Public Health
Prevent. Promote. Protect.

COMPENDIUM OF RESOLUTIONS

Idaho Association of District Boards of Health

Updated June 2023

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RESOLUTIONS ON FILE

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RESOLUTION TO SUPPORT AN EXCISE TAX ON ELECTRONIC NICOTINE DELIVERY SYSTEMS

WHEREAS, it was in 1912 that smoking tobacco was linked to lung cancer, and it took more than 50 years for the US Surgeon General to declare smoking a health hazard and another 45 years before the Food and Drug Administration (FDA) was given the authority to regulate tobacco products.

WHEREAS, many electronic nicotine delivery system (ENDS), also marketed as electronic cigarettes, contain juices with nicotine, a highly addictive drug for which there are no safe levels.

WHEREAS, there is currently insufficient evidence to conclude that ENDS, or electronic cigarettes, help users quit smoking.[1]

WHEREAS, it is the flavored products that are driving the youth vaping epidemic. In fact, 82.9% of youth e-cigarette users use flavored products. E-cigarettes are sold in over 15,000 flavors, from mint and menthol to gummy bear and cotton candy.

WHEREAS, in 2016, an estimated four in five (20.5 million) U.S. youths, including 8.9 million middle school students and 11.5 million high school students, were exposed to e-cigarette advertisements from at least one source; a 13% increase from 2014. Exposure in retail stores increased 24% in 2016 compared to 2014, and was the primary factor responsible for the increases in exposure from any source during 2014-2016. Nearly seven in 10 youths (17.7 million) were exposed to e-cigarette advertising in retail stores in 2016; approximately two in five were exposed to e-cigarette on the Internet (10.6 million) or television (9.7 million), and nearly one in four (6.2 million) were exposed in newspapers and magazines.[2]

WHEREAS, electronic cigarettes are the most commonly used tobacco product among U.S. middle and high school students. From 2017 to 2019, e-cigarette use among high school students more than doubled to 27.5%, leading the U.S. Surgeon General and other public health authorities to declare the problem an epidemic. In 2020, 3.6 million U.S. kids – including 19.6% of high school students – were current e-cigarette users. [2,3]

WHEREAS, while electronic cigarettes are likely to be less toxic than conventional cigarettes, their use poses threats to adolescents and fetuses of pregnant mothers using these devices.[4]

WHEREAS, the FDA conducted an analysis on samples of electronic cigarettes and components from two leading brands, which showed that the product contained detectable levels of known carcinogens and toxic chemicals to which users could potentially be exposed. The FDA's findings also suggested that quality control processes used to manufacture these products are inconsistent or non-existent.[5]

WHEREAS, according to FDA the electronic cigarette cartridges that were labeled as containing no nicotine had low levels of nicotine present in all cartridges tested, except one. [5]

Resolution 15-03 (continued)

WHEREAS, the American Association of Poison Control Centers reports that, through December 31, 2020, there had been 3,830 calls involving exposures to electronic cigarette devices and liquid nicotine. That is down from 5,356 in 2019, but up from 3,130 in 2018 and 2,470 in 2017.[6]

WHEREAS, North Carolina, the number one tobacco producing state, taxes liquid nicotine at 5 cents per milliliter, which is one of the lowest state taxes. Idaho does not currently have a vape and e-cigarette tax.[7,8]

WHEREAS, an increase in taxes on cigarettes and other tobacco products lead to significant reductions in cigarette smoking and other tobacco use. For every 10 percent increase in cigarette prices, the overall cigarette consumption is reduced by 3-5%.[8]

THEREFORE BE IT RESOLVED, that the Idaho Association of Local Boards of Health support establishing an excise tax on ENDS including the delivery devices and liquid solutions used in the devices and use of any such funds be designated for tobacco cessation and prevention.

Section: Tobacco
Adopted by the Idaho Association of District Boards of Health: June 4, 2015
Updated: June 17,2021

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[1]Centers for Disease Control. (2020, January). Adult Smoking Cessation – The Use of E-cigarettes. Retrieved from https://www.cdc.gov/tobacco/data_statistics/sgr/2020-smoking-cessation/fact-sheets/adult-smoking-cessation-e-cigarettes-use/index.html
[2]Campaign for Tobacco-free Kids. (2021, March). E-cigarettes: Flavored Products fuel a Youth Retrieved from https://www.tobaccofreekids.org/what-we-do/industry-watch/e-cigarettes
[3]Morbidity and Mortality Weekly Report. (2018, March). Exposure to Electronic Cigarette Advertising Among Middle and High School Students – United States, 2014-2016. Retrieved from https://www.cdc.gov/mmwr/volumes/67/wr/mm6710a3.htm
[4]World Health Organization (2014, August). Backgrounder on WHO report on regulation of e-cigarettes and similar products. Retrieved from http://www.who.int/nmh/events/2014/backgrounder-e-cigarettes/en/
[5]U.S. Food and Drug Administration. (2014, April 22). Summary of Results: Laboratory Analysis of Electronic Cigarettes [Article]. Retrieved from http://www.fda.gov/NewsEvents/PublicHealthFocus/ucm173146.htm
[6]American Association of Poison Control Centers. (2021, April). E-Cigarettes and Liquid Nicotine. Retrieved from https://aapcc.org/track/ecigarettes-liquid-nicotine
[7]General Assembly of North Carolina Session 2013. §14-313 HB 1050 (2014)
[8]IGEN. (2021). Vape, E-cig and E-liquid Tax by State for 2021. Retrieved from https://igentax.com/vape-tax-state/
[9]The Truth Initiative. (2019, January). The Importance of Tobacco Taxes. Retrieved from The importance of tobacco taxes (truthinitiative.org)

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RESOLUTION SUPPORTING PREVENTION OF EXCESSIVE ALCOHOL USE

WHEREAS, excessive alcohol use includes binge drinking (five or more drinks during a single occasion for men and four or more drinks in a single occasion for women), underage drinking and drinking while pregnant[1]; and

WHEREAS, recognizing that children who consume alcohol before age 15 are four times more likely to develop alcohol dependence at some point in their lives versus children who abstain from alcohol until they are 21[2]; and

WHEREAS, recognizing that alcohol use is the third-leading preventable cause of death in the United States, with an estimated 88,000 deaths annually related to alcohol[3]; and

WHEREAS, recognizing that reports of being harassed in public, harassed at a party, physically hurt, scolded, frightened, and kept awake due to others' alcohol use is more frequent in youth than other age groups[3]; and

WHEREAS, alcohol is more likely to be a factor in violence where the attacker and victim know each other (such as domestic violence). Among victims of domestic violence, alcohol is involved in 55% of reported cases and alcohol was a factor in 65% of spousal violence[4]; and

WHEREAS, recognizing the Idaho Youth Risk Behavior Surveillance Survey found that in 2019, 27% of high school students had at least one drink of alcohol during the 30 days prior to the survey[5]; and

WHEREAS, recognizing that in 2019, 15.9% of Idaho students engaged in binge drinking (defined as having five or more drinks in a row) during the 30 days prior to completing the survey[5]; and

WHEREAS, excessive drinking results in 437 deaths and 12,311 years of potential life lost each year in Idaho[6].

WHEREAS, the beer tax in Idaho was last changed in 1961 and is ranked 38th out of 50 states[7,8] and,

WHEREAS, the wine tax in Idaho began in 1971 and has not been changed since then and is ranked 36th out of 50 states[7,8].

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support the best practice recommendations to decrease excessive alcohol use by raising state excise taxes on alcohol; restricting access to alcohol through increased compliance checks and responsible beverage service programs; and increasing community mobilization efforts to assess problems and resources needed to combat underage drinking.

Section: Other Community Health Issues
Adopted by the Idaho Association of District Boards of Health: June 9, 2017
Replaced 15-01; Updated June 17, 2021

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1 Preventing Excessive Alcohol Use. Centers of Disease Control and Prevention. Preventing Excessive Alcohol Use | CDC. Accessed on May 12, 2021
2 Alcohol. National Institute of Drug Abuse. What is Alcohol? Facts & Effects of Drinking | NIDA for Teens (drugabuse.gov) Accessed on May 12, 2021
3 Addressing Alcohol- Related Harms: A Population Level Response. American Public Health Association Policy Statement, November 5, 2019.
4 Alcohol Drugs and Crime. National Council on Alcoholism and Drug Dependence Inc. Alcohol, Drugs and Crime (ncadd.org). Accessed on May 12, 2021
5 Centers for Disease Control and Prevention. 2019 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on May 11, 2021.
6 Centers for Disease Control and Prevention. Prevention Status Reports 2013: Excessive Alcohol Use—Idaho. Atlanta, GA: US Department of Health and Human Services; 2014.
7 https://tax.idaho.gov/i-1021.cfm. Accessed on May 11, 2021
8 http://www.tax-rates.org/idaho/excise-tax. Accessed on May 11, 2021

Resolution 17-02
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RESOLUTION CONCERNING THE PREVENTION OF OPIOID DRUG OVERDOSE THROUGH PRESCRIBER EDUCATION

WHEREAS, sales of prescription opioids in the U.S. nearly quadrupled from 1999 to 2014[1]**; and**

WHEREAS, in 2019, healthcare providers wrote 153 million prescriptions for painkillers, enough for 75% of American adults to have a bottle of pills[2]; and

WHEREAS, during 2019, drug overdoses accounted for 70,630 U.S. deaths, of those, 70% involved an opioid[3]; and

WHEREAS, overall, more Americans die every year from drug overdoses than they do in motor vehicle crashes[4], making nonprescription use of opiates now the second most common cause of substance abuse disorder in the U.S.[6]; and

WHEREAS, as a result, prescription drug abuse prevention is a top priority for the Centers for Disease Control and Prevention; and

WHEREAS, per 100 people, Idaho healthcare providers prescribed 53.4 painkiller prescriptions in 2019[4]; and

WHEREAS, Idaho ranked 27th in the nation in 2019 for nonmedical use of prescription pain relievers among persons aged 12 years and older[5]; and over 14% of high school students reported taking prescriptions not prescribed by a doctor[5]; and

WHEREAS, in 2019, an Idahoan died every 33 hours from drugs, more than tripling the drug-induced death rate since 2000[5]; and

WHEREAS, Idaho Public Health Districts are responsible to promote and protect the health of Idaho citizens; and

WHEREAS, Idaho Public Health Districts provide services to individuals and families who are affected by prescription drug abuse;

THEREFORE BE IT RESOLVED that Idaho Public Health Districts seek opportunities to collaborate with stakeholders such as the Office of Drug Policy, Idaho Department of Health and Welfare, and institutions of higher education, as well as other pertinent community organizations, to prevent the misuse and abuse of prescription drugs. The Idaho Public Health Districts will provide prescriber education on the opioid epidemic and encourage active use of Idaho's Prescription Monitoring Program (PMP).

Section: Other Community Health Issues
Adopted by the Idaho Association of District Boards of Health: June 9, 2017
Updated June 17, 2021; Replaced 13-02

Resolution 17-02 (continued)

Centers for Disease Control and Prevention. Increases in Drug and Opioid-Involved Overdose Deaths -- United States, 2010-2015. MMWR 2016; 65(50-51);1445–1452.
Centers for Disease Control and Prevention: 2019 U.S. Opioid Dispensing Rate Maps (2020)
Centers for Disease Control and Prevention: Drug Overdose Deaths (2021)
NHTSA: 2019 Fatality Data Show Continued Annual Decline in Traffic Deaths (2020)
Idaho Office of Drug Policy: Substance Misuse Prevention Needs Assessment (2019)
Idaho Division of Public Health: Idaho Opioid Data Dashboard (2020)

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RESOLUTION TO SUPPORT A TOBACCO TAX INCREASE IN THE STATE OF IDAHO

WHEREAS, cigarette smoking remains the leading cause of preventable disease and death in the United States and in Idaho. Annually 1,800 Idahoans die from smoking-attributable deaths (1,2); and

WHEREAS, 400 Idaho youth under 18 will become new smokers each year and 30,000 Idaho youth that are alive today will die from smoking (2,3); and

WHEREAS, Idaho's cigarette tax ranks 46th in the nation (57 cents/pack), is lower than all of the surrounding states, and is substantially lower than the average cigarette tax per pack at $1.91 per pack (4); and

WHEREAS, Idaho spends 508 million in smoking-attributable medical costs and 433.9 million in smoking-attributable lost productivity costs annually (2,3); and

WHEREAS, numerous economic studies in peer-reviewed journals have documented that cigarette tax or price increases reduce both adult and youth smoking (5), and

WHEREAS, every state that has significantly raised its cigarette tax has enjoyed substantial increases to state cigarette tax revenues despite significant declines in smoking rates and taxed pack sales (6), and

WHEREAS, state funding levels for comprehensive tobacco prevention and control programs are sorely inadequate to support effective and sustained tobacco control efforts while satisfying only 30.5% of the CDC recommended spending level (7):

THEREFORE, BE IT RESOLVED, that the Idaho Association of Boards of Health supports increasing the tobacco tax to enhance comprehensive tobacco prevention and control efforts to reduce youth and adult tobacco use rates.

Section: Tobacco
Adopted by the Idaho Association of District Boards of Health: June 2007
Revised June 2010; Revised June 2011; Revised June 9, 2017; Updated June 17, 2021
Updated from Resolution 11-00, 10-02, and 07-01

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1 Centers for Disease Control and Prevention. *Diseases and Death.* March 23, 2020. Accessed on May 14, 2021.
Campaign for Tobacco Free Kids. *Toll of Tobacco in the United States.* April 16, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.
2 Campaign for Tobacco Free Kids. *Key State-Specific Tobacco Related Data and Rankings.* April 19, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.
3 Campaign for Tobacco Free Kids. *State Cigarette Excise Tax Rates and Rankings.* March 15, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.
4 Campaign for Tobacco Free Kids. *Raising Cigarette Taxes Reduces Smoking, Especially Among Kids.* March 15, 2021. www.tobaccofreekids.org. Accessed on May 14, 2021.
5 Campaign for Tobacco Free Kids. *Tobacco Tax Increases are a Reliable Source of Substantial New State Revenue.* April 20, 2021. www.tobaccofreekids.org. Accessed May 14, 2021.
6 American Lung Association. *State of Tobacco Control 2021.* Accessed on May 14, 2021.

Resolution 19-01

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RESOLUTION TO SUPPORT AWARENESS, EDUCATION AND PREVENTION OF SUICIDE

WHEREAS, suicide is the 10th leading cause of death in the US[1]; and

WHEREAS, in 2017, 47,173 Americans died by suicide and an estimated 1,400,000 attempted suicide[1]; and

WHEREAS, in 2015, suicide and self-injury cost the US $69 billion[2]; and

WHEREAS, per 100,000 Idaho ranks 5th in the nation for deaths by suicide[2]; and

WHEREAS, more than 12 times as many people die by suicide in Idaho annually than by homicide making suicide the 2nd leading cause of death for ages 15-44[2]; and

WHEREAS, evidence indicates that suicide can be prevented by coverage of mental health conditions in health insurance policies and reduce provider shortages in underserved areas[4]; and

WHEREAS, educating the public on the primary methods and warning signs of suicide, promoting gatekeeper training, and providing access in local communities to treatment for people at risk of suicide are best practices[4]; and

WHEREAS, Idaho Public Health Districts are responsible to promote and protect the health of Idaho citizens; and

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support promoting strategies and the best available evidence recommendations in all 44 counties to create awareness and educate our population on suicide prevention.

THEREFORE, BE IT FURTHER RESOLVED, that Idaho Public Health Districts seek opportunities to collaborate with stakeholders to help communities improve their focus on prevention activities with the greatest potential to prevent suicide.

Section: Injury Prevention
Adopted by the Idaho Association of District Boards of Health: 2010
Readopted June 9, 2022

Centers for Disease Control and Prevention: Data & Statistics Fatal Injury Report (2017)
Centers for Disease Control and Prevention: Data & Statistics Fatal Injury Report (2016)
American Foundation for Suicide Prevention (2019)
National Center for Injury Prevention and Control, Division of Violence Prevention, Preventing Suicide: A Technical Package of Policy, Programs and Practices (2017)
https://www.cdc.gov/violenceprevention/pdf/suicide-technicalpackage.pdf

RESOLUTION OPPOSING THE LEGALIZATION OF RECREATIONAL (NON-MEDICAL) MARIJUANA

WHEREAS, the Idaho Association of District Boards of Health is committed to the health and welfare of its citizens; and

WHEREAS, the Idaho Association of District Boards of Health strongly supports the success and positive future of the State's youth; and

WHEREAS, the sale, distribution, and possession of marijuana remains illegal under State and federal law; and

WHEREAS, studies from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, establishes that marijuana, like cigarettes, is addictive[1]; and

WHEREAS, recent analysis from the National Institute on Drug Abuse reveals the potency of marijuana has reached the highest level since scientific analysis of the drug began, with tetrahydrocannabinol (THC) [the principal psychoactive constituent of the cannabis plant] amounts rising from 4 percent in 1980s to 15 percent in 2012[2]; and

WHEREAS, marijuana concentrates, with potencies of 90 percent THC and above, [3] are becoming more and more common in states that have legalized marijuana, sold on their own or as part of kid-friendly edible products like candy, lollipops, and gummy bears indistinguishable from non-pot-laced products; and

WHEREAS, the higher potency of today's marijuana may be contributing to the substantial increase in the number of teenagers and adults in treatment for marijuana dependence[4]; and

WHEREAS, in the first two years of legalization in Colorado, arrests of Hispanic and African-American minors rose 29 percent and 58 percent, respectively[6]; and

[1] "Is marijuana addictive?" *National Institute on Drug Abuse (NIDA).* Web. 24 May 2016. Available at http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive.
[2] "Marijuana: Facts Parents Need to Know," *National Institute on Drug Abuse (NIDA).* Web. 24 May 2016. Available at https://www.drugabuse.gov/publications/marijuana-facts-parents-need-to-know/want-to- know-more-some-faqs-about-marijuana.
[3] "Concentrates 101: What's on the market, from kief and CO2 oil to BHO." *The Cannabist.* Web. 24 May 2016. Available at http://www.thecannabist.co/2015/06/19/marijuana-concentrates-kief-bho-water-hash- co2-oil-wax-shatter/36386/.
[4] *See, e.g.*, van der Pol, et al. (2014), Cross-sectional and prospective relation of cannabis potency, dosing and smoking behaviour with cannabis dependence: an ecological study. Addiction, 109: 1101–1109.
[6] Colorado Department of Public Safety. *Marijuana Legalization in Colorado, Early Findings: A Report Pursuant to Senate Bill 13-283.* N.p.: n.p., n.d. Mar. 2016. Web. 25 May 2016. Available at http://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf.

Resolution 19-03 (continued)

WHEREAS, marijuana shops that sell kid-friendly pot products like candy, lollipops, and gummy bears near where children live, are a risk to public health and safety; and

WHEREAS, Colorado, one of the first states to legalize marijuana, now ranks first in the nation for marijuana use among 12 to 17 year-olds, according to SAMHSA[7]; and

WHEREAS, marijuana use by minors is strongly associated with other illicit drug use and abuse/dependence,[8] as well as dependence on tobacco[9]; and

WHEREAS, adults who use marijuana are five times more likely to develop an alcohol problem[10]; and

WHEREAS, scientific research establishes that marijuana use is harmful to the adolescent brain, affecting memory, thinking, pleasure, concentration, learning, sensory and time perception, and coordinated movement[11]; and

WHEREAS, according to Quest Diagnostics, employers in the states of Colorado and Washington have rates of positive workplace marijuana tests well above the national average, and that rate is growing faster in both states than in the United States as a whole[17]; and

[7] "National Survey on Drug Use and Health: Comparison of 2012-2013 and 2013-2014 Population Percentages (50 States and the District of Columbia)." 2013-2014 *National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia).* SAMHSA, n.d. Web. 25 May 2016. Available at: http://www.samhsa.gov/data/sites/default/files/NSDUHsaeShortTermCHG2014/NSDUHsaeShortTermCHG2014.htm.

[8] Agrawal A, Neale MC, Prescott CA, Kendler KS. A twin study of early cannabis use and subsequent use and abuse/dependence of other illicit drugs. *Psychol Med.* 2004;34(7):1227-1237.

[9] Panlilio LV, Zanettini C, Barnes C, Solinas M, Goldberg SR. Prior exposure to THC increases the addictive effects of nicotine in rats. *Neuropsychopharmacol Off Publ Am Coll Neuropsychopharmacol.* 2013;38(7):1198-1208.

[10] Weinberger, Andrea H., Jonathan Platt, and Renee D. Goodwin. "Is Cannabis Use Associated With An Increased Risk Of Onset And Persistence Of Alcohol Use Disorders? A Three-Year Prospective Study Among Adults In The United States". *Drug and Alcohol Dependence* 161 (2016): 363-367. Web. 25 May 2016.

[11] *See, e.g.*, "DrugFacts: Marijuana." *DrugFacts. National Institute on Drug Abuse (NIDA),* Mar. 2016. Web. 24 May 2016. Available at https://www.drugabuse.gov/publications/drugfacts/marijuana; Medina et al. "Neuropsychological Functioning in Adolescent Marijuana Users: Subtle Deficits Detectable after a Month of Abstinence." *Journal of the International Neuropsychological Society : JINS*13.5 (2007): 807– 820. *PMC*. Web. 24 May 2016, available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2269704/.

[17] "Press Releases." *Quest Diagnostics Newsroom*. Quest Diagnostics, 11 Sept. 2014. Web. 24 May 2016. Available at http://newsroom.questdiagnostics.com/2014-09-11-Workforce-Drug-Test-Positivity-Rate- Increases-for-the-First-Time-in-10-Years-Driven-by-Marijuana-and-Amphetamines-Finds-Quest- Diagnostics-Drug-Testing-Index-Analysis-of-Employment-Drug-Tests.

Resolution 19-03 (continued)

WHEREAS, the Idaho Association of District Boards of Health believes the effort to legalize marijuana is contrary to the interests of the public health, safety and welfare of its citizens, and desires to preserve the rights of citizens to live, work and play in communities where drug abuse is not accepted and citizens are not subjected to the adverse effects of drug abuse; and

NOW, THEREFORE, be it RESOLVED, that the Idaho Association of District Boards of Health opposes legalizing the production, sale, distribution and possession of recreational (non-medical) marijuana, hashish, marijuana concentrates, and products made from marijuana concentrates.

Section: Other Community Health Issues

Adopted by the Idaho Association of District Boards of Health: *June 2019*

Updated Resolution 17-03; readopted June 9, 2022

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RESOLUTION TO SUPPORT THE RECOGNITION OF SENIOR COGNITIVE HEALTH AS A PUBLIC HEALTH ISSUE.

WHEREAS, 5.8 million Americans are living with Alzheimer's. The number of older adults with Alzheimer's disease is expected to nearly triple over the next 40 years; and

WHEREAS, Every 65 seconds someone in the United States develops Alzheimer's; and

WHEREAS, Dementia is a general term for conditions that cause loss of memory severe enough that they may impact a person's ability to carry out daily activities. Alzheimer's Disease is a type of dementia that causes problems with memory, thinking, language, and behavior. It may begin with mild memory loss, and symptoms can slowly worsen over time; and

WHEREAS, Alzheimer's Disease is the 6th leading cause of death. Between 2000 and 2017 deaths from Alzheimer's disease increased 145% nationally, and 157% increase in Idaho; and

WHEREAS, Alzheimer's and related dementias have wide-ranging impacts not only on those with the disease, their families and caregivers, but also on communities and health-care systems; and

WHEREAS, Nationally, more than 16 million Americans provide unpaid care for people with Alzheimer's or other dementias. These caregivers provide an estimated 18.5 billion hours valued at nearly $234 billion dollars. In Idaho more than 85,000 caregivers provide an estimated $1.2 Billion Dollars in unpaid care.

WHEREAS, In 2019, Alzheimer's and other cognitive health issues will cost the nation $290 billion dollars. By 2050, these costs could rise as high as $1.1 trillion dollars.

THEREFORE BE IT RESOLVED, Public Health recognizes Senior Cognitive Health as a Public Health issue and encourages prevention efforts through health education programs and public policy.

Section: Other Community Health Issues
Adopted by the Idaho Association of District Boards of Health: June 2019
Readopted June 9, 2022

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1 Matthews, K. A., Xu, W., Gaglioti, A. H., Holt, J. B., Croft, J. B., Mack, D., & McGuire, L. C. (2018). Racial and ethnic estimates of Alzheimer's disease and related dementias in the United States (2015–2060) in adults aged≥ 65 years. Alzheimer's & Dementia. https://doi.org/10.1016/j.jalz.2018.06.3063External
2 Xu J, Kochanek KD, Sherry L, Murphy BS, Tejada-Vera B. Deaths: final data for 2007. National vital statistics reports; vol. 58, no. 19. Hyattsville, MD: National Center for Health Statistics. 2010.
3 Heron M. Deaths: leading causes for 2010. National vital statistics reports; vol. 62, no 6. Hyattsville, MD: National Center for Health Statistics. 2013.
4 Hurd MD, Martorell P, Delavande A, Mullen KJ, Langa KM. Monetary costs of dementia in the United States. NEJM. 2013;368(14):1326-34.
5 Tejada-Vera B. Mortality from Alzheimer's disease in the United States: data for 2000 and 2010. NCHS data brief, no 116. Hyattsville, MD: National Center for Health Statistics. 2013.
6 James BD. Leurgans SE, Hebert LE, et al. Contribution of Alzheimer disease to mortality in the United States. Neurology. 2014;82:1-6.

Resolution 19-05 (continued)

7 Alzheimer's Association. Prevention and Risk of Alzheimer's and Dementia. Accessed July 16, 2015 from website: http://www.alz.org/research/science/alzheimers_prevention_and_risk.asp
8 Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. Physical Activity is Essential to Healthy Aging. Accessed September 1, 2015 from website: http://www.cdc.gov/physicalactivity/basics/older_adults/

Resolution 19-06

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RESOLUTION SUPPORTING IMMUNIZATIONS

WHEREAS, Immunizations are heralded as one of the 20th century's most cost-effective public health achievements. Immunizations protect both individuals and the larger population, especially those people who have immune system disorders and cannot be vaccinated; and

WHEREAS, School vaccination requirements have been a key factor in the prevention and control of vaccine-preventable diseases in the United States; and

WHEREAS, in order to prevent a disease from spreading, it is recommended that 95% of the population be immunized, thereby achieving herd immunity;

WHEREAS, Idaho is one of 18 US states that allows religious/other exemptions from vaccines, and the exemption rate for Idaho children enrolled in kindergarten was 7.7% during the 2018-19 school year;

WHEREAS, the majority of exemptions recorded in Idaho during the 2018-19 school year were for nonmedical reasons: 7.4%, marking a concerning increase from 6.4% the previous school year. In contrast, the US median, nonmedical exemption rate was 2%.

WHEREAS, exemption rates, specifically, nonmedical exemptions, are rising in Idaho and pose a serious public health threat to the state. With outbreaks of vaccine preventable diseases like measles appearing across the US, and in neighboring states, it is critical that we stand for the science-backed immunization standards;

WHEREAS, vaccines are a community's greatest line of defense to protect the most vulnerable among us, whether they are infants too young to get vaccinated or others who are immunocompromised, like those going through chemotherapy;

THEREFORE BE IT RESOLVED, that the Idaho Association of District Boards of Health support Childhood Immunizations, and will promote immunizations through public information.

Section: Children's Health
Adopted by the Idaho Association of District Boards of Health: June 2019
Readopted June 9, 2022

Resolution 22-01
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RESOLUTION TO SUPPORT AN EXCISE TAX ON ELECTRONIC NICOTINE DELIVERY SYSTEMS

WHEREAS, it was in 1912 that smoking tobacco was linked to lung cancer, and it took more than 50 years for the US Surgeon General to declare smoking a health hazard and another 45 years before the Food and Drug Administration (FDA) was given the authority to regulate tobacco products.

WHEREAS, many electronic nicotine delivery system (ENDS), also marketed as electronic cigarettes, contain juices with nicotine, a highly addictive drug for which there are no safe levels.

WHEREAS, there is currently insufficient evidence to conclude that ENDS, or electronic cigarettes, help users quit smoking.[1]

WHEREAS, it is the flavored products that are driving the youth vaping epidemic. In fact, 84.7% of youth e-cigarette users use flavored products. E-cigarettes are sold in over 15,000 flavors, from mint and menthol to gummy bear and cotton candy.[2]

WHEREAS, in 2016, an estimated four in five (20.5 million) US youths, including 8.9 million middle school students and 11.5 million high school students, were exposed to e-cigarette advertisements from at least one source; a 13% increase from 2014. Exposure in retail stores increased 24% in 2016 compared to 2014 and was the primary factor responsible for the increases in exposure from any source during 2014-2016. Nearly seven in 10 youths (17.7 million) were exposed to e-cigarette advertising in retail stores in 2016; approximately two in five were exposed to e-cigarette on the Internet (10.6 million) or television (9.7 million), and nearly one in four (6.2 million) were exposed in newspapers and magazines.[3]

WHEREAS, electronic cigarettes are the most commonly used tobacco product among US middle and high school students. From 2017 to 2019, e-cigarette use among high school students more than doubled to 27.5%, leading the US Surgeon General and other public health authorities to declare the problem an epidemic. In 2020, 3.6 million US kids – including 19.6% of high school students – were current e-cigarette users. From 2019 to 2020, disposable e-cigarette use has increased significantly among youth who currently used e-cigarettes in middle school (from 3.0% to 15.2%) and high school (from 2.4% to 26.5%). [2,3,4]

WHEREAS, in January 2020 the FDA prioritized enforcement against the sale of most candy or fruit flavors in "closed pod" refillable e-cigarettes, such as the popular JUUL brand, but disposable flavored e-cigarettes, such as the newer brand Puff Bar were exempted.[5]

WHEREAS, a September 2020 study found that the top 10 videos featuring Puff Bars on the social media app Tik Tok received between 2.8 and 42.4 million views. Among high school current e-cigarette users, 26.1% reported that their usual brand was Puff Bar, followed by Vuse

Resolution 22-01 (continued)

(10.8%), SMOK (9.6%), JUUL (5.7%), and Suorin (2.3%). Among middle school current users, 30.3% reported that their usual brand was Puff Bar, and 12.5% reported JUUL. A 2018 study also found that exposure to e-cigarette advertisements on social media among young adults was strongly associated with positive expectations of e-cigarette use and directly correlated with current use.[2,5]

WHEREAS, while electronic cigarettes are likely to be less toxic than conventional cigarettes, their use poses threats to adolescents and fetuses of pregnant mothers using these devices.[6]

WHEREAS, compared to young people who have never vaped, youth who have ever used e-cigarettes are seven times more likely to become cigarette smokers one year later.[7]

WHEREAS, the FDA conducted an analysis on samples of electronic cigarettes and components from two leading brands, which showed that the product contained detectable levels of known carcinogens and toxic chemicals to which users could potentially be exposed. The FDA's findings also suggested that quality control processes used to manufacture these products are inconsistent or non-existent.[8]

WHEREAS, according to FDA the electronic cigarette cartridges that were labeled as containing no nicotine had low levels of nicotine present in all cartridges tested, except one.[8]

WHEREAS, the American Association of Poison Control Centers reports that, as of February 28, 2022 poison control centers have managed 831exposure cases about e-cigarette devices and liquid nicotine only two months into 2022. In 2020, there had been 3,830 calls involving exposures to electronic cigarette devices and liquid nicotine.[9]

WHEREAS, North Carolina, the number one tobacco producing state, taxes liquid nicotine at 5 cents per milliliter, which is one of the lowest state taxes. Idaho does not currently have a vape and e-cigarette tax.[10,11]

WHEREAS, an increase in taxes on cigarettes and other tobacco products leads to significant reductions in cigarette smoking and other tobacco use. For every 10 percent increase in cigarette prices, the overall cigarette consumption is reduced by 3-5%. Increasing the price of cigarettes is very effective for specifically reducing smoking rates among high-risk populations such as youth, young adults, and individuals of low socioeconomic status. Health economists have estimated that raising the cost of cigarettes to ten dollars a pack nationwide would result in 4.8 million fewer smokers between the ages of 12-25.[11,12,13]

THEREFORE BE IT RESOLVED, that the Idaho Association of Local Boards of Health support establishing an excise tax on ENDS including the delivery devices and liquid solutions used in the devices and use of any such funds be designated for tobacco cessation and prevention.

Resolution 22-01 (continued)

Section: Tobacco
Adopted by the Idaho Association of District Boards of Health: June 4, 2015
Updated March 17, 2022; Revised June 9, 2022

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[9]American Association of Poison Control Centers. (2021, April). E-Cigarettes and Liquid Nicotine. Retrieved from https://aapcc.org/track/ecigarettes-liquid-nicotine

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RESOLUTION TO REMOVE THE FOOD ESTABLISHMENTLICENSE FEE IN IDAHO CODE

WHEREAS, protecting the public from the hazards of food borne illness and disease is aprimary function of Idaho's Public Health Districts; and

WHEREAS, the Centers for Disease Control and Prevention estimates that one in six Americans, or 48 million people, get sick from foodborne illnesses every year. Approximately 229,000 of these are hospitalized and 3,000 die[1]; and

WHEREAS, foodborne illness poses a $77.7 billion economic burden in the United States annually[2], and

WHEREAS, it is well recognized that foodborne outbreaks can be devastating to a food establishment business; and

WHEREAS, the Public Health Districts are committed to providing an appropriate balance between code enforcement and education; and

WHEREAS, the food protection system in Idaho presently meets state standards, but fails to meet the national standards for inspection frequency for establishments deemed to be high risk for foodborne illness; and

WHEREAS, the Public Health Districts are required by the Idaho Food Code to perform atleast one food safety inspection per year for each licensed food establishment; and

WHEREAS, general state appropriation funding is no longer provided to the Public Health Districts to subsidize food establishment inspection fees for private businesses, placing the full burden on the county tax payers;

THEREFORE BE IT RESOLVED that the Idaho Association of District Boards of Health supports removing food establishment license fees in Idaho Code and allowing the local boardsof health to establish a fee based on the actual cost to deliver the food safety inspection program.

Section: Environmental Health
Adopted by the Idaho Association of District Boards of Health: June 9, 2016
Readopted June 9, 2017; Revised June 9, 2022

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[1]Centers for Disease Control and Prevention. "Estimates of Foodborne Illness in the United States," pagelast updated November 5, 2018, accessed March 10, 2022, http://www.cdc.gov/foodborneburden/.

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RESOLUTION TO SUPPORT RAISING THE MINIMUM AGE OF LEGAL ACCESS AND USE OF *MITRAGYNA SPECIOSA* (KRATOM) PRODUCTS IN IDAHO TO AGE 21

WHEREAS, the Idaho Association of District Boards of Health is committed to the health and welfare of its citizens; and

WHEREAS, the Idaho Association of District Boards of Health strongly supports the success and positive future of the State's youth; and

WHEREAS, the U.S. Food and Drug Administration is warning consumers not to use *Mitragyna speciosa*, commonly known as kratom, a plant which grows naturally in Thailand, Malaysia, Indonesia, and Papua New Guinea. The FDA is concerned that kratom, which affects the same brain receptors as morphine, appears to have properties that expose users to the risks of addiction, abuse, and dependence[i] and

WHEREAS, the leaves of kratom are consumed either by chewing, or by drying and smoking, putting into capsules, tablets or extract, or by boiling into a tea[1], and

WHEREAS, at low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Side effects include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite[ii] Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations[1]. Kratom can lead to addiction[iii]; and

WHEREAS, estimates from the American Kratom Association suggest 3 to 5 million individuals in the U.S. may be using kratom. According to the DEA, several cases of psychosis resulting from use of kratom have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion[2, and]

WHEREAS, the FDA has issued reports about deaths associated with kratom[1], and in 2019 a CDC report found that kratom was detected in 152 overdose deaths between July 2016-December 2017[2]. Kratom was identified as the cause of death in 91 of the 152 kratom-positive deaths but was the only identified substance in just seven of these cases[2]. Data suggests that kratom use is associated with a complex population of polydrug users and especially with opioid use disorder, and that a deeper investigation into the toxicity of kratom is needed, especially focusing on drug–herb interactions[2]. Though supporters of keeping the drug legal for research purposes note that the death certificates often mention the possible involvement of other drugs[1], and

WHEREAS, the FDA is actively evaluating all available scientific information to better understand kratom's safety profile, including the use of kratom combined with other drugs[1], and

Resolution 22-03 (continued)

WHEREAS, while FDA evaluates the available safety information about the effects of kratom, the agency encourages health care professionals and consumers to report any adverse reactions to the FDA's MedWatch program[1], and

WHEREAS, there are currently no FDA-approved uses for kratom, and the DEA has labeled kratom as a Drug and Chemical of Concern[2, and]

WHEREAS, kratom is now considered a Schedule 1 drug in Alabama, (the same classification as heroin and ecstasy), and Wisconsin, Vermont, Tennessee, Indiana, Rhode Island and Arkansas [1], D.C.; Alton, IL; Jerseyville, IL; San Diego, CA; Sarasota, FL; and Union County, MS [2] have also banned the botanical supplement with additional states considering the same course[1.] Internationally, kratom is illegal in Australia, Denmark, Finland, Ireland, Latvia, Lithuania, Malaysia, Myanmar, Poland, Romania, Sweden and Thailand[2], and

WHEREAS, in Idaho it is currently legal to buy and sell kratom. It can be purchased in smoke shops, boutique botanical stores, and online vendors. Nationwide, the number of kratom exposures reported to Poison Control Centers (PCCs) increased 52-fold between 2011-2017. Data from PCCs found that Idaho had the highest kratom exposure rate in the U.S[2], and

THEREFORE, BE IT RESOLVED, that Idaho Association of District Boards of Health supports raising the minimum age of legal access and use of kratom products in Idaho to 21 years of age. District public health staff will actively engage in local and statewide efforts to support this public health policy.

Section: Other Community Health Issues
Adopted by the Idaho Association of District Boards of Health: June 9, 2022

[1] Association of Food and Drug Officials Board (AFDO). (2018, June 4). *2018 Resolution 1: Kratom*. Association of Food and Drug Officials. Retrieved March 9, 2022, from https://www.afdo.org/resolutions/2018-resolution-1-kratom/

[1] Kratom in Idaho Fact Sheet. (2020). Idaho Office of Drug Policy. https://odp.idaho.gov/wp-content/uploads/sites/114/2020/12/Kratom-in-Idaho_Fact-Sheet.pdf

[1]Kratom Drug Fact Sheet. (2020). Drug Enforcement Agency. https://www.dea.gov/sites/default/files/2020-06/Kratom-2020_0.pdf

Resolution 22-04
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RESOLUTION TO SUPPORT VAPING PREVENTION IN SCHOOLS

WHEREAS, e-cigarettes and youth vaping remain a public health crisis. In 2020 more than 3.6 million U.S. youth used e-cigarettes in the past 30 days. 1 in 5 high school students and almost 1 in 10 middle school students who use e-cigarettes are using them every day.[1]

WHEREAS, according to the 2019 Idaho Youth Risk Behavior Survey almost half (48%) of high school students have used an e-cigarette at least once and 21.5% of Idaho students used e-cigarettes on one or more of the past 30 days. Academic achievement was significantly associated with the percentage of students who use e-cigarettes. 35% of students who mostly had grades of D's and F's used e-cigarettes and 41% of students who mostly had grades of C's, compared to 12% of students using e-cigarettes who had grades of mostly A's.[2]

WHEREAS, nicotine is highly addictive and youth use of e-cigarettes can harm adolescent brain development, cause respiratory problems, decrease impulse control, and lead to mental health illnesses such as depression, anxiety, and substance use disorder. Most e-cigarettes contain nicotine and can contain other harmful toxins.[1,3]

WHEREAS, youth are vulnerable to using e-cigarettes because of the appeal of flavors, social influencers, peer pressure, misinformed marketing, and misperception of the actual harm of e-cigarettes. Youth are constantly being exposed to both messaging around the flavors and positive aspects of e-cigarettes, both from social media and official advertising from the tobacco industry itself.[3]

WHEREAS, the CDC recommends the State of Idaho annually spend $15.6 million on tobacco prevention and in fiscal year 2022 Idaho spent $3.6 million, just 23.4% of the CDC recommended spending. While the estimated annual amount spent on tobacco marketing in Idaho by the tobacco industry is $45.6 million.[4]

WHEREAS, a 2005 study concluded that if every state had spent the minimum amount recommended by the CDC for tobacco prevention, youth smoking rates nationally would have been between three and 14 percent lower during the study period, from 1991 to 2000. Further, if every state funded tobacco prevention at CDC minimum levels, states would prevent nearly two million kids alive today from becoming smokers, save more than 600,000 of them from premature, smoking-caused deaths, and save $23.4 billion in long-term, smoking-related health care costs.[5]

WHEREAS, in 2006 Florida voters approved increasing their funds in statewide tobacco prevention and cessation by implementing and funding the statewide program Tobacco Free

Resolution 22-04 (continued)

Florida in 2007. From 2006 to 2020 high school smoking rates declined by 85% from 15.5% to 2.3%. Middle school smoking rates declined from 6.6% in 2006 to 1.1% in 2020.[5]

WHEREAS, out of youth and young adults aged 15-24 who use e-cigarettes, 63% of those who use JUUL did not know that the product always contains nicotine. 44% of youth believe their peers approve of nicotine vaping and around 80% of youth do not perceive the use of e-cigarettes as being harmful.[6,7,8]

WHEREAS, given the high rates of use and known health consequences of using e-cigarettes, it is critical now more than ever that youth are educated about e-cigarettes so that they can make informed decisions regarding their health, and that efforts to prevent and reduce adolescent use of e-cigarettes are developed, implemented, disseminated, and evaluated.[3]

WHEREAS, effective components of such school-based tobacco prevention programs include interactive curricula, activities around refusal skills, and content addressing targeted marketing and health effects, which if applied collectively in prevention curriculum may lead to decreases in youth intentions to use and actual use.[3]

WHEREAS, research shows that the CATCH My Breath curriculum resulted in reductions in nicotine vaping use (both lifetime and within the past 30 days), increases in nicotine vaping knowledge, increases in positive perceptions of a vape-free lifestyle, and reductions in overall tobacco use. CATCH My Breath is an evidence-based, school-based program developed to prevent nicotine vaping and tobacco use among students in 5th through 12th grade.[7]

THEREFORE BE IT RESOLVED, that the Idaho Association of Local Boards of Health support continued funding to prevent vaping among youth and young adults.

Section: Tobacco
Adopted by the Idaho Association of District Boards of Health: June 9, 2022

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[1] Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. (2021, August 20). *Talking to Youth and Young Adults to Prevent E-cigarette Use*. Centers for Disease Control and Prevention. Retrieved March 9, 2022, from https://www.cdc.gov/tobacco/features/back-to-school/index.html

[2] Idaho State Department of Education. (2020). *2019 Idaho Youth Risk Behavior Survey: A HEALTHY LOOK AT IDAHO YOUTH*. https://sde.idaho.gov/student-engagement/school-health/files/youth/Youth-Risk-Behavior-Survey-Results-2019.pdf

[3] Liu, J., Gaiha, S. M., & Halpern-Felsher, B. (2020). A Breath of Knowledge: Overview of Current Adolescent E-cigarette Prevention and Cessation Programs. *Current addiction reports*, *7*(4), 520–532. https://doi.org/10.1007/s40429-020-00345-5

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Resolution 22-04 (continued)

[6] Truth Initiative. (2019, March 15). *JUUL e-cigarettes gain popularity among youth, but awareness of nicotine presence remains low* [Press release]. https://truthinitiative.org/press/press-release/juul-e-cigarettes-gain-popularity-among-youth-awareness-nicotine-presence

[7] Substance Abuse and Mental Health Services Administration (SAMHSA): Reducing Vaping Among Youth and Young Adults. SAMHSA Publication No. PEP20-06-01-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration, 2020.

[8] Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2022). Monitoring the Future national survey results on drug use 1975-2021: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, University of Michigan.

Resolution 22-05
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RESOLUTION TO SUPPORT INNOVATIVE FUNDING STREAMS TO SUPPORT AWARENESS, EDUCATION AND PREVENTION OF SUICIDE

WHEREAS, suicide is the 12th leading cause of death in the US[1]; and

WHEREAS, in 2020, 45,979 Americans died by suicide and an estimated 1,150,000 attempted suicide[1]; and

WHEREAS, in 2019, suicide and self-injury cost the US $782 million[1]; and

WHEREAS, in 2020, per 100,000, Idaho ranks 5th in the nation for deaths by suicide[1]; and

WHEREAS, in 2021, the Idaho Suicide Prevention Hotline received over 16,000 contacts[1]; and

WHEREAS, in 2020, The National Suicide Prevention Hotline Designation Act was signed into law, creating 988 as the national dialing code[1]; and

WHEREAS, Idaho Department of Health and Welfare has been building Idaho's crisis continuum of care for over two years with the Division of Behavioral Health taking the lead on the 988 Suicide Hotline implementation[4]; and

WHEREAS, Idaho Public Health Districts are responsible to promote and protect the health of Idaho citizens; and

WHEREAS, funding for Idaho Public Health District suicide prevention efforts are not enough to meet the regional prevention needs; and

THEREFORE, BE IT RESOLVED, that the Idaho Association of District Boards of Health supports sustainable funding streams (e.g., telecommunication fees, general state fund appropriations, or other funding sources) to maintain and strengthen the crisis continuum of care, implementation of the 988 Suicide Hotline, and other suicide prevention resources and services in all 44 counties.

Section: Injury Prevention
Adopted by the Idaho Association of District Boards of Health: June 9, 2022

[1] Centers for Disease Control and Prevention: Number of Injuries and Associated Costs (2019)
[2] Idaho Suicide Prevention 2021 Annual Report (2021)
[3] Idaho Department of Health and Welfare: 988 National Behavioral Health Crisis Line (2021)