2025 ANNUAL CANNABIS REPORT

Adult Use Cannabis Health Advisory Committee

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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 fifth annual—covers July 2024 through June 2025 and draws on multiple data sources to track key trends and emerging issues.

Like past editions, it examines topics such as prevalence of use, age of initiation, cannabis-related traffic fatalities, arrests under the Cannabis Control Act, reasons for purchasing through illicit channels, and motivations for cannabis use among medical and non-medical users. New this year, we have added short sidebars to explore timely questions raised by the data, from the growth of THC-infused beverages to the shifting accessibility of cannabis for youth. We have eliminated summaries of current research and will make these available as separate reports and podcasts on the project website.

Our goal is to provide policymakers, practitioners, and the public with a clear, evidence-based view of how legalization continues to shape health and behavior in Illinois. We hope this report will guide thoughtful policy and encourage continued monitoring of both progress and challenges.

Funding

This report and the broader CRTA Evaluation Project were funded by the Illinois Department of Human Services, Division of Behavioral Health & Recovery, through an intergovernmental agreement with the Jane Addams College of Social Work at the University of Illinois Chicago.

Human subjects

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

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Introduction

Introduction

This report provides an evidence-based overview of how the legalization of adult-use cannabis continues to shape public health in Illinois. It synthesizes findings across multiple domains, offering both long-term perspectives and the most recent year's developments. The CRTA specifies a set of public health indicators likely to be affected by cannabis legalization, including patterns of use, age of initiation, cannabis-related health outcomes, impaired driving, and ongoing criminal justice activity under the Cannabis Control Act. In addition to the required indicators, we include other measures to provide a fuller context, such as market trends, product diversity, and pricing, and examine how Illinois compares with five neighboring Midwest states and national trends. As in past year's reports, our guiding question remains: What are the public health harms and benefits associated with legalization in Illinois since the CRTA took effect in January 2020?

Scope of the report

The report assesses cannabis use and related outcomes for the Illinois population as a whole and, where possible, for key subgroups:

- Youth aged 12–17
- Children under the age of 12 (poisonings)
- Pregnant and perinatal women
- Sexual and racial/ethnic minorities
- People with serious mental illness
- Those living below the federal poverty level

Adverse outcomes tracked include cannabis-related poisonings, exposure calls to the Illinois Poison Center, ED visits, hospitalizations, cannabis use disorder, and motor vehicle fatalities involving cannabis. Where available, we also describe potential benefits, such as reported symptom relief for medical cannabis patients.

What's new in 2025

This year's report adds several new features. Short sidebars explore emerging or nuanced issues raised by the data, including:

- Delta-8 THC and other psychoactive hemp-derived cannabinoids
- The rise of beverages infused with psychoactive hemp-derived cannabinoids
- Declining youth access to cannabis products
- Cannabis pricing and taxation in Illinois
- Conflicting trends in youth use across data sources

Data sources

The report draws on multiple state and national data systems, including:

- **Surveys:** National Survey on Drug Use and Health (NSDUH); Youth Risk Behavior Surveillance System; International Cannabis Policy Study; UIC Perinatal Cannabis Survey
- **Health data:** Illinois Department of Public Health ED and hospitalization records; Illinois Poison Center; EMS runs from the Illinois Prehospital Data Program; and for multi-state comparisons, the Healthcare Cost and Utilization Project
- **Public safety data:** Illinois State Police Crime Online; Chicago Police Department arrests; Illinois Department of Corrections prison admissions
- **Market and regulatory data:** Illinois Department of Financial and Professional Regulation licensing and sales; Illinois Department of Revenue tax receipts
- **National data sets:** National Highway Traffic Safety Administration Fatality Analysis Reporting System; CDC WONDER mortality data

Introduction

Table 1. Data sources

Agency/source	Data set	What it provides	Status and notes
Centers for Disease Control and Prevention	Youth Risk Behavior Surveillance System	Nationally representative, school-based survey (grades 9–12) on behaviors affecting health, incl. substance use; biennial.	Available; used for high school trends and national/state comparisons.
Centers for Disease Control and Prevention	CDC WONDER (Mortality)	Drug poisoning/overdose deaths as underlying or contributing cause of death.	Available; used for mortality context.
Chicago Data Portal	Crimes Map	Cannabis Control Act arrests in Chicago with geocoded locations.	Available; city-level enforcement trends.
Illinois Center for Prevention Research & Development/ Illinois State Board of Education	Illinois Youth Survey	Illinois school-based survey (typically 8th, 10th, 12th grades) on substance use and related behaviors; biennial.	Available; added in 2025 for IL-specific youth indicators.
Illinois Department of Corrections	Prison admissions data	Annual state prison admissions, including Cannabis Control Act holding offenses.	Available.
Illinois Department of Financial and Professional Regulation/Cannabis Regulation Oversight Office	Licensing and sales	Budtender trainings; licensing; state revenues and sales by product type.	Available; market context.
Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety & Quality	ED visits and hospitalizations	Counts of ED visits and inpatient stays with cannabis-related diagnoses.	Pending provisioning for current period; to be added in final.
Illinois Department of Public Health Emergency Medical Services (Prehospital Data Program/NEMSIS)	EMS runs	EMS responses where cannabis is a contributing factor.	Available (lagged).
Illinois Department of Revenue	Tax receipts	State revenues from tobacco, alcohol, and cannabis.	Available.
Illinois General Assembly	Legislation	Proposed/enacted cannabis-related laws and regulatory actions.	Available.
Illinois Medical Cannabis Patient Program/Opioid Alternative Pilot Program	Program registrations	Counts of registered patients and Opioid Alternative Pilot Program participants.	Available.
Illinois Poison Center	Exposure calls	Poisonings and exposures attributed to cannabis and other substances.	Available (near-real-time).
Illinois State Police	Crime in Illinois Online (Per County Offense/ Arrest Annual Comparison)	Statewide and county-level arrests for Cannabis Control Act offenses.	Available; replaces legacy Uniform Crime Reporting PDFs.
National Highway Traffic Safety Administration	Fatality Analysis Reporting System (FARS)	Motor vehicle crashes and fatalities; toxicology for drivers/passengers in fatal crashes.	Available (lagged).

Note: NEMSIS, a uniform dataset and database of standardized EMS data from states nationwide including Illinois.

Introduction

Agency/source	Data set	What it provides	Status and notes
Substance Abuse and Mental Health Services Administration	National Survey on Drug Use and Health (NSDUH)	Substance use, substance use disorder, and related health measures for ages 12+.	Available for core estimates; **Some areas pending restricted-data review**.
University of Illinois Center for Prevention Research and Development (CPRD)	Illinois Youth Survey	Substance use among Illinois high school students grades 8 through 12.	Available.
University of Illinois Chicago	Perinatal Cannabis Survey	Survey of pregnant/perinatal women on cannabis use, reasons, advice received, and advertising exposure.	2025 wave results expected September–October 2025; to be incorporated in final.
University of Waterloo	International Cannabis Policy Study	Annual survey (ages 16–64): perceptions of risk, price/purchasing, CBD and synthetic cannabinoids, advertising exposure.	Available.

Details on each source are presented in Table 1.

How to read this report

Each section examines a key domain of cannabis-related public health in Illinois, presenting both long-term trends and the most recent year's data. Observations and notes accompany each chart or table to explain the main takeaways. The Main Findings section at the front of the report distills the findings from each section and refers the reader to the section presentations. Where possible, we compare Illinois trends with national and regional patterns to help distinguish changes that might plausibly be linked to Illinois's legalization policies from broader shifts occurring elsewhere.

Note on data availability

This report incorporates recent findings from restricted-access NSDUH data for 2022–2023, newly provisioned ED and hospitalization data, and other state-level sources. For sexual minority populations, national NSDUH public release data (2021–2023) were substituted for state estimates because the 2022–2023 restricted-use NSDUH data set did not include a sexual orientation measure. In addition, data on frequent cannabis use (20+ days in the past month) among perinatal women were not available due to small sample sizes and data suppression. Findings from the 2025 Perinatal Cannabis Survey remain pending full analyses. Results from that study are expected in October–November 2025 and will be published as a standalone report.

Main findings

Main findings

Introduction

This report fulfills the statutory requirement of the Cannabis Regulation and Tax Act (CRTA) to annually evaluate the public health impacts of legalized adult-use cannabis in Illinois. Mandated by state law and overseen by the Illinois Department of Human Services and the Department of Public Health in collaboration with the Adult Use Cannabis Health Advisory Committee, it provides a comprehensive, data-driven assessment of cannabis use patterns, health outcomes, and regulatory developments across the state. Following is a summary of the main findings for 2025 by report section.

The business of cannabis in Illinois

Illinois has developed one of the most tightly regulated and highest-revenue adult-use cannabis markets in the country. As of June 2025, 253 dispensaries were licensed statewide, with combined medical and adult-use sales of $2.1 billion in FY2025. Monthly adult-use sales have plateaued in the $130–$150 million range, while medical cannabis revenue continues to decline. Cannabis tax revenues exceeded $474 million in FY2025; reinvestment in disproportionately affected communities remains a major allocation. Despite this growth, nearly half of cannabis used in Illinois is still obtained from the illicit market.

Cannabis use and initiation by youth

Recent data present a mixed picture on cannabis use by youth. Among Illinois high school students, past-month use has remained stable or slightly declined since legalization. Early initiation (before age 13) continues to fall. However, broader state-level data show a modest rebound in initiation among those aged 12–17. Early initiation is linked to elevated risks of later cannabis use disorder and other adverse outcomes. Peers and siblings remain the most common supply sources. School survey data suggest fewer students perceive cannabis as “very easy” to obtain, indicating that cannabis products from licensed outlets are not sold outside these outlets as often. These patterns suggest that regulatory controls may be working to limit youth access and that cultural norms and perceived risk continue to evolve.

Trends in cannabis use incidence and prevalence

Past-year cannabis use among adults continues to rise gradually, driven primarily by those aged 26 and older. Initiation has increased among adults but remained flat among adolescents; growth is therefore from late-onset or returning users. Frequent use (20+ days in the past month) is up modestly, especially among young adults. Illinois is aligned with national averages but higher than the neighboring Midwestern states where legalization has not occurred. Continued surveillance and improved clinician awareness is warranted given the potential for health harms and dependence.

Prevalence trends for special populations

Updated data now allow detailed examination of disparities across key demographic groups:

- **Sex:** Men report higher rates of past-year use and cannabis use disorder than women, but the gender gap is narrowing.
- **Pregnancy:** Cannabis use during pregnancy remains concerning, with about 7% of pregnant women reporting past-year use. Frequent use estimates are suppressed due to small numbers.
- **Sexual orientation:** Gay and bisexual men report markedly higher use than heterosexual men. Bisexual men, in particular, have the highest level of use, approaching 48% in 2021–2023.
- **Race/ethnicity:** Black and multiracial survey respondents report higher levels of use and of cannabis use disorder compared to White and Hispanic respondents.
- **Mental illness:** Individuals with serious mental illness show sharply elevated levels of use and cannabis use disorder.
- **Poverty:** Those living below the federal poverty level report higher rates of cannabis use and cannabis use disorder.

Main findings

Disparities seen among Illinoisans by sex, sexual orientation, race/ethnicity, type of mental illness, and income are consistent with minority stress theory and broader social determinants of health and underscore concerns about equity in prevention and treatment.

CBD and synthetic THC

Hemp-derived cannabinoids, including delta-8 THC, remain widely available outside the Illinois regulatory system and are often sold in gas stations, liquor stores, and online. Awareness of delta-8 THC and other hemp-derived cannabinoids is high, and a growing number of Illinoisans report use. These products fall into a regulatory gap, with no potency limits or age restrictions, raising concerns about youth access and the health and safety of the public. Hemp-derived THC beverages represent a rapidly growing market segment, mimicking hard seltzers in packaging and appeal.

Medical cannabis use and benefits

Enrollment in the State Medical Cannabis Patient Program and Opioid Alternative Pilot Program has declined as more individuals shift to adult-use channels. Privacy concerns and administrative burdens also contribute to this shift. Differences in product preferences persist; for example, medical users are more likely to use tinctures, topicals, and oils. Medical users consistently report therapeutic benefits, particularly for pain, anxiety, and sleep, pointing to the continued importance of the program for those with chronic and complex conditions.

Cannabis use disorder and treatment

Estimates of cannabis use disorder have risen modestly in recent years. National and regional comparisons show Illinois in line with the U.S. average. Survey data indicate that a small but growing minority of users experience adverse effects, such as cannabinoid hyperemesis syndrome, with some requiring medical care.

New ED data provide insights:

- ED encounters for cannabis intoxication and poisonings have risen steadily since 2018. Cannabis use disorder remains a major source of ED utilization.
- Cases of cannabinoid hyperemesis syndrome cases remain rare but are increasing; the increase seen in the ED data is consistent with increases in case reports.
- Cannabis-related ED encounters disproportionately involve young adults, men, and individuals with co-occurring substance use disorders or mental health conditions.

These findings from the ED data highlight the need for continued surveillance and improved clinician awareness.

Public health effects

Cannabis-related poisonings, EMS runs, and poison center calls have increased, particularly among children exposed to edibles. Cannabis-related fatalities remain rare but have grown modestly and usually occur with additional substances present in the toxicology report. In the area of traffic safety, more fatal crash victims test positive for cannabis; interpretation is complicated by polysubstance use and declining toxicology testing rates.

Cannabis and the criminal justice system

Cannabis-related arrests and prison admissions have declined substantially since legalization, achieving one of the central goals of the CRTA. However, racial disparities in arrests and incarceration persist, particularly in Chicago, where certain communities continue to see disproportionate enforcement. This underscores the need for continued monitoring of equity impacts.

Main findings

Conclusion

Since legalization, Illinois has experienced a modest but steady rise in cannabis use by adults, stable or declining use by youth, and a shift away from the State Medical Cannabis Patient Program toward adult-use sources. Disparities by race/ethnicity, sexual orientation, poverty, and mental health status remain pronounced. ED data highlight a growing incidence of cannabis-related health incidents. The illicit market still supplies nearly half of cannabis used. Hemp-derived cannabinoids pose urgent new regulatory challenges. Criminal justice impacts show progress in reducing arrests and prison admissions, but persistent inequities remain.

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 votes to decriminalize marijuana possession. Provides that possession of up to 15 grams of marijuana is punishable by a fine of between $250 and $500. (Effective August 4, 2012.)

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

August 4, 2012
Chicago ordinance to fine marijuana possession of up to 15 grams of marijuana takes effect.

August 1, 2013
Governor signs into law the Compassionate Use of Medical Cannabis Pilot Program Act (Public Act [P.A.] 098-0122). (Effective January 1, 2014.)

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

January 1, 2014
Enactment of the Compassionate Use of Medical Cannabis Pilot Program Act. Serves as a four-year pilot program and provides that when a person has been diagnosed by a physician as having a debilitating medical condition, the person and the person's primary caregiver may be issued a registry identification card by the Department of Public Health that permits the person or the person's primary caregiver to legally possess no more 2.5 ounces of usable cannabis during a 14-day period that is derived solely from an intrastate source.

July 21, 2014
Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program Act by changing Sections 10 and 60; adds seizures to the definition of debilitating conditions and allows persons under age 18 to apply for medical cannabis registration card. (P.A. 098-0775). (Effective January 1, 2015.)

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

January 1, 2015
Amendments to Sections 10 and 60 of the Compassionate Use of Medical Cannabis Pilot Program Act take effect.

June 30, 2016
Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program Act by changing Sections 2, 3, 4, and 9 and by adding 6.1 and 6.2 (P.A. 099-519); extends pilot through June 20, 2020, adds PTSD to the definition of debilitating conditions, and establishes a three-year cycle for patient applications. Amendments effective immediately.

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

Timeline of cannabis legalization in Illinois

July 29, 2016

Governor approves amendments to the Cannabis Control Act (P.A. 099-0697); decriminalizes possession of up to 10 grams of marijuana, making it a civil offense punishable by a fine of between $100 and $200, and provides that law enforcement will automatically expunge the civil citation from the record of anyone charged with possessing 10 or fewer grams of marijuana within six months. Amendments effective immediately.

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

August 1, 2018

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program by changing Section 30 (P.A. 100-0660); allows caregivers of minor registered patients to administer medical cannabis on school property, also known as “Ashley’s Law”. Amendments effective immediately.

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

August 28, 2018

Governor approves amendments to the Compassionate Use of Medical Cannabis Pilot Program Act by changing Sections 5, 7, 10, 35, 55, 60, 65, 75, 130, and 160 and adding Sections 36 and 6. Governor also signs into law the Alternatives to Opioids Act of 2018 (P. A. 100-1114). Changes include the establishment of the Opioid Alternative Pilot Program, provisional access to dispensaries for medical cannabis patient applicants, removal of fingerprinting requirements and elimination of disqualifying criminal offenses, prohibition on organizations charging a fee for assisting with the application, the Medical Cannabis Pilot Program and Opioid Alternative Pilot Program being made permanent, allowing veterans receiving medical services at VA facilities to participate in the Opioid Alternative Pilot Program, addition of physician assistants/advanced practice nurses/nurse practitioners as providers who can certify, expansion of the list of debilitating conditions, increase in the number of possible caregivers to three, and required dispensary changes. Amendments effective immediately. (Opioid Alternative Pilot Program begins January 31, 2019).

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

January 31, 2019

Opioid Alternative Pilot Program launches; provides access to medical cannabis for individuals who have or could receive a prescription for opioids as certified by a physician licensed in Illinois. Veterans with a current prescription for an opioid who are receiving services at a VA to be eligible for the program on September 30, 2019.

https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/oapp.html#:~:text=The%20Public%20Act%20created%20the,a%20physician%20licensed%20in%20Illinois

June 25, 2019

Governor signs into law the Cannabis Regulation and Tax Act (P. A. 101-0027). (Effective January 1, 2020.) Possession of up to 30 grams of cannabis becomes immediately legal.

https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1438&GAID=15&DocTypeID=HB&SessionID=108&GA=101

Timeline of cannabis legalization in Illinois

January 1, 2020

The Cannabis Regulation and Tax Act allows adults aged 21 and older to purchase cannabis products in licensed stores and allows registered medical cannabis patients to grow up to five cannabis plants for personal consumption. An adult Illinois resident may possess up to 30 grams of cannabis flower, 5 grams of cannabis concentrate, and up to 500 milligrams of THC in a cannabis infused product. Existing medical cannabis dispensaries will provide to adult consumers until additional licensees can apply and get approved. Also authorizes the automatic expungement of arrests and convictions for "minor cannabis offenses," defined as involving not more than 30 grams, no enhancements, and no violence.

July 15, 2021

Illinois passed HB1443 and made amendments to both the Cannabis Regulation and Tax Act and Compassionate Use of Medical Cannabis Program Act (P.A. 102-0098). These changes were effective immediately. The changes to the Cannabis Regulation and Tax Act created two new lotteries for 110 additional licenses. The first 55 licenses were available to applicants scoring at least 85% on their submission to the 75 original licenses. The second 55 licenses were available to applicants scoring at least 85% on their submission and qualifying as a social equity applicant (i.e., majority ownership must be someone who has (a) lived in an area affected by the war on drugs for 10 years, (b) be a member of a family affected by the war on drugs, or (c) have been arrested or convicted of a marijuana crime eligible for expungement). The changes to the Compassionate Use of Medical Cannabis Program Act allowed medical cannabis patients to purchase cannabis at any dispensary. Previously, patients were required to purchase from a single designated dispensary.

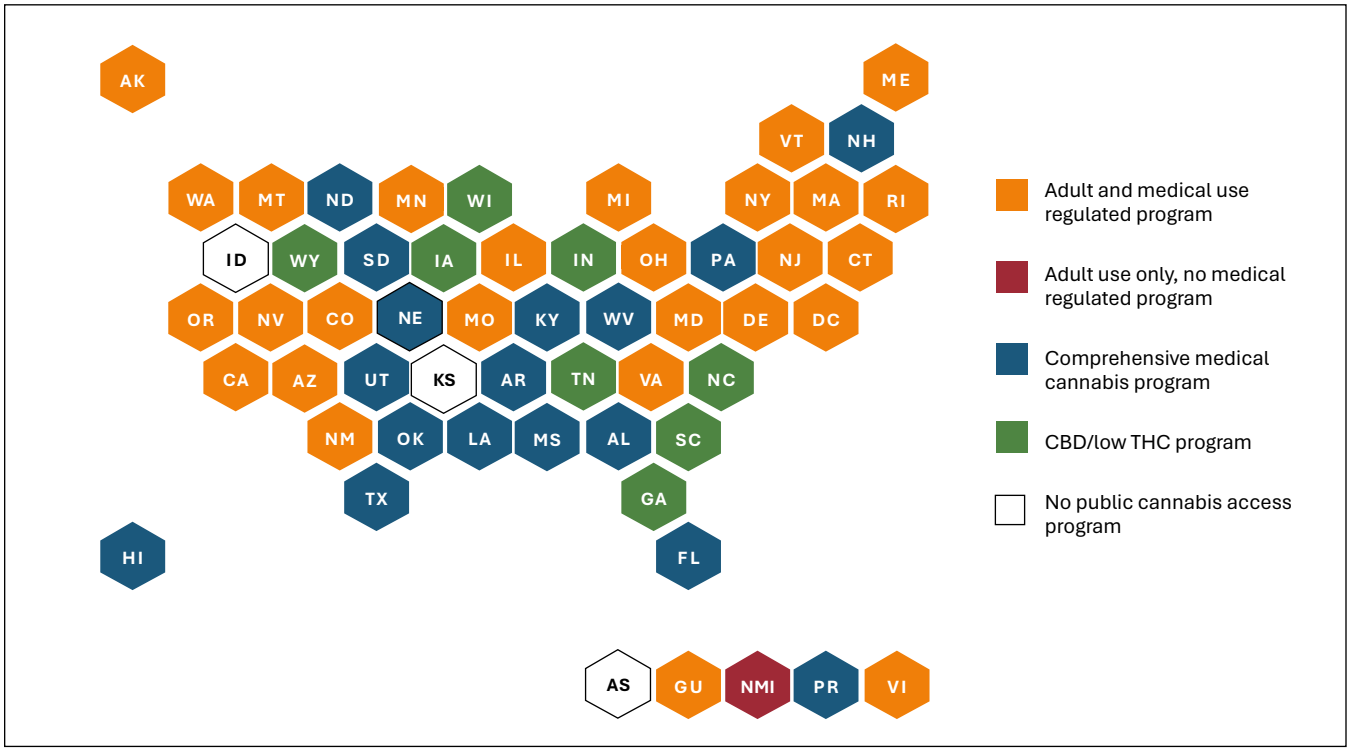
https://www.ilga.gov/legislation/BillStatus.asp?DocNum=1443&GAID=16&DocTypeID=HB&SessionID=110&GA=102

May 27, 2022

On May 27, 2022, Illinois amended the Criminal Identification Act (P.A. 102-0933). The changes prohibit courts from denying a petitioner's request for expungement solely because of cannabis drug test failure. Previously, negative cannabis drug tests were required within 30 days prior to filing the petition. Effective January 1, 2023.

https://www.ilga.gov/legislation/BillStatus.asp?DocNum=4392&GAID=16&DocTypeID=HB&SessionID=110&GA=102

U.S. map of State-regulated cannabis programs



Source: https://mjbizdaily.com/map-of-us-marijuana-legalization-by-state/

Observations and notes: As of July 2025, 40 states, 4 U.S. territories, and the District of Columbia have legalized the medical use of cannabis products. Nebraska joined this list in late 2024 following a successful ballot initiative, although dispensaries there are not operational as of mid-year 2025. Ten states, including Indiana and Iowa, have more limited programs allowing cannabis products that are high in CBD and low in THC for qualified patients. The qualifying conditions and permissible THC/CBD ratios vary by state. For example, Indiana restricts use to "treatment-resistant epileptic conditions, including Dravet syndrome and Lennox-Gastaut syndrome." Iowa, by contrast, permits use for 13 conditions, including AIDS/HIV, PTSD, chronic pain, Parkinson's disease, and Crohn's disease.

Adult-use (recreational) cannabis is now legal in 24 states, 3 territories, and the District of Columbia. However, in both Virginia and the District of Columbia, only possession and home cultivation are legal; commercial sales remain prohibited.

In total, 31 states and the District of Columbia have either decriminalized or legalized cannabis possession. Nineteen states still impose jail time for possession offenses.

No major changes have been made to Illinois's Cannabis Regulation and Tax Act since 2022. The most recent revision—an amendment to the Criminal Identification Act—prohibits courts from denying expungement requests solely on the basis of a failed cannabis drug test.

Comparative Midwest states: History of cannabis

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 aim 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 presently in effect in each neighboring state are those discussed below.

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 marijuana 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 CBD/low-THC

Indiana: In 2017, Indiana permitted low-THC CBD oil for patients with seizure disorder. In 2018, Indiana amended permissions to allow use of low-THC CBD for any person. No other 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.

Table 2. Medical, adult-use, and low-THC/CBD only in Illinois and five neighboring Midwest states

State	Medical Program	Adult-use	Low-THC CBD only	Notes
Illinois	Yes (Cannabis Regulation and Tax Act, 2019)	Yes	–	Expungement amendment passed in 2022
Indiana	–	No	Yes (2017–2018)	CBD-only
Iowa	–	No	Yes (2014–2020)	CBD-only
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
Wisconsin	–	No	Yes (2017)	CBD-only

The business of cannabis in Illinois

The business of cannabis in Illinois

Illinois's legal cannabis market continues to generate strong revenue but has plateaued and faces competition from unregulated and illicit sources

253

Licensed dispensaries in operation through June 30, 2025, up from 213 one year prior

$2.52b

Combined adult-use and medical cannabis sales in Illinois FY 2024

$474m

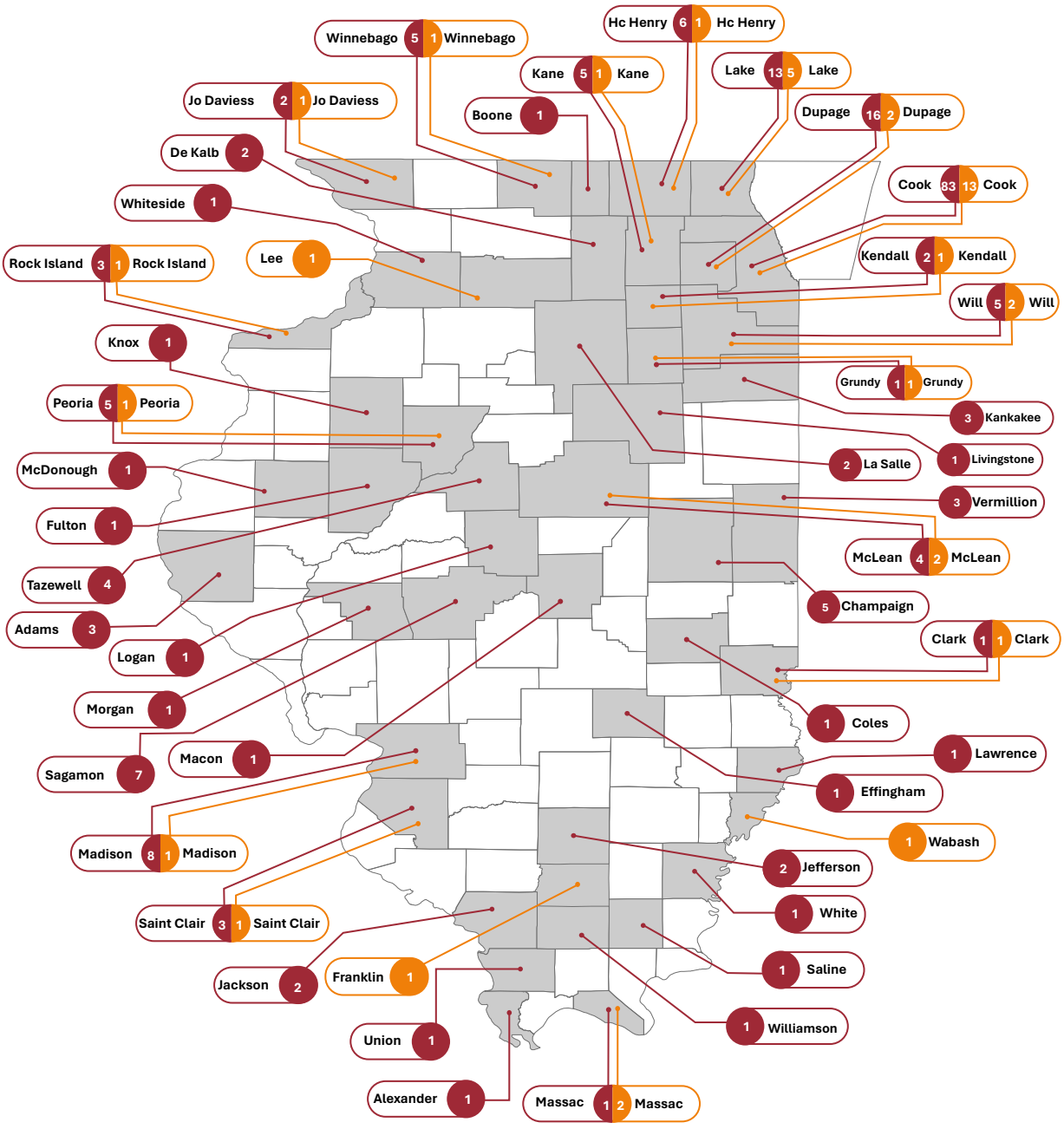
State cannabis tax revenue fiscal year 2025

48%

of cannabis obtained in Illinois is sourced from the illicit market

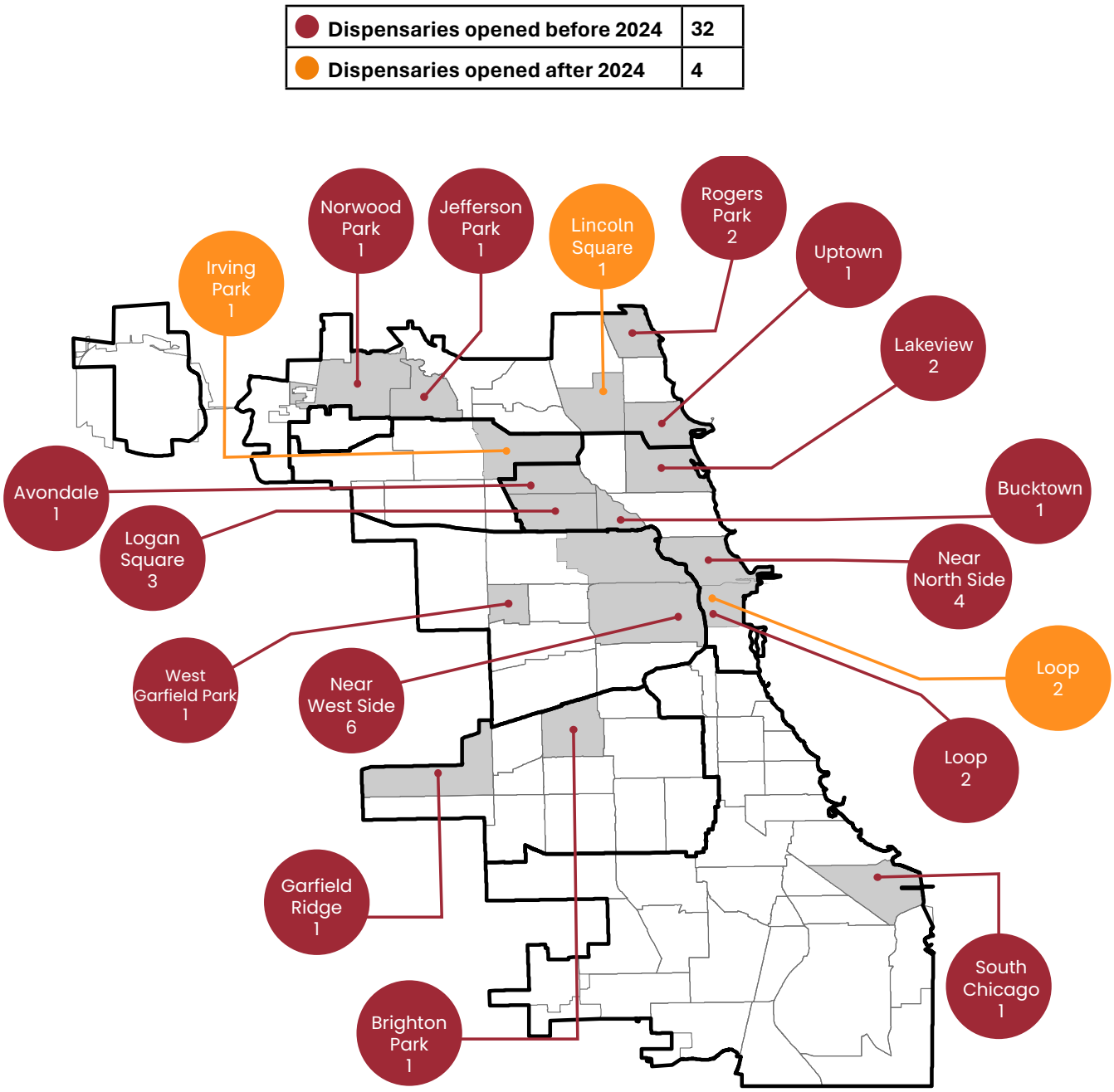
Licensed dispensing organizations in Illinois, June 2025

Dispensaries opened before 2024	213
Dispensaries opened after 2024	40



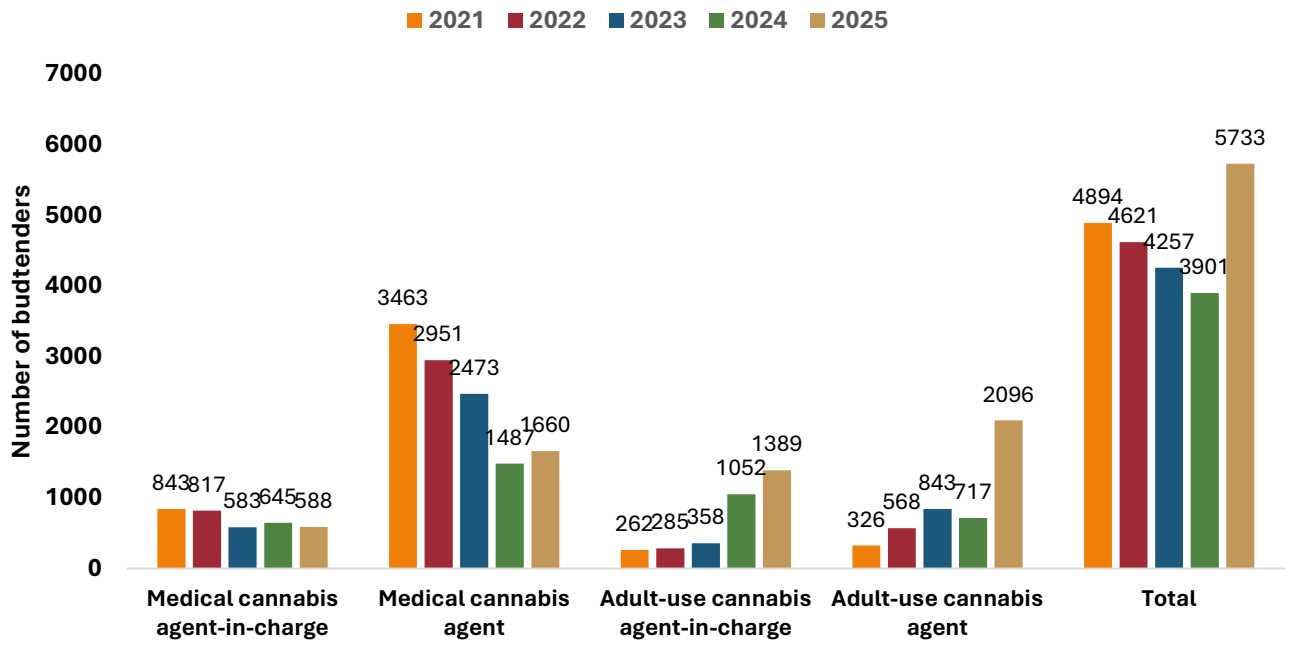
Observations and notes: As of June 2025, 3 dispensaries opened in 3 counties that did not have existing dispensaries, and 37 dispensaries opened in 16 counties that had existing dispensaries.

Licensed dispensing organizations in Chicago, June 2025



Observations and notes: Since the 2024 report, as of June 2025, two new dispensaries opened up in two Chicago community areas that did not already contain a dispensary. Also, two new dispensaries opened up in two community areas that already had at least one dispensary.

Budtender training, Illinois, 2025



Source: Illinois Cannabis Regulation Oversight Office

Observations and notes: As of June 2025, 5,733 individuals had completed budtender training (formally, "Cannabis Dispensing Agent Training") in Illinois—up from 3,901 in 2024 and the highest recorded number to date.

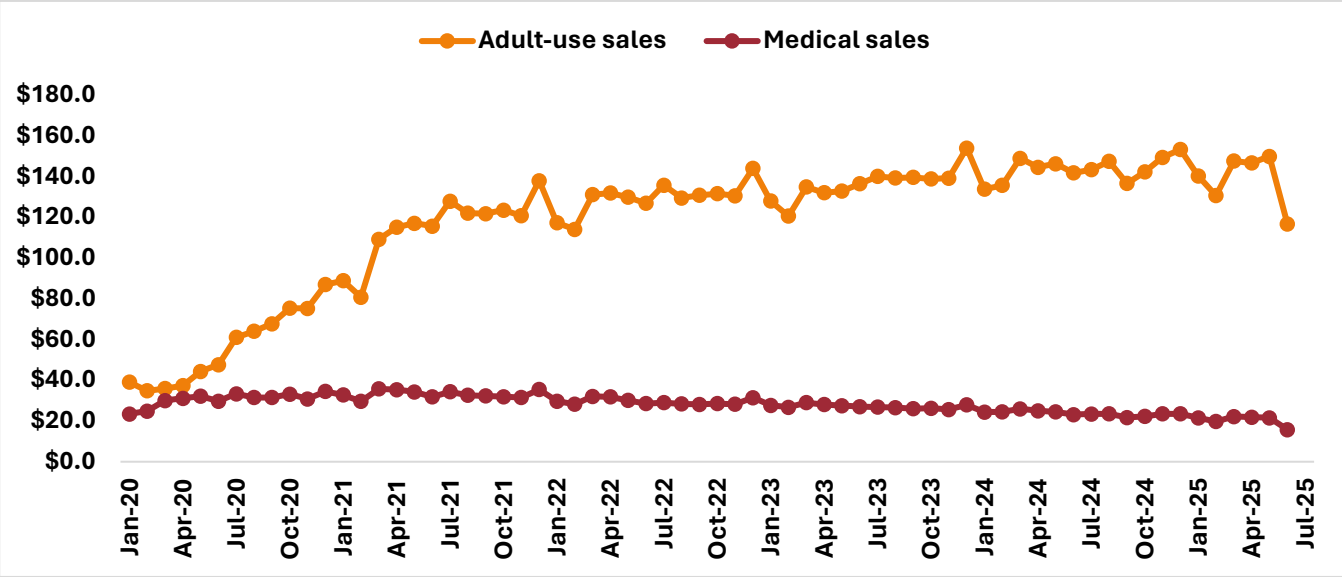
Training numbers declined steadily from 2021 through 2024, then surged in 2025. The reversal may reflect an expansion of newly licensed dispensaries or increased turnover in the industry. The largest increase occurred in the adult-use cannabis agent category, suggesting strong growth in the adult-use market segment.

These figures represent annual training completions and do not capture the cumulative or currently active number of trained budtenders. As such, they may include repeat trainings due to job changes or license renewals.

Key takeaway

After several years of decline, Illinois saw a dramatic surge in new budtender trainings in 2025, likely reflecting an expanding adult-use market. However, these counts represent only new training completions—not the total active cannabis workforce.

Monthly retail cannabis sales



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

Observations and notes: The overall market appears to have plateaued in 2023–2024, with adult-use sales holding steady in the range of $130–$150 million per month, while medical cannabis revenue stabilized below $30 million monthly.

Adult-use retail cannabis sales accounted for approximately 87% of total statewide cannabis revenue as of April 2025. Monthly adult-use sales generally trended upward since legalization in January 2020, with some seasonal variation and occasional administrative disruptions—such as delays in license awards or store openings—that may have influenced short-term fluctuations.

By contrast, medical cannabis sales steadily declined, both in absolute dollars and as a share of the market. This trend may reflect a shift in consumer behavior, with many former medical users transitioning to the adult-use market, where access is less restricted.

The sales figures encompass a wide variety of product types, including:

- Solid and liquid cannabis-infused edibles
- Cannabis extracts (e.g., concentrates, RSO)
- Topicals
- Usable cannabis (e.g., flower)
- Pre-packaged and mixed formulations

Page 105 has information about enrollment in the Illinois Medical Cannabis Patient Program.

Key takeaway

Illinois's cannabis market is now firmly adult-use dominant, with medical sales declining steadily since 2020. Total retail revenues have plateaued, suggesting market maturity and possible saturation—at least under current policy conditions.

Rick Simpson Oil (RSO)

Rick Simpson Oil (RSO) is a concentrated cannabis extract. It is not a branded product. RSO is typically made using a solvent-based process that captures a wide range of cannabinoids, primarily THC. It is generally consumed orally or applied topically.

The product is named after Rick Simpson, a Canadian medical cannabis advocate who began promoting homemade cannabis extracts in the early 2000s. RSO is often referred to as a "full-spectrum extract," meaning it retains a variety of naturally occurring plant compounds, including cannabinoids and terpenes. Some users seek out these products based on personal preferences or beliefs about their effects, but the therapeutic efficacy of RSO remains unverified.

RSO is commercially available in many regulated cannabis markets.

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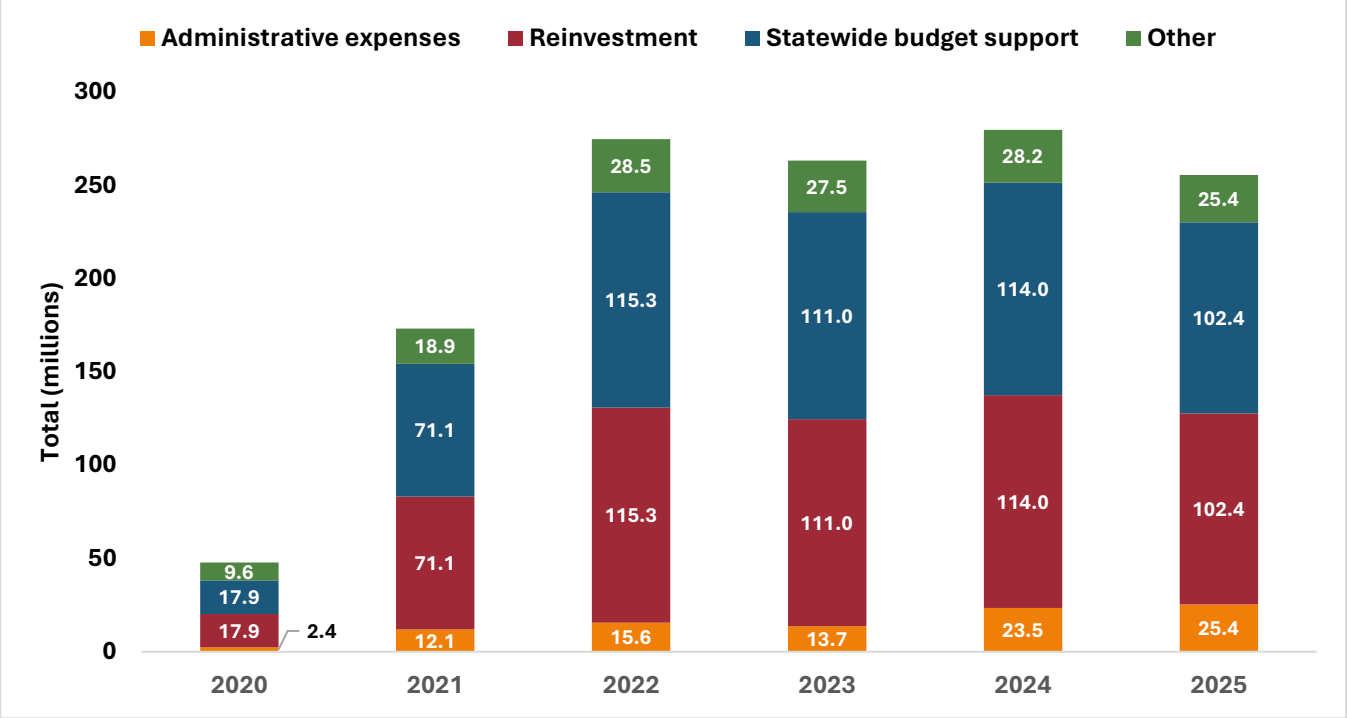
Cannabis Regulation Fund allotments



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: Taxes from adult-use cannabis sales are collected into the Cannabis Regulation Fund, which generates funds through its investments. In FY2025, the Cannabis Regulation Fund in Illinois generated approximately $255.6 million.

The largest share of these funds was directed to statewide budget support (roughly $102 million) and reinvestment (approximately $102.4 million), primarily in communities disproportionately affected by past cannabis enforcement policies. Spending on administrative expenses and other allocations (such as education, public health, and data collection) remained relatively stable from FY2022 through FY2025.

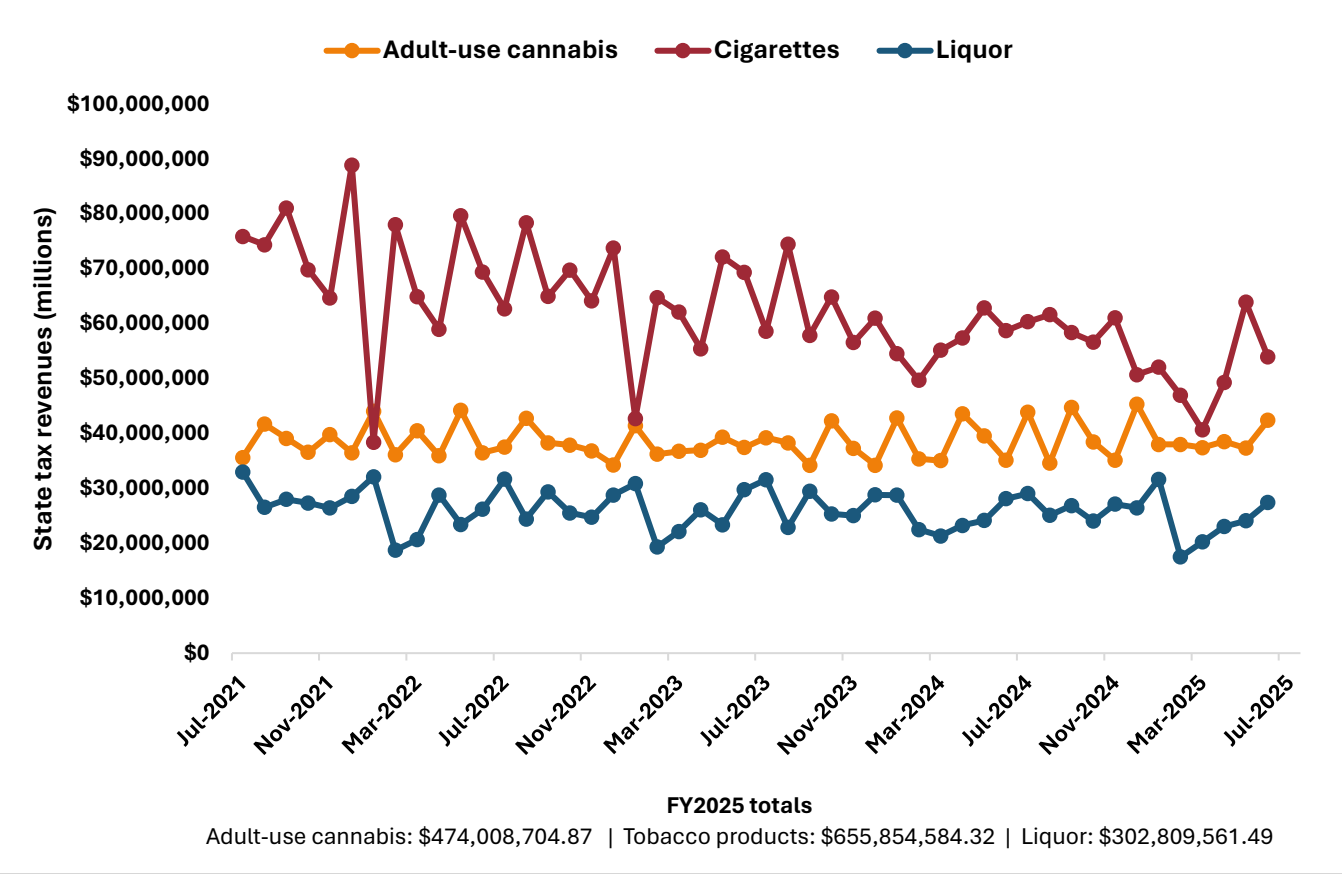
The amount of money coming into the Cannabis Regulation Fund grew steadily between FY2020 and FY2022, then experienced a slight dip in FY2023, followed by renewed growth in FY2024. The figures for FY2025 suggest either flat revenue growth in the current state fiscal year or a slight decrease. However, these data might not yet reflect revenues collected in the final month or quarter of the fiscal year.

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.

Key takeaway

The two dominant uses of cannabis tax revenue in Illinois were statewide budget support and equity reinvestment with each receiving over $100 million in FY2025. After a brief dip in FY2023, fund revenues rebounded, underscoring the maturing stability of the adult-use market.

Monthly State revenues



Source: Illinois Department of Revenue. https://tax.illinois.gov/research/taxstats/collectionscomptroller.html

Observations and notes: In FY2025, adult-use cannabis brought in approximately $431 million, while liquor brought in $275 million.

Revenue data from FY2021 through FY2025 show a consistent ranking among Illinois's three primary excise tax categories:

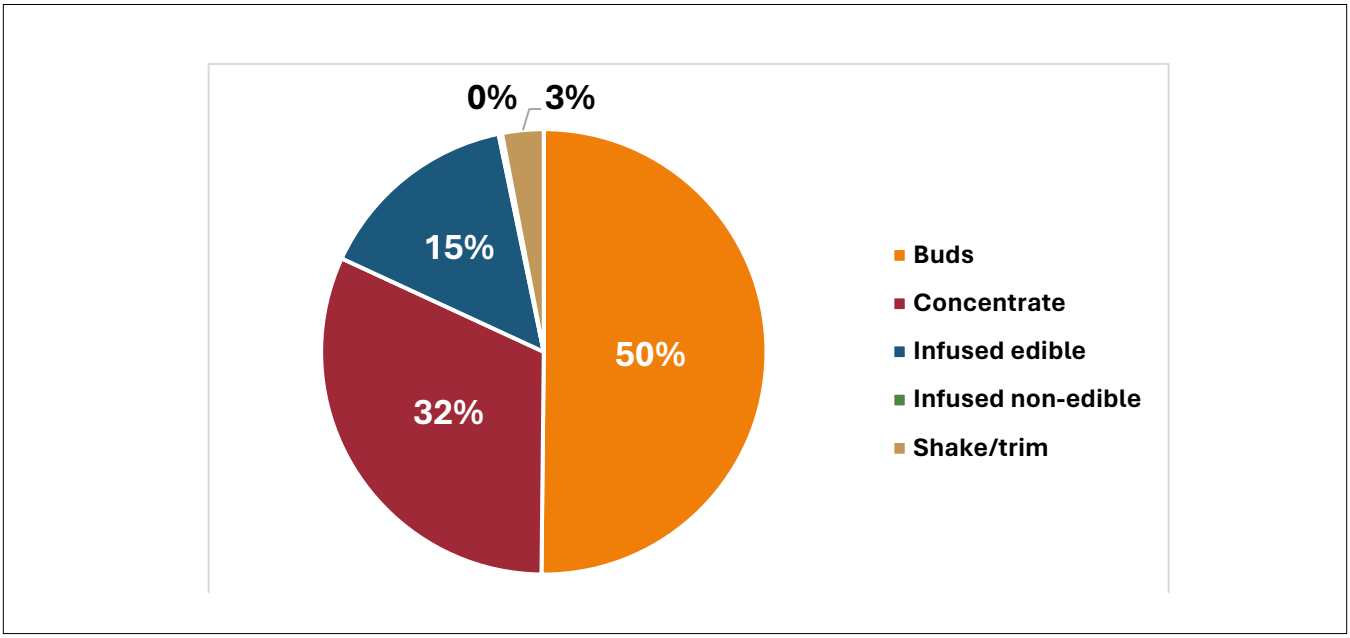
- Cigarettes and other tobacco products remained the top revenue-generating product, with $601 million collected in FY2025 alone.
- Adult-use cannabis surpassed liquor as the second largest source of excise tax revenue as early as FY2021, just one year after the Cannabis Regulation and Tax Act went into effect.
- Liquor consistently ranked third.

These relative positions held steady across all four years. Month-to-month variation is present, particularly in tobacco revenue, but overall, the cannabis market appears to have reached a plateau. It contributes a stable and substantial share of State revenue.

Key takeaway

Adult-use cannabis has been Illinois's second largest "sin tax" revenue source since FY2021, with stable year-over-year revenue surpassing liquor and trailing only sales of cigarettes and other tobacco products.

Types of cannabis products sold in the adult-use market



Source: State of Illinois. Illinois Cannabis Regulation Oversight Office

Observations and notes: In FY2025, adult-use cannabis sales in Illinois surpassed $1.7 billion, with the market remaining concentrated in three primary product categories:

- Buds (flower/dried herb and pre-rolls) accounted for the largest share at $854 million, nearly half of all sales. Flower remains the dominant product due to user familiarity, a wide range of strain options, and a lower price per milligram of THC relative to processed products.
- Concentrates—vape cartridges, waxes, dabs, and other high-potency extract products—totaled $540 million, representing approximately 31% of sales. Concentrates continue to appeal to experienced users as well as younger users seeking fast-acting and high-potency products.
- Infused edibles reached $253 million, or about 15% of sales, and remain the most popular non-inhaled option. Their discreet use, measured dosing, and longer duration of effects support continued user interest.

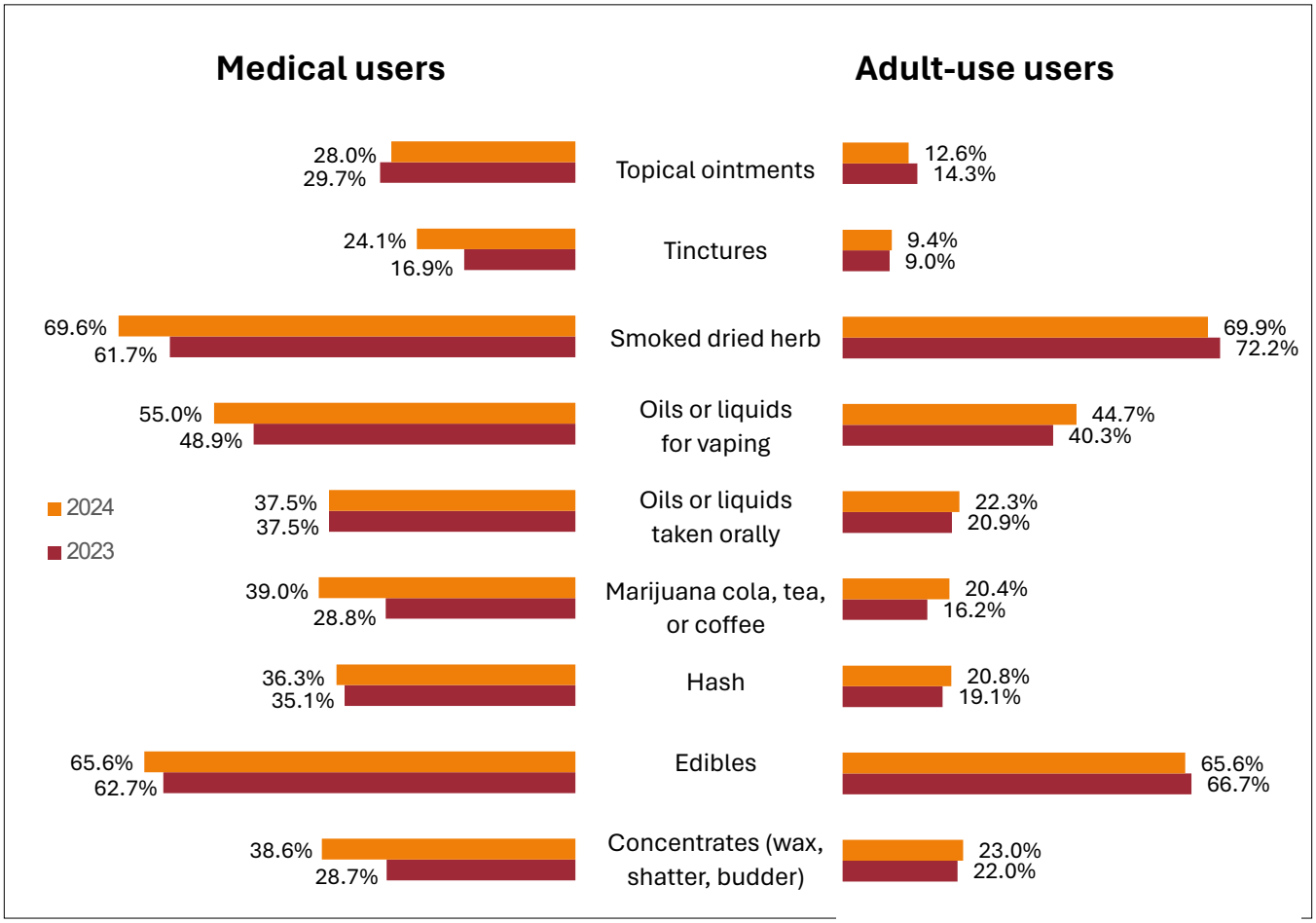
Sales of other product categories were modest in comparison:

- Shake/trim accounted for $51 million, primarily used for budget-conscious users or home preparation.
- Infused non-edibles (e.g., topicals, tinctures, and suppositories) accounted for less than $4.2 million, reflecting limited user interest or availability.

Key takeaway

Illinois' adult-use cannabis market remains dominated by traditional products—buds, concentrates, and edibles—which together make up over 95% of sales. Flower leads in volume, while edibles and concentrates reflect continued interest in potency and discretion. Other product types, like infused non-edibles and shake, remain niche and account for only a small share of the overall market.

Type of cannabis products used by medical or adult-use users, 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: In both 2023 and 2024, the three most common cannabis consumption methods were smoked dried herb (used by approximately 70% of both adult-use and medical users), edibles, and oils or liquids for vaping.

Medical users consistently reported higher use of non-inhalation forms, including tinctures, topicals, and orally consumed oils or beverages. In 2024, medical users were more likely than adult users to report use of every product category except dried herb, indicating broader and more varied consumption patterns, possibly for symptom-specific management.

Key takeaway

Medical cannabis users report a wider range of consumption methods than adult-use users, reflecting diverse symptom management strategies. Inhalation remains dominant for both groups, but non-smoked forms are far more common among medical users.

Type of cannabis products used by medical or adult users, 2023–2024

The 2024 International Cannabis Policy Study data on Illinois residents aged 16–65 showed that between 2023 and 2024:

- The use of smoked dried herb declined slightly among adult-use users (-2.3 percentage points) but increased among medical users (+7.9 points).
- Medical users reported notable year-over-year increases in use of vape oil and consumption of beverage-based cannabis products.

Respondents were classified as medical users if they reported ever receiving a recommendation or prescription from a health professional. All percentages are restricted to respondents who reported using cannabis in the past year.

The 2024 International Cannabis Policy Study survey uses a non-probability Nielsen panel, and results should not be interpreted as fully representative of the state population. However, due to its methodological consistency and international scope, the International Cannabis Policy Study is well-suited for tracking year-over-year trends in cannabis use and user behavior.

The rise of hemp-derived cannabinoid beverages

As alcohol sales flatten, beverage companies are pivoting to hemp-derived THC-infused drinks, often marketed as wellness seltzers or relaxation tonics. These products are typically made with delta-8 THC or similar psychoactive cannabinoids synthesized from hemp. They are sold outside Illinois's State-regulated cannabis system, in smoke shops, gas stations, liquor stores, and online storefronts across the state.

In contrast to licensed cannabis products, these drinks often feature colorful packaging and fruity flavors. They have no standard dose of THC, with dosages varying from 2–4 mg in low-dose products to as much as 100–200 mg in an 8.5-ounce can or bottle. Many mimic hard seltzers in branding and appeal, blurring the line between cannabis and alcohol—especially for younger users. Hard seltzers have had phenomenal success in the U.S. market.

Because they fall into a regulatory gray area, hemp-derived THC-infused drinks are easy to obtain. They are not subject to the same age restrictions, potency testing, or labeling requirements as cannabis sold in dispensaries. Although lawmakers and public health officials in Illinois have voiced concern, regulation remains stalled in the State legislature. Hemp-based drinks are illegal in California in an effort by the state's Department of Health to safeguard the health of children in the state.

Nationally, sales of cannabinoid beverages are expected to surpass $1 billion in 2025, with projections as high as $4 billion by 2028. As their presence grows, they may further challenge the legal cannabis market, complicate public messaging, and warrant closer scrutiny in future reports.

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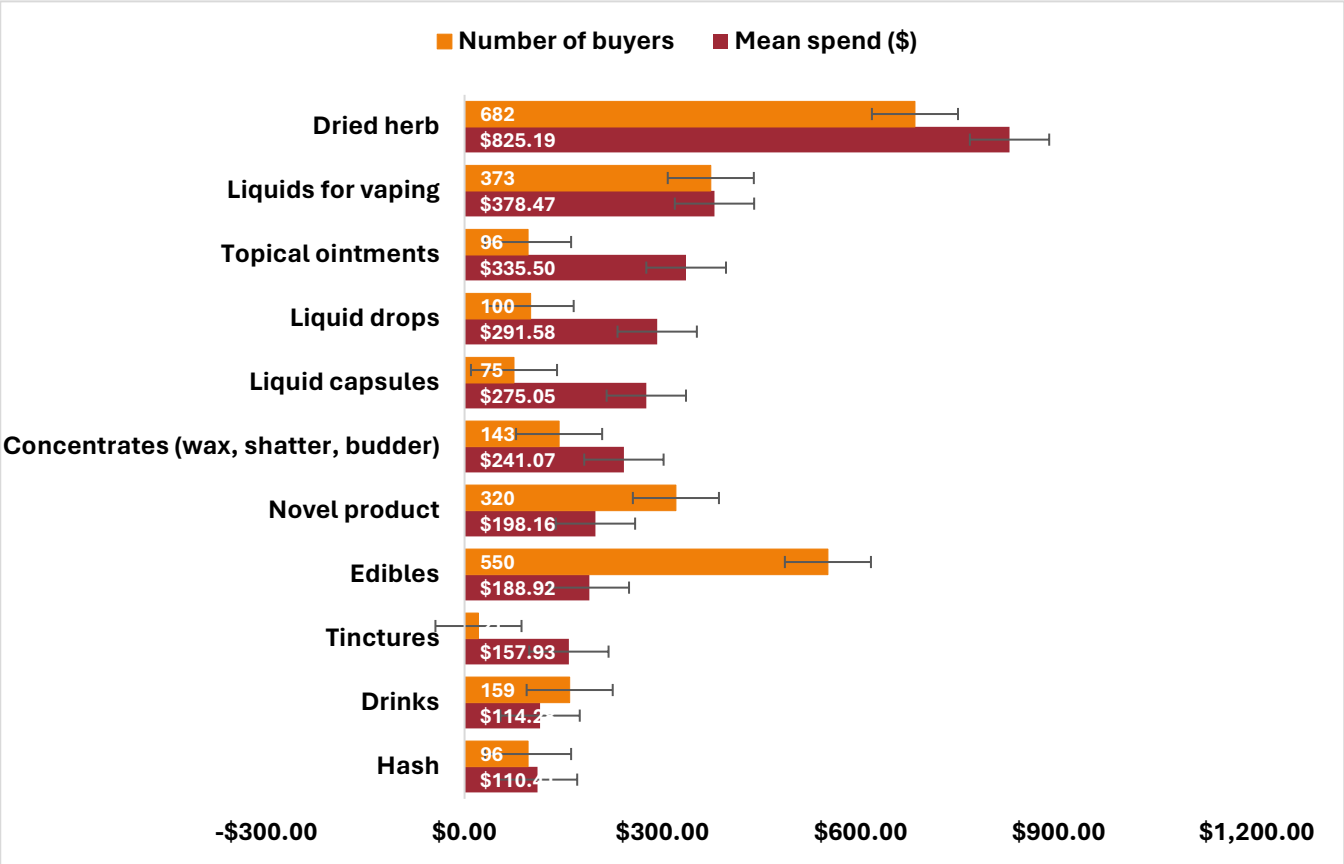
Mean reported cannabis expenditures among respondents who reported consuming each product type in the past year, 2024



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

Observations and notes: According to 2024 International Cannabis Policy Study data, past-year cannabis users reported spending an average of $948.86 on cannabis products annually. By far, the highest individual product expenditure was on smoked dried herb, with a mean annual spend of $825.19 per user. This likely reflects both frequency of use and the dominance of flower in the retail market. Spending on other product types was significantly lower:

- Vape liquids: $378.47
- Topical ointments: $335.50 (note: wide CI due to small sample size)
- Liquid drops and capsules: Around $275–$290
- Edibles: $188.92
- Drinks, tinctures, hash: All under $160 annually per user

Notably, novel products (unspecified formats, likely niche or emerging) showed moderate average expenditures of $198.16, suggesting growing interest but not yet mainstream adoption.

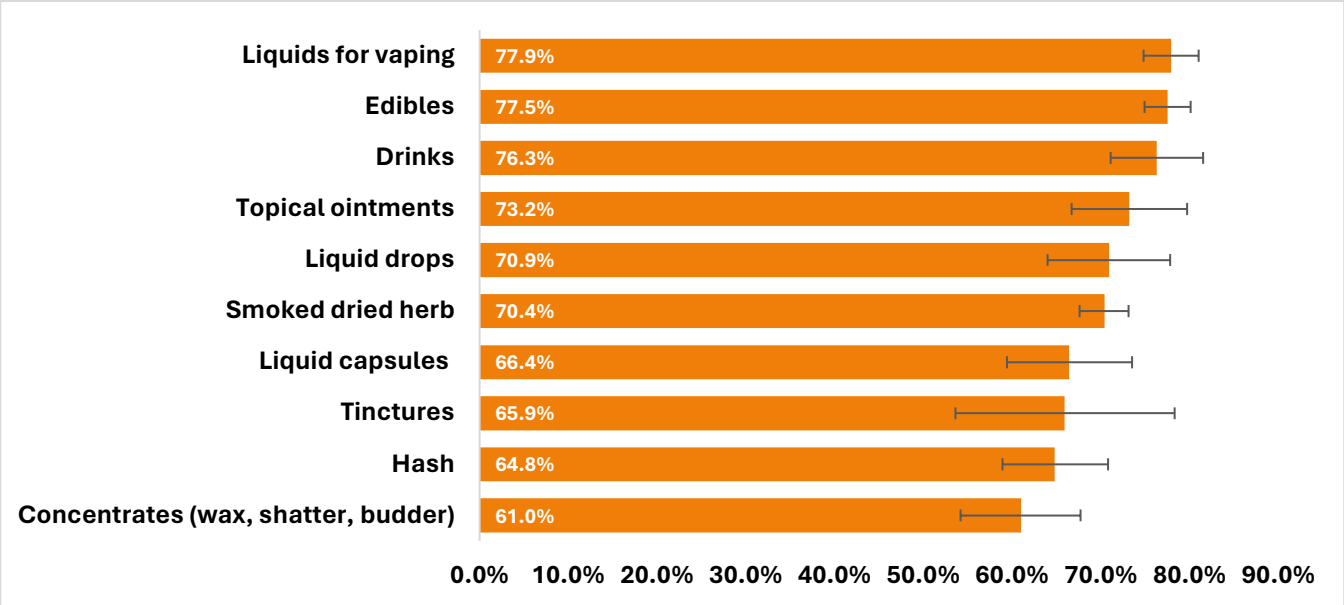
Key takeaway

Cannabis flower remains the financial backbone of user spending, accounting for the vast majority of annual expenditure. Other products, while increasingly available, remain secondary in both usage and user-reported spending.

Mean reported cannabis expenditures among respondents who reported consuming each product type in the past year, 2024

The wide variation in CIs, especially for topicals and tinctures, indicates small sample sizes and high variability in spending, likely driven by more occasional or condition-specific use.

Mean percentage of cannabis products obtained from legal sources among Illinois respondents who reported using each product type in the past year, 2024



Source: International Cannabis Policy Study, Illinois site data (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 each product in the past year, on average 74.2% reported that their cannabis purchases were obtained from legal sources. This percentage varied by product type.

Products with the highest legal sourcing rates were liquids for vaping (77.9%), edibles (77.5%), and cannabis drinks (76.3%).

Products with the lowest legal sourcing rates were concentrates (wax, shatter, budder) (61.0%); hash (64.8%); tinctures (65.9%; wide CI due to small N).

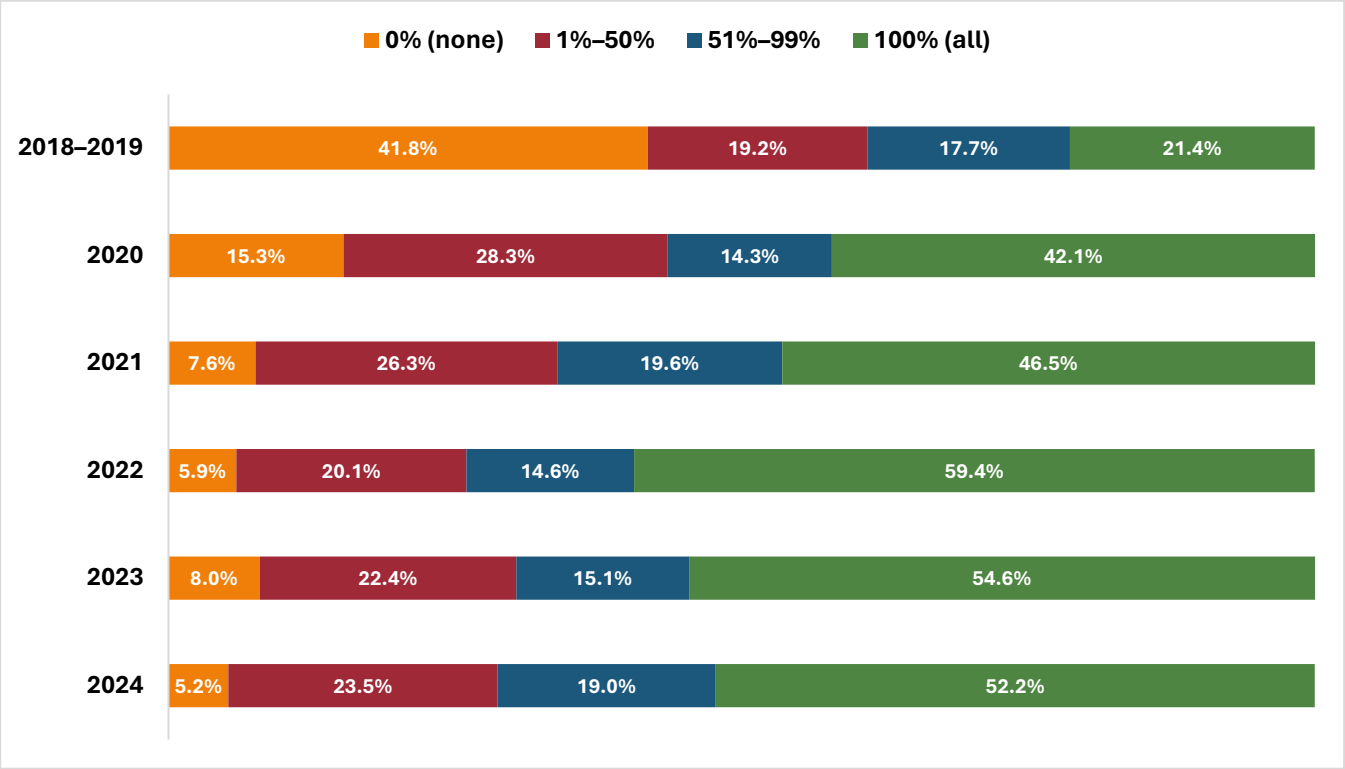
Smoked dried herb, the most widely used product, had a legal sourcing incidence of 70.4%, indicating continued presence of illicit market activity even for core products.

Lower levels of legal sourcing for concentrates and hash may reflect price differentials, availability, or user preference for unregulated potency levels not permitted under licensed production.

Key takeaway

Roughly one in four cannabis purchases in Illinois still occur outside the legal market, with illicit sourcing more common for concentrates and hash. Most users obtain products legally, but those seeking high-potency formats do not find their products in licensed dispensaries.

Percentage of cannabis purchased from a legal source in the past year, 2018–2024



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

Observations and notes: In 2024, just over 52% of cannabis users in Illinois reported obtaining all of their cannabis from legal sources in the past year. The remainder (approximately 48%) reported purchasing at least some cannabis from illicit or unlicensed sources, a rate that has remained relatively stable since 2022.

Compared to early post-legalization years (2020–2021), this represents a substantial shift toward the legal market. For example, in 2020, only 42% reported sourcing all cannabis legally, compared to just 21% in 2018–2019.

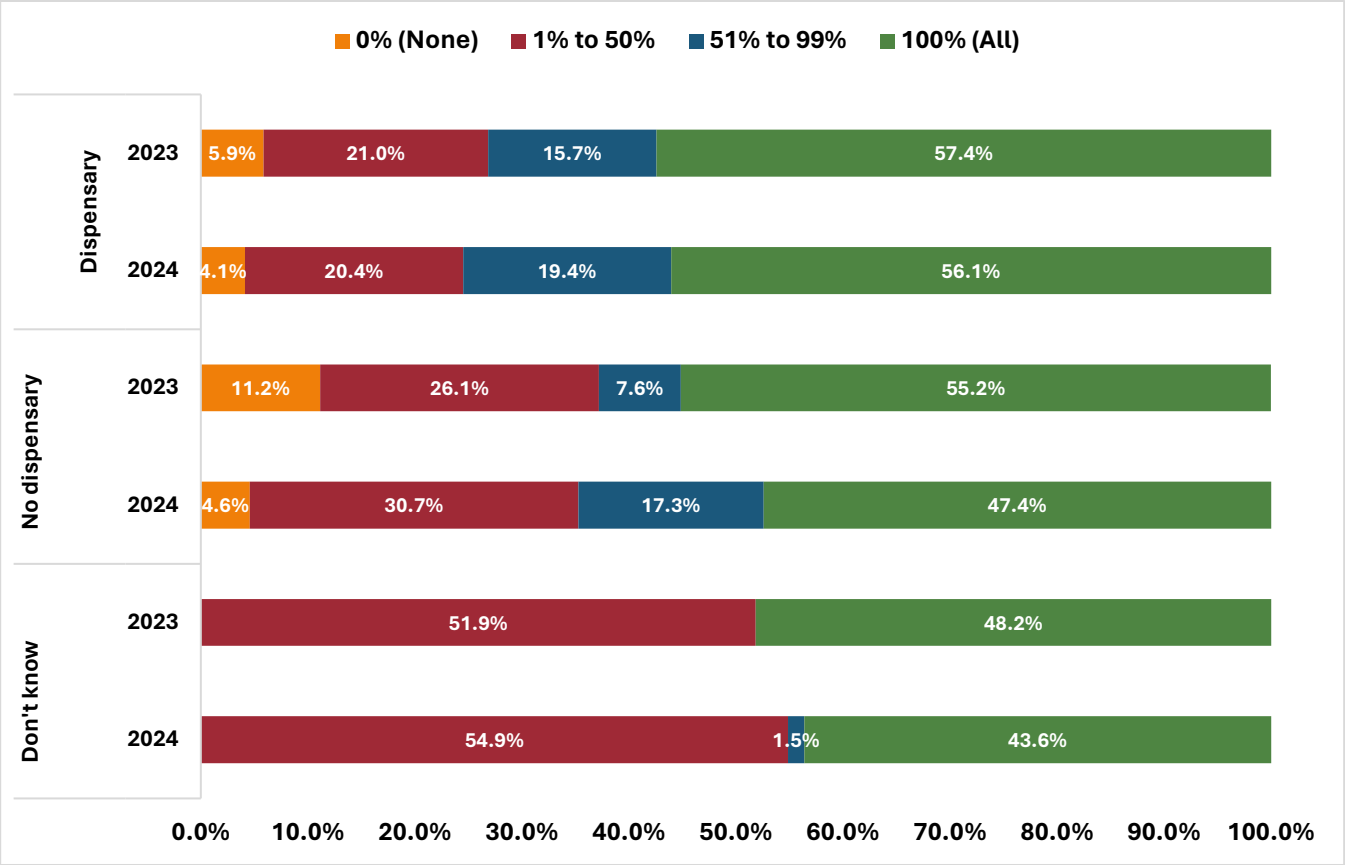
Despite this positive trend, a significant share of users—nearly one in four (23.5%) in 2024—reported obtaining more than half of their cannabis from illicit sources. These figures reflect self-reported, overall sourcing behavior, and differ from the incidence of product-specific legal sourcing, which may be higher for certain product types.

Statistical testing confirmed that year-over-year differences in sourcing patterns were significant ($\chi^2(12) = 1143.5$, $p < 0.01$).

Key takeaway

While most Illinois cannabis users now report obtaining all their cannabis from legal sources, nearly half continue to rely at least partially on the illicit market. Product-specific legal sourcing rates tend to be higher, suggesting users may rely on licensed sellers for some products but turn to illicit sources for others.

Percentage of cannabis purchased from a legal source by proximity to a dispensary, 2023–2024



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

Observations and notes:

Higher legal purchasing near dispensaries

- Respondents who lived in a city or town with a dispensary were the most likely to report buying all of their cannabis legally—57.4% in 2023 and 56.1% in 2024.
- These individuals also had the lowest levels of illicit-only purchasing (0% legal): 5.9% in 2023 and 4.1% in 2024.

Reduced legal sourcing where no dispensary exists

- Those without a dispensary in their town showed lower levels of 100% legal purchasing (55.2% in 2023, dropping to 47.4% in 2024).
- Levels of mixed or entirely illicit purchasing were notably higher in this group; for example, 11.2% reported no legal sourcing in 2023.

Key takeaway

Illinois residents who lived near a dispensary were consistently more likely to purchase cannabis exclusively from legal sources in both 2023 and 2024. Those without a dispensary nearby had lower rates of legal purchasing and higher reliance on illicit or mixed sources, suggesting access plays a role but likely interacts with other behavioral and systemic factors.

Percentage of cannabis purchased from a legal source by proximity to a dispensary, 2023–2024

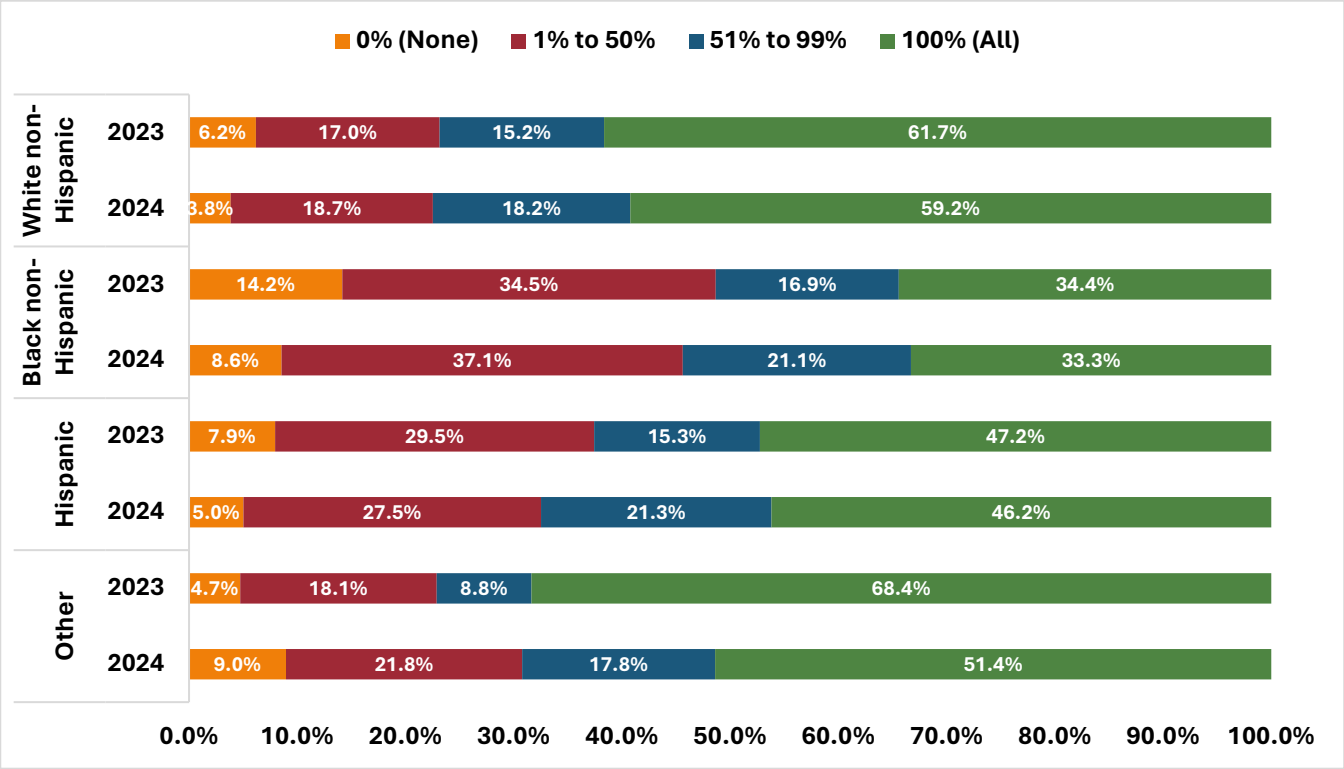
“Don’t know” group shows erratic patterns

- The “Don’t know” group had unstable results and wide CIs, likely due to small sample sizes and uncertainty.
- In 2024, more than half (54.9%) reported mixed sourcing (1%–50%), and 0% reported exclusive illicit sourcing. These values should be interpreted with caution.

Interpretation

- Living near a dispensary appears linked to more legal purchasing and lower reliance on illicit sources.
- The effect is modest and may be attenuated by other factors such as access to transportation, product pricing, or purchasing habits formed before legalization.

Percentage of cannabis purchased from a legal source by race/ethnicity, 2023–2024



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

Observations and notes:

Predominance of legal sourcing

- In both years, White non-Hispanic respondents were most likely to report 100% of cannabis was purchased legally—61.7% in 2023 and 59.2% in 2024.
- Black non-Hispanic respondents had the lowest levels of exclusive legal sourcing at just 34.4% in 2023 and 33.3% in 2024.
- Hispanic respondents remained in the middle at 47.2% in 2023 and 46.2% in 2024, while respondents identifying as “other race” showed modest declines (68.4% to 51.4%), although CIs were wide.

Use of mixed sources

- Mixed legal/illicit sourcing (1%–99%) was more common among Black and Hispanic respondents than among White respondents.
- In 2024, over 58% of Black respondents reported some illicit sourcing vs. 40.8% of White respondents.
- The percentage reporting 0% legal sourcing was highest among Black respondents in both years (14.2% in 2023, 8.6% in 2024) and declined modestly over time.

Key takeaway

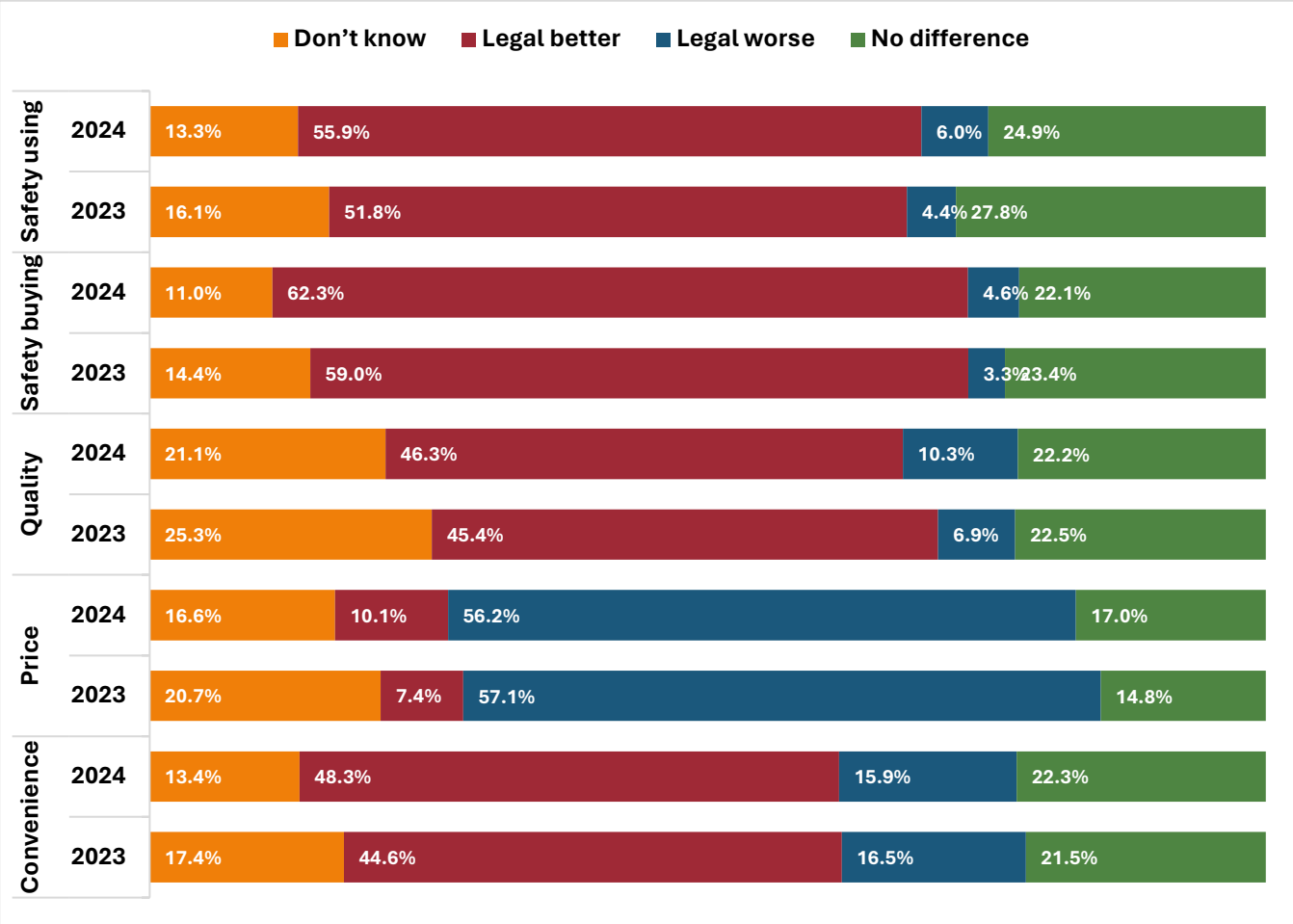
In both 2023 and 2024, White adults were most likely to source cannabis exclusively from legal retailers, while Black adults were the least likely. Hispanic respondents and respondents identifying as “other race” fell in between. These sourcing disparities remained stable year over year.

Percentage of cannabis purchased from a legal source by race/ethnicity, 2023–2024

Stability over time

- Racial/ethnic patterns in cannabis sourcing showed minimal year-over-year change, suggesting entrenched dynamics.
- Despite legalization, gaps in full legal access and purchasing persist, potentially reflecting broader economic, geographic, or trust-related barriers among historically underserved groups.

Perceptions of legal vs. illicit cannabis product attributes among past-year cannabis users, 2023–2024



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

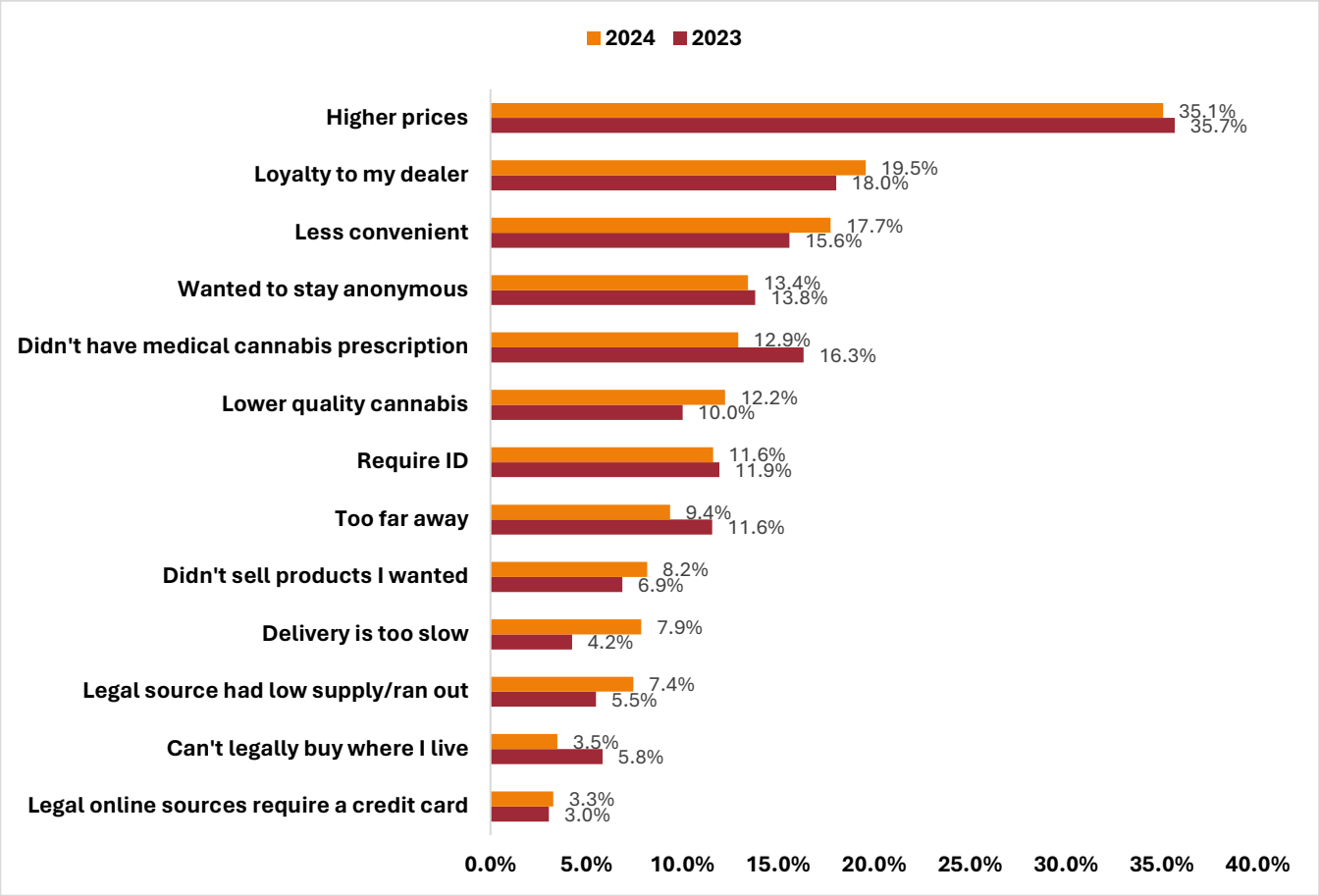
Observations and notes: Illinois cannabis users consistently rated legally purchased cannabis as safer to buy and use and more convenient than illicit alternatives. Over half of respondents in 2024 said legal cannabis was safer to buy (62%) and use (56%), with nearly half (48%) also citing greater convenience. Quality was more mixed—46% said legal cannabis was better, but 22% saw no difference, and 10% rated it worse.

Price remains the glaring disadvantage of legally purchased cannabis: 56% of respondents in 2024 said legal cannabis was worse on price, a figure unchanged from 2023. This persistent price gap likely contributes to ongoing demand for illicit products despite perceived advantages in safety and convenience.

Key takeaway

High prices continue to blunt the competitive edge of the legal market. Even as most users view legal cannabis as safer and more convenient, cost remains a primary reason that some still turn to illicit sources.

Reasons for not purchasing cannabis from a legal source, 2023–2024



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

Observations and notes: In both 2023 and 2024, cost was by far the most common reason users cited for purchasing cannabis from an illicit source—mentioned by over 35% of those who did so. Other top reasons included:

- Loyalty to a dealer (19.5% in 2024)
- Inconvenience of legal sources (17.7%)
- Lack of medical prescription (12.9%)
- Desire for anonymity (13.4%)

Less common but still notable were issues with product selection, supply shortages, and legal purchase barriers (e.g., ID requirements or required credit card use online).

Responses were largely stable between 2023 and 2024, suggesting that the barriers to legal market adoption are structural and persistent.

Key takeaway

Legal cannabis remains at a competitive disadvantage on price and convenience—key drivers that continue to fuel demand for illicit alternatives. Emotional loyalty, anonymity, and access constraints also contribute, especially among those with previous ties to the underground market.

How taxes and limited supply inflate cannabis prices in Illinois

Supply-side constraints equal higher retail prices

- Illinois operates under a tightly restricted licensing model, especially for cultivation, which plays a much bigger role in pricing than retail caps. Compared to states with more cultivators, Illinois's limited grower base leads to higher wholesale prices.
- Since Illinois uses ad valorem taxes (a percentage of price rather than a flat rate), these higher base prices translate directly into higher tax receipts for the state.

Stacked and structured taxes push prices up

Illinois layers several taxes onto cannabis products:

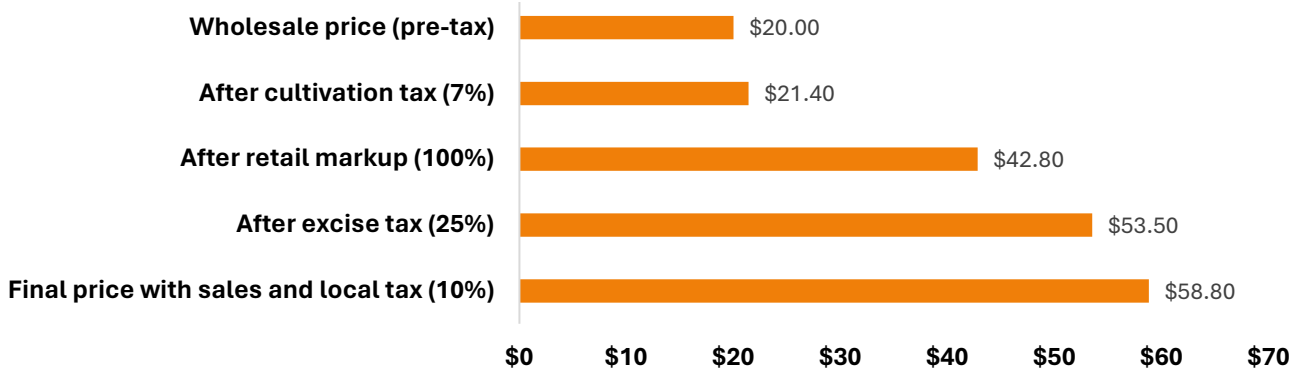
- 7% cultivation tax (on wholesale value)
- Excise tax: 10% for flower, 20% for edibles, 25% for products over 35% THC (primarily vapes and concentrates)
- 6.25% state sales tax, plus local taxes up to 3.75%
- These taxes are cascading: the retail price includes the taxed wholesale price, and then more taxes are applied on top. A $20 wholesale product can easily retail for $50+ after markups and taxes.

Expanding supply is the only path to lower prices

- Dispensaries that compete on pricing have some ability to gain market share through discounts and promotions. But on the cultivation side, where prices are set upstream, competitive pressures are weaker. A full-scale operation of all licenses to cultivate, dry, cure and package cannabis (craft grower licenses) may be a good goal, but even that would fall short of the original canopy space allowed to the initial 21 cultivation centers.
- Without significant supply expansion, lowering taxes alone is unlikely to reduce retail prices or shift users away from the illicit or hemp-derived markets.

Bottom line

- Illinois's cannabis prices result from a double bind: high taxes and restricted cultivation capacity. The tax structure magnifies high wholesale prices, and limited supply keeps competition weak. Addressing affordability and reducing reliance on the illicit market require reforms to both tax policy and market structure.



Cannabis use and initiation by youth

Cannabis use and initiation by youth

Small increases in use and initiation by youth were seen. More 12th graders reported more past-month use.

5.1%

of Illinois high school students reported initiating cannabis use before the age of 13 in 2023, unchanged from 5.0% in 2021.

30%

of Illinois high school students report lifetime use in 2023, slightly up from 2021 but well below the peak in 2019 (34.2%)

27%

of 12th graders report past-month use, a sharp increase from 2021 (20.8%).

Over 4x

greater odds of cannabis use among students who report binge drinking.

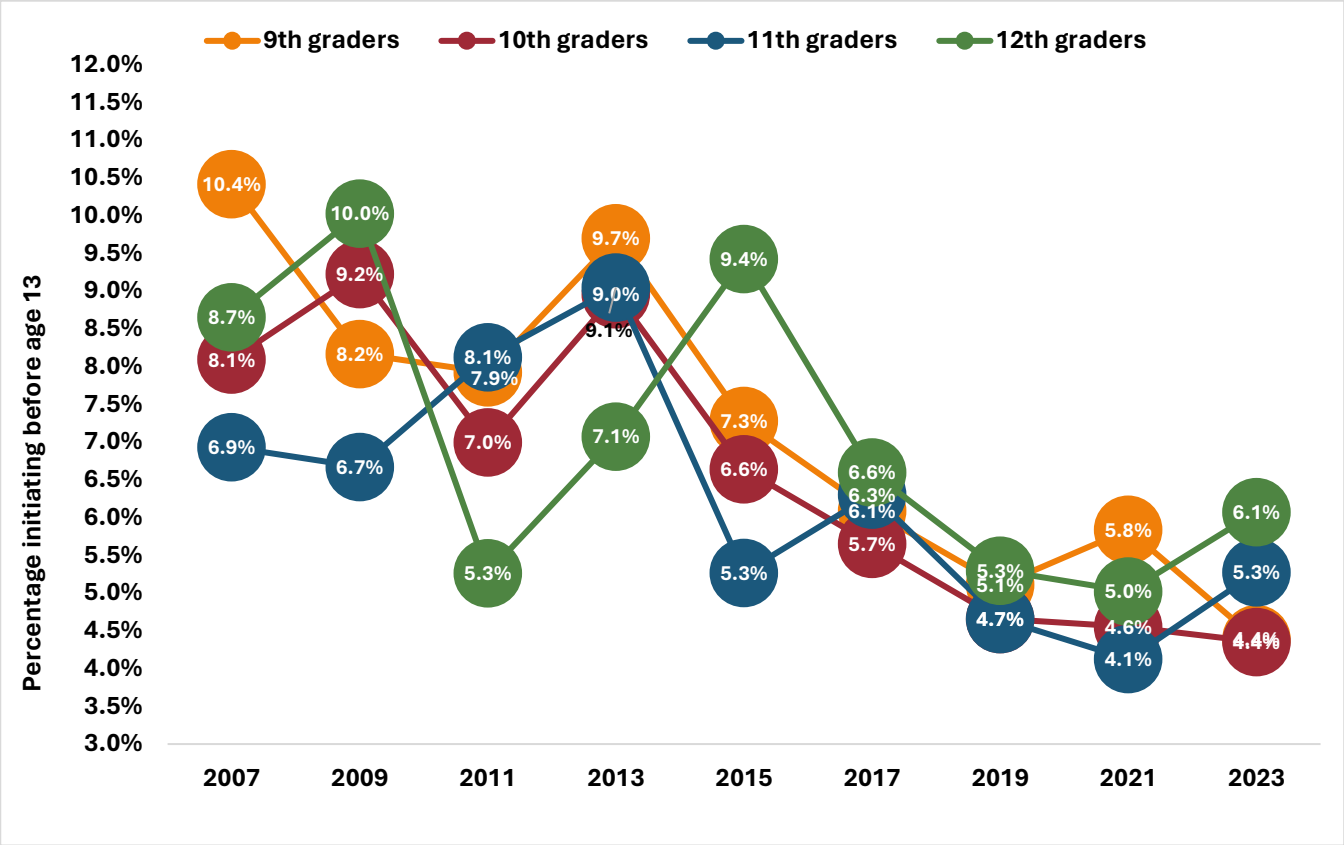
Is use of cannabis by youth increasing or decreasing in Illinois?

The answer depends on which measure is examined. Different surveys track different behaviors (past-month use, lifetime use, and initiation), so the signals do not always line up. Taken together, results of the pertinent surveys in Table 1 point to overall stability in use of cannabis by youth with some modest grade-specific rebounds.

- Overall rates of past-month use among Illinois high school students have remained stable since 2020 or are slightly down. Within that stability, a modest rebound among upper grades is shown between 2021 and 2023 (e.g., 11th grade: 4.1% to 5.3%; 12th grade: 5.0% to 6.1%). Current use remains well below levels seen in 2013–2015.
- Illinois and U.S. data show a steady decline in initiation (first use among those under the age of 13) since 2013. Levels of initiation in this age group in Illinois dipped to 5.0% in 2021 and nudged up to 5.1% in 2023, a trivial change well within statistical margins. National rates are nearly identical.
- Lifetime (ever) use has dropped consistently in all grades since 2015. Levels of lifetime use among 9th graders fell from 24.2% to 17.2%, 10th graders from 35.7% to 26.8%, 11th graders from 37.3% to 33.5%, and 12th graders from 48.8% to 40.7%. A small rebound in 2023 (+1.8 points in Illinois; +1.7 nationally) does not alter the long-term downward trend.

The Illinois Youth Survey and National Survey on Drug Use and Health measure different behaviors with different methods, leading to differing signals that both deserve attention.

Illinois high school student trends in initiating cannabis use before age 13 by grade, 2007–2023



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

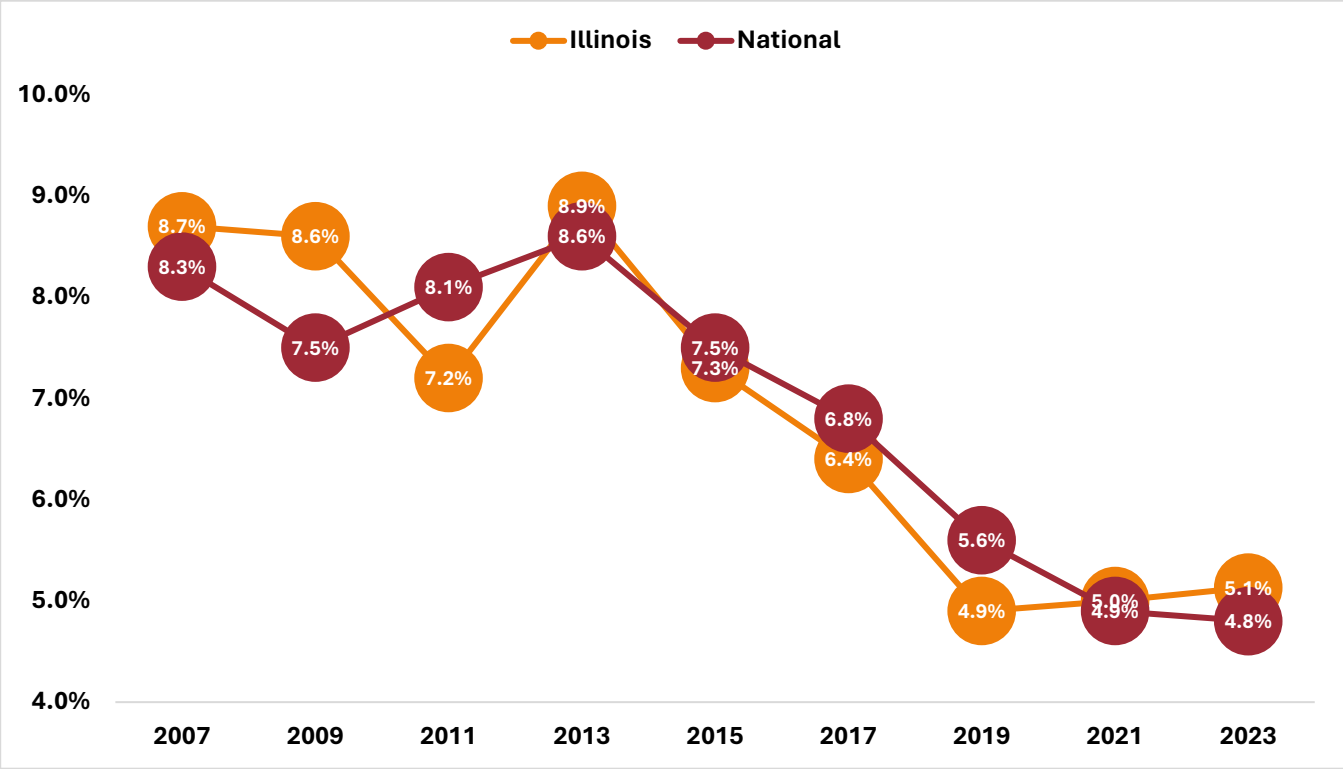
Observations and notes:

- **Substantial declines since 2013 across all grades.** In 2013, initiation was near or above 9% for all grades. By 2023, those estimates dropped sharply, especially among 9th and 10th graders (4.4% for both), a ~50% relative drop in a decade.
- **Sharpest reductions among 9th and 10th graders.** Estimates for 9th graders declined from 9.7% (2013) to 4.4% (2023). Estimates for 10th graders dropped even more dramatically, from 9.0% to 4.4%, with 2023 showing a particularly low lower-bound CI of 0.0%, likely due to small sample size or low prevalence.
- **Some recent rebound in upper grades.** Eleventh and twelfth graders showed upticks from 2021 to 2023 (e.g., eleventh grade: 4.1% to 5.3%, twelfth grade: 5.0% to 6.1%). These levels are still well below those seen in 2013–2015, but they are worth watching.
- **CIs narrowing over time (not shown).** The narrowing of CIs over time is especially notable from 2017 onward, suggesting more stable or precise estimates in recent survey waves, even as prevalence declined.

Key takeaway

Early cannabis initiation declined sharply across all grade levels beginning in 2013, especially among 9th and 10th graders. Overall trends suggest meaningful progress in prevention. Some recent measures, including National Survey Drug Use and Health initiation rates for those aged 12–17, show a small uptick in 2023. Tracking near-term changes alongside long-term trends remains important.

National and Illinois high school student trends in initiation of cannabis use before age 13, 2007–2023



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

Observations and notes:

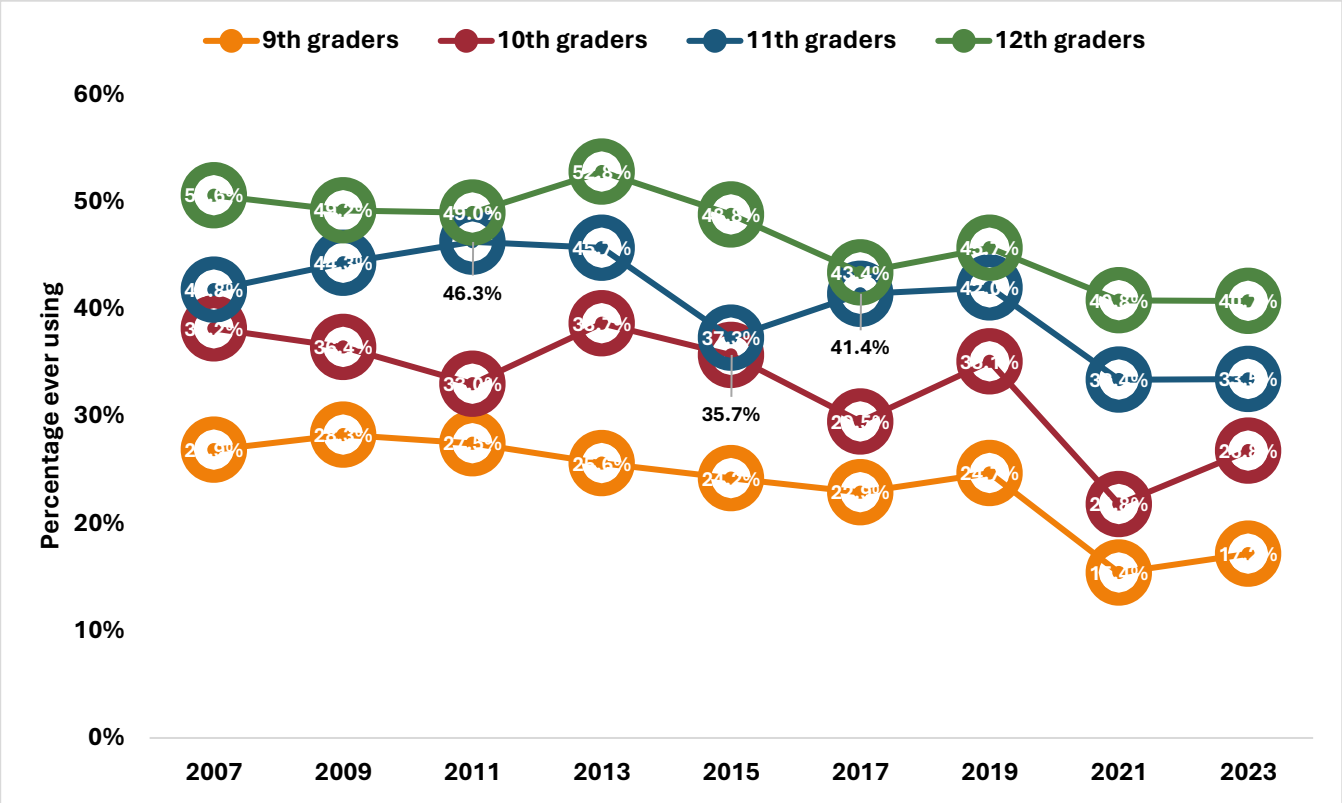
- **Public health relevance. Early initiation (before age 13) is linked to elevated risks of later cannabis use disorder and other adverse outcomes, underscoring the importance of tracking this indicator even as prevalence continues to decline.**

- **Consistent downward trend in early initiation since 2013.** After peaking in 2013 (Illinois: 8.9%, U.S.: 8.6%), rates of early initiation steadily declined through 2021–2023. Rates in Illinois dropped to 5.0% in 2021 and 5.1% in 2023; nationally, the trend was nearly identical (from 4.9% to 4.8%).
- **No statistically significant difference between Illinois and the U.S.** The 95% CIs for Illinois and national rates overlapped in all years since 2015, suggesting broadly similar patterns in early initiation (before age 13).
- **Slight rebound in Illinois in 2023, but still within the margin of error.** The uptick from 5.0% (2021) to 5.1% (2023) is trivial and well within overlapping CIs. National rates nudged down a tick. No meaningful change was observed.
- **Tighter CIs in recent years.** CI ranges in 2021 and 2023 (e.g., Illinois: 3.6%–7.4%) were narrower than earlier waves like 2013 (7.0%–11.2%), indicating more precise estimation as sample sizes improved or variability decreased.

Key takeaway

Since 2013, early cannabis initiation (before age 13) has declined steadily in both Illinois and nationally. In 2023, rates in Illinois (5.1%) and the U.S. (4.8%) were nearly identical, with overlapping CIs indicating no significant difference. Because initiating this young is linked to higher risks of later cannabis use disorder and other adverse outcomes, these declines represent important progress in protecting adolescent health.

Illinois high school student trends in lifetime (ever) cannabis use by grade, 2007–2023



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

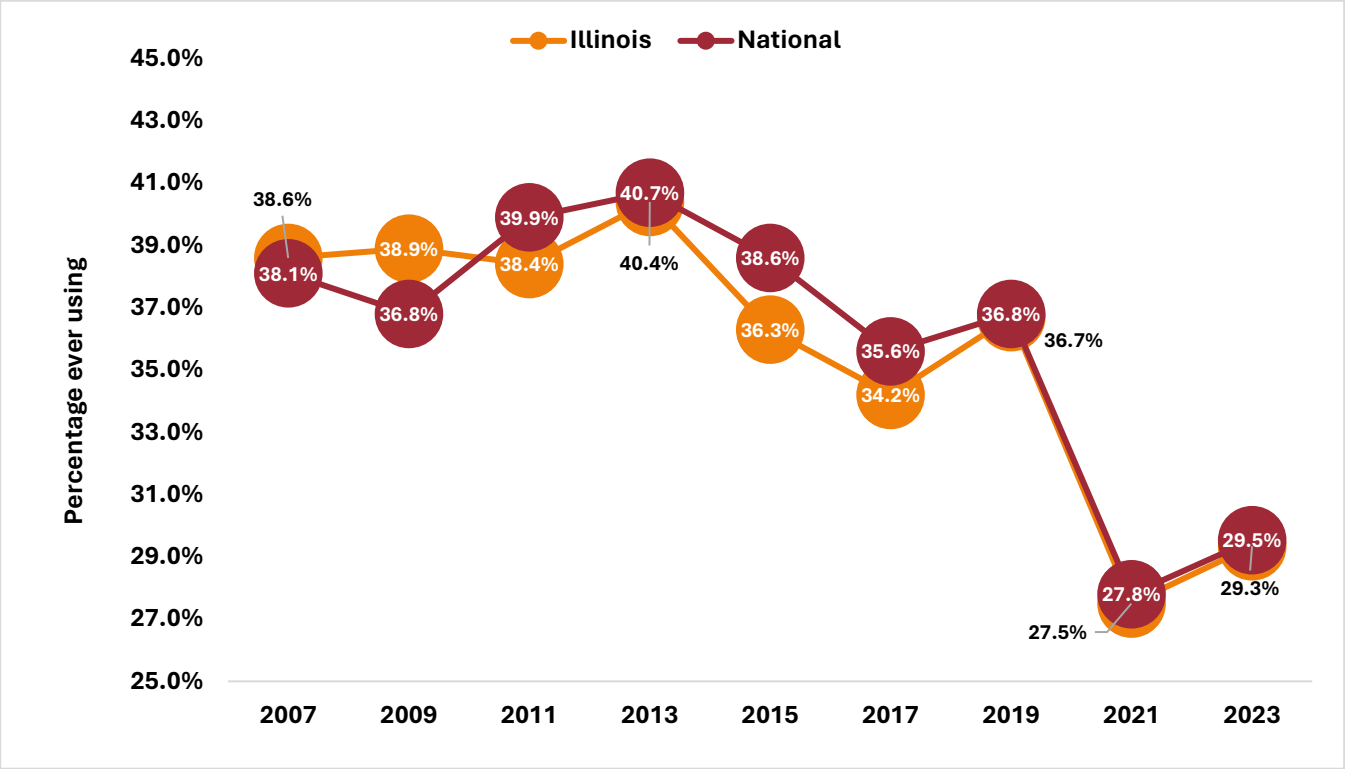
Observations and notes:

- **Downward trend in lifetime (ever) use across all grades since 2015.** Every grade shows a consistent decrease in reported lifetime cannabis use from 2015 to 2023. Ninth graders: from 24.2% to 17.2%, tenth: 35.7% to 26.8%, eleventh: 37.3% to 33.5%, twelfth: 48.8% to 40.7%.
- **Sharpest declines among 10th graders.** Use by 10th graders dropped nearly 9 percentage points from 2015 to 2023, from 35.7% to 26.8%, suggesting successful prevention during this transitional period between early and upper high school.
- **Smallest changes among 11th and 12th graders since 2021.** Use plateaued somewhat in recent years: among 11th graders, it stayed nearly flat (33.4% to 33.5%) while among 12th graders, it dipped only slightly (from 40.8% to 40.7%).
- **CIs suggest stabilization.** CI ranges remain relatively stable from 2021 to 2023, suggesting these modest changes reflect real trends rather than sampling variability.

Key takeaway

Lifetime cannabis use among Illinois high school students has declined across all grades since 2015, with the steepest drops seen in 9th and 10th graders. Use among 11th and 12th graders has plateaued more recently, suggesting delayed onset rather than total abstention.

National and Illinois high school student trends in lifetime (ever) cannabis use, 2007–2023



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

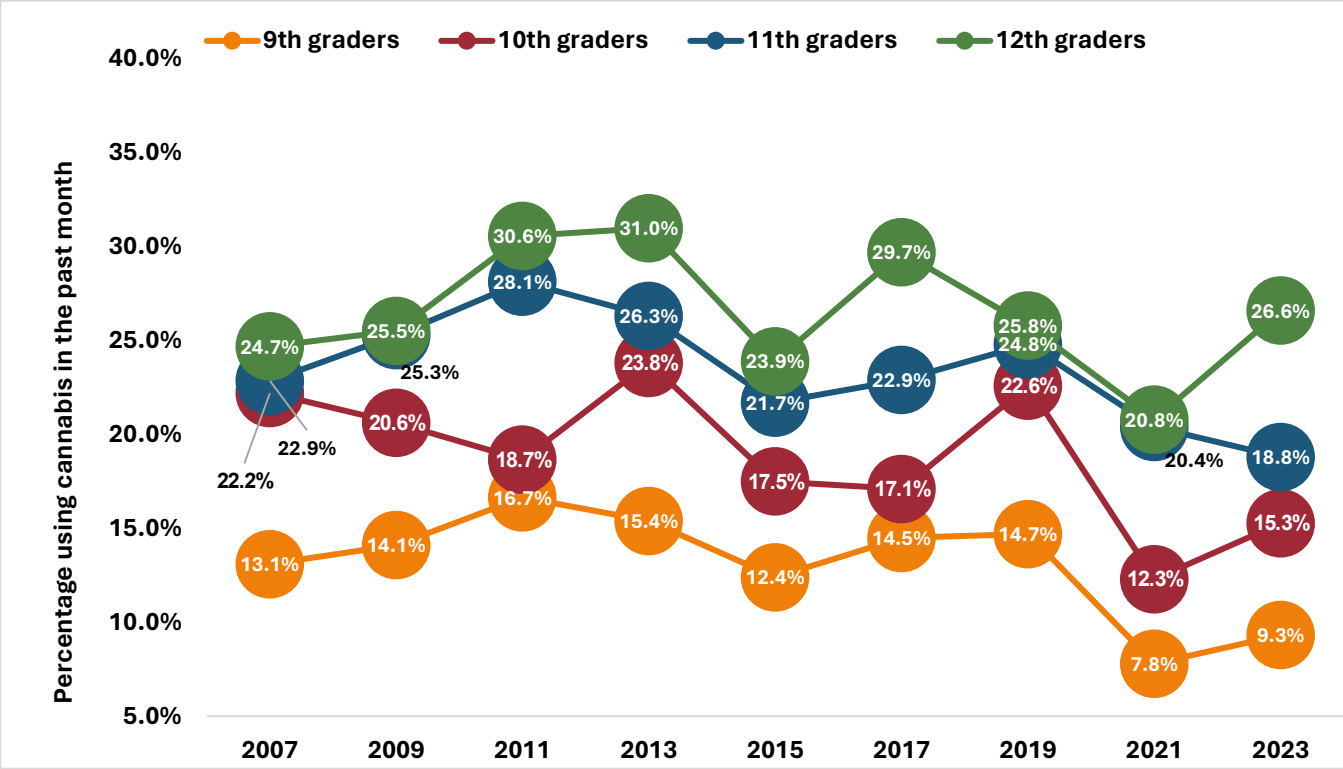
Observations and notes:

- **Illinois mirrors national trends.** From 2007 to 2023, Illinois and national rates rarely differed by more than 1 percentage point in any year.
- **Peak use in 2013, followed by decline.** Both Illinois (40.4%) and national (40.7%) rates peaked in 2013 before beginning a gradual decline through 2021.
- **Sharpest drop between 2019 and 2021.** Illinois rates fell from 36.7% to 27.5%, a 9.2-point drop, echoed nationally. Pandemic-era access disruptions or reporting artifacts may explain the decline.
- **Slight rebound in 2023.** Lifetime (ever) use ticked back up modestly in both Illinois (1.8 points) and nationally (1.7 points), but rates remained well below the 2013 high-water mark.

Key takeaway

Lifetime cannabis use among Illinois high school students closely tracks national trends. Both peaked in 2013 and declined steadily through 2021, with a modest uptick in 2023. Rates remain significantly lower than a decade ago, suggesting long-term shifts in behavior or access.

Illinois high school student trends in past-month cannabis use by grade, 2007–2023



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

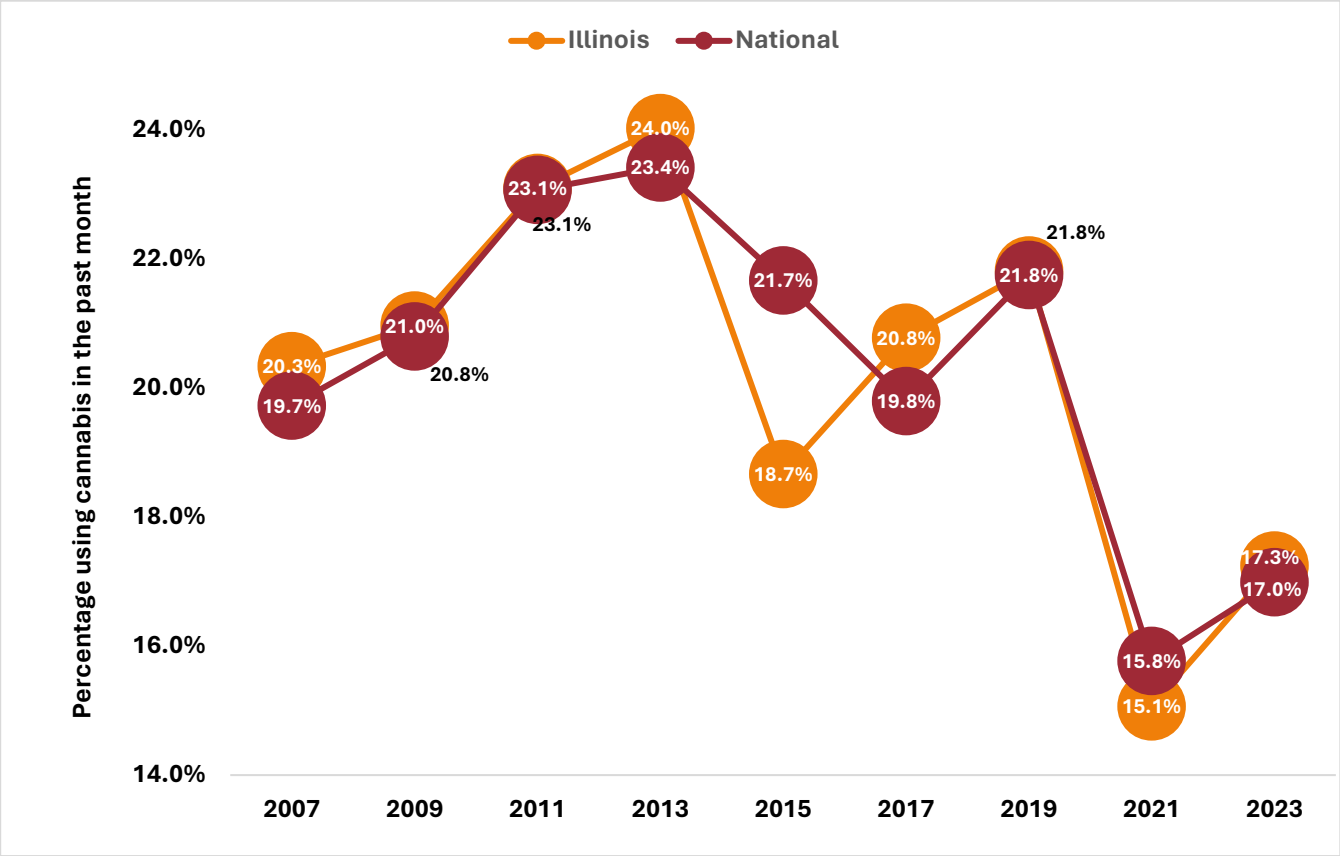
Observations and notes:

- **Sharp declines between 2019 and 2021.** Past-month cannabis use dropped steeply across all grades following legalization, particularly between 2019 and 2021. The most dramatic drop occurred among 10th graders (-10.3 points). This effect could be attributable to COVID-19 during this time.
- **Partial rebound in 2023.** Past-month use rebounded in 2023 among 9th graders (from 7.8% to 9.3%) and 10th graders (12.3% to 15.3%) and increased most sharply among 12th graders (20.8% to 26.6%). Past-month use among 11th graders continued to decline slightly.
- **Twelfth graders remain most likely users.** Twelfth graders reported the highest past-month use in 2023 (26.6%, 95% CI: 19.9%–34.6%), followed by 11th graders (18.8%), 10th graders (15.3%), and 9th graders (9.3%).
- **Use still below pre-legalization levels.** Despite these recent increases, 2023 levels remain lower than those seen in most years prior to legalization, including peaks for all grades in 2013.

Key takeaway

Levels of past-month cannabis use among Illinois youth remain lower than pre-legalization levels. After sharp declines in 2021, 2023 data show slight increases in most grades—especially among 12th graders—but rates remain below their 2011–2017 levels.

National and Illinois high school student trends in past-month cannabis use, 2007–2023



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

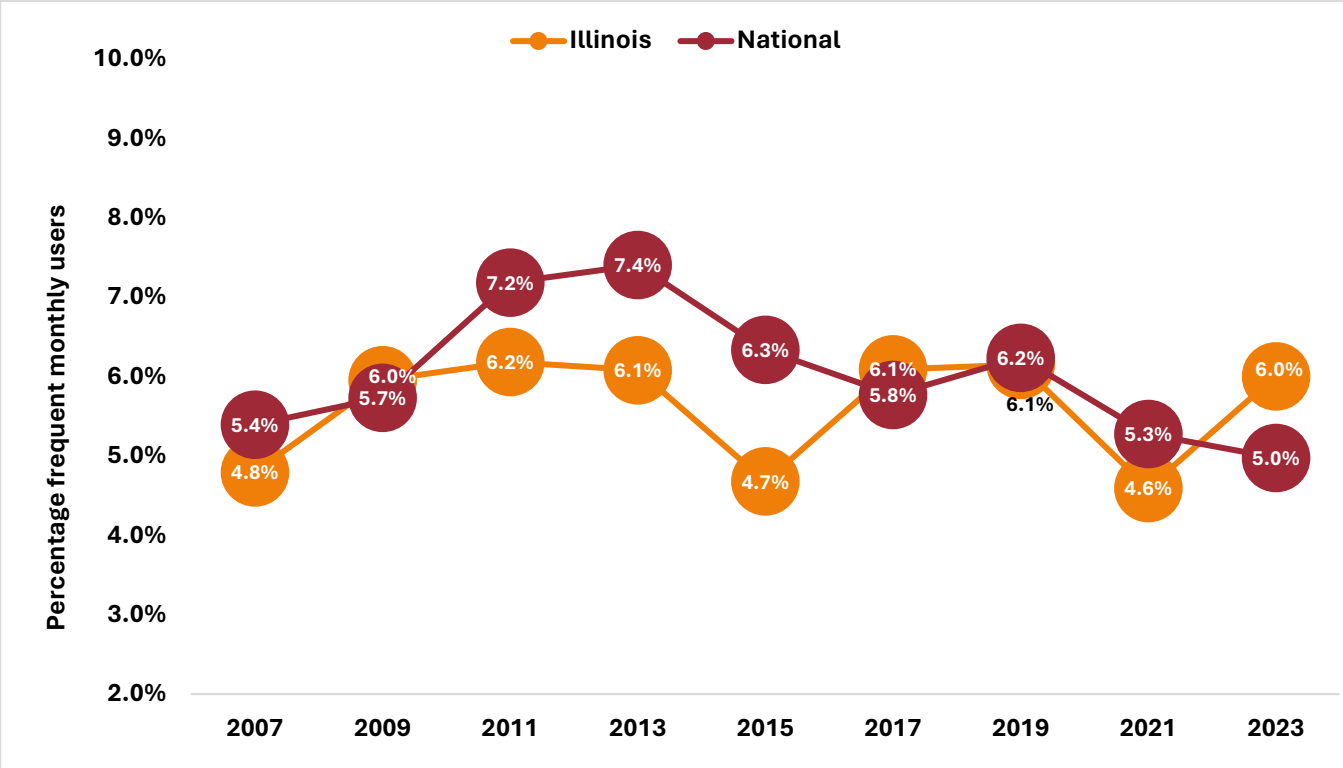
Observations and notes:

- **Illinois and national rates track closely.** From 2007 to 2023, past-month cannabis use rates among high school students in Illinois and nationally moved in near-parallel, rarely differing by more than a percentage point.
- **Peak use in 2013.** Both Illinois (24.0%) and the national average (23.4%) hit their highest recorded rates in 2013 before beginning a multiyear decline.
- **Steep declines by 2021.** Rates in Illinois fell from 21.8% to 15.1% between 2019 and 2021, while national rates dropped from 21.8% to 15.8%, a decline that may reflect pandemic-era access disruptions or shifts in social behavior.
- **Modest rebound in 2023.** Rates rose slightly in both Illinois (by 2.2 points) and nationally (by 1.2 points) from 2021 to 2023 but remained well below their pre-legalization peaks.

Key takeaway

Past-month cannabis use among Illinois high school students mirrored national trends from 2007 to 2023, with both peaking in 2013, declining steadily through 2021, and ticking up slightly in 2023. Rates remain well below pre-legalization levels.

National and Illinois high school student trends in frequent (more than 20 times) past-month cannabis use, 2007–2023



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

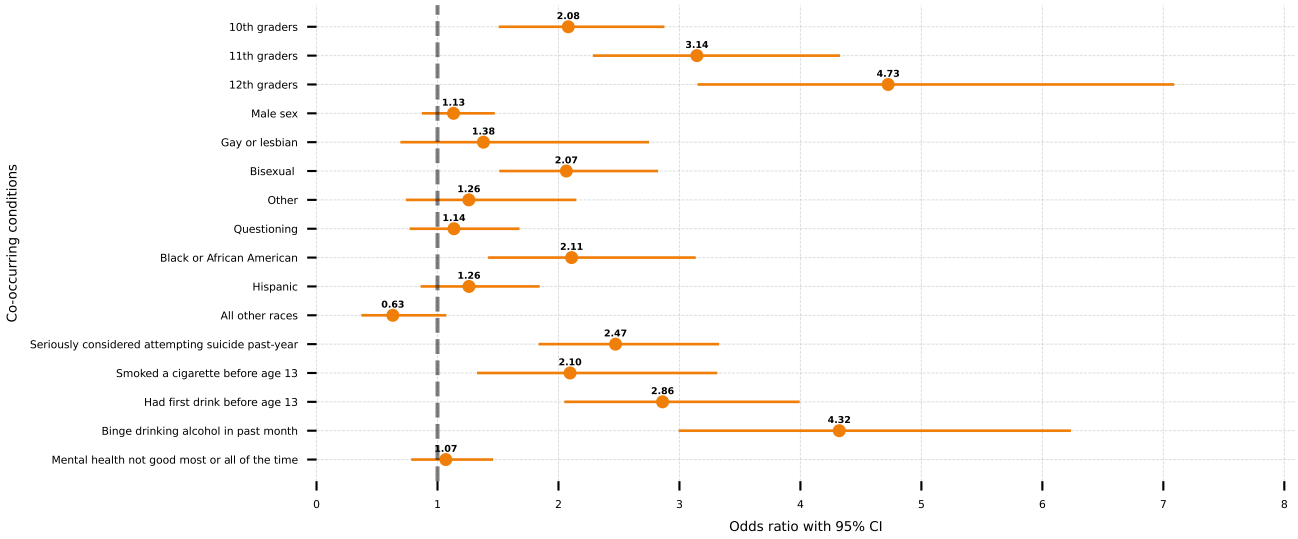
Observations and notes:

- **National rates surpassed Illinois rates in the early 2010s.** Between 2011 and 2015, national frequent cannabis use was more prevalent than in Illinois, peaking at 7.4% in 2013 compared to Illinois's 6.1%.
- **Rates converged by 2019.** By 2019, both Illinois and national rates stabilized around 6.1%–6.2%, showing similar levels of frequent use in the years immediately prior to legalization in Illinois.
- **The lowest levels occurred in 2021.** Frequent use fell in Illinois and nationally in 2021, likely reflecting pandemic-era disruptions. Prevalence in Illinois dipped to 4.6% and nationally to 5.3%.
- **Positions reversed in 2023.** Illinois students reported a higher estimated prevalence of daily cannabis use (6.0%) than the national average (5.0%), but with overlapping CIs, the difference is not statistically significant.

Key takeaway

National daily cannabis use outpaced Illinois through most of the 2010s, but that trend reversed in 2023. While Illinois reported a higher estimated rate, the difference was not statistically significant.

Any past-month cannabis use



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

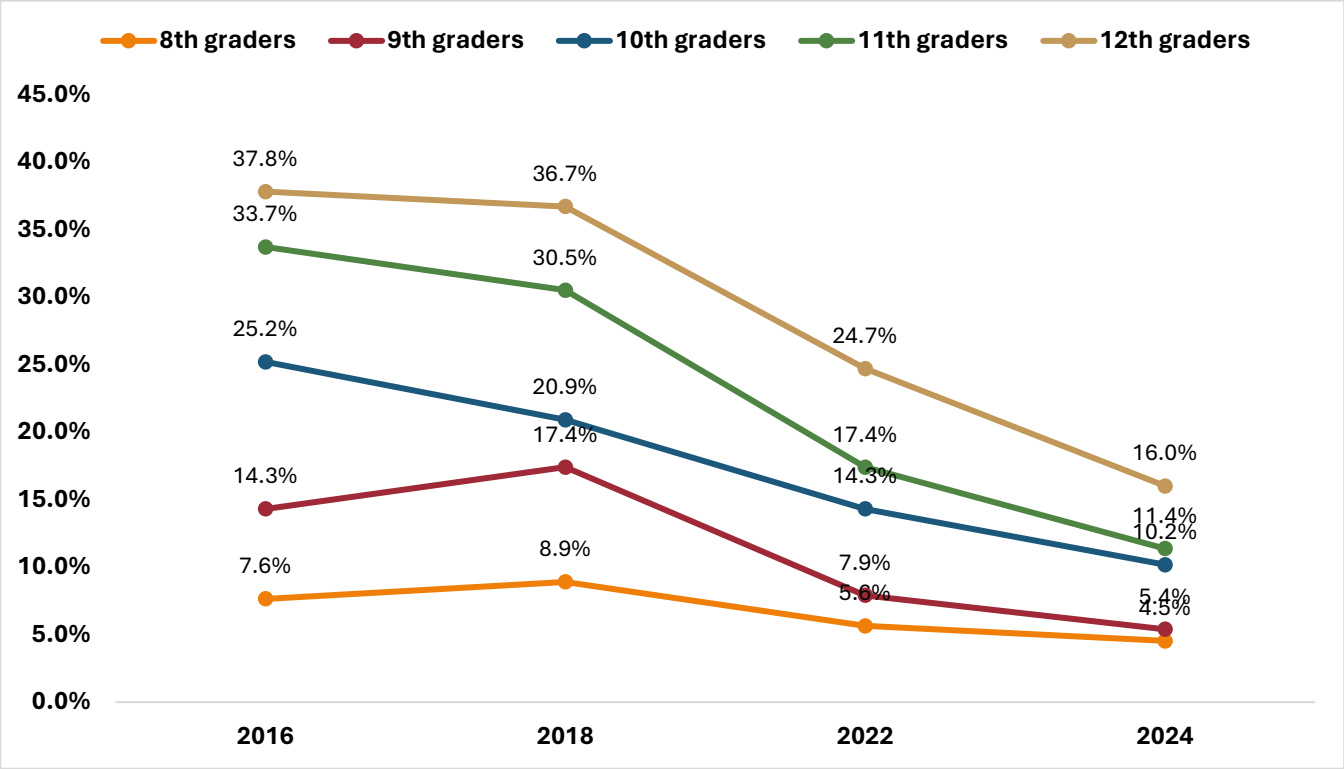
Observations and notes:

- **Grade level strongly predicted past-month cannabis use.** Compared to 9th graders, the odds of past-month cannabis use increased sharply with grade: 2.1 times for 10th, 3.1 times for 11th, and 4.7 times for 12th grade students—all statistically significant.
- **Sex was not a significant predictor.** Male students had slightly higher odds (OR = 1.13), but the difference was not statistically significant (CI: 0.87–1.47).
- **Bisexual students had elevated odds.** Compared to heterosexual youth, bisexual students had more than twice the odds of past-month cannabis use (OR = 2.07, CI: 1.51–2.82). Elevated odds were also observed among students identifying with other sexual minority groups, although these associations were not statistically significant.
- **Black or African American students reported higher rates.** Black or African American students had significantly higher odds of cannabis use (OR = 2.11) compared to White students. Hispanic students and students in the "all other race" category did not differ significantly.
- **Mental health and suicidal ideation were seen with past-month use.** Students who had seriously considered suicide in the past year were over twice as likely to report past-month cannabis use (OR = 2.47). Reporting poor mental health most or all of the time was not a significant predictor.
- **Early substance use behaviors were strong predictors.** Students who smoked a cigarette before age 13 had 2.1 times the odds of cannabis use; those who drank alcohol before age 13 had 2.9 times the odds—both statistically significant.
- **Binge drinking was the strongest predictor.** Students who engaged in binge drinking in the past month were over four times more likely to report cannabis use (OR = 4.32, CI: 2.99–6.24), the highest odds ratio in the model.

Key takeaway

Among students, older age and co-occurring risk behaviors drive cannabis use. Past-month cannabis use was significantly more likely among older students and among those who reported binge drinking, early substance use, or serious suicidal thoughts. Bisexual and Black or African American students also had elevated odds, highlighting overlapping risk factors tied to both identity and behavior.

Percentage of Illinois high school students indicating cannabis would be “very easy” to get by grade, 2016–2024



Source: Illinois Youth Survey Frequency Reports, State of Illinois. Available at: https://iys.cprd.illinois.edu/results/state

Observations and notes: From 2016 to 2024, the percentage of Illinois youth who said it would be “very easy” to get cannabis declined substantially across all grade levels.

Among 12th graders, the percentage dropped from 37.8% in 2016 to just 16.0% in 2024, a reduction of more than 50%.

Similar declines were seen among 11th graders (33.7% to 11.4%) and 10th graders (25.2% to 10.2%).

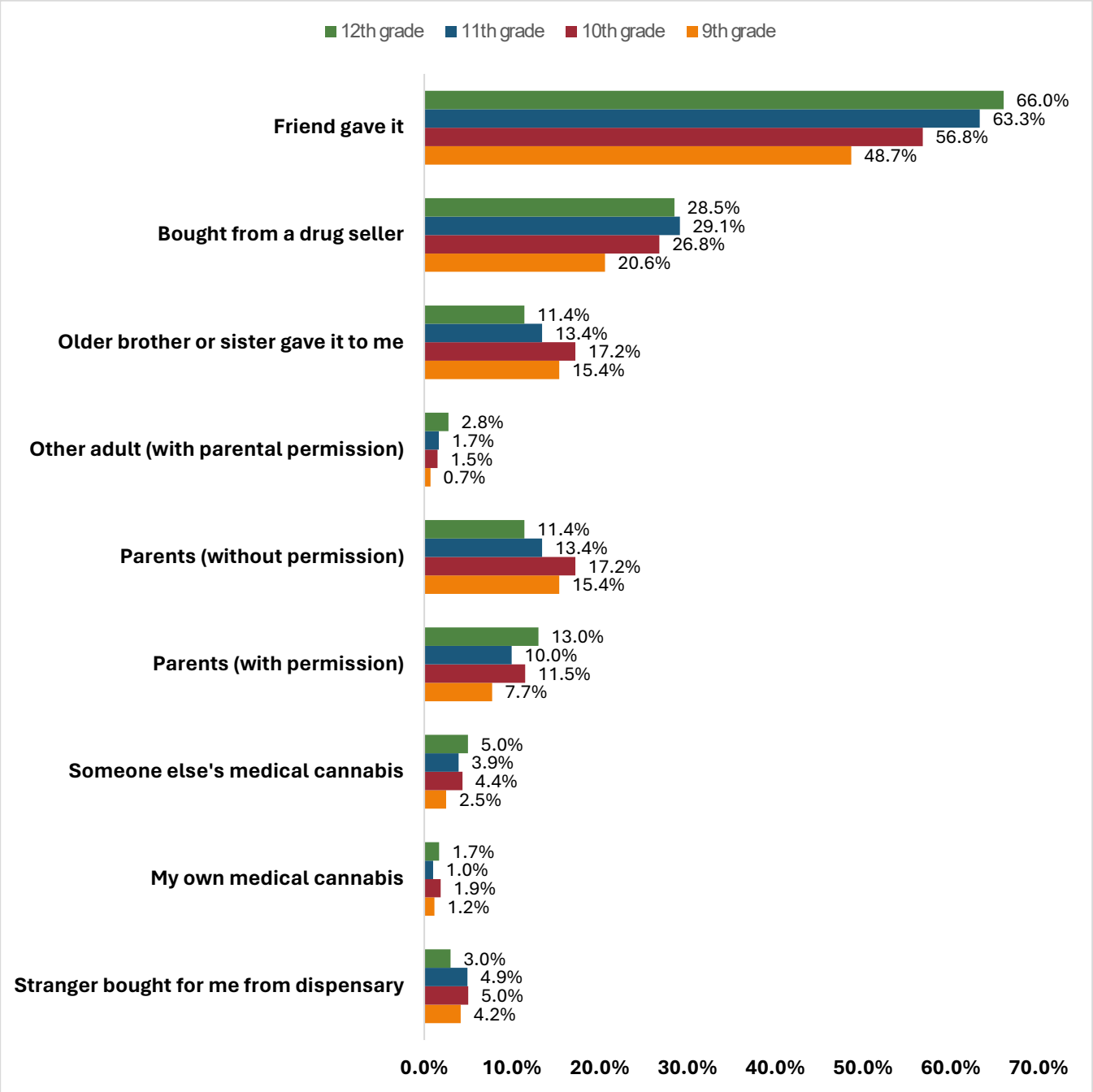
Sharp declines occurred even among younger students: among 9th graders, from 14.3% to 5.4%, and among 8th graders, from 7.6% to 4.5%.

These trends run counter to concerns that cannabis legalization would make the drug more accessible to youth.

Key takeaway

Despite the expansion of Illinois’s legal cannabis market, youth are significantly less likely to report that cannabis is “very easy” to obtain. These declines across all grade levels suggest that regulated sales may be effectively displacing the illicit market and reducing underage access—a central aim of legalization.

Illinois high school student supply sources among cannabis users by grade, 2024



Source: Center for Prevention Research and Development. (2024). Illinois Youth Survey 2024. Champaign, IL: CPRD, School of Social Work, University of Illinois.

Illinois high school student supply sources among cannabis users by grade: 2024

Observations and notes: The most common source of cannabis across all grades was a friend, with this pattern strengthening steadily from 49% in 9th grade to 66% in 12th.

Purchases from drug sellers also increased with age, peaking in 11th grade at 29.1% while remaining lower than purchases from peer-based sources.

Access through legal dispensaries was rare, with fewer than 5% across all grades reporting purchases via strangers or medical access, suggesting that the Cannabis Control Act continues to limit direct youth access through the formal market.

Parental and sibling sources remain notable, particularly in 10th grade. Nearly one in five 10th graders reported use via parents or older siblings, often without permission.

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

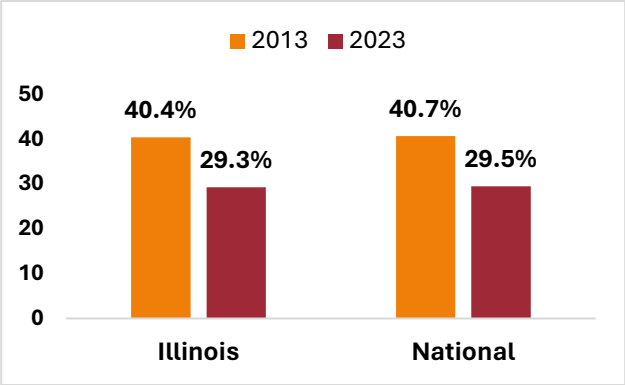
Key takeaway

Most youth who use cannabis obtain it through peers, with the incidence increasing steadily by grade level. Parental and sibling sources also play a meaningful role, especially in earlier high school years. Youth rarely access cannabis directly from dispensaries. Retail controls are working, but prevention efforts must address the informal social supply chain.

Did Illinois and U.S. youth cannabis use rise or fall after legalization?

Illinois and U.S. high school data show cannabis use falling over the past decade despite widespread legalization of adult-use cannabis in the country and the history of cannabis in Illinois.

Peak lifetime use, 2013 vs. 2023



Lifetime use by high schoolers in Illinois and in the U.S. peaked around 2013 (Illinois 40.4%; U.S. 40.7%) and fell to around 29% by 2023 (Illinois 29.3%; U.S. 29.5%). Early initiation (before age 13) also dropped sharply.

What may explain the decline?

Licensed dispensaries have strict ID requirements.

Peer sources and street sources may have lost ground to regulated markets.

Campaigns like Let's Talk Cannabis and Responsible Use may have been effective.

Normalization may reduce the appeal for those who may experiment as a form of defiance.

Legalization has increased media coverage of cannabis and adult education on the topic and thereby increased vigilance. This may keep youth from accessing cannabis or from accepting it.

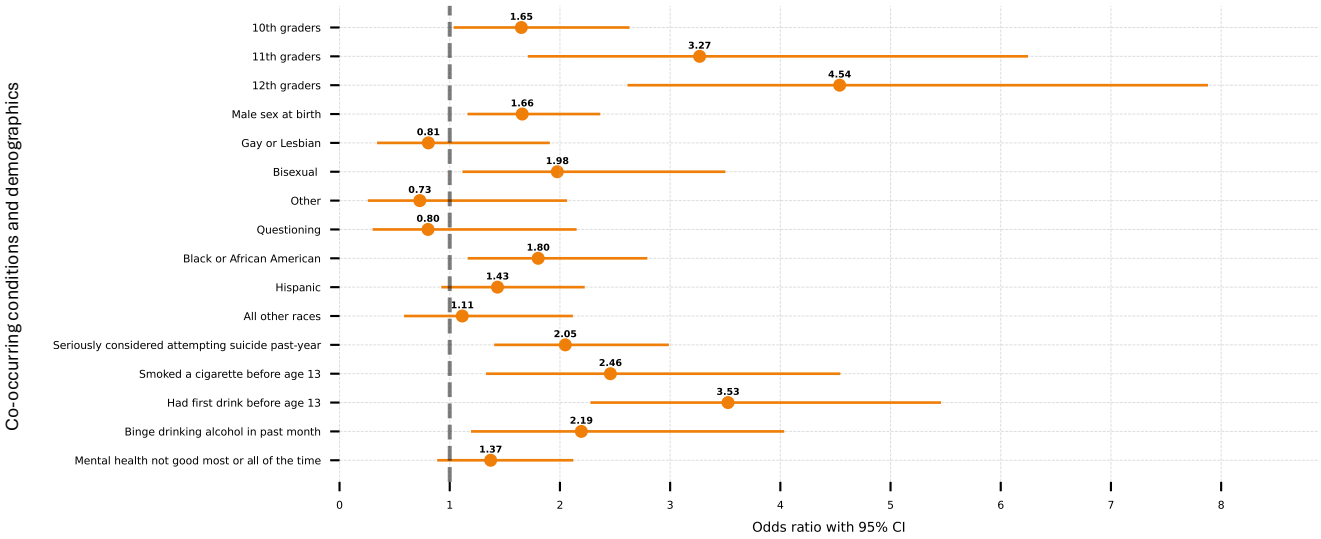
What the research shows

- Anderson et al. (2019). No increase in youth cannabis use after recreational legalization (Youth Risk Behavior Surveillance System-based analysis)
- Smart, Pacula (2019). Some early-legalizing states saw declines in use by youth.
- Subbaraman, Kerr (2020). This systematic review found that most studies show no increase in use post-legalization.

References

1. Anderson D. M., Hansen B., Rees D. I. Medical marijuana laws and teen marijuana use. *J Health Econ*. 42 (2015): 64–80.
2. Smart R. & Pacula R. L. Early evidence of the impact of cannabis legalization on cannabis use, cannabis use disorder, and the use of other substances: a systematic review. *Am J Drug Alcohol Abuse*. 45, 6 (2019): 644–663.
3. Subbaraman M. S. & Kerr W. C. Support for cannabis legalization: lessons from the United States. *Int J Drug Policy*. 75 (2020): 102681.

Frequent past-month cannabis use



Source: Youth Risk Behavior Surveillance System National and Combined High School Data Sets, available at https://www.cdc.gov/yrbs/data/index.html

Observations and notes:

- **Frequent use increased sharply with grade.** Compared to 9th graders, odds of frequent use were 1.6 times greater for 10th graders, 3.3 times greater for 11th graders, and 4.5 times greater for 12th graders—all statistically significant.
- **Male students were more likely to report frequent use.** Male students had significantly higher odds of frequent use than female students (OR = 1.66, CI: 1.16–2.37).
- **Bisexual students again showed elevated odds.** Bisexual students had nearly twice the odds of frequent cannabis use (OR = 1.98, CI: 1.12–3.50). Other groups based on sexual orientation did not differ significantly.
- **Black students reported more frequent use.** Black or African American students had significantly higher odds of frequent use (OR = 1.80) compared to White students. Hispanic and "All Other" racial groups were not significant.
- **Suicidal ideation was strongly associated.** Students who seriously considered suicide in the past year had twice the odds of frequent use (OR = 2.05, CI: 1.40–2.99).
- **Early use of tobacco and alcohol predicted frequent cannabis use.** Students who smoked before age 13 had 2.5 times the odds of frequent cannabis use; those who drank before age 13 had 3.5 times the odds of frequent cannabis use—both significant.
- **Binge drinking doubled the odds of frequent use.** Students who binge drank in the past month had over twice the odds of frequent cannabis use (OR = 2.19, CI: 1.19–4.04).
- **Poor mental health not a significant predictor.** Self-report of poor mental health most or all of the time was not statistically significant.

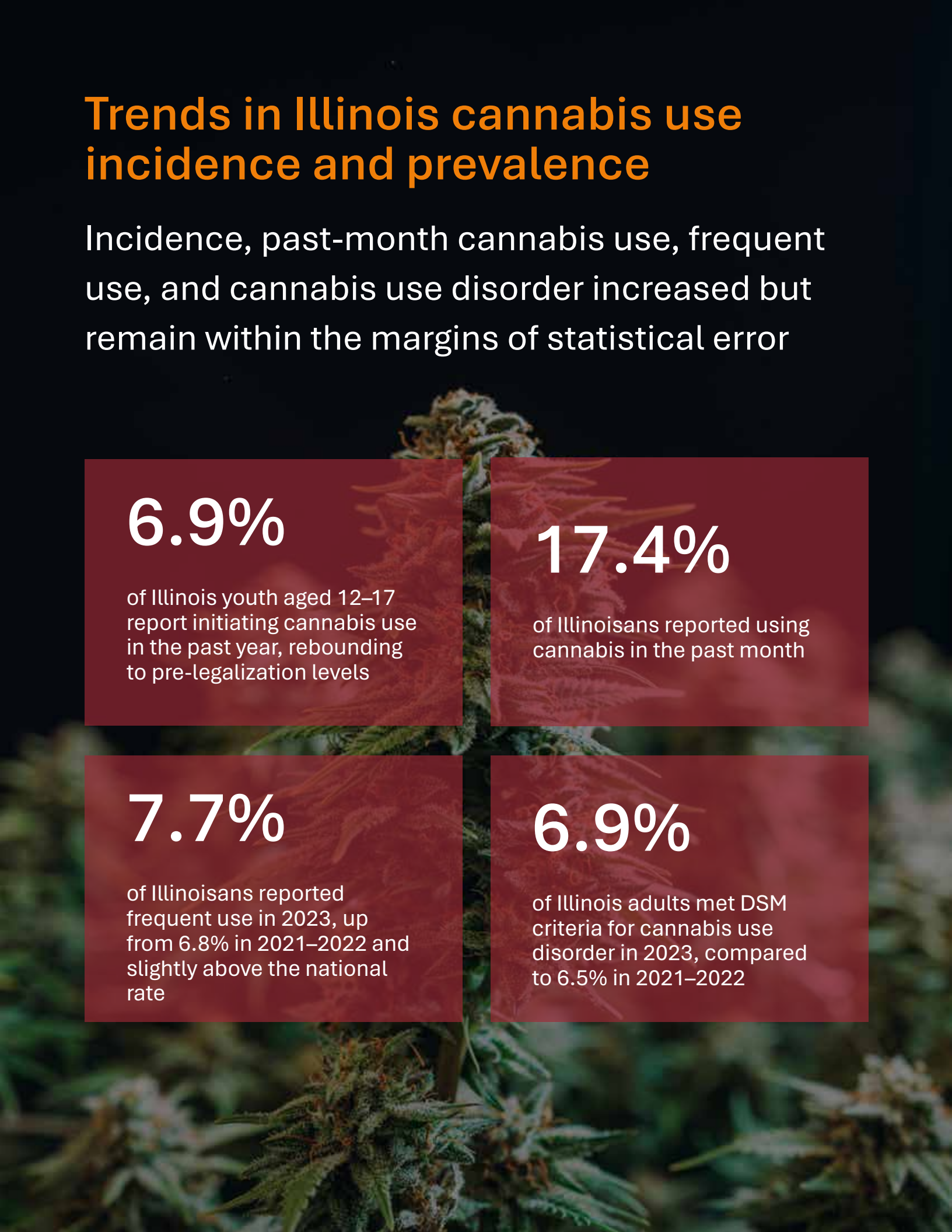
Key takeaway

Older grade level, male sex, suicidal ideation, early substance use, and binge drinking were all significantly associated with frequent cannabis use. Bisexual and Black or African American students also showed elevated odds, reinforcing the importance of addressing identity-linked and behavioral risk factors in prevention efforts.

Trends in Illinois cannabis use incidence and prevalence

Trends in Illinois cannabis use incidence and prevalence

Incidence, past-month cannabis use, frequent use, and cannabis use disorder increased but remain within the margins of statistical error



6.9%

of Illinois youth aged 12–17 report initiating cannabis use in the past year, rebounding to pre-legalization levels

17.4%

of Illinoisans reported using cannabis in the past month

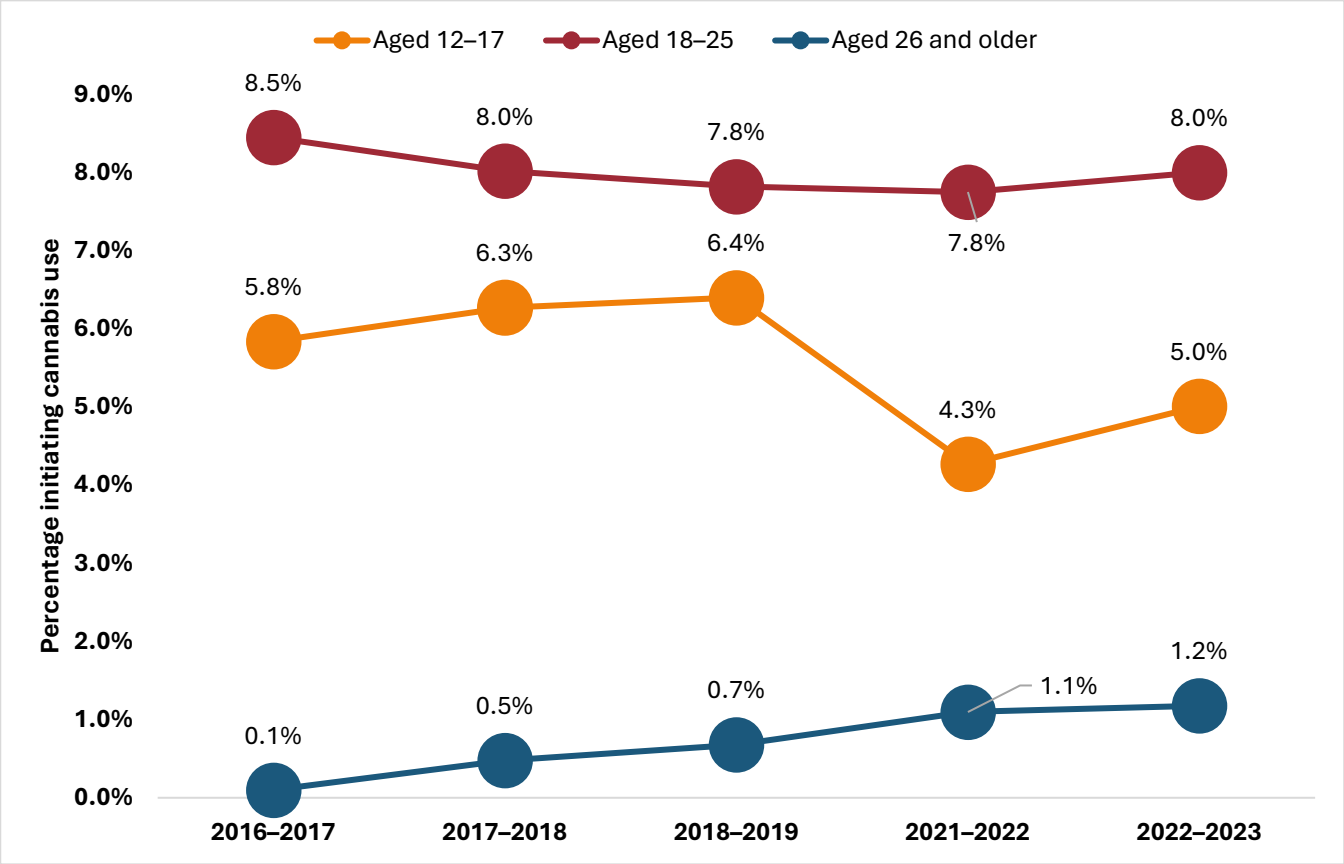
7.7%

of Illinoisans reported frequent use in 2023, up from 6.8% in 2021–2022 and slightly above the national rate

6.9%

of Illinois adults met DSM criteria for cannabis use disorder in 2023, compared to 6.5% in 2021–2022

Past-year cannabis use initiation by age group, Illinois, 2016–2023



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

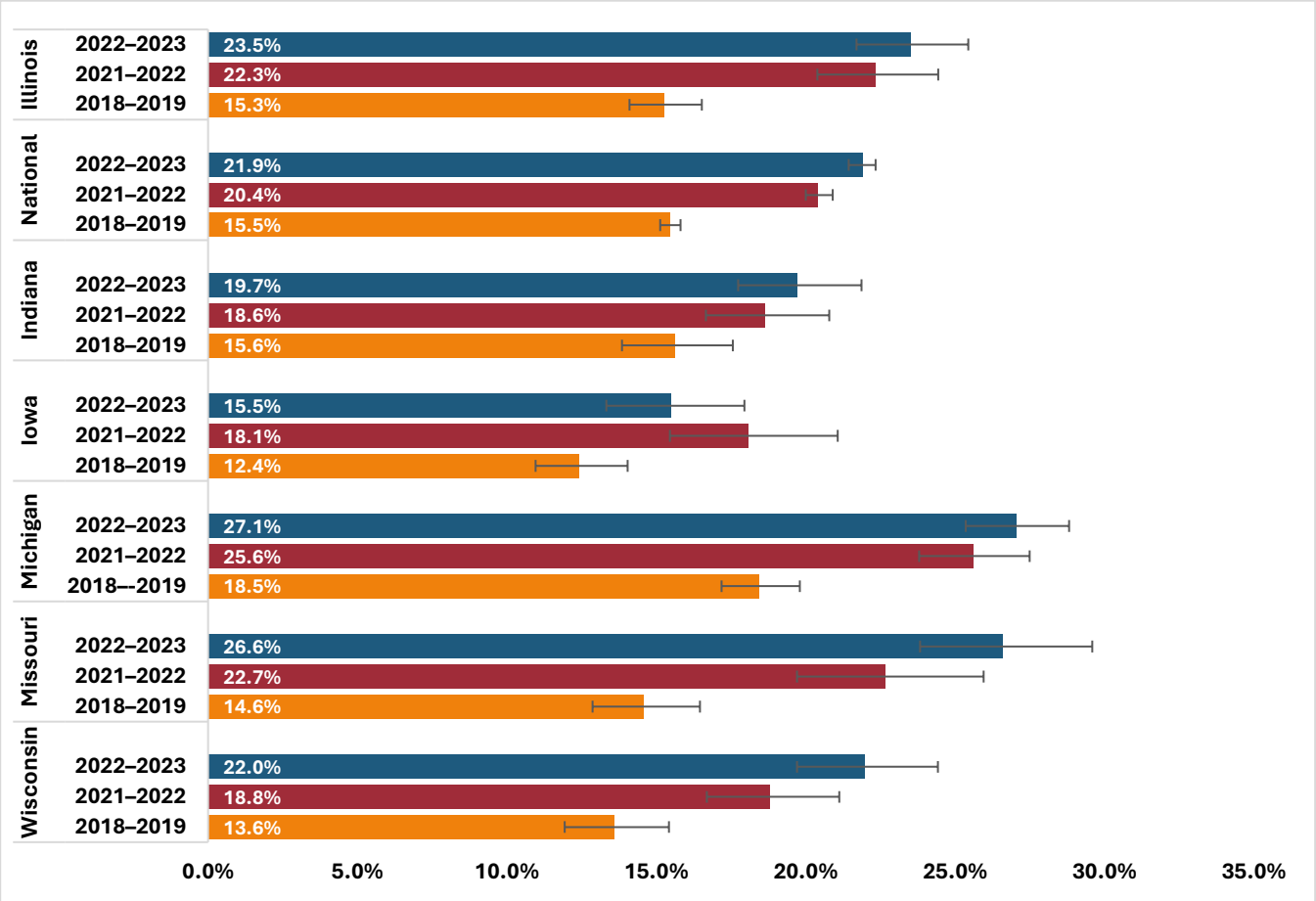
Observations and notes: Adolescents (aged 12–17): Initiation in this group rose from 4.3% (3.5–5.2) in 2021–2022 to 5.0% (4.1–6.1) in 2022–2023, approaching the range of 5.8%–6.4% observed from 2016 to 2019. Young adults (aged 18–25): Initiation in this group remained stable at ~8% in 2021–2023, consistent with the 7.8%–8.5% range recorded from 2016 to 2019.

Older adults (aged 26+): Initiation in this group remained low at 1.2%, continuing the gradual rise from 0.1%–0.7% during 2016–2019 and 1.1% in 2021–2022.

Key takeaway

Initiation in Illinois among teens rose in 2022–2023 to levels seen in 2016–2019, remained stable for young adults at historical levels, and stayed low for older adults.

Any past-year cannabis use by those aged 12 or older by neighboring Midwest state and nationally, 2018–2023



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

Observations and notes: Illinois prevalence of past-year cannabis use increased from 22.3% (20.4–24.4) in 2021–2022 to 23.5% (21.7–25.4) in 2022–2023, remaining above the national average of 21.9% (21.4–22.3).

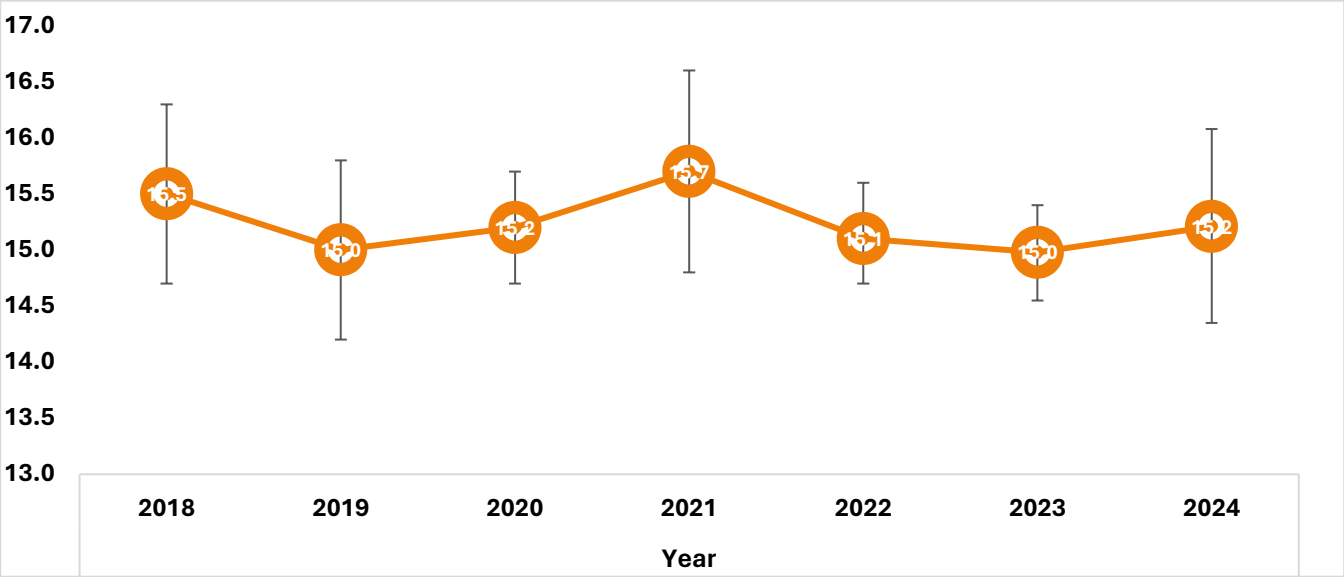
Illinois ranks mid-to-high among neighboring states in past-year cannabis use—above Iowa (15.5%) and Indiana (19.7%), close to Wisconsin (22.0%), and below Michigan (27.1%).

Illinois's upward trend in past-year use since 2018–2019 has closely tracked the national pattern.

Key takeaway

Past-year cannabis use in Illinois increased in 2022–2023 to 23.5%, remaining above the national average and toward the higher end among neighboring states, with trends since 2018–2019 paralleling national increases.

Mean age of cannabis use initiation among those aged 16 to 18, 2018–2024



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: No sign of earlier initiation of cannabis use was seen since our last report. Since 2018, for those aged 16–18, cannabis initiation has been between the ages of 15.0 and 15.7 years.

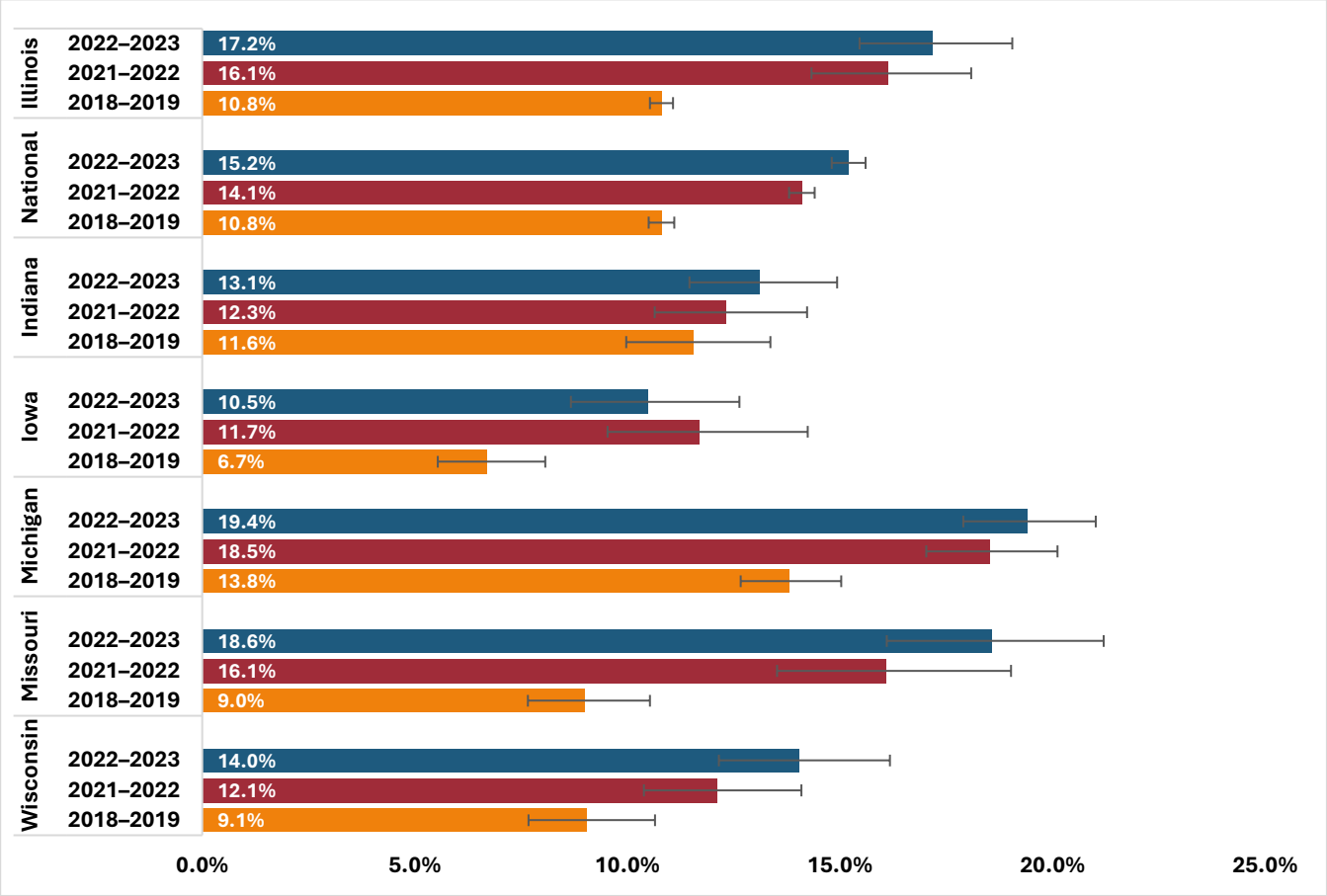
Some year-to-year movement is seen (for example, the age of initiation increased briefly, to 15.7 years, in 2021), but age of initiation has remained in the same range. CIs overlap across all years. The changes seen are small enough that they could be due to normal survey variation rather than real shifts in cannabis initiation.

This indicator is in relation to timing of initiation among ever-users in the International Cannabis Policy Study aged 16–18.

Key takeaway

Youth are not starting earlier. From 2018–2024, the mean age of first use for those aged 16–18 was flat with overlapping 95% CIs and no significant trend.

Any past-month cannabis use by those aged 12 or older by Midwest state and nationally, 2018–2023



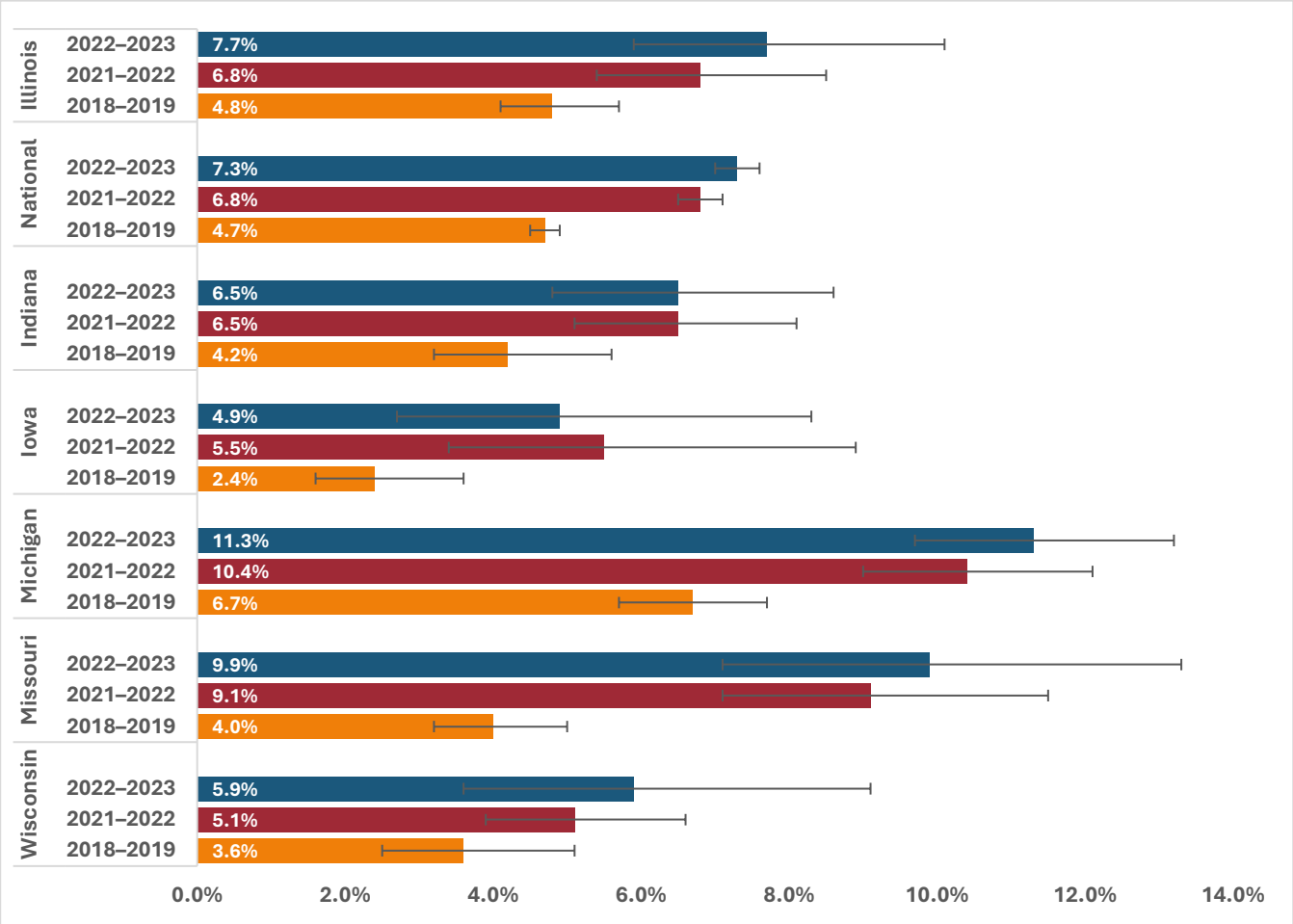
Source: National Survey on Drug Use and Health Restricted Access Data Online – https://datatools.samhsa.gov/

Observations and notes: Past-month cannabis use in Illinois continued to rise, increasing from 15.9% in 2021–2022 to 17.4% in 2023. This places Illinois above the national average (15.4%) and above several neighboring states, but lower than Missouri (22.4%) and Michigan (20.8%). The ongoing increase aligns with trends observed in other states with legalized adult use. These patterns underscore the importance of public education on safe and responsible use, as well as prevention strategies targeting youth and high-risk populations.

Key takeaway

In 2023, 17.4% of Illinoisans reported past-month cannabis use—above the national average and up from 15.9% in 2021–2022. While growth is expected in a legal market, the trend highlights the need for continued public health messaging and prevention.

Frequent (more than 20 days) past-month cannabis use by those aged 12 or older by Midwest state, 2018–2023



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

Observations and notes: Frequent cannabis use has risen steadily in Illinois and nationally.

In Illinois, rates increased from 4.8% in 2018–2019 to 7.7% in 2022–2023, slightly above the national average (7.3%). Regionally, Michigan (11.3%) and Missouri (9.9%) show the highest prevalence,

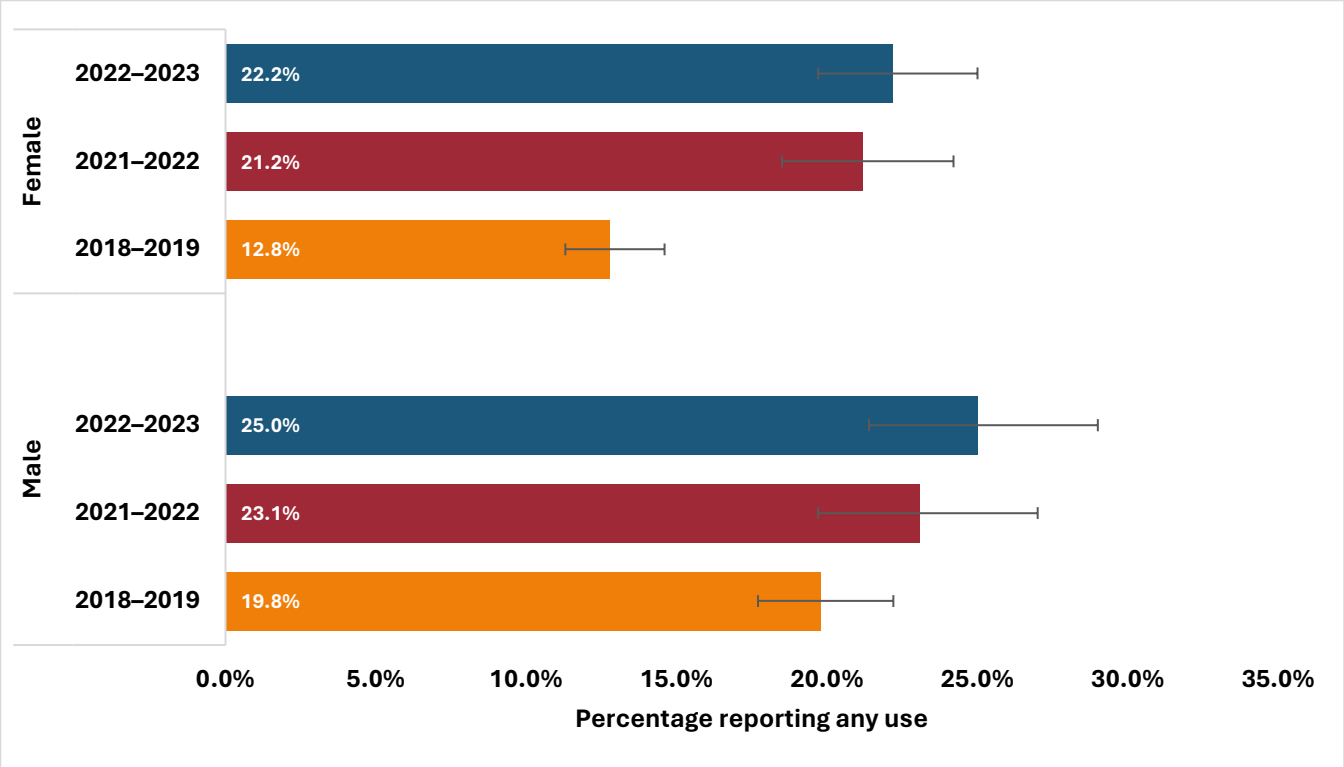
These state differences suggest that cannabis policies, market maturity, and cultural norms shape use patterns. Although not always problematic, frequent use elevates risks for dependence and health harms, reinforcing the need for prevention, treatment, and harm reduction supports.

Key takeaway

In 2022–2023, 7.7% of Illinois adults used cannabis on 20+ days in the past month, slightly above the national rate (7.3%). Illinois ranks higher than Wisconsin, Iowa, and Indiana but lower than Michigan and Missouri, highlighting regional differences and the need for prevention and treatment access.

Prevalence trends for special populations

Any past-year cannabis use by sex, 2018–2023



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

Observations and notes: Cannabis use among men rose steadily, reaching 25.0% in 2022–2023.

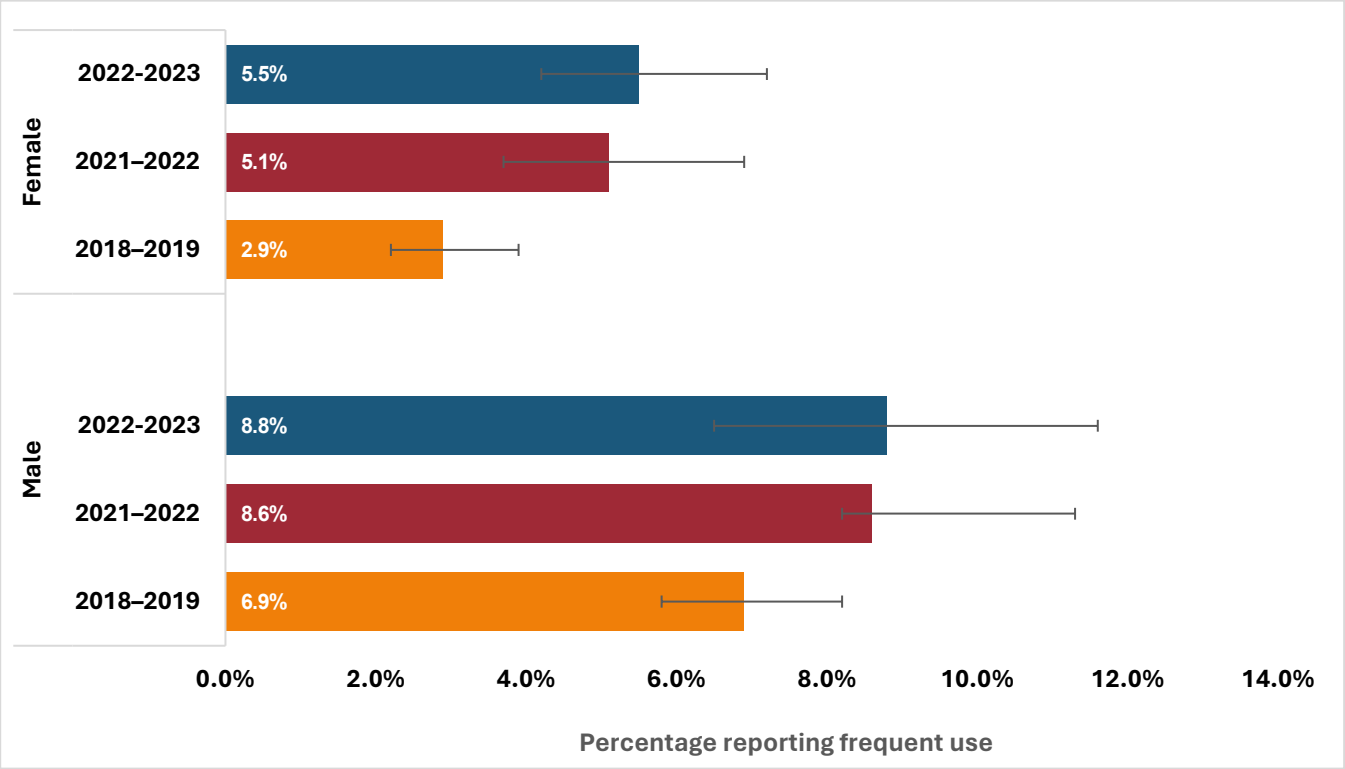
Female use jumped sharply after legalization (12.8% to 21.2%) and edged up further to 22.2% in 2022–2023. CIs widened for both groups, suggesting greater variability.

The gender gap, once 7 points in 2018–2019, has narrowed to under 3 points and is now statistically non-significant.

Key takeaway

Past-year cannabis use continues to rise for both genders, with women showing the steepest long-term gains. The gender gap has essentially closed, with women's use now nearly equal to men's.

Frequent (more than 20 days) past-month cannabis use by sex, 2018–2023



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

Observations and notes: Frequent cannabis use among men rose from 6.9% in 2018–2019 to 8.8% in 2022–2023, a relative increase of nearly 30%.

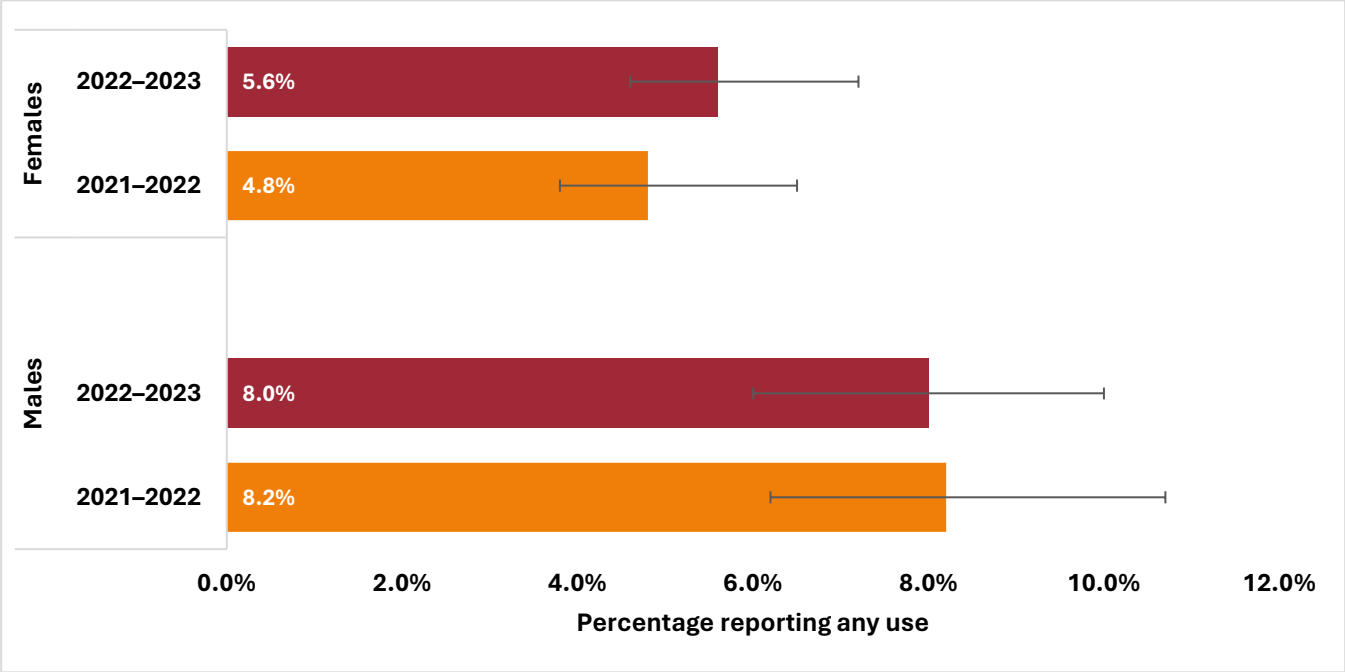
Among women, frequent use climbed from 2.9% to 5.5% over the same period—an 89% increase.

Men still report higher levels of frequent use, but the gender gap narrowed from 4.0 percentage points in 2018–2019 to 3.3 points in 2022–2023.

Key takeaway

Frequent cannabis use is rising for both genders, with women showing sharper proportional increases. Although men remain more likely to use frequently, the gender gap continues to shrink.

Past-year cannabis use disorder by sex at birth, 2018–2023



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

Observations and notes: Cannabis use disorder (CUD) prevalence remains higher among men, but the gender gap narrowed between 2021–2022 and 2022–2023.

Rates among males dipped slightly from 8.2% to 8.0%, while rates among females rose from 4.8% to 5.6%.

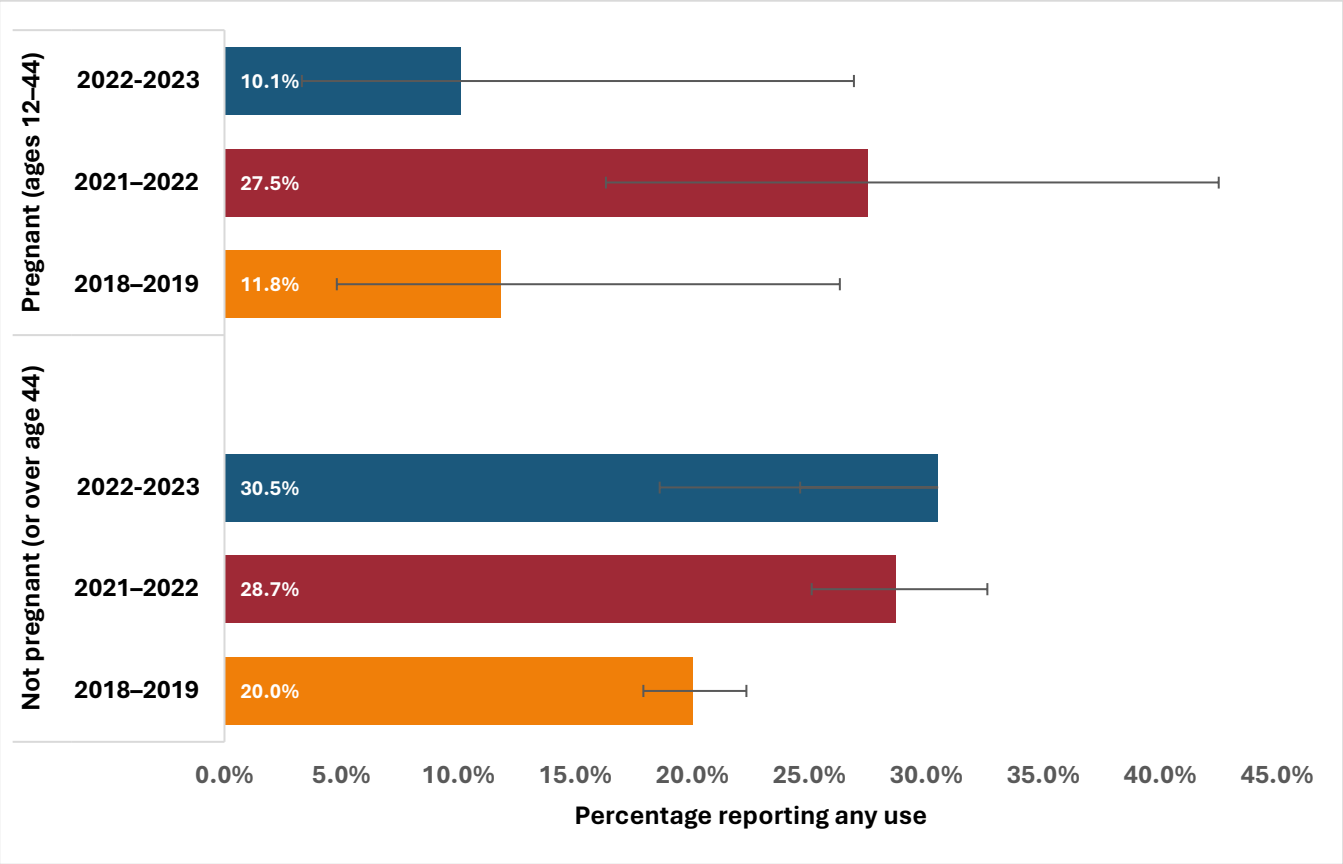
The increase among women reflects a gradual convergence, although men continue to report higher CUD overall.

Note: Estimates before 2021–2022 are not comparable due to the transition from DSM-IV to DSM-5 criteria. Note that in 2018–2019, CUD was assessed using DSM-IV criteria and thereafter using DSM-5 diagnostic criteria. Thus, the estimated CUD prevalence in 2018–2019 is not comparable to 2021–2022 or 2023 estimated prevalences.

Key takeaway

CUD prevalence is stabilizing among men but rising among women, narrowing the gender gap. These patterns underscore growing concerns around cannabis-related problems in women and the importance of monitoring gender-specific trends.

Any past-year cannabis use by pregnancy status, 2018–2023



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

Observations and notes: Among non-pregnant women aged 12–44, past-year cannabis use rose steadily from 20.0% in 2018–2019 to 30.5%

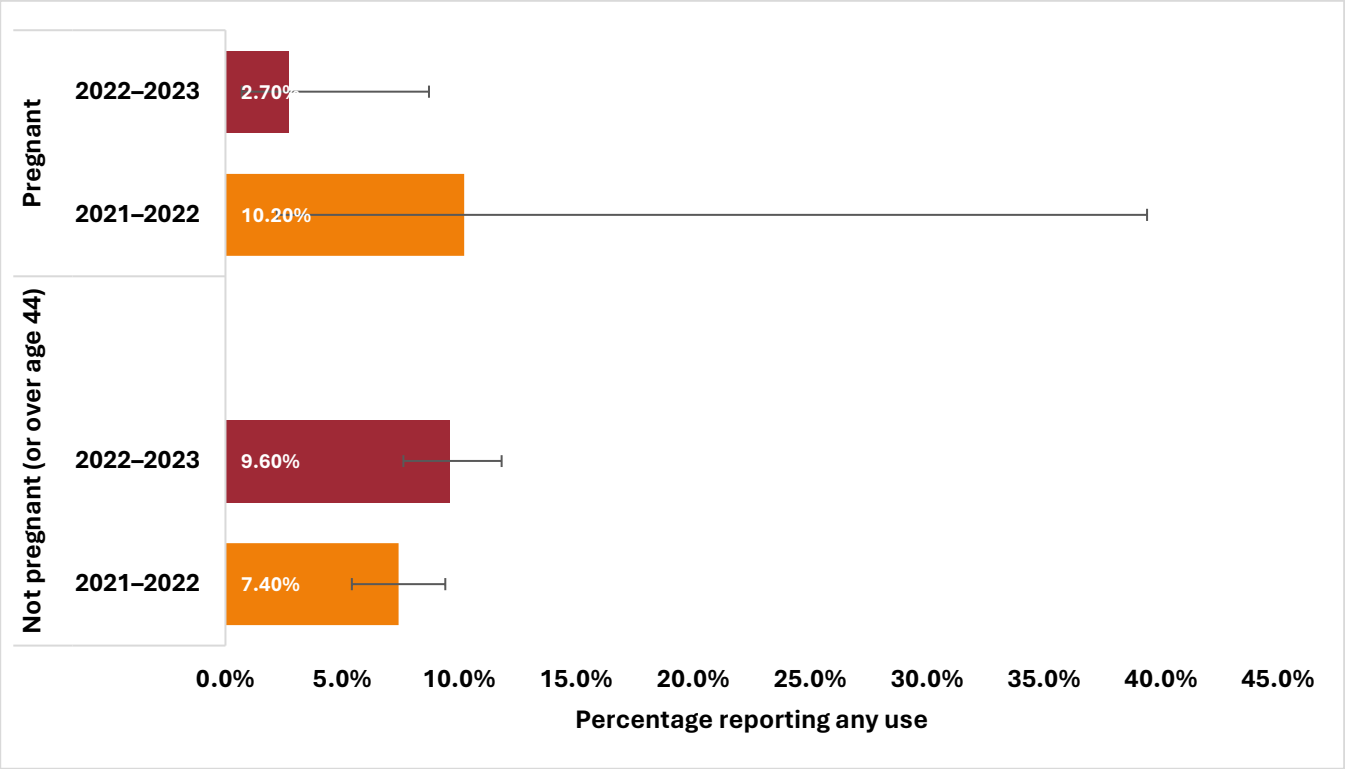
For 2022–2023. estimates for pregnant women varied sharply across years (11.8% in 2018–2019, 27.5% in 2021–2022, and 10.1% in 2022–2023), but all were accompanied by wide CIs.

These large margins reflect small sample sizes, and the year-to-year changes should not be interpreted as trends.

Key takeaway

Cannabis use among non-pregnant women of reproductive age is rising steadily. For pregnant women, unstable estimates prevent reliable trend analysis, but any reported use remains a public health concern requiring improved surveillance and targeted prevention efforts.

Past-year cannabis use disorder by pregnancy status, 2018–2023



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

Observations and notes: Among non-pregnant women aged 12–44, cannabis use disorder (CUD) rose from 7.4% in 2021–2022 to 9.6% in 2022–2023.

For pregnant women, estimates of CUD fluctuated: 10.2% in 2021–2022 with a very wide CI (1.9%–39.4%), followed by 2.7% in 2022–2023 (0.8%–8.7%).

The large uncertainty reflects very small sample sizes, limiting the ability to assess true differences or trends.

Note. Estimates from 2018–2019 are not comparable due to the change from DSM-IV to DSM-5 diagnostic criteria.

Key takeaway

Prevalence of cannabis use disorder rose among non-pregnant women of reproductive age, while estimates for pregnant women remained unstable and imprecise. The small sample sizes prevent clear conclusions, but any cannabis use disorder during pregnancy highlights the importance of improved monitoring and prevention efforts.

Frequent (more than 20 days) past-month cannabis use by pregnancy status, 2018–2023

NSDUH DATA WITHHELD PENDING FEDERAL APPROVAL

Data will be released in a supplemental update once cleared.

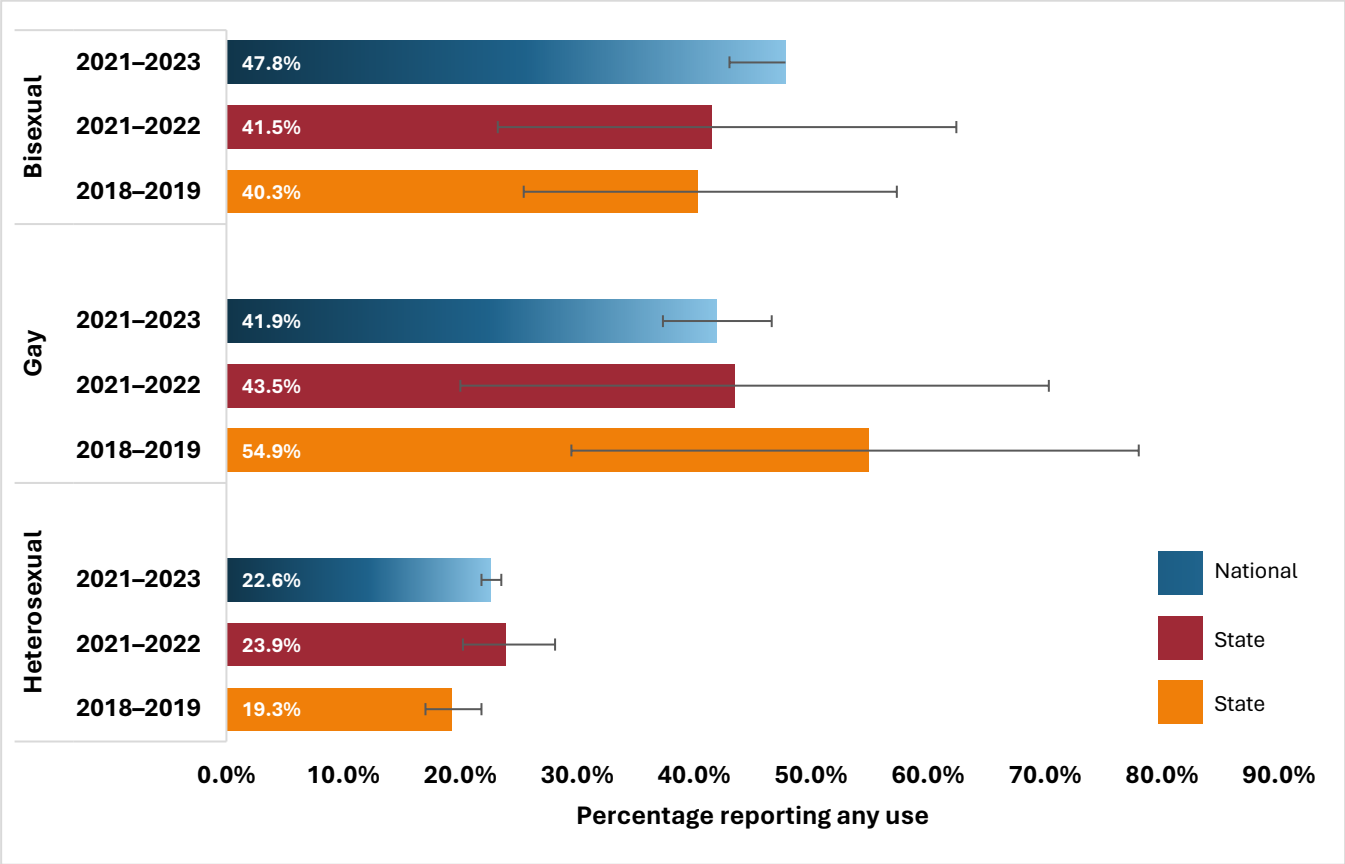
Observations and notes:

Key takeaway

About estimates for sexual minority populations

Estimates of substance use by sexual orientation were not available in the restricted-use version of the NSDUH dataset for 2022–2023. To provide at least some estimates of cannabis use and misuse among sexual minority populations, we used the public-use dataset, which includes sexual orientation for 2021–2023. Cannabis misuse is clinically significant cannabis use that has warranted treatment. Because of these differences, the estimates shown here are not strictly comparable across years and should be interpreted as broad benchmarks rather than precise trend lines. We therefore urge caution in drawing conclusions about changes over time in past-year use, frequent use, or cannabis use disorder among sexual minority populations.

Any past-year cannabis use by sexual orientation (males), 2018–2023



Source: 2021–2023 estimates are national (NSDUH Public DAS); other years are Illinois (NSDUH Restricted DAS).

Observations and notes:

Past-year use rose among heterosexual men from 19.3% in 2018–2019 to 23.9% in 2021–2022, then leveled at 22.6% in 2021–2023. This shows a modest but steady increase.

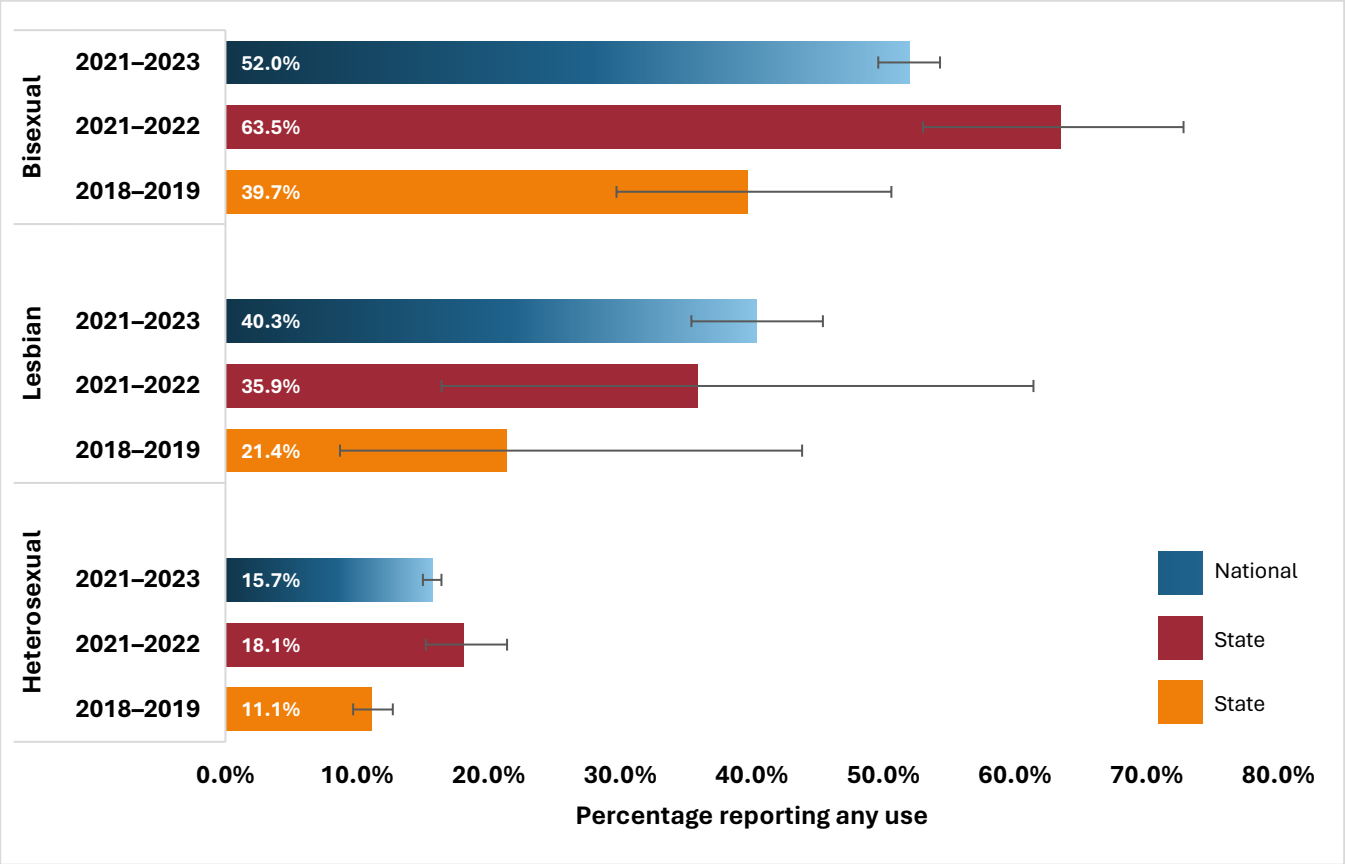
Use was extremely high among gay men in 2018–2019 (54.9%) but dropped to 43.5% in 2021–2022, and further to 41.9% in 2021–2023. CIs are wide for earlier years, but the recent estimate is precise and still nearly double the level among heterosexual men.

Prevalence among bisexual men has consistently been elevated, rising from 40.3% in 2018–2019 to 47.8% in 2021–2023. This is the only group showing continued upward movement, and the difference relative to heterosexual men remains striking.

Key takeaway

Past-year cannabis use among sexual minority men—particularly bisexual men—remains significantly higher than among heterosexual men, highlighting a persistent disparity that underscores the need for culturally competent prevention and treatment strategies tailored to LGBTQ+ populations.

Any past-year cannabis use by sexual orientation (women), 2018–2023



Source: 2021–2023 estimates are national (NSDUH Public DAS); other years are Illinois (NSDUH Restricted DAS).

Observations and notes: Rates of any past-year use by heterosexual women show a clear rise from 11.1% in 2018–2019 to 18.1% in 2021–2022, followed by a modest decline to 15.7% in 2021–2023. CIs are reasonably tight in all years, suggesting that the observed changes are credible, although the slight dip in 2023 should be interpreted cautiously.

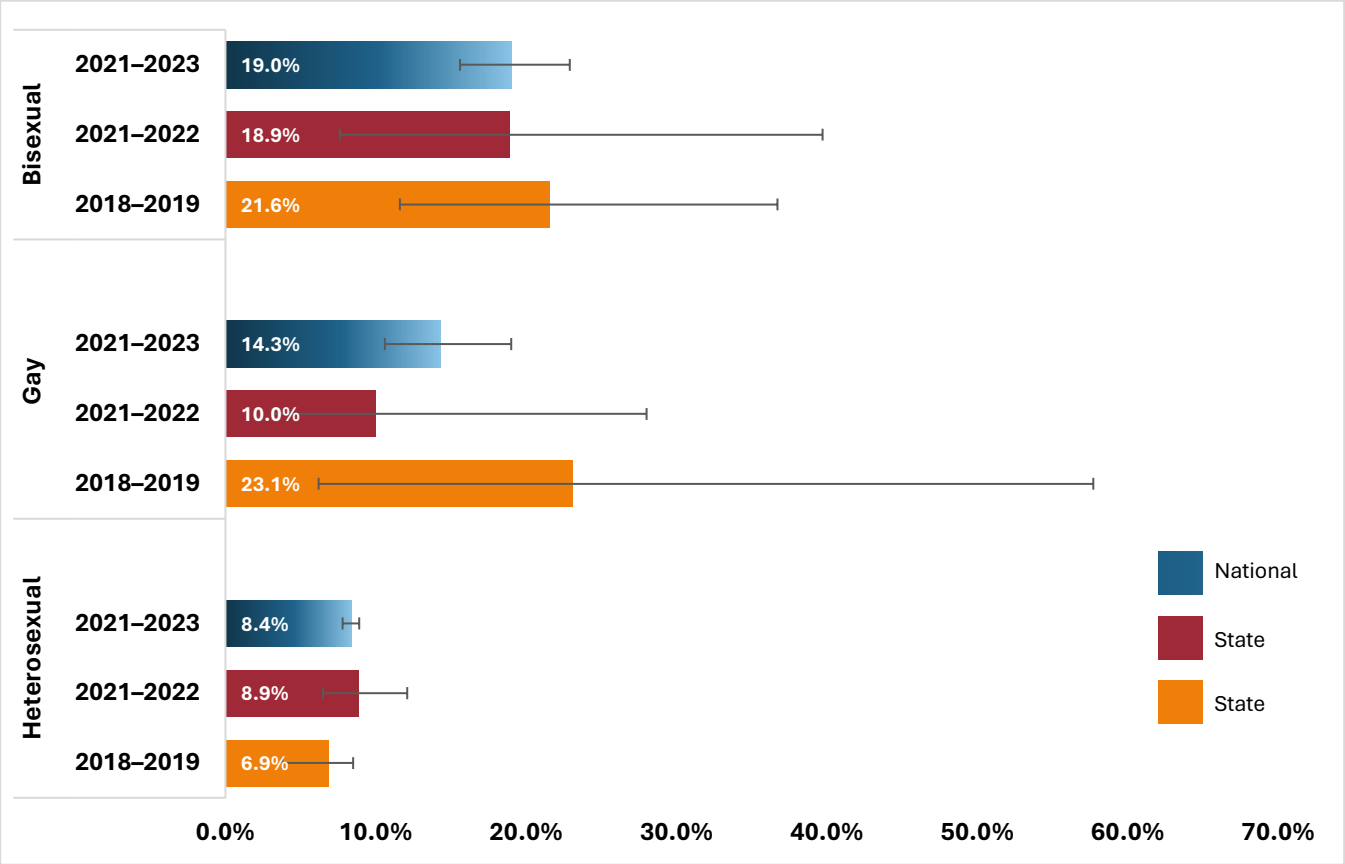
Lesbian women reported elevated and rising use, from 21.4% in 2018–2019 to 35.9% in 2021–2022 and 40.3% in 2021–2023. However, wide and erratic CIs—especially in 2018–2019 and 2021–2022—reflect small sample sizes and indicate substantial uncertainty around these point estimates.

Bisexual women consistently reported the highest use rates across all three periods. Prevalence increases from 39.7% in 2018–2019 to 63.5% in 2021–2022, before dipping to 52.0% in 2021–2023. CIs narrowed substantially in 2023, suggesting greater precision, but prevalence remains well above other groups.

Key takeaway

Past-year cannabis use is highest among bisexual women, peaking in 2021–2022 and remaining elevated in 2023. Lesbian women also show high and rising prevalence, although wide CIs limit certainty. Heterosexual women show higher use in recent years compared with 2018–2019, with a modest decline from 2021–2022 to 2023.

Frequent (more than 20 days) past-month cannabis use by sexual orientation (men), 2018–2023



Source: 2021–2023 estimates are national (NSDUH Public DAS); other years are Illinois (NSDUH Restricted DAS).

Observations and notes: Heterosexual men show a modest and consistent rise in frequent cannabis use: from 6.9% in 2018–2019 to 8.9% in 2021–2022, before leveling at 8.4% in 2021–2023. CIs are fairly tight across all years, supporting a stable upward trend.

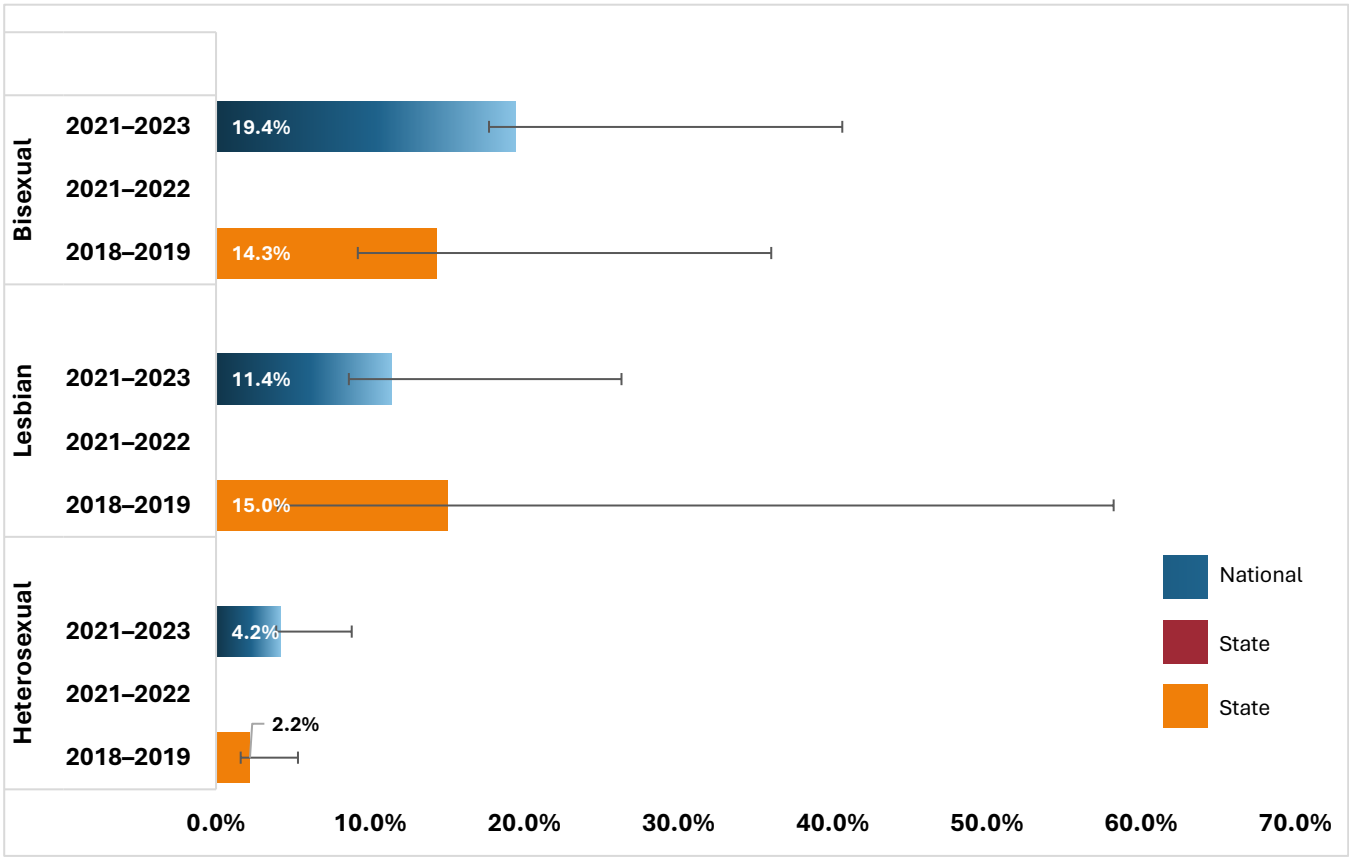
Gay men reported wide-ranging and unstable estimates: 23.1% in 2018–2019, dropping to 10.0% in 2021–2022, then increasing slightly to 14.3% in 2021–2023. Very wide CIs in earlier years reflect small sample sizes and limit the reliability of these point estimates.

Bisexual men maintained elevated rates across all years: 21.6% in 2018–2019, 18.9% in 2021–2022, and 19.0% in 2021–2023. Despite modest year-to-year variation, CIs overlap, suggesting stable but elevated frequent use compared to heterosexual men.

Key takeaway

Frequent cannabis use among heterosexual men rose modestly and appears stable in recent years. Estimates among gay men suggest a decline from earlier high levels, although uncertainty is high due to wide CIs. Bisexual men consistently report the highest rates of frequent use relative to heterosexual men.

Frequent (more than 20 days) past-month cannabis use by sexual orientation (women), 2018–2023



Source: 2021–2023 estimates are national (NSDUH Public DAS); other years are Illinois (NSDUH Restricted DAS). Estimates for 2021–2022 were suppressed due to insufficient cases.

Observations and notes: Heterosexual women show a doubling in frequent cannabis use, from 2.2% in 2018–2019 to 4.2% in 2021–2023. CIs are relatively narrow, especially in 2023, lending credibility to this increase.

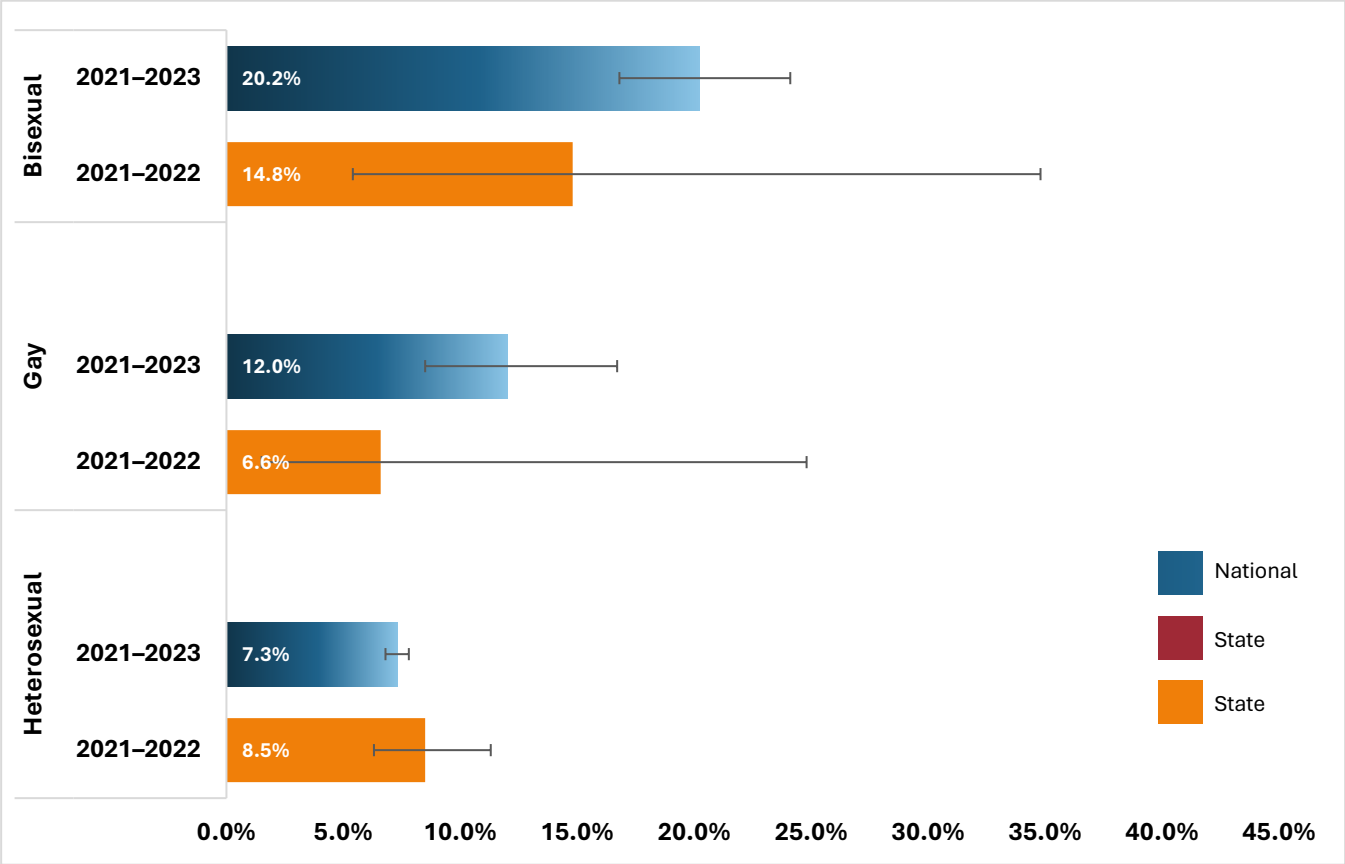
Lesbian women had a high estimate of frequent use in 2018–2019 (15.0%), declining to 11.4% in 2021–2023. However, CIs are extremely wide in both years, reflecting small sample sizes and limiting interpretability. Estimates for 2021–2022 were suppressed due to insufficient cases.

Bisexual women reported 14.3% frequent use in 2018–2019, increasing to 19.4% in 2021–2023. As they were for lesbian women, estimates for 2021–2022 were suppressed. CIs narrow in 2023, suggesting more stable measurement, but prevalence remains elevated compared to heterosexual women.

Key takeaway

Frequent cannabis use among heterosexual women nearly doubled between 2018 and 2023. Rates among lesbian women appear to show a decline, but wide CIs and suppressed 2021–2022 estimates limit confidence in the trend. Bisexual women had the highest rates overall, with a notable increase since 2018–2019.

Any past-year cannabis use disorder by sexual orientation (men), 2021–2023



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: Heterosexual men show a slight decline in prevalence of cannabis use disorder (CUD), from 8.5% in 2021–2022 to 7.3% in 2021–2023. CIs are relatively narrow, suggesting these estimates are stable and reliable.

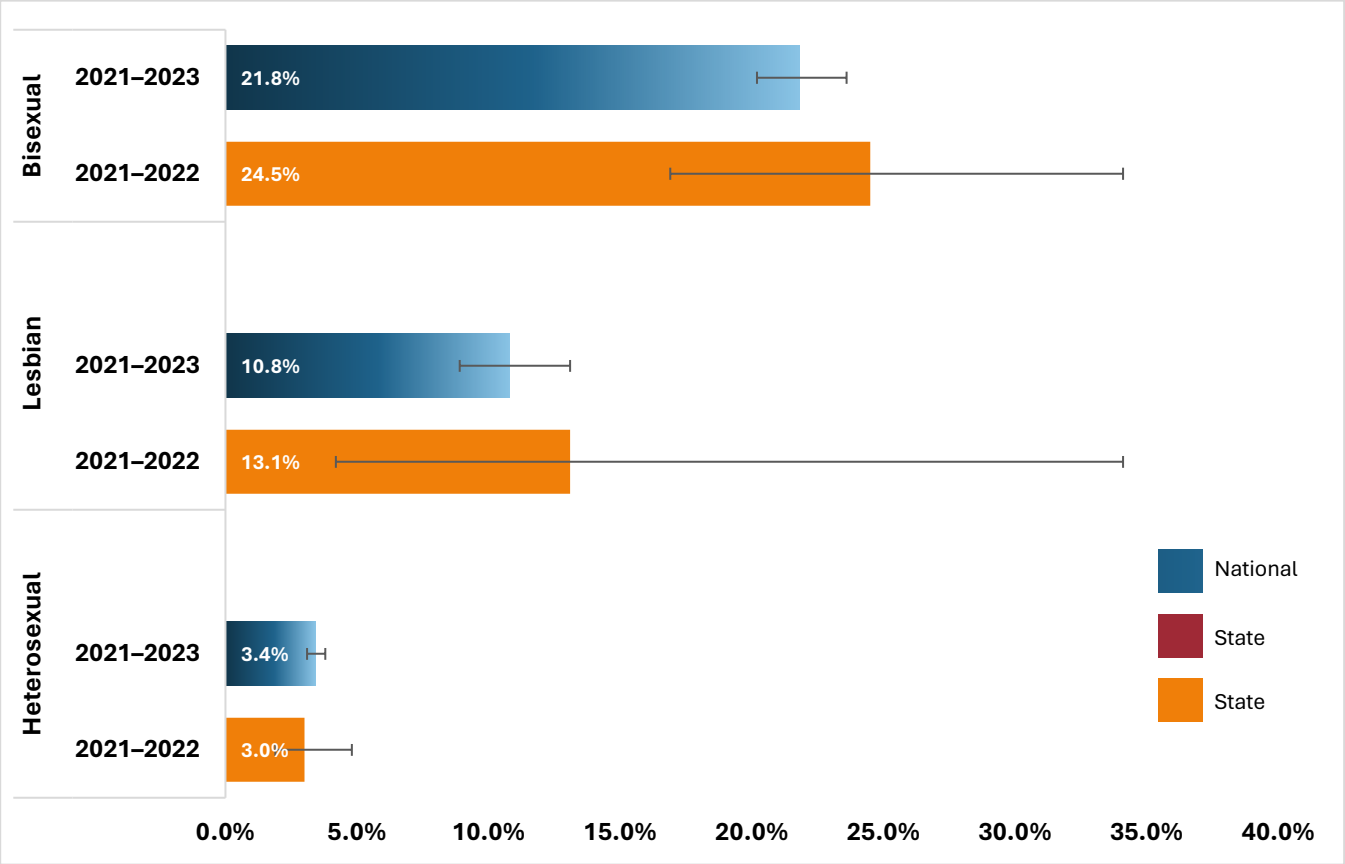
Gay men reported rates that appear to increase from 6.6% in 2021–2022 to 12.0% in 2021–2023. However, both years have wide CIs, especially in 2021–2022 (1.5%–24.8%), reflecting small sample sizes and limiting confidence in the apparent change.

Bisexual men reported the highest and rising rates: 14.8% in 2021–2022 and 20.2% in 2021–2023. CIs, while still wide, do not overlap substantially between the two years, suggesting a possible real increase in prevalence of CUD.

Key takeaway

Prevalence of cannabis use disorder among heterosexual men declined modestly between 2021–2022 and 2023. Estimates among gay men suggest an increase, but wide CIs limit interpretation. Bisexual men consistently reported the highest rates, with evidence of a sharp rise from 2021–2022 to 2023.

Any past-year cannabis use disorder by sexual orientation (females), 2021–2023



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 Public Restricted DAS).

Observations and notes: Heterosexual women showed a modest increase in prevalence of cannabis use disorder (CUD), from 3.0% in 2021–2022 to 3.4% in 2021–2023. CIs are tight, suggesting these small changes are credible.

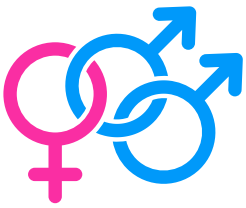
Lesbian women reported elevated rates of CUD (13.1% in 2021–2022, 10.8% in 2021–2023). However, CIs are wide, particularly in 2021–2022, reflecting small sample sizes and limiting certainty about the true direction of change.

Bisexual women consistently reported the highest prevalence of CUD: 24.5% in 2021–2022 and 21.8% in 2021–2023. CIs narrow in 2023, lending greater stability to the estimate; rates remain well above those found in heterosexual and lesbian women.

Key takeaway

Prevalence of CUD is modest among heterosexual women but elevated among sexual minority women, particularly bisexual women. Estimates among lesbian women remain high but uncertain due to wide CIs. Bisexual women show the most consistently elevated rates of CUD, reinforcing a pattern seen across all cannabis outcomes.

Health disparities among bisexual individuals



Bisexual individuals experienced higher rates of substance use and mental health issues than both heterosexual and gay or lesbian peers.

What the data show

- Higher cannabis use
- Elevated rates of depression, anxiety, and suicidality
- Higher rates of substance use disorders

Findings consistent among across National Survey on Drug Use and Health, Youth Risk Behavior Surveillance System, and other national surveys.

Factor	Impact
Double discrimination	Rejected by both straight and gay communities, which leads to isolation
Invisibility and erasure	Assumed straight and gay based on partner orientation, bringing about invalidation of identity
Identity strain	Later or more conflicted identity development means increased internalized stigma and mental health vulnerability creating chronic stress

The disparities are not caused by bisexuality but by the social pressure and marginalization bisexual people disproportionately face.

References

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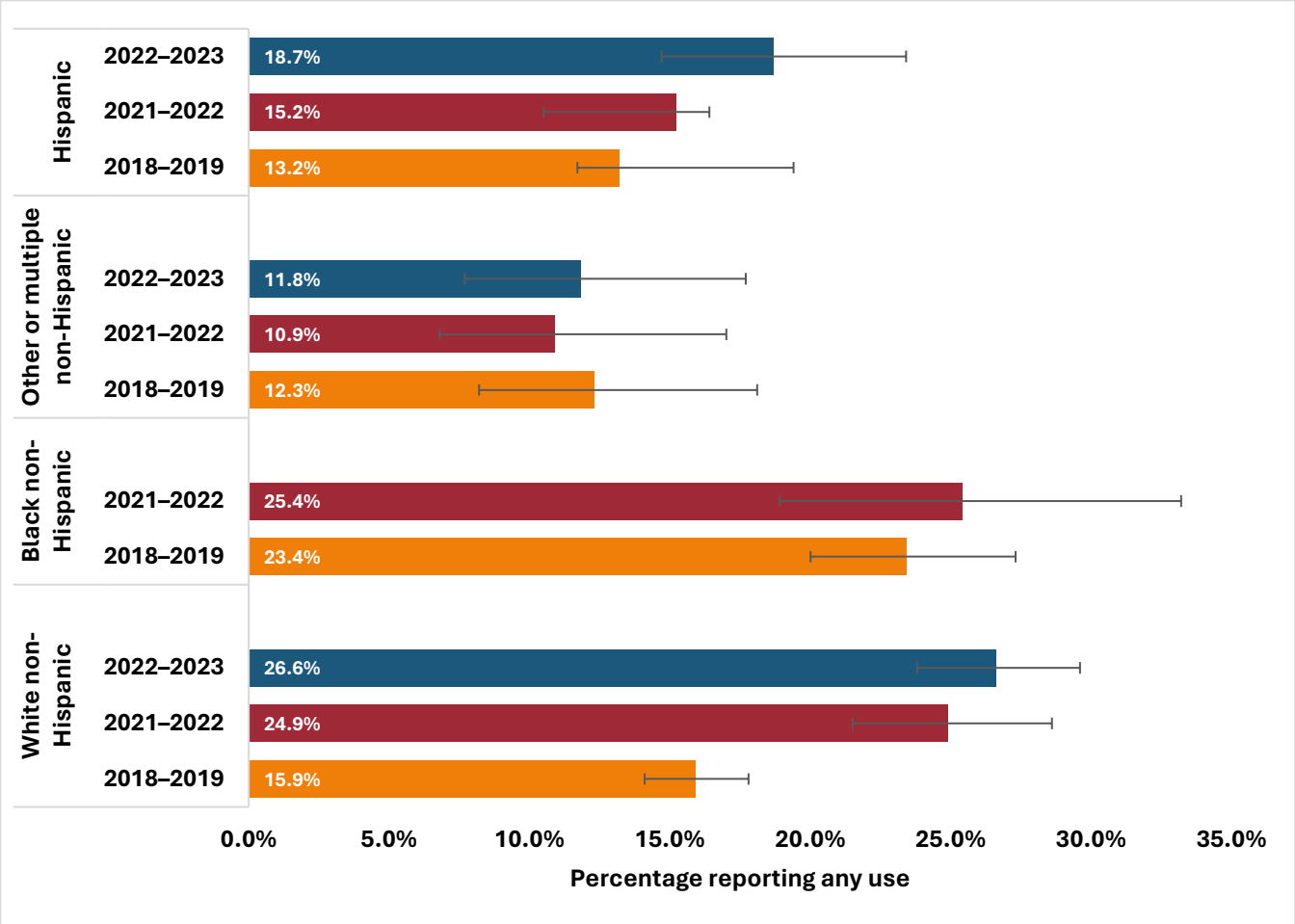
- Diamond L. M. *Sexual Fluidity: Understanding Women's Love and Desire.* Harvard University Press; 2008. ISBN: 9780674032262

Any past-year cannabis use by race/ethnicity, 2018–2023



DSM, Diagnostic and Statistical Manual of Mental Disorders. Source: National Survey on Drug Use and Health Restricted Access Data Online – https://datatools.samhsa.gov/

Observations and notes: Past-year cannabis use among White non-Hispanic adults rose steadily, from 15.9% in 2018–2019 to 26.6% in 2022–2023, with tight CIs supporting reliable estimates.

Black non-Hispanic adults reported the highest use in 2018–2019 (23.4%), but rates have since remained relatively stable at 23%–25%, with wider CIs in later years.

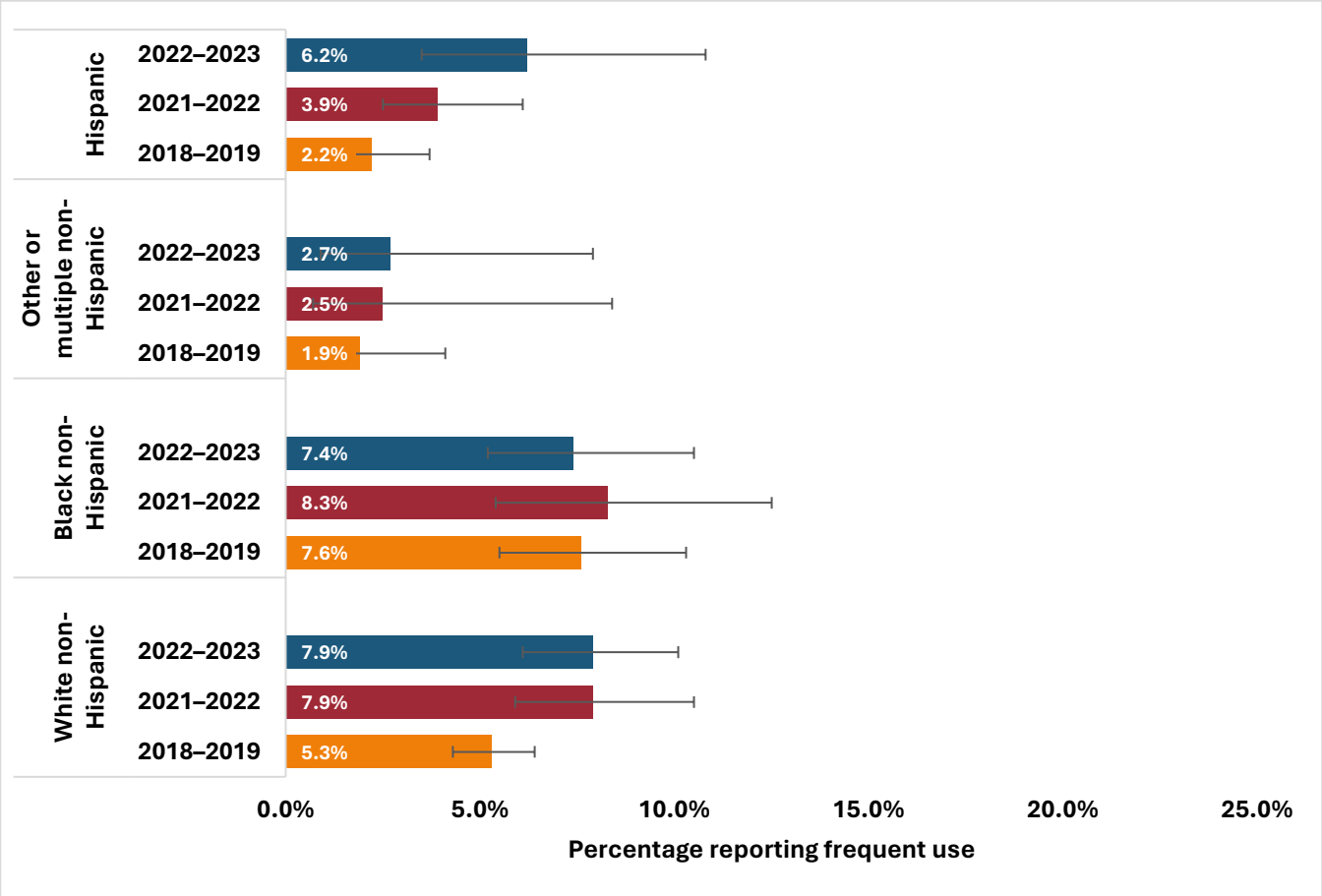
Hispanic adults showed a moderate but likely real increase from 15.2% in 2021–2022 to 18.7% in 2022–2023.

Adults identifying as Other or Multiple Race non-Hispanic reported consistently lower prevalence (11%–12%) with overlapping CIs and no clear trend.

Key takeaway

Cannabis use is highest among White and Black adults, while Hispanic adults show the sharpest recent increase. Those identifying as “Other or Multiple Race continue to report lower and stable levels.

Frequent (more than 20 days) past-month cannabis use by race/ethnicity, 2018–2023



DSM, Diagnostic and Statistical Manual of Mental Disorders. Source: National Survey on Drug Use and Health Restricted Access Data Online – https://datatools.samhsa.gov/

Observations and notes: Frequent cannabis use among White non-Hispanic adults increased from 5.3% in 2018–2019 to 7.9% in 2021–2023, with overlapping CIs in the two most recent years suggesting stability since 2021.

Black non-Hispanic adults reported the highest frequent use in earlier years (7.6% in 2018–2019), but estimates remained stable at 7%–8% across the period.

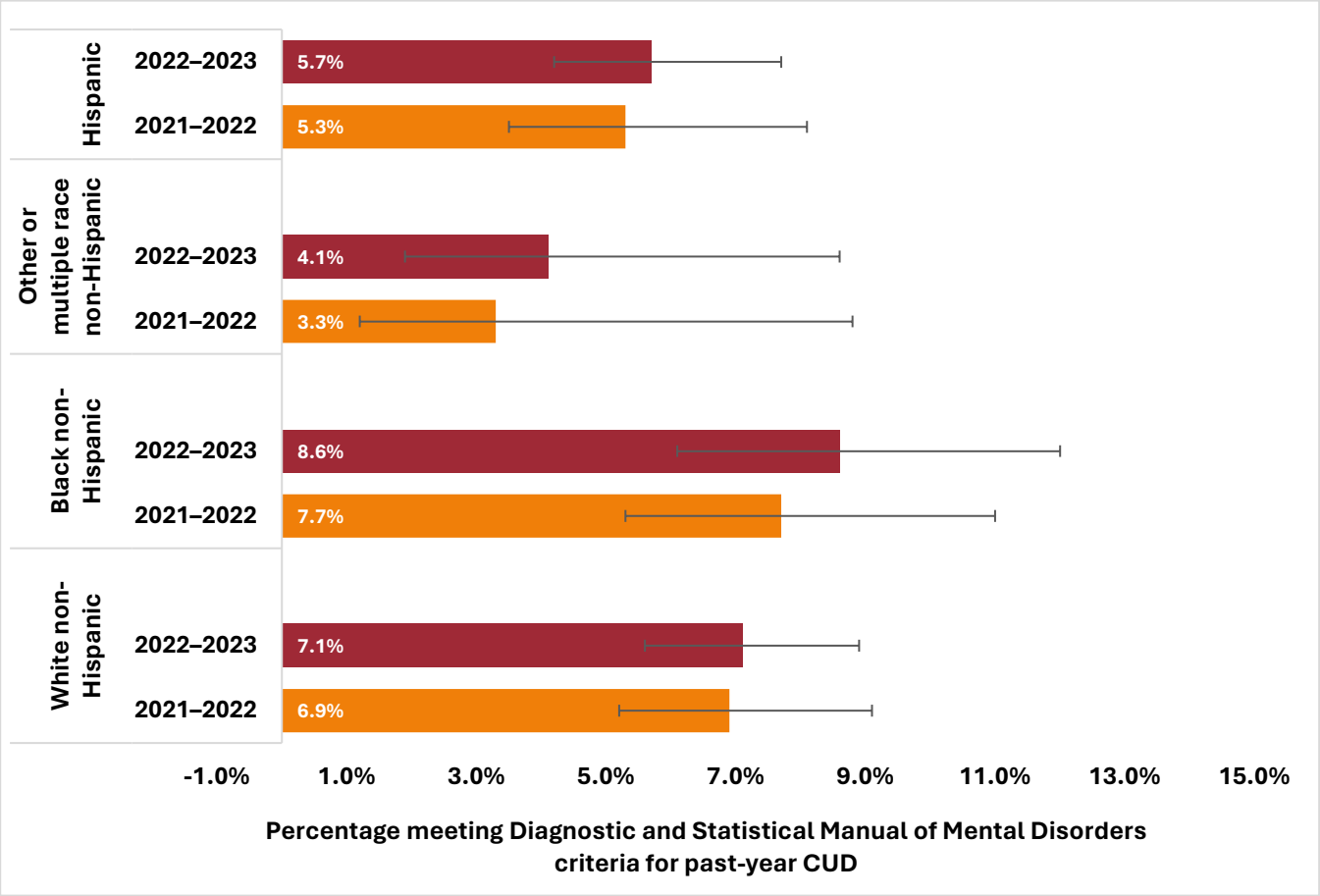
Adults identifying as Other or Multiple Race non-Hispanic reported consistently low rates (2%–3%) with wide CIs, limiting interpretation.

Hispanic adults showed a marked increase, rising from 2.2% in 2018–2019 to 6.2% in 2022–2023; wide CIs caution against firm conclusions.

Key takeaway

Frequent cannabis use is stable among White and Black adults but appears to be increasing among Hispanic adults. Wide CIs for Hispanic and multiracial groups highlight the need for cautious interpretation and continued monitoring.

Past-year cannabis use disorder by race/ethnicity, 2021–2023



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

Observations and notes: Cannabis use disorder (CUD) among White non-Hispanic adults was stable between 2021–2022 (6.9%) and 2022–2023 (7.1%), with nearly identical CIs.

Black non-Hispanic adults showed slightly higher prevalence (7.7% → 8.6%), although overlapping CIs suggest no measurable change.

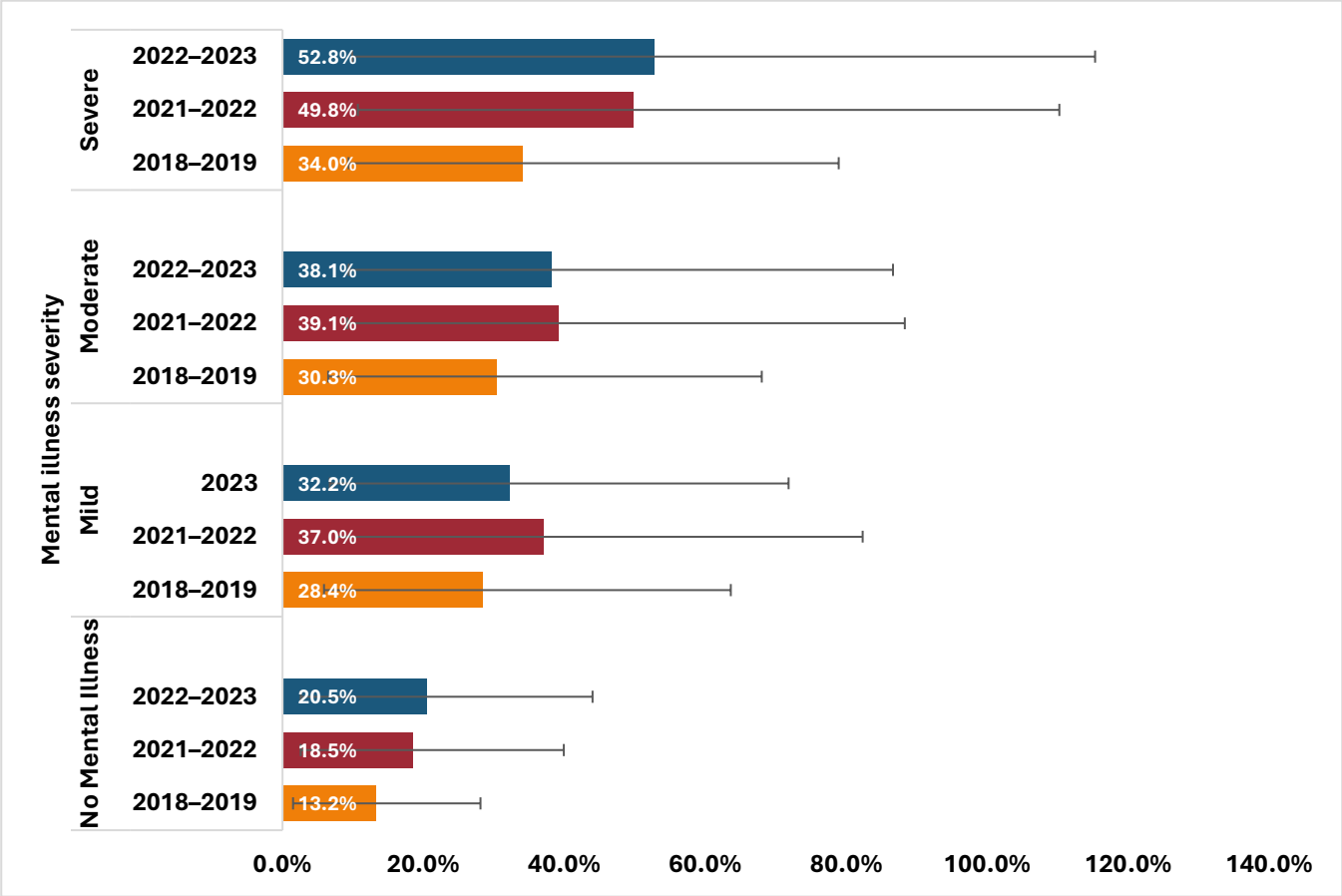
Adults identifying as "other" or "multiple" race non-Hispanic had rates of CUD of 3.3% in 2021–2022 and 4.1% in 2022–2023; wide CIs and small samples limit interpretation.

CUD among Hispanic adults rose modestly from 5.3% to 5.7%; the shift is small, but the consistent direction across this and other indicators (any use, frequent use, CUD) suggests a pattern worth monitoring.

Key takeaway

CUD rates are stable among White and Black adults, while Hispanic adults show modest increases consistent with broader upward trends in cannabis use. Multiracial estimates remain too imprecise to reliably interpret.

Any past-year cannabis use by mental illness severity, 2018–2023



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

Observations and notes: Adults without mental illness show a steady increase in cannabis use, from 13.2% in 2018–2019 to 20.5% in 2022–2023. CIs confirm this as a likely real rise.

Among those with mild mental illness, use peaked at 37.0% in 2021–2022 before dipping to 32.2% in 2023, but overlapping CIs make it unclear whether this represents a true decline or sampling variation.

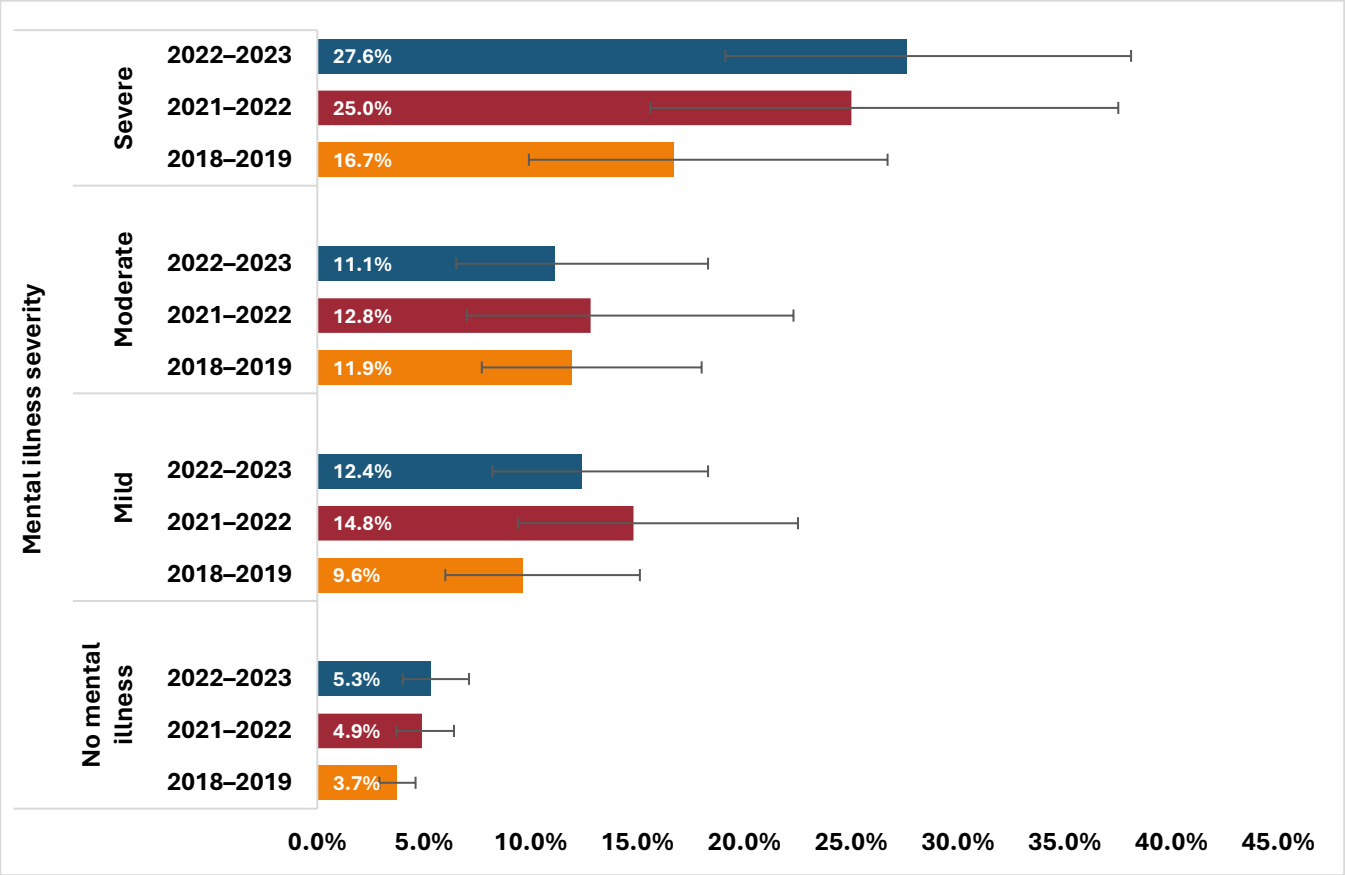
Adults with moderate mental illness reported persistently high use (30%–39%) with overlapping CIs across years, showing consistently elevated levels compared to the general population.

Those with severe mental illness reported the highest prevalence, climbing from 34.0% in 2018–2019 to 52.8% in 2022–2023. Although CIs overlap, the magnitude and persistence of these high rates indicate a likely real increase and substantial disparity.

Key takeaway

Cannabis use increases with severity of mental illness, with rates exceeding 50% among those with severe mental illness in 2023. While patterns fluctuate, use remains significantly higher across all severe mental illness categories compared to those without mental illness, highlighting a persistent and widening behavioral health disparity.

Frequent (more than 20 days) past-month cannabis use by mental illness severity, 2018–2023



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

Observations and notes: Adults without mental illness reported relatively low but gradually rising frequent cannabis use, from 3.7% in 2018–2019 to 5.3% in 2022–2023, although overlapping CIs prevent firm conclusions about significance.

Among those with mild mental illness, use peaked at 14.8% in 2021–2022 before easing to 12.4% in 2022–2023, with wide and overlapping CIs limiting interpretation.

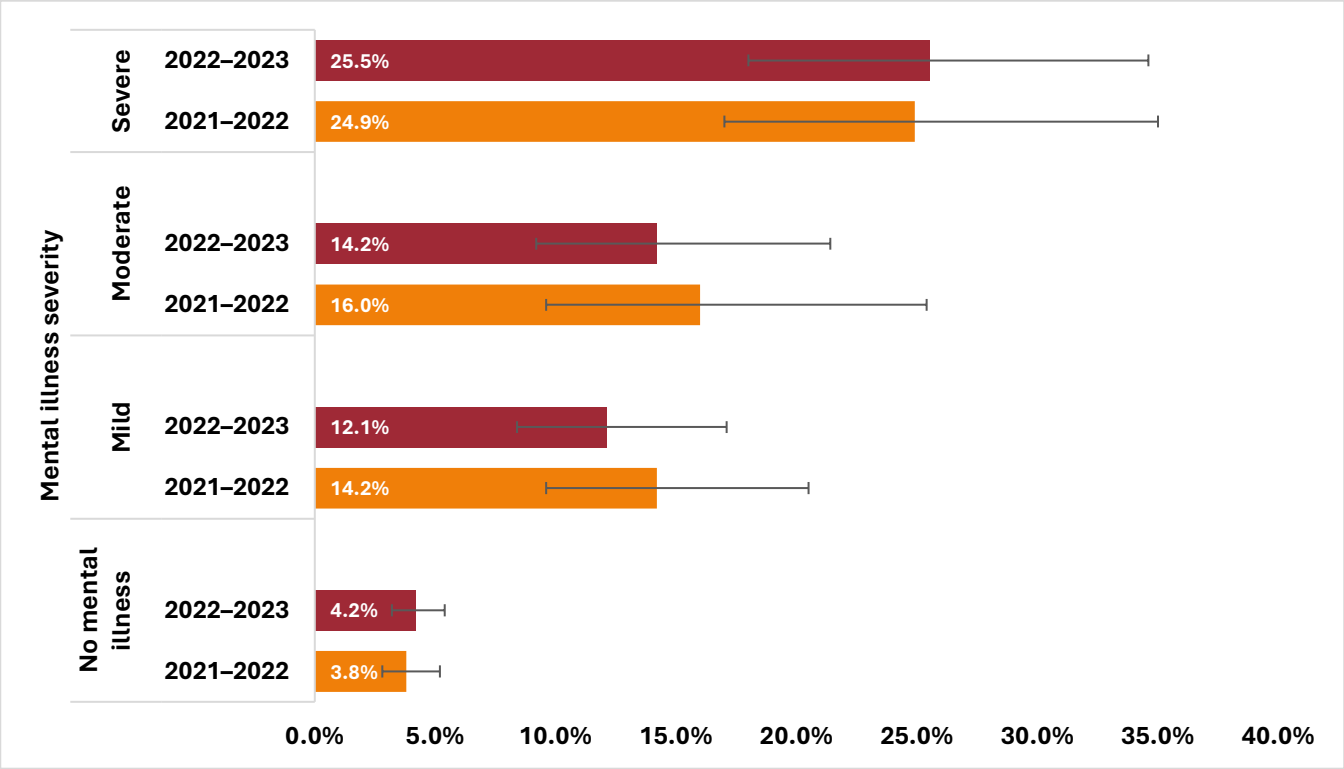
Adults with moderate mental illness reported stable rates (11–13%) across the period, with no meaningful change evident.

Those with severe mental illness consistently reported the highest prevalence, increasing from 16.7% in 2018–2019 to 27.6% in 2022–2023. Although all estimates carry wide intervals, the steady climb and non-overlapping lower bounds suggest a likely real increase.

Key takeaway

Frequent cannabis use is most prevalent among adults with severe mental illness, exceeding one in four by 2023. Rates among other groups fluctuate but remain elevated compared to those without mental illness, while only the increase among those with severe mental illness appears robust.

Past-year cannabis use disorder by mental illness severity, 2021–2023



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

Observations and notes: Cannabis use disorder (CUD) among adults without mental illness was low, rising only slightly from 3.8% in 2021–2022 to 4.2% in 2022–2023; overlapping CIs suggest no significant change.

Among those with mild mental illness, prevalence declined from 14.2% to 12.1%, although wide and overlapping CIs make this shift uncertain.

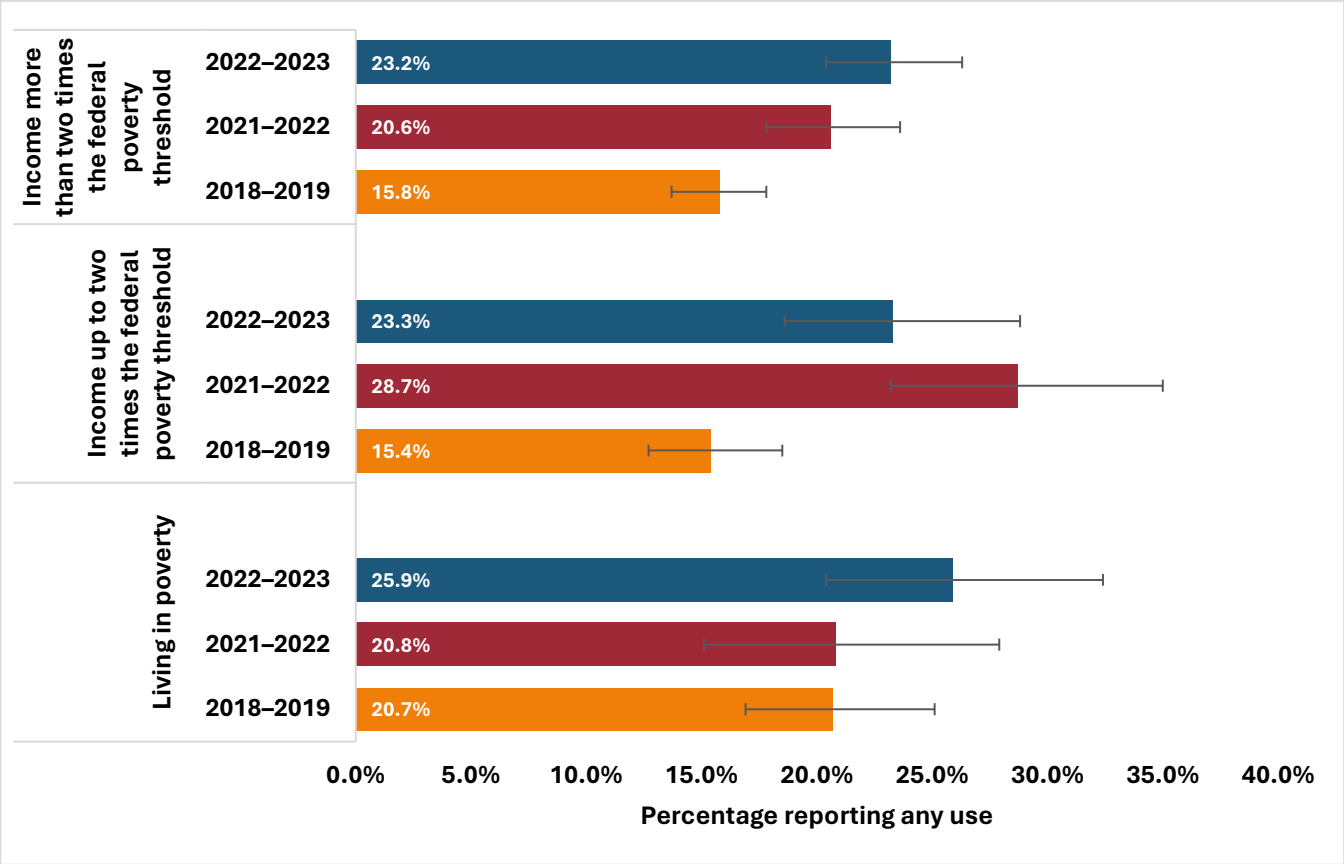
Adults with moderate mental illness showed a similar pattern, moving from 16.0% to 14.2% with wide CIs that preclude firm conclusions.

Those with severe mental illness reported the highest prevalence, remaining stable at about 25% across both years.

Key takeaway

CUD prevalence is strongly patterned by mental illness severity, with rates exceeding one in four among adults with severe mental illness. While year-to-year fluctuations among groups with mild and moderate mental illness are not statistically clear, the persistently elevated prevalence across all severe mental illness categories highlights a major behavioral health disparity.

Any past-year cannabis use by federal poverty level, 2018–2023



Source: National Survey on Drug Use and Health Restricted Access Data Set

Observations and notes: Cannabis use among those living in poverty held steady at around 21% from 2018–2019 through 2021–2022 before rising to 25.9% in 2022–2023, suggesting a possible real increase.

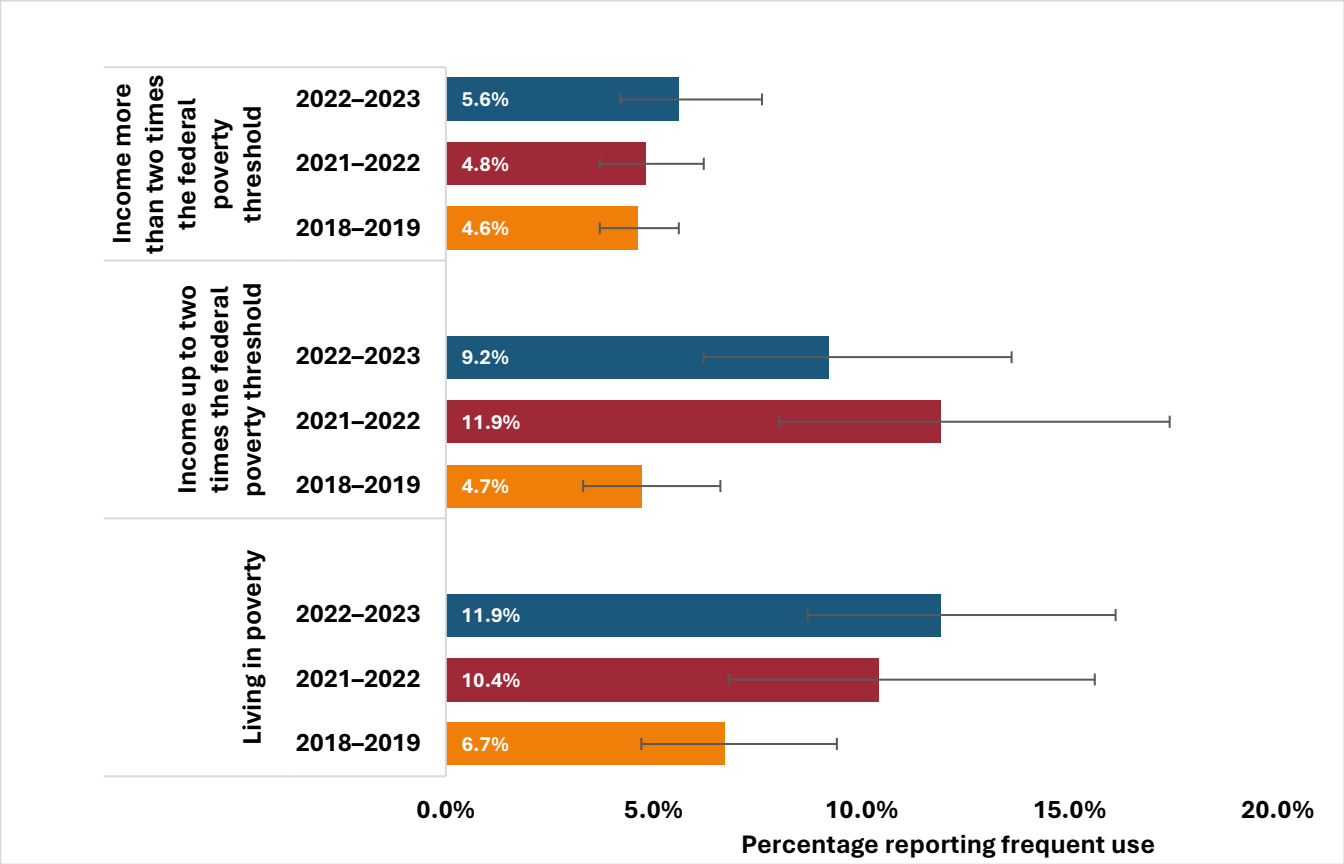
Among those with incomes up to twice the federal poverty threshold, prevalence nearly doubled from 15.4% in 2018–2019 to 28.7% in 2021–2022, then eased to 23.3% in 2022–2023; overlapping CIs make the trajectory uncertain.

Adults with incomes more than twice the poverty threshold reported lower use in 2018–2019 (15.8%) but steady growth to 23.2% in 2022–2023, with relatively tight CIs indicating reliable estimates.

Key takeaway

Cannabis use is rising across all income groups, with the steepest recent growth among higher-income adults. Prevalence remains highest among those living in poverty, but the gap across income levels has narrowed, pointing to increasingly widespread use regardless of economic status.

Frequent (more than 20 days) past-month cannabis use by federal poverty level



Source: National Survey on Drug Use and Health Restricted Access Data Set

Observations and notes: Frequent cannabis use among adults living in poverty rose from 6.7% in 2018–2019 to 11.9% in 2022–2023, with overlapping CIs across later years but an overall upward trend.

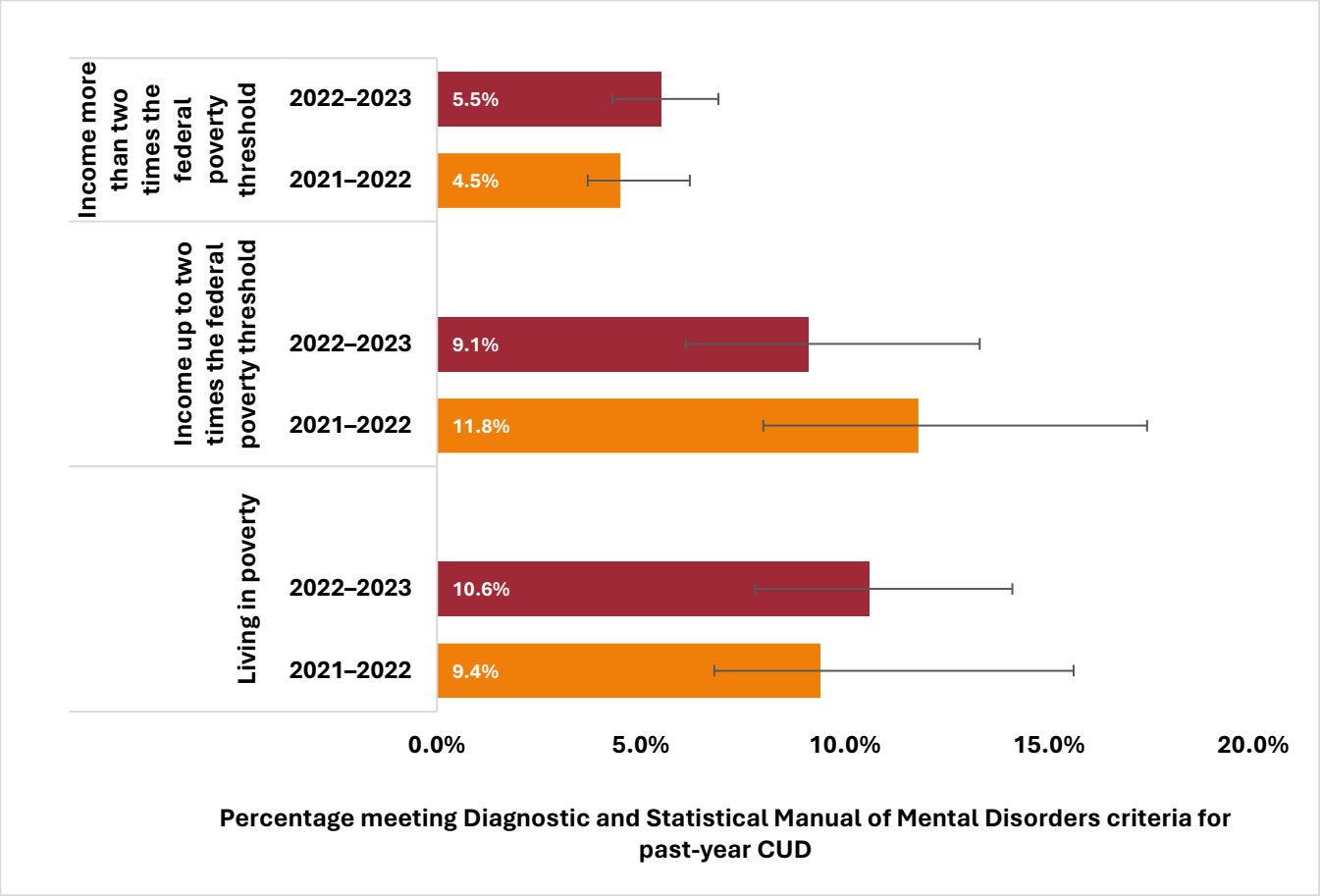
Among those with incomes up to twice the federal poverty threshold, prevalence spiked to 11.9% in 2021–2022 before easing to 9.2% in 2022–2023; wide and overlapping CIs suggest these shifts may reflect sampling variation.

Adults with incomes more than twice the poverty threshold reported lower prevalence overall, although estimates increased gradually from 4.6% in 2018–2019 to 5.6% in 2022–2023, with relatively tight CIs supporting a modest real rise.

Key takeaway

Frequent cannabis use remains highest among adults living in poverty but shows growth across all income levels. Differences between groups are modest and not statistically significant, pointing to broadening use patterns that cut across economic strata.

Past-year cannabis use disorder by federal poverty level



Source: National Survey on Drug Use and Health Restricted Access Data Set

Observations and notes: Prevalence of cannabis use disorder (CUD) increased among adults living in poverty, from 9.4% in 2021–2022 to 10.6% in 2022–2023.

Those with incomes up to twice the federal poverty threshold showed a modest decline (11.8% to 9.1%), although wide and overlapping CIs suggest this shift may reflect sampling variation.

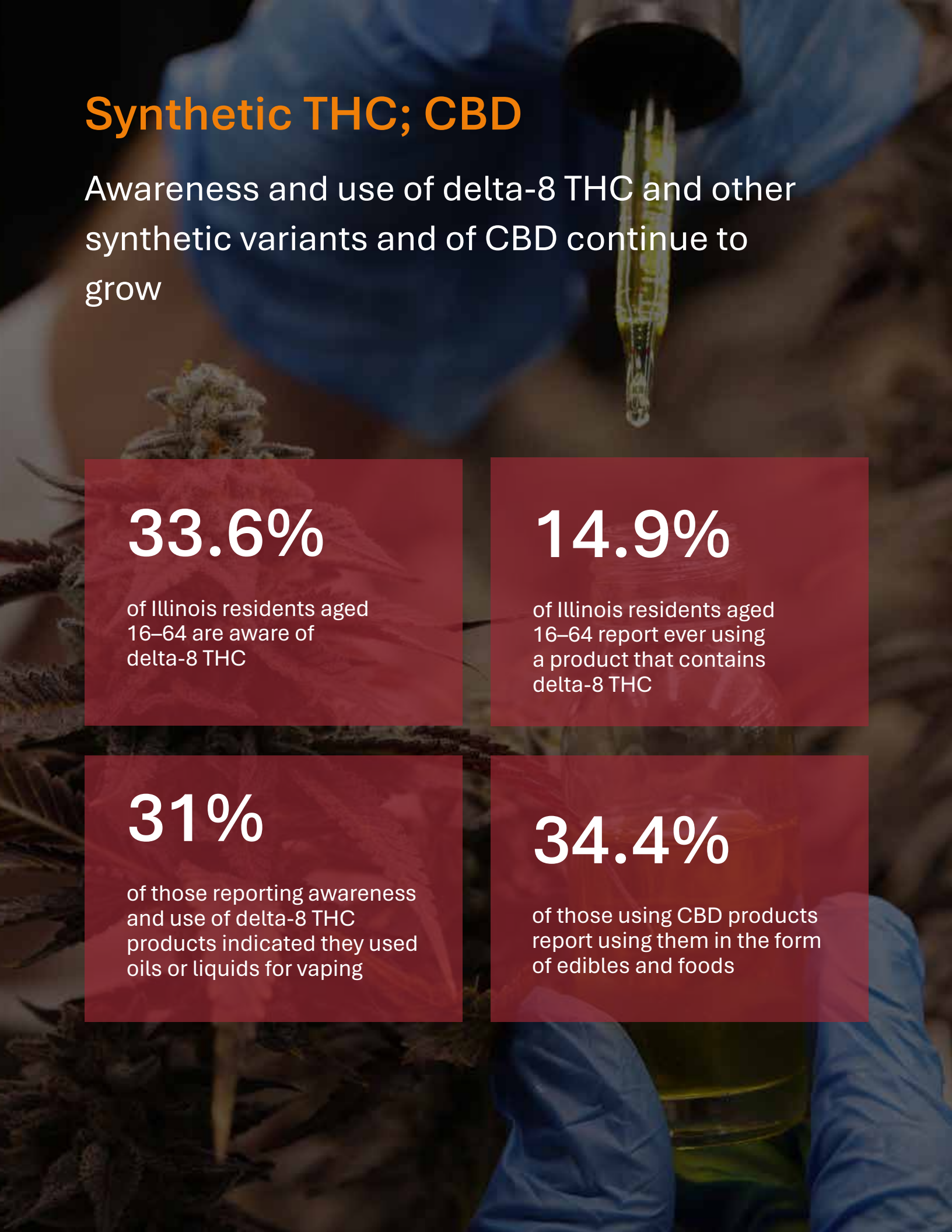
Adults with incomes more than twice the poverty threshold reported lower prevalence overall, but rates edged upward from 4.5% to 5.5%. Differences in prevalence of CUD by income level were statistically significant.

Note. Estimates from 2018–2019 are not directly comparable due to the transition from DSM-IV to DSM-5 diagnostic criteria.

Key takeaway

CUD remains most common among adults living in poverty but is rising among higher-income groups as well. Middle-income adults showed a slight decline, although estimates remain elevated compared to earlier years. These patterns highlight socioeconomic differences in cannabis-related problems that warrant continued monitoring.

CBD and synthetic THC



Synthetic THC; CBD

Awareness and use of delta-8 THC and other synthetic variants and of CBD continue to grow

33.6%

of Illinois residents aged 16–64 are aware of delta-8 THC

14.9%

of Illinois residents aged 16–64 report ever using a product that contains delta-8 THC

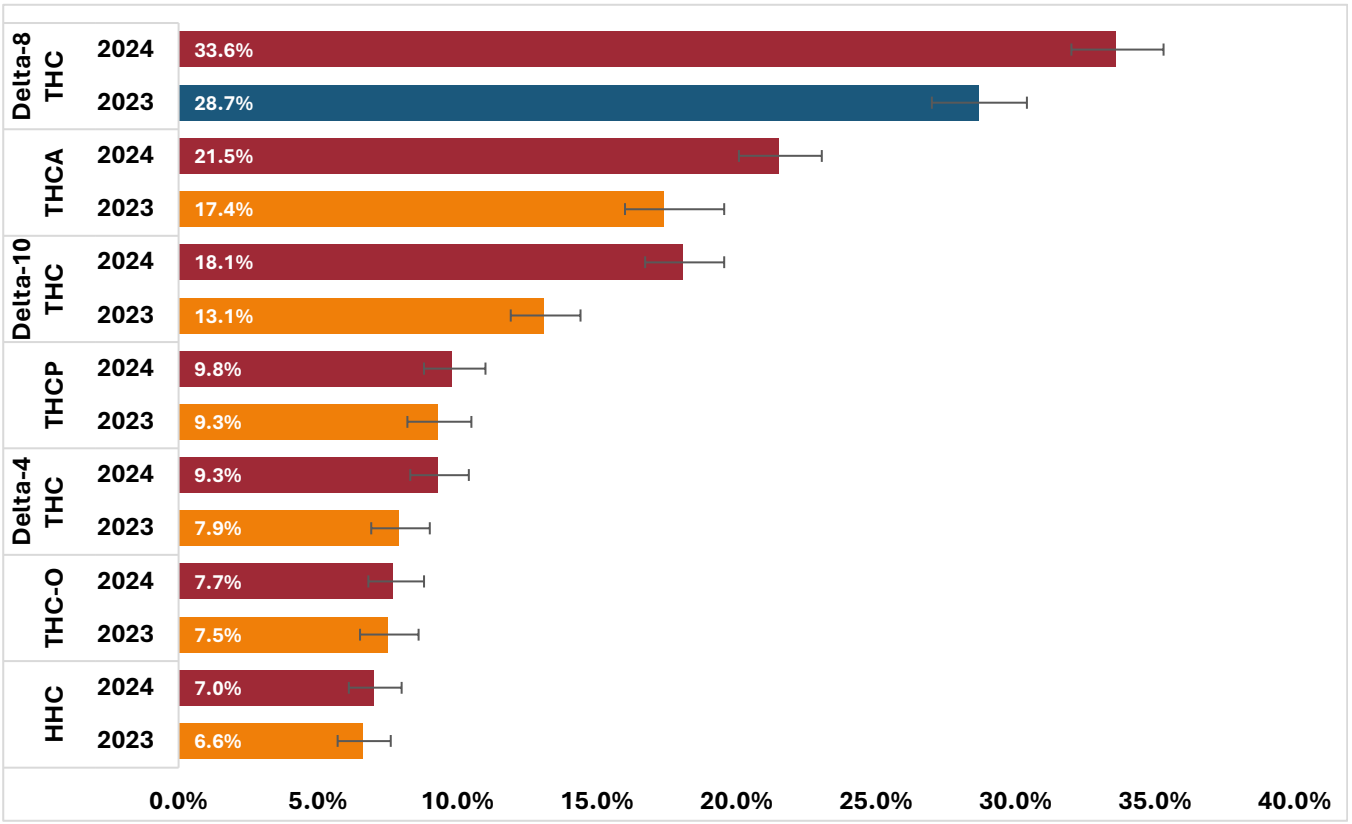
31%

of those reporting awareness and use of delta-8 THC products indicated they used oils or liquids for vaping

34.4%

of those using CBD products report using them in the form of edibles and foods

Awareness of delta-8 THC and synthetic variants, 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: Among levels of awareness of listed hemp-derived cannabinoids, awareness of delta-8 THC remains highest. Awareness of this widely marketed compound climbed from 28.7% in 2023 to 33.6% in 2024.

THCA and delta-10 THC also saw notable increases, with THCA rising from 17.4% to 21.5% and delta-10 THC from 13.1% to 18.1%, indicating expanding awareness of these next-tier cannabinoids.

Awareness of delta-4 THC, THCP, and THC-O showed modest increases year over year, each moving up about 1.0–1.4 percentage points.

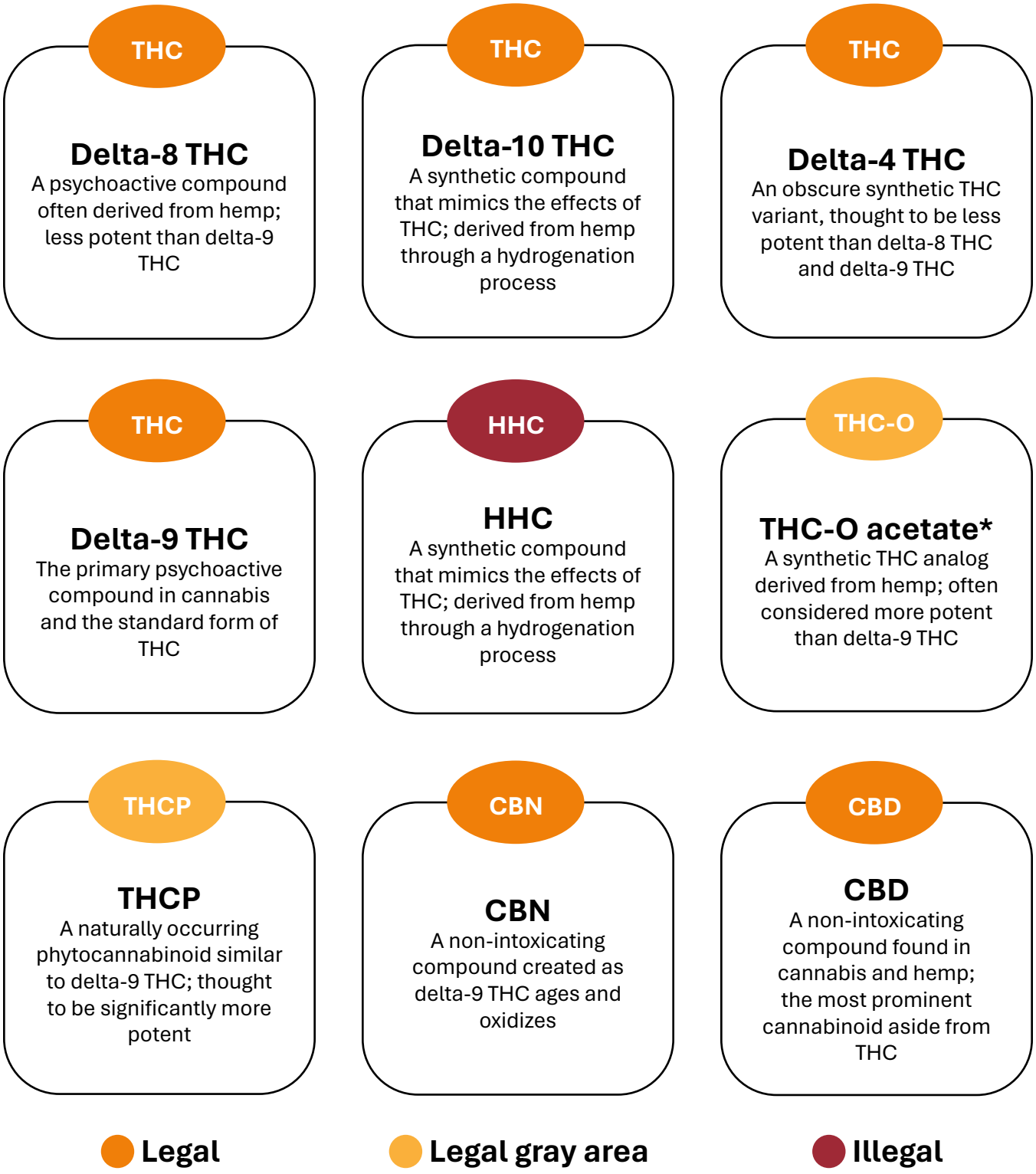
Awareness of HHC remains low, with only 7% of respondents aware of it in 2024, up just 0.4 percentage points from 2023.

Across the board, awareness levels rose modestly for all compounds, which may reflect increasing availability, product labeling, and media attention, particularly for delta THC variants.

Key takeaway

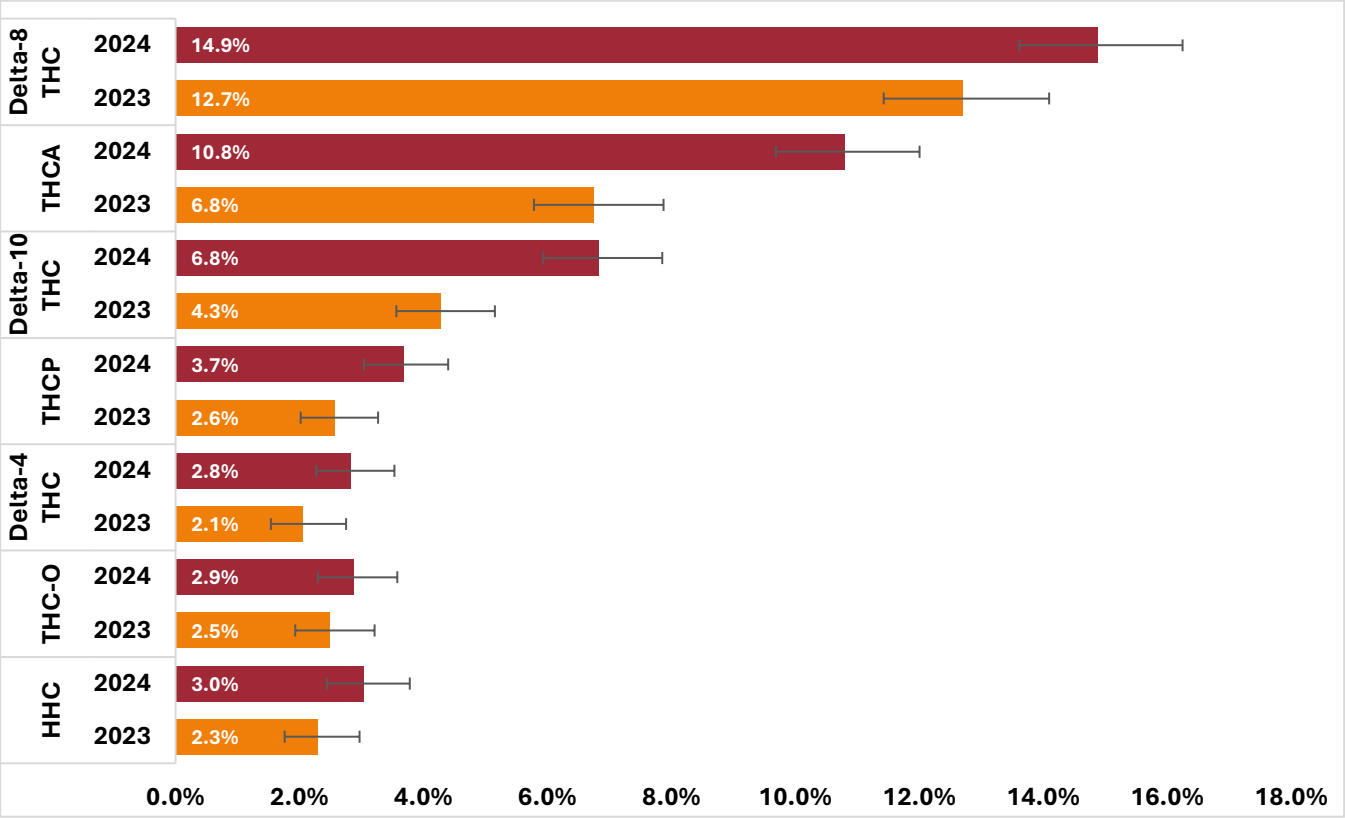
Public awareness of hemp-derived cannabinoids is increasing, especially of delta-8 THC, THCA, and delta-10 THC. While overall familiarity remains low for lesser-known compounds like HHC and THCP, modest year-over-year increases show growing exposure as these substances become more prevalent in the consumer marketplace.

Cannabinoid variants



*THC-O acetate is a synthetic analog of THC derived from hemp. Some reports suggest that THC-O may be two to three times stronger than delta-9 THC, but these were based on limited animal data and unverified user experiences. No clinical studies have confirmed its potency or safety in humans. *THC-O acetate Q&A with Dr. Ethan Russo: 'Don't go there.'* Cannabis Business Times. August 3, 2021. Available at: https://www.cannabisbusinesstimes.com/interviews-opinion/news/15693754/thc-o-acetate-qa-with-dr-ethan-russo-dont-go-there)

Ever used delta-8 THC and other synthetic variants, 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: Nearly one in four Illinois adults (24.2%) reported ever using at least one hemp-derived cannabinoid product in 2024, up from just less than one in five in 2023, a significant and rapid increase in user experimentation.

Delta-8 THC remained the most commonly used product (14.9% in 2024), followed by THCA (10.8%) and delta-10 THC (6.8%).

Conditional use analysis (based on awareness levels) suggests that among people aware of each product, over half had tried it. For example:

- In 2024, 55.8% of those aware of delta-10 THC had used it.
- 57.4% of those aware of delta-4 THC had tried it.

Conditional use levels for most products ranged between 51%–60%, suggesting that awareness is closely linked to experimentation.

Even less familiar cannabinoids like THCP and THC-O showed substantial uptake once awareness occurred.

Key takeaway

Use of hemp-derived cannabinoids is increasing rapidly, with nearly one in four Illinois adults reporting lifetime use in 2024. Among those aware of these compounds, most had tried them, suggesting that legal availability, affordability, and lack of regulation are driving high conversion from awareness to use.

Ever used delta-8 THC and other synthetic variants (2023–2024)

Compared to traditional cannabis use initiation, this high conversion from awareness to use for hemp-derived products suggests that retail access, price, and legal ambiguity may be fueling casual experimentation.

The emergence and public health impact of hemp-derived cannabinoids

The 2018 Farm Bill legalized hemp (defined as cannabis with ≤0.3% Δ9 THC by weight) but did not restrict other intoxicating cannabinoids derived from hemp (e.g., Δ8, Δ10, THC-O, THCP). This omission enabled the rapid spread of potent, psychoactive hemp-derived products.

These products are sold widely in Illinois, including in gas stations and smoke shops, as well as online, and often without age restrictions, licensing, testing, or taxation. A 2024 City of Chicago ordinance proposal noted over 260 Chicago-area stores selling them.

Concerns over mislabeling, lack of potency controls, and chemical contaminants (e.g., solvents, heavy metals) persist. Studies cited in the report found that some products exceeded the legal Δ9 THC limit for cannabis edibles and contained unlisted ingredients.

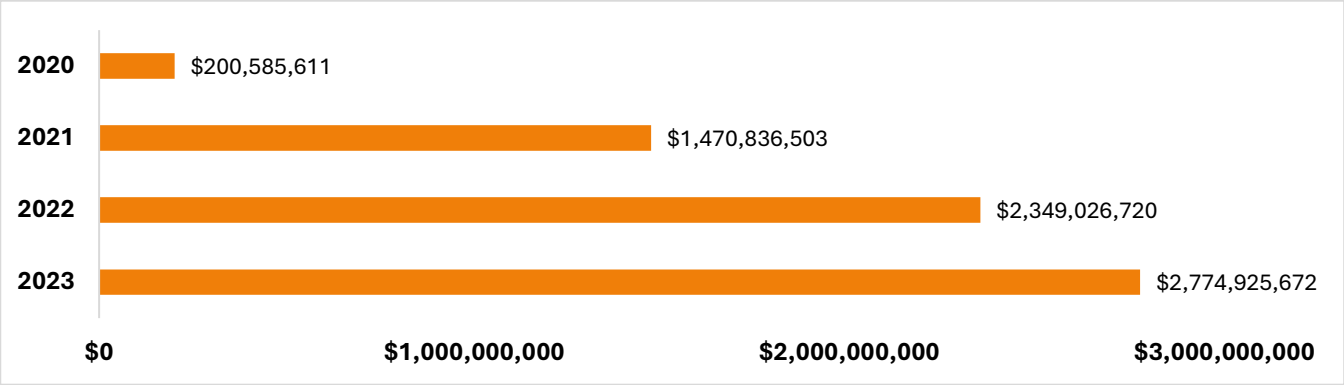
The products are frequently marketed as candy or snacks (e.g., gummies, chocolates) in colorful packaging that appeals to minors.

The lack of oversight may divert revenue from the tightly regulated and taxed cannabis market in Illinois. Debate continues over whether to ban hemp-derived psychoactive products or to regulate and license them separately, possibly with less burdensome requirements than cannabis.

Bills introduced in the Illinois House and Senate (e.g., SB0020, HB0064) propose age limits, potency caps, licensing, and taxation, but have not passed as of mid-2025.

Source: Swartz, J. A., & Franceschini, D. High on hemp: the proliferation of, public health implications, and policy debate over regulating hemp-derived psychoactive products, IGPA, May 2025). Available at: https://igpa.uillinois.edu/in-the-news/policy-spotlight-high-on-hemp-the-proliferation-of-public-health-implications-and-policy-debate-over-regulating-hemp-derived-psychoactive-products

Economic snapshot: Hemp-derived cannabinoid sales in the U.S.



Source. Estimates are based on the 2024 International Cannabis Policy Study of Illinois residents aged 16–65. The survey uses a non-probability Nielsen panel, available at http://cannabisproject.ca/

The market for intoxicating hemp-derived cannabinoids such as delta-8, delta-10, THC-O, and THCP has grown rapidly since passage of the 2018 Farm Bill, which legalized hemp (defined as cannabis with ≤0.3% Δ9 THC by weight) but did not restrict other intoxicating compounds derived from hemp.

Nationally, estimated U.S. sales of intoxicating hemp-derived cannabinoids grew from approximately $200 million in 2020 to nearly $2.8 billion in 2023, according to Brightfield Group. Delta-8 THC accounted for about 44% of that market in 2023, equivalent to roughly $1.2 billion in sales based on Brightfield's estimates. Figures for hemp-derived product sales for Illinois are not available as of the date of our report.

In Illinois, hemp-derived products are widely available in unlicensed retail outlets such as smoke shops, gas stations, and liquor stores. These products are not subject to age restrictions, potency caps, testing requirements, or taxation.

By contrast, Illinois's licensed cannabis market is tightly regulated and taxed, generating more than $2 billion in total sales in 2024 and $490 million in tax revenue. However, monthly cannabis sales have plateaued, remaining between $130–$150 million throughout 2023–2024.

This leveling of sales may reflect two market headwinds:

- A persistent illicit cannabis market, which offers lower prices than licensed dispensaries. The growing market for hemp-derived THC products, which are cheaper, more accessible, and often comparable in potency, operates entirely outside the regulatory framework.
- These unregulated hemp products may be diverting users from the Illinois licensed cannabis system, eroding tax revenue and complicating public health oversight even as they expand access to intoxicating cannabinoids across the state.

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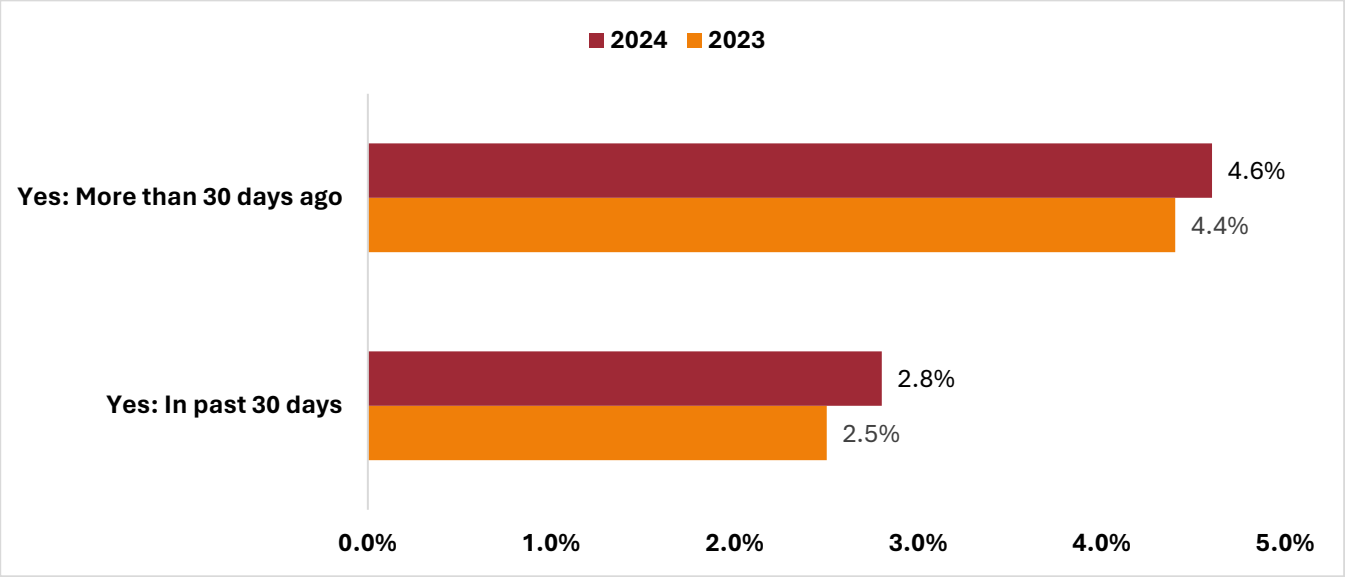
Have you ever used a delta-8 THC product? 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: A 2024 survey of Illinois residents aged 16 to 64 found that 7.4% reported ever using a product containing delta-8 THC; 2.8% said they had used delta-8 THC in the past 30 days, up slightly from 2.5% in 2023.

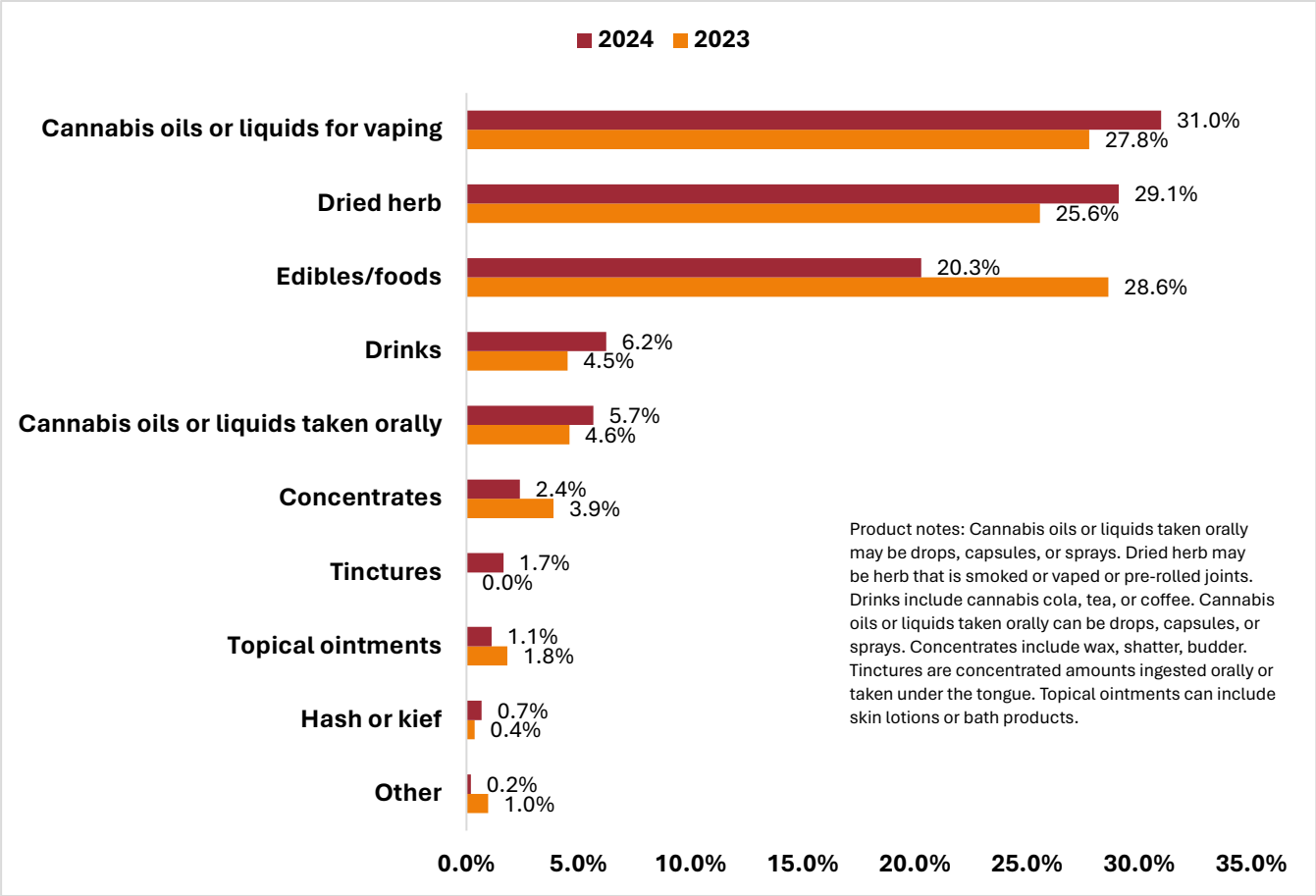
An additional 4.6% reported using delta-8 THC more than 30 days ago, also slightly higher than the 4.4% reported in 2023.

These modest increases suggest a continued presence of delta-8 THC products in the consumer market with regulatory uncertainty and limited formal oversight.

Key takeaway

Delta-8 THC product use remains stable in Illinois, with a slight increase in both recent and past use between 2023 and 2024. The findings underscore ongoing user interest in hemp-derived THC alternatives.

Delta-8 THC product use among Illinois respondents who reported awareness and use of delta-8 THC products, 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: Among Illinois residents who reported using delta-8 THC in 2024, the most common product types were:

- Vape oils or liquids (31.0%)
- Dried herb (smoked or vaped) (29.1%)
- Edibles (20.3%)

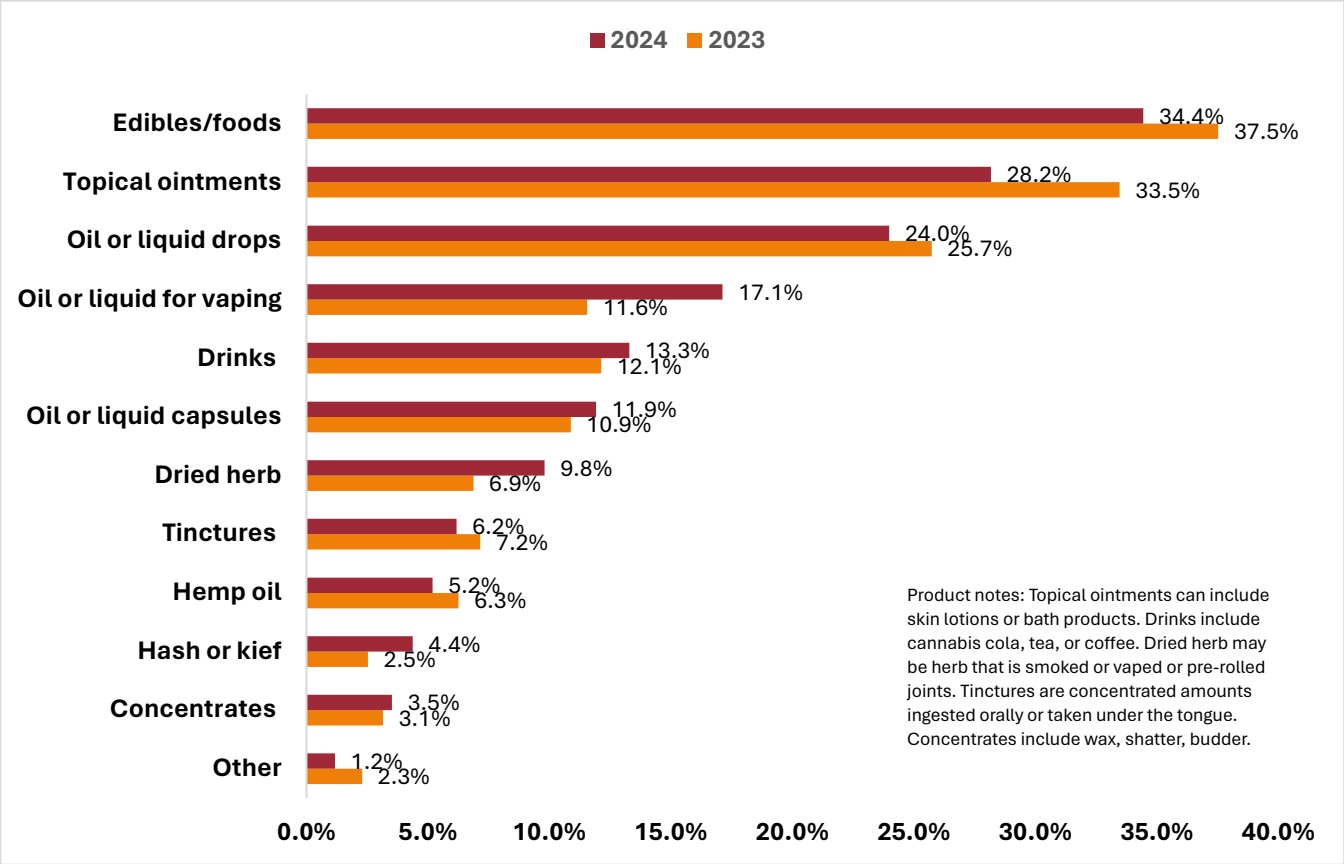
Compared to 2023, vape oils overtook edibles as the most commonly used form of delta-8 THC, although usage patterns remained broadly consistent year over year.

Notably, drinkable forms such as cannabis cola or tea and oral oils showed slight increases in 2024, while use of topicals, concentrates, and “other” products declined. Tincture use, previously negligible, was at 1.7% in 2024.

Key takeaway

Delta-8 THC consumption is concentrated in three main product types: vapes, smoked herb, and edibles. Preferences shifted slightly from 2023 to 2024. Overall patterns suggest that familiarity and convenience continue to drive product choice. The popularity of cannabis-infused beverages should be monitored.

CBD product type by percentage among those reporting CBD-only use in the past year, 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: Among Illinois residents who reported using CBD-only products in 2024, the most commonly used types were:

- Edibles or foods (34.4%)
- Topical ointments (28.2%)
- Oil or liquid drops (24.0%)

Compared to 2023, edibles overtook both topicals and oil drops as the most frequently used CBD product. Use of CBD-infused drinks (13.3%) and vape oils (17.1%) also showed modest increases. Tinctures, dried herb, and capsules each accounted for use among roughly 6%–12% of respondents. Less commonly used forms included hash/kief, concentrates, and hemp oil, all under 6%.

Overall, the product preferences observed in 2024 closely mirrored those in 2023, with a few subtle shifts suggesting increased experimentation with ingestible and inhaled forms.

Key takeaway

Edibles, topicals, and oil drops remain the most popular CBD-only product types in Illinois; a gradual rise in drinkables and vape oils suggests evolving consumer curiosity and product diversification.

Medical cannabis use and benefits

Medical cannabis use and benefits

Enrollment declines in Medical Cannabis Patient Program and Opioid Alternatives Pilot Program; medical cannabis use primarily for pain management and PTSD

118

registered patients in the Opioid Alternatives Pilot Program, down from 2,220 in September 2018

9,000

fewer patients in the Medical Cannabis Patient Program since a peak of 133,887 in May 2025

36.4%

of patients in the Medical Cannabis Patient Program report chronic pain as their qualifying medical condition

63.1%

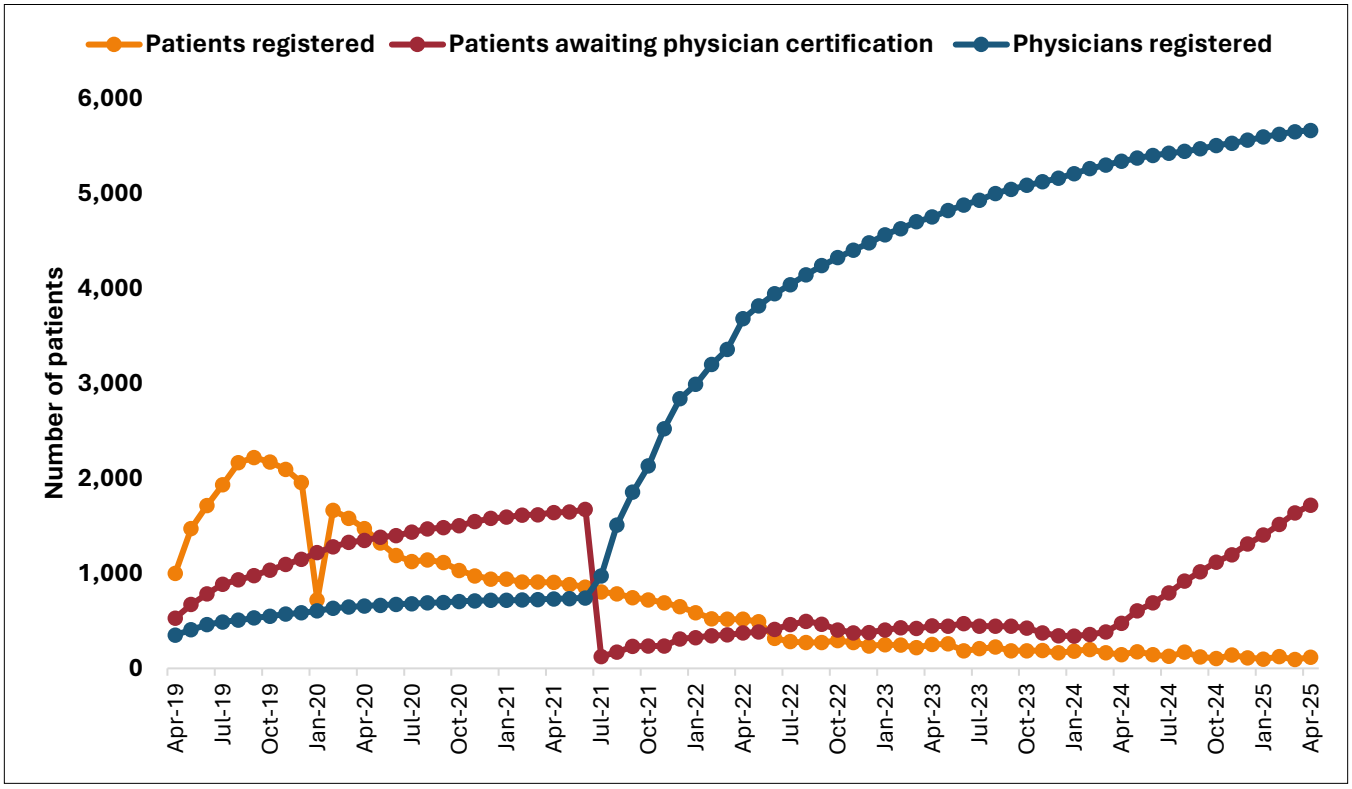
of medical cannabis users and 29.8% of non-medical users report using cannabis for a psychiatric condition

Program qualifications, application steps, renewals, and purchases, Medical Cannabis Patient Program and Opioid Alternative Pilot Program

	Medical Cannabis Patient Program	Opioid Alternative Pilot Program
Program qualifications	• Illinois resident • Diagnosed with at least 1 of the 56 qualifying conditions	• Illinois resident • Be at least 21 years old • Diagnosed with medical condition for which an opioid has been or could be prescribed based on generally accepted standards of care
Application steps	• Obtain physician certification or download the most recent 12 months of VA health records • Complete online application • Provide proof of age and identity • Provide proof of residency • Provide additional required documents (e.g., SSI, SSDI, DD214, etc.) • Pay application fee	• Obtain physician certification • Provide proof of age and identity • Provide proof of residency • Provide additional required documents (e.g., SSI, SSDI, DD214, etc.) • Pay application fee • Complete online application, including a copy of ID and passport photo, and pay application fee
Costs	• $50 for 1-year term • $100 for 2-year term • $125 for 3-year term • $25 per year for caregivers Reduced fee available for certain applicants.	• $10 for a 90-day term
Renewals	• Extension renewal: Patients who did not purchase a 3-year card on their initial application may extend up to a total of 3 years on the card. Physician certification is not required. • Certification renewal: Required for patients who completed the initial 3-year period. Physician certification is required.	• Certification renewal: Occurs every 90 days. Physician certification is required.
Purchases	• Patients may purchase up to 2.5 ounces of medical cannabis during a 14-day period. Waivers to request increase allotment are accepted. • Patients can purchase from any dispensary. • Designated caregivers are permitted.	• Patients may purchase up to 2.5 ounces of medical cannabis during a 14-day period. No waivers to increase the allotment are permitted. • No designated caregivers are permitted.

Source: State of Illinois. Department of Public Health. https://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis.html

Opioid Alternative Pilot Program registration



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

Observations and notes: Patient registration in the Opioid Alternative Pilot Program has declined steadily since its peak of 2,220 enrollees in September 2019, reaching just 118 registered patients in June 2025.

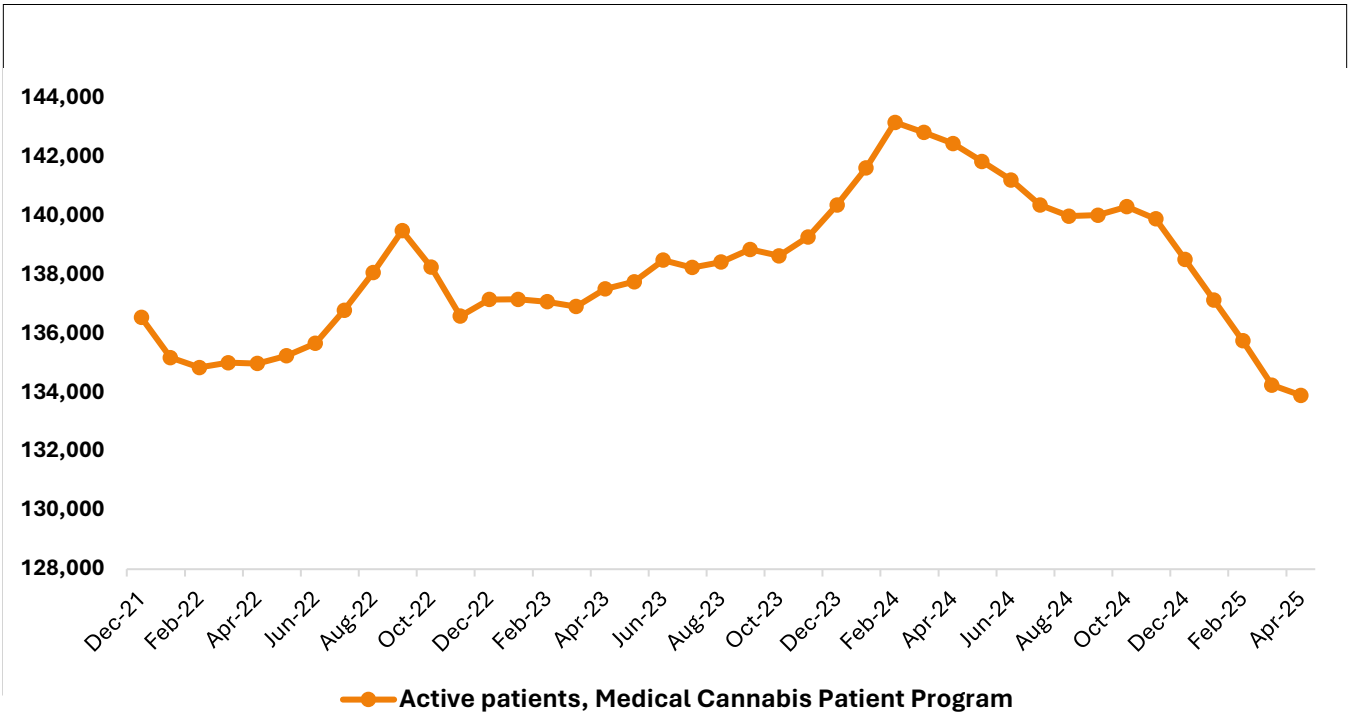
In contrast, the number of patients awaiting physician certification has grown significantly over the past year, rising from 385 in March 2024 to 1,718 in May 2025—the highest recorded in the program's history.

The number of registered physicians also increased sharply since mid-2021, from just over 700 to 5,663 as of May 2025. This growth outpaced patient registration and may reflect broader physician engagement with the State medical cannabis system, even as Opioid Alternative Pilot Program enrollment declines.

Key takeaway

Patient registration in the Opioid Alternative Pilot Program has declined dramatically since 2019, even as physician participation and pending certifications rise. This divergence suggests potential barriers to certification or shifts in patient preference away from the program.

Active patients, Medical Cannabis Patient Program, 2021–2025



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

Observations and notes: After a brief dip in fall 2022, enrollment in the Illinois Medical Cannabis Patient Program rebounded, peaking at 143,143 active patients in February 2024.

Since that high point, however, program enrollment has steadily declined, dropping to 133,887 patients by May 2025—a loss of over 9,000 active patients in just over a year.

This recent decline reverses a relatively stable period from late 2021 through early 2024, during which monthly fluctuations were modest and the patient count hovered near 135,000–140,000.

The drop from February 2024 onward is the most sustained downward trend since the program's early years.

Page 26 has information about retail and medical cannabis sales in Illinois.

Key takeaway

Despite earlier growth, enrollment in Illinois's medical cannabis program has declined since early 2024. The drop likely reflects a shift toward adult-use cannabis, which offers easier access without physician approval. High-THC retail products meet many patients' needs, and the program may consequently stabilize at a lower baseline unless policy changes boost enrollment.

Possible reasons for decline in enrollment in the Medical Cannabis Patient Program

Table 3. Possible reasons for decline in enrollment in the Medical Cannabis Patient Program since 2024

Possible reason	Likelihood	Evidence or Rationale
Availability of cheaper, more convenient hemp-derived THC products	Highly likely	Rapid rise of delta-8 THC and delta-10 THC products, often legal without registration or tax, has undercut medical programs (Livne et al., 2022).
Adult-use cannabis is easier to access and does not require registration	Highly likely	Medical cannabis program enrollments in states with legalized adult-use cannabis are lower than in states that prohibit adult use cannabis; enrollment in medical cannabis programs declines after adult use legalization (Boehnke, Kruger et al., 2024; Boehnke, Sinclair et al., 2024).
Discounts or tax savings at adult-use cannabis dispensaries are sometimes available for medical cannabis patients	Highly likely	Holders of a medical cannabis card can pay lower taxes than they would pay at a dispensary selling adult-use cannabis. Also, medical dispensaries are able to offer discounts to several groups, including veterans and recipients of Supplemental Security insurance/Social Security disability insurance or Medicaid/Medicare (Illinois Cannabis Regulation Oversight Office).
Patients no longer see value in program benefits (e.g., tax savings), especially when dispensaries do not clearly distinguish between medical and adult-use customers	Somewhat likely	Evidence suggests medical patients may feel underserved or perceive few differences between programs (Boehnke, Sinclair et al., 2024; New Mexico Department of Health, June 2024).
Doctors reluctant to certify patients	Somewhat likely	Lack of training, discomfort with cannabis, and regulatory burdens are barriers for providers (Mendoza et al., 2019; Yusupov et al., 2025).
Program enrollment process too cumbersome	Somewhat likely	Illinois applicants face a burdensome process involving multiple documents (proof of residency, medical certification, photo ID), online account setup, and deadline-sensitive renewals. Incomplete applications may lead to denial even after 30 business days of processing. Initial pilot reports also cited procedural complexity as a barrier (Illinois Legal Aid Online, 2024).
Desire for privacy; lingering concerns about the state registry	Somewhat likely	Although Illinois has strengthened privacy protections for medical cannabis patients—including HIPAA compliance and removal of registry notations from driving records—concerns may persist among individuals in sensitive professions or those unaware of these reforms. Registry visibility and stigma-related fears are commonly cited in national research as enrollment barriers (Satterlund et al., 2015; Ryan & Hopko, 2017).

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Possible reasons for decline in enrollment in the Medical Cannabis Patient Program

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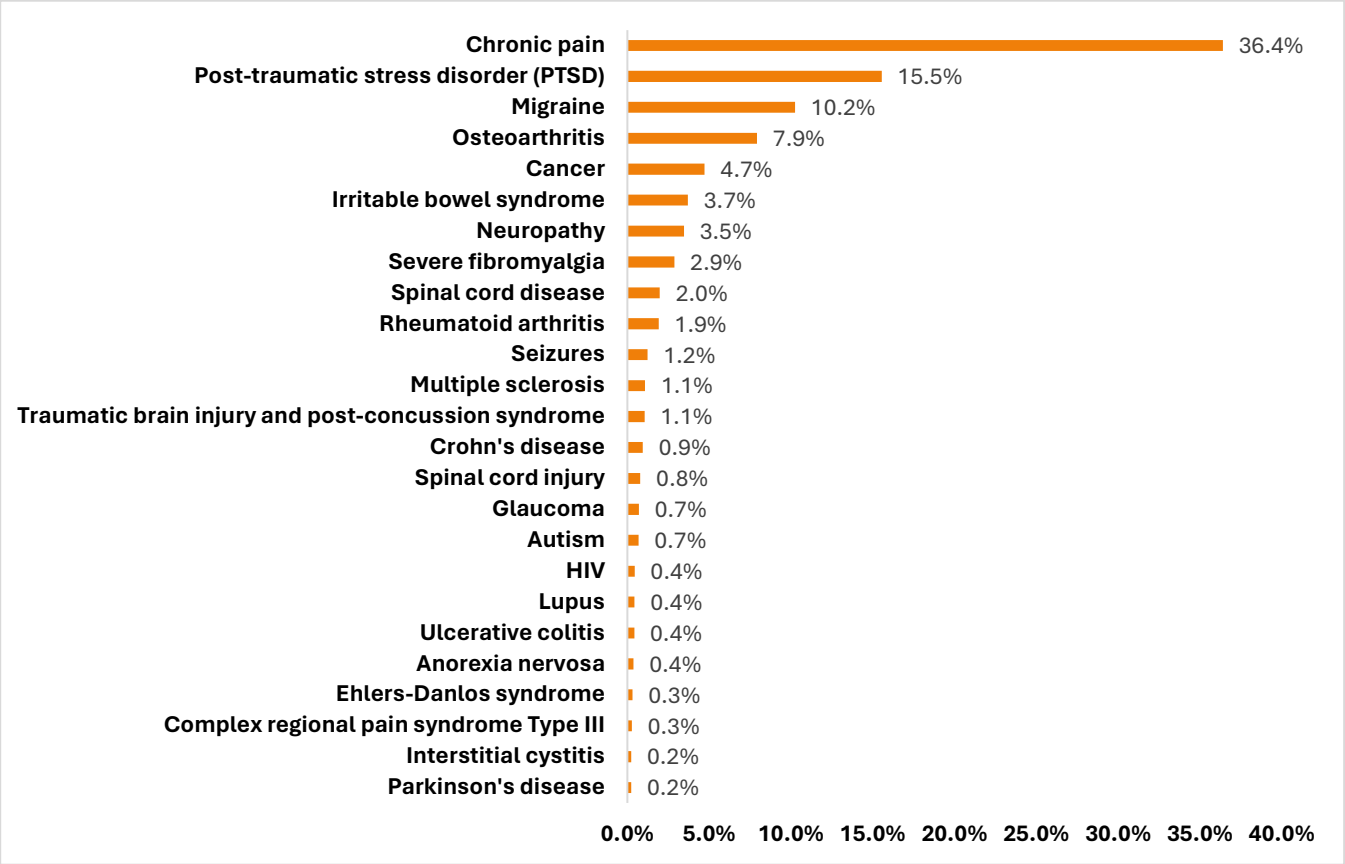
Qualifying medical conditions among enrollees in the Illinois Medical Cannabis Patient Program, FY2024



Source: Illinois Department of Public Health, https://cannabis.illinois.gov/content/dam/soi/en/web/cannabis/documents/media/reports-and-public-presentations/Compiled%20Cannabis%20Annual%20Report%202024.pdf

Observations and notes: In FY2024, Illinois's Medical Cannabis Patient Program continued to serve enrollees with a wide range of clinical conditions, with the vast majority of enrollees qualifying under a few diagnoses:

- Chronic pain was the most commonly cited condition, accounting for 36.4% of all enrollees.
- PTSD ranked second at 15.5%, followed by migraine (10.2%).

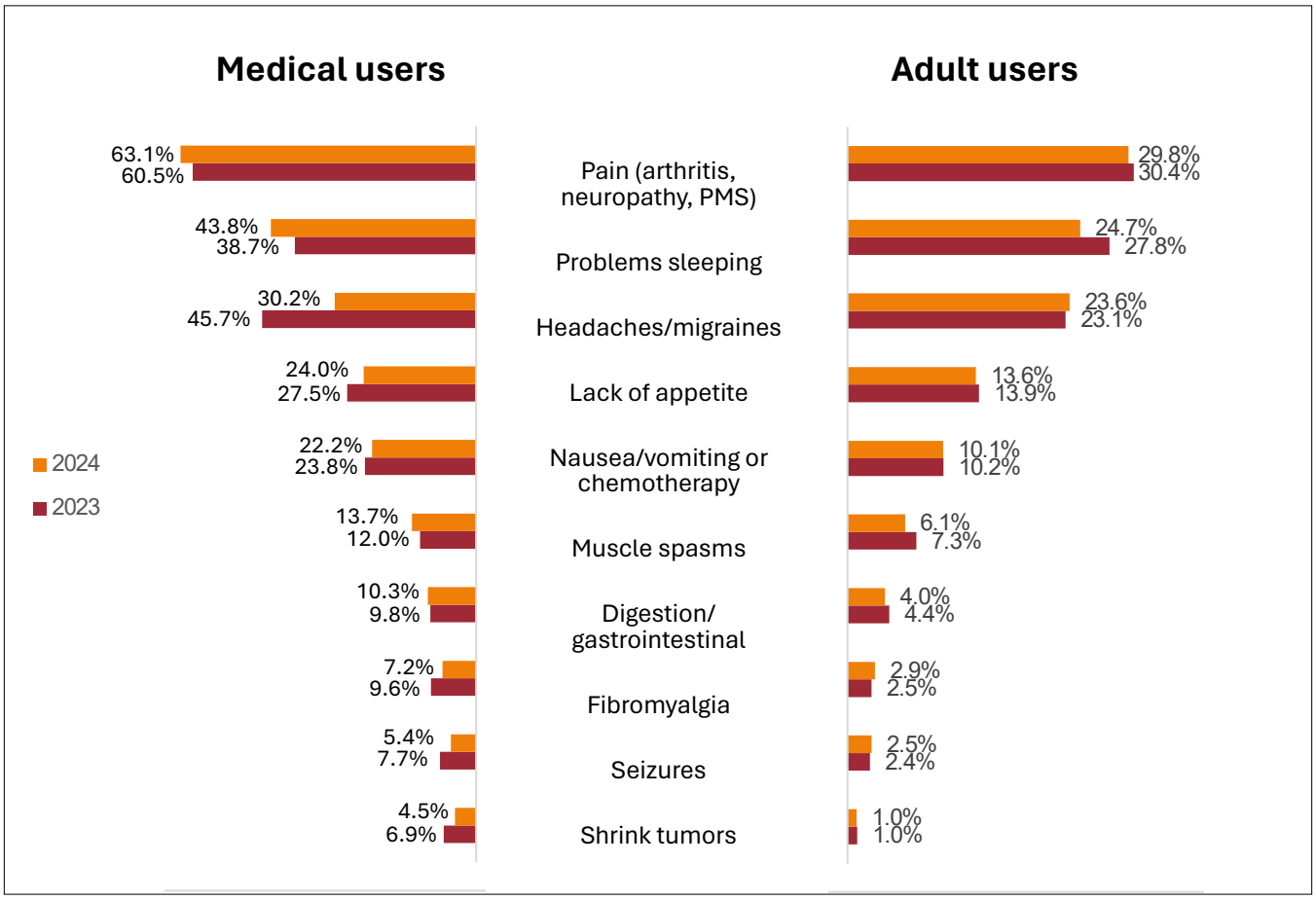
While more than 20 other conditions were represented among enrollees, most accounted for fewer than 5% of enrollees individually. These included cancer (4.7%), osteoarthritis (7.9%), neuropathy (3.5%), and irritable bowel syndrome (3.7%).

A number of rarer qualifying conditions, such as lupus, interstitial cystitis, and Parkinson's disease, were cited by fewer than 1% of enrollees.

Key takeaway

Chronic pain remains the leading qualifying condition for medical cannabis in Illinois, followed by PTSD and migraine. Although the Medical Cannabis Patient Program serves those with a diverse range of clinical diagnoses, the majority of enrollees enter the program under a small number of high-prevalence conditions.

Medical conditions for which cannabis was used by medical and adult users, 2023–2024



Respondents were asked about each condition separately. Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: The top reasons for use in 2024 were pain and sleep for both groups. Medical users reported these reasons approximately twice as often as do those who use adult-use cannabis.

Among medical users, headaches/migraine as reason for use fell sharply in 2024 (from approximately 46% to 30%), while sleep concerns ticked up from approximately 39% to 44%.

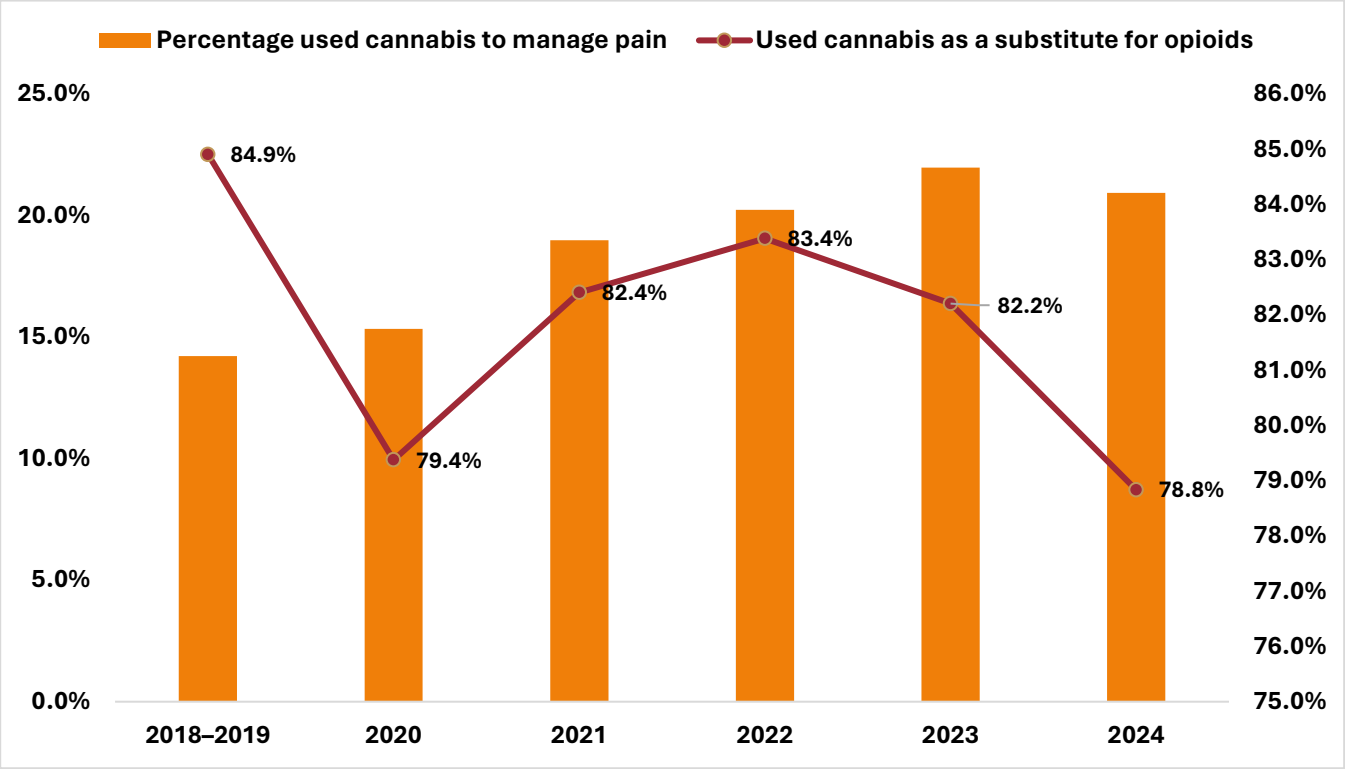
Adult-use patterns were largely flat from 2023 to 2024 (pain at approximately 30%, sleep at approximately 25%, and headaches at approximately 24%).

Seizures were cited by approximately 7% of medical users and approximately 2%–3% of adult users. The number of those citing "shrinking tumors" as their reason remained at a low level: <5% medical; approximately 1% adult-use.

Key takeaway

Pain and sleep are the top reasons for cannabis use, reported about twice as often by medical users as adult-use users. In 2024, headaches/ migraines dropped sharply among medical users, while other reasons stayed stable. Rare conditions like seizures or "shrink tumors" remain uncommon.

Cannabis pain management and opioid substitution comparison, 2018–2024



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: From 2018 to 2023, Illinois saw a steady increase in the percentage of adults reporting cannabis use to manage pain, rising from 14.2% to 22.0%. However, in 2024, that trend reversed, with just 11.0% of respondents reporting cannabis use for pain management, a decline of nearly 50% from the prior year.

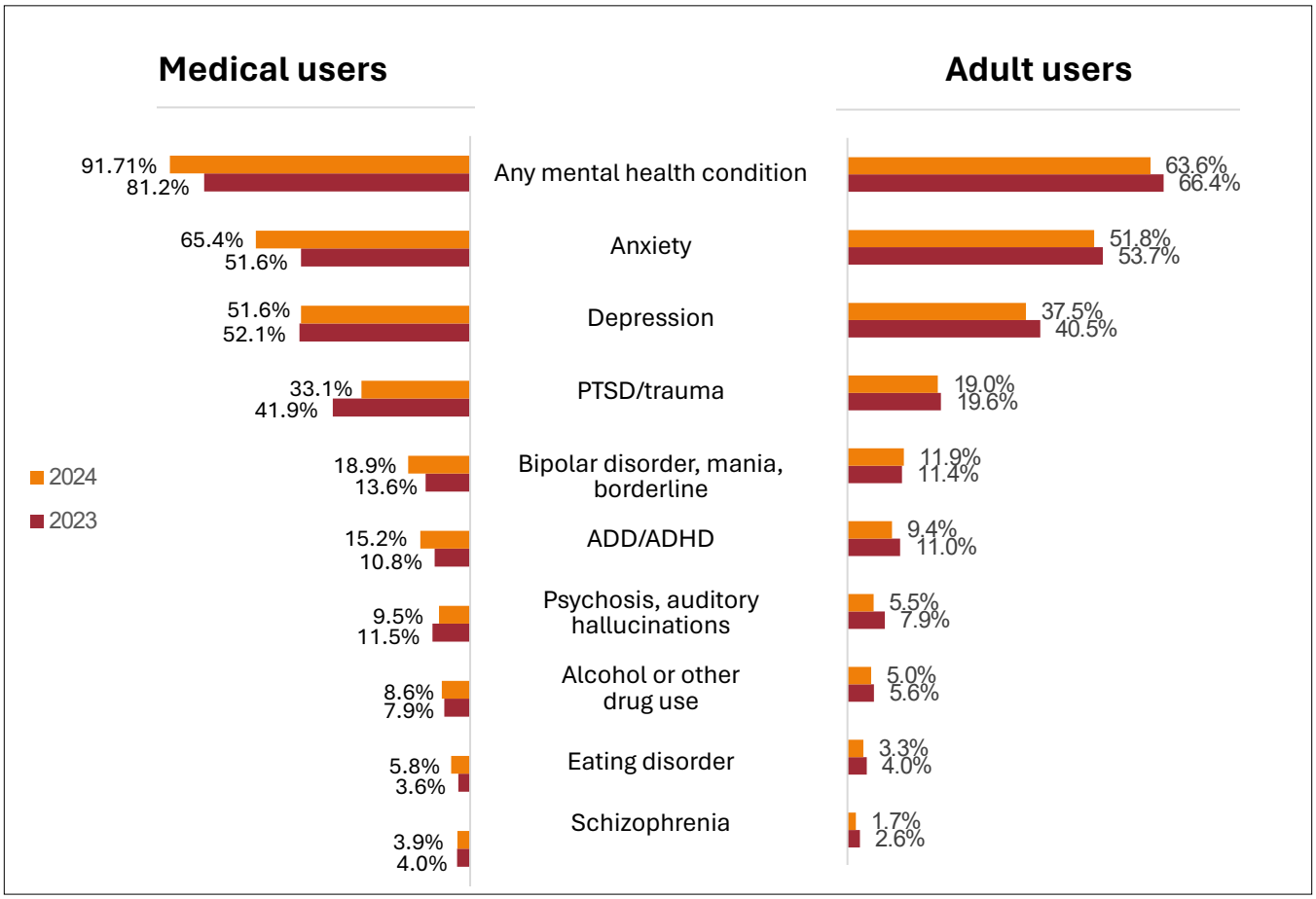
Among those who reported using cannabis for pain, the percentage who used it as a substitute for opioids remained high across years but declined from 82.2% in 2023 to 78.8% in 2024.

These shifts may reflect changing perceptions of cannabis's effectiveness for pain, greater market availability of other options (legal or illicit), or policy and messaging shifts related to cannabis and pain care.

Key takeaway

Cannabis use for pain management declined sharply in 2024 after five years of growth. While most users still report substituting cannabis for opioids, the drop in both use and substitution rates warrants further monitoring.

Mental health motivations for cannabis use: Differences between medical and adult users in Illinois, 2023–2024



Respondents were asked about each condition separately.

Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: In both 2023 and 2024, a significant majority of Illinois medical cannabis users reported using cannabis to manage mental health symptoms.

- In 2024, 92% of medical users indicated cannabis helped with at least one mental health condition, up from 81% in 2023.
- The most commonly cited conditions were anxiety (65.4%), depression (51.6%), and PTSD or trauma-related symptoms (33.1%).

Key takeaway

Cannabis is frequently used to manage mental health symptoms, especially among medical users. Anxiety and depression were the most common reasons reported in both medical and adult-use populations; medical users consistently reported higher rates of cannabis use for all mental health conditions.

Mental health motivations for cannabis use: Differences between medical and adult users in Illinois, 2023–2024

Among adult-use cannabis users, mental health-related use was also common, but less prevalent:

- In 2024, 64% reported using cannabis for mental health reasons, slightly down from 66% in 2023.
- The most commonly cited symptoms were anxiety (51.8%), depression (37.5%), and PTSD/trauma-related symptoms (19.0%).

Across both groups and both years, anxiety and depression consistently ranked highest. Medical users reported substantially higher overall rates of symptom-specific use.

Users were classified as “medical cannabis users” if they indicated they had ever received a prescription or authorization from a healthcare provider. Data are drawn from the 2023 and 2024 waves (5 and 6) of the International Cannabis Policy Study and include only respondents who reported ever using cannabis.

Cannabis use disorder and treatment

Methodological note

These estimates in this section are based on a restricted extract of Illinois ED records (2018–2024), not the full census of encounters. Under the data use agreement, the universe was limited to records containing at least one of the following ICD-10 code groups:

- **Cannabis-related diagnoses:** F12.xxx (all subcodes, including abuse, dependence, intoxication, unspecified)
- **Cannabis poisoning:** T40.7x (all subcodes)
- **Opioid use disorders:** F11.xxx (all subcodes)
- **Opioid poisonings:** T40.0x, T40.1x, T40.2x, T40.3x, T40.4x, T40.6x (all subcodes)
- **Selected psychiatric diagnoses:** F20.xx (schizophrenia), F21.xx (schizotypal disorder), F23.xx (brief psychotic disorder), F25.xx (schizoaffective disorder)

Results reflect the distribution of cannabis diagnoses within this selected analytic universe and should not be generalized to all ED visits in Illinois.

Cannabis use disorder and treatment

Experiencing any adverse event is fairly common among past-year cannabis users. Prevalence of cannabis use disorder increased to 7.7%, up from 6.5% in 2022.

18.4%

of past-year cannabis users have a likely cannabis use disorder, with an additional 28.6% meeting criteria for hazardous cannabis use

7.7%

of Illinoisans aged 16–64 have a likely cannabis use disorder, with an additional 11.9% meeting criteria for hazardous cannabis use

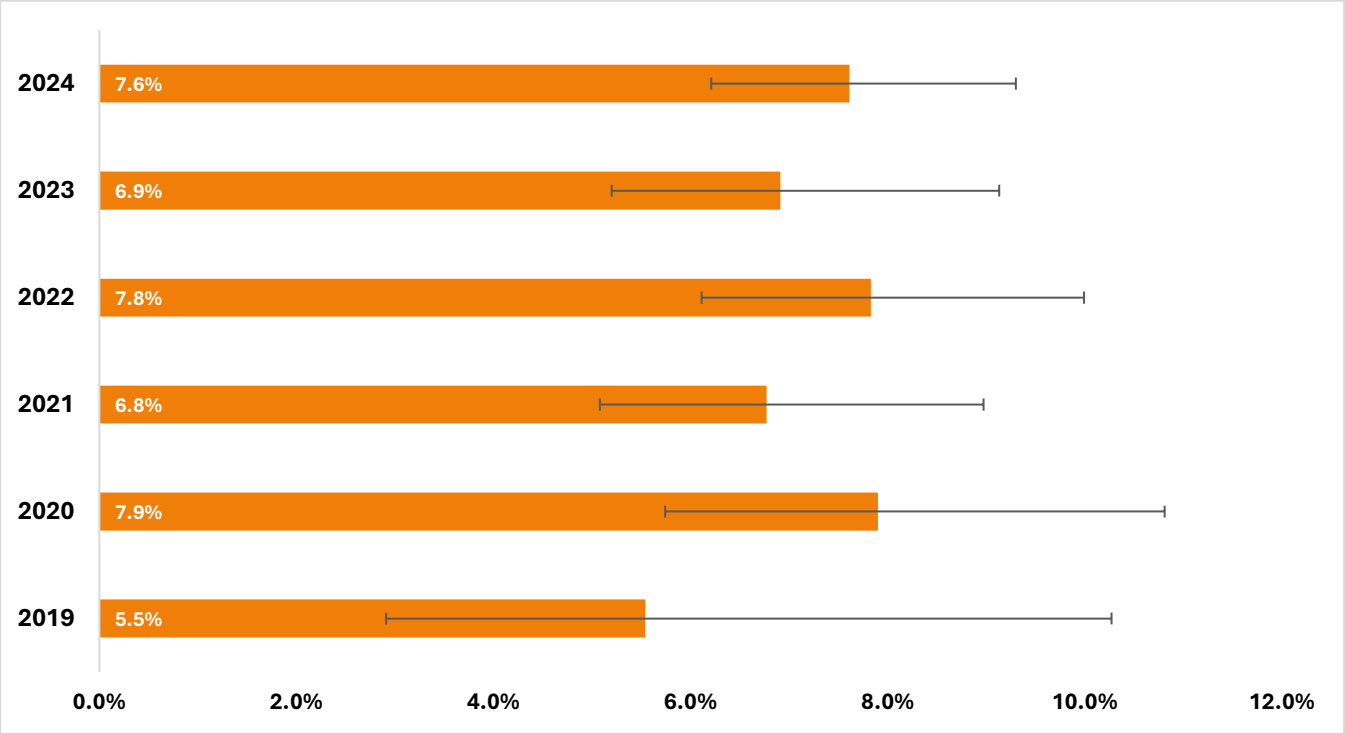
31.1%

of past-year cannabis users reported experiencing at least one adverse event

26.4%

of those reporting an adverse event sought medical help

Self-reported cannabinoid hyperemesis syndrome among those who used cannabis in the past year, 2019–2024



ICPS, International Cannabis Policy Study. Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: Between 2019 and 2024, the self-reported prevalence of cannabinoid hyperemesis syndrome among those who used cannabis in the past year fluctuated between 5.5% and 7.9%, showing no clear upward or downward trend over time. Respondents were asked, "Have you ever experienced cannabinoid hyperemesis syndrome (repeated, severe vomiting from cannabis use)?"

The highest estimate was in 2020 (7.9%), while the lowest was in 2019 (5.5%), although CIs across years largely overlap.

The narrowing of CIs in 2023 and 2024 reflects the increased sample size in those survey years, rather than greater consistency in user responses or symptoms.

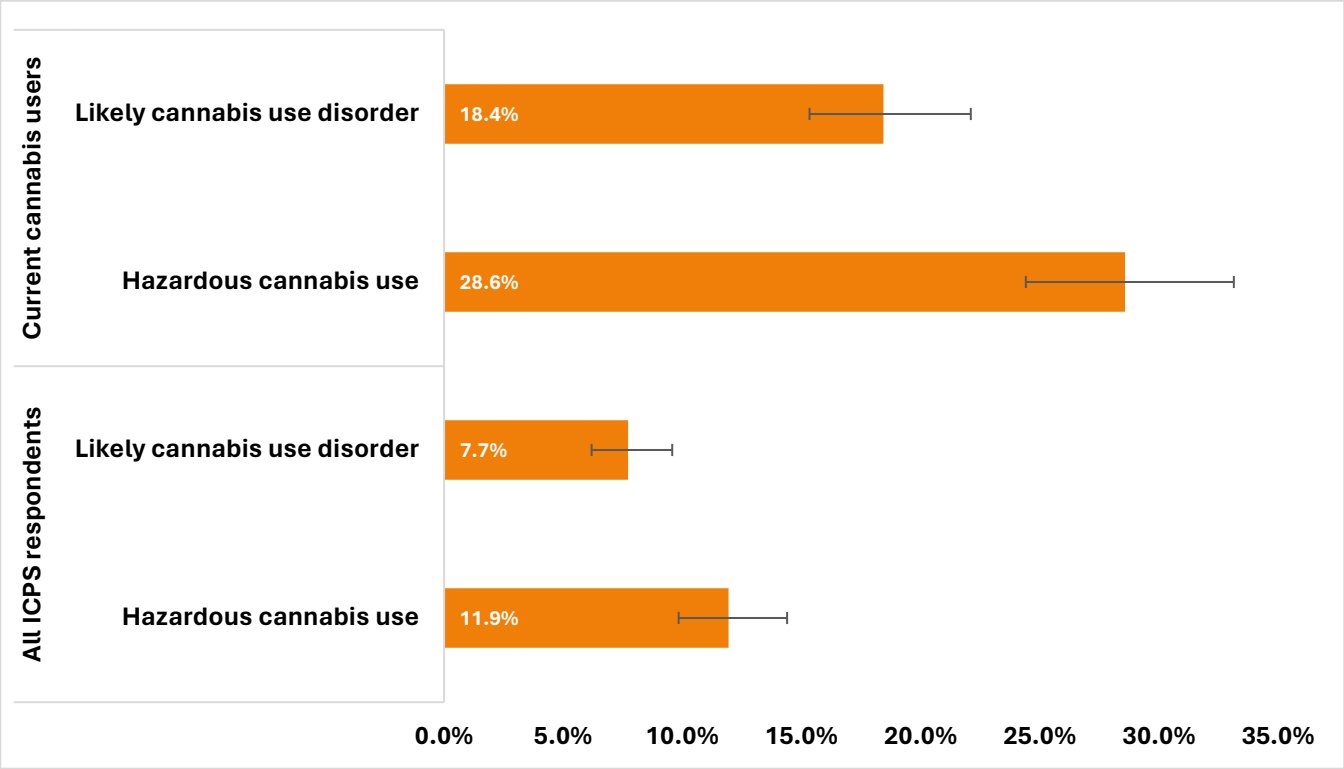
These are self-reports, not clinically confirmed diagnoses. Respondents may have misunderstood the condition or attributed unrelated symptoms to cannabinoid hyperemesis syndrome, introducing potential misclassification.

The reported rates are higher than those seen in ED data sets, which may reflect under-diagnosis in clinical settings or heightened user awareness in survey contexts.

Key takeaway

Roughly 1 in 13 past-year cannabis users in Illinois self-reported symptoms consistent with cannabinoid hyperemesis syndrome from 2019 to 2024. Survey-based prevalence exceeds ED-based estimates; this may reflect under-diagnosis in clinical settings and misattribution by users.

Estimated prevalences of hazardous cannabis use and likely cannabis use disorder, 2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: The CUDIT-R screening scale was used to estimate cannabis use disorder (CUD) in the 2024 International Cannabis Policy Study (ICPS) sample. Among the full adult sample in Illinois, 11.9% met the moderate CUDIT-R cutoff (score ≥8), and 7.7% met the more stringent threshold (score ≥12). When restricted to current cannabis users, the prevalence was substantially higher: 28.6% met the moderate cutoff, and 18.5% met the stringent one.

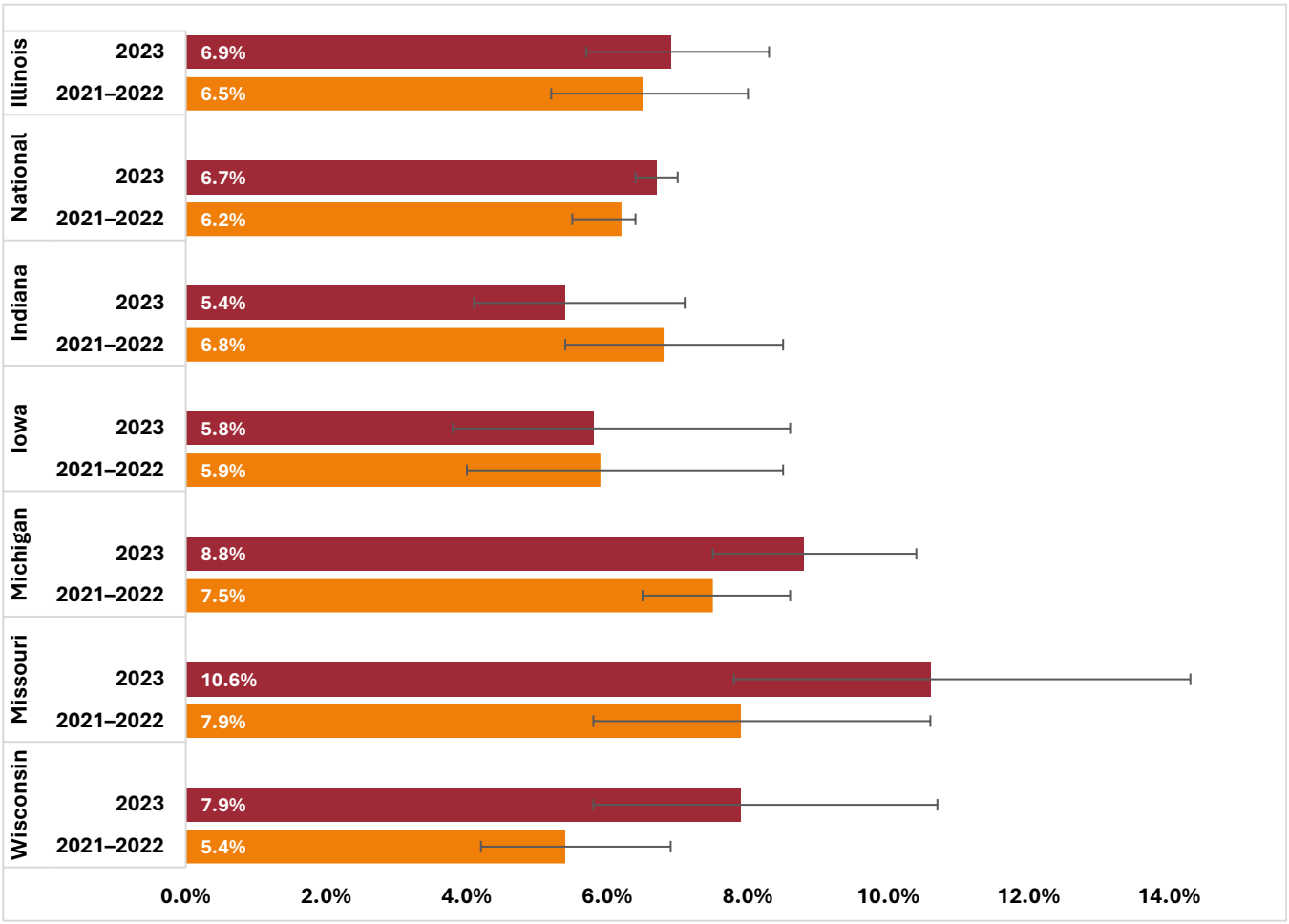
These results align closely with estimates from National Survey on Drug Use and Health, which places Illinois' past-year CUD prevalence among adults at approximately 7%. The CUDIT-R distinguishes between moderate and high-risk users. The consistency between ICPS and National Survey on Drug Use and Health suggests that the CUDIT-R, even in its slightly modified form, provides a valid indicator of problematic cannabis use patterns in Illinois.

Note: These findings are based on an adapted version of the Cannabis Use Disorders Identification Test – Revised (CUDIT-R) using six core items available in the ICPS 2024 dataset. Two frequency-related questions typically included in the validated CUDIT-R were substituted with parallel items elsewhere in the survey (i.e., general frequency of cannabis use and hours spent "stoned" per day). While this approach aligns with the spirit of the original screener, estimates should be interpreted as approximations of CUDIT-R scoring thresholds.

Key takeaway

Roughly one in nine Illinois adults who reported past-year use and nearly one in three current cannabis users screen positive for cannabis use disorder using the CUDIT-R. These estimates align closely with federal data and reinforce concerns about problematic use among frequent users.

Past-year cannabis use disorder among those aged 12 or older by Midwest state and nationally, 2021–2023



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

Observations and notes: Illinois's incidence of past-year cannabis use disorder (CUD) edged up slightly from 6.5% to 6.9% in 2023—just above the national average (6.7%) but below the rates seen in Michigan (8.8%), Missouri (10.6%), and Wisconsin (7.9%). The overall upward trend across most states signals a growing need to monitor the potential consequences of frequent or problematic cannabis use. Strengthening access to cannabis-specific behavioral health interventions remains critical in mitigating long-term harm, as does early screening.

Key takeaway

In 2023, the incidence in Illinois of cannabis use disorder increased to 6.9%, slightly above the national average (6.7%) but lower than in Michigan, Missouri, and Wisconsin. The overall upward trend across states reinforces the need for early intervention and targeted treatment access.

Why did estimates of cannabis use disorder increase?

Estimates of cannabis use disorder (CUD) increased notably with the shift from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) diagnostic criteria to DSM-5 criteria.

National data from the National Epidemiologic Survey on Alcohol and Related Conditions suggest that DSM-5 criteria yield significantly higher prevalence rates, especially for cannabis, compared to DSM-IV criteria. For this reason, we do not include 2018–2019 National Survey on Drug Use and Health estimates, which are based on DSM-IV diagnostic criteria.

Several key changes between the DSM-IV and the DSM-5 account for the increase:

Merged categories: DSM-IV distinguished between abuse and dependence. DSM-5 collapses these into a single disorder with a range of severity, broadening eligibility.

Controversial criterion removed: The DSM-IV's "legal problems" criterion was dropped due to inconsistent application and concerns about racial bias, improving diagnostic reliability.

Lower threshold: The DSM-5 requires only 2 of 11 symptoms for a CUD diagnosis, whereas the DSM-IV required 3 or more for dependence. This change captures more individuals with milder symptom profiles.

Severity spectrum introduced: The DSM-5 defines CUD as mild (2–3 symptoms), moderate (4–5), or severe (6 or more). Many individuals now qualify for mild CUD who would have been sub-threshold under the DSM-IV.

New criteria added: The DSM-5 includes craving as a criterion—for cannabis users, a common experience, and one not counted in the DSM-IV.

These changes were designed to better capture the full range of problematic use and align with current clinical understanding. However, they also mean that CUD prevalence estimates made using the DSM-5 cannot be directly compared to earlier DSM-IV figures.

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Cannabis use, adverse events, and medical help seeking

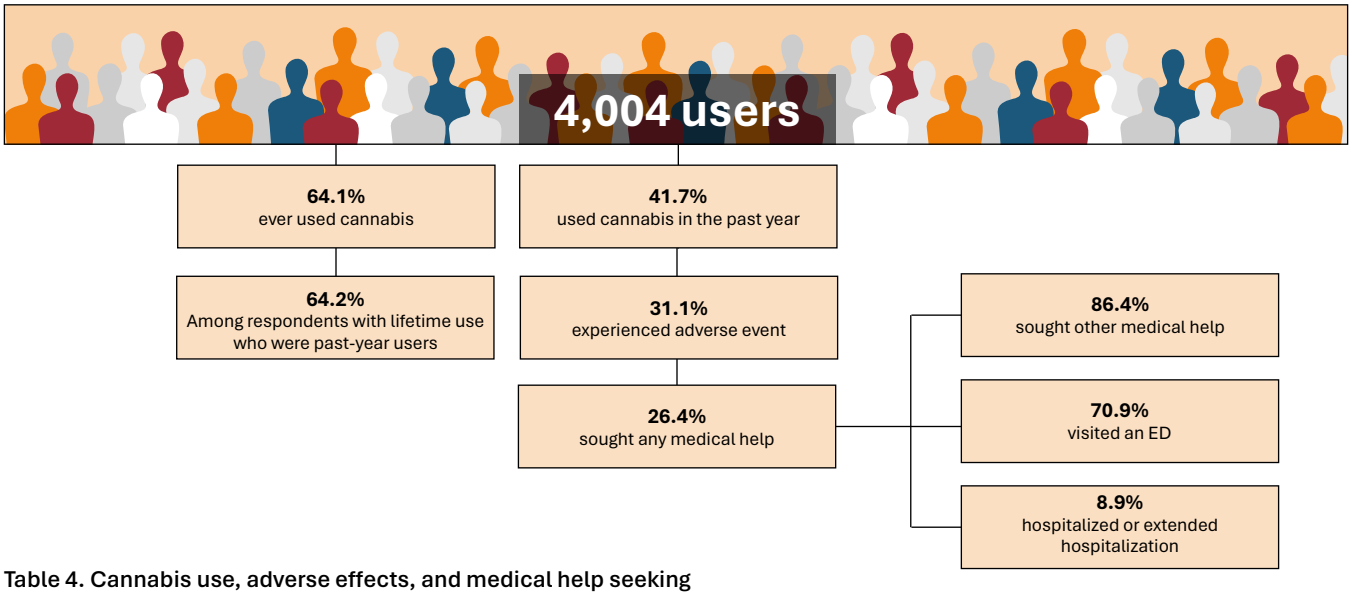


Table 4. Cannabis use, adverse effects, and medical help seeking

Total survey sample/characteristic	Percentage
Total survey sample	100% (N = 4,004)
Ever used cannabis	64.1% (N = 2,605)
Of the 2,605 who ever used cannabis	64.2% of lifetime users
Used cannabis in past year	41.7% of total sample (N = 1,672)
Experienced a cannabis-related adverse event in past year	31.1% of past-year users (N = 520)
Sought any medical help	26.4% of those with an adverse event (N = 137)
Sought other type of medical help (e.g., poison center, walk-in clinic, helpline)	86.4% (N = 119)
Visited an ED	70.9% (N = 97)
Hospitalized or extended existing hospitalization	8.9% (N = 46)

Respondents could select multiple types of care; branches are not mutually exclusive. Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: The 2024 International Cannabis Policy Study survey shows that nearly one in three past-year users reported experiencing at least one. However, only about a quarter of those who experienced an adverse event sought any kind of medical help. Among those who did seek care, the majority visited an ED, and a strikingly high proportion contacted or visited other medical resources such as poison centers, walk-in clinics, or telephone helplines. Hospitalization was relatively rare (9%). The data suggest that adverse events can be serious enough to prompt urgent care.

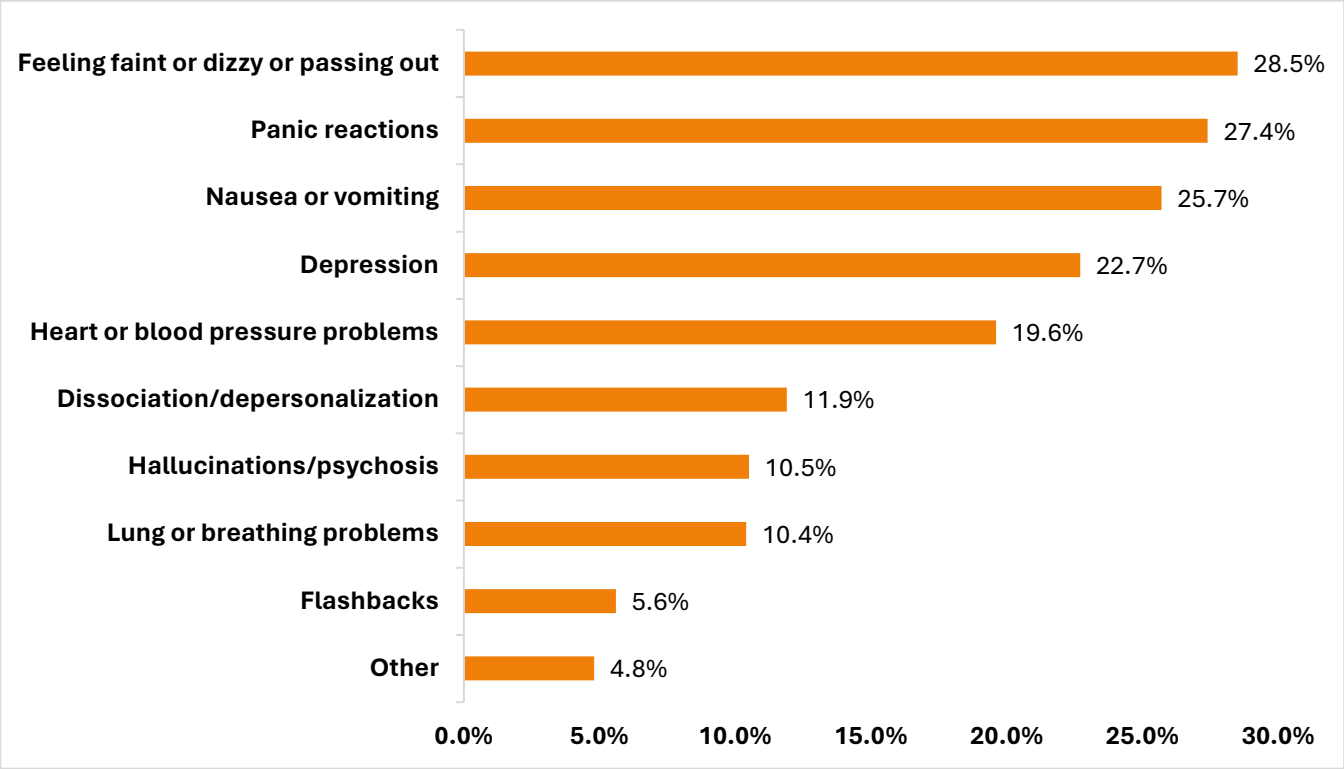
Listed symptoms of an adverse event were nausea and/or vomiting; heart or blood pressure problems; feeling faint or dizzy or passing out; panic reactions; hallucinations/psychosis; flashbacks; depression; dissociation/depersonalization; lung or breathing problems.

Respondents were from a self-selected panel. The findings are nonetheless a valuable interim proxy for tracking cannabis-related morbidity in Illinois.

Key takeaway

Roughly 1 in 10 Illinois adults surveyed in 2024 reported a cannabis-related adverse event serious enough to seek medical attention—most commonly through EDs or informal medical resources. These findings point to a need for better surveillance and public education on cannabis risks.

Percentage of past-year cannabis users experiencing any adverse effect, 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: The most common adverse events reported by those who used cannabis in the past year and experienced an adverse reaction were:

- Feeling faint, dizzy, or passing out (28.5%)
- Panic reactions (27.4%)
- Nausea or vomiting (25.7%)

Depression (22.7%) and cardiovascular issues (19.6%) were also relatively common.

Less frequent but still concerning were hallucinations/psychosis (10.5%), dissociation or depersonalization (11.9%), and lung or breathing problems (10.4%).

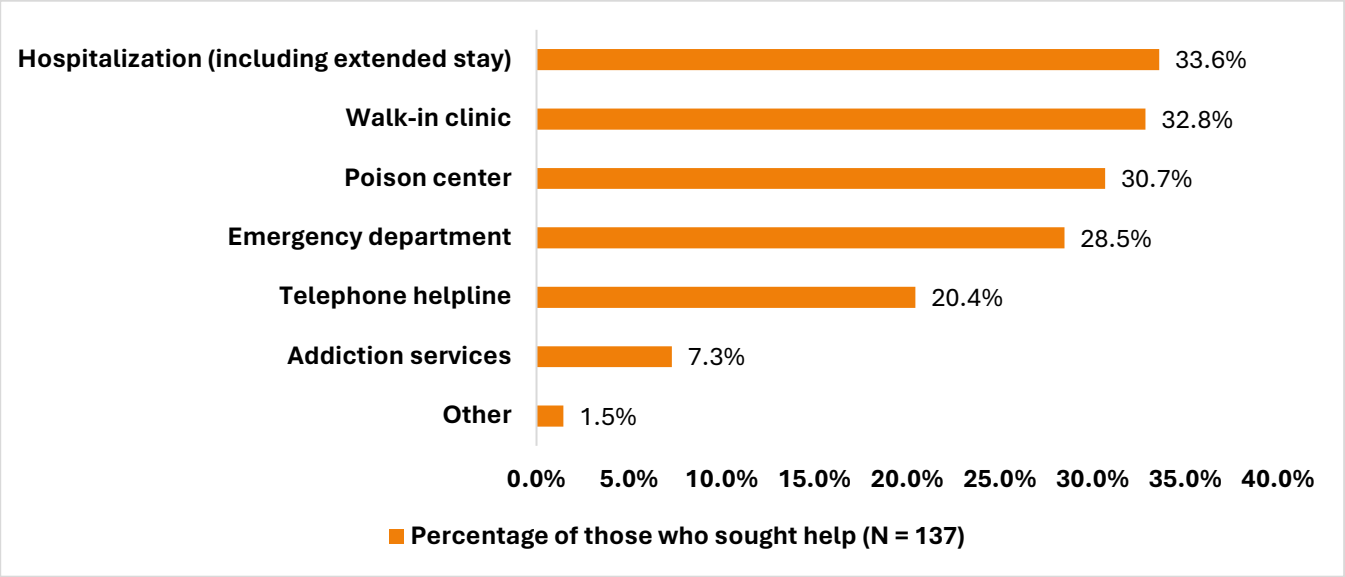
Flashbacks (5.6%) and "other" effects (4.8%) were least frequently reported.

Over one-third of those experiencing adverse reactions reported multiple symptoms.

Key takeaway

The most commonly reported adverse events were dizziness, panic, nausea, and depression. Harm reduction education and monitoring are important, especially as use becomes more widespread. These symptoms can mimic other medical or psychiatric conditions and may prompt medical visits, complicating diagnosis and care.

Where medical attention was sought after a cannabis-related adverse event, 2023–2024



Source: International Cannabis Policy Study, Illinois site data (2023–2024) – David Hammond (PI), University of Waterloo. Codebooks, questionnaires, and methodological detail are available at http://cannabisproject.ca/

Observations and notes: Help-seeking behaviors for cannabis-related adverse events were diverse, with no single dominant provider standing out as the go-to.

One-third (33.6%) of those who sought help reported inpatient or extended hospital care.

Non-emergency care sources such as walk-in clinics (32.8%) and poison centers (30.7%) were frequently used, more than traditional ED visits (28.5%).

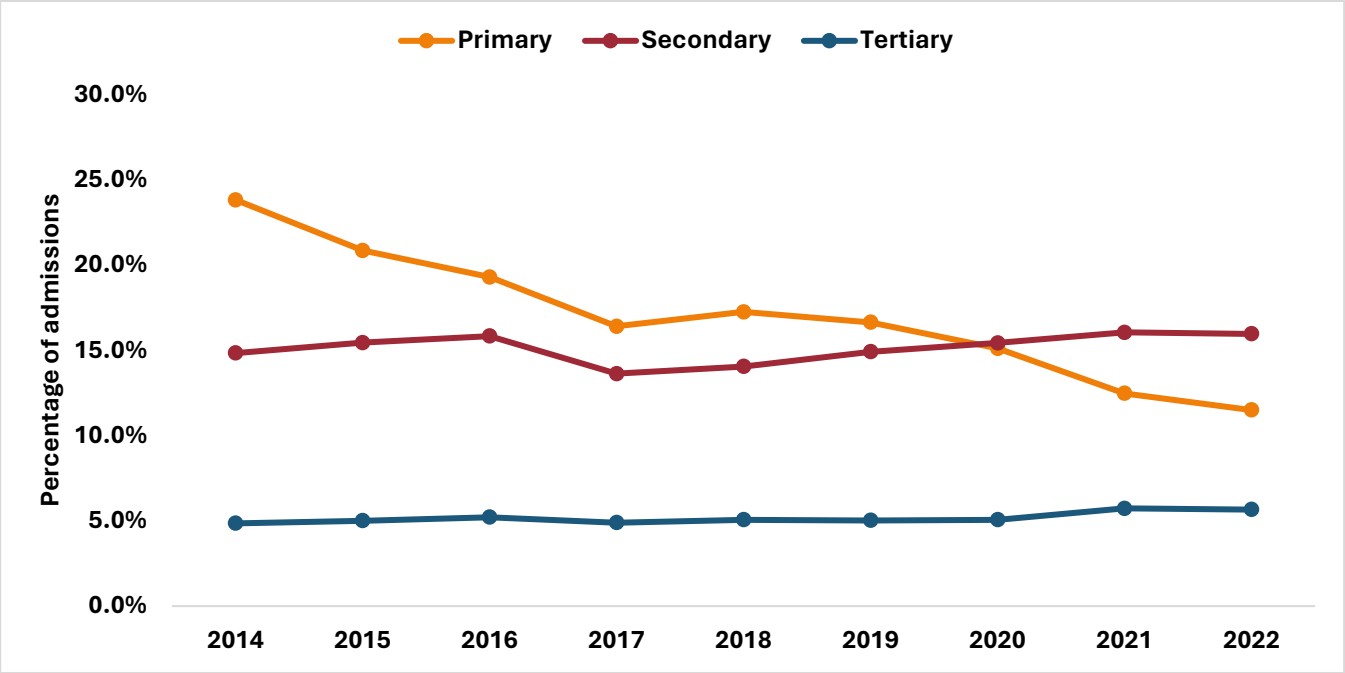
Telephone helplines were also a notable point of access (20.4%), suggesting the importance of remote or anonymous options for those reluctant to seek in-person care.

Addiction-specific services providers were relatively rarely used, suggesting that few users see themselves as needing treatment for substance use. “Other” sources of medical attention were also rare.

Key takeaway

Cannabis users who seek medical help for adverse events are as likely to turn to walk-in clinics, poison centers, or hospitals as they are to EDs. Well-trained providers are needed to assist individuals whose health is affected by their use of cannabis.

Cannabis-involved admissions to State-funded treatment programs, per year, 2014–2022



Source: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS) – Admissions, 2014–2022

Observations and notes: From 2014 to 2022, the percentage of Illinois admissions to State-funded treatment programs reporting cannabis as a primary drug of misuse declined steadily—from 23.8% in 2014 to just 11.5% by 2022. Secondary and tertiary cannabis misuse remained relatively stable, with a slight increase in secondary reports in recent years.

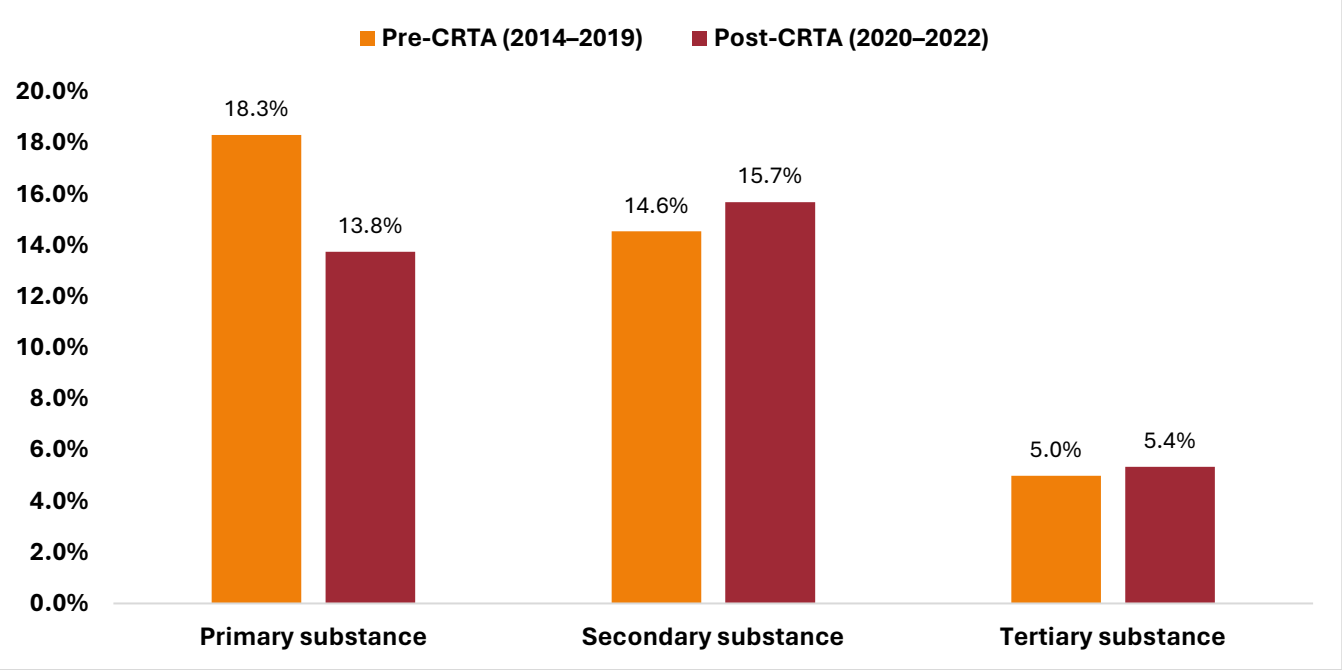
When comparing pre- and post-legalization periods (pre-Cannabis Regulation and Tax Act: 2014–2019 vs. post-Cannabis Regulation and Tax Act: 2020–2022), admissions for cannabis as the primary drug declined from 18.3% to 13.8%. This may suggest a shift in the profile of individuals entering publicly funded treatment or a reduction in the severity of cannabis-related problems among those still seeking care.

Caution is warranted: total TEDS admissions in Illinois dropped dramatically post-2020 (from ~49,000 in 2018–2019 to just ~13,000 in 2022), likely reflecting changes in treatment funding, Medicaid managed care expansion, or reporting systems rather than only underlying trends in cannabis misuse.

Key takeaway

Publicly funded treatment admissions for cannabis as a primary drug have declined since legalization. While this may signal reduced treatment need or shifting drug use patterns, changes in the size and composition of the treatment population after 2020 limit definitive conclusions.

Cannabis-involved admissions to State-funded treatment programs, pre- vs. post-Cannabis Regulation and Tax Act



CRTA, Cannabis Regulation and Tax Act. Source: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set – Admissions (TEDS-A), 2014–2022.

Observations and notes: From 2014 to 2022, the percentage of Illinois admissions to State-funded treatment programs reporting cannabis as a primary drug of misuse declined steadily—from 23.8% in 2014 to just 11.5% by 2022. Secondary and tertiary cannabis misuse remained relatively stable, with a slight increase in secondary reports in recent years.

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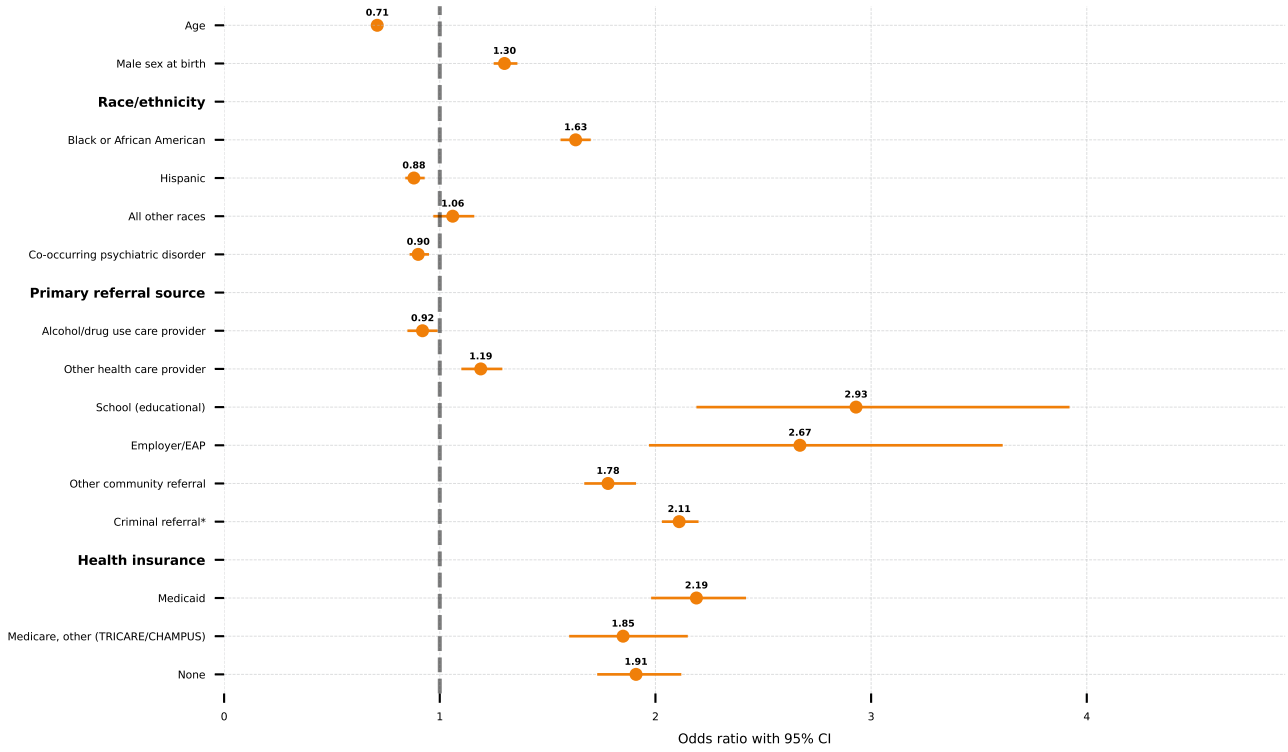
Validating cannabis use disorder estimates

We examined the overlap between cannabis-related Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) diagnoses and whether cannabis was reported as a primary, secondary, or tertiary substance at admission. Of the 38,140 treatment admissions with a DSM diagnosis of cannabis misuse or dependence, over 98% also had cannabis listed among their top substances of use. This strong concordance validates the use of reported substance misuse flags to estimate treatment admissions related to cannabis.

Key takeaway

Publicly funded treatment admissions for cannabis as a primary drug have declined since legalization. While this may signal reduced treatment need or shifting drug use patterns, changes in the size and composition of the treatment population after 2020 limit definitive conclusions.

Any cannabis misuse at admission (outcome)



CRTA, Cannabis Regulation and Tax Act. Source: Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set – Admissions (TEDS-A), 2014–2022

Observations and notes:

Age

- Younger individuals were much more likely to report cannabis misuse. With each additional year of age, the odds of cannabis misuse decreased by ~29% (OR = 0.71, p < .001).

Sex (relative to females)

- Males had higher odds of cannabis misuse than females (OR = 1.30, p < .001), a modest but reliable sex difference.

Race/ethnicity (relative to White individuals)

- Black/African American individuals had 63% higher odds of cannabis misuse than White individuals (OR = 1.63, p < .001).
- Hispanic individuals had slightly lower odds of cannabis misuse (OR = 0.88, p <.001).
- Those in the “other” race category did not differ significantly from White individuals (OR = 1.06, ns).

Key takeaway

Cannabis misuse is clinically significant cannabis use that has warranted treatment. Cannabis misuse was significantly more likely among younger, male, and Black individuals, as well as those referred from criminal justice, schools, or employers and those with public insurance. Co-occurring psychiatric disorders were common.

Any cannabis misuse at admission (outcome)

Psychiatric disorders (relative to no co-occurring psychiatric disorders)

- Individuals with documented psychiatric disorders had slightly lower odds of being admitted with cannabis misuse (OR = 0.90, $p < .001$). This does not suggest that psychiatric comorbidity is uncommon among cannabis users in treatment, but rather that such diagnoses are more common among individuals admitted for other primary substances (e.g., opioids or methamphetamines), where severe psychiatric comorbidity is often more prominent.

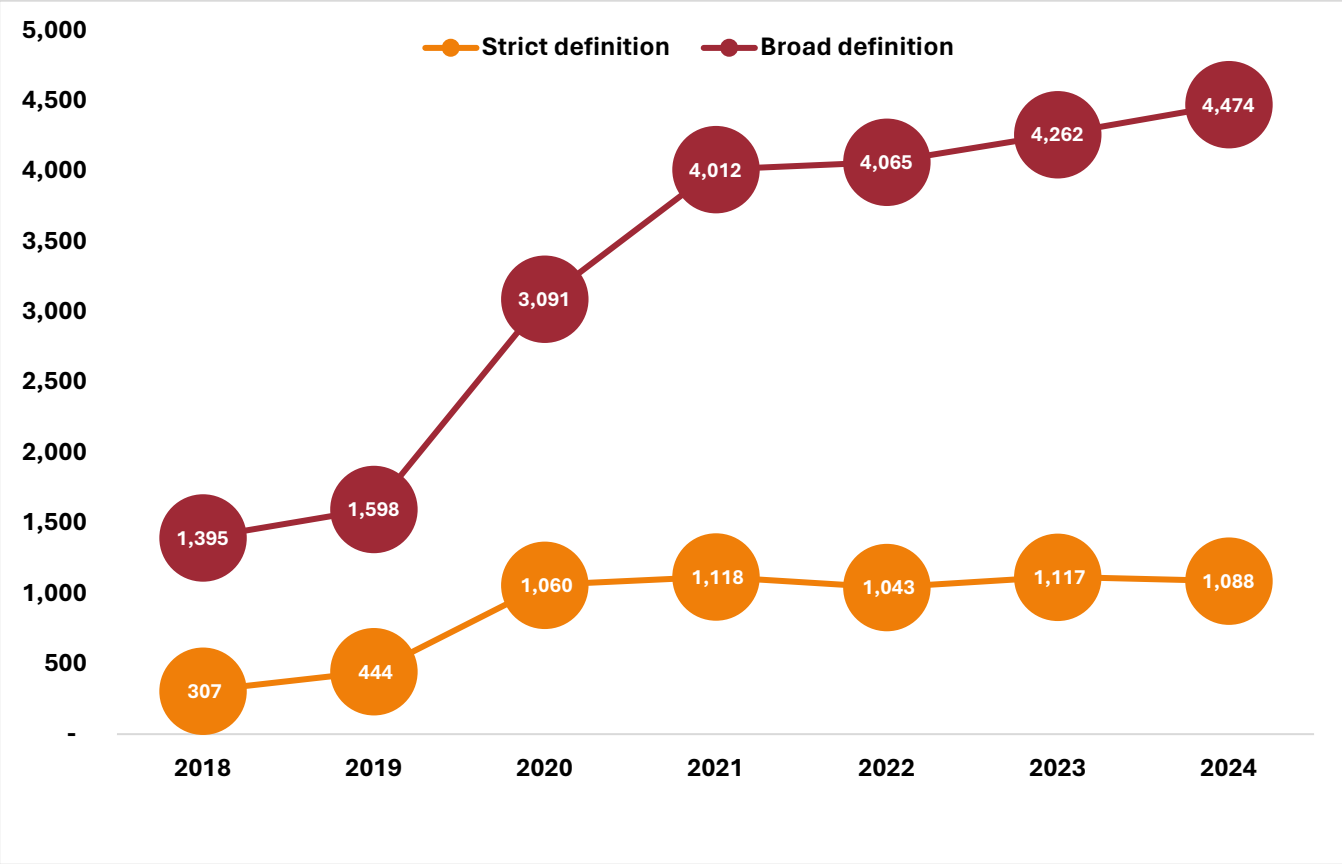
Primary source of referral (relative to self/individual)

- Criminal justice referrals had the highest odds of cannabis use (OR = 2.11, $p < .001$).
- Referrals from schools (OR = 2.97) and employers/Employer Assistance Programs (OR = 2.69) were strongly associated with higher odds of use.
- Other community referrals (OR = 1.78) and healthcare (OR = 1.19) showed elevated odds.
- Only referrals from providers of care related to alcohol/drug use were associated with lower odds (OR = 0.92, $p = .042$), perhaps reflecting their focus on other substances.

Health insurance (relative to private/commercial insurance)

- Medicaid recipients had more than twice the odds of cannabis use (OR = 2.23, $p < .001$).
- Those with Medicare or "other" insurance (OR = 1.88, $p < .001$) and the uninsured (OR = 1.96, $p < .001$) had significantly elevated odds. This likely reflects individuals being referred for other substances, particularly opioids or stimulants.

Illinois ED encounters: Potential cannabinoid hyperemesis syndrome, 2018–2024



Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety & Quality: Hospitalization and ED Visit Discharge Data Sets

Observations and notes: ED encounters likely related to cannabinoid hyperemesis syndrome vary depending on how cases are defined.

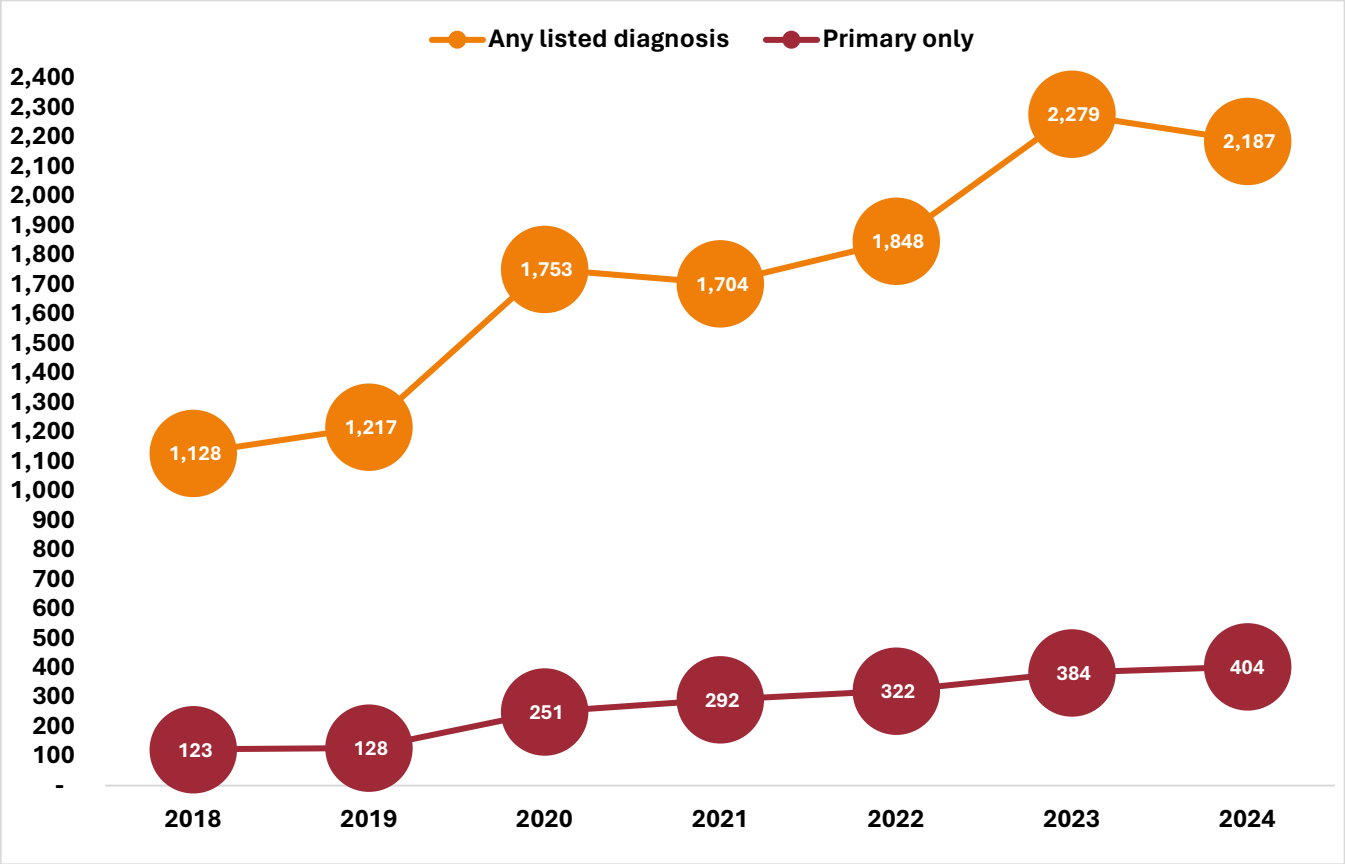
Using a strict definition (primary diagnosis of vomiting with secondary cannabis diagnosis, excluding pregnancy, migraine, and chemotherapy/cancer), Illinois recorded about 6,200 cases between 2018 and 2024. Annual counts grew sharply between 2018 and 2021, then stabilized at around 1,100 cases per year.

A broad definition (any primary diagnosis of vomiting with secondary cannabis diagnosis) yields nearly 23,000 cases over the same period, which is over three times higher. Using clinically consistent definitions is important for reliable surveillance.

Key takeaway

From 2018–2024, Illinois recorded about 6,200 cannabis-related ED encounters using a strict definition that provides a reliable basis for public health monitoring.

Illinois ED encounters: Cannabis intoxication, 2018–2024



Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety & Quality: Hospitalization and ED Visit Discharge Data Sets

Observations and notes: ED encounters involving cannabis intoxication increased steadily in Illinois from 2018 to 2024.

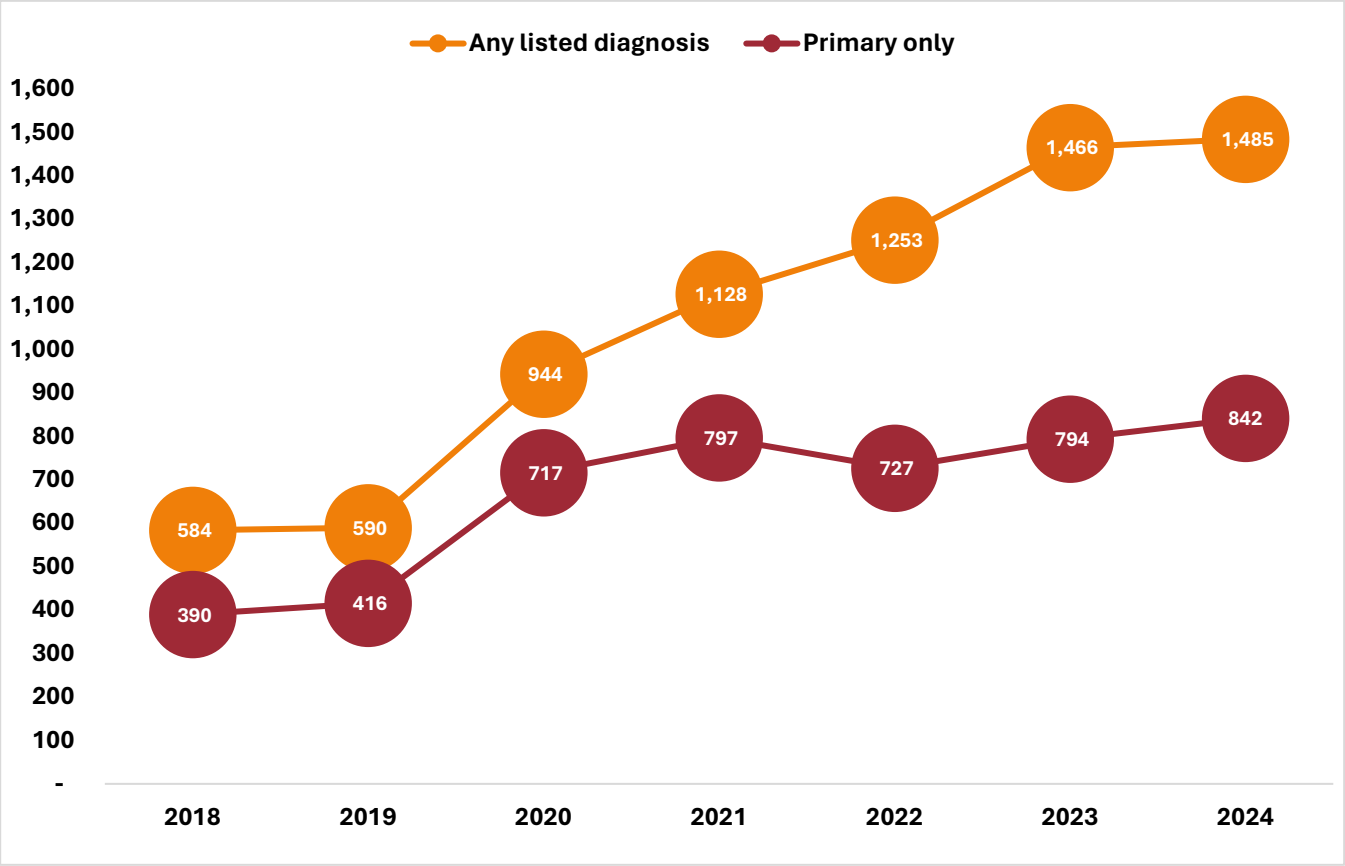
Using the broad definition (an any-listed diagnosis), cases doubled from about 1,100 in 2018 to more than 2,100 in 2024, totaling nearly 12,000 visits over the period.

A strict measure (primary diagnosis of cannabis intoxication only) yields a smaller count (~400 cases in 2024) but shows the same upward trend. The choice of how to define a condition affects incidence estimates.

Key takeaway

ED for cannabis intoxication visits in Illinois more than doubled from 2018 to 2024. Less strict definitions (any-listed diagnosis) show over 2,100 cases in 2024, while primary-only diagnoses show about 400. Both measures point to a clear upward trend.

Illinois ED encounters: Cannabis poisonings, 2018–2024



Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety and Quality: Hospitalization and ED Visit Discharge Data Sets

Observations and notes: ED encounters for cannabis poisoning have more than doubled in Illinois since 2018.

Using a broad definition (an any-listed diagnosis), cases rose from about 580 in 2018 to nearly 1,500 in 2024, totaling more than 7,400 across the period.

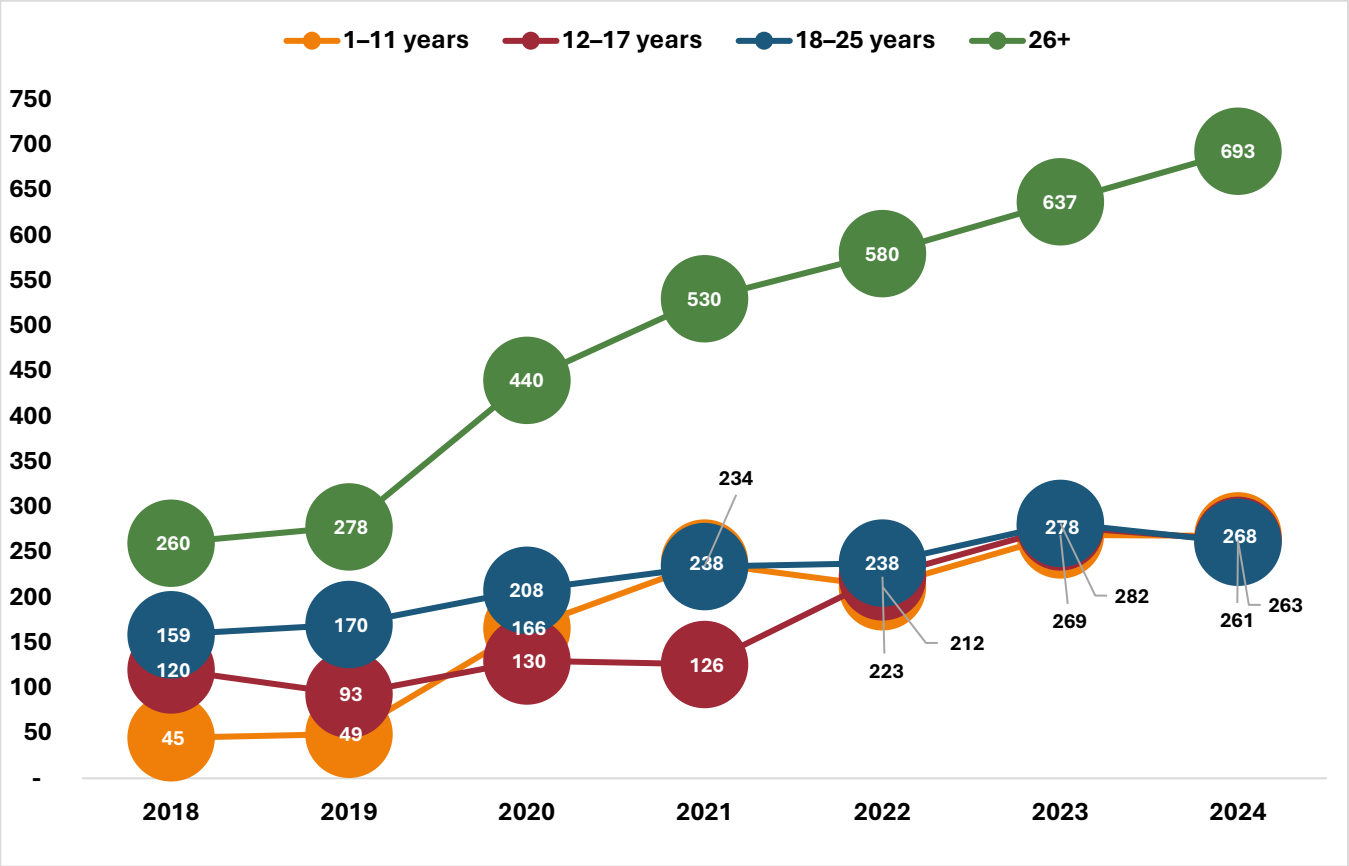
Using a strict definition (primary diagnosis of cannabis poisoning) yields lower counts (~400 in 2018 to ≈840 in 2024; ~4,700 overall). Results show the same steady upward trend.

ED encounters with a primary diagnosis of cannabis poisoning are often linked to edibles and high-potency products. Patients experience acute toxic exposures requiring urgent care.

Key takeaway

Cannabis poisonings in Illinois EDs more than doubled from 2018 to 2024. Less strict definitions (any-listed diagnosis) show nearly 1,500 cases in 2024, while strict (primary diagnosis only) diagnoses show about 840. Both reflect a consistent upward trend tied to acute exposures.

Illinois ED encounters: Number of cannabis poisonings by age group, 2018–2024



Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety & Quality: Hospitalization and ED Visit Discharge Data Sets

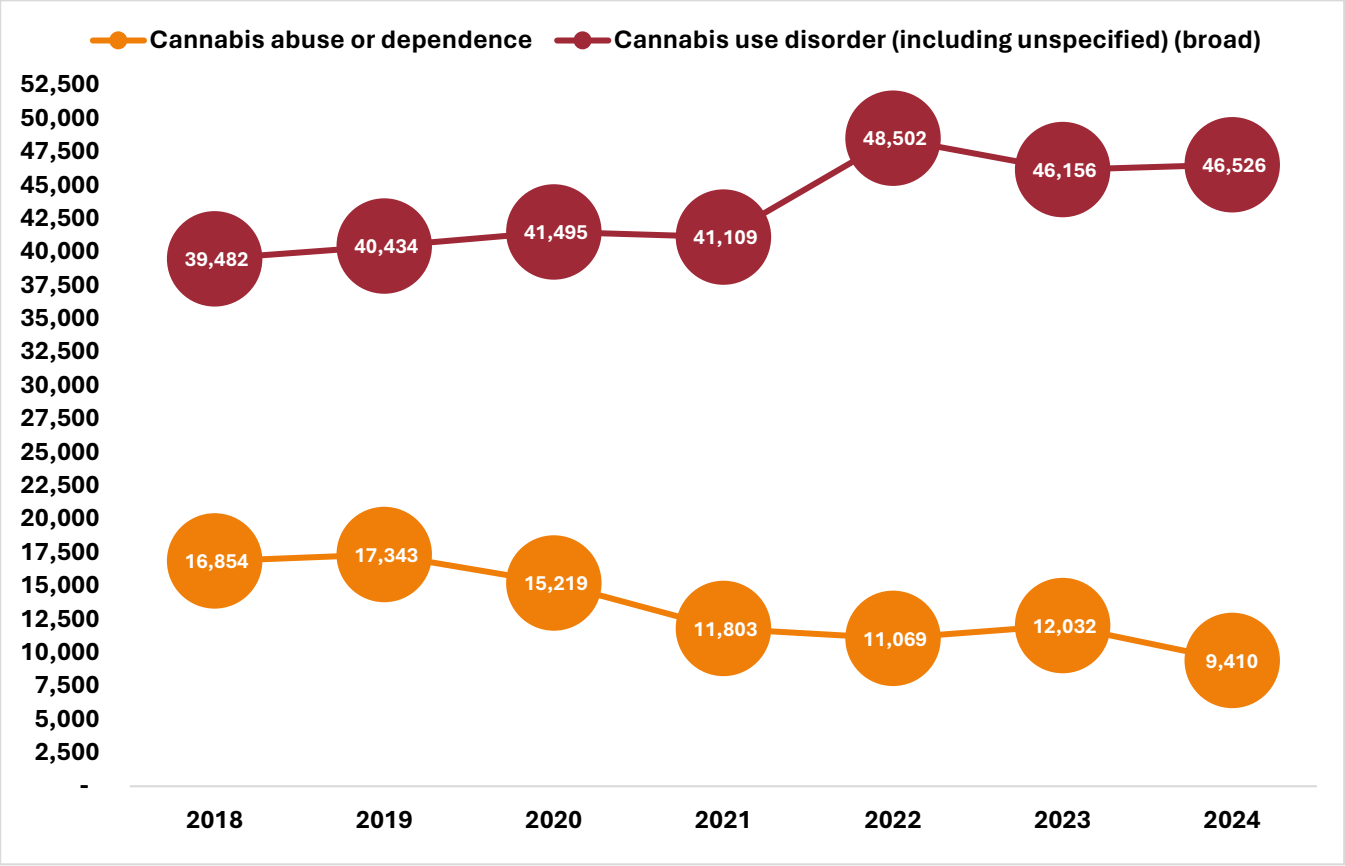
Observations and notes: Illinois ED encounters involving cannabis poisonings more than doubled from 2018 to 2024, increasing across all age groups. Cases among children (ages 1–11) rose from 45 in 2018 to 268 in 2024, while cases among adolescents (ages 12–17) more than doubled from 120 to 263. Young adults (ages 18–25) and adults aged 26+ continue to account for the largest number of cases in absolute terms.

Per capita rates point to a disproportionate impact on those under the age of 26: in 2024, the rate of cannabis poisoning was 14.9 per 100,000 for children, 26.0 for adolescents, and 20.0 for young adults, compared to 8.1 for adults aged 26+.

Key takeaway

Although adults account for the largest number of cannabis poisonings, per capita rates are far higher among youth. In 2024, adolescents had more than three times the adult rate, highlighting pediatric exposures as a critical prevention concern.

Illinois ED encounters: Cannabis use disorder, 2018–2024



Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety & Quality: Hospitalization and ED Visit Discharge Data Sets

Observations and notes: ED encounters involving cannabis use disorder vary substantially depending on diagnostic definition. Using a strict definition (abuse or dependence only, F121/F122), the number of encounters declined after 2019, reaching 9,410 in 2024.

By contrast, a broad definition (including unspecified use disorder, F129) results in much higher counts, with more than 46,000 encounters in 2024. The divergence shows how coding practices, particularly the use of unspecified use disorder, drive large differences in case totals.

Results using either definition suggest that cannabis use disorders represent a significant and persistent share of cannabis-related ED encounters.

Key takeaway

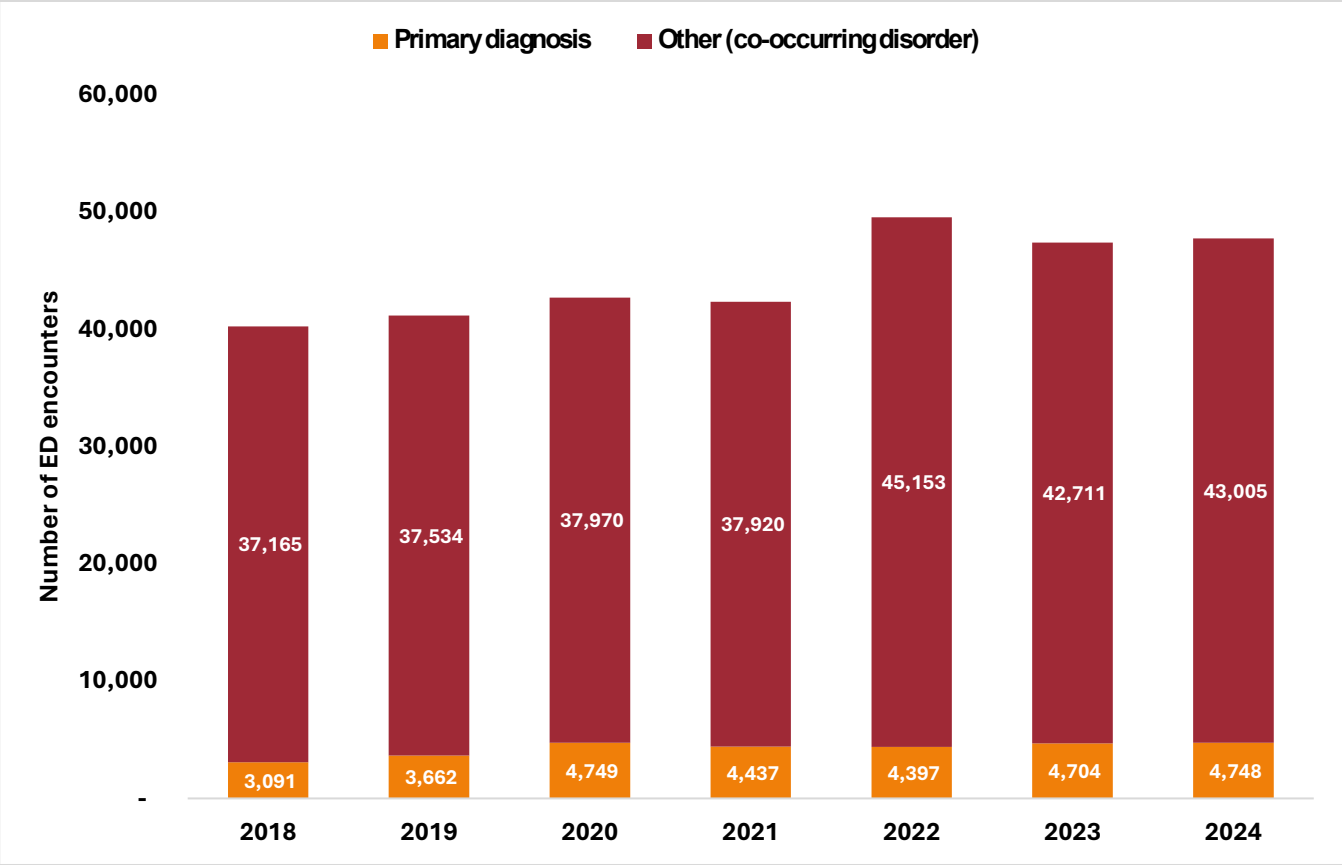
ED encounters in Illinois differ sharply by definition: ~9,400 in 2024 under a strict definition (abuse/dependence only) vs. ~46,500 when including unspecified use disorder. Coding practices strongly affect totals, but both definitions indicate that cannabis use disorder remains a major source of ED utilization.

Why are “unspecified” diagnoses of cannabis use disorder so common?

Cannabis use disorder can be coded in ICD-10-CM as abuse (F12.1), dependence (F12.2), or unspecified (F12.9). The “unspecified” category is often misunderstood. It does not mean casual or non-problematic use. Instead, it reflects a lack of diagnostic detail. Some providers may use a clinical shorthand rather than specifying abuse vs. dependence. Some coders default to F12.9 (“unspecified”). Also, time pressures in the ED makes detailed assessments unlikely, further increasing the likelihood that F12.9 will be used.

F12.9 captures real cases of cannabis use disorder, but heavy use of the code inflates counts compared to counts of cases coded using stricter definitions. Presenting both strict and broad definitions provides transparency: the strict series is more specific, while the less strict series reflects how diagnoses are coded in practice.

Number of ED encounters for a cannabis-related diagnosis as the primary or any other (co-occurring) diagnosis, 2018–2024



Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety & Quality: Hospitalization and ED Visit Discharge Data Sets

Observations and notes: Cannabis was coded as the primary diagnosis in about 3,000–4,700 ED encounters per year from 2018 to 2024. This represents 6%–10% of all cannabis-positive encounters, a larger share than in earlier reports but still a clear minority.

By contrast, cannabis appeared as an other (co-occurring) diagnosis in most cases. These rose from roughly 37,000 ED encounters in 2018 to over 43,000 in 2024, accounting for around 90% of cannabis-positive encounters by the end of the period.

This pattern indicates that cannabis is rarely the sole or leading reason for an ED visit. It is much more often documented as a secondary condition, typically alongside psychiatric or other substance-related diagnoses.

Key takeaway

Cannabis involvement in ED encounters is growing over time, but the vast majority of cases are coded as co-occurring diagnoses rather than the presenting complaint. This suggests cannabis is often part of a broader clinical picture, especially in encounters where other psychiatric or substance use conditions are also present.

Demographics by hierarchical cannabis-related diagnoses for ED encounters, 2024

Table 5. Demographics by hierarchical cannabis-related diagnoses for ED encounters, 2024

	Cannabis use only (N = 32,288) %/M(SD)	Cannabis intoxication (N = 1,713) %/M(SD)	Cannabis poisoning (N = 1,339) %/M(SD)	Cannabis use disorder (N = 9,408) %/M(SD)	Total (N = 47,748) %/M(SD)	Sig	Cramers' V
Gender at birth						***	0.06
Male	50.2%	55.3%	49.7%	57.1%	58.9%		
Female	49.8%	44.7%	50.3%	42.9%	41.1%		
Race/ethnicity						***	0.06
White	50.2%	37.9%	37.6%	46.0%	42.4%		
Black/African American	34.9%	33.0%	34.4%	35.8%	42.3%		
Hispanic	10.7%	18.9%	18.9%	12.4%	11.8%		
Other	4.2%	10.1%	9.2%	5.8%	4.9%		
Age in years (mean/SD)	37.3 (15.6)	31.5 (17.0)	27.8 (19.6)	35.6 (14.8)	42.0 (16.4)	***	NA
Pregnancy, incidental	<1.0%	0	0	<1.0%	<1.0%	NS	0.006
Pediatric	<1.0%	4.0%	20.5%	<1.0%	<1.0%	***	0.35
Insurance							
Medicaid	55.0%	42.6%	46.7%	60.4%	58.8%	***	0.07
Medicare	12.2%	8.6%	7.3%	9.3%	18.5%	***	0.05
Private	32.2%	33.5%	34.7%	25.2%	21.1%	***	
Cannabinoid hyperemesis syndrome	9.2%	4.0%	<1.0%	12.1%	4.3%	***	0.24

Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety and Quality: Hospitalization and ED Visit Discharge Data Sets

Observations and notes: Primary cannabis diagnosis categories remained highly differentiated. Patients coded with cannabis use disorder (CUD) were disproportionately male (57%). Intoxication and poisoning cases skewed younger, with mean ages of 31.5 and 27.8 years, respectively, compared to 37.3 years for use-only and 35.6 for CUD.

White patients represented about half of use-only and CUD cases, but smaller shares of intoxication (37.9%) and poisoning (37.6%). Hispanic patients were more prominent in intoxication (18.9%) and poisoning (18.9%) than in CUD (12.4%).

Medicaid was most common among CUD cases (60.4%), while private insurance was more common in intoxication and poisoning (about one-third).

About 20.5% of cannabis poisoning visits were among pediatric patients, compared with <1% across other categories, a finding that indicates accidental ingestion as a driver of poisoning diagnoses. It is notable that the rate in this vulnerable group did not decrease since 2023.

Key takeaway

Cannabis-related ED visit profiles were nearly identical to 2023. Poisonings were concentrated in pediatric cases, intoxication among young adults, and CUD among males with Medicaid and higher rates of cannabinoid hyperemesis syndrome. The stability across years suggests these patterns reflect real epidemiologic signals rather than variation in coding.

Demographics by hierarchical cannabis-related diagnoses for ED encounters, 2024

About 12% of patients with ED encounters involving CUD also had cannabinoid hyperemesis syndrome, compared with 9% of those involving use only, 4% of intoxication, and <1% of poisoning visits. This reinforces the link between recurrent heavy use and presentation of the syndrome.

Co-occurring substance use and mental health conditions by hierarchical cannabis-related diagnoses for ED encounters, 2024

Table 6. Co-occurring substance use and mental health conditions by hierarchical cannabis-related diagnoses for ED encounters, 2024

	Cannabis use only (N = 32,288) %/M(SD)	Cannabis intoxication (N = 1,713) %/M(SD)	Cannabis poisoning (N = 1,339) %/M(SD)	Cannabis use disorder (N = 9,408) %/M(SD)	Total (N = 47,748) %/M(SD)	Sig	Cramers' V
Substance use diagnosis							
Alcohol use	4.8%	5.0%	<1.0%	1.8%	4.1%	***	0.07
Cocaine use	2.7%	1.1%	0.0%	<1.0%	2.1%	***	0.07
Opioid use	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	***	0.03
Alcohol-related intoxication	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	***	0.03
Cocaine-related intoxication	<1.0%	<1.0%	2.9%	<1.0%	<1.0%	***	0.04
Opioid-related intoxication	<1.0%	<1.0%	2.0%	<1.0%	<1.0%	***	0.04
Alcohol use disorder	5.0%	6.4%	1.6%	14.2%	6.8%	***	0.15
Cocaine use disorder	1.0%	<1.0%	<1.0%	11.8%	3.7%	***	0.25
Opioid use disorder	<1.0%	<1.0%	<1.0%	7.4%	2.0%	***	0.19
Mental illness diagnoses							
Schizophrenia	2.4%	1.2%	<1.0%	4.2%	2.7%	***	0.05
Bipolar disorder	4.6%	1.6%	<1.0%	5.8%	4.7%	***	0.05
Manic episode	<1.0%	<1.0%	<1.0%	<1.0%	<1.0%	*	0.02
Psychotic disorder not otherwise specified	<1.0%	<1.0%	<1.0%	1.6%	1.0%	***	0.03
Major depression	9.1%	2.6%	2.1%	9.9%	8.8%	***	0.06
Anxiety disorder	15.1%	10.0%	11.4%	15.8%	14.9%	***	0.03
PTSD	1.7%	<1.0%	<1.0%	2.5%	1.8%	***	0.04

Source: Illinois Department of Public Health, Office of Policy Planning and Statistics, Division of Patient Safety & Quality: Hospitalization and ED Visit Discharge Data Sets

Observations and notes: Cannabis use disorder (CUD) was strongly associated with other substance use disorders: alcohol use disorder (14%), cocaine use disorder (12%), and opioid use disorder (7%). This aligns with prior finding that use is rarely present without an additional mental or behavioral health diagnosis or diagnoses.

Poisoning cases stood out for cocaine- and opioid-related intoxications (2%–3%), plus a notably high share of pediatric patients (see Table 5).

Co-occurring substance use and mental health conditions by hierarchical cannabis-related diagnoses for ED visits (2024)

Diagnoses of mental disorders were most prevalent in CUD cases, particularly schizophrenia (4%), bipolar disorder (6%), major depression (10%), and anxiety (16%). Even cannabis-only cases showed high prevalence of anxiety (15%), underscoring the broad incidence of co-morbidity.

Nearly all associations were statistically significant, although effect sizes were modest (Cramer's V mostly <0.25) except for the clustering of cocaine and opioid use disorders with CUD.

Key takeaway

The most severe presentations (CUD, poisoning) are disproportionately tied to co-occurring substance use disorders and psychiatric conditions, while even cannabis-only visits show a high prevalence of anxiety. These results show that cannabis is part of a broader clinical risk profile rather than a stand-alone driver of visits to the ED.

Public health effects

Public health effects

Pediatric poisonings leveled off in 2024 but remain elevated relative to pre-legalization numbers. EMS runs for cannabis poisonings sharply declined. The percentage of drivers in fatal accidents testing positive for cannabis is increasing.

454

children aged 1–11 experienced cannabis poisoning in 2024

66.2%

of exposures among children aged 1–11 were from ingestion of an edible

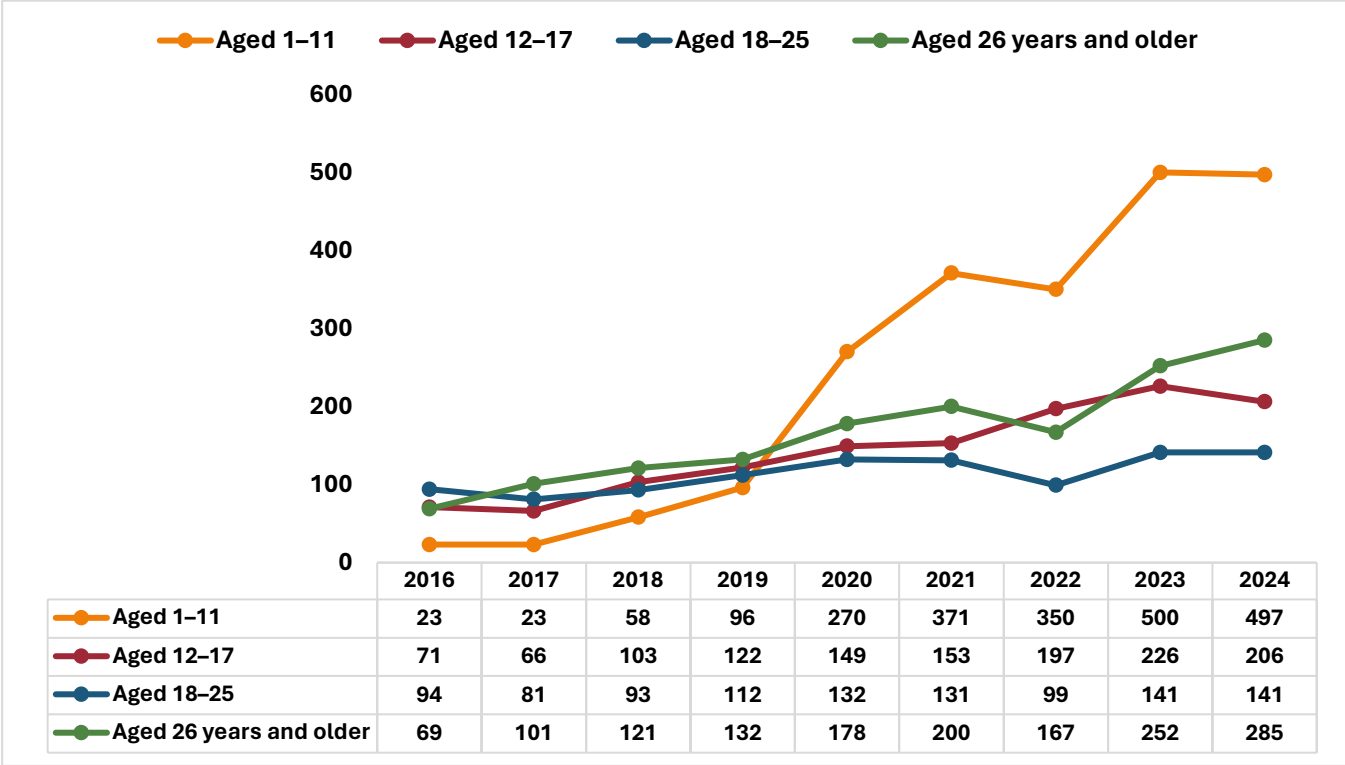
33

fatalities in 2023 that were related to drugs or any other cause and had cannabis cited as the cause of the fatality

4.84%

Levels of cannabis DUI levels in Illinois were at 4.84% in 2023

Cannabinoid-related contacts to the Illinois Poison Center, by age group, 2016–2024



	2016	2017	2018	2019	2020	2021	2022	2023	2024
Aged 1–11	23	23	58	96	270	371	350	500	497
Aged 12–17	71	66	103	122	149	153	197	226	206
Aged 18–25	94	81	93	112	132	131	99	141	141
Aged 26 years and older	69	101	121	132	178	200	167	252	285

Source: Illinois Poison Center. Information available at: https://www.illinoispoisoncenter.org

Observations and notes: Cannabinoid exposures reported to the Illinois Poison Center (IPC) increased sharply across all age groups from 2016 to 2024, with the most dramatic rise occurring among young children. While the IPC data do not establish causality, the increase in reported exposures coincided with both broader product availability and the emergence of higher-potency cannabinoid formulations following legalization and market expansion.

Exposures involving children aged 1 to 11 remained relatively low through 2018 (23 cases in 2016 and 2017) but climbed steeply beginning in 2019, reaching 270 by 2020 and 497 by 2024.

Among adolescents aged 12 to 17, cannabinoid exposures also rose substantially, increasing from 71 in 2016 to a peak of 226 in 2023 and a slight decline to 206 in 2024.

Young adults aged 18 to 25 experienced more modest increases, with annual counts rising from 94 in 2016 to 141 in 2024.

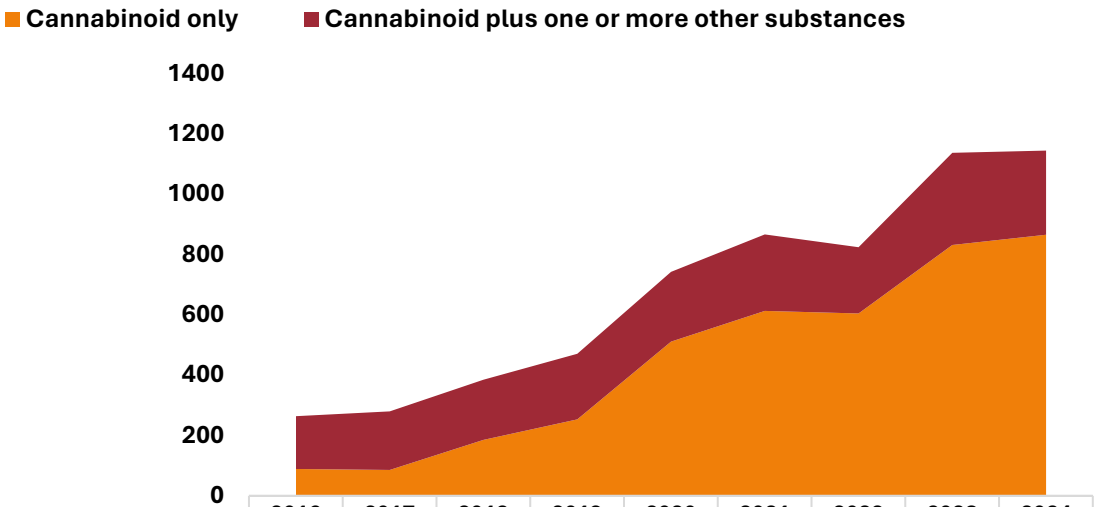
For adults aged 26 and older, exposures reported to the IPC rose from 69 in 2016 to 285 in 2024. Contributing factors may include unfamiliar product types and challenges in dose titration.

A smaller subset of IPC contacts involved behavioral health-related cases (e.g., suicidal intent or polysubstance misuse), but the majority were unintentional exposures, particularly among children.

Key takeaway

Illinois Poison Center contacts for cannabinoid-related exposures have increased substantially since 2019, with the most concerning rise among children aged 1 to 11, consistent with accidental ingestion of edibles. Improved packaging, labeling, and public education efforts remain priorities for prevention.

Poison center contacts involving cannabinoids, by single vs. multi-substance exposure, 2016–2024



	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cannabinoid plus one or more other substances	175	195	200	218	231	254	220	306	280
Cannabinoid only	89	85	185	253	511	613	604	831	865

Source: Illinois Poison Center. Information available at: https://www.illinoispoisoncenter.org

Observations and notes: Total cannabinoid-related contacts made to the Illinois Poison Center (IPC) rose by over 333%, from 264 in 2016 to 1,145 in 2024. This mirrors broader market expansion and product diversification following legalization milestones in 2019–2020.

Cannabinoid-only cases have driven the increase: Reports involving only cannabinoids grew almost tenfold, from 89 to 865. These accounted for roughly three-quarters of all cannabis-related poison reports (76% in 2024, up from 34% in 2016). The steepest annual jump occurred between 2019 and 2020, coinciding with the onset of the COVID pandemic and the first full year of adult-use sales.

Polysubstance contacts have remained stable: Reported exposures involving cannabinoids plus one or more other substances fluctuated only modestly, rising from 175 in 2016 to a peak of 306 in 2023 before dipping slightly to 280 in 2024. This relative stability suggests that the major driver of growth has been single-agent exposures rather than concurrent substance use.

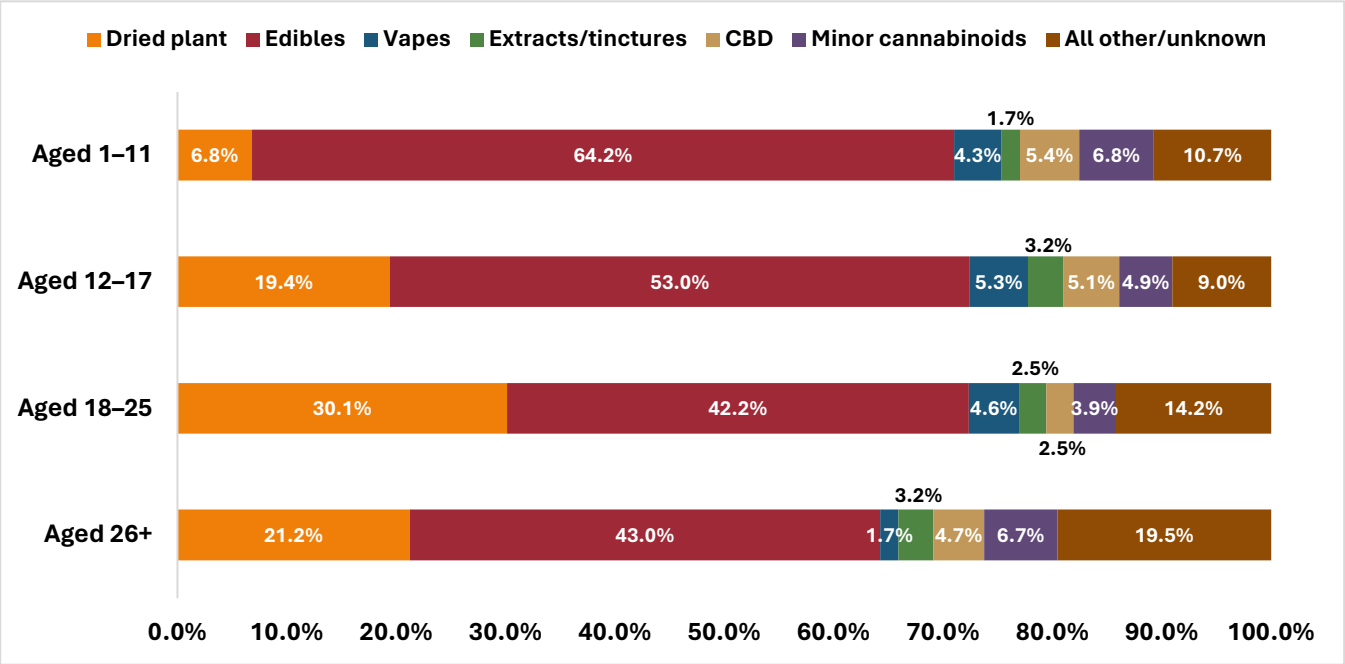
The pattern since legalization points to increasing reported exposures related to cannabinoids alone, possibly reflecting events involving edibles, vaping oils, or concentrated forms rather than cross-intoxication events.

Rising cannabinoid-only exposures warrant continued outreach on safe storage, dosing, and child safety. Stable multi-substance trends indicate that cannabinoids have become a primary exposure of concern rather than merely a co-factor.

Key takeaway

Poison center contacts for cannabinoids alone have increased substantially since legalization, while multi-substance cases have largely held steady, signaling that cannabinoids alone, not combinations, are driving the surge.

Cannabinoid-related contacts, Illinois Poison Center, by product type and age group, 2023–2024



Source: Illinois Poison Center. Information available at: https://www.illinoispoisoncenter.org

Observations and notes: Edibles dominated exposures reported to the Illinois Poison Center across all age groups. Edible cannabis products were the most frequently reported source of poison center contacts in every age group, representing nearly two-thirds (64%) of cases among children ages 1–11, just over half among adolescents (53%), and roughly two-fifths among adults.

Dried-plant products trailed well behind edibles, especially among youth. Traditional dried cannabis flower accounted for about one-fifth of exposures among adolescents (19%) and older adults (21%) and about one-third among young adults (30%). These patterns suggest that edible forms rather than smoked cannabis are the dominant exposure pathway for both youth and adults.

Vapes and extracts remained uncommon but non-trivial. Vaporized and extracted/tincture products collectively represented only 6%–9% of reports in each age group. Their presence was most notable among young adults (7%) and adolescents (8%), aligning with national data showing experimentation with vaping in these groups.

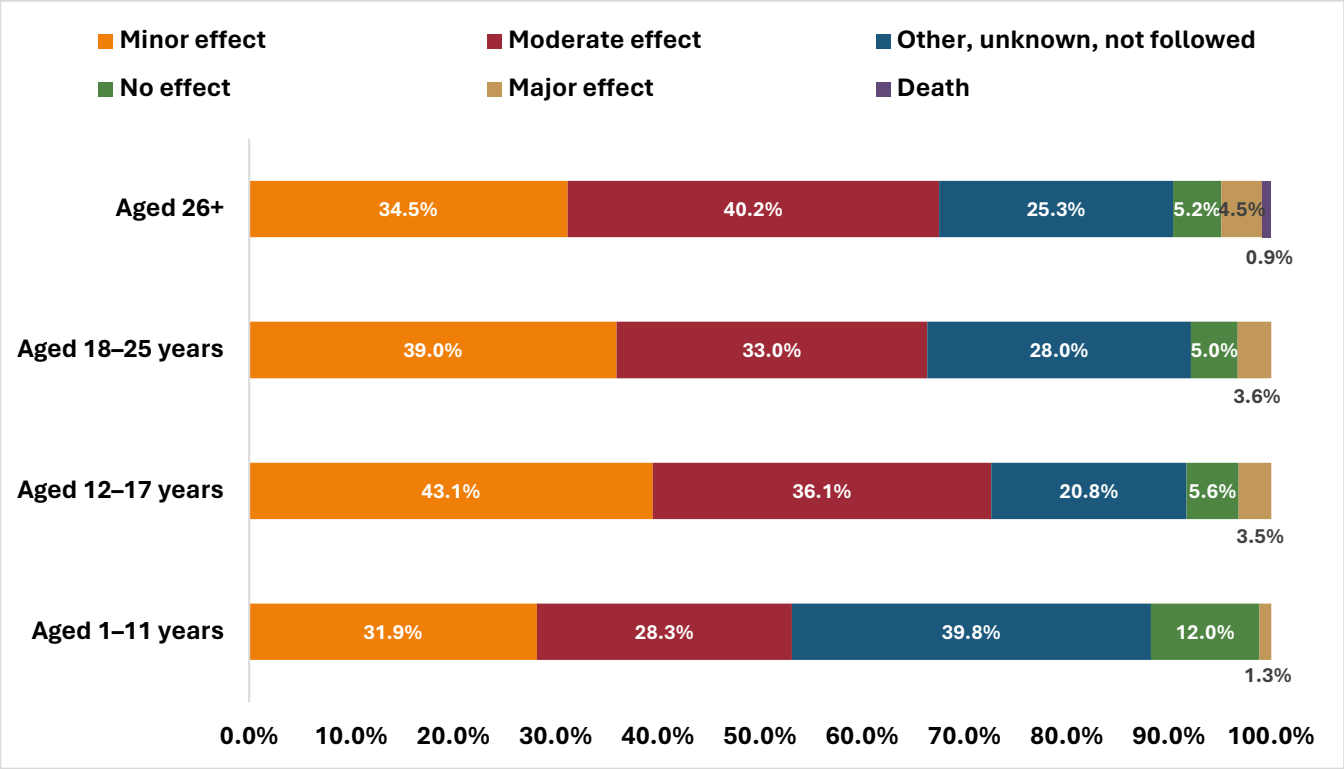
CBD and minor cannabinoids appeared in a small but rising fraction of cases. Reports involving CBD (~3%–5%) and minor cannabinoids (~4%–7%) occurred across all ages, with slightly higher prevalence among older adults. This may reflect growing market availability of hemp-derived compounds such as delta-8 THC, CBN, and CBG in over-the-counter products.

Minor cannabinoids are compounds other than delta-9 THC or CBD, typically hemp-derived delta-8 THC, CBN, CBG, or THCV. Many are synthesized or concentrated from hemp and marketed as “legal highs.” Their pharmacologic and toxicologic effects remain poorly characterized.

Key takeaway

Edibles account for most recent cannabis-related exposures reported to the poison center across all ages—especially children—while plant and vape forms lag far behind. Reports involving hemp-derived “minor cannabinoids” remain uncommon but signal ongoing diversification in products reaching Illinois users.

Medical outcomes of cannabis-related poisonings by age group, Illinois, 2023–2024



Source: National Poison Data System. Information available at: https://www.aapcc.org/national-poison-data-system

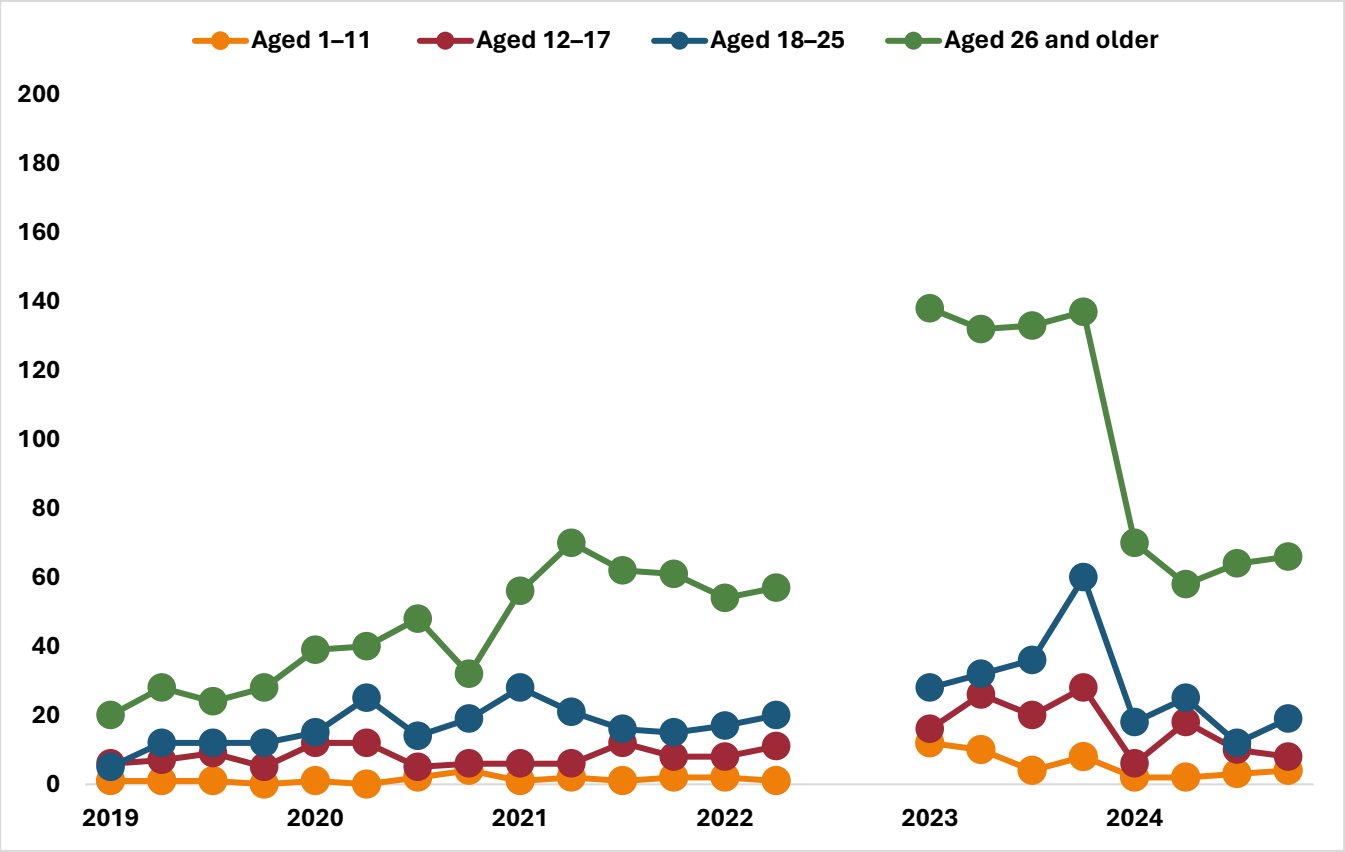
Observations and notes: Most cannabis-related poisonings reported to Illinois poison centers resulted in minor or moderate medical effects across all age groups. Among children aged 1–11 who experienced a cannabis poisoning, 32% had minor effects, and 28% had moderate effects. Older age groups reported slightly higher rates of moderate effects; the rate among those aged 26 and older was 40.2%. Major effects, while rare, increased steadily with age—from 1.3% in young children to 4.5% in adults aged 26 and older.

No deaths were reported for individuals under age 26; the only fatality occurred in those aged 26 and older (0.9%). A substantial portion of cases—especially among young children (26.5%)—were classified as "other, unknown, or not followed," suggesting incomplete data or follow-up challenges in pediatric cases.

Key takeaway

Most cannabis-related poisonings result in minor or moderate effects. Major effects are rare but increase with age. The only reported death occurred in an adult. Incomplete follow-up is more common in pediatric cases.

Number of EMS runs for cannabis-related poisoning as primary symptom or provider's primary or secondary impression by age group, 2019–2024



Source: Illinois Department of Public Health, Emergency Medical Services, Prehospital Data Program/NEMSIS. Information available at: https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/prehospital-data-program.html

Observations and notes: EMS runs for cannabis-related poisoning among adults aged 26 and older increased gradually from 2019 through 2023, with a peak of 138 runs in Q1 of 2023. However, a sharp and unexplained drop to 70 runs in Q1 of 2024 followed, essentially halving of the rate within a year. This reversal is difficult to interpret and does not follow a typical seasonal pattern seen in health service data.

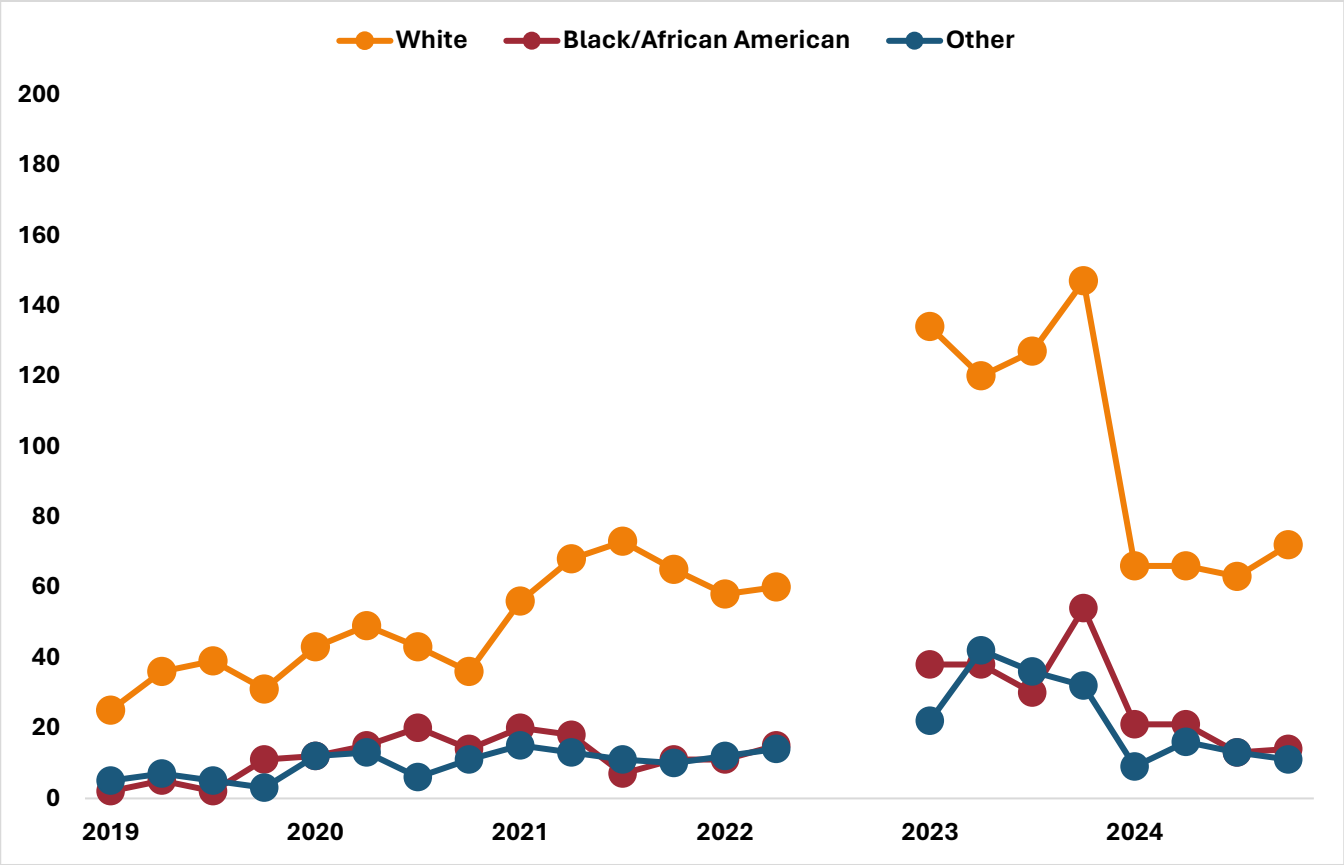
For all other age groups, the overall number of EMS runs remained relatively stable across the six-year period. Among adolescents (aged 12–17) and young adults (aged 18–25, the data show modest fluctuations, with occasional spikes (e.g., a bump for those aged 18 to 25 in Q4 2023), but no clear sustained upward trend. Children aged 1–11 had the lowest numbers throughout, with a slow climb from one to two calls per quarter in 2019–2020 to a peak of 12 in Q1 2023.

Two quarters of data are missing for 2022, making it harder to assess trends for that year.

Key takeaway

EMS runs for cannabis-related poisoning were relatively stable from 2019 to 2024, with the exception of a sharp rise and drop among adults aged 26 and older. Other age groups show modest fluctuations without clear trends. Two quarters of data are missing for 2022.

Number of EMS runs for cannabis-related poisoning as primary symptom or provider's primary or secondary impression, by race, 2019–2024



Source: Illinois Department of Public Health, Emergency Medical Services, Prehospital Data Program/NEMSIS. Information available at: https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/prehospital-data-program.html

Observations and notes: From 2019 through 2024, White individuals accounted for the vast majority of EMS runs involving cannabis-related poisoning in Illinois, with a steep rise beginning in 2022. Runs increased for this group from around 60–73 per quarter in 2021 to a high of 147 in Q4 2023 before dipping slightly in early 2024.

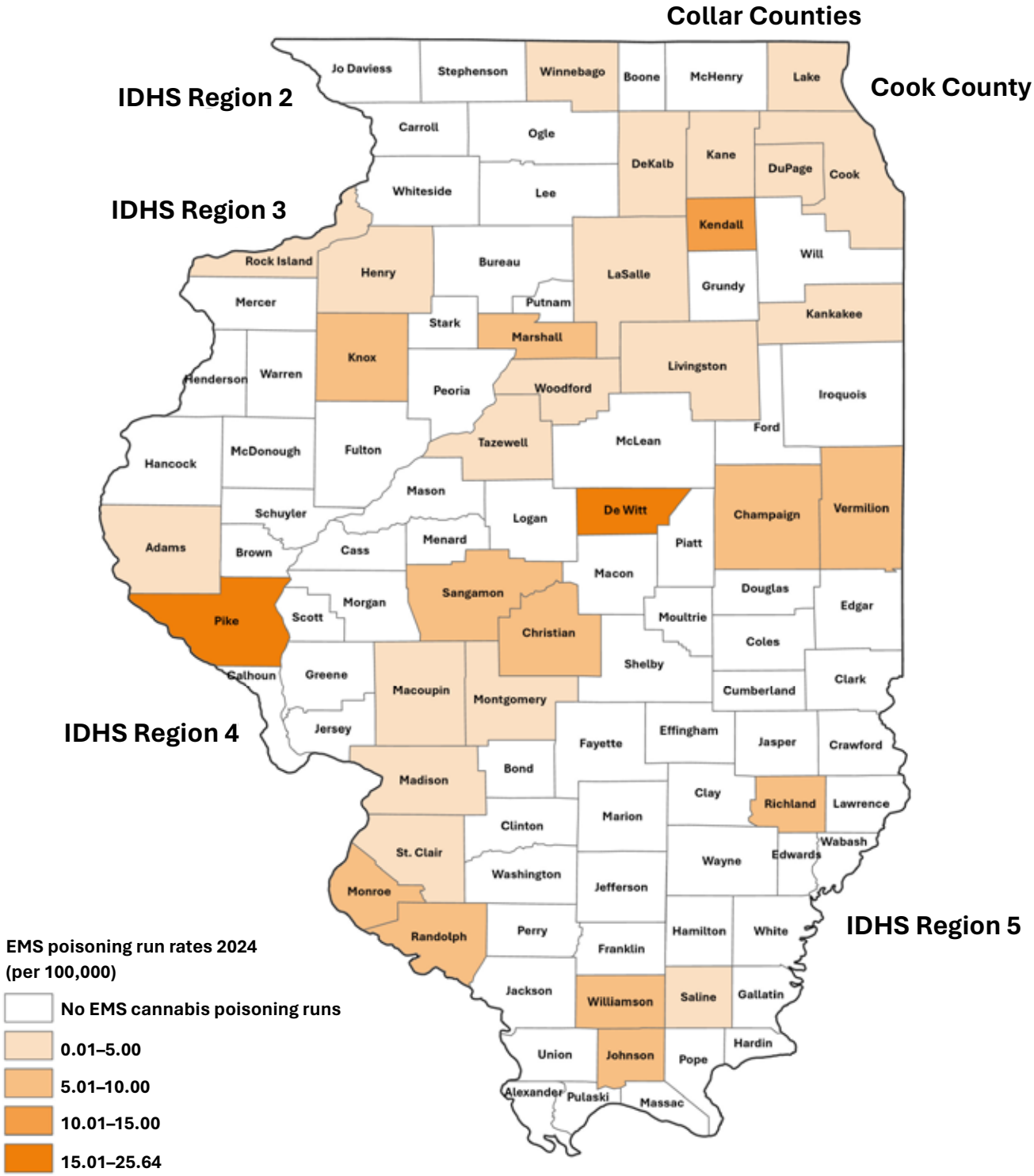
EMS runs involving Black or African American individuals rose modestly over the same period, peaking at 54 in Q4 2023, then falling by nearly half in early 2024. Although lower in absolute numbers, the relative albeit small increase over time is notable.

Those in the "other" race/ethnicity category saw more erratic patterns, with a small uptick in late 2022 and early 2023 (peaking at 42 in Q2 2023), followed by declines through 2024. Two quarters of 2022 data are missing, limiting full trend interpretation.

Key takeaway

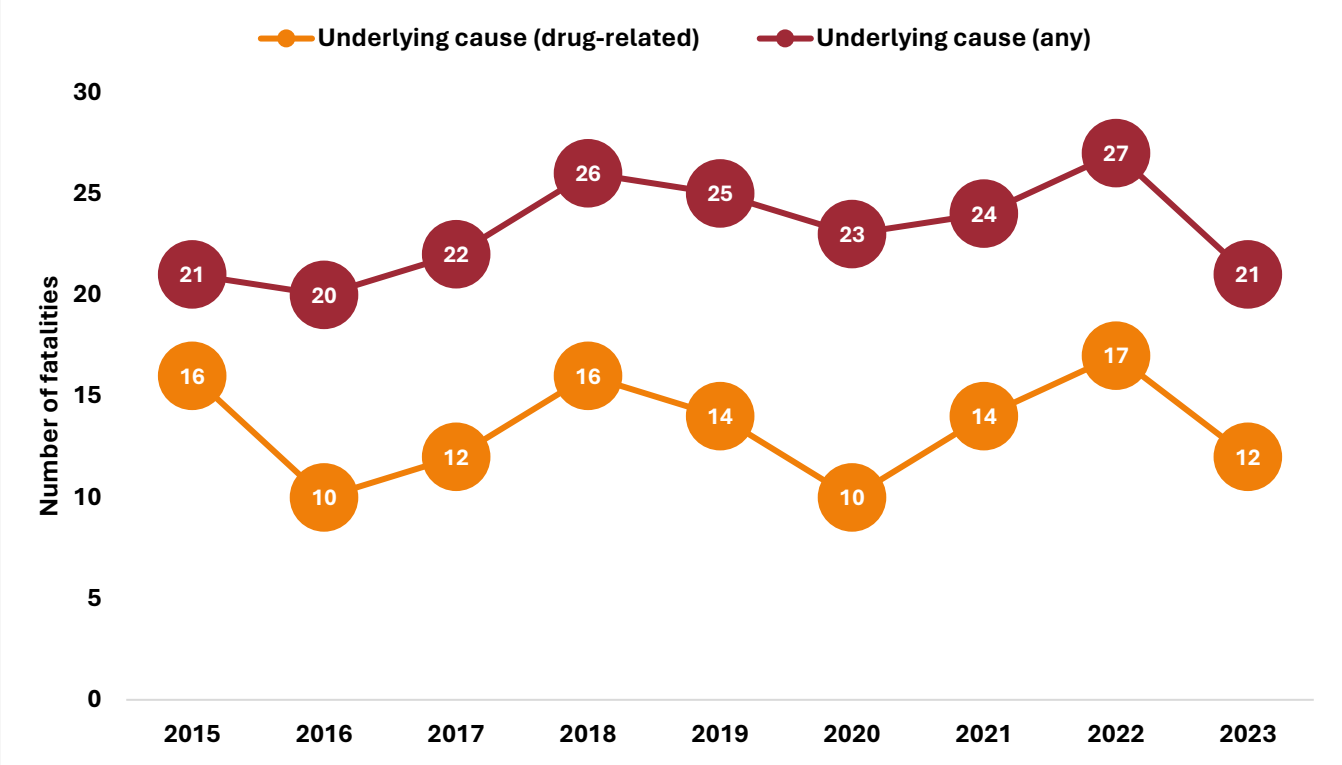
EMS runs for cannabis-related poisoning increased sharply among White individuals beginning in 2022. Smaller but notable increases were also observed among Black individuals and individuals identifying as belonging to the Other racial/ethnic group category, although with greater fluctuation. Data for two quarters in 2022 are missing.

EMS runs involving cannabis-related poisoning as provider's primary or secondary impression, 2024



Source:
Note: IDHS, Illinois Department of Human Services

Overdose fatalities citing cannabis as a contributing cause of death, 2015–2023



Source: Centers for Disease Control and Prevention WONDER 1999–2023. Available at https://wonder.cdc.gov/mcd-icd10.html

Observations and notes: The number of deaths in Illinois with cannabis as a contributing cause remained relatively low and stable between 2015 and 2023, with annual totals ranging from 10 to 17 when the underlying cause was determined to be drug-related and from 20 to 27 when any underlying cause was considered.

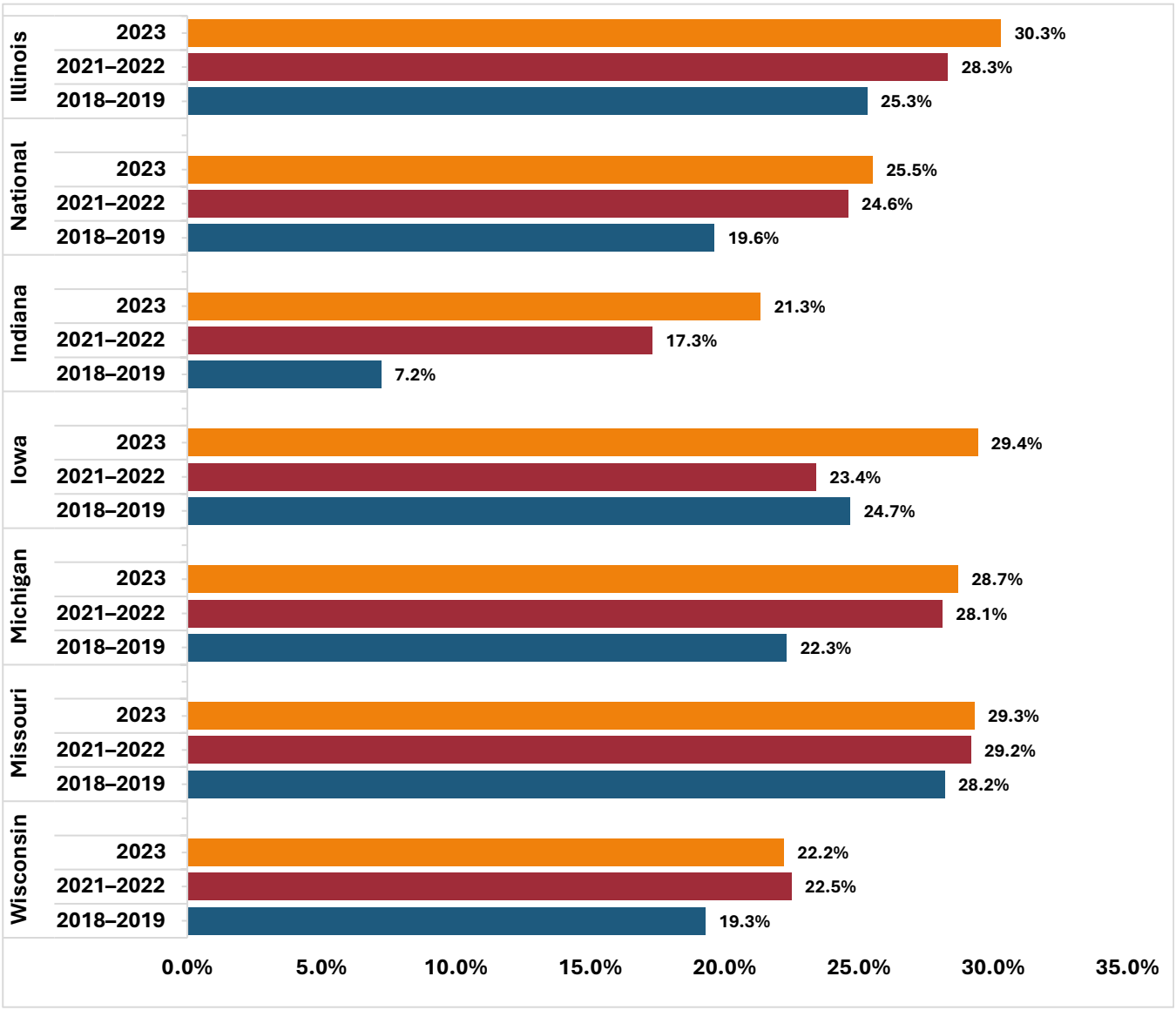
Peaks in overdose fatalities occurred in 2022 (17 drug-related, 27 total) but were not part of a sustained upward trend. Drug-related deaths in 2023 with cannabis seen in a toxicology report declined to 12, returning to levels last seen in 2017. Similarly, total fatalities with cannabis seen in a toxicology report (any cause) dropped from 27 in 2022 to 21 in 2023.

While these counts are low relative to other substances, they are likely underestimates due to inconsistent toxicology testing and the fact that cannabis is not often found to have had a role in fatalities involving more than one drug. These data suggest that cannabis was present in overdose fatalities but do not necessarily show causation.

Key takeaway

Cannabis-involved fatalities in Illinois remained low and relatively stable from 2015 to 2023, with no sustained increase over time. Deaths declined in 2023 across both drug-related and all-cause categories.

Positive cannabis results for tested drivers in fatal traffic accidents by Midwest state and nationally, 2018–2023



Source: National Highway Traffic Safety Administration: https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars

Positive cannabis results for tested drivers in fatal traffic accidents by Midwest state and nationally, 2018–2023

Observations and notes: The data show the percentage of drug tests that were positive for any form of cannabis by state and year. Test results shown are for vehicle drivers only. For some fatal crashes, drivers of both vehicles involved were tested.

In Illinois, the percentage of tested drivers in fatal crashes who were cannabis-positive increased from 25.3% in 2018–2019 to 30.3% in 2023—the highest level among reporting neighboring Midwest states. This upward trend is a 5-point rise over five years, surpassing the national average at every time point.

Nationally, positive results increased from 19.6% in 2018–2019 to 25.5% in 2023, a trend that mirrors Illinois and its neighboring states but with slightly lower absolute levels.

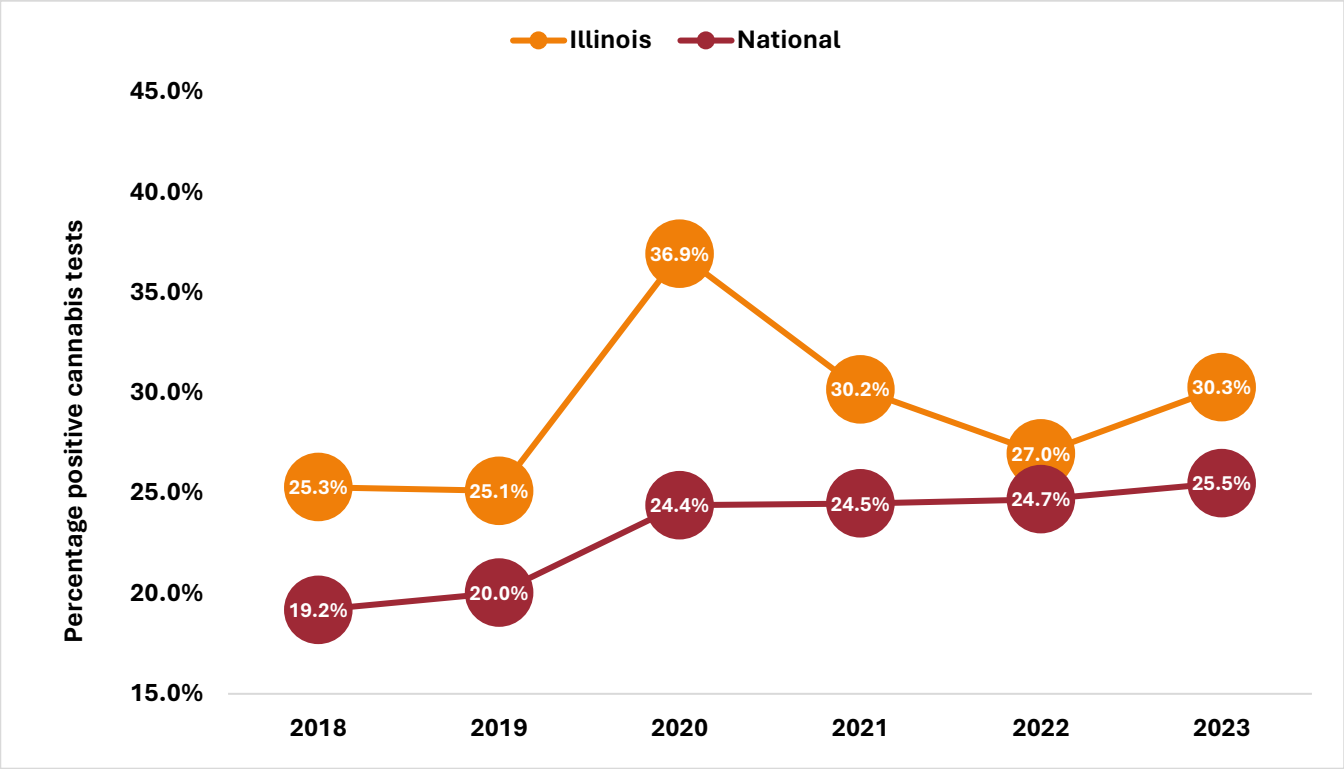
Neighboring states show varied patterns. Indiana more than tripled its incidence, from 7.2% to 21.3%, reflecting a steep upward trend from a low baseline. Iowa also saw a substantial increase, rising from 24.7% to 29.4%. Michigan and Missouri remained high throughout, with 2023 levels at 28.7% and 29.3%, respectively, suggesting consistently elevated presence of cannabis in fatal crash toxicology. Wisconsin plateaued between 22% and 23% over time.

A positive test does not indicate impairment at the time of the crash, only that cannabis metabolites were present. Still, the rising trend raises concerns about polysubstance use, driver safety, and evolving driving behaviors post-legalization.

Key takeaway

Cannabis-positive toxicology findings in fatal crashes have risen across most Midwest states and nationally since 2018. Illinois now leads the region, with 30.3% of tested drivers in fatal crashes testing positive in 2023.

Illinois and national percentage of positive cannabis tests for tested drivers in fatal accidents, 2018–2023



Source: National Highway Traffic Safety Administration: https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars

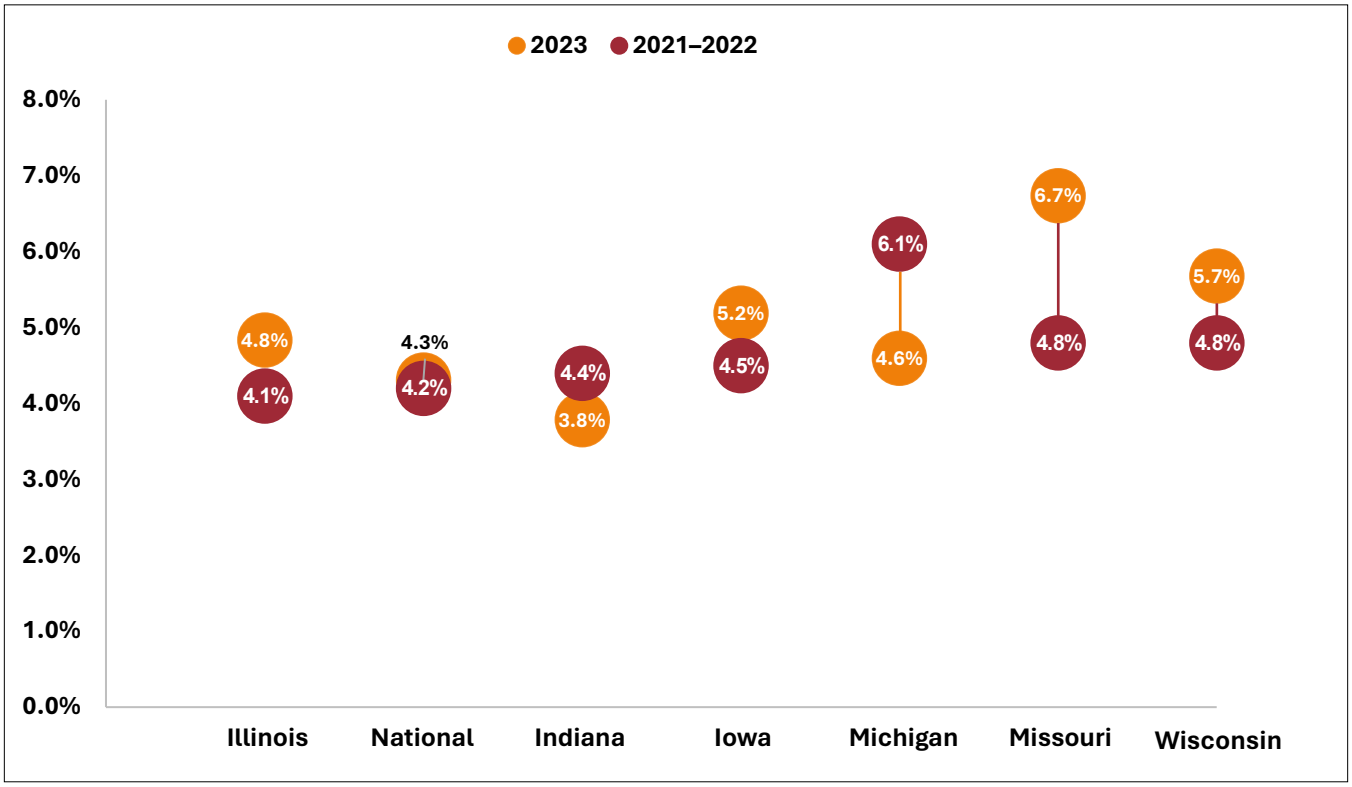
Observations and notes: From 2018 to 2023, the percentage of drivers involved in fatal crashes who tested positive for cannabis in Illinois was consistently higher than the national average. Illinois began at 25.3% in 2018 and rose to 30.3% in 2023, while nationally the percentage increased from 19.2% to 25.5% over the same period.

Both Illinois and the nation saw a roughly 5-percentage-point increase over this six-year span. However, Illinois displayed greater year-to-year volatility, including a sharp spike in 2020 (36.9%) and a dip in 2022, whereas the national percentage rose more steadily. These differences may reflect variation in testing protocols, cannabis policies, or the smaller sampling size in Illinois resulting in greater year-to-year variance.

Key takeaway

Cannabis involvement in fatal crashes has been consistently higher in Illinois than nationally, with a sharp spike in 2020 and renewed increase in 2023. National trends rose more steadily over time.

Percentage reporting driving after cannabis use by Midwest state and year, 2021–2023



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

Observations and notes: In 2023, cannabis DUI levels in Illinois (4.84%) slightly exceeded the national average (4.31%) and rose from 2021–2022 levels (4.1%).

Missouri had the highest levels of cannabis DUI among Illinois and neighboring states in 2023 (6.74%), a sharp increase from 4.8% in 2021–2022—potentially the result of its recent legalization and rollout of adult-use cannabis.

Most of Illinois's neighboring Midwest states had higher cannabis DUI levels in 2023 than in 2021–2022, with impaired driving coinciding in part with broader legalization and increased availability.

Key takeaway

Cannabis DUI levels rose in Illinois and most neighboring states in 2023, surpassing national rates in several cases. These patterns may reflect increased access and use following legalization in Missouri and ongoing normalization of cannabis use across the Midwest—underscoring the need for targeted education and prevention efforts around impaired driving.

Cannabis testing details for Illinois fatal traffic accidents, 2018–2023

Table 7. Percentage positive drug tests by drug with positive cannabis test for Illinois fatal traffic accidents: 2018–2023

	Total drivers in fatal accidents	Drivers tested with known results	Percentage of drivers tested	Percentage tests positive for cannabis	Percentage with positive cannabis test also testing positive for other drugs (including alcohol)
2018	1,469	719	49.0%	25.5%	66.1%
2019	1,454	605	42.0%	25.1%	64.5%
2020	1,662	417	25.0%	36.9%	64.3%
2021	1,891	666	35.0%	30.2%	63.7%
2022	1,840	619	34.0%	27.0%	69.5%
2023	1,805	634	35.0%	30.3%	72.9%
Totals	10,121	3,660	36.0%	28.7%	66.9%

Source: National Highway Traffic Safety Administration: https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars

Observations and notes: The percentage of drivers tested in fatal accidents remained low, averaging just 36% over six years, with no improvement in 2023.

Among those tested, cannabis positivity fluctuated from a low of 25.1% (2019) to a high of 36.9% (2020), landing at 30.3% in 2023.

The majority of cannabis-positive tests also indicated other substance use, climbing from 66.1% in 2018 to 72.9% in 2023.

Key takeaway

Despite legal cannabis access, findings of positivity among tested drivers in fatal crashes have not trended upward and remain variable—yet testing itself is limited, with less than 40% of drivers tested annually. There is rising evidence of polysubstance involvement.

Percentage positive drug tests by drug with positive cannabis test for Illinois fatal traffic accidents, 2018–2023

	Alcohol	Narcotics/opioids	Stimulants	Hallucinogens	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%	25.3%	5.2%	9.7%
2021	42.8%	12.9%	23.9%	3.5%	11.4%
2022	42.5%	9.0%	32.3%	3.0%	17.4%
2023	45.3%	8.3%	34.4%	0.5%	15.6%
Totals	42.2%	9.6%	27.6%	3.9%	14.6%

Source: National Highway Traffic Safety Administration: https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars

Observations and notes: Alcohol was by far the most common co-substance among cannabis-positive drivers in fatal crashes, present in 42.2% of cases overall and peaking at 45.3% in 2023.

Stimulants came next, showing a notable upward trend from 23.0% (2018) to 34.4% (2023), the sharpest increase of any drug class.

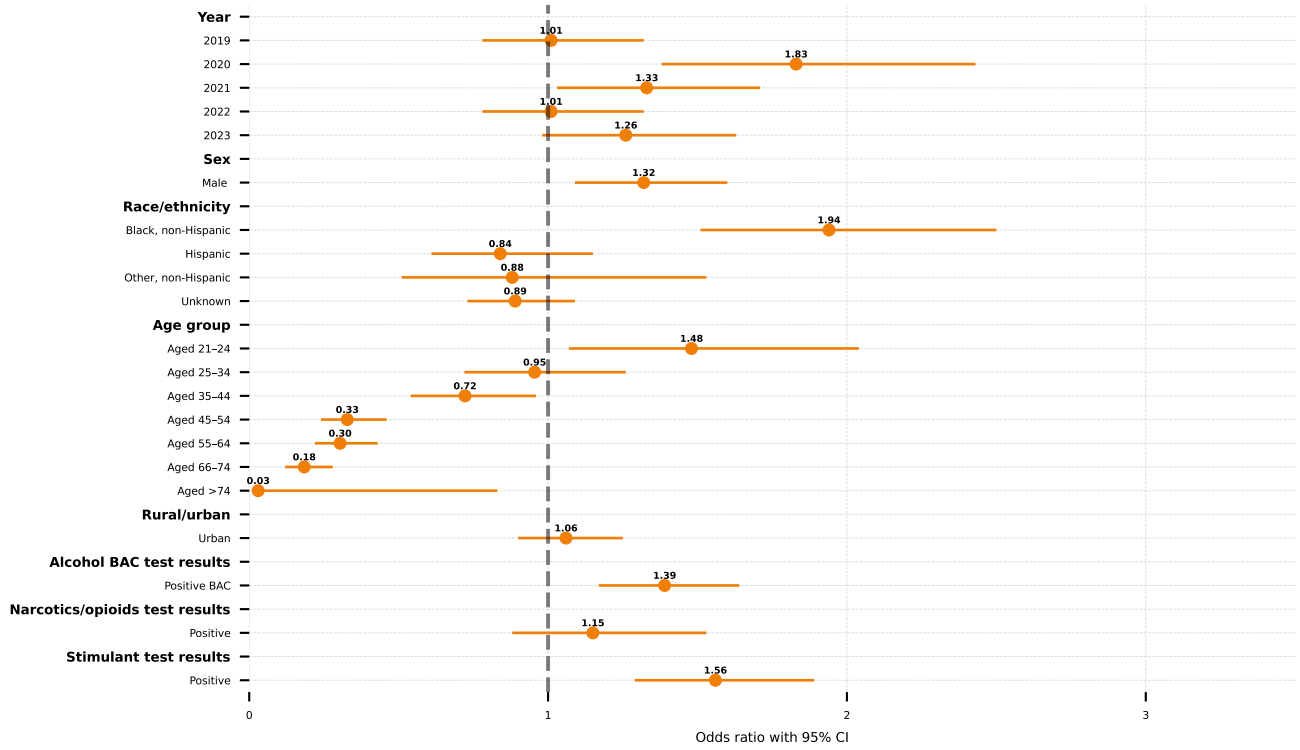
Other drugs (narcotics/opioids, depressants/tranquilizers, hallucinogens) show no clear trend and fluctuate at lower levels, with hallucinogens nearly disappearing by 2023 (0.5%).

The data continue to reflect frequent polysubstance use, especially involving stimulants and alcohol, among drivers in fatal accidents where cannabis was also detected.

Key takeaway

Among cannabis-positive drivers in fatal crashes, co-use of alcohol and stimulants is common and increasing—suggesting polysubstance use, not cannabis alone, is a growing factor in impaired driving fatalities.

Factors associated with positive cannabis test results in Illinois fatal traffic accidents, 2018–2023



Source: National Highway Traffic Safety Administration – https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars

Observations and notes:

Year effects

- Compared to 2018, odds of a positive cannabis test were significantly higher in 2020 (OR = 1.83) and 2021 (OR = 1.33), but not in 2022 or 2023—suggesting no sustained post-legalization increase.

Sex

- Male drivers were significantly more likely to test positive than female drivers (OR = 1.32).

Race/ethnicity

- Black non-Hispanic drivers had nearly double the odds of testing positive (OR = 1.94) compared to White non-Hispanic drivers; no other race/ethnicity groups differed significantly.

Age

- Compared to drivers aged 16–20, older drivers had consistently lower odds, with particularly steep drops in those aged 45 and up (e.g., OR = 0.03).

Key takeaway

Drivers in fatal crashes testing positive for cannabis were more likely to be male, younger, Black, and using other substances—especially alcohol, stimulants, and depressants—highlighting the complex and intersecting risks of poly-substance use.

Factors associated with positive cannabis test results in Illinois fatal traffic accidents, 2018–2023

Urban vs. rural

- No significant difference in cannabis positivity was seen.

Co-substance use

- Positive BAC was associated with higher odds of cannabis positivity (OR = 1.39). So were positive results for stimulants (OR = 1.56), hallucinogens (OR = 2.05), and tranquilizers/depressants (OR = 1.85). Opioids were not significantly associated with cannabis positivity.

Cannabis and the criminal justice system

Cannabis use and the criminal justice system

Cannabis Control Act holding offenses for IDOC incarcerations remain very low. Racial/ethnic and geographical disparities in criminal justice enforcement remain.

57.5%

of those incarcerated for Cannabis Control Act offenses were Black/African American, compared with 28.7% White

31%

increase in the number of arrests in Chicago for Cannabis Control Act violations for possession of more than 30 grams

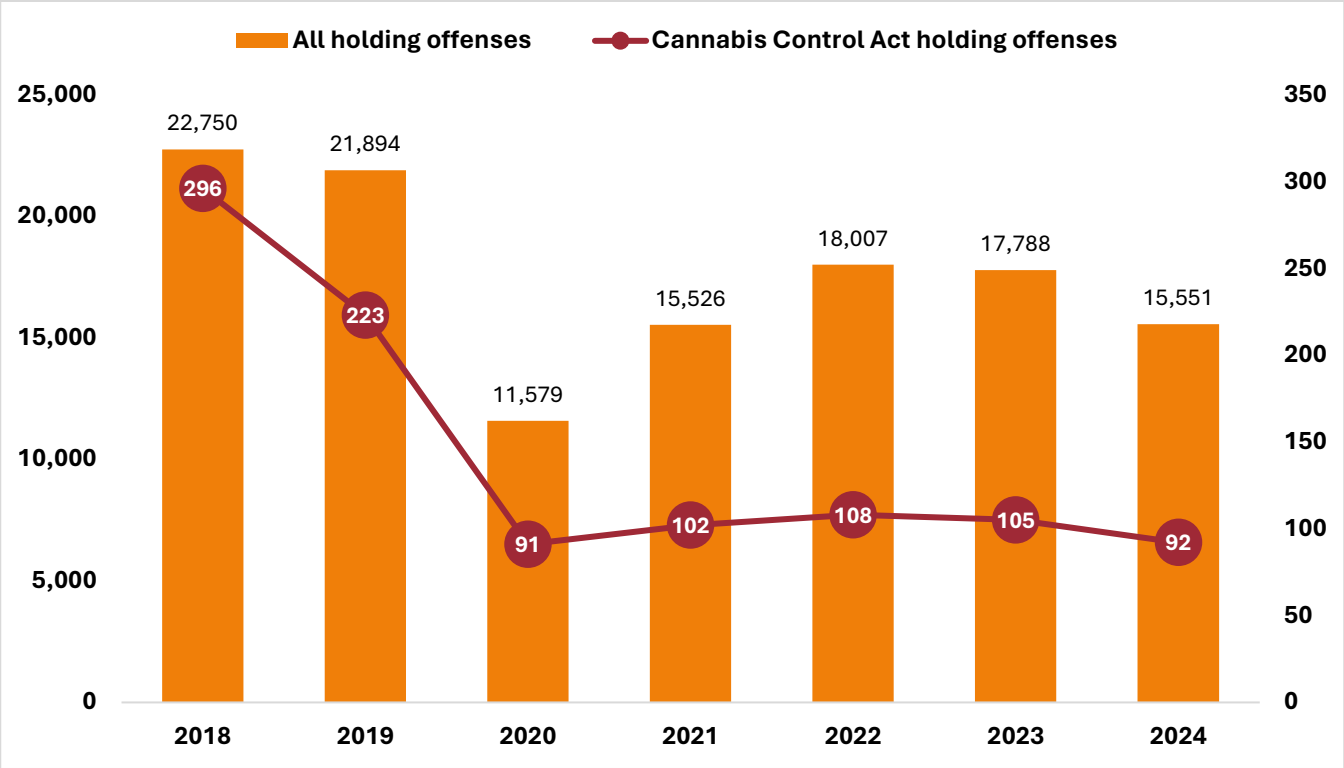
15.9%

increase in Cannabis Control Act arrests in 2024 (4,058 relative to 2023, which saw 3,500 arrests)

148.2

arrests per 100,000 population in Perry County, which had the highest rate in Illinois in 2024

Illinois Department of Corrections total prison admissions and Cannabis Control Act violations as holding offense, 2018–2024



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 (IDOC) admissions for Cannabis Control Act (CCA) holding offenses declined steeply—from 296 in 2018 to just 91 in 2020. Since then, admissions have remained relatively stable, hovering around 100 per year. This trend contrasts sharply with overall IDOC admissions, which have fluctuated more widely over the same period.

In 2024, the most common CCA offenses were:

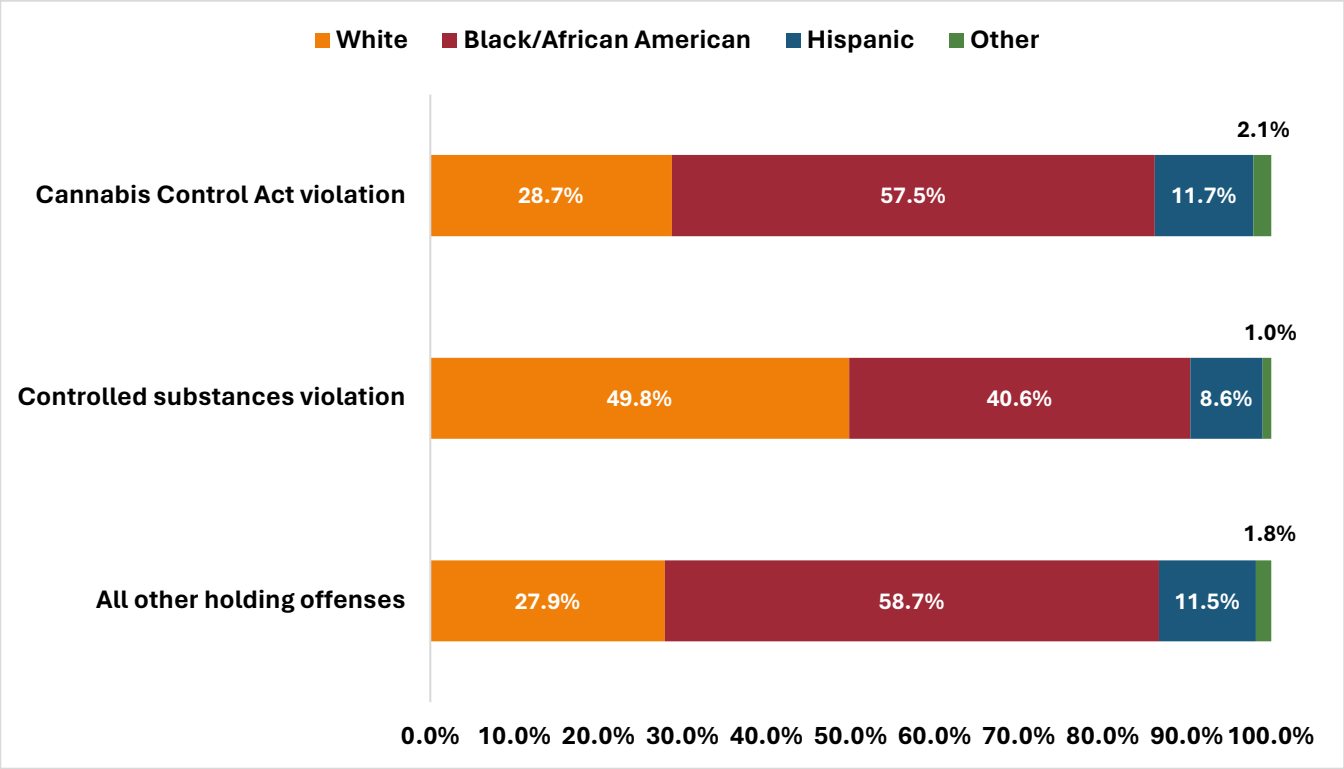
- Manufacturing/delivery of cannabis, 30–500 grams (N = 16)
- Possession of cannabis, 30–500 grams (N = 16)
- Manufacturing/delivery of cannabis, 2,000–5,000 grams (N = 12)
- Manufacturing/delivery of cannabis, >5,000 grams (N = 9)

These data suggest that enforcement of CCA statutes continues to be focused on larger quantities associated with manufacturing or distribution rather than personal possession.

Key takeaway

Admissions to IDOC for Cannabis Control Act offenses dropped sharply after 2019 and have remained stable at around 100 per year. In 2024, 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, 2023–2024



Source: Illinois Department of Corrections Prison Admissions Data Sets – https://idoc.illinois.gov/reportsandstatistics/prison-admission-data-sets.html

Observations and notes: This chart shows the racial-ethnic distribution of Illinois Department of Corrections (IDOC) admissions in 2023–2024 by holding offense type. Black/African American persons accounted for 57.5% of admissions for Cannabis Control Act (CCA) violations—similar to their representation among those held for non-drug offenses (58.7%) but substantially higher than among those held for Controlled Substances Act (CSA) violations (40.6%).

Data on White individuals showed the reverse pattern, with this group making up nearly half of those held for CSA violations (49.8%) but just 28.7% of CCA admissions and 27.9% of all other offenses. Those identifying as Hispanic and as "other racial/ethnic" followed similar but less pronounced trends. These differences were statistically significant ($\chi^2(6) = 781.33$, $p < .001$).

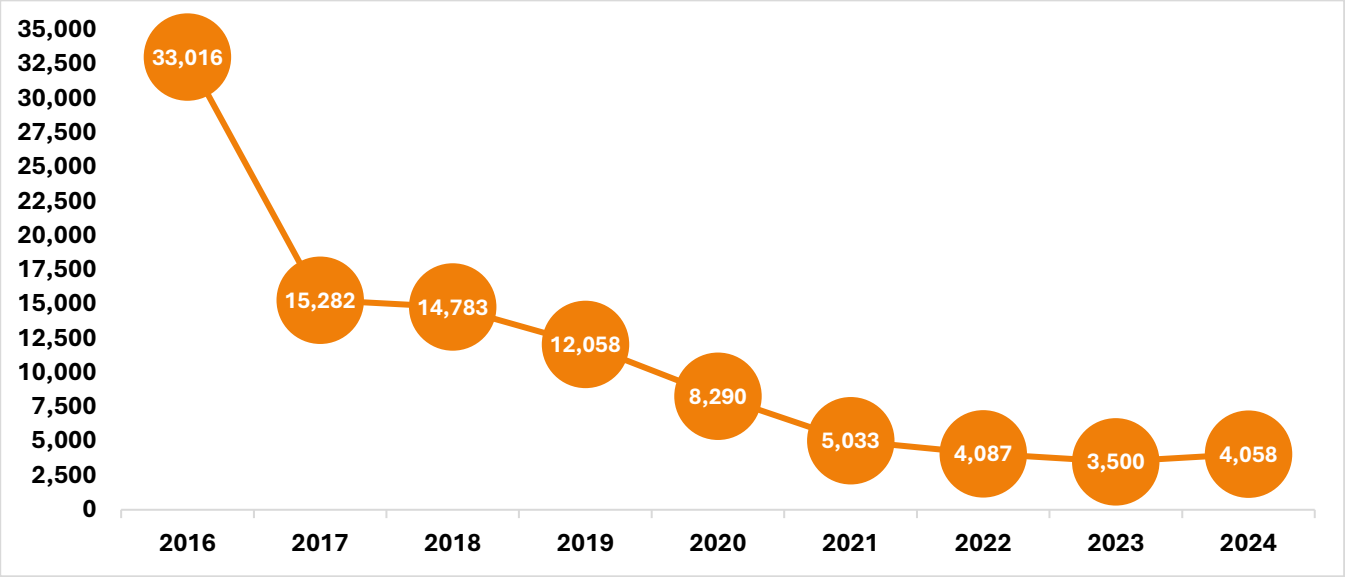
Across all racial/ethnic groups, only nine women were incarcerated for a CCA violation during this period.

Individuals incarcerated for CCA violations were significantly younger (mean age = 33.6 years, 95% CI: 32.4–34.8) compared to those held for CSA violations (mean = 39.3, 95% CI: 39.0–39.6) and for other offenses (mean = 35.1, 95% CI: 36.0–36.2), $F(2, 33{,}336) = 174.1$, $p < .001$.

Key takeaway

Black/African American individuals made up 57.5% of IDOC admissions for cannabis offenses in 2023–2024—disproportionately higher than for other drug violations. White individuals were most represented in CSA violations, not cannabis violations. CCA incarcerates were also younger than those held for other offenses.

Illinois Cannabis Control Act arrests by year, 2016–2024



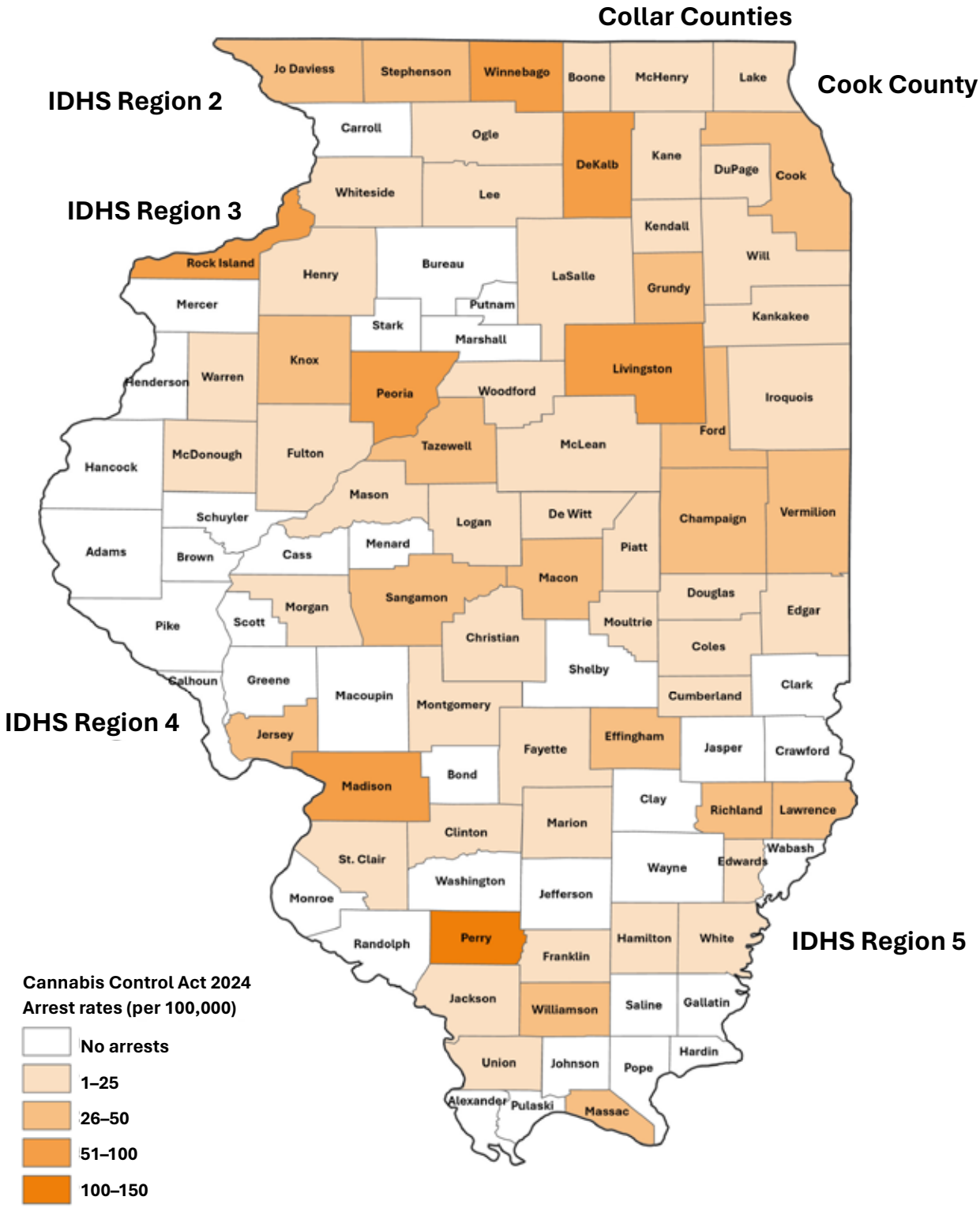
Source: Illinois State Police. Available at: https://ilucr.nibrs.com/Report/PerCountyOffenseAndArrestAnnualComparison

Observations and notes: Arrests for Cannabis Control Act violations dropped sharply since 2016, when over 33,000 arrests were reported. The largest declines occurred between 2016 and 2021, coinciding with evolving cannabis decriminalization policies and legalization. Since 2022, annual arrests have remained between 3,500 and 4,100, a plateau that may represent a sustained post-legalization level of enforcement. The 2024 total (4,058 arrests) is 88% lower than the 2016 peak, reflecting a significant shift in how cannabis offenses are policed statewide.

Key takeaway

Cannabis-related arrests in Illinois have declined dramatically since 2016, falling by nearly 90%. Arrest levels have stabilized since 2022, suggesting that enforcement activity has reached a new post-legalization baseline.

Illinois Cannabis Control Act arrest rates



Source: https://ilucr.nibrs.com/Report/PerCountyOffenseAndArrestAnnualComparison
Note: IDHS, Illinois Department of Human Services

Illinois Cannabis Control Act arrest rates

Observations and notes: This map displays FY2024 county-level arrest rates for Cannabis Control Act (CCA) violations, standardized per 100,000 residents using 2024 population estimates. The median county-level arrest rate was 0.00, indicating that over half of Illinois counties recorded no CCA arrests during this period.

Counties with the highest CCA arrest rates included:

- Perry County (148.2 per 100,000)
- DeKalb County (83.0)
- Madison County (69.3)
- Livingston County (62.6)
- Peoria County (62.4)

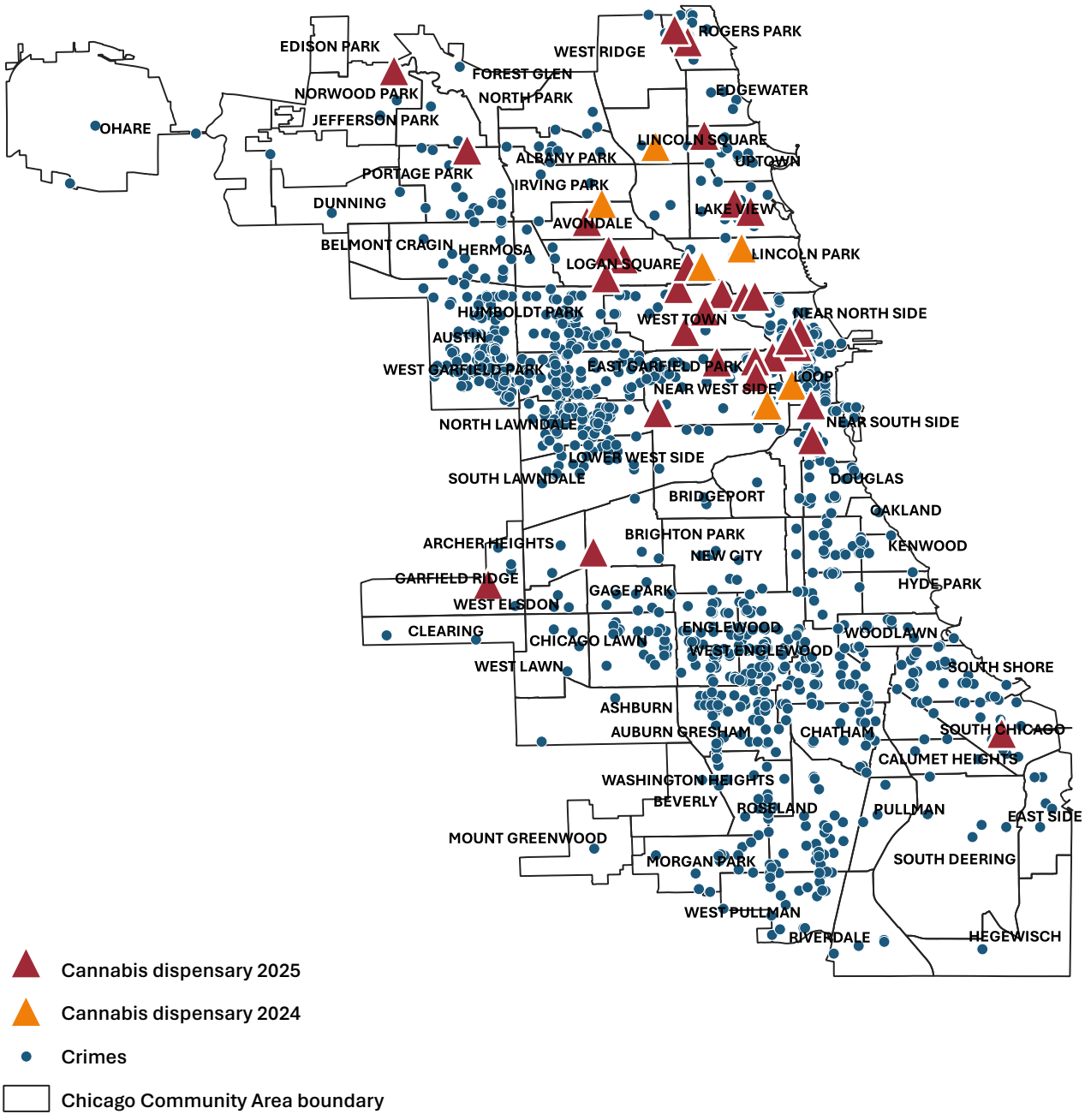
By contrast, Cook County had a much lower rate (40.9), despite accounting for the largest number of total arrests (N = 2,131). Several populous counties—such as Will, Lake, and DuPage—had moderate rates (15–25 per 100,000), while nearly 50 counties reported zero arrests, mostly in rural or lightly populated jurisdictions.

The wide range in arrest rates likely reflects differences in local enforcement priorities, law enforcement resources, and possibly unobserved variation in illicit market activity or prosecutorial practices. The geographic disparity underscores that cannabis-related enforcement remains uneven across the state, even in the post-legalization era.

Key takeaway

Cannabis Control Act arrest rates vary dramatically across Illinois counties in FY2024, with Perry, DeKalb, and Madison Counties reporting the highest rates. Nearly half of counties reported zero arrests, suggesting wide local variation in cannabis enforcement post-legalization.

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 displays the geographic distribution of Cannabis Control Act arrests across Chicago from July 1, 2024, to June 30, 2025, in relation to cannabis dispensary locations. Blue dots represent arrests, while dispensaries are shown as triangles—orange for those opened before June 2024, and maroon for those opened after.

Cannabis Control Act arrests were concentrated almost entirely on the South and West Sides, especially in neighborhoods like Englewood, Roseland, Garfield Park, and North Lawndale. These are predominantly Black or Hispanic communities with historically high levels of drug enforcement.

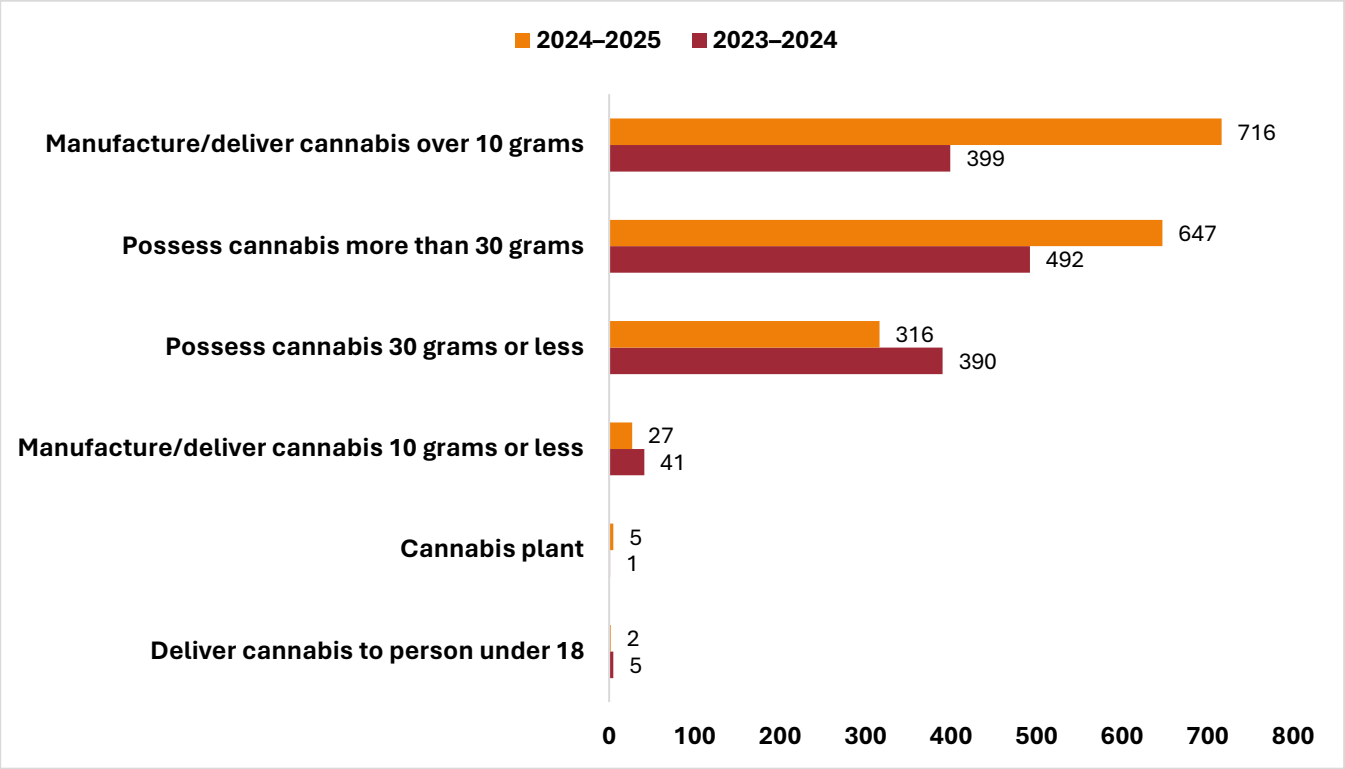
In contrast, cannabis dispensaries—particularly those opened prior to June 2024—were primarily located on the North Side and in central business districts such as the Loop and Near North Side. Few arrests were recorded near these dispensary-dense areas.

Notably, the opening of new dispensaries in 2024 does not appear to have influenced the spatial pattern of arrests. Communities with the highest concentration of arrests had little to no legal market presence, underscoring ongoing geographic and racial disparities in post-legalization enforcement.

Key takeaway

Cannabis Control Act arrests in Chicago remain heavily concentrated on the South and West Sides—far from most dispensary locations—highlighting persistent geographic and racial disparities in cannabis enforcement, even after legalization and retail market expansion.

Specific Cannabis Control Act arrest charges for Chicago, 2023–2024



Source: The City of Chicago. Chicago Data Portal. https://data.cityofchicago.org/Public-Safety/Crimes-Map/dfnk-7re6

Observations and notes: The number of arrests for possession of more than 30 grams increased significantly from 492 to 647—a 31% increase—suggesting increased enforcement or more frequent detection of higher-quantity possession cases.

Arrests for manufacture/delivery over 10 grams jumped even more sharply—from 399 to 716, a 79% increase, and now represent the most common cannabis-related charge in the city.

In contrast, arrests for manufacture/delivery of 10 grams or less declined from 41 to 27, continuing a downward trend in lower-level delivery offenses.

Possession of 30 grams or less declined by 19% (from 390 to 316), consistent with decriminalization and reduced policing of personal-use quantities.

Arrests involving cannabis plants increased modestly from one to five, while charges for delivery to a minor declined from five to two. Both categories remain rare.

Key takeaway

Cannabis arrests in Chicago are increasingly concentrated in cases involving larger quantities and alleged intent to distribute. While low-level possession arrests continue to decline, enforcement remains active—particularly for higher-weight possession and delivery offenses—suggesting that legalization has not fully eliminated cannabis-related criminal enforcement in the city.