



February 26, 2025

Oregon Senate Committee on Early Childhood and Behavioral Health
900 Court St. NE
Salem, Oregon 97301

Sent via online portal at
<https://olis.oregonlegislature.gov/liz/2025R1/Testimony/SECBH/SB/702/0000-00-00-00-00?area=Measures>

Dear Committee,

Thank you for the opportunity to provide written testimony on your currently-considered bill, Senate Bill 702. The National LGBTQI+ Cancer Network works to improve the lives of cancer survivors and those at risk by: 1) educating the community about our increased cancer risks and the importance of screening and early detection; 2) training health care providers to offer more culturally-competent, safe and welcoming care; and 3) advocating for LGBTQI+ survivors and communities regarding issues of health and quality of life as they relate to cancer risk. It is under the auspices of this third prong of our mission that we write to you today.

A. LGBTQI+ Flavored Tobacco Disparities

The National LGBTQI+ Cancer Network urges the Senate Committee on Early Childhood and Behavioral Health to advance SB 702, a bill which proposes to end the sale of flavored products with tobacco or nicotine in the state of Oregon. The

disparities in menthol and flavored tobacco use among LGBTQI+ communities, young people, and communities of color are stark and urgent. Our current understanding of these disparities is the culmination of decades of research and advancement of public health, both nationally and in Oregon specifically.

1. Overview of LGBTQI+ Presence in Oregon

The Williams Institute estimates that [5.6% of Oregon residents identify as LGBTQI+](#), making it the populous state in the country for LGBTQI+ communities (and second only to DC overall). Members of LGBTQI+ communities are particularly represented among younger generations, with over 50% of Oregon's adult LGBTQI+ population between the ages of 18 and 34. Although data regarding youth populations is less readily available, it is estimated that [207,000 people 13 and older](#) identify as LGBTQI+. The [2019 Oregon Health Teens Survey](#) found that 9.9% of 8th graders and 12.6% of 11th graders identified as gay, lesbian, or bisexual, while 6.1% of 8th graders and 5.5% of 11th graders identified as transgender or nonbinary. In short, LGBTQI+ communities are very present in Oregon, especially among adolescents and young adults.

2. Overview of LGBTQI+ Use Disparities

The age demographic information discussed above is important to understand, because studies show that [LGBTQI+ youth and young adults](#) use [both tobacco products and tobacco substitutes](#) at a higher rate than their peers, and their peers are already using these products at high rates. A review of the [2019 Oregon Healthy Teens Survey](#) shows that [tobacco product use is prevalent](#) among Oregon gender-nonconfirming and nonbinary youth in both [8th](#) and [11th grade](#). This trend is consistent across the board for nearly every single tobacco use question asked for both grades, including several flavored tobacco categories such as menthol cigarettes, flavored cigarillos, and hookah. Among 8th grade students in particular, use rates were more than double for cigarette use (including menthol cigarettes) and flavored cigarillos in the previous 30 days, as well as for quit attempts in the past year. Similarly, 8th grade gender-nonconforming and nonbinary students reported using flavored vapes at higher rates than their cisgender counterparts, with nearly a quarter reporting that they have used flavored products and 11.4% reporting current use. 11th grade students reported using flavored products at even higher rates among

all three gender groups, with 30% of gender-nonconforming and nonbinary students reporting they have used them and 18.1% reporting current use.

More recently, a 2022 national survey which gathered sexual orientation and gender identity information indicates that [sexual minority middle schoolers are twice as likely](#) to use tobacco, while [transgender middle schoolers are three times](#) more likely. Similarly, 2023 data suggest that [rates of tobacco use are rising among middle schoolers](#) in general. In general, LGBTQI+ people are [more likely to try their first cigarette](#) before age 13, which was reflected in the Oregon Healthy Teens Survey for both 8th and 11th grades.

Studies also show that youth who use tobacco [overwhelmingly use flavored products](#), with about a quarter of adolescents [using menthol products specifically](#). LGBTQI+ adolescents use flavored tobacco at even higher rates nationally, with nearly 90% of LGBTQI+ adolescents who use tobacco using flavored products.

Although research consistently shows that [smoking increases anxiety and tension](#), communities of color and LGBTQI+ populations are [targets of aggressive marketing](#) even today that [portray tobacco as a coping mechanism](#) for stress. This, combined with a [massive spike in minority stress](#)—chronic stress due to social stigmatization, discrimination, and marginalization—leads to detrimental health outcomes. For communities of color and LGBTQI+ individuals, minority stress is compounded by discriminatory laws and policies which are becoming more numerous every day at the federal level.

3. Intersection of Race and LGBTQI+ Identity

The disparate tobacco use described above increases even further when factors like race, gender identity, and sexual orientation intersect, as heightened stress and targeted marketing towards these marginalized groups makes rates higher in communities of color as well. For example, national research in 2021 shows that [about 3.1% of non-Hispanic Black youth were smoking cigars, compared to 1.4% of their non-Hispanic White counterparts](#). According to nationally representative data, LGBT, Black, and Hispanic

adolescents are [more likely to engage with at least one form of online tobacco marketing compared to heterosexual and White counterparts](#), increasing their risk of initiating smoking. These trends of higher use are also reflected in [the racial data](#) from the 2019 Oregon Healthy Teens Survey for both 8th and 11th grade.

4. A Note About Menthol

In particular, it is important to understand that [menthol is a key initiating product](#) for LGBTQI+ people and [makes cessation harder](#), causing disproportionate menthol use of both combustible tobacco and e-cigarettes for LGBTQI+ communities. [It is well-documented](#) that menthol makes it easier for LGBTQI+ and communities of color to start smoking and harder for us all to quit. To help end tobacco disparities and help our communities live healthy and happy lives, sale of menthol tobacco and other flavored tobacco products must end.

B. Conclusion

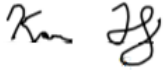
Oregon must adopt a public health approach to address substance use. Responsible laws regarding sale of products are one thread in a much larger tapestry, and creating systems that offer robust community support through public health and organizational intervention is essential. This includes implementing comprehensive tobacco cessation programs tailored to the needs of communities of color and LGBTQI+ populations. Organizations also should be empowered with resources and training to implement these changes effectively, ensuring economic viability and addressing community impact proactively.

A shift toward a public health approach that emphasizes education, support, and community engagement is crucial to effectively and equitably address tobacco use. We urge this Committee to consider these broader social implications and work towards more just and inclusive solutions.

Thank you for your consideration of this important bill, which will improve health outcomes and reduce cancer rates for LGBTQI+ Oregon residents of all ages. We

sincerely hope that you will end the sale of menthol and other flavored tobacco products in Oregon.

Sincerely,

A handwritten signature in black ink, appearing to read "Kara JH".

Kara Hurvitz, Esq.

Policy Counsel and Manager

National LGBTQI+ Cancer Network

The National LGBTQI+ Cancer Network works to improve the lives of LGBTQI+ cancer survivors and those at risk by educating the LGBTQI+ communities about our increased cancer risks; training healthcare providers; and advocating for LGBTQI+ engagement in mainstream cancer organizations. Learn more at cancer-network.org.