

**LD 1215 An Act To End the Sale of Flavored Tobacco Products**  
Public Hearing – Joint Standing Committee on Health and Human Services  
April 25, 2023

Good afternoon, Senator Baldacci, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services: my name is Joanne Joy, I have been working in tobacco prevention for 22 years. I live in Bowdoinham, and I am here today to testify in favor of LD 1215, An Act To End the Sale of Flavored Tobacco Products.

I co-authored a Maine-based needs assessment on LGBTQ+ youth tobacco use including vaping in 2021 that confirmed much higher rates of tobacco/nicotine use. In 2022, I conducted four focus groups with 25 LGBTQ+ youth in two counties, Kennebec and Knox. I learned a lot. The 2-page summary of that research is included.

This testimony shares what the youth said.

The why...

- LGBTQ+ youth experience stress, anxiety, depression at higher rates than their peers.
- They think vaping helps cope with the stress, anxiety, depression.
- Many believed vaping is harmless or less harmful.
- Tobacco and vaping companies continue to target LGBTQ+ communities – just as they have since the early 1970s.
- Once vaping, regardless of the information about harm and costs, etc. most stated they or their friends clearly were going to use anyway – addiction.

The what...

- They began with and continue using flavored products– mint was a common flavor among others.
- Vaping both connects these kids to other youth and young adults who vape.
- AND vaping isolates them as they avoid some activities because they need to vape.

Access...

- Really easy to get.
- Adults primarily purchased and provided the products –parents, parents of friends, older friends and siblings were the most common sources.

Consequences right now...

- Withdrawal from nicotine products starts in 20 minutes. Symptoms mimic those of stress, anxiety and depression – likely making existing mental health concerns worse, and perversely reinforcing the feeling that more nicotine is needed in order to feel better
- LGBTQ+ youth have higher rates of mental health stressors than non-LGBTQ+ peers, the overlap of mental health and withdrawal symptoms is of great concern.

I have two closing points and a couple of personal comments

1. This bill is about prevention of youth initiation of tobacco /vaping.

2. As a reminder - Tobacco and vape products will remain on the market – nicotine is not being prohibited and there are no criminal penalties for purchase or use.

I am a person in long-term recovery.

- I started using tobacco as a teenager to fit in, although I would have denied that at the time.
- I quit tobacco about 7 years into recovery and after several years of valiant quit attempts.
- I experienced a new freedom from having to buy it, find a place to use it, and the like, and I also became more of the real me.

Prevention is so much easier than recovery.

I urge you vote in favor of LD 1215 **An Act To End the Sale of Flavored Tobacco Products**

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# LGBTQ+ YOUTH

## Tobacco Prevention Project

### Youth Focus Groups & Surveys

Executive Summary – November 2022

Healthy Communities of the Capital Area (HCCA) and OUT Maine partnered to author the Needs Assessment and implement other LGBTQ+ YTPP efforts.

This project received funding through Maine CDC, Maine DHHS

**The LGBTQ+ Youth Tobacco Prevention Project** authored an in-depth Tobacco Prevention Needs Assessment in 2021. Findings were based on review of secondary data of youth tobacco use and exposure rates as well as risk and protective factors of LGBTQ+ youth provided by the Maine Integrated Youth Health Survey (MIYHS 2019). Additional available tobacco use rates among adults by county, socio-economic data of the populations by county, school policies and practices, and available LGBTQ+ Youth programming told a deeper story of tobacco use, risks, and exposure.



#### LITERATURE REVIEWS FOUND:

- Vaping data for LGBTQ+ youth was missing.
- No peer reviewed articles were found about health priorities reported by LGBTQ+ youth.
- The resilience articles did not include LGBTQ+ youth ages 18 and under, however, young adult LGBTQ+ and resilience had been researched with positive connections to healthier behaviors.
- Best practice and evidence based tobacco use and control strategies and activities were not LGBTQ+ specific.

#### FOCUS GROUPS AND SURVEYS

The Advisory Council, which included leaders who serve youth, LGBTQ+ youth, and schools, experts in tobacco prevention, and members of the LGBTQ+ community, strongly recommended focus groups and surveys to gain more detailed information directly from the LGBTQ+ youth.



Focus groups and surveys were conducted to gain voices of Maine LGBTQ+ youth in Kennebec, Knox and Waldo Counties.



**Focus Groups** interviewed twenty-five total youth participants over 4 group sessions. Each session was a hybrid model, utilizing both in-person and zoom. GSTA leaders helped facilitate and recruit youth participants.



**Surveys** were taken anonymously by a total of eighteen youth participants between the ages of 14 and 18. Most responses came from 15 year olds. Youth described gender and sexual orientation in diverse ways; often not in the words represented by LGBTQ+.

**Note:** Participants were recruited to the research through the Gay Straight Trans Alliances (GSTAs) and similar groups. Youth who participate in these groups generally have support from a caring adult and other supports. Their results therefore are assumed to reflect that support resulting in less substance use and more healthy coping strategies and skills.

## ANALYSIS OF THE DATA INFORMED FOCUS GROUP AND SURVEY TOPICS

**Minority Stress** is a factor in higher tobacco use rates. Therefore reducing minority stress is important. Answers to the following questions provide a starting point for that work.

- Who do the LGBTQ+ youth trust, and why? See more about **Minority Stress** below.
- How do youth perceive their own anxiety, depression, and stress?
- What strategies do they use to manage the symptoms of anxiety, depression, and stress?

### Tobacco and cannabis co-use rates are high



of LGBTQ+ tobacco/nicotine users also use cannabis/marijuana (MIYHS 2019)



of the LGBTQ+ marijuana/cannabis users also use tobacco/nicotine (MIYHS 2019)

- What are the perceptions of risk and harm of tobacco/nicotine use and cannabis/marijuana use?
- What are the most common ways that LGBTQ+ youth (under age 21) access tobacco/nicotine and cannabis/marijuana?

Further information gathering, prevention and treatment would benefit from addressing both substances.

**Minority Stress** is a unique set of experiences directly related to LGBTQ+ identity which is chronic, and not related to one person, place, experience or time. LGBTQ+ people can experience this as stigma, discrimination, violence, bullying, exclusion, homophobia, biphobia, transphobia, etc. Minority stress is socially-based – it is not based on the individual person. There are 3 levels; personal/interpersonal; institutional (ie. schools), and environmental (laws). LGBT Youth experience higher rates of violence, bullying on school property, fear of family violence, higher rates of Adverse Childhood Experiences (ACEs), etc

## FINDINGS



Using correct names and pronouns builds trust and acceptance.



Although both are harmful, they were unsure of whether smoking or vaping is more harmful.



GSTA leaders, librarians, English teachers are at the top of the list of people at school who accept them.



The incorrect consensus that cannabis is “way, way, way” less harmful is of concern.

## RECOMMENDATIONS

**1**

Use correct **names and pronouns**

**2**

Increase understanding of **negative impacts** of nicotine and cannabis

**3**

Support changes at school such as **anti-bullying policies and GSTAs**

**4**

Provide LGBTQ+ youth specific **tobacco treatment**

**5**

Educate youth about **coping strategies**

**6**

Show **support** in the community through pride flags, rainbow crosswalks, etc.

