Agenda

- Introductions & Icebreaker.
- Housekeeping.
- STD/HIV data.
  - Pierce County.
  - Washington State.
- STD/HIV 101.
  - Transmission.
  - Treatment.
  - Risk groups and target populations.
- Disease investigation basics.
- What is PrEP?
- Marijuana and Vaping Use in Youth.
- Wrap-up.
Objectives

Describe:

- How STDs and HIV are transmitted, diagnosed, treated and managed.
- How the Health Department works with individuals diagnosed with bacterial STDs and/or HIV and their sex partners.
- Prevalence in Marijuana and Vaping use among youth.
- What is PrEP?
STD/HIV Data: Pierce County and Washington State

Katrina Miller
Field Services Consultant
Washington State Department of Health
Pierce County STD Disease Trends

- Chlamydia:
  - No Significant increase over years 2006 through 2015.
- Gonorrhea:
  - Significant increase over years 2006 through 2015.
- Primary and Secondary Syphilis:
  - Significant increase over years 2006 through 2015.
## Pierce County STD Disease Trends (contd.)

Table 1. Washington State Reportable Sexually Transmitted Diseases, Pierce County, 2015

<table>
<thead>
<tr>
<th>Disease</th>
<th>County Cases</th>
<th>County Rate§</th>
<th>WA State Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>4,646</td>
<td>563.2</td>
<td>410.0</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>1,363</td>
<td>165.2</td>
<td>102.8</td>
</tr>
<tr>
<td>P&amp;S Syphilis</td>
<td>41</td>
<td>5.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Genital Herpes</td>
<td>474</td>
<td>57.5</td>
<td>36.0</td>
</tr>
<tr>
<td>Chancroid/GI/LGV</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,524</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

§ Crude incidence rate per 100,000 population.
* Rates are suppressed for counts under 20 with a corresponding RSE >30% due to statistical instability.
Chlamydia Incidence Rates for King and Pierce Counties and Washington State, 2006–2015

<table>
<thead>
<tr>
<th>Year of Diagnosis</th>
<th>Pierce County</th>
<th>King County</th>
<th>Washington State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>394.4</td>
<td>308.53</td>
<td>286.56</td>
</tr>
<tr>
<td>2007</td>
<td>418</td>
<td>307.04</td>
<td>289.80</td>
</tr>
<tr>
<td>2008</td>
<td>484.1</td>
<td>317.17</td>
<td>318.18</td>
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<td>2009</td>
<td>485.6</td>
<td>307.46</td>
<td>319.19</td>
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<tr>
<td>2010</td>
<td>480.1</td>
<td>309.95</td>
<td>319.06</td>
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<tr>
<td>2011</td>
<td>518.5</td>
<td>330.28</td>
<td>343.74</td>
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<tr>
<td>2012</td>
<td>531.3</td>
<td>347.88</td>
<td>362.01</td>
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<tr>
<td>2013</td>
<td>527.7</td>
<td>344.97</td>
<td>364.00</td>
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<tr>
<td>2014</td>
<td>532.3</td>
<td>371.30</td>
<td>379.80</td>
</tr>
<tr>
<td>2015</td>
<td>563.2</td>
<td>415.40</td>
<td>409.96</td>
</tr>
</tbody>
</table>
Figure 2. Age-specific Chlamydia Incidence Rates* by Gender, Pierce County, 2015

* Gender-specific crude incidence with 95% confidence intervals.
Chlamydia Incidence Rates for Pierce County (contd.)

Figure 3. Chlamydia Incidence Rates by Gender*, Pierce County, 1996-2015

* Gender-specific crude incidence with 95% confidence intervals.
Gonorrhea Incidence Rates for King and Pierce Counties and Washington State, 2006–2015

<table>
<thead>
<tr>
<th>Year of Diagnosis</th>
<th>Pierce County</th>
<th>King County</th>
<th>Washington State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>109.7</td>
<td>118.52</td>
<td>70.95</td>
</tr>
<tr>
<td>2007</td>
<td>105.2</td>
<td>75.52</td>
<td>54.90</td>
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<tr>
<td>2008</td>
<td>85</td>
<td>69.01</td>
<td>46.62</td>
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<tr>
<td>2009</td>
<td>57.3</td>
<td>57.41</td>
<td>34.20</td>
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<tr>
<td>2010</td>
<td>51.6</td>
<td>81.86</td>
<td>42.66</td>
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<tr>
<td>2011</td>
<td>52.9</td>
<td>70.99</td>
<td>40.43</td>
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<tr>
<td>2012</td>
<td>81.4</td>
<td>78.23</td>
<td>48.23</td>
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<tr>
<td>2013</td>
<td>118.6</td>
<td>89.26</td>
<td>63.87</td>
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<tr>
<td>2014</td>
<td>154.8</td>
<td>110.30</td>
<td>88.23</td>
</tr>
<tr>
<td>2015</td>
<td>165.2</td>
<td>144.14</td>
<td>102.81</td>
</tr>
</tbody>
</table>
Gonorrhea Incidence Rates for Pierce County

Figure 5. Age-specific Gonorrhea Incidence Rates* by Gender, Pierce County, 2015

* Gender-specific crude incidence with 95% confidence intervals.
Figure 6. Gonorrhea Incidence Rates by Gender*, Pierce County, 1996-2015

* Gender-specific crude incidence with 95% confidence intervals.
Primary and Secondary Syphilis

Figure 8. Age-specific Primary and Secondary Syphilis Incidence Rates* by Gender, Pierce County, 2015

*Age-specific crude incidence rate with 95% confidence intervals
Primary and Secondary Syphilis Incidence Rates for Pierce County (contd.)

Figure 9. Primary and Secondary Syphilis Incidence Rates by Gender*, Pierce County, 1995-2014

* Gender-specific crude incidence with 95% confidence intervals.
People Living with Diagnosed HIV Infection, Washington State, Year-end 2015 (n=13,019)

Note: Dots have been randomized within Census Tracts in order to protect patient privacy. Completeness of geocodable address data is 78%.
Pierce County HIV

People Living with Diagnosed HIV Infection, Pierce Co., Year-end 2015 (n=1,462)

Note: Dots have been randomized within Census Tracts in order to protect patient privacy. Completeness of geocodable address data is 78%.
Washington State HIV (contd.)

STD/HIV 101: THE BASICS

Debbie Cooley & Corey Madson-Betz
Disease Investigation Specialist
Tacoma-Pierce County Health Department
STD 101

Bacterial
• Chlamydia.
• Gonorrhea.
• Syphilis.

Viral
• HIV.
• Herpes.
• HPV.
Chlamydia Overview

• Bacterial.
• Most commonly reported notifiable condition.
• Treatment:
  o One-dose oral medication.
• Asymptomatic.
• Complications:
  o Pelvic Inflammatory Disease (PID) and infertility.
Chlamydia Overview (contd.)

- Transmission:
  - Contact with infected semen or vaginal fluid.

- Potential sites of infection:
  - Vagina/cervix, penis, anus, pharynx (throat).

- Highest risk:
  - Sexually active young people (ages 15–24).

- Recommendation:
  - Annually test all sexually active young people (ages 15–24).
Gonorrhea Overview

• Bacterial infection.
• Treatment:
  - Combination of injection and oral medication.
• More symptomatic than Chlamydia.
• Complications:
  - PID, infertility, disseminated infection, antibiotic resistance.
Gonorrhea Overview (contd.)

- Transmission:
  - Contact with infected semen or vaginal fluid.
- Potential sites of infection:
  - Vagina/cervix, penis, anus, pharynx (throat).
- Highest risk:
  - Men who have sex with men (MSM) and sexually active young adults.
- Antibiotic resistance.
Gonorrhea Incidence Rates

Gonorrhea Infection: Incidence Rates (x100,000) for 15-24 Year Olds by Census Tracts, Pierce County, 2013-2015.

CC incidence x 100,000

- 0 - 190
- 191 - 353
- 354 - 500
- 567 - 912
- 913 - 5533

SD Boundaries

JBLM

School Districts

SD #001 STEILACOOM HISTORICAL
SD #002 YELM
SD #003 PUYALLUP
SD #010 TACOMA
SD #019 CARBONADO
SD #083 UNIVERSITY PLACE
SD #320 SUMNER
SD #343 DIERINGER
SD #344 ORTING
SD #400 CLOVER PARK
SD #401 PENINSULA
SD #402 FRANKLIN PIERCE
SD #403 BETHEL
SD #404 EATONVILLE
SD #408 AUBURN
SD #416 WHITE RIVER
SD #417 FIFE

Sources:
Geography Pierce County GIS
Incidence Rates, PHINS, Map: THO 6, as of 6/16/14
Syphilis Overview

• Bacterial.
• Treatment:
  o Penicillin injection.
• Asymptomatic and symptomatic.
• Different stages of disease.
• Trends.
• Complications:
  o Neurosyphilis.
Syphilis Overview (contd.)

• Transmission:
  o Skin-to-skin contact.

• Potential sites of infection:
  o Vagina, penis, anus, mouth, tongue, fingers.

• Highest risk:
  o MSM.

• Recommendation:
  o Annually screen MSM, during pregnancy.
Syphilis Stages

- **Primary.**
  - Painless chancre.
- **Secondary.**
  - Rash.
  - Mucus patches.
  - Hair loss.
- **Latent.**
- **Tertiary.**
  - Paralysis.
  - Dementia.
  - Death.
  - Neuro-Syphilis.
Human Immunodeficiency Virus (HIV)

• Viral

• Transmission:
  – Blood, semen, vaginal fluids, breast milk

• Treatment:
  – Combination therapy (antiretrovirals [ARVs])

• Symptoms:
  – Flu-like during seroconversion, often overlooked

• Complications:
  – Vary
What’s Going On Inside Your Body?

Katrina Miller
Field Services Consultant
Washington State Department of Health
Herpes Overview

- Viral.
- Two types:
  - HSV-1: typically oral.
  - HSV-2: typically genital.
- Estimated that two in five adults are infected.
- Treatment:
  - Suppressive therapy.
- Asymptomatic and symptomatic.
- Symptoms:
  - Mild to severe painful blisters.
- Transmission:
  - Skin-to-skin contact.
Human Papillomavirus (HPV) Overview

• Viral.

• Most common STD.

• Over 150 different types of HPV.
  
  ○ More than 40 types of HPV can infect genital areas, anus, mouth, pharynx (throat).

• Peak prevalence during adolescence and young adulthood.
HPV Overview (contd.)

- 50–80% of sexually active adults infected with at least one type of HPV by age 50.
- 5% of the population has the HPV strain that causes genital warts.
- 90% of people’s immune systems will clear the infection in two years.
- Transmission:
  - Skin-to-skin contact.
  - Vaginal or anal are the most common routes.
HPV Vaccine

- Available for adolescent girls and boys 9–26 years old.
- Most effective when all doses have been given by age 12.
- For more information about adolescent immunizations and HPV vaccine visit:
  - www.tpchd.org/immunizations.
Oral Health and STDs

• Oral sex – putting the mouth on the anus, penis, and/or vaginal area.

• Both giving and receiving oral sex can lead to the transmission of STDs if an infection is present.

• Common STDs that can be transmitted via oral sex:
  o Herpes.
  o Gonorrhea.
  o Syphilis.
  o HPV.
  o Chlamydia (can be less likely).
10-Minute Break
STD Testing Recommendations

Get tested if you:

- Have signs or symptoms.
- Have genital/anal itching, pain, bleeding, abnormal discharge or odor.
- Are sexually active.
- Are 14–25 years old (and have had sex).
- MSM.
- Need rescreening.

Test at all sites used for sex – pharyngeal, rectal, urethral, vaginal
Testing Misconceptions

People assume:

• A basic blood draw automatically means they were tested for HIV.

• Peeing in a cup for a urinalysis means they have been tested for STDs.

• Pap smears equal STD testing.
Test Services

• Are private and confidential.

• Access to STD/HIV screening:
  o Anyone 14 years and older can access without parental permission.

• Cost varies widely.
Health Department Services

- Infected and/or exposed heterosexuals.
- Gay and bisexual males:
  - Highest risk if sexually active.
- Refer to Tacoma-Pierce County Health Department STD Information and Referral Line:
  - (253) 798-3805
Disease Reporting

Reportable conditions:
• Data show how often the disease occurs.
• Identify disease trends and track disease outbreaks.
• Examples: Chlamydia, Gonorrhea, Syphilis, HIV

Health Department follow-up:
• Ensure correct treatment.
• Answer questions.
• Debunk myths and provide accurate information.
• Provide the opportunity for sex partners to get tested and treated.
Disease Case Management

Case Reporting → STD/HIV → Partner Management
Sexual Networks
Avoid Re-infection

- Abstinence
- Mutual monogamy
- Limit your number of sexual partners
- Barrier methods
- Communication with sexual partners
- Get yourself and new partners tested!
What is PrEP?

Corey Madson-Betz
Disease Investigation Specialist
Tacoma-Pierce County Health Department
Agenda

Corey Madson-Betz

• My role in Public Health
• What is PrEP?
• Why is it important?
• Who would benefit?
• How can a patient obtain PrEP?
Disease Investigation Specialist (My Role)

- Track infections, document treatment
- Partner Services
- Identifying “high-risk” individuals
What is PrEP?

Pre-exposure prophylaxis (PrEP) is a course of HIV drugs taken daily by HIV negative people most at risk of HIV to reduce their risk of HIV infection.
Why is PrEP Important?

• Daily use vastly reduces risk of HIV infection.
• For high risk clients not practicing condom use, PrEP is a back-up plan.
• Can allow for sero-discordant couples to live normally.
  o (ie, traditional sexual relationships, childbirth)
• Interrupts HIV transmission.
Education & Awareness for PrEP

• If used consistently, PrEP can reduce the risk of getting HIV from unprotected sex by over 90%. For IDU’s, PrEP can reduce risk of HIV by more than 70%.

• Because it’s not 100% effective, it should still be used in conjunction with condoms, safe sex practices, clean injection equipment, and other HIV prevention methods.

• PrEP does NOT reduce risk of bacterial infections
Who should take PrEP?

PrEP may be an option for you if:

• Someone in an ongoing relationship with a partner living with HIV.

• Someone sexually active with more than one person, even if they recently tested negative for HIV.

• Someone who doesn't use condoms with partners whose HIV status is unknown and are at high risk of HIV infection (for example, they inject drugs or have bisexual male partners).

• A person who shares injecting equipment or is in a treatment program for injecting drug use.

• Someone in a heterosexual relationship where one partner has HIV and the other doesn’t, to protect the uninfected partner during conception and pregnancy.
How long before it’s effective?

- When taken every day, PrEP is safe and highly effective in preventing HIV infection. PrEP reaches maximum protection from HIV for **receptive anal sex** at about **7 days** of daily use.

- For **all other activities**, including **insertive anal sex**, **vaginal sex**, and **injection drug use**, PrEP reaches maximum protection at about **20 days** of daily use.
How Can One Start PrEP?

For Starters:
• Speak with your provider.
• Get an HIV test.
• Also test for Hep B, Hep C, Creatinine.
• Routine 3 month follow up for HIV & bacterial STD’s.

Let’s Talk Money:
• Check w/ your insurance plan.
• Gilead Co-Pay assistance.
• Gilead Advance Access.
• Patient Access Network.
• Apple Health (Medicaid).
• PrEP-DAP.
Paying for PrEP Decision Tree

**Drug Resources**

1. **Does the Patient/Client have insurance?**
   - Yes
   - Medicare Part D, Medicaid (Apple Health), Marketplace, Employer Sponsored Insurance, COBRA, Outside Marketplace

2. **Information about each Patient Assistance Program, Apple Health and PrEP=DAP is located on the back.**

3. **Is it Apple Health?**
   - Yes
   - Yes
   - Apple Health will cover Truvada at no cost to the Patient/Client

4. **Is it Medicare Part D?**
   - Yes
   - Apply for Gilead Advancing Access Patient Assistance Program (PAP)
   - Yes
   - Apply for Gilead Advancing Access Patient Assistance program or Patient Access Network (PAN) or Patient Advocate Foundation (PAF) Co-Pay Relief (CFR) or Washington PreP DAP
   - No
   - Is the Patient/Client Income over $13,533/mo (before taxes) for a 1 person family?
     - Yes
     - Apply for Gilead Advancing Access Co-Pay Coupon Program or Patient Access Network (PAN) or Patient Advocate Foundation (PAF) Co-Pay Relief (CFR) or Washington PreP DAP
     - No
     - Is a US Citizen or LPR* ≥ 5 years?
       - Yes
         - If Enrolled for Apple Health
         - If Approved for Apple Health
       - No
         - Apply for Washington Apple Health

5. **If uninsured, the patient/client will have to pay full cost of medical visits and labs as set by the medical provider and lab company.**

6. **If insured with Employer Sponsored, Marketplace, COBRA, Medicare or Outside Marketplace Insurance, the patient/client should not have any out of pocket costs for medical visits or lab tests expenses.**

*LPR = Legal Permanent Resident
Paying for PrEP Decision Tree (contd.)

**Washington Apple Health (Medicaid)**
- Website: [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
- Phone: 855-523-4033
- Maximum Benefit: 1 Year with option to renew
- Income Limit: 138% FPL or less ($1,352/month for family of 1)
- Application Type: Online
- Application Processing: Instant
- Upon Request:
  - Must provide proof of residency
  - Must provide income documentation
- If approved for Apple Health, benefits begin the first day of the month application was submitted.

**Patient Access Network (PAN)**
- **HealthCare or Medicare**
- **IIP Program Re-Opened 7/28/2015**
- Website: [www.navenp.org](http://www.navenp.org)
- Phone: 888-336-7283
- Maximum Benefit: $7,500 per year (will also go back an additional 30 days and reimburse patient)
- Income Limit: 500% FPL or less ($59,850/year for family of 1)
- How to Apply: Online
- Application Processing Time: Instant
- Upon Request:
  - Must provide proof of residency
  - Must provide copy of insurance card(s)
  - Must provide income documentation
- If approved for the PAN, you will be able to print it instantly. You will receive an official co-pay assistance card within 7-10 days in the mail.

**Gilead Advancing Access**
- **Patient Assistance Program (PAP)**
- **Not insured/Under Insured or Medicare A and/or B Only**
- Website: [https://www.gileadadvancingaccess.com/](https://www.gileadadvancingaccess.com/)
- Phone: 866-552-3861
- Maximum Benefit: $7,500 per year
- Income Limit: 500% FPL or less ($59,850/year for family of 1)
- Application Type: Paper
- Application Processing Time: Within 3 Business Days
- Required Documentation to be included with application:
  - Must provide proof of residency
  - Must provide income documentation or notarized no income support statement
  - Must provide copy of prescription only if being shipped to provider's office. If picking up at local pharmacy, no prescription needed.
- If approved for MAP, one month of medication at a time will be shipped to prescribing provider's office within 3-5 business days of application approval or patient can pick up medication from a local pharmacy. Patient must call for refill each month.

**Gilead Advancing Access**
- **Co-Pay Coupon Program**
- **Insured – Except those with Medicare D**
- Website: [www.gileadcopay.com](http://www.gileadcopay.com)
- Phone: 577-556-4385
- Maximum Benefit: $3,600 per calendar year (Jan to Dec)
- Income Limit: None
- How to Apply: Online
- Application Type: [Copy coupon card](http://www.gileadadvancingaccess.com/copy-coupon-card)
- Application Processing Time: Instant
- Upon Request:
  - Must provide proof of insurance card
  - Must provide proof of residency
- If approved for the Gilead Co-Pay Program, you will be able to print your card instantly. You will receive an official co-pay assistance card within 7-10 days in the mail.

**Patient Advocate Foundation (PAF)**
- **Co-Pay Relief (CPR)**
- **Insured or have Medicare Part D**
- Website: [www.paf.org](http://www.paf.org)
- Phone: 866-552-3861
- Maximum Benefit: $7,500 per year
- Income Limit: 500% FPL or less ($59,850/year for family of 1)
- How to Apply: Online
- Application Processing Time: Instant
- Upon Request:
  - Must provide proof of residency
  - Must provide copy of insurance card(s)
  - Must provide income documentation
- If approved for the PAF, you will be able to print your approval instantly, however, your pharmacy must bill manually or you can pay up front and be reimbursed by PAF.

**Washington Pre-Exposure Prophylaxis Drug Assistance Program (PrEP-DAP)**
- **Insured or have Medicare Part D**
- Website: [www.cophelp.org/prepad](http://www.cophelp.org/prepad)
- Phone: 360-236-1412
- Maximum Benefit: 1 year with option to renew
- Income Limit: None
- Application Type: Paper Application (see website)
- Application Processing: 4-6 Days
- Required Documentation to be included with the application:
  - Must provide proof of identity
  - Must provide proof of Washington State residency or homeless declaration
  - Must provide proof of insurance
- If approved for PrEP-DAP, you will receive notification within your billing information for access to Truvada. You must go to a contracted pharmacy with PrEP-DAP. To locate a pharmacy in your area go to [http://www.ramsellcop.com/individuals/wa.aspx](http://www.ramsellcop.com/individuals/wa.aspx) and search under Pharmacy Locator.
Questions
Resources

• Centers for Disease Control and Prevention (CDC):
  o STDs
  o HIV/AIDS
• Rainbow Center
• Oasis Youth Center
• Tacoma-Pierce County Health Department
• Washington State Department of Health

• Office of Superintendent of Public Instruction:
  o HIV & Sexual Health Education
  o Instructional Material Review
• Pierce County AIDS Foundation
• Advocates for Youth
• Sexuality Education Council of the United States
Marijuana And Vaping Use In Youth

Debbie Cooley
Disease Investigation Specialist
Tacoma-Pierce County Health Department
I-502 Marijuana Legalization in Washington State

Persons 21 and over can legally purchase, possess and use:
  • One ounce of useable Marijuana.
  • 16 oz. of marijuana infused product in solid form; or
  • 72 oz. of marijuana infused product in liquid form.

It is illegal to drive under the influence of Marijuana:
  • THC levels greater than 5 nanograms per milliliter of blood.
  • Blood test must be done to determine THC blood levels (no breath).

It is illegal to consume marijuana in the view of the general public.
What We Know At This Time

- Marijuana is addictive.
- There are health consequences associated with marijuana smoke.
- There are health risks to infants of mothers who use medical or recreational marijuana.
- Driving while under the influence of marijuana is not safe.
- Youth marijuana use is associated with higher addiction rates, lowered IQ, and academic failure.
- Anxiety, Depression, and existing Mental Health conditions.
- **Additional concerns:** Edibles, E-devices, Regulation of the Medical Market.
Today’s Marijuana

Methods of Marijuana Consumption

• **Smoking** - most traditional form of ingesting marijuana.

• **Vaporizing** - inhaling active ingredients in marijuana through a vapor instead of smoke.

• **Edibles** - marijuana is infused into foods and/or drinks and are eaten.

• **Topicals** - lotions, salves, balms, and sprays that are applied directly to the skin.

• **Tinctures** - a concentrated form of marijuana in an alcohol solution that can be dropped under tongue.
Why “Vape” Marijuana?

• Get higher, faster.
• Limited odor.
• Discretion and “stealth vaping”.
• Perceived as healthier than smoking.

There are two vaping definitions:

1. **Process** of heating and inhaling the essential oils from the plant—which means for cannabis vaping isn’t limited to liquids (**vaporizing**).

2. **Act** of using a e-cig or vape pen device.
Marijuana “Waxes”

- Butane Hash Oil (BHO) is a wax-like or pollen-like residue.
- Placed directly onto coil that is then turned on.
- Need temperatures to reach 350-450°F to release cannabinoids
Vaping & Dabbing: Not quite the same

Dabbing is a specific way to vape* BHO.

- A blowtorch is used to heat a metal “nail” to over 900°F.
- This BHO is then dropped through the nail, releasing a short burst of vapors that passes through a water pipe and then inhaled.
Vaping & Dabbing: Not Quite the Same

Dabbing is perceived as highly dangerous and vaping is preferred.

- Use of a blowtorch and EXTREMELY high temperatures.
- Super heating effect releases other chemicals.
- Note that the concerns about explosions are in extraction, not dabbing.

Vaping BHO from a pen is not the same a dabbing because the vape pen could never heat as hot (although some are trying).
Vaping Other Substances

Evidence is from internet, media, and anecdotal:

- Methamphetamine.
- Cocaine.
- Heroin.
- Bath salts.
- Liquid Synthetic Cannabinoids (Spice, K2).
Is Vaping Marijuana Healthy?

Similar story as nicotine e-cigarettes

- Long-term effects are unknown because use is new.
- Healthier than combustible smoking, but not expressly “healthy”.
- Formaldehyde formation concerns are more real here since cannabis vapes do use higher temperatures (higher voltage) than nicotine vapes.

Concerns for other chemical production due to high heat and melting of solder in the device.
Smokeable Marijuana
Smokeable Marijuana (contd.)
Edibles
Vaping
Topicals & Tinctures
Topicals & Tinctures (contd.)
Advertising Isn’t Limited to the Product Itself
What Parents Should Know

- **Marijuana is Addictive:** Most Teens that enter into Treatment Programs in WA State report that Marijuana is the main or only drug they use.

- **Talk to Your Kids About Marijuana:** Teens who use marijuana often start by age 14. Parents should have ongoing conversations by 4th or 5th grade.

- **Express a No Use Attitude:** Studies have shown that parents are the #1 influence in their children's lives.

- **Monitor your Children:** Ensure that rules are being followed, remain actively involved in your child’s life, and know who their friends (and friends parents) are.

- **Monitor your Own Behaviors:** You are a role model to your child. Avoid heavy drinking around your child. Do not use marijuana around your child.
What Adult Consumers Should Know

- Do not use marijuana in the view of the public or where smoking in public places laws are in effect.

- Never provide marijuana to a minor.

- Lock up and keep your marijuana out of the reach of children.

- Do not drive while under the influence of marijuana.

- Potential Consequences of Use: Family; Legal; Employment; Social; Health.

What Educators Should Know

• **Educate staff on referral process:** Ensure all staff (not just teachers) knows what to do if they suspect a student is under the influence.

• **Enforce substance use policies and help students to succeed:** Studies have shown that students who use tobacco and other drugs tend to earn poorer grades, have frequent absences, habitually skip class, and get suspended more often.

• **Perceived social acceptance of drug, alcohol and tobacco use by adults influences adolescent use behaviors:** Schools can reduce the observation of substance use at all times, every day through enforcing drug free campus policies.

• **Know your local resources:** If a student and/or family is in need of substance abuse services have the ability to provide area resources. You can identify these resources by contacting the RECOVERY HELPLINE- [www.warecoveryhelpline.org](http://www.warecoveryhelpline.org) or 1-866-789-1511.
What Communities Should Know

• Encourage the enforcement of marijuana smoking in public places laws, and adopt policies that restrict marijuana use at community events.

• Implement social norms messaging that help to increase the perception of harm, of marijuana use and potential consequences of such.

• Host Community Awareness Sessions. Help community understand the public health burden and impacts of marijuana use, especially among our youth.

• Offer education sessions for youth and families that focus on increasing protective factors and reducing youth marijuana use. (look to evidence based programs/curriculum).
Youth Use of E-cigarettes

- Tripled among middle & high school in the past year.
- 23% of 12th graders used e-cigarettes.
- 20% of 10th graders used e-cigarettes.
Increasing Trend

“During 2011-2015, substantial increases in current e-cigarette use among middle and high school students were reported, resulting in an estimated total of 3.0 million middle and high school e-cigarette users in 2015.”
Increasing Youth Trend

Washington Healthy Youth Survey past 30-day e-cigarette use:

- 6th grade: N/A
  - 1% smoke cigarettes.
- 8th grade: 8%
  - 4% smoke cigarettes.
- 10th grade: 18%
  - 8% smoke cigarettes.
- 12th grade: 27%
  - 18% smoke cigarettes.
Can You Tell The Difference?
Gateway to Tobacco

E-cigs as an entry into traditional tobacco use

- E-cigarette using youth have higher “willingness” to smoke cigarettes.
- E-cigarette users almost 3X as likely to initiate cigarette smoking a year later (9th graders in LA).
- E-cigarette users almost 8X as likely to initiate cigarette smoking a year later (young adults in CT).

32% of current adult users of nicotine vapor products are not former smokers or had previously quit smoking.
Where Are We Now?

- FDA Released NEW RULES on May 5th, 2016.
- FDA can regulate E-Cigarettes, cigars, hookah tobacco, and pipe tobacco according to the Tobacco Control Act.
- Nationwide 18 and over restriction.
- Manufacturing establishments and reporting of ingredients.
- Premarket review by FDA; All devices since February 2007 must get approval (3-year roll-out).
- Health warnings on packages and advertising.
- Modified risk has to be authorized (“light”, “low”, “mild”).
Where Are We Now? (contd.)

State legislation has sought to address:

- Taxes
- Age restriction
- Labeling
- Child-resistant packaging
- Appealing packaging/Cartoony nature of labels
- Flavoring
FDA rules enforcement began August 8, 2016.

- Influx of new products to the market between May and August.


- Child Nicotine Poisoning Prevention Act signed by President Obama 1/28/2016.
Washington State Senate Bill 6328

- Child-resistant packaging required.
- Better warning label and information on package.
- Doubles fines for selling to youth (age maintained at 18).
- Vape shops under regulation by Liquor Cannabis Board like Tobacco Shops.
- Increases licenses to ($175) for both tobacco ($93) and vape ($0) and links tobacco and vape licenses in terms of penalties.
- Tightens internet purchasing requirements.
- Allows local jurisdictions to make laws for indoor area use, and bans vaping near areas where children congregate.
Our Current Outlook

County ordinances passed:

- Clark County
- Snohomish County
- Tacoma-Pierce County
- San Juan County

A Few of the County Rumblings that we know of:

- King County
- Kitsap County
- Spokane County
- Wahkiakum County
Local, State and Federal Regulations

- Additionally, are local, state and federal regulations that protect youth. It is not legal to provide or sell vapor or tobacco products to youth and it is not legal for youth to use or possess vapor products.

- Vaping indoor public places and all places of employment is prohibited. Vaping in outdoor public places where children congregate is prohibited.

- Additional information about youth use rates can be found at www.askhys.net.
Resources

- Seattle Children’s Talking to Your Kids About Marijuana booklet.
- Start Talking Now [webpage](#) and [Facebook](#) (Washington Healthy Youth Coalition).
- [Washington Poison Center Toxic Trend Reports](#).
- [Public Health Seattle-King County Tobacco Prevention Program](#).
- [Healthy King County Coalition](#).
Questions?

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Clock Hours

- Three clock hours available.
- Cost:
  - $10.
- Checks:
  - Make payable to “PSESD.”
- Cash:
  - Exact change appreciated.
- You must sign in on the roster.
Questions
Thank you

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