## **Oregon Public Health Division**

## Health Promotion & Chronic Disease Prevention Section



Tina Kotek, Governor

Date March 4, 2025

TO: The Honorable Lisa Reynolds, Chair

Senate Committee on Early Childhood and Behavioral Health

FROM: Naomi Adeline-Biggs, MBBS, MPH, Public Health Director

Public Health Division Oregon Health Authority

SUBJECT: SB 702 – Ending sale of flavored tobacco

Chair Reynolds and members of the committee, Oregon Health Authority's (OHA) Public Health Division is pleased to provide information on SB 702.

This bill ends the sale of flavored inhalant delivery systems (IDS) and other flavored tobacco products in Oregon, closes regulatory loopholes and decreases youth access to addictive nicotine products. OHA has no position on this bill but wishes to provide facts on this critical topic.

Ending the sale of flavored nicotine products is an evidence-based strategy to confront the youth e-cigarette epidemic. More than three in four Oregon youths who use tobacco use flavored tobacco. Many young people are unaware of how harmful these products are or even that they contain nicotine. With more than 15,000 e-cigarette flavors on the market, candy-flavored tobacco products are widely available in nine out of every ten tobacco retail stores in Oregon. Flavors make it easy for youths to start using tobacco products, and addictive nicotine makes it hard to stop. Flavored tobacco products appeal to young people through their packaging and design, while flavors mask the harsh taste and feel of tobacco. Mint and menthol are among the most popular flavors.

For decades, the tobacco industry has aggressively marketed tobacco products to young people, people who have faced racism and other discrimination, people who are stressed or struggling, and people with low incomes. The Black/African-American community in particular has been the target of heavy promotion and marketing of menthol products. Menthol is a flavor additive that creates a cooling sensation when inhaled, making smoke less harsh, more appealing, and easier to initiate. iv 61% of Black/African-American adults in

Oregon who smoke cigarettes use menthol, a much higher rate compared to 17% of White residents.<sup>v</sup>

In addition to prohibiting flavored tobacco products, SB 702 would close several tobacco regulatory loopholes. SB 702 would add synthetic nicotine to the definition of tobacco products, which means that the Oregon Tobacco Retail License Program would have the authority to enforce evidence-based retail regulations like the minimum legal sales age on this new wave of products. Synthetic nicotine products emerged on the market after a growing number of tobacco manufacturers switched to using synthetic nicotine to evade regulation and continue marketing their products to youth. These products are not currently regulated in Oregon, and they are available in kid-friendly flavors like Berry and Dragon Fruit. Oral nicotine products are the second most popular category of nicotine products among youth, and they would not be covered in the flavor prohibition unless they are defined in Oregon law. SB 702 would close regulatory loopholes to ensure comprehensive and consistent regulation of emerging nicotine products and reduce tobacco initiation, exposure, use, and lifelong addiction.

SB 702 also closes two other regulatory loopholes. The bill would remove tobacco products and IDS from prize machines where youth can win them without age verification. It would also close a loophole that allows online sales of tobacco products if they are delivered by a retail employee. Tightening regulation of remote sales of tobacco products and IDS will decrease youth access to these harmful products without proper age verification. Improving online sales requirements allows for consistent and equitable enforcement. Consistent and equitable enforcement aims to hold licensed retailers accountable for selling to youth, instead of penalizing youth who are addicted to tobacco.

Everyone should have access to safe, inexpensive, and effective ways to quit nicotine addiction. Nearly two-thirds of people in Oregon who smoke want to quit, and more than half of adults who use e-cigarettes also want to quit. But flavored e-cigarettes and oral nicotine products are not an evidence-based way to quit tobacco. A study using data from the National Youth Tobacco Survey found that youth who used e-cigarettes to try to quit other tobacco products had lower odds of having stopped smoking cigarettes than those who did not use e-cigarettes to try to quit. Oregon data shows that about one-third of adult e-cigarette users don't stop smoking cigarettes – instead, they continue using both products.<sup>vi</sup>

Oregon has made a concerted effort to ensure everyone in Oregon has access to safe, effective ways to quit nicotine addiction. That is why the Oregon Tobacco Quit Line and

FDA-approved medications are free to everyone in Oregon. Just last year, the Oregon Tobacco Quitline began offering a menthol enhancement program that provides coaching specifically for those who use menthol products. People in the menthol enhancement program can receive up to 12 weeks of free Nicotine Replacement Therapy. Additionally, the Oregon Health Authority funds a text-based cessation program for youth through the Truth Initiative and invests in community-driven quit smoking supports through a new Public Health Equity Grant Program and Local Public Health Authority funding. Investing in culturally specific, evidence-based resources builds community resilience, reduces the burden of addiction in Oregon and moves the state toward health equity.

Thank you for the opportunity to offer information on a bill that could take important steps toward reducing youth nicotine addiction and reducing tobacco-driven health inequities.

<sup>&</sup>lt;sup>1</sup> Oregon Student Health Survey; Behavioral Risk Factors Surveillance System. Unpublished data.

Willet JG, Bennett M, Hair EC, Xiao H, Greenberg MS, Harvey E, Cantrell J, Vallone D. Recognition, use and perceptions of JUUL among youth and young adults. Tobacco Control. 2018:28(1):115-116.

iii Oregon Health Authority. Tobacco and Alcohol Retail Assessment, 2018. https://smokefreeoregon.com/latest/reports/

<sup>&</sup>lt;sup>iv</sup> Tobacco Products Scientific Advisory Committee. "Menthol Cigarettes and Public Health: Review of the Scientific Evidence and Recommendations." US Department of Health and Human Services, Food and Drug Administration, 2011.

<sup>&</sup>lt;sup>v</sup> Oregon Behavioral Risk Factor Surveillance System.

vi Unpublished analysis, BRFSS 2023