

Reaching for the Goal **A Tobacco-Free *Maine***



TOBACCO-FREE RESTAURANTS

TOBACCO-FREE AIRPORTS

TOBACCO-FREE BOWLING ALLEYS

TOBACCO-FREE PLAYING FIELDS

TOBACCO-FREE SCHOOLS

TOBACCO-FREE WORK SITES

TOBACCO-FREE BARS

TOBACCO-FREE BINGO HALLS

TOBACCO-FREE DAY CARE

TOBACCO-FREE POOL HALLS

TOBACCO-FREE MALLS

TOBACCO-FREE COFFEE SHOPS

TOBACCO-FREE PUBLIC SPACES

TOBACCO-FREE DINERS

TOBACCO-FREE OFFICES

TOBACCO-FREE FACTORIES

TOBACCO-FREE COLLEGES

TOBACCO-FREE HOSPITALS

TOBACCO-FREE MILLS

TOBACCO-FREE CIVIC CENTERS

TOBACCO-FREE DANCE CLUBS

TOBACCO-FREE WORK VEHICLES

TOBACCO-FREE CONCERT HALLS

TOBACCO-FREE SHOPPING CENTERS

TOBACCO-FREE CLINICS

TOBACCO-FREE BUSES



Healthy Maine Partnerships
Partnership For A Tobacco-Free Maine

A Message from the Program Manager of the Partnership For A Tobacco-Free Maine

In 2007 PTM saw more milestones reached and new goals achieved—with more in sight. The accomplishments are a reflection of the extraordinary commitment from our partners at the state level and in communities

use should—with continued vigilance and hard work—begin to translate to a decline in the adult tobacco use rate as more of those entering their twenties will have never begun to use tobacco.

Our motivation is

around the state that have consistently met challenges head-on. Once again this report is a welcome opportunity for me to share our progress.

Despite the millions of dollars spent each year by the tobacco companies to promote their products, Maine has experienced a 30 percent decrease in adult smoking rates since PTM's inception in 1997. The number of cigarette packs sold continues to decrease steadily, dropping 22 percent since 2000. Maine now sells about half of the number of packs that were sold in 1985.

With regard to youth, the prevalence rate for smoking is now at an all-time low: over the past ten years Maine high school smoking rates have dropped 64 percent, and middle school rates have fallen

73 percent over the past eight years. In addition, more youth continue to delay the age at which they begin to smoke. The ripple effect of this decline in youth tobacco

This consistency of accomplishment may be credited to our comprehensive strategy, which is always being refined but still retains the basics: initiatives in the schools, communities and workplaces to reduce tobacco use and secondhand smoke exposure statewide; efforts to help people quit, including The Maine Tobacco HelpLine and medication voucher program; continued efforts to prevent sales to minors; targeted media campaigns to youth about the dangers of tobacco; and special messages, services and resources for high-risk populations.

PTM also continues to provide an aggressive and far-reaching education and training program that has reached over 1,500 healthcare professionals and over 753 clinics and physician offices on how to conduct effective brief tobacco treatment with their patients over

the course of routine visits to healthcare professionals.

Maine continues to be a leader in tobacco prevention, control, and treatment; but becoming complacent

In 2007 PTM saw more milestones reached and new goals achieved—with more in sight. The accomplishments are a reflection of the extraordinary commitment from our partners at the state level and in communities around the state that have consistently met challenges head-on.

would be unacceptable, as would believing that our work is mostly done. In fact, there's far more to address. Smoking is still killing 2,200 Mainers each year, more than the combined total from alcohol, AIDS, car


- One-third of low-income pregnant women smoke.
- Forty percent of those reporting frequent mental distress smoke.

stronger than ever.

crashes, illegal drugs, murders, and suicides; and there are other concerns:

- 27,000 Mainers, now under 18, will ultimately die from tobacco use.
- Forty-three percent of smokers with children have no rules prohibiting smoking in their homes.
- There is evidence of a high prevalence of smoking among the Lesbian, Gay, Bisexual, Transgender (LGBT), and Native American populations.
- Forty percent of uninsured Mainers smoke.
- Half of all MaineCare recipients ages 18–44 smoke.
- More than one-third of those without a high school education smoke.
- More than one-third of those living with incomes less than \$35,000 smoke.
- Twenty-seven percent of our young adults smoke.

Clearly, tobacco remains a major threat to our health. The Fund for a Healthy Maine has been critical in supporting the work of tobacco control, prevention, and treatment in our state. There are many examples from other states that have cut their tobacco program funding and seen their rates increase again after years of hard work. In all parts of Maine, and for a variety of populations, we must remember that tobacco is the primary public health danger. Our motivation to keep reaching for the goal of a tobacco-free state is stronger than ever. That goal must continue to be an integral part of our efforts to improve the health and well-being of all Maine residents. The progress reported in these pages should give us confidence that the goal is within reach.

Sincerely,

MaryBeth T. Welton, CHES
Program Director

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GOAL #1

Prevent Youth and Young Adults from Using Tobacco

- Among Maine high school students, smoking rates have plunged nearly 64 percent since 1997.
- Only 10.2 percent of high school youth report smoking before the age of 13 years—representing a nearly 66 percent drop since 1997.

The challenge:

- Fourteen percent of Maine high school students smoke.
- Over half of middle and high school students say they see a lot of tobacco industry advertising in grocery stores and in convenience stores or gas station marts.

SEARCHING FOR STARS

Because evidence shows that youth are heavily influenced by in-store tobacco advertising, PTM developed a pilot program to help reduce the amount of advertising in retail outlets. As a part of the No BUTS! program, the Star Store initiative supports a working relationship between the YAP youth and the tobacco retailers.

Three YAP groups—the Southern Aroostook Tobacco-Free Outreach Project (STOP) in Houlton, Students Working Against Tobacco (SWAT) in Rumford, and the Gorham Baxter Memorial Library YAP—participated in the No BUTS! Star Store initiative, designed to encourage tobacco retailers to reduce the amount of advertising in their stores.

Results

Prevention

There is no one program, activity, or action that will keep youth from trying tobacco. A problem this complex calls for the comprehensive approach proposed by the National Centers for Disease Control and Prevention (CDC). Maine continues to follow the CDC model, creating and implementing interventions and messages that reach youth in all the environments where they live, work and play.

Our strategies for sustained progress include:

- Strengthening school and community policies that prohibit tobacco use in places where youth congregate
- Creating tobacco-free prevention messages that resonate strongly with youth
- Implementing age-appropriate, evidence-based prevention curriculum in grades K–12
- Promoting parent education and support
- Giving tobacco retailers the tools they need to assist them in avoiding selling tobacco to minors and to increase their compliance with tobacco sales laws
- Creating statewide health communication messages that promote tobacco-free living as the cultural norm for all ages across the state

Youth Advocacy Program: Youth Creating Positive Change in the Community

Youth are often viewed as problems or victims in society, not as competent citizens capable of meaningful participation. But young people all over Maine are working to resist tobacco, and our communities are recognizing them as a valuable potential resource. Youth thrive when they have a connection with a project over the long term. They have the energy, and often the schedules,

that lead to strong community work, and they can exert a major influence over peers and adults. They reach out to younger youth through mentoring, generate marketing ideas, and solve problems.



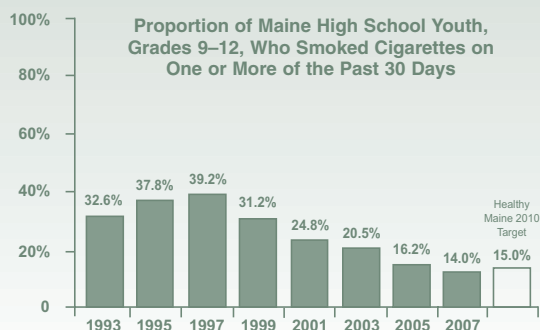
Youth are making a big impact in Maine and nationally. They are getting involved in policy changes, and they are developing relationships with tobacco retailers to encourage them to reduce the amount of tobacco and tobacco advertising in their stores. They are exposing the lies of the tobacco companies and helping peers resist the pressures to smoke. They are working in their communities with recreation programs to prohibit smoking on playgrounds and in parks. They are reaching out to movie theaters to encourage

them to play anti-tobacco public service announcements to counter the promotion of smoking by Hollywood.

The Youth Advocacy Program (YAP) teens are taking a lead role in making their communities healthier. YAP, part of the PTM-funded, community-based Healthy Maine Partnerships (HMP), develops and supports an increasing number of youth-driven advocacy programs that position tobacco as dangerous, unattractive, and “uncool.” Peer pressure ranks high among influences affecting youth choices and behaviors. YAP groups leverage this powerful influence to help youth reduce and prevent tobacco use among their peers. Youth can help their peers to quit smoking and can educate parents about the importance of living smoke free.

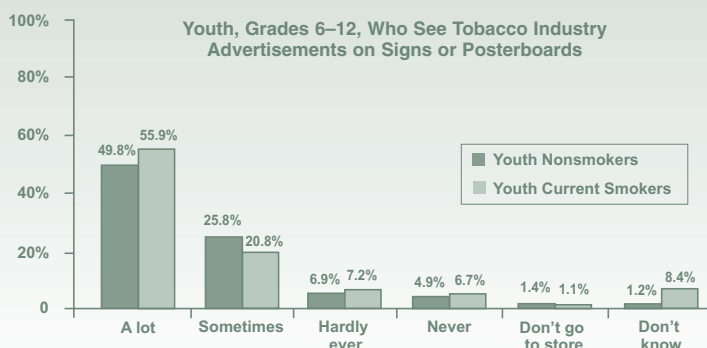
- PTM works with the Maine Youth Action Network (MYAN) to provide YAP groups, especially their adult supervisors, with ongoing training and technical assistance. In the past year, training sessions attracted more than 275 young people and 100 advisors.
- The 23rd Annual Peer Leadership Conference brought together many youth leadership programs from all across Maine. Youth and adult participants had the opportunity to gain skills in the areas of leadership, activism and advocacy, and adolescent health and development.
- The local YAP group in Rumford received a grant from the national IGNITE organization to help launch a local

Rates of cigarette smoking have continued to decline among Maine's high school youth.



Source: Maine Youth Risk Behavior Survey
Maine Department of Education

Point-of-sale advertising is associated with youth starting to smoke and with future intentions to smoke. Price-based promotional offers are especially influential on youth becoming smokers.



Source: 2006 MYDAUS/Maine Youth Tobacco Survey

IGNITE chapter in Maine. IGNITE Oxford County (IOC) was established in November 2006 and has been working ever since towards anti-tobacco efforts. IGNITE's mission is to get Big Tobacco out of politics by empowering youth and strongly advocating for politicians not to accept tobacco funds.

YAP maintains its critical role as part of PTM's youth intervention and social marketing campaigns. At their most recent meeting in Augusta with PTM staff and HMP communities, YAP coordinators learned new strategies to raise awareness and understanding of issues surrounding tobacco industry manipulation and advertising, as well as tobacco use. New ideas continue to be generated to involve more people in their efforts through youth and adult partnership trainings.

At School

During the last legislative session, a bill was passed that strengthens the law regarding tobacco in schools. School buildings and grounds are now a hundred percent tobacco free at all times. The law applies to staff, students, and the public 24 hours a day and 365 days a year. All the HMP schools had already implemented similar policies, and now all the public school students in Maine can be assured that their schools and grounds always offer a tobacco-free environment. PTM is working with the Maine Department of Education and the local HMPs to communicate the changes in the law to school systems statewide, revise the tobacco-free school manual to reflect law changes, and develop new signs.

- Billionaire Max Bernhard has vanished! He will not return until he recovers something of great value, and his associates are asking seventh grade students around the state for assistance. The Billionaire Vanishes is a program designed to help youth become more aware of tobacco. Through web-based resources they can discover the dangers of tobacco use and how the tobacco industry targets them with



advertising. These resources provide them with the skills and tools necessary to resist the temptation of using tobacco. The task of finding Max takes the students on a journey through tobacco-use prevention and control web sites and also tobacco company sites.

By using current technology, Billionaire Vanishes promotes discussion, encourages advertising analysis, and provides quitting tips for friends and family. It also helps students learn about the effects of secondhand smoke and the costs of tobacco use. Since the pilot of the program was evaluated and deemed successful, PTM plans to introduce the program in schools across the state in 2008.

Life Skills Training

PTM continues to provide the Life Skills Training (LST) program and resources for middle schools, with two teacher trainings held in September 2007. The program gives adolescents the knowledge and skills to make healthy choices, including the important decision of saying "no" to tobacco.

- Most HMP-funded schools have sent teachers for training and are implementing the LST program.
- In addition to LST, other curricula meeting the CDC guidelines will be accepted.

On the Field

PTM continues to work with the local HMPs and community recreation programs to create and implement tobacco-free policies in the recreation programs and on the athletic fields, where youth spend a great deal of time after school and during the summer. Seven Tobacco-Free Recreation kits



were distributed in 2007 to recreation departments. Since 2002, over 4,000 coaching manuals have been distributed, and 8,279 youth involved in sports have signed a Tobacco-Free Pledge Card.

- PTM has engaged a diverse workgroup to develop and distribute a new policy manual for use by the local HMP programs to advocate for the development of tobacco-free policies for local recreational programs in their service areas.
- PTM provides free signs to recreation programs that provide a copy of their written policy and meet the PTM criteria in implementing those policies.

It has been almost ten years since PTM launched its first hard-hitting media campaign aimed at parents, and since then, a new generation has become parents. They have not had the same exposure to these important messages. In addition, the tobacco companies' own parent campaigns have given many people a false sense of security that the days of "Big Bad Tobacco" are over. The industry is now effectively positioning itself as kind and honest with a legitimate concern for children. This is highly misleading. Studies show that "helpful" tips for parents from tobacco companies can actually encourage youth smoking.

Research conducted in Maine on behalf of PTM reveals that public conviction about the tobacco companies targeting children has declined in recent years. What's more, focus groups conducted by PTM have shown that many parents either believe that tobacco use is a much lower risk than it used to be or that their children are no longer exposed to tobacco advertising and marketing practices.

These findings prompted PTM to launch the counter marketing campaign Tobacco Never Quits in the spring of 2007. Increasingly, Big Tobacco's campaigns are designed both to attract the notice of younger customers

- PTM recommends that these tobacco prevention policies reinforce the benefits for youth rather than focus on negative consequences for violations.

In Stores

NO BUTS! and Star Store Programs

Retailers are key to keeping tobacco products from harming youth. The NO BUTS! program (Blocking Underage Tobacco Sales) provides training to tobacco retailers and their employees to learn strategies to prevent sales to underage youth. Nearly 600 Maine stores are participating so far, including most major chains.

Tobacco Never Quits.

and stay below the radar of parents—who, as a result, may no longer consider tobacco a threat. PTM launched Tobacco Never Quits, a television and radio campaign, to raise awareness among parents about the tobacco industry's continued, aggressive marketing to children throughout Maine. The aim of the campaign is to warn parents of tobacco's insidious

efforts to reach their children and to spur parents into action. A campaign web site, www.tobacco-neverquits.com, has been developed to offer a compelling appeal to parents to keep conversation going with

their children about the dangers of tobacco and to provide them with facts and tools necessary to do so.

PTM has also created integrated components, such as a revised tool kit to help parents protect their children from tobacco. The tool kit includes web and interactive content and a community outreach package, complete with instructions on promoting the campaign locally.



PTM's new responsible retailing program, Star Store, was conceived as an enhanced youth tobacco prevention component of the NO BUTS! program. Tobacco companies spend almost \$68 million per year in Maine on marketing, with youth a top target. Given that they spend more on point-of-purchase (in-store) advertising than all other forms of cigarette advertising combined, it's no wonder three-fourths of Maine youth report noticing tobacco messaging in a convenience store.

To address these concerns, PTM has developed an education and incentive plan to reduce point-of-sale tobacco marketing materials. PTM and a diverse workgroup that includes tobacco retailers, HMP directors, and YAP coordinators have risen to the challenge, and the result is the Star Store retailer program.

This program offers community recognition and publicity to retailers who go above and beyond the original NO BUTS! requirements and voluntarily reduce or remove

some of their tobacco advertising. This higher level of commitment and concern for underage youth is rewarded with a "badge of honor," called "Star Store." The Star Store status will be integrated with the NO BUTS! program and will be promoted as a pre-



mium level of achievement. Retailers that participate can remove their original decals/signage and replace them with the upgraded emblem. All aspects of this program are voluntary.

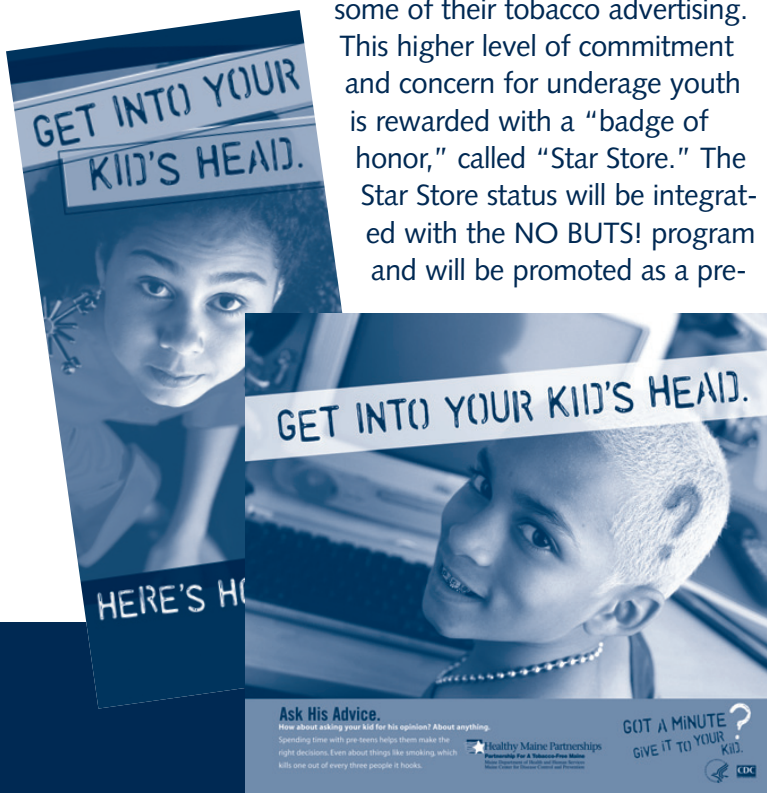
A pilot of the program has been launched in three locations. Youth have been trained to conduct assessments of the stores and advocate for reduced tobacco ads at the retail sites. Three stores have each been assessed twice (pre and post). Following the requests from the youth to reduce specific ads, two stores have eliminated their exterior tobacco signage to zero, while the third store has reduced the number of exterior tobacco signs from five to three. Some reductions in advertising have also been noted in the interior of the store (discount signs and promotional displays). PTM is in the process of evaluating the pilot in order to improve the program and implement it statewide through the HMP and YAP programs.

On the Air

Over the past three years, PTM has launched a series of media campaigns focused on reaching youth and changing their behaviors, attitudes and opinions regarding tobacco. Because of the success of previous campaigns, the impact has been long term. In 2007 PTM approached youth prevention from a different angle—parents.

Got a Minute? Give It to Your Kid! (GAM) was a social marketing campaign run in radio and print, and by local HMPs. The GAM campaign was developed and tested by the national CDC, and it was created for time-constrained parents. Given that most parents don't expect their child to smoke, they often don't realize that youth are exposed to millions of misleading images that glamorize tobacco. Studies by the CDC show that preteens who report they regularly eat meals with their family, follow a family calendar, and discuss free-time activities with their parents are less likely to smoke, and as a result are likely to live longer, healthier lives.

The GAM campaign includes outreach materials for the HMPs to help parents learn that, if they stay better connected with their children, they can make a significant impact on their children's choices, especially smoking. GAM also encourages parents to get involved in the



Got a Minute? marketing campaign



THE 3RD ANNUAL MAINE ANTI-TOBACCO YOUTH SUMMIT

This event, held in April 2007, brought together youth from across Maine, who gathered at the Augusta Civic Center to reaffirm and reenergize their commitment to resisting the lies and lure of the tobacco industry and supporting efforts to quit. The event, sponsored by PTM, featured a keynote address by Dr. Victor DeNoble, a former scientist for Phillip Morris who now speaks nationally about the science of addiction. Governor Baldacci also addressed the group, showing his support and recognizing the efforts of the youth involved. In addition to the addresses, a number of workshops gave summit participants more tools to get their message out effectively and make their communities healthier.

community, in their schools, and in local organizations. This involvement helps create smoke-free environments and lessens the influence of tobacco marketing on children. Parents learn from other parents, health professionals, and even from their own kids. And if they have a child who already smokes, they can help that child stop.

Outcomes

Got a Minute? Give It to Your Kid!

At the local level, all HMPs throughout the state elected to implement the GAM campaign as part of the work-plan in a total of 59 sites. This included the distribution of brochures and presentations to parents. At least nine local sites used media to raise awareness, including local-access cable television, local radio, newsletters, and advertisements in local newspapers.

Weekly gross rating points (GRPs), a measure of purchased media, ranged from 95 to 150 across target markets. This translated into 67.4 percent of adults reached by the GAM message in the Portland/Auburn area, 93.9 percent of the adults in the Bangor area, and 53.7 percent of adults in the Augusta/Waterville area.

Tobacco Never Quits

This initiative, warning parents that the tobacco industry is still targeting children, had the potential to reach over 90 percent of the Maine population. Messages appeared in both TV and radio, with exposure levels ranging from 60–100 percent in the Portland/Auburn, Bangor, Augusta/Waterville, and Presque Isle areas. GRPs across these areas were approximately 280 for TV and 100 for radio.

Next Steps

In the coming year, PTM will be entering a new era of its youth prevention efforts with the launch of a comprehensive initiative that includes a robust, interactive web site, complete with youth-created viral videos, games, quizzes and downloads. Research conducted on behalf of PTM shows that youth across the state, both in rural and urban areas, use the web and mobile phones as a fundamental tool in building social connections and making daily decisions. While the web site is a cornerstone of the new efforts, it is the companion youth-produced media campaign and outreach program that will fuel the traffic and interest among Maine youth. The multi-pronged initiative is entering beta testing in early 2008 and will launch soon thereafter.

Young adults will also be a focus of PTM's social marketing efforts in 2008. Nearly a third of Maine's young adults smoke. Knowing that this is one of the hardest audiences to reach because they are less likely to use traditional media, such as TV and radio, and that often the choice to use tobacco is as much a part of their identity as it is a cultural choice, PTM will be embarking on a social change campaign for young adults. Formative research is set to begin in the winter and will include new collaborations and use of emerging best practices.

GOAL #2

Eliminate Nonsmokers' Exposure to Secondhand Smoke

Virtually all of Maine's indoor public and work places are now smoke free, including restaurants, bars, and beano halls.

The challenge:

- While nearly 90 percent of employed Mainers say their workplace has a policy that does not allow smoking in any work areas, it appears these policies are not being followed. In fact, 25 percent of all Maine workers report that they experience some exposure to tobacco smoke at work. In a separate statistic, more than 40 percent of workers in manufacturing, construction, and transportation report that they have been exposed to secondhand smoke on the job.
- Indoor exposure to secondhand smoke one or more days per week is reported by 53 percent of high school students and 41 percent of middle school students.
- Exposure to smoke in a car seven days per week is reported by 14 percent of high school students and 10 percent of middle school students.
- About 42 percent of middle and high school students live with a smoker.
- The percentage of all adults who do not have rules prohibiting smoking in their homes is 72 (up from 63 percent in 2000), but only 36 percent of adult smokers prohibit smoking in their homes.

Results

Better Air

Maine is proud to have been among the first states to pass laws that protect the public and workers from the dangers of secondhand smoke. Statewide surveys show that there is strong support for protections from secondhand smoke in Maine. This indicates that the culture is shifting in Maine, with the majority of people wanting and expecting to live, work and play in smoke-free places. Continuing to implement smoke-free policies around the state will encourage tobacco users to quit and reinforce a tobacco-free culture for Maine youth.

Smoke-Free Progress

Maine is a model to the rest of the nation in providing healthy air. Our success is in large part due to the coordinated efforts of many private and public sector groups working together to protect the health of Maine people and promote public health in the state.

- The Maine State Legislature continues to strengthen Maine's strong smoke-free-air laws. Virtually all of Maine's indoor public places are now smoke free, including restaurants, bars, and beano halls. All workplaces are required to have policies prohibiting smoking, including in job-related vehicles.
- The Breathe Easy, You're in Maine media campaign continues to run statewide and celebrates Maine's smoke-free air. Designed to be both welcoming to visitors and a reminder to Mainers, the signs along the Turnpike, in airports, entertainment venues, and countless other places inform and remind everyone that smoking is not allowed in any indoor public place in Maine.



■ PTM provides statewide education to inform the public of changes in Maine's secondhand-smoke laws and rules and to remind people that indoor public places are smoke free. Leaflets and web site information are updated and distributed, with the help of communities and by mass mailings, every time there is a major change.

Materials have been updated to remind employers that exposure to secondhand smoke causes respiratory diseases and infections, heart disease, and lung cancer, and to educate them with key facts, including that smoking is the leading cause of preventable death, that smoking affects insurance costs, and that smoking, even outdoors at the job site, can contribute to the risk of fire and explosion. In

Secondhand smoke puts thousands of Maine kids at risk in their own homes.

Secondhand smoke comes from two places:

- the end of a lit cigarette, pipe, or pipe
- what is breathed out by the person who smokes

No amount of secondhand smoke is considered safe.

Children exposed to secondhand smoke risk asthma and other chronic lung diseases like bronchitis. The more smoke, the more serious the risk.

If you smoke, please quit or at least smoke outside. Be sure no ventilation system sucks smoke into your home, just give the fumes. Tell those secondhand smoke kids that they are in danger. Tell them that they are in danger. Be sure no ventilation system sucks smoke into your home, just give the fumes. Tell those secondhand smoke kids that they are in danger. Tell them that they are in danger.

Ask help stress or other to have child care provision not to smoke.

Go smoke-free outside the home.

Make sure that your child's day care program or other school program is 100% smoke-free.

Keep places where smoking is allowed. The good news is that all indoor public places in Maine are smoke-free—restaurants, movie theaters, malls, bars, and clubs.

Ask parents to keep kids out of smoke. It's more difficult to ask this to somebody else's child, but to anyone, this is your concern.

Ask family and friends not to smoke around your children.

When you think your children are old enough to understand, explain the dangers of secondhand smoke. Tell them to avoid it if they can, and tell your friends that getting rid of it is the best way to avoid it.

Make your home smoke-free.

Set a strict no smoking policy. If you feel tempted, tell family and friends that you cannot smoke in your home, just give the fumes. Tell those secondhand smoke kids that they are in danger. Tell them that they are in danger.

Children exposed to secondhand smoke risk asthma and other chronic lung diseases like bronchitis. The more smoke, the more serious the risk.

If you smoke, please quit or at least smoke outside. Be sure no ventilation system sucks smoke into your home, just give the fumes. Tell those secondhand smoke kids that they are in danger. Tell them that they are in danger.

You have good reasons to speak up about tobacco.

Tobacco is addictive more than any other drug. Nicotine, which is found in tobacco, is a powerful drug that makes people addicted to it. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Tobacco may lead to worse things. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

It's time to talk. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Start early. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Use the facts. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Offer a way to say "no." Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Get involved with the community. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Help your child smoke already. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Your kids will no longer have to breathe your second-hand smoke. They will become healthier, with fewer ear infections, sore throats, colds, and allergies.

Quitting makes you a GOOD role model. Research shows that a teenage whose parents smoke is more likely to smoke than a teen whose parents don't smoke. So, families where one parent smokes, tell the other parent that they are in danger. Tell them that they are in danger.

Your health will improve almost immediately. Research shows that a teenage whose parents smoke is more likely to smoke than a teen whose parents don't smoke. So, families where one parent smokes, tell the other parent that they are in danger. Tell them that they are in danger.

Help your child smoke already. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Tips for Quitting

Keep quitting. It may take several tries, but that's usually the case. Quitting smoking is one of the toughest things anyone can do. Just keep at it until you succeed.

Pick a date and stick to it. Don't smoke on that day, no matter what.

Ask your family to help. Tell them when you feel the need to smoke. Your friends can be a good source of support, too.

Ask your friends and family not to smoke around you. And ask that no one smoke in your home or car.

Have out the setbacks, the cigarettes, and the nicotine. If smoking was part of a regular routine, change something about the routine.

If this isn't your first time quitting, think about what triggered you to begin using tobacco. And the younger the child is when parents quit, the less chance their kids will smoke.

Your health will improve almost immediately. Research shows that a teenage whose parents smoke is more likely to smoke than a teen whose parents don't smoke. So, families where one parent smokes, tell the other parent that they are in danger. Tell them that they are in danger.

Help your child smoke already. Tobacco use is the leading cause of preventable death in the United States. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction. It's not just a habit, it's a chemical addiction.

Brochures from the Tobacco-Free Parents Kit

■ Our Tobacco-Free Parents Kit offers information and activities and has been widely distributed and well received. The kit was given a major overhaul in the spring of 2007 with the launch of the Tobacco Never Quits campaign, mentioned earlier, and helps families create home environments that are smoke free and supportive of tobacco-free lifestyles.

Maine's Good Work! program helps Maine employees breathe easy.

In 2007, Maine's Good Work! program continued to work with employers and assist them in making their workplaces smoke free through the adoption of the mandatory written policy. Many businesses and organizations have opted to make their workplaces a hundred percent tobacco free. The Good Work! program helps Maine with its mission of creating safer and more productive workplaces in the state. Employers who participate in the Good Work! program receive support for creating and maintaining a workplace policy that takes Maine law one step further in protecting employees from secondhand smoke.

fact, some national fire and casualty companies have cut their premiums by 50 percent for smoke-free companies.

PTM belongs to the Maine Tobacco-Free College Network (MTFCN), a collaboration that includes the American Cancer Society, American Lung Association of Maine, local HMPs, colleges and other partners. With the network, steady progress was made in 2007 in limiting tobacco use and providing free tobacco treatment services on Maine's college campuses. As noted earlier, the 18- to 24-year-old age group has the highest percentage of smokers in Maine, and college students make up a significant proportion of those numbers. A case study was commissioned and reported that the network "created synergy and resulted in changes that each partner could not achieve alone."

The Maine Tobacco-Free Hospital Network is also supported by PTM staff and funding and is a newer collaborative initiative designed to encourage the voluntary adoption of tobacco-free policies and practices on Maine's hospital campuses. Following the successful conference of the Maine Hospital Association in 2006, awards for progress were handed out to coincide with the Great American Smokeout in November 2007.



Riverview Hospital, one of two psychiatric hospitals in Maine, went smoke free in April 2007 with the help of the Capitol Area Healthy Maine Partnership, the Central Maine

tackling exposure to secondhand smoke is in private homes and vehicles. Future goals include:

“The home is the major setting where children are exposed to secondhand smoke. The dramatic strides that have been made over the past 20 years in reducing nonsmokers’ secondhand smoke exposure has to some extent left children behind.”

—U.S. Surgeon General’s Report on Secondhand Smoke

Behavioral Health Tobacco Treatment Collaborative, and the Center for Tobacco Independence, PTM’s contractors for the tobacco treatment initiative. Smoking affects people with mental illness more often and at an earlier age than other smokers. The newest data reveal that persons with serious and persistent mental illnesses have a 25-year lower life expectancy than that of the general population. More than half of that difference is related to conditions caused or worsened by smoking cigarettes.

The Next Frontier

While Maine has made great strides with its Breathe Easy, You’re in Maine campaign, the next frontier in

- Developing a manual to increase public awareness about the dangers of secondhand smoke and provide strategies for developing and implementing policies and practices that protect people from exposure

- Continuing to promote adoption of 100% tobacco-free policies that exceed Maine’s workplace law and provide assistance in developing and implementing these policies

- Developing focused, culturally relevant materials to reach populations at risk

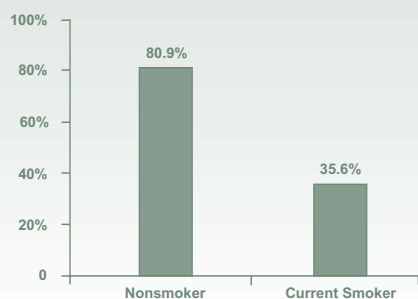
- Giving increased support to the Youth Advocacy Program, the Smoke-Free Housing Coalition of Maine, and other collaborative efforts

- Launching a social marketing campaign that focuses on parents who smoke and encourages them to not expose their children to secondhand smoke in vehicles and homes by the development of voluntary policies that prohibit smoking and/or tobacco use in the home and personal vehicle when children are present

Rules that do not allow smoking in the home are especially important for protecting children from secondhand smoke exposure. Also, families with rules against smoking in the home are less likely to have youth who smoke.

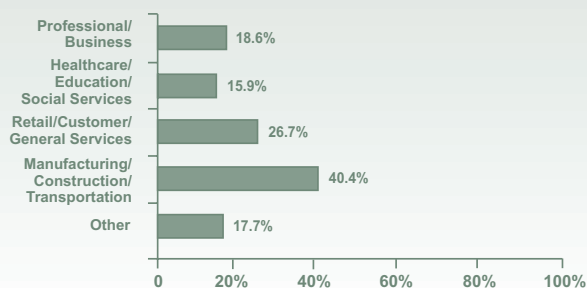
Maine has strong laws to protect workers from exposure to secondhand smoke, but Mainers are still exposed to smoke at their workplace.

Proportion of Maine Adults Who Do Not Allow Smoking in Their Homes by Smoking Status



Source: 2004 Maine Adult Tobacco Survey

Proportion of Workers, by Occupation Type, Reporting One Hour or More of Secondhand Smoke Exposure in a Typical Work Week



Source: 2004 Maine Adult Tobacco Survey

Smoke-Free Housing

Once again in 2007, PTM collaborated with, and supported, the Smoke-Free Housing Coalition of Maine, which works to eliminate involuntary second-hand-smoke exposure in multi-unit housing. The coalition was also awarded a Robert Wood Johnson Foundation Tobacco Policy Change grant in 2007 and, in collaboration with PTM, implemented a statewide media campaign to educate landlords and tenants on the health and economic benefits of a smoke-free apartment. In addition, a strong relationship with Maine Housing, which provides a development incentive in the Qualified Allocation Plan for low-income tax credits, was formed. A highly competitive EPA grant was awarded to the coalition with funding that began in October 2007 and, with on-going support from PTM, will help continue the work of the coalition throughout 2008. Since the coalition's inception there have been many accomplishments:

- More than 16,000 landlord brochures have been distributed.
- 7,000 fact sheets have been disseminated to landlords who accept Section 8 vouchers.
- 5,000 fact sheets have been disseminated to tenants throughout the state.
- The web site, www.smokefreeforme.org with a free registry, was developed and expanded.
- A landlord video, which has been sent to over 150 organizations and individuals as well as streamed online to over 3,200 viewers, was produced.
- Two statewide conferences and six regional landlord trainings were organized and implemented.
- Thirteen of twenty-five public and tribal housing authorities in Maine implemented smoke-free or tobacco-free housing policies, with over 2,000 smoke-free units currently listed on the online registry.



THIRTEEN OF TWENTY-FIVE PUBLIC AND TRIBAL HOUSING AUTHORITIES IN MAINE IMPLEMENTED SMOKE-FREE OR TOBACCO-FREE HOUSING POLICIES, WITH OVER 2,000 SMOKE-FREE UNITS CURRENTLY LISTED ON THE ONLINE REGISTRY

GOAL #3

Motivate and Help Tobacco Users to Quit

Since the inception of The Maine Tobacco HelpLine in 2001, almost 42,000 tobacco-users have been counseled, making it one of the most utilized tobacco treatment phone services in the nation. On average, 85 percent of callers seek help for themselves, while the majority of the rest are seeking help for family members or friends.

The challenge:

- While Maine's adult smoking rates are down, 21 percent still smoke (one percent higher than the national average).
- Three out of every four adult smokers want to quit (59 percent quit for at least one day in the past year).
- Four out of every ten youth smokers want to quit (45 percent tried to quit in the past year).

1-800-207-1230

THE MAINE TOBACCO HELPLINE

Results

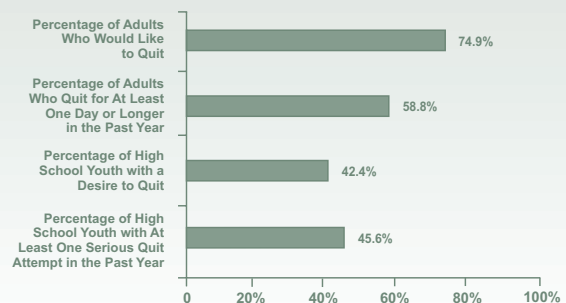
The Maine Tobacco HelpLine is still a great call to make.

The Maine Tobacco HelpLine offers free telephone counseling to anyone in Maine who wants to quit using tobacco. It's supported by PTM, through the Fund for a Healthy Maine, as well as by supplemental funds from the National CDC. Objectives are to respond to callers ready for active counseling and to help providers connect chronically ill patients with tobacco treatment counseling and other self-management support resources.

- From August 2001 to June 2007, 41,731 tobacco users have received help from The Maine Tobacco HelpLine.
- The HelpLine is providing services to Mainers who have the highest smoking rates.
- Of all callers, 60 percent have a high school education or less.
- Over half of callers have no insurance or are MaineCare or Medicare recipients.

Helping tobacco users quit reduces their lifelong risks for various chronic diseases while also reducing the cost burden to Maine's citizens.

Percentage of Current Adult and Youth Smokers, Grades 9–12, Who Want to Quit or Who Have Quit for At Least One Day in the Past Year



Source: 2004 Maine Adult Tobacco Survey;
2006 MYDAUS/Maine Youth Tobacco Survey

Medication Program

Nicotine replacement therapy (NRT) medications, such as the nicotine patch, lozenge or gum, are available through the HelpLine and select community health centers and tobacco treatment specialists. The PTM Medication Voucher Program makes these medications available to tobacco users who don't have prescription drug insurance or whose coverage doesn't include NRTs.

- For HelpLine callers, more than 35 percent who receive HelpLine support report not smoking six months after receiving HelpLine counseling plus free nicotine replacement therapy. Of those receiving only counseling, 22 percent report not smoking six months later. The combination of counseling and NRT increases quit rates.

Leaders in Training

Through a contract with the Center for Tobacco Independence (CTI), trainings are being conducted to teach best practices to healthcare professionals in the delivery of brief interventions and treatments for tobacco dependence. Participants learn how to assess a tobacco user's readiness to change, deliver stage-appropriate interventions and support, and assist in creating a plan to quit.

Almost 400 Maine health, school and social service professionals have participated in either one- or two-day treatment educational conferences in 2007. The one-day seminars are called Basic

Skills Training and teach the attendees to incorporate tobacco treatment messages into their practices. Participants all learn how to conduct brief tobacco treatment in any setting. The training is a prerequisite to the more intensive two-day program, which is designed to

AS A RESULT OF THE CUMULATIVE TRAINING EFFORTS, 75 PERCENT OF SMOKERS HAVE REPORTED IN A RECENT SURVEY BEING ADVISED TO QUIT BY A PHYSICIAN IN THE PAST TWELVE MONTHS.

prepare attendees to become skilled in providing more intensive tobacco interventions. Attendance of the Basic Skills and Intensive trainings also prepares those interested to become Maine-certified tobacco treatment specialists (TTS-C).

Since 2001, PTM, through its contractor CTI, has provided over 753 physician offices and clinics with tailored on-site training around tobacco treatment and the resources available for tobacco users in Maine. Through the trainings, the professionals learn how to systematically address tobacco use among their patients in a way that fits precisely with the nature of their practices. Just as importantly, the Basic Skills, the Intensive and the Clinical Outreach trainings help to instill the motivation and the confidence for health providers in Maine to effectively address their patients' tobacco use at every visit.

- A Basic Skills Training seminar—one of nine conducted around the state in 2007—was held at Riverview Psychiatric Hospital in February 2007 to help the staff, as well as residents, prepare for the facility going smoke free in April. At the request of Downeast Community Hospital, a Basic Skills Training seminar was held in Machias in September 2007 to



assist with development of the hospital's tobacco-free-campus initiative.

- The PTM-supported Central Maine Behavioral Health Tobacco Treatment Collaborative staged a Tobacco Treatment Summit in June 2007 to begin statewide dialogue and to begin planning for addressing tobacco use among people with mental illness. This collaborative will work with PTM in its strategic planning for the next five years. Over the course of this past year, the collaborative has worked with PTM and CTI to conduct two Basic Skills Training seminars, which were specifically designed to address the special needs of tobacco users with co-occurring psychiatric and/or chemical dependence conditions. Over sixty mental health and substance abuse counseling specialists attended these trainings.

- The successful Quit for Your Kids campaign was renewed, featuring more Maine children who lost their parents to tobacco-related diseases. Messages promoting the HelpLine continued, with viewers encouraged to visit the accompanying web site. Supporting materials and resources were provided to schools, healthcare providers, community members, as well as local HMPs to help them promote anti-tobacco messages.



Help for Youth Trying to Quit

Efforts continue to make youth aware of tobacco treatment services. The HelpLine offers a unique protocol for dealing with teen callers, who often hesitate to use the service because they don't want their parents to pick up the phone when a HelpLine counselor calls back. In addition to the HelpLine, PTM supports the American Lung Association and the Not On Tobacco (NOT) youth cessation program in schools and youth centers. PTM is also piloting a new online version of the NOT program in conjunction with the University of West Virginia. The pilot is expected to be ready in 2009.

Too many young adults continue to smoke.

The rate of Maine adults aged 18–24 who continue to smoke is steady at 27 percent—almost one in three. Many are using chew tobacco. Focus group tests in Portland reveal that peer-pressure-laden college environments encourage students to experiment in order to distinguish themselves among their peers. Young people are not aware that most people who “experiment” with smoking become addicted. The belief that this experiment with smoking can cease at any time they wish is truly dangerous and, unfortunately, widely held.

Next Steps

In 2008, a PTM pilot project is being launched to provide the Basic Skills Training to over 200 student nurses across the four nursing programs of the University of Maine: UMFK, UMO, UMA, and USM. To accommodate student schedules, the training is being adapted to an online and videotape format. If successful, the pilot project could provide the foundation for bringing the training to other professional schools, such as social workers, respiratory therapists, pharmacists, and others.



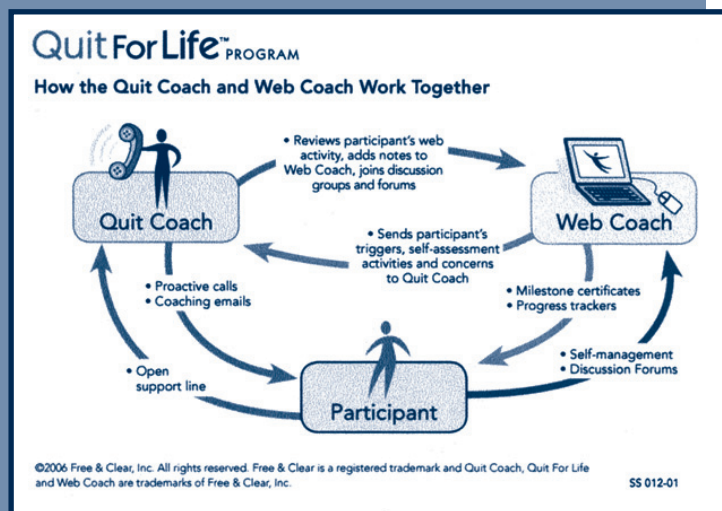
NEW WEB COACH™ SERVICE OFFERS ANOTHER QUITTING OPTION FOR THE HIGH-TECH GENERATION

Quitting smoking just got a little easier. Last November, the Partnership For A Tobacco-Free Maine launched Web Coach™, the Free & Clear interactive web site designed to complement the phone-based counseling offered by The Maine Tobacco HelpLine.

Web Coach offers a suite of interactive features, evidence-based content, and social forums to support smokers throughout the entire quitting process. Users can design personalized quit plans and track their progress, as well as receive motivational and educational e-mails. Answers to a self-assessment exercise are shared in real time with a Quit Coach, who uses the information to prepare for a phone-based counseling session.

In the Web Coach discussion forums, participants can interact among themselves and with Quit Coaches to learn and share behavioral tips for successful quitting.

As one satisfied participant noted, "It's nice to have a Quit Coach and to be able to chat online with the others who are also quitting."



In fall of 2008, PTM is launching a new pilot program to reach tobacco users who normally wouldn't call the HelpLine. Smokers with multiple medical conditions, behavioral health concerns and certain socioeconomic factors often have a more severe struggle to break free of tobacco addiction and are less likely to call the HelpLine for assistance in quitting.

Unfortunately, 96 percent of smokers don't receive tobacco treatment services. The new program, which includes a Portland-based clinic and rural health center counseling, will complement existing HelpLine services to create a broad, coordinated tobacco treatment program for Maine residents. A more intensive combination of counseling and treatment, including physician-supervised medication, will be offered.

The pilot program will be implemented across the state with locations in each of the eight Healthy Maine Partnership (HMP) districts. The Center for Tobacco Independence (CTI) will work closely with federally qualified health centers in each district to train staff, develop capacity, and provide

ongoing technical assistance for the program. A tobacco treatment specialist will oversee the program in each location and will work under the medical direction of a nurse practitioner or physician. Given the intensely powerful nature of a tobacco addiction, especially for people dealing with the stress of a medical or behavioral health concern, the face-to-face counseling will offer an alternative to the phone support and provide four initial intensive one-hour sessions.

Another benefit of the new program is that it will allow for a more sophisticated screening of the individual. Counselors will conduct a more comprehensive and in-depth medical and psycho-social assessment than what is possible over the phone. Following the pilot program, a full evaluation will be performed to determine the effectiveness of face-to-face counseling and treatment in Maine.

With the combination of the HelpLine, new initiatives coming in 2008, and the professional trainings, all Mainers will be just a phone call or a health visit away from access to best-practice tobacco treatment.

Visions of a Tobacco-Free Life

My Life-Changing Experience

My name is Donald Volz. I am an up-and-coming author. I have five books that I am working on at the same time. While I was writing on my computer in August of 2006, I realized that I had no problem breathing as long as I sat there and wrote. I was sitting still and not exerting myself. When I had to climb the stairs outside of my apartment or I had to walk very far, smoking was a real problem.

I was smoking a pack a day and sometimes more if I was bored. I had no idea how to quit smoking. I thought about the patch but decided against it. It just wasn't me. I knew that no one could hypnotize me, and I didn't think acupuncture would work for me.

One day after work I needed to look up something in the phone book, so I went to the living room to get it. That's when I saw it. There was a full-page ad on

The person that I talked to was very open and a good listener. She let me ramble on about my life and about my addiction. She helped me by asking me several questions that made me think on my own. She never made me feel bad or guilty. She only showed true concern for my health. She let me know what she was here for and I could call her at any time. Two days later she called



"I HOPE THAT THIS HELPS YOU TO SEE THAT YOU ARE NOT ALONE."

the back of my phone book for The Maine Tobacco HelpLine. Much to my surprise, it was here in the state of Maine where I lived and it was free. I knew this was the answer to my addiction. Two more days passed by and I finally called. The voice on the other end of the line was very nice. I could tell the person whom I was talking with really wanted to help me.

During the call I was waiting for the "catch," but it never came. Surely they were going to attempt to sell me something, but that never happened. This amazing group of people only wanted to help me quit smoking.

me again, and our conversation was just as nice as the first one. She sent me a package of information with some helpful items that helped me a lot.

I was able to back off on the amount of cigarettes I smoked per day with her help. I was so excited about the help that I was receiving that I sped up the process. I cut back more and more each day on my own. I exceeded the goals that we had set for me. I was happy to have someone in my corner fighting with me. Within two weeks I was smoke free.

I know you're saying that maybe I was a new smoker or maybe I wasn't that addicted, but let me tell you something. I had been smoking for 25 years and was very addicted. I would smoke every chance I could. I would light up every time I got on the phone, every time I got in the car, every time someone I knew wanted to stop and talk, and at every smoke break I could get at work—well you get the picture. The fact of being fed up with not being able to breathe



Visions of a Tobacco-Free Life

properly, and thinking about how I was cutting my life short, did it for me. Just having someone that is there for you, giving you ideas and tools to work with, is fantastic. I don't know about you, but I'm not used to someone being there for me without a catch. I was so happy to get the help that there was no way I was going to let these people down, nor was I going to let myself or my family down. I was finally on the road to success, and I was staying there.

I was called by the HelpLine several times during my attempts to quit. I was encouraged the whole time. There were no time limits on our conversation, and there was nothing that was ever negative.

When I finally gave cigarettes up, days turned into weeks and weeks turned into months. Two months after I quit, the center called me again. I was happy to hear from them. I was glad that they followed up to see how I was doing. They were just as happy for my success as I was. They told me to keep up the good work. I was in the shopping center when they called, and my wife asked me who was on the phone. After I told her she was just as impressed as I was that someone cared enough to call me that long after I quit.

Now it is October of 2007 and I remain smoke free. I have been able to lose 29 pounds since August of 2006 by walking, exercising and eating right. These are things I could never do before. Through the same methods I used, and the same support that the HelpLine gave me, my wife was able to quit smoking, as well, in December of 2006. She too remains smoke free.

Today, 14 months later, I got a phone call from the HelpLine. They wanted to know how I was doing and, hey, wanted me to tell my story. I hope that this helps you to see that you are not alone. There are many survivors out here thanks to The Maine Tobacco HelpLine. I wish you well, and above all, I wish you success with your efforts in giving up tobacco. Keep your chin up and never give up.

Why It's So Hard to Quit

- ▶ Certain areas of the brain, called nicotinic acetylcholine receptors (nAChRs), are very sensitive to nicotine, and when those areas are deprived of it, the cravings and withdrawal symptoms begin. New research even shows that nicotine actually creates additional receptors in the brains of tobacco users. Simply put, more receptors mean a higher intensity of addiction.
- ▶ In general, lower-income smokers are not only more likely to start smoking but are less likely to quit than higher-income smokers. Nationally, 32.9 percent of adults who are below the poverty level smoke, compared to 22.2 percent of adults who are at or above the poverty level. In Maine, Medicaid recipients are twice as likely to smoke as the general population.
- ▶ In a study done among teens, the addiction rate of smoking was higher than the addiction rates for marijuana, alcohol or cocaine. And signs of addiction can appear within days after occasional smoking begins.
- ▶ Trying to quit when living amid a culture where the social norm is to use tobacco makes both the desire to quit and the ability to quit much more difficult.
- ▶ Tobacco companies spend almost \$70 million in Maine intensely marketing to specific subpopulations, including lower-income residents, youth and young adults.
- ▶ It's even harder for people with a behavioral health or addiction disorder to quit. Those with a mental health concern smoke 44 percent of all cigarettes. In Maine, 2007 data indicates that 68 percent of those being served at Augusta's Riverview Psychiatric Center smoke.

GOAL #4

Address Populations Disproportionately Affected by Tobacco Use

We're building a strategic plan from the ground up:

In late 2007 PTM launched a comprehensive grassroots strategic planning process focused specifically on populations disproportionately affected by tobacco use and unfairly targeted by Big Tobacco. The planning process is unlike anything else that has been tried in tobacco prevention and control planning. It has brought together people working across the state to brainstorm, collaborate, debate and develop a strategic plan that is driven by the ideas and needs of the populations themselves.

The challenge:

We need to redouble our efforts to reach specific populations at risk, who are frequently targets of the millions spent by the tobacco industry.

Women

- Among pregnant women in Maine, 18 percent smoked during the last three months of pregnancy.
- Among pregnant women receiving MaineCare, 32.8 percent smoked during the last three months of pregnancy.

Mini-Grants Address Key Populations

Twelve HMPs throughout Maine have been awarded a nine-month mini-grant to work with a population disproportionately affected by tobacco. Two recipients are addressing smoking in pregnant women and new moms. Relapse is being addressed in both projects, because, nationally, 70 percent to 90 percent of pregnant moms who quit during pregnancy resume smoking within one year postpartum. Another program is partnering with nine Head Start programs to reach close to 400 families with brief tobacco interventions. All of the grants include both urban and rural HMPs within Maine, each with different approaches, barriers and challenges. Grantees have chosen a variety of other populations to work with, including blue-collar construction industry employees, the low socio-economic population, youth, and individuals with behavioral health concerns.

LGBT

- When compared with state averages, a disproportionate number of men and women in the gay community smoke.

- Some are reluctant to visit their healthcare providers, and many don't have access to appropriate healthcare. Most are not easily reached through social marketing campaigns delivered via mainstream media.



Ethnic Minorities

- In the Portland area, studies reveal that Serbo-Croatian males and females believe (inaccurately) that more than 90 percent of their population segment smokes.
- Also in the Portland area, perceived rates of tobacco use are also very high among Somali, Sudanese, Vietnamese and Cambodian males. Though perceived rates are generally higher than the actual rate of smoking, this perception in itself contributes to a

climate which puts youth at risk to initiate smoking because doing so is viewed as normative.

Low Socio-economic Status (SES) Populations

According to the 2004 Maine Adult Tobacco Survey, 20.9 percent of adults smoke. However, those with less than a high school education smoke at the much higher rate of 35 percent. Smoking is much more likely in low-income households (30 percent of Maine adults earning less than \$25,000 smoke).

Smoking is clearly associated with social disadvantage as defined by educational attainment, income, and occupation.

Native Americans

PTM collaborates with the Maine Cardiovascular Health Program (MCVHP) to fund Native American tribes to develop and implement culturally sensitive tobacco interventions that focus on reducing use of commercial tobacco and exposure to secondhand smoke, as well as to implement other MCVHP initiatives. The tribes' goals include:

- Establishing smoke-free campuses, tribal buildings, and tribal vehicles
- Prohibiting smoking of commercial tobacco products at social functions to change the community norm around commercial tobacco use
- Providing tobacco medications and counseling at the health centers
- Promoting The Maine Tobacco HelpLine to tribal members
- Implementing school-based prevention programs
- Working with healthcare providers to actively identify the smokers among their patients who have been diagnosed with one or more chronic illnesses and assist them in quitting

Results

Priority Populations

Maine's most vulnerable populations include people with lower incomes and fewer years of education, in addition to people with behavioral health issues like substance abuse. In Maine, straight-to-work youth, ages 18–24, smoke at higher rates than that of the general

population. Populations, such as LGBT, Native Americans, and other sub-populations, are unfairly and aggressively targeted by the tobacco industry. Pregnant women of low SES are vulnerable to tobacco use during pregnancy and during the post-natal period, due in part to exposure to spouses, mates, family, and friends who continue to smoke.



Based on extensive research, we at PTM are developing culturally and demographically relevant resources for these populations. Working with our state and local partners, PTM is rising to the challenge these groups represent. Strategic planning for the next five years is underway, and work teams are focused on these groups.

Promoting Equal Access to Tobacco-Free Living

- Portland Public Health has received funding to develop culturally sensitive anti-tobacco programming for use with specific minority groups. Community members produced three videos under the direction of Portland's Minority Health Coordinator to deter Somali, Sudanese and Serbo-Croatian youth from using tobacco.
- Four Native American tribes have received funding from the PTM to implement culturally sensitive tobacco interventions.

- PTM has partnered with Maine Primary Care Association to implement the Medication Voucher Program in communities and rural health centers that reach underserved populations.
- The Hospital Data Project has been created in response to the need for accurate health data on race and ethnicity. The project provides training for the intake staff of all Maine hospitals.

Next Steps

Through ongoing training, capacity-building, and better data collection, we will continue to reduce tobacco-related disparities in Maine. PTM's plans include:

- Acting on the results of the grassroots strategic planning process and developing a five-year vision for addressing the needs of target populations
- Encouraging local coalitions to collaborate with social service providers who serve the populations PTM has identified as priorities

- Continuing to research national programs that may be relevant to Maine in PTM's efforts to reach populations at risk for tobacco use and tobacco-related disease
- Keeping watch on the tobacco industry to track its tactics and priorities
- Creating tools to help parents, coaches, and other role models communicate strong anti-tobacco messages to young people
- Developing a targeted social marketing campaign to encourage LGBT smokers to quit
- Enhancing the Community and Rural Health Centers' capacity to address tobacco use and provide free NRT to those who qualify

Together with state, private and nonprofit partners, PTM will continue to lead the nation in advanced tobacco control and prevention.

Program Budget (FY07)

Community/School Grants	\$6,559,000	Tobacco Treatment	\$1,900,000
School-Based Health Centers	\$377,000	Tobacco Treatment Medication	\$900,000
Statewide Coordination	\$1,324,000	Evaluation	\$440,000
Statewide Youth Development and Leadership Initiative	\$175,000	Surveillance, Evaluation, and Other Related Activities	\$820,710
Public Education and Media	\$2,478,000		



*Maine Center for Disease
Control and Prevention*

*An Office of the
Department of Health and Human Services*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Appropriation #014-10A-9922-022

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HMP is a collaborative effort of the Maine DHHS (Maine CDC and Office of Substance Abuse) and DOE, supported primarily by the Fund for Healthy Maine and federal grants from the US CDC, Substance Abuse and Mental Health Services Administration, and DOE.