

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 07.2022-06  
(A-23)**

Introduced by: Jerrold B. Leikin, MD, ISMS Member

Subject: Preventing the Elimination of Cannabis from Occupational and  
Municipal Drug Testing Programs

Referred to: Medical Legal Council

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1           Whereas, the Drug-Free Workplace Act of 1988 (41 U.S.C. 81) is an act of the  
2 United States which requires some federal contractors and all federal grantees to agree  
3 that they will provide drug-free workplaces as a precondition of receiving a contract or  
4 grant from a Federal agency; and

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6           Whereas, virtually all employers and municipalities follow these guidelines for  
7 their drug testing protocols even though may not have any federal ties; and

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9           Whereas, cannabis metabolite (THC-COOH) analysis has been part of all urine  
10 drug testing programs since the inception of 41 U.S.C.81 in November 1988; and,

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12           Whereas Illinois HB 4116 Provides that an employer may not refuse to hire an  
13 individual or discipline an employee because results of an individual's drug test indicate  
14 the presence of THC on the part of that individual, thus essentially eliminating cannabis  
15 from drug testing programs; and

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17           Whereas, the American College of Occupational and Environmental Medicine  
18 (ACOEM) recommends that the implications for workplace safety be a primary  
19 consideration and that those in safety-sensitive identified positions should be held to a  
20 higher standard until a scientifically valid method to identify impairment has been  
21 developed; and

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23           Whereas, cannabis can significantly impair judgment, motor coordination, and  
24 reaction time; and

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26           Whereas, it is well documented that persons experiencing impairment from any  
27 drug or medication tend to underestimate the severity of their impairment; and

28           Whereas in the first year (2020) of legalization of recreational cannabis in  
29 Illinois, more than 1100 people were killed in traffic accidents in the state – an  
30 astounding 16% increase from 2019 reversing a downward trend of fatalities over the  
31 past decade; and

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33           Whereas, Chicago witnessed a far more dramatic spike in traffic fatalities (139  
34 killed) – a 45% increase from 2019; and

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36           Whereas traffic accidents and deaths have been documented to increase when  
37 cannabis is legalized; and

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39           Whereas initiating THC use at a potency of 12% is associated with almost a  
40 fivefold higher risk for progression to cannabis use disorder symptom onset within a  
41 year; and

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43           Whereas THC exhibits adverse cardiac, neurological and psychiatric effects that  
44 are dose related and therefore the use of cannabis is deemed inadvisable for persons  
45 performing safety-sensitive work; and

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47           Whereas, cannabis use also can cause violent behavior through increased  
48 aggressiveness, paranoia, and personality changes (more suspicious, aggressive, and  
49 anger); therefore, be it

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51           RESOLVED, that the Illinois State Medical Society supports the continued  
52 inclusion of cannabis metabolite analysis in all urine/hair/oral fluid drug testing analysis  
53 performed for occupational and municipal purposes (Pre-employment, post-accident,  
54 random and for-cause); and be it further

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56           RESOLVED, that the Illinois State Medical Society aggressively oppose HB  
57 4116; and be it further

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

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**Fiscal Note:**

None

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

The Illinois State Medical Society supports Illinois law which requires that any driver involved in a personal injury or fatal motor vehicle accident be given a breath test or chemical test of blood, breath, other bodily substance, or urine for the purpose of determining the content of alcohol, marijuana, other drugs, or intoxicating compounds when arrested. (2022 Annual Meeting; BOT 2021-JUN; Last BOT Review 2021)

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; BOT 2019-JAN; Last BOT Review 2019)

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)

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 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)

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

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)

It is the policy of ISMS to advise medical staffs to oppose and not institute if asked any policy of no-cause drug testing of physicians as part of a credentialing process and to specify for physicians, only drug testing based on reasonable suspicion and with substantive and procedural due process safeguards for physicians. (HOD 1993; Last BOT Review 2011)