

2026 ANNUAL CANNABIS REPORT

Adult Use Cannabis
Health Advisory Committee



Co-Chairs

Dr. Arti Barnes, MD, MPH
Medical Director/Chief Medical Officer
Illinois Department of Public Health

Dr. David Albert, PhD
Director
Division of Behavioral Health and Recovery
Illinois Department of Human Services

Foreword

The Illinois Cannabis Regulation and Tax Act (CRTA, Public Act 101-0027) directs the Illinois Department of Human Services, Division of Behavioral Health & Recovery, to evaluate the public health impacts of legalized adult-use cannabis. This report—our sixth annual—covers July 2025 through June 2026 and draws on multiple data sources to track key trends, emerging issues, and changes in the Illinois cannabis landscape.

Like past editions, the report examines cannabis use and related outcomes across a wide range of domains, including prevalence and frequency of use, age of initiation, cannabis-related emergency department visits and poison center exposures, traffic safety, arrests under the Cannabis Control Act, purchasing patterns, and motivations for cannabis use among medical and non-medical users. It also examines changes in the legal cannabis marketplace, including sales, prices, tax revenues, product availability, and access to licensed retailers.

This year's report also includes focused sidebars and new analyses addressing emerging policy and public health issues. These include a detailed examination of cannabis-related arrests using National Incident-Based Reporting System (NIBRS) data; an in-depth analysis of perinatal cannabis use incorporating findings from a survey conducted specifically for this report; and an extended examination of how cannabis and THC exposure should be assessed, moving beyond prevalence alone to consider frequency, quantity consumed, potency, persistence of use, and age at initiation. Additional sidebars address intoxicating hemp-derived cannabinoid products, federal cannabis rescheduling, pediatric exposures, and changes in the legal retail market. Together, these additions provide a more detailed picture of how cannabis legalization is affecting health, behavior, enforcement, and the marketplace as Illinois moves into a more mature regulatory environment.

Our goal remains to provide policymakers, practitioners, researchers, and the public with a clear, evidence-based assessment of both progress and continuing challenges. Legalization has brought substantial changes in access, regulation, enforcement, and the cannabis marketplace, but important questions remain regarding public health, youth exposure, equity, illicit-market participation, and the long-term consequences of increasingly frequent cannabis use.

Funding

This report and the broader CRTA Evaluation Project were funded through a contract with the Cannabis Research Institute. The Jane Addams College of Social Work at the University of Illinois Chicago serves as a subcontractor to the Cannabis Research Institute for this work.

Human subjects

This project was reviewed and approved by the University of Illinois Chicago Institutional Review Board (Human Subjects Assurance No. FWA00000083).

Suggested citation

Swartz, J. A., Franceschini, D., Giangrande, E., Han, Y., Falso, P., & Schwartz, R. (September 2026). *2026 Illinois Adult Use Cannabis Health Advisory Committee Annual Report*. Chicago, IL: Illinois Department of Human Services, Division of Behavioral Health & Recovery.

Contact

James A. Swartz, Ph.D.
Professor and Interim Associate Dean for Research
Jane Addams College of Social Work, University of Illinois Chicago
jaswartz@uic.edu | 312-996-8560
www.illinoiscannabisproject.com

Contents

Introduction.....7

Key findings 12

Introduction to cannabis legalization in Illinois and the U.S..... 22

Statutory.....23

Timeline of cannabis legalization in Illinois24

U.S. map of state-regulated cannabis programs27

Comparative Midwest states: History of cannabis28

Federal cannabis policy at a crossroads30

The business of cannabis in Illinois 34

Licensed dispensing organizations in Illinois, June 202635

Licensed dispensing organizations in Chicago, June 2026.....36

Adult-use and medical agent training, Illinois, 2026.....37

Monthly retail cannabis sales, Illinois, 2021–202638

Number of retail cannabis items sold per month, by market, Illinois, January 2020–June 202639

Year-over-year change in adult-use cannabis items sold, Illinois, July 2021–June 202640

Illinois tax revenue from adult-use cannabis, tobacco, and liquor, FY2022–FY2026.....41

Cannabis Regulation Fund allotments, FY2020–FY202642

Total regulated cannabis sales by product category and product form, Illinois, FY202644

Cannabis product types purchased by medical and adult-use users, Illinois, 2024 and 202545

Number of buyers and mean annual expenditure by cannabis product type, 202546

Percentage of cannabis products obtained from legal sources, by product type, Illinois, 2025.....47

Percentage of cannabis purchased from legal source in the past year, 2018–202548

Legal cannabis purchasing by cannabis dispensary proximity, 2024–2025.....49

Percentage of cannabis used in past year purchased from a legal source, by race/ethnicity, 2024–2025.....50

Perceived differences between legal and illicit cannabis products among past-year cannabis users, 2024–202551

Reasons purchased cannabis from an illicit source in the past year, 2024–202552

Contents

Cannabis use and initiation by youth 53

Past-year cannabis use initiation for youth aged 12–17, by neighboring Midwest state and nationally, 2018–2024.....	55
Past-year cannabis initiation among Illinois youth aged 12–17, by age group, 2016–2024.....	56
Illinois and U.S. trends in past-year cannabis initiation among youth aged 12–17, 2017–2024.....	57
Lifetime cannabis use among Illinois youth aged 12–17, by age group, 2016–2024.....	58
Illinois and U.S. trends in lifetime cannabis use among youth aged 12–17, 2016–2024.....	59
Past-month cannabis use among Illinois youth aged 12–17, by age group, 2016–2024.....	60
Illinois and U.S. trends in past-month cannabis use among youth aged 12–17, 2016–2024.....	61
Assessing cannabis exposure: Why frequency, quantity, age, and potency matter.....	62
A preliminary example from Illinois: Estimating dried-flower consumption and THC content.....	65
A preliminary example from Illinois: Estimating dried-flower consumption and THC content.....	66
Illinois and U.S. trends in frequent cannabis use (≥20 days in the past month) among youth aged 12–17, 2016–2024.....	67
Illinois and U.S. trends in frequent cannabis use (≥20 days), 2016–2024.....	68
Percentage of Illinois youth aged 12–17 stating that cannabis would be “fairly or very easy” to get, 2016–2024.....	69
Percentage of Illinois youth aged 12–17 who perceived great risk, 2016–2024.....	70
Cannabis products used in the past year by Illinois youth, by age group, 2023–2024.....	71

Trends in Illinois cannabis use incidence and prevalence 72

Past-year cannabis use initiation by age group, 2016–2024.....	73
Any past-year cannabis use by those aged ≥12, by Midwest state and nationally, 2018–2024.....	74
Any past-month cannabis use by those aged ≥12, by neighboring Midwest state and nationally, 2018–2024.....	76
Any past-month cannabis use among Illinois adults aged ≥18, 2021–2023.....	78
Any past-month cannabis use among Chicago adults aged ≥18, 2021–2023.....	80
Frequent (≥20 days past-month) cannabis use by those aged ≥12, by neighboring Midwest state, 2018–2024.....	82

Prevalence trends for special populations..... 83

Any past-year cannabis use by gender at birth, 2018–2024.....	84
Frequent past-month cannabis use (>20 days) by gender at birth, 2018–2024.....	85
Past-year cannabis use disorder by gender at birth, 2021–2024.....	86
Past-year cannabis use by pregnancy status among girls and women aged 12–44, 2018–2023.....	87
Past-year cannabis use disorder by pregnancy status: Selected two-year NSDUH estimates, 2021–2023.....	88
Cannabis use during pregnancy and postpartum.....	90
Any past-year cannabis use by sexual orientation among men, 2018–2022.....	94
Past-year cannabis use by sexual orientation among women, 2018–2022.....	95
Frequent past-month cannabis use (≥20 days) by sexual identity among men, 2018–2022.....	96
Any past-year cannabis use by race/ethnicity, 2018–2024.....	97
Frequent (≥20 days) past-month cannabis use by race/ethnicity, 2018–2024.....	98
Past-year cannabis use disorder by race/ethnicity, 2018–2024.....	99
Any past-year cannabis use by severity of mental illness, 2018–2024.....	100
Past-month (≥20 days) cannabis use by severity of mental illness, 2018–2024.....	101
Past-year cannabis use disorder by severity of mental illness, 2021–2024.....	102
Any past-year cannabis use by federal poverty level, 2018–2024.....	103
Frequent (≥20 days) past-month cannabis use by federal poverty level, 2018–2024.....	104
Past-year cannabis use disorder by federal poverty level, 2018–2024.....	105
Any past-year use of cannabis by Medicaid/CHIP coverage status, 2018–2024.....	106
Frequent (≥20 days) past-month cannabis use by Medicaid/CHIP coverage status, 2018–2024.....	107
Past-year cannabis use disorder by Medicaid/CHIP status, 2018–2024.....	108

Contents

CBD and alternative cannabinoids	109
The Illinois Hemp Act: Regulating intoxicating hemp-derived cannabinoid products	111
Awareness of delta-8 THC and other hemp-derived or novel cannabinoids, 2024–2025	115
Lifetime use of delta-8 THC and selected cannabinoids, 2024–2025	116
Delta-8 THC product types used among Illinois respondents reporting delta-8 THC use, 2024–2025	117
Past-year use of CBD or hemp-derived cannabinoid products by age group, 2022–2024	119
Past-month use of CBD or hemp-derived cannabinoid products by age group, 2022–2024	120
Ever use and recency of delta-8 THC use among Illinois respondents, 2024–2025	121
Type of CBD-only products used among those who reported CBD-only product use, 2024–2025	122
The Illinois Hemp Product Study	124
Medical cannabis use and benefits	128
Comparison of MCPP and OAPP program features	129
OAPP trends in patient and health care provider registration	130
Medical Cannabis Patient Program active patients, 2021–2026	131
Qualifying conditions reported among Medical Cannabis Patient Program patients, FY2025	132
Cannabis use disorder and treatment	133
Self-reported cannabis hyperemesis syndrome among past-year cannabis users, 2018–2025	135
Prevalences of hazardous cannabis use and likely cannabis use disorder, 2024 and 2025	136
Past-year cannabis use disorder among those aged 12 or older by Midwest state and nationally, 2021–2024	137
Percentage of past-year cannabis users reporting adverse effects, 2025	139
Where medical attention was sought after a cannabis-related adverse event, 2025	140
Admissions to state block grant-funded treatment programs with cannabis as the drug of misuse, 2014–2023	141
Illinois ED visits: Potential cannabis hyperemesis syndrome, 2020–2025	143
ED visits with cannabis intoxication as the primary diagnosis, Illinois, 2018–2025	144
ED visits with cannabis poisoning as the primary diagnosis, Illinois, 2018–2025	145
ED visits with cannabis poisoning as the primary diagnosis, by age group, Illinois, 2018–2025	146
ED visits with cannabis use disorder as the primary diagnosis, by diagnostic definition, Illinois, 2018–2025	147
Why are “unspecified” cannabis use disorder diagnoses so common?	148
Public health effects	149
Illinois Poison Center contacts by age group, 2016–2025	150
Illinois Poison Center contacts involving cannabinoids, by single vs. multi-substance exposure	152
Cannabinoid-related contacts to the Illinois Poison Center by product type and age group, 2024–2025	153
Medical outcomes of cannabis poisoning by age group, 2024–2025	154
Understanding poison control center medical outcome classifications	155
Number of EMS runs with a cannabis-related disorder (F12) as the provider’s primary impression, Illinois, 2018–2025	156
Number of EMS runs for cannabis-related poisoning as primary symptom or provider’s primary or secondary impression by age group, 2019–2025	157
Number of EMS runs for cannabis poisoning as primary symptom, or provider primary of secondary impression, by race, 2019–2025	158
EMS runs involving cannabis-related poisoning per 100,000 population Illinois counties, 2025	159
Overdose fatalities with cannabis poisoning (T40.7) listed as a contributing cause, Illinois, 2015–2024	161
Positive cannabinoid results for tested drivers in fatal traffic accidents by Midwest state and nationally, 2018–2024	162
Positive cannabinoid toxicology results among tested drivers in fatal crashes: Illinois vs. national, 2018–2024	163
Percentage reporting driving after cannabis use by state, 2021–2022 vs. 2023–2024	164
Illinois fatal traffic accidents cannabinoid testing details, 2018–2024	165
Percentage positive drug tests by drug with positive cannabinoid test for Illinois fatal traffic accidents, 2018–2024	166
Factors associated with positive cannabis test results in Illinois fatal traffic accidents, 2018–2024	167

Contents

Cannabis and the criminal justice system 168

- IDOC total prison admissions and Cannabis Control Act violations as holding offense, 2018–2025 169
- Illinois Department of Corrections male admissions by race/ethnicity and holding offense category, 2024–2025 170
- Illinois Cannabis Control Act arrests by year, 2016–2025 171
- Illinois Cannabis Control Act arrest rates 172
- City of Chicago Cannabis Control Act arrests relative to dispensary location..... 174
- Specific Cannabis Control Act arrest charges for Chicago, 2024–2026 176
- Have cannabis possession arrests in Illinois increased since legalization? 177
- Monthly cannabis possession arrests, FBI Crime Data Explorer for Illinois, January 2023–April 2026..... 182
- Composition of arrests for suspected cannabis possession, 2023–2024 183
- Characteristics of those involved in Illinois cannabis-only possession arrests, 2024 184
- Illinois crude and age-adjusted cannabis possession arrest rates by race/ethnicity, 2023–2024 186
- Illinois cannabis possession arrest rates among Black and White men by age, 2023–2024 187
- Illinois cannabis possession arrest rates among Black and White women by age, 2023–2024 188
- Cannabis-related records expunged by county, Illinois, cumulative through July 2026..... 189

Introduction



Introduction

Illinois legalized adult-use cannabis on January 1, 2020, through the Cannabis Regulation and Tax Act (CRTA). In addition to establishing a regulated adult-use cannabis market, the Act created an ongoing requirement to evaluate the public health effects associated with legalization. This annual report, sixth in a series of such reports, examines how cannabis use, cannabis-related health outcomes, market conditions, criminal justice involvement, and other indicators have changed as Illinois has moved from the early years of legalization into a more mature regulatory environment.

The central question guiding the evaluation is straightforward: What evidence is there of public health benefits, harms, or other important changes associated with adult-use cannabis legalization in Illinois? Answering that question is more complicated. Cannabis legalization occurred alongside broader changes in cannabis use, products, attitudes, prices, and policies across the United States. Many outcomes were already changing before legalization, and neighboring states and the nation as a whole have often experienced similar trends. Accordingly, changes observed in Illinois after 2020 should not automatically be attributed to the CRTA.

Evaluation approach

The annual evaluation uses a multiple-indicator surveillance approach rather than relying on any single measure of cannabis-related benefit or harm. Indicators include cannabis prevalence and initiation; frequency and quantity of use; estimated THC exposure; cannabis use disorder; ED and hospital encounters; poison center exposures; traffic safety; criminal justice involvement; legal and illicit purchasing; product availability and pricing; and use among populations of particular public health interest.

Where data permit, trends are examined over time and compared with national estimates or

neighboring Midwestern states. These comparisons provide context for determining whether changes in Illinois appear distinctive or instead reflect broader regional or national developments. The report also examines differences across population groups because statewide averages can obscure substantial variation by age, race and ethnicity, sex, socioeconomic status, mental health status, pregnancy, and other characteristics. In this year's report, for the first time, we also present information by substate geography by examining cannabis use across 17 substate areas, including aggregated Illinois counties and Chicago community areas.

The evaluation framework has also evolved as the cannabis environment and the scientific literature have changed. Earlier surveillance emphasized measures such as past-year and past-month use. This year's report gives additional attention to frequency, quantity consumed, product potency, estimated THC exposure, and age at initiation. Prior longitudinal research also suggests that persistence of cannabis use from adolescence into young adulthood may be important for understanding long-term risk; however, most data sources available for this evaluation are cross-sectional or repeated cross-sectional and do not permit direct measurement of individual persistence over time.

In addition to recurring surveillance indicators, each annual report includes focused sidebars examining emerging policy, regulatory, methodological, or public health issues in greater depth. Sidebar topics change from year to year as new issues arise. This year's report includes focused discussions of Illinois' recently enacted hemp legislation, the status of and potential effects on the Illinois market of federal cannabis rescheduling, differences among cannabis arrest data sources, age of pediatric exposures, changes in the legal retail market, perinatal cannabis use, and approaches to assessing cannabis and THC exposure.

Introduction

Data sources

No single data system captures the full range of potential consequences of cannabis legalization. The report therefore draws on complementary state and national sources, including population surveys, administrative health records, poison center data, law enforcement and correctional records, traffic fatality data, cannabis licensing and sales records, and original studies conducted as part of the CRTA evaluation.

Some data sources used in prior annual reports were not available for the current report. Where possible, comparable measures from alternative sources were used. Most notably, for several youth indicators that had previously relied on grade-based estimates from the Youth Risk Behavior Surveillance System (YRBSS) and Illinois Youth Survey (IYS), we provide new estimates using age-based data from the National Survey on Drug Use and Health (NSDUH). Because the populations, sampling frames, and measures differ, estimates presented in this report should not be compared directly with estimates shown in prior annual

reports. After reconstructing the relevant trends using the replacement data sources, however, we found no evidence that the source changes materially altered our overall conclusions about the direction of trends in cannabis use among youth.

Two original studies developed for the CRTA evaluation contribute new information this year: the 2025 UIC Perinatal Cannabis Survey and an Illinois study of commercially available intoxicating hemp-derived cannabinoid products. Detailed sampling, measurement, laboratory, and analytic methods for these studies are presented in the report sections in which their findings are discussed.

Taken together, these complementary sources provide a broad view of the public health, market, and equity effects associated with cannabis legalization in Illinois. The Key Findings section summarizes the principal patterns identified across these data, while the sections that follow present the underlying evidence and methodological detail.

Table 1. Data sources

Agency/source	Data set	What it provides	Use in this report
Substance Abuse and Mental Health Services Administration	National Survey on Drug Use and Health (NSDUH)	Population estimates of cannabis use, initiation, frequency, cannabis use disorder, and selected demographic and behavioral measures for persons aged 12 or older.	Primary source for statewide and regional prevalence trends; also used to replace several youth measures previously derived from the Youth Risk Behavior Surveillance System/Illinois Youth Survey.
University of Waterloo	International Cannabis Policy Study	Annual survey of cannabis use, purchasing, product characteristics, perceptions, quantity consumed, and related behaviors.	Used for legal-market participation, purchasing barriers, product use, and preliminary estimates of consumption of dried flower and THC exposure.
University of Illinois Chicago	2025 Perinatal Cannabis Survey	Survey of pregnant and postpartum women addressing cannabis use, reasons for use, symptoms, provider discussions and advice, and related experiences.	Original Cannabis and Cannabis Regulation and Tax Act (CRTA) evaluation study; used in the perinatal cannabis section and sidebar.

Introduction

Agency/source	Data set	What it provides	Use in this report
University of Illinois Chicago CRTA Evaluation Project	Illinois Hemp Product Study	Laboratory testing and product review of commercially available hemp-derived cannabinoid products.	Original CRTA evaluation study; used to describe THC content and other characteristics of products sold outside the regulated cannabis market.
Illinois Department of Financial and Professional Regulation/Cannabis Regulation Oversight Office	Licensing, sales, training, and program data	Dispensary licensing, retail sales, product sales, budtender training, and related regulatory indicators.	Used to describe the size, composition, growth, and geographic distribution of the legal cannabis market.
Illinois Department of Revenue	Tax receipts	State tax revenues from cannabis and selected comparison products.	Used to track cannabis tax collections and revenue trends.
Illinois Medical Cannabis Patient Program/Opioid Alternative Patient Program	Program registration and qualifying- condition data	Counts and characteristics of registered medical cannabis patients and Opioid Alternative Patient Program participants.	Used to describe medical program enrollment and leading qualifying conditions.
Illinois Poison Center/National Poison Data System	Cannabis exposure calls	Reported cannabis exposures, products involved, age, and medical outcomes.	Used to monitor cannabis-related poisonings, with particular attention to pediatric exposures.
Illinois Department of Public Health	ED visits and hospitalizations	Hospital encounters containing cannabis-related diagnoses.	Used where comparable definitions and extraction procedures could be established; methodological notes identify limits to year-to-year comparability.
Illinois State Police	Crime in Illinois arrest data	Statewide and county-level arrests for Cannabis Control Act offenses.	Used to monitor long-term changes in cannabis-related arrests following legalization.
Federal Bureau of Investigation	National Incident-Based Reporting System (NIBRS)	Incident- and arrest-level information including offense, demographic, and location characteristics.	Used for detailed analyses of cannabis possession arrests, racial/ethnic disparities, and arrest locations.
Chicago Data Portal	Chicago crime/ arrest data	Geocoded Chicago Cannabis Control Act arrests.	Used for community-level and geographic analyses of enforcement patterns in Chicago.
Illinois Department of Corrections	Prison admissions data	Annual state prison admissions, including Cannabis Control Act holding offenses.	Used to track changes in incarceration related to cannabis offenses.
National Highway Traffic Safety Administration	Fatality Analysis Reporting System (FARS)	Fatal motor vehicle crashes, driver characteristics, and available toxicology results.	Used to assess cannabis-positive toxicology findings and polysubstance involvement among drivers in fatal crashes.
Centers for Disease Control and Prevention	CDC WONDER mortality data	Mortality data based on underlying and contributing causes of death.	Used for mortality context where relevant.
Illinois General Assembly and state agencies	Statutes, rules, and regulatory materials	Enacted legislation and major regulatory actions affecting cannabis and hemp in Illinois.	Used to document policy changes, including the 2026 hemp legislation and other regulatory developments.

Introduction

Limitations

- **Observational design.** The analyses are primarily descriptive and observational. Changes occurring after legalization do not by themselves establish that legalization caused those changes. National and regional comparisons provide context but do not substitute for a controlled causal design.
- **Predominantly cross-sectional data.** Most survey sources are cross-sectional or repeated cross-sectional. They can identify population-level changes over time but generally cannot follow the same individuals longitudinally or determine whether cannabis use initiated in adolescence persists into adulthood.
- **Changes in data sources and measures.** Several indicators were reconstructed using alternative sources because previously used data were unavailable. In particular, age-based NSDUH estimates replaced several grade-based YRBSS and IYS youth measures. Updated YRBSS data were not available. IYS is conducted biannually, with the next round of data collection scheduled to begin in the fall of 2026. Estimates in this report therefore should not be compared directly with estimates in prior annual reports, which used YRBSS and IYS to estimate youth use and trends. We note that the reconstructed trends did not materially change our conclusions about the overall direction of youth cannabis use.
- **Changes in the definition of hospital and ED measures affect comparability with prior reports.** In previous annual reports, cannabis-related ED visits and hospitalizations were identified using selected International Classification of Diseases Tenth Revision Clinical Modification (ICD-10-CM) diagnosis codes, including codes for cannabis poisoning and cannabis abuse or dependence. For the current report, IDPH provided records using Clinical Classifications Software Refined (CCSR) categories, which group related ICD-10-CM diagnoses into broader clinical categories. Because questions remained regarding comparability of the broader CCSR-based extraction, analyses in this report are limited to encounters in which a cannabis-related condition was identified as the primary diagnosis. These estimates therefore represent a more restrictive measure of cannabis-related health care utilization and should not be compared directly with estimates presented in prior annual reports.
- **Unavailable updated estimates for selected special populations.** Updated comparable NSDUH estimates were not available for pregnant/perinatal women or for lesbian, gay, bisexual, and queer (LGBQ) populations. For pregnant/perinatal women, SAMHSA changed the relevant age range from ages 12–44 to ages 12–50, and comparable two-year Illinois estimates for 2023–2024 were not available on the NSDUH restricted data platform. For LGBQ populations, no measures of sexual identity were provided for the 2024 NSDUH estimates. Other potential sources such as the International Cannabis Policy Study were reviewed, but none provided estimates sufficiently comparable with those used in prior reports. For these two populations, this report therefore retains the estimates presented in the 2025 annual report, which remain the most recently available comparable information.
- **Sampling uncertainty and suppression.** Some subgroup estimates are based on relatively small samples and may have wide CIs or be suppressed. Differences across groups or years should therefore be interpreted in light of statistical uncertainty rather than as point estimates alone.
- **Different reporting periods and data lags.** The most recent year available differs across data systems. Some administrative and federal sources are released with substantial delay, so not every indicator covers the same reporting period.

Key findings



Key findings

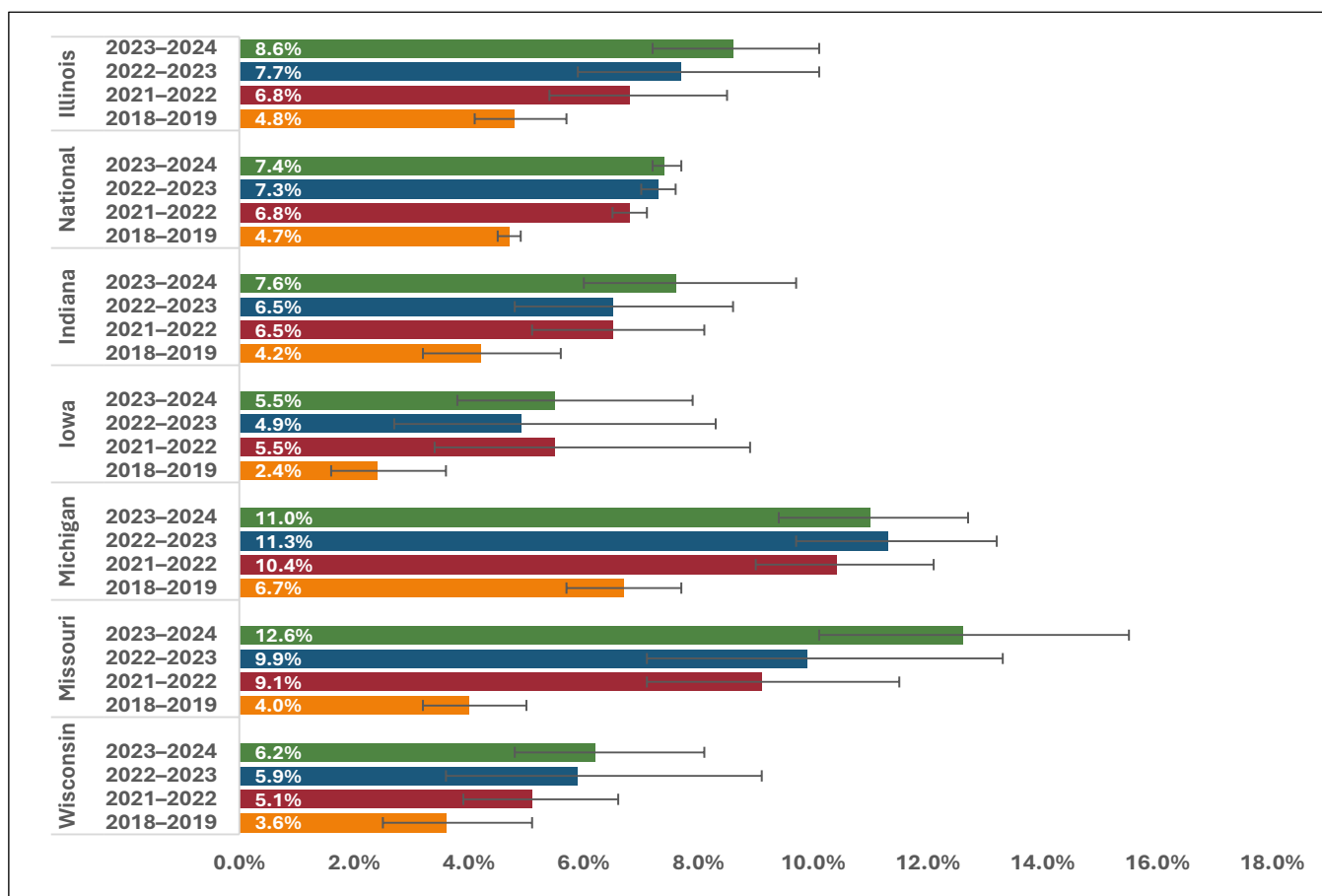
FINDING #1

Cannabis use has increased substantially in Illinois, consistent with broader national and regional trends, while initiation has remained comparatively stable.

FREQUENT CANNABIS USE INCREASED FROM 4.8% TO 8.6%.

- Past-year and past-month cannabis use increased substantially in Illinois, consistent with increases nationally and across neighboring Midwest states. In Illinois, past-year use rose from 15.3% in 2018–2019 to 24.9% in 2023–2024, while past-month use rose from 10.8% to 17.9%.
- Frequent (≥20 days past-month) use also increased, from 4.8% to 8.6%. Frequent use also increased, from 4.8% in 2018–2019 to 8.6% in 2023–2024, a pattern also observed nationally and across neighboring states.
- Initiation changed much less, especially among adolescents and young adults.
- Cannabis use disorder increased modestly, also broadly tracking national and regional patterns.

Frequent (≥20 days past-month) cannabis use by those aged 12 or older by neighboring Midwest state, 2018–2024



See page 82 for details

Key findings

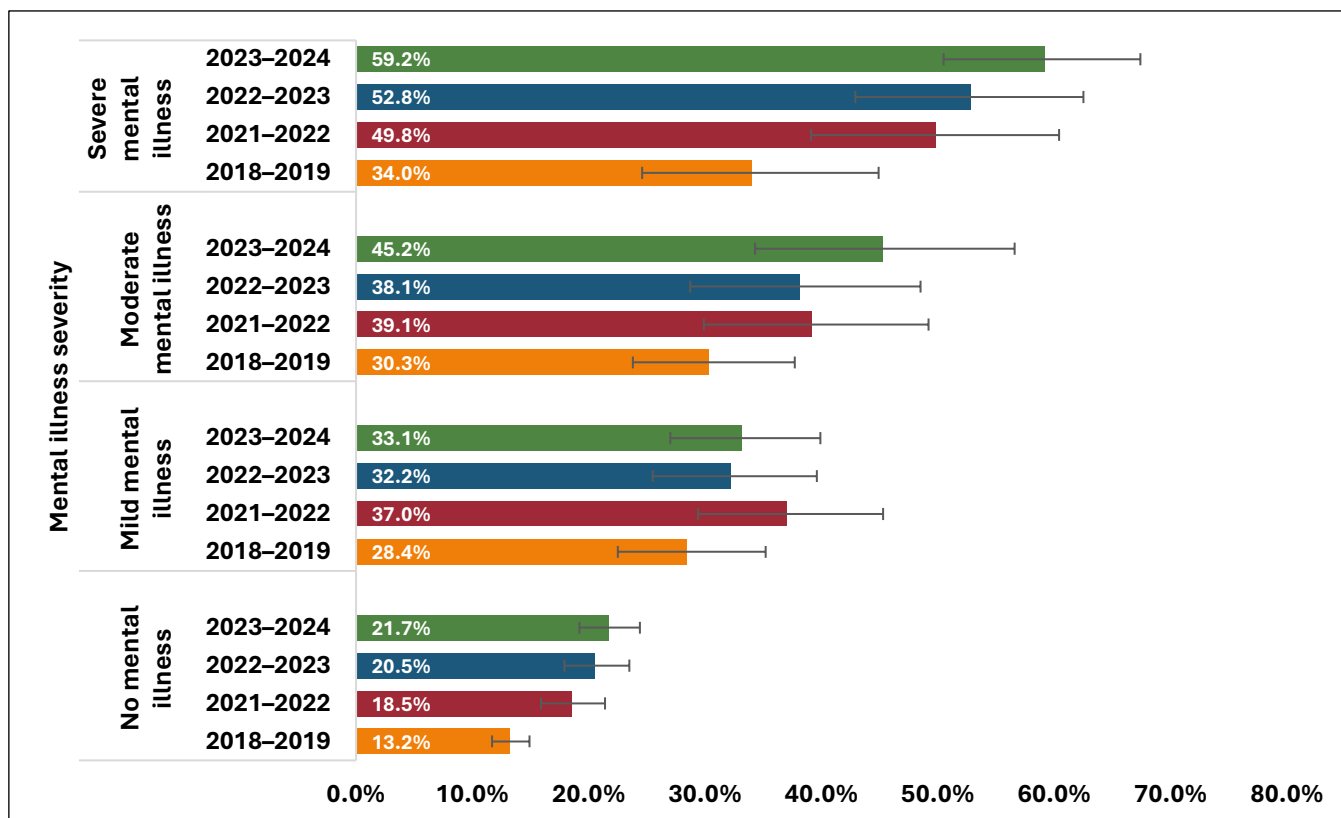
FINDING #2

Increases in cannabis use were uneven across population groups, and cannabis use varied geographically across Illinois.

PAST-YEAR CANNABIS USE AMONG ADULTS WITH SEVERE MENTAL ILLNESS REACHED 59.2%.

- Among the population groups examined, adults with severe mental illness had the largest increases: past-year use rose from 34.0% to 59.2%, and frequent use from 16.7% to 33.0%.
- Frequent (≥ 20 days past-month) use also increased more sharply among adults living in poverty and among Medicaid/CHIP enrollees.
- The historical gap between men and women narrowed as use increased faster among women.
- Cannabis use increased across racial and ethnic groups, with notable increases among Hispanic respondents in any past-year use, frequent use, and cannabis use disorder. Subgroup estimates should be interpreted cautiously.
- Past-month cannabis use varied geographically across Illinois, with clear differences across substate areas and among Chicago communities.

Any past-year cannabis use by severity of mental illness, 2018–2024



See page 100 for details

Key findings

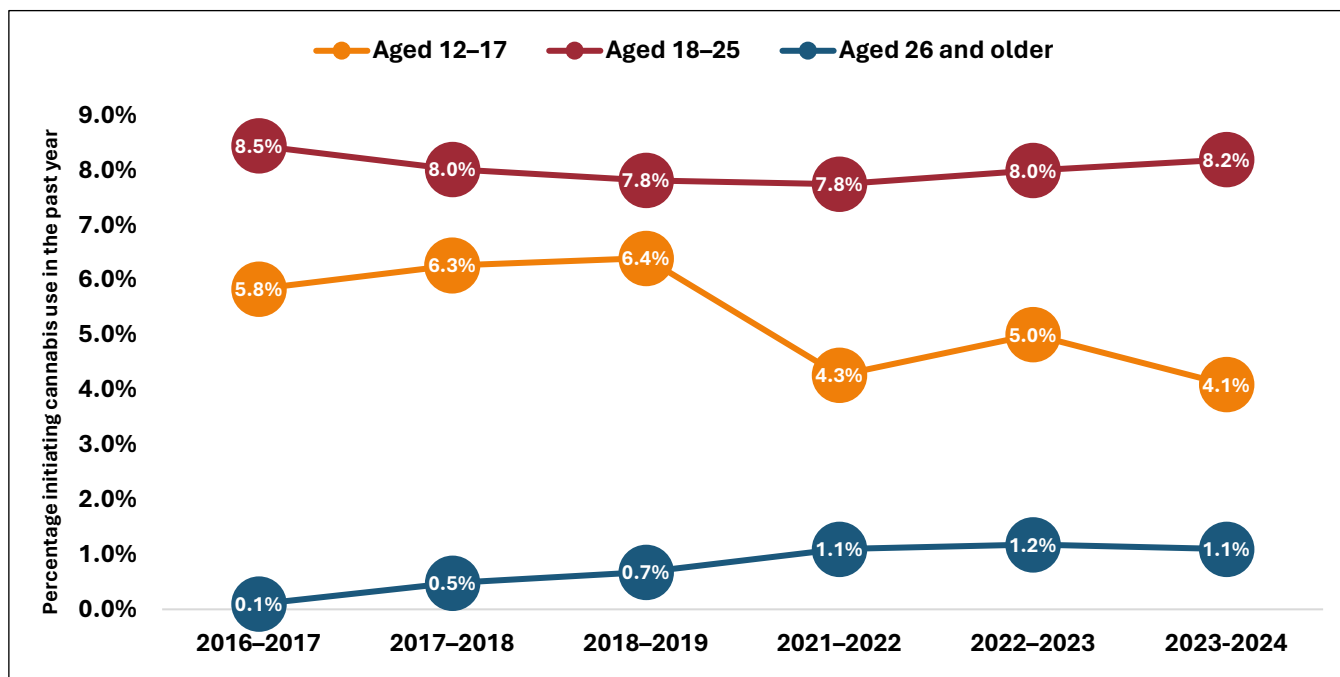
FINDING #3

Youth cannabis use has not shown a broad sustained increase, but recent changes among younger adolescents warrant attention.

**LIFETIME USE AMONG YOUTH AGED 16–17
FELL FROM 35.1% TO 21.2%.**

- Lifetime cannabis use among Illinois youth aged 12–17 declined from 17.2% in 2016–2017 to 13.2% in 2023–2024, closely paralleling the national decline.
- Among youth aged 16–17, lifetime use fell from 35.1% to 21.2%.
- Frequent (≥ 20 days past-month) use among Illinois youth remained uncommon and relatively stable, at roughly 1.4%–2.2%, and closely tracked national estimates.
- Perceived ease of obtaining cannabis declined markedly among older adolescents.
- Past-month use increased recently among youth aged 14–15, from 5.2% in 2021–2022 to 7.6% in 2023–2024. This trend warrants continued monitoring, particularly because cannabis use beginning at younger ages is associated with greater risk of adverse outcomes later in life.

Past-year cannabis use initiation by age group, 2016–2024



See page 56 for details

Key findings

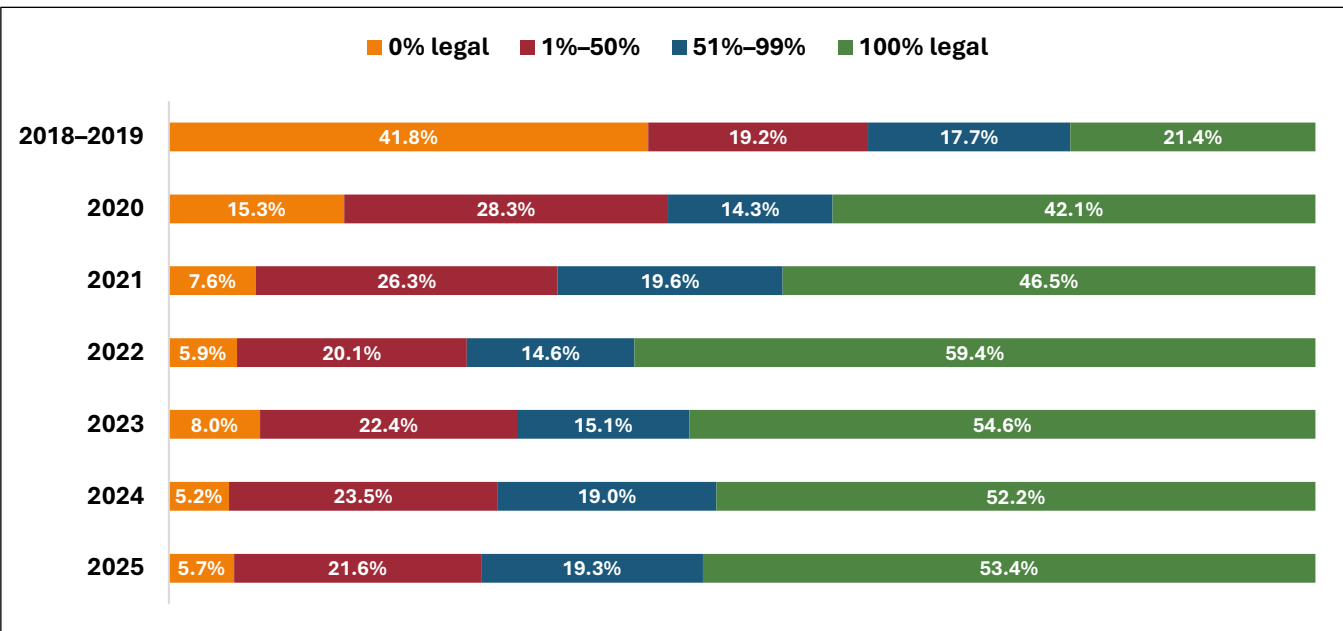
FINDING #4

Illinois has a mature legal cannabis market, but legal market participation remains incomplete and uneven.

- Adult-use cannabis sales now account for most retail sales, while medical cannabis sales continue to decline.
- In 2025, 72.7% of users obtained most of their cannabis legally, but only 53.4% obtained all of it legally.
- Medical Cannabis Patient Program enrollment declined from its early 2024 peak; chronic pain and PTSD remain the leading qualifying conditions and together account for nearly half of certifications.
- The number of adult-use products sold continues to rise even as falling prices restrain growth in dollar sales.
- Price remains the leading reason for buying outside the legal market; proximity to a dispensary also matters.
- White respondents were more likely to report purchasing all cannabis from legal sources (58.5%) than Hispanic (51.5%) and Black respondents (39.4%), suggesting continued disparities in legal market participation.
- Hemp-derived cannabinoid products provided another source of THC outside the regulated cannabis market: more than half of tested hemp flower contained at least 10% total THC, almost one in five contained at least 20%, and more than one-quarter of edibles exceeded 10 mg of delta-9 THC per unit. Ten mg of delta-9 THC is the maximum amount permitted per serving for regulated cannabis products in Illinois.

AMONG THOSE PURCHASING CANNABIS, 72.7% OBTAINED MOST OF THEIR CANNABIS LEGALLY; 53.4% OBTAINED ALL OF IT LEGALLY.

Percentage of cannabis purchased from legal source in the past year, 2018–2025



See page 48 for details

Key findings

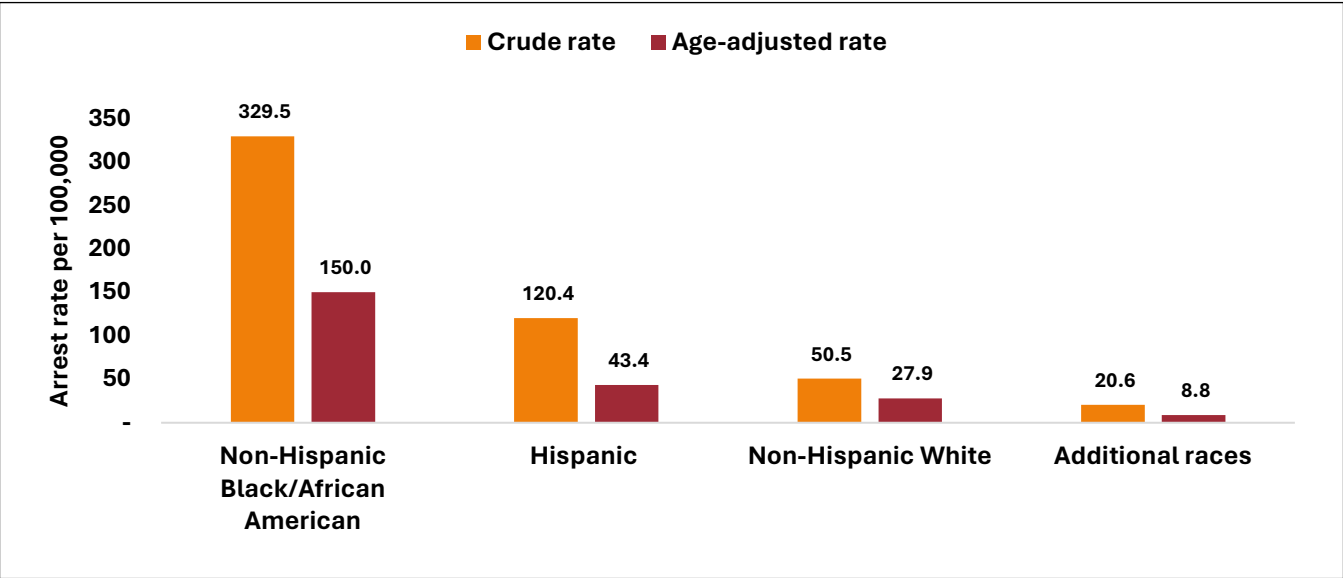
FINDING #5

Cannabis arrests and incarceration declined sharply following legalization, but persistent racial and geographic inequities remain.

IN 2023–2024, BLACK ILLINOISANS HAD AN AGE-ADJUSTED RATE OF ARRESTS FOR CANNABIS POSSESSION ABOUT 5.4 TIMES THE RATE AMONG WHITE ILLINOISANS.

- Cannabis Control Act arrests fell nearly 90%, from more than 33,000 in 2016 to about 3,700 in 2025.
- Illinois Department of Corrections admissions with a Cannabis Control Act holding offense fell from 296 in 2018 to 92 in 2025.
- More than 832,000 cannabis-related records have been expunged statewide.
- Despite these gains, the 2023–2024 age-adjusted rate of arrests for cannabis possession among Black Illinoisans was about 5.4 times the rate among White Illinoisans.
- FBI National Incident-Based Reporting System (NIBRS) data indicate that 84.1% of cannabis-only possession arrests occurred in roadway/sidewalk or parking/garage settings. The NIBRS does not identify the specific legal basis for each arrest.
- Cannabis-related arrests remained concentrated in many South and West Side Chicago communities where licensed dispensaries are relatively sparse, highlighting a persistent geographic mismatch between enforcement and access to the legal market.

Illinois crude and age-adjusted cannabis possession arrest rates by race/ethnicity, 2023–2024



See page 186 for details

Key findings

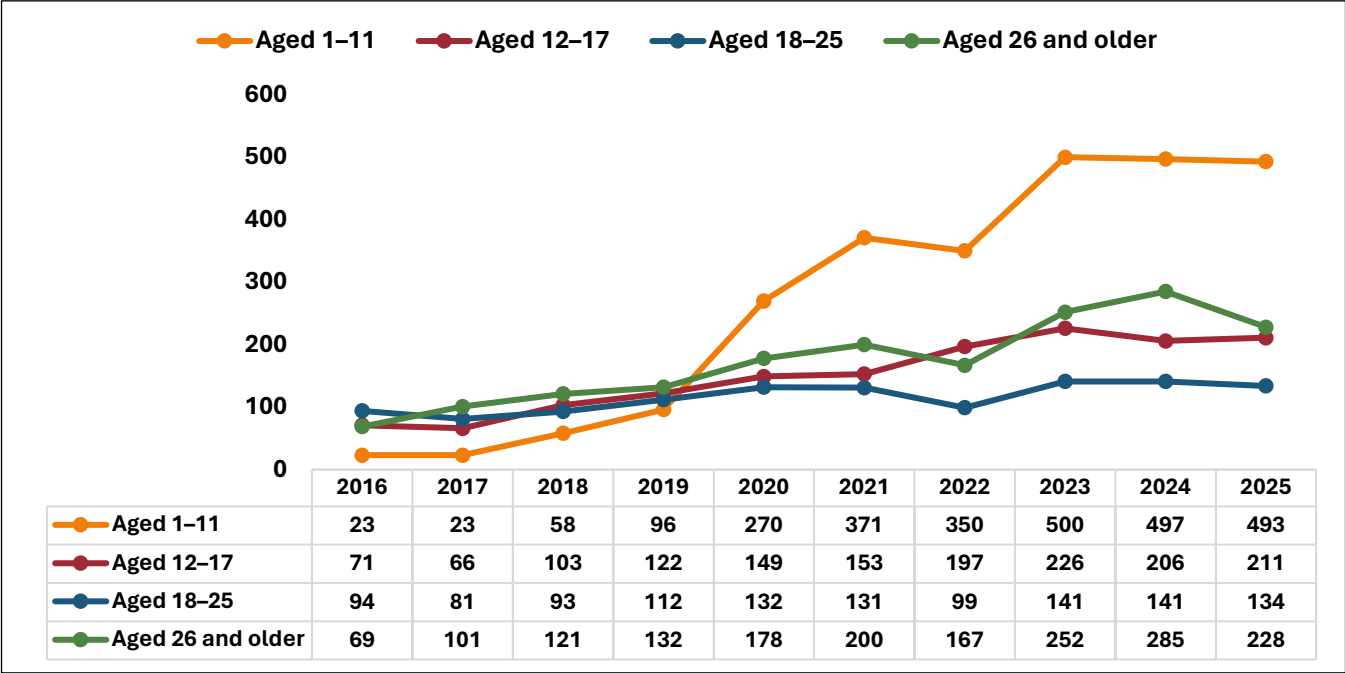
FINDING #6

Cannabis-related health harms are evident, mostly affect certain populations in particular, and are associated with specific outcomes.

ABOUT 70% OF CANNABIS EXPOSURES AMONG CHILDREN AGED 1–11 OCCURRED BEFORE AGE 5; THE MEDIAN AGE WAS 3.

- Self-reported cannabis hyperemesis syndrome rose from 3.7% in 2018-2019 to 8.6% in 2025.
- ED visits with cannabis intoxication as the primary diagnosis rose from 128 in 2019 to 404 in 2024, before declining slightly to 384 in 2025.
- ED visits for primary-diagnosis cannabis poisoning increased sharply among children aged 0–11, from 43 visits in 2018 to 257 in 2025; children were the largest age group having ED visits of this type in 2025.
- Pediatric cannabis exposures reported to the Illinois Poison Center rose markedly from pre-legalization levels but leveled off in recent years at the higher level. Exposures remain concentrated among very young children.
- About 70% of pediatric Illinois Poison Center exposures among children aged 1–11 occurred before age 5; the median age was 3.
- Severe or fatal outcomes directly attributable to cannabis remain comparatively uncommon.

Illinois Poison Center contacts by age group, 2016–2025



See page 150 for details

Key findings

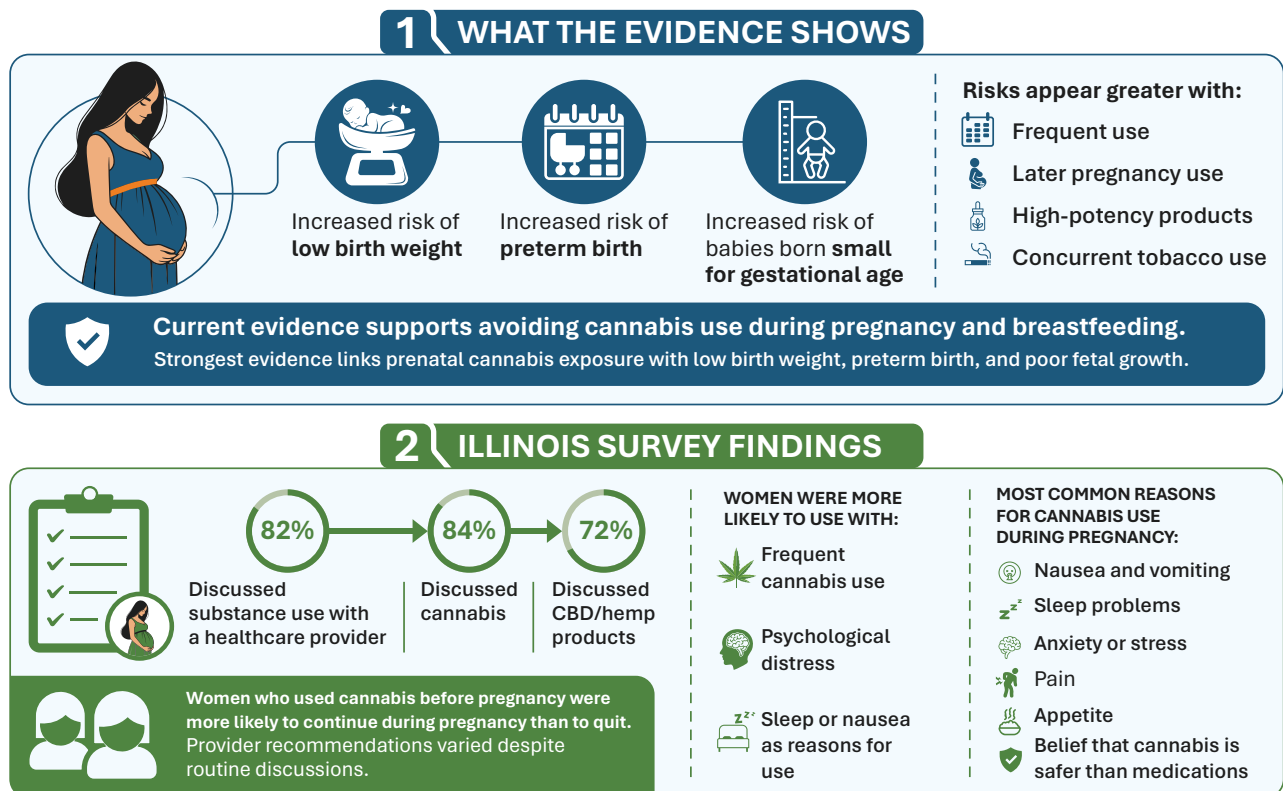
FINDING #7

Cannabis use during pregnancy remains a prevention concern and requires practical and consistent clinical guidance.

- Illinois estimates of cannabis use during pregnancy remain too imprecise to establish a reliable post-legalization trend.
- Women reported using cannabis or CBD/hemp-derived cannabinoid products for specific symptoms, including anxiety, depression, nausea, sleep problems, pain, and headaches.
- Most respondents discussed substance use with a health care provider, but cannabis-related advice was not always consistent, underscoring the need for clearer, more standardized guidance.
- Frequent (≥20 days past-month) cannabis use before pregnancy and unresolved physical or psychological symptoms were associated with continued frequent use during pregnancy and postpartum.
- Recommendations to avoid cannabis during pregnancy should be paired with safe, evidence-based options for managing the symptoms that prompted cannabis use.

RISK COMMUNICATION SHOULD PAIR A RECOMMENDATION TO AVOID CANNABIS WITH EVIDENCE-BASED OPTIONS FOR SYMPTOM MANAGEMENT.

Cannabis use during pregnancy in Illinois



See page 89 for details

Key findings

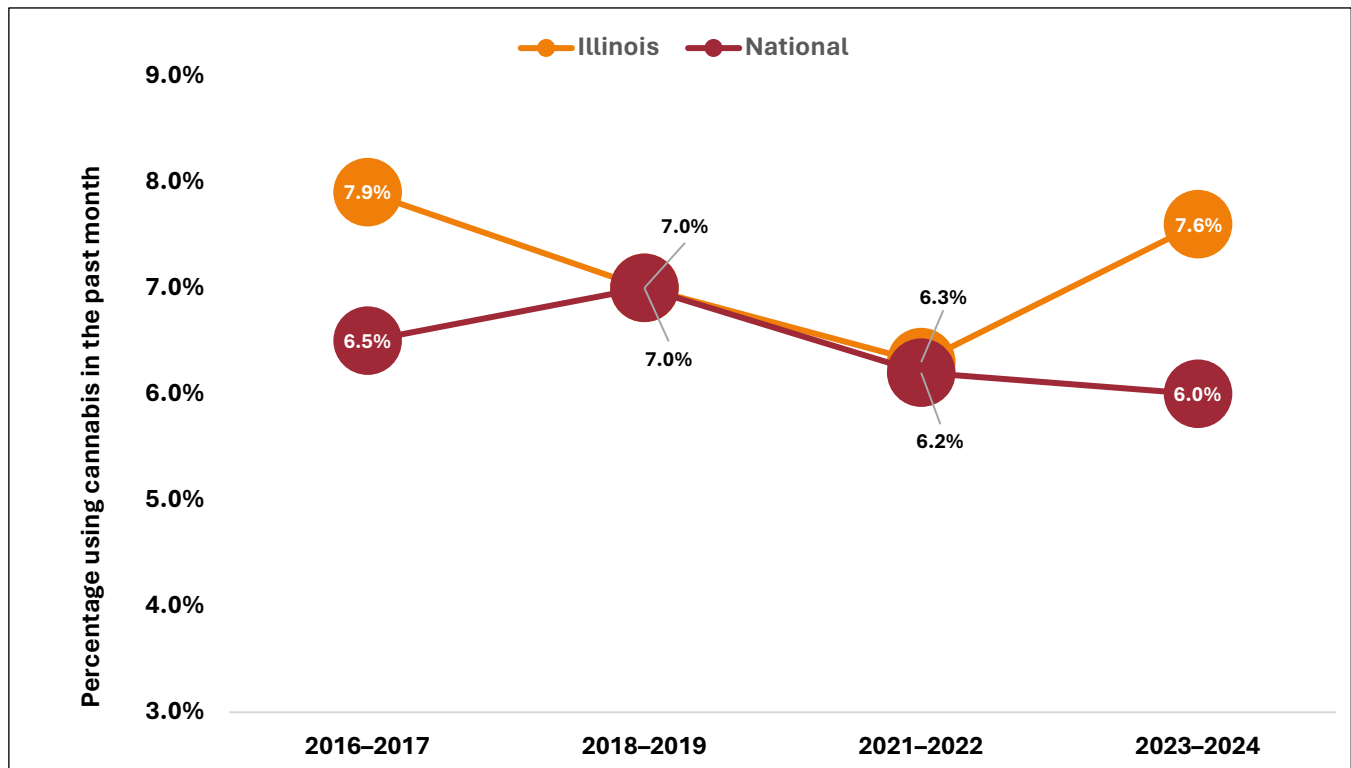
FINDING #8

Assessing cannabis-related risk requires evaluating quantity consumed, potency, persistence of use, and age at initiation, not just frequency of use.

- Frequency of use alone provides an incomplete picture of cannabis exposure and risk.
- Quantity consumed and product potency together provide a more complete estimate of THC exposure than frequency of use alone.
- Preliminary International Cannabis Policy Study estimates examined both quantity and potency to obtain their estimate of THC exposure:
 - Weighted mean annual consumption of dried flower among Illinois users of dried flower increased from about 327 grams in 2020 to 538 grams in 2025.
 - Estimated annual THC exposure increased about 69% over the same period, from roughly 12,830 to 21,663 standardized 5-mg THC units.
 - The increase in estimated THC exposure appears to reflect greater amounts of cannabis being consumed rather than a substantial increase in estimated dried flower potency over time.
- Persistent use and younger age at initiation can increase cumulative exposure and the likelihood of longer-term adverse consequences.

ESTIMATED ANNUAL THC EXPOSURE FROM DRIED FLOWER INCREASED ABOUT 69% FROM 2020 TO 2025, DRIVEN PRIMARILY BY GREATER REPORTED CONSUMPTION.

Illinois and U.S. trends in past-month cannabis use among youth aged 12–17, 2016–2024



See page 61 for details

Key findings

FINDING #9

Cannabis use by drivers remains a traffic safety concern even as fatal crash data do not show a clear sustained post-legalization increase.

CANNABIS-POSITIVE RESULTS AMONG TESTED DRIVERS IN FATAL CRASHES WAS 24.7% IN 2024, COMPARED WITH 25.5% IN 2018.

- Positive test results for cannabis among tested drivers involved in fatal crashes fluctuated over time, from 25.5% in 2018 to a high of 36.9% in 2020 and 24.7% in 2024, with no clear sustained upward trend.
- In 2024, only 39.2% of drivers involved in fatal crashes had a known cannabis test result.
- A positive cannabis test does not establish impairment or prove that cannabis caused the crash.
- Among drivers testing positive for cannabis, 68.8% also tested positive for alcohol or another drug in 2024, underscoring the importance of tracking polysubstance exposure.

Positive cannabinoid results for tested drivers in fatal traffic accidents by Midwest state and nationally, 2018–2024

Geography	2018–2019	2021–2022	2023–2024	Percentage point change from baseline
Illinois	25.3%	28.6%	27.5%	↑ 2.2
Indiana	7.2%	17.6%	20.3%	↑ 13.1
Iowa	24.7%	23.0%	26.3%	↑ 1.6
Michigan	22.3%	28.2%	28.7%	↑ 6.4
Missouri	28.2%	28.9%	29.3%	↑ 1.1
Wisconsin	19.3%	22.9%	19.8%	↑ 0.5
National	19.6%	24.6%	25.2%	↑ 5.6

See page 162 for details

Introduction to cannabis legalization in Illinois and the U.S.



Statutory

(410 ILCS 705/55-80)

Sec. 55–80. Annual reports.

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

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

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

(Source: P.A. 101-27, eff. 6-25-19; 101-593, eff. 12-4-19; 102-538, eff. 8-20-21.)

<https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=3992>

Timeline of cannabis legalization in Illinois

June 27, 2012

Chicago City Council approves an ordinance allowing eligible cases involving possession of up to 15 grams of cannabis to be resolved through a civil fine of \$250–\$500 rather than arrest. The ordinance took effect August 4, 2012. <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2012/June/6.27.12MarijuanaOrd.pdf>

August 4, 2012

Chicago's ordinance authorizing civil fines for eligible cases involving possession of up to 15 grams of cannabis takes effect. <https://www.chicago.gov/content/dam/city/depts/mayor/Press%20Room/Press%20Releases/2012/June/6.27.12MarijuanaOrd.pdf>

August 1, 2013

Governor signs the Compassionate Use of Medical Cannabis Pilot Program Act, Public Act 98-0122, effective January 1, 2014. <https://www.ilga.gov/legislation/publicacts/98/098-0122.htm>

January 1, 2014

The Compassionate Use of Medical Cannabis Pilot Program Act takes effect. The four-year pilot program permits registered patients with qualifying debilitating medical conditions and their designated caregivers to possess up to 2.5 ounces of usable cannabis during a 14-day period, obtained solely from an intrastate source. <https://www.ilga.gov/Legislation/ILCS/Articles?ActID=3503&ChapterID=35>

July 21, 2014

Governor signs Public Act 98-0775, adding seizures to the definition of debilitating medical conditions and permitting persons younger than age 18 to apply for medical cannabis registry identification cards. Effective January 1, 2015. <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0775>

January 1, 2015

Amendments under Public Act 98-0775 take effect, expanding medical cannabis eligibility to include seizure disorders and establishing procedures for qualifying patients younger than age 18. <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0775>

June 30, 2016

Governor signs Public Act 99-0519, extending the Compassionate Use of Medical Cannabis Pilot Program through July 1, 2020, adding post-traumatic stress disorder and terminal illness to the qualifying conditions, and establishing a three-year registration cycle for patients. Effective immediately. <https://www.ilga.gov/legislation/publicacts/99/099-0519.htm>

July 29, 2016

Governor signs Public Act 99-0697, making possession of 10 grams or less of cannabis a civil-law violation punishable by a fine of \$100–\$200 rather than a criminal offense and providing procedures for expungement of eligible civil-violation records. Effective immediately. <https://www.ilga.gov/legislation/billstatus.asp?DocNum=2228&GAID=13&GA=99&DocTypeID=SB&LegID=93232&SessionID=88>

Timeline of cannabis legalization in Illinois

August 1, 2018

Governor signs Public Act 100-0660, commonly known as “Ashley’s Law,” allowing a parent, guardian, or other designated individual to administer a medical cannabis-infused product to a registered student on school property, subject to specified safeguards. Effective immediately. <https://www.ilga.gov/Legislation/publicacts/view/100-0660>

August 28, 2018

Governor signs the Alternatives to Opioids Act of 2018, Public Act 100-1114. The law establishes the Opioid Alternative Pilot Program, authorizes provisional access to dispensaries while applications are pending, removes fingerprinting and certain criminal-history barriers, permits additional health professionals to provide certifications, and makes other administrative changes to the medical cannabis program. Effective immediately; the Opioid Alternative Pilot Program began January 31, 2019. <https://www.ilga.gov/legislation/publicacts/100/100-1114.htm>

January 31, 2019

The Opioid Alternative Pilot Program launches, providing access to medical cannabis for eligible individuals who have or could receive an opioid prescription, as certified by a qualified health care professional. <https://mcpp.illinois.gov/updates.html>

June 25, 2019

Governor signs the Cannabis Regulation and Tax Act, Public Act 101-0027, legalizing adult-use cannabis effective January 1, 2020. The Act establishes possession limits, a regulated commercial market, taxation, social-equity provisions, and procedures for expunging eligible cannabis records. <https://www.ilga.gov/legislation/publicacts/101/101-0027.htm>

August 9, 2019

Governor signs Public Act 101-0363, making the Compassionate Use of Medical Cannabis Program permanent, expanding qualifying conditions, allowing additional categories of health care professionals to certify patients, and making other program changes. Effective immediately. <https://www.ilga.gov/ftp/Public%20Acts/101/101-0363.htm>

January 1, 2020

The Cannabis Regulation and Tax Act takes effect. Adults aged 21 or older may purchase cannabis from licensed dispensaries. Illinois residents may possess up to 30 grams of cannabis flower, 5 grams of cannabis concentrate, and cannabis-infused products containing up to 500 milligrams of THC. Registered medical cannabis patients aged 21 or older may cultivate up to five plants for personal medical use. The Act also authorizes automatic expungement and other relief for eligible minor cannabis offenses.

Timeline of cannabis legalization in Illinois

July 15, 2021

Governor signs Public Act 102-0098, authorizing lotteries for 110 additional adult-use dispensary licenses, including licenses for qualifying social-equity applicants. The law also permits registered medical cannabis patients to purchase cannabis from any licensed medical dispensary rather than being limited to one designated dispensary. Effective immediately. <https://www.ilga.gov/legislation/publicacts/102/102-0098.htm>

May 27, 2022

Governor signs Public Act 102-0933, prohibiting a court from denying an otherwise eligible cannabis-record expungement petition solely because the petitioner tests positive for cannabis. Effective January 1, 2023. <https://www.ilga.gov/legislation/publicacts/102/102-0933.htm>

2023–2024

No major statutory amendments to the Cannabis Regulation and Tax Act were enacted during this period. Administrative implementation of the adult-use market and expansion of licensed cannabis businesses continued.

January 9, 2025

The Illinois Department of Public Health approves four additional qualifying conditions under the Compassionate Use of Medical Cannabis Program: endometriosis, ovarian cysts, uterine fibroids, and female orgasmic disorder. The additions take effect immediately and increase the total number of qualifying conditions to 56. <https://dph.illinois.gov/resource-center/news/2025/january/release-20250109.html>

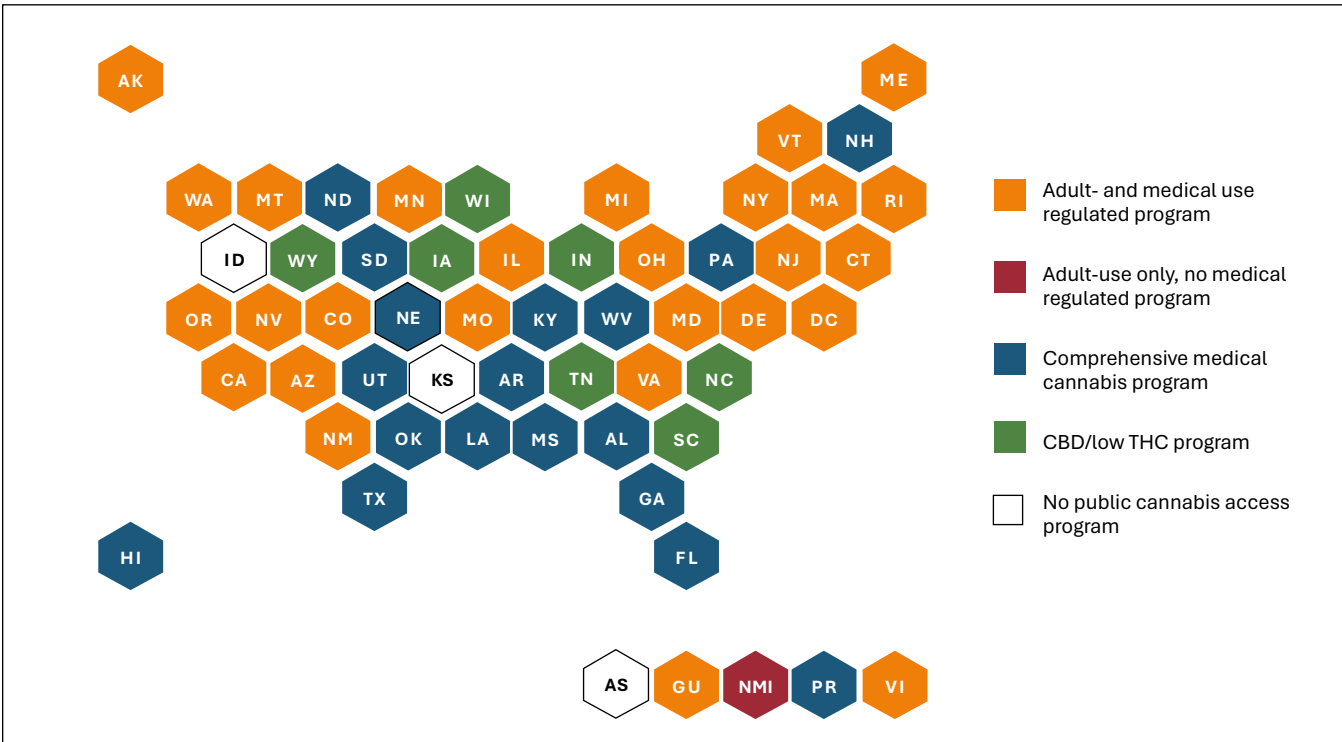
June 12, 2026

Governor signs Public Act 104-0463, the Illinois Hemp Act, which also makes broad amendments to the Compassionate Use of Medical Cannabis Program Act and the Cannabis Regulation and Tax Act. Cannabis-related provisions integrate aspects of medical cannabis dispensing and licensing into the adult-use regulatory framework, require prioritization of registered medical patients and caregivers, revise licensing and responsible-vendor training provisions, and streamline administration of the medical cannabis program. Certain provisions took effect July 1, 2026. <https://www.ilga.gov/documents/legislation/PublicActs/104/104-0463.htm>

July 1, 2026

Selected provisions of Public Act 104-0463 take effect, including changes to the regulation, licensing, taxation, and administration of medical cannabis operations within the broader Illinois cannabis regulatory framework. <https://www.ilga.gov/documents/legislation/PublicActs/104/104-0463.htm>

U.S. map of state-regulated cannabis programs



Source: National Conference of State Legislatures, State Medical Cannabis Laws and State Cannabis Legislation Database; Marijuana Policy Project, Map of State Marijuana Laws. Information accessed July 2026. AS, American Samoa; GU, Guam; NMI, Northern Mariana Islands; PR, Puerto Rico; VI, United States Virgin Islands.

Observations and notes: As of July 2026, 40 states, four U.S. territories, and the District of Columbia have authorized medical cannabis through either comprehensive medical cannabis programs or more limited cannabidiol(CBD)/low-THC programs. Twenty-four states, three U.S. territories, and the District of Columbia have also legalized adult-use cannabis.

No additional states enacted adult-use legalization during the past year. However, Georgia expanded its medical cannabis program in 2026, transitioning from a limited CBD/low-THC program to a comprehensive medical cannabis program by broadening allowable products, increasing patient access, and expanding qualifying conditions.

Nine states continue to operate more limited CBD/low-THC programs, under which qualifying patients may access cannabis products with restricted THC content. Eligibility criteria and allowable THC concentrations continue to vary considerably across states. Despite continued expansion of cannabis legalization, substantial differences remain in qualifying conditions, product access, home cultivation, retail sales, and other regulatory provisions.

Comparative Midwest states: History of cannabis

In this report, we compare selected metrics in Illinois with those in five neighboring Midwestern states—Michigan, Missouri, Iowa, Indiana, and Wisconsin—offering context for patterns in public health outcomes. By outlining the status of cannabis laws in these states, we aimed to discern whether observed effects in Illinois stem from the Cannabis Regulation and Tax Act (CRTA) or mirror broader regional and national trends.

No changes to the cannabis regimes have been made in these five states since our 2024 report. As of June 2025, the regulations guiding cannabis use and distribution that are presently in effect in each neighboring state are:

Approved adult-use and medical cannabis programs

Michigan: In 2008, Michigan legalized medical cannabis for qualifying medical patients. Cannabis dispensaries in the state were not yet authorized, but permissions allowed patients to cultivate their own plants. In 2016, Michigan expanded their medical program to include licensing and regulation of medical cannabis businesses, allowing for dispensaries within the state. The first licenses were awarded in July 2018. In November 2018, Michigan legalized adult use cannabis.

Missouri: In 2014, Missouri permitted low-THC CBD only for patients with seizure disorder. In late 2018, Missouri legalized medical cannabis for qualifying patients. The first licenses were awarded in January 2020. Adult-use legalization passed via Amendment 3 in November 2022, effective December 8, 2022, with retail sales beginning February 3, 2023. Includes automatic expungement for nonviolent cannabis offenses.

Approved low-THC CBD

Indiana: In 2017, Indiana permitted low-THC CBD oil-only for patients with seizure disorder. In 2018, Indiana amended permissions to allow use of low-THC CBD for any person. No changes to permissions of medical or adult-use cannabis have occurred since 2018.

Iowa: In 2014, Iowa permitted only the use of low-THC CBD products for certain medical patients. In 2018, 2019, and 2020, Iowa amended permissions to allow use of low-THC CBD for an expanded list of qualifying conditions. No other changes to permissions for medical or adult-use cannabis have occurred since 2020.

Wisconsin: In 2017, Wisconsin permitted low-THC CBD for patients with seizure conditions, then expanded to broader patient eligibility later that year. No other changes to permissions of medical or adult-use cannabis have occurred.

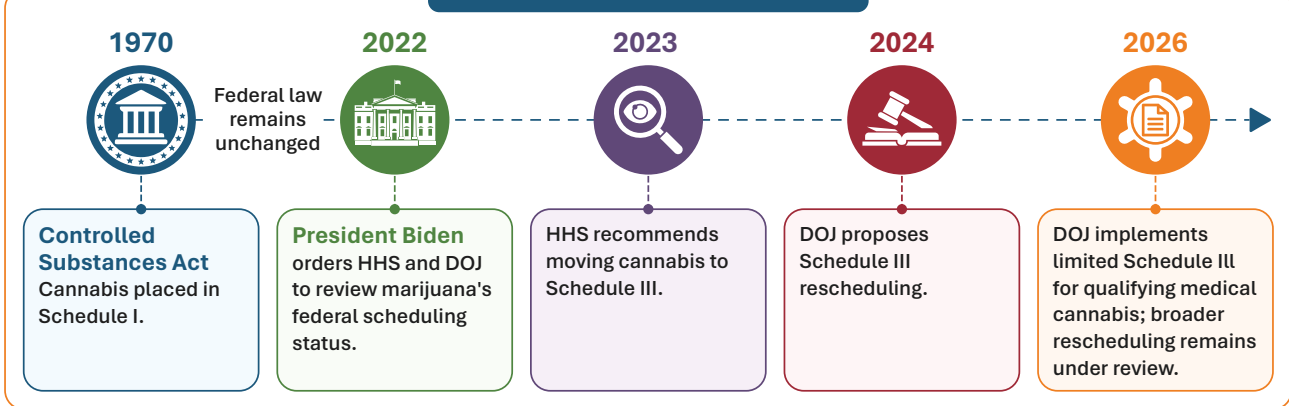
Medical cannabis, adult-use cannabis, and low-THC CBD products only in Illinois and five neighboring Midwest states

State	Medical program	Adult-use cannabis	Low-THC CBD only	Notes
Illinois	Yes (Cannabis Regulation and Tax Act, 2019)	Yes	–	Expungement amendment passed in 2022
Michigan	Yes (2008; dispensaries 2018)	Yes (2018)	–	First adult-use sales in late 2019
Missouri	Yes (2018)	Yes (2022)	Yes (2014)	Automatic expungement for nonviolent offenses
Iowa	–	No	Yes (2014–2020)	CBD only
Wisconsin	–	No	Yes (2017)	CBD only

EVOLUTION OF FEDERAL CANNABIS RESCHEDULING (1970–2026)

Federal law has remained static, while states have led the way—prompting a federal reassessment.

FEDERAL POLICY TIMELINE



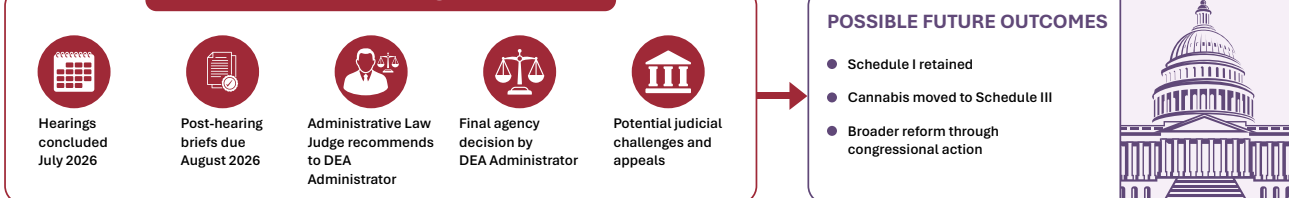
STATE LEGALIZATION EXPANDS



WHERE WE STAND TODAY: A SPLIT FEDERAL POLICY



WHAT HAPPENS NEXT?



HHS, Department of Health and Human Services; DOJ, Department of Justice; DEA, Drug Enforcement Administration. This figure summarizes the federal rescheduling process and current policy landscape. State laws, including Illinois' adult-use cannabis law, remain in effect regardless of federal scheduling decisions.

Federal cannabis policy at a crossroads



Federal cannabis policy is undergoing its most significant reconsideration since passage of the Controlled Substances Act in 1970. Although cannabis remains a Schedule I controlled substance for most purposes, recent federal actions have begun reshaping the legal and regulatory landscape. The sections below summarize how the current rescheduling process developed, where it stands today, and what it could mean for Illinois.

Timeline (how we got here)

For more than five decades, cannabis has been classified as a Schedule I controlled substance under the federal Controlled Substances Act. As more states legalized medical and adult-use cannabis, the gap between federal and state law continued to widen. In 2022, the federal government initiated the first comprehensive review of marijuana’s scheduling status in more than 50 years. The major milestones leading to the current rescheduling process are summarized below.

Year	Milestone
1970	Cannabis classified as a Schedule I controlled substance under the Controlled Substances Act.
2022	President Biden directs the Department of Health and Human Service and the Department of Justice to review the federal scheduling status of cannabis.
2023	The Department of Health and Human Services recommends moving cannabis to Schedule III.
2024	The Department of Justice proposes Schedule III rescheduling, initiating the federal rulemaking process.
2026	The Department of Justice implements limited Schedule III treatment for qualifying medical cannabis while broader Schedule III rescheduling remains under review.

Federal cannabis policy at a crossroads

Current status (where things stand today)

Federal cannabis policy is currently in transition; certain Food and Drug Administration-approved and qualifying state-licensed medical cannabis products are now treated differently under federal law than adult-use cannabis, which remains classified as a Schedule I controlled substance.

Meanwhile, the broader proposal to move cannabis from Schedule I to Schedule III remains under review by the Drug Enforcement Administration. Administrative hearings

concluded in July 2026, with post-hearing briefs due in August 2026 before the administrative law judge issues a recommendation to the Drug Enforcement Administration administrator for a final decision.

What would and would not change under Schedule III?

If cannabis is ultimately moved from Schedule I to Schedule III, rescheduling would not constitute federal legalization. Many aspects of cannabis policy would remain governed by existing federal and state laws.

Potential changes	Milestone
Recognition of accepted medical use under federal law	Recreational cannabis would not become federally legal
Expanded opportunities for medical and public health research	Illinois's adult-use cannabis market would continue to operate under state law
Elimination of the federal tax limitations imposed by Internal Revenue Code §280E for businesses subject to Schedule I or II classification	Interstate commercial sales of cannabis would remain prohibited absent additional federal action
Reduced regulatory barriers for research institutions and qualified medical programs	States would continue to determine whether cannabis is legal within their own borders
Greater consistency between federal policy and state medical cannabis programs	Comprehensive federal regulation of cannabis production, marketing, and sales would still require congressional action

What does this mean for Illinois?

For Illinois, the immediate practical effects of federal rescheduling would likely be modest for users but potentially significant for the state's cannabis industry and research community. Adult-use cannabis would remain legal under Illinois law regardless of the federal scheduling decision, and existing state regulations governing cultivation, retail sales, and user access would remain in effect.

The most immediate impacts would likely be economic and scientific rather than user-facing.

If cannabis is ultimately placed in Schedule III, qualifying cannabis businesses could become eligible to deduct ordinary business expenses under federal tax law (see Understanding IRS §280E), substantially reducing their federal tax burden. Rescheduling could also facilitate clinical and public health research involving cannabis while further narrowing the longstanding gap between federal and Illinois cannabis policy. Comprehensive legalization, including interstate commerce and a national regulatory framework, would still require congressional action.

Federal cannabis policy at a crossroads

Looking ahead

The next major milestone in the federal rescheduling process will be completion of the Drug Enforcement Administration (DEA) administrative review. Following the July 2026 hearings, post-hearing briefs are due in August 2026, after which the administrative law judge will submit a recommendation to the DEA administrator for a final agency decision. Regardless of the outcome, any final rule is likely to face judicial challenges, meaning the process could extend well beyond the administrative decision.

At the same time, some members of Congress continue to advocate for broader reform. In July 2026, Senators Chuck Schumer (D-NY), Cory Booker (D-NJ), and Ron Wyden (D-OR) reintroduced the Cannabis Administration and Opportunity Act, which would remove cannabis

from the Controlled Substances Act and establish a comprehensive federal regulatory framework. Given the current composition of Congress, enactment during the current Congress appears unlikely.

References

- Drug Enforcement Administration. (2026). Schedules of Controlled Substances: Rescheduling of Food and Drug Administration approved products containing marijuana from Schedule I to Schedule III; corresponding change to permit requirements. *Federal Register*, 91(81), 22777.
- Drug Enforcement Administration. (2026). Schedules of Controlled Substances: Rescheduling of Marijuana. *Federal Register*, 91(81), 22777-22778.
- Office of Senator Cory Booker. (2026). Cannabis Administration and Opportunity Act. Accessed August 13, 2026. <https://www.booker.senate.gov/imo/media/doc/caoa.pdf>

Understanding IRS §280E

A tax law from the War on Drugs

In 1981, a convicted cocaine trafficker successfully claimed ordinary business deductions on his federal income tax return. Congress responded the following year by enacting Internal Revenue Code §280E, which generally prohibits businesses trafficking in Schedule I or II controlled substances from deducting ordinary business expenses such as payroll, rent, utilities, and advertising.

Why IRS §280E affects the cannabis business in Illinois

Although medical and adult-use cannabis are legal under Illinois law, cannabis remains a Schedule I controlled substance

under federal law. As a result, many state-licensed cannabis businesses have been subject to §280E, often paying federal income taxes on amounts substantially higher than their true profits because most operating expenses cannot be deducted.

Why Schedule III matters

IRS Section 280E applies only to Schedule I and II substances. If cannabis is ultimately placed in Schedule III, cannabis businesses would generally be able to deduct ordinary business expenses like other businesses, substantially reducing their federal tax burden. For many operators, this has been viewed as one of the most economically significant potential consequences of federal rescheduling.

Federal cannabis policy at a crossroads

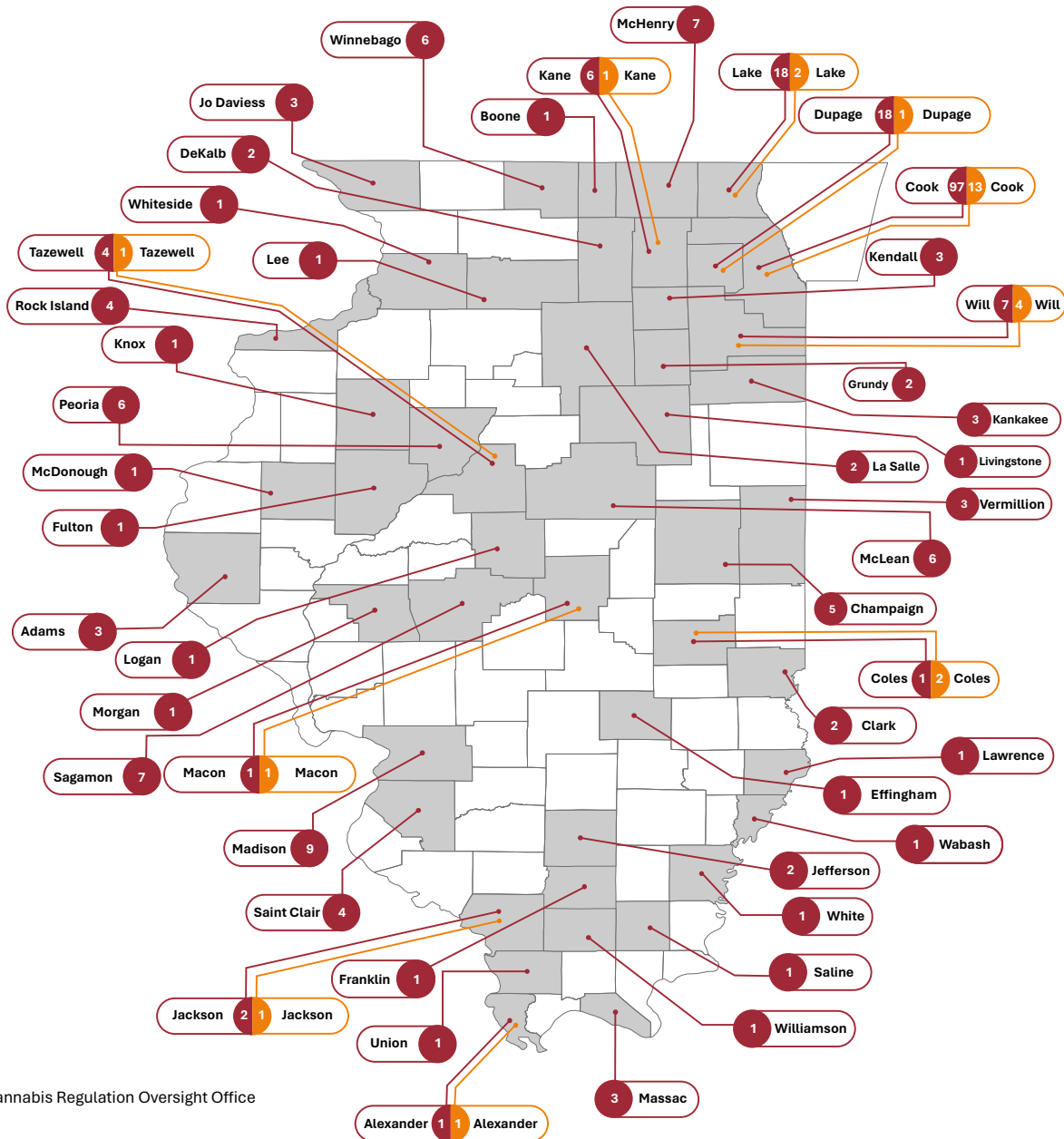
- United States Congress. (1970). Comprehensive Drug Abuse Prevention and Control Act of 1970 (Controlled Substances Act), Pub. L. No. 91-513, 84 Stat. 1236. <https://www.govinfo.gov/content/pkg/STATUTE-84/pdf/STATUTE-84-Pg1236.pdf>
- U.S. Department of Health and Human Services. (2023). Recommendation to transfer marijuana from Schedule I to Schedule III under the Controlled Substances Act. Accessed August 13, 2026. <https://www.dea.gov/sites/default/files/2024-05/2016-17954-HHS.pdf>
- U.S. Department of Justice. (2026, April 23). Justice Department places FDA-approved marijuana products and products containing marijuana subject to a qualifying state-issued license in Schedule III, strengthening medical research while maintaining strict federal controls. Accessed August 13, 2026. <https://www.justice.gov/opa/pr/justice-department-places-fda-approved-marijuana-products-and-products-containing-marijuana>

The business of cannabis in Illinois



Licensed dispensing organizations in Illinois, June 2026

● Dispensaries opened pre-2025 report	254
● Dispensaries opened post-2025 report	27



Source: Cannabis Regulation Oversight Office

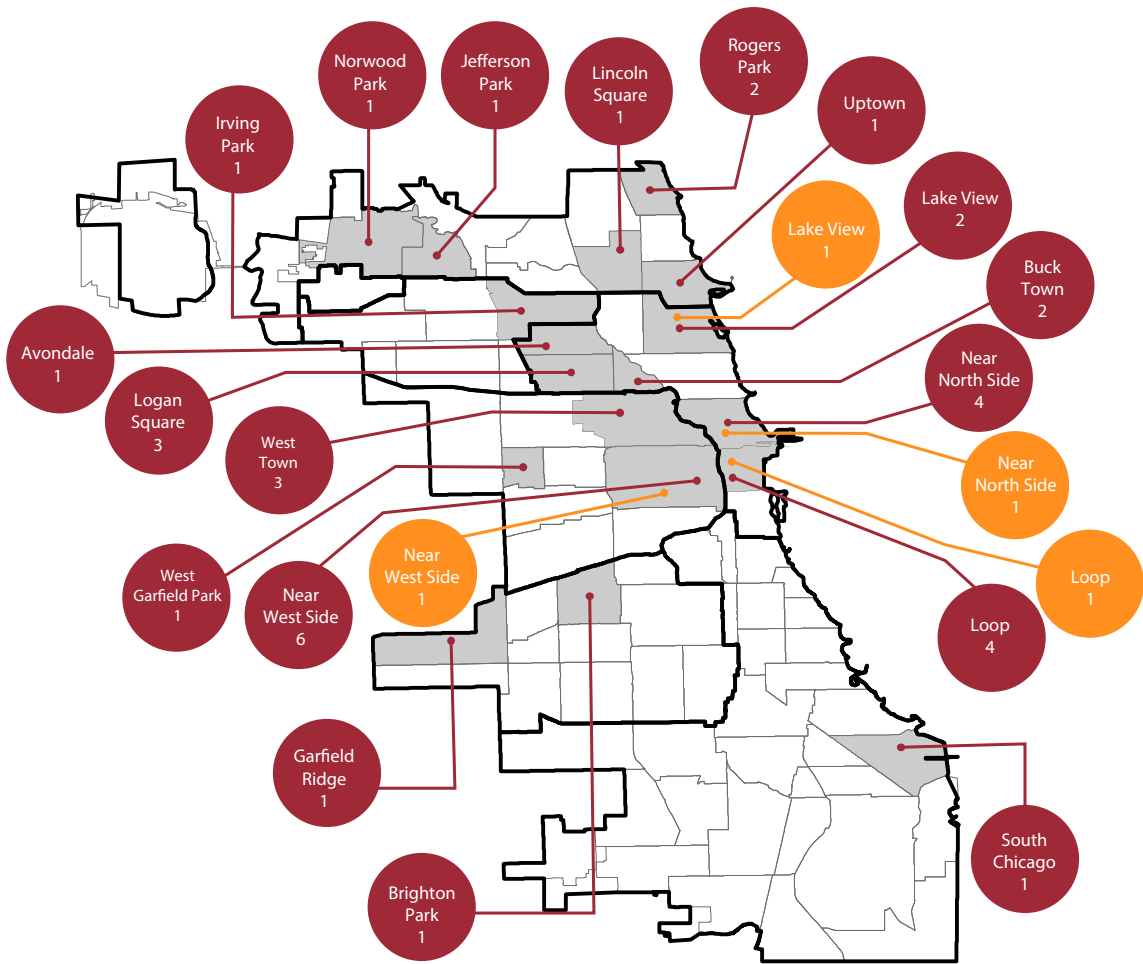
Observations and notes: As of June 2026, Illinois added 27 new licensed cannabis dispensaries across 10 counties.

Every newly licensed dispensary was established in counties that already had at least one operating dispensary, indicating continued market expansion within existing cannabis markets rather than geographic expansion into previously unserved areas. No new counties gained a first dispensary.

The largest increases occurred in Cook County (+13 dispensaries), followed by Will County (+4) and Lake County (+2). Smaller increases were observed in Alexander, Coles, Jackson, Kane, DuPage, Macon, and Tazewell counties, each adding one or two new dispensaries.

Licensed dispensing organizations in Chicago, June 2026

● Dispensaries opened pre-2025 report	36
● Dispensaries opened post-2025 report	4



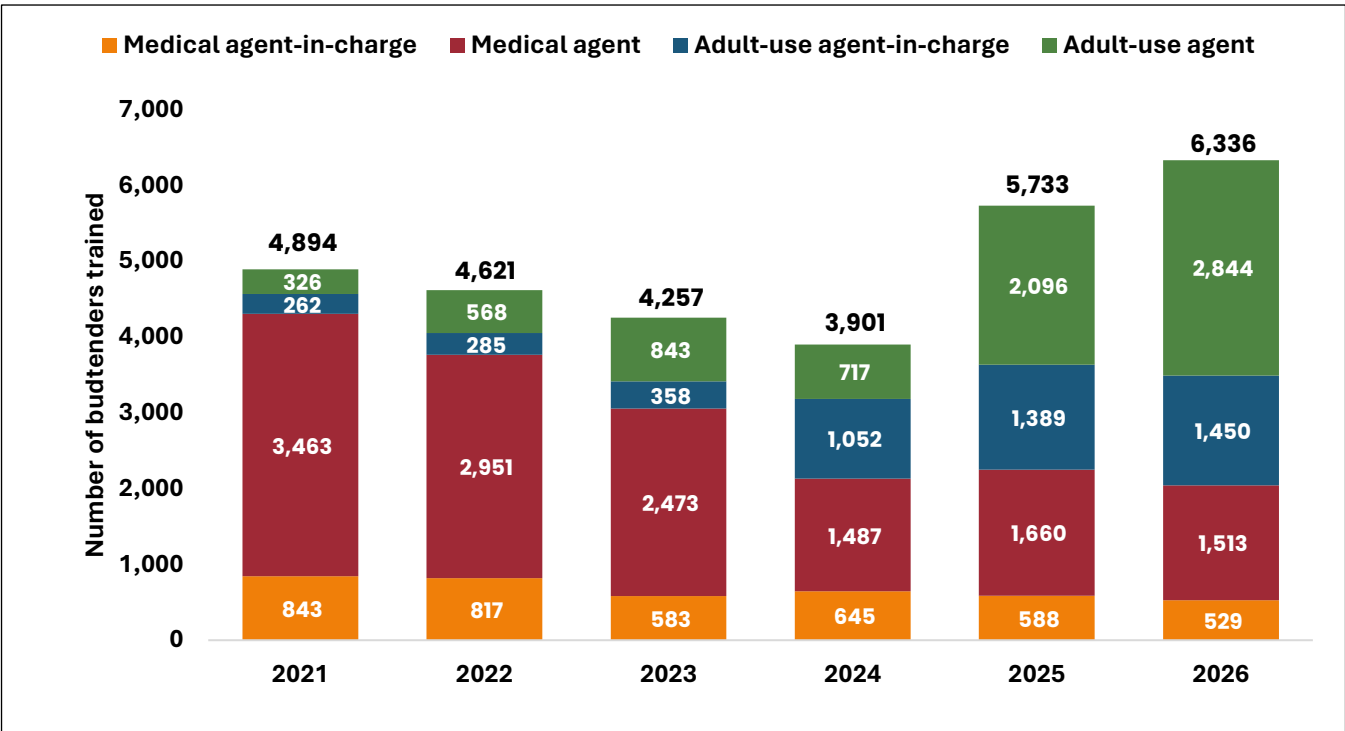
Source: Cannabis Regulation Oversight Office

Observations and notes: As of June 2026, four new cannabis dispensaries opened within the City of Chicago.

All four were established in community areas that already contained at least one licensed dispensary, indicating continued market expansion within existing retail hubs rather than expansion into previously underserved neighborhoods. New dispensaries opened in Lake View, the Loop, Near North Side, and Near West Side.

Overall, dispensary growth continues to be mostly in established commercial corridors and high-demand areas of the city.

Adult-use and medical agent training, Illinois, 2026



Source: State of Illinois Cannabis Regulation Oversight Office

Observations and notes: Employee trainings include both medical and adult-use agents and agents-in-charge. As of June 2026, Illinois recorded 6,336 cannabis dispensing agent training completions, up 10.5% from 5,733 in 2025 and the highest total in the series.

After declining from 4,894 in 2021 to 3,901 in 2024, training completions increased sharply in 2025 and continued growing in 2026. The latest increase was driven entirely by adult-use positions. Adult-use agent training completions rose 35.7%, from 2,096 in 2025 to 2,844 in 2026, while adult-use agent-in-charge training completions increased from 1,389 to 1,450. By contrast, medical agent training completions declined from 1,660 to 1,513, and medical agent-in-charge training completions declined from 588 to 529.

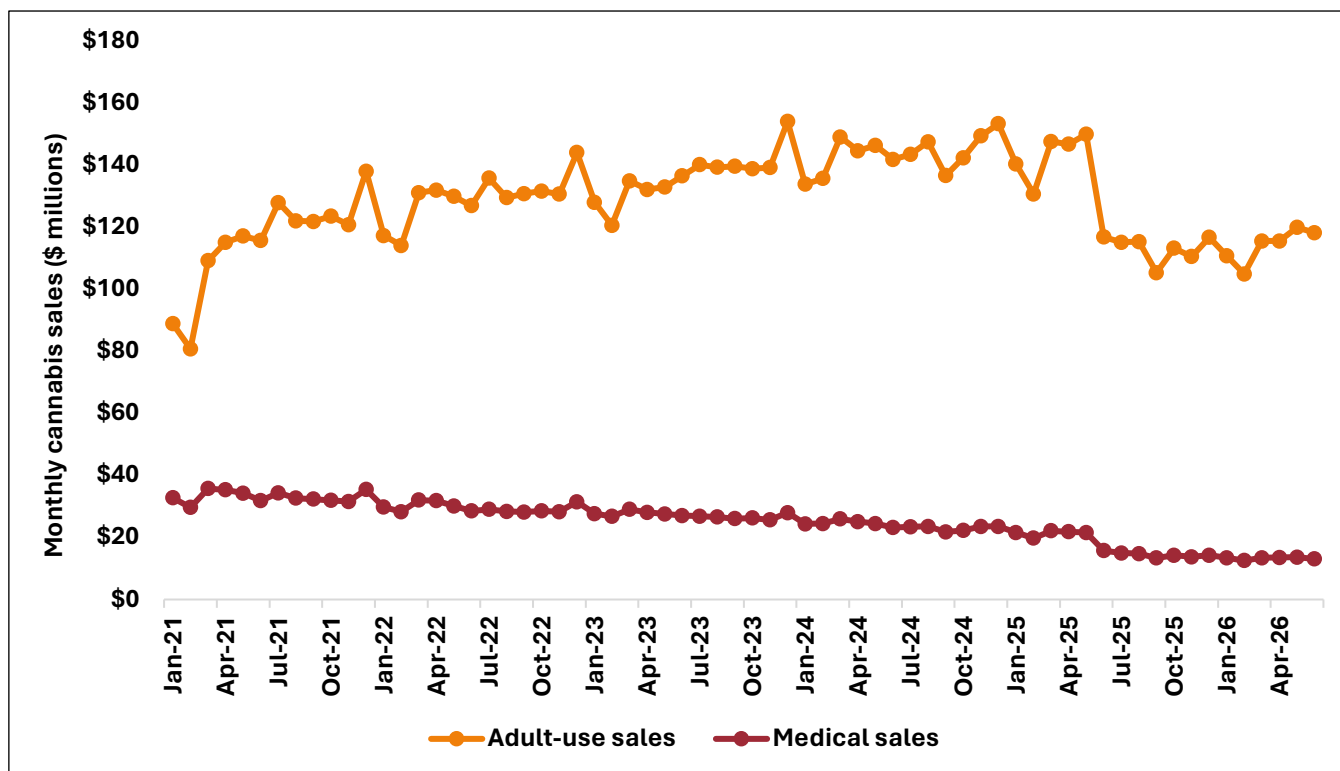
The composition of training also changed substantially. Adult-use positions represented approximately 12% of completions in 2021 but nearly 68% in 2026, illustrating the workforce’s pronounced shift toward the adult-use market.

These figures represent training completions rather than unique or currently active cannabis workers. They may include individuals completing training more than once because of credential renewal, employer changes, or other reasons.

Key takeaway

Adult-use positions accounted for nearly 68% of Illinois cannabis agent training completions during the reporting year ending June 2026, compared with approximately 12% in 2021. Growth in adult-use agent training completions pushed total completions to a series high of 6,336. These figures measure training activity rather than unique active workers.

Monthly retail cannabis sales, Illinois, 2021–2026



Source: State of Illinois. Illinois Cannabis Regulation Oversight Office. <https://cannabis.illinois.gov/research-and-data/sales-figures.html>

Observations and notes: During FY2026, Illinois dispensaries reported approximately \$1.52 billion in retail cannabis sales. Adult-use sales totaled \$1.36 billion and accounted for 89.2% of combined sales. Medical cannabis sales totaled \$164.4 million.

Following Illinois’s transition to the Metrc seed-to-sale tracking system, monthly adult-use sales were relatively stable during FY2026, ranging from approximately \$105 million to \$120 million. Medical sales ranged from approximately \$12.5 million to \$14.9 million per month and continued to represent a declining share of the retail market.

The apparent decrease beginning in June 2025 largely reflects a change in measurement. Metrc more accurately captures prices paid after discounts and promotions; the previous system sometimes recorded pre-discount prices. The number of items sold was reported by State officials to have been consistent across the transition to the use of Metrc. Consequently, the lower reported dollar values should not be interpreted as evidence of an equivalent reduction in purchasing volume.

Retail sales include usable cannabis, concentrates and extracts, infused products, topicals, and other packaged cannabis products. Sales totals exclude taxes and may be revised as transactions are corrected, voided, or otherwise updated.

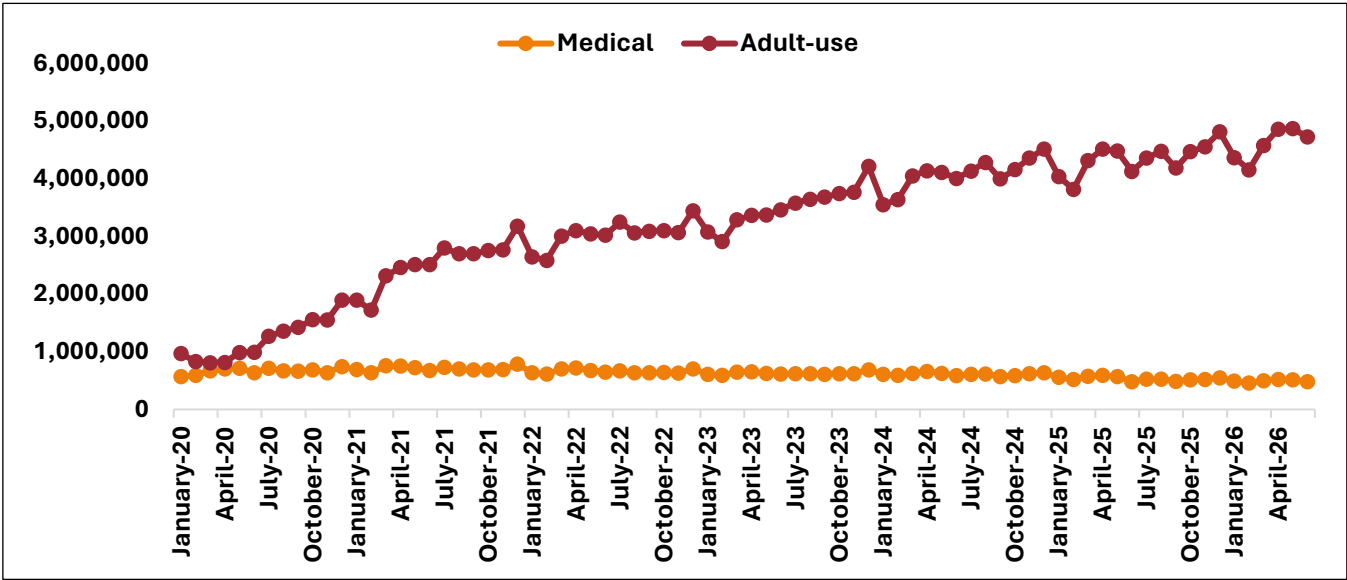
Page 131 provides additional information about enrollment in the Illinois Medical Cannabis Patient Program.

Key takeaway



The cannabis market in Illinois remained overwhelmingly driven by adult-use sales, and medical cannabis sales continue to decline. Following several years of rapid growth, monthly sales were relatively stable during FY2026, suggesting that the market has entered a more mature phase characterized by slower revenue growth and sustained user demand.

Number of retail cannabis items sold per month, by market, Illinois, January 2020–June 2026



Source: State of Illinois. Illinois Cannabis Regulation Oversight Office. <https://cannabis.illinois.gov/research-and-data/sales-figures.html>

Observations and notes: The number of adult-use cannabis retail items sold increased substantially between January 2020 and June 2026, rising from fewer than one million items per month to approximately 4.7 million. Although monthly sales fluctuated, the overall trend remained strongly upward.

Medical cannabis item sales followed a different pattern. Monthly sales generally ranged from about 600,000 to 750,000 items during the earlier years, then gradually declined to roughly 500,000 by mid-2026.

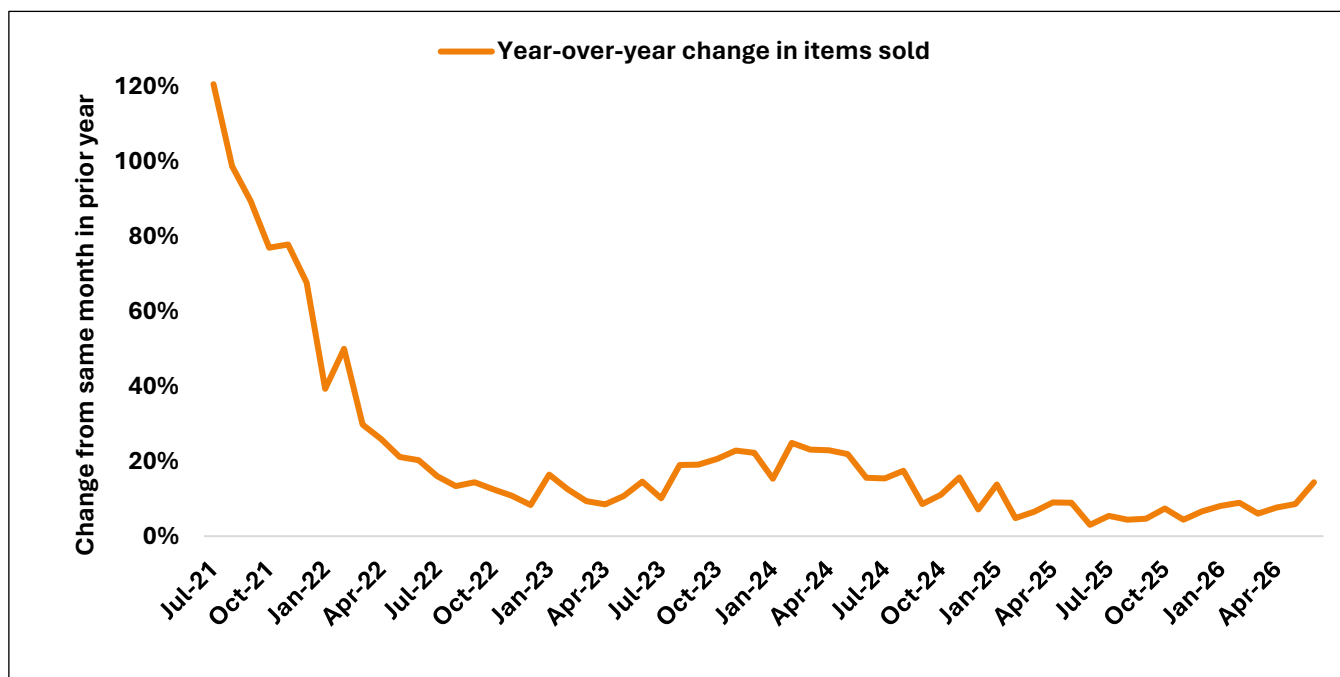
The widening gap between the two markets reflects the continued shift of cannabis purchasing activity toward the adult-use market. The increase in adult-use item volume also helps explain how users can continue purchasing more products even as average prices fall and revenue growth slows.

Key

takeaway

Adult-use cannabis purchasing continued to expand through mid-2026, while medical cannabis item sales gradually declined. Rising product volume alongside falling prices suggests that Illinois’s market is still growing in user activity even as revenue growth moderates.

Year-over-year change in adult-use cannabis items sold, Illinois, July 2021–June 2026



Source: State of Illinois. Illinois Cannabis Regulation Oversight Office. <https://cannabis.illinois.gov/research-and-data/sales-figures.html>

Observations and notes: Year-over-year growth in the number of adult-use cannabis items (for example, vape cartridges, edibles, and concentrates) sold was exceptionally high during the first years of the legal market in Illinois. Growth was approximately 120% in July 2021 and remained above 75% through late 2021 as the sales base established soon after legalization was relatively small.

Growth slowed sharply during 2022, falling from about 67% in January to generally between 10% and 20% during the second half of the year. From 2023 through mid-2024, monthly year-over-year increases fluctuated mostly between approximately 10% and 25%, indicating substantially slower pace of continued expansion.

Beginning in late 2024, growth slowed further. Most monthly increases during 2025 and the first half of 2026 remained below 10%. Notably, growth rose to approximately 14% in June 2026.

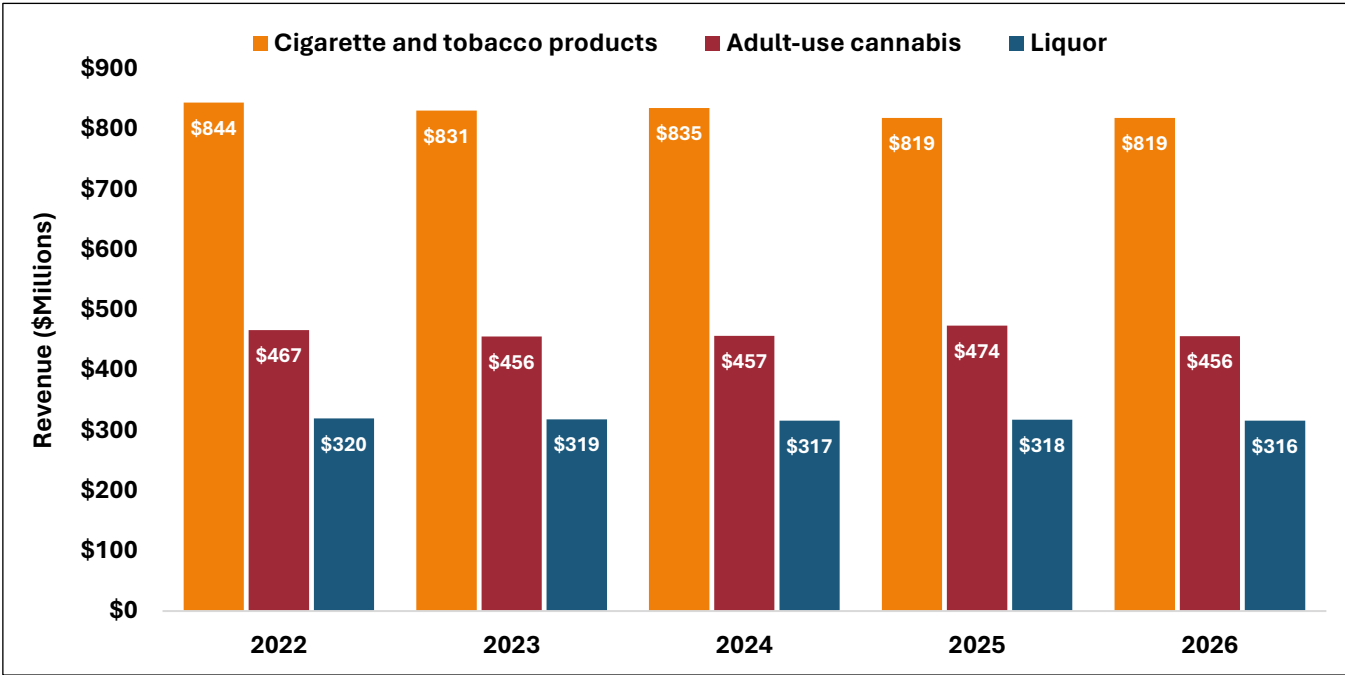
The declining percentages do not indicate that fewer items were sold; rather, they show that increases occurred from an increasingly large and established sales base.

Key takeaway



Illinois's adult-use cannabis market has shifted from rapid post-legalization expansion to slower, more consistent growth. By 2025 and early 2026, year-over-year increases in items sold were generally in the single digits, although growth strengthened modestly in the most recent months.

Illinois tax revenue from adult-use cannabis, tobacco, and liquor, FY2022–FY2026



Source: Illinois Department of Revenue. <https://taxarchive.illinois.gov/research/tax-statistics/collections-monthly-remitted-to-the-state-comptroller.html>

Observations and notes: From FY2022 through FY2026, cigarette and tobacco products generated substantially more Illinois tax revenue than either adult-use cannabis or liquor. Cigarette and tobacco revenue ranged from approximately \$819 million to \$844 million annually, compared with \$456 million to \$474 million from adult-use cannabis and \$316 million to \$320 million from liquor.

Revenue from all three sources remained relatively stable over the five-year period. Cigarette and tobacco revenue declined modestly from \$844.4 million in FY2022 to \$819.1 million in FY2026, a decrease of about 3%. Liquor revenue changed very little, declining from \$320.0 million to \$316.1 million.

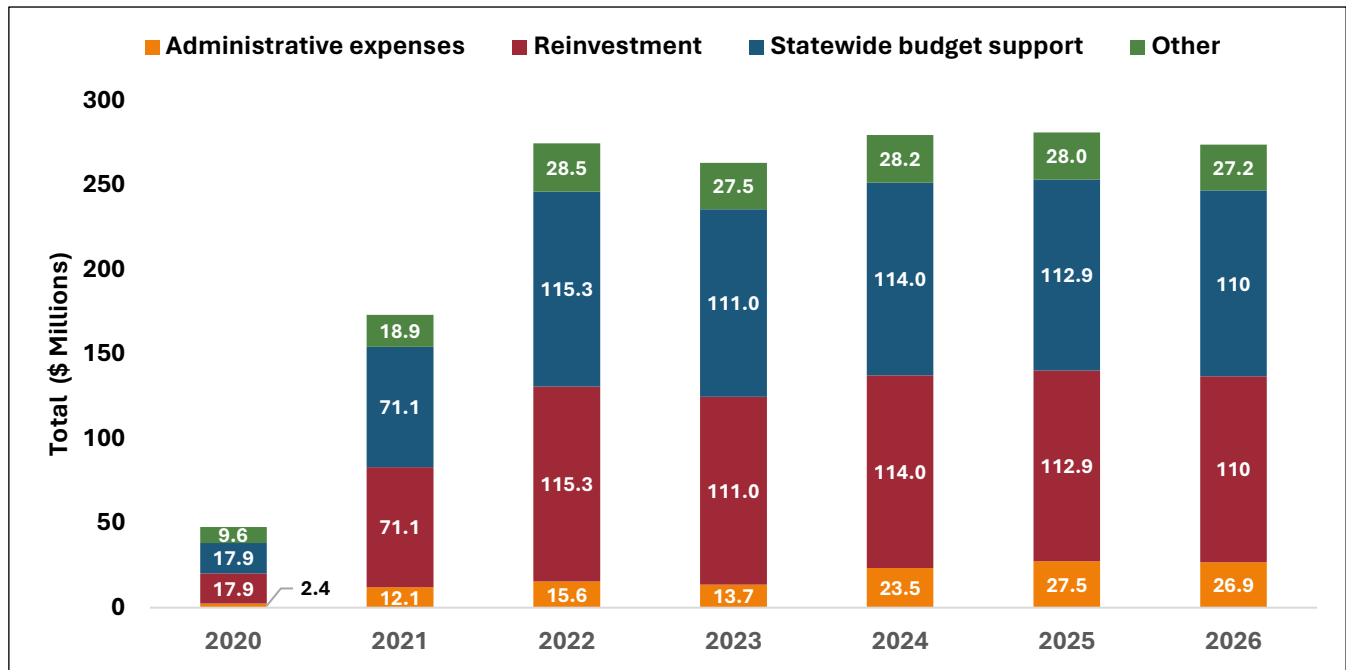
Adult-use cannabis revenue also showed no sustained upward or downward trend. It reached a five-year high of \$474.0 million in FY2025 before declining to \$456.4 million in FY2026. Despite this decrease, cannabis generated approximately \$140 million more revenue than liquor in FY2026. Revenue from cannabis remained well below revenue from cigarette and tobacco products in FY2026.

Key takeaway



Illinois tax revenue from adult-use cannabis remained remarkably stable between FY2022 and FY2026, generally totaling between \$456 million and \$474 million annually. Cannabis consistently generated more revenue than liquor but substantially less than cigarette and tobacco products.

Cannabis Regulation Fund allotments, FY2020–FY2026



Note: These figures represent allocations from the Cannabis Regulation Fund, not total cannabis tax revenue. Portions of total cannabis tax revenue are directed to State funds outside the Cannabis Regulation Fund.

Source: State of Illinois. Illinois Cannabis Regulation Oversight Office. <https://cannabis.illinois.gov/research-and-data/learn-how-cannabis-tax-dollars-are-spent.html>

Observations and notes: In FY2026, the Illinois Cannabis Regulation Fund distributed approximately \$274.1 million, a modest decrease from the record \$281.3 million distributed in FY2025. As in prior years, the largest shares were directed to statewide budget support and reinvestment, each receiving \$110.0 million. These two categories accounted for approximately 80% of all FY2026 allocations.

Administrative expenses decreased slightly from \$27.5 million in FY2025 to \$26.9 million in FY2026. Allocations categorized as Other, including education, public health, prevention, and data collection activities, also declined modestly, from \$28.0 million to \$27.2 million.

Cannabis Regulation Fund allocations increased rapidly during the first several years following legalization, rising from \$47.8 million in FY2020 to \$274.7 million in FY2022. Since then, annual allocations have remained relatively stable, ranging from \$263.2 million to \$281.3 million. The distribution across funding categories has also changed little; Illinois has established a relatively stable allocation structure centered on statewide budget support and community reinvestment.

Key takeaway



In FY2026, Illinois allocated \$274.1 million from the Cannabis Regulation Fund, slightly below the FY2025 record. Statewide budget support and community reinvestment continued to account for about 80% of total allocations.

MORE CANNABIS SOLD, BUT AT LOWER PRICES

Federal law has remained static, while states have led the way—prompting a federal reassessment.

1

MORE ITEMS SOLD



Total cannabis items sold increased

13%

in 2024

56.3 million items in 2024

2

LOWER AVERAGE PRICES



Adult-use flower average price

fell **42%**

from Jan 2020 to Nov 2023

\$17.06 per gram → \$9.47 per gram

3

LIMITED REVENUE GROWTH



Total cannabis sales increased

2.5%

in 2024

\$1.96 billion in 2023 → \$2.00 billion in 2024

KEY REASONS PRICES HAVE DECLINED



MORE DISPENSARIES & COMPETITION

More dispensaries have increased competition and consumer choice.*



LOWER WHOLESALE PRICES & MORE SUPPLY

Wholesale flower prices declined as cultivation capacity expanded and product supply increased.



DISCOUNTS & PROMOTIONS

Retailers increasingly used discounts and promotions, passing savings on to users.



A MATURING MARKET

Rapid early growth has slowed as the Illinois legal cannabis market has matured.



IMPORTANT REPORTING CAVEAT: Illinois implemented a new seed-to-sale tracking system in 2025 that more accurately captures discounts and promotions at checkout. As a result, apparent declines in reported sales after mid-2025 should be interpreted cautiously because part of the decline may reflect improved reporting rather than only lower market prices.

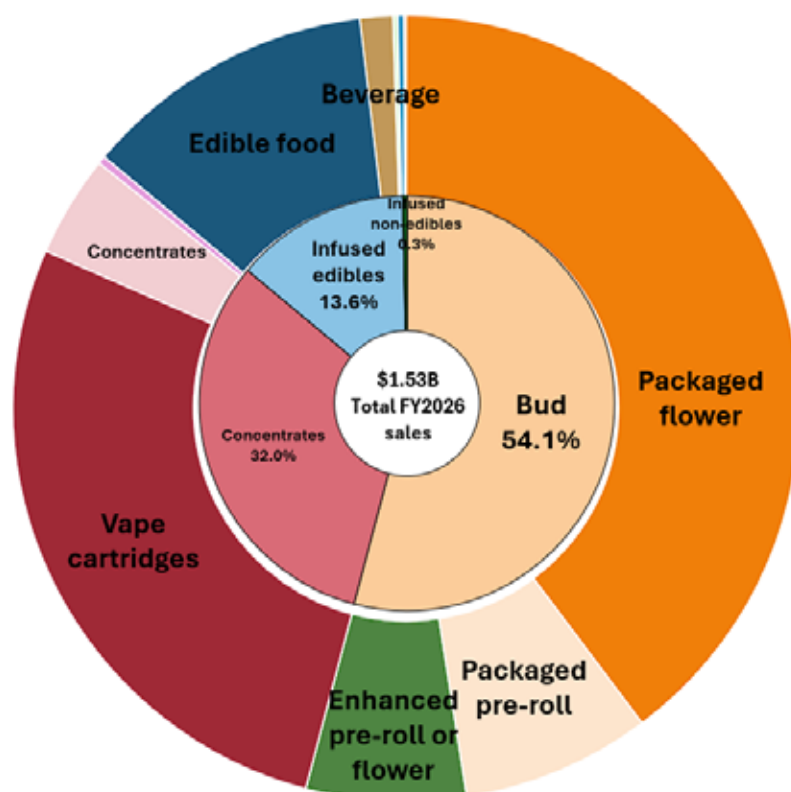


* An Illinois licensing program was established to increase participation in the legal cannabis industry among those disproportionately affected by prohibition and enforcement.

Sources: Illinois Department of Financial and Professional Regulation - Cannabis Regulation Oversight Office (sales and items sold data); Peterson & Janzen, University of Illinois Urbana-Champaign, farmdoc daily. (price analysis); Illinois Department of Financial and Professional Regulation (public statements).

Illinois Department of Commerce and Economic Opportunity.

Total regulated cannabis sales by product category and product form, Illinois, FY2026



Source: State of Illinois. Illinois Cannabis Regulation Oversight Office. <https://cannabis.illinois.gov/research-and-data/sales-figures.html>

Observations and notes: Total regulated cannabis sales in Illinois reached approximately \$1.53 billion in FY2026, combining medical and adult-use purchases. Bud accounted for the largest share of sales (54.1%), followed by concentrates (32.0%), infused edibles (13.6%), and infused non-edibles (0.3%).

Packaged flower was the dominant product form, accounting for about 39.8% of all regulated sales. Vape cartridges were the second-largest product form, accounting for approximately 27.5%, followed by edible food (12.0%), packaged pre-rolls (7.8%), enhanced pre-roll or flower products (6.6%), and concentrates (4.2%).

Within each broad category, sales were highly concentrated in one product form. Packaged flower represented nearly three-quarters of bud sales, vape cartridges accounted for about 86% of concentrate sales, and edible food represented nearly 89% of infused-edible sales.

Medical sales totaled approximately \$164.7 million, compared with \$1.36 billion in adult-use sales. Medical sales therefore represented about 10.8% of total regulated cannabis sales in FY2026.

Key takeaway

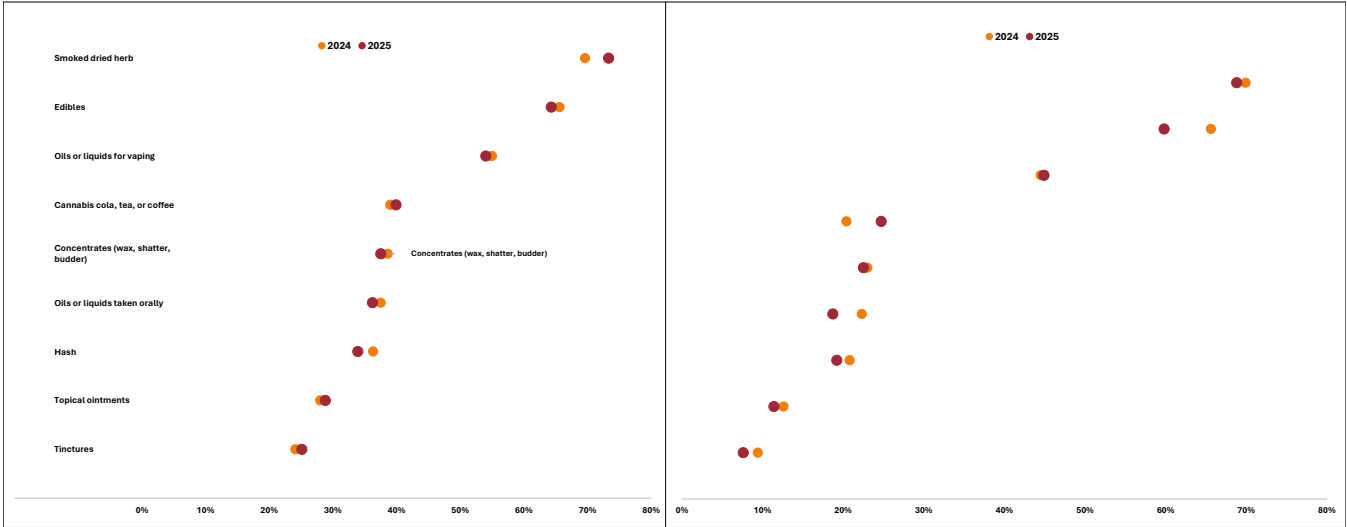


The regulated cannabis market in Illinois remained concentrated in a small number of product forms in FY2026. Bud and concentrates accounted for more than 86% of sales; packaged flower and vape cartridges alone represented roughly two-thirds of total regulated sales.

Cannabis product types purchased by medical and adult-use users, Illinois, 2024 and 2025

Medical users

Adult-use users



Note: Percentages indicate the share of users reporting percentages of each product type. Multiple responses were allowed.

Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Smoked dried herb and edibles were the most commonly purchased cannabis products among both medical and adult-use users in 2024 and 2025. Vaping oils or liquids were also widely purchased, particularly in the medical market.

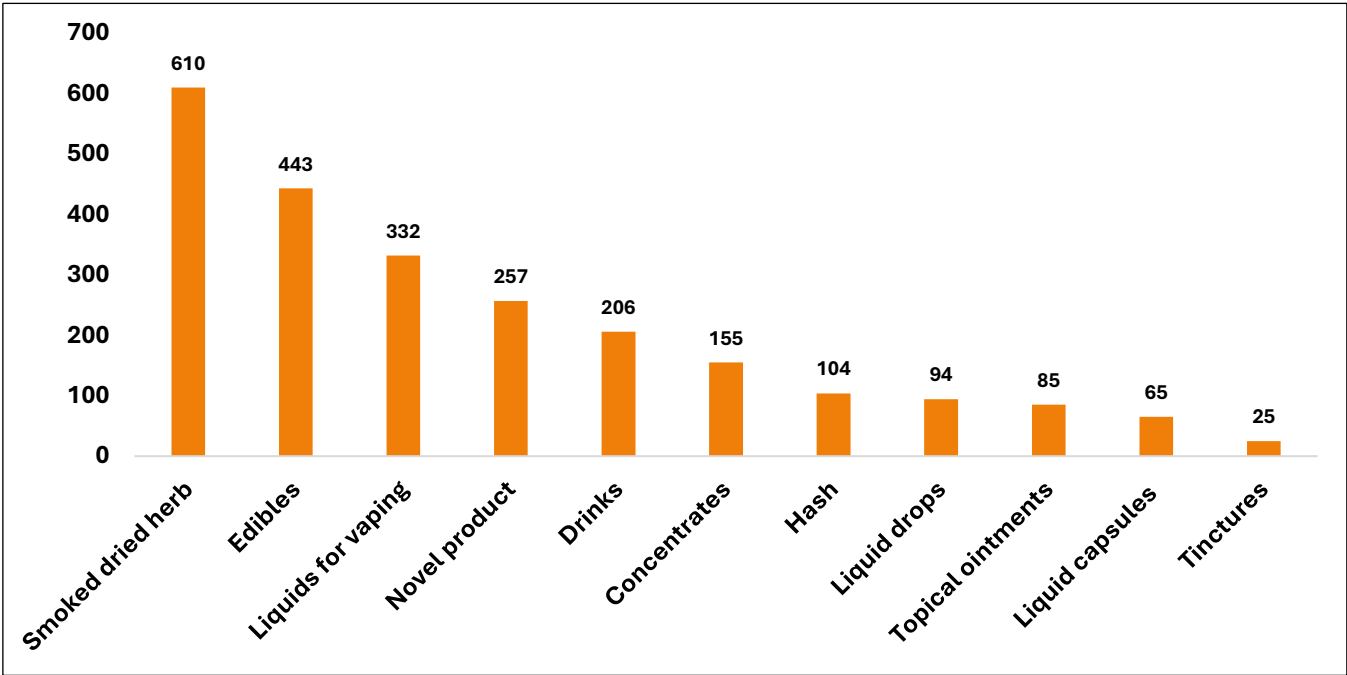
Medical users generally reported purchasing a broader range of product types than adult-use users. The largest differences in amount of product type purchased were in concentrates, hash, cannabis beverages, orally consumed oils or liquids, tinctures, and topical ointments. The broader range of products purchased by medical users may reflect greater use of noncombustible products and products intended for symptom management.

Product-purchasing patterns were largely stable between 2024 and 2025. Among medical users, smoked dried herb increased from 69.6% to 73.3%, while most other product categories changed only modestly. Among adult-use users, edible purchases declined from 65.6% to 59.8%, while purchases of cannabis cola, tea, or coffee increased from 20.4% to 24.7%.

Key
takeaway

Smoked dried herb and edibles remained the leading product types among both groups, but medical users purchased a wider range of cannabis products. Product preferences changed little overall between 2024 and 2025, although edible purchases declined among adult-use users.

Number of buyers and mean annual expenditure by cannabis product type, 2025



Note: Mean annual expenditure estimates are calculated among respondents who reported purchasing each product type. Error bars represent 95% CIs. Wider intervals indicate greater uncertainty, generally reflecting smaller numbers of buyers and greater variation in spending.

Source: International Cannabis Policy Study, Illinois site data (2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: In FY2025, smoked dried herb was purchased by the largest number of respondents (610 buyers) and was also associated with the highest mean annual expenditure (\$853.64; 95% CI: \$720.38–\$986.91).

Edibles were the second most commonly purchased product type (443 buyers), followed by liquids for vaping (332 buyers) and novel products (257 buyers). Mean annual expenditure for these products was lower than for dried herb, ranging from approximately \$265 to \$416.

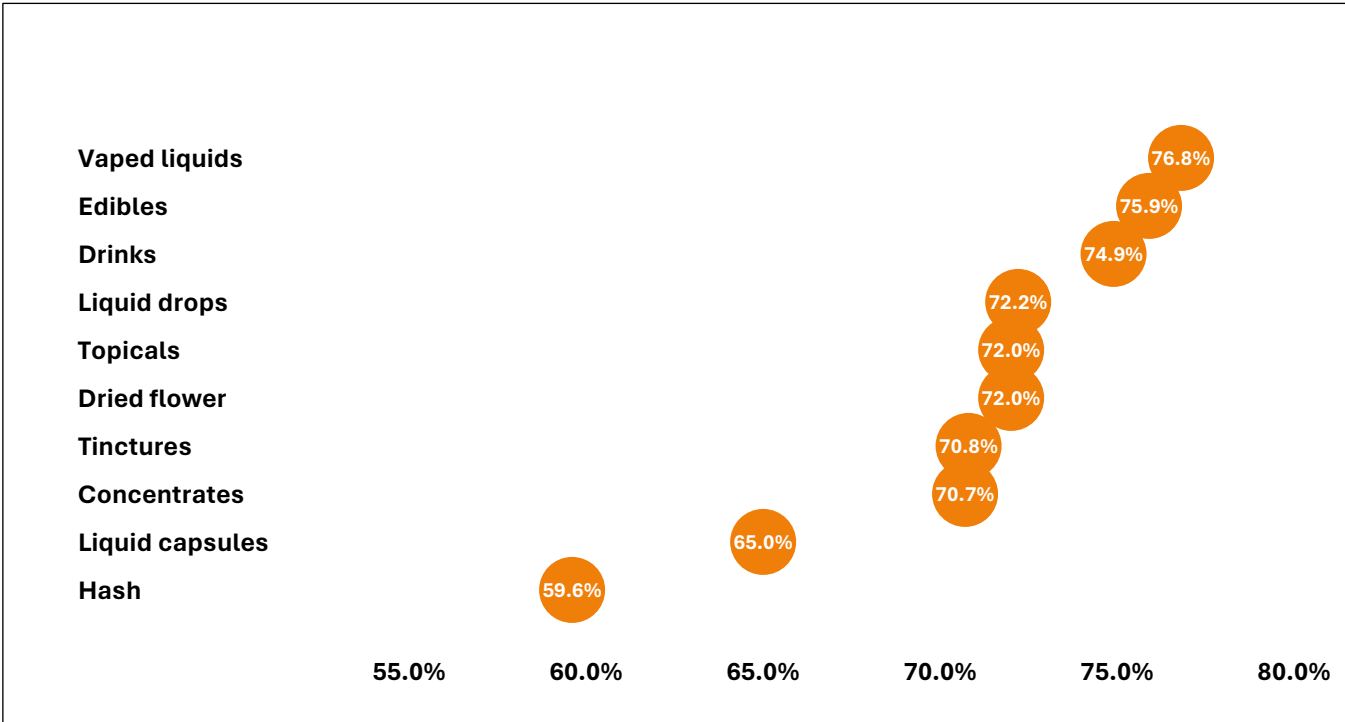
Several less commonly purchased products were associated with comparatively high mean spending among buyers. Mean annual expenditure was approximately \$488 for concentrates (e.g., dabs, waxes, shatter, budder, and similar products), \$455 for liquid capsules, and \$446 for liquid drops, although CIs were wide because relatively few respondents purchased these products.

Tinctures had the fewest buyers (25) and the lowest mean annual expenditure (\$154.94). Drinks also had relatively low mean spending (\$177.61) despite being purchased by more respondents.

Key
takeaway

Smoked dried herb dominated both market reach and spending by medical and adult-use users. Some products purchased by fewer respondents, particularly concentrates and liquid formulations, were nevertheless associated with relatively high annual expenditures among buyers, although these estimates were less precise.

Percentage of cannabis products obtained from legal sources, by product type, Illinois, 2025



Note: Among Illinois respondents reporting past-year purchase of each product type. Percentages are calculated only among respondents who purchased the specified product. Points represent mean percentages; error bars represent 95% CIs.

Source: International Cannabis Policy Study, Illinois site data (2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Among respondents who purchased each product type, the mean percentage obtained from legal sources ranged from 59.6% for hash to 76.8% for vaped liquids.

Legal sourcing exceeded 70% for eight of the ten product types and was highest for vaped liquids, edibles, and drinks.

Hash and liquid capsules had the lowest reported percentages of legal sourcing.

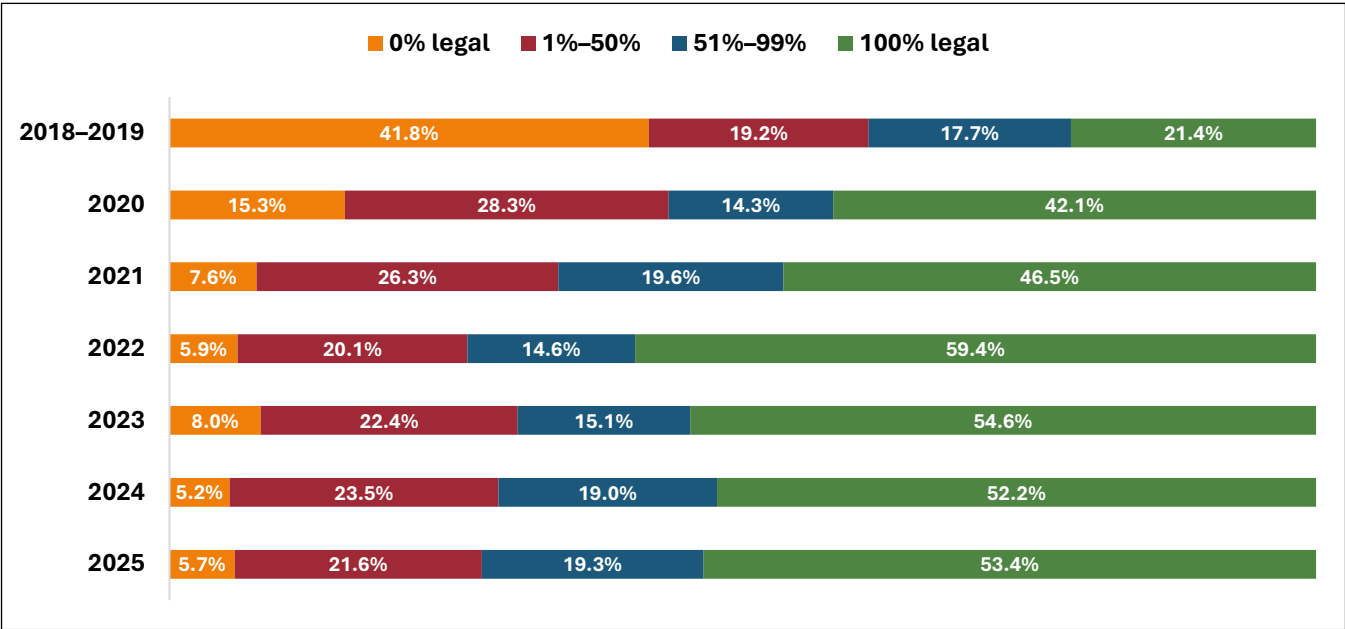
CIs overlapped for many product types, suggesting that most observed differences were modest. The wider interval for tinctures likely reflects fewer purchasers and greater uncertainty.

Key takeaway



Legal sources accounted for most cannabis products purchased in 2025. Sourcing varied by product type. More than 70% of most products were obtained legally, with the highest percentages reported for vaped liquids, edibles, and drinks. Hash and liquid capsules were less commonly obtained from legal sources.

Percentage of cannabis purchased from legal source in the past year, 2018–2025



Source: International Cannabis Policy Study, Illinois site data (2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: The percentage of respondents obtaining all cannabis from legal sources increased sharply after adult-use sales began, rising from 21.4% in 2018–2019 to 59.4% in 2022. Since 2022, exclusive reliance on legal sources has remained above 50%, measuring 54.6% in 2023, 52.2% in 2024, and 53.4% in 2025.

Most cannabis purchases came from legal sources. In 2025, 53.4% of respondents obtained all cannabis legally, while another 19.3% obtained a majority, but not all, of their cannabis from legal sources.

Together, 72.7% of respondents obtained more than half of their cannabis legally in 2025.

The percentage obtaining no cannabis legally declined substantially, from 41.8% in 2018–2019 to 5.7% in 2025.

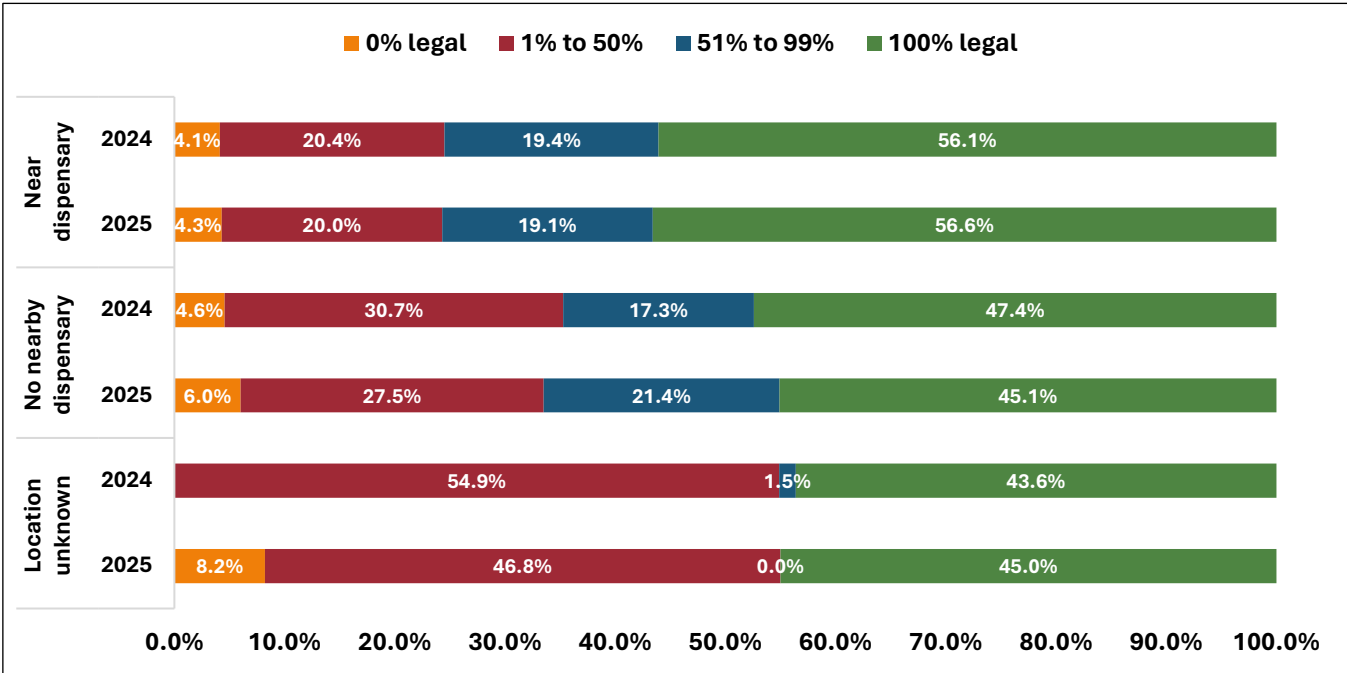
These findings complement results seen on the product-specific chart seen on page 47: legal sources accounted for most purchases within individual product categories, but some respondents also made at least occasional purchases from nonlegal sources.

Key takeaway



The legal market became the primary source of cannabis for most purchasers after adult-use sales began. In 2025, nearly three-quarters obtained a majority of their cannabis legally, although only slightly more than half relied exclusively on legal sources.

Legal cannabis purchasing by cannabis dispensary proximity, 2024–2025



Source: International Cannabis Policy Study, Illinois site data (2024-2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Respondents who reported having a dispensary in their city or town were consistently the most likely to report purchasing all of their cannabis from legal sources (56.1% in 2024 and 56.6% in 2025). They also had the lowest rates of exclusively illicit purchasing (4.1% and 4.3%, respectively).

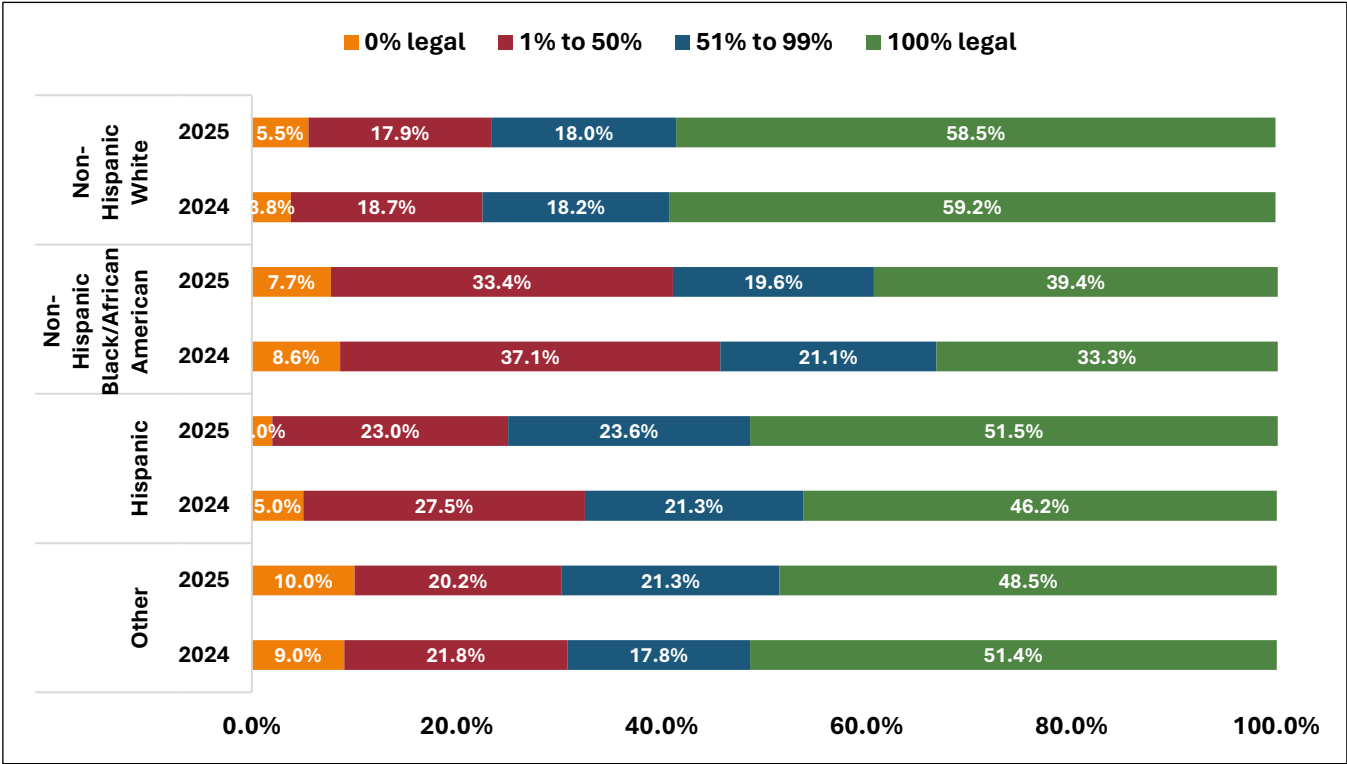
Respondents without a dispensary nearby were less likely to report obtaining all of their cannabis from legal sources (47.4% in 2024 and 45.1% in 2025) and were somewhat more likely to rely on mixed or exclusively illicit sources.

Patterns remained stable across years even while differences by proximity to a dispensary changed little between 2024 and 2025, suggesting that access to legal retail outlets continues to be associated with purchasing behavior.

Key takeaway

Illinois residents who lived near a cannabis dispensary were consistently more likely to obtain all of their cannabis from legal sources than those without nearby access. This finding changed little between 2024 and 2025. Geographic access remains an important factor influencing participation in the legal cannabis market.

Percentage of cannabis used in past year purchased from a legal source, by race/ethnicity, 2024–2025



Note: Percentages are based on respondents who reported purchasing cannabis in the past year. Respondents were classified according to the percentage of all cannabis purchased that came from legal sources. Race and ethnicity categories are mutually exclusive. Percentages may not sum to exactly 100% because of rounding.

Source: International Cannabis Policy Study, Illinois site data (2024-2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: These data indicate that the transition to legal purchasing has not occurred evenly across racial and ethnic groups. Non-Hispanic Black/African American (Black) respondents remained the least likely to rely exclusively on legal sources and the least likely to obtain a majority of their cannabis legally.

Recent movement suggests some narrowing of these differences. From 2024 to 2025, exclusive legal purchasing increased among Black and Hispanic respondents while changing little among non-Hispanic White respondents and declining slightly among respondents in the Other category.

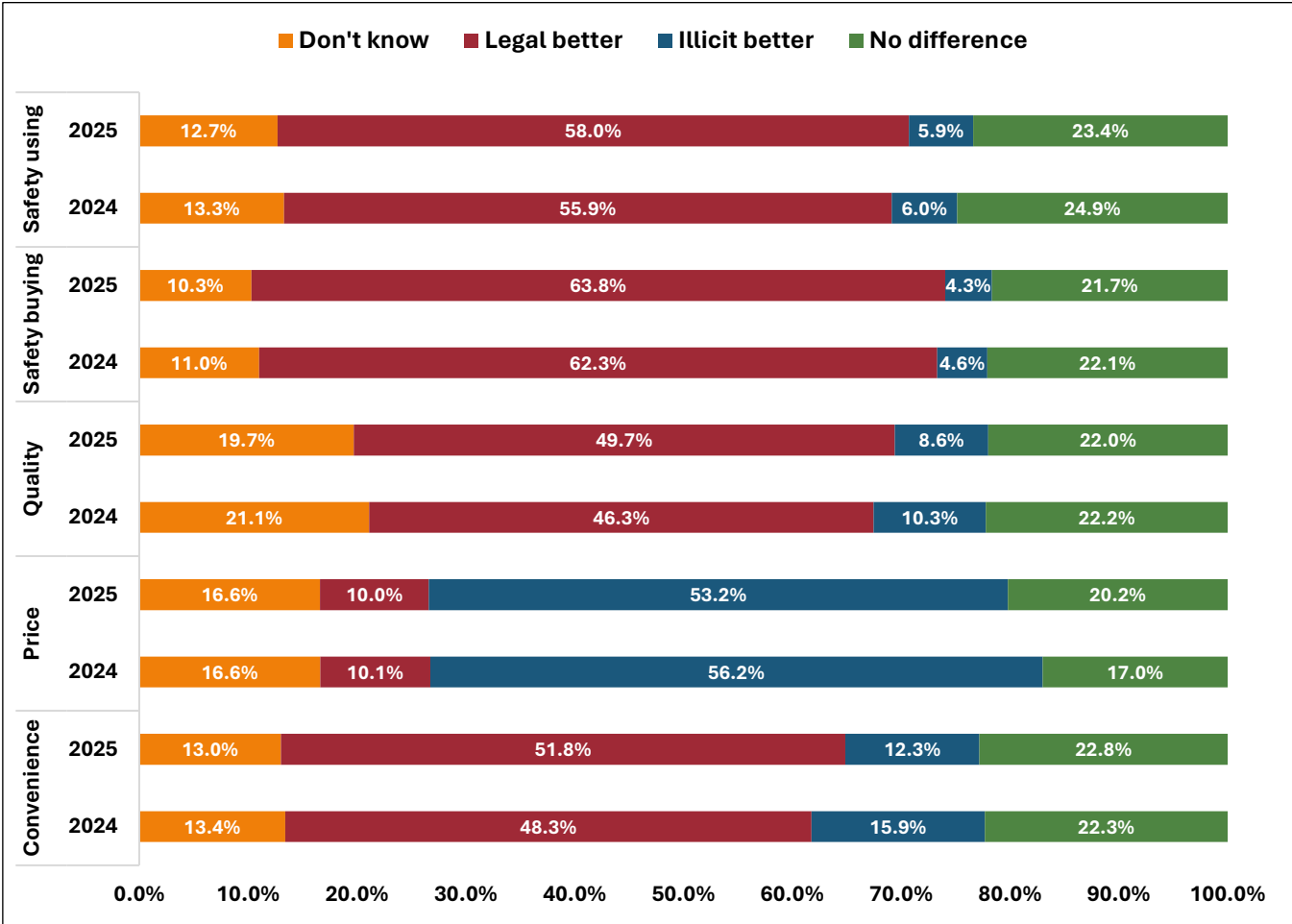
In 2025, 58.5% of non-Hispanic White respondents obtained all cannabis legally, compared with 51.5% of Hispanic respondents, 48.5% of respondents in the Other category, and 39.4% of non-Hispanic Black/African American respondents.

Key takeaway



Most purchasers in every racial and ethnic group obtained most of their cannabis legally, but exclusive reliance on legal sources remained uneven. In 2025, non-Hispanic White respondents were most likely to obtain all cannabis legally, while Black/African American non-Hispanic respondents were least likely to do so.

Perceived differences between legal and illicit cannabis products among past-year cannabis users, 2024–2025



Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Past-year cannabis users generally viewed legal cannabis more favorably than illicit cannabis on safety, quality, and convenience.

In 2025, 58.0% said legal cannabis was safer to use, and 63.8% said it was safer to buy. Only small percentages viewed illicit cannabis as better on either dimension.

Nearly half (49.7%) considered legal cannabis higher quality, compared with 8.6% who favored illicit cannabis.

Price was the clear exception: 53.2% said illicit cannabis was better priced, while only 10.0% said legal cannabis was better priced.

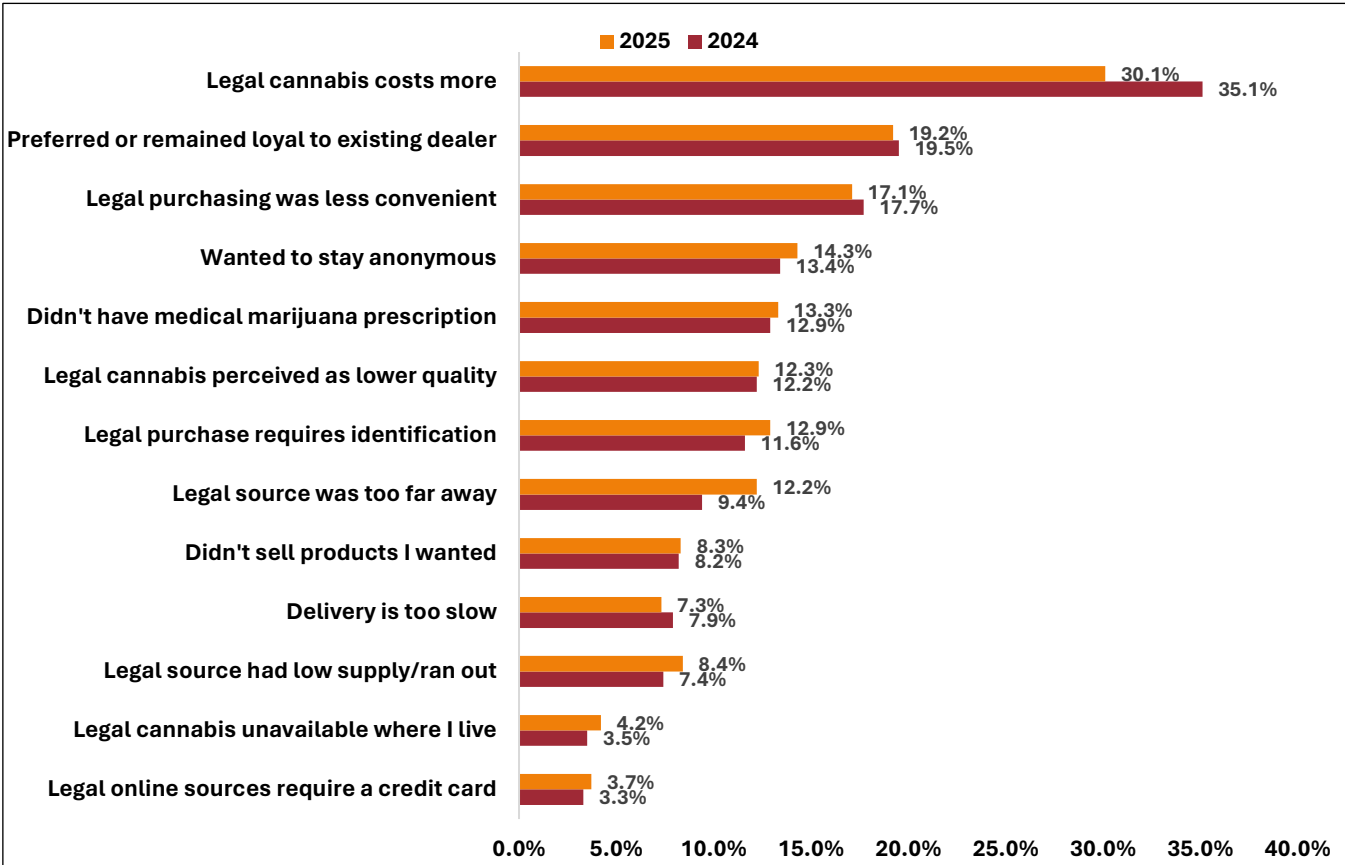
Perceptions changed little from 2024 to 2025, although views on the quality and convenience of legal cannabis improved modestly.

Key takeaway



Consistent with past-year reports, legal cannabis was widely perceived as safer, higher quality, and more convenient, but illicit cannabis retains a strong advantage in perceived price.

Reasons purchased cannabis from an illicit source in the past year, 2024–2025



Note: Percentages are based on respondents who reported purchasing cannabis from an illicit source in the past year. Respondents could select more than one reason; therefore, percentages do not sum to 100%.

Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Most reasons given for purchasing cannabis from an illicit source changed little between 2024 and 2025. Higher prices in the legal market remained the most commonly reported reason, although the percentage citing higher prices declined from 35.1% in 2024 to 30.1% in 2025.

Loyalty to an existing dealer and the perception that legal purchasing was less convenient were the next most common reasons given, reported by about one in five respondents.

The percentage stating that distance to a legal source was their reason for purchasing cannabis from an illicit source increased from 9.4% to 12.2%; the percentage of those citing concerns related to identification requirements, product supply, and legal availability also rose modestly. Product selection, delivery speed, and credit card requirements were among the least commonly reported reasons for illicit purchasing.

Key takeaway



Price remained the leading reason for purchasing cannabis from illicit sources, but convenience, access, and established dealer relationships also continued to play important roles.

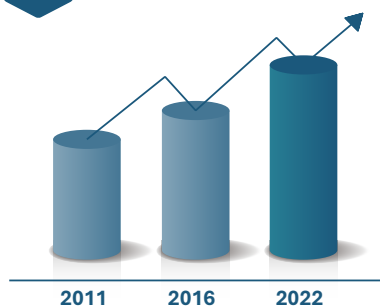
Cannabis use and initiation by youth



YOUTH CANNABIS USE AFTER LEGALIZATION: WHAT SHOULD WE MONITOR?

Illinois findings interpreted in light of current research

1 BEYOND “ANY USE”



Overall prevalence changes among youth are modest and inconsistent after legalization.

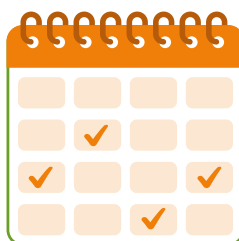
The bigger story is which youth use, how often, and whether use persists.



ILLINOIS FINDING:

Following pandemic declines, initiation and frequent use have rebounded toward or above pre-pandemic levels.

2 FREQUENCY MATTERS



Risk for a range of adverse outcomes increases along a continuum.

Adolescents who use daily or near-daily face the greatest risks.²



ILLINOIS FINDING:

Frequent use (≥20 days/past month) increased among adolescents aged 14–17.

3 PERSISTENCE MATTERS MOST



Cumulative, sustained use during adolescence—not just early initiation—is the strongest predictor of later problems.^{3,4}



ILLINOIS FINDING:

Frequent use (≥20 days/past month) increased among adolescents aged 14–17.

4 POTENCY MATTERS



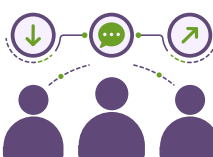
Today's products are often much more potent, and new delivery methods can increase cumulative THC exposure even at similar frequencies of use.⁵



ILLINOIS FINDING:

Concentrates, vapes, and edibles are increasingly common among youth.

5 SOCIAL CONTEXT IS CHANGING



Perceived risk is lower, and social disapproval has declined among young adults.⁶

These shifts may influence youth behaviors over time.



ILLINOIS FINDING:

Youth report lower perceived risk of regular cannabis use.

6 TAKEAWAY: WHAT TO MONITOR



Focus on indicators most closely linked to risk rather than on whether youth use cannabis.

- ✓ Early initiation
- ✓ Frequent use
- ✓ Persistent use
- ✓ High-potency products & new delivery methods



Occasional experimentation is common in adolescence. It is frequent, persistent use—especially with high-potency products and earlier initiation that is most strongly linked to long-term harm.^{2,4}



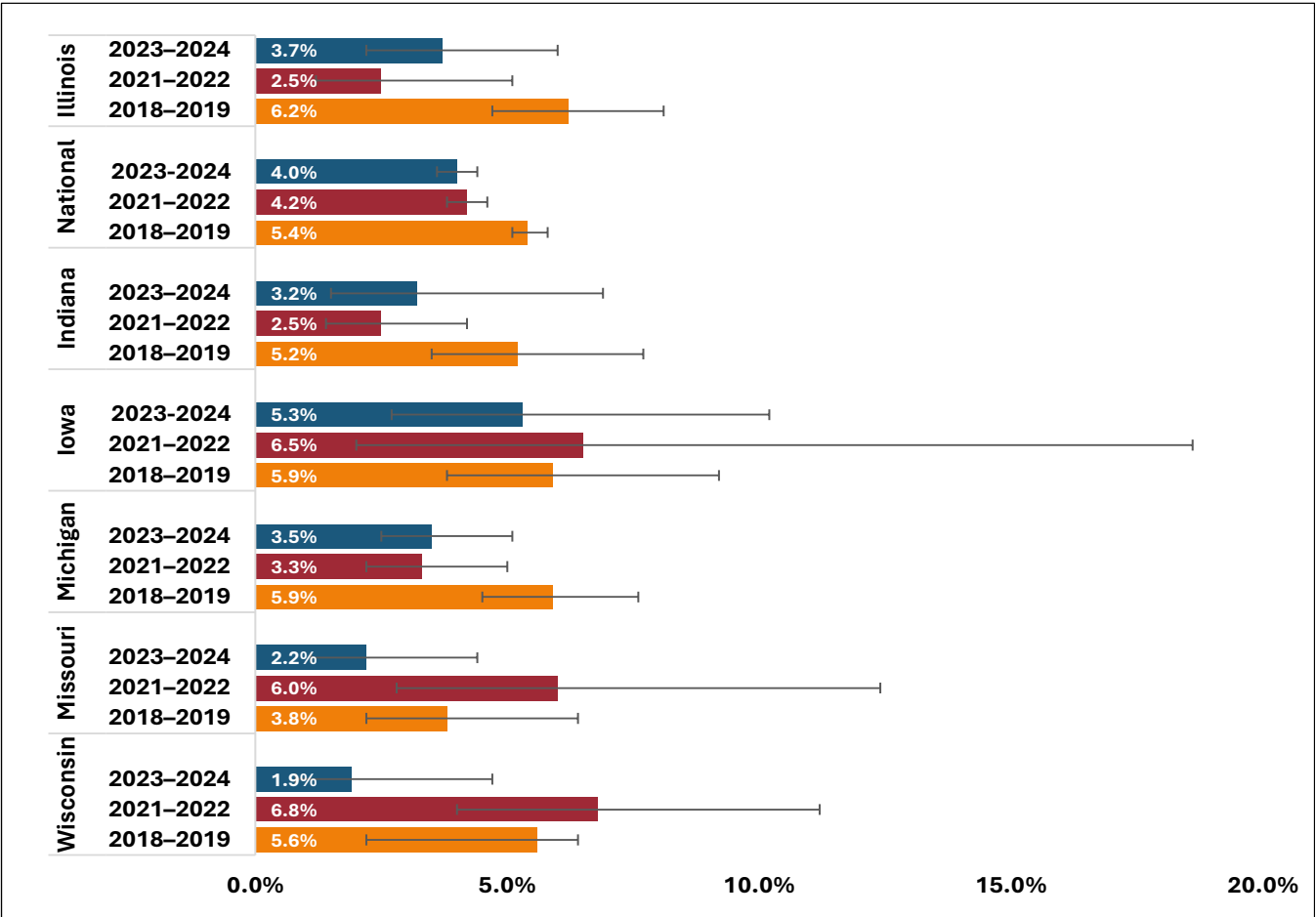
Monitoring these indicators provides the most meaningful picture of youth cannabis-related risk in Illinois and beyond.



REFERENCES

1. Young-Wolff et al., 2026
2. Robinson et al., 2023
3. Silins et al., 2014
4. Copeland et al., 2022; Hammond, 2022
5. Wilson et al., 2019
6. Terry-McElrath et al., 2025

Past-year cannabis use initiation for youth aged 12–17, by neighboring Midwest state and nationally, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis initiation increased in neighboring states. Indiana (2.5% to 3.2%) and Michigan (3.3% to 3.5%) experienced modest increases, while Iowa increased from 5.3% to 6.5%, returning to levels comparable to those observed in 2018–2019. Wisconsin (6.8% to 1.9%) and Missouri (6.0% to 2.2%) showed notable declines.

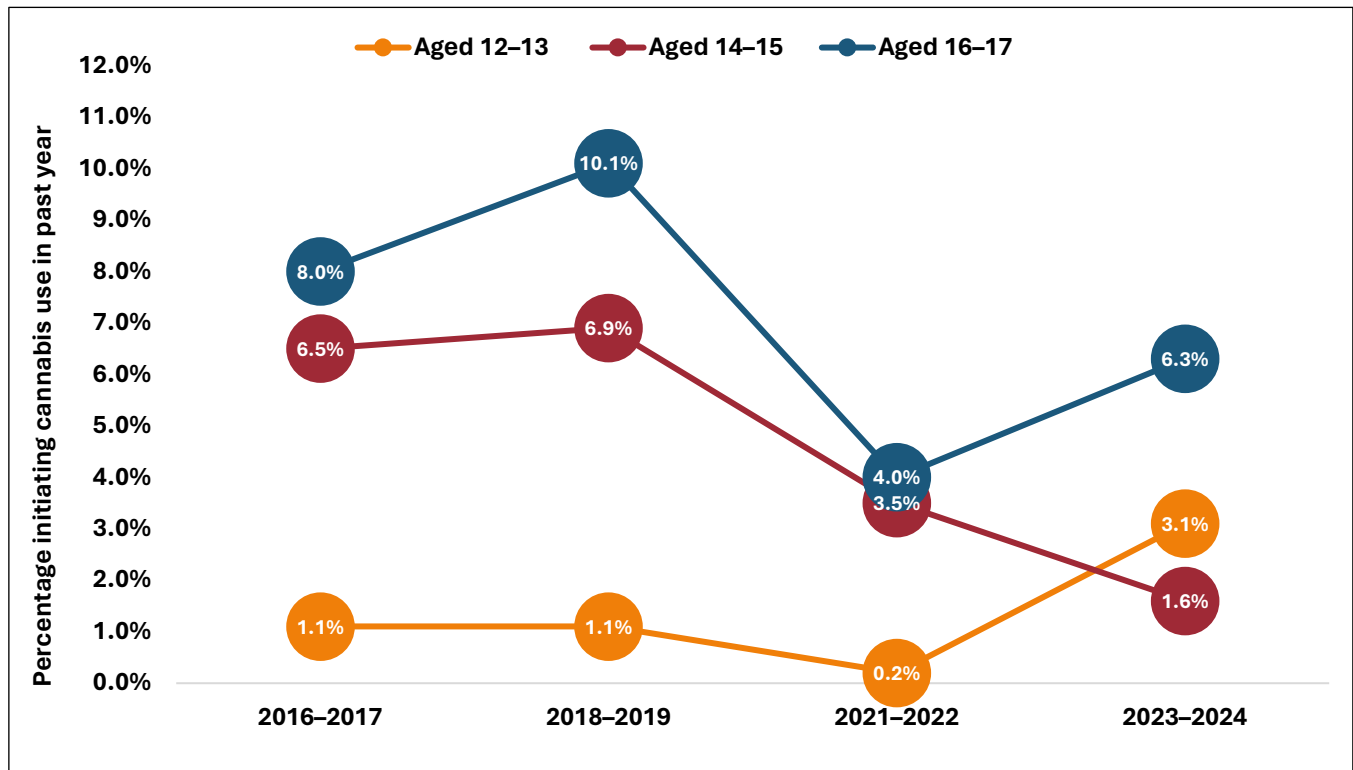
Nationally, youth past-year cannabis initiation remained relatively stable, declining modestly from 4.2% in 2021–2022 to 4.0% in 2023–2024.

The 2023–2024 estimate (3.7%) for Illinois was slightly below the national estimate (4.0%) and below the 2018–2019 Illinois level, although CIs overlap substantially across periods.

Key takeaway

After reaching a low point during 2021–2022, past-year cannabis initiation among Illinois youth aged 12–17 in 2023–2024 increased modestly to 3.7%. Past-year initiation remained below both the state’s pre-legalization estimate (6.2% in 2018–2019) and the national rate (4.0% in 2023–2024). While the recent increase warrants continued monitoring, the broader pattern does not suggest a sustained increase in youth cannabis initiation following legalization.

Past-year cannabis initiation among Illinois youth aged 12–17, by age group, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis initiation among Illinois youth remained generally below pre-legalization levels. Initiation among youth aged 14–15 continued to decline through 2023–2024 and remained well below estimates observed prior to implementation of the Cannabis Regulation and Tax Act. Among youth aged 16–17, initiation also remained below pre-legalization levels despite a modest increase seen during 2023–2024.

Across all survey periods, youth aged 16–17 consistently reported the highest rates of initiation during the previous 12 months. Initiation during the previous 12 months remained relatively uncommon among youth aged 12–13.

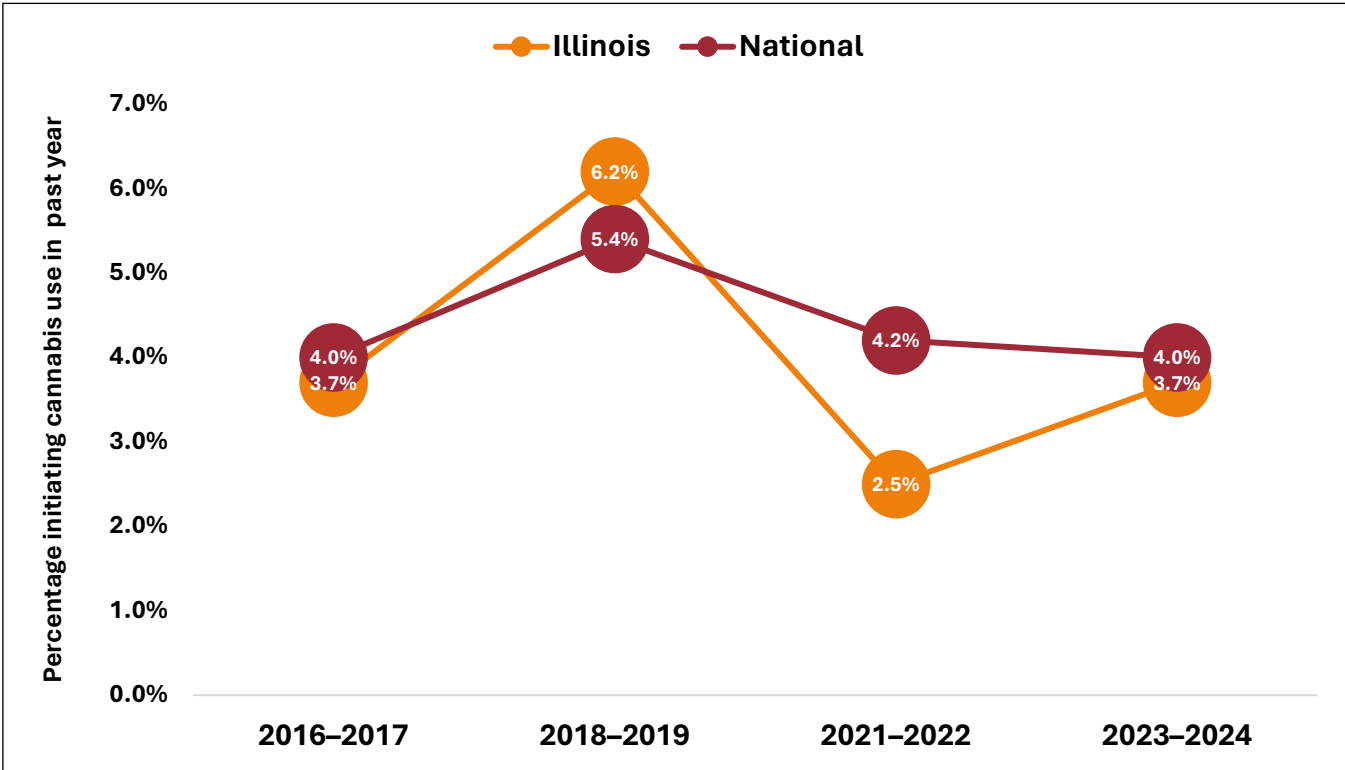
Recent increases among the youngest and oldest adolescents warrant continued monitoring. Compared with 2021–2022, past-year initiation increased among youth aged 12–13 (0.2% to 3.1%) and aged 16–17 (4.0% to 6.3%), while continuing to decline among youth aged 14–15. Although the increases should be interpreted cautiously given sampling variability and CIs, the 2023–2024 estimates suggest that continued surveillance in future survey waves will be important.

Key takeaway



Illinois has not experienced a broad resurgence of youth cannabis initiation following implementation of the Cannabis Regulation and Tax Act. Although initiation remained below pre-legalization levels for most age groups, increases observed in 2023–2024 among youth aged 12–17 warrant continued monitoring in future National Survey on Drug Use and Health survey waves.

Illinois and U.S. trends in past-year cannabis initiation among youth aged 12–17, 2017–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Illinois and national trends in past-year cannabis initiation were remarkably similar. Among youth aged 12–17, past-year initiation followed comparable trajectories in Illinois and nationally across all four survey periods. Estimates for Illinois and the United States converged in 2023–2024 (3.7% vs. 4.0%).

Although Illinois experienced a larger decline than the national estimate between 2018–2019 and 2021–2022, past-year initiation remained similar to the national average in the most recent survey period. These findings do not suggest that Illinois experienced higher rates of past-year cannabis initiation by youth following implementation of the Cannabis Regulation and Tax Act.

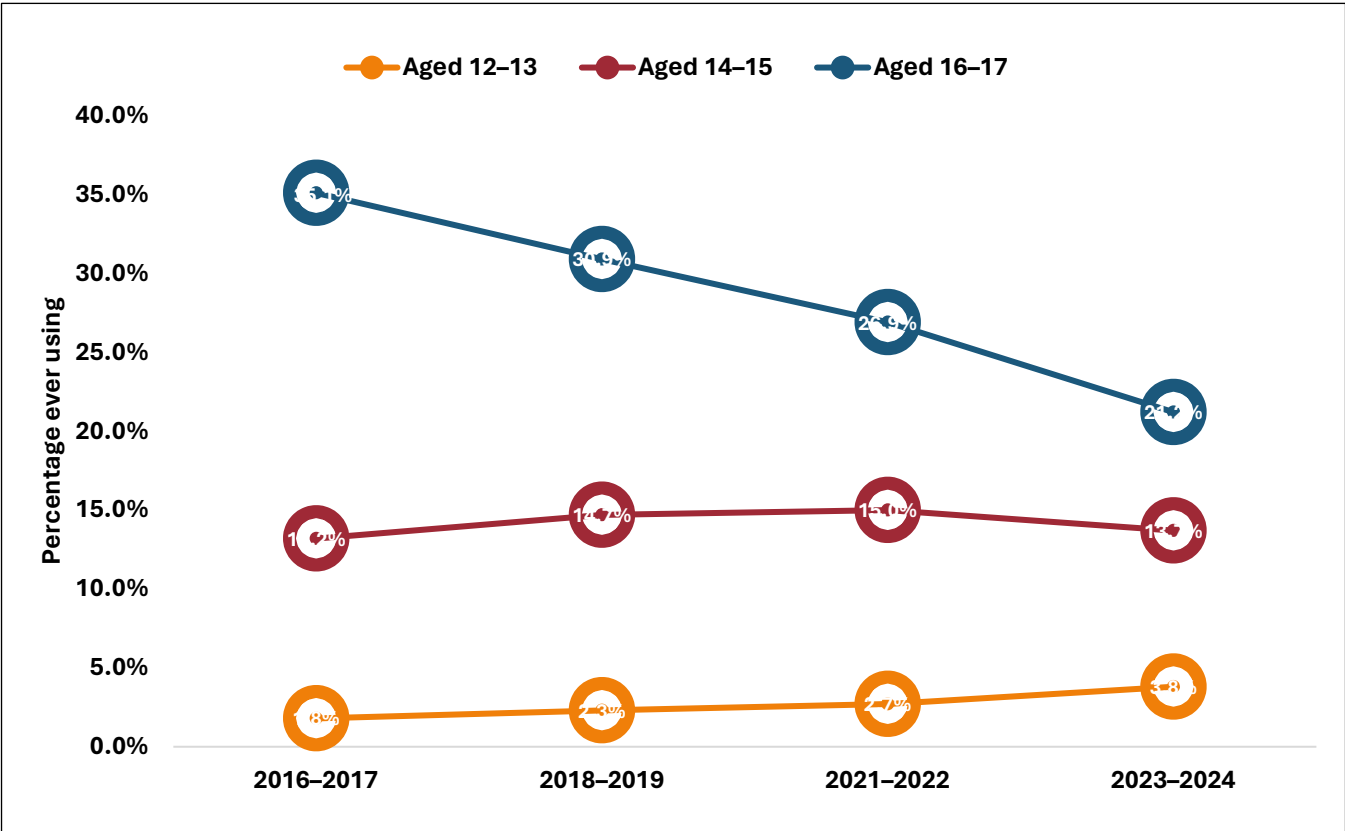
Year-to-year fluctuations were modest. Illinois estimates varied somewhat across survey periods but generally remained within a narrow range and closely tracked national estimates.

Key takeaway



Youth cannabis initiation in Illinois closely mirrored national trends during 2018–2024. Following implementation of the Cannabis Regulation and Tax Act, Illinois did not experience a sustained increase in past-year cannabis initiation relative to that seen in the United States.

Lifetime cannabis use among Illinois youth aged 12–17, by age group, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Lifetime cannabis use among Illinois youth showed no evidence of a broad post-legalization increase. Prevalence remained relatively stable among youth aged 14–15 and declined substantially among those aged 16–17, from 35.1% in 2016–2017 to 21.2% in 2023–2024.

Lifetime cannabis use among youth aged 12–13 increased modestly during 2016–2024, rising from 1.8% to 3.8%. However, the prevalence of lifetime cannabis use among this group remained at fewer than 1 in 20.

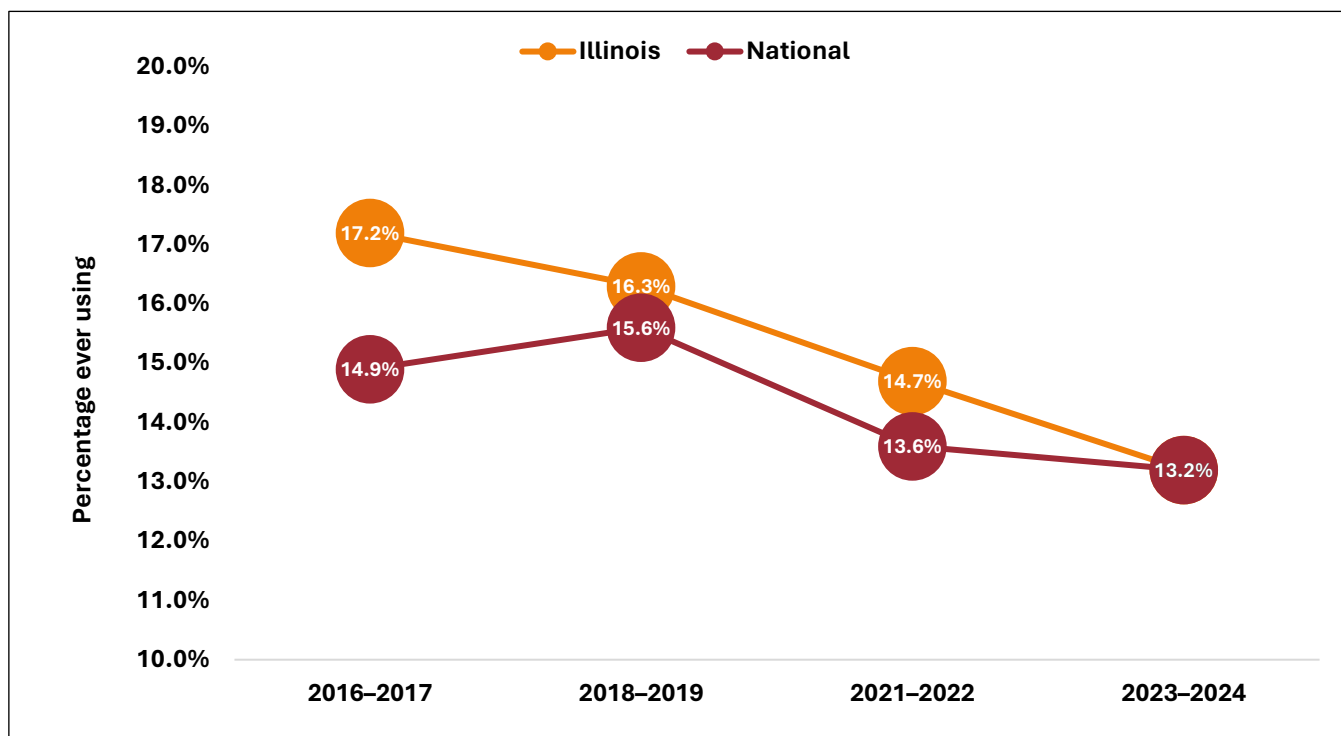
Across all survey periods (2016–2017, 2018–2019, 2021–2022, 2023–2024), lifetime cannabis use increased markedly with age, reflecting the greater cumulative opportunity experienced by adolescents for experimentation.

Key takeaway



Lifetime cannabis use among Illinois adolescents remained stable or declined following implementation of the Cannabis Regulation and Tax Act. The largest reductions occurred among adolescents aged 16–17, while lifetime use among the youngest adolescents remained uncommon despite a modest increase that warrants continued monitoring.

Illinois and U.S. trends in lifetime cannabis use among youth aged 12–17, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: The percentage of Illinois youth aged 12–17 reporting ever using cannabis decreased from 17.2% in 2016–2017 to 13.2% in 2023–2024. This pattern provides no evidence of a broad increase in youth lifetime cannabis use following implementation of the Cannabis Regulation and Tax Act.

Lifetime cannabis use declined in both Illinois and nationally throughout the study period. Illinois began the period with somewhat higher lifetime prevalence than the national average but converged with the national estimate by 2023–2024.

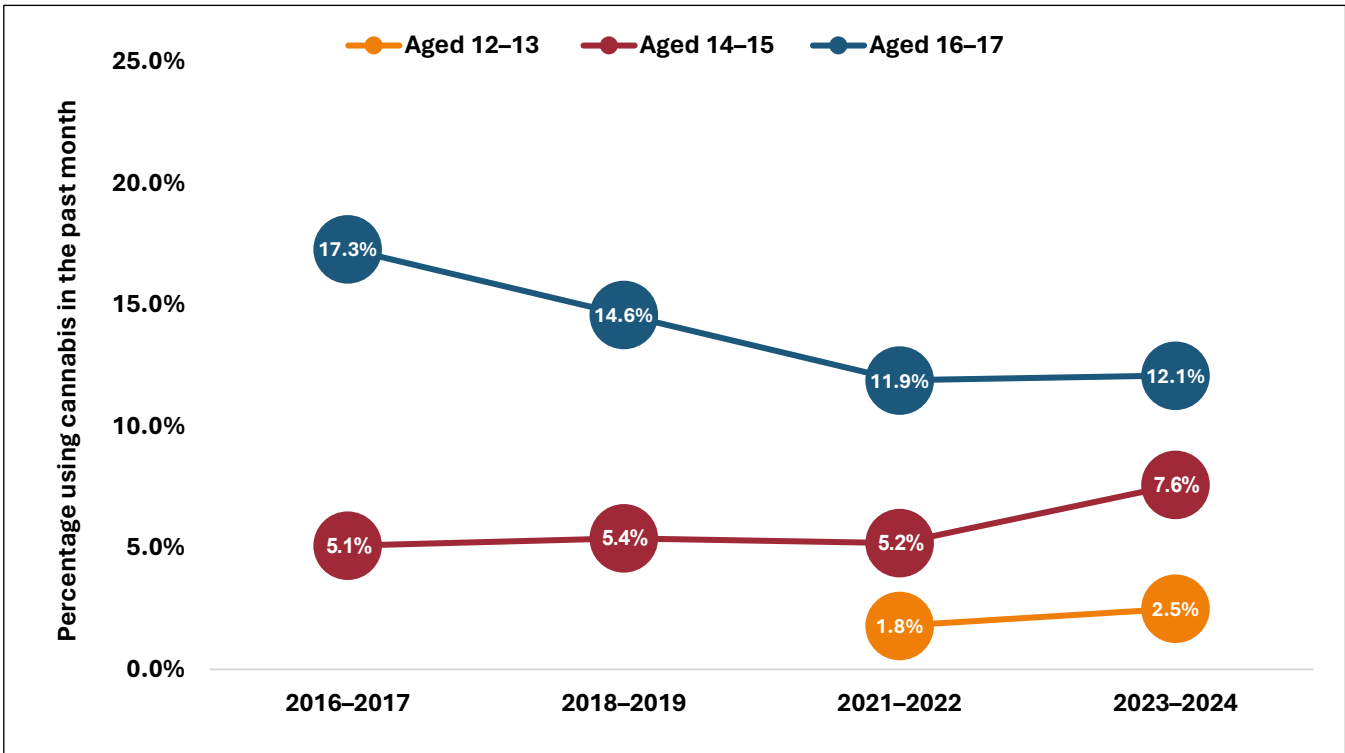
The similarity of state and national trends suggests that broader national influences, rather than Illinois-specific legalization, may have played an important role in shaping recent patterns of cannabis use by youth.

Key takeaway



Lifetime cannabis use among Illinois youth declined steadily following legalization and closely mirrored national trends. By 2023–2024, lifetime cannabis use among Illinois youth was virtually identical to the national average, providing no evidence that legalization in Illinois resulted in a broad increase in youth experimentation with cannabis.

Past-month cannabis use among Illinois youth aged 12–17, by age group, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-month cannabis use remained highest among older adolescents but continued to decline in this group relative to pre-legalization levels. Among youth aged 16–17, past-month cannabis use declined from 17.3% in 2016–2017 to approximately 12% in both 2021–2022 and 2023–2024.

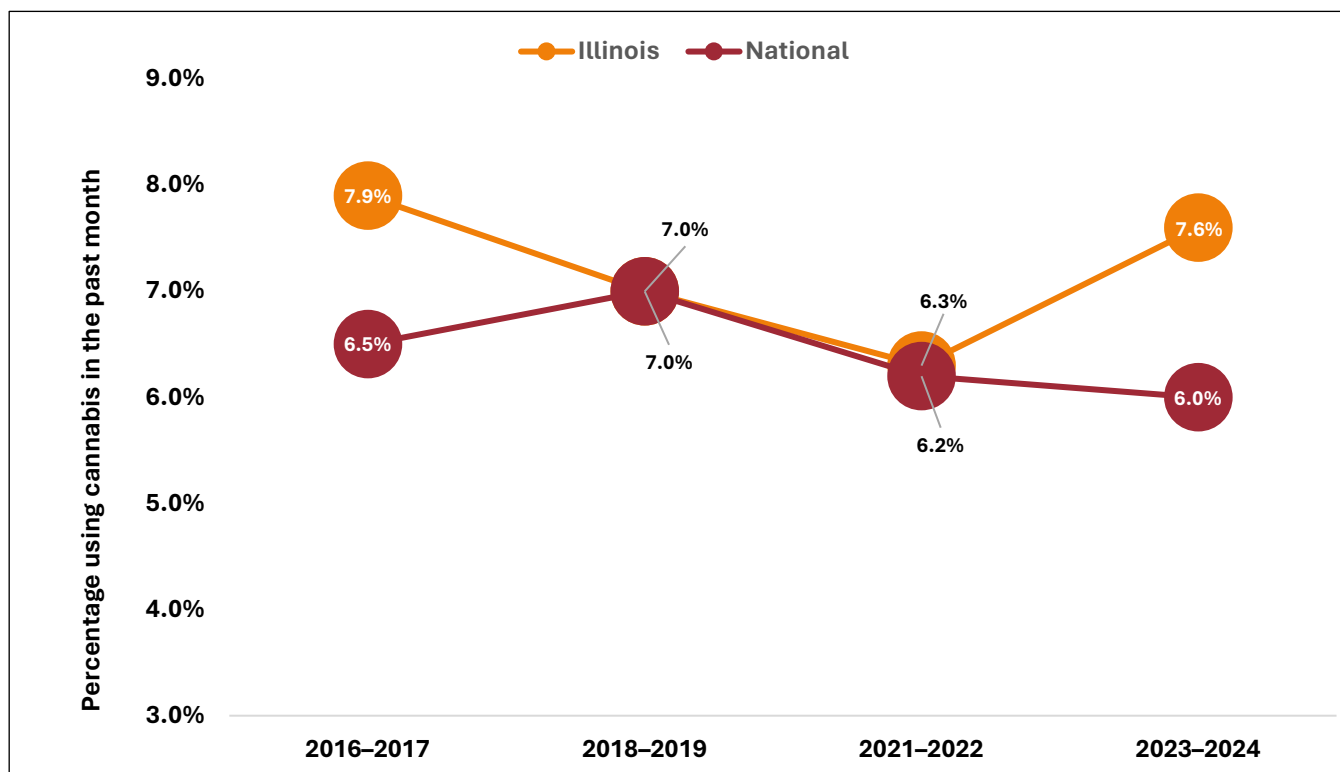
Recent increases among younger adolescents warrant continued monitoring. Among youth aged 14–15, past-month cannabis use remained stable in 2021–2022 before increasing to 7.6% in 2023–2024, exceeding estimates observed prior to legalization. Estimates for youth aged 12–13 could not be reported in 2016–2017 or 2018–2019 because they did not meet National Survey on Drug Use and Health statistical reliability criteria. Importantly, reportable estimates in 2021–2022 (1.8%) and 2023–2024 (2.5%) suggest that cannabis use among the youngest adolescents should continue to be monitored in future survey waves.

Key takeaway



Although past-month cannabis use among older adolescents remained below pre-legalization levels, recent increases among youth aged 12–15 warrant continued surveillance. Whether these findings represent short-term fluctuation or the beginning of a sustained increase will require confirmation in future National Survey on Drug Use and Health survey waves.

Illinois and U.S. trends in past-month cannabis use among youth aged 12–17, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-month cannabis use among Illinois youth remained relatively stable over the study period but increased modestly during 2023–2024. Following declines from 7.9% in 2016–2017 to 6.3% in 2021–2022, it increased to 7.6% in 2023–2024.

Illinois and national trends in past-month cannabis use diverged in the most recent survey period. Illinois and national estimates were nearly identical in 2018–2019 and 2021–2022. However, while the national estimate declined slightly between 2021–2022 and 2023–2024, Illinois experienced a modest increase.

Age-specific analyses suggest that this increase was mostly among younger adolescents. As shown in the preceding figure, recent increases in current cannabis use were observed among youth aged 12–15, while use among those aged 16–17 remained well below pre-legalization levels.

Key takeaway



Past-month cannabis use among Illinois youth remained relatively stable following legalization but increased modestly in 2023–2024, diverging from the continued decline observed nationally. Age-specific analyses indicate that this increase was concentrated among younger adolescents, underscoring the importance of continued surveillance.

Assessing cannabis exposure: Why frequency, quantity, age, and potency matter



Recent cannabis research increasingly converges on several fundamental questions when assessing cannabis-associated health risk: How often is cannabis used? How much is used? At what age does use begin? And how potent are the products being consumed? Together, these dimensions help determine cumulative cannabis exposure and explain variation in cannabis-related health outcomes across individuals. A related framework has been described for a general audience as “How often? How young? How strong is the drug?” (Cha, 2026). Adding quantity used makes the Cha framework more complete for public health surveillance.

Defining frequent cannabis use

In this report, “frequent cannabis use” is defined as self-reported use on 20 or more days in the past 30 days. This cutpoint corresponds to the “daily or almost daily” category used by the Substance Abuse and Mental Health Services Administration in the National Survey on Drug Use and Health and by the Centers for Disease Control and Prevention in its *Morbidity and Mortality Weekly Report* surveillance of cannabis use, and is the standard operational definition used in peer-reviewed analyses of U.S. cannabis frequency trends (Azofeifa et al., 2016). Using this threshold allows Illinois estimates to

be compared directly with national benchmarks and with prior years of state surveillance.

The 20-day threshold is an operational surveillance definition rather than an empirically established threshold at which harm suddenly occurs. Frequency alone does not fully characterize cannabis exposure. The relationship between cannabis use frequency and adverse outcomes is continuous and approximately log-linear, with risk rising smoothly across yearly, monthly, weekly, and daily use categories rather than crossing a single well-defined threshold (Robinson et al., 2023). Nevertheless, SAMHSA’s “daily or almost daily” category identifies the population subgroup in which risk is highest. For daily users, relative to non-users, meta-analytic estimates place the risk of cannabis use disorder at roughly 17-fold. For daily users, relative to weekly users the risk is roughly 8-fold. The absolute risk of developing the disorder rise from approximately 17% at weekly use to 36% at daily use (Robinson et al., 2023). Further, risk of psychosis becomes statistically significant at weekly or more frequent use and rises further at daily use (Robinson et al., 2023). Of note, longitudinal work indicates that after controlling for childhood psychiatric problems and family adversity, only daily (and persistently daily) cannabis use in adolescence predicts adverse

Assessing cannabis exposure: Why frequency, quantity, age, and potency matter

adult psychiatric, substance, and functional outcomes (Copeland et al., 2022). Additionally, daily users use approximately twice as much per use day as near-daily users. The “20 or more days” group captures both greater frequency and greater per-session intensity (Caulkins et al., 2020).

Limitations of using only the frequency measure

Because product potency has risen substantially since legalization and cannabis is now used across a wider range of product types (flower, concentrates, edibles, vape products), frequency alone is an increasingly incomplete indicator of THC exposure and associated risk (Budney et al., 2024). Commercial cannabis products have become substantially more potent than products available decades ago, particularly concentrates and vape products that may exceed 70%–90% THC, making this issue even more important. Recent expert consensus and empirical work suggest that public health surveillance would be strengthened by combining frequency with measures of quantity and product potency; for example, weekly THC dose in standardized units, or flagging any use of high-potency (>10% THC) products (Kritikikos et al., 2025; Oliveras et al., 2025; Thorne et al., 2025).

Age of initiation and persistence of use as determinants of cannabis-associated risk

Varying levels of risk can be associated with one frequency (e.g., daily, weekly) of cannabis use. The levels of risk depend on when use begins and whether it persists into adulthood. Current evidence suggests that adverse outcomes are most strongly associated not simply with early initiation but with high cumulative cannabis

exposure during adolescence, produced by the combination of early onset, frequent use, and persistence of use over time (Hammond, 2022). Frequency-based surveillance is thus most informative when reported alongside age at initiation and persistence of use. An integrative analysis of three large Australian and New Zealand longitudinal cohorts found clear dose-response relationships between the maximum frequency of cannabis use before age 17 and adverse outcomes in young adulthood: relative to never-users, adolescents who used daily before age 17 had roughly 18-fold higher odds of later cannabis dependence, nearly 8-fold higher odds of use of other illicit drug(s), close to 7-fold higher odds of a suicide attempt, and substantially reduced odds of completing high school or attaining a university degree, after adjustment for confounders (Silins et al., 2014). In a separate 20-year U.S. community cohort, only daily use in adolescent and a persistent daily pattern continuing into early adulthood remained significantly associated with adverse adult psychiatric, substance, and functional outcomes after adjustment for childhood psychiatric problems and family adversity; definitions based on less frequent cannabis use (≤ 20 days/month) lost statistical significance in adjusted models (Copeland et al., 2022). Expert reviews likewise concluded that definitions of adolescent cannabis exposure that best capture cumulative lifetime dose (that is, earlier initiation combined with frequent, sustained use) are the strongest predictors of cannabis-associated adverse health outcomes (Hammond, 2022). For Illinois surveillance, these findings mean that trends in past-30-day frequent use among adolescents (aged 12–17) and young adults (aged 18–25) warrant particular attention, and that any observed shifts in these age groups following legalization are of greater public health consequence than equivalent shifts among older adults.

Assessing cannabis exposure: Why frequency, quantity, age, and potency matter

Implications for Illinois surveillance

Current evidence suggests that no single measure adequately captures cannabis exposure. Frequency, age of initiation, persistence of use, quantity consumed, and product potency each contribute to cumulative exposure and associated risk. The preliminary Illinois estimates presented here demonstrate that quantity- and potency-adjusted measures are feasible, but they also depend on self-reported consumption, uncertain potency classifications, and assumptions about how THC content in a product relates to the actual dose. Frequency of use therefore remains the most consistent and comparable statewide surveillance measure, while continued development and validation of quantity- and potency-adjusted measures should remain a priority. The preliminary Illinois example on the following page illustrates one approach to estimating quantity- and potency-adjusted exposure using dried-flower use data from the International Cannabis Policy Study.

References

- Azofeifa, A., Mattson, M. E., Schauer, G., McAfee, T., Grant, A., & Lyerla, R. (2016). National Estimates of Marijuana Use and Related Indicators - National Survey on Drug Use and Health, United States, 2002–2014 *Morbidity and Mortality Weekly Report*, Issue 65 (No. SS-11). doi: 10.15585/mmwr.ss6511a1
- Budney, A. J., Borodovsky, J. T., Struble, C. A., Habib, M. I., Shmulewitz, D., Livne, O., Aharonovich, E., Walsh, C., Cuttler, C., & Hasin, D. S. (2024). Estimating THC Consumption from Smoked and Vaped Cannabis Products in an Online Survey of Adults Who Use Cannabis. *Cannabis & Cannabinoid Research*, 9(2), 688–698. <https://doi.org/10.1089/can.2022.0238>
- Caulkins, J. P., Pardo, B., & Kilmer, B. (2020). Intensity of Cannabis Use: Findings from Three Online Surveys. *International Journal of Drug Policy*, 79, 102740. <https://doi.org/10.1016/j.drugpo.2020.102740>
- Cha, A. E. (2026, June 18). 7 unexpected takeaways from the newest research on cannabis and brain effects. *The Washington Post*. <https://www.washingtonpost.com/health/2026/06/18/7-unexpected-takeaways-newest-research-cannabis-brain-effects/>
- Copeland, W. E., Hill, S. N., & Shanahan, L. (2022). Adult Psychiatric, Substance, and Functional Outcomes of Different Definitions of Early Cannabis Use. *Journal of the American Academy of Child and Adolescent Psychiatry*, 61(4), 533–543. <https://doi.org/10.1016/j.jaac.2021.07.824>
- Hammond, C. J. (2022). Editorial: Early Cannabis Exposure Definitions That Correspond with High Cumulative Lifetime Dose During Adolescence Are the Strongest Predictors of Adverse Health Outcomes. *Journal of the American Academy of Child and Adolescent Psychiatry*, 61(5), 612–614. <https://doi.org/10.1016/j.jaac.2022.02.008>
- Kritikos, A. F., Taylor, B., Lamuda, P., Pollack, H., & Schneider, J. A. (2025). Patterns of Past Month Cannabis Consumption and Cannabis Use Disorder - Insights from a Nationally Representative Survey. *Drug and Alcohol Dependence*, 272, 112680. <https://doi.org/10.1016/j.drugalcdep.2025.112680>
- Melchior, M., Nakamura, A., Bolze, C., Hausfater, F., El Khoury, F., Mary-Krause, M., & Azevedo Da Silva, M. (2019). Does Liberalisation of Cannabis Policy Influence Levels of Use in Adolescents and Young Adults? A Systematic Review and Meta-analysis. *BMJ Open*, 9(7), e025880. <https://doi.org/10.1136/bmjopen-2018-025880>
- Oliveras, C., Guzman Cortez, P. R., Nuno, L., Colom, J., Casajuana Kogel, C., Pascual, F., Fernandez-Artamendi, S., Gual, A., Balcells-Olivero, M., & Lopez-Pelayo, H. (2024). High-Risk Cannabis Use: A Proposal of an Operational Definition Through Delphi Methodology for Scientific Consensus. *European Addiction Research*, 30(5), 288–301. <https://doi.org/10.1159/000540541>
- Robinson, T., Ali, M. U., Easterbrook, B., Hall, W., Jutras-Aswad, D., & Fischer, B. (2023). Risk-thresholds for the Association Between Frequency of Cannabis Use and the Development of Psychosis: A Systematic Review and Meta-analysis. *Psychological Medicine*, 53(9), 3858–3868. <https://doi.org/10.1017/S0033291722000502>
- Silins, E., Horwood, L. J., Patton, G. C., Fergusson, D. M., Olsson, C. A., Hutchinson, D. M., Spry, E., Toumbourou, J. W., Degenhardt, L., Swift, W., Coffey, C., Tait, R. J., Letcher, P., Copeland, J., Mattick, R. P., & Cannabis Cohorts Research Consortium. (2014). Young Adult Sequelae of Adolescent Cannabis Use: An Integrative Analysis. *Lancet Psychiatry*, 1(4), 286–293. doi: 10.1016/S2215-0366(14)70307-4
- Lees Thorne, R. L., Lawn, W., Petrilli, K., Trinci, K., Borissova, A., Ofori, S., Mokrysz, C., Curran, H. V., Hines, L. A., & Freeman, T. P. (2025). Estimating Thresholds for Risk of Cannabis Use Disorder Using Standard THC Units. *Addiction*. 2026 Jan 12. doi: 10.1111/add.70263

A preliminary example from Illinois: Estimating dried-flower consumption and THC content

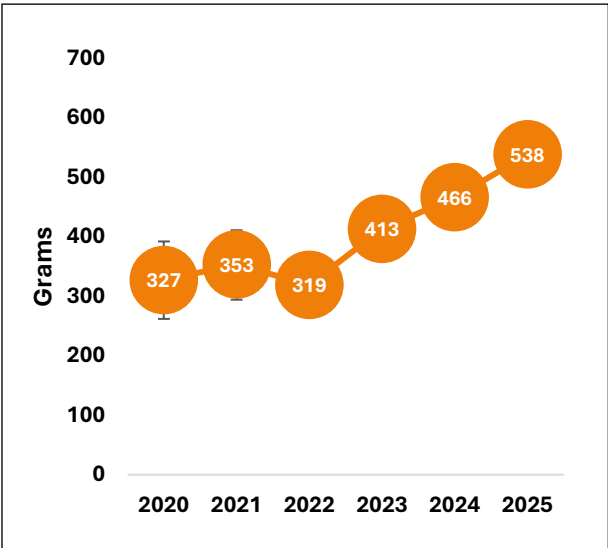
As a preliminary illustration of how quantity- and potency-adjusted surveillance might be implemented, we examined consumption of dried flower among Illinois respondents to the International Cannabis Policy Study from 2020 through 2025. Annual flower quantity was estimated by combining the cleaned number of grams used per day on days when dried flower was used with the reported number of dried-flower use days during the past year. Weighted mean annual dried-flower consumption increased from approximately 327 grams in 2020 to 538 grams in 2025, although the distribution was highly right-skewed, and the mean was influenced by respondents reporting very high levels of consumption.

Estimating THC exposure required additional assumptions. Respondents classified the flower they used most recently as containing no, low, medium, high, or very high THC. Although some survey waves also asked respondents to report a numerical THC percentage, those

estimates were not used as the primary potency measure because many respondents reported implausibly high values for dried flower, and the numerical question was discontinued in 2025. Instead, numerical potency values were assigned consistently to the qualitative categories across all years. In the central scenario, qualitative potency categories were assigned values of 0% for no THC, 5% for low THC, 12.5% for medium THC, 20% for high THC, and 27.5% for very high THC. Respondents who selected “don’t know” or declined to report potency were assigned the year-specific mean assigned potency among respondents who selected one of the five qualitative categories.

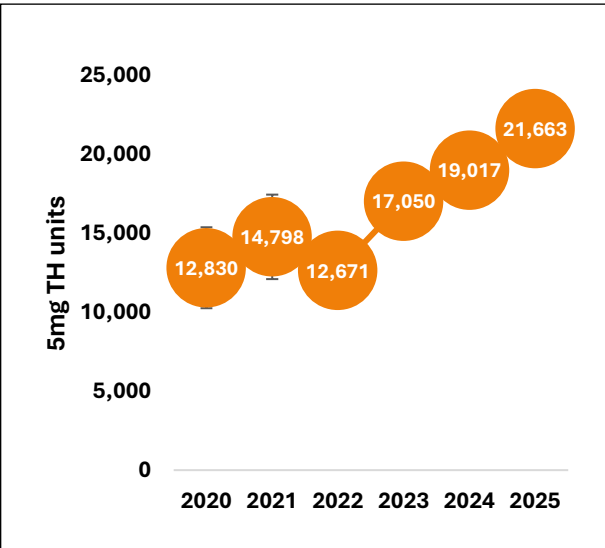
Under the central set of potency assumptions, weighted mean annual THC content increased from approximately 12,830 standardized 5-mg THC-content units in 2020 to 21,663 units in 2025, an increase of about 69%. Alternative category-to-potency assignments produced nearly identical trends, indicating that the

Panel A: Weighted mean annual dried-flower consumption, among Illinois dried-flower users, grams



Source: International Cannabis Policy Study, 2020–2025

Panel B: Weighted mean annual 5-mg THC-content units in dried flower among Illinois flower users



Source: International Cannabis Policy Study, 2020–2025

A preliminary example from Illinois: Estimating dried-flower consumption and THC content

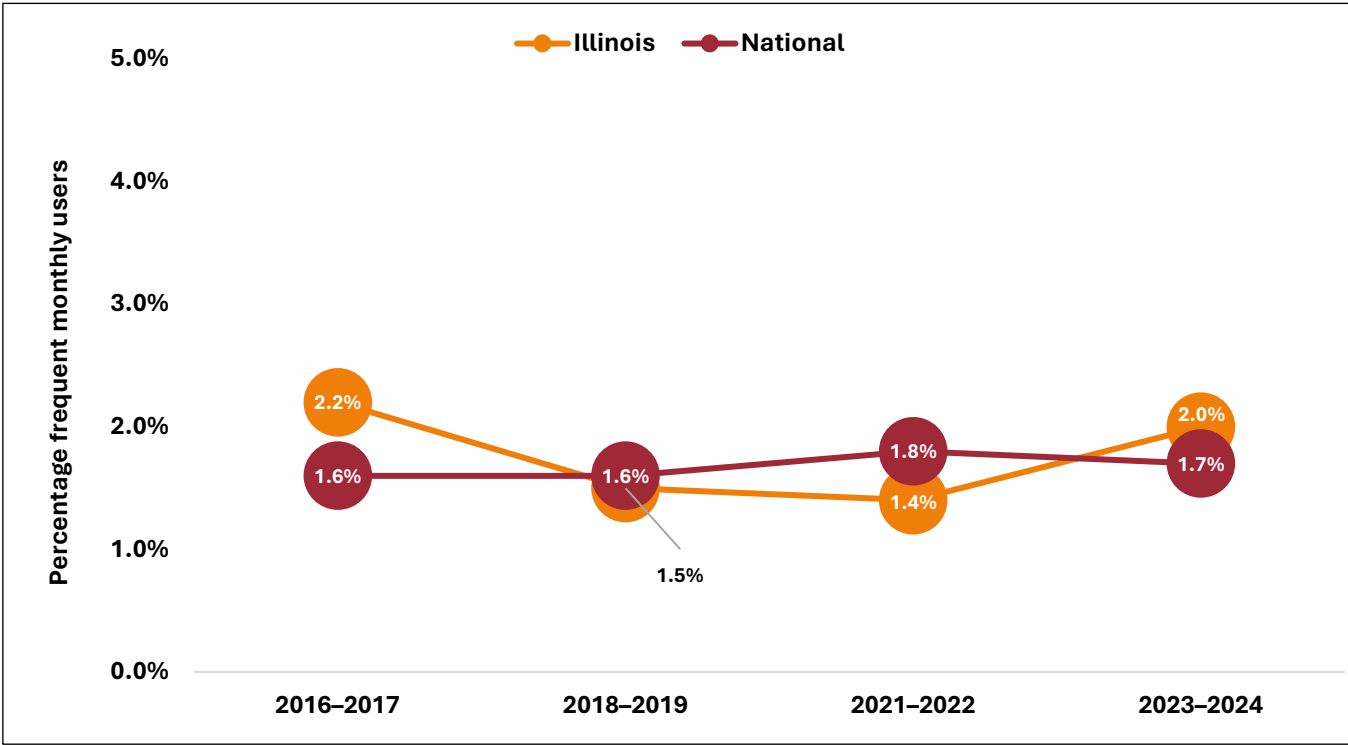
increase primarily reflected growth in the reported amount of dried flower consumed rather than substantial changes in assigned potency.

These estimates should be interpreted cautiously. They represent the amount of THC theoretically contained in the reported dried flower, not the amount inhaled, absorbed, or delivered to the bloodstream. Certain factors substantially reduce the amount of THC actually received by the user, including combustion, sidestream smoke, incomplete inhalation.

Five-mg THC-content units derived from dried flower therefore should not be interpreted as equivalent to 5-mg edible servings, discrete doses, or separate consumption events. Because each gram of dried flower may contain many 5-mg THC-content units, annual unit totals can appear large even though they do not represent the amount absorbed by the body. This analysis is preliminary and illustrates both the promise and the measurement challenges in moving beyond frequency-based surveillance.



Illinois and U.S. trends in frequent cannabis use (≥20 days in the past month) among youth aged 12–17, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Frequent cannabis use among Illinois youth remained uncommon throughout 2016–2024. Between 2016–2017 and 2023–2024, the percentage of youth aged 12–17 reporting cannabis use on more than 20 days during the past month remained between 1.4% and 2.2%.

Illinois closely tracked national estimates. Frequent cannabis use among Illinois youth was similar to national estimates across all survey periods, with only modest year-to-year fluctuations and no sustained divergence following implementation of the Cannabis Regulation and Tax Act.

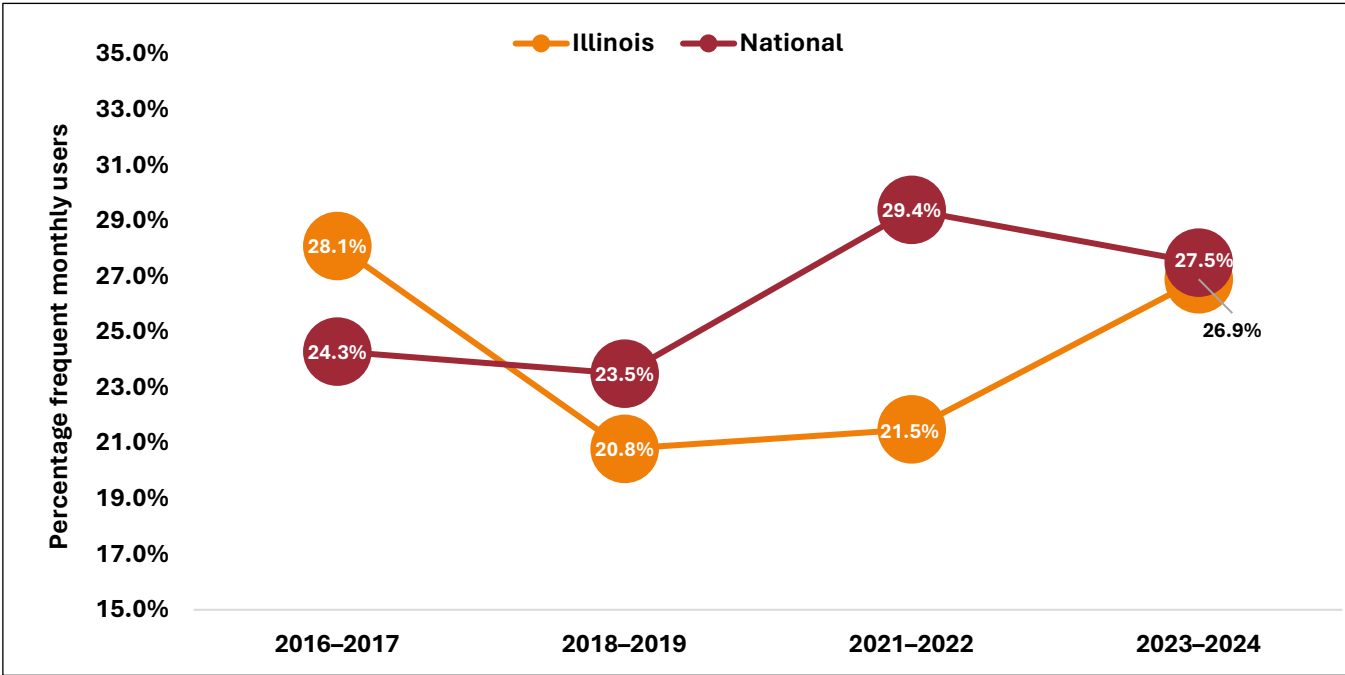
Age-specific estimates could not be reliably reported. Because of National Survey on Drug Use and Health statistical reliability and disclosure requirements, age-stratified estimates of frequent cannabis use among adolescents were not consistently reportable across survey periods. Consequently, frequent use is presented for youth aged 12–17 overall.

Key takeaway



Frequent cannabis use is the pattern of use most strongly associated with adverse health outcomes. Frequent use remained uncommon among Illinois youth and closely paralleled national trends throughout the study period. Despite modest fluctuations in past-month cannabis use, these findings provide no evidence of a sustained increase in frequent adolescent cannabis use following legalization.

Illinois and U.S. trends in frequent cannabis use (≥ 20 days), 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: The proportion of Illinois adolescents who used cannabis in the past month reporting cannabis use on 20 or more days during the past month declined from 28.1% in 2016–2017 to approximately 21% during 2018–2022 before increasing to 26.9% in 2023–2024. National estimates exhibited a similar pattern.

Among U.S. youth reporting past-month cannabis use, frequent use was relatively stable in 2016–2019, increased in 2021–2022, and remained elevated in 2023–2024. In the most recent survey period, Illinois and national estimates were nearly identical.

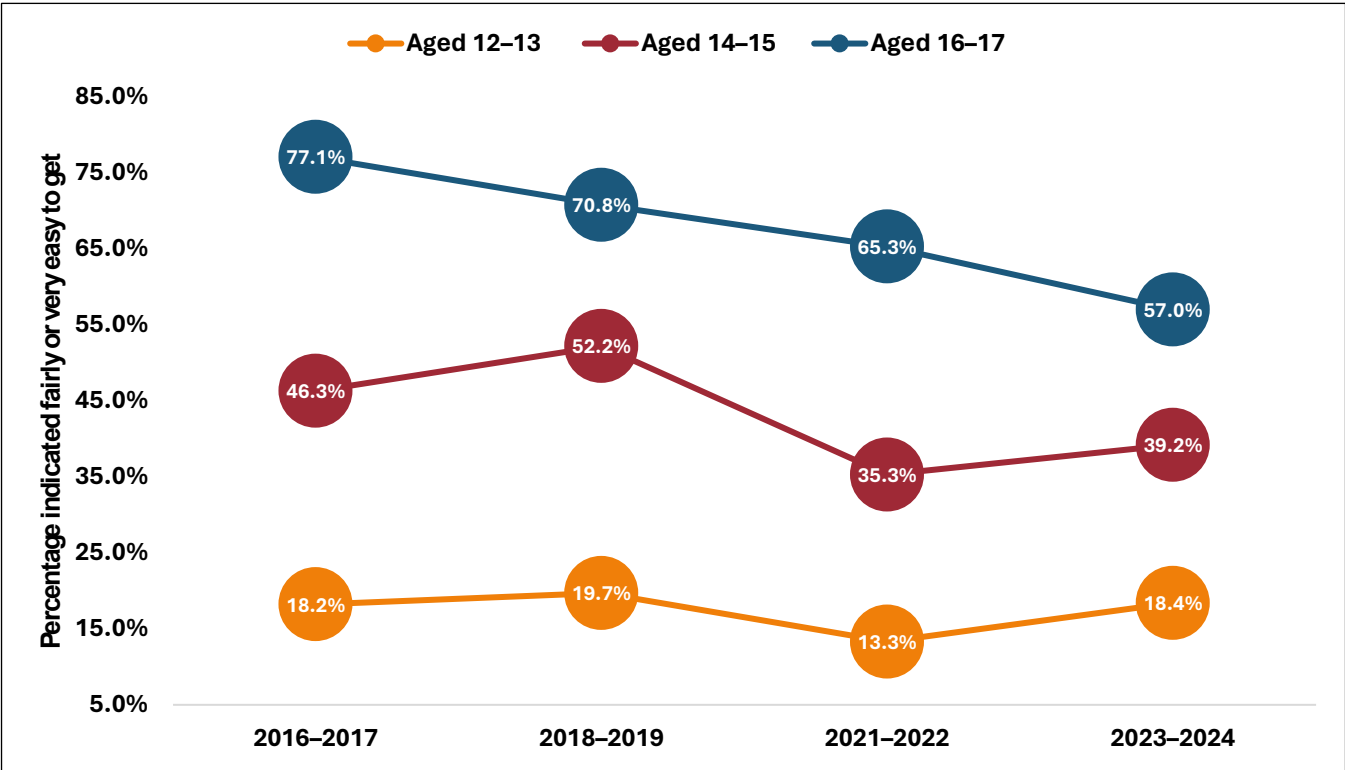
These findings suggest that recent increases in youth cannabis use may reflect both a modest increase in the number of adolescents reporting current cannabis use and a rebound in the frequency of use among current users. While most indicators remain at or below pre-legalization levels, the recent upward movement across multiple measures suggests that the declines observed during the early post-legalization period have moderated.

Key takeaway



Among Illinois adolescents reporting current cannabis use, the prevalence of frequent (≥ 20 days) use rebounded in 2023–2024 to near pre-legalization levels. Considered alongside recent increases in current cannabis use among younger adolescents, these findings suggest that the declines observed immediately following legalization have moderated.

Percentage of Illinois youth aged 12–17 stating that cannabis would be “fairly or very easy” to get, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Perceived ease of obtaining cannabis increased with age across all survey periods. Youth aged 16–17 consistently reported the greatest perceived access to cannabis, while youth aged 12–13 reported the lowest. In 2023–2024, 57.0% of youth aged 16–17 indicated that cannabis would be fairly or very easy to obtain, compared with 39.2% of youth aged 14–15 and 18.4% of youth aged 12–13.

Perceived availability of cannabis generally declined over the study period. The largest decline occurred among youth aged 16–17, for whom perceived easy access fell from 77.1% in 2016–2017 to 57.0% in 2023–2024. Youth aged 14–15 also reported lower perceived availability overall despite a modest increase in the most recent survey period.

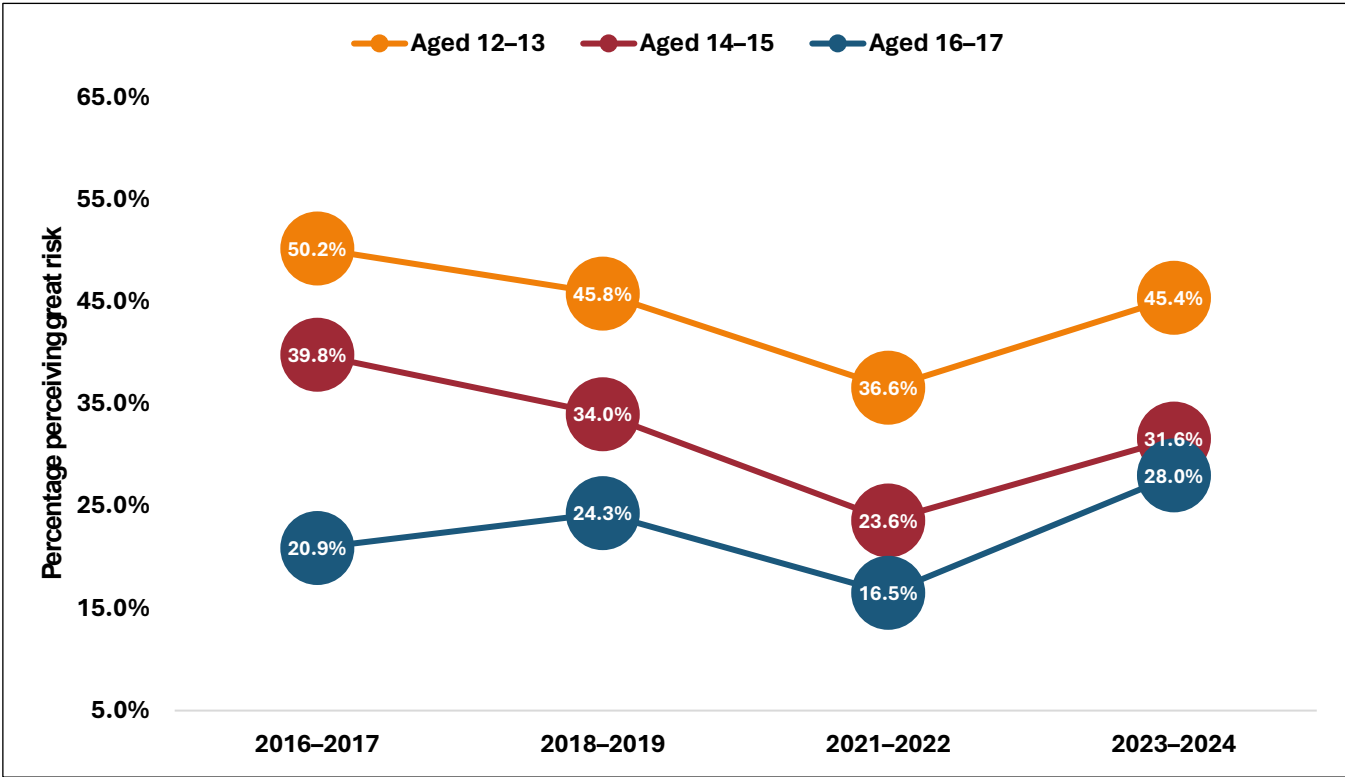
Recent changes in perceived availability did not fully parallel recent patterns of cannabis use. Although perceived ease of obtaining cannabis remained below pre-legalization levels for all age groups, recent analyses demonstrated modest increases in cannabis use among some younger adolescents. These findings suggest that changes in cannabis use by youth are not explained solely by perceived availability.

Key takeaway



Perceived ease of obtaining cannabis declined overall following legalization, particularly among older adolescents. Despite modest recent increases in cannabis use among younger adolescents, fewer Illinois youth reported that cannabis was easy to obtain than prior to implementation of the Cannabis Regulation and Tax Act.

Percentage of Illinois youth aged 12–17 who perceived great risk, 2016–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Youth aged 12–13 consistently reported the highest perceived risk from smoking cannabis once or twice a week (perceived risk), while youth aged 16–17 reported the lowest. In 2023–2024, 45.4% of youth aged 12–13 indicated that smoking cannabis once or twice a week posed great risk compared with 31.6% of youth aged 14–15 and 28.0% of youth aged 16–17.

Perceived risk generally declined between 2016–2017 and 2021–2022 across all age groups but increased in 2023–2024. Among youth aged 12–13 and 14–15, perceived risk remained below pre-legalization levels, while among youth aged 16–17, it exceeded the 2016–2017 estimate.

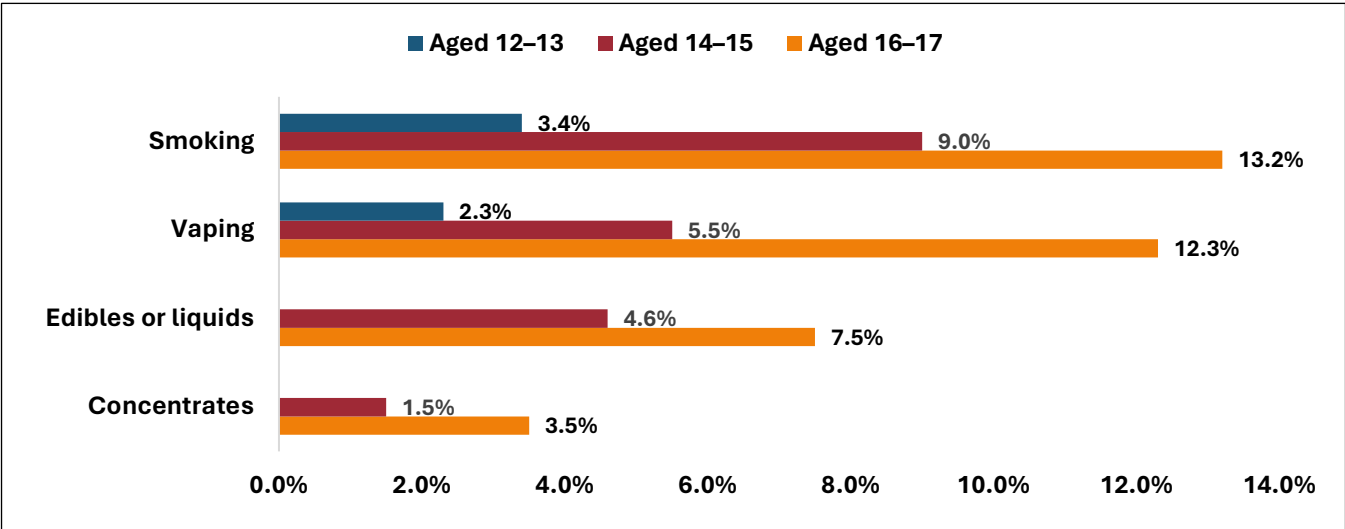
Recent increases in perceived risk contrast with expectations that youth perceptions of cannabis-related harm would continue to decline following legalization. Although the reasons cannot be determined from these data, the findings suggest that perceptions of harm among Illinois youth may have stabilized or partially recovered during 2023–2024.

Key takeaway



After declining through 2021–2022, perceived great risk from smoking cannabis once or twice a week increased across all youth age groups in 2023–2024, although perceptions remained strongly age-related, with younger adolescents consistently viewing regular cannabis use as more harmful than older adolescents.

Cannabis products used in the past year by Illinois youth, by age group, 2023–2024



Note: Previous editions of this report summarized cannabis supply sources reported by Illinois youth using data from the Illinois Youth Survey. Comparable measures are not available for Illinois adolescents in the National Survey on Drug Use and Health. Accordingly, this edition examines the forms of cannabis used by Illinois youth, reflecting both changes in available surveillance data and the increasing diversity of cannabis products following legalization. Estimates of past-year edible/liquid cannabis use and cannabis concentrate use (dabs, waxes, shatter, and similar products) among youth aged 12–13 could not be reported because of the low prevalence of use and NSDUH statistical reliability and disclosure requirements.

Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Smoking remained the most commonly reported mode of cannabis use across all youth age groups. Across each age category, smoking cannabis during the past year was reported more frequently than vaping, edible consumption, or use of concentrates. Among youth aged 16–17, 13.2% reported smoking cannabis during the previous year compared with 12.3% reporting vaping.

Cannabis product diversity increased with age. Younger adolescents primarily reported smoking or vaping cannabis. In contrast, older adolescents reported using a broader range of products, including edibles and concentrates. Past-year use of edibles or liquid cannabis products increased from 0% among youth aged 12–13 to 7.5% among youth aged 16–17, while concentrate use increased from 0% to 3.5%.

Use of higher-potency cannabis products remained largely confined to older adolescents. Cannabis concentrates (dabs, waxes, shatter, budder, or similar products) were rarely reported among youth younger than age 16 but were reported by a small proportion of youth aged 16–17. This pattern suggests that experimentation with newer and potentially higher-potency cannabis products becomes more common during later adolescence.

Access from one’s own or someone else’s medical cannabis remained under 5% across all grades and showed no clear trend with age.

Key
takeaway

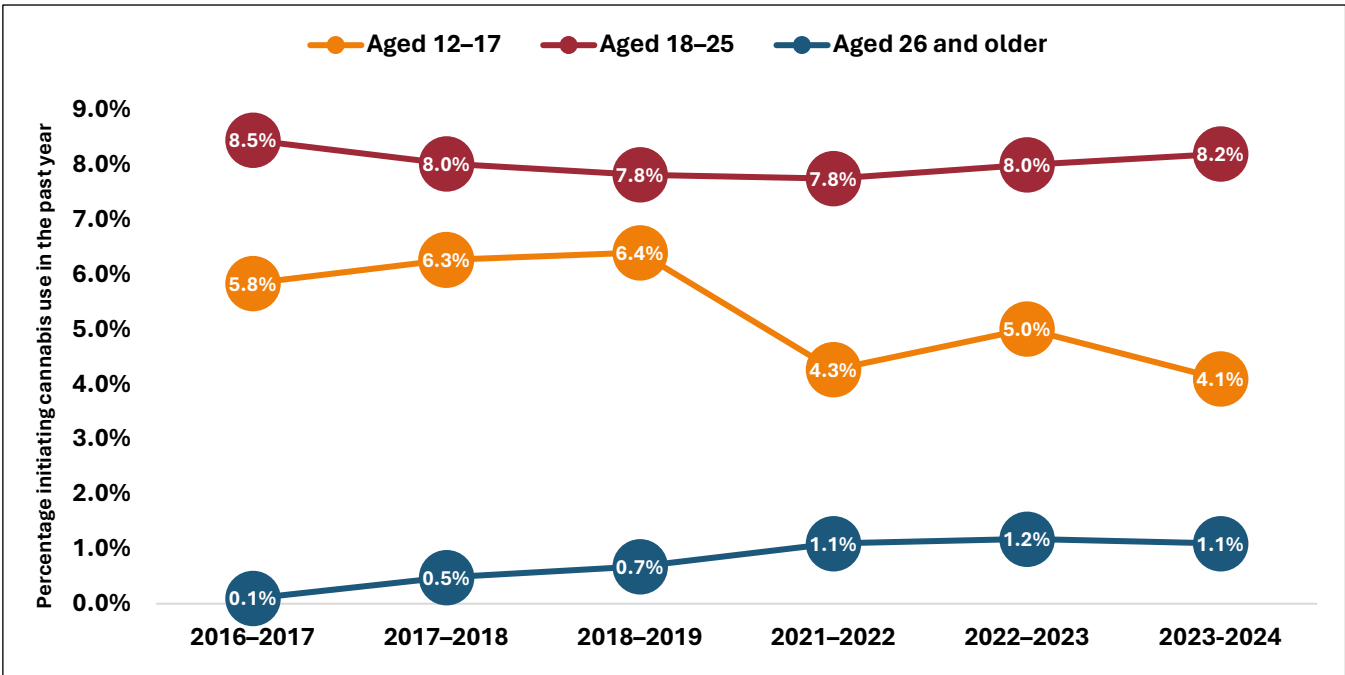


Smoking and vaping remained the predominant methods of cannabis use among Illinois adolescents, while use of edibles and cannabis concentrates was concentrated among older youth. These findings suggest that cannabis product use becomes increasingly diverse with age, highlighting the importance of monitoring not only whether adolescents use cannabis, but also the forms in which it is consumed.

Trends in Illinois cannabis use incidence and prevalence



Past-year cannabis use initiation by age group, 2016–2024



Note: These estimates reflect first cannabis use in the past year among those “at risk,” defined as individuals who had never used cannabis before the past 12 months. The at-risk denominator excludes prior users and produces higher percentages than estimates based on the entire population. This year’s initiation rates cannot be directly compared with those published in past reports through 2024, which were based on the entire population rather than the at-risk population.

Source: National Survey on Drug Use and Health State Data Tables and Reports. Available at: <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/state-releases/>

Observations and notes: Cannabis initiation remained highest among adolescents and young adults who had never used cannabis before the past 12 months and was generally stable across reporting periods, while remaining low among adults aged 26 and older who had never used cannabis before the past 12 months.

Among youth aged 12–17 who had never used cannabis before the past 12 months, initiation ranged from 4.1% to 6.4%, with somewhat lower estimates in recent years compared with the 2016–2019 period.

Initiation remained consistently highest among those aged 18–25 who had never used cannabis before the past 12 months, ranging from 7.8% to 8.5% across all reporting periods, including 8.2% in 2023–2024.

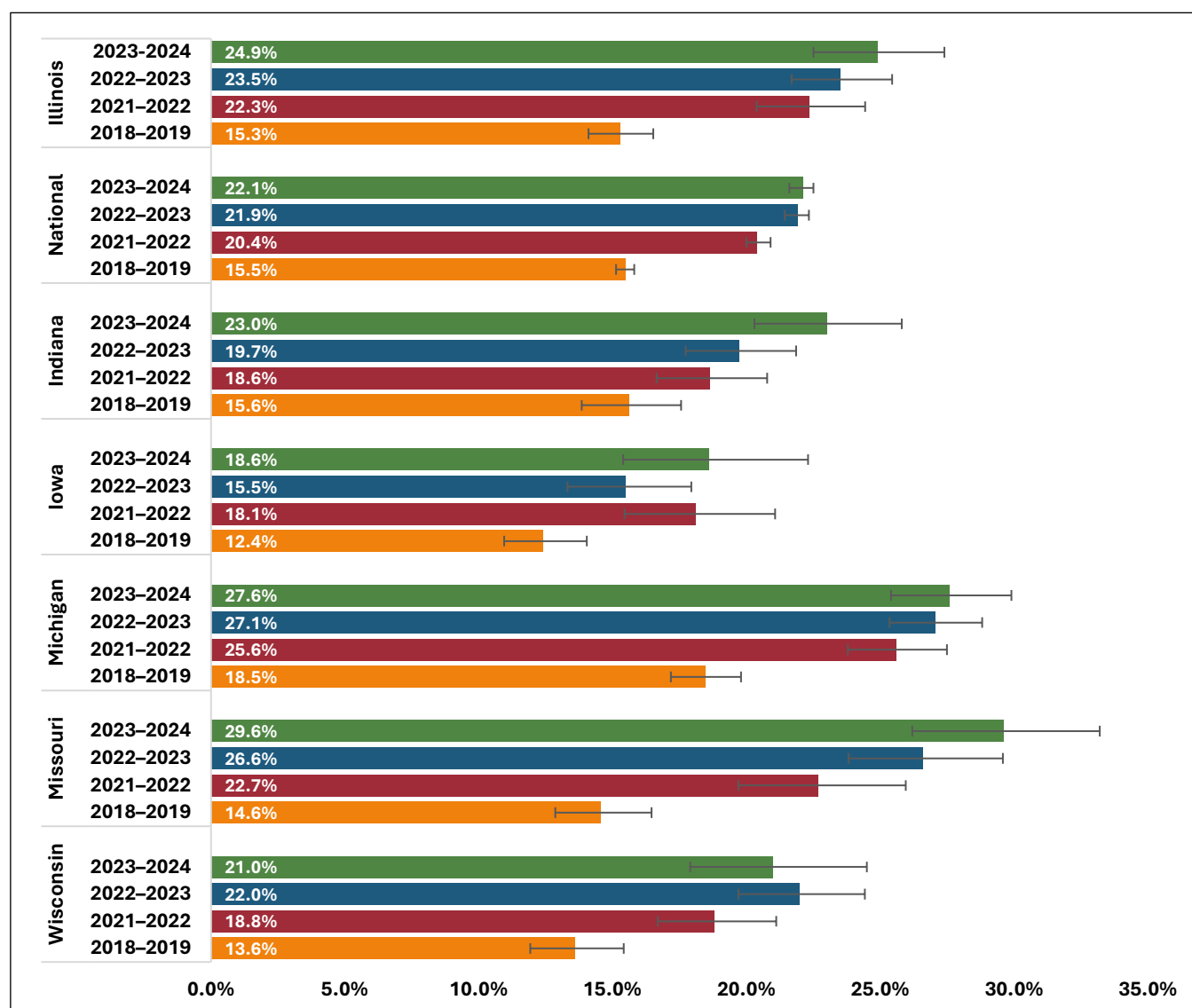
Among adults aged 26 and older who had never used cannabis before the past 12 months, initiation remained substantially lower, increasing modestly from 0.1% in 2016–2017 to approximately 1.1%–1.2% in recent years.

These findings suggest that new cannabis initiation continues to be concentrated among adolescents and young adults, even as patterns of cannabis use vary across age groups and populations.

**Key
takeaway**

Cannabis initiation remained relatively stable over time and was consistently highest among young adults aged 18–25, indicating that recent increases in cannabis-related outcomes are likely driven more by intensity of use than by large shifts in new initiation.

Any past-year cannabis use by those aged ≥ 12 , by Midwest state and nationally, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: From 2018–2019 to 2023–2024, past-year cannabis use increased substantially in Illinois, neighboring states, and nationally; most of the growth occurred by 2022–2023.

In Illinois, prevalence rose from 15.3% to 24.9%, with rapid early gains followed by more modest increases and signs of stabilization in the most recent period.

Nationally, use increased from 15.5% to 22.1%, leveling off between 2022–2023 and 2023–2024.

Across neighboring states, past-year cannabis use patterns varied. Michigan appears to have plateaued. Missouri continues to increase sharply; Indiana, Wisconsin, and Iowa show smaller or more variable changes.

Any past-year cannabis use by those aged ≥ 12 , by Midwest state and nationally, 2018–2024

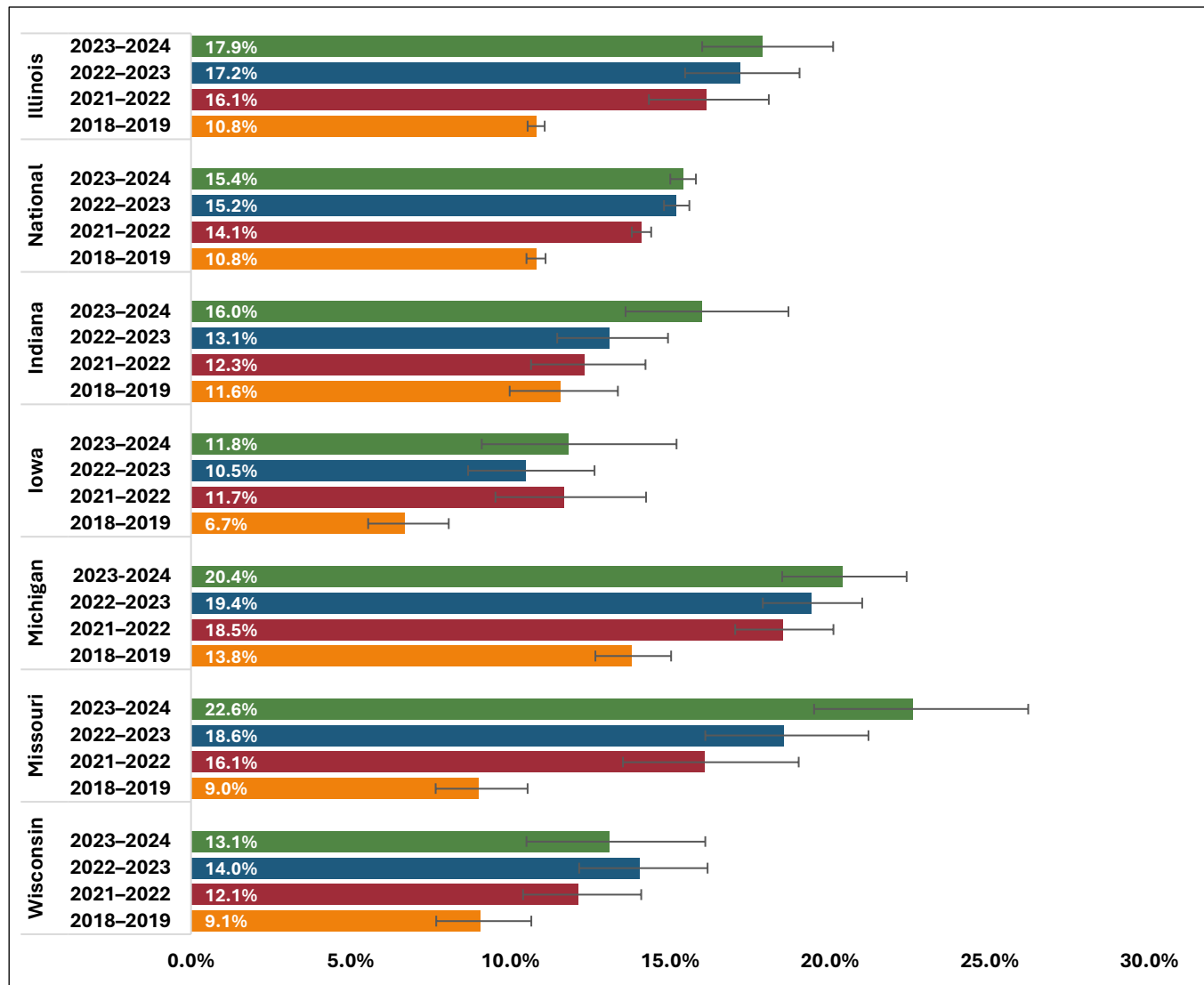
By 2023–2024, Illinois fell below Michigan and Missouri but above Indiana, Wisconsin, and Iowa, consistent with its position among states where adult-use cannabis is legal.

Key takeaway



Cannabis use increased sharply through 2022–2023 and has since begun to stabilize in Illinois and nationally. Illinois remains aligned with other adult-use states but below the highest-prevalence markets.

Any past-month cannabis use by those aged ≥ 12 , by neighboring Midwest state and nationally, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-month cannabis use among Illinois residents aged 12 or older increased from 10.8% in 2018–2019 to 17.9% in 2023–2024.

Illinois generally tracked upward trends observed nationally and across neighboring Midwestern states following 2018–2019.

By 2023–2024, Illinois past-month cannabis use prevalence was higher than Indiana, Iowa, and Wisconsin, but lower than Michigan and Missouri.

Michigan and Missouri demonstrated the highest prevalence estimates among the comparison states in 2023–2024, both exceeding 20%.

Any past-month cannabis use by those aged ≥ 12 , by neighboring Midwest state and nationally, 2018–2024

Although Illinois experienced increases over time, its prevalence estimates remained relatively close to the national average across all reporting periods.

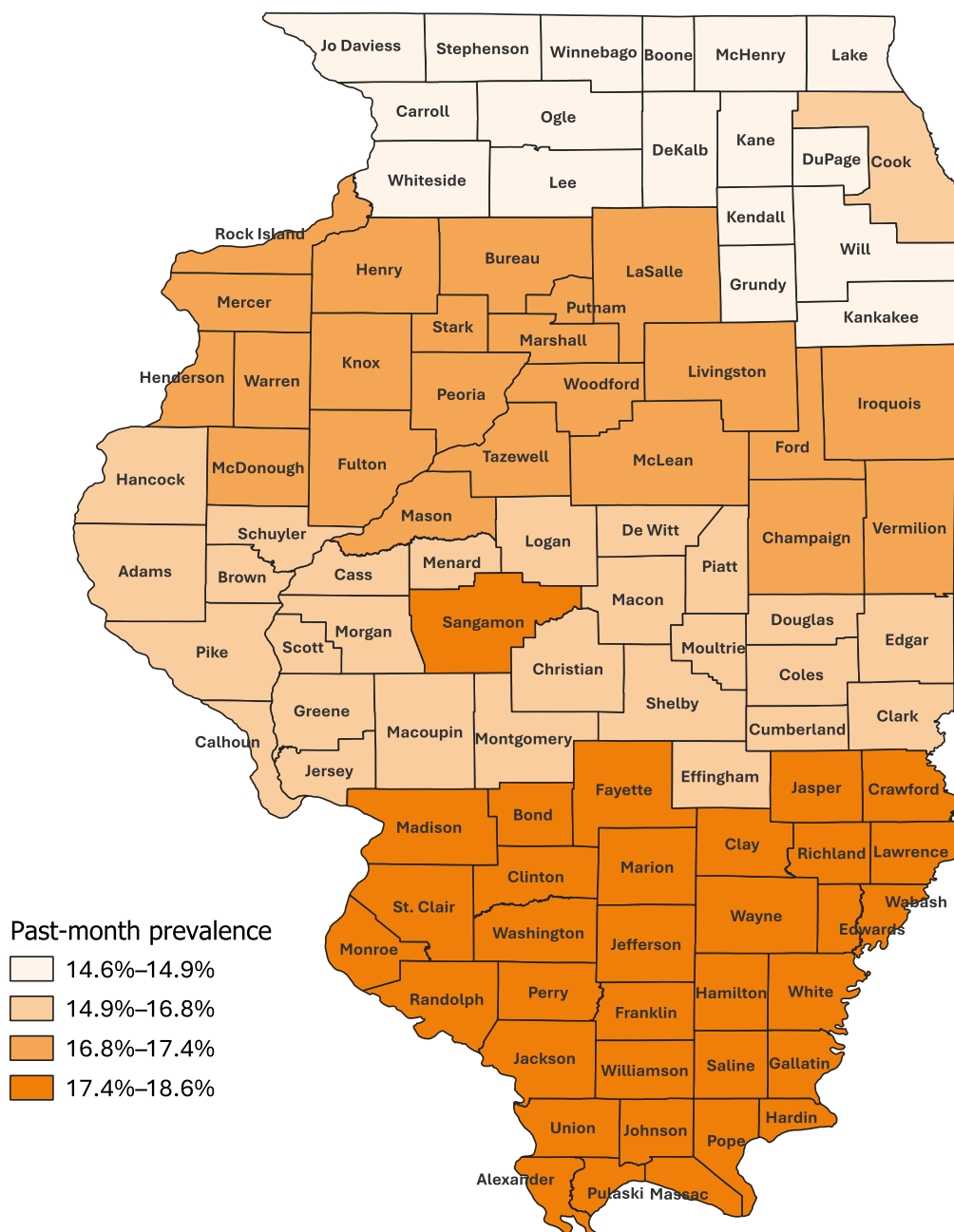
CIs overlapped substantially across several states and years, suggesting caution when interpreting smaller differences in prevalence estimates.

Key takeaway



Past-month cannabis use among Illinois residents increased over time, consistent with trends observed nationally and across neighboring Midwest states. Illinois prevalence estimates remained mid-range relative to neighboring states, exceeding some while remaining below levels observed in Michigan and Missouri.

Any past-month cannabis use among Illinois adults aged ≥18, 2021–2023



Note: The map shows the percentage of Illinois adults aged 18 years and older reporting any past-month cannabis use between 2021 and 2023. Substate area estimates are produced using survey-weighted hierarchical Bayes methods based on Markov Chain Monte Carlo techniques. Values shown for individual counties and Chicago community areas represent the estimate for the larger Substance Abuse and Mental Health Services Administration substate region in which each geographic unit is located and should not be interpreted as county- or community-area-specific prevalence estimates. On the statewide map, Cook County represents the Suburban Cook substate region; Chicago is shown separately using community-area geography.

Source: Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health substate small area estimates, <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/substate-releases>

Any past-month cannabis use among Illinois adults aged ≥18, 2021–2023

Observations and notes: Past-month cannabis use was common across all Illinois substate regions during 2021–2023, with estimated prevalence among adults aged 18 and older ranging from approximately 14.6% to 18.6%.

Higher prevalence estimates were mostly seen across much of southern Illinois, with additional higher-prevalence areas in parts of central Illinois.

Many northern Illinois substate regions, including much of the collar-county area outside Cook County, fell within the lowest prevalence category.

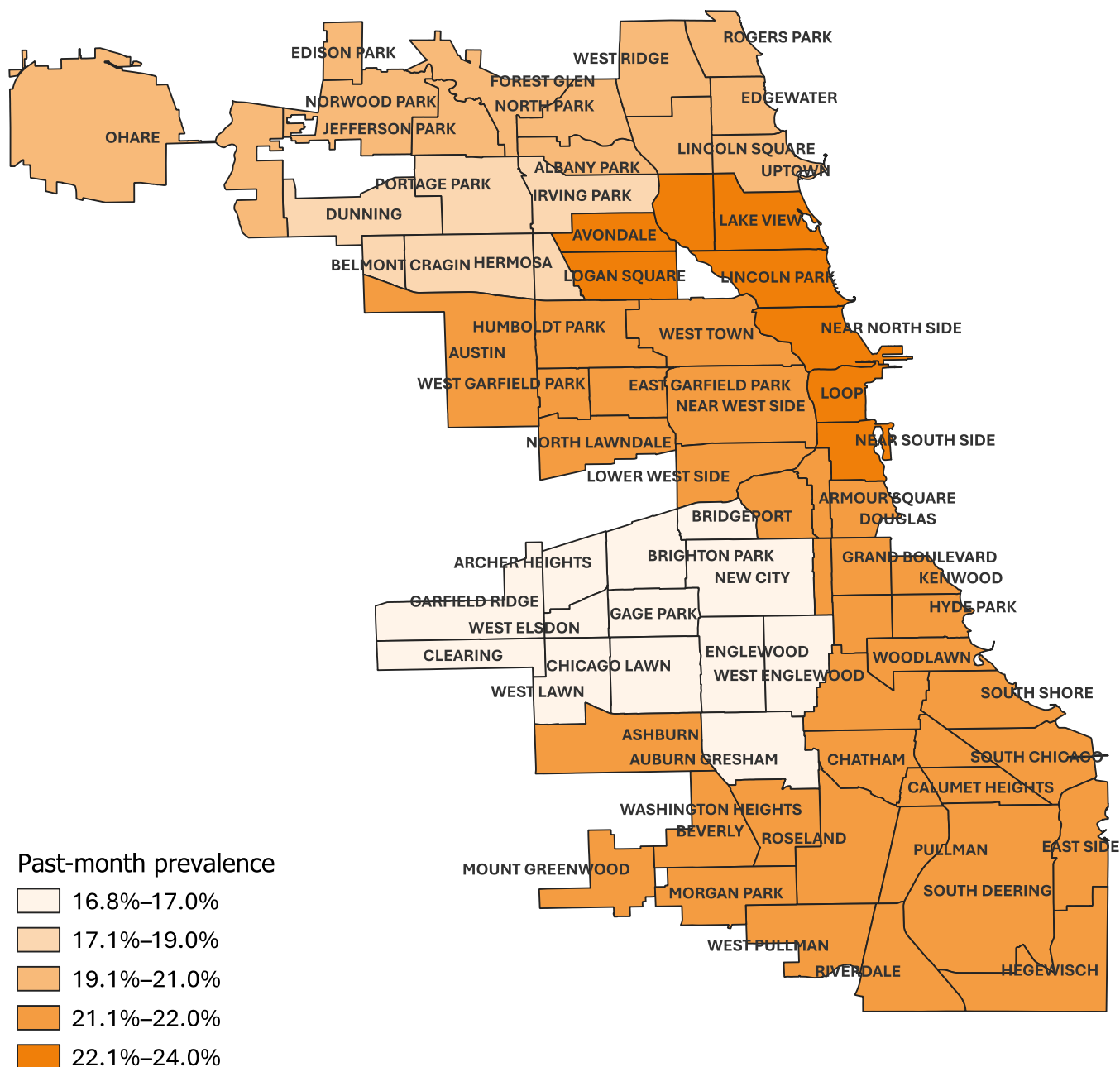
Geographic differences were relatively modest overall, with less than a four-percentage-point difference between the lowest- and highest-prevalence substate regions.

Key takeaway



Past-month cannabis use among Illinois adults was widespread across the state in 2021–2023, with prevalence ranging from about 15% to 19% across substate regions. Rates were generally higher in southern Illinois and selected central areas, while many northern regions had somewhat lower prevalence.

Any past-month cannabis use among Chicago adults aged ≥18, 2021–2023



Note: This map shows the percentage of Chicago adults aged 18 and older reporting any past-month cannabis use between 2021 and 2023. Substate estimates are produced using survey-weighted hierarchical Bayes methods based on Markov Chain Monte Carlo techniques. Chicago community areas are grouped into six Substance Abuse and Mental Health Services Administration substate regions; values shown for individual community areas represent the estimate for the larger substate region in which each community area is located and should not be interpreted as community-area-specific prevalence estimates.

Source: Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health substate small area estimates, <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/substate-releases>

Any past-month cannabis use among Chicago adults aged ≥18, 2021–2023

Observations and notes: Past-month cannabis use among Chicago adults varied across the city's six substate regions, with estimated prevalence ranging from approximately 16.8% to 24.0% during 2021–2023.

Chicago included some of the highest adult past-month cannabis-use prevalence estimates observed anywhere in Illinois, particularly in the North Side and near-north lakefront regions.

These higher-prevalence areas also overlap geographically with parts of Chicago having relatively high concentrations of licensed cannabis dispensaries. This correspondence should not be interpreted as evidence that dispensary availability causes higher cannabis use.

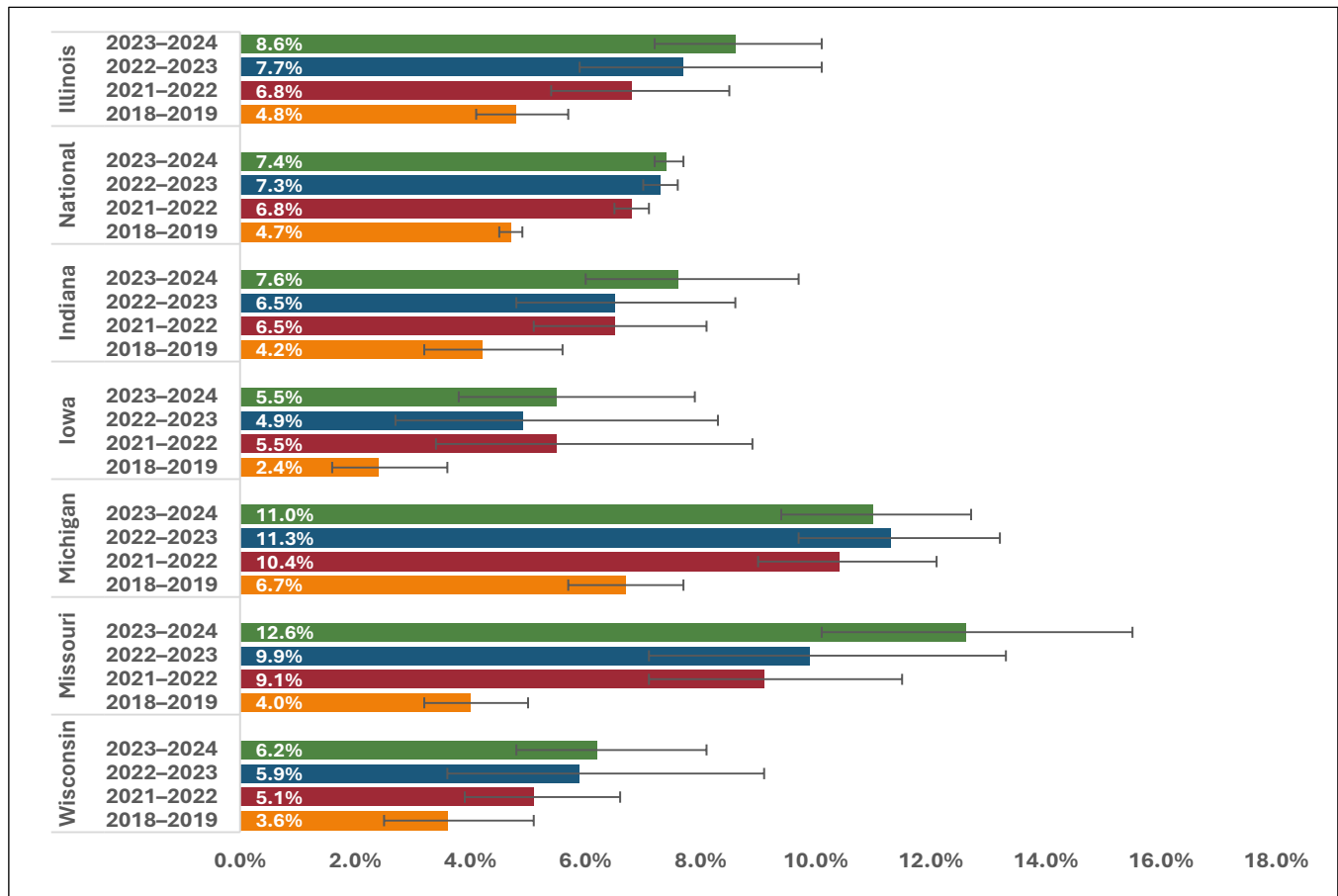
Lower prevalence estimates were concentrated in parts of the Southwest Side. Community-area shading represents the corresponding six-region small area estimates and should not be interpreted as separate estimates for individual community areas.

Key takeaway



Past-month cannabis use among Chicago adults was widespread in 2021–2023, with some of the highest prevalence estimates in Illinois occurring in the North Side and near-north lakefront areas. These areas also have relatively high concentrations of licensed dispensaries, although the maps alone cannot establish a causal relationship between dispensary access and cannabis use.

Frequent (≥ 20 days past-month) cannabis use by those aged ≥ 12 , by neighboring Midwest state, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Frequent cannabis use among Illinois residents aged 12 and older (defined as use on 20 or more days in the past month) increased from 4.8% in 2018–2019 to 8.6% in 2023–2024.

Similar upward trends in frequent cannabis use were observed nationally and across neighboring Midwestern states during the same period.

By 2023–2024, Illinois’ prevalence estimates were higher than those of Indiana, Iowa, and Wisconsin but lower than those of Michigan and Missouri.

Michigan and Missouri had the highest prevalence estimates of frequent cannabis use among neighboring Midwest states in 2023–2024, both exceeding 11%.

Illinois prevalence estimates were modestly above the national average across most reporting periods.

CIs overlap substantially across several state estimates, suggesting caution when interpreting relatively small differences between states.

Key takeaway

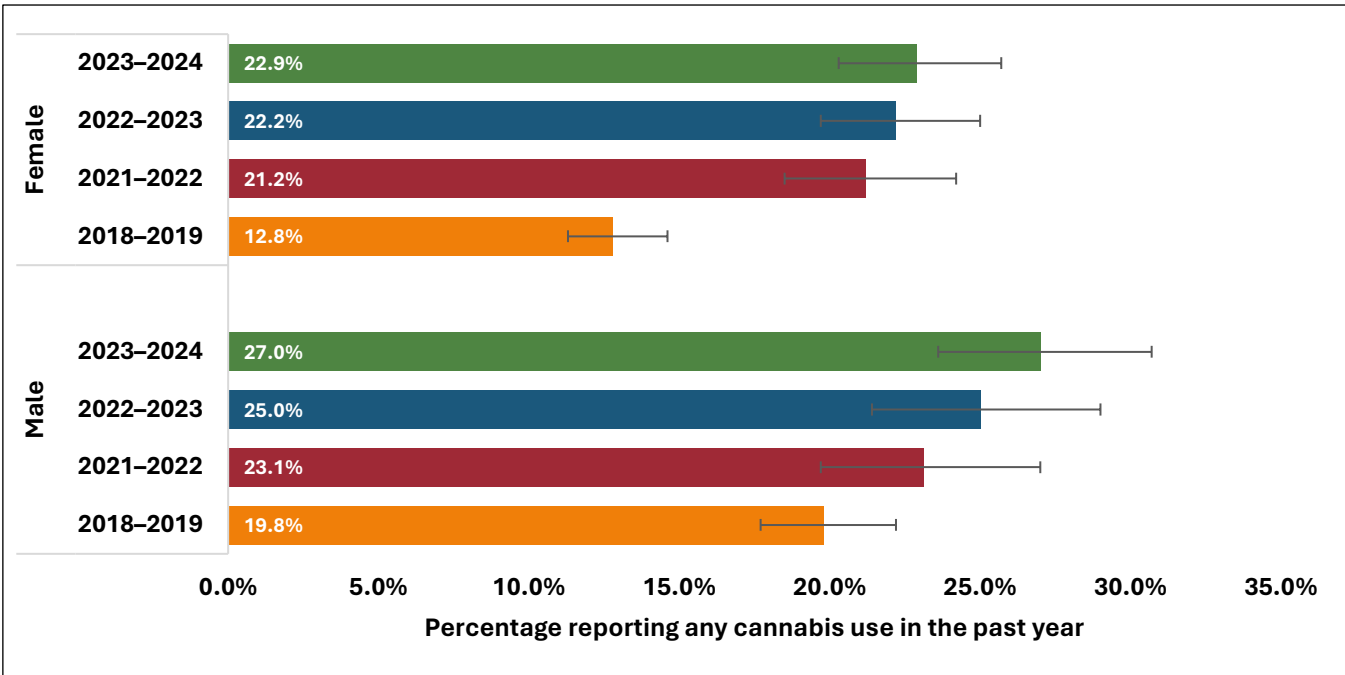


Frequent cannabis use among Illinois residents age 12 and older increased over time, consistent with broader national and regional trends. Illinois prevalence estimates remained moderate relative to neighboring Midwestern states, falling below levels observed in Michigan and Missouri but above those observed in Indiana, Iowa, and Wisconsin.

Prevalence trends for special populations



Any past-year cannabis use by gender at birth, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year use of cannabis increased steadily among both males and females during 2018–2024. Among males, prevalence rose from 19.8% in 2018–2019 to 27.0% in 2023–2024, an increase of 7.2 percentage points.

Females showed an even larger relative increase over time. Past-year use increased from 12.8% in 2018–2019 to 22.9% in 2023–2024, nearly doubling over the observation period. The largest increase among females occurred between 2018–2019 and 2021–2022, when prevalence jumped from 12.8% to 21.2%, suggesting a sharp shift early in the post-legalization/COVID era.

Males consistently reported higher cannabis use than females. However, the gender gap narrowed substantially, from 7.0 percentage points in 2018–2019 to 4.1 percentage points in 2023–2024.

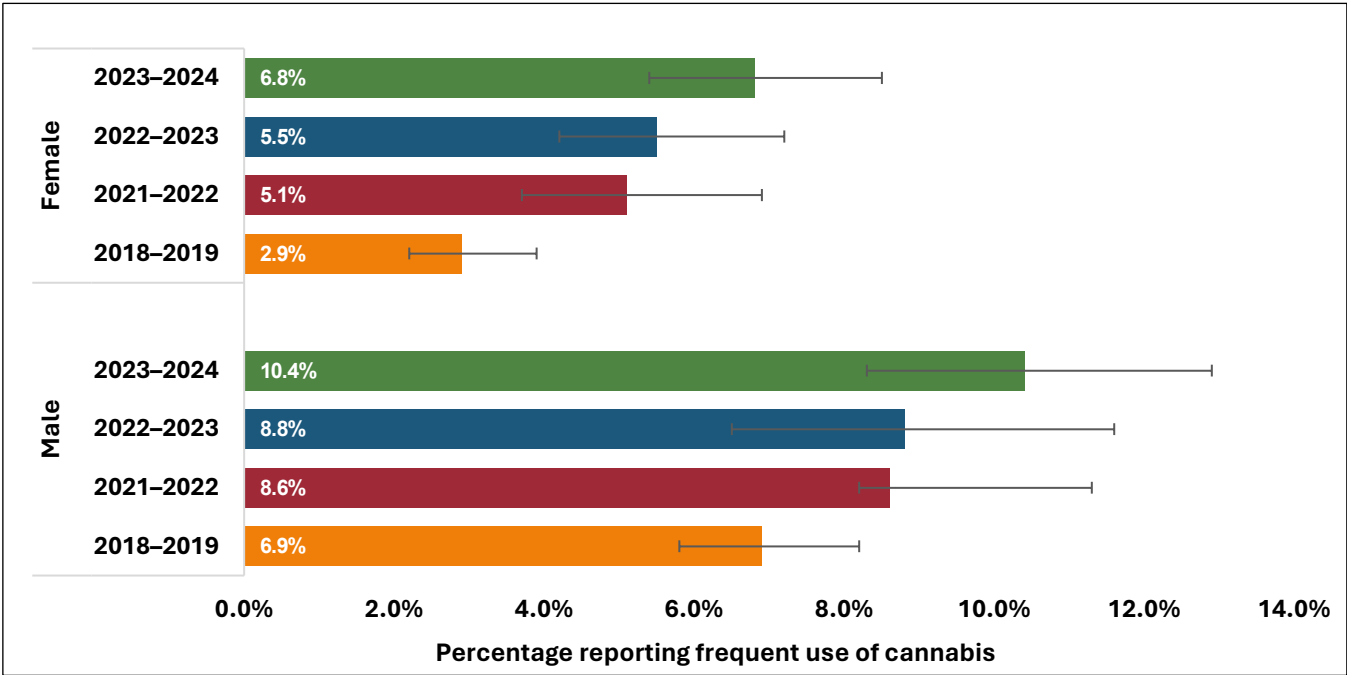
CIs indicate that these are stable and meaningful upward trends.

Key takeaway



Past-year cannabis use has risen markedly among both males and females since 2018–2019. The increase was especially pronounced among females, narrowing the gender gap.

Frequent past-month cannabis use (>20 days) by gender at birth, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: The prevalence of frequent cannabis use (20 or more days per month) increased steadily among both males and females across the study period. Among men, prevalence increased from 6.9% in 2018–2019 to 10.4% in 2023–2024.

Among females, the prevalence more than doubled, increasing from 2.9% to 6.8%.

Females experienced the larger relative increase, rising by approximately 135%, compared with about 51% among males.

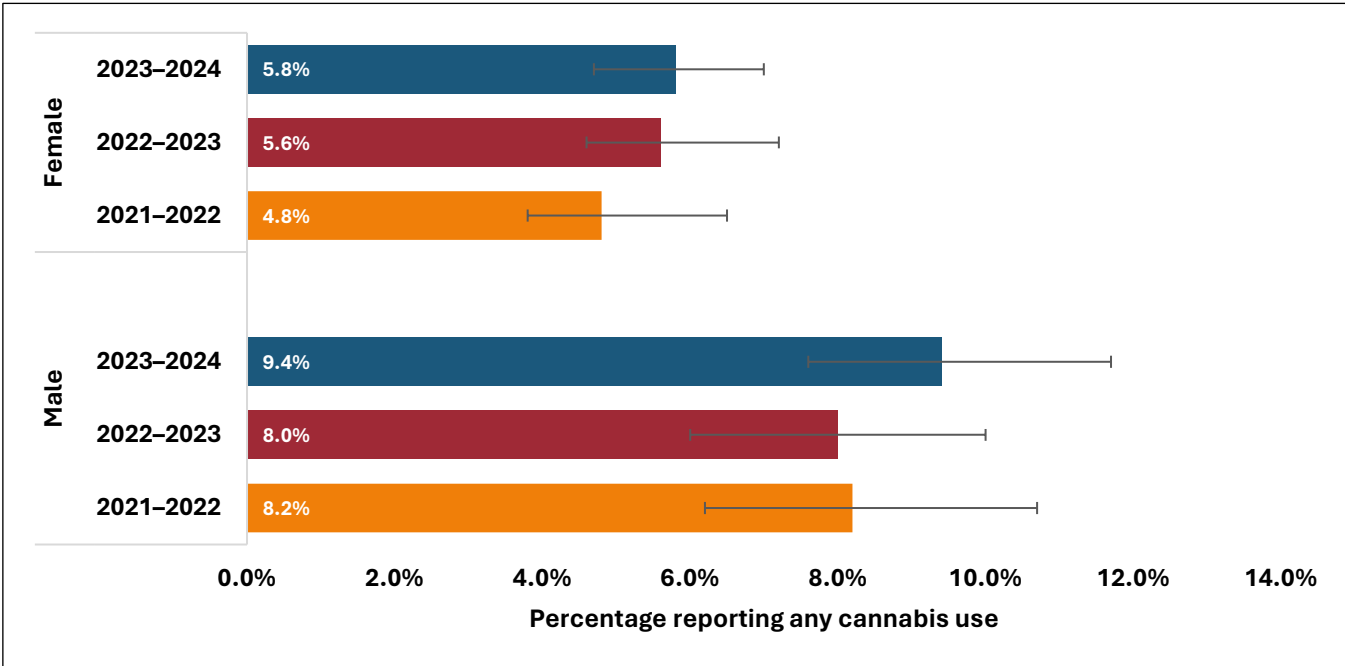
Males continued to report a higher prevalence of frequent use than females in every period, although the gender difference narrowed modestly over time.

The consistent upward pattern suggests that increases in cannabis use are occurring not only in any use but also in more frequent use.

Key
takeaway

The prevalence of frequent cannabis use has increased substantially among both males and females, with especially sharp relative increases among females.

Past-year cannabis use disorder by gender at birth, 2021–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Prevalence of past-year cannabis use disorder remained consistently higher among males than females across all time periods. Among males, prevalence was 8.2% in 2021–2022, remained essentially stable at 8.0% in 2022–2023, and then increased to 9.4% in 2023–2024.

Among females, prevalence increased gradually from 4.8% in 2021–2022 to 5.6% in 2022–2023, then to 5.8% in 2023–2024.

The increase among males between 2022–2023 and 2023–2024 constituted a recent upward shift after a period of relative stability.

Females also show an upward trend, although the increase is more modest and steadier, rising by 1.0 percentage point over the full period.

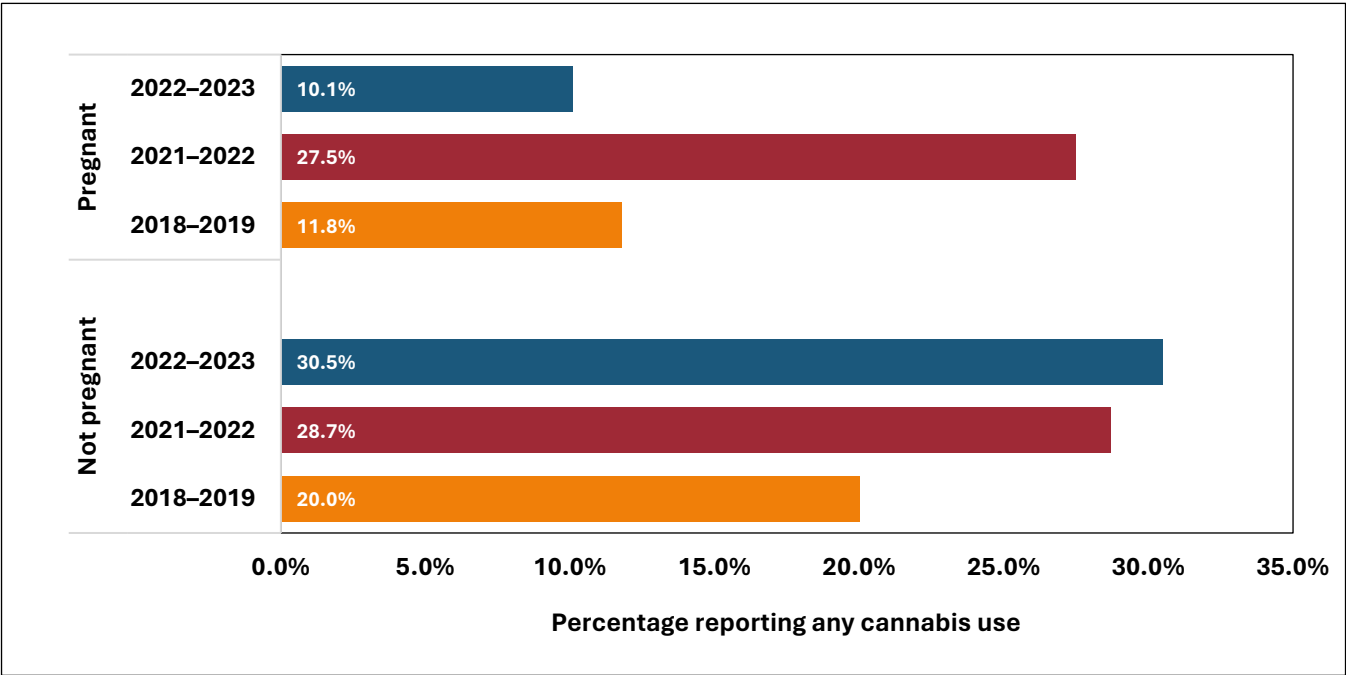
The gender gap remained notable, with males showing approximately 1.6 times the prevalence of cannabis use disorder than females in 2023–2024 (9.4% vs. 5.8%).

Key

takeaway

Prevalence of cannabis use disorder is stabilizing among males but rising among females, narrowing the gender gap. These patterns underscore growing concerns about cannabis-related problems in girls and women and the importance of monitoring gender-specific trends.

Past-year cannabis use by pregnancy status among girls and women aged 12–44, 2018–2023



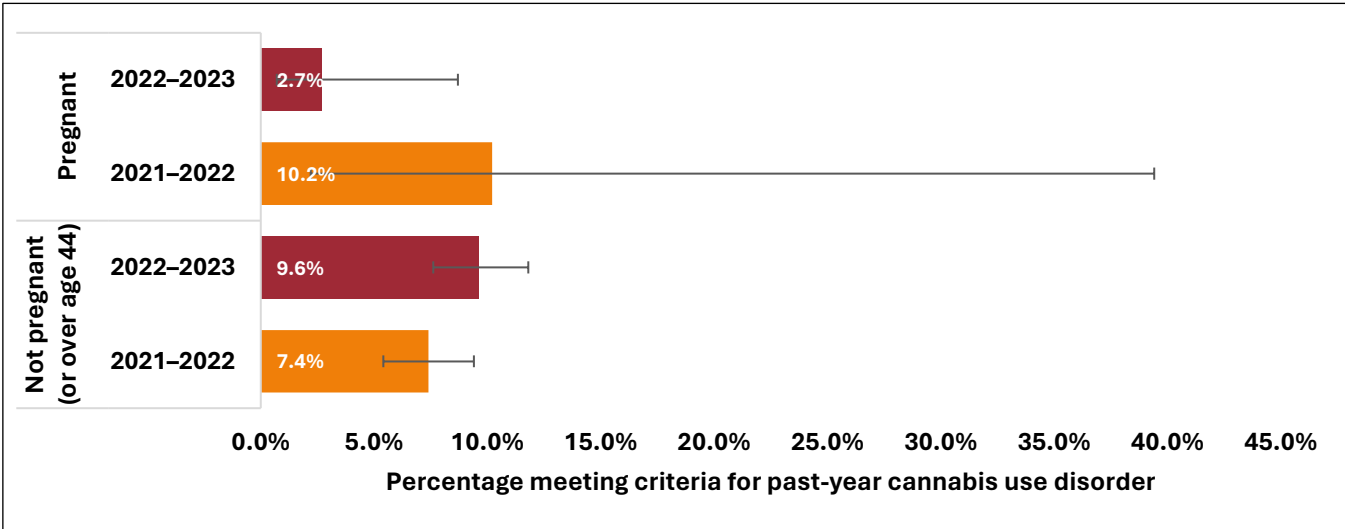
Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Among non-pregnant girls and women aged 12–44, past-year cannabis use increased from 20.0% in 2018–2019 to 30.5% in 2022–2023. Estimates among pregnant girls and women varied considerably: 11.8% in 2018–2019, 27.5% in 2021–2022, and 10.1% in 2022–2023, and had wide CIs, reflecting small analytic samples. Differences across time periods should not be interpreted as evidence of a reliable trend.

Key
takeaway

Past-year cannabis use increased among non-pregnant girls and women of reproductive age. Among pregnant girls and women, small samples and unstable estimates prevent reliable assessment of change over time. Continued surveillance using consistent probability-based measures is needed, particularly because any cannabis use during pregnancy remains an important prevention concern.

Past-year cannabis use disorder by pregnancy status: Selected two-year NSDUH estimates, 2021–2023



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Among non-pregnant girls and women aged 12–44, estimated past-year cannabis use disorder increased from 7.4% in 2021–2022 to 9.6% in 2022–2023. Among pregnant girls and women, the estimate declined from 10.2% to 2.7%, but both estimates had wide CIs, especially in 2021–2022. The large margins of error reflect very small sample sizes and prevent reliable interpretation of the apparent change.

Key takeaway



Past-year cannabis use disorder increased among non-pregnant girls and women of reproductive age between 2021–2022 and 2022–2023. Among pregnant girls and women, estimates were unstable and imprecise, preventing reliable assessment of change over time.

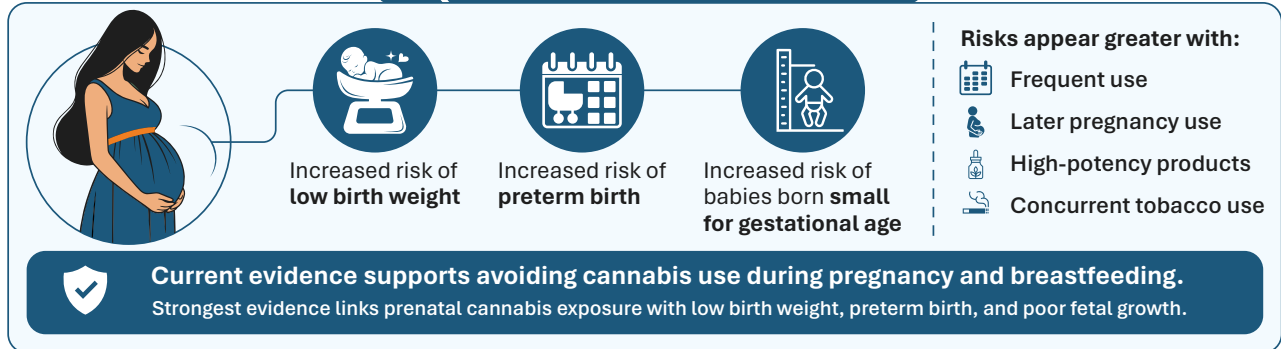


CANNABIS USE DURING PREGNANCY IN ILLINOIS

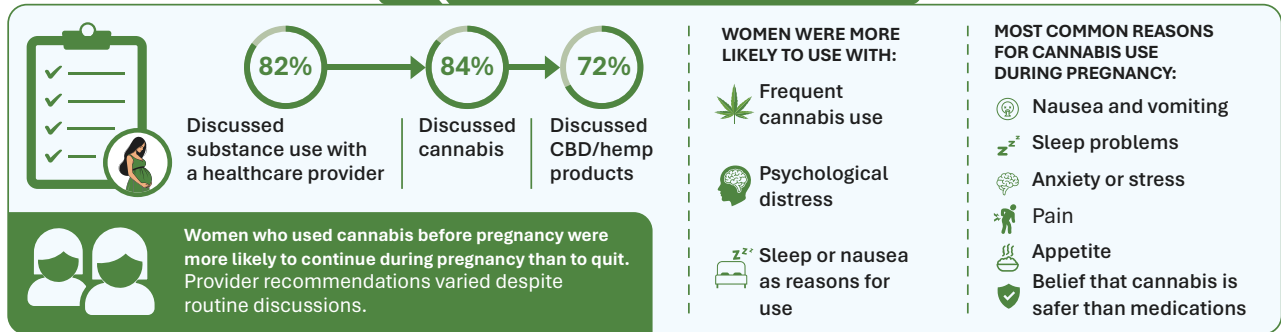
EVIDENCE • ILLINOIS SURVEY • NORC FOCUS GROUPS • POLICY RECOMMENDATIONS

Federal law has remained static, while states have led the way—prompting a federal reassessment.

1 WHAT THE EVIDENCE SHOWS



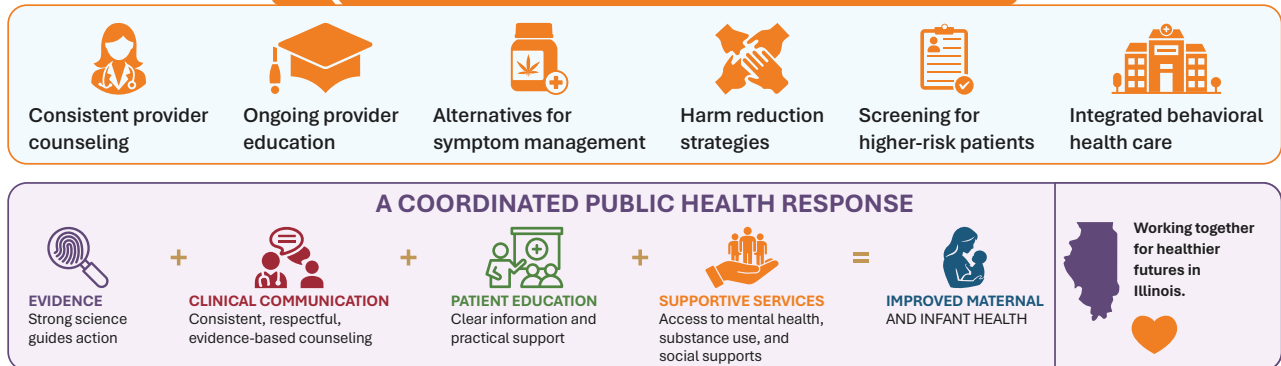
2 ILLINOIS SURVEY FINDINGS



3 ILLINOIS SURVEY FINDINGS (Qualitative Insights)



4 OPPORTUNITIES FOR CLINICAL PRACTICE



Sources: 1) University of Illinois System Institute of Government and Public Affairs (IGPA). Cannabis Use During Pregnancy in Illinois: Evidence, Clinical Communication, and Policy Directions (2026). 2) NORC at the University of Chicago.

igpa.uillinois.edu

Cannabis use during pregnancy and postpartum



Public discussions about cannabis use during pregnancy often focus on whether women should use cannabis. A more useful public health question is how to communicate risk clearly while recognizing why some pregnant and postpartum women use it. Illinois and national findings indicate that cannabis use is often connected to efforts to manage nausea, sleep problems, anxiety, stress, pain, and other symptoms, not only for recreation.

What do Illinois data show?

Illinois does not currently have a precise population-surveillance estimate that can establish a post-legalization trend in cannabis use during pregnancy. Illinois legalized adult-use cannabis in 2020, but available state estimates are too imprecise to determine whether use during pregnancy increased or

decreased afterward. Changes to the public NSDUH reporting structure also limit direct comparison with earlier Illinois estimates.

Recent national NSDUH data indicate that 5.0% of pregnant girls and women aged 15–44 reported past-month cannabis use in 2024.

Cannabis use during pregnancy and postpartum

Other national estimates are somewhat higher, commonly 5%–7%, in part because estimates vary by time window and method of measurement. Surveys relying on self-report generally identify fewer people using cannabis than biologic testing does. Cannabis use is much higher early in pregnancy, then typically declines after pregnancy recognition: estimates are about 11% in the first month, 5% by the third month, 3% in the second trimester, and 2% in the third trimester. Some people resume use after delivery, often in response to anxiety, stress, or other symptoms.

To better understand Illinois experiences during this surveillance gap, UIC’s Cannabis Regulation and Tax Act research team under the direction of Dr. Franceschini conducted a 2025 voluntary online survey of 3,991 Illinois adults aged 18–50 who were pregnant or had been pregnant within the prior year. The team’s findings describe the experiences and patterns reported by survey participants; they are not statewide prevalence estimates.

Why does this matter?

Evidence most consistently links prenatal cannabis exposure with increased risks of low birth weight, small for gestational age birth, and preterm birth. Emerging research also links prenatal cannabis use with maternal complications, including gestational hypertension, preeclampsia, and placental abruption.

These studies are observational. Cannabis use can be difficult to separate fully from tobacco use, other substance use, mental health conditions, and social or medical factors that also affect pregnancy outcomes. Even with those limitations, many adjusted studies continue to find associations with adverse neonatal outcomes. The evidence on longer-term neurodevelopmental outcomes is less settled.

Risk may also differ by frequency of use, timing in pregnancy, route of administration, and THC potency. Cannabis and nicotine use often overlap, and combined exposure may increase risk. Professional organizations recommend avoiding cannabis during pregnancy and lactation. However, continued cannabis use is not considered a contraindication to breastfeeding. CBD/hemp-derived cannabinoid products should not be assumed safe during pregnancy or lactation; people need clear counseling about their uncertain safety and variable formulations.

Why do people use cannabis during pregnancy?

Among Illinois survey participants who reported using cannabis or CBD/hemp-derived cannabinoid products, common reasons included anxiety, depression, nausea, sleep problems, pain, headaches or migraines, and appetite-related concerns. Many participants reported more than one reason for use, suggesting that these products are often used to address overlapping symptoms rather than a single condition.

This pattern has important implications for prevention. Messages that only advise people to stop using cannabis may be less persuasive if they do not also address the symptoms that prompted use. Clear information about risk should be paired with practical, evidence-based options for managing nausea, anxiety, depression, sleep difficulties, pain, stress, and other symptoms.

Who is more likely to continue using cannabis?

The Illinois survey found that cannabis use before pregnancy mattered greatly. Participants who used cannabis more frequently before

Cannabis use during pregnancy and postpartum

pregnancy were substantially more likely to report weekly or more use during pregnancy and postpartum. Moderate or severe psychological distress, sleep problems, and nausea were also associated with continued frequent use. These patterns do not mean that symptoms alone cause continued use.

In identifying frequent pre-pregnancy use and unresolved physical or psychological symptoms, providers may identify people who would benefit from more intensive screening, counseling, and supportive services.

What guidance are women receiving?

Most Illinois survey participants reported discussing substance use with a health care provider, and many said that cannabis use during pregnancy or breastfeeding was addressed. However, provider recommendations were not always consistent. Most participants reported being advised to stop using cannabis completely, while others reported being advised to reduce use, continue use, or substitute cannabis for another substance. Guidance about CBD/hemp-derived cannabinoid products was similarly variable.

This inconsistency matters because people may already be uncertain about the evidence and may also worry that disclosure could lead to toxicology testing, child-welfare involvement, or other negative consequences. Counseling should be supportive and nonpunitive, while still communicating the recommendation to avoid cannabis and CBD/hemp-derived cannabinoid products during pregnancy and breastfeeding. Patients also need practical alternatives for the symptoms that motivated use.

Developing an effective prevention campaign

These findings have direct implications for public health messaging. In 2024, NORC evaluated Illinois' *Let's Talk Cannabis* campaign. A qualitative focus group of eight Illinois women who had used cannabis or were interested in using it during pregnancy or breastfeeding generally appreciated the campaign's relatable, nonjudgmental tone. Participants nevertheless criticized broad abstinence recommendations that did not explain the evidence, acknowledge symptom-management needs, or offer practical alternatives.

The focus group findings should not be treated as representative of all pregnant Illinois residents. They do show why prevention messages need to be credible, specific, and useful to the people they are intended to reach. Messages are more likely to engage people when they explain what is known and uncertain about risk; acknowledge symptoms such as anxiety, nausea, sleep problems, pain, and migraines; and direct people to safer ways of managing those concerns.

Putting the findings into practice

Reducing cannabis use during pregnancy requires more than repeating an abstinence recommendation. It requires reliable information about potential maternal, fetal, and infant risks; consistent provider counseling; and practical alternatives for symptom management. Public health campaigns and health care providers can be more effective when they communicate respectfully, acknowledge uncertainty where it exists, and offer concrete support.

Cannabis use during pregnancy and postpartum

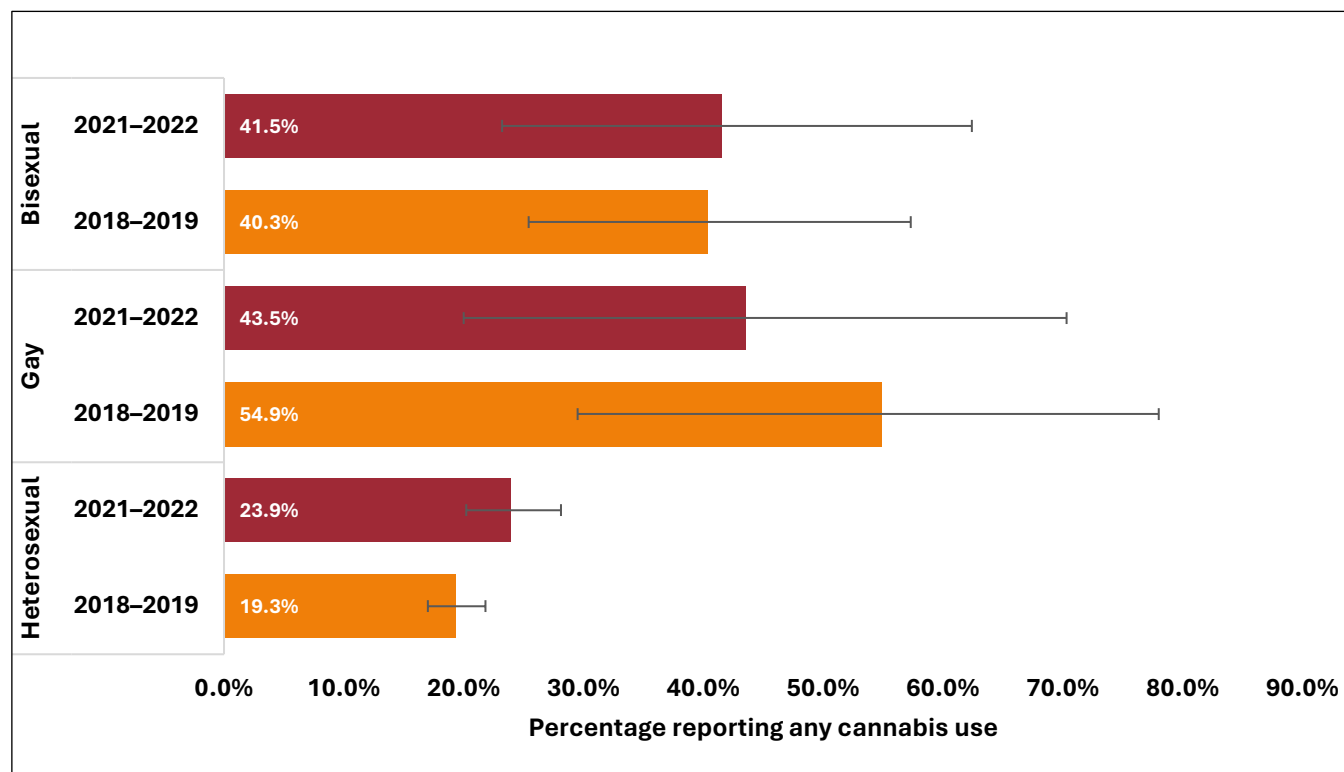
People with frequent pre-pregnancy cannabis use, psychological distress, co-occurring tobacco or other substance use, or persistent physical symptoms may need more intensive screening, counseling, referral, and supportive services.

About this sidebar: The preceding infographic and sidebar summarize findings from a forthcoming *Policy Spotlight* (<https://igpa.uillinois.edu/policy-spotlights>) on cannabis use during pregnancy in Illinois, prepared by the University of Illinois Cannabis Regulation and Tax Act research team for the University of Illinois System Institute of Government and Public Affairs. The full report will provide additional information about the research evidence, Illinois survey findings, prevention campaign evaluation, clinical communication, and policy recommendations.

References

- American College of Obstetricians and Gynecologists. (2025). Cannabis Use During Pregnancy and Lactation. ACOG Clinical Consensus No. 10, 146(4), 600–611. <https://doi.org/10.1097/AOG.0000000000006053>
- Lo, J. O., Ayers, C. K., Yeddala, S., Shaw, B., Robalino, S., Ward, R., & Kansagara, D. (2025). Prenatal Cannabis Use and Neonatal Outcomes: A Systematic Review and Meta-analysis. *JAMA Pediatrics*, 179(7), 738–746. <https://doi.org/10.1001/jamapediatrics.2025.0689>
- Franceschini, D., & Swartz, J. A. (forthcoming). *Cannabis Use During Pregnancy in Illinois: Evidence, Clinical Communication, and Policy Directions*. University of Illinois System Institute of Government and Public Affairs, Policy Spotlight.
- NORC at the University of Chicago, Social Data Collaboratory. (2024). *Evaluation of the Let's Talk Cannabis and Unfaded Cannabis Use Prevention and Education Campaigns: Final Report*. Prepared for Prevention First, the University of Illinois Chicago, and the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery.

Any past-year cannabis use by sexual orientation among men, 2018–2022



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis use was more common among gay and bisexual men than among heterosexual men in both 2018–2019 and 2021–2022. Among heterosexual men, the estimate increased from 19.3% in 2018–2019 to 23.9% in 2021–2022.

Estimates among gay men were 54.9% and 43.5%, while estimates among bisexual men were 40.3% and 41.5%.

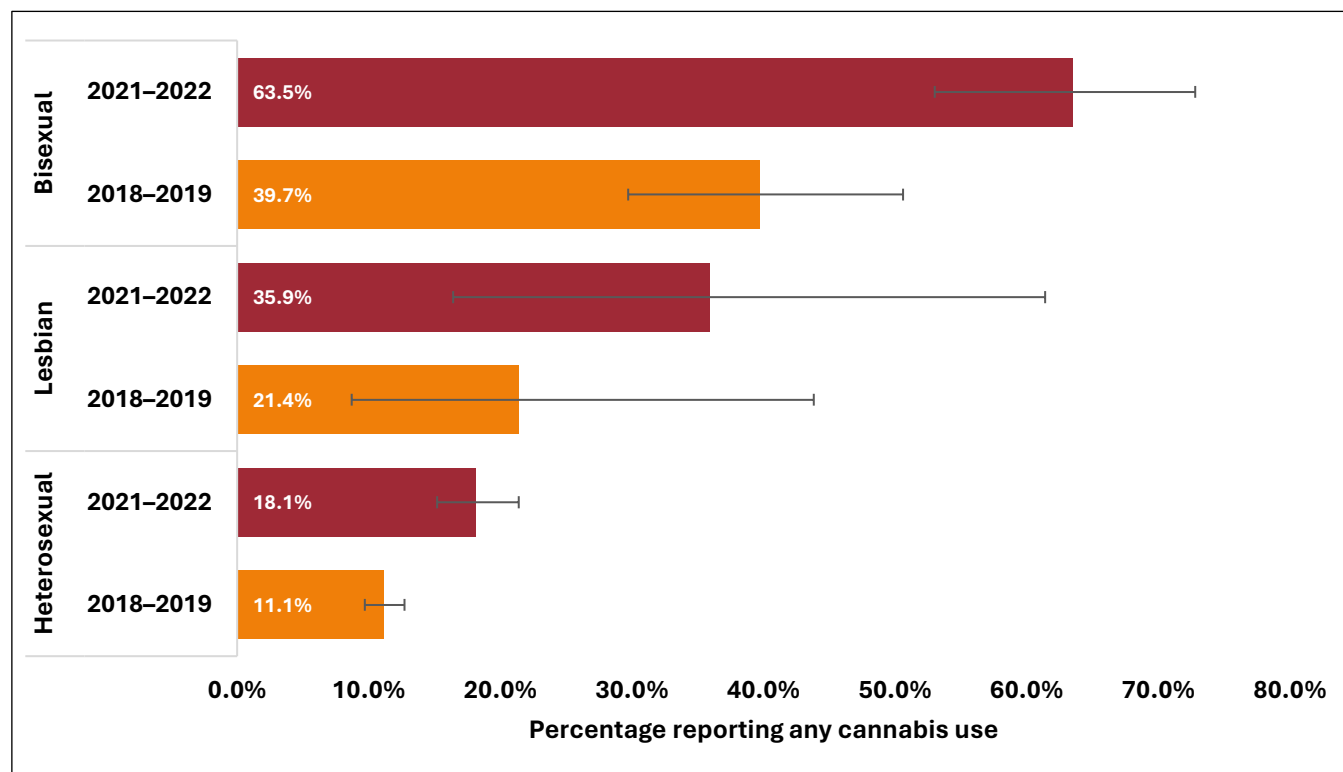
CIs were wide for several sexual-minority estimates, limiting conclusions about changes between study periods.

Key takeaway



Gay and bisexual men reported substantially higher past-year cannabis use than heterosexual men, although wide CIs limit interpretation of changes over time.

Past-year cannabis use by sexual orientation among women, 2018–2022



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis use increased across all three sexual orientation groups between 2018–2019 and 2021–2022. Among heterosexual women, the estimate rose from 11.1% to 18.1%. Among lesbian women, it increased from 21.4% to 35.9%, while among bisexual women, it increased from 39.7% to 63.5%.

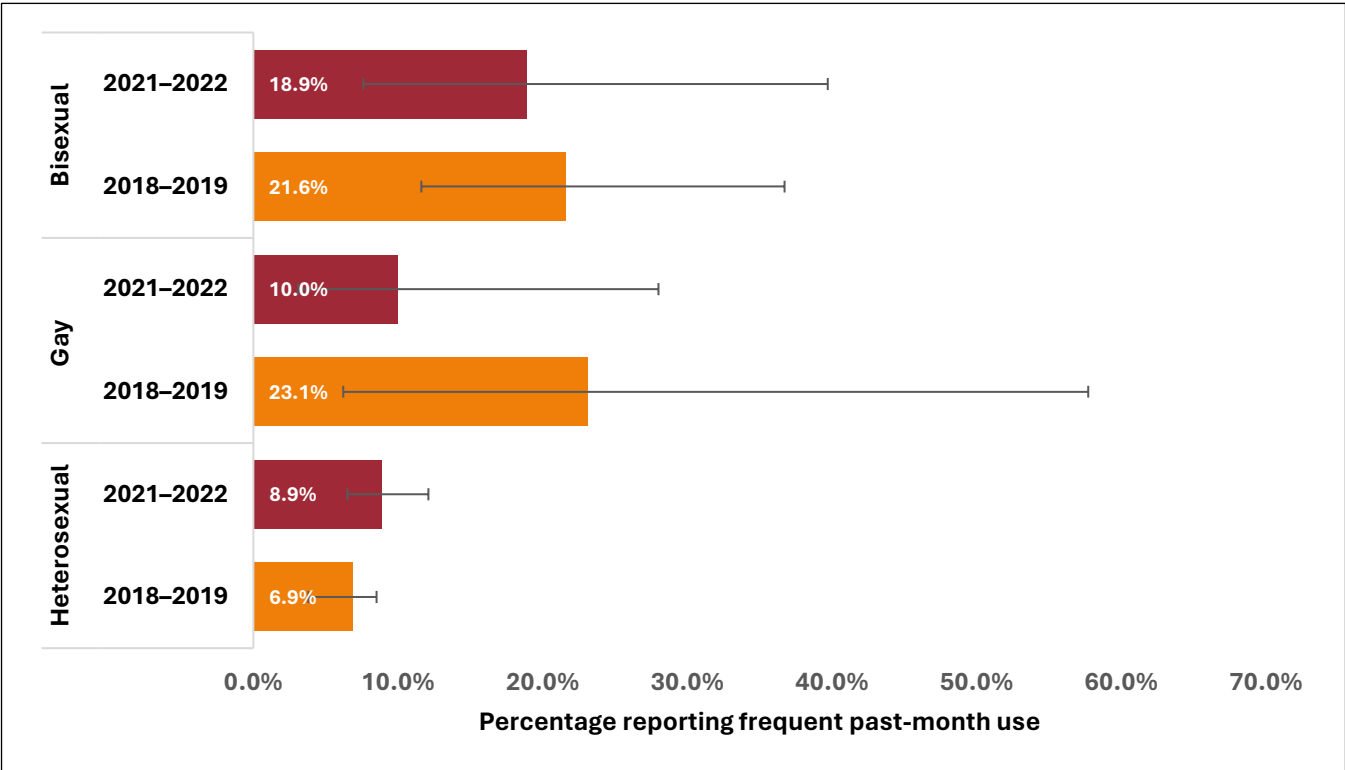
In both periods, bisexual women had the highest estimated prevalence of past-year cannabis use, followed by lesbian women and heterosexual women. CIs were wide for use estimates among lesbian and bisexual women, reflecting smaller samples and limiting the precision of comparisons over time.

Key takeaway



Past-year cannabis use was substantially more common among lesbian and bisexual women than among heterosexual women. Bisexual women reported the highest prevalence in both periods.

Frequent past-month cannabis use (≥ 20 days) by sexual identity among men, 2018–2022



Note: Sexual identity was not available as an analytic variable in the most recent National Survey on Drug Use and Health Public restricted-use data. We reviewed more estimates from non-probability surveys, but they were not comparable to these National Survey on Drug Use and Health Public-based estimates. Accordingly, the figures shown here represent the most recent comparable estimates available.

Source: 2021–2023 estimates are national (National Survey on Drug Use and Health Public DAS); other years are Illinois (National Survey on Drug Use and Health Restricted DAS).

Observations and notes: Frequent past-month cannabis use increased modestly among heterosexual men, from 6.9% in 2018–2019 to 8.9% in 2021–2022.

Estimates were higher among gay and bisexual men in 2018–2019, at 23.1% and 21.6%, respectively. In 2021–2022, the estimates were 10.0% among gay men and 18.9% among bisexual men.

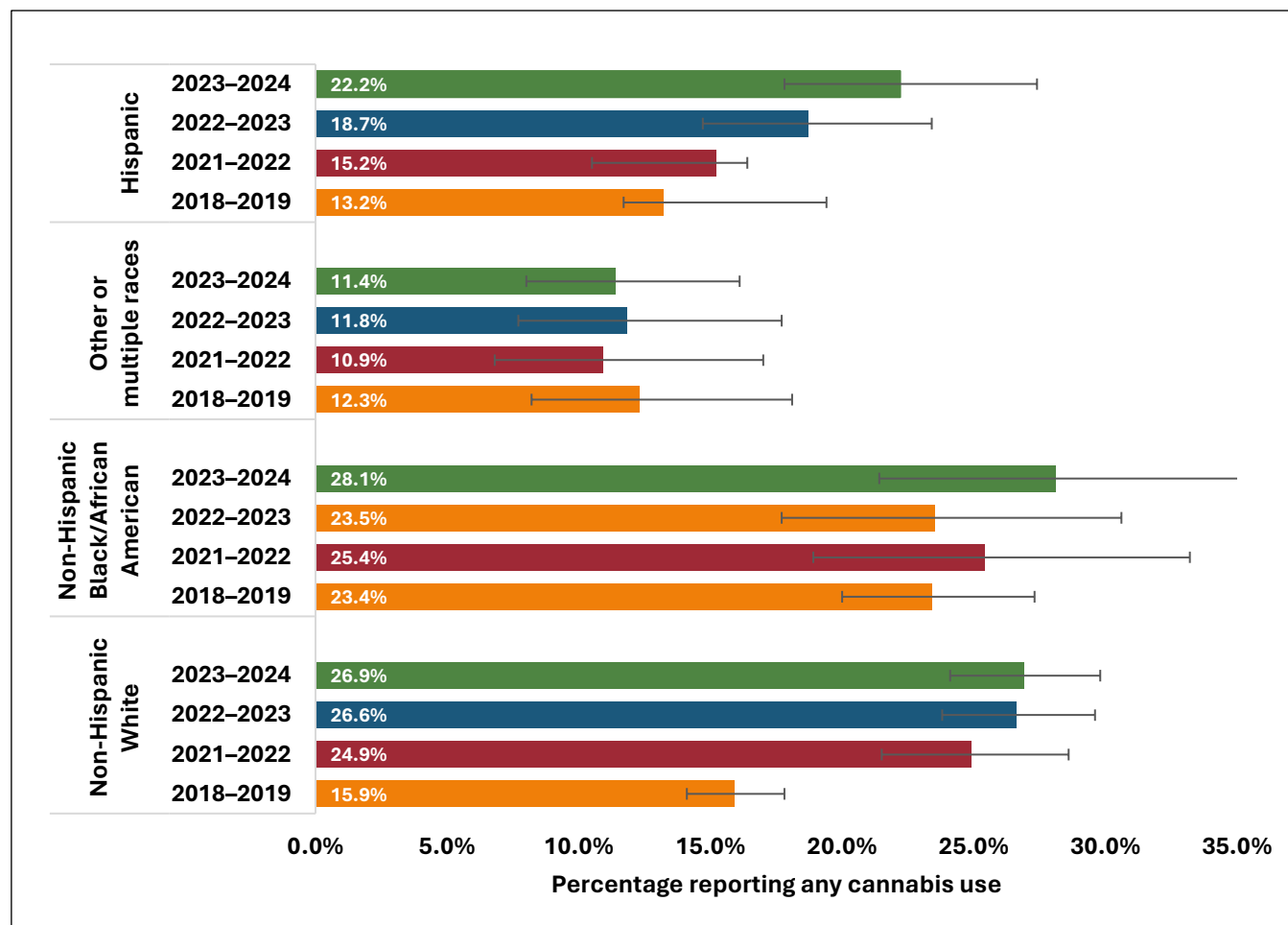
CIs were very wide for gay and bisexual men, particularly for gay men, reflecting small sample sizes. The apparent decline in frequent past-month cannabis use among gay men and the smaller change among bisexual men should therefore not be interpreted as reliable trends.

Key

takeaway

Frequent cannabis use was more common among gay and bisexual men in several estimates, particularly bisexual men, but wide CIs prevent firm conclusions about differences or changes over time.

Any past-year cannabis use by race/ethnicity, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis use among non-Hispanic White adults rose steadily, from 15.9% in 2018–2019 to 26.9% in 2023–2024, with relatively tight CIs across waves supporting reliable estimates.

Non-Hispanic Black/African American adults reported the highest prevalence across all years, ranging from 23.4% in 2018–2019 to 28.1% in 2023–2024. Rates have remained relatively stable over time, although CIs are wider in the later years.

Hispanic adults showed a clear upward trend in past-year cannabis use, increasing from 13.2% in 2018–2019 to 22.2% in 2023–2024.

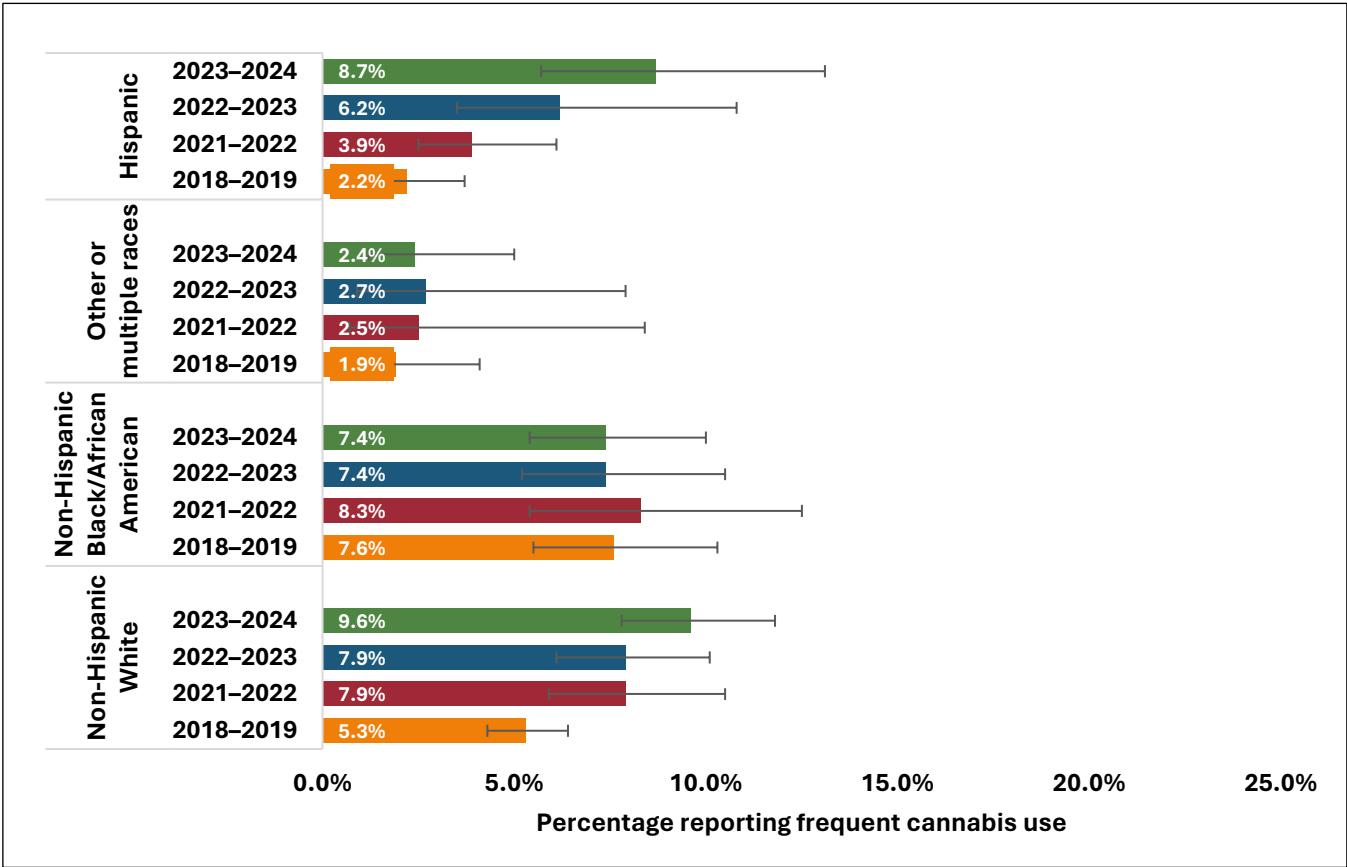
Adults identifying as non-Hispanic and for race, as Additional races, reported consistently lower prevalence (approximately 11%–12%) with overlapping CIs and no clear trend across years.

Key takeaway



Cannabis use was highest among non-Hispanic White and Black/African American adults, while Hispanic adults had the sharpest recent increase. Those identifying as Additional Races, non-Hispanic continued to report lower and stable levels.

Frequent (≥20 days) past-month cannabis use by race/ethnicity, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis use increased across most racial and ethnic groups over time; however, the rise in frequent use (≥20 days per month) was not uniform.

Among non-Hispanic White adults, both any use and frequent use increased steadily. Past-year use rose from 15.9% to 26.9%, while frequent use increased from 5.3% to 9.6%. Among non-Hispanic Black/African American adults, past-year use remained consistently high across all years (23%–28%), while frequent use remained relatively stable (7%–8%).

The most notable pattern was observed among Hispanic adults. While past-year use increased from 13.2% to 22.2%, frequent use in this group rose more sharply from 2.2% to 8.7%, suggesting that growth in regular, high-intensity use may be outpacing the increase in overall use.

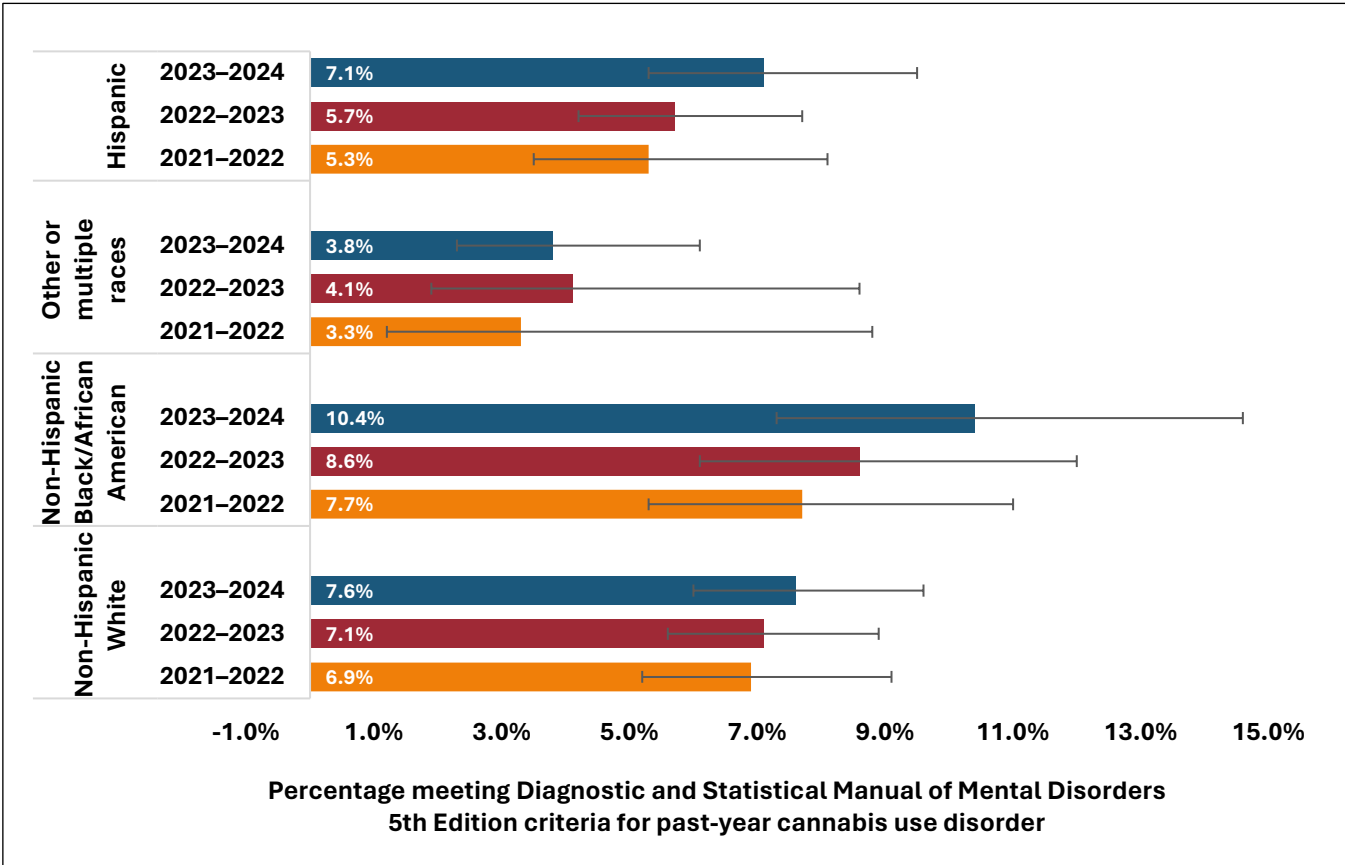
Adults identifying as non-Hispanic Additional races continued to report comparatively lower levels of both any use and frequent use, with little evidence of a clear trend.

Key

takeaway

While cannabis use increased across most racial and ethnic groups, the sharpest rise in frequent use occurred among Hispanic adults, suggesting a potential shift toward more intensive use patterns that may warrant closer public health monitoring.

Past-year cannabis use disorder by race/ethnicity, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Cannabis use disorder prevalence increased modestly across most racial and ethnic groups from 2021–2022 to 2023–2024. The highest estimates were observed among non-Hispanic Black/African American (Black) adults.

Among non-Hispanic White adults, cannabis use disorder prevalence rose gradually from 6.9% to 7.6%, a relatively stable but slightly increasing burden.

Among Black adults, prevalence increased from 7.7% to 10.4%, the highest level observed across groups. Although CIs overlap, the upward direction is notable and consistent with persistently elevated risk.

Hispanic adults also showed an upward trend, increasing from 5.3% to 7.1% over the same period, a trend which parallels the sharp rise previously observed in frequent cannabis use.

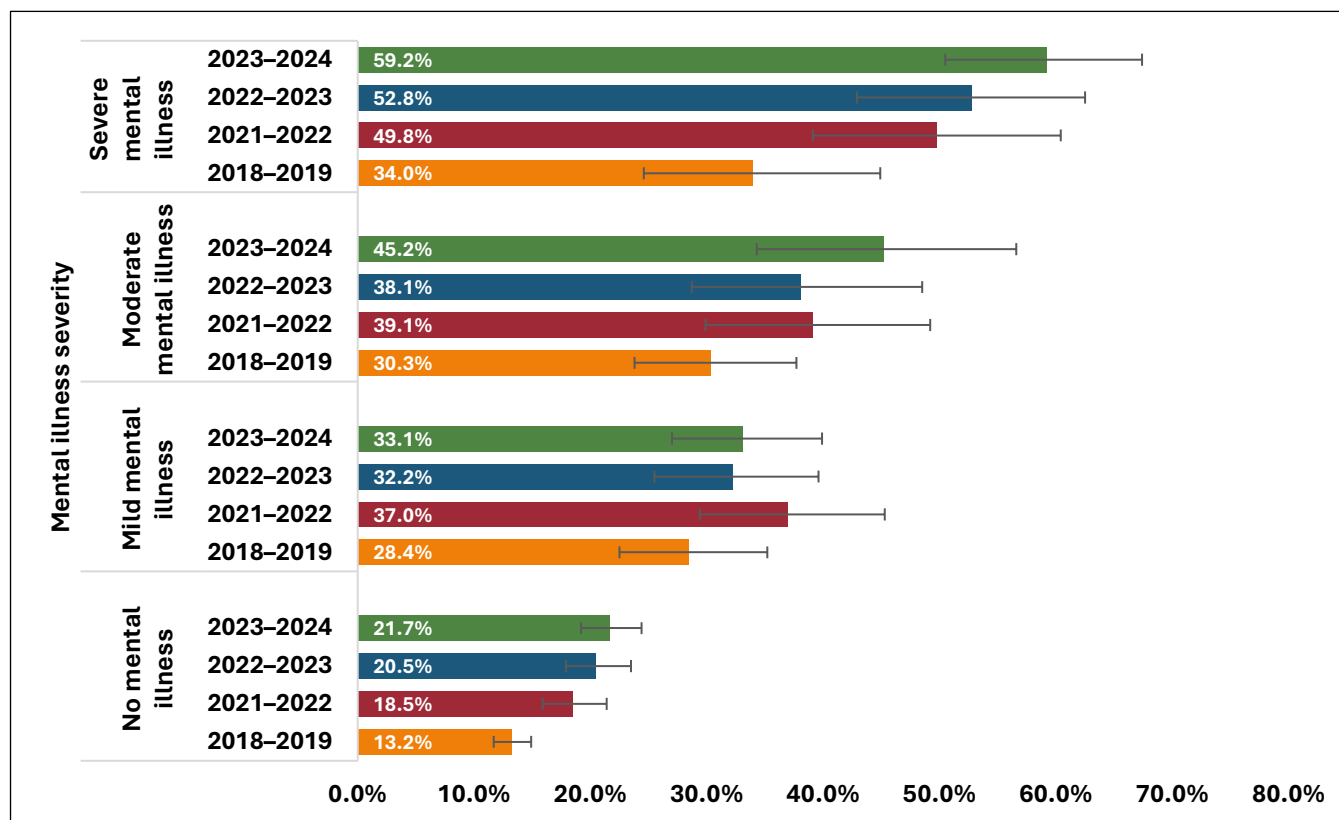
Adults identifying as non-Hispanic Additional Races continued to report lower prevalence (approximately 3%–4%), with overlapping CIs and no clear trend.

Key takeaway



The prevalence of cannabis use disorder increased across most racial and ethnic groups, with the highest levels observed among non-Hispanic Black/African American adults. Hispanic adults also showed increasing prevalence of the disorder, reinforcing concerns about the recent rise in frequent cannabis use.

Any past-year cannabis use by severity of mental illness, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis use among respondents increased across all levels of severity of mental illness over time.

Among adults with no mental illness, past-year use rose from 13.2% in 2018–2019 to 21.7% in 2023–2024. Among adults with mild mental illness, past-year use remained substantially higher than among those without mental illness and increased from 28.4% to 33.1% during 2018–2024. Among adults with moderate mental illness, an even higher increase in prevalence was observed: 30.3% in 2018–2019 compared with 45.2% in 2023–2024.

The rise in prevalence among adults with severe mental illness is noteworthy; it rose from 34.0% to 59.2% from 2018–2024. By 2023–2024, nearly 6 in 10 adults in this group reported past-year cannabis use. Serious mental illness is defined by SAMHSA as a person over age 18 having (within the past year) a diagnosable mental, behavioral, or emotional disorder that substantially interferes with the person's life and ability to function. Serious mental illnesses include conditions like bipolar disorder, major depressive disorder, and schizophrenia.

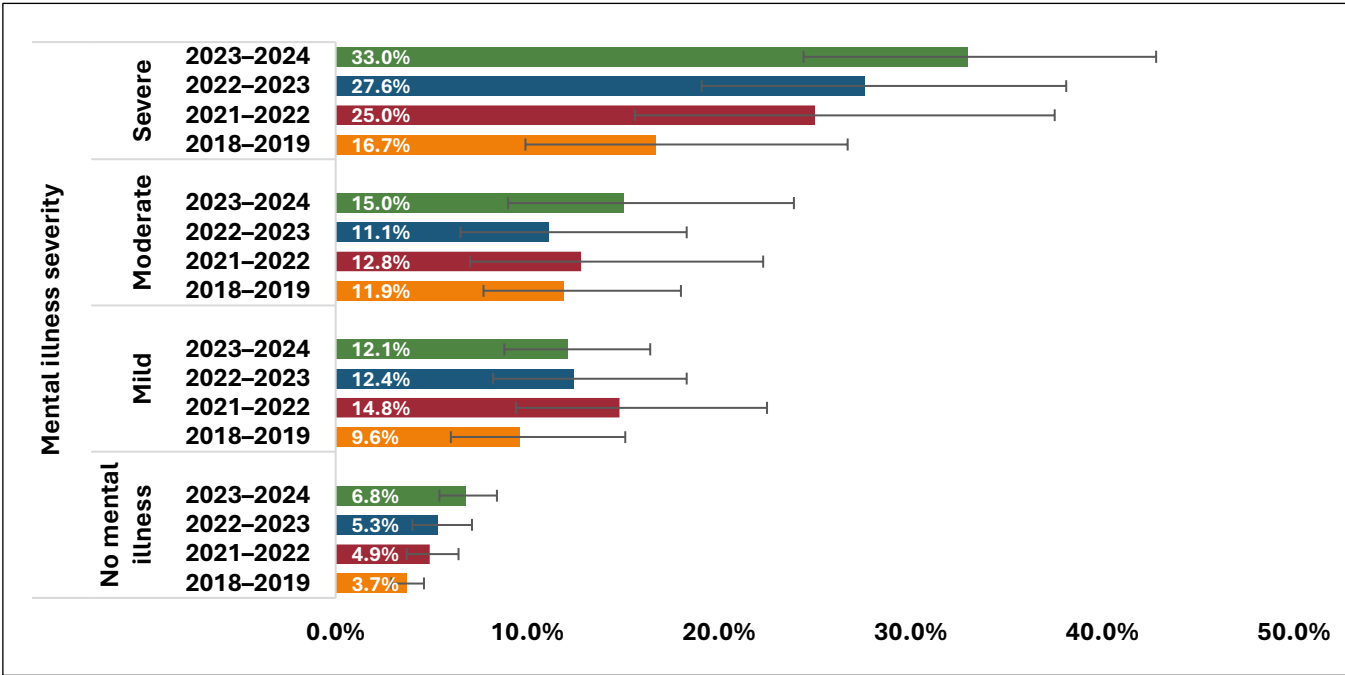
Past-year use increased substantially as mental illness severity worsens across all years. A strong relationship between mental illness severity and cannabis use appears to be present. These findings highlight the importance of continued monitoring of cannabis use in those with mental illness as cannabis policies, products, and patterns of use evolve.

Key takeaway



Past-year cannabis use in 2023–2024 increased across all levels of mental illness severity and remained strongly associated with symptom burden, reaching nearly 60% among adults with severe mental illness.

Past-month (≥ 20 days) cannabis use by severity of mental illness, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Frequent cannabis use (≥ 20 days per month) increased across all levels of mental illness severity over time and showed a strong graded relationship with symptom severity.

Among adults with no mental illness, frequent use increased steadily from 3.7% in 2018–2019 to 6.8% in 2023–2024.

Among those with mild mental illness, prevalence remained consistently higher, increasing from 9.6% to 12.1%, with some fluctuation across years.

Adults with moderate mental illness reported similarly elevated levels, rising from 11.9% to 15.0%, although CIs are wider.

The highest prevalence was consistently observed among adults with serious mental illness, increasing sharply from 16.7% in 2018–2019 to 33.0% in 2023–2024. By the most recent period, approximately one in three adults in this group reported frequent cannabis use.

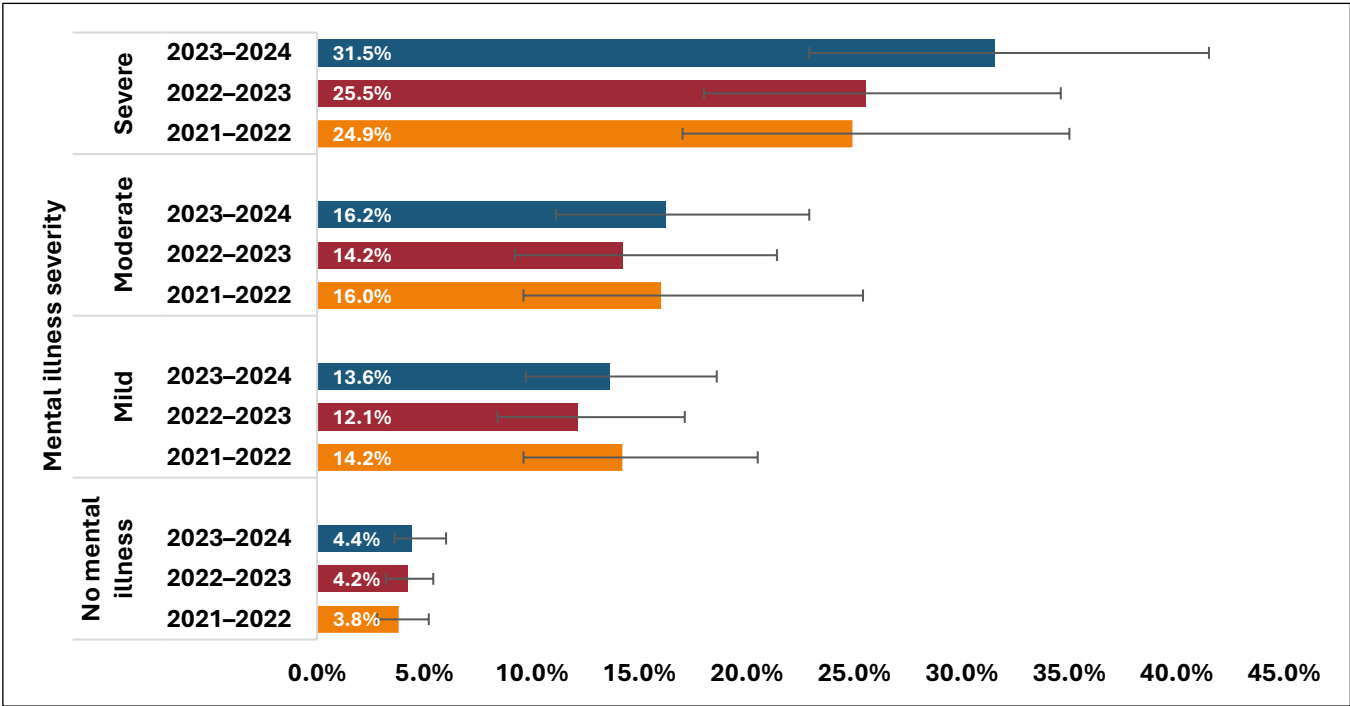
As with past-year use, the data indicate a severity gradient; frequent use increases substantially as mental illness severity worsens.

Key

takeaway

Frequent cannabis use increased across all mental illness severity levels and rose sharply with symptom burden; by 2023–2024, one-third of adults with serious mental illness reported frequent use.

Past-year cannabis use disorder by severity of mental illness, 2021–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: The prevalence of cannabis use disorder increased markedly with mental illness severity across all reporting periods, showing a strong and consistent graded association.

Among adults with no mental illness, the prevalence of cannabis use disorder increased markedly with mental illness severity across all reporting periods, showing a strong and consistent graded association.

Among adults with no mental illness, the prevalence of cannabis use disorder remained comparatively low and stable, increasing slightly from 3.8% in 2021–2022 to 4.4% in 2023–2024.

Among those with mild mental illness, the prevalence of cannabis use disorder remained substantially higher, ranging from 12.1% to 14.2% across years.

Adults with moderate mental illness reported similarly elevated prevalence, ranging from 14.2% to 16.2%, with overlapping CIs suggesting relative stability at a high level.

The highest prevalence was consistently observed among adults with severe mental illness, increasing from 24.9% in 2021–2022 to 31.5% in 2023–2024. By the most recent period, nearly one in three adults in this group met criteria for cannabis use disorder.

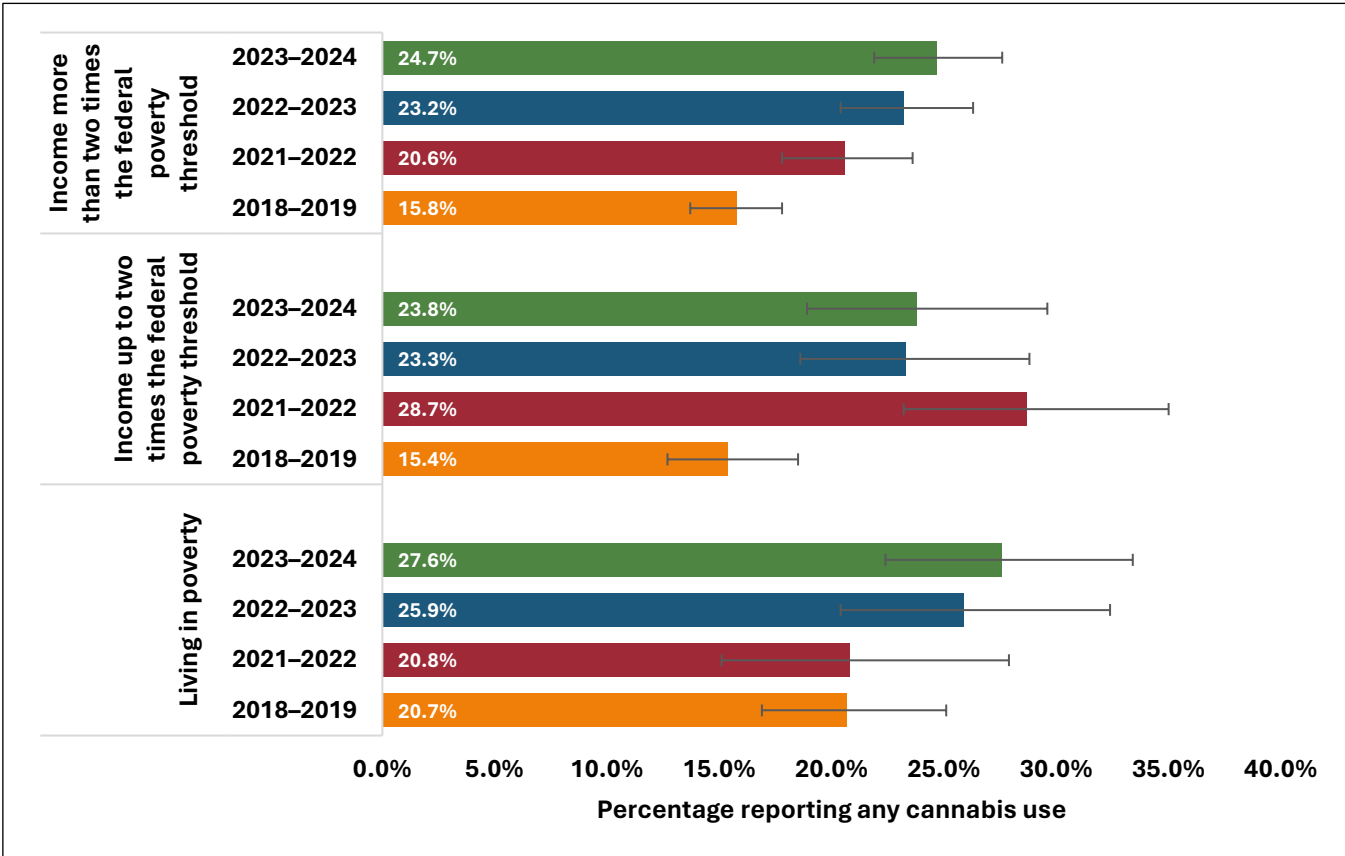
The findings are similar to those observed for both past-year use by mental illness severity and frequent use by mental illness severity.

Key
takeaway



Prevalence of cannabis use disorder increased sharply with mental illness severity, reaching nearly one-third of adults with severe mental illness in 2023–2024, reinforcing a strong graded association across all cannabis-related outcomes.

Any past-year cannabis use by federal poverty level, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis use increased across all income groups over time, with the highest prevalence generally observed among adults living in poverty.

Among adults living in poverty, prevalence increased from 20.7% in 2018–2019 to 27.6% in 2023–2024.

Adults with income up to two times the federal poverty threshold showed a sharp increase from 15.4% to 28.7% in 2021–2022, then stabilized at 23.8% in 2023–2024.

Among those with incomes more than two times the federal poverty threshold, the prevalence rose steadily from 15.8% to 24.7% during 2018–2024.

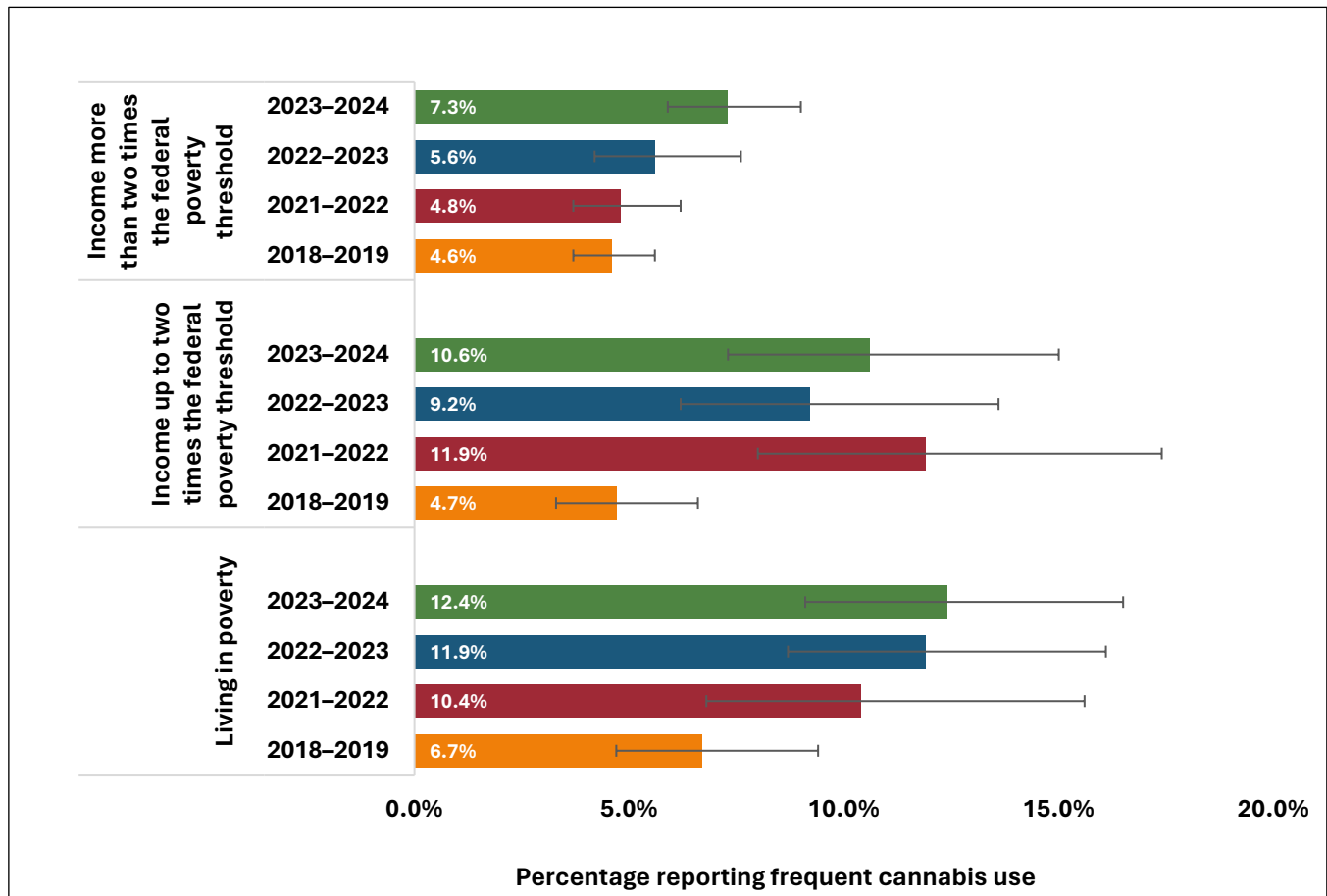
By 2023–2024, differences across income groups had narrowed, with all groups reporting rates in the mid-20% range.

Key takeaway



Past-year cannabis use increased substantially across all income groups since 2018–2019, with persistently highest prevalence among adults living in poverty and elevated use across all federal poverty threshold categories by 2023–2024.

Frequent (≥ 20 days) past-month cannabis use by federal poverty level, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Frequent (≥ 20 days per month) past-month cannabis use increased across all income groups, with the highest prevalence consistently observed among adults living in poverty and those near the federal poverty threshold.

Among adults living in poverty, frequent use increased from 6.7% in 2018–2019 to 12.4% in 2023–2024, nearly doubling over the study period.

Adults with income up to two times the federal poverty threshold showed a similarly sharp increase, rising from 4.7% to 10.6%, with prevalence remaining around 9%–12% after 2021. Among those with income more than two times the federal poverty threshold, prevalence remained substantially lower but increased steadily from 4.6% to 7.3%.

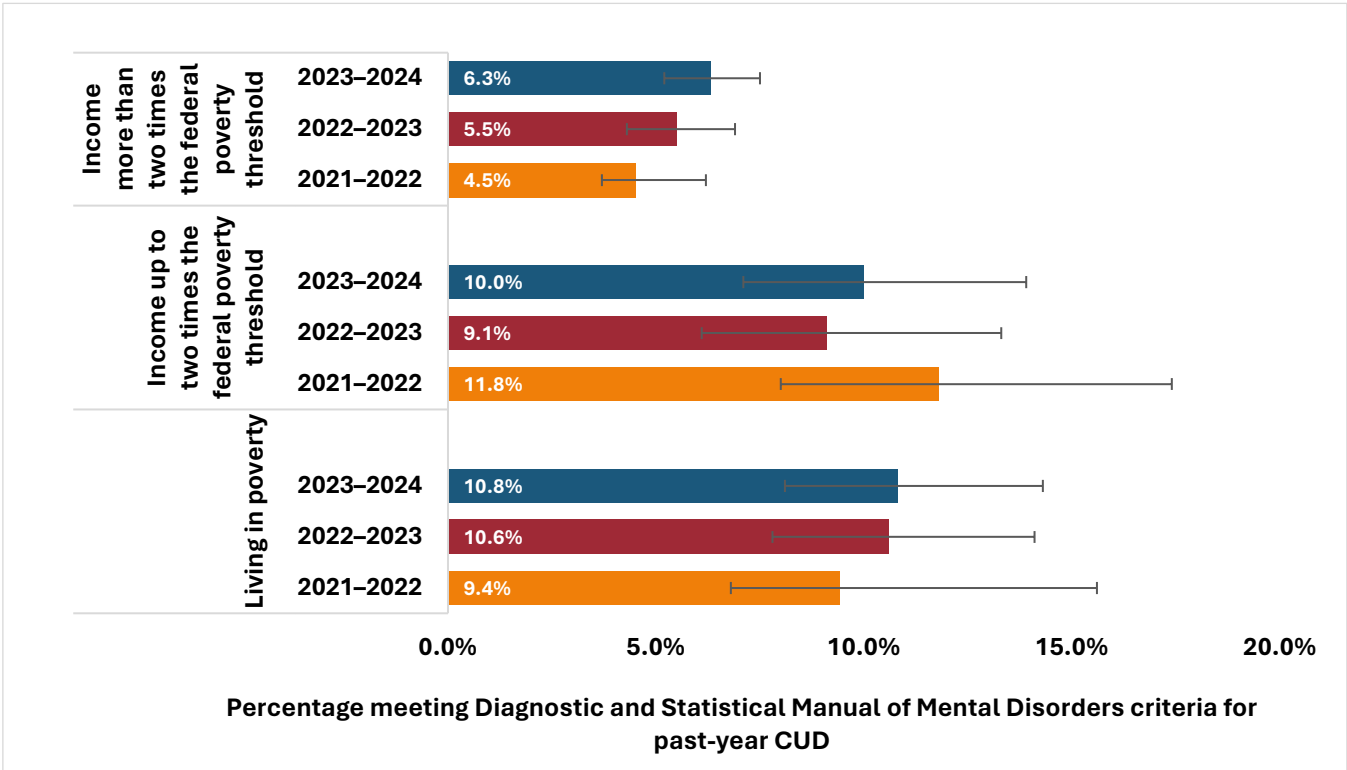
By 2023–2024, frequent use remained notably higher among lower-income groups than among higher-income adults.

Key takeaway



Frequent monthly cannabis use increased across all income groups, with the highest and most persistent levels observed among adults at or below twice the federal poverty threshold.

Past-year cannabis use disorder by federal poverty level, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: The prevalence of cannabis use disorder was consistently higher among lower-income adults. Rates were relatively stable among those living in poverty or near the federal poverty threshold.

Among adults living in poverty, the prevalence of cannabis use disorder increased modestly from 9.4% in 2021–2022 to 10.8% in 2023–2024.

Adults with incomes up to two times the federal poverty threshold reported similarly elevated prevalence rates, ranging from 9.1% to 11.8% across reporting periods.

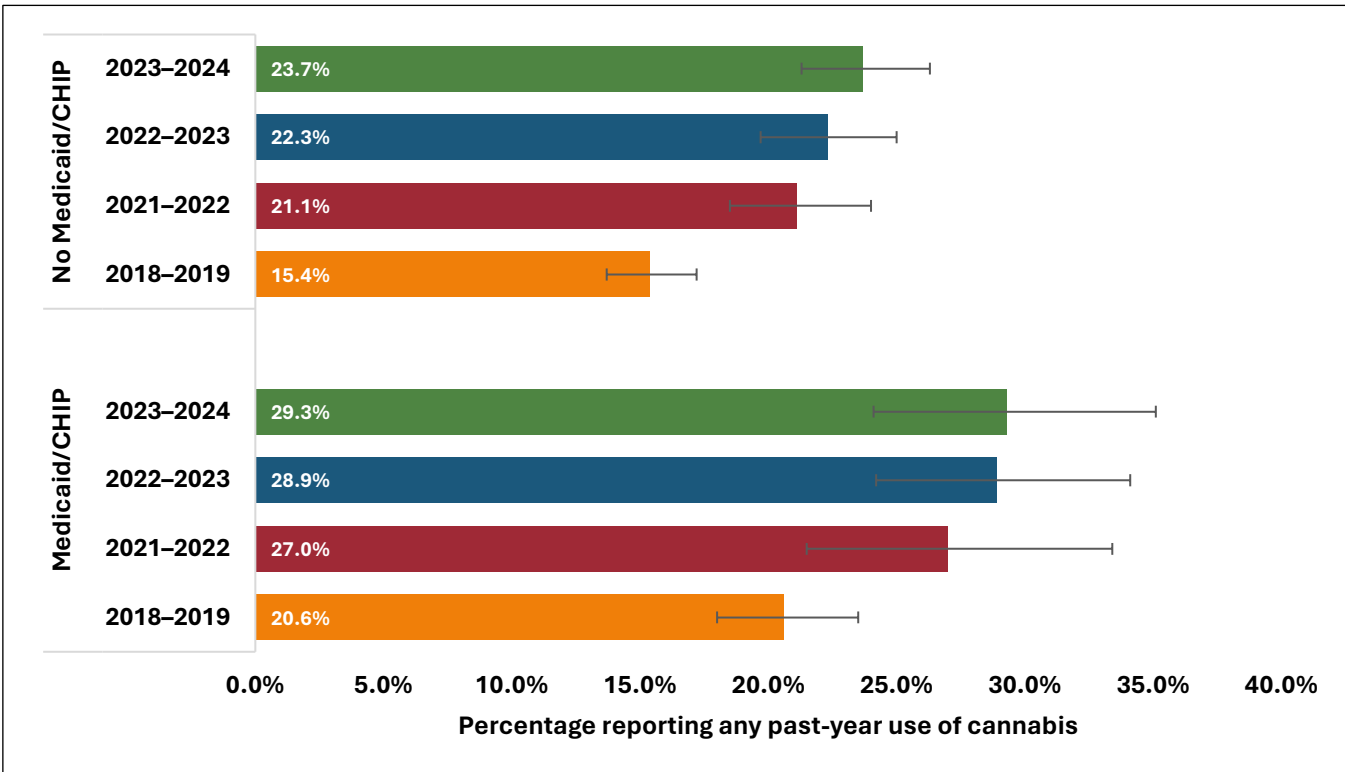
Among those with income more than two times the federal poverty threshold, prevalence remained substantially lower but increased steadily from 4.5% to 6.3%.

By 2023–2024, the prevalence of cannabis use disorder remained notably higher among lower-income adults than among higher-income adults.

Key takeaway

The prevalence of cannabis use disorder remained consistently elevated among adults living at or below twice the federal poverty threshold, approximately double the rate observed among higher-income adults in 2023–2024.

Any past-year use of cannabis by Medicaid/CHIP coverage status, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year cannabis use increased over time among Medicaid/CHIP enrollees and adults not enrolled by Medicaid/CHIP. Prevalence was consistently higher among those enrolled in Medicaid/CHIP than among those not enrolled in the program.

Among adults with Medicaid/CHIP coverage, past-year cannabis use increased from 20.6% in 2018–2019 to 29.3% in 2023–2024.

Among adults with no Medicaid/CHIP coverage, prevalence also increased, rising from 15.4% to 23.7% across the same period.

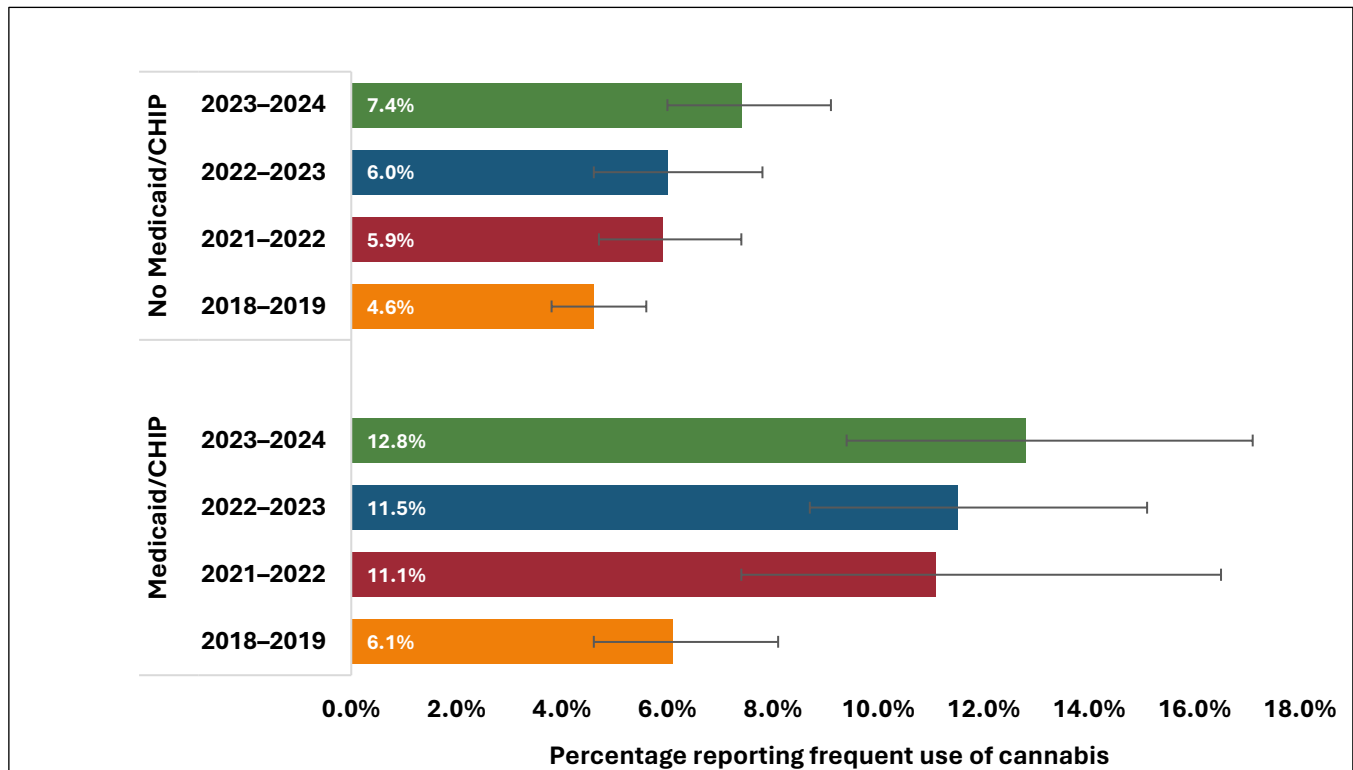
In 2023–2024, adults enrolled in Medicaid/CHIP continued to report higher past-year cannabis use than those without Medicaid/CHIP coverage.

Key takeaway



Past-year cannabis use increased among both adults with Medicaid/CHIP coverage and those without, with consistently higher prevalence among adults with Medicaid/CHIP coverage; nearly three in ten in this group used cannabis in the past year in 2023–2024.

Frequent (≥ 20 days) past-month cannabis use by Medicaid/CHIP coverage status, 2018–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Frequent use of cannabis (≥ 20 days per month) increased over time in adults with and without Medicaid/CHIP coverage, with consistently higher prevalence among adults with Medicaid/CHIP coverage.

Among adults with Medicaid/CHIP coverage, frequent use increased from 6.1% in 2018–2019 to 12.8% in 2023–2024, more than doubling during 2018–2024.

Among adults without Medicaid/CHIP coverage, the prevalence increased, but more modestly, from 4.6% to 7.4%.

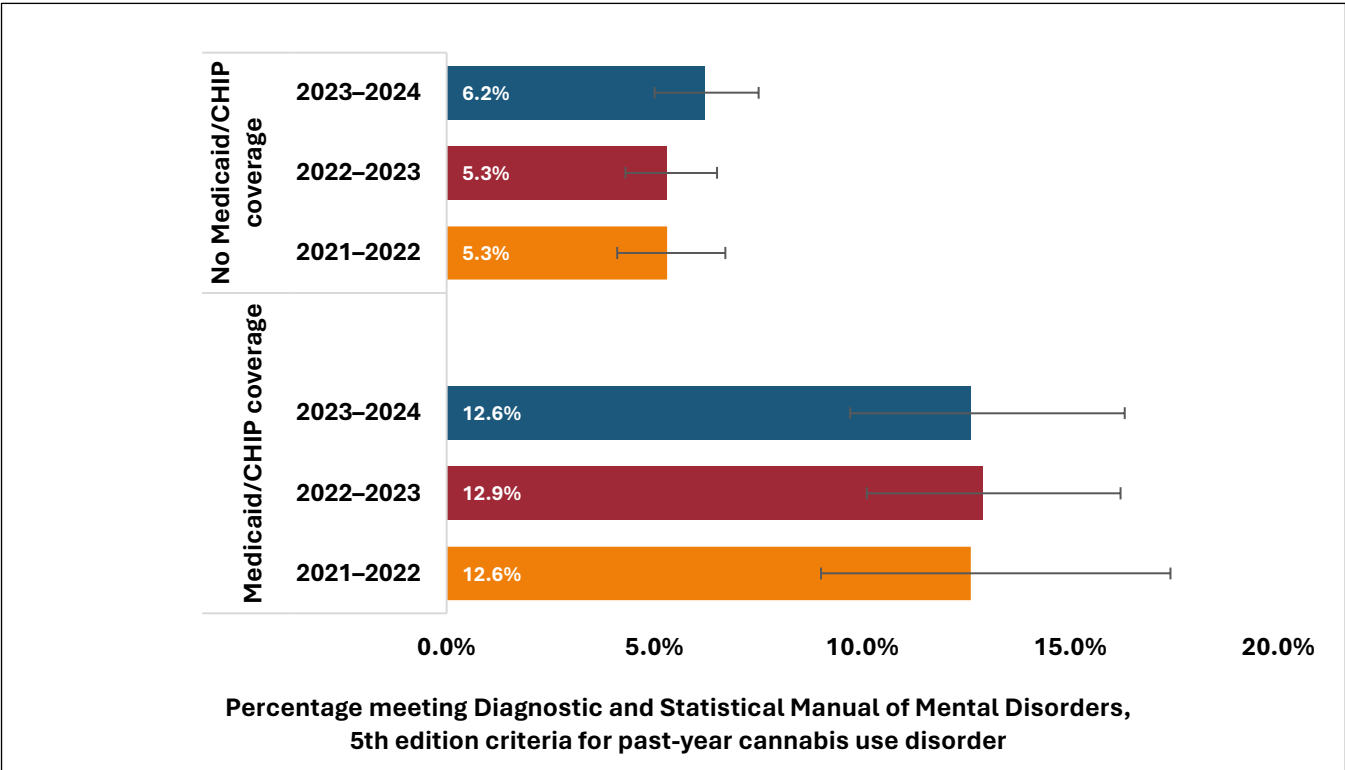
By 2023–2024, frequent use remained substantially higher among adults with Medicaid/CHIP coverage than among adults without Medicaid/CHIP coverage.

Key takeaway



Frequent monthly cannabis use was consistently higher among adults with Medicaid/CHIP coverage and reached nearly 13% in 2023–2024, compared with 7.4% among those without Medicaid/CHIP coverage.

Past-year cannabis use disorder by Medicaid/CHIP status, 2018-2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: The prevalence of cannabis use disorder remained consistently and substantially higher among adults enrolled in Medicaid/CHIP than among those without Medicaid/CHIP coverage.

Among adults with Medicaid/CHIP coverage, prevalence of cannabis use disorder remained stable at a high level, ranging from 12.6% to 12.9% across reporting periods.

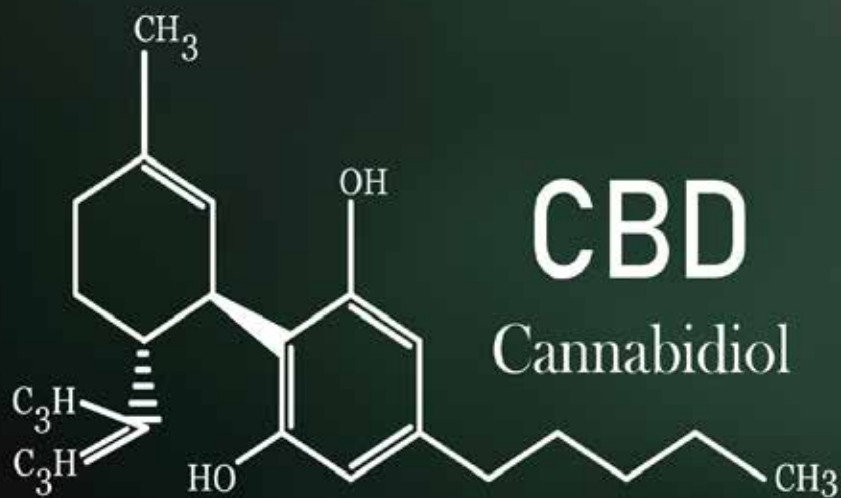
Among adults with no Medicaid/CHIP coverage, prevalence was substantially lower, increasing modestly from 5.3% to 6.2%.

Across all years assessed, the prevalence of cannabis use disorder among Medicaid/CHIP enrollees was approximately double that observed among adults without Medicaid/CHIP coverage.

Key takeaway

The prevalence of cannabis use disorder remained consistently elevated among adults enrolled in Medicaid/CHIP, affecting approximately one in eight adults, roughly twice the rate observed among those without Medicaid/CHIP coverage.

CBD and alternative cannabinoids



FROM FARM BILL TO HEMP ACT

How Illinois Responded to the Rapid Growth of Intoxicating Hemp Products

2018 FEDERAL FARM BILL

1



Legalized hemp nationwide

Hemp defined as cannabis containing $\leq 0.3\%$ 49-THC

Intended to support production of industrial hemp, fiber, grain, paper, textiles, and non-intoxicating CBD products

NEW HEMP MARKETPLACE EMERGES

2



Manufacturers begin marketing intoxicating hemp-derived cannabinoids outside state-regulated cannabis programs.

EXAMPLES

- Delta-8 THC
- Hemp-derived 49 THC
- THCA
- HHC
- Other hemp-derived cannabinoids

Products become widely available through:

- Vape shops
- Smoke shops
- Convenience stores
- Online retailers

PUBLIC HEALTH CONCERNS INCREASE

3



Research and public health surveillance identify several recurring concerns.



YOUTH ACCESS

Intoxicating hemp products become widely available outside licensed cannabis dispensaries.



PRODUCT LABELING

Studies identify inaccurate labeling, variable potency, and inconsistent cannabinoid content.



PRODUCT QUALITY

Testing reveals contaminants and synthetic by-products in some products.



ACCIDENTAL PEDIATRIC EXPOSURES

Poison centers report increasing edible ingestions among young children.

ILLINOIS HEMP ACT

4



Illinois establishes a comprehensive regulatory framework for intoxicating hemp-derived cannabinoid products.

MAJOR PROVISIONS

- ✓ Licensing
- ✓ Laboratory testing
- ✓ Standardized labeling
- ✓ QR-code certificates of analysis
- ✓ Child-resistant packaging
- ✓ Age 21+ sales
- ✓ Inspection and enforcement

ILLINOIS' GOALS

5



Protect consumers while preserving a lawful hemp marketplace by:



Improving product transparency



Promoting consistent product quality



Reducing youth access



Preventing accidental pediatric exposures



Supporting informed choices



The Illinois Hemp Act represents one of the state's most significant cannabis policy changes since legalization, extending user protections to intoxicating hemp-derived cannabinoid products that previously existed largely outside the regulated cannabis marketplace.



The Illinois Hemp Act: Regulating intoxicating hemp-derived cannabinoid products



1. Why was the Illinois Hemp Act enacted?

In recent years, intoxicating hemp-derived cannabinoid products, including delta-8 THC, hemp-derived delta-9 THC, THCA, HHC, and related products, have become increasingly available through vape shops, smoke shops, convenience stores, online retailers, and other outlets operating outside Illinois' regulated cannabis dispensary system. Their rapid expansion has raised concerns among policymakers and public health officials regarding youth access, product labeling and potency, consumer safety, and accidental pediatric exposures. In response, Illinois enacted the Hemp Act (Public Act 104-0463), establishing a comprehensive regulatory framework for hemp-derived cannabinoid

products intended for human consumption. In so doing, Illinois joins a growing number of states that have adopted comprehensive regulatory approaches to these products following passage of the 2018 Farm Bill.

2. How does the Illinois Hemp Act change hemp regulation?

The Illinois Hemp Act establishes a comprehensive regulatory framework for hemp-derived cannabinoid products intended for human consumption. The law creates standards governing their manufacture, testing, labeling, packaging, sale, and enforcement. The Act does not prohibit hemp-derived cannabinoid products outright. Rather, it establishes standards intended to improve product quality, consumer transparency, and

The Illinois Hemp Act: Regulating intoxicating hemp-derived cannabinoid products

public safety while maintaining a legal market for compliant products. Major provisions include:

- **Licensing and oversight.** Manufacturers, distributors, and retailers of hemp-derived cannabinoid products must comply with state licensing and regulatory requirements established under the Act.
- **Product testing and quality standards.** The products must undergo laboratory testing for cannabinoid content and contaminants, including pesticides, heavy metals, residual solvents, and microbiological contaminants. Certificates of analysis must be available through QR codes or other approved means.
- **Packaging and labeling requirements.** Products must be sold in child-resistant packaging and include standardized labeling that identifies cannabinoid content, ingredients, serving size, warnings, and expiration information.
- **Age restrictions and consumer protections.** The Act prohibits the sale of hemp-derived cannabinoid products intended for human consumption to individuals under 21 years of age and establishes additional user protection requirements designed to reduce accidental exposures and improve product transparency.
- **Inspection, enforcement, and recalls.** State agencies are authorized to inspect facilities, investigate violations, remove non-compliant products from the marketplace, and enforce the Act through administrative and civil penalties.

Why does it matter?

Research over the past several years has identified four recurring public health concerns associated with the rapid expansion of intoxicating hemp-derived cannabinoid products sold outside regulated cannabis markets.

Broad availability. A national survey of 520 vape shops found that 74% sold the products, including all sampled Illinois vape shops, illustrating how widely these products had become available outside licensed cannabis dispensaries (Rossheim et al., 2024).

Youth access. Studies have found that hemp-derived cannabinoid products are widely available through vape shops, smoke shops, convenience stores, and online retailers, often with inconsistent age verification (LoParco et al., 2024; Rossheim et al., 2024). Nationally representative *Monitoring the Future* data indicate that approximately 12% of U.S. 12th-grade students reported past-year delta-8 THC use. Co-use of delta-8 THC and cannabis was common among adolescent cannabis users (Harlow et al., 2024).

Product variability, contaminants, and consumer uncertainty. Independent laboratory studies have documented substantial variability in concentrations of cannabinoids, accuracy of product labeling, and the presence of contaminants or unintended synthetic byproducts in some commercially available hemp-derived cannabinoid products (Johnson et al., 2023). Such inconsistencies make it difficult for users to know precisely what they are purchasing or consuming.

The Illinois Hemp Act: Regulating intoxicating hemp-derived cannabinoid products

Understanding intoxicating hemp products

Cannabis and hemp are varieties of the same plant species (*Cannabis sativa*), differing primarily in their concentration of delta-9 tetrahydrocannabinol (THC), the principal psychoactive compound in cannabis. Under the 2018 federal Farm Bill, hemp containing no more than 0.3% delta-9 THC (dry weight) was removed from the federal definition of cannabis, primarily to support the production of industrial products such as fiber, textiles, paper, rope, and other non-intoxicating hemp products, as well as cannabidiol (CBD).

However, hemp also contains other naturally occurring cannabinoids and can serve as the starting material for producing intoxicating cannabinoids intended for human consumption. These include delta-8 THC; hemp-derived delta-9 THC; THCA, which is not intoxicating when raw but becomes intoxicating when heated; HHC; and related compounds. Because many of these compounds fell outside state-regulated cannabis programs, they became widely available through smoke shops, vape retailers, convenience stores, and online vendors. The Illinois Hemp Act establishes a regulatory framework for these hemp-derived cannabinoid products.

User safety. National Poison Data System and Food and Drug Administration surveillance have documented rapidly increasing reports involving intoxicating hemp-derived cannabinoid products, including accidental pediatric ingestions, ED visits, and hospitalizations (Burgess et al., 2024; Wolf et al., 2024). These findings underscore the importance of standardized packaging, labeling, and warnings to users.

Regulatory consistency. Prior to enactment of the Illinois Hemp Act, hemp-derived cannabinoid products were often available outside the regulatory framework governing licensed cannabis dispensaries. The new law applies many of the same user protection principles—including testing, labeling, age restrictions, and product oversight—to these products intended for human consumption. Although much of the published evidence

comes from national studies, the concerns identified in this research closely mirror the consumer protection provisions incorporated into the Illinois Hemp Act.

4. What does this mean for Illinois?

The Hemp Act marks a new phase in Illinois' cannabis policy by extending user protections to hemp-derived cannabinoid products that previously existed outside the state's regulated cannabis marketplace. Illinois joins a growing number of states responding to the rapid expansion of these products following passage of the 2018 Farm Bill. By establishing standards for testing, labeling, packaging, retail oversight, and age restrictions, the Act seeks to address concerns identified in the scientific literature while preserving a legal marketplace for compliant hemp products. As implementation proceeds, Illinois will have an opportunity to

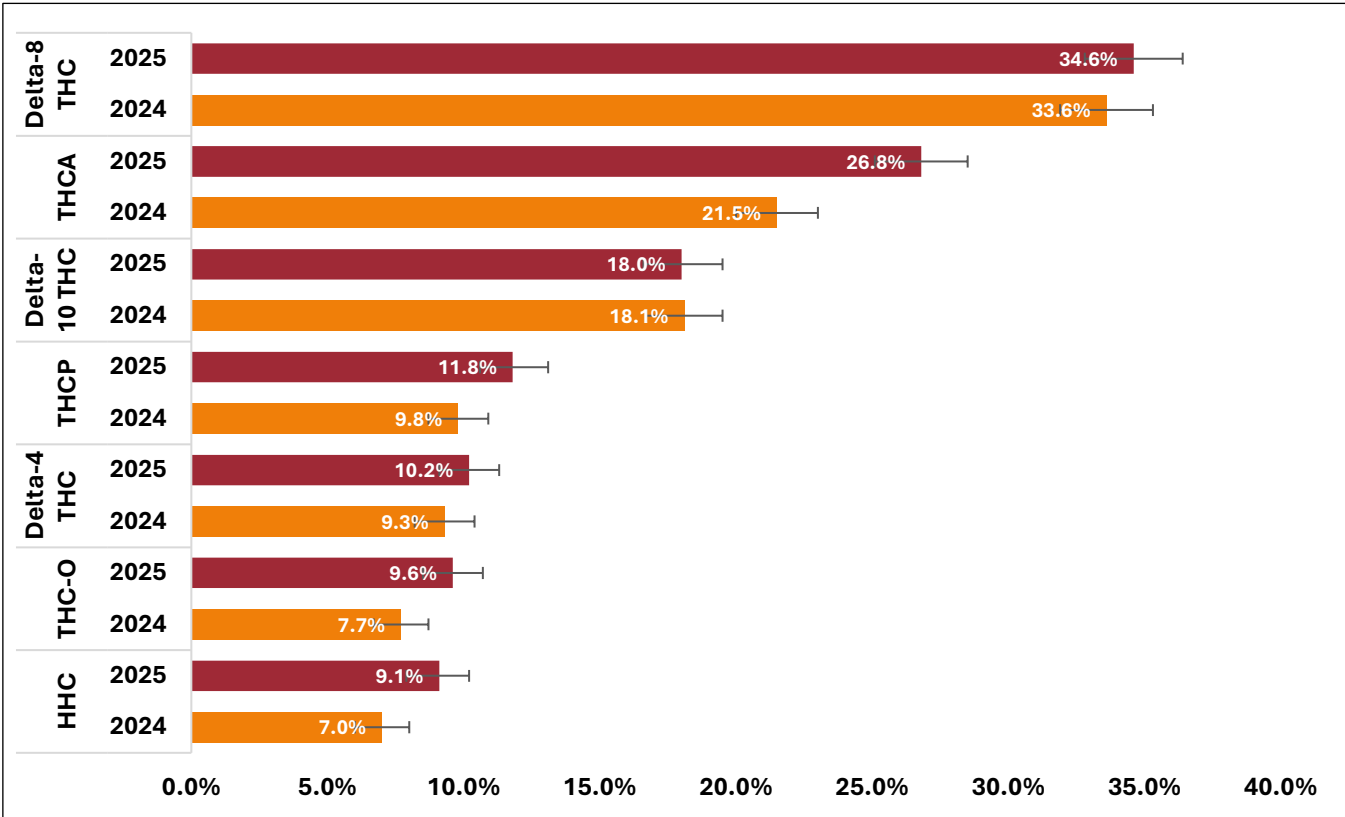
The Illinois Hemp Act: Regulating intoxicating hemp-derived cannabinoid products

evaluate whether these changes improve user safety, reduce youth access and accidental pediatric exposures, and enhance product transparency. Because many states continue to grapple with similar challenges, the experience of Illinois may provide valuable guidance for policymakers across the country seeking to balance user access, industry development, and public health protection in this rapidly evolving marketplace.

References

- Burgess, A., Hays, H. L., Badeti, J., Spiller, H. A., Rine, N. I., Gaw, C. E., Ding, K., & Smith, G. A. (2024). Delta-8 Tetrahydrocannabinol, Delta-10 Tetrahydrocannabinol, and Tetrahydrocannabinol-O Acetate Exposures Reported to America's Poison Centers. *Clinical Toxicology (Philadelphia)*, 62(4), 256–266. <https://doi.org/10.1080/15563650.2024.2340115>
- Harlow, A. F., Leventhal, A. M., Pacula, R. L., Miech, R. A., Schauer, G. L., Bae, D., & Cho, J. (2026). Marijuana and Delta-8-THC Use Among U.S. Adolescents Between 2023 and 2024. *American Journal of Preventive Medicine*, 108410. <https://doi.org/10.1016/j.amepre.2026.108410>
- Johnson, L., Malone, M., Paulson, E., Swider, J., Marelus, D., Andersen, S., & Black, D. (2023). Potency and Safety Analysis of Hemp Delta-9 Products: The Hemp vs. Cannabis Demarcation Problem. *Journal of Cannabis Research*, 5(1), 29. <https://doi.org/10.1186/s42238-023-00197-6>
- LoParco, C. R., Tillett, K. K., Berg, C. J., & Rossheim, M. E. (2024). Online Retail of Derived Psychoactive Cannabis Products: Age and Shipping Restrictions. *Journal of Adolescent Health*, 75(2), 249–253. <https://doi.org/10.1016/j.jadohealth.2024.05.004>
- Rossheim, M. E., LoParco, C. R., Tillett, K. K., Treffers, R. D., Livingston, M. D., & Berg, C. J. (2024). Intoxicating Cannabis Products in Vape Shops: United States, 2023. *American Journal of Preventive Medicine*, 67(5), 776–784. <https://doi.org/10.1016/j.amepre.2024.07.001>
- Wolf, L., Hines, M., Ou, O., Wolpert, B., Nolan, N., Kenez, S., & Taylor, C. (2024). The Food and Drug Administration's Safety Surveillance of Adverse Event Cases Involving Cannabinoid Hemp Products, 2019–2023. *American Journal of Public Health*, 114(S8), S664–S672. <https://doi.org/10.2105/ajph.2024.307712>

Awareness of delta-8 THC and other hemp-derived or novel cannabinoids, 2024–2025



Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Awareness was highest for delta-8 THC in both years, at 33.6% in 2024 and 34.6% in 2025.

Awareness of THCA showed the largest year-to-year change, rising from 21.5% in 2024 to 26.8% in 2025, and awareness of THCA was second highest of the cannabinoids that were asked about in the survey.

Awareness of delta-10 THC remained essentially unchanged at about 18% in both years.

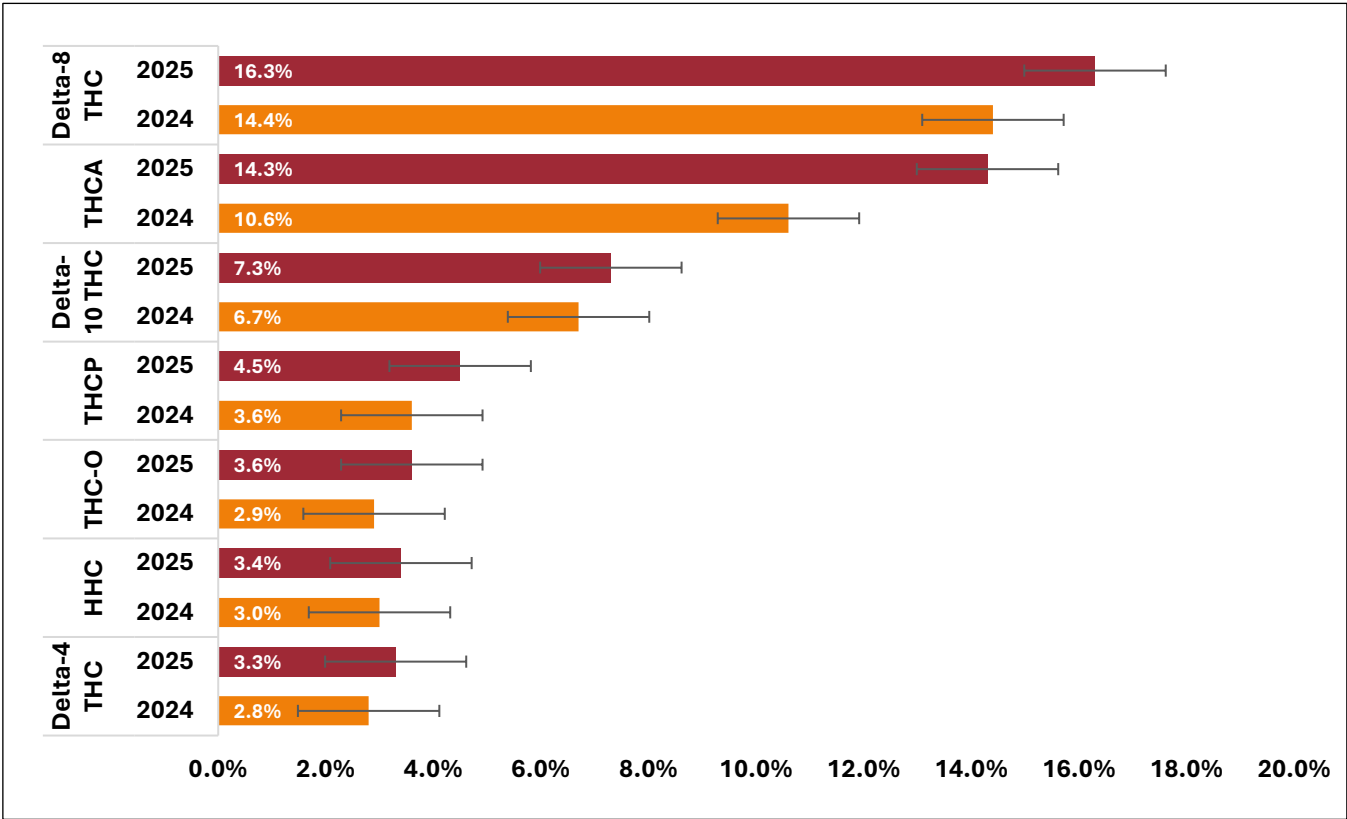
Awareness of HHC, THC-O, and THCP was modestly higher in 2025 than in 2024, while awareness of delta-4 THC changed little.

Overall, awareness of most cannabinoids remained limited. Fewer than one in five respondents had heard of any cannabinoid other than delta-8 THC and THCA.

Key takeaway

Awareness of alternative cannabinoids remained limited in 2025. Delta-8 THC was the best known, while THCA was the cannabinoid with the largest year-to-year rise in awareness.

Lifetime use of delta-8 THC and selected cannabinoids, 2024–2025



Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Delta-8 THC was the most commonly used cannabinoid in both years, increasing from 14.4% in 2024 to 16.3% in 2025. THCA ranked second and showed the largest year-to-year change, rising from 10.6% to 14.3%.

Ever use of delta-10 THC increased modestly from 6.7% to 7.3%.

Use of THCP, THC-O, HHC, and delta-4 THC remained relatively uncommon; 2025 estimates ranged from 3.3% to 4.5%.

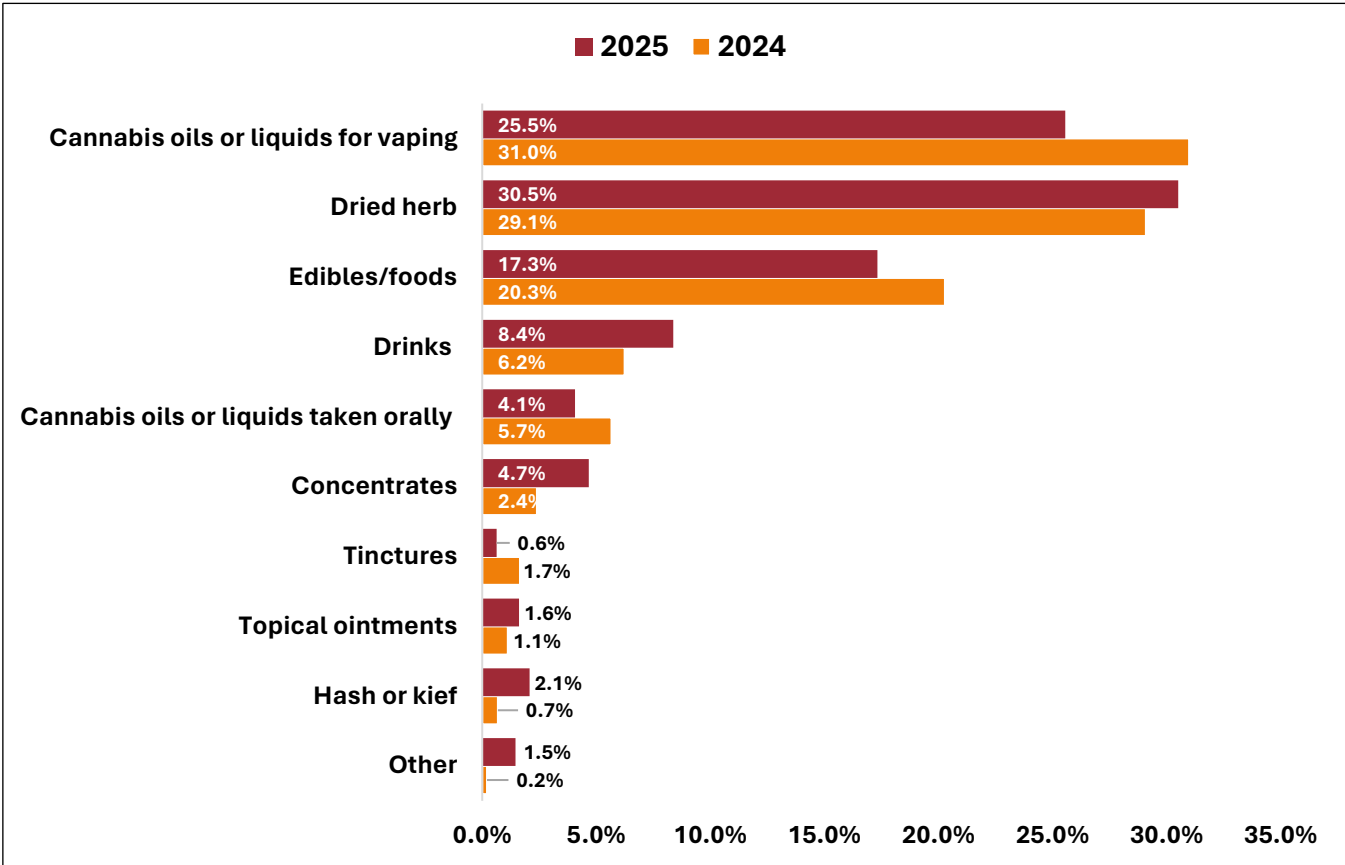
Overall, reported use was higher in 2025 for most cannabinoids, although changes were generally modest apart from THCA.

Key takeaway



Delta-8 THC remained the most commonly used alternative cannabinoid in 2025, while THCA showed the largest increase in reported use.

Delta-8 THC product types used among Illinois respondents reporting delta-8 THC use, 2024–2025



Source: International Cannabis Policy Study, Illinois site data (2018–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Among Illinois respondents who reported using delta-8 THC in 2025, the most commonly reported product types and the percentages of respondents who reported using them were:

- Dried herb, smoked or vaped, including pre-rolled joints: 30.5%
- Cannabis oils or liquids for vaping: 25.5%
- Edibles or foods: 17.3%

Dried herb became the most common product type in 2025, increasing slightly from 29.1% in 2024. In contrast, vaping oils or liquids declined from 31.0% to 25.5%, while edible use decreased from 20.3% to 17.3%.

Use of some less commonly used product types increased. Cannabis-infused drinks rose from 6.2% to 8.4%, concentrates increased from 2.4% to 4.7%, and hash or kief increased from almost no reported use to 2.1%. Oral oils and tinctures declined; in 2025, no respondents reported using tinctures.

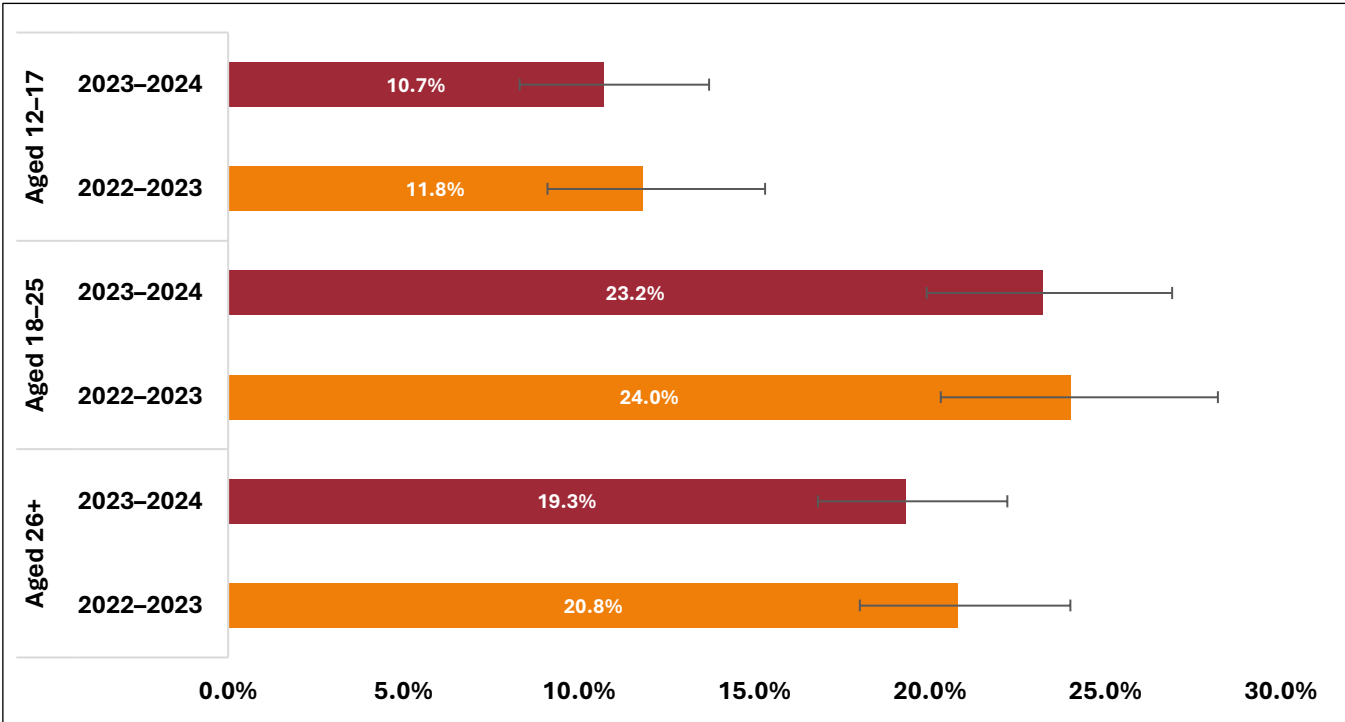
Key takeaway

Delta-8 THC use remained mostly in dried herb, vaping products, and edibles, but product preferences shifted in 2025. Dried herb overtook vaping as the most common product type, while beverages, concentrates, and hash or kief gained share. These changes suggest modest diversification beyond the three traditionally dominant product types.

Delta-8 THC product types used among Illinois respondents reporting delta-8 THC use, 2024–2025

Although dried herb, vaping products, and edibles continued to account for most reported delta-8 THC product use, their combined share declined from approximately 80% in 2024 to 73% in 2025, suggesting modest diversification in the types of products used.

Past-year use of CBD or hemp-derived cannabinoid products by age group, 2022–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-year use of CBD or hemp-derived cannabinoid products in 2022–2024 was highest among young adults aged 18–25. Approximately one in four reported using these products during that time.

Use among adults of CBD or hemp-derived cannabinoid products aged 26 or older was lower but still substantial. Adolescents aged 12–17 reported the lowest prevalence.

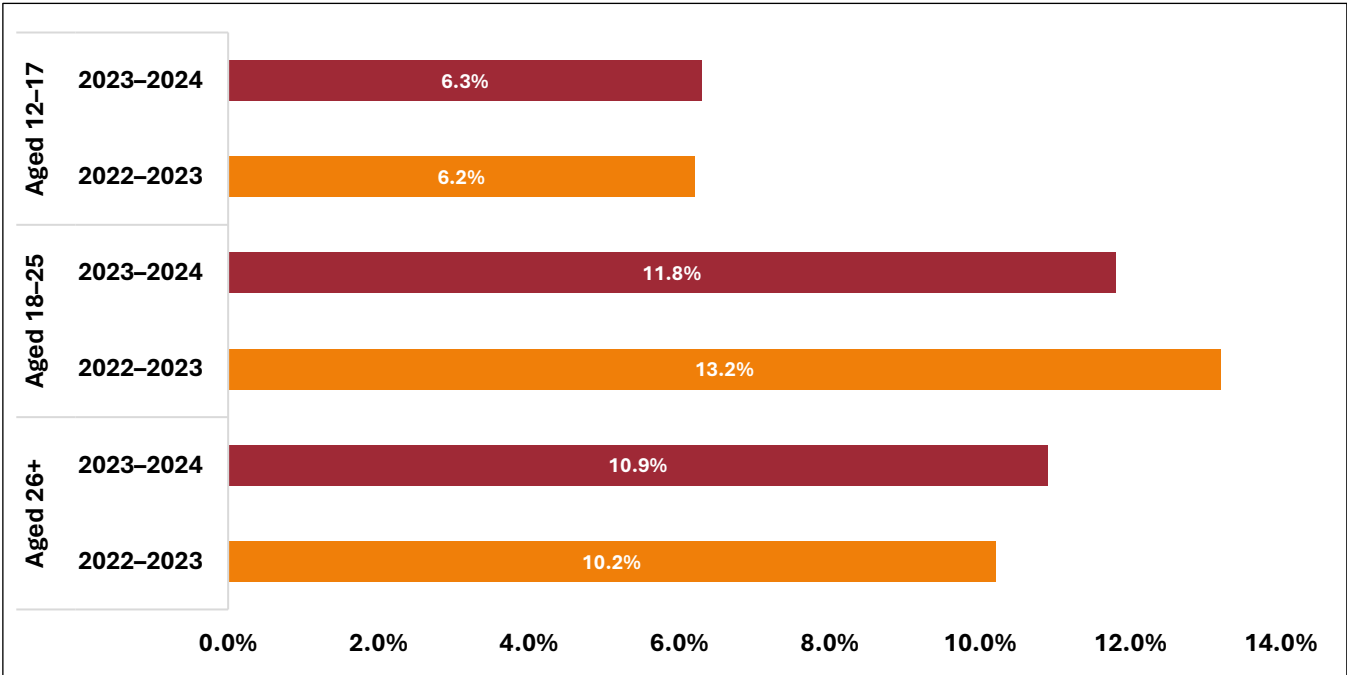
Estimates remained relatively stable between 2022–2023 and 2023–2024 across all age groups, and overlapping CIs suggest that observed differences between periods may not reflect statistically meaningful changes.

Key takeaway



Young adults continue to report the highest levels of use of CBD or hemp-derived cannabinoid products. Overall prevalence of use was relatively stable across recent years despite continued expansion of hemp-derived cannabinoid products in the marketplace.

Past-month use of CBD or hemp-derived cannabinoid products by age group, 2022–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Past-month use of CBD or hemp-derived cannabinoid products was highest among young adults aged 18–25 in both 2022–2023 and 2023–2024, and use among adults aged 26 or older was not far behind this group.

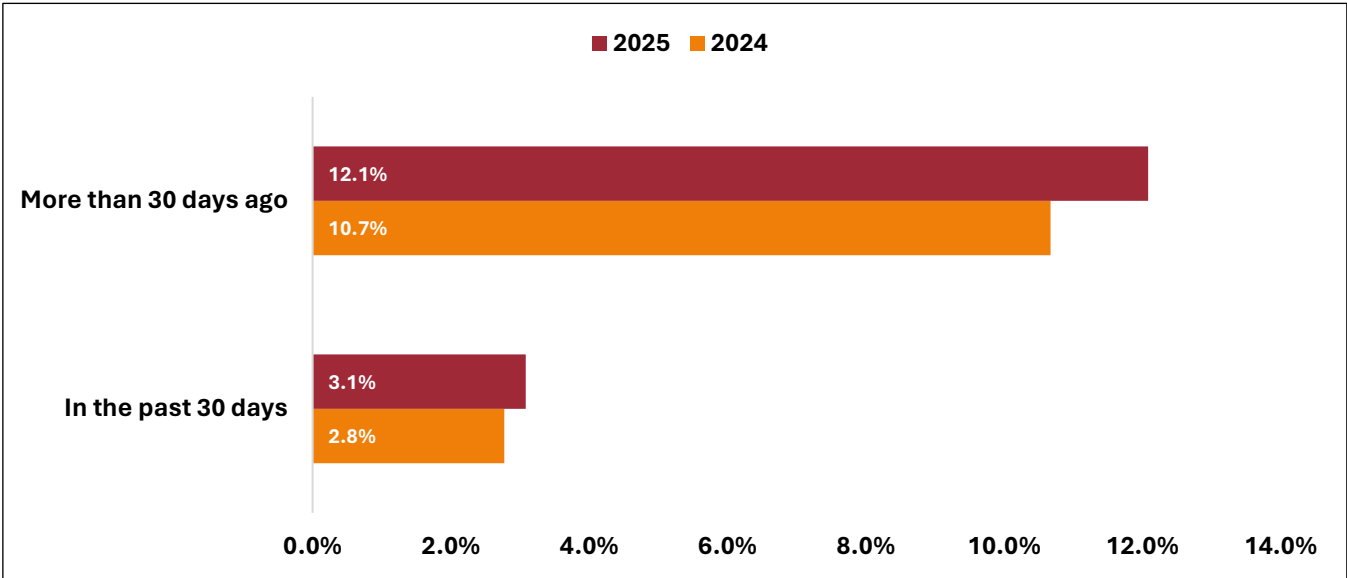
Adolescents aged 12–17 reported a substantially lower prevalence than adults aged 18 and older.

Estimates remained relatively stable between 2022–2023 and 2023–2024 across all age groups. Overlapping CIs suggest limited evidence of meaningful year-to-year change.

Key
takeaway

Recent (past-month) use of CBD or hemp-derived cannabinoid products was most common among young adults, although substantial use was also reported among adults aged 26 or older. Prevalence remained generally stable across recent years despite the continued expansion of hemp-derived cannabinoid products in retail markets.

Ever use and recency of delta-8 THC use among Illinois respondents, 2024–2025



Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Alternative cannabinoids (also referred to in the literature as novel cannabinoids or, in many cases, hemp-derived cannabinoids) include products such as delta-8 THC, delta-10 THC, THCA, THCP, HHC, and THC-O. In 2025, 15.2% of Illinois respondents reported ever using a delta-8 THC product. This included:

- 3.1% who reported use during the past 30 days
- 12.1% who reported use more than 30 days ago

Both measures increased slightly from 2024, when 2.8% reported past-30-day use and 10.7% reported use more than 30 days ago. Overall lifetime use therefore rose from 13.5% in 2024 to 15.2% in 2025.

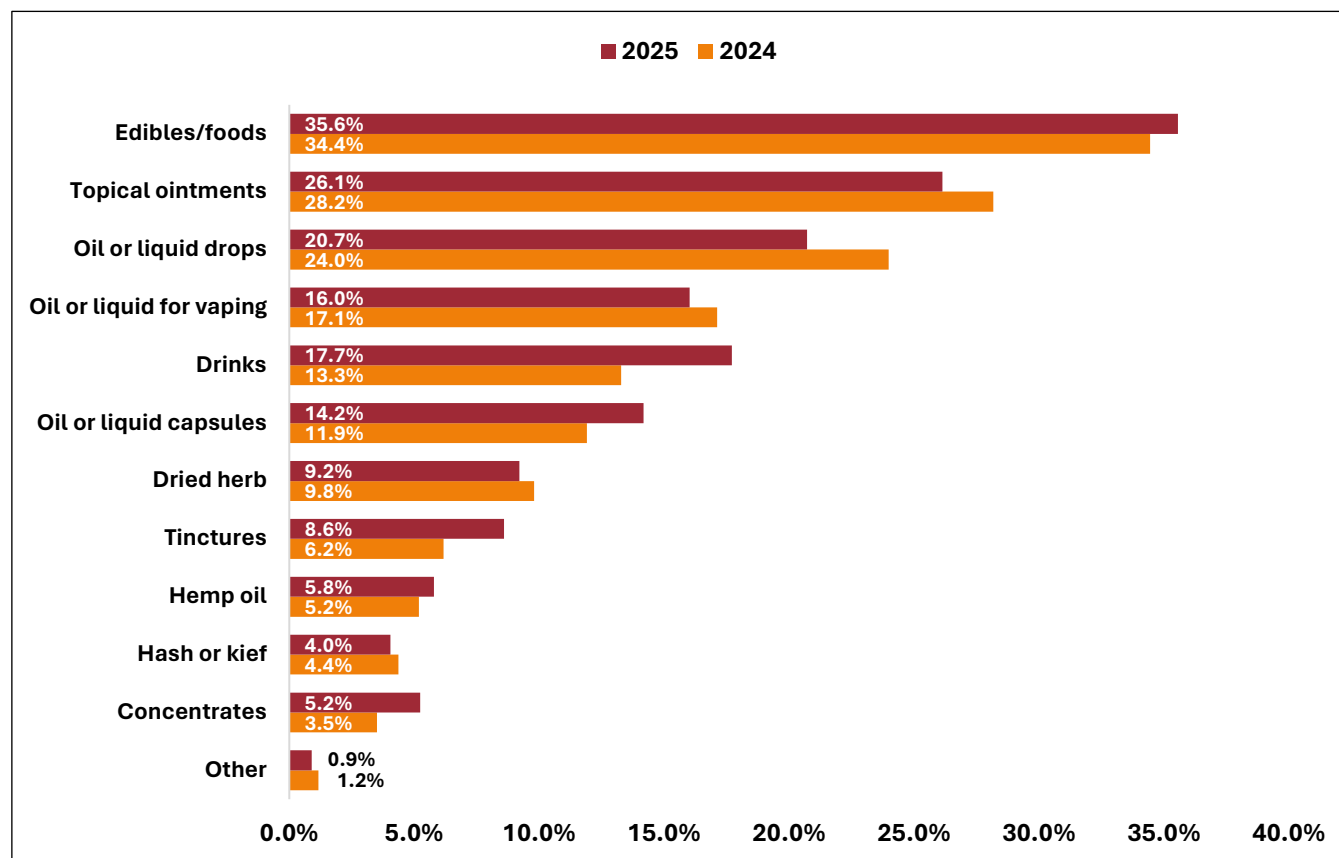
The findings indicate a modest increase in exposure to delta-8 THC products, although recent use remained relatively uncommon.

Key
takeaway



Ever use of delta-8 THC increased modestly between 2024 and 2025, rising from 13.5% to 15.2%. Most people who had used delta-8 THC reported that their last use occurred more than 30 days ago, while past-month use remained low at 3.1%.

Type of CBD-only products used among those who reported CBD-only product use, 2024-2025



Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Among Illinois respondents who reported using CBD-only products in 2025, the most commonly used product types were edibles or foods (35.6%), topical ointments (26.1%), and oil or liquid drops (20.7%).

These were also the three most commonly used CBD-only product types in 2024, although their relative shares shifted somewhat in 2025. Use of edibles increased slightly, from 34.4% to 35.6%. Use of topical ointments (e.g., lotions, salves, balms applied directly to the skin) declined from 28.2% to 26.1%, and use of oil or liquid drops declined from 24.0% to 20.7%.

Several other product types increased between 2024 and 2025. Use of CBD-infused drinks rose from 13.3% to 17.7%, of capsules from 11.9% to 14.2%, and of tinctures (concentrated amounts ingested orally or taken under the tongue) from 6.2% to 8.6%. Use of concentrates (e.g., dabs, waxes, shatter, budder, and similar products) also rose modestly, from 3.5% to 5.2%. Use of vape oils or liquids declined slightly, from 17.1% to 16.0%, while use of dried herb remained relatively stable (9.8% to 9.2%). Use of hemp oil (5.8%), concentrates (5.2%), hash or kief (4.0%), and other products (0.9%) was less common in 2025.

The 2025 pattern suggests that CBD-only use remained mostly in edibles, topicals, and oil drops, but with some continued diversification into drinkable, capsule, and tincture forms.

Key takeaway

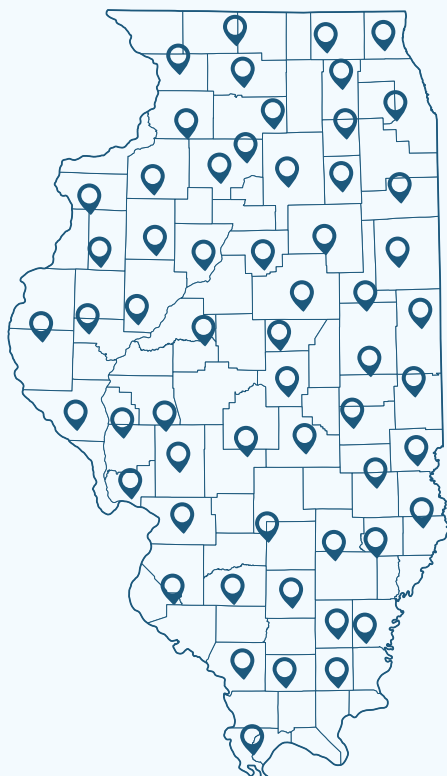


Edibles, topicals, and oil drops remained the dominant CBD-only product types in 2025; edibles continued to be the most used. At the same time, increased use of drinks, capsules, tinctures, and concentrates suggests modest ongoing diversification in how CBD-only products are used.

THE ILLINOIS HEMP PRODUCT STUDY

Laboratory testing of 527 retail hemp products purchased statewide before implementation of Illinois' new hemp law (Illinois Hemp Act, P.A. 104-0463)

STATEWIDE PURCHASE LOCATIONS



 Hemp product purchase location

KEY FINDINGS

1

FLOWER POTENCY

Among 51 non-CBD flower products



12.8% Median total THC: 12.8%

57% contained ≥10% total THC

39% contained ≥15% total THC

18% contained ≥20% total THC



Many hemp flower products had THC concentrations consistent with intoxicating cannabis.

2

EDIBLE DOSE

Among 176 non-CBD edible products with dose data



26% contained >10 mg Δ9-THC per unit



Maximum observed: 121.4 mg in a single unit



17% Among gummies, 17% contained >10 mg per gummy.



A substantial minority of edible products exceeded the 10 mg serving benchmark used in the Illinois regulated cannabis market.



METHODS & NOTES

- ✓ Secret-shopper study conducted by NORC
- ✓ Products were analyzed by KCA Laboratories
- ✓ CBD-only products were identified from laboratory results
- ✓ 17.8% of all tested products were classified as CBD-only/non-intoxicating candidates
- ✓ Total THC = Δ9-THC + 0.877 x THCA
- ✓ Illinois Hemp Act: P.A. 104-0463

3

RESULTS OF TESTING FOR SOLVENT RESIDUALS



99.2% met all reported residual-solvent specifications

4

Ethanol failures¹

0

Failures for other reported solvent analytes

¹. Residual ethanol was detected above trace levels.



Residual-solvent findings were largely reassuring.



HISTORY: The pre-implementation Illinois hemp market included both CBD-oriented products and flower and edible products with THC concentrations or doses comparable to those encountered in regulated intoxicating cannabis markets.

The Illinois Hemp Product Study



Why was this study conducted?

Before passage of the Illinois Hemp Act, potentially intoxicating hemp-derived cannabinoid products (hemp products) were widely available in convenience stores, smoke shops, gas stations, and other retail outlets across Illinois. Although concerns had been raised about the potency, labeling, and safety of these largely unregulated hemp products, little empirical information was available about what products being sold in Illinois actually contained or how they compared with cannabis products sold through the state's licensed cannabis dispensary system.

To address this gap, in summer 2025 we conducted a statewide study in which hemp products were purchased from retailers across Illinois and submitted for independent

laboratory testing. The study was designed to characterize the cannabinoid content and other properties of products that Illinois users could readily purchase outside the regulated cannabis market.

The Illinois Hemp Act, enacted after these data were collected, establishes a new regulatory framework that will substantially restrict the sale of hemp products when its principal provisions take effect in November 2026. Nevertheless, the findings from our statewide study provide an important snapshot of the market that existed before these protections were enacted and help illustrate the public health concerns the new law is intended to address. Furthermore, continued availability through internet and out-of-state sellers may

The Illinois Hemp Product Study

present enforcement challenges under the new regulatory framework.

How was the study conducted?

During summer 2025, trained study staff purchased hemp products from retail stores across Illinois using a standardized secret-shopper protocol. NORC at the University of Chicago developed the sampling and data collection procedures, trained study staff, and provided oversight throughout the fieldwork.

To identify potential retailers, NORC assembled business listings from multiple sources, including Yelp, Google Maps, and a commercial database of CBD and hemp retailers. The listings were cleaned and deduplicated, and businesses that appeared to be closed or lacked a physical storefront were removed. Stores were then randomly selected using a stratified sampling approach designed to reflect both the distribution of the Illinois population across counties and the types of businesses selling hemp products.

NORC also developed a list of replacement stores. When a selected business was closed, unavailable, or otherwise could not be included, study staff used a replacement store from this list matched as closely as possible by county or business category. This approach helped preserve the geographic and retail composition of the original sample.

In total, 527 hemp products were purchased and submitted to KCA Laboratories, an independent hemp-testing laboratory approved by the Illinois Department of Agriculture. Laboratory testing quantified cannabinoid content, including delta-9 THC and other THC-related compounds, and tested for residual solvents that could indicate contamination associated with manufacturing or extraction

processes. Total THC was calculated as $\Delta 9\text{-THC} + (0.877 \times \text{THCA})$, which accounts for the conversion of THCA to $\Delta 9\text{-THC}$ during decarboxylation.

Together, these procedures provided a statewide snapshot of the potency and selected safety characteristics of hemp products that Illinois users could purchase outside the licensed cannabis dispensary system.

What did we find?

The hemp products we tested varied widely in cannabinoid content, and many contained levels of THC capable of producing substantial intoxication. Among hemp flower products, more than half contained at least 10% total THC, nearly 4 in 10 contained at least 15%, and almost 1 in 5 contained at least 20%. The median total THC concentration was 12.8%. For comparison, retail data provided by Headset indicate that the median THC content of cannabis flower sold through the Illinois licensed cannabis market was approximately 24.7% in August 2025. Thus, although hemp flower was generally less potent than cannabis flower from licensed dispensaries, a substantial proportion reached THC concentrations overlapping with products sold in the regulated cannabis market.

Among edible products, more than one-quarter contained over 10 mg of delta-9 THC per unit, and some contained much larger amounts, including a maximum of 121 mg in a single unit. Gummies were especially likely to contain relatively high THC doses. By comparison, Illinois limits licensed cannabis edibles to 10 mg THC per serving and 100 mg THC per package. Some hemp products therefore contained, in a single unit, more THC than is permitted in an entire package of a regulated cannabis edible.

The Illinois Hemp Product Study

At the same time, laboratory testing found relatively little evidence of solvent contamination: 99.2% of hemp products met applicable solvent specifications. The primary concern in this sample was therefore not widespread chemical contamination, but rather the ready availability outside the Illinois regulated cannabis system of hemp products containing substantial amounts of intoxicating THC.

Why do these findings matter?

These findings show that many hemp products sold in Illinois under the regulatory environment existing at the time of the study were capable of producing substantial intoxication. In some cases, their THC content was comparable to products sold through licensed cannabis dispensaries, even though they were being sold outside the state's regulated cannabis system.

That distinction matters because licensed cannabis products are subject to requirements governing testing, labeling, packaging, age restrictions, and retail sales. By contrast, hemp products were widely available through ordinary retail outlets, often with fewer safeguards and less consistent information available to users about potency.

The findings also help clarify the nature of the public health concern. Although nearly all products met residual-solvent specifications, many contained substantial amounts of THC. The principal issue identified in this study was therefore not widespread solvent contamination, but the availability of highly intoxicating products in a market that, at the time of data collection, operated with considerably less regulatory oversight than the

Illinois licensed cannabis market.

The study provides empirical support for concerns that had previously been based largely on product marketing, anecdotal reports, and the rapid growth of the hemp-derived cannabinoid market. It documents that the regulatory distinction between hemp and cannabis did not necessarily correspond to a meaningful difference in a product's potential to produce intoxication.

What is changing since the study?

Illinois has since enacted the Illinois Hemp Act, which establishes a new regulatory framework for hemp products beginning in November 2026. Among other provisions, the Act substantially restricts the THC content of hemp products that may be sold to users and establishes requirements for governing testing, labeling, packaging, age restrictions, licensing, and retail sales. These changes are intended to address many of the regulatory gaps that allowed the products examined in this study to be sold outside the state's licensed cannabis dispensary system.

Because the Illinois Hemp Study was conducted before enactment of these protections, its findings provide a snapshot of the Illinois hemp product market under the previous regulatory environment. They offer empirical evidence about the types and potency of products that were being sold and help explain the public health rationale for the state's regulatory response. Continued access to noncompliant products through online and out-of-state sellers may remain an enforcement challenge after the new requirements take

The Illinois Hemp Product Study

effect.

References

- Laferla, M. (2025, September 16). *Tracking potency: The data behind cannabis's rising THC levels*. Headset. <https://www.headset.io/blog/tracking-potency-the-data-behind-cannabiss-rising-thc-levels>
- Illinois General Assembly. (2026). *Illinois Hemp Act*, Public Act 104-0463. Public Act 104-0463. <https://www.ilga.gov/documents/legislation/PublicActs/104/104-0463.htm>
- Illinois General Assembly. (2026). *Cannabis Regulation and Tax Act*, 410 ILCS 705/55-21, *Cannabis product packaging and labeling*. <https://www.ilga.gov/documents/legislation/ilcs/documents/041007050K55-21.htm>
- Illinois Department of Agriculture. (2026). Department approved hemp testing laboratories. <https://agr.illinois.gov/plants/hemp/labs.html>
- Illinois Department of Agriculture. (2025). *Illinois hemp production plan*. The plan defines total THC and specifies the conversion formula $\text{Total THC} = (0.877 \times \text{THCA}) + \text{THC}$. <https://www.ams.usda.gov/sites/default/files/media/IllinoisHempPlan.pdf>
- KCA Laboratories, LLC. (n.d.). *Testing Specifications (Version 2.5)*. The specifications describe cannabinoid profiling and contaminant testing, including residual-solvent testing. <https://kcalabs.com/testing/>
- Kim, Y., Page, S., & Lafia, S. (2025, May 19). *Hemp Secret Shopper Study: Sampling Methodology*. NORC at the University of Chicago. Unpublished project methods document. The document describes the business-frame construction, cleaning and deduplication, stratified sampling, and primary/secondary replacement lists.
- NORC at the University of Chicago. (2025, May 21). *Illinois Cannabis Tax Act: Hemp Secret Shopper Study—Products and Tracking Information*. Unpublished project protocol.

Medical cannabis use and benefits



Comparison of MCPP and OAPP program features

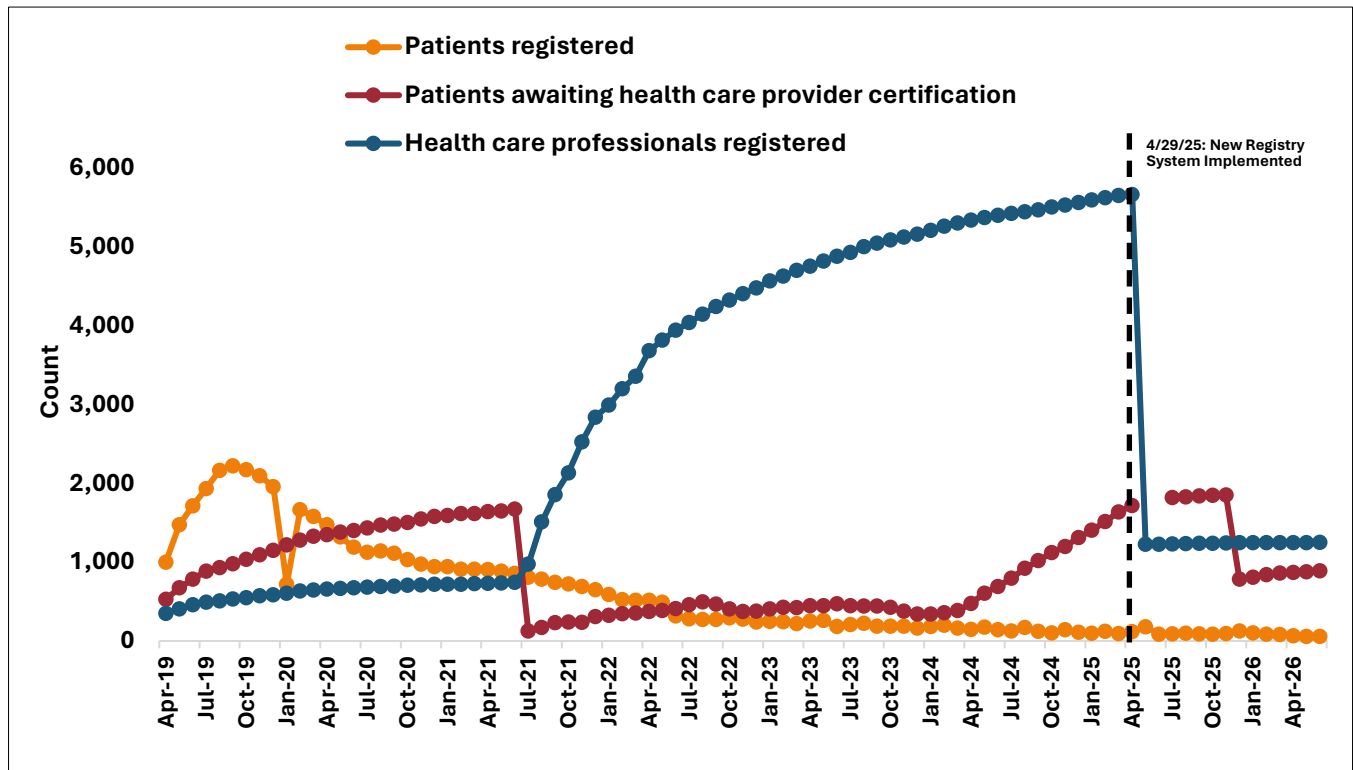
Comparison of MCPP and OAPP program features

	Medical Cannabis Patient Program	Opioid Alternative Patient Program
Eligibility	Illinois resident diagnosed with at least one qualifying debilitating condition. The Illinois Department of Public Health's current list contains 56 conditions; MCPP also has a minor patient pathway.	Illinois resident age 21 or older with a medical condition for which an opioid has been or could be prescribed under generally accepted standards of care, as certified by an eligible Illinois-licensed health care professional.
Application requirements	Health care professional certification, online application, required identification/documentation, photograph, and applicable fee. Eligible veterans receiving Veterans Affairs (VA) care may submit VA health records in lieu of certification.	Health care professional certification or applicable VA documentation, online registration, required identification/documentation, photograph, and \$10 fee.
Registration term and fee	Regular patient fees: \$50 for one year, \$100 for two years, or \$125 for three years. Reduced fees of \$25, \$50, and \$75 are available to eligible applicants.	\$10 for each 90-day registration period.
Caregivers	Adult qualifying patients may designate up to three caregivers. Caregiver fees are \$25, \$50, or \$75 for one-, two-, or three-year registrations.	OAPP participants do not have designated caregivers and are not registered as MCPP qualifying patients or medical cannabis cardholders.
Extension/renewal	One- or two-year registrations may be extended without a new health care professional certification; certification remains valid for three years.	Certification and registration are valid for 90 days. Continued participation requires renewed certification and registration.
Purchase limit	Baseline adequate supply is 2.5 ounces per 14 days. A patient may seek a waiver when the certifying health care professional documents that the baseline amount is insufficient.	Up to 2.5 ounces per 14 days, at the participant's specified dispensing organization, for no more than 90 days. The OAPP statute does not establish an MCPP-style increased-allotment waiver.
Where purchases may be made	Beginning September 10, 2026, patients and caregivers may purchase their medical supply at any appropriately licensed medical cannabis dispensing organization.	Beginning September 10, 2026, OAPP participants may purchase their medical supply at any appropriately licensed medical cannabis dispensing organization.

Sources:

Public Act 104-0463—<https://ilga.gov/documents/legislation/PublicActs/104/104-0463.htm>
 410 ILCS 130/62—<https://www.ilga.gov/legislation/ilcs/documents/041001300K62.htm>
 410 ILCS 130/57—<https://www.ilga.gov/legislation/ilcs/documents/041001300K57.htm>
 Debilitating Conditions, Illinois Department of Public Health—<https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/debilitating-conditions.html>
 Illinois Medical Cannabis Registry Program Patient Brochure—<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/publicationsmcpppatientbrochure.pdf>
 MCPP Veterans Requirements—<https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/mcpp-veterans-requirements.html>
 MCPP Registry Card Fees—<https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/mcpp-registry-card-application-fees.html>
 Extending Application, Illinois Department of Public Health—<https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/existing-patient-resources/extending-application.html>
 Illinois General Assembly, Illinois Compiled Statutes—<https://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=041001300K10>
 Opioid Alternative Patient Program—<https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/oapp.html>
 Opioid Alternative Patient Program Frequently Asked Questions, Illinois Department of Public Health—<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/oapp-web-faqs.pdf>
 Illinois Department of Public Health—<https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis.html>

OAPP trends in patient and health care provider registration



Note: Illinois Department of Public Health implemented a new Medical Cannabis Patient Registry System on April 29, 2025. The health care professional series was re-baselined following this transition. Pre-and post-May 2025 counts are not directly comparable and may reflect differences in registry scope, provider status, or reporting definitions rather than changes in provider participation.

Source: <https://mcpp.illinois.gov/updates.html>

Observations and notes: Enrollment in the Opioid Alternative Patient Program (OAPP) rose early in the program and then declined steadily, falling to fewer than 100 registered patients by June 2026. The number of patients awaiting certification also declined after 2025, although this series shows discontinuities over time.

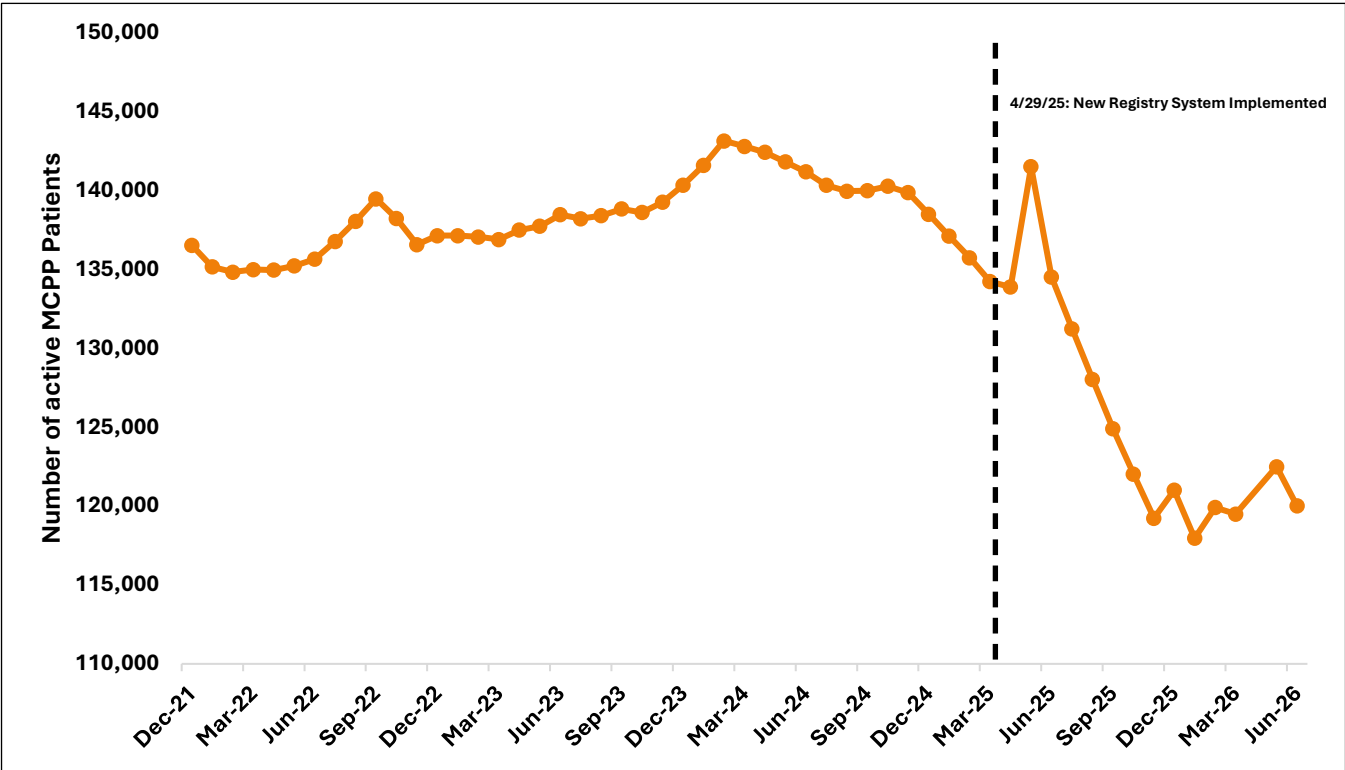
The number of registered health care professionals increased steadily through April 2025. Following implementation of the new registry system, the reported count fell sharply and then remained relatively stable. This discontinuity appears to reflect a change in the underlying registry measure rather than a sudden decline in provider participation.

Key takeaway



Enrollment in the OAPP has declined substantially from its early peak; fewer than 100 patients were registered by mid-2026. Importantly, the April 2025 implementation of a new Medical Cannabis Patient Registry System created a clear break in the reported series, particularly for counts of health care professionals. Trends before and after that transition to the new system should be interpreted cautiously.

Medical Cannabis Patient Program active patients, 2021-2026



Note: Illinois Department of Public Health implemented a new Medical Cannabis Patient Registry System on April 29, 2025. Patient counts before and after the transition may not be directly comparable because of temporary registration extensions, migration of records, and changes in how active and renewal statuses are recorded. The May/June 2025 period should therefore be considered a structural break in the series.

Source: <https://mcpp.illinois.gov/updates.html>

Observations and notes: Enrollment in the Illinois Medical Cannabis Patient Program (MCPP) was relatively stable from late 2021 through 2023 and reached a high of 143,143 active patients in February 2024. Reported active enrollment then declined through early 2025.

The Illinois Department of Health implemented a new Medical Cannabis Patient Registry System on April 29, 2025, and cautioned that patient counts could vary between the former and new systems. During the transition, some patients whose registrations were expiring or required corrections received temporary extensions through May 30. The elevated count reported at the end of May 2025 (141,516 active patients) therefore occurred during an unusual administrative transition period.

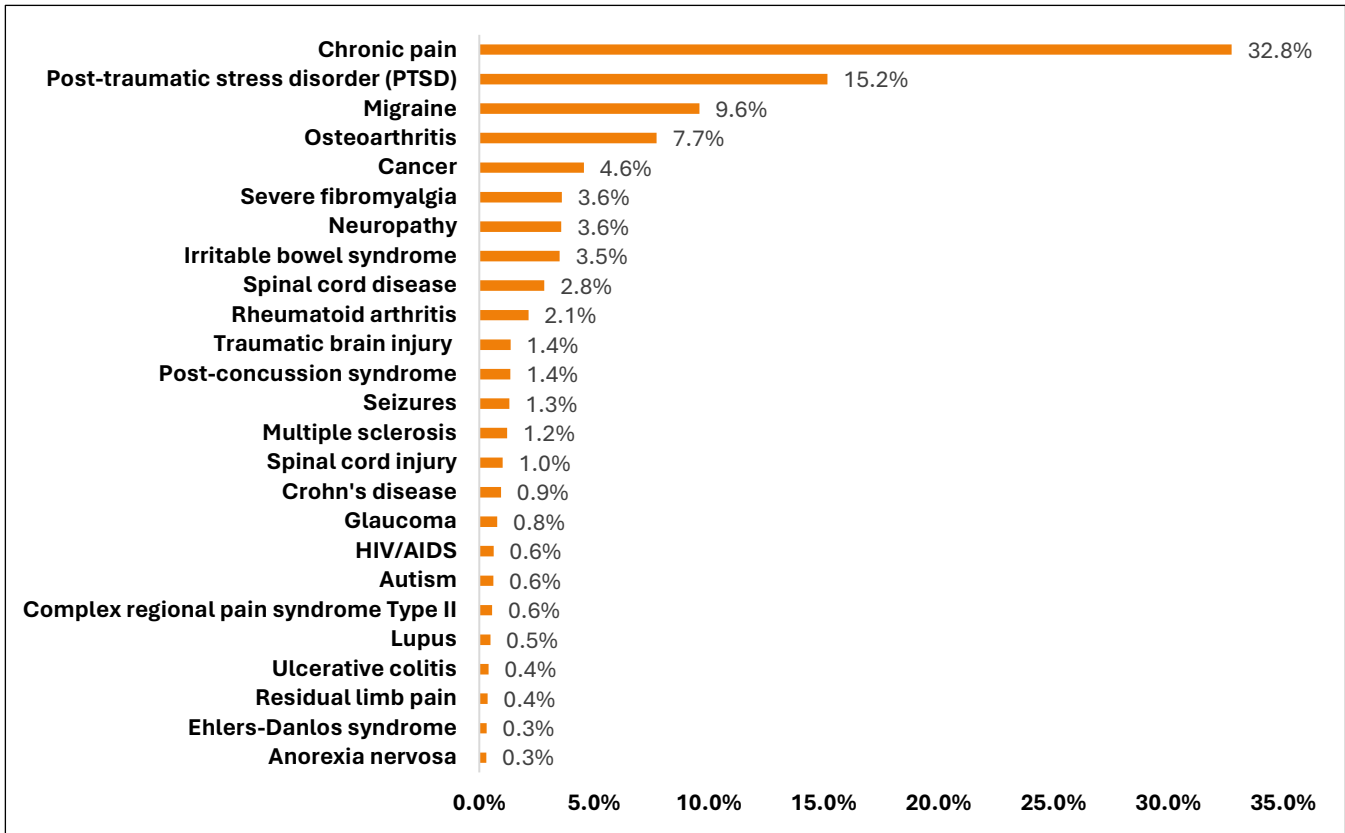
Reported counts of active patients declined substantially after the transition and have remained around 118,000–122,000 during much of 2026. Some of this decline may represent true reductions in program participation, but the registry transition and changes in how patient status is classified make it difficult to determine how much reflects actual patient attrition.

Key takeaway



MCPP enrollment was relatively stable through early 2024 but reported active-patient counts declined substantially after the 2025 registry transition. Because the new registry changed administrative processes and patient-status classifications, the magnitude of the post-2025 decline should not be interpreted solely as a reduction in patient participation.

Qualifying conditions reported among Medical Cannabis Patient Program patients, FY2025



Source: Illinois Department of Public Health, <https://cannabis.illinois.gov/content/dam/soi/en/web/cannabis/documents/media/reports-and-public-presentations/Compiled-Cannabis-Annual-Report-2025.pdf>

Observations and notes: In FY2025, chronic pain was the most commonly reported qualifying condition among Medical Cannabis Patient Program patients, accounting for 32.8% of qualifying conditions reported in certifications. Post-traumatic stress disorder (PTSD) was second (15.2%), followed by migraine (9.6%) and osteoarthritis (7.7%).

Although many qualifying conditions were represented, most individually accounted for fewer than 5% of reported conditions, including cancer (4.6%), severe fibromyalgia (3.6%), neuropathy (3.6%), and irritable bowel syndrome (3.5%). All remaining conditions each represented less than 3%.

Key takeaway

Chronic pain and PTSD accounted for nearly half of qualifying conditions reported among Medical Cannabis Patient Program patients in FY2025, while most other conditions represented relatively small shares. These findings indicate that medical cannabis certification remain mostly for a limited number of diagnoses.

Cannabis use disorder and treatment



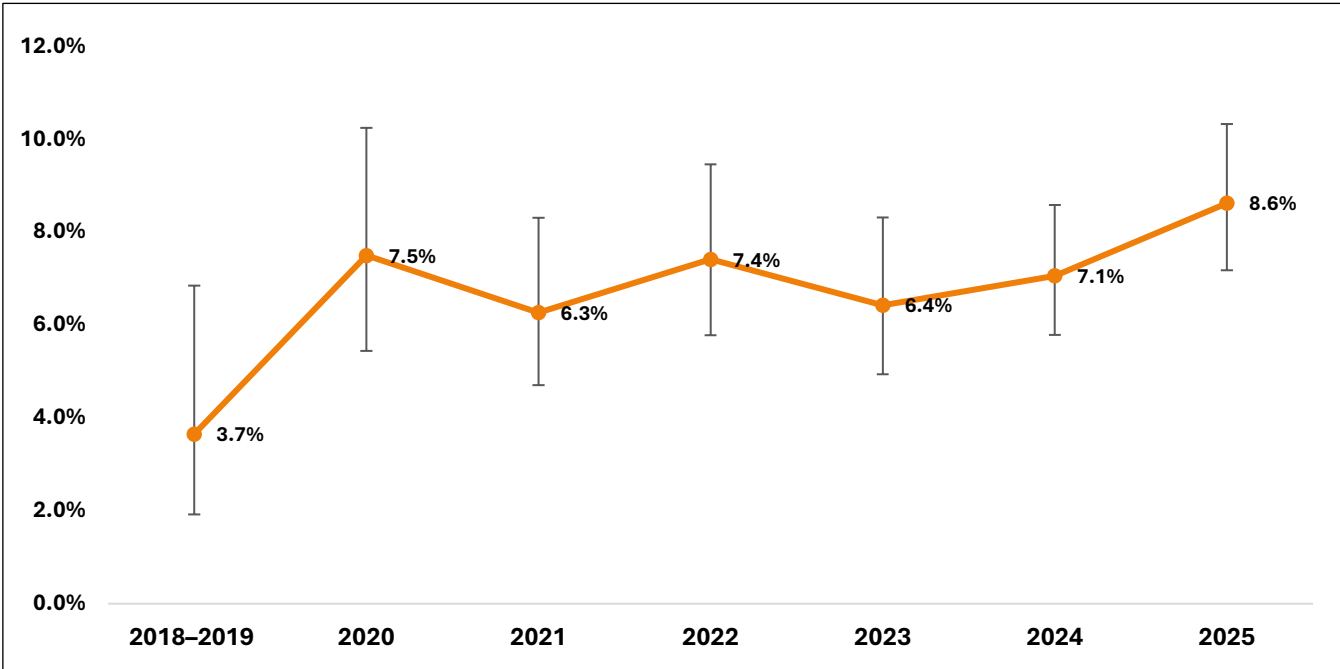
Methodological Note: Estimates in this section are based on a restricted extract of Illinois ED and inpatient records, rather than the full census of hospital encounters. For the current data request, we broadened the analytic universe and used Clinical Classifications Software Refined categories rather than a limited set of individual International Classification of Diseases, Tenth Revision Clinical Modification codes.

Records were selected if they included diagnoses within the following Clinical Classifications Software Refined groups:

- **Mental and behavioral health:** MBD001–MBD034, including mental health and substance use conditions such as cannabis- and opioid-related disorders
- **Poisoning and toxic effects:** INJ022, INJ059, INJ075, EXT014, EXT015
- **Vomiting-related conditions used to support cannabinoid hyperemesis syndrome classification:** SYM004, including relevant vomiting diagnoses
- **Perinatal status:** PRG001–PRG030
- **Perinatal conditions:** PNL001–PNL015

Because the current extract uses broader and different selection criteria than those used in prior annual reports, estimates and trends presented in this report should not be directly compared with previously published ED or inpatient estimates. All years were re-extracted using the same current selection criteria so that trends within this report are internally consistent. Importantly, the broader diagnostic selection strategy is intended to improve ascertainment of relevant cannabis-related, behavioral health, poisoning, and perinatal conditions, but the resulting estimates still apply only to the restricted analytic universe and should not be generalized to all Illinois ED or inpatient encounters.

Self-reported cannabis hyperemesis syndrome among past-year cannabis users, 2018–2025



Note: International Cannabis Policy Study estimates describe survey respondents and should not be interpreted as population prevalence estimates for all Illinois residents.

Source: International Cannabis Policy Study, Illinois site data (2018–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Among Illinois adults reporting past-year cannabis use, the estimated prevalence of self-reported cannabinoid hyperemesis syndrome increased from 3.7% in 2018–2019 to 8.6% in 2025. The 2025 estimate was the highest in the seven-year series.

After increasing sharply between 2019 and 2020, annual prevalence estimates fluctuated between 6.3% and 7.5% through 2024. Prevalence subsequently increased from 7.1% in 2024 to 8.6% in 2025. The 95% CI for the 2025 estimate ranged from 7.2% to 10.3%.

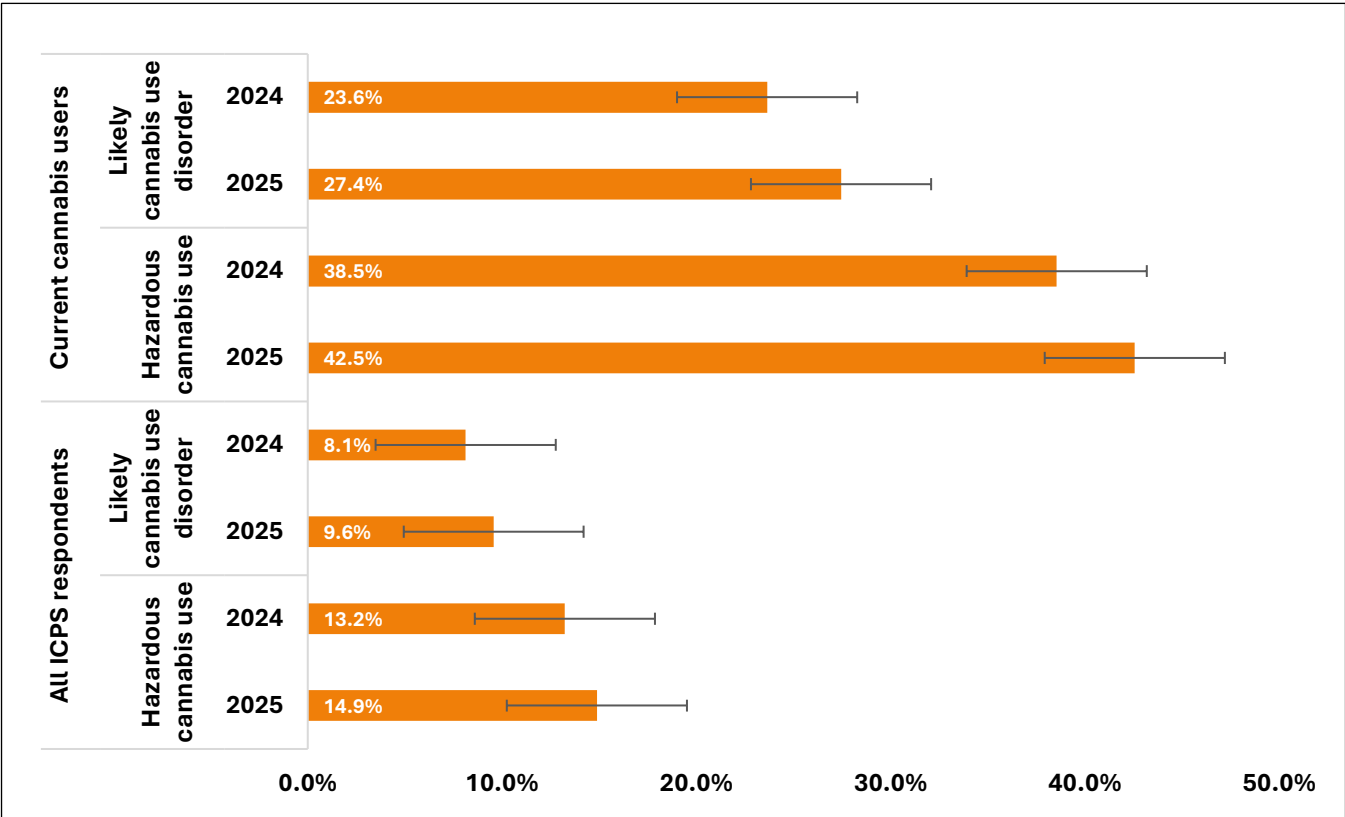
CIs overlap for most adjacent years, so individual year-to-year differences should be interpreted cautiously without formal trend testing. The 2019 estimate is less precise than estimates for subsequent years, as reflected in its wider CI.

Respondents were first asked whether they had ever experienced cannabinoid hyperemesis syndrome, defined in the survey as “repeated, severe vomiting from cannabis use,” and then whether they had experienced it during the past 12 months. These estimates are based on their responses rather than on a confirmed clinical diagnosis.

Key takeaway

Among past-year cannabis users, self-reported past-year cannabinoid hyperemesis syndrome reached 8.6% in 2025, the highest estimate in the series and more than twice the 2019 estimate. Although most adjacent-year CIs overlap, the overall pattern suggests that severe vomiting attributed to cannabis use may be becoming more common.

Prevalences of hazardous cannabis use and likely cannabis use disorder, 2024 and 2025



Note: Hazardous cannabis use and likely cannabis use disorder were classified using the Cannabis Use Disorder Identification Test–Revised (CUDIT-R). A score of 8 or higher was used to indicate hazardous cannabis use, and a score of 13 or higher was used to indicate likely cannabis use disorder. Estimates are shown both among current cannabis users and among all International Cannabis Policy Study respondents. Error bars represent 95% CIs. International Cannabis Policy Study estimates describe survey respondents and should not be interpreted as population prevalence estimates for all Illinois residents.

Source: International Cannabis Policy Study, Illinois site data (2024–2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Among current cannabis users participating in the Illinois Cannabis Policy Study, an estimated 42.5% met the CUDIT-R threshold for hazardous cannabis use in 2025, compared with 38.5% in 2024. The estimated prevalence of likely cannabis use disorder was 27.4% in 2025, compared with 23.6% in 2024.

When calculated across all International Cannabis Policy Study respondents, including people who did not currently use cannabis, estimated prevalences were substantially lower. In 2025, 14.9% of all respondents met the hazardous-use threshold, and 9.6% met the likely cannabis use disorder threshold, compared with 13.2% and 8.1%, respectively, in 2024.

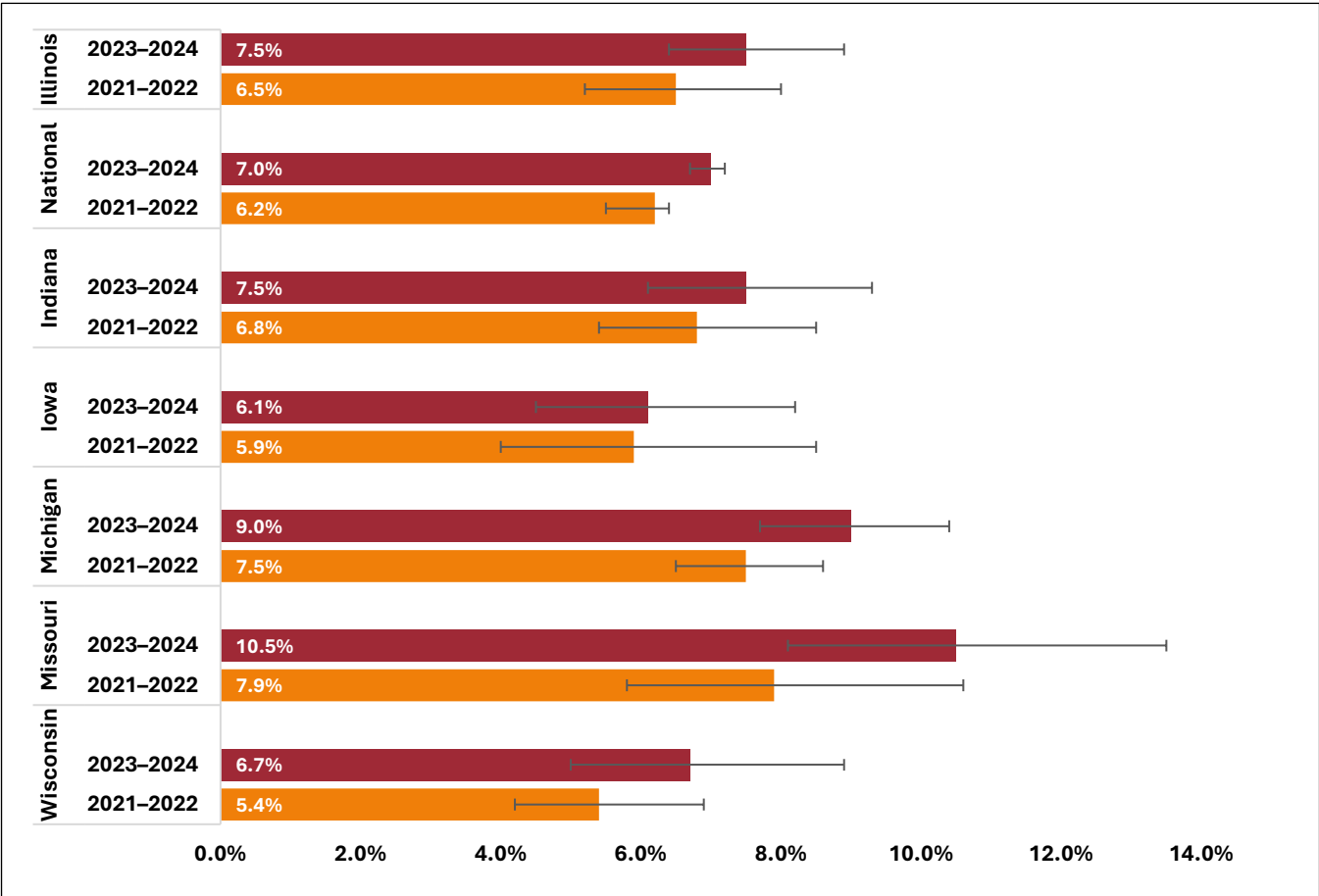
Although point estimates were higher in 2025 for each measure, the CIs overlap; therefore, these differences should not be interpreted as clear evidence of year-to-year increases without additional statistical testing.

Key takeaway



In 2025, more than four in ten current cannabis users met the CUDIT-R threshold for hazardous use and more than one in four met the threshold for likely cannabis use disorder. Estimates were higher than in 2024, although overlapping CIs indicate that the apparent increases should be interpreted cautiously.

Past-year cannabis use disorder among those aged 12 or older by Midwest state and nationally, 2021–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: The estimated prevalence of past-year cannabis use disorder among those aged 12 or older was higher in 2023–2024 than in 2021–2022 in Illinois (7.5% vs. 6.5%), as well as in most other Midwest states and nationally. Illinois’ estimated prevalence in 2023–2024 exceeded the national estimate (7.0%). Michigan (9.0%) and Missouri (10.5%) had the highest estimated prevalence among Midwest states. Higher estimated prevalence in 2023–2024 across the Midwest suggests that cannabis use disorder occurs across states with differing cannabis policies.

Key takeaway

Illinois’ estimated prevalence of past-year cannabis use disorder was slightly above the national estimate in 2023–2024, but the broader pattern was one of higher estimated prevalence across most Midwest states, suggesting that increases in problematic cannabis use are not unique to Illinois and should be interpreted within the context of broader regional trends.

UNDERSTANDING DIFFERENT ESTIMATES OF CANNABIS USE DISORDER

Why NSDUH and ICPS Produce Different Results

NSDUH

Estimates clinically defined cannabis use disorder

	USES	SURVEY DESIGN	WEIGHTING	BEST USED FOR
	✓ DSM-5 diagnostic criteria ✓ Aged 12 years and older	✓ Multistage stratified area probability sample ✓ Civilian, non-institutionalized U.S. population ✓ Oversamples youth (aged 12–17) and young adults (aged 18–25)	✓ Weights adjust for selection probability and nonresponse ✓ Calibrated to Census population controls by age, sex, race, and geography ✓ Produces nationally and state-representative estimates	 Estimating the prevalence of diagnosed cannabis use disorder  Monitoring long-term public health trends

ICPS

Identifies individuals at risk for problematic cannabis use

	USES	SURVEY DESIGN	POST-STRATIFICATION SURVEY WEIGHTS (RAKING)	BEST USED FOR
	✓ Adapted CUDIT-R screening instrument ✓ International cannabis policy research survey ✓ Adults and older adolescents (aged 16-17)	 ✓ Panel study ✓ Not a probability sample of the population	 Weights created using age-by-sex-by-state  Ethnicity-by-census division  Education-by-state  Age-by-smoking status groups Estimates are weighted and rescaled to the original sample size within each state	 Identifying problematic cannabis use  Evaluating cannabis policy and behavioral trends

TOGETHER

A More Complete Picture



Neither survey is more correct than the other. They were designed to answer **different public health questions** using **different assessment methods**.



The two surveys are **complementary** rather than competing sources of evidence.

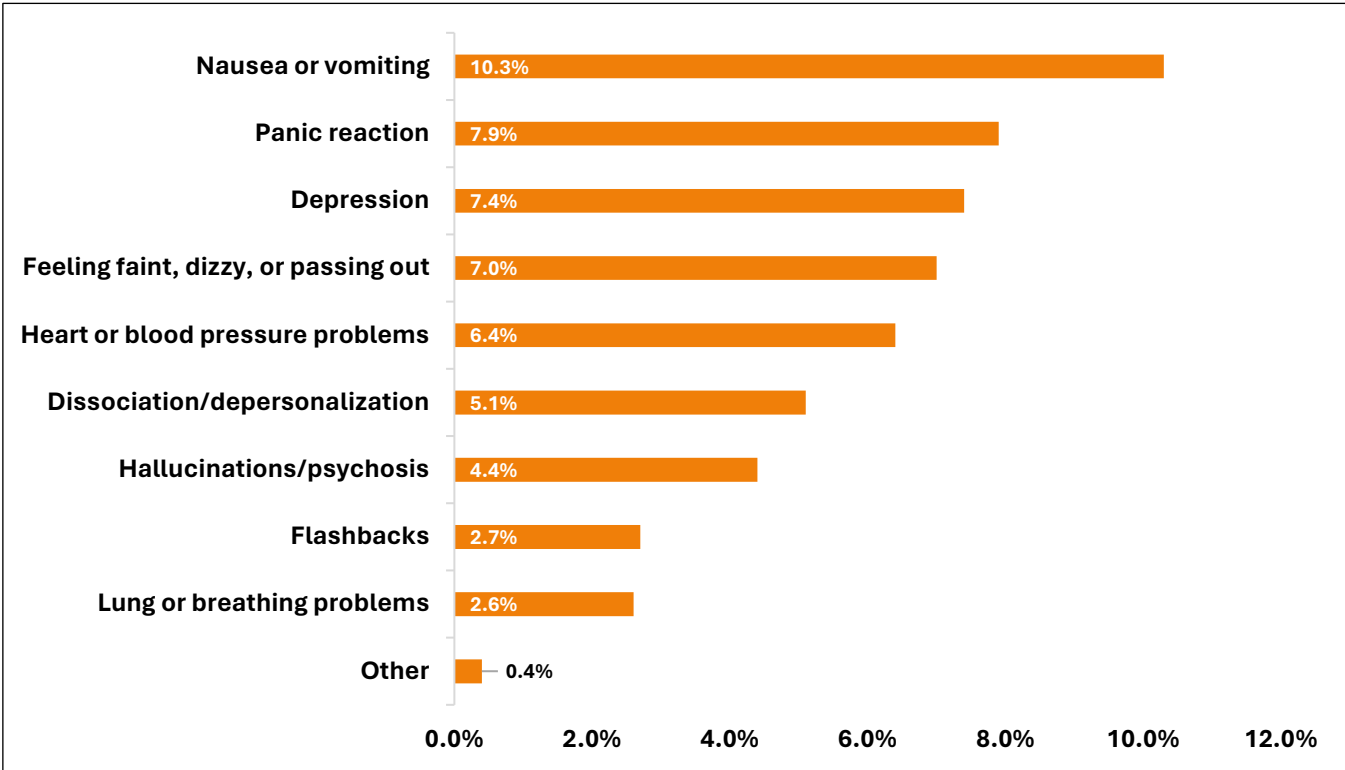


Together, they provide complementary perspectives on cannabis use disorder in Illinois and are best used to **examine trends within each survey over time** rather than directly comparing prevalence estimates.

NSDUH, National Survey on Drug Use and Health;
ICPS, International Cannabis Policy Study.



Percentage of past-year cannabis users reporting adverse effects, 2025



Note: Estimates are based on self-reported adverse effects among International Cannabis Policy Study respondents who reported cannabis use in the past year. Respondents may have reported more than one adverse effect; therefore, percentages do not sum to 100%. Error bars represent 95% CIs.

Source: International Cannabis Policy Study, Illinois site data (2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

Observations and notes: Among past-year cannabis users in the 2025 International Cannabis Policy Study, nausea or vomiting was the most commonly reported adverse effect, affecting 10.3% of respondents. Panic reactions (7.9%), depression (7.4%), feeling faint, dizzy, or passing out (7.0%), and heart or blood pressure problems (6.4%) were also relatively common.

Less frequently reported effects included dissociation/depersonalization (5.1%), hallucinations or psychosis (4.4%), flashbacks (2.7%), and lung or breathing problems (2.6%). Fewer than 1% reported another adverse effect not included in the listed categories.

Key takeaway

Adverse effects were reported across a range of physical and psychological symptoms; nausea or vomiting were the most commonly reported. Panic reactions, depressive symptoms, dizziness or fainting, and heart or blood pressure problems were each reported by roughly 6%–8% of past-year cannabis users.

Where medical attention was sought after a cannabis-related adverse event, 2025

Where medical attention was sought after a cannabis-related adverse event, 2025

Type of provider	Percentage of those who sought help (N = 109)	Weighted Count
Other	0.0%	0
Addiction services	15.6%	17
Telephone helpline	31.2%	34
Walk-in clinic	35.8%	39
Poison center	39.4%	43
ED	77.1%	84

Note: Estimates are based on 109 (3.3%) International Cannabis Policy Study respondents who reported both experiencing an adverse or negative health effect from cannabis use and seeking medical help for that effect. Respondents could report more than one source of help; therefore, percentages do not sum to 100%.

Source: International Cannabis Policy Study, Illinois site data (2025) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at <http://cannabisproject.ca/>

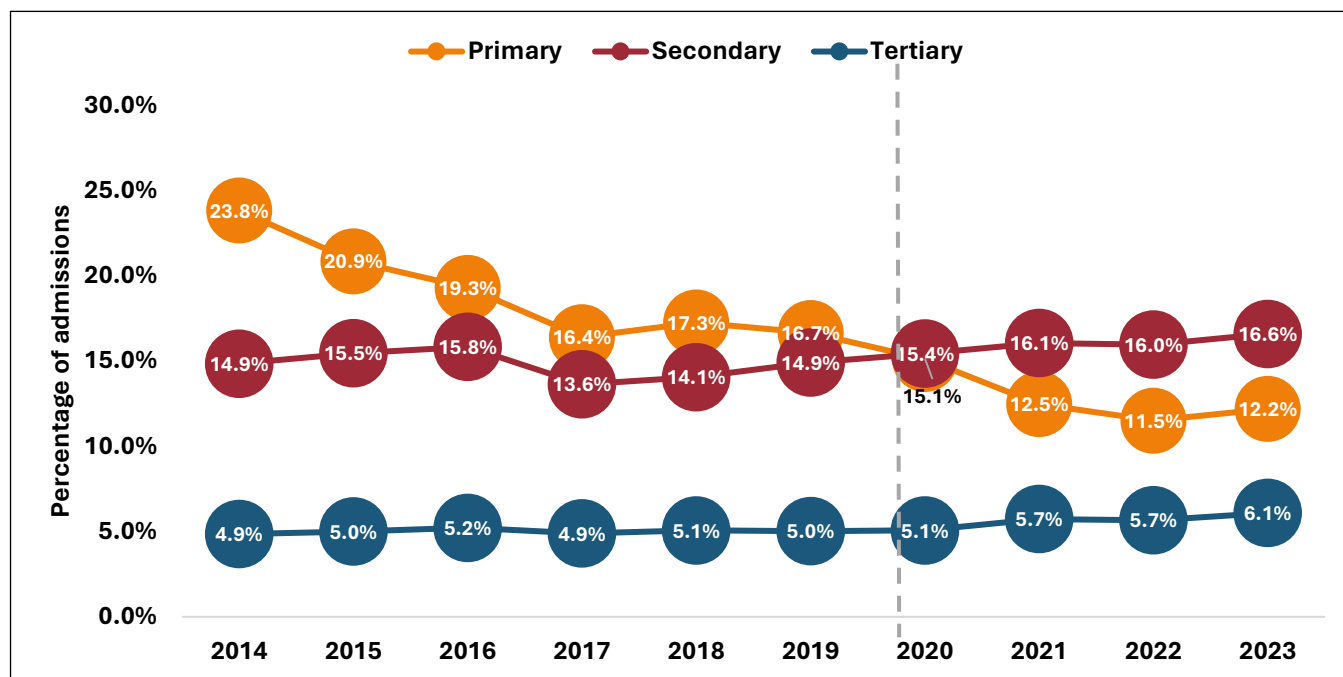
Observations and notes: Among 2025 International Cannabis Policy Study respondents who reported seeking medical attention after a cannabis-related adverse event, the ED was the most commonly reported source of care (77.1%). Nearly half reported hospitalization or an extended hospital stay (49.5%), 39.4% contacted a poison center, and 35.8% used a walk-in clinic. Use of telephone helplines was reported by 31.2%, and 15.6% reported seeking addiction services.

Key takeaway



Among International Cannabis Policy Study respondents who sought medical help for a cannabis-related adverse event, EDs were the most commonly reported source of care. Because these estimates are based on a relatively small subgroup of respondents, they should be interpreted cautiously.

Admissions to state block grant-funded treatment programs with cannabis as the drug of misuse, 2014–2023



Source: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set – Admissions (TEDS-A), 2014–2023; Codebook and data sets available at: <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set/datafiles>

Observations and notes: From 2014 to 2023, the percentage of admissions to Illinois state block grant funded treatment programs (TEDS admissions) listing cannabis as the primary drug of misuse fell by nearly half, from 23.8% to 12.2%. Over the same period, cannabis listed as a secondary involved drug remained comparatively stable before rising to 16.6% in 2023, while tertiary drug involvement increased modestly from 4.9% to 6.1%.

Cannabis as the secondary drug of misuse surpassed cannabis as the primary drug of misuse in 2020 and remained higher through 2023. This pattern suggests that cannabis has become less prominent as the principal substance associated with admission to treatment while continuing to appear frequently as part of polysubstance misuse.

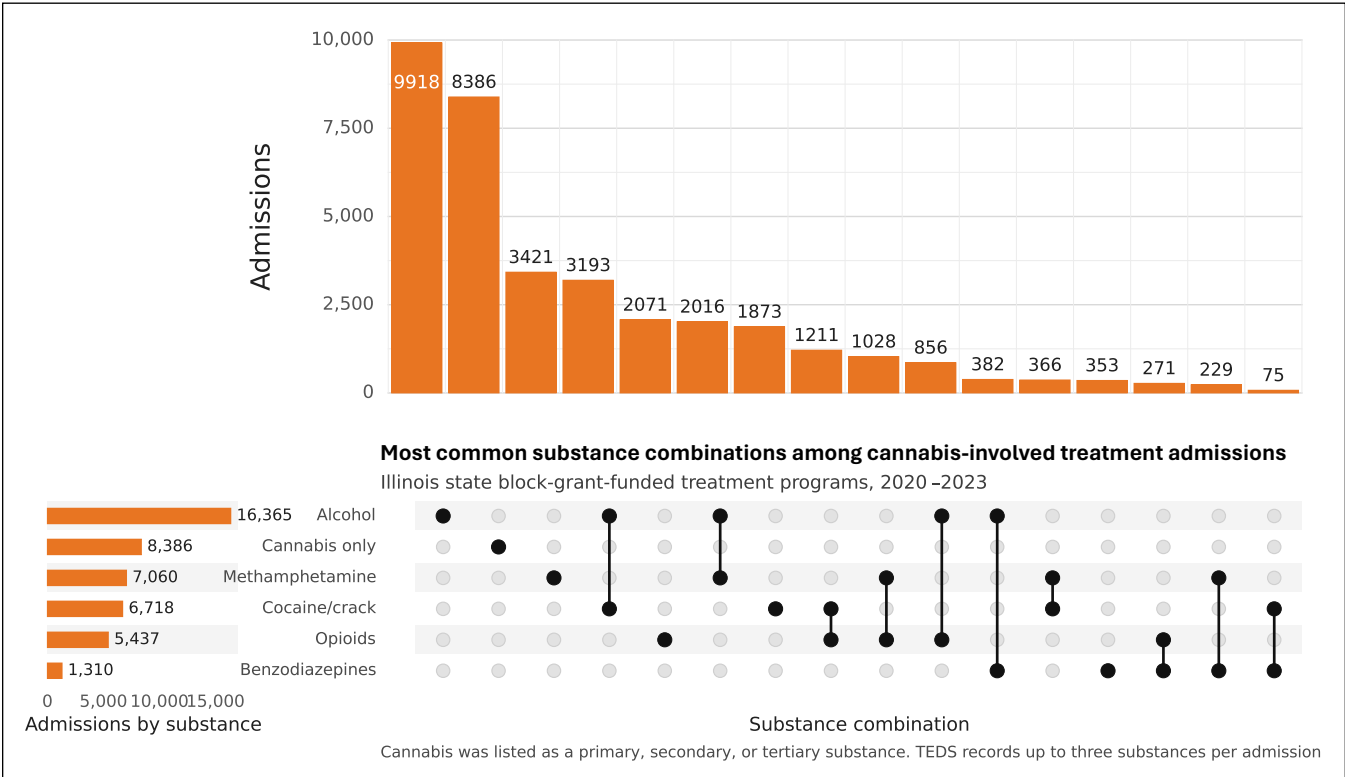
These findings should be interpreted cautiously. The number and composition of Illinois TEDS admissions changed substantially after 2020, likely reflecting changes in treatment financing, service access, and reporting practices as well as changes in patterns of substance use. Consequently, the percentages do not provide a direct measure of population treatment need or of the effect of legalization of adult-use cannabis.

Key takeaway



Cannabis is increasingly more likely to appear as a secondary rather than primary drug of misuse among publicly funded treatment admissions, pointing to a shift in its role within polysubstance treatment presentations rather than its disappearance from the treatment system.

Most common substance combinations among cannabis-involved treatment admissions, 2020–2023



Source: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set – Admissions (TEDS-A), 2014–2023; Codebook and data sets available at: <https://www.samhsa.gov/data/data-we-collect/teds-treatment-episode-data-set/datafiles>

Observations and notes: Among Illinois state block grant-funded treatment admissions involving cannabis from 2020–2023, cannabis most often appeared with alcohol rather than alone. Cannabis plus alcohol accounted for 9,918 admissions, compared with 8,386 admissions involving cannabis only. Methamphetamine was the next most common co-occurring substance, followed by cocaine/crack and opioids.

The most frequent three-substance patterns were cannabis with alcohol and cocaine/crack, cannabis with alcohol and methamphetamine, and cannabis with opioids and either cocaine/crack or methamphetamine. These findings show that cannabis involvement in treatment admissions often occurs within a broader polysubstance-use profile rather than as an isolated substance problem.

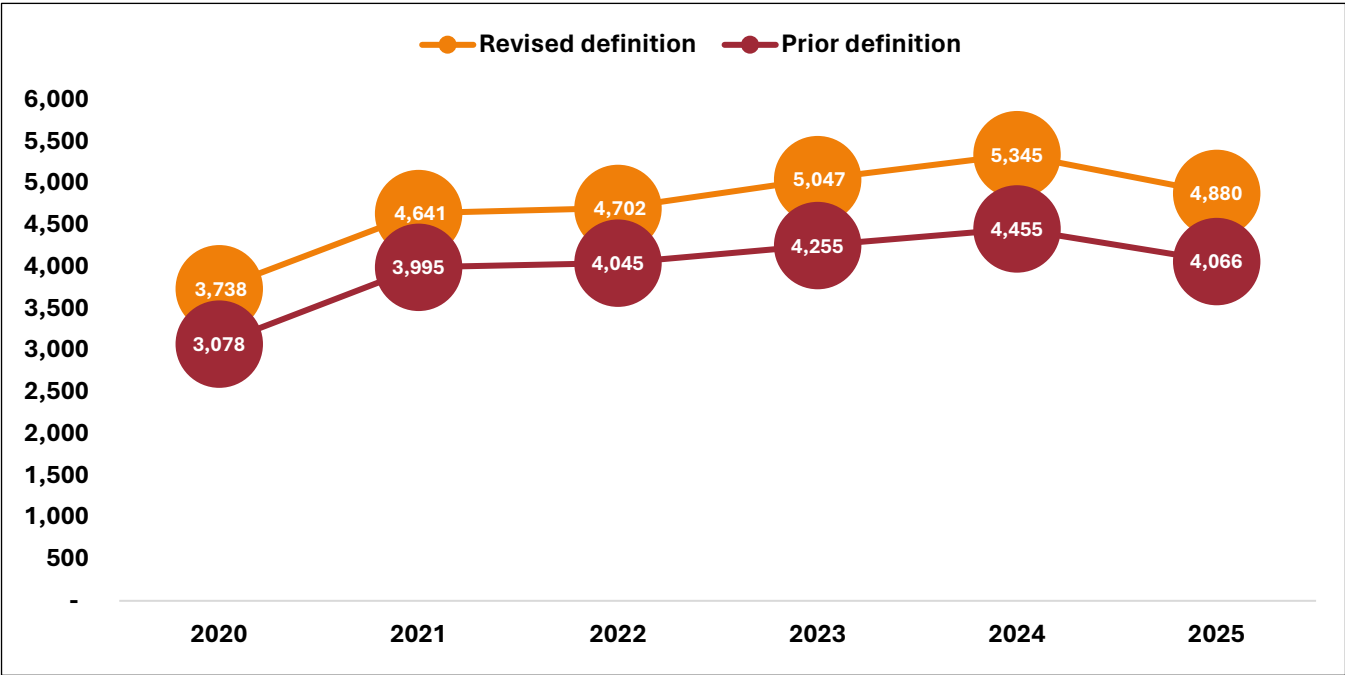
Compared with 2014–2019, the post-2020 period showed a smaller share of cannabis-only admissions and a larger share involving cannabis and methamphetamine. Cannabis-only admissions declined from 28.5% to 23.5% of cannabis-involved admissions, while cannabis with methamphetamine increased from 5.7% to 9.6%. Cannabis with alcohol also became the most common combination, increasing from 25.5% to 27.8%.

These patterns should be interpreted cautiously. TEDS records only the primary, secondary, and tertiary substances reported at admission, and changes in treatment access, funding, referral practices, and reporting after 2020 may have influenced the composition of the population receiving treatment.

Key takeaway

Cannabis-involved treatment admissions increasingly reflect polysubstance use, particularly combinations with alcohol and methamphetamine, rather than cannabis use alone.

Illinois ED visits: Potential cannabis hyperemesis syndrome, 2020–2025



Note: Previous annual reports progressively refined the claims-based definition used to identify potential cannabis hyperemesis syndrome encounters. The report required vomiting to be the principal diagnosis and a cannabis-related diagnosis to appear secondarily. However, the introduction of the cannabis hyperemesis syndrome-specific International Classification of Diseases, Tenth Revision, Clinical Modification code R11.16 in October 2025 provided a new opportunity to evaluate this positional requirement. Review of encounters explicitly assigned R11.16 showed that many would not have been identified when vomiting was required to be the principal diagnosis.

We therefore include for this report encounters in which either (1) vomiting is the principal diagnosis and a secondary cannabis-related diagnosis appearing secondarily, or (2) a cannabis-related diagnosis is the principal diagnosis and vomiting appears secondarily. Pregnancy-related hyperemesis is excluded. The prior definition is shown for comparison. Both definitions produce the same overall temporal pattern; the revised approach identifies a larger number of potential cannabis hyperemesis syndrome encounters.

Source: Illinois Department of Public Health, Division of Patient Safety and Quality; Hospitalization and ED Visit Discharge Data Sets

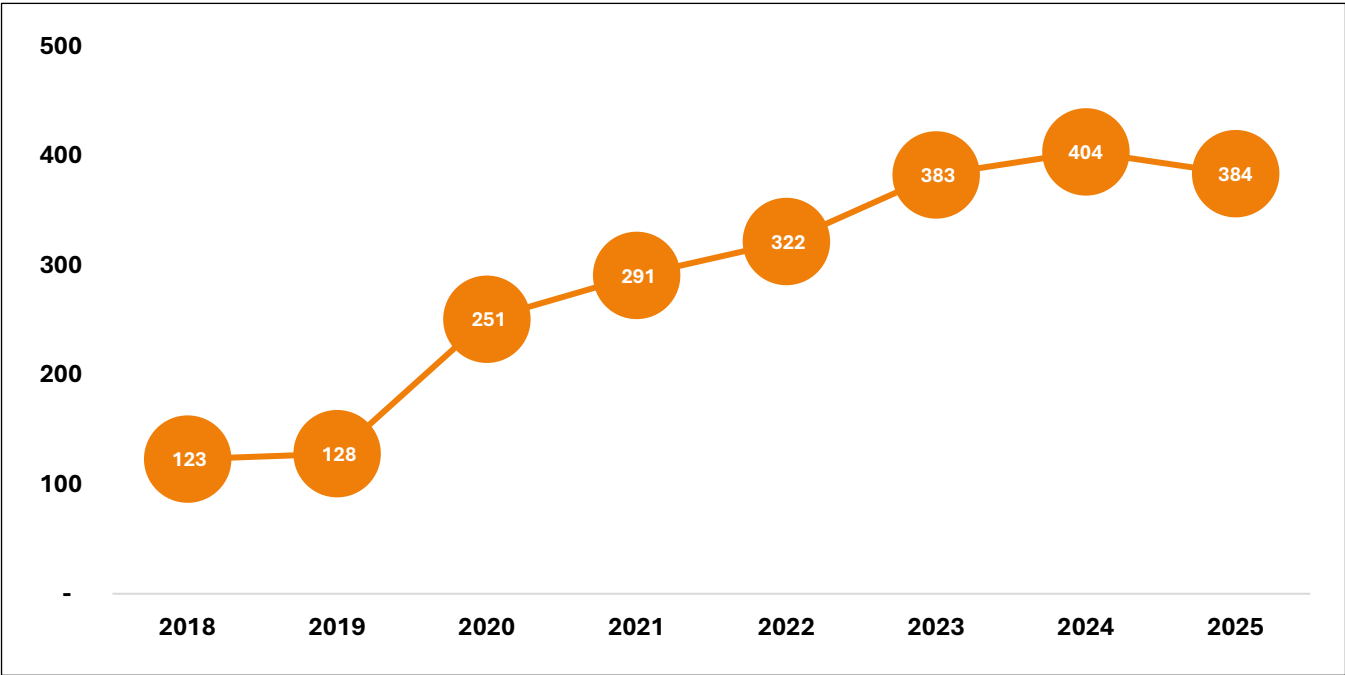
Observations and notes: Estimated ED visits involving potential cannabinoid hyperemesis syndrome increased substantially between 2020 and 2024 before declining in 2025. Estimated visits increased from 3,738 in 2020 to 5,345 in 2024, before falling to 4,880 in 2025.

The revised definition identifies more encounters than the prior definition because it allows either vomiting or a cannabis-related condition to be the principal diagnosis, provided the complementary diagnosis is also recorded. The prior definition required vomiting to be the principal diagnosis and cannabis to appear secondarily. Importantly, both definitions show essentially the same temporal pattern, strengthening confidence that the observed trend is not an artifact of the methodological change.

Key takeaway

Cannabinoid hyperemesis syndrome-related ED visits remained substantially elevated compared with 2020; estimates using the prior and the revised measures indicate a decline in 2025 after reaching their highest levels in 2024.

ED visits with cannabis intoxication as the primary diagnosis, Illinois, 2018–2025



Note: Estimates include only encounters in which the specified cannabis-related condition was recorded as the primary diagnosis. The 2025 Illinois Department of Public Health extract was supplied using Clinical Classifications Software Refined categories; because the available extract did not consistently apply the requested Clinical Classifications Software Refined selection criteria across all secondary diagnosis fields, analyses in this report are restricted to primary diagnoses. These estimates therefore represent a conservative measure of cannabis-related health care encounters and are not directly comparable with broader measures presented in prior annual reports.

Source: Illinois Department of Public Health, Division of Patient Safety and Quality; Hospitalization and ED Visit Data Sets

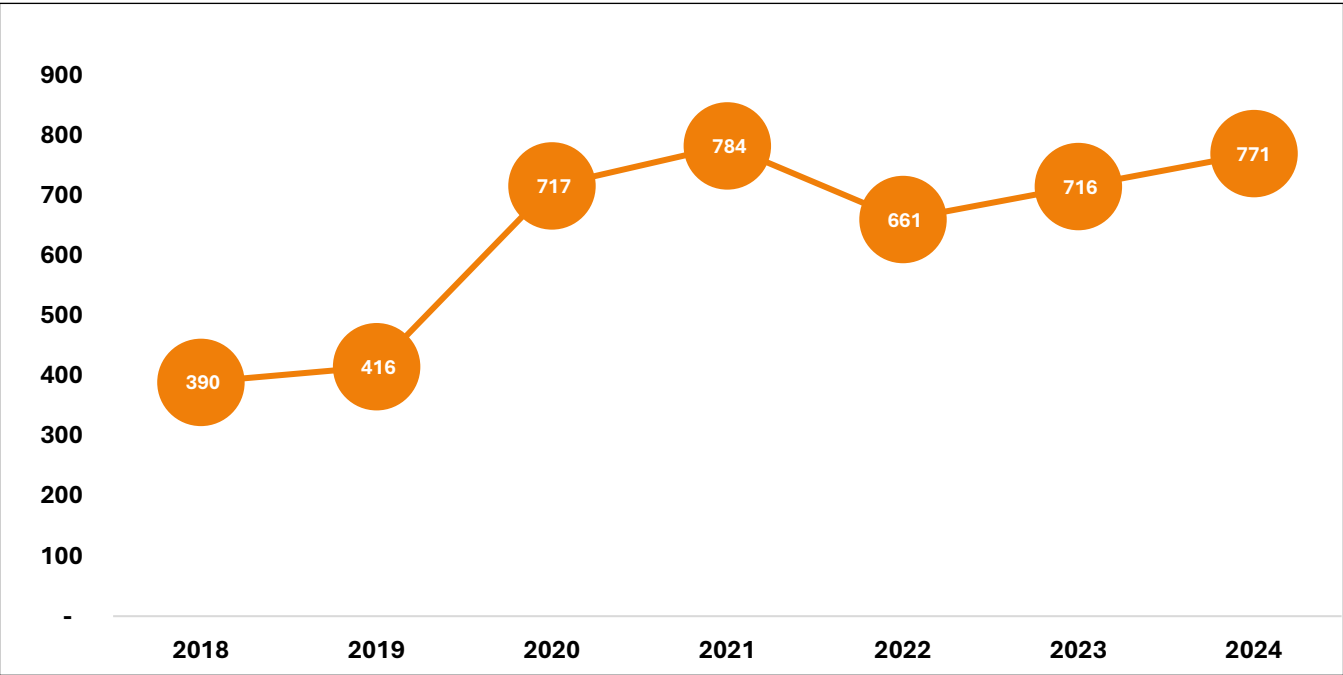
Observations and notes: ED visits with cannabis intoxication as the primary diagnosis increased substantially after 2019, rising from 128 visits in 2019 to 404 in 2024. Visits declined slightly to 384 in 2025 but remained approximately three times the pre-legalization level.

Key takeaway



ED visits primarily attributable to cannabis intoxication rose markedly following legalization. The increase appears to have leveled off in the most recent year.

ED visits with cannabis poisoning as the primary diagnosis, Illinois, 2018–2025



Note: Estimates include only ED encounters in which cannabis poisoning was recorded as the primary diagnosis. The 2025 Illinois Department of Public Health extract was supplied using Clinical Classifications Software Refined categories; because the requested Clinical Classifications Software Refined selection criteria were not applied consistently across all secondary diagnosis fields, analyses are restricted to the primary diagnosis field. Counts for 2020–2025 were re-estimated using a consistent strict ICD-10-CM definition of cannabis poisoning. Estimates for 2018–2019 are retained from prior analyses and should be interpreted as historical context rather than as a perfectly harmonized series.

Source: Illinois Department of Public Health, Division of Patient Safety and Quality; Hospitalization and ED Visit Data Sets

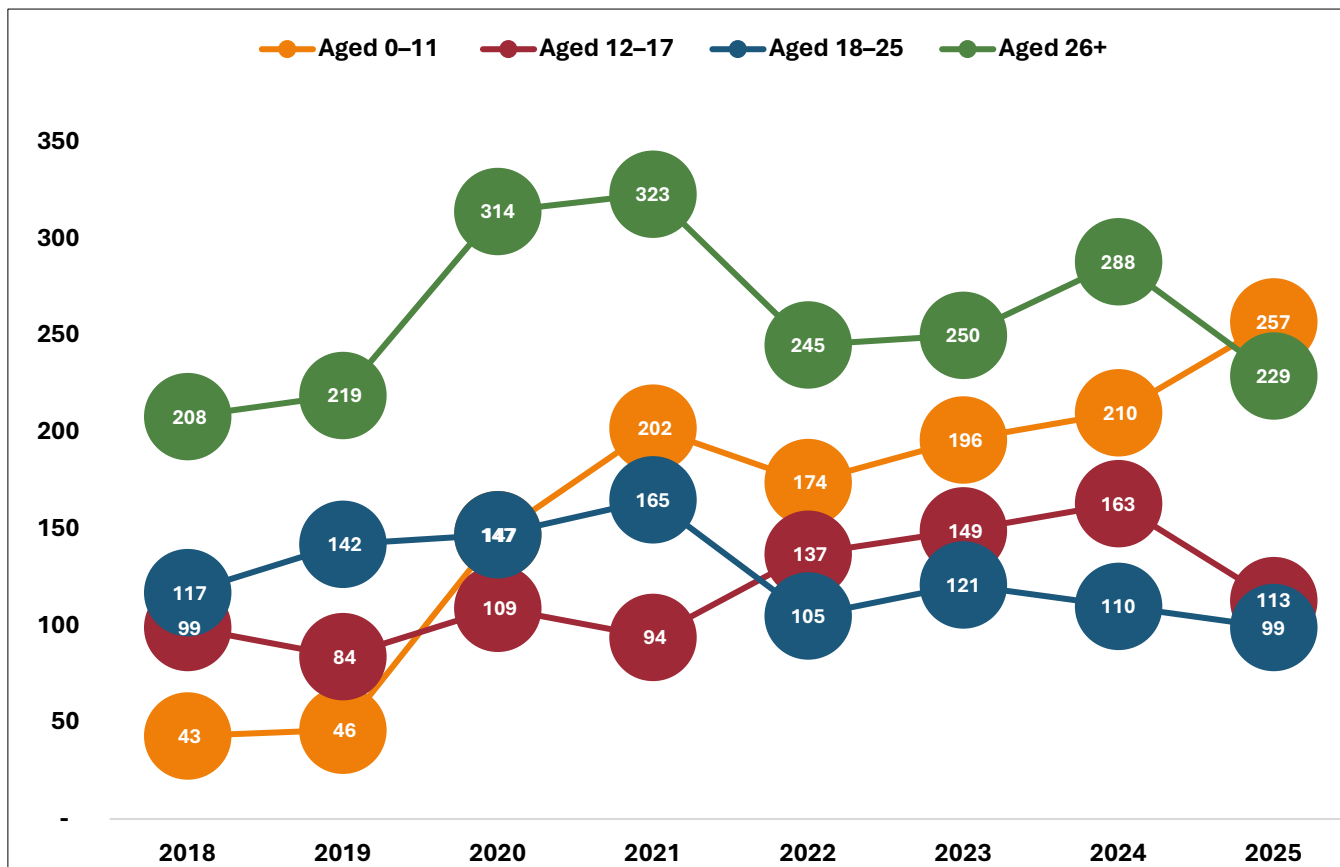
Observations and notes: Cannabis poisoning encounters with a cannabis poisoning diagnosis recorded as the primary diagnosis increased sharply from 416 in 2019 to 717 in 2020. Since then, annual counts have remained elevated but variable, ranging from 661 to 784 between 2021 and 2025. The 2025 count of 698 was lower than in 2024 but remained substantially above the pre-legalization level.

Key takeaway



Cannabis poisoning ED encounters increased markedly in 2020 and have remained elevated since, although the post-2020 pattern has been relatively stable rather than steadily increasing.

ED visits with cannabis poisoning as the primary diagnosis, by age group, Illinois, 2018–2025



Note: Counts are restricted to ED encounters in which cannabis poisoning was recorded as the primary diagnosis. Because the 2025 Clinical Classifications Software Refined-based extract did not apply the requested selection criteria consistently across secondary diagnosis fields, only the primary diagnosis field was used. Cannabis poisoning was identified using a consistent strict International Classification of Diseases, Tenth Revision, Clinical Modification definition across 2018–2025. Age groups were classified as ages 0–11, 12–17, 18–25, and 26+ years.

Source: Illinois Department of Public Health, Division of Patient Safety and Quality; Hospitalization and ED Visit Data Sets

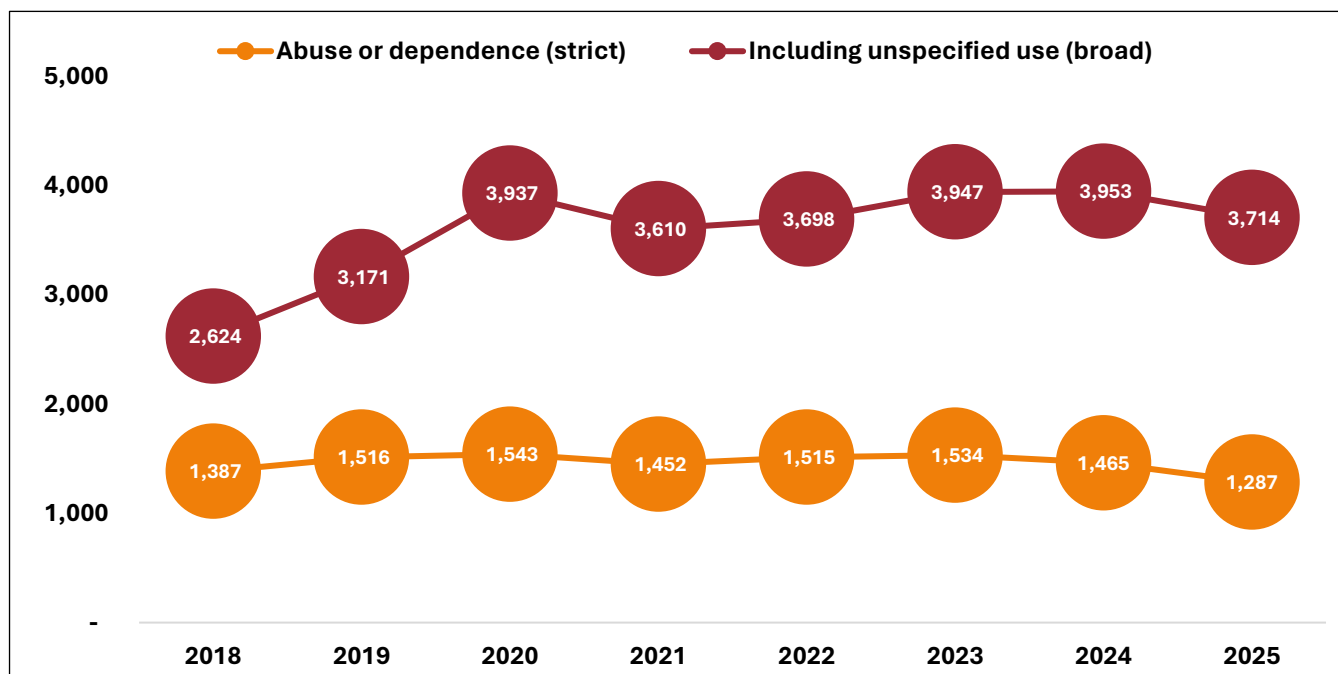
Observations and notes: Cannabis poisoning ED visits with cannabis poisoning recorded as the primary diagnosis increased sharply among children aged 0–11, rising from 43 visits in 2018 to 257 in 2025. In contrast, counts of cannabis poisoning ED visits changed much less among adolescents and adults and declined among young adults aged 18–25. By 2025, children aged 0–11 accounted for more primary-diagnosis cannabis poisoning ED visits than any other age group.

Key takeaway



The age distribution of cannabis poisoning ED visits has shifted markedly toward young children. Primary-diagnosis poisoning visits among children aged 0–11 increased nearly sixfold from 2018 to 2025 and represented more than one-third of all such visits in 2025.

ED visits with cannabis use disorder as the primary diagnosis, by diagnostic definition, Illinois, 2018–2025



Note: Estimates are restricted to ED encounters in which a cannabis-related use disorder was recorded as the primary diagnosis. The strict definition includes cannabis abuse or dependence (F121* or F122*), while the broader definition additionally includes unspecified cannabis use (F129*). Because the 2025 CCSR-based extract did not apply the requested selection criteria consistently across secondary diagnosis fields, analyses are limited to the primary diagnosis field. Both definitions are shown to illustrate the effect of diagnostic coding choices on estimated cannabis use disorder-related ED utilization.

Source: Illinois Department of Public Health, Division of Patient Safety and Quality; Hospitalization and ED Visit Discharge Data Sets

Observations and notes: ED visits with cannabis use disorder recorded as the primary diagnosis vary substantially depending on diagnostic definition. Using the stricter definition limited to cannabis abuse or dependence, annual visits remained relatively stable from 2018 through 2024, generally ranging from about 1,400 to 1,500, before declining to 1,287 in 2025.

When unspecified cannabis use diagnoses are also included, counts increased from 2,624 in 2018 to 3,937 in 2020 and thereafter remained at a substantially higher level, ranging from approximately 3,600 to 4,000 annually. The broader count declined modestly to 3,714 in 2025.

The continuing gap between the two series illustrates the substantial effect of diagnostic coding practices and particularly use of unspecified cannabis-use diagnoses on estimates of cannabis use disorder-related ED use.

Key takeaway



Estimates of cannabis use disorder-related ED utilization depend strongly on diagnostic definition. The strict measure has remained comparatively stable, while inclusion of unspecified cannabis-use diagnoses produces substantially higher counts and shows a marked increase beginning around 2020.

Why are “unspecified” cannabis use disorder diagnoses so common?



Cannabis use disorder (CUD) can be coded in ICD-10-CM as abuse (F12.1), dependence (F12.2), or unspecified (F12.9). The “unspecified” code is often misunderstood. It does not mean casual or non-problematic use. Instead, it reflects a lack of diagnostic detail:

Clinical shorthand

Providers often document cannabis use disorder without specifying abuse vs. dependence.

Coding practice

In these cases, coders default to F12.9 (unspecified).

ED context

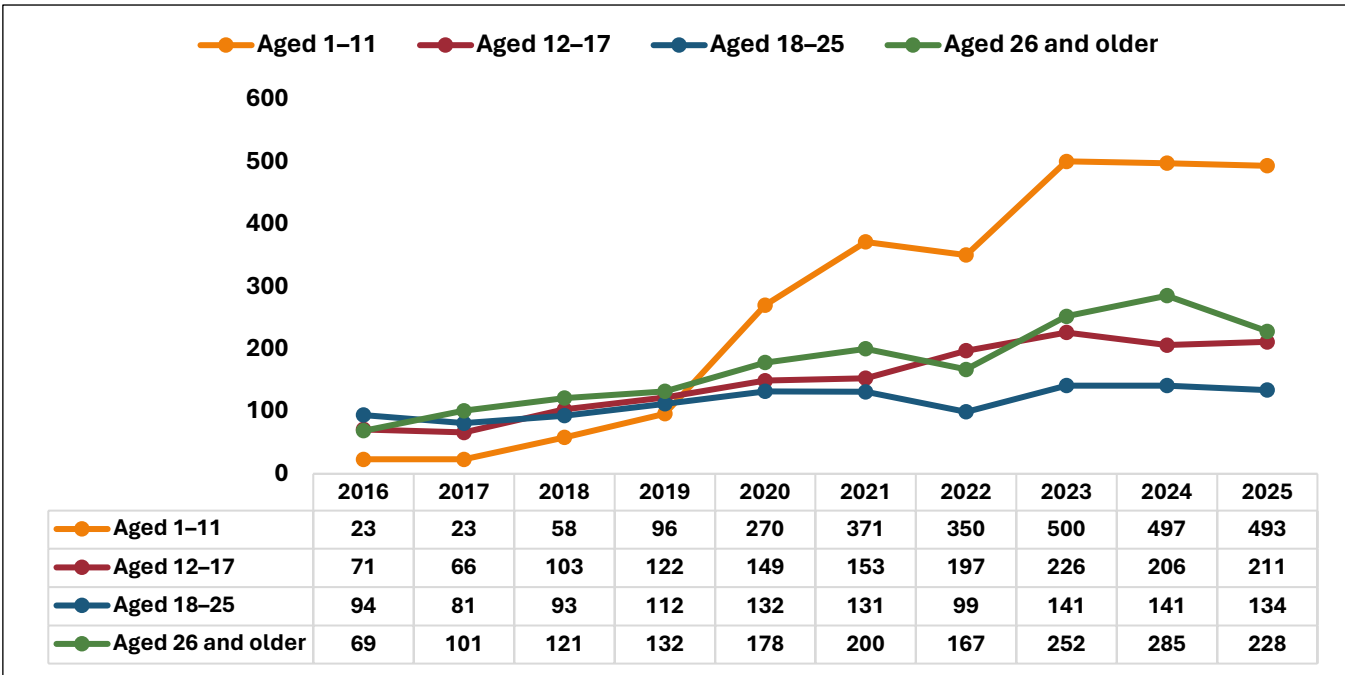
Encounters in an ED are time-limited, making detailed assessments unlikely and further increasing reliance on the F12.9 code.

The F12.9 code may capture clinically meaningful cannabis-related diagnoses for which the record lacks greater diagnostic specificity. Frequent use of this code substantially increases case counts relative to definitions limited to abuse or dependence. Presenting both strict and broad definitions provides transparency: the strict series is more diagnostically specific, while the broad series more closely reflects how cannabis-related use diagnoses are recorded in routine clinical practice.

Public health effects



Illinois Poison Center contacts by age group, 2016–2025



Source: Illinois Poison Center. Information available at: <https://www.illinoispoisoncenter.org>

Observations and notes: Cannabinoid-related exposure contacts reported to the Illinois Poison Center remained elevated in 2025 across all age groups, although several trends appeared to stabilize relative to prior years. The clearest pattern continued to involve children aged 1 to 11, whose exposure contacts remained substantially higher than pre-2019 levels but did not continue the sharp upward increases observed earlier in the post-legalization period.

Among children aged 1 to 11, cannabinoid-related exposure contacts increased dramatically between 2019 and 2023 before leveling off in more recent years. Pediatric exposure contacts reached 500 in 2023 and remained relatively stable at 497 in 2024 and 493 in 2025. Pediatric exposure contacts remain markedly elevated compared with pre-legalization years despite the recent stabilizing of the rate.

Exposure contacts among adolescents aged 12 to 17 and adults aged 18 to 25 showed comparatively modest changes in 2025, with patterns generally consistent with recent prior years.

Among adults aged 26 and older, cannabinoid-related exposure contacts declined from 285 in 2024 to 228 in 2025 following several years of increases.

While Illinois Poison Center data cannot establish causality, the elevated number of pediatric exposure contacts raises concerns regarding accidental ingestion of edible cannabis products and reinforces the importance of safe storage, child-resistant packaging, labeling, and public education efforts.

Key takeaway

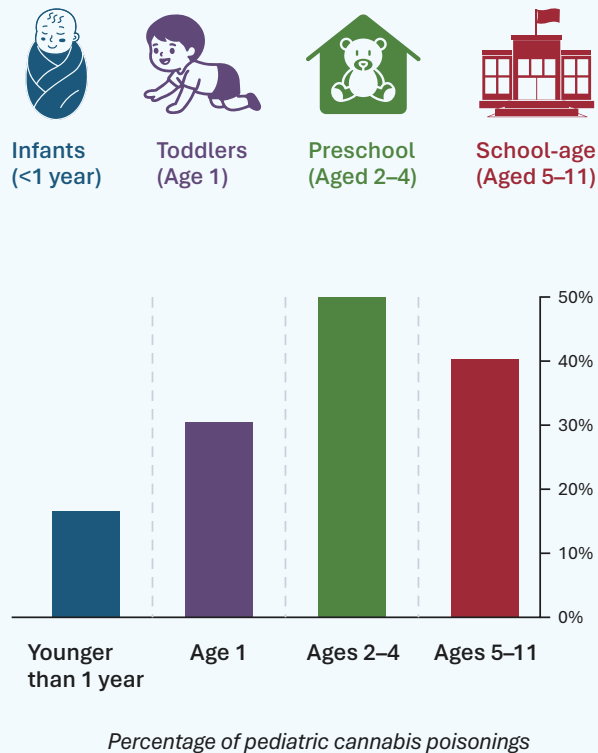
Cannabinoid-related exposure contacts reported to the Illinois Poison Center remained elevated in 2025, particularly among children aged 1 to 11. Although pediatric exposure contacts appear to have stabilized since 2023, they remain substantially higher than pre-legalization levels, underscoring the continued importance of prevention and efforts to promote safe storage.

WHO ARE THE CHILDREN?

MOST PEDIATRIC CANNABIS POISONINGS INVOLVED TODDLERS AND PRESCHOOL-AGED CHILDREN

Illinois Poison Center Data, 2016–2025 (n = 2,671 with known age*)

AGE DISTRIBUTION (0-11 YEARS)



Approximately

70%



of pediatric cannabis poisonings occurred BEFORE THE FIFTH BIRTHDAY



Median age:

3

 years

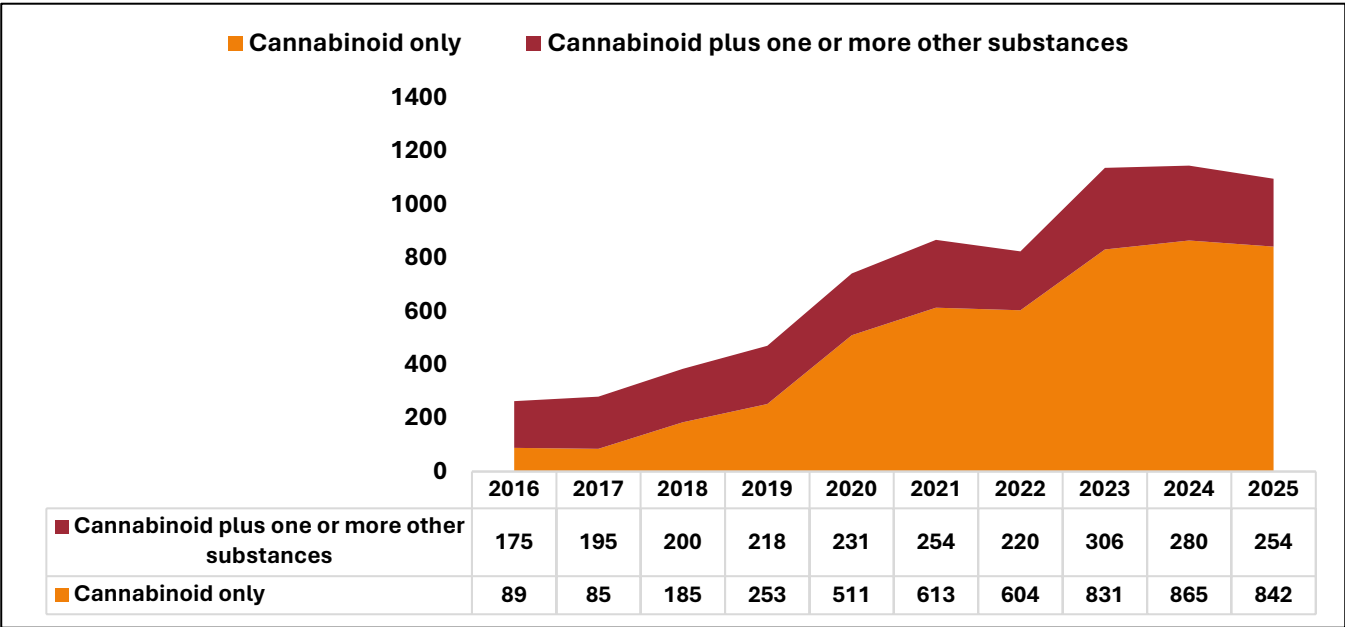
The age profile has remained stable despite a dramatic increase in the number of pediatric cannabis poisonings.



Unlike many pediatric injuries that are concentrated among school-aged children, cannabis poisonings overwhelmingly involve toddlers and preschool-aged children who unintentionally ingest cannabis products, particularly edibles, in the home environment.

* Percentages are based on pediatric poisoning cases with known age in years (99.6% of pediatric cases).

Illinois Poison Center contacts involving cannabinoids, by single vs. multi-substance exposure



Source: Illinois Poison Center. Information available at: <https://www.illinoispoisoncenter.org>

Observations and notes: Cannabinoid-related exposure contacts reported to the Illinois Poison Center remained elevated in 2025. Overall totals declined slightly from recent peak years. The increase observed since 2019 has been driven primarily by contacts involving cannabinoids alone rather than cannabinoids used in combination with other substances.

Exposure contacts involving cannabinoids increased from 89 in 2016 to 842 in 2025. Such exposure contacts accounted for approximately 77% of all cannabinoid-related exposure contacts in 2025. The largest increases occurred between 2019 and 2021, coinciding with the expansion of adult-use sales of cannabis and broader availability of cannabis products.

In contrast, exposure contacts involving cannabinoids plus one or more additional substances changed comparatively little during 2016 to 2025. These contacts increased from 175 in 2016 to a peak of 306 in 2023, then declined to 254 in 2025.

The growing proportion of exposure contacts involving cannabinoids alone may reflect increasing exposure to edible cannabis products, concentrates, or other higher-potency cannabinoid products rather than concurrent use with multiple substances.

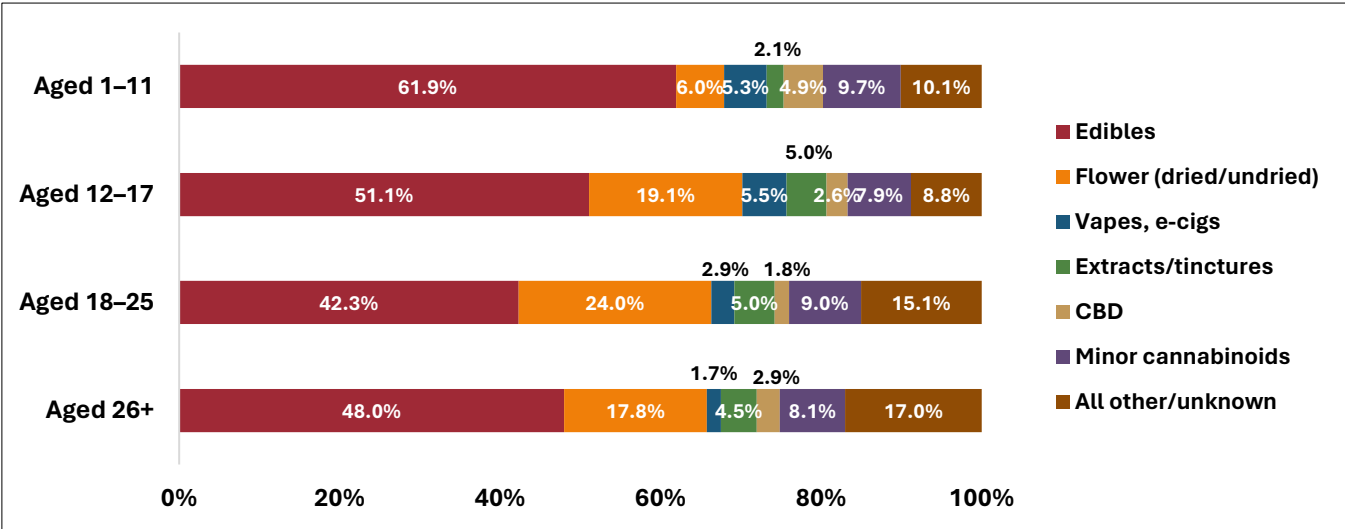
Although Illinois Poison Center data cannot establish causality, the findings suggest that cannabinoids alone rather than cannabinoids used in combination with other substances have become an increasingly common primary exposure associated with poison center contacts in Illinois.

Key takeaway



Most of the increase in cannabinoid-related Illinois Poison Center exposure contacts since 2019 involved cannabinoids alone rather than cannabinoids used in combination with other substances. Although cannabinoid-only contacts appear to have stabilized in 2025, they remain substantially higher than pre-legalization levels.

Cannabinoid-related contacts to the Illinois Poison Center by product type and age group, 2024–2025



Source: Illinois Poison Center. Information available at: <https://www.illinoispoisoncenter.org>

Observations and notes: Edible cannabis products remained the most commonly reported source of cannabinoid-related exposure contacts across all age groups in 2024–2025. Edibles accounted for approximately 62% of exposure contacts among children aged 1 to 11, 51% among those aged 12 to 17, 42% among young adults aged 18 to 25, and 48% among adults aged 26 and older.

Cannabis flower, both dried and undried products, represented a smaller share of exposure contacts overall but were more common among adults than children. Plant products accounted for only 6% of exposure contacts among children aged 1 to 11 compared with 24% among young adults aged 18–25 and about 18% among adults aged 26 and older.

Vaped cannabis products and extracts/tinctures were a relatively small proportion of exposure contacts across age groups. Vaping-related contacts were somewhat more common among adolescents and young adults, while extracts and tinctures accounted for a modest proportion of contacts among young adults.

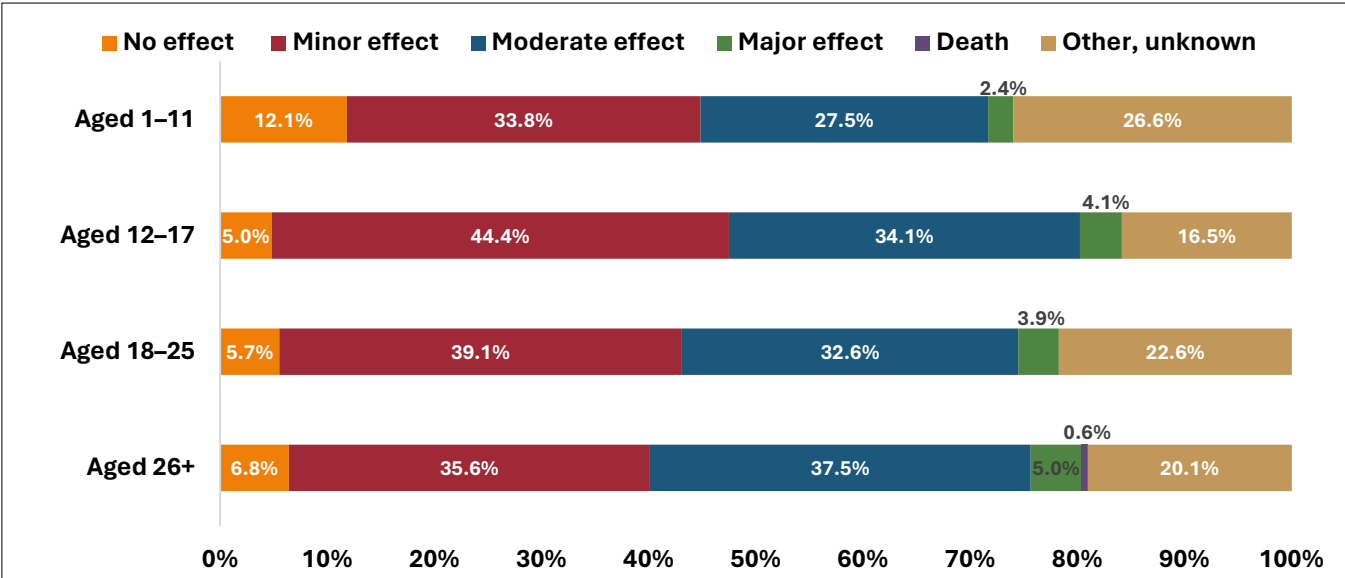
Reports categorized by the Illinois Poison Center as involving minor cannabinoids accounted for a smaller but notable proportion of exposure contacts across age groups, including approximately 10% of pediatric contacts and 9% among young adults aged 18 to 25. Minor cannabinoids is a broad term commonly used to describe cannabinoid compounds other than delta-9 THC or CBD, including hemp-derived compounds such as delta-8 THC, CBG, CBN, and THCA. Many hemp-derived products containing these compounds are increasingly available in commercial markets. Their pharmacologic and toxicologic effects of these compounds are less well characterized than those of delta-9 THC.

Although poison center data cannot establish causality, the predominance of edible products among pediatric exposure contacts is consistent with concerns about accidental ingestion of cannabis-infused products that resemble candy or conventional foods.

Key takeaway

Edible cannabis products accounted for most cannabinoid-related exposure contacts with the Illinois Poison Center across all age groups in 2024–2025, particularly among children. Reports involving minor cannabinoid products reflect the continued diversification of cannabinoid products available in Illinois markets. This finding warrants continued monitoring.

Medical outcomes of cannabis poisoning by age group, 2024–2025



Source: Illinois Poison Center. Information available at: <https://www.illinoispoisoncenter.org>

Observations and notes: Most cannabis-related poisonings reported to the Illinois Poison Center resulted in minor or moderate medical effects across all age groups. Among children aged 1–11, 33.8% of cases resulted in minor effects and 27.5% in moderate effects. Older age groups reported somewhat higher proportions of moderate effects; adults aged 26 and older had the highest proportion (37.5%). Major effects, while uncommon, increased with age, rising from 2.4% among young children to 5.0% among adults aged 26 and older.

No deaths were reported among individuals younger than age 26; the only fatality was among adults aged 26 and older (0.6%). A substantial proportion of cases, particularly among young children (26.6%), were classified as “Other, Unknown,” suggesting incomplete follow-up or limited clinical outcome information in some pediatric cases.

Key

takeaway

Across all age groups, most cannabis-related poisonings reported to the Illinois Poison Center resulted in minor or moderate medical effects. Major effects were uncommon but increased with age. The only reported death occurred among adults aged 26 years and older. Cases involving young children were more likely to have incomplete or unknown follow-up information.

Understanding poison control center medical outcome classifications



Poison control centers classify exposures according to the highest level of medical effect experienced by the individual. These standardized categories are used nationally within the National Poison Data System to describe the severity of poisoning-related outcomes.

No medical effect

The individual experienced no signs or symptoms related to the exposure.

Minor medical effect

The individual experienced minimally bothersome symptoms that resolved rapidly and typically required little or no medical treatment.

For cannabis exposures, minor effects may include:

- Mild drowsiness or lethargy
- Dizziness or lightheadedness
- Mild tachycardia
- Dry mouth
- Mild nausea or anxiety

Major medical effect

The individual experienced life-threatening symptoms or substantial residual disability.

Although uncommon, major cannabis-related outcomes reported to poison centers may include:

- Severe central nervous system depression
- Respiratory compromise
- Seizures
- Serious cardiac abnormalities
- Need for intensive care monitoring or ventilatory support

Death

The exposure directly or indirectly contributed to death.

Moderate medical effect

The individual experienced more pronounced, prolonged, or systemic symptoms that generally required medical evaluation or treatment but were not considered life-threatening.

For cannabis exposures, moderate effects may include:

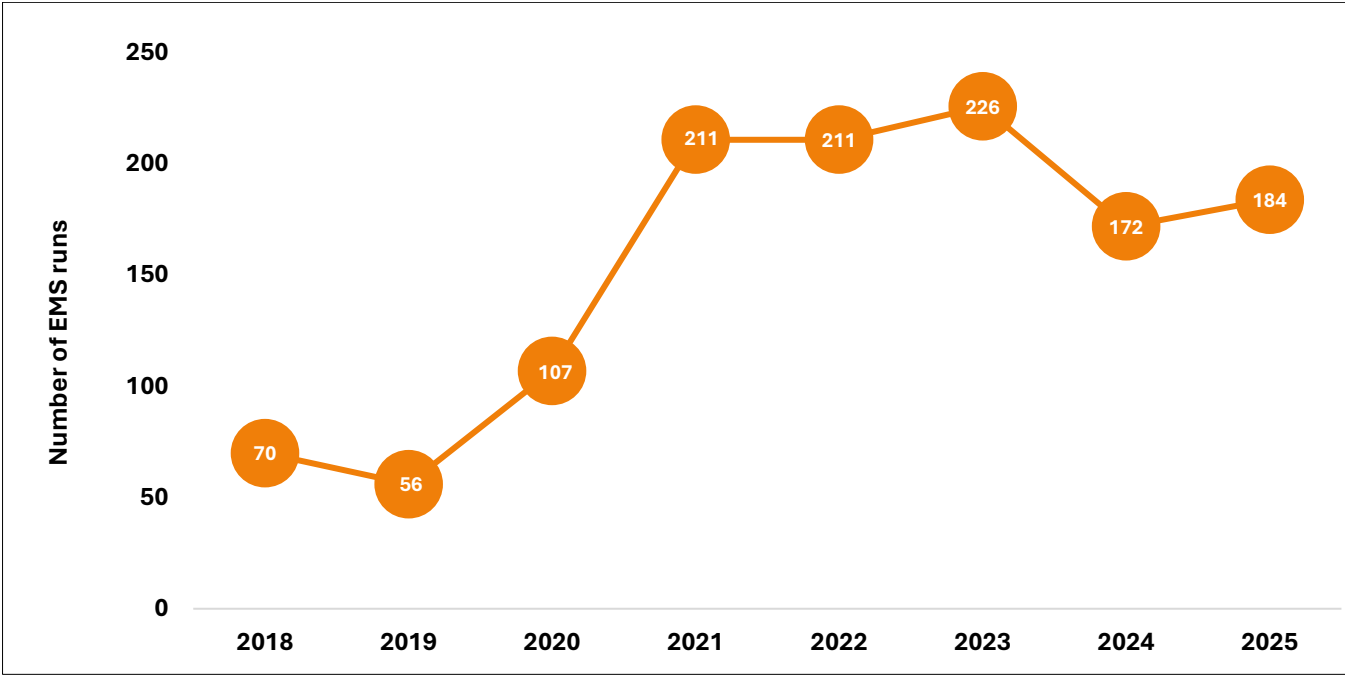
- Significant sedation or impaired responsiveness
- Severe anxiety, agitation, or panic reactions
- Transient hallucinations or paranoia
- Persistent vomiting requiring treatment
- Marked impairment in coordination or balance

Other/unknown/not followed

Cases in which the relationship between the exposure and symptoms was unclear, follow-up was incomplete, or outcome information could not be fully determined.

Most cannabis-related poison center cases nationally and in Illinois are classified as minor or moderate medical effect rather than major medical effect.

Number of EMS runs with a cannabis-related disorder (F12) as the provider's primary impression, Illinois, 2018–2025



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

Observations and notes: EMS runs in which an F12 cannabis-related disorder was recorded as the provider's primary impression increased substantially over the study period. Annual counts rose from 70 runs in 2018 and 56 in 2019 to 107 in 2020, then nearly doubled to 211 in 2021. Counts remained at 211 in 2022 and reached a high of 226 in 2023.

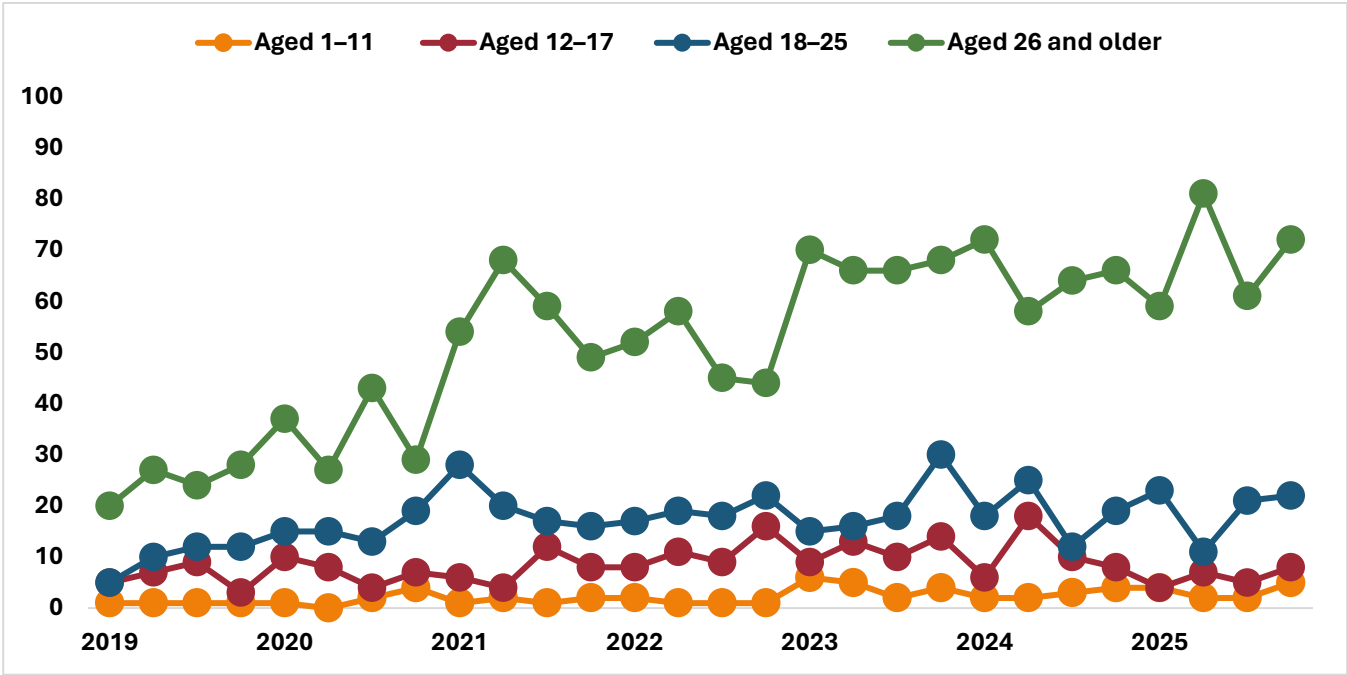
The number of runs declined to 172 in 2024 before increasing slightly to 184 in 2025. Despite this recent decline, annual counts in 2024 and 2025 remained well above those observed during 2018–2020.

Key takeaway



EMS runs with a cannabis-related disorder recorded as the provider's primary impression increased sharply beginning in 2020 and remained elevated through 2025, despite some decline from the 2023 peak.

Number of EMS runs for cannabis-related poisoning as primary symptom or provider’s primary or secondary impression by age group, 2019–2025



Note: Data presented in this year’s report use a corrected EMS file provided by the Illinois Department of Public Health. The corrected file removes duplicate 2023 records that had inflated counts in the previously supplied data and also includes quarters from 2022 that were previously unavailable.

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

Observations and notes: EMS runs involving cannabis poisoning were consistently highest among adults aged 26 and older. Quarterly counts increased overall from roughly 20–30 runs in 2019 to about 60–70 runs during much of 2023–2025. Although there was quarter-to-quarter fluctuation, including a higher quarter approaching 80 runs in 2025, the overall pattern suggests a sustained increase over the study period.

Among adults aged 18–25, quarterly counts were substantially lower and generally ranged from about 10 to 25 runs. There were occasional higher quarters, but no clear sustained upward or downward trend.

Adolescents aged 12–17 accounted for fewer EMS runs, with counts generally in the single digits to low teens and some modest fluctuation over time.

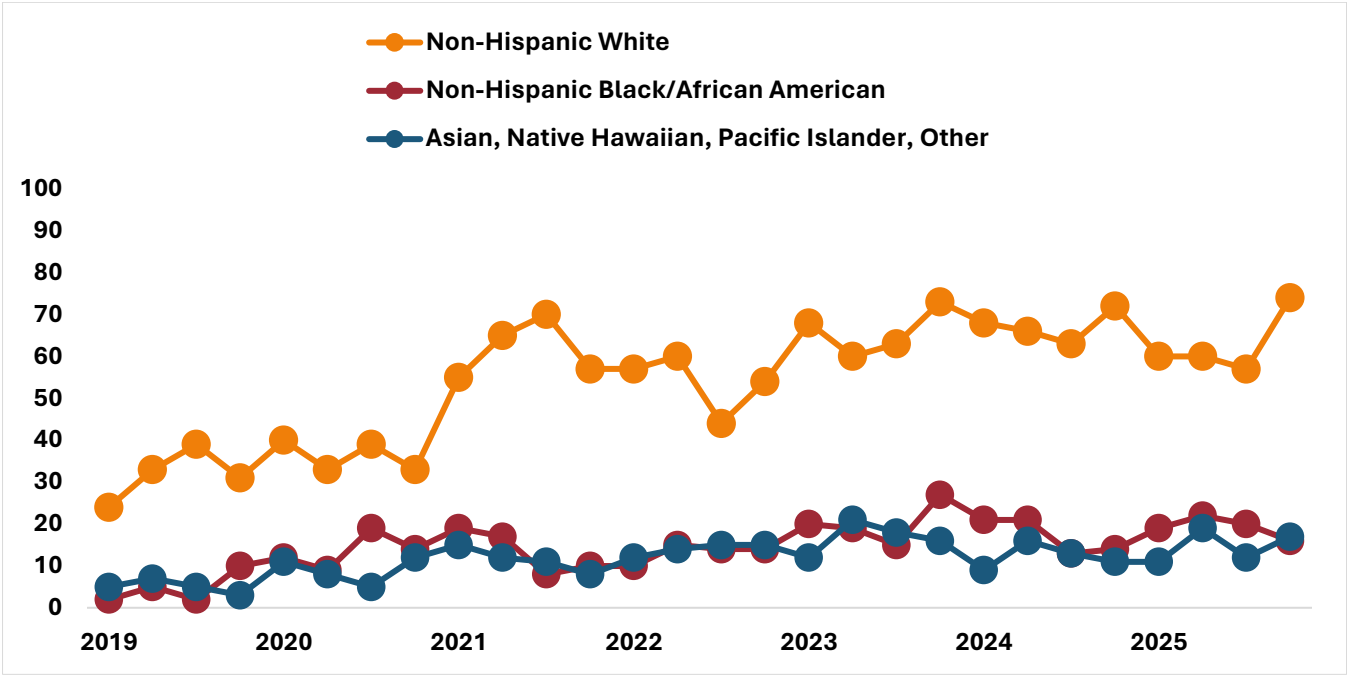
Children aged 1–11 had the lowest counts throughout the period, typically fewer than five runs per quarter.



Key takeaway

Adults aged 26 and older accounted for the largest number of EMS runs involving cannabis poisoning and showed an overall increase from 2019 through 2025. EMS runs among younger age groups remained much lower and showed no clear sustained trend.

Number of EMS runs for cannabis poisoning as primary symptom, or provider primary of secondary impression, by race, 2019–2025



Note: Data presented in this year's report use a corrected EMS file provided by the Illinois Department of Public Health. The corrected file removes duplicate 2023 records that had inflated counts in the previously supplied data and also includes quarters from 2022 that were previously unavailable.

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

Observations and notes: White individuals accounted for the largest number of EMS runs involving cannabis poisoning throughout 2019–2025. Quarterly counts increased from roughly 25–40 runs in 2019–2020 to generally 55–75 runs per quarter from 2021 onward. Although counts fluctuated from quarter to quarter, the overall pattern suggests a sustained increase over the study period.

EMS runs among non-Hispanic Black/African American individuals were substantially lower but also increased somewhat over time. Quarterly counts were generally below 10 in 2019, then more often ranged from about 10 to 20 during 2021–2025, with occasional higher quarters.

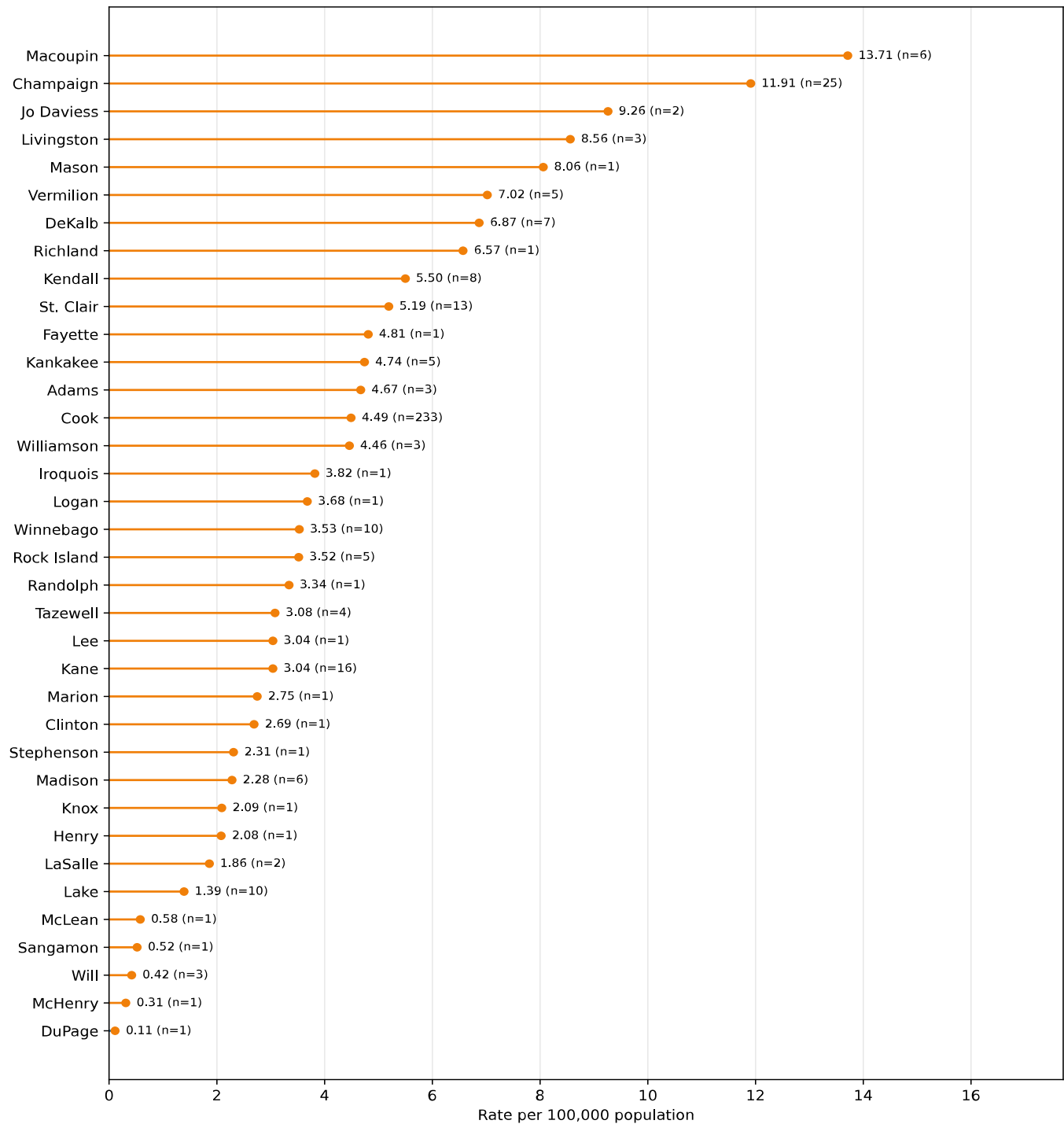
Counts among individuals categorized as Asian, Native Hawaiian, Pacific Islander, or Other were similar in magnitude to those among Black/African American individuals and showed considerable quarter-to-quarter fluctuation. Counts generally ranged from about 5 to 20 per quarter, with no clear sustained upward or downward trend.

Key takeaway



EMS runs involving cannabis poisoning were consistently highest among non-Hispanic White individuals and increased overall from 2019 through 2025. Counts among non-Hispanic Black/African American individuals also rose modestly, while counts among individuals in the combined Asian, Native Hawaiian, Pacific Islander, and Other category remained lower and more variable.

EMS runs involving cannabis-related poisoning per 100,000 population Illinois counties, 2025



Note: Counties with zero EMS runs are omitted for readability. Labels show rate per 100,000 and event count.

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

EMS runs involving cannabis-related poisoning per 100,000 population Illinois counties, 2025

Observations and notes: Rates of EMS runs involving cannabis poisoning in 2025 varied across Illinois counties, but most counties reported either no runs or only a small number. Because of this, county rates should be interpreted cautiously, especially in less populous counties where one or two EMS runs can produce a relatively high rate.

Among counties with nonzero rates, the highest rates were observed in Macoupin County (13.71 per 100,000) and Champaign County (11.91 per 100,000). Several other counties also had comparatively elevated rates, including Jo Daviess (9.26), Livingston (8.56), Mason (8.06), Vermilion (7.02), DeKalb (6.87), and Richland (6.57). However, some of these rates were based on very small counts.

Cook County accounted for by far the largest number of EMS runs involving cannabis poisoning (233 runs), but because of its large population its rate (4.49 per 100,000) was more moderate relative to several smaller counties. Other more populous counties with notable nonzero rates included St. Clair (5.19), Kendall (5.50), Kankakee (4.74), Winnebago (3.53), Kane (3.04), and Champaign (11.91).

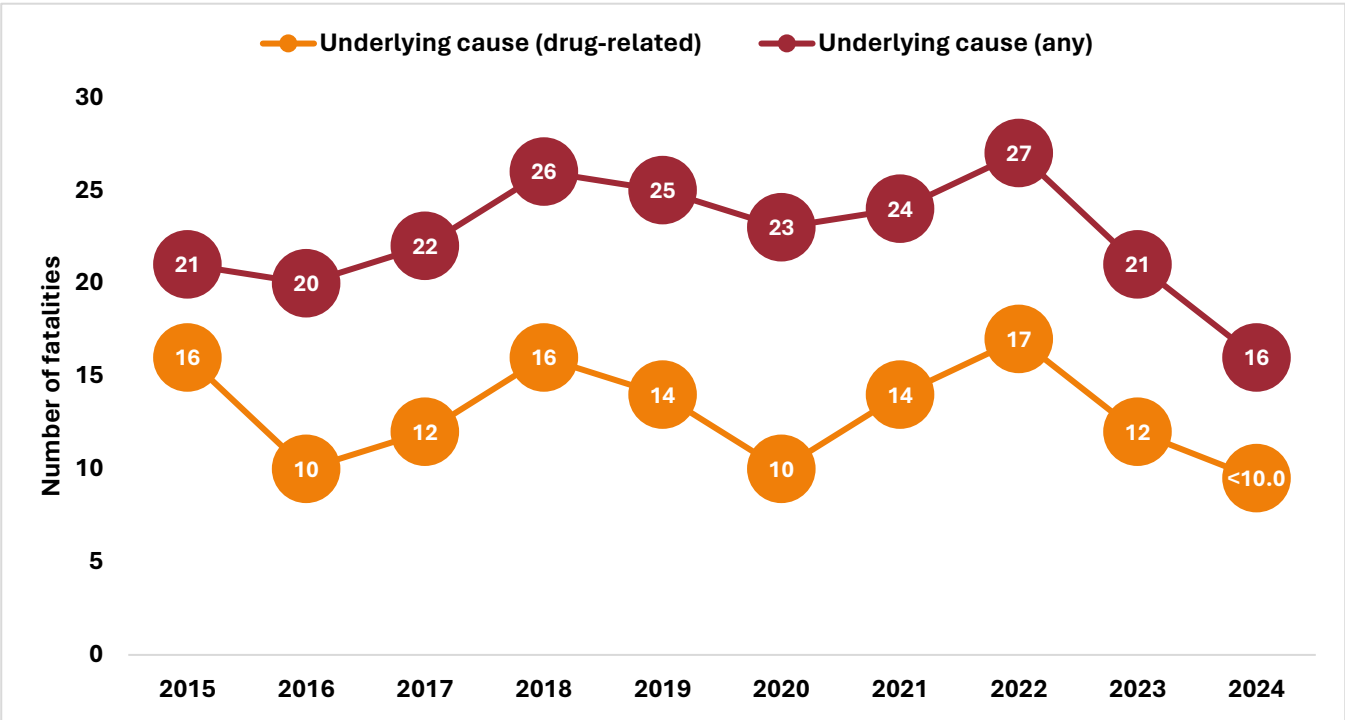
A large number of counties had no recorded EMS runs involving cannabis poisoning in 2025, indicating that these events remained relatively uncommon in much of the state.

Key takeaway



EMS runs involving cannabis poisoning were geographically uneven across Illinois in 2025, but most counties reported either no runs or very few. The highest rates were concentrated in a small number of counties, while Cook County had the largest number of runs but a more moderate rate because of its large population.

Overdose fatalities with cannabis poisoning (T40.7) listed as a contributing cause, Illinois, 2015–2024



Source: Centers for Disease Control and Prevention WONDER (Wide-Ranging Online Database for Epidemiological Research) 1999–2024. Available at <https://wonder.cdc.gov/mcd-icd10.html>

Observations and notes: Counts of overdose fatalities in Illinois in which cannabis poisoning was listed as a contributing cause remained relatively low throughout 2015–2024. The International Classification of Diseases, Tenth Revision code for cannabis poisoning is T40.7. When restricted to deaths with an underlying drug-related cause, annual counts ranged from fewer than 10 to 17, with a peak in 2022 followed by declines in 2023 and 2024.

When all underlying causes of death are considered, annual counts ranged from 16 to 27, also peaking in 2022 before declining in the two most recent years.

Because these figures reflect death certificate coding and mention of cannabis poisoning as a contributing factor, they should not be interpreted as evidence that cannabis was the sole or primary cause of death.

Note: Because the count was fewer than 10, 2024 drug-related deaths with cannabis poisoning listed as a contributing cause were suppressed in CDC WONDER. The figure is displayed as <10.

Key takeaway



Fatal overdose deaths in which cannabis poisoning was listed as a contributing cause remained uncommon in Illinois, and in 2024, among deaths with a drug-related underlying cause, fewer than 10 had cannabis poisoning listed as a contributing cause.

Positive cannabinoid results for tested drivers in fatal traffic accidents by Midwest state and nationally, 2018–2024

Geography	2018–2019	2021–2022	2023–2024	Percentage point change from baseline
Illinois	25.3%	28.6%	27.5%	↑ 2.2
Indiana	7.2%	17.6%	20.3%	↑ 13.1
Iowa	24.7%	23.0%	26.3%	↑ 1.6
Michigan	22.3%	28.2%	28.7%	↑ 6.4
Missouri	28.2%	28.9%	29.3%	↑ 1.1
Wisconsin	19.3%	22.9%	19.8%	↑ 0.5
National	19.6%	24.6%	25.2%	↑ 5.6

Color Key: Lighter shading = lower percentage of positive cannabinoid toxicology results. Darker shading = higher percentage of positive cannabinoid toxicology results.

Source: National Highway Traffic Safety Administration: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Observations and notes: Values reflect the percentage of tested drivers involved in fatal traffic crashes with positive cannabinoid toxicology results. These figures do not represent all impaired driving incidents and should be interpreted only as fatal-crash toxicology findings. Importantly, a positive cannabinoid test does not necessarily indicate impairment at the time of the crash, because THC and related metabolites may remain detectable beyond the period of acute intoxication. Observed differences across states and over time may also reflect variation in toxicology testing coverage, laboratory protocols, and reporting practices.

Illinois remained above the national average across all reporting periods, increasing from 25.3% in 2018–2019 to 27.5% in 2023–2024 (+2.2 percentage points). Rates peaked in 2021–2022 (28.6%) and remained elevated relative to baseline in the most recent period.

Neighboring states showed varied patterns. Indiana demonstrated the largest increase, rising from 7.2% to 20.3% (+13.1 percentage points) from a low baseline. Michigan and Missouri remained consistently high across all periods, while Wisconsin increased in 2021–2022 but returned close to baseline levels by 2023–2024. Nationally, rates increased from 19.6% to 25.2% (+5.6 percentage points).

Because positive cannabinoid toxicology results do not equate to impairment, these findings should be interpreted with caution. Nonetheless, the sustained elevation in several neighboring Midwest states warrants continued attention to driver safety, polysubstance use, and evolving patterns of cannabis-related risk following legalization and market expansion.

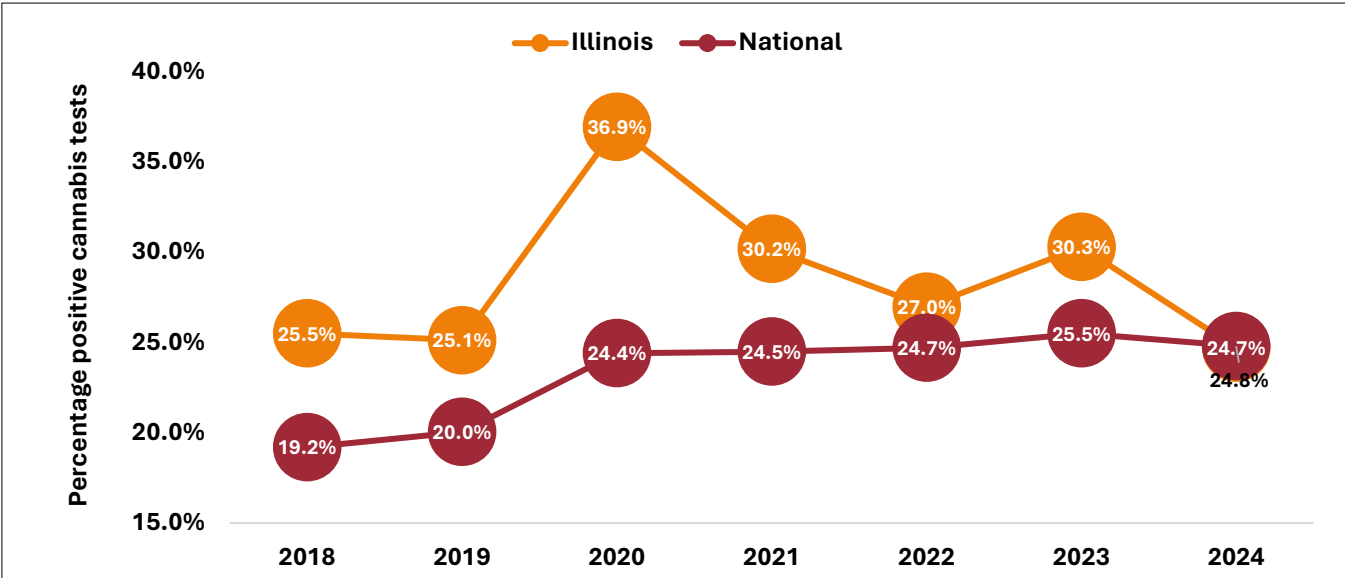
Key

takeaway



Positive cannabinoid toxicology results among tested drivers in fatal crashes remained elevated in Illinois and across much of the Midwest compared with the pre-2020 baseline.

Positive cannabinoid toxicology results among tested drivers in fatal crashes: Illinois vs. national, 2018–2024



Source: National Highway Traffic Safety Administration: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Observations and notes: Annual rates of positive cannabinoid toxicology results among tested drivers involved in fatal crashes in Illinois increased sharply from 25.1% in 2019 to 36.9% in 2020, substantially exceeding the national rate of 24.4% in the same year. Rates subsequently declined, although they remained above the national average through 2023. By 2024, Illinois (24.7%) and national (24.8%) rates were nearly identical.

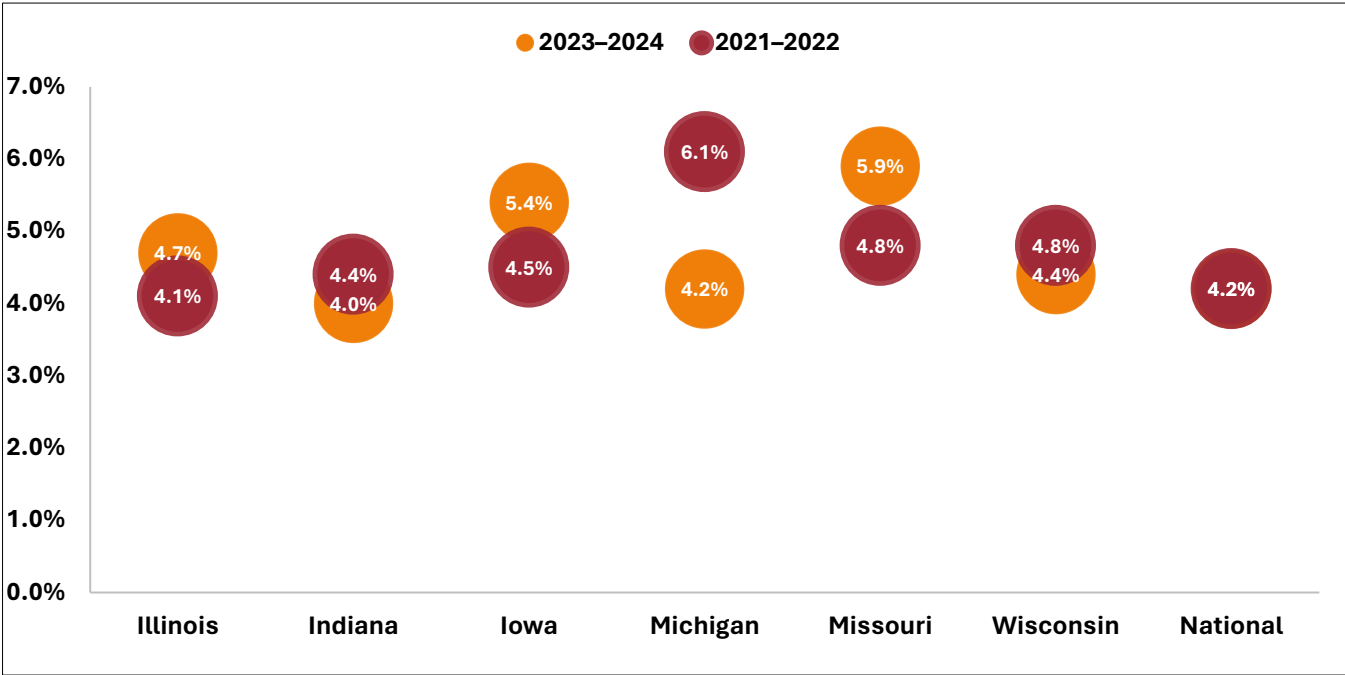
As with all fatal-crash toxicology findings, positive cannabinoid results do not necessarily indicate impairment at the time of the crash and may reflect variation in testing protocols, timing of toxicology collection, and differences in persistence metabolite.

Key
takeaway



Illinois experienced a marked spike in cannabinoid-positive toxicology results among tested drivers in fatal crashes during 2020, but by 2024 the rate had returned to be close to the national level.

Percentage reporting driving after cannabis use by state, 2021–2022 vs. 2023–2024



Source: National Survey on Drug Use and Health Restricted Access Data Online – <https://datatools.samhsa.gov/>

Observations and notes: Based on the Substance Abuse and Mental Health Services Administration’s National Survey on Drug Use and Health, the percentage of respondents reporting driving under the influence of cannabis remained stable nationally at 4.2% across the 2021–2022 and 2023–2024 reporting periods. Illinois increased modestly from 4.1% to 4.7%.

Patterns varied across neighboring Midwest states. Missouri and Iowa had the largest increases, rising to 5.9% and 5.4%, respectively, in 2023–2024. In contrast, Michigan experienced a substantial decline from 6.1% to 4.2%, while Indiana and Wisconsin experienced smaller decreases.

These estimates are based on self-reported survey responses and may be influenced by recall bias, social desirability bias, and respondents’ willingness to disclose driving after cannabis use.

**Key
takeaway**

Self-reported driving after cannabis use remained relatively stable nationally but showed mixed patterns across Midwest states during 2023–2024. Trends in driving after cannabis use may be influenced by factors other than legalization. Public education on the risks of driving while impaired continues to be necessary.

Illinois fatal traffic accidents cannabinoid testing details, 2018–2024

Illinois fatal traffic accidents cannabinoid testing details, 2018–2024

	Testing coverage			Toxicology results	
	Total drivers	Tested known results	% Tested and known	% Positive for cannabinoids	% Also positive for alcohol or other drugs
2018	1,469	719	48.9%	25.5%	66.1%
2019	1,454	605	41.6%	25.1%	64.5%
2020	1,662	417	25.1%	36.9%	63.6%
2021	1,891	666	35.2%	30.2%	63.7%
2022	1,840	619	33.6%	27.0%	62.3%
2023	1,805	634	35.1%	30.3%	66.7%
2024	1,655	648	39.2%	24.7%	68.8%
Totals	11,776	4,308	36.6%	28.1%	68.0%

Source: National Highway Traffic Safety Administration: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Observations and notes: Among Illinois drivers involved in fatal traffic crashes who tested positive for cannabinoids, co-detection of alcohol or other drugs remained consistently high throughout 2020–2024, averaging 68.0% overall.

Rates declined slightly during 2018–2022 and then increased in more recent years, rising from 62.3% in 2022 to 68.8% in 2024. These revised estimates exclude broad stimulant-class substances such as caffeine and nicotine metabolites and instead reflect a narrower definition focused on illicit stimulant-related detection, improving interpretability.

Overall, these findings indicate that most cannabinoid-positive fatal crash cases involve polysubstance exposure rather than cannabinoids alone.

Key

takeaway



Approximately two-thirds of Illinois drivers testing positive for cannabinoids in fatal crashes also tested positive for alcohol or other drugs, underscoring the importance of polysubstance use in traffic safety risk.

Percentage positive drug tests by drug with positive cannabinoid test for Illinois fatal traffic accidents, 2018–2024

Percentage positive drug tests by drug with positive cannabinoid test for Illinois fatal traffic accidents, 2018–2024

	Alcohol	Narcotics/opioids	Illicit stimulants	Hallucinogens/dissociatives	Depressants/tranquilizers
2018	39.3%	9.8%	23.0%	4.4%	15.9%
2019	40.8%	7.9%	26.3%	7.9%	17.8%
2020	42.9%	9.1%	24.0%	5.2%	9.7%
2021	42.3%	12.9%	23.4%	3.5%	11.4%
2022	42.5%	9.0%	16.2%	3.0%	17.4%
2023	45.3%	8.3%	18.2%	0.5%	15.6%
2024	43.8%	10.6	24.4%	12.5%	18.9%
Totals	42.4%	9.8%	22.1%	3.6%	15.1%

Source: National Highway Traffic Safety Administration: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Observations and notes: Among Illinois drivers involved in fatal traffic crashes who tested positive for cannabinoids, alcohol remained the most commonly co-detected substance across all years, averaging 42.4% overall and remaining relatively stable over time.

Illicit stimulants, defined here as cocaine, cocaine metabolites, amphetamine, and methamphetamine, were the second most common co-detected substances, averaging 22.1% overall. Rates were highest in 2019 (26.3%) but remained elevated in 2024 (24.4%), suggesting persistent co-detection of stimulants.

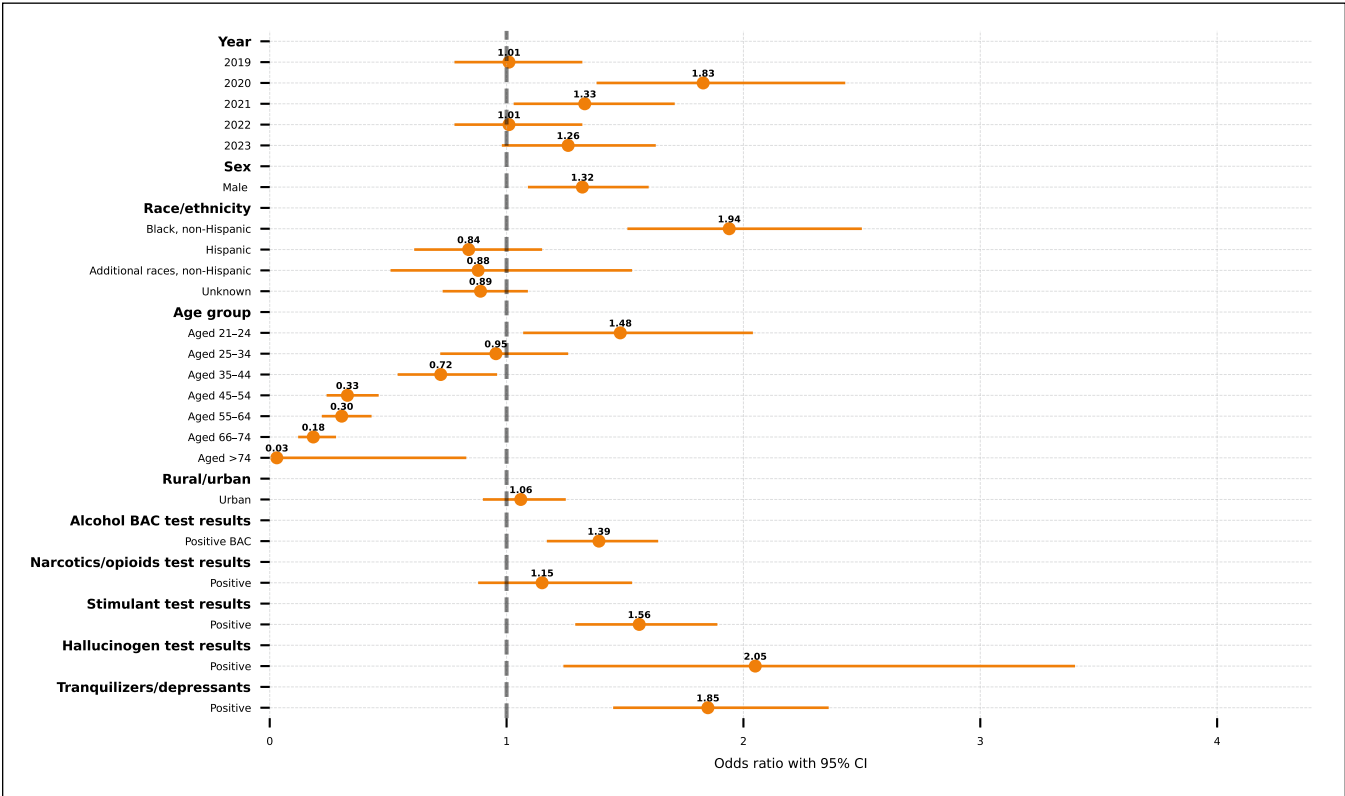
Co-detection involving narcotics/opioids remained comparatively stable at 9.8% overall, while depressants/tranquilizers averaged 15.1%. The increase in the hallucinogen/dissociative category in 2024 was driven primarily by norketamine and MDMA-related compounds, warranting continued monitoring.



Key
takeaway

Approximately two-thirds of Illinois drivers testing positive for cannabinoids in fatal crashes also tested positive for alcohol or other drugs, underscoring the importance of polysubstance use in traffic safety risk.

Factors associated with positive cannabis test results in Illinois fatal traffic accidents, 2018–2024



Source: National Highway Traffic Safety Administration: <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

Observations and notes:

- **Year effects:** Compared with 2018, the odds of a positive cannabis test among drivers involved in fatal traffic crashes were significantly higher in 2020 (odds ratio [OR] = 1.83) and remained elevated in 2021 (OR = 1.33) and 2023 (OR ≈ 1.3). By contrast, 2024 did not differ significantly from baseline.
- **Sex:** Male drivers had higher odds of testing positive for cannabis than female drivers (OR = 1.32).
- **Race/ethnicity:** Non-Hispanic Black drivers had approximately double the odds of testing positive compared with non-Hispanic White drivers (OR ≈ 2.1). Drivers identifying as Additional races did not differ significantly from the reference group.
- **Age:** Compared with drivers aged 16–20, older age groups had progressively lower odds of testing positive for cannabis, with particularly marked declines among drivers aged 45 and older.
- **Urban vs. rural:** No meaningful difference was observed between urban and rural drivers.
- **Co-substance use:** Positive blood alcohol concentration (blood alcohol level > .08) was associated with higher odds of cannabis positivity (OR = 1.39); illicit stimulant-related substances (OR ≈ 1.95), hallucinogens/dissociatives (OR ≈ 1.85), and tranquilizers/depressants (OR ≈ 1.75–1.80) were associated as well. Opioid positivity remained only modestly associated and was not a dominant factor in the model.

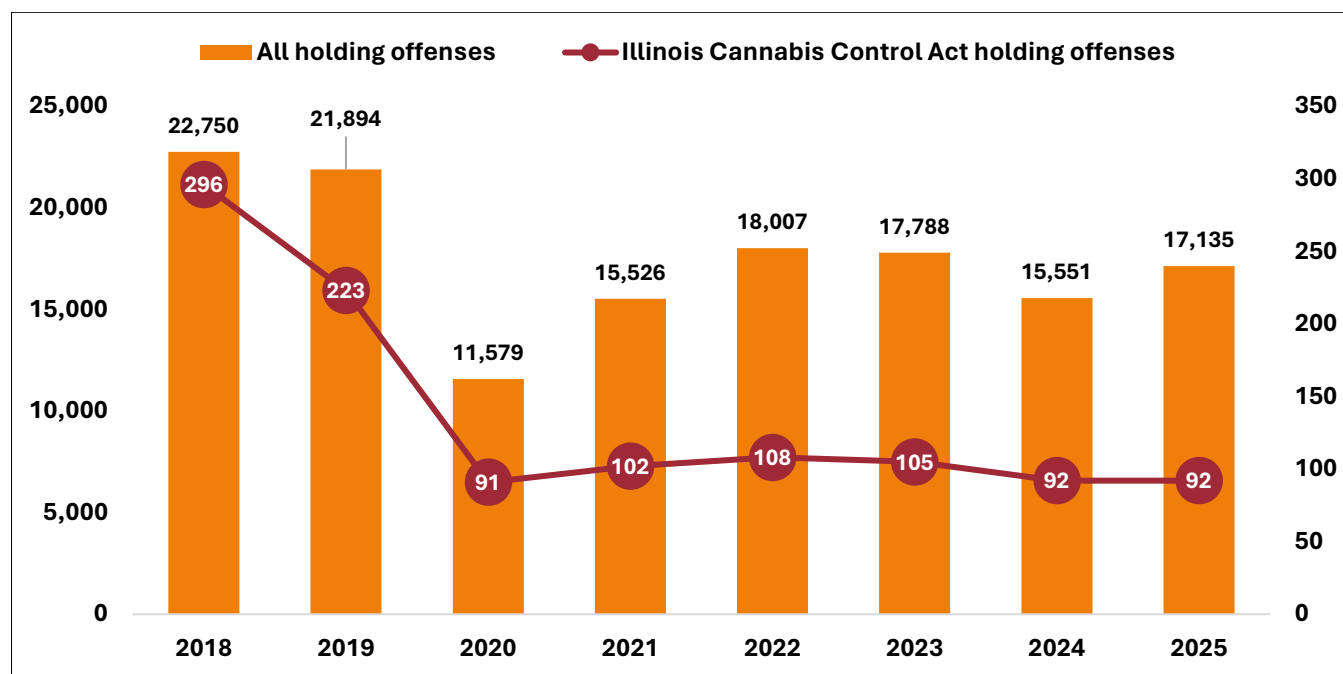
Key takeaway

Drivers involved in fatal crashes who tested positive for cannabis were more likely to be male, younger, Black non-Hispanic, and concurrently positive for alcohol or other substances, underscoring the persistent role of polysubstance use in traffic safety risk.

Cannabis and the criminal justice system



IDOC total prison admissions and Cannabis Control Act violations as holding offense, 2018–2025



Source: Illinois Department of Corrections Prison Admissions Data Sets – <https://idoc.illinois.gov/reportsandstatistics/prison-admission-data-sets.html>

Observations and notes: Following the enactment of the Cannabis Regulation and Tax Act, Illinois Department of Corrections admissions for Illinois Cannabis Control Act holding offenses declined steeply, from 296 in 2018 to just 91 in 2020. Since then, such admissions have remained relatively stable, hovering between 90 to 100 per year. Enforcement of Cannabis Control Act statutes continues to focus on larger quantities associated with manufacturing or distribution rather than on personal possession.

In 2025, the most common Cannabis Control Act holding offenses were:

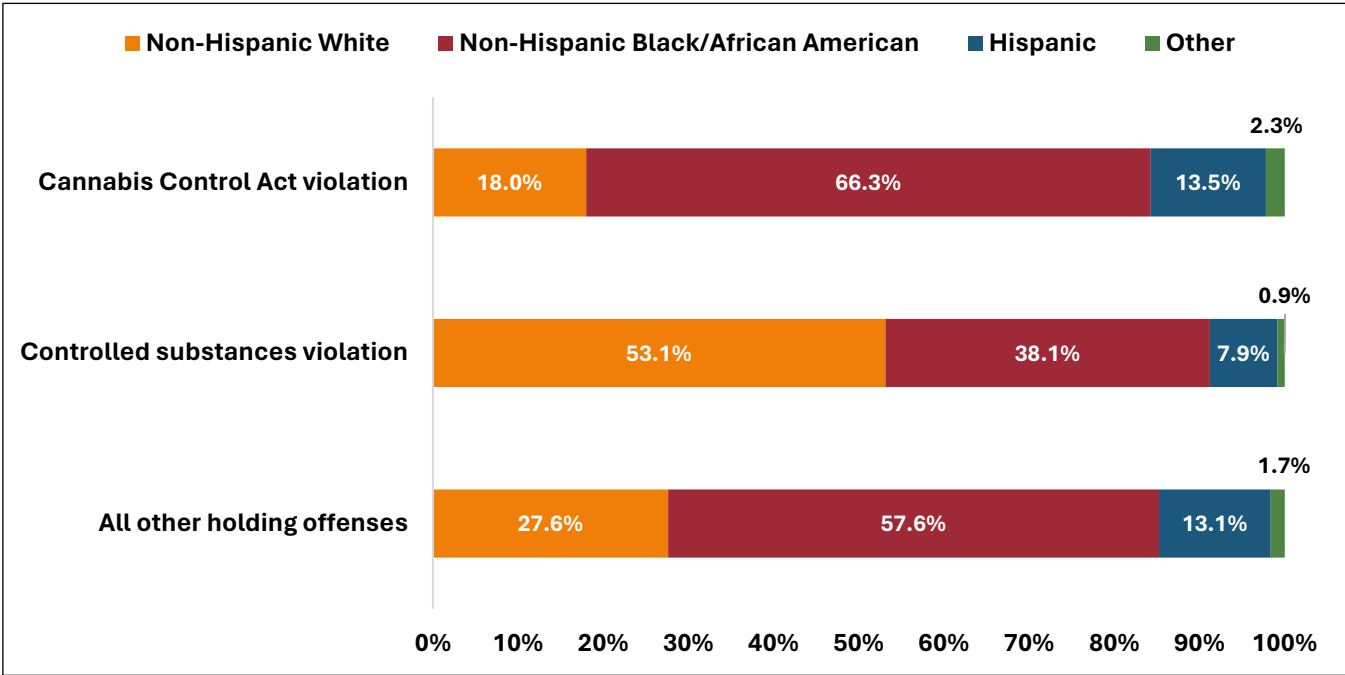
- Manufacturing/delivery of cannabis, 30–500 grams (N = 15)
- Manufacturing/delivery of cannabis, >500 grams (N = 14)
- Possession of cannabis, 30–500 grams (N = 13)
- Manufacturing/delivery of cannabis, 10–30 grams (N = 12)
- Manufacturing/delivery of cannabis, 2,000 to <5,000 grams (N = 10)
- Manufacturing/delivery of cannabis, > 5,000 grams (N = 10)

Key takeaway



Admissions to the Illinois Department of Corrections for Illinois Cannabis Control Act offenses dropped sharply after 2019 and have remained stable at 90 to 100 per year. In 2025, these admissions were less than one-third of 2018 levels, suggesting that legalization has had a lasting impact on incarceration for cannabis-related offenses.

Illinois Department of Corrections male admissions by race/ethnicity and holding offense category, 2024–2025



Source: Illinois Department of Corrections Prison Admissions Data Sets – <https://idoc.illinois.gov/reportsandstatistics/prison-admission-data-sets.html>

Observations and notes: The racial composition of Illinois Department of Corrections admissions differed substantially by holding offense type. Among those admitted for Cannabis Control Act violations, 66.3% were non-Hispanic Black/African American (Black), 18.0% were non-Hispanic White (White), and 13.5% were Hispanic.

By contrast, among admissions for controlled substances violations, 53.1% involved White individuals and 38.1% involved Black individuals.

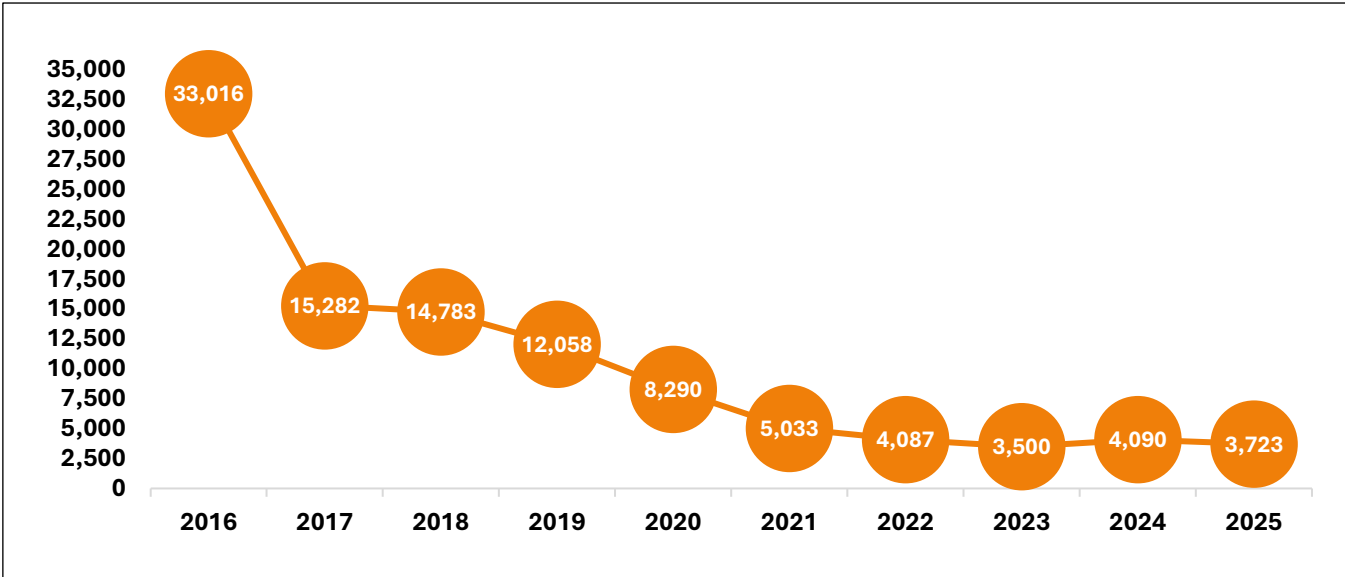
Admissions classified under all other holding offenses showed a majority Black composition (57.6%). These differences suggest substantial racial variation in the holding offense type at admission.

Key takeaway



Compared with other holding offense categories at admission during 2024–2025, Cannabis Control Act violations disproportionately involved non-Hispanic Black/African American individuals, highlighting persistent racial disparities in cannabis-related justice system involvement.

Illinois Cannabis Control Act arrests by year, 2016–2025



Source: Illinois State Police. Available at: <https://ilucr.nibrs.com/Report/PerCountyOffenseAndArrestAnnualComparison>

Observations and notes: Arrests for Cannabis Control Act violations in Illinois have declined sharply since 2016, when more than 33,000 arrests were reported statewide. The steepest declines occurred between 2016 and 2021, coinciding with major shifts in cannabis policy, including decriminalization and the transition to adult-use legalization.

Since 2022, annual arrests have remained relatively stable, ranging from approximately 3,500 to 4,100. The addition of 2025 (3,716 arrests) reinforces this pattern, suggesting that cannabis-related enforcement activity has reached a sustained post-legalization plateau.

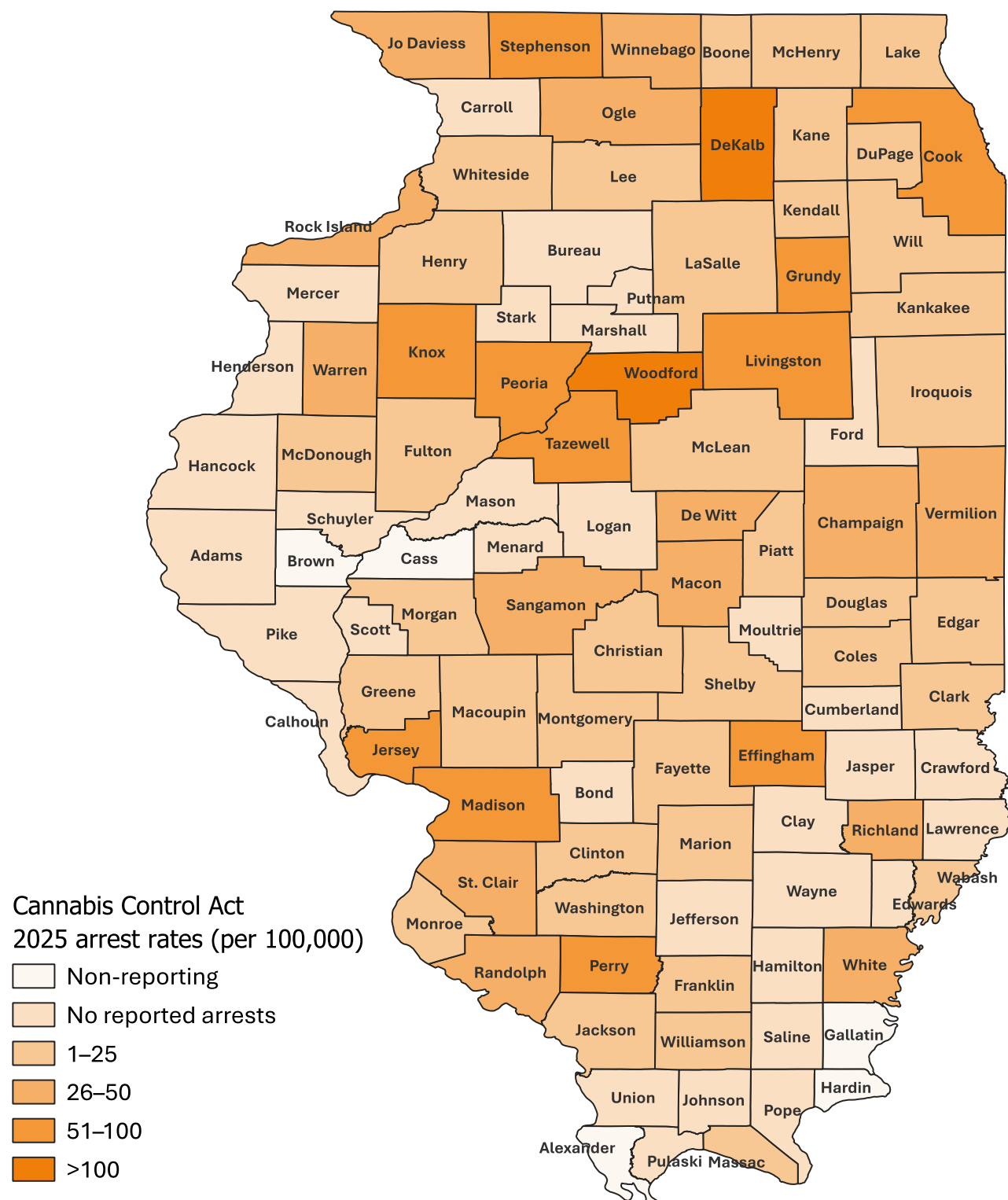
Compared with the 2016 peak, the 2025 total represents an 88.7% decline, reflecting a substantial long-term reduction in statewide cannabis-related arrests.

Key takeaway



Cannabis-related arrests in Illinois have fallen by nearly 90% since 2016 and have remained stable since 2022, indicating a new post-legalization enforcement baseline.

Illinois Cannabis Control Act arrest rates



Source: <https://ilucr.nibrs.com/Report/PerCountyOffenseAndArrestAnnualComparison>

Illinois Cannabis Control Act arrest rates

Observations and notes: This map displays 2025 county-level Illinois Cannabis Control Act arrest rates per 100,000 adult residents (aged 18 and older). Beginning with this report, arrest rates were calculated using the adult population rather than the total population, providing a more appropriate denominator for assessing cannabis-related enforcement activity. As a result, 2025 rates are not directly comparable to rates reported in earlier editions of this report.

Cannabis Control Act arrest rates remained relatively low across much of Illinois. Thirty-one counties reported no Cannabis Control Act arrests during FY2025. Six counties did not report data. Among reporting counties, arrest rates varied substantially, ranging from zero to more than 100 arrests per 100,000 adult residents.

The highest arrest rates were observed in Woodford (113.3), DeKalb (107.6), Perry (96.8), Jersey (88.1), Effingham (79.6), Madison (79.2), Livingston (75.9), and Peoria (71.0) counties. These counties are geographically dispersed across northern, central, and southern Illinois; elevated cannabis enforcement activity does not appear to occur mostly within a particular region of the state.

Cook County recorded the largest number of Cannabis Control Act arrests (N = 2,118) but a more moderate arrest rate (51.3 per 100,000 adult residents) after adjusting for population size. Several other populous counties, including DuPage (19.6), Lake (13.7), McHenry (21.5), and Will (24.1), reported substantially lower arrest rates.

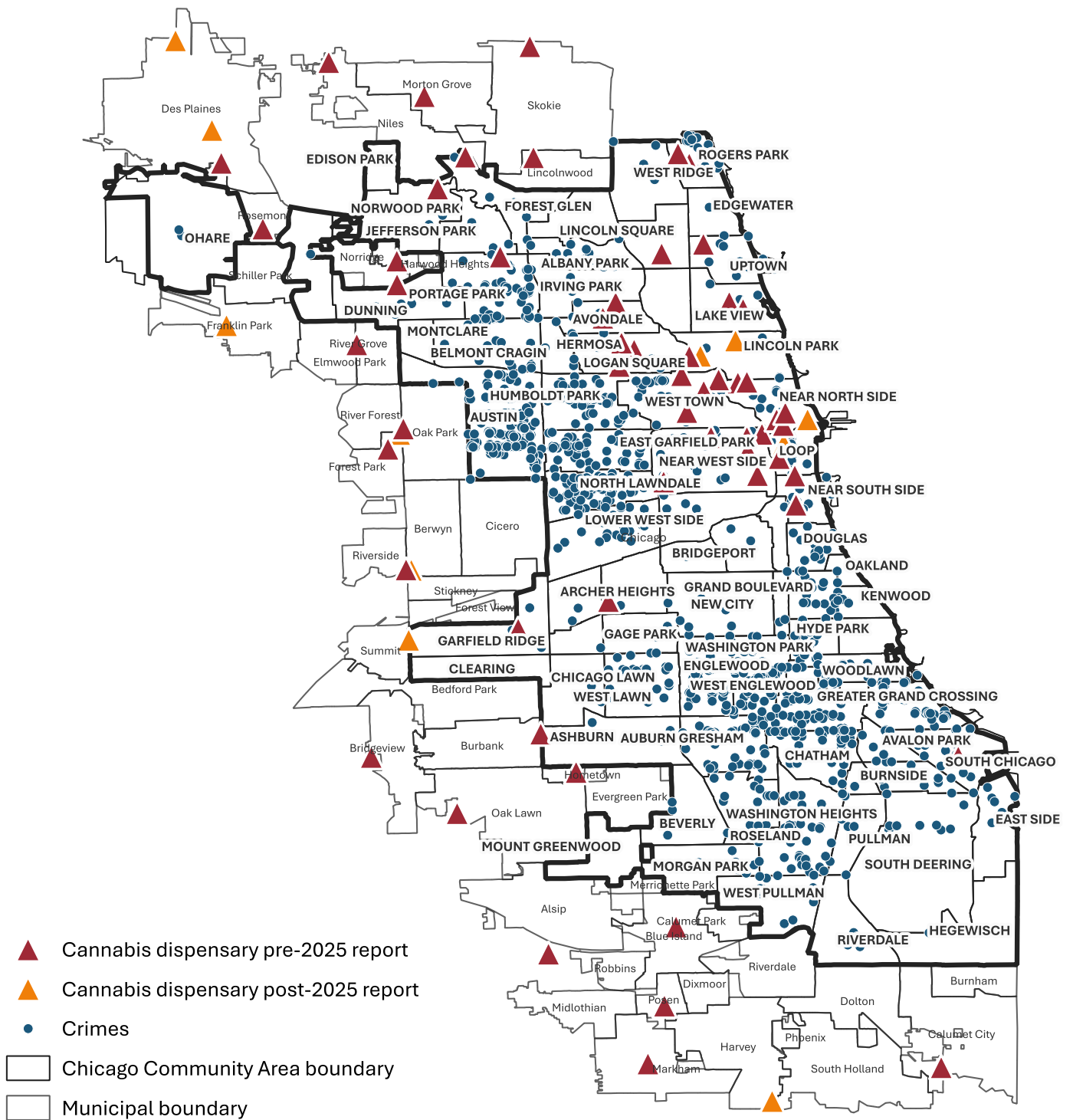
The wide variation in county-level arrest rates likely reflects differences in local enforcement priorities, law enforcement practices, prosecutorial discretion, and other local factors. The findings suggest that cannabis-related enforcement continues to vary considerably across jurisdictions despite statewide legalization.

Key takeaway



Enforcement of the Cannabis Control Act remains highly uneven across Illinois. While many counties reported few or no arrests during FY2025, a small number reported arrest rates exceeding 75 per 100,000 adult residents. The geographic distribution of high-rate counties indicates that post-legalization cannabis enforcement continues to be shaped primarily by local practices and priorities rather than a uniform statewide approach.

City of Chicago Cannabis Control Act arrests relative to dispensary location



Source: The City of Chicago. Chicago Data Portal. <https://data.cityofchicago.org/Public-Safety/Crimes-Map/dfnk-7re6>

City of Chicago Cannabis Control Act arrests relative to dispensary location

Observations and notes: This map shows the geographic distribution of Cannabis Control Act arrests in Chicago from June 23, 2025, through June 26, 2026, relative to licensed cannabis dispensary locations in Chicago and surrounding communities. Blue dots represent Cannabis Control Act arrests, dark red triangles identify dispensaries operating before the 2025 report (June 2025), and orange triangles identify dispensaries that opened after the 2025 report (June 2025).

Cannabis Control Act arrests were heavily concentrated on Chicago's South and West Sides, with particularly dense clusters in and around communities such as Englewood, West Englewood, Austin, Garfield Park, North Lawndale, and Roseland. Within Chicago, dispensaries were more concentrated on the North Side, Near North Side, and central areas, where Cannabis Control Act arrests were generally less concentrated.

The expanded geographic view also identifies licensed dispensaries in surrounding suburban communities west and south of Chicago, providing additional legal-market access near some high-arrest areas. Additional dispensaries have also opened since the previous report, including in areas where legal-market access had been more limited. However, dispensaries remain relatively limited within many of the Chicago communities experiencing the highest concentrations of Cannabis Control Act arrests.

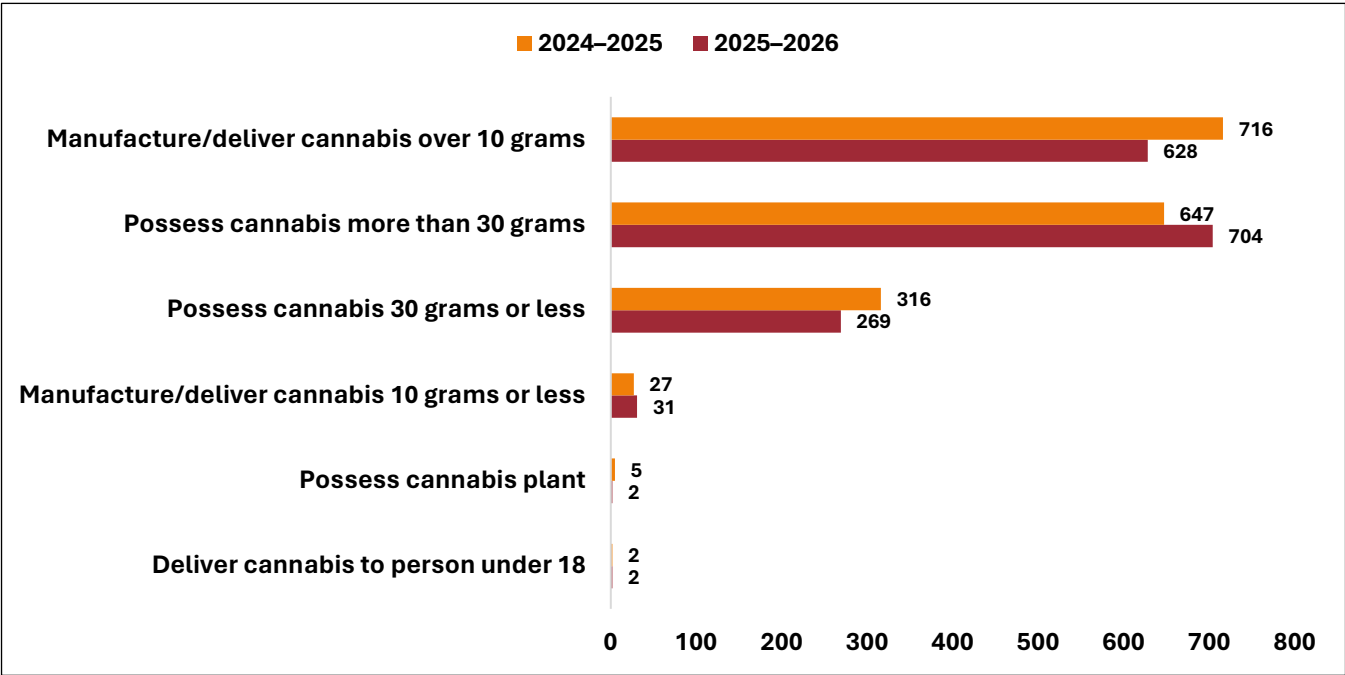
These patterns remain important from an equity perspective because many South and West Side communities experiencing concentrated cannabis enforcement have also historically experienced disproportionate drug enforcement and barriers to participation in the legal cannabis market. Although nearby suburban dispensaries may increase geographic access, proximity alone does not necessarily eliminate other barriers to accessing the regulated market.

Key takeaway



CCA arrests in Chicago remained heavily concentrated on the South and West Sides during 2024–2025, while licensed dispensaries were more concentrated elsewhere. Despite continued expansion of the retail market, a substantial geographic mismatch persists between communities experiencing cannabis enforcement and those with greater access to the legal market.

Specific Cannabis Control Act arrest charges for Chicago, 2024–2026



Note: Counts represent arrests in Chicago for selected charges under the Illinois Cannabis Control Act during 2024–2025 and 2025–2026. Categories reflect the specific Cannabis Control Act charge associated with the arrest and should not be interpreted as representing all cannabis-related law-enforcement activity.

Source: The City of Chicago. Chicago Data Portal. <https://data.cityofchicago.org/Public-Safety/Crimes-Map/dfnk-7re6>

Observations and notes: The most common Cannabis Control Act arrest charges in Chicago in both periods were manufacturing/delivering more than 10 grams of cannabis and possessing more than 30 grams.

Between 2024–2025 and 2025–2026, arrests for manufacturing/delivering more than 10 grams declined from 716 to 628 (12%), while arrests for possession of more than 30 grams increased from 647 to 704 (9%), making it the most frequently reported charge in 2025–2026.

Arrests for possession of 30 grams or less also declined, from 316 to 269 (15%). The remaining charge categories accounted for relatively few arrests in either period.

**Key
takeaway**



Chicago Cannabis Control Act arrests were mostly for higher-quantity cannabis offenses. While arrests for manufacturing/delivering more than 10 grams declined, arrests for possession of more than 30 grams increased and became the most common charge in 2025–2026.

Have cannabis possession arrests in Illinois increased since legalization?



1. Why we examined cannabis arrests following legalization

In 2026, the Marijuana Policy Project, a national organization that advocates for cannabis policy reform, published a report titled *Cannabis Arrests Continue in Legalization States: The Impact of Unfinished Reform*. Using arrest statistics reported through the FBI Crime Data Explorer (CDE), the report concluded that Illinois remained an outlier among states that have legalized adult-use cannabis. According to MPP, Illinois recorded 5,666 cannabis possession arrests in 2025 and was the only adult-use legalization state in which cannabis possession arrests exceeded pre-legalization levels.

The Marijuana Policy Project suggested that Illinois' continued cannabis possession arrests may be related, in part, to provisions of the Cannabis Regulation and Tax Act requiring

cannabis transported in motor vehicles to be stored in a sealed, odor-proof, child-resistant container that is inaccessible to vehicle occupants. The report also noted that Illinois courts have continued to permit vehicle searches based on the odor of raw cannabis.

These findings have important implications for evaluating the public health and criminal justice impacts of cannabis legalization. Consequently, we undertook an independent examination of cannabis arrest data reported for Illinois using multiple publicly available data sources. Our objectives were to (1) evaluate the comparability of the arrest measures used by different reporting systems, (2) develop a transparent and reproducible approach for examining cannabis-related arrests using the National Incident-Based Reporting System (NIBRS), and (3) better characterize the circumstances and geographic distribution of cannabis-related arrests occurring in Illinois following legalization.

Have cannabis possession arrests in Illinois increased since legalization?

2. Understanding cannabis arrest data sources

Cannabis arrest statistics available for Illinois are derived from three related but distinct reporting systems. Although each provides valuable information, they measure different aspects of cannabis enforcement and therefore should not be interpreted interchangeably when evaluating trends over time.

The **FBI Crime Data Explorer (CDE)** publishes annual arrest statistics submitted by participating law enforcement agencies through the National Incident-Based Reporting System (NIBRS). These standardized offense categories—including cannabis possession and cannabis sales/manufacturing—permit comparisons of arrest patterns across states and were the data source used by the Marijuana Policy Project in its national analyses. However, the CDE publishes aggregate arrest totals without sufficient documentation to reproduce all drug-specific classifications from the publicly available NIBRS relational database.

The **Illinois Uniform Crime Reports**, published annually by the Illinois State Police, report arrests made under the Illinois Cannabis Control Act (CCA). These data have been used in previous Illinois Annual Adult Use Cannabis Health Reports to monitor long-term trends in cannabis-related arrests within the state. Because Illinois UCR statistics are based on violations of specific state statutes, whereas the FBI CDE reports arrests using standardized national offense classifications, the two systems measure related but different aspects of cannabis enforcement and should not be compared directly.

The **National Incident-Based Reporting System (NIBRS)** provides detailed incident-level information describing criminal offenses, arrests, suspected drugs, locations, reporting agencies, victim and offender characteristics, and numerous other incident attributes. Unlike the aggregate statistics reported by the FBI Crime Data Explorer, the publicly available NIBRS relational database allows researchers to examine the circumstances surrounding cannabis-related arrests in considerably greater detail, including where arrests occur, the characteristics of arrestees, and variations across reporting jurisdictions. Although certain limitations prevent exact replication of the FBI's aggregate cannabis arrest estimates, NIBRS provides the most transparent and reproducible publicly available source for examining cannabis-related enforcement patterns in Illinois.

3. Our analytic approach

To better understand the cannabis possession arrest estimates reported by the FBI Crime Data Explorer, we examined the publicly available Illinois NIBRS relational database together with the FBI NIBRS User Manual, data dictionary, and database schema. These materials indicate that each arrestee is assigned a single arrest offense code, even when multiple offenses are associated with an incident. However, the public NIBRS documentation does not describe how the FBI attributes arrests involving multiple suspected drugs within the same offense category (e.g., cannabis and cocaine possession) to the drug-specific arrest tables published through the CDE. Consequently, the publicly available NIBRS files do not contain

Have cannabis possession arrests in Illinois increased since legalization?

sufficient documented information to reproduce the FBI's cannabis possession arrest estimates exactly for incidents involving multiple drugs. To provide a transparent and reproducible approach using publicly available data, we developed a conservative NIBRS case definition limited to Drug/Narcotic Violations (35A) occurring in incidents where cannabis was the only identified suspected drug. Restricting analyses to cannabis-only incidents eliminates the ambiguity associated with mixed-drug events while providing a consistent methodology that can be applied across reporting years. Incidents involving multiple arrestees were retained because cannabis was the only suspected drug identified within those incidents.

For completeness, we also examined incidents in which cannabis was identified together with one or more additional suspected drugs. Because the public NIBRS files do not uniquely associate individual arrestees with specific suspected drugs in mixed-drug incidents, these analyses are presented separately and should be considered descriptive rather than directly comparable to the FBI CDE cannabis possession arrest estimates.

The analyses presented below and in the charts and tables that follow characterize cannabis-related arrests in Illinois with respect to arrest offense, location, reporting agency, county, demographic characteristics, and other incident features. Although this approach cannot exactly reproduce the FBI's published cannabis possession arrest totals, it provides a fully transparent, reproducible, and incident-level assessment of cannabis enforcement following legalization.

4. Key findings

Analysis of the 2024 Illinois NIBRS database identified 10,485 cannabis-linked arrestees, including 8,189 individuals involved in incidents where cannabis was the only identified suspected drug. Although these totals cannot be directly compared with the cannabis possession arrest estimates published through the FBI CDE because of differences in case definitions and the treatment of mixed-drug incidents, they provide the most detailed publicly available description of cannabis-related enforcement activity in Illinois.

First, **cannabis enforcement was concentrated overwhelmingly in transportation-related settings.** Among all cannabis-linked arrests, 77.0% occurred on highways, roads, streets, alleys, or sidewalks, while an additional 5.5% occurred in parking lots or garages. Consequently, more than four out of every five cannabis-related arrests (82.5%) occurred in locations associated with motor vehicle travel or transportation.

Second, **the large majority of roadway cannabis arrests involved simple drug possession.** Among cannabis-linked arrests occurring on roadways, 80.7% were classified as Drug/Narcotic Violations (Offense Code 35A). Nearly four-fifths (78.1%) of these incidents involved cannabis as the only identified suspected drug, indicating that roadway cannabis enforcement was not driven primarily by incidents involving multiple controlled substances.

Third, **roadway cannabis arrests occurred throughout Illinois rather than being concentrated within a small number of**

Have cannabis possession arrests in Illinois increased since legalization?

jurisdictions. Although the Chicago Police Department (729 arrests) and the Illinois State Police (486 arrests) accounted for approximately one-quarter of roadway cannabis-only drug/narcotic violations, the remaining arrests were distributed across numerous municipal and county law enforcement agencies throughout the state. Similarly, cannabis-related arrests were observed across a broad range of Illinois counties, indicating that this pattern reflects statewide enforcement activity rather than practices unique to a few jurisdictions.

Finally, **substantial racial disparities in cannabis possession arrests persisted following legalization.** Population-based arrest rates for cannabis-only drug/narcotic violations were considerably higher among non-Hispanic Black/African American Illinois residents than among non-Hispanic White or Hispanic Illinois residents. Although differences in reporting systems and case definitions preclude direct numerical comparisons with earlier studies, these findings are consistent with previous research demonstrating persistent racial disparities in cannabis possession arrests before legalization and indicate that such disparities continue to be observed in Illinois after legalization.

Taken together, these findings indicate that cannabis-related arrests remain a measurable component of law enforcement activity in Illinois following legalization. The predominance of roadway encounters, the statewide distribution of arrests, and the persistence of racial disparities provide important context for interpreting post-legalization cannabis enforcement within the state.

5. Implications for interpreting the Marijuana Policy Project findings

The present analyses provide a more nuanced interpretation of the conclusions reached by the Marijuana Policy Project. First, our findings suggest that comparisons of post-legalization cannabis possession arrests with pre-legalization arrest estimates should be interpreted cautiously because the measures being compared are derived from different reporting systems. The Marijuana Policy Project's pre-legalization baseline was based on Illinois Uniform Crime Reporting arrest statistics obtained through the Illinois State Police and reflects arrests for violations of the Illinois Cannabis Control Act. In contrast, its post-legalization estimate was derived from the FBI CDE, which reports arrests using standardized national offense classifications based on NIBRS submissions. Because these systems employ different case definitions, reporting structures, and methodologies, changes observed across them cannot be interpreted unequivocally as changes in enforcement activity.

Importantly, Illinois Cannabis Control Act arrest statistics—the same statutory measure used to characterize pre-legalization arrests—show that cannabis arrests declined substantially following legalization and have remained well below pre-legalization levels. By comparison, analyses of publicly available NIBRS data suggest that cannabis-related arrests have remained relatively stable throughout the post-legalization period, although direct comparisons with pre-legalization NIBRS data are not possible because statewide NIBRS reporting was implemented only after legalization in 2023. Accordingly, the apparent increase reported by the Marijuana

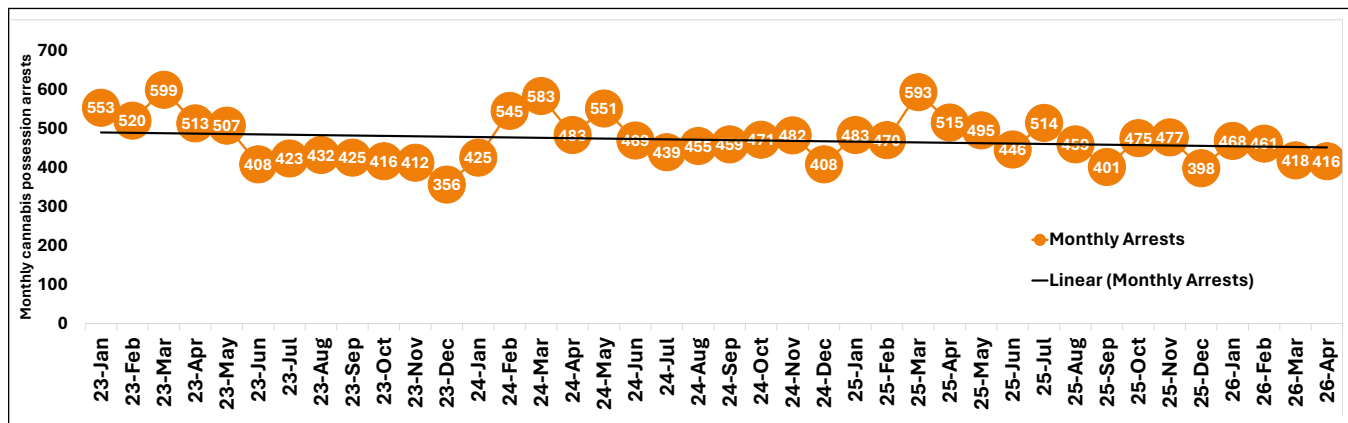
Have cannabis possession arrests in Illinois increased since legalization?

Policy Project likely reflects, at least in part, differences between reporting systems rather than a true increase in cannabis enforcement. Nevertheless, the Marijuana Policy Project report appropriately highlighted the continued occurrence of cannabis arrests following legalization and raised important questions regarding the legal and policy factors contributing to those arrests.

The second principal conclusion advanced by Marijuana Policy Project—that continued cannabis arrests may be associated with Illinois vehicle transportation requirements—received partial support from the present analyses. Although NIBRS does not identify the specific statutory basis for arrest or the factual

circumstances surrounding individual incidents, more than four out of five cannabis-related arrests occurred in transportation-related locations. This pattern is consistent with the hypothesis that vehicle-related cannabis laws continue to influence cannabis enforcement in Illinois. However, because the available data do not identify the specific statutory charges or legal circumstances associated with each arrest, they do not enable us to determine the extent to which the state's open-container and transportation provisions, as opposed to other cannabis-related provisions, account for the observed pattern. Additional analyses incorporating arrest charge data and court records would be needed to evaluate this hypothesis more definitively.

Monthly cannabis possession arrests, FBI Crime Data Explorer for Illinois, January 2023–April 2026



Note: Monthly cannabis possession arrest estimates were obtained from the FBI Crime Data Explorer. Illinois implemented mandatory National Incident-Based Reporting System (NIBRS) reporting beginning in 2023, and statewide NIBRS population coverage exceeded 90% that year. Accordingly, this figure is limited to January 2023 through April 2026 to minimize the effects of the transition to NIBRS reporting.

Source: FBI Crime Data Explorer monthly marijuana possession arrest estimates (downloaded June 2026). Data available at the FBI Crime Data Explorer: <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/arrest>

Observations and notes: Monthly cannabis possession arrests reported through the FBI Crime Data Explorer fluctuated seasonally, with relatively higher counts generally occurring during late winter and early spring.

A linear regression of monthly arrests from January 2023 through April 2026 found no statistically significant change over time ($p = 0.21$), indicating that cannabis possession arrests remained relatively stable during the period after statewide National Incident-Based Reporting System reporting became substantially complete.

Because this figure is based on FBI Crime Data Explorer estimates, it does not address differences between the Crime Data Explorer and other publicly available cannabis arrest data sources examined later in this sidebar.

Key takeaway



Following the transition in Illinois to substantially complete statewide NIBRS reporting, FBI Crime Data Explorer data did not indicate a statistically significant increase or decrease in monthly cannabis possession arrests.

Composition of arrests for suspected cannabis possession, 2023–2024

Composition of arrests for suspected cannabis possession identified in the public Illinois FBI National Incident-Based Reporting System Relational Database, 2023–2024

Measure	2023	2024	Combined
Cannabis-involved possession arrests	6,017	6,518	12,535
Cannabis-only possession arrests	4,995	5,093	10,088
Arrests for cannabis plus other drugs	1,022	1,425	2,447
Cannabis-only possession arrests (%)	83.0%	78.1%	80.5%

Source: Authors’ analyses of the FBI National Incident-Based Reporting System (NIBRS) public-use relational database (Illinois, 2023–2024) and FBI Crime Data Explorer data downloaded June 24, 2026. Both data sources available at: <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads>

Observations and notes: The Marijuana Policy Project reported 5,666 cannabis possession arrests in Illinois during 2025 based on FBI Crime Data Explorer estimates. Our independent extraction of the same Crime Data Explorer data identified approximately 5,700 cannabis possession arrests, a small difference that likely reflects routine updates to the FBI Crime Data Explorer database after the Marijuana Policy Project downloaded its data.

Using the public the FBI National Incident-Based Reporting System (NIBRS) relational database, we identified 6,518 drug possession arrests involving cannabis during 2024. Of these, 5,093 (78.1%) involved cannabis as the only suspected drug, while 1,425 (21.9%) involved cannabis together with one or more additional suspected drugs.

The public NIBRS files do not document how the FBI classifies arrests for cannabis together with one or more additional suspected drugs into the cannabis-specific arrest estimates reported through the Crime Data Explorer. Consequently, we adopted the cannabis-only case definition as a conservative, transparent, and fully reproducible approach using publicly available data. The close correspondence between the FBI Crime Data Explorer estimates and the combined cannabis-only and arrests for cannabis together with one or more additional suspected drugs suggests that at least some mixed-drug possession arrests are incorporated into the FBI’s published cannabis possession totals. The exact classification methodology used in the FBI Crime Data Explorer cannot be determined from the publicly available documentation.

Approximately four out of every five cannabis possession arrests identified through the public NIBRS files involved cannabis as the only suspected drug. Although the proportion of mixed-drug possession arrests increased modestly between 2023 and 2024, cannabis-only possession arrests continued to account for the large majority of cannabis possession arrests.



Key
takeaway

Approximately 80% of cannabis possession arrests identified through the public NIBRS files involved cannabis as the only suspected drug. This conservative case definition closely approximates the FBI Crime Data Explorer cannabis possession estimates while providing a transparent and reproducible methodology for monitoring post-legalization trends.

Characteristics of those involved in Illinois cannabis-only possession arrests, 2024

Characteristics of those arrested in Illinois cannabis-only possession arrests, 2024

Characteristic	N	Percent
Race/ethnicity		
Black/African American, non-Hispanic	4,569	45.3%
Hispanic	2,132	21.1%
White, non-Hispanic	3,201	31.7%
Additional races	186	1.8%
Sex		
Male	8,105	80.3%
Female	1,983	19.7%
Age group		
Aged <18	1,238	12.3%
Aged 18–20	1,607	15.9%
Aged 21–24	1,985	19.7%
Aged 25–34	3,346	33.2%
Aged 35–44	1,263	12.5%
Aged 45–54	476	4.7%
Aged ≥55	173	1.7%
Arrest location		
Highway/road/street/alley/sidewalk	7,890	78.2%
Parking/drop lot/garage	591	5.9%
School locations	810	8.0%
Residence/home	218	2.2%
Other	579	5.7%
Total	10,088	100%

Source: Authors' analyses of the FBI National Incident-Based Reporting System (NIBRS) public-use relational database (Illinois, 2023–2024) available at: <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads>

Observations and notes: Cannabis-only possession arrests identified through the public Illinois FBI National Incident-Based Reporting System relational database were mostly among adults aged 21–34 (52.9%) and males (80.3%). More than one-quarter (28.2%) were individuals younger than age 21 who were not legally permitted to possess cannabis under Illinois law.

Cannabis-only possession arrests occurred disproportionately in transportation-related settings. Highways, roads, alleys, streets, sidewalks, parking lots, and garages accounted for 84.1% of all cannabis-only possession arrests during 2023–2024.

Additional analyses indicated that the predominance of transportation-related arrests differed substantially by legal possession status. Among adults aged 21 and older who were legally permitted to possess cannabis under Illinois law, 92.3% of cannabis-only possession arrests occurred in transportation-related settings, compared with 63.2% among those younger than age 21.

Characteristics of those involved in Illinois cannabis-only possession arrests, 2024

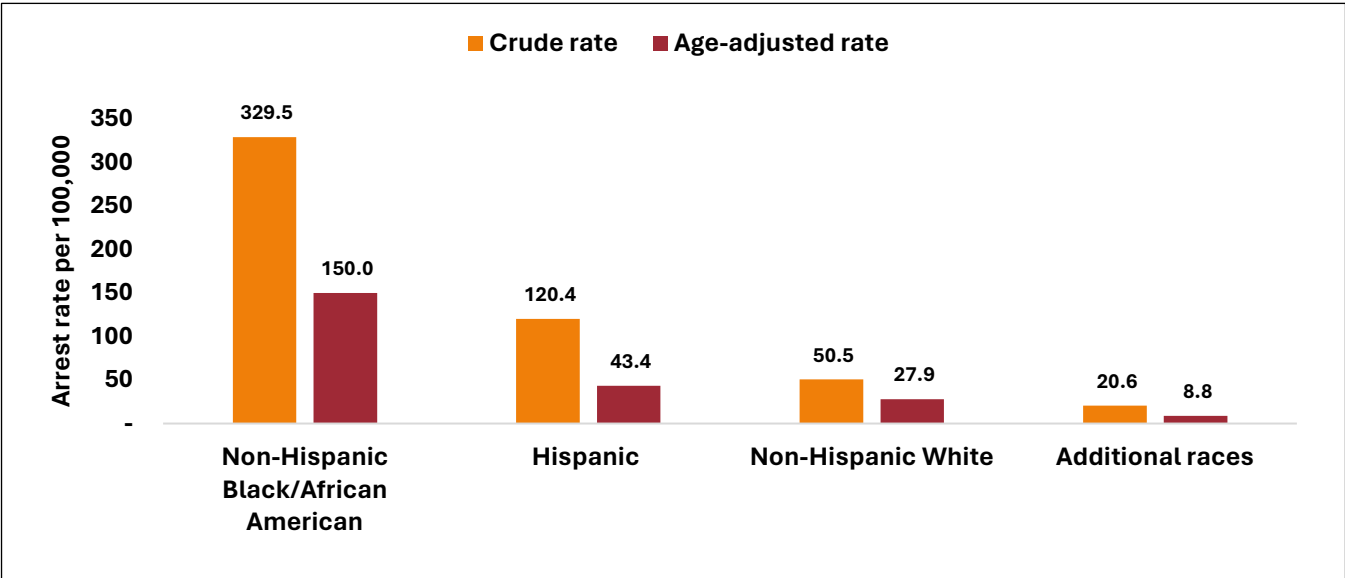
These findings suggest that continued cannabis possession arrests in Illinois likely arise from multiple enforcement contexts. Underage possession contributes substantially to continuing possession arrests, while the overwhelming concentration of arrests among adults in transportation-related settings is consistent with concerns that vehicle-related cannabis provisions may contribute to continued cannabis possession arrests following legalization. However, the National Incident-Based Reporting System data cannot determine the specific legal basis for individual arrests.

Key takeaway



Cannabis-only possession arrests in Illinois were mostly among adults legally permitted to possess cannabis and occurred overwhelmingly in transportation-related settings. This pattern is consistent with continued vehicle-related cannabis enforcement following legalization, while also indicating that underage possession remains an important contributor to cannabis possession arrests.

Illinois crude and age-adjusted cannabis possession arrest rates by race/ethnicity, 2023–2024



Note: Age-adjusted rates were calculated by direct standardization using the 2024 Illinois population age distribution (aged 15 years and older). Crude rates are based on 2024 arrests; age-adjusted rates are based on average annual cannabis-only possession arrests during 2023–2024 to improve the stability of age-specific estimates.

Source: Authors' analyses of the FBI National Incident-Based Reporting System public-use relational database (Illinois, 2024) available at: <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads>

Observations and notes: For 2023–2024, the crude arrest rate for possession of cannabis was 329.5 arrests per 100,000 non-Hispanic Black/African American residents (Black), compared with 120.4 per 100,000 Hispanic residents, 50.5 per 100,000 non-Hispanic White (White) residents, and 20.6 per 100,000 residents identifying as Additional races.

Because arrests for possession of cannabis are mostly among younger adults, age-adjusted arrest rates were calculated using the 2024 Illinois population age distribution as the standard. As expected, when we adjusted for age, we found reduced arrest rates for all racial/ethnic groups. However, substantial disparities persisted after adjustment for age.

The age-adjusted arrest rate for possession of cannabis was 150.0 per 100,000 Black residents, compared with 43.4 per 100,000 Hispanic residents, 27.9 per 100,000 White residents, and 8.8 per 100,000 residents identifying as Additional races.

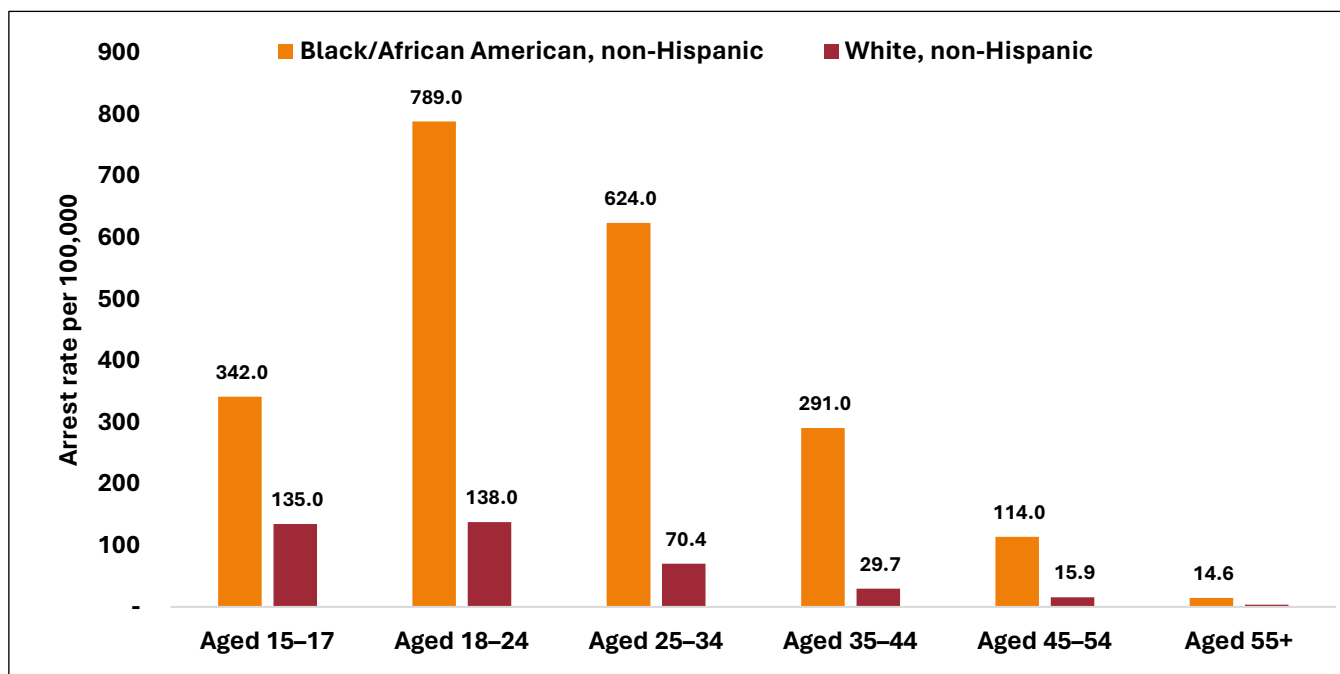
The Black-to-White arrest rate ratio declined from 6.5:1 using crude rates to 5.4:1 after age adjustment, indicating that differences in the age distributions of the populations explain only a modest portion of the observed racial disparity.

The ACLU's 2020 report, *A Tale of Two Countries: Racially Targeted Arrests in the Era of Marijuana Reform*, reported that in 2018, Black Illinois residents were 7.5 times more likely than White residents to be arrested for possession of cannabis. Using publicly available 2023–2024 data from the FBI National Incident-Based Reporting System, we observed a crude Black-to-White arrest rate ratio of 6.5:1, which declined modestly to 5.4:1 after adjustment for differences in age distributions. Although the analyses are based on different data sources and methodologies and are therefore not directly comparable, both indicate that substantial racial disparities in cannabis possession arrests persisted following legalization.

Key takeaway

Large racial disparities in cannabis possession arrests persisted in Illinois in 2024. Adjustment for differences in the age distribution of the population reduced the magnitude of the disparity only modestly, indicating that age differences do not fully explain the substantially higher arrest rates for possession of cannabis observed among non-Hispanic Black/African American Illinoisans.

Illinois cannabis possession arrest rates among Black and White men by age, 2023–2024



Note: Rates represent average annual cannabis-only possession arrests during 2023–2024 per 100,000 population. Arrests were identified from Illinois NIBRS records involving a Drug/Narcotic Violation (35A), possession/concealing activity, and cannabis/hashish as the only suspected drug. Population denominators were estimated from the 2024 American Community Survey 1-year Public Use Microdata Sample (ACS PUMS) using person weights. Race/ethnicity, sex, and age categories were constructed to correspond to the NIBRS categories. Hispanic ethnicity was classified prior to race, producing mutually exclusive race/ethnicity groups. Two-year arrest counts were divided by two to estimate average annual arrests before calculating rates.

Source: Authors' analyses of the FBI National Incident-Based Reporting System (NIBRS) public-use relational database (Illinois, 2024) available at: <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads>

Observations and notes: Cannabis possession arrest rates varied substantially by age and race among men. Rates were highest among non-Hispanic Black/African American (Black) men aged 18–24 (789 per 100,000) and 25–34 (624 per 100,000), compared with 138 and 70 per 100,000, respectively, among non-Hispanic White (White) men of the same ages. Black men had higher arrest rates than White men in every age category.

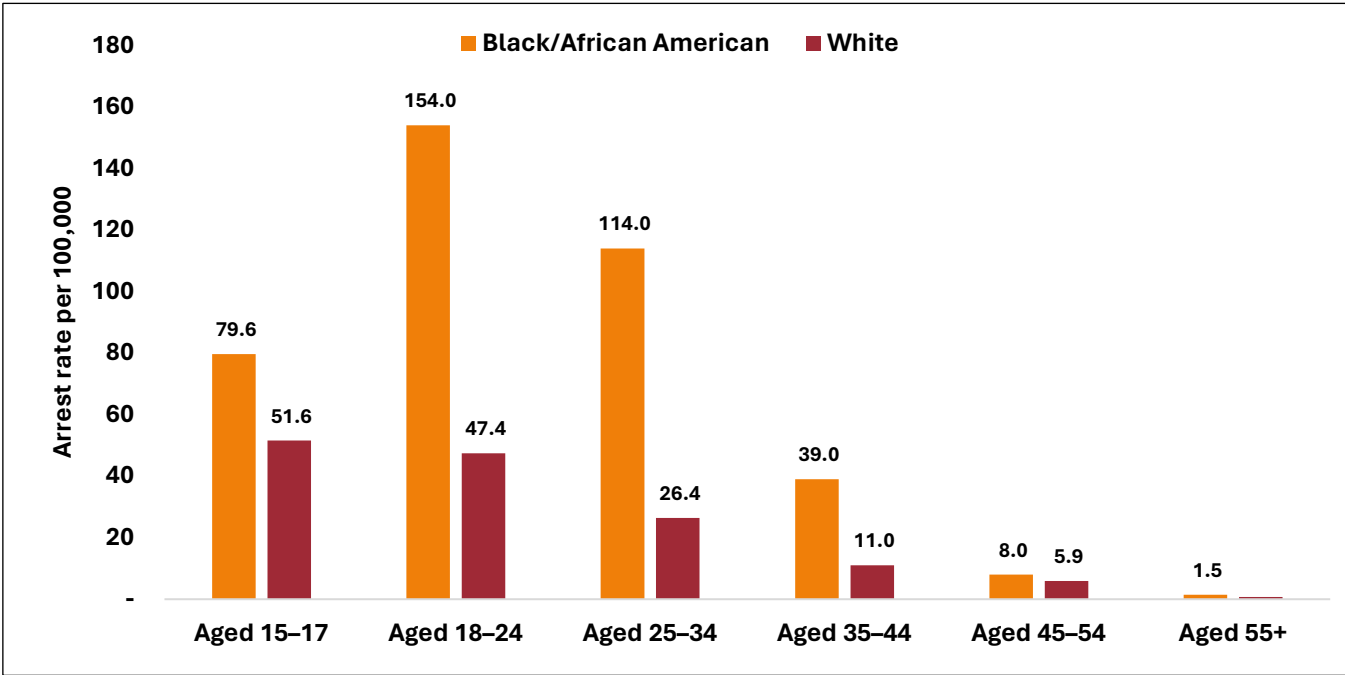
The magnitude of the disparity was especially pronounced from ages 25–44, when Black men's arrest rates were approximately 9–10 times those of White men.

Key takeaway



Cannabis possession arrests were concentrated among younger non-Hispanic Black/African American men, with particularly large Black–White disparities among men aged 25–44. Although racial disparities were also present among women, they were substantially smaller than those observed among men.

Illinois cannabis possession arrest rates among Black and White women by age, 2023–2024



Note: Rates represent average annual cannabis-only possession arrests during 2023–2024 per 100,000 population. Arrests were identified from Illinois NIBRS records involving a Drug/Narcotic Violation (35A), possession/concealing activity, and cannabis/hashish as the only suspected drug. Population denominators were estimated from the 2024 American Community Survey 1-year Public Use Microdata Sample (ACS PUMS) using person weights. Race/ethnicity, sex, and age categories were constructed to align with NIBRS categories. Hispanic ethnicity was classified prior to race, producing mutually exclusive race/ethnicity groups. Two-year arrest counts were divided by two to estimate average annual arrests before calculating rates.

Source: Authors’ analyses of the FBI National Incident-Based Reporting System (NIBRS) public-use relational database (Illinois, 2024) available at: <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads>

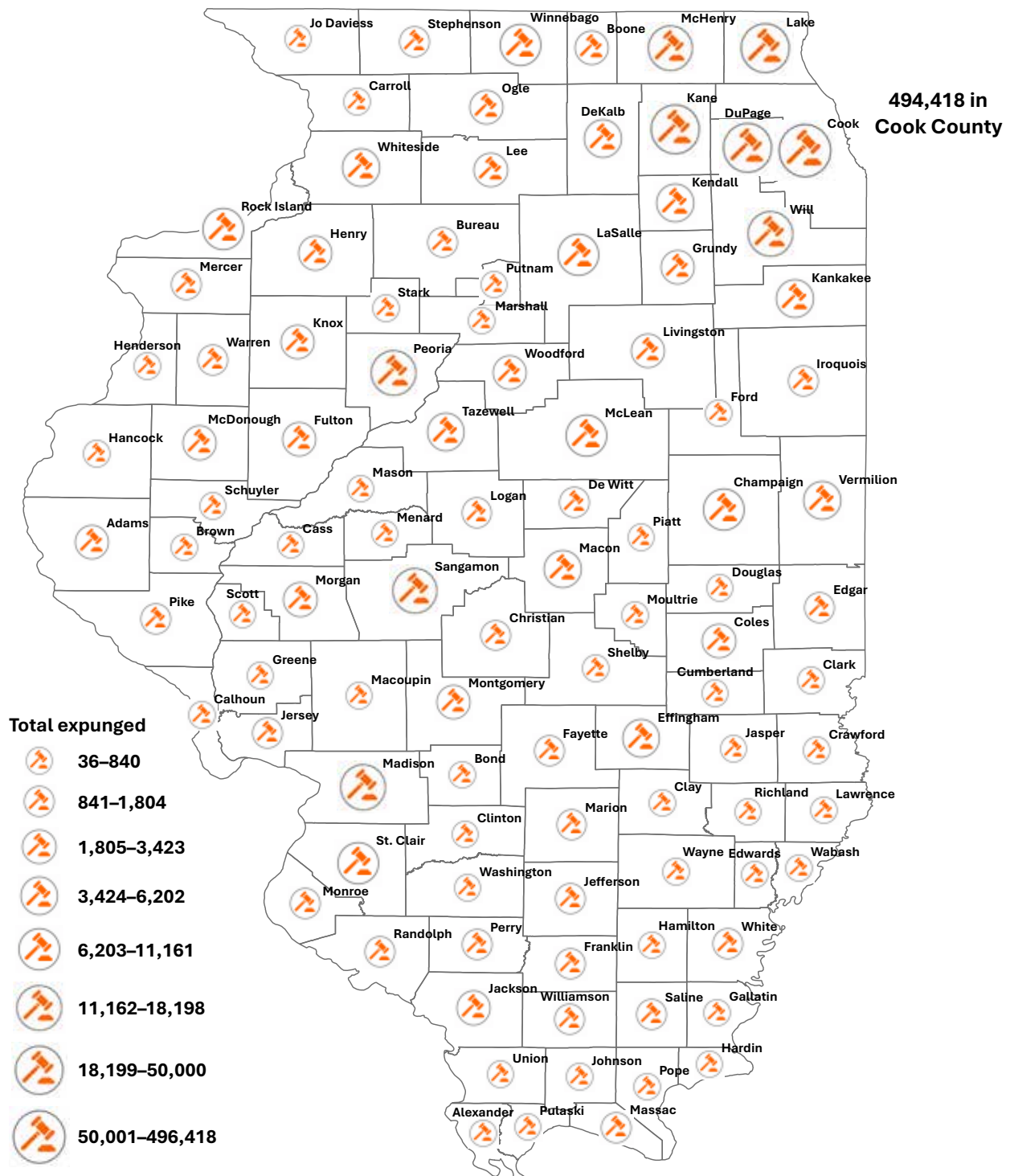
Observations and notes: Cannabis possession arrest rates among women were substantially lower than among men, but non-Hispanic Black/African American (Black) women had higher rates than non-Hispanic White (White) women across every age group. The largest Black–White disparities occurred among women aged 25–34 and 35–44.



Key takeaway

Non-Hispanic Black/African American women had higher cannabis possession arrest rates than non-Hispanic White women across every age group, with the largest disparities among women aged 25–44. Although rates were lower than among men, racial inequities remained evident.

Cannabis-related records expunged by county, Illinois, cumulative through July 2026



Source: Illinois Cannabis Regulation and Oversight Office data on expungements: <https://cannabis.illinois.gov/legal-and-enforcement/expungement.html>

Cannabis-related records expunged by county, Illinois, cumulative through July 2026

Observations and notes: As of July 2026, more than 832,000 cannabis-related records had been expunged statewide under Illinois cannabis reform provisions. Expungements occurred in every county, but the distribution was highly concentrated geographically. Cook County accounted for 496,418 expungements, nearly 60% of the statewide total, reflecting both its population size and the large historical volume of cannabis enforcement. Substantial numbers of records were also expunged in several collar counties and other large population centers across the state.

These counts represent the cumulative number of records expunged, not necessarily the number of unique individuals affected. County differences should therefore be interpreted as the geographic distribution of expungement activity rather than as rates of expungement or measures of current cannabis enforcement.

Key takeaway



Illinois' cannabis reforms have removed more than 832,000 prior cannabis-related records, extending the criminal-justice impact of legalization beyond the sharp decline in new arrests. Nearly 60% of all expungements occurred in Cook County.