WHATCOM COUNTY COUNCIL

SPECIAL COUNCIL MEETING
AS THE
HEALTH BOARD

10:30 a.m. Tuesday, May 10, 2016
Council Chambers, 311 Grand Avenue

A G E N D A

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<td>2. Director/Health Officer Report</td>
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<td>3. Public Health Advisory Board (PHAB) Update</td>
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<td>4. 2016/2017 Health Policy Agenda</td>
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PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WHATCOM COUNTY
AGENDA ITEM # 4: 2016/2017 Health Policy Agenda

PRESENTER: Regina Delahunt/Amy Hockenberry

BOARD ACTION: ☑ Action Item  Discussion  FYI - Only

OVERVIEW

Policy development is a primary focus of the Health Department’s Strategic Plan for 2015-2019. Developing a public health policy agenda and presenting the agenda to the Health Board is a key task for 2016. Staff have been working on development of policy focus areas with the Public Health Advisory Board (PHAB) whose key role is to “recommend public health and program policies” to the department and to the Health Board.

We have focused on three major types of policy opportunities to advance health and equity through policy development:

- **“Health-in-all-policies”**: Integrating health and equity perspective into a broad range of policies and plans. Implementation of the Healthy Planning Resolution, adopted in October 2015, is an example of this level of policy work.

- **Priority health issues**: Identifying and promoting policy solutions to address priority community health issues, including issues identified and prioritized in the Community Health Assessment and Community Health Improvement Plan process.

- **Emerging issues and opportunities**: Identifying and responding to emerging issues and policy opportunities.

Staff will present recommendations for policy focus area exploration (Attachment 1) during 2016/17 and provide more specific policy options and process for two of the emerging issues: E-cig/Vaping (Attachment 2) and Extended Product Responsibility (Attachment 3).

FOCUS AREA RECOMMENDATIONS FOR 2016/2017 POLICY AGENDA

During the 2015 calendar year, PHAB explored topics in the categories above. Several issues were notable and are recommended for consideration by the Health Board for inclusion in the 2016/2017 policy agenda.

“Health-in-all-policies”

- **Healthy Planning**: Health Department staff are working to increase expertise across County government and provide resources and tools to integrate a health perspective into multiple planning processes (e.g. parks, public works, transportation, land use planning). There will be ongoing opportunities to advance health-promoting policies through this process. These opportunities will be brought to the attention of the Health Board for decisions regarding policy implementation as various planning processes continue.
Priority Health Issues
The PHAB reviewed data and information related to major health issues in our community and prioritized the following areas for further health policy opportunities:

- Homelessness and homeless encampments
- Early Childhood Development (family wellness)
- Mental Health
- Substance Abuse
- Jail diversion and infrastructure

Additional input was received from some Health Board members and includes the following priority/emerging issues:

- Emerging infectious diseases
- Toxins in housing, water and the environment (soil and air).
- Drug and alcohol addiction
- Mental Health
- Obesity

Emerging Issues and Opportunities
The department is exploring policy need and potential policy options related to the following emerging issues:

- E-cig/vaping
- Extended Product Responsibility
- In-home water quality/lead

BOARD ROLE / ACTION REQUESTED

- Provide additional input on what Health Board members consider priority health issues to further inform the development of a public health policy agenda for 2016/2017.
- Provide direction to continue work on development of specific policy related to the emerging issues. (Attachment 4)
- Approve priority 2016/2017 Policy Focus areas (Attachment1).

ATTACHMENT(S)

1. 2016/2017 Policy Focus
2. EMERGING ISSUES: E-cigarette/Vaping Policy
3. EMERGING ISSUES: Extended Producer Responsibility Policy
4. Emerging Issues Policy Agenda Items PowerPoint
5. Health Board Policy Agenda PowerPoint
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EMERGING ISSUES: E-cigarette/Vaping Policy

BACKGROUND:
The act of using electronic cigarettes (e-cigs) is called vaping. The devices are metal or plastic tubes that contain a cartridge filled with liquid containing nicotine, flavoring, solvents and a variety of other chemicals that are vaporized by a battery-powered heating element. An absence of manufacturing regulation, a lack of marketing restrictions, an increase in advertising, and rising trends in youth e-cigarette use have made e-cig use and vaping a public health concern.

PUBLIC HEALTH CONCERNS:
Increase in youth use in the U.S: From 2011 to 2014, past 30-day use of e-cigarettes increased nine-fold for high school students (1.5% to 13.4%) and more than six-fold for middle school students (0.6% to 3.9%).

Marketing to youth has increased. More than 18 million (7 in 10) US middle and high school youth were exposed to e-cigarette ads in 2014. More than 1 in 2 middle and high school youth were exposed to e-cigarette ads in retail stores.

Poisonings. The Washington Poison Control Center reported that children ages 1-3 represented 83% of nicotine poisonings among children in 2014.

New State Law (SB 6328):
Youth access
- Strengthens consumer protections against sales to minors. Mandates child-resistant packaging and prohibits the sale of vapor products from open display cases where kids can grab them.
- Doubles fines for selling to youth. Requires retailers to check identification.

Regulated markets and enforcement
- Triples state enforcement and prevention dollars.
- Increases the license fees for tobacco and vapor retailers. Increases the license fee to sell vapor products from $0 to $175 and to sell tobacco from $93 to $175.
- Regulates distributors. Establishes a new distributor license and fee, allowing the Liquor and Cannabis Board to track where the “e-juice” is being shipped from and to.
- Regulates Internet sales to protect youth. Regulates sales over the Internet and requires a license, age verification for all potential customers. Sets strong criminal and civil penalties for violating the Internet sales provisions.

Consumer protections
- Imposes strong labeling requirements. Requires disclosure of nicotine level and warning labels on all vapor products packaging.
- Allows local jurisdictions to act in public health emergencies

Public use
- Bans the use of vapor products in areas where children congregate. Prohibits vaping in childcare centers, elevators, playgrounds, school buses, schools and within 500 feet of schools. Allows (does not preempt) local health or political jurisdictions to prohibit vaping in other outdoor areas where children congregate. (i.e. parks)
- Gives locals the authority to ban indoor use. Allows (does not preempt) local health or political jurisdictions to ban indoor use of vapor products, with the exception of state-licensed vapor retail stores when used on licensed premises restricted to persons 18 years of age or older for tastings (limited nicotine tasting requires customer’s explicit consent.)

Counties that have passed similar ordinances: Grant, King, Pierce, Clark, and Snohomish. Other counties are considering similar ordinances.
E-Cig and Vaping Policy Examples:
Grant County: http://www.granthealth.org/_content/Smoking/ecig_media_09_11_14.pdf

Supportive reading materials:
E-CIGARETTES, VAPING, & YOUTH  What you need to know

The act of using electronic cigarettes (e-cigs) is called vaping. E-cigs heat liquid that contain a variety of chemicals and are turned into vapor. An absence of manufacturing regulation, a lack of marketing restrictions, an increase in advertising, and rising trends in youth e-cigarette use have made e-cig use and vaping a public health concern.

E-CIG USE BY YOUTH

1 in 4  26% of 12th grade students in Whatcom County used E-cigs in the past month

DOUBLE DOUBLE  E-cigarette use among Whatcom teens is DOUBLE current tobacco use

National use of E-Cigs among high schoolers has increased from 1.5% (2011) to 13.4% (2014) in the past month

POISONING

The Washington Poison Control Center reported that children ages 1-3 represented 83% of nicotine poisonings among children in 2014.

UNREGULATED

The FDA does not regulate e-cigarettes. Manufactures are not required to disclose the chemicals in their products, and testing has also shown some disparities between measured nicotine levels and product labels.

CHEMICALS

Despite claims that vapors are harmless, studies have shown that some vapors contain carcinogens and heavy metals, as well as other hazardous chemicals that can come from flavorings and other solvents.

DRUG USE

Vaporizers can be vehicles for using other drugs, including marijuana, meth, and heroin.

CESSION

There is no conclusive research that supports vaping as an effective cessation strategy, and it is not an FDA-approved method. It does, however, introduce nicotine to many current non-smokers, putting them at higher risk for tobacco use.

ADDITION

Most e-cigarettes contain nicotine, a stimulant drug that is as addictive as heroin and cocaine.

BRAIN

- Nicotine impacts brain development
- It only takes 10 seconds for nicotine to reach the brain

BODY

Researchers are finding e-cig users experience diminished lung function, airway resistance, and cellular changes. Cells exposed to e-cigarette vapor show unhealthy changes similar to cells exposed to tobacco smoke

MARKETING

Youth are exposed to increasing e-cig marketing. The CDC reported that advertising increased from $6.4 million in 2011 to $115 million in 2014.

- More than 1 in 2 middle school youth were exposed to e-cigarette ads in retail stores
- Nearly 2 in 5 middle school and high school youth saw e-cigarette ads online

Many flavorings are also appealing to young people.

Created by the Whatcom County Health Department

Sources: National Youth Tobacco Study, Healthy Youth Survey 2014, Washington Poison Center, Center For Disease Control, Park et al
EMERGING ISSUES: Extended Producer Responsibility Policy

BACKGROUND:
Extended Producer Responsibility (EPR), or Product Stewardship, is a strategy to place some of the responsibility for management of pharmaceutical products no longer needed by the consumer on the producers.

PUBLIC HEALTH CONCERN:
Home-generated unused or expired medications are impacting our environment and can result in drug abuse and poisonings.

Without proper disposal options, meds end up:
- **Saved**, where they can be misused or abused.
- **Flushed**, not removed by wastewater treatment and passed into our waterways.
- **In the trash**, which is not secure, and contaminates waterways via landfill leachate.

Existing secure disposal options are limited to Bellingham, Ferndale, and the Lummi Reservation
- 7 pharmacies in (controlled substances not accepted)
- 3 law enforcement agencies accept controlled substances, only during office hours (Bellingham, Ferndale, and Lummi)
- Access is limited for home-bound residents or those without transport
- The Drug Enforcement Agency Drug Take-Back Days (generally twice/year) are being phased out and may not continue after this year

Common Requirements in Existing EPR Programs
1. Pharmaceutical manufacturers work together to plan, finance, and operate the program
2. Public oversight for plan approval and implementation, including reimbursement of agency staff time through assessed fees
3. Convenient, safe, and secure collection
   a. Distribution throughout the county and a mail-back option for home-bound residents
   b. Collection can be at pharmacies, law enforcement offices, or mail-back
4. Pharmacy participation, which may be mandatory or voluntary and can include hosting a bin, offering mail-back, or advertising the program
5. Stakeholder involvement
6. Public education
7. Proper disposal
8. Timeline
9. Performance measures
10. Enforcement process with civil penalties or fines for non-compliance

These issues are driving many jurisdictions to investigate options to increase convenience of safe medication disposal. A pharmaceutical stewardship program in Whatcom County would require pharmaceutical manufacturers to finance and operate a secure medicine take-back program. This approach relieves the burden on local government and law enforcement and provides sustainable funding for a more convenient program for consumers.
**Supportive reading materials:**
King County's Summary of Secure Medicine Return Regulations.  
https://kingcountysecuremedicinereturn.files.wordpress.com/2015/01/smr-regulationsoverview-handout-7dec141.pdf
Puget Sound wastewater carries emerging contaminants.  
Opioid Trends Across Washington State (April 2015) UW Alcohol & Drug Abuse Institute  
E-cigarettes/Vaping in Public Places

Electronic smoking devices, which are often called e-cigarettes, heat and vaporize an aerosolized mixture for inhalation by heating solutions containing nicotine, flavorings, solvents, and other chemicals.

Public Health Concerns:

ADDICTION. Most e-cigarettes contain nicotine, and is known to be extremely addictive.

BRAIN. Nicotine impacts brain development.

CHEMICALS. Despite claims that vapors are harmless, studies have shown that some vapors contain carcinogens and heavy metals, as well as other hazardous chemicals that can come from flavorings and other solvents.

SECONDHAND AEROSOL & CHEMICALS. Secondhand aerosol from E-cigarettes can contain heavy metals, nicotine, ultrafine particulate, and cancer-causing agents like acrolein. Potentially harmful for vulnerable populations such as children, pregnant women, and individuals with compromised lungs.
E-cigarettes/Vaping in Public Places

Public Health Concerns: Increase in youth use

Figure 1: E-cig use among Whatcom County students from 2012 to 2014

Source: WA State Healthy Youth Survey
E-cigarettes/Vaping in Public Places

Public Health Concerns: Increase in youth use.

Figure 2: Whatcom County 10th and 12th grade 2014 tobacco and e-cig use

Source: WA State Healthy Youth Survey 2014
E-cigarettes/Vaping in Public Places

New State Law (SB 6328):

- **Youth access:** Strengthens consumer protections against sales to minors.

- **Regulated markets and enforcement:** Increases the license fees for tobacco and vapor retailers.

- **Consumer protections:** Imposes strong labeling requirements.

- **Public use:** Bans the use of vapor products in areas where children congregate. Gives locals the authority to ban indoor use and other outdoor areas where children congregate. (i.e. parks)
E-cigarettes/Vaping in Public Places

**Whatcom County Process in E-cig Policy Agenda:** Expansion of the current Smoking in Public Places (SIPP) law to include vaping.

- Public Health Advisory Board review
- Collection of public comment:
  - April 1\(^{st}\) - 30\(^{th}\) online survey (537 collected as of 5/2/16).
  - May 19\(^{th}\) Public listening session 3:30 - 5pm Civic Center Garden Room
- Public comment will be compiled and ordinance drafted.
- Public Health Advisory Board review and amendments
- Introduced to Board of Health
- If approved, education, awareness and signage will be implemented by County staff and/or contractor
Extended Producer Responsibility

Extended Producer Responsibility (EPR), or Product Stewardship, is a strategy to place some of the responsibility for management of pharmaceutical products no longer needed by the consumer on the manufacturers, allowing the costs of disposal to be incorporated into the total cost of a product.

**Public Health Concern:**
Home-generated unused or expired medications are impacting our environment and can result in drug abuse and poisonings.

- 2.6 million prescriptions filled in Whatcom pharmacies in 2014 (extrapolated from statewide data)
- Up to 1/3 of prescribed medicines go unused
Extended Producer Responsibility

Without proper disposal options, meds end up:

- **Saved**: where they can be misused or abused:
  - 1/3 of local residents say they save medicine for use "one day" (City of Bellingham 2013 survey).
  - Fatal overdoses involving heroin and/or Rx-type opiates in Whatcom County increased 22.8% from 2004 to 2013, 6.7/per 100,000 to 8.2/per 100,000, respectively.

- **Flushed**: not removed by wastewater treatment and passed into our waterways:
  - 62 pharmaceutical compounds detected in effluent from 2 Puget Sound wastewater treatment plants.

- **In the trash**: which is not secure, and contaminates waterways via landfill leachate.
Extended Producer Responsibility

Locally, state pharmaceutical stewardship legislation was attempted and failed twice in 2011 and 2012.

Due to a lack of progress at the state and federal level, local ordinances are meeting this need.

Existing EPRs

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<th>US Counties</th>
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<td>Santa Barbara, CA</td>
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Extended Producer Responsibility

**Whatcom County process for Extended Producer Responsibility ordinance:**

- City of Bellingham Public Works & County Health Department reviewed options and feasibility.
- Solid Waste Advisory Committee presentation
- Board of Health and Public Health Advisory Board policy agenda
- Whatcom County Environmental Health staff will oversee:
  - Develop materials to inform and respond to stakeholders
  - Seek public comment
  - Develop policy options for consideration
- Public Health Advisory Board review and amendments
- Whatcom County Solid Waste Executive Committee review and amendments
- Introduced to Board of Health
- If approved, implemented by County staff and/or contractor
Resources

- Healthy Youth Survey (2014) Washington and Whatcom County Data
- King County's Summary of Secure Medicine Return Regulations. https://kingcountysecuremedicinereturn.files.wordpress.com/2015/01/smr-regulationsoverview-handout-7dec141.pdf
WCHD Strategic Plan (2015-19)

Transform

We drive policy changes

Our five-year goals:

- Health is prominent in community policy
- Policy agendas reflect community health priorities
- Policy makers are informed and engaged

2016
Develop public health policy agenda
24.01.051 Health department advisory board created.
A. The county health department advisory board, referred to in this chapter as the “public health advisory board,” is created and shall serve in an advisory capacity to the board of health in the following areas:
1. Advisory capacity to the board of health;
2. Advisory capacity to the health department director;
3. Recommend public health and program policies;
4. Provide community forums/hearings as assigned by the board of health;
5. Review and make recommendations for annual budget and fees;
6. Establish community task forces as assigned by the board of health;
7. Present annual report to the board of health.
## Health Board Policy Agenda

### Policy Opportunities

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### Priority health issues: Identifying and promoting policy solutions to address priority community health issues

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• Mental Health  
• Early Child Development  
• Jail Diversion/Infrastructure |

### Emerging issues and opportunities: Identifying and responding to emerging issues and policy opportunities

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