



2020 SESSION
POSITION PAPER

BILL: HB 3: Business Regulation – Tobacco Products – Electronic Smoking Devices, Prohibition on Flavoring, and Sales to Military Members
COMMITTEE: Senate Finance Committee
POSITION: Support as Amended

POSITION RATIONALE: MACHO supports the amendments to HB 3 that eliminate menthol cigarettes, flavored small cigars and internet electronic smoking devices as powerful steps to reverse the recent wave of nicotine addiction. However, extending restrictions to vape shops, another critical protection for the public’s health, was removed from HB 3 and *the revised bill now includes ‘smoking bar’ in the definitions, which is not consistent with the Clean Indoor Air laws. This definition should be removed as it is not compliant with current law and will lead to confusion.*

HB 3 will substantially decrease health disparities among Maryland’s African-American population who have been targeted by the tobacco industry for decades with menthol products¹, and immediately begin to reverse the proliferation of teen nicotine addiction. Prohibiting flavored tobacco products will reduce health insurance costs for small and large businesses, lead to hundreds of millions of dollars in Medicaid savings over coming years, and help pave the way to a healthier and more productive workforce in Maryland.

Teens and vaping, flavored small cigars and e-cigarette devices:

103,000 Maryland high school students use flavored vape products.²

Small cigars, essentially flavored cigarettes in a tobacco leaf wrapper, are smoked by more high schoolers than cigarettes.³

95.6% of young people start tobacco and vape use with a flavored product.⁴

94% of African American youth and 85% African American adult smokers use menthol products⁵ compared to 26% of whites. This is primarily attributable to industry marketing.

Flavors, including menthol, make quitting tobacco products more difficult.^{4,6}

Nicotine is unsafe for adolescents. It impairs brain development, alters mood, harms impulse control, and increases the likelihood of future addiction to other drugs, including opioids.⁷

From 2013-2019, high schoolers use of e-cigarettes increased 600%.⁸ Use among adults 25 and older increased <1%.⁹

The percentage of teens using vape products (29.5%) is 10x greater than the percentage of adults using vape products (3%).^{1,9} These teens are at increased risk of conversion to cigarette smoking.

As a result of vaping, 8 adolescents begin to smoke cigarettes for every 1 adult smoker who quits.¹¹

A meta-analysis of 25 studies show *smokers who turn to vaping as a means of cessation are 27% less likely to quit* than those using FDA recommended methods.¹²

Prohibiting the sale of flavored tobacco products will have an immediate impact:

- Preterm births will decline as fewer young women are exposed to nicotine, saving millions in annual Medicaid costs
- SIDS deaths will be prevented as fewer young mothers and fathers use tobacco products
- Child and adolescent asthma cases will be reduced along with associated Medicaid expenditures

Tobacco remains the leading cause of preventable death and disability in the U.S.^{13,14} **Each year, tobacco-related diseases cost the Maryland economy \$2.7 billion in direct medical expenses of which \$576 million is covered by Medicaid, and an additional \$2.2 billion in lost productivity to Maryland businesses.** Banning flavored tobacco products will lead to a healthier and more fiscally sound Maryland for generations to come.

References:

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2. CDC, High School Youth Risk Behavior Survey, 2019
- 3 “Tobacco Product Use and Associated Factors Among Middle and High School Students — United States, 2019” Dec 6, 2019; 68(12) https://www.cdc.gov/mmwr/volumes/68/ss/ss6812a1.htm?s_cid=ss6812a1_w&deliveryName=USCDC_921-DM14806 .
- 4 Flavored Products. Public Health Law Center. Univ of MN School of Law. <https://www.publichealthlawcenter.org/topics/commercial-tobacco-control/sales-restrictions/flavored-products>; 2020.
- 5 Differences in Subjective Experiences to First Use of Menthol and Nonmenthol Cigarettes in a National Sample of Young Adult Cigarette Smokers. D’Silva J. Nicotine and Tobacco Research. Sept 2018. 20(9), 1062-68.
- 6 Initiation with menthol cigarettes and youth smoking uptake. Nonnemaker, J., et al., Addiction, 2013. 108(1): p. 171-178.
- 7 Office of the Surgeon General, *Know the Risks: E-cigarettes and Young People*, accessed 2 January 2020
- 8 National Youth Tobacco Survey, U.S. Food and Drug Administration
- 9 Prevalence of e-Cigarette Use Among Adults in the United States, 2014-2018. Dai H, Leventhal A. JAMA 11/12/2019; 322(18) 1824-7.
- 10 e-Cigarette Use Among Youth in the United States, 2019. Cullen KA, Gentzke AS (2019). JAMA Network;322(21):2095-2103.
- 11 Quantifying population-level health benefits and harms of e-cigarette use in the United States. Soneji SS, Sung H-Y, Primack BA PLoS One2018;13:e0193328.
- 12 E-Cigarettes: use, effects on smoking, risks, and policy implications. Glantz SA, Bareham DW. Annu Rev Public Health2018;39:215-35
- 13 Harold J. Farber, Smita Pakhale, and Enid R. Neptune (2016). Tobacco 21: An Important Public Policy to Protect Our Youth. *Ann Am Thorac Soc* Vol 13, No 12, pp 2115–2118 .
- 14 https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm