

The background of the entire page is a photograph of a person with long dark hair, seen from behind, sitting on a rocky cliff. They are looking out over a vast body of water towards a horizon under a blue, cloudy sky. The image has a monochromatic blue tint.

**Tobacco Prevention and
Control Advisory Council**

REPORT

to Governor Janet T. Mills
and the 131st Maine Legislature

DECEMBER 2022

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MAINE STATUTE Establishing the Tobacco Prevention and Control Advisory Council

*Title 22, Chapter 102, Section 272
Sub-Section 2*

The Tobacco Prevention and Control Advisory Council is established to review the program. The advisory council shall provide advice to the bureau in carrying out its duties under this section and ensure coordination of the program with relevant nonprofit and community agencies, other relevant state agencies, and the Department of Education. The advisory council shall report annually on the program to the Governor and the Legislature by December 1st and include any recommendations or proposed legislation to further the purposes of the program. This report can be accessed [online by clicking here](#).

MEMBERS of the Tobacco Prevention and Control Advisory Council

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EXECUTIVE SUMMARY

This 2022 report documents and updates the recommendations and workplan of the Tobacco Prevention and Control Advisory Council as presented in the 2021 Report. This report builds on the report issued last year, updating several data points, reviewing and revising recommendations. While some progress was made, significant challenges remain. The Council urges readers to refer to the [2021 report](#) for a detailed view of Maine tobacco-related data, Maine and national trends, and a detailed history and status report on Maine's program and funding.

The Tobacco Prevention and Control Advisory Council applauds the full funding of Maine's tobacco prevention and control program at \$15.9 million for 2023 after many years of funding at levels below what is necessary to impact the public health burden due to tobacco and nicotine use.

The positive health and economic impacts of modernizing Maine's set of tobacco policies reaches far beyond tobacco into public health, health equity, community level preparedness and resiliency, prevention of the risk factors for acute and chronic illnesses, and the reduction of health care costs in MaineCare and private insurance.

The Tobacco Prevention and Control Advisory Council continues to recommend a six-part, interconnected and evidence-based package of tobacco policies for preventing youth and young adult tobacco use and ensuring treatment is available for current tobacco users who are seeking to quit. The Council specifically emphasizes the need to tailor tobacco cessation and treatment to adolescents and populations experiencing health disparities. The program's funding should enable increased attention to cessation tailored to these populations.

The Council's Recommendations are found on page 8.

COVID-19 has brought pain and devastation to Maine families and communities, but it has also delivered a laser focus to the public's awareness and understanding of public health, and the importance of prevention, preparedness, resiliency, and a comprehensive public health infrastructure. With this clarity, we have both an opportunity and a responsibility to act.

INTRODUCTION

Few would argue we as a state have been through close to three years of unprecedented challenges. COVID-19 has turned our lives, our economy, and our healthcare system upside down. The pandemic has laid bare the systemic and structural inequities that have been driving racial and socioeconomic health disparities for generations, and it has exposed the results of under-investing in the mitigation of risk factors, particularly tobacco use and obesity, for acute and chronic respiratory and cardiovascular illnesses.

Good health is a game-changer for families and businesses. Good health means kids are ready to learn at school, workers can be more productive on the job, and our parents and grandparents can stay in their homes as they age. Healthy communities are places where businesses want to be, and where young people want to stay. Simply put, good health is an investment that pays dividends for generations.

ADULT TOBACCO USE IN MAINE

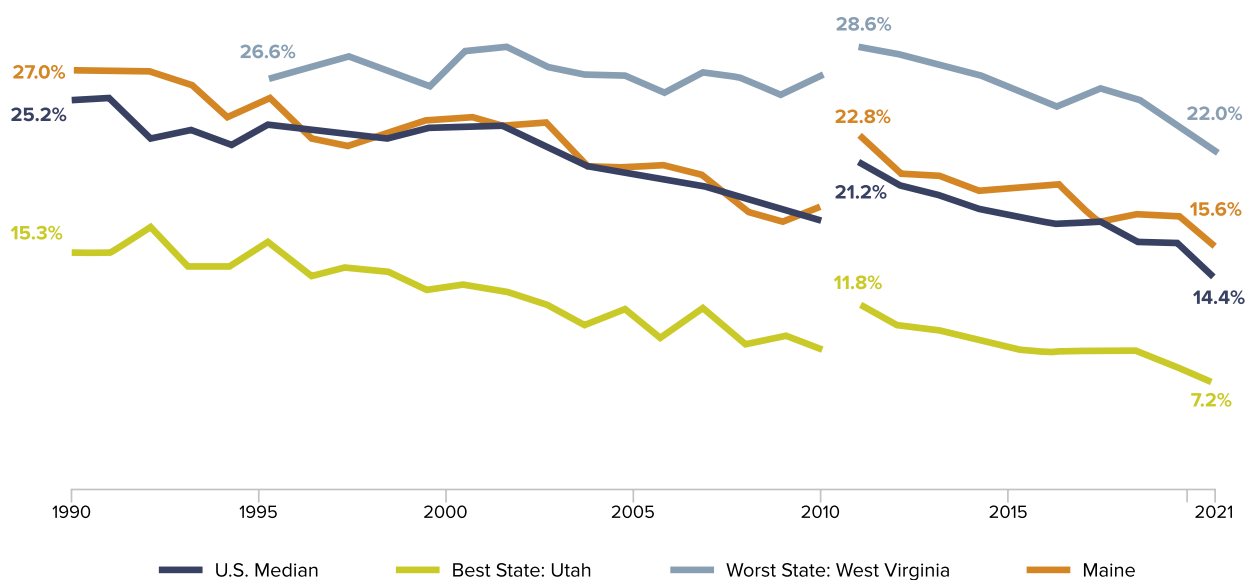
Maine's adult smoking rate is higher than the national average and is the highest of the Northeast states. Nearly 1 in 6 (15.6%) Maine adults smoke cigarettes, compared to 14.4% of adults nationwide.

FIGURE 1

Tobacco Use Among Adults in Maine

% of 18+-year-olds who smoke daily or some days

Behavioral Risk Factor Surveillance System (1990-2021) *estimated percentage*

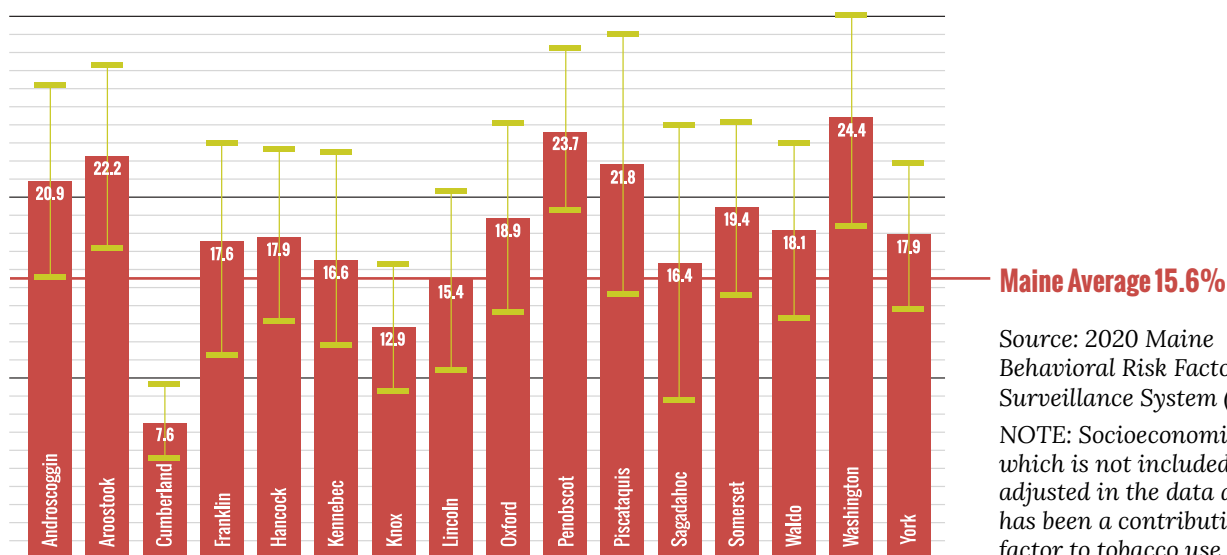


NOTE: Due to improvements in survey methods, estimates for 2011-2021 are considered more accurate than those made in previous years, particularly data from 2004-2010.

Adult smoking rates vary significantly in different regions of the state. The lowest rate is in Cumberland County and the highest rates are in Washington and Penobscot counties. Rural populations are more likely to use tobacco products, start smoking at a younger age, smoke more heavily, and be exposed to secondhand smoke than urban populations. Rural populations do not smoke more just because they live in rural areas. Lower incomes, higher unemployment, and lower education levels also contribute to higher smoking rates among rural populations.¹

FIGURE 2

Percent of Maine Adults Who Are Current Cigarette Smokers (with 95% Confidence Intervals)



YOUTH TOBACCO USE IN MAINE

Use of tobacco products is initiated and established primarily during adolescence, as demonstrated by the fact that about 95% of adult smokers begin smoking before they turn 21, and 99% begin before age 26.² The U.S. Surgeon General warns that youth and young adults are uniquely at risk for long-term harm from tobacco use. Exposure to nicotine can damage the developing brain, which continues to grow until about age 25, and cause addiction, mood disorders, attention and learning deficits, and a permanent lowering of impulse control. Nicotine can also prime the adolescent brain for addiction to other substances, such as cocaine.³

In 2015, for the first time in nearly 20 years, Maine's high school smoking rate was higher than the national average and in recent years, Maine's youth smoking rates have declined more slowly when compared to the national average.⁴ Currently 5.5% of Maine high school students smoke cigarettes, which is above the national average (4.5%), while 17.4% of high school students use e-cigarettes, compared to 14.1% of high school students nationally.

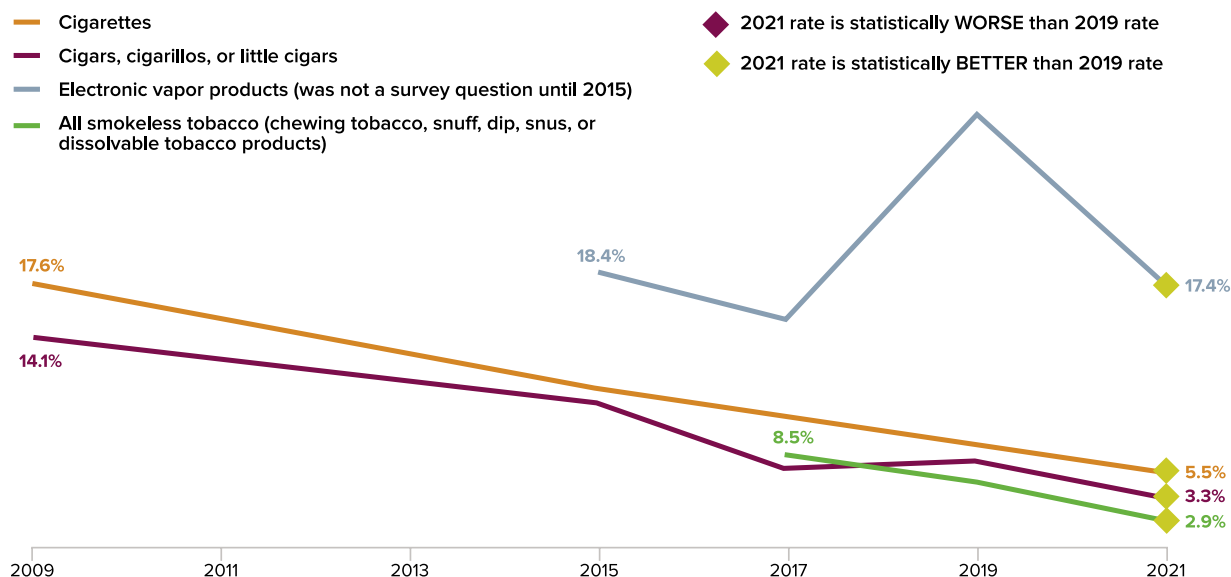
In her 2006 ruling that cigarette manufacturers have violated civil racketeering laws and deceived the American public, U.S. District Court Judge Gladys Kessler stated, "From the 1950s to the present, different defendants, at different times and using different methods, have intentionally marketed to young people under the age of 21 in order to recruit 'replacement smokers' to ensure the economic future of the industry."

SOURCE: U.S. V. Philip Morris USA, Inc., et al., No. 99-CV-02496GK (U.S. Dist. Ct., D.C.), Final Opinion, August 17, 2006.

FIGURE 3

Tobacco Use Among Maine's Youth

% of high school students who used any tobacco or vaping product in the past 30 days, by type



Source: Maine Integrated Youth Health Survey, 2009 - 2021 estimated percentage

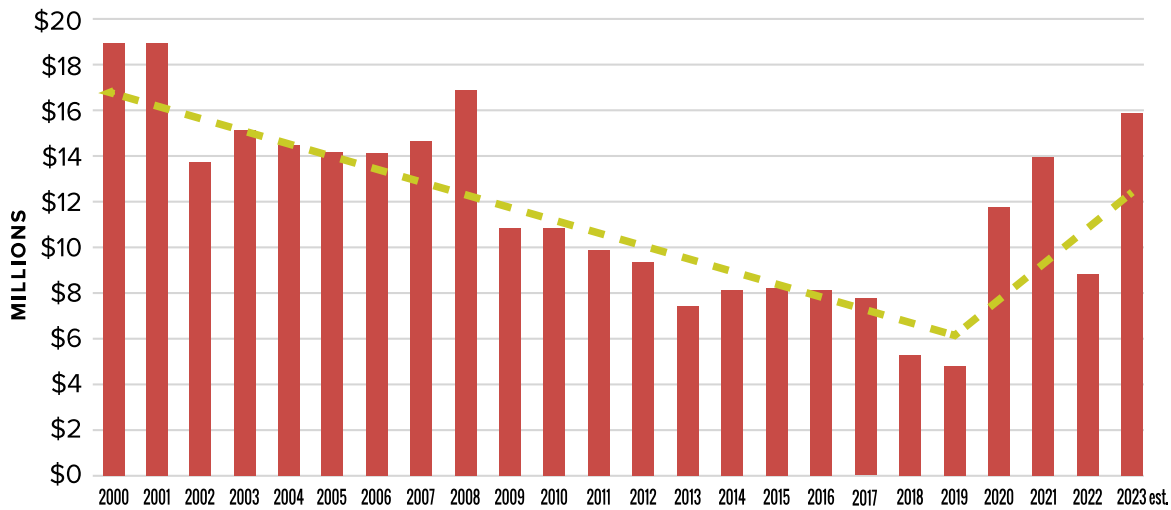
HISTORY OF MAINE'S TOBACCO PROGRAM AND POLICIES

For years, Maine was recognized as one of the best in the nation for our tobacco program and policies. We were proud to see our youth smoking rates go from one of the worst in the nation in 1998 to one of the very best in the early 2000s. This life-saving turnaround was achieved through a combination of full program funding, aggressive pricing strategies, and the early adoption of smoke-free policies in most public places. The 2023 funding level at the US CDC recommended level will be important to address the disproportionate burden of tobacco use in specific populations.

Price is one of the most effective tools for reducing youth initiation and incentivizing tobacco users to seek treatment. Yet, Maine's excise tax on cigarettes is the second lowest in the Northeast and has not been updated since 2005. Action on tobacco pricing is long overdue. A significant increase in the price of tobacco products can help jumpstart a new wave of Maine youth to reject tobacco while giving current tobacco users another incentive to quit. Additionally, any revenue generated from raising the excise tax on tobacco products could be used to support addiction prevention initiatives in our communities and schools.

FIGURE 4

History of Maine's Tobacco Program Spending



Source: Campaign for Tobacco Free Kids, “Broken Promises to Our Children”, 1/14/21,
<https://www.tobaccofreekids.org/what-we-do/us/statereport/maine>

Maine lawmakers have been some of the first in the nation to tackle the proliferation of flavored tobacco products on the market today. A bill with bipartisan sponsorship was introduced in the 130th Legislature to end the sale of all flavored tobacco products in Maine. This legislation was supported by a broad coalition of public health, education, and youth-focused organizations across the state. The bill received support from the majority in the Health & Human Services Committee, but failed to be taken up for a final vote by the full legislature. Since then, Bangor, Portland, South Portland, and Brunswick have taken action to protect their young people by passing local ordinances that end the sale of flavored tobacco products, and a new bill is expected to be introduced for consideration by the 131st Maine Legislature.

Over the past decade, Maine’s efforts to prevent tobacco use among youth and adults has been uneven. But some significant policies have been passed and program funding has begun to recover. The keys to future success will be focus, vigilance, and a willingness to use every tool available to give Maine kids the opportunity to grow up tobacco-free.

RECOMMENDATIONS TO GOVERNOR MILLS AND THE MAINE LEGISLATURE

Here in Maine, we are only beginning to reinvest and rebuild our statewide tobacco prevention and cessation program, and we have fallen behind in our strategic policy and pricing strategies. Success will only come with long-term sustained investment in all regions and among all communities and sub-populations to counter the dynamic marketing and deep pockets of the tobacco industry, address disparities in tobacco use among marginalized populations, and reduce youth and young adult tobacco use statewide.

The Tobacco Prevention and Control Advisory Council is recommending a six-part, interconnected and evidence-based package of tobacco policies for preventing the initiation of youth and young adult tobacco use and ensuring treatment is available for current tobacco users who are seeking to quit.

The Tobacco Prevention and Control Advisory Council applauds the program funding at the full US CDC recommended level in SFY 23. This provides an opportunity to strategically tailor programs to the populations at high risk for tobacco use including adolescents, LGBTQ+ community, limited income, rural, and minority populations. The Council continues to recommend a six-part, interconnected and evidence-based package of tobacco policies for preventing youth and young adult tobacco use and ensuring treatment is available for current tobacco users who are seeking to quit.

- 1 Continue to fund Maine's Tobacco Prevention and Control Program** at \$15.9 million per year, which meets the U.S. CDC recommended level of program funding for Maine.
- 2 Identify and fund interventions** designed specifically for communities and populations disproportionately impacted by tobacco use and tobacco marketing to help influence more equitable health outcomes.
- 3 End the sale of all flavored tobacco products in Maine**, including menthol, mint, candy, fruit, and dessert flavors, which will significantly reduce tobacco-related disparities and make it less likely that Maine kids will try their first tobacco product – smoked, chewed, or vaped.
- 4 Resolve the structural deficit in the Fund for a Healthy Maine** by assuring full and continued funding for the many interconnected public health and medical care initiatives, including Maine's tobacco prevention and control program, that are currently funded in part with tobacco settlement dollars.
- 5 Significantly increase the price of cigarettes** by \$2.00 per pack, which will be automatically equalized across all tobacco products per Maine law and lead to an almost 20% reduction in youth smoking rates. Direct the revenue generated first to the policy objectives above, followed by Maine's highest priority: public health, health coverage, and health care needs.
- 6 Reject any attempts to weaken or eliminate current tobacco control policies** that are critical to limiting youth access to tobacco products*, reducing barriers to treatment for tobacco addiction, and preventing public and workforce exposure to secondhand smoke.

*Tobacco product means any product that is made from or derived from tobacco, or that contains nicotine, that is intended for human consumption or is likely to be consumed, whether smoked, heated, chewed, absorbed, dissolved, inhaled or ingested by any other means, including, but not limited to, a cigarette, a cigar, a hookah, pipe tobacco, chewing tobacco, snuff, snus, or an electronic smoking device.

TOBACCO PREVENTION AND CONTROL ADVISORY COUNCIL OBJECTIVES FOR 2023

Looking ahead to 2023, the Tobacco Prevention and Control Advisory Council has five primary objectives:

- 1 Provide information, expertise, and accountability** to the Maine Tobacco Prevention and Control Program and to the executive and legislative branches of state government. Members of the Tobacco Prevention and Control Advisory Council have decades of experience and deep expertise on tobacco-related issues. Under its statutorily defined roles and responsibilities, the Council will provide candid assessments and advice to program staff and policymakers on an ongoing basis to assure that funding and corresponding activities are serving the people of Maine effectively and efficiently. Using scientific evidence and best practices for tobacco control as a benchmark, the Council will advocate for strategic, programmatic, and tactical actions, including advancement of the policy recommendations outlined in this report.
- 2 Assist in the promotion of Maine's new tobacco [data dashboard](#)** among policymakers, public health and healthcare organizations, affected communities, and the general public. The Tobacco Prevention and Control Advisory Council will work with program staff to identify gaps in data and prioritize the addition of race, income, education, and specific sub-population data on the dashboard. The Council will also support the program staff in regularly updating key metrics, such as Maine-specific rates of tobacco-related disease and death, rates of tobacco usage and quitting, program funding levels, return on investment, and key policies related to price, smoke free environments, and products targeting youth.
- 3 Support program staff in reviewing strategy options and resource needs** for ensuring barrier-free access to culturally competent tobacco treatment for Maine communities experiencing disparities in tobacco use and tobacco-related illness, with an emphasis on youth and young adults. The review will include an analysis of evidence-informed innovations that could be implemented across multiple settings and message platforms in order to best fit the needs of Maine communities.
- 4 Support the implementation and evaluation of the Maine Tobacco Comprehensive Strategic and Sustainability Plan, 2020-2025.** The TPCAC work and the Strategic Plan are wholly consistent and the TPCAC seeks to assure that the Plan is supported by policy makers, public health professionals, health care providers and other stakeholders. The Plan is exemplified by the following diagram:



5 Serve as an effective and engaged liaison to external partners and the public.

The Tobacco Prevention and Control Advisory Council has a unique role to play in “telling the story of tobacco” to external partners across many sectors (health care, business, insurance companies, payers, community organizations, policymakers, etc.) about the progress that has been made as well as the significant needs and gaps that remain. The Tobacco Prevention and Control Advisory Council will seek opportunities to inform, educate, and gain broad support for the program by highlighting issues like the rapid rise of e-cigarette use among youth and the unacceptably high rates of smoking among specific populations, like pregnant women with low incomes, those being treated for substance use disorder, and LGBTQ youth.

CONCLUSION AND CALL TO ACTION

Maine children are experiencing unprecedented stress resulting in serious impacts on their mental and physical well-being. When combined with the vaping epidemic, the relentless loss of life to opioid overdose, and the growing recognition of racial disparities as its own public health crisis, this becomes a critically important moment to redouble our efforts to prevent tobacco addiction among Maine youth and young adults.

Failure to implement effective prevention and treatment measures has dire consequences for our health and our economy. But Maine's bipartisan culture of common sense and the shared value of investing today in smart policies and programs in order to avoid high costs down the road persists. There could not be a better opportunity to reinforce and integrate tobacco prevention and control policy as foundational to the health and prosperity of Maine kids and communities.

We look forward to working with Governor Janet T. Mills and the Maine Legislature in the months to come to confront the central role that tobacco use and addiction play in Maine's overall health and prosperity. We all have a role to play in making good health possible for everyone in Maine. Together, in our communities and in our policymaking, we can give every young person in Maine the opportunity to grow up in good health and tobacco-free.

ENDNOTES

¹ Centers for Disease Control and Prevention. Best Practices User Guide: Health Equity in Tobacco Prevention and Control. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2015. <https://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/pdfs/bp-health-equity.pdf>

² U.S. Department of Health and Human Services, Office of the U.S Surgeon General and U.S. Centers for Disease Control and Prevention, Office on Smoking and Health, "Know the Risks", 2020. <https://e-cigarettes.surgeongeneral.gov/knowtherisks.html>

³ *ibid*

⁴ Maine Centers for Disease Control and Prevention, "Maine Integrated Youth Healthy Survey", 2019. <https://data.mainepublichealth.gov/miyhs/files/Snapshot/2019MIYHSTobaccoInfographic.pdf>