

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 02.2021-03  
(A-22)**

Introduced by: Raymond A. Dieter, Jr., MD, ISMS Member

Subject: Marijuana Driving

Referred to: Medical Legal Council

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1           Whereas, fatal accidents in Illinois have involved marijuana in 15% to 20% of  
2 “high” drivers; and

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4           Whereas, in Colorado traffic deaths related to marijuana increased 25% in  
5 2019; and

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7           Whereas, the Illinois legislature passed a bill legalizing marijuana without  
8 adequate marijuana testing after fatal vehicle crashes; therefore, be it

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10          RESOLVED, that ISMS endorse the concept that Illinois drivers in fatal  
11 vehicle accidents be tested for drugs including marijuana; and be it further

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13          RESOLVED, that ISMS recommend that the acceptable Illinois standards for  
14 marijuana be lowered to 2 mil THC ng.

**Fiscal Note:**

n/a

**Existing ISMS policy related to this issue:**

ISMS does not endorse the legalization of the possession or use of marijuana. (HOD 1976; Last BOT Review 2011)

ISMS opposes legalization of the use of recreational marijuana, or marijuana for non-medical purposes. (HOD 2018)

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 15% in all 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 2019-JAN; Last BOT Review 2019)

It is ISMS policy that all relevant medical stakeholders, including ISMS, be provided the opportunity for input into any rulemaking or other processes establishing regulation of recreational marijuana; should recreational marijuana be legalized in Illinois, ISMS remain committed to maximizing the safeguard to limit adverse events and the advancement of continued scientific study; ISMS supports legislation that urges lawmakers to slow the process of legalizing recreational marijuana in Illinois, so that lawmakers, stakeholders, and experts alike have the chance to consider the societal impact of legalization and examine all the data from other states that have passed similar legislation. (2019 Annual Meeting)

It is the policy of ISMS that drug testing on blood, bodily fluids, and tissue is a clinical test and drug testing procedures and results interpretation should be under the supervision of a licensed physician. (HOD 2010; Last BOT Review 2014)

ISMS supports and encourages the education of physicians regarding current, evidence-based therapeutic use of cannabinoids and expanded efforts at all levels of medical

training and practice in education about addiction, and supports continued research in controlled investigational trials on the therapeutic efficacy of cannabinoids, including methods of administration and addictive potential. (HOD 2006; BOT 2006-OCT; Last BOT Review 2011)

ISMS supports the following policies related to medical marijuana dispensing organizations: 1. As part of the licensing requirements for marijuana dispensing entities, a detailed explanation of cannabis' adverse effects and risks should be disseminated to each individual at the time of dispensing. 2. Such patient education material should include: A) Updated information about the purported effectiveness of various forms and methods of medical cannabis administration; B) Updated information about the purported effectiveness of strains of medical cannabis on specific conditions; C) Current educational information issued by IDPH about the health risks associated with the use or abuse of cannabis; D) Whether possession of cannabis is illegal under federal law; E) Information about possible adverse effects; F) Prohibition on smoking medical cannabis in public places; and G) Any other appropriate patient education or support materials (68 Ill. Adm. Code 1290.425). 3. Receipt of such patient education information should be individually documented by the dispensing organization. 4. The written information should be standardized and approved by the Illinois Department of Public Health (IDPH). (HOD 2015)

ISMS supports a total ban on edible recreational cannabis products. (2019 Annual Meeting)

It is the policy of ISMS to support legislation that provides for a defined and dedicated portion of tax revenues derived from the marijuana industry to be directed to a standing State Board established for and charged to monitor, study, and report to the legislature regarding the public health impact of marijuana use. (2019 Annual Meeting)

The Illinois State Medical Society urges the National Institutes of Health (NIH) to award appropriate incentive grants to universities, pharmaceutical companies and other entities capable of developing treatment options for cannabis dependence; and advocates that the cost of grants to incentivize the development of treatment options for cannabis dependence be financed by a federal health tax on those who profit from selling cannabis. (2020 Annual Meeting)

The Illinois State Medical Society advocates that the advertising of CBD, as a component of marijuana, be banned from places that children frequent. (2020 Annual Meeting)

The Illinois State Medical Society will continue to: (1) discourage and condemn illegal drug use; (2) encourage physicians to do all in their power to discourage the use of illegal

drugs in their community; and (3) refuse to assist anyone in obtaining drugs for non-medical use. (HOD 1992; Last BOT Review 2014)