

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

Erin Johnson
Illinois Cannabis Regulation Oversight Officer
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March 31, 2023

Re: Data relevant to cannabis 8-factor analysis review

Dear Intergovernmental Affairs Team:

Please find the attached reports to see Illinois' experience with legal medical and adult use cannabis from our perspective. As of February 28, 2023, consumers have legally purchased \$5.5 billion in cannabis at dispensaries across the State. These sales came from a total of over 126 million items and over 287 tons of cannabis (260,000 kilograms). Further, an additional \$2.1 billion in wholesale transactions prior to sale in our retail markets made cannabis the third largest crop by value in Illinois. With these legal sales, cannabis legalization has created hundreds of new legal businesses in Illinois and as of June 30, 2022, directly employed at least 7,500 people at licensed cannabis businesses, and supported ancillary and supporting service businesses for a significant economic and business impact in Illinois. All of this economic activity has generated over \$1 billion in new tax revenue.

Market Transactions (1/1/2014-3/1/2023)

	Medical	Adult Use (in state)	Adult Use (out of state)	Adult Use Total	Statewide Total
Wholesale Value	\$1,314,560,368			\$818,106,055	\$2,132,666,422
Retail Items Sold	25,900,616	75,498,370	25,226,153	100,724,523	126,625,139
Retail Weight (g)	55,194,651	153,798,032	51,129,074	204,927,106	260,121,757
Retail Value	\$1,178,302,521	\$3,209,111,721	\$1,154,781,338	\$4,363,893,059	\$5,542,195,580
Tax Revenue	\$86,414,614			\$1,142,023,586	\$1,228,438,200

Since legalization, Illinois has had three major social equity policy achievements:

- **First**, legalization has **reduced the harms** caused by involvement with the criminal justice system. Fewer arrests result in fewer people with criminal records that causes immediate emotional stress on the people affected. Being arrested or having a criminal record has further ripple effects beyond the immediate emotional and legal impact: it affects credit scores, access to housing, and harms eligibility for other federal and local government programs and funds. Legalization also means fewer public resources for arrest, prosecution, and detention or supervision for cannabis-related offenses.

- **Second**, the tax revenue generated from these sales have allowed the State to **cover fully administrative expenses and reinvest hundreds of millions of tax dollars** in communities across Illinois. The social equity programs directly support the most in-need and high-risk communities with trauma services, violence prevention, and workforce development.
- **Third**, all cannabis businesses with **new licenses have qualified as Social Equity Applicants**, dramatically increasing the diversity of ownership, management, and employment in our cannabis market. The social equity benefits of this approach have directly supported business creation in areas disproportionately impacted by prior criminalization and will have a positive effect on community economic indicators.

In Illinois, 13 different state agencies have responsibilities for implementation of the Compassionate Use of Medical Cannabis Program and the Cannabis Regulation and Tax Act. Attached are the annual reports from these agencies. These reports show that cannabis legalization has not had a harmful effect on the residents of Illinois. Instead, medical cannabis patients have been able to access cannabis to address 56 statutorily permitted medical conditions with licensed-physician certification, guidance, and advice. Instead of tens of thousands of cannabis arrests annually, criminal justice system involvement and impacts have been eliminated for cannabis consumers and allowed for law enforcement efforts to be reallocated to violent and property crimes. Finally, millions of new tax dollars have been invested in critical violence prevention, substance abuse treatment and trauma services, and workforce development training that have been accessed by tens of thousands of Illinois residents.

Compared to the benefits of legal cannabis in Illinois, harmful consequences are insignificant. The attached annual reports show that consumption of cannabis by minors has not dramatically increased. Driving under the influence of cannabis has increased but, importantly, cannabis-involved accidents decreased by the second year of legalization by 75% and remain a small fraction of all traffic accidents. Illinois Poison Center has reported more calls about youth ingestion but preliminary data do not show death or severe lasting harm related to the incidents. More research is needed on the overdoses and continued emphasis on public health messaging to address and further reduce these consequences is a top priority for Illinois.

Illinois has raised over \$1 billion in tax revenue in just three years as a result of cannabis adult use legality in Illinois, an average of \$333 million per year. The State has raised an additional \$86 million of tax revenue on the sale of medical cannabis, an average of over \$10 million per year. On top of these cannabis-specific taxes, State and local government has received increased sales taxes that apply to consumer purchases of cannabis. The combination of all these funds has left Illinois governments better funded for purposes of addressing public health and safety concerns, including substance abuse treatment and first-responder services.

Finally, the adult use cannabis tax revenue has been directly reinvested to address the past harms of cannabis prohibition. The Restore Reinvest Renew (R3) program receives 25% of the tax revenue (after administrative expenses) to invest in violence reduction, trauma services, and workforce development. R3 has received a total of almost \$150 million to directly serve these important public purposes. Twenty (20%) of the tax revenue has been allocated to public health services—substance use and mental health treatment, opioid prevention, and behavioral health

workforce development—and an additional 2% for public education efforts to inform consumers and at-risk users like youth about health risks associated with cannabis.

The above narrative describes a positive experience for cannabis legalization in Illinois. Below, we highlight key portions of the annual reports that are relevant for the FDA’s consideration of cannabis scheduling. Attached are the full reports for your review. Any questions or requests for clarity may be sent to FPR.CROO@Illinois.gov or Erin.Johnson@Illinois.gov.

Thank you for the opportunity to share our Illinois experience,

/s/ Erin Johnson

Erin Johnson, Cannabis Regulation Oversight Officer

A summary of key points from the annual reports continues on the following pages.

Contents

I.	Compassionate Use of Medical Cannabis Program Reports.....	5
a.	2014 Annual Report	5
b.	2015 Annual Report	5
	<i>Note the meeting minutes from this hearing are also attached.....</i>	<i>6</i>
c.	Mid-Year Report – January 2016	6
d.	2016 Annual Report	6
e.	2017 Annual Report	6
f.	2018 Annual Report	7
g.	2019 Annual Report	8
h.	2020 Annual Report	9
i.	2021 Annual Report	11
j.	2022 Annual Report	11
II.	Adult Use Cannabis Health Advisory Committee Reports	12
a.	2021 Annual Report	12
b.	2022 Annual Report	26
III.	State Police and Public Safety.....	41
a.	ISP 2021 Annual Report	41
b.	ISP 2022 Annual Report	44
IV.	Expungement.....	46
a.	Background	46
b.	ISP 2021 Annual Report	46
c.	ISP 2022 Annual Report	47
d.	Most Recent Expungement Data (1/17/2023).....	47
V.	Grant Programs.....	47
a.	Restore Reinvest Renew (R3).....	47
b.	Department of Human Services (DHS).....	48
c.	Department of Commerce and Economic Opportunity (DCEO)	51
VI.	Regulating Agencies	51
a.	Illinois Department of Agriculture (IDOA) 2021 Annual Report	51
b.	IDOA 2022 Annual Report.....	52
c.	Illinois Department of Financial and Professional Regulation (IDFPR) 2021 Annual Report	52
d.	IDFPR 2022 Annual Report.....	54
e.	Summary Statistics (from State’s cannabis website)	55
VII.	Tax Revenue	62
a.	Illinois Department of Revenue (IDOR) 2021 Annual Report	62
b.	Cannabis Regulation Fund Fiscal Year Reports (FY20-FY23).....	63

I. Compassionate Use of Medical Cannabis Program Reports

a. 2014 Annual Report

- i. Pub. Act 98-0122 creates the Medical Cannabis Program
- ii. Signed August 1, 2013
- iii. Effective January 1, 2014
- iv. Rules enacted July 15, 2014
- v. July 20, 2014: seizures (adult and children) added as qualifying condition
- vi. September 2, 2014: qualifying patients and designated caregivers started registering
- vii. September 29, 2014: thousands of eligible patients started applications

b. 2015 Annual Report

- i. Pub. Act 98-0122 has dual purposes: “first, to provide Illinois residents who may receive therapeutic or palliative effects from medical cannabis with an avenue to obtain the product, and second, to protect patients with debilitating medical conditions, as well as their physicians and providers, from criminal and civil liability.”
- ii. Almost 22,600 people began applications
- iii. 3,300 people completed an application
- iv. 2,600 people received medical cards; 9 under 18 years old
 1. 60% were women
 2. 70% were White, 10% were Black, 18% did not report race
 3. Most were in Cook County (where Chicago is located)
- v. In review of other state’s medical programs, the annual report noted that 18 of 23 other states (in 2015) permit “chronic pain” as a qualifying condition while Illinois did not at that time. “In Colorado, ‘chronic pain’ accounts for 93 percent of all reported debilitating conditions by patient applicants. In Arizona, 72 percent of patients apply under the ‘chronic pain’ category.”
- vi. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition):
 1. Severe fibromyalgia, 437 patients
 2. Cancer, 435
 3. Spinal cord injury, 377
 4. Multiple Sclerosis, 332
 5. Spinal cord disease/Arachnoiditis, 225
 6. Traumatic Brain Injury/Post-concussion Syndrome, 192
 7. Rheumatoid arthritis, 181
 8. CRPS (Complex Regional Pain Syndromes Type II) 172
 9. HIV/AIDS, 139
 10. Chron’s disease, 135
- vii. In May 2015, the Medical Cannabis Advisory Board heard 22 petitions for 14 debilitating conditions. After careful deliberation, the Board recommended adding 11 of 14 petitions:
 1. Anorexia Nervosa
 2. *Anxiety (not approved)*
 3. Chronic Post-Operative Pain
 4. *Diabetes (not approved)*
 5. Ehlers-Danlos Syndrome

6. *Essential Thrombocythemia with a JAK 2 Mutation (not approved)*
7. Irritable Bowel Syndrome
8. Migraine
9. Neuropathy
10. Osteoarthritis
11. Polycystic Kidney Disease
12. Post-traumatic Stress Disorder
13. Neuro-Behçet's Auto Immune Disease
14. Superior Canal Dehiscence Syndrome

Note the meeting minutes from this hearing are also attached.

- viii. Between September 2, 2014, and June 30, 2015, 1,175 Illinois-licensed physicians submitted patient certifications. Almost all certified fewer than 25 physicians (99%).

c. Mid-Year Report – January 2016

- i. First medical cannabis dispensary opened November 9, 2015.
- ii. Qualifying patients increased by more than 1,300 between June 2015 and January 2016.
- iii. Cancer and MS became more common among qualifying medical patients.
- iv. Qualifying patients became more male.

d. 2016 Annual Report

- i. As of June 30, 2016, 7,900 qualifying patients were approved
- ii. 61 patients were under 18 years old
- iii. Almost 44,000 people logged onto the registry website
- iv. 10,350 people completed an application
- v. More than 400 veterans and 1,450 qualifying patients received a reduced application fee.
- vi. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition):
 1. Severe fibromyalgia, 1,194 patients
 2. Cancer, 1,182
 3. Spinal cord injury, 586
 4. Multiple Sclerosis, 545
 5. Rheumatoid arthritis, 452
 6. Spinal cord disease/Arachnoiditis, 400
 7. Traumatic Brain Injury/Post-concussion Syndrome, 388
 8. Seizure Disorders (including those characteristic of epilepsy), 358
 9. Chron's disease, 278
 10. Glaucoma, 246
 11. CRPS (Complex Regional Pain Syndromes Type II), 209
 12. HIV/AIDS, 204
- vii. For the fiscal year that ended June 30, 2016, almost 1,800 Illinois-licensed physicians submitted patient certifications. Almost all certified fewer than 25 physicians (99%).

e. 2017 Annual Report

- i. Pub. Act 99-0519 added Post Traumatic Stress Disorder and allowed people with terminal illnesses to apply for an expedited medical cannabis card.
- ii. As of June 30, 2017, 21,800 qualifying patients were approved
- iii. 180 patients were under 18 years old

- iv. Slightly more women (51%) applied for cards than men
- v. Almost 1,300 veterans and almost 3,000 qualifying patients received a reduced application fee.
- vi. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition and not all conditions shown):
 - 1. Severe fibromyalgia, 2,407 patients
 - 2. Cancer, 2,139
 - 3. PTSD, 1,889
 - 4. Spinal cord injury, 1,166
 - 5. Rheumatoid arthritis, 786
 - 6. Seizure Disorders (including those characteristic of epilepsy), 671
 - 7. Spinal cord disease/Arachnoiditis, 601
 - 8. Multiple Sclerosis, 596
 - 9. Traumatic Brain Injury/Post-concussion Syndrome, 563
 - 10. Chron's disease, 542
 - 11. Residual limb pain, 354
 - 12. Reflex Sympathetic Dystrophy (Complex Regional Pain Syndromes Type I), 352
 - 13. CRPS (Complex Regional Pain Syndromes Type II), 351
 - 14. Terminal Illness, 305
 - 15. Glaucoma, 287
 - 16. HIV/AIDS, 216
- vii. For the fiscal year that ended June 30, 2017, almost 2,100 Illinois-licensed physicians submitted patient certifications. Almost all certified fewer than 25 physicians (99%). Sixteen physicians certified more than 100 patients each.
- viii. 200 qualifying patients requested an exception to purchase more than the permitted 2.5 ounces of medical cannabis during a 14-day period (the typical "adequate supply").
 - 1. 25% of those requesting an increase had a diagnosis of cancer
 - 2. Other debilitating conditions were HIV/AIDS, seizure disorders, and Chronic Inflammatory Demyelinating Polyneuropathy
- ix. Since the medical program began through June 30, 2017:
 - 1. \$72 million in total medical retail sales
 - 2. \$44 million in total wholesale sales

f. 2018 Annual Report

- i. As of June 30, 2018, 39,808 qualifying patients were approved
- ii. 112 patients under 18 were approved during the fiscal year
- iii. Slightly more women (52%) applied for cards than men
- iv. Almost 13% of approved applications were over 70 years old
- v. 20% of all qualifying patients indicated PTSD as their debilitating condition
- vi. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition and not all conditions shown):
 - 1. PTSD, 4,151 patients
 - 2. Severe fibromyalgia, 3,408
 - 3. Cancer, 2,526
 - 4. Spinal cord injury, 1,704
 - 5. Traumatic Brain Injury/Post-concussion Syndrome, 999

6. Rheumatoid arthritis, 931
 7. Spinal cord disease/Arachnoiditis, 707
 8. Multiple Sclerosis, 653
 9. Seizure Disorders (including those characteristic of epilepsy), 649
 10. Terminal: Cancer, 560
 11. Reflex Sympathetic Dystrophy (Complex Regional Pain Syndromes Type I), 447
 12. Chron's disease, 438
 13. CRPS (Complex Regional Pain Syndromes Type II), 415
 14. Residual limb pain, 403
 15. Glaucoma, 297
 16. HIV/AIDS, 63
- vii. 1,570 veterans and more than 3,500 qualifying patients received a reduced application fee.
 - viii. For the fiscal year that ended June 30, 2018, over 3,000 Illinois-licensed physicians submitted patient certifications. Almost all certified fewer than 25 patients (99%). Twenty-nine physicians certified more than 100 patients each.
 - ix. 249 qualifying patients requested an exception to purchase more than the permitted 2.5 ounces of medical cannabis during a 14-day period (the typical "adequate supply").
 1. Most of the waivers (85%) were for 2.6 and 5 ounces
 2. 19% of those requesting an increase had a diagnosis of cancer
 3. 20% had multiple qualifying conditions
 4. 14% had severe fibromyalgia
 5. 13% had PTSD
 - x. Since the medical program began through June 30, 2018:
 1. \$184 million in total medical retail sales
 2. \$106 million in total wholesale sales

g. 2019 Annual Report

- i. On August 28, 2018, Pub. Act 100-1114 created the Opioid Alternative Pilot Program, which allows medical cannabis for individuals who have or could receive a prescription for opioids.
- ii. Program launched January 31, 2019, with the long-term goal of reducing opioid deaths.
- iii. On February 1, 2019, the program began provisional card registrations that qualified patients until approval or denial by the State.
- iv. As of June 30, 2019, almost 77,000 qualifying patients were approved
- v. 468 patients under 18 were approved since program inception (172 over the fiscal year)
- vi. Women and men were equally represented
- vii. Almost 13% of approved applications were over 70 years old
- viii. 33% were over 60 years old
- ix. Over half were over 50 years old
- x. Over 20% of all qualifying patients indicated PTSD as their condition
- xi. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition and not all conditions shown):
 1. PTSD, 8,630 patients
 2. Severe fibromyalgia, 5,575
 3. Spinal cord injury, 4,259

4. Cancer, 3,936
 5. Traumatic Brain Injury/Post-concussion Syndrome, 2,200
 6. Rheumatoid arthritis, 1,858
 7. CRPS (Complex Regional Pain Syndromes Type II), 1,509
 8. Spinal cord disease/Arachnoiditis, 1,497
 9. Seizure Disorders (including those characteristic of epilepsy), 1,097
 10. Multiple Sclerosis, 894
 11. Causalgia, 752
 12. Residual limb pain, 725
 13. Chron's disease, 715
 14. Reflex Sympathetic Dystrophy (Complex Regional Pain Syndromes Type I), 652
 15. Glaucoma, 569
 16. Terminal: Cancer, 533
 17. HIV/AIDS, 111
- xii. By the fiscal year ending June 30, 2019, there were 6,500 applications for designated caregivers who are able to purchase products for their qualifying medical patients.
 - xiii. More than 2,300 veterans and more than 5,666 qualifying patients received a reduced application fee.
 - xiv. For the fiscal year that ended June 30, 2019, over 4,500 Illinois-licensed physicians submitted patient certifications. Almost all certified fewer than 25 patients (99%). Fifty-eight physicians certified more than 100 patients each.
 - xv. 455 qualifying patients requested an exception to purchase more than the permitted 2.5 ounces of medical cannabis during a 14-day period (the typical "adequate supply").
 1. Most of the waivers (89%) were for 2.6 and 5 ounces
 - xvi. Opioid Alternative Pilot Program allows patients to register every 90 days
 1. 1,932 patients were actively registered
 2. A small number of patients were rejected because they hold a CDL or school bus driving permit
 3. 96% of patients registering in OAPP had chronic pain that would have received opioids if not for this medical cannabis program
 4. Pain most often was associated with joint, neck, or back pain
 5. Fewer than 5,000 physicians certified under OAPP
 - xvii. Since the medical program began through June 30, 2019 (almost doubling in total sales in just 1 year):
 1. \$364 million in total medical retail sales
 2. \$202 million in total wholesale sales

h. 2020 Annual Report

- i. On August 9, 2019, Pub. Act 101-0363 expanded medical certification to include Advance Practice Registered Nurses and Physician Assistants and added new qualifying conditions:
 1. Autism
 2. Chronic Pain
 3. Irritable Bowel Syndrome
 4. Migraines
 5. Osteoarthritis

6. Anorexia Nervosa
7. Ehlers-Danlos Syndrome
8. Neuro-Behçet's Disease
9. Neuropathy
10. Polycystic Kidney Disease
11. Superior Canal Dehiscence Syndrome
- ii. As of June 30, 2020, almost 121,800 qualifying patients were approved
- iii. 203 patients under 18 were approved over the fiscal year
- iv. Over 35,500 patients requested extensions or renewals
- v. Slightly more men (51%) than women held cards
- vi. Almost 14% of approved applications were over 70 years old
- vii. 36% were over 60 years old
- viii. Over half were over 50 years old
- ix. Over 20% of all qualifying patients indicated chronic pain as their condition
- x. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition and not all conditions shown):
 1. Chronic pain, 14,907 patients
 2. PTSD, 10,065
 3. Osteoarthritis, 5,552
 4. Migraines, 5,211
 5. Cancer, 3,983
 6. Spinal cord injury, 3,442
 7. Severe fibromyalgia, 3,384
 8. IBS, 2,013
 9. Neuropathy, 1,973
 10. Traumatic Brain Injury/Post-concussion Syndrome, 1,762
- xi. During the fiscal year ending June 30, 2020, almost 750 patients had terminal diagnoses and were granted medical cannabis cards (almost all for terminal cancer, 14 for ALS, 9 for traumatic brain injury, 2 for Parkinson's Disease, and 1 for Cachexia/wasting syndrome).
- xii. More than 2,600 veterans and more than 8,000 qualifying patients received a reduced application fee.
- xiii. For the fiscal year that ended June 30, 2019, over 5,300 Illinois-licensed physicians submitted patient certifications. Almost all certified fewer than 25 patients (99%). Sixty-eight physicians certified more than 100 patients each.
- xiv. 608 qualifying patients requested an exception to purchase more than the permitted 2.5 ounces of medical cannabis during a 14-day period (the typical "adequate supply").
 1. Most of the waivers (89%) were for 2.6 and 5 ounces
- xv. Opioid Alternative Pilot Program allows patients to register every 90 days
 1. 1,123 patients were actively registered
 2. 97% of patients registering in OAPP had chronic pain that would have received opioids if not for this medical cannabis program
 3. Pain most often was associated with joint, neck, or back pain
 4. Almost 10,000 physicians certified under OAPP
- xvi. Since the medical program began through June 30, 2020 (almost doubling in total sales again in just 1 year):

1. \$682 million in total medical retail sales
2. \$474 million in total wholesale sales

i. 2021 Annual Report

- i. On July 15, 2021, Pub. Act 102-0098 permits qualifying medical patients to use any medical dispensary (previously could only use a designated dispensary)
- ii. As of June 30, 2020, almost 161,059 qualifying patients were approved
- iii. Over 100,000 patients requested extensions or renewals
- iv. Over 30% of all qualifying patients indicated chronic pain as their condition
- v. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition and not all conditions shown):
 1. Chronic pain, 31%
 2. PTSD, 16%
 3. Migraines, 10%
 4. Osteoarthritis, 10%
 5. Cancer, 5%
- vi. Autism, PTSD, and seizures were the most common qualifying conditions for minor medical cannabis patients
- vii. During the fiscal year ending June 30, 2021, over 350 patients had terminal diagnoses and were granted medical cannabis cards (almost all for terminal cancer)
- viii. More than 10,030 qualifying patients received a reduced application fee
- ix. Patients requested an exception to purchase more than the permitted 2.5 ounces of medical cannabis during a 14-day period (the typical “adequate supply”).
 1. Most of the waivers were for 2.6 and 5 ounces
 2. PTSD, severe fibromyalgia, and chronic pain were the most common diagnoses accompanying adequate supply waivers
- x. Opioid Alternative Pilot Program allows patients to register every 90 days
 1. About 800 patients were actively registered
 2. Pain most often was associated with joint, neck, or back pain

j. 2022 Annual Report

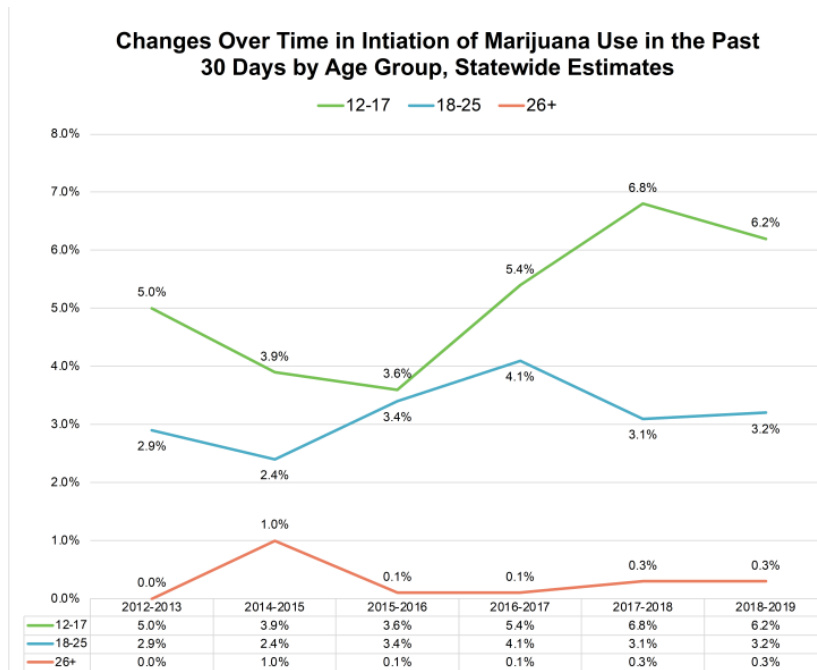
- i. As of June 30, 2022, almost 135,700 active qualifying patients
- ii. Slightly more men (51%) than women held cards
- iii. Almost 14% of approved applications were over 70 years old
- iv. 36% were over 60 years old
- v. Over half were over 50 years old
- vi. Over 20% of all qualifying patients indicated chronic pain as their condition
- vii. The most common qualifying patient applications were for (note: some individuals may have more than one debilitating condition and not all conditions shown):
 1. Chronic pain, 25,604 patients
 2. PTSD, 15,413
 3. Migraines, 7,470
 4. Osteoarthritis, 7,004
 5. Severe fibromyalgia, 4,814
 6. Cancer, 4,804
 7. Spinal cord disease, 3,546
 8. Neuropathy, 2,908

9. IBS, 2,805
10. Rheumatoid arthritis, 2,252
- viii. For the fiscal year that ended June 30, 2021, over 4,000 Illinois-licensed physicians submitted patient certifications.
- ix. Opioid Alternative Pilot Program allows patients to register every 90 days
 1. 1,390 patients were actively registered

II. Adult Use Cannabis Health Advisory Committee Reports

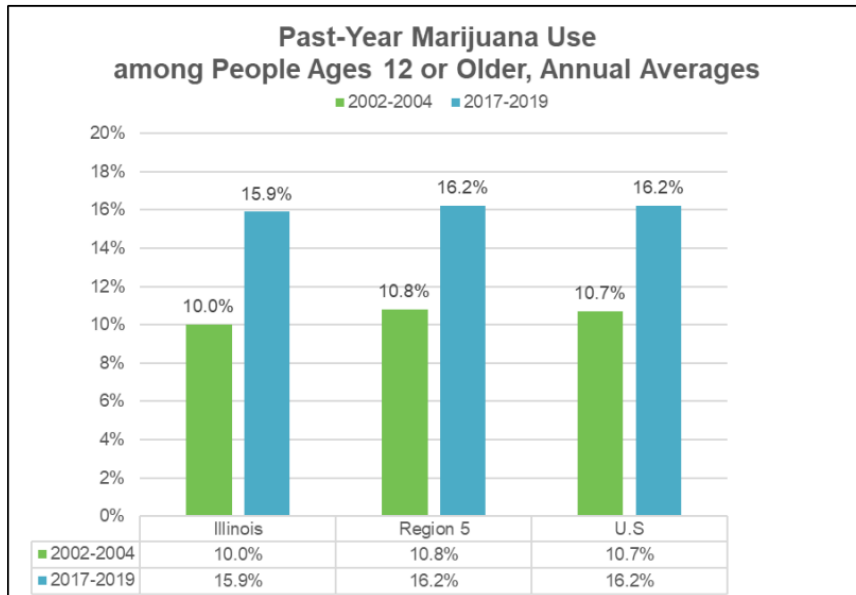
a. 2021 Annual Report

- i. Report contains a quality timeline of cannabis legalization in Illinois, in addition to history listed above:
 1. In July 2014, Pub. Act 98-0775 added seizures to the list of debilitating conditions.
 2. In June 2016, Pub. Act 99-0519 added PTSD to the list of debilitating conditions.
 3. In August 2018, Pub. Act 100-0660 allowed caregivers of a minor registered patient to administer medical cannabis on school property (“Ashley’s Law”).
- ii. Several papers used to brief Illinois’ advisory committee:
- iii. 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>
 1. Differences in state laws and policies make cross-state comparisons and generalizations difficult.
 2. Three (3) years post-legalization is usual full effect and measurement.
 3. Some evidence legalization increases (somewhat) use among adults but data mixed on increases/decreases for youth.
 4. Simple prevalence of use not a sensitive measure; frequency of use might be a better indicator.
 5. Substitutability for alcohol may create public health benefits (reduced alcohol use, binge drinking, and drunk driving).
- iv. “Expert reaction to study looking at cannabis use disorder and schizophrenia in Denmark.” July 21, 2021. <https://www.sciencemediacentre.org/expert-reaction-to-study-looking-at-cannabis-use-disorder-and-schizophrenia-in-denmark/>
 1. 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 medical or adult use but this appears to not have been well studied.
- v. 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>
 1. Pediatric poisonings with adult use are real.
- vi. Every agent working at a dispensary must be registered and receive state-approved training. Over 5,000 trainings occurred in the first year.
- vii. Initiation:



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/>

viii. Prevalence

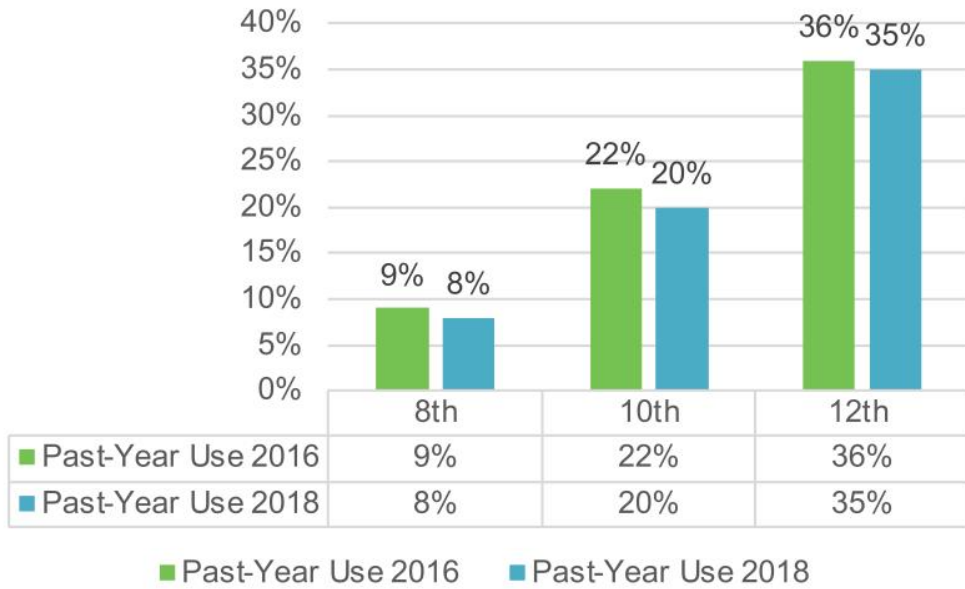


15.9% of Illinoisians report marijuana use in the last 12 months.

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.

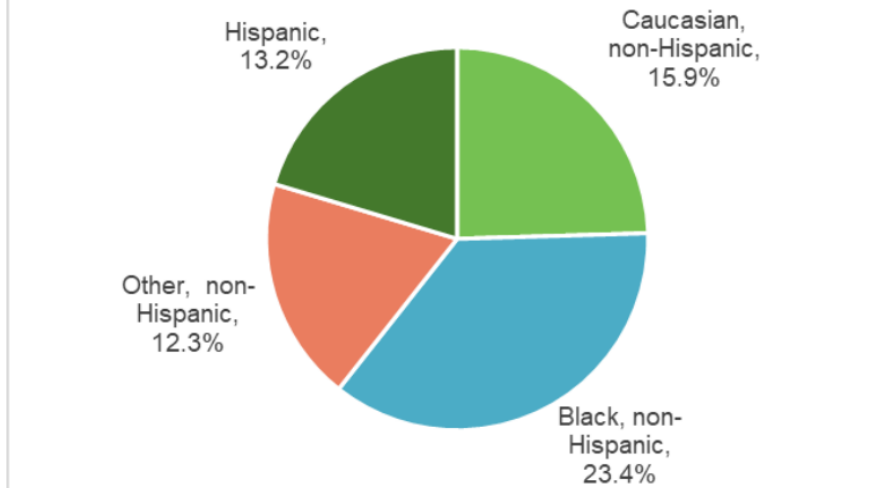
ix. Prevalence – Past-Year Use and Race

Marijuana Use in the Past Year by Grade, Statewide 2016 and 2018



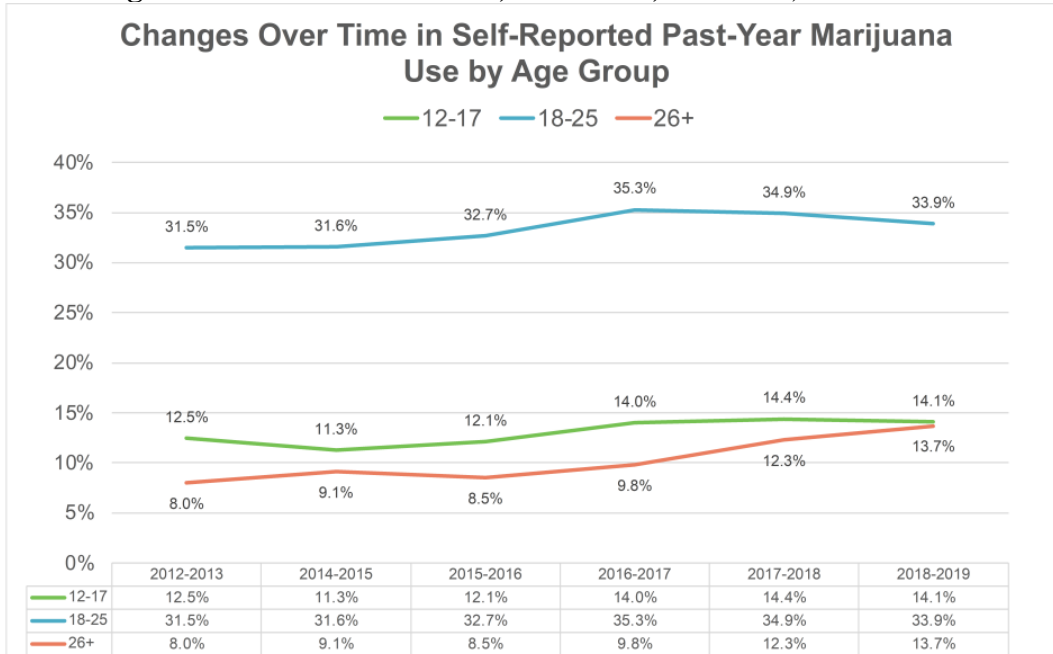
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Self-Reported Any Cannabis Use in the Past Year by Race/Ethnicity, Ages 12 or Older



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/>

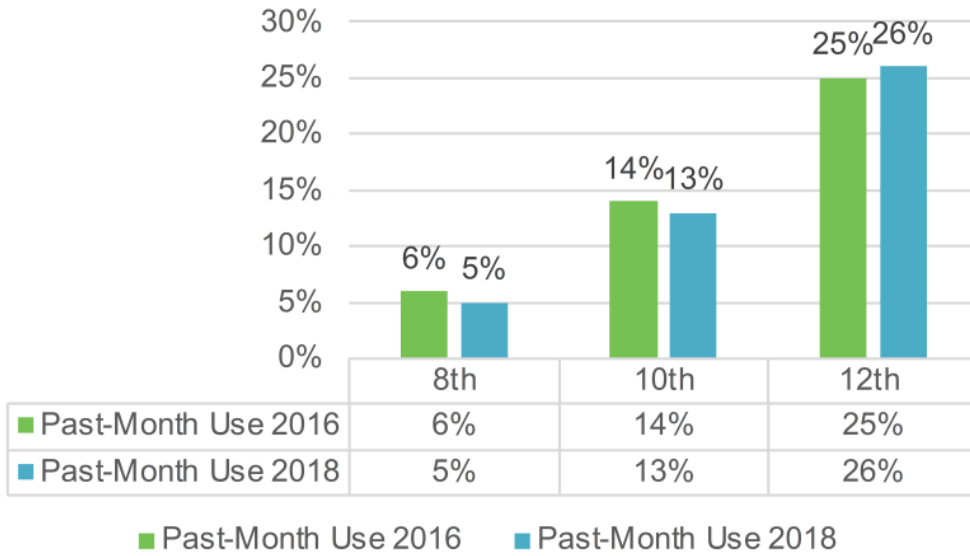
x. Prevalence – Past-Year Use (note: the largest change is among the age groups eligible for medical cards and, after 2020, adult use)



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/>

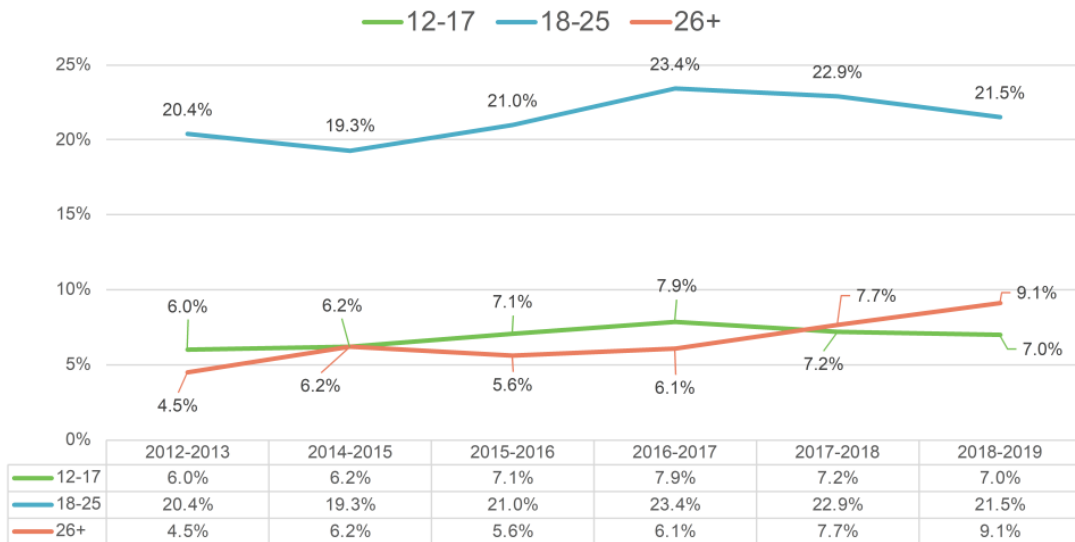
xi. Prevalence – Past 30 Days

Marijuana Use in the Past Month by Grade, Statewide 2016 and 2018



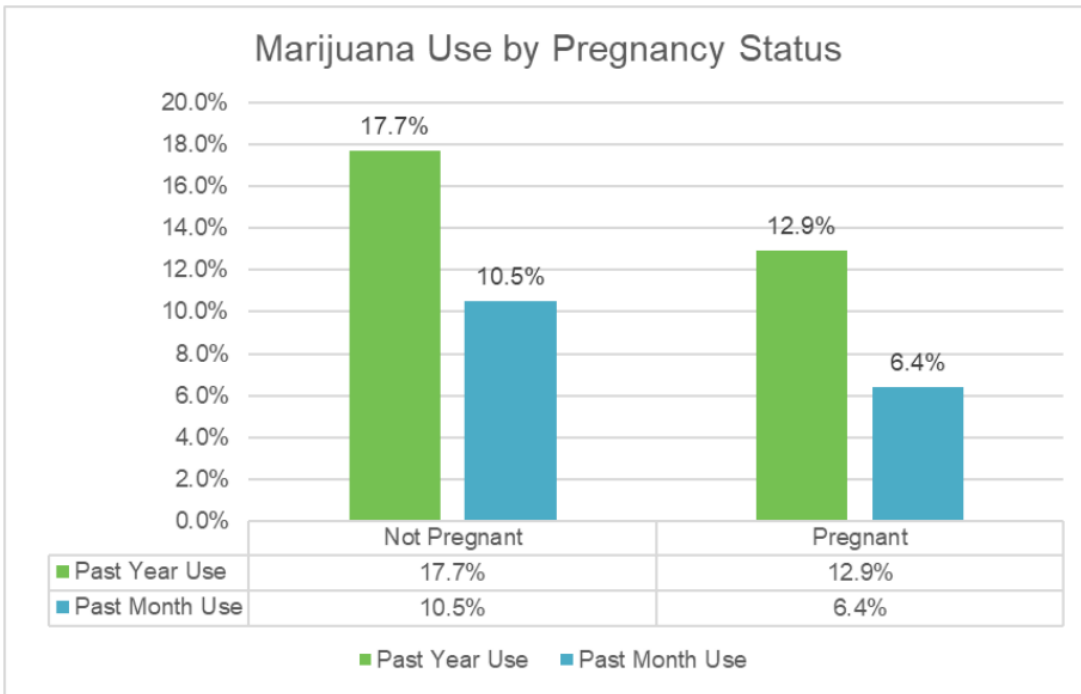
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Changes Over Time in Self-Reported Past-Month Marijuana Use by Age Group

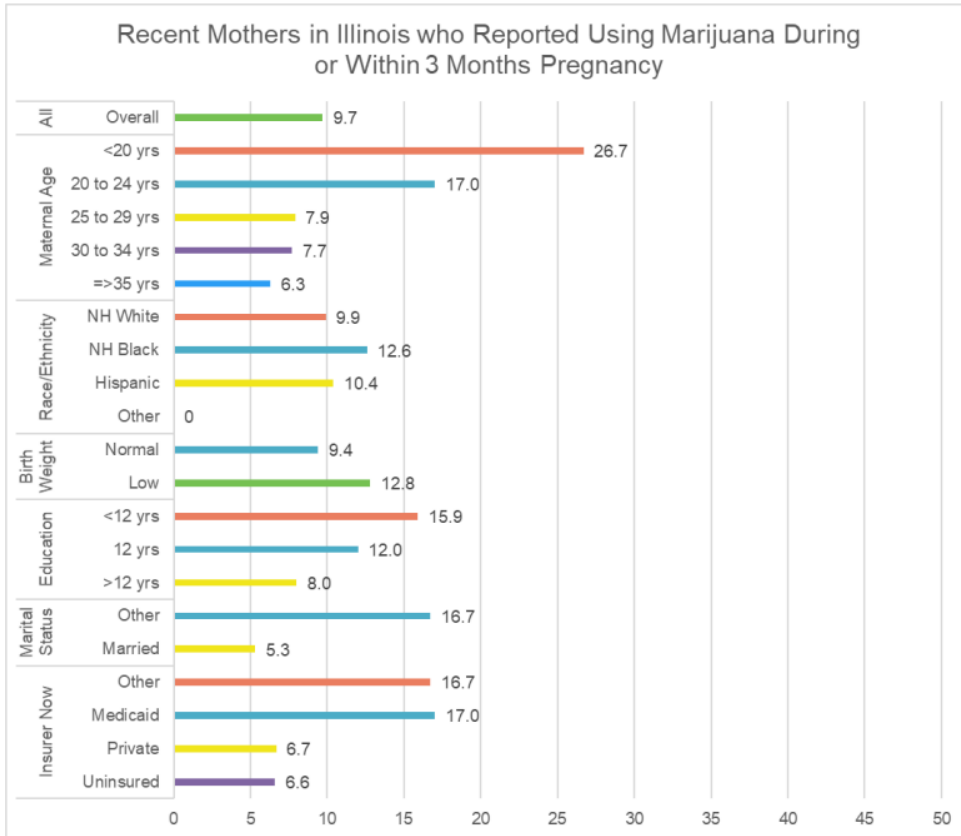


Source: Substance Abuse and Mental Health Services Administration. (2012-2019). *2018 National Survey on Drug Use and Health: Methodological summary and definitions*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved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

- xii. Pregnant Women in Illinois (**note: women who have more risk factors are more likely to report using cannabis within 3 months of pregnancy but the data significantly fluctuate year-to-year**)

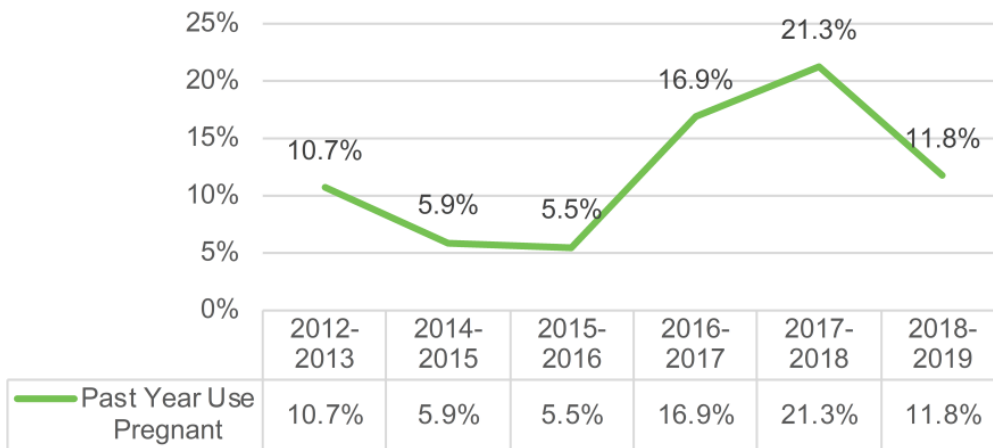


Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, (2019).



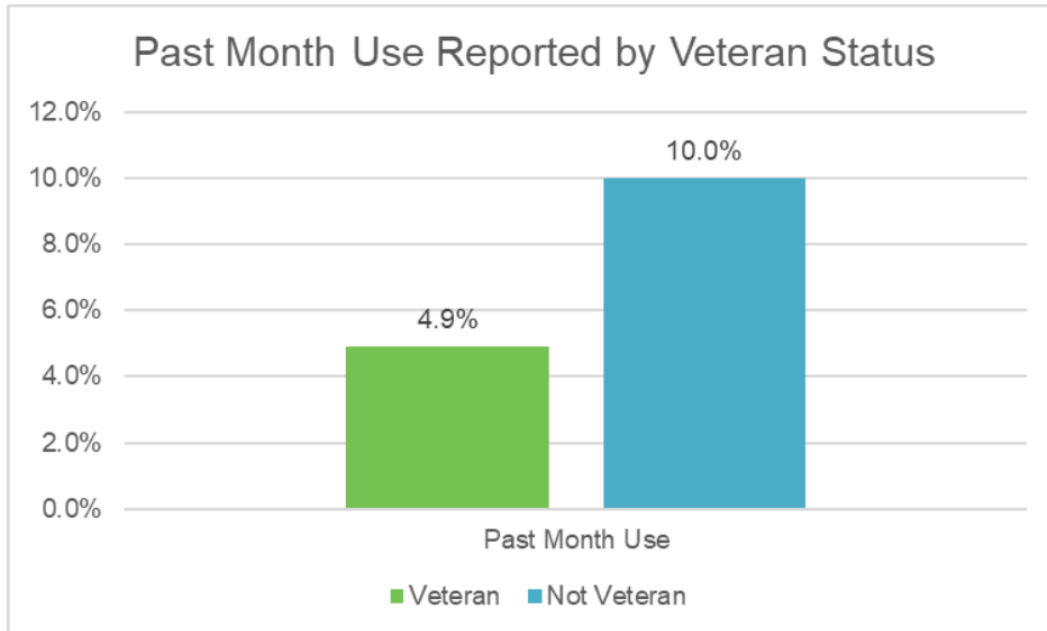
Source: 2018 Illinois PRAMS Opioid Supplement Data Tables, Division of Health Data and Policy, Illinois Department of Public Health, 2020.

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



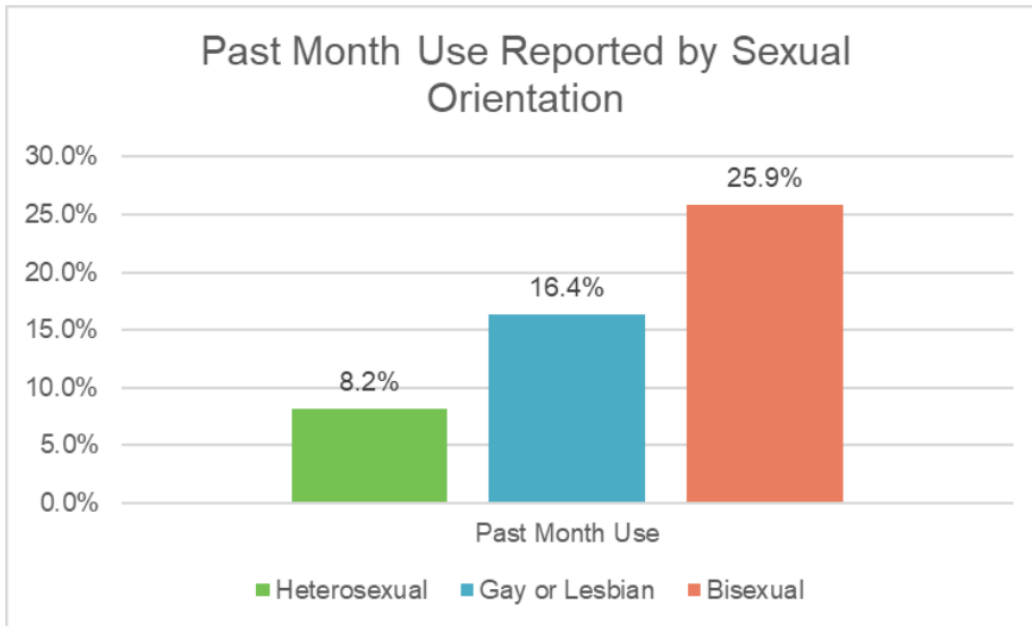
Source: Substance Abuse and Mental Health Services Administration. (2012-2019). 2018 National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved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

xiii. Veterans



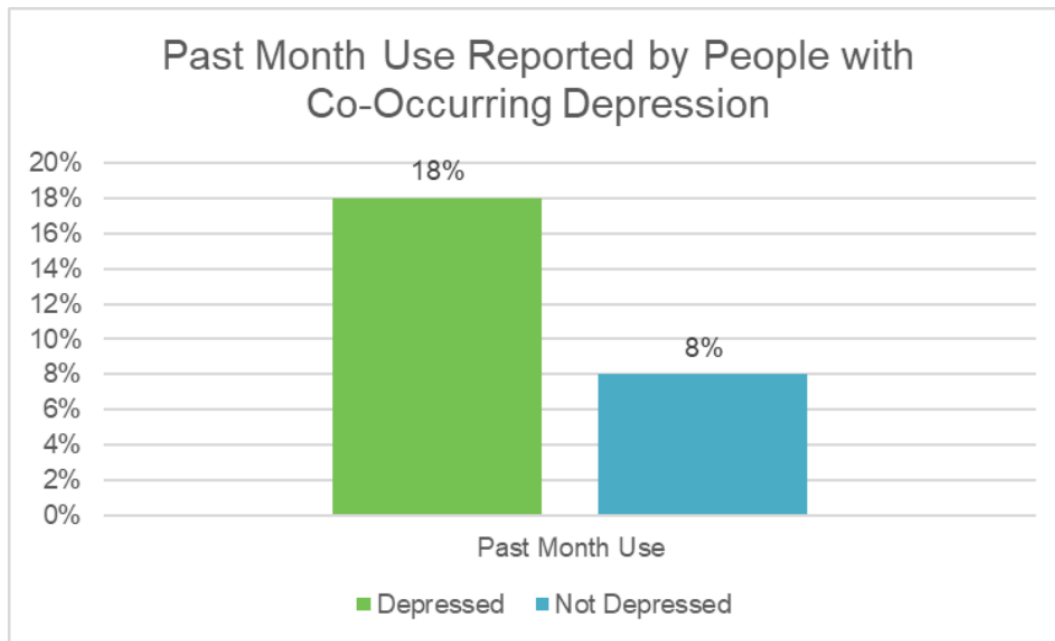
Source: Substance Abuse and Mental Health Services Administration. (2014-2018). National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from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

xiv. LGB Populations



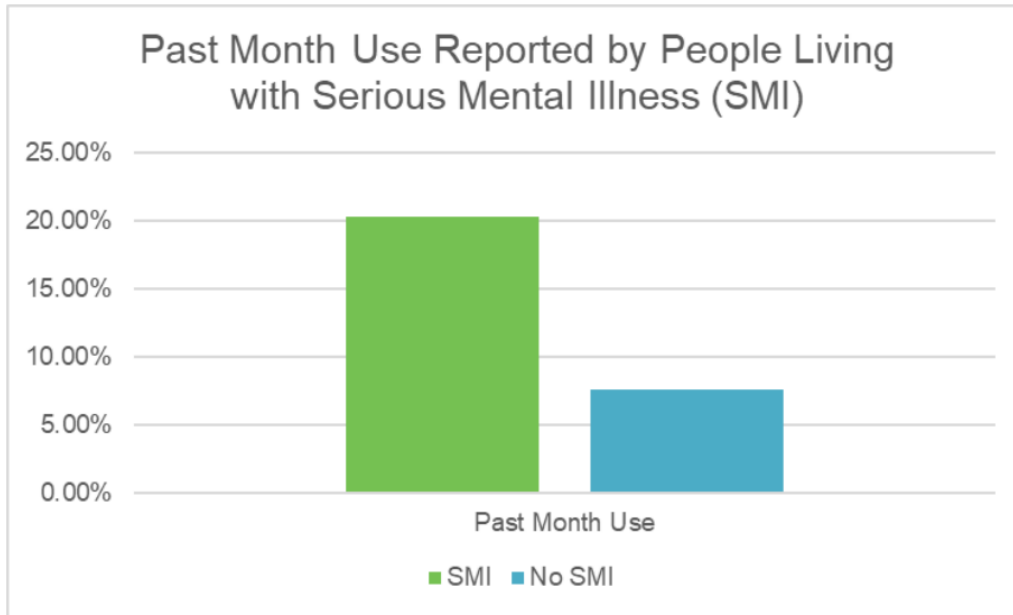
Source: Substance Abuse and Mental Health Services Administration. (2014-2018). National Survey on Drug Use and Health: Methodological summary and definitions. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from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

xv. 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/>

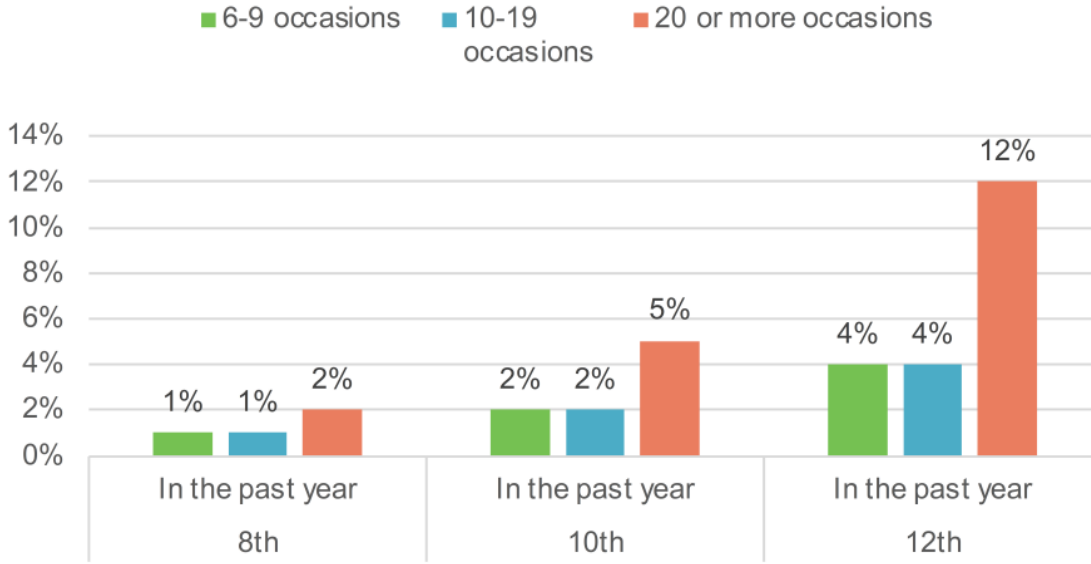
xvi. Serious Mental Illness



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/>

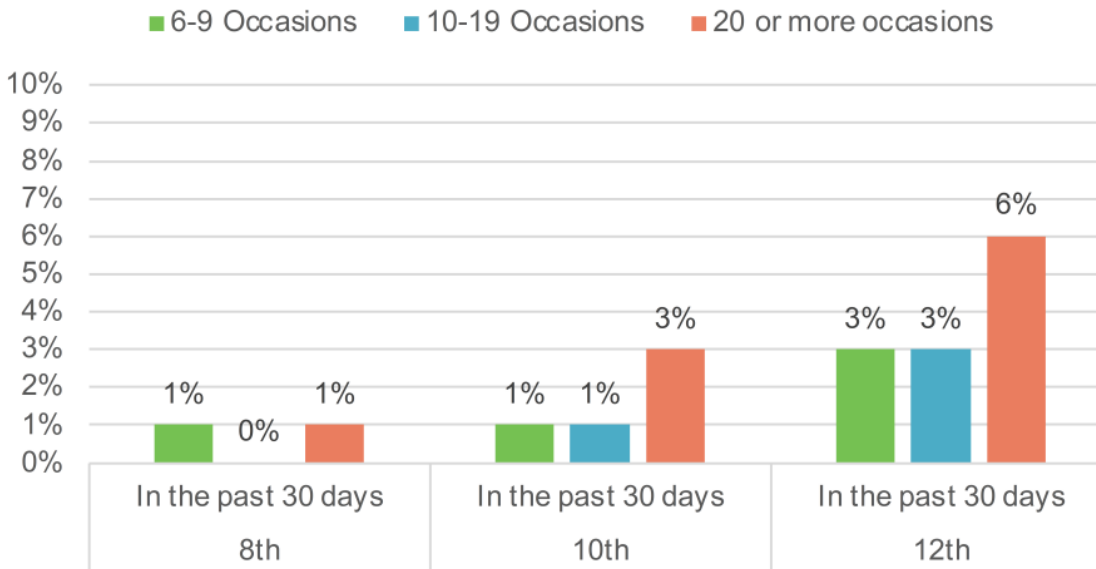
xvii. Frequency of Use for Youth (**note: of 12th graders who report using cannabis, most report using at high frequency**)

Marijuana Use Frequency in the Past Year by Grade, Statewide



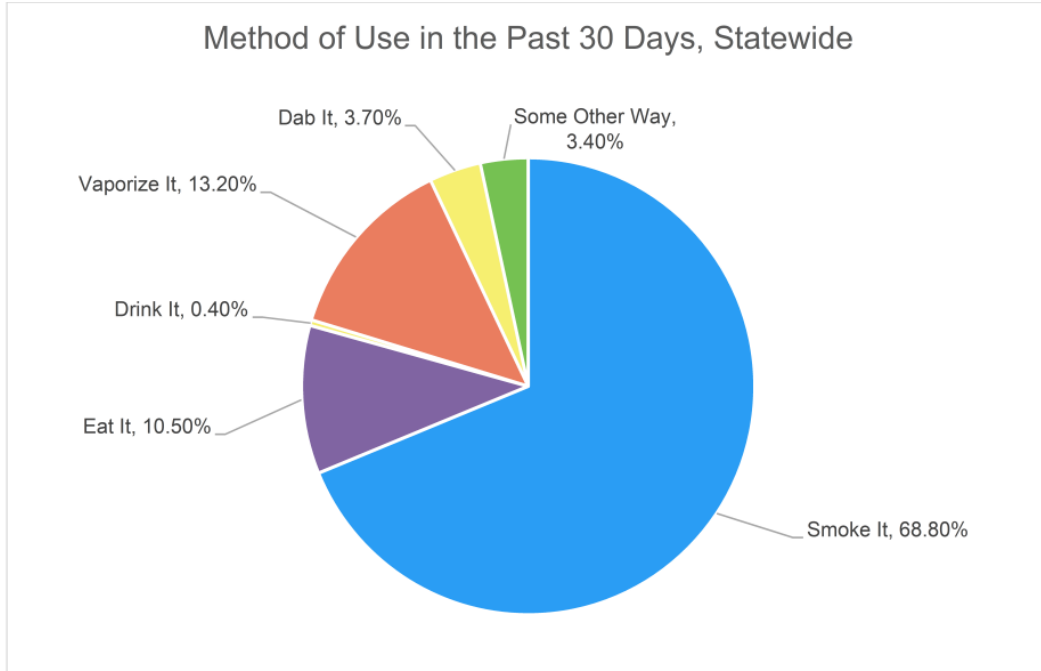
Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Marijuana Use Frequency in the Past 30 Days by Grade, Statewide

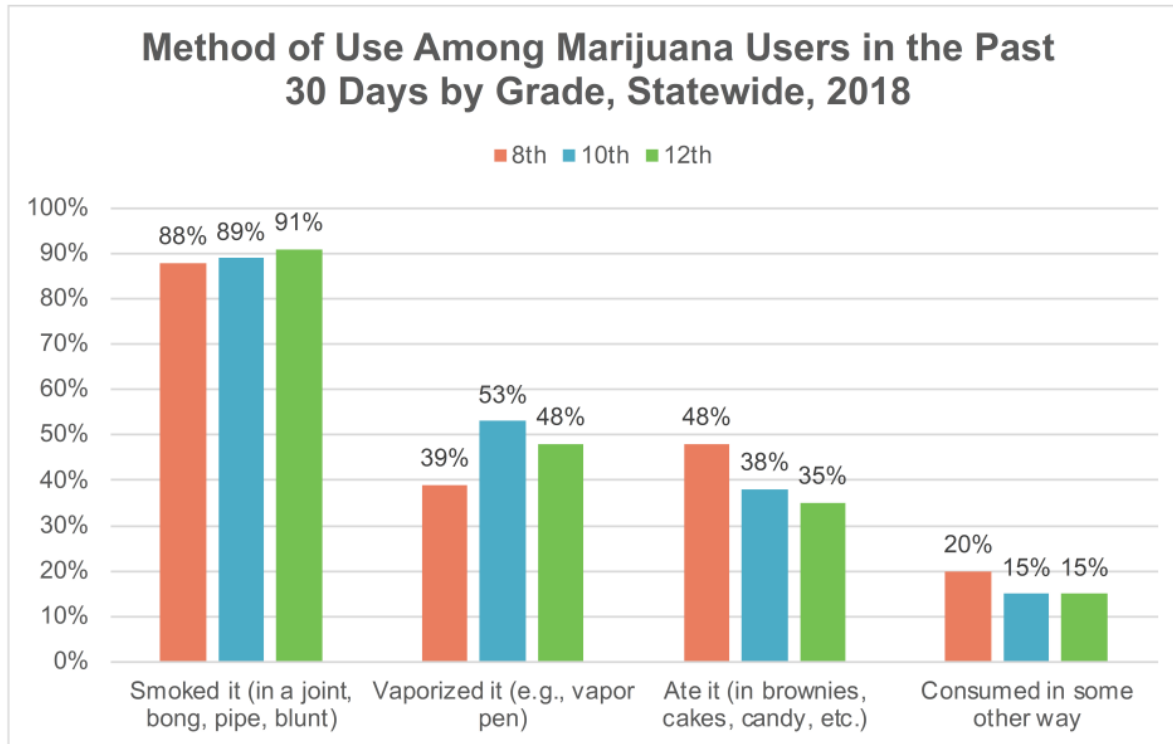


Source: Center for Prevention Research and Development. (2018). *Illinois Youth Survey 2018 Frequency Report: State of Illinois*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

xviii. Most of the youth consumption in 2018-19 was through combustion (smoke, vape, or dab)



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).



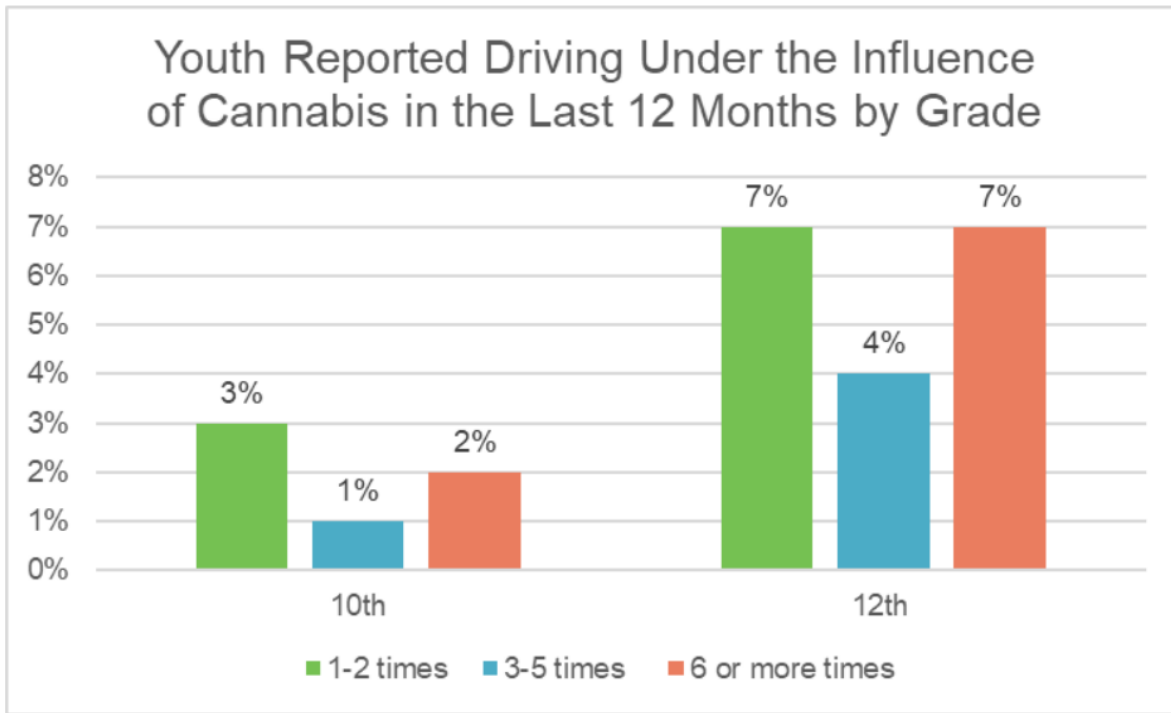
Source: Center for Prevention Research and Development. (2018). Illinois Youth Survey 2018 Frequency Report: State of Illinois. Champaign, IL: CPRD, School of Social Work, University of Illinois.

xix. Cannabis Use Disorders

1. 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.
2. The prevalence of CUD has been increasing among 18- to 25-year-olds since 2017 and 12- to 17-year-olds since 2018.
3. Claims data for residents on Medicaid indicate that 17% (28,961) that received any kind of substance use treatment in 2018 received treatment for a CUD.
4. 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.
5. Cannabis Use Disorder is largely driven by the criminal justice system (69% of CUD treatments are court or criminal justice referrals)
6. Cannabis Use Disorder Treatment participants are more likely to report some use and less likely to report daily use.

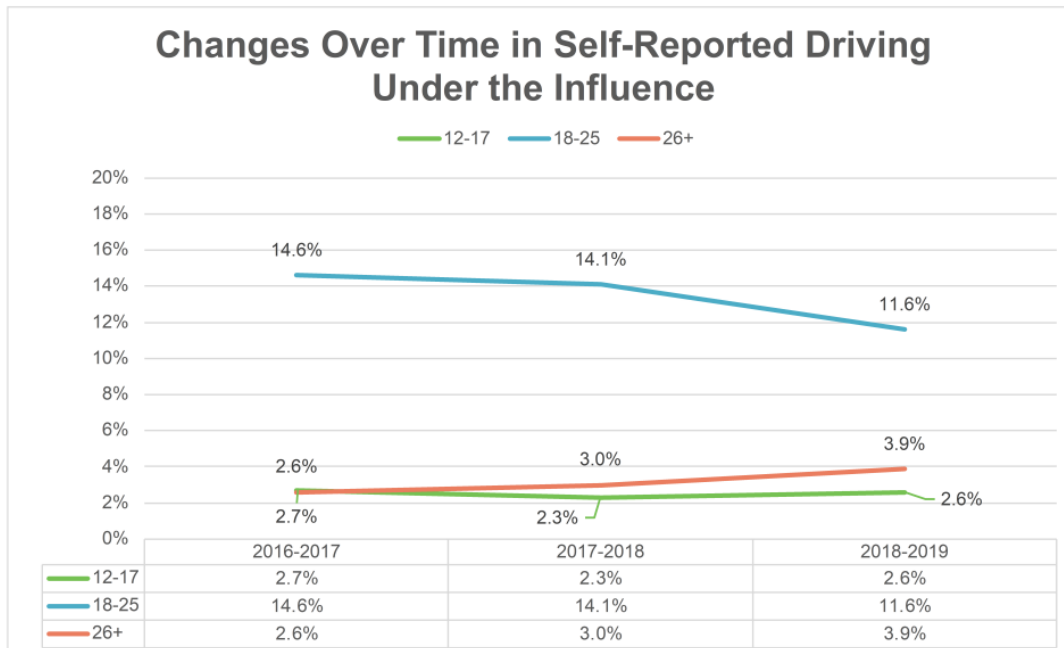
xx. Public Health Effects

1. Self-reported driving under the influence for 10th and 12th grade students:



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.

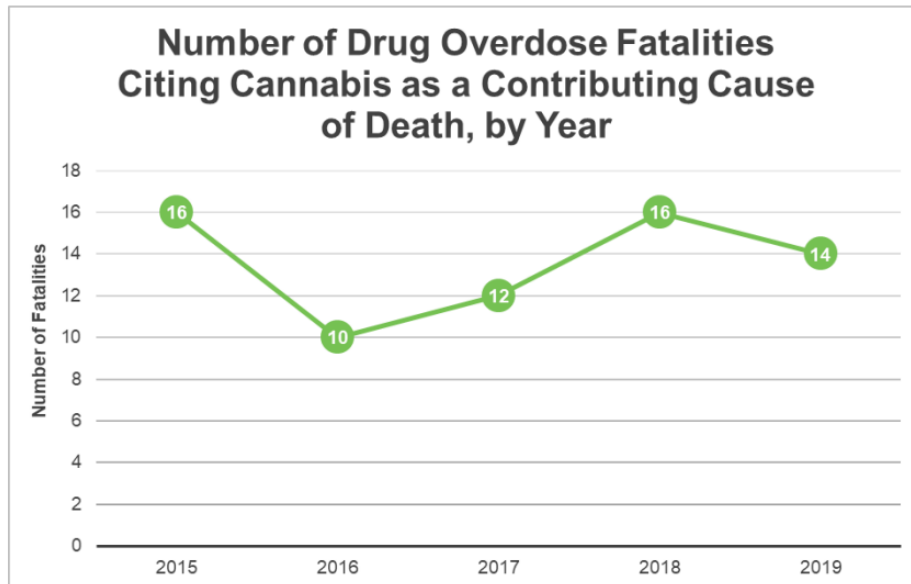
2. Self-reported driving under influence decreased for 18-25 year olds but increased for 26+ age group:



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/>

3. Illinois Poison Center reported an increase in children eating cannabis edibles—from 11 in 2018 to 150 in 2020.

4. Total fatalities as “Drug Overdose” with cannabis as a contributing cause remained under 20:



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

b. 2022 Annual Report

- i. Report summarizes trends and potential issues in the executive summary. Some key highlights:
 1. Initiation increased between 2015-2018 but did not substantially increase after adult use legalized.
 2. Past year use increased for age groups eligible for adult use consumption but were relatively stable for the under 17 age group.
 3. Frequency of use for subpopulations (Black, non-Hispanic and White, non-Hispanic) increased.
 4. Perceptions of availability to cannabis among youth remained steady after legalization. Perceptions of availability increased significantly for adults.
 5. Large increase in past-month use of cannabis among pregnant women in Illinois (*note: these data fluctuate year-to-year*).
 6. LGB were more likely to indicate past-month use than heterosexual people.
 7. People with serious mental illness were more likely to indicate any use and high-frequency use.
 8. People living in poverty had the highest rates of frequent monthly cannabis use.
 9. Past-year cannabis users tend to believe that legally purchased cannabis is safer to buy, more convenient, and is of better quality but a sizable group (quarter to third) do not perceive differences.
 10. Past-year cannabis users believe legal cannabis is more expensive than illicit cannabis.

11. 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.
12. Recreational users reported also using cannabis to manage muscle spasms, but this was not common among medical cannabis users.
13. Illinois and Michigan both saw increases in cannabis use disorders between 2019 and 2020, as well as increases in alcohol use disorders.
14. Substance use treatment for cannabis use dropped in 2020 (consistent with other declines).
15. Pediatric poisonings increased in 2021. 77% of contacts to the Illinois Poison Center were for ingestion of edible cannabis products.
16. EMS responses to cannabis poisonings were small, especially compared to opioid emergency calls.
17. 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.
18. 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.

ii. Reports cited:

1. Dills, A., Goffard, S., Miron, J., & Partin, E. (Feb. 2, 2021). The effects of state marijuana legalizations: 2021 update. CATO Institute.
<https://www.cato.org/policy-analysis/effect-state-marijuana-legalizations-2021-update#>
 - a. 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. Lachance A., Belanger R.E., Riva M., & Ross N.A. (2022.) A systematic review and narrative synthesis of the evolution of adolescent and young adult cannabis consumption before and after legalization. *The Journal of Adolescent Health*. 70(6):848-63.
 - a. 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

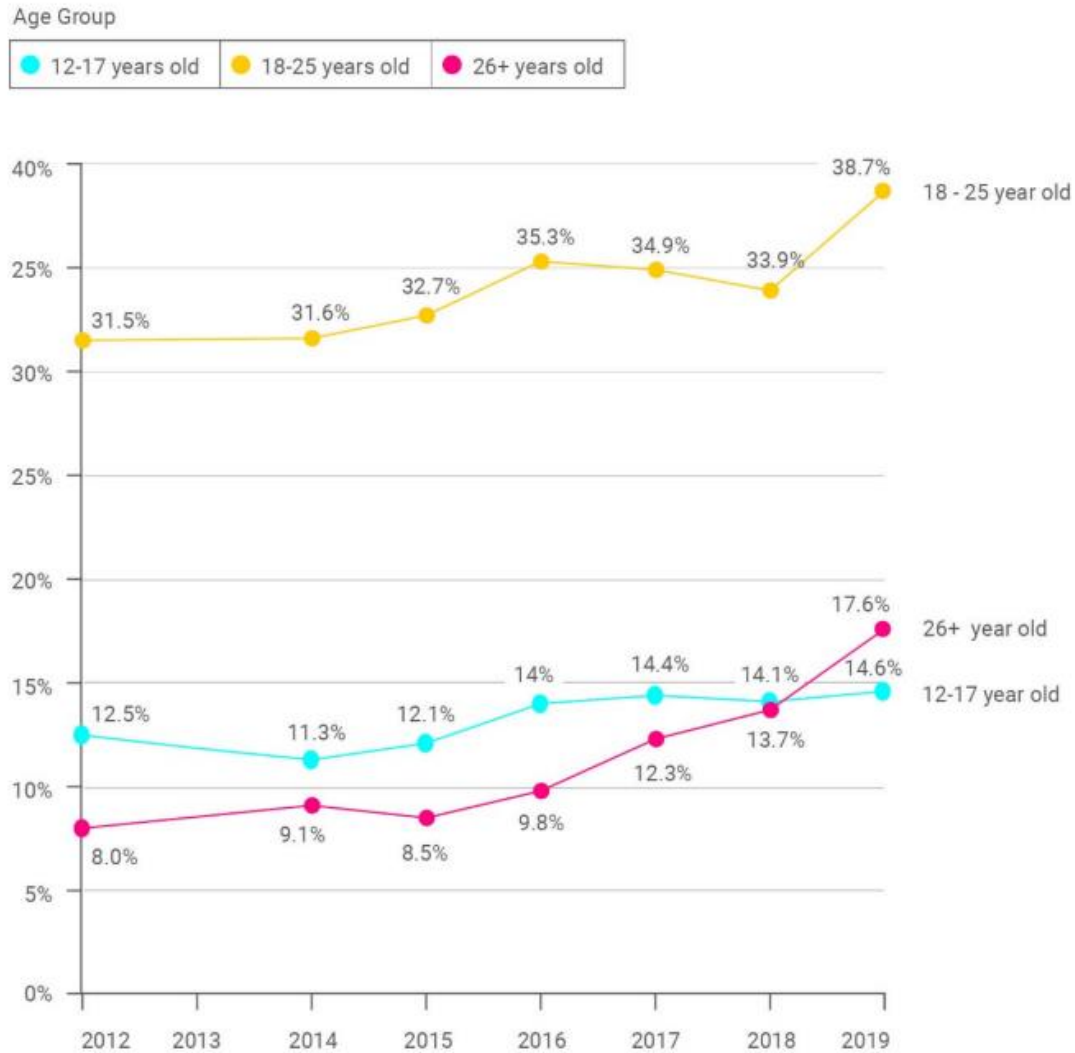
adolescent binge-drinkers were more likely to increase cannabis consumption post-legalization.

3. Wilson, S. & Rhee, S.H. (2022.) Causal effects of cannabis legalization on parents, parenting, and children: A systematic review. *Prev. Med.* 156:106956
 - a. It is likely legalization increases maternal cannabis use during pregnancy and postpartum, parental use, and approval of adult use.
 - b. 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.
 - c. 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
4. Wang GS, Buttorff C, Wilks A, Schwam D, Metz TD, Tung G, et al. (2022.) Cannabis legalization and cannabis-involved pregnancy hospitalizations in Colorado. *Prev. Med.* 156:106993
 - a. 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+.
 - b. Exposure to high potency (> 10mg THC) products could be a driving factor in increased rates of psychosis-related ED visits.
5. Vingilis E, Seeley JS, Di Ciano P, Wickens CM, Mann RE, Stoduto G, et al. (2021.) Systematic review of the effects of cannabis retail outlets on traffic collisions, fatalities and other traffic-related outcomes. *Journal of Transport & Health.* 22
 - a. Six of the nine studies found a positive association between cannabis commercialization and collision fatalities – particularly those using difference-in-difference designs.
 - b. 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.
6. French MT, Zukerberg J, Lewandowski TE, Piccolo KB, Mortensen K. (2022.) Societal costs and outcomes of medical and recreational marijuana policies in the United States: A systematic review. *Med Care Res Rev.* 1-29.
 - a. Medical and recreational marijuana legalization provides both benefits and negative outcomes but with inconclusive or mixed results in some areas.
 - b. Among the negative consequences: increased adolescent use; decreased time on educational activities among adolescents.
 - c. Among the positive effects were decreases in opioid prescriptions and opioid overdose mortalities.

- d. 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.
7. Bleyer A, Barnes B, Finn K. (2022.) United States marijuana legalization and opioid mortality epidemic during 2010-2020 and pandemic implications. J Natl Med Assoc.114(4):412-25
- a. Evaluated the marijuana protection hypothesis (availability of marijuana reduces deaths from opioids) based on findings from earlier studies (Powell et al. 2018, etc.).
 - b. 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.
 - c. 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.
- iii. Another 4,600 budtender trainings occurred in 2022.

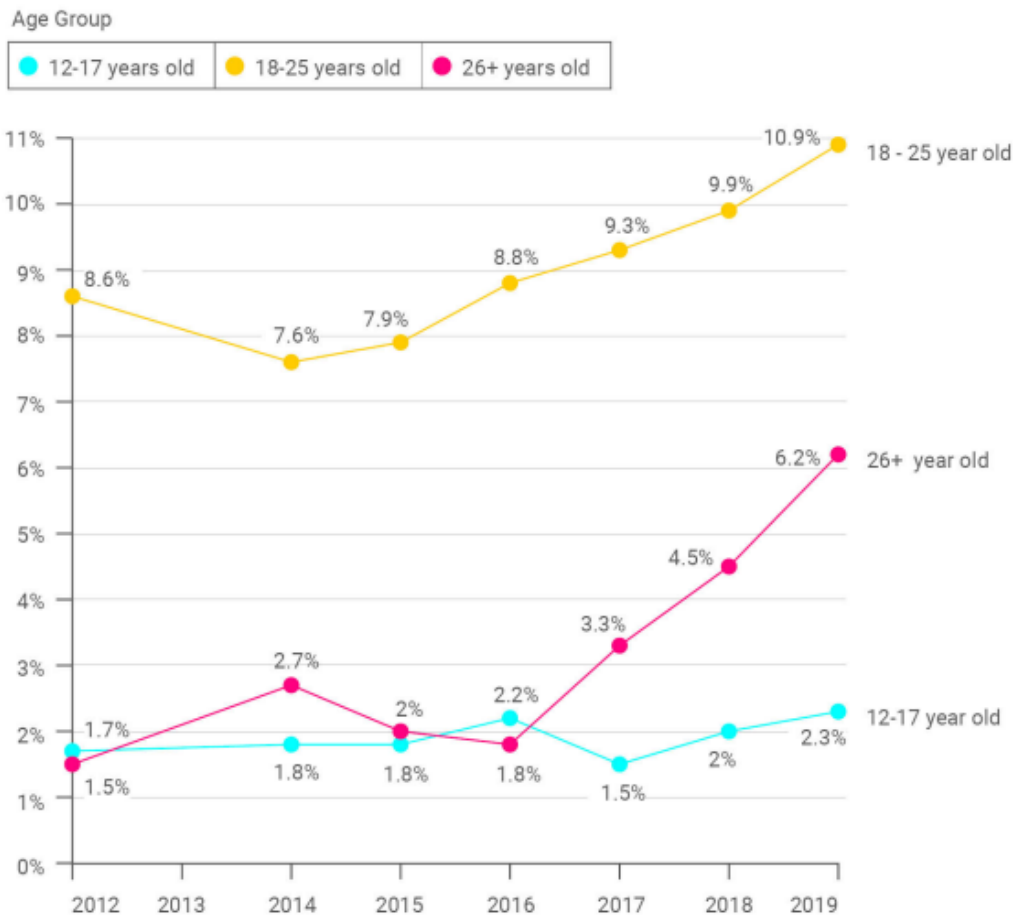
iv. Prevalence – Past-Year Use

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.

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



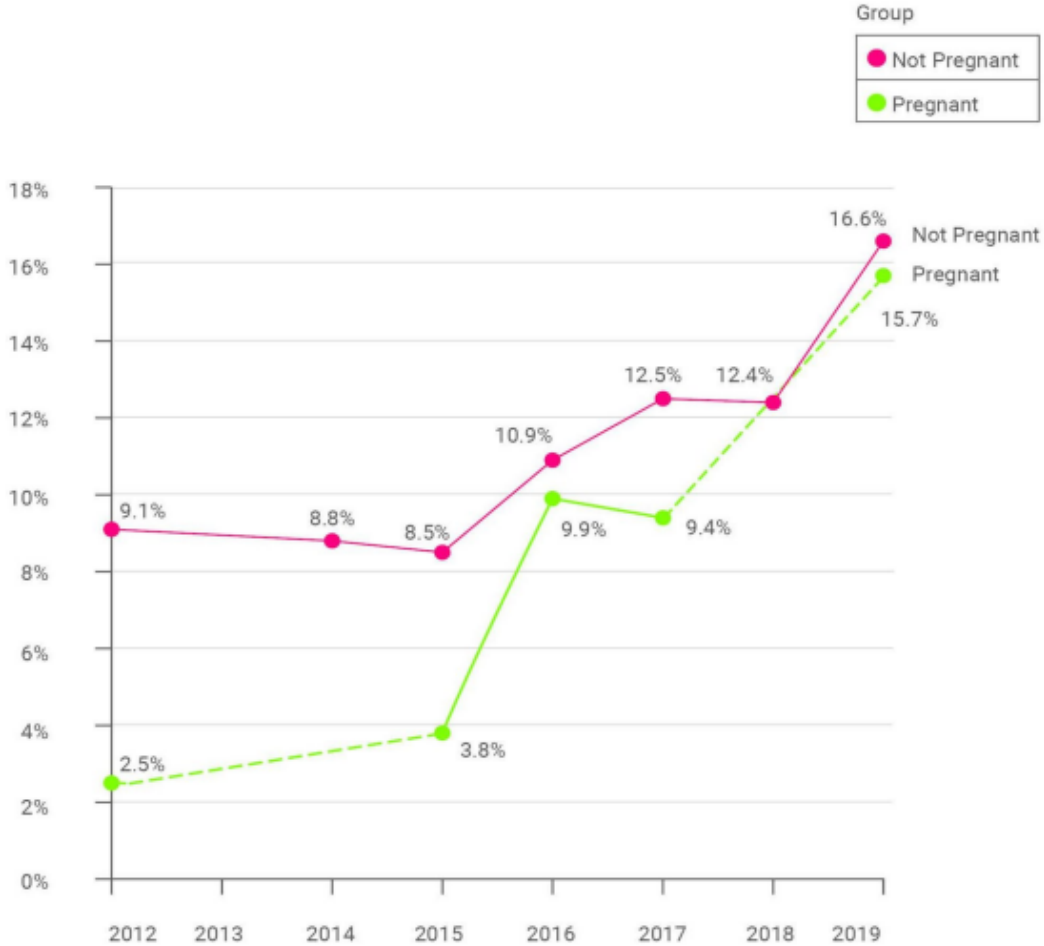
The largest increase among frequent cannabis users - those who use cannabis 20 or more days per month in the past year - has been among those 26 years or age or older. But this increase has been occurring since 2017-2018.

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.

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

v. Pregnant People

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



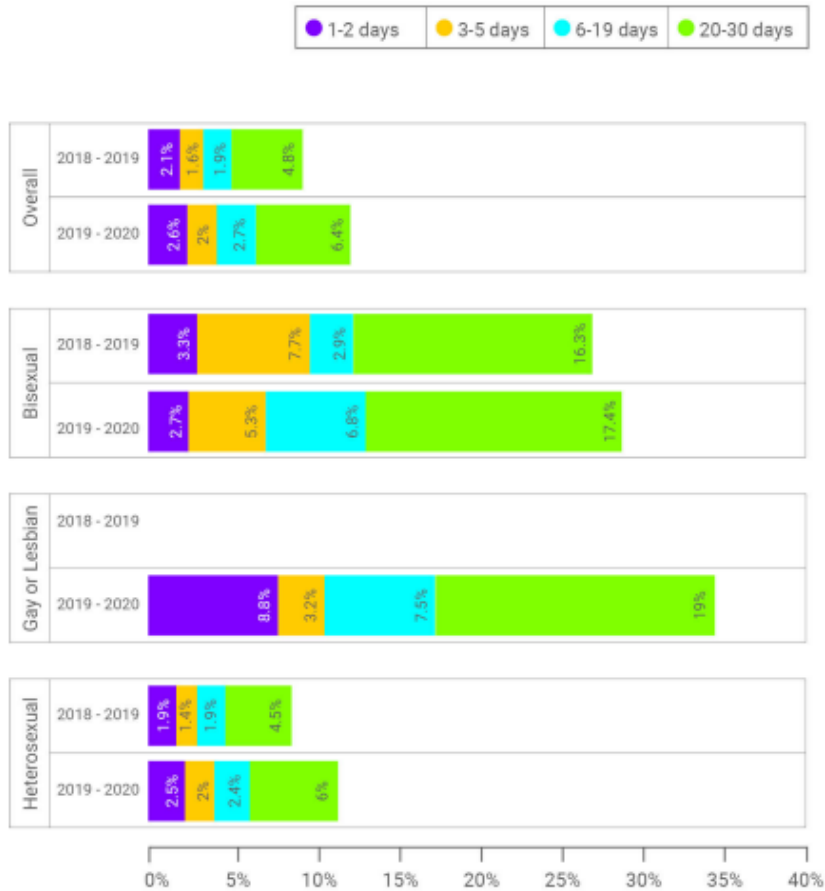
There has been a large increase in the prevalence of past-month cannabis use among pregnant women in Illinois. Based on available estimates, 9.4% of women pregnant at the time of the survey in 2017-2018 said they used marijuana in the past month. This increased to 15.7% in 2019-2020 and was close to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

vi. LGB Status

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.

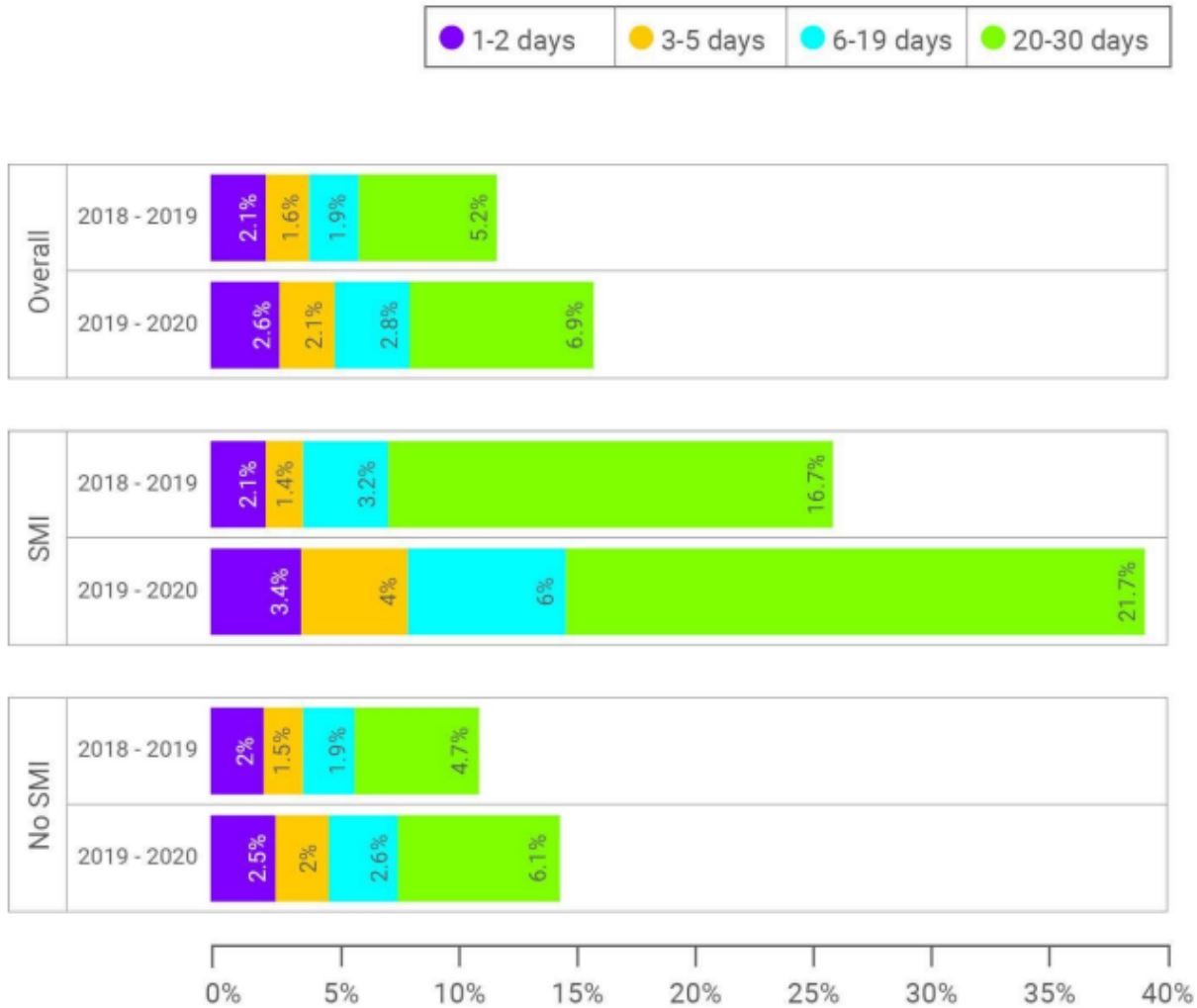
Weighted survey data for 2019-2020 represent a population of 176,000 gay or lesbian Illinois residents and 343,000 bisexual residents. Of these, 34,000 gay or lesbian and 60,000 bisexual residents used marijuana 20 or more days in the past month.

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

vii. Serious Mental Illness

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



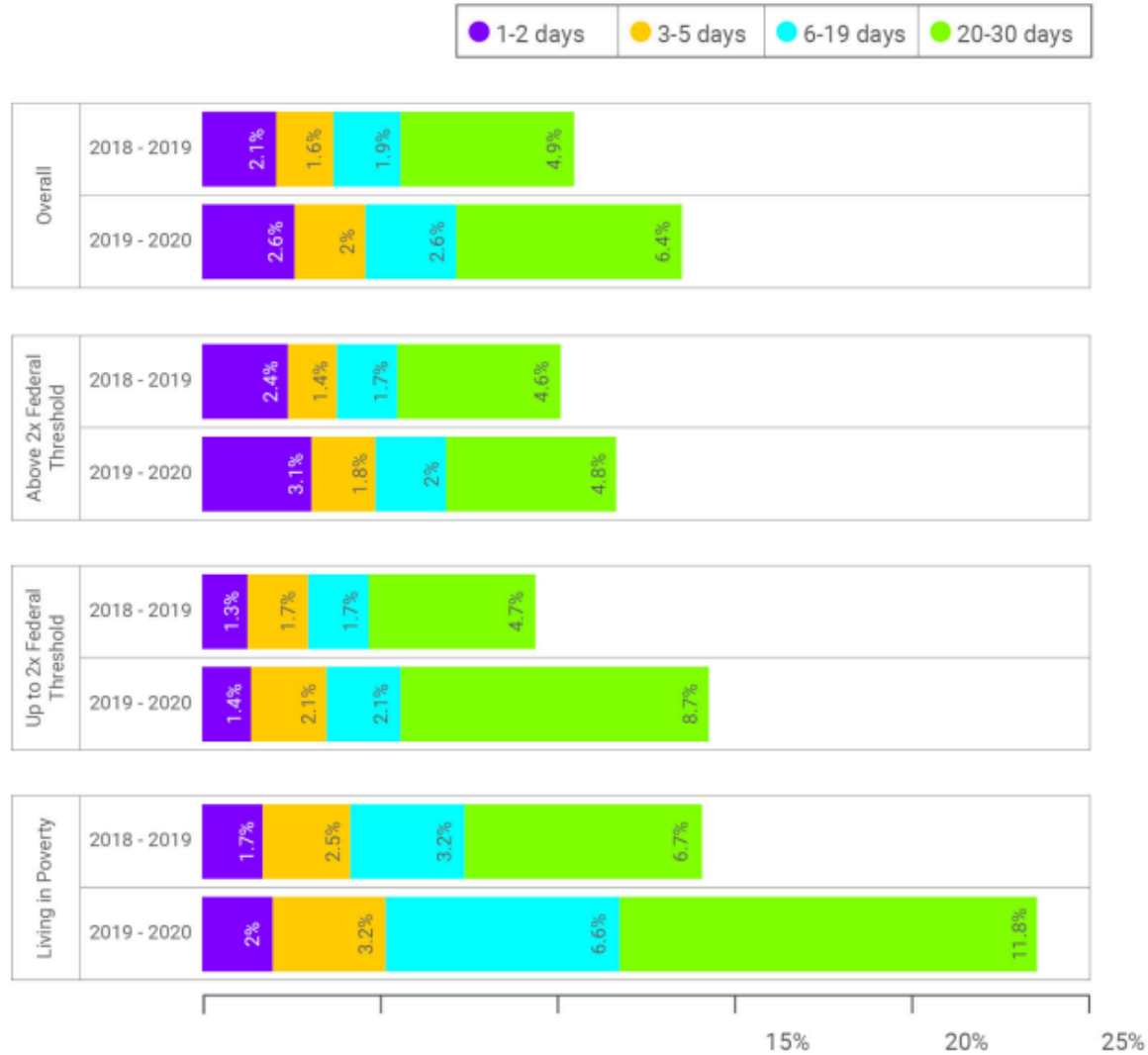
Persons with a past-year serious mental illness (SMI) - defined as any DSM disorder with moderate or greater functional impairment - had much higher rates of both any and frequent cannabis use (i.e., ≥ 20 or more days in the past month) compared to persons without an SMI. Both persons with and without 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

viii. Income

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



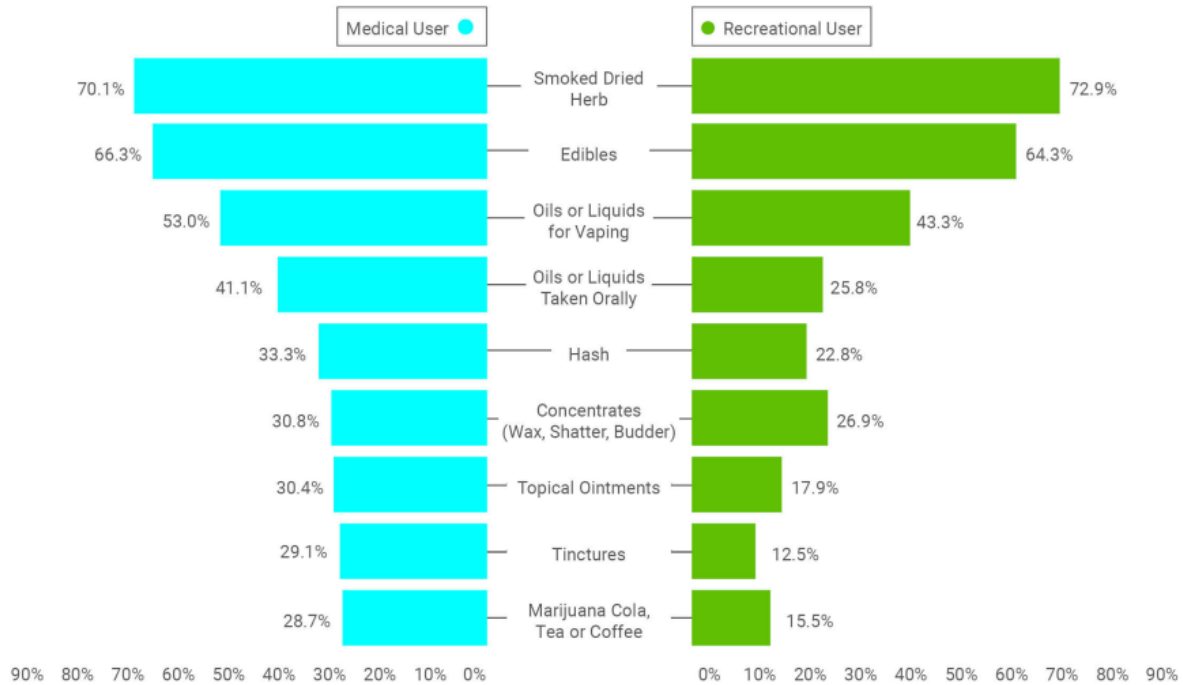
Persons living in poverty had the highest rates of frequent monthly cannabis use (20 days per month or more) compared to persons with higher incomes. They also had the largest increase in frequent cannabis use - from 6.7% to 11.8% - between 2018 and 2020.

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

ix. Modes of Consumption (note: medical consumers in Illinois frequently request specialty products, including tinctures, topicals, and oils)

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

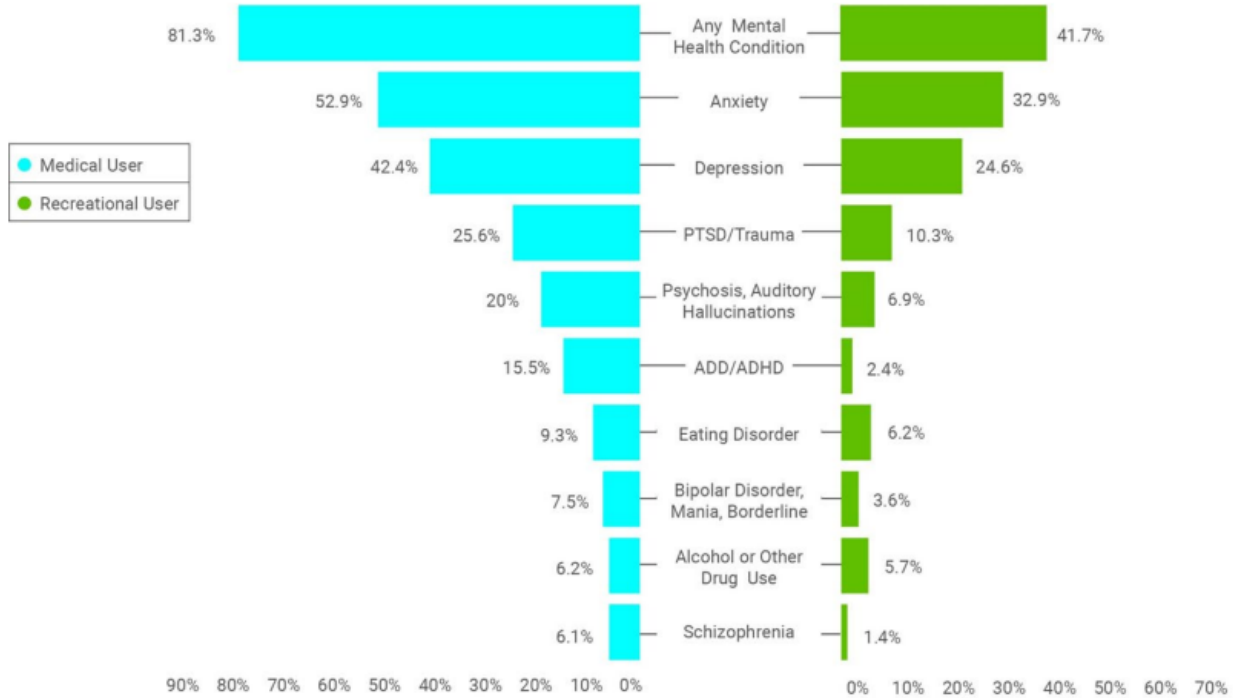


Most cannabis users smoke or use edibles or vape oils or liquids. Medical users are more likely to have used a variety of other forms of cannabis compared with recreational users.

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

x. Reported Mental Health Conditions Treated with Cannabis

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



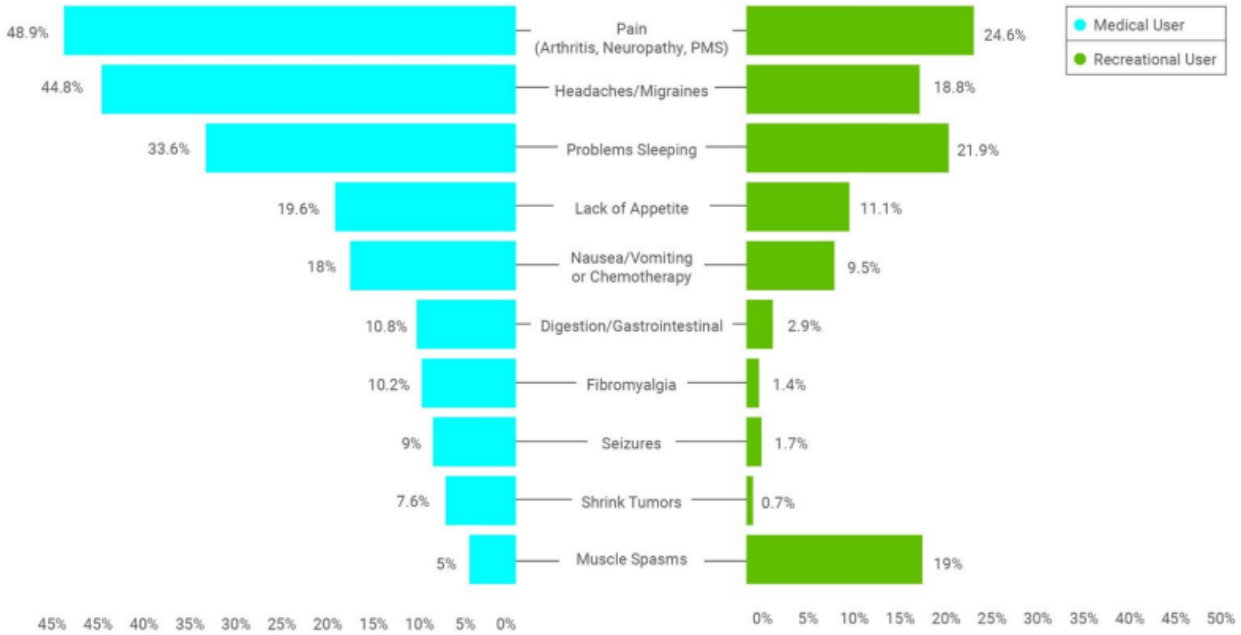
A large majority (81.3%) of Illinois residents ages 16 to 64 who indicated they had ever used and received a prescription for cannabis indicated they had used cannabis to manage mental health symptoms. The most common mental health symptoms were anxiety (52.9%), depression (42.4%), and PTSD/Trauma (25.6%).

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

xi. Reported Health Conditions Treated with Cannabis

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.

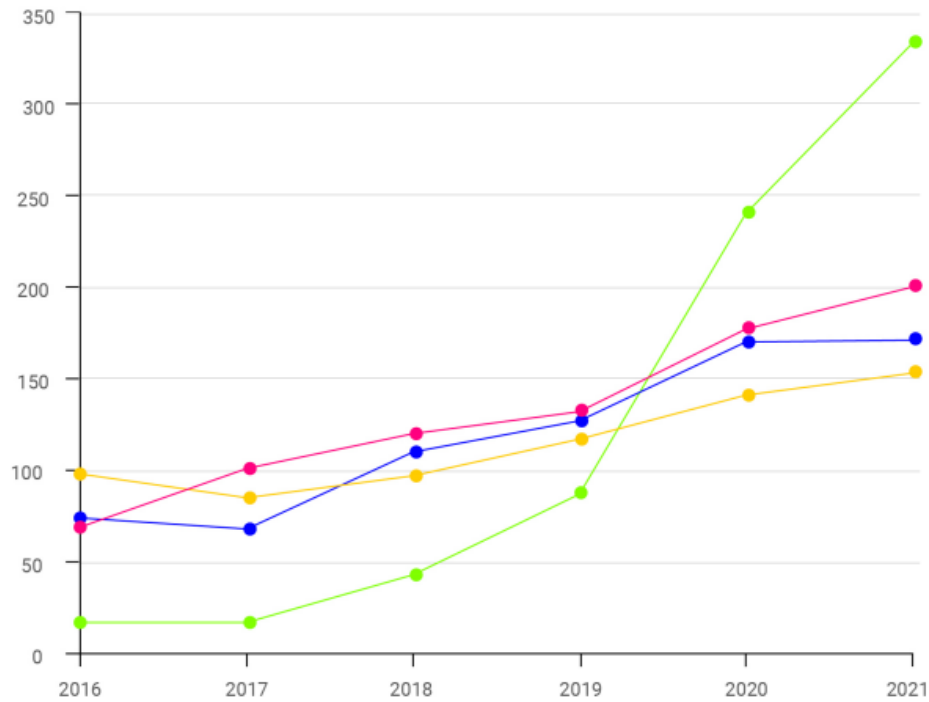
Among those who said they had ever used cannabis to manage pain (N = 1,295 or 21% of the ICPS sample), 79.5% indicated they used cannabis as a substitute for opioids.

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

xii. Illinois Poison Center

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

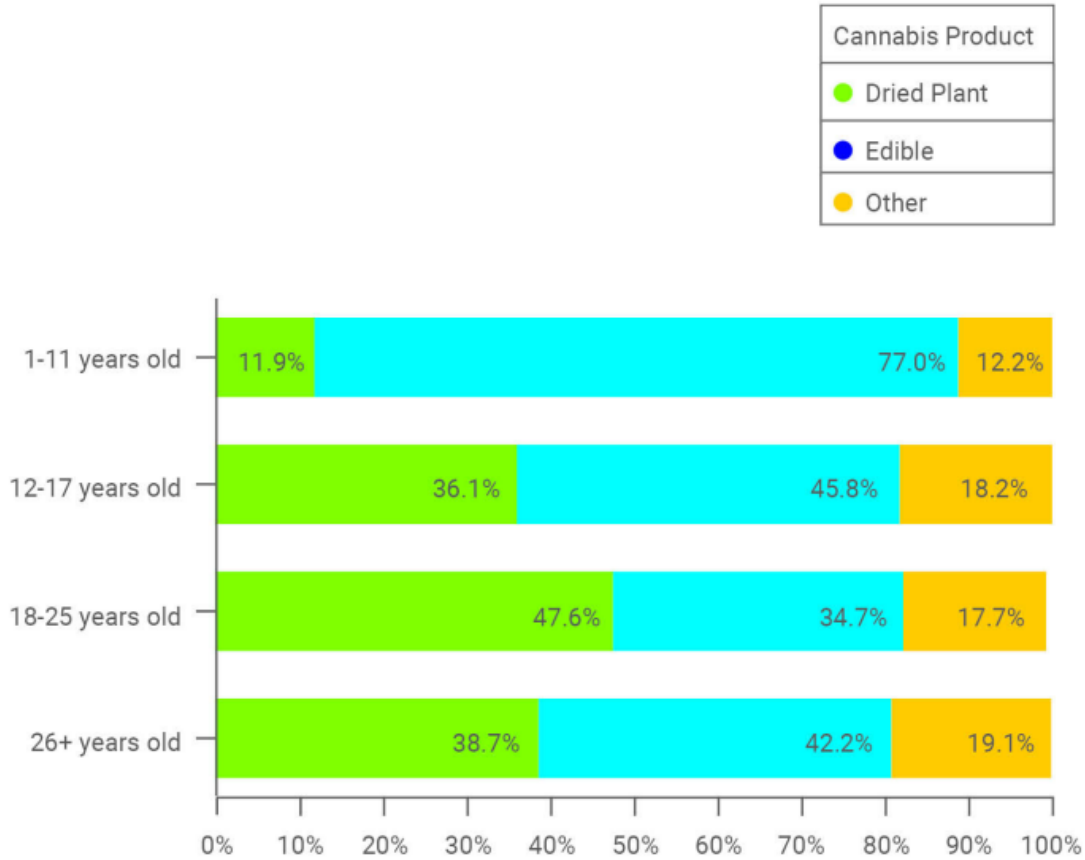


Age Group	2016	2017	2018	2019	2020	2021
1-11 years old	17	17	43	87	240	333
12-17 years old	74	68	110	127	170	171
18-25 years old	98	85	97	117	141	153
26+ years old	69	101	120	132	177	200

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

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

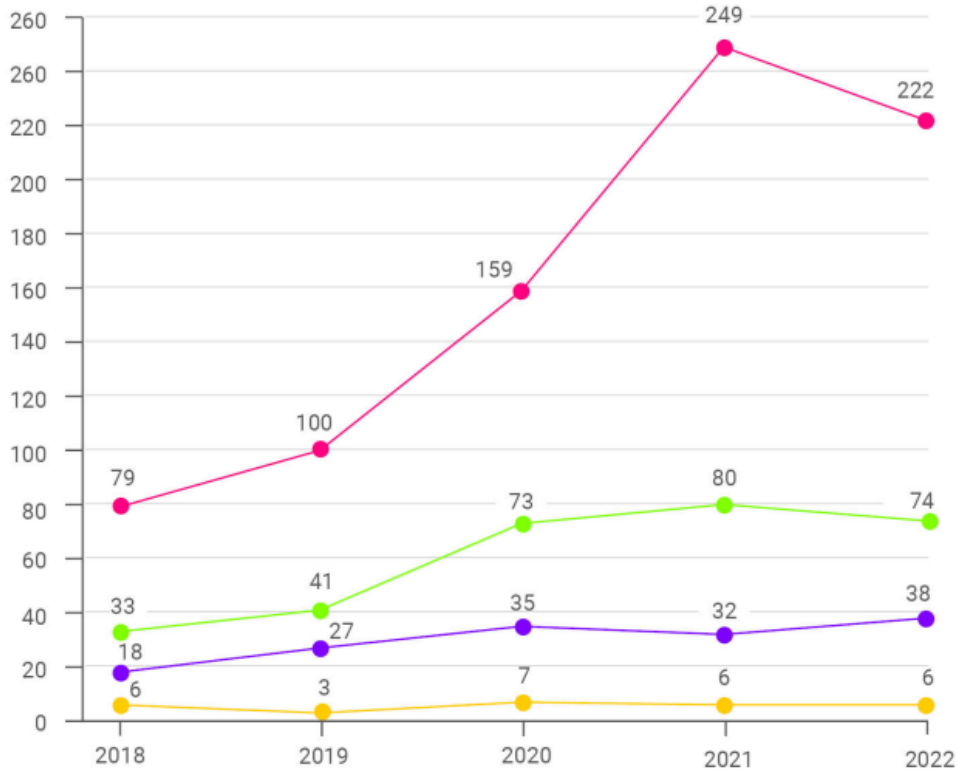


The large majority of pediatric poison control center contacts (77.0%) were owing to ingestion of edible cannabis products whereas other age groups were more evenly divided between dried cannabis plant-based products and edibles.

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%).

xiii. EMS Responses

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 were 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.

III. State Police and Public Safety

a. ISP 2021 Annual Report

- i. Illinois State Police (ISP) provide enforcement, investigation, and all processing of cannabis-related criminal offenses. ISP is also involved in the inspection of facilities operating under Illinois cannabis laws. The Agency strives “to ensure the safety of

- the motoring public/community, curb illicit market activities, and provide effective inspection and oversight of security-related matters to the legal cannabis industry.”
- ii. Over the fiscal year, ISP:
 - 1. Conducted 133 undercover sales and identified 7 illegal sales to minors
 - 2. Inspected legal facilities almost 2,000 times over the year for security
 - 3. Conducted audits of 154,263 plants and products
 - 4. Procured “Portable Mass Spectrometers” to investigate butane hash oil labs and other illegal labs, including hazmat situations
 - 5. Developed GIS maps for cannabis and hemp for enforcement purposes
 - 6. Trained almost 200 law enforcement on Advanced Roadside Impaired Driving Enforcement (ARIDE), including 21 from the Department of Natural Resources officers
 - 7. Assigned a forensic scientist to screen and quantify THC content
 - 8. Reviewing oral fluid instrumentation data for roadside testing purposes
 - 9. Preparing Drug Recognition Expert school
 - iii. Cannabis Agent Background Checks, Facility Inspection & Enforcement in Illinois by State Police:
 - 1. Almost 10,000 background checks conducted in FY21 (15,600 in FY20)
 - 2. Inspected legal facilities almost 2,000 times over the year for security
 - 3. Conducted audits of 154,263 plants and products
 - 4. 230 referrals to other agencies to investigate/start enforce actions
 - 5. Provided \$70,000 worth of training over 30 sessions (training suspended during early COVID-19 restrictions)
 - 6. Conducts 20 “cash crop missions”—identifying illicit cannabis from aerial searches. Cannabis accounts for 16% of all ISP Air Operations flights.
 - iv. DUIs:
 - 1. 52% increase in cannabis-related DUIs handled by ISP in July-December 2020
 - 2. 19% increase in cannabis-related DUIs handled by ISP in January-June 2021
 - 3. 75% decrease in cannabis-related crashes handled by ISP in January-June 2021 (compared to same months in 2020)
 - 4. Monthly trends:

Offense	Jan - June FY19	Jan - June FY20	Jan-June FY21
Cannabis Trafficking	53	39	7
Manufacture/Delivery	43	25	24
Possession	276	178	96
DUI Cannabis	2	5	11
DUI Combination w/Cannabis Nexus <i>(please see geographical location breakdown below)</i>	107	163	195
Crashes Involving Cannabis	38	88	22
Medical Cannabis Charges	7	12	22
Unlawful Possession in Vehicle*	N/A	305	749

*Effective 1/1/20

5. ISP is conducting an Oral Fluid Instrumentation Feasibility assessment, evaluating VistaFlow Swab, Drager, and Sotoxa methods.
- v. Illicit Market:
1. In DuPage County, ISP estimates a pound of illicit cannabis costs between \$1,000 and \$2,000. In DuPage County, the drug Enforcement Group of law enforcement agencies seized 167 kilograms of cannabis in 2020, down slightly from 2019 (187 kilograms) but double 2018 (84 kilograms). For the first half of 2021, the task force seized 6,000 kilograms.
 2. The Quad City Metropolitan Enforcement Group (MEG) identified a risk of cannabis deliveries facilitated through US Mail, FedEx, and UPS, as well as other package delivery services.
 3. East Central Illinois Task Force and Vermilion County MEG identified a pound of illicit cannabis costs over \$2,000. The MEG noted that legal cannabis cost 2-3 times that amount. They seized 104 pounds of illicit cannabis (48 kg) in 6 months, estimated to be from California, Oregon, and Colorado, and shipped through standard carriers (US Mail, UPS, FedEx).
 4. ISP Statewide Patrol seized:
 - a. 610 kg of cannabis in 2019 (Jan-June)
 - b. 728 kg of cannabis in 2020 (Jan-June)
 - c. 220 kg of cannabis in 2021 (Jan-June)
 - d. Annual trends:

ILLINOIS STATE POLICE AGENCY SEIZURE SUMMARY							
CONTRABAND	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	2021 YTD 06/30/21
Illicit Market Cannabis (in pounds)	2,561	5,539	6,642	4,886	5,846	3,639	1,184

*Data acquired from STIC/EPIC

*CY- Calendar Year

ILLINOIS STATE POLICE CRIMPAT DETAIL SEIZURE SUMMARY							
CONTRABAND	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	2021 YTD 06/30/21
Illicit Market Cannabis (in pounds)	N/A	1,066	2,410	2,720	2,261	3,292	485

* Data acquired from detail summaries

* CY- Calendar Year

ILLINOIS STATE POLICE CRIMPAT DETAIL SEIZURE SUMMARY BY MONTH							
2019	Jan	Feb	March	April	May	June	
Illicit Market Cannabis (in pounds)	556	160	1	185	291	153.7	
2020	Jan	Feb	March	April	May	June	
Illicit Market Cannabis (in pounds)	640	497	367	0	0	101	
2021	Jan	Feb	March	April	May	June	
Illicit Market Cannabis (in pounds)	56	84	202	80	36	27	

* Data acquired from detail summaries

b. ISP 2022 Annual Report

i. Over the fiscal year, ISP:

1. Conducted 473 undercover sales and identified 4 illegal sales to minors
2. Inspected legal facilities almost 3,000 times over the year for security
3. Conducted audits of 1.5 million plants and products
4. 13 Drug Recognition Expert officers certified and developing an Advanced Roadside Impaired Driving Enforcement training
5. Met with stakeholders to inform them of rights and rules for commercial motor vehicle transit (Federal Motor Carrier Safety Administration, Illinois Trucking Association, and ISP Public Information Office)
6. Added staff to Drug Chemistry Project

7. Emerging issue of Delta-8 THC and THC-O complicated analyses and enforcement of Illinois cannabis laws
- ii. Cannabis Agent Background Checks, Facility Inspection & Enforcement in Illinois by State Police:
 1. Approximately 7,700 background checks conducted in FY22
 2. Inspected legal facilities almost 3,000 times over the year for security
 3. Conducted audits of 1.5 million plants and products
 4. 327 referrals to other agencies to investigate/start enforce actions
 - a. Most referrals were for video surveillance system issues (cameras not working), inventory inaccuracies, improper destruction, and other security concerns.
 5. Received 88 referrals from other law enforcement agencies
- iii. DUIs:
 1. Over the fiscal year, 13 DUI-Cannabis charges were filed by ISP.
 2. 18 crashes involved cannabis and 17 medical cannabis charges.
 3. Annual counts from State Police:

Offense	FY22
Cannabis Trafficking	91
Manufacture/Delivery	205
Possession	1,248
DUI Cannabis	13
DUI Combination w/Cannabis Nexus	296
Crashes Involving Cannabis	18
Medical Cannabis Charges	17
Unlawful Possession in Vehicle	787

4. The Oral Fluid Instrumentation Feasibility assessment found VistaFlow Swab, Drager, and Sotoxa methods were not suitable for use.
 - a. Sotoxa and Drager were not consistent and the study had insufficient data on VistaFlow.
 - b. Costs were too significant for follow-up study.
 - c. ISP understood courts would be skeptical of these unproven methods.
 - d. Illinois law requires testing within 2 hours of arrest and does not require voluntary compliance.
- iv. Illicit Market:
 1. Metropolitan Enforcement Groups and interagency Task Forces reported increased difficulty getting confidential and informant sources because of lack of leverage. These agents believe the increased legal cannabis market is also increasing the illicit market.
 2. For all State and for the entire fiscal year, 11,760 kgs of illicit cannabis were seized, plus 575 illicit cannabis plants.

3. According to the Midwest High Intensity Drug Trafficking Area program, the average cost of illicit cannabis is \$1,900 per pound.
4. ISP Statewide Patrol seized:
 - a. 610 kg of cannabis in 2019 (Jan-June)
 - b. 728 kg of cannabis in 2020 (Jan-June)
 - c. 220 kg of cannabis in 2021 (Jan-June)
 - d. 317 kg of cannabis in 2022 (Jan-June) (**44% increase**)
 - e. Monthly trend:



5. Significant increase in illegal manufacture or delivery of cannabis offenses, from 24 in FY21 to 205 in FY22
6. Significant increase in illegal cannabis possession offenses, from 96 in FY21 to 1,248 in FY22

IV. Expungement

a. Background

- i. A critical part of Illinois legalization is repairing the harms caused by State criminalization of cannabis, a drug that now creates economic wealth but previously caused hundreds of thousands of arrests, temporary incarcerations, supervision and court involvement, and prison time. The criminalization harms fell disproportionately on Black communities and—to a lesser extent in State data—Latino communities in Illinois.
- ii. The political process in Illinois slowly lowered the penalties on cannabis, decriminalized possession and use, and legalized medical use before full adult use legalization in July 2019 and sales in 2020. The political process and legislative history of the Illinois Cannabis Regulation and Tax Act focuses on the social equity and justice impacts intended by the law—including expunging low-level Minor Cannabis Offenses from the State criminal history databases, clearing the records for thousands of citizens automatically.

b. ISP 2021 Annual Report

- i. In FY2021, 332,060 individuals received some expungement process. 15,375 minor cannabis offenses with guilty dispositions (convictions, pleas, court determinations) and 513,788 minor cannabis offense arrest events were removed from the State rolls.

c. ISP 2022 Annual Report

- i. As of June 30, 2022, a total of 790,181 cannabis records (21,536 criminal conviction records and 789,645 non-conviction records) were expunged, affecting over 400,000 people.

d. Most Recent Expungement Data (1/17/2023)

- i. As of January 17, 2023, ISP has expunged:
 1. Minor cannabis records associated with 783,975 separate arrest events were expunged from the criminal history transcripts of 488,077 individuals.
 2. A total of 11,046 individuals had 14,682 minor cannabis offenses expunged after a Governor's Pardon, impacting 11,430 arrest events.
 3. In Cook County, a total of 8,289 individuals received 8,289 minor cannabis offenses expunged after the Cook County State's Attorney filed a vacate and expunge petition, impacting 8,289 arrest events.
 4. In McHenry County, a total of 1,877 individuals received 2,368 minor cannabis offenses expunged after the Cook County State's Attorney filed a vacate and expunge petition, impacting 2,078 arrest events.

V. Grant Programs

a. Restore Reinvest Renew (R3)

- i. FY2020 Annual Report for the Illinois Criminal Justice Information Authority (ICJIA), the administering agency for the program
 1. The R3 program invests 25% of the net revenues from adult use cannabis taxes into communities most impacted by mass incarceration and the war on drugs.
 2. R3 was created to:
 - a. Directly address the impact of economic disinvestment, violence, and the historical overuse of criminal justice responses to community and individual needs by providing resources to support local design and control of community-based responses to these impacts.
 - b. Substantially reduce gun violence and concentrated poverty in Illinois.
 - c. Protect communities from gun violence through targeted investments and intervention programs, including economic growth and improving family violence prevention, community trauma treatment rates, gun injury victim services, and public health prevention activities.
 - d. Promote employment infrastructure and capacity building related to the social determinants of health.
 3. Program funds are used to reduce gun violence through intervention and prevention, improve re-entry and diversion services for people involved with the criminal justice system, provide access to legal representation and advice, encourage investment and economic growth, enhance youth development, and support programs that improve the social determinants of health.
 4. A notice of funding opportunity for these funds was released in FY20, offering grants for assessment and planning and service delivery to organizations within eligible areas, or R3 zones. Researchers identified the eligible areas using community-level data on gun injury, child poverty,

unemployment, and state prison commitments and returns, combined with disproportionately impacted areas previously identified by the Illinois Department of Commerce and Economic Opportunity.

5. ICJIA received nearly 400 applications in early FY21. They were reviewed by criminal justice practitioners, community stakeholders, and formerly justice-involved individuals. ICJIA awarded grants totaling \$31.5 million to organizations serving communities hardest hit by the failed war on drugs. A total of \$28.3 million was awarded to support service delivery and \$3.1 million was awarded for assessment and planning initiatives.
- ii. FY2021 Annual Report for ICJIA
 1. Received almost 400 applications and selected 81 organizations to be awarded \$32 million.
 2. Over the fiscal year, R3 disbursed \$1.8 million to 15 organizations.
 3. Began extensive capacity building effort to increase ability for small and community-led organizations to apply for, win, and use R3 grant dollars in compliance with State laws.

b. Department of Human Services (DHS)

- i. FY2021 Annual Report for the Department of Human Services
 1. The Cannabis Regulation and Tax Act (CRTA) specifies that 20% of the Cannabis Regulation Fund be used to address mental health and substance use disorders including **treatment, education and prevention**, and 2% of the Fund be used for **a public education campaign and data collection and analysis** to address the impact of legalizing adult use cannabis.
 2. Through the Division of Mental Health (DMH) and Substance Use Prevention and Recovery (SUPR) are operationalizing the Cannabis Tax Regulation Act by expanding and enhancing services that help people to be their most resilient selves as they seek their journey of recovery and support them in reducing the harm their disease causes them. These funds help DHS to expand services to continue to reach our aspiration of helping Illinoisans achieve their best selves.
 3. The guiding principles of DHS's efforts are to:
 - a. Address racial and social equity
 - b. Prioritize communities and individuals disproportionately impacted by the war on drugs
 - c. Catalyze innovation and fuel transformation
 - d. Align with the intent of the law
 - e. Advance the right to quality behavioral health care for all citizens
 4. The six program areas for the spending are:
 - a. **Community Investment** - Provide resources to community-based organizations to offer critical behavioral health services
 - i. Heroin/Opioid treatment services funded
 - ii. Expanded Naloxone distribution with cannabis funds
 - iii. Race and equity-focused dialogue/collaboration/learning efforts
 - iv. Warm Line for mental health crises and wellness support response—hours expanded due to cannabis funding and

received over 30,000 calls in the fiscal year, an 82% increase in calls over prior year

- b. **Criminal Justice Diversion** - Develop programs and recovery supports to divert people from the criminal justice system
 - i. Co-responder pilot program with State Police to facilitate mental health-focused response in collaboration with community providers
 - c. **Work Force Development** - Provide people with lived experience with career pathways and develop a more diverse behavioral health workforce
 - i. Support a behavioral health corps and loan forgiveness program
 - ii. Expanding crisis response network, building of SAMHSA 988 Infrastructure Grant to facilitate stabilization centers and mobile crisis teams
 - d. **Healthy Recovery**- Expand pathways to recovery, including stipends for medication assisted recovery
 - i. 300 medical professional stipend applications for x-waiver to prescribe buprenorphine
 - ii. 266 registered to attend training
 - iii. 220 applicants received training and stipend
 - e. **Public Education** – Investing resources to inform the public and support the prevention of substance misuse
 - i. 4.7 million video views
 - ii. 2,900 PDF downloads
 - iii. 20.6 million online impressions
 - iv. 3.5 million social engagements
 - f. **Evaluation and Data Collection** – Provide evaluation and data analysis on our programs to validate their success and learn from the challenges
 - i. University of Illinois-Chicago team is collecting all State data to provide system-wide view of cannabis legalization
 - ii. Team will also facilitate a quantitative and qualitative evaluation of all the DHS-funded cannabis programs
- ii. FY2022 Annual Report for the Department of Human Services
 - 1. In FY2022, IDHS issued grants for a total of \$32 million for system expansion in the six program areas. IDHS-SUPR and DMH expended \$18 million by implementing the following projects to grow the capacity of our substance use and mental health treatment services and recovery supports. These projects reduce the harm caused by substance use disorders and mental illness and increase the recovery, the resiliency, and the wellness of its residents.
 - 2. Highlights:
 - a. **CRSS Success Project** – \$4,015,535 expended. This is a DMH project in partnership with SUPR that funds post-secondary educational institutions to provide classroom training and supervised practical experience (internship) opportunities for students to be able to

successfully pass the Certified Recovery Support Specialist (CRSS) or Certified Peer Recovery Specialist (CPRS) exam through the Illinois Certification Board. Grant funds also provide for wrap-around supports to help students overcome practical barriers to success (e.g., childcare, transportation, etc.).

- i. **11 colleges and universities** with grants.
 - ii. **112 students enrolled.**
 - b. **Access Naloxone Project** – \$3,151,080 expended. Through the Access Narcan program, community organizations, jails, hospitals, and clinics can order Narcan directly, at no cost. SUPR aims to reduce the number of opioid overdoses through the expansion of a community and evidence-based Overdose Education and Naloxone Distribution (OEND). SUPR manages the Drug Overdose Prevention Program (DOPP) through which organizations can order and distribute naloxone (Narcan nasal spray).
 - i. **58,000 kits** distributed with **116,000 doses**
 - ii. Nearly **70 hospitals** now distributing Narcan from ER
 - iii. Over **160 new community organizations** now with Narcan
 - c. **Crisis Mobile Team and Lifeline Expansion** –\$3,486,558 expended. DMH is building a statewide crisis infrastructure, including the development of mobile crisis response teams. The vision for Illinois is to create a comprehensive and integrated crisis network that provides a systematic approach to responding to crises through “somewhere to call, someone to respond, and somewhere to go.” CRTA this year supported the “somewhere to call” through supporting the expansion of the 988 Lifeline and the “someone to respond” by supporting Crisis mobile teams.
 - d. **Faith-Based Employment and Training** – \$3,127,888 expended. The IDHS/Division of Family and Community Services (DFCS) is working with churches in communities that were hardest hit by COVID19, civil unrest, and historical and systemic racism. Most faith-based institutions are in Chicago, with only a few outside of Chicago: one in Aurora, one in Champaign/Urbana, and one in Elgin.
3. Other metrics:
- a. Workforce Training: 41 trainings, 600+ participants
 - b. Permanent Supportive Housing: 6 new providers, 7 counties
 - c. Warm Line: 33,000 calls, 11,600 during expanded call hours funded by cannabis
 - d. Public education campaigns:
 - i. General: 4,000 PDF downloads, 6.5 million social media impressions, 680,000 social media engagements, 62,000 website sessions.
 - ii. Youth-focused: 33.3 million social media impressions (FB/IG/Snapchat), 1.3 million social media engagements (FB/IG/Snapchat), 14 million social media impressions

(TikTok), 2.2 million social media engagements (TikTok), and 72,000 website sessions

- e. Expenditures:
 - i. \$1 million in FY2020
 - ii. \$12 million in FY2021
 - iii. \$18 million in FY2022

c. Department of Commerce and Economic Opportunity (DCEO)

- i. Illinois Department of Commerce and Economic Opportunity (DCEO) provides financial assistance, loans, grants, and technical assistance to Social Equity Applicants. The purpose of the Social Equity program is to ensure that communities historically impacted by arrests and imprisonment for cannabis offenses have the opportunity to participate in the legal cannabis industry.
- ii. DCEO may issue loans and grants to qualified social equity applicants, defined in the Act as Illinois residents applying to operate a cannabis business establishment (i.e., have at least a conditional license) that meet one or more of the following criteria:
 - 1. Majority-owned and controlled by one or more individuals who have resided for at least 5 of the preceding 10 years in a Disproportionately Impacted Area
 - 2. Majority-owned and controlled by one or more individuals arrested for, convicted of, or adjudicated delinquent for any offense that is eligible for expungement under the Act, or is a member of an impacted family.
 - 3. Have at least 10 full time employees, more than half of whom either currently reside in a disproportionately impacted area or have been arrested for, convicted of, or adjudicated delinquent for any offense that is eligible for expungement under the Act, or is a member of an impacted family.
- iii. The Cannabis Business Development Fund is the statutorily created account that may be used to provide these Social Equity Applicant loans and grants. The fund has:
 - 1. \$31 million balance
 - 2. DCEO planning to spend \$600,000 over the fiscal year on technical assistance
 - 3. \$30 million remaining for loans and grants
- iv. The technical assistance services were provided by the University of Illinois-Chicago John Marshall Law School. By Late November, the vendors provided:
 - 1. 68 workshops and webinars
 - 2. Over 2,100 people attended
 - 3. 218 one-on-one consulting sessions

VI. Regulating Agencies

a. Illinois Department of Agriculture (IDOA) 2021 Annual Report

- i. Illinois Department of Agriculture (IDOA) regulates 21 cultivation centers and is responsible for craft growers, infusers, and transporters. Further, IDOA approves the Community College Vocational Pilot Program and certifies cannabis testing laboratories. IDOA also regulates and oversees Illinois Industrial Hemp Program, not mentioned below.
- ii. As of September 30, 2021, IDOA issued Notices of Awards to:
 - 1. 40 craft growers (5,000 maximum square feet of canopy)

2. 32 infusers (no grow space, only may process non-smokable products with pre-processed oils)
3. 141 transporters (no grow or production permissions, only may transport)
4. All of these new licenses for craft grow, infuser, and transporter entities were exclusively owned by Social Equity Applicants and were the most diverse set of cannabis license owners anywhere in the country. 67% of the licenses had reported majority ownership that self-identified as non-white. 98 were majority Black owned, 19 Latinx, and 34 Black women owned.
- iii. The 21 cultivation centers have a maximum canopy size of 210,000 square feet.
- iv. Wholesale sales, by quarter:
 1. 2020 Q3: \$3.2 million
 2. 2020 Q4: \$6.8 million
 3. 2021 Q1: \$4.2 million
 4. 2021 Q2: \$8.3 million
- v. IDOA reviewed over the year:
 1. Received 1,340 deficiency responses for new license applications
 2. Issued 5,264 active agent badges
 3. Completed 518 inspections of facilities
 4. Received 1 compliant and answered over 1,000 public questions
- vi. IDOA received \$29 million in revenues for taxes, licenses and fees.

b. IDOA 2022 Annual Report

- i. As of September 30, 2022, IDOA had issued 362 cannabis licenses:
 1. 21 cultivation centers (same as since 2020)
 2. 88 craft growers (5,000 maximum square feet of canopy)
 3. 54 infusers (no grow space, only may process non-smokable products with pre-processed oils)
 4. 189 transporters (no grow or production permissions, only may transport)
 5. 10 Community College Vocational Programs
 6. 4,963 active agent badges
- ii. An analysis of 48 of the craft growers:
 1. 42% are majority Black
 2. 36% are majority white or unknown
 3. 8% are majority Latinx
 4. 8% are majority-owned by a coalition of non-white people
- iii. IDOA received \$31.2 million in revenues for taxes, licenses and fees.

c. Illinois Department of Financial and Professional Regulation (IDFPR) 2021 Annual Report

- i. Illinois Department of Financial and Professional Regulation (IDFPR) regulates 55 medical and adult use dispensaries, 55 secondary site adult use dispensaries, the agents for cannabis dispensaries, and the training program required for agents.
- ii. IDFPR received almost 2,600 applications for an additional 185 licenses, requiring a lottery process to select so many applicants. Of these applications, 98% were submitted as “social equity applicants” qualifying under a location requirement, personal cannabis criminal justice involvement, or a hiring process. The applications included almost 44,000 exhibits.

iii. Retail adult use sales, by quarter:

1. 2020 Q3: \$193 million
2. 2020 Q4: \$237 million
3. 2021 Q1: \$279 million
4. 2021 Q2: \$348 million

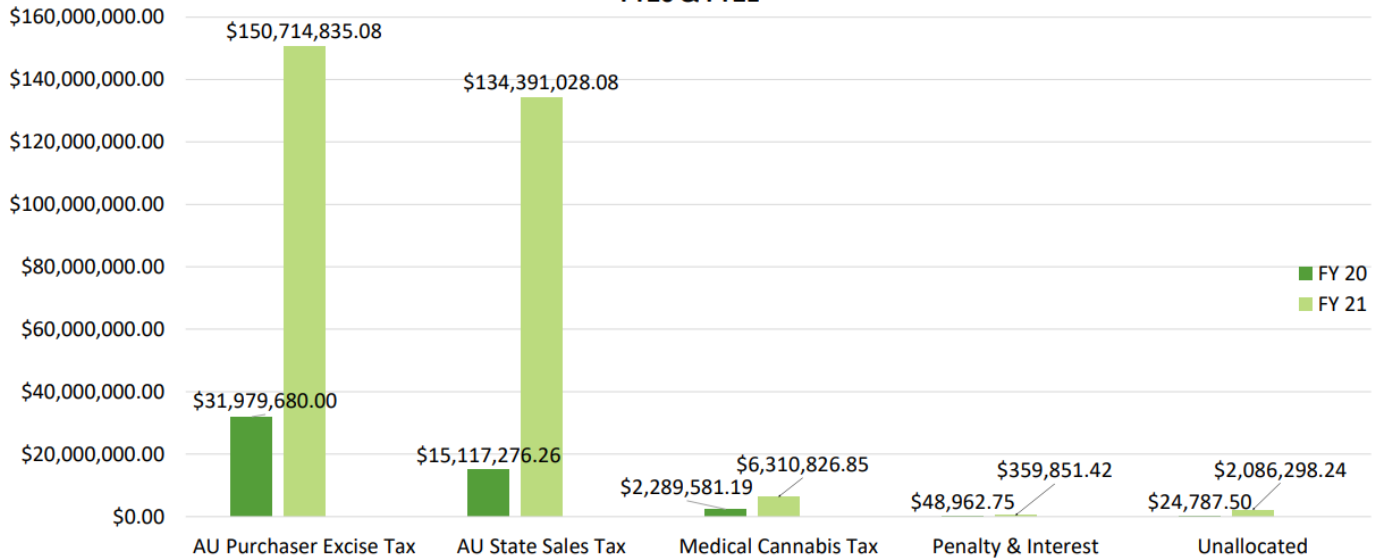
iv. Adult use sales, by type:

Product Type	Total FY21 Adult-Use Only Sales
Liquid Cannabis Infused Edible	\$12,495,608.71
Liquid Cannabis RSO	\$2,789,366.48
Cannabis Extract for Inhalation	\$354,122,605.22
Cannabis Infused Topicals	\$4,834,943.30
Cannabis Mix Infused	\$99,889.00
Cannabis Mix Packaged	\$5,938.02
Solid Cannabis Infused Edible	\$167,307,800.56
Usable Cannabis	\$514,581,437.13

v. IDFPR conducted 232 inspections and opened 56 complaints

vi. IDFPR revenue generated from taxes:

**State Cannabis Tax Revenues by Source
FY20 & FY21**



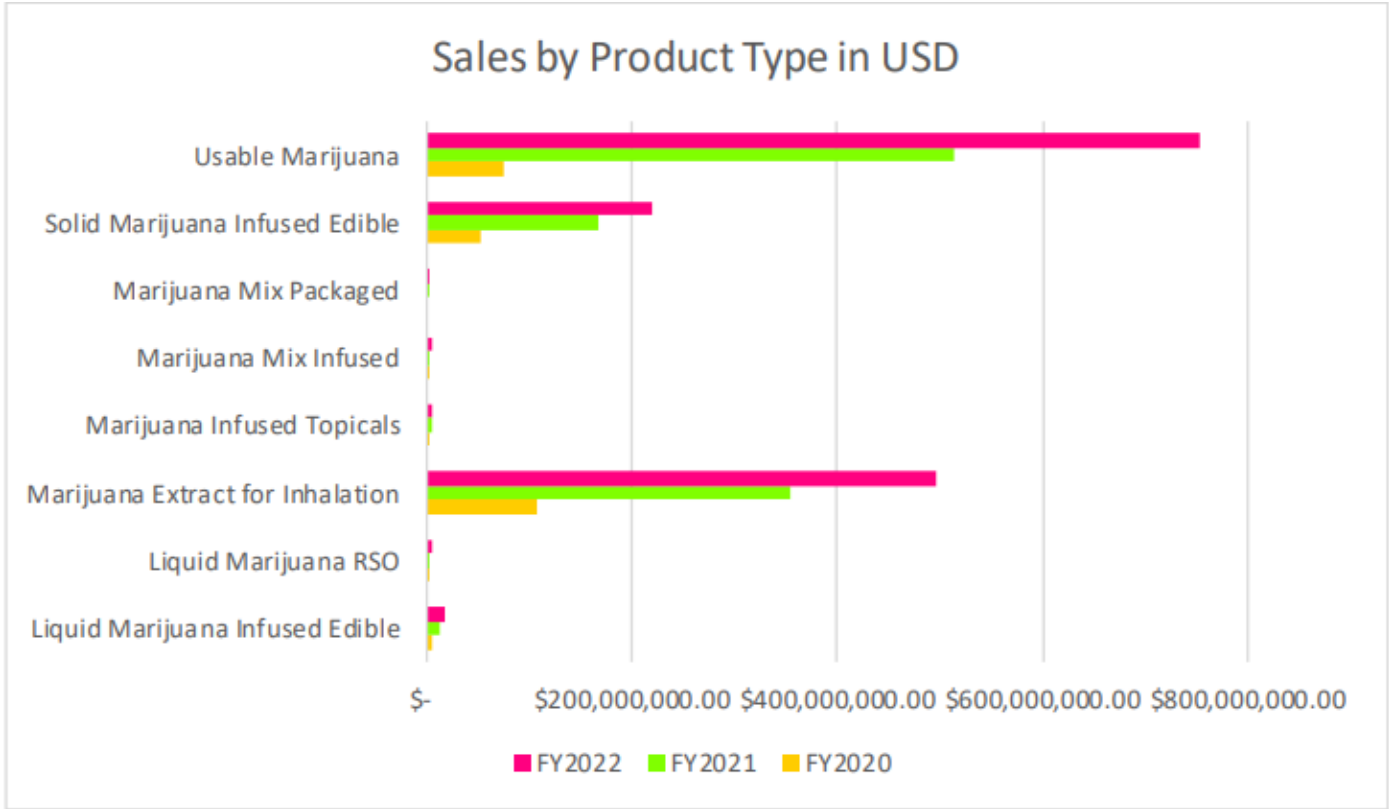
FY20 Total Dispensary State Tax Revenues: \$49,460,287.70*

FY21 Total Dispensary State Tax Revenues: \$293,862,839.67*

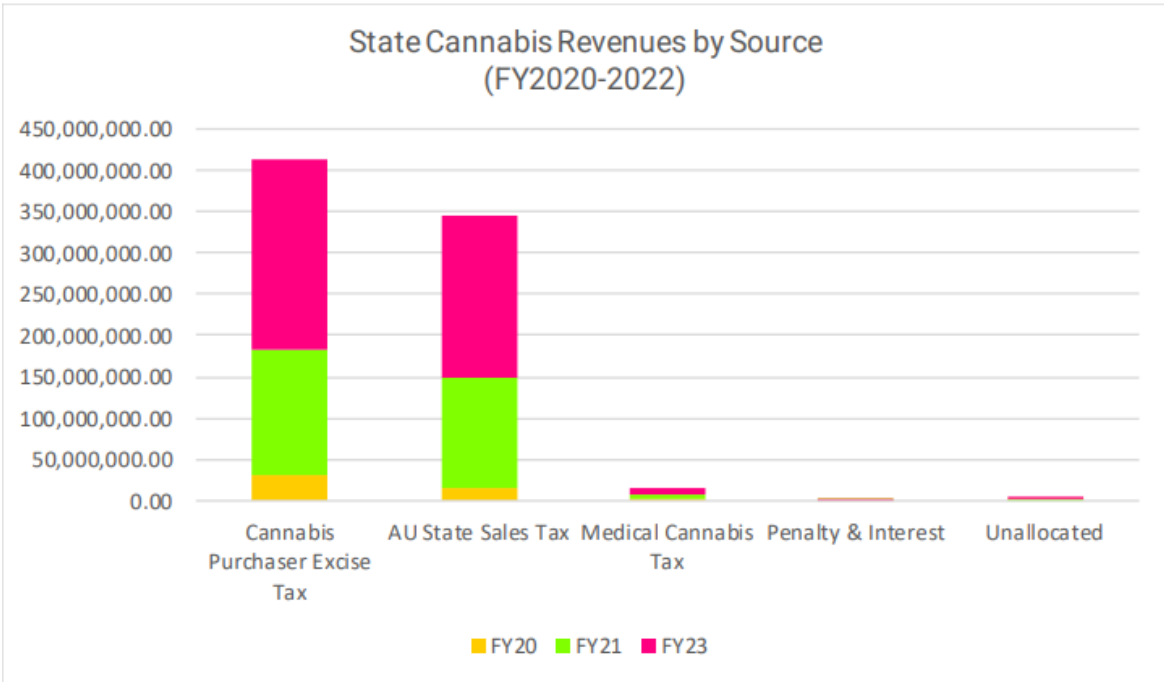
Unallocated amounts include overpayments or credits not allocated to another type of tax liability

d. IDFPR 2022 Annual Report

- i. In addition to the 110 existing dispensaries, IDFPR issued an additional 185 conditional adult use licenses following lengthy litigation.
- ii. Adult use sales for FY22 totaled \$1.5 billion



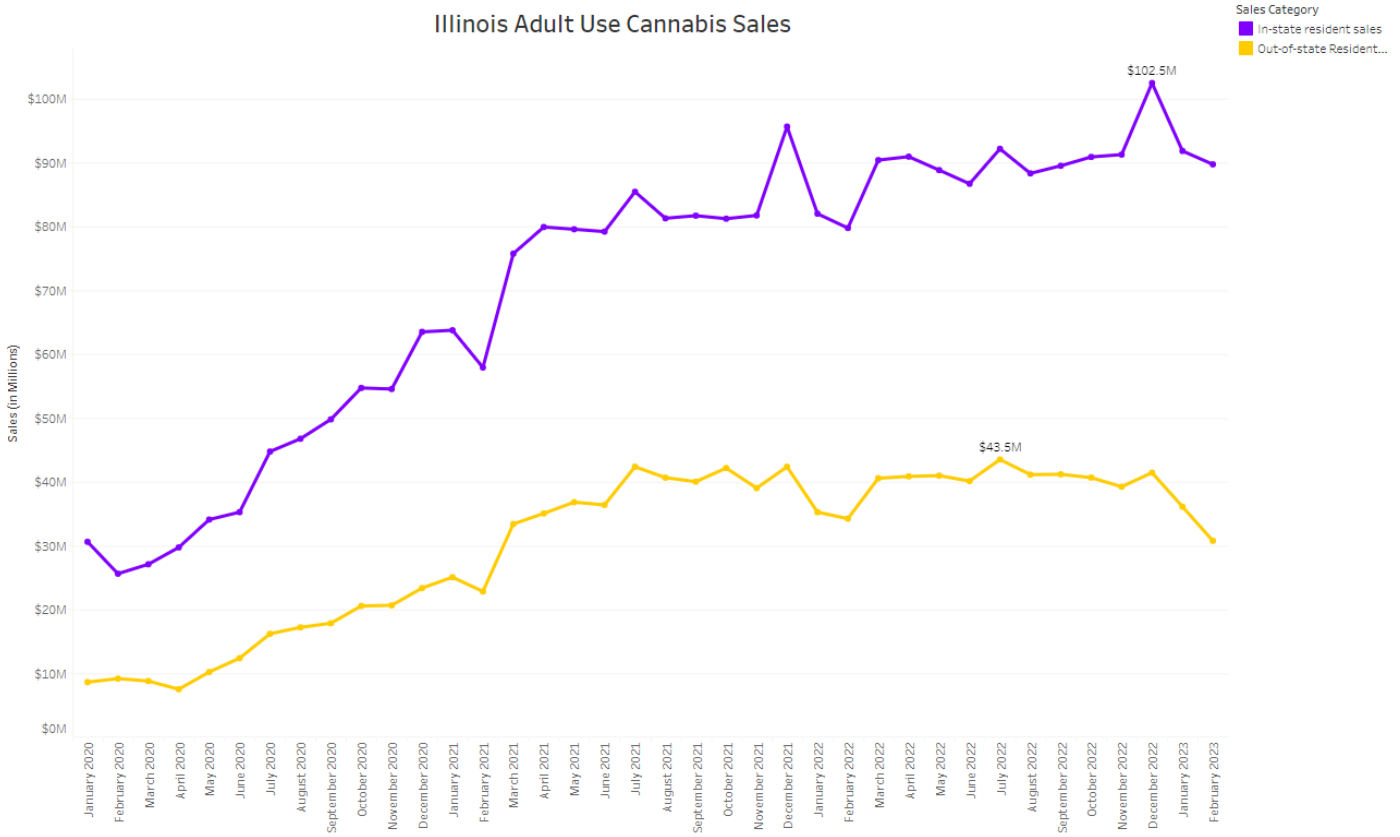
- iii. IDFPR conducted 337 inspections and opened 56 complaints
- iv. IDFPR revenue generated from taxes:



e. Summary Statistics (from State’s cannabis website)

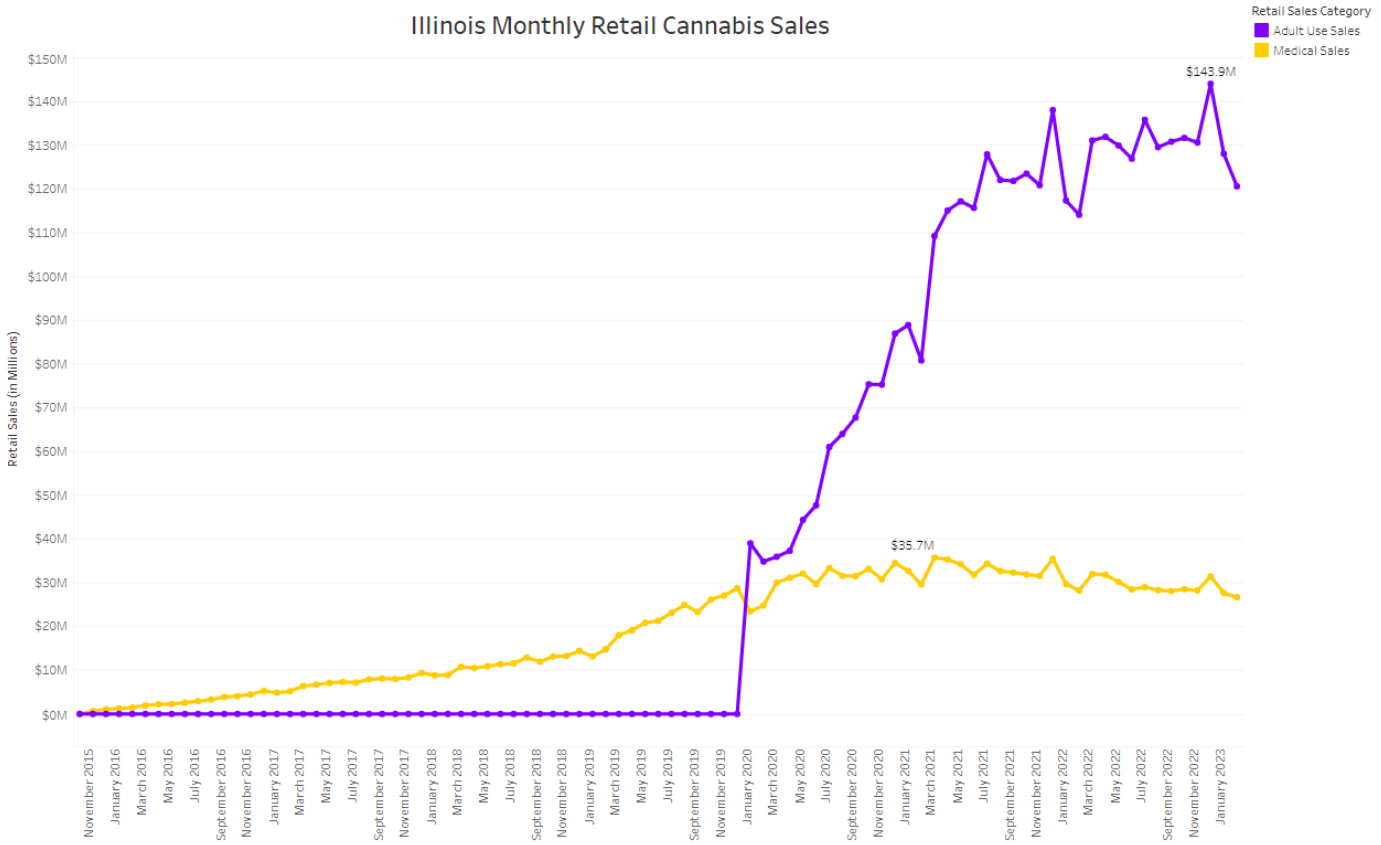
- i. Wholesale Sales

Illinois Adult Use Cannabis Sales



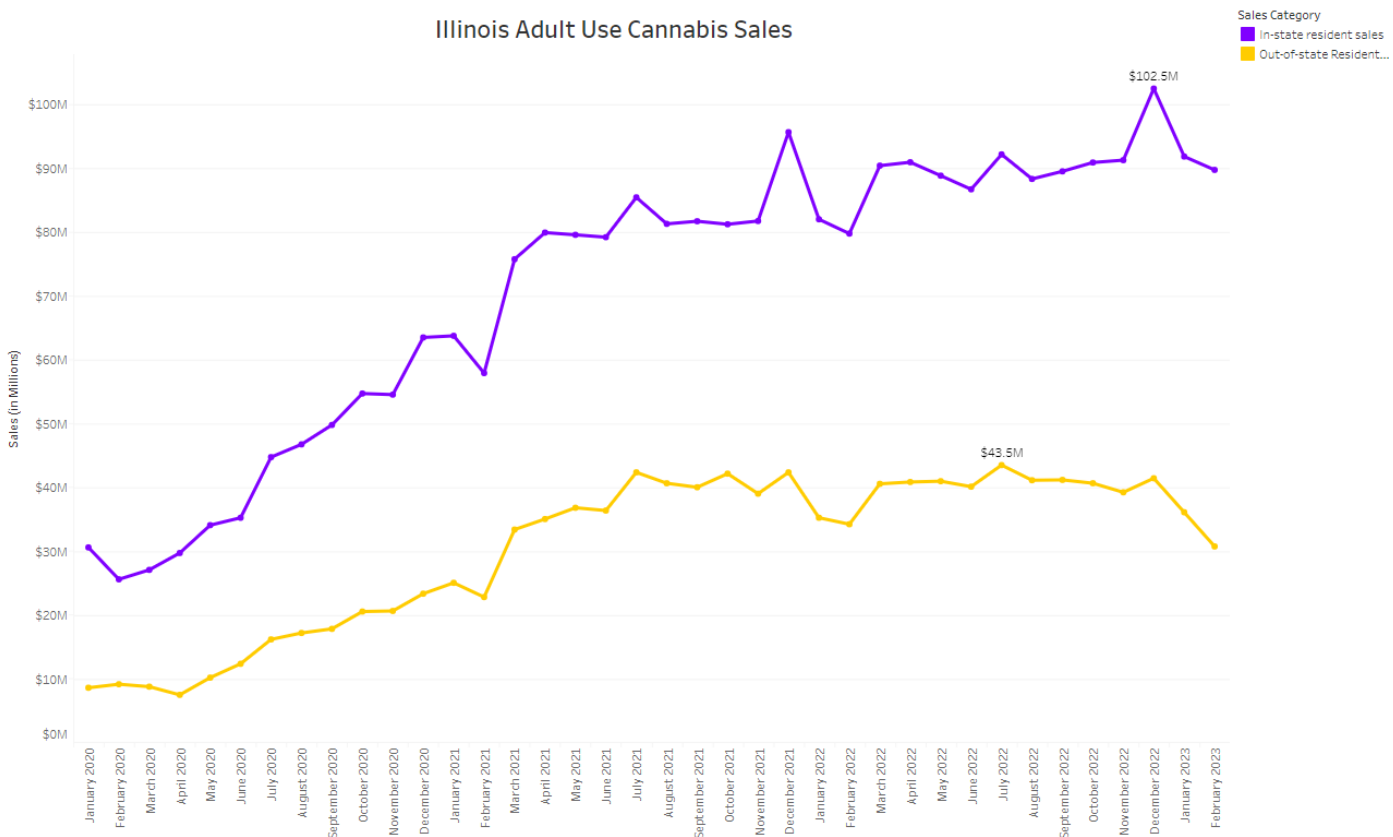
ii. Retail Sales

Illinois Monthly Retail Cannabis Sales



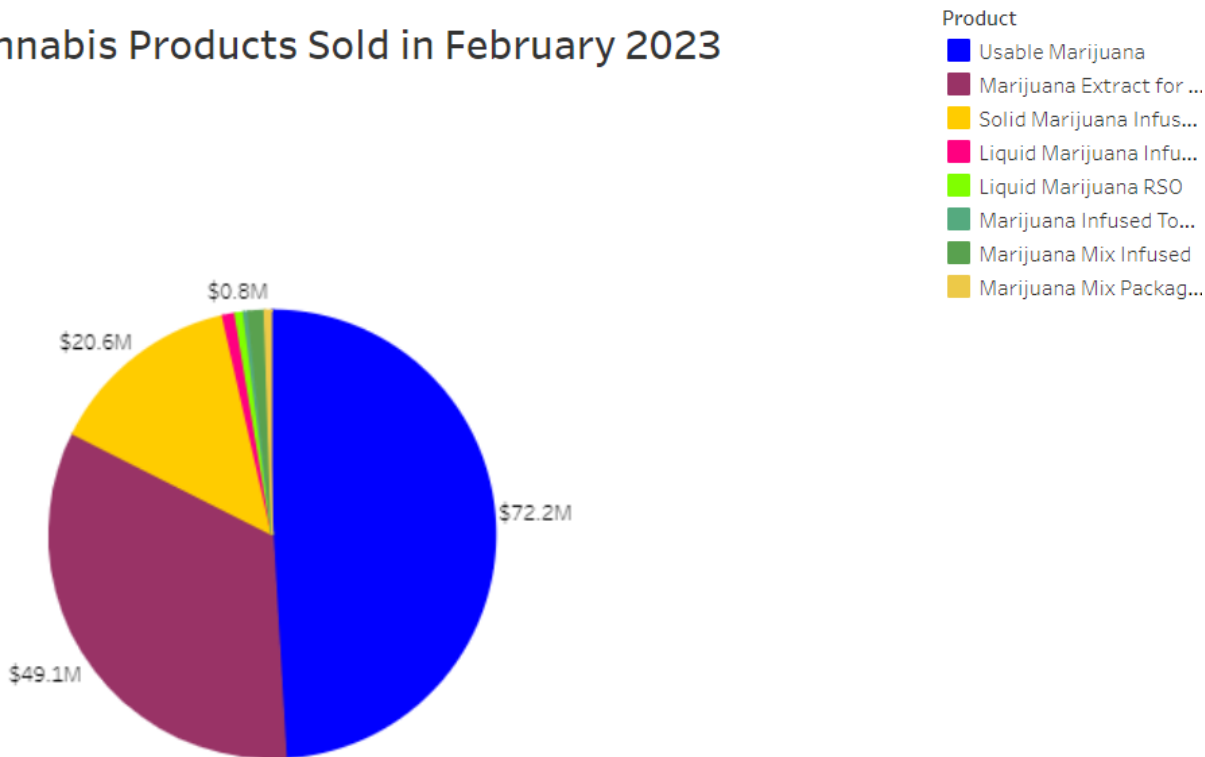
iii. Adult Use Sales

Illinois Adult Use Cannabis Sales



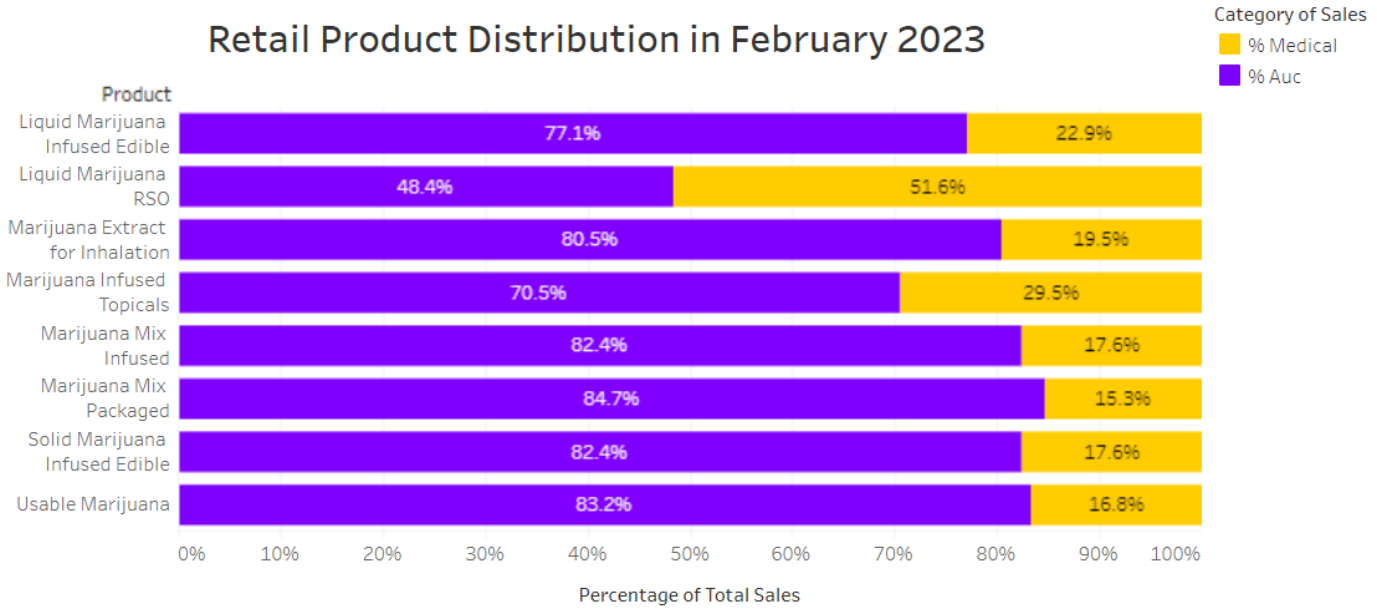
iv. Product Sales

Retail Cannabis Products Sold in February 2023



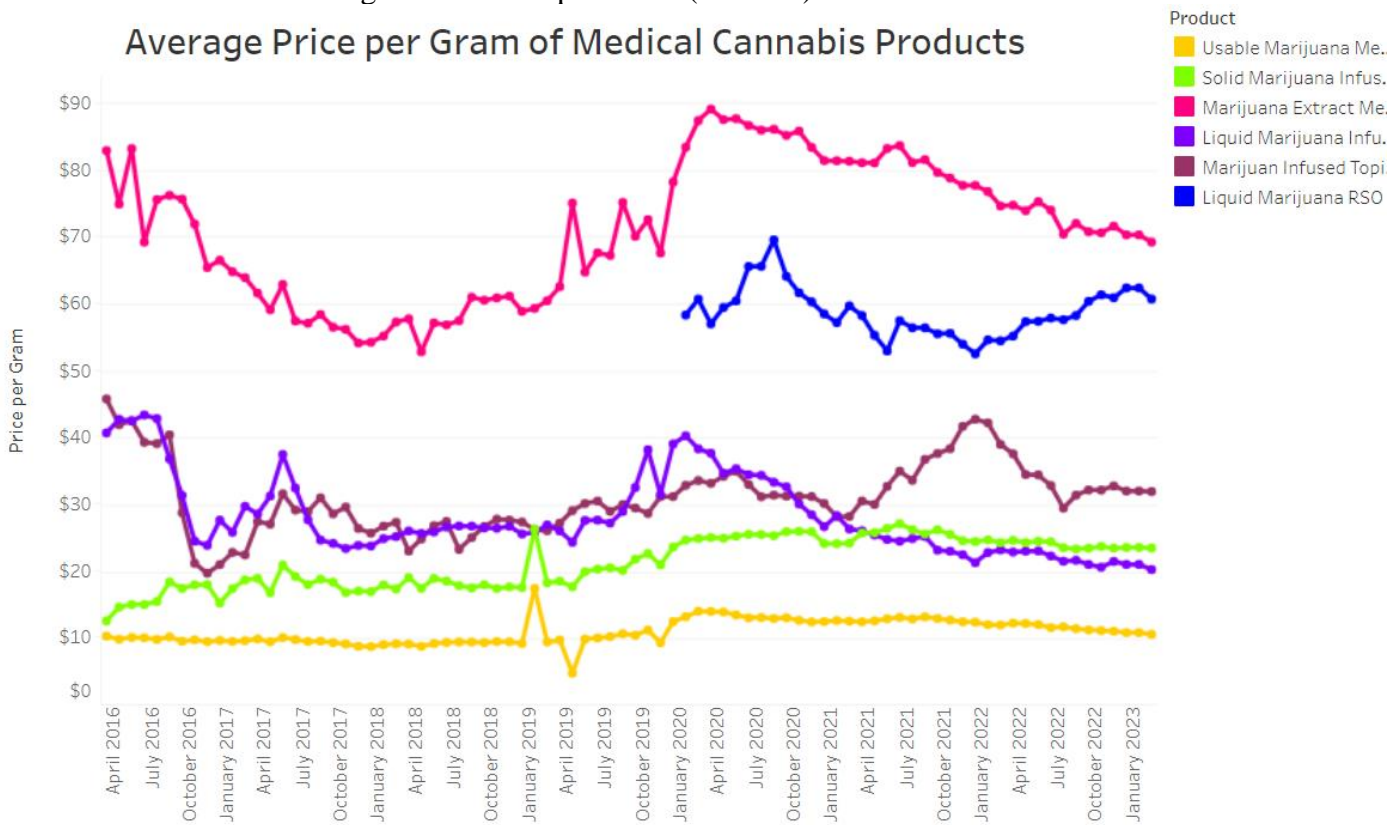
v. Product Distribution

Retail Product Distribution in February 2023

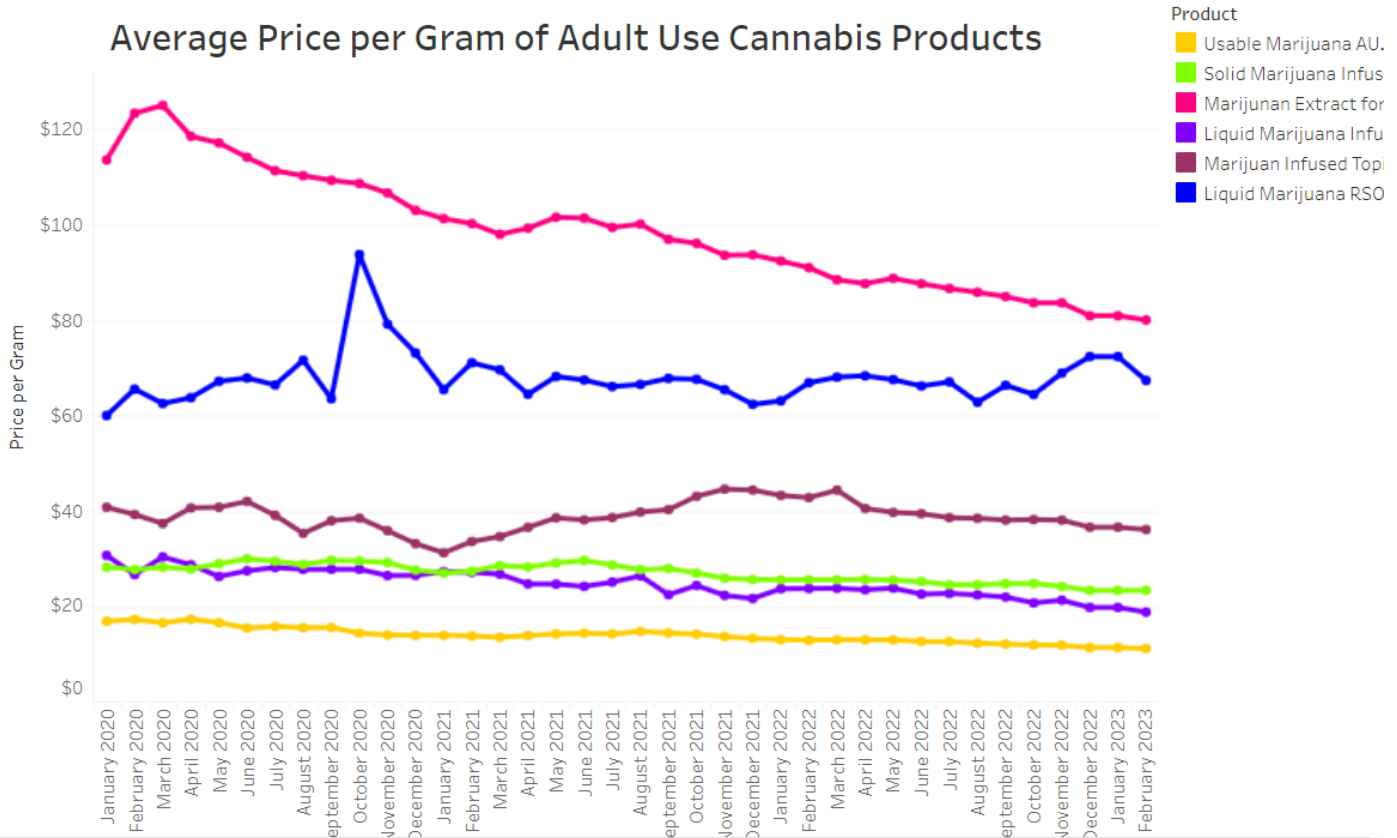


vi. Average Retail Price per Gram (Medical)

Average Price per Gram of Medical Cannabis Products



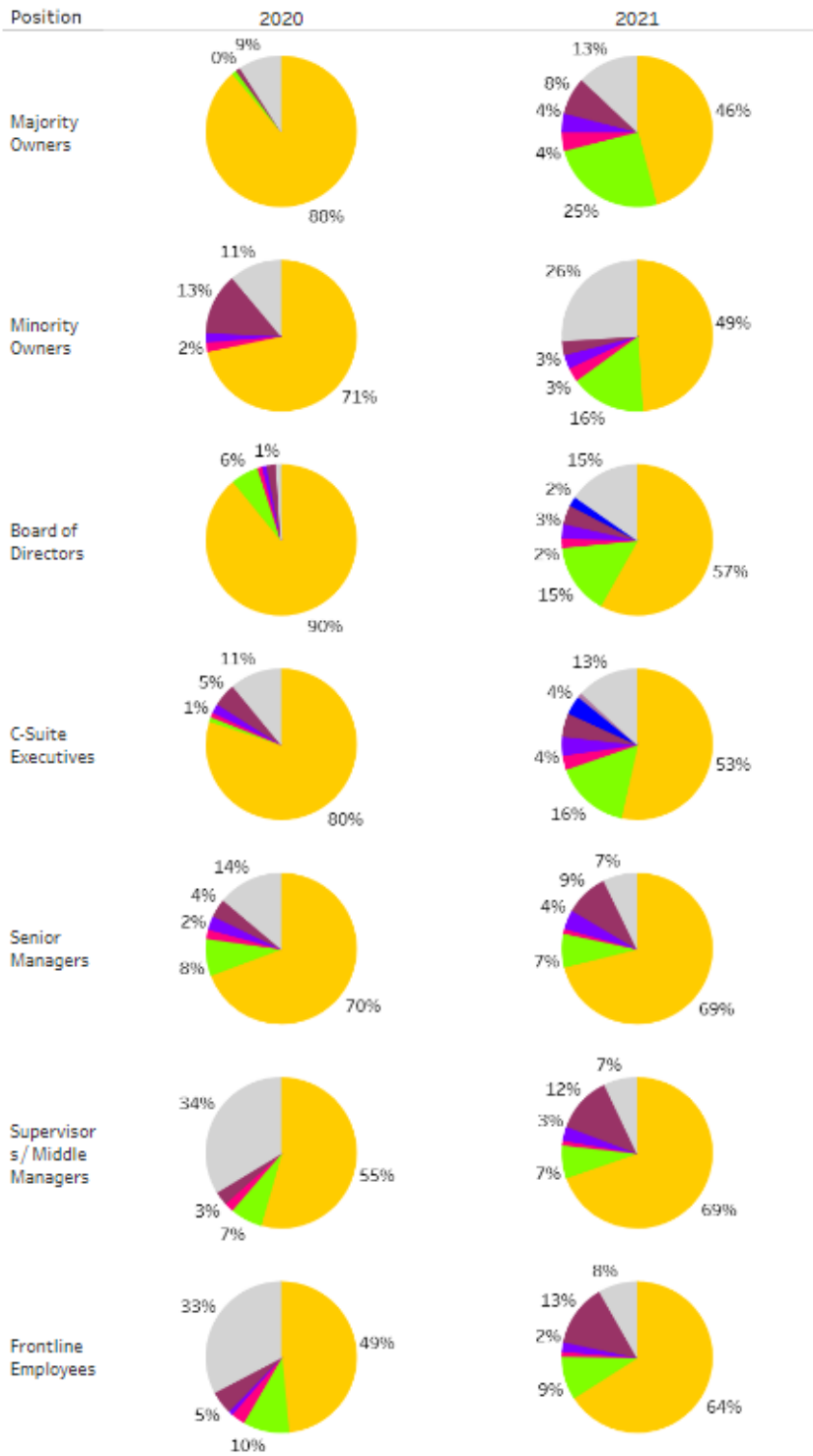
vii. Average Retail Price per Gram (Adult Use)



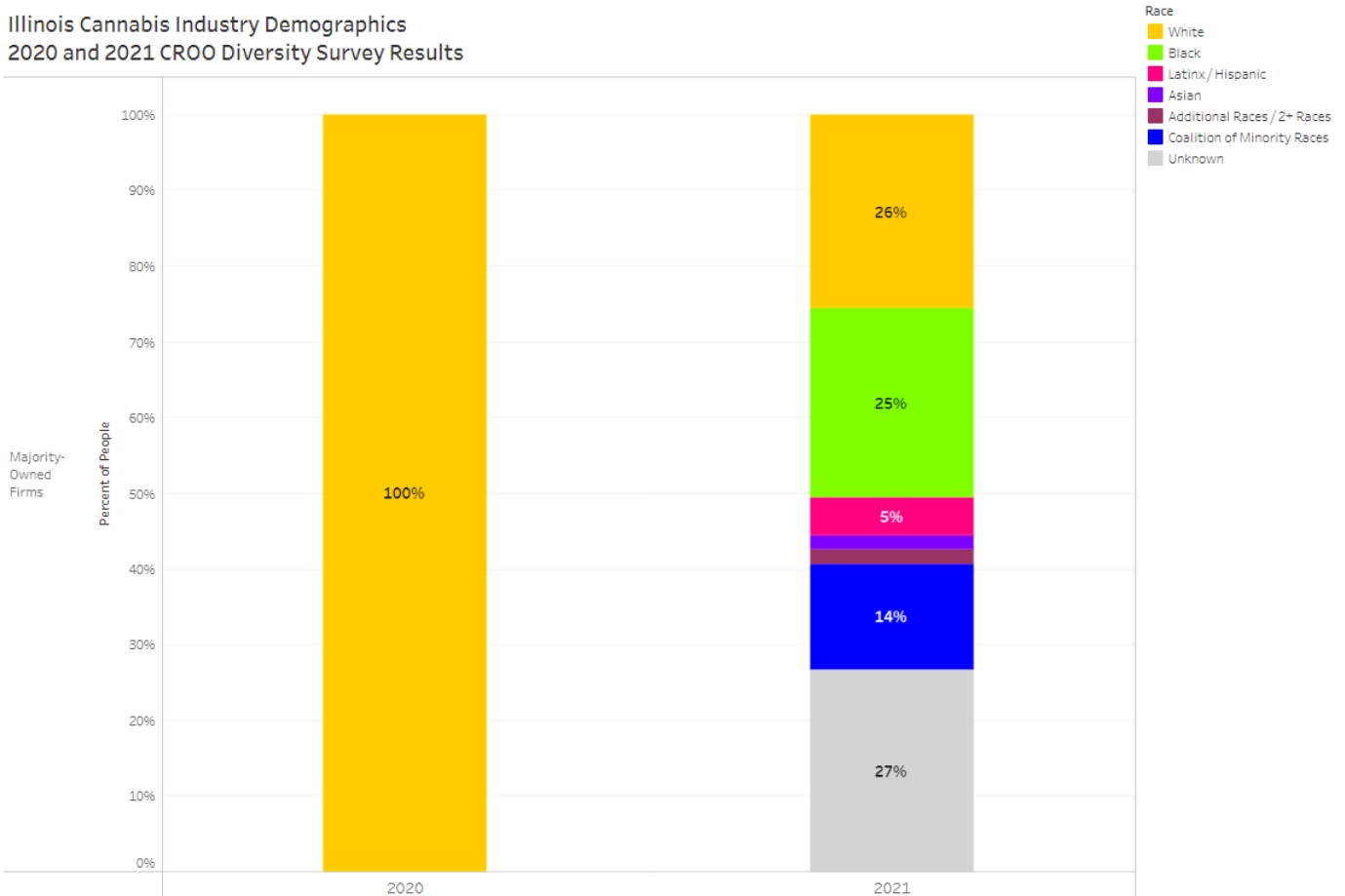
viii. Diversity of Cannabis Industry

1. The Cannabis Regulation and Tax Act promotes social equity in ownership and management within Illinois cannabis industry. Tracking the demographics within the industry is a priority for the State and below is the result of the industry’s compliance with State diversity reporting.

Illinois Cannabis Industry Demographics 2020 and 2021 CROO Diversity Survey Results



Illinois Cannabis Industry Demographics
2020 and 2021 CROO Diversity Survey Results



VII. Tax Revenue

a. Illinois Department of Revenue (IDOR) 2021 Annual Report

- i. The Illinois Department of Revenue (IDoR) is responsible for the administration and collection of cannabis taxes, and providing accurate, timely, and reliable funding and information to state and local constituents. Specific to cannabis taxes, these responsibilities generally include the registration with IDoR of licensed cannabis cultivators, craft growers, and dispensaries, providing for the filing and payment of cannabis-related taxes, remitting revenues collected to the State Comptroller, collecting and allocating funds to local governments, and tracking revenues, expenditures, and transfers to and from the Cannabis Regulation Fund.
- ii. During FY21, **IDoR collected over \$317 million** in tax and assessment payments from adult use cannabis cultivators and dispensaries and **distributed nearly \$82.8 million in cannabis revenues to local governments.**
- iii. In February 2021, cannabis tax collections surpassed liquor revenue collections.
- iv. Over the fiscal year, the \$82.8 million in cannabis revenues distributed to local governments included:
 1. \$70.2 million in local Sales Taxes
 2. \$12.6 million in cannabis-specific use taxes imposed by local government taxing authorities and collected by the State

b. Cannabis Regulation Fund Fiscal Year Reports (FY20-FY23)

- i. Note: these annual reports do not include medical taxes or general sales taxes generated by cannabis in Illinois.
- ii. Fiscal year 2020 (July 1, 2019 – June 30, 2020):
 1. \$52 million in revenue
 - a. \$34.7M in taxes
 - b. \$15M in dispensary fees/fines
 - c. \$2.3M in cultivation fees/fines
 2. \$2.4 million in agency administrative expenditures
 3. \$40.5 million distributed to statutorily mandated funds
- iii. Fiscal year 2021:
 1. \$186 million in revenue
 - a. \$176.9M in taxes
 - b. \$4.8M in dispensary fees/fines
 - c. \$4.3M in cultivation fees/fines
 2. \$12.1 million in agency administrative expenditures
 3. \$161 million distributed to statutorily mandated funds
- iv. Fiscal year 2022:
 1. \$276 million in revenue
 - a. \$262.9M in taxes
 - b. \$7.2M in dispensary fees/fines
 - c. \$5.9M in cultivation fees/fines
 2. \$15.6 million in agency administrative expenditures
 3. \$259.2 million distributed to statutorily mandated funds
- v. Fiscal year 2023 (July 1, 2022 – February 28, 2023; 8 of 12 months):
 1. \$175 million in revenue
 - a. \$172M in taxes
 - b. \$193K in dispensary fees/fines
 - c. \$3M in cultivation fees/fines
 2. \$9.4 million in agency administrative expenditures
 3. \$166.9 million distributed to statutorily mandated funds