

# MAINE STATE LEGISLATURE

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1 SECOND REGULAR SESSION  
2

3 ONE HUNDRED AND TWELFTH LEGISLATURE  
4

5 Legislative Document

No. 1752

6 H.P. 1242

House of Representatives, December 30, 1985

7 Submitted by the Department of Human Services pursuant to Joint Rule  
8 24.

9 Received by the Clerk of the House on December 30, 1985. Referred to  
10 the Committee on Human Resources and 1,600 ordered printed pursuant to  
Joint Rule 14.

EDWIN H. PERT, Clerk  
Presented by Representative Melendy of Rockland.

11 Cosponsored by Representative Carroll of Gray, Representative Pines of  
Limestone and Senator Kerry of York.

12 STATE OF MAINE  
13

14 IN THE YEAR OF OUR LORD  
15 NINETEEN HUNDRED AND EIGHTY-SIX  
16

17 AN ACT Regarding Smokeless Tobacco.  
18

19 Be it enacted by the People of the State of Maine as  
20 follows:

21 22 MRSA c. 266-A is enacted to read:

22 CHAPTER 266-A

23 SMOKELESS TOBACCO

24 §1641. Definition

25 As used in this chapter, unless the context oth-  
26 erwise indicates, the following terms have the fol-  
27 lowing meanings.

28 1. Smokeless tobacco. "Smokeless tobacco"  
29 means:

30 A. Dry snuff made from fire-cured tobacco that  
31 is ground to a fine powder-like consistency;

1 B. Most snuff which is fine-cut tobacco with a  
2 high moisture content; and

3 C. Fine-cut tobacco formerly classified as chew-  
4 ing tobacco by the United States Department of  
5 Agriculture until 1980.

6 §1642. Labeling

7 All containers of smokeless tobacco sold in the  
8 State will prominently display the following warning  
9 label:

10 WARNING: This product may cause mouth disorders,  
11 oral cancer and can be addictive.

12 STATEMENT OF FACT

13 The use of smokeless tobacco, particularly most  
14 snuff, is an increasing public health problem in the  
15 State and the rest of the Nation. While young boys'  
16 rates of cigarette smoking have dropped over the past  
17 10 years, the use of snuff, as well as cigarettes,  
18 has risen considerably. Since nicotine is the prin-  
19 ciple addicting substance in snuff, as well as ciga-  
20 rettes, it is highly likely that many of these youths  
21 who become dependent upon snuff and desire to stop  
22 taking it, due to sores in the mouth or changes in  
23 peer pressure, may switch to cigarettes. Some evi-  
24 dence exists showing that the young males who use  
25 snuff are not the same ones who use cigarettes. Many  
26 of these youths are the athletes.

27 A report was compiled by the Massachusetts De-  
28 partment of Public Health entitled "Summary of the  
29 Evidence and Findings and Conclusions Concerning the  
30 Adverse Health Effects of Snuff." In part, their in-  
31 vestigation concluded the following.

32 1. Snuff contains nitrosamines which have been  
33 shown to cause cancer in laboratory animals and have  
34 been classified as potential human carcinogen.

35 2. The use of snuff has been shown to form oral  
36 leukoplakia, which in a significant percentage of  
37 cases, transform into cancerous lesion.

1           3. Epidemiological and experimental evidence has  
2 shown the use of snuff to be causally related to oral  
3 cancer and snuff to be a human carcinogen.

4           4. The nicotine in snuff can lead to dependence.

5           5. Snuff can cause gum disease and tooth loss.

6           6. Advertisements for the use of snuff provide  
7 no information concerning the possible adverse conse-  
8 quences of its use.

9           7. The public is largely ignorant of the adverse  
10 health effects of snuff use.

11          8. Requiring a health warning label on snuff is  
12 not preempted by federal regulation or law and does  
13 not constitute an impermissible burden on interstate  
14 commerce.

15          These reasons warrant necessary action by the  
16 Legislature. Warning labels are part, but not all of  
17 what is necessary to inform actual and potential us-  
18 ers of the danger of snuff. It is a cruel deception  
19 for citizens to believe that the use of snuff is a  
20 safe alternative to smoking.

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