

Cannabis Regulation & Tax Act Evaluation 2021 Annual Report



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Introduction to Cannabis Legalization in the U.S. and Illinois

Summary of Research Findings from States Preceding Illinois in Cannabis Legalization

- **California** first to legalize medical marijuana (LMM) in 1996; **35 additional states** (including Illinois) and **D.C.** have since legalized medical marijuana
- **Colorado** and **Washington** were the first two states to legalize recreational marijuana (LRM) in 2012 (taking effect in 2014); **16 states** and **DC** have since passed RML

Source: Anderson, D. M., & Rees, D. I. (April 2021). The public health effects of legalizing marijuana. National Bureau of Economic Research (working paper 28647). Available at: <http://www.nber.org/papers/w28647>

Timeline of Cannabis Legalization in Illinois

Chicago ordinance to decriminalize possession of up to 15 grams of marijuana take effect; now punishable by a fine of \$250-\$500.



Illinois Compassionate Use of Medical Cannabis Pilot Program Act amended to allow for persons under 18 years of age.



Illinois Opioid Alternative Pilot Program launched; persons eligible for an opioid prescription can now access medical cannabis.



AUG 2012

JAN 2014

JAN 2015

JULY 2016

JAN 2019

JAN 2020

Illinois Compassionate Use of Medical Cannabis Pilot Program Act enacted; persons diagnosed with debilitating conditions can now legally possess 2.5 oz of cannabis.



Illinois Cannabis Control Act amended to decriminalize possession of up to 10 grams of marijuana (effective immediately); now punishable by a fine of \$100-\$200.



Illinois Cannabis Regulation and Tax Act enacted; persons 21 + can legally purchase up to 30 grams of cannabis flower, 5 grams of cannabis concentrate, and 500 milligrams of THC in a cannabis infused product for recreational purposes. Persons can also legally grow up to 5 plants. Possession of cannabis was immediately legal effective June 2019.



Timeline of Cannabis Legalization in Illinois

06/27/2012

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.)

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

08/04/2012

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

08/01/2013

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

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

01/01/2014

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.

07/21/2014

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

01/01/2015

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

06/30/2016

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.

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

07/29/2016

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.

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

Timeline of Cannabis Legalization in Illinois

08/01/2018

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

08/28/2018

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

01/31/2019

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

06/25/2019

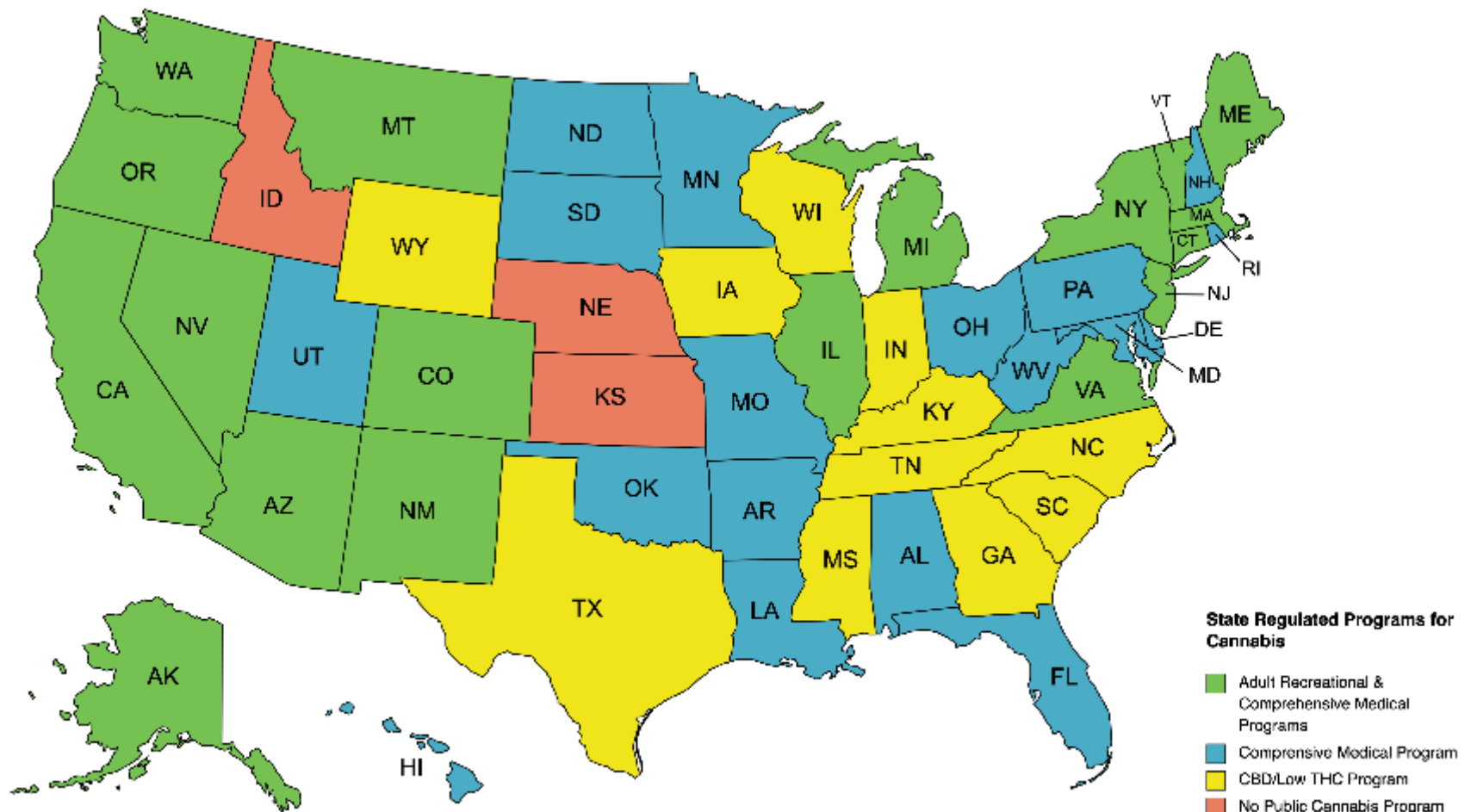
Governor signs into law the Cannabis Regulation and Tax Act (Public Act 101-0027). (Effective January 1, 2020.) Possession of up to 30 grams of cannabis became immediately legal. <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1438&GAID=15&DocTypeID=HB&SessionID=108&GA=101>

01/01/2020

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.

Map of United States Cannabis Regulation

As of August 2021, 18 states have legalized recreational marijuana, 36 states allow medical marijuana and have approved comprehensive programs, and 11 states allow cannabidiol/low THC products.



Source: National Conference for State Legislatures. (2020). State Medical Marijuana Laws. <https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

Summary of Research Findings from States Preceding Illinois in Cannabis Legalization

- Differences in the specific provisions in state laws make cross-state comparisons and generalizations about the public health effects of MML and RML difficult.
- Takes about three years post-legalization for full effect and measurement.
- Some evidence that marijuana legalization does increase (somewhat) use among adults but mixed data on whether use increases or decreases among youth (under 18 years of age).
- Simple prevalence of use (e.g., past-month or past-year) is not the most sensitive measure; some evidence shows increases in frequency of use, especially among regular users might be better indicator of effects.
- A potential benefit is “substitutability” where MMLs have been found to be associated with decreases in past-month alcohol use and binge drinking (and associated hospitalizations) as well as overall reductions in traffic fatalities.

Source: Anderson, D. M., & Rees, D. I. (April 2021). The public health effects of legalizing marijuana. National Bureau of Economic Research (working paper 28647). Available at: <http://www.nber.org/papers/w28647>

Summary of Research Findings from States Preceding Illinois in Cannabis Legalization

- Some research has also found that MML/RML is followed by reductions in opioid prescribing (and mortality) for Medicaid and Medicare Part-D beneficiaries.
- Research indicates an association between later development of schizophrenia and psychosis among youth who smoke marijuana, but the association is clearest for those already at risk for schizophrenia. No evidence to date of increases in schizophrenia in states with MML or RML but this appears to not have been well studied.

(See <https://www.sciencemediacentre.org/expert-reaction-to-study-looking-at-cannabis-use-disorder-and-schizophrenia-in-denmark/>)

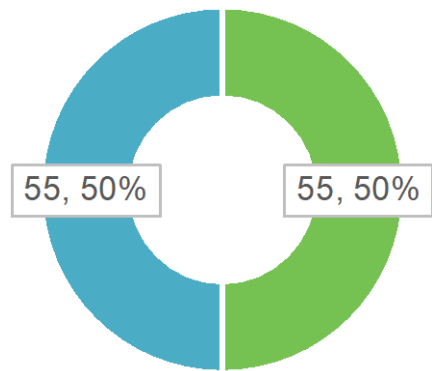
- Higher rates of pediatric poisonings in states with RML than states without (increase of 48% in areas where cannabis use was legal).

(See Dilley, J. A., Graves, J. M., Brooks-Russell, A., Whitehill, J. M., & Liebelt, E. L. (2021). Trends and characteristics of manufactured cannabis product and cannabis plant product exposures reported to US poison control centers, 2017-2019.

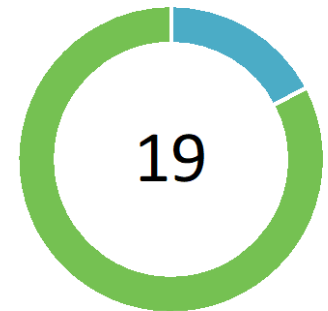
<https://doi.org/10.1001/jamanetworkopen.2021.10925>)

Illinois Dispensary Licensures

Dispensary Licenses Awarded to Serve Recreational and/or Medical Consumers

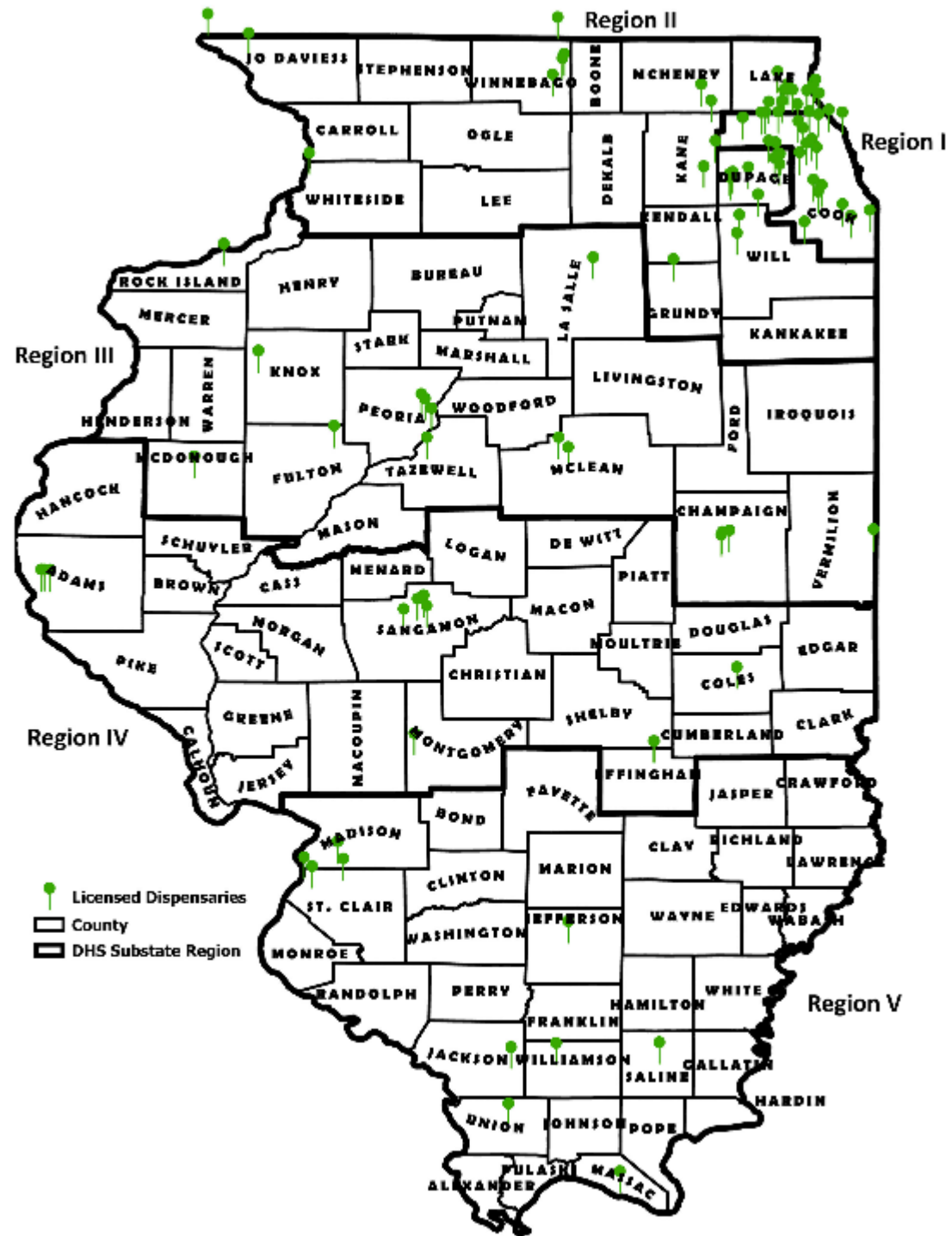


- Dispensary Serving Both Medical and Recreational Consumers
- Dispensary Serving Only Recreational Consumers

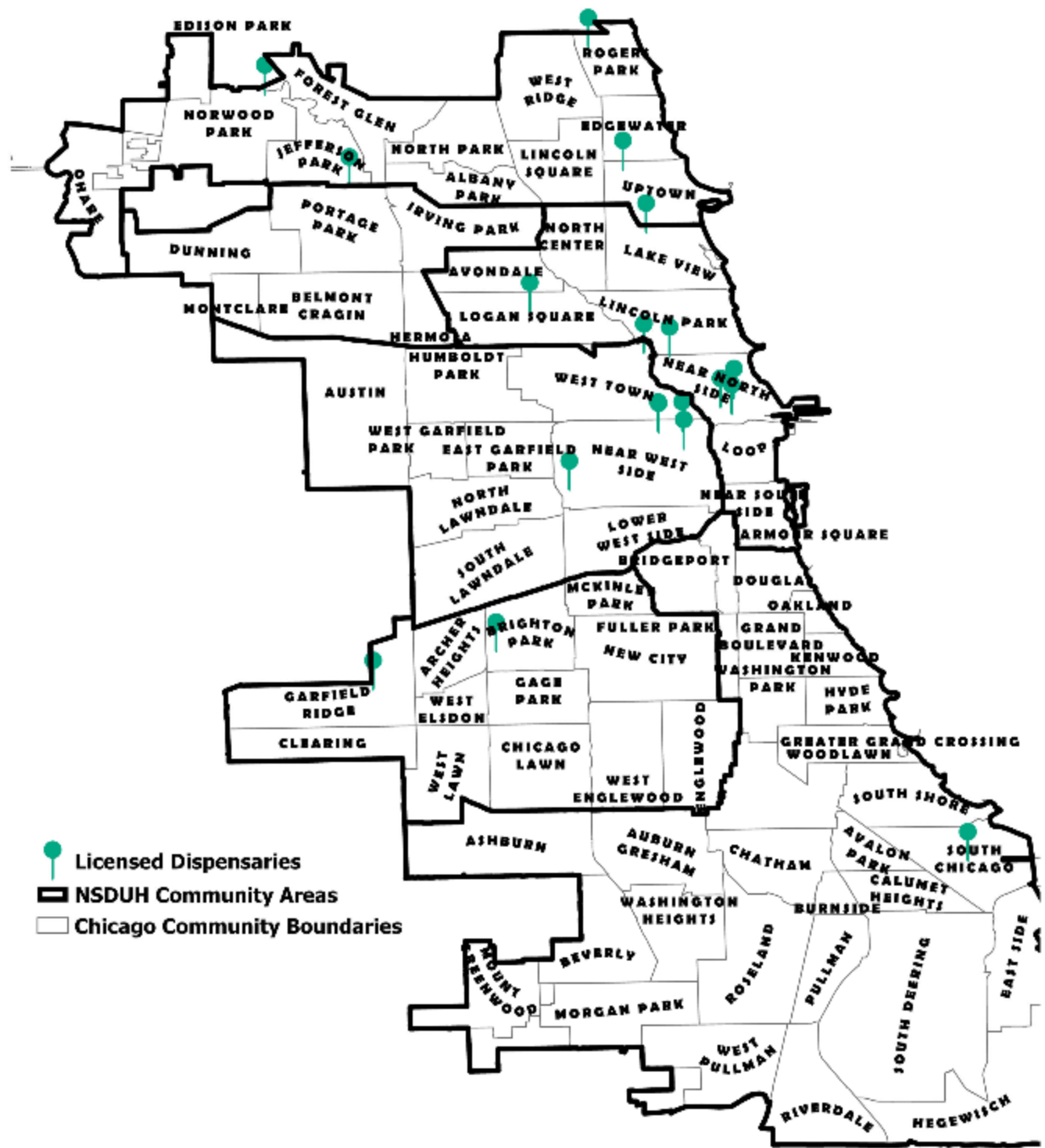


19 out of 110 dispensaries in the state are in Chicago city limits.

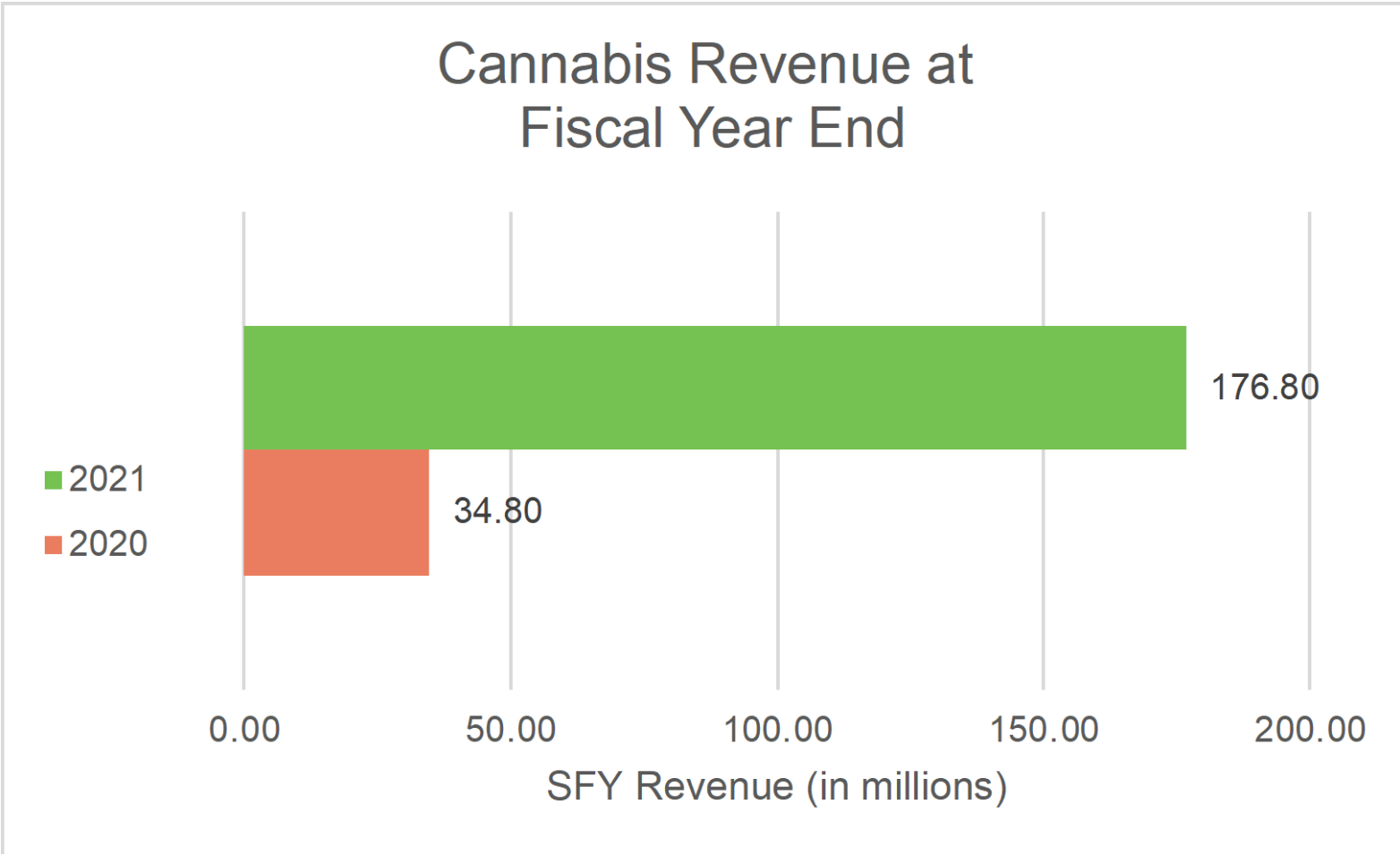
Map of Illinois Dispensaries



Map of Chicago Dispensaries

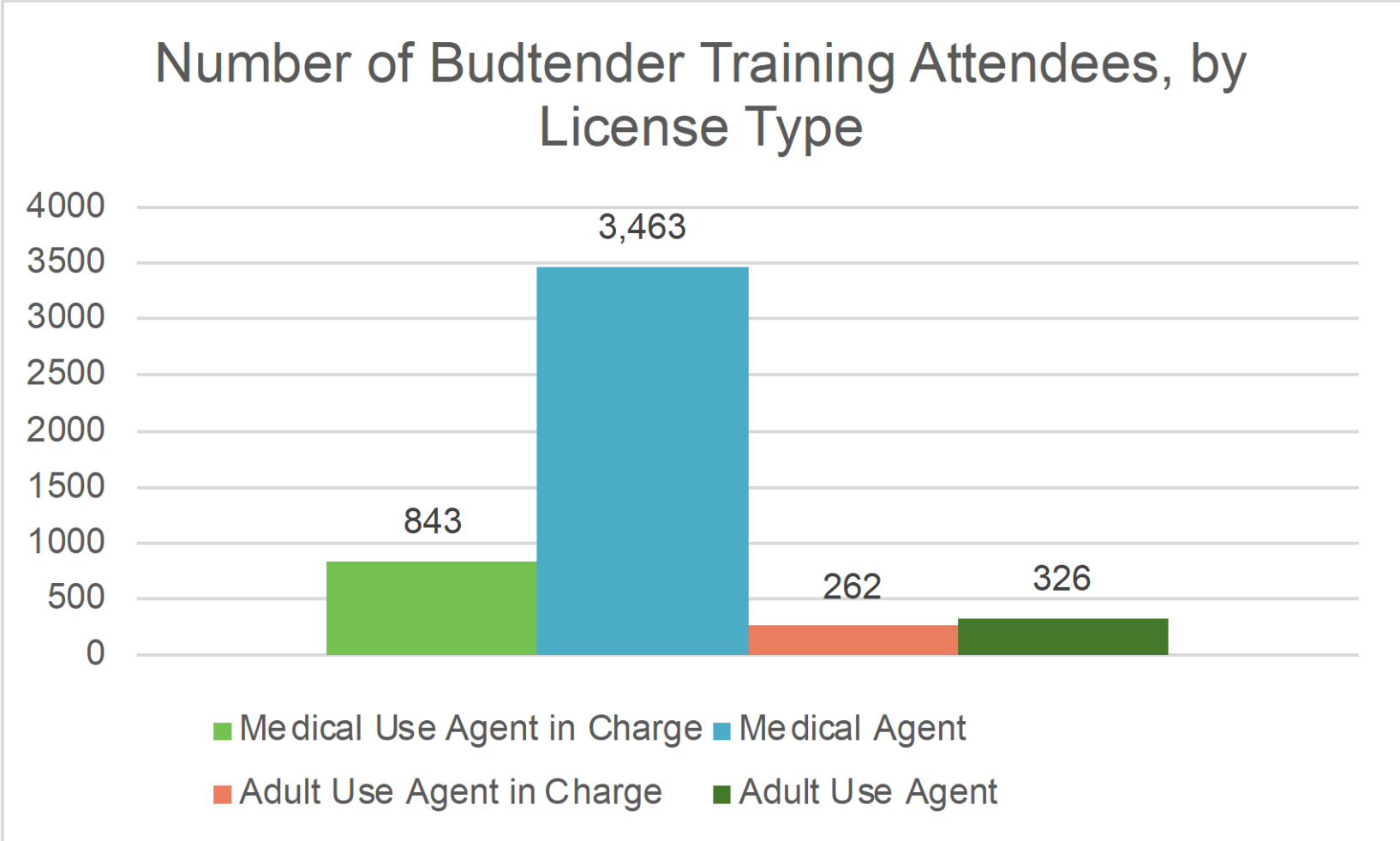


Illinois Cannabis Revenue



Source: Illinois Department of Revenue. (n.d.). Cannabis regulation fund. Illinois.gov. <https://www2.illinois.gov/rev/research/taxstats/CannabisRegulationFund/Pages/default.aspx>.

Illinois Budtender Training

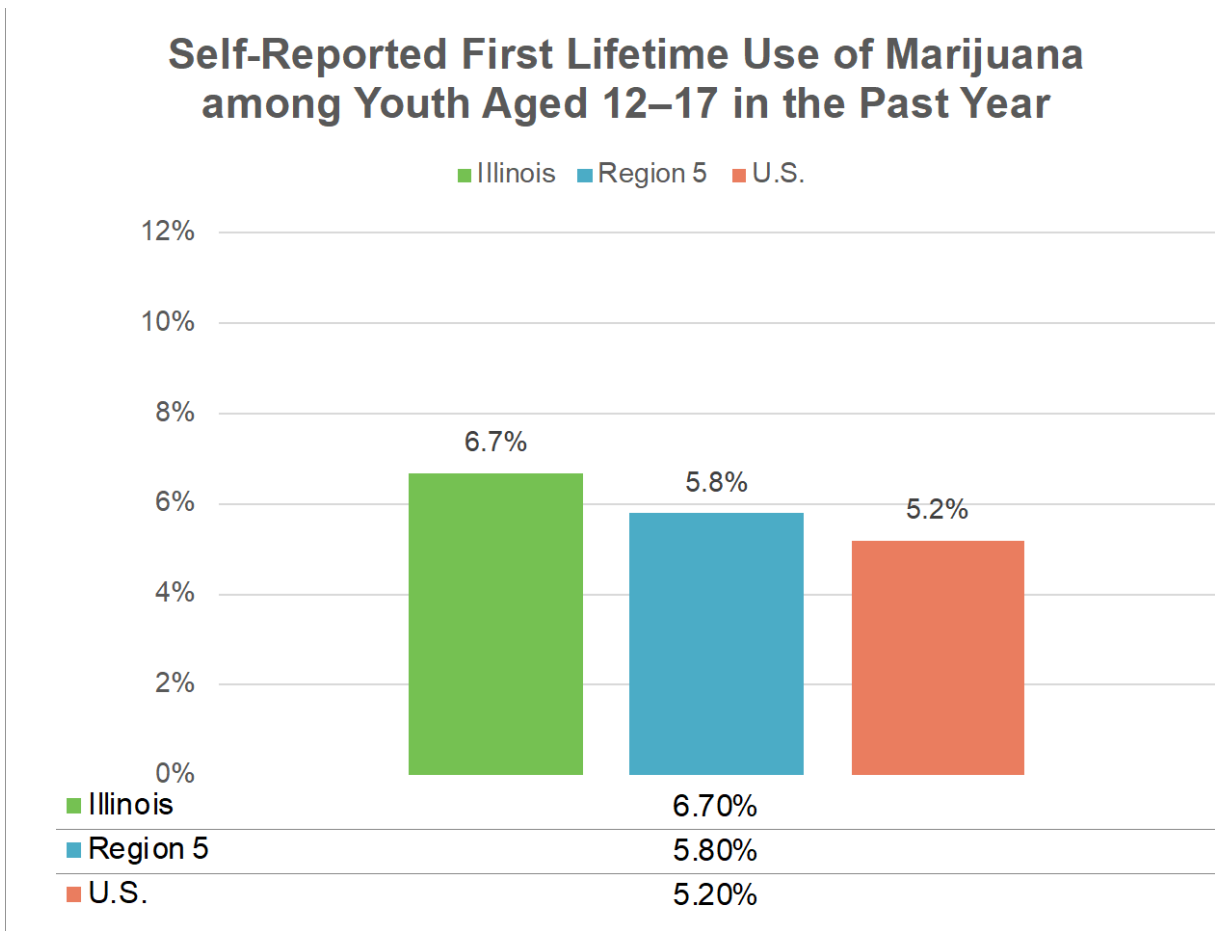


Incidence and Prevalence of Cannabis Use in Illinois

Incidence and Prevalence Highlights

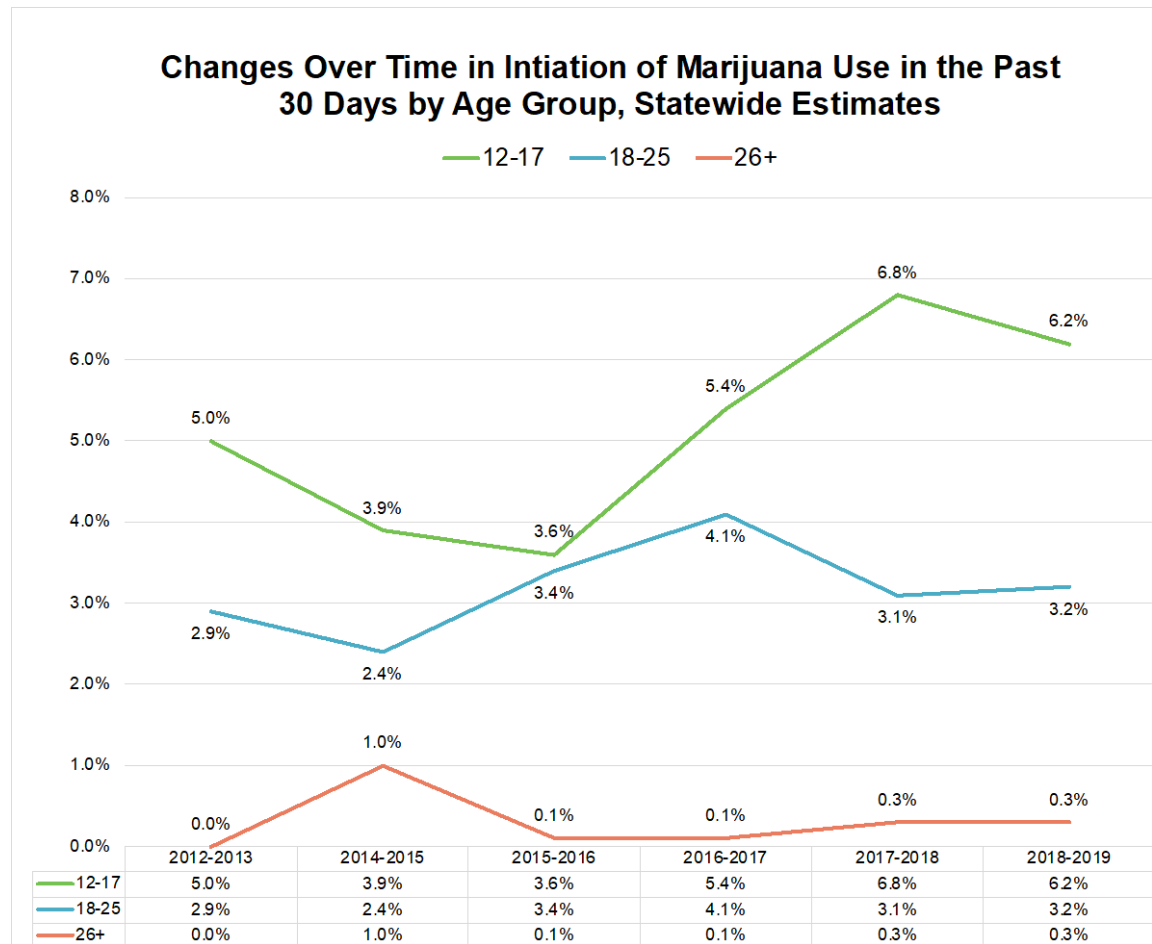
- Illinois has a higher rate of initiation into marijuana use (6.7%) among youth 12 to 17 years old than in the Midwest region (5.8%) and nationally (5.2%).
- Initiation of marijuana use among this age group has trended up sharply since 2016.
- Past-year prevalence of marijuana use for all Illinois residents was 15.9% among Illinoisans 12 years of age or older, comparable to regional and national prevalence rates. The prevalence of past-month use was 12.0%.
- The highest proportion of past-year marijuana users by race/ethnicity were black, non-Hispanic residents (23.4%).
- Past-year and past-month prevalences by age group has not changed appreciably between 2012 and 2019 with 18- to 25-year-olds consistently having the highest rates of use.
- There is geographical variation in use statewide and within Chicago with the highest rates of use in Champaign, Sangamon, and Cook Counties. In Chicago, the highest rates of use are in the band of lakefront communities on the north and near-north sides.

Incidence – Initiation of Use



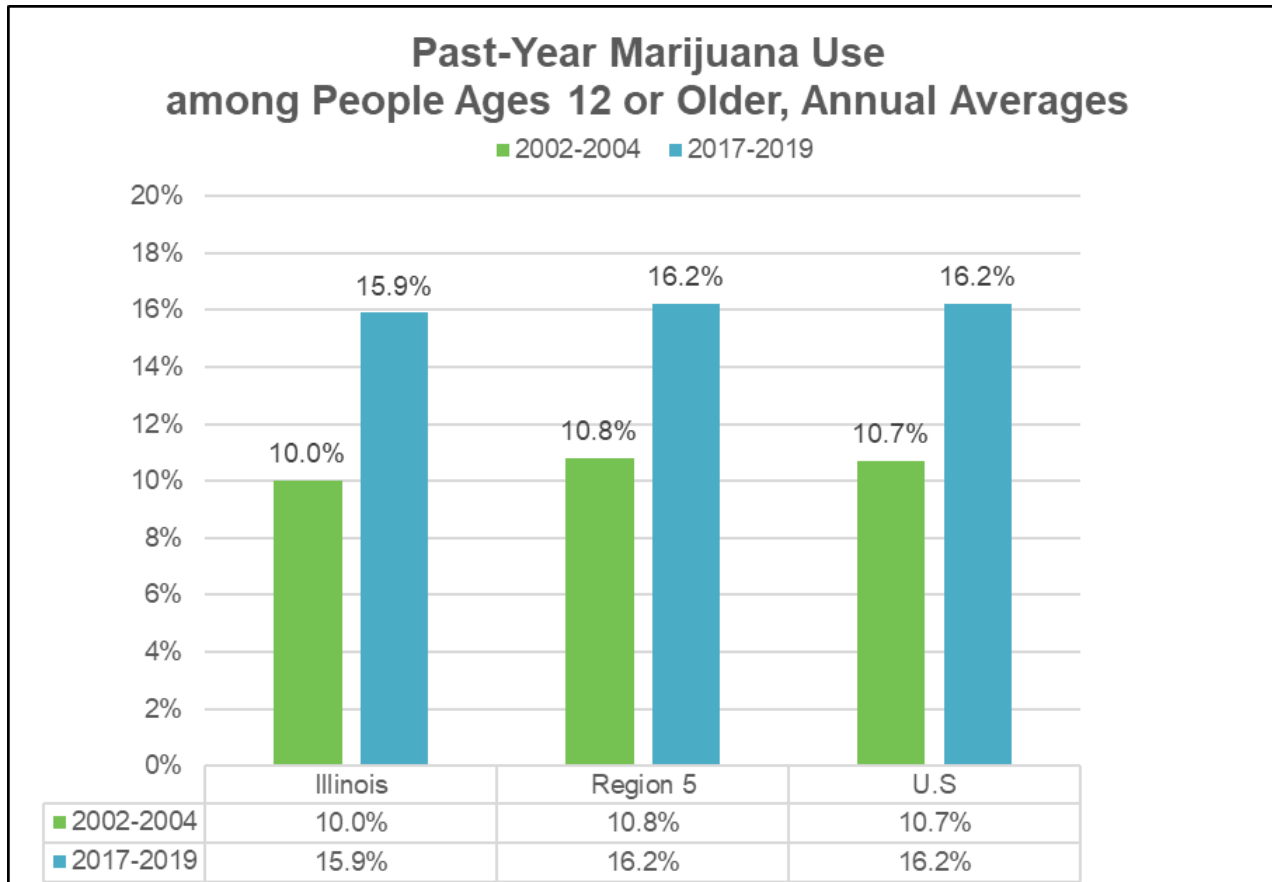
Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA–20–Baro–19–IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

Incidence – Initiation of Use



Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

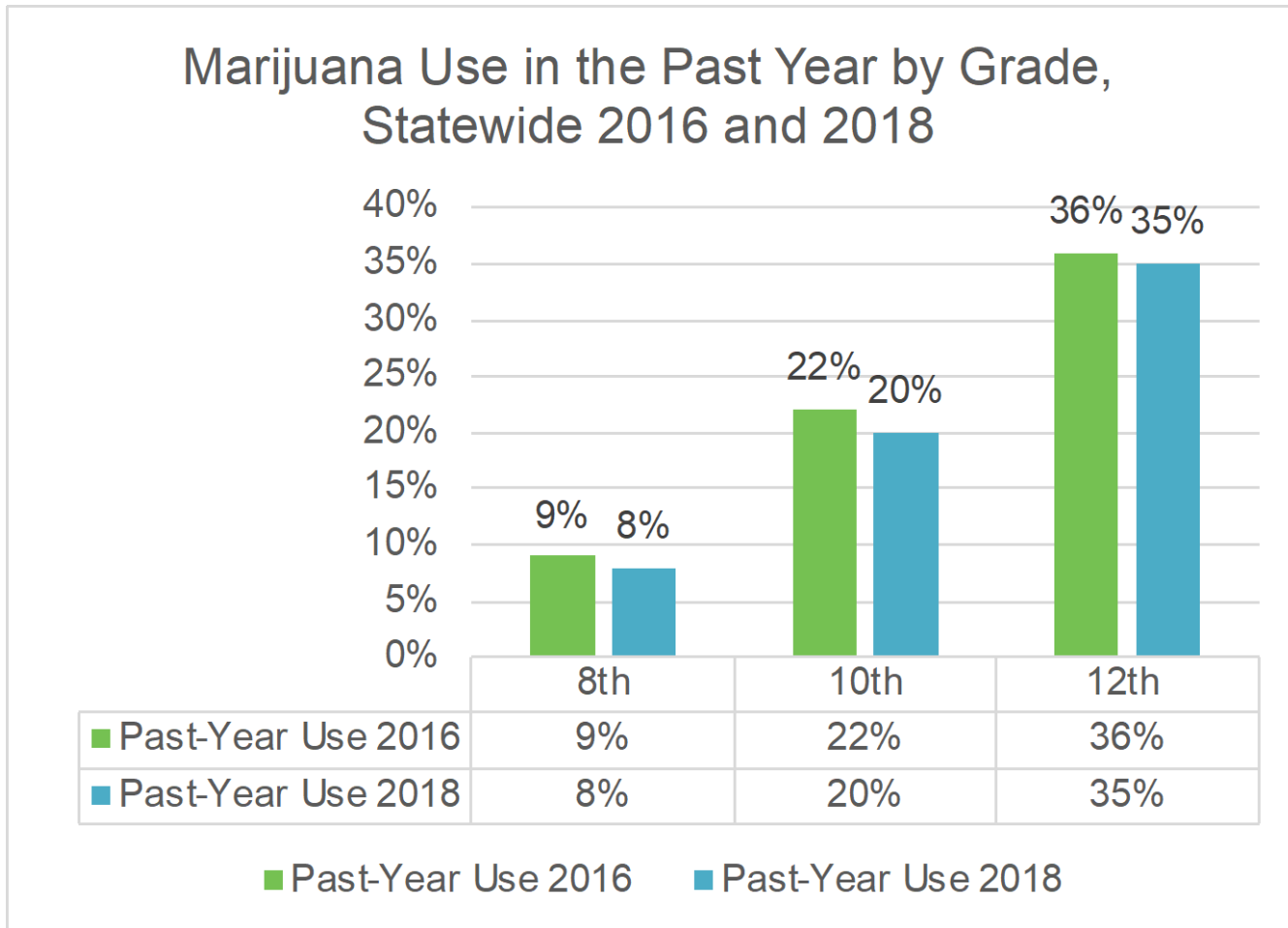
Prevalence – Past-Year Use



15.9% of Illinoisians report marijuana use in the last 12 months.

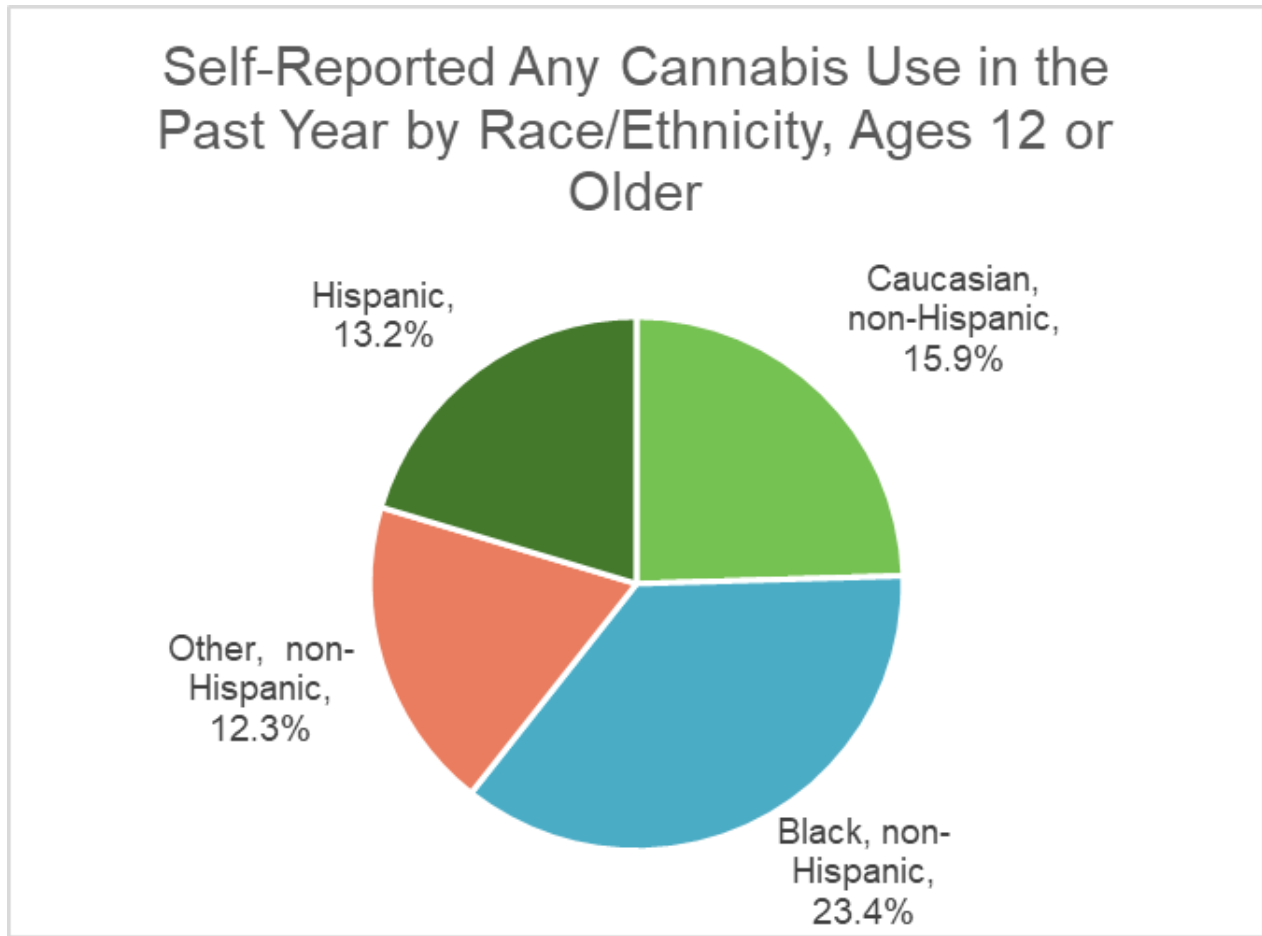
Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA–20–Baro–19–IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

Prevalence – Past-Year Use



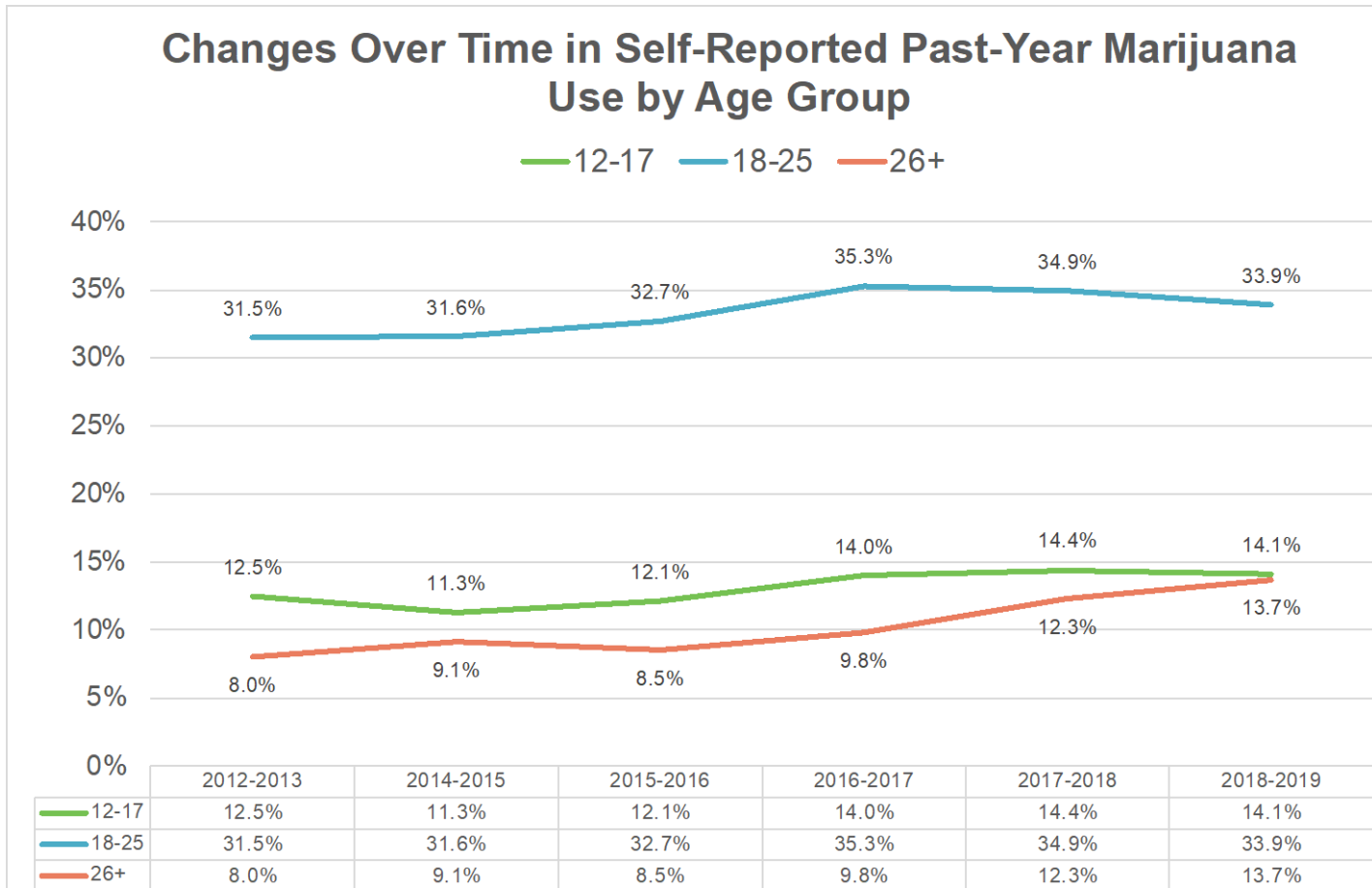
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Prevalence – Past-Year Use



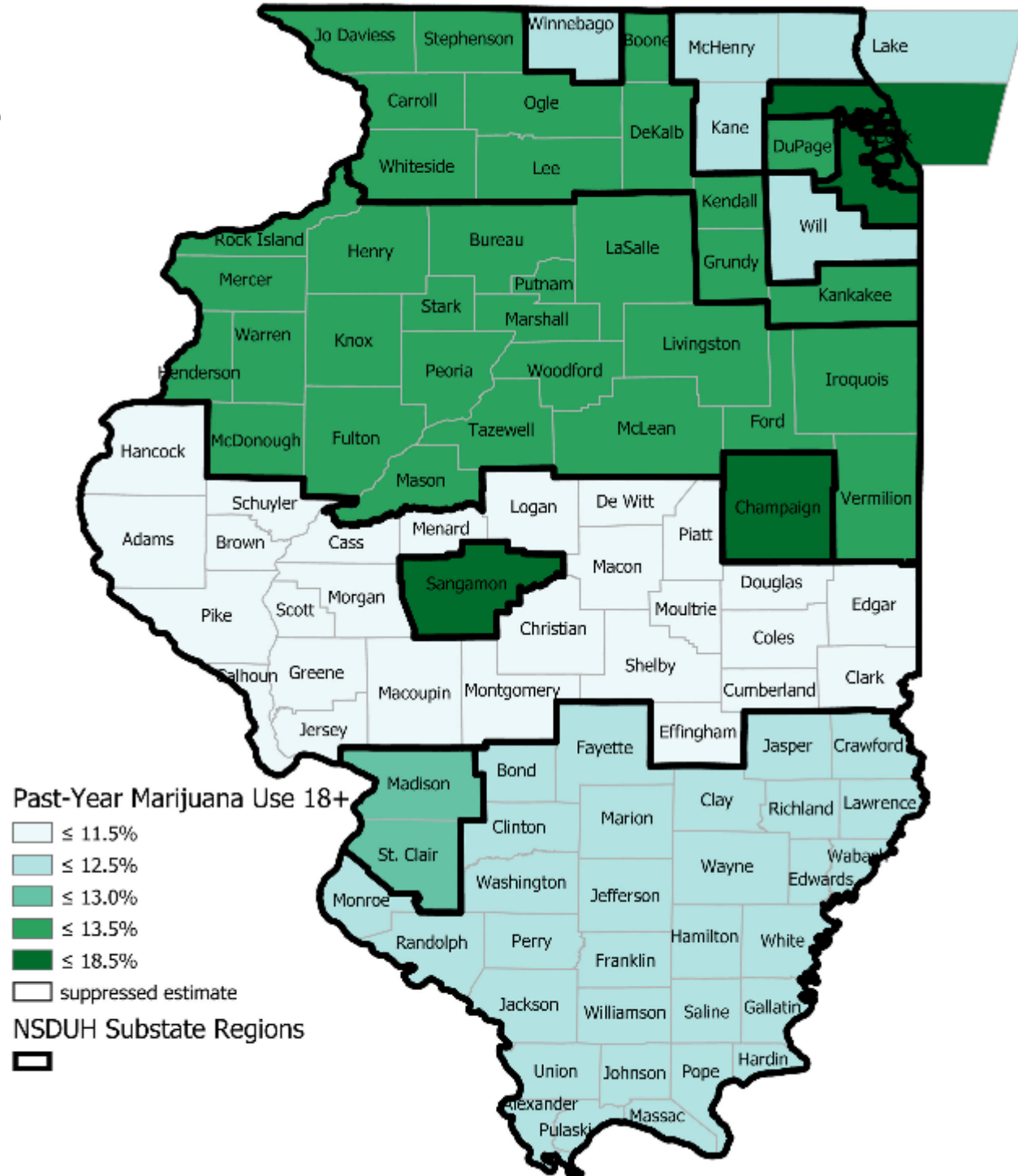
Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Prevalence – Past-Year Use

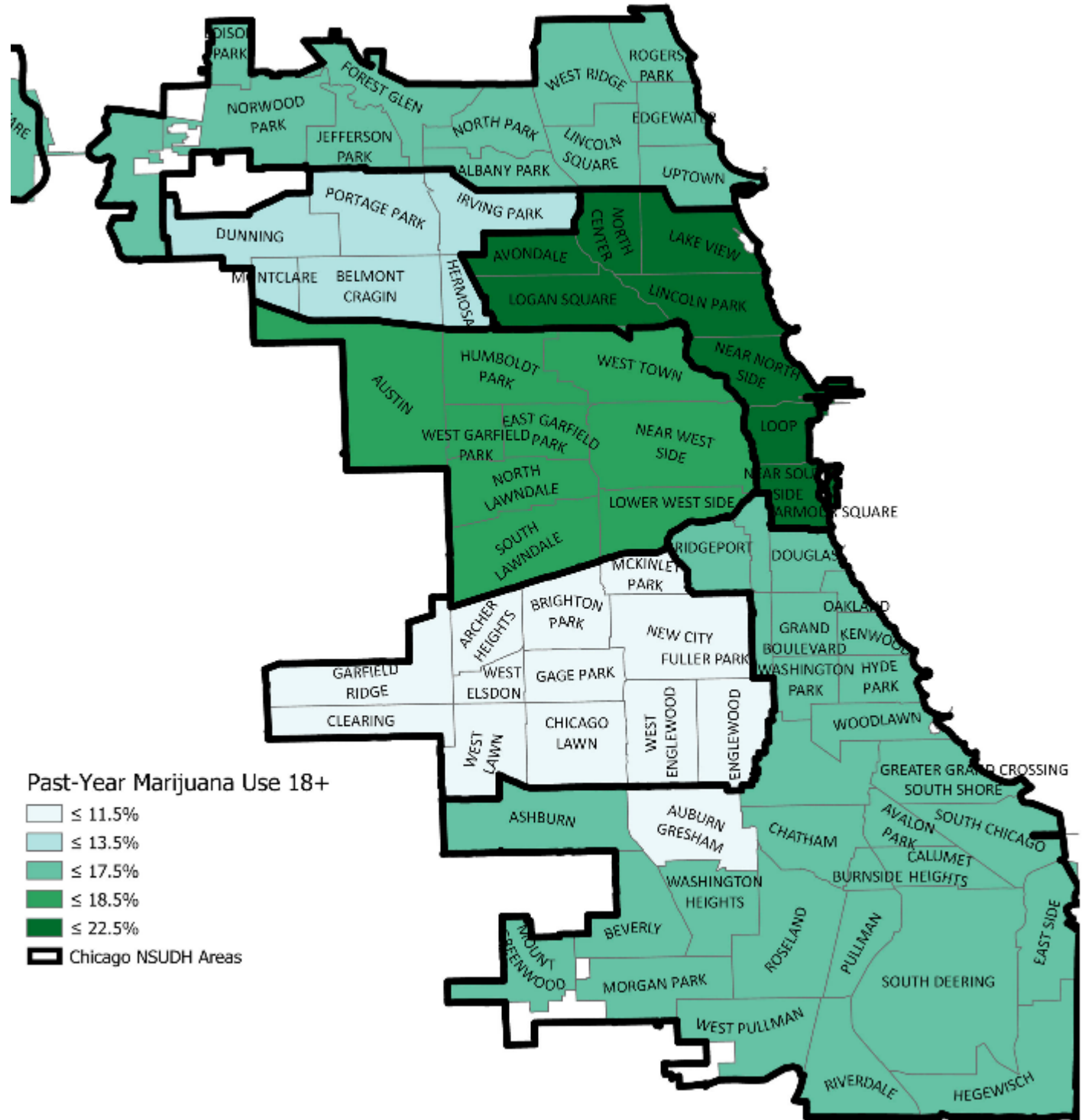


Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Prevalence Past-Year

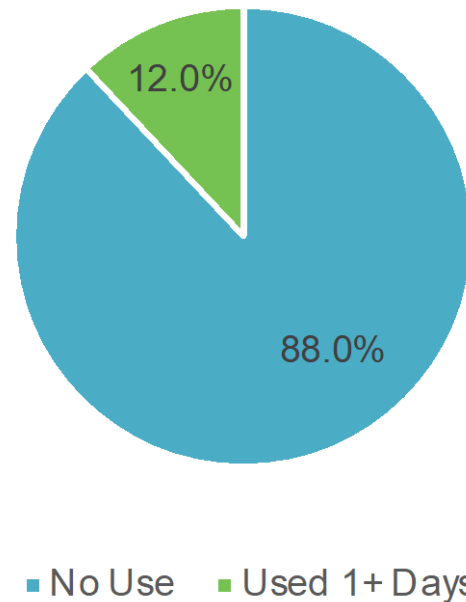


Prevalence Past-Year



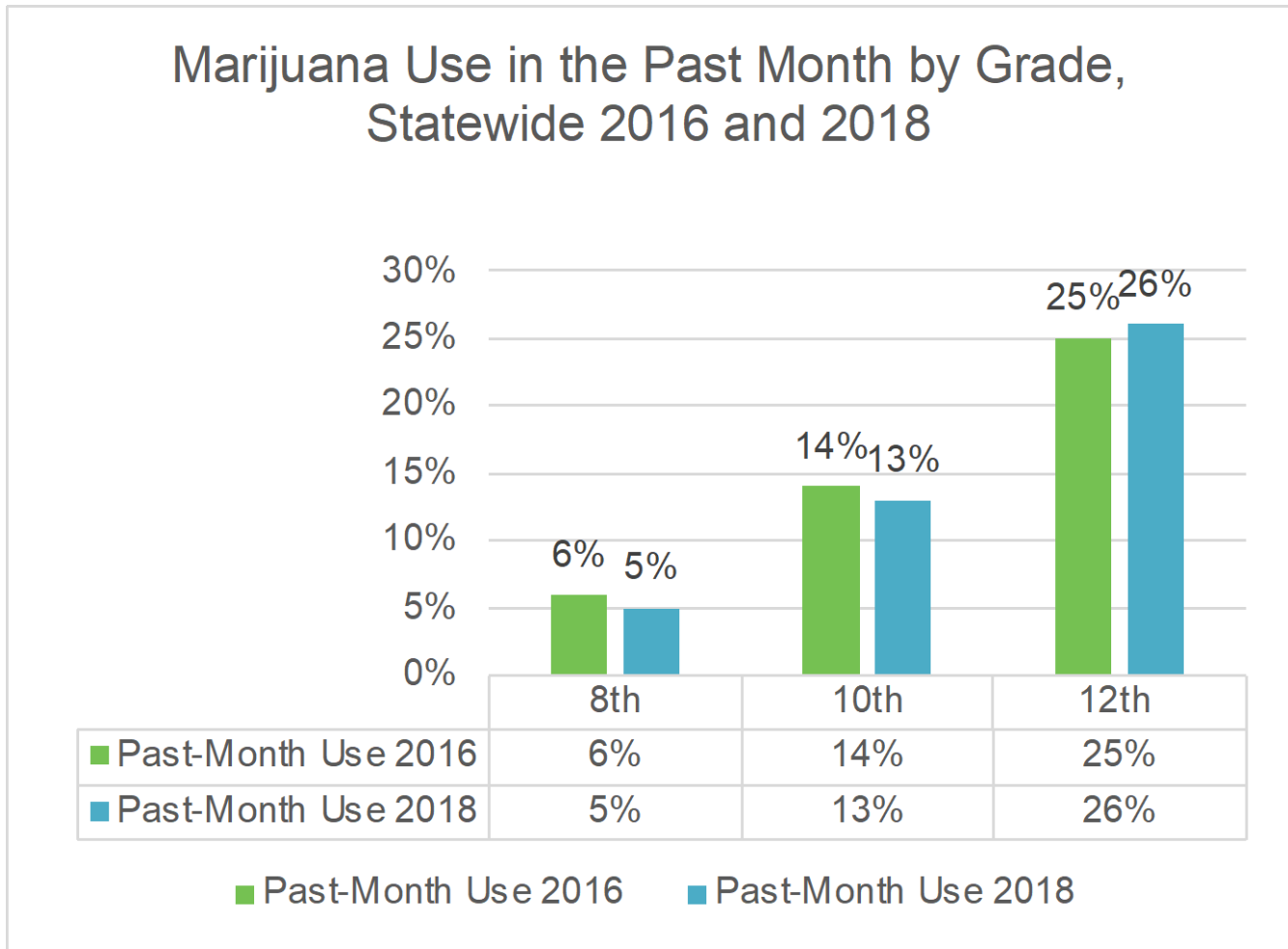
Prevalence – Past 30 Days

Any Cannabis Use in the Past 30 Days,
Statewide



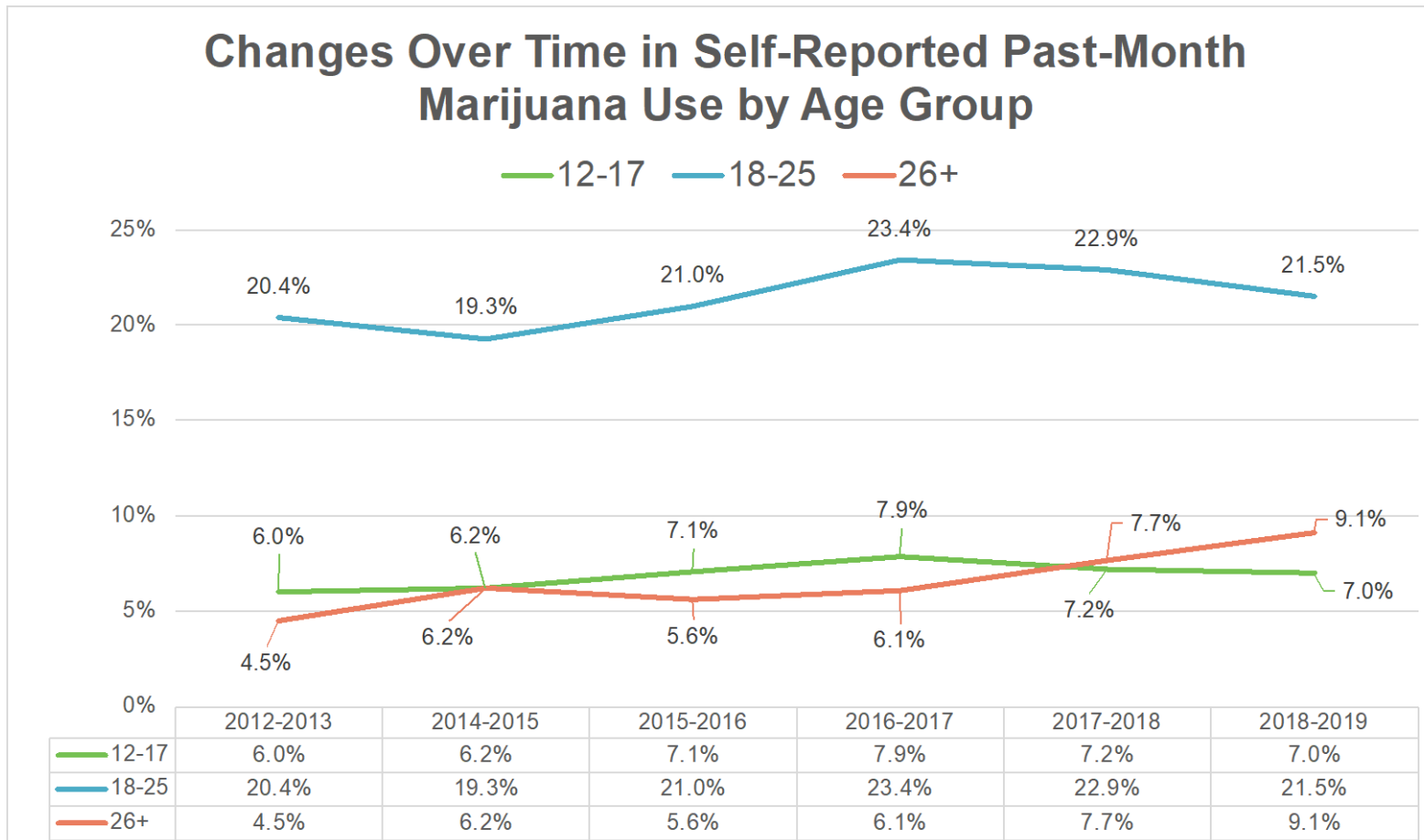
Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, (2019).

Prevalence – Past 30 Days



Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Prevalence – Past 30 Days



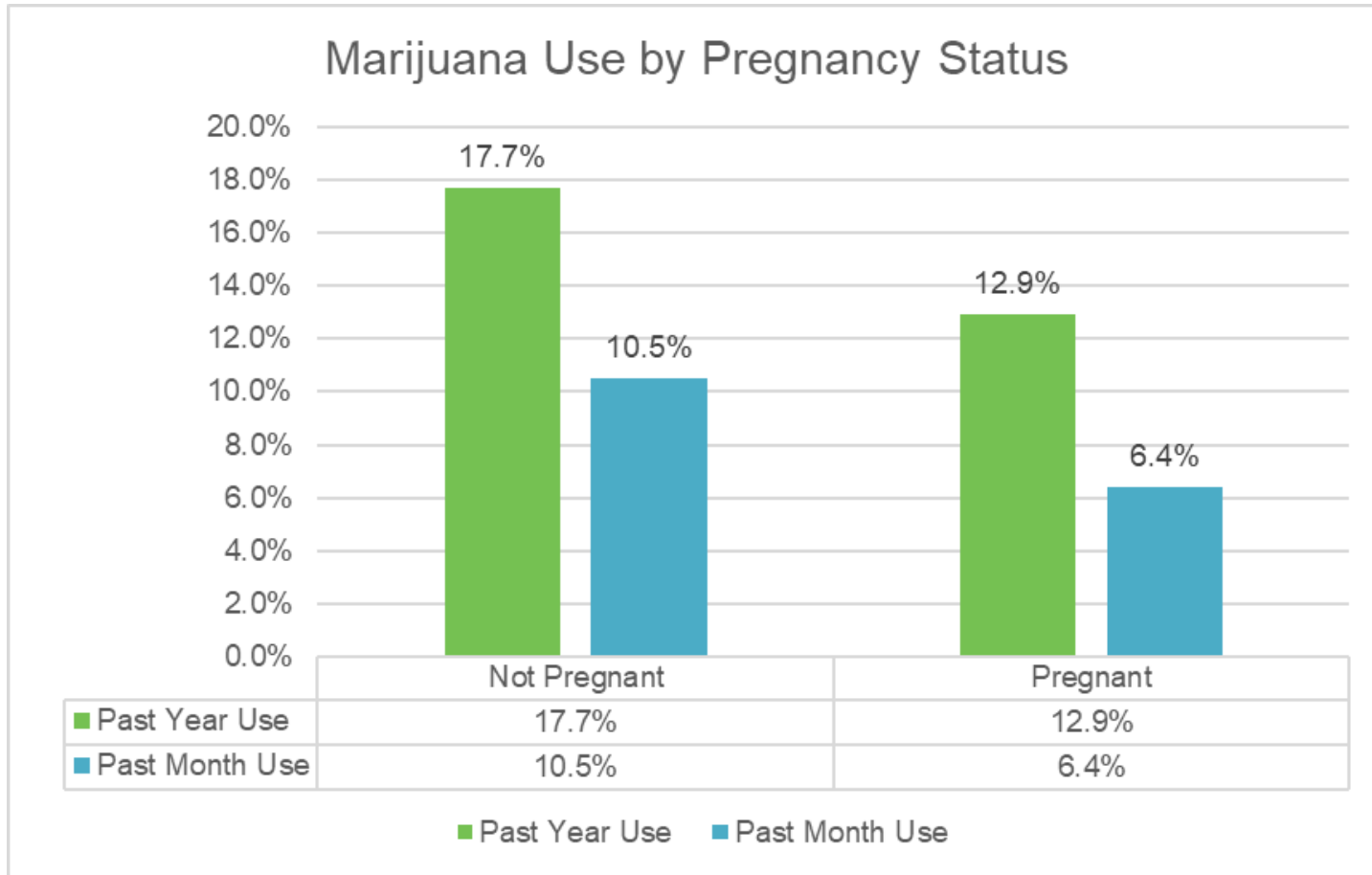
Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Prevalence of Cannabis Use in Special Populations

Special Population Prevalence Highlights

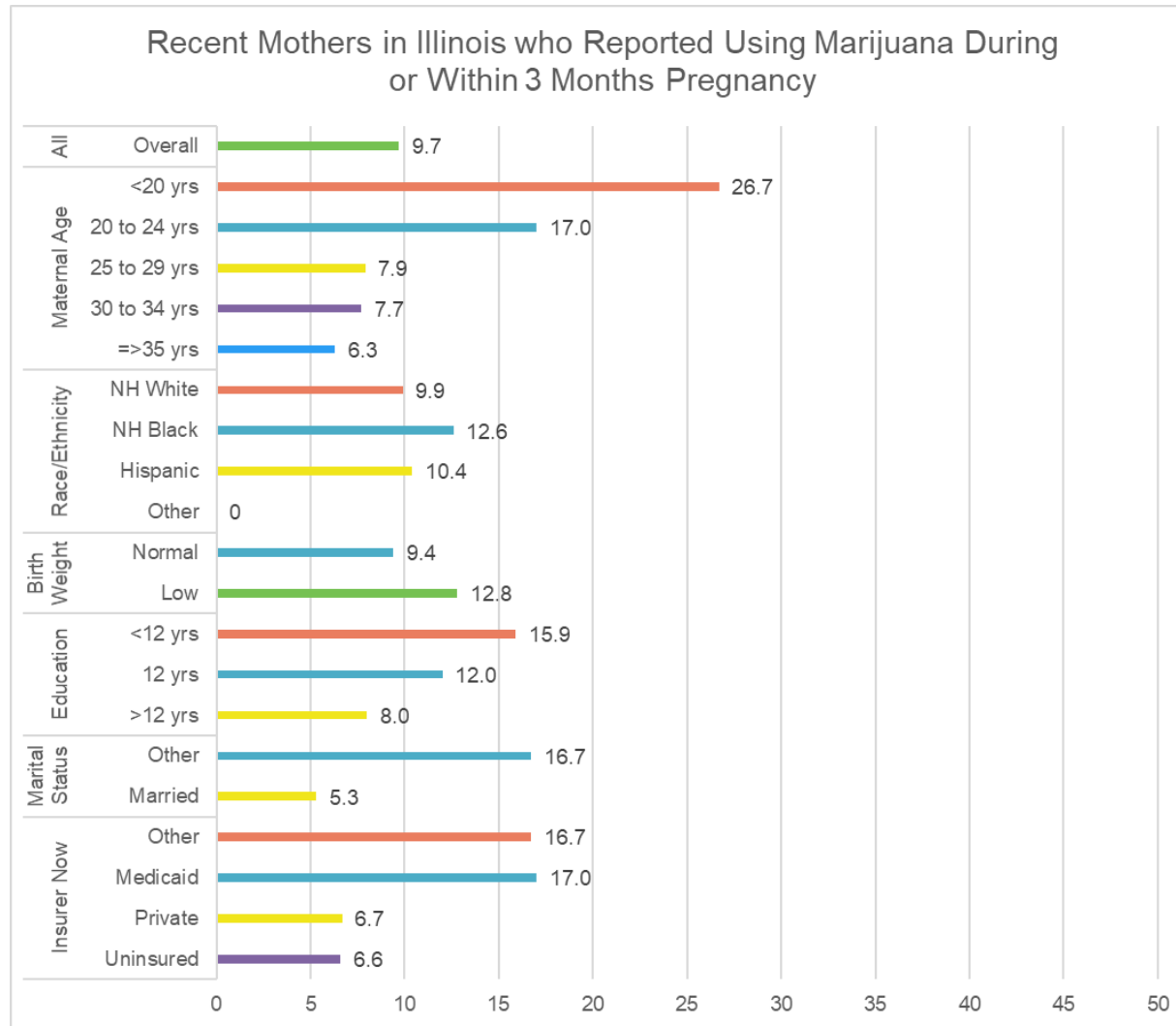
- Pregnant women were less likely to use marijuana in the past year (10.5%) and month (6.4%) compared with women who were not pregnant (17.7% and 12.9% respectively).
- Characteristics associated with marijuana use during pregnancy: younger than 20 years of age; being non-Hispanic Black; having a low birthweight baby; having less than a high-school education; being unmarried; and being insured by Medicaid.
- Past-year marijuana use among pregnant women 12-44 years of age in Illinois increased sharply between 2015 and 2018 but declined sharply in 2019.
- Past-month marijuana use is elevated among: sexual orientation minorities; persons reporting depression in the past year, and especially among persons with past-year severe psychological distress indicative of serious mental illness.
- In contrast, veterans report lower rates of past-month marijuana use compared with non-veterans.

Special Populations – Pregnant Women



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, (2019).

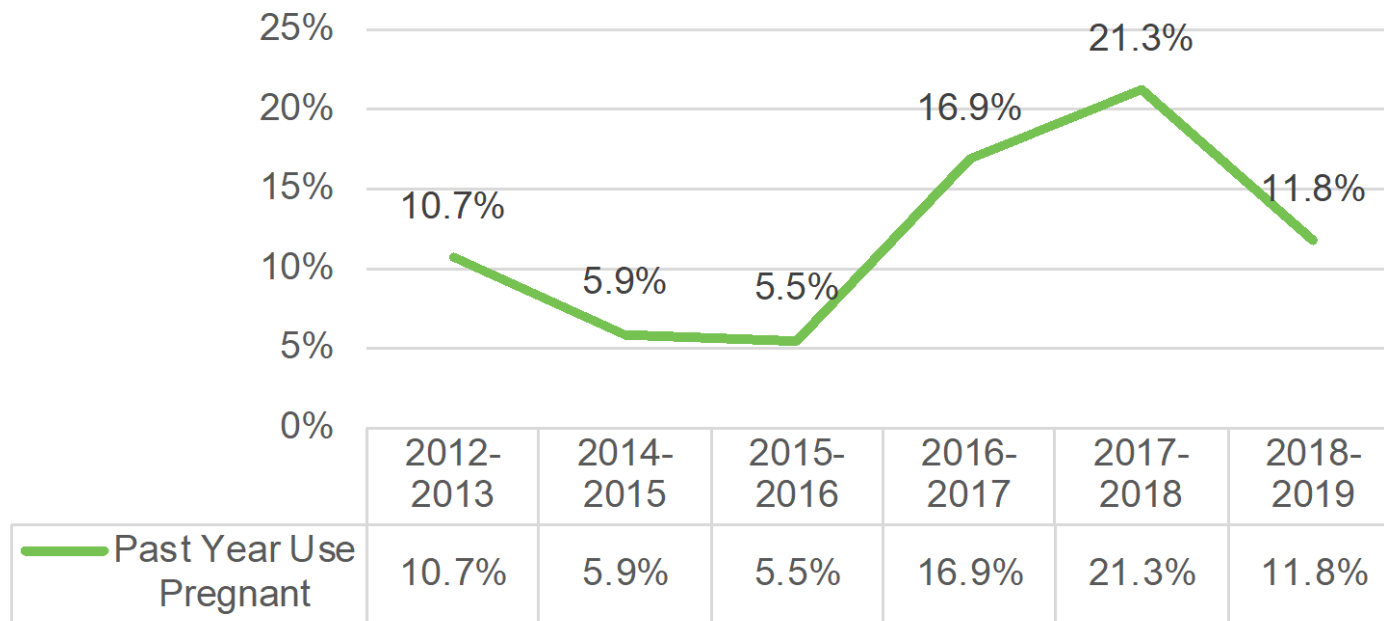
Special Populations – Pregnant Women



Source: 2018 Illinois PRAMS Opioid Supplement Data Tables, Division of Health Data and Policy, Illinois Department of Public Health, 2020.

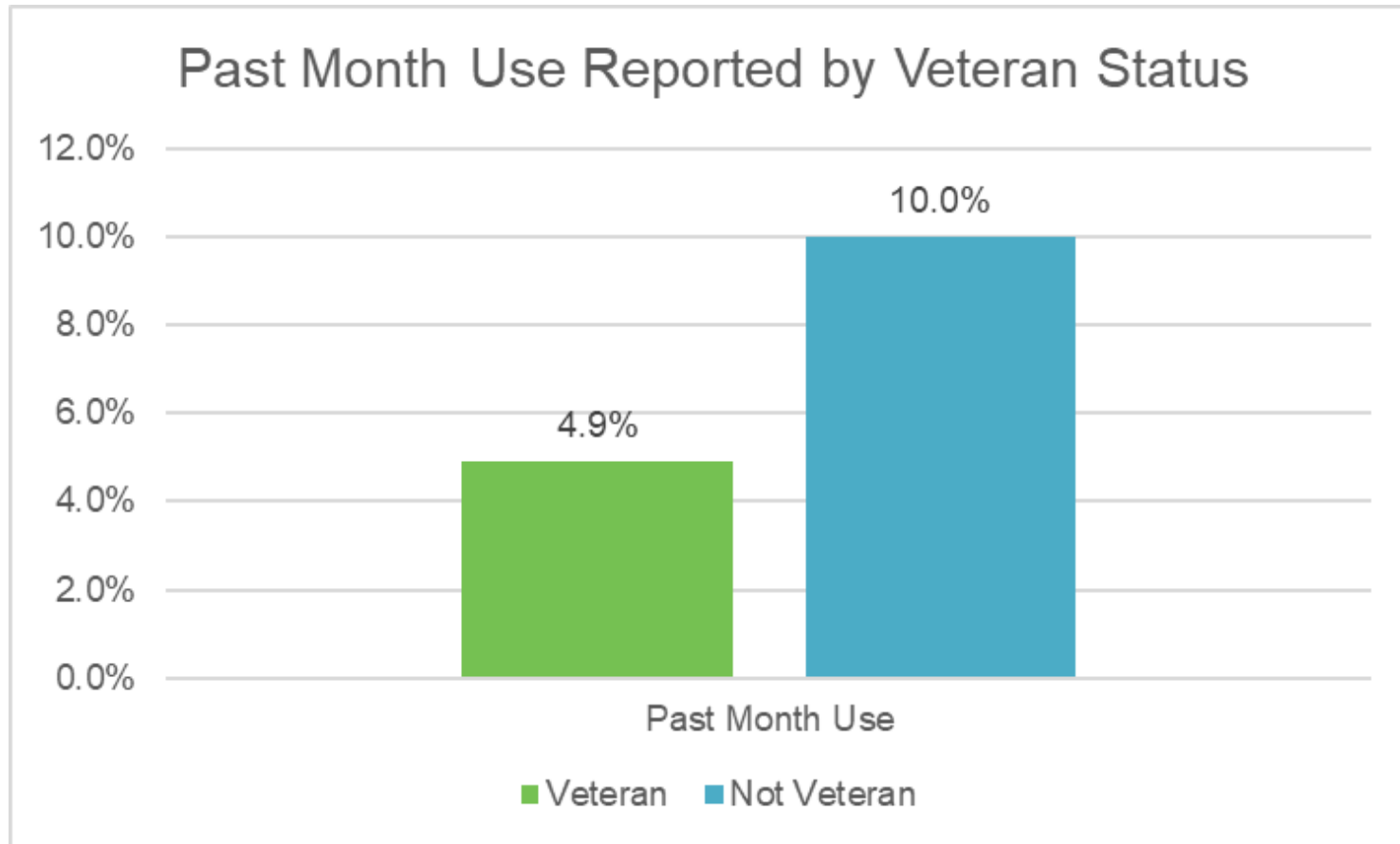
Special Populations – Pregnant Women

Changes Over Time in Self-Reported Past-Year Marijuana Use by Pregnant Women



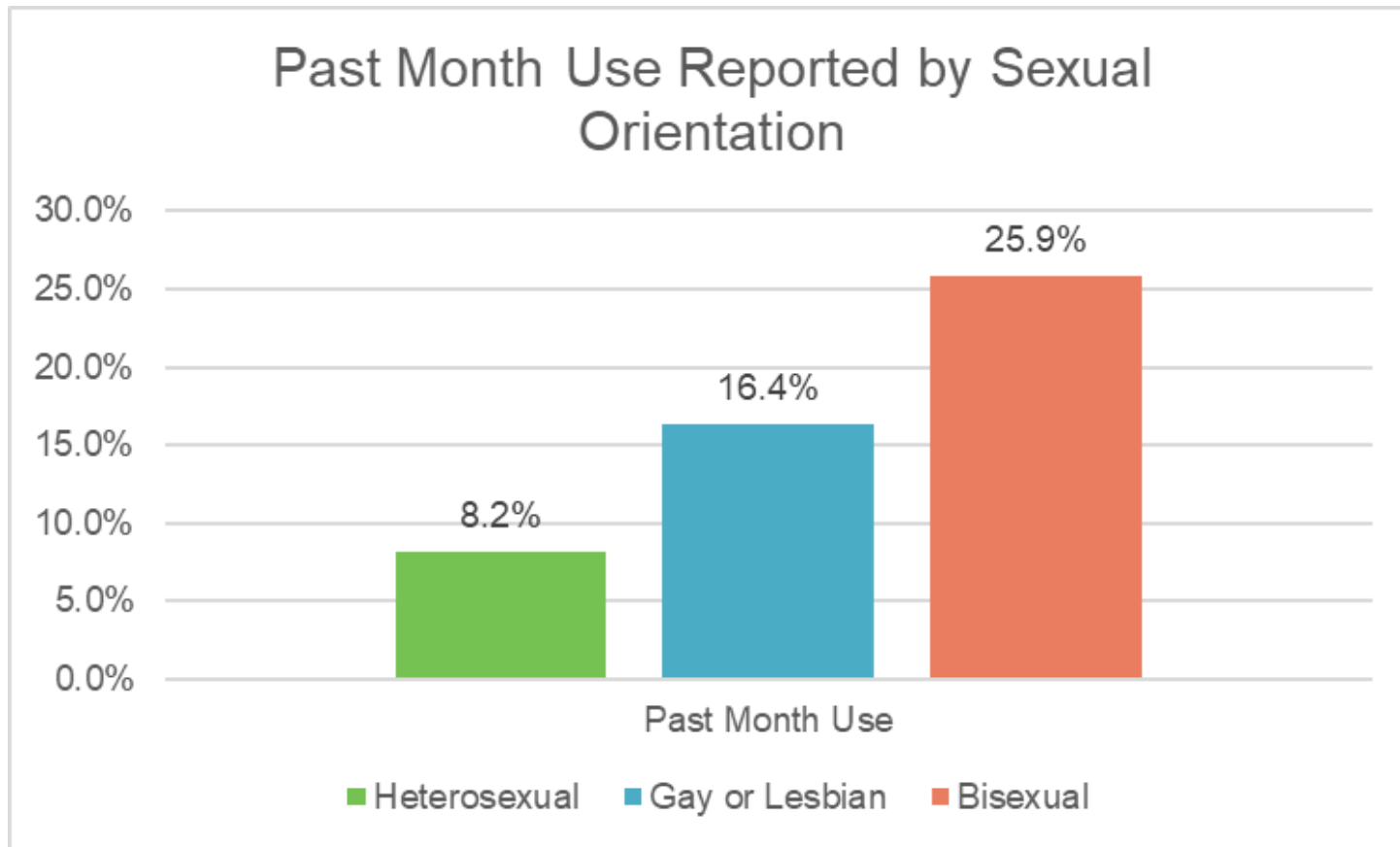
Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Special Populations - Veterans



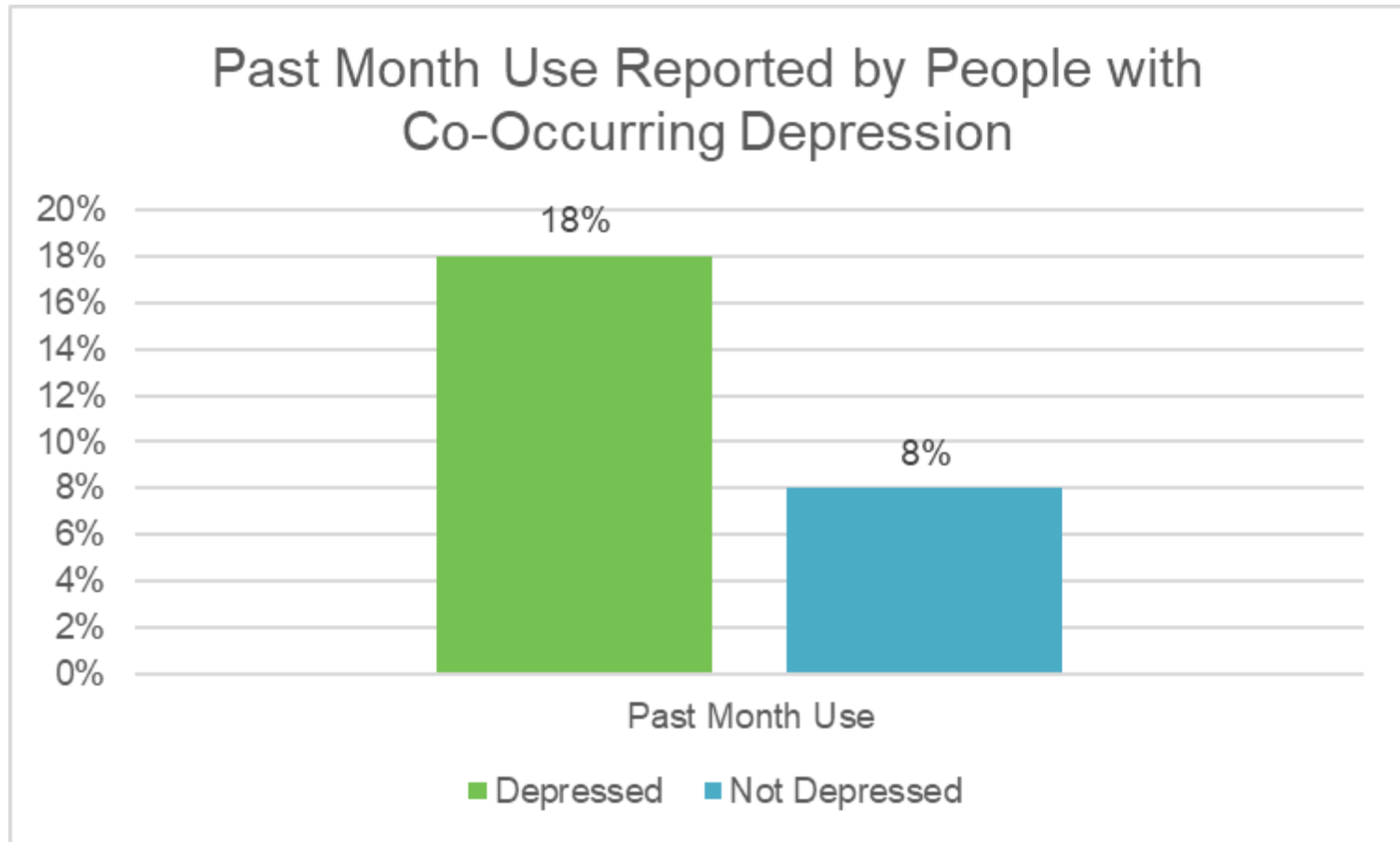
Source: Substance Abuse and Mental Health Services Administration. (2014-2018). National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Special Populations – LGB



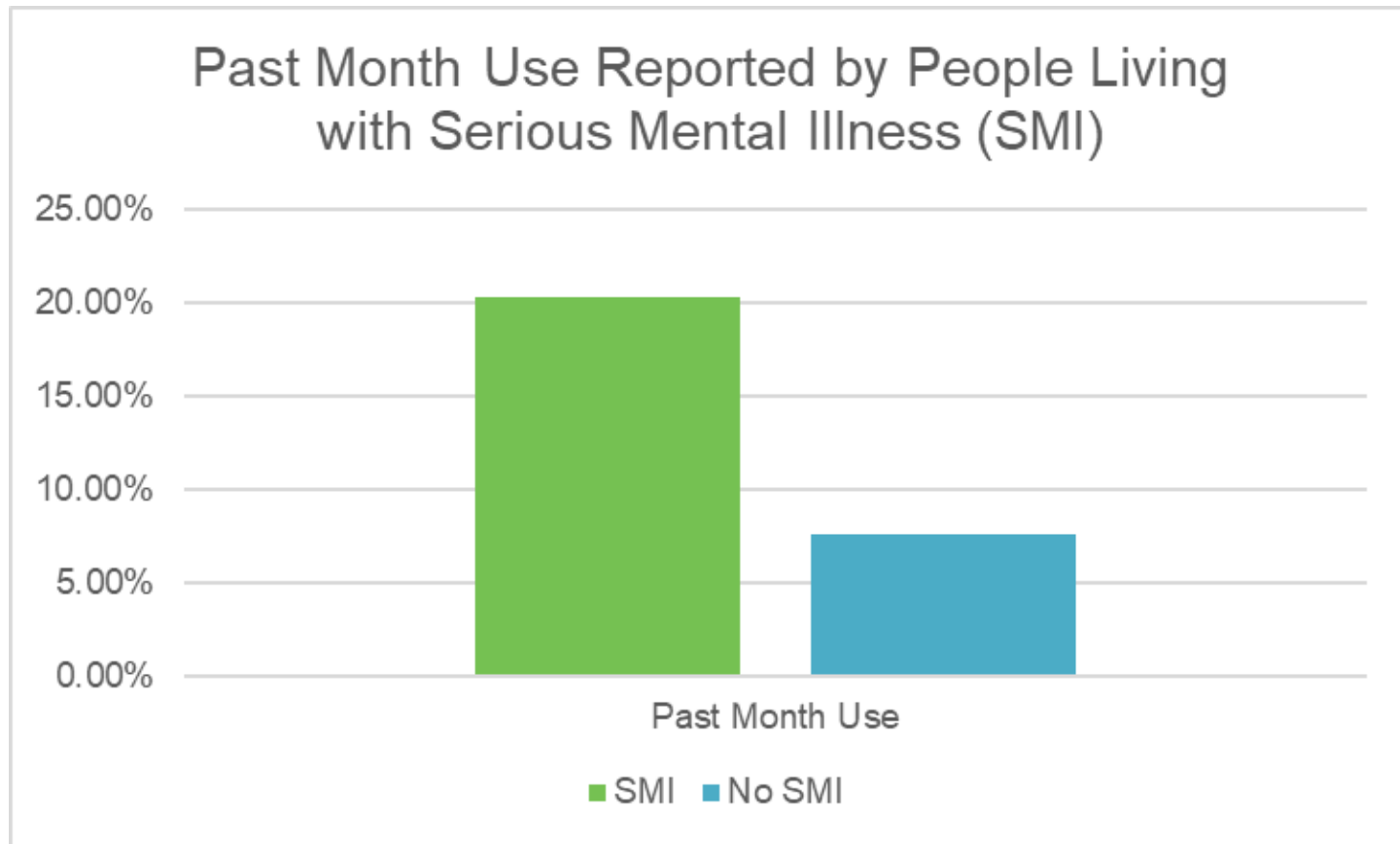
Source: Substance Abuse and Mental Health Services Administration. (2014-2018). National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Special Populations – Co-occurring Depression



Source: Substance Abuse and Mental Health Services Administration. (2014-2018). National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Special Populations – Serious Mental Illness



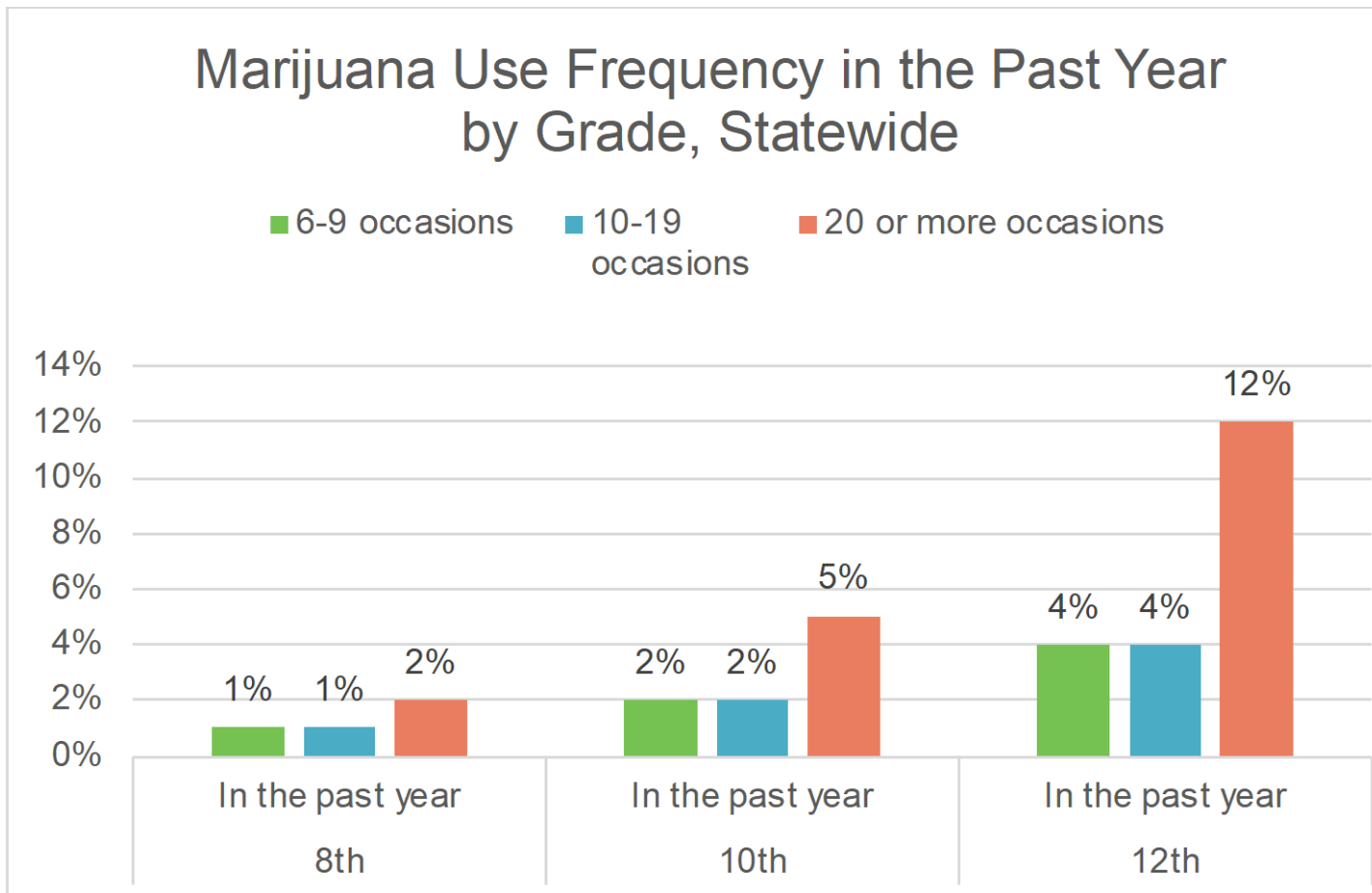
Source: Substance Abuse and Mental Health Services Administration. (2014-2018). National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Characteristics of Cannabis Use in Illinois

Characteristics of Cannabis Use Highlights

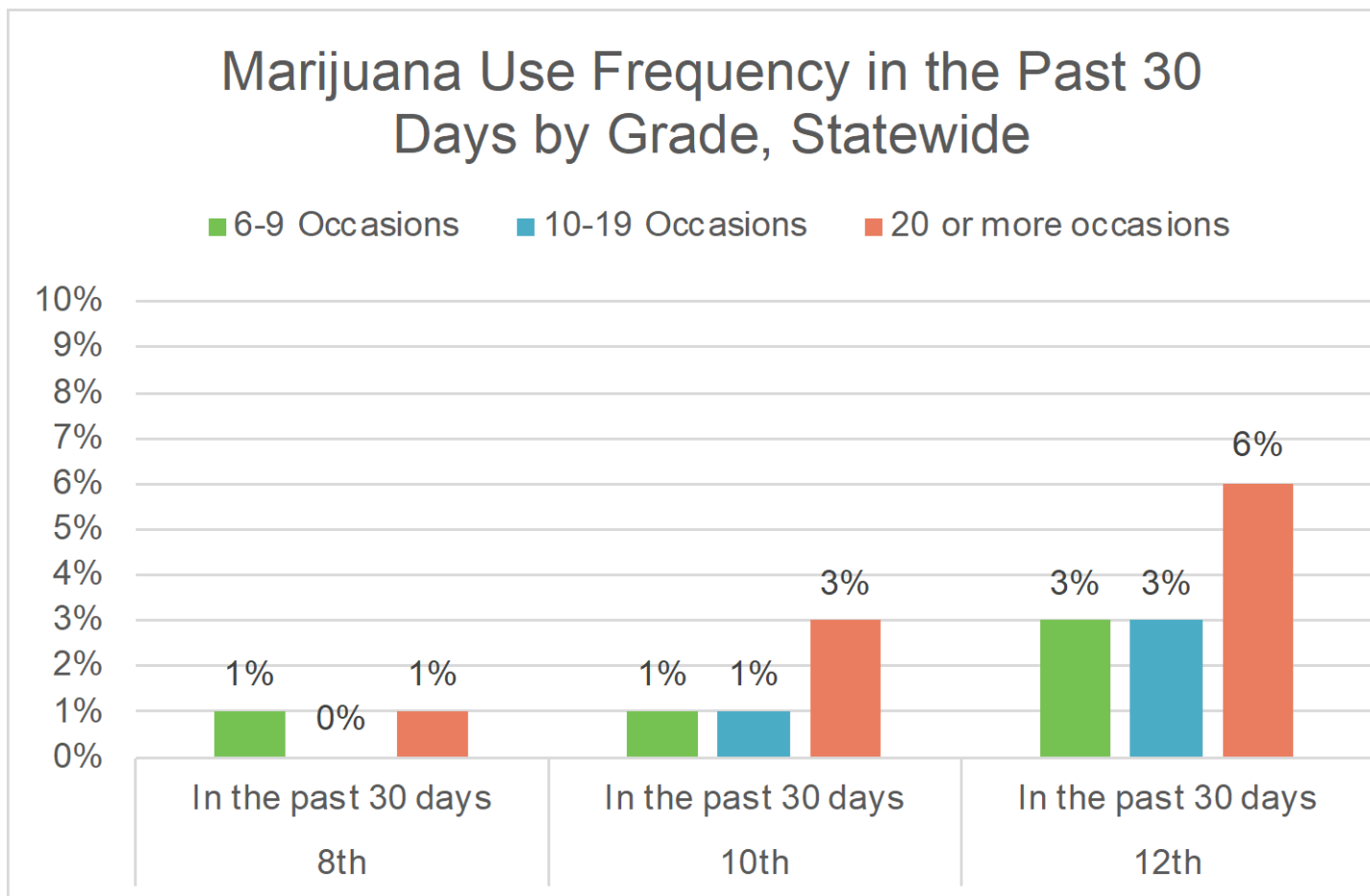
- Frequency of marijuana use greatly accelerates in the 12th grade. Twelve percent of Illinois high school youth in the 12th grade report using marijuana on 20 or more days in the past year, compared with 5% of 10th graders and 2% of 8th graders.
- Just about 70% of Illinois marijuana users prefer smoking as the primary means of route of administration.
- Nearly half (47.3%) of marijuana use in the state is for recreational purposes.
- Sixty two percent of 12th graders indicate that access to marijuana is easy or very easy.
- Students in 8 graders are the most likely (45%) to perceive the greatest risk in smoking marijuana once or twice a week with risk perception declining sharply by the 10th grade.
- Between 2012 and 2019, there have been sharp declines in the perceived risk of marijuana use among all age groups. However, 18- to 25-year-olds have consistently been the age group perceiving the lowest risk level.

Characteristics of Cannabis Use - Frequency



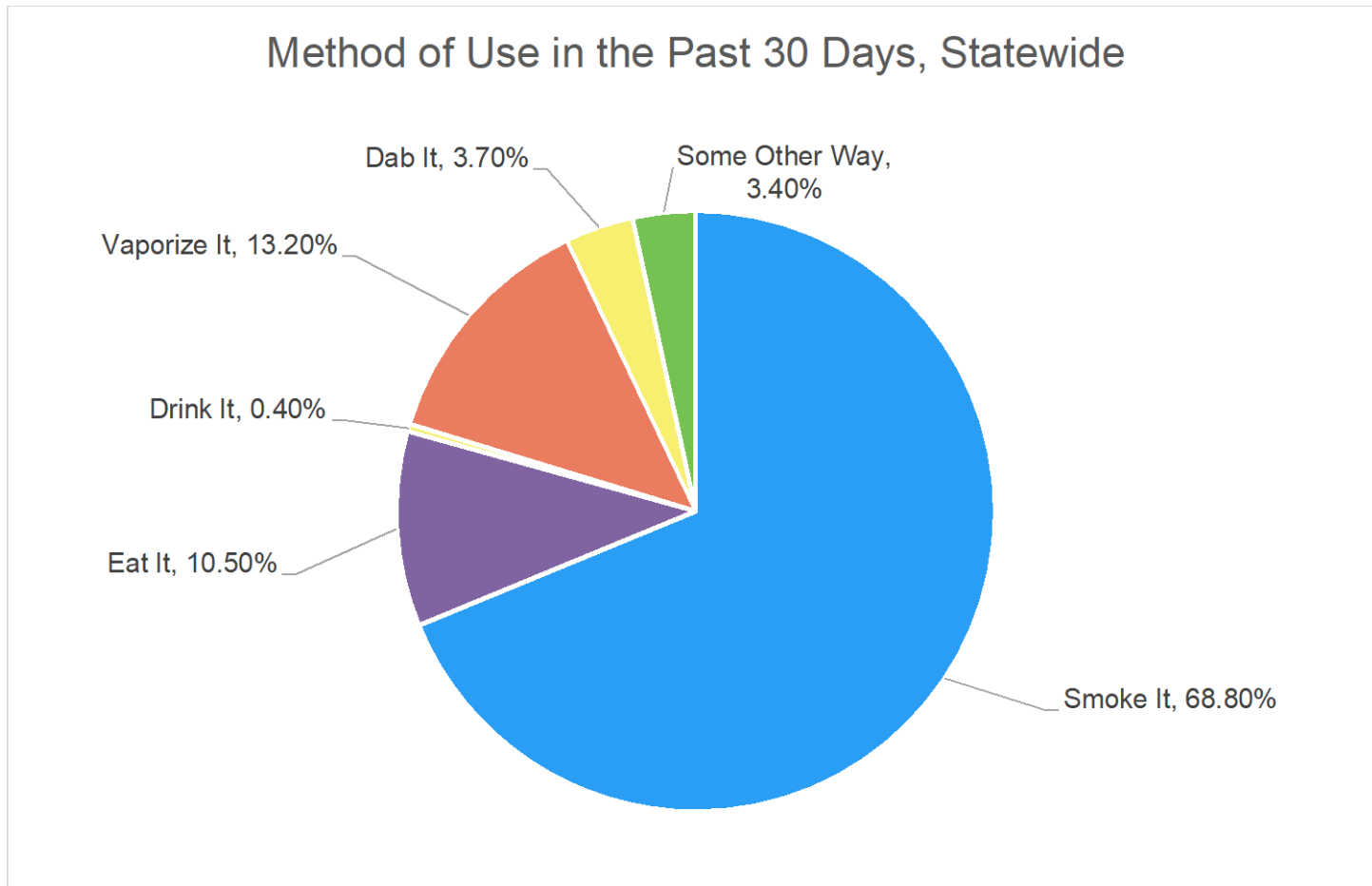
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Characteristics of Cannabis Use - Frequency



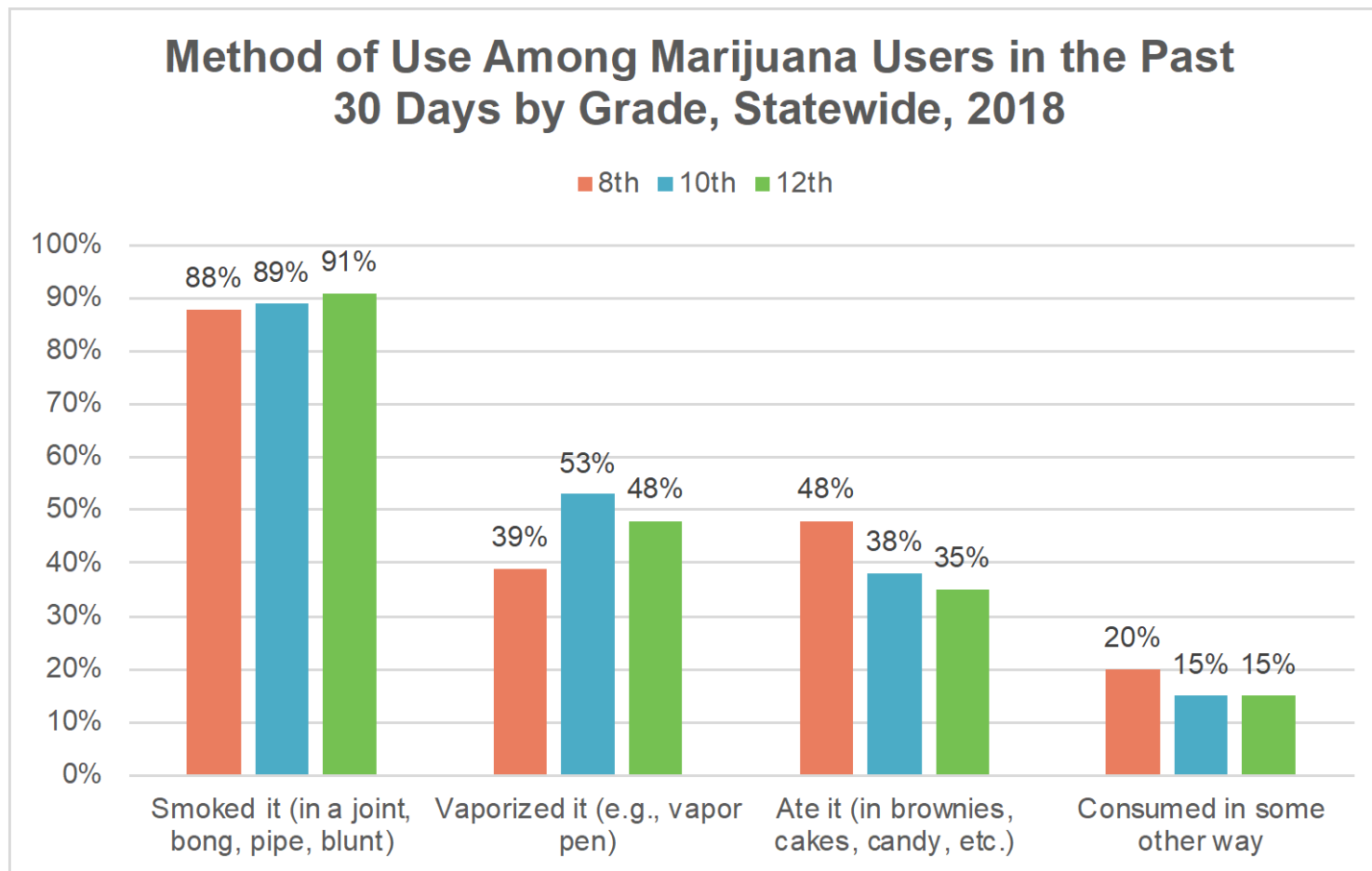
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Characteristics of Cannabis Use – Method of Use



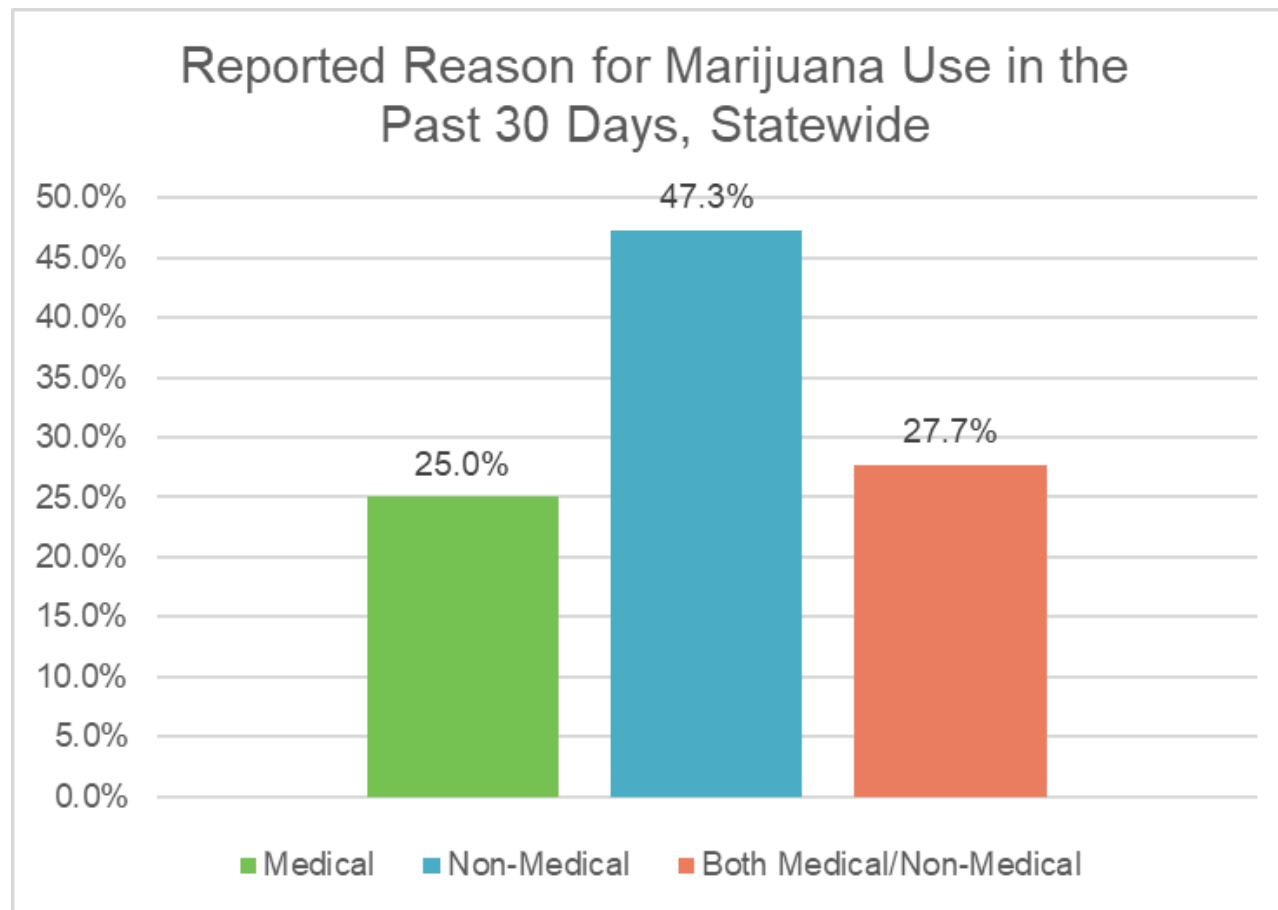
Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, (2019).

Characteristics of Cannabis Use – Method of Use



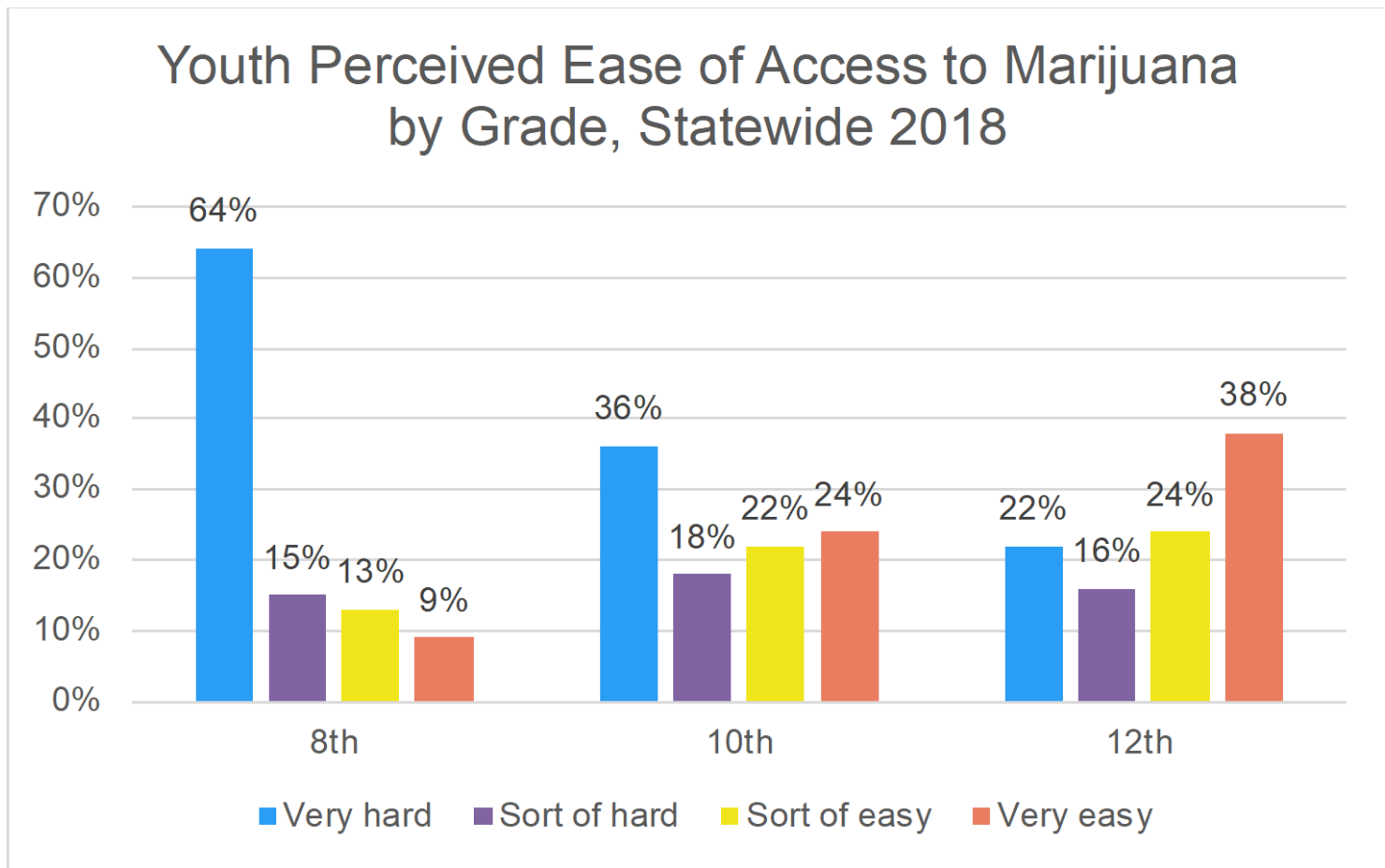
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Characteristics of Cannabis Use - Reason for Use



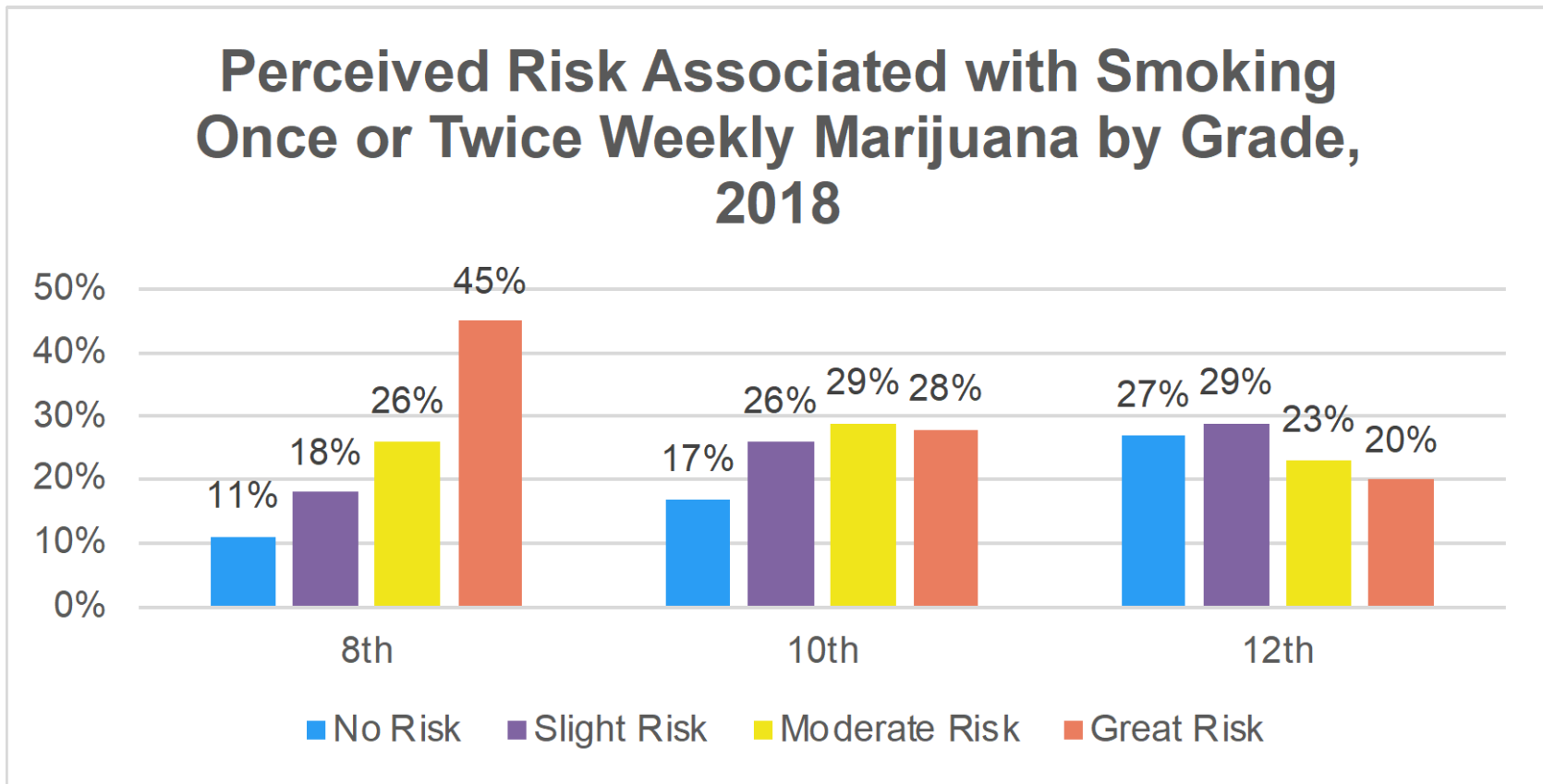
Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, (2019).

Characteristics of Cannabis Use – Ease of Access



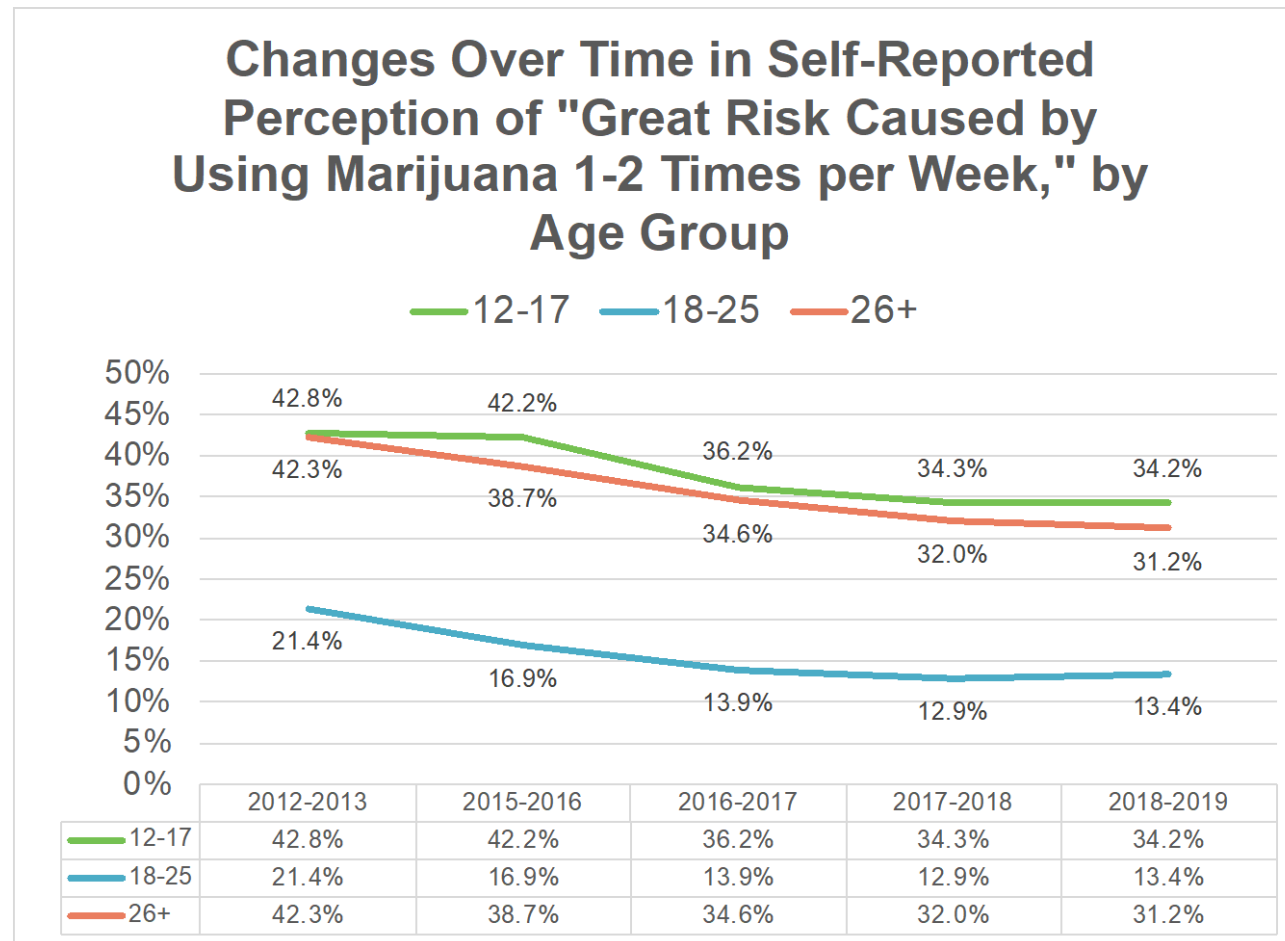
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Characteristics of Cannabis Use – Perceived Risk



Source: Center for Prevention Research and Development. (2018). Illinois Youth Survey 2018 Frequency Report: State of Illinois. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Characteristics of Cannabis Use – Perceived Risk



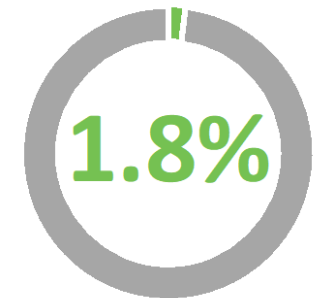
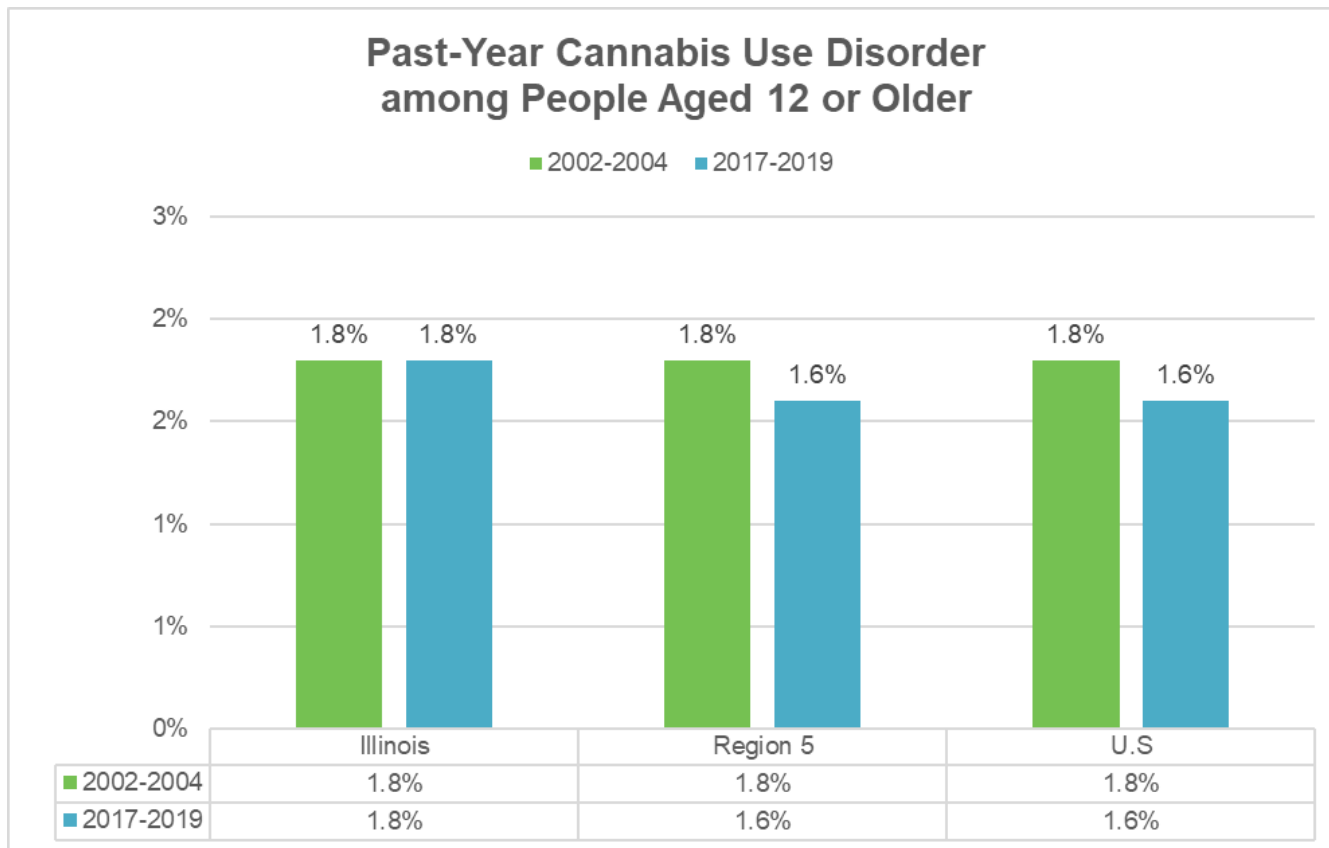
Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Cannabis Use Disorder and Treatment Characteristics

Cannabis Use Disorder and Treatment Highlights

- Less than two percent of Illinois residents 12 years of age or older meet DSM criteria for a past-year cannabis use disorder (CUD). However, this increases to 7.2% among 18- to 25-year-olds, the group with the highest prevalence of CUD.
- The prevalence of CUD has been increasing among 18- to 25-year-olds since 2017 and 12- to 17-year-olds since 2018.
- Claims data for Illinoisans on Medicaid indicate that 17% (28,961) that received any kind of substance use treatment in 2018 received treatment for a CUD.
- Similarly, 16.8% of admissions (N = 23,602) to publicly funded treatment in Illinois (including those on Medicaid) between 2017 and 2019 had cannabis as their primary substance.

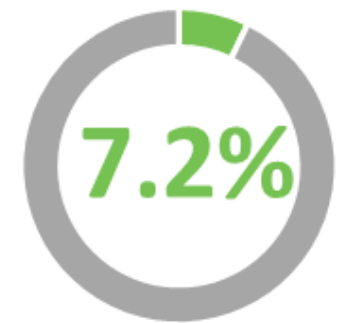
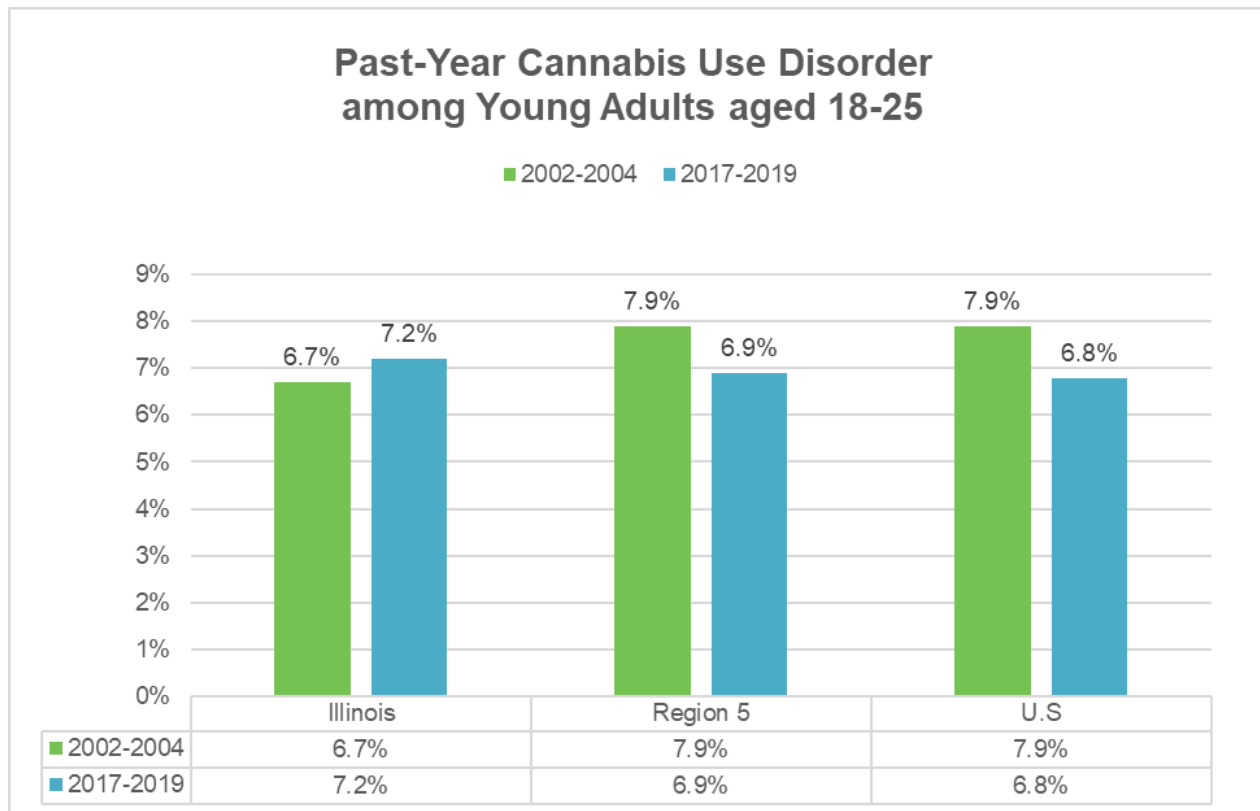
Cannabis Use Disorder and Treatment Characteristics



1.8% of Illinoisians age 12 or older report meeting criteria for cannabis use disorder in the past 12 months.

Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

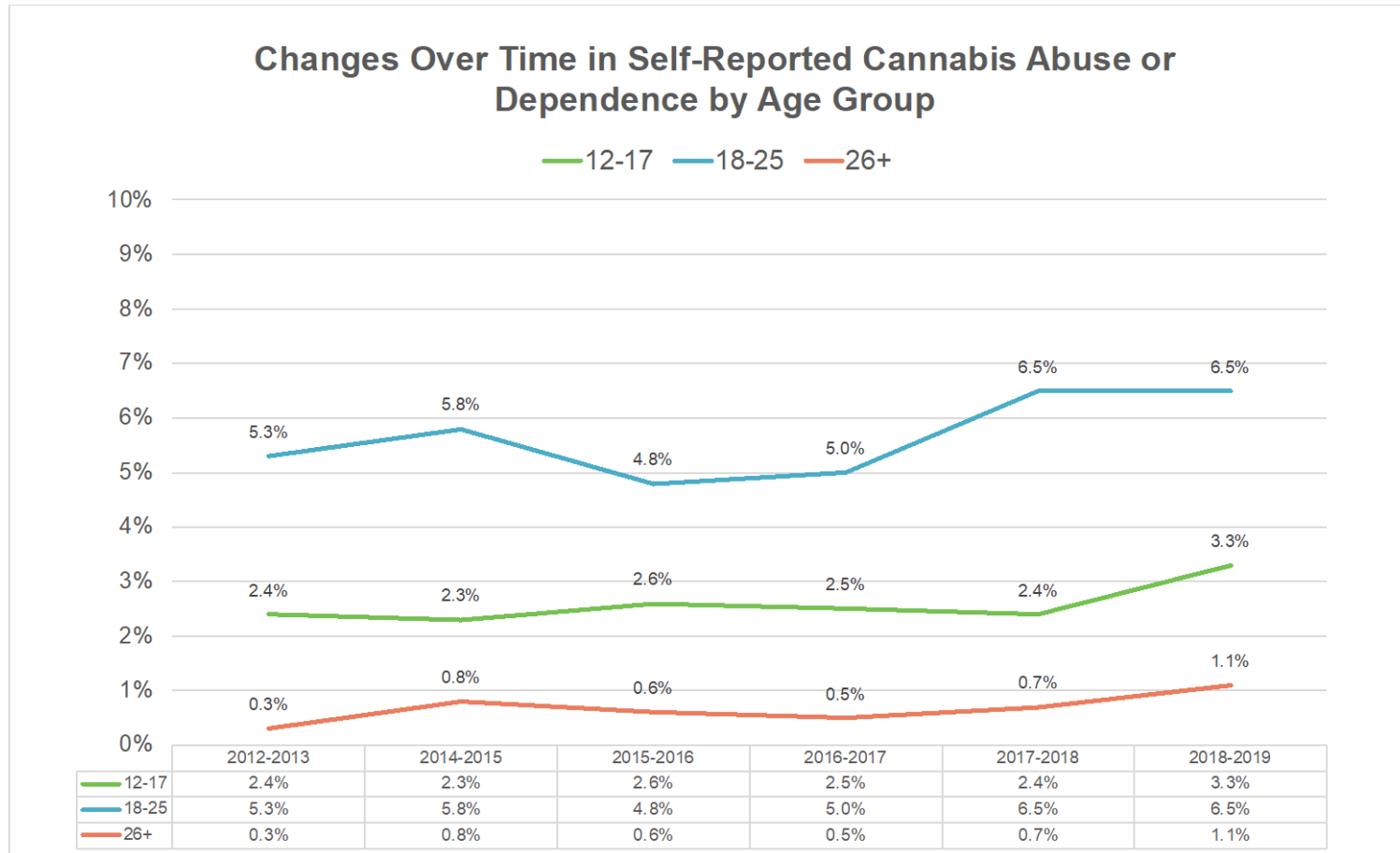
Cannabis Use Disorder and Treatment Characteristics



7% of young adults ages 18-25 report meeting criteria for cannabis use disorder in the past 12 months.

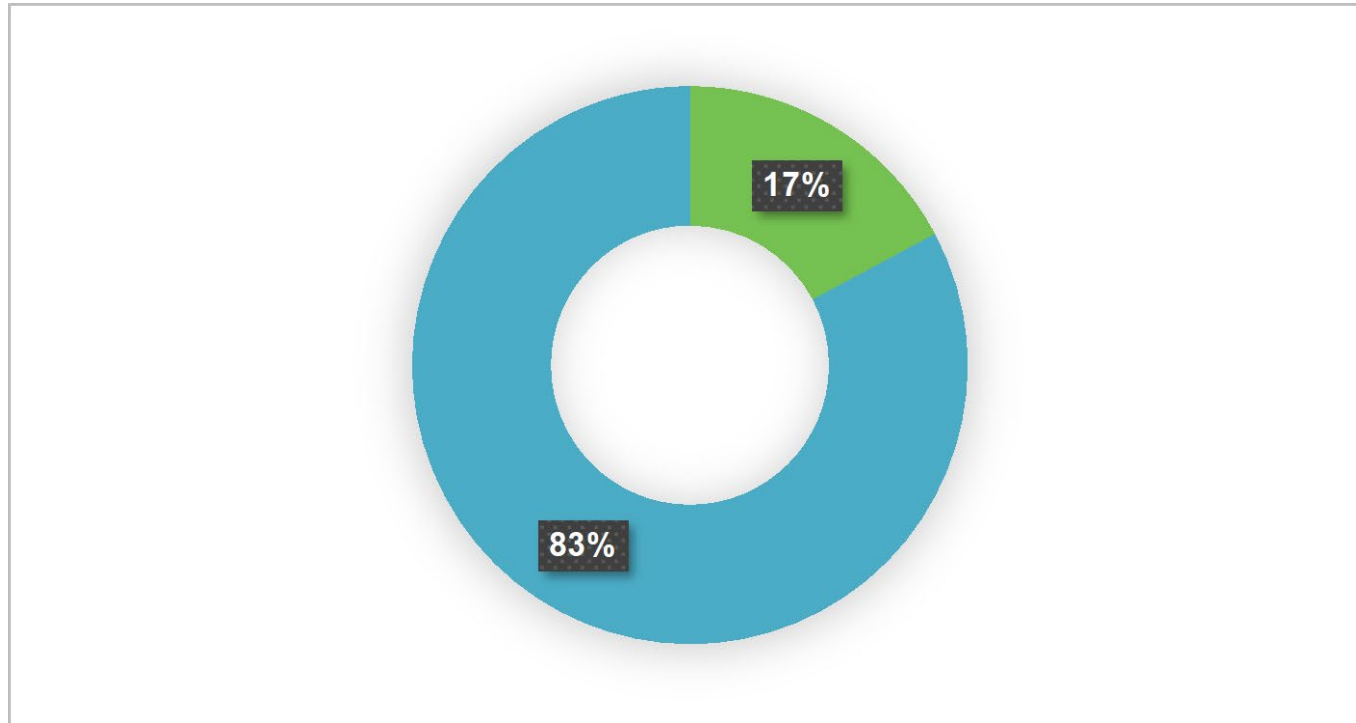
Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-20-Baro-19-IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020.

Cannabis Use Disorder and Treatment Characteristics



Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Cannabis Use Disorder and Treatment Characteristics



17% (28,961) of Illinois Medicaid beneficiaries who are receiving SUD treatment (168,468) , received treatment for cannabis use disorder.

Source: Mathematica's analysis of the 2018 TAF release 1, Medicaid beneficiaries ages 12 and older who have full or comprehensive benefits.

Cannabis Use Disorder and Treatment Characteristics

- From 2017-2019, there were a total of **140,682 admissions** to substance use disorder treatment in Illinois. Of these, **16.8%** (N = **23,602**) had a primary drug of cannabis/marijuana.
- A total of **50,660 treatment admissions (36.0%)** reported cannabis/marijuana as their primary, secondary, or tertiary drug.

Cannabis Use Disorder and Treatment Characteristics

Compared with treatment admissions with other primary substances of misuse, those admitted for a cannabis use disorder were more likely to (be):

- Black/African American (42.3% vs. 32.2%) or Hispanic/Latino (17.5% vs. 12.5%) and less likely to be White (35.3% vs. 52.4%).
- Male (75.8% vs. 63.0%).
- Younger (35.9% 20 years of age or younger vs. 2.9%).
- Pregnant at admission (11.0% vs. 7.3%).
- Report court or criminal justice system as the referral source (69.2% vs. 29.0%).
- Younger at first age of use of their primary drug (86% 17 years or age or younger vs. 39.0%).
- Report smoking as the primary route of administration (95.8% vs. 13.1%).
- Report frequency of use as “some use” (39.6% vs. 23.0%) and less likely to report daily use (33.6% vs. 56.6%).
- Be admitted to an ambulatory, non-intensive outpatient program (70.2% vs. 43.5%).

Compared with treatment admissions for other primary substances of misuse, those admitted for a cannabis use disorder were less likely to (be):

- Report veteran status (4.7% vs. 8.4%).
- Have a co-occurring mental and substance use disorder (10.9% vs. 13.9%)
- Report having been in substance use treatment previously (40.8% vs. 66.8%).

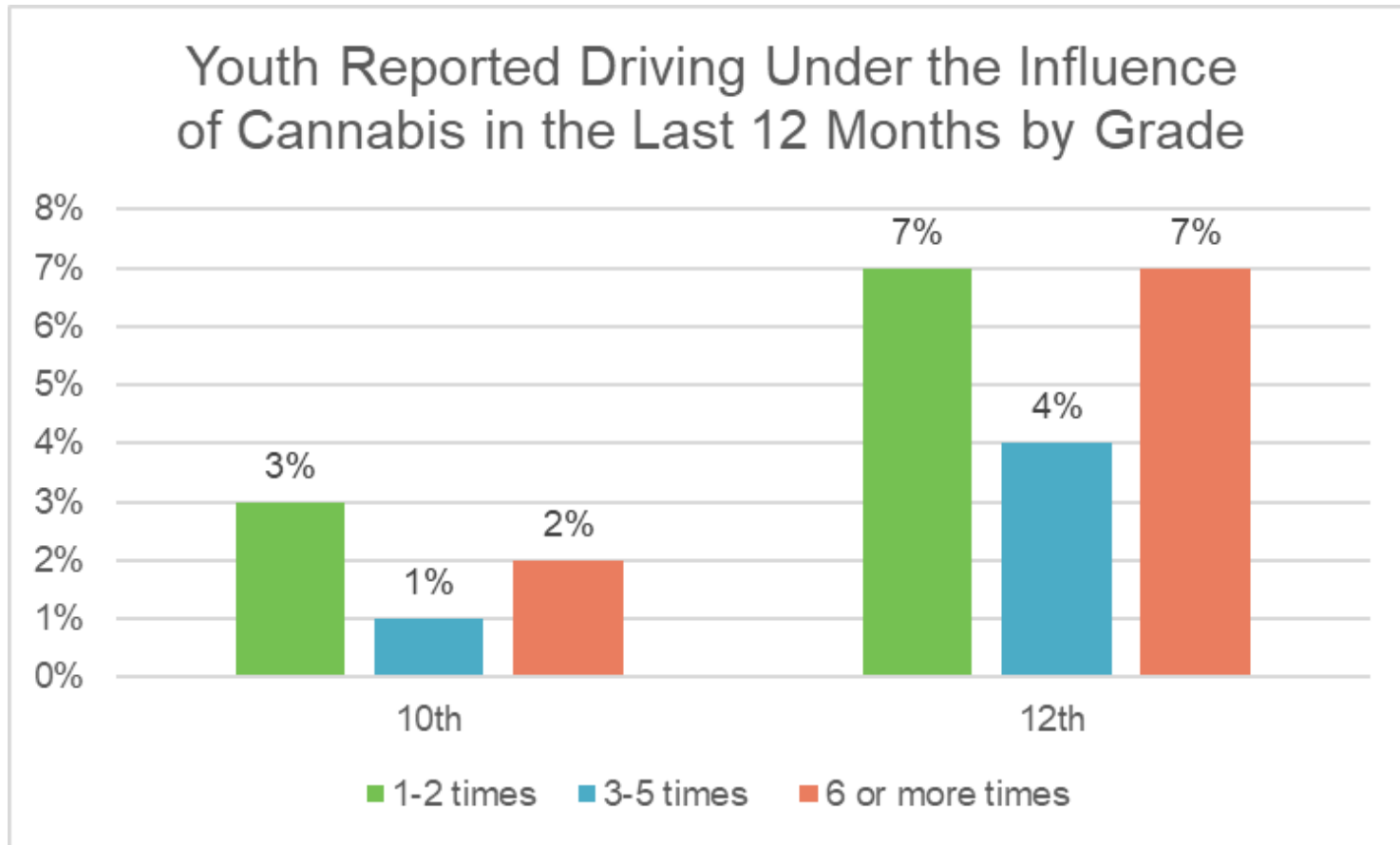


Public Health Effects

Public Health Effects Highlights

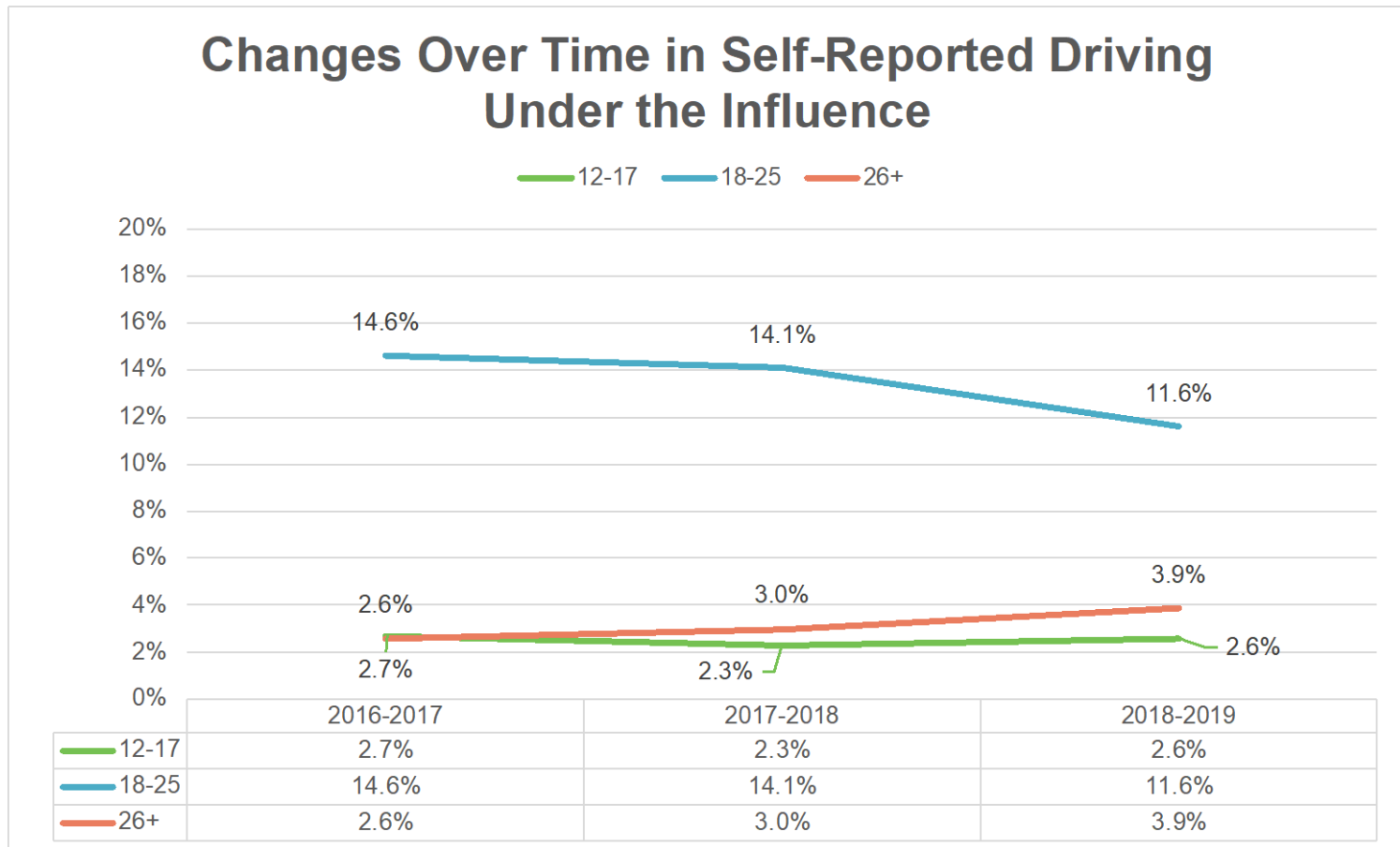
- Seven percent of 12th graders report driving under the influence of marijuana 6 or more times in the past year.
- 18- to 25-year-olds were the most likely age group to report driving under the influence (11.6%) in 2018-2019, representing a decline since 2016-2017 (14.6%).
- The state has experienced a large increase in reported pediatric poisonings owing to edible cannabis products from 11 such reported incidents in 2018 to 150 such incidents in 2020.
- The number of overdose fatalities between 2015 and 2019 with cannabis as a contributing cause has remained low (10 to 16 fatalities per year) per reports to the CDC.

Public Health Effects - DUI



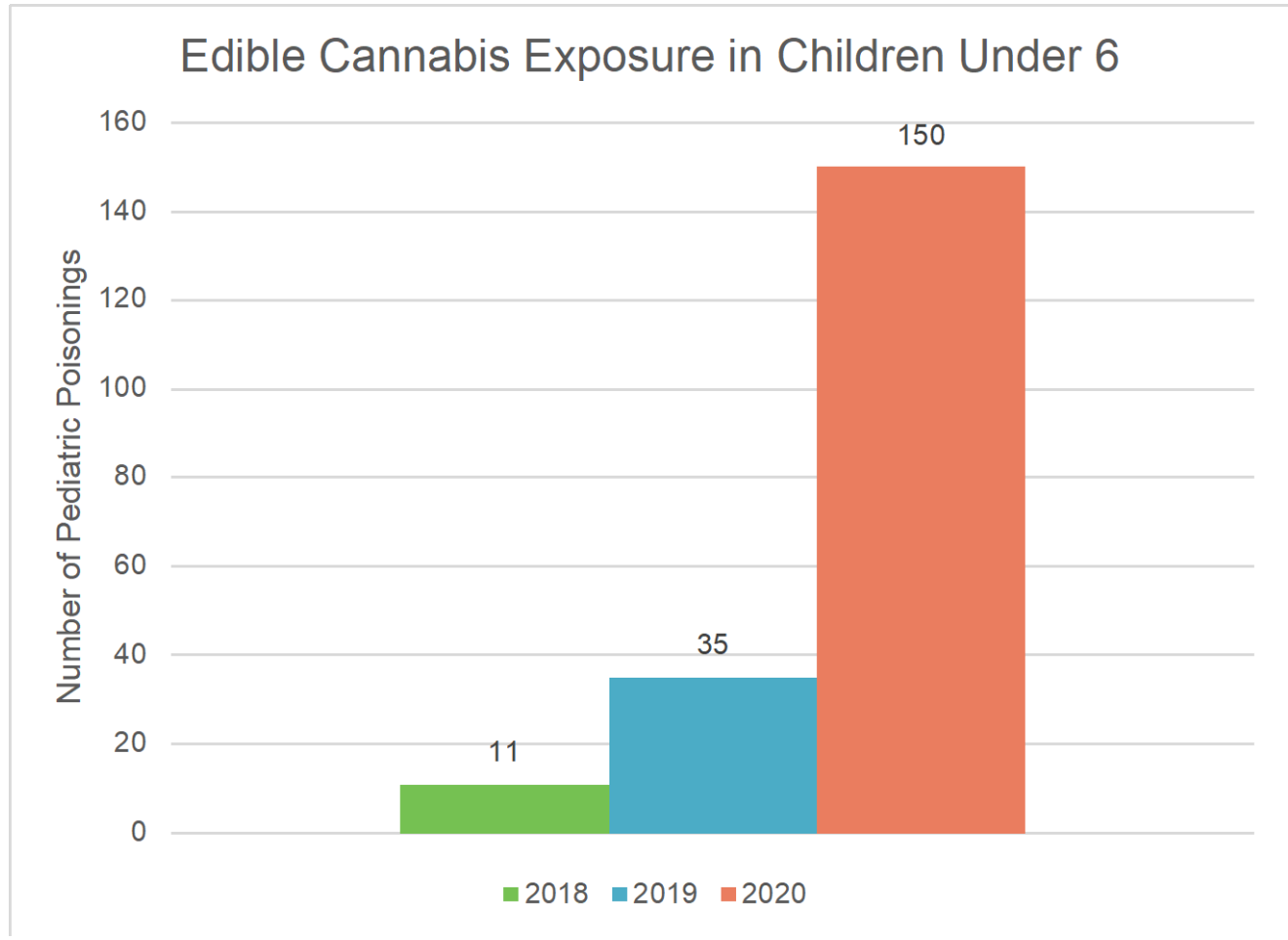
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Public Health Effects - DUI



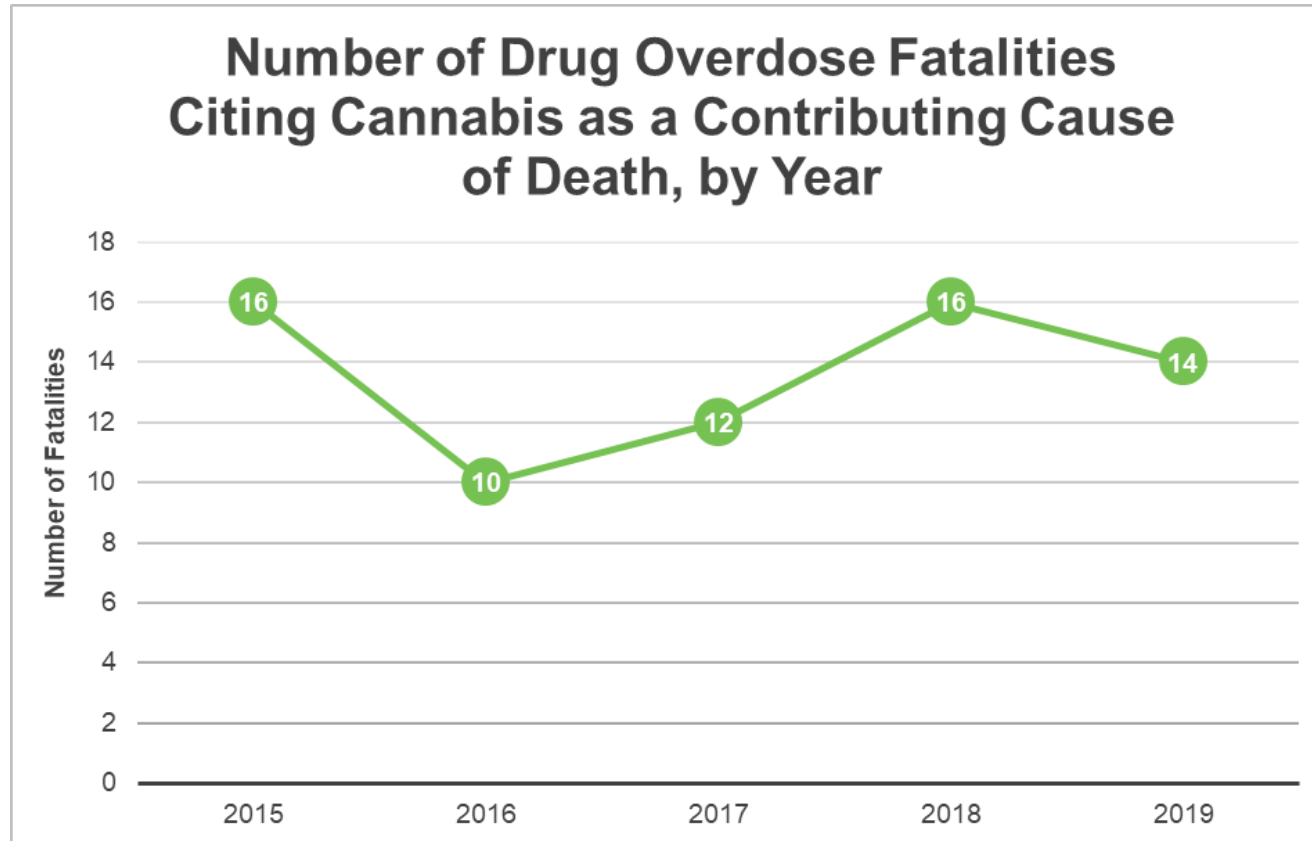
Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>

Public Health Effects - DUI



Source: Illinois Poison Center, Illinois Health and Hospital Association (2020).

Public Health Effects



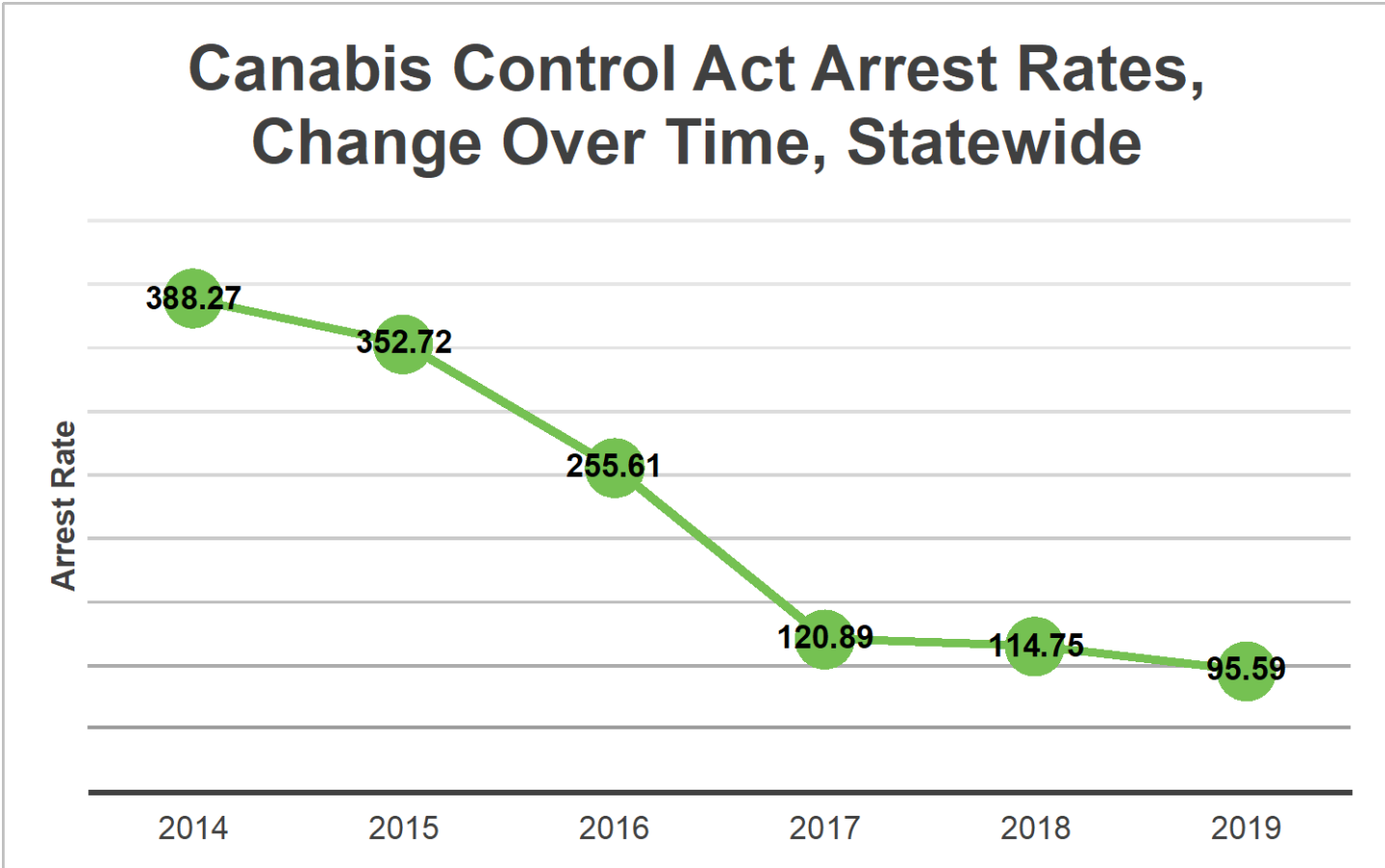
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html> on Aug 27, 2021 12:02:46 PM

Cannabis and the Criminal Justice System

Criminal Justice Highlights

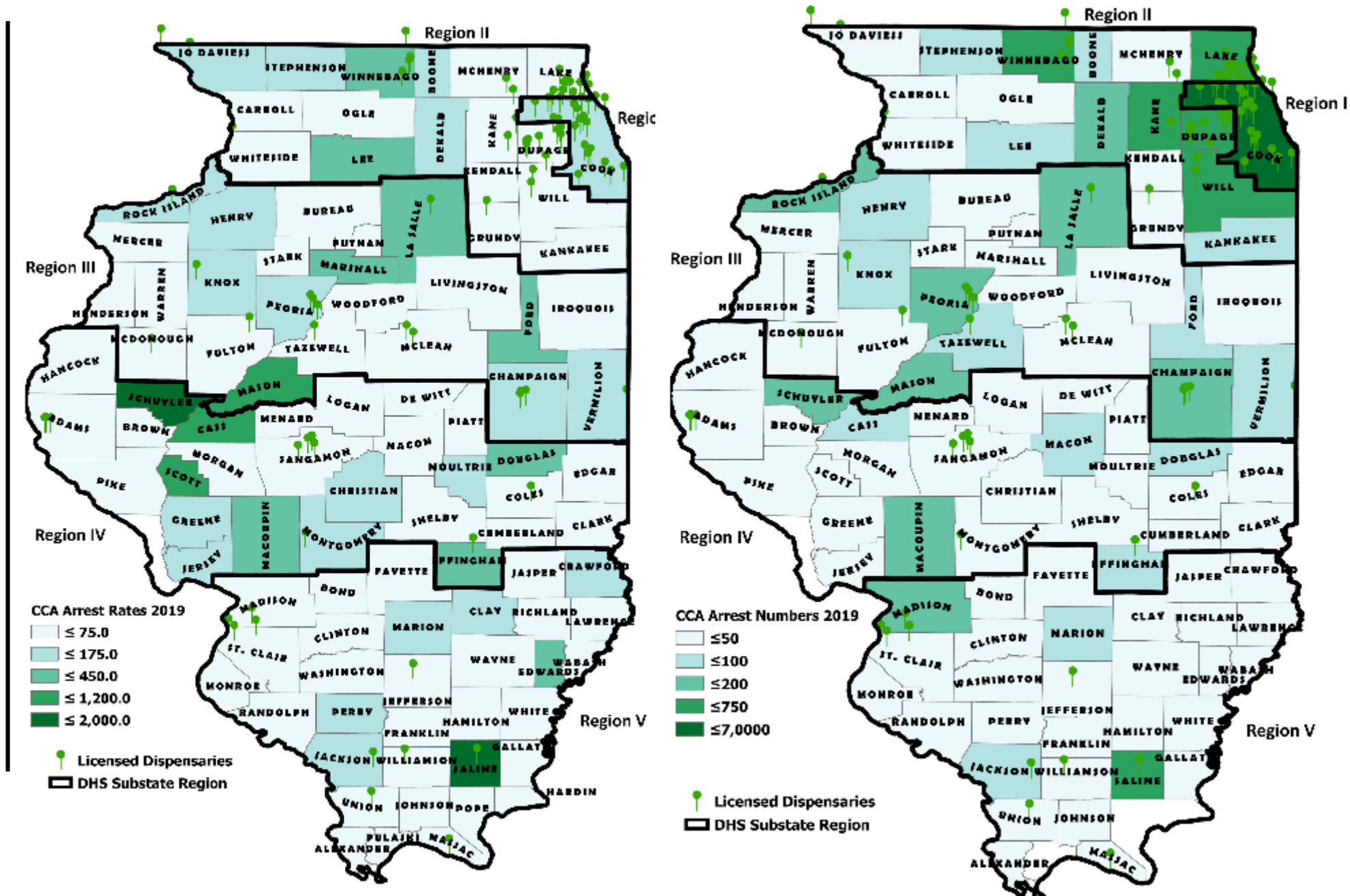
- Cannabis Control Act (CCA) arrests and arrest rates have declined sharply across the state since 2014.
- Despite these declines there remains significant variation by county in terms of both the arrest rates and number of such arrests.
- A recent article in the Chicago Tribune (April 2021) highlighted the continuing racial disparities in Chicago CCA arrests with Black/African Americans (77%) comprising the majority of such arrests.
- Analysis comparing the arrest numbers by Chicago Police district support this finding with districts on the cities west and southwest sides having the highest average monthly arrest rates (and the lowest numbers of licensed dispensaries).
- The majority of the Chicago arrests in 2020 and 2021 (72%) were for manufacturing/delivery or possession of larger amounts of cannabis.
- DEA seizures of cannabis plants has dropped substantially since 2014.

Criminal Justice



Source: Federal Bureau of Investigation (2014-2019). *Crime in the United States, 2014-2019*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation. Available at: <https://www.fbi.gov/about-us/cjis/ucr>

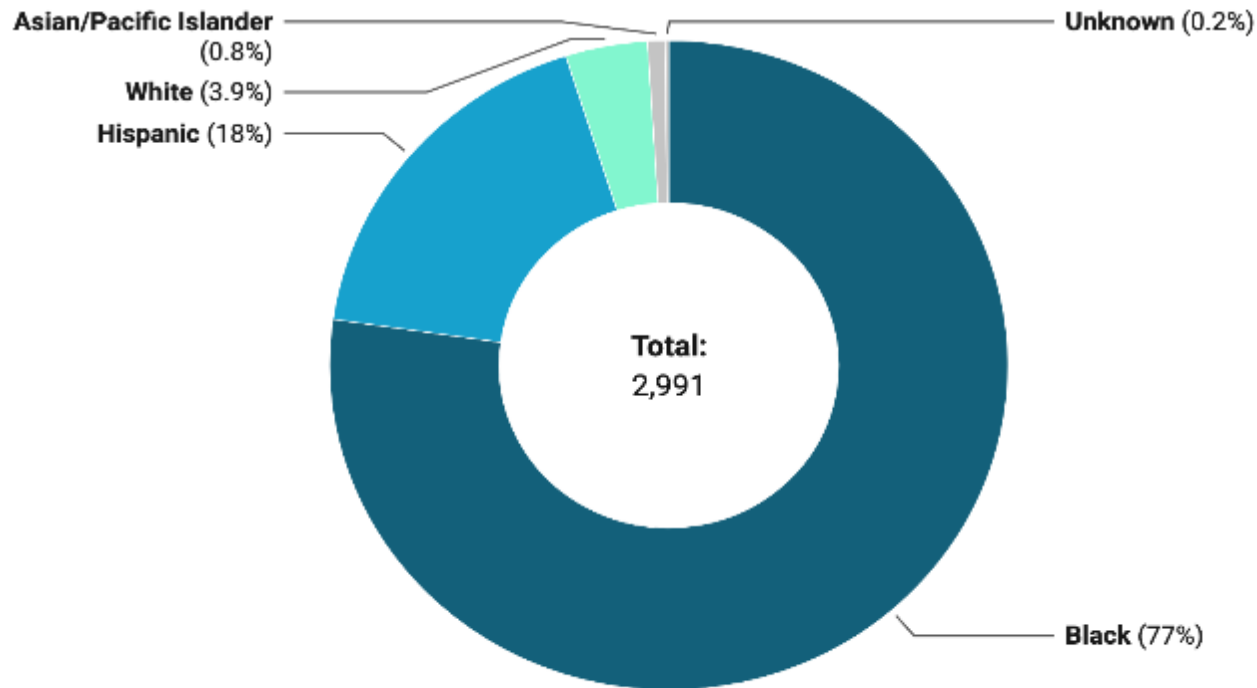
Criminal Justice – 2019 CCA Arrest Rates and Numbers



Criminal Justice – Chicago Arrests by Race/Ethnicity

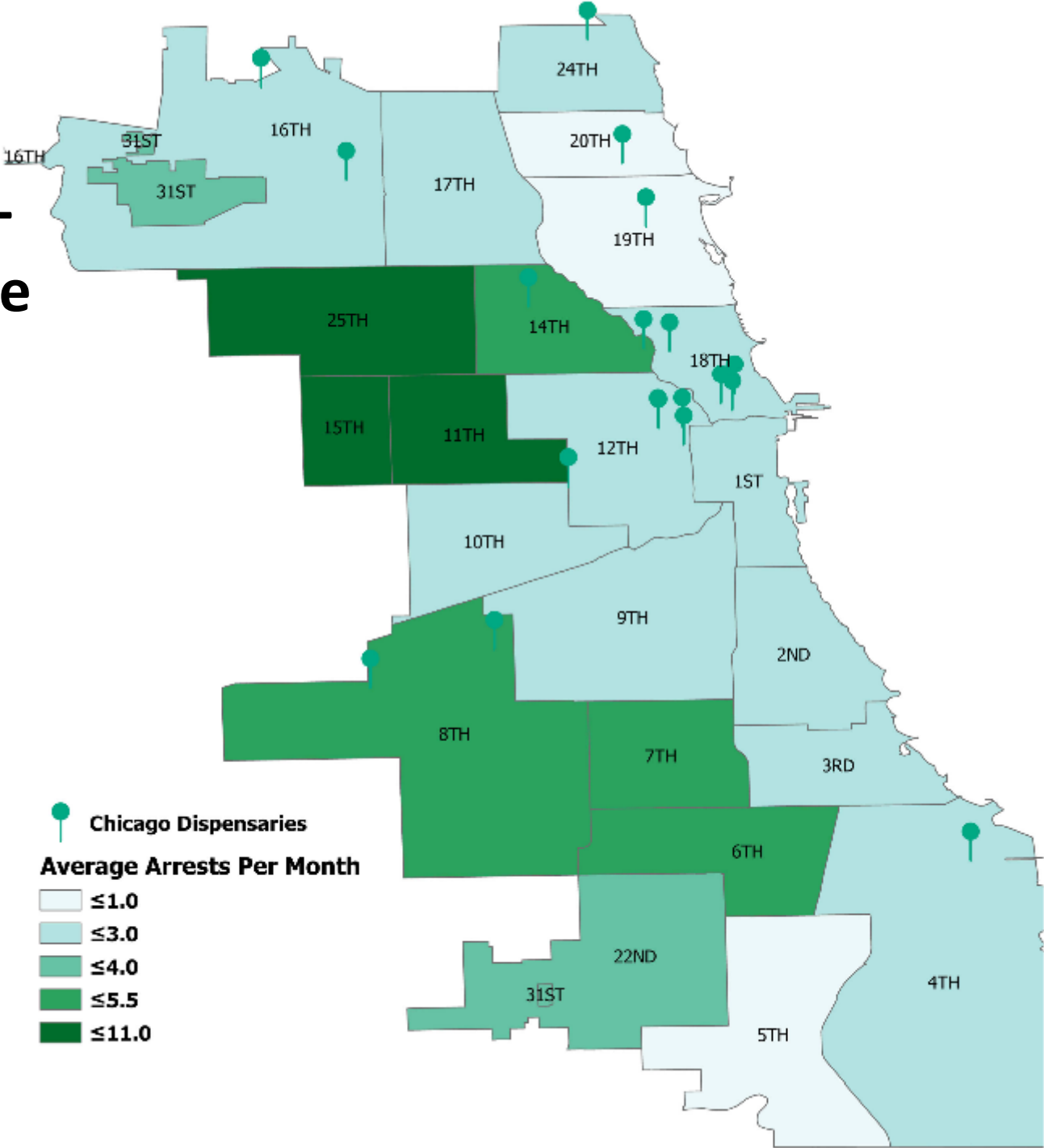
2020 marijuana arrests by race

Black people accounted for more than three-quarters of the arrests for Chicago marijuana-related offenses in 2020.



Source: Lee, W. (April 15, 2021). *Legal weed's first year in Chicago: High arrest rates for Black people, a boutique experience for others.* Chicago Tribune.

Criminal Justice – 2019 CCA Average Monthly Arrest Rates



Criminal Justice – Chicago Arrest Details

Cannabis Control Act Arrests by Charge Category – Chicago (2020 – 2021)

CCA Arrest Charge	2020	2021	Total
Cannabis Plant	2 (0.2%)	1 (0.2%)	3 (0.2%)
Manufacture/Deliver 10 grams or less	127 (12.7%)	27 (5.1%)	154 (10.1%)
Manufacture/Deliver over 10 grams	369 (36.9%)	167 (31.6%)	536 (35.1%)
Possess Cannabis 30 grams or less	153 (15.3%)	120 (22.7%)	273 (17.9%)
Possess Cannabis over 30 grams	349 (34.9%)	213 (40.3%)	562 (36.8%)
Total	1,000	528	1,528

Source: Chicago Police Department CLEARMap, <https://gis.chicagopolice.org/>. Arrests selected on keyword “Cannabis” for all police districts from February 19, 2020 through August 15, 2201

Criminal Justice – DEA Seizures

Drug Enforcement Agency (DEA) Domestic Cannabis Suppression & Eradication Program

Year	2014	2015	2016	2017	2018	2019	2020
Outdoor grow sites	113	62	45	32	13	11	8
Outdoor plants	11,776	2,897	7,494	10,345	1,096	1,367	1,496
Indoor grow sites	42	36	24	14	7	1	2
Indoor plants	2,550	993	966	842	93	3	19
Bulk processed marijuana (lbs)	174	96	80	131	2	0	27
Number of arrests	80	58	42	18	7	2	10
Assets seized (\$ value)	\$58,518	\$44,409	\$442,087	\$222,209	\$5,273	\$0.00	\$0.00
Weapons seized	87	105	82	11	15	3	0

Source: U.S. Department of Justice, Drug Enforcement Administration. Cannabis Eradication, at <https://www.dea.gov/domestic-cannabis-suppression-eradication-program>, Sourcebook of Criminal Justice Statistics, at <http://www.albany.edu/sourcebook>

End.