ILLINOIS STATE MEDICAL SOCIETY

Resolution 01.2019-12
(A-19)

Introduced by: Jerrold B. Leikin, M.D., ISMS Member

Subject: Reaffirm ISMS Policy Against Recreational Use of Cannabis

Referred to: Council on Medical Service

Whereas, the pharmacology of cannabis is not predictable with a prolonged half-life and active metabolites; and

Whereas, this drug should NEVER be taken on a multiple-times daily basis due to the above pharmacologic properties; and

Whereas, the target organ of cannabis is the brain; and

Whereas, collateral adverse effects will occur from recreational cannabis use; and

Whereas, use of cannabis undermines effort to combat drug abuse; and

Whereas, in Colorado, adolescent school expulsion due to cannabis have greatly increased as have cannabis-related emergency room visits; and

Whereas, toddler exposure to cannabis will increase; and

Whereas, duration of impairment is prolonged after the subjective effects of cannabis dissipate; and

Whereas, no limitation on dose or concentration of cannabis appears in any state legislation; and

Whereas, there is virtually no patient education on the above points; and

Whereas, Poison Center data is reflective of a marked increase in cases of acute cannabis toxicity since 1999; and

Whereas, synthetic cannabis use will increase, and

Whereas, THC dose, by legislation, likely would be unlimited as it has been in all states that have legalized, with the exception of Vermont; and

Whereas, the laws regarding recreational cannabis use indirectly promote smoking; and

Whereas, the risks outweigh the benefits for general population exposure; and

Whereas, a potential toxic surge that is legislatively iatrogenic (similar to the prescription opioid epidemic) would probably occur; and

Whereas, the American Academy of Pediatrics, is opposed to recreational cannabis use; and

Whereas, cannabis can transfer into human breast milk, this leading to neonatal exposure; and

Whereas, frequent postnatal maternal (and possibly paternal) use of cannabis can double the risk of Sudden Infant Death Syndrome (SIDS); and

Whereas, resolution C331 (A-18) resolves that "the Illinois State Medical Society opposes legalization of the use of recreational marijuana, or marijuana for non-medical purposes; and

Whereas, resolution C331 (A-18) passed the Illinois State Medical Society House of Delegates with over 95% of the voter voting in affirmation; and

Whereas, evidence suggests that the usage of higher potency cannabis increases the risk for the symptom of onset of first cannabis use disorder; therefore, be it

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.

References:

1. Temple L, Lampert S, Ewigman B. Barriers to achieving optimal success with medical cannabis in IL: opportunities for quality improvement. J Alt Compl Med. 2018. Doi.org/10.1089/acm2018.0250
2. Wen H, Hockenberry J. Association of medical and adult-use marijuana laws with opioid prescribing for Medicaid enrollees. JAMA Internal Medicine. 2018; 178(5): 673-679
3. Chhabra N, Leikin JB. Analysis of medical marijuana laws in states transitioning to recreational marijuana –a legislatively gateway drug policy? Presented at the North American Congress of Clinical Toxicology; Vancouver BC. October 2017.
4. Mowery JB, Spyker DA, Brooks DE, et al. 2015 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 33rd Annual Report. Clin Toxicol. 2016; 54(10): 924-1109
5. Leikin JB, Amusina O. Use of dexmedetomidine to treat delirium primarily caused by cannabis. Am J Emerg Med. 2017; 35:80: e5 -801.e6
6. Arterberry BJ, Treloar-Padovano H, Foster K. Higher average potency across the United States is associated with progression to first cannabis use disorder symptom. Drug Alcohol Depend. 2018, Dec.
7. Neauyn MJ, Blohm E, Babu KM, Bird SM. Medical marijuana and driving: a review. J Medical Toxicol. 2014; 10:269-279
8. Grontenhemin F, Russo E, Zuardi AW. Even high doses of oral cannabidiol do not cause THC-like effects in humans: comment on Merrick et al cannabis and cannabinoid research. Cannabis and Cannabinoid Research. 2017; 2(1):1-4
9. Zhu H, Wu L-T. Sex differences in cannabis use disorder diagnosis involved hospitalizations in the United States. Journal of Addiction Medicine. 2017; 11(5): 357-367
10. Betholet N, Cheng DM, Patfai TP, et al. Anxiety, depression, and pain symptoms: associations with the course of marijuana use and drug use consequences among urban primary care patients. Journal of Addiction Medicine. 2018; 12(1): 45-52
11. Mark K, Gryczynski J, Axenfeld E, et al. Pregnant women's current and intended cannabis use in relation to their views toward legalization and knowledge of potential harm. Journal of Addiction Medicine. 2017; 11(3): 211-216
12. Oliviera P, Morais AS, Madeira N. Synthetic cannabis analogues and suicidal behavior: case report. Journal of Addiction Medicine. 2017; 11(5): 408-410
13. Lammert S, Harrison K, Tosun N, et al. Menstrual cycle in women who co-use marijuana and tobacco. Journal of Addiction Medicine. 2018; 12(3):207-211
14. Caputi TL, Humphrey K. Medical marijuana users are more likely to use prescription drugs medically and non-medically. Journal of Addiction Medicine. 2018; 12(4) 295-299

15. Bagra I, Krishnan V, Rao R, et al. Does cannabis use influence opioid outcomes and quality of life among buprenorphine maintained patients? A cross-sectional comparative study. Journal of Addiction Medicine. 2018; 12(4): 315-320
16. Koppel BS, Brust JC, Fife T. Systemic review: efficacy and safety of medical marijuana in selected neurological disorders: report of the guideline development subcommittee of the American Academy of Neurology. Neurology. 2014; 82:1556-1563
17. Houser W, Fitzcharles MA, Radbrunch L, Petzke F. Cannabinoids in pain management and palliative medicine. Disch Arzlebl Int. 2017; 114 (38): 627-634
18. Finnerup NB, Attal N, Haroutounian S, et al. Pharmacotherapy for neuropathic pain in adults: a systemic review and meta-analysis. Lancet Neurol. 2015; 14(2): 162-173
19. Jensen B, Chen J, Furnish T, Wallace M. Medical marijuana and chronic pain: a review of basic science and clinical evidence. Curr Pain Headache Rep. 2015; 19 (10):50. Doi 10.1007/S11916-015-0524-x
20. Nielsen S, Sabioni P, Trigo JM, et al. Opioid-sparing effect of cannabinoids: a systemic review and meta-analysis. Neuropsychopharmacology. 2017; 42(9):1752-1765
21. Johnson LD, Miech RA, O'Malley PM, et al. Monitoring the future national survey results on drug use 1975-2017: overview key findings on adolescent drug use. Ann Arbor: Institute for Social Research; the University of Michigan. 2018: 1-3
22. Baker DW. History of the Joint Commission's Pain Standards: lessons for today's prescription opioid epidemic. JAMA. 2017; 317(11): 1717-1718
23. Chhabra N, Leikin JB. The Joint Commission and the Opioid Epidemic. JAMA. 2017; 318(1):91-92
24. Abrams DI, Vizoso HP, Shade SB, et al. Vaporization as a smokeless cannabis delivery system: a pilot study. Clin Pharmacol Ther. 2007; 82(5): 572-578
25. D'Souza DC, Ranganathan M. Medical marijuana: is the cart before the horse? JAMA. 2015; 313(24): 2431-2432
26. Whitiong PF, Wolff RF, Deshpande S, et al. Cannabinoids for medical use: a systemic review and meta-analysis. JAMA. 313(24): 2456-2473
27. Caulley L, Caplan B, Ross E. Medical marijuana for chronic pain. N Engl J Med. 2018; 379: 1575-1577
28. Greydanus DE, Kaplan G, Baxter Sr LE, et al. Cannabis: the never-ending, nefarious mepenthe of the 21st century: what should the clinician know? Disease-a-Month. 2015; 61(4): 118-175
29. MacCoun RJ, Mello MM. Half-baked-the retail promotion of marijuana edibles. N Engl J Med. 2015; 372(11): 989-991
30. Richards JR, Smith NE, Moulin AK. Unintentional Cannabis Ingestion in Children: A Systemic Review. Journal of Pediatrics. 2017; 190: 142-152
31. Benjamin DM, Fossler MJ. Edible Cannabis Products: It is Time for FDA Oversight. J Clin Pharmacology. 2016; 56(9): 1045-1047

32. Kim HS, Monte AA. Colorado Cannabis Legalization and its Effect on Emergency Care. Ann Emerg Med. 2016; 68(1): 71-75
33. Ammerman SD, Ryan SA, Adelman WP. American Academy of Pediatrics: The Impact of Marijuana Policies on Youth: Clinical Research and Legal Update. Pediatrics. 2015; 135(3): e769-e785
34. Ryan SA, Ammerman SD, O'Connor ME. Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes. Pediatrics. 2018;142. DOI:10.1542/peds.2018-1889
35. Wang GS. Pediatric Concerns Due to Expanded Cannabis Use: Unintended Consequences of Legalization. J Med Toxicology. 2017; 13(1): 99-105
36. Scragg RK, Mitchell EA, Ford RP, et al. Maternal Cannabis Use in the Sudden Death Syndrome. Acta Pediatr. 2001; 90(1):57-60
37. Klonoff-Cohen H, Lam-Kruglick P. Maternal and Paternal Recreational Drug Use and Sudden Infant Death Syndrome. Acta Pediatr Adolesc Med. 2001;155(7): 765-770
38. Leung J, Chiu C, Sjepanovic D, Hall W. Has the Legalization of Medical and Recreational Cannabis Use in the USA Affected the Prevalence of Cannabis Use and Cannabis Use Disorder? Current Addiction Reports. 2018; 5(4): 403-417

Fiscal Note:
N/A

Existing ISMS policy related to this issue:

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

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 does not endorse the legalization of the possession or use of marijuana. (HOD 1976; 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 adopted 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. (BOT-Jan 2019)