

**RESOLUTION 07.2021-04 (A-22)**  
**LIMITING THE POTENCY OF DELTA-9-TETRAHYDROCANNABINOL (THC)**  
**TO 10% IN RECREATIONAL CANNABIS PRODUCTS**

**ISMS Board Action Taken on 10/16/2021**

**Adopted Resolution 07.2021-04 (A-22), as amended by the Medical Legal Council.**

Medical Legal Council Recommendation to ISMS Board on 10/16/2021

The Council was provided with a copy of Resolution 07.2021-04 (A-22), including relevant ISMS policy, the results of a member survey, an article from Chicago Medicine entitled “How Physicians Can Combat the Cannabis Epidemic” written by Dr. Jerrold Leikin, and a table displaying AAPCC data regarding marijuana/THC homologs provided by the authors. Additionally, the Council was informed about Illinois law on the per se limits for THC concentration, as well as the limits in other states. The Council was also informed about the relevant sections of the Illinois Cannabis Regulation and Tax Act and the Compassionate Use of Medical Cannabis Program Act addressing the state’s tiered taxation structure on cannabis products depending upon their THC concentrations, product labeling requirements, and possession limits for both medical and recreational cannabis. Council members were also informed about the potency limits adopted by Vermont, which is the only state to currently have potency caps in place—30% THC for flower products, and 60% THC for concentrates. The Council was also informed that current ISMS policy calls for a THC potency limit of 15%. Both authors attended the meeting and stated that the 10% cap is based upon recent studies, which were cited in the resolution.

Council members expressed strong support for establishing limits on THC products, and took note of the increasing THC potency in marijuana products. The authors explained that the resolution focused on inhalational cannabis products, as most recreational use centers around such products. Council members took note that current ISMS policy supports a THC concentration limit of 15% in all products, and recommended modification of that policy to reflect a 10% THC limit in inhalational cannabis products. In its discussion of the third resolved, Council members noted that recreational cannabis is currently illegal on a federal level, and it does not make sense at this time to ask the AMA to support a THC concentration limit. The AMA currently has policy against the legalization of recreational cannabis, and calls for states that have already legalized cannabis to take steps to regulate the product effectively.

The Medical Legal Council recommends that the ISMS Board of Trustees adopt Resolution 07.2021-04 (A-22), as amended:

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~~

42 ISMS endorses the following principles to regulate recreational marijuana, should  
43 legislation be proposed and enacted that legalizes its use in Illinois: 1. The stance of the State  
44 toward recreational marijuana should be that, because of health concerns, promotion of use  
45 should be as minimal as possible. 2. All forms of recreational marijuana that might be attractive  
46 to children (e.g. soda, candy, cookies, flavored marijuana) should be prohibited. 3. The State  
47 should maintain strict control over all direct and indirect forms of marketing, advertising,  
48 promotion and sponsorships, in order to avoid marketing that appeals to children. Advertising  
49 limitations, consistent with anti-smoking norms, should be maintained and risk perception  
50 should be high. Advertising other than at the website of the business and at the physical location  
51 of the business should be prohibited. 4. If the State decides to allow more advertising, ISMS  
52 advocates for: • Limiting any marketing within 1,000 feet of places that children and young  
53 adults frequent, such as schools, childcare facilities, parks, on public spaces, bus/train stops and  
54 college campuses. • Limiting the number and size of dispensary signs on premises. • Prohibiting  
55 promotional giveaways, discounts, coupons or games. • A prohibition on the depiction of  
56 persons under the age of 35 years. • Prohibiting any health or therapeutic claims. • Prohibiting  
57 mass marketing campaigns (including TV, internet, radio) toward audiences that may be  
58 comprised of a significant amount of minors. • The inclusion of warning labels on any and all  
59 marketing pieces. 5. The State should maintain regulation over packaging such that the package  
60 cannot be used as a marketing tool. Packaging should prominently display the potency of the  
61 product by indicating the quantities of the active ingredients tetrahydrocannabinol (THC) and  
62 cannabidiol (CBD). Packaging should be in a single dull color chosen by the state with one  
63 format for the packaging. Lettering should be in one font with restrictions on the font size. A  
64 health warning should be on each package. For cannabis products: “GOVERNMENT  
65 WARNING: THIS PRODUCT CONTAINS CANNABIS, A SCHEDULE I CONTROLLED  
66 SUBSTANCE WITH A HIGH POTENTIAL FOR ABUSE AND THE POTENTIAL TO  
67 CREATE SEVERE PSYCHOLOGICAL AND/OR PHYSICAL DEPENDENCE. KEEP OUT  
68 OF REACH OF CHILDREN AND ANIMALS. CANNABIS PRODUCTS MAY ONLY BE  
69 POSSESSED OR CONSUMED BY PERSONS 21 YEARS OF AGE OR OLDER UNLESS  
70 THE PERSON IS A QUALIFIED PATIENT. THE INTOXICATING EFFECTS OF  
71 CANNABIS PRODUCTS MAY BE DELAYED UP TO TWO HOURS. CANNABIS USE  
72 BEFORE AGE 25 MAY AFFECT BRAIN DEVELOPMENT. CANNABIS USE WHILE  
73 PREGNANT OR BREASTFEEDING MAY BE HARMFUL. CONSUMPTION OF  
74 CANNABIS PRODUCTS IMPAIRS YOUR ABILITY TO DRIVE AND OPERATE  
75 MACHINERY. PLEASE USE EXTREME CAUTION.” 6. THC concentration should be  
76 limited to 10% in all inhalational products and 15% in all other products, and individual serving  
77 size should be regulated and limited to 10 mg, with individual packaging required for each  
78 serving. 7. Public use of marijuana should be prohibited, as well as its use in any setting where  
79 tobacco/nicotine smoking or vaping are prohibited. 8. State regulatory review of all new  
80 products should occur before the new products come to the market. 9. Laboratory confirmation  
81 of quantities of THC and CBD in products should be required and documented on package  
82 labeling. 10. The State should set up a process to determine that all products sold on the market  
83 are free of pesticides and contaminants (e.g., mold). 11. At least 10% of the State’s revenue  
84 from the sale of marijuana products should be dedicated to public education regarding risks of  
85 recreational marijuana use, particularly risks to children, and an additional 10% to medical and  
86 public health research on the harms and benefits of marijuana to individual and public health.  
87 12. Marijuana blood levels should always be measured in any case where alcohol blood levels

88 are measured, and State funds should be allocated to measure these levels. Funds should also  
89 be allocated to educate and train law enforcement on drug recognition expert (DRE) training  
90 and the Illinois Department of Transportation to implement a statewide impaired driving  
91 education campaign. 13. Marijuana should be regulated primarily by the Illinois Department of  
92 Public Health, and the Department's highest priority should be the preservation of the public's  
93 health. The controlling board for such regulation should have representation and input from all  
94 interested stakeholders with no financial connections to the marijuana industry, including the  
95 Illinois State Medical Society, organizations representing interested medical specialties as well  
96 as other professional healthcare organizations (nurses, dentists, hospitals, substance use  
97 disorder treatment centers, etc.). Representatives of the marijuana industry, including  
98 cultivators and dispensaries, should not sit on the board of any entity overseeing or controlling  
99 the marijuana industry. 14. No additives to marijuana products should be allowed, especially  
100 any substances that may increase the addictive potential of the products. 15. Local  
101 governmental authorities should be allowed to opt out of marijuana sales in their areas of  
102 jurisdiction without the need to have a public referendum. (HOD 2018; BOT - JAN 2019; Last  
103 BOT Review 2019); and be it further

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

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