

March 17, 2023



To: Rep. Rob Nosse, Chair
House Committee On Behavioral Health and Health Care
Oregon Legislature

Re: HB 3090

Doernbecher
Children's Hospital

School of Medicine
Division of General Pediatrics

Benjamin Hoffman MD, FAAP
CPST-I

Professor of Pediatrics
Vice-Chair for Community Health
and Advocacy
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Children and Youth with
Special Health Needs
Medical Director, Tom Sargent
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My name is Ben Hoffman MD. I am a Professor of Pediatrics at OHSU Doernbecher Children's Hospital, the Medical Director of the Child Injury Prevention Program and Director of the Oregon Center for Children and Youth with Special Health Needs. I am here on behalf of OHSU to support HB 3090 restricting all flavored tobacco/nicotine products in all products in all places in Oregon.

Banana Split, Blueberry Cake, Cotton Candy, Kool-Aid, Sweet Tarts, Hawaiian Punch, Froot Loops, Skittles, Curious George, Papa Smurf. These are all products or characters that are designed to appeal to kids, and marketed directly to them. It is no coincidence that they are also names of flavored vape liquid.

Youth vaping is an epidemic, and a public health emergency. Vaping exposes children and teens to the harms caused by electronic nicotine delivery systems, often called e-cigarettes, and leads addiction and risk of specific illnesses.

The primary cause for alarm in youth stems from the fact that over 2.5 million youth reported E-cigarette use in 2020, according to a report issued by the U.S. Food and Drug Administration and CDC in October. This comprises about 14% of high-schoolers and over 3% of middle schoolers in this country. Simply put, our country's children are being hooked on a highly addictive product that puts their health at risk, orchestrated by an industry that has, to date, evaded effective regulation.

Over 85% of young users begin with a flavored nicotine product. In addition to the allure of cleverly named flavored products, children and teens are drawn to the ever evolving nicotine delivery systems, designed to look like everyday items, allowing users to hide their activity. And let's be clear—these are not smoking cessation devices in youth. They are powerful nicotine addiction devices. Anyone who has teens or spends time around them knows that teens are driven by peer-acceptance, make impulsive decisions, feel they are invincible, rarely make decisions based on long-term consequences, and are strongly influenced by marketing. So what makes this a public health emergency?



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First, the harm caused by these products.

- Addiction to nicotine. The teen brain is particularly vulnerable, and while high-schoolers may look like adults, they are not. Brain development, especially in the areas responsible for critical executive function, is not complete until into the mid-20's. The combination of the potency of some of the nicotine products and the teen brain can lead to nicotine dependence in a matter of days or weeks with even occasional vaping. We simply do not know the effect of inhaled nicotine on these vulnerable brains, but I assure you it cannot be positive.
- The vapor or aerosol inhaled into the lungs with at least 6 groups of potentially toxic compounds that can cause direct lung damage, including nicotine, volatile organic compounds such as benzene, particulate matter, and trace metal elements among others (carbonyls, bacterial endotoxins).
- There can be negative effects on existing lung disease such as asthma and now the vaping-induced lung injury that is as of yet not completely understood but is likely a chemical injury to the lungs causing serious lung injury, hospitalization and even death in previously healthy individuals—many of them young.

Those of us on the front line of caring for youth in Portland, in Oregon, and across the nation cannot keep up with the problem. There is no teen I talk to that does not know who vapes at his or her school and many report vaping during class. The term “nic sick” is part of the urban dictionary now for a light-headed or sick-to-your-stomach feeling that one gets after vaping a product with a high concentration of nicotine.

- Youth uptake is happening much more rapidly than we are able to study the many and increasingly concerning health effects.
- Pediatricians have had little or no training in the treatment of nicotine addiction and we are seeing this now on a daily basis.
- The devices are continuing to evolve and now allow for refilling of concentrated liquid nicotine and liquid THC (the psychoactive component of marijuana), often in combination with a flavor additive. We don't know all the ingredients contained in these liquids and what new chemicals can be produced when mixed together.

Frankly, we have more to do in order to curtail this epidemic. No one needs Cap'n Crunch flavored liquid nicotine. Our youth do not have high-paid lobbyists fighting on their behalf to keep flavored nicotine on the market, off our corners and out of our schools. That job falls to those of us who care about kids, who are willing to advocate on their behalf.





The question here boils down to whether or not you are willing to put the health and well-being of our youth ahead of profiteering business interests. Do you truly believe that our community is a better place with flavored nicotine enticing and addicting our kids?

Oregon, needs to get serious about nicotine addiction, and restricting sales of all flavors in all products in all places is a strong and necessary first step to protect the health of our youth. Please, do the right thing.

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Sincerely,

A handwritten signature in black ink, appearing to read "Benjamin Hoffman", written over a light blue horizontal line.

Benjamin Hoffman MD CPST-I FAAP