



The Impact of Legalization of Marijuana in Illinois

Fall 2021

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Chicago HIDTA

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Executive Summary

The Chicago High Intensity Drug Trafficking Area (HIDTA) has recognized the need to study the impact that the legalization of marijuana has had, and will continue to have, on the state of Illinois. The purpose of this report is to provide data and perspective on the change of public policy and messaging regarding the use of marijuana in Illinois since the passage of the Illinois Cannabis Regulation and Tax Act in 2019.

Section I: Traffic Fatalities and Impaired Driving

- Since 2016, fatal crashes in Illinois have averaged approximately 1,000 per year. In 2020, there were 1,050 fatal crashes resulting in 1,153 deaths compared to 938 fatal crashes in 2019 which resulted in 1,009 deaths
- Driving while impaired in Illinois remains a serious criminal offense and in 2019 there were over 26 thousand DUI arrests
- Due to the nature of THC metabolization, especially for chronic users, there is no national standard in determining impairment by drivers using marijuana. Illinois law enforcement officers do not have a chemical test available to them in the field and determining impairment from marijuana usage remains elusive

Section II: Marijuana Use in Illinois

- Marijuana use in Illinois has increased across almost all age demographics
- In a 2020 study conducted by National Institute on Drug Abuse (NIDA), 35.2 percent of high school seniors in the United States used marijuana in the past year
- Despite claims that the legalization of marijuana would result in a reduction in the use of opioids, fatal overdoses in Illinois remains a public health crisis with 2,944 lives lost in 2020

Section III: Public Health

- United States Surgeon General recognizes the health risks of marijuana
- The average THC level in marijuana products has risen from 3 percent to 23 percent in smokable marijuana and from 56 percent to 99 percent for other forms (waxes, oils, and edibles)
- Cannabis induced psychosis is a growing issue in states legalizing marijuana

Section IV: Illicit Market

- Despite legalization, marijuana remains a significant threat to Illinois communities based on a law enforcement survey
- Marijuana continues to be trafficked in Illinois with increases in law enforcement seizures
- Marijuana trafficking and violence remain a problem despite legalization

Section V: Societal Impact

- Illinois Tax revenue tied to THC levels
- Problematic use among adolescents aged 12 to 17 was 25 percent higher in states with legalized marijuana use compared to states without legal recreational use. There was no change in the prevalence of past-month or frequent use among teens
- States where marijuana has been legalized have seen usage increase in adults 26 and older

Introduction

Purpose

This report uses available data to identify trends and provide analysis of marijuana legalization on public safety and overall societal impact. The legalization of marijuana for medicinal usage was publicized as being a compassionate reaction to the needs of the chronically ill, provide legal protections for usage by those with a qualifying debilitating medical condition, and follow the lead of other states in decriminalizing marijuana for qualifying individuals. In 2019, Illinois passed the Illinois Cannabis Regulation and Tax Act. This act legalized recreational marijuana for adults, making Illinois the 11th state in the nation to do so. The goal of this report is to inform policymakers, public safety officials, health professionals, and the public of the impact legalization of marijuana has had on Illinois and the country.

Background

The relative timeframes of this report are pre-legalization for medical use, the passage of legislation legalizing marijuana for medical use, and the legalization of marijuana for recreational use by adults.

Before 2013, Pre-legalization for medical use: Marijuana use was legal in Illinois from the beginning of Illinois statehood in 1818 until Illinois outlawed recreational use of marijuana in 1931. This was six years before the national Marihuana Tax Act of 1937. Recreational use was not common until mid-to-late 1910.

In 1978, Illinois passed the Cannabis Control Act, which allowed for medical marijuana. However, for individuals to legally possess marijuana, action was required from two state departments: the Illinois Department of Human Services and the Illinois State Police. However, neither of these departments acted, and no licenses were issued. As marijuana use became more prevalent, law enforcement focused on trafficking rather than recreational usage.

2013 to Present, Passage of the Compassionate Use of Medical Cannabis Pilot Program Act: Signed into law by Governor Patrick Quinn in August of 2013 and effective January 1, 2014, this act authorized the cultivation and possession of marijuana for medical usage for individuals with qualifying debilitating medical conditions. Authorization by a physician was required, possession was limited to 2.5 ounces per two weeks, and the number of plants a licensee could grow was capped at five. The reasons given by the Illinois legislature was to alleviate neuropathic pain caused by multiple sclerosis, HIV/AIDS, and other illnesses that failed to respond to conventional treatments and relief of nausea, vomiting, and other side effects of drugs used to treat HIV/AIDS and hepatitis C. As of May 2021, Illinois has 157,578 individuals enrolled in the Medical Cannabis Registry Program including 820 persons under 18 years of age.

2019 to Present, Passage of the Illinois Cannabis Regulation and Tax Act: This law legalized the recreational use of marijuana for those 21 years of age and older. An adult can legally possess up to 30 grams of marijuana flower (slightly more than one ounce), 5 grams of concentrated cannabis, and edibles infused with up to 500 milligrams of THC or any equivalent

combination. In addition, this law contained a provision that resulted in almost 500,000 criminal arrest records for possession to be expunged by the Illinois State Police and 20,236 pardons for "low-level" marijuana convictions issued. A "low-level" marijuana arrest was classified as a nonviolent crime involving the possession, manufacturing, and distribution of less than 30 grams of marijuana. Under the current law, only state-registered medical marijuana patients are authorized to grow marijuana for personal use. Consuming marijuana in public, in vehicles, and under the age of 21 remains illegal. As of June of 2021, there are 110 licensed marijuana dispensaries in Illinois and 21 cultivation centers. Illinois dispensaries can only sell marijuana harvested at an Illinois cultivation center.

Illinois Department of Public Health's Position

The Illinois Department of Public Health (IDPH) provides information to the public on a wide range of subjects concerning public health. One page is dedicated to informing the public on the dangers of marijuana:

Illinois Department of Public Health:

Source: <https://www.dph.illinois.gov/topics-services/prevention-wellness/cannabis>

"Cannabis, also known as marijuana, pot, weed, ganja, Mary Jane, and a vast number of other names, is the dried leaves, flowers, stems, and seeds from the Cannabis sativa or Cannabis indica plant. The plant contains tetrahydrocannabinol (THC), a mind-altering chemical.

When a person smokes cannabis, THC passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs throughout the body. The effects are felt more slowly when a person eats (edibles) or drinks cannabis.

THC over activates certain brain cell receptors, resulting in effects such as:

Altered senses

Changes in mood

Impaired body movement

Difficulty with thinking and problem-solving

Impaired memory and learning

The amount of THC in cannabis has been increasing steadily in recent decades, creating more harmful effects in some people.

Cannabis is not a harmless drug. Cannabis directly affects the brain, specifically the parts of the brain responsible for memory, learning, attention, decision making, coordination, emotions, and reaction time. Developing brains, like those in babies, children, and teenagers are especially susceptible to the harmful effects of cannabis. Cannabis' effects may last a long time or even be permanent. This means someone who uses cannabis may not do as well in school and may have trouble remembering things. Although scientists are still learning about these effects, studies show cannabis use by mothers during pregnancy may be linked to problems with attention, memory, problem-solving skills, and behavior problems in their children."

There are no reports of teens and adults dying from using cannabis use alone, but cannabis can cause some very uncomfortable side effects, such as anxiety and paranoia and, in rare cases, extreme psychotic reactions.

Cannabis use can lead to substance use disorder, often referred to as addiction.

This language contradicts the position of the Illinois Legislature that passed the Compassionate Use of Medical Cannabis Program Act in 2013 which touted marijuana as a "medicine":

(410 ILCS 130/1)

Sec. 1. Short title. This Act may be cited as the Compassionate Use of Medical Cannabis Program Act.

(410 ILCS 130/5)

Sec. 5. Findings.

(a) The recorded use of cannabis as a medicine goes back nearly 5,000 years. Modern medical research has confirmed the beneficial uses of cannabis in treating or alleviating the pain, nausea, and other symptoms associated with a variety of debilitating medical conditions, including cancer, multiple sclerosis, and HIV/AIDS, as found by the National Academy of Sciences' Institute of Medicine in March 1999.

(b) Studies published since the 1999 Institute of Medicine report continue to show the therapeutic value of cannabis in treating a wide array of debilitating medical conditions. These include relief of the neuropathic pain caused by multiple sclerosis, HIV/AIDS, and other illnesses that often fail to respond to conventional treatments and relief of nausea, vomiting, and other side effects of drugs used to treat HIV/AIDS and hepatitis C, increasing the chances of patients continuing on life-saving treatment regimens.

(c) Cannabis has many currently accepted medical uses in the United States, having been recommended by thousands of licensed physicians to at least 600,000 patients in states with medical cannabis laws. The medical utility of cannabis is recognized by a wide range of medical and public health organizations, including the American Academy of HIV Medicine, the American College of Physicians, the American Nurses Association, the American Public Health Association, the Leukemia & Lymphoma Society, and many others.

Although researchers have opined that purified chemicals from or based on those contained in the marijuana plant have some promise for therapeutic use, smoking marijuana poses adverse health effects and THC-induced cognitive impairment.¹

“An additional concern with "medical marijuana" is that little is known about the long-term impact of its use by people with health- and/or age-related vulnerabilities—such as older adults or people with cancer, AIDS, cardiovascular disease, multiple sclerosis, or other neurodegenerative diseases. Further research will be needed to determine whether people whose

¹ National Institute on Drug Abuse-Marijuana research report/Is marijuana safe and effective as a medicine?

health has been compromised by disease or its treatment (e.g., chemotherapy) are at greater risk for adverse health outcomes from marijuana use.²”

The American Medical Association (AMA) is opposed to both medicinal and recreational use. In an American Medical Association Policy Statement (H-95.924) they held:

“Our AMA: (1) believes that cannabis is a dangerous drug and as such is a serious public health concern; (2) believes that the sale of cannabis for adult use should not be legalized (with adult defined for these purposes as age 21 and older); (3) discourages cannabis use, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women who are breastfeeding; (4) believes states that have already legalized cannabis (for medical or adult use or both) should be required to take steps to regulate the product effectively in order to protect public health and safety including but not limited to: regulating retail sales, marketing, and promotion intended to encourage use; limiting the potency of cannabis extracts and concentrates; requiring packaging to convey meaningful and easily understood units of consumption, and requiring that for commercially available edibles, packaging must be child-resistant and come with messaging about the hazards about unintentional ingestion in children and youth; (5) laws and regulations related to legalized cannabis use should consistently be evaluated to determine their effectiveness; (6) encourages local, state, and federal public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis, especially emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, and prevalence of psychiatric and addictive disorders, including cannabis use disorder; (7) supports public health based strategies, rather than incarceration, in the handling of individuals possessing cannabis for personal use; (8) encourages research on the impact of legalization and decriminalization of cannabis in an effort to promote public health and public safety; (9) encourages dissemination of information on the public health impact of legalization and decriminalization of cannabis; (10) will advocate for stronger public health messaging on the health effects of cannabis and cannabinoid inhalation and ingestion, with an emphasis on reducing initiation and frequency of cannabis use among adolescents, especially high potency products; use among women who are pregnant or contemplating pregnancy; and avoiding cannabis-impaired driving; (11) supports social equity programs to address the impacts of cannabis prohibition and enforcement policies that have disproportionately impacted marginalized and minoritized communities; and (12) will coordinate with other health organizations to develop resources on the impact of cannabis on human health and on methods for counseling and educating patients on the use cannabis and cannabinoids.”³”

More and more corporate interests are seeing the possibility for substantial profits from recreational marijuana legalization. Corporations with links to alcohol, tobacco, and pharmaceutical companies are investing billions in the marijuana industry despite the long-term

² Ibid.

³ <https://policysearch.ama-assn.org/policyfinder/detail/H-95.924?uri=%2FAMADoc%2FHOD.xml-H-95.924.xml>Cannabis Legalization for Adult Use (commonly referred to as recreational use) H-95.924

health effects still being debated by health professionals.⁴ Altria, formerly known as Phillip Morris the tobacco manufacturing company, spent \$1.8 billion in December 2018 for a 45 percent stake in Cronos Group, one of the first major multinational cannabis firms based in Canada.⁵ Corporations heavily involved in the sale of alcohol have also been jumping on the marijuana bandwagon. Constellation Brands, the owner of the Corona and Modelo beer brands, invested \$4.1 billion in Ontario-based Canopy, the world's largest cannabis company in 2017 and 2018.⁶ The multinational pharmaceutical industry giant Pfizer Inc. has seen the value in medical cannabis and CBD. Pfizer has invested significant resources to develop new pharmaceutical-grade cannabis medicines. Currently, Pfizer has 25 U.S. patents for molecules relating to the cannabis plant.⁷

⁴ Smokescreen by Kevin A. Sabet (May 2021)

⁵ Forbes: How Tobacco Giant Altria Is Becoming A Cannabis Company, Feb 9, 2021, Chris Roberts

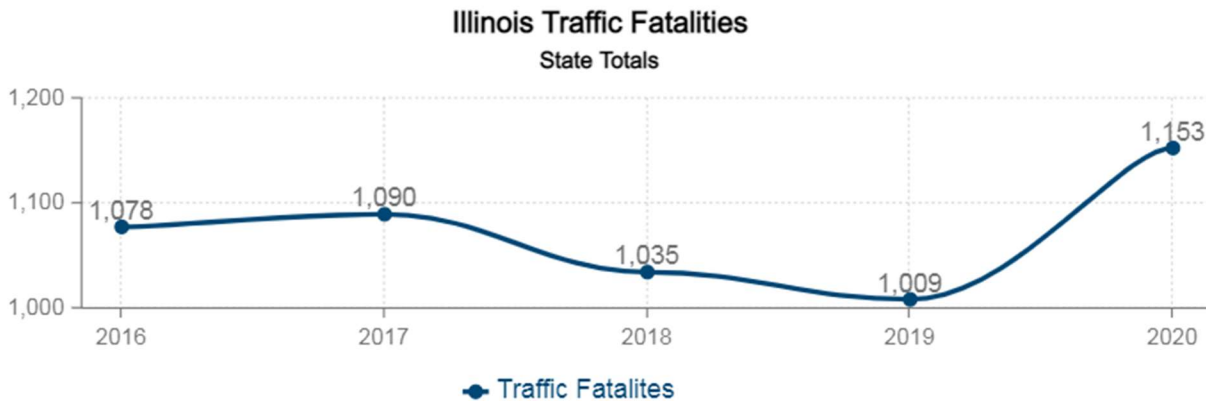
⁶ <https://time.com/5368243/corona-mariguana-cannabis-canada-investment/> Owrarn, Skerritt, Giammona (August 15, 2018)

⁷ <https://medium.com/alphagreen/is-big-pharma-taking-over-the-cannabis-industry-502591232759>

Section I-Traffic Fatalities and Impaired Driving

Illinois Driving Data-2019

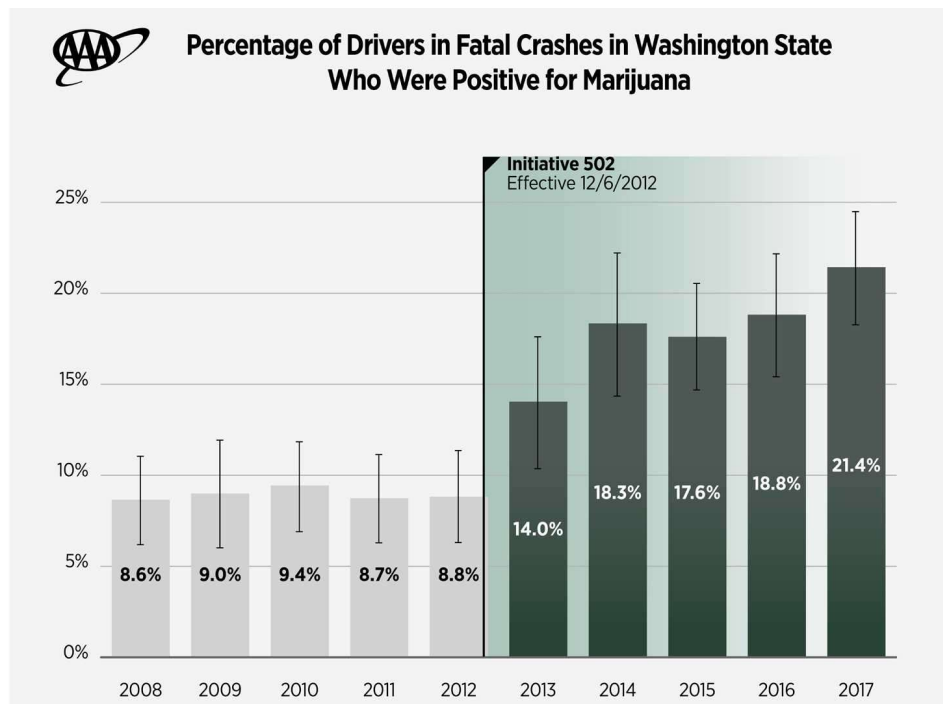
From 2016 to 2019, traffic crashes in Illinois resulting in fatalities averaged approximately 1,000 per year. In 2019, there were 928 fatal crashes resulting in 1,009 deaths. In 2020, there were 1,050 fatal crashes resulting in 1,153 deaths, an increase of 13.14 percent of fatal crashes, and an increase of 14.3 percent for deaths resulting from those crashes. As of July 15, 2021, there have been 594 fatalities, an increase of 50 deaths compared to the same time in 2020.



Illinois does not distinguish DUI-alcohol from DUI-cannabis or other drugs in arrest or crash reports, so it is difficult to definitively link the legalization of marijuana to these deaths. States that have legalized marijuana, including Illinois, have seen an increase in traffic crashes resulting in fatalities which mirrors the national trend. Since Colorado legalized recreational marijuana, traffic deaths involving an operator who tested positive for marijuana more than doubled from 71 people killed in 2013 to 162 killed in 2017.⁸ In Washington state, a 2016 report by the AAA Foundation for Traffic Safety found that fatal crashes of drivers who recently used marijuana doubled after the state legalized it. A study conducted by the Insurance Institute for Highway Safety (IIHS) and the Highway Loss Data Institute (HLDI) revealed that the frequency of collision claims per insured vehicle was 5.2 percent higher in Colorado, Nevada, Oregon, and

⁸ NHTSA, FARS, 2006-2011 AND CDOT 2012-2019

Washington following the start of retail sales of recreational marijuana compared with other states.⁹



Source: <https://media.acg.aaa.com/aaa-researches-marijuana-in-fatal-crashes-after-legalization.htm>

[Illinois Driving While Under the Influence Law and Data](#)

The Illinois Vehicle Code (625 ILCS 5/11-501) prohibits the operation of a vehicle while under the influence of alcohol, other drug, or drugs, intoxicating compound or compounds, or any combination thereof. This statute provides that if a law enforcement officer has reasonable suspicion to believe the person is impaired by the use of cannabis or other substance, the driver must submit to field sobriety testing and/or validated roadside chemical tests. Refusal to submit to testing or failure of field sobriety tests and/or validated roadside chemical tests will result in the suspension of the person's driver's license for one year. Driving while impaired by the use of marijuana or illegal transportation of marijuana in a motor vehicle may result in the loss of driving privileges, and for a medical marijuana registry cardholder, the revocation of the driver's medical marijuana card. In 2019, there were 26,224 DUI arrests reported to the Illinois Secretary of State's office. These arrests are not distinguished by DUI for alcohol, marijuana, or other substances. According to the Illinois DUI Fact Book published by the Illinois Secretary of State:

- 26 percent of those arrested for DUI were women, who represented 50 percent of all licensed drivers.
- Males ages 21-24 had the highest DUI arrest rate (about 9 per 1,000 licensed drivers).

⁹ IHS: Effect of recreational marijuana sales on police-reported crashes in Colorado, Oregon, and Washington (2018)

- 86 percent of all drivers arrested for DUI are first offenders.

A statutory summary suspension provides for the automatic suspension of driving privileges of a driver arrested for DUI who fails, refuses to submit to, or fails to complete chemical testing.

If tested, the driver who has a THC level or concentration of less than either 5 nanograms or more per milliliter of whole blood or 10 nanograms or more per milliliter of other bodily substance, and no illicit drugs found in his/her system, no statutory summary suspension will apply. However, the associated DUI charge will remain until appropriate action is taken by the court.

If the driver's test results show a THC level or concentration of either 5 nanograms or more per milliliter of whole blood or 10 nanograms or more per milliliter of other bodily substance; or any trace of a drug (other than cannabis), illegal substance, or intoxicating compound, the driver will be issued a law enforcement sworn report notifying the driver of a statutory summary suspension.

Regarding marijuana, chemical testing is the mechanism that is used to determine if a driver has a THC level of 5 nanograms or more per milliliter of blood or other bodily fluid. Chemical testing methods include a driver's "breath, blood, urine or other bodily substance," according to the Illinois Secretary of State's office.

The test can be administered within two hours of the driver being pulled over. Blood tests may only be administered by a medical professional, though police can perform breath, urine, and "other bodily substance" tests.

Illinois does have a program that sets standards for law enforcement officers to draw blood for investigative purposes. Established in 2018, the Illinois Law Enforcement Phlebotomy Program allows police officers to draw blood which eliminates the need for hospitals and so is much quicker and can preserve evidence. As of 2021, there were 25 officers trained in the program.

Challenges for Law Enforcement

Critical questions facing law enforcement officers investigating driver impairment include determining what substance is causing the impairment and the level of impairment. Alcohol-impaired driving has been the subject of over 60 years of study and scientific findings. Research has established the effect alcohol has on impairment and the role it plays in traffic crashes. Impairment has been shown to increase as the amount of alcohol concentration increases. In the 1950's it was estimated that 50% of fatal crashes in the United States involved alcohol-impaired drivers resulting in 25,000 fatalities.¹⁰ Decades of research, education, and enforcement have significantly lowered the number of deaths attributable to impaired driving in the U.S. to 10,142 in 2019.¹¹

Much of the success in educating the public is the awareness of how alcohol is processed by the body. Pharmacokinetics (the absorption, distribution, and elimination of a drug from the body)

¹⁰ Marijuana-Impaired Driving A Report to Congress

¹¹ <https://www.nhtsa.gov/risky-driving/drunk-driving> NHTSA 2017

and pharmacodynamics (how a drug affects physiological process and behaviors) is substantially different for alcohol compared to marijuana. Alcohol is consumed as a liquid and is absorbed into the bloodstream in the gastrointestinal tract. The liver almost immediately begins to eliminate alcohol upon detecting it in the bloodstream at a fairly constant rate. Alcohol is detectable in the blood or breath as alcohol diffuses out into the lungs. Blood alcohol concentration (BAC) has been proven to accurately infer the level of impairment.¹² Officers being trained to conduct field sobriety testing and the development of technology such as the Breathalyzer and other more advanced detection devices have played an important role in the enforcement and prosecution of impaired drivers.

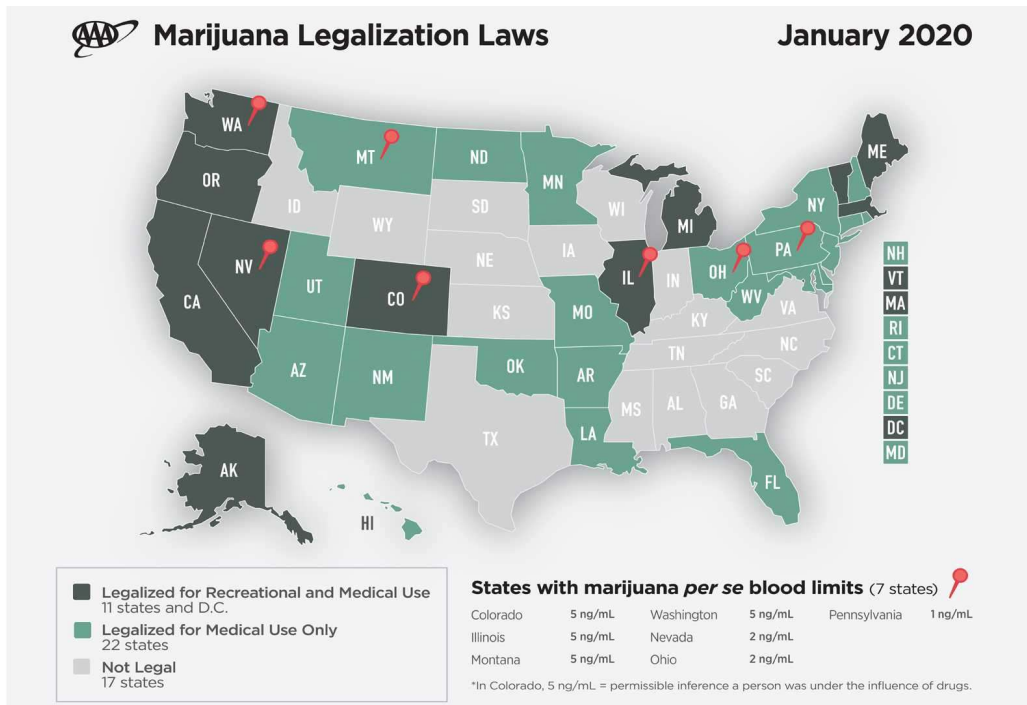
The way marijuana is processed by the body is unique from alcohol. Delta-9-tetrahydrocannabinol (THC) is the primary psychoactive substance in marijuana. Smoking, vaping, and ingesting edibles are all common ways of consuming marijuana. Unlike alcohol, which is soluble in the blood, THC is fat-soluble and stored in the fatty tissues of the body. Therefore, THC can be released back into the bloodstream a significant time after consumption. If the marijuana user smokes this drug, THC levels decrease rapidly after cessation of smoking and slowly thereafter. In a report to Congress, the National Highway Traffic Safety Association (NHTSA) cited a study that showed the metabolism of THC in the blood levels decline exponentially, unlike alcohol which is metabolized at a steady rate.¹³ This means that a blood test conducted pursuant to a warrant obtained by law enforcement made several hours after the initial stop would likely show a low level of THC and not accurately reflect the level of impairment at the time of the stop or a crash.

While fewer studies have examined the relationship between THC blood levels and degree of impairment, in those studies that have been conducted the consistent finding is that the level of THC in the blood and the degree of impairment do not appear to be closely related. Peak impairment does not occur when THC concentration in the blood is at or near peak levels. Peak THC level can occur when low impairment is measured, and high impairment can be measured when THC level is low. Thus, in contrast to the situation with alcohol, someone can show little or no impairment at a THC level at which someone else may show a greater degree of impairment. (NHTSA (2019) Marijuana-Impaired Driving – A Report to Congress, page 5)

Researchers and toxicologists at the University of California, Irvine's Cannabis and Driving Workshop conducted on May 31, 2019, acknowledged serious difficulties in being able to prove whether and to what degree some drivers might be impaired by recreational or medical marijuana. Illinois is one of seven states including Colorado, Montana, Nevada, Ohio, Pennsylvania, and Washington that have specific limits for THC concentrations for drivers. THC is the component that gives cannabis its psychological effects and causes impairment, ranging between 1 nanogram and 5 nanograms. "Per se" laws establish that once a person is shown to have reached or surpassed the legal limit, that person will be considered impaired by law.

¹² U.S. Department of Transportation/NHTSA (2019) Marijuana-Impaired Driving – A Report to Congress.

¹³ Ibid.



Source: <https://media.acg.aaa.com/aaa-researches-marijuana-in-fatal-crashes-after-legalization.htm>

Currently, there is no chemical test available to officers in the field to accurately determine the preliminary level of THC in a driver. While preliminary breath testing devices for alcohol have been approved for law enforcement use for decades, the science and technology to accurately detect THC levels in the field has yet to be developed. If an officer in Illinois suspects impairment, the officer conducts field sobriety tests. Based on the results of the tests, the officer can place the suspected impaired driver under arrest. The officer will request the driver to submit to blood and/or urine tests, and if refused, the driver violates implied consent resulting in a mandatory one-year driver's license suspension (625 ILCS 5/11-501(a) (West 2016). If the driver consents to a blood or urine test or the officer obtains a warrant, if there is a tetrahydrocannabinol concentration of 5 nanograms or more in whole blood or 10 nanograms or more in another bodily substance as defined in the statute, it shall be presumed that the person was under the influence of cannabis (625 ILCS 5/11-501.2(b-5) (West 2016). If the driver of the vehicle is in possession of a Medical Marijuana License, the prosecution must prove impairment, and not just that a driver has a certain level of THC in their system (625 ILCS 5/11-501(a)(7) (West 2016).

There are approximately 41,000 law enforcement officers in Illinois working for 877 agencies. The majority of these officers have received training on Standardized Field Sobriety Tests (SFST). Per the International Association of Chiefs of Police, only 122 Illinois law enforcement officers employed by 76 agencies have been certified as Drug Recognition Experts (DRE). Officers certified as DRE have received specialized training on determining the impairment levels of those suspected of operating a motor vehicle under the influence of substances such as marijuana. Until technology is developed and approved to establish a driver's level of

impairment, officers in the field continue to rely primarily on SFST to determine probable cause for arrest.

Illinois Case Law

People v. Allen, 873 N.E.2d 30 (2007) –Arresting officer claimed the defendant had breath which smelled like burnt marijuana but stated it was impossible to tell whether the defendant had any amount of cannabis in his breath or blood, and the only other evidence was the admission that the driver had smoked cannabis the night before, evidence was not sufficient to convict. State D.U.I. statute does not criminalize having breath that smelled like burnt cannabis. The State needed some evidence that the defendant had at least some cannabis in his breath, urine, or blood.

People v. Briseno, 799 N.E.2d 359 (2003) — Evidence is sufficient to support a conviction for DUI of cannabis if police officer detected the odor of cannabis on the defendant's breath and in the defendant's car, and the defendant admitted smoking cannabis before operating his motor vehicle.

People v. Workman, 312 Ill. App.3d 305 (2000) – Officer's opinion as to whether a person is under the influence of drugs is circumstantial evidence that may be considered sufficient provided the officer's relevant skills, experience, or training.

People v. Shelton, 708 N.E.2d 815 (1999) – For a police officer's opinion testimony regarding drug impairment to be admissible, the officer must have more than "limited training" in detecting drug use.

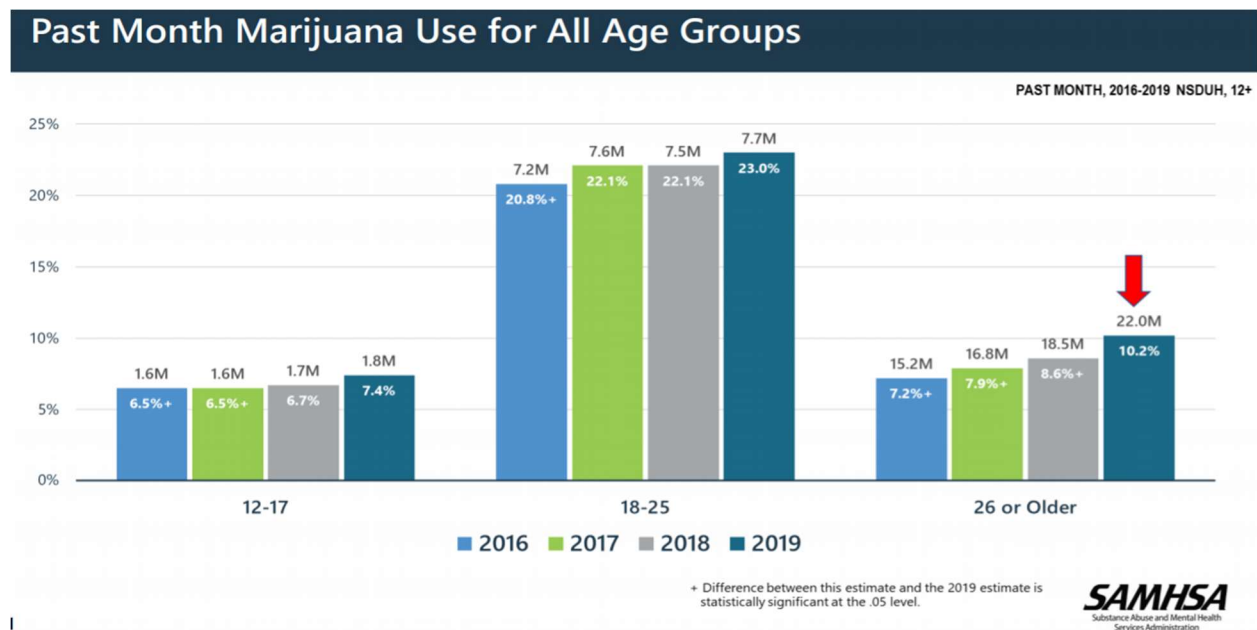
People v. Bitterman, 492 N.E.2d 582 (1986) –Influence of a drug or drugs is an essential element of the charge of driving under the combined influence of alcohol and drugs.

Section II-Marijuana Use in Illinois

Summary

According to the United Nations, 158.8 million people around the world use marijuana—approximately 3.8% of the planet's population.¹⁴ In the United States, marijuana is the most commonly used addictive drug after tobacco and alcohol.¹⁵ In 2018, more than 11.8 million young adults reported marijuana use in the past year.¹⁶ Its use is more prevalent among men than women.¹⁷

Nationally, marijuana use is rising. The National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) revealed that past month marijuana use for all age groups has been increasing steadily. Usage by those 26 years of age and older has been increasing at an alarming rate, increasing from 15.2 million past-month users in 2016 to 22 million past-month users in 2019.



Critical concerns regarding marijuana usage in this survey include:

- Use during pregnancy may be associated with fetal growth restriction, stillbirth, preterm birth, and neonatal intensive care unit admission (Metz and Borgelt, 2018; Stickrath, 2019).
- Use linked to depression/suicide: adolescents (Roberts BA, 2019), veterans (Kimbrel et al., 2018).

¹⁴ <https://www.drugfreeworld.org/drugfacts/marijuana/international-statistics.html>

¹⁵ National Institute on Drug Abuse/ [Marijuana Research Report](#)

¹⁶ Substance Abuse Center for Behavioral Health Statistics and Quality. Results from the 2018 National Survey on Drug Use and Health: Detailed Tables, SAMHSA. <https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables>.

¹⁷ Ibid

- Use in adolescence is associated with increased risk for psychotic disorders in adulthood and is linked with suicidal ideation or behavior (D’Souza et al, 2016; McHugh et al, 2017).
- The risk for psychotic disorders increases with the frequency of use, the potency of the marijuana product, and as the age at first use decreases (NASEM, 2017).
- Use among adolescents is linked to a decline in IQ and is associated with educational dropout (Meier, 2012).
- Use has been linked to the development of drug use disorders including alcohol, tobacco, and other illicit drugs (NASEM, 2017).
- There is substantial evidence of a statistical association between cannabis use and increased risk of motor vehicle crashes. (NASEM, 2017 pages 228-230).
- Association between state laws allowing medical marijuana and opioid overdose mortality reversed direction from -21% (1999-2010) to +23% (1999-2017). (Shover, et al., 2019).
- Risk of subsequent prescription opioid misuse and use disorder was increased among people who reported marijuana use five years earlier. (National Survey on Drug Use and Health: 2019)

Prior to the passage of the Compassionate Use of Medical Cannabis Pilot Program Act in 2013, any possession or production of marijuana in Illinois was a criminal offense. The level of charges was contingent based upon the amount possessed, grown, or sold. The Illinois Legislature, like other states, recognized that research and public opinion called for limited legal production and usage by individuals with qualifying debilitating medical conditions. After the program became operational, the number of medical conditions needed to qualify for a medical license was greatly expanded.

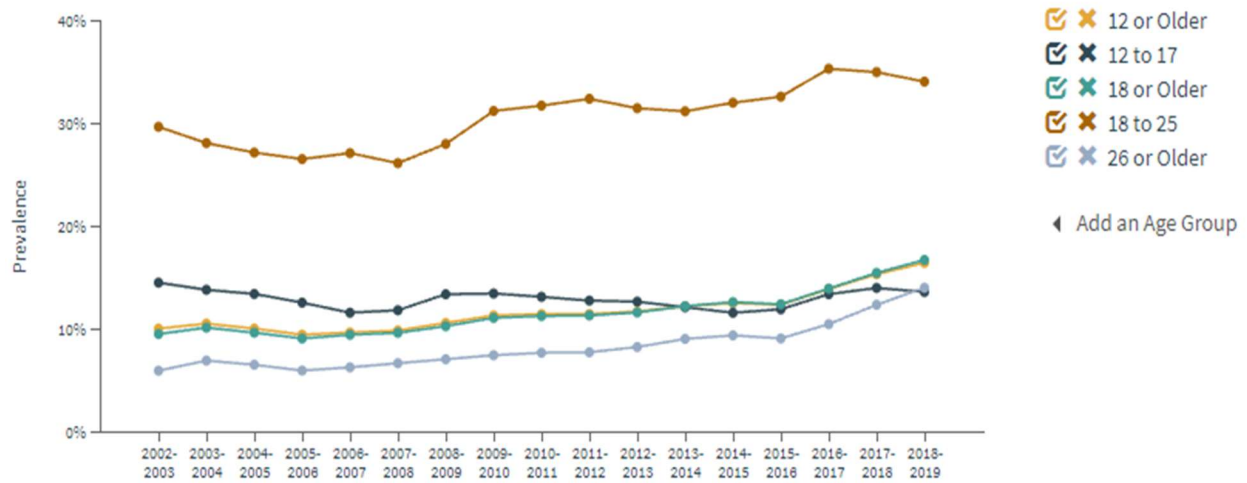
Illinois currently has a population of 12,569,321 residents and, of that population, 158,439 are medical cannabis patients.¹⁸ This includes 823 persons under 18 years of age who are enrolled in the program.¹⁹ In 2014, the estimated national prevalence of past year marijuana use among persons over 12 years of age was 13.2%. From 2002 to 2014, the prevalence of marijuana use in the past year increased by 20.0% (from 11.0% in 2002 to 13.2% in 2014) among persons over 12 years of age.²⁰ With the passage of legalization in 2020, marijuana usage among all age groups is expected to rise based on the trends experienced in other states legalizing marijuana.

¹⁸ https://www2.illinois.gov/sites/mcpp/Pages/update07072021_mcphp.aspx

¹⁹ Ibid.

²⁰ National Estimates of Marijuana Use and Related Indicators — National Survey on Drug Use and Health, United States, 2002–2014

Marijuana Use in the Past Year in Illinois, by Age Group



Source: SAMHDA

Since the passage of the Compassionate Use of Medical Cannabis Pilot Program Act in 2014, marijuana usage among adults aged 18 to 25 has increased both nationally and in Illinois. Past year usage rising from 31 percent of the population of that age range in 2012/2013 to 34 percent in 2018/19.

Marijuana Use by Students in Illinois

In a 2020 study conducted by National Institute on Drug Abuse (NIDA), 35.2 percent of high school seniors in the United States used marijuana in the past year.²¹

Monitoring the Future Study: Trends in Prevalence of Various Drugs for 8th Graders, 10th Graders, and 12th Graders; 2017-2020 (in percent)

Drug	Time Period	8th Graders				10th Graders				12th Graders			
		2017	2018	2019	2020	2017	2018	2019	2020	2017	2018	2019	2020
Vaping (Marijuana)	Lifetime	4.0	5.5	9.0	10.2	9.8	14.2	21.8	22.7	11.9	15.6	23.7	[27.9]
	Past Year	3.0	4.4	7.0	8.1	8.1	12.4	19.4	19.1	9.5	13.1	20.8	22.1
	Past Month	1.6	2.6	3.9	4.2	4.3	7.0	12.6	11.3	4.9	7.5	14.0	12.2
	Daily	-	-	0.8	0.7	-	-	3.0	[1.7]	-	-	3.5	2.5
Marijuana	Lifetime	13.5	13.9	15.2	14.8	30.7	[32.6]	34.0	33.3	45.0	[43.6]	43.7	43.7
	Past Year	10.1	10.5	11.8	11.4	25.5	[27.5]	28.8	28.0	37.1	[35.9]	35.7	35.2
	Past Month	5.5	5.6	6.6	6.5	[15.7]	16.7	18.4	16.6	22.9	22.2	22.3	21.1
	Daily	0.8	0.7	[1.3]	1.1	2.9	3.4	[4.8]	4.4	5.9	5.8	6.4	6.9

Source : <https://www.drugabuse.gov/drug-topics/marijuana/marijuana-trends-statistics>

²¹ National Institute on Drug Abuse <https://www.drugabuse.gov/drug-topics/marijuana>

The Illinois Youth Survey (IYS) is conducted by the University of Illinois at Urbana biennially and is funded by the Illinois Department of Human Services. This survey collects data from school-aged youths in Illinois to determine their usage of substances such as alcohol, marijuana, and illicit controlled substances. The results of the 2018 statewide survey indicated that 35 percent of Illinois seniors smoked marijuana in the last year, which is very close to the national average.²²

“The 2020 IYS was impacted by COVID-19 and the school shutdown that began on March 17, 2020. There was lower participation statewide, with sufficient data collected from only three of the four community types. Because of this, a report for the city of Chicago and a statewide report was not produced for 2020.”²³

Illinois Adult Marijuana Use

Illinois currently has 110 marijuana dispensaries licensed to sell both recreational and medical marijuana with an additional 55 recently approved throughout the state.²⁴

According to data from the Illinois Department of Financial and Professional Regulation (IDFPR) since the passage of the Cannabis Regulation and Tax Act, Illinois dispensaries have sold over 1.1 billion dollars of recreational marijuana. On April 30, 2020, Illinois Governor J.B. Pritzker issued Executive Order 2020-32, effective March 1, 2020, closing many businesses. Marijuana dispensaries were considered "Essential Businesses and Operations" and therefore allowed to remain open. Marijuana dispensaries were allowed to stay open as long as they complied with social distancing, which was achieved through the curbside pickup, online ordering systems, and staying 6 feet apart within the stores.

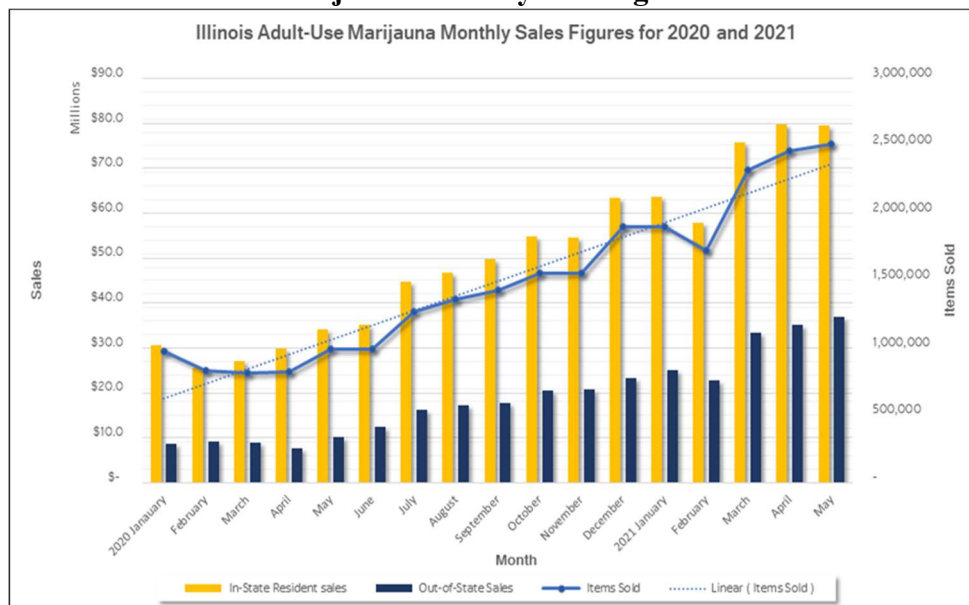
Despite lockdowns and the closures of many businesses, marijuana sales in Illinois have increased or been stable every month since February of 2020. Illinois marijuana dispensaries also have a significant number of customers from outside of Illinois with over \$200 million in sales to out-of-state customers.

²² Illinois Youth Survey: 2018 Frequency Report, page 7

²³ Illinois Youth Survey, University of Illinois, <https://iys.cprd.illinois.edu/results/state>

²⁴ <https://www.chicagobusiness.com/marijuanacannabis/lucky-few-illinois-issues-55-licenses-sell-pot>

Illinois adult-use marijuana monthly sales figures for 2020 and 2021



Source: Illinois Department of Financial and Professional Regulation

These figures do not include sales data from licensed marijuana dispensaries to medical marijuana users. From November 2015 to June 30, 2020, retail sales by licensed marijuana dispensaries to medical marijuana license holders were \$682,290,826.

Illinois Opioid Alternative Pilot Program

On August 28, 2018, Public Act 100-1114, the Alternative to Opioids Act of 2018, was signed into law - making changes to the Compassionate Use of Medical Cannabis Pilot Program Act. The Public Act created the Opioid Alternative Pilot Program (OAPP), which allows access to medical marijuana for individuals who have or could receive a prescription for opioids as certified by a physician licensed in Illinois.²⁵ The program objective is to reduce the reliance of qualifying patients on opioids and instead use medical marijuana as a pain management tool. The key elements of this program are:

- Medical cannabis patient applicants must be 21 years or older.
- Applicants for the Opioid Alternative Cannabis Program must be Illinois residents.
- Once patients hold a medical marijuana card, medical patients can possess up to 2.5 ounces of medical cannabis from a dispensary every 14 days.
- Certifying physicians must have an established relationship with the medical patient at the physician's office, hospital, or other healthcare facilities to avoid “doctor shopping” and fraud.
- New qualifying medical conditions for medical marijuana cardholders were added in Illinois on August 12, 2019.
- With the new provisions to the Illinois Opioid Alternative Pilot Program, Advance Practice Nurses (APN), Physicians Assistants (PA), and Nurse Practitioners (NP) are

²⁵ <http://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/opioid-alternative-pilot-program>

added to the list of licensed professionals who can allow medical cannabis to be administered to patients instead of opioids for the Opioid Alternative Pilot Program (OAPP) and the Medical Cannabis Pilot Program (MCCP).

- Since September 30, 2019, veterans prescribed opioids and receiving medical services at VA facilities can register for the Opioid Alternative Program in Illinois.
- On June 25, 2019, Public Act 101-0027, the Cannabis Regulations & Tax Act Program permits medical cannabis cardholders to grow up to five cannabis plants that they can use for their qualifying medical conditions.

The program launched on January 31, 2019, as doctors began accepting patients. The number of applicants granted medical marijuana licenses from the fiscal year 2018 to 2019 increased from 39,808 to 76,938, an increase of 93 percent.

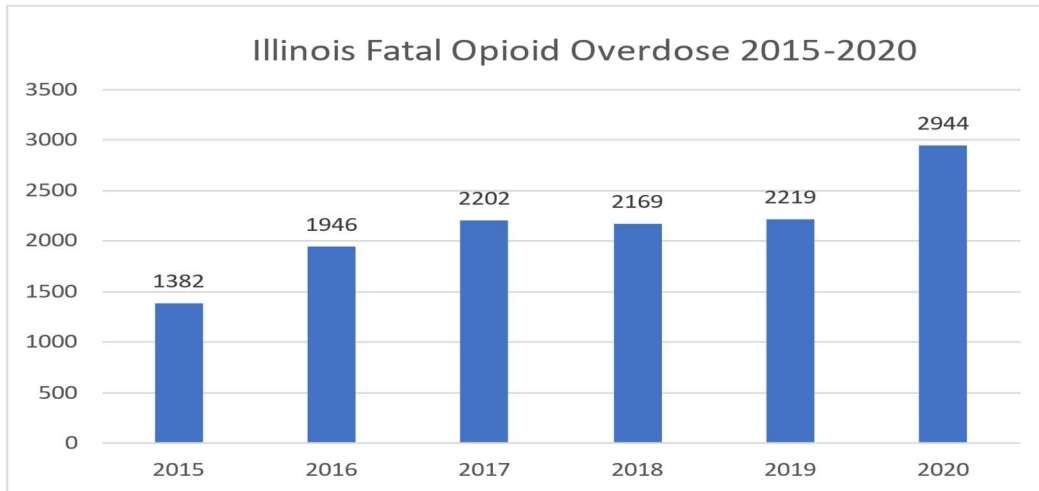
Despite this program, the number of opioid-related deaths in Illinois has continued to be a major health crisis. In 2020, opioid overdose deaths among Illinois residents increased 32.7% from 2,219 deaths in 2019 to 2,944 deaths in 2020. There is debate by researchers regarding the effectiveness of marijuana as a substitute for opioids. As noted by the director of the National Institute on Drug Abuse, “scientific evidence does not support claims that marijuana helps people kick opioids.”²⁶ Researchers from Columbia University determined that people do not substitute marijuana for prescription opioids.²⁷ “Our results suggest that cannabis seldom serves as a substitute for non-medical opioids among opioid-using adults, even among those who report experiencing moderate or more severe pain,” said Deborah Hasin, professor of epidemiology at Columbia Mailman School and a professor in the Department of Psychiatry at Columbia University Irving Medical Center. “In other words, our study suggests that cannabis is not an effective way to limit non-medical opioid use.”²⁸

Chicago HIDTA, to assist in the response to and mitigation of spikes in overdoses, promotes, and encourages the use of the Overdose Detection Mapping Application Program (ODMAP). ODMAP is a free nationwide syndromic surveillance tool that provides near real-time suspected overdose data. Developed by the Washington/Baltimore HIDTA, ODMAP is designed to facilitate near real-time data sharing and timely responses to changes in overdose patterns such as a sudden increase, or spike in overdose events. ODMAP links information from first responders and relevant record management systems to a mapping tool, which tracks overdoses to promote real-time responses and strategic analysis across jurisdictions. The mapping function within ODMAP allows for public safety and public health officials at the Local, County, State, Federal and Tribal levels to quickly and effectively respond to drug overdose events within their area of responsibility, as well as monitor the overdose environment in their surrounding areas.

²⁶ Ken Alltucker, *Marijuana as a Cure for Opioid Use? Nation's Top Drug Scientist Says She's Skeptical*, USA TODAY (Mar. 20, 2019), <http://www.usatoday.com/story/news/health/2019/03/20/weed-marijuana-cannabis-opioidaddiction-withdrawal-nida-nora-volkow/3221792002/> [<http://perma.cc/6LCU-5C43>].

²⁷ Columbia University's Mailman School of Public Health, Cannabis use appears to encourage, not replace, non-medical opioid use (October 8, 2020)

²⁸ *Ibid.*



Source: Chicago HIDTA

Illinois currently has 218 agencies signed up for ODMAP within 50 counties. Combined, these agencies have submitted over 81,000 suspected overdoses into ODMAP since its inception.

Section III: Public Health

“I, Surgeon General VADM Jerome Adams, am emphasizing the importance of protecting our Nation from the health risks of marijuana use in adolescence and during pregnancy. Recent increases in access to marijuana and its potency, along with misperceptions of the safety of marijuana endanger our most precious resource, our nation's youth”²⁹

United States Surgeon General Raises Health Concerns Regarding Marijuana Use

This statement made in 2019 by the former United States Surgeon General Jerome Adams, eloquently explains the dangers of marijuana to the youth of our nation. The marijuana consumed today is much more potent than in the past. Before the 1990s it was less than 2%. In the 1990s it grew to 4%, and between 1995 and 2015 there has been a 212% increase in THC content in the marijuana flower. The delta-9-tetrahydrocannabinol (THC) concentration of commonly cultivated marijuana has tripled between 1995 and 2014 (4% and 12% respectively). Marijuana available in dispensaries has a THC concentration between 17.7% and 28%.³⁰

The products generating the most concern are concentrates -- in which solvents are used to extract THC into waxlike substances -- which are far stronger and can exceed 80% THC.

The current Surgeon General Doctor Vivek Murthy was interviewed on Cable-Satellite Public Affairs Network (C-SPAN) and stated:

“Public policy is outpacing science when it comes to marijuana. What we know is that marijuana is addictive....this may come as a surprise to some people....marijuana is addictive, and we know that it has an impact on the developing brain. We don't at this point have high-quality evidence that tells us that in fact, marijuana is both safe and effective for use for medical purposes. And that is a standard that we use to approve any drug or medication through the FDA. So my belief is that we should hold marijuana to the same standard.”³¹

Rising THC Levels

Illinois has chosen to tax marijuana products based upon the THC level. Rather than a blanket tax for all marijuana products, Illinois charges a tax rate based on the potency of the drug and the type of product.³² The more concentrated THC is, the higher the tax rate:

- 10% tax will apply to cannabis flower or products with less than 35% THC
- 20% tax will apply to products infused with cannabis, such as edible products
- 25% tax will apply to any product with a THC concentration higher than 35%

²⁹ <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/index.html>

³⁰ Missouri Medicine: The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist (Nov-Dec 2018)

³¹ User clip: “Surgeon General on marijuana”, <https://www.c-span.org/video/?418900-1/newsmakers-surgeon-general-vivek-murthy>, C-Span, 07/27/2017

³² <https://www2.illinois.gov/rev/research/taxinformation/other/Pages/Cannabis-Taxes.aspx>

Higher doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis. Edible marijuana takes time to absorb and to produce its effects, increasing the risk of unintentional overdose, as well as accidental ingestion by children and adolescents. In addition, chronic users of marijuana with a high THC content are at risk for developing a condition known as cannabinoid hyperemesis syndrome, which is marked by severe cycles of nausea and vomiting.³³

In addition to the harmful effects of marijuana on the youth, then U.S. Surgeon General Adams warned of the impact of marijuana use during pregnancy. Pregnant women use marijuana more than any other illicit drug. In a national survey, marijuana use in the past month among pregnant women doubled (3.4% to 7%) between 2002 and 2017. In a study conducted in a large health system, marijuana use rose by 69% (4.2% to 7.1%) between 2009 and 2016 among pregnant women.³⁴

Marijuana use during pregnancy can affect the developing fetus.

- THC can enter the fetal brain from the mother's bloodstream.
- It may disrupt the endocannabinoid system, which is important for a healthy pregnancy and fetal brain development.
- Studies have shown that marijuana use in pregnancy is associated with adverse outcomes, including lower birth weight.
- The Colorado Pregnancy Risk Assessment Monitoring System reported that maternal marijuana use was associated with a 50% increased risk of low birth weight regardless of maternal age, race, ethnicity, education, and tobacco use.³⁵

The American College of Obstetricians and Gynecologists holds that "women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use. Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy". In 2018, the American Academy of Pediatrics recommended that "...it is important to advise all adolescents and young women that if they become pregnant, marijuana should not be used during pregnancy".

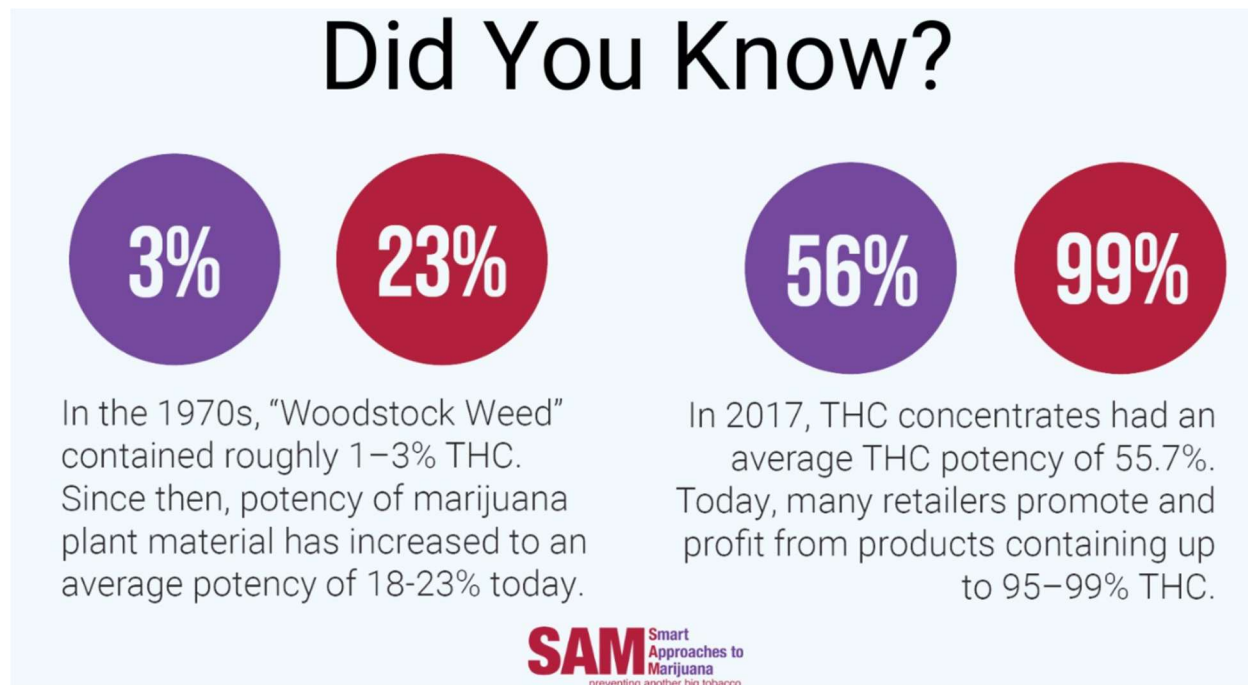
"Diverse sources of evidence have identified associations between the administration of marijuana and the development of psychosis, motor vehicle accidents, respiratory problems, cardiovascular problems, development of some cancers, and low fetal birth weight. Conversely, several factors have driven policymakers to increase access to cannabis. Cannabis legalization has been proposed as a solution to an overburdened law-enforcement system. For instance, the decrease in cannabis-related arrests in Washington state after cannabis legalization was shown to enable the police to reallocate resources to other divisions; reduction of crime rates, including rape, property crime, and theft, were observed, potentially attributable to cannabis legalization. Although cannabis legalization may lead to a reduction in overall cannabis-related arrests, the

³³ NCBI, Cannabinoid Hyperemesis Syndrome, Jonathan A. Galli, MD, Ronald Andari Sawaya, MD, and Frank K. Friedenberg, MD

³⁴ National Institute on Drug Abuse: Study finds increased cannabis use during pregnancy Science Spotlight (June 2018)

³⁵ HHS.Gov: U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain

effect of legalization on mitigating the substantial racial disparities that exist in cannabis-related arrests is unclear.”³⁶



<https://learnaboutsam.org/>

Suicide and Marijuana Use Among Young Adults

The National Institute on Drug Abuse (NIDA), which is part of the National Institutes of Health, conducted a study in 2019 titled “Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood.” “An analysis of survey data from more than 280,000 young adults ages 18-35 showed that marijuana use was associated with increased risks of thoughts of suicide, suicide planning, and suicide attempt.”³⁷ These associations remained regardless of whether someone was also experiencing depression, and the risks were greater for women than for men.

An analysis of the data from this study led researchers to opine that marijuana consumption in adolescence is associated with an increased risk of developing major depression in young adulthood and suicidality.³⁸ Although researchers have examined the impact of adolescent marijuana use on the risk of developing depressive symptoms and mood disorders since the 1970s, this topic has not received much attention during the debate on legalization. Researchers have concluded that the adolescent brain is under development during this stage of growth and

³⁶ International Assoc. for the Study of Pain. Societal issues and policy implications related to the use of cannabinoids, cannabis, and cannabis-based medicines for pain management (July 2021)

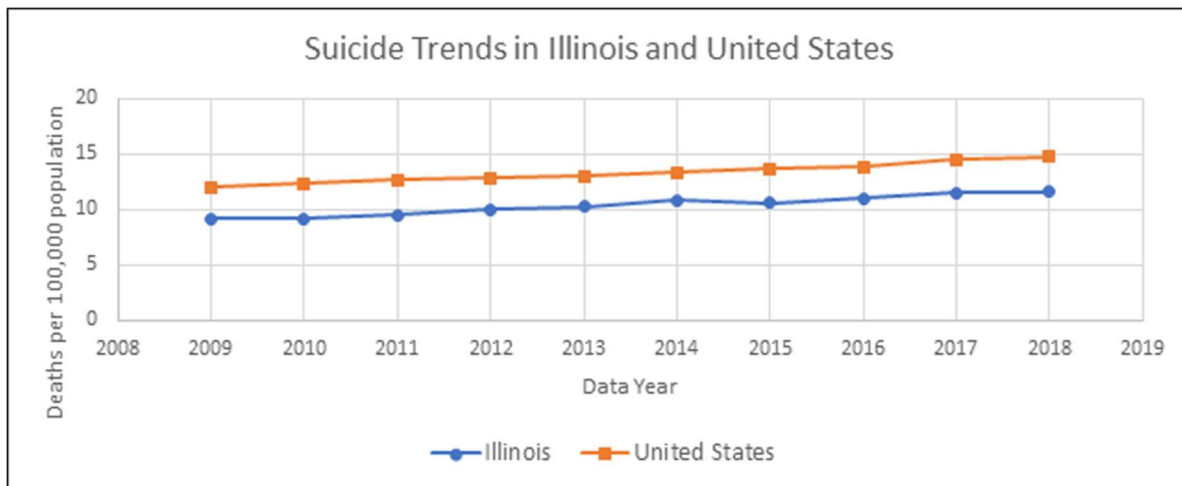
³⁷ U.S. Department of Health & Human Services, Cannabis use may be associated with suicidality in young adults (June 2021)

³⁸ <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2723657>

psychotropic drugs may alter the physiological neurodevelopment, especially of the frontal cortex and limbic system.³⁹

This study concluded that it is vital that initiatives are in place to educate teenagers on the risks associated with using cannabis and teach them skills to resist peer pressure.⁴⁰ Given the likelihood of a window of risk during adolescence when the deleterious effects of cannabis are most pronounced, the findings in this meta-analysis suggest that cannabis is a serious public health concern and there is an urgent need to implement better drug use prevention programs targeting the use of cannabis among adolescents and interventions aimed at educating adolescents to develop the skills to resist peer pressure on drug consumption.⁴¹

Suicides in Illinois, matching the national trend, have been rising.



● Illinois ■ United States

Number of deaths due to intentional self-harm per 100,000 population

Source: <https://www.americashealthrankings.org/explore/annual/measure/Suicide/state/IL>

Cannabis Induced Psychosis

In 2011, the Substance Abuse and Mental Health Services Administration (SAMHSA) and Drug Abuse Warning Network (DAWN) estimated 1.25 million illicit-drug-related emergency department (ED) admissions across the US, of which 455,668 were marijuana-related.⁴² The Washington Poison Center Toxic Trends Report, published in 2015, also documented a dramatic

³⁹ Giedd JN, Blumenthal J, Jeffries NO, et al. Brain development during childhood and adolescence: a longitudinal MRI study. *Nat Neurosci.* 1999;2(10):861-863.

⁴⁰ <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2723657>

⁴¹ Ibid.

⁴² Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The DAWN Report: Highlights of the 2011 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits. Rockville, MD; February 22, 2013

increase in marijuana-related ED visits, an increase of 68% from 2011 to 2014.⁴³ A study examining data from the United States Healthcare Cost and Utilization Project (HCUP) revealed that ED visits for cannabis use grew 50.4% between 2007 and 2012 in Colorado — one of the first two states to legalize both medical and recreational use of marijuana.⁴⁴ A sampling of random states where marijuana is only legal for medical use also showed high increases in cannabis-related ED visits during the same period. The largest increase was found in Hawaii (by 55%), with New Jersey and Arizona having increases of 49.1% and 32%, respectively.⁴⁵ Chronic marijuana consumption has been linked to a variety of psychiatric conditions including cannabis-induced psychosis (CIP).⁴⁶ In a study conducted between May 1, 2010, and April 1, 2015, daily marijuana use was associated with increased odds of psychotic disorder compared to those who did not consume marijuana.⁴⁷ The findings determined that the odds of psychotic disorder in daily marijuana users compared with never users increasing to nearly five-times increased odds for daily use of high-potency types of cannabis⁴⁸

Illinois Emergency Room – Synthetic Marijuana Admissions

Although the legalization of marijuana for recreational use has greatly reduced the number of marijuana-related arrests, the sale of synthetic marijuana continues to be a grave health concern and criminal offense. Despite its legalization, employers retain the right to ban the use and possession of marijuana in the workplace. Because synthetic marijuana usage does not result in a positive test for marijuana, some individuals continue to use this substance.⁴⁹ To date, the Illinois Department of Public Health (IDPH) has reports of 56 people, including two deaths, in the Chicago area and central Illinois who have experienced severe bleeding and reported using synthetic cannabinoids. All cases have required hospitalization for symptoms such as coughing up blood, blood in the urine, severe bloody nose, and/or bleeding gums. Nine of these cases have tested positive for brodifacoum, a lethal anticoagulant often used as a rodenticide, or rat poison.

Synthetic cannabinoids are human-made, mind-altering chemicals that are sprayed on dried plant material. They can be smoked or sold as liquids to be vaporized in e-cigarettes and other devices. These chemicals are called cannabinoids because they are similar to chemicals found in the marijuana plant. The health effects of using synthetic cannabinoids can be unpredictable, harmful, and deadly.

According to the U.S. Centers for Disease Control (CDC), these clinical effects can include extreme confusion, anxiety, paranoia, panic, increased blood pressure and heart rate, severe nausea and/or vomiting as well as episodes of delusion and hallucinations. Trevonne Thompson, the toxicology director at the University of Illinois at Chicago, told reporters of the influx of patients with marijuana overdose symptoms. Thompson told Newsweek: "Most of the cases we

⁴³ Washington Poison Center. Toxic Trends Report: 2015 Annual Cannabis Report. <http://www.wapc.org/toxic-trends/marijuana-and-you/2015annualcannabisreport/>. Accessed June 9, 2017.

⁴⁴ Medscape: Cannabis-Related ED Visits Rise in States with Legalized Use. July 22, 2021

⁴⁵ Ibid.

⁴⁶ <https://www.psychiatrytimes.com/view/cannabis-induced-psychosis-review>

⁴⁷ The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study by Marta Di Forti/ The Lancet Psychiatry (May 2019)

⁴⁸ Ibid.

⁴⁹ American Addiction Centers, Bad Idea: Using Spice to Avoid Dirty Drug Screens, Berry (Dec 2019)

are seeing so far have mild to moderate symptoms, but we have had patients with more profound symptoms that include hallucinations and psychosis."⁵⁰

IDPH continues to investigate to try to identify any common products and determine where they were obtained. Synthetic cannabinoids are found across Illinois and the U.S. in convenience stores, gas stations, drug paraphernalia shops, novelty stores, and online.

Easy access and the belief that synthetic cannabinoid products are natural and therefore harmless have likely contributed to their use among young people.⁵¹ However, synthetic cannabinoids are illegal in Illinois and a controlled substance pursuant to SB2341.

Vaping

After decades of public service announcements regarding the dangers of smoking cigarettes, the public understands the dangers associated with inhaling smoking materials into the lungs. E-cigarettes have been advertised as a less risky alternative to smoking tobacco and many choose to consume THC and cannabidiol (CBD) by vaping. Vaping THC oil involves heating the oil and inhaling it through a vaporizing device like a vape pen or an e-cigarette. Some believe that vaping THC oil is safer than smoking because it doesn't involve inhaling smoke. The Centers for Disease Control (CDC), the U.S. Food and Drug Administration (FDA), state and local health departments, and other clinical and public health partners are continuing to monitor e-cigarette, or vaping, product use-associated lung injury (EVALI).⁵² National and state data from patient reports and product sample testing show tetrahydrocannabinol (THC)-containing e-cigarette, or vaping products, particularly from informal sources like friends, family, or in-person or online dealers, are linked to most EVALI cases and play a major role in the outbreak.⁵³ Vitamin E acetate is strongly linked to the EVALI outbreak. Vitamin E acetate is most commonly used as an additive in THC-containing vape or e-cigarette products and is an oily chemical added to THC vaping liquids to thicken or dilute them.⁵⁴ Vitamin E acetate has been found in product samples tested by FDA and state laboratories and in patient lung fluid samples tested by CDC from geographically diverse states.⁵⁵ Vitamin E acetate has not been found in the lung fluid of people that do not have EVALI. As of February 18, 2020, a total of 2,807 hospitalized EVALI cases or deaths have been reported to CDC from all 50 states, the District of Columbia, and two U.S. territories (Puerto Rico and U.S. Virgin Islands).⁵⁶ Sixty-eight deaths have been confirmed in 29 states and the District of Columbia (as of February 18, 2020).⁵⁷

⁵⁰ Newsweek, Just a Week After Recreational Marijuana Was Legalized in Illinois, Chicago Doctors Report a Spike in ER Visits MCCALL (Jan 9, 2020)

⁵¹ National Institute on Drug Abuse: <https://www.drugabuse.gov/publications/drugfacts/synthetic-cannabinoids-k2spice>

⁵² Centers for Disease Control and Prevention. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products

⁵³ Ibid.

⁵⁴ Vitamin E Acetate as a Plausible Cause of Acute Vaping-related Illness, Cureus. 2019 Dec;

⁵⁵ Centers for Disease Control and Prevention. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products

⁵⁶ Ibid.

⁵⁷ Ibid.

Section IV: Illicit Market

Summary

In 2020, Illinois joined several states in legalizing marijuana for recreational adult use. Pursuant to the Illinois Cannabis Regulation and Tax Act, adult individuals can legally possess up to 30 grams of marijuana flower, 5 grams of concentrated cannabis, and edibles infused with up to 500 milligrams of THC or any equivalent combination. Some advocates for this law claimed that legalizing marijuana would free law enforcement to focus on violent and property crimes. The hope was that by giving marijuana users a legal option to purchase this drug, the illicit market would dry up. This, however, has not happened. In fact, since legalization, the illicit market has thrived and expanded. Contributing factors include that the price of marijuana purchased legally from a dispensary is significantly higher rather than from a street dealer due to taxes and that illicit dealers are no longer concerned with law enforcement.⁵⁸

2021 Threat Assessment

The 2021 Chicago HIDTA Threat Assessment included survey results from law enforcement agencies within the Chicago HIDTA area of responsibility. This area included the Illinois counties of Cook, DuPage, Lake, Kendall, Grundy, and Will. The Chicago HIDTA's combined counties contain more than seven and a half million people, which is approximately 60 percent of the population of the state of Illinois.

Despite the legalization of this drug in Illinois, marijuana remains a significant drug threat to the public. Twenty-six percent of respondents to the Chicago HIDTA Threat Assessment Survey stated that marijuana is the biggest contributor to violent crime in their area of responsibility (AOR) and 27 percent stated it was one of their top three drug threats.

In early 2020, there were 54 licensed marijuana shops in Illinois which have increased to 110 approved licensees as of April 2021.⁵⁹ The legalization of marijuana in Illinois has resulted in many out-of-state users of marijuana coming to Illinois to purchase this drug.

The legalization of marijuana for recreational use is shifting the way law enforcement allocates resources to deal with it. Many survey respondents report that decriminalization has resulted in increases in both supply and demand for illicit marijuana in their jurisdictions. Forty percent of survey respondents reported that their communities opted out of allowing marijuana sales in their jurisdictions. Only six percent of survey respondents indicated that their department or agency had allocated or reallocated resources to deal with the legalization of recreational marijuana. Some local police departments report a large increase of traffickers importing THC vape cartridges in bulk which are sold at a much cheaper price than the same cartridges sold at a legal dispensary shop.⁶⁰ Per survey respondents, the rise in the illicit market for marijuana products

⁵⁸ Chicago Sun-Times: <https://chicago.suntimes.com/cannabis/2021/6/14/22534079/illinois-dispensaries-illegal-legal-marijuana-cannabis-pot-bud-sale>

⁵⁹ <https://www.idfpr.com/LicenseLookup/AdultUseDispensaries.pdf>

⁶⁰ (U//FOUO) Chicago HIDTA Threat Assessment Survey & Interviews, 2021. UNCLASSIFIED.

has contributed to an increase in robberies, homicides, and shooting incidents as dealers compete for customers and territory.⁶¹

Because marijuana remains classified as a Schedule I drug by the Federal Controlled Substances Act, marijuana businesses are not currently allowed to utilize traditional banking institutions which are federally insured. Thus, they are left with limited options for depositing cash and processing transactions creating a higher risk of robbery or burglary. In 2020, two Chicago-area marijuana dispensaries were burglarized with \$200,000 stolen from one of the locations. In addition, two Chicago area dispensaries shops were looted during a period of civil unrest.

The majority of Chicago HIDTA Threat Assessment Survey respondents report that unlawful marijuana usage, demand, and availability have remained stable or increased since the passage of the Cannabis Regulation and Tax Act. Some respondents report that the sale of illegal marijuana has increased dramatically as customers seek to avoid paying the higher cost of legal marijuana. This has led to other crimes such as robberies due to the nature of illicit-market transactions involving large amounts of cash. In addition, an increase in gang involvement and sales related to marijuana trafficking is expected because of the shifting away of law enforcement efforts.⁶² Many survey respondents also report an alarming increase in the use of marijuana by teens.⁶³

The Cook County State's Attorney's Office website informs those who have been convicted of marijuana-related crimes that they are eligible for conviction relief. Some of those seeking relief in the form of expungement include individuals convicted of Class 4 felony charges.

With the passage of the Cannabis Regulation and Tax Act, the Illinois State Police has wiped clean more than 492,000 non-felony cannabis-related arrest records. This is an addition to the 9,210 pardons issued by Governor J.B. Pritzker.⁶⁴

Marijuana Trafficking

According to DEA reporting, most of the illegal marijuana available in the Chicago HIDTA region originates from Mexico. However, over the past few years, both the volume and sources of supply have expanded to include Asian Drug Trafficking Organizations (DTOs) and other independent growers located along the U.S. West Coast and Pacific Northwest. These organizations have supplanted Mexican cartels in some areas and often specialize in high-grade marijuana having a significantly enhanced THC content. The majority of survey respondents located outside the city report that Chicago remains the source of supply for the illicit-market dealers in their AOR.

Survey respondents indicate that the legalization of marijuana has not negatively impacted the illicit market for marijuana dealers in the Chicago HIDTA region. Survey respondents report that legalization has resulted in an increase in illegal marijuana sales in some jurisdictions.⁶⁵ Due to

⁶¹ Ibid.

⁶² Ibid.

⁶³ Ibid.

⁶⁴<https://abc7chicago.com/illinois-weed-marijuana-pritzker-il/9253750>, Nearly 500K Illinois marijuana arrest records expunged; pardons issued for over 9K low-level convictions

⁶⁵ (U//FOUO) Chicago HIDTA Threat Assessment Survey & Interviews, 2021. UNCLASSIFIED//FOR OFFICIAL USE ONLY.

the legalization of marijuana, lucrative profits with minimal risk can be made by undercutting legal prices.⁶⁶ In 2020, Chicago HIDTA initiatives seized approximately 11,395 pounds of marijuana compared to 6,874 pounds seized in 2019. Marijuana seizures included Mexican marijuana, Western U.S. produced high-grade marijuana products, locally produced hydroponic marijuana, marijuana edibles, “high-grade” marijuana Sinsemilla, synthetic marijuana, liquid THC, and THC resin.⁶⁷ Marijuana concentrates remain popular and are commonly encountered by law enforcement. During a Chicago HIDTA enforcement operation that took place in April 2020, 287 pounds of marijuana products were seized including THC oil, THC-infused gummies, and marijuana in its natural form, 30 pounds of hashish, and over \$600,000. Reportedly, the THC-infused gummies were primarily sold on the North Side of Chicago in packets of 10 gummies for \$13.00 each, almost half of the retail price listed at a licensed marijuana shop.

At the national level, marijuana sales have significantly increased as a result of the coronavirus lockdown orders across the country which has generated a growing demand among existing and new users.⁶⁸

Synthetic marijuana seizures by Chicago HIDTA initiatives increased substantially in the Chicago HIDTA AOR in comparison to the prior year. In 2020, 1,318 pounds of synthetic marijuana was seized by Chicago HIDTA initiatives compared to 2.2 pounds during 2019.⁶⁹ After the negative publicity in 2018, when rat poison tainted synthetic marijuana resulted in several deaths and a substantial decrease in availability and demand, the presence of synthetic marijuana is now rising in the Chicago HIDTA AOR.

Production, Transportation & Distribution

Even though marijuana has been legalized for recreational and medical use in Illinois, it is still entering the state illegally. Sources of high-grade marijuana are states where legalization has been in place longer such as Colorado, California, Oregon, and Washington. A majority of this marijuana is being brought into Illinois in personal or rental vehicles.⁷⁰ Mexico-grown marijuana remains increasingly available in the Chicago HIDTA region. Marijuana is commonly trafficked in bulk across the southwest border (SWB) via traditional methods such as commercial motor vehicles, personal vehicles, and rental vehicles by Mexico-based DTOs into the Chicago HIDTA AOR. Investigators routinely make large, bulk seizures of marijuana from traps or other hidden locations in interdicted vehicles.

According to reporting from the Narcotics and Currency Interdiction Team/Domestic Highway Enforcement Initiative (NARCINT/DHE) and the Chicago Police Department led Package Interdiction Team (PIT), DTOs are increasingly utilizing parcel shipping services to send marijuana from California to the Chicago HIDTA region via the United States Postal Service

⁶⁶ Ibid.

⁶⁷ (U//FOUO) HIDTA Performance Management Process, 2020. UNCLASSIFIED//FOR OFFICIAL USE ONLY.

⁶⁸ (U) The Washington Times. (07 May 2020). Lockdown orders fuel a temporary economic boom for the marijuana industry. Retrieved 29 May 2020, from <https://www.washingtontimes.com/news/2020/may/7/lockdown-orders-fuel-temporary-economic-boom-marij/>. UNCLASSIFIED.

⁶⁹ (U//FOUO) HIDTA Performance Management Process, 2020. UNCLASSIFIED//FOR OFFICIAL USE ONLY.

⁷⁰ (U//FOUO) Chicago HIDTA Threat Assessment Survey & Interviews, 2021. UNCLASSIFIED//FOR OFFICIAL USE ONLY.

(USPS), United Parcel Service (UPS), Federal Express (FedEx), and Dalsey, Hillblom, & Lynn (DHL).⁷¹

Use

High-grade marijuana in flower form remains the most popular type of marijuana among users. Likewise, THC-infused products such as vaping cartridges and edibles have increased in popularity among users.⁷²

In March of 2020, the Chicago HIDTA, the Illinois Association of Chiefs of Police, the Illinois Sheriffs' Association, the School Resource Officers Association, and Illinois Partners/Educating Voices released the results from their third annual School Resource Officers survey. Survey responses indicate there was a 74.9 percent increase in respondents who observed either a slight increase or a significant increase in the number of marijuana-related incidents in schools between 2017 and 2019. The survey also reveals a significant use of THC oil vaping devices among high school students.

Case Highlight

A recent case highlighting not only the amount of illegal marijuana being trafficked in Illinois but also the danger to the public and law enforcement by those willing to use deadly force to protect their illegal operations is detailed below.

On May 28, 2021, members of the Illinois State Police led Narcotics and Overdose Trafficking Initiative (NOTI/DuMEG) executed a search warrant in DuPage County, Illinois resulting in the seizure of approximately 7,688 pounds of high-grade marijuana, approximately 6,891 THC cartridges, approximately 406 pounds of THC edibles, approximately 700 grams psilocybin mushroom bars, and approximately \$107,036.00 United States currency (USC) in suspected illicit proceeds. Additional search warrants were executed on May 29, 2021, on associated locations resulting in the seizure of an additional 2,200 pounds of high-grade marijuana and approximately \$44,000.00 United States Currency (USC) in suspected illicit proceeds. One offender was arrested and taken into custody after a high-speed pursuit where he crashed into a marked police vehicle. It is alleged that prior to being taken into custody, he attempted to ambush law enforcement officers and fired multiple rounds at them from an AK47-type rifle. He was charged with multiple Class X weapons and drug offenses including armed violence and aggravated discharge of a firearm. (Class X offenses rank just below homicide)

In a press release, DuPage State's Attorney Robert Berlin stated, "*The allegations against Mr. Valentino are completely outrageous,*" Berlin said. "*While recreational marijuana is legal in Illinois, the allegations that Mr. Valentino was in possession of such large quantities of marijuana underscores the fact that there is a thriving illegal black market that demands the attention of law enforcement.*"

⁷¹ Ibid.

⁷² (U//FOUO) Chicago HIDTA Threat Assessment Survey & Interviews, 2021. UNCLASSIFIED//FOR OFFICIAL USE ONLY.

NOTE: Link to press release included:

https://www.dupageco.org/States_Attorney/States_Attorney_News/2021/64778/



(Forty pallets of vacuum-sealed marijuana totaling approximately 7,688 pounds, approximately 406 pounds of marijuana edibles, 6,891 THC cartridges, and more than 700 grams psilocybin mushroom bars)

Section V. Societal Impact

Tax Revenue

Illinois taxes the purchase and cultivation of marijuana at a rate established in state statute known as the Cannabis Regulation and Tax Act (410 ILCS 705/) under Public Act 101-27. The Cannabis Cultivation Privilege Tax is imposed upon the privilege of cultivating cannabis at the rate of 7% of the gross receipts from the first sale of cannabis by a cultivator.

The Cannabis Purchaser Excise Tax is imposed upon purchasers for the privilege of using cannabis at the following rates:

- Any cannabis, other than a cannabis-infused product, with an adjusted delta-9-tetrahydrocannabinol level at or below 35% shall be taxed at a rate of 10% of the purchase price;
- Any cannabis, other than a cannabis-infused product, with an adjusted delta-9-tetrahydrocannabinol level above 35% shall be taxed at a rate of 25% of the purchase price; and
- A cannabis-infused product shall be taxed at a rate of 20% of the purchase price.

Additional taxes imposed by local taxing bodies (e.g., home rule, non-home rule, county, and other entities) are collected by the Illinois Department of Revenue (IDOR).

Since the legalization of marijuana for adult use, the IDOR reported increased sales of marijuana almost every month. In 2020, marijuana sales in Illinois exceeded 669 million dollars and are on pace to more than double that amount in 2021.

For the fiscal year (FY) 2020, the state of Illinois collected \$52.7 million in marijuana-related taxes. In FY 2021, the state of Illinois collected more than \$317 million in marijuana-related taxes.⁷³

The state of Illinois collected more than \$86 million from adult-use marijuana tax revenue between January and March 2021. Illinois received \$72 million in revenue from liquor sales during that same time frame. The state has repeatedly broken its own marijuana sales records, with both in-and out-of-state adult sales exceeding \$28 million in March alone. During the last quarter, the IDOR took in more tax dollars from marijuana receipts than alcohol for the first time.

Per the Illinois Department of Revenue, after covering the administration costs and funds expended for the expungement of qualifying criminal records for marijuana offenses, the remaining funds are to be distributed as follows:

⁷³ <https://www.wifr.com/2021/07/08/illinois-brings-317-million-cannabis-taxes/>

- 2% to the Drug Treatment Fund for the Department of Human Services to develop a drug, tobacco, and alcohol public education campaign and analyze the public health impacts of legalizing the recreational use of cannabis.
- 8% to the Local Government Distributive Fund to fund crime prevention programs, training, and enforcement, and prevention efforts related to the illegal cannabis market and driving under the influence of cannabis.
- 25% to the Criminal Justice Information Projects Fund for the Restore, Reinvest and Renew Program to provide grants and assistance to communities harmed by discriminatory drug laws.
- 20% to the Department of Human Services Community Services Fund to address substance abuse and prevention and mental health concerns.
- 10% to the Budget Stabilization Fund.
- 35%, or any remaining balance, to the General Revenue Fund.

Illinois will not see the true long-term societal health and economic repercussions of marijuana commercialization for decades to come. However, states that have legalized marijuana are now experiencing unintended or ignored adverse effects from legalization. For example, a study of data from Colorado, Washington, Alaska, and Oregon from 2008 to 2016, the first four states to legalize marijuana, tracked trends in marijuana usage before and after legalization. The results were:

- Problematic use among adolescents aged 12 to 17 was 25 percent higher compared to states without legal recreational use. Problematic usage is defined as cannabis use disorder. There was no change in the prevalence of past-month or frequent use among teens.
- Among adults aged 26 or older, past-month marijuana use after legalization was 26 percent higher than in non-recreational states. Past-month frequent use rose by 23 percent, and past-year problematic use increased by 37 percent.
- Among young adults aged 18 to 25, there was no difference found in past-month, frequent or problematic marijuana use.⁷⁴

⁷⁴ NYU Langone Health / NYU School of Medicine “In states where recreational marijuana is legal, problematic use increased among adults and teens” Date: November 13, 2019

Summary and Forecast

Long Term Impact on Public Health

Illinois is quickly expanding the access of marijuana to the public for financial, political, and therapeutic reasons. Although public policy on marijuana use in Illinois is rapidly changing, research on the long-term health impact of marijuana use here is slow to catch up. Other jurisdictions have recognized this issue. The National Academies of Sciences, Engineering, and Medicine was tasked with forming a committee to conduct a comprehensive review of the current evidence regarding the health effects of using cannabis and cannabis-derived products. This committee was formed and supported by grants from the Arizona Department of Health Services, Centers for Disease Control and Prevention, National Institutes of Health, Oregon Health Authority. This committee found that there was conclusive or substantial evidence that marijuana use has therapeutic benefits for a limited number of conditions such as for the treatment of chronic pain, as antiemetics in the treatment of chemotherapy-induced nausea and vomiting, and for improving patient-reported multiple sclerosis spasticity symptoms⁷⁵ However, research also found that there was substantial evidence of adverse effects between marijuana smoking and:

- Worse respiratory symptoms and more frequent chronic bronchitis episodes.
- Increased risk of motor vehicle crashes.
- The lower birth rate of offspring.
- The development of schizophrenia or other psychoses, with the highest risk among the most frequent users.
- Being male and smoking cigarettes are risk factors for the progression of marijuana use to problem marijuana use.
- Initiating marijuana use at an earlier age is a risk factor for the development of problem cannabis use.
- Increases in marijuana use frequency and the progression to developing problem cannabis use.
- Being male and the severity of problem marijuana use, but the recurrence of problem marijuana use does not differ between males and females.⁷⁶

Other studies are even more alarming. An article by The New England Journal of Medicine reported that:

- Risk of Addiction- 9% of those who experiment with marijuana will become addicted (according to the criteria for dependence in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition [DSM-IV]).
- The number goes up to about 1 in 6 among those who start using marijuana as teenagers and to 25 to 50% among those who smoke marijuana daily.

⁷⁵ National Academies of Sciences, Engineering, and Medicine 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>

⁷⁶ Ibid.

- There is also recognition of a bona fide cannabis withdrawal syndrome (with symptoms that include irritability, sleeping difficulties, dysphoria, craving, and anxiety), which makes cessation difficult and contributes to relapse.
- Early and regular marijuana use predicts an increased risk of marijuana addiction, which in turn predicts an increased risk of the use of other illicit drugs.
- Regular marijuana use is associated with an increased risk of anxiety and depression.
- Negative impact on school performance and lifetime achievement. Since marijuana use impairs critical cognitive functions, both during acute intoxication and for days after use, many students could be functioning at a cognitive level that is below their natural capability for considerable periods.
- During intoxication, marijuana can interfere with cognitive function (e.g., memory and perception of time) and motor function (e.g., coordination), and these effects can have detrimental consequences (e.g., motor-vehicle accidents).⁷⁷

Evidence is inconsistent and, in some cases, inconclusive regarding how recreational cannabis legalization affects outcomes significant to public health, including cannabis use, cannabis use disorder, cannabis-related hospitalizations and poisonings, driving safety, and other substance use.⁷⁸ Researchers opine that much of the information known today is inconclusive and conflicting. The committee’s major conclusion was that “what little we know for certain about the effects of marijuana on human health—and all that we have reason to suspect—justifies serious national concern.”⁷⁹

There are thousands of scholarly articles addressing the long-term negative health impact of marijuana use. Some research indicates that marijuana use is likely to be a “gateway drug” leading to alcohol and other illicit drug use.⁸⁰ A study using longitudinal data from the National Epidemiological Study of Alcohol Use and Related Disorders found that adults who reported marijuana use during the first wave of the survey were more likely than adults who did not use marijuana to develop an alcohol use disorder within 3 years; people who used marijuana and already had an alcohol use disorder at the outset were at greater risk of their alcohol use disorder worsening.⁸¹ Early exposure to cannabinoids in adolescent rodents decreases the reactivity of brain dopamine reward centers later in adulthood.⁸² To the extent that these findings generalize

⁷⁷ Adverse Health Effects of Marijuana Use, *New England Journal of Medicine* Volkow, Baler, Compton and Weiss (June 2014)

⁷⁸ National Academies of Sciences, Engineering, and Medicine 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>

⁷⁹ National Academies of Sciences, Engineering, and Medicine 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>

⁸⁰ Secades-Villa R, Garcia-Rodríguez O, Jin CJ, Wang S, Blanco C. Probability and predictors of the cannabis gateway effect: a national study. *Int J Drug Policy*. 2015;26(2):135-142. doi:10.1016/j.drugpo.2014.07.011

⁸¹ Weinberger AH, Platt J, Goodwin RD. Is cannabis use associated with an increased risk of onset and persistence of alcohol use disorders? A three-year prospective study among adults in the United States. *Drug Alcohol Depend*. February 2016.

⁸² Pistis M, Perra S, Pillolla G, Melis M, Muntoni AL, Gessa GL. Adolescent exposure to cannabinoids induces long-lasting changes in the response to drugs of abuse of rat midbrain dopamine neurons.

to humans, this could help explain the increased vulnerability for addiction to other substances of misuse later in life that most epidemiological studies have reported for people who begin marijuana use early in life.⁸³ It is also consistent with animal experiments showing THC's ability to "prime" the brain for enhanced responses to other drugs.⁸⁴ For example, rats previously administered THC show heightened behavioral response not only when further exposed to THC but also when exposed to other drugs such as morphine—a phenomenon called *cross-sensitization*.⁸⁵

Legalization and the Illicit Market

Part of the legislative intent of Illinois policymakers was to reduce the scope and scale of the illegal marijuana market. Specifically stated in the Cannabis Regulation and Tax Act (410 ILCS 705/1-5(b)(4)) is that legitimate, taxpaying business people, and not criminal actors, will conduct sales of cannabis. Thus far, this goal of the Act has not been successful. Due to the high taxes on legally sold marijuana, there remains a robust market on the streets of Illinois for illegally sold marijuana. Seizures by Chicago HIDTA initiatives have dramatically increased since the legalization of recreational marijuana in Illinois. In 2020, Chicago HIDTA initiatives seized 11,395.6 pounds of marijuana compared to 6,874 pounds seized in 2019, an increase of 66 percent. As law enforcement resources are re-deployed to address other issues, street gang members who are the primary sellers of marijuana on the streets have little concern of being arrested and prosecuted for conducting illicit sales. New Frontier Data, a cannabis industry research firm headquartered in Washington, D.C. estimates that the illicit market pot sales here will top \$2.2 billion this year.⁸⁶ Police officers have significant challenges in the future as more and more marijuana users take to the roads. Determining impairment remains a significant issue as technology is lacking in this regard.

The Future of Marijuana Usage in Illinois

As Illinois residents, including children, continue to be frequently exposed to advertising espousing the benefits of marijuana, more and more people will be viewing this drug as harmless. This attitude will lead to increased usage and the associated health risks by underage Illinoisians. Despite concerns from the medical community regarding the long-term health effects of marijuana use, the state of Illinois's position is that marijuana's health benefits outweigh any adverse health impact. This is despite the warnings posted on the Illinois Department of Health's website warning residents that marijuana is a harmful drug.

⁸³ Agrawal A, Neale MC, Prescott CA, Kendler KS. A twin study of early cannabis use and the subsequent use and abuse/dependence of other illicit drugs

⁸⁴ Panlilio LV, Zanettini C, Barnes C, Solinas M, Goldberg SR. Prior exposure to THC increases the addictive effects of nicotine in rats. *Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol.*

⁸⁵ Cadoni C, Pisanu A, Solinas M, Acquas E, Di Chiara G. Behavioural sensitization after repeated exposure to Delta 9-tetrahydrocannabinol and cross-sensitization with morphine.

⁸⁶ <https://chicago.suntimes.com/cannabis/2021/6/14/22534079/illinois-dispensaries-illegal-legal-marijuana-cannabis-pot-bud-sale>

Forecast of the Impact of Legalization in Illinois

Tax revenue from the sale of marijuana has resulted in a substantial revenue stream for the state and has been the primary metric in evaluating the success of marijuana legalization in Illinois. Additional dispensary licenses are being issued and more marijuana retail outlets are opening in communities throughout Illinois. The illicit marijuana market will continue to grow due to the heavy tax on legally sold marijuana. Marijuana traffickers will exploit the lack of prosecution for marijuana offenses as law enforcement struggles in determining if the marijuana they encounter is legally or illegally possessed.

Based on trends in states that have legalized marijuana for several years, Illinois can expect to follow the same trajectory in regard to usage rates across all demographics. As Illinois children are exposed to marijuana in their daily lives and are inundated with messaging that marijuana is medicinal and socially acceptable, expect usage among youth to rise.

We will not be able to fully understand or objectively analyze the true long-term impact of the acceptance and embracing of marijuana for several years. But we do know marijuana abuse is a danger and will have long term health consequences for chronic users. Due to the significant rise in THC levels, especially in waxes, oils, and edibles, the true cost of marijuana legalization will be assessed by future generations of Illinois citizens.