

TO: Chair Monnes Anderson & Committee Members
Senate Committee on Health Care
DATE: February 2, 2016
RE: SB 1559

Chair Monnes Anderson and committee members,

On behalf of the American Heart Association and the American Stroke Association, thank you for the opportunity to weigh in on SB 1559, and the important issue of tobacco use, Oregon's number one preventable cause of death.

The Problem of Oregon Youth & Tobacco

Tobacco is too easily accessible to Oregon kids and far too many are using tobacco.

- 68,000 Oregon kids alive today will die prematurely from tobacco use.
- 7,000 Oregonians die every year from tobacco use.
- 95% of smokers start before age 21.
- 24% of 11th graders report that they regularly use tobacco.
- Oregon leads the country in illegal sales to minors.

Oregon is Lagging Behind: Tobacco Retail Licensure

We support a tobacco retail licensure system that includes effective fees that can adequately cover enforcement and education, which should be culturally and linguistically appropriate.

While most states require vendors obtain a license to sell tobacco—a mechanism that allows the state to educate retailers and enforce laws—Oregon does not. To date 38 states regulate the tobacco retail environment by requiring retail licensing. As a result, Oregon lags behind the rest of the country in implementation and enforcement of the prohibition of tobacco sales to minors.

Oregon far outpaced any other state in the illegal sale of tobacco to kids. For the past three years, Oregon led the nation with the highest illegal sales rate of tobacco. In 2013, Oregon retailers were caught selling tobacco to minors at the highest rate in the country and more than double the nationwide average, at 22.5 percent.

Concerns Regarding SB 1559: Preemption would hinder local efforts

We cannot support SB 1559 due to the included preemptions in Section 13.

Local control has proven integral to tobacco control. Traditionally, the strongest and most innovative tobacco control policies have emerged at the local level – often after long and hard-fought grassroots community efforts – before ultimately being adopted at the state or federal level. These grassroots campaigns increase local awareness of tobacco control issues, build community readiness and support, and foster public debate about the need for policy change and healthy social norms.

For this reason, the tobacco industry has historically used, and continue to use, preemptive strategies to thwart smoke-free laws, youth access and retailer licensing restrictions, advertising and promotion regulations, and similar policies.

Ban on Tobacco Sales in Healthcare Institutions, including pharmacies

In 2008, San Francisco, CA became the first city in the nation to prohibit the sale of tobacco products in pharmacies. San Francisco's ordinance survived legal challenge and was upheld as a valid exercise of a city's power to promote the public's health. Boston, MA soon followed, noting "the sale of tobacco products is incompatible with the mission of health care institutions because it is detrimental to the public health and undermines efforts to educate patients on the safe and effective use of medication." 108 municipalities in Massachusetts alone passed a ban on the sale of tobacco in healthcare institutions, including pharmacies.

Limiting Density of Tobacco Retailers near Schools

The limited research in this area suggests that presence of tobacco retailers near homes and schools may influence adolescent tobacco use by making cigarettes easier to procure.

We already know that tobacco advertising increases the odds of trying smoking, and promotional items support the transition from an experimenter to an established smoker. Point-of-sale advertising provides an opportunity for the tobacco industry to communicate with current and potential smokers—and it works: tobacco point-of-sale advertising influences adolescents' smoking behaviors.

The US Family Smoking Prevention and Tobacco Control Act allows states to implement policies requiring that tobacco products be placed out of sight, and the Food and Drug Administration is considering banning point-of-sale advertising within 1,000 feet of schools.

The policies that would be preempted by SB 1559 deserve their own consideration and time to be examined on their own merits before the state legislature decides to take these actions out of the tobacco-control tool box for communities across the state of Oregon.

Opportunity to Lead: Tobacco 21

We support the including policy that would raise the legal sale age of tobacco products, including inhalant delivery devices, to 21.

Passing Tobacco 21 policy will help combat nicotine addiction and protect kids. Last year, the Institute of Medicine released a new report highlighting the efficacy of raising the legal sale age for tobacco to 21 in reducing addiction and preventing disease. That report projects that raising the national legal age of sale for tobacco products to 21 is projected to reduce smoking among 15-17 year-olds by 25 percent.

Research shows that kids often turn to older friends and classmates as sources of cigarettes. Raising the sale age to 21 would reduce the likelihood that a high school student will be able to receive tobacco products for other students and underage friends.

I have also provided a letter in support of Tobacco 21 policy from 22 public health, health care and children's organizations in Oregon.

Thank you,

Sarah Higginbotham
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