

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 08.2022-12  
(A-23)**

Introduced by: Kamal Kishore, MD, ISMS Member

Subject: Ban Vaping in Cars with Passengers Below 18

Referred to: Governmental Affairs Council

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1           Whereas, e-cigarettes (also known as vapes, e-cigs, e-hookahs, mods, among  
2 other names) are gaining popularity and have become the most common means to  
3 consume nicotine among the youth in the U.S.; and  
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5           Whereas, most e-cigarettes contain and deliver nicotine, a highly addictive and  
6 harmful substance; and  
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8           Whereas, adverse cardiopulmonary effects of vaping in adolescents are  
9 increasingly recognized (Ruder K JAMA 2022; 328:608-9; and  
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11           Whereas, harmful effects of nicotine are well documented and include, among  
12 others, damage to the developing brain in adolescents and young adults; and  
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14           Whereas, aerosol from e-cigarettes also contains other harmful substances  
15 besides nicotine (Source: [https://www.cdc.gov/tobacco/basic\\_information/e-  
16 cigarettes/about-e-cigarettes.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html)); and  
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18           Whereas, Illinois prohibits the sale of e-cigarettes to individuals below the age of  
19 21, beginning July 1, 2019; and  
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21           Whereas, Illinois prohibits cigarette smoking in a car that has a passenger under  
22 18 (SB2659, effective June 1, 2020); and  
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24           Whereas, at least 10 states have already banned vaping in cars with children  
25 (California, October 2015; Louisiana, June 2020, Wisconsin  
26 <https://www.vapingcricket.com/wisconsin-vaping-laws/>; Delaware, DC, Hawaii,  
27 Vermont, Arkansas, Maine, Oregon, Utah, probably only a partial list); therefore, be it  
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29           RESOLVED, that ISMS should lobby the state legislature to ban vaping  
30 anywhere where cigarette smoking is prohibited in Illinois.

**Fiscal Note:**

None

**Existing ISMS policy related to this issue:**

The Board of Trustees approved, as follows, a substitute resolved clause for Resolution C331 (A-18) in lieu resolveds 2-4 of the original Resolution C331 (A-18), which had been referred to the Board for decision: RESOLVED, that ISMS adopt 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.

Board of Trustees adopted Resolution 09.2019-14 (A-20), Banning E-Cigarette Flavorings, as amended, as follows: RESOLVED, that the Illinois State Medical Society support and cause to be introduced legislation in Illinois that will serve to ban the sale of e-cigarette flavorings, due to the public health risks felt to be related to the recent rise in use of vaping by today’s younger generation; and be it further. RESOLVED, that the Illinois State Medical Society adopt consider adopting as policy a total ban on the sale or use of all e-cigarettes, until such time as the safety and/or risk/benefit of vaping can be determined. (BOT - OCT 2019)

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; Reaffirmed 2016)

House of Delegates adopted Resolution C314 (A-14) as amended in lieu of Resolutions C302 (A-14) and C314 (A-14), calling on ISMS to formally support a statewide ban on the use of Electronic Nicotine Delivery Systems (ENDS), also known as e-cigarettes, in public indoor places, to be included in the state smoking ban law currently in effect; to share this position with legislators to promote and encourage legislation to achieve this at the state level; to support labeling and regulating ENDS as tobacco products and drug delivery devices; to support legislation that addresses restricts the minimum purchasing age, locations of permissible use, advertising, promotion, and sponsorship of ENDS similar to that of tobacco products; to support transparency and disclosure concerning the design, content and emissions of ENDS; to recommend secure, child proof, tamper proof packaging and design of ENDS; to support enhanced labeling that warns of the potential consequences of ENDS use, restriction of ENDS marketing as tobacco cessation tools, and restriction of the use of characterizing flavors in ENDS; to support basic, clinical, and epidemiological research concerning ENDS; and to forward a similar resolution to the American Medical Association's 2014 House of Delegates. (HOD 2014)

ISMS supports a smoking ban in cars and passenger vehicles when children under the age of 18 are present. (HOD 2012; Last BOT Review 2014)

House of Delegates adopted Resolution 10 (A-10), as amended, which directed that ISMS work to eliminate the exemption of nursing homes and long-term care facilities (except for hospice patients) from the Smoke-Free Illinois Act, and that people living in nursing homes or long-term care facilities be offered a smoking cessation program and/or smoking cessation products. (HOD 2010)

ISMS strongly opposes the construction of smoking shelters for all public businesses. (HOD 2008; Last BOT Review 2014)

ISMS supports a statewide smoking ban in places including public buildings, restaurants and bars. (HOD 2005; Last BOT Review 2014)

ISMS, while opposed to smoking, supports the passage of laws, strictly for public safety purposes, to assure that cigarettes sold in Illinois shall be self-extinguishing and clearly marked as such on the exterior package. (HOD 2005; Last BOT Review 2014)

House of Delegates adopted Res. 51 (A-01) as amended which directed that as a current member of the Illinois Coalition Against Tobacco, ISMS call upon the Coalition to introduce legislation consistent with ISMS policy on tobacco smoking bans in enclosed/open stadia (Resolution 17 [A-99]), hospitals/campuses (Resolution 18 [A-99]) and gambling casinos (Resolution 19 [A-00]). (HOD 2001)

The Society, as a matter of policy, publicly adopts a vigorous stand against cigarette smoking because it is a major health hazard. The Society will work with other agencies inside and outside medicine to eliminate this contributory cause of death, disability and rising health care cost. ISMS will support appropriate legislative initiatives to communicate the risks of tobacco to all, particularly young people. The Society strongly urges that all accredited hospitals in Illinois establish a No-Smoking policy for their hospitals, including a complete ban on smoking in patient care areas. The Illinois State Medical Society is opposed to the sale of tobacco and tobacco products in hospitals and encourages medical staff action to make hospitals tobacco smoke-free, except for certain areas designated for smoking. The Society prohibits smoking at its scheduled meetings in ISMS Headquarters offices. Physicians should refrain from smoking during professional patient visits. Exemplary abstinence during social contacts by physicians and their employees with the public in general is highly desirable. Literature and signs concerning the health hazards of smoking should be displayed in medical offices and other public places over which health care professionals have control. The Illinois State Medical Society opposes the subsidization or price supports of tobacco farming. (HOD 1989; Last BOT Review 2014)

ISMS supports the banning of smoking in hotel guest rooms, offices and other public facilities. (HOD 1995; Last BOT Review 2014)

It is the policy of ISMS to prohibit tobacco smoking within all the areas of enclosed and open stadia confines available for public use. (HOD 1999; Last BOT Review 2014)

It is the policy of ISMS to prohibit tobacco smoking within land-based and river-based gambling casinos in Illinois. (HOD 2000; Last BOT Review 2014)