

**Jennifer T. Shalz, MD Testimony on Senate Bill 1255 (Tobacco 21)**

**February 14, 2018**

Mr. Chairman and members of the committee, my name is Dr. Jennifer Shalz. I am an internal medicine physician and the Medical Director of the St. Luke's Tobacco Treatment Program and the St. Luke's Cardiopulmonary Rehab Program.

I know that there are concerns about the concept of freedom of choice when it comes to using recreational substances. However, I think most reasonable people would agree that addiction to a substance removes the freedom of choice. Substance addiction rules your life—there is no freedom in that.

I witness every day patients of mine facing the ravages of disease caused by tobacco because of their nicotine addiction. These people have progressive disability causing unbelievable suffering for them and their families not to mention dealing with the specter of premature death. Unfortunately, many of them can still not quit tobacco even when they choose to quit and when we give them the scientifically established maximal support that we have to quit through our Tobacco Treatment Program. Our quit rates are consistent with national quit rates. Only 1 in 5 to 1 in 4 tobacco users who are actively involved in our program can quit for a year. This is not their freedom of choice. This is their addiction.

I am here to address the specific issue of nicotine addiction based on my experience and knowledge because many are unaware of how severely addictive it is especially for teens and young adults. It is not widely known or appreciated that among substances, nicotine is the drug with the highest dependency effect: higher than heroin, cocaine, alcohol, and marijuana. In fact, the degree of dependency goes in that order: nicotine first then heroin, cocaine, alcohol, and marijuana.

Dependency refers to how difficult it is for the user to quit, the relapse rate, and the percentage of people who are just users who become dependent. In fact, 68% of nicotine users vs only 23% of alcohol users will become dependent at some time in their life. Bottom-line, amongst all of these substances, nicotine is not only the one most likely to cause dependency but also the hardest to quit. (Jack Henningfield of National Institute on Drug Abuse and Neal Benowitz of UCSF 1994 and Catalina Lopez-Quintero et al; Drug and Alcohol Dependence, 2011.)

Let's remember that it is not the nicotine which is itself the most harmful for health outcomes but the tobacco that contains the nicotine. The nicotine is the vehicle for lifelong dependency on tobacco.

Adolescents who use nicotine containing products in the form of tobacco or e cigarettes are highly likely to become lifelong tobacco users because of the effects of early exposure to nicotine on the developing brain. Brain development continues until age 25 and adolescent brains are uniquely vulnerable to becoming addicted to nicotine because there is evidence that their brains are very sensitive to the rewarding effects of nicotine which causes the addiction to occur. This sensitivity to reward from nicotine decreases with age such that if someone is not a regular tobacco user by age 25 years old then it is highly unlikely they will become one.

So, when there is an argument that we are taking away freedom of choice by lessening (certainly impossible to eliminate) the chances our adolescents will be readily exposed to nicotine containing

products in the form of tobacco and e cigarettes, it does not hold water in the face of addiction. Addiction removes freedom of choice.

We want to discourage youth from making decisions to initiate nicotine containing products that they will later regret b/c they become victims of the vise grip of addiction with all of its associated disability, suffering, and premature death.

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