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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 Emily Jacobs, DO, and I am a pediatrician living and working in Franklin County. I am also a member 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 and resulting illness and addiction as a result of tobacco product use.

As someone who has grown up in Maine, the effects of tobacco products have influenced nearly every aspect of my life. Growing up, I never knew my grandfather, who died from small cell lung cancer from his tobacco addiction incurred from his time in the US Navy. While I was fortunate to live in a smoke-free house, many friends' houses and my grandmother's house were filled with smoke and I would come home noticing the smell on my clothing. As an athlete in high school, I was petrified of anything that may ruin my lungs and carefully avoided any peers engaged in smoking. This continued through my athletics in college, then through medical school and still today where I try to practice what I preach as a pediatrician. What pains me, though, is remembering the fresh air I breathed as a high schooler at Leavitt and thinking how today that air is filled with the emissions of e-cigarettes. I also admit to myself that given all of the enticing flavors, colorful wrappers and targeted marketing; I probably would have tried them if I were a teenager today.

Starting in 2017, adolescent vaping virtually exploded increasing by 78% to 20.8% use, or 1 in every 5 students reporting use¹. I think anyone would be kidding themselves to think they would not have either known someone who vaped or vaped themselves if they were growing up in Maine right now (where the statistic is actually even higher – almost 1 in 3 having used an e-cigarette²). As a Pediatrician, I have quoted these statistics to colleagues who have children in middle school or high school and they, to a tee, state that their children are absolutely not vaping. Which means the shoe has to fall somewhere – if it's not their kids, it's yours.

Who cares? Isn't the flavoring in nicotine products the "only reason" some adults claim they can stop smoking cigarettes and use vapes? Shouldn't children and teens be strong enough to deny themselves "I Love Donuts Strawberry", or other donut, custard, cheesecake, pie, cookie or ice cream flavors? Caramel, cotton candy, or sour blue razz?³ Shouldn't they ignore ads that promise to a vape experience to be fun, adventurous, and make them more popular, sexier?⁴

But what's the harm, really, if even 11- or 12-year-olds are starting to use nicotine⁵ hidden beneath tempting flavors? Well, we saw firsthand around 2019 when young adults and adolescents developed severe lung disease resulting from e-cigarette or vaping product use-associated lung injury (EVALI)⁶. So that can be damage done just from vaping alone. However, adolescents and young adults who use e-cigarettes are 3.6 times more likely to report using good old combustible cigarettes at a follow up 30 days later⁷. Which might mean that, like my grandfather who started smoking at age 16, these kids may never meet their grandchildren due to the health consequences of their nicotine addiction.

It's a lot of data, but I take the time to outline it because I really care. I care about Maine, I care about Maine's kids, and I care about Maine's future as a free, open, clear-aired place for healthy kids and families to thrive. Please vote "yes" on LD 1215 to end the sale of flavored tobacco products and keep Maine healthy.

1 Cullen KA, Ambrose BK, Gentzke A, Apelberg BJ, Jamal A, King B. Notes from the field: use of electronic cigarettes and any tobacco product among middle and high school students – United States, 2011-2018. *MMWR Morb Mortal Wkly Rep.* 2018;67(45):1276-1277

2 Maine Integrated Youth Health Survey, 2019. Maine CDC Press Release, Dec 13, 2019. Available: <https://www.maine.gov/dhhs/mecdc/press-release.shtml?id=1874903>

3 "Best E-Juice Flavors 2021". February 2, 2021. Vaping360.com Available: <https://vaping360.com/best-e-liquids/e-juice-flavors/#desserts>

4 Stanford University Research Into the Impact of Tobacco Advertising. Available: http://tobacco.stanford.edu/tobacco_main/index.php

5 Evans-Polce R, Veliz P, Boyd CJ, McCabe V, McCabe S. Trends in e-cigarette, cigarette, cigar and smokeless tobacco use among US adolescent cohorts, 2014-2018. *Am J Public Health.* 2020;110(2):163-165

6 Hamberger ES, Halpern-Felsher B. Vaping in adolescents: epidemiology and respiratory harm. *Curr Opin Pediatr.* 2020;32(3):378-383

7 Soneji S, Barrington-Trimis J, Wills, T, et al. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults. *JAMA Pediatr.* 2017;171(8):788-79