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Joint Standing Committee on Health and Human Services
Testimony of Maine Transgender Network
LD 1215: "An Act to End the Sale of Flavored Tobacco Products"
April 25, 2023

Senator Baldacci, Representative Meyer, and honorable members of the Health and Human Services Committee, my name is Quinn Gormley, I am the Executive Director of the Maine Transgender Network on behalf of MaineTransNet and Portland Outright to speak **Neither for Nor Against LD 1215.**

Tobacco is a serious public health concern for Transgender Mainers.

Since 2005, MaineTransNet has worked tirelessly to support transgender people to lead lives where they can thrive. We are the largest LGBTQ focused direct service provider in Maine. Much of our work is specifically focused on advancing LGBTQ health equity, and I wish, desperately, that we were here to support this bill. The tobacco industry has long prayed on LGBTQ+ communities in the name of profit.

Throughout our work, it is impossible to miss the disproportionate impact tobacco use has on our community. 65% of transgender Mainers have a lifetime experience of tobacco use. 37% have used flavored tobacco products, and 10% have used them in the last 30 days.¹ Youth in our community are three times more likely to use tobacco products than their peers, and overwhelmingly they are using flavored tobacco.²

We have led tobacco cessation groups, provided youth focused prevention programs, and lobbied to ban tobacco companies from Pride festivals. Our educational programming is funded through the Maine Cancer Foundation and we include information about LGBTQ+ tobacco usage, prevention, and cessation in all training programs.

Tobacco Usage is linked to trauma.

Our concerns with this bill stem from a missing piece of this conversation. **Tobacco usage in our community stems directly from experiences of trauma.** 74% of LGBTQ+ people who

¹ Gormley, Q., Jones, O. G., & Williams, M. (2021). (rep.). *Maine Transgender Community Survey Data Report on Tobacco Usage*. Maine Transgender Network INC. Retrieved from https://reporting.alchemer.com/r/701290_618d91994ffd1.11327231.

² 2019 MIYHS Fact Transgender Sheet
<https://www.maine.gov/miyhs/sites/default/files/2023-01/FINAL%20Trans%20Youth%20Infographic%209-3-20.pdf>

use tobacco first began using it in the 30 days following an experience of violence, discrimination, or family rejection.³ Among transgender Mainers, the leading predictive factors for flavored tobacco usage are a lifetime experience of sexual assault and conversion therapy. More than 90% of trans Mainers who use tobacco are sexual assault survivors, and only 13% of trans Mainers who have survived conversion therapy don't use tobacco.⁴

We need public health policies that are trauma informed. As written, this isn't.

We cannot support a policy that removes a coping mechanism for trauma without providing adequate time and resources for the people who need it to adapt. **Trans Mainers are less likely than their peers to have accessed cessation programs.** Only 6% of trans Mainers who use flavored products report having tried to quit, and only 10% report feeling comfortable using the cessation programs available to them.⁵

Research on tobacco cessation routinely demonstrates that successful quitting takes between 6 and 30 attempts, usually spread out over several years.⁶ The bill as written does not allow people an evidence based length of time to do this. As you have heard or read in the ample opposition testimony today, many people who use flavored products use them in the hopes of getting off cigarettes. We share this goal for them. But if they don't have enough time to quit completely, what options are they left with besides turning back to other forms of tobacco usage. Surely that isn't the outcome we want.

To support this bill, we need to delay its implementation.

Mainers who use these products need and deserve time to make plans for how to adapt to this legislation. They need and deserve the resources to support them in quitting. Our existing cessation programs in Maine are not sufficiently culturally competent to support marginalized populations through this quitting. Both people and programs need time. So we urge you to amend this bill to provide them with several years time.

Thank you.

³ Gruskin EP, Greenwood GL, Matevia M, Pollack LM, Bye LL. Disparities in smoking between the lesbian, gay, and bisexual population and the general population in California. *Am J Public Health.* 2007 Aug;97(8):1496-502. doi: 10.2105/AJPH.2006.090258. Epub 2007 Jun 28. PMID: 17600265; PMCID: PMC1931451.

⁴ Gormley, Q., Jones, O. G., & Williams, M. (2021). (rep.). *Maine Transgender Community Survey Data Report on Sexual, Domestic, and Physical Violence.* Maine Transgender Network INC. Retrieved from https://reporting.alchemer.com/r/701290_615daa71163931.59294933.

⁵ Gormley, Q., Jones, O. G., & Williams, M. (2021). (rep.). *Maine Transgender Community Survey Data Report on Tobacco Usage.* Maine Transgender Network INC. Retrieved from https://reporting.alchemer.com/r/701290_618d91994ffd1.11327231.

⁶ Chaiton M, Diemert L, Cohen JE, Bondy SJ, Selby P, Philipneri A, Schwartz R. Estimating the number of quit attempts it takes to quit smoking successfully in a longitudinal cohort of smokers. *BMJ Open.* 2016 Jun 9;6(6):e011045. doi: 10.1136/bmjopen-2016-011045. PMID: 27288378; PMCID: PMC4908897.