

**Maine CDC's Tobacco Prevention and Control Efforts  
Tobacco and Substance Use Prevention and Control Program  
(prepared 3/2019)**

**Tobacco Program:** The Tobacco Prevention and Control (TP&C) Team is overseen by the Maine CDC's Tobacco and Substance Use Prevention and Control Program. Maine's TP&C initiatives adhere to the [Best Practices for Comprehensive Tobacco Control Programs evidence base](#), created by U.S. CDC National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health (OSH), 2014. The mission of TP&C's comprehensive tobacco control program is to reduce disease, disability, and death related to tobacco use. Program Manager contact: Emily Moores, [Emily.Moores@maine.gov](mailto:Emily.Moores@maine.gov).

**Goals for Comprehensive Tobacco Control Programs** (Pg. 9 of the aforementioned evidence base)

1. Prevent initiation among youth and young adults
2. Promote quitting among adults and youth
3. Eliminate exposure to secondhand smoke
4. Identify and eliminate tobacco-related disparities among population groups

**Overarching Components of Comprehensive Tobacco Control Programs** (Pg. 12 as indicated above)

TP&C's current initiatives are described by component area as follows:

- State and community interventions
- Mass-reach health communication interventions
- Cessation interventions
- Surveillance and evaluation
- Infrastructure, administration and management

**State and Community Interventions**

- Maine CDC contracts with MaineHealth Center for Tobacco Independence (Domain 2 of the Maine Prevention Services initiative) to:
  - implement evidenced-based strategies for US CDC goals 1, 2 and 3 (cited above.)
  - subcontract to 14 community organizations to optimize statewide reach, creating tobacco and smoke-free environments and helping Maine youth and young adults be tobacco-free.
  - educate and implement policies at various settings on smoke-free and/or tobacco-free policies. (behavioral health, higher education, including colleges, universities, and career and trade schools, hospitals, K-12 schools, lodging, multi-unit housing, municipalities, youth-serving entities, including childcare facilities)
    - Policy adoption and implementation is necessary where it influences social norm change and behavior indirectly by creating social and legal climates in which harmful products and conduct become less desirable, acceptable and attainable.
- TP&C provides education to the public about the burden of tobacco use and evidence-based strategies to reduce this burden. (reporting, presentations, infographics, workgroups)
- TP&C works to build state and community partnerships. (stakeholder meetings, establish workgroups to address community needs)
- TP&C educates audiences on Maine's tobacco laws (i.e. tobacco retailers on T21 law to decrease under age tobacco sales, smoke/tobacco-free workplaces and public places)

**Mass-reach Health Communication Interventions**

Hyperlinks to the campaigns are provided below (blue, underline).

- Youth Tobacco Prevention Statewide Campaign [You are the Target](#)



- Promotion of the Maine Tobacco Helpline – print resources, trainings, web and social posts
  - Print resources can be found at: <https://www.maine-preventionstore.com/collections/tobacco>
  - The Tobacco and Substance Use Prevention and Control Program has a web page where further information on Tobacco Prevention and Control can be found: <https://preventionforme.org/>
- The [Stolen Moments](#) campaign (digital only), which motivates tobacco users to quit.
- Second Hand Smoke campaign (digital only)

### **Cessation interventions**

- Maine CDC contracts with MaineHealth, Center for Tobacco Independence to fund the Maine Tobacco Helpline (MTHL), 1-800-207-1230. The contracted work includes the following:
  - Increase healthcare systems’ referral capacity to the MTHL by embedding the fax referral form into their electronic health record.
  - Integrate Quit Texting App Options.
  - Pilot a “Web-Only” platform to see if Maine people looking to quit would utilize the web-only option versus the call option.
  - Promote the new integration of Web-based information and enrollment via [thequitlink.com](http://thequitlink.com).
  - The help line provides free counseling to all callers and provides over-the-counter Nicotine Replacement Therapy (patch, gum, lozenge) for those who qualify.
- Increase access to Brief Intervention Trainings
  - Offer education and trainings for healthcare professionals (statewide) on how to discuss tobacco use, smoking and quitting with tobacco users.

### **Surveillance and evaluation**

- Develop and maintain a five-year surveillance plan that uses national and State surveys to continuously monitor population attitudes, behaviors, and health outcomes over time.
- Develop and maintain a five-year evaluation plan that systematically collects information about the activities, characteristics, and results of programs to assess a program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding.
- Developed and continue to implement a five-year communication plan.
- Developed and continue to implement a five-year strategic plan.
- Develop a Sustainability Plan with technical assistance from US CDC, OSH.

### **Infrastructure, administration and management**

- Develop and sustain collaboration with external partners through the Tobacco and Substance Use Prevention Control Program’s Advisory Board, ENDS Workgroups, Retailer Workgroup, Secondhand Smoke/Tobacco Laws Workgroup and many other collaborative relationships.
- Conduct monthly check-in and monthly report assessment to maintain vendor relationship and increase awareness of community level work.
- Maintain relationships to partners, coalitions and Maine CDC Programs (cancer control, cardiovascular disease, diabetes, asthma).
- Expand staff/partner capacity through training, including Prevention Providers Day, CTI trainings, etc.
- Maintain a full-time tobacco control program manager.
- Retain core staff.

