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30 Association Drive, Box 190

Manchester, ME 04351

office: 207-480-4185

[www.maineaap.org](http://www.maineaap.org)

## Testimony for LD 1215: AN ACT TO END THE SALE OF FLAVORED TOBACCO PRODUCTS

Thank you to Senator Baldacci, Representative Meyer, and the Health and Human Services Committee for allowing me to share my written testimony. My name is Amy Buczkowski, MD, and I am a hospital-based pediatrician that lives in Freeport, Maine. I write on behalf of the Maine Chapter of the American Academy of Pediatrics, an organization of pediatricians across Maine focused on promoting policies that improve the health and well-being of Maine's children. We stand in support of LD 1215 as an effective public health strategy to prevent childhood use of flavored tobacco products.

As pediatricians, we care deeply about promoting the health and safety of Maine's children, so that they can grow and develop to reach their full adult potential. Tobacco is incredibly addictive, and chronic use has known negative impacts on long-term health, including effects on lung growth and function, immune function, and decreased overall health<sup>1</sup>. Among adults who have ever smoked daily, 87% tried their first tobacco product by the time they were 18 years old, and 95% tried tobacco by the age of 21<sup>2</sup>. This highlights how adolescents and young adults live at a vulnerable intersection of increased susceptibility to addiction and decreased insight into long-term impacts of harmful substance use. This intersection is what drives tobacco companies to target youths, and flavored tobacco products are a prime example of how companies attract adolescents and young adults to try tobacco products through manipulative practices. See the attached picture (at the end of this testimony) that illustrates examples of how flavored tobacco products are marketed towards children (Figure 1).

It is not only long-term impacts of tobacco use that are worrisome. As a hospital-based pediatrician, I have seen adolescent patients admitted to the hospital with lung injury in the setting of significant e-cigarette use. Unfortunately, this is becoming a more commonly described and scary phenomenon in adolescents and young adults within the medical literature<sup>3</sup>, and it is our responsibility to combat this phenomenon through public health policy.

Prohibiting flavored tobacco products sales has been implemented successfully in other states, and preliminary data shows resultant declines in youth tobacco and e-cigarette use. For example, in Massachusetts, youth tobacco use declined from 4.3% to 2.9%, and youth e-cigarette use declined from 32% to 17.6% from before to after prohibiting flavored tobacco sales<sup>4</sup>. This decrease in youth tobacco and e-cigarette use saves healthcare dollars down the road. For example, in Massachusetts, they are projected to save approximately \$477 million in long term health care costs due to the implementation of flavored tobacco restrictions<sup>5-6</sup>.

With policies prohibiting sales of flavored tobacco being instituted in municipalities across Maine, including Portland, South Portland, Brunswick, Bangor, and Bar Harbor, this is a concerning set-up for health inequity across our state. This impact would widen an already existing gap in tobacco use rates and health outcomes between Maine's urban and rural populations. All children deserve the same opportunity to live a healthy life, and LD 1215 is an important needed step to balance the tobacco field for Maine's children.

LD 1215 is an important piece of legislation for Maine's children to prevent nicotine addiction and save downstream healthcare costs, deter tobacco companies from targeting children with their products, and to achieve health equity. Please join Maine's pediatricians in supporting this bill.

Thank you!

Figure 1. Examples of tobacco advertising that targets children (borrowed from the Ohio Department of Natural Resources).

Cereal Treats Crunch



E-liquid



Food product

Cereal Treats Loopz



E-liquid



Food product

Cereal Treats Charms



E-liquid



Food product

Dripflavors Sour Apple Kiwi Gummy Salt



E-liquid



Food product

Cereal Treats Krispies



E-liquid



Food product

Dripflavors Strawberry Lemonade Salt



E-liquid



Food product

## References

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- 2) Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, 2014. Analysis by the American Lung Association Epidemiology and Statistics Unit Using SPSS Software. <https://www.icpsr.umich.edu/web/NAHDAP/studies/36361>
- 3) Edmonds et al. Vaping-induced diffuse alveolar hemorrhage, 2020. <https://www.sciencedirect.com/science/article/pii/S2213007119303594>
- 4) Massachusetts Department of Public Health, Evaluation of An Act Modernizing Tobacco Control: Overview and Preliminary Results, 2022. <https://www.mass.gov/doc/illegal-tobacco-task-force-public-meeting-fifty-one-minutes/download>
- 5) Asare et al. Association of Comprehensive Menthol Flavor Ban With Current Cigarette Smoking in Massachusetts from 2017 to 2021. JAMA Internal Medicine, 2023. <https://pubmed.ncbi.nlm.nih.gov/36848121/>
- 6) Projected Smoking-Related Deaths Among Youth - United States. MMWR, 1996. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00044348.htm>