

TO: Senate Committee on Finance and Revenue

FROM: Iris Maria Chavez, Oregon Coalition of Community Charter Schools

DATE: May 21, 2025

RE: Support for Senate Bill 702A

Dear Chair Meek, Vice Chair McLane, and members of the Committee:

Smoking is the leading cause of preventable death and disease in Oregon, and nearly all tobacco use begins during youth and young adulthood. According to pediatricians, cigarette smoking can set kids up for a lifetime of nicotine addiction and serious health conditions like heart disease and lung disease.

E-cigarettes are the most popular tobacco product among Oregon teens, with over 10% of 11th graders using them in the past month. Today, some disposable e-cigarettes can contain more nicotine than 200 cigarettes, which put youth users at greater risk for addiction. Tobacco companies knowingly market harmful products to young users. Flavored products like cool mint, watermelon ice, and cotton candy attract and hook new young users. These tactics are working: nearly 90% of youth e-cigarette users use flavored products.

SB 702A Makes Important Progress in Stopping the Use of Flavored Tobacco by Young People

SB 702A takes important steps to significantly reduce access to flavored tobacco products and ensure that they are not being sold to kids. By requiring these products to only be sold in licensed OLCC liquor stores, we will be taking important, meaningful steps to address this public health crisis.

- There are currently 2,800+ tobacco retail license holders in Oregon and this legislation will reduce that number to 282 possible retailers - and likely less if the Oregon Supreme Court affirms the Appeals Court ruling upholding county ordinances prohibiting the sale of flavored tobacco products in Oregon's two-most populated counties.
- OLCC licensed liquor establishments prohibit entry to individual under 21 unless accompanied by a parent, unlike grocery and convenience stores that regularly sell a variety of other products to minors. This, along with the mandatory nature of age verification, will create stronger safeguards against underage purchases.

¹ Oregon Health Authority, Oregon Student Health Survey.

² Results from the FDA 2024 Annual National Youth Tobacco Survey.

- It will establish regulatory authority over nicotine pouches. That will bring Zyn and like products under Oregon regulatory authority to ensure that inspectors can prevent these products from getting to kids including the unflavored version.
- It will clarify and preserve the ability of local jurisdictions to end the sale of flavored tobacco products altogether.

The Legislature Should Act This Session on This Public Health Crisis

With the declining sales of cigarettes, the tobacco industry is desperate to find ways to hook a new generation of users. We have seen this in recent years with the explosion of vaping and the more recent surge in sales of nicotine pouches. Nicotine is an extremely addictive drug and once someone is hooked it can be very difficult to stop. That path to addiction can set up young people for a lifetime of health complications. Each time this legislature fails to act, we are condemning more young Oregonians to this fate - and ourselves to the dramatic economic costs tobacco use imposes on our health care system and society. We urge you to take action now.

Senate Bill 702A is a reasonable, urgent step we should take to protect the health of Oregon kids – and that's why we urge Oregon legislators to pass it.

Additional Statistics

- 5,500 Oregonians die from smoking every year.³
- 95% of adults who smoke report they started before age 21.4
- 88% of youth e-cigarette users use flavored products.5
- \$1.79 billion in annual health care costs in Oregon directly caused by smoking each year.⁶
- \$373.6 million Medicaid costs caused by smoking in Oregon each year.⁷

³ CDC, Best Practices for Comprehensive Tobacco Control Programs, 2014.

⁴ Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, 2014.

⁵ Results from the FDA 2024 Annual National Youth Tobacco Survey.

⁶ CDC, Best Practices for Comprehensive Tobacco Control Programs, 2014. Adjusted to 2018 dollars by the CDC's methodology of using the Bureau of Economic Analysis' price indexes for Gross Domestic Products).

⁷ CDC, State Data Highlights, 2006 [and underlying CDC data/estimates], stacks.cdc.gov/view/cdc/11827. The listed Medicaid program expenditure includes the state and federal portions. State Medicaid program expenditures may be conservative because they do not account for increases in utilization nor reflect the effects of Medicaid expansion under the Affordable Care Act. Adjusted to 2018 dollars by the CDC's methodology of using the Bureau of Economic Analysis' price indexes for Gross Domestic Products).



⁸ Shrestha, SS, et al., "Cost of Cigarette Smoking–Attributable Productivity Losses, U.S., 2018," AJPM, July 27, 2022.