

Testimony in support of LD 1215  
An Act To End the Sale of Flavored Tobacco Products  
From: Julie Daigle  
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Good afternoon, Senator Baldacci, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services: my name is Julie Daigle. I live in Belfast and work primarily in Ellsworth as a community health coordinator for Healthy Acadia, a community health organization primarily in Washington and Hancock counties. I am here today to testify in favor of LD 1215, An Act To End the Sale of Flavored Tobacco Products.

Like many people, I have a family story about tobacco and nicotine use, but I want to focus this conversation on the experience I gained in community health over the last 10 years. In that time period, I've worked in all of our most rural counties, from Aroostook County to Somerset County and east to Washington County, and the goal has been similar in all of the work I've been fortunate to participate in, in all of those counties- to help build healthier communities and to increase equitable access to resources for everyone, whether the project is community trail development, substance use and tobacco use prevention, regional food security, or state-level stakeholder group facilitation.

I've slowly come to realize over years of community member conversations that most of us, in our hearts, see tobacco and nicotine use as comparatively harmless, particularly when compared to other substances which are more intensely intoxicating and in some cases, for which the threat of immediate death is more pressing. While it's true that nicotine is less intoxicating than other addictive substances and the threat of death is usually less immediate, our senses are misleading us.

The evidence of our senses tells nicotine users that nicotine reduces their stress levels- when what it reduces in great part is withdrawal symptoms, which users can start to experience 2-3 hours after their last nicotine hit.<sup>1</sup>

The evidence of our senses tells us that a lot of people use tobacco and nicotine for many years with no evident harm- when the statistics, science, and common sense shows us clearly that tobacco use is deadly<sup>2</sup> and that nicotine exposure in youth has powerfully harmful impacts<sup>3</sup>.

We believe our senses, in which we consume menthol cough drops and menthol toothpaste and use menthol shaving cream and other menthol products with no

cautions or warnings, when menthol in combination with nicotine should come with cautions and warnings- it enhances nicotine's already powerful addictiveness.<sup>4</sup>

And we believe our senses, which tell us that the rewards of nicotine are less intense than that of other substances and therefore, the risks must be less as well- when the truth is that nicotine itself boosts the addictive impact of other substances on our brain and therefore should be treated with extreme caution in combination with other drugs.<sup>5</sup>

The reality is that addiction is at the center of the story about flavored tobacco and ultimately, all tobacco use- the flavors are what attract youth to e-cigarettes and menthol cigarettes, and addiction is what keeps most people coming back to all forms of tobacco and nicotine.<sup>6</sup> You will have heard this from others today, but I'll say again: We know that flavored tobacco products are the leading reason for young people to begin to experiment with tobacco and nicotine use.<sup>7</sup> Nicotine use creates addiction pathways in vulnerable, young, developing brains<sup>8</sup> and interferes with the creation of healthy coping skills, resilience and good mental health.

Because kids' brains are developing more rapidly than they will at any other point in their lives, they are more vulnerable to nicotine addiction.<sup>3,8</sup> They are also more vulnerable to stress and trauma,<sup>9</sup> they're especially vulnerable to social pressures,<sup>10</sup> and because many don't have strong coping skills yet they can be vulnerable to the quick fix and dopamine hit of substance misuse in general.

And I'd like to repeat this for you all this afternoon again because some of you may not have heard this before- nicotine is particularly problematic for folks who are developing a substance use disorder or with an existing substance use disorder because it boosts the addictive impacts of other drugs.<sup>5</sup>

While we at Healthy Acadia and those in many other community health organizations work to promote and share substance use prevention and recovery services, we don't have the resources or the collective support to treat nicotine addiction the same way that we treat addictions to other substances: LD 1215 offers a blueprint to help us to collectively get to a point where we can bring together education, which is an essential part of changing our health outcomes around tobacco use, and the key element of: reduced youth access to flavored tobacco- because flavored tobacco is the primary attractor for young people, the population in whom almost all nicotine addiction begins.<sup>11</sup> Reducing access is a strategy suggested by the National Drug Control Report of 2022 and President Biden's administration to reduce drug overdoses.<sup>12</sup> We need to expand our application of that strategy to nicotine use, the silent, or maybe overlooked, partner in addiction in our state.

LD 1215, An Act to End the Sale of Flavored Tobacco, will help us to get to a better place in terms of helping to protect youth health and well-being and to ensure they grow up to be healthy adults. Please vote in favor of this bill. Thank you!

<sup>1</sup> <https://medlineplus.gov/ency/article/000953.htm>

<sup>2</sup> [www.tobacco-freekids.org](http://www.tobacco-freekids.org)

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3543069/>

<sup>4</sup> [https://www.cdc.gov/tobacco/basic\\_information/menthol/index.html#:~:text=Menthol%20enhances%20the%20effects%20of,more%20difficult%20to%20quit%20smoking](https://www.cdc.gov/tobacco/basic_information/menthol/index.html#:~:text=Menthol%20enhances%20the%20effects%20of,more%20difficult%20to%20quit%20smoking)

<sup>5</sup> <https://nida.nih.gov/about-nida/noras-blog/2018/09/recent-research-sheds-new-light-why-nicotine-so-addictive>

<sup>6</sup> <https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/nicotine-addictive>

<sup>7</sup>

US Department of Health and Human Services. 2016. E-Cigarette use among youth and young adults: A report of the surgeon general. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3543069>

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7834119/#:~:text=Age%2Dbased%20differences%20revealed%20that,stress%2C%20depression%20and%20anxiety%20symptoms>

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2779518/>

<sup>11</sup> [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm)

<sup>12</sup> <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>