

**Jefferson County Board of Health Resolution  
Declaring Youth Vaping a Public Health Crisis in Jefferson County**

The Jefferson County Board of Health is dedicated to making health-related policy changes to help all County residents, visitors and workers live longer and live better by reducing risk factors for poor health. We will work to assure that public health resources are dedicated appropriately to address emerging public health threats and to inform and support community leaders in implementing strategies to avert public health crises. Though tremendous gains have been made to reduce tobacco use in our communities, it remains the single greatest cause of preventable death and disease across our state and the nation. Recent Healthy Kids Colorado Survey data for the state show that 1 in 3 adolescents report current (30 day) use of some form of tobacco/nicotine. While use of combustible forms of tobacco has decreased to less than 10%, use of electronic smoking devices (ESDs), commonly known as “vaping”, including vape pens, JUULs, and similar devices, has surged among youth to 27%.<sup>i</sup> Nicotine is highly addictive and contributes to lifelong dependence on tobacco products, but it is also known to cause deleterious changes in the developing brain, including priming for addiction to other drugs. The emergence of ESDs and the surge in vaping among our youth demands a comprehensive and effective response. We understand that effective responses include primary, secondary and tertiary prevention, as well as system, environmental and policy changes which encourage responsible, healthy behaviors. We also recognize that response to this crisis requires collaboration across organizations and communities, and coordination and leveraging of resources.

We commit Jefferson County Public Health to work to prevent youth addiction to nicotine products through the reduction of vaping.

The following resolution addresses the urgency of addressing youth vaping and the factors which contribute to the problem in our communities.

**Resolution on Youth Vaping:**

WHEREAS, tobacco use is still the leading cause of preventable death in the United States and, as former Secretary Sebelius of the U.S. Department of Health and Human Services has said, “There is no risk-free level of exposure to tobacco smoke, and there is no safe tobacco product”<sup>ii</sup>; and

WHEREAS, the proportion of high school students who report ever vaping/use of ESDs has increased by more than 200% between 2013 and 2017<sup>i</sup>; and

WHEREAS, nicotine is highly addictive and exposure during adolescence, a period of significant brain development, can disrupt growth, increase susceptibility to addiction, and prime young brains for addiction to other drugs<sup>iii</sup>; and

WHEREAS, pervasive retail tobacco promotional practices, including product and advertising placement and pricing tactics, contribute to increased initiation, experimentation and regular use of tobacco products<sup>iv</sup>; and

WHEREAS, studies show that about a quarter of tobacco retail stores inspected in Colorado annually violate sales to minor laws, and tobacco retail stores located in jurisdictions with weaker enforcement are more likely to sell tobacco to minors than retailers located in jurisdictions with more effective measures such as licensing<sup>v-vi</sup>; and

WHEREAS, interventions targeting youth, such as the Tobacco-Free Schools policy, provider screening and referral, and cessation support, are effective at reducing initiation and improving cessation outcomes for youth<sup>vii-viii</sup>; and

WHEREAS, tobacco-free environments and smoke-free policies have been demonstrated to encourage smokers to quit, discourage youth from starting,<sup>ix</sup> and alter the perception of adolescents as to the social acceptability of smoking<sup>x</sup>; and

WHEREAS, youth who report feeling safe at school, having clear family rules, participating in extracurricular activities, having a parent who knows where they are and who they're with, or feeling they can ask a parent for help are less likely to vape<sup>i</sup>; and

WHEREAS, protecting youth from tobacco and nicotine by implementing best practice approaches, including proven prevention and intervention strategies as well as policy, systems and environmental change strategies in collaboration with partner organizations and policy makers is strongly recommended as "one of the most important things that a society can do to protect children's health"<sup>xi</sup>.

WHEREAS, decreasing risk factors, including changing social norms, improving family management and increasing the prevalence and access to trusted adults, while improving protective factors, including increasing pro-social opportunities for our community's youth, are proven methods for reducing youth substance use, including tobacco/nicotine products, as well as violence, hopelessness and anxiety<sup>xii</sup>.

**NOW THEREFORE, be it resolved that, in order to protect the health of youth in our communities and to prevent the lifelong consequences of addiction and associated negative health consequences, and to serve as a model for other organizations and communities, we are committed to addressing the problem of youth vaping by designating this as a public health crisis and to leverage leadership, resources and support to, at a minimum:**

- Advocate for local tobacco retail policies which help to reduce youth access to tobacco and the influence of certain youth-targeted practices; these policies include but are not limited to tobacco retail licensing, increasing minimum age to purchase, limiting retailer density and advertising near schools, reducing certain point of sale advertising and product display practices targeting youth and restricting the display and/or sale of other tobacco and drug paraphernalia<sup>xiii</sup>;
- Promote comprehensive tobacco-free environments where youth gather, including recreation areas and athletic fields/arenas, thus prohibiting the use of any form of tobacco including cigarettes, cigars, cigarillos, pipes and electronic smoking devices in these areas and promoting tobacco-free norms and choices<sup>xiv</sup>;
- Work with our school partners to support the implementation of best practice and evidence-based strategies, including policies, programs and educational interventions to create and sustain tobacco-free environments and lifelong choices to live tobacco-free<sup>xv</sup>;
- Implement effective public information activities to help parents, youth, providers of youth programs with approaches to address youth tobacco use in all forms, and which supports the

adoption of personal and community practices to protect youth from tobacco and other substance use;

- Promote evidence-based and best practice resources and protocols to assist health and human services providers with screening and intervening to address tobacco use in all forms;
- Collaborate with and leverage the resources and expertise of other prevention organizations/initiatives to reduce risk factors and improve protective factors which reduce youth substance use, including tobacco/nicotine use, as well as reduce violence, hopelessness and anxiety;
- Support data-driven programming and resource allocation by conducting ethical, culturally responsive and effective data collection and evaluation activities in our communities including, but not limited to The Healthy Kids Colorado Survey.

**Dated this 21<sup>st</sup> day of August, 2018**

  
Bonnie McNulty, President  
Jefferson County Board of Health

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<sup>i</sup> The Healthy Kids Colorado Survey, 2017

<sup>ii</sup> U.S. Surgeon General: How Tobacco Smoke Causes Disease, 2010

<sup>iii</sup> U.S. Surgeon General: E-Cigarette Use among Youth and Young Adults, 2016

<sup>iv</sup> Campaign for Tobacco-Free Kids. Trends in Tobacco Industry Marketing, 2018

<sup>v</sup> Levinson AH, Patnaik JL. A practical way to estimate retail tobacco sales violation rates more accurately. *Nicotine Tob Res.* 2013 Jul, 15(11):1952-1955.

<sup>vi</sup> Gray B, Chaloupka FJ. State policies and community characteristics affect tobacco sales to minors? an analysis of over 100,000 FDA compliance checks. *Policy Forum.* 2003, 16(1).

<sup>vii</sup> Schauer GL, Agaku IT, King BA, Malarcher AM. Health care provider advice for adolescent tobacco use: results from the 2011 National Youth Tobacco Survey. *Pediatrics.* 2014 Sept; 134(3):446-455.

<sup>viii</sup> American Lung Association: N-O-T 2016-2017 Evaluation Data, 2018

<sup>ix</sup> Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: smoke-free policies, 2012

<sup>x</sup> Alesci NL, Forster JL, Blaine T. Smoking visibility, perceived acceptability, and frequency in various locations among youth and adults. *Prev Med.* 2003 Mar; 36(3):272-281.

<sup>xi</sup> Public Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke; American Academy of Pediatrics Policy Statement in *Pediatrics.* November 2015, volume 136(5). Accessed at <http://pediatrics.aappublications.org/content/136/5/998> on 8-6-18.

<sup>xii</sup> Jefferson County 2017 Healthy Kids Colorado Survey report for CTC, Colorado Department of Public Health & Environment, 2018.

<sup>xiii</sup> University of North Carolina's Counter Tobacco project via web at <https://countertobacco.org/the-war-in-the-store/>; accessed on 8-6-18.

<sup>xiv</sup> Association for Non-Smokers – Minnesota; Playing Tobacco Free: Making your Communities' Outdoor Recreation Facilities Tobacco Free 1 (2010) accessed at <http://www.ansrmn.org/tfyr> 8-6-18.

<sup>xv</sup> Centers for Disease Control and Prevention; Tobacco Prevention Through Schools; accessed at <https://www.cdc.gov/healthyschools/tobacco/index.htm> on 8-6-18.