

## Regarding the Proposed Increased Funding for Tobacco Prevention and Cessation

Dear Chair Roemer, Ranking Member West and Members of the Subcommittee on Health and Medicaid:

My name is Barbara Diver, and I am a 30-year cancer survivor from Broadview Heights, Ohio. I am also a mother of two students who have attended Brecksville Broadview Heights High School for the years of 2009 through 2017. During those years, I have had the unfortunate privilege of watching the changing face of tobacco use among high school students.

In grade school, my son was the very proud winner of the D.A.R.E essay contest and graduated the program, making a pledge to avoid tobacco products and drugs. He stayed true to that promise through middle school and his Freshman year of high school. It was during his sophomore year in 2010 when he first experimented with marijuana, smoking what are commonly known as blunts. Blunts are made from thin cigars (also known as cigarillos) with the loose tobacco dumped out and refilled with marijuana. Kids believe that by emptying out the loose tobacco, they are not smoking tobacco. What they do not realize is that the wrappers are made from tobacco leaves – not paper like cigarettes – and contain nicotine. For many students, this is the start of their nicotine addiction. How do I know this? Through conversations with my son during one of his attempts at quitting smoking.

As their nicotine addiction grows, they find the need to satiate the craving by using cigarettes and loose tobacco products. I grew to recognize the outline of a can of chew in his jean pockets or backpack pocket. I also started noticing how many of those imprints I saw on other students as they were coming and leaving school. For the next 2 1/2 years, I watched my son's tobacco addiction grow and every time I picked him up from school, an increasing number of kids getting in their cars and lighting up a tobacco product.

By the time my daughter started high school in 2013, the first version of vaping products had been introduced and the students were switching from cigarettes to using tanks and coils to heat liquid products. You could see the clouds of vapor from kids exhaling coming out of various cars in the parking lots. According to my son, who by this time was using the same product, the kids who used these "vapes" would compete to see who could make the biggest clouds. The common belief was that vaping was not addicting because you were not actually smoking tobacco. The truth is that the oils used in these products contain varying amounts of nicotine which makes them addictive.

There was a time I bought the liquid (juice) for my son and I saw all the different flavors and nicotine levels. The store display for juice was set up by category, fruit flavors, dessert flavors, candy flavors, etc. In each section there was a shelf for each level of nicotine added. All these choices of flavors are attractive to youth and help keep them using the products.

By the time my daughter graduated from high school in 2017, kids had moved on to e-cigarettes. These could be hidden in clothing or the juice could be put in devices meant to look like Apple watches, draw strings on hoodies and backpacks. Because e-cigarettes do not produce a cloud like a vape, kids could smoke them in school and staff would not know. After a choir trip in her senior year, my daughter told me how many of her friends had brought their e-cigarettes in suitcases. These were the same suitcases checked by chaperones and drug dogs. That is how easy it is to hide these products.

Here in Ohio, of the 36.7 % of high school students who use a tobacco product, 29.8% use e-cigarettes. This compares to the current information from the CDC which has a national overall rate of 23.6% of students with 19.6% being e-cigs.

Why is Ohio so much higher than the Nation as a whole? One of the main reasons is the amount of marketing dollars big tobacco spends in Ohio - \$430 million. That is 37 times more in Ohio than in other states. These amounts are for product placement, posters in window, rebates, and other items.

Sure, if you are under the age of 21, it is illegal to buy these products. But there are friendly retailers, parents who buy these products believing they are safe for their kids, and older friends who will do favors. This will always be an issue as long as underage kids want to use tobacco products. How can we change this? Through tobacco prevention and cessation programs.

Currently, the CDC recommends that Ohio spend \$130 million on prevention and cessation programs. The amount in the Ohio budget the last two years is \$12 million. By increasing this amount to \$14.5 million, we are making a small step towards that recommended amount, but a large step towards helping out youth. This increase would provide stronger prevention and cessation programs that could prevent 700 youth from starting use of tobacco products in one year, prevent more than 200 premature tobacco-related deaths and generate nearly \$15 million in health care cost savings.

As a mother who watched her son become addicted to tobacco in high school, I urge you to protect the youth of Ohio by adopting the \$2.5 million proposed increase to tobacco control programs.

Thank you for allowing me to testify today.

Sincerely,  
Barbara Diver  
Broadview Heights, OH