

**Minutes of the Board of Commissioners
Multnomah Building, Board Room 100
501 SE Hawthorne Blvd., Portland, Oregon
Tuesday, Sept. 13, 2016**

BOARD BRIEFING

Chair Deborah Kafoury called the meeting to order at 10:11 a.m. with Commissioners Jules Bailey, Judy Shiprack and Diane McKeel present. Vice-Chair Loretta Smith was excused. Commissioner McKeel left at 10:54 a.m.

Also attending were Jenny Madkour, County Attorney, and Marina Baker, Assistant Board Clerk.

Chair Kafoury: GOOD MORNING. WELCOME TO MULTNOMAH COUNTY. THANK YOU FOR JOINING US THIS MORNING, WE HAVE A BOARD BRIEFING DISCUSSING TOBACCO AGE SALES. DR. DOUGLAS, WHO DO YOU HAVE WITH YOU? ALL RIGHT. DR. JENNIFER VINES, COME ON DOWN.

B.1 *Seated as the Multnomah County Board of Health – Board Briefing on Tobacco Minimum Sales Age. Sponsor: Commissioner Jules Bailey, District One. Presenters: Joanne Fuller, Health Department Director; Rhys Scholes, Policy Manager, Office of Government Relations; Dr. Elizabeth Steiner Hayward, Oregon State Senator; Dr. Greg Blaschke, President, Oregon Pediatric Society; and, Dr. Ben Hoffman, Board Member, Oregon Pediatric Society, and Dr. Jennifer Vines.*

Commissioner Bailey: AS WE'RE ABOUT TO BEGIN HERE, I WANT TO THANK ALL THE PRESENTERS WHO CAME DOWN TODAY TO INFORM US ON THIS TOPIC. I PERSONALLY BELIEVE THIS IS ONE OF, IF NOT, ONE OF THE MOST IMPORTANT THINGS WE CAN DO TO SAVE LIVES IN OUR COMMUNITY AND IT IS IMPORTANT THAT WE UNDERSTAND WHAT'S HAPPENING AND THE POLICY. I WANT TO THANK EVERYONE FOR TAKING THE TIME TO KEEP US INFORMED ON THIS POLICY.

Dr. Vines: GOOD MORNING, MADAM CHAIR, COMMISSIONERS. I AM YOUR DEPUTY HEALTH OFFICER, DR. JENNIFER VINES. I'M REALLY GLAD TO BE BACK TO SPEAK WITH YOU. WE'VE HAD A LOT OF CONVERSATIONS ON THIS TOPIC AND WHEN WE TALK ABOUT TOBACCO, WE'RE REALLY TALKING ABOUT OUR KIDS AND KEEPING THEM FROM STARTING TO USE THESE PRODUCTS. AS YOUR HEALTH OFFICERS, CHARGED WITH PROTECTING THE HEALTH OF OUR COMMUNITY. I WANT TO RAISE THE MINIMUM LEGAL AGE FOR TOBACCO PRODUCTS. PREVENTING TOBACCO ADDICTION IS ONE OF THE MOST EFFECTIVE STEPS WE CAN TAKE TO SAVE MONEY AND LIVES.

WHILE YOUTH CIGARETTE SMOKING RATES HAVE DECLINED OVERALL, WE HAVE CONCERNING NUMBERS. I LOOK AT THESE AS A PHYSICIAN AND AS A PARENT AND THEY MAKE ME WORRY. BY 11TH GRADE, OVERALL TOBACCO USE IS UP TO 20% OF OUR 11TH GRADERS. WE DON'T HAVE COUNTY-LEVEL DATA BY RACE, WE CAN EXTRAPOLATE FROM RACIAL DISPARITIES AND THOSE NUMBERS ARE ALSO CONCERNING. AMONG WHITES IS 20%. IT'S HIGHEST AT 42% AND 27% FOR HISPANIC LATINO. WE HAVE EVIDENCE-BASED ACTIONS AND POLICIES AROUND TOBACCO, WE CLEARLY HAVE OUR WORK CUT OUT FOR US. WITH THAT, I'M GOING TO TURN IT OVER TO DR. JAE DOUGLAS TO TALK ABOUT BACKGROUND AND SPECIFICS.

Commissioner McKeel: I SEE ON THE BOTTOM, WE HAVE TWO, MALES ONLY. SO, I'M ASSUMING THESE OTHERS ARE MALE AND FEMALE STATISTICS, IS THAT CORRECT?

Dr. Douglas: I THINK THAT IS A CORRECT ASSUMPTION. YES, I'M SEEING NODS FROM OUR POLICIES EXPERTS. I'M JAE DOUGLAS, I'M YOUR ENVIRONMENTAL HEALTH DIRECTOR. I'LL TAKE YOU THROUGH BACKGROUND ABOUT TOBACCO, T21. FOR MANY DECADES NOW, STATES HAVE SET THE MINIMUM LEGAL AGE FOR CONSUMING TOBACCO AT THE AGE OF 18. IN 2001, THE FAMILY SMOKING PREVENTION CONTROL ACT MOVED IT TO THE FOOD AND DRUG ADMINISTRATION AND BROADER AUTHORITIES OVER TO FDA. WITHIN THAT ACT, THERE WAS A PROHIBITION THAT PREVENTS THE FDA FROM ESTABLISHING A NATION-WIDE LAW. THE ACT ALSO DIRECTED FDA TO CONVENE A PANEL OF EXCERPT PERTS TO STUDY IT. AT THE REQUEST OF THE FDA, THE INSTITUTE OF MEDICINE CONVENEED A COMMITTEE. IT REVIEWED EXISTING LITERATURE AND DEVELOPMENTAL PHYSIOLOGY AND RAISING THE MINIMUM AGE FOR TOBACCO PRODUCTS. COULD YOU MOVE SLIDES FOR ME? THANK YOU. NEXT SLIDE. THANKS.

THE COMMITTEE RELEASED THEIR REPORT IN 2015. AND, IN THAT, THEY PREDICTED AN OVERALL 12% REDUCTION IN TOBACCO USE AMONG HIGH SCHOOL STUDENTS IF THE MINIMUM LEGAL AGE WERE RAISED TO 21. THEY ALSO PREDICTED THAT WE WOULD EXPERIENCE AND PREVENT OR DELAY INITIATION OF TOBACCO USE ESPECIALLY ADOLESCENTS 15 TO 17 YEARS OF AGE AND THE OVERALL IMPACT ACROSS THE LIFESPAN OF AMERICANS. LOWERING THE INITIATION RATE IS -- AS WE'VE TALKED MANY TIMES HERE -- IS A CRITICAL ELEMENT OF TOBACCO PREVENTION. MOST DAILY SMOKERS REPORT THEIR FIRST USE BEFORE REACHING THE AGE OF 19 AND 100% BEFORE THE AGE OF 26. FOR THE ADOLESCENTS IN OUR COMMUNITY, EVEN IF THEY'RE UNDER 18, THEY ARE MOSTLY RELYING ON SOCIAL CONTACTS TO ACCESS TOBACCO. IF THEY'RE IN HIGH SCHOOL, THEY'RE AROUND OTHER STUDENTS WHO ARE LIKELY TO BE THE AGE OF 18 OR MAYBE 19 AND MUCH MORE LIKELY TO BE WILLING TO PROVIDE TOBACCO PRODUCTS TO THOSE YOUTH UNDER THE AGE OF 18.

Dr. Douglas: BY RAISING THE MINIMUM AGE LEGAL AGE, IT WOULD MEAN THAT THOSE WHO CAN LEGALLY OBTAIN TOBACCO PRODUCTS ARE LESS LIKELY TO BE IN THE SAME SOCIAL NETWORKS AS YOUTH. DELAYING INITIATION RATES, OF COURSE, WOULD HAVE A LONG-TERM IMPACT ON THE OVERALL USE OF TOBACCO IN THE POPULATION. AND IMPROVE NOT ONLY THE HEALTH OF ADOLESCENTS, BY THE ENTIRE POPULATION AND AS WE REDUCE THE OVERALL IMPACT ON THE POPULATION ON SMOKERS, WE'RE IMPROVING THE LIKELIHOOD OF BEING EXPOSED TO SECOND-HAND SMOKE. IF IT WAS RAISED TO 21, WE WOULD EXPERIENCE 223,000 FEWER PREMATURE DEATHS, 50,000 FEWER LUNG CANCER AND A STAGGERING OF 4.2 MILLION FEWER YEARS OF LIFE LOSS. THAT'S A STATISTIC WE USE IN HEALTH. VERY, VERY SIGNIFICANT IMPACT.

SO, ONE OF THE THINGS THAT THE POLICY AROUND THE RECOMMENDED POLICY AROUND MINIMUM TOBACCO SALES AGE OF 21 IS NOT RECOMMENDING IS ALSO RAISING THE AGE OF MINOR IN POSSESSION LAWS. THESE LAWS ARE DEMONSTRATED TO NOT HAVE THE TYPE OF IMPACT SO MINORS WHO ARE BELOW 18 CAN BE CITED. AND SO WE'RE NOT RECOMMENDING THAT AGE BE RAISED, AS WELL, SINCE THOSE LAWS ARE NOT SHOWING DEMONSTRATED IMPACT ON USE AMONG YOUTH. NEXT SLIDE, PLEASE. THERE ARE FIVE ELEMENTS CONSIDERED TO BE THE KEY ELEMENTS OF A STRONG TOBACCO 21 ORDINANCE. FIRST, DEFINING THAT TOBACCO PRODUCTS INCLUDE WHAT TOBACCO PRODUCTS MAY COME ON THE MARKET. WE KNOW THAT TOBACCO INDUSTRY IS VERY INNOVATIVE AND SO WE WANT TO MAKE SURE THAT ANYTHING THAT COULD BE COMING ON THE MARKET IN THE FUTURE IS ALSO INCLUDED. SPECIFICALLY, PROHIBIT THE SALES OF RECIPIENTS UNDER THE AGE OF 21 AND THAT TOBACCO RETAILERS POST NOTICES AND SPECIFICALLY IDENTIFY THAT NO PERSON UNDER THE AGE OF 21 WILL BE ALLOWED TO PURCHASE AND THAT THOSE REQUIREMENTS INCLUDE SIGNIFICANT PENALTIES FOR PERSONS WHO DO PROVIDE TOBACCO PRODUCTS TO PERSONS UNDER THE AGE OF 21.

THAT THOSE RETAILERS ARE INSPECTED FOR COMPLIANCE WITH THE ORDINANCE. SO, JUST A COUPLE OF POLICY CONSIDERATIONS FOR MULTNOMAH COUNTY. THERE'S NO LAW IN OREGON THAT WOULD PREEMPT US FROM RAISING THE AGE TO 21. THERE IS NO SUCCESSFUL CHALLENGE TO THE INCREASING OF THE AGE TO 21 FOR ALCOHOL OR TOBACCO. IT WOULD DEFINITELY BE ANOTHER TOOL IN OUR TOOLBOX, AS WE CONTINUE TO IMPLEMENT OUR TOBACCO RETAIL LICENSING, PROGRAM TO REDUCE ACCESS AND IT'S CONSISTENT WITH OTHER LAWS IN THE BOOKS RELATED TO MARIJUANA AND LEGAL SALES SO IT WOULD MAKE IT MORE CONSISTENT. JUST A LAST LITTLE PIECE OF INFORMATION OF WHAT WE'RE ESTIMATING HERE NOW. IN MULTNOMAH COUNTY, THESE ARE THE NUMBERS OF YOUTH THAT WE EXPECT TO BE AFFECTED FROM AGE OF 15 TO 20, WE'RE EXPECTING THAT NEARLY 45,000 YOUTH WILL BE IMPACTED BY RAISING THE AGE AND 23,000 OF THOSE, JUST BETWEEN THE AGES OF 15 TO 17. SO, THAT'S THE END

OF MY REMARKS, MY FORMAL REMARKS. IF YOU HAVE ANY QUESTIONS ABOUT ANY OF THIS, I'M HAPPY TO ANSWER ANY QUESTIONS.

Chair Kafoury: QUESTIONS?

Commissioner Bailey: I WANT TO UNDERSTAND, TOO -- I THINK WE'LL BE GETTING TO THIS LATER IN THE PRESENTATION. THERE ARE OTHER JURISDICTIONS THAT HAVE GONE TO THE 21 AGE FOR PURCHASING?

Chair Kafoury: THAT'S A QUESTION FOR RHYS SCHOLES.

Commissioner McKeel: CAN I ASK ONE QUESTION? BACK ON THE PREVIOUS SLIDE. HOW IS THAT DATA COLLECTED? YOU HAVE THOSE NUMBERS THERE AROUND WHO'S GOING TO BE IMPACTED. HOW IS THAT DATA COLLECTED?

Dr. Douglas: ACTUALLY, I HAVE TO TURN TO MY STAFF AND ASK THEM WHERE THIS DATA CAME FROM? SO THAT WAS AN EXTRAPOLATED NUMBER FROM THE IOM REPORT.

Commissioner McKeel: OKAY. THANK YOU.

Mr. Scholes: GOOD MORNING, COMMISSIONERS, RHYS SCHOLES. I'M SURPRISINGLY HERE TO ANSWER THE QUESTION THAT COMMISSIONER BAILEY JUST ASKED. I'VE BEEN LOOKING AT HOW OTHER JURISDICTIONS HAVE DEALT WITH THIS. THERE HAS BEEN A VERY RAPID CHANGE IN LOCAL GOVERNMENT POLICY. JUST 3 YEARS AGO, THERE WERE ONLY TWO SMALL CITIES IN MASSACHUSETTS THAT PROHIBITED TOBACCO SALES TO PEOPLE UNDER 21. IN LESS THAN THREE YEARS, THERE ARE 190 JURISDICTIONS, TWO CITIES AND NINE COUNTIES HAVE MADE THIS CHANGE. A COUPLE OF THOSE CITIES ARE ALSO COUNTIES, SO YOU COULD SAY THERE ARE 11 COUNTIES. THERE IS A LIST OF THE JURISDICTIONS. MASSACHUSETTS HAS THE LARGEST NUMBERS OF JURISDICTIONS. IT'S WHERE IT STARTED. I DIDN'T FIND THAT VERY SURPRISING. NEW JERSEY IS SECOND. ARIZONA, ARKANSAS, MISSISSIPPI HAVE A SMALL M.I.P. JURISDICTION.

WHAT I WANTED TO TELL YOU ABOUT WAS KANSAS AND MISSOURI. WHAT'S GONE ON IN KANSAS CITY IS THEY HAVE A HEALTHY KANSAS CITY INITIATIVE THAT'S BEEN STARTED BY THE KANSAS CITY CHAMBER OF COMMERCE. THERE ARE 17 JURISDICTIONS THAT HAVE ADOPTED T21 ORDINANCES, LED BY THE CHAMBER OF COMMERCE AND THE BLUECROSS AND BLUESHIELD AFFILIATE. THE HORIZONTAL AXIS SHOWS TIME FROM THE BEGINNING OF 2014 TO THE BEGINNING OF 2017. IT'S A THREE-YEAR PERIOD. AND THE VERTICAL AXIS THERE IS THE CUMULATIVE NUMBER OF MILLIONS OF PEOPLE WHO LIVE IN A T21 JURISDICTION. NEW YORK CITY WAS AN EARLY ADOPTER. THEY ADDED SEVERAL MILLION AND CALIFORNIA, THE LARGEST JURISDICTION TO ADOPT T21, HAS GONE UP. NOTICE HOW IN BETWEEN, IT KEEPS GOING UP.

THESE ARE 190 JURISDICTIONS. THE LAST BUMP IS ST. LOUIS COUNTY, WHICH PASSED T21 LAST WEEK. THEY HAVE OVER ONE MILLION RESIDENTS. SO WE'RE UP TO ALMOST 1/5TH OF THE U.S. POPULATION AND ALMOST ALL OF THIS HAS HAPPENED IN THE LAST THREE YEARS.

Commissioner Bailey: FASCINATING DATA. IT SHOWS HOW QUICKLY THIS ISSUE IS EVOLVING. DO WE HAVE INFORMATION FROM JURISDICTIONS WHO HAVE ALREADY IMPLEMENTED IT TO SEE DECLINES IN YOUTH ACCESS RATES TO TOBACCO?

Mr. Scholes: I HAVEN'T FOUND ANY OF THAT INFORMATION YET.

Dr. Douglas: I'VE ONLY SEEN THE PREDICTED RATES. DO WE HAVE ANY INFORMATION ABOUT MEASURED RATES?

Chair Kafoury: DO YOU WANT TO COME FORWARD?

Ms. McFarlan: GOOD MORNING CHAIR, COMMISSIONERS. YES, WE ARE STARTING TO SEE RESULTS COME IN FROM HAWAII. THEY ARE CURRENTLY DESIGNING THEIR EVALUATION PROGRAM. WHEN THOSE RESULTS ARE AVAILABLE, WE'LL COME BACK.

Commissioner McKeel: JUST A COMMENT. I PERSONALLY LOVE THAT THE CHAMBER OF COMMERCE IS LEADING THE WAY IN KANSAS ON THIS EFFORT.

Chair Kafoury: IT WOULD BE INTERESTING, DO WE HAVE ANY NUMBERS -- I KNOW THIS IS RELATIVELY YOUNG. IF BUSINESSES HAVE SAID THEY HAVE LOST ASTRONOMICAL AMOUNTS OF MONEY IN THE STATES THAT HAVE IMPLEMENTED THIS?

Mr. Scholes: I'VE READ A LOT OF THE NEWS COVERAGE OF WHERE JURISDICTIONS HAVE BEEN ADOPTING THIS AND IT'S BEEN SURPRISING TO ME HOW NON-CONTROVERSIAL THIS HAS BEEN. THERE HAVE NOT BEEN CROWDS OF PEOPLE SHOWING UP TO OPPOSE IT.

Commissioner Bailey: IS IT SAFE TO SAY THERE ARE STILL CONVENIENT STORES IN THE STATE OF CALIFORNIA?

Mr. Scholes: AS FAR AS I KNOW, THEY'RE STILL THERE. [LAUGHTER]

Commissioner McKeel: COULD WE GET THAT INFORMATION FROM THE CHAMBER OF COMMERCE BECAUSE THEY ARE A BUSINESS ORGANIZATION AND THAT MIGHT TELL US INFORMATION WE WOULDN'T OTHERWISE HAVE AS FAR AS BUSINESSES.

Mr. Scholes: HAPPY TO SHARE THAT.

Commissioner Shiprack: ONE OTHER JUST SORT OF AREA OF INTEREST, AND JAE, YOU MENTIONED THAT THE LEGAL ENFORCEMENT ON POSSESSION OR YOUTH BY PEOPLE UNDER THE AGE OF 21 IN THESE JURISDICTIONS WAS NOT SIGNIFICANT -- THERE WON'T BE A WIDENING OF THE NET FOR MINOR IN POSSESSION? OR THERE WILL BE --

Dr. Douglas: THAT'S NOT INCLUDED.

Commissioner Shiprack: I CAN SEE A SCENARIO WHERE THIS WOULD HAVE A HUGE IMPACT ON KIND OF WIDENING THAT NET OF INTRODUCING PEOPLE A PART OF GOVERNMENT SERVICE THAT HAS KIND OF DEMONSTRATED ITSELF TO BE NOT HEALTHY. WHICH IS THE CRIMINAL JUSTICE SYSTEM.

Dr. Douglas: WE ARE CONCERNED ABOUT THAT SORT OF DISPROPORTIONATE APPLICATION OF ENFORCEMENT.

Commissioner Shiprack: THAT'S A CONCERN TO ME. RHYS, WHICH YOU DO YOUR RESEARCH, IT WOULD BE INTERESTING TO SEE HOW JURISDICTIONS ARE HANDLING THAT.

Commissioner Bailey: WHAT WE'RE SEEING IS A RETAIL-ORIENTED POLICY, RIGHT? WHERE THE ENFORCEMENT IS AT THE RETAIL AND THE RETAIL LEVEL?

Dr. Douglas: CORRECT.

Chair Kafoury: GREAT. THANK YOU, RHYS. WE HAVE OTHER FOLKS COMING FORWARD? HOW ABOUT IF YOU WOULD LIKE TO SPEAK ON THIS, COME FORWARD?

Dr. Steiner Hayward: GOOD MORNING, MADAM CHAIR, AND MEMBERS OF THE COMMISSIONER. I'M ELIZABETH STEINER HAYWARD, AS STATE SENATOR AND FAMILY PHYSICIAN, I WANT TO THANK YOU FOR HOLDING THIS HEARING. THIS IS AN INCREDIBLY IMPORTANT TOPIC. I WAS ASKED TO COME TALK WITH YOU TODAY A LITTLE BIT ABOUT PLANS FOR THE 2017 LEGISLATIVE SESSION WITH REGARD TO TOBACCO 21 LEGISLATION. THIS IS MY TOP PRIORITY. I HAVE BI-PARTISAN CO-SPONSORSHIP ON THE BILL ALREADY. WE ARE WORKING TO ENGAGE A WIDE NUMBER OF STAKEHOLDERS. MANY OF WHOM YOU'VE ALREADY HEARD FROM, OTHERS WHOM ARE AVAILABLE TO OFFER INFORMATION AND RESOURCES AT YOUR REQUEST. I WOULD SAY THIS, ANY STEP TOWARD TOBACCO 21 -- BY THAT, OF COURSE, I INCLUDE ELECTRONIC CIGARETTES AFTER WE PASSED LEGISLATION IN 2015. ANY STEP THAT WE TAKE, WHETHER IT'S A CITY, A COUNTY OR A STATE TO RAISE THE LEGAL AGE FOR THESE ADDICTIVE SUBSTANCES IS A GOOD STEP.

Dr. Steiner Hayward: OPTIMALLY, I BELIEVE THAT WE CAN GET THIS DONE STATE-WIDE, BUT THAT DOESN'T MEAN THAT I THINK YOU SHOULD STEP AWAY FROM IT, MADAM CHAIR. I ENCOURAGE THE COUNTY TO CONTINUE TO LOOK AT THIS HARD. WE DO BETTER WHEN WE TEAM UP WITH THE COUNTIES. CITY OF PORTLAND PASSED SICK LEAVE, THAT'S WHAT HELPED US GET IT DONE STATE WIDE. WE'RE GOING TO GET THERE, I'M SURE, AT THE STATE LEVEL. WITHOUT YOUR WORK, WE WOULDN'T HAVE GOTTEN THERE. MANY OF THE PEOPLE HAVE GIVEN YOU STATISTICS ALREADY THAT I WOULD HAVE COVERED. I KNOW DR. HOFFMAN'S GOING TO GIVE YOU OTHER STUFF. I WANT TO POINT OUT A COUPLE THINGS FROM DATA THAT ARE REALLY IMPORTANT. ONE OF THE BIG THINGS I'VE HEARD IS ABOUT THE MILITARY. IF YOU'RE OLD ENOUGH TO GO INTO THE MILITARY, WHY AREN'T YOU OLD ENOUGH TO SMOKE? THE DECISION MAKING YOU NEED IN THE MILITARY IS THE DIFFERENT THAN THE NICOTINE ON THE BRAIN. THOSE PARTS OF THE BRAIN DEVELOP DIFFERENT DIFFERENTLY. AREAS OF THE BRAIN THAT ARE VULNERABLE TO ADDICTION DEVELOP LATER THAN AREAS RELATED TO OTHER KINDS OF EXECUTIVE FUNCTION AND DECISION MAKING CAPABILITY.

SECOND OF ALL, THE U.S. MILITARY SAYS THAT TOBACCO IS ONE OF ITS BIGGEST THREATS. THEY ARE WORKING TO BAN ALL TOBACCO PRODUCTS. THE PENTAGON IS WORKING ON THAT. IN HAWAII WHERE THEY PASSED TOBACCO 21, THEY DID NOT EXCLUDE THE MEMBERS OF THE MILITARY AND ON THE BASES, THE COMMANDERS WOULD HAVE HAD A CHOICE. THEY HAVE BANNED SALES. CALIFORNIA, NOT AT THE REQUEST OF THE MILITARY, BUT DID EXEMPT MILITARY MEMBERS. BUT IT DOESN'T SEEM TO BE SOMETHING THAT ANYBODY ACTUALLY IN THE MILITARY THOUGHT WAS IMPORTANT. SO THAT'S ONE IMPORTANT POINT THAT GETS RAISED. THE SECOND PIECE THAT I WOULD RAISE IS THIS IS A SMALL FRACTION. ONLY ABOUT 2% OF TOBACCO SALES ARE 18 TO 20-YEAR-OLDS RIGHT NOW. IT'S A VERY SMALL PERCENTAGE BUT IT CONTRIBUTES TO THE LIFETIME OF ADDICTION BECAUSE THE BRAIN IS SO VULNERABLE TO THE ADDICTIVE EFFECTS OF NICOTINE.

SO, PREVENTING THOSE USERS, THOSE YOUNG USERS FROM STARTING, THEN WE'LL MAKE A BIG DIFFERENCE. SOME PEOPLE SAY, WELL, THEY'LL JUST GO TO THE NEXT TOWN OVER IF YOU JUST PASS IT AS A COUNTY. THEY'LL GO FROM HERE TO WASHINGTON COUNTY OR CLACKAMAS COUNTY. TOBACCO USERS WILL NOT CROSS THE STREET TO GO TO A DIFFERENT CONVENIENT STORE, LET ALONE, DRIVE TO A SEPARATE COUNTY OR JURISDICTION. IF THE STATE PASSES IT, THEY'LL GO ACROSS THE RIVER TO WASHINGTON OR IDAHO OR CALIFORNIA OR NEVADA, DEPENDING ON WHERE THEY LIVE, POSSIBLE? YES. PLAUSIBLE? PROBABLY NOT ESPECIALLY SINCE THESE PEOPLE ARE PROBABLY IN SCHOOL, PROBABLY HAVE LIMITED TRANSPORTATION OPTIONS. SO IT'S NOT LIKELY THEY'RE GOING TO BE MOBILE IN SEARCH FOR TOBACCO. SOCIAL NETWORKS IS REALLY IMPORTANT.

Dr. Steiner Hayward: I WOULD HARKEN YOU BACK. SOME OF US ARE OLD ENOUGH TO REMEMBER THAT THE LEGAL AGE FOR ALCOHOL WAS 18 AND GOT RAISED BACK UP AGAIN IN 1977. BY 1991, THE ENTIRE NATION HAD 21 AS THE LEGAL AGE FOR ALCOHOL. THE PREVALENCE OF USE IN THE PAST 30 DAYS DROPPED BY 38%. WHEN PEOPLE SAY, WELL, WE STILL HAVE PEOPLE UNDER 18 WHO ARE SMOKING NOW BECAUSE THEY CAN ACCESS IT, THAT'S TRUE. BUT IT WILL BE FEWER BECAUSE THEY WON'T HAVE AS MUCH ACCESS TO THE SOCIAL NETWORKS. THERE ARE CONCERNS FROM BUSINESSES, YOU'VE HEARD SOME OF THIS ALREADY. I WOULD POINT OUT THAT FOR EXAMPLE, IN MASSACHUSETTS, WHICH RHYS POINTED OUT, WAS ONE OF THE EARLY ADOPTERS. THAT CITY PASSED IT FAIRLY OVER.

THEY DIDN'T HAVE A SINGLE CONVENIENT STORE GO OUT OF BUSINESS. THEY DIDN'T HAVE A SINGLE RESTAURANT OR BAR GO OUT OF EXISTENCE. THEY WERE VERY CONCERNED WHEN WE ADDED THEM TO THE INDOOR CLEAR AIR ACT AND THERE WAS A WIDE-SPREAD BELIEF THAT EVERY BAR IN TOWN WOULD GO OUT OF BUSINESS. I HAVEN'T HEARD OF A SINGLE ONE HAPPENING YET, OR AT LEAST IN A WAY THAT YOU CAN CONTRIBUTE TO PEOPLE NOT BEING ABLE TO SMOKE IN THERE. TOBACCO COMPANIES WILL TELL YOU IT'S RESTRAINED OF TRADE. AS FAR BACK AS 1986, 30 YEARS AGO, THE FOLKS AT PHILLIP MORRIS WERE SAYING, IF WE RAISE THE AGE TO 21, IT WILL GUT OUR BUSINESS. THAT WOULD BE MUCH-DESIRED. I'M GOING TO LET DR. HOFFMAN TALK ABOUT MORE OF THE MEDICAL PIECES. I'M HAPPY TO TAKE QUESTIONS, IF YOU HAVE ANY.

Chair Kafoury: DO WE HAVE QUESTIONS OR COMMENTS?

Commissioner Bailey: I WANT TO SAY THANK YOU FOR THE WORK YOU'VE DONE ON THIS, FOR CHAMPIONING THIS. WE ARE JOINED BY OTHER LEGISLATURES IN THE ROOM, REPRESENTATIVE FREDERICK AND I'M LOOKING AROUND THE WORLD. COMMISSIONER-ELECT, JESSICA VEGA PETERSON. SO, WE ARE WELL-REPRESENTED HERE BY LEGISLATURE AND I THINK THAT SPEAKS TO YOUR EFFORTS. I APPRECIATE THE POINT YOU BRING UP ABOUT THE MILITARY AND ACCESS. I THINK WHETHER WE'RE TALKING ABOUT THE AGE TO SERVE OR WE'RE TALKING ABOUT THE AGE TO VOTE, WE ENCOURAGE PEOPLE TO DO THINGS LIKE STEP UP FOR THEIR COUNTRY OR PARTICIPATE IN THEIR DEMOCRACY AND TRY TO DO THAT AS EARLY AS POSSIBLE. WE TRY TO DELAY THINGS LIKE BECOMING ADDICTED TO A DEADLY SUBSTANCE AS LONG AS POSSIBLE AND THOSE TWO THINGS SEEM UNCONNECTED IN MY MIND.

WHEN WE HAVE A DRINKING AGE OF 21 AND A MARIJUANA USE AGE OF 21 TO ALLOW FOR AS MUCH BRAIN DEVELOPMENT AS POSSIBLE AND I THINK IT'S IMPORTANT TO MAKE THAT DISTINCTION AND SEPARATION SO I APPRECIATE YOU ADDRESSING THAT, AS WELL AS OTHER CONCERNS BROUGHT UP. YOU BROUGHT UP THE STATE OF MASSACHUSETTS. MY WIFE IS FROM

MASSACHUSETTS AND I'VE SPENT TIME THERE THAT ARE DIRECTLY ADJACENT TO EACH OTHER. MASSACHUSETTS, YOU CROSS THE STREET AND YOU'RE IN ANOTHER TOWN AND THEY HAVE ENACTED T21 IN A JURISDICTION IN WHICH YOU HAVE MANY JURISDICTIONS RIGHT NEXT TO EACH OTHER AND IT'S BEEN SUCCESS SUCCESSFUL.

Dr. Steiner Hayward: THANK YOU FOR THOSE COMMENTS AND KIND WORDS. I COULDN'T AGREE WITH YOU MORE. MASSACHUSETTS IS A GREAT EXAMPLE ABOUT HOW THIS IS A POSITIVE KIND OF CONTAGION. YOU SAW THE LIST THAT RHYS SHOWED YOU ABOUT HOW MANY JURISDICTIONS WERE SHOWN. THERE ARE NO UNINCORPORATED AREAS OF MASSACHUSETTS, SO THERE IT'S THE TOWNS, AS COMMISSIONER BAILEY MENTIONED. THE ONE OTHER POINT THAT I WOULD MAKE THAT COMMISSIONER BAILEY ELUDED TO IS LAW ENFORCEMENT. IF YOU TALK TO REPRESENTATIVE JEFF BARKER, WHO'S A RETIRED POLICE OFFICER AND VERY EXPERIENCED AND HAS CLOSE CONNECTIONS WITH THE LAW ENFORCEMENT COMMUNITY. HE'LL TELL YOU, THEIR OFFICERS STRUGGLE FIGURING OUT WHAT SOMEONE'S SMOKING. YOU DON'T KNOW WHETHER THERE'S OILS CONTAINING THE SUBSTANCE IN MARIJUANA OR LIQUIDS THAT CONTAIN NICOTINE. YOU CAN'T TELL BY LOOKING AT IT OR SMELLING IT. YOU CAN TELL IF SOMEONE'S BURNING THE LEAF BUT YOU CAN'T TELL OTHERWISE. I WANT TO REITERATE THAT THE BILL THAT WE'RE PREPARING TO NOT HAVE MINOR IN POSSESSION PROVISIONS, WE AGREE THESE ARE DISCRIMINATORY CAPACITY. THE ONLY PROVISION WOULD BE THAT MINORS NOT IN POSSESSION OF TOBACCO OR OTHER PRODUCTS THAT AREN'T LEGAL WOULD HAVE THOSE CONFISCATED AND RETAIL LEVEL ENFORCEMENT. WE DON'T THINK IT IS APPROPRIATE TO ADD NEW M.I.P. TO THE STATUTE. IT'S NOT IN THE CURRENT DRAFT.

Chair Kafoury: ANY OTHER QUESTIONS OR COMMENTS? I WANTED TO THANK YOU, AS WELL, FOR COMING THIS MORNING AND TESTIFYING. I THINK IT'S IMPORTANT TO HEAR MESSAGES YOU BROUGHT FORWARD AND IMPORTANT FOR US TO HEAR FROM THE STATE ABOUT THE RELATIONSHIP BETWEEN OUR PASSING LEGISLATION AND YOUR PASSING LEGISLATION. WE HEAR MIXED MESSAGES ON WHETHER IT IS HELPFUL FOR US TO DO. IT IS NICE TO HEAR YOU SAY, YES, IT IS HELPFUL FOR YOU TO DO IT. WE LIKE TO BELIEVE IT DOES, BUT IT'S NICE TO HEAR FROM YOU.

Dr. Steiner Hayward: IF I MAY, MADAM CHAIR, I WOULD SAY THIS, OPTIMALLY, THE STATE WOULD ALWAYS DO THE RIGHT THING FIRST. THAT CAN BE CHALLENGING. WE REPRESENT A MUCH MORE DIVERSE GROUP OF OREGONIANS THAN YOU DO AND WE NEED TO RESPECT THE FACT THAT SOME OF OUR COLLEAGUES MAY STRUGGLE WITH SOME OF THESE IDEAS IN WAYS THAT ARE DIFFERENT FROM MULTNOMAH COUNTY. AND SO SOMETIMES WE HAVE TO START ON A MORE LOCAL LEVEL. JUST AS THE STATE'S TAKE INITIATIVES THAT THE STATE CAN'T OR WON'T TAKE AND MOVE THE EFFICACY AND THEY GET ADOPTED MORE WIDELY ACROSS THE NATION. WHETHER

MUNICIPALITIES OR COUNTIES TAKE STEPS THE STATE ISN'T ABLE TO TAKE, WE HAVE TO START FROM THE BOTTOM-UP SOMETIMES. SO, THANK YOU FOR YOUR EFFORTS.

Commissioner Shiprack: THANK YOU. I'M STILL JUST STRUGGLING WITH THAT BOTTOM-UP CONCEPT BUT I APPRECIATE THE ATTRIBUTE. FROM THE BOTTOM. [LAUGHTER]

Dr. Steiner Hayward: COMMISSIONER, LET ME CLARIFY. I'M JUST SAYING THAT WE START SMALL AND GROW. LET ME PUT IT THAT WAY, INSTEAD.

Commissioner Shiprack: I'M TEASING. I HAVE A COUPLE OF SERIOUS COMMENTS. ONE OF THEM IS THIS REALLY, TO ME, FASCINATING CROSS-OVER AND LOGIC BETWEEN THE AGE OF ENTRANCE INTO THE MILITARY AND THE AGE OF LEGAL SMOKING. AND I WANT TO SAY, AS A BASELINE, JUST AS A BASELINE, TWO THINGS. ONE IS, THE DECISION PROCESSES OF PEOPLE BELOW THE AGE OF 21 ARE VERY DIFFERENT THAN THE DECISION PROCESSES OF ADULTS. AND AS MY SECOND, JUST SORT OF UMBRELLA CONCEPT FOR US TO KEEP IN MIND, WE DON'T WANT TO EXPOSE OUR CHILDREN TO DEADLY THINGS. SO, I DO THINK THAT THE WAY THIS CONVERSATION HAS BEEN MADE TO ALIGN SOMEHOW WITH THE CONVERSATION ABOUT THE MILITARY IS KIND OF FASCINATING, HAVING COME FROM AN AGE GROUP WHERE, YOU KNOW, WE WENT AROUND HUMMING ALICE'S RESTAURANT. YEAH, I CAN HEAR MY AGE GROUP.

Chair Kafoury: WHO'S LAUGHING IN THE AUDIENCE? [LAUGHTER]

Commissioner Shiprack: RAISE YOUR HAND. RAISE YOUR HAND. THANK YOU. THESE ARE JUST PERSONAL COMMENTS, BUT MY SUCCESSOR'S IN THE ROOM, SO I GET TO DO THIS. I GET TO MAKE THESE SORT OF LINGERING NOSTALGIC COMMENTS ABOUT RESTAURANT SMOKING. AND, ALSO, REALLY A PERSONAL COMMENT ABOUT TODAY, BECAUSE ON EVERY 13TH OF EVERY MONTH, I CELEBRATE AN ANNIVERSARY OF QUITTING SMOKING. I WAS RAISED BY TWO PARENTS WHO DIDN'T KNOW THAT SMOKING WAS BAD FOR YOU. ESPECIALLY IF YOU HAD ASTHMA, THEY THOUGHT IT WOULD HELP YOU BREATH.

I RECALL WHEN RESTAURANTS BANNED SMOKING, MY MOTHER WENT INTO A DEEP DEPRESSION. IN A RESTAURANT WHERE SHE HAD BEEN ACCUSTOMED TO SMOKING THROUGHOUT A MEAL, SHE WEPT AND SAID, "I'VE LOST SO MUCH." THIS IS A 90-YEAR-OLD WOMAN WHOSE HUSBAND HAD DIED. WHOSE SECOND HUSBAND HAD DIED, WHOSE FRIENDS, MANY OF WHOM HAD DIED. I AGREED THAT SHE HAD LOST A LOT, ALL OF WHICH SHE HAD PUT UP WITH STOICALLY EXCEPT FOR RESTAURANTS BANNING SMOKING, WHICH I THINK IS COMMENTARY ON THE POWER OF THIS ADDICTION, WHICH PERVADES THE THINKING OF SOME OF THE LOBBY GROUPS WHO ARE MOST OBSTINATE

ABOUT HAVING ANY KIND OF CHANGE AT ALL. SO, IN SPITE OF THAT REALLY DEPRESSING BREAKFAST WE HAD, SHE LIVED FOR WAY LONGER THAN A WOMAN WHO SMOKED TWO PACKS A DAY. AND IT JUST PUTS EVERYTHING INTO CONTEXT, I THINK ABOUT WHAT WE MEAN WHEN WE SAY, WE'VE LOST SO MUCH. SO, I'M COMPLETELY IN SUPPORT OF THIS AND DELIGHTED TO BE ABLE TO PARTICIPATE AND I REALLY APPRECIATE YOUR WORK ON IT, COMMISSIONER BAILEY.

Dr. Steiner Hayward: THANK YOU MADAM CHAIR AND COMMISSIONER SHIPRACK. I LOST MY FATHER IN LAW AND A BELOVED AUNT. ON A PERSONAL AND PROFESSIONAL LEVEL AS A PHYSICIAN, THIS HAS ENORMOUS MEANING TO ME. I THINK THIS IS ONE OF THE BIGGEST STEPS WE CAN TAKE TOWARD THAT END AND WE WILL NOT SEE AN EFFECT OVERNIGHT, BUT WE'LL SEE AN EFFECT. INCREASE COSTS IN THE MEDICAL SYSTEM, BECAUSE AS YOU WELL-KNOW, IT IS NOT ONLY NOT GOOD FOR ASTHMA, IT'S BAD FOR ASTHMA AND IT'S LIKELY THE BABY WILL DEVELOP ASTHMA BECAUSE THE PARTICLES ARE CARRIED IN ON THEIR CLOTHING. I COULD GO ON FOREVER, I WON'T BORE YOU.

Commissioner McKeel: I THINK WE HAVE A BABY IN THE BACK OF THE ROOM, AGREEING WITH YOU. [LAUGHTER]

Dr. Hoffman: GOOD MORNING, COMMISSIONERS. IT'S A REAL PLEASURE TO BE HERE TODAY. MY NAME'S BEN HOFFMAN. I'M A MEDICAL DIRECTOR OF THE SAFETY CENTER THERE AND I'M HERE ON BEHALF OF THE OREGON PEDIATRIC SOCIETY. I'M ON BEHALF OF THE CHILDREN OF OREGON WHO ARE UNABLE TO VOTE AND ARE NOT PRESENT IN THE ROOM. A LOT OF WHAT I PLANNED TO SAY HAS ALREADY BEEN SAID AND I DON'T THINK IT'S NECESSARY TO ECO ALL OF THAT. THE THINGS THAT RESONATE WITH ME AS A PRACTICING PEDIATRICIAN COMES FROM THE FACT THAT I MAKE IT A HABIT TO UNDERSTAND THE NEEDS OF MY PATIENTS AND THE PRACTICES OF MY PATIENTS AND I TAKE CARE OF A NUMBER OF CHILDREN, BOTH HERE IN OREGON AND IN MY PREVIOUS PRACTICE IN NEW MEXICO, WHO HAVE TRANSITIONED FROM BEING SMALL KIDS TO BEING ADOLESCENTS AND IT'S BEEN ASTONISHING TO ME HOW MANY ADMIT TO TRYING CIGARETTES AND OTHER FORMS OF INHALANTS THROUGH VAPING AND OTHER MECHANISMS.

WE KNOW THERE ARE 16,000 HIGH SCHOOLERS WHO SMOKE, WHICH IS ABOUT A ABOUT 8%. 17% OF THEM USE OTHER MECHANISMS FOR INHALING THROUGH VAPING AND OTHER THINGS AND ALMOST ALL OF THEM ACQUIRE THEIR TOBACCO AND THEIR PRODUCTS THROUGH SOCIAL NETWORKS. ONLY ABOUT 10% ARE PURCHASING THESE THINGS ILLEGALLY. THEY'RE GETTING IT FROM FRIENDS, ACQUAINTANCES, COLLEAGUES. IT'S ABSOLUTELY CRUCIAL THAT WE BE ABLE TO BREAK THAT CYCLE. THE TOBACCO COMPANIES UNDERSTAND THIS. THEY KNOW THAT IF WE START LIMITED TOBACCO ACCESS TO YOUNG KIDS, THAT IT'S GOING TO IMPACT THEIR

BOTTOM LINE AND THERE IS A QUOTE THAT'S BEEN ATTRIBUTED TO AN EXECUTIVE AT RJ REYNOLDS THAT IF A MAN HASN'T SMOKED AT 18, THE ODDS ARE THREE IN ONE THAT THEY WILL. WE KNOW THAT. WE'VE SEEN THAT IN THEIR ADVERTISING AND PRACTICES FOREVER.

Dr. Hoffman: ALSO IN TALKING TO TEENAGERS, THEIR PERCEPTION ABOUT TOBACCO IS THAT IT IS LESS DANGEROUS THAN SOME OF THE SUBSTANCES WE PROHIBIT. WE HAVE TALKED ABOUT ALCOHOL AND MARIJUANA. TEENAGERS PAY ATTENTION TO WHAT THEY'RE ALLOWED TO DO AND WHAT THEY'RE NOT ALLOWED TO DO. WE'RE SENDING A MESSAGE BY ALLOWING 18-YEAR-OLDS ACCESS TO TOBACCO THAT'S BETTER FOR THEM, IT'S OKAY FOR THEM AND IT BECOMES A RIGHT OF PASSAGE. AND I THINK THAT WE NEED TO BE MINDFUL OF THAT, THE COMPANIES KNOW IT. WE NEED BE AWARE OF IT. WE NEED TO BE PAYING ATTENTION TO THAT. ONE THING THAT'S BEEN TOUCHED ON BRIEFLY ARE THE ISSUES OF HEALTH EQUITY. THE BURDEN OF TOBACCO AND TOBACCO-RELATED ILLNESSES FALL DISPROPORTIONATELY ON POPULATIONS OF COLOR. AMONG KIDS, 12 TO 17, IT TURNS OUT TO BE ABOUT THE SAME. THE LARGEST PORTION OF USERS ARE NATIVE AMERICAN OR OF NATIVE DESCENT AND APPROXIMATELY 3% TO 4% HAVE PEOPLE WHO SMOKE ON A REGULAR BASIS.

I'M A PEDIATRICIAN AND WE'RE JUST STARTING TO UNDERSTAND THE IMPACT OF SOME OF THESE CHEMICALS ON THE DEVELOPING BRAIN. THERE HAVE BEEN REFERENCES TO THE EXECUTIVE FUNCTION AND THE ABILITY TO MAKE RATIONAL DECISIONS. 18 TO 21-YEAR-OLDS ARE VERY IMPULSIVE. KIDS UNDER 18 ARE EVEN MORE IMPULSIVE. ACCESS TO TOBACCO AND OTHER TOBACCO-RELATED PRODUCTS CAN BE HARD FOR THEM TO TURN DOWN. WE DON'T UNDERSTAND HOW THAT'S GOING TO CHANGE THEIR BRAIN. WE'RE WORKING ON IT. WE'RE STARTING TO GET A SENSE. IT CERTAINLY CAN'T BE GOOD. AND WE'RE AWARE OF THE HEALTH-RELATED TOBACCO RISKS. WE DON'T KNOW WHAT IT REALLY DOES TO A 15-YEAR-OLD BRAIN OR AN 18-YEAR-OLD BRAIN AND I DON'T THINK WE WANT TO FIND OUT BECAUSE IT'S NOT GOING TO BE GOOD. PEOPLE HAVE TALKED ABOUT THE IMPACT OF THESE LAWS IN OTHER STATES AND I THINK ONE THING THAT HAS NOT BEEN MENTIONED SPECIFICALLY IN THE TOWN OF NEEDHAM, MASSACHUSETTS. PEOPLE PICK ON THEM. THEY WERE SURROUNDED BY OTHER SUBURBS OF METROPOLITAN BOSTON AND WHAT THEY FOUND THAT ALL MAINTAINED TOBACCO ACCESS AGE OF 18 YEARS. HIGH SCHOOL SMOKING RATES FELL BY 50% IN A VERY SHORT ORDER.

AND, YOU KNOW, AS COMMISSIONER BAILEY REFERENCED, WALKING ACROSS THE STREET, YOU END UP IN ANOTHER TOWN. PEOPLE DIDN'T DO IT. THE SMOKING RATES FELL BY 50%. THERE WERE ABOUT 2,600 KIDS UNDER THE AGE OF 18 IN OREGON EVERY YEAR WHO WILL START SMOKING AND THERE ARE APPROXIMATELY 70,000 KIDS IN OREGON UNDER THE AGE OF 18, NOW, WHO ARE SMOKING. WHAT WE WANT TO DO IS MAKE SURE THAT THAT

NUMBER GOES DOWN AND IT NEVER GOES UP AGAIN AND I APPLAUD THE EFFORTS OF SENATOR STEINER HAYWARD AND I'M GRATEFUL TO THE COMMISSION FOR TAKING ON THIS DIFFICULT ISSUE BECAUSE IT'S ONE OF GRAVE IMPORTANCE FOR THE CHILDREN OF OREGON.

Chair Kafoury: THANK YOU. QUESTIONS OR COMMENTS?

Commissioner McKeel: CHAIR, I APOLOGIZE THAT I NEED TO STEP OUT. I HAVE ANOTHER COMMITMENT. I WANT TO THANK EVERYBODY WHO HAS COME HERE TODAY AND THANKS TO COMMISSIONER BAILEY FOR BRINGING THIS ISSUE FORWARD.

Chair Kafoury: DO YOU HAVE ANY OTHER SPEAKERS LINED UP?

Commissioner Bailey: I DON'T BELIEVE SO, CHAIR. THANK YOU, DR. HOFFMAN, FOR YOUR WORK ON BEHALF OF OREGON'S CHILDREN.

Dr. Hoffman: THANK YOU TO THE COMMISSION FOR DOING EVERYTHING YOU DO.

Chair Kafoury: THANK YOU, ALL, FOR COMING TODAY, THIS WAS VERY INFORMATIVE AND I APPRECIATE EVERYONE WHO'S COME OUT TODAY. I WANT TO THANK COMMISSIONER BAILEY FOR SPONSORING THIS. WHEN CHILDREN HAVE EASY ACCESS TO TOBACCO, IT IS EASIER FOR THEM TO GET HOOKED. SO, ANYTHING THAT WE CAN DO, I THINK, TO HELP THE STATE IN ITS EFFORTS TO MAKE OUR CHILDREN MORE HEALTHY IS A GOOD STEP FORWARD. THANK YOU.

Commissioner Bailey: ONE OTHER COMMENT. ABSOLUTELY. [LAUGHTER] I THINK THAT'S AN APPROPRIATE ENDING COMMENT. WE TALK ABOUT THIS IN REGARDS TO THE LIVES OF THE CHILDREN IN THE COMMUNITY. IT'S THE MOST IMPORTANT THING THAT WE CAN BE TAKING ABOUT. I WANT TO TAKE A HARD-EYED CLINICAL VIEW FROM A BOTTOM CLINE PERSPECTIVE. WE, AS A COUNTY, SPEND TAXPAYER DOLLARS ON HEALTH OUTCOMES THAT ARE A DIRECT LINE FROM THE DOLLARS WE TAKE IN FROM TAXPAYERS TO PEOPLE WHO ARE LOW-INCOME, WHO ARE SUFFERING HEALTH EFFECTS THAT ARE OFTEN DIRECTLY RELATED TO LIFE-LONG TOBACCO USE. IT IS NOT A STRETCH TO SAY THAT WE ARE LITERALLY PAYING FOR A SMOKING AGE OF 18 RIGHT OUT OF THE TAXPAYER DIME.

SO, IT'S GOOD FOR PUBLIC HEALTH. IT'S GOOD FOR CHILDREN. IT'S THE RIGHT THING TO DO. BUT FROM A BOTTOM-LINE PERSPECTIVE, WE, AS A COUNTY, INTERNALIZE THE COST OF TOBACCO USE AT AGE 18 AND THE DOWNSTREAM AFFECTS THAT THAT CAUSES. SO, I ALSO THINK THAT THIS IS A FISCALLY RESPONSIBLE MEASURE THAT WE CAN TAKE TO PROTECT THE TAXPAYER

DIME AND TO PROTECT OUR PUBLIC BUDGET IN ADDITION DO THE RIGHT THING TO DO FOR PUBLIC HEALTH

Chair Kafoury: THANK YOU. ON THAT NOTE, WE ARE ADJOURNED.

ADJOURNMENT – 10:57 a.m.

[THESE MINUTES UTILIZE THE REAL-TIME TRANSCRIPT PRODUCED BY LNS CAPTIONING AND MAY INCLUDE ERRORS DUE TO MISHEARING, TECHNICAL DIFFICULTIES AND/OR THE STENOTYPE DICTIONARY SOFTWARE.]

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