



PRELIMINARY CANNABIS TASK FORCE REPORT OCTOBER 21, 2019





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Executive Summary

Earlier this year, the State of Illinois made history through passage of the [Cannabis Regulation and Tax Act](#), and became the first state in the country to legalize cannabis via legislative action. As of January 1, 2020, recreational cannabis will be legal in the state of Illinois and the implications of this sociocultural change are broad and far-reaching.

→ [Overview of Cannabis Regulation and Tax Act](#)

While most aspects of this legalization have been laid out in the Cannabis Regulation and Tax Act, there are a number of decisions that are left up to local municipalities--including the decision to allow or prohibit cannabis business establishments within their limits. In an effort to make a most-informed decision for our community, the Bloomington City Council created the Cannabis Task Force to research, evaluate and make policy proposals in relation to the legalization of cannabis.

Cannabis Task Force Members:

- Linda Foster (Chair)
- Olivia Butts (Vice Chair)
- Council Member Jenn Carrillo
- Council Member Julie Emig
- Assistant Chief Gregory Scott
- Sergeant. Aaron Veerman
- John Walsh
- Deb Carter
- De Urban
- Jan Lancaster

The Cannabis Task Force (CTF) met 3 times, October 3rd, 10th, and 17th, in preparation for a presentation to City Council on October 21st. The CTF prioritized researching the question about whether or not Bloomington should opt out of participating in retail recreational cannabis.

Questions Posed and Researched by Cannabis Task Force:

- Which communities have opted out and why (especially in Central and Southern Illinois)?
- In comparable cities in states that have already legalized cannabis...what have been the positives, negatives and lessons to come out of those case studies?
- How does the presence of cannabis-related businesses affect people who are median-income? What about those in poverty? What about people of color?
- How have cannabis-use rates changed in communities that allow cannabis business establishments?
- How have others dealt with zoning of dispensaries specifically? What about as they relate to downtowns?
- What do crime rates look around dispensaries in other communities with recreational cannabis?
- How do cannabis establishments in other communities relate to law enforcement agencies?
- How have other communities dealt with DUI screening and enforcement? What are the best practices?
- How do high rates of taxation of cannabis affect the black market?
- In what ways could cannabis be regulated similarly to alcohol in Bloomington?
- What abilities will business owners/employers have and not have in terms of regulating their own employees?
- How real is the social equity program? How likely is it that the intended populations will actually benefit from this industry?

Recommendation from Cannabis Task Force: The Cannabis Task Force recommends the city to allow and regulate cannabis businesses as of January 1, 2020.¹

Allow and Regulate

Benefits	Costs
<ul style="list-style-type: none"> ● Revenue raised through Municipal Cannabis Retailers' Occupation Tax or through additional City licensure fee schedule can support any costs associated with legalization (which will be incurred whether we allow businesses in the city or not). ● Additional revenue can be used for the common good ● Allows local businesses to have a competitive advantage in the first wave of a very competitive market if they can begin selling at the same time as others in the state (Peoria, East Peoria and Champaign all moving forward) ● Social equity entrepreneurial opportunity for those in our community who have been disproportionately affected over the criminalization of cannabis to open a business ● City still able to control and oversee time, number, location, and manner based on community feedback ● Provide safe, legal and convenient way for those currently buying cannabis on the illicit market to get a labeled product that meets certain guidelines (this includes patients who cannot afford or obtain a 	<ul style="list-style-type: none"> ● Limited timeframe to prepare for implementation ● Unable to take into account pitfalls and shortcomings realized by nearby communities. ● Concerns about policing cannabis-related activity (cost, time, testing)

¹ 7 Task Force members voted to allow and regulate, 3 voted to Opt-out for now.



<p>medical card but can benefit from cannabis use)</p> <ul style="list-style-type: none"> • Allows for safe, legal and convenient way for individuals to participate in harm reduction (using cannabis instead of opiates, illegal prescription drugs or alcohol) 	
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Opt-Out (for now)

Benefits	Costs
<ul style="list-style-type: none"> • More time for emergency services to adapt, for the education of the public, and for ensuring that the ordinance and regulations we put forward make sense and include best practices. • Ability to observe how other communities handle/succeed/struggle with recreational cannabis establishments, before bringing them to our community. 	<ul style="list-style-type: none"> • If we eventually decide to opt-in, local cannabis businesses will have permanently lost competitive advantage to others in neighboring communities. This is will affect social equity applicants in particular. • Potential for loss of market share/certainty for businesses interested in opening here. A dispensary that may have opened in Bloomington, may decide to go elsewhere. Bloomington may not be as desirable as a “second wave” location. • May permanently lose out on some tax revenues for being late to opt-in. • (Temporary) Cannabis will still be legally allowed to be used within City of Bloomington – without resources to combat any potential issues • (Temporary) Community members that are unable to get cannabis at the medical dispensary in Normal, will be forced to commute to other areas to purchase cannabis legally



	<ul style="list-style-type: none"> • (Temporary) Community members wishing to use cannabis recreationally who cannot or will not commute to neighboring cities will continue to use the illicit market, endangering their health and well-being and risking legal consequences. • (Temporary) Community members that could medically benefit from cannabis use but cannot afford or obtain a medical cannabis card will be forced to commute or be discouraged from using.
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Opt-Out (permanently)

Benefits	Costs
<ul style="list-style-type: none"> • Reduce potential negative impact to community • While Bloomington can do nothing to prevent legal cannabis use, it can communicate that it does not encourage its use either. This is particularly important when it comes to youth. 	<ul style="list-style-type: none"> • Cannabis will still be legally allowed to be used within City of Bloomington – without resources to combat any potential issues • Potential loss of needed additional revenue • Takes away opportunity to advance social equity and racial justice by denying social equity applicants the opportunity to open a business in their community. • Community members that are unable to get cannabis at the medical dispensary in Normal, will be forced to commute to other areas to purchase cannabis legally • Community members wishing to use cannabis recreationally who cannot or will not commute to

	<p>neighboring cities will continue to use the illicit market, endangering their health and well-being and risking legal consequences.</p> <ul style="list-style-type: none"> • Community members that could medically benefit from cannabis use but cannot afford or obtain a medical cannabis card will be forced to commute or be discouraged from using.
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Remaining Questions:

- Zoning: Two Options - Allow business to operate as a zoning special use or permitted use? (Note: Peoria recently allowed for a hybrid use.)
- Taxation: Up to 3% in increments of .25% - what should our tax rate be? Where should funds be directed?
- On-Premises Consumption: Allow or Prohibit?

Some Measures of Public Opinion in Bloomington:

- [Signatures in Support of Allowing Cannabis Businesses](#)
- [Signatures in Support of Opt-Out](#)

This is the end of the executive summary.

In the report below, we provide linked data sources at the end of each section.

Other Illinois Communities

Communities Opting Out of Allowing Cannabis Businesses

- Naperville (however, will put it up to a referendum)
- Decatur
- Morton
- Frankfort
- Plainfield
- Lisle
- O'Fallon
- Wheaton
- Elmhurst
- Downers Grove
- Murphysboro
- Park Ridge
- Chatham

Communities Who Have Allowed and Regulated Cannabis Businesses

- Marion
- East Peoria
- Peoria
- Mt. Vernon
- Carbondale
- Springfield
- Galesburg

Case Study: Naperville

[Notes from Council Member Emig on Naperville City Council Meeting July 16, 2019](#)

Preliminary vote was 5-4 to opt out, however, final vote in September was 6-3 to opt out. Non-binding referendum most likely to go to the voters in March of 2020. The mayor continues to be in favor of allowing cannabis businesses.

- Primary arguments made for opting out:
 - Do not want to ruin the Naperville “brand” of being family friendly
 - Do not want to send a message to children/teenagers that cannabis is sanctioned
 - Do not want to put more motorists at risk (higher traffic accidents correlated with legalized cannabis)—related—hard to test
 - Do not want to see an increase in use

- Do not believe it will produce much revenue
- Alcohol is bad enough—why add another “sin tax”?

- Primary arguments made for allowing cannabis businesses:
 - Legalization has already happened, so let’s responsibly regulate its use
 - The data from Colorado—use among children/youth has dropped
 - It is hard to make causal claims—data is largely correlational
 - People are already using; let’s use this opportunity to educate, provide services, etc.
 - Markets in IL will be highly regulated
 - Potential for increased revenue
 - Social equity aspect of the legislation is appealing
 - Will not ruin the Naperville “brand”—the same argument was used about medical cannabis, and it did not happen

Comparable Cities in Legalized States

Longmont, CO

- Population 96, 577 average income \$92,813
- After initially banning cannabis dispensaries in 2011, residents had a change of heart in late 2017. Approving of up-to-four recreational dispensaries in the city limits, There were multiple dispensaries just outside city limits so shoppers don't have to drive far.
- 4 Recreational dispensaries which also sell medical as well
- [Why did Longmont CO change their opt-out status?](#)
 - After a split Longmont City Council vote in 2017 to lift a ban on pot dispensaries instituted by the council in 2011, the city set a cap of four cannabis retail permits that have all been issued to businesses.
 - As in the majority of cities comparable to Bloomington population that initially opted out in CO, the City councils found that they were inheriting all the down sides of the legalization (increased DUI/DUWI) with none of the tax revenue benefits.

Boulder, CO

- Population 107,353 average income \$80,800
- 5 Recreational dispensaries: 2 medical clinics that also sell recreational cannabis

Greeley, CO

- Population 107, 348 average income \$68,884
- Dispensaries in Greeley are not present directly in the city limit, but you can find medical and recreational cannabis dispensaries just next door. (Garden City 2.4 miles)
- 4 Recreational dispensaries: all medical clinics that also sell recreational cannabis
- Greeley DUI/DWUI stats have increased since legalization.

Highlands Ranch, CO

- Population 105,267 average income \$116,973

- Dispensaries in Highlands Ranch are not present in the city. (Closest is 10.2- 24 mile radius)
- 19 Recreational dispensaries: unclear how many medical clinics who also sell recreational cannabis
 - No evidence of cannabis legalization impact on city DUI/DWUI in city.

Loveland, CO

- Population 77,446; average income \$61,133
- 2 Recreational dispensaries which also sell medical as well in town
- 2 in surrounding area

From "[Reefer Madness or Pot Paradise?](#)" by the New York Times:

"Colorado's first-in-the-nation experiment has reshaped health, politics, rural culture and criminal justice in surprising ways that often defy both the worst warnings of critics and blue-sky rhetoric of the cannabis industry, giving a glimpse of what the future may hold as more and more states adopt and debate full legalization."

Pasco, WA

- Population 74,778; average income \$43,837
- No dispensaries within city
- 4 dispensaries in surrounding area 4.7 miles to 37 mile radius

Auburn, WA

- Population 81,905; average income \$64,400
- 4 dispensaries in city that are medical and recreational
- Numerous locations in surrounding cities

Kennewick, WA

- Population 82,943 average income \$63,617
- 10 dispensaries that are medical and recreational

- Numerous locations in the surrounding area

Bellingham, WA

- Bellingham population 90,665 average income \$47,886
- 5 dispensaries that are medical and recreational

Yakima, WA

- Population 93,884 average income \$47,402
- 4 dispensaries that are medical and recreational

Cannabis and Crime

Overall, statistics suggest that crime rates either remain largely unchanged or experience a decline in areas that have legalized cannabis, with the exception of traffic related crimes, which we will discuss in the next section.

Some studies found a relationship between heavy cannabis use and violent behavior in adolescents. However, most studies suggest that, in general, cannabis use does not lead to an increase in violent or property crimes.

One article in Colorado Springs News suggests that there is a correlation between legalization of cannabis and increased criminal activity.

- Arrests for the production of black market cannabis increased 380%, 2014-2016.
- Colorado law enforcement report they are battling a boom in illegal cannabis cultivation by sometimes violent criminals.
- Denver counts 7 of 56 homicides in 2017 as cannabis related.
- U.S. Attorney's office in Denver classified 1/3 of its 2017 cannabis cases as violent.
- Black market sales appear to be a fraction of legal sales.

While previous studies have reported mixed or inconclusive results, a more recent study of Colorado and Washington concludes that the legalization of recreational use of cannabis had little to no effect on the number of violent and property crimes. The exception would be the slight increase in property crimes in both states and aggravated assault in Washington immediately after legalization, though the data shows these increases to be short-lived rather than permanent shifts.

Furthermore, recent studies in border communities actually found a reduction in violent crime post-legalization; legitimate sources of cannabis reduce the demand for illicit smuggling, which in turn reduces gang activity and violence associated with gang activity.

Another study analyzed data which demonstrated declining cannabis arrests, in some cases prior to legalization or decriminalization. The data also showed heroin and methamphetamine arrests remaining constant or increasing. However, this study also conducted interviews to obtain qualitative impressions, which are summarized below:

Colorado

- Perceived increase in homeless people
- Edibles are of concern due to the THC content
- Increased use by minors
- The use of cannabis is perceived to be acceptable

- "Colorado respondents stated that illegal cannabis grows are "a logistical nightmare."

Oregon

- More patterned use rather than "experimentation"
- Increased use by minors
- The use of cannabis is perceived to be acceptable
- Quality of life concerns as plain view use leads to reduced livability in neighborhoods
- Increase in cannabis being grown on private property. Difficult for law enforcement to determine which grows/shipments are legitimate and which are illegal
- Concerned about the proliferation of butane hash oil (BHO). Results in an oil with very high levels of THC . The process is associated with an increased risk of fire.
- Increase in the number of products for use in e-cigarettes and vapors.
- Increase in DUI, burglaries where cannabis is the target, and robbery of dispensaries.

Arizona

- Increase in emergency room visits.

California

- Increased mental health concerns.
- Increase in the number of smaller grows on private property which are difficult to detect.

Arizona, California and Nebraska

- First time cannabis uses by High Schoolers perceived to have increased, with frequent use beginning as early as 4th and 5th grade.
- Observed increases in DUI
- Nebraska indicated cannabis related fatalities tripled.
- All three states have observed an increase in property crimes.

DUI Screening & Enforcement

When it comes to testing, driving while high is not the same as driving while drunk. This is because, unlike alcohol, THC-- the main indicator of if someone is high-- can be present in the human body for weeks after use. While police rely on the Breathalyzer to immediately determine a person's alcohol blood content, there currently is no scientific instrument to test whether or not a person has just smoked. Chemical tests are done by way of blood testing, even though there is no sure way to know if the THC levels in a person's blood are on account of consumption the day of the incident or days prior.

For this reason, police in states like Colorado rely on roadside impairment tests, such as walking in a straight line or reciting the alphabet. Many Colorado Law Enforcement Officers are trained in Advanced Roadside Impaired Driving Enforcement (ARIDE), and many agencies staff Drug Recognition Experts (DRE) to detect impairment from a variety of substances, including cannabis.

By law, to be arrested for driving under the influence of cannabis in Colorado, a driver needs to test positive for five nanograms of active THC; however, no matter the level of THC, in practice officers make arrests based on observed impairment.

In January 2016, the Colorado State Patrol launched a pilot program for roadside testing: an oral fluid sample tester that uses saliva collected by a cheek swab. Efforts continue to find a reliable, accurate, and fair device for objective roadside testing.

Illinois Police to try new test for drug-using drivers

- 2015 report from the Governors Highway Safety Association of drivers involved in fatal crashes showed the number of drivers with drugs in their system surpassed those with alcohol for the first time.
- The numbers don't necessarily prove the drivers were under the influence of drugs or cannabis. Some substances remain in the systems days after use.
- Fatal Crashes in Illinois - IDOT
 - 2007 - 2014 crashes involving alcohol dropped 30%
 - 2007-2014 number of drivers who tested positive for cannabis tripled to almost 15%
- New technology must pass a Frye hearing prior to it being accepted in Illinois courts. No testing method available to officers has been through a Frye hearing.

Traffic Accidents

It has been reported that cannabis legalization in Colorado has led to an increase in fatal crashes, figuring into 20% of fatal crashes in 2016 as opposed to 10% of crashes in 2013. In 2016, 71 of the 115 drivers in fatal wrecks were found to have THC in their systems, and of those 71 drivers, 63% were over the state's legal limits for driving. It should be noted, however, the issues with testing for immediate THC use. That is, testing positive for THC does not correlate well with impairment.

Inconsistent with the above data for recreational-use cannabis, three 2013 studies found that traffic fatalities declined in states that introduced medical cannabis laws. Reduction in fatalities is thought to primarily be the result of decreased drunk driving, which is consistent with earlier findings that cannabis is often used as a substitute, not a compliment, to alcohol.

In Washington, it is reported that among drivers involved in a traffic fatality who are tested for drugs or alcohol, there is no trend in the percentage of those testing positive for cannabis in combination with other drugs and/or alcohol. Similarly, no trend was identified for those who tested positive for cannabis only.

While alcohol consumption is strongly correlated with dangerous driving, cannabis consumption is not. Public health promotion can be explored as a way by which to reconcile this difference between traffic incidents with medical use versus recreational use.

Sources:

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- <https://www.newsweek.com/legalizing-pot-increase-crime-rates-colorado-washington-1463622>
- <https://scitechdaily.com/study-analyzes-effect-of-legalization-of-recreational-marijuana-on-crime-here-are-the-results/>
- <https://www.enjuris.com/blog/co/driving-high-test/>
- <https://www.codot.gov/safety/alcohol-and-impaired-driving/druggeddriving/marijuana-and-driving>
- <http://leg.colorado.gov/bills/hb19-1146>
- <https://www.thedenverchannel.com/news/360/bill-to-change-dui-marijuana-impairment-laws-postponed-but-sparking-conversation>
- <https://kdvr.com/2016/01/26/colorado-state-troopers-testing-marijuana-dui-devices/>

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- <https://reason.org/wp-content/uploads/does-legalizing-marijuana-reduce-crime.pdf>
 - Ill. Police to try new test for drug-using drivers PoliceOne.com, Dec 14, 2017 - Robert McCoppin, Chicago Tribune
 - Collateral Impact: The Unintended Consequences of the Legalization of Pot. David Olinger, Special to The Gazette. Colorado Springs News . gazette.com

Youth

Colorado

Data on youth cannabis use was available from two sources. The Healthy Kids Colorado Survey (HKCS), with 47,146 high school and 6,704 middle school students responding in 2017, and the National Survey on Drug Use and Health (NSDUH), with about 512 respondents in 2015/16.

The Colorado Division of Criminal Justice provided the following data:

“HKCS results indicate no significant change in past 30-day use of cannabis between 2013 (19.7%) and 2017 (19.4%). Also, in 2017, the use rates were not different from the national 30-day use rates reported by the Youth Risk Behavior Survey. In 2017, 19.4% of Colorado high school students reported using cannabis in the. Past 30-days compared to 19.8% of high school students nationally that reported this behavior.

The 2015/16 NSDUH, with many fewer respondents compared to HKCS, indicated a gradual increase in youth use from 2006/07 (9.1%) to 2013/14 (12.6%); however, the last two years showed decreased use, with 9.1% reporting use in 2015/16. The NSDUH showed that youth use of cannabis in Colorado (9.1%) was above the national average (6.8%).”

WASHINGTON

Among students surveyed, current cannabis use increased by grade, with the sixth-graders having the lowest use at 1 percent in 2012 and 12th graders the highest at 27 percent in 2014. – Between 2006 and 2014, use among 12th graders increased by an average of 3 percent per year. No trends were seen for grades six, eight or 10. – No trends were seen in the percentage of 12th graders who first used cannabis at any of the ages assessed, 13 to 16.

Among students, ease of access increased by grade, but no trends were identified over time in any of the grades surveyed. – Between 2011 and 2013, there was an average of 155 cannabis related calls per year to the Poison Control Center; in 2014, it markedly increased to 246. – While the number of youths receiving state-funded substance use disorder (SUD) treatment has decreased, the proportion receiving such treatment for cannabis appears to have leveled off at 78 percent in 2013 and 77 percent in 2014.

Substance Use Disorder Treatment Substance use disorder (SUD) treatment for youth receiving publicly funded services has been decreasing since 2009.

Treatment for cannabis increased from 61 percent of all SUD cases in 2007 to 78 percent in 2013. However, in 2014, it leveled off at 77 percent. Age-specific rates for youth cannabis SUD treatment had been increasing by 5 percent per year, but since 2012, there has been

no trend. Rates for SUD treatment for drugs other than cannabis have been decreasing by 11 percent per year since 2009. SUD youth may be court ordered or referred to treatment in other ways.

→ [Impacts of Marijuana Legalization in Colorado, CO Division of Criminal Justice, October 2018](#)

Cannabis & Addiction

Many cannabis opponents subscribe to the rhetoric that cannabis is a “gateway” drug and worry about an increase in demand for “harder” drugs if recreational-use cannabis is legalized. However, while it is true that people who use cannabis are more likely to also use other drugs later on, there is no evidence to suggest that cannabis actually causes people to move on to use “harder” drugs. In fact, evidence suggests that people actually substitute cannabis for other drugs. In healthy people, cannabis can be used as a substitute for stronger, more potent substances such as alcohol, illicit drugs, and prescription drugs.

Cannabis does pose a risk to those people who are already more susceptible to addiction. The National Institute on Drug Abuse suggests that up to 30% of cannabis users show some degree of “cannabis use disorder” or dependency. However, very few of these cases ever escalate into full-blown addiction.

While cannabis addiction is rare, communities must be educated and prepared. As with other substances, families and communities can mitigate cannabis addiction problems through health promotion and education programs.

Treatment Trends

“The overall treatment admission rate for those reporting cannabis as the primary drug has decreased, from 222 in 2012 to 176 in 2017. The treatment admission rate decreased for those under 18, from 459 in 2012 to 279 admissions per 100,000 population in that age group in 2017 (Figure 47). The admission rate also decreased for those in the 18– 20 age group, from 652 admissions per 100,000 in 2012 to 451 in 2017. Patients 21 or over initially showed a slight increase in treatment rates, but the rates then declined, from 162 per 100,000 in 2012 to 146 in 2017. “

“*cannabis was reported as the primary drug of abuse by 71.8% of youth under the age of 18 who were admitted for treatment in 2017 (Figure 49). This contrasts with 22.9% of 18- to 20-year-olds and 6.1% of adults 21 years or older. “

“The trend in the clinical impression of the severity of cannabis use is : The proportion of patients classified as dependent on cannabis remained stable, at approximately one- third being assessed at that level. The percentage classified as exhibiting abuse decreased, from 51% in 2008 to 32% in 2017, while those classified as exhibiting use increased, from 16% in 2008 to 28% in 2017.”

Current DSM 5 terminology: Cannabis Use Disorder F12.10 MILD F12.2 MODERATE F12.20 SEVERE

Per SAMSA report: It must be noted that the DSM5 criteria are applied here for assessment purposes. Heavy use “Cannabis dependent” (F12.20 Cannabis Use Disorder Severe) were

the most likely to receive treatment (outpatient the most common mode) and criminal justice was the overwhelmingly likely referral source (court- mandated treatment) Historically, recidivism rates for this population are significantly higher than average.

Sources:

- <https://www.scientificamerican.com/article/the-truth-about-pot/>
- <https://reason.org/wp-content/uploads/does-legalizing-marijuana-reduce-crime.pdf>
- <https://www.healthline.com/health-news/marijuana-addiction-rare-but-real-072014#1>
- <https://www.healthline.com/health-news/marijuana-addiction-rare-but-real-072014#13>
- <https://www.therecoveryvillage.com/marijuana-addiction/faq/is-marijuana-addictive/#gref>
- <https://www.samhsa.gov/data/sites/default/files/NSDUHsaeMaps2016/NSDUHsaeMaps2016.pdf>

Health Promotion

Use

Washington

Use among adults surveyed is highest for those ages 18 to 24: 21 percent in 2014. – Use among adults ages 65 and older is significantly increasing, although the change is from less than 1 percent in 2011 to slightly more than 2 percent in 2014.

Among adults, approximately one-fifth reported they were between ages 14 and 17 the first time they tried cannabis; this was true for each survey year. No trends in age at first use were identified for these adults.

Safety

When it comes to health and safety, first and foremost is the legal access to safe, licensed products. Black market cartridges are unregulated, untested, and often contaminated. Unlike licensed cartridges in states where recreational cannabis is legal, black market sellers often cut their products with unknown chemicals and thicken it with vitamin E acetate, which has been linked to the “vaping-related illness” crisis spreading across the United States.

Vitamin E acetate is not meant for inhalation; as a result, victims of this dangerous black market practice have shown flu-like and pneumonia-like symptoms. As of October 9, 2019, there have been 1,080 vaping illnesses and 24 deaths. The CDC said the contamination comes from the supply chain of illicit THC products. The FDA and other groups have begun testing seized illicit cartridges, and test after test comes back confirming that black market sellers cut their products with dangerous chemicals and vitamin E acetate.

Accessible, licensed businesses are the only way for consumers to know exactly what they are buying and using, and therefore the only way to ensure consumer safety.

Education

Approximately 9.5% of the U.S. population uses cannabis. Though cannabis use is far behind alcohol and tobacco use, 9.5% still represents a significant amount of the population, especially for an illicit drug.

There is a responsible way to use cannabis just like there is a responsible way to use alcohol, and health education and promotion programs should focus on this fact.

California

Upon legalization and the choice not to opt-out to cannabis establishments, San Francisco County established the Office of Cannabis. One of the duties of this Office of Cannabis is to work with the Department of Health to develop and maintain an ongoing health education and health promotion campaign on the safe consumption of cannabis as well as the health benefits of cannabis. San Francisco's health department emphasizes the safe consumption of cannabis, covering topics such as:

- the storage of cannabis safely away from children and pets;
- avoiding cannabis if one is pregnant or breastfeeding;
- being cautious if it is one's first time consuming;
- the varied effects of smoking versus consuming edible cannabis products; and
- refraining from driving while under the influence of cannabis.

California's statewide Department of Public Health produces a "Let's Talk Cannabis" website dedicated to providing science-based information about how cannabis affects minds, bodies, and health so that people can make safe, informed choices. Many resources emphasize abstinence for youth, talking with youth about cannabis from a young age. The site also provides a "Community Toolkit" with shareable, ready-to-print information on everything from youth abstinence to responsible adult use and cannabis licensing.

It is not helpful to solely focus health campaigns on the abstinence of cannabis use, as people will use cannabis whether or not they are educated properly. Instead, health promotion programs must maintain an emphasis on responsible use for those who are of legal age.

Colorado

Research findings (SAMSA) indicate CO as a state has historically had a higher than national average rate of cannabis usage, up to 20%. This must be considered when weighing the validity of statistics and status of comparable cities.

Public Health The Colorado Behavioral Risk Factor Surveillance System (BRFSS) is a statewide telephone survey conducted by the Colorado Department of Public Health and Environment (CDPHE). In 2014, the BRFSS was expanded to include questions about cannabis use. In 2017, 15.5% of adults reported cannabis use in the past 30 days, compared to 13.6% in 2014, a significant increase. Also, in 2017, 7.6% reported daily or near daily use. This compares to 6.0% in 2014, a significant increase. Males have

significantly higher past 30-day use (19.8%) than females (11.2%). Adults ages 18-25 reported the highest past 30-day usage rates (29.2%), followed by 26-34 year olds (26.4%), 35-64 year olds (12.5%), and those 65 years and older (5.6%).

According to the National Survey on Drug Use and Health, administered by the federal Substance Abuse and Mental Health Services Administration, the prevalence rates for cannabis use in the past 30 days increased for young adults (18- to 25-years old), from 21.2% in 2005/06 (pre-commercialization) to 31.2% in 2013/14 (post-commercialization), but stabilized at 32.2% in 2015/16. Reported 30-day cannabis use by adults ages 26 years and older increased from 5% in 2005/06 to 14% in 2015/16.

Hospitalizations and Emergency Department visits

The Colorado Department of Public Health and Environment (CDPHE) analyzed data from the Colorado Hospital Administration (CHA) with these findings: · Hospitalization rates (per 100,000 hospitalizations) with possible cannabis exposures, diagnoses, or billing codes increased from 803 per 100,000 before commercialization (2001-2009) to 2,696 per 100,000 after commercialization (January 2014-September 2015). The period from October 2015-December 2015 indicated another increase,

Due to changes in coding systems, variable structures, and policies at CHA, the numbers for 2016 are considered preliminary by CDPHE. The period of retail commercialization showed an increase in ER department visits, from 739 per 100,000 ED visits (2010-2013) to 913 per 100,000 ED visits (January 2014-September 2015). There was no definitive trend during the period October 2015- December 2015 and, due to changes in coding systems, variable structures, and policies at CHA, these figures for 2016 are considered preliminary by CDPHE.

Poison control

The number of calls to poison control mentioning human cannabis exposure increased over the past 10 years. There were 45 calls in 2006 and 222 in 2017. Between 2014 and 2017, the frequency of calls reporting human cannabis exposure stabilized.

Sources:

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- <https://vaping360.com/vape-news/84181/vitamin-e-acetate-products-investigated-in-thc-oil-deaths/>
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Social Equity

"As Illinois continues its path toward putting equity at the forefront of the state's new adult-use cannabis expansion, it's important to create opportunities in communities that have been hardest hit by the war on cannabis," said Governor JB Pritzker. "Not only will social equity applicants receive points on their applications, but many applicants will also get grants, technical assistance, low-interest loans and fee reductions and waivers. Taken together, these efforts will do more than any other state in the nation has done to focus on equity." - Governor JB Pritzker

- To qualify as a social equity applicant, you must be an Illinois resident and fulfill at least one other criteria, including:
 - Has at least 51% ownership and control by one or more individuals who:
 - Have lived in a Disproportionately Impacted Area in 5 of the past 10 years ([see map](#)).
 - Have been arrested for, convicted of, or adjudicated delinquent for cannabis-related offenses eligible for expungement, including cannabis possession up to 500 grams or intent to deliver up to 30 grams.
 - Have a parent, child, or spouse that has been arrested for, convicted of, or adjudicated delinquent for cannabis-related offenses eligible for expungement, including possession up to 500 grams or intent to deliver up to 30 grams.
 - Has more than 10 full-time employees, and more than half of those employees:
 - Currently reside in a Disproportionately Impacted Area (see map).
 - Have been arrested for, convicted of, or adjudicated delinquent for cannabis-related offenses eligible for expungement, including cannabis possession up to 500 grams or intent to deliver up to 30 grams.
 - Have a parent, child, or spouse that has been arrested for, convicted of, or adjudicated delinquent for cannabis-related offenses eligible for expungement, including possession up to 500 grams or intent to deliver up to 30 grams.

Other states' examples:

- San Francisco County established the Office of Cannabis to ensure that local public health, safety, and social justice goals are met.
- To apply for licensing for a cannabis establishment, some states, like Massachusetts, require special-use permits for cannabis businesses. In Cambridge, a cannabis business pursuing licensing must first hold a community meeting and must execute a host community agreement with the municipality. The Planning Board requires early community engagement.

"Gov. J.B. Pritzker's proposal to legalize the adult use of cannabis addresses both issues, the racially discriminatory enforcement of cannabis laws and violent crime rates, which could be reduced through the Restoring Our Communities program.

After enforcement and administrative costs are paid, the bill would earmark 25 percent of the remaining cannabis tax revenues to the ROC for violence reduction, continued rehabilitation of people leaving prison and community health initiatives around the state. The investment in these types of programs was the key to reducing violence in New York and Los Angeles, but we haven't seen that kind of investment by our state and local governments."

Public Consumption Spaces

- Without designated social consumption spaces, there will still be a disproportionate impact on communities of color. Building and property owners can still ban the use of cannabis on their property by tenants and public housing residents, meaning a significant number of people may not have a legal space to consume.
- Public consumption spaces, referred to by some states as "cannabis clubs," can be modeled after other membership clubs like cigar clubs or hookah lounges.

"[Legalizing cannabis] is not just an issue of revenue to our state. The idea of adult-use cannabis is not just about bringing revenue to our state, although that is one of the things that, as [Gov. Pritzker] mentioned in our budget address, is something that we will look forward to, as we do need revenue to come into our state to meet the needs of Illinois residents. But it's also a social justice issue, and that comes in two particular ways. First of all, we do have to look at how people who have low-level drug offenses — how we can clear their records upon the point of legalization of adult-use cannabis.

Because that will help open up doors of opportunity for them to successfully reintegrate into their communities, and have opportunity to be successful, not just in the traditional ways that we think of, but we also have to make sure that they have an opportunity to engage in this new

industry that will make a lot of money for a lot of people. And if the people who are from these communities, who have been disproportionately impacted by the war on drugs — black and brown communities all across our state that have disproportionately high rates of touching the criminal justice system — if they are blocked because of their records from being a part of this industry, from being able to work in this industry, to have licenses in this industry, to really have an opportunity to benefit from this industry, then that's a problem. So we see the social justice aspect. We have to expunge records, and we also have to make sure that people have an opportunity to be in this industry as well." - Lieutenant Governor Julianna Stratton

Sources:

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- <https://sf.gov/departments/office-cannabis>
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- <https://www2.illinois.gov/dceo/Pages/CannabisEquity.aspx>
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- <https://www.wbez.org/shows/morning-shift/lt-gov-juliana-stratton-on-criminal-justice-reform/ed508e69-0ec9-4376-ba24-2b7b0197750c>

Employers and Employees

- Employers are prohibited from taking disciplinary action against an employee or potential employee for using “lawful products” (i.e. cannabis) away from the employer’s workplace during non-working hours. However, nothing in the Cannabis Regulation and Tax Act shall prohibit an employer from adopting reasonable zero tolerance or drug free workplace policies, or employment policies concerning drug testing, smoking, consumption, storage, or use of cannabis in the workplace or while on call provided that the policy is applied in a nondiscriminatory manner.
 - “Workplace” is not limited to a structure, and can include vehicles and other areas used by an employee in the performance of a job
 - “On call” may be interpreted as an employee scheduled with at least 24 hours notice to be on standby or otherwise responsible for performing tasks
- In order to take disciplinary action, employers must have a good faith belief that an employee is under the influence and/or have observed symptoms indicating:
 - Impaired speech
 - Decreased agility, physical dexterity, coordination
 - Intoxicated demeanor
 - Irrational/unusual behavior
 - Negligence
 - Carelessness operating equipment
 - Disregard for the safety of employee or others
 - Involvement in any accident that results in serious damage
 - Disruption of production or manufacturing process
 - Carelessness that results in any injury to the employee or others

Sources:

- [Employer-specific language in Cannabis Regulation and Tax Act](#)
- [Sample materials for employers](#)