



Press Release

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Legislative committee considers bill to end the sale of flavored tobacco products

Youth activists, physicians, school administrators and public health experts urge passage of bill to prevent the tobacco industry from using menthol candy flavors to target and hook kids, communities of color, and LGBTQ young adults

(AUGUSTA) At a public hearing this morning in the Health and Human Services Committee, policymakers heard testimony on [LD 1550, An Act To End the Sale of Flavored Tobacco Products](#). Dozens of youth activists, physicians, school administrators, and public health advocates shared information and stories about how the tobacco industry is targeting youth, young adults, Black and brown, indigenous, LGBTQ, low income, and other marginalized communities with menthol, mint, and candy flavored products.

“Tobacco use among Maine youth is skyrocketing,” states Dr. Deborah Hagler, a Brunswick pediatrician and President of the Maine Chapter of the American Academy of Pediatrics (Maine AAP). “Data shows that 4 out of 5 kids who have ever used tobacco started with a flavored product, and that’s not an accident. Tobacco companies have developed an array of menthol, mint, and candy-flavored products because they know that’s how to addict their next generation of customers. These flavored products aren’t for adults. Flavors hook kids.”

There are now over 15,000 flavored tobacco products on the market.^{1,2} Examples include Winter Menthol, Peppermint Mocha, Cherry Crush, Banana Blast, Pop Tart, and Cotton Candy. Flavors are used in a variety of tobacco products, including cigarettes, cigars, chewing tobacco, and e-cigarettes.

Representative Michele Meyer (D-Eliot) is the sponsor of LD 1550. In her introduction of the bill, Meyer told her committee colleagues, “The 13 of us on this committee have the ability to impact the health of Maine kids and families – not just today but for generations to come. There may be few bills we have considered together that have the potential to make such a significant impact on the health, hope, and productivity of Maine kids and communities.”

African Americans suffer the greatest burden of tobacco-related mortality of any racial or ethnic group in the United States.³ Tobacco industry documents reveal a long history of aggressive marketing to African Americans, including cheaper prices, sponsorships of community and music events, and more advertising of menthol cigarettes in African American neighborhoods.⁴ Today, more than 8 out of 10 African American adults who smoke use menthol cigarettes.¹⁸

Representative Rachel Talbot Ross (D-Portland), a co-sponsor of LD 1550 stated, “When it comes to justice and fairness, strong tobacco control policy is low-hanging fruit in confronting health disparities. Ending the sale of menthol cigarettes will disproportionately benefit Black Americans by reducing smoking and saving lives. I hope you will join me in saying ‘enough is enough’ to Black people dying from menthol flavored tobacco products.”

Research has shown that menthol flavoring makes it easier to start and become addicted to cigarettes.⁵ “The science of menthol makes it the most dangerous flavored tobacco product,” added Dr. Hagler. “Menthol numbs the throat and masks the harsh taste of tobacco, making it easier to inhale, and inhale more deeply.⁶ People who smoke menthol also show greater signs of nicotine addiction and are less likely to successfully quit smoking than other smokers.⁷

The use of flavors to lure and hook kids was called out by other speakers at today’s event, and all spoke of the need for a reckoning with the generational health disparities caused by tobacco industry targeting. LGBTQ adults smoke at rates up to two and a half times higher than straight adults. One in three transgender adults smoke cigarettes, and one in three LGBTQ smokers smoke menthol.

“The LGBTQ community’s high rate of smoking can’t be explained without accounting for the cynical and aggressive marketing by tobacco companies,” said Dr. Florence Edwards, a dentist in Auburn and a board member of EqualityMaine. “They manufactured the narrative that to be young and gay or trans was to also be a smoker. Today we suffer disproportionately from asthma, chronic obstructive pulmonary disease (COPD), strokes, heart disease, and hypertension - conditions all associated with severe COVID-19. Tobacco industry targeting puts us at greater risk for other dangerous health conditions. It’s unconscionable.”

Tobacco use among Maine youth is on the rise. Maine’s high school smoking rates are higher than the national average and the second highest in the Northeast.⁸ In 2019, 1 in 3 Maine high school students used some form of tobacco, including cigarettes, smokeless tobacco, cigars, and electronic cigarettes.⁹ That’s a 33% increase since 2017. More than 1 in 4 Maine high school students now uses e-cigarettes, a rate that has nearly doubled in the past 2 years.¹⁹ The U.S. Surgeon General has warned, “No matter how it's delivered, nicotine is harmful for youth and young adults.”¹⁰

Morgan Washburn, a 10th grader from Brunswick told the committee, "By targeting my generation with these flavors, the tobacco industry is creating its next group of nicotine-addicted consumers. I am not willing to sacrifice my health, or anyone else's, to the tobacco industry. By voting ‘yes’ on LD 1550, you'll prove that you aren't willing to sacrifice this generation either."

Every year in Maine, 2,400 people die from tobacco-related illness; direct health care costs surpass \$800 million; and almost \$650 million in economic productivity is lost.¹¹ It is estimated that 27,000 Maine kids currently under age 18 will die prematurely from tobacco-related illness.¹²

“Smoking harms nearly every organ of the body and causes cancer, heart disease, lung disease, stroke, diabetes, and COPD,” said Dr. Jennifer Jewell, a hospital-based pediatrician and Chair of the Maine AAP Education Committee. “But let’s not forget the brain. Our brains are still growing until about age 26, making youth and young adults much more susceptible to nicotine addiction. This simple fact is why the tobacco industry is continually looking for new ways to attract kids, and why lawmakers must counter with strong public policies that give our young people a fighting chance to grow up tobacco free.”

“Flavors are a marketing weapon used by tobacco manufacturers to target youth and young people and set them up for a lifetime of addiction,” said Hilary Schneider, director of government relations for the American Cancer Society Cancer Action Network (ACS CAN) in Maine. “The same is true for communities of color, the LGBTQ community and people with mental and behavioral health conditions. The rapid increased use of flavored products by youth and young adults, and under- regulation of these products requires the Maine Legislature to take action to protect youth and young adults, and public health at-large.”

“From the start in Massachusetts, we decided to put the health of our residents over profits from deadly products,” said Allyson Perron Drag, Government Relations Director for the American Heart Association. “The biggest beneficiaries of this law will be future generations who do not start smoking because they are not bombarded with menthol ads and other flavored products in stores.”

Lance Boucher, Senior Division Director, State Public Policy, Eastern, American Lung Association, told lawmakers, “The American Lung Association strongly supports LD 1550 to end the sale of menthol and all other flavored tobacco products in Maine. Indeed, the measure stands to be one of the most important public health measures in recent memory. We applaud the recent announcement by the Biden Administration to end the sale of menthol cigarettes and flavored cigars from the market, but Maine kids cannot afford to wait for federal action. We continue to urge states and localities to act now to end the sale of menthol cigarettes and other flavored tobacco products to ensure our children today can become the first tobacco-free generation.

The Flavors Hook Kids campaign is supported by over two dozen statewide and community partners. More information can be found at www.flavorhookkidsmaine.org.

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B-roll, fact sheets, tobacco advertising images: [click here](#)

¹ Zhu, S-H, et al., “Evolution of Electronic Cigarette Brands from 2013-2014 to 2016-2017: Analysis of Brand Websites,” Journal of Medical Internet Research, March 12, 2018.

² Delnevo, CD, et al., “Changes in the mass-merchandise cigar market since the Tobacco Control Act,” Tobacco Regulatory Science, 2017.

³ U.S. Department of Health and Human Services, “Tobacco Use Among US Racial/Ethnic Minority Groups—African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General,” 1998, http://www.cdc.gov/tobacco/data_statistics/sgr/1998/complete_report/pdfs/complete_report.pdf.

⁴ Campaign for Tobacco Free Kids, “Tobacco Company Marketing to African Americans”. <https://www.tobaccofreekids.org/assets/factsheets/0208.pdf>, March 7, 2018.

⁵ U.S. Centers for Disease Control and Prevention, “Menthol and Cigarettes”, https://www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html, Accessed December 11, 2020.

⁶ Watson, C, et al., “Smoking Behavior and Exposure: Results of a Menthol Cigarette Crossover Study”, American Journal of Health Behavior, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5585737/>, May 2017.

⁷ U.S. Centers for Disease Control and Prevention, “Menthol and Cigarettes”, https://www.cdc.gov/tobacco/basic_information/tobacco_industry/menthol-cigarettes/index.html, Accessed December 11, 2020.

⁸ Campaign for Tobacco Free Kids, “The Toll of Tobacco in Maine”, <https://www.tobaccofreekids.org/problem/toll-us/maine>, Accessed December 11, 2020.

⁹ Maine Center for Disease Control and Prevention, “Maine Integrated Youth Healthy Survey”, <https://data.mainepublichealth.gov/miyhs/files/Snapshot/2019MIYHSTobaccoInfographic.pdf>, 2019.

¹⁰ U.S. Department of Health and Human Services, in partnership with the Office of the U.S Surgeon General and the U.S. Centers for Disease Control and Prevention, Office on Smoking and Health, 2020. <https://e-cigarettes.surgeongeneral.gov/> Accessed December 11, 2020.

¹⁸ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, “National Survey of Drug Use and Health 2018”, <https://nsduhweb.rti.org/respweb/homepage.cfm>

¹⁹ Maine Department of Health & Human Services & Maine Department of Education, “Maine Integrated Youth Health Survey”, 2019.

https://data.mainepublichealth.gov/miyhs/files/2019_Reports/Detailed_Reports/HS/MIYHS2019_Detailed_Reports_HS_State/Maine_High_School_Detailed_Tables.pdf.

²⁰ U.S. Food and Drug Administration, “Youth Tobacco Use: Results from the National Youth Tobacco Survey”, 2020. <https://www.fda.gov/tobacco-products/youth-and-tobacco/youth-tobacco-use-results-national-youth-tobacco-survey> Accessed December 11, 2020.

¹¹ Campaign for Tobacco Free Kids, “The Toll of Tobacco in Maine”, <https://www.tobaccofreekids.org/problem/toll-us/maine>, Accessed December 11, 2020.

¹² ibid