Tobacco, E-Cigarette, and Marijuana Prevention and Control

SRHD Board of Health Presentation

**Purpose**

Tobacco has long been and is still the leading cause of preventable death in the United States and disproportionately impacts certain populations in our community. In addition, e-cigarettes and marijuana are emerging public health concerns that require prevention and control, particularly among youth. The Board of Health’s roles of Organizational Excellence and Policy apply directly to these important aspects of protecting the public’s health. This presentation is to update the Board of Health on the agency’s work in these critical areas as they pertain to our strategic plan and to invite the board’s participation in and consideration of policies and guidelines around electronic cigarettes and nicotine liquid to further protect our children and our community. Linda Graham has updated you on some of the current issues in e-cigarettes and this presentation will continue those conversations.

The Healthy Communities program within the Health Promotion Division has recently expanded, and is in the process of revising and reprioritizing our work on tobacco, e-cigarettes, and marijuana based on science and evidence based practice. We are applying evidence based practices from established tobacco prevention and control to e-cigarettes and where applicable, smoking marijuana.

**Tobacco Prevention and Control**

**Youth – preventing initiation**

Spokane has a higher smoking rate among youth than the state. Healthy Communities has a grant to focus on youth prevention for tobacco and e-cigarettes in 9 eastern Washington Counties. The grant focuses on priority populations that have higher than the state rate for smoking. In 2014 the 10th grade smoking rate was 7.9%, but large disparities persist. For example, 10th grade smoking rates were higher among students who:

- are struggling in school (16%)
- come from families with low income and education (11.3%)
- have been bullied for being perceived as gay (19%)
- are American Indian/Alaska Native (14.3%)

We have formed a coalition representing youth prevention organizations from 7 of the counties and they are working on assessing their communities and neighborhood stores regarding tobacco and e-cigarettes. They will be designing information presentations for their community leaders based on the assessments. The coalition will work to develop and implement strategies in their communities to decrease the cues to tobacco, smoking and e-cigarettes.

**Smoking among pregnant women and low income adults - cessation**

Smoking among pregnant women in Spokane is significantly higher than the state and particularly higher for women on Medicaid. Quitting smoking while pregnant provides benefits to the baby and mother. We are working on developing cessation resources, a community wide cessation campaign, and a community coalition to focus on this.

**Decreasing exposure to secondhand smoke**

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People who don’t smoke and live in apartments may be exposed to secondhand smoke through windows, heating and cooling systems, electrical outlets and other shared airflow. Healthy Communities has been working with multiunit housing property managers and owners to establish no smoking properties or designated smoking properties to limit exposure to second hand smoke, reduce cleaning costs due to smoking, decrease insurance rates, and reduce the risk of fire.

We are also working with businesses and university campuses to create smoke free or designated properties.

**Enforcement of Smoking in Public Places**

SRHD continues to enforce the Smoking in Public Places Law and collaborates frequently with the Liquor Control Board and Spokane Fire Department on inspections. Marijuana smoke may be enforced under the Smoking in Public Places Law. Clarifying this under how SRHD enforces Smoking in Public Places needs to be clarified.

**E-Cigarettes**

It took science and public health a long time to determine the substantial negative impacts of tobacco smoking and tobacco use. Further understanding of tobacco’s health threats continues to grow as science and technology progresses. Tobacco smoking, second hand smoke, and chew tobacco are known to cause cancers, heart disease, and respiratory diseases. Smoking also causes type 2 diabetes and; increases the risk for serious complications in diabetes; increases the risk of stroke and rheumatoid arthritis; increases the risk of miscarriages, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and cleft lip or palate; and negatively impacts development of the prefrontal cortex (“executive function” portion of the brain) in teens. In addition, smoking makes it harder/longer to recover from surgeries and injuries.

During the evolution of understanding the health effects of tobacco and smoking and establishing the effective prevention and control measures the market grew, addicting millions of people, and sickening and killing 100 million in the 20th century. The new market of e-cigarettes and the rapid spin off of accompanying products, uses, appeal to youth, and lack of regulation are following much the same path as cigarettes. And now e-cigarettes are being made and marketed by the tobacco companies. It is estimated that within a decade that the sale of e-cigarettes will eclipse the sale of cigarettes.

E-cigarettes are relatively new to the market and extensive research on their long-term health effects is not yet known. However, there are studies that show some negative health effects to users in the short term. Below are concerns about e-cigarettes.

**Youth use**

- According to the 2014 Healthy Youth Survey 26% of 10th graders used e-cigarettes in the past 30 days. This has risen dramatically in the past two years and is nearly twice the state average. In addition, it is twice the rate of cigarette smoking among this age group.
- The devices are being used with THC (the active ingredient of marijuana) and may be used with other drugs. The internet has written and video instruction on how to adapt the devices for these purposes.
- Devices are being used in schools and in classrooms.
- Ordering devices and e-liquid from the internet is very popular and age restrictions are not enforceable.
• Cloud Chasing – a new activity/sport/competition among e-cigarette users – inhaling deeply to create large clouds of vapor and usually requiring altering the device and the liquid to achieve larger vapor clouds
• Nicotine liquid in soft drinks and other beverages can cause increased heart rate, hyperventilation and may cause poisoning. Recently there were local reports of middle school and high school youth putting this in their own drinks and the drinks of unsuspecting friends.
• The wide variety of flavors appeal to youth.
• Local shops selling e-cigarettes and cartridges not abiding by the law to not sell to minors.
• Youth receive e-liquid and devices from parents, internet, and other sources.

Nicotine
A typical e-cigarette chamber can hold up to 3 milliliters (mL) of liquid nicotine. Because this product is unregulated, nicotine concentration can range from 6 mg per mL all the way up to 24 mg per ml and not all containers are labeled with the concentration. This means one e-cigarette can contain anywhere from 18 to 72 mg of nicotine. In comparison, one cigarette can contain 8—20 mg of nicotine. The e-cigarette chamber of liquid may not be safely consumed all at once.

Health Impact
• Nicotine is a highly addictive substance, particularly for young people whose brains are still developing.
• Nicotine negatively impacts the prefrontal cortex (executive functions) of the brain, memory and decision making.
• Nicotine increases the risk of cardiovascular disease, and can cause birth defects in babies born to mothers who use nicotine products while pregnant.
• The long-term health effects of inhaling nicotine or other substances using e-cigarettes is still not known. Inhaled and exhaled e-cigarette aerosol can contain nicotine (which in itself is toxic), as well as ultrafine particles that can irritate the lungs, and toxic chemicals known to cause cancer, such as cadmium and formaldehyde.
• E-cigarettes are not an approved or proven method of smoking cessation. The lack of information about dosage and the continued ritualization of smoking behavior make these devices poor substitutes for proven smoking cessation methods.

Poison Risk
• There is no regulation on the ingredients in liquid nicotine products or packaging.
• Products are not required to be in childproof packaging and can be mistaken for other products (i.e. eye drops). Children may be attracted to liquid nicotine products because of their brightly colored labels and fruit flavors. Liquid nicotine is poisonous upon skin contact and ingestion. It can be lethal for children in the smallest doses (approx. 1 tsp ingested can kill a child).
• In Washington State, between 2010-2014, calls to poison control centers increased from 2 to 144.
• Youth are now putting nicotine liquid in their soft drinks and other beverages to increase the buzz.

Normalization
In many places, electronic cigarettes are not included in existing smoke free laws and it is becoming increasingly more common for people to “vape” them in places where smoking is prohibited. This is threatening to the future of smoke free environments because:
• Creates confusion among the public
• Creates behavioral triggers for people who smoke
• Modeling smoking behaviors to youth
• Complicates enforcement of smoke free air laws’ because electronic cigarettes can also be used to smoke tobacco products, hookah, marijuana, hash oil, and other substances.
• Research on effects of second hand vapor is still unclear and second hand vaping may have long term health consequences on people who inhale second hand vapor

Protecting the Public
The precautionary principle suggests that, in the absence of evidence assuring the safety of a product, policymakers should act conservatively in protecting consumers. Fortunately, numerous tobacco control policies have already been tested on the national, state and local levels – resulting in an estimated 8 million lives saved. These include:
• Restrictions on age of purchase
• Retail licensing
• Taxation, and use of tax revenue to reduce use and offset associated healthcare costs
• Labeling and disclosure requirements
• Restrictions on product flavorings
• Requirements for child-resistant packaging
• Limitations on internet sales
• Regulation of marketing
• Restricting use in public and/or indoor places

The SRHD Board of Health was one of the first in the state to restrict the age of purchasing and possession of e-cigarettes by youth under 18 years of age. Some of these other protections are being discussed in the state legislature and by the FDA.

Our staff have been encouraging worksites and multiunit housing properties, worksites and university campuses to include e-cigarettes in their no smoking/no tobacco policies. For example, Deaconess and Rockwood have included e-cigarettes in their healthy campus policies and their signage reflects this. Travis Foundries also includes e-cigarettes in their company policy on a tobacco free worksite property.

Other counties such as King, Pierce, and Grant have incorporated e-cigarettes into their enforcement of the Smoking in Public Places Law.
We propose that we work with Linda Graham, the board’s policy committee, Michelle Fossum, and community members to bring before the board policies and guidelines to help further protect youth and the public from the dangers of e-cigarettes, specifically including e-cigarettes under the enforcement of the Smoking in Public Places Law. Our timeline is to do this work over the later spring and summer and come back before you in the fall.