Good afternoon, Senator Claxton, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services. Our names are Nicholas Baker, Paula Caras, Abigail DeSchiffart, Owen Doane, and Sophie Smith and we are first-year medical students in Portland, Maine, testifying in favor of LD 1215, An Act to End the Sale of Flavored Tobacco Products.

For many, tobacco and nicotine use begins at a very young age, without enough education about its effects. Approximately two-thirds of JUUL users aged 15 – 24 do not know that JUUL always contains nicotine. Nicotine use in adolescents can harm the areas of the brain that control attention, learning, mood, and impulse control due to damage of the synapses between neurons. Use of nicotine has also been linked to mental health side effects such as depression.¹

We were high school and college students during the rise of flavored tobacco products, and so these data and statistics were apparent in the communities around us. Many of our friends, classmates, teammates, and younger family members started using flavored tobacco products as teenagers, some of whom continue to struggle with addiction to nicotine, and now use other tobacco products such as cigarettes and chewing tobacco.

Now, as medical students in our respiratory pathophysiology classes, we are learning about the devastating long-term consequences of tobacco use. There are dozens of examples of deadly diseases linked to tobacco use. Chronic obstructive pulmonary disorder is a condition in which a person can no longer breath out as much air as they need to. Over time this leaves these individuals with lungs that can no longer take in any air.² This deadly disease has been directly linked to smoking tobacco in 90% of cases.³ It currently affects over 15 million Americans.⁴ Unfortunately, many of these patients who have these diseases start smoking tobacco when they were teenagers or younger.

While learning from doctors in hospitals and clinics, we have witnessed heartbreaking conversations between physicians and patients. One person came in because he noticed a small lump above his collarbone. A small sample of the tissue was collected, and just about 30 minutes later, the physician shared the findings of the biopsy and imaging with her patient which showed that he has metastatic cancer, which likely spread from his lungs to his lymph nodes and possibly throughout his body. He had smoked for 20 years.

We have observed an appointment in which the physician reviewed the treatment plan for a person with a salivary gland cancer involving his tongue. Although thankfully his cancer was curable, the required surgery to remove the tumor and reconstruct his tongue will cause his speech, taste and swallowing to be forever changed. This person also used tobacco.

Should these patients' stories not be powerful enough, research also shows that flavored tobacco bans do have an effect on young adults' smoking habits. One 2020 study in San Francisco, for example, demonstrated a statistically significant reduction in overall tobacco usage among 18-24 year-olds in a 10-month period following a comprehensive ban on flavored tobacco products.⁵ This is just one of a multitude of studies which show similar trends.

It is sad and emotionally challenging to be a part of the beginning of these patients' battles with cancer. And in these moments, we also think about our friends, family, and community members who may be in this position in the future, because of tobacco use beginning with flavored tobacco products.

Supporting An Act to End the Sale of Flavored Tobacco Products is an opportunity to protect our friends, family, and community members, and to protect the health of our future patients. Please vote 'YES' on LD 1215.

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