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REPORT ON
Social Equity in Adult Cannabis Legalization

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A STUDY BY

The Institute for Municipal and Regional Policy (IMRP) at UConn

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Introduction

This report is presented in fulfillment of Public Act 21-1 (June Sp. Sess), which requires the Social Equity Council (SEC), to select an independent third party to "provide detailed findings of fact regarding the following matters in the state or other matters determined by the council:

> (1) Historical and present-day social, economic and familial consequences of cannabis prohibition, the criminalization and stigmatization of cannabis use and related public policies;

> (2) Historical and present-day structures, patterns, causes and consequences of intentional and unintentional racial discrimination and racial disparities in the development, application and enforcement of cannabis prohibition and related public policies;

> (3) Foreseeable long-term social, economic and familial consequences of unremedied past racial discrimination and disparities arising from past and continued cannabis prohibition, stigmatization and criminalization;

> (4) Existing patterns of racial discrimination and racial disparities in access to entrepreneurship, employment and other economic benefits arising in the lawful palliative use cannabis sector as established pursuant to chapter 420f of the general statutes; and

> (5) Any other matters that the council deems relevant and feasible for study for the purpose of making reasonable and practical recommendations for the establishment of an equitable and lawful adult-use cannabis business sector in this state."

To address these requirements, the independent third party (UConn IMRP) engaged in the following activities: (1) A historical overview of United States and Connecticut specific drug policy relative to its racial and ethnic impact on individuals and communities; (2) A best practices exploration of how other states with legalized cannabis addressed social equity concerns and the extent to which these states had success in the surveyed programs; (3) Analysis of arrest and sentencing data related to cannabis criminalization; (4) An intersection of the arrest and sentencing trends with available socio-economic indicators and (5) Interviews and focus groups with impacted individuals and community leaders from currently designated "Disproportionately Impacted Areas" (DIAs).

PA 21-1, entitled Responsible and Equitable Regulation of Adult-Use Cannabis (RERACA), tasks the SEC with the primary responsibility of ensuring those most harmed by cannabis prohibition and enforcement gain equitable access to the cannabis industry. It also charges the SEC with providing recommendations to further equity via the revenue generated from RERACA. The findings and recommendations in this report are designed to support the SEC in these endeavors.

Executive Summary

Cannabis has evolved from a criminalized drug to a multibillion-dollar state-sanctioned industry in less than two decades. The shift began with the legalization of medicinal cannabis and cannabidiol (CBD) and then the decriminalization of small amounts of cannabis for personal use (making possession a civil infraction rather than a criminal offense.) This trend quickly expanded to the legalization of adult use of recreational cannabis.

Social Equity Programs (SEP) are intended to ensure that people from communities disproportionately harmed by the drug war, and more specifically cannabis prohibition and discriminatory law enforcement practices, are included in the new legal cannabis industry. SEP take many shapes, with some states implementing one or two elements, usually in some form of preferential licensing, but very few implementing a comprehensive approach.

There are three primary criticisms of SEP implementation. First, investors and corporations are funding and setting up legal cannabis businesses and profiting over the intended beneficiaries of the SEP. Second, revenue generated from the legal cannabis industry through fees and sales taxes is not fully used or distributed through SEP in ways that benefit disproportionately impacted areas and individuals directly or indirectly impacted by the war on drugs. Third, social equity applicants and businesses often fail for a variety of reasons including unfair social equity lottery practices, a lack of funding and experience to establish a business, zoning issues that limit or prohibit citing of business properties, remediation costs for available properties, lack of or exorbitant cost for traditional banking services, lack of business or individual credit, loans, and grants, ineligibility for traditional federal tax business deductions, competition from multi-state organizations and investors, and licensed medical cannabis business expanding into the recreational cannabis market.

To effectively implement SEP, it is important to understand the nature and extent of harm caused to the individuals, families, and communities most impacted by the "War on Drugs." These communities, commonly referred to as Disproportionately Impacted Areas (DIA) have historically borne the brunt of this war since 1971, when then-President Richard Nixon ignored recommendations that cannabis be decriminalized and instead attempted to combat drug abuse through the increased size of federal drug control agencies and criminalization efforts. These policies were primarily fueled by political paranoia and public deception rather than a deep sense or understanding of a drug problem and continued through multiple federal, state, and local administrations.

It is important to note that the federal War on Drugs was not imposed on Connecticut, but rather was implemented in a preexisting context of racialized punishment and urban governance. By the time the federal government launched its War on Drugs in 1971, Connecticut lawmakers and residents were already deeply engaged in debates over how to improve the ability of the state to address local drug use and sales. Drug criminalization was facilitated both through legal developments and through negative portrayals of cities in media throughout the state. In state and local political culture, these depictions established distinct imaginaries for urban and suburban drug users and sellers that served to harden beliefs that Connecticut's cities were inhabited by an unworthy, undeserving poor. Such ideals fostered residential and educational segregation, diminished social policies and resources, and immense investment in policing and incarcerating institutions. As Connecticut is now three generations into the

War on Drugs, it is crucial to remember that few people working today can remember a time when Connecticut wasn't defined by drug criminalization as a political priority.

In Connecticut, the impact of these federal, state, and local policies can be understood best through the collective voices of people directly affected by the criminalization of cannabis and subsequent policies, as well as community leaders who have lived and witnessed the disproportionate impact such policies had on their respective communities. These voices bring to life the immense pain, trauma and disruption exacted on individuals, families and neighborhoods primarily in Connecticut's urban centers and provide invaluable considerations for remediation efforts relative to social equity. They also bring to light the potential harm in inequitably legalizing an industry that has historically served as a significant financial enterprise to under resourced neighborhoods.

In expressing the impact of these policies, a particular concern arises for children caught in the War on Drugs, especially those who have experienced the incarceration of many parents and caregivers. Children who have experienced the incarceration of a parent or caregiver left in an unstable environment often exhibit behavioral problems, academic difficulties, financial difficulties, and emotional and psychological distress. These issues, if not addressed can stunt a child's ability to develop into a healthy, productive adult. Such generational impact must be addressed to prevent this cycle from repeating.

Compounding a desire to mitigate generation harm is a level of mistrust against the intentions of the State of Connecticut – mistrust that has built over decades of disproportionate targeting of communities of color in the War on Drugs. Yet improving the relationship between disproportionately impacted communities and the state is paramount to establishing sustainable remediation efforts. Bold and comprehensive policy approaches that are fully and strategically informed by community voices and participation will be instrumental to building stronger community partnerships and improving perspectives on procedural fairness.

To accomplish such measurable and lasting results, it is important for Connecticut to focus greater attention to its most impacted neighborhoods. Although the War on Drugs' impact can be felt throughout communities in Connecticut, when analyzed across various metrics, the range of harm is vast. However, the current statutory definition of a DIA in Connecticut is a fixed measure that does not distinguish between a conviction rate of 10% or a conviction rate of 50%, and the same is true for the unemployment rate. Substituting poverty for unemployment rates would be an improvement but is still flawed. The consequence of using a fixed measure allows for a census tract with a historical conviction rate of 92%, to be treated the same as a census tract with a historical conviction rate of 11%. Both census tracts meet the current statutory criteria to be identified as a DIA, yet the proportional harm across both is vastly different. A move to a proportionality index would allow policymakers to appropriately weigh factors such as poverty and drug-related convictions and to consider these proportional differences when making SEP policy decisions.

Connecticut has an opportunity to be a leader in SEP implementation. By recognizing the shortcomings of many current SEPs, the state can adapt its efforts to fully ensure positive results for intended beneficiaries. Shifting its understanding of DIAs to more accurately reflect proportional harm, expanding skilled trade workforce and educational opportunities, and developing a comprehensive, inclusive community reinvestment approach are succinct means by which these goals can be achieved.

E.1: SUMMARY OF RECOMMENDATIONS

The following are summary of recommendations proposed by IMRP researchers through in-depth quantitative and qualitative analysis of the historical and current day consequences of the War on Drugs and related policies in Connecticut and nationwide. Additional information, including a rationale for each recommendation, can be found in the full report.

Recommendations to Identify Disproportionately Impacted Areas in Connecticut:

1. Continue to use census tracts as the defining geographic boundary for DIAs.
2. Continue to use historical drug-related convictions as metric to identify DIAs.
3. Replace the use of the unemployment rate as a metric with an adjusted poverty rate.
4. Replace the current fixed method definition of a DIA and use a Proportionality Index
5. Allow for other metrics to be considered in the future.
6. Change the requirement that the DIA map be updated each year. The SEC should consider updates to the DIA map every three to five years unless special circumstances arise.

Recommendations for Education and Workforce Development:

7. Developing programs to recruit and train social equity status individuals for skilled-trade careers such as licensed electricians, plumbers, HVAC, and carpenters and other ancillary careers in supply chain management and security. While intended to support the cannabis industry, these careers can offer opportunities to service other industries and business sectors.
8. Assist impacted individuals in the opening of new testing laboratories and to provide training and opportunities necessary for the newly developed cannabis workforce.
9. Develop cannabis education at state universities and colleges that offer science-based curriculum that span multiple academic departments and offer cross-listed courses, certificates, scholarships, industry-academic research, entrepreneurial assistance, advocacies, and internships and employment pipelines.

Recommendations for Community Reinvestment:

10. Develop new and integrated infrastructure that consider nontraditional stakeholder groups, such as grassroots organizations, families of the incarcerated, and community members.
11. Collaborate with existing movements and organizations with a proven track-record in impacted communities.
12. Gradually scale up public reinvestment to build and align with a community's absorptive capacity and needs - which is the combination of skills, institutions, and management capacity needed to reap the most benefit of public reinvestment.
13. Educate youth and leaders in social policy, business, local government, and grass roots organizing on structural racism.
14. Give DIA residents a choice to (1) either to obtain funding and licensing and enter the legal cannabis industry in a position to be able to compete with powerful out-of-state corporations, or (2) to receive comparable funding for business ventures outside of the legal cannabis industry.

I. History and Consequences of the War on Drugs

The United States "War on Drugs" and related policies were implemented over the span of six decades. While the following section examined the political objectives, federal and state policies, and outcomes of those policies in order to understand better how and why such policies were implemented, it is important to understand Connecticut's adoption of the "War on Drugs" as part of deeper, localized concerns over the distribution, use, and policing of substances.[1] The nation's "War on Drugs" was intentional in targeting specific communities. While the tactics may have been planned, some of the consequences of the drug war may have been unknown at its inception. These consequences drove public perceptions and opinions and became deeply rooted public policies that exacted exorbitant fiscal costs and decimated communities and families.

> "We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and the blacks with heroin and then criminalizing them both heavily, we could disrupt those communities. we could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night in the evening news. did we know we were lying about the drugs? Of course, we did." – John Ehrlichman, White House Counsel and Assistant to President Richard Nixon

It is acknowledged that there are many factors that impact how the criminal justice system responds to the control of illegal drugs. Responses can be very nuanced given the politics and policies in a specific state, the composition of the population, the availability and use of certain narcotics and illegal substances, the fiscal health of a state, and other socioeconomic factors. It is important to note that this section is not a comprehensive overview and some omissions in the drug policy were intentionally not included, especially if they did not relate to the criminalization and legalization of cannabis.

I.A: EARLY CRIMINALIZATION OF CANNABIS

The criminalization of cannabis in Connecticut can be understood in the broader national context. The first governmental attempts at controlling cannabis focused on regulating it as a medicinal drug and then taxation and licensing distributors. Beginning in the early 20th century, federal law regulated the distribution and labeling of cannabis by pharmaceutical companies and pharmacies. Through a series of laws that created new and strict regulations, the United States Congress

Early federal Laws to regulate Cannabis

- Pure Food and Drug Act (1906) required cannabis by listed on product labels.
- Harrison Narcotic Act (1914) taxed and established new product regulations.
- Marijuana Tax Act (1937) imposed a new tax on pharmacists selling cannabis products and required licenses to sell or possess cannabis products.

did not ban cannabis but made it very difficult to legally obtain a license to possess or sell all forms of cannabis products in the country.

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[1]A contextualized analysis of the localized War on Drugs in Connecticut can be found in Appendix A.

During this period, states took a different approach. By 1910, 48 states had laws criminalizing the sale and possession of cannabis.

By the 1950s, with political unrest over civil rights, a reordering of urban life through urban renewal, the "War on Poverty", and white flight to the suburbs, police enforcement became central to ideas about maintaining public order. In Connecticut, uneven knowledge about the effects and addictive quality of cannabis further muddled efforts to criminalize and police possession and sales as cannabis and narcotics were believed to be indistinguishable[2]. The criminalization of narcotics, often conflated with cannabis and a general rise in crime and delinquency, contributed to the expansion of policing and targeted enforcement in urban areas. In 1952, the Boggs Act established mandatory minimum sentences for first-time drug offenses, including for possession of cannabis. The Narcotics Control Act, passed in 1956, then included cannabis as a controlled substance, and convictions for possession or sale were punishable by long prison terms and fines.

Connecticut embraced some of the toughest narcotics sentencing laws in the nation. As far back as 1882, Connecticut regulated the sale of certain drugs and narcotics. Cannabis was made illegal in 1939. The Uniform State Narcotic Drug Act (1949) did not significantly change the prohibitions against the sale and possession of narcotic drugs but increased criminal penalties for drug crimes. The State Narcotics Act (passed in 1951) imposed punitive sentences for the sale and possession of illegal drugs, such as sentences of up to 15 to 30 years for the sale of narcotics.

While Connecticut was criminalizing cannabis and narcotics, there was a growing move toward treatment for drug use. In 1967, a new law (Public Act 555) aimed to coordinate drug and alcohol treatment within the state. Partitioning usage into categories of illicit experimentation, misuse, abuse, and dependence, experts hoped to incorporate a more medicalized approach to drug treatment. The legislation inspired robust public debates about the degree to which cannabis was addictive or whether illegal drug use of any kind demanded a punitive response.[3]

Yet with limited numbers of experts in drug treatment in Connecticut, policing drug sellers remained a central approach to the perceived drug problem. In separating out a medical and criminal approach to drug use and sales, a *de facto* system of decriminalization emerged as suburban drug use among teenagers could be dismissed as a problem to be handled through education at school, punished by parents, and avoided through the creation of town recreation programs.[4] But police enforcement was needed in urban areas to stop drug sales, possession, and use by minorities, who comprised the majority of residents after the "white flight" to the suburbs. By the time the "war on drugs" was launched on a national level, Connecticut lawmakers and residents were already deeply engaged in debates over how to improve the ability of the state to address local drug use and sales.

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[2] William Brady, "Personal Health," Hartford Courant, March 21, 1950, 6.

[3] David H. Rhinelander, "Little Aid Available for Addicts," Hartford Courant, Nov. 30, 1968, 1, 5. On the conflation of heroin and marijuana, see Eric Schneider, Smack: Heroin and the American City (Philadelphia: University of Pennsylvania Press, 2008), chapter 2.

[4] Thomas D. Williams, "Town Tally Socks Drug Truth into School and Home," *Hartford Courant,* Nov. 29, 1968, 1. On the suburban War on Drugs, see Matthew D. Lassiter, "Impossible Criminals: The Suburban Imperatives of America's War on Drugs," *Journal of American History* 102, no. 1 (June 2015): 126–40.

I.B: WAR ON DRUGS DECLARED

> The Drug Enforcement Agency (DEA), created by the Nixon administration in 1973, consolidated federal drug enforcement activities and resources to combat illegal drug trafficking and distribution within the United States.

In 1971, then-President Richard Nixon ignored recommendations[5] that cannabis be decriminalized and instead declared the nation's "war on drugs." This "war" was fueled by political paranoia and public deception rather than a deep sense or understanding of a drug problem.

During the 1960s, there was a pronounced expansion in the use of cannabis, particularly among young people. Drugs became symbols of rebellion, social upheaval, and political dissents. There was a widespread belief that an epidemic of drugs was occurring particularly among young people and in urban areas, which had large populations of people of color. There were federal and state laws prohibiting the possession of cannabis, police drug enforcement had increased, and persons convicted of growing, possessing, or selling cannabis were subject to sentences of incarceration. Residents in urban areas (minorities and people of color) were already disproportionately targeted for increased drug enforcement.

However, then-President Nixon used these laws and the public fear of drug abuse and violent crime to wage his "war on drugs." The war was intended to target Black people involved in the civil rights and unrest movements and young people associated with the counterculture and who opposed the Viet Nam War (commonly called "hippies".) The Nixon administration knew it could not criminalize a person's race or political opinion, so it began a public and political campaign to associate "hippies" with cannabis and Black people with heroin. Increased and targeted drug enforcement was used to disrupt their communities by arresting leaders, raiding homes, breaking up meetings and social gatherings, and publicly vilifying them in the media. This set the nation on an intentional, punitive, fiscally irresponsible, and counterproductive path that has lasted for more than 50 years.

Through the Controlled Substances Act (1970), the United States Congress further criminalized the possession and sale of specific drugs and classified cannabis as a Schedule I drug. A Schedule I drug is defined as a substance with no accepted medical use and a high potential for abuse. It is the most restrictive federal drug

> In 1967, Connecticut enacted a major piece of drug legislation with several key provisions: (1) prohibitions against the sale and possession of specified illegal drugs; (2) new graduated sanctions for first and second drug offenses; (3) legal definitions of drug abuse and drug dependency; (4) creation of drug advisory council to study drug addiction; and (5) adoption of two-pronged approached to drug addiction by mandating criminal penalties and treatment.

category and includes narcotics such as heroin and LSD (lysergic acid diethylamide.) The federal classification of cannabis as a Schedule I drug continues today.

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[5] The Shafer Commission, an investigative body appointed by President Richard Nixon in 1970, recommended marijuana be decriminalized and removed as a Schedule I drug. The federal Department of Health, Education, and Welfare issued on opinion to Congress in support of the commission's recommendation. In addition, there was already a significant body of research on marijuana dependency effects.

I.C: "TOUGH ON CRIME" SENTENCING LAWS

Almost immediately after the popularization of the "war on drugs," states began increasing penalties for the sale and possession of illegal drugs. Over the next 20 years, the United States Congress and state legislatures enacted increasingly punitive sentencing laws and criminal justice policies, mostly to control drug and violent crime, organized gang activity, and firearm offenses. These laws and policies were the foundation of the "Tough on Crime" movement.

"Tough on Crime" policies emphasized the use of incarceration for more convicted persons for longer periods. The country was seized by the fear of an ongoing and growing drug epidemic and "super predators." New drugs, including "crack" cocaine, and the crime, violence, and organized gang activity that appeared to be associated with the illegal drug trade were the focus of political and public concern. Supporters of these policies often claimed children and youth were the victims with easy access to a variety of dangerous illegal drugs and were being lured into the lifestyle that came with drug use and addiction. The public saw neighborhoods decimated by the illegal drug trade, gang activity and violence, and addiction. Punishment, not rehabilitation or treatment, became the goal of the criminal justice system.

Congress and state legislatures responded by making new crimes with increased penalties, increasing funding for police training and hiring new officers, and expanding police powers to investigate drug and violent crimes. The Violent Crime Control and Law Enforcement Control Act of 1994 was a centerpiece of then-President William Clinton's first administration. The law provided new mandates and funding to reduce violent crimes and enact "Tough on Crime" reforms. The most significant provisions were (1) increased penalties for violent crimes, (2) increased commitment to incarceration through more punitive sentencing, (3) funding for new prison construction, (4) a commitment to crime prevention, and (5) an assault weapon ban. The law provided $9.7 billion in funding for prison construction and management and the hiring and training of 100,000 new police officers. The long-term impact of the law is mixed. It contributed both to a decline in the crime rate and an increase in mass incarceration.

"Tough on Crime" policies included mandatory minimum sentences, sentence enhancements, stiffer penalty ranges or schedules for misdemeanors and felonies, and "three-strikes" laws that imposed life or lengthy terms for a third conviction, all of which limited judicial discretion. Criminal justice policies were changed to increase time served requirements, abolish "good time" credits or options for early release from prison, impose stricter parole, probation, and community supervision standards, and correctional programming was reduced or eliminated.

"Truth in Sentencing" was a goal of this movement: a sentence imposed upon a convicted offender should be served in full. With pressure for longer sentences and uniform punishment led Congress and state legislatures to ensure that convicted persons served longer portions of their sentences in prison. The United States Congress passed the Violent Crime Control and Law Enforcement Act of 1994 and popularized the "Truth in sentencing" programs enacted on the state level. States also adopted time-served requirements, generally requiring convicted persons to serve a specific percentage of their sentences before being eligible for early release programs.

The most famous of the "get tough" policies were the "Rockefeller" drug laws in New York, enacted in 1973 and named after then-New York Governor Nelson Rockefeller. The laws established what are now considered to be draconian criminal penalties, such as mandatory minimum sentences of 15 years to life

for possession of four ounces of narcotics, including cannabis. The Rockefeller drug laws became a milestone in the nation's war on drugs and similar measures were passed in many other states.

During a fourteen-year period (1984 to 1998), incarceration steadily increased, yet crime only rose for the first half of the period and declined in the second half. Between 1991 and 1998, crime rates began to decline significantly across the county. As measured by the Uniform Crime Reporting program, the overall crime rate declined by 22 percent, violent crime by 25 percent, and property crime by 21 percent. However, the number of state and federal prisons dramatically increased from 789, 610 to 1,252,830, a 59 percent increase in just seven years. The rate of incarceration increased by 47 percent; the rate of incarceration is defined as the number of incarcerated persons per 100,000 population.[6]

I.C.1: Connecticut "Tough on Crime" Sentencing Reforms

Throughout the 1980s and 1990s, Connecticut enacted a series of sentencing laws and criminal justice policies. These reforms were referred to as "Truth in Sentencing," which was the state's version of "Tough on Crime." All were intended to increase the amount of time served on a prison term and to limit or eliminate eligibility for early release from prison.

Determinate Sentencing. In 1981, Connecticut shifted from an indeterminate sentencing model, which imposed minimum and maximum terms (e.g., 5 to 10 years) to a determinate sentencing model that imposed a fixed term (e.g., 10 years). The new sentencing model was intended to provide "just and consistent" penalties based on prior criminal record and the conviction offense, to result in more uniformity and consistency in sentencing patterns, and to hold judges accountable.

Under the determinate sentencing model, the state legislature made new drug crimes and increased the sentencing ranges for the sale and possession of illegal drugs based on the types and amounts. To address the "crack" epidemic, sentences for "crack" cocaine were made much longer than those for cocaine. Stiffer penalties were adopted for the sale of drugs by ***non-dependent*** persons, which created a legal distinction between defendants found addicted to drugs versus those not addicted. A new offense was passed to target adults who used children to sell drugs.

> It was in this political climate that then-President Ronald Reagan staunchly opposed the decriminalization of marijuana and then-First Lady Nancy Reagan undertook his mission and adopted the "Just Say No" campaign. Other anti-drug groups created slogans and advertising campaigns including "This is your brain on drugs" and "Stop the madness."

Mandatory Minimum Sentences. Connecticut has two categories of mandatory sentences. A mandatory minimum sentence, first established in 1969, requires a judge to impose a statutorily set minimum prison term that cannot be suspended or reduced, except that a judge may impose a term greater than the mandatory minimum. A presumptive sentence is different in that a judge may use discretion to depart from the mandatory minimum prison term and impose a more lenient sentence if good cause circumstances exist.

Connecticut expanded existing mandatory minimums to include drug crimes and to increase the sentence terms. It created new mandatory minimum sentences for certain drug crimes such as the sale or

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[6] J. Gainsborough and M. Mauer, The Sentencing Project, *Diminishing Returns: Crime and Incarceration in the 1990s* (September 2000)

possession of drugs on or near school grounds, daycare centers, and public housing projects (commonly referred to as the "1,500-foot rule".)

Persistent Offender Laws. Connecticut established new persistent offender laws, which were the state's version of the "Three-Strikes" laws at the federal level and in other states. The persistent offender law authorized more severe penalties. To be sentenced as a persistent offender, a defendant must meet two criteria: (1) previous conviction for a specific offense and incarcerated for more than a year, and (2) the defendant's history, character, and the nature and circumstances of the crime indicate an extended term of incarceration and lifetime supervision best serve the "public interest."

> The Clinton Administration rejected United States Sentencing Commission recommendations to (1) eliminate the disparity between "crack" and powder cocaine sentences, and (2) end the federal ban on funding syringe access (clean needle) programs.

Sentencing Enhancements. Through new sentencing enhancements laws, judges were authorized to increase the authorized prison term for an offense based on aggravating factors, such as the commission of a crime while a person was released on bail for a prior offense or the use of a firearm or assault rifle during the commission of a felony crime.

> President George W. Bush allocated more funding than ever to the "war on drugs" and appointed a "drug czar" to focus on marijuana. He launched a major campaign to promote drug testing of public-school students.

"Zero Tolerance." By the mid-1980s, new conceptual sentencing reforms endorsed as "zero tolerance" were passed to make sentences for drug and/or violent crimes even more severe. Programs such as the Drug Abuse Resistance Education (DARE) program brought police into schools to lecture against drugs and students were encouraged to sign anti-drug pledges. The DARE program was funded for decades despite the lack of evidence supporting its effectiveness.

Time-Served Policies. As part of the "Truth-In-Sentencing" and "Zero Tolerance" reforms, Connecticut experienced a persistent increase in the prison population. The prison system was continually operating at or over capacity. Despite this, the state legislature adopted a series of prison management initiatives intended to meet the state's "Truth in Sentencing" goals. While the "Truth in Sentencing" and "Zero Tolerance" laws ensured more convicted persons were sentenced to long prison terms, these policies resulted in them serving more of their court-imposed sentences before early release. All of this directly contributed to the state's prison overcrowding problem.

First, under the new determinate sentencing model, discretionary parole was abolished. Convicted persons were required to serve their full count-imposed sentence. Second, "good time" credits[7] earned intended to reduce time served and allow for early release from prison were reduced and were eventually eliminated. Third, a new early release program, called the Supervised Home Release[8] program

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[7] "Good time" credits earned by sentenced incarcerated persons reduced the amount of time served. In 1981, the state legislature reduced the available "good time" credits that could be earned from 15 to 12 days per month of a sentence. Good time credits were eliminated in 1993.

[8] Supervised Home Release (SHR) shifted discretionary release authority from the defunct parole board to the DOC. The SHR program quickly became a mechanism for the DOC to manage prison overcrowding that undermined its legislative intent and overall criminal sentencing policy and prioritized the DOC's need to free prison beds for incoming sentenced persons. Due to a lack of beds, most sentenced inmates serviced approximately 10 percent of

administered by the Department of Correction (DOC), was created. SHR was meant to be the new discretionary release mechanism after parole had been abolished. Fourth, an emergency release program[9] was enacted that authorized DOC to systematically release incarcerated persons when the prison population met or exceeded a statutory cap. Finally, extended parole and probation supervision requirements were established. Under special parole and extended probation programs, the court could impose extended periods of community supervision after incarceration and lifetime supervision for certain crimes.

Under the National Defense Authorization Act for Fiscal Years 1990 and 1991, the 1033 program administered by the Law Enforcement Support Office (LESO) was created. The 1033 Program requires the federal Department of Defense (DOD) to make various military equipment including weapons and tactical vehicles available to state and local law enforcement agencies and transfers that excess military equipment to those agencies.[10] Police officers received training in paramilitary tactics and strategies, such as special weapons and tactics (SWAT).

I.D: MILITARIZATION OF POLICE

The policies and funding underpinning the "War on Drugs" made federal, state, and local police more powerful and more lethal. Federal and state funds were expended to hire more police officers and provide specialized and tactical training. In the pursuit of illegal drugs, police were given almost unchecked power to use aggressive tactics, purchase expensive surveillance technologies and military equipment, authorized to take property from citizens with only a suspicion of drug-related conduct, conduct raids and "no-knock" warrants, and utilize policies such as "stop and frisk." Police patrolled more spaces such as schools.

The Comprehensive Crime Control Act of 1984 established the Department of Justice (DOJ) Assets Forfeiture Fund to receive the proceeds of forfeiture and to pay the costs associated with such forfeiture. The goal of the fund is to use asset forfeiture as a tool to deter, disrupt, and dismantle criminal enterprises by depriving criminals of the instruments of illicit activity. A primary target of the asset forfeiture program was organized gang drug activity. Under civil forfeiture proceedings, police departments have used the funds to purchase equipment such as helicopters, vehicles, lethal and nonlethal weapons, tactical gear, communication, and electronic surveillance equipment, and to fund officer training programs.

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court-imposed sentences before release on SHR. Because of this, most sentenced persons opted for prison sentences rather over community supervision sanctions such as probation. After only two years, the SHR program was abolished due to mismanagement and ineffective community supervision by DOC that resulted in supervised persons cycling in and out of prison.

[9] The emergency release law, enacted in 1982, authorized DOC to petition the state Superior Court for the release of pre-trial and sentenced incarcerated persons to relieve overcrowding. If granted, incarcerated persons were systematically released based on the amount of time left to serve on their sentences. In 1984, the program was amended to address the failure of its original construct to relieve prison overcrowding. Under new guidelines, DOC was authorized to declare a prison overcrowding emergency when the population exceeded 110 percent of capacity for 30 consecutive days. It could then systematically release incarcerated persons based on specified criteria until the population fell below 110 percent of capacity. Both versions of the program were never activated due to political constraints.

[10] The transfer of military equipment to domestic law enforcement agencies began in 1944 under the Surplus Property Act. The program was abolished in 1949.

The use of paramilitary units in state and local police departments has grown during the drug war. The units use military-style uniforms, procedures, and weapons. Over the past decades, these tactics and culture have proliferated into everyday policing activities, making police contact with citizens more dangerous and eroding the public's trust and respect for police.

In Connecticut, Law Enforcement Assistance Administration (LEAA) programs incentivized police training and militarization, as it provided direct funding for five regional undercover narcotics policing units, empowered the state to coordinate police training for half of Connecticut municipalities, and created new information systems to facilitate the sharing of information and coordination of operations among the town and state agencies including police departments, courts, and the Department of Correction. While LEAA was eliminated and eventually replaced by what is today the Office of Justice Programs, its legacy was that larger criminal justice institutions demanding greater amounts of resources were firmly entrenched in aspects of town and state budget responsibilities. This capacity building, which included but was not limited to drug policing and improving the efficiency and legitimacy of criminal justice processes, proved important to instilling localities with the staffing and technology needed to undertake an escalation of the drug war in later decades.

Despite the militarization of the police and the expanded use of specialized equipment and tactics, local police department drug enforcement was the purview of special narcotics units and/or street crime units. These officers routinely relied upon tactics such as "stop and frisk," "buy-and-bust" by undercover officers, surveillance, and gang tracking databases. While the goal was often to target street-level sellers and buyers with the intent of gathering intelligence that led to persons involved in the manufacturing, transportation, and sale of large quantities of illegal drugs, few of those arrests were made. The majority of drug arrests were for nonviolent, low-level possession charges.

Connecticut policymakers attributed a rise in drug arrests from 7,750 in 1982 to 11,154 in 1990 to a turn toward more "vigorous" police enforcement of drug laws. While most Connecticut towns carried out fewer than a dozen "narcotics" arrests of white people each year, cities were arresting hundreds on such charges; In Hartford, targeting communities of color meant fifty percent of arrestees were Black. While arrests for narcotics crimes, which included the sale and possession of drugs, lagged behind assaults, larceny, and disorderly conduct, drug control policing was an important part of "order maintenance" policing popularized in the 1980s.[11]

In 1997, the Connecticut Law Revision Commission issued a seminal report on drug policy to the Connecticut General Assembly that concluded the state's means of "solving" the drug problem through a "heavy reliance on the criminal justice system is misplaced."[12] One of the reports main authors concluded in 2021 that "some of the more significant recommendations were not implanted", thus resulting in a continued "War on Drugs" ideology and corresponding failure to address the underlying issues of drug abuse.[13]

I.E: MASS INCARCERATION

Mass incarceration in the United States is a complicated issue, with roots going back to the end of the Civil War. It was, however, exacerbated by the "War on Drugs." Misguided drug laws and draconian sentencing

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[11] Department of Public Safety, *Crime in Connecticut* (Meriden: State of Connecticut, 1980)
[12] https://www.cga.ct.gov/lrc/drugpolicy/drugpolicyrpt1.htm
[13] https://ctmirror.org/2021/07/26/reduce-harms-of-illegal-drugs-david/

requirements, especially pertaining to crack cocaine, have produced profoundly unequal outcomes for communities of color.[14] Although minorities use and sell drugs at similar rates as whites, the proportion of those incarcerated for drug offenses who are Black or Latino is 57 percent. Minority defendants were more likely to be sentenced to incarceration and receive a longer prison sentence than white defendants charged with similar offenses.

Increased arrests for drug crimes and crimes associated with the drug trade and "get tough" prosecution practices resulted in dramatic increases in convictions. Mandatory minimum sentences and sentencing enhancements, which limited judicial discretion, lengthened prison terms while other laws required convicted persons to serve significantly more time on their sentences prior to early release. Intensive post-incarceration supervision requirements often sent many supervised persons back to prison for administrative violations such as drug use, lack of a job, or associating with other persons with criminal records.

Federal and state prisons, as a result, were severely overcrowded. However, the drug war was not letting up as state legislatures, the police, the courts, and correction departments were fully vested in maintaining the level of drug enforcement.

Connecticut, like the federal and other states' systems, was plunged into a decades-long political and fiscal battle with prison overcrowding. Prison riots and disturbances were occurring in increasing intervals due to severely overcrowded conditions. In the late 1980s, the state began a $1 billion, 10-year, prison expansion project that built new and expanded existing prisons, eventually adding 9,000 new prison beds in cells and dormitories.

As the state's prison expansion project was completed, the system remained at or over capacity. No real relief to the overcrowding crisis had been achieved. Projections of the growth in the state's prison population were significantly underestimated and the state legislature and DOC had not anticipated the impact of the drug war that contributed directly to an untenable and sustained increase in the prison population. Thus, the state's prison system remained at or exceeded design capacity levels and the system could not accommodate the persistent influx of new admissions. It was at this point that the state legislature authorized DOC to contract for prison beds and to transfer incarcerated persons to out-of-state correctional facilities.

By the early 2000s, DOC operated 17,600 permanent beds and up to 500 temporary beds in 20 prison and jail facilities across the state and contracted for 2,000 out-of-state prison beds[15] to manage its overcrowded facilities. In 2000, the incarcerated population was almost 19,000 persons per day. The trend

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[14] Howard University School of Law, *A Brief History of Civil Rights in the United States: The War on Drugs and Mass Incarceration* (January 2023)

[15] In 1999, to help alleviate overcrowding in state prisons, Connecticut entered into a one-year renewable contract with the Virginia Department of Correction to transfer almost 500 incarcerated persons to a maximum-security prison in Wallens Ridge, VA. In 2000, the death of two Connecticut inmates and complaints about racially motivated mistreatment of Connecticut inmates by Virginia correction officers lead to an investigation by the Connecticut Commission on Human Rights and Opportunities. Some Connecticut inmates were subsequently transferred to a lower security prison in Greensville, VA. In 2006, the state legislature increased the number of authorized out-of-state beds from 500 to 2,000 for Fiscal Year 04/05 only. In 2004, the authorization for contracted out-of-state prison beds was repealed and all transferred inmates were returned to Connecticut.

in the number of persons convicted for drug crimes and incarcerated consistently increased between 1992 and 2000.

Prison overcrowding is a problem that impacts all criminal justice agencies, not just the DOC. During this period, court dockets were overwhelmed, state's attorneys (prosecutors) and public defenders were overworked, and bail commissioners, probation officers, and parole officers managed high caseloads that exceeded best practice caseload ratios. With the increased caseloads came reduced quality of services.

A state Legislative report on prison overcrowding from 2000 suggested that the main options for addressing prison overcrowding were either continuing prison expansion at exorbitant costs and no real solution to overcrowding or creating a multi-agency community corrections network. The proposal to pursue community corrections at the very least suggested a need to reevaluate the efficacy of sentencing policies that prioritized incarceration, particularly as large numbers of people faced drug sentences that averaged four years.[16] Policymakers began to emphasize concepts like costs, treatment, and categorical distinctions such as violent and non-violent offenders as ways to normalize shifting to "smarter" rather than "tougher" sentencing policies.

I.F: JUSTICE REINVESTMENT

In the early 2000s, the Justice Department in partnership with the PEW Center on the States, and the Council of State Governments (CSG) endorsed a new concept of Justice Reinvestment[17]. Justice Reinvestment is a data-driven approach to reduce corrections spending and re-direct savings to other criminal justice strategies that decrease crime and strengthen neighborhoods. The concept is a collaborative process that engages and builds consensus with a wide range of state and local stakeholders and system administrators. System data is analyzed to better understand large-scale challenges such as drivers of prison and jail admissions, recidivism, and correctional costs and more focused issues probation and parole violations that result in a return to prison and jail and high utilization of behavioral health and criminal justice resources by specific populations such as women and persons with addiction issues. Justice Reinvestment projects were implemented in Arkansas, Connecticut, Georgia, Mississippi, Montana, Nevada, Oregon, Tennessee, Utah, and Vermont.

Public Act 04-234, *An Act Concerning Prison Overcrowding*, established Connecticut's Justice Reinvestment model and adopted provisions to control its persistent prison overcrowding problem. Its centerpiece required a collaborative effort by a variety of agencies to develop and implement a reentry strategy to promote the successful transition of incarcerated persons back to their families and communities. The state budget (Fiscal Year 04/05) contained funding for certain criminal justice system programs to promote community supervision and community-based services and programs. With the implementation of the reentry strategy, the idea behind these funds was that effective and enhanced community supervision programs to assist incarcerated persons in the transition from prison or jail to communities would lower recidivism and thereby reduce prison overcrowding. A positive cycle would begin by enhancing the ability of the reentry strategy to work as intended, correctional dollars may be saved and ultimately "reinvested" into even more effective and enhanced community-based supervision and treatment programs.

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[16] https://www.cga.ct.gov/pri/archives/fipo/20001201FINAL_Full.pdf, Digest, Key Points.

[17] https://csgjusticecenter.org/projects/justice-reinvestment/past-states/connecticut/

Since its adoption in 2004, the state's reentry strategy was slow to develop, and the Justice Reinvestment concept was not managed as intended. In the late 2000s, any correctional funds saved through this initiative were absorbed into the state's general fund during two fiscal crises. However, over almost 20 years and despite adequate reinvestment funding, the policy shift of utilizing data and evidence to drive decision making, guided by the long-term goals of creating a more efficient and effective justice system, has persisted. Connecticut has dramatically improved and expanded community-based supervision and alternative sanction programs, and behavioral health and treatment services. It has created local reentry organizations and networks through Reentry Roundtables and the statewide Reentry Collaborative. Multiple advocacy organizations have coalesced to give voice to marginalized populations most impacted by the justice system. Significant changes to the youth justice system, begun through the "Raise the Age" initiative in 2005 have resulted in fewer youth in the justice system[18]. Crime rates and corresponding arrests plummeted to levels not seen in CT since pre-War on Drugs era.[19] Beginning in 2010, the prison and jail populations decreased so steadily that the DOC was able to close several correctional facilities. Court dockets and probation and parole caseloads are more closely aligned with best practice ratios. Finally, Connecticut invested more in its in-patient and outpatient drug treatment programs.

I.G: SECOND CHANCE INITIATIVES

In 2008, the United States Congress passed the Second Chance Act focusing on the reentry process, recognizing that most people incarcerated will at some point return to their families and communities. They will have complex challenges that will determine whether they will re-offend or will be responsible citizens. The prevalent needs are mental health, substance use, housing, homelessness, education, employment, and providing for themselves and their children and families. Second Chance strategies were aimed at reducing recidivism, maintaining public safety, reducing corrections costs, and eliminating the barriers to economic opportunity following release from prison.

The Formerly Incarcerated Reentry Society Transformed Safely Transitioning Every Person Act, commonly known as the First Step Act, was enacted by the United States Congress in 2018. The act made several changes in federal criminal law and sentencing guidelines in order to reduce recidivism and decrease the population of persons incarcerated in federal prisons. The major provisions of the First Step Act included:

- retroactive reforms enacted by the Fair Sentencing Act of 2010 that reduced the disparity between crack cocaine and powder cocaine at the federal level;
- reductions to federal mandatory minimum sentences and the "three strikes" rule and expansion of the "safety valve" rule allowing judges to depart from mandatory minimum sentence guidelines;
- restrictions on "stacking" gun charges to expand sentences for persons charged with drug offenses; and
- increased "good time" credits and "earned time credits" allowing incarcerated persons to earn reductions in sentences for good behavior and participation in vocational and rehabilitative programs.

The federal Second Chance Initiatives were expanded under President Joseph R. Biden's administration to include but are not limited to job skills training and individualized employment and reentry plans for

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[18] http://www.raisetheagect.org/
[19] https://www.ct.gov/opm/lib/opm/cjppd/cjabout/2018_mid_year_updates_memo_final.pdf

people incarcerated in federal prisons, new workforce grant funding to provide education, digital literacy training, paid work experience, mentorship and apprenticeship, pre- and post-release career counseling, and leadership development. The Small Business Administration was authorized to remove barriers to eligibility based on irrelevant criminal history records for specific loan programs, especially for low-income borrowers and those from underserved communities. The barriers to federal employment for formerly incarcerated persons were removed under the Fair Change to Compete for Jobs Act. These regulations will expand the "ban the box" policy and create new procedures for due process and accountability steps for hiring officials. The Infrastructure Investment and Jobs Act included expanded access to jobs for formerly incarcerated individuals.

In Connecticut, Second Chance Initiatives reclassified certain nonviolent offenses to reduce sentences, eliminated mandatory minimum sentences for nonviolent drug possession, streamlined the parole system to reduce administrative violations, increased access to pardons, and created a new job and housing opportunities for formerly incarcerated individuals.

I.H: ADULT-USE CANNABIS LEGALIZATION

While federal cannabis reforms stalled in the early 2000s, state-level reforms were being passed and began to slow the growth of the drug war. Public opinion was shifting dramatically in favor of sensible drug law reforms that expanded health- and treatment-based approaches while reducing the role of criminalization in drug policy. Even politicians routinely admitted to having used cannabis when they were younger; President Barack Obama and New York City Mayor Michael Bloomberg acknowledged using and inhaling cannabis when they were young.

In the mid-2000s, then-President Barack Obama enacted several changes to federal drug policies such as reducing the sentencing disparity for "crack" and powder cocaine and ending the ban on federal funding for syringe access (clean needle) programs. Under his administration, the federal DOJ issued a formal memorandum to federal prosecutors encouraging them to refrain from prosecuting individuals charged with the distribution of medical cannabis in compliance with states' decriminalization laws. Certain types of military equipment were limited or prohibited from being transferred from DOD to state and local law enforcement agencies.

However, Congress refused to shift the majority of drug policy funding from the "War on Drugs" to a health- and treatment-based approach. Yet, in response to the opioid crisis and increasing use of fentanyl and heroin, and a worsening overdose rate, dozens of states passed laws to increase access to the overdose antidote Naloxone and "911 Good Samaritan" laws to encourage people to seek medical help in the event of an overdose without fear of arrest and prosecution. Thus, states began to drive reforms of drug policy and to shift away from the "war on drugs."

II. Cannabis Legalization in the United States

Cannabis[20] has evolved from a criminalized drug to a multibillion-dollar state-sanctioned industry in less than two decades. The shift began with the legalization of medicinal cannabis and cannabidiol (CBD)[21] and then the decriminalization of small amounts of cannabis for personal use (making possession a civil infraction rather than a criminal offense.) This trend quickly expanded to the legalization of adult use of recreational cannabis.

The legal cannabis industry has been described as the first real emerging American industry since the internet and is the newest wave of commerce. While medicinal and CBD health and wellness markets currently make up a sizeable portion of the legal cannabis market, the market for recreational cannabis products is experiencing significant growth as states throughout the country legalize adult-use cannabis. As adult-use recreational cannabis businesses scale up, there is interest from investors and major consumer corporations and conglomerates to state and municipal governments. Communities disproportionately impacted by discriminatory drug law policy and enforcement practices and recreational-use consumers are ready to participate in the industry.

Legalization has occurred solely at the state level, with almost all states and several United States territories authorizing the sale and use of medical cannabis or medical and recreational cannabis. The laws, regulatory schemes, and markets differ in each state and territory. What is consistent, however, is that the states' sanctioned cannabis industry is growing and expanding massively with each year and with each state that legalizes its use.

Cannabis nevertheless continues to be prohibited at the federal level. Cannabis is classified under the federal Controlled Substances Act (CSA) as a Schedule 1 drug[22] and production, manufacturing, distribution, sale, and possession are criminal offenses subject to penalties. The continued federal prohibition amid state-level legalization creates real barriers to the individuals and businesses operating within the state-level markets. Some of these barriers include:

- Universities are reluctant to risk losing federal funding by conducting cannabis research.
- Many banks and credit unions are reluctant to provide services (e.g., saving and checking, loans, credit, etc.) for cannabis businesses or they charge high fees to provide basic banking services.
- State-level cannabis businesses cannot take advantage of federal tax deductions for general business expenses.

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[20] Generally, there is no difference between cannabis and marijuana. The two terms are used to describe the same thing and are used interchangeably in this report.

[21] Cannabidiol, commonly referred to as CBD, is the second more prevalent active ingredient in cannabis (marijuana). CBD is it is derived directly from the hemp plant and is an essential component of medical marijuana. In 2018, the federal Agriculture Improvement Act (or the Farm Bill) made hemp legal in the United States and as a result CBD is readily obtainable with varying degrees of restrictions in all 50 states.

[22] The federal Controlled Substance Act uses five classifications and classifies drugs based upon their (1) abuse potential, (2) accepted medical applications, and (3) safety and potential for addiction. Schedule 1 drugs are defined as having: (1) a high potential for abuse, (2) no currently accepted medical use in treatment, and (3) a lack of accepted safety for use under medical supervision. Examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), cannabis, methamphetamine, methaqualone, and peyote.

- Individuals in violation of federal cannabis laws, even when they are using cannabis consistent with state laws, can be subjected to consequences affecting their eligibility for housing, food assistance, visas, employment, and firearm ownership.
- Limitations for business and market growth between states. Cannabis businesses are limited to their home state consumer market because they are not allowed to engage in interstate commerce.
- A myriad of conflicting state laws and federal prohibitions on cannabis may impact other services including legal, transportation, accounting, etc.
- "Dark" money invested in cannabis businesses allegedly by foreign cartels and Russian oligarchs.

II.A: FEDERAL BILLS TO LEGALIZE CANNABIS

There have been recent attempts to either legalize cannabis under federal law or to amend federal laws to support state-level legalization by addressing some of the barriers listed above. The political discourse on cannabis legalization is driven in large part by state-level legalization and strong public support.

The Marijuana Opportunity Reinvestment and Expungement Act (MORE) decriminalizes cannabis by removing it from the list of Schedule I drugs and eliminating criminal penalties for individuals who manufacture, distribute, or possess cannabis. The bill also makes other changes to address the disproportionate impacts of cannabis enforcement and penalties. The United States House of Representatives passed the bill during the 2021/2022 session, but it remains stalled in the Senate.

In the summer of 2022, the Cannabis Administration and Opportunity Act was introduced in the Senate. This bill decriminalizes cannabis at the federal level, removes it from the list of Schedule I drugs, empowers states to create their own cannabis laws, and prioritizes restorative measures and economic justice for communities hit hardest by the war on drugs.

The Secure and Fair Enforcement (SAFE) would allow FDIC-insured banks to extend financial services to the cannabis industry without violating federal law. This bill would prohibit federal banking regulators from penalizing depository institutions for providing banking services to legal cannabis businesses. Additionally, proceeds from legal cannabis transactions would not be unlawful and subject to anti-money laundering laws and banks would not be subject to asset forfeiture for providing loans or other financial services to legal cannabis businesses. Both the Cannabis Administration and Opportunity Act and the SAFE bills are still pending in the Senate.

Lastly, an amendment to the Congressional Spending Bill rider is pending in the United States House of Representatives. The rider currently prohibits the Department of Justice from spending federal funds to prosecute legal medicinal cannabis businesses. The amendment would extend that prohibition to legal adult-use recreational cannabis businesses.

October 6, 2022, President Joseph R. Biden issued an executive order to pardon all individuals convicted of simple cannabis possession under federal law and Washington D.C. law. In this order, the federal Department of Health and Human Services and the Department of Justice were directed to review whether cannabis should still be classified as a Schedule 1 drug under the CSA. Citing the criteria of Schedule I as the most dangerous substances, President Biden noted fentanyl and methamphetamine, not cannabis, for currently driving the overdose epidemic in the country.

Currently, the cannabis industry is not like the alcohol or tobacco industries, which are regulated consistently under both federal and state laws. The bifurcation of state legalization and federal prohibition creates legal chaos in an already unsteady new industry that is experiencing rapid growth with minimal oversight and regulation. Given that the cannabis industry is constantly evolving and changing, state regulatory entities must react to the market and keep pace by passing new laws and/or regulations, which is a time-consuming and cumbersome process. As a result, cannabis entrepreneurs and investors often describe the industry as operating like the "wild west."

Under current federal prohibitions, real market growth in the cannabis industry will be limited to the states where the businesses are located. A single market for which the product can cross state lines will not develop. This not only limits business growth but innovation in techniques and equipment to improve, up-scale and support the expansion of the industry and the investment or corporate buyouts that would fund significant market maturation and stability.

II.B: PUBLIC POLICY DIFFUSION

Public policy diffusion is a well-documented concept that public policies and practices may and can spread (that is, "diffuse") from one municipality, county, or state to another. Diffusion is the process "through which an innovation is communicated through certain channels over time among members of a social system."[23] Moreover, such dissemination may, and does, take numerous forms.[24] Public policy diffusion is also impacted by shifts in public opinion and political discourse.

The converse of this theory is also evident in the development of public policy. For example, a state may delay the adoption of a particular public policy until policy outcomes and "political consequences" unfold in a neighboring, regional, or non-proximate state engaging with policy innovation and implementation.[25] Unexpected or unintended adverse outcomes, negative press coverage, and/or public support or opposition may alter the implementation and modify the diffusion of a particular policy.

Examples of public policy diffusion include the legalization of casino gambling, lotteries, and medical cannabis. The most recent example sweeping across the nation is the legalization of adult-use cannabis. In addition to legalizing the recreational use of cannabis, some states' laws included specific provisions for ensuring social equity in the cannabis industry to redress the disproportionate impact and discriminatory enforcement practices under the nation's drug war.

II.C: CANNABIS LEGALIZATION THROUGHOUT THE UNITED STATES

Cannabis is currently legal, either recreationally or medicinally or both, in almost all states, the District of Columbia, and five American territories of Puerto Rico, Guam, the US Virgin Islands (USVI), American Samoa, and the Commonwealth of Northern Mariana Islands (CNMI). Figure 2.1 shows the categories of cannabis legalization throughout the country:

- Recreational adult-use (shown in green);

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[23] Karch, Andrew. *Democratic Laboratories: Policy Diffusion among the American States.* The University of Michigan Press: Ann Arbor, MI.

[24] Karch, Andrew. 2007. "Emerging Issues and Future Directions in State Policy Diffusion Research." *State Politics & Policy Quarterly* 7(1): 54-80.

[25] Li, Amy Y. 2017. "Covet Thy Neighbor or 'Reverse Policy Diffusion'? State Adoption of Performance Funding 2.0." *Research in Higher Education* 58 (7): 746-772.

- Medicinal use (highlighted in blue); or
- Severely limited medicinal use (shown in yellow).

Twenty-one states and the District of Columbia and the territories of Guam and CNMI have fully legalized recreational adult use. Nineteen states and the territories of Puerto Rico, and USVI have legalized exclusively medicinal use and 10 states have severely limited medicinal access to cannabis. Under state law, cannabis possession and use remain entirely illegal in only three states (Idaho, Kansas, and Nebraska) and the territory of American Samoa but proposals to allow some levels of medicinal use are being explored; highlighted in red in Figure 2.1.

Figure 2. 1: Map of Cannabis Legalization in the US[26]

Table 2.1 shows the chronology of legalization across the country beginning with Colorado and Washington first enacting cannabis legalization laws in 2012. Connecticut and three other states (New Mexico, New York, and Virginia) passed laws to legalize cannabis for recreational use in 2021. In May 2022 Rhode Island enacted adult use cannabis legalization and in November 2022, Maryland, Missouri, and North Dakota passed ballot measures to legalize the recreational use of cannabis; these states are not included in red in Figure 2.1.

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[26] This map was published in February 2022 and does not reflect the more recent state cannabis legalization measures. A more updated map can be found: https://www.nbcnews.com/news/us-news/map-see-if-marijuana-legal-your-state-n938426

Early cannabis legalization campaigns relied on various policy arguments that cannabis legalization would: (1) increase state government tax revenue, (2) lower government spending on cannabis enforcement, (3) increase privacy rights, and (4) improve public health.[27] Early campaigns rarely focused on the disparate impact of the war on drugs on minority communities.[28]

The political rhetoric and public education campaigns shifted when Washington D.C. deployed racial justice messaging in its successful cannabis legalization campaign. Its message of "Legalization Ends Discrimination" focused on the high taxpayer costs of "racially biased arrests." California, Connecticut, and Massachusetts prominently featured racial inequities of the war on drugs and racial justice goals in their legalization campaigns.

Table 2. 1: Chronology of Recreational Cannabis Legalization in the US

Year of Legalization	States that Legalized Cannabis
2012	Colorado Washington
2014	Alaska Oregon Washington, D.C.
2016	California Maine Massachusetts Nevada
2017	Vermont
2018	Michigan Northern Mariana Island
2019	Guam Illinois
2020	Arizona Montana New Jersey
2021	Connecticut New Mexico New York Virginia
2022	Maryland Missouri North Dakota Rhode Island

Five more states – Arkansas, Maryland, Missouri, North Dakota, and South Dakota – had legalization measures on their ballots for the November 2022 election cycle and the ballots passed in Maryland,

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[27] D. Schlussel, *The Mellow Pot-Smoker: White Individualism in Marijuana Legalization Campaigns*, 105 CAL.L.REV. (2017)

[28] S. W. Bender, *The Colors of Cannabis: Race and Marijuana*, 50 U.C.DAVIS L.REV. (2016)

Missouri, and North Dakota Arkansas and North Dakota ballots did not pass. The vast majority of states (41) have now legalized cannabis for medical use or medical and recreational uses.

II.D: SOCIAL EQUITY PROGRAMS

For the purposes of this report, social equity is defined as a commitment to fairness and justice by addressing the underlying systemic inequalities that make certain resources less accessible to historically marginalized populations. Connecticut does not have a specific definition of social equity, but it requires a comprehensive approach that: promotes social equity that is focused on the neighborhoods most impacted by the "War on Drugs[29];" provides for expungement of past cannabis -related crimes; sets aside cannabis tax and fee revenue for distribution to areas most harmed by the "War on Drugs;" and reserves half of all cannabis business licenses for people from disproportionately impacted neighborhoods.

Social equity programs (SEPs) are intended to ensure that people from communities disproportionately harmed by the drug war, and more specifically cannabis prohibition and discriminatory law enforcement practices, are included in the new legal cannabis industry.[30] SEPs take many shapes, with some states implementing one or two elements, usually in some form of preferential licensing, but very few implementing a comprehensive approach.

Table 2.2 lists the states with current adult-use cannabis legislation. These provisions were adopted through ballot initiatives and/or legislation. Some states included a social equity provision in the enabling ballot initiative or legislation while others adopted it later. A few states delayed the implementation of the social equity provisions until after the cannabis industry was established. For example, California legalized adult-use cannabis in 2016 but its social equity program did not take effect until 2018. Currently, only four states (Alaska, Maine, Montana, and Nevada) and the United States territory of Guam do not have social equity provisions.

There are three primary criticisms of SEPs implementation. First, investors and corporations are funding and setting up legal cannabis businesses and profiting over the intended beneficiaries of the SEPs. Second, revenue generated from the legal cannabis industry through fees and sales taxes is not fully used or distributed through SEPs in ways that benefit disproportionately impacted areas and individuals directly or indirectly impacted by the war on drugs. Third, social equity applicants and businesses often fail for a variety of reasons including unfair social equity lottery practices, a lack of funding and experience to establish a business, zoning issues that limit or prohibit citing of business properties, remediation costs for available properties, lack of or exorbitant cost for traditional banking services, lack of business or individual credit, loans, and grants, ineligibility for traditional federal tax business deductions, competition from multi-state organizations and investors, and licensed medical cannabis business expanding into the recreational cannabis market.

As shown in Table 2.2, there are 12 states that have codified social equity programs as a requirement for the legal recreational cannabis industry. In some states, social equity was not initially included but the

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[29] The term "War on Drugs" in this report is defined as: governmental actions initiated by President Nixon in 1971 and continued through both federal and state administrations in various forms to the current day. These policies include increased criminalization, sentencing and enforcement of not just cannabis, but a multitude of drugs (heroin, cocaine, psychedelics, etc.).

[30] National Association of Cannabis Businesses (NACB) Social Equity Guidelines https://nacb.com/wp-content/uploads/2022/04/nacb-08-Social-Equity-Guidelines.pdf

state law was later amended to include the program. Table 2.2 summarizes the definitions of social equity and disproportionately impacted areas and the benefits under the social equity programs.

The social equity adult-use cannabis policy arena is emerging throughout the country. Consequently, about half of the states that have legalized recreational cannabis did not adopt social equity programs or goals either statutorily or administratively. In some of the states that have adopted social equity programs, there are no available definitions or key terms such as social equity and disproportionately impacted areas (DIAs).

Table 2.2 shows that the state definitions for DIA fall into several categories, with some overlap. The definitions are based on:

- Specific demographic population data (e.g., race and ethnicity) AND social welfare program consumption like Supplemental Nutrition Assistance Program (SNAP) data: Arizona and Washington.
- Fulfilment of high cannabis-related arrest, conviction, and incarceration rates AND at least one of other multiple criteria such as poverty rate, social welfare programming consumption, and unemployment rate: Illinois, Virginia, and Washington.
- Larger-sized locality DIAs with a population of more than 100,000 based on United States Census federal unemployment data: Massachusetts.
- Local purview over DIA definition and policymaking (e.g., states provide general guidance and resources while deferring to localities to identify criteria): California and Massachusetts.
- Prior cannabis prohibition and enforcement policies and practices: Michigan.

Table 2. 2: Outline of State Social Equity Provisions

State	SE Applicant Definition	SE Applicant Benefits	DIA Definition
AZ	AZ identifies social equity applicants as individuals who resided in DIA communities	• Random drawing specific for social equity applicants and 26 available social equity licenses • Social equity applicants eligible for training & technical assistance classes (e.g., fundraising, branding) • Reduced application fee: $5,000 for social equity applicants versus $25,000 for a general adult-use license	ZIP codes identified in accordance with the 2019 demographic population (race) and 2019-20 AZ Department Economic Security Supplemental Nutrition Assistance Program (SNAP) data
CA	• Cannabis-related arrest or conviction prior to November 8, 2016 • Household income is less than or equal to 60% of the Area	• Fee waiver for first-time applications and renewals available for SE applicants and gross annual revenue must be $5 million or less	In California, DIAs are identified by county or municipal government - not state government, so definitions vary.

State	SE Applicant Definition	SE Applicant Benefits	DIA Definition
	Median Income for the local jurisdiction. • Residence in the DIA neighborhood	• State-level support programs for SE applicants including financial incentives available from CA Office of Economic Development, CA Department of Revenue, and technical incentives available from CA Department of Cannabis Control • Local-level support programs for SE applicants including the Cannabis Equity Grants Program for localities administered by the Governor's Office of Business and Economic Development	• Los Angeles DIA: a preponderance of low-income residents and a high volume of cannabis-related offenses, arrests, and convictions • Sacramento: CORE (Cannabis Opportunity Reinvestment and Equity) Program – applicant must qualify for one of five classifications as either an individual applicant or business applicant and reside in a low-income household in Sacramento or a low-income household in specific zip codes • Oakland: specifies that Oakland SE applicant has lived for 10 of the previous 20 years in a "number of police beats"
CO	• Residency for a minimum of 15 years between 1980 and 2010 in a designated Opportunity Zone or DIA as defined by the CO Marijuana Enforcement Division • Cannabis-related arrest of applicant or applicant's relative • Applicant or applicant's immediate family arrested for or convicted of cannabis offense or subject to civil asset forfeiture related to cannabis case • Household income in the previous year (year prior to application year) not in excess of the amount determined by CO Department of Revenue	• Host facilities may provide technical, compliance, capital assistance, and financial incentives available from CO Office of Economic Development, and the Department of Revenue • Reduced applicant fees • Private industry-based discounts for social equity licensees such as discounted vendor training and compliance programming	• No DIA Definition

State	SE Applicant Definition	SE Applicant Benefits	DIA Definition
CT	• Average household income of less than 300% of state median household income in the past three years preceding application submittal • Resident of disproportionally impacted area for five of 10 years preceding application submittal OR • Resident of disproportionally impacted areas for a minimum of 9 years before age 18	• 50% adult-use cannabis licenses are reserved for social equity applicants • Expedited and priority processing of applications • Accelerator program, technical assistance, resources, and programming available to social equity applicants	• Census tract with historical conviction rates for drug-related offenses OR • Unemployment rate of greater than 10% as determined annually by Social Equity Council
IL	• Social equity applicants must comprise a majority (51%) ownership of the cannabis business • Residence in a DIA • Applicant or family members impacted by cannabis-related arrest or conviction	• Technical and legal assistance, • Individualized support through partner network for pre- and post-licensing • Loan application assistance • Reduced license and application fees • Low-interest business start-up and operating loans	DIA is defined as (1) a high rate of cannabis-related arrests, convictions, and incarcerations **AND** at least one of the following criteria: • area has poverty rate of at least 20 percent • less than 75 percent of children participate in federal free lunch program • minimum 20 percent of households receive SNAP • average unemployment rate as defined by IL Department of Employment Security is less than 120 percent of the national unemployment average for a minimum consecutive calendar years preceding application year
MA	Meet one of the following criteria: • Residency in DIA for 5 of the past 10 years) • Cannabis-related drug conviction • MA resident for at least 12 months • Married to or are child of a person with a cannabis-related drug conviction	• Expedited application process and licensing preferences • Eligible for training and technical assistance	• DIAs identified by the Cannabis Control Commission based on communities that have been harmed by cannabis prohibition and enforcement and to positively impact those communities.

State	SE Applicant Definition	SE Applicant Benefits	DIA Definition
MI	• Social equity applicant has a cannabis-related conviction • Has an income less than the state median income • Less than 20% of the social equity applicant's residential area population is below the federal poverty level	Preferred treatment on license applications	• DIAs identified by MI Cannabis Regulatory Agency basis of prior cannabis prohibition and enforcement policies and practices.
NJ	• Social equity applicant has a cannabis-related arrest or conviction • Resident of a longtime economically disadvantaged area	State's CREAMM Act requires the expungement of people's records for certain cannabis and hashish-related offenses	
NM	Social and economic equity applicants, licensees, and employees include individuals who have been disproportionately impacted by the War on Drugs and other underrepresented groups including low-income, Indian Nations, Tribes, Pueblos, Acequia Parciante and Land Grant-Mercedes, and distressed farmers	NM Cannabis Control Division is in process of developing benefits	NM Cannabis Control Division is in process of developing the definition.
NY	• Social equity applicants from communities disproportionately affected by the enforcement of cannabis prohibition • Minority-owned and women-owned businesses • Distressed farmers • Service-disabled veterans	• Waived or reduced application fees • Priority application: 50% of all licenses are given to social and economic equity applicants and extra priority is given to applicants with low-income or prior cannabis-related convictions • Incubator program that provides direct support in form of counseling services, education, small business coaching, financial planning, and compliance assistance	No DIA Definition
OR[31]	Social equity cannabis legislation introduced in state House in 2019,	• Available funding as available via Portland's	No DIA Definition

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[31] Oregon does not currently have statewide social equity measures. Within the state, the city of Portland passed social equity provisions via Ballot Measure 26-180 in 2016. This created the SEED Grant Fund, which is described herein.

State	SE Applicant Definition	SE Applicant Benefits	DIA Definition
	no statewide provision yet in place; municipal programs are: Portland's SEED Grant Fund: • Grant Fund prioritizes historically excluded for-profit and non-profit business owners AND/OR projects, programs or services that support economic and educational development of Black, Indigenous and Latin communities, which were the most impacted by cannabis prohibition. Historically excluded is defined as Minority, Women, LGBT+, Veterans and/or Disabled individuals.	3% tax on recreational cannabis sales	Funds are meant to support Black, Indigenous and Latin communities, which were the most impacted by cannabis prohibition
RI	Must meet at least one of the following: • 51% of ownership resided 5 out of past 10 years in disproportionally impacted area; • 51% of ownership has been arrested, convicted or adjudicated for any offense eligible for expungement under this law, or a member of impacted family; • Have at least 10 employees, and at least 51% of employees reside in disproportionally impacted area OR have been arrested/convicted/adjudicated for an expungable offense under this law • Demonstrate significant experience in types of businesses that promote economic development • Income that does not exceed 400% of disproportionally impacted area's median income for at least 5 of the past 10 years	Access to Social Equity Assistance Fund which: • Provides grants and fee waivers • Promote job training, workforce development and technical assistance	Must meet at least one of the following: • Poverty rate of at least 20% per latest census data • 75% or more children qualify for/participate in federal free lunch program • 20% or more households receive SNAP assistance • Average unemployment rate, as determined by the RI DLT, is more than 120% of national rate for at least 2 consecutive years • Area has disproportionally high rates of arrest and conviction related to cannabis • Commission, with recommendation from CAB and Chief Equity Officer, shall issue guidelines to assess which areas have been disproportionally impacted
VA	Applicant with minimum 66% ownership by persons: • Convicted of certain misdemeanor cannabis offenses		Determined via census tracts per VA Cannabis Control Authority

State	SE Applicant Definition	SE Applicant Benefits	DIA Definition
	• Related to individual with conviction of certain cannabis offenses • Resided in census tract in disproportionately impacted area three of five years as determined by state board OR • Graduate of historically Black college or university within the state		
VT	• Applicant identifies as Black or Hispanic • From a DIA and can demonstrate person harm • Personal or familial incarceration for a cannabis-related offense • Currently reside in VT	• License fees waived in full or partially over the first 5-year schedule • Access to technical and training assistance and peer mentorship opportunities	• No place-based DIA Definition • Historically disadvantaged communities include: women, veterans, First Nation/Indigenous/Native Americans, Asian American / Pacific Islanders, and other communities of color not explicitly named in the social equity program.
WA	At least 51% of business ownership resides in DIA for a minimum of five out of the past 10 years	• Lower applicant fees and annual license costs • Technical assistance grant program administered by WA Department of Commerce	• High poverty rate • High unemployment rate • High rates of cannabis-related arrests, convictions, and incarceration

III. Common Practices for the Regulation of the Legal Cannabis Industry

The purpose of this section is to provide an overview of common practices for the state regulation of the legal adult-use cannabis industry. There is a particular focus on the common practices to implement and regulate cannabis social equity programs (SEPs). The laws and common practices for state regulation of medicinal cannabis industry are not included nor are they compared to those for adult use cannabis.

A **best practice** is a technique or methodology that through experience and research has proven to reliably lead to a desired result. By contrast, a **common practice** is a process or policy that an industry gravitates to because it has become the norm via habit or is considered the most sensible or commonsense way to proceed. A common practice is not always the correct or the most efficient way to conduct business or perform a process.

There has been no conclusive research on states' practices to regulate the legal cannabis industry. As such, there are no *best* practices but rather *common* practices, from which promising practices can be derived. There appears to be consensus among states on regulatory policies and procedures, which may be a result of public policy diffusion rather than any real understanding of what constitutes effective regulation.

Cannabis legalization was adopted on a state-by-state basis and states that were among the first to legalize adult-use cannabis were looked to for reference and best practice by newly legalized states. Given the rapid growth of the industry, most states simply adopt the regulatory structure and programs previously developed in other states. Certain practices were found to be the commonsense approach. However, as expected, the states' regulatory infrastructures and/or implementation practices differed. There is little verifiable outcome data in states where the common practices either succeeded or failed to achieve intended results.

A recurrent theme across the country is that once states legalized the adult-use recreational cannabis industry, they quickly licensed and approved opening the market. This was possible mostly because those states had previously legalized medicinal-use cannabis and had infrastructures in place to accommodate expansion. States did not adopt comprehensive regulatory schemes prior to authorizing retail sale of recreational cannabis. In most states, the regulatory infrastructures were developed at the same time as implementation of licensing and other initial processes to allow the opening of businesses. This was generally true of state social equity provisions as well.

As a result, state regulatory agencies are for the most part reactive to trends, new businesses practices, and problems. They must often respond to the evolving industry through the adoption of new laws and regulations, a time-consuming, cumbersome process. Industry practices then become accepted and entrenched and often difficult to shift under any new laws or regulations.

Not all common practices or innovation and initiatives from all states are included in this section. The primary areas of state regulation, with a specific focus on social equity programs and processes, were selected for review. The common practices summarized in this section are often endorsed by industry professional associations, oversight organizations, and advocacy and social justice groups. It appeared during the review of state systems that there is an almost patchwork approach to creating a regulatory infrastructure.

This section also highlights some common practices with either positive or cautionary outcomes. To date, there is little research or data analysis on the effectiveness of these common practices in regulating the cannabis industry, managing activities such as controlling sales and use by adults like alcohol or tobacco industries and reducing abuses, or in meeting social equity goals like reducing poverty or crime, increasing business and home ownership, improving educational outcomes, increasing employment, improving health and behavioral healthcare outcomes, and positively impacting other socioeconomic indicators. Industry experts and state regulators concede that this contributes to instability in the industry and a chaotic approach to growth in the industries in each state.

The Connecticut Social Equity Council (SEC) and Department of Consumer Protection (DCP) have adopted many of the common practices for regulating the legal cannabis industry presented below. The SEC collaborates with other states that have legalized cannabis with social equity provisions - and with professional industry associations. There is consensus these practices are the best way to create a new cannabis industry and market.

III. A: CANNABIS REGULATORY COUNCIL

A cannabis regulatory entity is crucial to the success of a state's effort to legalize adult-use cannabis. States either delegate responsibility to existing regulatory structure such as a liquor control board or consumer protection or taxation agency or create a new regulatory entity.

Common Practice. Creating an independent entity allows regulators to adjust and respond through creative processes that directly relate to the emerging cannabis industry rather than relying on existing regulators for another controlled product, like alcohol or tobacco. However, creating a new regulatory entity is labor-intensive and often happens within tight timelines that are often established in the enabling legislation.

Members appointed to a regulatory entity often have specific backgrounds in public health, public safety, finance, capital investment, social justice or civil rights advocacy, and workforce, economic, and community development. The regulatory entity commonly includes members who serve by virtue of their position in state government, such as the state treasurer, attorney general, and/or administrators of state labor, workforce development, consumer protection, addiction services, and other relevant state agencies. The appointment of the membership is generally transparent and led by the governor and bipartisan representation from the state legislature.

Regulatory authority for the cannabis market in Alaska, Georgia, Iowa, Washington, and Oregon was given to existing regulatory agencies, like the state liquor control board.

New cannabis industry regulatory entities were created in California, Colorado, Connecticut, Maine, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, New York, and Oklahoma.

While in Arizona, Illinois, Montana, Nevada, Rhodes Island, and Virginia regulatory authority was given to a state agency, like the departments of business regulation or consumer protection.

Most states require cannabis industry regulatory entities to:

- Draft regulations,

- Establish working relationships with the state legislature and local governments, other oversight agencies, industry leaders, venture capitalists and investor groups, communities, and prospective applicants,
- Set the values of the adult-use recreational cannabis market and structure the regulations to support that mission,
- Meet the mandates of the enabling legislation, including specific plans or strategies for workforce development, training and technical assistance, social equity applicants and licensing, low interest loans, incubator programs, and equity ventures, and social equity programs,
- Disseminate regulations and information to the public, prospective applicants, and attorneys, investors, and other stakeholders, and
- Provide as much information as possible to ensure clear procedures and compliance on a website and in the form of guidance documents, FAQs, forms, templates, and educational videos.

Connecticut Practice. Public Act 21-1, An Act Concerning Responsible and Equitable Regulation of Adult-Use Cannabis (RERECA) established a bifurcated structure in which the newly created Social Equity Council (SEC), within the Department of Economic and Community Development (DECD) for administrative purposes, and the state Department of Consumer Protection (DCP) work together to regulate the recreational cannabis industry. The SEC is responsible for setting criteria for overseeing the verification of social equity applicants, creating new programs to support both cannabis businesses and businesses in other industries, and managing the more general community investments derived from cannabis tax revenue. The DCP oversees the lottery process, determines social equity and general applicant suitability for licensing and issues provisional and final licenses and license renewals. The mission of the SEC is to promote and encourage full participation in the adult-use cannabis industry by people disproportionately harmed by cannabis prohibition and enforcement; and to support broad-based economic development in those communities.

The SEC is comprised of 15 members who are intended to reflect the racial, gender, and geographic diversity of the state population. The state legislature and governor make the bipartisan appointments of members with professional experiences in social justice or civil rights, economic development to help minority-owned businesses, providing access to capital to minorities, and workforce development. Per RERECA, at least two appointees must be from a community that has been disproportionately harmed by cannabis prohibition and enforcement. Other SEC members serve in their capacity as executive branch administrators or designee from the Departments of Consumer Protection (DCP), Economic and Community Development (DECD) the Office of Policy and Management (OPM), the State Treasurer and the Office of Workforce Strategy (OWS). The chairperson is appointed by the governor. The SEC appoints its executive director.

The SEC is required to:

- Identify disproportionately impacted areas in the state,
- Make legislative recommendations,
- Develop criteria to review and approve or deny industry applicants' workforce development plans,
- Develop criteria to evaluate the ownership and control of Equity Joint Venture (EJV)
- Develop programs to assist social equity applicants to open not more than two EJV businesses,

- Report to the Governor and the joint standing committee of the General Assembly having cognizance of matters relating to the judiciary on cannabis-related arrest and conviction data broken down by demographics (e.g., race, gender, age) and location of arrest (e.g., town.)

The SEC participates in professional associations with other states. It also works collaboratively with state agencies including The Department of Consumer Protection (DCP), the Department of Economic and Community Development (DECD), the Office of Policy and Management (OPM), the Office of Workforce Strategy (OWS), the States Attorney General, and the Office of the State Treasurer. It also engages local governments, community groups and advocates, and prospective and current social equity applicants.

III.B: SOCIAL EQUITY APPLICANT ELIGIBILITY

Common practice for applicant eligibility can be categorized between states that have social equity programs and those that do not. Social equity applicant criteria are more complex than general applicant eligibility. This section will focus on common practices for social equity applicant eligibility.

Common Practices. States that currently have social equity requirements for adult-use cannabis use one or a combination of factors that may include:

1. residency in an area of disproportionate impact from the War on Drugs for a certain number of years,
2. low-income status,
3. prior marijuana arrest or conviction of the applicant or a member of the applicant's immediate family, or
4. geographic location to prevent concentration of cannabis establishments in certain locations
5. membership in a historically marginalized community including but not limited to disability, LGBTQ+, or veteran status.

The goals of these programs are to assist qualifying applicants with entry into the cannabis industry and attempt to level some of the disadvantages in competition with corporations and venture capitalists. Restricting eligibility too narrowly will result in a small number of individuals able to take advantage of the social equity programs. Eligibility criteria that is too broad may allow individuals to utilize the social equity programs to their advantage when not actually needing the assistance.

There is debate that social equity programs should differentiate between individuals harmed directly by past drug enforcement policies and individuals who may have simply lived in a disproportionate impact area. Some states and municipalities, therefore, require applicants meet multiple eligibility criteria rather than one criterion or having a single definition of eligibility. This makes it more difficult to qualify as an equity applicant. Common practices involve multiple criteria for social equity eligibility and differentiating between levels of harms to ensure that the benefits reach as many applicants as possible and are allocated based on past harm.

Connecticut Practices. Pursuant to Connecticut Public Act 21-1, *An Act Concerning Responsible and Equitable Regulation of Adult-Use Cannabis* (RERECA), social equity eligibility is determined using income and residency in an identified disproportionately impacted area (DIA). As discussed in Chapter IV of this report, DIAs are currently identified using a specific equation that factors unemployment and past conviction rates per census tract.

A social equity applicant is defined as an individual that has applied for a license for a cannabis establishment where the applying business is at least 65 percent owned and controlled by an individual(s) who:

1. had an average household income[32] of less than 300 percent of, or three times, the state median household income (SMI)[33] over the last three tax years[34] **AND**
2. be a resident of a DIA for at least five of the last 10 years **OR** was a resident of a DIA for at least nine years before the age of 18 **AND**
3. in addition to the statutory criteria, Social Equity Partner is a business entity at least 65 percent owned and controlled by an individual(s) that meet the average household income criteria.

Social equity applicants must reside or have resided in a DIA, a designated geographical area with either a historically high rate of convictions for cannabis-related offenses that are no longer illegal or with higher-than-average unemployment rates.

Individuals with a disqualifying criminal conviction cannot be registered as a backer or key employee for a cannabis license. A disqualifying conviction is defined as a conviction within the past 10 years, for which the individual has not received an absolute pardon, for specific criminal offenses, most pertaining to fraud. The offenses include money laundering, vendor fraud, insurance fraud, forgery, bribery and bribe receiving, tampering with a juror or evidence, perjury, false statement on certified payroll, bid rigging or kickbacks, telephone fraud, and identity theft.

The SEC is required to review the ownership information and any other information necessary to confirm that an applicant qualifies as a social equity applicant for all license type applications submitted to the department and designated by the applicant as a social equity applicant. The SEC has identified the documents that may be used to establish ownership, control, residency, and income requirements for social equity applicants.

III.C: CRIMINAL RECORD EXPUNGEMENT

In Connecticut, having a felony conviction does not preclude individual(s) from obtaining a license. For many other states, however, a critical component for social equity programs is the ability to have applicants' criminal records sealed or expunged to eliminate potential barriers to enter the industry as owners or employees. While many states with social equity programs have attempted to streamline the process and/or expand expungement eligibility, the process can still be lengthy and expensive. Often the expungement process mirrors the pardon process, and as a result legal assistance may be necessary to prepare the petitions, which limits the number of individuals taking advantage of the program.

On October 6, 2022, President Joseph R. Biden announced an executive action pardoning individuals convicted of simple marijuana possession under federal law and Washington D.C. law. The United States Department of Justice will oversee the administrative process to grant the pardons for citizens and legal permanent residents. Keeping a campaign promise, President Biden is expected to pardon approximately

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[32] Household income includes all members of the household 21 years and older and includes income over the three tax years immediately preceding the application.

[33] The US Department of Health and Human Services reported the current median household income for Connecticut is $78,833.

[34] Using the social equity calculation, state median household income in 2021 is $74,000.

6,500 individuals convicted under federal law between 1992 and 2021, and thousands more under D.C. law.

While most cannabis-related convictions happen at the state level, President Biden's executive order signals a shift at the federal level. The president urged all governors to take similar record expungement or pardon actions in their states.

Common Practice. Expungement laws and policies differ among states. Examples include states that authorize expungement to individuals with past convictions for offenses that are no longer classified as crimes, while other states offer general sealing of records for nonviolent cannabis-related offenses. A few states are being proactive and automatically expunge past cannabis-related convictions, providing relief to all eligible individuals and not just to those applying for a cannabis business license.

It is important to note that criminal record erasure or expungement is established in state law. State regulatory entities or social equity program administrators do not have the power to adopt and implement more progressive expungement policies or to make expungements more accessible. However, the councils or agencies can educate the broader public and more specifically potential equity applicants and backers on the importance of erasure of criminal records as part of compensations for the disproportionate impact of past drug enforcement practices.

Common practice includes outreach programs that increase public awareness of expungement and social equity programs that directly help individuals obtain an expungement of criminal records. Basic outreach programs can provide information (e.g., handouts, brochures, etc.) about expungements and social equity eligibility criteria. On a larger scale, the state criminal court could host events or clinics to offer free expungements or free legal advice to prepare and submit the requirement documentation.

Connecticut Practice. Record erasure, which is the term generally used in Connecticut, is used interchangeably with expungement. Pursuant to RERECA, individuals with nonviolent cannabis-related convictions within a certain period may petition the state criminal court to erase the criminal records.[35] Conviction for the following offenses are eligible for erasure:

- convictions of marijuana-related offenses between October 1, 2015 and July 1, 2021,
- convictions of possession of four ounces of less of cannabis prior to January 1, 2000, or
- convictions of possession of drug paraphernalia related to cannabis or sale of four ounces or less of cannabis or six plants grown inside a personal residence prior to July 1, 2021.

There are statutory limitations regarding pending cases and convictions of more than one offense.

Connecticut's Clean Slate Law allowed for the automatic erasure of over 40,000 cannabis-related violations of General Statutes § 21a-279(c)[36] charged between January 1, 2000, and September 30, 2015, on January 1, 2023. Understanding that the automatic erasure system has some fault, the legislature is set to build a new system that will facilitate Clean Slate automatic erasure and address previously identified issues in the system by the end of 2023.

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[35] This is a change from existing law that required individuals to petition that Board of Pardons for erasure of criminal records for convictions of criminal offenses, not just marijuana-related offenses.
[36] https://www.cga.ct.gov/current/pub/chap_420b.htm#sec_21a-279

Individuals seeking to erase a conviction that occurred before January 1, 2000, must file a court petition under the Clean Slate program. Courts are also accepting petitions for cannabis erasure for the following violations:

- violations for possession of less than equal to four ounces of cannabis imposed before January 1, 2000, or between October 1, 2015, and June 30, 2021,
- violations for possession of cannabis paraphernalia imposed before July 1, 2021, and
- violations for manufacturing, selling, and possession with intent to sell less than or equal to four ounces of cannabis or six cannabis plants grown in one's house for personal use imposed before July 2021.

The individual with the criminal record is responsible for applying and providing supporting documentation including police reports. There is no fee to process the application. Upon granting the petition, the criminal court shall direct all police, prosecution, and court records of the conviction be erased. Additionally, purchasers of public criminal records (e.g., employers, credit lenders, etc.) must update the records with 30 days of the purchase of the records.

The law goes further to limit when the state can deny a professional license because of certain cannabis-related activity and convictions. It also provides legal protections for cannabis establishments and their employees and backers.

III.D: EXPEDITED AND LIMITED LICENSES FOR SOCIAL EQUITY APPLICANTS

Social equity applicants are often given priority in relation to general applicants. This is especially important when the state or local government limits the total number of available licenses. An example of this common practice is an expedited application process for social equity applicants and/or a separate social equity lottery.

Common Practice. Common practice for expedited and limited licensing reserves a certain number or percentage of licenses exclusively for social equity applicants. Setting a ratio for licenses is important to ensure that regardless of the total number of licenses, social equity applicants will be represented among the industry's businesses. Determining the appropriate number or percentage of preferential licenses, however, is difficult because it is greatly affected by the jurisdiction size and demand for recreational cannabis.

Common practices include:

- Social equity applicants receive licenses prior to general applicants. Without this advantage, the value of a license is significantly diminished for social equity applicants as they face greater competition, higher risk of failure, and struggle to gain visibility and a share of the market.
- Preferential treatment may be given to social equity applicants by reducing or partially or completely waiving licensing fees. Cannabis licensing fees can be prohibitively high and create a significant barrier to promoting a diverse cannabis industry and removing these obstacles can result in greater participation by individuals from DIAs.
- Allowing licensed medicinal cannabis operators to move into the recreational cannabis market before or during the lottery process designed to launch new businesses. Industry experts agree; however, this is a mistake because the new business cannot compete with the existing businesses.

Connecticut Practice. The Department of Consumer Protection (DCP) is responsible for licensing and regulating medical and adult-use cannabis establishments. DCP set an equal number of licenses available to social equity and general applicants in the first lottery rounds. The number of licenses in each category are shown in Table 3.1.

DCP:

- holds two lotteries for each type of license, one for social equity applicants and the other for general business applicants,
- the social equity lottery was conducted first,
- applicants are sequentially ranked and assigned the allotted licenses,
- the SEC verifies selected applicants meet the social equity criteria and refers the applications to the DCP for review and,
- if applicants pass a criminal background check, complete the provisional license application, pays fees, DCP issues provisional licenses allowing applicant to apply for final licensure.

Table 3. 1: Number of Cannabis Licenses: First Round Lottery

License Type	# SE Licenses	# General Licenses
Retailer	6	6
Micro-Cultivator	2	2
Delivery Service	5	5
Hybrid Retailer	2	2
Food and Beverage	5	5
Product Packager	3	3
Product Manufacturer	3	3
Transporter	2	2

Source of Data: Connecticut Social Equity Council

Applicants that do not satisfy the social equity criteria after review by SEC are given the opportunity to transfer to the general lottery applicant pool, upon payment of the difference in application fee. Applicants may apply multiple times for multiple licenses and license types. However, DCP cannot issue a license to an applicant with two or more licenses of the same type or in the same license category.

The DCP has adopted a schedule of application licensure fees that allows for reduced fees for social equity applicants. Table 3.2 lists the fees for each license type for social equity and general applicants.

Table 3. 2: Application Licensure Fees

License Type	Social Equity Applicant			General Applicant		
	Lottery	Provisional	Final	Lottery	Provisional	Final
Micro-Cultivator	$125	$250	$500	$250	$500	$1,000
Product Manufacturer	$375	$2,500	$12,500	$750	$5,000	$25,000
Food/Beverage Manufacturer	$125	$500	$2,500	$250	$1,000	$5,000

	Social Equity Applicant			General Applicant		
License Type	**Lottery**	**Provisional**	**Final**	**Lottery**	**Provisional**	**Final**
Product Packager	$250	$2,500	$12,500	$500	$5,000	$25,000
Retailer	$250	$2,500	$12,500	$500	$5,000	$25,000
Hybrid Retailer	$250	$2,500	$12,500	$500	$5,000	$25,000
Delivery Service	$125	$500	$2,500	$250	$1,000	$5,000
Transporter	$125	$500	$2,500	$250	$1,000	$5,000

Source of Data: DCP

As previously stated, applicants are licensed through the social equity or general lotteries for new businesses. However, existing medical cannabis producer and dispensary businesses may apply for a license conversion to expand the license to include recreational cannabis. This is known as hybrid license. Under hybrid licenses, producers become expanded producers and dispensary facilities becomes hybrid facilities.

III.E: START-UP LOANS AND INCUBATOR PROGRAMS

The process of applying for and starting a new cannabis business is very resource intensive. Application fees, bonding and insurance, real estate costs, environmental regulation studies and property remediation, equipment purchases, and all other business start-up costs can be prohibitive without venture capital, traditional bank loans, or significant personal or backer investment. The lack of readily available financial resources, particularly for social equity applicants, is a significant barrier to diversity in and growth of the industry in each state.

Start-up loans with zero or low interest, business incubators, and accelerator programs are ways in which states assist new cannabis business owners and ensure a diverse and stable marketplace. A start-up loan program is a government-backed equity and/or loan capital with low interest rates. State-up loans are generally available to individuals looking to start or grown a business in the sponsoring state. In addition to financing, individuals often receive mentoring and other business assistance aimed at helping them succeed. Many states, including Connecticut, have start-up loan programs for small businesses, minority- or women-owned businesses, and other specific business applicants (i.e., veterans).

A business incubator is a business support process that accelerates the successful development of startup and fledgling companies by providing entrepreneurs with an array of targeted resources and services. Incubators offer guidance, training, capital to startup businesses and help with marketing, branding management, data, technologies, and business strategies.

Business accelerators are similar to incubators. The primary difference is that business accelerators are often private investors in the companies to which they provide guidance. New businesses come to accelerators for startup or diversified funding. The benefit is that investors can fast track the opening of the business and increase its likelihood of success. Accelerator programs are shorter and more concise than incubators, lasting a few months instead of a year or more for incubator programs.

These programs are crucial given the federal prohibition of marijuana that prevents traditional banking institutions from serving the cannabis industry. Social equity applicants, who have been historically underserved by banks and lending programs, are particularly hampered. Because banks can face penalties

from federal regulators for serving licensed cannabis businesses, many individuals hoping to enter the industry cannot borrow the capital necessary to obtain a license or start a business.

Common Practice. The cannabis industry is largely uncharted and fragmented due to state-by-state legalization and regulation that has resulted in a lack of standardization. There is no dominant market share as consolidation of companies has yet to really occur, as generally happens in other large-scale industries. This means a variety of individuals from newly established to seasoned business owners are involved. This creates a complex business environment. Incubator and accelerator programs have assisted licensed businesses in navigating controversy over legalization of cannabis, offered guidance complying with complicated or restrictive state regulations, and brought experts, consultants, and managers with experience in the industry to assist new business owners.

There are many private companies (e.g., multi-state organizations) offering incubator and accelerator programs to new cannabis businesses in almost all states that have legalized medical and recreational cannabis. States do not regulate these companies. State-funded or -operated incubator programs are limited, mostly due to the cost of the programs and risks inherent with operating new businesses.

Connecticut Practice. The SEC has contracted with Oaksterdam University, the first cannabis college in the United States and reSET, a Hartford based social impact-focused entrepreneurial support organization to provide the Cannabis Social Equity Accelerator. The accelerator offers technical business assistance and entrepreneurial support to verified social equity applicants to assist in the planning to start licensed cannabis businesses and support them with regulatory compliance and to follow industry best practices.

Understanding that the adult-use cannabis program in Connecticut is relatively new, some systems such as the Canna-Business Revolving Loan Fund (CBRLF), a low-interest loan program for licensed CT social equity cannabis businesses is in the works. The legislature allocated up to $50 million to support this effort.

Limited access to financial resources can cause barriers to social equity applicants and limit their ability to enter the adult-use cannabis market. The Social Equity Council's CBRLF is a tool to advance equity for licensed Connecticut cannabis business owners by providing them with financial assistance. Eligible applicants must be 21 years of age or older and either be SEC-approved Social Equity Applicants (SEA) with a licensed cannabis business located in Connecticut, including provisional licenses. The SEA must own 50% or more of an Equity Joint Venture (EJV) or own 65% or more of a 149 Cultivator or cannabis business. Municipalities and non-profits located in Connecticut may also be eligible to apply. The CBRLF has a fixed interest rate between 6% and 9%. Applicants that enroll and complete the SEC Cannabis Business Accelerator Program may receive a 1.50% interest rate discount. Loan recipients can utilize the funds for the following eligible expenses: (1) Equipment Purchases, (2) Purchase & Installation of Machinery, (3) Leasehold Improvements or Expansions, (4) Working Capital and Lines of Credit, (5) Vehicles for use in Conducting official Cannabis Business, (6) Technology Infrastructure, (7) Loan Closing Costs, (8) Environmental Studies, Or (9) Soft Costs Related to new Construction/Renovations.

As previously stated, incubator and accelerator programs are most often operated by private companies, venture and investment businesses, and non-profit organizations. Opportunities exist in Connecticut for the cannabis industry to partner with these organizations.

III.F: JOINT VENTURES AND OWNERSHIP REQUIREMENTS

As the cannabis industry expands across the county, many business owners enter into strategic partnerships with financial backers and investors and complementary businesses. These joint ventures offer opportunities to improve a business management and skillsets without significant additional spending or restructuring.

A joint venture agreement is not a corporate entity like a limited liability company (LLC) or limited partnership (LP). It is a contractual arrangement between business entities that provides some amount of profit-sharing for joint interests. Joint ventures can take different forms and serve a variety of purposes, including financial, supply, or marketing purposes. Basically, investors looking to capitalize off the "green rush" often know little about producing or manufacturing cannabis and cannabis business professionals often lack capital (cash) and business expertise to run a complex, highly regulated business or ancillary company in an extremely competitive market. This synergy has resulted in the increase in joint ventures.

Shareholder and ownership requirements refer to rules that dictate what share of a business must be controlled by a social equity applicant. These rules are intended to prevent investors who might circumvent social equity programs or use a social equity applicant to gain a license while not sharing in the benefits and profits from the company. In the rapidly growing industry, some investors leverage extremely one-sided deals in exchange for funding social equity applicants who are interested in entering the industry but are significantly under-resourced.

Common Practice. In this area, common practices are focused on the regulations that dictate what share of a business must be controlled by a social equity applicant in a joint venture or partnership. Because there is no ownership purchase, sale, or assignment prior to entering into a joint venture or partnership, state regulations often specify documentation or other rules, including securities filings, company documents, financial and tax records, and audits. These rules are important to prevent investors who might be seeking to circumvent social equity programs or use a social equity applicant to gain a license while not sharing the benefits and profits from the business.

Requirements usually mandate a specific percentage of shareholders meet certain eligibility standards similar to social equity applicants throughout the life of the license. Some shareholders have also attempted to create contracts to shift equity in the business post-licensing to avoid triggering ownership requirements, but careful drafting of the regulations may prevent such scams.[37]

Companies in a joint venture owe fiduciary duties to their own shareholders and members, not the shareholders or members of their co-ventures. This tension has ramifications for the daily operation of the business and underscores the importance of negotiating the precise duties and obligations of the partners. The joint venture agreement should allocate the risk of each partner in terms of working capital, labor issues, and responsibility for production and work product.

Joint venture partners must have a full understanding of the complexities of state cannabis industry regulations, such as residency requirements, criminal record disqualifications, capital start-up mandates, and federal enforcement priorities. For example, most states will not issue a cannabis business license to

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[37] C. Nani, JD, *Social Equity Assessment Tool for the Cannabis Industry*, The Ohio State University, Michael E. Moritz College of Law, Drug Enforcement Policy Center

a joint venture unless one or more of the co-ventures holds the license and/or is a qualified social equity applicant.

Unsurprisingly, states have experienced investors leveraging extremely one-sided deals in exchange for funding social equity applicants. Some shareholders have attempted to create contracts to shift equity in the business post-licensing to avoid triggering ownership requirements. Conversely, exiting a joint venture can be difficult.

Connecticut Practice. In Connecticut, the SEC defined investor categories as an Equity Joint Venture (EJV) and a Social Equity Partner (SEP). An EJV is a business that partners with a licensed cannabis producer, DIA cultivator, or existing medical producer or dispensary facility that is at least 50 percent owned and controlled by a qualified social equity applicant. While EJVs are not subject to the lottery process, they must be approved by the SEC to apply for a provisional license.

A SEP occurs when a licensed producer is 65 percent owned and controlled by a social equity partner and a licensed producers applying for expanded producer license. Medical cannabis producers who have expanded to engage in certain recreational cannabis-related activities, with authorizations from the DCP, have the option to enter into an agreement with a SEP to provide them grow space, mentorship, and overhead costs, in exchange for a reduction in the cost of the expansion process.[38]

III.G: WORKFORCE DEVELOPMENT

Workforce development is defined as the concept of employment initiatives offered by agencies and governments that help create, sustain, and retain a viable workforce. It is an approach to economic development that attempts to enhance a state or regional economic stability and prosperity by focusing on people rather than businesses. It essentially develops a human resources strategy. Workforce development strategies strive to improve individuals' potential in the workplace and their career trajectory.

Workforce development strategies can focus on issues such as low-skilled workers, the need for more employees in a particular industry, or a more holistic approach that considers the barriers to employment faced by individuals and the overall needs of the state or region. Workforce development strategies can be categorized as: place-based that address the needs of individuals in a particular area and sector-based that focus on matching workers' skills to the needs in an industry.

One of the most effective arguments for the legalization of cannabis is the economic opportunity it can create for a state and its residents. The cannabis industry generates licensing fees and tax revenue and creates jobs and new businesses and relies upon a host of ancillary business and services. Once cannabis is legalized, a state economy must establish a complete industry infrastructure and supply chain in a relatively short amount of time. Because federal restrictions prohibit interstate movement of cannabis, the supply chain must be contained entirely within the state borders, which means the impacts of the industry are also contained within the state.[39]

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[38] https://www.cga.ct.gov/2021/BA/PDF/2021SB-01201-R02SS1-BA.PDF

[39] L. Schutlz, Rockefeller Institute of Government, *The Economic Impact of Developing the Adult-Use Cannabis Industry in New York*, April 25, 2019

Most states have at least one agency dedicated to workforce development and economic development and regional and local board, commissions, and offices that implement the overall state strategy. These state efforts are supported by federal funds and programs. It is important to note, however, the federal prohibition of cannabis also prevent federal funds from being used to create, support, and expand the cannabis industry. States that have legalized cannabis are faced with supporting the emerging cannabis industry without the assistance of the existing workforce and economic development infrastructure, programs, and funding.

Common Practices. Workforce development is a key consideration in the cannabis industry, which is anticipated to become a multi-million-dollar economic driver across the country. Career opportunities related to cannabis are vast and cross-over talent is in high demand. Cannabis business such as cultivation, extraction, manufacturing, and retail need experts from other industries to adapt, extend, and expand common practices into the highly regulated cannabis market. There is a strong and growing demand for ancillary businesses complementing and serving the cannabis industry, with potential career pathways ranging from tech start-ups, accounting and tax, finance and banking, legal, data analysis, marketing and branding, supply chain, skilled trades (e.g., electricians, plumbers, HVAC), manufacturers, supply chain, and healthcare.

Effective workforce development "cooperation" efforts connect state, municipal, business, and academic stakeholders. As state governments legalize adult-use cannabis, they may decide to take an active role in promoting workforce development programs. For their part, municipal governments may determine that existing programs are sufficient; alternatively, they may seek to strengthen programs in place to amplify their reach to and impact on a broader pool of prospective employees. Business organizations and industry associations can provide direct workforce development program advice and structural guidance. Finally, academic institutions also have the very specific "opportunity to create new majors for the growing cannabis industry."[40]

A focus of social equity-based workforce development programs is to remediate the harms caused by the War on Drugs and its discriminatory drug enforcement practices on certain communities and minority populations. States have adopted various social equity strategies and innovations.

Individuals from DIAs not only work as employees within the cannabis businesses, but if they choose to pursue education and practical training around the skillset requisite to managerial positions, they have opportunities to occupy upper managerial and executive tiers of the business.[41] In basic terms, social equity in the cannabis industry centers on fostering conditions in which the employers can select from a skilled, diverse applicant pool and employees can more easily enter into the workforce.

Other provisions typically:

- Require licensed businesses hire employees and certify that at least 25 percent of employees meet social equity criteria or at least, that the licensed businesses have used good-faith efforts to

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[40] Creating a Qualified Cannabis Workforce: How Higher Education Can Support Cannabis Career Pathway
Black, Becky E. Kansas State University ProQuest Dissertations Publishing, 2020.

[41] https://cannabisradio.com/podcasts/hempresent/minority-cannabis-business-association/

achieve that threshold on an annual basis.[42] Additionally, some states social equity programs require that a certain percentage of cannabis owners, managers, and investors are from disproportionately impacted communities of color.[43]

- Create mentorship programs to help develop social equity applicants and businesses. There are various forms of mentorship that match business leaders and cannabis industry professionals with social equity applicants to provide guidance and connections. Some promising practices are more intensive and shorter programs where retailers require all social equity applicants "shadow" a dispensary manager for several weeks during which the applicants are shown some of the daily tasks of operating a store and provide hands-on experience.
- Provide accessible application, licensing, and zoning policies to promote expansion of cannabis industry both within communities as well as geographic areas most affected by the war on drugs.

Promising practices being implemented in other states include developing cannabis education at state universities and colleges that offer science-based curriculum that span multiple academic departments and offer cross-listed courses, certificates, scholarships, industry-academic research, entrepreneurial assistance, advocacies, and internships and employment pipelines. Universities and colleges also focus traditional curriculum and degrees, for example law, medical research, botany, agriculture, and business administration programs, on cannabis industry-related issues.

Similarly, there is initial interest in developing programs to recruit and train social equity status individuals for skilled-trade careers such as licensed electricians, plumbers, HVAC, and carpenters and other ancillary careers in supply chain management and security. State workforce development initiatives focus on public education and recruitment for these careers, often offering scholarships and financial support for necessary equipment. While intended to support the cannabis industry, these careers can offer opportunities to service other industries and business sectors.

To meet regulatory compliance standards, the cannabis industry relies on independent testing laboratories and standards testing laboratories.[44] As the cannabis industry grows, and state-level regulation increases so too will the demand on testing laboratories. Again, due to federal prohibitions on cannabis, cannabis businesses must use in-state laboratories; they cannot use out-of-state laboratories. There must be adequate laboratory services but there currently are not enough private laboratories to meet the regulatory demand of the cannabis industries in many states. Promising practice, therefore, involves state social equity programs assisting individuals to encourage the opening of new testing laboratories and to provide training and opportunities necessary for the workforce.

Connecticut Practice. Pursuant to RERECA, the Social Equity Council, in collaboration with the Connecticut Office of Workforce Strategy (OWS) is required to develop a workforce training program to advance social equity goals. This program must address both the employer through fostering labor conditions for a robust, well-training employee pool, and the employee by promoting labor conditions for successful

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[42] https://minoritycannabis.org/wp-content/uploads/2021/10/July-1-2019-MCBA-s-Ten-Model-Municipal-Social-Equity-Ordinances.pdf

[43] Ibid.

[44] An independent testing laboratory (ITL) performs tests in compliance with state protocols for testing medicinal and recreational marijuana and marijuana products. A standards testing laboratory (STL) performs blind tests to verify the results of an ITL. Both ITL and STL are accredited by third-party organizations such as the International Organization for Standardization and the International Laboratory Accreditation Cooperation.

reentry into the labor pool. The components of the Workforce Development Plan Criteria are considered as part of the larger licensing application. The SEC approves all submitted workforce development plans. The SEC Workforce Development Plan criteria is outlined in Table 3.3.

Table 3. 3: Social Equity Council - Workforce Development Plan Criteria

Question	Workforce Development Criteria
Please stipulate what educational or workforce training programs you plan to leverage to train your workforce. Please outline what industry-recognized credentials will be earned by participants who complete this program. Please partner with a Connecticut, or nationally recognized, training provider to populate the associated budget template outlining the anticipated cost of administering a training program that meets the current hiring needs of your workforce.	We will require the utilization of CT-based, or nationally recognized, workforce training programs to administer the specific job training to be supported through SEC funding. **Additionally, we will require that the workforce is recruited from training programs which will result in participants earning industry-recognized stackable credentials that will advance them along a career pathway.** *10 points*
Please stipulate the anticipated demographics of your workforce and how the specific targeted populations of the Social Equity Council will be prioritized for training and employment opportunities.	We will evaluate the makeup of your workforce based on the following variables and anticipate a minimum of 51% of the individuals served to be: • focused on individuals who reside in Disproportionately Impacted Areas AND/OR • directly, historically, adversely impacted by the war on drugs (e.g., have been, or have a parent, child or spouse that have been arrested for, convicted of, or adjudicated delinquent for cannabis related offenses eligible for expungement) AND/OR • racial minorities or other underserved populations (e.g., incarcerated or re-entering individuals, low-income, people with disabilities, BIPOC+, etc.). *25 points*
Please outline the core partners that you will be working with when recruiting and training your future workforce and how those partners will deliver, at a minimum, comprehensive workforce services to every participant. Please clearly articulate who and how the following services will be provided: recruitment from underrepresented communities, technical skills training, professional skills training, supportive services (e.g., childcare, transportation, etc.), career coaching, industry-validated assessments, and immediately placing	Businesses must ensure workforce training programs offer a robust suite of core services to every training participant. Core required services include, but are not limited to: • Recruitment • Basic skills or remedial skills training • Technical and professional skills training • Supportive services (e.g., childcare, transportation, etc.) • Job placement and case management support

individuals in high-quality roles with long-term career pathways after completing the training program. *If relevant, please provide letters of commitment from these service partners.*	• Career coaching • Career assessments *25 points*
Please provide a plan for how your business will continuously reinvest in training and hiring new workers as well as retaining and upskilling your existing workers. Please lay out annual goals for metrics over the next five years, including but not limited to: • Job Creation • Maximum Attrition • Promotions • Wage Growth	Applicants must show proof that they plan to continuously invest in training and hiring new workers and upskilling existing workers with additional skills needed to advance their careers in the cannabis industry. Applicants will further be expected to submit annual reporting to measure performance against initial goals. *15 points*
Please outline the defined career pathways within your organization, the wages of each role along the pathway, and what the requirements and timelines are to enter into and progress along those pathways.	We expect businesses to define clear career pathways within the organization and work with employees to develop a career progression plan upon being hired, including providing any required services for workers to be able to progress along said plan (additional certifications, pay increases, etc.). *15 points*
Please outline the anticipated funding sources that your organization will use to invest in workforce training for prospective or current employees.	The Social Equity Council requires a clear understanding of what federal, state, and private investments will be leveraged to subsidize tuition and/or industry-recognized credential costs for prospective or current employees participating in cannabis or other workforce training programs. *10 points*

III.H: TRAINING AND TECHNICAL ASSISTANCE

Training and technical assistance is a critical component of a successful workforce development strategy. In addition to supporting the cannabis industry workforce development initiatives, state and local governments, small business associations, and academic institutions are on the frontlines of social equity program training and technical assistance. Guaranteeing that both financial and educational resources are available and accessible, particularly to social equity business owners and employees, in an invaluable part of the cannabis industry support system.

Common Practices. The application process to obtain a cannabis industry license is complex and expensive. State regulatory entities generally provide training and education on applicant eligibility, the licensing process, and other requirements for workforce development and/or business plans, and regulatory compliance. Providing a streamlined, centralized source for such guidance can assure cannabis establishment owners, employees, and investors that there is a dependable clearinghouse of information. This information is available at help centers or via online portals such as websites and videos. This

component is critical to the success of a social equity program and strengthens the development of an emerging cannabis industry.

Connecticut Practices. SEC has noted the important role of training and technical assistance in supporting the emerging cannabis industry, particularly for social equity applicants. The Social Equity Council budgeted $1 million in 2022 to host and support technical assistance and business acceleration in marketing, training and workshops, consulting services, and other support programs such as accounting, legal and/or startup assistance for cannabis establishments. The SEC is collaborating with Oaksterdam University whose mission is to fight to decrease disparities in life outcomes for marginalized communities and to address the disproportionate impacts of the war on drugs in those communities to provide technical assistance to verified social equity applicants.

On its website, the SEC offers guidance and assistance through a complex series of FAQs documents on the types of cannabis business licenses, licensing fees, applicant eligibility, each phase of licensure, the required license application and supporting documentation, partnership ventures, and regulation. It lists support services available for applicants.

The SEC also offers webinars in which viewers could learn about cannabis, license types and fees, and the application process. A video library is available for public viewing, comprised of recordings of council meetings and topical webinars. Additionally, the SEC offers a resource library of videos on YouTube on a range of topics including business plan preparation, marketing a cannabis business, and financing a cannabis business.

III. I: COMMUNITY REINVESTMENT

Under the federal Community Reinvestment Act, most states have long-standing goals, policies, programs, and an existing infrastructure to plan, deliver, and fund reinvestment in specific communities and neighborhood, almost exclusively low-income urban areas with a high proportion of minority residents or areas with low or declining property values. States and municipalities partner with banks, wealth management firms, tech companies, insurance companies, businesses, and community leaders and advocates to develop, strengthen, and invest in community-led efforts to bring positive economic outcomes.

States that adopted cannabis social equity programs generally allocate a percentage of cannabis tax revenue for community reinvestment in disproportionately impacted areas. These reinvestment programs and initiatives are not focused specifically on encouraging entrepreneurship and employment in the legal cannabis industry, but rather on redressing the harms of the drug war.

There is consensus that current community reinvestment efforts to engineer the commercial sector, no matter how well intentioned, have so far largely failed. The barriers to achieving these reinvestment goals are a lack of funding from tax revenues and fees, a lack of accountability on where and how funds are distributed, what programs and services are funded, and a limited involvement of well-established local and state advocacy groups. More effective and sustainable community reinvestment efforts should implement a community-led strategy whereby community groups, local advocates, county, and municipal officials who have a vested interest in the betterment of their community build a sustainable agenda for targeted reinvestment. Leveraging public tax revenue dollars to supplement cannabis reinvestment revenue has been proposed but is not adopted by most states or local governments, especially during periods of fiscal crisis or constraint. Connecticut has an opportunity to be a leader in developing a

community reinvestment approach that not only targets the commercial sector, but also shift from a productivity perspective to one that promotes sustainable community change to redress the harms of the war on drugs.

Common Practice. States with cannabis social equity programs engage in some common practices that do at least four things:

1. give decision-making power on allocation of the funds to those directly impacted and disadvantaged by discriminatory enforcement practices of the war on drugs,
2. create equity in marketplace access,
3. improve economic conditions for marginalized individuals and communities, and
4. monitor and hold systems accountable to a social equity framework at every level.

States are relying on existing community development infrastructure to reinvest tax revenue generated by the legal cannabis industry, including block grants, low-income housing tax credits, tax increment financing, and a variety of targeted, specialized, and limited support. These programs generally do not perform to expectations.

New promising practices are, therefore, being implemented. These are market-based approaches to community revitalization. They are generally:

- Establish dedicated funding accounts within a state general fund to require assets are allocated to the intended purpose.
- Package a community's under-valued assets into a financing plan that creates investment-grade assets.
- Creating financial tools to fund the development of these new assets.
- Design value-recapture mechanisms that produce internally generated financial pools to fund housing rehabilitation, home ownership, and related initiatives for lower-income residents.
- Determine the most effective manner for governments to encourage private investment so lower-income community residents will share in the benefits.
- Develop a method to evaluate the long-term value of various community reinvestment processes.

Social equity policy is connected to and implemented through infrastructure. Social change infrastructure comes in many forms. It can be:

- Physical-bricks and mortar required to function and survive (transportation, power grid, sewer, waste disposal),
- Community and public assets that anchor strong, vibrant, resilient, and equitable communities (community service hubs, parks and recreation sites, schools, health care centers),
- National services that are critical to daily life and functions in a thriving economy (e.g., US postal service, roads and bridges),
- Civic underpinnings of our society (charitable giving, volunteering, national service, advocacy, and voting),
- Natural resources that promote long-term economic growth, increase community productivity, and individual health and well-being (water, air, land), and
- Community conduits by which public resources are put into action and hyper-localized policy is often implemented (Neighborhood Revitalization Zones, Community Action Agencies, school

boards). Absent strong community infrastructure it is difficult to attract, make impactful use of and sustain public and private investment.

In the best case, public reinvestment helps to facilitate the strengthening, expansion, and sustainability of community assets. In the worst case, public investment is misaligned with community infrastructure and capacity, thereby causing more trauma and harm to residents. It is, therefore, important to gradually scale up public reinvestment to build and align with a community's absorptive capacity and needs, which is the combination of skills, institutions, and management capacity needed to reap the most benefit of public reinvestment. These capacities are driven/impacted by factors such as technical skills of leaders, administrative and organization capacities, government effectiveness, and political commitment. These must all be strengthened prior to reinvestment and implementation of programs and services. Weaknesses in the institutional framework to manage public reinvestment may result in payment delays, overwhelmed institutional capacity, unrealistic and/or unmet community and stakeholder expectations and ultimately a compromised impact.

Connecticut Practices. Pursuant to Public Act 21-1, the Social Equity Council is required to make recommendations to the governor and the General Assembly having cognizance over matters relating to finance, revenue and bonding, consumer protection, and the judiciary regarding any legislation to:

- create programs to ensure that individuals from DIA communities are provided equal access to licenses for cannabis businesses,
- specify additional qualifications for social equity applicants,
- provide for expedited or priority license processing for each license as a retailer, hybrid retailer, cultivator, micro-cultivator, product manufacturer, food and beverage manufacturer, product packager, transporter and delivery service license for social equity applicants,
- establish minimum criteria for any licensed cannabis business that is not owned by a social equity applicant, to comply with an approved workforce development plan to reinvest or provide employment and training opportunities for individuals in DIA,
- establish criteria for a social equity plan for any licensed cannabis business to further the principles of equity as defined in state law,
- recruit individuals from DIA to enroll in the workforce training program,
- identify potential uses for revenue generated under RERACA to further equity,
- encourage participation of investors, cannabis businesses, and entrepreneurs in the cannabis business accelerator program,
- establish a process to best ensure social equity applicants have access to the capital and training needed to own and operate a cannabis business,
- develop a vendor list of women-owned and minority-owned businesses that cannabis businesses may contract with for necessary services including, but not limited to offense supplies, information technology, and cleaning services, and
- upon receipt of funds from producers, develop a program to assist social equity applicants to open not more than two micro-cultivator businesses.

Connecticut statutorily established two dedicated funds for cannabis sales tax revenue: the Prevention and Recovery Services Fund and the Social Equity and Innovation Fund. Beginning on July 1, 2023, and annually thereafter, 25 percent of the state excise tax will go to the Prevention and Recovery Services Fund. Each fiscal year between July 1, 2023, and June 30, 2026, 60 percent of the state excise tax will go

to the Social Equity and Innovation Fund with the amount increasing to 65 percent on July 1, 2026, and finally to 75 percent on July 1, 2028.

IV. Identifying Disproportionately Impacted Areas in Connecticut

Special Public Act 21-1, "An Act Concerning Responsible and Equitable Regulation of Adult-Use Cannabis." required that the Social Equity Council, beginning August 1, 2021, annually identify one or more U.S. census tracts in the state that are disproportionately impacted areas and publish a list of the tracts on the council's website.

The concept is to identify areas that have been disproportionately harmed by the war on drugs, particularly cannabis-related offenses, for the purpose of licensing, sale, and reinvestment of tax revenues. Several states that have legalized adult-use cannabis have also developed DIAs for the same purpose. Some states differ in how they define the geographic areas - such as Arizona which identifies areas by zip code, or California which identifies areas by County or municipal government. States also differ in the factors they consider when identifying these areas but are generally using indicators for poverty or drug-related arrests or convictions. For example, Arizona uses the percentage of a population participating in the Supplemental Nutrition Assistance Program (SNAP) and Illinois uses the American Community Survey poverty rate, SNAP participation, and participation in the federal free lunch program as factors.

In this section, we contrast Connecticut's current statutory definition of a disproportionately impacted area with several alternative definitions. We focused on identifying the most appropriate geographic location boundaries and datasets for areas most harmed by the War on Drugs. Since the legalization of cannabis is a relatively new public policy concept in America, it doesn't appear that any one state or jurisdiction has enough experience to present a best practice for identifying disproportionately impacted areas. Therefore, Connecticut should be mindful that the research in this area will improve in the coming years and should be prepared to adjust as science evolves.

IV.A: CURRENT CONNECTICUT DIA

The law currently defines a "disproportionately impacted area" as a census tract in the state that has, as determined by the Social Equity Council:

1. a historical conviction rate for drug-related offenses greater than one-tenth or
2. an unemployment rate greater than 10%

The act further defines the "historical conviction rate for drug-related offenses" as an area with a historical conviction count for drug-related offenses divided by the area's population, as determined by the most recent American Community Survey. The historical conviction count is the number of drug manufacture, sale, possession, and paraphernalia convictions[45] among residents for arrests between January 1, 1982, and December 31, 2020. This information was recorded in a database maintained by the Department of Emergency Services and Public Protection.

In 2019, Connecticut had 833 census tracts that were reviewed in the initial analysis conducted by the Office of Policy and Management (OPM). OPM calculated the initial DIAs by geocoding drug-related conviction data between 1982 and 2020. They were able to successfully geocode 89% of all convictions.

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[45] A violation of sections 21a-267, 21a-277, 21a-278, 21a-279, and 21a-279a of the general statutes were included in the analysis.

OPM outlined its procedure for cleaning records and worked to reduce the number of records that needed to be discarded from the sample.[46] To calculate the unemployment rate, OPM used data from the American Community Survey five-year estimates. The ACS is an annual survey that tries to sample 1 in 100 U.S. residents. The unemployment rate was averaged over a five-year period.

The DIAs initially developed by OPM and adopted by the Social Equity Council included 215 census tracts (26% of all census tracts in CT). These census tracts accounted for a population of 790,785 residents or 23% of the statewide population. These same tracts accounted for 65% of all drug-related convictions and 56% of all drug-related arrests. Figure 4.1 displays the DIAs initially approved by the Social Equity Council. A larger map image can be found in Appendix C, Figure C.1.

Figure 4. 1: Map of 215 Census Tracts Originally Identified as Disproportionately Impacted Areas in 2021
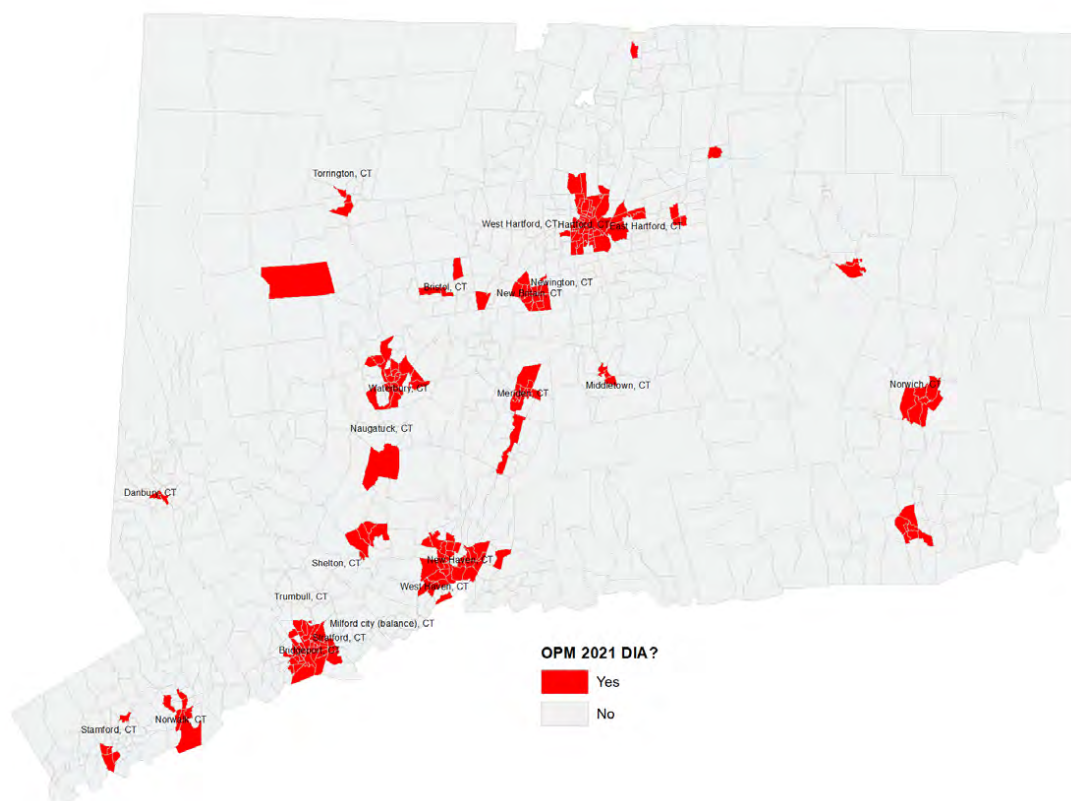
In 2020, the United States conducted a constitutionally mandated decennial census. In addition, the ACS five-year average unemployment rate was updated. When researchers updated the ACS five-year unemployment data to include 2020, 208 census tracts met the criteria to be identified as a DIA as outlined

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[46] OPM Geocoding Process: https://portal.ct.gov/-/media/OPM/DAPA/Cannabis-data-geocoding-memo_20210730.pdf

in statute. These 208 census tracts would account for a population of 757,414 people or 22% of the statewide population. These same census tracts accounted for 62% of drug-related convictions and 54% of drug-related arrests. Updates to the 2020 census data impacted 67 census tracts. The updated 2020 unemployment data led to the removal of 37 census tracts and the addition of 30 new tracts. None of the tracts had a historical conviction rate greater than 10%, but the tracts that were removed had a historical conviction and arrest rate twice as large as the tracts that were added. Figure 4.2 displays the DIAs identified with a historical conviction rate greater than 10% and an unemployment rate greater than 10% based on the updated five-year ACS information. A larger map image can be found in Appendix C, Figure C.2.

Figure 4. 2: Map of 208 Census Tracts that meet the DIA Criteria in 2022
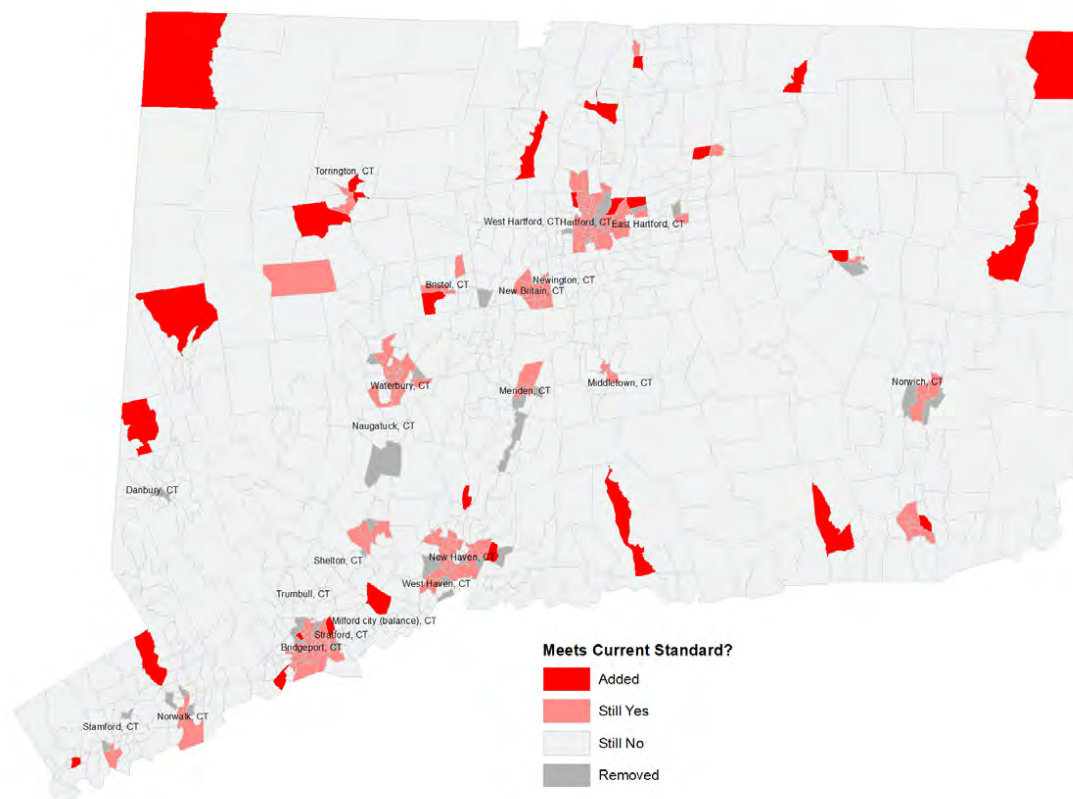
In 2022, the Social Equity Council proposed identifying DIAs by only using historical conviction data. They determined that unemployment data was too volatile, especially because of the significant short-term increase in the unemployment rate that resulted from the COVID-19 pandemic. There are 159 census tracts that met the criteria after we dropped the unemployment metric from the criteria. The 159 census tracts represent at least portions of 27 towns or cities in Connecticut. Figure 4.3 displays the DIAs identified if only historical convictions are considered. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.1. A larger map image can be found in Appendix C, Figure C.3.

Figure 4. 3: Map of 159 Census Tracts with Historical Convictions greater than 10%
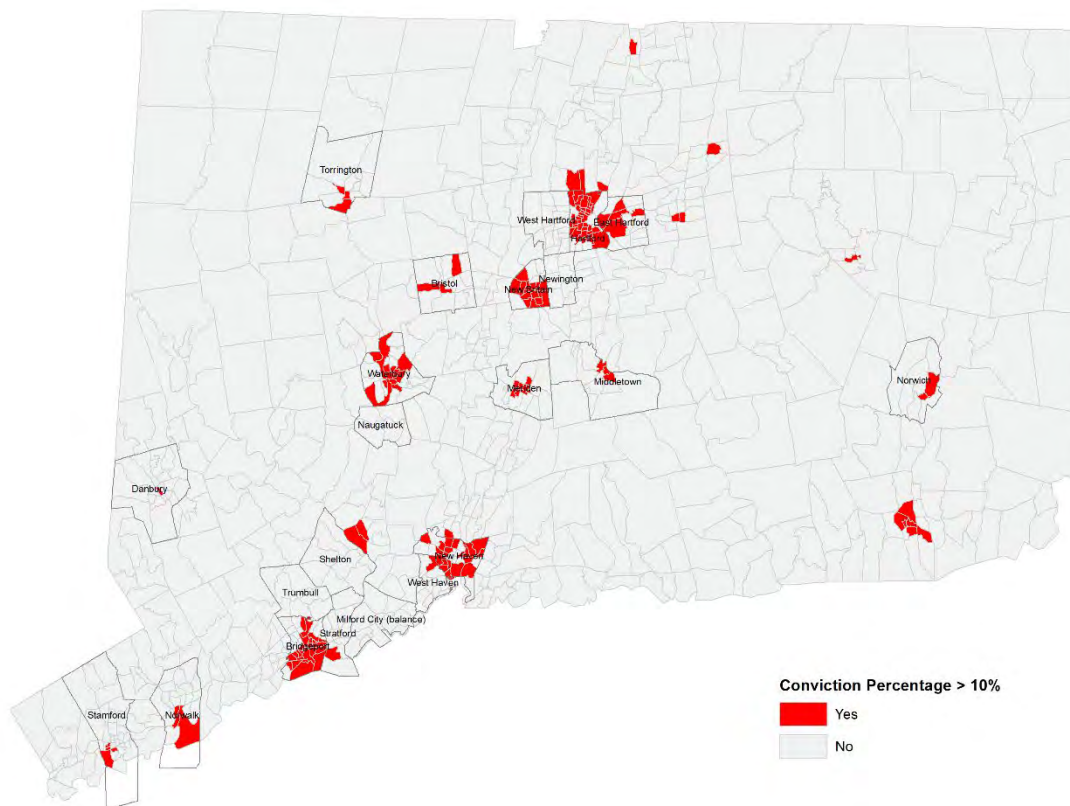
IV.B: PROPOSED MODIFICATIONS TO THE DIA

The IMRP researchers spent significant time vetting the current statutory framework for identifying a DIA. It was our goal to try to assess some of the following factors:

1. Are census tracts the most appropriate geographic boundary?
2. Should historical drug-related arrests that do not result in a conviction be considered?
3. What other measures should be considered when evaluating the war on drugs?
4. How frequently should the DIAs be updated?

IV.B.1: Geographic Boundary Consideration

- *Recommendation: Continue to use census tracts as the defining geographic boundary for DIAs*

Researchers commonly utilize geographic boundaries established by the U.S. Census Bureau to present population-based research, especially when statistical information needs to be incorporated into any analyses. We explored whether alternate census boundaries should be considered other than the currently used census tracts. The U.S. Census Bureau reports data using various political and geographic units. The general census geographic entities that are smaller than a state include Counties, Census Tracts,

Block Groups, and Census Blocks. Within each of these general census geographic designations are other categories, such as county subdivisions or voting districts.

County subdivisions in Connecticut generally follow town and city boundaries. As populations vary greatly from town to town, they also vary between country subdivisions. Although county subdivisions can show differences in demographic characteristics between county subdivisions, they do not show differences within a county subdivision. For example, Hartford is one county subdivision with changing neighborhoods, demographics, and needs.

Census tracts are small, relatively permanent statistical subdivisions. The average census tract has about 4,000 people but can range from as small as 1,200 people to as large as 8,000 people. Census tracts are modified with every decennial census, but boundaries generally don't change that significantly. Census tracts can be split or merged depending on population changes. The U.S. Census Bureau has done a good job tracking any changes to boundaries over time, which makes this a stable indicator to use.

Finally, census blocks and block groups are the smallest statistical subdivisions. Census blocks are formed by streets, roads, railroads, bodies of water, or other visible physical features. Census blocks are the smallest geographic areas and serve as valuable information for small-area studies. Block groups are a combination of census blocks and generally contain between 600 and 3,000 people. Block groups typically fall within the boundaries of a census tract.

After reviewing the hierarchy of geographic boundaries provided by the U.S. Census Bureau, we determined that census tracts are the most appropriate boundaries for identifying disproportionately impacted areas. Census tracts began to be used in the early 1900s as real units that could be compared over time. Since at least the 1940s census tracts have been an official geographic entity for which the Census Bureau has published data. The tracts were designed to be relatively permanent over time and changes have been well documented from decade to decade. County subdivisions are large geographic areas that vary too greatly from area to area. On the other hand, block groups are a small geographic area that makes it difficult to ascertain large enough sample sizes with regard to historical conviction data to be useful. Therefore, Connecticut should continue to identify DIAs as census tracts.

IV.B.2: Use of Historical Drug-Related Arrests vs. Convictions

- *Recommendation: Continue to use historical drug-related convictions as a metric to identify DIAs*

One of the two criteria for identifying a DIA in current law defines a "disproportionately impacted area" as a census tract in the state that has a historical conviction rate for drug-related offenses greater than one-tenth. Researchers explored whether broadening the historical drug-related data to include drug-related arrests would be warranted. From 1983 to 2020 there were approximately 500,000 drug-related arrests[47] in Connecticut which resulted in just more than 200,000 convictions.

Individuals that are arrested for a specific crime may not ultimately be convicted of that crime for several reasons. Charges stemming from an arrest may be dismissed or nollied. Defendants may be found not guilty, or the charges may be dropped by a prosecutor due to a lack of evidence or as part of a plea bargain agreement. Therefore, there will be more arrests than convictions for these offenses.

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[47] A violation of sections 21a-267, 21a-277, 21a-278, 21a-279, and 21a-279a of the general statutes were included in the analysis.

In 2022, there were 159 census tracts with a historical cumulative conviction rate for drug-related offenses greater than ten percent of the current tract population. Of those 159 census tracts, all of them also had a historical arrest rate greater than ten percent. On the other hand, there are 360 census tracts with a historical arrest rate greater than ten percent. That means that 201 census tracts have an arrest rate greater than ten percent but a conviction rate less than ten percent.

It can be argued that geographic areas with higher arrest rates, but lower conviction rates are the result of system bias or greater financial means by defendants[48]. Individuals arrested for drug-related offenses with greater financial means may have secured legal defense that was more able to negotiate a plea deal. Although we can't know for sure if this is true, we do know that the 201 census tracts with a high arrest rate, but a low conviction rate had a significantly lower poverty rate than those census tracts with a high conviction rate. The 201 census tracts with an arrest rate greater than ten percent, but a conviction rate lower than ten percent have an average poverty rate of 10.6%. In comparison, the 159 census tracts with an arrest rate greater than ten percent and a conviction rate greater than ten percent have an average poverty rate of 26.8%.

Although any arrest by law enforcement can result in a myriad of consequences, the consequences of a criminal conviction can be far greater. DIAs are designed to best identify those areas most harmed by the war on drugs. Utilizing historical arrest data would only show one interaction with the criminal justice system. That is the interaction with law enforcement that led to an arrest. However, drug-related convictions show the impact the war on drugs had on the entire criminal justice system. A conviction is a result that transpires toward the end of the process in a particular case. A conviction results after an arrest is made, negotiations are discussed with prosecutors, and the final resolution of charges is resolved. We recommend that DIAs include historical convictions for drug-related offenses and not include drug-related arrest data because it is too broad.

IV.B.3: Replacing the Unemployment Rate Metric with an Adjusted Poverty Rate Metric

- *Recommendation: Replace the use of the unemployment rate as a metric with an adjusted poverty rate.*

The unemployment rate can be a volatile metric that changes drastically from year-to-year. It is heavily influenced by short-term economic situations. This was especially true in 2020 because of the COVID-19 pandemic. Poor neighborhoods tend not to be impacted in the same way by short-term increases in unemployment. Additionally, the war on drugs is far more closely correlated to historical poverty rather than unemployment.

Over time, the poverty rate is a much more stable metric that is less influenced by short-term economic situations. Research shows that the war on drugs had a more direct impact on poverty than the unemployment rate. According to the Bureau of Labor Statistics, residents in lower-income communities often lack the necessary resources, opportunities, and capabilities to find and maintain jobs with decent pay. Therefore, they are less likely to work than people living in higher-income communities. In simple

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[48] Rosenberg A, Groves AK, Blankenship KM. Comparing Black and White Drug Offenders: Implications for Racial Disparities in Criminal Justice and Reentry Policy and Programming. J Drug Issues. 2017;47(1):132-142. doi: 10.1177/0022042616678614. Epub 2016 Dec 21. PMID: 28966392; PMCID: PMC5614457

terms, the unemployment rate is measured by calculating the number of people looking for work divided by the total number of residents in the labor force. Residents in lower-income communities are not part of the labor force at a much higher rate than people from higher-income communities. In Connecticut, there are 180 census tracts with an unemployment rate below 10%, but a poverty rate greater than 10%. Sixty-three of these census tracts have a poverty rate greater than twenty percent.

An example of a short-term economic situation that impacted the unemployment rate can be found in census tract 354, which is within New Canaan. Tract 354 has a median household income of $250,000 - more than double Fairfield County, and nearly three times the Connecticut median household income ($83,572). There was a short-term spike in the unemployment rate to 12% during the pandemic in this tract. Prior to the pandemic, the unemployment rate in this census tract was 3.5%. This short-term increase in the unemployment rate meant that this tract would meet the current statutory definition of a DIA, but likely only for one year. This census tract has a poverty rate of 3%, far below the state poverty rate of 10% or the county poverty rate of 9%. In this case, replacing the unemployment rate with the poverty rate will be less likely to cause significant variations from year to year in the census tracts identified.

Several other states also use the poverty rate in their DIA definition. For example, Illinois legislation identifies DIAs as any census tract with a poverty rate greater than 20% of the population. Washington State defines a DIA as an area with a "high poverty rate." Some states, like Arizona, use indicators such as the number of people enrolled in the Supplemental Nutrition Assistance Program (SNAP) as a substitute for the poverty rate in their DIA definition.

During our discussions with the SEC, there were some concerns that census tracts whose boundaries are primarily college and university campuses would meet the criteria if the poverty rate was applied. The census counts people where they live and sleep most of the time, and that includes college students. In particular, the census historically calculates where individuals are living and sleeping as of April 1st – which is generally during the spring semester of most colleges. Many college students are not working or are working part-time jobs, which impacts the poverty rate of students living on-campus or off-campus near a college or university. For example, the University of Connecticut covers three census tracts, 8811, 8812, and 8813. Census tract 8812 is entirely covered by the UConn campus and includes most campus housing. The poverty rate in tract 8812 is 65%, but the median age is only 20 years old compared to 38 years old for the county and 41 years old in Connecticut. Since most students are not considered part of the labor force, the unemployment rate is only about 6%. The most appropriate method to account for census tracts impacted by a high poverty rate in college towns would be to remove 18 to 24-year-olds from the poverty rate. The average age of a college student is between 18 and 24. Removing 18 to 24-year-olds from the poverty rate would only impact a small number of census tracts with significant college-age students.

Although we outline a more sophisticated metrics for identifying a DIA in our later section, the criteria for identifying a DIA could be modified to replace the use of the unemployment rate greater than 10% with a poverty rate greater than 10%, 15%, or 20%. The other alternative would be to replace the unemployment rate greater than 10% with a poverty rate greater than 10%, 15%, or 20% after adjusting for the 18–24-year-old college age population. If Connecticut were to replace the unemployment rate with the poverty rate, we would strongly recommend that the poverty rate be adjusted to account for areas with a high number of college-age residents. In all these scenarios, we would still include all census

tracts with a historical conviction rate greater than 10%. Below we present maps if you use the unadjusted poverty rate and maps if you adjust the poverty rate for college-age residents.

Replacing the Unemployment Rate with the Poverty Rate (unadjusted):

If the current criteria were modified to simply replace the unemployment rate threshold of greater than 10% with a poverty rate greater than 10%, there are 327 census tracts that meet the criteria. These 327 census tracts account for a population of 1,267,562 people or 35% of the statewide population, yet they accounted for 72% of drug-related convictions and have an average poverty rate of 21%. The 327 census tracts represent at least portions of 65 towns or cities in Connecticut.

Figure 4.4 displays the DIAs identified if a census tract has a historical conviction rate greater than 10% or a poverty rate greater than 10%. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.2. A larger map image can be found in Appendix C, Figure C.4.

Figure 4. 4*:* Map of 327 Census Tracts with Historical Convictions greater than 10% or Poverty Rate greater than 10%
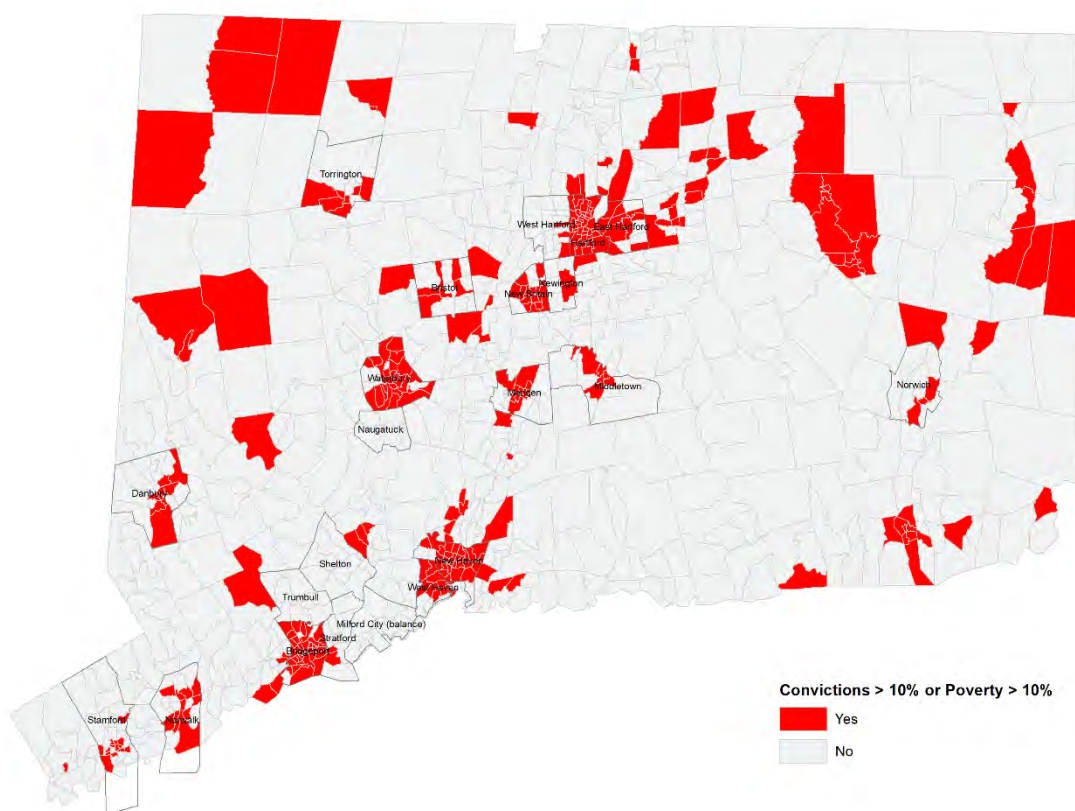
The current definition of a DIA identifies just more than 20% of the statewide population. By replacing the unemployment rate metric with the poverty rate greater than 10%, more than 35% of the statewide population would meet the criteria. The overall statewide poverty rate is 10% and a threshold that

matches the state poverty rate may be too low. If you were to change the poverty rate to greater than 15% with a historical conviction rate greater than 10%, 232 census tracts would meet the criteria. These 232 census tracts account for a population of 878,006 people or 24% of the statewide population. These same census tracts accounted for 64% of drug-related convictions and have an average poverty rate of 25%. The 232 census tracts represent at least portions of 39 towns or cities in Connecticut.

Figure 4.5 displays the DIAs identified if a census tract has a historical conviction rate greater than 10% or a poverty rate greater than 15%. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.3. A larger map image can be found in Appendix C, Figure C.5.

Figure 4. 5: Map of 232 Census Tracts with Historical Convictions greater than 10% or Poverty Rate greater than 15%
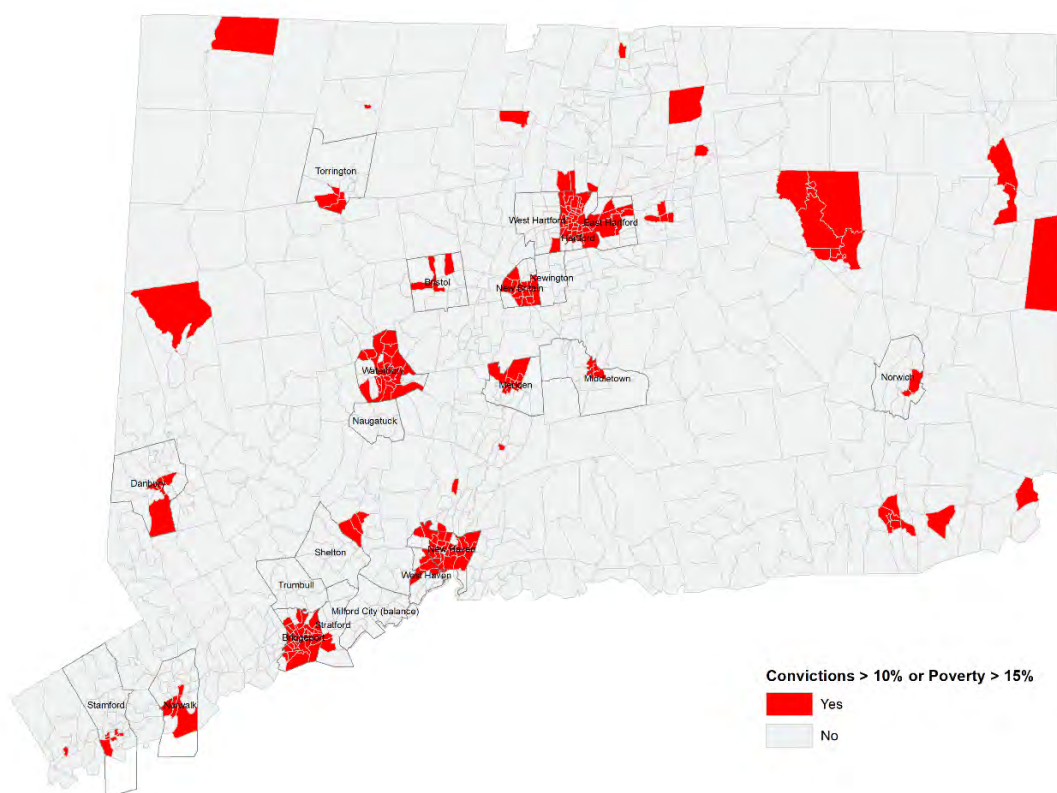
The SEC could continue to refine the poverty rate metric to greater than 20%. If you were to change the poverty rate to greater than 20% with a historical conviction rate greater than 10%, 186 census tracts would meet the criteria. These 186 census tracts account for a population of 693,317 people or 19% of the statewide population. These same census tracts accounted for 59% of drug-related convictions and have an average poverty rate of 27%. The 186 census tracts represent at least portions of 30 towns or cities in Connecticut.

Figure 4.6 displays the DIAs identified if a census tract has a historical conviction rate greater than 10% or a poverty rate greater than 20%. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.4. A larger map image can be found in Appendix C, Figure C.6.

Figure 4. 6: Map of 186 Census Tracts with Historical Convictions greater than 10% or Poverty Rate greater than 20%
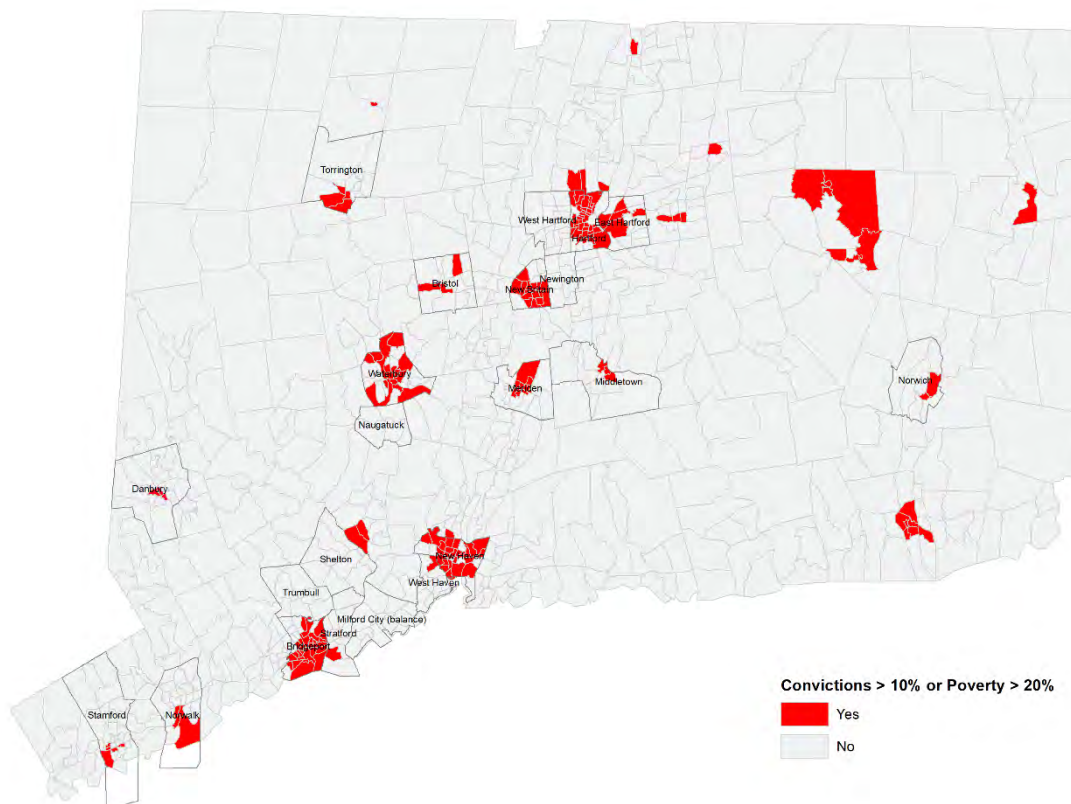
Replacing the Unemployment Rate with the Adjusted Poverty Rate:

If the current criteria were modified to replace the unemployment rate threshold of greater than 10% with an adjusted poverty rate greater than 10%, there are 314 census tracts that meet the criteria. These 314 census tracts account for a population of 1,209,252 people or 33% of the statewide population. These same census tracts accounted for 71% of drug-related convictions and have an average poverty rate of 21%. The 314 census tracts represent at least portions of 64 towns or cities in Connecticut.

Figure 4.7 displays the DIAs identified if a census tract has a historical conviction rate greater than 10% or an adjusted poverty rate greater than 10%. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.5. A larger map image can be found in Appendix C, Figure C.7.

Figure 4. 7*:* **Map of 314 Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10%**
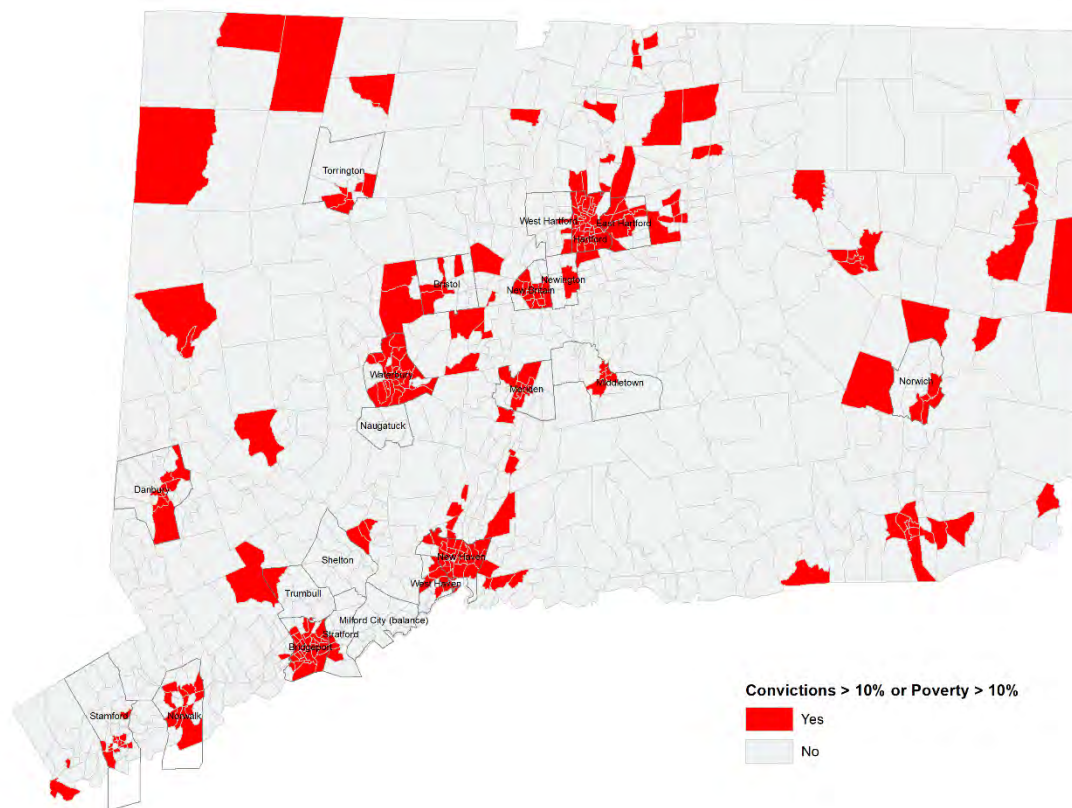
Once again, even replacing the unemployment rate metric with the adjusted poverty rate greater than 10%, more than 33% of the statewide population would meet the criteria. The adjusted poverty rate statewide is still approximately 10% and a threshold that may be too low. If you were to change the adjusted poverty rate to greater than 15% with a historical conviction rate greater than 10%, 223 census tracts would meet the criteria. These 223 census tracts account for a population of 833,381 people or 23% of the statewide population. These same census tracts accounted for 63% of drug-related convictions and have an average poverty rate of 25%. The 223 census tracts represent at least portions of 39 towns or cities in Connecticut.

Figure 4.8 displays the DIAs identified if a census tract has a historical conviction rate greater than 10% or an adjusted poverty rate greater than 15%. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.6. A larger map image can be found in Appendix C, Figure C.8.

Figure 4. 8: Map of 223 Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 15%
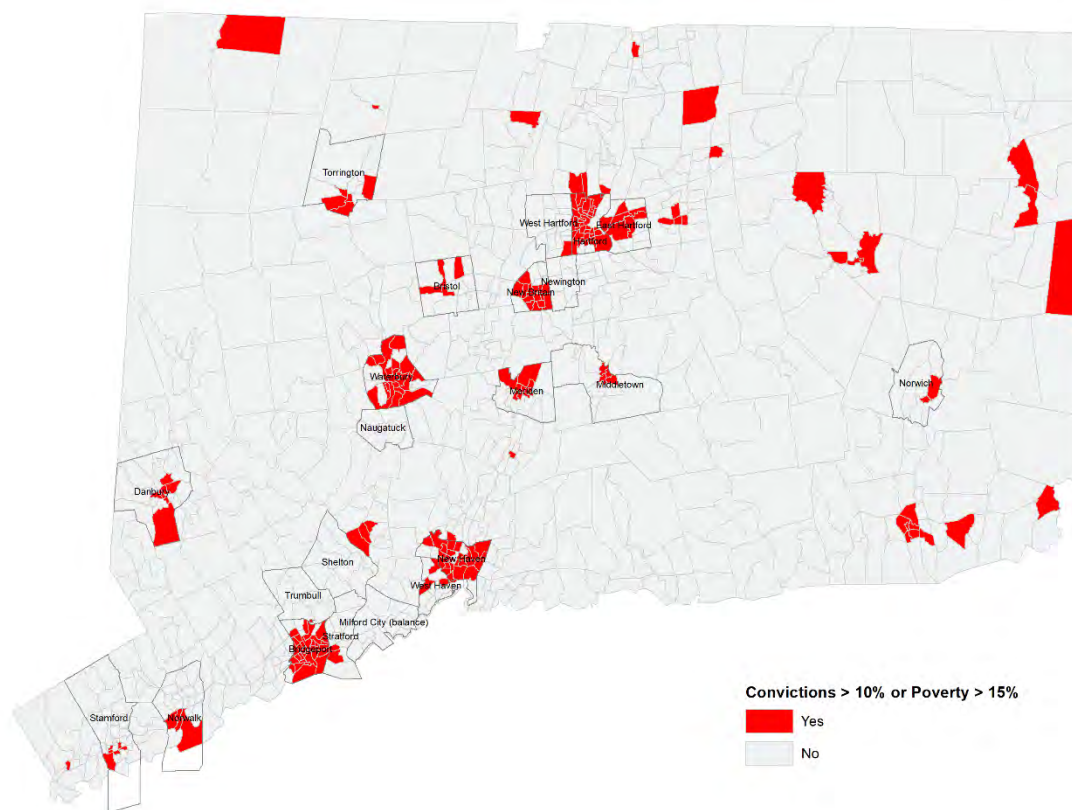
The SEC could again refine the adjusted poverty rate metric to greater than 20%. If you were to change the adjusted poverty rate to greater than 20% with a historical conviction rate greater than 10%, 180 census tracts would meet the criteria. These 180 census tracts account for a population of 657,936 people or 18% of the statewide population. These same census tracts accounted for 58% of drug-related convictions and have an average poverty rate of 27%. The 180 census tracts represent at least portions of 21 towns or cities in Connecticut.

Figure 4.9 displays the DIAs identified if a census tract has a historical conviction rate greater than 10% or an adjusted poverty rate greater than 20%. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.7. A larger map image can be found in Appendix C, Figure C.9.

Figure 4. 9: Map of 180 Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 20%
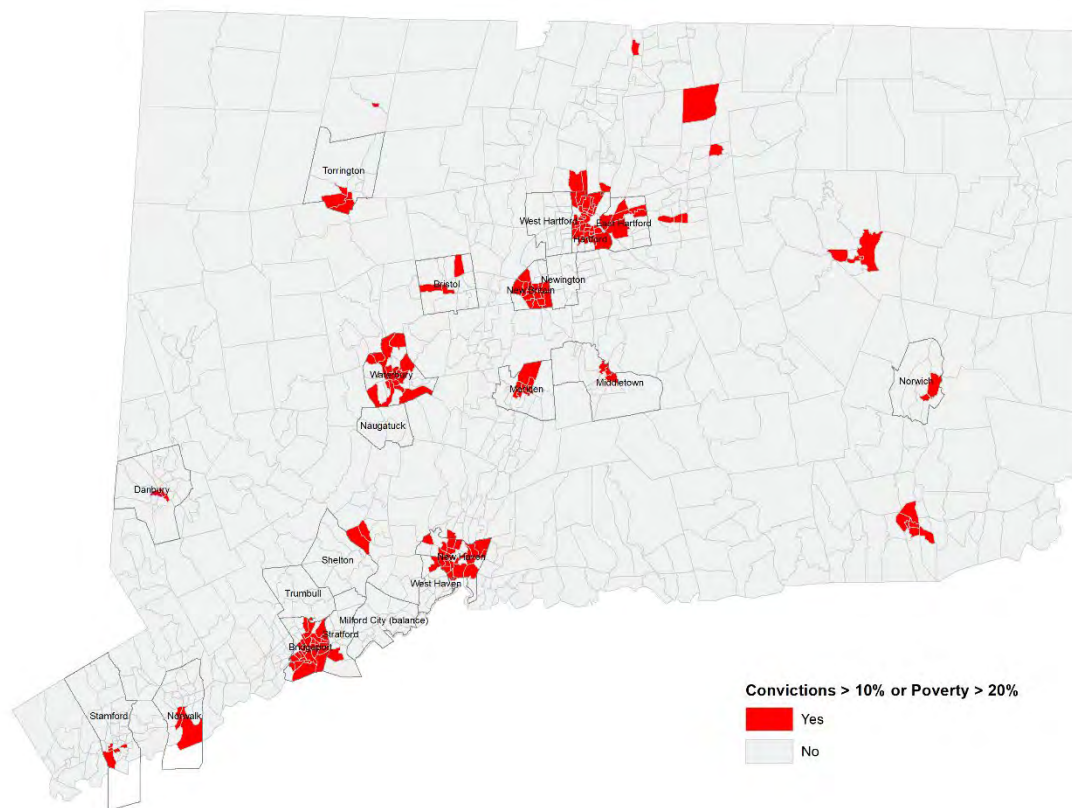
Appendix B, Table B.12 compares the total number of census tracts identified in each town by the different poverty rate measures using both the unadjusted and adjusted poverty rates.

IV.B.4: Use a Proportionality Index to Identify DIAs

- *Recommendation: Replace the current fixed method definition of a DIA and use a Proportionality Index*

Currently, the definition of a DIA is a fixed measure that does not distinguish between a conviction rate of 10% or a conviction rate of 50%, and the same is true for the unemployment rate. Substituting the adjusted poverty rate or even the unadjusted poverty rate for the unemployment rate would be an improvement but is still accounted for through a fixed measure. The consequence of using a fixed measure allows for a census tract with a historical conviction rate of 92% (such as the case in New Haven[49]), to be treated the same as a census tract with a historical conviction rate of 11% (such is the case in Vernon[50]).

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[49] Census tract 1402
[50] Census tract 5302

Both census tracts meet the current statutory criteria to be identified as a DIA. However, it can be argued that the census tract in New Haven was impacted much more significantly by the war on drugs.

We are proposing that the definition of a DIA be modified to allow for the development of a proportionality index. This will allow policymakers to appropriately weigh factors such as poverty and drug-related convictions and to consider these proportional differences when making policy decisions. For example, policymakers may want to appropriate reinvestment dollars or even make licensing decisions by considering the degree of hardship caused by the war on drugs to a particular DIA. The model we have developed would use both the historical conviction rate and adjusted poverty rate, but other measures could be added over time (such as participation in social programs, reduced/free lunch programs, incarceration rates, education and public health outcomes etc.). Indexing is a common method used in public policy, especially when making funding decisions. Examples of indexing can be found in Connecticut through the Department of Labor Workforce Investment Act Funding Formula or the Pequot Grants, both of which are based on indexing. Nationally, many organizations rely on the Consumer Price Index to craft public policy decisions.

Computing a Proportionality Index

To compute a proportionality index, the researchers first standardized the conviction and adjusted poverty data for each of the census tracts in Connecticut. We then computed a proportionality index that gave equal weight to the percentage of people living in poverty (adjusted for college-age students) and the percentage of people who were convicted of a drug-related offense.[51] All conviction data was geocoded to 2021 Census tract cartographic boundaries.

The computed proportionality index was then mapped for all tracts and color-coded to emphasize tracts with the highest proportionality index that make up 20 and 25% of the Connecticut population. We recommend using this proportionality index in several ways:

1. The index may be used to determine which tracts meet the criteria for a DIA. For instance, a tract is considered a DIA if its proportionality index falls within the tracts with the highest indexes and that make up 20 or 25% of the population.
2. The index may be used by the SEC to assign weights to applicants for equity licenses. If Applicant A resides in a DIA with 20 times the proportionality index of Applicant B's DIA, then the lottery could account for that difference by giving Applicant A 20 times the chance of being selected in the lottery than Applicant B.
3. The proportionality index may also be used later in the community investment allocation. DIAs that have a higher proportionality index could receive correspondingly weighted community reinvestment allocations.
4. The nuanced understanding a proportional index provides would also allow for a better understanding of how reinvestments within census tracts impact identified indicators - such as poverty - over time.

We understand that the SEC may need to limit which census tracts should be considered a DIA, even within an indexed model. The decision to set a population cut-off at 20% or 25% should be made by the

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[51] The poverty data was obtained from the 2021 American Community Survey Census data. The conviction data is the cumulative convictions that occurred over the past 40 years divided by the population in each census tract.

SEC based on policy intent. We also recommend adjusting the poverty rate to account for areas with higher numbers of college-age students and present the proportionality index using the adjusted poverty rate. That being said, unadjusted poverty rate information is readily available.

If the SEC were to adjust the poverty rate in accordance with the prior recommendation and only include the census tracts with the highest proportionality index score that account for 20% of the statewide population, there would be 195 tracts. These 195 census tracts account for a population of 722,705 people. These same census tracts accounted for 61% of drug-related convictions and have an average poverty rate of 26%. The 195 census tracts represent at least portions of 30 towns or cities in Connecticut.

Figure 4.10 is a map of the DIAs identified using a proportionality index that includes tracts that account for 20% of the statewide population. The darker-shaded areas have a higher historical drug conviction rate and a higher rate of poverty. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.8. A larger map image can be found in Appendix C, Figure C.10.

Figure 4. 10: Map of 195 Census Tracts identified using a Proportionality Index for 20% of the Population (Adjusted Poverty Rate)
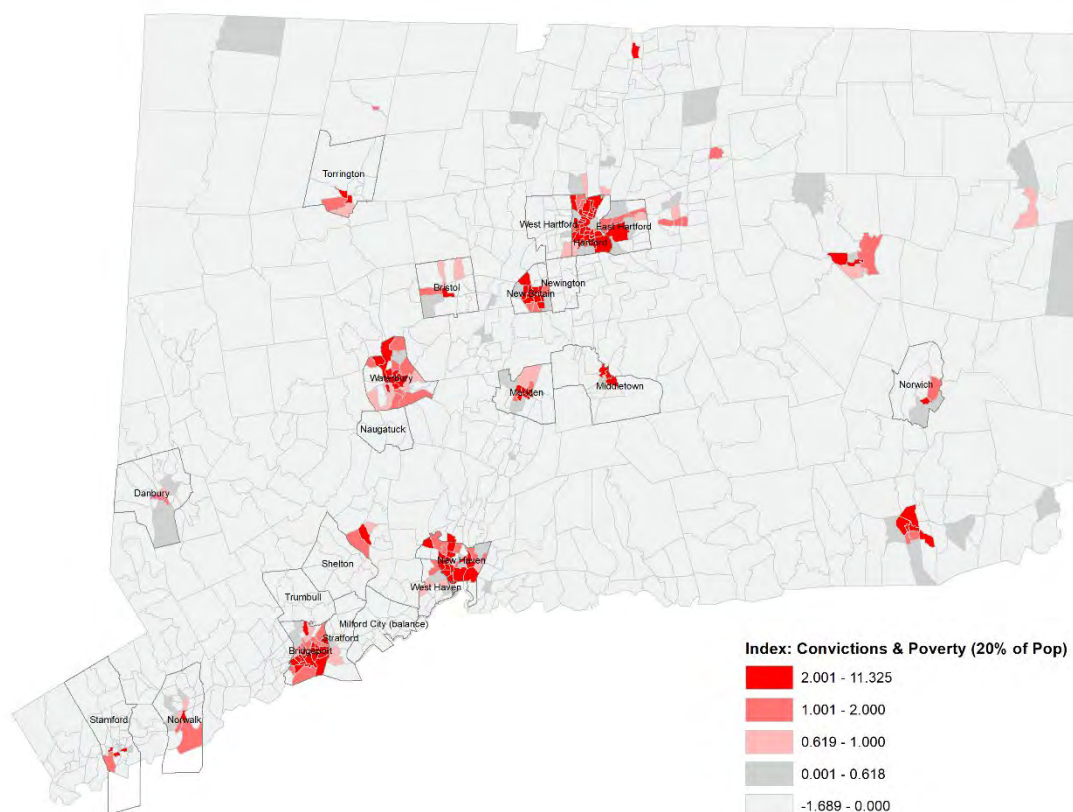
If the SEC were to increase the percentage of the statewide population included in a proportionality index to 25% of the overall statewide population, 239 census tracts would be included. These 239 census tracts account for a population of 904,436 people. These same census tracts accounted for 66% of drug-related

convictions and have an average poverty rate of 24%. The 239 census tracts represent at least portions of 37 towns or cities in Connecticut.

Figure 4.11 is a map of the DIAs identified using a proportionality index that account for 25% of the statewide population. The darker-shaded areas have a higher historical drug conviction rate and a higher rate of poverty. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.9. A larger map image can be found in Appendix C, Figure C.11.

Figure 4. 11: Map of 239 Census Tracts identified using a Proportionality Index for 25% of the Population (Adjusted Poverty Rate)
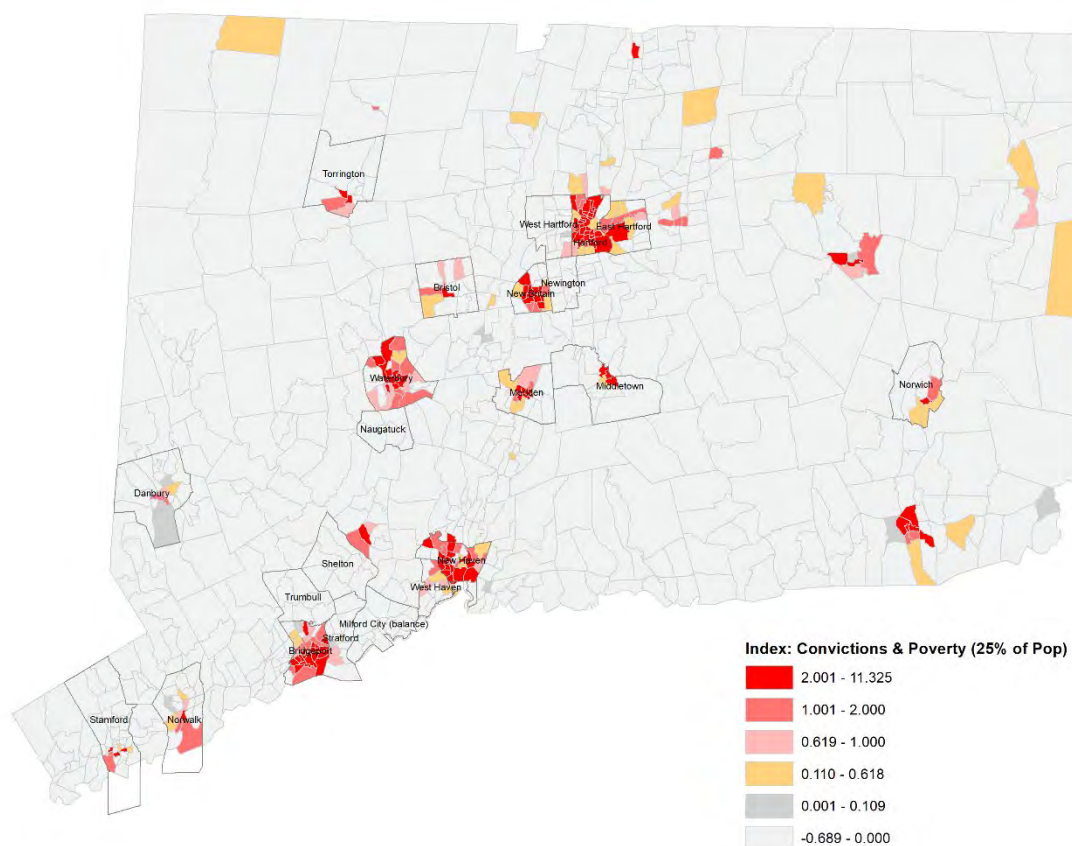
When developing a proportionality index, the SEC can also decide to give additional weight to one factor over another. For example, since historical drug-related convictions are one of the most direct outcomes resulting from the war on drugs, the SEC may consider double-weighting the conviction rate. Under this scenario, the adjusted poverty rate would play a role in where a census tract falls on the scale, but the cumulative conviction rate would be a larger factor in the analysis.

If the SEC were to double-weight historical drug-related convictions and identify the census tracts with the highest proportionality index score that account for 20% of the statewide population, there are 195 tracts. When this same metric was applied previously without double-weighting convictions, there were also 195 census tracts identified. Double-weighting convictions largely impacted where a census tract falls

on the proportionality index. However, a total of 10 census tracts were either added or removed from the index based on these criteria. Unsurprisingly, the 5 census tracts that were removed and the 5 added when double-weighting convictions were all at the bottom of the index scale. The 195 census tracts that meet the DIA population threshold by double-weighting convictions account for a population of 726,319 people. These same census tracts account for 62% of drug-related convictions and have an average poverty rate of 26%. The 195 census tracts represent at least portions of 30 towns or cities in Connecticut.

Figure 4.12 is a map of the DIAs identified using a proportionality index with double the weight for convictions that account for 20% of the statewide population. The darker-shaded areas have a higher historical drug conviction rate and a higher rate of poverty. A full table of the census tracts that meet these criteria can be found in Appendix B, Table B.10. A larger map image can be found in Appendix C, Figure C.12.

Figure 4. 12: Map of 195 Census Tracts identified using a Proportionality Index with Double-Weighted Convictions for 20% of the Population
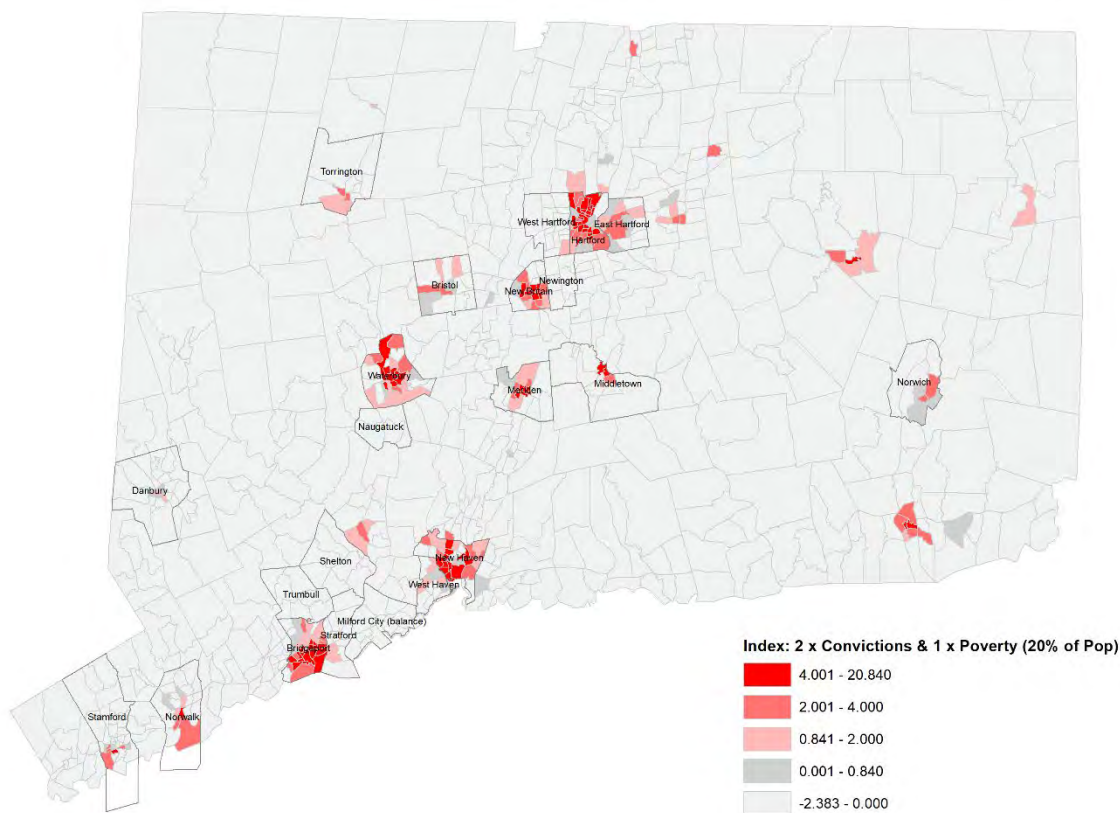
The SEC could again consider increasing the percentage of the statewide population included in a proportionality index with a double-weight for convictions to 25% of the overall statewide population. This would increase the total number of census tracts included in the index to 241. The 241 census tracts account for a population of 903,548 people. These same census tracts accounted for 67% of drug-related

convictions and have an average poverty rate of 24%. The 241 census tracts represent at least portions of 36 towns or cities in Connecticut. Although a map has not been provided in this report, a full table of the census tracts that meet these criteria can be found in Appendix B, Table B.11. Additionally, Appendix B, Table B.13 compares the total number of census tracts identified in each town by the different proportionality index measures.

III.B.5: Allow for other Metrics to be Incorporated in the Future

- *Recommendation: Allow for other metrics to be considered in the future.*

Measuring the War on Drugs' impact on particular communities is an evolving science[52]. Aside from distinguishing proportional harm between DIAs, the benefit of creating an index is that other metrics can be added relatively easily. Currently, states differ in the metrics they use when identifying a DIA. For example, Arizona uses the percentage of a population participating in the Supplemental Nutrition Assistance Program (SNAP) and Illinois uses the American Community Survey poverty rate, SNAP participation, and participation in the federal free lunch program as factors. Incarceration rates - arguably the greatest individual, household and community harm manifested by the War on Drugs - could also be used within an index. Since Connecticut is among a handful of states at the forefront of developing an equitable system for the legalization of cannabis, it is imperative that we allow room for improvement. By giving the SEC the ability to develop other metrics to measure the impact of the war on drugs, Connecticut can ensure that we are relying upon the best research as it evolves in the years ahead.

III.B.6: Update DIA Map Every Three to Five Years

- *Recommendation: Change the requirement that the DIA map be updated each year. The SEC should consider updates to the DIA map every three to five years, unless special circumstances arise.*

The current statute requires the SEC to annually consider changes to the DIA map. Annual updates are unnecessary because the data used to identify a DIA does not change significantly from year to year. For example, census tract boundaries are only updated every decade. Additionally, if the definition were modified to use the recommended adjusted poverty rate, this information is derived from the five-year American Community Survey data. The five-year ACS data operates on a rolling basis. Each year data is both added or removed on a rolling basis. The one-year ACS data that is added to the five-year sample is relatively small and does not significantly change the results. Lastly, the historical drug-related conviction data should never change, unless additional years are added to the dataset. Currently, the historical drug-related conviction data is the cumulative number of convictions between 1983 and 2020. The general stability of the measures being recommended lend themselves to less frequent updates or revisions.

Regardless, if the law were to be modified to require less frequent map updates, the SEC would benefit from retaining the ability to make minor or technical revisions as necessary. When working with large complex datasets, errors are possible or updates to the underlying dataset may occur. For example, the U.S. Census Bureau could release a revision to the results from the ACS data that would warrant a technical

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[52] Cohen A, Vakharia SP, Netherland J, Frederique K. How the war on drugs impacts social determinants of health beyond the criminal legal system. Ann Med. 2022 Dec;54(1):2024-2038. doi: 10.1080/07853890.2022.2100926. PMID: 35852299; PMCID: PMC9302017

revision to the maps. Retaining the ability to update maps if these technical issues should arise is important to the integrity of this effort.

V. Hearing from Impacted Individuals and Community Leaders

The statutorily established Connecticut Social Equity Council (SEC) was developed to make sure the adult-use cannabis program in Connecticut is grown equitably. Crucial for these purposes are the voices of people directly affected by the criminalization of cannabis and subsequent policies, as well as community leaders who have lived and witnessed the disproportionate impact such policies had on their respective communities.

In this qualitative section of the study, the IMRP researchers set out to learn: (1) the impact of cannabis prohibition and the War on Drugs on individuals and their communities; (2) how best to foster equity in access to opportunities in the newly emerging cannabis industry in Connecticut; and (3) what else Connecticut can do to remedy the injustice of disproportionate cannabis criminalization in communities of color. The impact of cannabis criminalization and potential remediation strategies were explored through interviews and focus groups of those from disproportionately affected communities in Connecticut to allow those most impacted to have a voice in remediation efforts in their communities and to supplement quantitative data and generalized research. Although the number of participants was smaller than anticipated, those who contributed to the discussions brought significant breadth and depth to the conversations given their varied backgrounds and experiences.

In preparation for qualitative interviews with individuals affected by cannabis arrests or convictions and on focus groups with civic leaders from communities that witnessed the highest negative impact of the War on Drugs, the IMRP researchers sought to incorporate Social Equity Council (SEC) members as active participants and thought partners in the development of major themes to be explored for the establishment of an equitable and lawful adult-use cannabis business sector in the state. The qualitative methodology used to develop and conduct structured interviews with individuals and lead discussions with community leaders is outlined in Appendix D.

V. A: QUALITATIVE INTERVIEW FINDINGS AND RECOMMENDATIONS

The War on Drugs: The Hidden Cost on Children

Woven into the themes participants addressed during interviews and focus groups is a deep concern regarding the impact of the War on Drugs on children in disproportionally impacted communities. Numerous studies have documented children to be one of the most profound, yet largely invisible, collateral damages of the War on Drugs and related tough on crime policies. One area that particularly impacted children is the incarceration of many parents and caregivers.[53] The War on Drugs further disrupted the family structure in these communities by taking away parents (mostly fathers) from their families and leaving grandparents (where available) to raise the children, or leaving the children altogether neglected.[54] These unfortunate consequences were not foreign to interview and focus group participants. As one interviewee stated, "I'm an 80s baby. My mom was on drugs. My grandparents took

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[53] Craigie, T. L. (2011). The effect of paternal incarceration on early child behavioral problems: A racial comparison. Journal of Ethnicity in Criminal Justice, 9, 179 – 199; Wakefield, S. & Wildeman, C. (2011). Mass imprisonment and the racial disparities in childhood behavioral problems. Criminology and Public Policy, 10(3), 793 – 817.

[54] Turney, K. (2014). The Intergenerational Consequences of Mass Incarceration: Implications for Children's Co-Residence and Contact with Grandparents. Social Forces, 93(1), 299–327.

me in. Other friends had to go to group homes with negative outcomes. It was very damaging what happened." This separation had a harsh psychological impact on children and left them without positive role models, "It is hard to be what you never see," said one participant.

Older children may replicate the same cycle as their parents by having to find a way to care for younger siblings. Many of the neglected children caught up in the streets were homeless kids who had to enter the drug world to sustain themselves.[55] This resulted in youth and children being arrested and brought into the child welfare and justice systems as well. One participant stated, "Students who were convicted of drug possession or distribution were stuck in a system that pushed them to go back into the drug trade because there was not another avenue for them." Further, children growing up with trauma, pain, and anger can translate to violence further down the line. It is widely documented that children who have experienced the incarceration of a parent or caregiver left in an unstable environment often exhibit behavioral problems, academic difficulties, financial difficulties, and emotional and psychological distress.[56] These issues, if not addressed can stunt the children's ability to develop into productive adults. Many of these children are now adults whose experiences as children may have adversely impacted their access to opportunity and resources to thrive and build generational wealth and well-being. Participants felt such generational impact must be evaluated in the present day and guardrails put in place to prevent this cycle from repeating.

A Cycle of Mistrust: Disproportionately Impacted Communities

An important insight that the interview and focus group process provided is the level of mistrust against the intentions of the State of Connecticut to address past harm caused by policies implemented during the war on drugs – mistrust that has built over decades of disproportionate targeting of communities of color in the War on Drugs. Past attempts and initiatives such as addressing racial or ethnic structural inequities in Connecticut have borne no fruit from respondent perspectives. Furthermore, respondents expressed being fatigued from being over-researched[57] and yet consistently undervalued. There was frustration in bringing to light issues that they have sought to make others aware of for years, only to be taken seriously once echoed by a researcher, and yet never fully being valued in the public policy process. It leaves people feeling as if their voice does not matter to state agents. The expressed frustration and fatigue have contributed to the overall low turnout for our interviews and focus groups and it is likely to depress participation in any state initiatives to remedy decades of disproportionate cannabis ban enforcement if not addressed.

In addition, unspecific language in the RERECA legislation that addresses Black and Brown people merely as "minorities" and that defines disproportionately affected communities in a color-blind fashion may reinforce this frustration. It does not give members of the affected communities the feeling that they are the intended beneficiaries of these policies. Without being prompted on the topic, a respondent stated,

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[55] Wildeman, C. (2014). Parental Incarceration, Child Homelessness, and the Invisible Consequences of Mass Imprisonment. The Annals of the American Academy of Political and Social Science, 651, 74–96.
[56] Nesmith, A. & Ruhland, E. (2008). Children of incarcerated parents: Challenges and resiliency, in their own words. Children and Youth Services Review, 30, 1119 – 1130; Western, B. & Wildeman, C. (2009). The Black family and mass incarceration. The Annals of American Academy of Political and Social Science, 621, 221 – 242.
[57] Clark, T. (2008). "We're Over-Researched Here!" Exploring Accounts of Research Fatigue within Qualitative Research Engagements. Sociology, 42(5), 953–970.

"The law was written to protect investors' investments – big money." In this interpretation the legislation and equity-policy serve as a fig-leaf to distract from the fact that well capitalized corporations have much better chances to make it in the legal cannabis business than eligible social equity applicants.

The general mistrust expressed by respondents, focus groups participants, and prospective participants that the research team encountered begs for a discussion beyond remediation. Numerous researchers, criminologists, and advocates encourage that policy makers adopt the following recommendations to address existing racial and ethnic disparities in areas of the criminal justice system controlled by the state and create sustainable changes: (1) Develop new and integrated infrastructure that consider nontraditional stakeholder groups, such as grassroots organizations, families of the incarcerated, and community members. (2) Collaborate with existing movements and organizations with a proven track-record in impacted communities, (3) Educate youth and leaders in social policy, business, local government, and grass roots organizing on structural racism,[58] (4) Engage in truth and reconciliation processes to improve community trust, backing, and active participation in remediation efforts. Efforts by the State of Connecticut to address the disparities born from the War on Drugs and cannabis prohibition should adopt the aforementioned recommendations and include as integral elements, public dialogues with impacted communities known as truth and reconciliation processes to move towards a hopeful future with a recognition of past harms.[59] Decades of public policies implemented during the war on drugs have resulted in a disproportionate representation of Black and Brown citizens in the CT prison system, which has exacerbated mistrust against the state as they feel targeted by past policies. Acknowledging unintended consequences of the war on drugs on communities of color and addressing the mistrust that disproportionately impacted communities hold against the state is paramount to establishing sustainable remediation efforts.[60] Respondents and focus groups participants collectively expressed an overwhelming need for such community involvement in remediation strategies. As a respondent stated, community members are "ready to do the work." The State would be remiss to not seize this opportunity to fully engage citizens and communities of color who have been disproportionally impacted by policies instituted during the War on Drugs as active members of remediation and reconciliation efforts. Policy approaches that are informed by community voices and participation can also go a long way when it comes to building stronger community partnerships and improving perspectives on procedural fairness. Community members would be more likely to view policy reforms as legitimate if they believe that the state is operating on their behalf[61].

Solutions: Participatory and Bold

Interview respondents and focus group participants also pointed to ways this mistrust may be overcome. These proposals imply substantial investment of resources and money. One proposal was to provide meaningful (i.e., life changing) compensation to Connecticut residents of color convicted of low-level drug

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[58] Lawrence, K. (2011). "Targeting Strategic Institutions and Movements or Intervention." Race, Crime, and Punishment: Breaking the Connection in America (Washington, D.C.: Aspen Institute, 2011), 197-201.

[59] Mobley, A. (2011). "Resuscitating Justice through the Human Security Framework: Are We Ready to Listen?" Race, Crime, and Punishment: Breaking the Connection in America (Washington, D.C.: Aspen Institute, 2011), 103-117.

[60] Fitch, K., & Motion, J. (2020). Popular Culture and Social Change: The Hidden Work of Public Relations (1st ed.). Routledge. https://doi.org/10.4324/9781315203515; Hatch, J.B. (2020). Racial Reconciliation Revisited. Rhetoric & Public Affairs 23(3), 527-528. https://www.muse.jhu.edu/article/776332

[61] Perry, Jonathan (June 2021) "Trust in public institutions: Trends and implications for economic security." Policy Brief No108, United Nations Department of Economic and Social Affairs.

offenses like cannabis possession and/or distribution. It would seem reasonable not to make these investments solely dependent on the tax revenue from legal cannabis sales, but to grant them from the general budget of the State of Connecticut. When it comes to the use of tax revenue from cannabis sales, it was recommended that it be invested with a strong focus on education in disproportionately affected Black and Brown communities in Connecticut. Further, a well-funded 'door-to-door' canvassing campaign, comparable to the U.S. Census, was recommended in disproportionately affected areas to give residents a choice (1) either to obtain funding and licensing and enter the legal cannabis industry in a position to be able to compete with powerful out-of-state corporations,[62] or (2) to receive comparable funding for business ventures outside of the legal cannabis industry. For all Connecticut residents in disproportionately affected areas, state-funded financial literacy workshops were viewed as essential. Some respondents went further and demanded reparations for people's time in the form of money. The money should help affected individuals to help get their life back together again. One respondent put it like this, "We missed the mark as the US: not remediation but reparations![63]"

V. B: SUMMARY OF INTERVIEWS AND FOCUS GROUPS

Various iterations of the phrase "Those closest to the problems are closest to the solution," is often used in policy reforms discussions. The summary of qualitative interviews and focus groups in this study invite the reader to re-imagine the impact of the War on Drugs and to humanize those who bore the collateral consequences of those policies. To record perspectives from communities affected by disproportionate cannabis ban enforcement, we conducted in-depth interviews with affected individuals and focus groups of community leaders. We found the two sets of respondents overlapping and will therefore summarize their perspectives jointly below.

Community Impact: Respondents unanimously agreed that the community impact of the cannabis prohibition and the larger War on Drugs had negative and devastating consequences for the community that are difficult to quantify. Increase in access to guns, violence over the drug trade, and turf wars about drugs led to a rise in gun violence. Lack of opportunity may have contributed to the attractiveness of drug dealing as an immediate source of income, but it diminished opportunities down the line. One participant stated, "The lack of opportunity in the city [Hartford] with the increased [inflow] of drugs and violence has taken out a couple generations from hope and opportunities." Another participant stated, "It started in 1968 and 1969, and then escalated in 20 years, and it still goes on. The lack of opportunity in the inner city and the guns. There will always be poor people, but drugs and violence have devastated the community." The War on Drugs deprived the community of parents and role models, often based on lower-level offenses such as cannabis possession or distribution. One participant stated that the lost revenue and loss of human capital that existed because of what is now a completely accepted part of the formal economy is immense. It had intergenerational implications and widened the racial wealth gap. Based on this devastating impact, an equity initiative that expunges cannabis records and tries to get people into the legal cannabis business may seem too little too late. One participant stated that, "for some

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[62] Implicit in option (1) is also the possibility of limiting all individuals (whether residents of disproportionately affected areas or large corporations) to just one lottery entry for licensing (one person, one ticket), this would go a long way in reducing the vastly disproportionate influence of well-capitalized disproportionately white corporations in the new legal cannabis industry.

[63] See Appendix E, A Note on Reparations: Unconditional Direct Payments for Disproportionate Cannabis Ban Enforcement

people the damage is already done, getting rid of records does not come soon enough. People are affected later on down the line."

Education: The research team heard stories from interviewees of young people getting arrested for cannabis possession at age 16, and in one case, a respondent related "As a kid I got arrested like seven or eight times before I turned 18." These early experiences with law enforcement stunted their ability to further their education or trade opportunities due to a felony record. Some did continue their education against the odds but found that they did not qualify for either federal college loans or financial aid due to their record. One respondent stated, "Why can a Marijuana conviction from 20 years ago stop me from being eligible for government aid (FAFSA) for college?" Some simply did not know that they might have qualified for financial aid. For example, one interviewee sold cannabis to subsidize their education, because they did not know that financial aid was an option, or how to apply for it. Another aspect that may affect educational outcomes is the stigma due to arrest and/or incarceration which keeps people trapped mentally, and hopeless because their records are stained. It easily generalizes to a "stigma around people who look like me" and thus becomes racialized.

In the focus groups, community leaders echoed those findings. One participant stated, "A lot of kids were sent to jail after being arrested during this entire war on drugs and so that left them with very little education, because you're not gonna get any education in prison." One focus group participant stated that they could not obtain any grants for education even after graduating with a business degree due to a drug charge when they were juvenile, "I had a drug charge on my record, I am a graduate of [name of college redacted for confidentiality]. Because I was a convicted felon, I was not allowed to get certain grants. Thus, I had to pay out of pocket. I'm good in my field, but there were checkboxes that banned me. Were you convicted of a drug offense? That affected my own educational outcomes." Thus, $5 cannabis bags could cause the ruination of people lives over the long term.

At the same time, the formal school system was struggling. As it is financed primarily through local property taxes, the culminating impact of the War on Drugs left cities where DIAs are concentrated with diminishing revenue as whole neighborhoods and corresponding property values were caught in a downward spiral. As a result, there was no equity among school systems in the state. Normalized violence exacerbated by the War on Drugs also became commonplace in schools. One participant remembered how violence was normalized and how many classmates were gunned down due to drug related conflicts. Thus, the War on Drugs interrupted the educational opportunities of everyone. The resulting educational system is not preparing generations to compete and thrive in this new legalized market. Funding for education in impacted communities was viewed as crucial, as one participant put it, "Children should not have to leave their neighborhoods to have a great education." There was a consensus among interviewees and focus group participants that investments in education was paramount in disproportionately affected areas.

Family and Children: Community leaders were very concerned about how the War on Drugs "dismantled family structures," and they added "family structures, that's the foundation of education, because you need that focus and support to maintain through the trials of tribulations to get the end goal, which is the degree." The in-depth interview respondents emphasized that the experience of witnessing the arrest of a close relative invokes so much fear as to leave the children traumatized over the long term. Observing an individual that you admire, - a brother, and aunt or uncle, or your own parents - being handcuffed and dealt with aggressively, often left children scarred for life. The trauma in children caused by police raiding

the house can lead to young people in the affected communities not trusting police officers and law enforcement in general. Involvement with the criminal justice system also creates a financial burden on family members who need to care for remaining children. It causes stress to family members who worry about the incarcerated loved one's wellbeing. One respondent emphasized that family members share the sentence with the incarcerated loved one, and that the void left by an incarcerated parent can open the door for negative behaviors among children and adolescents. Incarceration and the associated family separation can cause a wedge in the parent-child relationship and lead to estrangement and, as several respondents emphasized, broken families. As more families were impacted, the larger social fabric within the DIAs became increasingly frayed as well.

Remaining parents had to work multiple jobs, resulting in a negative impact on both kids and parents. One participant stated, "a lot of people my age have parents struggling with addiction. We were left to deal with our parents struggling with drug addictions but being treated as criminals." Meanwhile, young people, as one participant related, "look up to a lot of those role models in the communities that you see that are either making money or have the nice cars and that look glamorous … the people that they see that are leaders … tend to be the drug dealers."

Housing: During incarceration, affected individuals are unable to make rent or mortgage payments, thereby impacting the stability of housing for the entire family. Afterwards, employment is hard to come by due to the criminal record, so affected individuals are unable to secure housing. One respondent referred to it as a "snowball effect." Further, public housing is generally unavailable to individuals with a record. The family member of one respondent therefore lived homeless and in shelters for most of their adult life until they suffered a massive stroke that left them incapacitated. Many others lived in precarious and dysfunctional housing arrangements, often with people in similar circumstances. One respondent put it like this, "When you see people that are hungry and homeless in communities that have been oppressed and overpoliced for a period of time, a lot of that stems from the War on Drugs."

One focus group participant recommended looking at red-shaded areas in the redlining maps of the federal government (HOLC maps of 1933, Rothstein 2017) to identify the area most historically affected by the War on Drugs today. In these now predominantly non-white neighborhoods, subsidized homeownership programs available to white suburban residents, were not available for many decades, and when they became available as a result of the Community Reinvestment Act of 1977, they were severely impacted by racism and segregation.[64]

In these areas, subsidized housing was not available if someone living in the house had a drug conviction. This led to the separation of many families. Rigid public housing policies banning individuals with drug convictions led to the phenomenon of "invisible men." For families to maintain subsidized housing, men released from custody had to either stay elsewhere or remain hidden. The Housing Authority would not assist in obtaining jobs or provide other services that were available to eligible residents in public housing projects. If families wished to stay together, they would lose subsidized housing and must find other accommodations. The fact that most of the non-public housing in urban communities is owned by out of state property managers with declining oversight and minimal obligations for upkeep led to poorer quality housing on the free market. The resulting housing insecurity threatened affected families with

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[64] Rothstein, R. (2017). *The color of Law. The forgotten history of how our government segregated America*. Liveright Publishing.

homelessness. One respondent stated, "A child not having a place to stay, that is sad." Another respondent pointed out to the double standard by which individuals with drug convictions were treated in urban communities of color compared to their counterparts in predominantly white suburban communities, "We accept far less for people in communities of color than we would accept in majority white suburban communities."

Employment Opportunities: Respondents reported that either they or their immediate family member lost their employment as a result of having a criminal record and were unable to find new employment. One respondent lost their job merely based on cannabis use or possession and another simply "could not get a job" because they were arrested multiple times as a minor for home cannabis cultivation. In one instance, a spouse also lost their job after they were arrested as an accomplice for living in a house where cannabis was cultivated. Post-incarceration employment prospects were especially dim. One respondent remembered their father's difficulty keeping a job after being incarcerated. This created a strong incentive to turning to "growing weed and making money," albeit with the risk of being incarcerated again.

People with a record fear to provide their background on job applications due to the awkwardness of explaining their record to their boss and coworkers. One respondent remarked that it is challenging "for people to see the bigger picture," i.e., that the cannabis record was for a lower-level infraction. In addition, even after cannabis legalization, random drug testing makes it difficult to keep employment because companies are not honoring the new laws.[65]

One focus group participant stated that unemployment due to the War on Drugs reached, "Great Depression levels" and another participant noted, "when it happened to white communities we mobilized and did everything to stop it. However, it has been allowed to go on in communities like Hartford. For many people, selling drugs may have been the only option." The participants concluded that, "The lack of mobilization around joblessness is a show of implicit bias that we would never have allowed in other communities."

Health: Interviewees mentioned multiple health consequences of cannabis criminalization. While imprisoned, healthcare was inadequate and often individuals were not given timely treatment for sometimes serious diseases. For example, two family members with sickle cell anemia were not properly treated while incarcerated. Further, sub-standard nutrition as provided by the Department of Correction led to long term health consequences. Thus, any underlying health issues increased during incarceration, and many were often unable to secure health insurance afterwards due to difficulties with finding employment. This created a snowball or domino effect on wellbeing and trapped those affected in a downward spiral.

One respondent remarked that "the prison system is terrifying," leaving those outside in constant fear of prison and those inside with increased fear, doubt, aggression, and anxiety, extracting a massive mental health toll. This increased stress and paranoia can seep into other parts of life. Living in a high stress environment impacts physical health in a mutually reinforcing vicious cycle. The family member of one respondent experienced stress and hypertension from stress and drug use and their health deteriorated to the degree that they suffered a massive stroke which resulted in paralysis. The family member now needs 24-hour care and "became a ward of the state." Elevated levels of trauma and PTSD can affect the

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[65] https://portal.ct.gov/cannabis/Knowledge-Base/Articles/Consuming-cannabis-outside-of-work?language=en_US

incarcerated person, but also family members, especially those witnessing the arrest and often accompanying police brutality.

One respondent described the consequences of trauma and PTSD as constant anxiety due to stigmatization and criminalization. It made them "always feel like one is doing something wrong." They stated: "You become anti-social … we're like in dark rooms, nervous … The stigma creates some level of paranoia." It becomes difficult to interact with others due to fear, doubt, aggression, and anxiety.

One respondent compared how American society dealt with drug addiction in the 1980s compared to now where more affluent and better-resourced people are affected, "In the past, they demonized, vilified, and blamed victims of drug addiction as opposed to treating them like patients like you know, rehab. But for my brothers, they put them in [jail]." Another respondent put it like this, "People on crack are 'crackheads' but people on opiates are 'patients and victims'," the former disproportionately people of color, the latter disproportionately white.

Economic Wellbeing: The affected individuals and their family members experienced a "trickle-down effect" of cannabis criminalization on their economic wellbeing due to difficulties obtaining livable wage employment. One respondent explained that a criminal record only leaves open jobs that pay the amount people should be paid in high school, leaving parents with little income to support their children. Thus, fair wage employment is out of reach and achieving financial stability is nearly impossible for people who are barred from employment opportunities. It makes it enormously challenging to obtain legal documents such as W2, health insurance, and to open bank accounts. One respondent said, "It's just like … one thing that has its tentacles … all over the place."

Even for non-convicted family members, the financial impact can be tremendous. This is especially true with incarcerated loved ones due to needing to send money for commissary, the cost of phone calls, bail, etc. Once the person becomes a ward of the state, they also have an incentive not to earn too much money so as not to be disqualified for services. In this situation, it seems as if the only way out of economic hardship is selling drugs. One respondent stated, "It's that access to quick cash, man. …when you don't have a lot of economic prospects … selling weed just makes sense."

Focus group participants agreed that it is difficult to get livable jobs when transitioning from incarceration and the result is increased poverty. One participant stated, "When I did time, that was hard. But coming home with a conviction was way tougher. Not being able to get a job, housing, having to check the box. Men are providers and if you can't provide you are seen as of little value." This led many affected families to rely on informal sector economic activities, including the sale of cannabis.

Legalization now has the potential to have adverse consequences for affected families because they may lose this informal source of income. Remedial policies need to be designed with care to prevent adverse effects. One participant stated, "The formal economy supplants an economy that already exists. People buy diapers, food for their families in the unregulated sale of cannabis. That is something that needs to be considered." Conversely, starting an independent legal business, including a legal cannabis business, is difficult due to loan application bias and because the stigma associated with a conviction limits access to capital and licensing.

Connecticut Helping People Who Have Been Affected by the Cannabis Prohibition: We asked respondents whether they had entered the legal cannabis industry, or, if they would be interested in doing

so, whether they knew how to obtain a legal cannabis license, and whether they would need financial assistance to cover the cost of entering the legal cannabis industry. We assessed the respondent's level of interest in attending financial training workshops, or workshops about how to run a legal cannabis business hosted by the State of Connecticut and asked about the best avenues to advertise such workshops.

Responses differed by respondents who did *not* enter the lottery as social equity applicants (SEA), and those that did. Those that did not had a vague understanding of the process (i.e., May have seen an ad on the news) but did not have a concrete understanding of the process, and were not aware of the website for the program. Other respondents were aware of cannabis legalization and understood the opportunity, but they did not understand how to set up or run a business. In contrast, respondents who did enter the lottery as social equity applicants (SEA) reported that they knew how to obtain a license, applied but ended up not receiving a license. They had a better understanding of the cannabis business but could use more information and expressed an interest in attending workshops.

All interviewees responded "yes" to the question, "If the cost to enter the business roughly ranged from $12,500 to $37,500 at the highest, would you need financial assistance?" There was collective need, but those who applied for the lottery knew how to obtain financial assistance, while those who did not, did not know. One respondent stated that, "the disparity in financial literacy in the community is huge." Multiple respondents recommended that workshops be advertised through community organizations and social media (e.g., creating a hashtag for cannabis). Other ideas were printed materials and pamphlets distributed out in the community in smoke shops and the like, stating "Meet people where they are." Job training boards at the department of labor and community economic departments were mentioned as well as posting announcements in the Hartford business journal or other local papers. Another avenue for dissemination of critical information proposed by the community leaders who participated in the focus groups were strategic town hall meetings in impacted areas. One focus group participant went further and said, "The U.S. Census knocks on doors, why can't these folks?"

One respondent raised multiple questions about the possibility of having criminal records expunged. For example, will records be expunged automatically or will people have to get lawyers. The respondent asked, "Would this inadvertently create more disparity?"

Connecticut's equity rules associated with cannabis legalization were universally perceived as a confusing process that is difficult to understand and navigate. One participant stated, "The process seems like a mystery; the result seems like a mystery." Generally, participants saw severe limitations with this legislation. For example, one participant stated, "Knowing how Connecticut does things, I know it is not going to benefit me." Another asked, "Why would anybody who has been selling weed go through this process when they can just continue and not go to jail for it?" Further, many of the people who had an arrest seem to have been left out of the legislation. Participants insisted that there needed to be equitable access to the legal market, and one was cautiously optimistic, "I'm glad that we have the ability to potentially bring back economic resources into our communities," however, "social equity is not part of the process," based on their reading of the legislation. One participant expressed a more cautious view, "How is the equity policy going to make this situation different? … You can't get a student loan, no housing, no job, that is, we can't contribute to our families. I want to believe that the equity portion makes a difference." However, this participant cautioned that there had been prior equity promises and they continued, "But the zip-code still looks the same."

Many focus group participants insisted that Social Equity Applicants (SEAs) required support in obtaining licenses and access to capital. This support requires finances. One participant insisted that the Social Equity Council (SEC), "should be protecting and supporting social equity applicants instead of penalizing them for not having the skills and knowledge to enter the industry." Another addressed the dire need for financial start-up support stating, "They should be helping applicants face reality. If people had a hard time raising $3 million dollars for an application, giving them more time is not essentially going to help them because they will then need $30 million to put the business together." Medical companies, tobacco corporations, and other investors flood the market flush with capital, so Social Equity Applicants need substantial support to be competitive. One participant pointed to the fact that starting a cannabis business is not the only way the community could benefit. Employment opportunities within the industry for residents of areas disproportionally affected by the War on Drugs might be another way. However, one participant asked if this was even possible given the structure of the legislation, "Can people who are hired earn livable wages to take them out of poverty?" They insisted that mechanisms for potential exploitation of Social Equity Applicants be dismantled from the start.

Views on Remediation to Individuals and Communities: The interview closed with open questions about remediation. We asked what else would the respondents like to see the State of Connecticut do to remediate for both their personal and larger community's losses due to experiences with the Criminal Justice System or the War on Drugs.

One recommendation was reparations for lost time due to disproportionate incarceration (see above). A community leader raised an important fairness question in the focus group, "How is the council intending to repair the issues the War on Drugs caused for those who were incarcerated for cannabis offenses and did not make it through the lottery or licensing process?" Another proposed to help people with a record who want to start businesses other than in the legal cannabis industry to obtain grants.

Among the affected individuals, one interview respondent recommended to, "[s]tart with affordable housing and education. Starting with Cannabis is the wrong way round. Start with the basics!" One respondent insisted that the Connecticut State government hold municipalities accountable for affordable, desegregated housing, "Stand up to the municipalities for affordable housing and integrate affordable housing." Education was mentioned by several respondents as crucial, one stating that, "when we educate children, we elevate children." Another, when asked what the most important for of remediation was said "education, education, education."

Some respondents pointed out that residents in DIAs require help in a lot of ways, "give back to children, helping those with financial needs, bring more activities, education, money during Christmas time." Another respondent insisted that youth be educated about cannabis consumption, what it is and how it affects the brain. The respondent cautioned, "It's a leisure drug. Kids 18, 19, 20, should not deal with that."

Another proposal was to raise awareness of the disparate impact that is still hurting their communities. Some suggestions were more specific to the cannabis industry, for example educating the community about opportunities that may come with this new industry and the prioritization of those with convictions in licensing and in employment in the industry.

Some respondents problematized fairness in the licensing and/or lottery process. Would people who have to save up money to apply have any chance to compete with corporations that could afford unlimited

applications? One respondent stated, "People are buying multiple licenses and lottery tickets. Nothing was done about it. This skews odds away from Black and Brown affected people." A critical respondent stated about the Social Equity Council, "None of them had any experience with either Cannabis or business. If you did, you'd know how to set up support. I think this was on purpose. They have the task to fly the plane without manuals and without wings. I feel bad for them."

An idea that emerged for individual level remediation was reviewing Department of Children and Families (DCF) policies that are likely to have contributed to family separation based on cannabis issues. Participants agreed that these policies need to be changed and the families affected deserve compensation. One participant stated, "It can't be just equal opportunities, there has to be a compensation for the disadvantage suffered."

Regarding remediation of losses on the community level some focus group participants emphasized the importance of being strategic and building trust by going out into communities and bringing people actively into the process. A special focus should be "on the young brothers and sisters who are trying to get their lives together." In addition, the SEC should reach out to business owners in the community to foster grassroots development. Grassroots organizations were viewed by participants as more effective to foster development than organizations from outside the communities. In fact, one participant emphasized, "Stop looking towards organizations and individuals outside impacted communities or the state." Another participant recommended removing terms like "minorities" from the legislation and to be very clear and specific in the legislation about where in the community funds should go for what purpose.

Asked about what should be done with any funds from cannabis tax revenue that may become available to the affected communities, one idea was to set up an account for people who have been impacted but are not getting into licensing. Another idea was to allocate funds to support people returning from prison in their transition to civilian life outside the criminal justice system, for example, financing job training programs, help with rent, or reentry programs to prevent recidivism. Yet another idea was to invest in community health. One participant stated, "Hartford has the highest asthma rate in the state" and suggested setting up respiratory clinics. In addition, funds could be used to provide low-cost or free quality health insurance to eligible recipients. And, of course, investing in mental health care to treat trauma was emphasized by multiple participants. Other participants recommended funding for financial literacy workshops in the community.

The topic of reinvestment fund tracking generated many important ideas. Generally, there was a consensus that the money needed to be tracked and the effectiveness of the investments needed to be measured. This would require early planning and benchmarking on existing funding. However, it would be equally if not more important that the planning process be participatory and involve members of the affected communities. Several participants viewed it as essential to get community buy-in before starting to fund projects. This planning process should not exhaust itself in a few focus groups, but should represent a genuine participatory process, as one participant stated, "It is going to be extremely important that community members are active and involved in decisions where the money goes." This could mean "neighbors knocking on doors and participating in the process" and it could involve community boards to obtain community input.

Care should be exercised in selecting community providers, again with an emphasis on grassroots organizations as they tend to feature higher levels of community involvement and thus provide better

results. One recommendation was to task Neighborhood Revitalization Zones (NRZs) with 5–6-year plans for each area.

When asked about things the State of CT should *stop* doing to guarantee equity, one respondent said the state should avoid using the term "minority" to treat people of color of diverse backgrounds as a monolith. Another said that the state needs to know that "there are people willing to do the work right here." One participant proposed that the state automatically expunge the record of anyone whose record consists only of drug convictions rather than waiting for the affected to apply for expungement. One participant expressed their frustration with past equity initiatives stating, "I am just tired of the decades of games."

The topic of disparate treatment and resulting disparate outcomes came up several times. For example, the fact that the War on Drugs was selective in its enforcement was raised several times. It was illustrated with the disparity in responses to opioid crisis vs. the crack epidemic. One participant stated regarding this disparity, "The narrative is totally different, and they [white suburban or rural opioid addicts] are able to build generational wealth while Black communities were mainly destroyed." The participants did not chalk this up to individual level racist attitudes, but one explained, "It is important to acknowledge the fact that it is systemic. It is not one thing, but a plethora of things that have left our communities impacted."

Appendix A: The Localized War on Drugs in Connecticut

While there is a tendency to view the War on Drugs as a federal policy imposed upon the states, it is important to understand Connecticut's embrace of the War on Drugs as part of deeper, localized concerns over the distribution, use, and policing of substances. An early account of narcotics policing in the *Hartford Courant* from 1895, for example, detailed the raid of an opium den operated by Chinese immigrants.[66] While such portrayals emphasized the exotic quality of the drugs and their place in a scheme of regulating imports and Chinese exclusion, throughout the early twentieth-century, alcohol intoxication was the leading criminal charge among people selected for the state's new probation system.[67] [68] Connecticut's relatively lax approach to Prohibition enforcement in the 1920s and 1930s meant that recreational substance consumption enjoyed a degree of protection. Importantly, as hobos and immigrants were targeted for petty crime enforcement that included substance policing, white prisoners enjoyed the assumption that they could be rehabilitated through brief, indeterminate sentences and access to social welfare.[69] Understandings of marijuana consumption and trafficking as crimes was unstable but ascendent by the mid-twentieth century. The *Courant* documented unwitting landowners struggling to manage "weeds" in their yards until local policemen identified their fourteen-foot-tall plants as marijuana.[70] In a climate of local ignorance, marijuana was largely presumed to be a problem in other places—in the exoticized Black bars of Harlem, or among Mexican American communities in Los Angeles.[71] In Connecticut, uneven knowledge about the effects and addictive quality of marijuana further muddled efforts to criminalize and police possession and sales.[72]

In a national context marked by reconversion of a wartime economy and society, political unrest over civil rights, and a reordering of urban life through urban renewal, the War on Poverty, white flight to the suburbs, and civil unrest, drug policing became central to ideas about maintaining public order. In the 1950s, the criminalization of narcotics, often conflated with marijuana and a general rise in crime and delinquency, contributed to this expansion of policing. After passage of the State Narcotics Act in 1951, Connecticut embraced some of the toughest narcotics sentencing laws in the nation, with sentences of up to fifteen to thirty years for narcotics sellers. Ambitious as this plan to protect "innocent young people" was, by 1956, the state's enforcement fell to just two unarmed agents with the state Bureau of Preventable Diseases who helped police to carry out raids, investigate almost 800 people, and arrest nearly 200.[73] Such shortcomings at the state-level contributed to a more active role for local drug policing within communities. By the late 1960s, the state and localities took a more expansive approach to drug policing. In 1967, passage of Public Act 555 aimed to coordinate drug and alcohol treatment within the state. Partitioning usage into categories of illicit experimentation, misuse, abuse, and dependence, experts hoped to incorporate a more medicalized approach to drug treatment. The legislation inspired

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[66] "Raided an Opium Joint," Hartford Courant, 3. Friday, April 26, 1895
[67] Bates. (2017). The Connecticut Prison Association and the Search for Reformatory Justice. Wesleyan University Press, 110.
[68] Bates, 122.
[69] Khalil where have the white criminals gone
[70] "'Hemp' Growing in Man's Yard is Marijuana," *The Journal* (Meriden), Sept. 19, 1940, 2.
[71] "Zoot Rioting Nearly State of 'Anarchy,'" *Hartford Courant,* June 11, 1943, 13.
[72] William Brady, "Personal Health," *Hartford Courant*, March 21, 1950, 6.
[73] "Governor Signs Narcotics Bill," *The Bridgeport Telegram,* June 20, 1951, 15; Irving Kravsow, "Is Connecticut Letting the Narcotics Peddlers Win by Default?" *Hartford Courant,* Jan. 1, 1956, 1, 6. The Act was often referred to as the State Narcotic Drug Act.

robust public debates about the degree to which marijuana was addictive or whether illegal drug use of any kind demanded a punitive response.[74]

Yet with limited numbers of experts in drug treatment in the state, policing drug sellers remained a central approach to the area's perceived drug problem. With categories of narcotics that included LSD, heroin, and marijuana, the Hartford Police touted that they had increased narcotics arrests by 300 percent in just one year as they tried to respond to accusations that the city was the center of the area drug trade. In separating out a medical and criminal approach to drug use and sales, a *de facto* system of decriminalization emerged as suburban drug use among teenagers could be dismissed as a problem to be handled through education at school, punished by parents, and avoided through creation of town recreation programs.[75] By the time President Richard Nixon launched his War on Drugs in 1971, Connecticut lawmakers and residents were already deeply engaged in debates over how to improve the ability of the state to address local drug use and sales.

In tandem with these transformations to the culture of crime control in Connecticut, the state legislature embarked on a program of criminal justice centralization that was unparalleled in the United States. Over the course of the 1960s, the state legislature abolished local jails, created a centralized, state-run court system, and ultimately create a state Department of Correction that included management of a state parole board, bail commission, and all prisons and jails.[76] The state's centralized criminal justice system allowed Connecticut to benefit from the federal funding of the War on Crime during the heyday of the Law Enforcement Assistance Administration, established in 1968 and abolished in 1982, a policy impact that was increased through state and local matching requirements. In Connecticut, LEAA programs incentivized police training and militarization, as it provided direct funding of five regional undercover narcotics policing units, empowered the state to coordinate police training for half of Connecticut municipalities, and created new information systems to facilitate the sharing of information and coordination of operations among town and state agencies including police departments, courts, and the Department of Correction. LEAA was particularly effective at producing planning and coordination apparatuses that brought together stakeholders, such as the Connecticut Drug and Alcohol Council.[77] While LEAA was eliminated and eventually replaced by what is today the Office of Justice Programs, its legacy was that larger criminal justice institutions demanding greater amounts of resources were firmly entrenched aspects of town and state budget responsibilities. This capacity building, which included but was not limited to drug policing and improving the efficiency and legitimacy of criminal justice processes, proved important to instilling localities with the staffing and technology needed to undertake an escalation of the drug war in later decades.

Bringing into view how key points of local decision-making were informed by local people, events, and priorities reveals the points of choice and opportunity that further shaped the War on Drugs. The treatment orientation of Connecticut's approach to incarceration for drug and alcohol charges in the

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[74] David H. Rhinelander, "Little Aid Available for Addicts," Hartford Courant, Nov. 30, 1968, 1, 5. On the conflation of heroin and marijuana, see Eric Schneider, Smack: Heroin and the American City (Philadelphia: University of Pennsylvania Press, 2008), chapter 2.

[75] Thomas D. Williams, "Town Tally Socks Drug Truth into School and Home," *Hartford Courant,* Nov. 29, 1968, 1. On the suburban War on Drugs, see Matthew D. Lassiter, "Impossible Criminals: The Suburban Imperatives of America's War on Drugs," *Journal of American History* 102, no. 1 (June 2015): 126–40.

[76] CPA book, 231-233.

[77] Connecticut Justice Commission, *Annual Report* (Hartford: 1977), 5-8, 17. On the War on Crime, see Elizabeth Hinton, *From the War on Poverty to the War on Crime: The Making of Mass Incarceration in America* (Cambridge: Harvard University Press, 2016).

1970s hardened political assumptions that incarceration could effectively facilitate drug recovery. Participants in the Treatment and Rehabilitation for Addicted Prisoners (TRAP) program, a federally-innovated program implemented in Connecticut prisons from between 1979 and 1981 that pioneered multi-modal drug treatment program in prisons, received a minimum of six months of counseling, drug testing, and medical, educational, and vocational programs in prison and a minimum of six months of support while on parole. The notion that certain prisoners needed incarceration that included treatment, rather than just incarceration or just treatment, was highlighted in the program's demographics: sixty percent of participants were Black, compared to fifty-two percent of Black prisoners in the general population.[78] Even when population pressures later outpaced the state's ability to offer comprehensive drug treatment to all prisoners who needed or sought it, the idea that prison was a positive place for people to become clean endured as a rationale for the expansion of drug criminalization and imprisonment in Connecticut.

Moving away from a narrative of state-level passivity in the War on Drugs makes clear that awareness of the stakes and consequences of intensified policing and incarceration drove policy. This was particularly important to the reinforcement of the divide between Connecticut cities and towns. By 1980, while most Connecticut towns carried out fewer than a dozen "narcotics" arrests of white people each year, cities were arresting hundreds on such charges; in Hartford, targeting of communities of color meant fifty percent of arrestees were Black. While arrests for narcotics crimes, which included the sale and possession of drugs, lagged behind assaults, larceny, and disorderly conduct, drug control policing was an important part of "order maintenance" policing popularized in the 1980s.[79]

By 1982, when President Ronald Reagan waged his War on Drugs, the population of Connecticut's jails and prisons already reflected a deeply racialized system of criminalization and policing. Connecticut policymakers attributed a rise in drug arrests from 7,750 in 1982 to 11,154 to a turn toward more "vigorous" police enforcement of drug laws. Sentencing length for drug crimes increased 47 percent between 1984 and 1987, contributing to overcrowding in state prisons.[80] Narcotics sentencing fundamentally altered the carceral geography of Connecticut's cities. For example, in 1987, Connecticut passed some of the harshest penalties in the nation with two- to three-year minimum sentences for simple possession of drugs within 1,500 feet "drug-free zones" surrounding schools, public housing, and daycares. By 2001, almost all of the city of New Haven constituted a drug-free zone.[81]

Urban activism during this era centered how systems of racialized criminalization, policing, and punishment were impacting communities of color. Small, grassroots activist groups collaborated with social services non-profits to advance a politics of neighborhood safety that made space for removal of problem citizens without wholesale disregard for civil rights by police. One such group in Hartford, Organized Northeasterners/Clay Hill and North End, circulated fliers in 1991 asking "Why does it take two months to get drug treatment? Why is it easier for a drug addict in the North End to get help if he

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[78] Edward C. Farley and Marvin Bert, *Demographic and Background Characteristics of Inmates Screened for the Maryland and Connecticut TRAP Programs, Working Paper* (Bethesda, MD: Institute for· Human Resources Research, 1980), 2, 5.

[79] Department of Public Safety, *Crime in Connecticut* (Meridan: State of Connecticut, 1980).

[80] Office of Policy Management, *Connecticut's Criminal Justice System: A Five Year Look at Trends and Issues, 1982-1987* (Hartford, 1988).

[81] Justice Policy Institute, *Disparity by Design: How drug-free zone laws impact racial disparity – and fail to protect youth* (March, 2006), https://justicepolicy.org/wp-content/uploads/justicepolicy/documents/06-03_rep_disparitybydesign_dp-jj-rd.pdf, 1; The Sentencing Project, "Drug Free Zone Laws," 2015, https://www.sentencingproject.org/wp-content/uploads/2015/12/Drug-Free-Zone-Laws.pdf, 3.

committees another crime? Why are the police harassing, intimidating and... brutalizing people in our community?" Such questions, raised to city leaders and police executives, were reflective of appeals for non-carceral solutions as measures like police community services officers, drug raids, and rampant arrests failed to address the core problems neighborhoods faced.[82] Yet the lack of affordable, available beds for drug treatment and decreased federal allocations to states for treatment consistently meant that communities were unable to address drug problems in the way that they wished.[83]

With police the only solution on offer, local and state politicians and policymakers pursued laws and policies that facilitated the removal of drug users and sellers from the streets of Connecticut's cities. Yet in smaller towns and urban areas, allocations that favored cities made it difficult to address drug use and selling through any means. It is plausible that the incarceration data on Connecticut's drug war may have represented a failure to fully address the state's drug challenges through banishment as disparities in allocations may have made it difficult for smaller municipalities to police and incarcerate their residents at the magnitude they would have liked. Looking to state anti-drug allocations in 1989, the Bloomfield police chief lamented, "That's not enough for a war."[84]

A state Legislative report on prison overcrowding from 2000 revealed the limits of imagination that had taken hold as it suggested that the main options for addressing prison overcrowding were either continuing prison expansion or creating a vast, multi-agency punishment and surveillance apparatus of "community corrections." While both approaches conflated the necessity of punishment for drug crime with ideas of public safety, proposals to pursue community corrections at the very least suggested a need to reevaluate the efficacy of sentencing policies that prioritized incarceration, particularly as large numbers of people faced drug sentences that averaged four years.[85] As drug crimes were the most rapidly accelerating source of prisoners during the 1990s, twenty percent of people in CTDOC by 1999 were there on drug charges, with drug use and possession driving incarceration for still more people through vehicle-related charges and parole violations.[86]

Importantly, the embrace of mandatory minimum sentencing in the late 1980s meant that drug crimes were being addressed with the same punitive sentencing applied to more serious crimes, including the use of violence or weapons, particularly against children or the elderly.[87] Over the course of the 1990s, the state of Connecticut abolished mechanisms that allowed prisoners to gain early release, leading the state's prison population to grow from 7,063 in 1987 to 17,466 in 2000.[88]

Widespread concerns about the War on Drugs as a drain on state budgets following "The Great Recession" of 2007 to 2009, and enhanced attention to racial inequality amid the election of President Barack Obama and the recession's impact on homeowners of color worked to move criminal justice reform commitments into the bipartisan mainstream. In Connecticut, defining questions around drug policy during this period

[82] Theresa Sullivan Barger, "Drug Use, police are concerns," *Hartford Courant,* Feb. 16, 1991, 17; Danielle Wiggins, "'Order as Well as Decency': The Development of Order Maintenance Policing in Black Atlanta," Journal of Urban History 46, no. 4 (2020): 711–27.

[83] M. Dion Thompson, "Drug Programs Find Demands Tax Resources," *Hartford Courant*, Oct. 10, 1985, D1; "War on Drugs Brings Skirmish Over Funding," *Hartford Courant,* Oct. 8, 1989, 1; VIvian Kotler-Haas, "Drug Treatment facilities have ample space," *Hartford Courant*, April 30, 1991, 20.

[84] "Smaller towns want more money," *Hartford Courant*, Oct. 8, 1989, A14.

[85] https://www.cga.ct.gov/pri/archives/fipo/20001201FINAL_Full.pdf, Digest, Key Points.

[86] https://www.cga.ct.gov/pri/archives/fipo/20001201FINAL_Full.pdf, 31

[87] https://www.cga.ct.gov/pri/archives/fipo/20001201FINAL_Full.pdf, 9

[88] https://www.cga.ct.gov/pri/archives/fipo/20001201FINAL_Full.pdf, 7

included, "Are prisons able to treat or cure addictions? Would a different setting be more effective and less expensive?"[89] Emphasis on concepts like costs, treatment, and categorical distinctions such as violent and non-violent offenders were significant modes of normalizing decriminalization as a policy possibility in both cities and the state, given that one 2009 estimated that Hartford's cost share in the War on Drugs—including police spending, court costs, corrections, probation, parole, halfway houses, and lost tax revenue-- was $148,931,133.[90] At an individual level, the state of Connecticut was spending, by 2010, $44,600 a year to incarcerate a single person without drug treatment.[91] Policy conversations that sought to undo significant myths about criminalization, such as the notion that low-level drug crime contributes to more serious crime, fostered the notion that harm reduction might be a policy option.[92]

Such acknowledgements of harm stand out in regard to the movement to legalize prescriptions for medical marijuana in the states, a movement that scholars have noted has been portrayed as race-neutral or deracialized while disproportionately benefiting white patients, healthcare providers, and marijuana purveyors.[93] However, the medicalization movement's success in achieving passage of medical marijuana legalization in Connecticut through HB 5389 in 2012 further contributed to a gradual reorientation of the state's marijuana policy from criminalization to regulated sales, usage, and possession and a gradual cultural acceptance of drug use toward notions of individual treatment rather than community harm.[94] Medicalization has been crucial step toward decriminalization because it offered new paradigms for framing drug use and sales.

The federal War on Drugs was not imposed on Connecticut, but rather, was implemented in a preexisting context of racialized punishment and urban governance. Drug criminalization was facilitated both through legal developments and through negative portrayals of cities in media throughout the state. In state and local political culture, these depictions established distinct imaginaries for urban and suburban drug users and sellers that served to harden beliefs that Connecticut's cities were inhabited by an unworthy, undeserving poor. Such ideals fostered residential and educational segregation, diminished social policies and resources, and immense investment in policing and incarcerating institutions. As Connecticut is now three generations into the manufactured drug crisis branded "the War on Drugs," it is crucial to remember that few people working today can remember a time when Connecticut wasn't defined by drug criminalization as a political priority.

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[89] Drug Policy Legislative Case Study 4-20-2010.pdf, p2

[90] Final Costs Article- painter pease.pdf, 6-7

[91] Drug Policy Legislative Case Study 4-20-2010.pdf, 3.

[92] Dr. Susan Pease, Why Drugs Matter: The Impact of Drug Policy on Connecticut's Economy. Central Connecticut State University. March 18, 2010. In Drug Policy Legislative Case Study 4-20-2010.pdf, 6

[93] Bender, Steven W., The Colors of Cannabis: Race and Marijuana. UC Davis Law Review, Vol. 50, 2016 , Seattle University School of Law Research Paper No. 17-01, Available at SSRN: https://ssrn.com/abstract=2901528, 693-694.

[94] Marijuana Policy Project, https://www.mpp.org/states/connecticut/summary-connecticuts-medical-marijuana-law/, accessed Sept. 13, 2022; Mark Eddy, "Medical Marijuana: Review and Analysis of Federal and State Policies," Congressional Resource Service, July 7, 2007,

Appendix B: Disproportionately Impacted Area Summary Data Tables

Table B.1: Census Tracts with Historical Convictions greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %
New Haven	1402	386	356	92.2
Hartford	5012	2,815	1,340	47.6
New Britain	4159	1,422	791	55.6
Hartford	5018	2,729	1,069	39.2
Waterbury	3501.01	3,505	1,171	33.4
Waterbury	3504	2,413	1,172	48.6
New Britain	4171	1,762	920	52.2
Waterbury	3505	2,332	964	41.3
Hartford	5015	2,861	1,217	42.5
Hartford	5002	1,982	698	35.2
Bridgeport	738	1,897	810	42.7
Waterbury	3502	3,331	1,322	39.7
Hartford	5038	3,045	350	11.5
Hartford	5003	2,105	642	30.5
Hartford	5004	1,873	947	50.6
Hartford	5030	2,706	1,213	44.8
Hartford	5013	1,816	664	36.6
Bridgeport	703	1,245	308	24.7
Hartford	5009	2,031	561	27.6
Hartford	5017	1,514	506	33.4
Waterbury	3503	1,760	862	49.0
Bridgeport	709	2,908	832	28.6
Hartford	5014	2,319	919	39.6
New Britain	4162	2,863	1,115	38.9
Hartford	5028	2,854	1,023	35.8
Middletown	5416	1,585	507	32.0
Bridgeport	716	2,506	645	25.7
Meriden	1701	1,359	415	30.5
Bridgeport	705	1,877	571	30.4
Bridgeport	743	4,890	1,390	28.4
New Haven	1423	5,137	1,381	26.9
Meriden	1702	1,689	695	41.1
New Haven	1403	2,568	751	29.2
New Haven	1406	5,469	1,416	25.9
Bridgeport	706	2,599	807	31.1
New London	6905	2,621	841	32.1
New Haven	1421	1,459	280	19.2
Windham	8006	3,859	1,056	27.4
Hartford	5041	1,581	287	18.2
New Haven	1424	5,887	1,548	26.3
Hartford	5001	3,755	883	23.5
New Haven	1415	7,954	2,199	27.6
New Haven	1405	3,865	1,247	32.3

Table B.1: Census Tracts with Historical Convictions greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %
Hartford	5035	1,612	554	34.4
New Britain	4161	5,129	1,579	30.8
Hartford	5037	2,475	571	23.1
Bridgeport	736	2,175	634	29.1
New Haven	1407	3,656	1,013	27.7
Hartford	5042	5,485	563	10.3
Norwalk	441	2,983	912	30.6
Meriden	1710	1,841	379	20.6
Waterbury	3508	6,376	1,339	21.0
Bridgeport	739	4,068	1,017	25.0
New London	6904	2,099	482	23.0
New Haven	1408	4,210	873	20.7
Hartford	5031.01	1,988	455	22.9
Bridgeport	740	2,225	629	28.3
Bridgeport	714	3,786	630	16.6
New Britain	4158	2,906	365	12.6
Bridgeport	735	3,654	753	20.6
New Haven	1416	4,949	1,067	21.6
Hartford	5244	3,332	989	29.7
Meriden	1709	2,524	447	17.7
Bridgeport	744	4,672	1,326	28.4
Bridgeport	737	4,616	923	20.0
Bridgeport	712	5,684	869	15.3
Meriden	1714	1,775	382	21.5
Hartford	5031.02	2,334	367	15.7
Waterbury	3512	3,591	915	25.5
Bridgeport	713	3,091	787	25.5
Hartford	5033	2,765	778	28.1
Bridgeport	710	3,640	768	21.1
Hartford	5029	3,081	746	24.2
Waterbury	3523	2,805	480	17.1
New Britain	4166	3,288	745	22.7
New Britain	4153	2,495	473	19.0
New Haven	1409	5,018	834	16.6
Hartford	5027	4,826	568	11.8
Hartford	5024	5,981	622	10.4
Hartford	5045	3,280	638	19.5
Enfield	4806	4,591	560	12.2
New Britain	4160	4,791	587	12.3
Middletown	5411	2,301	502	21.8
Waterbury	3517	3,285	618	18.8
Hartford	5246	3,348	733	21.9
New London	8703	6,316	727	11.5

Table B.1: Census Tracts with Historical Convictions greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %
Stamford	222.01	3,188	735	23.1
New London	6903	6,593	855	13.0
New Britain	4155	3,191	449	14.1
New Haven	1404	3,626	737	20.3
New Haven	1427	7,075	819	11.6
Meriden	1703	2,094	418	20.0
Hartford	5049	5,028	764	15.2
New Haven	1412	4,884	795	16.3
Middletown	5417	3,487	558	16.0
Bridgeport	728	5,895	848	14.4
Waterbury	3522	2,842	336	11.8
Hartford	5025	1,847	310	16.8
Hartford	5043	2,168	305	14.1
Torrington	3103	1,680	269	16.0
Ansonia	1253	4,761	817	17.2
Torrington	3102	2,540	294	11.6
Groton	7025	4,436	475	10.7
Bridgeport	702	3,953	550	13.9
Bridgeport	711	4,489	703	15.7
Hamden	1655	4,465	792	17.7
Bridgeport	704	1,586	335	21.1
Stamford	215.01	4,308	767	17.8
New Britain	4167	6,624	852	12.9
Manchester	5148	3,311	412	12.4
Bridgeport	733	3,601	592	16.4
East Hartford	5106	4,871	632	13.0
Norwich	6968	3,586	650	18.1
New Haven	1425	5,646	975	17.3
New Britain	4163	4,325	525	12.1
Stamford	223	5,506	782	14.2
Meriden	1707	2,142	289	13.5
Bristol	4061	4,297	685	15.9
New Britain	4156	4,638	654	14.1
Vernon	5302	7,149	797	11.1
Waterbury	3514	4,621	620	13.4
Norwalk	445	4,420	863	19.5
Norwich	6964.01	5,189	597	11.5
Norwalk	444	3,649	612	16.8
Stamford	215.02	2,500	496	19.8
East Hartford	5104	6,417	739	11.5
New Haven	1426.05	3,983	423	10.6
New London	6907	1,134	235	20.7
East Hartford	5102	2,533	315	12.4

Table B.1: Census Tracts with Historical Convictions greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %
Hartford	5040	3,118	562	18.0
West Haven	1541.01	2,680	289	10.8
New Haven	1414	5,920	690	11.7
Derby	1202	5,815	616	10.6
Bridgeport	2572	4,688	582	12.4
New Haven	1418	4,539	569	12.5
Bristol	4057	2,130	286	13.4
Hartford	5026	3,653	369	10.1
Hartford	5039	4,574	895	19.6
Waterbury	3511	4,172	577	13.8
Danbury	2101.01	2,347	268	11.4
Meriden	1715	3,410	617	18.1
Manchester	5147	5,005	668	13.3
Hartford	5245.01	3,621	421	11.6
East Hartford	5112	3,096	349	11.3
New Britain	4157	3,063	320	10.4
Bristol	4060.01	3,988	434	10.9
Bridgeport	734	3,845	475	12.4
Bloomfield	4711	4,055	445	11.0
Norwalk	440	5,906	621	10.5
Torrington	3108.01	2,381	247	10.4
Stratford	804	6,013	760	12.6
Windsor	4738	1,864	294	15.8
Waterbury	3519	2,967	345	11.6
Bridgeport	729	4,769	551	11.6
Bloomfield	4712	3,183	364	11.4
New Haven	1426.01	5,938	678	11.4
New Britain	4154	5,980	619	10.4
East Hartford	5103	3,894	469	12.0
New Britain	4165	4,554	481	10.6

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
New Haven	1402	386	356	92.2	29.5
New Britain	4159	1,422	791	55.6	42.5
New Britain	4171	1,762	920	52.2	32.2
Hartford	5004	1,873	947	50.6	24.7
Waterbury	3503	1,760	862	49.0	24.3
Waterbury	3504	2,413	1,172	48.6	38.0
Hartford	5012	2,815	1,340	47.6	53.8
Hartford	5030	2,706	1,213	44.8	31.3
Bridgeport	738	1,897	810	42.7	38.0
Hartford	5015	2,861	1,217	42.5	40.3
Waterbury	3505	2,332	964	41.3	42.2
Meriden	1702	1,689	695	41.1	22.6
Waterbury	3502	3,331	1,322	39.7	40.3
Hartford	5014	2,319	919	39.6	34.2
Hartford	5018	2,729	1,069	39.2	54.5
New Britain	4162	2,863	1,115	38.9	34.6
Hartford	5013	1,816	664	36.6	41.0
Hartford	5028	2,854	1,023	35.8	37.8
Hartford	5002	1,982	698	35.2	47.9
Hartford	5035	1,612	554	34.4	22.7
Hartford	5017	1,514	506	33.4	42.9
Waterbury	3501.01	3,505	1,171	33.4	60.9
New Haven	1405	3,865	1,247	32.3	25.7
New London	6905	2,621	841	32.1	29.0
Middletown	5416	1,585	507	32.0	41.6
Bridgeport	706	2,599	807	31.1	31.1
New Britain	4161	5,129	1,579	30.8	26.9
Norwalk	441	2,983	912	30.6	24.1
Meriden	1701	1,359	415	30.5	41.7
Hartford	5003	2,105	642	30.5	49.2
Bridgeport	705	1,877	571	30.4	41.4
Hartford	5244	3,332	989	29.7	19.7
New Haven	1403	2,568	751	29.2	35.7
Bridgeport	736	2,175	634	29.1	27.4
Bridgeport	709	2,908	832	28.6	47.5
Bridgeport	743	4,890	1,390	28.4	39.5
Bridgeport	744	4,672	1,326	28.4	20.2
Bridgeport	740	2,225	629	28.3	23.1
Hartford	5033	2,765	778	28.1	17.9
New Haven	1407	3,656	1,013	27.7	28.3
New Haven	1415	7,954	2,199	27.6	31.3
Hartford	5009	2,031	561	27.6	50.3
Windham	8006	3,859	1,056	27.4	33.8
New Haven	1423	5,137	1,381	26.9	39.7
New Haven	1424	5,887	1,548	26.3	34.2

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
New Haven	1406	5,469	1,416	25.9	38.6
Bridgeport	716	2,506	645	25.7	47.9
Waterbury	3512	3,591	915	25.5	21.2
Bridgeport	713	3,091	787	25.5	21.1
Bridgeport	739	4,068	1,017	25.0	28.2
Bridgeport	703	1,245	308	24.7	54.2
Hartford	5029	3,081	746	24.2	21.9
Hartford	5001	3,755	883	23.5	36.4
Hartford	5037	2,475	571	23.1	35.3
Stamford	222.01	3,188	735	23.1	17.9
New London	6904	2,099	482	23.0	30.6
Hartford	5031.01	1,988	455	22.9	29.6
New Britain	4166	3,288	745	22.7	23.3
Hartford	5246	3,348	733	21.9	20.3
Middletown	5411	2,301	502	21.8	21.1
New Haven	1416	4,949	1,067	21.6	29.8
Meriden	1714	1,775	382	21.5	27.4
Bridgeport	704	1,586	335	21.1	15.1
Bridgeport	710	3,640	768	21.1	25.8
Waterbury	3508	6,376	1,339	21.0	33.2
New Haven	1408	4,210	873	20.7	32.4
New London	6907	1,134	235	20.7	8.0
Bridgeport	735	3,654	753	20.6	31.0
Meriden	1710	1,841	379	20.6	35.9
New Haven	1404	3,626	737	20.3	20.4
Bridgeport	737	4,616	923	20.0	30.1
Meriden	1703	2,094	418	20.0	20.0
Stamford	215.02	2,500	496	19.8	10.7
Hartford	5039	4,574	895	19.6	7.8
Norwalk	445	4,420	863	19.5	12.0
Hartford	5045	3,280	638	19.5	24.7
New Haven	1421	1,459	280	19.2	44.2
New Britain	4153	2,495	473	19.0	27.3
Waterbury	3517	3,285	618	18.8	24.5
Hartford	5041	1,581	287	18.2	44.7
Norwich	6968	3,586	650	18.1	17.7
Meriden	1715	3,410	617	18.1	8.8
Hartford	5040	3,118	562	18.0	11.0
Stamford	215.01	4,308	767	17.8	19.0
Hamden	1655	4,465	792	17.7	19.2
Meriden	1709	2,524	447	17.7	33.1
New Haven	1425	5,646	975	17.3	18.4
Ansonia	1253	4,761	817	17.2	20.5
Waterbury	3523	2,805	480	17.1	30.2
Hartford	5025	1,847	310	16.8	21.9

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Norwalk	444	3,649	612	16.8	14.6
Bridgeport	714	3,786	630	16.6	35.9
New Haven	1409	5,018	834	16.6	29.9
Bridgeport	733	3,601	592	16.4	19.9
New Haven	1412	4,884	795	16.3	24.3
Torrington	3103	1,680	269	16.0	22.3
Middletown	5417	3,487	558	16.0	24.4
Bristol	4061	4,297	685	15.9	17.9
Windsor	4738	1,864	294	15.8	6.8
Hartford	5031.02	2,334	367	15.7	33.8
Bridgeport	711	4,489	703	15.7	21.8
Bridgeport	712	5,684	869	15.3	34.9
Hartford	5049	5,028	764	15.2	25.6
Bridgeport	728	5,895	848	14.4	26.2
Stamford	223	5,506	782	14.2	21.0
New Britain	4156	4,638	654	14.1	19.5
New Britain	4155	3,191	449	14.1	28.1
Hartford	5043	2,168	305	14.1	25.0
Bridgeport	702	3,953	550	13.9	24.1
Waterbury	3511	4,172	577	13.8	14.1
Meriden	1707	2,142	289	13.5	21.1
Bristol	4057	2,130	286	13.4	15.6
Waterbury	3514	4,621	620	13.4	20.0
Manchester	5147	5,005	668	13.3	14.3
East Hartford	5106	4,871	632	13.0	23.9
New London	6903	6,593	855	13.0	29.5
New Britain	4167	6,624	852	12.9	24.6
Stratford	804	6,013	760	12.6	10.7
New Britain	4158	2,906	365	12.6	40.6
New Haven	1418	4,539	569	12.5	16.8
Manchester	5148	3,311	412	12.4	25.0
East Hartford	5102	2,533	315	12.4	17.7
Bridgeport	2572	4,688	582	12.4	17.0
Bridgeport	734	3,845	475	12.4	12.4
New Britain	4160	4,791	587	12.3	32.6
Enfield	4806	4,591	560	12.2	33.0
New Britain	4163	4,325	525	12.1	24.4
East Hartford	5103	3,894	469	12.0	7.5
Waterbury	3522	2,842	336	11.8	28.6
Hartford	5027	4,826	568	11.8	34.9
New Haven	1414	5,920	690	11.7	18.3
Waterbury	3519	2,967	345	11.6	11.3
Hartford	5245.01	3,621	421	11.6	15.3
New Haven	1427	7,075	819	11.6	30.1
Torrington	3102	2,540	294	11.6	27.0

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Bridgeport	729	4,769	551	11.6	10.9
East Hartford	5104	6,417	739	11.5	20.2
New London	8703	6,316	727	11.5	31.8
Norwich	6964.01	5,189	597	11.5	21.0
Hartford	5038	3,045	350	11.5	72.0
Bloomfield	4712	3,183	364	11.4	9.9
Danbury	2101.01	2,347	268	11.4	16.9
New Haven	1426.01	5,938	678	11.4	9.8
East Hartford	5112	3,096	349	11.3	15.1
Vernon	5302	7,149	797	11.1	22.9
Bloomfield	4711	4,055	445	11.0	13.8
Bristol	4060.01	3,988	434	10.9	14.3
West Haven	1541.01	2,680	289	10.8	19.4
Groton	7025	4,436	475	10.7	27.9
New Haven	1426.05	3,983	423	10.6	21.2
Derby	1202	5,815	616	10.6	19.6
New Britain	4165	4,554	481	10.6	8.2
Norwalk	440	5,906	621	10.5	14.2
New Britain	4157	3,063	320	10.4	15.9
Hartford	5024	5,981	622	10.4	36.0
Torrington	3108.01	2,381	247	10.4	13.5
New Britain	4154	5,980	619	10.4	10.8
Hartford	5042	5,485	563	10.3	48.8
Hartford	5026	3,653	369	10.1	19.4
Waterbury	3510	4,339	422	9.7	18.9
Meriden	1708	7,005	674	9.6	11.4
New London	6908	3,569	342	9.6	21.0
Windham	8004	3,567	335	9.4	14.9
Hartford	5247	3,762	353	9.4	13.4
New Haven	1413.01	7,035	660	9.4	23.2
Ansonia	1254	3,649	340	9.3	15.6
Norwalk	437	3,033	282	9.3	15.2
Bridgeport	732	4,161	380	9.1	28.4
West Haven	1542	6,400	575	9.0	15.9
Manchester	5144	4,603	410	8.9	17.6
East Hartford	5113	3,695	323	8.7	19.8
Winchester	3201.01	1,377	120	8.7	26.0
Bridgeport	731	4,599	399	8.7	20.6
West Haven	1545	4,357	377	8.7	16.9
Bristol	4056	7,629	653	8.6	13.1
New Haven	3615	7,650	644	8.4	15.6
West Haven	1550	5,021	417	8.3	14.9
Bridgeport	720	3,589	292	8.1	24.5
Norwalk	434	4,690	379	8.1	10.2
West Haven	1546	4,881	394	8.1	10.1

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Bridgeport	727	3,920	315	8.0	10.9
Waterbury	3513	5,542	445	8.0	15.4
Waterbury	3515	4,773	382	8.0	18.8
Waterbury	3521	4,651	371	8.0	23.8
Bristol	4058.01	2,954	235	8.0	16.5
Hartford	5021	2,429	191	7.9	15.0
Stamford	221.01	3,557	269	7.6	30.6
Windsor	4734	1,763	133	7.5	14.5
Danbury	2107.01	6,211	459	7.4	26.8
Bridgeport	719	5,307	392	7.4	23.2
Killingly	9045	5,512	400	7.3	20.5
Stratford	802	4,306	310	7.2	19.3
Hartford	5005	1,401	100	7.1	24.6
New Haven	1426.04	3,364	240	7.1	19.9
Groton	7028	3,939	274	7.0	16.2
Waterbury	3524	4,069	283	7.0	30.1
Meriden	1716	5,609	389	6.9	23.6
Windham	8005.01	3,706	257	6.9	22.0
East Hartford	5105	3,183	220	6.9	16.2
New Haven	1422	1,555	107	6.9	18.6
Meriden	1704	1,899	127	6.7	16.7
New Britain	4172	1,501	99	6.6	15.9
West Hartford	4961	3,004	196	6.5	18.2
West Haven	1541.02	5,829	378	6.5	10.6
Norwich	6967.01	5,811	372	6.4	13.8
Waterbury	3516.01	3,110	198	6.4	18.6
Manchester	5142	3,218	202	6.3	15.0
East Hartford	5101	1,895	118	6.2	11.4
East Hartford	5108	3,435	212	6.2	11.8
Hartford	5023	5,734	353	6.2	13.8
Danbury	2102.02	3,887	239	6.1	17.5
Manchester	5146	5,195	316	6.1	23.1
Stamford	214.02	3,306	198	6.0	14.1
Wallingford	1752	2,792	167	6.0	16.9
Plainville	4206.01	2,368	141	6.0	13.4
Hartford	5048	4,796	280	5.8	13.4
Norwalk	442	4,206	244	5.8	10.2
Windham	8007	3,541	204	5.8	19.2
Waterbury	3528	6,478	372	5.7	24.9
Windham	8003	7,272	405	5.6	42.6
Hamden	1656	5,452	294	5.4	13.1
Bridgeport	723	5,007	262	5.2	17.9
Vernon	5303.01	4,967	257	5.2	12.5
Southington	4306.03	2,466	125	5.1	13.8
Griswold	7092	5,467	277	5.1	11.8

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Danbury	2106	6,548	328	5.0	13.0
Torrington	3108.03	5,526	271	4.9	25.7
Danbury	2101.02	3,306	162	4.9	28.3
Middletown	5421	4,065	199	4.9	11.9
Bridgeport	721	6,130	298	4.9	18.4
West Haven	1549	4,199	201	4.8	14.1
Bristol	4052	4,305	200	4.6	10.3
Stamford	220	3,418	158	4.6	14.9
Waterbury	3526	5,381	247	4.6	19.6
Waterbury	3525	3,496	159	4.5	16.5
New London	6909	5,253	238	4.5	13.1
Waterford	6934	4,189	188	4.5	12.8
Branford	1841.01	5,223	227	4.3	10.5
Branford	1842	4,157	178	4.3	10.8
West Hartford	4967	3,651	152	4.2	14.0
Sprague	7111	2,955	120	4.1	13.1
East Haven	1804	2,496	101	4.0	10.8
Torrington	3108.04	2,930	118	4.0	10.3
New Milford	2531	3,291	129	3.9	10.4
Wethersfield	4923	5,820	224	3.8	12.5
Plainfield	9072	5,076	193	3.8	10.4
South Windsor	4873	1,500	57	3.8	13.9
Stamford	201.01	2,588	96	3.7	12.2
Middletown	5412	5,339	198	3.7	10.3
Stamford	217.01	3,902	143	3.7	12.2
Manchester	5151.02	6,024	220	3.7	14.8
Bridgeport	722	3,888	140	3.6	17.0
Putnam	9031.01	3,418	122	3.6	11.0
Norwalk	439	6,422	224	3.5	17.3
Stamford	217.02	4,074	142	3.5	19.3
Waterbury	3516.02	7,458	258	3.5	14.4
Waterbury	3527.01	3,504	121	3.5	14.1
Stamford	216.01	3,326	114	3.4	13.1
Plainfield	9071	4,445	152	3.4	10.6
Enfield	4807	2,204	75	3.4	14.2
Bridgeport	725	5,819	191	3.3	17.7
Winchester	3201.02	4,571	149	3.3	13.7
Danbury	2103	5,288	168	3.2	15.3
Middletown	5415	3,150	95	3.0	19.5
Stonington	7051.02	4,041	121	3.0	15.1
Plymouth	4253	3,981	119	3.0	10.3
Killingly	9044	4,774	141	3.0	18.6
Hamden	1660.03	2,381	70	2.9	12.0
Newington	4941	6,041	177	2.9	12.2
Newington	4944	4,511	132	2.9	11.0

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Sterling	9081	3,599	105	2.9	17.1
East Hartford	5109	3,780	110	2.9	10.8
Torrington	3105	1,956	54	2.8	12.6
Norwalk	426	4,601	127	2.8	11.3
Hamden	1658.01	5,397	145	2.7	10.6
Vernon	5305	3,188	84	2.6	11.6
Norwalk	435	2,559	67	2.6	11.7
North Haven	1673.01	7,590	198	2.6	12.2
Vernon	5304	3,990	104	2.6	10.1
Norwalk	428	5,029	130	2.6	10.8
East Windsor	4842	6,138	158	2.6	13.3
Hartford	5245.02	1,946	50	2.6	18.7
New Haven	3614.01	3,878	98	2.5	38.3
New Haven	1419	5,486	138	2.5	14.1
Danbury	2112.01	3,828	94	2.5	13.7
Norwalk	430	3,197	78	2.4	14.7
Bridgeport	726	7,676	185	2.4	10.1
New Britain	4174	2,897	68	2.3	12.6
Stamford	218.01	4,751	109	2.3	12.8
Old Lyme	6601.04	1,595	36	2.3	11.4
New Haven	1401.02	2,763	57	2.1	33.9
Willington	8401	5,586	113	2.0	13.7
Danbury	2105.01	3,328	67	2.0	15.9
Fairfield	612	2,532	50	2.0	10.3
Stamford	209	5,197	100	1.9	10.6
Norfolk	4256.01	1,685	31	1.8	11.5
Middletown	5413.01	2,124	39	1.8	13.2
Torrington	3106.02	4,461	80	1.8	14.0
Simsbury	4662.01	2,792	50	1.8	18.2
Southbury	3481.11	2,611	46	1.8	10.5
Manchester	5141.01	3,306	58	1.8	10.3
Ellington	5351.02	3,959	67	1.7	19.7
New Haven	1420	3,295	54	1.6	25.5
Fairfield	613	3,177	50	1.6	10.1
North Canaan	2602	3,209	50	1.6	17.8
Mansfield	8815	5,668	85	1.5	15.1
Mansfield	8813	5,537	83	1.5	37.2
Danbury	2114	4,975	71	1.4	13.8
Stamford	216.02	4,740	67	1.4	11.9
Washington	2671	3,619	50	1.4	10.4
Southington	4306.04	3,416	46	1.3	12.0
West Hartford	4971	4,104	54	1.3	12.4
New Milford	2535	6,276	81	1.3	15.1
Wallingford	1757	2,040	26	1.3	11.2
Fairfield	615	4,536	56	1.2	10.8

Table B.2: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Farmington	4602.04	5,804	69	1.2	11.3
Greenwich	106	1,942	23	1.2	15.2
Hamden	1660.04	4,995	59	1.2	17.0
Fairfield	616	5,375	62	1.2	13.5
Easton	1052	3,585	41	1.1	12.2
Tolland	5331.03	4,243	46	1.1	11.3
Mansfield	8811	5,277	56	1.1	27.1
New Haven	3614.02	2,861	30	1.0	21.1
Sharon	2621	2,679	28	1.0	12.1
Canaan	4256.02	1,223	7	0.6	14.3
New Haven	1401.01	923	5	0.5	13.7
Mansfield	8812	9,949	2	0.0	65.7

Table B.3: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
New Haven	1402	386	356	92.2	29.5
New Britain	4159	1,422	791	55.6	42.5
New Britain	4171	1,762	920	52.2	32.2
Hartford	5004	1,873	947	50.6	24.7
Waterbury	3503	1,760	862	49.0	24.3
Waterbury	3504	2,413	1,172	48.6	38.0
Hartford	5012	2,815	1,340	47.6	53.8
Hartford	5030	2,706	1,213	44.8	31.3
Bridgeport	738	1,897	810	42.7	38.0
Hartford	5015	2,861	1,217	42.5	40.3
Waterbury	3505	2,332	964	41.3	42.2
Meriden	1702	1,689	695	41.1	22.6
Waterbury	3502	3,331	1,322	39.7	40.3
Hartford	5014	2,319	919	39.6	34.2
Hartford	5018	2,729	1,069	39.2	54.5
New Britain	4162	2,863	1,115	38.9	34.6
Hartford	5013	1,816	664	36.6	41.0
Hartford	5028	2,854	1,023	35.8	37.8
Hartford	5002	1,982	698	35.2	47.9
Hartford	5035	1,612	554	34.4	22.7
Hartford	5017	1,514	506	33.4	42.9
Waterbury	3501.01	3,505	1,171	33.4	60.9
New Haven	1405	3,865	1,247	32.3	25.7
New London	6905	2,621	841	32.1	29.0
Middletown	5416	1,585	507	32.0	41.6
Bridgeport	706	2,599	807	31.1	31.1
New Britain	4161	5,129	1,579	30.8	26.9
Norwalk	441	2,983	912	30.6	24.1
Meriden	1701	1,359	415	30.5	41.7
Hartford	5003	2,105	642	30.5	49.2
Bridgeport	705	1,877	571	30.4	41.4
Hartford	5244	3,332	989	29.7	19.7
New Haven	1403	2,568	751	29.2	35.7
Bridgeport	736	2,175	634	29.1	27.4
Bridgeport	709	2,908	832	28.6	47.5
Bridgeport	743	4,890	1,390	28.4	39.5
Bridgeport	744	4,672	1,326	28.4	20.2
Bridgeport	740	2,225	629	28.3	23.1
Hartford	5033	2,765	778	28.1	17.9
New Haven	1407	3,656	1,013	27.7	28.3
New Haven	1415	7,954	2,199	27.6	31.3
Hartford	5009	2,031	561	27.6	50.3
Windham	8006	3,859	1,056	27.4	33.8
New Haven	1423	5,137	1,381	26.9	39.7
New Haven	1424	5,887	1,548	26.3	34.2

Table B.3: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
New Haven	1406	5,469	1,416	25.9	38.6
Bridgeport	716	2,506	645	25.7	47.9
Waterbury	3512	3,591	915	25.5	21.2
Bridgeport	713	3,091	787	25.5	21.1
Bridgeport	739	4,068	1,017	25.0	28.2
Bridgeport	703	1,245	308	24.7	54.2
Hartford	5029	3,081	746	24.2	21.9
Hartford	5001	3,755	883	23.5	36.4
Hartford	5037	2,475	571	23.1	35.3
Stamford	222.01	3,188	735	23.1	17.9
New London	6904	2,099	482	23.0	30.6
Hartford	5031.01	1,988	455	22.9	29.6
New Britain	4166	3,288	745	22.7	23.3
Hartford	5246	3,348	733	21.9	20.3
Middletown	5411	2,301	502	21.8	21.1
New Haven	1416	4,949	1,067	21.6	29.8
Meriden	1714	1,775	382	21.5	27.4
Bridgeport	704	1,586	335	21.1	15.1
Bridgeport	710	3,640	768	21.1	25.8
Waterbury	3508	6,376	1,339	21.0	33.2
New Haven	1408	4,210	873	20.7	32.4
New London	6907	1,134	235	20.7	8.0
Bridgeport	735	3,654	753	20.6	31.0
Meriden	1710	1,841	379	20.6	35.9
New Haven	1404	3,626	737	20.3	20.4
Bridgeport	737	4,616	923	20.0	30.1
Meriden	1703	2,094	418	20.0	20.0
Stamford	215.02	2,500	496	19.8	10.7
Hartford	5039	4,574	895	19.6	7.8
Norwalk	445	4,420	863	19.5	12.0
Hartford	5045	3,280	638	19.5	24.7
New Haven	1421	1,459	280	19.2	44.2
New Britain	4153	2,495	473	19.0	27.3
Waterbury	3517	3,285	618	18.8	24.5
Hartford	5041	1,581	287	18.2	44.7
Norwich	6968	3,586	650	18.1	17.7
Meriden	1715	3,410	617	18.1	8.8
Hartford	5040	3,118	562	18.0	11.0
Stamford	215.01	4,308	767	17.8	19.0
Hamden	1655	4,465	792	17.7	19.2
Meriden	1709	2,524	447	17.7	33.1
New Haven	1425	5,646	975	17.3	18.4
Ansonia	1253	4,761	817	17.2	20.5
Waterbury	3523	2,805	480	17.1	30.2
Hartford	5025	1,847	310	16.8	21.9

Table B.3: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Norwalk	444	3,649	612	16.8	14.6
Bridgeport	714	3,786	630	16.6	35.9
New Haven	1409	5,018	834	16.6	29.9
Bridgeport	733	3,601	592	16.4	19.9
New Haven	1412	4,884	795	16.3	24.3
Torrington	3103	1,680	269	16.0	22.3
Middletown	5417	3,487	558	16.0	24.4
Bristol	4061	4,297	685	15.9	17.9
Windsor	4738	1,864	294	15.8	6.8
Hartford	5031.02	2,334	367	15.7	33.8
Bridgeport	711	4,489	703	15.7	21.8
Bridgeport	712	5,684	869	15.3	34.9
Hartford	5049	5,028	764	15.2	25.6
Bridgeport	728	5,895	848	14.4	26.2
Stamford	223	5,506	782	14.2	21.0
New Britain	4156	4,638	654	14.1	19.5
New Britain	4155	3,191	449	14.1	28.1
Hartford	5043	2,168	305	14.1	25.0
Bridgeport	702	3,953	550	13.9	24.1
Waterbury	3511	4,172	577	13.8	14.1
Meriden	1707	2,142	289	13.5	21.1
Bristol	4057	2,130	286	13.4	15.6
Waterbury	3514	4,621	620	13.4	20.0
Manchester	5147	5,005	668	13.3	14.3
East Hartford	5106	4,871	632	13.0	23.9
New London	6903	6,593	855	13.0	29.5
New Britain	4167	6,624	852	12.9	24.6
Stratford	804	6,013	760	12.6	10.7
New Britain	4158	2,906	365	12.6	40.6
New Haven	1418	4,539	569	12.5	16.8
Manchester	5148	3,311	412	12.4	25.0
East Hartford	5102	2,533	315	12.4	17.7
Bridgeport	2572	4,688	582	12.4	17.0
Bridgeport	734	3,845	475	12.4	12.4
New Britain	4160	4,791	587	12.3	32.6
Enfield	4806	4,591	560	12.2	33.0
New Britain	4163	4,325	525	12.1	24.4
East Hartford	5103	3,894	469	12.0	7.5
Waterbury	3522	2,842	336	11.8	28.6
Hartford	5027	4,826	568	11.8	34.9
New Haven	1414	5,920	690	11.7	18.3
Waterbury	3519	2,967	345	11.6	11.3
Hartford	5245.01	3,621	421	11.6	15.3
New Haven	1427	7,075	819	11.6	30.1
Torrington	3102	2,540	294	11.6	27.0

Table B.3: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Bridgeport	729	4,769	551	11.6	10.9
East Hartford	5104	6,417	739	11.5	20.2
New London	8703	6,316	727	11.5	31.8
Norwich	6964.01	5,189	597	11.5	21.0
Hartford	5038	3,045	350	11.5	72.0
Bloomfield	4712	3,183	364	11.4	9.9
Danbury	2101.01	2,347	268	11.4	16.9
New Haven	1426.01	5,938	678	11.4	9.8
East Hartford	5112	3,096	349	11.3	15.1
Vernon	5302	7,149	797	11.1	22.9
Bloomfield	4711	4,055	445	11.0	13.8
Bristol	4060.01	3,988	434	10.9	14.3
West Haven	1541.01	2,680	289	10.8	19.4
Groton	7025	4,436	475	10.7	27.9
New Haven	1426.05	3,983	423	10.6	21.2
Derby	1202	5,815	616	10.6	19.6
New Britain	4165	4,554	481	10.6	8.2
Norwalk	440	5,906	621	10.5	14.2
New Britain	4157	3,063	320	10.4	15.9
Hartford	5024	5,981	622	10.4	36.0
Torrington	3108.01	2,381	247	10.4	13.5
New Britain	4154	5,980	619	10.4	10.8
Hartford	5042	5,485	563	10.3	48.8
Hartford	5026	3,653	369	10.1	19.4
Waterbury	3510	4,339	422	9.7	18.9
New London	6908	3,569	342	9.6	21.0
New Haven	1413.01	7,035	660	9.4	23.2
Ansonia	1254	3,649	340	9.3	15.6
Norwalk	437	3,033	282	9.3	15.2
Bridgeport	732	4,161	380	9.1	28.4
West Haven	1542	6,400	575	9.0	15.9
Manchester	5144	4,603	410	8.9	17.6
East Hartford	5113	3,695	323	8.7	19.8
Winchester	3201.01	1,377	120	8.7	26.0
Bridgeport	731	4,599	399	8.7	20.6
West Haven	1545	4,357	377	8.7	16.9
New Haven	3615	7,650	644	8.4	15.6
Bridgeport	720	3,589	292	8.1	24.5
Waterbury	3513	5,542	445	8.0	15.4
Waterbury	3515	4,773	382	8.0	18.8
Waterbury	3521	4,651	371	8.0	23.8
Bristol	4058.01	2,954	235	8.0	16.5
Hartford	5021	2,429	191	7.9	15.0
Stamford	221.01	3,557	269	7.6	30.6
Danbury	2107.01	6,211	459	7.4	26.8

Table B.3: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Bridgeport	719	5,307	392	7.4	23.2
Killingly	9045	5,512	400	7.3	20.5
Stratford	802	4,306	310	7.2	19.3
Hartford	5005	1,401	100	7.1	24.6
New Haven	1426.04	3,364	240	7.1	19.9
Groton	7028	3,939	274	7.0	16.2
Waterbury	3524	4,069	283	7.0	30.1
Meriden	1716	5,609	389	6.9	23.6
Windham	8005.01	3,706	257	6.9	22.0
East Hartford	5105	3,183	220	6.9	16.2
New Haven	1422	1,555	107	6.9	18.6
Meriden	1704	1,899	127	6.7	16.7
New Britain	4172	1,501	99	6.6	15.9
West Hartford	4961	3,004	196	6.5	18.2
Waterbury	3516.01	3,110	198	6.4	18.6
Danbury	2102.02	3,887	239	6.1	17.5
Manchester	5146	5,195	316	6.1	23.1
Wallingford	1752	2,792	167	6.0	16.9
Windham	8007	3,541	204	5.8	19.2
Waterbury	3528	6,478	372	5.7	24.9
Windham	8003	7,272	405	5.6	42.6
Bridgeport	723	5,007	262	5.2	17.9
Torrington	3108.03	5,526	271	4.9	25.7
Danbury	2101.02	3,306	162	4.9	28.3
Bridgeport	721	6,130	298	4.9	18.4
Waterbury	3526	5,381	247	4.6	19.6
Waterbury	3525	3,496	159	4.5	16.5
Bridgeport	722	3,888	140	3.6	17.0
Norwalk	439	6,422	224	3.5	17.3
Stamford	217.02	4,074	142	3.5	19.3
Bridgeport	725	5,819	191	3.3	17.7
Danbury	2103	5,288	168	3.2	15.3
Middletown	5415	3,150	95	3.0	19.5
Stonington	7051.02	4,041	121	3.0	15.1
Killingly	9044	4,774	141	3.0	18.6
Sterling	9081	3,599	105	2.9	17.1
Hartford	5245.02	1,946	50	2.6	18.7
New Haven	3614.01	3,878	98	2.5	38.3
New Haven	1401.02	2,763	57	2.1	33.9
Danbury	2105.01	3,328	67	2.0	15.9
Simsbury	4662.01	2,792	50	1.8	18.2
Ellington	5351.02	3,959	67	1.7	19.7
New Haven	1420	3,295	54	1.6	25.5
North Canaan	2602	3,209	50	1.6	17.8
Mansfield	8815	5,668	85	1.5	15.1

Table B.3: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Mansfield	8813	5,537	83	1.5	37.2
New Milford	2535	6,276	81	1.3	15.1
Greenwich	106	1,942	23	1.2	15.2
Hamden	1660.04	4,995	59	1.2	17.0
Mansfield	8811	5,277	56	1.1	27.1
New Haven	3614.02	2,861	30	1.0	21.1
Mansfield	8812	9,949	2	0.0	65.7

Table B.4: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
New Haven	1402	386	356	92.2	29.5
New Britain	4159	1,422	791	55.6	42.5
New Britain	4171	1,762	920	52.2	32.2
Hartford	5004	1,873	947	50.6	24.7
Waterbury	3503	1,760	862	49.0	24.3
Waterbury	3504	2,413	1,172	48.6	38.0
Hartford	5012	2,815	1,340	47.6	53.8
Hartford	5030	2,706	1,213	44.8	31.3
Bridgeport	738	1,897	810	42.7	38.0
Hartford	5015	2,861	1,217	42.5	40.3
Waterbury	3505	2,332	964	41.3	42.2
Meriden	1702	1,689	695	41.1	22.6
Waterbury	3502	3,331	1,322	39.7	40.3
Hartford	5014	2,319	919	39.6	34.2
Hartford	5018	2,729	1,069	39.2	54.5
New Britain	4162	2,863	1,115	38.9	34.6
Hartford	5013	1,816	664	36.6	41.0
Hartford	5028	2,854	1,023	35.8	37.8
Hartford	5002	1,982	698	35.2	47.9
Hartford	5035	1,612	554	34.4	22.7
Hartford	5017	1,514	506	33.4	42.9
Waterbury	3501.01	3,505	1,171	33.4	60.9
New Haven	1405	3,865	1,247	32.3	25.7
New London	6905	2,621	841	32.1	29.0
Middletown	5416	1,585	507	32.0	41.6
Bridgeport	706	2,599	807	31.1	31.1
New Britain	4161	5,129	1,579	30.8	26.9
Norwalk	441	2,983	912	30.6	24.1
Meriden	1701	1,359	415	30.5	41.7
Hartford	5003	2,105	642	30.5	49.2
Bridgeport	705	1,877	571	30.4	41.4
Hartford	5244	3,332	989	29.7	19.7
New Haven	1403	2,568	751	29.2	35.7
Bridgeport	736	2,175	634	29.1	27.4
Bridgeport	709	2,908	832	28.6	47.5
Bridgeport	743	4,890	1,390	28.4	39.5
Bridgeport	744	4,672	1,326	28.4	20.2
Bridgeport	740	2,225	629	28.3	23.1
Hartford	5033	2,765	778	28.1	17.9
New Haven	1407	3,656	1,013	27.7	28.3
New Haven	1415	7,954	2,199	27.6	31.3
Hartford	5009	2,031	561	27.6	50.3
Windham	8006	3,859	1,056	27.4	33.8
New Haven	1423	5,137	1,381	26.9	39.7
New Haven	1424	5,887	1,548	26.3	34.2

Table B.4: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
New Haven	1406	5,469	1,416	25.9	38.6
Bridgeport	716	2,506	645	25.7	47.9
Waterbury	3512	3,591	915	25.5	21.2
Bridgeport	713	3,091	787	25.5	21.1
Bridgeport	739	4,068	1,017	25.0	28.2
Bridgeport	703	1,245	308	24.7	54.2
Hartford	5029	3,081	746	24.2	21.9
Hartford	5001	3,755	883	23.5	36.4
Hartford	5037	2,475	571	23.1	35.3
Stamford	222.01	3,188	735	23.1	17.9
New London	6904	2,099	482	23.0	30.6
Hartford	5031.01	1,988	455	22.9	29.6
New Britain	4166	3,288	745	22.7	23.3
Hartford	5246	3,348	733	21.9	20.3
Middletown	5411	2,301	502	21.8	21.1
New Haven	1416	4,949	1,067	21.6	29.8
Meriden	1714	1,775	382	21.5	27.4
Bridgeport	704	1,586	335	21.1	15.1
Bridgeport	710	3,640	768	21.1	25.8
Waterbury	3508	6,376	1,339	21.0	33.2
New Haven	1408	4,210	873	20.7	32.4
New London	6907	1,134	235	20.7	8.0
Bridgeport	735	3,654	753	20.6	31.0
Meriden	1710	1,841	379	20.6	35.9
New Haven	1404	3,626	737	20.3	20.4
Bridgeport	737	4,616	923	20.0	30.1
Meriden	1703	2,094	418	20.0	20.0
Stamford	215.02	2,500	496	19.8	10.7
Hartford	5039	4,574	895	19.6	7.8
Norwalk	445	4,420	863	19.5	12.0
Hartford	5045	3,280	638	19.5	24.7
New Haven	1421	1,459	280	19.2	44.2
New Britain	4153	2,495	473	19.0	27.3
Waterbury	3517	3,285	618	18.8	24.5
Hartford	5041	1,581	287	18.2	44.7
Norwich	6968	3,586	650	18.1	17.7
Meriden	1715	3,410	617	18.1	8.8
Hartford	5040	3,118	562	18.0	11.0
Stamford	215.01	4,308	767	17.8	19.0
Hamden	1655	4,465	792	17.7	19.2
Meriden	1709	2,524	447	17.7	33.1
New Haven	1425	5,646	975	17.3	18.4
Ansonia	1253	4,761	817	17.2	20.5
Waterbury	3523	2,805	480	17.1	30.2
Hartford	5025	1,847	310	16.8	21.9

Table B.4: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Norwalk	444	3,649	612	16.8	14.6
Bridgeport	714	3,786	630	16.6	35.9
New Haven	1409	5,018	834	16.6	29.9
Bridgeport	733	3,601	592	16.4	19.9
New Haven	1412	4,884	795	16.3	24.3
Torrington	3103	1,680	269	16.0	22.3
Middletown	5417	3,487	558	16.0	24.4
Bristol	4061	4,297	685	15.9	17.9
Windsor	4738	1,864	294	15.8	6.8
Hartford	5031.02	2,334	367	15.7	33.8
Bridgeport	711	4,489	703	15.7	21.8
Bridgeport	712	5,684	869	15.3	34.9
Hartford	5049	5,028	764	15.2	25.6
Bridgeport	728	5,895	848	14.4	26.2
Stamford	223	5,506	782	14.2	21.0
New Britain	4156	4,638	654	14.1	19.5
New Britain	4155	3,191	449	14.1	28.1
Hartford	5043	2,168	305	14.1	25.0
Bridgeport	702	3,953	550	13.9	24.1
Waterbury	3511	4,172	577	13.8	14.1
Meriden	1707	2,142	289	13.5	21.1
Bristol	4057	2,130	286	13.4	15.6
Waterbury	3514	4,621	620	13.4	20.0
Manchester	5147	5,005	668	13.3	14.3
East Hartford	5106	4,871	632	13.0	23.9
New London	6903	6,593	855	13.0	29.5
New Britain	4167	6,624	852	12.9	24.6
Stratford	804	6,013	760	12.6	10.7
New Britain	4158	2,906	365	12.6	40.6
New Haven	1418	4,539	569	12.5	16.8
Manchester	5148	3,311	412	12.4	25.0
East Hartford	5102	2,533	315	12.4	17.7
Bridgeport	2572	4,688	582	12.4	17.0
Bridgeport	734	3,845	475	12.4	12.4
New Britain	4160	4,791	587	12.3	32.6
Enfield	4806	4,591	560	12.2	33.0
New Britain	4163	4,325	525	12.1	24.4
East Hartford	5103	3,894	469	12.0	7.5
Waterbury	3522	2,842	336	11.8	28.6
Hartford	5027	4,826	568	11.8	34.9
New Haven	1414	5,920	690	11.7	18.3
Waterbury	3519	2,967	345	11.6	11.3
Hartford	5245.01	3,621	421	11.6	15.3
New Haven	1427	7,075	819	11.6	30.1
Torrington	3102	2,540	294	11.6	27.0

Table B.4: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
Bridgeport	729	4,769	551	11.6	10.9
East Hartford	5104	6,417	739	11.5	20.2
New London	8703	6,316	727	11.5	31.8
Norwich	6964.01	5,189	597	11.5	21.0
Hartford	5038	3,045	350	11.5	72.0
Bloomfield	4712	3,183	364	11.4	9.9
Danbury	2101.01	2,347	268	11.4	16.9
New Haven	1426.01	5,938	678	11.4	9.8
East Hartford	5112	3,096	349	11.3	15.1
Vernon	5302	7,149	797	11.1	22.9
Bloomfield	4711	4,055	445	11.0	13.8
Bristol	4060.01	3,988	434	10.9	14.3
West Haven	1541.01	2,680	289	10.8	19.4
Groton	7025	4,436	475	10.7	27.9
New Haven	1426.05	3,983	423	10.6	21.2
Derby	1202	5,815	616	10.6	19.6
New Britain	4165	4,554	481	10.6	8.2
Norwalk	440	5,906	621	10.5	14.2
New Britain	4157	3,063	320	10.4	15.9
Hartford	5024	5,981	622	10.4	36.0
Torrington	3108.01	2,381	247	10.4	13.5
New Britain	4154	5,980	619	10.4	10.8
Hartford	5042	5,485	563	10.3	48.8
Hartford	5026	3,653	369	10.1	19.4
New London	6908	3,569	342	9.6	21.0
New Haven	1413.01	7,035	660	9.4	23.2
Bridgeport	732	4,161	380	9.1	28.4
Winchester	3201.01	1,377	120	8.7	26.0
Bridgeport	731	4,599	399	8.7	20.6
Bridgeport	720	3,589	292	8.1	24.5
Waterbury	3521	4,651	371	8.0	23.8
Stamford	221.01	3,557	269	7.6	30.6
Danbury	2107.01	6,211	459	7.4	26.8
Bridgeport	719	5,307	392	7.4	23.2
Killingly	9045	5,512	400	7.3	20.5
Hartford	5005	1,401	100	7.1	24.6
Waterbury	3524	4,069	283	7.0	30.1
Meriden	1716	5,609	389	6.9	23.6
Windham	8005.01	3,706	257	6.9	22.0
Manchester	5146	5,195	316	6.1	23.1
Waterbury	3528	6,478	372	5.7	24.9
Windham	8003	7,272	405	5.6	42.6
Torrington	3108.03	5,526	271	4.9	25.7
Danbury	2101.02	3,306	162	4.9	28.3
New Haven	3614.01	3,878	98	2.5	38.3

Table B.4: Census Tracts with Historical Convictions greater than 10% or Poverty Rate (unadjusted) greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %
New Haven	1401.02	2,763	57	2.1	33.9
New Haven	1420	3,295	54	1.6	25.5
Mansfield	8813	5,537	83	1.5	37.2
Mansfield	8811	5,277	56	1.1	27.1
New Haven	3614.02	2,861	30	1.0	21.1
Mansfield	8812	9,949	2	0.0	65.7

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
New Haven	1402	386	356	92.2	29.5
New Britain	4159	1,422	791	55.6	44.3
New Britain	4171	1,762	920	52.2	30.8
Hartford	5004	1,873	947	50.6	25.1
Waterbury	3503	1,760	862	49.0	23.3
Waterbury	3504	2,413	1,172	48.6	36.2
Hartford	5012	2,815	1,340	47.6	55.5
Hartford	5030	2,706	1,213	44.8	31.3
Bridgeport	738	1,897	810	42.7	36.5
Hartford	5015	2,861	1,217	42.5	39.5
Waterbury	3505	2,332	964	41.3	41.5
Meriden	1702	1,689	695	41.1	22.5
Waterbury	3502	3,331	1,322	39.7	40.1
Hartford	5014	2,319	919	39.6	37.3
Hartford	5018	2,729	1,069	39.2	57.2
New Britain	4162	2,863	1,115	38.9	34.8
Hartford	5013	1,816	664	36.6	41.9
Hartford	5028	2,854	1,023	35.8	39.5
Hartford	5002	1,982	698	35.2	48.2
Hartford	5035	1,612	554	34.4	23.6
Hartford	5017	1,514	506	33.4	42.8
Waterbury	3501.01	3,505	1,171	33.4	59.0
New Haven	1405	3,865	1,247	32.3	26.4
New London	6905	2,621	841	32.1	29.2
Middletown	5416	1,585	507	32.0	41.4
Bridgeport	706	2,599	807	31.1	31.9
New Britain	4161	5,129	1,579	30.8	26.3
Norwalk	441	2,983	912	30.6	22.2
Meriden	1701	1,359	415	30.5	44.5
Hartford	5003	2,105	642	30.5	47.5
Bridgeport	705	1,877	571	30.4	43.0
Hartford	5244	3,332	989	29.7	20.5
New Haven	1403	2,568	751	29.2	35.7
Bridgeport	736	2,175	634	29.1	28.9
Bridgeport	709	2,908	832	28.6	48.2
Bridgeport	743	4,890	1,390	28.4	40.2
Bridgeport	744	4,672	1,326	28.4	18.6
Bridgeport	740	2,225	629	28.3	23.6
Hartford	5033	2,765	778	28.1	14.2
New Haven	1407	3,656	1,013	27.7	27.9
New Haven	1415	7,954	2,199	27.6	30.6
Hartford	5009	2,031	561	27.6	51.3
Windham	8006	3,859	1,056	27.4	33.8

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
New Haven	1423	5,137	1,381	26.9	40.8
New Haven	1424	5,887	1,548	26.3	36.0
New Haven	1406	5,469	1,416	25.9	39.9
Bridgeport	716	2,506	645	25.7	52.0
Waterbury	3512	3,591	915	25.5	21.9
Bridgeport	713	3,091	787	25.5	20.0
Bridgeport	739	4,068	1,017	25.0	32.5
Bridgeport	703	1,245	308	24.7	55.2
Hartford	5029	3,081	746	24.2	22.7
Hartford	5001	3,755	883	23.5	36.7
Hartford	5037	2,475	571	23.1	37.1
Stamford	222.01	3,188	735	23.1	16.7
New London	6904	2,099	482	23.0	29.6
Hartford	5031.01	1,988	455	22.9	30.3
New Britain	4166	3,288	745	22.7	23.8
Hartford	5246	3,348	733	21.9	20.2
Middletown	5411	2,301	502	21.8	22.5
New Haven	1416	4,949	1,067	21.6	29.0
Meriden	1714	1,775	382	21.5	27.8
Bridgeport	704	1,586	335	21.1	11.9
Bridgeport	710	3,640	768	21.1	21.8
Waterbury	3508	6,376	1,339	21.0	33.9
New Haven	1408	4,210	873	20.7	31.3
New London	6907	1,134	235	20.7	8.3
Bridgeport	735	3,654	753	20.6	26.2
Meriden	1710	1,841	379	20.6	37.2
New Haven	1404	3,626	737	20.3	20.2
Bridgeport	737	4,616	923	20.0	29.3
Meriden	1703	2,094	418	20.0	19.7
Stamford	215.02	2,500	496	19.8	9.4
Hartford	5039	4,574	895	19.6	6.1
Norwalk	445	4,420	863	19.5	13.1
Hartford	5045	3,280	638	19.5	24.7
New Haven	1421	1,459	280	19.2	44.3
New Britain	4153	2,495	473	19.0	28.5
Waterbury	3517	3,285	618	18.8	26.6
Hartford	5041	1,581	287	18.2	46.5
Norwich	6968	3,586	650	18.1	19.3
Meriden	1715	3,410	617	18.1	8.9
Hartford	5040	3,118	562	18.0	11.1
Stamford	215.01	4,308	767	17.8	19.3
Hamden	1655	4,465	792	17.7	18.6
Meriden	1709	2,524	447	17.7	31.4

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
New Haven	1425	5,646	975	17.3	18.6
Ansonia	1253	4,761	817	17.2	20.6
Waterbury	3523	2,805	480	17.1	30.7
Hartford	5025	1,847	310	16.8	22.3
Norwalk	444	3,649	612	16.8	14.5
Bridgeport	714	3,786	630	16.6	37.3
New Haven	1409	5,018	834	16.6	27.3
Bridgeport	733	3,601	592	16.4	19.7
New Haven	1412	4,884	795	16.3	24.2
Torrington	3103	1,680	269	16.0	21.7
Middletown	5417	3,487	558	16.0	25.6
Bristol	4061	4,297	685	15.9	20.4
Windsor	4738	1,864	294	15.8	7.2
Hartford	5031.02	2,334	367	15.7	28.1
Bridgeport	711	4,489	703	15.7	22.1
Bridgeport	712	5,684	869	15.3	37.3
Hartford	5049	5,028	764	15.2	27.6
Bridgeport	728	5,895	848	14.4	23.2
Stamford	223	5,506	782	14.2	20.8
New Britain	4156	4,638	654	14.1	19.7
New Britain	4155	3,191	449	14.1	24.8
Hartford	5043	2,168	305	14.1	27.6
Bridgeport	702	3,953	550	13.9	21.9
Waterbury	3511	4,172	577	13.8	15.1
Meriden	1707	2,142	289	13.5	20.3
Bristol	4057	2,130	286	13.4	15.8
Waterbury	3514	4,621	620	13.4	19.5
Manchester	5147	5,005	668	13.3	15.8
East Hartford	5106	4,871	632	13.0	25.4
New London	6903	6,593	855	13.0	29.2
New Britain	4167	6,624	852	12.9	24.5
Stratford	804	6,013	760	12.6	11.2
New Britain	4158	2,906	365	12.6	36.2
New Haven	1418	4,539	569	12.5	16.4
Manchester	5148	3,311	412	12.4	24.0
East Hartford	5102	2,533	315	12.4	16.8
Bridgeport	2572	4,688	582	12.4	16.3
Bridgeport	734	3,845	475	12.4	14.6
New Britain	4160	4,791	587	12.3	31.1
Enfield	4806	4,591	560	12.2	34.1
New Britain	4163	4,325	525	12.1	23.7
East Hartford	5103	3,894	469	12.0	7.9
Waterbury	3522	2,842	336	11.8	29.2

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Hartford	5027	4,826	568	11.8	34.5
New Haven	1414	5,920	690	11.7	17.7
Waterbury	3519	2,967	345	11.6	11.4
Hartford	5245.01	3,621	421	11.6	15.9
New Haven	1427	7,075	819	11.6	30.0
Torrington	3102	2,540	294	11.6	25.9
Bridgeport	729	4,769	551	11.6	10.8
East Hartford	5104	6,417	739	11.5	20.6
New London	8703	6,316	727	11.5	31.6
Norwich	6964.01	5,189	597	11.5	21.1
Hartford	5038	3,045	350	11.5	72.0
Bloomfield	4712	3,183	364	11.4	10.4
Danbury	2101.01	2,347	268	11.4	17.6
New Haven	1426.01	5,938	678	11.4	9.8
East Hartford	5112	3,096	349	11.3	14.9
Vernon	5302	7,149	797	11.1	22.0
Bloomfield	4711	4,055	445	11.0	12.0
Bristol	4060.01	3,988	434	10.9	15.4
West Haven	1541.01	2,680	289	10.8	16.8
Groton	7025	4,436	475	10.7	27.7
New Haven	1426.05	3,983	423	10.6	22.5
Derby	1202	5,815	616	10.6	21.0
New Britain	4165	4,554	481	10.6	8.1
Norwalk	440	5,906	621	10.5	13.9
New Britain	4157	3,063	320	10.4	16.4
Hartford	5024	5,981	622	10.4	35.7
Torrington	3108.01	2,381	247	10.4	12.8
New Britain	4154	5,980	619	10.4	9.9
Hartford	5042	5,485	563	10.3	48.3
Hartford	5026	3,653	369	10.1	19.0
Waterbury	3510	4,339	422	9.7	19.0
Meriden	1708	7,005	674	9.6	11.6
New London	6908	3,569	342	9.6	19.7
Windham	8004	3,567	335	9.4	15.0
Hartford	5247	3,762	353	9.4	15.1
New Haven	1413.01	7,035	660	9.4	18.8
Ansonia	1254	3,649	340	9.3	15.3
Norwalk	437	3,033	282	9.3	14.9
Bridgeport	732	4,161	380	9.1	28.8
West Haven	1542	6,400	575	9.0	15.5
Manchester	5144	4,603	410	8.9	16.4
East Hartford	5113	3,695	323	8.7	20.8
Winchester	3201.01	1,377	120	8.7	24.3

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Bridgeport	731	4,599	399	8.7	20.5
Norwich	6970	4,943	428	8.7	10.4
West Haven	1545	4,357	377	8.7	15.9
Bristol	4056	7,629	653	8.6	13.6
New Haven	3615	7,650	644	8.4	13.7
West Haven	1550	5,021	417	8.3	14.3
Bridgeport	720	3,589	292	8.1	20.6
Norwalk	434	4,690	379	8.1	10.2
Waterbury	3513	5,542	445	8.0	15.6
Waterbury	3515	4,773	382	8.0	19.2
Waterbury	3521	4,651	371	8.0	25.0
Bristol	4058.01	2,954	235	8.0	17.1
Hartford	5021	2,429	191	7.9	12.3
Stamford	221.01	3,557	269	7.6	30.7
Windsor	4734	1,763	133	7.5	15.0
Danbury	2107.01	6,211	459	7.4	26.5
Bridgeport	719	5,307	392	7.4	24.0
Killingly	9045	5,512	400	7.3	19.7
Stratford	802	4,306	310	7.2	19.9
Hartford	5005	1,401	100	7.1	25.2
New Haven	1426.04	3,364	240	7.1	18.8
Groton	7028	3,939	274	7.0	15.7
Waterbury	3524	4,069	283	7.0	30.2
Meriden	1716	5,609	389	6.9	20.1
Windham	8005.01	3,706	257	6.9	24.1
East Hartford	5105	3,183	220	6.9	15.3
New Haven	1422	1,555	107	6.9	15.1
Norwalk	432	3,341	225	6.7	10.4
Meriden	1704	1,899	127	6.7	16.5
New Britain	4172	1,501	99	6.6	14.1
West Hartford	4961	3,004	196	6.5	19.9
East Haven	1803	2,441	157	6.4	11.4
Norwich	6967.01	5,811	372	6.4	13.4
Waterbury	3516.01	3,110	198	6.4	19.1
Manchester	5142	3,218	202	6.3	14.6
East Hartford	5101	1,895	118	6.2	12.1
East Hartford	5108	3,435	212	6.2	13.6
Hartford	5023	5,734	353	6.2	14.1
Danbury	2102.02	3,887	239	6.1	17.6
Manchester	5146	5,195	316	6.1	24.0
Stamford	214.02	3,306	198	6.0	10.4
Wallingford	1752	2,792	167	6.0	15.5
Plainville	4206.01	2,368	141	6.0	14.4

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Hartford	5048	4,796	280	5.8	13.6
Norwalk	442	4,206	244	5.8	10.1
Stratford	801	5,314	307	5.8	11.1
Windham	8007	3,541	204	5.8	11.4
Waterbury	3528	6,478	372	5.7	25.2
Windham	8003	7,272	405	5.6	41.4
Hamden	1656	5,452	294	5.4	11.1
Wallingford	1753	4,043	216	5.3	10.2
Bridgeport	723	5,007	262	5.2	16.7
Vernon	5303.01	4,967	257	5.2	11.4
Southington	4306.03	2,466	125	5.1	12.8
Griswold	7092	5,467	277	5.1	10.1
Danbury	2106	6,548	328	5.0	12.2
Torrington	3108.03	5,526	271	4.9	22.8
Danbury	2101.02	3,306	162	4.9	28.5
Middletown	5421	4,065	199	4.9	11.2
Bridgeport	721	6,130	298	4.9	19.2
Enfield	4804	3,727	180	4.8	10.7
West Haven	1549	4,199	201	4.8	12.2
Stamford	220	3,418	158	4.6	14.7
Plymouth	4254	4,817	222	4.6	10.3
Waterbury	3526	5,381	247	4.6	19.5
Waterbury	3525	3,496	159	4.5	13.6
New London	6909	5,253	238	4.5	13.8
Waterford	6934	4,189	188	4.5	12.9
Branford	1841.01	5,223	227	4.3	10.9
Branford	1842	4,157	178	4.3	11.3
West Hartford	4967	3,651	152	4.2	13.0
Sprague	7111	2,955	120	4.1	12.9
East Haven	1804	2,496	101	4.0	10.7
New Milford	2531	3,291	129	3.9	11.0
Wethersfield	4923	5,820	224	3.8	10.8
South Windsor	4873	1,500	57	3.8	12.4
Groton	7027	5,256	196	3.7	10.3
Stamford	201.01	2,588	96	3.7	13.2
Stamford	217.01	3,902	143	3.7	11.5
Manchester	5151.02	6,024	220	3.7	13.1
Bridgeport	722	3,888	140	3.6	18.9
Putnam	9031.01	3,418	122	3.6	11.9
Windsor Locks	4763	5,156	183	3.5	10.2
Norwalk	439	6,422	224	3.5	15.9
Stamford	217.02	4,074	142	3.5	16.9
Waterbury	3516.02	7,458	258	3.5	10.2

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Waterbury	3527.01	3,504	121	3.5	13.6
Stamford	216.01	3,326	114	3.4	13.4
Plainfield	9071	4,445	152	3.4	11.1
Enfield	4807	2,204	75	3.4	13.5
Bridgeport	725	5,819	191	3.3	15.4
Winchester	3201.02	4,571	149	3.3	13.1
Danbury	2103	5,288	168	3.2	15.3
Southington	4304	4,658	146	3.1	10.1
Middletown	5415	3,150	95	3.0	16.1
Stonington	7051.02	4,041	121	3.0	15.0
Plymouth	4253	3,981	119	3.0	11.6
Killingly	9044	4,774	141	3.0	17.2
Newington	4941	6,041	177	2.9	12.5
Newington	4944	4,511	132	2.9	11.0
Sterling	9081	3,599	105	2.9	18.3
Torrington	3105	1,956	54	2.8	12.5
Norwalk	426	4,601	127	2.8	10.6
Hamden	1658.01	5,397	145	2.7	10.4
Norwalk	435	2,559	67	2.6	12.3
North Haven	1673.01	7,590	198	2.6	12.6
Norwalk	428	5,029	130	2.6	10.1
East Windsor	4842	6,138	158	2.6	14.0
Hartford	5245.02	1,946	50	2.6	19.8
New Haven	3614.01	3,878	98	2.5	25.9
New Haven	1419	5,486	138	2.5	12.1
Danbury	2112.01	3,828	94	2.5	15.0
Norwalk	430	3,197	78	2.4	14.8
Stamford	218.01	4,751	109	2.3	13.7
Old Lyme	6601.04	1,595	36	2.3	12.6
New Haven	1401.02	2,763	57	2.1	31.5
Bozrah	7131	2,389	49	2.1	10.2
Danbury	2105.01	3,328	67	2.0	15.5
Stamford	209	5,197	100	1.9	11.8
Norfolk	4256.01	1,685	31	1.8	11.7
Torrington	3106.02	4,461	80	1.8	15.3
Simsbury	4662.01	2,792	50	1.8	19.0
Southbury	3481.11	2,611	46	1.8	10.7
Ellington	5351.02	3,959	67	1.7	20.6
New Haven	1420	3,295	54	1.6	19.9
Fairfield	613	3,177	50	1.6	10.1
North Canaan	2602	3,209	50	1.6	18.0
Mansfield	8813	5,537	83	1.5	17.9
Danbury	2114	4,975	71	1.4	14.3

Table B.5: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 10% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Stamford	216.02	4,740	67	1.4	12.3
Southington	4306.04	3,416	46	1.3	12.8
West Hartford	4971	4,104	54	1.3	11.1
New Milford	2535	6,276	81	1.3	13.4
Wallingford	1757	2,040	26	1.3	11.3
Farmington	4602.04	5,804	69	1.2	11.2
Greenwich	106	1,942	23	1.2	15.2
Hamden	1660.04	4,995	59	1.2	11.2
Easton	1052	3,585	41	1.1	11.8
New Haven	3614.02	2,861	30	1.0	14.9
Sharon	2621	2,679	28	1.0	11.1
Greenwich	113	2,910	28	1.0	10.3
Trumbull	901	3,248	31	1.0	10.0

Table B.6: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
New Haven	1402	386	356	92.2	29.5
Hartford	5012	2,815	1,340	47.6	55.5
New Britain	4159	1,422	791	55.6	44.3
Hartford	5018	2,729	1,069	39.2	57.2
Waterbury	3501.01	3,505	1,171	33.4	59.0
Waterbury	3504	2,413	1,172	48.6	36.2
New Britain	4171	1,762	920	52.2	30.8
Waterbury	3505	2,332	964	41.3	41.5
Hartford	5002	1,982	698	35.2	48.2
Hartford	5015	2,861	1,217	42.5	39.5
Waterbury	3502	3,331	1,322	39.7	40.1
Bridgeport	738	1,897	810	42.7	36.5
Hartford	5038	3,045	350	11.5	72.0
Hartford	5013	1,816	664	36.6	41.9
Hartford	5004	1,873	947	50.6	25.1
Bridgeport	703	1,245	308	24.7	55.2
Hartford	5030	2,706	1,213	44.8	31.3
Hartford	5009	2,031	561	27.6	51.3
Hartford	5014	2,319	919	39.6	37.3
Hartford	5003	2,105	642	30.5	47.5
Bridgeport	716	2,506	645	25.7	52.0
Hartford	5017	1,514	506	33.4	42.8
Bridgeport	709	2,908	832	28.6	48.2
Hartford	5028	2,854	1,023	35.8	39.5
Waterbury	3503	1,760	862	49.0	23.3
New Britain	4162	2,863	1,115	38.9	34.8
Meriden	1701	1,359	415	30.5	44.5
Middletown	5416	1,585	507	32.0	41.4
Bridgeport	705	1,877	571	30.4	43.0
Bridgeport	743	4,890	1,390	28.4	40.2
New Haven	1423	5,137	1,381	26.9	40.8
Meriden	1702	1,689	695	41.1	22.5
New Haven	1406	5,469	1,416	25.9	39.9
New Haven	1403	2,568	751	29.2	35.7
Bridgeport	706	2,599	807	31.1	31.9
Hartford	5041	1,581	287	18.2	46.5
New Haven	1424	5,887	1,548	26.3	36.0
New Haven	1421	1,459	280	19.2	44.3
New London	6905	2,621	841	32.1	29.2
Windham	8006	3,859	1,056	27.4	33.8
Hartford	5001	3,755	883	23.5	36.7
New Haven	1405	3,865	1,247	32.3	26.4
Hartford	5037	2,475	571	23.1	37.1
Hartford	5035	1,612	554	34.4	23.6

Table B.6: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Bridgeport	736	2,175	634	29.1	28.9
New Haven	1415	7,954	2,199	27.6	30.6
New Britain	4161	5,129	1,579	30.8	26.3
Bridgeport	739	4,068	1,017	25.0	32.5
Meriden	1710	1,841	379	20.6	37.2
Hartford	5042	5,485	563	10.3	48.3
New Haven	1407	3,656	1,013	27.7	27.9
Waterbury	3508	6,376	1,339	21.0	33.9
Norwalk	441	2,983	912	30.6	22.2
Hartford	5031.01	1,988	455	22.9	30.3
Bridgeport	714	3,786	630	16.6	37.3
Bridgeport	740	2,225	629	28.3	23.6
New London	6904	2,099	482	23.0	29.6
New Haven	1408	4,210	873	20.7	31.3
Bridgeport	712	5,684	869	15.3	37.3
Hartford	5244	3,332	989	29.7	20.5
New Haven	1416	4,949	1,067	21.6	29.0
Meriden	1714	1,775	382	21.5	27.8
Bridgeport	737	4,616	923	20.0	29.3
Meriden	1709	2,524	447	17.7	31.4
Bridgeport	744	4,672	1,326	28.4	18.6
Waterbury	3512	3,591	915	25.5	21.9
Hartford	5029	3,081	746	24.2	22.7
New Britain	4158	2,906	365	12.6	36.2
Waterbury	3523	2,805	480	17.1	30.7
New Britain	4153	2,495	473	19.0	28.5
Bridgeport	735	3,654	753	20.6	26.2
New Britain	4166	3,288	745	22.7	23.8
Bridgeport	713	3,091	787	25.5	20.0
Waterbury	3517	3,285	618	18.8	26.6
Enfield	4806	4,591	560	12.2	34.1
Hartford	5027	4,826	568	11.8	34.5
Middletown	5411	2,301	502	21.8	22.5
Windham	8003	7,272	405	5.6	41.4
Hartford	5024	5,981	622	10.4	35.7
Hartford	5045	3,280	638	19.5	24.7
Hartford	5033	2,765	778	28.1	14.2
New Haven	1409	5,018	834	16.6	27.3
Bridgeport	710	3,640	768	21.1	21.8
Hartford	5031.02	2,334	367	15.7	28.1
Hartford	5246	3,348	733	21.9	20.2
New Britain	4160	4,791	587	12.3	31.1
Hartford	5049	5,028	764	15.2	27.6
New London	8703	6,316	727	11.5	31.6

Table B.6: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
New London	6903	6,593	855	13.0	29.2
Middletown	5417	3,487	558	16.0	25.6
Hartford	5043	2,168	305	14.1	27.6
New Haven	1404	3,626	737	20.3	20.2
Stamford	222.01	3,188	735	23.1	16.7
New Haven	1427	7,075	819	11.6	30.0
New Haven	1412	4,884	795	16.3	24.2
Meriden	1703	2,094	418	20.0	19.7
Waterbury	3522	2,842	336	11.8	29.2
Hartford	5025	1,847	310	16.8	22.3
New Britain	4155	3,191	449	14.1	24.8
Ansonia	1253	4,761	817	17.2	20.6
East Hartford	5106	4,871	632	13.0	25.4
Norwich	6968	3,586	650	18.1	19.3
Torrington	3103	1,680	269	16.0	21.7
Bridgeport	711	4,489	703	15.7	22.1
Groton	7025	4,436	475	10.7	27.7
Stamford	215.01	4,308	767	17.8	19.3
Bridgeport	728	5,895	848	14.4	23.2
Stamford	221.01	3,557	269	7.6	30.7
New Britain	4167	6,624	852	12.9	24.5
Bridgeport	732	4,161	380	9.1	28.8
Torrington	3102	2,540	294	11.6	25.9
Hamden	1655	4,465	792	17.7	18.6
Bristol	4061	4,297	685	15.9	20.4
Bridgeport	733	3,601	592	16.4	19.7
New Haven	1425	5,646	975	17.3	18.6
Manchester	5148	3,311	412	12.4	24.0
Waterbury	3524	4,069	283	7.0	30.2
Bridgeport	702	3,953	550	13.9	21.9
New Britain	4163	4,325	525	12.1	23.7
Stamford	223	5,506	782	14.2	20.8
Bridgeport	704	1,586	335	21.1	11.9
New Britain	4156	4,638	654	14.1	19.7
Meriden	1707	2,142	289	13.5	20.3
Norwalk	445	4,420	863	19.5	13.1
Waterbury	3514	4,621	620	13.4	19.5
Danbury	2107.01	6,211	459	7.4	26.5
Vernon	5302	7,149	797	11.1	22.0
New Haven	1426.05	3,983	423	10.6	22.5
Norwich	6964.01	5,189	597	11.5	21.1
Winchester	3201.01	1,377	120	8.7	24.3
Waterbury	3521	4,651	371	8.0	25.0
Danbury	2101.02	3,306	162	4.9	28.5

Table B.6: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Norwalk	444	3,649	612	16.8	14.5
East Hartford	5104	6,417	739	11.5	20.6
New Haven	1401.02	2,763	57	2.1	31.5
Hartford	5005	1,401	100	7.1	25.2
Derby	1202	5,815	616	10.6	21.0
Bridgeport	719	5,307	392	7.4	24.0
Stamford	215.02	2,500	496	19.8	9.4
New London	6907	1,134	235	20.7	8.3
Windham	8005.01	3,706	257	6.9	24.1
Hartford	5040	3,118	562	18.0	11.1
Waterbury	3528	6,478	372	5.7	25.2
Bristol	4057	2,130	286	13.4	15.8
Manchester	5147	5,005	668	13.3	15.8
East Hartford	5102	2,533	315	12.4	16.8
Waterbury	3511	4,172	577	13.8	15.1
New Haven	1414	5,920	690	11.7	17.7
New Haven	1418	4,539	569	12.5	16.4
Manchester	5146	5,195	316	6.1	24.0
East Hartford	5113	3,695	323	8.7	20.8
Danbury	2101.01	2,347	268	11.4	17.6
New London	6908	3,569	342	9.6	19.7
Bridgeport	2572	4,688	582	12.4	16.3
Hartford	5026	3,653	369	10.1	19.0
Bridgeport	731	4,599	399	8.7	20.5
Waterbury	3510	4,339	422	9.7	19.0
Bridgeport	720	3,589	292	8.1	20.6
Meriden	1715	3,410	617	18.1	8.9
New Haven	1413.01	7,035	660	9.4	18.8
Hartford	5245.01	3,621	421	11.6	15.9
West Haven	1541.01	2,680	289	10.8	16.8
Bridgeport	734	3,845	475	12.4	14.6
Hartford	5039	4,574	895	19.6	6.1
New Haven	3614.01	3,878	98	2.5	25.9
New Britain	4157	3,063	320	10.4	16.4
Torrington	3108.03	5,526	271	4.9	22.8
Waterbury	3515	4,773	382	8.0	19.2
Stratford	802	4,306	310	7.2	19.9
Meriden	1716	5,609	389	6.9	20.1
Killingly	9045	5,512	400	7.3	19.7
East Hartford	5112	3,096	349	11.3	14.9
Bristol	4060.01	3,988	434	10.9	15.4
West Hartford	4961	3,004	196	6.5	19.9
New Haven	1426.04	3,364	240	7.1	18.8
Manchester	5144	4,603	410	8.9	16.4

Table B.6: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Waterbury	3516.01	3,110	198	6.4	19.1
Bristol	4058.01	2,954	235	8.0	17.1
Ansonia	1254	3,649	340	9.3	15.3
Norwalk	440	5,906	621	10.5	13.9
West Haven	1545	4,357	377	8.7	15.9
Hartford	5247	3,762	353	9.4	15.1
Stratford	804	6,013	760	12.6	11.2
West Haven	1542	6,400	575	9.0	15.5
Windsor	4738	1,864	294	15.8	7.2
Waterbury	3519	2,967	345	11.6	11.4
Waterbury	3513	5,542	445	8.0	15.6
Torrington	3108.01	2,381	247	10.4	12.8
Bridgeport	721	6,130	298	4.9	19.2
Waterbury	3526	5,381	247	4.6	19.5
Bloomfield	4711	4,055	445	11.0	12.0
Danbury	2102.02	3,887	239	6.1	17.6
Bridgeport	729	4,769	551	11.6	10.8
Meriden	1704	1,899	127	6.7	16.5
Groton	7028	3,939	274	7.0	15.7
Bloomfield	4712	3,183	364	11.4	10.4
East Hartford	5105	3,183	220	6.9	15.3
New Haven	1426.01	5,938	678	11.4	9.8
New Haven	1422	1,555	107	6.9	15.1
Bridgeport	722	3,888	140	3.6	18.9
Bridgeport	723	5,007	262	5.2	16.7
Hartford	5245.02	1,946	50	2.6	19.8
Ellington	5351.02	3,959	67	1.7	20.6
Wallingford	1752	2,792	167	6.0	15.5
New Britain	4154	5,980	619	10.4	9.9
East Hartford	5103	3,894	469	12.0	7.9
New Haven	1420	3,295	54	1.6	19.9
Sterling	9081	3,599	105	2.9	18.3
Simsbury	4662.01	2,792	50	1.8	19.0
Stamford	217.02	4,074	142	3.5	16.9
Killingly	9044	4,774	141	3.0	17.2
New Britain	4165	4,554	481	10.6	8.1
Norwalk	439	6,422	224	3.5	15.9
North Canaan	2602	3,209	50	1.6	18.0
Middletown	5415	3,150	95	3.0	16.1
Mansfield	8813	5,537	83	1.5	17.9
Bridgeport	725	5,819	191	3.3	15.4
Danbury	2103	5,288	168	3.2	15.3
Stonington	7051.02	4,041	121	3.0	15.0
Danbury	2112.01	3,828	94	2.5	15.0

Table B.6: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 15% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Danbury	2105.01	3,328	67	2.0	15.5
Torrington	3106.02	4,461	80	1.8	15.3
Greenwich	106	1,942	23	1.2	15.2

Table B.7: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
New Haven	1402	386	356	92.2	29.5
New Britain	4159	1,422	791	55.6	44.3
New Britain	4171	1,762	920	52.2	30.8
Hartford	5004	1,873	947	50.6	25.1
Waterbury	3503	1,760	862	49.0	23.3
Waterbury	3504	2,413	1,172	48.6	36.2
Hartford	5012	2,815	1,340	47.6	55.5
Hartford	5030	2,706	1,213	44.8	31.3
Bridgeport	738	1,897	810	42.7	36.5
Hartford	5015	2,861	1,217	42.5	39.5
Waterbury	3505	2,332	964	41.3	41.5
Meriden	1702	1,689	695	41.1	22.5
Waterbury	3502	3,331	1,322	39.7	40.1
Hartford	5014	2,319	919	39.6	37.3
Hartford	5018	2,729	1,069	39.2	57.2
New Britain	4162	2,863	1,115	38.9	34.8
Hartford	5013	1,816	664	36.6	41.9
Hartford	5028	2,854	1,023	35.8	39.5
Hartford	5002	1,982	698	35.2	48.2
Hartford	5035	1,612	554	34.4	23.6
Hartford	5017	1,514	506	33.4	42.8
Waterbury	3501.01	3,505	1,171	33.4	59.0
New Haven	1405	3,865	1,247	32.3	26.4
New London	6905	2,621	841	32.1	29.2
Middletown	5416	1,585	507	32.0	41.4
Bridgeport	706	2,599	807	31.1	31.9
New Britain	4161	5,129	1,579	30.8	26.3
Norwalk	441	2,983	912	30.6	22.2
Meriden	1701	1,359	415	30.5	44.5
Hartford	5003	2,105	642	30.5	47.5
Bridgeport	705	1,877	571	30.4	43.0
Hartford	5244	3,332	989	29.7	20.5
New Haven	1403	2,568	751	29.2	35.7
Bridgeport	736	2,175	634	29.1	28.9
Bridgeport	709	2,908	832	28.6	48.2
Bridgeport	743	4,890	1,390	28.4	40.2
Bridgeport	744	4,672	1,326	28.4	18.6
Bridgeport	740	2,225	629	28.3	23.6
Hartford	5033	2,765	778	28.1	14.2
New Haven	1407	3,656	1,013	27.7	27.9
New Haven	1415	7,954	2,199	27.6	30.6
Hartford	5009	2,031	561	27.6	51.3
Windham	8006	3,859	1,056	27.4	33.8
New Haven	1423	5,137	1,381	26.9	40.8

Table B.7: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
New Haven	1424	5,887	1,548	26.3	36.0
New Haven	1406	5,469	1,416	25.9	39.9
Bridgeport	716	2,506	645	25.7	52.0
Waterbury	3512	3,591	915	25.5	21.9
Bridgeport	713	3,091	787	25.5	20.0
Bridgeport	739	4,068	1,017	25.0	32.5
Bridgeport	703	1,245	308	24.7	55.2
Hartford	5029	3,081	746	24.2	22.7
Hartford	5001	3,755	883	23.5	36.7
Hartford	5037	2,475	571	23.1	37.1
Stamford	222.01	3,188	735	23.1	16.7
New London	6904	2,099	482	23.0	29.6
Hartford	5031.01	1,988	455	22.9	30.3
New Britain	4166	3,288	745	22.7	23.8
Hartford	5246	3,348	733	21.9	20.2
Middletown	5411	2,301	502	21.8	22.5
New Haven	1416	4,949	1,067	21.6	29.0
Meriden	1714	1,775	382	21.5	27.8
Bridgeport	704	1,586	335	21.1	11.9
Bridgeport	710	3,640	768	21.1	21.8
Waterbury	3508	6,376	1,339	21.0	33.9
New Haven	1408	4,210	873	20.7	31.3
New London	6907	1,134	235	20.7	8.3
Bridgeport	735	3,654	753	20.6	26.2
Meriden	1710	1,841	379	20.6	37.2
New Haven	1404	3,626	737	20.3	20.2
Bridgeport	737	4,616	923	20.0	29.3
Meriden	1703	2,094	418	20.0	19.7
Stamford	215.02	2,500	496	19.8	9.4
Hartford	5039	4,574	895	19.6	6.1
Norwalk	445	4,420	863	19.5	13.1
Hartford	5045	3,280	638	19.5	24.7
New Haven	1421	1,459	280	19.2	44.3
New Britain	4153	2,495	473	19.0	28.5
Waterbury	3517	3,285	618	18.8	26.6
Hartford	5041	1,581	287	18.2	46.5
Norwich	6968	3,586	650	18.1	19.3
Meriden	1715	3,410	617	18.1	8.9
Hartford	5040	3,118	562	18.0	11.1
Stamford	215.01	4,308	767	17.8	19.3
Hamden	1655	4,465	792	17.7	18.6
Meriden	1709	2,524	447	17.7	31.4
New Haven	1425	5,646	975	17.3	18.6
Ansonia	1253	4,761	817	17.2	20.6

Table B.7: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Waterbury	3523	2,805	480	17.1	30.7
Hartford	5025	1,847	310	16.8	22.3
Norwalk	444	3,649	612	16.8	14.5
Bridgeport	714	3,786	630	16.6	37.3
New Haven	1409	5,018	834	16.6	27.3
Bridgeport	733	3,601	592	16.4	19.7
New Haven	1412	4,884	795	16.3	24.2
Torrington	3103	1,680	269	16.0	21.7
Middletown	5417	3,487	558	16.0	25.6
Bristol	4061	4,297	685	15.9	20.4
Windsor	4738	1,864	294	15.8	7.2
Hartford	5031.02	2,334	367	15.7	28.1
Bridgeport	711	4,489	703	15.7	22.1
Bridgeport	712	5,684	869	15.3	37.3
Hartford	5049	5,028	764	15.2	27.6
Bridgeport	728	5,895	848	14.4	23.2
Stamford	223	5,506	782	14.2	20.8
New Britain	4156	4,638	654	14.1	19.7
New Britain	4155	3,191	449	14.1	24.8
Hartford	5043	2,168	305	14.1	27.6
Bridgeport	702	3,953	550	13.9	21.9
Waterbury	3511	4,172	577	13.8	15.1
Meriden	1707	2,142	289	13.5	20.3
Bristol	4057	2,130	286	13.4	15.8
Waterbury	3514	4,621	620	13.4	19.5
Manchester	5147	5,005	668	13.3	15.8
East Hartford	5106	4,871	632	13.0	25.4
New London	6903	6,593	855	13.0	29.2
New Britain	4167	6,624	852	12.9	24.5
Stratford	804	6,013	760	12.6	11.2
New Britain	4158	2,906	365	12.6	36.2
New Haven	1418	4,539	569	12.5	16.4
Manchester	5148	3,311	412	12.4	24.0
East Hartford	5102	2,533	315	12.4	16.8
Bridgeport	2572	4,688	582	12.4	16.3
Bridgeport	734	3,845	475	12.4	14.6
New Britain	4160	4,791	587	12.3	31.1
Enfield	4806	4,591	560	12.2	34.1
New Britain	4163	4,325	525	12.1	23.7
East Hartford	5103	3,894	469	12.0	7.9
Waterbury	3522	2,842	336	11.8	29.2
Hartford	5027	4,826	568	11.8	34.5
New Haven	1414	5,920	690	11.7	17.7
Waterbury	3519	2,967	345	11.6	11.4

Table B.7: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Hartford	5245.01	3,621	421	11.6	15.9
New Haven	1427	7,075	819	11.6	30.0
Torrington	3102	2,540	294	11.6	25.9
Bridgeport	729	4,769	551	11.6	10.8
East Hartford	5104	6,417	739	11.5	20.6
New London	8703	6,316	727	11.5	31.6
Norwich	6964.01	5,189	597	11.5	21.1
Hartford	5038	3,045	350	11.5	72.0
Bloomfield	4712	3,183	364	11.4	10.4
Danbury	2101.01	2,347	268	11.4	17.6
New Haven	1426.01	5,938	678	11.4	9.8
East Hartford	5112	3,096	349	11.3	14.9
Vernon	5302	7,149	797	11.1	22.0
Bloomfield	4711	4,055	445	11.0	12.0
Bristol	4060.01	3,988	434	10.9	15.4
West Haven	1541.01	2,680	289	10.8	16.8
Groton	7025	4,436	475	10.7	27.7
New Haven	1426.05	3,983	423	10.6	22.5
Derby	1202	5,815	616	10.6	21.0
New Britain	4165	4,554	481	10.6	8.1
Norwalk	440	5,906	621	10.5	13.9
New Britain	4157	3,063	320	10.4	16.4
Hartford	5024	5,981	622	10.4	35.7
Torrington	3108.01	2,381	247	10.4	12.8
New Britain	4154	5,980	619	10.4	9.9
Hartford	5042	5,485	563	10.3	48.3
Hartford	5026	3,653	369	10.1	19.0
Bridgeport	732	4,161	380	9.1	28.8
East Hartford	5113	3,695	323	8.7	20.8
Winchester	3201.01	1,377	120	8.7	24.3
Bridgeport	731	4,599	399	8.7	20.5
Bridgeport	720	3,589	292	8.1	20.6
Waterbury	3521	4,651	371	8.0	25.0
Stamford	221.01	3,557	269	7.6	30.7
Danbury	2107.01	6,211	459	7.4	26.5
Bridgeport	719	5,307	392	7.4	24.0
Hartford	5005	1,401	100	7.1	25.2
Waterbury	3524	4,069	283	7.0	30.2
Meriden	1716	5,609	389	6.9	20.1
Windham	8005.01	3,706	257	6.9	24.1
Manchester	5146	5,195	316	6.1	24.0
Waterbury	3528	6,478	372	5.7	25.2
Windham	8003	7,272	405	5.6	41.4
Torrington	3108.03	5,526	271	4.9	22.8

Table B.7: Census Tracts with Historical Convictions greater than 10% or Adjusted Poverty Rate greater than 20% (Sorted by % Historical Drug Conviction)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Adjusted Poverty Rate %
Danbury	2101.02	3,306	162	4.9	28.5
New Haven	3614.01	3,878	98	2.5	25.9
New Haven	1401.02	2,763	57	2.1	31.5
Ellington	5351.02	3,959	67	1.7	20.6

Table B.8: Census Tracts Identified using a Proportionality Index for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
New Haven	1402	386	356	92.2	29.5	11.32
Hartford	5012	2,815	1,340	47.6	55.5	8.84
New Britain	4159	1,422	791	55.6	44.3	8.67
Hartford	5018	2,729	1,069	39.2	57.2	8.08
Waterbury	3501.01	3,505	1,171	33.4	59.0	7.61
Waterbury	3504	2,413	1,172	48.6	36.2	7.12
New Britain	4171	1,762	920	52.2	30.8	7.02
Waterbury	3505	2,332	964	41.3	41.5	6.83
Hartford	5002	1,982	698	35.2	48.2	6.78
Hartford	5015	2,861	1,217	42.5	39.5	6.77
Waterbury	3502	3,331	1,322	39.7	40.1	6.51
Bridgeport	738	1,897	810	42.7	36.5	6.51
Hartford	5038	3,045	350	11.5	72.0	6.41
Hartford	5013	1,816	664	36.6	41.9	6.34
Hartford	5004	1,873	947	50.6	25.1	6.29
Bridgeport	703	1,245	308	24.7	55.2	6.29
Hartford	5030	2,706	1,213	44.8	31.3	6.24
Hartford	5009	2,031	561	27.6	51.3	6.24
Hartford	5014	2,319	919	39.6	37.3	6.23
Hartford	5003	2,105	642	30.5	47.5	6.19
Bridgeport	716	2,506	645	25.7	52.0	6.09
Hartford	5017	1,514	506	33.4	42.8	6.07
Bridgeport	709	2,908	832	28.6	48.2	6.05
Hartford	5028	2,854	1,023	35.8	39.5	6.03
Waterbury	3503	1,760	862	49.0	23.3	5.94
New Britain	4162	2,863	1,115	38.9	34.8	5.92
Meriden	1701	1,359	415	30.5	44.5	5.91
Middletown	5416	1,585	507	32.0	41.4	5.78
Bridgeport	705	1,877	571	30.4	43.0	5.76
Bridgeport	743	4,890	1,390	28.4	40.2	5.27
New Haven	1423	5,137	1,381	26.9	40.8	5.16
Meriden	1702	1,689	695	41.1	22.5	5.00
New Haven	1406	5,469	1,416	25.9	39.9	4.96
New Haven	1403	2,568	751	29.2	35.7	4.94
Bridgeport	706	2,599	807	31.1	31.9	4.78
Hartford	5041	1,581	287	18.2	46.5	4.73
New Haven	1424	5,887	1,548	26.3	36.0	4.64
New Haven	1421	1,459	280	19.2	44.3	4.63
New London	6905	2,621	841	32.1	29.2	4.63
Windham	8006	3,859	1,056	27.4	33.8	4.54
Hartford	5001	3,755	883	23.5	36.7	4.39
New Haven	1405	3,865	1,247	32.3	26.4	4.39
Hartford	5037	2,475	571	23.1	37.1	4.38

Table B.8: Census Tracts Identified using a Proportionality Index for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Hartford	5035	1,612	554	34.4	23.6	4.36
Bridgeport	736	2,175	634	29.1	28.9	4.28
New Haven	1415	7,954	2,199	27.6	30.6	4.28
New Britain	4161	5,129	1,579	30.8	26.3	4.21
Bridgeport	739	4,068	1,017	25.0	32.5	4.17
Meriden	1710	1,841	379	20.6	37.2	4.12
Hartford	5042	5,485	563	10.3	48.3	4.03
New Haven	1407	3,656	1,013	27.7	27.9	4.02
Waterbury	3508	6,376	1,339	21.0	33.9	3.85
Norwalk	441	2,983	912	30.6	22.2	3.81
Hartford	5031.01	1,988	455	22.9	30.3	3.72
Bridgeport	714	3,786	630	16.6	37.3	3.69
Bridgeport	740	2,225	629	28.3	23.6	3.68
New London	6904	2,099	482	23.0	29.6	3.66
New Haven	1408	4,210	873	20.7	31.3	3.58
Bridgeport	712	5,684	869	15.3	37.3	3.54
Hartford	5244	3,332	989	29.7	20.5	3.54
New Haven	1416	4,949	1,067	21.6	29.0	3.45
Meriden	1714	1,775	382	21.5	27.8	3.33
Bridgeport	737	4,616	923	20.0	29.3	3.31
Meriden	1709	2,524	447	17.7	31.4	3.26
Bridgeport	744	4,672	1,326	28.4	18.6	3.21
Waterbury	3512	3,591	915	25.5	21.9	3.21
Hartford	5029	3,081	746	24.2	22.7	3.15
New Britain	4158	2,906	365	12.6	36.2	3.14
Waterbury	3523	2,805	480	17.1	30.7	3.11
New Britain	4153	2,495	473	19.0	28.5	3.11
Bridgeport	735	3,654	753	20.6	26.2	3.08
New Britain	4166	3,288	745	22.7	23.8	3.07
Bridgeport	713	3,091	787	25.5	20.0	3.03
Waterbury	3517	3,285	618	18.8	26.6	2.92
Enfield	4806	4,591	560	12.2	34.1	2.90
Hartford	5027	4,826	568	11.8	34.5	2.89
Middletown	5411	2,301	502	21.8	22.5	2.86
Windham	8003	7,272	405	5.6	41.4	2.85
Hartford	5024	5,981	622	10.4	35.7	2.85
Hartford	5045	3,280	638	19.5	24.7	2.81
Hartford	5033	2,765	778	28.1	14.2	2.78
New Haven	1409	5,018	834	16.6	27.3	2.75
Bridgeport	710	3,640	768	21.1	21.8	2.72
Hartford	5031.02	2,334	367	15.7	28.1	2.72
Hartford	5246	3,348	733	21.9	20.2	2.65
New Britain	4160	4,791	587	12.3	31.1	2.62

Table B.8: Census Tracts Identified using a Proportionality Index for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Hartford	5049	5,028	764	15.2	27.6	2.61
New London	8703	6,316	727	11.5	31.6	2.59
New London	6903	6,593	855	13.0	29.2	2.51
Middletown	5417	3,487	558	16.0	25.6	2.51
Hartford	5043	2,168	305	14.1	27.6	2.48
New Haven	1404	3,626	737	20.3	20.2	2.48
Stamford	222.01	3,188	735	23.1	16.7	2.45
New Haven	1427	7,075	819	11.6	30.0	2.44
New Haven	1412	4,884	795	16.3	24.2	2.41
Meriden	1703	2,094	418	20.0	19.7	2.39
Waterbury	3522	2,842	336	11.8	29.2	2.39
Hartford	5025	1,847	310	16.8	22.3	2.29
New Britain	4155	3,191	449	14.1	24.8	2.22
Ansonia	1253	4,761	817	17.2	20.6	2.17
East Hartford	5106	4,871	632	13.0	25.4	2.16
Norwich	6968	3,586	650	18.1	19.3	2.15
Torrington	3103	1,680	269	16.0	21.7	2.15
Bridgeport	711	4,489	703	15.7	22.1	2.14
Groton	7025	4,436	475	10.7	27.7	2.12
Stamford	215.01	4,308	767	17.8	19.3	2.11
Bridgeport	728	5,895	848	14.4	23.2	2.10
Stamford	221.01	3,557	269	7.6	30.7	2.07
New Britain	4167	6,624	852	12.9	24.5	2.06
Bridgeport	732	4,161	380	9.1	28.8	2.05
Torrington	3102	2,540	294	11.6	25.9	2.05
Hamden	1655	4,465	792	17.7	18.6	2.04
Bristol	4061	4,297	685	15.9	20.4	2.01
Bridgeport	733	3,601	592	16.4	19.7	2.00
New Haven	1425	5,646	975	17.3	18.6	1.99
Manchester	5148	3,311	412	12.4	24.0	1.96
Waterbury	3524	4,069	283	7.0	30.2	1.95
Bridgeport	702	3,953	550	13.9	21.9	1.93
New Britain	4163	4,325	525	12.1	23.7	1.91
Stamford	223	5,506	782	14.2	20.8	1.86
Bridgeport	704	1,586	335	21.1	11.9	1.78
New Britain	4156	4,638	654	14.1	19.7	1.74
Meriden	1707	2,142	289	13.5	20.3	1.73
Norwalk	445	4,420	863	19.5	13.1	1.72
Waterbury	3514	4,621	620	13.4	19.5	1.65
Danbury	2107.01	6,211	459	7.4	26.5	1.65
Vernon	5302	7,149	797	11.1	22.0	1.63
New Haven	1426.05	3,983	423	10.6	22.5	1.62
Norwich	6964.01	5,189	597	11.5	21.1	1.59

Table B.8: Census Tracts Identified using a Proportionality Index for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Winchester	3201.01	1,377	120	8.7	24.3	1.58
Waterbury	3521	4,651	371	8.0	25.0	1.56
Danbury	2101.02	3,306	162	4.9	28.5	1.56
Norwalk	444	3,649	612	16.8	14.5	1.54
East Hartford	5104	6,417	739	11.5	20.6	1.54
New Haven	1401.02	2,763	57	2.1	31.5	1.52
Hartford	5005	1,401	100	7.1	25.2	1.49
Derby	1202	5,815	616	10.6	21.0	1.48
Bridgeport	719	5,307	392	7.4	24.0	1.41
Stamford	215.02	2,500	496	19.8	9.4	1.40
New London	6907	1,134	235	20.7	8.3	1.39
Windham	8005.01	3,706	257	6.9	24.1	1.37
Hartford	5040	3,118	562	18.0	11.1	1.36
Waterbury	3528	6,478	372	5.7	25.2	1.34
Bristol	4057	2,130	286	13.4	15.8	1.30
Manchester	5147	5,005	668	13.3	15.8	1.29
East Hartford	5102	2,533	315	12.4	16.8	1.29
Waterbury	3511	4,172	577	13.8	15.1	1.28
New Haven	1414	5,920	690	11.7	17.7	1.28
New Haven	1418	4,539	569	12.5	16.4	1.26
Manchester	5146	5,195	316	6.1	24.0	1.26
East Hartford	5113	3,695	323	8.7	20.8	1.25
Danbury	2101.01	2,347	268	11.4	17.6	1.24
New London	6908	3,569	342	9.6	19.7	1.24
Bridgeport	2572	4,688	582	12.4	16.3	1.24
Hartford	5026	3,653	369	10.1	19.0	1.24
Bridgeport	731	4,599	399	8.7	20.5	1.21
Waterbury	3510	4,339	422	9.7	19.0	1.19
Bridgeport	720	3,589	292	8.1	20.6	1.17
Meriden	1715	3,410	617	18.1	8.9	1.16
New Haven	1413.01	7,035	660	9.4	18.8	1.14
Hartford	5245.01	3,621	421	11.6	15.9	1.11
West Haven	1541.01	2,680	289	10.8	16.8	1.10
Bridgeport	734	3,845	475	12.4	14.6	1.07
Hartford	5039	4,574	895	19.6	6.1	1.06
New Haven	3614.01	3,878	98	2.5	25.9	1.05
New Britain	4157	3,063	320	10.4	16.4	1.02
Torrington	3108.03	5,526	271	4.9	22.8	1.02
Waterbury	3515	4,773	382	8.0	19.2	1.02
Stratford	802	4,306	310	7.2	19.9	1.00
Meriden	1716	5,609	389	6.9	20.1	0.99
Killingly	9045	5,512	400	7.3	19.7	0.99
East Hartford	5112	3,096	349	11.3	14.9	0.97

Table B.8: Census Tracts Identified using a Proportionality Index for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Bristol	4060.01	3,988	434	10.9	15.4	0.97
West Hartford	4961	3,004	196	6.5	19.9	0.92
New Haven	1426.04	3,364	240	7.1	18.8	0.89
Manchester	5144	4,603	410	8.9	16.4	0.85
Waterbury	3516.01	3,110	198	6.4	19.1	0.83
Bristol	4058.01	2,954	235	8.0	17.1	0.82
Ansonia	1254	3,649	340	9.3	15.3	0.79
Norwalk	440	5,906	621	10.5	13.9	0.79
West Haven	1545	4,357	377	8.7	15.9	0.78
Hartford	5247	3,762	353	9.4	15.1	0.78
Stratford	804	6,013	760	12.6	11.2	0.78
West Haven	1542	6,400	575	9.0	15.5	0.77
Windham	8004	3,567	335	9.4	15.0	0.77
Norwalk	437	3,033	282	9.3	14.9	0.76
Windsor	4738	1,864	294	15.8	7.2	0.74
Waterbury	3519	2,967	345	11.6	11.4	0.68
Waterbury	3513	5,542	445	8.0	15.6	0.68
Torrington	3108.01	2,381	247	10.4	12.8	0.68
Bridgeport	721	6,130	298	4.9	19.2	0.68
Waterbury	3526	5,381	247	4.6	19.5	0.67
Bloomfield	4711	4,055	445	11.0	12.0	0.67
Danbury	2102.02	3,887	239	6.1	17.6	0.67
Bridgeport	729	4,769	551	11.6	10.8	0.62

Table B.9: Census Tracts Identified using a Proportionality Index for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
New Haven	1402	386	356	92.2	29.5	11.32
Hartford	5012	2,815	1,340	47.6	55.5	8.84
New Britain	4159	1,422	791	55.6	44.3	8.67
Hartford	5018	2,729	1,069	39.2	57.2	8.08
Waterbury	3501.01	3,505	1,171	33.4	59.0	7.61
Waterbury	3504	2,413	1,172	48.6	36.2	7.12
New Britain	4171	1,762	920	52.2	30.8	7.02
Waterbury	3505	2,332	964	41.3	41.5	6.83
Hartford	5002	1,982	698	35.2	48.2	6.78
Hartford	5015	2,861	1,217	42.5	39.5	6.77
Waterbury	3502	3,331	1,322	39.7	40.1	6.51
Bridgeport	738	1,897	810	42.7	36.5	6.51
Hartford	5038	3,045	350	11.5	72.0	6.41
Hartford	5013	1,816	664	36.6	41.9	6.34
Hartford	5004	1,873	947	50.6	25.1	6.29
Bridgeport	703	1,245	308	24.7	55.2	6.29
Hartford	5030	2,706	1,213	44.8	31.3	6.24
Hartford	5009	2,031	561	27.6	51.3	6.24
Hartford	5014	2,319	919	39.6	37.3	6.23
Hartford	5003	2,105	642	30.5	47.5	6.19
Bridgeport	716	2,506	645	25.7	52.0	6.09
Hartford	5017	1,514	506	33.4	42.8	6.07
Bridgeport	709	2,908	832	28.6	48.2	6.05
Hartford	5028	2,854	1,023	35.8	39.5	6.03
Waterbury	3503	1,760	862	49.0	23.3	5.94
New Britain	4162	2,863	1,115	38.9	34.8	5.92
Meriden	1701	1,359	415	30.5	44.5	5.91
Middletown	5416	1,585	507	32.0	41.4	5.78
Bridgeport	705	1,877	571	30.4	43.0	5.76
Bridgeport	743	4,890	1,390	28.4	40.2	5.27
New Haven	1423	5,137	1,381	26.9	40.8	5.16
Meriden	1702	1,689	695	41.1	22.5	5.00
New Haven	1406	5,469	1,416	25.9	39.9	4.96
New Haven	1403	2,568	751	29.2	35.7	4.94
Bridgeport	706	2,599	807	31.1	31.9	4.78
Hartford	5041	1,581	287	18.2	46.5	4.73
New Haven	1424	5,887	1,548	26.3	36.0	4.64
New Haven	1421	1,459	280	19.2	44.3	4.63
New London	6905	2,621	841	32.1	29.2	4.63
Windham	8006	3,859	1,056	27.4	33.8	4.54
Hartford	5001	3,755	883	23.5	36.7	4.39
New Haven	1405	3,865	1,247	32.3	26.4	4.39
Hartford	5037	2,475	571	23.1	37.1	4.38

Table B.9: Census Tracts Identified using a Proportionality Index for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Hartford	5035	1,612	554	34.4	23.6	4.36
Bridgeport	736	2,175	634	29.1	28.9	4.28
New Haven	1415	7,954	2,199	27.6	30.6	4.28
New Britain	4161	5,129	1,579	30.8	26.3	4.21
Bridgeport	739	4,068	1,017	25.0	32.5	4.17
Meriden	1710	1,841	379	20.6	37.2	4.12
Hartford	5042	5,485	563	10.3	48.3	4.03
New Haven	1407	3,656	1,013	27.7	27.9	4.02
Waterbury	3508	6,376	1,339	21.0	33.9	3.85
Norwalk	441	2,983	912	30.6	22.2	3.81
Hartford	5031.01	1,988	455	22.9	30.3	3.72
Bridgeport	714	3,786	630	16.6	37.3	3.69
Bridgeport	740	2,225	629	28.3	23.6	3.68
New London	6904	2,099	482	23.0	29.6	3.66
New Haven	1408	4,210	873	20.7	31.3	3.58
Bridgeport	712	5,684	869	15.3	37.3	3.54
Hartford	5244	3,332	989	29.7	20.5	3.54
New Haven	1416	4,949	1,067	21.6	29.0	3.45
Meriden	1714	1,775	382	21.5	27.8	3.33
Bridgeport	737	4,616	923	20.0	29.3	3.31
Meriden	1709	2,524	447	17.7	31.4	3.26
Bridgeport	744	4,672	1,326	28.4	18.6	3.21
Waterbury	3512	3,591	915	25.5	21.9	3.21
Hartford	5029	3,081	746	24.2	22.7	3.15
New Britain	4158	2,906	365	12.6	36.2	3.14
Waterbury	3523	2,805	480	17.1	30.7	3.11
New Britain	4153	2,495	473	19.0	28.5	3.11
Bridgeport	735	3,654	753	20.6	26.2	3.08
New Britain	4166	3,288	745	22.7	23.8	3.07
Bridgeport	713	3,091	787	25.5	20.0	3.03
Waterbury	3517	3,285	618	18.8	26.6	2.92
Enfield	4806	4,591	560	12.2	34.1	2.90
Hartford	5027	4,826	568	11.8	34.5	2.89
Middletown	5411	2,301	502	21.8	22.5	2.86
Windham	8003	7,272	405	5.6	41.4	2.85
Hartford	5024	5,981	622	10.4	35.7	2.85
Hartford	5045	3,280	638	19.5	24.7	2.81
Hartford	5033	2,765	778	28.1	14.2	2.78
New Haven	1409	5,018	834	16.6	27.3	2.75
Bridgeport	710	3,640	768	21.1	21.8	2.72
Hartford	5031.02	2,334	367	15.7	28.1	2.72
Hartford	5246	3,348	733	21.9	20.2	2.65
New Britain	4160	4,791	587	12.3	31.1	2.62

Table B.9: Census Tracts Identified using a Proportionality Index for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Hartford	5049	5,028	764	15.2	27.6	2.61
New London	8703	6,316	727	11.5	31.6	2.59
New London	6903	6,593	855	13.0	29.2	2.51
Middletown	5417	3,487	558	16.0	25.6	2.51
Hartford	5043	2,168	305	14.1	27.6	2.48
New Haven	1404	3,626	737	20.3	20.2	2.48
Stamford	222.01	3,188	735	23.1	16.7	2.45
New Haven	1427	7,075	819	11.6	30.0	2.44
New Haven	1412	4,884	795	16.3	24.2	2.41
Meriden	1703	2,094	418	20.0	19.7	2.39
Waterbury	3522	2,842	336	11.8	29.2	2.39
Hartford	5025	1,847	310	16.8	22.3	2.29
New Britain	4155	3,191	449	14.1	24.8	2.22
Ansonia	1253	4,761	817	17.2	20.6	2.17
East Hartford	5106	4,871	632	13.0	25.4	2.16
Norwich	6968	3,586	650	18.1	19.3	2.15
Torrington	3103	1,680	269	16.0	21.7	2.15
Bridgeport	711	4,489	703	15.7	22.1	2.14
Groton	7025	4,436	475	10.7	27.7	2.12
Stamford	215.01	4,308	767	17.8	19.3	2.11
Bridgeport	728	5,895	848	14.4	23.2	2.10
Stamford	221.01	3,557	269	7.6	30.7	2.07
New Britain	4167	6,624	852	12.9	24.5	2.06
Bridgeport	732	4,161	380	9.1	28.8	2.05
Torrington	3102	2,540	294	11.6	25.9	2.05
Hamden	1655	4,465	792	17.7	18.6	2.04
Bristol	4061	4,297	685	15.9	20.4	2.01
Bridgeport	733	3,601	592	16.4	19.7	2.00
New Haven	1425	5,646	975	17.3	18.6	1.99
Manchester	5148	3,311	412	12.4	24.0	1.96
Waterbury	3524	4,069	283	7.0	30.2	1.95
Bridgeport	702	3,953	550	13.9	21.9	1.93
New Britain	4163	4,325	525	12.1	23.7	1.91
Stamford	223	5,506	782	14.2	20.8	1.86
Bridgeport	704	1,586	335	21.1	11.9	1.78
New Britain	4156	4,638	654	14.1	19.7	1.74
Meriden	1707	2,142	289	13.5	20.3	1.73
Norwalk	445	4,420	863	19.5	13.1	1.72
Waterbury	3514	4,621	620	13.4	19.5	1.65
Danbury	2107.01	6,211	459	7.4	26.5	1.65
Vernon	5302	7,149	797	11.1	22.0	1.63
New Haven	1426.05	3,983	423	10.6	22.5	1.62
Norwich	6964.01	5,189	597	11.5	21.1	1.59

Table B.9: Census Tracts Identified using a Proportionality Index for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Winchester	3201.01	1,377	120	8.7	24.3	1.58
Waterbury	3521	4,651	371	8.0	25.0	1.56
Danbury	2101.02	3,306	162	4.9	28.5	1.56
Norwalk	444	3,649	612	16.8	14.5	1.54
East Hartford	5104	6,417	739	11.5	20.6	1.54
New Haven	1401.02	2,763	57	2.1	31.5	1.52
Hartford	5005	1,401	100	7.1	25.2	1.49
Derby	1202	5,815	616	10.6	21.0	1.48
Bridgeport	719	5,307	392	7.4	24.0	1.41
Stamford	215.02	2,500	496	19.8	9.4	1.40
New London	6907	1,134	235	20.7	8.3	1.39
Windham	8005.01	3,706	257	6.9	24.1	1.37
Hartford	5040	3,118	562	18.0	11.1	1.36
Waterbury	3528	6,478	372	5.7	25.2	1.34
Bristol	4057	2,130	286	13.4	15.8	1.30
Manchester	5147	5,005	668	13.3	15.8	1.29
East Hartford	5102	2,533	315	12.4	16.8	1.29
Waterbury	3511	4,172	577	13.8	15.1	1.28
New Haven	1414	5,920	690	11.7	17.7	1.28
New Haven	1418	4,539	569	12.5	16.4	1.26
Manchester	5146	5,195	316	6.1	24.0	1.26
East Hartford	5113	3,695	323	8.7	20.8	1.25
Danbury	2101.01	2,347	268	11.4	17.6	1.24
New London	6908	3,569	342	9.6	19.7	1.24
Bridgeport	2572	4,688	582	12.4	16.3	1.24
Hartford	5026	3,653	369	10.1	19.0	1.24
Bridgeport	731	4,599	399	8.7	20.5	1.21
Waterbury	3510	4,339	422	9.7	19.0	1.19
Bridgeport	720	3,589	292	8.1	20.6	1.17
Meriden	1715	3,410	617	18.1	8.9	1.16
New Haven	1413.01	7,035	660	9.4	18.8	1.14
Hartford	5245.01	3,621	421	11.6	15.9	1.11
West Haven	1541.01	2,680	289	10.8	16.8	1.10
Bridgeport	734	3,845	475	12.4	14.6	1.07
Hartford	5039	4,574	895	19.6	6.1	1.06
New Haven	3614.01	3,878	98	2.5	25.9	1.05
New Britain	4157	3,063	320	10.4	16.4	1.02
Torrington	3108.03	5,526	271	4.9	22.8	1.02
Waterbury	3515	4,773	382	8.0	19.2	1.02
Stratford	802	4,306	310	7.2	19.9	1.00
Meriden	1716	5,609	389	6.9	20.1	0.99
Killingly	9045	5,512	400	7.3	19.7	0.99
East Hartford	5112	3,096	349	11.3	14.9	0.97

Table B.9: Census Tracts Identified using a Proportionality Index for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Bristol	4060.01	3,988	434	10.9	15.4	0.97
West Hartford	4961	3,004	196	6.5	19.9	0.92
New Haven	1426.04	3,364	240	7.1	18.8	0.89
Manchester	5144	4,603	410	8.9	16.4	0.85
Waterbury	3516.01	3,110	198	6.4	19.1	0.83
Bristol	4058.01	2,954	235	8.0	17.1	0.82
Ansonia	1254	3,649	340	9.3	15.3	0.79
Norwalk	440	5,906	621	10.5	13.9	0.79
West Haven	1545	4,357	377	8.7	15.9	0.78
Hartford	5247	3,762	353	9.4	15.1	0.78
Stratford	804	6,013	760	12.6	11.2	0.78
West Haven	1542	6,400	575	9.0	15.5	0.77
Windham	8004	3,567	335	9.4	15.0	0.77
Norwalk	437	3,033	282	9.3	14.9	0.76
Windsor	4738	1,864	294	15.8	7.2	0.74
Waterbury	3519	2,967	345	11.6	11.4	0.68
Waterbury	3513	5,542	445	8.0	15.6	0.68
Torrington	3108.01	2,381	247	10.4	12.8	0.68
Bridgeport	721	6,130	298	4.9	19.2	0.68
Waterbury	3526	5,381	247	4.6	19.5	0.67
Bloomfield	4711	4,055	445	11.0	12.0	0.67
Danbury	2102.02	3,887	239	6.1	17.6	0.67
Bridgeport	729	4,769	551	11.6	10.8	0.62
Meriden	1704	1,899	127	6.7	16.5	0.62
West Haven	1550	5,021	417	8.3	14.3	0.59
Windsor	4734	1,763	133	7.5	15.0	0.57
Groton	7028	3,939	274	7.0	15.7	0.57
Bloomfield	4712	3,183	364	11.4	10.4	0.56
Bristol	4056	7,629	653	8.6	13.6	0.55
New Haven	3615	7,650	644	8.4	13.7	0.55
East Hartford	5105	3,183	220	6.9	15.3	0.53
New Haven	1426.01	5,938	678	11.4	9.8	0.51
New Haven	1422	1,555	107	6.9	15.1	0.51
Bridgeport	722	3,888	140	3.6	18.9	0.50
Meriden	1708	7,005	674	9.6	11.6	0.47
Bridgeport	723	5,007	262	5.2	16.7	0.47
Hartford	5245.02	1,946	50	2.6	19.8	0.47
Ellington	5351.02	3,959	67	1.7	20.6	0.46
Wallingford	1752	2,792	167	6.0	15.5	0.45
New Britain	4154	5,980	619	10.4	9.9	0.40
Manchester	5142	3,218	202	6.3	14.6	0.40
East Hartford	5103	3,894	469	12.0	7.9	0.39
New Britain	4172	1,501	99	6.6	14.1	0.38

Table B.9: Census Tracts Identified using a Proportionality Index for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
New Haven	1420	3,295	54	1.6	19.9	0.38
Sterling	9081	3,599	105	2.9	18.3	0.37
Hartford	5021	2,429	191	7.9	12.3	0.35
Plainville	4206.01	2,368	141	6.0	14.4	0.34
Hartford	5023	5,734	353	6.2	14.1	0.33
Simsbury	4662.01	2,792	50	1.8	19.0	0.31
Stamford	217.02	4,074	142	3.5	16.9	0.30
Norwich	6967.01	5,811	372	6.4	13.4	0.30
East Hartford	5108	3,435	212	6.2	13.6	0.29
Killingly	9044	4,774	141	3.0	17.2	0.27
Norwich	6970	4,943	428	8.7	10.4	0.26
Hartford	5048	4,796	280	5.8	13.6	0.25
New Britain	4165	4,554	481	10.6	8.1	0.25
Stamford	220	3,418	158	4.6	14.7	0.22
Norwalk	439	6,422	224	3.5	15.9	0.21
North Canaan	2602	3,209	50	1.6	18.0	0.20
Middletown	5415	3,150	95	3.0	16.1	0.18
Norwalk	434	4,690	379	8.1	10.2	0.18
Mansfield	8813	5,537	83	1.5	17.9	0.18
East Hartford	5101	1,895	118	6.2	12.1	0.15
Bridgeport	725	5,819	191	3.3	15.4	0.14
New London	6909	5,253	238	4.5	13.8	0.13
Danbury	2103	5,288	168	3.2	15.3	0.12
Waterbury	3525	3,496	159	4.5	13.6	0.11

Table B.10: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
New Haven	1402	386	356	92.2	29.5	20.84
New Britain	4159	1,422	791	55.6	44.3	14.13
Hartford	5012	2,815	1340	47.6	55.5	13.42
New Britain	4171	1,762	920	52.2	30.8	12.10
Waterbury	3504	2,413	1172	48.6	36.2	11.80
Hartford	5018	2,729	1069	39.2	57.2	11.72
Hartford	5004	1,873	947	50.6	25.1	11.19
Hartford	5015	2,861	1217	42.5	39.5	10.78
Waterbury	3505	2,332	964	41.3	41.5	10.71
Waterbury	3503	1,760	862	49.0	23.3	10.67
Waterbury	3501.01	3,505	1171	33.4	59.0	10.61
Bridgeport	738	1,897	810	42.7	36.5	10.54
Hartford	5030	2,706	1213	44.8	31.3	10.51
Waterbury	3502	3,331	1322	39.7	40.1	10.21
Hartford	5002	1,982	698	35.2	48.2	9.98
Hartford	5014	2,319	919	39.6	37.3	9.93
Hartford	5013	1,816	664	36.6	41.9	9.69
New Britain	4162	2,863	1115	38.9	34.8	9.54
Hartford	5028	2,854	1023	35.8	39.5	9.30
Hartford	5017	1,514	506	33.4	42.8	9.07
Hartford	5003	2,105	642	30.5	47.5	8.87
Meriden	1702	1,689	695	41.1	22.5	8.86
Middletown	5416	1,585	507	32.0	41.4	8.63
Hartford	5009	2,031	561	27.6	51.3	8.60
Meriden	1701	1,359	415	30.5	44.5	8.60
Bridgeport	709	2,908	832	28.6	48.2	8.52
Bridgeport	705	1,877	571	30.4	43.0	8.43
Bridgeport	703	1,245	308	24.7	55.2	8.33
Bridgeport	716	2,506	645	25.7	52.0	8.25
Bridgeport	743	4,890	1390	28.4	40.2	7.72
Bridgeport	706	2,599	807	31.1	31.9	7.52
New London	6905	2,621	841	32.1	29.2	7.49
New Haven	1403	2,568	751	29.2	35.7	7.48
Hartford	5035	1,612	554	34.4	23.6	7.47
New Haven	1423	5,137	1381	26.9	40.8	7.44
New Haven	1405	3,865	1247	32.3	26.4	7.26
New Haven	1406	5,469	1416	25.9	39.9	7.13
Hartford	5038	3,045	350	11.5	72.0	6.98
New Britain	4161	5,129	1579	30.8	26.3	6.92
Windham	8006	3,859	1056	27.4	33.8	6.88
New Haven	1424	5,887	1548	26.3	36.0	6.86
Bridgeport	736	2,175	634	29.1	28.9	6.82
New Haven	1415	7,954	2199	27.6	30.6	6.64

Table B.10: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Norwalk	441	2,983	912	30.6	22.2	6.50
New Haven	1407	3,656	1013	27.7	27.9	6.40
Hartford	5001	3,755	883	23.5	36.7	6.30
Hartford	5037	2,475	571	23.1	37.1	6.24
Bridgeport	739	4,068	1017	25.0	32.5	6.24
Hartford	5244	3,332	989	29.7	20.5	6.13
Bridgeport	740	2,225	629	28.3	23.6	6.11
New Haven	1421	1,459	280	19.2	44.3	6.06
Hartford	5041	1,581	287	18.2	46.5	6.04
Meriden	1710	1,841	379	20.6	37.2	5.70
Bridgeport	744	4,672	1326	28.4	18.6	5.66
Hartford	5031.01	1,988	455	22.9	30.3	5.56
New London	6904	2,099	482	23.0	29.6	5.51
Waterbury	3508	6,376	1339	21.0	33.9	5.48
Waterbury	3512	3,591	915	25.5	21.9	5.33
Hartford	5033	2,765	778	28.1	14.2	5.20
New Haven	1408	4,210	873	20.7	31.3	5.18
Bridgeport	713	3,091	787	25.5	20.0	5.15
New Haven	1416	4,949	1067	21.6	29.0	5.14
Hartford	5029	3,081	746	24.2	22.7	5.13
Meriden	1714	1,775	382	21.5	27.8	5.02
New Britain	4166	3,288	745	22.7	23.8	4.89
Bridgeport	714	3,786	630	16.6	37.3	4.84
Bridgeport	737	4,616	923	20.0	29.3	4.82
Bridgeport	735	3,654	753	20.6	26.2	4.66
Middletown	5411	2,301	502	21.8	22.5	4.58
Bridgeport	712	5,684	869	15.3	37.3	4.54
Meriden	1709	2,524	447	17.7	31.4	4.52
New Britain	4153	2,495	473	19.0	28.5	4.52
Hartford	5042	5,485	563	10.3	48.3	4.47
Hartford	5246	3,348	733	21.9	20.2	4.38
Bridgeport	710	3,640	768	21.1	21.8	4.36
Waterbury	3523	2,805	480	17.1	30.7	4.31
Stamford	222.01	3,188	735	23.1	16.7	4.31
Waterbury	3517	3,285	618	18.8	26.6	4.30
Hartford	5045	3,280	638	19.5	24.7	4.26
New Haven	1404	3,626	737	20.3	20.2	4.03
Meriden	1703	2,094	418	20.0	19.7	3.91
New Haven	1409	5,018	834	16.6	27.3	3.89
New Britain	4158	2,906	365	12.6	36.2	3.84
Hartford	5031.02	2,334	367	15.7	28.1	3.76
Hartford	5049	5,028	764	15.2	27.6	3.60
Middletown	5417	3,487	558	16.0	25.6	3.59

Table B.10: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Enfield	4806	4,591	560	12.2	34.1	3.55
New Haven	1412	4,884	795	16.3	24.2	3.51
Hartford	5027	4,826	568	11.8	34.5	3.50
Norwich	6968	3,586	650	18.1	19.3	3.46
Hartford	5025	1,847	310	16.8	22.3	3.45
Bridgeport	704	1,586	335	21.1	11.9	3.42
Stamford	215.01	4,308	767	17.8	19.3	3.39
Ansonia	1253	4,761	817	17.2	20.6	3.37
Hartford	5043	2,168	305	14.1	27.6	3.35
Hamden	1655	4,465	792	17.7	18.6	3.31
Hartford	5024	5,981	622	10.4	35.7	3.30
New Britain	4160	4,791	587	12.3	31.1	3.28
New London	6903	6,593	855	13.0	29.2	3.25
Torrington	3103	1,680	269	16.0	21.7	3.22
New Haven	1425	5,646	975	17.3	18.6	3.20
Norwalk	445	4,420	863	19.5	13.1	3.18
Bridgeport	711	4,489	703	15.7	22.1	3.18
New London	8703	6,316	727	11.5	31.6	3.17
Bridgeport	733	3,601	592	16.4	19.7	3.12
New Britain	4155	3,191	449	14.1	24.8	3.09
Bristol	4061	4,297	685	15.9	20.4	3.08
New Haven	1427	7,075	819	11.6	30.0	3.03
Waterbury	3522	2,842	336	11.8	29.2	3.00
Bridgeport	728	5,895	848	14.4	23.2	3.00
New London	6907	1,134	235	20.7	8.3	2.99
East Hartford	5106	4,871	632	13.0	25.4	2.90
Stamford	215.02	2,500	496	19.8	9.4	2.90
New Britain	4167	6,624	852	12.9	24.5	2.79
Bridgeport	702	3,953	550	13.9	21.9	2.77
Windham	8003	7,272	405	5.6	41.4	2.77
Stamford	223	5,506	782	14.2	20.8	2.73
Norwalk	444	3,649	612	16.8	14.5	2.70
Hartford	5040	3,118	562	18.0	11.1	2.66
Manchester	5148	3,311	412	12.4	24.0	2.65
Torrington	3102	2,540	294	11.6	25.9	2.64
Groton	7025	4,436	475	10.7	27.7	2.61
New Britain	4156	4,638	654	14.1	19.7	2.61
New Britain	4163	4,325	525	12.1	23.7	2.56
Hartford	5039	4,574	895	19.6	6.1	2.53
Meriden	1707	2,142	289	13.5	20.3	2.53
Meriden	1715	3,410	617	18.1	8.9	2.46
Waterbury	3514	4,621	620	13.4	19.5	2.44
Bridgeport	732	4,161	380	9.1	28.8	2.37

Table B.10: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Stamford	221.01	3,557	269	7.6	30.7	2.21
Vernon	5302	7,149	797	11.1	22.0	2.17
Norwich	6964.01	5,189	597	11.5	21.1	2.17
East Hartford	5104	6,417	739	11.5	20.6	2.12
Waterbury	3511	4,172	577	13.8	15.1	2.11
New Haven	1426.05	3,983	423	10.6	22.5	2.10
Bristol	4057	2,130	286	13.4	15.8	2.09
Manchester	5147	5,005	668	13.3	15.8	2.07
Waterbury	3524	4,069	283	7.0	30.2	2.02
East Hartford	5102	2,533	315	12.4	16.8	1.97
Derby	1202	5,815	616	10.6	21.0	1.96
New Haven	1418	4,539	569	12.5	16.4	1.95
Bridgeport	2572	4,688	582	12.4	16.3	1.91
New Haven	1414	5,920	690	11.7	17.7	1.87
Winchester	3201.01	1,377	120	8.7	24.3	1.85
Danbury	2101.01	2,347	268	11.4	17.6	1.81
Windsor	4738	1,864	294	15.8	7.2	1.79
Danbury	2107.01	6,211	459	7.4	26.5	1.77
Waterbury	3521	4,651	371	8.0	25.0	1.75
Bridgeport	734	3,845	475	12.4	14.6	1.74
Hartford	5245.01	3,621	421	11.6	15.9	1.70
Hartford	5026	3,653	369	10.1	19.0	1.66
New London	6908	3,569	342	9.6	19.7	1.61
West Haven	1541.01	2,680	289	10.8	16.8	1.60
Hartford	5005	1,401	100	7.1	25.2	1.59
Waterbury	3510	4,339	422	9.7	19.0	1.57
Bridgeport	719	5,307	392	7.4	24.0	1.53
East Hartford	5112	3,096	349	11.3	14.9	1.53
East Hartford	5113	3,695	323	8.7	20.8	1.52
New Britain	4157	3,063	320	10.4	16.4	1.48
Bristol	4060.01	3,988	434	10.9	15.4	1.48
Stratford	804	6,013	760	12.6	11.2	1.48
New Haven	1413.01	7,035	660	9.4	18.8	1.48
Bridgeport	731	4,599	399	8.7	20.5	1.48
Windham	8005.01	3,706	257	6.9	24.1	1.44
Danbury	2101.02	3,306	162	4.9	28.5	1.41
Bridgeport	720	3,589	292	8.1	20.6	1.37
Waterbury	3528	6,478	372	5.7	25.2	1.28
Waterbury	3519	2,967	345	11.6	11.4	1.28
Norwalk	440	5,906	621	10.5	13.9	1.26
Manchester	5146	5,195	316	6.1	24.0	1.23
Waterbury	3515	4,773	382	8.0	19.2	1.21
Bridgeport	729	4,769	551	11.6	10.8	1.20

Table B.10: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 20% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Bloomfield	4711	4,055	445	11.0	12.0	1.19
Manchester	5144	4,603	410	8.9	16.4	1.14
Bloomfield	4712	3,183	364	11.4	10.4	1.13
Torrington	3108.01	2,381	247	10.4	12.8	1.13
Ansonia	1254	3,649	340	9.3	15.3	1.13
Hartford	5247	3,762	353	9.4	15.1	1.12
Windham	8004	3,567	335	9.4	15.0	1.11
Stratford	802	4,306	310	7.2	19.9	1.10
Killingly	9045	5,512	400	7.3	19.7	1.09
Norwalk	437	3,033	282	9.3	14.9	1.09
New Haven	1426.01	5,938	678	11.4	9.8	1.08
West Haven	1542	6,400	575	9.0	15.5	1.07
Meriden	1716	5,609	389	6.9	20.1	1.06
New Haven	1401.02	2,763	57	2.1	31.5	1.06
West Haven	1545	4,357	377	8.7	15.9	1.04
East Hartford	5103	3,894	469	12.0	7.9	1.03
Bristol	4058.01	2,954	235	8.0	17.1	1.00
New Haven	1426.04	3,364	240	7.1	18.8	0.98
West Hartford	4961	3,004	196	6.5	19.9	0.94
Waterbury	3513	5,542	445	8.0	15.6	0.87
Torrington	3108.03	5,526	271	4.9	22.8	0.87
New Britain	4154	5,980	619	10.4	9.9	0.85
Meriden	1708	7,005	674	9.6	11.6	0.84

Table B.11: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
New Haven	1402	386	356	92.2	29.5	20.84
New Britain	4159	1,422	791	55.6	44.3	14.13
Hartford	5012	2,815	1,340	47.6	55.5	13.42
New Britain	4171	1,762	920	52.2	30.8	12.10
Waterbury	3504	2,413	1,172	48.6	36.2	11.80
Hartford	5018	2,729	1,069	39.2	57.2	11.72
Hartford	5004	1,873	947	50.6	25.1	11.19
Hartford	5015	2,861	1,217	42.5	39.5	10.78
Waterbury	3505	2,332	964	41.3	41.5	10.71
Waterbury	3503	1,760	862	49.0	23.3	10.67
Waterbury	3501.01	3,505	1,171	33.4	59.0	10.61
Bridgeport	738	1,897	810	42.7	36.5	10.54
Hartford	5030	2,706	1,213	44.8	31.3	10.51
Waterbury	3502	3,331	1,322	39.7	40.1	10.21
Hartford	5002	1,982	698	35.2	48.2	9.98
Hartford	5014	2,319	919	39.6	37.3	9.93
Hartford	5013	1,816	664	36.6	41.9	9.69
New Britain	4162	2,863	1,115	38.9	34.8	9.54
Hartford	5028	2,854	1,023	35.8	39.5	9.30
Hartford	5017	1,514	506	33.4	42.8	9.07
Hartford	5003	2,105	642	30.5	47.5	8.87
Meriden	1702	1,689	695	41.1	22.5	8.86
Middletown	5416	1,585	507	32.0	41.4	8.63
Hartford	5009	2,031	561	27.6	51.3	8.60
Meriden	1701	1,359	415	30.5	44.5	8.60
Bridgeport	709	2,908	832	28.6	48.2	8.52
Bridgeport	705	1,877	571	30.4	43.0	8.43
Bridgeport	703	1,245	308	24.7	55.2	8.33
Bridgeport	716	2,506	645	25.7	52.0	8.25
Bridgeport	743	4,890	1,390	28.4	40.2	7.72
Bridgeport	706	2,599	807	31.1	31.9	7.52
New London	6905	2,621	841	32.1	29.2	7.49
New Haven	1403	2,568	751	29.2	35.7	7.48
Hartford	5035	1,612	554	34.4	23.6	7.47
New Haven	1423	5,137	1,381	26.9	40.8	7.44
New Haven	1405	3,865	1,247	32.3	26.4	7.26
New Haven	1406	5,469	1,416	25.9	39.9	7.13
Hartford	5038	3,045	350	11.5	72.0	6.98
New Britain	4161	5,129	1,579	30.8	26.3	6.92
Windham	8006	3,859	1,056	27.4	33.8	6.88
New Haven	1424	5,887	1,548	26.3	36.0	6.86
Bridgeport	736	2,175	634	29.1	28.9	6.82
New Haven	1415	7,954	2,199	27.6	30.6	6.64

Table B.11: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Norwalk	441	2,983	912	30.6	22.2	6.50
New Haven	1407	3,656	1,013	27.7	27.9	6.40
Hartford	5001	3,755	883	23.5	36.7	6.30
Hartford	5037	2,475	571	23.1	37.1	6.24
Bridgeport	739	4,068	1,017	25.0	32.5	6.24
Hartford	5244	3,332	989	29.7	20.5	6.13
Bridgeport	740	2,225	629	28.3	23.6	6.11
New Haven	1421	1,459	280	19.2	44.3	6.06
Hartford	5041	1,581	287	18.2	46.5	6.04
Meriden	1710	1,841	379	20.6	37.2	5.70
Bridgeport	744	4,672	1,326	28.4	18.6	5.66
Hartford	5031.01	1,988	455	22.9	30.3	5.56
New London	6904	2,099	482	23.0	29.6	5.51
Waterbury	3508	6,376	1,339	21.0	33.9	5.48
Waterbury	3512	3,591	915	25.5	21.9	5.33
Hartford	5033	2,765	778	28.1	14.2	5.20
New Haven	1408	4,210	873	20.7	31.3	5.18
Bridgeport	713	3,091	787	25.5	20.0	5.15
New Haven	1416	4,949	1,067	21.6	29.0	5.14
Hartford	5029	3,081	746	24.2	22.7	5.13
Meriden	1714	1,775	382	21.5	27.8	5.02
New Britain	4166	3,288	745	22.7	23.8	4.89
Bridgeport	714	3,786	630	16.6	37.3	4.84
Bridgeport	737	4,616	923	20.0	29.3	4.82
Bridgeport	735	3,654	753	20.6	26.2	4.66
Middletown	5411	2,301	502	21.8	22.5	4.58
Bridgeport	712	5,684	869	15.3	37.3	4.54
Meriden	1709	2,524	447	17.7	31.4	4.52
New Britain	4153	2,495	473	19.0	28.5	4.52
Hartford	5042	5,485	563	10.3	48.3	4.47
Hartford	5246	3,348	733	21.9	20.2	4.38
Bridgeport	710	3,640	768	21.1	21.8	4.36
Waterbury	3523	2,805	480	17.1	30.7	4.31
Stamford	222.01	3,188	735	23.1	16.7	4.31
Waterbury	3517	3,285	618	18.8	26.6	4.30
Hartford	5045	3,280	638	19.5	24.7	4.26
New Haven	1404	3,626	737	20.3	20.2	4.03
Meriden	1703	2,094	418	20.0	19.7	3.91
New Haven	1409	5,018	834	16.6	27.3	3.89
New Britain	4158	2,906	365	12.6	36.2	3.84
Hartford	5031.02	2,334	367	15.7	28.1	3.76
Hartford	5049	5,028	764	15.2	27.6	3.60
Middletown	5417	3,487	558	16.0	25.6	3.59

Table B.11: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Enfield	4806	4,591	560	12.2	34.1	3.55
New Haven	1412	4,884	795	16.3	24.2	3.51
Hartford	5027	4,826	568	11.8	34.5	3.50
Norwich	6968	3,586	650	18.1	19.3	3.46
Hartford	5025	1,847	310	16.8	22.3	3.45
Bridgeport	704	1,586	335	21.1	11.9	3.42
Stamford	215.01	4,308	767	17.8	19.3	3.39
Ansonia	1253	4,761	817	17.2	20.6	3.37
Hartford	5043	2,168	305	14.1	27.6	3.35
Hamden	1655	4,465	792	17.7	18.6	3.31
Hartford	5024	5,981	622	10.4	35.7	3.30
New Britain	4160	4,791	587	12.3	31.1	3.28
New London	6903	6,593	855	13.0	29.2	3.25
Torrington	3103	1,680	269	16.0	21.7	3.22
New Haven	1425	5,646	975	17.3	18.6	3.20
Norwalk	445	4,420	863	19.5	13.1	3.18
Bridgeport	711	4,489	703	15.7	22.1	3.18
New London	8703	6,316	727	11.5	31.6	3.17
Bridgeport	733	3,601	592	16.4	19.7	3.12
New Britain	4155	3,191	449	14.1	24.8	3.09
Bristol	4061	4,297	685	15.9	20.4	3.08
New Haven	1427	7,075	819	11.6	30.0	3.03
Waterbury	3522	2,842	336	11.8	29.2	3.00
Bridgeport	728	5,895	848	14.4	23.2	3.00
New London	6907	1,134	235	20.7	8.3	2.99
East Hartford	5106	4,871	632	13.0	25.4	2.90
Stamford	215.02	2,500	496	19.8	9.4	2.90
New Britain	4167	6,624	852	12.9	24.5	2.79
Bridgeport	702	3,953	550	13.9	21.9	2.77
Windham	8003	7,272	405	5.6	41.4	2.77
Stamford	223	5,506	782	14.2	20.8	2.73
Norwalk	444	3,649	612	16.8	14.5	2.70
Hartford	5040	3,118	562	18.0	11.1	2.66
Manchester	5148	3,311	412	12.4	24.0	2.65
Torrington	3102	2,540	294	11.6	25.9	2.64
Groton	7025	4,436	475	10.7	27.7	2.61
New Britain	4156	4,638	654	14.1	19.7	2.61
New Britain	4163	4,325	525	12.1	23.7	2.56
Hartford	5039	4,574	895	19.6	6.1	2.53
Meriden	1707	2,142	289	13.5	20.3	2.53
Meriden	1715	3,410	617	18.1	8.9	2.46
Waterbury	3514	4,621	620	13.4	19.5	2.44
Bridgeport	732	4,161	380	9.1	28.8	2.37

Table B.11: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Stamford	221.01	3,557	269	7.6	30.7	2.21
Vernon	5302	7,149	797	11.1	22.0	2.17
Norwich	6964.01	5,189	597	11.5	21.1	2.17
East Hartford	5104	6,417	739	11.5	20.6	2.12
Waterbury	3511	4,172	577	13.8	15.1	2.11
New Haven	1426.05	3,983	423	10.6	22.5	2.10
Bristol	4057	2,130	286	13.4	15.8	2.09
Manchester	5147	5,005	668	13.3	15.8	2.07
Waterbury	3524	4,069	283	7.0	30.2	2.02
East Hartford	5102	2,533	315	12.4	16.8	1.97
Derby	1202	5,815	616	10.6	21.0	1.96
New Haven	1418	4,539	569	12.5	16.4	1.95
Bridgeport	2572	4,688	582	12.4	16.3	1.91
New Haven	1414	5,920	690	11.7	17.7	1.87
Winchester	3201.01	1,377	120	8.7	24.3	1.85
Danbury	2101.01	2,347	268	11.4	17.6	1.81
Windsor	4738	1,864	294	15.8	7.2	1.79
Danbury	2107.01	6,211	459	7.4	26.5	1.77
Waterbury	3521	4,651	371	8.0	25.0	1.75
Bridgeport	734	3,845	475	12.4	14.6	1.74
Hartford	5245.01	3,621	421	11.6	15.9	1.70
Hartford	5026	3,653	369	10.1	19.0	1.66
New London	6908	3,569	342	9.6	19.7	1.61
West Haven	1541.01	2,680	289	10.8	16.8	1.60
Hartford	5005	1,401	100	7.1	25.2	1.59
Waterbury	3510	4,339	422	9.7	19.0	1.57
Bridgeport	719	5,307	392	7.4	24.0	1.53
East Hartford	5112	3,096	349	11.3	14.9	1.53
East Hartford	5113	3,695	323	8.7	20.8	1.52
New Britain	4157	3,063	320	10.4	16.4	1.48
Bristol	4060.01	3,988	434	10.9	15.4	1.48
Stratford	804	6,013	760	12.6	11.2	1.48
New Haven	1413.01	7,035	660	9.4	18.8	1.48
Bridgeport	731	4,599	399	8.7	20.5	1.48
Windham	8005.01	3,706	257	6.9	24.1	1.44
Danbury	2101.02	3,306	162	4.9	28.5	1.41
Bridgeport	720	3,589	292	8.1	20.6	1.37
Waterbury	3528	6,478	372	5.7	25.2	1.28
Waterbury	3519	2,967	345	11.6	11.4	1.28
Norwalk	440	5,906	621	10.5	13.9	1.26
Manchester	5146	5,195	316	6.1	24.0	1.23
Waterbury	3515	4,773	382	8.0	19.2	1.21
Bridgeport	729	4,769	551	11.6	10.8	1.20

Table B.11: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Bloomfield	4711	4,055	445	11.0	12.0	1.19
Manchester	5144	4,603	410	8.9	16.4	1.14
Bloomfield	4712	3,183	364	11.4	10.4	1.13
Torrington	3108.01	2,381	247	10.4	12.8	1.13
Ansonia	1254	3,649	340	9.3	15.3	1.13
Hartford	5247	3,762	353	9.4	15.1	1.12
Windham	8004	3,567	335	9.4	15.0	1.11
Stratford	802	4,306	310	7.2	19.9	1.10
Killingly	9045	5,512	400	7.3	19.7	1.09
Norwalk	437	3,033	282	9.3	14.9	1.09
New Haven	1426.01	5,938	678	11.4	9.8	1.08
West Haven	1542	6,400	575	9.0	15.5	1.07
Meriden	1716	5,609	389	6.9	20.1	1.06
New Haven	1401.02	2,763	57	2.1	31.5	1.06
West Haven	1545	4,357	377	8.7	15.9	1.04
East Hartford	5103	3,894	469	12.0	7.9	1.03
Bristol	4058.01	2,954	235	8.0	17.1	1.00
New Haven	1426.04	3,364	240	7.1	18.8	0.98
West Hartford	4961	3,004	196	6.5	19.9	0.94
Waterbury	3513	5,542	445	8.0	15.6	0.87
Torrington	3108.03	5,526	271	4.9	22.8	0.87
New Britain	4154	5,980	619	10.4	9.9	0.85
Meriden	1708	7,005	674	9.6	11.6	0.84
Waterbury	3516.01	3,110	198	6.4	19.1	0.83
West Haven	1550	5,021	417	8.3	14.3	0.81
Bristol	4056	7,629	653	8.6	13.6	0.80
New Haven	3615	7,650	644	8.4	13.7	0.78
New Britain	4165	4,554	481	10.6	8.1	0.72
Windsor	4734	1,763	133	7.5	15.0	0.71
Meriden	1704	1,899	127	6.7	16.5	0.66
Danbury	2102.02	3,887	239	6.1	17.6	0.65
Groton	7028	3,939	274	7.0	15.7	0.64
New Haven	3614.01	3,878	98	2.5	25.9	0.64
East Hartford	5105	3,183	220	6.9	15.3	0.60
New Haven	1422	1,555	107	6.9	15.1	0.57
Hartford	5021	2,429	191	7.9	12.3	0.53
Norwich	6970	4,943	428	8.7	10.4	0.52
Bridgeport	721	6,130	298	4.9	19.2	0.52
Waterbury	3526	5,381	247	4.6	19.5	0.48
New Britain	4172	1,501	99	6.6	14.1	0.42
Wallingford	1752	2,792	167	6.0	15.5	0.41
Manchester	5142	3,218	202	6.3	14.6	0.39
Bristol	4051	3,250	322	9.9	6.1	0.39

Table B.11: Census Tracts Identified using a Proportionality Index with Double-Weighted Convictions for 25% of the population (Sorted Index Score)

Town/City	Census Tract	Population	Historical Drug Convictions #	Historical Drug Convictions %	Poverty Rate %	Proportionality Index Score
Norwalk	434	4,690	379	8.1	10.2	0.38
Bridgeport	723	5,007	262	5.2	16.7	0.36
Hartford	5023	5,734	353	6.2	14.1	0.32
Norwich	6967.01	5,811	372	6.4	13.4	0.31
Plainville	4206.01	2,368	141	6.0	14.4	0.30
Stamford	214.01	3,584	333	9.3	6.3	0.28
East Hartford	5108	3,435	212	6.2	13.6	0.27
Bridgeport	727	3,920	315	8.0	8.9	0.24
Bridgeport	722	3,888	140	3.6	18.9	0.21
Hartford	5048	4,796	280	5.8	13.6	0.20
East Hartford	5101	1,895	118	6.2	12.1	0.14
East Haven	1803	2,441	157	6.4	11.4	0.12
Norwalk	432	3,341	225	6.7	10.4	0.09
Bridgeport	724	2,996	215	7.2	9.2	0.08
Hartford	5245.02	1,946	50	2.6	19.8	0.06
Stamford	201.02	3,560	246	6.9	9.5	0.05
Stamford	220	3,418	158	4.6	14.7	0.03
East Haven	1802	5,104	413	8.1	6.4	0.02
Norwich	6965	3,270	248	7.6	7.4	0.00
Sterling	9081	3,599	105	2.9	18.3	0.00
Stamford	217.02	4,074	142	3.5	16.9	-0.01
West Haven	1546	4,881	394	8.1	6.2	-0.01
West Haven	1541.02	5,829	378	6.5	9.8	-0.02
Windham	8007	3,541	204	5.8	11.4	-0.03
Southington	4306.03	2,466	125	5.1	12.8	-0.05
Ellington	5351.02	3,959	67	1.7	20.6	-0.05

Table B.12: Comparison of Total Number of Census Tracts Identified in each town by Inclusion of Poverty Rate and Adjusted Poverty Rate Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Conviction and poverty rate greater than 10%	Conviction greater than 10% and poverty rate greater than 15%	Conviction greater than 10% and poverty rate greater than 20%	Conviction and adjusted poverty rate greater than 10%	Conviction greater than 10% and adjusted poverty rate greater than 15%	Conviction greater than 10% and adjusted poverty rate greater than 20%
Andover	1	0	0	0	0	0	0	0
Ansonia	4	1	2	2	1	2	2	1
Ashford	1	0	0	0	0	0	0	0
Avon	4	0	0	0	0	0	0	0
Barkhamsted	1	0	0	0	0	0	0	0
Beacon Falls	1	0	0	0	0	0	0	0
Berlin	4	0	0	0	0	0	0	0
Bethany	1	0	0	0	0	0	0	0
Bethel	4	0	0	0	0	0	0	0
Bethlehem	1	0	0	0	0	0	0	0
Bloomfield	5	2	2	2	2	2	2	2
Bolton	1	0	0	0	0	0	0	0
Bozrah	1	0	0	0	0	1	0	0
Branford	7	0	2	0	0	2	0	0
Bridgeport	37	25	35	33	29	33	33	29
Bridgewater	1	0	0	0	0	0	0	0
Bristol	14	3	6	4	3	5	4	3
Brookfield	3	0	0	0	0	0	0	0
Brooklyn	2	0	0	0	0	0	0	0
Burlington	2	0	0	0	0	0	0	0
Canaan	1	0	1	0	0	0	0	0
Canterbury	1	0	0	0	0	0	0	0
Canton	2	0	0	0	0	0	0	0
Chaplin	1	0	0	0	0	0	0	0
Cheshire	5	0	0	0	0	0	0	0
Chester	1	0	0	0	0	0	0	0
Clinton	4	0	0	0	0	0	0	0
Colchester	3	0	0	0	0	0	0	0
Colebrook	1	0	0	0	0	0	0	0
Columbia	1	0	0	0	0	0	0	0
Cornwall	1	0	0	0	0	0	0	0
Coventry	2	0	0	0	0	0	0	0
Cromwell	3	0	0	0	0	0	0	0
Danbury	20	1	9	6	3	9	7	3
Darien	5	0	0	0	0	0	0	0
Deep River	1	0	0	0	0	0	0	0
Derby	2	1	1	1	1	1	1	1
Durham	1	0	0	0	0	0	0	0
East Granby	2	0	0	0	0	0	0	0
East Haddam	2	0	0	0	0	0	0	0
East Hampton	3	0	0	0	0	0	0	0
East Hartford	14	5	10	7	5	9	7	6
East Haven	8	0	1	0	0	2	0	0
East Lyme	5	0	0	0	0	0	0	0
East Windsor	2	0	1	0	0	1	0	0
Eastford	1	0	0	0	0	0	0	0
Easton	2	0	1	0	0	1	0	0
Ellington	3	0	1	1	0	1	1	1
Enfield	12	1	2	1	1	3	1	1
Essex	2	0	0	0	0	0	0	0
Fairfield	17	0	4	0	0	1	0	0
Farmington	6	0	1	0	0	1	0	0
Franklin	1	0	0	0	0	0	0	0
Glastonbury	7	0	0	0	0	0	0	0
Goshen	1	0	0	0	0	0	0	0

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Table B.12: Comparison of Total Number of Census Tracts Identified in each town by Inclusion of Poverty Rate and Adjusted Poverty Rate Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Conviction and poverty rate greater than 10%	Conviction greater than 10% and poverty rate greater than 15%	Conviction greater than 10% and poverty rate greater than 20%	Conviction and adjusted poverty rate greater than 10%	Conviction greater than 10% and adjusted poverty rate greater than 15%	Conviction greater than 10% and adjusted poverty rate greater than 20%
Granby	2	0	0	0	0	0	0	0
Greenwich	15	0	1	1	0	2	1	0
Griswold	2	0	1	0	0	1	0	0
Groton	11	1	2	2	1	3	2	1
Guilford	5	0	0	0	0	0	0	0
Haddam	2	0	0	0	0	0	0	0
Hamden	13	1	5	2	1	4	1	1
Hampton	1	0	0	0	0	0	0	0
Hartford	41	34	40	37	35	40	37	35
Hartland	1	0	0	0	0	0	0	0
Harwinton	2	0	0	0	0	0	0	0
Hebron	2	0	0	0	0	0	0	0
Kent	1	0	0	0	0	0	0	0
Killingly	4	0	2	2	1	2	2	0
Killingworth	1	0	0	0	0	0	0	0
Lebanon	1	0	0	0	0	0	0	0
Ledyard	2	0	0	0	0	0	0	0
Lisbon	1	0	0	0	0	0	0	0
Litchfield	3	0	0	0	0	0	0	0
Lyme	1	0	0	0	0	0	0	0
Madison	4	0	0	0	0	0	0	0
Manchester	15	2	7	4	3	6	4	3
Mansfield	4	0	4	4	3	1	1	0
Marlborough	1	0	0	0	0	0	0	0
Meriden	18	8	11	10	9	11	10	9
Middlebury	2	0	0	0	0	0	0	0
Middlefield	1	0	0	0	0	0	0	0
Middletown	13	3	7	4	3	5	4	3
Milford	12	0	0	0	0	0	0	0
Monroe	3	0	0	0	0	0	0	0
Montville	4	0	0	0	0	0	0	0
Morris	1	0	0	0	0	0	0	0
Naugatuck	5	0	0	0	0	0	0	0
New Britain	21	15	17	16	15	16	15	15
New Canaan	5	0	0	0	0	0	0	0
New Fairfield	4	0	0	0	0	0	0	0
New Hartford	1	0	0	0	0	0	0	0
New Haven	33	20	30	28	25	29	26	22
New London	7	5	7	6	6	7	6	5
New Milford	5	0	2	1	0	2	0	0
Newington	7	0	2	0	0	2	0	0
Newtown	5	0	0	0	0	0	0	0
Norfolk	1	0	1	0	0	1	0	0
North Branford	2	0	0	0	0	0	0	0
North Canaan	1	0	1	1	0	1	1	0
North Haven	5	0	1	0	0	1	0	0
North Stonington	1	0	0	0	0	0	0	0
Norwalk	22	4	12	6	4	13	5	4
Norwich	9	2	3	2	2	4	2	2
Old Lyme	3	0	1	0	0	1	0	0
Old Saybrook	2	0	0	0	0	0	0	0
Orange	4	0	0	0	0	0	0	0
Oxford	2	0	0	0	0	0	0	0
Plainfield	3	0	2	0	0	1	0	0
Plainville	5	0	1	0	0	1	0	0

Table B.12: Comparison of Total Number of Census Tracts Identified in each town by Inclusion of Poverty Rate and Adjusted Poverty Rate Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Conviction and poverty rate greater than 10%	Conviction greater than 10% and poverty rate greater than 15%	Conviction greater than 10% and poverty rate greater than 20%	Conviction and adjusted poverty rate greater than 10%	Conviction greater than 10% and adjusted poverty rate greater than 15%	Conviction greater than 10% and adjusted poverty rate greater than 20%
Plymouth	3	0	1	0	0	2	0	0
Pomfret	1	0	0	0	0	0	0	0
Portland	2	0	0	0	0	0	0	0
Preston	1	0	0	0	0	0	0	0
Prospect	2	0	0	0	0	0	0	0
Putnam	3	0	1	0	0	1	0	0
Redding	2	0	0	0	0	0	0	0
Ridgefield	6	0	0	0	0	0	0	0
Rocky Hill	4	0	0	0	0	0	0	0
Roxbury	1	0	0	0	0	0	0	0
Salem	1	0	0	0	0	0	0	0
Salisbury	1	0	0	0	0	0	0	0
Scotland	1	0	0	0	0	0	0	0
Seymour	4	0	0	0	0	0	0	0
Sharon	1	0	1	0	0	1	0	0
Shelton	9	0	0	0	0	0	0	0
Sherman	1	0	0	0	0	0	0	0
Simsbury	6	0	1	1	0	1	1	0
Somers	3	0	0	0	0	0	0	0
South Windsor	6	0	1	0	0	1	0	0
Southbury	5	0	1	0	0	1	0	0
Southington	12	0	2	0	0	3	0	0
Sprague	1	0	1	0	0	1	0	0
Stafford	3	0	0	0	0	0	0	0
Stamford	33	4	14	6	5	14	6	5
Sterling	1	0	1	1	0	1	1	0
Stonington	5	0	1	1	0	1	1	0
Stratford	12	1	2	2	1	3	2	1
Suffield	5	0	0	0	0	0	0	0
Thomaston	2	0	0	0	0	0	0	0
Thompson	2	0	0	0	0	0	0	0
Tolland	3	0	1	0	0	0	0	0
Torrington	11	3	7	4	4	6	5	4
Trumbull	7	0	0	0	0	1	0	0
Union	1	0	0	0	0	0	0	0
Vernon	7	1	4	1	1	2	1	1
Voluntown	1	0	0	0	0	0	0	0
Wallingford	11	0	2	1	0	3	1	0
Warren	1	0	0	0	0	0	0	0
Washington	1	0	1	0	0	0	0	0
Waterbury	28	13	24	22	16	24	21	16
Waterford	5	0	1	0	0	1	0	0
Watertown	4	0	0	0	0	0	0	0
West Hartford	17	0	3	1	0	3	1	0
West Haven	10	1	7	3	1	5	3	1
Westbrook	2	0	0	0	0	0	0	0
Weston	2	0	0	0	0	0	0	0
Westport	7	0	0	0	0	0	0	0
Wethersfield	6	0	1	0	0	1	0	0
Willington	1	0	1	0	0	0	0	0
Wilton	5	0	0	0	0	0	0	0
Winchester	3	0	2	1	1	2	1	1
Windham	6	1	5	4	3	5	3	3
Windsor	8	1	2	1	1	2	1	1
Windsor Locks	4	0	0	0	0	1	0	0

Table B.12: Comparison of Total Number of Census Tracts Identified in each town by Inclusion of Poverty Rate and Adjusted Poverty Rate Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Conviction and poverty rate greater than 10%	Conviction greater than 10% and poverty rate greater than 15%	Conviction greater than 10% and poverty rate greater than 20%	Conviction and adjusted poverty rate greater than 10%	Conviction greater than 10% and adjusted poverty rate greater than 15%	Conviction greater than 10% and adjusted poverty rate greater than 20%
Wolcott	3	0	0	0	0	0	0	0
Woodbridge	2	0	0	0	0	0	0	0
Woodbury	2	0	0	0	0	0	0	0
Woodstock	2	0	0	0	0	0	0	0
Total	**879**	**159**	**327**	**232**	**186**	**314**	**223**	**180**

Table B.13: Comparison of Total Number of Census Tracts Identified in each town by Proportionality Index Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Index within 20% of CT Population	Index within 25% of CT Population	Conviction Double-weighted - Index within 20% of CT Population	Conviction Double-weighted - Index within 25% of CT Population
Andover	1	0	0	0	0	0
Ansonia	4	1	2	2	2	2
Ashford	1	0	0	0	0	0
Avon	4	0	0	0	0	0
Barkhamsted	1	0	0	0	0	0
Beacon Falls	1	0	0	0	0	0
Berlin	4	0	0	0	0	0
Bethany	1	0	0	0	0	0
Bethel	4	0	0	0	0	0
Bethlehem	1	0	0	0	0	0
Bloomfield	5	2	1	2	2	2
Bolton	1	0	0	0	0	0
Bozrah	1	0	0	0	0	0
Branford	7	0	0	0	0	0
Bridgeport	37	25	30	33	29	34
Bridgewater	1	0	0	0	0	0
Bristol	14	3	4	5	4	6
Brookfield	3	0	0	0	0	0
Brooklyn	2	0	0	0	0	0
Burlington	2	0	0	0	0	0
Canaan	1	0	0	0	0	0
Canterbury	1	0	0	0	0	0
Canton	2	0	0	0	0	0
Chaplin	1	0	0	0	0	0
Cheshire	5	0	0	0	0	0
Chester	1	0	0	0	0	0
Clinton	4	0	0	0	0	0
Colchester	3	0	0	0	0	0
Colebrook	1	0	0	0	0	0
Columbia	1	0	0	0	0	0
Cornwall	1	0	0	0	0	0
Coventry	2	0	0	0	0	0
Cromwell	3	0	0	0	0	0
Danbury	20	1	4	5	3	4
Darien	5	0	0	0	0	0
Deep River	1	0	0	0	0	0
Derby	2	1	1	1	1	1
Durham	1	0	0	0	0	0
East Granby	2	0	0	0	0	0
East Haddam	2	0	0	0	0	0
East Hampton	3	0	0	0	0	0
East Hartford	14	5	5	9	6	9
East Haven	8	0	0	0	0	2

Table B.13: Comparison of Total Number of Census Tracts Identified in each town by Proportionality Index Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Index within 20% of CT Population	Index within 25% of CT Population	Conviction Double-weighted - Index within 20% of CT Population	Conviction Double-weighted - Index within 25% of CT Population
East Lyme	5	0	0	0	0	0
East Windsor	2	0	0	0	0	0
Eastford	1	0	0	0	0	0
Easton	2	0	0	0	0	0
Ellington	3	0	0	1	0	1
Enfield	12	1	1	1	1	1
Essex	2	0	0	0	0	0
Fairfield	17	0	0	0	0	0
Farmington	6	0	0	0	0	0
Franklin	1	0	0	0	0	0
Glastonbury	7	0	0	0	0	0
Goshen	1	0	0	0	0	0
Granby	2	0	0	0	0	0
Greenwich	15	0	0	0	0	0
Griswold	2	0	0	0	0	0
Groton	11	1	1	2	1	2
Guilford	5	0	0	0	0	0
Haddam	2	0	0	0	0	0
Hamden	13	1	1	1	1	1
Hampton	1	0	0	0	0	0
Hartford	41	34	36	40	36	40
Hartland	1	0	0	0	0	0
Harwinton	2	0	0	0	0	0
Hebron	2	0	0	0	0	0
Kent	1	0	0	0	0	0
Killingly	4	0	1	2	1	1
Killingworth	1	0	0	0	0	0
Lebanon	1	0	0	0	0	0
Ledyard	2	0	0	0	0	0
Lisbon	1	0	0	0	0	0
Litchfield	3	0	0	0	0	0
Lyme	1	0	0	0	0	0
Madison	4	0	0	0	0	0
Manchester	15	2	4	5	4	5
Mansfield	4	0	0	1	0	0
Marlborough	1	0	0	0	0	0
Meriden	18	8	9	11	10	11
Middlebury	2	0	0	0	0	0
Middlefield	1	0	0	0	0	0
Middletown	13	3	3	4	3	3
Milford	12	0	0	0	0	0
Monroe	3	0	0	0	0	0
Montville	4	0	0	0	0	0

Table B.13: Comparison of Total Number of Census Tracts Identified in each town by Proportionality Index Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Index within 20% of CT Population	Index within 25% of CT Population	Conviction Double-weighted - Index within 20% of CT Population	Conviction Double-weighted - Index within 25% of CT Population
Morris	1	0	0	0	0	0
Naugatuck	5	0	0	0	0	0
New Britain	21	15	13	16	14	16
New Canaan	5	0	0	0	0	0
New Fairfield	4	0	0	0	0	0
New Hartford	1	0	0	0	0	0
New Haven	33	20	23	27	23	26
New London	7	5	6	7	6	6
New Milford	5	0	0	0	0	0
Newington	7	0	0	0	0	0
Newtown	5	0	0	0	0	0
Norfolk	1	0	0	0	0	0
North Branford	2	0	0	0	0	0
North Canaan	1	0	0	1	0	0
North Haven	5	0	0	0	0	0
North Stonington	1	0	0	0	0	0
Norwalk	22	4	5	7	5	7
Norwich	9	2	2	4	2	5
Old Lyme	3	0	0	0	0	0
Old Saybrook	2	0	0	0	0	0
Orange	4	0	0	0	0	0
Oxford	2	0	0	0	0	0
Plainfield	3	0	0	0	0	0
Plainville	5	0	0	1	0	1
Plymouth	3	0	0	0	0	0
Pomfret	1	0	0	0	0	0
Portland	2	0	0	0	0	0
Preston	1	0	0	0	0	0
Prospect	2	0	0	0	0	0
Putnam	3	0	0	0	0	0
Redding	2	0	0	0	0	0
Ridgefield	6	0	0	0	0	0
Rocky Hill	4	0	0	0	0	0
Roxbury	1	0	0	0	0	0
Salem	1	0	0	0	0	0
Salisbury	1	0	0	0	0	0
Scotland	1	0	0	0	0	0
Seymour	4	0	0	0	0	0
Sharon	1	0	0	0	0	0
Shelton	9	0	0	0	0	0
Sherman	1	0	0	0	0	0
Simsbury	6	0	0	1	0	0
Somers	3	0	0	0	0	0

Table B.13: Comparison of Total Number of Census Tracts Identified in each town by Proportionality Index Metrics (Sorted Alphabetically)

Town Name	Total Number of Census Tracts	Conviction rate greater than 10%	Index within 20% of CT Population	Index within 25% of CT Population	Conviction Double-weighted - Index within 20% of CT Population	Conviction Double-weighted - Index within 25% of CT Population
South Windsor	6	0	0	0	0	0
Southbury	5	0	0	0	0	0
Southington	12	0	0	0	0	1
Sprague	1	0	0	0	0	0
Stafford	3	0	0	0	0	0
Stamford	33	4	5	7	5	9
Sterling	1	0	0	1	0	1
Stonington	5	0	0	0	0	0
Stratford	12	1	2	2	2	2
Suffield	5	0	0	0	0	0
Thomaston	2	0	0	0	0	0
Thompson	2	0	0	0	0	0
Tolland	3	0	0	0	0	0
Torrington	11	3	4	4	4	4
Trumbull	7	0	0	0	0	0
Union	1	0	0	0	0	0
Vernon	7	1	1	1	1	1
Voluntown	1	0	0	0	0	0
Wallingford	11	0	0	1	0	1
Warren	1	0	0	0	0	0
Washington	1	0	0	0	0	0
Waterbury	28	13	21	22	19	21
Waterford	5	0	0	0	0	0
Watertown	4	0	0	0	0	0
West Hartford	17	0	1	1	1	1
West Haven	10	1	3	4	3	6
Westbrook	2	0	0	0	0	0
Weston	2	0	0	0	0	0
Westport	7	0	0	0	0	0
Wethersfield	6	0	0	0	0	0
Willington	1	0	0	0	0	0
Wilton	5	0	0	0	0	0
Winchester	3	0	1	1	1	1
Windham	6	1	4	4	4	5
Windsor	8	1	1	2	1	2
Windsor Locks	4	0	0	0	0	0
Wolcott	3	0	0	0	0	0
Woodbridge	2	0	0	0	0	0
Woodbury	2	0	0	0	0	0
Woodstock	2	0	0	0	0	0
Total	**879**	**159**	**195**	**239**	**195**	**241**

Appendix C: Disproportionately Impacted Area Full Map Images

Figure C.1: Map of 215 Census Tracts Originally Identified as Disproportionately Impacted Areas in 2021
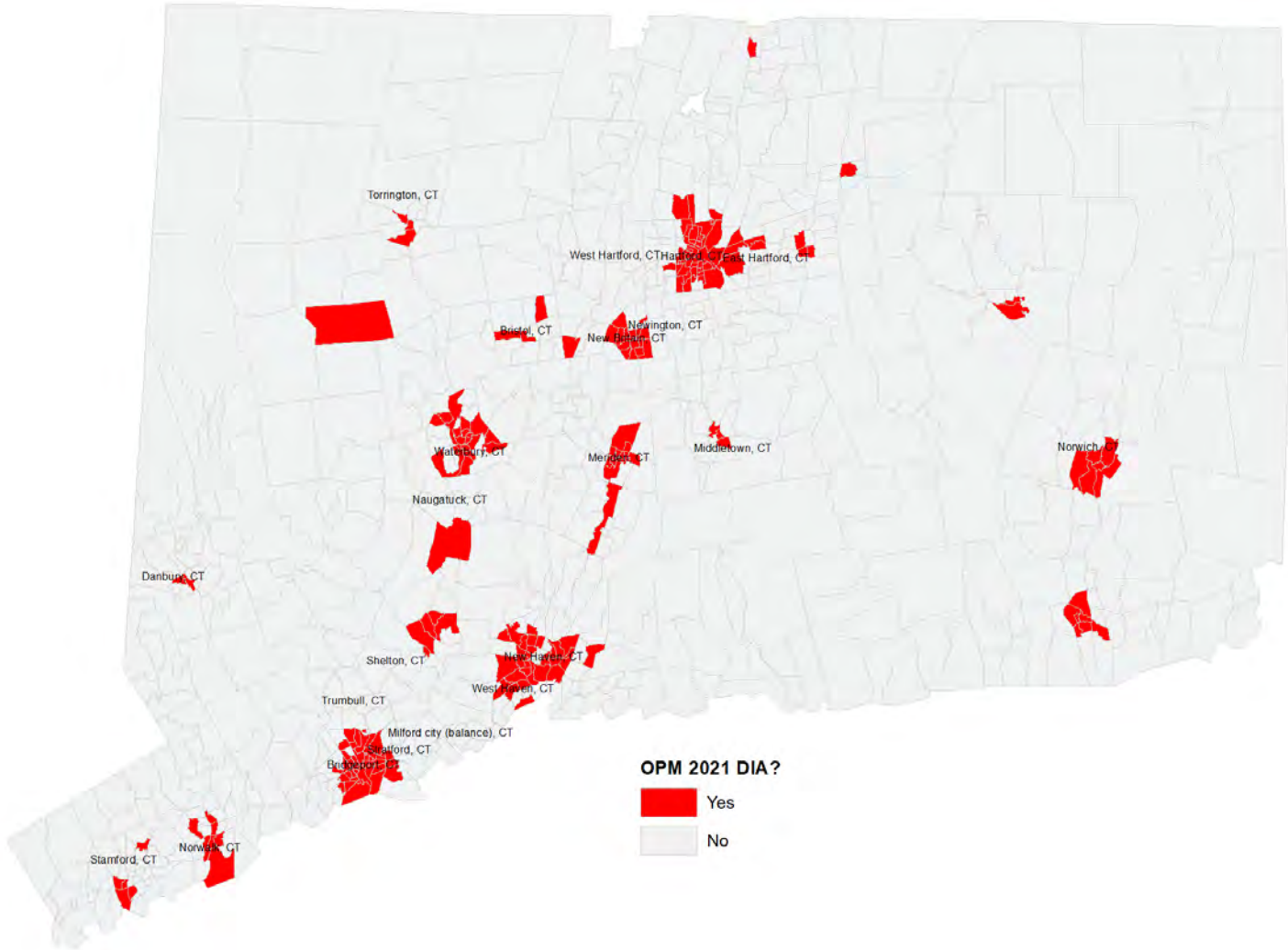
Figure C.2: Map of 208 Census Tracts that meet the DIA Criteria in 2022

Meets Current Standard?

- Added (red)
- Still Yes (pink)
- Still No (light gray)
- Removed (dark gray)
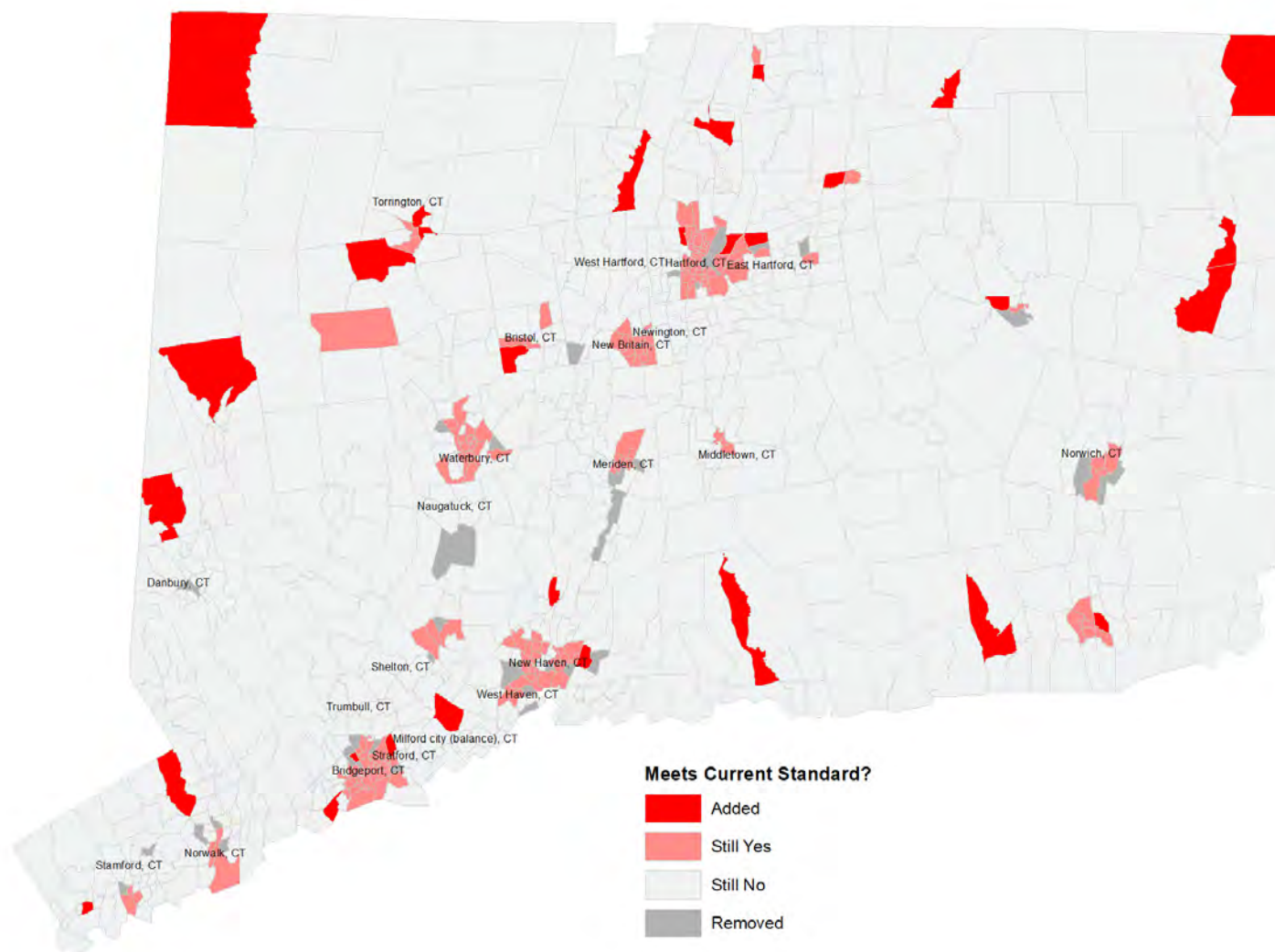
Figure C.3: Map of 159 Census Tracts with Historical Convictions greater than 10%


Conviction Percentage > 10%

Yes

No
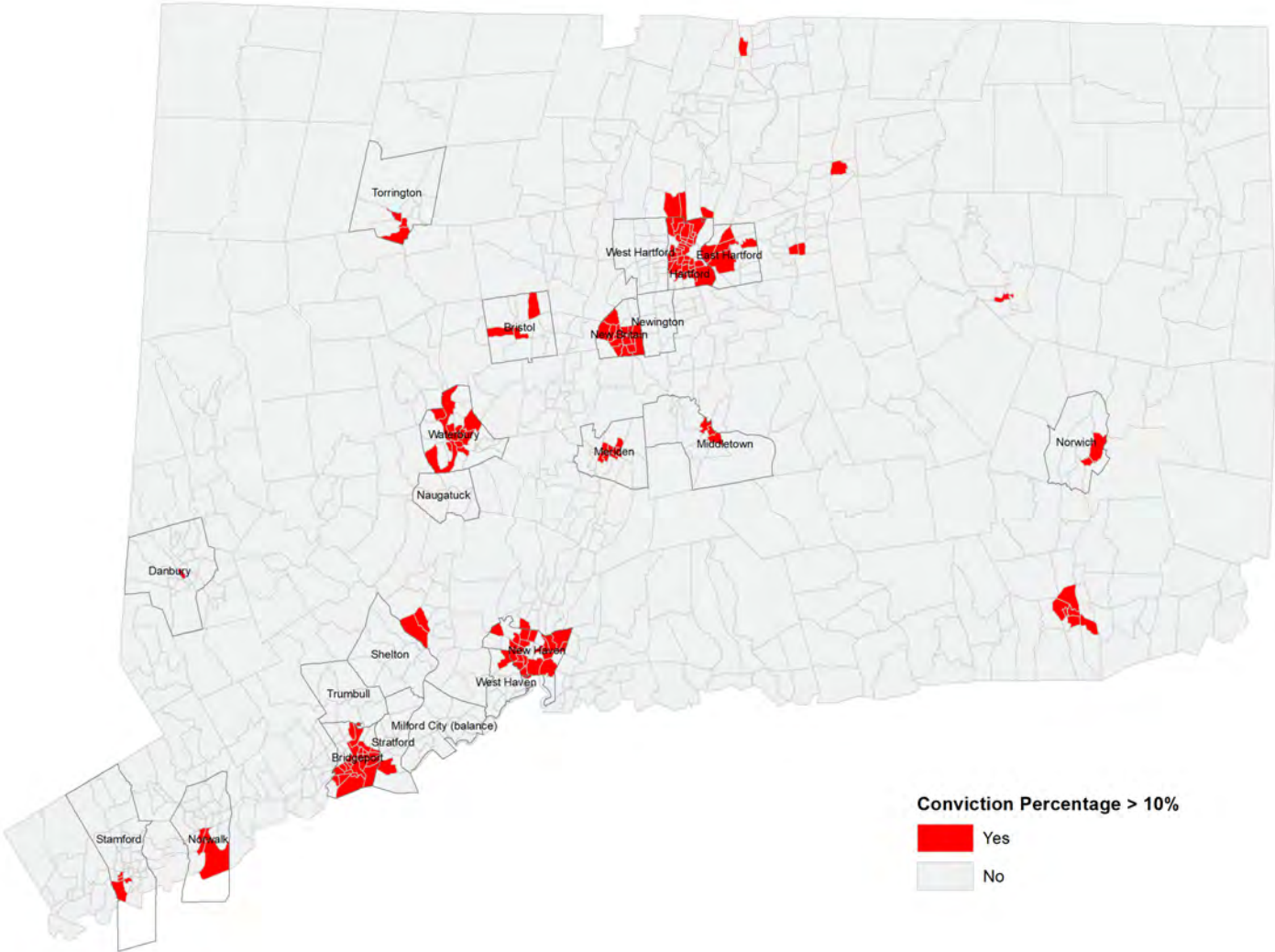
Figure C.4: Map of 327 Census Tracts with Historical Convictions greater than 10% or Poverty Rate greater than 10%

Convictions > 10% or Poverty > 10%

Yes

No
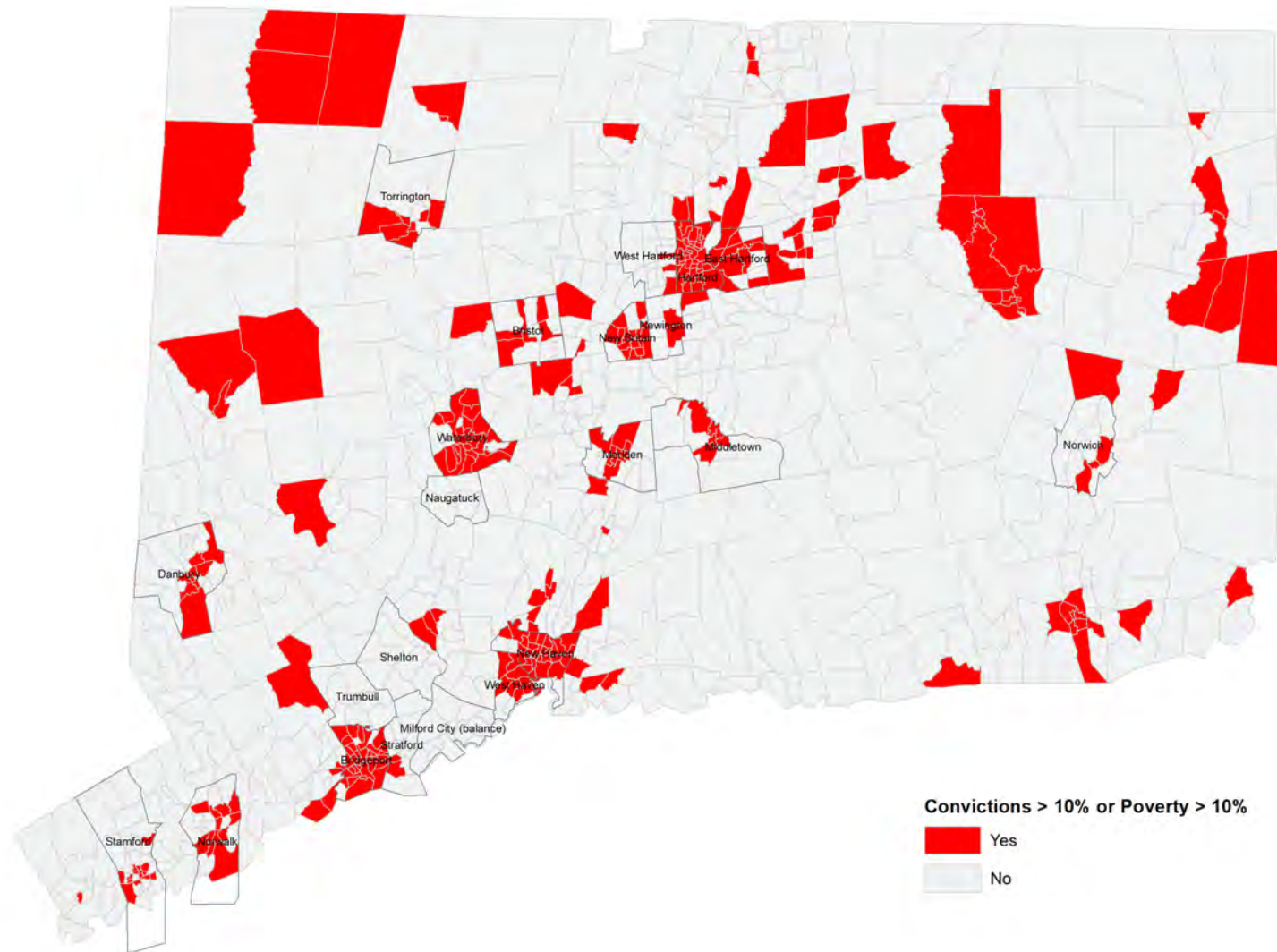
Figure C.5: Map of 232 Census Tracts with Historical Convictions greater than 10% or Poverty Rate greater than 15%

Convictions > 10% or Poverty > 15%

Yes

No
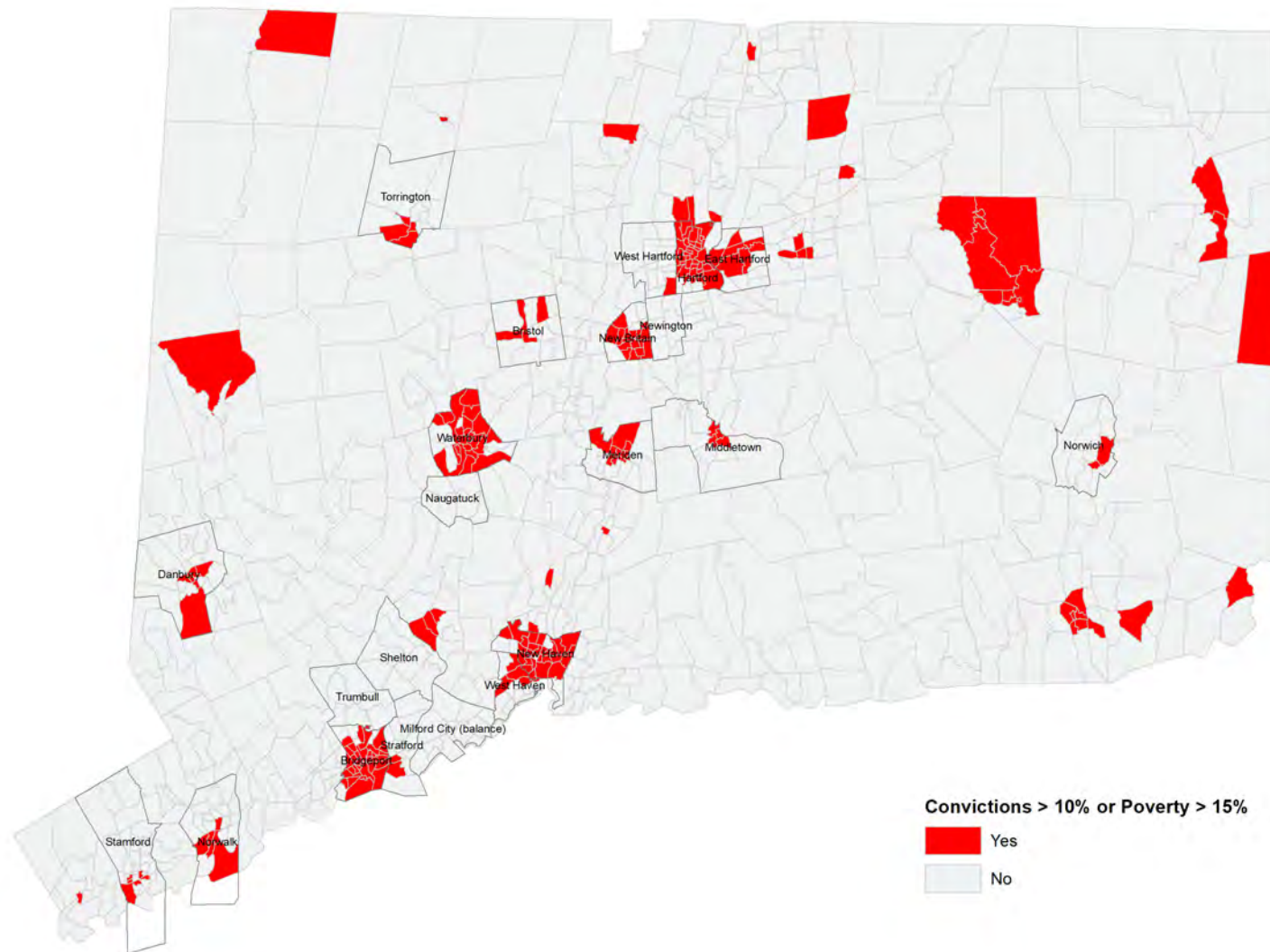
Figure C.6: Map of 186 Census Tracts with Historical Convictions greater than 10% or Poverty Rate greater than 20%
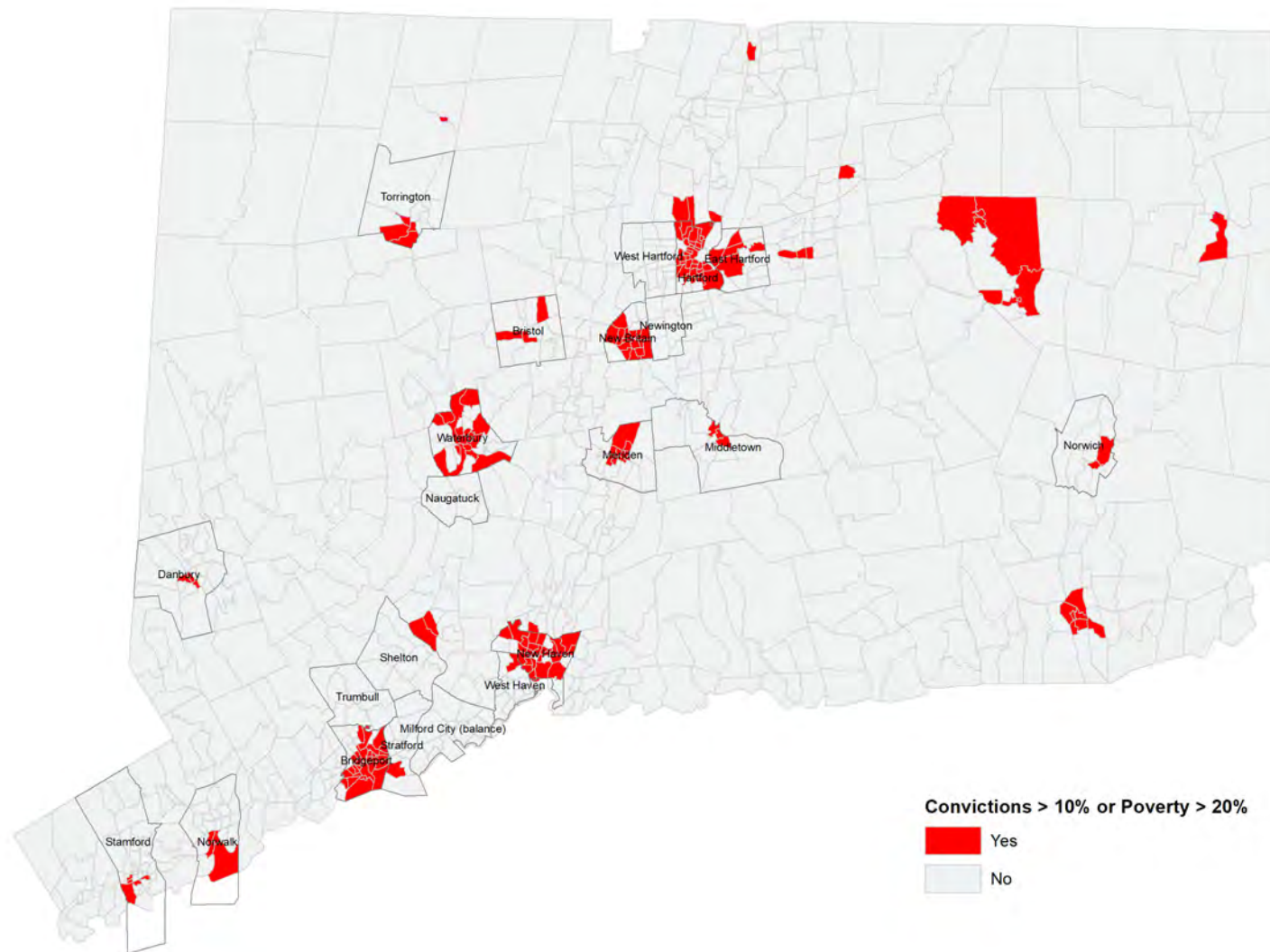
Figure C.7: Map of 314 Census Tracts with Historical Convictions greater than 10% or <u>Adjusted</u> Poverty Rate greater than 10%

Convictions > 10% or Poverty > 10%

- Yes
- No
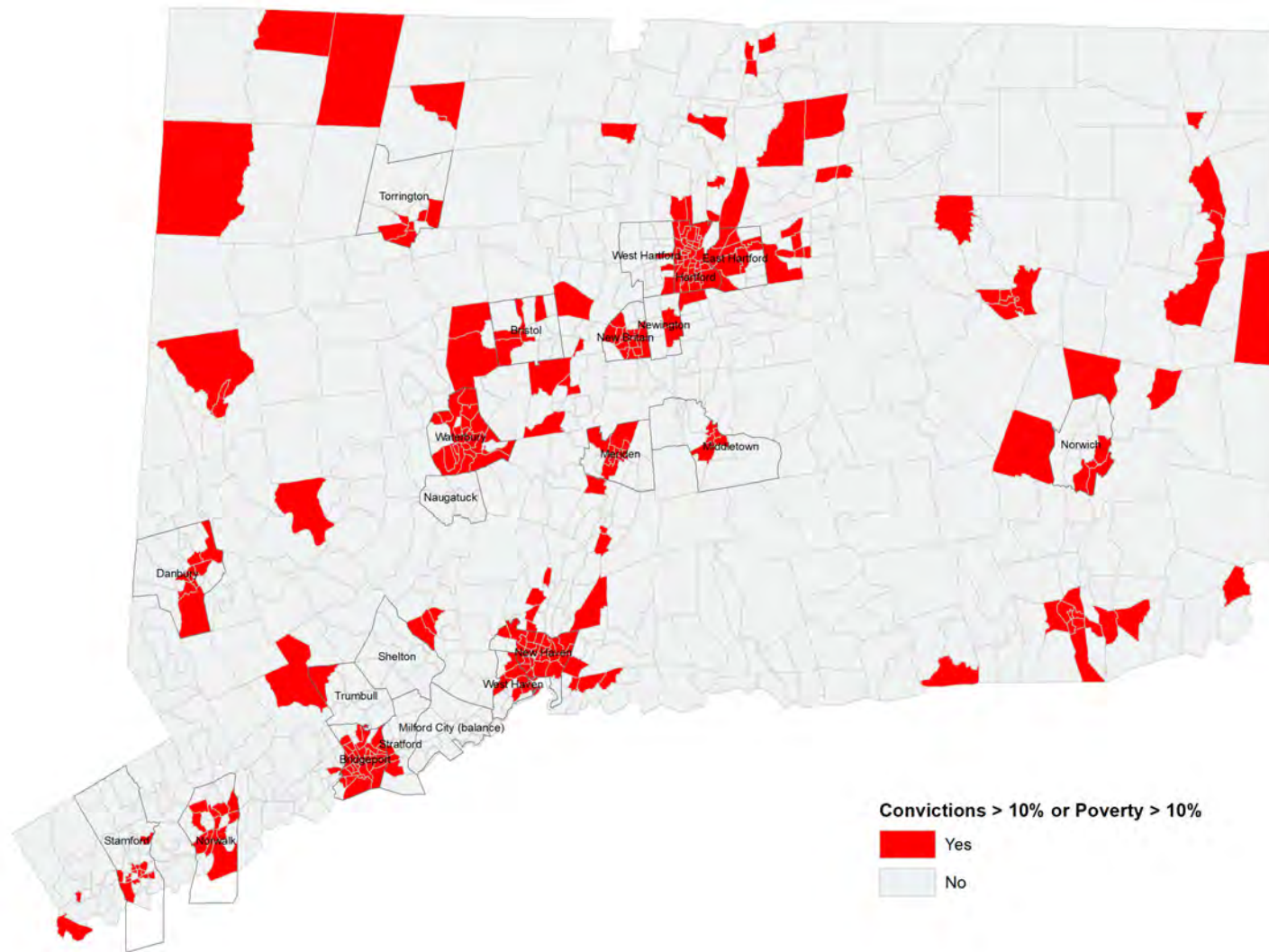
Figure C.8: Map of 223 Census Tracts with Historical Convictions greater than 10% or <u>Adjusted</u> Poverty Rate greater than 15%

Convictions > 10% or Poverty > 15%

- Yes
- No
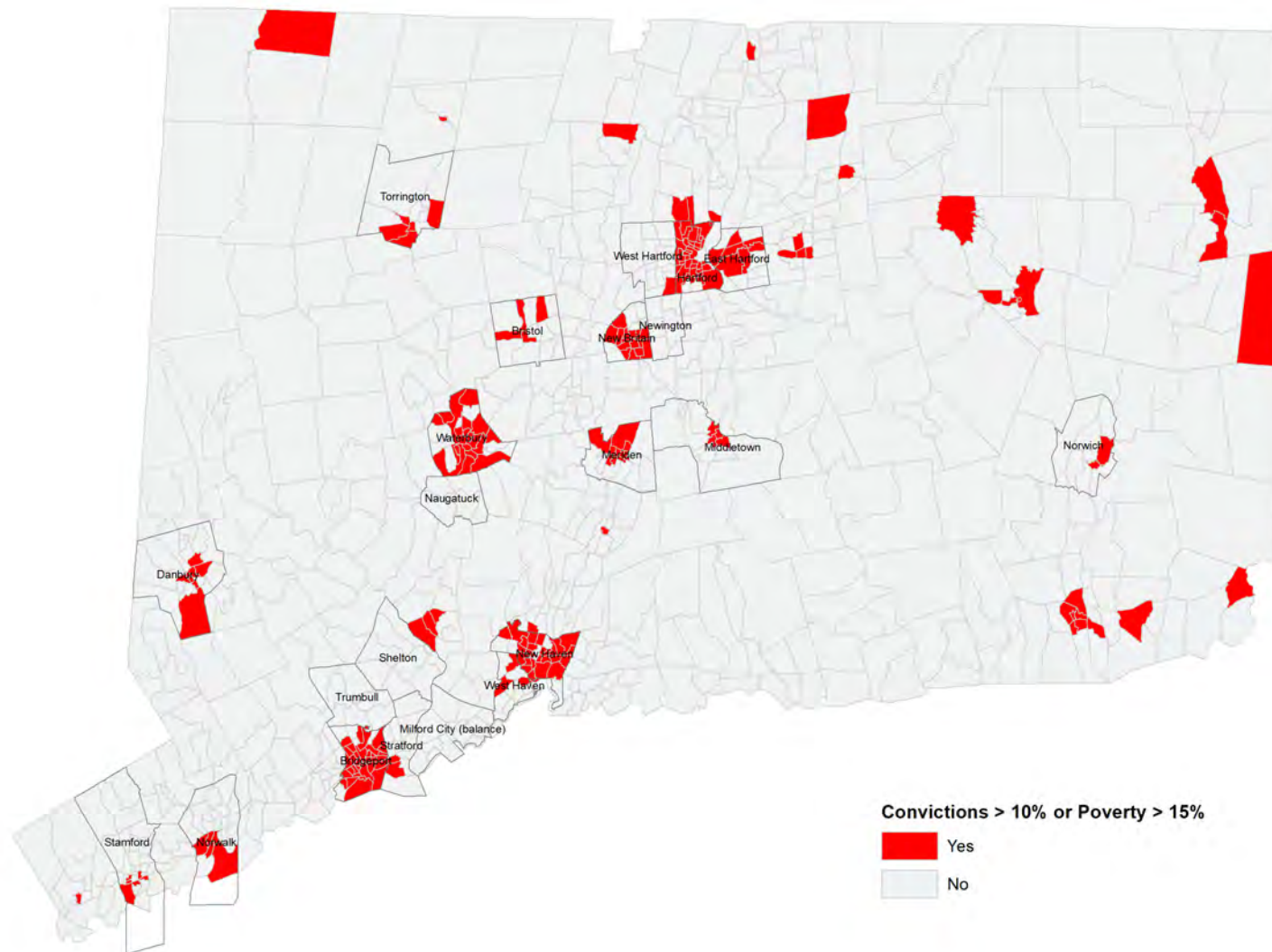
Figure C.9: Map of 180 Census Tracts with Historical Convictions greater than 10% or <u>Adjusted</u> Poverty Rate greater than 20%

Convictions > 10% or Poverty > 20%

Yes

No
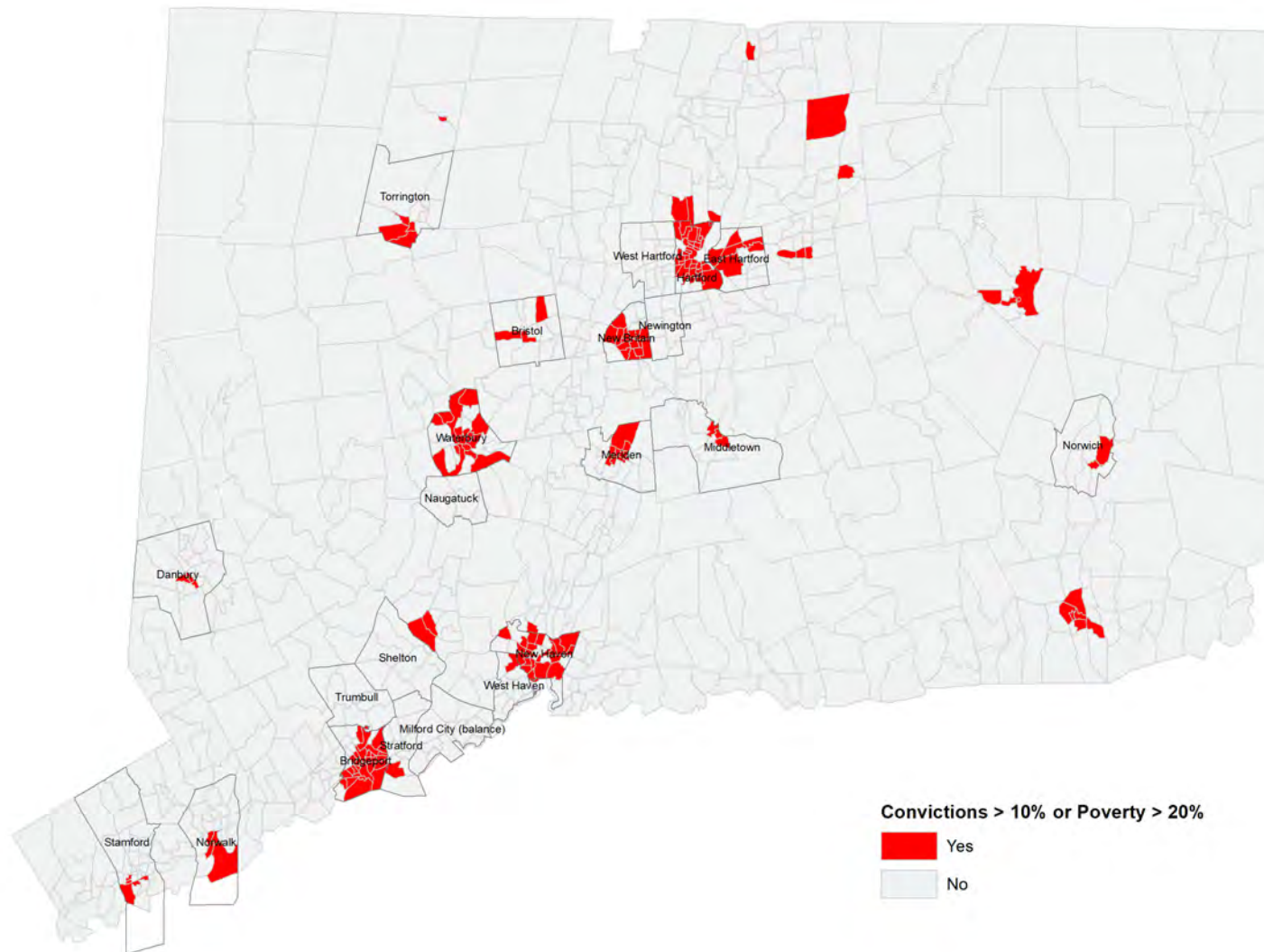
Figure C.10: Map of 195 Census Tracts identified using a Proportionality Index for 20% of the Population (Adjusted Poverty Rate)
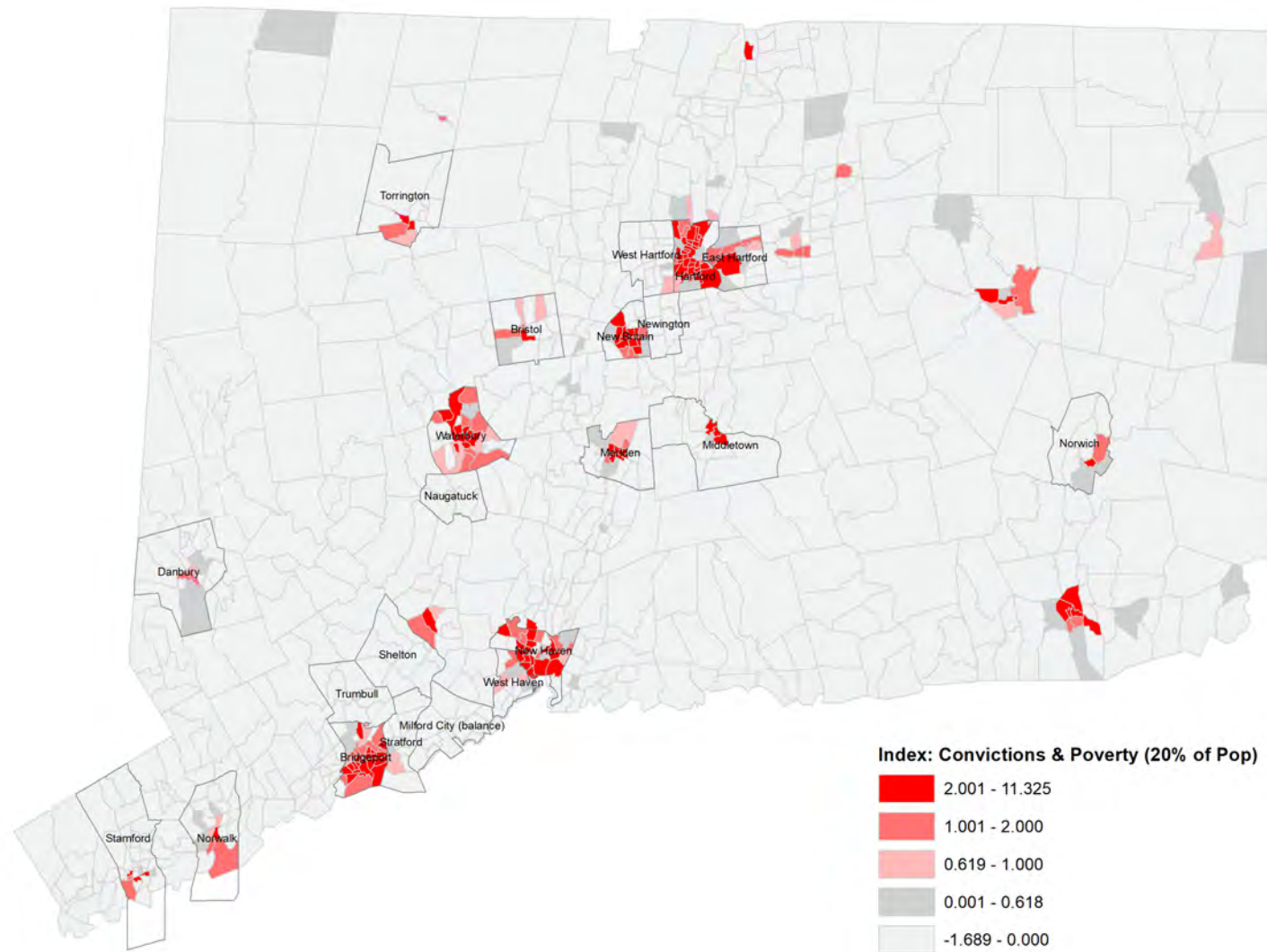
Figure C.11: Map of 239 Census Tracts identified using a Proportionality Index for 25% of the Population (Adjusted Poverty Rate)
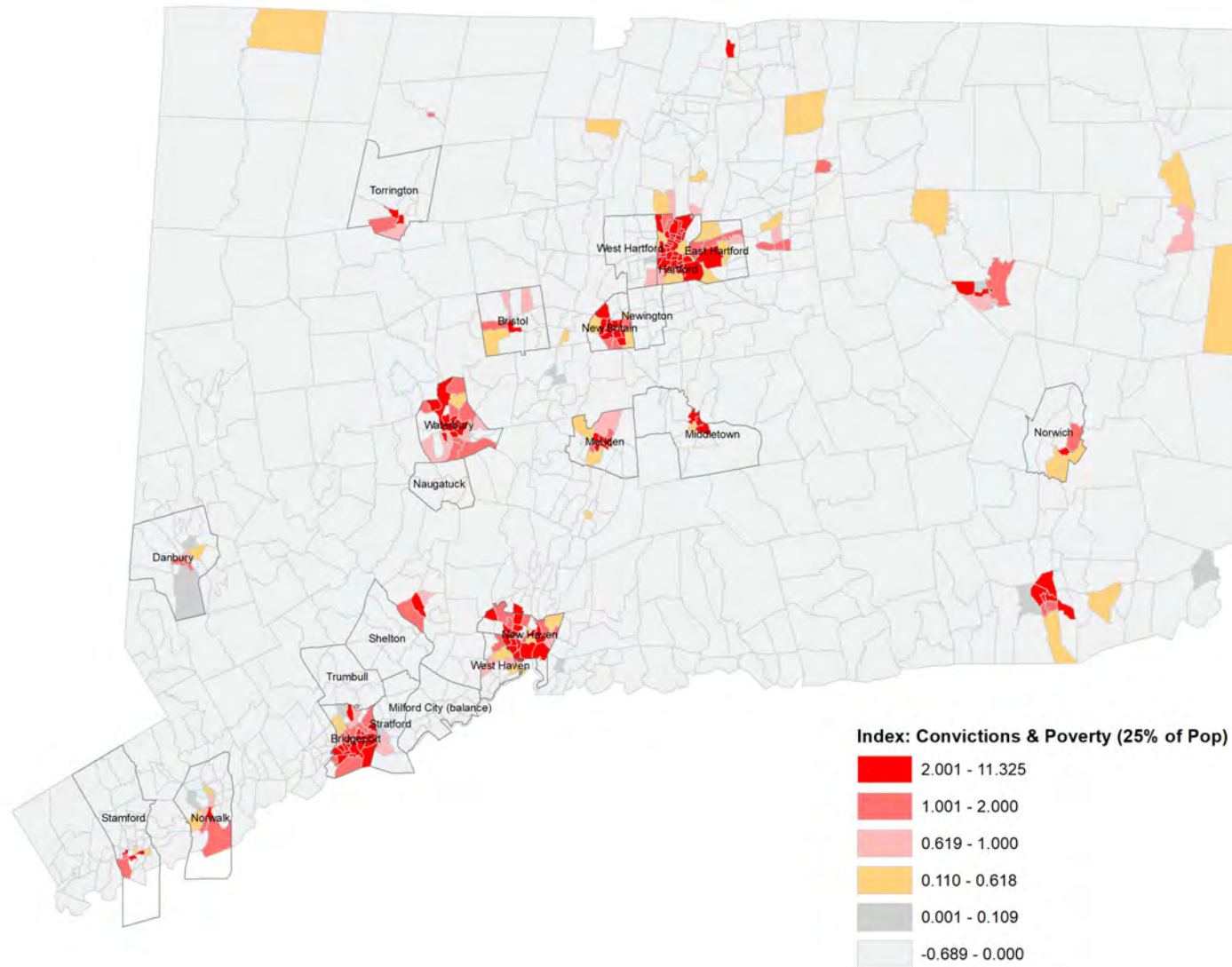
Figure C.12: Map of 195 Census Tracts identified using a Proportionality Index with Double-Weighted Convictions for 20% of the Population (Adjusted Poverty Rate)
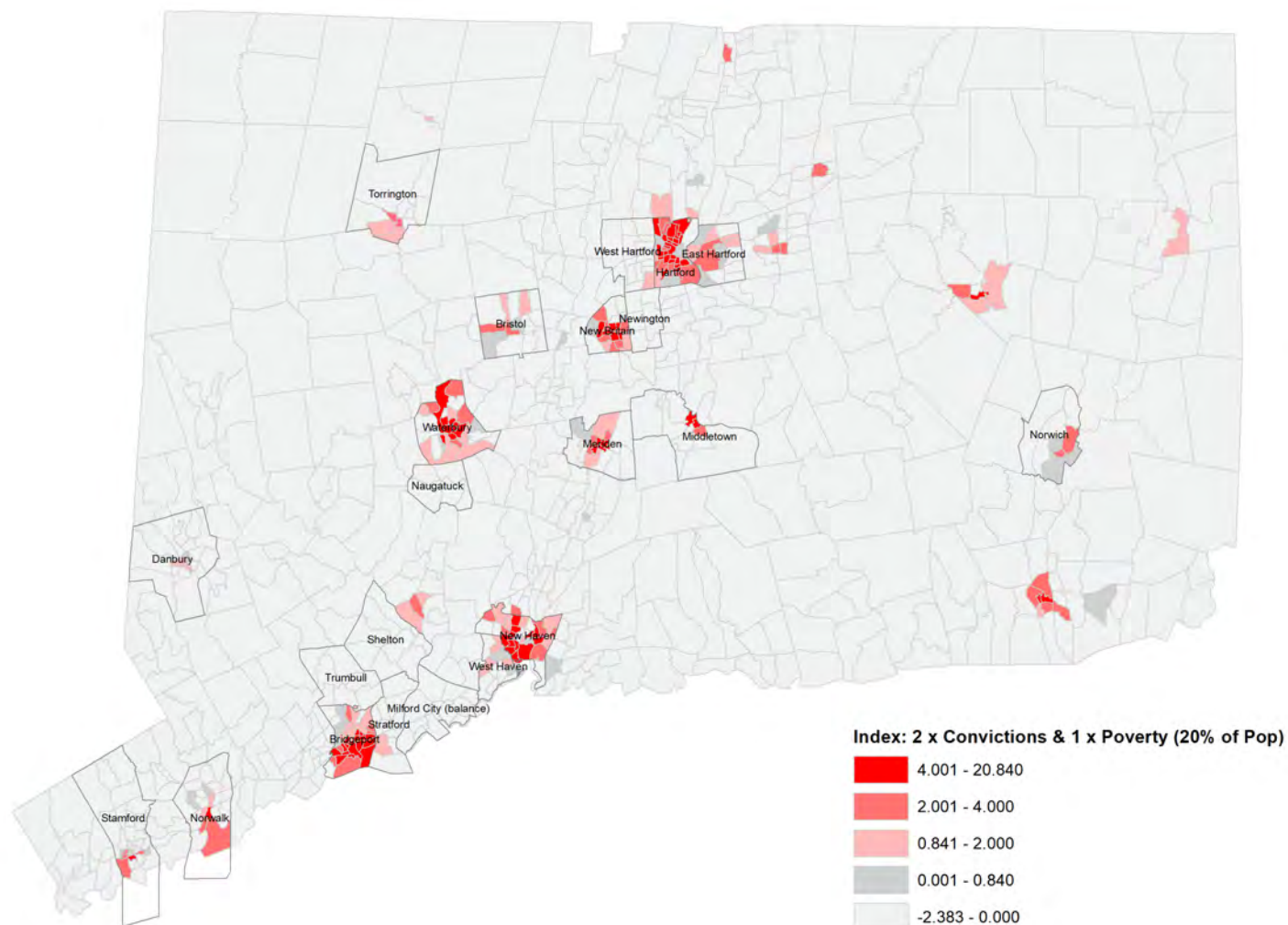
Appendix D: Qualitative Study Methodology

The IMRP researchers organized individual interviews with (SEC) Members to better define "related public policies." and identify the scope of the Social Equity Cannabis Study. Council members advised that the study focuses on policies implemented during the "War on Drugs." Interviews with council members were held virtually using Zoom and took about one hour, maintaining confidentiality and without audio or video recordings. Policies implemented during "the War on Drugs" encompass those initiated by President Nixon in 1971 and continued through both federal and state administrations in various forms to the current date. These policies include increased criminalization, sentencing and enforcement of not just cannabis, but a multitude of drugs (heroin, cocaine, psychedelics, etc.). A council member stated "When discussing the war on drugs, cannabis is one part of that. We know that other drugs were mostly in play. Looking at cannabis is a way to investigate how to make a wrong right and understand what policies are put into place to make sure that individuals who were criminalized for drug addictions are considered" in remediation efforts. The devastating impact of the criminalization of those suffering from drug addictions on families and communities emerged multiple times in both interviews and focus groups.

One member of the SEC mentioned that the policies explored in the study should be limited to those related to cannabis. Some SEC members indicated that the study should examine both federal and state policies connected to the war on drugs and "Take it a step further and talk about the systemic issues" that resulted in the disparate criminalization of racial minorities in the state. As a member put it, "Look at the disparity that put 4.5 million people of color in jails." Members generally agreed that the existing disparity and related issues stemming from cannabis criminalization and the war on drugs in this study should be explored through a qualitative deep dive on the impact of family dynamics and children, socio-economic policies, housing, education policy, workforce development, and lingering generational consequences still impacting communities to inform future policies.

The research team aggregated notes from SEC members interviews without identifying information and assembled major themes stemming from all interviews to develop questions for individual interviews and focus groups based on a classification system related to cannabis (de)criminalization, collateral consequences, familial and community effects, community-oriented solutions, among other salient topics.

The initial plan for this qualitative part of the study was to conduct in-person interviews with 30 participants who had been affected by cannabis arrests or sentencing. For in-depth interviews, a sample size of 20-30 is estimated to yield reasonable saturation, i.e., coverage of perspectives[95]. Upon obtaining UConn Institutional Review Board approval, we sent out recruitment flyers to and attended meetings of the CT Re-entry Collaborative serving the following regions and cities: Bridgeport, Southeastern CT, Stamford, Hartford, Northwestern CT, New Britain, New Haven, Windham, and Danbury. Additional recruitment flyers were distributed to leaders of Halfway houses, Adult Probation offices, and Neighborhood Revitalization Zone Boards with requests to post in their facilities and announce to eligible participants. Concurrently, IMRP researchers contracted with community leaders who themselves had been impacted by the War on Drugs and are now working to strengthen their community to distribute flyers and to recruit eligible participants. Flyers were posted in local grocery stores "Bodegas," smoke shops, and public libraries. We also encouraged the SEC members to distribute the flyer to eligible participants. Further, we advertised our call for volunteers to participate in the study via the IMRP social

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[95] Shetty, S. (n.d.). Determining sample size for qualitative research: What is the magical number?; Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. Forum Qualitative Sozialforschung, 11(3).

media platform, namely on Twitter and Facebook to ensure that our outreach efforts were done in person via community members and leaders while also utilizing online resources. Individuals interested in participating signed up to be contacted by the IMRP researchers or contacted them directly, then were screened based on our eligibility requirements prior to scheduling the interview.

Participants in interviews had to reflect individuals from disproportionately impacted areas as defined by Senate Bill 1201. When receiving requests from individuals volunteering to participate in the interview, we established the following eligibility criteria: 1) the interviewee had to be 18 years of age or older and 2) either have personal or familial experience with the criminalization of cannabis. Additionally, 3) the interviewee or their family member also had to have lived in an area impacted by cannabis criminalization and the War on Drugs. The study excluded anyone currently under the Department of Correction custody.

Prospective interviewees were provided with a consent form to sign and were promised confidentiality and a $50 gift card to compensate for their time and effort. All interviews were held in person. Interviewers not able to attend in person interviews participated virtually via Zoom and were designated note-takers. Interviewers in the room kept their camera turned off and neither audio nor video recordings were made. Each interview was approximately one hour in duration.

A second element of the qualitative part of the study was focus groups with community leaders. We defined community leaders as community advocates, respected individuals in the community who can organize the community, and those whom people turn to for guidance. We emphasized that those individuals need not hold formal office or have a leadership role in an organization. We organized two online focus groups via Zoom with up to 10 civic leaders each from communities that witnessed the highest negative impact of cannabis criminalization. A focus group should not have more than 10 participants[96].

Our recruitment strategy for community leaders was to ask impacted individuals during our in-depth interviews for the names of community leaders they may recommend. We also asked SEC members for referrals to community leaders. Further, we reached out to local business owners and the following community based and religious organizations that actively work within impacted communities and invited the leadership to participate in focus groups: YWCA CT branches, Boys and Girls Club, CT NAACP, the Urban League, Blue Hills Civic Association, Mothers Against Gun Violence, New Britain Racial Justice Coalition, local Food Banks, Community Action Agencies, and Children of Color Collective. We reached out to many more organizations, but they requested confidentiality as they disagreed with the legalization of cannabis and do not want their participation to be conflated with agreeance with Senate Bill 1201. To be eligible for focus group participation, community leaders had to be at least 18 years of age or older. Focus group sessions lasted for 90 minutes each.

During the focus groups hosted via Zoom, IMRP researchers first obtained consent (the IRB waived documented consent for this online process) and then asked participants what the impact of cannabis prohibition and the War on Drugs was on their community, especially regarding education, families and children, housing, employment opportunities, health, economic wellbeing, and access to resources. In the following subsections, we will address each theme in turn.

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[96] Krueger, R.A., & Casey, M.A. (2008). Focus groups: A practical guide for applied research. 4th edition. SAGE.

The research team sought to implement a people-based approach and attempted to build relationships with prospective participants. During that time, researchers engaged in several phone conversations and e-mail exchanges with individuals and community leaders regarding the study. Unfortunately, many impacted individuals were discouraged and operated under the assumption that their input was inconsequential and deemed that their participation would not be taken seriously. Many community leaders believed that adult-use cannabis legalization would be more damaging to Black and Brown communities in CT and did not want their participation to be misunderstood by members of their community as endorsing cannabis. Recommendations included in this report take into consideration the content of those interactions.

Researchers ensured while scheduling interviews and focus groups that respondents were geographically representative of identified DIAs. By the end of the recruitment period, which the research team extended multiple times, 27 individuals who had been incarcerated due to cannabis related offenses or had close family members incarcerated due to cannabis related offenses were scheduled for interviews. Out of 27 scheduled interviews: 9 did not show to the interviews and declined to follow up; 11 rescheduled the interview but did not show to the rescheduled date, 6 individuals followed through with their scheduled interview. The research team scheduled two focus groups as planned and anticipated at least 10 participants in each based on the 23 community leaders invited. Some community leaders were unable to attend but sent representatives. IMRP researchers extended invitations to community leaders unable to attend focus groups to schedule individual interviews.

IMRP researchers noticed that the depressed participation in both interviews and focus groups was not reflective of interests in the scope of the study because there were overwhelming interests in the fact that the state was attempting to address the negative consequences of the war on drugs and related public policies. Impacted individuals and community leaders were reluctant to voice their views, concerns, and recommendations when documented even when they were guaranteed confidentiality. It is not uncommon for qualitative studies on sensitive topics, such as incarceration and associated consequences, to have a small sample due to potential participants of marginalized identities being fatigued.[97] Findings from interviews and focus groups were supplemented by national studies and research on related topics to provide rich and insightful perspectives related to cannabis and experiences with the legal system from a community of diverse voices.

During the interviews, the research team first confirmed eligibility by asking whether respondents themselves, or an immediate family member, had any personal experience with the criminal justice system, either specifically relating to cannabis possession or distribution, or relating to the possession or distribution of other substances targeted by the War on Drugs. We then asked whether the respondents or their immediate family member's experience with the criminal justice system impacted their education, their family (especially children), their housing arrangements, their employment, their health, and/or their economic wellbeing.

The research team collated notes without identifying information from each note taker. Then, interviews and focus groups were coded for major themes related to the research study. Two researchers independently coded each transcript based on a classification system related to cannabis

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[97] Clark, T. (2008). "We're Over-Researched Here!" Exploring Accounts of Research Fatigue within Qualitative Research Engagements. Sociology, 42(5), 953–970.

(de)criminalization, collateral consequences, familial and community effects, and community-oriented solutions, among other salient topics. The personal accounts and viewpoints shared by interviewees was both enlightening and profound and greatly assisted the research team in gaining a more nuanced understanding of the impact of the war on drugs and corresponding local, state, and federal initiatives on disproportionately impacted communities.

Appendix E: A Note on Reparations: Unconditional Direct Payments for Disproportionate Cannabis Ban Enforcement

Reparations (compare Darity & Mullen, 2020) were not part of the original scope of this study, but they came up in unprompted comments by some affected individuals and community leaders as part of the qualitative study. Reparations may be an important consideration to ensure the fairness of Connecticut's social equity program. Not all individuals who have been victimized by past disproportionate cannabis ban enforcement wish to go into the legal cannabis industry. Many may prefer going into other fields or to obtain the necessary educational qualifications for other pursuits. Thus, funds should be made available for these victims of disproportionate cannabis ban enforcement, ideally *independently of legal cannabis sales tax revenue.*

These victims fall into two overlapping groups. First, individual residents of disproportionally affected areas who merely by residing in a disproportionately policed area suffered negative consequences. Among these are compromised legitimate policing due to mistrust of the police in the targeted community, elevated risk of crime as a result, drop in property values, an associated drop in public school funding through reduced local property tax revenue, etc. This group of victims should receive a baseline reparations payment to make up for these collective losses. The second group of victims are individuals arrested and sentenced for trivial cannabis infractions now considered legal. These individuals should be compensated for the lost time and income that resulted from their involvement with the criminal justice system. These compensation payments would differ depending on the individual sentence length. Members of the latter group should receive the baseline payment for collective losses, as well as the individualized payment for their personal losses.

Such reparations represent unconditional direct payments to eligible recipients. Such unconditional direct payments have been demonstrated in controlled economic policy experiments to reduce poverty, foster education, and improve health. A series of four groundbreaking experiments on the so called 'negative income tax' (aka 'income maintenance') were conducted in the United States between 1968 and 1982. They can address one argument against reparations often made against reparations, namely that recipients might squander the resources and end up where they were – in poverty. Based on the experimental results, this does not seem to be the case. In negative income tax (NIT) or income maintenance experiments, the government makes unconditional direct payments to a random selection of households (the treatment group), comparing their economic wellbeing to that of a comparable set of randomly selected households who do not receive payments (the control group). The first experiment was conducted from 1968 to 1972 in New Jersey and Pennsylvania involving 1,357 low-income households in declining urban areas (Munnell, 1986, p. 1-2). A rural experiment was conducted in Iowa and North Carolina from 1969 to 1973 involving 809 low-income rural families. The most relevant experiment given the demographic profile of Connecticut individuals affected by disproportionate cannabis ban enforcement is the experiment conducted between 1971 and 1974 in Gary, Indiana, involving 1,780 black households, 59 percent of which were headed by single females. The largest and most generous experiment, containing 4,800 households, was conducted in Seattle and Denver from 1971 to 1982 (Munnell, 1986, p. 2).

Alleviating fears that people will simply squander unconditional money they receive, Munell (1986, p. 7) writes, "A major motive for examining the consumption response is the suspicion by some that the increased income would be spent on frivolous or immoral products, such as fancy cars, color TVs or drugs. On this score, the results should be very comforting to those concerned that the money would be 'squandered.' Consumption rose modestly, as would be expected with a slight rise in income, but the pattern of expenditures remained unchanged from that which existed in the absence of the payments."

The experiments had beneficial effects on education – one of the main demands of our qualitative interview participants and community leaders. Munnell (1986, p. 8) writes about the effects of the negative income tax on school attendance and scholastic performance, "the experiments do appear to have affected attendance. A negative income tax would influence the school-attendance decision by reducing the cost of not being in the labor force, and the data from the experiments show that, for the experimental period, the programs did appear to induce more schooling. … Hence, the encouragement of skill development may be one of the positive side benefits from the introduction of a negative income tax."

The experiments also showed some beneficial effects on health outcomes. Hollister writes in Levine et al. (2005, p. 100), "Some of the experiments collected data on low birth weight, nutrition, and other quality-of-life variables. Low birth weight is associated with very serious deficits later on in life, and programs that try to reduce the incidence of low birth weight have been largely ineffective; but the Gary experiment found that NIT reduced low birth rates in the most at-risk categories. The rural experiment showed significant effects in various categories of nutritional adequacy."

Thus, direct reparations in the form of payments to individuals affected by disproportionate cannabis ban enforcement in Connecticut may have positive effects on education and health without leading to frivolous squandering of resources. Most importantly, they would ensure that all CT residents affected adversely by disproportionate cannabis ban enforcement would receive compensation, not only those willing to enter the legal cannabis industry.

Referenced Literature

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Munnell, Alicia H. (1986). Lessons from the income maintenance experiments: an overview. Federal Reserve Bank of Boston, Conference Series [Proceedings], 30: 1-21. http://www.bostonfed.org/economic/conf/conf30/conf30a.pdf