

Good afternoon, Senator Baldacci, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services: my name is Dr. Andrea Tracy, I am a pediatrician living in Brunswick and working in Augusta. I am writing today to testify in favor of LD 1215, An Act To End the Sale of Flavored Tobacco Products.

While true that “impressionable,” “socially vulnerable,” “fearless,” and “resourceful” can be personality traits, these words also describe an important, yet enigmatic, developmental stage of human beings, one that typically ranges from age 10 to 14. This population of preteens and young adolescents can be described as critical of self, desperate to fit in, prone to peer pressure, prone to marketing strategies, risk-taking, independence-seeking, and good at keeping secrets.

Children, ages 10 to 14 years, also still have sensitive taste buds. They tend to dislike strong flavors, such as tomatoes, brussel sprouts, bleu cheese and ... tobacco. They usually know they like candy. They already know they want some sort of passage from childhood to adulthood.

Could there be better target audience for an industry seeking a “sustainable business model” through lifelong addiction? Just getting the kids hooked on candy-flavored tobacco when they are at this particularly vulnerable stage provides years of steady consumers, (that is until they die prematurely).

Unfortunately, for our youth, the addicted adults they become, and ultimately our communities, the technique of hooking youth with flavored tobacco products has been extremely effective.

Relevant reports have come out from the Surgeon General in 2012, 2016, and 2018. Each has urged parents, educators and health care

providers to talk with our children, and urged local and state governments to take steps to limit access of tobacco products to children. The use of tobacco products was called an epidemic in 2010, and the use *by youth* was called an epidemic in 2018. Since then, use of tobacco products by our vulnerable yet headstrong youth has continued to rise.

From the 2012 Surgeon General's report:

Nearly all tobacco use begins during youth and young adulthood. These young individuals progress from smoking occasionally to smoking every day. Each day across the United States over 3,800 youth under 18 years of age start smoking. Although much progress has been made to reduce the prevalence of smoking since the first Surgeon General's report in 1964, today nearly one in four high school seniors and one in three young adults under age 26 smoke. Of every three young smokers, only one will quit, and one of those remaining smokers will die from tobacco-related causes. Most of these young people never considered the long-term health consequences associated with tobacco use when they started smoking; and nicotine, a highly addictive drug, causes many to continue smoking well into adulthood, often with deadly consequences....

We are using the many tools at our disposal, from regulatory power to state and local investments, to end the tobacco epidemic. In November 2010, HHS announced the Department's first ever comprehensive tobacco control strategic action plan, titled *Ending the Tobacco Epidemic*, which will help us bring all of these strategies together to achieve our goals.

From the 2016 Surgeon General's report:

E-cigarettes entered the U.S. marketplace around 2007, and since 2014, they have been the most commonly used tobacco product among U.S. youth. E-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time during 2015-2017. However, current e-cigarette use increased 78% among high school students during the past year, from 11.7% in 2017 to 20.8% in 2018. In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently use e-cigarettes. E-cigarette aerosol is not harmless. Most e-cigarettes contain nicotine – the addictive drug in regular cigarettes, cigars, and other tobacco products. Nicotine exposure during adolescence can harm the developing brain – which continues to develop until about age 25. Nicotine exposure during adolescence can impact learning, memory, and attention. Using nicotine in adolescence can also increase risk for future addiction to other drugs. In addition to nicotine, the aerosol that users inhale and exhale from e-cigarettes can potentially expose both themselves and bystanders to other harmful substances, including heavy metals, volatile organic compounds, and ultrafine particles that can be inhaled deeply into the lungs. Many e-cigarettes also come in kid-friendly flavors. In addition to making e-cigarettes more appealing to young people, some of the chemicals used to make certain flavors may also have health risks.

In 2018, the Surgeon General Adams said at a news conference. "I am officially declaring e-cigarette use among youth an epidemic in the United States. Now is the time to take action. We need to protect our young people from all tobacco products, including e-cigarettes."

It is now 2023. One in three Maine high school students have used e-cigarettes; 1 in 5 are currently using a tobacco product—rates well above the national average.

It is high time that we in Maine take the step of ending the sale of flavored tobacco products, in order to protect our children from getting hooked into a lifelong addiction. Surgeon Generals have been highlighting this problem for over a decade. Several Maine towns and cities have already taken a stand. With your thoughtful vote, Maine can be one of the states that lead the nation on this important issue. As a pediatrician, parent and concerned citizen, I urge you to support LD 1215, An Act To End the Sale of Flavored Tobacco Products.