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Purpose

To establish policy guidelines for programs dealing with tobacco and electronic smoking device use, prevention and cessation.

Background

The use of tobacco constitutes a major and serious public health hazard. Tobacco use exacts an increase burden of disease, disability, and death. Smoking and secondhand smoke (SHS) exposure causes approximately one of every five deaths nationally as well as in San Diego County (19.4%). Smoking and exposure to SHS has been determined to be a causal factor in over 480,000 490,000 premature deaths a year nationally, with 49,000 40,000 occurring in California and 3,800 in San Diego County. The California Air Resources Board declared environmental tobacco smoke or secondhand smoke (SHS) a toxic air contaminant which may cause or contribute to an increase in morbidity or mortality. Each year, SHS is responsible for 19,00041,000 deaths nationally, 4,000 in California and 302 in San Diego County. It SHS is associated with increased risk of lower respiratory tract infections in children. The costs associated with smoking are around \$241 billion per year in health expenditures, of which \$6.5 billion are related to SHS, and \$365 billion exceed \$300 billion per year, including \$170 billion for direct medical care, \$156 billion in lost productivity and \$5.6 billion related to SHS. These costs are borne by taxpayers through federal, state, and local programs, such as Medicaid and Medicare. The opportunity and responsibility exists for the San Diego County Board of Supervisors (Board) of the County of San Diego to take social, educational, and legislative action to discourage tobacco use, restrict tobacco industry influence, eliminate exposure to SHS, and thereby protect and promote the health of the citizens of San Diego County. Electronic smoking devices include electronic cigarettes (commonly called vapes), electronic cigars, electronic cigarillos, electronic pipes, and electronic hookah. Electronic smoking device use is rising in popularity, particularly among youth who are less likely to smoke traditional cigarettes. including among youth. Data published by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration's Center for Tobacco Products (CTP), in the Morbidity and Mortality Weekly Report (April 2015), reported that the use of electronic cigarettes by U.S. middle and high school students tripled from 2013 to 2014. The 2017 2024 National Youth Tobacco Survey showed that 2.25 million middle and high school students reported using any tobacco product one or more times in the past 30 days, down from 2.80 million in 2023. However, in 2024, e-cigarettes remained the most used tobacco product among middle and high school students, with 1.63 million students using an e-cigarette at least once in the past month. The majority (87.6%) of students currently using e-cigarettes used flavored e-cigarettes. Further, in 2024, more than 1 in 4 (26.3%) middle and high school students used an e-cigarette product daily, shows that e-eigarette use (use on at least 1 day in the past 30 days) among middle school and high school students continued to be the most commonly used tobacco product for the fourth year in a row. The survey shows that more than 2 million youth currently use e-cigarettes, with most choosing the devices because of the many flavors available.

Young people who use electronic cigarettes may be more likely to smoke cigarettes in the future.

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The CDC Centers for Disease Control and Prevention (CDC) states that the use of an electronic cigarette device is unsafe for kids, teens, and young adults. Most devices contain nicotine, which is highly addictive and can harm adolescent brain development specifically the parts of the brain that control attention, learning, mood, and impulse control. There is a similar effect on serum cotinine levels, a by-product of nicotine, in those who are exposed to tobacco and electronic cigarettes, as both a user and passive bystander. The aerosol released from electronic smoking devices contain known toxins, with some metals at even higher concentrations than in cigarette smoke. A 2016 Report of the Surgeon General on E-Cigarette Use Among Youth and Young Adults revealed that using nicotine in adolescence can harm parts of the brain that control attention, learning, mood, and impulse control

According to the CDC, tobacco use, including cigarettes, smokeless tobacco, and electronic smoking devices, greatly increases the risk of oral cancer, gum disease, tooth loss, and cavities. Smokers are twice as likely to develop gum disease as non-smokers, and the disease is harder to treat among tobacco users.

The County of San Diego (County) is committed to improving the health of its more than 3 million residents, and identifies tobacco use as a primary impediment to achieving optimal health. Tobacco use is one of the three behaviors identified by the 3-4-50 initiative (poor nutrition and lack of physical activity being the other two behaviors) that contribute to four diseases (cancer, heart disease and stroke, type 2 diabetes, and respiratory conditions such asthma and chronic obstructive pulmonary disease) that result in more than 50 percent of all deaths in San Diego County.

This policy supports the <u>regional County's Live Well San Diego</u> vision of a healthy, safe, and thriving region, by providing direction for pursuing policy changes for a healthier environment.

Policy

It is the policy of the Board of Supervisors to:

- 1. Support and strengthen the County tobacco regulatory ordinances as an ideal vehicle for promotion and operation of tobacco use (including eigarettes, eigars, pipes, snuff, chewing tobacco, electronic, or other tobacco products), prevention, cessation, and enforcement programs. Commensurate with the State definition, a "tobacco product" means any of the following: a product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff. Any component, part, or accessory of a tobacco product, whether or not sold separately.
 - The State definition of a 'tobacco product' includes "electronic smoking devices" which are defined as an electronic and/or battery-operated device, the use of which may resemble smoking, which can be used to deliver an inhaled dose of nicotine or other substances.

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- An "electronic smoking device" includes any such electronic smoking device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, vapes, vape pen, or any other product name or descriptor. Some devices look like regular cigarettes, cigars, or pipes; some may look like USB flash drives, pens, and other everyday items
- "Tobacco product' does not mean drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration for use in mitigation, treatment, or prevention of disease.
- 2. Support utilization of the media, such as radio, television, outdoor advertising, print and the Internet social media, in presenting focused and timely information on anti-tobacco issues and living tobacco-free lifestyles.
- 3. Direct the Health and Human Services Agency (the "Agency") to work with other County departments to provide tobacco use prevention and integrate cessation treatment services and to provide tobacco use prevention and cessation information to County employees.
- 4. Support school and youth peer-oriented approaches for the development of both tobacco use prevention and cessation activities in San Diego schools and youth-<u>serving</u> agencies.
- 5. Support coordination of countywide tobacco control efforts between local organizations <u>and</u> <u>facilitate the adoption, implementation, and enforcement of tobacco prevention policies among municipalities throughout the County and coordinate county-wide tobacco prevention efforts among local organizations.</u>
- 6. Support and enforce any County ordinances related to the sale of tobacco products by retailers in the unincorporated area of the County. Encourage city and county fire departments to continue public education on the hazards of careless smoking habits in the home.
- 7. Direct the Agency to collect, tabulate and analyze vital, morbidity, mortality, and other data related to tobacco use for the planning and implementation of local tobacco control and prevention programs.
- 8. Support federal, state, and local legislation, regulations, and programs that promote and support efforts to implement tobacco use prevention and cessation activities, reduce access to tobacco products, reduce exposure to secondhand smoke, and restrict the promotion and advertising of tobacco products. Support federal, state, and local legislation, regulations, and programs implementing tobacco use prevention and cessation activities.
- 9. Address policy conflicts between government support of medical care and tax generation, and tobacco growth, sales, and advertising.

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- 10. Educate, facilitate, and assist city and county policymakers, staff, and residents with adopting and implementing tobacco and smoke-free policies, reducing tobacco product waste in outdoor environments, and ending the sale of tobacco products.
- 11. Authorize the <u>Deputy Chief Administrative Officer of the</u> Agency Director to carry out any additional activities necessary to reduce the impact of tobacco <u>product use</u> electronic smoking device use in San Diego County, including but not limited to:
 - Limiting tobacco promoting influences;
 - Reducing the availability of tobacco and access to tobacco products;
 - Reducing exposure to second-hand smoke, tobacco smoke residue, tobacco waste, and other tobacco products; and tobacco product waste.
 - Promoting cessation, <u>the integration of cessation treatment</u> services, and 100% tobacco-free environments on County properties.

Sunset Date

This policy will be reviewed for continuance by 12-31-3225.

Board Action

06-05-84 (25)

12-13-88 (73)

12-05-96 (36)

07-10-01 (15)

04-25-06 (4)

12-09-08 (33)

01-24-12 (10)

11-05-13 (24)

03-11-14 (7)

11-13-18 (17)

CAO Reference

- 1. Health and Human Services Agency
- 2. County Counsel