

February 5, 2020

The Honorable Dereck Davis
Chair
Economic Matters Committee
Maryland House of Delegates
House Office Building, Room 231
Annapolis, MD 21401

Re: AMA Support for H.B. 3

Dear Chair Davis:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing in support of House Bill 3 (H.B. 3) legislation that would prohibit the sale of flavored tobacco products, including electronic smoking devices and accessories, in Maryland.

The epidemic of vaping-related illnesses across the country reaffirms our belief that the use of e-cigarettes and vaping is an urgent public health problem that must be addressed. A particular danger of e-cigarettes is the appeal of flavorings. Candy and fruit flavored e-cigarette products play a significant role in drawing young people to vaping. Flavored products are often perceived to be “safer” and are especially attractive to young users who enjoy sweet or minty flavors. Deliberate marketing of these qualities to young people has been disturbingly successful, and the numbers of America’s youth using e-cigarette products are soaring. Recent research by the Centers for Disease Control and Prevention shows that 27.5 percent of high school students, and 10.5 percent of middle school students report using e-cigarettes in the past month.¹ E-cigarettes are now the most commonly used tobacco products among both high school and middle school students, and the majority of youth report that they are using flavored e-cigarettes, with the most popular flavors being fruit, mint or menthol, and candy-, dessert- or other sweet-flavored e-cigarettes. Among high school students, use of mint or menthol flavored e-cigarettes is increasing, from 16 percent in 2016 to 57 percent in 2019.² We are encouraged that H.B. 3 extends the prohibition on flavorings to menthol and mint flavors for both vaping and tobacco products. Prohibiting flavorings for all products is likely to reduce use, whereas an exemption for menthol flavored tobacco products would provide an avenue for youth addicted to nicotine to simply switch from one flavored product to another.

Though the full extent of the long-term consequences of vaping is yet to be determined, research has demonstrated that e-cigarette use is unsafe, particularly among young people. Nicotine, levels of which are often higher in vaping products than combustible tobacco products, can slow brain development in youth, particularly in the areas of impulse control, attention span and the ability to learn. Nicotine use by

¹ Teresa Wang, Andrea Gentzke, McLisa Creamer, et al., Centers for Disease Control and Prevention, Tobacco Product Use and Associated Factors Among Middle and High School Students – United States, 2019, 68 MMWR Surveillance Summaries 12, 1-22 (Dec. 6, 2019).

² Karen Cullen, Andrea Gentzke, Michael Sawdey, et al., *e-Cigarette Use Among Youth in the United States, 2019*, 322 JAMA 21, 2095-2103 (Nov. 2019).

adolescents and young adults can also prime the brain for further addiction to other drugs. In addition, the heating and vaporization of toxic vaping liquid has the potential to cause serious or fatal lung damage, which has been tragically demonstrated in recent months by the thousands of people who have fallen ill with serious or fatal lung illnesses linked to vaping. A recent study also showed that people who use e-cigarettes face a significant risk of developing severe, chronic lung illnesses, such as asthma, bronchitis and emphysema, that have long been associated with smoking combustible cigarettes.”³ E-cigarettes are also undermining the public health gains that have been made over the years in combatting the smoking epidemic. Use of e-cigarettes as one’s first tobacco product is associated with more than four times the odds of ever using a combustible cigarette and nearly three times the odds of current combustible cigarette use.⁴

The danger of flavoring is also demonstrated in rates of youth combustible tobacco use. Eighty-one percent of youths who have ever used combustible tobacco products started with a flavored product, and young people cite flavoring as a major reason for their current use of tobacco products.⁵ In addition, menthol cigarettes are disproportionately favored by youth cigarette users: 54 percent of smokers age 12-17 use menthol cigarettes compared with less than one-third of smokers ages 35 and older.⁶ Among African American youth, menthol use is even higher: seven out of ten African American youth smokers use mentholated cigarettes.⁷ Yet flavored tobacco products have the same or worse health effects as other tobacco products. Smoking is the leading cause of preventable death in the United States, causing nearly half a million deaths each year, including more than 41,000 deaths caused by secondhand smoke.⁸ More than 16 million people live with disease caused by smoking, such as cancer, heart disease, stroke, lung diseases, diabetes and chronic obstructive pulmonary disease.⁹

The threat posed by menthol cigarettes, in particular, is especially pronounced for African Americans. Each year, more than 72,000 African Americans are diagnosed with a tobacco-related cancer and more than 39,000 die from a tobacco-related cancer.¹⁰ The high rate of mortality and morbidity may result, in part, from greater use of menthol cigarettes. Of African American smokers, nearly 90 percent smoke menthol-flavored cigarettes, and young African Americans who begin smoking overwhelmingly use menthol-flavored cigarettes.¹¹ Historically, advertising of menthol cigarettes has heavily targeted African American communities.

³ Dharma Bhatta & Stanton Glantz, *Association of E-Cigarette Use With Respiratory Disease Among Adults: A Longitudinal Analysis*, 58 *American Journal of Preventive Medicine* 1 (published online Dec. 16, 2019).

⁴ Kaitlyn Berry, Jessica Fetterman, Emelia Benjamin, et al., *Association of Electronic Cigarette Use With Subsequent Initiation of Tobacco Cigarettes in US Youths*, 2 *JAMA Network Open* 2 (Feb. 2019).

⁵ Bridget Ambrose, Hannah Day, Brian Rostron, et al., *Flavored Tobacco Product Use Among US Youth Aged 12-17 Years, 2013-2014*, 314 *JAMA* 17, 1871-73 (Nov. 2015).

⁶ Andrea Villanti, et al., *Changes in the prevalence and correlates of menthol cigarette use in the USA, 2004–2014*, *Tobacco Control* (Oct. 2016)

⁷ *Id.*

⁸ Centers for Disease Control and Prevention, *Smoking and Tobacco Use: Fast Facts*, available at https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

⁹ *Id.*

¹⁰ Campaign for Tobacco-Free Kids, *Tobacco Use Among African Americans*, fact sheet, available at <https://www.tobaccofreekids.org/assets/factsheets/0006.pdf>

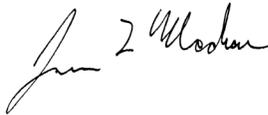
¹¹ Centers for Disease Control and Prevention, *Smoking and Tobacco Use: African Americans and Tobacco Use*, available at <https://www.cdc.gov/tobacco/disparities/african-americans/index.htm>

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Given the dramatic rise in e-cigarette use among young people in the last year alone, it is clear that we must all do everything we can to help reverse this epidemic. The way to prevent another generation from developing nicotine dependence is to limit access to flavored products that are designed and marketed to appeal to young people and continue to raise awareness that e-cigarettes are harmful, powerfully addictive and can often lead young people to smoke conventional cigarettes. With serious vaping-related illnesses and deaths being reported, more stringent policies are necessary.

We urge you to protect Maryland's youth from flavored tobacco and e-cigarette products and support H.B. 3. We appreciate your consideration of our views on this important public health issue. If you need further information, please contact Annalia Michelman, JD, Senior Legislative Attorney, AMA Advocacy Resource Center, at annalia.michelman@ama-assn.org, or (312) 464-4788.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L. Madara". The signature is fluid and cursive, with the first name "Jim" being more prominent.

James L. Madara, MD

cc: MedChi, The Maryland State Medical Society
Members of the House Economic Matters Committee
Willarda V. Edwards, MD, MBA