

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 01.2019-13
(A-19)**

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

Subject: Banning Edible Cannabis Products

Referred to: Council on Medical Service

1 Whereas, in general, children have more severe symptoms from cannabis toxicity
2 (with leukocytosis and elevated lactic acid levels); and

3
4 Whereas, the pharmacology of edible cannabis makes this a poorly viable
5 medicinal agent due to its low oral bioavailability (under 25%) and slow peak absorption
6 (almost 3 hours); and

7
8 Whereas, toddlers are increasingly accessing edible cannabis products with
9 subsequent severe neurotoxicity and cardiotoxicity; and

10
11 Whereas, resolution C331(A-18) resolves a “prohibition of sales of all forms that
12 might be attractive to children (e.g. soda, candy, cookies, flavored marijuana); and

13
14 Whereas, no antidote exists for cannabis toxicity and activated charcoal is
15 apparently not effective; and

16
17 Whereas, unintentional cannabis ingestion by adults can lead to unintended
18 medical and forensic consequences (such as a positive drug test leading to job
19 termination); and

20
21 Whereas, there is no FDA oversight on medicinal edible cannabis products; and

22
23 Whereas, Colorado studies along with National Poison Data System encounters
24 due to unintentional pediatric cannabis exposures have increased substantially in
25 legalized cannabis states; and

26
27 Whereas we do not allow flavored cigarettes because of the concern that they
28 increase pediatric initiation, i.e., first use of the product; and

29

1 Whereas the Illinois legislature passed a bill outlawing flavored cigarette and
2 blunt papers in 2012, there being only one dissenting vote in the Senate and the vote in
3 the House being unanimous; and

4
5 Whereas there is much more risk of initiation with candy marijuana than with
6 flavored bunt papers; and

7
8 Whereas, consumers often do not understand toxic hazards of edible cannabis
9 and may consume a greater than intended amount; therefore, be it

10
11 RESOLVED, that the Illinois State Medical Society supports a total ban on edible
12 cannabis products; and be it further

13
14 RESOLVED, that the Illinois State Medical Society assist in introducing
15 legislation to ban all edible cannabis products; and be it further

16
17 RESOLVED, that this resolution be forwarded to the American Medical
18 Association for adoption.

References :

1. Richards JR, Smith NE, Moulin AK. Unintentional Cannabis Ingestion in Children: A Systemic Review. *Journal of Pediatrics*. 2017; 190: 142-152
2. Benjamin DM, Fossler MJ. Edible Cannabis Products: It is Time for FDA Oversight. *J Clin Pharmacology*. 2016; 56(9): 1045-1047
3. Kim HS, Monte AA. Colorado Cannabis Legalization and its Effect on Emergency Care. *Ann Emerg Med*. 2016; 68(1): 71-75
4. Caulley L, Caplan B, Ross E. Medical marijuana for chronic pain. *N Engl J Med*. 2018; 379: 1575-1577
5. 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
6. MacCoun RJ, Mello MM. Half-baked: The Retail Promotion of Marijuana Edibles. *N Engl J Med*. 2015; 372(11): 989-991
7. Barrus DG, Capogrossi XL, Cates SC, et al. Tasty THC: Promise and Challenges of Cannabis Edibles. *Methods Rep*. RTI Press. 2016. Doi.2016.10.3768/rtpress.2016.op0035.1611
8. Vo TK, Hoing H, Ho RY, et al. Cannabis Intoxication Case Series: The Dangers of Edibles Containing Tetrahydrocannabinol. *Ann Emerg Med*. 2018; 71(3): 306-313

9. Levene RJ, Pollak-Christian E, Wolfram S. A 21st Century Problem: Cannabis Toxicity in a 13-month old chil. J Emerg Med. 2018. DOI.org/10.1016/j.jemermed.2018.09.040
10. Pelissier F, Claudet I, Pelisser-Alicot A-L, et al. Parental Cannabis Abuse and Accidental Intoxications in Children: Prevention by Detecting Neglectful Situations and At-Risk Families. Ped Emerg Care. 2014;30(12): 862-866

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)