



**Dedicated to assuring the health of Maine's people & places**

**Testimony of the Maine Public Health Association in Support of L.D. 1190, An Act to Prohibit the Sale and Distribution of Flavored Tobacco Products**

Joint Standing Committee on Health and Human Services  
Room 209, Cross State Office Building  
Monday, March 25, 2019

Good morning, Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos and I am the executive director of the Maine Public Health Association. I grew up in Maine, and currently reside in South Portland. I am here today in support of "LD 1190, An Act to Prohibit the Sale and Distribution of Flavored Tobacco Products."

MPHA is a professional membership organization, representing nearly 750 public health professionals across Maine who are committed to improving the factors that control our health, such as clean air and clean water. As Maine's public health association, our sole mission is to assure the health of Maine's people and places, and our goal is for all Mainers lead healthful lives, regardless of their income or where they live.

We know that flavored tobacco products appeal to kids. In fact, when the Tobacco Control Act gave FDA authority to regulate tobacco products in 2009, it banned flavors such as strawberry, vanilla, and cinnamon from cigarettes to minimize the attractiveness of these products to youth. Although all "characterizing" flavors in cigarettes – excluding menthol and tobacco flavors – were prohibited, other flavored tobacco products, including hookah, smokeless tobacco, cigars, and electronic nicotine delivery systems, like e-cigarettes – remain available on the market. Although the FDA is considering expanding the flavor ban to include other nicotine products, including e-products, we cannot afford to wait. The earliest review of these products is not likely to happen until 2021 – 2 years is a long time given the risk for addiction posed by these products.

Youth tell us that appealing flavors are among the leading reasons they try, and continue to use, e-cigarettes. In fact, more than 85% of e-cigarette users ages 12-17 use flavored e-cigarettes, and more than 90% of young adult e-cigarette users use ones flavored to taste like menthol, alcohol, fruit, chocolate, or other sweets. The marketing of these fun flavors is working, and it's concerning. While 99% of e-cigarettes contain nicotine, 54% of Maine youth believe it's "just flavoring;" 63% of all Juul users – including adults – believe the same.

Data from the FDA's Population Assessment of Tobacco and Health show that nearly 80% of youth ages 12-17 and nearly 75% of young adults ages 18-25 who were current tobacco users in 2014, used a flavored tobacco product the first time they tried tobacco. Kids are not picking up an electronic device to use nicotine. In fact,

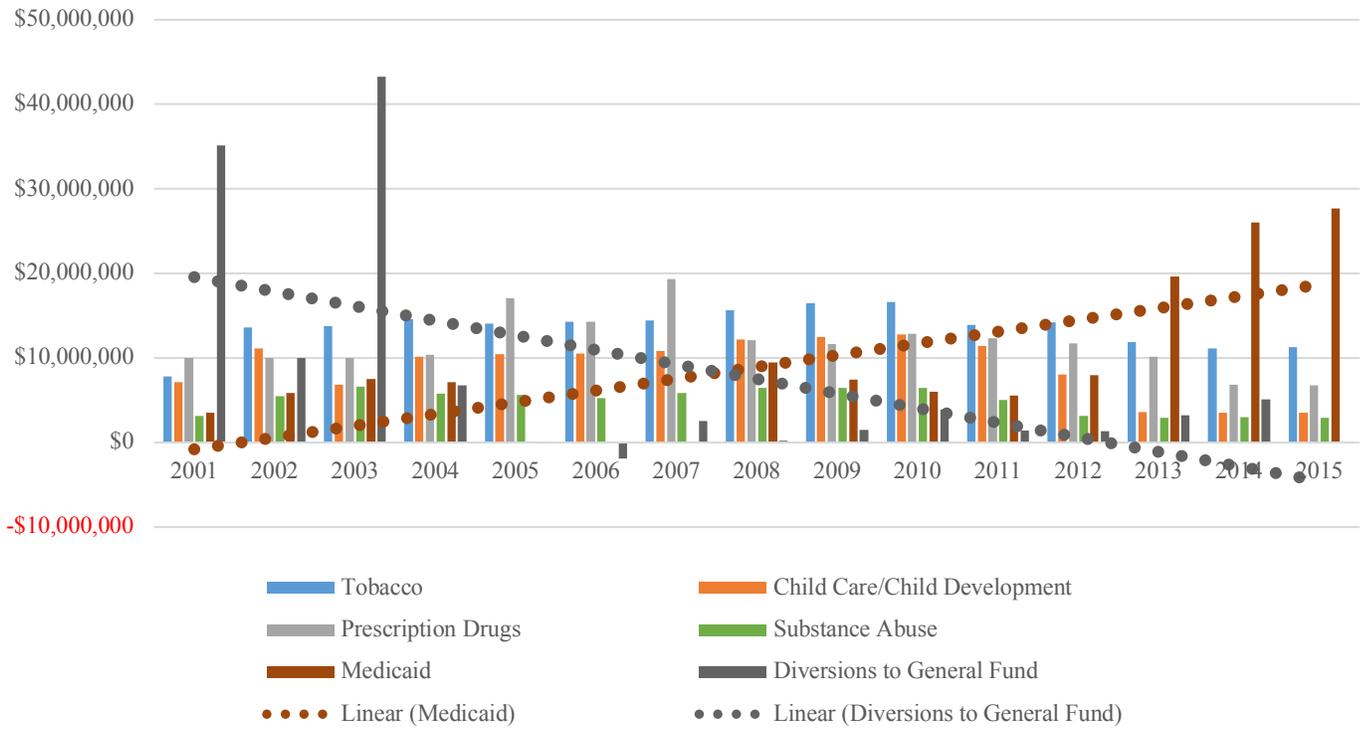
youth don't view e-cigarettes as tobacco products: 72% think they are "cleaner" and "safer" than traditional cigarettes; 76% believe they are less addictive. They are using them because they don't know they have nicotine, and they're marketed as socially desirable to youth. The tobacco industry spends \$43 million each year in Maine on advertising. We also know that children and adolescents are important demographics for the tobacco industry. Teenagers, in particular, are a susceptible consumer group because they are more likely than younger children to have their own money to spend, and they have greater autonomy from parental decisions about behaviors and purchases. Moreover, given the maturation process of adolescents, conforming to peers is important to them. They want to project a positive external image, which may increase brand consciousness and make them more susceptible to advertisements and apparent socially normative behavior. This is why the tobacco industry spends 95% of its advertising budget on Point-of-Sale ads, particularly in stores close to schools (like we see in South Portland): teens are also more likely than adults to be influenced by promotional pieces in convenience stores (73% to 47%; U.S. Distribution Journal, 1999).

While e-cigarettes have been marketed as a cessation tool – it is just that – marketing. Data are insufficient to support their use as a cessation device, and they are not approved by the FDA as an evidence-based cessation strategy. In fact, a single Juul pod contains as much nicotine as a pack of 20 cigarettes.

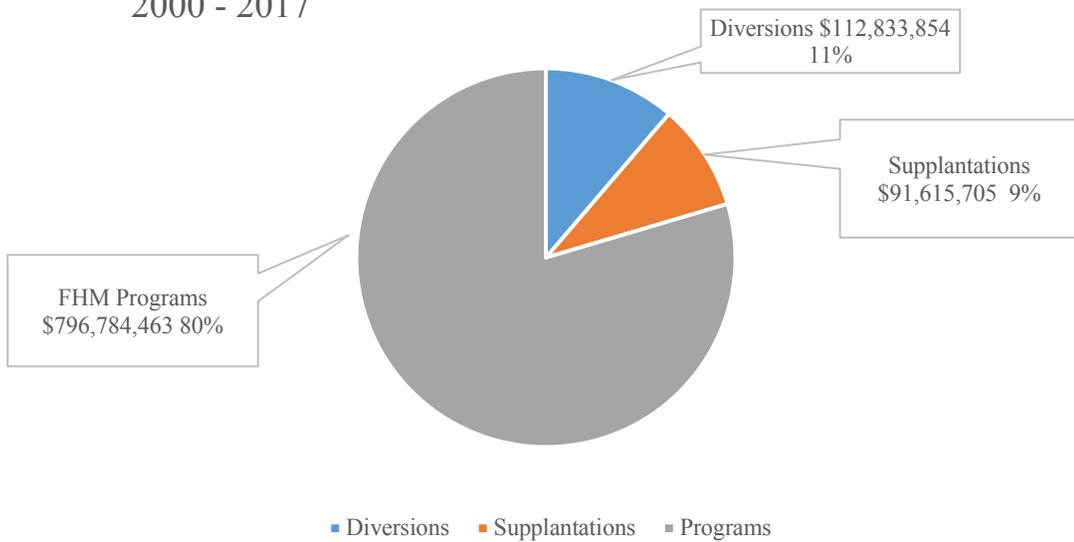
Despite possible challenges from tobacco companies, states and localities have clear authority to restrict the sale of flavored tobacco products to reduce tobacco use and its harms to its citizens. At least two states and more than 180 localities have passed restrictions on the sale of flavored tobacco products. We believe a ban of flavors, in combination with education and counter marketing campaigns will decrease the popularity of e-cigarettes among youth and adults, preventing addiction and decreasing their risk for lung cancer and other chronic health conditions.

The reality is that nicotine is addictive. Flavoring is added to tobacco products for no other reason than to increase sales. E-cigarettes are not an evidence-based cessation tool for current smokers, and these products are overwhelmingly appealing to kids. We respectfully ask you to vote LD 1190 "Ought to Pass." I would be happy to answer any questions you may have, and will be available for the work session.

## FHM Expenditure Trends



## Total FHM Diversions & Supplantations 2000 - 2017



If we find that a group of people is going over the proverbial cliff, there are a few opportunities for intervention.

1. Addressing the **social determinants of health** has the greatest impact, but also requires the greatest time. Social determinants include factors such as geography, economic opportunity, housing, and neighborhood safety.
2. **Primary prevention** efforts aim to prevent injury or disease before it occurs, and includes education (eat healthy, exercise), immunizations, and some legislation (e.g. seatbelts, smoke-free restaurants)
3. **Secondary prevention & safety net programming** (SNAP, WIC, TANF) efforts aim to reduce the impact of a disease or injury after it has already occurred. Therefore, this includes the detection and treatment of disease, slowing the progress of disease (e.g. regular exams) or programming aimed at reducing behaviors that contribute to chronic disease (e.g. smoking cessation programming)
4. **Tertiary prevention efforts and medical care**, aim to limit the impact of chronic, ongoing illness or injury, with a focus on improving their quality of life and life expectancy (e.g. prescriptions for diabetes).

Public health professionals work in all these different areas of prevention, but we focus our overall efforts on the “social determinants” of health, trying to prevent people from even walking toward the pink fence over the proverbial cliff.

**For every \$1 spent preventing people from going toward the pink fence, we save \$5.60 in health spending.**

