

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 05.2024-12
(A-25)**

Introduced by: Jerrold B. Leikin MD, ISMS Member

Subject: Regulating Unregulated Hemp Products

Referred to: Governmental Affairs Council

1 Whereas, in 2013 Illinois passed the Compassionate use of Medical Cannabis
2 Pilot Program (MCP) which was followed by institution of the Industrial Hemp Pilot
3 Program in 2015; and

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5 Whereas, in 2018 the Industrial Hemp Act, expanded the ability to cultivate and
6 process hemp to farmers and others; and

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8 Whereas, the definition of hemp is, “the plant Cannabis Sativa L. and any part of
9 that plant, including the seeds and all derivatives, extracts, cannabinoids, isomers, acids,
10 salts, and salts of isomers, whether growing or not, with a total delta-9-
11 Tetrahydrocannabinol (THC) concentration of not more than 0.3% on a dry weight basis
12 and includes any intermediate or finished product made or derived from industrial
13 hemp;” and

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15 Whereas, in combination with the initiation of adult-use (recreational) cannabis
16 in 2020, this has led to an explosion in cannabis availability in the regulated cannabis
17 (through medical and adult use dispensaries) and the unregulated hemp products; and

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19 Whereas, while regulations (IL CRTA) for the legal cannabis industry are
20 extensive and detailed, the unregulated hemp based products are neither monitored nor
21 held accountable to the same minimal standards; and

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23 Whereas, a recent study of chemical analysis of these hemp products showed that
24 not only are most edible products being sold with a much larger dosage per package than
25 is allowed by Illinois legislation, but most of the edible and plant cannabinoid products
26 do not match their packaging and labeling; and

27 Whereas, the same study noted that a majority of the hemp products being
28 marketed and sold are listing the main active cannabinoid as delta-8-THC. This is a
29 synthetic cannabinoid that is extracted from hemp material with approximately half the
30 psycho- activity as delta-8 THC; and

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32 Whereas, of 5,022 reported cases involving delta-8 tetrahydrocannabinol, delta-
33 10 tetrahydrocannabinol, and tetrahydrocannabinol-O acetate as the primary substance
34 reported to United States poison centers from 1 January 2021 to 31 December 2022, the
35 most common related clinical effects were mild central nervous system depression (25.0
36 percent), tachycardia (23.0 percent), and agitation (15.6 percent). More than one-third
37 (38.4 percent) of cases experienced a serious medical outcome, and 10.3 percent were
38 admitted to a noncritical care unit and 5.3 percent to a critical care unit; and

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40 Whereas, in the same poison center study, the rate of exposure per 100,000
41 United States population increased by 89.1 percent from 0.55 in 2021 to 1.04 in 2022.
42 Children less than 6 years old accounted for 30.1 percent of cases, with a mode at age 2
43 years (representing 8.9 percent of cases); and

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45 Whereas, some commodities list their product as being hemp simply due to a
46 small presence of free delta-9-THC, yet they still have a large presence of Delta-9-
47 Tetrahydrocannabinolic acid (THCA). The compound THCA is produced by the
48 cannabis plant and when heated is converted to delta-9-THC, through a process called
49 decarboxylation; and

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51 Whereas, these unregulated products are packaged in a way to market themselves
52 to minors; these products have no minimum purchase age, nor do they require an ID
53 check for age verification. In addition, many of these retailers have shops that are close
54 to school grounds, playgrounds, and other public places that are widely accessible to
55 minors, which violates the rules set forth in the IL CRTA; therefore, be it

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57 RESOLVED, that the Illinois State Medical Society advocate and introduce
58 legislation for strict regulation of the unregulated hemp market in Illinois; and be it
59 further

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61 RESOLVED, that this regulation should include proper quality control of the
62 product including validation of all product labeling claims, banning selling and
63 marketing to children and adolescents (including banning selling of these products near
64 schools and parks), banning edible hemp products, and banning any psychoactive
65 component of cannabis (at concentrations over 0.3%) in any unregulated hemp product.

References:

1. Illinois Cannabis Regulation and Tax Act, 410 ILCS 705/1 et seq.
2. Medical Cannabis Pilot Program, 410 ILCS 130/10
3. Illinois Industrial Hemp Pilot Program, 720 ILCS 550/15.2
4. Illinois Industrial Hemp Act, 505 ILCS 89/1 et seq.
5. Bash J (2024) The Public Safety Risk of Hemp Products Sold at Unlicensed Retailers. J Toxicol Cur Res 8: 025
<https://www.heraldopenaccess.us/openaccess/the-public-safety-risk-of-hemp-products-sold-at-unlicensed-retailers>
6. Leikin J.B. How Physicians Can Combat the Cannabis Epidemic, Chicago Medicine, September 2021, Pages 8-9
7. Article 1, Sec. 1-5, Illinois Cannabis Regulation and Tax Act, 410 ILCS 705/1-5
8. Burgess, A., Hays, H. L., Badeti, J., Spiller, H. A., Rine, N. I., Gaw, C. E., ... Smith, G. A. (2024). Delta-8 tetrahydrocannabinol, delta-10 tetrahydrocannabinol, and Tetrahydrocannabinol-O acetate exposures reported to America's Poison Centers. Clinical Toxicology, 1–11. <https://doi.org/10.1080/15563650.2024.2340115>
9. Mody L, Inouye SK. Adverse Consequences of Legalization of Edible Cannabis in Older Adults. JAMA Intern Med. Published online May 20, 2024. doi:10.1001/jamainternmed.2024.1337

Fiscal Note:

n/a

Existing ISMS policy related to this issue:

ISMS affirmed Board action regarding Resolution 07.2021-04 (A-22), Limiting the Potency of Delta-9-Tetrahydrocannabinol (THC) to 10% in recreational cannabis products; Resolution 07.2021-04 (A-22) adopted as amended. (2022 Annual Meeting)

ISMS supports a total ban on edible recreational cannabis products. (2019 Annual Meeting; BOT 2019-APR; Last BOT Review 2019)

ISMS affirmed the Board's adoption of Resolution 01.2019-13 (A-19), Banning Edible Cannabis Products, as amended, which states: RESOLVED, that the Illinois State Medical Society supports a total ban on edible recreational cannabis products; and be it further RESOLVED, that the Illinois State Medical Society assist in introducing legislation to ban all edible recreational cannabis products; and be it further RESOLVED, that this resolution be forwarded to the American Medical Association for adoption. (2019 Annual Meeting)

ISMS adopted Substitute Resolution 10.2018-07 (A-19), Reaffirm ISMS Policy Against Recreational Use of Cannabis, in lieu of Resolution 10.2018-07 (A-19) and Substitute Resolution 01.2019-12 (A-19), which states: RESOLVED, that the Illinois State Medical Society reaffirm the current policy adopted by the ISMS House of Delegates in April, 2018, opposing any legislation supporting the use of recreational cannabis in Illinois. (2019 Annual Meeting)

Board of Trustees adopted Substitute Resolution 01.2019-12 (A-19) in lieu of Resolution 01.2019-12 (A-19), Reaffirm ISMS Policy Against Recreational Use of Cannabis. (BOT – APR 2019)

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 2019-JAN, 2021-OCT; Amended 2022; Last BOT Review 2019)

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; Reaffirmed 2016)

House of Delegates adopted Resolution B209 (A-15) as amended, which calls for ISMS to adopt several 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). The resolution also calls for ISMS to support or cause to be introduced legislation that amends the Compassionate Use of Medical Cannabis Pilot Program Act to be consistent with these proposed changes. (HOD 2015)