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TO: The Honorable Laurie Monnes Anderson, Chair
The Honorable Jeff Kruse, Vice Chair
Senate Committee on Health Care

FROM: Karen Girard, Manager
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Subject: SB 754, Raising the minimum age for tobacco purchase to 21

Chair Monnes Anderson and members of the committee, I am Karen Girard, the Health Promotion and Chronic Disease Prevention Manager for the Oregon Health Authority.

Oregon's Tobacco Prevention and Education Program (TPEP) is an evidence-based program that is highly effective. Since TPEP started in 1997, cigarette consumption in Oregon has been reduced by 50%.ⁱ TPEP works in partnership with local public health authorities and tribes to prevent and reduce tobacco related deaths in every Oregon community.

Despite declines in tobacco use, it still remains the No. 1 preventable cause of death and disease in Oregon. Tobacco is responsible for over 7,000 deaths in Oregon each year.ⁱⁱ

Most addiction to tobacco starts in adolescence; in fact, nine of ten adults who smoke report that they started smoking before turning 18, and almost 100 percent start before they turn 26.ⁱⁱⁱ Increasing the minimum age of legal access to 21 will help prevent young people from ever starting to smoke, and subsequently reduce the deaths, disease and health care costs caused by tobacco use.^{iv}

Research shows that kids often turn to older friends and classmates as sources of tobacco, as younger kids have regular contact with older friends who can legally purchase tobacco.

^v Among Oregon 8th grade students who smoke cigarettes, one in four report obtaining tobacco from friends that are 18 years-old or older.^{vi} Raising the tobacco sale age to 21 would reduce the likelihood that young adults would be able to legally purchase tobacco products for other students and underage friends.

A national report released by the National Academies of Science, Engineering, and Medicine (formerly the Institute of Medicine) details the public health implications of raising the minimum legal age to purchase tobacco products.^{vii} The study found that increasing the minimum age to purchase cigarettes from 18 to 21 could have a meaningful impact, resulting in an estimated 12 percent decrease in smoking prevalence over time, and the prevention of 223,000 premature deaths among Americans born between 2000 and 2019.^{viii} It would also result in about 286,000 fewer pre-term births and 438,000 fewer babies born with low birth weights by the year 2100 (fewer mothers using tobacco).^{ix}

Raising the minimum legal sale age for tobacco products to 21 is a promising strategy to reduce smoking and other tobacco use among Oregon youth. Over 200 jurisdictions and two states (Hawaii and California) have passed a policy raising the minimum legal sale age for tobacco products to 21. In addition, a recent survey of Oregon adults showed two thirds of Oregonians support raising the minimum legal sale age for tobacco products to 21.^x

Laws that raise the minimum legal sale age for tobacco products to 21 are important but without an adequate enforcement system and other tobacco control efforts, raising the age alone will not keep kids from using tobacco and nicotine products. We know that to prevent youth initiation of tobacco products, we must take a comprehensive approach that includes reducing youth exposure to products that are cheap, readily available, and easy to find.

The Public Health Division appreciates this committee addressing tobacco prevention. Thank you for the opportunity to testify today. I am happy to answer any questions you may have.

ⁱ Orzechowski and Walker. *The Tax Burden on Tobacco Historical Compilation Volume 50*, 2015. Arlington, Virginia.

ⁱⁱ Oregon Vital Statistics. Oregon Vital Statistics Annual Report: Volume 2. Chapter 6: Mortality. Oregon Vital Statistics Webpage.

<https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/Volume2/Documents/2015/Table620.pdf>. Accessed February 2, 2017

ⁱⁱⁱ U.S. Department of Health and Human Services. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*, 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.

^{iv} IOM (Institute of Medicine). 2015. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

^v Campaign for Tobacco-Free Kids. Where do youth smokers get their cigarettes? Campaign for Tobacco-Free Kids Website. <http://www.tobaccofreekids.org/research/factsheets/pdf/0073.pdf>. Accessed February 2, 2017.

^{vi} Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Current tobacco use and related topics among 8th and 11th graders, Oregon 2015. <https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Pages/YouthData.aspx>. Created November 16, 2015. Accessed February 2, 2017. https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/DataReports/Documents/datatables/ORAnnualOHT_Tobacco.pdf. Accessed February 2, 2017.

^{vii} IOM (Institute of Medicine). 2015. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

^{viii} IOM (Institute of Medicine). 2015. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

^{ix} IOM (Institute of Medicine). 2015. *Public health implications of raising the minimum age of legal access to tobacco products*. Washington, DC: The National Academies Press.

^x Oregon Health Authority, Public Health Division. Health Promotion and Chronic Disease Prevention section. Panel survey, October 2016. Unpublished data