

Chair Monnes-Anderson and Members of the Committee, for the record, my name is Eric Brodell and I am the Western Region Director for the Preventing Tobacco Addiction Foundation.

Thank you for allowing me to submit testimony in strong support of SB 754, which would limit the sales and purchase of all nicotine and tobacco products including inhalants such as electronic cigarettes to those over the age of 21.

According to the U.S. Surgeon General, 5.6 million American children alive today will die prematurely from smoking unless our trajectory changes. Of those who die, 68,000 will be children of Oregon. In 2015, a Congressionally-mandated 347 page report compiled by the U.S. Food and Drug Administration and the Institute of Medicine focused on a way to reduce this toll: raise the minimum legal sales age of all tobacco products to 21.

The report titled: *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco*, details the overwhelming evidence of this policy. Using very conservative assumptions, the report indicates that this policy alone would result in a 12% decrease in tobacco use.

Already, legal access to handguns, alcohol, casino gambling, and marijuana is limited to those over 21. Nicotine and tobacco kill five times as many people as any of these other high-risk activities.

Nicotine addiction is a pediatric disease; 95% of smokers started before the age of 21. Neuro-biological evidence underscores what parents and teachers of adolescents already know: kids' developmental urge for exploration, independence, adulthood and peer acceptance encourages them to take risks that most adults would not. This drive also puts them squarely in the crosshairs of predatory marketing by tobacco and nicotine purveyors.

An argument by retailers is one of lost revenue. However, the facts suggest otherwise. Individuals aged 18-20 comprise only 2.1% of all tobacco sales nationally. And in the 2 states and 224 cities covering almost 63 million people that have already adopted age 21, there has been no evidence of significant retailer injury. It is worth noting that the 2.1% of sales to 18-20 year olds make up 85% of underage consumption of tobacco products.

Tobacco 21 is also a revenue boosting policy. A drop in Medicaid

expenditures will be most representative in the area of smoking during pregnancy. Young women, ages 18-21, have the highest rate of pregnancy smoking. That rate is often 50% higher than older women. Mothers who smoke have twice the rate of infant mortality, and suffer much higher rates of miscarriage, stillbirth, premature birth, birth defects and sudden infant death syndrome. Long hospital stays and possible life-long infant disabilities are costly to Medicaid, and devastating to the families involved. Addiction prevention is the key to this policy.

One final word about inhalant delivery systems. E-cigarettes and vapor devices are sweeping the adolescent market. Some claim that these devices reduce dangerous traditional cigarette use. what we do know is they cause nicotine addiction and long-lasting changes to sensitive neuro-receptors in the adolescent brain. For adolescents and pregnant women, it is the nicotine that causes the damage, not the tars. These products should also move to age 21, and we fully support their more explicit and expanded definition.

In summary, the scientific and social evidence that age 21 works to prevent death, save babies and reduce costs is overwhelming. Thank you for your dedication to health and preserving a healthy future for Oregon's youth. I am available for questions if there are any.