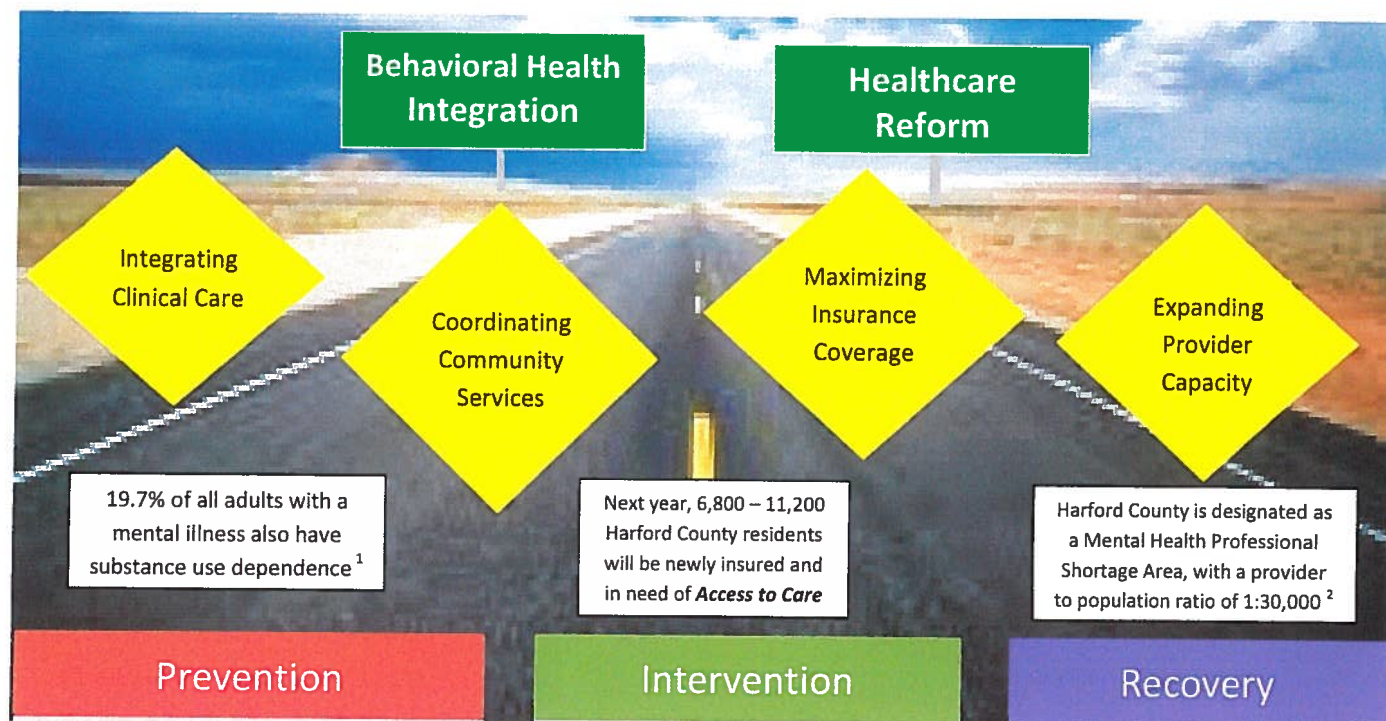


# Harford County Local Health Improvement Process Behavioral Health Workgroup Roadmap of Key Issues 2014



- Partner to reduce use of ED for behavioral health needs
- Incorporate behavioral health screenings at primary care practices
- Engage and educate parents around youth risk behaviors
- Offer Prescription Drug Take Back events and permanent drop-off site
- Present data on prescription drug abuse to pharmacists and physicians
- Support Office of Drug Control Policy's annual Drug Symposium
- Teach students refusal skills and the dangers of substances
- Promote "Target America," Drug Enforcement Administration's exhibit at the MD Science Center
- Establish an Overdose Review Team

- Offer rapid referrals from Emergency Departments to the Division of Addictions
- Offer cross-training of addictions/mental health staff
- Continue integrated partnerships such as an Addictions Peer Specialist at SPIN - Harford's Mental Health Drop-In Center
- Expand use of text messaging appointment and medication reminders
- Implement the Opioid Overdose Prevention Action Plan
- Expand Law Enforcement Trainings
- Promote Mental Health First Aid Training in the community
- Engage mothers whose children are born with an addiction

- Support annual recovery events in the community
- Participate in Mental Health Town Hall Forums
- Present the documentary *Anonymous People*
- Engage peers, families and faith-based communities in the discussion about recovery

<sup>1</sup> National Survey on Drug Use and Health, 2009

<sup>2</sup> Maryland Primary Care Office, DHMH, 2010

# The Harford County Local Health Improvement Coalition Tobacco Workgroup's Policy Recommendations Regarding E-Cigarettes

With the rise in popularity of electronic cigarettes (e-cigarettes) and their ready availability, the Harford County Local Health Improvement Coalition (LHIC) Tobacco Workgroup has drafted this position paper to help clarify its views.

WHEREAS according to the Centers for Disease Control (CDC):

- E-cigarette sales have increased from 50,000 in 2008 to 3.5 million in 2012.
- 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.
- And an estimated 160,000 students who reported ever using e-cigarettes had never used conventional cigarettes.

The Harford County LHIC Tobacco Workgroup issues the following statement:

*The Tobacco Workgroup recommends that until the regulating authorities say otherwise, e-cigarettes should be treated as other tobacco products regarding their use restriction in public places, offices, and government buildings, and be subject to the same human resource and school policies as traditional tobacco products.*

*E-cigarettes pose a significant public health threat not only for what is already scientifically proven about them, but equally for what is not yet known about their possible health impact. Presently e-cigarettes are unregulated by government agencies, yet are readily available at a variety of retail outlets. Aggressive marketing campaigns that often target children and young adults, and nicotine addiction and potential nicotine toxicity make this a serious public health issue.*

- E-cigarettes and their liquid vials are not regulated products. Users are not assured of actual contents, and there is no guarantee that vials labeled nicotine free actually do not contain nicotine.
- The US Food and Drug Administration (FDA) has concluded that e-cigarettes pose acute health risks and contain detectable levels of carcinogens and toxic chemicals. The carcinogenic substances diethylene glycol and nitrosamines have been found in FDA tested samples, as well as other tobacco-specific impurities that may be harmful to humans.
- Overall, 10% of students who have used e-cigarettes at least once have never smoked, thus exposing a new nonsmoking segment of young adults to the harmful effects of nicotine. E-cigarette liquids are not regulated and many contain alarming levels of nicotine, raising the concern of potential negative impact of nicotine on adolescent brain development, the long term risk for nicotine addiction, and the potential for initiation of the use of conventional cigarettes or other tobacco products.
- The e-cigarette is **not** a proven safe alternative to smoking and may pose safety risks to others.
- There is no scientific evidence that e-cigarettes help smokers quit. There are proven safe and effective nicotine replacement medications available over the counter including patches, gum and lozenges. Oral inhalers and nasal sprays can be obtained with a prescription.
- In the State of Maryland it is illegal to sell e-cigarettes to minors.

### **What are electronic cigarettes (e-cigarettes)?**

The e-cigarette, also known as personal vaporizers (PV) or electronic nicotine delivery system (ENDS), is a battery-powered pen sized device that simulates tobacco smoking by producing a smoke-like vapor, thus the term vaping, when referred to the use of this device. E-cigarettes generally use a heating element known as an atomizer, which vaporizes a liquid solution that is sold either with or without nicotine, and often contains chemicals and flavorings.

### **Concerns about E-Cigarettes**

Within the last decade e-cigarettes have become a popular alternative to traditional tobacco products. Touted as a healthier choice over burned or chewed tobacco products, a method of smoking cessation, or a means of being able to enjoy a cigarette in locations where traditional smoking is prohibited, e-cigarette users are a growing demographic. Many questions remain however, including whether e-cigarettes are a safe alternative to traditional tobacco products, if there are any negative effects of secondary e-cigarette vapor exposure, whether they aid in smoking cessation, or if they encourage nonsmokers to begin smoking.

1. **According to the FDA, e-cigarettes have not been fully studied, so consumers currently don't know the potential risks of e-cigarettes when used as intended, or how much nicotine or other potentially harmful chemicals are being inhaled during use.**
2. **The e-cigarette device is not safety regulated, and there have been incidences of e-cigarette devices exploding.**
3. **There is an emerging health threat of nicotine poisoning due to the concentrated liquid nicotine used in e-cigarettes.** While nicotine has always existed in tobacco products, tobacco is so irritating to the digestive system that a person would become sick before being able to ingest enough nicotine to be severely toxic. The nicotine found in common e-cigarette vials, however, is so concentrated that a tablespoon contains enough nicotine to be lethal to a 65 lb. child.
4. **Nicotine found in e-cigarettes poses the same risk for nicotine addiction as do conventional tobacco products.** Many e-cigarette companies are making unproven health claims about their products, saying that they are safe or safer than traditional cigarettes. While e-cigarettes do not pose the traditional health risk associated with inhaling tobacco smoke, they may present their own health concerns. In 2009, the U.S. FDA conducted one limited study and found that e-cigarette solutions contained carcinogens and toxic chemicals, including some ingredients found in anti-freeze. In addition, **recent studies have shown that e-cigarettes are a source for second hand exposure to nicotine.**
5. **E-cigarettes liquid solutions are sold with scents, flavors, and packaging that can be very attractive to children and young adults.** The American Cancer Society Cancer Action Network, American Heart Association, American Lung Association and the Campaign for Tobacco-Free Kids are very concerned about the increase in the marketing and sales of e-cigarettes, in particular to children. This is especially concerning due to the potential negative impact of nicotine on adolescent brain development.
6. **There is no scientific evidence that e-cigarettes can help smokers quit.** Despite e-cigarette manufacturer's claims to the contrary, use of e-cigarettes is not a proven nicotine replacement therapy (NRT). E-cigarettes do not prove an end-plan to actually quit smoking, but rather substitute one habit for another. They do not contain any of the 7 drugs approved by the FDA in combination with individual or group cessation counseling, which is the proven most effective way to help smokers quit.

## Community Health Needs Assessment

### Community Health Survey

In order to better understand the health needs of Harford County residents, Upper Chesapeake Health is conducting a comprehensive Community Health Needs Assessment. As part of the assessment, Upper Chesapeake Health has contracted with Holleran, an independent research firm, to conduct a survey with community leaders, stakeholders, and residents. The Community Health Survey results will be used in conjunction with Secondary Data to guide Upper Chesapeake Health's community health improvement planning efforts.

Community input is essential to helping us understand community needs and prioritize public health endeavors. **We kindly request your participation in an online Community Health Survey.** The survey should take about 10-15 minutes to complete. You will be asked to answer questions about your personal health experience as well as community health issues. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

**To access the survey, please click the following link:**

[www.tinyurl.com/UCHealthSurvey](http://www.tinyurl.com/UCHealthSurvey)

If you have questions about the survey or the overall Community Health Needs Assessment, please feel free to contact:

Janeen Maxwell, MPH, Director of Research at Holleran

Phone: 717-285-3394 or 1-800-941-2168

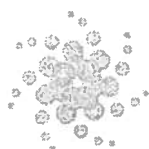
Email: [jmaxwell@holleranconsult.com](mailto:jmaxwell@holleranconsult.com)

or

Kimberly Theis, Community Benefits/Community Health Improvement Business Manager  
at Upper Chesapeake Health

Phone: 443-643-4258

Email: [ktheis@uchs.org](mailto:ktheis@uchs.org)



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