



TESTIMONY IN FAVOR OF **HB 2340**

February 22, 2021

Chairman Barker and Members of the Federal and State Affairs Committee,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 400 of the practicing pediatricians in the state. The KAAP has the fundamental goal that all children and adolescents in Kansas have the opportunity to grow safe and strong. It is with this goal in mind that we want to share our testimony in favor of the proposed **HB 2340** with an additional recommendation to ban flavored nicotine products.

The exponential rise of e-cigarette use by children and adolescents is a public health emergency. E-cigarettes are now the most common tobacco product used by teens. In Kansas, 10.6 percent of the state's high schoolers use e-cigarettes. **Tobacco use is the leading cause of preventable death, killing more than 4,400 Kansans yearly.** It also causes roughly 28.6 percent of all cancer deaths in Kansas. Nicotine is highly addictive, and children and teens are more susceptible to the neurotoxic effects as their brains are still developing. In addition to nicotine, e-cigarette solutions contain toxic and carcinogenic substances (anti-freeze, diethylene glycol, and nitrosamines).

Leaving any flavors on the market is dangerous for child health. Flavors are appealing to children, that is why we flavor necessary medications—they taste better! We should not allow any flavoring for products as dangerous as tobacco. This fact has been exploited by the tobacco industry to entice kids into using tobacco products. Menthol is an ingredient in both mint and menthol flavored products, and it provides a cooling sensation that masks the harsh taste of nicotine, making it easier for children to get hooked. Teens that are addicted to the nicotine in e-cigarettes will take advantage of the menthol loophole if this is the only flavor being sold. Data on traditional cigarettes show that over half of youth smokers use menthol cigarettes compared to less than one-third of smokers over age 35. The CDC cites evidence that the tobacco industry has targeted racial and ethnic minorities with menthol products leading to tobacco-related health disparities, especially African American youth.

National data show that about 95 percent of adults who smoke begin smoking before they turn 21. The time between ages 18 to 20 is a critical period when many adults who smoke move from experimental smoking to regular, daily use. In 2015, the Institute of Medicine (now the National Academy of Medicine) concluded that raising the minimum legal sales age for tobacco products nationwide would reduce tobacco initiation, particularly among adolescents aged 15 to 17, improve health across the lifespan, and save lives; and that raising the minimum legal sales age for tobacco products nationwide to 21 would, over time, lead to a 12 percent decrease in smoking prevalence. Also, we know that **the younger that someone is when they start using**



nicotine, then then the harder it is to quit. Increasing the age to 21 will improve cessation efforts later for individuals who would like to quit.

To prevent children, adolescents, and young adults from becoming addicted to any tobacco or nicotine products, it is important that we increase the minimum age to purchase tobacco products to 21, and we also urge you to ban all flavored nicotine products.

On a personal note, I have many family members and co-workers who use tobacco. All of them began smoking in their teens, and I've painfully observed first-hand how difficult it is for them to quit as adults once health issues make it necessary. Even adults who are successful with cessation often must spend much time and money and endure half a dozen attempts or more to do so—and those are the few that are fortunate enough to triumph over this deadly addiction. My hope is for future generations of Kansans not to face these difficulties.

Thank you for your time and attention. We welcome any questions you might have and are happy to serve as your resource on all pediatric issues. Please let us know if we can provide further information, education, or resources.

Respectfully submitted,

Kristie Clark, MD, FAAP
President
Kansas Chapter, American Academy of Pediatrics