

Good health is good for our families and good for our pocketbooks. It makes
Maine a place where businesses want to be and where young people want to stay.
Good health changes everything – healthy kids are ready to learn, workers are more productive, seniors can stay in their homes, communities are strong and thriving, employers spend less on insurance coverage, and people live longer with a better quality of life.

Tobacco addiction and the costly chronic illnesses associated with tobacco use are a scourge on the health and economic vitality of Maine families and communities. In Maine, smoking is estimated to cost \$811 million in direct health care expenditures, including \$261 million in Medicaid costs, and an additional \$647 million in productivity losses every year. Each year, 2,400 Maine people die from tobaccorelated illness, and the tobacco industry spends \$45 million to market their deadly products and addict their next generation of youth.

We know that tobacco use is a pediatric epidemic; if youth don't start using before the age of 21, they are unlikely to ever use tobacco.<sup>4</sup> Therefore, investments in prevention are important for tackling the tobacco epidemic. In Fiscal year 2019, Maine's tobacco program had fallen to just 30% of the CDC recommended funding level.<sup>5</sup> And while the program is now receiving "one-time" funding that exceeds 85% of the CDC recommendation,<sup>6</sup> and the passages of Tobacco 21 and tax equalization are starting to yield positive results, the future is dire. Fully restoring the tobacco program will take time and sustained effort.

## The time to act is now, and we need your help.

We know what we need to do: create environments that help smokers quit and prevent kids from starting. Practically speaking, this means prohibiting the sale of flavored tobacco, keeping prices high, enforcing smoke-free policies, and fully funding a comprehensive tobacco prevention and control program for state and local implementation.

Maine used to be a national leader in tobacco prevention and control.2 However the state's tobacco control program has experienced significant cuts in staffing and funding, and there has been a dramatic increase in tobacco use. Nearly 18% of Maine adults smoke cigarettes and 30% of high school students use tobacco products,1 driven in large part by the explosion of e-cigarette use among high school students. In fact, more than 1 out of 4 Maine high school students uses e-cigarettes - a rate that has nearly doubled in the past two years, with largest percent increases seen in Piscataguis and Oxford counties.3

### End the sale of flavored tobacco products.

Data show that 4 out of 5 teenagers who have ever used tobacco started with a flavored product,<sup>7</sup> and that youth who vape are two-times more likely to start smoking combustible cigarettes within 2 years than youth who have never used tobacco.<sup>8</sup> The tobacco industry has developed an array of strategies to encourage youth addiction, including selling candy, mint, and fruit-flavored products in colorful packaging. Tobacco companies now have more than 15,000 flavors on the market, and they aggressively target kids, Black and Brown communities, LGBT youth and young adults, and



people in lower income neighborhoods with cheaper pricing and predatory advertising. Menthol is the most dangerous flavor of all, making it easier to start smoking and harder to quit. In fact, more than half of all youth smokers ages 12-17 use menthol cigarettes, compared to fewer than 1/3 of smokers ages 35 and older. Menthol use is even higher among African American youth: 70% smoke menthol cigarettes.

**Solution:** Flavors like chocolate, grape, "banana smash" and "cool menthol" aren't made for adults; these flavors hook kids. Removing ALL flavored tobacco products from store shelves will make it less likely that Maine kids will try their first tobacco product – smoked, chewed, or vaped.

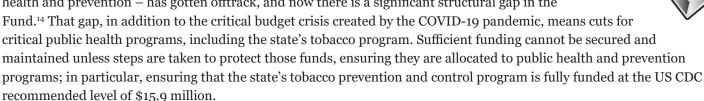
# Increase the price of tobacco products.

Maine's tax on cigarettes has not increased in 15 years and the current \$2 per pack cigarette tax is the second lowest in the Northeast.<sup>12</sup> Youth are particularly sensitive to price, and a \$2.00/pack increase is estimated to reduce youth smoking by 20%, preventing thousands of Maine kids under the age of 18 from becoming adult smokers, and reducing long-term health care costs by more than \$250 million.<sup>13</sup>

**Solution:** Increase Maine's cigarette excise tax to \$4.00 per pack. This increase will garner more than \$37 million per year in new revenue, in addition to the revenue from equivalent, relative increases in taxes on other tobacco products.<sup>13</sup>

# Secure tobacco program funding and preserve the tobacco settlement for public health and prevention.

Annual payments from <u>Maine's tobacco Master Settlement Agreement</u> are deposited into the Fund for a Healthy Maine. However, in recent years, the intended use of this money – for public health and prevention – has gotten offtrack, and now there is a significant structural gap in the



**Solution:** Protect funding for the state's tobacco control program, as well as other critical public health priorities. This essential funding could be better protected with the establishment of the Trust for a Healthy Maine, which would be charged with overseeing the disbursement of the tobacco settlement funds to the Maine CDC and other state agencies.

### Support racial justice.

Racism is a public health crisis. This is particularly true in a state like Maine – one of the whitest states in the nation. Black or African American Mainers comprise 12.1% of cumulative COVID-19 cases, while representing just 1.4% of the state's population. Indigenous or tribal populations typically experience unemployment and poverty at twice the rate of white Mainers; and people of color represent nearly 30% of Maine's incarcerated population. We see disparities in tobacco use among racial and ethnic minorities as well, with smoking rates among American Indian and

Hispanic adults greater than among White adults in Maine (28.7%, 26.9%, and 17.6%, respectively). 19 It is noteworthy that smoking rates among Maine adults are either at, or above, national averages. 19 We also see increased marketing from the



tobacco industry targeting racial and ethnic minorities.<sup>20</sup> For example, in low-income/minority neighborhoods, tobacco product advertisements are larger, have a lower average advertised price, are more likely to promote menthol products, and more likely to be within 1,000 feet of a school, compared to higher income/non-minority communities.<sup>21</sup>

**Solution:** There is tremendous social and political momentum for finding solutions to the structural inequities that are driving health disparities among racial and ethnic minorities. We need to prevent the tobacco industry from using flavors, including menthol, to drive and perpetuate these disparities. We need to invest in organizations that are led by and serve impacted communities, and we need to support local and regional, multi-sector partnerships that are responsive to community needs. The tobacco industry heavily, and disproportionately, targets racial and ethnic minorities. Maine can do better. Banning flavored tobacco products and fully funding the state's tobacco control program supports racial justice, and the time to act is now.

### Respond to the COVID-19 pandemic and opioid epidemic.

The COVID-19 pandemic has brought unprecedented health and economic challenges Maine, the nation, and the world. It has magnified the public's awareness and understanding of public health and the importance of investing in preparedness and resiliency – in our infrastructure, our workforce, and our efforts to mitigate risk factors for chronic illness. It has also exposed health disparities and the many underlying risk factors for COVID-19, including evidence that smoking and vaping can increase the risk of COVID-19. <sup>22</sup>



The evidence is clear that tobacco products, whether smoked or vaped, are often the first addictive product our youth are exposed to, and that nicotine exposure impacts the developing brain and creates susceptibility to other addictions later in life.<sup>23</sup> The opioid epidemic has brought devastation to communities across the state and the country, and we have seen worsening statistics since the start of the pandemic. Tackling tobacco addiction is a promising strategy for preventing opioid addiction and other chronic illnesses.

We are proposing the most effective tobacco policy change campaign for preventing Maine youth from using tobacco products:

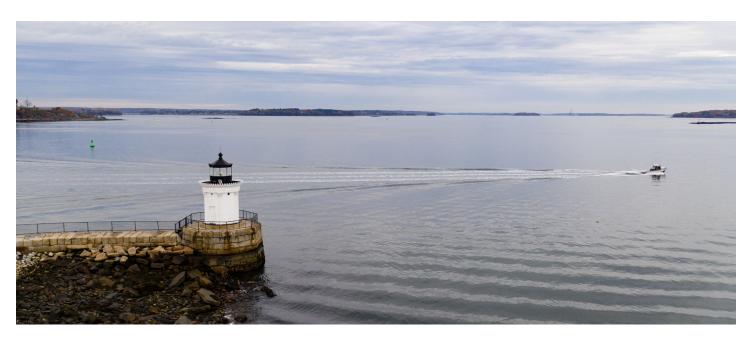


system, promoting racial equity, and reducing health disparities.

Policymakers across the country are grappling with the most significant financial crisis since the Great Depression. In Maine, we value investing up front in smart policies and programs so we can avoid high costs later. Pairing that cultural asset with recent events, including a new understanding of tobacco's role in increasing risks of COVID-19 and addiction to other drugs, the e-cigarette epidemic, COVID-19 pandemic, opioid epidemic, and the growing recognition of racism as its own public health crisis, make this a critically-important moment to act on tobacco use prevention and control.

We have an ideal opportunity to reinforce and integrate evidence-based tobacco prevention and control policy as foundational to the health and prosperity of Maine's kids and communities. Please join us!





#### **Endnotes**

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- 13 Projections of revenue, public health benefits and cost savings associated with a \$2 cigarette tax increase in Maine are calculated using an economic model developed jointly by CTFK, American Cancer Society Cancer Action Network, and Tobacconomics. For more information, see: https://www.tobaccofreekids.org/assets/factsheets/o281.pdf.
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