

**(Board Action Affirmed; 2022 Annual Meeting)**  
**Board Adopted Resolution as Amended**  
**(October 2021)**

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 07.2021-04**  
**(A-22)**

Introduced by:        Jerrold B. Leikin, MD and Raymond Bertino, MD, ISMS Members

Subject:                Limiting the Potency of Delta-9-Tetrahydrocannabinol (THC) to  
                                 10% in Recreational Cannabis Products

Referred to:            Medical Legal Council

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RESOLVED, that the Illinois State Medical Society ~~supports~~ modify its existing policy to advocate for a THC potency limit (cap) of ten percent on all inhalational cannabis products; ~~and be it further~~

ISMS endorses the following principles to regulate recreational marijuana, should legislation be proposed and enacted that legalizes its use in Illinois: 1. The stance of the State toward recreational marijuana should be that, because of health concerns, promotion of use should be as minimal as possible. 2. All forms of recreational marijuana that might be attractive to children (e.g. soda, candy, cookies, flavored marijuana) should be prohibited. 3. The State should maintain strict control over all direct and indirect forms of marketing, advertising, promotion and sponsorships, in order to avoid marketing that appeals to children. Advertising limitations, consistent with anti-smoking norms, should be maintained and risk perception should be high. Advertising other than at the website of the business and at the physical location of the business should be prohibited. 4. If the State decides to allow more advertising, ISMS advocates for: • Limiting any marketing within 1,000 feet of places that children and young adults frequent, such as schools, childcare facilities, parks, on public spaces, bus/train stops and college campuses. • Limiting the number and size of dispensary signs on premises. • Prohibiting promotional giveaways, discounts, coupons or games. • A prohibition on the depiction of persons under the age of 35 years. • Prohibiting any health or therapeutic claims. • Prohibiting mass marketing campaigns (including TV, internet, radio) toward audiences that may be comprised of a significant amount of minors. • The inclusion of warning labels on any and all marketing pieces. 5. The State should maintain regulation over packaging such that the package cannot be used as a marketing tool. Packaging should prominently display the potency of the product by

indicating the quantities of the active ingredients tetrahydrocannabinol (THC) and cannabidiol (CBD). Packaging should be in a single dull color chosen by the state with one format for the packaging. Lettering should be in one font with restrictions on the font size. A health warning should be on each package. For cannabis products: “GOVERNMENT WARNING: THIS PRODUCT CONTAINS CANNABIS, A SCHEDULE I CONTROLLED SUBSTANCE WITH A HIGH POTENTIAL FOR ABUSE AND THE POTENTIAL TO CREATE SEVERE PSYCHOLOGICAL AND/OR PHYSICAL DEPENDENCE. KEEP OUT OF REACH OF CHILDREN AND ANIMALS. CANNABIS PRODUCTS MAY ONLY BE POSSESSED OR CONSUMED BY PERSONS 21 YEARS OF AGE OR OLDER UNLESS THE PERSON IS A QUALIFIED PATIENT. THE INTOXICATING EFFECTS OF CANNABIS PRODUCTS MAY BE DELAYED UP TO TWO HOURS. CANNABIS USE BEFORE AGE 25 MAY AFFECT BRAIN DEVELOPMENT. CANNABIS USE WHILE PREGNANT OR BREASTFEEDING MAY BE HARMFUL. CONSUMPTION OF CANNABIS PRODUCTS IMPAIRS YOUR ABILITY TO DRIVE AND OPERATE MACHINERY. PLEASE USE EXTREME CAUTION.” 6. THC concentration should be limited to 10% in all inhalational products and 15% in all other products, and individual serving size should be regulated and limited to 10 mg, with individual packaging required for each serving. 7. Public use of marijuana should be prohibited, as well as its use in any setting where tobacco/nicotine smoking or vaping are prohibited. 8. State regulatory review of all new products should occur before the new products come to the market. 9. Laboratory confirmation of quantities of THC and CBD in products should be required and documented on package labeling. 10. The State should set up a process to determine that all products sold on the market are free of pesticides and contaminants (e.g., mold). 11. At least 10% of the State’s revenue from the sale of marijuana products should be dedicated to public education regarding risks of recreational marijuana use, particularly risks to children, and an additional 10% to medical and public health research on the harms and benefits of marijuana to individual and public health. 12. Marijuana blood levels should always be measured in any case where alcohol blood levels are measured, and State funds should be allocated to measure these levels. Funds should also be allocated to educate and train law enforcement on drug recognition expert (DRE) training and the Illinois Department of Transportation to implement a statewide impaired driving education campaign. 13. Marijuana should be regulated primarily by the Illinois Department of Public Health, and the Department’s highest priority should be the preservation of the public’s health. The controlling board for such regulation should have representation and input from all interested stakeholders with no financial connections to the marijuana industry, including the Illinois State Medical Society, organizations representing interested medical specialties as well as other professional healthcare organizations (nurses, dentists, hospitals, substance use disorder treatment centers, etc.). Representatives of the marijuana industry, including cultivators and dispensaries, should not sit on the board of any entity overseeing or controlling the marijuana industry. 14. No additives to marijuana products should be

allowed, especially any substances that may increase the addictive potential of the products. 15. Local governmental authorities should be allowed to opt out of marijuana sales in their areas of jurisdiction without the need to have a public referendum. (HOD 2018; BOT - JAN 2019; Last BOT Review 2019); and be it further

RESOLVED, that the Illinois State Medical Society assist in introducing legislation to limit THC potency to ten percent on all inhalational cannabis products and that quality control metrics verify such concentrations; ~~and be it further~~

~~RESOLVED, that this resolution be forwarded to the American Medical Association for adoption.~~