

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 02.2019-17
(A-19)**

Introduced by: Richard Nora, M.D., ISMS Member

Subject: Decriminalization of Marijuana Use

Referred to: Council on Medical Services

1 Whereas, ISMS has policy opposing the legalization of marijuana for recreational
2 and other non-medical purposes, based on concerns for its potential for altering brain
3 development, its potential as a “gateway drug”, public health concerns raised by wider
4 availability of an intoxicant, as of yet unresolved issues of employment and
5 accommodation rights for persons using marijuana for medical and non-medical
6 reasons, and for other reasons; and

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8 Whereas, the criminalization of marijuana possession and use has failed to stop
9 its use or the drug trade, has provided a source of criminal income to nefarious parties
10 to the drug trade, has led to criminal proceedings, convictions, incarcerations, and
11 subsequent lifelong impact on the well beings of persons, their families, and their
12 communities, discouraged persons from seeking medical attention for marijuana and
13 other drug use with attendant personal and public health consequences; and

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15 Whereas, continued research and monitoring of the personal and community
16 impact of marijuana use is necessary, particularly if recreational marijuana is legalized;
17 and

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19 Whereas, personal and corporate entities involved in the marijuana industry stand
20 to obtain great wealth, and the State of Illinois stands to generate large tax revenues from
21 recreational marijuana; therefore, be it

22
23 RESOLVED, that ISMS support the decriminalization of the possession and use
24 of small quantities of marijuana, this support contingent that:

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26 1) the quantities be defined in legislation to decriminalize marijuana possession or
27 use
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29 2) that any legislation legalizing recreational marijuana stipulates restrictions on the
30 operation of motor vehicles and provides for testing and violation penalties

- 1 3) that such legislation provide that employers may maintain restrictions on drug
2 use for and by their employees, and
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- 4 4) that such legislation provides for a defined and dedicated portion of tax revenues
5 derived from the marijuana industry to be directed to a standing State Board
6 established for and charged to monitor, study, and report to the legislature
7 regarding the public health impact of marijuana use,
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- 9 5) and that said Board includes medical and public health representatives and will
10 be entirely independent of persons or entities involved in the manufacture,
11 processing, distribution, or marketing of marijuana products.

Fiscal Note:

N/A

Existing ISMS policy related to this issue:

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

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 2019-JAN)