



REQUEST FOR BOARD ACTION

ITEM NO. 12.

DATE OF MEETING: October 7, 2013

REQUESTED BY: Carolyn Moser, Health Director, Pender County Health Department

SHORT TITLE: Resolution Authorizing Approval of E-Cigarette Clause in County Tobacco Use Policy.

BACKGROUND: The Advisory Board of Health recommends that the Board of Commissioners consider the following:

- Approve the recommendation from the Advisory Board of Health to include E-Cigarettes in the tobacco use policy for the Health Department.
- Approve the recommendation from the Advisory Board of Health to revise the County Tobacco Use Policy to include E-Cigarettes and enforce the County Policy to prohibit Tobacco use within 50 feet of government buildings.

SPECIFIC ACTION REQUESTED: To consider a resolution Approving E-Cigarette Clause in County Tobacco Use Policy.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.



Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

the board hereby authorizes approval of the E-Cigarette Clause in County Tobacco Use Policy The Chairman/County Manager is authorized to execute any/all documents necessary to implement this resolution.

AMENDMENTS:

MOVED _____ SECONDED _____

APPROVED _____ DENIED _____ UNANIMOUS

YEA VOTES: Brown ___ McCoy ___ Tate ___ Ward ___ Williams ___

George R. Brown, Chairman

10/7/13
Date

ATTEST

10/7/13
Date



Morbidity and Mortality Weekly Report (MMWR)

Notes from the Field: Electronic Cigarette Use Among Middle and High School Students — United States, 2011–2012

Weekly

September 6, 2013 / 62(35);729-730

Electronic cigarettes, or e-cigarettes, are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Depending on the brand, e-cigarette cartridges typically contain nicotine, a component to produce the aerosol (e.g., propylene glycol or glycerol), and flavorings (e.g., fruit, mint, or chocolate) (1). Potentially harmful constituents also have been documented in some e-cigarette cartridges, including irritants, genotoxins, and animal carcinogens (1). E-cigarettes that are not marketed for therapeutic purposes are currently unregulated by the Food and Drug Administration, and in most states there are no restrictions on the sale of e-cigarettes to minors. Use of e-cigarettes has increased among U.S. adult current and former smokers in recent years (2); however, the extent of use among youths is uncertain.

Data from the 2011 and 2012 National Youth Tobacco Survey (NYTS), a school-based, pencil-and-paper questionnaire given to U.S. middle school (grades 6–8) and high school (grades 9–12) students, were used to estimate the prevalence of ever and current (≥ 1 day in the past 30 days) use of e-cigarettes, ever and current (≥ 1 day in the past 30 days) use of conventional cigarettes, and use of both. NYTS consists of a cross-sectional, nationally representative sample of students in grades 6–12 from all 50 states and the District of Columbia (3).

During 2011–2012, among all students in grades 6–12, ever e-cigarette use increased from 3.3% to 6.8% ($p < 0.05$) (Figure); current e-cigarette use increased from 1.1% to 2.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.8% to 1.6% ($p < 0.05$). In 2012, among ever e-cigarette users, 9.3% reported never smoking conventional cigarettes; among current e-cigarette users, 76.3% reported current conventional cigarette smoking.

Among middle school students, ever e-cigarette use increased from 1.4% to 2.7% during 2011–2012 ($p < 0.05$) (Figure); current e-cigarette use increased from 0.6% to 1.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.3% to 0.7% ($p < 0.05$). In 2012, among middle school ever e-cigarette users, 20.3% reported never smoking conventional cigarettes; among middle school current e-cigarette users, 61.1% reported current conventional cigarette smoking.

Among high school students, ever e-cigarette use increased from 4.7% to 10.0% during 2011–2012 ($p < 0.05$) (Figure); current e-cigarette use increased from 1.5% to 2.8% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 1.2% to 2.2% ($p < 0.05$). In 2012, among high school ever e-cigarette users, 7.2% reported never smoking

conventional cigarettes; among high school current e-cigarette users, 80.5% reported current conventional cigarette smoking.

E-cigarette experimentation and recent use doubled among U.S. middle and high school students during 2011–2012, resulting in an estimated 1.78 million students having ever used e-cigarettes as of 2012. Moreover, in 2012, an estimated 160,000 students who reported ever using e-cigarettes had never used conventional cigarettes. This is a serious concern because the overall impact of e-cigarette use on public health remains uncertain. In youths, concerns include the potential negative impact of nicotine on adolescent brain development (4), as well as the risk for nicotine addiction and initiation of the use of conventional cigarettes or other tobacco products.

CDC and the Food and Drug Administration will continue to explore ways to increase surveillance and research on e-cigarettes. Given the rapid increase in use and youths' susceptibility to social and environmental influences to use tobacco, developing strategies to prevent marketing, sales, and use of e-cigarettes among youths is critical.

Reported by

Catherine Corey, MSPH, Baoguang Wang, MD, Sarah E. Johnson, PhD, Benjamin Apelberg, PhD, Corinne Husten, MD, Center for Tobacco Products, Food and Drug Administration. Brian A. King, PhD, Tim A. McAfee, MD, Rebecca Bunnell, PhD, René A. Arrazola, MPH, Shanta R. Dube, PhD, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. Corresponding contributor: Brian A. King, baking@cdc.gov, 770-488-5107.

References

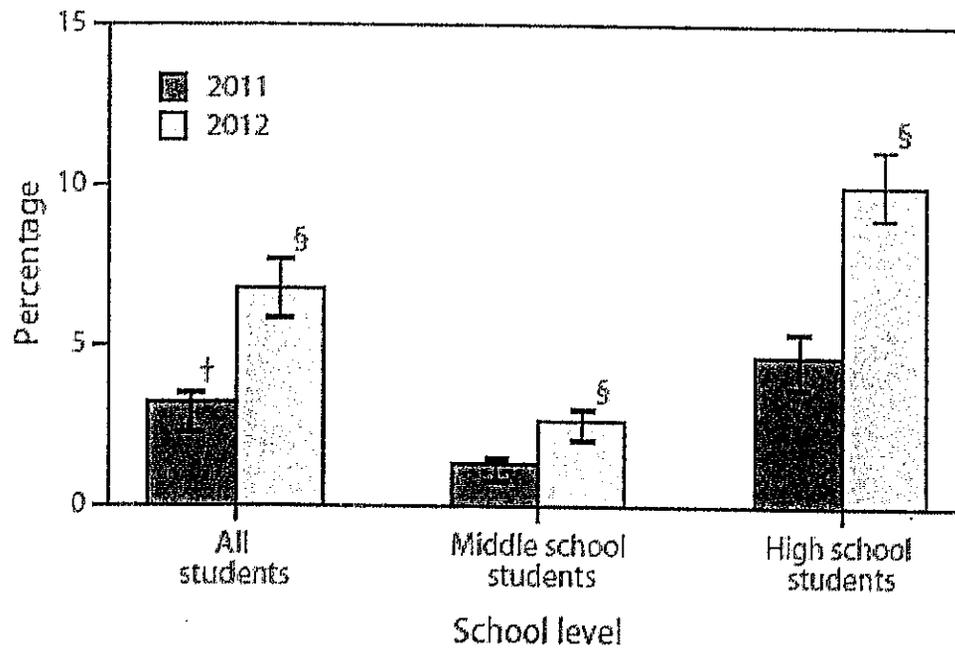
1. Cobb NK, Byron MJ, Abrams DB, Shields PG. Novel nicotine delivery systems and public health: the rise of the "e-cigarette." *Am J Public Health* 2010;100:2340–2.
2. King BA, Alam S, Promoff G, Arrazola R, Dube SR. Awareness and ever use of electronic cigarettes among U.S. adults, 2010–2011. *Nicotine Tob Res* 2013;15:1623–7.
3. CDC. National Youth Tobacco Survey. Atlanta, GA: US Department of Health and Human Services, CDC; 2013. Available at http://www.cdc.gov/tobacco/data_statistics/surveys/nyts.
4. Dwyer JB, McQuown SC, Leslie FM. The dynamic effects of nicotine on the developing brain. *Pharmacol Ther* 2009;122:125–39.

* Ever electronic cigarette use defined as having ever used electronic cigarettes, even just one time.

[†] 95% confidence interval.

[§] Statistically significant difference between 2011 and 2012 (chi-square, $p < 0.05$).

FIGURE. Ever electronic cigarette use* among middle and high school students, by year — National Youth Tobacco Survey, United States, 2011–2012



Alternate Text: The figure above shows ever electronic cigarette (e-cigarette) use among middle and high school students, by year, in the United States during 2011-2012. During 2011-2012, among all students in grades 6-12, ever e-cigarette use increased from 3.3% to 6.8% ($p < 0.05$); current e-cigarette use increased from 1.1% to 2.1% ($p < 0.05$), and current use of both e-cigarettes and conventional cigarettes increased from 0.8% to 1.6% ($p < 0.05$).

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PENDER COUNTY HEALTH DEPARTMENT

Title: Tobacco-Free Health Department

Department: Administration/
Pender Co. Advisory Board of Health/
Pender County Commission

Effective Date: June 1, 2012

Last Revised: September 12, 2013

Approved by:

Jimmy Holland,
BOH Chair

Date

Carolyn Moser
Health Director

Date

George Brown, Chair, Pender Co. Commission

Date

Purpose

To decrease the exposure of all clients, employees and visitors to the adverse effects of tobacco and second-hand smoke or vapor.

Policy

Tobacco use, smoking and electronic cigarettes are strictly prohibited in the Pender County Health Department building, on the grounds up to 50 linear feet surrounding the Pender County Health Department, all health department owned vehicles assigned to the department and at all health department functions.

Procedure

1. This policy applies to all employees, clients, contractors, vendors and visitors to the health department.
2. Employees are encouraged to avoid smoking within view of health department clients during operating hours.
3. Employees working away from the health department for environmental health and other outreach services are prohibited from smoking around health department clients.

Procedure (cont)

4. Copies of this policy will be distributed and reviewed during new employee orientation by the appropriate supervisor and whenever policy is revised. A copy of policy signed by employee will be placed in employee's personnel file.
5. Appropriate signage will be posted at all building entrances and on the grounds of the department.
6. The Pender County Health Department provides support to employees who want to quit the use of tobacco products. These employees are encouraged to talk to their health care provider or the health department's health care providers about quitting. Employees are encouraged to use the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW, available from 8:00 a.m. to 12:00 midnight, seven days per week. Educational materials are available at the health department to increase staff awareness of the importance of quitting tobacco use.
7. The success of this policy will depend upon the thoughtfulness, consideration, and cooperation of all staff. All individuals share in the responsibility for compliance. All staff is asked to help with compliance when it comes to clients, contractors, vendors, and visitors by politely informing them of the policy and asking that they refrain from smoking/using tobacco in the buildings and on the health department grounds. In keeping with the health department mission, the 1-800-QUIT-NOW free telephone tobacco use cessation support number is posted in the health department.
8. Any problems with enforcement or adherence to this policy should be brought to the attention of the appropriate supervisor and handled through the normal chain-of-command. Employees who violate this policy will be subject to the same disciplinary actions that accompany infractions of other department rules.

I have received the Tobacco-Free Health Department Policy.

Employee Name

Date

PENDER COUNTY HEALTH DEPARTMENT

Title: Tobacco-Free Health Department

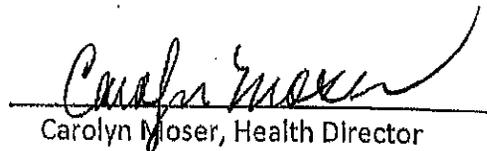
Department: Administration

Effective Date: June 1, 2012

Last Revised:

Approved by:


Jimmy Holland, BOH Chair


Carolyn Moser, Health Director

Purpose

To decrease the exposure of all clients, employees and visitors to the adverse effects of tobacco use and second-hand smoke.

Policy

Smoking and other tobacco use is strictly prohibited in the Pender County Health Department building, on the grounds up to 50 linear feet surrounding the Pender County Health Department, all health department owned vehicles assigned to the department and at all health department functions.

Procedure

1. This policy applies to all employees, clients, contractors, vendors and visitors to the health department.
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In 2005, legislation passed (SL 2005-19 and SL 2005-168-7 amending G.S. 143-599) that strengthens the authority of local governments to regulate smoking in some county buildings. Specifically the law now grants local governments broad authority to regulate smoking in the buildings housing local departments of health and social services and the grounds surrounding those buildings. The changes to the law do the following:

- Authorize the local government to regulate smoking in the entire building where either department is housed*
- Exempt the regulation of these buildings from the limitations imposed by state law, including the 20% requirement*
- Authorize the local government to regulate smoking on the grounds (up to 50 linear feet) surrounding those buildings. Any policy to regulate smoking/tobacco use on grounds beyond 50 linear feet should be through a personnel policy and cannot require but only recommend a preference for employees not to smoke/use tobacco on the ground. The policy cannot mandate the public not to use tobacco products on the grounds that are beyond 50 linear feet from the building.*