

OREGON PUBLIC HEALTH DIVISION Director's Office

Kate Brown, Governor



800 NE Oregon Street, Suite 930

Portland, OR 97232 Voice: (971) 673-1222 Fax: (971) 673-1229 TTY: 711

- Date December 3, 2019
- TO: Multnomah County Board of County Commissioners
 - Deborah Kafoury, County Chair Sharon Meieran, District 1 Susheela Jayapal, District 2 Jessica Vega Pederson, District 3 Lori Stegmann, District 4
- FROM: Dean E. Sidelinger, MD MSEd Health Officer and State Epidemiologist Public Health Division Oregon Health Authority
- SUBJECT: Restricting the Sale of Flavored Tobacco and Nicotine Products

Good afternoon Commissioners,

Thank you for considering a flavor ban of all tobacco products and vaping products in the County.

I'm here today to talk about how strong policies, such as flavored tobacco product bans, are part of our ongoing work to create communities that support quitting nicotine addiction.

First, I'd like to talk about nicotine. Nicotine is a powerfully addictive drug that changes the brain and causes dependency. These long-term brain changes create intense discomfort when the individual can't use tobacco. This is known as withdrawal. People experience anxiety, depression, irritability, and disturbed sleep when they're trying to quit smoking. These are withdrawal symptoms that drive most people back to nicotine within days of attempting to quit.

Quitting nicotine addiction is hard, and even though it's daunting, more than half of Oregon adults who smoke try to quit every year – regardless of their age, income, race, ethnicity, or education. In fact, in Oregon, African Americans try to quit at higher rates than the overall state population, despite being targeted by menthol, which is a flavor, and cigarette advertising. Many people who used to smoke will tell you that quitting is the hardest thing they've ever done, or that years later their eyes are still drawn to cigarette displays behind the register. But they'll also say, in the next breath, that it's the best thing they've ever done and something they're incredibly proud of.

As a community, as a state, it is our responsibility to create communities where quitting nicotine addiction is possible. Quitting is hard – but help helps. In Oregon, this starts with being a national leader in ensuring every person in the state has access to counseling and medications that work. The Oregon Health Authority maintains the Oregon Tobacco Quit Line, which provides counseling, medication, and

referrals for additional services to anyone in Oregon. OHA provides higher, customized levels of service for those most in need, including pregnant women, youth, American Indians and Alaska Natives, people living with HIV, and those without health insurance.

We also ensure that health insurance providers in Oregon meet or exceed federal requirements for treating tobacco addiction. The Oregon Health Plan covers counseling and FDA-approved quit medications for all its members, and Oregon's Coordinated Care Organizations work to meet yearly benchmarks for reducing the number of their members that use tobacco. For Oregonians with private insurance, the federal Affordable Care Act requires private plans and Medicare to provide counseling and medication. On October 4, Governor Brown signed Executive Order 19-09 "Directing State Agencies to Take Immediate Actions to Address the Vaping Public Health Crisis." In response to the Governor's Executive Order, the Oregon Health Authority is working with state and local partners to identify and remove barriers to quitting. Currently, OHA provides eight weeks of free nicotine replacement therapy to all individuals, without any barriers, who access the Oregon Tobacco Quit Line.

I want to publicly address the misconception that e-cigarettes and vaping products were designed to help people quit. Let me be clear: e-cigarettes are not FDA-approved devices to help people quit. In fact, no e-cigarette manufacturer has ever applied to the FDA to start that approval process. The research on whether e-cigarettes help people stop smoking is mixed, and a growing body of evidence suggests that long-term e-cigarette use may make it harder to quit smoking. Oregon data show that more than half of adult e-cigarette users don't stop smoking cigarettes – instead, they continue using both products.

People should have access to safe, effective ways to quit nicotine addiction. This is why the Oregon Tobacco Quit Line, cessation counseling, and FDA-approved medications are free to everyone in Oregon. But e-cigarettes are not an evidence-based way to quit tobacco, and they are not free. Marketing inhalant delivery systems as cessation products is not science-based, and it is illegal.¹ It provides industry profit at the expense of Oregonians most in need of help to quit smoking.

Let me circle back to the idea that it is our responsibility to create communities where quitting nicotine addiction is possible. Too often, we think of smoking as an individual problem that every person has to solve on their own. This couldn't be further from the truth. We know from research that when someone who uses tobacco enters a store and sees a massive display, that is a direct trigger for their addiction, leading to unplanned purchases,² cigarette cravings,³ and a lower likelihood of quit success.⁴ We can create environments that are less triggering and more supportive in our communities, and Multnomah County's proposed ban on flavored tobacco products is a significant step in that direction.

Multnomah County's leadership in developing sound tobacco policy demonstrates its commitment to creating an environment where ending addiction is an easier path to take.

¹ U.S. Department of Health and Human Services. *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General.* Atlanta, GA: 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, 2016.

² Carter OBJ, Mills BW, Donovan RJ. The effect of retail cigarette pack displays on unplanned purchases: results from immediate postpurchase interviews. *Tobacco Control* 2009;18:218-221.

³ Paynter J, Edwards R. The impact of tobacco promotion at the point of sale: a systematic review. *Nicotine & Tobacco Research* 2009;11(1):25-35.

⁴ Siahpush, M, Shaikh RA, Smith D, Hyland A, Cummings KM, Kessler AS, Dodd MD, Carlson L, Meza J, Wakefield M. The Association of Exposure to Point-of-Sale Tobacco Marketing with Quit Attempt and Quit Success: Results from a Prospective Study of Smokers in the United States. *Int J Environ Res Public Health*. 2016 Feb; 13(2):203.