



Adult Use Cannabis Health Advisory Committee

Grace Hou – Secretary, Department of Human Services
 Dr. Ngozi Ezike – Director, Department of Public Health

Bi-Annual Meeting Pursuant to Public Act 101-0027

Date & Time

Monday, October 19th
 3:00 PM – 5:00 PM

Meeting Access Information

Video/Teleconference

Agenda

- I. Call to Order
 - a. Secretary Grace Hou calls meeting to order at 3:03pm.

- II. Roll Call

Name	Title	Present	Absent
Steven Aks	Medical toxicologist	X	
Joshua Andre	Substance use disorder treatment patient representative	X	
Carmen Brace	Representative of an organization focusing on cannabis-related policy	X	
James Champion	Individual registered as a patient in the Compassionate Use of Medical Cannabis Pilot Program		X
Lois Clarke	Emergency room physician	X	
Carol DesLauriers	Representative of a Poison Control Center	X	
Ngozi Ezike	Director of Public Health		X
Esther Franco-Payne	Representative of the Criminal Defense or Civil Aid Community of Attorneys Serving Disproportionately Impacted Areas	X	
John Franklin	Addiction psychiatrist		
Kelly Judge Goldberg	Individual registered as a caregiver in the Compassionate Use of Medical Cannabis Pilot Program	X	
Grace Hou	Secretary of Human Services	X	

Luke Howieson	Emergency medical technician, paramedic, or other first responder	X	
Tom Hughes	Representative of a Statewide Professional Public Health Organization		X
Marco Jacome	Representative of a community-based mental health treatment provider	X	
Kristopher Krane	Representative of licensed cannabis business establishments	X	
Marvin Lindsey	Representative of a statewide community-based mental health treatment provider association	X	
Karen Madura	Nurse practicing in a school-based setting	X	
Zachary Marcus	Pediatrician	X	
LaTasha Nelson	Obstetrician-gynecologist	X	
Jordan Powell	Representative of a Statewide Hospital/Health System Association	X	
Priyanka Rajaram	Pulmonologist	X	
Nestor Ramirez	Neonatologist		X
Julia Rodriguez	Representative of a community-based substance use disorder treatment provider	X	
Kevin Rynn	Pharmacologist	X	
Marcia Tan	Drug epidemiologist	X	
Henry Tyler	Mental health treatment patient representative		X
Sharon Coleman Weems	Psychologist	X	

III. Welcome and Introduction

a. Grace Hou

- i. Grace Hou introduces Sol Flores, Deputy Governor for Health and Human Services, and Toi Hutchinson, Senior Advisor to the Governor on Cannabis Control.

b. Sol Flores

- i. Sol Flores thanks everyone for attending. She emphasizes that everyone's role is critical in advising the Governor's office, the Illinois Department of Human Services, and the Illinois Department of Public Health on effective prevention strategies and public health messages. It has been asked that this group advise IDHS and IDPH and that Grace Hou leads these efforts. She emphasizes that diversity, equity, and inclusion are priorities for our Governor and administration, with a focus on action. Earlier this summer, for the first time, each state agency was asked to develop a diversity, equity, and inclusion plan. She concludes by asking all members to apply equity lens to work.

c. Toi Hutchinson

- i. Toi Hutchinson expresses her gratitude for members and the task force development. She describes the process of passing this act and acknowledges the challenges being faced moving forward, including that it is difficult to normalize and legalize an activity that previously

destroyed communities and that there is little known science because cannabis is still federally illegal. She emphasizes that Illinois is setting the bar and concludes by reiterating that everyone is needed and valued.

IV. Chairwomen's remarks

- a. Grace Hou discusses that the Cannabis Regulation and Tax Act assigned the Illinois Department of Human Services with the three following areas of responsibility.
 - i. Developing and administering a scientifically and medically accurate public education campaign, educating youth and adults of the health and safety risks related to alcohol, tobacco, and illegal drug use, including prescription drugs and cannabis and use by pregnant women.
 - ii. Data collection and analysis of the public health impact of the legalization of the recreational use of cannabis.
 - iii. Addressing substance use disorder and mental health concerns, which includes treatment, education, and prevention to address the negative impact of substance use disorder and mental health issues, including concentrated poverty, violence, and the criminal justice response in certain communities.
- b. Grace Hou welcomes David Jones, the new Director of the Division of Substance Use Prevention and Recovery, and David Albert, the Director of the Division of Mental Health. Both divisions have already initiated their work together and will be overseeing these efforts. The charge for this committee is to discuss and monitor changes in drug use data in Illinois and the emerging science and medical information of the health effects associated with cannabis use and provide recommendations to DHS on public health campaigns and messages. A report is required to the Illinois General Assembly by September 30, 2021, and every year after.

V. Relationship Building Breakout Sessions

- a. Members are invited to join private breakout rooms for the next 10 minutes. Members are asked to share their experiences and goals for their work.

VI. Equity Lens

- a. Introductions– Grace Hou
 - i. Grace Hou welcomes two speakers, Quinn Rallins from R3, and Esther Franco-Payne from Cabrini Green Legal Aid (CGLA).
- b. R3 – Quin Rallins
 - i. Quinn Rallins describes the Restore, Reinvest, and Renew (R3) Program, which drives 25% of cannabis tax revenue back to the community for improvement and development. Funds are used for five things.
 1. Economic Development
 2. Violence Prevention
 3. Youth Development
 4. Re-entry
 5. Legal Aid

- ii. Quinn Rallins describes the process of distributing funds, during which employment, child poverty rates, gun injuries, and commitments to and from Department of Corrections within specific areas are considered. A research team came up with 767 census tracks. In preparation for this NOFA, they provided support to communities who had not previously received funding. They also conducted community engagement efforts, during which communities reported wanting (a) funding to be accessible and easily understood, (b) extra time to prepare application, (c) to ensure community members included in review. They considered equity in place and space. Rather than having grant applicants compete across the state, they divided the state into 11 geographic districts. 50% of the funds were distributed to Cook County because of number of residents impacted by the war on drugs (i.e. weighted to impacted population). They also mapped high need areas, and applicants were awarded points if proposing to work in these areas. Local organizations were given higher priority to work in their local areas. Currently, they are in the review process and have received 319 applications. They are providing average scores to reviewers, all of which have received anti-bias training, but are also including equity measures. Lastly, he describes that they are also working differently with unsuccessful applicants and hoping to prepare them for the future. He closed by reiterating the importance of considering equity during evaluation and research and suggesting that communities are given power to say who conducts these evaluations.
- c. Community- Cabrini Green Legal Aid (CGLA)- Esther Franco-Payne
 - i. Esther Franco-Payne describes the efforts of CGLA and services provided, including their role in three spaces:
 1. Policy and Advocacy: Focused on implementation of social equity components of expungement. Worked to address gaps within the act, helped stakeholders understand their role, supported legislators with early amendments.
 2. Education and Awareness: Worked with governmental stakeholders, community organizations, cannabis companies, and national partners as it relates to expungement week. Increased awareness of opportunities to learn about act and personally get records cleared.
 3. Direct Services: Provided legal aid across state and provide technical assistance to other legal aids across state to understand expungement process. Primarily focused on criminal justice population, using holistic approach.
 - ii. Esther Franco-Payne addresses some components of the act, which calls for the legalized possession of cannabis for adults over 21, commercial sale and production, home cultivation for those with medicinal needs, and the social equity component so that people with minor cannabis offenses can receive expungement. She notes that Chicago residents still can be financially penalized for not following cannabis related rules, which can result in arrest. In relation to the social equity component, CGLA's goal is to ensure fair

implementation. CGLA also wants opportunities for people to benefit, as either employees or business owners within the industry, has worked to ensure individuals who seek to do this, and provide support to social equity applicants, who either live in a disproportionately impacted area or have a criminal background and are in the process of having records cleared. She notes that, initially, there were over 770,000 records eligible for expungement: 11,000 records have been pardoned, and in Cook County, over 1,000 individuals have had records remedied. Convictions include those who have gone to prison/jail, been on probation, had time served, or paid fees. For non-convictions, these go through automatic expungements (i.e. initiation not required by person). Offenses happening after January 1, 2013 should be expunged by January 1, 2021; January 1, 2012-January 1,-2013 by 2023; prior to 2012 by 2025.

VII. Cannabis Impact Data

a. Introductions- Grace Hou

- i. Grace Hou welcomes the next speaker, James Swartz from the School of Social Work at the University of Illinois at Chicago.

b. UIC- James Swartz

- i. James Swartz describes that the cannabis regulations specifies indicators including: self-reported youth cannabis use, self-reported adult cannabis use, hospital admissions and utilization rates, overdoses of cannabis and poison control data, incidences of impaired driving caused by consumption, prevalence of infants born testing positive, public perceptions of use and risk of harm, revenue collected from cannabis taxation and how used, cannabis retail licenses granted and locations, cannabis related arrests, number of individuals completing budtender training. He notes potential overlap with R3 when looking at incidences of impaired driving; this would require looking at arrest data. R3 also has evaluation group looking at this project and we will need to coordinate efforts. We want to be cognizant that the PRAMS data for women who have just given birth could have potential biases in them, as it's up to the hospitals whether they think a test is needed. He describes that his team has lined up indicators for each component and possible data source(s). The state has been divided into 17 sub state areas so that areas of the state can be examined more closely. He also emphasizes that data challenges are present, including lag time in production, lag time in accessibility, longitudinal data unavailability, granularity, demographic availability, siloed systems and closes by welcoming feedback from members or suggestions on other data sources.
- ii. Questions or Comments:
 1. Carmen Brace- Do you have plans to include qualitative data?
 - a. James: He is unaware of qualitative data to include but is open to adding this.
 - b. Carmen: She is interested in including other items focused on health, rather than the absence of health.

It could be beneficial to include the impact on anxiety, chronic pain, and be more inclusive on how we look at it.

2. David Ostrow- He has been developing a system for collecting longitudinal data on patients starting on medical cannabis. Is anyone else interested in collecting longitudinal data on therapeutic efficacy?
 - a. James: Yes, it would be great to talk about this possibility.

VIII. Cannabis Public Awareness Campaign

a. Introductions– Grace Hou

- i. Grace Hou welcomes the next speaker, Rafael Rivera, the Deputy Director of the Bureau of Prevention Services.

b. IDHS- Rafael Rivera

- i. Rafael Rivera discusses the “Let’s Talk Cannabis Illinois” campaign, which launched in 2019, as well as the strategy for FY21. He provided an overview of the campaign, explaining that the goals for the campaign were to increase public knowledge about the cannabis tax act and to educate populations about the health considerations and consequences of non-medical cannabis use. Research led to four key audiences are: adults 21 +, parents and mentors, pregnant and breast-feeding women, youth (13-20). He notes that the campaign was developed in 3 months and was live for 6 months. Results showed that the campaign was successful and indicated that >90% of the targeted audience was reached. Social conversations show continued knowledge, actionable responsible use and health tips generated positive engagement, and fact sheets and websites effectively provided reliable resources. Concludes by describing future plans to focus on health and communication, to tailor efforts to high-risk youth, to increase the equity focus, to update facts in order to keep information relevant, to update the website and print marketing, and will be leveraging work completed in other states.

IX. Group Questions [previously group breakout session]

a. Grace Hou presented three questions for group discussion.

- i. What other messages should be included in future education campaigns?
 1. No comments.
- ii. Are there other resources or data sources available?
 1. No comments.
- iii. What strategies to ensure that youth are safe?
 1. Zachary Alessandro Marcus: He feels that using an evidence-based model is key. He notes that medical communities have poor track record of being honest about drugs and previous strategies were not evidence-based, which undermines the medical community. As we enter era where adults use cannabis openly, we need to provide evidence-based reasons to be concerns about recreational use under the age of 25,

specifically 21. We want to empower people with accurate information so they can make a decision.

2. David Jones: Shares that research on youth brain development should be shared. He would also suggest including ages 6-12 and looking at early exposure and experimentation.
3. Kelly Judge Goldberg: Stresses the importance of evidence-based campaign, rather than fear-based information. She notes that it's important to consider students whose parents access cannabis medically or that cannabis medically supports young people.

X. Public Comment

- a. None

XI. Adjournment

- a. Motion to adjourn meeting at 4:56pm made by Secretary Grace Hou.