

Submitter: Eseniya Zinkina

Committee: House Committee On Behavioral Health and Health Care

Measure: HB3090

Dear Chair Nosse, Vice-Chairs Nelson and Goodwin, and members of the House Committee On Behavioral Health and Health Care:

This testimony is written in support of HB 3090, the Preventing Nicotine Addiction bill, which would safeguard young people and neighborhoods by prohibiting the sale of all flavored tobacco products in Oregon.

Everyone is aware of the negative impact smoking has on the body. Despite this, every city and town in our country has an abundance of smokers. This includes the usage of e-cigarettes. Even if the substances in these devices are inhaled once a day, the effects on one's own health and the health of people around them are irreparable. The bill is focused against the sale of flavored nicotine products; my main reason for supporting it is the impact it will have on the future of our children.

As a recent high school graduate who has spent a lot of my time with people around my age, I have seen the influence that e-cigarettes have on this demographic. Throughout the years, it has come to my attention that many of us are unaware of the hefty cost until we are directly affected.

In 2022, the FDA and CDC released federal data on e-cigarette usage among US children from the 2022 National Youth Tobacco Survey (NYTS). It was found that about 1 in 10, or more than 2.5 million, middle and high school students in the United States have used e-cigarettes.¹ That puts their overall use rate many times higher than that of adults, estimated at 3 percent.² These numbers keep growing.

It's also worth noting that these products include Diacetyl as an ingredient. E-cigarette liquids containing this chemical compound cause bronchiolitis obliterans, also known as popcorn lungs. Inflammation, scarring, and narrowing of the bronchioles appear as symptoms with inhalational exposure. If inhaled regularly, it can consequently induce irreversible (cannot be cured) lung damage, lung disease, and, in some cases, death.³

The use of nicotine leads to the development of dependence. Nicotine interferes with the normal functioning of brain regions related to learning and self-control, causing a person to become less attentive and upset. When one vapes, nicotine enters the bloodstream and causes a release of a considerable amount of adrenaline. Blood pressure and heart rate rise as a result. This puts more strain on the heart, raising the chance of developing cardiovascular disease.⁴ **Considering that young people are using this drug for recreational purposes is disturbing.**

I could go on, but my argument is evident in this case. The sale of flavored nicotine products, which are presently marketed to younger audiences, jeopardizes our whole healthcare system's future. This is an ongoing health threat.

As they get older, teenagers seek to look trendy and modern. They're on the hunt for it. They are imitating their "role models." Furthermore, children often want to "grow up" as fast as possible. They accomplish this by mimicking older individuals around them. And they have no idea that their actions might have disastrous consequences. More stringent regulations are required to instill in children the importance of seeing these devices as a means of health damage.

This bill will go a long way toward preventing young people in Oregon from becoming dependent on tobacco and e-cigarettes, as well as the myriad of major health repercussions associated with them.

I strongly urge you to support this bill and take measures to preserve our community's health.

Thank you for your time and attention, in addition to your service to Oregonians.

Eseniya Zinkina

References

¹ Centers for Disease Control and Prevention. (2022, October 6). *More than 2.5 Million Youth Reported E-Cigarette Use in 2022*. Centers for Disease Control and Prevention. Retrieved March 23, 2023, from <https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html>

² Dai, H., & Leventhal, A. M. (2019). Prevalence of e-Cigarette Use Among Adults in the United States, 2014-2018. *JAMA*, 322(18), 1824–1827. <https://doi.org/10.1001/jama.2019.15331>

³ Allen, J. G., Flanigan, S. S., LeBlanc, M., Vallarino, J., MacNaughton, P., Stewart, J. H., & Christiani, D. C. (2016). Flavoring Chemicals in E-Cigarettes: Diacetyl, 2,3-Pentanedione, and Acetoin in a Sample of 51 Products, Including Fruit-, Candy-, and Cocktail-Flavored E-Cigarettes. *Environmental health perspectives*, 124(6), 733–739. <https://doi.org/10.1289/ehp.1510185>

⁴ Benowitz, N. L., & Burbank, A. D. (2016). Cardiovascular toxicity of nicotine: Implications for electronic cigarette use. *Trends in cardiovascular medicine*, 26(6), 515–523. <https://doi.org/10.1016/j.tcm.2016.03.001>