

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 11.2019-16
(A-20)**

Introduced by: Philip Dray, MD, ISMS Member

Subject: CBD Oil Use and the Marketing of CBD Oil

Referred to: Council on Medical Service

1 Whereas, ISMS has no policy regarding the use and marketing of the supplement
2 cannabidiol (CBD) oil; and

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4 Whereas, CBD oil is advertised in health clubs and convenience stores
5 throughout the state and online; and

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7 Whereas, CBD oil is often marketed in ways that falsely imply medical doctor
8 approval, verification or endorsement; and

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10 Whereas, there is only one FDA-approved drug in which CBD is the active
11 ingredient for the indication of two rare types of epilepsy syndromes; and

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13 Whereas, it is known that the side effects of CBD include elevated liver enzymes,
14 diarrhea, somnolence and decreased appetite; and

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16 Whereas, CBD oil is promoted for the treatment of a vast range of mental and
17 physical ailments including: seizures, schizophrenia, depression, anxiety, Tourette
18 syndrome, ADHD, pain reduction and sleep disorders; and

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20 Whereas, CBD is one of more than 100 identified compounds in the cannabis
21 plant, commonly known as marijuana and CBD is put into products including, ingestible
22 oils, bath salts and drinks; and

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24 Whereas, CBD oil is not an FDA-approved product and is considered a dietary
25 supplement and the composition and purity of the product generally extracted from
26 hemp is not overseen by any U.S. regulatory body and adulteration, contamination with
27 pesticides, herbicides and heavy metals and variable percentage of CBD product can
28 and does occur; and

1 Whereas, ISMS has via the BOT approved Resolution C331 (2019) regarding the
2 principles to regulate recreation marijuana that includes laboratory confirmation of
3 quantities of THC and CBD and among the recommendations were included strict
4 control over all marketing and advertising, limiting any marketing within 1,000 feet of
5 places that children frequent, prohibiting any unproven health or therapeutic claims;
6 therefore, be it

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8 RESOLVED, that ISMS create a policy specifically stating that at this time there
9 is no proven health benefit to CBD oil beyond the single indication for the treatment of
10 two rare epilepsy syndromes and that there are significant risks to health of taking
11 unregulated dietary supplement CBD oil with unknown quality controls; and be it
12 further

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14 RESOLVED, that ISMS ask the Attorney General of Illinois to investigate
15 companies and take appropriate action against companies that use the label of MD,
16 physician or doctor in the naming of, or the promotion of their product; and be if further

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18 RESOLVED, that the advertising of CBD as a component of marijuana, be
19 banned from places that children frequent and to ask the State Legislature to create
20 legislation to prohibit companies from selling CBD product in Illinois if they make any
21 unproven health and therapeutic claims.

Fiscal Note:

N/A

Existing ISMS policy related to this issue:

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

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 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 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 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. 14. 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; 2019 Annual Meeting)

It is ISMS policy that all relevant medical stakeholders, including ISMS, be provided the opportunity for input into any rule-making 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)

ISMS supports a total ban on edible recreational cannabis products. (2019 Annual Meeting)

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)