

Testimony: In Favor: Oregon SB 732: Age 21 for Nicotine & Tobacco Products

Date: 4/15/15

To: Floyd Prozanski Chair Senate Committee On Judiciary

Chairperson Prozanski and Members of the Committee. Thank you for allowing me to submit testimony in strong support of SB 732, which would limit the sales and purchase of all nicotine and tobacco products including inhalants such as electronic cigarettes to those over the age of 21.

According to the U.S. Surgeon General, 5.6 million American children alive today will die prematurely from smoking unless our trajectory changes. Of those who die, 68,000 will be children of Oregon. Issued just one month ago, a Congressionally-mandated 347 page report compiled by the U.S. Food and Drug Administration and the Institute of Medicine focused on a way to reduce this tragic toll: take tobacco to age 21.

The report entitled: *Public Health Implications of Raising the Minimum Age of Legal* Access to Tobacco, details the overwhelming evidence that this policy, if adopted nationally, would result in 4.2 million fewer years of life lost for kids alive today. Using very conservative assumptions, the report indicates that this policy alone would result in a 12% decrease in tobacco use.

Already, legal access to handguns, alcohol, casino gambling, and (where legal) marijuana is limited to those over 21. Nicotine and tobacco kill five times as many people as any of these other high-risk activities. There is no logic to this discrepancy.

Nicotine addiction is a pediatric disease. 95% of smokers started before age 21. The increasing weight of neuro-biological evidence underscores what parents and teachers of adolescents already know: kids' developmental urge for exploration, independence, adulthood and peer acceptance encourages them to take risks that most adults would not. This drive also puts them squarely in the crosshairs of predatory marketing by tobacco and nicotine purveyors.

Those who profit from sales to adolescents will make two principal arguments against age 21. The first, that "if you're old enough to fight, you're old enough to smoke." Comparing service to one's country with early addiction to a deadly product begs an appeal to reason. Moreover, the armed services now recognize that smoking clearly impairs readiness. This deadly habit also imposes extraordinary costs, both in premature deaths of our troops and veterans, as well as reductions in scarce monetary resources devoted to our defense.

The second argument by retailers is one of lost revenue. "I'll lose a lot of cigarette sales and all the other things they buy, and they'll just get it somewhere else." Vendors

will also point to lost tax revenue to the state. The facts suggest otherwise. Sales to those 18-21 comprise only 2.1% of all tobacco sales. And in the 59 cities covering almost 12 million people that have already adopted age 21, there has been no evidence of significant retailer injury.

The 2% tax loss will almost immediately be offset by reductions in Medicaid expenditures, most dramatically in the area of smoking during pregnancy. Young women, ages 18-21, have the highest rate of pregnancy smoking. That rate is often 50% higher than older women. Mothers who smoke have twice the rate of infant mortality, and suffer much higher rates of miscarriage, stillbirth, premature birth, small babies, birth defects and sudden infant death syndrome. Long hospital stays and possible life-long infant disabilities are costly to Medicaid, and devastating to the families involved. Addiction prevention is the key.

One final word about alternative nicotine products. E-cigarettes, hookahs, vapor devices and small cigars are sweeping the adolescent market. Some claim that these devices reduce dangerous traditional cigarette use. That may or may not be true. Time will tell. What we do know is they cause nicotine addiction and long-lasting changes to sensitive neuro-receptors in the adolescent brain. For adolescents and pregnant women, it is the nicotine that causes the damage, not the tars. These products should also move to age 21, and we fully support their more explicit and expanded definition.

In summary, the scientific and social evidence that age 21 works to prevent death, save babies and reduce costs is overwhelming and the popular support for raising the age of fale of tobacco products tops 70%. The opponents are... blowing smoke. Please better protect Oregon's children.

Sincerely,

Rob Crane, MD Associate Professor – Clinical Department of Family Medicine Wexner Medical Center The Ohio State University

Board Chair Preventing Tobacco Addiction Foundation 5600 Dublin Road Dublin, OH 43017 614-766-2211