

May 16, 2025

Senate Committee on Finance and Revenue

RE: Support for Senate Bill 702A

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

On behalf of Northwest Family Services (NWFS), I am writing in support of SB 702 A to reduce access to flavored tobacco products and ensure they are not being sold to kids.

Since 1983, NWFS has supported family stability, child well-being, and victims of crime by addressing social determinants of health. We are a culturally responsive organization with a wide array of programs that address basic needs, behavioral health, health navigation, housing stability, and youth empowerment in the Portland and Salem metro areas.

E-cigarettes are a major threat to the physical and mental well-being of our community. In Oregon, smoking is the leading cause of preventable death and disease, and nearly all tobacco use begins during youth and young adulthood. E-cigarettes are the most popular tobacco product among Oregon teens, with over 10% of 11th graders having used them in the past month.¹ This trend is especially concerning considering the addictive nature of these products. E-cigarette use is relatively inconspicuous due to their fruity scents, allowing for more frequent use and allowing youth to use these products at home and school without detection from parents and teachers. Nearly 90% of youth e-cigarette users use flavored products.^[ii] In addition, e-cigarettes can deliver massive doses of nicotine, which puts youth at greater risk for addiction.

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

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.

- 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.

Restricting the sale of flavored tobacco is necessary to reduce preventable death and disease, and it will protect young people against the tobacco industry's efforts to create lifelong tobacco users. We urge you to prioritize the health and safety of Oregon's youth by supporting SB 702 A. We appreciate your commitment to protecting youth.

Thank you,



Additional Statistics

- 5,500 Oregonians die from smoking every year.^[iii]
- 95% of adults who smoke report they started before age 21.^[iv]
- 88% of youth e-cigarette users use flavored products.^[v]
- \$1.79 billion in annual health care costs in Oregon directly caused by smoking each year.^[vi]
- \$373.6 million Medicaid costs caused by smoking in Oregon each year.^[vii]
- \$3.7 billion smoking-caused productivity losses in Oregon each year.^[viii]

^[i] Oregon Health Authority, Oregon Student Health Survey.

^[ii] Results from the FDA 2024 Annual National Youth Tobacco Survey.

^[iii] CDC, *Best Practices for Comprehensive Tobacco Control Programs*, 2014.

^[iv] Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, 2014.

^[v] Results from the FDA 2024 Annual National Youth Tobacco Survey.

[vi] 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).

[vii] 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).

[viii] Shrestha, SS, et al., “Cost of Cigarette Smoking–Attributable Productivity Losses, U.S., 2018,” *AJPM*, July 27, 2022.