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Written Statement of Matthew Magyar, MD
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on
SB0177 Flavored Tobacco Products - Prohibition

Good Morning. For the record my name is Matthew Magyar and I am a Pediatric Hospitalist at Children's National Hospital (Children's National). I am also currently enrolled in the Master of Public Health program at George Washington University. Children's National has been serving the nation's capital since 1870 and is proud to be named among the Top 10 children's hospitals by *U.S. News & World Report* Best Children's Hospitals survey. In my current role as a pediatric hospitalist, I provide care to children who require hospitalization for continued treatment for illness ranging from the common cold to significant bacterial infections and respiratory distress.

In the recent past, among the patients to whom I provided care was an adolescent female admitted for significant airway swelling and difficulty breathing. In the course of her treatment, she required multiple hospitalizations and invasive procedures while also receiving courses of antibiotic medication and intravenous fluid supplementation as her throat inflammation was severe enough to inhibit oral intake. The patient's medical history was almost completely unremarkable except she did admit to "vaping" utilizing a Juul device, a popular electronic delivery system for flavored nicotine. Through consultation with specialists and process of elimination we determined this was the likely source of her illness. Over time, her condition improved and she was eventually discharged home safely with the advice to abstain from further use of electronic smoking devices.

Children's National supports SB0177/HB0134 because electronic smoking devices' popularity has grown rapidly among the young adult population, and flavored nicotine played a role in that growth. As

you may know, the Centers for Disease Control (CDC) and Food and Drug Administration (FDA) release an annual survey on adolescent tobacco habits known as the National Youth Tobacco Survey (NYTS), “a school-based survey that collects information on tobacco use from middle school (grades 6-8) and high school (grades 9-12) students. NYTS includes measures on tobacco-related behaviors, attitudes, beliefs, and exposure to pro- and anti-tobacco influences.”¹ In a recent survey they assessed why young adults used e-cigarettes and the top two reasons were (1) use by friends and family and (2) the availability of flavors. In 2020, the NYTS showed that not only do over 3.6 million U.S. youth use electronic cigarettes, but more than 8 out of 10 do so with flavored products.¹ Surveys show that among high schoolers, flavors such as mint or fruit vastly outweigh the popularity of traditional tobacco flavor.² Flavoring expands the appeal of electronic devices and thus expands the reach of nicotine. I should also note that the third most popular reason adolescents use e-cigarettes is that they perceive them to be less harmful than other forms of tobacco and while that may be true to some extent, as I saw with my patient, less harmful does not equate to harmless. Moreover, studies, including one by the National Academies of Sciences, Engineering, and Medicine (NASEM) have shown evidence that e-cigarettes use among young adults increases the risk of ever smoking combustible (i.e. traditional) cigarettes which have their own health consequences.³ In Maryland alone, we know that 23% of high school students currently use e-cigarettes, a rate five times higher than adults.⁴ Despite age restrictions around these products, this shows there is still room to improve from a public health standpoint.

I am particularly heartened to see that SB0177/HB0134 includes menthol among the flavor ban. Over time, the Black and Brown communities have been carefully targeted through menthol cigarette advertising, product discounts, and giveaways. As a result, the amount of African-American smokers smoking menthol has jumped from 5% in 1952 to nearly 85% today. As with any flavoring, menthol can mask the harsh taste of tobacco and make it more palatable to consume, especially for newer users, such

as our adolescent population. By reducing irritation, it can allow individuals to inhale both deeper and longer leading to increased nicotine consumption over time.

There is still much we have to learn as a field about nicotine flavoring, electronic devices, and their collective effects on the developing mind and body - this is a relatively new area of study – but in the interim, a cautious approach is worthwhile. The American Academy of Pediatrics endorses this view, recommending “age restrictions, taxes, bans on advertising to youth, and bans on flavored products that are particularly attractive to youth.”⁵ Limiting access to flavored tobacco products, whether via electronic nicotine devices or more traditional means, is an important public health measure that will likely reduce downstream medical complications for the pediatric population including hospitalizations and prolonged illness. Thank you for the opportunity to testify on SB0177/HB0134 and I am happy to answer any questions you may have!

1. Youth Tobacco Use: Results from the National Youth Tobacco Survey. U.S. Food and Drug Administration website <https://www.fda.gov/tobacco-products/youth-and-tobacco/youth-tobacco-use-results-national-youth-tobacco-survey#2>. Updated December 22, 2020. Accessed January 26, 2020.
2. Kaplan S. Juul Ends E-Cigarette Sales of Mint-Flavored Pods. The New York Times website <https://www.nytimes.com/2019/11/07/health/vaping-juul-mint-flavors.html>. November 7, 2019. Accessed December 27, 2019.
3. The National Academies of Sciences, Engineering, and Medicine. Public health consequences of e-cigarettes. Consensus study report. Highlights. www.nap.edu/resource/24952/012318ecigaretteHighlights.pdf(www.nap.edu). Accessed January 26, 2020.
4. The Toll of Tobacco in Maryland. Campaign for Tobacco-Free Kids. <https://www.tobaccofreekids.org/problem/toll-us/maryland>. Updated October 20, 2020. Accessed January 26, 2020.
5. The American Academy of Pediatrics Issues Sweeping Recommendations on Tobacco and E-Cigarettes. American Academy of Pediatrics website . 2019. Accessed January 26, 2020.