April 20, 2021

The Joint Select Committee on Health and Human Services
100 State House Station
Augusta Maine 04333

Dear Senator Claxton, Representative Meyer and members of the Committee:

It is my pleasure to present to you the 2020 Tobacco Prevention and Control Advisory Council Report in fulfillment of our requirements under Maine law. The Council has been reconvened after many years of dormancy. Our charge is two-fold. We are to serve as external advisors to the Maine CDC Tobacco Prevention and Control Program and we are to make policy recommendations to the Governor and Legislature to reduce the toll of tobacco on people in Maine.

Despite the intense challenges to our public health system in 2020, we are extremely pleased with the progress made by the administration in rebuilding the Tobacco Prevention and Control Program. In addition to filling vacancies with competent professionals, we saw the Legislature restore program funding to approach the level recommended by the Federal Centers for Disease Control.

While public attention has rightly focused on the COVID-19 pandemic, we are also facing an epidemic of nicotine addiction among our young people. Just when we were witnessing a dramatic decline in the use of combustible tobacco among youth, the industry's introduction of electronic nicotine delivery devices has addicted a whole new generation with products specifically designed and marketed to youth.

The Council's 2020 report recommends six policy initiatives to significantly improve tobacco prevention and control in Maine.

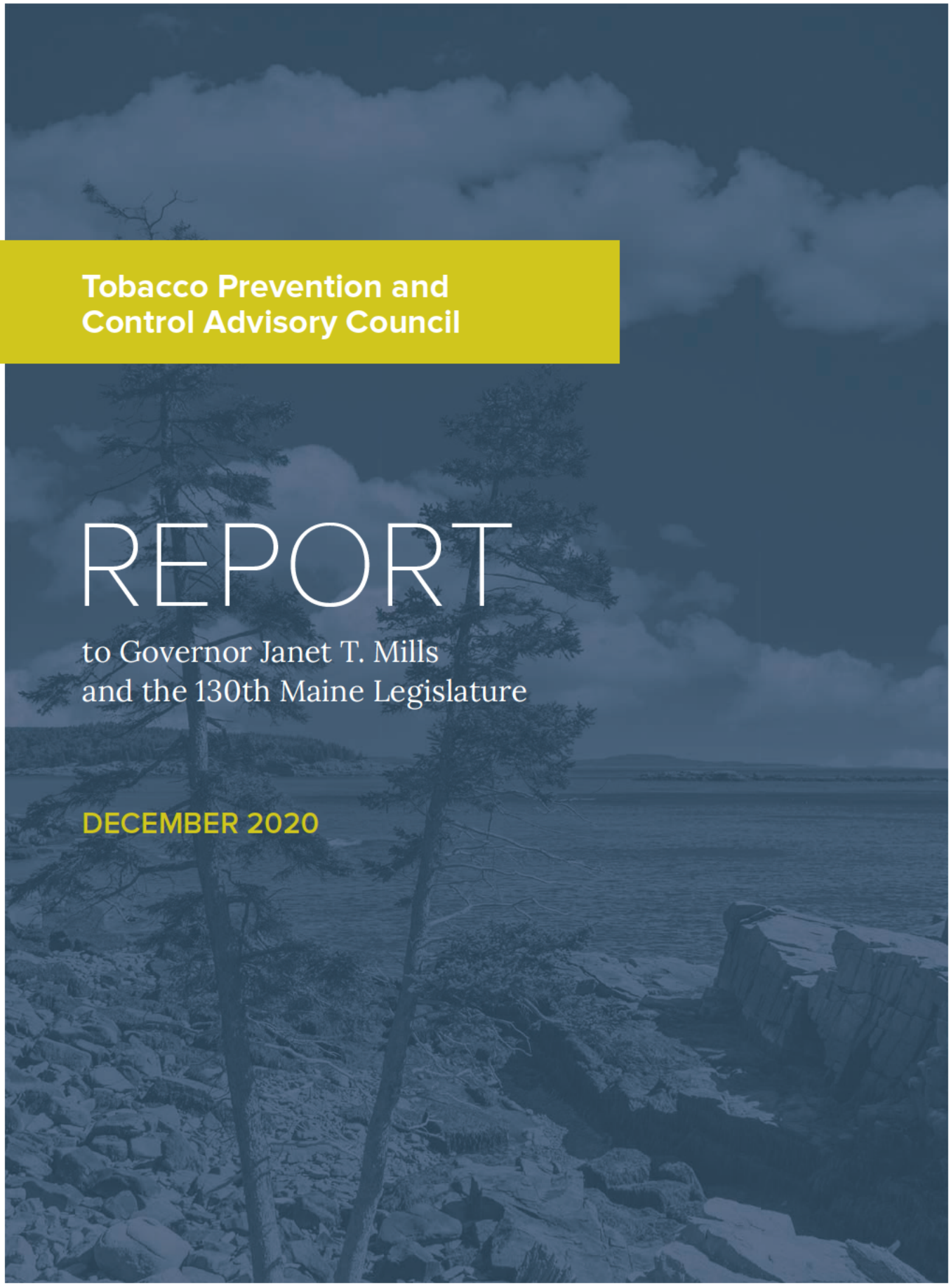
- Fully fund Maine's Tobacco Prevention and Control Program
- Create more equitable health outcomes through interventions in communities disproportionately impacted by tobacco
- End the sale of all flavored tobacco products in Maine
- Resolve the structural deficit in the Fund for a Healthy Maine
- Sharply increase the price of cigarettes
- Oppose roll backs of any current tobacco control policies and laws

We look forward to discussing our recommendations and working with you during the 130th Legislative session.

I want to thank my colleagues on the Council for sharing their expertise, skill and knowledge over the past year. The Council also expresses our appreciation to our partners, the dedicated staff at the Maine Center for Disease Control and Prevention.

Sincerely,

Edward Miller MS
Chairperson



Tobacco Prevention and Control Advisory Council

REPORT

to Governor Janet T. Mills
and the 130th Maine Legislature

DECEMBER 2020

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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.

MEMBERS
of the Tobacco Prevention and Control Advisory Council

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Public health consultant, retired from MaineHealth
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EXECUTIVE SUMMARY

This report marks the re-establishment of the Tobacco Prevention and Control Advisory Council, along with a promising renewal in Maine lawmakers' commitment to preventing youth and young adults from starting to use tobacco products, supporting current tobacco users in seeking treatment and successfully quitting, and eliminating long-standing disparities in tobacco addiction, morbidity, and mortality.

Maine has a long history of national leadership in tobacco prevention and control. But in the early 2010s, tobacco program funding was reduced, staff positions began to go unfilled, and years passed without significant advancement of evidence-based policy solutions. With this loss of program and policy focus, Maine was left flat-footed in the face of an epidemic of youth e-cigarette use and was unable to counter the onslaught of new youth-focused tobacco products and devices being heavily marketed by the tobacco industry. Maine's progress in reducing tobacco use began to wane, and rates of tobacco use among youth and adults have now risen above national averages.

In 2017, momentum started to shift in a morew positive direction when the Maine Legislature increased the minimum legal sales age for all tobacco products to 21 years. In 2019, the Maine Legislature equalized the excise tax on all non-cigarette tobacco products and increased funding for the Tobacco Prevention and Control Program (TPCP). At this same time, the Mills Administration began rebuilding the Maine Center for Disease Control and Prevention and reinstating important public health advisory councils and commissions, including the Tobacco Prevention and Control Advisory Council.

A restoration of tobacco program and policy focus is well underway and there is much work to be done. The tobacco prevention and control landscape has changed substantially in the past decade. The tobacco industry has adapted their products and their marketing tactics to attract a new generation of tobacco users. Overlaid with the epidemics of COVID-19, opioid addiction and other substance use disorders, and systemic health disparities, Maine's response to this critical moment must be aggressive, innovative, and forward-thinking.

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.

The positive health and economic impacts of modernizing Maine's suite of tobacco policies will reach 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 is recommending 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.

Tobacco Prevention and Control Advisory Council Recommendations

The Tobacco Prevention and Control Advisory Council is recommending 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. **Fully 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. **Create more equitable health outcomes** by identifying and funding interventions designed specifically for communities disproportionately impacted by tobacco use and tobacco industry marketing.
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 inter-connected public health and medical care initiatives, including Maine's tobacco prevention and control program, that are currently funded 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. **Protect current policies** by rejecting any attempts to weaken or eliminate current tobacco control policies, including smoke-free laws.

INTRODUCTION

Few would argue that 2020 has been a year 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.

HEALTH AND ECONOMIC IMPACTS OF TOBACCO USE IN MAINE

The negative impacts of tobacco use and nicotine addiction extend well beyond the individuals who smoke, "vape", or chew tobacco products. The reality is that tobacco-related illnesses are expensive and harmful for all of us.

For example, each year in Maine:

- **tobacco use is responsible for nearly 2,400 deaths –** almost 7 deaths a day[2] and 1 in 5 of all deaths;[3]
- **smoking causes 29% of all cancer deaths**;[4]
- **smoking is estimated to cost $811 million** in direct health care costs, including $261 million in Medicaid costs;[5]
- **smoking causes $647 million in productivity losses**;[6]
- **the average Maine household pays $1,066** in additional taxes for state and federal smoking-related expenditures;[7] and
- **the tobacco industry spends $45 million in Maine** alone to market their deadly products.[8]

Perhaps most concerning, it is estimated that 27,000 children under 18 who are alive in Maine today will die prematurely from smoking.[9] That's double the total number of Maine's high school graduating seniors in recent years.[10]

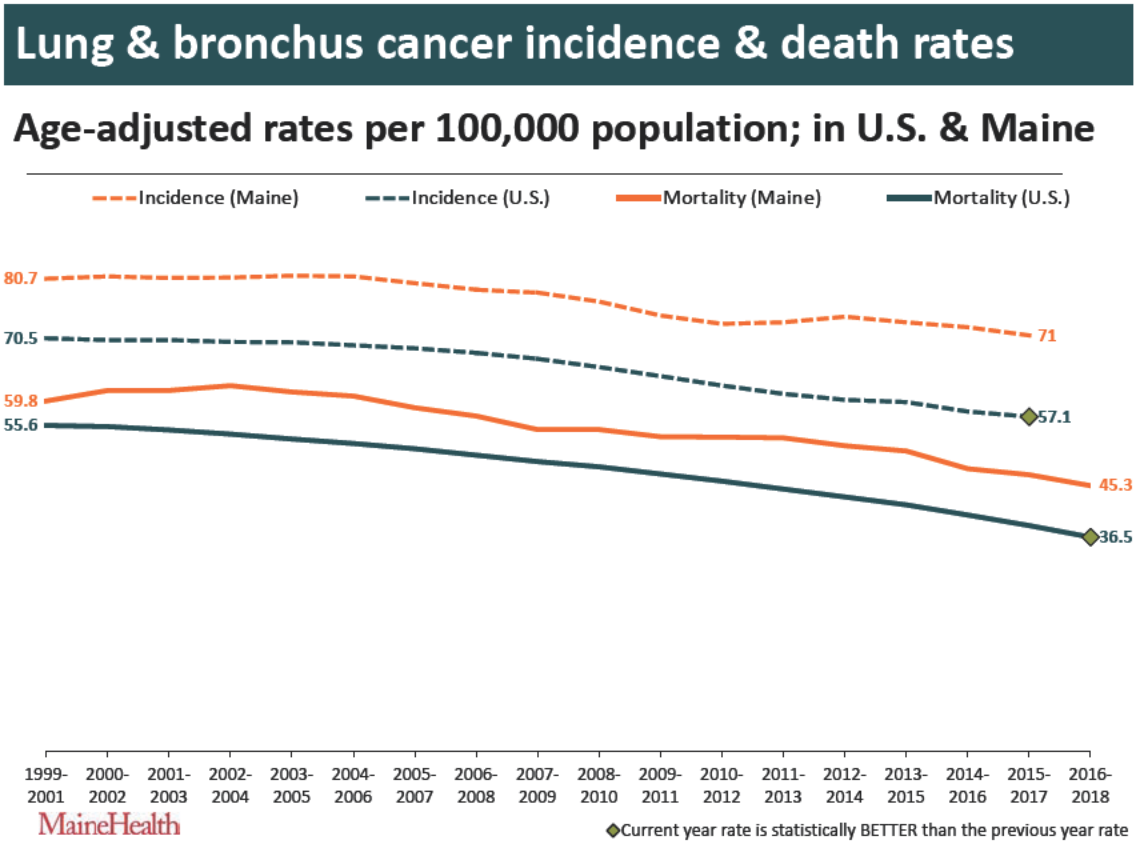
Tobacco use is linked to myriad health problems – all serious and many deadly. In addition to lung cancer, smoking causes cancer in the trachea, bronchus, esophagus, oral cavity, lip, nasopharynx, nasal cavity, larynx, stomach, bladder, pancreas, kidney, liver, uterine cervix, colon and rectum, and causes leukemia.[11]

Tobacco use is arguably the most significant threat to the good health of Maine people and Maine's economy. Tobacco use is the primary risk factor for 4 of the 5 leading causes of death in Maine[1], as it is across the nation, and the harm it causes to families and communities across our state is entirely preventable.

As shown in Figure 1, Maine's mortality rate for lung cancer, and incidence rates of lung cancer and other tobacco-related cancers, are higher than the national average. In addition to cancer, tobacco use increases the risk of heart attack, stroke, COPD, emphysema, chronic bronchitis, preterm delivery, stillbirth, low birth weight, SIDS, and other diseases.[12]

Tobacco use is the leading preventable risk factor for 4 of the top 5 causes of death in Maine – cancer, heart disease, lung disease and stroke.[13] There is simply no other single risk factor for chronic illness and preventable death that comes close to the devastating toll of tobacco use.

FIGURE 1



Source: U.S. CDC Wonder database (1999-2018)

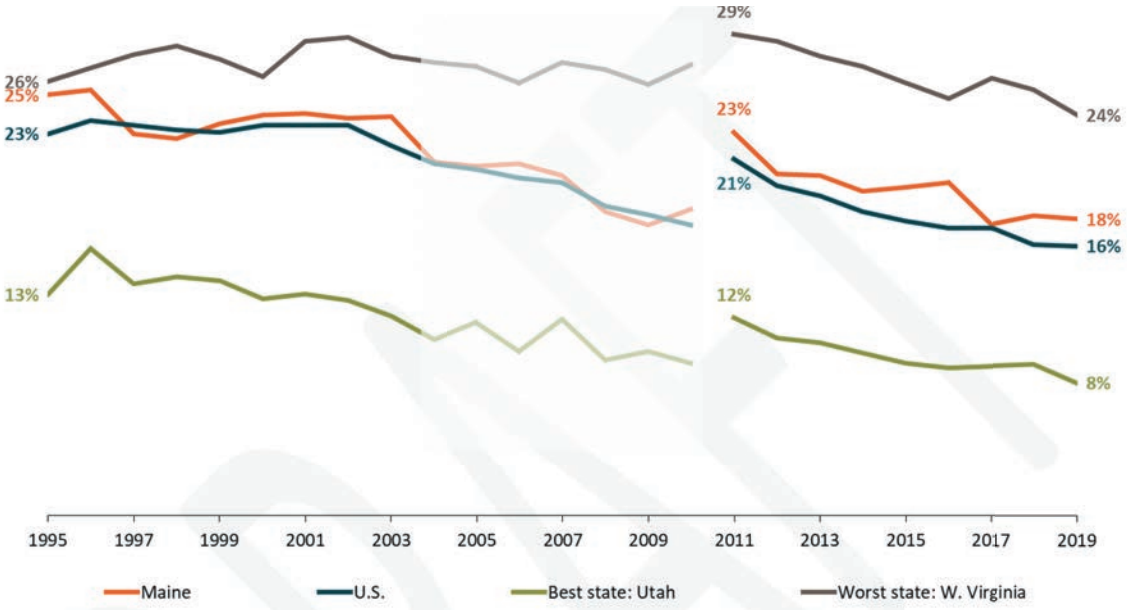
ADULT TOBACCO USE IN MAINE

Maine's adult smoking rates are now higher than the national average and tied with Vermont for the highest of Northeast states. Nearly 1 in 5 Maine adults smoke cigarettes, compared to fewer than 1 in 6 adults nationwide.[14]

FIGURE 2

Cigarette Use Rates Among Adults 1995-2019: Maine vs. US Average, Best State and Worst State

(Percent of 18+-year-olds who smoke daily or some days)



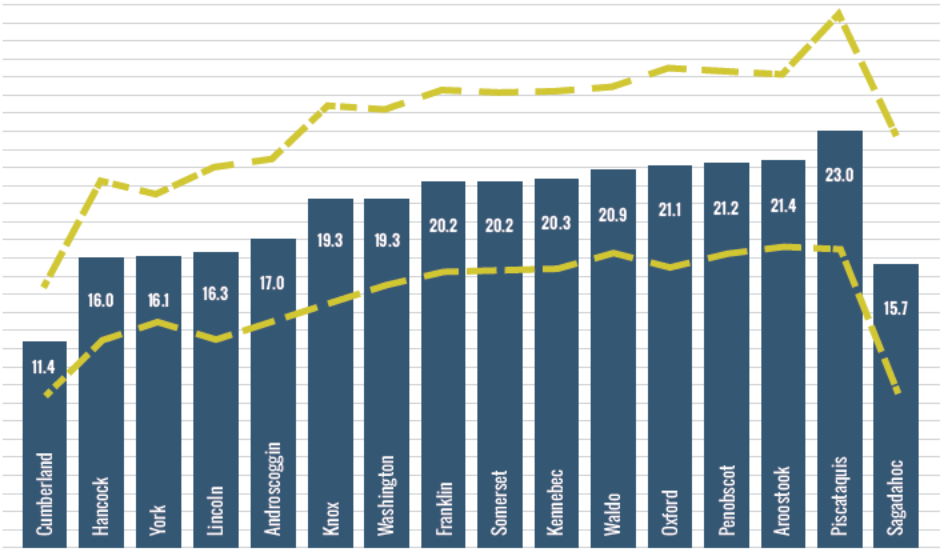
Source: Behavioral Risk Factor Surveillance System (2000-2019) estimated percentage

NOTE: Due to improvements in survey methods, estimates for 2011-2017 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 Piscataquis and Aroostook Counties. Only two Maine counties – Cumberland and Sagadahoc – have adult smoking rates at or below the national average.[15] 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.[16]

FIGURE 3

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



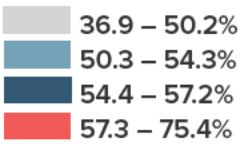
Source: Maine Behavioral Health Risk Factor Surveillance System (BRFSS)

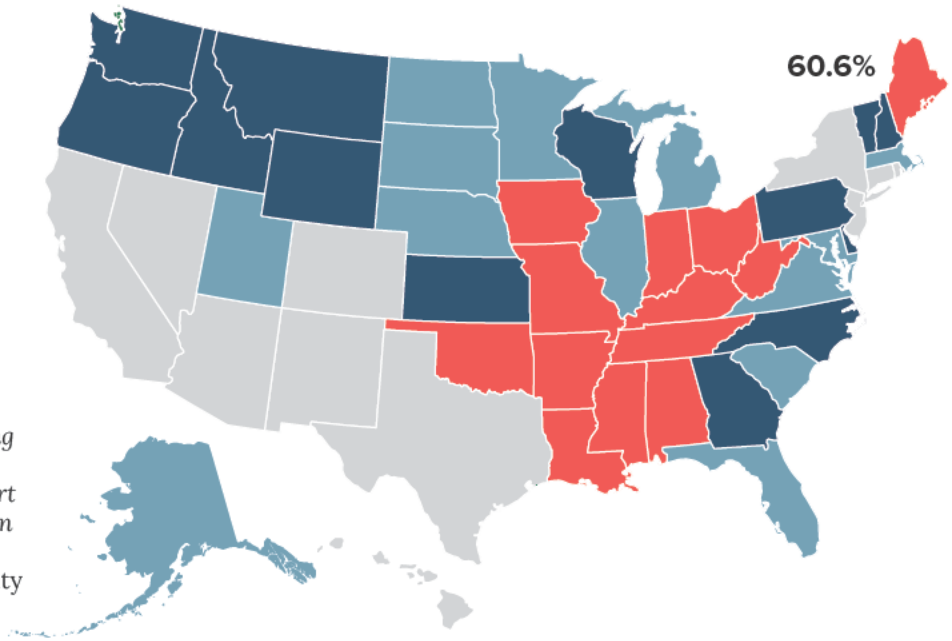
NOTE: Socioeconomic status which is not included and adjusted in the data above has been a contributing factor to tobacco use.

Maine's past success and current challenges with adult tobacco use is supported by data showing that among adults who have ever smoked, Maine has one of the highest percentages of former smokers, yet among those who continue to smoke, Maine has one of the highest percentages of daily smokers in the nation and a disproportionately high percentage of smokers who smoke within the first 30 minutes of waking, an indicator of the strength of addiction.[17]

FIGURE 4

Percentage of Cigarette Smokers Who Smoke Within 30 Minutes of Waking





Source: Giovino GA, Chaloupka FJ, Hartman AM et al. *Cigarette Smoking Prevalence and Policies in the 50 States: An Era of Change – The Robert Wood Johnson Foundation ImpacTeen Tobacco Chart Book*. Buffalo, NY: University at Buffalo, State University of New York, 2009.

YOUTH TOBACCO USE IN MAINE

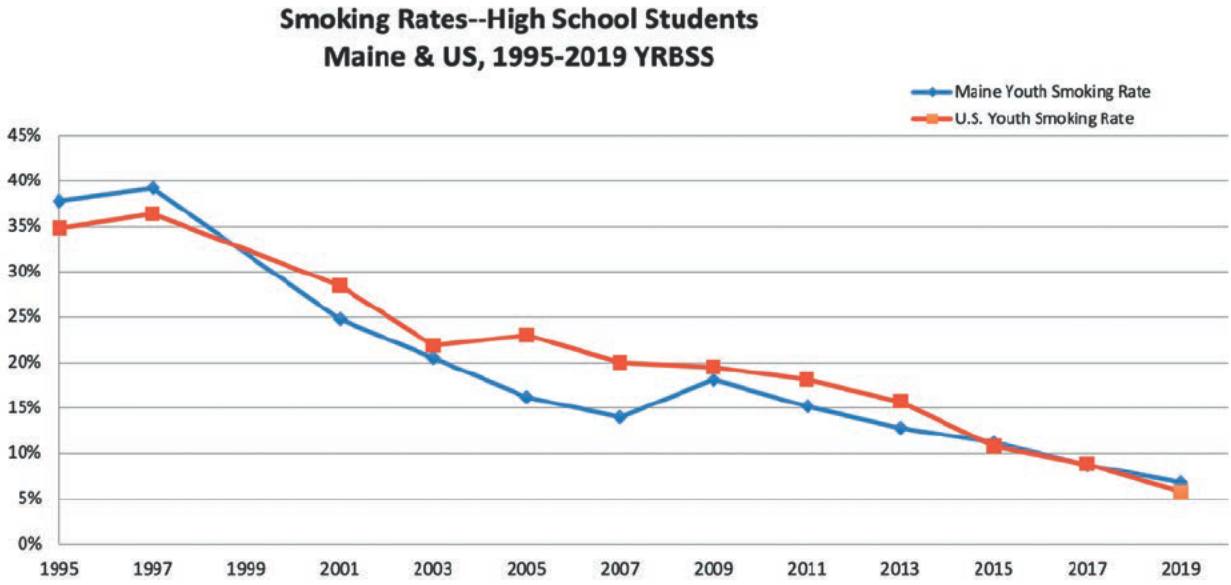
Use of tobacco products is initiated and established primarily during adolescence, as demonstrated by the fact that about 95% of adult smokers begin smoking before they turn 21,[18] and 99% begin before age 26.[19] The U.S. Surgeon General warns that youth and young adults are uniquely at risk for long-term 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.[20]

In 2015, for the first time in nearly twenty 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.[21] Currently 7.1% of Maine high school students smoke cigarettes, which is above the national average (4.6%), while 28.7% of high school students use e-cigarettes, compared to 32.7% of high school students nationally. As is the case with

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 5



Source: Maine, High School Youth Risk Behavior Survey, 2019

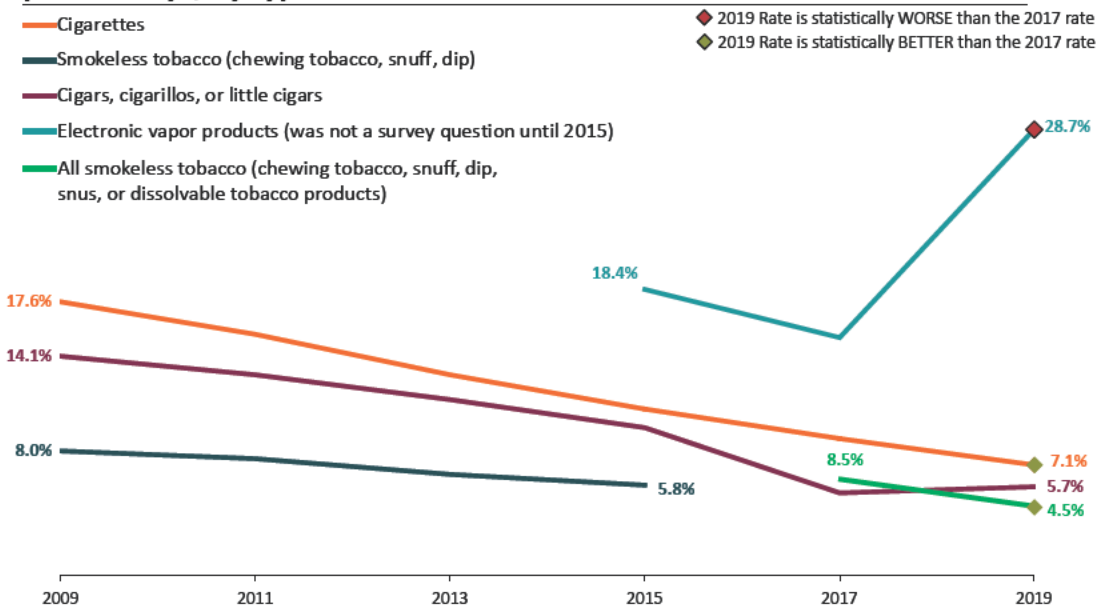
adult smoking rates, youth smoking rates also vary widely across Maine, with a high of 12% in Washington County and a low of 5.7% in York County.[22]

Youth tobacco use is not limited to cigarettes. In 2019, almost 30% of Maine high school students used some form of tobacco, including cigarettes, smokeless, cigars, and electronic cigarettes,[23] up from 24% in 2015 (a 25% increase.) This dramatic increase has been driven in large part by the explosion of e-cigarette use (also known as "vaping") among middle and high school students.

FIGURE 6

Nicotine 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 - 2019

Today in Maine, more than 1 in 4 Maine high school students now use e-cigarettes, a rate that has nearly doubled in the past 2 years, while 1 in 2 high school students and 1 in 6 middle school students report having ever used e-cigarettes. In Piscataquis County, high school e-cigarette use has quadrupled, and in Oxford County it nearly tripled during that same two-year period. Oxford County has the highest high school e-cigarette use rate (30.9%) and Waldo County has the lowest rate (23.9%).[24]

E-cigarettes are also called electronic nicotine delivery systems (ENDS), vapes, or e-cigs. They are battery operated non-combustable products that vaporize an 'e-liquid', almost always containing nictotine, into an aerosol form that is inhaled by the user.

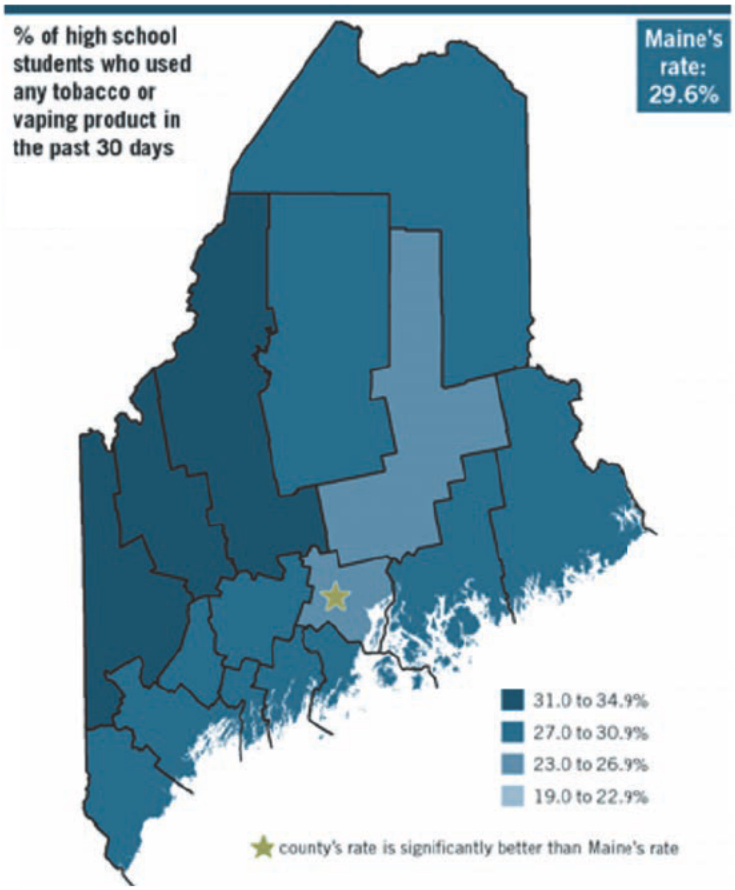
Most e-liquid contains a variety of chemical ingredients and flavoring, helping to make vaping an appealing activity to youth. More than 80% of the nation's youth reported the availablity and variety of flavors are their primary reason for using e-cigarettes.[25]

E-cigarette devices come in a variety of shapes and sizes. Perhaps best known is JUUL, an e-cigarette device that looks like a USB flash drive, making it easy to hide or disguise. One JUUL pod delivers as much nicotine as a full pack of 20 cigarettes.[26] JUUL has had an outsized impact on the skyrocketing use of e-cigarettes among youth, including in school settings. In 2018, a Maine high school was highlighted in a national news story about the challenges faced by teachers, school staff, and students as the use of JUUL and other e-cigarettes began reaching epidemic proportions in middle schools and high schools across the country.[27]

The dangers of e-cigarettes extend beyond nicotine. E-cigarette aerosol also poses a risk to users and nonusers. The most recent Surgeon General's report concluded that "e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful constituents, including nicotine."[28] Besides nicotine, e-cigarettes aerosol can contain:

- ultrafine particles that can be inhaled deep into the lungs
- flavorings such as diacetyl, a chemical linked to serious lung disease
- volatile organic compounds
- heavy metals, such as nickel, tin, and lead[29]

FIGURE 7



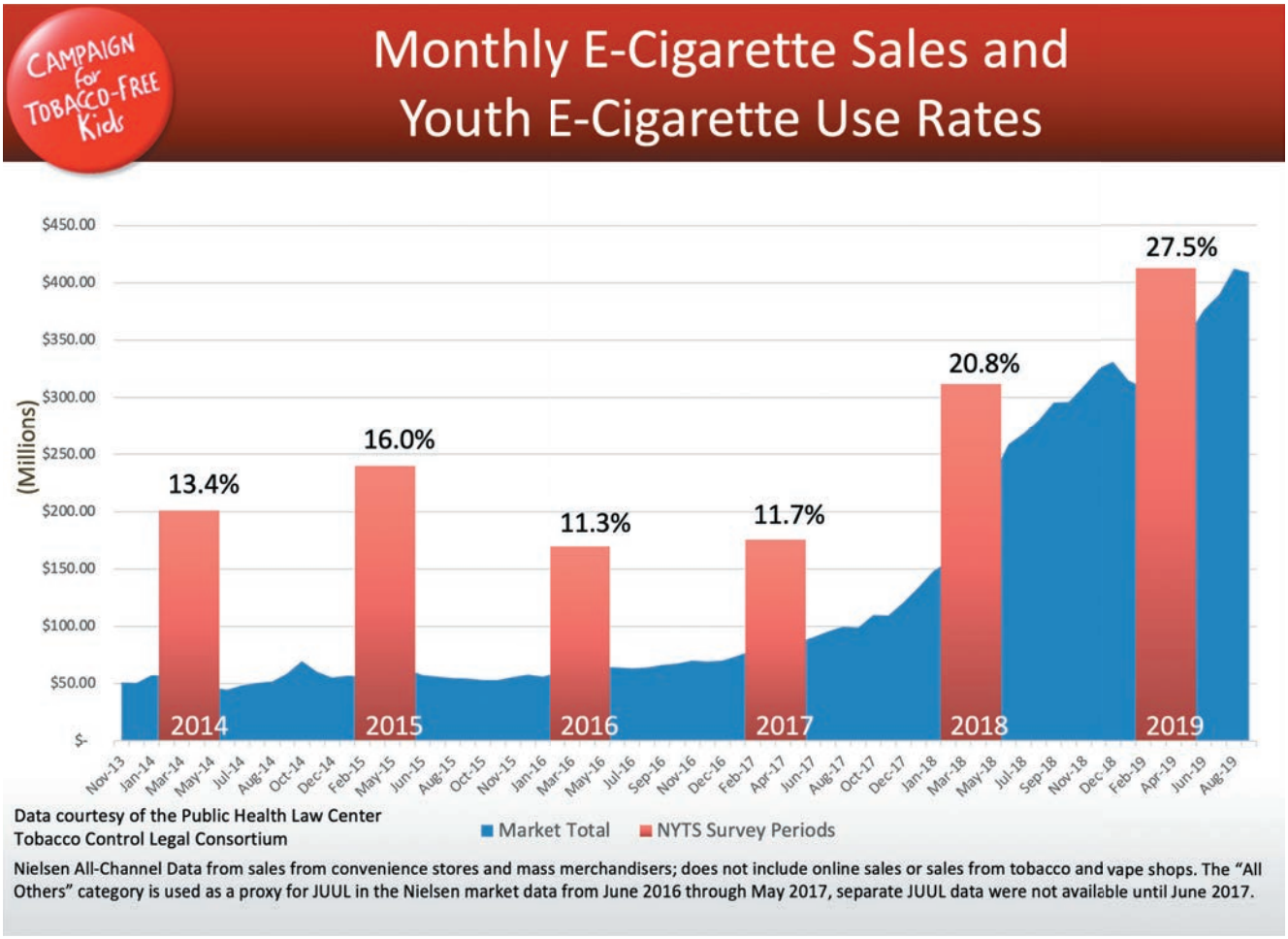
Source: Maine Integrated Youth Health Survey, 2019

According to a 2016 US Surgeon General report on e-cigarettes, "although conventional cigarette smoking has declined markedly over the past several decades among youth and young adults in the United States, there have been substantial increases in the use of emerging tobacco products among these populations in recent years. Among these increases has been a dramatic rise in electronic cigarette (e-cigarette) use among youth and young adults. It is crucial that the progress made in reducing cigarette smoking among youth and young adults not be compromised by the initiation and use of e-cigarettes."[30]

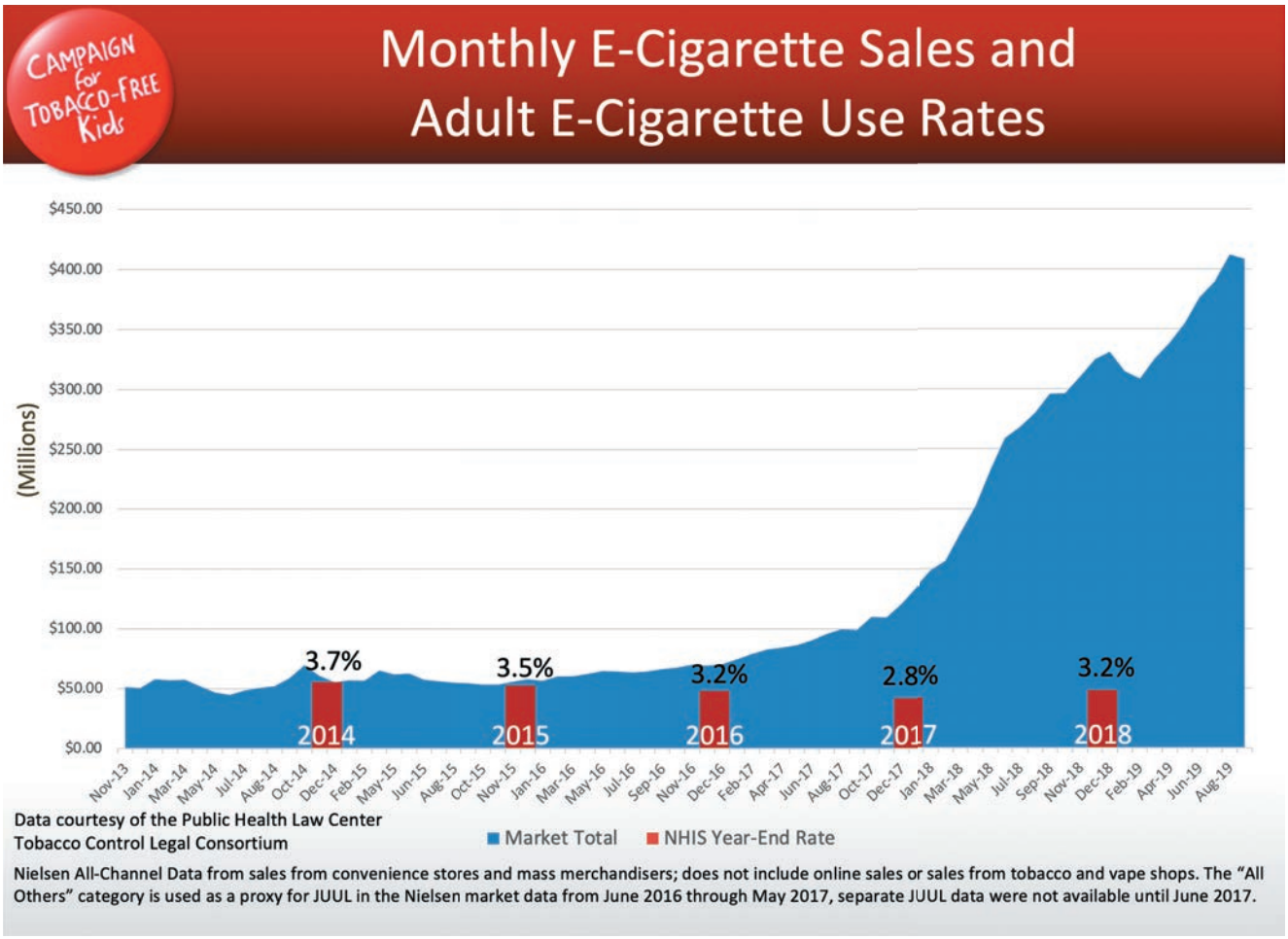
Moreover, according to a press release on a Congressionally mandated report from the National Academies of Sciences, Engineering, and Medicine, released in January 2018, "Among youth — who use e-cigarettes at higher rates than adults do — there is substantial evidence that e-cigarette use increases the risk of transitioning to smoking conventional cigarettes."[31]

As Figure 8 clearly indicates, e-cigarette use is a pediatric epidemic. As e-cigarette sales have grown, rates of e-cigarette use by youth have climbed sharply, while adult use rates have remained relatively low. In fact, e-cigarettes are an alarming example of how the tobacco industry skillfully adapts their products, devices, and marketing to secure and retain their youth-oriented market.

FIGURE 8



Source: Campaign for Tobacco-Free Kids, June 2020



Source: Campaign for Tobacco-Free Kids, June 2020

Flavored Tobacco Products

There are now over 15,000 flavored tobacco products on the market, including cigarettes, e-cigarettes, cigars, chewing tobacco, and loose tobacco.[32, 33] With colorful packaging and names like Winter Menthol, Mocha Mint, Banana Smash, Piña Colada, Cotton Candy and Cinnamon Roll, these flavored products undermine Maine's efforts to reduce youth tobacco use.

The impact of flavored products in attracting youth and young adult tobacco users cannot be underestimated. Data shows that 4 out of 5 teenagers who have ever used tobacco started with a flavored product.[34] And while 99% of e-cigarettes contain nicotine, more than half (54%) of Maine youth initially thought it was "just flavoring".[35] With increased public education, kids began learning the truth about nicotine in e-cigarettes and that percentage dropped significantly but remains concerning at 23%.[36]

4 out of 5 teenagers who have ever used tobacco started with a flavored product

Menthol flavors have long been used by the tobacco industry to mask the harshness of cigarettes, making it easier for first-time users to inhale and continue using tobacco products. People who smoke menthol cigarettes also show greater signs of nicotine addiction and are less likely to successfully quit smoking than other smokers.[37]

New research from the Tobacco Center for Regulatory Science of the American Heart Association finds young adults are especially influenced by flavors in e-cigarettes. The study found that people who used flavored e-cigarettes were twice as likely to report high satisfaction compared to those who did not use flavors, with those using mint or menthol flavors nearly three times more likely to report satisfaction than those who did not use flavors. In addition, people who used flavored e-cigarettes were nearly three-and-a-half times more likely to say they were addicted to these products compared to those who did not use flavors.[38]

INDUSTRY TARGETING AND DISPARITIES IN TOBACCO USE

In November 2019, the U. S. Centers for Disease Control and Prevention announced that cigarette smoking among U.S. adults had hit an all-time low of 13.7% — a dramatic decline from the 42% adult smoking rate in 1964 when the Surgeon General first warned of the health consequences of smoking.[39] But this news must be tempered by the reality that 1 in 7 adults are still smoking cigarettes, with all the health impacts, lost productivity, and early death that is part and parcel of tobacco use.

The same report shows that 1 in 5 (20.8%) U.S. adults are using some type of tobacco product, not just cigarettes, and that there continues to be a high prevalence of smoking among subpopulations. Rates of tobacco use grow to 1 in 4, and in some cases 1 in 3, when looking at data for adults living with a disability (24.3%), adults who are lesbian, gay, or bisexual (29.2%), adults who are American Indian/Alaska Native (32.3%), adults with a General Education Development (GED) certificate (41.4%), and adults reporting serious psychological distress (36.7%).[40] And despite well-established prevalence, the diagnosis and treatment of nicotine dependence continues to be neglected among those with co-occurring psychiatric disorders.[41]

Research has shown some subpopulations face increased exposure to tobacco industry marketing. In fact, there is often "purposeful targeting of vulnerable populations such as working-class youth, inner city areas that are predominantly African American and/or low-income and the LGBT community. In all cases, the industry is keen to target youth and young adults."[42]

Tobacco industry targeting is not a new phenomenon. The cultures of the Marlboro Man, Virginia Slims, and Kool were carefully and commercially designed, and many in our parents' and grandparents' generations paid the ultimate price — living with chronic heart and lung disease and experiencing early death from tobacco-related illness.

Menthol and other flavors have been used by the tobacco industry for decades to target communities with low incomes as well as African American and LGBTQ youth and young adults. Tobacco industry documents reveal aggressive marketing, including cheaper prices and more advertising of menthol cigarettes in African American neighborhoods.[43] Today, 7 out of 10 African American youth who smoke, and 5 out of 10 youth smokers overall, smoke menthol cigarettes.[44] Among middle and high school students who use e-cigarettes, more than 8 out of 10 use a flavored product.[45]

Today in Maine, compared to current tobacco use among adults (17.8%), tobacco use is greater among adults who do not have a high school diploma (38.4%); who earn less than $15,000 annual income (35.3%); and who experience depression (42.4%).[46] Tobacco use is also higher in LGBTQ populations. More than 1 in 5 LGBTQ adults in America smoke, which is 30% higher than other adults, and LGBTQ students start smoking younger and smoke more frequently compared to their non-LGBTQ peers.[47] According to the 2019 Maine Integrated Youth Health Survey, 22.9% of transgender high school students and 14.7% of gay/lesbian students use tobacco products, excluding e-cigarettes, compared with 9.8% of cisgender and 9.6% of heterosexual students, respectively.[48]

These sobering statistics are not only a grim reminder of the ground that's been lost, but also a galvanizing opportunity to address widening gaps in Maine's tobacco policy environment that are putting Maine kids and young adults at higher risk for a lifetime of addiction and tobacco-related illness.

BEST PRACTICE TOBACCO PREVENTION AND CONTROL

U.S. Surgeon General Reports

It's been 56 years since the 1964 landmark Surgeon General's report warning the nation about the health hazards of cigarette smoking and the need for "remedial action." Subsequent Surgeons General have released reports on the dangers of secondhand smoke, the importance of prevention, the e-cigarette epidemic, and in 2020, the health and financial benefits of cessation, including the latest science behind tobacco addiction and the challenges of quitting.

Among the 10 "major conclusions" of the 2020 Surgeon General's report, it is worthwhile to highlight one that is particularly relevant to Maine as we rebuild our tobacco program. The Surgeon General's Conclusion #10 states, "Smoking cessation can be increased by raising the price of cigarettes, adopting comprehensive smoke free policies, implementing mass media campaigns, requiring pictorial health warnings, and maintaining comprehensive statewide tobacco control programs."

> **"Even persons who have smoked for many years or who have smoked heavily can realize health benefits and financial benefits from quitting smoking."**
>
> *2020 U.S. Surgeon General Report*

In this same report, Surgeon General Jerome Adams states, "Tobacco use remains the number one cause of preventable disease, disability, and death in the United States. Nearly all adult smokers have been smoking since adolescence. More than two-thirds of smokers say they want to quit, and every day thousands try to quit. But because the nicotine in cigarettes is highly addictive, it takes most smokers multiple attempts to quit for good. Today, we know much more about the science of quitting than ever before. Research shows that smokers who use evidence-based tools to help them quit are more likely to succeed... Although the benefits of quitting are greater the earlier in life that an individual quits, this report confirms that it is never too late to quit smoking. Even persons who have smoked for many years or who have smoked heavily can realize health

and financial benefits from quitting smoking. Everyone has a role in helping to continue to reduce the burden of tobacco use on our society."

U.S. CDC Best Practices

The U.S. Centers for Disease Control and Prevention (U.S. CDC) has long provided the "North Star" to guide states' tobacco programs and policies. The U.S. CDC's "Best Practices for Comprehensive Tobacco Control Programs"[49] describes an integrated program structure comprised of five components for effective interventions, and it calculates the recommended level of state investment in each of the five components in order to be successful.

The "Best Practices" report also articulates state policy objectives, stating, "Research has documented the effectiveness of laws and policies in a comprehensive tobacco control effort to protect the public from secondhand smoke exposure, promote cessation, and prevent initiation, including: 1) increasing the unit price of tobacco products; 2) implementing comprehensive smoke free laws that prohibit smoking in all indoor areas of worksites, restaurants, and bars, and encouraging smoke free private settings such as multiunit housing; 3) providing insurance coverage of evidence-based tobacco cessation treatments; and 4) limiting minors' access to tobacco products."[50]

In their December 2020 fact sheet, "Youth and Tobacco Use",[51] the U.S. CDC reinforces this approach, stating, "National, state, and local program activities have been shown to reduce and prevent youth tobacco product use when implemented together. These activities include:

- Higher costs for tobacco products (for example, through increased taxes)
- Prohibiting smoking in indoor areas of workplaces and public places
- Raising the minimum age of sale for tobacco products to 21 years
- TV and radio commercials, posters, and other media messages aimed at kids and teens in order to counter tobacco product ads
- Community programs and school and college policies that encourage tobacco-free places and lifestyles
- Community programs that lower tobacco advertising, promotions, and help make tobacco products less easily available"

Best practice tobacco policy is about creating environments that help smokers quit and keep kids from starting. Practically speaking, this means limiting youth access, keeping prices high, enacting and enforcing strong smoke-free policies at work and public places, and fully funding a comprehensive tobacco prevention and control program for state and local implementation, all designed and implemented with equity and stigma at the center.

Alignment between U.S. CDC and Maine Tobacco Prevention and Control Program

The prevention and treatment of tobacco use and addiction can make a significant difference in the health, hope, and prosperity of Maine children and adults. And there is a clear roadmap to follow: the Maine CDC's Tobacco Prevention and Control Program has a 22-year history of implementing evidence-based strategies to reduce the disability, disease, and death related to tobacco use and exposure to secondhand smoke. Since its inception,

Maine's Tobacco Prevention and Control Program has aligned its programs with the U.S. CDC's Best Practice Guide — the gold standard of tobacco program design.

The U.S. CDC's "Best Practices" report provides each state with recommended levels of funding for their tobacco prevention and control program. The recommended best practice funding level for Maine is $15.9 million annually, for a program comprising five components: 1) state and community interventions, 2) mass-reach health communications, 3) cessation interventions, 4) surveillance and evaluation, and 5) infrastructure, administration, and management.

The Maine Tobacco Prevention and Control Program (TPCP) is a program within the Tobacco and Substance Use Prevention and Control Program (TSUPC) in the Division of Disease Prevention at the Maine Center for Disease Control and Prevention (Maine CDC).

The TPCP aligns directly with the U.S. CDC in both its program design and its four overarching objectives: 1) preventing youth and young adults from starting to use tobacco products, 2) promoting tobacco treatment (quitting) among adults and youth, 3) eliminating exposure to secondhand smoke, and 4) identifying and eliminating tobacco-related disparities.

With foundational funding provided by the U.S. CDC, Maine's TPCP program is designed to reflect the "Best Practices" framework, and as such, focuses its efforts primarily on population-based strategies for policy and environmental change, with program interventions, data collection, and reporting developed to fulfill U.S. CDC grant requirement and five Best Practices component expectations:

- **State and Community Interventions**
  Maine CDC contracts with the MaineHealth Center for Tobacco Independence who subcontracts with 17 community organizations to implement policy, systems and environmental evidence-based strategies statewide under the Maine Prevention Services, Domain 2. Additionally, The Maine Youth Action Network, as part of the Maine Prevention Services initiative, Domain 3, engages young people in leadership development and holistic prevention programming in order to lower rates of youth substance use and increase young people's resilience. Program staff are also involved in coordinating statewide efforts, workforce development, working with communities disproportionately affected by tobacco and with tobacco retailers.
- **Mass-reach Health Communication Interventions**
  Maine TPCP works with the Communication and Policy Team within TSUPC to develop goals for statewide campaigns. Maine CDC contracts with Rinck Advertising to implement evidence-based media campaigns and strategies to educate and promote services targeted to specific audiences through media tactics to change knowledge, beliefs, attitudes, and behaviors. This includes campaigns focusing on the Maine QuitLink, secondhand smoke exposure, youth vaping prevention, and substance exposed infants.
- **Cessation Interventions**
  Maine TPCP contracts with the MaineHealth Center for Tobacco Independence to manage the statewide commercial tobacco treatment program. The Maine Tobacco HelpLine went through a rebranding process to become the Maine QuitLink, which now offers expanded treatment services for all commercial tobacco users who are ready to quit as well as support for their loved ones. The rebrand aligns with the national 1-800-Quit-Now services which streamlines and provides national reporting.
- **Surveillance and Evaluation**
  Maine TPCP maintains five-year surveillance and evaluation plans, which provide the

program with the framework to routinely track, analyze, and interpret data in order to measure program-related impacts. Surveillance and evaluation plans are also used to facilitate continuous quality improvement and contribute towards best practices for the implementation of strategies. The program contracts with Partnerships for Health for a portion of the evaluation process.

- **Infrastructure, Administration and Management**
  Maine TPCP develops and sustains collaboration with internal and external partners like the Maine CDC Chronic Disease Program (cancer control, cardiovascular disease, diabetes, asthma) and tobacco coalitions. Other activities include managing and maintaining a five-year procurement cycle for contractors, staff development, and core staff retention.

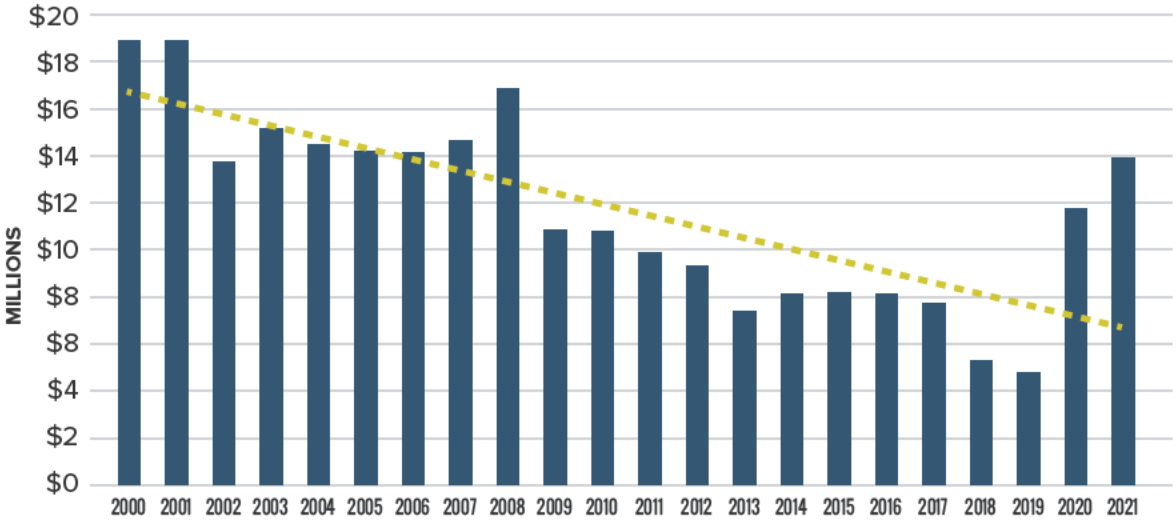
As Maine responds to and recovers from the COVID-19 pandemic, while simultaneously building readiness and resilience for the future, we are fortunate to have a well-structured and historically successful tobacco prevention and control program, as well as a shared culture of collaborative problem solving. There are serious challenges ahead, and Maine's Tobacco Prevention and Control Program is one of the most essential tools at our disposal to collectively raise healthy children, secure a productive workforce, and grow our economy. We would be wise to learn from the past and keep this critically important tool well-honed and well-used as we support Maine kids and adults in reaching their full potential.

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.

FIGURE 9

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

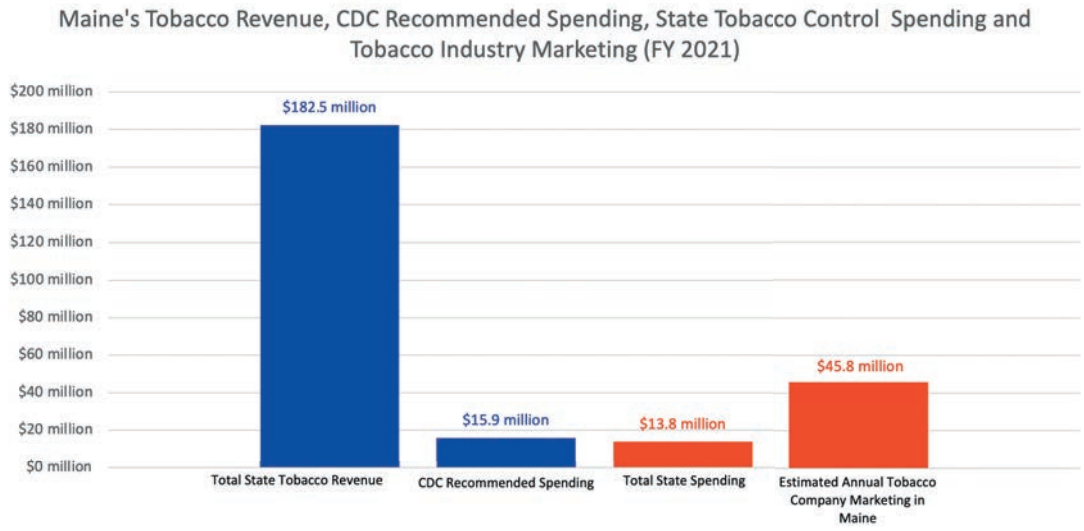
But in the mid 2010's, the state's focus and investment faltered, leaving us flat-footed in the face of a youth epidemic of e-cigarette use and unable to counter the onslaught of new youth-focused tobacco products and devices being heavily marketed by the tobacco industry. The Fund for a Healthy Maine, the home for Maine's share of the 1998 tobacco settlement (aka Master Settlement Agreement, or MSA), was being used more and more to supplant General Fund expenditures, leaving far fewer resources available for public health and prevention. By 2019, Maine's tobacco program was funded at just 30% of the U.S. CDC recommended funding level for Maine.[52]

Recognizing the value and need for investing in tobacco prevention and cessation, Governor Mills and the 129th Maine Legislature nearly tripled the budget for Maine's tobacco program in 2020 and 2021. The funding increase came from revenue from the tobacco Master Settlement Agreement and a portion of the revenue generated from the passage of a law to update Maine's tax code so that all non-cigarette tobacco products, including e-cigarettes, are taxed at the same relative rate as cigarettes.[53]

Thanks to this recommitment among policymakers to this foundational public health intervention, Maine's tobacco program is once again funded close to the U.S. CDC recommended level. Nevertheless, it should be noted that this recommended level is still just a fraction of the total revenue gleaned from tobacco sales and the tobacco settlement in Maine, and just one quarter what the tobacco industry spends every year marketing their products in Maine (see Figure 10).

Maine's tobacco program is now fully staffed by a skilled workforce who are continuing to rebuild all aspects of the program. The TPCP is also being advised by a reconstituted

FIGURE 10



Source: (a) Maine Legislature Office of Fiscal and Program Review, Fund for a Healthy Maine (FHM) Status with December 2020 Revenue Forecast, updated 12/1/2020, http://legislature.maine.gov/doc/4776 (b) REPORT OF THE MAINE STATE REVENUE FORECASTING COMMITTEE, December 2020, GENERAL FUND REVENUE, REVENUE FORECASTING COMMITTEE RECOMMENDATIONS - DECEMBER 2020 FORECAST, Appendix A, p. 2, updated 12/1/2020, http://legislature.maine.gov/doc/4784 (c) U.S. Center for Disease Control, "Best Practices for Comprehensive Tobacco Control Programs – 2014". https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm (d) Calculation based on Campaign for Tobacco-Free Kids, "Broken Promises to Our Children: A State-by-State Look at the 1998 Tobacco Settlement," January 15, 2021 https://www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/settlement/FY2021/1_FY2021_Rankings_Funding_for_State_Tobacco_Prevention_Programs.pdf and subtracting $100,000 from Governor Mills' curtailment order as reflected in supplemental budget proposal. (e) Campaign for Tobacco-Free Kids. "The Toll of Tobacco in Maine", updated October 20, 2020. https://www.tobaccofreekids.org/problem/toll-us/maine

and reengaged Advisory Council — a statutorily defined entity providing guidance and transparency to policymakers, program staff, and community partners.

In recent years, Maine lawmakers have passed three critically important tobacco policies worth noting. In 2014, Maine overrode a governor's veto to make all U.S. Food and Drug Administration-approved tobacco cessation treatments available with MaineCare coverage. In 2017, Maine was one of the first states in the nation to raise the minimum sales age to purchase tobacco products to 21 years,[54] which became federal law in late 2019. And in 2019, the equalization of the excise taxes on all tobacco products was an important policy update, particularly in light of the many new tobacco products on the market.

Despite these policy updates, Maine's excise tax on cigarettes remains the second lowest in the Northeast[55] and has not been updated since 2005. Because price is one of the most effective tools for reducing youth initiation and incentivizing tobacco users to seek treatment,[56] 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.[57]

Over the past decade, Maine's efforts to prevent tobacco use among youth and young 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.

LEARNING FROM THE PAST, INVESTING IN THE FUTURE

Recent public health threats, including the COVID-19 pandemic and the opioid epidemic, may initially be seen by some as overshadowing the importance of a robust tobacco control program. A deeper look reveals strong threads, and in some cases, direct links, between early use of tobacco products and the negative health and economic outcomes from chronic diseases, as well as susceptibility to infectious disease across the lifespan. For this reason, it is important to reject any notion that "we have done all we can with tobacco."

Like all public health programs focused on preventing chronic diseases and the resulting high costs of medical treatment, creating the environments and culture that prevent youth initiation of tobacco and other addictive substances takes time — years, not months, of commitment — along with consistent investment. With the tobacco industry reliant on attracting young people to its

> "The evidence is sufficient to conclude that increases in the prices of tobacco products, including those resulting from excise tax increases, prevent initiation of tobacco use, promote cessation, and reduce the prevalence and intensity of tobacco use among youth and adults."
>
> *2014 U.S. Surgeon General Report*

products, much work remains to achieve a generation of Maine youth who are free from tobacco addiction.

Tobacco prevention is one of the smartest and most fiscally responsible investments that states can make. The 2008 Trust for America's Health report, "Prevention for a Healthier America",[58] calculated each state's net savings from a $10 per person investment in community-based disease prevention programs, maintained over five years. **For Maine, the net savings to Medicaid, Medicare, and private payer health spending within five years of the investment was estimated at $98 million per year, for a return on investment (ROI) of 7.5 to 1.**

Tobacco cessation programs yield faster results, often showing a positive return on investment in just two to three years. Even greater savings will likely occur within special populations, such as pregnant women and persons with cardiac conditions. **Smoking cessation also increases worker productivity and reduces costs for employers, who pay an average of $5,800 per smoker annually in absenteeism, smoking breaks, healthcare costs, and other benefits.**[59]

Smoking cessation also reduces Medicaid claims. When Massachusetts implemented and aggressively promoted a smoking cessation benefit with minimal co-payments to all Medicaid enrollees, smoking prevalence among enrollees dropped 26% in the first two and a half years.[60] **Analysis of Medicaid claims data also found a 46% decrease in the likelihood of hospitalization for heart attacks and a 49% decrease for other coronary heart disease diagnoses during this same time period.**[61]

California, which has one of the nation's longest running prevention and cessation programs, has reduced lung and bronchus cancer rates four times faster than the rest of the U.S. lung cancer rates declined by a third between 1988 and 2011 in California.[62] Washington State estimates that its smoking reductions have prevented 13,000 premature deaths.[63] And a 2011 study found that Washington State saved more than $5.00 in tobacco-related hospitalization costs for every $1.00 spent during the first 10 years of its program.[64]

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 reality is that the past dismantling and underfunding of Maine's tobacco program has put a generation at risk, drained expertise and experience from Maine's state and community-level tobacco prevention workforce, and extended the timetable necessary to see results in reducing youth and young adult tobacco use. It is critically important, for the sake of Maine kids, that this inconsistency in funding and focus not be allowed to happen again.

RECOMMENDATIONS TO GOVERNOR MILLS AND THE MAINE LEGISLATURE

The tobacco industry has adapted — they have changed their products and sharpened their tactics. Overlaid with the epidemics of COVID-19, opioid addiction, and systemic health disparities, our response to this critical moment must be aggressive, innovative, and forward-thinking. The health and economic impacts of modernizing Maine's suite of tobacco policies will reach far beyond tobacco into public health, health equity, community- level preparedness and resiliency, and the prevention of the risk factors for acute and chronic diseases.

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 is recommending 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. **Fully 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. **Create more equitable health outcomes** by identifying and funding interventions designed specifically for communities disproportionately impacted by tobacco use and tobacco industry marketing.
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 inter-connected public health and medical care initiatives, including Maine's tobacco prevention and control program, that are currently funded 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. **Protect current policies** by rejecting any attempts to weaken or eliminate current tobacco control policies, including smoke-free laws.

TOBACCO PREVENTION AND CONTROL ADVISORY COUNCIL OBJECTIVES FOR 2021

The Tobacco Prevention and Control Advisory Council is optimistic about the future of Maine's tobacco program and tobacco policy environment, assuming continued strong support from the executive and legislative arms of state government and the private sector. Renewed program investment at best practice funding levels, combined with the relatively recent passage of two important structural policies ("Tobacco 21" and "Tax Equalization") creates a solid foundation for the future as we work together as a state to prevent tobacco initiation among youth, support current tobacco users in quitting, and eliminate long-standing disparities in tobacco addiction, morbidity, and mortality.

Looking ahead to 2021, the Tobacco Prevention and Control Advisory Council has four primary objectives:

- **Provide unbiased 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 our statutorily defined roles and responsibilities, we 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, we will advocate for strategic, programmatic, and tactical actions, including advancement of the policy recommendations outlined in this report.

- **Support the development of an integrated approach to program evaluation.** The Maine Tobacco Prevention and Control Program uses a science-based logic model as its conceptual framework to guide the ongoing collection and analysis of process and outcome data. At present, tobacco control and prevention outcomes are maintained and reported on separately. Greater understanding of progress and impact by stakeholders can be achieved via the integration of all indicators that measure tobacco prevention and control, including activities such as trainings for health care providers, tobacco cessation counseling, and local and state policies.

- **Support the development of a new data dashboard.** The Tobacco Prevention and Control Advisory Council believes a simple and easily accessible "dashboard" of key process, interim and long-term outcome data, as well as the status of key policies will improve transparency and understanding among the public and policymakers. Working with staff, we will be exploring digital platforms for this new dashboard, designing a dissemination and promotion strategy, and assessing the key metrics to include, such as Maine-specific rates of cancer morbidity and mortality, funding levels, rates of tobacco usage and quitting, return on investment, and key policies related to price, smoke free environments, and products targeting youth.

- **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 be engaged in activities to inform, educate, and gain broad support for the program by highlighting issues like the rapid rise of vaping by 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 lawmakers are now grappling with the most significant financial crisis faced by states since the Great Depression. 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. Pairing those cultural assets with recent events, including the vaping epidemic, the COVID-19 pandemic and its tobacco-related risk factors, the relentless loss of life to opioid overdose, and the growing recognition of racial disparities as its own public health crisis, make this a critically important moment.

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 all have a role to play in making good health possible for everyone in Maine.

We look forward to working with Governor Janet T. Mills and the Maine Legislature in confronting the central role that tobacco use and addiction play in our current health and our future prosperity. Thank you for your service to the people of Maine, and for considering the information and recommendations provided in this report.

ACKNOWLEDGMENTS

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- The Maine children and young adults who face tobacco industry tactics every day, and pay the price with their health and too often, their future.

Additional Resources

- American Cancer Society – Report & Fact Sheets
  https://www.fightcancer.org/policy-resources/prevention-and-early-detection/tobacco
- American Heart Association – Report & Fact Sheets - https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/tobacco-endgame-and-e-cigarettes
- American Lung Association – State of Tobacco Control
  https://www.lung.org/research/sotc/state-grades/maine
- Campaign For Tobacco-Free Kids – Broken Promises Report & Fact Sheets
  https://www.tobaccofreekids.org/what-we-do/us/statereport
- MaineHealth Center for Tobacco Independence – Annual Report
  https://ctimaine.org/facts/tobacco-reports/
- Maine Integrated Youth Health Survey - Fact Sheets
  https://data.mainepublichealth.gov/miyhs/2019Snapshots
- Maine Public Health Association – Fact Sheets
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