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*The Maine Oral Health
Coalition represents a
statewide group of
organizations and
individuals who work
together as a network
to support each other
in raising awareness
and promoting oral
health and dental
disease prevention
activities, through
community education
and advocacy, with
the vision that oral
health is valued as a
vital element of
wellness for all Maine
residents.*

Testimony of the Maine Oral Health Coalition
Submitted by Judith Feinstein, Coordinator
In Support of LD 1215,

An Act to End the Sale of Flavored Tobacco Products
April 25, 2023

Senator Baldacci, Representative Meyer and distinguished members of the Health and Human Services Committee, this testimony is submitted on behalf of the Maine Oral Health Coalition (MOHC) in support of LD 1215. Founded 25 years ago as the Maine Dental Access Coalition, we continue to function as a broad network, and maintain a close interest in policy and systems changes that can improve access to services and oral health status in Maine.

Others testifying in support of LD 1215 will have noted the effects of tobacco use on overall health, and why and how ending the sale and distribution of flavored tobacco products, including flavored cigars and electronic smoking devices, makes sense for Maine and particularly our young people. Our testimony focuses on oral health. A first step in improving oral health status is to engage in upstream behaviors and implement policies that prevent dental disease. For example, according to a [2020 systematic review](#)¹ of the oral health effects of e-cigarette use, vaping increases the risk for deteriorating periodontal, dental, and gingival health, and can cause changes to the oral microbiome. E-cigarette explosions can also cause extensive dental damage.

As you probably know, access to regular oral health care in many parts of Maine continues to be challenging in many ways, not the least of which is that paying for needed care is often a significant financial barrier, especially for people with lower incomes. As you have heard, this population has been targeted by the tobacco industry – resulting in a clear relationship that as income decreases, tobacco use increases. There is a greater density of tobacco retailers in low-income neighborhoods, including more that are near schools. The tobacco industry has targeted women with low-income through distribution of discount coupons, point-of-sale discounts, direct-mail coupons, and development of targeted branding. Flavored tobacco products are intentionally marketed to appeal to young people, including teenagers who are not legally old enough to purchase them. Adolescents are particularly susceptible to tobacco's addictive properties, not only because of peer pressure but also because of the characteristics of the developing adolescent brain.

The relationship between income, tobacco use, and oral health care is consequential. The cost of regular, ongoing preventive care can present a significant financial barrier for many families, and the cost of restorative care can be prohibitive. Dental disease is a chronic and progressive disease, but it is almost completely preventable. Tobacco use has an adverse impact on the oral environment and an individual's ability to maintain good oral health. The connections between dental disease and limited employment opportunities, low educational achievement, and decreased social mobility are well known and well documented. Adults with poor oral health are also more likely to have other health problems that poor oral health makes worse. Tobacco use is also preventable. Policies that discourage tobacco use – particularly among youth – are likely to improve oral health and have positive effects on overall health and well-being.

We urge the Committee to support LD 1215 and its potential to improve overall health, including oral health, for all population groups in Maine, and particularly our young people. Thank you.

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¹ Yang I, Sandeep S, Rodriguez J. The oral health impact of electronic cigarette use: a systematic review. Crit Rev Toxicol. 2020 Feb;50(2):97-127. doi: 10.1080/10408444.2020.1713726.