Dortley new on Staff

AMA meeting in Oct 12

PRESERVATION COPY

DOROTHY J. MOSS
ASSISTANT DIRECTOR
DEPARTMENT OF FEDERAL AFFAIRS

AMERICAN MEDICAL ASSOCIATION
1101 VERMONT AVENUE, N.W.
WASHINGTON, D.C. 20005

AREA CODE 202
789-7411

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 645-5000 • TWX 910-221-0300

27 NOV 1985
3027

November 22, 1985

Carlton E. Turner, Ph.D.
Director, Drug Abuse Policy Office
The White House
Old Executive Office Building
Room 218
Washington, D.C. 20500

Dear Carlton:

It was good to talk with you yesterday. Your insights as to the seriousness of the drug diversion problem certainly square with our perspective. I've enclosed a brief update on our prescription drug abuse project--we're now able to document significant reductions in diversion in the early PADS states, but of course, the overall problem is far from solved. I'd welcome any further advice or input from you.

Also, I've enclosed a copy of AMA's formal response to the dronabinol rules. Your input figured in our decision to support the rescheduling from I to II, but we are absolutely opposed to the rule that makes it a criminal act for a physician to prescribe for an extra-labelled indication. Needless to say, this is an issue we'll be following most closely.

I'll look forward to seeing you on some future trip to the District. In the meanwhile, do take care...

Regards,

Bonnie

Bonnie B. Wilford
Administrator
Substance Abuse Unit

BBW/amo
Enclosures

AMERICAN MEDICAL ASSOCIATION

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PRESCRIPTION DRUG ABUSE...
THE PROBLEM

Ms. "X" filled 397 prescriptions in the last two years of her life. She saw 29 different doctors, receiving 79 services from one physician alone. One hundred fourteen of her prescriptions were filled at the same pharmacy and reimbursed by Medicaid. On her death from a drug overdose at age 22, her body contained near-toxic levels of two diazepam products and phenobarbital, as well as other barbiturates, three tranquilizers, opiates and cocaine.
(Detroit News, 10/10/82)

Mrs. "Y", aged 73, is driven to a pharmacy to fill a prescription for the analgesic Dilaudid (hydromorphone). She gives the bottle of 40 tablets to her driver, who pays her $100 and drives her to five other pharmacies. At the end of the day, Mrs. "Y" has passed six forged prescriptions and earned $600. Her driver has obtained 240 tablets of Dilaudid, with a street value of $12,000.
(CBS Morning News, 2/27/85)

A significant amount of the drugs developed, approved and marketed for therapeutic purposes are being diverted for purposes of abuse, with serious health consequences to the users and major economic costs to society:

60% of drug-related emergency room visits and 70% of drug-related deaths involve prescription products. *(Federal DAWN data, 1979-1984)*

19% of 16 to 17 year olds, 28% of 18 to 25 year olds, 25% of 26 to 29 year olds, and 18% of persons aged 30 to 34 say they have used one or more prescription psychotherapeutic agents for reasons such as "getting high," enjoying the feeling, or curiosity about the effects.
(NIDA National Survey, 1982)

Attacks on physicians and pharmacists are increasing at 10% per year as addicts turn to armed robberies to obtain drugs.
(DEA data, 1984)

Public assistance programs such as Medicaid are paying for prescription drugs obtained through improper or fraudulent prescriptions at a rate that may reach $100 million per year. *(Michigan Medicaid Program, 1984)*

THE RESPONSE

The Informal Steering Committee on Prescription Drug Abuse, a voluntary public/private sector coalition of national professional organizations and government agencies, convened in 1981 by the American Medical Association to:

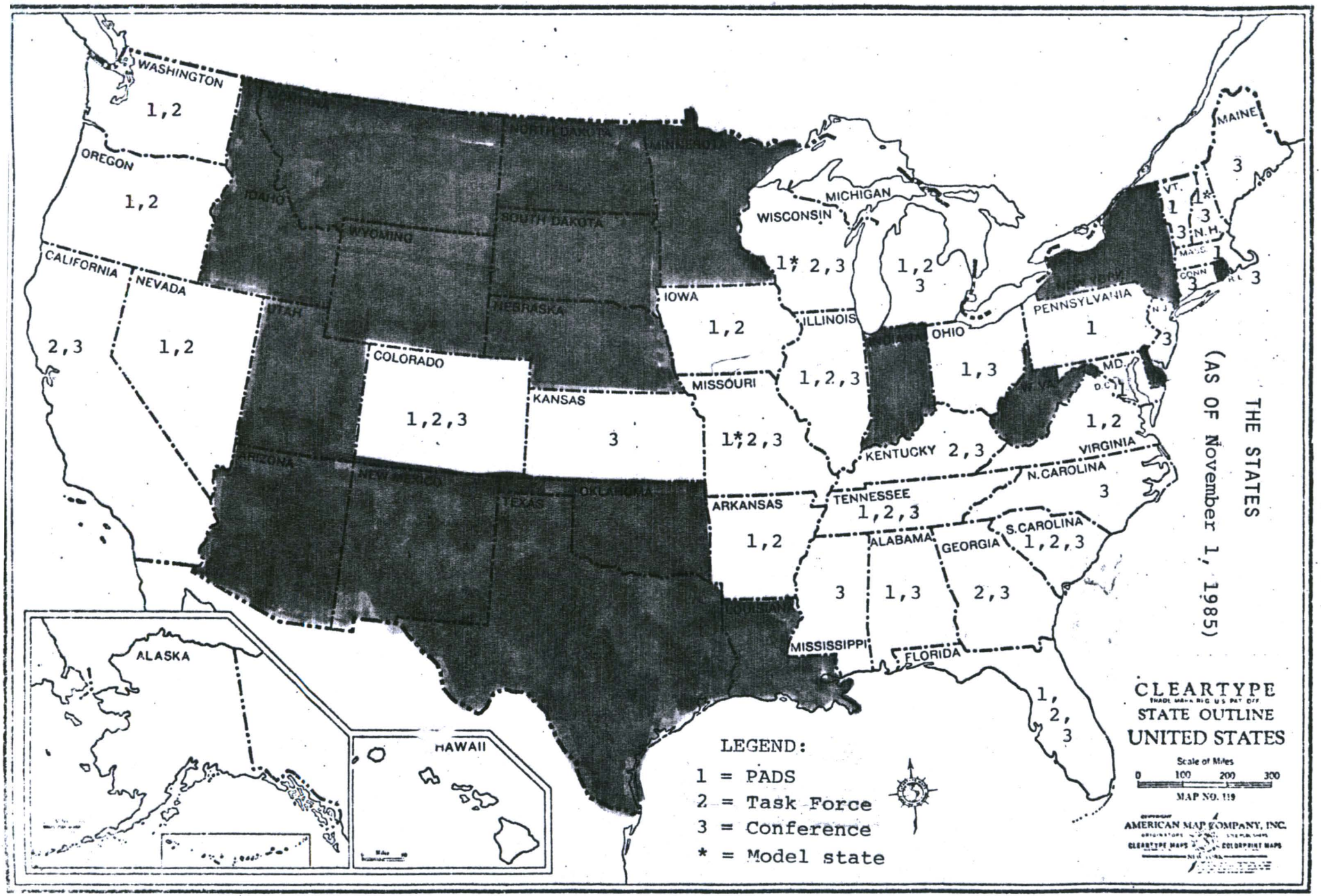
- Achieve national consensus on the nature of the problem.
- Develop specific programs to reduce the diversion, misuse and abuse of prescription drugs.
- Implement these programs in the states through state-level coalitions of professional organizations and government agencies.

THE PARTICIPANTS

Alcohol and Drug Problems Association of North America
American Academy of Family Physicians
American Dental Association
American Hospital Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Pharmaceutical Association
American Podiatry Association
American Society of Hospital Pharmacists

American Society of Physicians Assistants
American Veterinary Medical Association
Association for Medical Education & Research in Substance Abuse
Association of State & Territorial Health Officials
Federation of State Medical Boards of the United States
International Narcotic Enforcement Officers Association
National Association of Boards of Pharmacy
National Association of State Alcohol & Drug Abuse Directors
National Board of Medical Examiners
National Council of State Boards of Nursing

National Governors' Association
National Institute on Drug Abuse
Office of the Inspector General, Department of Health & Human Services
Pharmaceutical Manufacturers Association
State Drug Enforcement Alliance
U.S. Drug Enforcement Administration
U.S. Food and Drug Administration
White House Office on Drug Abuse Policy
World Health Organization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(AS OF November 1, 1985)
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MAP NO. 119
AMERICAN MAP COMPANY, INC.

AMERICAN MEDICAL ASSOCIATION

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JAMES H. SAMMONS, M.D.
Executive Vice President
(645-4300)

November 18, 1985

John Lawn
Administrator
Drug Enforcement Administration
1405 I Street, N.W.
Washington, D.C. 20537

Re: Rescheduling of Dronabinol and Restrictions on the Use of Dronabinol, October 18, 1985, Federal Register, (50 F.R. 42184)

Dear Mr. Lawn:

In the Federal Register of October 18, 1985, the Drug Enforcement Administration (DEA) published a proposed rule to reschedule drug products which consist of dronabinol in sesame oil and encapsulated in soft gelatin capsules from Schedule I to Schedule II of the Controlled Substances Act (CSA). Earlier this year the Food and Drug Administration (FDA) approved the new drug application (NDA) for the product, Marinol Capsules, which contains dronabinol. The indication listed in the approved labeling for dronabinol is for the treatment of nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

On October 18, 1985, the DEA also published a proposed rule that would restrict the use of dronabinol to the FDA approved indications. This restriction would be in addition to the controls required for other Schedule II controlled substances. The DEA claims that the additional controls are needed in order for the United States to comply with its obligations under the Convention on Psychotropic Substances 1971 (Convention).

Rescheduling of Dronabinol

The CSA establishes five schedules of controlled substances. Schedule I provides the most stringent controls, effectively banning the substance for all but research purposes. The findings required

for placement of a drug in Schedule I are: (a) the drug has a high potential for abuse, (b) the drug has no currently accepted medical use in treatment in the United States, and (c) a lack of accepted safety exists for use of the drug under medical supervision.

The findings required for classification of a drug in Schedule II, which would permit marketing of the drug, are: (a) the drug has a high potential for abuse, (b) the drug has a currently accepted medical use for treatment in the United States, and (c) abuse of the drug may lead to severe psychological or physical dependence. For a drug to be placed in Schedule II, therefore, there must be evidence of a medically accepted use that is not present for drugs placed in Schedule I.

The approval of a new drug application by the FDA requires the performance of well-controlled studies that establish the safety and efficacy of a drug. Once a drug's safety and efficacy have been established through such studies, a drug can be said to have a currently accepted medical use for treatment in the United States. In light of the fact that the FDA has approved an NDA for dronabinol, the drug now has a currently accepted medical use for treatment in the United States. Thus we support the rescheduling of dronabinol from Schedule I to Schedule II of the CSA.

Restricting the Use of Dronabinol

Infringement on the Practice of Medicine

The AMA recognizes that abuse of tetrahydrocannabinol in marijuana and hashish is widespread in the United States and that such abuse may pose serious health hazards to persons who abuse the drug. Nonetheless, we vigorously oppose restricting the therapeutic use of dronabinol (or any other FDA-approved drug) to the approved indications. We are particularly concerned because any prescribing, administering or dispensing of dronabinol outside of the labeled indications would subject the physician or pharmacist to criminal sanctions under the CSA.

It is our view--and the official view of the FDA--that it is within the realm of legitimate medical practice to use an approved drug for an unlabeled indication. Since neither the CSA nor the Food, Drug, and Cosmetic Act is intended to control medical practice, the AMA believes strongly that it is beyond the authority of either the DEA or the FDA to limit the use of an approved drug to the labeled indications.

Neither the DEA nor the FDA has ever imposed such a restriction on the use of an approved drug. Moreover, the FDA is proposing, in its Investigational New Drug (IND) Application regulations, to make explicit its long-standing policy that once a drug is approved for marketing, a physician may prescribe the drug for an unlabeled purpose. (48 F.R. 26736)

The AMA believes that in light of the extremely limited indication for use for dronabinol, it would be particularly inappropriate to restrict use of the drug to the labeled indications. The indication listed in the approved labeling for dronabinol is for the treatment of nausea and vomiting associated with cancer chemotherapy in patients "who have failed to respond adequately to conventional antiemetic treatments." Chemotherapy-induced nausea and vomiting is widely recognized as posing a serious problem for many cancer patients. The unacceptable nature of this adverse reaction may lead to patient noncompliance with their chemotherapy treatment regimen thereby resulting in the progression of their cancer. In many cases no single antiemetic agent provides adequate relief from nausea and vomiting. Thus flexibility in the use of all antiemetic drugs is necessary.

The AMA is concerned that the effect of the restriction proposed would be to delay the availability of the drug to patients by requiring that physicians first utilize other antiemetics even if in the physician's professional judgment the patient may respond better initially to dronabinol alone or in combination with other antiemetics, or even if the physician knows that the patient has an intolerance for other drugs. The restriction proposed would also prevent patients suffering nausea and vomiting due to radiation therapy from benefiting from dronabinol. We believe that one of the purposes of a drug's labeling is to advise physicians concerning appropriate uses for the drug. Modifications in practice from the drug's labeling can and should be permitted for sound medical reasons.

In our view it would be inappropriate to single out dronabinol for precedent-setting restrictions. Based on the low incidence of diversion that occurred during the investigational use of dronabinol, there is no reason to believe that diversion of the drug poses a more serious problem than other controlled substances. Moreover, many other Schedule II drugs including cocaine and the opioids (e.g. hydromorphone) pose a significantly greater potential for diversion, abuse and addiction than does dronabinol. No restrictions on the legitimate medical use of these more powerful and more dangerous drugs have been imposed.

Existing Means for Preventing Diversion

The AMA believes that the DEA already has at its disposal adequate tools to prevent the diversion of dronabinol and other Schedule II drugs. One means of preventing or at least controlling the diversion of Schedule II drugs is through the use of manufacturing quotas. Quotas are intended to ensure that only the amount of a drug that is necessary to meet the medical needs of patients is manufactured.

Another means of combatting drug diversion is through the use of DEA's Automated Reports and Consolidated Orders System (ARCOS). The ARCOS reports are developed by DEA from the mandatory reports submitted by manufacturers, distributors, physicians and pharmacists for all Schedule II drugs. These reports serve as an excellent tool to monitor the flow of Schedule II drugs.

In addition to the DEA's enforcement tools, the AMA--along with the DEA and a number of other interested parties--has developed a highly effective mechanism known as the Prescription Abuse Data Synthesis (PADS)model for identifying practitioners who inappropriately prescribe or dispense drugs that are subject to abuse. The PADS model, which is being used in more than twenty states, helps state officials curb prescription drug abuse by more effectively identifying the sources of illicit drug diversion.

U.S. Obligations Under the Convention

The obligations of the United States under the Convention can be met without inappropriately restricting the legitimate medical use of dronabinol to the FDA-approved indications. Section 201(d)(5) of the CSA authorizes the Secretary of HHS and the Attorney General, through the Secretary of State, to request a review of scheduling decisions under the Convention based on new or additional information. In addition, section 201 (d)(3) of the CSA addresses the situation in which the United States receives notification that existing legal controls under the CSA and the Federal Food, Drug, and Cosmetic Act for a substance do not meet the requirements of the schedule of the Convention in which the substance has been placed. This section provides that if the Secretary of HHS disagrees with the schedule notice the Secretary would be required to request the Secretary of State to take appropriate action under the Convention to initiate proceedings to remove the substance from the schedules or to transfer the substances to a different schedule.

The AMA believes that these provisions of the CSA clearly indicate the intent of Congress that the United States should, when appropriate, request that a substance be rescheduled under the Convention if such a rescheduling is warranted by new or additional information. We believe strongly that the fact that dronabinol, the synthetic equivalent of the isomer of delta-9-tetrahydrocannabinol (THC), now has a currently accepted medical use is important new information which warrants a request by the United States to review the decision to schedule THC in Schedule I under the Convention. We urge the DEA, through the Secretary of State, to request that such a review occur at the next meeting of the Convention.

Conclusion

The AMA supports the rescheduling of dronabinol from Schedule I to Schedule II of the CSA. However, for the reasons set forth above, the AMA vigorously opposes limiting the use of dronabinol to the FDA-approved indications. We urge the DEA to reconsider the adoption of this unprecedented and ill-advised restriction. In addition, we urge you to request that the United States seek to have dronabinol moved to a more appropriate schedule under the Convention.

Sincerely,

James H. Sammons, M.D.

2214p
JHS/cmb

file
AMA

THE WHITE HOUSE

WASHINGTON

April 2, 1984

Dear Dr. Sammons:

On behalf of President Reagan, thank you for your letter of March 5, 1984 urging the Administration to continue its efforts in the fight against drunk drivers.

As you know, this is the first Administration to include alcohol in its drug abuse strategy. Moreover, the President and Mrs. Reagan have consistently called public attention to the problems created by alcohol and drug abuse.

We are concerned with helping America develop a generation of young Americans free of drug abuse and alcoholism. We believe the approach calling on private sector organizations to become involved is working.

Regarding our position on a national drinking age of 21, this is an issue where states should take the lead. We support their efforts. We do not desire to set a specific percentage for reducing fatalities on our highway. Instead we believe all drunk and drugged drivers should be removed from our highways.

According to the latest statistics by the National Safety Council, 1983 brought the lowest number of fatalities in Christmas and New Year traffic accidents since 1949. Progress is being made, and through all our efforts this trend will continue.

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Dr. James H. Sammons
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

#203813

AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 645-5000 • TWX 910-221-0300

March 5, 1984

JAMES H. SAMMONS, M.D.
Executive Vice President
(645-4300)

The President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, D.C. 20500

Dear President Reagan:

The American Medical Association would like to express its continuing concern over the incidence of injury and death resulting from drunk driving.

At the AMA's 1983 Interim Meeting, this serious public health problem was the subject of a resolution establishing the goal of reducing deaths and injuries due to drunk driving by 50% during the next five years and by an additional 25% during the following five years.

To this end, the AMA supports, as it has in the past, efforts to combat this problem. We supported the adoption of federal legislation to provide funds to states that voluntarily strengthen their laws and programs against drunk driving. We have urged state medical associations to consider supporting enactment of state legislation to strengthen drunk driving laws. The AMA also urged national medical specialty societies to encourage their state and local chapters to give consideration to the support of state efforts to reduce drunk driving and its disastrous consequences. An AMA article entitled "Overview of Recent State Legislative Enactments to Strengthen Drunk Driving Laws" was published in the May 1982 issue of AMA's "State Health Legislation Report" to increase public awareness of the efforts made by different states to reduce drunk driving.

AMA's support of state and federal legislative efforts to strengthen drunk driving laws and their enforcement was reaffirmed in December 1982 when the AMA House of Delegates adopted a report of the AMA Council on Scientific Affairs entitled "Automobile-Related Injuries: Components, Trends, Prevention." Also in December 1982, the AMA House of Delegates approved a resolution establishing AMA support for state laws that increase the legal drinking age to 21.

We urge that the goal to reduce the incidence of death and injury due to drunk driving by 50% in the next five years and an additional 25% during the following five years become a national goal and a priority of the federal government.

Sincerely,

James H. Sammons, M.D.

JHS/dap
1278p

REQUEST FOR APPOINTMENTS

To: Officer-in-charge
Appointments Center
Room 060, OEOB

Please admit the following appointments on MONDAY, FEBRUARY 27, , 19 84

for CARLTON TURNER (NAME OF PERSON TO BE VISITED) of OPD (AGENCY):

WILFORD, BONNIE

MOSS, DOROTHY

STEINMAN, MANNIE

~~STEINLEY, MARY~~

DEEM, RICH

~~DONELAN, PAUL~~

Roper, Bill

MEETING LOCATION

Building OEOB

Room No. 220

Time of Meeting 11:00AM

Requested by S. DAOULAS

Room No. 220 Telephone 6554

Date of request 2/27/84

Additions and/or changes made by telephone should be limited to three (3) names or less.

APPOINTMENTS CENTER: SIG/OEOB – 395-6046 or WHITE HOUSE – 456-6742

UNITED STATES SECRET SERVICE

SSF 2037 (05-78)

AMA

[redacted]

THE WHITE HOUSE

WASHINGTON

June 28, 1984

Dear Bonnie:

Enclosed is correspondence to my office requesting a copy of "Pharmacist's Guide to Drug Abuse."

If possible, would you please forward a copy to Mr. Iful per his request. I appreciate any assistance you can give.

Best regards,

Sincerely,

Carlton E. Turner, Ph.D.
Special Assistant to the President
for Drug Abuse Policy

Ms. Bonnie Baird Wilford
c/o American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

[redacted]

1532

11 JUN 1984

UNIVERSITY OF MAIDUGURI

MAIDUGURI, NIGERIA

UNIVERSITY HEALTH SERVICES DEPARTMENT

Your Ref.....

Our Ref..... 28th May., **19** 84.

Dr. Carlton Turner,
Drug Abuse Policy Office,
The White House,
Washington DC 20500,
U.S.A.

Dear sir,

PHARMACIST'S GUIDE TO DRUG ABUSE.

I wrote the editor of the Pharmacy International enquiring about the above mentioned book. I was told that he was not sure where to obtain a copy. So he suggested that I better write you.

I am a Pharmacist with the above institution and with high rate of drug abuse in communities like Universities (especially in third World Countries), I found it necessary to have more information about " drug abuse ". Therefore I will very much appreciate it, if you will assist me in getting a copy. I will not hesitate to subcribe.

Thank you for cooperation.

Yours faithfully,

(ERIC IFUL).

Bonnie Wilford's Book AMA

P. M. B. 1069 Telephone 232537: 232968 Cables: University Maiduguri

AMERICAN MEDICAL ASSOCIATION

1101 VERMONT AVENUE, N. W. • WASHINGTON, D. C. 20005 • PHONE (202) 789-7400

AMA WASHINGTON

JOHN S. ZAPP, D.D.S.
Director

PAUL R. M. DONELAN
Deputy Director

19 JUL 1982

July 16, 1982

Carlton Turner, Ph.D.
Senior Policy Adviser on Drug Abuse
to the President
The White House
Washington, D.C. 20500

Dear Carlton:

The AMA, in its concern about drug abuse, is urging state medical associations to work with the legislatures to control drug paraphernalia. In seeking solutions, the Association has suggested alternative legislative approaches to the problem. I am enclosing the following:

(1) Model Drug Paraphernalia Act of the Federal Drug Enforcement Administration (DEA);

(2) Drug Paraphernalia ordinance of Hoffman Estates, Illinois; and

(3) A provision in Illinois law barring the sale or delivery of tobacco or tobacco accessories to minors.

The DEA Model Act makes it a criminal offense for anyone to sell or possess drug paraphernalia, outlaws advertisement of drug paraphernalia, and provides for seizure of the devices.

The Hoffman Estates ordinance, which was upheld by the U.S. Supreme Court in a March 1982 decision, outlaws sales of drug paraphernalia to minors, requires shop owners to obtain a $150 license to sell drug paraphernalia to adults, requires vendors to keep records of purchasers' names for possible police inspection; and bars persons with drug convictions from selling paraphernalia.

The Illinois state statute seeks to curb the usage of illegal drugs by minors by prohibiting the sale or delivery of tobacco or tobacco accessories to minors.

I hope that my bringing this matter to your attention will be useful to you.

Sincerely yours,

Paul

Paul R. M. Donelan

MODEL DRUG PARAPHERNALIA ACT

Drafted by the

Drug Enforcement Administration

of the

United States Department of Justice

August, 1979

With

Prefatory Note and Comments

MODEL DRUG PARAPHERNALIA ACT

Prefatory Note

The Uniform Controlled Substances Act, drafted by the National Conference of Commissioners on Uniform State Laws, has been enacted by all but a handful of states. The Uniform Act does not control the manufacture, advertisement, sale or use of so-called "Drug Paraphernalia." Other state laws aimed at controlling Drug Paraphernalia are often too vaguely worded and too limited in coverage to withstand contstitutional attack or to be very effective. As a result, the availability of Drug Paraphernalia has reached epidemic levels. An entire industry has developed which promotes, even glamorizes, the illegal use of drugs by adults and children alike. Sales of Drug Paraphernalia are reported as high as three billion dollars a year. What was a small phenomenon at the time the Uniform Act was drafted has now mushroomed into an industry so well-entrenched that it has its own trade magazines and associations.

This Model Act was drafted, at the request of state authorities, to enable states and local jurisdictions to cope with the paraphernalia problem. The Act takes the form of suggested amendments to the Uniform Controlled Substances Act. The Uniform Act is extremely well-organized. It contains a definitional section, an offenses and penalties section, a civil forfeiture section, as well as miscellaneous sections on administration and enforcement. Instead of creating separate, independent paraphernalia laws, it seems desirable to control Drug Paraphernalia by amending existing sections of the Uniform Controlled Substances Act.

Article I provides a comprehensive definition of the term "Drug Paraphernalia" and includes particular descriptions of the most common forms of paraphernalia. Article I also outlines the more relevant factors a court or other authority should consider in determining whether an object comes within the definition.

Article II sets out four criminal offenses intended to prohibit the manufacture, advertisement, delivery or use of Drug Paraphernalia. The delivery of paraphernalia to a minor is made a special offense. Article II clearly defines what conduct is prohibited, and it specifies what criminal state of mind must accompany such conduct.

Article III provides for the civil seizure and forfeiture of Drug Paraphernalia. Civil forfeiture can be an effective deterrent, particularly to commercial suppliers whose capital is invested in inventory. Civil forfeiture can also be utilized in circumstances where criminal penalties seem unjustified.

ARTICLE I

(Definitions)

SECTION (insert designation of definitional section) of the Controlled Substances Act of this State is amended by adding the following after paragraph (insert designation of last definition in section):

"( ) The term 'Drug Paraphernalia' means all equipment, products and materials of any kind which are used, intended for use, or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of this Act (meaning the Controlled Substances Act of this State). It includes, but is not limited to:

(1) Kits used, intended for use, or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a con- controlled substance or from which a controlled substance can be derived;

(2) Kits used, intended for use, or designed for use in manufacturing, compounding, converting, producing, processing, or preparing controlled substances;

(3) Isomerization devices used, intended for use, or designed for use in increasing the potency of any species of plant which is a controlled substance;

(4) Testing equipment used, intended for use, or designed for use in identifying, or in analyzing the strength, effectiveness or purity of controlled substances;

(5) Scales and balances used, intended for use, or designed for use in weighing or measuring controlled substances;

(6) Diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose, used, intended for use, or designed for use in cutting controlled substances;

(7) Separation gins and sifters used, intended for use, or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marihuana;

(8) Blenders, bowls, containers, spoons and mixing devices used, intended for use, or designed for use in compounding controlled substances;

(9) Capsules, balloons, envelopes and other containers used, intended for use, or designed for use in packaging small quantities of controlled substances;

(10) Containers and other objects used, intended for use, or designed for use in storing or concealing controlled substances;

(11) Hypodermic syringes, needles and other objects used, intended for use, or designed for use in parenterally injecting controlled substances into the human body;

(12) Objects used, intended for use, or designed for use in ingesting, inhaling, or otherwise introducing marihuana, cocaine, hashish, or hashish oil into the human body, such as:

(a) Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls;

(b) Water pipes;

(c) Carburetion tubes and devices;

(d) Smoking and carburetion masks;

(e) Roach clips: meaning objects used to hold burning material, such as a marihuana cigarette, that has become too small or too short to be held in the hand;

(f) Miniature cocaine spoons, and cocaine vials;

(g) Chamber pipes;

(h) Carburetor pipes;

(i) Electric pipes;

(j) Air-driven pipes;

(k) Chillums;

(l) Bongs;

(m) Ice pipes or chillers;

"In determining whether an object is Drug paraphernalia, a court or other authority should consider, in addition to all other logically relevant factors, the following:

(1) Statements by an owner or by anyone in control of the object concerning its use;

(2) Prior convictions, if any, of an owner, or of anyone in control of the object, under any State or Federal law relating to any controlled substance;

(3) The proximity of the object, in time and space, to a direct violation of this Act;

(4) The proximity of the object to controlled substances;

(5) The existence of any residue of controlled substances on the object;

(6) Direct or circumstantial evidence of the intent of an owner, or of anyone in control of the object, to deliver it to persons whom he knows, or should reasonably know, intend to use the object to facilitate a violation of this Act; the innocence of an owner, or of anyone in control of the object, as to a direct violation of this Act shall not prevent a finding that the object is intended for use, or designed for use as Drug paraphernalia;

(7) Instructions, oral or written, provided with the object concerning its use;

(8) Descriptive materials accompanying the object which explain or depict its use;

(9) National and local advertising concerning its use;

(10) The manner in which the object is displayed for sale;

(11) Whether the owner, or anyone in control of the object, is a legitimate supplier of like or related items to the community, such as a licensed distributor or dealer of tobacco products;

(12) Direct or circumstantial evidence of the ratio of sales of the object(s) to the total sales of the business enterprise;

(13) The existence and scope of legitimate uses for the object in the community;

(14) Expert testimony concerning its use."

ARTICLE II

(Offenses and Penalties)

SECTION (designation of offenses and penalties section) of the Controlled Substances Act of this State is amended by adding the following after (designation of last substantive offense):

"SECTION (A) (Possession of Drug Paraphernalia)

It is unlawful for any person to use, or to possess with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this Act. Any person who violates

this section is guilty of a crime and upon conviction may be imprisoned for not more than ( ), fined not more than ( ), or both."

"SECTION (B) (Manufacture or Delivery of Drug Paraphernalia)

It is unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver, drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance in violation of this Act. Any person who violates this section is guilty of a crime and upon conviction may be imprisoned for not more than ( ), fined not more than ( ), or both."

"SECTION (C) (Delivery of Drug Paraphernalia to a Minor)

Any person 18 years of age or over who violates Section (B) by delivering drug paraphernalia to a person under 18 years of age who is at least 3 years his junior is guilty of a special offense and upon conviction may be imprisoned for not more than ( ), fined not more than ( ), or both."

"SECTION (D) (Advertisement of Drug Paraphernalia)

It is unlawful for any person to place in any newspaper, magazine, handbill, or other publication any advertisement, knowing, or under circumstances where one reasonably should know, that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as drug paraphernalia. Any person who violates this section is guilty of a crime and upon conviction may be imprisoned for not more than ( ), fined not more than ( ), or both."

ARTICLE III

(Civil Forfeiture)

SECTION (insert designation of civil forfeiture section) of the Controlled Substances Act of this State is amended

to provide for the civil seizure and forfeiture of drug paraphernalia by adding the following after paragraph (insert designation of last category of forfeitable property):

"( ) all drug paraphernalia as defined by Section ( ) of this Act."

ARTICLE IV

(Severability)

If any provision of this Act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

AN ORDINANCE AMENDING THE MUNICIPAL CODE OF THE VILLAGE OF HOFFMAN ESTATES BY PROVIDING FOR REGULATION OF ITEMS DESIGNED OR MARKETED FOR USE WITH ILLEGAL CANNABIS OR DRUGS

WHEREAS, certain items designed or marketed for use with illegal drugs are being retailed within the Village of Hoffman Estates, Cook County, Illinois, and

WHEREAS, it is recognized that such items are legal retail items and that their sale cannot be banned, and

WHEREAS, there is evidence that these items are designed or marketed for use with illegal cannabis or drugs and it is in the best interests of the health, safety and welfare of the citizens of the Village of Hoffman Estates to regulate within the Village the sale of items designed or marketed for use with illegal cannabis or drugs.

NOW THEREFORE, BE IT ORDAINED by the President and Board of Trustees of the Village of Hoffman Estates, Cook County, Illinois as follows:

Section 1: That the Hoffman Estates Municipal Code be amended by adding thereto an additional section, Section 8-7-16, which additional section shall read as follows:

> Sec. 8–7–16—ITEMS DESIGNED OR MARKETED FOR USE WITH ILLEGAL CANNABIS OR DRUGS
>
> A. License Required:
>
> It shall be unlawful for any person or persons as principal, clerk, agent or servant to sell any items, effect, paraphernalia, accessory or thing which is designed or marketed for use with illegal cannabis or drugs, as defined by Illinois Revised Statutes, without obtaining a li-

cense therefor. Such licenses shall be in addition to any or all other licenses held by applicant.

B. Application:

Application to sell any item, effect, paraphernalia, accessory or thing which is designed or marketed for use with illegal cannabis or drugs shall, in addition to requirements of Article 8–1, be accompanied by affidavits by applicant and each and every employee authorized to sell such items that such person has never been convicted of a drug-related offense.

C. Minors:

It shall be unlawful to sell or give items as described in Section 8–7–16A in any form to any male or female child under eighteen years of age.

D. Records:

Every licensee must keep a record of every item, effect, paraphernalia, accessory or thing which is designed or marketed for use with illegal cannabis or drugs which is sold and this record shall be open to the inspection of any police officer at any time during the hours of business. Such record shall contain the name and address of the purchaser, the name and quantity of the product, the date and time of the sale, and the licensee or agent of the licensee's signature, such records shall be retained for not less than two (2) years.

E. Regulations:

The applicant shall comply with all applicable regulations of the Department of Health Services and the Police Department.

Section 2: That the Hoffman Estates Muncipal Code be amended by adding to Sec. 8-2-1 Fees: Merchants (Products) the additional language as follows:

Items designed or marketed for use with illegal cannabis or drugs $150.00

Section 3: Penalty. Any person violating any provision of this ordinance shall be fined not less than ten dollars ($10.00) nor more than five hundred dollars ($500.00) for the first offense and succeeding offenses during the same calendar year, and each day that such violation shall continue shall be deemed a separate and distinct offense.

Section 4: That the Village Clerk be and is hereby authorized to publish this ordinance in pamphlet form.

Section 5: That this ordinance shall be in full force and effect May 1, 1978, after its passage, approval and publication according to law.

ILLINOIS
Regular Session

Public Act 82-487, Laws 1981

House Bill No. 1632

AN ACT providing protection for the public health and safety by prohibiting the sale or delivery of tobacco accessories or smoking herbs to minors, and repealing an Act herein named.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. This Act shall be known and may be cited as the "Tobacco Accessories and Smoking Herbs Control Act".

Section 2. Purpose. The sale and possession of marijuana, hashish, cocaine, opium and their derivatives, is not only prohibited by Illinois Law, but the use of these substances has been deemed injurious to the health of the user.

It has further been determined by the Surgeon General of the United States that the use of tobacco is hazardous to human health.

The ready availability of smoking herbs to minors could lead to the use of tobacco and illegal drugs.

It is in the best interests of the citizens of the State of Illinois to seek to prohibit the spread of illegal drugs, tobacco or smoking materials to minors. The prohibition of the sale of tobacco and snuff accessories and smoking herbs to minors would help to curb the usage of illegal drugs and tobacco products, among our youth.

Section 3. Definitions. The following definitions shall apply to this Act: (a) "Tobacco accessories" shall mean cigarette papers, pipes, holders of smoking materials of all types, cigarette rolling machines, and other items, designed primarily for the smoking or ingestion of tobacco products or of substances made illegal under any statute or of substances whose sale, gift, barter, or exchange is made unlawful under this Act.

(b) "Smoking herbs" shall mean all substances of plant origin and their derivatives, including but not limited to

broom, calea, California poppy, damiana, hops, ginseng, lobelia, jimson weed and other members of the Datura genus, passion flower and wild lettuce, which are processed or sold primarily for use as smoking materials.

Section 4. Offenses. (a) Sale to Minors. No person shall knowingly sell, barter, exchange, deliver or give away or cause or permit or procure to be sold, bartered, exchanged, delivered, or given away tobacco accessories or smoking herbs to any person under eighteen years of age.

(b) Use of Identification Cards. No person in the furtherance or facilitation of obtaining smoking accessories and smoking herbs shall display or use a false or forged identification card or transfer, alter or deface an identification card.

(c) Warning to Minors. Any person, firm, partnership, company or corporation operating a place of business wherein tobacco accessories and smoking herbs are sold or offered for sale, shall post in a conspicuous place upon the premises a sign upon which there shall be imprinted the following statement, "SALE OF TOBACCO ACCESSORIES AND SMOKING HERBS TO PERSONS UNDER EIGHTEEN YEARS OF AGE OR THE MISREPRESENTATION OF AGE TO PROCURE SUCH A SALE IS PROHIBITED BY LAW". Such a sign shall be printed on a white card in red letters at least one-half inch in height.

Section 5. Penalty. Any person who shall knowingly violate, or shall knowingly cause the violation of any provision of this Act shall be guilty of a Class C misdemeanor.

(Ch. 23, rep. pars. 2357 and 2358)

Section 6. "An Act to prohibit minors from buying or selling tobacco in any of its forms, to prohibit selling, giving or furnishing tobacco, in any of its forms, to minors, and providing penalties therefor", approved June 15, 1887, as amended, is repealed.

Approved, September 15, 1981

AMERICAN MEDICAL ASSOCIATION

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DIVISION OF SCIENTIFIC POLICY

DEPARTMENT OF MENTAL HEALTH

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INFORMAL STEERING COMMITTEE ON PRESCRIPTION DRUG ABUSE

Participating Organizations

American Academy of Family Physicians
American Dental Association
American Hospital Association
American Medical Association
American Nurses Association
American Osteopathic Association
American Pharmaceutical Association
American Podiatry Association
American Veterinary Medical Association
Career Teachers in Alcoholism and Drug Abuse
Federation of State Medical Boards of the United States
International Narcotic Enforcement Officers Association
National Association of Boards of Pharmacy
National Association of State Alcoholism and Drug Abuse Directors
National Board of Medical Examiners
National Institute on Drug Abuse
Pharmaceutical Manufacturers Association
U.S. Drug Enforcement Administration
U.S. Food and Drug Administration
White House Office of Drug Abuse Policy

INFORMAL STEERING COMMITTEE ON PRESCRIPTION DRUG ABUSE

Objectives: 1982 - 1983

1. Continue to work through the Informal Steering Committee on Prescription Drug Abuse to achieve consensus among national organizations as to the nature and magnitude of problems with the misuse, abuse and diversion of prescription drugs, and to develop effective solutions to those problems.

2. Provide maximum support for the model interdisciplinary conferences on prescription drug abuse scheduled in 1982. Use the knowledge gained in those conferences to stimulate the development of 15 additional conferences in 1983.

3. As a key result of each state or regional conference, establish an interdisciplinary task force in each state to coordinate ongoing problem identification, goal-setting, planning and action to reduce prescription drug misuse, abuse and diversion.

4. Maximize professional and public awareness of the problems of prescription drug misuse, abuse and diversion--as well as possible solutions to those problems--through a variety of communications mechanisms.

   4-a. Compile a resource guide to currently available educational programs for prescribers and dispensers.

   4-b. Develop appropriate public education materials on the proper use of prescription drugs.

   4-c. Develop methods of longitudinal instruction on prescribing for use in residency training programs. Work with the American Academy of Family Physicians to develop a training model, then adapt the model to the training needs of other health professions.

5. Develop a model system to integrate and analyze currently available data as a means of determining the nature, magnitude, source and geographic location of prescription drug abuse and diversion activities within a state. Offer this model, as well as the technical assistance needed to implement it, to the appropriate agency in each state.

6. Compile a core body of information that can be used at the state level by medical, pharmacy and other health professions educators and regulators to (a) encourage appropriate prescribing and dispensing, (b) identify clearly inappropriate prescribing and dispensing, and (c) refer practitioners who are poor prescribers or dispensers for appropriate remedial or disciplinary action.

7. Draft model state legislation on peer review and immunity as a prerequisite to the development of effective programs for appropriate education, rehabilitation or discipline of practitioners who are poor prescribers or dispensers.

8. Explore the feasibility of establishing a national clearinghouse for use by state authorities in exchanging information about practitioners whose licenses have been suspended or revoked because of their prescribing or dispensing practices.

9. Perform (or encourage a qualified outside organization to perform) a carefully controlled study of the effects of multiple-copy prescription forms on physicians' prescribing practices and the quality of patient care.

10. Improve physicians' ability to diagnose and treat or appropriately refer chemical dependency problems in their patients, and avoid initiating or sustaining such problems through inappropriate prescribing.

    10-a. Expand the channels of distribution for currently available educational publications on this topic, such as the AMA publications Drug Abuse and Drug Evaluations and the NIDA Medical Monographs on diagnosis and treatment of drug abuse and the prescribing of commonly abused drugs.

    10-b. Continue to coordinate educational efforts with the Career Teachers in Alcoholism and Drug Abuse.