

Testimony of Maine Public Health Association In Support of: LD 2157: An Act to Prohibit Tobacco Sales near Schools

Joint Standing Committee on Health and Human Services Room 209, Cross State Office Building Thursday, February 1, 2024

Dear Senator Baldacci, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am a resident of South Portland and executive director of Maine Public Health Association.

MPHA is the state's oldest, largest, and most diverse association for public health professionals. We represent more than 700 individual members and 60 organizations across the state. MPHA works to optimize the health of people and places in Maine through advocacy, education, partnerships, and public health workforce development. We are not tied to a national agenda, which means we are responsive to the needs of Maine's communities, and we take that responsibility seriously.

This bill prohibits the Department of Health and Human Services from issuing a new or renewed retail tobacco license to a retailer operating within 1,000 feet of a school.

Smoking causes disease and disability, harming nearly every organ of the body.¹ Yet, tobacco use among Maine youth and adults is higher than national averages. Among Maine high school students, 18% use some form of tobacco, including cigarettes, cigars, e-cigarettes, and smokeless tobacco,² compared with 13.4% nationally.³ The use of tobacco products among Maine adults is lower than the youth use rate (16.5%) but still higher than the national average (15.5%).⁴ Thirty percent of high school students have ever used e-cigarettes,² compared with 4.1% of Maine adults.

The disparity between youth and adult use is because the tobacco industry knows that 95% of adults who smoke start by age 21.⁵ With the advent of flavored tobacco products, we have seen an explosion in youth tobacco use rates; indeed, 80% of kids who have used tobacco started with a flavored product.⁶ To attract younger "replacement smokers,"⁷ the industry has developed and markets more than 15,000 flavored tobacco products. These flavors include everything from Rocky Road-flavored cigars to Dr. Pepper-flavored dissolvables to Unicorn Frappe on Ice nicotine juice (flavored to taste like raspberries, mangoes, fresh cream, cotton candy, and menthol). Findings published in *The New England Journal of Medicine* showed that the same chemicals used in "cherry," "grape," "apple," "peach," and "berry" Jolly Rancher candies, Life Savers, and Kool-Aid drink mix were also used in similarly flavored tobacco products. According to the authors, "What we are seeing is truly candy-flavored tobacco." Included with my testimony is an infographic of the various types and flavors of tobacco products.

The tobacco industry has a long and lethal history of targeting kids and other populations with its products. For example, tobacco industry documents reveal aggressive marketing, including cheaper prices, increased retail density, and more advertising of menthol cigarettes in Black neighborhoods.⁸ The retail environment is especially critical for tobacco companies because it allows them to communicate directly with consumers,

especially because tobacco advertisements on television and radio are prohibited. It is at the point of sale where the tobacco industry's messages reach and appeal to kids. Indeed, youth are sensitive to tobacco advertising and pricing. About one-third of teenage tobacco experimentation can be attributed to advertising in stores.

Tobacco companies also use a strategy called "geotargeting." When someone agrees to share their location with a phone app, companies can tell where they are. They use that person's location to provide specialized content based on location, and they use this information to track behavior so they can improve their targeted marketing. Youth are primary targets of these efforts. Tobacco companies identify events and zip codes where there are likely to be higher tobacco use rates and customize content for their customers in those locations, in the hopes of getting them into stores and selling more products. Once in the store, companies use point-of-sale advertising or special in-store sales or promotions to incentivize customers to buy more products. <u>Point-of-sale-advertising increases sales by 30 percent</u>.

Prohibiting tobacco retail sales close to where kids spend their time – like schools – reduces the effectiveness of these types of targeted marketing and advertising.

We respectfully request you to vote LD 2157 "Ought to Pass." Thank you for your consideration.

 ² Maine Department of Health & Human Services & Maine Department of Education. <u>Maine Integrated Youth Health Survey</u>. 2023.
³ Gentzke AS, Wang TW, Cornelius M, et al. Tobacco product use and associated factors among middle and high school students — National Youth Tobacco Survey, United States, 2021. *MMWR Surveill Summ* 2022;71(No. SS-5):1–29.

¹ U.S. Centers for Disease Control and Prevention, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. <u>Smoking and tobacco use: Health effects</u>. Accessed January 15, 2021.

⁴ U.S. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. 2020.

⁵ Campaign for Tobacco-Free Kids. <u>Raising the tobacco age to 21</u>. January 9, 2020.

⁶ Ambrose BK, Day HR, Rostron B, et al. Flavored tobacco product use among US youth aged 12-17 years, 2013-2014. *JAMA*. 2015;314(17):1871–1873.

⁷ Burrows D. Younger adult smoker: Strategies and opportunities. February 29, 1984. R. J. Reynolds Tobacco Company. Bates No. 501928462-501929550. URL: <u>http://www.rjrtdocs.com</u>. Access date: April 22, 2023.

⁸ Campaign for Tobacco-Free Kids. <u>Tobacco company marketing to African Americans</u>.