



May 7, 2021

Senator Claxton, Representative Meyer, and honorable members of the Joint Standing Committee on Health and Human Services: my name is Quinn Gormley. I am the Executive Director of the Maine Transgender Network. I submit this testimony neither for nor against LD 1550, but to highlight some concerns that we hope the committee will consider before taking final action.

Since 2005, MaineTransNet has worked tirelessly to support transgender people, and the broader LGBTQ community to lead lives where they can thrive through support groups, educational programming, and health advocacy. We are the largest LGBTQ focused direct service provider in Maine, and the largest statewide transgender support organization in the United States. Much of our work is specifically focused on advancing LGBTQ health equity.

Throughout our direct support and health advocacy work, it is impossible for us to miss the disproportionate impact of tobacco use and vaping on our community, as well as the related disparities in long-term health outcomes, chronic conditions, and cancer. We appreciate the committee's interest in addressing these disparities. We have led tobacco cessation groups, provided youth focused prevention programs, and lobbied partner organizations to ban tobacco companies from Pride festivals across Maine. We understand the health of our community is at stake, and we are committed to addressing it.

That being said, LD 1550 raised a number of concerns for us:

First, we have seen frequent reference to LGBTQ health equity as a motivator for this intervention, and some of our partners have expressed their support for this bill. We want to ensure the committee understands that, though we share a vision of health equity with our partners, their testimony in no way represents a consensus among Maine's LGBTQ advocacy or direct service organizations on how best to address this matter.

Secondly, we have concerns about the ethics, and efficacy of prohibition-based interventions to prevent substance use. These concerns are well articulated by our partners at the ACLU of Maine, and we urge you to read their written testimony.

Finally, we believe explanations provided for disparities in LGBTQ tobacco usage to be incomplete. Tobacco companies have specifically targeted our community in deeply disturbing ways. But that targeting is successful because of the burden of minority stress born by LGBTQ people, especially youth. Many studies have demonstrated that the minority stress of experiencing discrimination as an LGBTQ person is a risk factor to increased likelihood of tobacco use. One doesn't have to look very far to see evidence of that discrimination. To prohibit a known coping mechanism for minority stress without doing the hard work to address the underlying causes of that stress is to simply punish marginalized people for feeling it.

I'll conclude by quoting one of our youth program facilitators "It's not that tobacco isn't harmful. Of course I don't want our youth using any of those products. But these efforts miss the point. We're spending everyday begging these kids not to kill themselves. Addressing a lifelong health equity issue? We have to think in terms of units of five minutes, some nights. Taking away a coping mechanism is only going to make our job harder."

Sources:

Blosnich, J., Lee, J. G., & Horn, K. (2011). A systematic review of the aetiology of tobacco disparities for sexual minorities. *Tobacco Control, 22*(2), 66-73. doi:10.1136/tobaccocontrol-2011-050181

Gamarel, K. E., Mereish, E. H., Manning, D., Iwamoto, M., Operario, D., & Nemoto, T. (2015). Minority stress, smoking patterns, and cessation attempts: Findings from a community-sample of transgender women in the san francisco bay area. *Nicotine & Tobacco Research, 18*(3), 306-313. doi:10.1093/ntr/ntv066

Harlow, A. F., Lundberg, D., Raifman, J. R., Tan, A. S., Streed, C. G., Benjamin, E. J., & Stokes, A. C. (2021). Association of coming out as lesbian, gay, And bisexual+ and risk of Cigarette smoking in a nationally representative sample of youth and young adults. *JAMA Pediatrics, 175*(1), 56. doi:10.1001/jamapediatrics.2020.3565

McCabe, S. E., Hughes, T. L., Matthews, A. K., Lee, J. G., West, B. T., Boyd, C. J., & Arslanian-Engoren, C. (2017). Sexual orientation discrimination and tobacco USE disparities in the United States. *Nicotine & Tobacco Research, 21*(4), 523-531. doi:10.1093/ntr/ntx283

Newcomb, M. E., Heinz, A. J., Birkett, M., & Mustanski, B. (2014). A longitudinal examination of risk and protective factors for Cigarette smoking Among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health, 54*(5), 558-564. doi:10.1016/j.jadohealth.2013.10.208

Products, C. (n.d.). Tobacco use in the LGBT community: A public health issue. Retrieved May 07, 2021, from <https://www.fda.gov/tobacco-products/health-information/tobacco-use-lgbt-community-public-health-issue#reference>