

TESTIMONY OF THE MAINE MEDICAL ASSOCIATION

AND

**THE MAINE CHAPTER OF THE AMERICAN ACADEMY OF
PEDIATRICS**

IN SUPPORT OF

L.D. 67, AN ACT TO PROTECT BEACHES IN MAINE'S STATE PARKS

Joint Standing Committee on Health & Human Services
Room 209, Cross State Office Building
Wednesday, February 4, 2009

Good afternoon Senator Brannigan, Representative Perry, and Members of the Health & Human Services Committee. My name is Lani Graham, M.D., M.P.H. I am a Family Practice Physician, a former Director of the Maine Center for Disease Control and Prevention (Maine CDC), and a current member of the Public Health Committee of the Maine Medical Association. I am here today representing the Maine Medical Association (MMA) in support of LD 67. I also come before you as a native of this state who lives in Portland and made the strong recommendation to add beaches to the Portland Outdoor Air Amendment that was passed last summer by the Portland City Council. I also would like to note that my colleagues in the Maine Chapter of the American Academy of Pediatrics have identified this bill as one of the Chapter's highest legislative priorities in 2009.

As you may know, the City of Portland has only one beach, the East End Beach. During the 20 years I have lived in Portland, I visited the East End Beach every summer and every summer I was appalled by the use of tobacco on that beach. I saw toddlers picking up butts that they found in the sand; I saw a bird swallow a butt. I saw young children playing next to adults who were smoking and I personally stepped on numerous cigarettes while walking barefoot on the beach. I was therefore very pleased to make the suggestion that beaches be added to Portland's ban on outdoor use of tobacco products. The idea was accepted unanimously.

From a scientific and public health point of view, there are excellent reasons to support this bill. First, people, most particularly children and the disabled, continue to be inappropriately exposed to secondhand smoke (SHS). SHS, also known as environmental tobacco smoke, is a complex mixture of gases and particles that contains at least 250 chemicals known to be toxic, including more than 50 that cause cancer.¹ While it does help to be outside when tobacco smoke is in the area, exposure still occurs.² This has been demonstrated by more than one scientific study that exposure still occurs when an individual is within 6-20 feet from an active smoker.³ I probably don't need to remind you that SHS is a Class A Carcinogen. But there are many other documented effects of SHS, including the triggering of asthma attacks, the narrowing of cardiac vessels and likely many other adverse effects that are still unknown. Even brief exposure can be dangerous.⁴ Children are particularly vulnerable to toxins because of their size, the fact that their

respiratory rates are rapid, and they are still developing. And, of course, children are the ones we expect to enjoy Maine beaches the most.

Second, under current law people who must use oxygen, or who are sensitive to triggering toxins that may close their airways cannot enjoy being at the beach without constant vigilance. Why should a child or an adult with respiratory problems be prevented from enjoying a Maine beach or have to leave just because there is a smoker nearby?

Third, scientific studies have also shown that children who observe adults smoking are more likely to smoke themselves, thus promoting this devastating addiction. Seeing people smoking normalizes the behavior whether that smoking is parental, or in the movies or on a Maine beach.⁵

Finally, an infrequently mentioned impact of banning smoking in various places is that it helps the smoker who wishes to quit. As a physician who has repeatedly worked with smokers who were trying to quit, I can tell you that every small boost is helpful. I have had many of my patients tell me that the banning of smoking in restaurants was a very important step in assisting them to reach the goal of being non-smokers. While smoke-free laws are about the smoke, not the smoker, these added positive impacts should not be overlooked.

Contrary to what you may hear, the arguments against this bill are weak. Banning smoking on Maine beaches would not infringe in any significant way on individual rights or choice. We all must make accommodation for the legitimate needs of our neighbors. We ban dogs on beaches in the summer even though dogs and their human companions would like to enjoy the beach together. Dogs can run elsewhere and smokers have the choice to smoke where they will not expose others. And, as in Portland, we would not expect any extra burden on law enforcement. Signage would be expected to be sufficient to address the issue. At this point most smokers fully understand the need to be respectful of the needs of non-smokers.

Thank you for considering the views of Maine physicians about L.D. 67.

¹ National Toxicology Program. 11th Report on Carcinogens, 2005. (PDF—219KB) Research Triangle Park, NC: U.S. Department of Health and Human Services, National Institute of Environmental Health Sciences, 2000 [cited 2006 Sept 27]

² Repace, JL. Measurements of Outdoor Air Pollution from Secondhand Smoke on the UMBC Campus. (<http://www.repace.com/pdf/outdoorair.pdf> - accessed 8 March 2007)

³ Klepeis, NE, Ott, WR, Switzer, P. Real-Time Measurement of Outdoor Tobacco Smoke Particles, *Journal of the Air and Waste Management Association*. 57: 522-534. May 2007.

⁴ U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, 2006 [cited 2006 Sept 27]

⁵ See Brian A. Primack et al., *Improving Measurement of Normative Beliefs Involving Smoking Among Adolescents*, 161 ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE 434-439 (May 2007) (perceived prevalence and popularity of smoking affects adolescents' susceptibility to initiate smoking); see also James D. Sargent et al., *Viewing tobacco use in movies: does it shape attitudes that mediate adolescent smoking?*, 22 AMERICAN JOURNAL OF PREVENTIVE MEDICINE 137-145 (Apr. 1, 2002) (viewing smoking in movies leads to adolescent beliefs that most adults smoke and is associated with greater receptiveness to trying smoking).