1.5	1%
● DHS Community Services	\$51.3	19%	● State Police	\$3.8	1%

Total revenue in the Cannabis Regulation Fund for FY22 is \$276,240,102. The largest percentage of revenue from Cannabis is being directed towards the General revenue fund, 33%, with the R3 Criminal Justice Information Project and DHS Community Services following at 23% and 19% respectively.⁷

⁷ Source:

<https://www2.illinois.gov/rev/research/taxstats/CannabisRegulationFund/Documents/CannabisRegulationFundFY2022.pdf>
University of Illinois Chicago (UIC) Jane Adams College of Social Work | Dispensary Licensing, Sales and Revenues by Medical/Recreational

Budtender Training 2021 – 2022



There is a total of 4,621 trained budtenders within the state of Illinois in 2022, which is less than the 4,894 trained in 2021⁸

⁸ Source: Illinois Department of Financial and Professional Regulation

TRENDS IN ILLINOIS CANNABIS USE INCIDENCE AND PREVALENCE

Summary of Recent Research

Topic:	Cannabis consumption pre- and post-legalization of recreational cannabis
Population / Location:	Systematic review of 32 US studies on post-legalization consumption with emphasis on the findings of 11 studies deemed to be of higher methodological quality
Findings:	Mixed findings with higher quality studies suggesting increases in prevalence of past-month use more often among young adults compared to adolescents; several studies found young women and adolescent binge-drinkers were more likely to increase cannabis consumption post-legalization.
Study:	Lachance A, Belanger RE, Riva M, Ross NA. A systematic review and narrative synthesis of the evolution of adolescent and young adult cannabis consumption before and after legalization. <i>The Journal of Adolescent Health</i> . 2022;70(6):848-63

Incidence and Prevalence Trend Highlights

- Past year initiation of cannabis use remains highest for 12-17 year olds, followed by 18-25 year olds. Incidence of cannabis initiation remains very low for person 26 or older.
- Initiation of cannabis use in the past year for persons 12 or older, has remained largely stable by race/ethnic group, with the exception of Hispanic/Latinos, where there has been increased initiation between 2018 and 2020.
- Past year cannabis use is highest for 18-25 year olds and increased between 2018-2019 and 2019-2020. Any past year Cannabis use for 12-17 years and 26 and older remains much lower than 18-25 year olds, with 26 and older experiencing a slight increase from 2019-2020.
- With the exception of persons in the "other or poly-racial/ethnic" category, the prevalence of any past-year cannabis use has increased among all racial/ethnic groups in the past two years particularly for White non-Hispanic persons. Black/African American, non-Hispanics have the highest prevalence rate over time.
- Illinois and Michigan, the two states that have legalized cannabis, both had 3% increases in any past year use between 2018 and 2020 among residents 12 years of age or older. Other mid-west states showed no increase over the same time while there was only a 1% increase across all US states.
- Frequent cannabis use is highest among 18-25 year olds and substantially lower for 12-17 year olds and 26 and older, of whom had the largest increase in between 2017-2020.
- Frequent cannabis use remains highest and has been increasing most among Black-non Hispanics and to a somewhat lessor extent among White-Non-Hispanics.
- The largest increase in perceived availability of cannabis as being easy or very easy to obtain was among those 26 years or age or older.
- Perceptions that using cannabis 1-2 times per week represents no or only a slight risk increased between 2015 and 2017 among Illinois youth 12 to 17 years old, corresponding to an increase in frequent cannabis use (20+ days per month). Both perceived risk and frequent use have remained constant since then, including in 2019-2020.

Information on Cannabis Legalization Status for Contiguous States

Approved Adult-Use Recreational & Medical Cannabis Programs:

Michigan:

In 2008, Michigan legalized medical cannabis for qualifying medical patients. Cannabis dispensaries in the state remained illegal, but permissions allowed patients to cultivate their own plants. In 2016, Michigan expanded their medical program to include licensing and regulation of medical marijuana businesses – allowing for dispensaries within the state. The first licenses were awarded in July 2018. In November 2018, Michigan legalized recreational cannabis use for adults.

Approved Medical Cannabis Program:

Missouri:

In 2014, Missouri permitted only low-THC CBD for seizure disorder patients. In late 2018, Missouri legalized medical cannabis for qualifying patients. The first licenses were awarded in January 2020.

Approved CBD/Low-THC:

There have been no changes to permissions of recreational cannabis use.

Indiana:

In 2017, Indiana permitted only low THC oil for seizure disorder patients. In 2018, Indiana amended permissions to allow use of low-THC CBD for any person. There have been no changes to permissions of medical or recreational cannabis use.

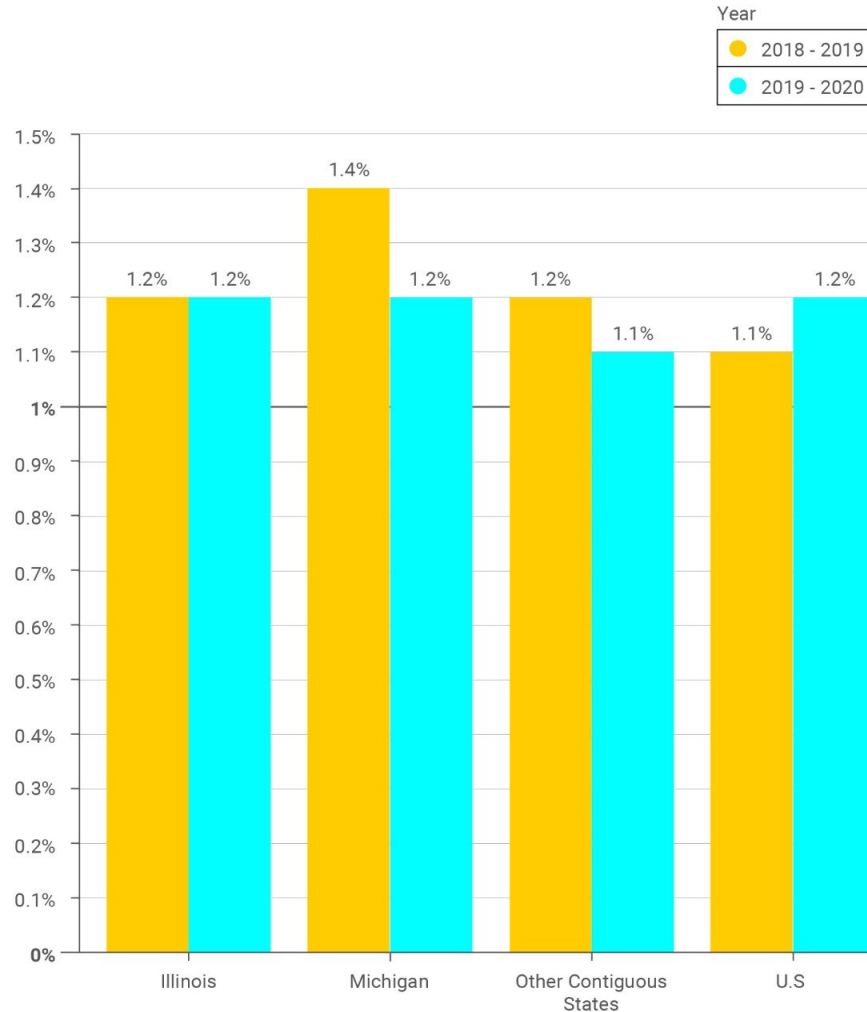
Iowa:

In 2014, Iowa permitted only the use of low-THC CBD products for certain medical patients. In 2017, 2018, and 2020, Iowa expanded the qualifying medical conditions for these products and increased THC levels. There have been no changes to permissions of medical or recreational cannabis use.

Wisconsin:

In 2017, Wisconsin permitted low-THC CBD for seizure disorder patients. In 2017, Wisconsin expanded permissions to any medical patient. There have been no changes to permissions of medical or recreational cannabis use.

Past-year Cannabis Use Initiation (2018 - 2020) Ages 12 or Older by State and U.S.



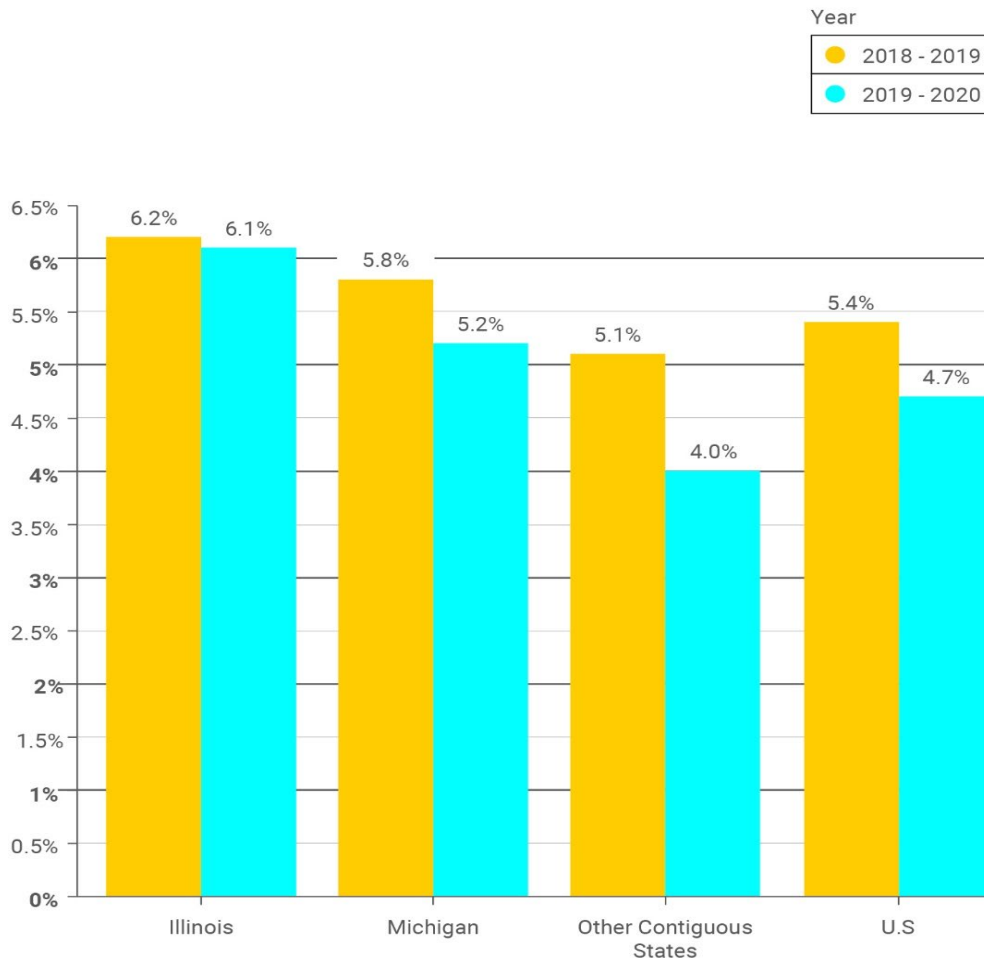
In Illinois, there was no apparent effect of legalizing recreational cannabis use on past-year initiation among those 12 or older. The initiation rates remained unchanged between 2018-2019 and 2019-2020 and were comparable to other Midwest states and the U.S.

The 1.2% incidence rate of past-year cannabis initiation translates to 130,000 new Illinois cannabis users in 2019- 2020.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.⁹

⁹ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Past-year Cannabis Use Initiation (2018 - 2020) Ages 12-17 by State and U.S.



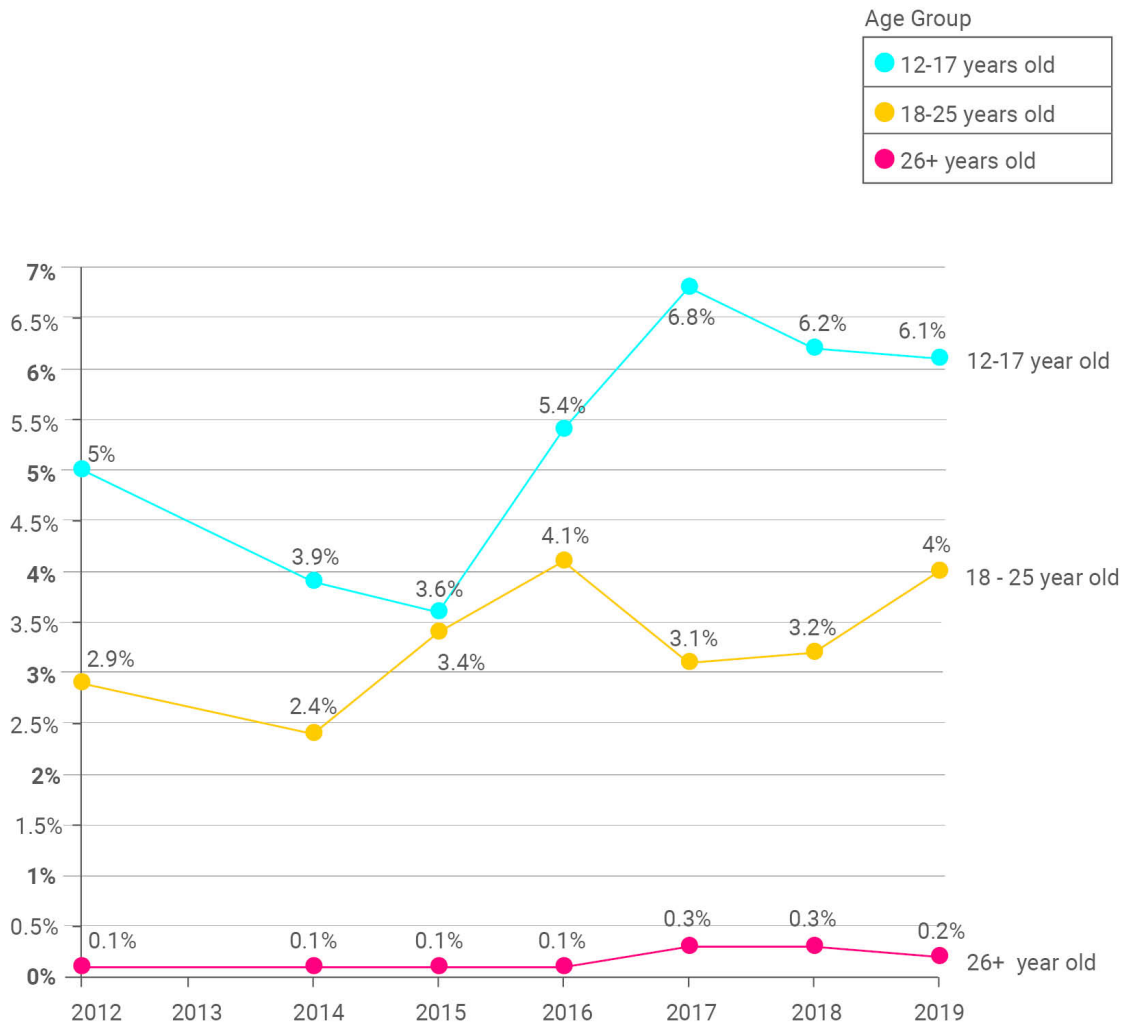
In Illinois, there was also no apparent effect of legalizing recreational cannabis use on past-year initiation among those 12-17 years old although Illinois has had higher initiation rates in this age group compared with other mid-west states, including Michigan, and the U.S.

The 6.1% incidence rate of past-year cannabis initiation translates to 59,000 new Illinois cannabis users ages 12 to 17 in 2019-2020.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.¹⁰

¹⁰ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Past-year Cannabis Use Initiation by Age Group (2012-2020)



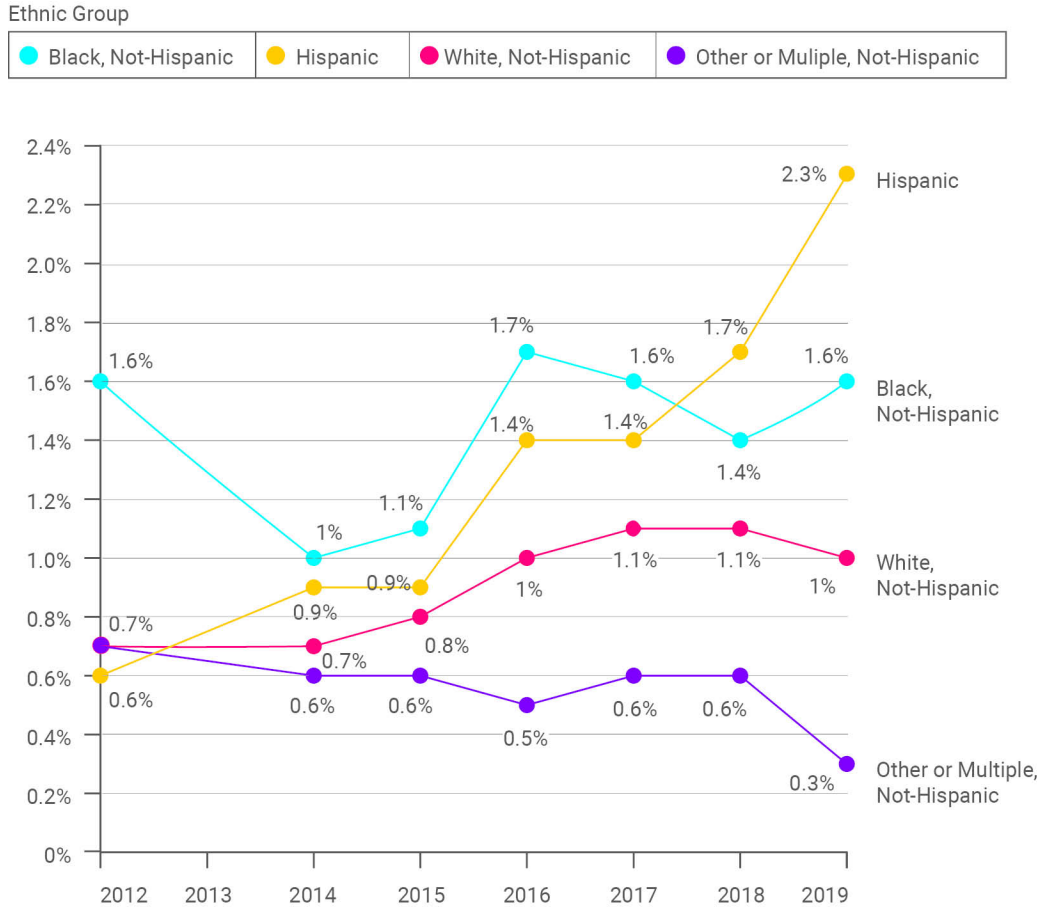
Among 12 to 17 year olds cannabis initiation increased substantially between 2015 and 2018 and has remained at that elevated level since. But there is no indication as yet that legalized recreational cannabis has led to a further increase.

There was a more modest increase between 2018 and 2020 for 18 to 25 years old and the incidence of cannabis initiation remains very low for person 26 or older.

For 2019-2020, the estimated population incidence of cannabis initiation was 59,000 12 to 17 year olds; 51,000 18 to 25 year olds; and 19,000 Illinois residents 26 years of age or older.¹¹

¹¹ Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Past-year Cannabis Use Initiation by Race Ethnicity (2012–2020)



Initiation of cannabis use in the past year for persons 12 or older, has remained largely stable by race/ethnic group, with the exception of Hispanic/Latinos, where there has been increased initiation beginning in 2018-2019 and a continuing increase into 2019-2020.

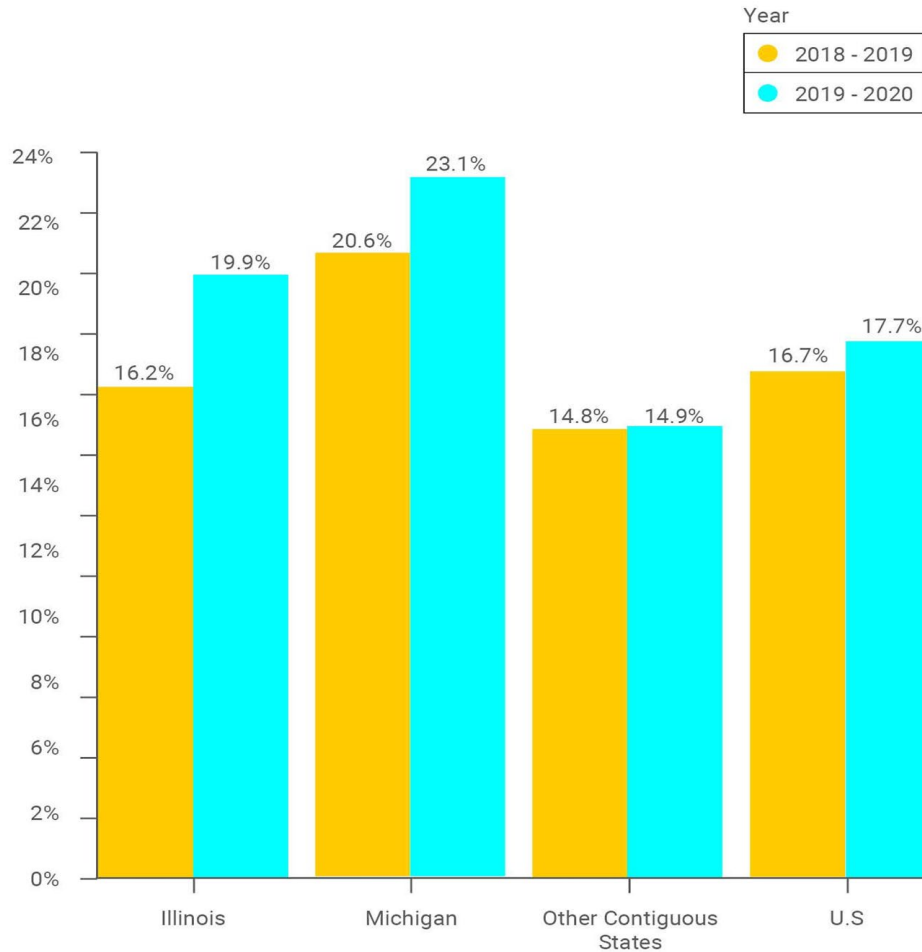
All other race/ethnic groups have had relatively stable past-year initiation rates through 2020.

For 2019-2020, the estimated population incidence of cannabis initiation was: 13,000 for White-NH; 8,000 for Black-NH; 1,000 for Other-NH; and 12,000 for Hispanics.¹²

¹² Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>
University of Illinois Chicago (UIC) Jane Adams College of Social Work | Trends in Illinois Cannabis Use Incidence and Prevalence

Prevalence Trends – Any Past Year Use:

Prevalence of Any Past-year Cannabis Use (2018 – 2020) Ages 12 or Older by State and U.S.



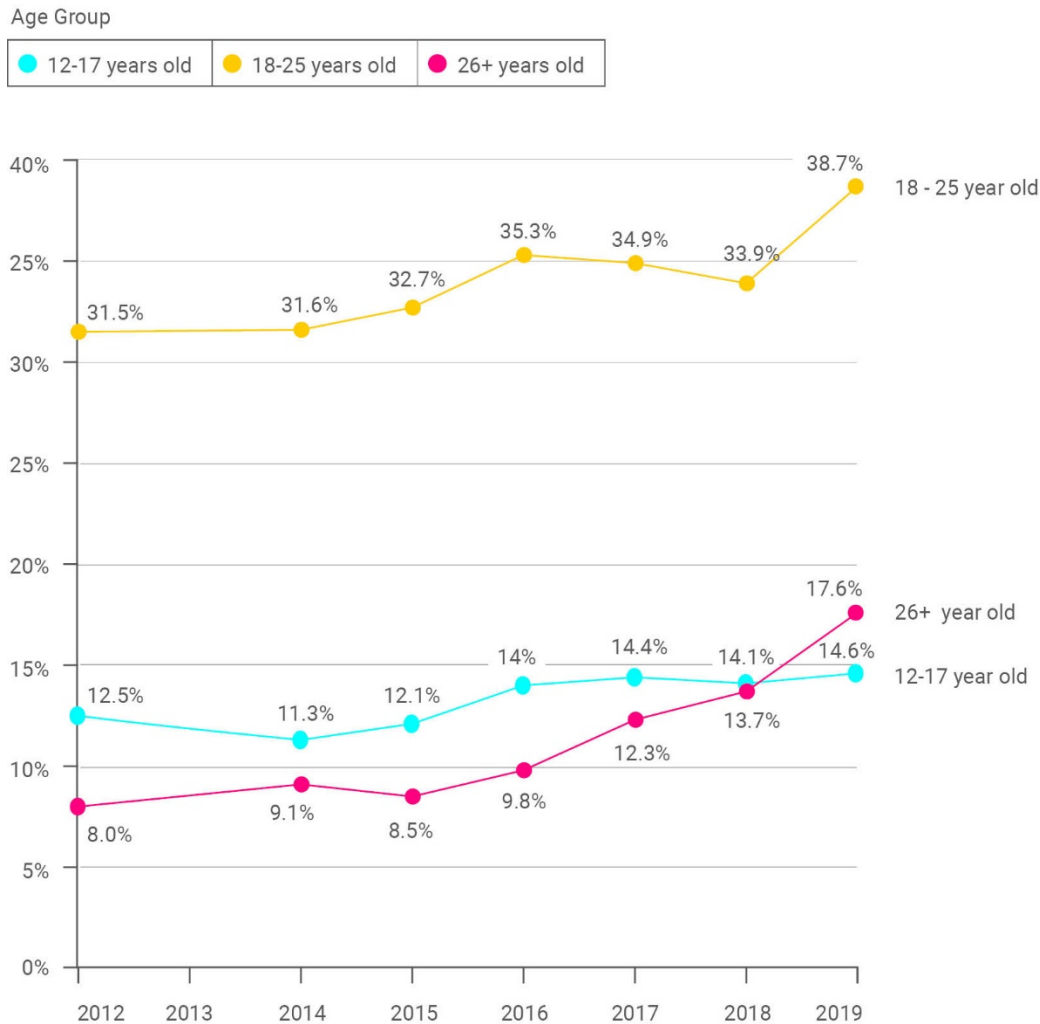
Illinois and Michigan, the two states that have legalized cannabis, both had 3% increases in any past year use between 2018 and 2020 among residents 12 years of age or older.

Other Midwest states showed no increase over the same time while there was only a 1% increase across all US states.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.¹³

¹³ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Any Past-year Cannabis Use by Age Group (2012-2020)

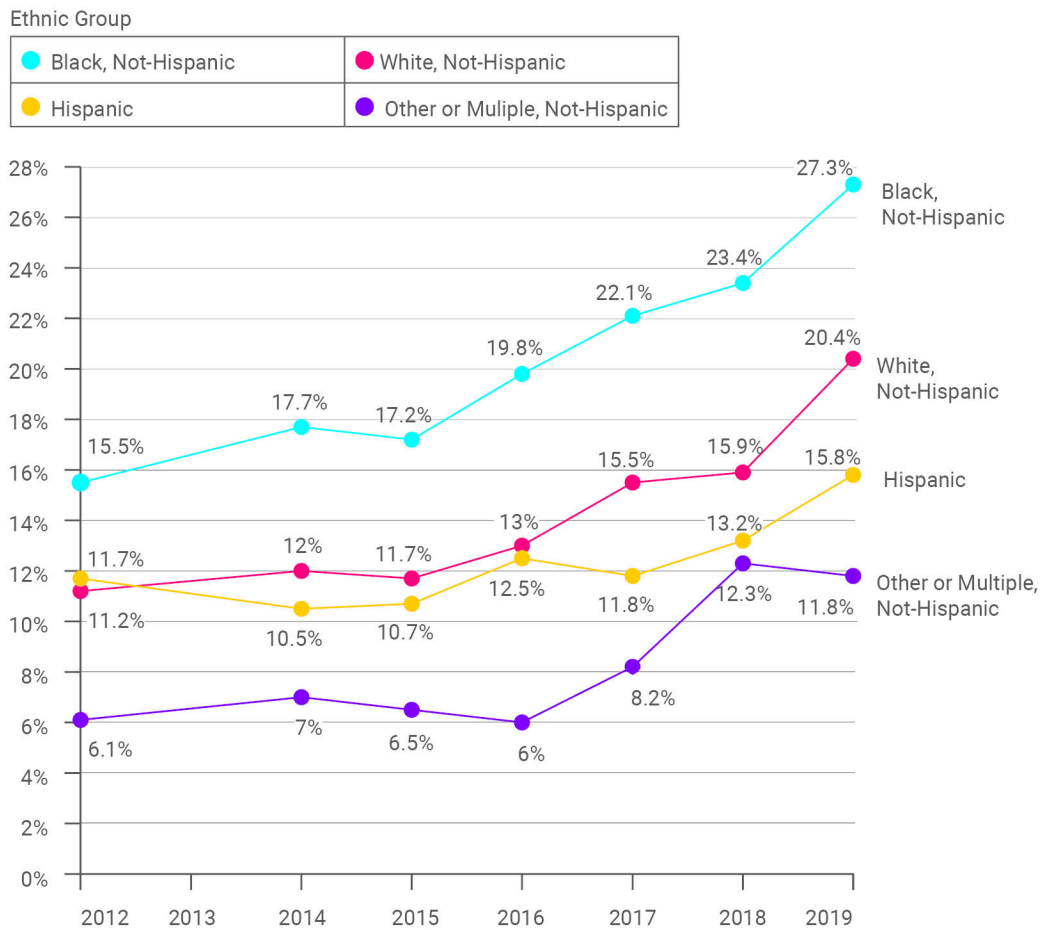


Past-year use of cannabis increased between 2018-2019 and 2019-2020 among 18-25 year olds and to a lesser extent among those 26 years or age or older. Past-year use among 12-17 year olds has remained relatively stable.

For 2019-2020, the estimated population incidence of any cannabis use was: 142,000 12 to 17 year olds; 498,000 18 to 25 year olds; and 1,474,000 Illinois residents 26 years of age or older.¹⁴

¹⁴ Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Any Past-year Cannabis Use by Race Ethnicity (2012–2020)



With the exception of persons in the "other or poly-racial/ethnic" category, the prevalence of any past-year cannabis use has increased among all racial/ethnic groups in the past two years with a noticeably sharp recent increase among White, non-Hispanic persons.

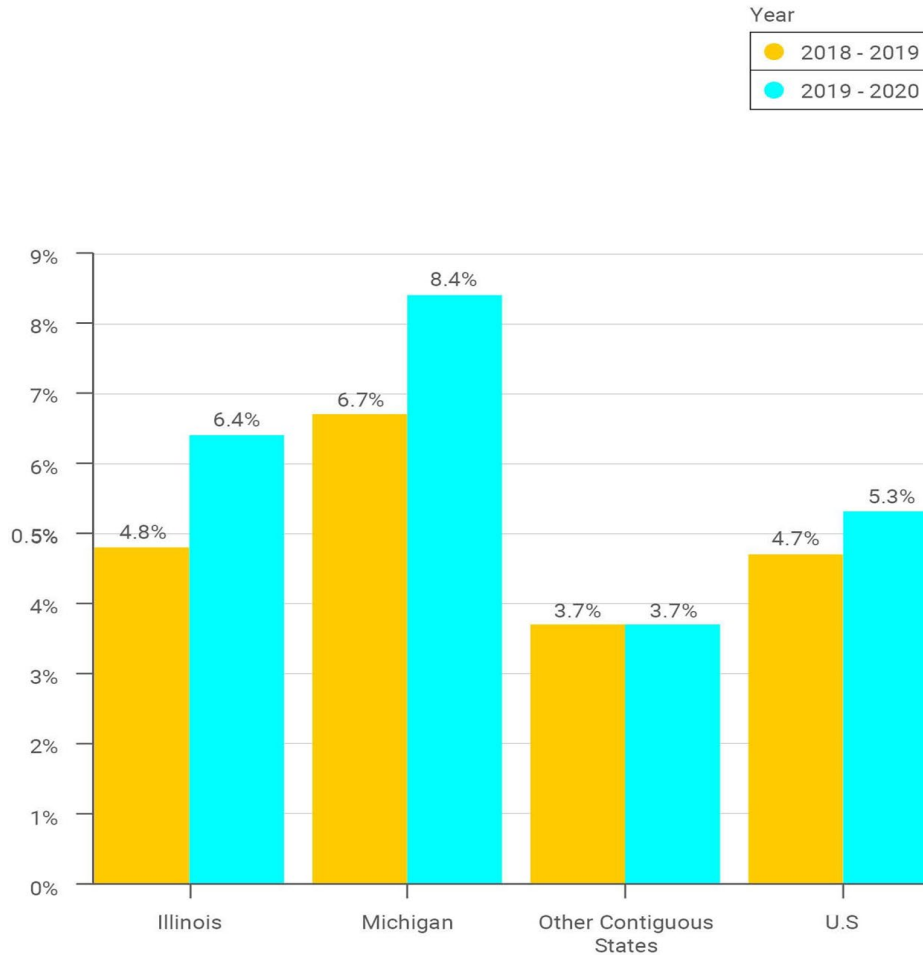
Black/African American, non-Hispanics have consistently had and continue to have the highest prevalence rate over time.

For 2019-2020, the estimated population prevalence rate of any past-year cannabis use was: 1,351,00 for White-NH; 391,000 for Black-NH; 95,000 for Other-NH; and 278,000 for Hispanics.¹⁵

¹⁵ Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Prevalence Trends – Frequent Use (20+ days per month)

Past-year Frequent Cannabis Use (20+ days per Month) by State and U.S. (2018–2020)



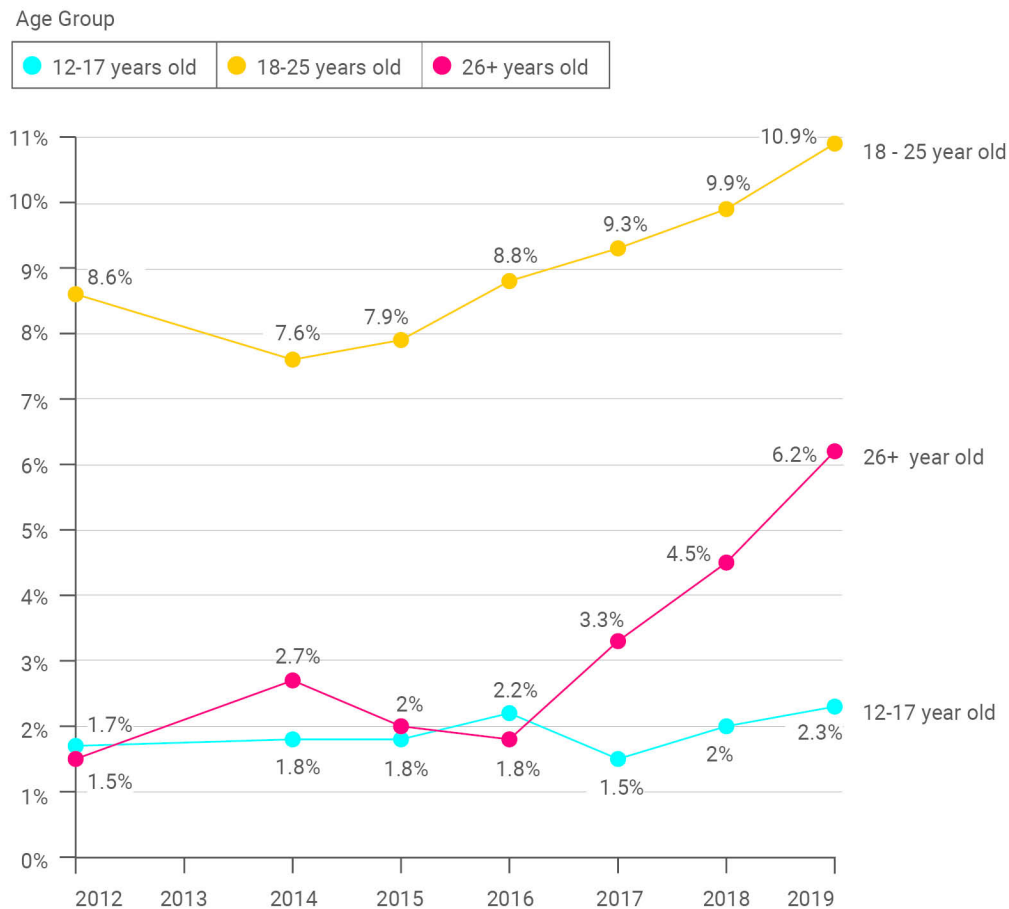
Illinois and Michigan, the two states that have legalized cannabis, both had about 2% increases in the prevalence of past-year frequent cannabis use between 2018 and 2020 among residents 12 years of age or older. Other Midwest states showed no similar increase over the same time while there was less than a 1% increase across all US states.

The increase in Illinois from a prevalence rate of 4.8% in 2018-2019 to 6.4% in 2019-2020 corresponds to an increase from 517,000 to 684,000 frequent cannabis users.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.¹⁶

¹⁶ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Past-year Frequent Cannabis Use (20+ days per Month) by Age Group (2012-2020)



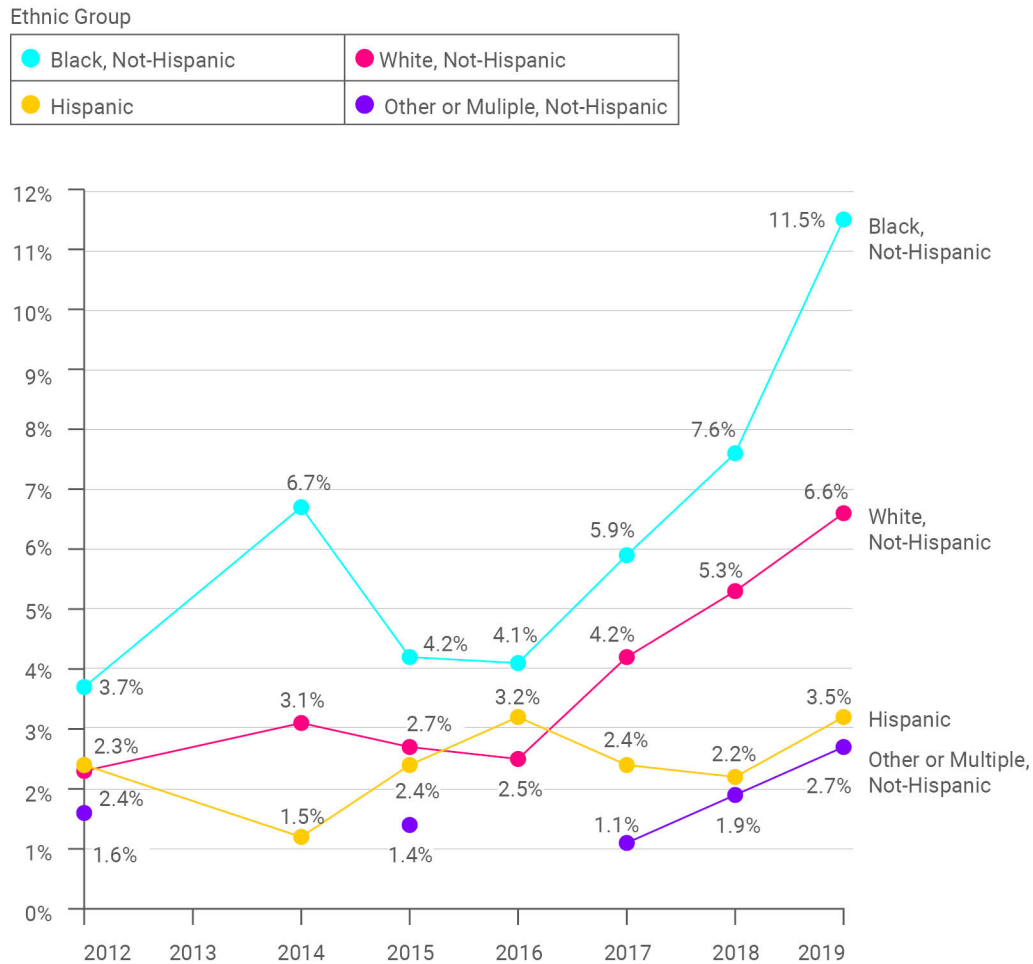
The largest increase among frequent cannabis users - those who use cannabis 20 or more days per month in the past year - has been among those 26 years of age or older. But this increase has been occurring since 2017-2018.

Although initiation of cannabis use has increased among 12 to 17 year olds, this has not resulted in increased frequent use among this age group.

For 2019-2020, the estimated population incidence of frequent cannabis use was: 7,000 12 to 17 year olds; 21,000 18 to 25 year olds; and 74,000 Illinois residents 26 years of age or older.¹⁷

¹⁷ Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>
University of Illinois Chicago (UIC) Jane Adams College of Social Work | Trends in Illinois Cannabis Use Incidence and Prevalence

Past-year Frequent Cannabis Use (20+ days per Month) by Race Ethnicity (2012-2020)



Frequent cannabis use - 20 or more days per month in the past year - has been increasing most among Black-non-Hispanics and to a somewhat lesser extent among White-Non-Hispanics. There was an especially sharp increase in frequent use among Black non-Hispanics between 2018-2019 and 2019- 2020.

Frequent use among Hispanics/Latinos has been relatively stable since 2012.

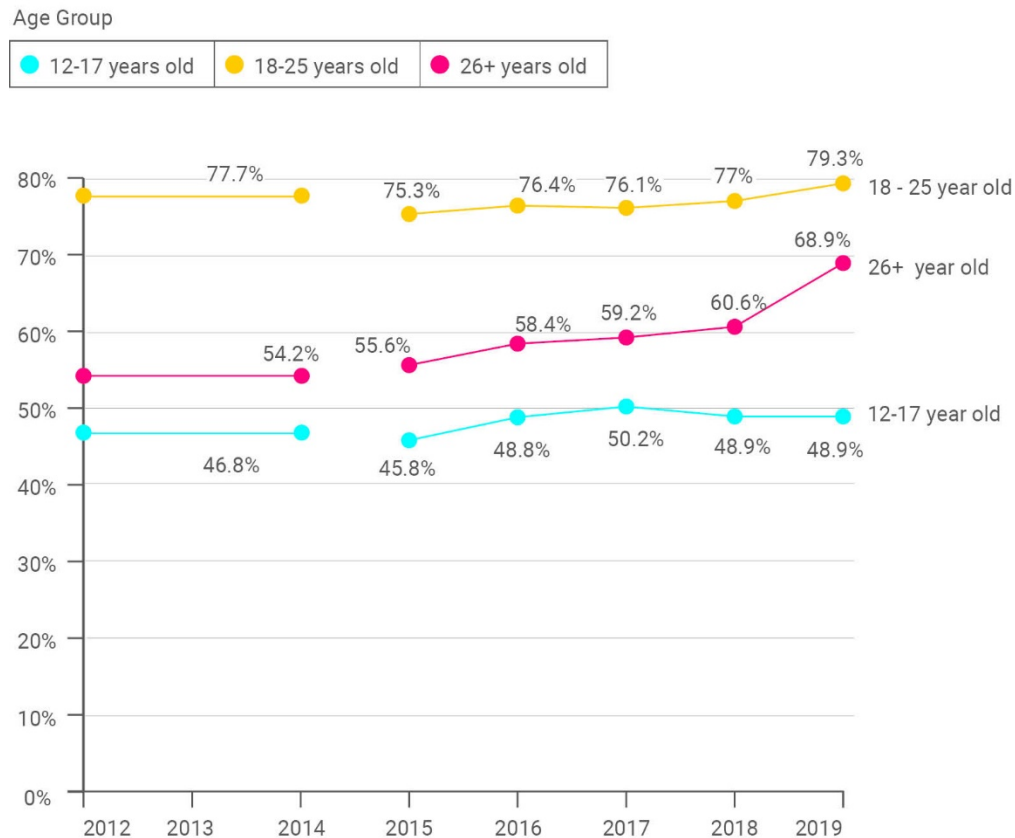
For 2019-2020, the estimated population incidence of frequent cannabis use was: 436,000 for White- NH; 165,000 for Black-NH; 21,000 for Other-NH; and 62,000 for Hispanic/Latinos.

Data are for all survey participants 12 years of age or older. Estimates were unavailable for 2014-2015 and 2016-2017 for Other or Multiple - Non-Hispanics owing to suppression rules.¹⁸

¹⁸ Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Prevalence Trends- Changes Over Time in Perceived Availability and Risk by Age Group

Perceived Cannabis as Very Easy or Fairly Easy to Obtain by Age Group (2012-2020)

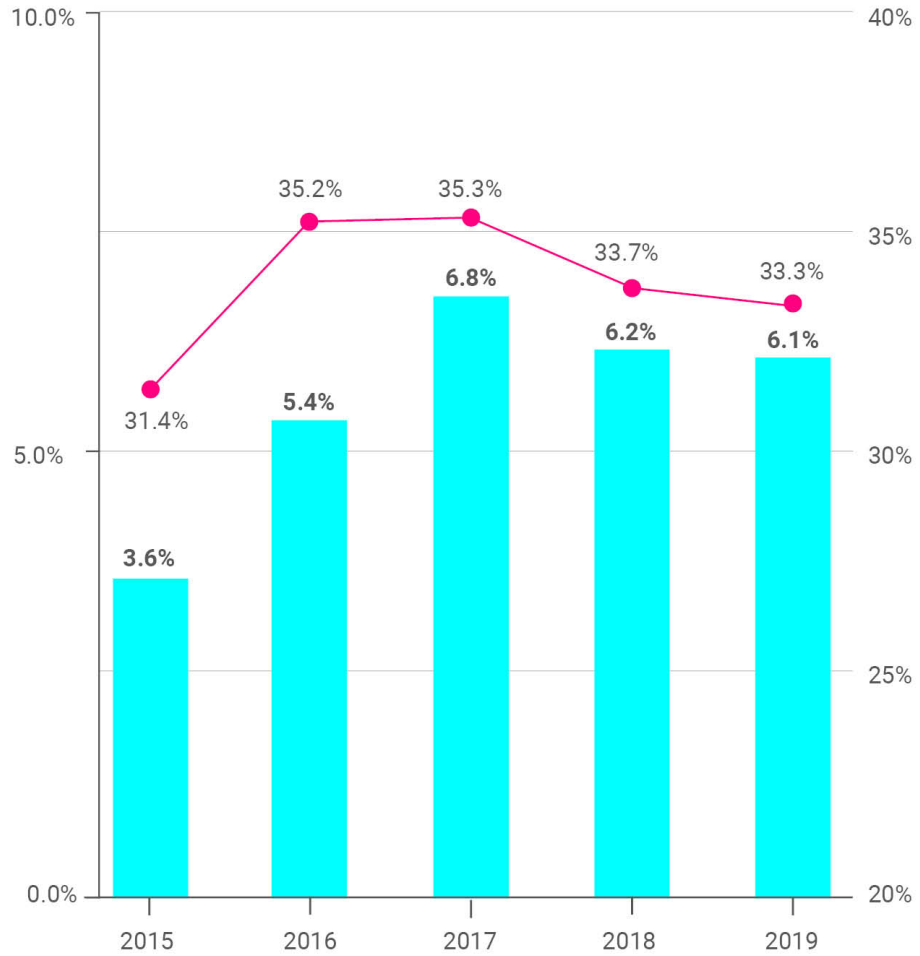


There has been no increase in perceived availability of cannabis as being easy or very easy to obtain among youth, 12-17 since legalization of recreational cannabis in 2020. There was only a slight increase in perceived availability among those 18 to 25 years or age, the group that also has the highest prevalence of cannabis use. The largest increase in perceived availability was availability among those 26 years or age or older.

Data from the 2014-2015 NSDUH are not available for this question.¹⁹

¹⁹ Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Correspondence between Frequent Cannabis Use (20+ days per Month) and Perceived No or Slight Risk Using Cannabis 1-2 Times per Week among 12-17 Year Olds (2015-2020)



	2015	2016	2017	2018	2019
● Past Month Frequent Use	3.6%	5.4%	6.8%	6.2%	6.1%
● Perceived No or Slight Risk	31.4%	35.2%	35.3%	33.7%	33.3%

Perceptions that using cannabis 1-2 times per week represents no or only a slight risk increased between 2015 and 2017 among Illinois youth 12 to 17 years old. This change in perception corresponded to an increase in frequent cannabis use (20+ days per month) over roughly the same time period. However, both perceived risk and frequent use have remained constant since then, including in 2019-2020.²⁰

²⁰ Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

PREVALENCE TRENDS FOR SPECIAL POPULATIONS

Summary of Recent Research Findings

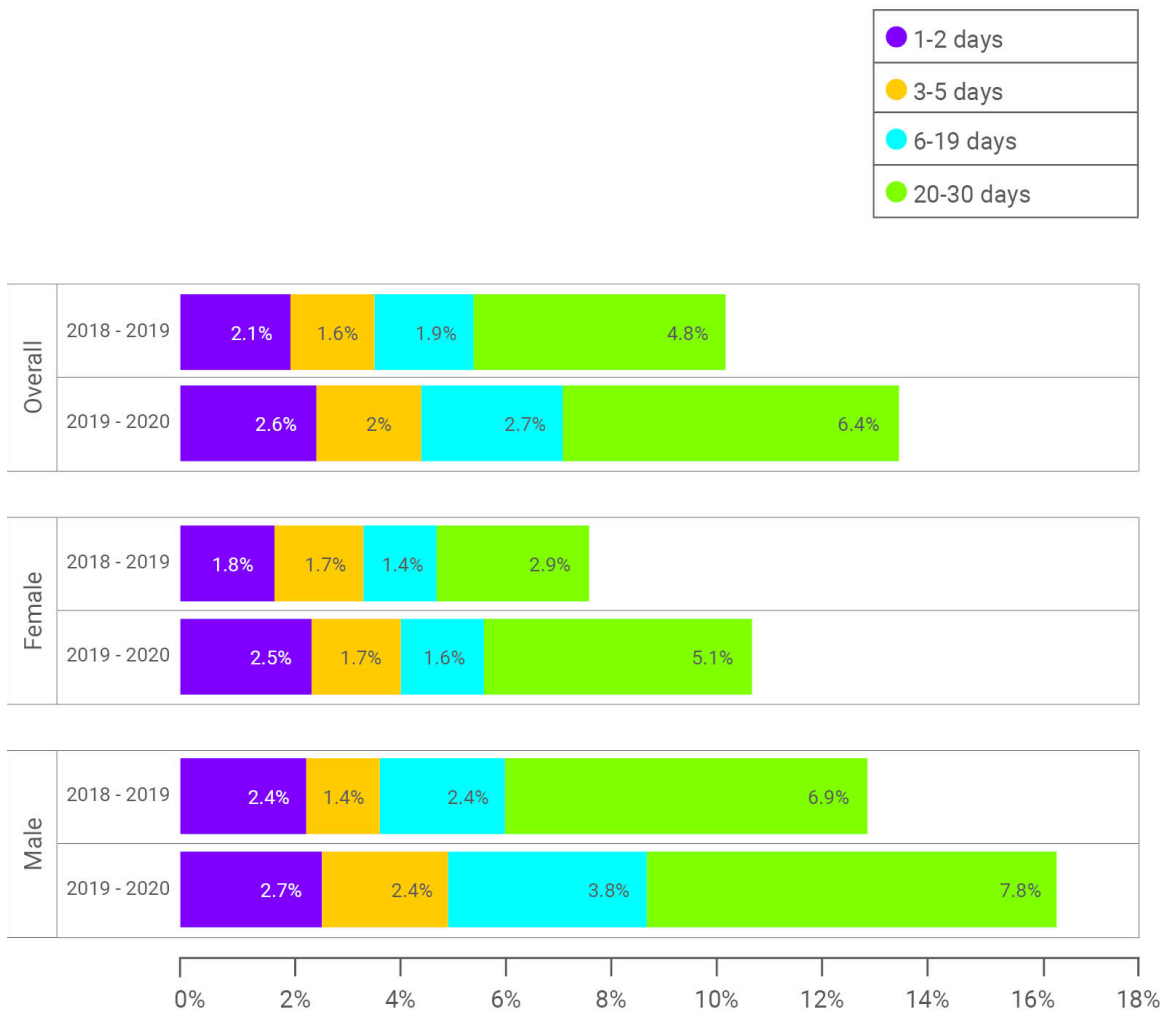
Topic:	Prenatal, perinatal, and postnatal cannabis use and pediatric exposure pre- post-legalization
Population / Location:	Systematic review of forty-one studies with emphasis on six higher quality studies that used difference-in-difference designs
Findings:	<p>It is likely legalization increases maternal cannabis use during pregnancy and postpartum, parental use, and approval of adult use.</p> <p>There is insufficient evidence legalization leads to maternal use of other substances during pregnancy and postpartum, parental use of other substances, or changes in parental attitudes toward use.</p> <p>It is likely legalization increases unintentional pediatric cannabis exposure, but there is insufficient evidence regarding cannabis storage in the home, parental approval of adolescent use, parenting, child abuse and neglect, or other child outcomes, including child behavioral adjustment</p>
Study:	Wilson S, Rhee SH. Causal effects of cannabis legalization on parents, parenting, and children: A systematic review. <i>Prev Med.</i> 2022;156:106956

Special Population Prevalence Trends Highlights

- Males were more likely to report any past-month cannabis use and frequent cannabis use compared with females. Frequency of use increased for both males and females between 2018-2019 and 2019-2020.
- Between 2017-2018 to 2019-2020, there has been a 6.3% increase in the prevalence of past-month cannabis use among pregnant women.
- Self-identified sexual minorities were more likely than heterosexuals to indicate past-month cannabis use and to have used cannabis more frequently in the past month.
- Persons with a past-year serious mental illness (SMI) had much higher rates of both any and frequent cannabis use compared to persons without an SMI, 14.9% and 1.9% respectively in 2019-2020.
- Persons living in poverty had the highest rates of frequent monthly cannabis use compared to persons with higher incomes. They also had the largest increase in frequent cannabis use - from 6.7% to 11.8% - between 2018 and 2020.

Prevalence Trends

Frequency of Past-Month Cannabis Use (2018–2020) by Gender



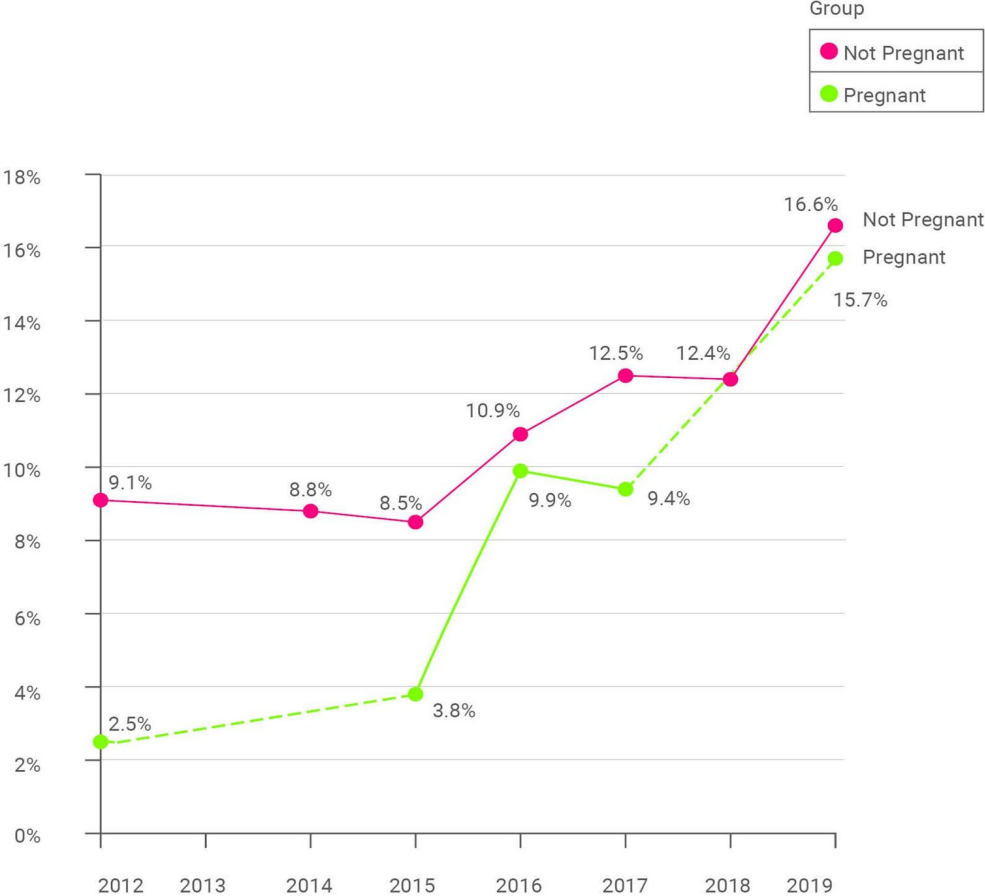
Males were more likely to report any past-month cannabis use (16.7%) compared with females (11.0%). Males were also more likely to report frequent cannabis use (> 20 days) in the past month (7.8%) compared with females (5.1%).

Past-month use increased for both genders between 2018-2019 and 2019-2020 with a larger increase in the frequent user category for females.

The prevalence rates of a frequent past-month cannabis use (> 20 days) in 2019-2020 represents 402,000 males and 282,000 females.²¹

²¹ Source: National Survey on Drug Use and Health (2012- 2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Past-Month Cannabis Use by Pregnancy Status Women 12 to 44 Years Old



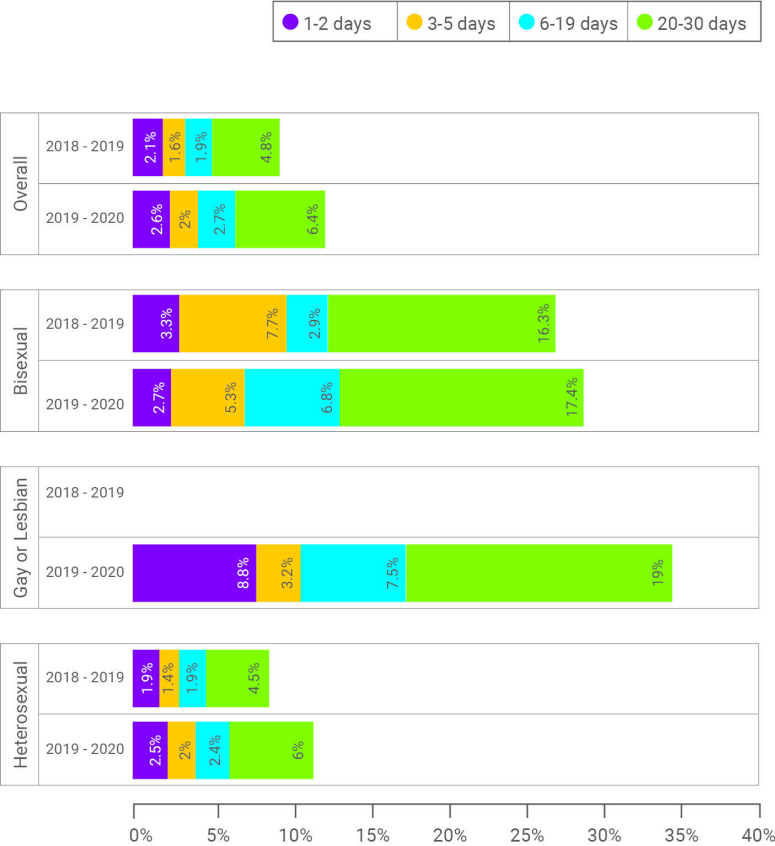
There has been a large increase in the prevalence of past-month cannabis use among pregnant women in Illinois. Based on available estimates, 9.4% of women pregnant at the time of the survey in 2017-2018 said they used marijuana in the past month. This increased to 15.7% in 2019-2020 and was close to the prevalence reported by non-pregnant women.

Data are for all women 22-44 years of age. Estimates were unavailable for 2014-2015 and 2018-2019 for pregnant women owing to suppression rules. The dotted lines indicate interpolation between available data points.

For 2019-2020, the estimated population prevalence of any cannabis use in the past month was: 11,000 for pregnant women.²²

²² Source: National Survey on Drug Use and Health (2012-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Frequency of Past-Month Cannabis Use (2018-2020) by Sexual Orientation



Self-identified sexual minorities were more likely than heterosexuals to indicate past-month cannabis use and to have used cannabis more frequently in the past month. Nineteen percent of gay or lesbian participants and just over seventeen percent of bisexual participants indicated they used cannabis 20 or more days in the past month.

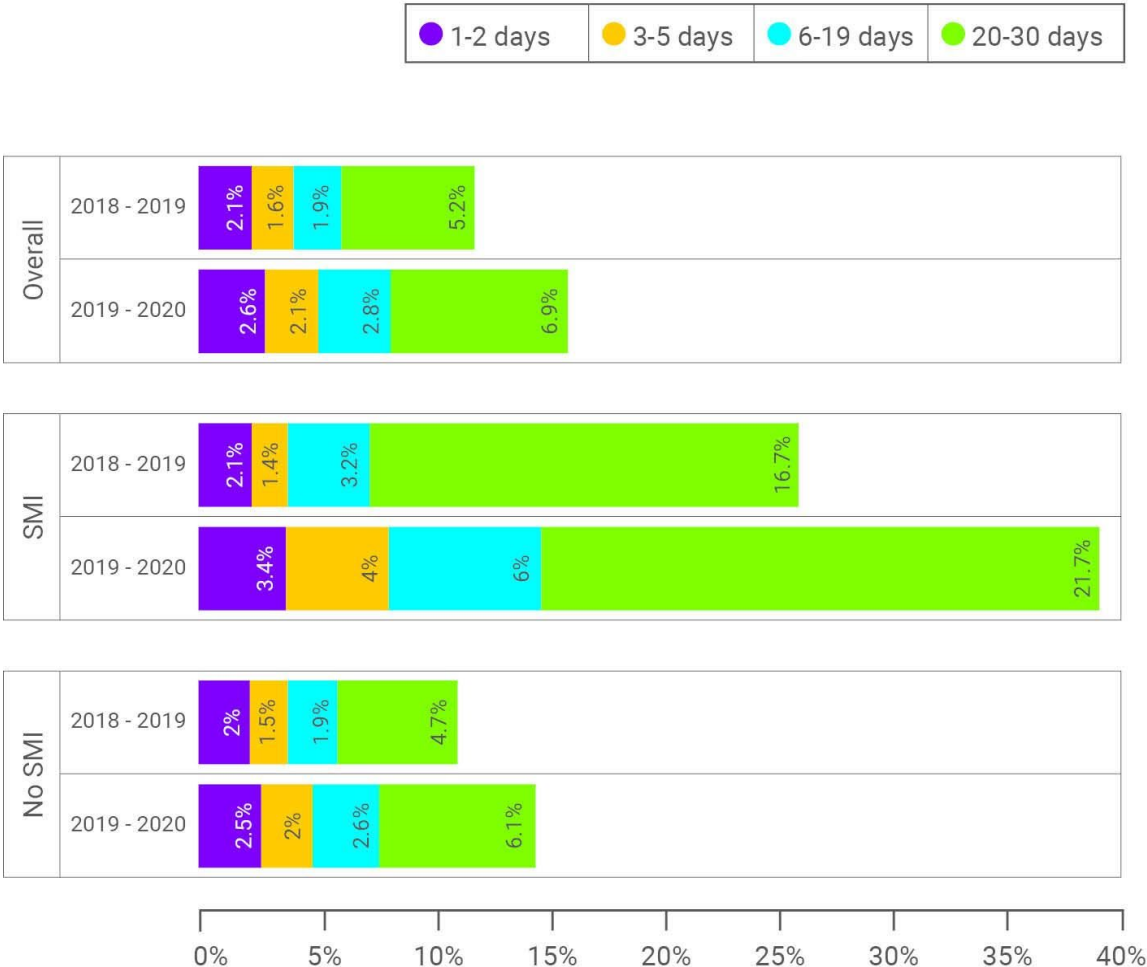
Weighted survey data for 2019-2020 represent a population of 176,000 gay or lesbian Illinois residents and 343,000 bisexual residents. Of these, 34,000 gay or lesbian and 60,000 bisexual residents used marijuana 20 or more days in the past month.

Among gay and lesbian Illinoisans, 4.4% (N = 5,000) had a past-year cannabis use disorder as did 6.5% (N = 10,000) of bisexual state residents. These prevalence rates compare with a rate of 2.3% (N = 41,000) among heterosexual residents.

Data for 2018-2019 gay or lesbian participants are not available owing to suppression rules.²³

²³ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Frequency of Past-Month Cannabis Use (2018-2020) by Serious Mental Illness Status



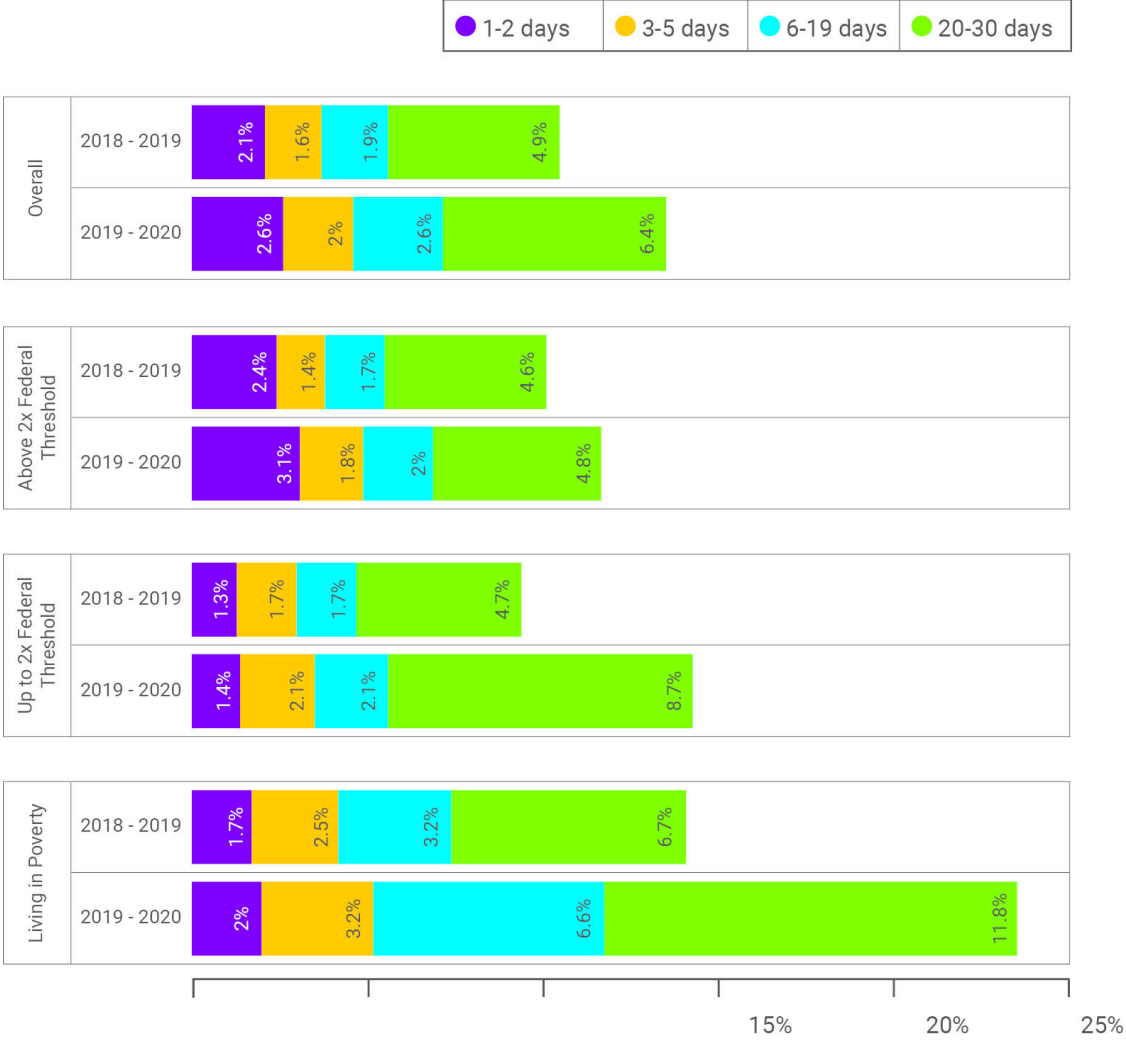
Persons with a past-year serious mental illness (SMI) - defined as any DSM disorder with moderate or greater functional impairment - had much higher rates of both any and frequent cannabis use (i.e., >= 20 or more days in the past month) compared to persons without an SMI. Both persons with and without a past-year SMI increased their cannabis use and their frequency of cannabis use but the increases were larger for persons with an SMI, particularly among those who were frequent users.

Weighted survey data for 2019-2020 represent a population of 485,000 Illinois residents with a past-year SMI of which 29,000 used marijuana 20 or more days in the past month.

The prevalence of a past-year cannabis use disorder in 2019-2020 was 1.9% for persons without an SMI (N = 179,000) and 14.9% for persons with an SMI (N = 69,000).²⁴

²⁴ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Frequency of Past-Month Cannabis Use (2018-2020) by Federal Poverty Level



Persons living in poverty had the highest rates of frequent monthly cannabis use (20 days per month or more) compared to persons with higher incomes. They also had the largest increase in frequent cannabis use - from 6.7% to 11.8% - between 2018 and 2020.

Weighted survey data for 2019-2020 represent populations of 1,308,000 living at or under the federal poverty limit, 2,024,000 with incomes up to twice the federal poverty limit, and 7,325,000 Illinois residents reporting incomes greater than twice the federal poverty limit.

Among Illinois residents living in poverty, 2.6% (N = 34,000) had a past-year cannabis use disorder as did 2.4% (N = 49,000) of residents with up to twice the federal poverty limit. These prevalence compare with a rate of 2.0% (N = 211,000) among residents with incomes higher than twice the federal poverty limit.²⁵

²⁵ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#>

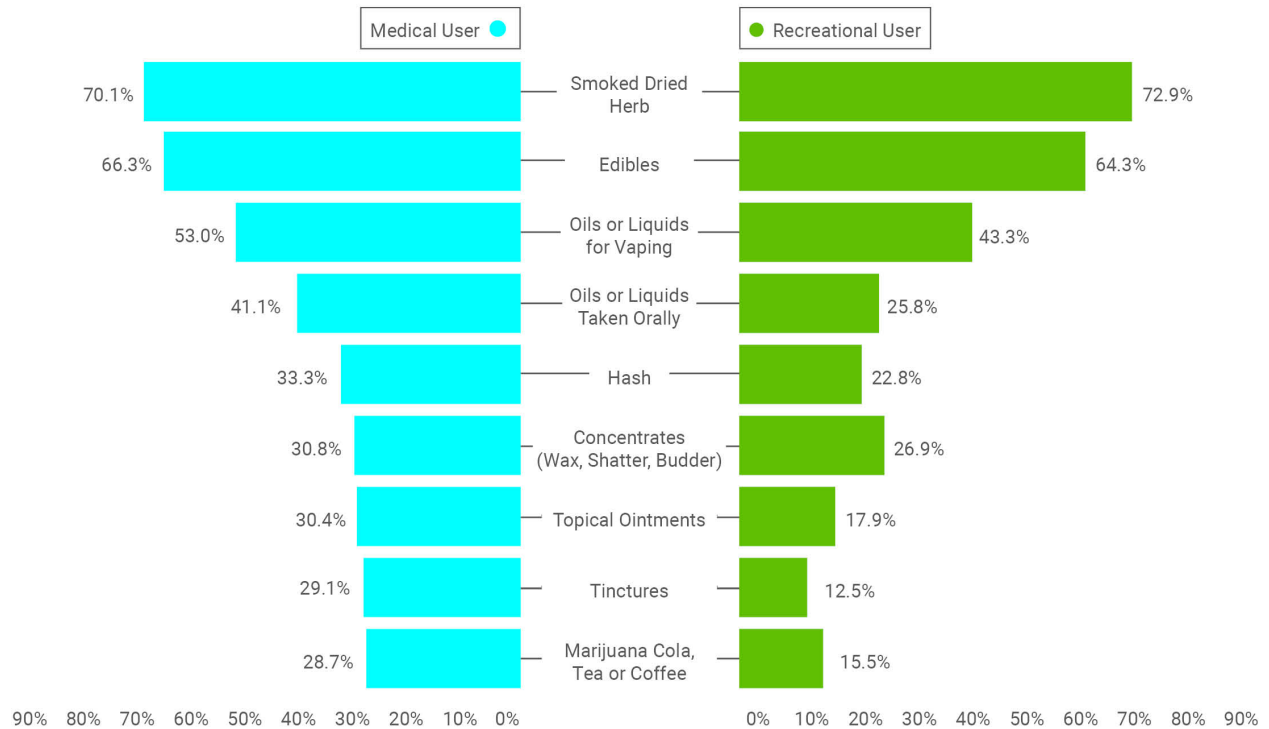
CHARACTERISTICS OF CURRENT CANNABIS USERS IN ILLINOIS

Characteristics of Cannabis Use Highlights

- Most cannabis users, both recreational and medical, smoke, use edibles, or vape oils or liquids.
- A large majority of Illinois residents who indicated they had ever used and received a prescription for cannabis indicated they had used cannabis to manage mental health symptoms with the most common mental health symptoms being anxiety, depression, and PTSD/Trauma.
- Characteristics of individuals that indicated either any past month use or use greater than 20 days in the past month include being male, lesbian/gay, Black non-Hispanic, 18-35 years old, having completed high school/GED or some college, and living in poverty.
- Past-year Illinois cannabis users tend to believe that legally purchased cannabis is safer to buy and use, more convenient, and is of better quality; however, a majority indicate that legal cannabis is more expensive than illegal cannabis.

Modes of Use and Symptoms Used For (Past Year)

Modes of Cannabis Use by Medical or Recreational Users (2021)

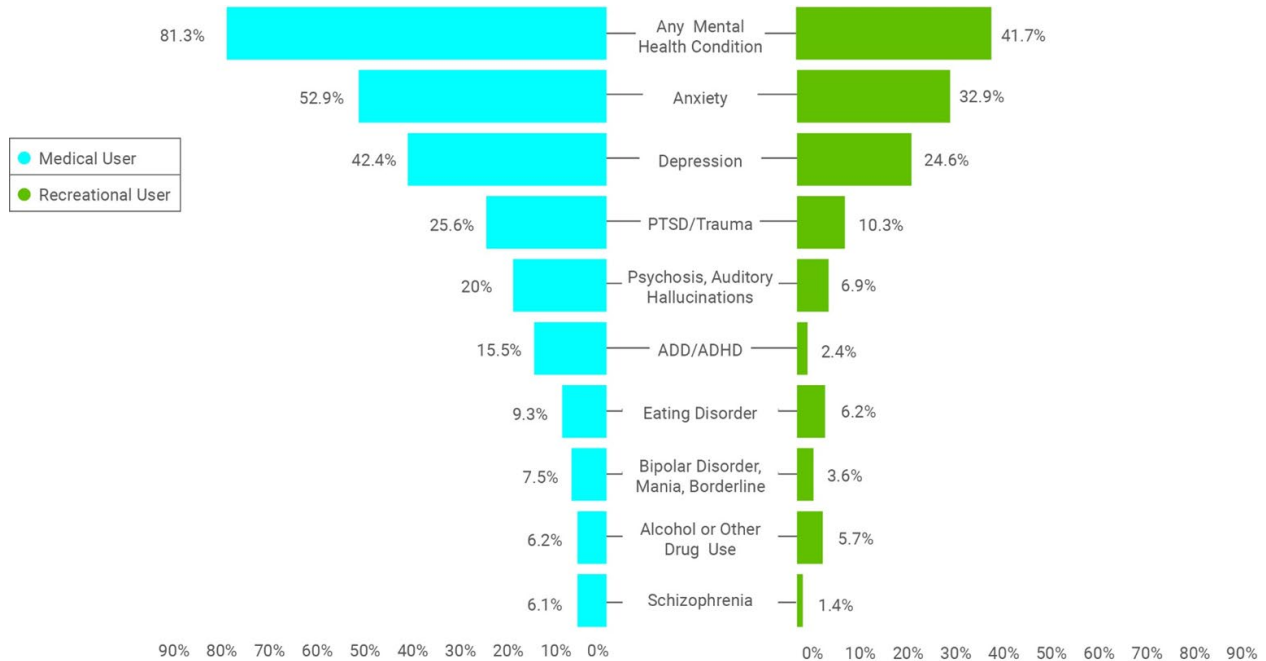


Most cannabis users smoke or use edibles or vape oils or liquids. Medical users are more likely to have used a variety of other forms of cannabis compared with recreational users.

Survey participants were classified as being a medical cannabis user if they indicated they had ever received a prescription from a health professional. Analyses shown were restricted to survey year 2021 and to participants who said they had used cannabis in the past year.²⁶

²⁶ Source: International Cannabis Policy Study, Illinois site data (2020-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Mental Health Conditions for which Cannabis was Used by Medical or Recreational Users



A large majority (81.3%) of Illinois residents ages 16 to 64 who indicated they had ever used and received a prescription for cannabis indicated they had used cannabis to manage mental health symptoms. The most common mental health symptoms were anxiety (52.9%), depression (42.4%), and PTSD/Trauma (25.6%).

A smaller but still substantial proportion of recreational cannabis users (41.7%) also indicated they had ever used cannabis to manage mental health symptoms with anxiety (32.9%), depression (24.6%), and PTSD/Trauma (10.3%) also being the most common symptoms mentioned.

Survey participants were classified as being a medical cannabis user if they indicated they had ever received a prescription from a health professional. Analyses shown were restricted to survey years 2020 and 2021 (ICPS waves 3 and 4) and to participants who said they had ever tried cannabis.²⁷

²⁷ Source: International Cannabis Policy Study, Illinois site data (2020-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Past-Month Cannabis Use Frequency by Demographic Characteristics (2019–2020)

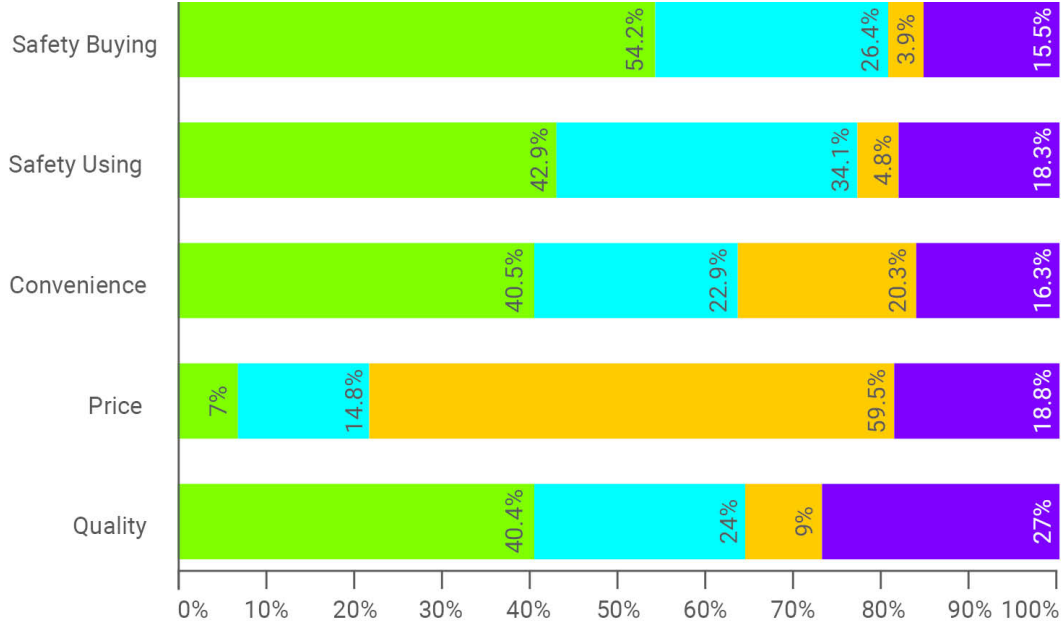
Sig		Frequency of Use		
		No Use (N = 9,169,000)	Any Past Month Use (N = 1,146,000)	>= 20 Days Past Month Use(N = 684,000)
***	Gender			
	Male	83.3%	16.7%	7.8%
	Female	89.0%	11.0%	5.1%
NA	Sexual Identity			
	Heterosexual	87.1%	12.9%	6.0%
	Lesbian or Gay	61.3%	38.7%	19.3%
	Bisexual	67.7%	32.3%	17.4%
***	Race			
	White - non-Hispanic	86.4%	13.6%	6.6%
	Black - non-Hispanic	79.1%	20.9%	11.5%
	Hispanic	93.7%	6.3%	2.7%
	Other	88.1%	11.9W%	3.5%
***	Age Group			
	12-17 years old	92.1%	7.9%	2.3%
	18-24	72.9%	27.1%	10.9%
	25-35	75.7%	24.3%	11.2%
	35-49	83.6%	16.4%	7.5%
***	Highest Education Level			
	< High School	89.8%	10.2%	5.2%
	High School/GED	82.6%	17.4%	9.7%
	Some College	82.2%	17.8%	10.0%
	College Grad or Higher	89.6%	10.4%	2.7%
***	Employment Status**			
	Full-time	85.6%	14.4%	7.0%
	Part-time	81.2%	18.8%	8.6%
	Unemployed	68.7%	31.3%	12.3%
	Other	91.0%	9.0%	4.4%
*	Poverty Level			
	Living in Poverty	76.4%	23.6%	11.8%
	Income up to 2X Federal Poverty Level	85.7%	14.3%	8.7%
	Income > 2X Federal Poverty Level	88.3%	11.7%	4.8%

Among the demographic groups considered, those most likely to be frequent cannabis users and report using 20 days per month or more were: males, lesbian or gay, Black, non-Hispanic, ages 18 to 35, have attended but not graduated from College, unemployed, and living at or below the federal poverty limit.

Weighted survey data for 2019-2020 represent populations of 1,146,000 reporting using cannabis 1 to 19 days per month in the past month, and 684,000 reporting using cannabis 20 or more days in the past month.

Source: National Survey on Drug Use and Health (2019-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Past-year Cannabis Users Perceptions Retail Factors Related to Legal versus Illegal Cannabis (2020-2021)



	Quality	Price	Convenience	Safety Using	Safety Buying
Legal Better	40.4%	7%	40.5%	42.9%	54.2%
No Difference	24%	14.8%	22.9%	34.1%	26.4%
Legal Worse	9%	59.5%	20.3%	4.8%	3.9%
Don't know	27%	18.8%	16.3%	18.3%	15.5%

Past-year Illinois cannabis users tend to believe that legally purchased cannabis is safer to buy and use, more convenient, and is of better quality although sizable minorities (one-quarter to one-third) do not perceive differences. A majority of users, however, ~60.0%, indicate that legal cannabis is more expensive than illegal cannabis.

Most users indicate they are not at all (56.8%) or only a little concerned (19.4%) about government or law enforcement authorities tracking their cannabis purchases from authorized stores or websites. (not shown on chart)²⁸

²⁸ Source: International Cannabis Policy Study, Illinois site data (2020-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

MEDICAL CANNABIS USE AND BENEFITS

Medical Cannabis Use and Benefits Highlights

- Compassionate use of Medical Cannabis Act expanded access to dispensaries for patients to purchase medical Cannabis
- The Medical Cannabis Patient Program (MCP) and the Opioid Alternative Pilot Program (OAPP) have similar requirements and application steps; however, MCP provides the license for a greater length of time, as well as allows for expanded purchasing options.
- Since 2017, enrollment in MCP has continued to increase each year. As of June 30, 2022, MCP was serving a total of 135,649 active patients. Chronic pain accounted for 31.1% of all diagnoses, PTSD for 16.4%, Migraines, 10.4%, and Osteoarthritis 10.0%.
- The most common conditions in which OAPP patients report use of Cannabis for is for back, neck, joint, and musculoskeletal pain.
- Cannabis is most commonly used to manage pain, headaches/migraines, sleep disturbances, and lack of appetite by both medical and recreational users. Recreational users also utilize Cannabis for muscle spasms.
- Application denial for MCP has declined from 2017 to 2020, with 5.6% and 3.2% denial rates, respectively. The most common reason for denial is because they did not respond to multiple attempts to correct deficiencies in their application.

Policy Changes Related to Medical Cannabis

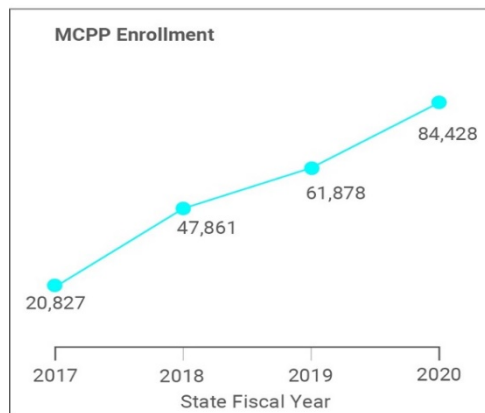
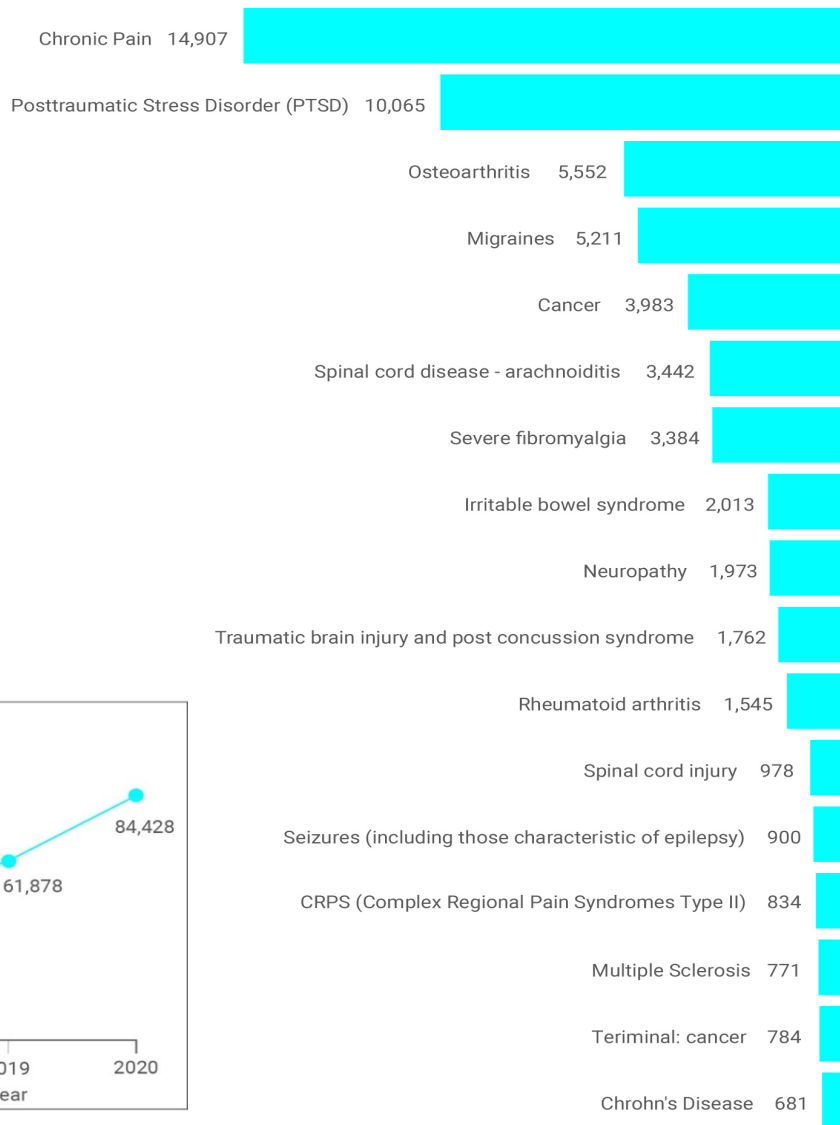
- On July 15th, 2021, Illinois passed HB1443 and made amendments to the Compassionate Use of Medical Cannabis Program Act (Public Act 102-0098). These changes were effective immediately.
- The changes to the Compassionate Use of Medical Cannabis Program Act allowed medical cannabis patients to purchase cannabis at any dispensary. Previously, patients were required to purchase from a single designated dispensary.²⁹

²⁹ Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1443&GAID=16&DocTypeID=HB&SessionID=110&GA=102>

Comparison of MCPP/OAPP Requirements

Medical Cannabis Patient Program	Opioid Alternative Pilot Program
<p>1. Program qualifications:</p> <ul style="list-style-type: none"> • Illinois resident • Diagnosed with at least 1 of the 41 qualifying conditions 	<p>1. Program qualifications:</p> <ul style="list-style-type: none"> • Illinois resident • Be at least 21 years old • Diagnosed with medical condition for which an opioid has been or could be prescribed based on generally accepted standards of care
<p>2. Application steps:</p> <ul style="list-style-type: none"> • Obtain physician certification • Complete online application, including a copy of ID and passport photo, and pay application fee. • \$50 for 1-year term, \$100, for 2-year term, \$125 for 3-year term 	<p>2. Application steps:</p> <ul style="list-style-type: none"> • Obtain physician certification • Complete online application, including a copy of ID and passport photo, and pay application fee. • \$10 for a 90-day term.
<p>3. Renewals:</p> <ul style="list-style-type: none"> • Extension renewal: Occurs annually for patients who did not purchase a 3-year card. Physician certification is not required. • Certification renewal: Occurs every 3 years when card expires. Physician certification is required. 	<p>3. Renewals:</p> <ul style="list-style-type: none"> • Certification renewal: Occurs every 90 days. Physician certification is required.
<p>4. Purchases:</p> <ul style="list-style-type: none"> • Patients may purchase up to 2.5 ounces of medical cannabis during a 14-day period – waivers to request increase allotment are accepted. • Patients can purchase from any dispensary. • Designated caregiver is permitted 	<p>4. Purchases:</p> <ul style="list-style-type: none"> • Patients may purchase up to 2.5 ounces of medical cannabis during a 14-day period – no waivers to increase allotment are permitted. • Patient must purchase from single, designated dispensary. • No designated caregivers are permitted.
<p>Source: https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis.html</p>	<p>Source: https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/opioid-alternative-pilot-program.html</p>

Most Frequent Qualifying Debilitating Conditions Illinois Medical Cannabis Patient Program (MCPP) 2019–2020



As of June 30, 2022, MCPP was serving a total of 135,649 active patients.

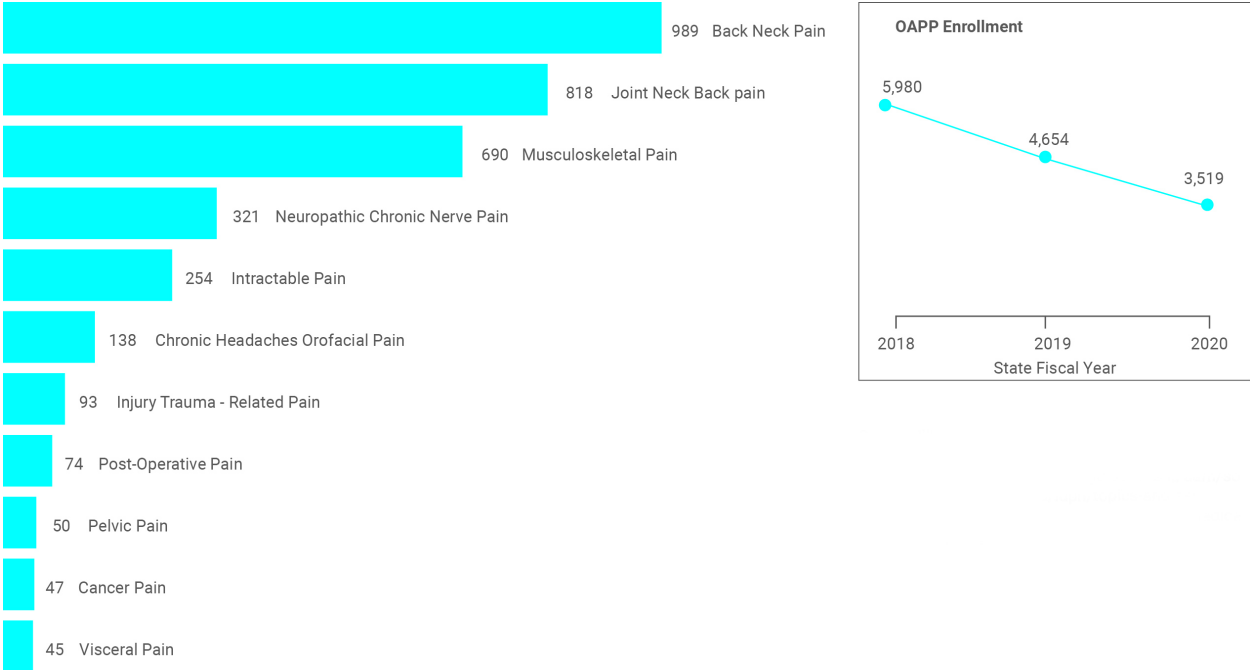
Chronic pain accounted for 31.1% of all diagnoses, PTSD for 16.4%, Migraines, 10.4%, and Osteoarthritis 10.0%.

Among minors (ages 0-17), the most common qualifying conditions were autism, PTSD, Seizures, and Cancer. (Data not shown on slide.)³⁰

³⁰ Sources: Illinois Department of Public Health 2021 Annual Report Medical Cannabis Patient Program. Available at: https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/prevention-wellness/medical-cannabis/2021_Medical_Cannabis_report.pdf

Registered Patients by Nature of Condition

Illinois Opioid Alternative Pilot Program (OAPP) 2020–2021



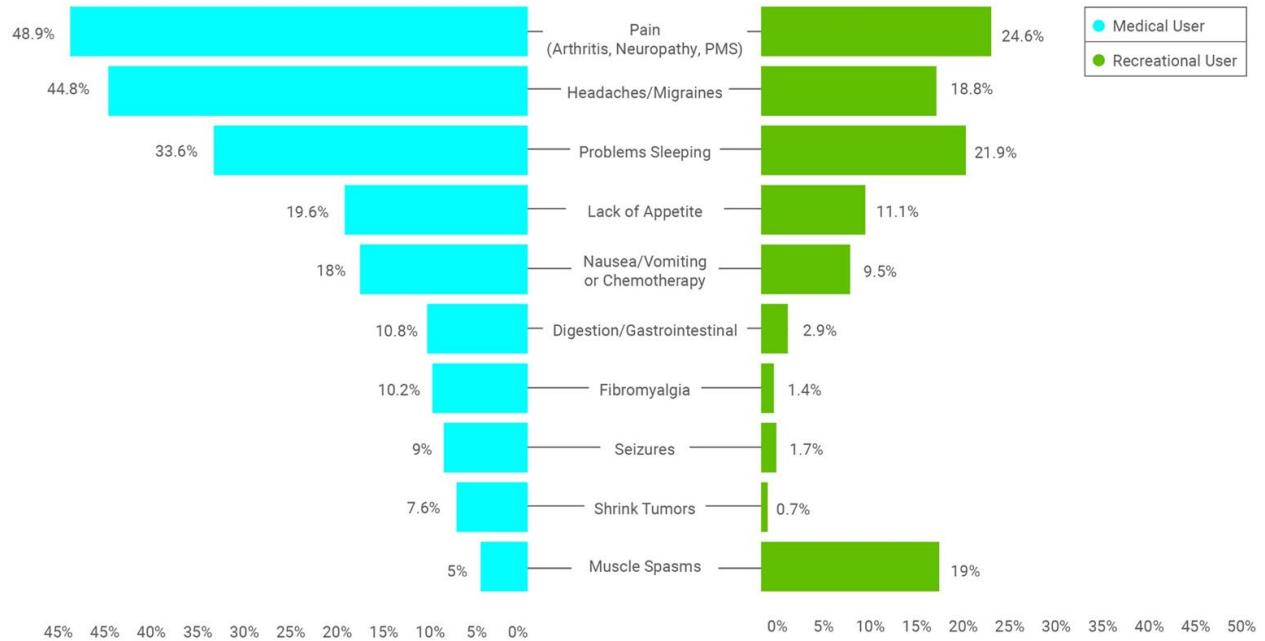
As of June 30, 2022, OAPP had served 3,519 registered patients.

Back neck pain accounted for 28.11% of all diagnoses, joint neck back pain for 23.25%, and musculoskeletal pain for 19.60%.³¹

³¹ Source: Illinois Department of Public Health 2021 Annual Report Medical Cannabis Patient Program. Available at: [https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/prevention-wellness/medical-cannabis/2021 Medical Cannabis report.pdf](https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/prevention-wellness/medical-cannabis/2021%20Medical%20Cannabis%20report.pdf)

Reported Conditions/Symptoms for which Cannabis was Used

Medical Conditions for which Cannabis was Used by Medical or Recreational User



Medically, cannabis is most commonly used to manage pain, sleep disturbances, and lack of appetite by both medical and recreational users.

Among those who said they had ever used cannabis to manage pain (N = 1,295 or 21% of the ICPS sample), 79.5% indicated they used cannabis as a substitute for opioids.

Recreational users reported also using cannabis to manage muscle spasms, but this was not common among medical cannabis users.

Survey participants were classified as being a medical cannabis user if they indicated they had ever received a prescription from a health professional. Analyses shown were restricted to survey years 2020 and 2021 (ICPS waves 3 and 4) and to participants who said they had ever tried cannabis.³²

³² Source: International Cannabis Policy Study, Illinois site data (2020-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Rates and Refusal Numbers (2019-2021)



July 2017-2018:

1,148 qualifying patients denied – “primary reason was because they did not respond to multiple attempts to correct deficiencies in their application and/or their fingerprint background check reported that the applicant had excluded criminal offenses.”

20,584 people submitted applications. 5.6% of applications denied.

July 2018-2019:

1,733 qualifying patients denied – “primary reason was because they did not respond to multiple attempts to correct deficiencies in their application”.

37,600 people submitted applications (the report states this is an approximate number). 4.6% of applications denied.

July 2019-2020:

1,540 qualifying patients denied – same as above.

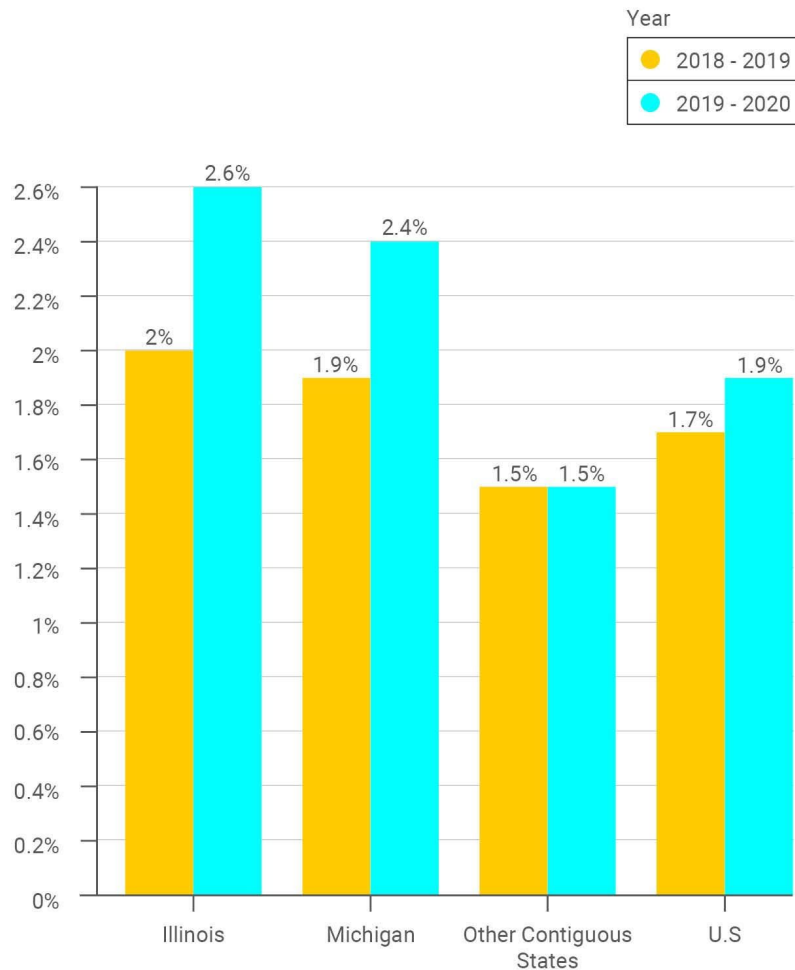
47,400 people submitted applications (the report states this is an approximate number). 3.2% of applications denied.

CANNABIS USE DISORDER AND TREATMENT

Cannabis Use Disorder and Treatment Highlights

- Illinois and Michigan had similar increases in the prevalence of cannabis use disorder between 2018-2019 and 2019-2020 with Illinois increasing from 2.0% to 2.6%. Other Midwest states (Indiana, Iowa, Missouri, and Wisconsin) and the US did not show the same amount of increase.
- Between 2018-2019 and 2019-2020, Illinois, Michigan, and the group of contiguous Midwest states all showed increases in alcohol use disorder, though the entire U.S. did not see this increase. It is not clear then how much of the increases in cannabis use and cannabis use disorder in Illinois are due to the CRTA, to COVID, or to some other factor.
- The most common co-occurring mental health disorders and substance use disorders for persons with Cannabis Use Disorder were a major depressive episode, serious psychological distress, suicidal thoughts, and alcohol abuse.
- There has been an overall decrease in treatment admissions in 2020, including admissions for Cannabis Use Disorder. However, the percentage of all admissions where cannabis was the primary drug, did not fall as sharply as the overall decrease in admission rates.
- Compared with persons admitted to drug treatment in Illinois for other drugs, those whose primary drug was cannabis were more likely to be male, Black, non-Hispanic, ages 18 to 35, have been referred to treatment from the criminal justice system, and to have received treatment in an outpatient setting.

Prevalence of Past-Year Cannabis Use Disorder (2018 – 2020) Ages 12 or Older by State and US



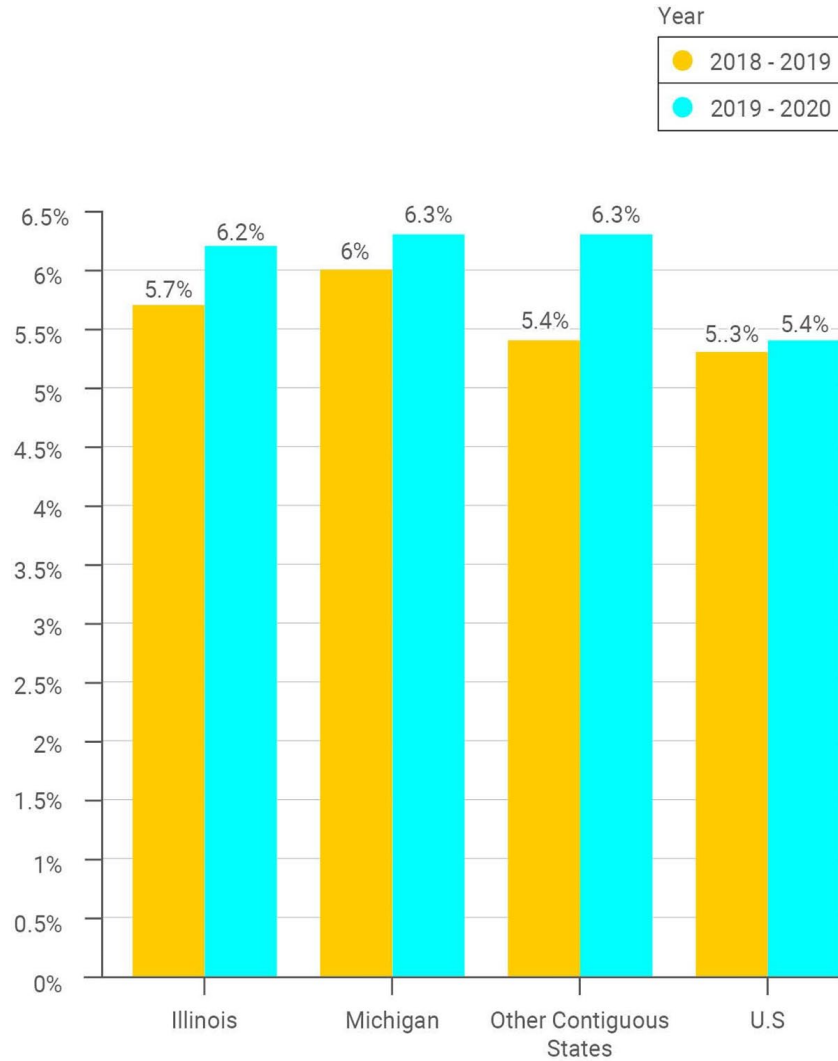
Illinois and Michigan also had similar increases in the prevalence of cannabis use disorder between 2018-2019 and 2019-2020. Other Midwest states and the US did not show the same amount of increase.

In 2018-2019, the overall rate was estimated as 2.0%, representing 211,000 individuals. In 2019-2020, the overall rate of CUD for Illinois residents 12 or older was 2.6%, representing 281,000 persons.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.³³

³³ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Prevalence of Past-Year Alcohol Use Disorder (2018 - 2020) Ages 12 or Older by State and US

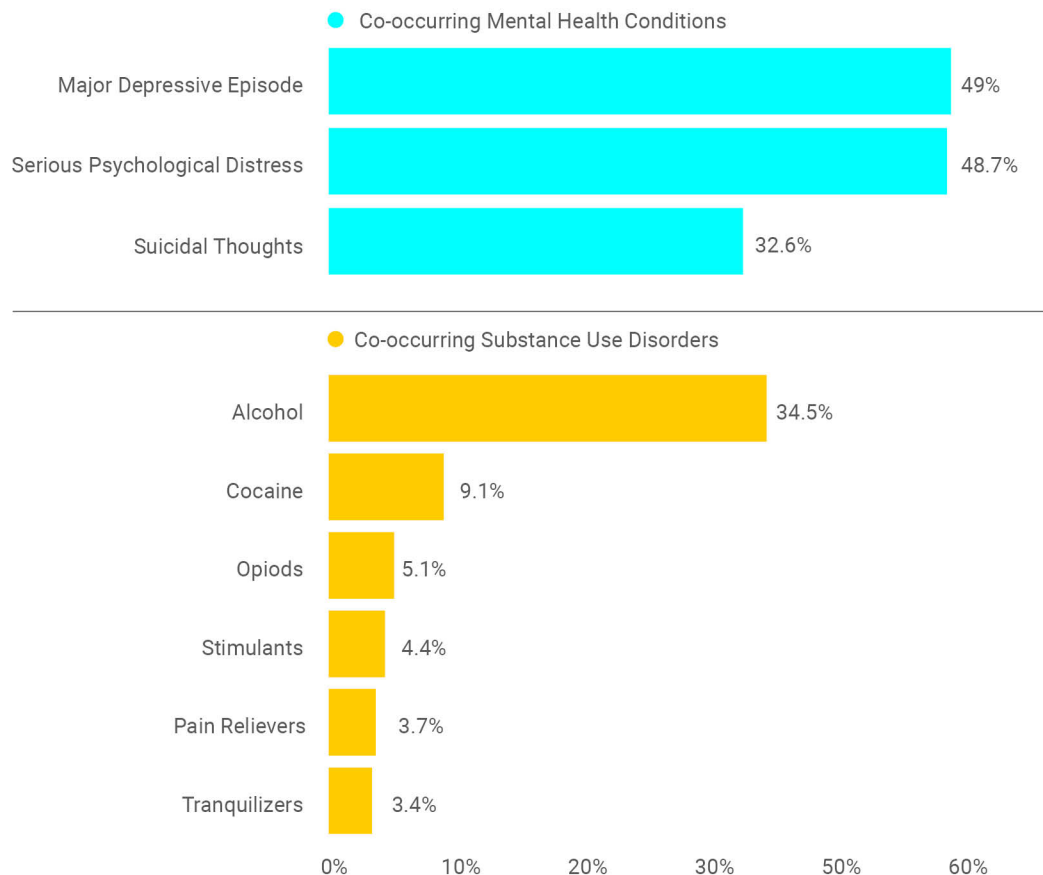


Illinois, Michigan, and the group of contiguous Midwest states all showed increases in alcohol use disorder between 2018-2019 and 2019-2020 though the US as a whole did not show an increase. It is not clear then how much of the increases in alcohol use disorder in Illinois are due to the CRTA, to COVID, or to some other factor.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.³⁴

³⁴ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Prevalence of Co-occurring Mental Health Conditions and Substance Use Disorders among Persons with Past-Year Cannabis Use Disorders (2019–2020)

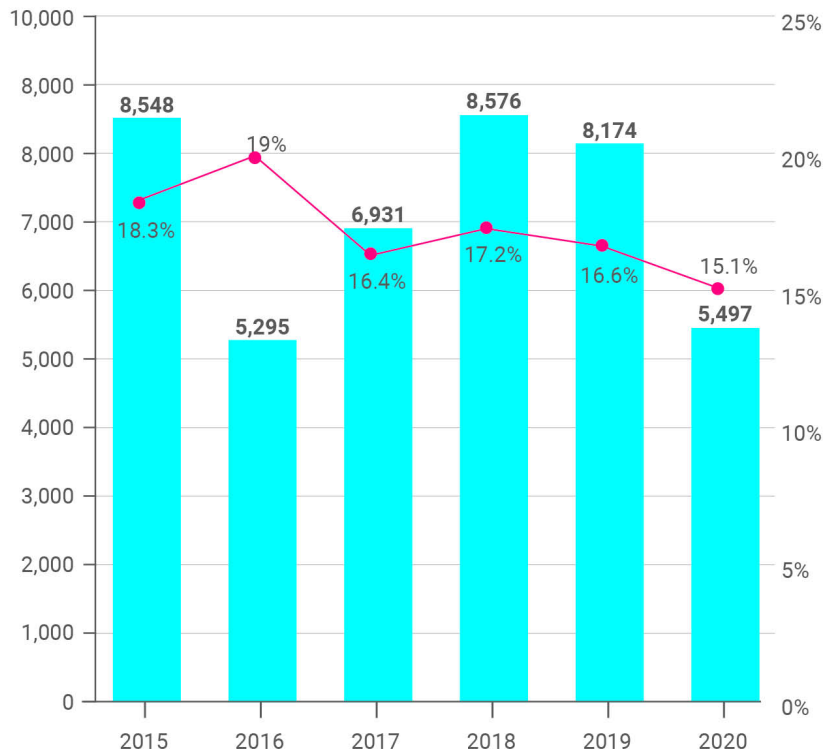


Co-occurring mental health conditions and substance use disorders are common among persons meeting DSM criteria for a past-year cannabis use disorder (CUD). Just about 50% of those with a past-year CUD had a major depressive episode (49.0%) in the same year and/or met criteria for serious psychological distress (48.7%). About one-third (32.6%) indicated they had suicidal thoughts.

Just over one-third (34.5%) of Illinoisans with a past-year CUD also met DSM criteria for a co-occurring alcohol use disorder with cocaine use disorder (9.1%) being the next most common co-occurring SUD.³⁵

³⁵ Source: National Survey on Drug Use and Health (2019-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Number and Percentage of Cannabis Use Disorder Treatment Admissions (2015 – 2020)



	2015	2016	2017	2018	2019	2020
● Number of Admissions	8,548	5,295	6,931	8,576	8,174	5,467
● Percentage of All Admissions	18.3%	19%	16.4%	17.2%	16.6%	15.1

The number of admissions to substance use treatment for cannabis use dropped in 2020 to 5,467 compared with over 8,000 admissions in 2018 and 2019. However, this drop occurred against an overall decline in treatment admissions in 2020. Consequently, the percentage of all admissions where cannabis was the primary drug, did not fall as sharply. In 2020, the percentage of admissions with cannabis as a primary drug was 15.1% compared with 17.2% in 2018 and 16.6% in 2019.

Among all persons with past-year CUD in 2019-2020, only 12.2% indicated they had received any kind of substance use treatment.³⁶

³⁶ Sources: Treatment Episode Data Set Quick Statistics 2015-2020. Substance Abuse and Mental Health Services Agency. Available at: <https://www.samhsa.gov/data/quick-statistics>; National Survey on Drug Use and Health (2019-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Selected Client Characteristics at Treatment Admission by Primary Drug (2018–2020)

Compared with persons admitted to drug treatment in Illinois for other drugs, those whose primary drug was cannabis were more likely to be male, Black, non-Hispanic, ages 18 to 35, to have been referred to treatment from the criminal justice system and to have received treatment in an outpatient setting (as opposed to intensive outpatient or residential). Women admitted to treatment for cannabis use were more likely to be pregnant than women admitted for other drugs.

Bivariate statistical comparisons were calculated using chi-square tests. NS = Non-significant; * = $p < .05$; ** = $p < .01$; *** = $p < .001$.

NA = Not yet available.

Sources: Treatment Episode Data Set 2019-2020. Substance Abuse and Mental Health Services Agency. Available at: <https://www.datafiles.samhsa.gov/dataset/treatment-episode-data-set-admissions-2019-teds-2019-ds0001>; Treatment Episode Data Set Quick Statistics 2015-2020. Substance Abuse and Mental Health Services Agency. Available at: <https://www.samhsa.gov/data/quick-statistics>.

Sig		Primary Drug at Admission		
		All Other Drugs 2018-2019 (N = 81,355)	Cannabis 2018-2019 (N = 16,649)	Cannabis 2020 (N = 5,467)
***	Gender			
	Male	36.6%	75.7%	73.0%
	Female	63.6%	24.3%	27.0%
***	Race			
	White - non-Hispanic	52.4%	34.4%	42.0%
	Black - non-Hispanic	31.9%	42.6%	39.3%
	Hispanic	12.5%	17.6%	
	Other	3.3%	5.4%	18.7%
***	Age Group			
	12-17 years old	0.7%	20.0%	16.9%
	18-24	8.5%	32.9%	33.0%
	25-35	29.3%	30.5%	32.1%
	35-49	35.4%	13.4%	16.9%
	50+	26.1%	2.8%	3.1%
***	Pregnant	4.9%	8.1%	NA
	Administration Route			NA
	Oral	39.1%	3.4%	
	Smoking	13.7%	95.7%	
	Inhalation	28.1%	0.8%	
	Injection	19.1%	0.1%	
	Other	0.1%	0.0%	
***	Referral Source			NA
	Self	45.6%	16.2%	
	Alcohol/Drug Use Counsellor	14.0%	2.4%	
	Other Health Care Provider	5.8%	2.5%	
	Court/Criminal Justice	30.1%	70.0%	
	Other	4.6%	8.9%	
***	Service Setting			NA
	Detox, 24-hr	21.5%	1.2%	
	Short-term Residential Rehab	19.7%	9.0%	
	Long-term Residential Rehab	1.74	0.0%	
	Intensive Outpatient	11.62	16.5%	
	Outpatient	45.4%	72.8%	

PUBLIC HEALTH EFFECTS LEGALIZATION

Summary of Recent Research Findings

Topic:	Recreational cannabis use and ED visits related to psychosis or schizophrenia
Population / Location:	Colorado
Findings:	<p>As recreational dispensaries per 10,000 residents increased, there was no significant association with the rate of schizophrenia ED visits per capita (incidence rate ratio or IRR: 0.95, 95% CI [0.69, 1.30]) while the rate of psychosis visits increased 24% (IRR: 1.24, 95% CI [1.02, 1.49]). Increases were for those 26+.</p> <p>Exposure to high potency (> 10mg THC) products could be a driving factor in increased rates of psychosis-related ED visits.</p>
Study:	Wang GS, Buttorff C, Wilks A, Schwam D, Metz TD, Tung G, et al. Cannabis legalization and cannabis-involved pregnancy hospitalizations in Colorado. <i>Prev Med.</i> 2022;156:106993

PUBLIC HEALTH EFFECTS LEGALIZATION

Summary of Recent Research Findings

Topic:	Recreational cannabis legalization, traffic collisions and fatalities
Population / Location:	Systematic review of nine studies conducted in the US
Findings:	<p>Six of the nine studies found a positive association between cannabis commercialization and collision fatalities – particularly those using difference-in-difference designs.</p> <p>Because of overall weak methodology across studies, the authors conclude there is only a moderate probability of a causal association between cannabis availability and traffic fatalities.</p>
Study:	Vingilis E, Seeley JS, Di Ciano P, Wickens CM, Mann RE, Stoduto G, et al. Systematic review of the effects of cannabis retail outlets on traffic collisions, fatalities and other traffic-related outcomes. Journal of Transport & Health. 2021;22

PUBLIC HEALTH EFFECTS LEGALIZATION

Summary of Recent Research Findings

Topic:	Broad range of societal costs and benefits of legalizing medical and recreational cannabis
Population / Location:	Systematic review of 113 articles published since 2010.
Findings:	<p>Medical and recreational marijuana legalization provides both benefits and negative outcomes but with inconclusive or mixed results in some areas.</p> <p>Among the negative consequences: increased adolescent use; decreased time on educational activities among adolescents.</p> <p>Among the positive effects were decreases in opioid prescriptions and opioid overdose mortalities.</p> <p>Studies did not show an increase in traffic fatalities or criminal activity, pre- and post-legalization nor were there clear effects on use of other drugs including alcohol and tobacco.</p>
Study:	French MT, Zukerberg J, Lewandowski TE, Piccolo KB, Mortensen K. Societal costs and outcomes of medical and recreational marijuana policies in the United States: A systematic review. Med Care Res Rev. 2022:1-29.

PUBLIC HEALTH EFFECTS LEGALIZATION

Summary of Recent Research Findings

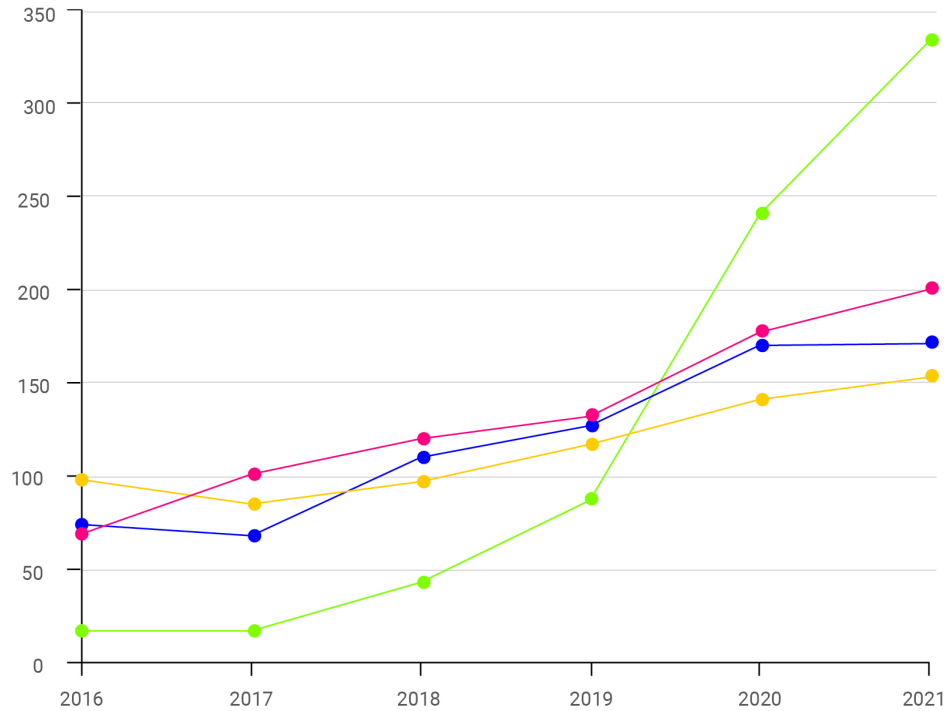
Topic:	Opioid mortality rates by race-ethnicity and cannabis legalization
Population / Location:	Analysis of CDC WONDER data from all 50 US states 2010-2020
Findings:	<p>Evaluated the marijuana protection hypothesis (availability of marijuana reduces deaths from opioids) based on findings from earlier studies (Powell et al. 2018, etc.).</p> <p>Did not find support for the marijuana protection hypothesis – no evidence for a reduction in either all opioids or fentanyl death rates overall or by race/ethnicity. Instead this study found the converse - marijuana legalization is associated with worsening of opioid mortality rates especially among non-Hispanic blacks and Hispanics.</p> <p>But the authors add this caveat: To the extent that the opioid epidemic may have become worse because of marijuana legalization, it is likely that the opioid mortality acceleration is due more to other factors such as the increasing availability of and lower cost of fentanyl and other non-prescriptions opioids, the increasing despair of Americans that began before the pandemic and has become worse during it, and the drug culture of the U.S. in general.</p>
Study:	Bleyer A, Barnes B, Finn K. United States marijuana legalization and opioid mortality epidemic during 2010-2020 and pandemic implications. J Natl Med Assoc. 2022;114(4):412-25

Public Health Effects Highlights

- The number of Illinois Poison Control Center contacts where cannabis ingestion was involved increased dramatically for children ages 1-11 years old between 2019 and 2021.
- The largest majority of pediatric poison control center contacts (77.0%) were owing to ingestion of edible cannabis products whereas other age groups were more evenly divided between dried cannabis plant-based products and edibles.
- Although the absolute numbers are small, especially compared with EMS runs for opioid overdoses, there was a relatively large increase in the number of such runs where the primary or secondary diagnosis was for cannabis poisonings among those 26 or older, a more modest increase for those 18 to 25 years of age, and a consistent trend for those 17 years of age or younger. The number of pediatric cases (11 or younger) has remained low.
- The modal cannabis poisoning patient requiring EMS treatment was male, white, about 35 years old, was treated at their primary residence, from Cook County, and following treatment was transported to the ED for further observation.
- There has not been an increase in cannabis-related fatalities in Illinois from 2015-2020.
- The rate of self-reported driving under the influence of cannabis increased for those 26+ older between 2018-2019 and 2019-2020. There has been an overall increase in the number of Illinois residents driving under the influence of cannabis in the last few years.
- Between 2018-2019 and 2019-2020, the rate of self-report driving under the influence of alcohol has remained the same for adults 26 and older, decreased significantly for 18-25 year olds, and slightly increased for 12-17 year olds.
- Illinois and Michigan, the two states that have legalized cannabis, both had larger increases in positive cannabis drug tests among drivers in traffic accidents in 2020 where there was a fatality compared with other contiguous states and the US as a whole. Compared to cannabis use, there was not a pronounced increase in positive BAC tests for alcohol use or opioid tests for Illinois, Michigan, the contiguous states, and the US.
- The factors associated with a positive Cannabis Drug test result among Illinois drivers in fatal crashes include being Black, non-Hispanic, being of a younger age group (particularly 16-34 years old) and testing positive for another drug class, particularly MDMA/Hallucinogens.
- Black, non-Hispanics had a 50% higher odds of a positive test result compared with White, non-Hispanics. Persons who tested positive for stimulants, MDMA or another hallucinogen, or tranquilizers also had significantly higher odds of a positive cannabis test result. Persons over the age of 45 had significantly lower odds of a positive cannabis test result as did persons testing positive for opioids.
- About 30% of persons using cannabis in the past year said they experienced 1 or

more adverse effects with the most common being panic reactions, feeling faint or dizzy, and nausea or vomiting.

Poison Control Center Contacts by Age Group (2016–2021)



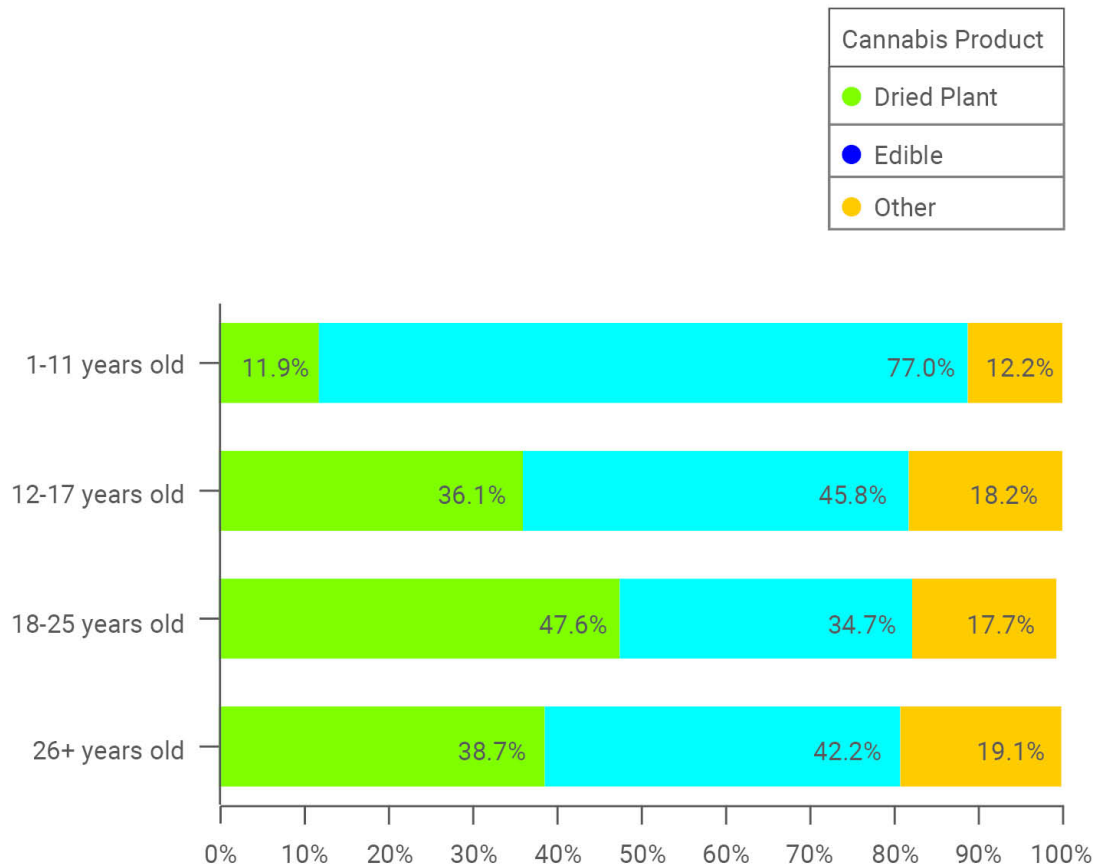
Age Group	2016	2017	2018	2019	2020	2021
1-11 years old	17	17	43	87	240	333
12-17 years old	74	68	110	127	170	171
18-25 years old	98	85	97	117	141	153
26+ years old	69	101	120	132	177	200

The number of Illinois Poison Control Center contacts where cannabis ingestion was involved increased dramatically for children aged 1-11 years old between 2019 and 2021. While other age groups also increased, the size of the increases was less dramatic than for pediatric cases.

These contacts are based on cannabis as one of the reported drugs ingested.³⁷

³⁷ Source: National Poison Data System. Information available at: <https://www.aapcc.org/national-poison-data-system>

Type of Cannabis Product Ingested for Poison Control Contacts By Age Group (2020–2021)



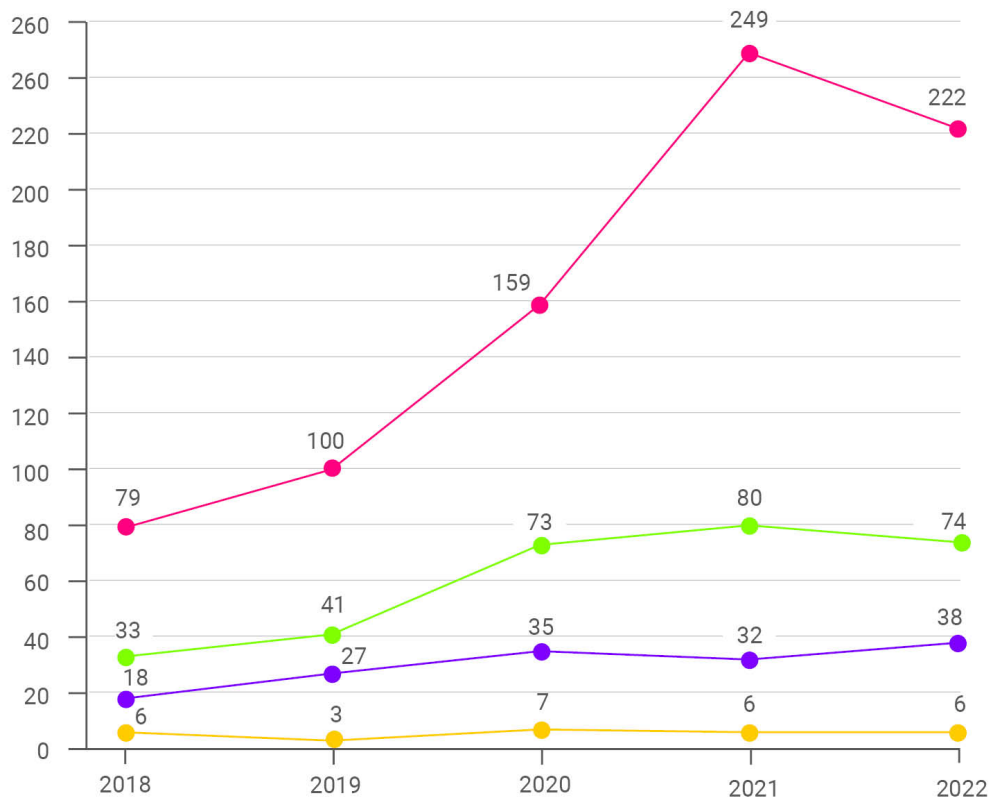
The large majority of pediatric poison control center contacts (77.0%) were owing to ingestion of edible cannabis products whereas other age groups were more evenly divided between dried cannabis plant-based products and edibles.

Pediatric poison control center cases were also much less likely to have ingested another drug (0.6%) compared with cases 12-17 years of age (26.5%), 18 - 25 years of age (33.0%) and those 26 or older (39.9%).

Across all age groups, the most frequently reported other drugs ingested with cannabis were alcohol (10.5%) and benzodiazepines (9.5%).³⁸

³⁸ Source: National Poison Data System. Information available at: <https://www.aapcc.org/national-poison-data-system>

EMS Runs for Cannabis Poisoning by Age Group (2018–2022)



	2018	2019	2020	2021	2022
● 1-11 years old	6	3	7	6	6
● 12-17 years old	18	27	35	32	38
● 18-25 years old	33	41	73	80	74
● 26+ years old	79	100	159	249	222

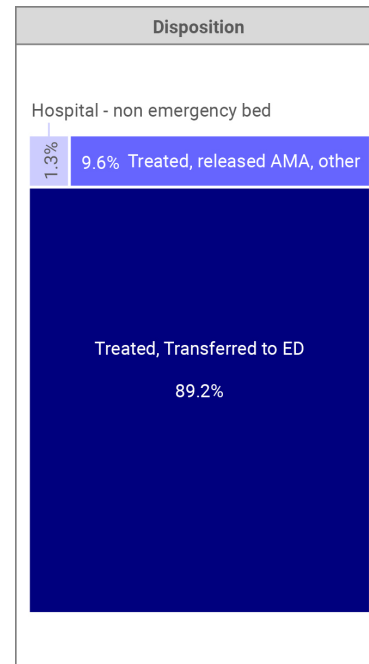
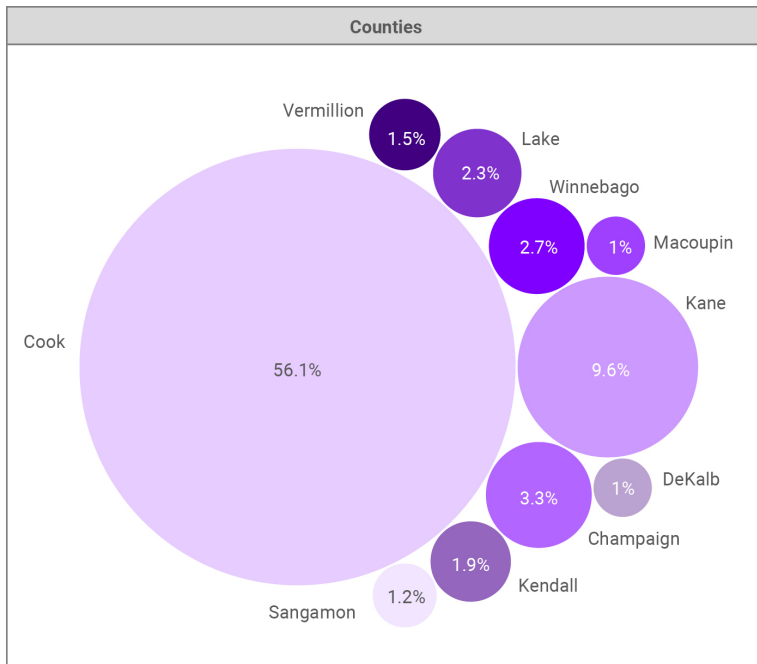
Although the absolute numbers are small, especially compared with EMS runs for opioid overdoses, there was a relatively large increase in the number of such runs where the primary or secondary diagnosis was for cannabis poisonings (T40.7X) among those 26 or older. There was a more modest increase for those 18 to 25 years of age and a consistent trend for those 17 years of age or younger.

The number of pediatric cases (11 or younger) has remained low.

The numbers for 2022 are projected over 12 months based on 6 months of data.³⁹

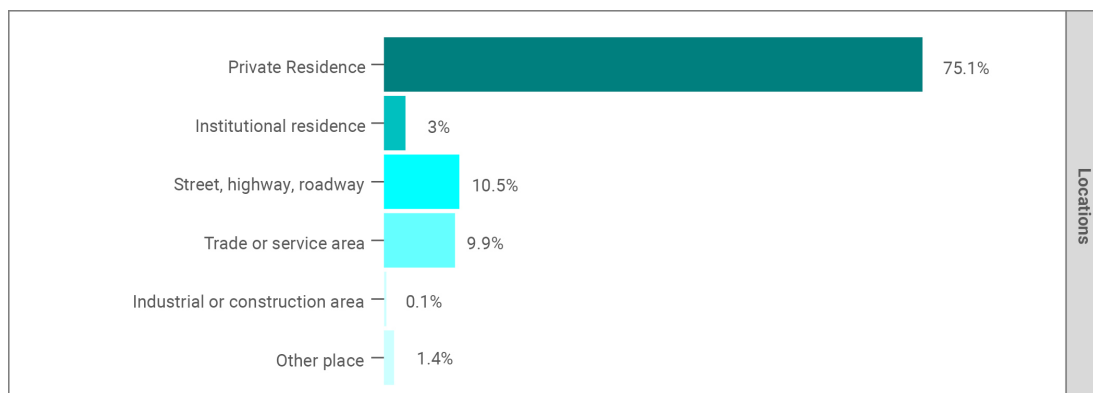
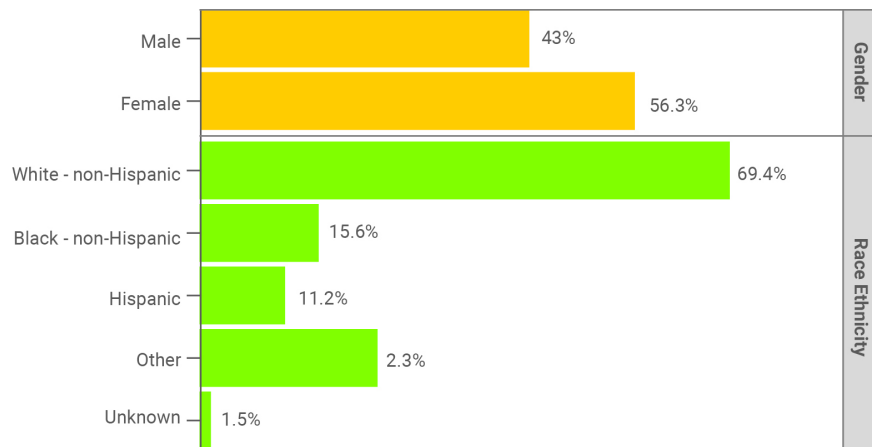
³⁹ Source: Illinois Department of Public Health, Emergency Medicaid Services, Prehospital Data Program. Information available at: <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/prehospital-data-program.html>

Patient Characteristics Associated with EMS Cannabis Poisoning Runs (2018-2022)



Age

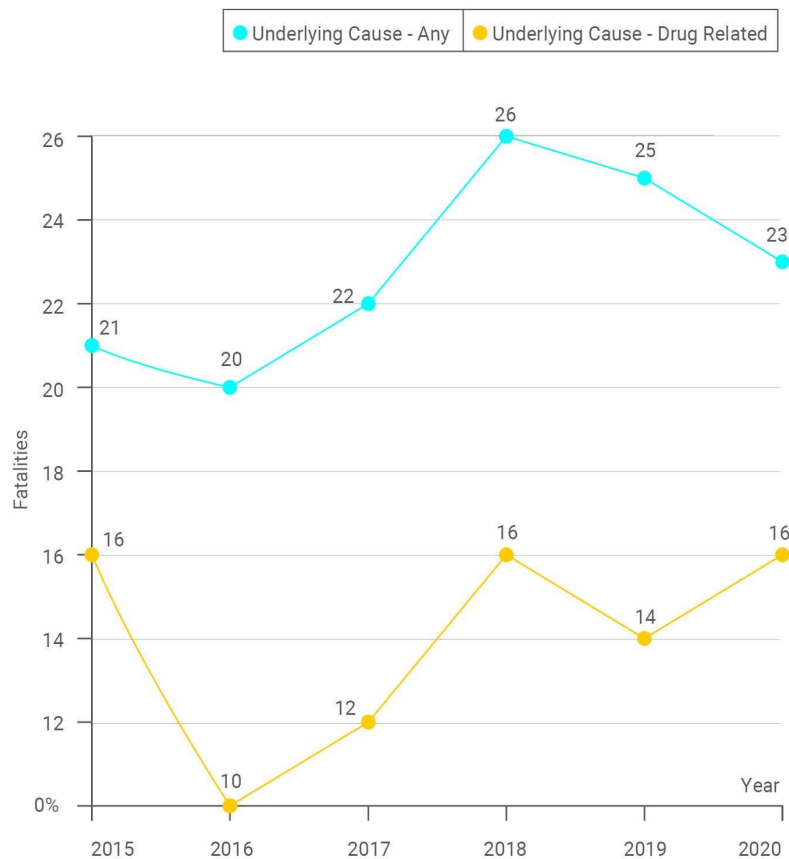
Mean Age (SD)	34.7 (17.7)
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The modal cannabis poisoning patient requiring EMS treatment was male, white, about 35 years old, was treated at their primary residence, from Cook County, and following treatment was transported to the ED for further observation, treatment.

Based on 1,119 EMS runs where cannabis poisoning (T40.7) was indicated as the provider's primary or secondary impression.⁴⁰

Drug-Related Overdose Fatalities Citing Cannabis as a Contributing Cause of Death (2015 - 2020)



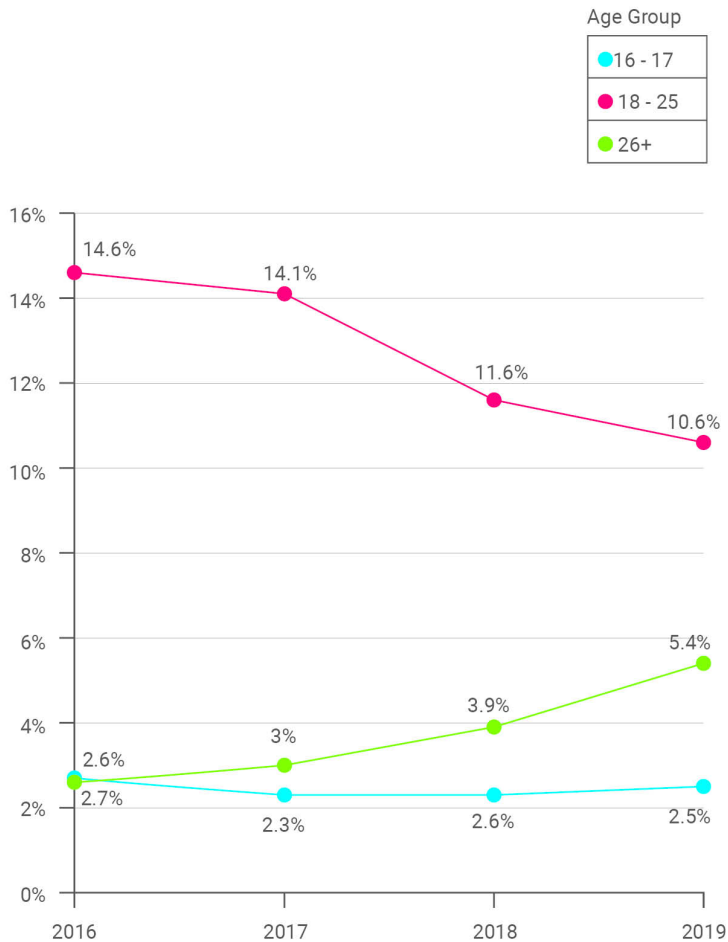
There has not been an increase in cannabis-related fatalities in Illinois from 2015-2020. Cannabis poisoning (ICD-10 code, T40.7) as a contributing cause of death has remained low whether counted as a contributing cause where the underlying cause was drug-related or for any underlying cause.⁴¹

⁴⁰ Source: National Center for Statistics and Analysis, Fatality Analysis Reporting System (2018-2020). National Highway Traffic Safety Administration. Available at: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

⁴¹ Source: CDC Wide-Ranging Online Database for Epidemiological Research (WONDER) 1999-2020: Available at <https://wonder.cdc.gov/mcd-icd10.html>

DUI Changes over Time

Self-Reported Driving Under the Influence of Cannabis by Age Group (2016-2020)

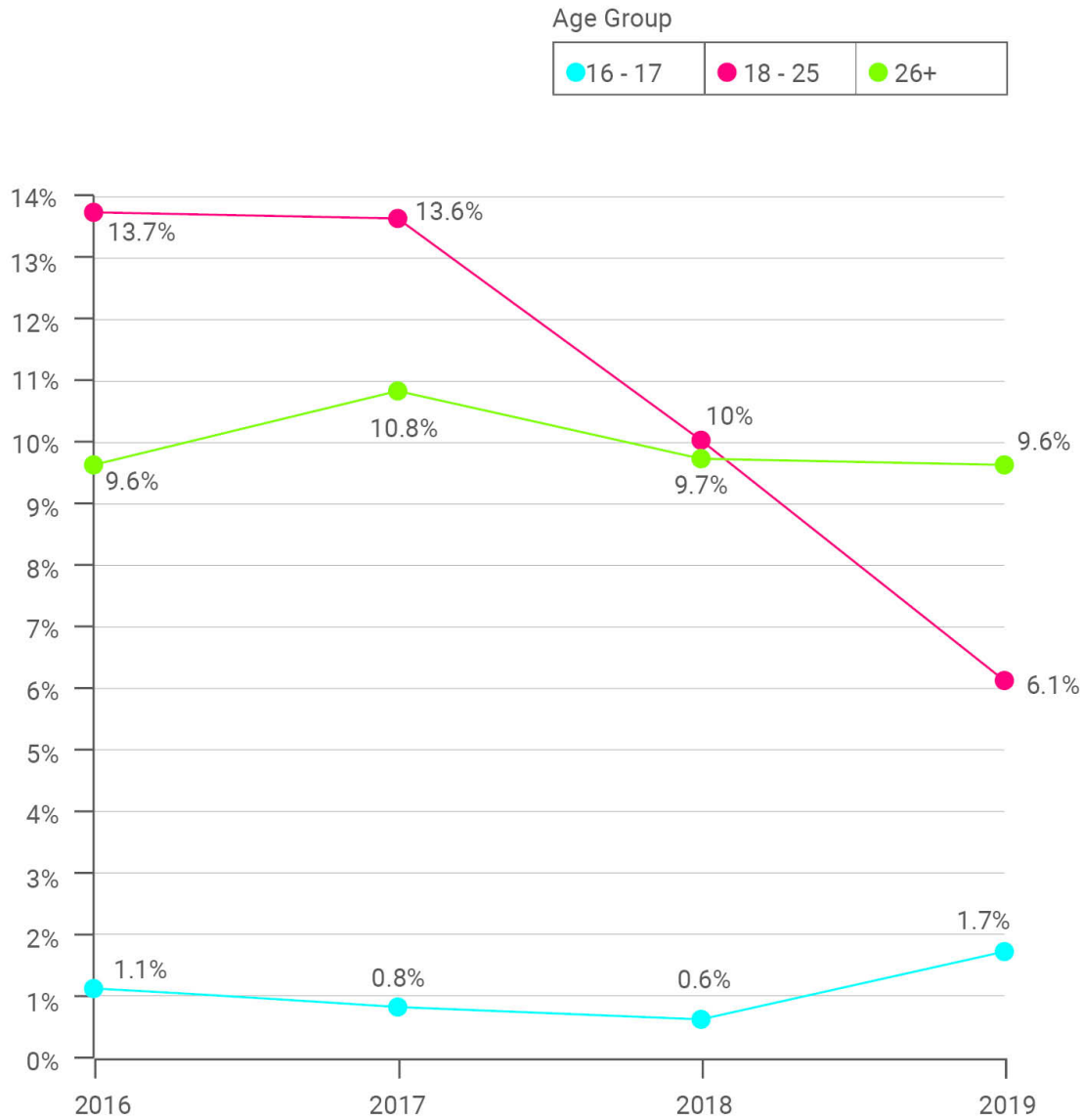


The rate of self-reported driving under the influence of cannabis declined for the group with the highest rate, 18 to 25 year olds, between 2017 and 2020. However, the rate for those 26 years of age or older increased from 3.9% in 2018-2019 to 5.4% in 2019-2200. Since this is the largest group in terms of population size, it means there has been an overall increase in the number of Illinois residents driving under the influence of cannabis in the last few years. There has been no change, however, among 16 to 17 year olds.

For 2019-2020, 2.5% (N = 25,000) of 16 to 17 year olds said they had driven while under the influence of cannabis, as did 10.6% (N = 136,000) of 18 to 25 year olds and 5.4% (N = 540,000) of those 26 years of age or older.⁴²

⁴² Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

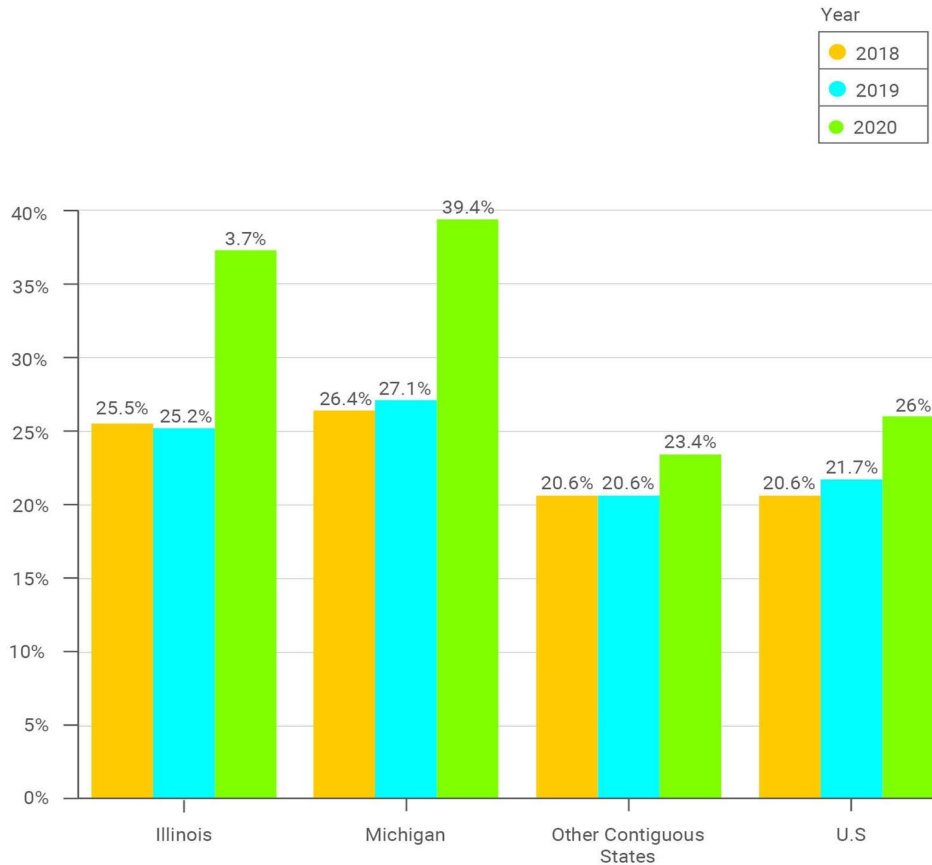
Self-Reported Driving Under the Influence of Alcohol by Age Group (2016-2020)



The rate of self-reported driving under the influence of alcohol decreased sharply for 18 to 25 year olds from 2017-2020 while the self-reported alcohol DUI rate remained largely unchanged for those 26 years old or older. This is in contrast to the cannabis DUI rate for this age group, which has increased recently. The alcohol DUI rate for 16 to 17 year olds remained low, with a slight increase in 2019-2020.⁴³

⁴³ Source: National Survey on Drug Use and Health (2018-2020) - Restricted Data Access. Substance Abuse Mental Health Data Archive available at: <https://rdas.samhsa.gov/#/>

Cannabis Drug Testing Results for Drivers in Fatal Crashes by State and US (2018–2020)



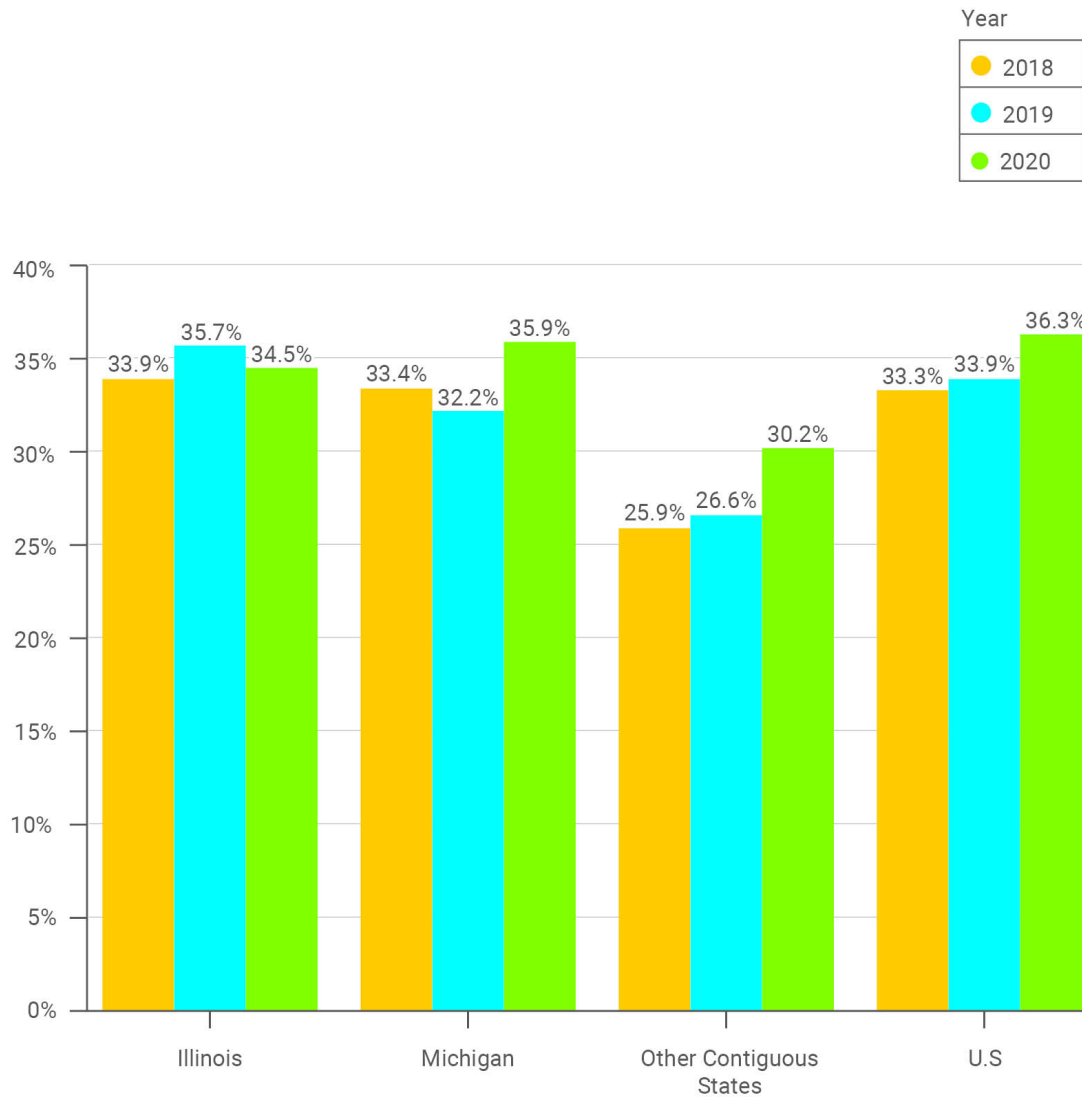
Illinois and Michigan, the two states that have legalized cannabis, both had larger increases in positive cannabis drug tests among drivers in traffic accidents in 2020 where there was a fatality compared with other contiguous states and the US as a whole.

The percentage of persons driving who were involved in a fatal crash and who were tested for drugs declined between 2018 and 2020 from 48% in 2018 to 41% in 2019 to 25% in 2020. Results for Illinois are based on 719 tests in 2018, 604 tests in 2019, and 413 tests in 2020. There were similar decreases in the percentage of drivers (16 and older) in fatal accidents being drug tested in the contiguous states and Michigan.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.⁴⁴

⁴⁴ Source: National Center for Statistics and Analysis, Fatality Analysis Reporting System (2018-2020). National Highway Traffic Safety Administration. Available at: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Alcohol BAC Test Results for Drivers in Fatal Crashes by State and US (2018–2020)

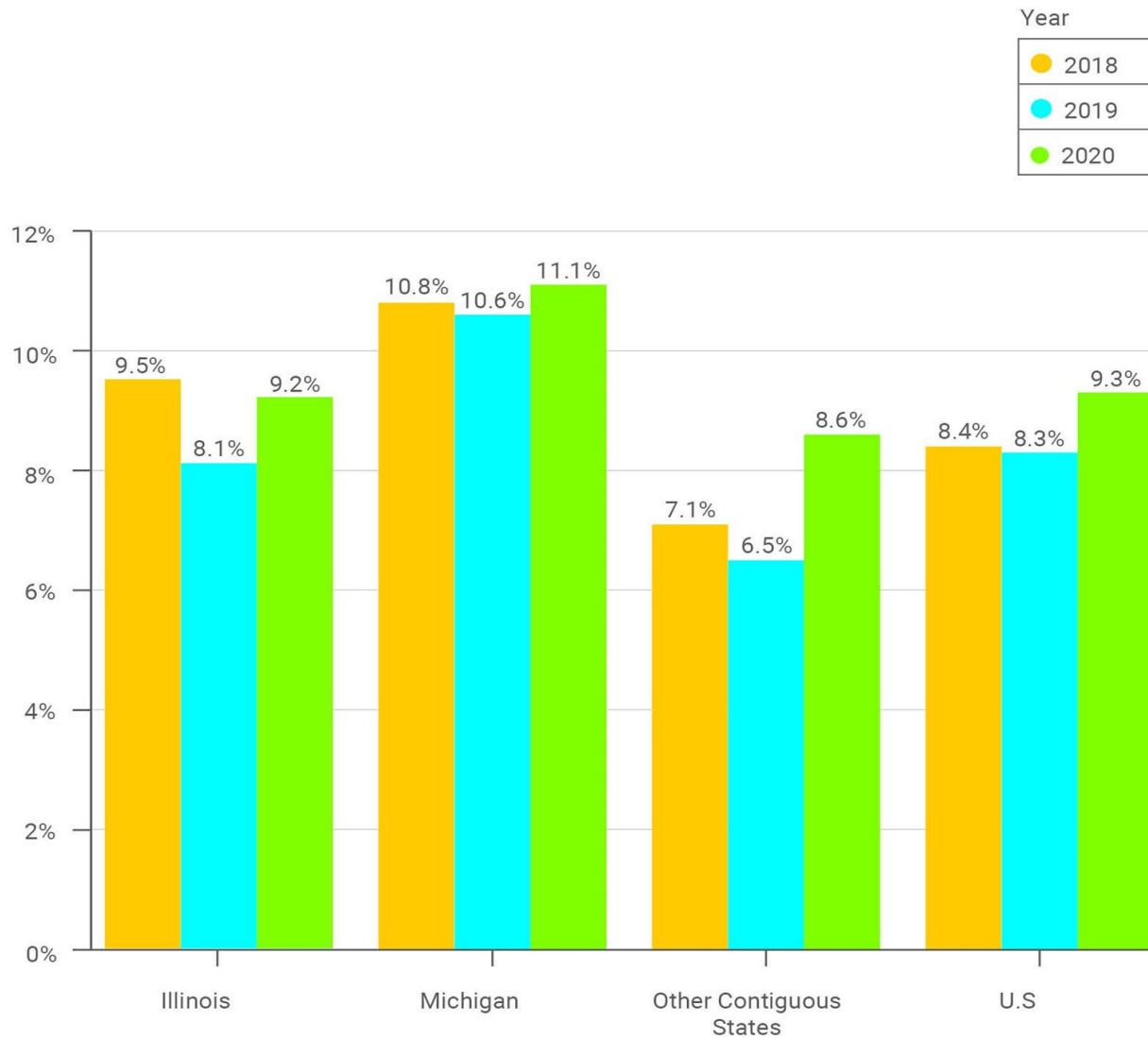


Unlike the cannabis test results, there was not a pronounced increase in positive BAC tests for alcohol use for Illinois and Michigan nor in the contiguous states and the US.

Other contiguous states include Indiana, Iowa, Missouri, and Wisconsin.⁴⁵

⁴⁵ Source: National Center for Statistics and Analysis, Fatality Analysis Reporting System (2018-2020). National Highway Traffic Safety Administration. Available at: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Opioid Drug Testing Results for Drivers in Fatal Crashes by State and US (2018–2020)

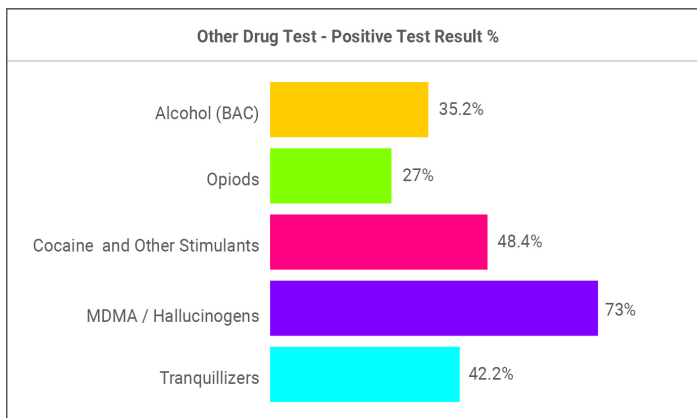
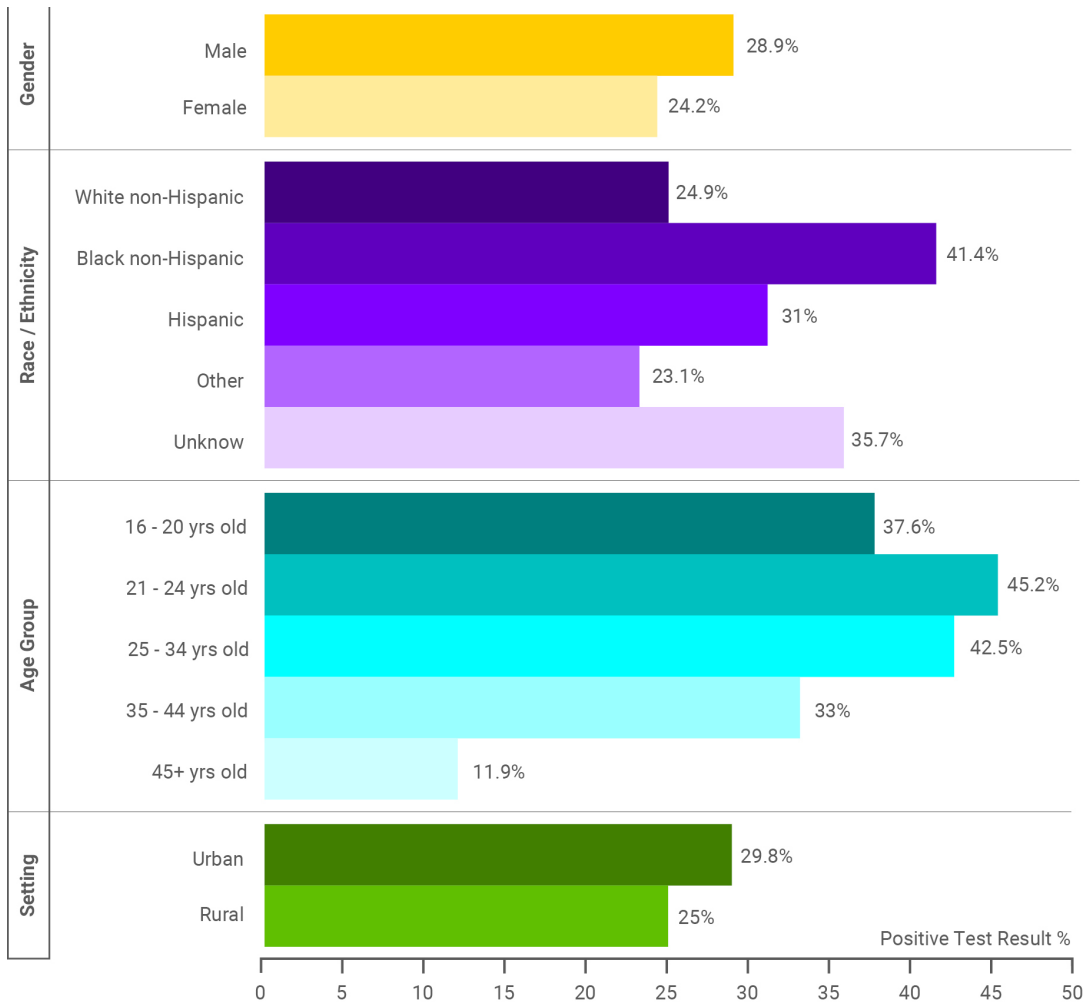


Similar to the alcohol BAC results and also unlike the cannabis test results, there was not a pronounced increase in positive opioid tests for Illinois and Michigan nor in the contiguous states and the US.

Other contiguous states include: Indiana, Iowa, Missouri, and Wisconsin.⁴⁶

⁴⁶ Source: National Center for Statistics and Analysis, Fatality Analysis Reporting System (2018-2020). National Highway Traffic Safety Administration. Available at: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Factors Associated with a Positive Cannabis Drug Test Result among Illinois Drivers in Fatal Crashes (2018–2020)



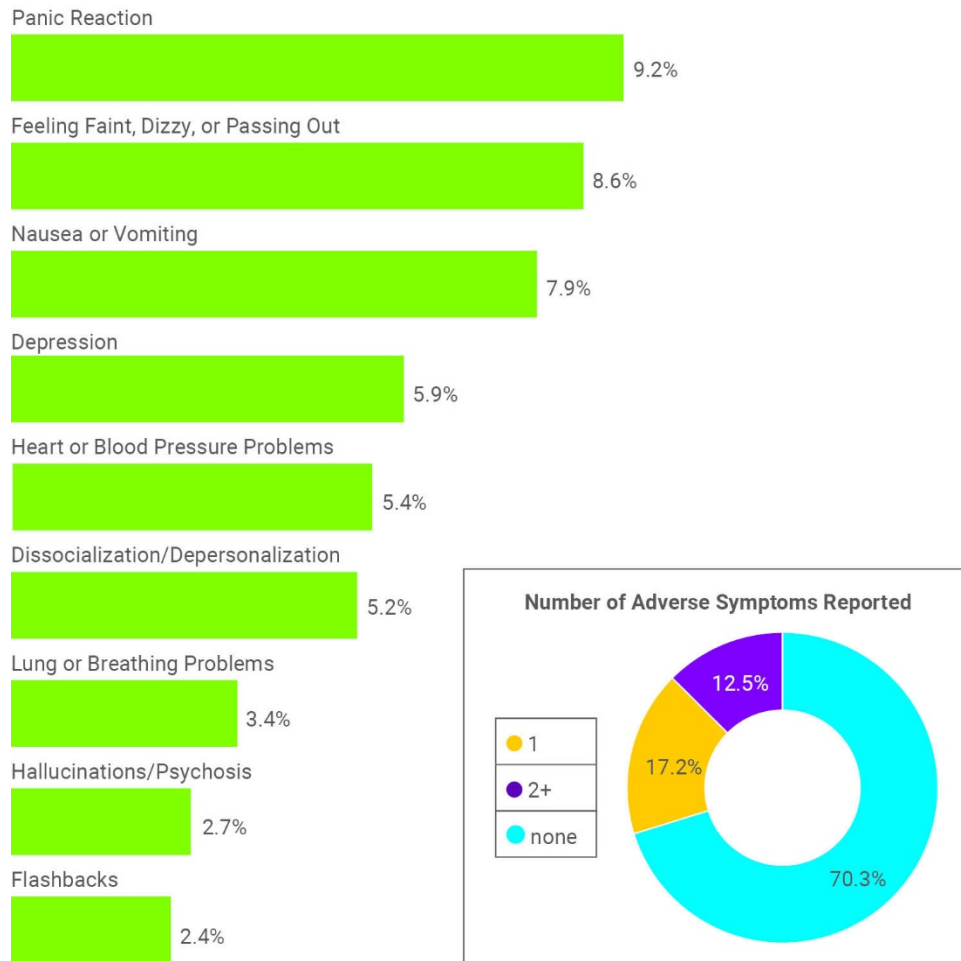
Bivariate comparisons for potential factors associated with having a positive cannabis test result for Illinois residents (2018-2020) who were age 16 or older, driving at the time of the fatality, and with a known drug test results revealed the following factors were associated with a higher percentage of a positive test: Black, non-Hispanic, younger age group (particularly 16-34 years old) and testing positive for another drug class, particularly MDMA/Hallucinogens.

Logistic regression analyses of testing positive for cannabis (as the driver, age 16 or older, residing in Illinois and with known drug test results) found that Black, non-Hispanics had a 50% higher odds of a positive test result (OR = 1.53, $p = .05$) compared with White non-Hispanics. Persons who tested positive for stimulants (OR = 2.4, $p < .001$), MDMA or another hallucinogen (OR = 4.3, $p = .001$), or tranquilizers (OR = 2.05, $p < .001$) also had significantly higher odds of a positive cannabis test result. Conversely, persons over the age of 45 had significantly lower odds of a positive cannabis test result (OR = .21, $p < .001$) as did persons testing positive for opioids (OR = .59, $p < .05$). There were no significant differences by gender or urban-rural location.

Bivariate statistical comparisons were calculated using chi-square tests with a sample size of 1,703. NS = Non-significant; * = $p < .05$; ** = $p < .01$; *** = $p < .001$.⁴⁷

⁴⁷ Source: National Center for Statistics and Analysis, Fatality Analysis Reporting System (2018-2020). National Highway Traffic Safety Administration.
Available at: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Percentage of Cannabis Users Experiencing any Adverse Effects in the Past-Year (2020-2021)



About 30% of persons using cannabis in the past year said they experienced 1 or more adverse effects with panic reactions (9.2%), feeling faint or dizzy (8.6%), and nausea or vomiting (7.9%) being among the more common adverse health effects.

Of those reporting an adverse event, 16.2% experiencing one symptom and 24.7% of those experiencing 2 or more symptoms said they sought medical attention.⁴⁸

⁴⁸ Source: International Cannabis Policy Study, Illinois site data (2020-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

CANNABIS AND THE CRIMINAL JUSTICE SYSTEM

Highlights of Cannabis and the Criminal Justice System

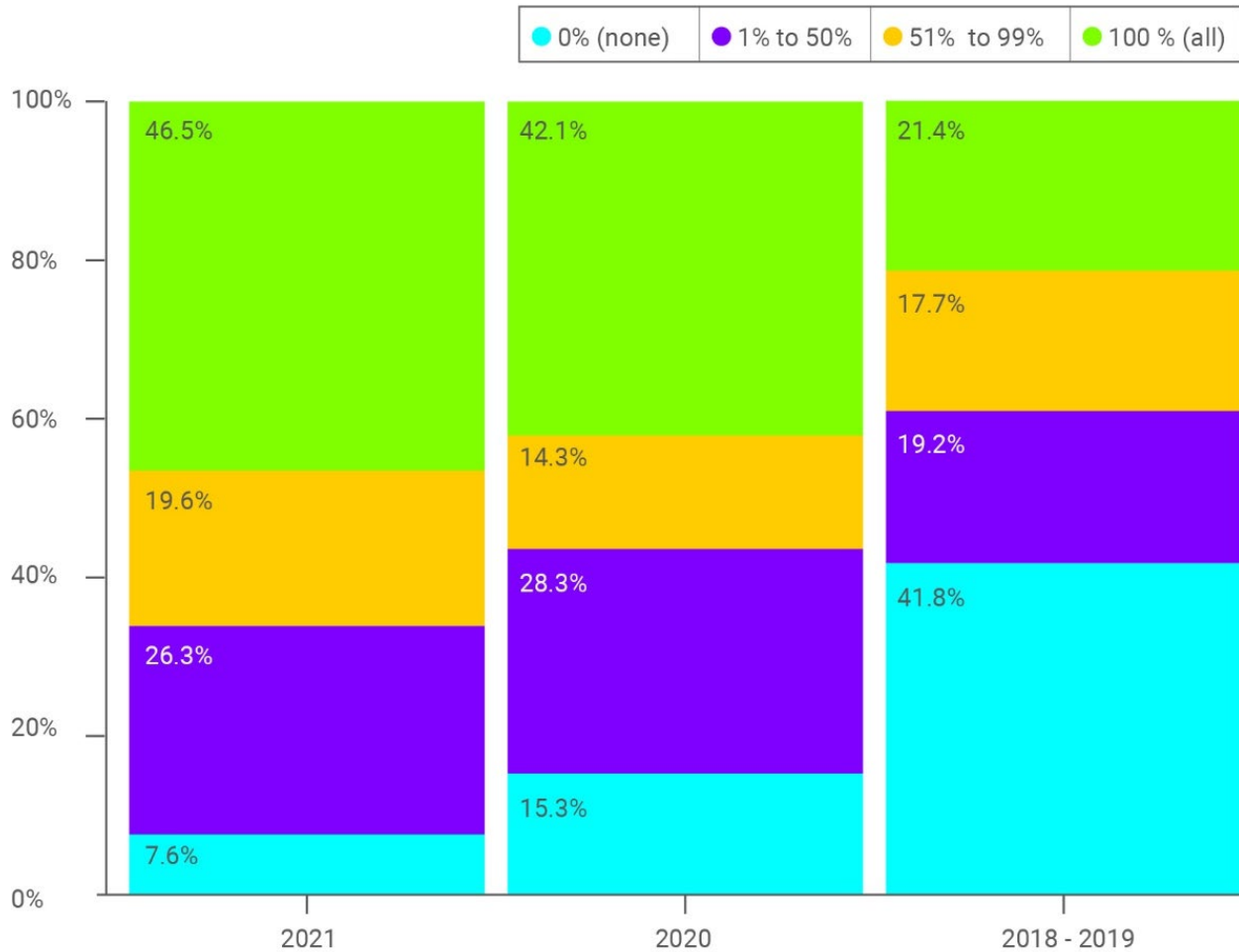
- Courts are now prohibited from denying a petitioner's request for expungement solely because of marijuana drug test failure.
- As of 2021, just over half (53.5%) of Illinois cannabis users continue to purchase some or all of their cannabis from a non-legal source.
- Persons who were White, non-Hispanic and also those who indicated there was a dispensary in the city or town where they lived were more likely to buy their cannabis from a legal source.
- Among persons who indicated they purchased at least some of their cannabis from an illegal source, the main reasons were higher prices, dealer loyalty, not having a medical prescription, or it was simply less convenient.
- There has been a downward trend in number of Controlled Substance Act Arrests since 2012 but not as steep as the decline in the number of state-wide arrests for CCA violations.
- CCA arrests within the Chicago tend to be in areas that do not have a nearby dispensary, particularly on the west side, near west and south sides.

Policy Changes

- On May 27th, 2022, Illinois amended the Criminal Identification Act (Public Act 102 0933). The changes now prohibit courts from denying a petitioner's request for expungement solely because of marijuana drug test failure.
- Previously, negative marijuana drug tests were required within 30 days prior to filing the petition. These changes are effective January 1, 2023.

Cannabis being Purchased Legally or on the Black Market

Percent of Cannabis Used in Past-year Purchased from a Legal Source (2018-2021)

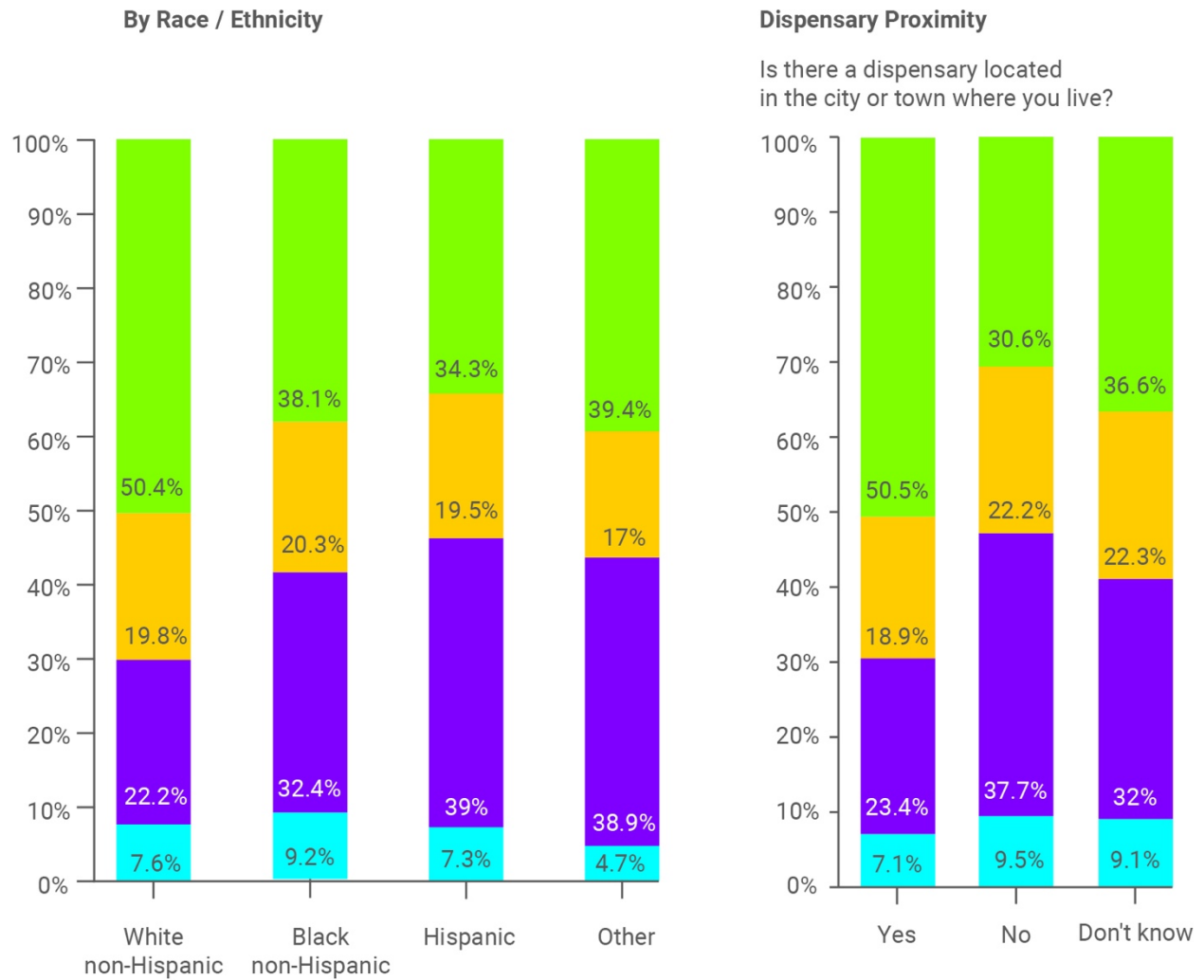


The percentage of cannabis bought exclusively from a legal source increased between 2018-2019 and 2020 from 21.4% to 42.1%. However, the percentage of legally purchased cannabis did not increase appreciably between 2020 and 2021, with 46.5% of cannabis used in the past-year purchased exclusively from a legal source in 2021.

As of 2021, just over half (53.5%) of Illinois cannabis users continue to purchase some or all of their cannabis from a non-legal source.⁴⁹

⁴⁹ Source: International Cannabis Policy Study, Illinois site data (2020-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>
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Percent of Cannabis Used in the Past-year Purchased from a Legal Source by Race/Ethnicity and Dispensary Proximity (2021)

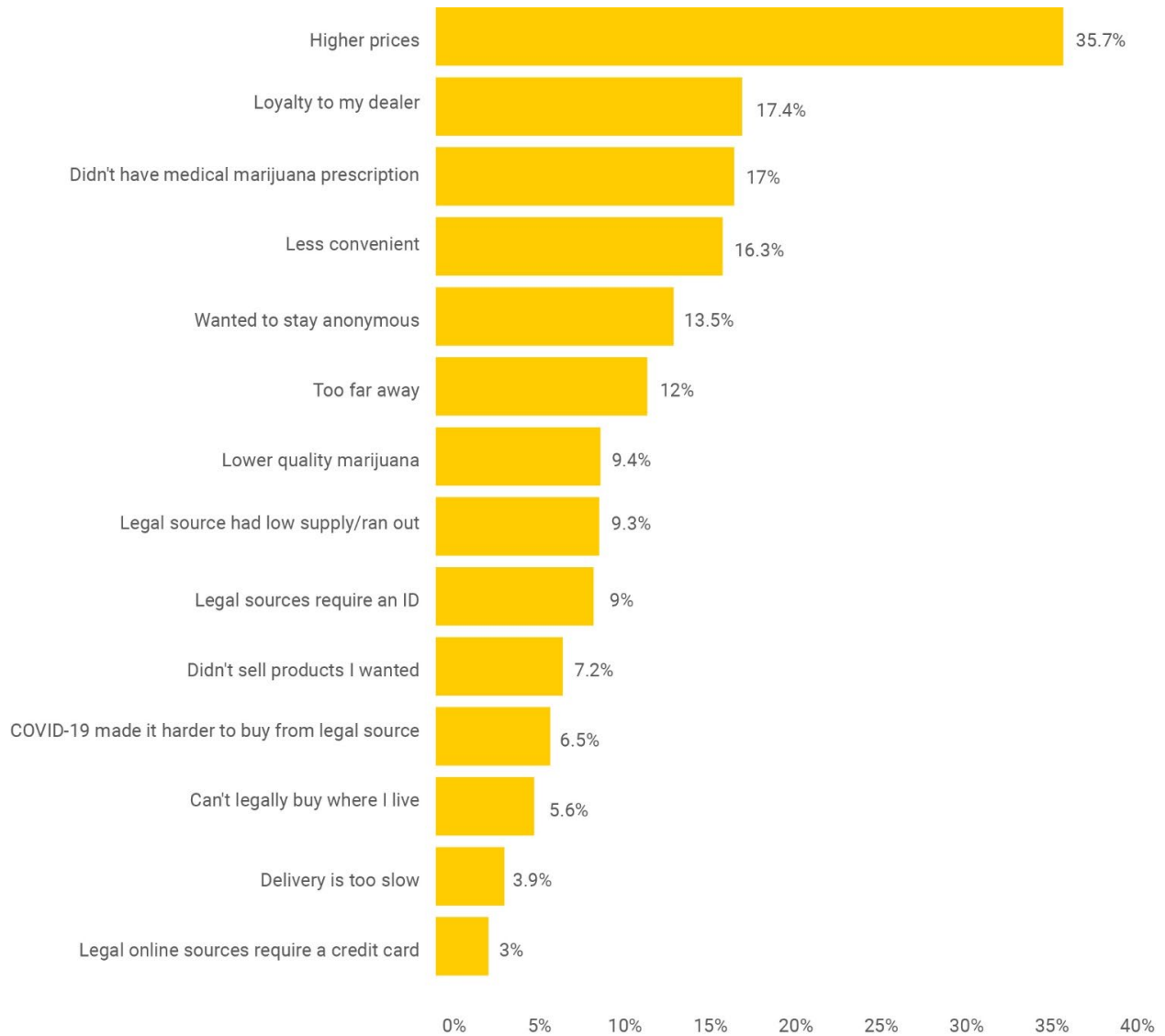


Persons who indicated there was a dispensary in the city or town where they lived were more likely to buy their cannabis from a legal source than when there was no local dispensary or if the location of a dispensary was unknown.

Persons who were White, non-Hispanic were the most likely to report buying all of their cannabis from a legal source compared with other racial/ethnic groups.⁵⁰

⁵⁰ Source: International Cannabis Policy Study, Illinois site data (2018-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/> University of Illinois Chicago (UIC) Jane Adams College of Social Work | Cannabis and The Criminal Justice System

Reasons Purchased Cannabis from an Illegal Source Past-Year (2021)

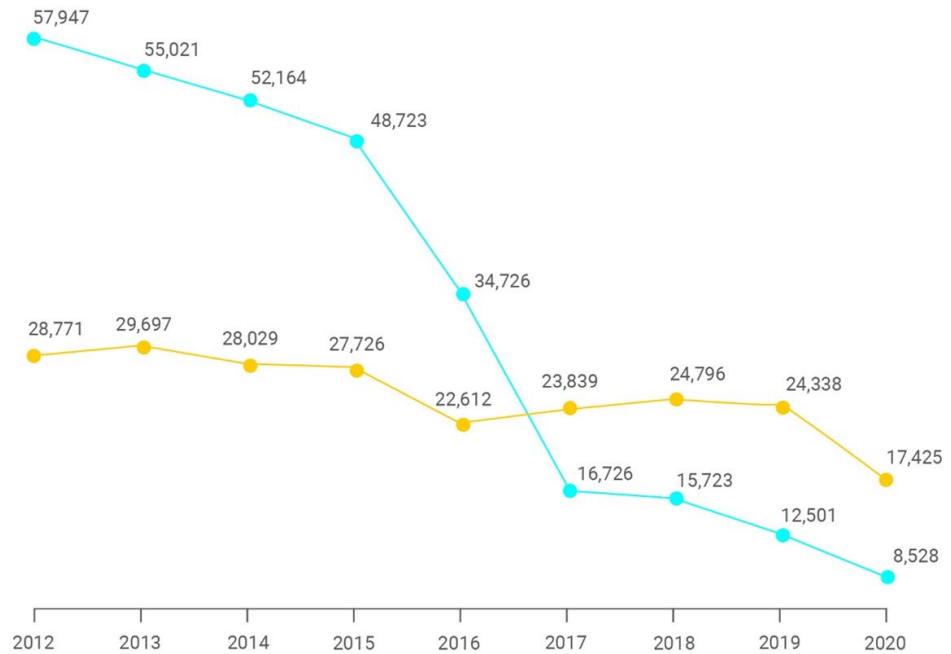


Among persons who indicated they purchased at least some of their cannabis from an illegal source, the main reasons were higher prices, dealer loyalty, no prescription, or it was simply less convenient.⁵¹

⁵¹ Source: International Cannabis Policy Study, Illinois site data (2018-2021) - David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/> University of Illinois Chicago (UIC) Jane Adams College of Social Work | Cannabis and The Criminal Justice System

Cannabis Control Act Arrest Rates

Illinois Cannabis Control Act and Controlled Substances Act Statewide Arrest Totals (2012 – 2020)



	2012	2013	2014	2015	2016	2017	2018	2019	2020
● Cannabis Control Act	57,947	55,021	52,164	48,723	34,726	16,726	15,723	12,501	8,528
● Controlled Substance Act	28,771	29,697	28,029	27,726	22,612	23,839	24,796	24,338	17,425

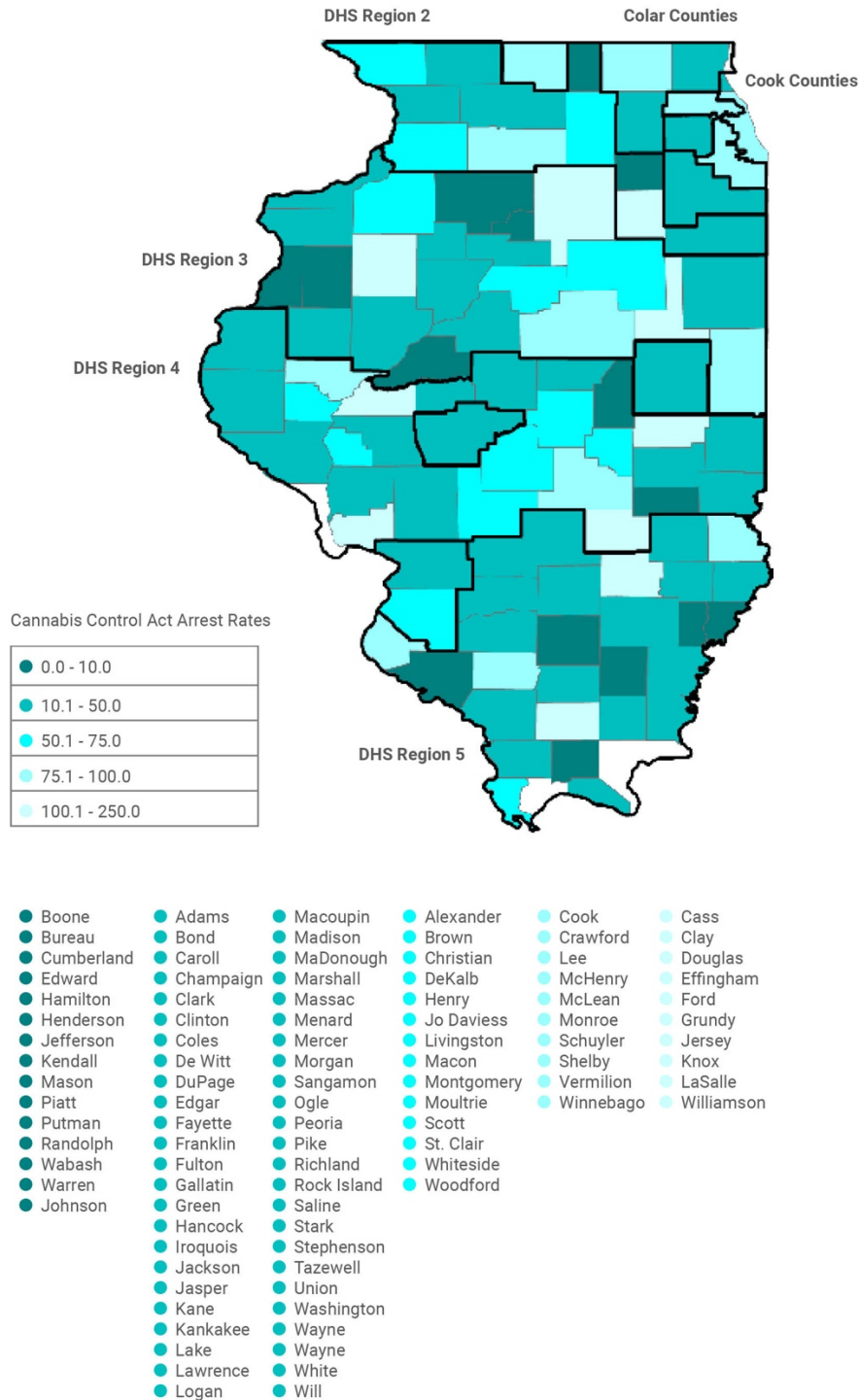
Between 2015 and 2017, there was a large drop in the number of state-wide arrests for CCA violations, from 48,723 in 2015 to 16,726 in 2017. Since then, the number of arrests for CCA violations has continued to decrease and in 2020, there were only 8,528 CCA arrests reported to the Illinois State Police.

There has also been a downward trend in number of Controlled Substance Act arrests between 2012 (28,771) and 2021 (17,425) but not as steep as the decline in CCA arrests over that same time.⁵²

⁵² Source: Illinois State Police Crime in Illinois Annual Uniform Crime Report: Available at: <https://isp.illinois.gov/CrimeReporting/CrimeInIllinoisReports>

Cannabis Control Act Arrest Rates

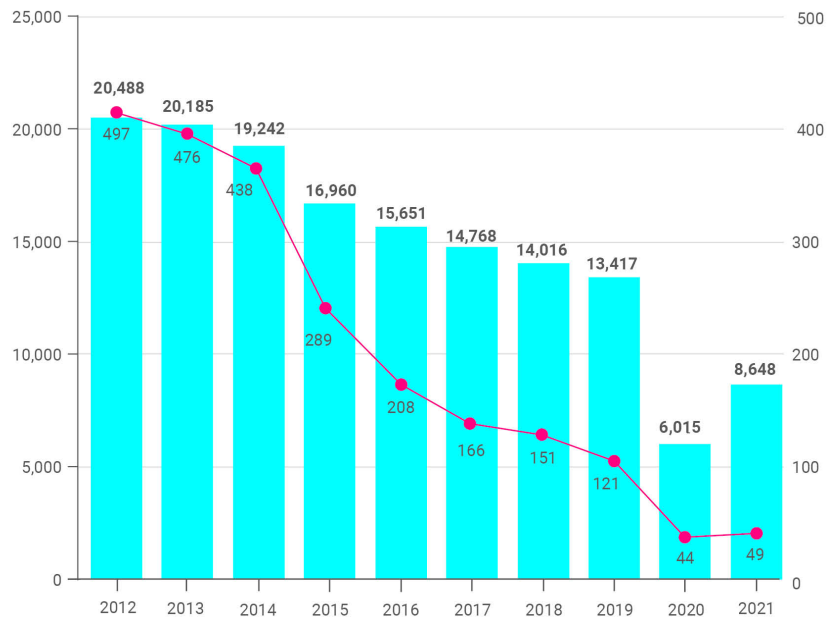
CCA Arrest Rates by County in Illinois



Cannabis Control Act Arrest Rates

IDOC Prison Admissions by Year for All Holding and Cannabis Control Act (CCA) Offenses (2012 – 2021)

	All Holding Offenses	CCA Holding Offenses
2012	20,488	497
2013	20,185	476
2014	19,242	438
2015	16,960	289
2016	15,651	208
2017	14,768	166
2018	14,016	151
2019	13,417	121
2020	6,015	44
2021	8,648	49

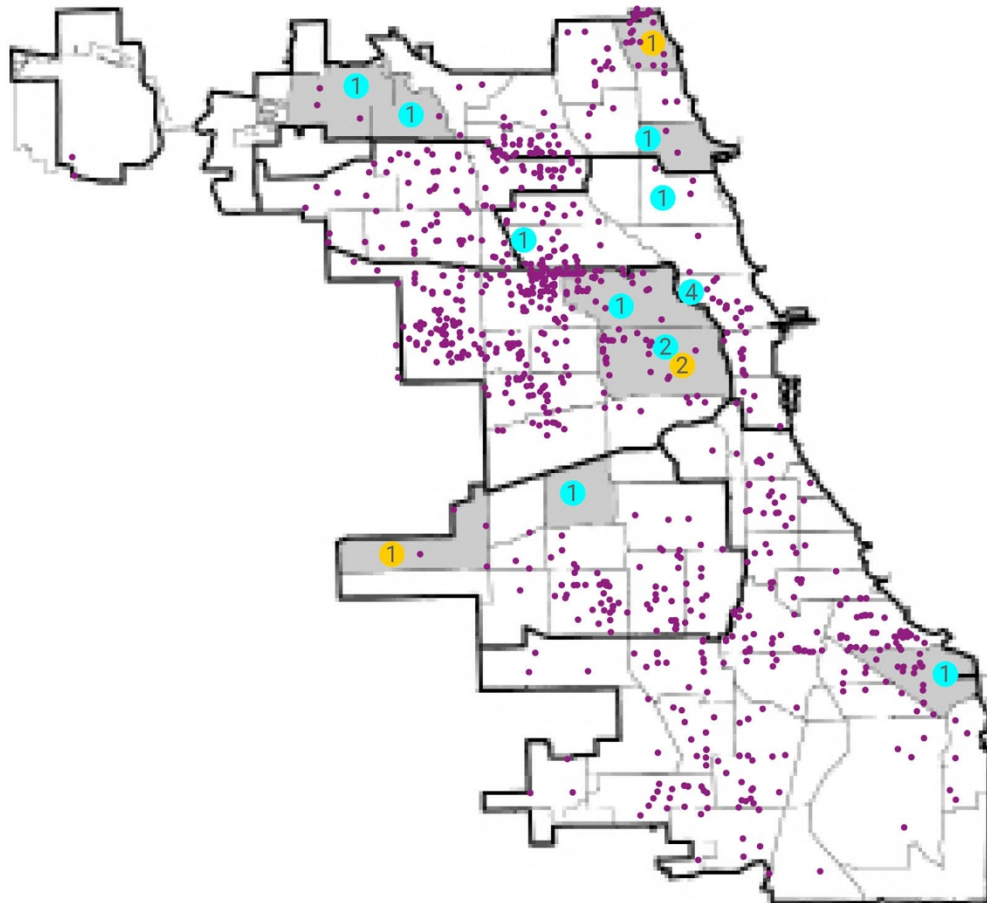


Holding Offense Charges (2020-2021)	Num	%
Manu/Del Cannabis/30-500 Grams	24	25.81
Manu/Del Cannabis/>500 Grams	19	20.43
Manu/Del Cannabis/2000<5000 Grams	13	13.98
Poss Cannabis/>5,000 Grams	10	10.75
Manu/Del Cannabis/>5,000 Grams	7	7.53
Cannabis Trafficking	6	6.45
Manu/Del Cannabis/10-30 Grams	4	4.3
Poss Cannabis/500<2,000 Grams	3	3.23
Poss Cannabis/30-500 Gram/1st	2	2.15
Produce 5-20 Cannabis Plants	2	2.15
Attempt Cannabis Trafficking	1	1.08
Poss Cannabis/2,000<5,000 Grams	1	1.08
Produce 20-50 Cannabis Plants	1	1.08
	93	100.02

Both the number of IDOC prison admissions for any holding offense as well as for admissions where a violation of the Cannabis Control Act is the holding offense have both sharply declined between 2012 and 2021.

Source: Illinois Department of Corrections prison population data sets. Available: [here](#)

Cannabis Related Arrests in Chicago (2021-2022)



Dispensary Licenses		Arrests
● Pre October 2021	14	● CCA Arrest 2021 - 2022
● Post October 2021	4	

There was a total of 1,056 arrests for Cannabis Control Act violations in Chicago between 7/25/2021 and 7/25/2022.

Many of the CCA arrests cluster on the west, near west, and south sides where there are few or no licensed cannabis dispensaries.⁵³

⁵³ Source: City of Chicago Data Portal - Arrests. Available at: <https://data.cityofchicago.org/Public-Safety/Arrests/dpt3-jri9/data>

The specific charges and number of arrests for each were as follows:

Charge	No. of arrests
Possession of more than 30 grams of cannabis	473
Possession of 30 grams or less of cannabis	290
Manufacture/Deliver cannabis over 10 grams	245
Manufacture/Deliver cannabis 10 grams or less	44
Deliver cannabis to a person under 18	1
Cannabis plant	1

APPENDIX A

Timeline of Cannabis Legalization in Illinois

JUNE 27, 2012

Chicago City Council votes to decriminalized marijuana possession. Provides that possession of up to 15 grams of marijuana is punishable by a fine of between \$250 and \$500. (Effective August 4, 2012.)

Source:

<https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2012/June/6.27.12MarijuanaOrd.pdf>

AUGUST 4, 2012

Chicago ordinance to fine marijuana possession of up to 15 grams of marijuana takes effect.

AUGUST 1, 2013

Governor signs into law the Compassionate Use of Medical Cannabis Pilot Program Act (Public Act 098-0122). (Effective January 1, 2014.)

Source: <https://www.ilga.gov/legislation/publicacts/98/098-0122.htm>

JANUARY 1, 2014

Compassionate Use of Medical Cannabis Pilot Program Act enacted. Serves as a four-year pilot program and provides that when a person has been diagnosed by a physician as having a debilitating medical condition, the person and the person's primary caregiver may be issued a registry identification card by the Department of Public Health that permits the person or the person's primary caregiver to legally possess no more 2.5 ounces of usable cannabis during a 14-day period that is derived solely from an intrastate source.

JULY 21, 2014

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program Act by changing Sections 10 and 60; adds seizures to the definition of debilitating conditions and allowed persons under age 18 to apply for medical cannabis registration card. (Public Act 098-0775). (Effective January 1, 2015.)

Source: <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0775>

JANUARY 1, 2015

Amendments to Sections 10 and 60 of the Compassionate Use of Medical Cannabis Pilot Program Act take effect.

JUNE 30, 2016

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program Act by changing Sections 2, 3, 4, and 9 and by adding 6.1 and 6.2 (Public Act 099-519); extends pilot through 6/20/20, adds PTSD to the definition of debilitating conditions, and establishes a three-year cycle for patient applications. Amendments effective immediately.

Source: <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3503&ChapterID=35>

JULY 29, 2016

Governor approves amendments to the Cannabis Control Act (Public Act 099-0697); decriminalizes possession of up to 10 grams of marijuana, making it a civil offense punishable by a fine of between \$100 and \$200, and provides that law enforcement will automatically expunge the civil citation from the record of anyone charged with possessing 10 or fewer grams of marijuana within six months. Amendments effective immediately.

Source:

<https://www.ilga.gov/legislation/billstatus.asp?DocNum=2228&GAID=13&GA=99&DocTypeID=SB&LegID=93232&SessionID=88>

AUGUST 1, 2018

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program by changing Section 30 (Public Act 100-0660); allows caregivers of minor registered patients to administer medical cannabis on school property, also known as “Ashley’s Law”. Amendments effective immediately.

Source: <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0660>

AUGUST 28, 2018

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program Act by changing Sections 5, 7, 10, 35, 55, 60, 65, 75, 130, and 160 and adding Sections 36 and 6. Governor also signs into law the Alternatives to Opioids Act of 2018 (Public Act 100-1114). Changes include the establishment of the Opioid Alternative Pilot Program, provide provisional access to dispensaries for medical cannabis patient applicants, remove fingerprinting requirements and eliminate disqualifying criminal offenses, prohibit organizations from charging fee for assisting with application, made the Medical Cannabis Pilot Program and Opioid Alternative Pilot Program permanent, allow veterans receiving medical services at VA facilities to participate in OAPP, added PA/APN/NP to providers who can certify, expand list of debilitating conditions, increase number of possible caregivers to 3, and require dispensary changes. Amendments effective immediately. (Opioid Alternative Pilot Program begins January 31, 2019).

Source: <https://www.ilga.gov/legislation/publicacts/100/100-1114.htm>

JANUARY 31, 2019

Opioid Alternative Pilot Program launches; provides access to medical cannabis for individuals who have or could receive a prescription for opioids as certified by a physician licensed in

Illinois. Veterans with a current prescription for an opioid who are receiving services at a VA will be eligible for the program on September 30, 2019.

Source: <http://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/opioid-alternative-pilot-program>

JUNE 25, 2019

Governor signs into law the Cannabis Regulation and Tax Act (Public Act 101-0027). (Effective January 1, 2020.) Possession of up to 30 grams of cannabis became immediately legal.

Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1438&GAID=15&DocTypeID=HB&SessionID=108&GA=101>

JANUARY 1, 2020

Cannabis Regulation and Tax Act allows adults 21 to purchase cannabis products in licensed stores and allows registered medical cannabis patients to grow up to 5 cannabis plants for personal consumption. An adult Illinois resident may possess up to 30 grams of cannabis flower, 5 grams of cannabis concentrate and up to 500 milligrams of THC in a cannabis infused product. Existing medical cannabis dispensaries will provide to adult consumers until additional licensees can apply and get approved. Also authorized the automatic expungement of arrests and convictions for “minor cannabis offenses,” defined as involving not more than 30 grams, no enhancements, and no violence.

JULY 15, 2021

Illinois passed HB1443 and made amendments to both the Cannabis Regulation and Tax Act and Compassionate Use of Medical Cannabis Program Act (Public Act 102-0098). These changes were effective immediately. The changes to the CRTA created two new lotteries for 110 additional licenses. The first 55 licenses were available to applicants that scored at least 85% on their submission to the 75 original licenses. The second 55 licenses were available to applicants that scored at least 85% on their submission and must also qualify as a social equity applicant (i.e. majority ownership must be someone who has (a) lived in an area impacted by the war on drugs for 10 years, (b) be a member of a family impacted by the war on drugs, or (c) have been arrested or convicted of a marijuana crime eligible for expungement). The changes to the Compassionate Use of Medical Cannabis Program Act allowed medical cannabis patients to purchase cannabis at any dispensary. Previously, patients were required to purchase from a single designated dispensary.

Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1443&GAID=16&DocTypeID=HB&SessionID=110&GA=102>

MAY 27, 2022

On May 27th, 2022, Illinois amended the Criminal Identification Act (Public Act 102-0933). The changes now prohibit courts from denying a petitioner’s request for expungement solely because of marijuana drug test failure. Previously, negative marijuana drug tests were required within 30 days prior to filing the petition. These changes are effective January 1, 2023.

Source: <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=4392&GAID=16&DocTypeID=HB&SessionID=110&GA=102>