

March 23, 2015

Chair Monnes Anderson and Members of the Senate Health Care and Human Services Committee, thank you for the opportunity to testify today in support of House Bill 2546A and Senate Bills 415 and 416.

As a family doctor with board certification in preventive medicine and public health, I have spent nearly 10 years working in primary care and public health in the Portland metro area.

I currently serve as the Deputy Health Officer in Multnomah County where our Board of Health recognizes that unregulated electronic cigarettes, vape pens, and inhalant delivery systems represent an urgent public health issue. The Board recently passed an ordinance banning the sale of electronic cigarettes to minors and including them in the County's Smokefree Workplace law.

Let me begin by emphasizing that nicotine is not just the highly addictive substance in tobacco. It has its own health effects including accelerated heart and vascular disease, and is associated with low birth weight and prematurity when used by pregnant women. Animal models suggest long-term structural changes occur in the brains of youth exposed to nicotine, notably in the areas controlling intellect and the brain's reward pathways.¹

Adolescents and young adults are particularly susceptible to the addictive effects of nicotine because their brains are still developing and in fact the vast majority of smokers begin before age 18. Studies show an association between youth nicotine use and behavioral problems in later life such as depression, anxiety and other substance abuse.²

Not everyone realizes that electronic cigarettes are unregulated. They are available for purchase by anyone of any age. We know young people are increasingly using electronic cigarettes. This should come as no surprise since they are obvious targets for the billions of dollars spent marketing these products. Public health surveys have confirmed increasing use of these products among young people in Oregon.³

¹ US Department of Health and Human Services, The Health Consequences of Smoking – 50 years of progress. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

² U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

³ Oregon Public Health Division. CD Summary: E-cigarettes: Smokeless does not mean harmless. December 31, 2013 Vol.62, No 27.

Adolescence is a pivotal time in the life course where health is concerned. Prohibiting the sale of these products to our kids is an urgent public health priority.

Sadly, these nicotine products are making their way into the hands of our youngest children. According to the American Association of Poison Control Centers, the number of cases managed by Poison Control Centers involving e-cigarettes containing nicotine rose from almost 300 in 2011 to more than 3000 in 2014; about half of these calls were in children under age six.⁴ Last December a one year old in New York died after ingesting liquid nicotine.⁵

As you consider the regulation of electronic cigarettes, please keep in mind that a meaningful attempt to keep young people from purchasing these products must include a conversation about the tobacco retail environment. Multnomah County is looking closely at the tobacco retail environment since we have one of the highest rates of illegal sales of tobacco to minors in the *country*. Oregon is one of only 11 states that does not require a license to sell tobacco, the leading cause of preventable death.

I would like to add my explicit support for the language in HB 2546A that includes electronic cigarettes in Oregon's Indoor Clean Air Act. Protecting youth from nicotine addiction means maintaining our social norms that prohibit tobacco and nicotine use in public settings. Young people are watching their peers and the adults around them closely to establish their norms for adult behavior. We know that when young people perceive smoking to be the norm they are more likely to smoke.⁶

In addition, there is a growing body of evidence that electronic cigarette vapors are not just "water vapor." The science is limited because of the variability in liquid nicotine ingredients, but studies have detected varying levels of nicotine, carcinogens, volatile organic compounds, metals and other chemicals; users exhale fine particles which, like secondhand cigarette smoke, can penetrate deep into the lungs and blood stream.⁷ The fact that these particles are exhaled means bystanders can be exposed and "passively vape."⁸ Please apply the precautionary principle and consider the rights of those who choose not to use these products or be exposed to them in the workplace and other public places. From a purely practical standpoint, including electronic cigarettes in the Indoor Clean Air Act provides for a statewide solution rather than a patchwork of policies that will be difficult to enforce.

⁴ E cigarette devices and liquid nicotine. Retrieved February 6, 2015, from <http://www.aapcc.org/alerts/e-cigarettes/>

⁵ N.Y. Toddler Dies From Liquid Nicotine Poisoning. (2014, December 15). Retrieved February 6, 2015, from <http://www.webmd.com/parenting/news/20141215/toddler-dies-liquid-nicotine>

⁶ U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

⁷ Grana, R., N. Benowitz, and S. Glantz, Background Paper on E-cigarettes. Center for Tobacco Control Research and Education, University of California, San Francisco and WHO Collaborating Center on Tobacco Control, 2013

⁸ Schripp, T., et al., Does e-cigarette consumption cause passive vaping? *Indoor Air*, 2012. 23(1): p. 25-31.

Banning the sale of flavored tobacco as called for in Senate Bill 415 is another potential public health strategy for protecting youth. For new users the taste of plain tobacco is often harsh and unpleasant, but sugar and other flavorings mask the taste and make it easier for users to continue. Tobacco industry internal documents uncovered during litigation show that manufacturers have long regarded flavored merchandise as “starter” products.⁹

Finally, I would urge you to pass Senate Bill 416; smoke shops should pay for the cost of doing business, just as other regulated businesses do. Tobacco Prevention and Education Program (TPEP) funds remain the front line against the billions of dollars spent on marketing by the tobacco industry. TPEP dollars help maintain the Oregon tobacco quit line and provide funding to local health departments to implement community tobacco prevention and education programs that are grounded in best practices.

Thank you for the opportunity to weigh in on these vital pieces of legislation.

Respectfully,



Jennifer Vines, MD, MPH
Deputy Health Officer
Multnomah County Health Department

⁹ FDA “Fact Sheet – Flavored Tobacco Products” accessed March 13, 2015:
<http://www.fda.gov/downloads/TobaccoProducts/ProtectingKidsfromTobacco/FlavoredTobacco/UCM183214.pdf>

