

Tobacco Strategic and Sustainability Plan 2026–2030

Report to

**Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
Tobacco and Substance Use Prevention and Control Program**

by

Public Consulting Group

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Tobacco Strategic and Sustainability Plan 2026–2030

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EXECUTIVE SUMMARY

STATE LANDSCAPE

Tobacco¹ use continues to impose a heavy toll on Maine’s health, economy and communities. It remains the leading cause of preventable disease and death, not only in Maine but across the nation.² Each year in Maine, an estimated 2,400 adults die from smoking-related illnesses, and about one in three cancer deaths (33.6%) is attributable to tobacco use.³ Tobacco use leads to chronic diseases, including cancer, diabetes, lung disease, and cardiovascular disease, which occur over time with use. **The annual economic burden is staggering: \$942 million health-care costs, \$1.5 billion in productivity losses, and \$281.2 million in Medicaid expenditures are tied to smoking**, resulting in an average statewide burden that translates to \$1,266 per household.⁷ At the same time, the tobacco industry spends an estimated \$48.4 million annually on marketing in Maine.

The Maine Center for Disease Control and Prevention (Maine CDC), within the Department of Health and Human Services, provides leadership, expertise, and support to advance the health of all Maine residents. The agency is committed to reducing disability, disease, and death by improving the environments in which people live, work, and play, and by promoting health across the lifespan through evidence-based tools and guidance. The Maine CDC Tobacco Prevention and Control Program (TPCP), a part of the Maine Tobacco and Substance Use Prevention and Control Program (TSUPC Program), has worked to prevent and reduce the burden of tobacco use and secondhand smoke exposure, with the goal of safeguarding the health and well-being of Maine communities

Maine TPCP established The Maine Comprehensive Strategic and Sustainability Plan (2026–2030) (referred to as The Plan) through a collaborative process with partners across the state. The process served to create a clear vision to guide and inform tobacco and nicotine prevention and treatment efforts throughout the next five years. Maine TPCP informs their work to the guidance outlined in the U.S. Centers for Disease Control and Prevention’s (US CDC) *Best Practices for Comprehensive Tobacco Control Programs* and the objectives identified by the Tobacco Prevention and Control Advisory Council (TPCAC).⁴

The Plan focuses on identifying key areas to advance tobacco and nicotine prevention and treatment in collaboration with communities and aligning with statewide partners. All Mainers have a part to play in advancing tobacco and nicotine use to support a healthy Maine. The TPCP leads efforts and maintains an array of prevention and treatment components to improve the health of Mainers.

- **State and Community Prevention Programming**
- **Tobacco and Nicotine Dependence Treatment**

¹ The use of the term “tobacco” throughout The Plan refers to commercial tobacco use. It does not refer to the use of sacred or traditional tobacco within the American Indian communities.

² US Centers for Disease Control and Prevention. (n.d.). *Leading causes of death* [FastStats]. National Center for Health Statistics. Retrieved September 17, 2025, from [Leading Causes of Death](#).

³ Campaign for Tobacco-Free Kids. (2024). *The Toll of Tobacco in Maine*. Retrieved from [The Toll of Tobacco in Maine](#).

⁴ US Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Programs*. Retrieved from [Best Practices for Comprehensive Tobacco Control Programs](#).

- **Mass-Reach Health Communications**
- **Retail Compliance, Training, and Internet Surveillance**
- **Data Surveillance and Evaluation**
- **Infrastructure, Administration and Management**

GOALS

The Plan brings together state priorities, U.S. CDC guidance, and the objectives of the TPCAC and other leading organizations. **Its purpose is to establish core goals for reducing commercial tobacco and nicotine use in Maine while empowering communities. The Plan includes aspirational goals, objectives and approaches to continue to build a healthy Maine.** Maine TPCP has identified the following five goals to reduce the impact tobacco and nicotine have within Maine and focus on collaboratively building a healthier state for Mainers (Figure 1).

Figure 1. Maine TPCP Plan Goals



STATE LANDSCAPE

Tobacco⁵ use continues to impose a heavy toll on Maine’s health, economy and communities. It remains the leading cause of preventable disease and death not only in Maine but across the nation.⁶ Each year in Maine, an estimated 2,400 adults die from smoking-related illnesses, and about one in three cancer deaths (33.6%) is attributable to tobacco use.⁷ Tobacco use leads to chronic diseases, including cancer, diabetes, lung disease, and cardiovascular disease, which occur over time with use. 14.0 percent of Maine adults (approximately 152,000 people) smoke cigarettes, while 5.6 percent of Maine high school students smoke cigarettes. Overall, 16.5 percent of Maine high school students use tobacco products (including electronic vapor products).^{8,9,10}

The annual economic burden is staggering: \$942 million in health-care costs, \$1.5 billion in productivity losses, and \$281.2 million in Medicaid expenditures are tied to smoking, resulting in an average statewide burden that translates to \$1,266 per household.⁷ At the same time, the tobacco industry spends an estimated \$48.4 million annually on marketing in Maine. It continually develops new tobacco and nicotine products, disproportionately marketed towards youth and communities within the state.⁷ In fiscal year 2022, the state collected an estimated \$196 million in tobacco settlement payments and taxes, of which \$15.9 million was allocated to prevention efforts, meeting the CDC’s recommended funding target.¹¹ Even with this strong investment, Maine continues to face \$942 million annually in smoking-related health care costs and \$1.5 billion in productivity losses. In 2025, the state legislature implemented a cigarette tax increase of \$1.50 per pack in state, the first increase in two decades.

Strong clean indoor air laws prohibit smoking in many workplaces, schools, childcare facilities, restaurants, and bars. Maine has taken steps to address flavored products, banning flavored cigars while allowing exemptions for menthol and certain premium cigars. Municipal leadership has also advanced protections, with cities such as Bangor, Bar Harbor, Portland, South Portland, and Brunswick enacting comprehensive flavor restrictions.¹² Importantly, Maine invests heavily in treatment, with the state quitline dedicating \$23.72 per smoker, one of the highest per-smoker investments in the nation, according to the State of Tobacco Control, 2023.¹³ These economic and policy measures underscore both the progress Maine has made and the ongoing opportunities to strengthen protections, reduce disparities, combat ongoing marketing, and sustain momentum in tobacco prevention and control.

⁵ The use of the term “tobacco” throughout The Plan refers to commercial tobacco use. It does not refer to the use of sacred or traditional tobacco within the American Indian communities.

⁶ US Centers for Disease Control and Prevention. (n.d.). *Leading causes of death* [FastStats]. National Center for Health Statistics. Retrieved September 17, 2025, from [Leading Causes of Death](#).

⁷ Campaign for Tobacco-Free Kids. (2024). *The Toll of Tobacco in Maine*. Retrieved from [The Toll of Tobacco in Maine](#).

⁸ American Lung Association. (2023). *State of tobacco control 2023*. Retrieved from [State of Tobacco Control](#).

⁹ US Centers for Disease Control and Prevention. (2023). Behavioral Risk Factor Surveillance System (BRFSS). Data retrieved from [BRFSS](#).

¹⁰ ME Department of Health and Human Services & ME Department of Education (2023). *Maine Integrated Youth Health Survey (MIYHS)*. Data retrieved from [MIYHS](#).

¹¹ Truth Initiative. (2023). *Tobacco use in Maine, 2023*. Retrieved from [Tobacco Use in Maine 2023](#).

¹² Truth Initiative. (2024, May 23). *Flavored tobacco restrictions*. Retrieved from [Flavored Tobacco Restrictions](#).

¹³ American Lung Association. (2023). *State of tobacco control 2023*. Retrieved from [State of Tobacco Control](#).

TOBACCO PREVENTION AND CONTROL

The Maine Center for Disease Control and Prevention (Maine CDC), within the Department of Health and Human Services, provides leadership, expertise, and support to advance the health of all Maine residents. The agency is committed to reducing disability, disease, and death by improving the environments in which people live, work, and play, and by promoting health across the lifespan through evidence-based tools and guidance. Since 1999, the Maine CDC Tobacco Prevention and Control Program (TPCP), now a part of the Maine Tobacco and Substance Use Prevention and Control Program (TSUPC Program) has worked to prevent and reduce the burden of tobacco use and secondhand smoke exposure, with the goal of safeguarding the health and well-being of Maine communities. In 2019, the Tobacco Prevention and Control Advisory Council (TPCAC) was reinstated, which was tasked by the legislature with advising the TPCP and improving coordination of efforts statewide. The TPCAC provides a public-facing report that outlines their workplan and objectives for the next year and recommendations.

Maine TPCP established The Maine Comprehensive Strategic and Sustainability Plan (2026–2030) (referred to as The Plan) through a collaborative process with partners across the state. The process served to create a clear vision to guide and inform tobacco and nicotine prevention and treatment efforts throughout the next five years. The TPCP aligns their work to the guidance outlined in the U.S. Centers for Disease Control and Prevention's (US CDC) *Best Practices for Comprehensive Tobacco Control Programs* and the objectives identified by the TPCAC.¹⁴

The Plan focuses on identifying key areas to advance tobacco and nicotine prevention and treatment in collaboration with communities and aligning with statewide partners. All Mainers have a part to play in advancing tobacco and nicotine use to support a healthy Maine. The TPCP leads efforts and maintains an array of prevention and treatment components to improve the health of Mainers.

- **State and Community Prevention Programming:** Implementing evidence-based programming, policy, systems, and environmental strategies implemented statewide and within communities through funded efforts.
- **Tobacco and Nicotine Dependence Treatment:** Providing statewide free commercial tobacco and nicotine dependence treatment for adults and youth through phone and digital quitline services, community supports, embedded treatment services, training and technical assistance, and treatment referral assistance.
- **Mass-Reach Health Communications:** Developing statewide and community tailored media campaigns and strategies to educate, create a tobacco- and nicotine-free culture, and connect individuals to treatment resources.
- **Retail Compliance and Training:** Offering retail worker education, training, and technical assistance on tobacco and nicotine sale laws and completing retailer compliance inspections.

¹⁴ US Centers for Disease Control and Prevention. (2014). *Best Practices for Comprehensive Tobacco Control Programs*. Retrieved from [Best Practices for Comprehensive Tobacco Control Programs](#).

- **Surveillance and Evaluation:** Conducting continuous and standardized surveillance on key tobacco and nicotine related data indicators and engaging in evaluation to optimize programming and outcomes.
- **Infrastructure, Administration and Management:** Establishing statewide support including management, administration, and funding for tobacco and nicotine prevention and treatment.

To reach program goals, Maine TPCP is staffed with experts in program management, administration, data analysis, and program implementation. Maine TPCP partners with providers across the state through collaborative communication, shared resources, funding, surveillance and evaluation. Strategically contracted partners provide treatment services, sales compliance investigations, mass-reach health communications, community programming, and evaluation supports.

PLAN PURPOSE AND STRUCTURE

The Plan outlines the core goals the Maine TPCP will focus on over the next five years to advance tobacco and nicotine prevention and control. Each goal is structured to include a set of measurable objectives Maine TPCP will use to track and identify progress on the goal, and a series of approaches that Maine TPCP will use to advance the objectives.

Objectives for each goal were developed by identifying key state and national indicators, reviewing state-level available data sources, and understanding trends in tobacco and nicotine indicators. Analysts gave preference to data sources with strong data reliability, validity and longevity to enhance accuracy, dependability and to reduce the burden of additional data collection. For each objective, analysts identified the most recent available data to establish the baseline measure. Analysts identified plan indicators with consideration for the availability of data on a county level, availability of baseline data, inclusion in future datasets, statistical reliability over time, validity, and utility. For each indicator, evaluators established baseline measures, set target measures for 2030, and contextualized Maine's tobacco prevention and treatment performance within the broader national landscape. Target measures were set based on data trends and percentage change over the last five years. In some instances, targets may fall within current confidence intervals of the baseline measures indicating a target that is not statistically significant, but one that is still ambitious and feasible given the landscape and recent data trends. *Appendix A. Plan Indicators* provides additional metrics for each goal with outlined targets that can be used to further evaluate progress on each goal and guide continuous quality improvement throughout the duration of The Plan.

Maine TPCP will utilize four primary types of approaches for meeting each goal: 1) community engagement and partnership, 2) policy and systems change, 3) education and public awareness, and 4) surveillance and evaluation. These approaches are specific to each goal and include how the state aims to advance towards the objectives. Together the approaches build on policies, systems, culture, norms, access, and environments. Approaches are kept broad to allow for adaptations and adjustments as the landscape changes throughout the five years. Maine TPCP and partners may also adjust approaches across different implementation settings to increase effectiveness. The Plan includes cross-cutting themes that apply to the Maine TPCP overall, which are described in the *Infrastructure and Sustainability* section of The Plan. These themes apply to all the outlined goals and are necessary to advance the work on the goals.

METHODOLOGY

Maine TPCP engaged in the five-year strategic planning process between April 2025 and September 2025 with Public Consulting Group (PCG). Throughout the planning process, the focus was on aligning the U.S. CDC’s best practices with state goals and programming while incorporating the distinct needs of communities across Maine. Stakeholders representing a broad range of partners and organizations across Maine were invited to participate in the strategic planning process. PCG used multiple data sources (including both qualitative and quantitative data) to inform the planning process with Maine TPCP, triangulating results to strengthen the basis for The Plan and identified objective and approaches.

DATA SOURCES

The following data sources were used in the development of The Plan:

Literature Review

To inform The Plan, PCG conducted a targeted literature review of 60 evidence-based practices (EBPs) across five domains: Tailored EBPs (n=35), Community-led approaches (n=10), Thirdhand smoke interventions (n=5), Household approaches (n=4), and Motivational Interviewing/alternate therapies (n=6). The scan included large, validated programs, successful community-tailored initiatives, and policy/practice models. In addition to program models, analysts reviewed case studies and state plans from similar states, including those with similar rurality and tobacco use challenges (e.g., Vermont, New Hampshire, Massachusetts) as well as strong state programs to identify comparable approaches and determine how to build on programmatic successes. Analysts captured strategy, intended reach, outcomes, and notes on funding and sustainability approaches across programming and plans.

Stakeholder Survey

Organizations working in the tobacco prevention and treatment space—including schools, health care facilities, behavioral health facilities, advocacy groups, and state programs—were invited to complete a brief online survey. This survey focused on the goals of The Plan, programming approaches, tailoring programming for communities, state strengths, and areas of opportunity. Overall, 42 organizations provided detailed responses to the survey representing all counties within Maine. Respondents represented schools including higher education (35%), government agencies (16%), health care organizations (11%), community-based organizations (27%), and other organizations including faith-based and for-profit organizations (11%).

Key Informant Interviews and Focus Groups

PCG conducted a series of virtual stakeholder interviews and focus groups to learn about the state’s tobacco use and prevention/treatment needs, priorities, and prevention/treatment strengths to inform the strategic plan approaches. Interviews and focus groups were one hour in length and were hosted through Microsoft Teams. [Appendix B. Interview and Focus Group Participation](#) provides a breakdown of stakeholders who participated in interviews and focus groups.

PCG used Dedoose, a powerful qualitative data software platform, to produce insights through coding, a method of organizing data into meaningful categories for analysis. Dedoose increases the efficiency and accuracy of data analysis and reduces innate biases. Analysts used both manual and auto coding to ensure the highest quality analysis and outputs and produce a robust, meaningful representation of the data findings.

Surveillance and Programmatic Data Analysis

Analysts use quantitative surveillance and programmatic data to develop indicators to quantifiably track progress towards each goal and establish objectives included in this plan, as seen in *Appendix A. Plan Indicators*. These indicators were identified through a thorough analysis of data sets, including the Behavioral Risk Factor Surveillance System (BRFSS), Maine Integrated Youth Health Survey (MIYHS), Maine Data, Research, and Vital Statistics (DRVS), the North American Quitline Consortium Survey (NAQC) survey, Center for Tobacco Independence (CTI) programmatic data, and tobacco tax revenue reporting.

- **BRFSS** – Maine's largest and longest-running annual population health survey, administered by the Maine's CDC, which collects data on health behaviors, conditions and use of preventative services.
- **MIYHS** – A biennial survey of fifth through 12th grade students from a sample of schools in Maine that tracks tobacco and vaping use, substance use, mental health, and protective factors. It is the primary source for youth tobacco and nicotine use data.
- **DRVS Data Reporting** – Official data on vital records (birth, death, marriage, fetal death, etc.) are continually maintained. It is often used in tobacco control and chronic disease planning to track tobacco and nicotine use during pregnancy, mortality trends, disease burden, and population-level indicators.
- **CTI Quarterly Reports** – Regular program data on the use of the Maine quitline (QuitLink) operated through MaineHealth. CTI leads statewide efforts to reduce tobacco use and exposure by providing prevention, provider education, and treatment support. CTI hosts the adult and youth quitline, a phone and digital based platform for tobacco and nicotine dependence treatment through evidence-based approaches. CTI is also accredited as a Tobacco Treatment Specialist Certification Program.
- **NAQC Annual Survey** – Comparative data on quitline performance, including reach, utilization, caller demographics, and treatment outcomes, maintained by NAQC, which allows Maine to benchmark its quitline services. Annually, Maine submits programmatic data on the use of the quitline in addition to completing seven-month follow-up surveys with quitline participants to understand quit rates across the state among those that use the service.
- **Commercial Tobacco Tax Revenue Data** – Data generated from state excise taxes on cigarettes, smokeless tobacco, electronic nicotine devices, and other nicotine products. In Maine, this information is used to track consumption trends, assess the impact of tax policy, and for prevention and treatment efforts.

LIMITATIONS

The Plan incorporates surveillance and program data to identify and monitor progress on objectives. Surveillance data sources typically have delays in availability due to data cleaning and reporting requirements. These delays may limit the availability of local, state, and national data sources in a timely manner, resulting in baseline measures from up to four years prior to the start of the plan.

In addition, the national and state policy and funding landscape is variable over the course of five years. The Plan is a living document that may need to be updated as national, state and community funding, policy, capacity and focuses shift throughout the next five years. Ensuring that The Plan remains applicable to the landscape to guide the work of Maine TPCP is a priority.

GOALS

The Plan brings together state priorities, U.S. CDC guidance, and the objectives of the TPCAC and other leading organizations. Its purpose is to establish core goals for reducing commercial tobacco and nicotine use in Maine while empowering communities. The Plan includes aspirational goals, objectives, and approaches to continue to build a healthy Maine. Maine TPCP has identified the following five goals to reduce the impact tobacco and nicotine have within Maine and focus on collaboratively building a healthier state for Mainers (Figure 2):

Figure 2. Plan Goals



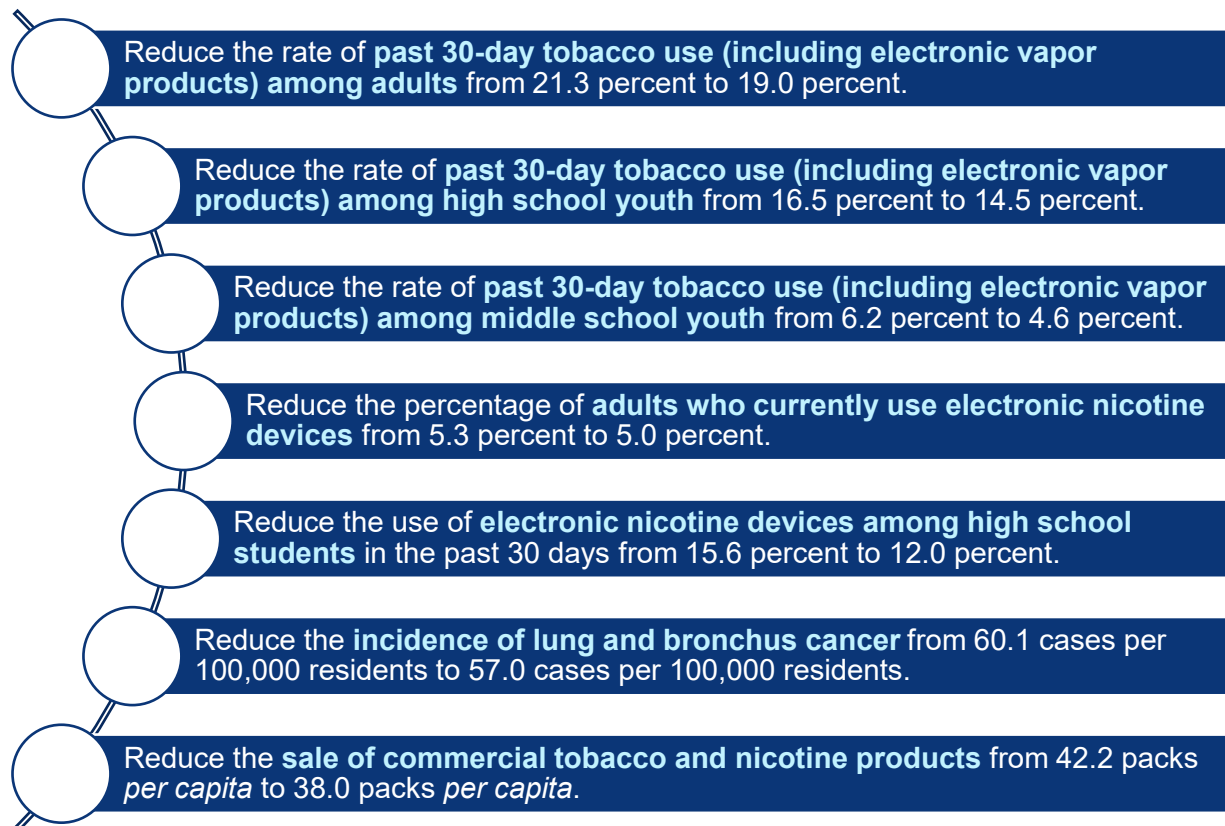
GOAL 1: DECREASE TOBACCO AND NICOTINE USE

As of 2023, 21.3 percent of adult Mainers currently use tobacco products, and 14.0 percent smoke cigarettes.¹⁵ While these numbers have been steadily decreasing in past years, Maine’s tobacco product use rates remain higher than the national average of 19.8 percent.¹⁶ Through prevention and treatment efforts, Maine can reduce tobacco and nicotine dependence, tobacco-related disease, and public health burden.

Maine TPCP is focused on reducing tobacco and nicotine use statewide by strengthening prevention, promoting treatment, and limiting industry influence. Through community engagement, policy change, and public education, Maine TPCP and partners will continue to work to decrease adult and youth use rates, address emerging nicotine products, and reduce tobacco-related disease and economic burden.

Objectives

The overarching goal of Maine TPCP is to reduce the use of tobacco and nicotine across the state and reduce the disproportionate burden of tobacco use among communities in Maine. To monitor progress towards reaching this goal, Maine will use the following measurable objectives:



¹⁵ US Centers for Disease Control and Prevention. (2023). Behavioral Risk Factor Surveillance System (BRFSS). Data retrieved from [BRFSS](#).

¹⁶ US Centers for Disease Control and Prevention. (2024). Current Cigarette Smoking Among Adults in the United States. Retrieved from [Smoking and Tobacco Use](#).

Approach

Maine TPCP will employ the following approaches to work towards these objectives:

Community Engagement and Partnerships

- Develop a statewide culture of being tobacco- and nicotine-free through the promotion of tobacco- and nicotine-free environments, policies, prevention and community norms.
- Collaborate with trusted community organizations to further engage communities disproportionately impacted by tobacco and nicotine use.

Policy and Systems Change

- Collaborate with statewide organizations including MaineCare to reduce the impact of tobacco and nicotine related diseases.
- Strategize with Maine Maternal and Child Health on how to effectively engage new and future parents with tobacco prevention and treatment resources.
- Inform the legislature about the impact of policy on tobacco use and treatment not only statewide, but within sub-state communities.

Education and Public Awareness

- Reduce the impact of tobacco and nicotine use on the health of Mainers through early identification and treatment of tobacco- and nicotine-related diseases.
- Counter the evolving sales and promotional approaches of tobacco and nicotine companies.
- Implement and coordinate statewide mass-reach health communications educating the public about the risks of tobacco and nicotine use and promoting a tobacco- and nicotine-free state.
- Normalize quitting tobacco and nicotine use and promote the use of treatment.

Surveillance and Evaluation

- Monitor for emerging tobacco and nicotine products and shifts in the sales market.
- Revise the statewide surveillance plan to align with key tobacco and nicotine indicators.
- Maintain data sharing and analysis relationships to access and understand state and community tobacco surveillance data.
- Use statewide surveillance surveys to regularly identify community-level tobacco and nicotine use trends.
- Regularly evaluate programs focused on reducing statewide and community-level tobacco and nicotine use.

GOAL 2: PREVENT TOBACCO AND NICOTINE INITIATION AMONG YOUTH AND YOUNG ADULTS

Smoking habits are most likely to be formed in adolescence with nearly nine out of ten adults who currently smoke cigarettes reporting that they tried their first cigarette before age 18.¹⁷ In Maine, 16.5 percent of high school students report any tobacco use (including electronic vapor products) in the past 30 days, which suggests a strong need for not only primary prevention among youth and young adults, but also access to appropriate evidence-based treatment.¹⁸ Both public health media campaigns and policies restricting youth access to tobacco products have proven to be effective at preventing tobacco and nicotine initiation.^{19,20} By implementing strategies such as these, Maine can reduce the proportion of high schoolers who believe there is little risk to no risk of smoking one or more packs of cigarettes per day (11.4%), the proportion of high schools who believe there is little to no risk using electronic vapor products daily (24.1%), the proportion of high schoolers who say that it would be easy to obtain cigarettes (48.5%), and the proportion of high school who say that it would be easy to obtain electronic vapor products (60.5%).²¹

Nicotine addiction is stronger among youth due to their developing brains. Additionally, if we can delay the onset beyond young adulthood, individuals are not likely to use tobacco at all. Maine will strengthen school- and community-based prevention, expand youth engagement, and enforce retail compliance to lower initiation rates and reduce the appeal of emerging nicotine products.

¹⁷ US Centers for Disease Control and Prevention. (2024). Youth and Tobacco Use. Retrieved from [Youth and Tobacco Use](#).

¹⁸ Maine Department of Health and Human Services & Maine Department of Education. (2023). Maine Integrated Youth Health Survey (MIYHS). Data retrieved from [2023 MIYHS High School Detailed Report](#).

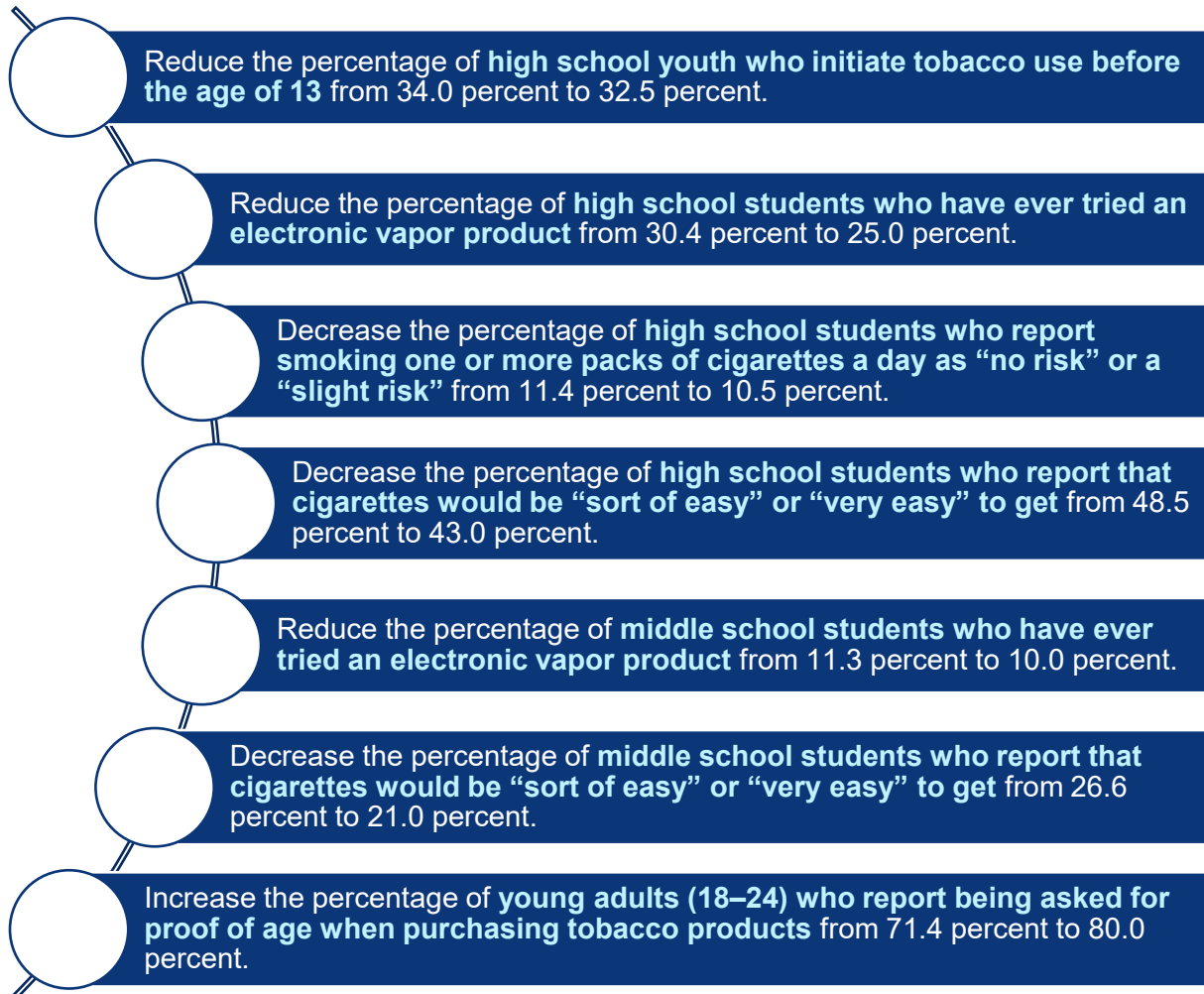
¹⁹ Hair, E.C., Kreslake, J.M., Tulsiani, S., McKay, T., & Vallone, D. (2025). Reducing e-cigarette use among youth and young adults: evidence of the truth campaign's impact. *Tobacco Control*, 34(1), 59–64. Retrieved from [Tobacco Control](#).

²⁰ Jenssen, B.P., Walley, S.C., Boykan, R., Caldwell, A.L., Camenga, D. (2023). Protecting children and adolescents from tobacco and nicotine. *American Academy of Pediatrics*, 151(5). Retrieved from [American Academy of Pediatrics](#).

²¹ Maine Department of Health and Human Services & Maine Department of Education. (2023). Maine Integrated Youth Health Survey (MIYHS). Data retrieved from [2023 MIYHS High School Detailed Report](#).

Objectives

Maine TPCP is focused on reducing the initiation of tobacco and nicotine use among all Mainers, but particularly those 25 years old and younger. To monitor progress towards reaching this goal, Maine will use the following measurable objectives:



Approach

Maine TPCP will employ the following approaches to work towards these objectives:

Community Engagement and Partnerships

- Support schools in providing tobacco and nicotine prevention education to youth, including elementary, middle, and high schools.
- Educate youth and young adults about the health impact of dual use of tobacco and nicotine products, such as electronic nicotine devices and cigarettes.
- Connect youth who use tobacco and nicotine products with evidence informed treatment services.
- Involve youth and young adults in the planning, implementation, communications and evaluation of programs and communications focused on reaching their communities.

- Provide the prevention workforce with basic and advanced training around engaging and reaching youth to strengthen their skills and expand their impact.
- Build capacity among local community stakeholders to implement evidence-based tobacco prevention programming and approaches.

Policy and Systems Change

- Educate tobacco retailers on tobacco sales laws to restrict youth access to tobacco and nicotine products through a statewide Maine Tobacco Retailer Training curriculum.
- Collaborate with the Department of Education to provide clear guidance around tobacco and nicotine prevention through evidence-based programming.
- Support legislation at the state and local levels to reduce the appeal of tobacco and nicotine products (e.g. flavor bans, comprehensive nicotine-free policies in public settings, and increased taxes).

Education and Public Awareness

- Reach youth and young adults through innovative mass-reach health communications approaches including using the platforms most used by youth such as social media.
- Counter the media efforts of tobacco and nicotine marketing by reaching youth and young adults through innovative communication approaches and authentic tobacco and nicotine prevention and treatment stories.
- Normalize quitting tobacco and nicotine use by promoting healthy lifestyles through the use of sponsorships in culturally relevant spaces.

Surveillance and Evaluation

- Monitor tobacco products used by youth to identify and reduce access and educate around risks.
- Reduce access to tobacco products through consistent internet surveillance and enforcement of online tobacco and nicotine sales laws.
- Enforce sales law compliance among physical tobacco and nicotine retailers.
- Evaluate youth and young adult tobacco and nicotine prevention and treatment programs with a focus on communities disproportionately exposed to tobacco marketing and higher rates of community use.
- Evaluate physical and online retailer compliance to increase adherence to policy.

GOAL 3: ELIMINATE SECONDHAND SMOKE EXPOSURE

Secondhand smoke (SHS) exposure remains a significant public health concern, even as smoking prevalence declines. The U.S. Surgeon General has concluded that there is no safe level of exposure, and SHS is known to cause heart disease, lung cancer, asthma attacks, and sudden infant death syndrome (SIDS) in infants.²² Each year, SHS exposure accounts for an estimated 41,000 deaths in the U.S.²³ Thirdhand smoke refers to the smoke including nicotine and other cancer-causing chemicals that accumulate on surfaces over time, particularly soft surfaces like carpet, clothes, car upholstery, and furniture. Individuals who encounter these items with smoke build up become exposed to the thirdhand smoke. Babies and children are exposed to thirdhand smoke at higher rates due to crawling and behaviors like putting their hands in their mouths. To remove exposure to thirdhand smoke, smoking should not occur in indoor areas, even if other individuals are not present or if there is additional airflow. While research into the risks of thirdhand smoke are still emerging, it is important to recognize the exposure, particularly among children.

Maine has among the strongest clean indoor air laws in the nation, prohibiting smoking in workplaces, schools, restaurants, bars, and childcare facilities.⁸ However, studies also show that low-income households, renters, children, and hospitality workers are disproportionately exposed to SHS.²⁴ At the community level, Maine municipalities have made progress by enacting smoke-free policies for outdoor spaces, public events, and housing. These efforts demonstrate momentum, but eliminating SHS exposure will require addressing the remaining policy gaps and extending protections to vulnerable populations.

Maine TPCP is focused on protecting all Mainers from the harms of SHS and thirdhand smoke by strengthening protections in homes, workplaces, and public spaces. Maine will expand clean air policies, build community capacity to support smoke-free environments, and raise awareness about the health risks of SHS and thirdhand smoke, with a focus on reducing exposures among children, families, and workers.

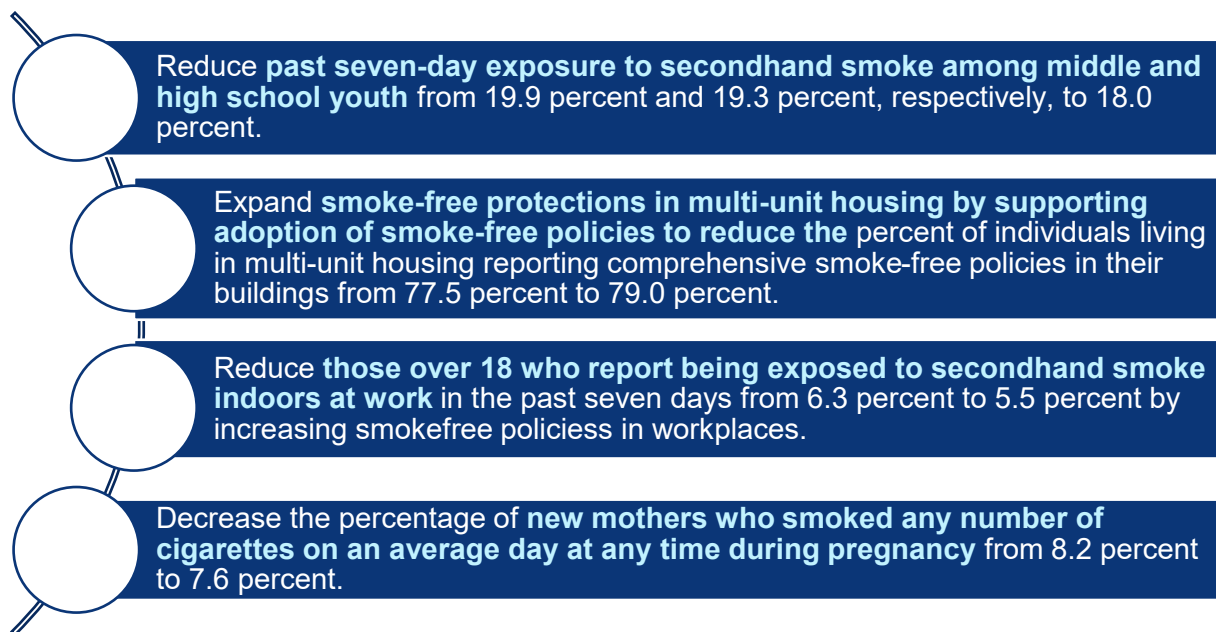
²² US Centers for Disease Control and Prevention. (2023, February 10). *About secondhand smoke*. Retrieved from [About Secondhand Smoke](#).

²³ US Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2020, April 28). *Tobacco-related mortality*. Retrieved from [Tobacco-Related Mortality](#).

²⁴ US Centers for Disease Control and Prevention. (2023, February 10). *About secondhand smoke*. Retrieved from [About Secondhand Smoke](#).

Objectives

Maine TPCP aims to educate individuals about the harms of SHS and remove SHS exposures. To monitor progress towards reaching this goal, Maine will use the following measurable objectives:



Approach

Maine TPCP will employ the following approaches to work towards these objectives:

Community Engagement and Partnerships

- Build relationships with industries to develop smoke-free workplace policies and enforcement approaches.
- Collaborate with health care and human service programs—e.g. home visiting, Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF)—to implement universal screening for SHS exposure and connect individuals with education and treatment resources.
- Identify community champions of smoke-free policy and empower them to build capacity for developing local and organizational smoke-free policies.

Policy and Systems Change

- Support the development of smoke-free policies for public spaces (e.g. health care facilities, behavioral health facilities, childcare centers, multi-unit housing, schools, recovery organizations, institutions of higher learning).

Education and Public Awareness

- Educate childcare providers, schools, youth and families about the impact of SHS and thirdhand smoke through a trained public health workforce.

- Create mass-reach health communications focused on increasing knowledge of the impacts of SHS and thirdhand smoke, including how to mitigate the risks and offer connection to free evidence-based treatment resources.
- Provide training and education on SHS and thirdhand smoke to organizations working directly with pregnant and post-partum individuals.

Surveillance and Evaluation

- Monitor the implementation of new tobacco- and nicotine-free policies and evaluate the impact.
- Analyze changes in exposures to SHS among communities that are around it at disproportionately high rates.
- Evaluate statewide policy impacts including sales tax changes.

GOAL 4: INCREASE USE OF TREATMENT AND QUITTING

Quitting tobacco use remains one of the most important steps for reducing Maine’s burden of disease and health care costs. Although 14 percent of Maine adults smoke cigarettes (approximately 152,000 people), 42.1 percent of current smokers report making at least one quit attempt in the past year.²⁵ Still, the majority do not maintain abstinence from tobacco, highlighting the chronic and addictive nature of nicotine.²⁶

Maine has invested heavily in treatment, dedicating \$23.72 per smoker in treatment funding, one of the highest per-smoker investments in the country. Treatment services through the Maine QuitLink provide access to free treatment resources across the state. The [Maine QuitLink](#) provides free nicotine replacement therapy, coaching, and tailored behavioral health services. Adults who use tobacco and seek assistance to quit with the Maine QuitLink are estimated to be two to three times more successful than those who attempt to quit on their own. Yet, new challenges have emerged: the rise of electronic nicotine devices and nicotine pouch products has complicated quitting efforts, with many users engaging in “dual use” of cigarettes and newer products.²⁷

The goal of this initiative is to expand access to and utilization of evidence-based treatment services so that more Mainers can successfully quit tobacco and nicotine. By strengthening the Maine QuitLink, building new treatment resources, integrating treatment into schools, strengthening the health care referral systems, and raising awareness of available resources, Maine will support more quit attempts, improve quit success, and reduce the long-term burden of tobacco-related disease.

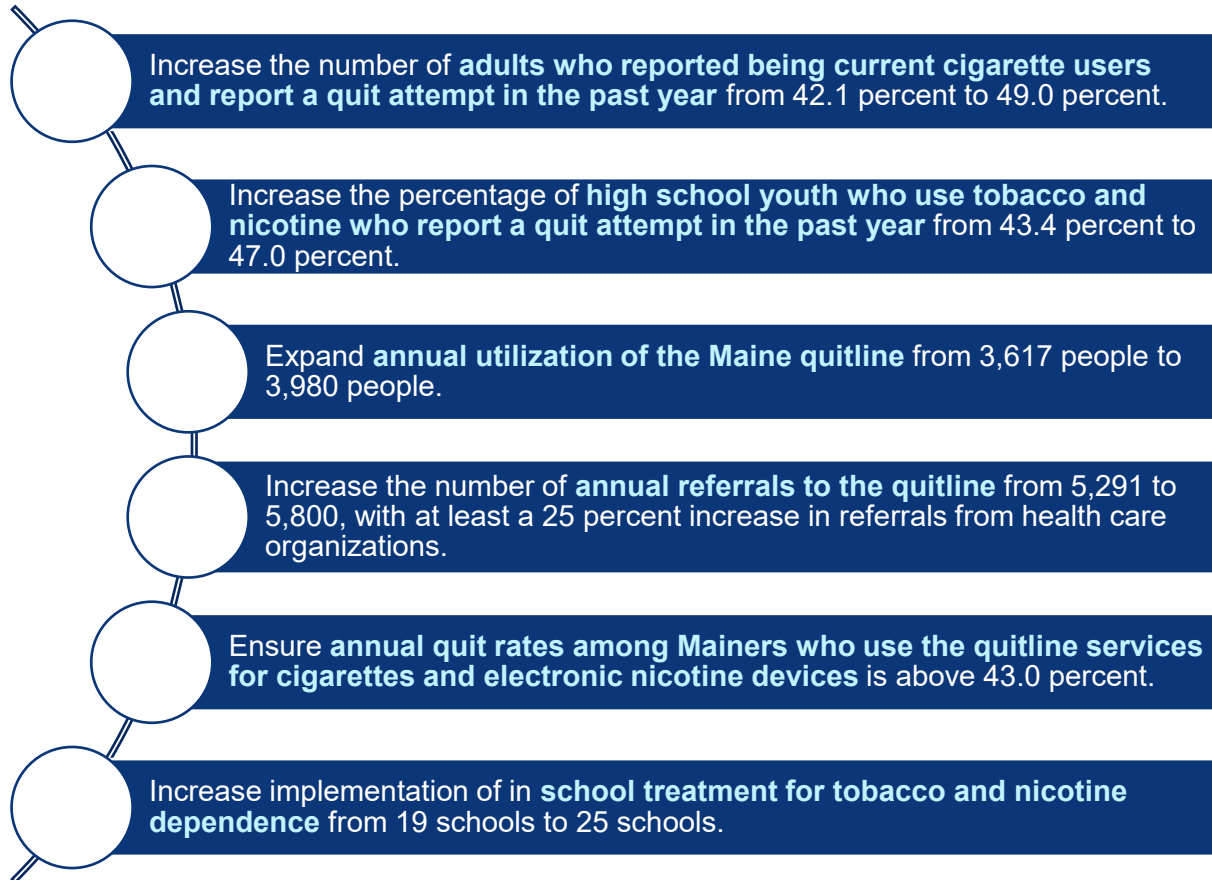
²⁵ US Centers for Disease Control and Prevention. (2023). Behavioral Risk Factor Surveillance System (BRFSS). Data retrieved from [BRFSS](#).

²⁶ Truth Initiative (2026). *Quitting Tobacco: Facts and Stats*. Retrieved from [Quitting Tobacco: Facts and Stats](#).

²⁷ US Centers for Disease Control and Prevention. (2021). *Dual Use of Tobacco Products*. Retrieved from [Tips From Former Smokers](#).

Objectives

Maine TPCP will support Mainers with accessible treatment resources and will focus on providing all those that use tobacco and nicotine products support in quitting. To monitor progress towards reaching this goal, Maine will use the following measurable objectives:



Approach

Maine TPCP will employ the following approaches to work towards these objectives:

Community Engagement and Partnerships

- Support the Maine quitline for both adults and youth through community-tailored counseling and digital services.
- Build capacity among stakeholders for providing evidence-based tobacco treatment support.
- Support schools in providing tobacco treatment services for students identified to be using tobacco and nicotine products.
- Provide free nicotine replacement therapy, including combination therapy, through the Maine quitline to help eligible Mainers to quit.
- Implement evidence-informed community tailored treatment approaches (such as Baby and Me Tobacco Free and embedded school treatment services).

Policy and Systems Change

- Provide training and technical assistance for developing workflows for integrating tobacco screening, brief intervention and referral to treatment (SBIRT) into stakeholder organizations.
- Engage with health care systems, particularly primary care, pediatrics and federally qualified health centers, across Maine to identify and create clear screening and referral to treatment approaches that are tailored to the needs of the community.
- Collaborate with schools to update school tobacco and nicotine policies and promote restorative practices.

Education and Public Awareness

- Educate health care workers and community organizations about quitline services and referral options.
- Develop and implement paid and earned mass-reach health communications focused on tobacco treatment resources, the financial cost of tobacco and nicotine use, and the importance of quitting with direct access to available free treatment resources.

Surveillance and Evaluation

- Evaluate statewide treatment programming and identify areas for continuous quality improvement.
- Collect data on school-based treatment initiatives and evaluate the short- and long-term impacts.
- Monitor rates of engagement in treatment, quit rates, and connection to treatment.

GOAL 5: STRENGTHEN COMMUNITY TAILORED PREVENTION AND TREATMENT

Tobacco and nicotine use continue to affect communities across Maine in diverse ways. While prevalence has declined overall, no single approach works for every community.²⁵ Evidence shows that community-driven strategies, where interventions are shaped by local voices, values, and resources, are among the most effective and sustainable approaches for reducing tobacco use and strengthening prevention and treatment.²⁸ Maine has a strong foundation of local leadership through municipal ordinances, coalitions, schools, and trusted organizations. Building on this momentum, the next phase of tobacco control emphasizes tailoring programs to meet the unique needs of communities, while supporting them with evidence-based tools, partnerships, and resources to sustain progress over time.

Maine TPCP seeks to foster tobacco- and nicotine-free communities by supporting broad, community-led initiatives that reflect the unique strengths and needs of local residents. By tailoring prevention, treatment, and policy strategies to community contexts, the program will build sustainable capacity, strengthen partnerships, and ensure that effective, evidence-based

²⁸ Ballard, R., Andersen, S., Brossart, L., Endrizal, A., Hackett, R., Bryer, C., Petković, Z., & Luke, D. (2022). *Tobacco Where You Live: Native communities* (Best Practices for Comprehensive Tobacco Control Programs). National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. U.S. Department of Health and Human Services. Retrieved from [Tobacco where you live: native communities](#).

interventions are accessible to all. *Appendix C. Community Level Differences in Tobacco and Nicotine Use* identifies community differences in rate of use, however it should be noted that this is not a comprehensive list, and not all communities were analyzed for differences. Maine TPCP is dedicated to reducing the disproportionate use and impact of tobacco use for all communities.

Objectives

Maine TPCP is focused on providing all communities with accessible and effective tobacco and nicotine prevention and treatment resources to support empowered tobacco and nicotine-free communities. To monitor progress towards reaching this goal, Maine will use the following objectives²⁹:



Approach

Maine TPCP will employ the following approaches to work towards these objectives:

Community Engagement and Partnerships

- Incorporate the voices of those with lived and living experience and community leaders into the development, implementation, and assessment of community-based, culturally competent interventions.
- Build capacity among trusted community organizations and individuals to deliver tailored evidence-based tobacco prevention and treatment programming.
- Support service provision in languages other than English when appropriate.
- Provide population wide tobacco prevention and treatment services.

Policy and Systems Change

- Reduce root causes of tobacco use among communities, including building partnerships with maternal and child health, housing, education, employment, substance use treatment, chronic disease, mental health and social service organizations.

²⁹ Baseline data is not available to identify improvement metrics for this work. Maine TPCP and contractors will identify processes for tracking this information.

- Embed tobacco and nicotine prevention and treatment within trusted organizations to better reach members of the community.
- Prioritize building community focused systems of screening, referral and treatments that are co-created with community members and those with lived and living experience.

Education and Public Awareness

- Educate stakeholders and policymakers about the differences in tobacco and nicotine use among communities and tailored evidence-based approaches for reducing tobacco use and increasing treatment within communities.
- Tailor paid and earned mass-reach health communications to specific communities across the state.
- Counter community specific tobacco industry marketing with counter campaigns and messaging.
- Translate program and mass-reach health communications into native languages of Maine residents.

Surveillance and Evaluation

- Update and maintain tobacco surveillance data and ensure community level differences in tobacco use are monitored.
- Identify unique strengths, opportunities, and programmatic impact among communities disproportionately impacted by tobacco through regular data analysis and disaggregation of evaluation data.

INFRASTRUCTURE AND SUSTAINABILITY

Maine TPCP is focused on providing a strong infrastructure to implement The Plan and ensuring sustainable efforts throughout the five years, which are necessary to achieve the goals identified throughout. The Maine TPCP has used the U.S. CDC's *Best Practices in Program Infrastructure in Tobacco Prevention and Control* as the core to their infrastructure approach. The U.S. CDC advocates for the following core infrastructure components including: 1) responsive plans and planning, 2) multilevel leadership, 3) networked partnerships, 4) managed resources, and 5) engaged data.

Through active leadership, Maine TPCP will use the following cross-cutting tenets which align the U.S. CDC infrastructure best practice with state-specific priorities. Maine TPCP will focus on the infrastructure of adaptive planning, streamlined communication, strengths-based collaboration, capacity building and strategic resource allocation, remaining data informed, and using evaluation for continuous improvement. Maine TPCP will continue to focus on working with their long-standing and trusted partnerships with community and state organizations as well as to develop new partnerships to build on tobacco prevention and treatment efforts.

Adaptive Planning

Maine TPCP develops plans for programming based on the best available evidence, data, capacity, and feedback from state and community leadership. These plans serve as the guide for program implementation. Maine TPCP will regularly review plans with stakeholders and the TPCAC to ensure they are still viable, meet the needs of the community, and advance the goals

of the program. Maine TPCP will adapt plans to meet the evolving needs of the state and remain flexible to adjust as new information, priorities, and data are understood. The Plan and program plans are living documents that will be updated as needed.

Streamlined Communications

Maine TPCP aims to provide clear communications for the public, partners, and stakeholders at the state and local levels. Streamlined communications with partners ensure everyone is clear on priorities, approaches, and has the most recent guidance. Maintaining a mutual understanding of approaches, processes, plans and programming develops a shared understanding and culture related to tobacco prevention and treatment efforts across the state.

Informed through collaboration with communities, Maine TPCP works to provide both mass-reach health communications and programmatic updated materials that are efficient and effective. Communications are tailored to their respective audiences including the public, state partners, community leaders, and experts. To ensure communications are streamlined and meet the needs of the state, Maine TPCP employs a feedback loop where they regularly gauge the reception of public facing messaging as well as partner and stakeholder communications.

Universal messaging that is developed by Maine TPCP and easily accessible for stakeholders allows for clear and consistent information. Maine TPCP collaborates with community leaders and those with lived and living experience to develop messaging and amplify the impact. Through contracted vendors, Maine TPCP focuses on mass-reach health communications developed based on market research and programmatic priorities.

Strengths-based Collaboration

Maine TPCP works with stakeholders and leadership from all levels throughout the state, including community and local individuals and focuses on strengths-based collaboration. Maine TPCP partners with stakeholder groups throughout the state that have shared interest in tobacco prevention and treatment as well as a focus on reducing the root causes of tobacco use. Collaboration may look like presenting information at organizational meetings, discussing approaches for community programming, participating in coalition meetings and providing resources to state legislator and decision-makers to support developing policies and legislation.

Maine TPCP focuses on building on the strengths of partnerships and ensuring that leadership is supported through multi-level engagement. Maine TPCP participates in nationwide tobacco prevention and treatment work groups to build upon lessons learned throughout the country and share strengths identified in Maine. In addition, Maine TPCP supports a wide variety of stakeholders in tobacco prevention and treatment efforts through purposeful partnerships, built on strong relationships, streamlined communication and reciprocal trust.

Capacity Building and Resource Allocation

Maine TPCP leads the state tobacco prevention and treatment through funding and managing statewide efforts. This includes maintaining staffing, providing training and creating a community of qualified tobacco prevention and treatment specialists throughout the state. To support sustained funding, Maine TPCP maintains fiscal management and oversees contracts focused on reaching the goals identified through The Plan. Maine TPCP makes an effort to ensure resources and funding are applied to Tobacco Prevention & Control efforts. In addition, Maine TPCP aims for consistent and maintained funding from various funding sources. While the

sources of funding may change over the course of The Plan, Maine TPCP is committed to seeking out diversified funding sources.

Maine TPCP is focused on continuing to build a trained and trusted public health workforce, specifically focused on building capacity within organizations trusted by their communities. The workforce will support prevention and treatment through direct program implementation, training additional staff and partners, and communicating program successes and opportunities. Maine TPCP provides training and technical assistance to novices and experts in the field through annual conferences, regular presentations and meetings.

Data Informed Planning and Evaluation

Maine TPCP conducts internal evaluations and collaborates across the Maine Department of Health and Human Services on tobacco and nicotine surveillance. Working with data partners, Maine TPCP focuses on monitoring the performance of programs, surveillance, and evaluation. Surveillance data provided by the Maine TPCP are used to provide an overall look at progress towards goals identified in The Plan, while performance and evaluation data provide a deeper understanding of successes in approach and areas of opportunity.

Maine TPCP contracts with an external evaluator to provide regular evaluations, including comprehensive program evaluation. Using the U.S. CDC Program Evaluation Framework, contracted evaluators provide Maine TPCP with an understanding of programmatic strengths, outcomes, and opportunities for continuous quality improvement. Maine TPCP communicates these findings through reports, presentations, infographics, and briefs.

Maine TPCP partners across the Maine CDC to support outward data transparency through the State Epidemiological Outcomes Workgroup (SEOW) and Maine Shared Community Health Needs Assessment (CHNA). Through rigorous data surveillance and evaluation, Maine TPCP is focused on monitoring progress towards objectives of the plan and adapting approaches through data-driven decisions to provide the most impactful programming.

CONCLUSION

Over the next five years, the Maine TPCP is focused on reducing the use of tobacco and nicotine, by strengthening prevention and treatment efforts through building community involvement. Through statewide collective efforts, Maine TPCP will work towards building a healthier environment for Mainers to live, work and play.



APPENDIX A. PLAN INDICATORS

Table 1. Performance Indicators

Performance Indicator	Data Source	Baseline	2030 Target
GOAL 1: Decrease use of tobacco products in Maine			
Percent of high school students who report any tobacco use (including electronic vaping products) in the past 30 days	MIYHS (2023)	16.5% (15.6%–17.5%)	14.5%
Percent of middle school students who report any tobacco use (including electronic vaping products) in the past 30 days	MIYHS (2023)	6.2% (5.5%–7.0%)	4.6%
Percent of adults who are currently using any tobacco product (including electronic vaping products)	BRFSS (2023)	21.3% (19.7%–22.9%)	19.0%
Percent of high school students reporting cigarette use in the past 30 days	MIYHS (2023)	5.6% (5.1%–6.0%)	4.5%
Percent of middle school students reporting cigarette use in the past 30 days	MIYHS (2023)	2.0% (1.7%–2.3%)	1.8%
Percent of adults who currently smoke cigarettes	BRFSS (2023)	14.0% (13.0%–15.0%)	13.0%
Percent of high school student reporting e-cigarette use in the past 30-days	MIYHS (2023)	15.6% (14.7%–16.4%)	12.0%
Percent of middle school student reporting e-cigarette use in the past 30-days	MIYHS (2023)	5.7% (5.1%–6.4%)	5.0%
Percent of adults who currently use e-cigarettes	BRFSS (2023)	5.3% (4.6%–6.0%)	5.0%
<i>Per capita</i> commercial tobacco pack sales	The Tax Burden Report on Tobacco (2022) ³⁰	42.2 packs <i>per capita</i>	38 packs <i>per capita</i>
Incidence of lung and bronchus cancer	Maine Cancer Registry (2022)	60.1 per 100,00 residents	57.0 per 100,000 residents
GOAL 2: Prevent the initiation of tobacco use among youth and young adults			
Percent of middle school students who smoked a whole cigarette before age 11	MIYHS (2023)	34.3% (28.2%–40.4%)	32.7%
Percent of high school students who smoked a whole cigarette before age 13	MIYHS (2023)	34.0% (31.0%–37.0%)	32.5%
Percent of high school students who have ever used an electronic vapor product	MIYHS (2023)	30.4% (29.2%–31.6%)	25.0%

³⁰ Orzechowski, W. & Walker, R.C. (2022). *The tax burden on tobacco: historical compilation* (Vol. 57). Orzechowski and Walker Consulting.

Performance Indicator	Data Source	Baseline	2030 Target
Percent of middle school students who have ever used an electronic vapor product	MIYHS (2023)	11.4% (10.3%–12.5%)	10.0%
Percent of adults (18–24) who have ever used an electronic vapor product	BRFSS (2023)	46.3% (40.3–52.3%)	41.0%
Percent of high school students who think people are at “no risk” or a “slight risk” of harming themselves if they smoke one or more packs of cigarettes per day	MIYHS (2023)	11.4% (10.5%–12.3%)	10.5%
Percent of high school students who said there was nicotine in the vapor they inhaled while using an electronic vapor product	MIYHS (2023)	54.1% (52.1%–56.2%)	53.0%
Percent of young adults (18–24) who believe e-cigarettes or other electronic vaping products have less nicotine than regular cigarettes	BRFSS (2016–2018 & 2021–2023)	20.8% (15.0%–26.6%)	17.0%
Percent of middle school students who said it would be “sort of easy” or “very easy” for them to get cigarettes	MIYHS (2023)	26.6% (25.0%–28.2%)	21.0%
Percent of high school students who said it would be “sort of easy” or “very easy” for them to get cigarettes	MIYHS (2023)	48.5% (47.1%–49.8%)	43.0%
Percent of young adults (18–24) who reported being asked for proof of age when buying any tobacco products in a store among those that attempted to purchase tobacco products	BRFSS (2021–2023)	71.4% (61.9%–80.9%)	80.0%
Retailer Violation Rate (weighted)	SYNAR Report (Federal FY2026)	7.7% (4.0%–5.4%)	6.5%
Online retailer violation rate (unweighted)	Maine TPCP (FY2025)	65.0%	58.5%
GOAL 3: Eliminate exposure to secondhand smoke			
Percent of middle school students who were in the same room as someone who was smoking cigarettes at least once in the past 7 days	MIYHS (2023)	19.9% (18.4%–21.5%)	18.0%
Percent of high school students who were in the same room as someone who was smoking cigarettes at least once in the past 7 days	MIYHS (2023)	19.3% (18.2%–20.5%)	18.0 %
Percent of adults who indicated that someone (including themselves) had smoked cigarettes, cigars, or pipes anywhere inside their home in the past 30 days	BRFSS (2023)	8.5% (7.5%–9.6%)	7.0%
Percent of high school students who think people are at “no” or “slight” risk of harming themselves if they are exposed to other peoples’ cigarette smoke	MIYHS (2023)	33.8% (32.7%–34.9%)	31.0%

Performance Indicator	Data Source	Baseline	2030 Target
Percent of adults living in multi-unit housing who reported that their building does not allow smoking in any areas, including living units	BRFSS (2023)	77.5% (73.1%–81.9%)	79.0%
Percent of adults (18+ years) who report being exposed to secondhand smoke in the worksite in the past 7 days	BRFSS (2023)	6.3% (4.7%–7.8%)	5.5%
Percent of adults (18+ years) who “strongly agree” that people should be protected against secondhand smoke exposure	BRFSS (2023)	72.9% (71.2%–74.7%)	75.0%
Percent of Maine new mothers who smoked any number of cigarettes on an average day at any time during pregnancy	DRVS (2022)	8.2% (7.7%–8.7%)	7.6%
GOAL 4: Increase quitting			
Percent of high school students who attempted to quit using all tobacco products at least once during the past 12 months	MIYHS (2023)	43.4% (40.3%–46.5%)	47.0%
Percent of adults who currently smoke cigarettes who made a quit attempt for ≥ 1 day during the past 12 months	BRFSS (2023)	42.1% (38.4%–45.8%)	49.0%
Percent of adults who were advised by a health professional to stop smoking or using other tobacco products in the last 12 months	BRFSS (2023)	49.4% (44.6%–54.2%)	53.0%
Percent of adults who have seen any advertisements on television about help to quit smoking or using tobacco products in the past 30 days	BRFSS (2023)	49.8% (45.1%–54.5%)	55.0%
Percent of adults who have seen any advertisements on social media such as Facebook, Instagram, or YouTube about helping to quit smoking or using tobacco products in the past 30 days	BRFSS (2023)	29.3% (24.8%–33.8%)	35.0%
Percent of high school students who report seeing tobacco industry advertisements on signs or posters a lot when they go to a supermarket, grocery store, convenience store or gas station mini mart	MIYHS (2023)	74.7% (72.8%–76.5%)	72.0%
Number of tobacco users referred to the Maine QuitLink	NAQC Annual Survey (FY24)	5,291	5,800
Number of adult tobacco users receiving treatment services (phone counseling and/or FDA approved cessation medications) from the Maine QuitLink	NAQC Annual Survey (FY24)	3,617	3,980
Number of tobacco users registering for digital services with the Maine QuitLink	CTI (FY24)	1,149	1,500
Number of youth (13–17) who enroll in My Life My Quit	CTI (FY24)	152	205

Performance Indicator	Data Source	Baseline	2030 Target
Number of young adults (18–24) who enroll in Maine Quit Link phone services	CTI (FY24)	147	180
Number of young adults (18–24) who enroll in Maine QuitLink digital services	CTI (FY24)	88	97
Number of referrals to the Maine QuitLink	CTI (FY24)	5,291	5,800
Quit rate for Maine QuitLink users who used conventional tobacco	NAQC Annual Survey (FY23)	39.7%	43.0%
Quit rate for Maine QuitLink users who used conventional tobacco and electronic nicotine devices	NAQC Annual Survey (FY23)	37.6%	40.5%

APPENDIX B. INTERVIEW AND FOCUS GROUP PARTICIPATION

Table 2. Interview and Focus Group Participation

Stakeholder Interviews		Participated
Maine Tobacco Prevention and Control Program (TPCP)		4
MaineHealth Center for Tobacco Independence (CTI)		2
Rinck Advertising		2
Maine Office of the Attorney General		1
Computer Evidence Specialists, LLC. (CES)		1
Rutgers Center for Excellence in Rapid Surveillance of Tobacco		1
Stakeholder Focus Groups		Participated
Maine Prevention Network District 1 (York)		5
Maine Prevention Network District 2 (Cumberland)		2
Maine Prevention Network District 3 (Western)		9
Maine Prevention Network District 4 (Midcoast)		5
Maine Prevention Network District 5 (Central)		2
Maine Prevention Network District 6 (Penquis)		4
Maine Prevention Network District 7 (Downeast)		4
Maine Prevention Network District 8 (Aroostook)		1
Maine Prevention Network Tribal Health District (Tribal Communities)		3

APPENDIX C. COMMUNITY LEVEL DIFFERENCES IN TOBACCO AND NICOTINE USE

Tobacco and nicotine use in Maine is not experienced evenly across all communities. Patterns of use vary depending on many community factors including but not limited to economic, geographic, behavioral, and social factors. Understanding these differences helps inform strategies that are responsive to community needs and strengthen prevention and treatment efforts across the state.

Income and Education

Tobacco use in Maine remains strongly linked to both income and educational attainment. Adults with lower incomes are more likely to smoke than those with higher incomes. According to the 2022 Behavioral Risk Factor Surveillance System (BRFSS), 29.8 percent of adults with annual household incomes of \$25,000 or less smoked, compared to just 11.4 percent of those earning \$50,000 to \$74,999 or 8.4 percent making \$75,000 or more.³¹ This gap has widened over time: from 2005 to 2021, smoking among lower-income adults increased by 16.4 percent, while smoking among higher-income adults decreased by 26.9 percent.³²

Educational differences show a similar pattern period. Smoking rates among Mainers without a high school diploma increased slightly, while rates among adults with a college degree decreased by nearly 30 percent.³¹ More recent BRFSS trends confirm that smoking continues to decline among college-educated Mainers while remaining much higher among those with fewer years of schooling.

Geography

Geographic differences in tobacco use persist across Maine, with rural counties consistently reporting higher smoking rates than urban ones. According to 2022 data, Oxford County had the highest prevalence, with 20 percent of adults smoking, followed closely by Aroostook, Somerset, Waldo, and Washington counties (all at 19 percent).³¹ In contrast, more urban counties such as Cumberland and York reported just 13 percent. This gap highlights the continuing challenges faced by rural residents, who are more likely to experience limited access to health care providers, fewer treatment resources, and socioeconomic factors that contribute to tobacco use.

Research further shows that rural populations are among those being left behind in recent declines in smoking rates.³³ People living in rural areas experience higher rates of chronic

³¹ Maine Center for Disease Control and Prevention (2022). *Maine Behavioral Risk Factor Surveillance System-2023 Survey Data* [Data Set].

³² University of Wisconsin Population Health Institute. (2025). *County Health Rankings & Roadmaps. Adult smoking – Maine*. Retrieved from [Adult Smoking – Maine](#).

³³ Buettner-Schmidt, K., Miller, D. R., & Maack, B. (2019). Disparities in rural tobacco use, smoke-free policies, and tobacco taxes. *Western Journal of Nursing Research*, 41(8), 1184–1202. Retrieved from [Western Journal of Nursing Research](#).

disease and premature death compared to the U.S. overall,³⁴ and rural residents a higher mortality rate adjusted for age that are partly attributable to tobacco use.³⁵

Behavioral Health

Adults and youth in Maine living with behavioral health conditions face a significantly higher burden of tobacco use. While overall smoking rates have declined, prevalence remains high among individuals with mental health and substance use disorders, consistent with national findings that these groups smoke at two to three times the rate of the general population.³⁶ Among youth, the 2023 Maine Integrated Youth Health Survey showed that students reporting poor mental health were more likely to use tobacco products, particularly electronic nicotine devices, than their peers.³⁷

Pregnant Individuals

In 2022-23, 6.6 percent of pregnant individuals reported tobacco use during their pregnancy, compared with a national average of about 7.5 percent.³⁸ Prenatal smoking is strongly associated with poor birth outcomes, underscoring the need for continued focus on treatment support during pregnancy.

³⁴ Matthews, K. A., Croft, J. B., Liu, Y., Lu, H., Kanny, D., Wheaton, A. G., Cunningham, T. J., Holt, J., & Giles, W. H. (2017). Health-related behaviors by urban-rural county classification – United States, 2013. *MMWR Surveillance Summaries*, 66(5), 1–8. Retrieved from [Morbidity and Mortality Weekly Report](#).

³⁵ Garcia, M. C., Faul, M., Dowling, N. F., Thomas, C. C., & Iademarco, M. F. (2020). Bridging the Gap in Potentially Excess Deaths Between Rural and Urban Counties in the United States. *Public Health Reports*, 135(2), 177–180. Retrieved from [Public Health Reports](#).

³⁶ Center for Tobacco Independence. (2021, October). *Behavioral health toolkit*. MaineHealth Center for Tobacco Independence. Retrieved from [Behavioral Health Toolkit – Referring Clients to Tobacco Treatment](#).

³⁷ Maine Department of Health and Human Services. (2023, December 15). *Maine CDC releases student health survey results*. Retrieved from [Maine CDC Releases Student Health Survey Results](#).

³⁸ March of Dimes. (2023). *Smoking during pregnancy: Maine, 2013–2022*. PeriStats. Retrieved from [Smoking during pregnancy: Maine 2013–2022](#).