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H.26 Testimony – An act relating to restricting retail and Internet sales of electronic cigarettes, liquid nicotine, and tobacco paraphernalia in Vermont

Tobacco use and nicotine addiction have created an enormous burden on our society. Major public health efforts have stemmed the tide by putting resources towards smoking cessation and primary prevention of smoking initiation. Preventing young people from starting to smoke reduces future morbidity and mortality and lost economic costs. Nicotine is an incredibly addictive substance and the developing adolescent brain is particularly susceptible to its effects. Continued and persistent efforts to limit youth's exposure to nicotine is incredibly cost-effective and we must remain vigilant in this effort.

Vermont pediatricians are deeply concerned with the rapid rise in use of nicotine products among our youth. Nationally, the CDC reports a 680% increase in teen use of electronic nicotine delivery systems (ENDS) from 2011-2017. And there is no sign that this is slowing. The National Youth Tobacco Survey an increase of 75% in just one year from 2017-2018.

In VT the use of cigarettes by youth has leveled off at 9% but ENDS use is increasing and is now at 12%. Use increases with grade level so that by the time VT high schoolers graduate, 44% have tried and 17% currently use these products. Most young people who use these products do not know they contain nicotine. Unfortunately, nicotine exposure at a young age primes the brain for future addiction to nicotine and other substances. Young people who use ENDS are more likely to go on to use nicotine products including cigarettes.

The public health community has seen success with limiting availability and ease of obtaining cigarettes and changing public perception and acceptability of smoking. Pediatricians around the country are sounding the alarm that we are raising a new generation of young people addicted to nicotine. These products are marketed to young people knowing that their brains are most susceptible to addiction. This problem requires a multi-pronged approach and an important and necessary component to that approach is limiting the exposure to young people. Youth are susceptible to public health barriers put in place to limit access to these products. The opportunity cost and search costs associated with restricting access does help limit use. That's why any earnest effort to reduce ENDS use in Vermont must include restricting internet sales of these dangerous products.