Maine’s current experience during the COVID-19 pandemic has magnified the public’s awareness and understanding of public health and the importance of being prepared and resilient – in our infrastructure, our workforce, and our efforts to mitigate risk factors for chronic illness.

Maine people and policymakers are also attuned to the opioid epidemic, which has been devastating Maine communities for too many years. This tragic situation has created the opportunity to talk about tobacco addiction in the context of the broader arc of addiction and the toll it is taking, in its many forms, on the health, hope, and productivity of Maine people.

**Addiction starts with tobacco.**
The evidence is clear that tobacco products, whether smoked, chewed, or vaped, are often the first addictive product youth are exposed to, and that nicotine exposure impacts the developing brain and creates susceptibility to other addictions later in life. Tobacco use can lead to a lifetime of addiction, and increased impulsivity and mood disorders. The tobacco industry:

- Targets youth and young adults, even calling them their “replacement smokers.”
- Sells more than 15,000 candy- and fruit-flavored products in colorful packaging that attract youth and mask the harsh taste of tobacco. Examples include: Yummy Gummy, Vanilla Birthday Cake, Pop Tart, and Cotton Candy.
- Spends approximately $45.8 million marketing to Maine youth, each year.

**Just the facts, please.**
Tobacco use changes a teen’s brain, which is still developing until about age 25. Each time a new memory is created, or a new skill is learned, stronger connections – or synapses – are built between brain cells. Young people’s brains build synapses faster than adult brains, and because addiction is a form of learning, adolescents can get addicted more easily than adults. Nicotine can also prime the adolescent brain for addiction to other drugs, such as cocaine, and harm the parts of the brain that control attention and learning.
The connection between opioids and tobacco. Studies suggest that tobacco use may be a predictor of risk for opioid misuse. In fact, one study found that more than half of individuals with substance use disorder smoked cigarettes.

- Research has found the smoking prevalence to be as high as 95 percent among people with an opioid use disorder (OUD) and 83 percent among patients with OUD being treated with methadone.

Indeed, according to the American Lung Association’s brief, *Tobacco and Opioids*, “With overlapping physiologic pathways, nicotine addiction and opioid addiction appear to be mutually reinforcing.”

A key to preventing addiction is preventing tobacco use among Maine kids. We must act aggressively on this relatively new understanding of tobacco’s role in addiction. Luckily, we already know what we need to do: prevent kids from ever starting. Maine can make real progress by:

1. Ending the sale of all flavored tobacco products;
2. Increasing the cigarette price by $2.00/pack; and
3. Protecting public health funding, including ensuring Maine’s tobacco prevention and control program is sustainably funded at the U.S. CDC recommended level.

Good health changes everything – healthy kids are ready to learn, workers are more productive, seniors 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. Strong public health policies make Maine a place where businesses want to be and where young people want to stay.

Join us and help ensure the next generation of Mainers grows up tobacco-free.

Curb Maine’s opioid epidemic and address other addictions.

Endnotes

5 Maine Department of Health and Human Services & Maine Department of Education. 2017. Maine Integrated Youth Health Survey.

Among U.S. adults 18-34 years of age who had ever used cocaine, 87.9% had smoked cigarettes before using cocaine; only 2.9% had never smoked cigarettes.