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**Testimony Supporting H.B. 6404:
An Act Prohibiting the Sale of Flavored Electronic Cigarette Liquid and Tobacco Products**

**Testimony Supporting H.B. 5779:
An Act Extending the Reporting Deadline of the Task Force to Study Voluntary Admission
to the Department of Children and Families**

**Testimony Supporting H.B. 5575:
An Act Concerning the Suspension of Delinquency Proceedings for Fire Starting Behavior
Treatment**

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Committee on Children
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Senator Abrams, Representative Linehan, Senator Kelly, Representative Green and esteemed members of the Committee on Children:

We are submitting this testimony on behalf of Connecticut Voices for Children, a research-based child advocacy organization working to ensure that all Connecticut children have an equitable opportunity to achieve their full potential. Thank you for providing this opportunity to voice our support of H.B. 6404, H.B. 5779, and H.B. 5575.

Support for H.B. 6404: An Act Prohibiting the Sale of Flavored Electronic Cigarette Liquid and Tobacco Products

The recent popularity of flavored nicotine and tobacco products in e-cigarettes and vaporizers threatens to introduce a new generation to the harmful effects of smoking. E-cigarettes vaporize a liquid containing nicotine, propylene glycol, flavorings, and other substances.¹ Although these devices lack some of the dangers associated with combustible tobacco products, nicotine is still a highly addictive drug whose possible outcomes include increased risk of heart disease, stroke, various cancers, osteoporosis, and kidney disease.² Further, youth who use e-cigarettes are 6.17 times more likely to begin smoking cigarettes after their 18th birthday than youth who never used e-cigarettes.³

According to a survey released by Connecticut's Department of Public Health, 14.7 percent of high school students in Connecticut report using an electronic nicotine delivery system (ENDS), commonly known as a vape, vaporizer, or e-cigarette.⁴ The survey found that flavored products were particularly enticing to youth; 44.3 percent of high school students who used tobacco had used

a fruit flavored product in the past 30 days and 18.2 percent had used a candy or dessert flavored product.⁵ Additionally, 23.9 percent of respondents who had ever used an e-cigarette said they had used specifically due to the flavor of the product.⁶ A study conducted at the University of Texas found that of youth who used flavored tobacco products, 84 percent said they would no longer use these products if the flavor were removed.⁷ The researchers concluded that banning flavored e-cigarette products would be a significant step in reducing youth tobacco use.⁸

According to the Centers for Disease Control and Prevention, tobacco is the leading cause of preventable death in the United States.⁹ The young adult brain is particularly susceptible to nicotine addiction, and most tobacco use begins before the age of 21.¹⁰ In 2009, the FDA banned flavored cigarettes (with the exception of menthol), which was demonstrated to decrease youth tobacco usage.¹¹ **We believe banning flavored e-cigarettes would further reduce tobacco and nicotine use among teens, and thus we support H.B. 6406.**

Support for H.B. 5779: An Act Extending the Reporting Deadline of the Task Force to Study Voluntary Admission to the Department of Children and Families

Connecticut Voices for Children supports H.B. 5779, which changes the reporting date of the Task Force to Study Voluntary Admission to the Department of Children and Families from January 1, 2019 to June 1, 2020. The Legislature and Governor have not yet filled all positions on this task force; as a result, the task force has not yet met to begin their work. It is important that this task force be given the time needed to fulfill their mandate. Substantial research shows that removing children from their families is traumatizing to children.^{12, 13} Even when removing a child from home is due to abuse or neglect, breaking up families leaves children with scars. We as a state must do everything in our power to keep children with loving parents while meeting the complex needs of these children. In order to do so, we must understand why some families report being asked to relinquish custody, and we must address those underlying needs. Further, as a state we must ensure that we provide the financial resources to the Department of Children and Families and other child-serving agencies so that all children receive the care they need.

Support for H.B. 5575: An Act Concerning the Suspension of Delinquency Proceedings for Fire Starting Behavior Treatment

H.B. 5575 would allow courts, upon receiving a motion that a child is charged with delinquency due to fire-starting behaviors, to suspend delinquency proceedings for up to one year and order that the child participate in a treatment program targeted toward reducing fire-starting behaviors.

Connecticut Voices for Children supports H.B. 5575 because it would increase the number of children with behavioral health challenges receiving the treatment they need and reduce the number of children entering the justice system when alternative methods could better reduce recidivism.

Fire setting behaviors and match play are common exploratory behaviors in children and adolescents.¹⁴ In the vast majority of cases in which children engage in these behaviors, they learn that fires are dangerous and cease reckless exploration.¹⁵ These are normal children engaging in developmentally predictable learning behaviors. Most children outgrow desiring to explore fire, accidentally setting fires as an outcome of exploratory play (such as playing scientist), or setting fires because they are seeking adult attention.¹⁶ For these children, researchers have found fire education—such as that provided by fire departments—to be an effective intervention.¹⁷

In a small portion of children, fire setting behaviors may instead be caused by an impulse control disorder characterized by intrusive feelings of craving to set fires despite knowing that fires can hurt people and property, arousal and anxiety when thinking about setting fires, feelings of pleasure while setting fires, and reduced ability to control these urges and behaviors over time.¹⁸ In 6.9 percent of

juvenile psychiatric cases, impulsive fire-setting behaviors co-occur with other psychiatric disorders such as bipolar disorder, personality disorders, and substance abuse disorders.¹⁹ These behaviors may also be the result of childhood maltreatment and trauma.²⁰ In these cases, targeted cognitive behavioral therapy has shown clinically significant rates of success at reducing these behaviors in juveniles.²¹

In contrast, addressing delinquency through methods such as incarceration may increase the extent to which children continue along a path of crime; this is due to children whose needs could be otherwise addressed engaging with peers who have high risk of recidivism and patterns of criminogenic thought as well as through community bias and labeling.²²

Fire setting behaviors are indeed dangerous, but they are rarely indicative of children engaging in criminogenic thought. In most cases, fire setting behaviors are the result of typical child development. In a small percent of cases, they are indicative of more serious behavioral health needs. Behavioral health treatment is far more effective for decreasing the likelihood that children will continue engaging in these behaviors than further court involvement. For these reasons, we support H.B. 5575.

Thank you for the opportunity to submit this written testimony in support of H.B. 6404, H.B. 5779, and H.B. 5575. We can be reached with any questions at jnelson@ctvoices.org and lruth@ctvoices.org or at 203-498-4240.

¹ Schraufnagel, D. E. (2015). Electronic cigarettes: vulnerability of youth. *Pediatric allergy, immunology, and pulmonology*, 28(1), 2-6.

² Siqueira, L. M. (2017). Nicotine and tobacco as substances of abuse in children and adolescents. *Pediatrics*, 139(1), e20163436.

³ Barrington-Trimis, J. L., Urman, R., Berhane, K., Unger, J. B., Cruz, T. B., Pentz, M. A., ... & McConnell, R. (2016). E-cigarettes and future cigarette use. *Pediatrics*, 138(1), e20160379.

⁴ Connecticut Dept. of Public Health. (2017). Connecticut Youth Tobacco Survey Results. Retrieved from <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/tobacco/PDF/2017-CT-Youth-Tobacco-Survey-Results.pdf?la=en>

⁵ *ibid.*

⁶ *ibid.*

⁷ Harrell, M.B. et al. (2017). Flavored Tobacco Product Use among Youth and Young Adults: What if Flavors Didn't Exist? *Tobacco Regulatory Science*, 3(2), 169-173. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5536860/pdf/nihms882409.pdf>

⁸ *ibid.*

⁹ Centers for Disease Control and Prevention. "Fast Facts." Available at:

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm

¹⁰ Winickoff, J., Hartman, L., Chen, M. et al. (2014). "Retail Impact of Raising Tobacco Sales Age to 21 Years." *American Journal of Public Health*. 104:11. doi: 10.2105/AJPH.2014.302174

¹¹ Courtemanche, C.J., Palmer, M.K., & Pesko, M.F. (2017). Influence of the Flavored Cigarette Ban on Adolescent Tobacco Use. *American Journal of Preventative Medicine*, 52(5), 139-146. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5401634/>

¹² Folman, Rosalind D. "I was Taken: How Children Experience Removal from their Parents Preliminary to Placement in Foster Care." *Adoption Quarterly* 2.2 (1998): 7-35.

¹³ Cashmore, J. (2014). Children living away from home. *The Sage handbook of child research*, 197-207.

¹⁴ Fineman, Kenneth R. "Firesetting in childhood and adolescence." *Psychiatric Clinics* 3.3 (1980): 483-500.

¹⁵ Taylor, J. L., Thorne, I., & Slavkin, M. L. (2004). Treatment of fire-setting behaviour. *Offenders with developmental disabilities*, 3, 221-240.

¹⁶ *Ibid.*

¹⁷ Grant, J. E., & Odlaug, B. L. (2011). Assessment and treatment of pyromania. *The Oxford handbook of impulse control disorders*, 353-359.

¹⁸ Grant, J. E., Mancebo, M. C., Eisen, J. L., & Rasmussen, S. A. (2010). Impulse-control disorders in children and adolescents with obsessive-compulsive disorder. *Psychiatry research*, 175(1-2), 109-113.

¹⁹ *ibid.*

²⁰ Root, C., et al. "The link between maltreatment and juvenile firesetting: Correlates and underlying mechanisms." *Child Abuse & Neglect* 32.2 (2008): 161-176.

²¹ Grant, J. E., & Odlaug, B. L. (2011). Assessment and treatment of pyromania. *The Oxford handbook of impulse control disorders*, 353-359.

²² Johnson, L. M., Simons, R. L., & Conger, R. D. (2004). Criminal justice system involvement and continuity of youth crime: A longitudinal analysis. *Youth & Society*, 36(1), 3-29.