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Authors

Caitlin Stanton, MPH
Richard Barnes, JD
Stanton A. Glantz, PhD

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Tobacco Control in Maine, 1979-2009: The Power of Strategic Collaboration

Caitlin Stanton, MPH
Richard Barnes, JD
Stanton A. Glantz, PhD

Center for Tobacco Control Research and Education
School of Medicine
University of California, San Francisco
San Francisco, CA 94143-1390

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EXECUTIVE SUMMARY

- Maine has a small population, with a relatively high proportion of people living in the state's major population centers, making Maine politics function more like a large city than a state, fostering bipartisan efforts to pass progressive tobacco control legislation despite the presence of tobacco industry lobbyist from the late 1970s throughout the 1980s.

- Credit for Maine's successes in tobacco prevention and control can be attributed to two major factors: A cohesive and collaborative partnerships among tobacco control advocates with effective lobbying strategies (individually tailored campaigns rather than a one-size-fits-all approach) and diversified funding strategies.

- Since 1983, the Maine Coalition on Smoking or Health partnered with more than 100 state and municipal agencies, including the American Cancer Society, New England Division, the Maine Lung Association, Anthem Blue Cross Blue Shield, the American Heart Association, and the Maine Center for Public Health.

- Strong and consistent individual commitment to tobacco control, including support from the Maine Department of Health and numerous legislators, gave an advantage to tobacco control bills and laws.

- Early tobacco control legislation focused on the protection of indoor air, and struggled against powerful tobacco industry lobbyists. Throughout the 1980s and 1990s, the Maine legislature passed significant and progressive smoke-free air laws , including but not limited to smoke-free restaurants (1999), bars (2003), and cars (2008), as well as tobacco excise tax increases (the latest, in 2005, raised the excise tax from $1 to $2 per pack) and the establishment of a state tobacco control program.

- Tobacco control advocates in Maine were successful because they were able to sell a collective vision to health organizations in the state, and convinced these organizations to give up a little for the greater good of Maine's residents.

- Tobacco prevention and control efforts did not begin in earnest until the mid 1990s, when Maine was faced with highest youth smoking rates in the country. In 1997, Maine's network of health advocates worked with Governor Angus King (I), to promote a tobacco excise tax increase to fund a tobacco prevention and control program. This success was followed in 1999 with the statewide smoke-free restaurant bill, and smoke-free bars in 2003. By 2008, cars and outdoor dining areas were also smoke-free, passing easily without significant opposition from tobacco industry lobbyists.

- After the tobacco excise tax was doubled in 1997, Maine experienced with a dramatic reduction in youth smoking rates from 35% in 1997 to 20% in 2003.

- Adult smoking rates also declined steadily in Maine from 25% in 1996 to 18% in 2008. This was accomplished mainly through the state quit line along with the Partnership for a Tobacco-Free Maine's (PTM) media campaigns targeting parents and adults.

- Despite the successes of the state tobacco control program, PTM at reducing youth smoking, the program's narrow focus was at the expense of other vulnerable demographics, most significantly, young adults age 18-25. In 2007, 35% of young adults in Maine smoked at rates similar to 1992 levels (35%).

- Maine's tobacco control advocates have worked tirelessly to protect the Fund for a Healthy Maine (FHM), Maine's funding mechanism for the Master Settlement Agreement (MSA), the result of the 1998 lawsuit filed against the major US tobacco companies, which secured more than $40 million annually for the state. The statewide support of the FHM has been a result of the careful orchestration of the FHM's diverse funding structure that has enlarged the circle of recipient beneficiaries.

- In 2001, PTM began receiving funds from the Master Settlement Agreement. Because of these funds, despite severe budget shortfalls since 1998, the PTM reported that tobacco control in Maine was funded at or just short of the *CDC Best Practices for Comprehensive Tobacco Control Recommended Guidelines* each year. In 2008, the Maine Center for Disease control acknowledged that their tobacco control funding, dedicated by the Legislature from the FHM, had been allocated to fund a variety of chronic disease programs in addition tobacco control, and that their reported spending had not been accurate. A portion of tobacco control funds were either unaccounted for or had been allocated to chronic disease programs. Beginning in 2009, PTMs accounting reflected the actual reduced funding level for tobacco control.

- The Partnership for a Tobacco-Free Maine's misrepresentation of spending resulted in the diversion millions of dollars from tobacco control to other healthcare programs since 1999.

- Despite the state's successes in reducing youth and adult smoking rates, there is a significant amount of work to be accomplished. To continue to reduce the burden of tobacco-induced disease, PTM must increase spending for tobacco prevention and control, and fund programs at levels recommended by the US CDC *Best Practices for Comprehensive Tobacco Control Recommended Guidelines.*

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INTRODUCTION

The Maine license plate is embossed with the word *Vacationland*, and for decades, tourists have flocked to this northern-most New England state for its clean air, national parks, coastal waters, and lobster. With a population of just over 1.3 million, the state covers 33,000 square miles, making it the second most rural state in the country. Despite this close relationship with the natural world, tobacco use has compromised the health of Maine residents, especially youth and young adults.

Maine is a large state with a small population. It is divided into 16 counties, but, as of 2007, 20% of the population (250,000 people) lived in the state's largest city, Portland; 30,000 people lived in Bangor; and 18,500 lived in the State capitol, Augusta. The state is also relatively poor, ranking 36th nationally in per capita income.[4] The low average income, combined with a heavy tax burden and frequent budget deficits, has resulted in a constant struggle to fund health-related programs.

To combat the health effects of tobacco, beginning in the early 1980s, Maine passed comprehensive smoke-free workplace, restaurant and bar legislation, increased cigarette taxes to $2.00 per pack (the 6th highest in the country in 2009), and established a cohesive coalition. Despite these successes, by 1996 Maine had the highest youth smoking rate in the country.

Since then, Maine health advocates and politicians have made a concerted effort to reduce tobacco-related morbidity and mortality through the development of a successful state tobacco control infrastructure. In addition, Maine tobacco control advocates, cooperating with members of the Legislature and advocates in the Department of Health have protected their tobacco control funding in a time when many states have failed to do so. Members of the Legislature and Department of Health personalized the issue of smoking, underlining the significant impact tobacco had on the health of the state, and ensuring that programs were supported and laws were implemented that protected the health of Mainers. Despite these many successes, a lack of accountability at the state level tobacco control program has hindered Maine from maximizing its potential gains.

The State

Early colonists grew tobacco for trade within the state, but produced far less than tobacco-growing colonies in the south. Tobacco played only a minor role in Maine's economy, contributing to the employment of fewer than 2% of the state's population over the past 20 years (wholesale, resale, and tobacco industry supplier operations, as well as the paper for cigarettes).

Maine's population, unlike most of the United States, remained relatively stable from the 1980s through 2009. The majority of the population inhabited the southern coastal region south of Bangor, an area that accounts for less than one-third the total state land mass. The northern portion of the state is more rural and consists mainly of farms and logging operations. Through 2000, logging and paper were the two major industries in the State. Tourism was considered a significant industry in the southern coastal regions, consistent with the state's motto, *Vacationland* and tourism experienced significant growth in the mid 1970s and has continued to expand.

Political lines can be drawn geographically. The people in the southern part of the state, who have more education, tend to be liberal and the politics becomes increasing conservative as one heads north. By the mid 1980s, the tobacco industry recognized that Maine's "increasingly affluent, activist, liberal population suggests continued problems [for the industry]."[5] Prior to the 1986 gubernatorial election, Maine had a history of Democrat and Independent governors, including Kenneth Curtis (D) from 1967-1975, James Longley (I) from 1975-1979, and Joseph Brennan (D) from 1979 to 1987. (During the 1986 election Tobacco Institute lobbyist Severin Beliveau ran unsuccessfully for governor as a Democrat.[5]) John McKernan, Jr. (R) was elected in 1987, and was the first Republican Governor since John Reed, who served from 1959-1967. Governor McKernan was replaced by Independent candidate Angus King, Jr, who served from 1995-2002, and who was replaced by John Baldacci (D) in 2003. On June 9, 2009, Speaker of the House, former Maine Attorney General, and tobacco advocate ally Steven Rowe (D) announced his candidacy for Governor.

Tobacco Use

In the first decade of the 21st Century, tobacco use was a major cause of disease in Maine, with cardiovascular disease, cancer, chronic pulmonary disease, and diabetes accounting for more than 75% of mortality in the state.[4] Each day, seven Mainers die from tobacco related diseases.[4] Beginning in the late 1990s, political and public health leaders from across the state, recognized the seriousness of the threat, and joined forces to reduce smoking rates and reduce its effects on the state.

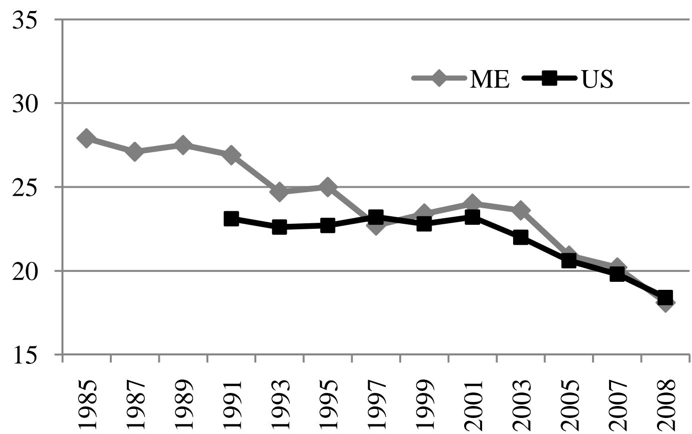

Figure 1. Adult smoking prevalence in Maine vs. the US, 1985-2008

According to the United States Centers for Disease Control and Prevention (CDC) 2007 Tobacco Control Highlights of Maine, the average annual smoking-attributable mortality for the years between 1997 and 2001 was 2,215 (or 303.8 per 100,000).[6] High smoking rates among adults also contributed to the roughly 79,000 children who were exposed to secondhand smoke each year.[7]

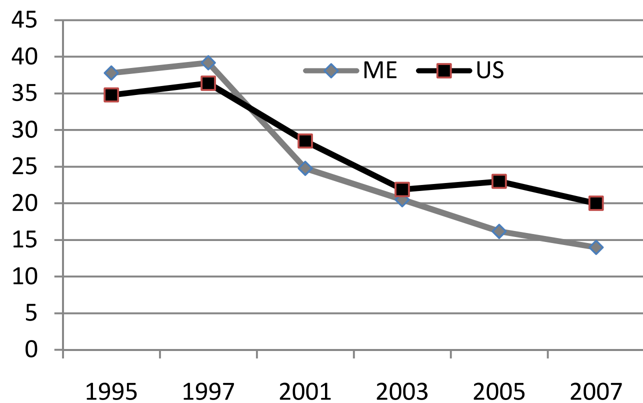

Figure 2. Youth Cigarette Use in Maine, 1995-2007[2]

According to the Behavioral Risk Factor Surveillance System Survey (BRFSS), 18.2% of Maine adults were

current smokers in 2008 (Figure 1 and Table 1). This was a reduction from 1987, when 27.9% of adults were current smokers. Prior to 1998, Maine adults smoked more packs of cigarettes per capita than the US average (Figure 2). This situation changed as of 2006, when Maine's consumption fell below the national average of 71 packs per capita.[8] Smoking related illnesses have contributed to an average of 2,200 adult deaths in Maine each year, as well as the deaths from morbidity related to exposure to secondhand smoke of between 110 and 330 nonsmokers annually.[7] In 2007, it was estimated that 27,000 Mainers under the age of 18 would eventually die from smoking related illnesses.[9] Over $600 million in health care costs were spent on smoking-related illnesses each year in Maine, $216 million of which were covered by the state-run Medicaid program.[7] Smoking-caused productivity losses in Maine accounted for more than $495 million per year.[7]

The prevalence of youth smoking in Maine depends on the survey used to generate the statistic. Several surveys generate statistics on youth smoking, each with a unique set of parameters. The Youth Risk Behavior Survey (YRBS), administered every other year by the US CDC and providing data on youths in 9th through 12th grades, defines "current cigarette use" as having smoked at least once in the past 30 days. YRBS's 2007 survey found that 14% of Maine youth were current smokers, compared to the general US population, of which 20% of were smokers.[2] The data show a decline in prevalence among Maine youth, which had been at an all time high of 39.2% in 1997 (compared to 36.4% in the US population) (Figure 3).[2] Despite this decline in prevalence, as many as 1,900 Maine youths take up smoking each year.[10]

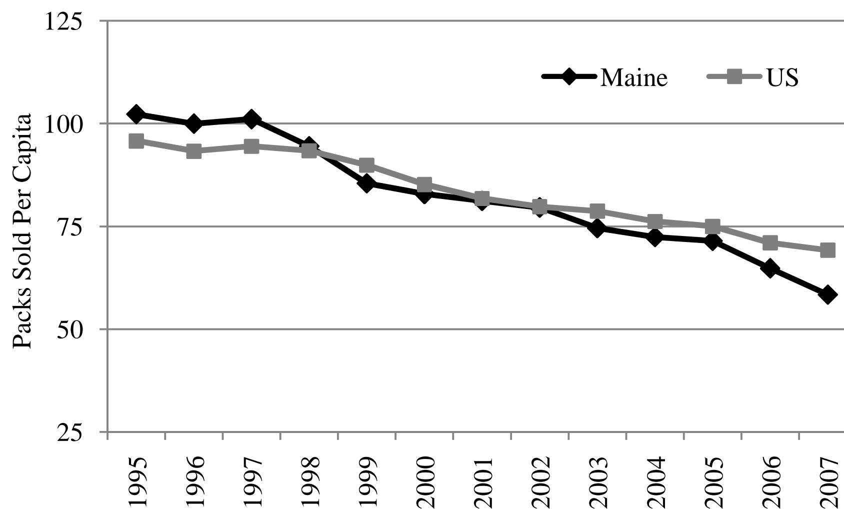

Figure 3. Cigarette Consumption: Packs Sold Per Capita, Maine & the US, 1995-2007[1]

The National Survey on Drug Use and Health (NSDUH), administered annually by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides national and state-level data on tobacco use. NSDUH measures cigarette use in the past month among youth 12 and older. In 2006, NSDUH found the prevalence of smoking in Maine youth to be just 13%.[11]

The Robert Wood Johnson Foundation (RWJF) funded ImpacTeen, a policy research partnership to reduce youth substance use. ImpacTeen established a state level tobacco policy database from data from the US CDC's State Tobacco Activities Tracking and Evaluation (STATE) system, the National Cancer Institute's State Cancer Legislative Database Program (SCLD), the American Lung Association's 'State Legislated Actions on Tobacco Issues' (SLATI)

system and *The Tax Burden on Tobacco: Historical Compilation* (Volume 43).[12] ImpacTeen surveyed youth, ages 12-17, and considered current smokers to be those who had smoked in the past 30 days.[13] ImpacTeen found that 13% of Maine youth, 12-17 were smokers in 2006, compared to a prevalence of 10.6% in the US population.[13] The study also found that 14% of youth 14 to 18 were current smokers in 2006, compared to 20% in the US population.[13]

The ImpacTeen study found that in Maine, 45.1% of young adults aged 18 to 25 were current smokers in 2006,[13] this was compared to 38.1% of young adults who were current smokers in the US population.[13] In 2001, the prevalence for young adult smokers in Maine reached a low of 27.5%, which was still higher than the US population at 25%.[13] Maine's low prevalence in 2001 correlated with a peak in percent of young adults who had quit, which reached 40.5% in 2001, compared to the national average at the time of 28%.[13] After 2001, the quit rate fell below 30% for Maine's young adults, and prevalence rose to the high of 45.1%.[13]

Table 1: Adult (age >18) Smoking Prevalence in Maine, 1989-2007[8]

Year	*Current*	*% of Current Smokers who Smoke Everyday*	*Former Smokers*	*Smoke Sometimes*
1989	27.6	N/A	28	N/A
1991	26.9	N/A	28.7	N/A
1993	24.7	N/A	29.5	N/A
1995	25	90	27	10
1997	22.7	87.3	31	12.7
1999	23.3	85	29.5	15
2001	24	76.1	31.8	24
2003	23.6	83.5	31.3	16.5
2005	20.9	76.3	30	23.7
2007	20.1	80.2	30.8	24.2
2008	18.2	77.3	31.6	50.2

In Maine, rates of smoking initiation are historically higher in low-income households (as high as 32% in Maine adults earning less than $25,000 in 2008).[10] Other disparate populations, such as lesbian, gay, bisexual, transgender, and Native Americans also have higher rates of tobacco use, because those groups have been aggressively targeted by the tobacco industry.[10] Also in 2007, 36% of smokers had less than a high school education, compared to 9% of smokers who had a college education or more (Table 2).[10] Tobacco uptake in Maine occurred as early as age eight, and youth with parents or siblings who smoked were twice as likely to initiate tobacco use themselves.[10]

In 2006, the population with the highest smoking rates in the state was American Indian/Alaska Natives, 43.9% of whom were smokers.[6] Other groups with high smoking rates included those with less than 12 years of education (34.8%), and those 18-24 years old (28.3%).[6]

In November 1996, a report of high tobacco use rates in Maine was issued by the CDC.[4] The report, "Projected smoking-related deaths among youth in the US," listed Maine as the state with the highest prevalence of current smokers (32%) among young adults age 18-30.[4] Rates of use were also highest among high school girls (18.2%) as compared to high school boys

(14.4%).[6] By 2007, Maine's youth smoking prevalence (age 14-18) were lower than the US average (14% compared to 20% nationally).[13] Prevalence for youth ages 12-17 was somewhat higher than the national average in 2007, with 13% of Maine youths smoking compared to the US average of 10.6%[13] (Table 3 and Figure 3).

Table 2: Demographics of Smokers in Maine, 2008[14]

	Current Smoker	*Female Smokers*	*Medicaid Smokers*
	%	*%*	*%*
Gender			
Male	23.5	N/A	50.3
Female	18.1	18.1	37.9
Age			
18-24	35.9	31.2	48.5
24-44	24.9	22	46.9
45-64	17.5	16.4	31.2
65+	9.5	7.5	N/A
Area of State			
East/Central	21.8	15.9	34.9
Midcoast	20.3	17.3	50.4
Northeast	24.8	23.8	42
South	17.6	15.6	39.7
West	23.7	21.5	40.3
West Central	21.4	20.6	43.4
Income			
<$25,000	28.5	25.5	42.7
$25,000-$49,999	23.2	19.3	38.7
$50,000+	14.4	11.6	N/A
Education			
<HS	37.5	25.7	51.7
HS Grad/GED	26.4	24.2	43.2
Some College	21.1	19.5	41.4
College Grad +	9.1	7.7	23.2
Marital Status			
Married /Couple	17.3	15.5	40.8
Other	27.8	23.5	44.6
Health Insurance			
Yes	18.7	16.4	42.5
No	39.9	37.7	N/A

The 1996 CDC report raised state-wide awareness of the crisis in Maine, and over the next twelve years, Maine became one of the most successful states in the country to control tobacco use. Political leaders in Maine allocated more money for tobacco control, per capita, than any other state, until 2008.[4] Maine also achieved one of the most substantial decreases in youth smoking rates in the country during this twelve year period.[4]

Table 3: High School Smoking Prevalence Rates, Maine vs. US[2]						
	US			*Maine*		
	Current[1]	*Frequent*[2]	*Ever*[3]	*Current*	*Frequent*	*Ever*
1999	34.8	16.8	70.4	N/A	N/A	N/A
2001	28.5	13.8	63.9	24.8	9.9	35.9
2003	21.9	9.7	58.4	20.5	8.7	28.5
2005	23	9.4	54.3	16.2	7.5	25.3
2007	20	8.1	51.9	14	5.7	20.3

[1] Smoked cigarettes on 1 or more days of the 30 days preceding survey
[2] Smoked cigarettes on 20 or more days of the 30 days preceding survey
[3] Ever tried cigarette smoking, even 1 or 2 puffs

Tobacco Prevention & Control

Prior to 1997, Maine did not have state funding to support a tobacco prevention and cessation program. However, in 1997 the state doubled its tobacco excise tax from 37 to 74 cents, yielding $3 million dollars to fund a tobacco control program. This money, coupled with money from the Master Settlement Agreement (MSA) in 1998, allowed Maine to invest substantially in health-related programs, including a tobacco cessation and prevention program. The MSA was the result of litigation filed by 46 state Attorneys General against the major tobacco companies for damages caused by smoking related illnesses. The MSA allocated payments to each state in perpetuity,[15] which Maine allocated to health-related programs as well as budgetary shortfalls. Maine was one of four states to fund tobacco prevention and cessation programs at the minimum level recommended by the US CDC from 1999 to 2007.

The tobacco control programs in Maine saw marked success beginning in 1998. The prevalence of smoking among Maine adults declined more rapidly than the overall prevalence in the US (Figure 1). From 1997 to 2005, reported smoking among high school students fell from 30.2% to 15.8%.[16] According to the YRBS data, there was a 65% drop in high school smokers between 1997 and 2007,[16] when the rate of high school students who reported as current smokers fell from 39.2% to 14.2% (Figure 4).[16] The Maine Department of Health estimated this drop corresponded to more than 26,000 youths not becoming smokers. Of those, 14,000 likely would have succumbed to premature smoking related deaths, and as a group they would have incurred $416 million in smoking-related health care costs.[17] However, smoking

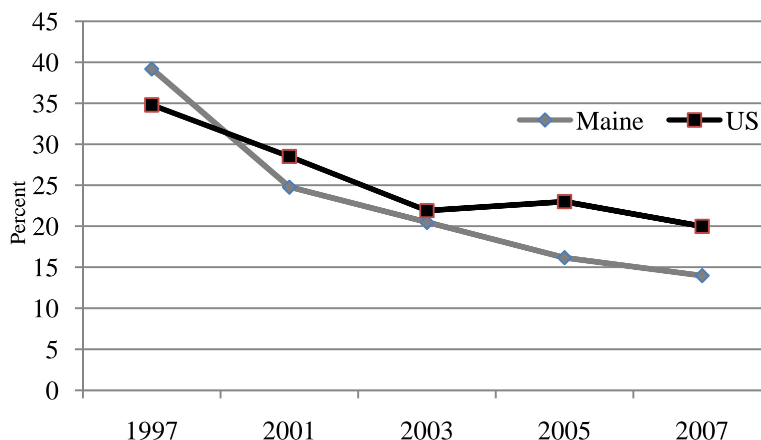

Figure 4. Percentage of High School Students who Smoked Cigarettes on at Least 1 Day During the 30 Days Before the Survey[3]

initiation remained high, with 1,900 children under 18 initiating tobacco use each year, accounting for the sale of 2.3 million packs of cigarettes annually.[7]

Table 4: Timeline of Tobacco Control Policy and Program Implementation in Maine
1985 State-wide workplace smoke-free law is implemented
1993 Public places smoking restrictions law is implemented
1996 Tobacco-Free School Initiative begins LifeSkills Training Program starts in public schools
1997 Cigarette tax goes from 37 to 74 cents per pack Portland smoke-free restaurant ordinance passes Partnership for a Tobacco-Free Maine (PTM) statewide program is created by statute Vending machine cigarette sales are restricted State-wide compliance checks on cigarette retailers is mandated Counter-marketing campaign is launched by PTM Partnership for a Tobacco-Free Maine community school grants are administered Tobacco Free Athletes Initiative begins GoodWork! Program, developed by the Maine Cardiovascular Health Program and the PTM, is launched to promote smoke-free workplaces
1999 Smoke-free restaurant bill is passed
2001 Cigarette tax is increased from 74 cents to $1 per pack Healthy Maine Partnerships is established, and 31 local intervention sites are named Within the PTM, the Tobacco Treatment Initiative establishes the HelpLine and Training Outreach Program No BUTS Retail Training Program is launched Youth Advocacy Program begins as a part of the Healthy Maine Partnerships (HMPs) Tobacco-Free College Network is established within the PTM
2002 Tobacco Treatment Initiative adds medication vouchers for qualifying HelpLine callers
2003 Smoke-free law for beano and bingo halls passes
2004 Smoke-free law for taverns, lounges, and pool halls is passed
2005 Cigarette tax increases from $1 to $2 per pack
2007 Maine DHHS is required by statute to undertake a study of best practice treatment and clinical practice guidelines for tobacco cessation treatment
2008 Smoke-free state motor-vehicle law is passed to protect those under 16 Smoking is prohibited in outdoor areas of bars and restaurants in Portland before 10pm
2009 Smoking is prohibited in outdoor areas of bars and restaurants before 10pm statewide

State tobacco control advocates struggled to maintain levels of funding for tobacco prevention and control, and succeeded in doing so despite a siphoning off of MSA allocations to non-health related programs between 1999 and 2009. In 1999, 16% of MSA funds were allocated to non-health related programs, an amount which grew to 47% in 2003, before leveling off.[4]

Despite the decline in funds allocated to the Partnership for a Tobacco-Free Maine (PTM), Maine reported the highest spending levels based on the CDC's 1999 *Best Practices for Comprehensive Tobacco Control Programs*[18] from 2001 through 2008. In 2008, the Maine Center for Disease Control (CDC) re-evaluated its reporting practices to reflect the realization that a portion of funds nominally allocated to tobacco control were actually being spent on general chronic disease programs, or were unaccounted for.[19] Therefore, reports from years prior to 2009, which ranked Maine as one of the highest funded tobacco control programs in the country, were inaccurate. Annual funding levels for tobacco control were most likely about $4 million below what had been reported.

TOBACCO INDUSTRY INFLUENCE IN MAINE

Campaign Contributions

Campaign contribution data from 1996 through 2006 were collected by the National Institute on Money in State Politics from the filings of candidates and political parties to the Maine Commission on Governmental Ethics and Election Practices.[20] Contributions from tobacco companies, tobacco trade organizations, lobbyists and other employees of tobacco companies were considered to be tobacco-related contributions. Contributions for the 2007/2008-election cycle were not available at the time of publication. Details of tobacco industry campaign contributions for 1996 to 2006 can be found: by candidate in Appendix A, by contributor in Appendix B, and by political party in Appendix C.

Maine's Contribution Limits

As of 1990, Maine law (Code 21-A M.R.S.A. § 1015(1) - (3)) limited campaign contributors to $250 per election to any legislative or county candidate, and no more than $500 for gubernatorial candidates. These limitations apply to contributions made by individuals, committees (including political and political action committees), businesses (corporations, firms and partnerships), and labor union associations or organizations. In certain circumstances, affiliated businesses or organizations that make a contribution to a candidate could be considered a single contributor for purposes of the contribution limits. Candidates were expected to take reasonable actions to avoid accepting over-the-limit contributions from affiliated businesses or organizations.

Maine's Public Election Financing and Spending Limits Under the Maine Clean Election

The Maine Clean Election Act (MCEA) was enacted as part of a citizen's initiative in 1996, establishing a voluntary program of full public financing for candidates running for Governor, State Senator, and State Representative.

In order to qualify for public financing, a candidate is required to demonstrate his or her popular support by gathering seed money contributions from eligible voters in the district (Gubernatorial candidates must gather 2,500 contributions of $5, State Senate candidates must gather 150 contributions of $5, and state house candidates 50 contributions of $5). Seed money contributions must comply with specific restrictions. Only individuals are allowed to make seed money contributions, which must come from their personal funds, and may not exceed $100 per

individual. Contributions may not be accepted from businesses, groups or associations, such as political action committees, party committees, labor unions, or trade associations. Lobbyists and their clients are not allowed make seed money contributions to the Governor or Legislators, including their staff and agents during any period of time in which the Legislature is in session.

In addition to the seed money, a participating candidate receives a state grant to pay reasonable costs for the primary and general election. In the 2008 election, State Senate candidates received $7,746 for the primary election and $20,082 for the general election. State House candidates received $1,504 for the primary and $4,362 for the general election. In addition, candidates who choose to run as MCEA candidates are allowed to accept limited private donations of no more than $100 per individual at the start of their campaigns.

Participating candidates are not permitted to collect any additional contributions beyond seed money and the state grant. One purpose of the MCEA is to make sure that campaigns are funded solely through seed money and state grants, thereby reducing the role of private monies. The state grants are recalculated each election cycle, and are supposed to equal 75% of the average expenditure in the previous two general elections.

A candidate who voluntarily complies with MCEA agrees to limit his or her personal political expenditures as well as those made on behalf of the candidate by the candidate's political committee or committees, the candidate's party and the candidate's immediate family to the amount set by law. The candidate also agrees they will not solicit any independent expenditures made on their behalf.

In 2000, less than 1/3 of the candidates were taking advantage of the MCEA (Figure 5) but by 2008, all but 70 of 373 candidates were participating (Figures 6 and 7). The majority of those who declined to participate were Republicans.

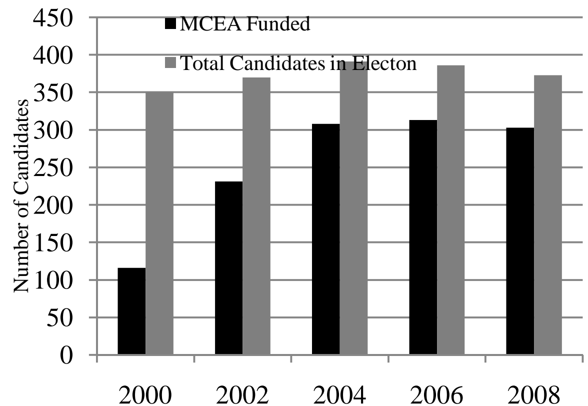

Figure 5. Participation in MCEA by Legislative Candidates

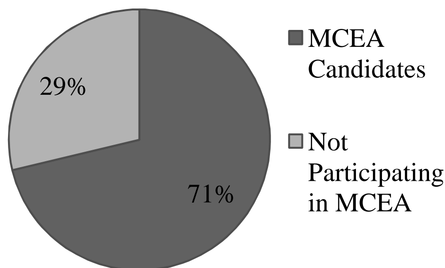

Figure 6. Republican participation in MCEA in 2008

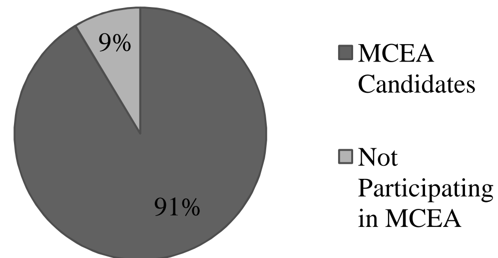

Figure 7. Democratic participation in MCEA in 2008

Total Tobacco Industry Campaign Contributions

Between 1996 and 2006, the tobacco industry contributed $163,417 to state political parties and individual candidates for state level offices (Figure 8 and Table 5). This figure is higher than neighboring state Massachusetts, which received $30,000 between 1998 and 2006 (although there may have been substantially more tobacco money contributed to politicians through third parties), and New Hampshire, which received $70,000 during the same time period.[20]

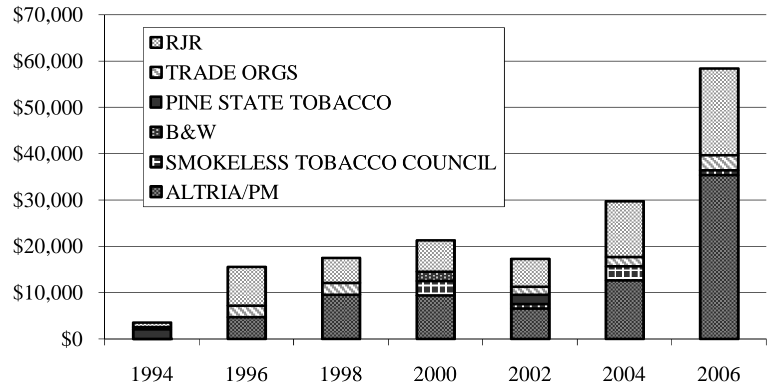

Figure 8. Tobacco Industry Campaign Contributions by Election Cycle

Table 5: Summary of Tobacco Industry Contribution by Election Cycle

	1994	*1996*	*1998*	*2000*	*2002*	*2004*	*2006*
Tobacco Companies							
Altria/Philip Morris	$100	$4,685	$9,510	$9,400	$6,550	$12,677	$35,400
Brown & Williamson	$0	$0	$0	$2000	$0	$0	$0
RJ Reynolds	$1,000	$8,350	$5,350	$6,800	$5,950	$12,050	$18,750
US Smokeless Tobacco	$0	$0	$0	$3,100	$1,000	$3,000	$1,000
Pine State Tobacco & Candy	$2000	$0	$0	$0	$2000	$0	$0
Tobacco Trade Organizations							
Blue Hill Tea & Tobacco	$0	$100	$0	$0	$0	$0	$0
Cigar Association of America	$0	$0	$0	$0	$250	$1,000	$2,750
Smokeless Tobacco Council	$0	$0	$0	$3,100	$1,000	$3,000	$1,000
Co Representative	$0	$100	$0	$0	$0	$0	$0
Tobacco Industry Research	$0	$100	$0	$0	$0	$0	$0
Tobacco Institute	$450	$2,400	$1,700	$0	$0	$0	$0
Tobacco LP	$0	$0	$0	$0	$0	$0	$500
US Tobacco	$0	$0	$475	$0	$0	$0	$0
Total	$3,550	$15,735	$17,455	$21,300	$17,250	$29,727	$58,400

In 2006, Philip Morris/Altria contributed $35,400, almost three times as much as the previous election cycle, and accounts for more than half the total contributions by the tobacco industry in Maine for that year. In 2006, RJ Reynolds also increased their spending by more than $6,000, to $18,750. Phillip Morris/Altria and RJ Reynolds alternated as the largest contributor to political campaigns between 1994 and 2006. Brown & Williamson contributed in only one election cycle, 2000, when they contributed $2,000. The Tobacco Institute stopped contributing in 1998, when it ceased to exist. US Smokeless Tobacco and the Cigar Association of America began making contributions in 2000, while Pine State Tobacco & Candy, a vendor of alcohol and tobacco products, made contributions in the 1994 and 2002 election cycles.

Total contributions to Republican candidates and party organizations between 1994 and 2006 exceeded those made to Democrats, with Republicans receiving more than 65% of total tobacco industry contributions for that time period, amounting to $44,430, while Democrats received $23,060. During that time period, the Democratic Party controlled the Legislature (Figure 9).

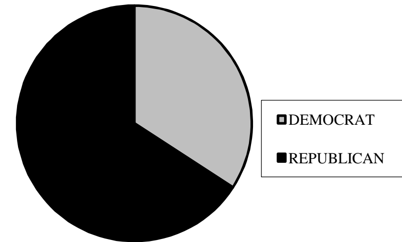

Figure 9. Total tobacco industry contributions by party affiliation, 2000-2006

Tobacco Industry Contributions to Political Parties

Despite the MCEA, tobacco industry contributions to both political parties and legislators continued to increase between 1994 and 2006. It is possible that these increases were related to procedural changes in the Maine House and Senate. Beginning in 1996, members of both houses were limited to four consecutive two-year terms. This change was met with a concomitant increase in turnover in both houses, which may have led to the overall increase in tobacco industry contributions. The organizations included as political parties in this data were: the House and Senate Democratic Campaign Committees of Maine, the House Republican Fund of Maine, the Maine Republican and Democratic Parties, the Maine Senate Republican Victory Fund, the Senate Republican Leadership for 21st Century of Maine, the House Republican Fund of Maine and the Senate Democratic Campaign Committee.

Tobacco industry contributions to political parties and party organizations in the state were consistently higher for Republicans than Democrats, with Republican organizations receiving more than half of all contributions made to parties in Maine from 1996 to 2006 (Figure 10).

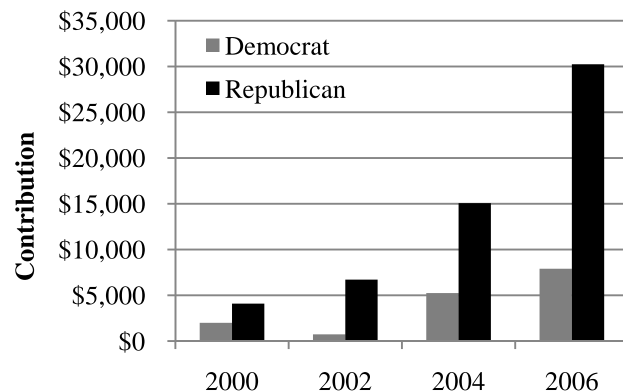

Figure 10. Tobacco industry contributions to political parties, 1996-2006

Party committees are required to file campaign finance reports with the Maine Ethics Commission if they raise $1,500 or more in a calendar year, and are allowed to accept contributions from any source, including unions and

corporations, with no limitation on the amount of any contribution. Party Committee contributions that are used to finance Maine candidates are subject to the $250 and $500 limitations on individual contribution limits, but party committees are not allowed to make contributions to candidates running under the Maine Clean Election Act.

Contributions to Republican and Democratic Party Committees from 2000 to 2006 increased significantly, with Republicans receiving an increase in funding from $4,100 in 1996

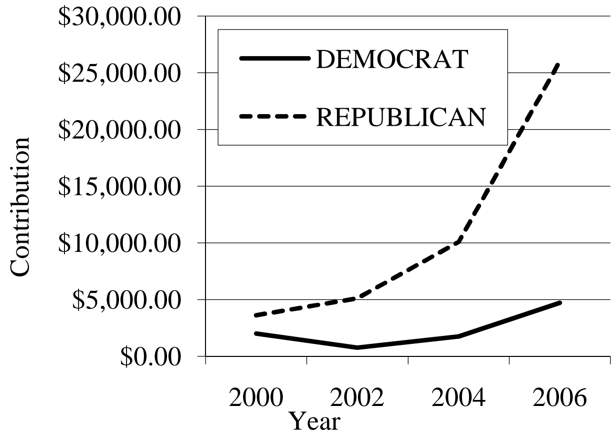

Figure 12. Contributions to Republican and Democratic Party Committees by Organization, 2000-2006

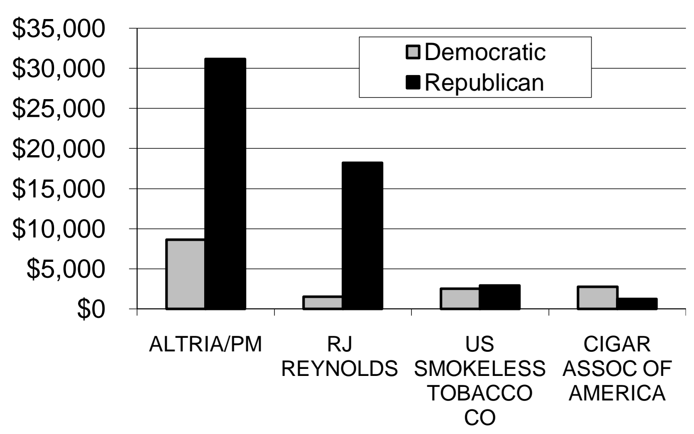

Figure 11. Contributions to Republican and Democratic Party Committees by Organization, 2000-2006

to $30,250 in 2006, and Democrats receiving $2,000 in 2000 and in $7,900 in 2006 (Figure 11 and 12). The contributions to Republican and Democratic Party Committees by Organization from 2000-2006 were dominated by Altria/PM and RJ Reynolds. Altria/PM contributed $8,650 to the Democratic Party, and they contributed $31,177 to the Republican Party, while RJ

Table 6: Contributions to Republican Party Committees by Year and Organization, 1996-2006					
	2000	***2002***	***2004***	***2006***	***Total***
Altria/PM	$1,850	$3,500	$8,327	$17,500	$31,177
RJ Reynolds	$1,600	$1,100	$4,500	$11,000	$18,200
US Smokeless Tobacco Company	$650	$500	$1,250	$500	$2,900
Smokeless Tobacco Council	$0	$1,600	$1,000	$1,250	$1,250

Table 7: Contributions to Democratic Party Committees by Year and Organization, 1996-2006					
	2000	***2002***	***2004***	***2006***	***Total***
Altria/PM	$750	$0	$2,000	$5,900	$8,650
RJ Reynolds	$0	$0	$1,500	$0	$1,500
US Smokeless Tobacco Company	$1,250	$500	$750	$0	$2,500
Cigar Association of America	$0	$250	$1,000	$1,500	$2,750
Tobacco LP	$0	$0	$0	$500	$500

Reynolds contributed $1,500 to the Democratic Party, and $18,200 to the Republican Party. These two organizations accounted for more than 85% of the total party contributions. Tables 6 and 7 provide further explanation regarding these contributions.

Tobacco Industry Contributions to Legislative Candidates

Tobacco industry contributions over the period for which data was available, 1994-2008, were made to both Republican and Democratic candidates. Contributions were made across both parties, as well as between the House and the Senate, but were higher for Republicans.

From 1996 to 2008, the highest total contribution was to Representative Richard Campbell (R-Brewer), amounting to $3,180. (Tables 8, 9 and 10 show recipients of tobacco industry contributions.) Representative Campbell was elected to the House in 1993, and served until 2000. Campbell was the assistant minority leader from December 1996 through December 1998. Campbell was not particularly pro-tobacco, and was not among the most visible members

Table 8: Top Five Recipients of Tobacco Contributions, totals combined from 1996-2008

Name	*Party*	*Office*	*District*	*Total Combined*
Richard Campbell	R	House (W)	116	$3,180
Joseph Brennan	D	Governor (L)	Statewide	$2,000
Joseph Carleton	R	House (W)	7	$1,650
Robert Kieffer	R	Senate (W)	Statewide	$1,650
Carol Kontos	D	Senate (W/L)	Statewide	$1,650

Table 9: Candidates Running in 2008 Who Received Contributions from the Tobacco Industry from 1996-2008

Name	*Party*	*Office*	*District*	*Total Combined*
Susan Austin	R	House	109	$200
Richard Blanchard	D	House	14	$200
Richard Cebra	R	House	101	$100
Bill Diamond	D	Senate	12	$500
Stacey Fitts	R	House	29	$300
Shawn Millett	R	House	95	$200
Nancy Sullivan	D	Senate	4	$750

Table 10: Members of the Legislature Who Introduced Tobacco Control Bills, 1979-2009

Name	*Party*	*Office*	*District*	*Total Combined*
Peter Mills	R	Senate	26	$0
Randall Berry	D	House	93	$0
Elizabeth Townsend	D	House	36	$0
Steven Rowe	D	House	35	$0
Hannah Pingree	D	House	36	$0
Karl Turner	R	Senate	11	$500
David Etnier	D	House	51	$0
Verdi Tripp	D	House	52	$0
William Walcott	D	House	72	$0
Scott Cowger	D	Senate	21	$0
Patricia Jacobs	D	House	75	$0
Robert Murry	D	Senate	9	$0

of the legislature during his terms of service. In 2000, he ran for US Congress, an election he lost by a wide margin after receiving only 25% of the votes, to John Baldacci (Governor of Maine, 2003-2009).

There were three key committees for tobacco control bills in the 1990s (Tables 11, 12 and 13). The Joint Standing Committees on Health and Human Services, Taxation, and Appropriations and Financial Affairs. Members of these Committees received very limited campaign contributions from the tobacco industry between 1996 and 2006. However, Senator Joseph C. Perry (D-Penobscot), Representative Emily Ann Cain (D-Orono), Senator Bill Diamond (D-Cumberland), and Senator Joseph C. Brannigan (D-Cumberland) were all chairs of their committees, and received the highest contributions.

Contributions during Gubernatorial elections (Table 14) were more significant than Senate and House elections. Tobacco interests donated to both Democrats and Republicans, contributing $3,500 to Governor John Baldacci's (D) 2002 campaign and Joseph Brennan's (D)

Table 11: Tobacco Industry Contributions to Members of Committee on Health and Human Service, 1996-2008 (Members in 2009)

Joint Standing Committee on Health and Human Services	*Contributions from Tobacco Industry*
Senator Joseph C. Brannigan (D-Cumberland), Chair	$350
Senator Lisa T. Marraché (D-Kennebec)	$0
Senator Peter Mills (R-Somerset)	$0
Rep. Anne Perry (D-Calais), Chair	$0
Rep. Patricia Jones (D-Mount Vernon)	$0
Rep. Mark Eves (D-North Berwick)	$0
Rep. Matthew Peterson (D-Rumford)	$0
Rep. Linda Sanborn (D-Gorham)	$0
Rep. Peter Stuckey (D-Portland)	$0
Rep. Sarah Lewin (R-Eliot)	$100
Rep. James Campbell, Sr. (R-Newfield)	$0
Rep. Henry Joy (R-Crystal)	$400
Rep. Meredith Strang Burgess (R-Cumberland)	$0
Rep. Donald Soctomah (Passamaquoddy Tribe)	$0

Table 12: Tobacco Industry Contributions to Members of Committee on Health and Human Service, 1996-2008 (Members in 2009)

Joint Standing Committee on Taxation	*Contributions from Tobacco Industry*
Senator Joseph C. Perry (D-Penobscot), Chair	$1,150
Senator Lawrence Bliss (D-Cumberland)	$0
Senator Richard A. Nass (R-York)	$0
Representative Thomas R. Watson (D-Bath), Chair	$0
Representative Donald E. Pilon (D-Saco)	$0
Representative Mark E. Bryant (D-Windham)	$0
Representative Linda M. Valentino (D-Saco)	$0
Representative Patsy Crockett (D-Augusta)	$0
Representative Lawrence Sirois (D-Turner)	$0
Representative Elspeth Flemings (D-Bar Harbor)	$0
Representative Kathleen D. Chase (R-Wells)	$100
Representative L. Gary Knight (R-Livermore Falls)	$100
Representative Brian D. Langley (R-Ellsworth)	$0

Table 13: Members of Committee on Appropriations and Financial Affairs, and whether they received Tobacco Industry contributions (Members in 2009)	
Joint Standing Committee on Appropriations and Financial Affairs	***Contributions from Tobacco Industry***
Senator Bill Diamond (D-Cumberland), Chair	$1250
Senator Margaret M. Craven (D-Androscoggin)	$0
Senator Richard W. Rosen (R-Hancock)	$350
Representative Emily Ann Cain (D-Orono), Chair	$500
Representative John L. Martin (D-Eagle Lake)	$0
Representative David Webster (D-Freeport)	$0
Representative Margaret R. Rotundo (D-Lewiston)	$0
Representative Elizabeth S. Miller (D-Somerville)	$0
Representative Gary A. Connor (D-Kennebunk)	$0
Representative H. Sawin Millett, Jr. (R-Waterford)	$200
Representative Robert W. Nutting (R-Oakland)	$200
Representative Patrick S. A. Flood (R-Winthrop)	$0
Representative John C. Robinson (R-Raymond)	$0

Table 14: Contributions during Gubernatorial Elections					
Candidate	***Year***	***Party***	***Source of Contribution***	***Contribution***	***Outcome***
John Baldacci	2002	Democrat	Charles Canning of the Pine State Tobacco and Candy Co.	$1,500	Won
Joseph Brennan	1994	Democrat	Charles Canning of the Pine State Tobacco and Candy Co.	$2,000	Lost
Pamela Cahill	1994	Republican	RJ Reynolds	$1,000	Lost
Peter Cianchette	2002	Republican	RJ Reynolds	$500	Lost

1994 campaign, and $1,500 to Pamela Cahill's (R) 1994 campaign and Peter Cianchette's (R) campaign (Angus King won the 1994, election as an Independent, and received no money from the industry).

Despite significant differences in the amount of contributions to Republican candidates over Democratic candidates, both parties have supported tobacco control bills in the legislature. In fact, some of tobacco control's most vociferous supporters were Republicans, including Senators Karl Turner (2001-2008) and Peter Mills (1995-2010). Because of contribution limits, the amount of support provided to members of either party was low, and the influence of these sums did not seem to play a significant role in policy making. When the Maine Clean Elections Act was passed in 1996, both Democrats and Republicans chose to take part in the program, utilizing the public funding structure rather than outside contributions, which possible further limited the influence of tobacco industry campaign contributions.

Tobacco Industry Lobbyists

What tobacco industry influence existed appeared to come from the efforts of tobacco industry lobbyists. Their experience and resources proved to be the industry's power source in Maine through the early 1990s. Lobbyists were able to mobilize opposition to tobacco control bills by organizing grassroots groups of smokers throughout the state, and encouraging them to contact their representatives on the phone and by letter to express their opinions about the bills.

According to Ed Miller, Senior Vice President of the Maine Lung Association (MLA) from 1986 through 2009, tobacco industry lobbyists, while present, were not visible in the 1990s. He attributed this to the nature of politics in Maine, and the fact that everyone knew everyone else and had to work with them on multiple issues on a daily basis. In a 2008 interview he observed,

> I know the [Health Department] had a number of the tobacco lobbyists on their case… Nothing got to the point… where it was really nasty and they never really followed through... It's funny because I think that some of this is a function of Maine politics. We fight hard, but we fight clean because we're going to be there for the next battle with you. We're not going anyplace. There also many examples where today's opponent is tomorrow's collaborator.[21]

The Tobacco Institute (TI) employed lobbyist Severin Beliveau, an attorney, to provide counsel to the TI starting in 1976 until it was dissolved in 1998, at which point Beliveau began representing the Cigar Association of America, the national trade organization for cigar manufacturers, and Brown & Williamson. Beliveau had chaired the Maine Democratic Party in the late 1960s, served on the Democratic National Committee and was a personal advisor to Governor Brennan (D) in the early 1980s. Beliveau ran as a Democrat for governor in 1986, but lost to Democratic Jim Tierney in the primary. The Director of the Bureau of Health at the time of the 1986 election, William Nersesian, publicly stated that Beliveau was "not fit for the highest office" in Maine because of Beliveau's association with and defense of the tobacco industry. Nersesian pointed to Beliveau's efforts to block cigarette excise tax increases and his role as a lobbyist for the Tobacco Institute.[22]

Additional industry lobbyists included Jim Ellis, who represented RJ Reynolds in the 1980s and 1990s, and Susan Mitchell, working for Doyle and Nelson Law Firm, who was also a field coordinator and a lobbyist for RJ Reynolds during the same time period (Table 15). Mitchell was the niece of the U.S. Senate Majority Leader George Mitchell (D-Maine).[23]

In a 2008 interview, Miller saw Dan Riley, RJ Reynolds' lobbyist through 2008, as the most formidable opponent: "I mean he's like all of us; he's human, he makes some errors here

Table 15: Available Data on Tobacco Industry Expenditures for Lobbyists 1980-2008

Company	***Lobbyist***	***1980s***	***1990s***	***2000***	***Total***
Tobacco Institute	Severin Beliveau	$42,000	$263,000	None	$305,000
	MGA	Unknown	$26,600	None	$26,600
	MRA	Unknown	$1,500	None	$1,500
RJ Reynolds	Susan Mitchell	Unknown	Unknown	Unknown	(unknown)
	Jim Ellis	Unknown	Unknown	None	(unknown)
	Jon Doyle	None	$118,000	Unknown	$118,000
	Dan Riley	None	Unknown	$44,688	$44,688
Cigar	Severin Beliveau	None	Unknown	$19,688	$19,688
Philip Morris	Carol Allen	None	$50,000	None	$50,000
					$565,476
Tobacco Company Lobbyist Expenditures Totals		$42,000	$459,100	$64,376	$565,476

and there, but, he's a smart guy. They're always going to have somebody in there that's going to sort of push their -- I guess that's part of it that we don't want a lot of turnover in the tobacco industry lobbyists. We like to know who we're dealing with, which is a lot easier."[21]

One industry lobbyist, Jon Doyle, abandoned his role representing the tobacco industry in 1999 and began working with health organizations.[21] Doyle disassociated himself with RJ Reynolds after they invited him to collaborate on a brand of "smokeless" cigarettes that generated controversy when it became known that the product could be used to smoke crack-cocaine.[21] At the time, Doyle was also representing substance abuse treatment providers and he recognized the conflict of interest.[21] In 2001, Doyle joined the MLA, quickly becoming one of their more effective volunteers. Conversely, Carol Allen, (D-Liberty, 1983-1990) who worked with health groups throughout the 1990s to pass legislation to license tobacco vendors, began representing Philip Morris in the late 1990s.

Tobacco Industry Organizations and Allies

Before it was dissolved pursuant to the Master Settlement Agreement in 1998, the Tobacco Institute's (TI) primary mission was to protect the interests of its member companies, which included RJ Reynolds, Philip Morris, Brown & Williamson, Liggett & Myers, and the United States Tobacco Co. TI operated as the umbrella lobbying association for the tobacco industry and relied heavily on grassroots efforts to counteract tobacco control policies and restrictive legislation. Toward that end, TI formed the Tobacco Action Network (TAN) on a state-by-state basis beginning in 1977 to coordinate and develop advocacy efforts, and bring together tobacco industry employees, growers, manufacturers, wholesalers, retailers and vendors.[24, 25] A 1978 Philip Morris manual on the TAN program described it as an "umbrella organization to coordinate the activities of the tobacco industry in its defense against attacks by the anti-smoking movement."[25] Grassroots members of TAN were encouraged to monitor and campaign against cigarette taxes and clean indoor air legislation.[25]

In the 1980s, TI directed Dennis Dyer, the TI Regional Vice President for New England, to establish a TAN chapter in Maine.[26] Dyer organized meetings around the state and developed initiatives to oppose tobacco control bills and tobacco excise tax increases. In the late 1980s, TAN members formed the group Mainers Against Prohibiting Smoking (MAPS) in response to the increase in the number of tobacco control bills.[21] They focused on organized mailings, letter to the editor campaigns, and pro-smoker speeches at public hearings.

For the most part, the smokers' rights groups organized by TAN failed to have much effect. According to the MLA's Ed Miller, the smokers' rights groups often provided more help to the tobacco control advocates than harm. They tended to make inflammatory remarks; at one hearing, a woman compared tobacco control policies in Maine to Nazi Germany. There was never an articulate, public spokesperson for smokers in Maine that actually advanced the tobacco industry's cause.[21]

Throughout the early 1980s, TI's most valuable resource was the Maine Grocers Association (MGA).[5] According to RJ Reynolds, during key legislative sessions, the MGA along with the Associated Grocers of Maine, "turned over the operation of their associations and their members to the Tobacco Institute."[5] TI credited the MGA with influencing several bills in favor

of the tobacco industry.[5] Members of the Pine State Vending Association were also advocates for the tobacco industry, opposing excise tax increases.[5]

In the mid 1990s, Michael Hambrick, President of the National Restaurant Association, supported the MGA, and fought against Maine's tobacco control advocates efforts for smoke-free restaurants. The National Restaurant Association worked with and received money from Philip Morris.

In a 1985 State Report, RJ Reynolds identified Charles Canning of Pine State Candy & Tobacco, a vending company in Maine. as a "key individual resource" in the state. Canning, along with his 200 employees located in Augusta, traveled throughout the state on behalf of the tobacco industry.[5] Due to the nature of Canning's vending business, he was opposed to tobacco licensing restrictions, tax increases, and vending fees. He provided testimony against bills that would potentially affect cigarette sales.

The Maine Chamber of Commerce and Industry, along with the Maine Merchants Association, both of which represented the business community in the state, provided assistance to the TI on bills related to workplace smoking, sampling and advertising.[5] They saw a favorable nexus between business and smoking, and believed it was in the best interest of business to oppose antismoking legislation and support smokers' rights. However, because their primary objective was to promote business, and because they did not wish to alienate other businesses or politicians, they demonstrated a willingness to compromise that did not sit well with TI. This pattern was repeated throughout the 1980's. For example, both the Maine Chamber of Commerce and Industry and the Maine Merchants Association attempted to assist TI on the Workplace Smoking bill by providing resources and advertising. Despite their assistance, both organizations ultimately were viewed by the tobacco industry as "constantly seeking ways in which to ingratiate themselves with the liberal Democratic majority in the House and Senate, [which] too often caused them to seek compromises at an early stage rather than maintaining a strong opposition."[5]

Industry lobbyists reluctantly accepted the fact that in Maine, opposition to smoke-free policies by local organizations, including the MGA and Pine State Candy & Tobacco was more about self-interest (i.e., tobacco sales) than about promoting smokers' rights.[5] For example, in 2003, when tobacco control advocates in Maine pushed for a bill to regulate and restrict the sale of tobacco over the Internet, the Pine State Candy & Tobacco Company supported the proposed legislation, leaving little doubt that their primary objective was to protect vending sales rather than smokers' rights.

Despite the existence of smokers' rights groups in the 1980s, in a 1985 memo to TI, lobbyist Severin Beliveau reported that the industry's presence in the state was disorganized, a trend that was consistent throughout New England.[5] Beliveau attributed this disorganization to the lack of a wholesaler association in the state, which could have created more substantial support for smokers' rights. However, in the absence of such a single cohesive force, the Pine Tree Vending Association, the MGA, and the Associated Grocers of Maine filled in and provided patchwork legislative lobbying and grassroots support to the tobacco industry.[5]

THE DEVELOPMENT OF TOBACCO CONTROL ADVOCACY IN MAINE

Key Players

Many of the individuals and organizations working to prevent and control tobacco use in Maine have been doing so for decades. Perhaps the most influential individual tobacco control advocate in the state is Ed Miller with the American Lung Association of Maine. Miller has been involved in every bill regarding tobacco control legislation since the 1980s. In 1973, he began a 13 year stretch in the Bureau of Health, Maine Department of Human Services as the Director of Health Promotion and Education. After leaving the Bureau of Health in 1986 he became the American Lung Association of Maine's Executive Director.[21] In 2009, Miller was the MLA's Senior Vice President for Health Promotion and Public Policy, where he was responsible for administration, governance, health promotion, public health policy, and development.

The three major voluntary health organizations in Maine that helped secure tobacco use prevention funds and promote policy change throughout the 1980s, 1990s, and 2000s were the Maine Lung Association, the American Cancer Society (ACS) and the American Heart Association (AHA). The MLA provided statewide leadership on tobacco control, organizing key players in tobacco control in the 1980s into what eventually became a statewide coalition, the Maine Coalition on Smoking or Health (MCSOH).[4]

ACS partnered with the state in 1991 to secure the first state tobacco prevention and control funds. These funds were provided by the National Cancer Institute under the American Stop Smoking Intervention Study (ASSIST). ASSIST was a $165 million project that awarded contracts to 17 state health departments, including Maine, to determine whether an emphasis on public and private policy change and the creation of a local tobacco control infrastructure could result in a decrease in tobacco use.[4]

The Bureau of Health was not active in state tobacco control until 1996 when Dr. Dora Ann Mills became the Director of the Maine Department of Health and Human Services, which includes the Maine Bureau of Health (renamed the Maine CDC beginning in 2005).[27] Trained as a pediatrician, Dr. Mills had a keen interest in public health and earned her Masters of Public Health from Harvard University in 1997.[27] She attributed her passion for tobacco control to her personal experiences with asthma as a child, as well as her many years of taking care of children with asthma. In a 2008 interview, she noted "I came to this job with a lot of passion -- personal passion for [the issue]."[27] Dr. Mills was a strong proponent of tobacco control legislation, who testified on behalf of numerous bills. She also supported the allocation of Master Settlement Agreement funds for tobacco control in Maine and was involved in the creation of the Fund for Healthy Maine.

In 1998, the Maine Bureau of Health created the Partnership For A Tobacco-Free Maine, a comprehensive state program designed to decrease death and disability due to tobacco use. Dorean Maines became the program's Project Manager in 2005 and in 2009 was continuing with this organization as the Acting Program Manager.

Table 16: Tobacco Control Lobbyists, 1983-2009[21]
Carol Kelly of the Maine Coalition on Smoking or Health
Becky Smith of the Maine Coalition on Smoking or Health
Megan Hannan of the Cancer Society
Ed Miller of the Lung Association
Dennise Whitely of Heart Association

Other key players included Megan Hannan of the American Cancer Society, who started work on tobacco control in 1995 (Table 16). Prior to then, the ACS was not involved directly with tobacco control, other than their support of MCSOH.[28] Denise Whitley began work on tobacco control in 1999 at the American Heart Association, and was continuing to lobby on behalf of tobacco control in 2009. This was the first time the AHA focused on tobacco control outside their involvement with MCSOH. Becky Smith, Executive Director of MCSOH until July 2009, took over from Carol Kelly in 2004**,** where she worked with tobacco control policy analyst Pam Studwell and grassroots coordinator Amy Olfene. Mary Herman, an MCSOH lobbyist in the 1990s was married to Angus King (I) and when King became Maine's governor in 1995 he proved to be an advocate for tobacco control policies.

Numerous senators supported tobacco control legislation over the years; most notably, were Republicans Peter Mills and Karl Turner, who introduced many tobacco control bills during the 1990s, including the smoke-free restaurant bill. Smoke-free air was a personal issue for both senators, especially Senator Mills, whose sister, Dr. Dora Mills, later became the Maine Public Health Director. Additionally, Governor Brennan (D, 1979-1987) and Governor Baldacci (D, 2003-2011) were strong supporters of tobacco control.

The labor community in Maine, principally represented by the AFL-CIO, was influential in the state's tobacco policy decisions for both tobacco control and the tobacco industry throughout the 1980s and 1990s.[5] Their involvement was significant because unlike other states where union membership was declining, membership in Maine remained stable. Unions took the stance that smoke-free air was a workers' rights issue, and that secondhand smoke was a workplace toxin. In the 1990s, the Maine Lung Association supported labor unions in their attempts to regulate workplace toxins. Labor groups then reciprocated by supporting the Lung Association's position against smoking in restaurants by providing critical support for the 1999 smoke-free restaurant bill.[5]

The Maine Coalition on Smoking or Health

Table 17: Board Member Organizations of the Maine Coalition on Smoking or Health, 1985
American Cancer Society
American Heart Association, Northeast Affiliate
American Lung Association of Maine
Anthem Blue Cross and Blue Shield
City of Portland, Public Health Division
Consumers for Affordable Health Care
Maine Center for Disease Control and Prevention
Maine Center for Public Health
Maine Hospital Association
Maine Medical Association
Maine Osteopathic Association
Maine Primary Care Association
Medical Care Development

Prompted by the failure of the Smoke-free Workplace bill in 1983, tobacco control advocates, including the voluntary health organizations, held a meeting in May 1984.[29] The State Health Officer, Bill Nersesian MD, was elected chairperson

of the group and the Division of Health Education in the Bureau of Health (BOH), run by Ed Miller, was selected to provide staff support.[29] This group set the stage for what was to become the Maine Coalition on Smoking or Health.

In 1985, the original meeting attendees, along with more than 30 public health, medical and insurance groups throughout the State, formed the Maine Medical Coalition (Table 17). The Coalition was organized to promote tobacco control legislation by making state policymakers aware of smoke-related health issues.[30, 31] The Coalition, which later became the Maine Coalition on Smoking or Health (MCSOH) also worked to increase the tobacco tax and later years, to protect MSA money.

Initially, the Coalition was poorly funded, operating on less than $6,000 annually until 1997, when the budget increased to $100,000. This influx of funds was provided by the Lung Association and the Cancer Society following the publication of the US CDC *Morbidity and Mortality Weekly Report* (*MMWR*),[32] which included a special edition on smoking and highlighted the fact that Maine had the highest young adult smoking rate in the country. In 1997, the Coalition used their funding to launch what would become the most successful tobacco excise tax campaign in the nation at that time. Between 2001 and 2003, additional Coalition funding was provided through a SmokeLess States grant from the Robert Wood Johnson Foundation.

MCSOH is a free-standing organization with no connection to the state health department and has operated since its inception to decrease smoking in Maine and later, to improve the health of Maine residents. Beginning in 1998, this goal expanded to include the protection of MSA funds for tobacco control.[33] MCSOH has supported smoke-free legislation, restrictions on the sale of tobacco, and excise tax increases through full-scale campaigns, utilizing expert testimony and education. MCSOH views smoking as a preventable chronic disease and believes that smoking reduction will benefit the Maine economy in the long run.

MCSOH relied on its members to establish a strong base of support for its first bill, the smoke-free workplace law, which passed in 1985, creating smoke-free workplaces throughout the state.[29] According to a report reviewing tobacco control efforts in Maine prepared by RJ Reynolds in 1985, "under the Coalition on Smoking OR Health, anti-tobacco activists in Maine developed a well-coordinated attack in the state legislature… In the past, they have used the shotgun approach to legislative activities, and we were very successful in deflecting their attacks. In more recent years, they have learned to focus on one or two objectives."[5]

However, MCSOH was not always successful in promoting the passage of tobacco control bills. Often, it took more than three years to get bills through the state House and Senate. In the late 1980s, the Coalition focused on federal tobacco control laws, and produced a report designed to serve as an information manual for federal legislators on tobacco policy, the tobacco industry, and the health impact of tobacco on the American public.[31] In 1987, the Coalition announced its support for increasing the federal cigarette excise tax as a valuable mechanism to deter youth smoking initiation.[31]

Since the 1980s, MCSOH has generated many publications, including a 30-page Advocacy Manual used to train activists to participate in state and local policy change; a white

paper that summarizes the history, status and future needs of Maine's tobacco prevention and control program (which was sent to lawmakers and the governor); and a continually updated summary of Maine's tobacco laws.[33] MCSOH disseminates its fact sheets, articles and other communications to more than 1,000 key people and groups in the state, including employers and Legislators in order to train people throughout Maine to take part in on-going tobacco policy initiatives on both a state and local level.[33]

During the mid 1990s, MCSOH gained the support of Maine's four major newspaper editorial boards, the *Bangor Daily News*, the *Portland Press Herald*, the *Kennebec Journal*, and the *Lewiston Sun Herald*.[33] According to Carol Kelly, director of Maine's SmokeLess States grant, "Maine's editorial boards never published against any of the coalition's initiatives — and in only a few cases did they remain silent. Most opted for vociferous support."[33] Project staff also conducted letter-to-the-editor campaigns and published op-ed pieces regarding proposed bills related to tobacco control to educate and create support among constituents.[33]

In 2007, Health Policy Partners of Maine (HPP) was established as an umbrella organization for the Maine Coalition on Smoking or Health, the Friends of the Fund for a Healthy Maine and an *ad hoc* group of professionals looking to reduce obesity rates through state level policy change. HPP's mission is to advocate for public policies promoting healthy lifestyles and reducing and preventing chronic disease in Maine, by introducing and supporting legislation and creating public support and understanding for the policies. The Maine Coalition on Smoking or Health continues to function as the sole tobacco control advocate group in the state within HPP. HPP is comprised of numerous health organizations (Table 17), including the American Cancer Society, the American Heart Association, the American Lung Association of Maine, Anthem Blue Cross and Blue Shield, the City of Portland Public Health Division, Consumers for Affordable Health Care, the Maine Center for Disease Control and Prevention, the Maine Center for Public Health, the Maine Hospital Association, the Maine Medical Association, the Maine Osteopathic Association, the Maine Primary Care Association, Medical Care Development and the Coalition on Smoking or Health.

Despite a lack of consistent outside funding (besides the ongoing support provided by the Maine Lung Association and the American Cancer Society), MCSOH succeeded because the group realized early on that in order to establish anything meaningful, they would need to cooperate with other non-profits across the state to achieve common goals. Members of MCSOH came from many different organizations, but despite their disparate interests, each organization was prepared to make sacrifices for the greater common good.

One example of this dynamic is evidenced by the distribution of Maine's MSA funds. A decision could have been made to try and allocate the bulk of the funds for tobacco control, but instead the group decided to establish a program that had the support of as many people throughout the state as possible. Towards that end, they funded a number of diverse health programs and included tobacco control as one the programs. Even though tobacco did not receive as much funding as it could have (it was one of the most heavily funded programs in the country until 2009), the funding structure itself was secure because of the widespread incentive (from other funded groups) to keep it intact.

ASSIST

In 1987, Representative Joseph Mayo (D-Thomaston) presented a bill, LD 414, providing $175,000 over two years to the Bureau of Health to fund education programs about the harmful effects of tobacco products. The House Committee on Appropriations voted "ought not to pass" with no debate. From 1987 to 1993, there was little impetus to establish a state tobacco control program in Maine, despite the fact that, at the time, tobacco use was the most significant underlying cause of death in the state.[10]

In 1991, Maine applied for funds from the National Cancer Institute (NCI) for the state's first tobacco prevention and cessation program, under the "American Stop Smoking Intervention Study," (ASSIST), a federally funded collaborative effort between NCI and the American Cancer Society (ACS).[34, 35] ASSIST was designed to produce data to evaluate the effect of state-level policy interventions on smoking rates.

In 1993, Maine was one of seventeen states to be awarded five year-long ASSIST grants, receiving $750,000 per year.[36] The grant funded seven permanent positions within the Bureau of Health: five professional and two support staff. The staff at the Bureau of Health worked in collaboration with the Maine ACS.[10, 37] The program focused on generating local support across the state for tobacco prevention and control.[36] Program objectives included strengthening and extending current tobacco control policies, building capacity to establish private and public policies for tobacco control; educating policy makers and increasing public support for clean indoor air policies, restricting access to tobacco by minors, creating economic incentives to discourage tobacco use, restricting tobacco advertising and promotion, and providing training and resources for passing local tobacco control ordinances.[38]

The ASSIST staff worked in collaboration with MCSOH members, health-related educational and community organizations, the Maine Labor Group on Health, the Maine Department of Labor's Bureau of Employment Security, the Bath Iron Works Corporation (largest private employer in the state), and the Penobscot Indian Nation.[37] Before the Partnership for a Tobacco Free Maine (PTM) was established in 1997, Maine's tobacco control program was funded solely by ASSIST.[39] ASSIST operated through community channels, reaching individuals and creating changes in social norms through local activities.[39] ASSIST helped Maine develop and maintain a community base for tobacco control programs and policy, and created support for future programs and funding to accomplish tobacco control and prevention. This community base was an important foundation upon which tobacco control advocates and MCSOH were able to build when the 1997 tobacco excise tax increase bill was introduced.

Structure

Randy Schwartz, the Director of the Division of Community and Family Health of the Maine Department of Human Services and the Director of the Division of Health Promotion and Education in the early 1990s, worked as the Director of the ASSIST project. Schwartz collaborated with Dr. Dora Mills, Maine's Director of Health at the BOH and took a collaborative approach as he implemented the ASSIST program.[21] MCSOH worked to ensure equity and collaboration in the program discussions, encouraging people from the Heart Association, the Lung Association, and other employees of MCSOH and the Health Department

to work together as advisors.[21] Despite the Cancer Society's dominant role, Miller recalled in a 2008 interview, "One could look at what happened here and never really see that there was anything special about the relationship with the Cancer Society, that they had some kind of a dominant role. We really kind of rolled it into the relationship that we had already had. And I'm not sure that that happened in other states."[21]

ASSIST helped tobacco control advocates to expand existing community-based coalitions around the state, and to further integrate the goals of the state's health groups who were, already working together in the Maine Coalition on Smoking or Health.[21] The ASSIST program targeted youths, ethnic minorities (especially Franco-Americans, Native Americans and Asians), women (especially pregnant women), blue-collar workers, the unemployed, low-income families, the less-educated, heavy smokers, and smokeless tobacco users.[37] Both Portland and Franklin County were chosen as specific intervention sites.[37]

Maine's ASSIST program was comprised of four subcommittees designed to reach the target populations (Table 23).[37] These subcommittees included Healthcare Systems, Worksites, Educational Systems, and Community Networks.[37] There were also three technical resource groups which worked with each subcommittee to ensure a broad impact within each target group, including media, program services, and policy.[37] Finally, two special resources groups, a minority and multicultural group, and a data and technical assistance group were created to assist each subcommittee and technical resource group in reaching special populations with specialized information.[37]

Table 23: Maine ASSIST Program Objectives[38]
1. Strengthen and extend current tobacco control policies
2. Build capacity to establish private and public policies for tobacco control
3. Educate policy makers and increase public support for clean indoor air policies, restricting access to tobacco by minors, economic incentives to discourage tobacco use, and restricting advertising and promotion of tobacco
4. Provide training and resources for passing local tobacco control ordinances

To reach these goals, Maine ASSIST formed an "advocacy network" through which each participant received information regularly on the progress of tobacco prevention and control in the state. Additionally, the network expected that each participant would engage in one or two activities during the year (such as letters to the editor and speaking to their legislators) and recruit one or two people to the network.[38]

Tobacco Companies Challenge ASSIST

In mid-1994, Maine ASSIST members met to discuss a strategy to reduce youth access, including prospective legislation for the new legislative session and education of local officials.[38] As a part of the Local Policies/Ordinances effort for FY 1994, members of the project planned to support the passage of local tobacco control laws, by developing a How-To manual and supporting organizations or coalitions with the knowledge, expertise and interest in passing local tobacco control laws.[38]

The tobacco industry saw ASSIST as a threat. In many states, ASSIST was the first well funded, well organized tobacco control movement. The Tobacco Institute's (TI) major concern was that ASSIST programs would create pro-tobacco control messages in local communities, and that ASSIST might disengage tobacco industry allies.[40] In response to these concerns, TI sought to disrupt any ASSIST activities.[41]

In a Philip Morris 1995 marketing presentation, Ellen Merlo, Senior Vice President of Corporate Affairs at Philip Morris, discussed Maine's ASSIST grant, describing the ASSIST funding as giving the "antis" in Maine deep pockets to lobby for smoking and marketing restrictions on the local level.[42] She went on to say that the presence of ASSIST funds made, "enacting smoking accommodation [creation of smoking sections in hospitality venues as an alternative to smoke-free policies][43] and marketing preemption a priority for [Philip Morris] in Maine during 1995."[42]

TI and Philip Morris made numerous attempts to challenge state ASSIST activities, in particular accusing ASSIST states of "illegal lobbying" activities with federal funds.[34, 35, 44] The industry had used this tactic before, filing formal complaints of illegal lobbying activities against four ASSIST states.[44] The industry made Freedom of Information Act (FOIA) requests in an effort to develop information that could be used to support these allegations and divert resources away from tobacco policy development. In Colorado and Washington, the industry filed lawsuits against ASSIST program administrators.[45, 46] In Minnesota, the industry successfully deterred the implementation of local tobacco control ordinances but was not able to defeat comprehensive youth access legislation.[45, 47] While the complaints temporarily slowed the development of tobacco control policy interventions in those states, it gave the other 13 states with ASSIST funding, including Maine, time to strategize and become familiar with the industry's disruptive tactics.[44]

Maine was prepared on November 21, 1996, when Augusta-based attorney Peter Dawson, who had well established industry affiliations, requested all ASSIST documents from the Maine Department of Health Services.[45, 48] The FOIA request was nearly identical to requests made in other states, demanding information on lobbying activities under the ASSIST project.[45]

The DHS invited local news media to film its staff going through filing cabinets to locate the documents; the coverage portrayed the industry's tactic as nothing more than harassment.[45] Dr. Mills supported the publicity, stating, "The public has a right to know this is happening and it will tie up our staff for quite a few days."[45] This strategy led to newspaper headlines and editorials calling the industry out on their tactics.[45]

The industry representatives bound the documents into a notebook labeled, "Survey of DHS ASSIST Files," that were distributed by a tobacco industry lobbyist to every member of the Committee on Taxation reviewing the cigarette tax increase bill in 1997 (discussed later in this report).[45] The tobacco industry accused the ASSIST program of "illegal lobbying," providing copies of travel expenses and reimbursement for meetings attended by ASSIST staff.[45]

A second attempt to stall Maine's ASSIST program came from John Doyle of the law firm Doyle & Nelson, who was on retainer with RJR starting in 1997.[49] Doyle wrote to Maine's

Attorney General on April 23, 1997 regarding what he called a "possible failure to follow the law and inappropriate conduct" by those working under the ASSIST program.[45, 49] Doyle alleged that ASSIST had published the names of numerous tobacco industry lobbyists and lawyers in a slanderous manner. Specifically he alleged that ASSIST encouraged the clients of these named attorneys to discontinue their professional relationships.[45] Included on the list were attorneys Carol Allen, who was let go by the Maine Teachers Association, Craig Nelson who was asked to resign from the Board of the Kennebec Health System, and John Doyle who was almost removed as the head of the United Way.[50] Doyle sought to create controversy about the list as a way to disrupt and delay ASSIST activities. He insisted that the Attorney General investigate the release of names and suggested that state tax dollars were being used to deprive the exposed attorneys of earning a living.[45]

Tobacco control advocates responded to the charges brought against them by writing to the Attorney General and preparing and distributing their own notebook, "Tobacco Industry Campaign of Harassment Against State Public Health Agencies: Latest Target-Maine," which exposed the false allegations and identical attempts to delay progress through FOIA requests across the ASSIST states.[45] On May 22, 1997, the Assistant Attorney General for Health responded to Doyle's charges in a letter, outlining misstatements of law and fact in Doyle's letter and concluding that there was no evidence that any laws had been violated.[45]

Peter Dawson, working with funding from the Tobacco Institute, made his second legal request in 1997 for hundreds of documents related to Maine's anti-smoking efforts through the ASSIST grant.[51-53] In an expense report submitted to the TI, Dawson claimed more than $13,000 in fees for his work against the ASSIST project.

After ASSIST

The grant was for four years, and in 1998, Maine's ASSIST grant funding ended, and the US CDC began providing infrastructure funding under its National Tobacco Control Program (NTCP).[10, 54] This money was combined with money from the Tobacco Tax Relief Fund, created along with a state tobacco tax increase in 1997 (discussed below), to form the Partnership For A Tobacco-Free Maine (PTM) in 1997, which was subsequently funded by the Master Settlement Agreement (also discussed below).[10]

2001 Smokeless States Grant

In 1991, the Robert Wood Johnson Foundation (RWJ) established an initiative to promote health and prevent disease by reducing harm caused by substance abuse.[33] As a result, RWJ became the major private sector player in tobacco control, and the SmokeLess States project, a National Tobacco Policy Initiative, was developed in 1995 to reflect the RWJ focus on tobacco control advocacy.[33] SmokeLess States was designed to support the development of coalitions committed to tobacco use prevention and treatment as well as protection from second hand smoke.[4]

In June 2001, during the second phase of the SmokeLess States project, which focused on working to advocate for policy change regarding tobacco policy, Maine applied for and received a SmokeLess States grant for three years in the amount of $992,060.[4, 33]

MCSOH had previously relied on diversified funding sources to sustain their progress, and funding and staffing had been irregular.[33] In addition to the RWJ funding, the ACS and ALA contributed over $100,000 each to match the RWJ grant.[4] The funding from the SmokeLess States grant was used to compensate MCSOH staff, who were focusing on moving the legislative agenda forward and keeping MSA funding allocated for health purposes.[4] With the Smokeless States grant, four new staff members provided a secure infrastructure and allowed for more stable and diversified funding structure.[33]

In 2000, before receiving the funds, MCSOH leaders selected the health care advocacy organization Consumers for Affordable Health Care to be the administrative and fiscal agent for the grant.[4] Consumers for Affordable Health Care was a non-profit organization designed to help people in Maine obtain affordable and quality health care.[4] MCSOH chose the organization in an effort to cement their relationship with health care access advocates.[4] This was a departure from other states, that traditionally assigned this responsibility to strong anti-tobacco organizations like the ACS or ALA.[4]

The partnership with Consumers for Affordable Health Care established a foundation for an aggressive grassroots outreach, a media campaign and an effective legislative advocacy organization.[33] Consumers for Affordable Health Care became a member of MCSOH, and from 2001 to 2004, they conducted a cooperative state-wide campaign to reduce tobacco use, mainly among children and youths.[33] In 2004, the SmokeLess States program funding ended.

While the SmokeLess States grant funds could not be used to support lobbying,[33] MCSOH raised $274,000 for its lobbying activities (Table 18).[33] Sources of funding included

Table 18: In-Kind Cash Contributions to the Maine Coalition for Smoking or Health, 2001-2004

Organization	***Amount***
American Lung Association of Maine	$93,000
American Cancer Society, NE Division	$129,000
Center for Tobacco-Free Kids	$20,000
American Heart Association, NE Region	$12,000
Membership dues from coalition members	$9,550
American Heart Association of Maine	$7,000
Maine Hospital Association	$2,500
Maine Medical Center	$2,000
CD&M Communication	$2,000
Anthem Blue Cross	$1,500
Redington-Fairview General Hospital	$950
Medical Care Development	$500
Maine Health	$500
TOTAL	$280,500

the American Lung Association, the American Heart Association, and the American Cancer Society, which in total contributed $280,500 to supplement lobbying and other activities.[33] Table 18 shows the funds raised to supplement the SmokeLess States grant from 2001 through 2004.

An additional 73 organizations contributed $400 or less (ranging from $15–$400) to MCSOH during the SmokeLess States grant period.[33] A total of $800,000 in in-kind support was contributed to MCSOH, which went towards staffing, fringe benefits, office and meeting space, and office supplies.[33]

The SmokeLess States grant funded a permanent staff for MCSOH, which was dedicated to the tobacco program.[21] Because of the funding, Carol Kelly as the head of MCSOH and later Becky Smith, were able to develop campaigns to support tobacco control and the tobacco excise tax bills.[21] Prior to this, Ed Miller worked on tobacco but also for the Lung Association, Megan Hannan worked for the Cancer Society, Denise Whitley worked for the Heart Association, and other tobacco control advocates had shared duties at their respective organizations.

With the SmokeLess States funding, MCSOH, with help from Consumers for Affordable Health Care, created an advocacy program that focused on increasing the cigarette excise tax, promoting smoke-free ordinances, and protecting tobacco settlement dollars allocated to tobacco control.[33] Key activities within the program included coalition building, public and policy-maker education on tobacco prevention, and advocacy training.[33]

Under the SmokeLess States grant, MCSOH awarded 10 mini-grants (Table 19). These grants went to Maine communities, including Auburn, Blue Hill, Gardiner, Lewiston, Portland, Rumford, Saco, Sanford, Waterville and Wilton, where they funded a variety of activities (Table 19).[33] Fourteen additional mini-grants, specifically for building new relationships and expanding existing efforts, were awarded to groups in nine additional Maine communities.[33]

The grants were for between $2,000 and $3,500.[33] With the grants, MCSOH established the Friends of the Fund for a Healthy Maine (FHM), as well as SAFE (Smoke-free Air For Everyone), a coalition of labor, women's groups, bar workers and senior citizens to help restrict

Table 19: SmokeLess States Grant Funded Activities, 2001-2004
• Development of stronger campus tobacco policies at Central Maine Community College in Auburn and Bates College in Lewiston. • Tobacco-cessation counseling for prison inmates at Hancock Jail in Blue Hill. • Education on the effects of smoking and secondhand smoke to licensed child care providers and the families they serve in Lewiston. • Tobacco-prevention education for low-income families in Portland. • Education on tobacco, alcohol and other addictions for members of the refugee and immigrant communities in Portland. • Leadership training for youth advocacy organizations in Rumford. • Employee health screening for low-income residents in Sanford. • Tobacco-cessation services for mentally ill and substance-abusing adults and adolescents at the Kennebec Valley Mental Health Center in Waterville. • Education on nicotine-replacement therapy for health care providers in Wilton and Gardiner.

smoking in bars.[33] They also helped organize more than 100 tobacco and non-tobacco groups in order to protect Maine's MSA funds.[33]

When SmokeLess States funding ended in 2004, MCSOH had enough resources to continue with the policy advocacy work it had begun under the grant.[33] Funding sources after 2004 included annual dues paid by coalition members, other foundation grants, and major donations from voluntary organizations, all of which went to maintaining the dedicated staff.[33] SmokeLess State's goal of creating a sustainable effort had been realized.

Accomplishments Under the SmokeLess States Grant

The secret to Maine's success under the Smokeless States Grant was *cooperation*. The cooperation and partnership between MCSOH and Consumers for Affordable Healthcare made MCSOH more effective politically and enabled MCSOH to protect tobacco control funding.[33] In addition, the cooperation between MCSOH and a strong grassroots base which included partnerships among the 31 Healthy Maine Partnerships (HMP) helped promote educational forums and media and advocacy training on a local level. The HMPs in turn helped MCSOH with grassroots support during campaigns for policy change, creating support for bills and smoke-free policy.[33]

Over the years, MCSOH expanded its list of partners to include more than 100 state and municipal government agencies, nonprofit service groups, health care institutions, businesses, organized labor groups, faith-based communities, communities of color, health professional groups, community service providers, and rural and Native Tribe health centers, as well as physicians, mental health professionals, social workers, nurses, senior citizens, patients and others.[33] By 2004, in addition to Consumers for Affordable Health Care, MCSOH member organizations included: the American Cancer Society New England Division, the American Lung Association of Maine, Anthem Blue Cross Blue Shield, Maine Hospital Association, the American Heart Association Northeast Affiliate, Maine Medical Association, Maine Primary Care Association, Maine Osteopathic Association, Medical Care Development, City of Portland Department of Public Health and the Maine Center for Public Health.[33] Cooperation was integral. In addition the SmokeLess State Grant and ensuing cooperative initiatives led to a diversified, sustainable funding base and allowed MCSOH to hire and retain permanent staff.[33]

Another key to success for the program was a well-timed "under the radar" approach to delivering a tobacco advocacy messages, which helped to counter the tobacco industry lobbyists who were perceived by the public as overbearing and aggressive.[33] For example, recognizing that any tobacco industry efforts to affect public opinion on smoke-free bars in 2001 would be harmful, MCSOH decided not to run a public education and advocacy campaign until after lawmakers had been educated and contacted by supporting members of the public and the business community.[33] In 2003, Maine was able to add bars, pool halls, hotel lounges and bingo games to the state's smoke-free public places/workplaces law.[33] And in 2003, the smoke-free bars bill passed with little difficulty in large part because of MCSOH's under the radar approach.

After Carol Kelly, a community organizer and strategist, began working at MCSOH, Maine, unlike other states in New England, began to approach smoke-free air bills as if each bill was a candidate trying to get elected. The campaign for each bill was run like an election and

tobacco control advocates were faced with getting the bill passed based on its attributes and the advantages that the bill could bring to Maine citizens. For example, with smoke-free bars, tobacco advocates examined the attributes of smoke-free bars, the pros and cons of smoke-free bars, why people liked or disliked smoke-free bars. This approach helped the tobacco control advocates frame the bills in a positive way so that the public could appreciate the benefits of smoke-free legislation rather than the disadvantages of implementing more policies.[21]

The State Tobacco Control Infrastructure Emerges

Four years after ASSIST, in November 1997**,** Maine still lacked its own state-run tobacco control program. Despite MCSOH's efforts to introduce bills that would influence smoking rates, Maine still had the highest youth smoking rates in the country well into the late 1990s. In 1997, through a collaborative effort between the Director of the Department of Health, Dr. Dora Mills, the Governor, and MCSOH, the tobacco excise tax was doubled, from 37¢ to 74¢ per pack. (The effort that led to this tax is discussed later in this report.) The tobacco excise tax doubling resulted in the Legislature promising $3.5 million to be allocated to the Bureau of Health for tobacco prevention and control, 7.5% of the total tax revenue of $46.3 million for the year.[10] However, the funds were only allocated for one year, after which the Legislature diverted them to the General Fund to help balance the budget. In 1997, when the ASSIST project ended and federal tobacco funding was transferred to the US Centers for Disease Control and Prevention (CDC), NTCP funds were combined with the tobacco excise tax funds to create the Partnership for a Tobacco-Free Maine (PTM), the state's tobacco control program in 1997.

NTCP funds were earmarked for state health departments to educate the public and legislators on policy strategies to reduce tobacco use.[55] The program was established in 1999 to, "encourage coordinated, national efforts to reduce tobacco-related diseases and deaths."[56] NTCP provided funding and technical support to state health departments to eliminate exposure to secondhand smoke, promote quitting, prevent youth initiation, and eliminate disparities between population groups.[56] NTCP focused on population-based community interventions, counter-marketing, policy regulation, surveillance and education.[56]

PTM was housed in the Bureau of Health (which became the MCDC) within the Department of Health and Human Services.[10] The structure and strategies used by the PTM followed program guidelines recommended by the CDC's Best Practice Guidelines,[18] which were used to give the tobacco programs credibility as well as a successful model to follow.[10, 21] The statewide program focused its efforts primarily on population-based strategies and policy and environmental change, and had four primary goals; to prevent youth and young adults from starting to use tobacco, to motivate and assist tobacco users to quit, to eliminate involuntary exposure to secondhand smoke, and to identify and eliminate disparities related to tobacco use among population groups.

The major tobacco control effort under PTM was the organization of local Healthy Maine Partnerships (HMP), in which grants were awarded to communities throughout the state Healthy Maine Partnership to organize tobacco control and prevention on the local level. In addition, PTM funded enforcement of smoke-free laws, youth programs and media campaigns. The PTM was significantly supplemented by revenue from the Master Settlement Agreement (MSA) starting in 1999. In Maine, a portion of these funds was allocated by the Legislature into the

Fund for a Healthy Maine (FHM) which disbursed money to health programs, including the PTM.

2001 Healthy Maine Partnerships

The Maine Turning Point Project

In 1999, the Maine Center for Public Health (MCPH), a private, nonprofit organization established by the Maine State Legislature in 1996 to improve the health of Maine citizens, applied for and received a RWJ Foundation Turning Point grant that funded a two-year (1999–2001) grant to strengthen Maine's public health infrastructure, followed by four years (2001-2005) of program implementation (Table 20).[57]

The Maine Turning Point Project (MTPP) was administered by two non-profits, MCPH and Medical Care Development (MCD), working in collaboration with Bureau of Health.[58] MCPH and MCD established a MTPP Steering Committee to promote access and coordination of public health services to communities, convene community partnerships across the state promoting the coordination of community-wide public health prevention and response programs, and improved coordination between state-level authorities and local communities for public health data sharing, training opportunities, emergency response, and other emerging public health issues.

Table 20: MTPPs accomplishments, 2005[57]	
Education and training.	Maine had no in-state graduate public health education. The University of New England, in Portland Maine, responded to the MTPP recommendations by initiating a graduate certificate program in public health with academic credits that could be used toward a master's degree in public health from neighboring University of New Hampshire. Also, the University of Southern Maine developed a summer Institute in Public Health, offering credit-granting courses for undergraduate (as well as graduate) degrees and a certificate. The MTPP led to the development of a Maine Public Health Education and Training Committee that meets quarterly to stimulate the provision of high priority continuing education courses throughout the year.
Information systems	The MTPP recommendations regarding the development of data collection and analysis produced a task force that drafted a plan for a web-based "community health information system," with funding from a local foundation. That effort was subsumed into a larger information system development effort funded and organized by the BOH.
Coordination, collaboration, and advocacy	The Turning Point grant-writing process hastened the development of the Maine Center for Public Health (MCPH), an organization established by the Legislature (but unfunded) as a private non-profit 501c(3) organization in 1996. The Maine Network of Healthy Communities was also organized during the first phase of MTPP by local coalition leaders and partially supported by MTPP grant funds. The Maine Public Health Association, established in 1989, had been the primary legislative advocacy organization throughout the MTPP process.
Evidenced-based practice	The MTPP recommendation for greater evidenced-based public health practice supported the development of the Maine-Harvard Prevention Research Center, a collaborative project involving the Harvard School of Public Health and the CDC, as well as the BOH and MCPH. The Center reported on tobacco control in Maine in the 2005 report, "Influencing State Policy on the Tobacco Settlement: The Experience in Maine," which summarized the development of the FHM.

MTPP ultimately led to the development of the Healthy Maine Partnerships (HMP), statewide local coalitions developed to organize and oversee community-based prevention activities to reduce barriers to health. HMPs were designed to strengthen Maine's system of prevention and empower communities to address the behavioral risk factors associated with tobacco-related chronic disease.[59] HMPs became the infrastructure for Maine's community health programs, a key component of the Maine tobacco control infrastructure in the 2000's.[57]

As MTPP was developing a plan for coordinated public health services, the Maine Legislature was discussing how best to use the Master Settlement Agreement funds to change tobacco behaviors in Maine.[57] Officials from the Bureau of Health felt that the best way to accomplish this was to create geographically equitable processes for distribution of the funds between regions of the state.[57] In 2001, a plan was published by the Bureau of Health to develop community health programs with the intent that they would become a key component of the Maine tobacco prevention and control program.[57]

Healthy Maine Partnerships

In January, 2001, the Maine Bureau of Health established thirty-one geographic areas in which local intervention sites were established for the implementation of tobacco-use reduction and tobacco-related chronic disease prevention and control programs. The local HMPs were established to implement state level programs in community settings. The local partnerships were designed based on a community health promotion model, with each Partnership developing and maintaining a broad coalition of associations with community and school partners to implement policy for healthy lifestyles.

Each of the 31 local HMPs was responsible for a dedicated service region covering the majority of Maine's municipalities. The service regions were based on existing hospital service areas. In each of the local sites, a lead agency operated as a fiscal agent (in most cases, a hospital) along with at least one school administrative unit (SAU) (in total, there were 54 school administrative units collaborating with the local HMPs).

Local HMPs applied for and were allocated funds to address tobacco, tobacco-related chronic disease and related risk factors in both the community and schools. The funds were awarded to the local HMPs from the state HMP, which consisted of five individual programs: the Partnership for Tobacco Free Maine, the Maine Cardiovascular Program, the Maine Physical Activity and Nutrition Program, the Community Health Promotion Program, and the Coordinated School Health Program in Partnership with the Maine Department of Education

Table 22: Allocations for Healthy Maine Partnership Grants ($)

	2005	2007	2008
Statewide Coordination	700,000	1,300,000	2,000,000
HMP Grants	6,900,000	6,500,000	6,600,000
Remainder from Allocation	0	0	400,000

Statewide Coordination includes tribal organizations, the Maine Center for Public Health, the Maine Youth Action Network, the Attorney General's Office (compliance), the Smoke-free Housing Coalition, School Based Health Centers, and Administrative and Overhead costs

(Source: Tobacco Settlement Fund Allocations, Challenges and Results)

(Table 22 and 23). Allocations to HMPs were reported, but the amount spent on tobacco control was not.

Local HMPs developed and implemented community-level interventions and policies to promote and support tobacco use prevention. Initially, HMPs were designed to meet three primary goals; reducing tobacco use and tobacco-related chronic diseases, disability, and deaths with particular attention to high risk and disparate populations; ensuring the accessibility of coordinated services for the early identification of risk factors for tobacco-related chronic disease; and implementing coordinated school health programs emphasizing comprehensive school health education and incorporates the US Centers for Disease Control (CDC) Division of

Table 23: Community/School Grants (HMP) Allocations by Awardees (2001-2007)

Town	Name of Awardee	Name of Project	Amount ($)
Augusta	MaineGeneral Medical Center	Getting Healthy	211,600
Bar Harbor	Mount Desert Island Hospital	Healthy Acadia	211,600
Biddeford	University of New England	Coastal Health Communities Coalition	211,600
Bridgton	Bridgton Community Center	BodySmart	211,600
Bangor	Partnership for Healthy Communities	Bangor Region Partners for Health	211,600
Belfast	Waldo County General Hospital	Heathly Living Project	211,600
Blue Hill	Blue Hill Memorial Hospital	Healthy Peninsula Project	211,600
Brunswick	Mid Coast Hospital	ACCESS	211,600
Ellsworth	Downeast Health Services	Coastal Hancock Healthy Communities	211,600
Fort Kent	Northern Maine Medical Center	St. John Valley Partnership	211,600
Lewiston	Central Maine Community Health Corporation	Healthy Androscoggin Coalition	211,600
Lubec	Regional Medical Center at Lubec	Downeast Healthy Tomorrows	211,600
Calais	Calais Regional Hospital	St. Croix Valley Healthy Communities	211,600
Caribou	Cary Medical Center	Power of Prevention	211,600
Farmington	Franklin Community Health Network	Healthy Community Coalition	211,600
Houlton	Houlton Regional Hospital	STOP	211,600
Lincoln	Penobscot Valley Hospital	SPRINT for Life	211,600
Millinocket	Millinocket Regional Hospital	Katahdin Area Partnership	211,600
Norway	Western Maine Health Care	Healthy Oxford Hills	211,600
Camden	Penobscot Bay YMCA	Knox County Coalition Against Tobacco	211,600
Dover-Foxcroft	Mayo Regional Hospital	Piscataquis Public Health Council	211,600
Portland	City of Portland, Public Health Division	Healthy Portland	211,600
Portland	Peoples Regional Opportunity Program	Communities Promoting Health	211,600
Rumford	River Valley Healthy Communities Coalition	Project NOW: Northern Oxford Wellness	211,600
Skowhegan	Redington-Fairview General Hospital	Somerset Heart Health	211,600
York	York Hospital	Choose to be Healthy	211,600
Newcastle	Youth Promise of Lincoln County	TLC for Life	211,600
Pittsfield	Sebasticook Valley Hospital	Healthy Living	211,600
Presque Isle	Aroostook Country Action Program	Partnership for a Healthy Community	211,600
Sanford	Goodall Hospital	Partners for a Healthier Community	211,600
Waterville	United Way of Maine	Healthy Horizons	211,600
Total Spent on HMPs			6,559,600
Allocation for Community/School Grants (minus spending on Indian Health Centers)			6,862,000
Remainder from Allocation			303,000
(Source: Tobacco Settlement Fund Allocations, Challenges and Results)			

Adolescent and School Health (DASH) guidelines for tobacco use prevention, physical activity, and healthy eating.[57]

In 2007, the HMP were restructured as a permanent local coalition-based public health infrastructure in eight public health districts covering the entire state. Goals and objectives of the HMP were rewritten and contracts specified that the local HMPs were required to spend at least 50% of their funding on tobacco control.[60] Prior to this time, funding for tobacco control had not been specified.[60] Reports from the Maine CDC do not indicate the percentage of funds actually spent on tobacco prevention and control.

At its inception, each of the HMPs, received the same amount of money.[61] However, because the population density throughout Maine is varied, in 2008 the equation for funding was changed so that HMPs received funds based on a formula which considered both population size and density along with the distribution of service center municipalities across the state.[61]

Table 24: Local Essential Public Health Services and Community/School Grants, 2009 ($)[10]

District	Project	FHM Funding	Total Contract
Aroostook	Aroostook County Action Program	372,000	498,000
	Cary Medical Center	298,000	478,000
Central Maine	Greater Waterville PATCH	412,000	544,000
	Somerset County Association of Resource Providers	336,000	513,000
	Healthy Communities of the Capitol Area	312,000	455,000
	Sebasticook Valley Hospital	92,000	134,000
Cumberland	City of Portland	653,000	1,103,000
	People's Regional Opportunity Program	509,000	709,000
Downeast	Acadia Community Association	136,000	179,000
	Child and Family Opportunities	236,000	288,000
	Downeast Health Services (St. Croix Valley)	148,000	191,000
	Downeast Health Services (Union River)	152,000	194,000
	HealthWays/RMCL	156,000	203,000
	Town of Bucksport	113,000	141,000
Midcoast	Midcoast Hospital	209,000	289,000
	Penobscot Bay YMCA	231,000	321,000
	Waldo County General Hospital	239,000	322,000
	Youth Promise	263,000	345,000
Pemquis	Bangor Health and Welfare	457,000	618,000
	Katahdin Shared Services	281,000	390,000
	Mayo Regional Hospital	179,000	268,000
	Sebasticook Valley Hospital	92,000	134,000
Western	Central Maine Community Health Corporation	433,000	869,000
	Franklin Community Health Network	217,000	283,000
	River Valley Communities Coalition	308,000	409,000
	Western Maine Health	153,000	224,000
York	Goodall Hospital Inc.	212,000	312,000
	University of New England	330,000	524,000
	York Hospital	415,000	560,000
Total		$6.65 million	$11.512 million

**In 2007, community and school grants were combined with substance abuse prevention, funds from the US DOA, and local funding sources into one RFP to form a new local public health system.

Evaluations and Changes in the HMPs

HMPs were seen by the Bureau of Health as a way to deliver a variety of health services through a single program. Money could come from many different state and federal sources, but there would be a single delivery system for each geographic area. Funding sources included the FHM, federal funds for bio-terrorism, flu control, maternal and child health, and substance abuse. This diversity of funding allowed for more coordinated programs, and less waste because of overlap and overhead. HMPs worked to create infrastructure and get health laws passed. They coordinated with the state through the Partnership for a Tobacco Free Maine, allowing for stronger partnerships between HMPs and a freer flow of knowledge and experience. Despite the new direction of HMPs, tobacco remained a top priority. HMPs were required to spend at least 50% of their budget on tobacco programs. HMPs receive the majority of their funding, after all, from the MSA. Since HMPs received approximately 40% of MSA funds allocated to tobacco control (roughly $8 million annually out of a total of $20 million allocated to PTM), approximately 20% ($4 million) of FHM tobacco control funds were being allocated to non-tobacco control programs.

The statewide system of comprehensive community health coalitions had resulted in an active grassroots base that could be called on to add its political voice to tobacco control policy making. In 2007, the FHM community and school grants allocations were combined with other funds into one request for proposals (RFP) to form a new structure for the HMPs.[4] This streamlining of funds resulted in the consolidation of tobacco control programs within MCDC, so that HMP contracts were awarded to local coalitions representing the public health interests of the community, through local healthcare delivery systems, such as a hospital or health center, and other appropriate organizations.[10]

The HMPs revealed the political strength of the new infrastructure. When prevention funding was threatened**,** HMP leaders throughout the state mobilized their constituents and legislators, and the threat was overcome.[57] Legislators had learned to appreciate the political clout of the HMPs as well as its program potential.[4]

When the Dirigo Health Plan, Maine's voluntary comprehensive health coverage plan, was enacted by the legislature and organized by the governor in 2004, it revolutionized the way health care was delivered in Maine.[57] It prompted elected state officials to engage in large-scale state government reorganization deliberations, including the merger of the Departments of Human Services (including the Bureau of Health) and Behavioral and Developmental Services (Maine's mental health and substance abuse agency).[57] This merger led to the formation of the "Maine Center for Disease Control and Prevention" to replace the Bureau of Health in 2005.[57]

In 2007, LD 2247, a bill regarding the Dirigo Health Plan, was introduced by Speaker Hannah Pingree (D-North Haven). Initially, the bill included a 50 cent tobacco excise tax increase to fund the plan, but the final bill was amended so the plan would be funded by multiple sources of revenue. The bill was referred to the Committee on Insurance and Financial Services, where it was recommended to pass. It subsequently passed in the House and Senate, and was signed by Governor Baldacci in April of 2008. Embedded in the bill was the diversion of $5 million from the FHM to Dirigo.

TOBACCO CONTROL POLICY: CLEAN INDOOR AIR

Early Legislation: 1979-1981

By the 1970s, bills began to emerge that would prohibit smoking in all indoor areas open to the public, but from 1973 to 1977 those bills died in the Legislature (Table 20).[54] In 1979, LD 11, a bill to prohibit smoking in public meetings, made it through the Legislature but was vetoed by then Governor Joseph Brennan (D).[54] The veto was sustained in the House.[54] In that same year, a bill to require nonsmoking areas in indoor public places failed, as did a bill to require nonsmoking areas in restaurants with a seating capacity of 50 or more.[54]

Tobacco lobbyists were active at hearings when tobacco control bills were introduced.[21] Industry actions to engage smokers' rights groups were not easily tracked, but their influences among legislators in the 1970s and 1980s is apparent, since they voted against bills on the grounds that smoking was a personal choice and not something to be regulated by the government, the precise argument tobacco industry lobbyists were making in the 1980s. Beginning in the early 1980s, laws were passed to reduce exposure to secondhand smoke, to reduce youth access to tobacco (and prevent youths from starting) and to encourage smokers to quit by raising excise taxes (Table 25).[54]

Regulations in Public Places

In 1979, LD 11 was the first bill to pass the Legislature that prohibited smoking in indoor public proceedings. The prohibition covered smoking in all public meetings in the state, and included a fine of $50 if an individual continued to smoke after an initial warning.[62] The Maine Lung Association and MCSOH were the major advocates for the bill. Although it passed in the House and the Senate, it was vetoed by Governor Joseph Brennan (R), the first veto of his term.[63] Brennan argued that, "Smoking may be bad for the public health, but making it a crime is bad public policy."[62] George Nilson, then director of the Maine Lung Association, expressed his disappointment in the Governor's decision, stating, "'the governor had a splendid opportunity to improve the health of people of the state of Maine, and he blew it."[62]

Tobacco industry lobbyists supported attempts to weaken the language of the bill by limiting the law to state-level meetings only instead of all public meetings as stipulated in the original text.[62] Even though Governor Brennan acknowledged he might support such an amendment were it to pass, it failed in the Senate by two votes, likely due to the absence of two senators who had been vocal in support of the bill but missed the roll call.[62] Governor Brennan also acknowledged that he was considering issuing an executive order ending smoking at any meeting related to State issues were the bill to fail.[62] Ultimately, the Governor vetoed the bill after it passed both the House and the Senate and failed to issue the executive order.

The bill did not have enough votes in the Senate to override Governor Brennan's veto.[62] The Governor said, "my final decision was based on the concern expressed eloquently by many local officials who said they thought this bill was an unnecessary intrusion into the affairs of local government, another example of Augusta saying to the people of every city and town how to run their business."[62]

Table 25: Early Smoke-free Air Bills Passed by the Maine Legislature				
Year	**LD #**	**Sponsor**	**Description**	**Result**
1979	11	N/A	Prohibited smoking in public meeting	Vetoed by Gov. Brennan.
1981	395	Rep. Dexter (R)	First law regulating smoking in public places. Prohibited smoking in public proceedings unless consent given by all members.	Effective 9/18/81
1983	1455	Nelson (D)	Prohibited smoking in jury rooms unless all members of the jury consent.	Effective 9/23/83
1983	1254	Bustin (D)	Limited smoking in nursing homes to designated smoking areas.	Effective 9/23/83
1983	478	Ketover (D)	Prohibited the sale and/or distribution of free cigarettes or tobacco products to any person on a public way or sidewalk, in a public park or playground, in a public school or public building, or in an entranceway, lobby, hall or other common area of a private building, shopping center or mall. The bill included a penalty for violation the law, which resulted in a fine of between $20 and $50 for each violation.	Effective 1985
1985	133	Hillock (R)	Prohibited smoking in public areas of retail stores over 4000 sq ft.	Effective 1985
1985	1276	Violett (D)	The Workplace Smoking Act required that employers establish, or negotiate through the collective bargaining process, a written policy to protect the employer and employees from secondhand smoke.	Effective 1/1/86
1987	1600	Manning (D)	Required restaurants to provide no-smoking areas	Effective 9/29/87
1987	353	Pines (D)	Prohibited smoking in public areas of publicly owned buildings. Exceptions: enclosed indoor restaurant and cafeterias in if a no-smoking area is designated; civic auditoriums may allow smoking in hallways and lobby areas if a no-smoking area is designated as specified in statute.	Effective 9/29/87
1988	184	Turner (R)	Prohibited tobacco use in public elementary and secondary school buildings and on school grounds while school is in session. Exceptions: designated smoking areas for employees may be established by the school board in accordance with the Workplace Smoking Act or may be collectively bargained.	Effective 8/4/88
1993	904	Simonds (D)	Prohibited smoking in enclosed areas of buildings where the public was permitted, and repealed exiting law rendered superfluous by the bill	Effective 1993

Governor Brennan insisted he had not discussed the bill with, TI lobbyist Severin Beliveau who was one of the Governor's closest advisors.[62] Lobbyists from the TI had encouraged many individuals and vending organizations and restaurant with interest in the bill to write to the Governor asking him for a veto. They then went on to work in both the House and Senate to sustain Governor Brennan's veto.[63] The failure of the bill came as a shock to the tobacco control advocates involved in the bill, but not to those working for the Tobacco Institute (TI), who had worked tirelessly to convince the Governor to veto the bill.[63]

After the veto, the *Maine Sunday Telegram*, the largest statewide newspaper at the time, printed a cartoon of the governor as a marionette with a tobacco lobbyist controlling the strings.[21]

According to a 2008 interview with Ed Miller, "People got the tobacco industry influence early on in this state."[21] Miller admitted that at the earliest stages of tobacco control, proponents of tobacco control were "dysfunctional and totally out-maneuvered by the tobacco industry. Industry lobbyists were arguably the best in the state, on any issue. Severin Beliveau, the chief lobbyist, he worked for the Tobacco Institute at the time… and this was a person that was incredibly connected to the Democratic Party [as well as the Republican Party]… [Beliveau] knew very well how to get any tobacco bills diverted from the Health Committee and assigned to Legal Affairs, which was I think pretty well recognized as the backwater of the legislature and nothing ever came out of there… And so the early days [tobacco control advocates] really were -- I would say -- ignorant of the political process."[21] At the same time, the focus on tobacco control by health advocates was limited to the Maine Lung Association, with minimal help from other health groups.

Progress

Dennis Dyer, the Director of the TI for Maine, predicted that 1981 would be an significant year in the Maine Legislature. In a TAN newsletter from 1981, Dyer wrote, "…there was a 0% turnover in the Legislature, many of the proponents of anti-smoking legislation were re-elected, and are expected to pursue their goals."[64] Also, the Maine Lung Association, the ACS, a group known as GASP (GASP was a program under the American Lung Association, the acronym standing for Group to Alleviate Smoking Pollution), and a number of state employees planned to reintroduce legislation in 1981 similar to the Connecticut 'Clean Indoor Air Act' as well as a new bill to prohibit smoking at public proceedings, which had been vetoed by the Governor in 1979.[64]

In 1981, three bills, LD 246, LD 509, and LD 395, were introduced to restrict smoking in public places. The provisions of these bills ranged from LD 246 which would have restricted smoking in all places open to the public, to LD 509 which would have restricted smoking in grocery stores and restaurants, and LD 395, which would have restricted smoking in all public meetings. All three bills were heard before the Joint Health and Institutional Services Committee. LD 395, the Maine Clean Indoor Air Act, was the only bill to be favorably voted on by the Committee.

LD 395, was introduced by Representative Edward Dexter (R-Kingfield) and amended by the Health and Institutional Services Committee to restrict smoking at public meetings, even those held in privately owned properties, including restaurants.[65] Like previous incarnations, the bill held a $50 fine per violation. At the committee hearing, testimony was presented by medical professionals (including Dr. Robert McAffe, president of the Maine Medical Association), health services agencies, and state officials on the dangers of secondhand smoke and convinced Committee members of the need for such a law.[66] Representative Richard McCollister (D-Canton) argued against the bill based on the potential resulting decline in available cigarette excise tax revenue. He pointed to the present financial state in Maine, and argued that reducing the amount of places for people to smoke would in turn reduce the amount of excise revenue. Others argued that the law would strip the rights from Maine citizens. Senator Gill (R-South Portland) stated, "I think it is important for you to know that the Committee did have other Bills before ours and we came out with a lesser of what we had before us and thought this would be more palatable."[67] An amendment, H-297, eliminated fines and any enforcement clause in the

original bill, and reduced the language to include public meetings of state departments, the Legislature, or political or administrative subdivisions of the State.[67] The amended, weakened bill that prohibited smoking in public meetings without enforcement or fines, was approved by the Committee by a vote of 12-1. In the Senate, the amended bill passed, 17-14.[67]

Speaking in favor of the bill were its sponsor, Representative Dexter, as well as numerous witnesses representing the medical professions, health service agencies, legislator and other state officials.[66] At the Committee hearing, Senator Carroll Minkowski (D-Lewiston) changed his position on the issue, going against his voting record and numerous statements on the issue, voting in favor of the bill.[67] Senator Barbara Trafton (D-Auburn), a cosponsor of the bill, put the proposal in perspective by explaining that, "this bill will not prolong the life of anyone who exercises his freedom to continue smoking, it does offer some protection to those who have made the decision not to smoke. This bill is a modest restriction, which recognizes an activity, which is harmful, and attempts to protect citizens, at least in public proceedings, from having to participate in it. Support for the bill is simply an expression of the fact that the freedom to inflict harm, however, inadvertent, should not exceed the freedom not to be exposed to harm."[66] Dr. Robert McAfee of Portland, president of the Maine Medical Association, testified that more than 300 people die of lung cancer in Maine each year, and that 80% of those deaths are associated with tobacco use.[66]

The House and Senate voted in favor of the amended bill, and it was enacted with amendment H-297. The law stipulated that smoking was to be prohibited in public places, which included auditoriums, theaters, libraries, museums, public conveyances, educational buildings, hospitals and health care facilities which are publicly owned or tax supported, except in designated outdoor areas. These "smoking areas" were the only place smoking was to be permitted, and were included in the original language. The designation of smoking areas was left to the proprietor or person in charge of the public place, and these areas were required to take up less than one-half the total of the public place. Additionally, smoking was to be permitted at public meetings as long as consent was granted by all persons present at the meeting. The amendment, suggested by Beliveau, stipulated that smoking was to be prohibited at public proceedings, specifying the Legislature as well any committee, and removed the penalty for violation. It also required that no-smoking signs be posted in "conspicuous" places. This was a significant victory for the tobacco industry, despite the passage, because the industry was able to dictate the contents of the bill.

The only visible opponents to the bill were TI lobbyist Severin Beliveau and Dennis Dyer of TAN.[66] Dyer gathered opposition to the bill, encouraging letters to Representatives and phone calls, as well as soliciting resolutions from the Mayors of Bangor, Augusta and Lewiston.[68] Beliveau did not, however, secure the same editorial support of the state newspapers as he had in previous legislative sessions.[68] TI saw the bill as a harbinger of future regulation of smoking in the state, and attributed the success of the bill to this change in support combined with the absence of Senator Andy Redmond (R-Anson) for the vote on May 15, who had traditionally voted against tobacco control bills.[67] After the bill passed, TAN gathered 8,500 signatures for a veto request.[67] TAN volunteers Jerome Quirion and his wife Bernadette, owners of Joe's Smoke Shop in Waterville, Maine, presented Governor Brennan with the signed petition asking that no further public smoking laws be enacted in Maine.[67]

At the Maine State Grocer's Annual Convention in 1981, Dennis Dyer, the director of the TI for Maine, announced that the Maine State Grocers Association and the Tobacco Institute had been successful in seeing that the proposed ban did not affect grocery stores.[69] After the hearing in 1981, Governor Brennan said he still considered a smoke-free law such as LD 395 to be a matter for local decision.[66] Despite this, Governor Brennan signed the bill, the passage of which marked Maine's first law regulating smoking in public places.[54, 67]

A Continued Effort: Smoking in Public Meetings, Jury Rooms, and Indoor Public Waiting Rooms

In 1983, a bill to restrict smoking in public meetings, jury rooms and indoor public waiting rooms, LD 291 was introduced by Representative Dexter (D-Kingfield), and referred to the Committee on Health and Institutional Services. The bill defined "public meetings" as any function affecting any or all citizens of the State, including the Legislature and its subcommittees, any board or commission of any state agency or authority, the Administrative Council of the University of Maine, and the Board of Trustees of the Maine Maritime Academy, as well as any board, commission, or agency of any county, municipality, school district or any other political or administrative subdivision, as well as any jury.

TAN gathered opposition to the bill through meetings and the distribution of their newsletter. They encouraged members to express their opinions against the bill, providing form letters for small business owners across the state (Figure 13). The bill was opposed at the public hearing by members of the Maine Legal Community, including Supreme Judicial Court Associate Justice Daniel Wathen, and Chief Justice Vincent McKusick of the Maine Supreme Judicial Court who noted, in a letter to the Committee, that the bill was ill-advised.[70] In a 2008 interview, Ed Miller recalled, "They tried to pass a bill to make jury rooms smoke-free. And they almost had it passed; the committee was in their hands. And they had all these proponents of the bill get up and speak for it. No opponents. And then, the chief justice of the court system in Maine walked in, in full judicial regalia and said, 'I oppose this bill.' And it killed the bill. So it took them about three years to try to get it passed."[27]

ATTACHMENT F

Dear _______________:

In a short time, the Maine House and Senate will vote on two anti-smoking bills, L.D. 174 and L.D. 291.

These bills would place a great burden on our state's small business owners and set the stage for even more restrictive anti-smoking legislation in the future.

If you agree that this legislation is unfair, please express your opposition to your local state representative and state senator. A list of the members of the legislature and their addresses is provided for your convenience. Also, you might want to call your legislator at the following toll-free telephone number:

1-800-452-4601

Again, I would appreciate a copy of your letter and any reply you might receive. If you have any questions, please give me a call.

Figure 13. Example of letters handed out by TAN to its members to encourage employers to express their objections to LDs 174 and 291.[71]

Despite the opposition, the bill, redrafted by Representative Merle Nelson (D- Portland) as LD 1455, An Act to Prohibit Smoking in Jury Rooms, was reported out of the Committee on Health and Human Services ought to pass.[70] LD 1455 replaced the bill that had added the prohibition of jury rooms as a subsection of the public places prohibition. The bill as amended prohibited smoking in rooms utilized for meetings and deliberations of a jury, with the exception that smoking may be permitted upon agreement of all members of the jury.[70] Removed from the bill was any mention of other public meetings. It was signed into law in 1983 with no debate.

During the same Legislative session, LD 1597 was introduced by Representative Thomas Andrews (D-Portland). The bill was referred to the Committee on Health and Institutional Services, where it was voted "ought not to pass," and was redrafted as LD 741. LD 741 would have prohibited smoking in public proceedings held inside or in indoor public waiting areas. Public proceedings included any function affecting any or all citizens of the State, including the Legislature and its subcommittees, any board or commission of any state agency or authority, the Administrative Council of the University of Maine, and the Board of Trustees of the Maine Maritime Academy, as well as any board, commission, or agency of any county, municipality, school district or any other political or administrative subdivision. The bill was intended to prohibit smoking in doctors' offices, bus stations, airport passenger gates and other areas where the public is required to wait for a service. The bill did not pass.

A Failure in 1983: Attempt at smoke-free workplaces

In 1983, tobacco control advocates in Maine proposed the state's first smoke-free workplace bill.[21] Earlier that year, a workplace smoking restriction law had passed in

Connecticut, and the Maine Lung Association (MLA), in collaboration with the Cancer Society, Heart Association and the Osteopathic and Allopathic Medical Societies, initiated action to pass a similar smoke-free law in Maine.[29] This was the first time a group of health organizations collaborated on a tobacco control bill in Maine.[29]

After a strategic planning session was held in December, 1983 among the board presidents and executive directors of the major health organizations, it was determined that there was significant support among legislators for a successful workplace bill.[29] The bill, LD 11, was drafted and the title was submitted to the State Legislative Council for inclusion in the Second Regular Session of the Maine Legislature.[29]

The bill's sponsor was Majority Leader Senator Paul Violette (D- Van Buren).[30] In Maine, the Second Legislative Session is dedicated to "emergency" bills only, and the Legislative Council, the administrative body for the Legislature has the power to determine what constitutes an emergency.[29, 72] The Council is comprised of ten elected members of legislative leadership, including the President of the Senate, the Speaker of the House, the Majority and Minority Floor Leaders and the Majority and Minority Assistant Floor Leaders for both the House and the Senate. The Legislative Council is also responsible for providing nonpartisan staff support to the Legislature and its office, members, committees and commissions. This includes legislative research, bill drafting, policy, legal and fiscal analysis, fiscal note preparation, committee staffing, and general administrative services. The Legislative Council refused to have the bill considered in the Second Session because it was not, in their view, an emergency.[29] Supporters of the bill had anticipated that tobacco company representatives would attempt to impede the bill, but they had not expected that the Legislative Council would exclude it from consideration as a non-emergency.[29]

In 1984, after LD 11 was rejected, the Health Department led an effort to organize the voluntary health organizations, along with the hospital association and the medical society into a coalition in order to submit another workplace bill that they hoped would have a better chance of passing.[21] They recognized that in order to succeed, they would need a coalition of tobacco control supporters, and from this, the Maine Coalition on Smoking or Health was formed.[21] In a 2008 interview, Miller acknowledged "it was out of that failure that, at the time, we were able to pass one of the-- I think one of the most progressive workplace smoking laws in the country."

Smoke-free Legislation, 1983-1991

Smoking in Nursing Homes

In 1983, LD 1254 was introduced by Senator David Bustin (D-Kennebec) to prohibit smoking in nursing homes. The bill was referred to the Committee on Health and Institutional Services, and prohibited smoking by patients, visitors and personnel in any nursing home, except for specifically designated areas. The Committee voted the bill ought to pass under a new draft, LD 1538. The new draft simplified LD 1254, retaining the intent of the original bill, but removing the stipulation that the law would go into effect by December 31, 1985. The language of the bill was weaker, stating that "residents, visitors and personnel in any nursing home licensed pursuant to this chapter may smoke only in specifically designated areas of the nursing home." This bill was enacted without debate in 1983.

Smoking in Restaurants and Food Stores

Throughout the 1980s, there were numerous legislative attempts to regulate smoking in restaurants in Maine. In 1983, LD 174 was introduced by Senator Twitchell (D-Oxford) to require smoking sections with physical barriers and ventilation systems, an industry tactic. In addition, the bill prohibited smoking in retail food stores.[70] The bill was sent to the Health and Institutional Services Committee, where as a result of extensive lobbying by tobacco industry lobbyists, it was modified so that the bill only required restaurants to display, at or near the entrance of their establishment, a sign indicating the restaurant's policy regarding smoking and nonsmoking seating.[70]

The Committee also agreed, after extensive lobbying by tobacco industry representative Severin Beliveau, to delete the provisions related to a prohibition of smoking in retail food stores.[70] The Maine State Grocers Association provided the Committee with a resolution, which indicated its encouragement of store policies prohibiting smoking.[70] The bill was re-drafted as two bills, LD 1591 and LD 1592, neither of which was comprehensive.

LD 1591 applied only to restaurants and retained the requirement of a no-smoking area, but only in restaurants with seating for 50 or more people. There were no requirements for barriers or ventilation. The bill also required that all restaurants regardless of seating capacity, post their smoking policies. LD 1592 eliminated the requirement for a no-smoking area entirely but required that all restaurants make their policies known, so that patrons could make informed decisions about where they were going to eat. Neither bill passed.

In 1983, the health groups were disorganized. The support for tobacco control bills was limited because there was no cohesive effort to promote smoke-free air. Despite these shortcomings, smoke-free bills came very close to passage because of the efforts made by the Maine Lung Association and health advocates who wanted to protect people from the effects of secondhand smoke. Tobacco industry lobbyists were able to exploit the weakness of the smoke-free air advocates and convince legislators that smokers' rights were just as valid as nonsmokers' rights.

In 1985, a bill that required restaurants to post their smoking policies was introduced. The bill lacked guidelines for non-smoking and smoking sections: it simply required that a policy be established and displayed. The bill, LD 339, was introduced by Representative Peter Manning (D-Portland) and was referred to the Committee on Human Resources. As written, LD 339 would have required restaurants to display signs about their smoking policies and required no-smoking areas. It also banned smoking in retail food stores. The Committee recommended the bill ought to pass as a new draft, LD 1379.

LD 1379 required that restaurant owners notify patrons about their smoking policies either verbally or with a sign. The sign was not required. The new draft did not include a requirement for designated non-smoking sections and did not include retail stores.

Representative Rita Melendy (D-Rockland), pointed out that the revised bill was amended so that it did not actually protect non-smokers in any way. Representative Nelson (D-

Portland) noted that the bill, ostensibly designed to regulate smoking, did nothing more than require that restaurants inform patrons about their smoking policies. He also mentioned that in 1979, the Legislature had attempted to pass a bill that would have regulated smoking in restaurants, but that it had failed because the Restaurant Association convinced the Committee that they could responsibly mandate their own smoking policies. As Representative Nelson pointed out, since the restaurants had failed to mandate their own policies, a bill would be necessary to guide them.

In the Senate Committee on Human Resources hearing, Senator Chalmers (D-Rockland) pointed out the bill lacked penalties for violating the terms of the bill. Senator Chalmers said, "I think we ought to be aware that sometimes just passing bills because it would be a good thing if we passed them with no enforcement, and because eighty percent of the people will go along with them if we pass them, I question if that's a very good idea."[73] Ultimately, the decision to pass the bill came down to the fact that previous bills had failed to pass because the Restaurant Association assured the Legislature that they would self-mandate, but had failed to do so. Governor Brennan vetoed the bill because it lacked enforcement provisions.[74].

During the second session of the 1985 Legislative Session, LD 1690 was introduced by Representative Manning (D-Portland). The bill was similar to LD 1379, but included a penalty for violation. The bill did not make it out of Committee.

Public Places

In 1985, LD 133 was introduced to prohibit smoking in public areas of retail stores over 4000 square feet.[54] The bill was enacted with House amendment H-58, which stated that the owner or employer of the store would not be held responsible for the enforcement of the policy, and also allowed for smoking in parts of offices or work areas that were not open to the public. The bill was presented by Representative Gerald Hillock (R- Gorham) during the same session as the second attempt to pass the workplace bill, which had originally failed in 1983. The focus of TI and industry lobbyists Dennis Dyer and Severin Beliveau was to weaken any attempt to regulate smoking in the workplace, and therefore the retail prohibition passed without much attention.[75] The same year that LD 133 passed, the workplace smoking act also passed, negating the amendment that allowed smoking in private offices and transferring the burden of enforcement to the state.

Smoke-free Workplace Bill Passes, 1985

After LD 11 failed in 1983, a series of tobacco control bills failed to pass in Maine, including several clean indoor air bills and a smoke-free restaurant bill.[29] The health groups, collaborating under the Maine Coalition on Smoking or Health, began focusing on creating a clear and concise workplace bill for discussion and raising funds for the political fight ahead.[54, 76] A smaller steering committee was established within MCSOH to modify the original draft of the bill and outline legislative strategies.[29] Despite initial internal conflict among MCSOH members over the restrictiveness of LD 11, the steering group decided that the bill would include a provision that written smoke-free policies be developed through collective bargaining by all employers regardless of size, and that employees could have a voice in determining whether or not the workplace would be entirely smoke-free, [29]

MCSOH decided that in order to pass bills in the future, they required the assistance of professional lobbyists.[29] They hired two lobbyists, Marshall Cohen and Mary Herman.[30] The MLA contributed $1,500, which was matched by the Heart Association and the Cancer Society.[29] This was the first time these groups contributed financially to a common effort in Maine.[29] It was also the first time that the AHA and ACS dedicated money for legislative action in Maine.[29]

Because 1984 was an election year, MCSOH decided to wait until after the general election and the legislative leadership assignments before seeking co-sponsorship.[29] That fall, MCSOH organized a Special Executive Committee Meeting in order to gather the perspective of business groups from across the state.[29] In attendance were critical allies including the Maine Chapter of the National Association of Independent Businesses, the State Chamber of Commerce and Industry and the Maine Merchants Association.[29] The business groups were not pleased with the proposed law, but offered constructive criticism.[29] The meeting confirmed MCSOH's belief that the law should cover all worksites regardless of size in order to avoid any misinterpretation that some workers' health was more important than others.[29]

The meeting also confirmed MCSOH's suspicion that the business groups were being influenced by the tobacco industry.[29] The Maine Labor Group on Health, Inc., a private agency with representation from the major unions throughout the state, was also critical in assuring that organized labor's views were considered in MCSOH's planning.[29] In the past, organized labor had opposed smoking bills because they were seen as unfair burdens on lower-income families.[29] According to a 1985 RJ Reynolds State Analysis, the tobacco industry could rely on organized labor for support against the workplace bill: "In prior years organized labor testified on [the tobacco industry's behalf, in opposition to both smoking restriction legislation and tobacco tax legislation. In 1985 Maine labor took a more active role as a result of the interest and involvement of the Maine Locals of the Bakery, Confectionery, and Tobacco Workers Union. It is likely that we can continue to count on their support. However, as with business, tobacco-related issues are not of the highest priority to the labor movement."[5] For the 1985 workplace smoking bill, this view proved to be incorrect.

The attorney/lobbyist for the Maine Medical Association (MMA), Gordon Smith (the Executive Vice President of the MMA in 2009) drafted language for the bill and guided MCSOH through the political process.[29] The bill, LD 276, was introduced as "An Act to Establish Policies Governing Smoking in Places of Work," and was known as the Workplace Smoking Act of 1985. LD 276 was designed to protect people from the effects of secondhand smoke at work, protecting the rights of those who don't smoke as opposed to taking away the rights of those who do.[77] The bill required that each employer establish, post and enforce a written policy concerning smoking and non-smoking by employees and prohibit smoking except in designated areas. There was a $100 fine for violations. The bill was progressive for smoke-free workplace bills in the mid 1980s, and the careful planning that went into the provisions, along with the expert advice during drafting, led to the introduction of a substantial effort to control workplace smoking in Maine.

Building Support

After MCSOH finalized the draft bill, they met with their lobbyists to develop a strategy for the five months leading up to the next legislative session.[29] The lobbyists made sure to establish contacts that would ensure the bill would be sent to the most favorable committee, the Human Resources Committee (formerly the Health Care Committee), rather than the Business and Commerce Committee.[29] MCSOH requested that Representative Merle Nelson (D-Portland) introduce the bill as the first workplace smoking measure considered by the Legislature in Maine.[29]

In early December of 1984, MCSOH sponsored a Legislative Lobbying Workshop for its members and opened it to the general public.[29] Key legislators were invited to serve as presenters and panelists in order to solidify their support for the bill before the session.[29] The purpose of the workshop was to introduce information about the workplace bill to the public and to the lawmakers.[29]

By mid-December, 1984, co-sponsors for the bill were chosen. Representative Nelson (D-Portland), the bill's sponsor, and the other co-sponsors of this legislation were supporters of previous anti-tobacco legislation, including Maine's Clean Indoor Air Act of 1979.[78] Co-sponsors included Senator Paul Violette (D-Aroostook) from the urban southern part of the state, Representative Edward Dexter (R-Kingfield) a conservative from a rural area, Representative Susan Pines (D-Limestone), and the Democratic male Senate Majority Leader, Charles Pray (D-Millinocket).[29] Each co-sponsor spoke at a press conference in January of 1985 announcing the bill's printing, and MCSOH distributed press packets designed to highlight the pertinent issues.[29] After the press conference, MCSOH members made constituent calls to legislators stressing the importance of the passage of the Workplace Smoking Act.[29] The bill was supported by the Chamber of Commerce, small business people, and the unions.[77]

Opposition

The Tobacco Institute (TI) participated in direct lobbying and other political activities opposing the bill. In a summary bulletin of their activities in Maine, TI insisted that prior to 1983, it had won every major legislative battle in Maine, which was not entirely true based on the passage of several public smoking bills.[5] Nonetheless, TI's insistence that they had been in control of tobacco related bills drew a negative reaction from the public and legislators, who did not want to promote the perception that the industry was easily winning legislative battles.[5] TI claimed that this generated negative press against the tobacco industry, coordinated and cohesive attacks by the tobacco-control community, and a stronger interest in tobacco related legislation by the Democratic party.[5]

The industry's legislative counsel, Severin Beliveau, conducted one-on-one meetings with members of the legislative leadership, the Labor Committee, the Senate and the House, and one of the bill's sponsors to determine legislative strengths and attitudes.[78] Traditional allies of the tobacco industry in Maine were mobilized to express their opposition to the legislation, including the Maine State Grocers Association, the Pine Tree Vending Association, the Maine Restaurant Association, the Maine Innkeepers Association, the Maine Merchants Association, the National Federation of Independent Business, and the AFL-CIO.[78] Each group testified at all

hearings, engaged in active one-on-one lobbying with all members of the legislature, and alerted their association members or union members about the impact of the legislation on them and suggest their opposition to it.[78] The focus of the attempt was on gaining editorial support, conducting voter surveys and economic surveys.[78]

A TAN Legislative Summary from 1985 provided suggestions to guide tobacco industry allies opposed to the smoke-free workplace bill.[79] It offered talking points against the legislation, including the suggestion that mutual courtesy would be a sufficient solution to workplace smoking, and that legislation was unnecessary.[79] The TAN Summary accused the proposal of being elitist, and felt that it would disproportionately affect lower income groups (lower income groups in Maine had the highest smoking rates).[79] TAN predicted that the responsibility of enforcement would fall to the business owners, which would be an onerous task.[79] From these concerns, TAN developed a "Plan of Action" to subvert the MCSOH agenda.[78] TAN relied on direct lobbying and legislative support to defeat the bill.[78]

The Bill is Heard

The Committee's initial hearing of the bill was held on February 27, 1985.[78] In the past, the Joint Committee on Human Resources had been pro-tobacco control, never having submitted a negative report on an anti-tobacco piece of legislation to the legislature.[78]

After the Committee's favorable report, MCSOH arranged for Clerk of the House, Edwin Pert to notify the bill's sponsors, Representatives Merle Nelson and Paul Violette (D- Van Buren), to be notified at least three weeks before the public hearing on the bill.[29] The bill was brought before the Committee on Human Resources on April 3.[29] With the advanced notice, MCSOH was able to organize a series of speakers representing the Governor's Office, MCSOH, physicians from throughout the state and workers whose health had been affected by secondhand smoke.[29]

At the second Committee hearing, MCSOH displayed a chart with a list of all of its members so that the press and the Committee members could see the heavy support for the bill from various groups throughout the state.[29] MCSOH requested that the hearing was held in a room big enough to accommodate all the members of MCSOH, but so big that it appeared to be poorly attended.[29] At the hearing there was a surprising lack of vocal labor opposition to the bill, and the AFL-CIO lobbyist was neither in favor nor opposed to the bill.[29]

TAN members wrote letters to the co-chairs of the Joint Human Resources Committee.[78] When the legislation was approved by the Joint Human Resources Committee, TAN began to write letters to members of the House.[78] TAN encouraged its members to do the same, and participated in a telephone bank effort, after normal business hours, as well as a "letter-to-the-editor" campaign.[78] They joined with industry allies in a "meet your legislator" program and participated in a flyer distribution program to retailers and smokers throughout the state, as well as a petition drive against the bill.[80]

At the Committee Hearings, those against the bill, including Representatives Richard McCollister (D-Canton) and Clifford Willey (R-Hampden), described the workplace restrictions as harassment of smokers by those advocating non-smoking, while Representative John Jalbert

(D-Lisbon) argued that a statewide law was a form of "big government" and that local restrictions were more suitable for the issue.[77] These arguments led to the proposal of several amendments, which resulted in a the passage of Committee Amendment H-53, that allowed for individual smoking policies to be agreed upon by employers and employees together.[77] H-53 also excluded workplaces which serve as the employee or employers home, clarified smoking as limited to tobacco smoke, clarified that the bill did not require a smoking area, and removed the responsibility of enforcement from the employer, stipulating that the employer would supervise the implementation of the policy, but that the Bureau of Health would enforce it.

Between the Committee's first hearing in February and the passage of the bill on April 11, MCSOH's most notable work was accomplished.[29] After the public hearing, MCSOH members, lobbyists and the tobacco industry representative Severin Beliveau appeared at every work session of the Human Resources Committee, which were often scheduled on short notice but were critical to maintain the integrity of the bill.[29] Constituents in support of the bill telephoned the undecided committee members and legislators.[29] Letters by supporters were written to the editors of major daily and weekly newspapers throughout the state.[29] A representative for the Maine Chapter of the National Association of Independent Business (NAIB) presented the Committee with a membership survey, and even though NIAB opposed the bill because, according to them, it would lead to decreased revenue, the survey showed that a majority of their members supported worksite smoking restrictions.[29]

LD 276 Passes

The act provided that employers were charged with establishing, posting and implementing written policies regarding smoking, which were required to protect the health, welfare and comfort of employees from the effects of smoking and must prohibit smoking except in designated smoking areas (Table 26).[81]

The law did not apply to any place of employment where policies concerning smoking were agreed upon by the employer and all of the employees.[81] The act also excluded workplaces which served as employers or employees homes, limited "smoking" to tobacco smoke, clarified that employers were required to have designated smoking areas, exempted employers from liability for harm from secondhand smoke exposure, and absolved the employer of responsibility for enforcement.[81] Violation of the policy would result in a fine to the employer of $100, and but enforcement by the BOH was removed from the final bill. The removal of the BOH as the enforcement body was significant, because no other stipulations for enforcement were added to the bill. Smoke-free workplaces were to be enforced in the same way as any other civil violation. The bill allowed for the development of a less restrictive policy, but only if agreed to by the employer and all employees, and required all union contracts to comply with the minimum standards of the act. Notably absent from the bill was restaurants, bars, lounges, taverns and pool halls.

Lessons Learned from the Workplace Bill

In a 2008 interview, Ed Miller recalled, "[The workplace bill] was one that certainly had what you might consider today to be some loopholes, but it was one of the few that actually covered all employees [except those working in restaurants or bars]. So I think that, in a sense,

Table 26: Smoke-free workplace law, as introduced and passed 1985	
LD 276 as Introduced	**LD 276 as Passed**
Employer means a person with one or more employees	Employer means a person with one or more employees
Each employer shall establish, post and enforce a written policy concerning smoking and nonsmoking by employees in that portion of any business facility for which he is responsible, which protects the health, welfare and comfort of employees from the detrimental effects of smoking and shall prohibit smoking except in designated smoking areas. The employer shall provide a copy of this policy to an employee upon request	Each employer shall establish, post and enforce a written policy concerning smoking and nonsmoking by employees in that portion of any business facility for which he is responsible, which protects the health, welfare and comfort of employees from the detrimental effects of smoking and shall prohibit smoking except in designated smoking areas. The employer shall provide a copy of this policy to an employee upon request
Failure to establish, post or enforce a policy is a civil violation for which a fine of not more than $100 may be adjudged. The Bureau Of Health shall have authority to enforce provisions of this section	Failure to establish, post or enforce a policy is a civil violation for which a fine of not more than $100 may be adjudged.
This law does not apply to an employer whose employees are subject to a union contract which includes any specific provisions regarding smoking or any place of employment where policies concerning smoking have been mutually agreed upon by employer and employees	This law does not apply to an employer whose employees are subject to a union contract which includes any specific provisions regarding smoking or any place of employment where policies concerning smoking have been mutually agreed upon by employer and employees

was a turning point in the sense of understanding that we needed to work together as an entity in order to accomplish anything. And -- and to a large degree that cohesiveness as a coalition hasn't left since then. The organizations that are still hanging in there are some of the same ones that have been."[21]

The success of MCSOH in passing the bill can be attributed to two things. First, by dedicating the MLA's entire Annual Meeting to the workplace smoking issue, with presentations by Marvin Kristein, a health economist, and Alvin Brody, a Boston law professor who helped with the drafting of the bill, a stronger and more cohesive smoke-free law was developed.[29] Second, the Commissioner of the Department of Labor agreed to give the BOH enforcement authority of the law if it was passed, something which later helped to convince legislators of the potential effectiveness of the enforcement of the law.[29] (This was significant in light of the disappointment in the Department of Labor's enforcement of a recent Chemical Identification Law affecting Maine businesses.)

Through MCSOH, tobacco control activists in Maine developed a well-coordinated bill to present in the state legislature.[5] The final bill was supported by the State Public Health Commissioner, Michael Petit, and Representatives Merle Nelson and Peter Manning in the Legislature.[5] MCSOH realized that having a clear objective understood by all members, legislators, the media and the public was the key to a successful campaign.[29] For the State Health Department, the use of a broad-based coalition was an effective political tool to promote the need for public health action, putting the necessary pressure on the political system.[29] However, while having the State Health Officer, Nersesian, as Chairperson of the Coalition and able to make direct contact with legislators, was positive, MCSOH found that the experience and knowledge of paid lobbyists, Marshall Cohen and Mary Herman, was also crucial.[29] They also learned that telephone calls, letters and mailings and action by constituents in their districts made MCSOH into a more cohesive force, and that keeping the focus on the support from the vast array of MCSOH members, they were able to keep the focus off of the opposition.[29] MCSOH

also became aware of the power of meeting with the opposition (in this case, labor and business groups), to uncover the perspective of others, eliminate common legislative delay tactics, and force the groups to clarify their position and obtain consensus on the critical points at the outset.[29] Both during the process of and after the passage of the bill, MCSOH recognized the potential of their influence as a group, and sought the continued recruitment of new members.[29] Another thing MCSOH learned during the workplace bill battle was that no group could function at a high level without effective communication and staff support.

Internally, the tobacco industry admitted to being caught off guard by the sudden mobilization of MCSOH. After the workplace bill passed, an analysis of the bill by RJ Reynolds admitted: "Our past successes may have something to do with our recent setbacks. Until the 1983 session, we were effectively winning every major legislative battle. The perception that the tobacco industry was simply winning too many took focus. That is a perception that no legislator or legislative body wants to encourage. We enjoyed success because we had the best legislative counsel in the state and because we were able to support him with both quantitative and qualitative grassroots input. However, in recent years, the overwhelmingly negative press, a more coordinated attack by the anti-tobacco community, and a firmer control on the legislative process by the more liberal elements of the Democratic Party resulted in an inability to defeat all legislation. This condition is likely to continue into the future."[5] RJ Reynolds observed that, "In the past, [the Coalition] used the shotgun approach to legislative activities, and we were very successful in deflecting their attacks. In more recent years, they have learned to focus on one or two objectives."[5]

LD 267 Goes into Effect

The workplace bill passed in April, 1985, after which MCSOH focused on a collaboration with the BOH to help Maine businesses implement the law.[29] MCSOH also used the workplace bill as a platform to call attention to the impact of smoking on indoor air quality, and set to work developing new objectives for future legislative sessions, including taxation, warning labels on smokeless tobacco, reductions in health insurance premiums for nonsmokers, and a ban on distribution of free cigarettes within the state.[29]

Attempts at Smoke-free Restaurants Continue

In 1987, three bills regarding smoking in restaurants were introduced. One bill required that notice of smoking policy be posted, a second required that restaurants with 50 seats or more establish and enforce smoking policies with at least 40% of the seats were set aside as non-smoking.

A third bill, LD 296 required posted non-smoking areas with no requirement for physical separation or ventilation systems, a pro-industry position. LD 296 was introduced by Representative Manning (D-Portland). The bill required that retail food stores and restaurants display signs indicating their smoking policies. It also required that restaurants provide a non-smoking section, and prohibited smoking in retail food stores. The bill included a penalty for violation. The Committee on Human Resources voted the bill "ought to pass," redrafted as LD 1600.

LD 1600, An Act Concerning Smoking in Restaurants, was enacted without debate. The new draft required restaurants to establish non-smoking areas, and required smoking policies to be displayed through signs. It did not, however, include retail food stores. This draft was signed by the Governor.

In 1987, LD 353 was introduced to prohibit smoking in buildings owned or leased by the state. The bill was presented by Representative Susan Pines (R-Limestone). The bill's text made reference to the 1986 US Surgeon General's report on secondhand, or involuntary, smoke,[82] which had concluded that secondhand smoke caused lung cancer in healthy non-smokers, and that the simple separation of smokers and non-smokers was insufficient to eliminate this exposure. Because of these findings, and based on the severe consequences of involuntary exposure, the bill was described as extending the same rights to citizens with lung cancer as those who are physically handicapped.

The bill was reported by the House Committee on Human Resources, where the majority report voted it "ought to pass" with the House amendment H-151. The minority report of the same committee voted the bill "ought not to pass." Representative Jo Ann LaPointe (D-Auburn) spoke against the bill, suggesting that those fiscally responsible for public buildings, on a local level, should be allowed to dictate smoking policy. Representative Mona Hale (D-Sanford), was against the bill because he saw it as "mandating what [the people of Maine] can and cannot do."[83] Representative Hale went further and stated that bills designed to protect the health of the public were already in place, and more were unnecessary.

Representative Hillock (R-Gorham) spoke in favor of the bill, saying the local control of clean indoor air laws was not effective. He went on to frame the issue as protecting the rights of those who are at risk for smoking related illnesses, saying, "We talk about rights and I think that is something everybody here all talks about, rights and responsibilities. I think we have to prioritize rights and what is more basic to life than the basic right to fresh air? You have to weigh basic rights; the person's right for fresh air certainly outweighs a person's right to pollute."[83]

The bill was enacted with two amendments, both of which significantly reduced the scope of the law. House amendment H-151 created two exceptions: restaurants in public buildings, which were required to have non-smoking sections, and civic centers, which were required to have designated non-smoking areas between the main entrance and auditorium. It also excluded private offices within public buildings. This meant that smoking indoors was still permitted. Senate amendment S-88 assured that public employees could reopen collective bargaining to deal with the impact of the law, which was similar to the general provisions of the 1985 workplace law.

The Governor and the Coalition Work Together for Smoke-free Air

In 1989, a bill to eliminate all smoking in public buildings was proposed by Governor McKernan and the Maine Coalition on Smoking or Health. This was the second major bill MCSOH promoted, after the 1985 workplace smoking bill. A public hearing was held on October 18, 1989 to gather public input on the bill, in order to make recommendations to the Governor. As a measure to ensure adequate opposition to the bill, TAN set up two phone banks,

one on October 6th and another on October 17th.[84] TAN member Eric Reed organized Mainer's Against Prohibitive Smoking (MAPS), which led local groups in opposition to the bill, and the Governor ultimately decided to drop the bill, because, according to TAN representatives, there was too much opposition from smokers for the Governor to continue with his support.[84]

The Governor's Commission on Smoking or Health

In 1989, at the request of MCSOH, Governor John McKernan (R) issued an executive order to establish the Governor's Commission on Smoking OR Health.[85] In the Executive Order, Governor McKernan referenced the high cost of cigarette use in Maine, including direct medical and indirect morbidity costs, the high rates of youth smoking in the state and the need for partnerships between public and private sectors to reduce the "adverse health and economic consequences" of tobacco use in Maine.[85]

Among those on the Commission were Randy Schwartz from the Bureau of Health, Ed Miller of the MLA, Janice Emerson of the Maine ACS, Katherine Alexander of Blue Cross/Blue Sheild of Maine, and Senators, Representatives, school principles, doctors, and lawyers.[85] As a compromise, the Commission also included members associated with the tobacco industry, including John Joyce of the Maine Grocers Association, Paul Auger of the Pine State Tobacco and Candy Company, and Ann Robinson of Severin Beliveau's law firm.[85] Their inclusion did not result in any significant weakening of the report, which was issued in January 1990.

Commission hearings were held across the state. In a 2008 interview, Miller recalled, "We couldn't figure out where the hell are these people -- all these smokers coming from? And then we realized that the tobacco industry had taken out ads in the bingo newsletters all over the country -- which reached hundreds and hundreds of people all over the state to come to these meetings. So they would all show up and they were all angry but then we finally kind of figured that out."[21] Once it had been identified that the smokers' rights advocates were in attendance as a part of the industry's strategy to sabotage the Commission, they were seen as industry pawns and their effect was minimal.

The Governor's Commission on Smoking OR Health was charged with developing recommendations for a statewide plan to prevent tobacco use among youth and to protect the health of nonsmokers. The Commission called for the examination of prevention strategies for reaching youths, the role of the media in information and education, public and private regulatory and policy issues concerning the sale of tobacco, funding for prevention efforts, and the design of a statewide system to assist with cessation.[85]

The Report

The Commission report consisted of a review of tobacco use in Maine and recommendations for a statewide tobacco control program. The Commission's report outlined background data on tobacco use, economic costs, and morbidity and mortality in both Maine and the US.[85] The report was broken into several categories, including Prevention and Youth, Cessation Resources and Protection of Nonsmokers' Health, and focused most heavily on recommendations for a smoke-free air law for public places. [85]

The Commission advocated for a Smoke-free Environment Act to be introduced during the 1991 legislative session.[85] The Committee recommendation was that that the language of the bill include the prohibition of smoking in all areas used by the public (with the exception of private social functions and bars or lounges and excluded facilities where a designated smoking area had been established), and that smoking should be allowed only in the designated portion of a restaurant.[85] The recommendation allowed for several loopholes, including the exemption of bars and lounges, designated smoking sections in restaurants, and a caveat that designated smoking areas were to be permitted as long as they were situated so that they "eliminated exposure of ETS [environmental tobacco smoke, also called secondhand smoke] to nonsmokers" by being physically separated from any area where the public is allowed[85]

The Commission made further recommendations regarding education about the effects of secondhand smoke on children and other "at-risk" populations, and suggested that the 1985 workplace law, which prohibited smoking in workplaces but did not cover day care centers, restaurants, bars or lounges, be expanded to cover child care and early education centers as well as colleges and universities. They also recommended that the sale of tobacco products be prohibited in pharmacies.[85] The Commission did not discuss the details of creating and passing the legislation, nor did they outline the financial obligations related to such restrictions.

Recommendations Regarding Prevention and Youth

The Commission recommended that all schools should be tobacco free by 1992 and that schools with designated smoking areas should make smoke-free environments part of the employee contract bargaining process, which had been stipulated under the workplace smoking act of 1985. The Commission also recommended that schools with existing substance abuse programs expand the programs to include nicotine as an addictive substance and provide services to help those who want to quit.[85]

The Commission proposed that the Department of Education and Cultural Services (DOE) establish standards at the minimum set by the National Cancer Institute for school-based smoking prevention, and that health education organizations work together to reach students at high risk for smoking initiation.[85] The Commission urged the DHS to lend its support to strengthen enforcement laws restricting tobacco sales to minors, including restrictions on vending machines.[85]

Cessation Resources

The Commission emphasized the importance of cessation programs, both general and targeted, designed to reach groups such as women, blue-collar workers, Native Americans, and Franco Americans. They also discussed cessation programs targeting worksites, programs for high risk groups, community programs, programs that utilized the media, and training of professionals for cessation programs.[85]

The Commission recognized that the piecemeal efforts in legislation, which had resulted in roughly 20 state laws regulating smoking in indoor areas, was going to continue unless a single piece of comprehensive legislation was proposed.[85] Many of these laws were ultimately

passed, each of which is discussed in the section Legislation and by 2009, workplaces, bars, restaurants, and all public places were smoke-free. By the end of the 1980s, however, smoking had been prohibited in workplaces and public places, each of which had been achieved in small increments, but regulations regarding smoking in restaurants was limited to requiring signs on smoking policy be posted.

Tobacco Industry Response

Jim Ellis of TI organized a phone bank before the Commission's first public hearing, calling Maine smokers and soliciting their help in generating opposition to the report. Ellis convinced smokers that if the report's recommendations were turned into bills, the resulting laws would prohibit smoking virtually everywhere except in private homes, despite the fact that this was in no way accurate. He encouraged smokers to attend the public hearings for any tobacco control bill that was to be held during the fall of 1989 to establish public opinion of the Commission's recommendations.[86]

The recommendations in the report were quite advanced for 1990 in many respects. Perhaps because of this, the report failed to result in immediate policy development, and was viewed by tobacco control advocates as being ineffective. In the years following the report, very little progress was made in tobacco control. Despite the introduction of several bills on smoke-free restaurants, no meaningful smoke-free policy was passed until 1997, when Portland introduced a smoke-free restaurant ordinance. That same year, the tobacco tax finally passed an increase, and after more than six years at 37 cents, the tax doubled to 74 cents.

Smoke-free Bills, 1991-1997

In 1991, LD 1134 was presented by Senator Matthews (D- Kennebec). The bill was designed to replace specific smoking laws with a general prohibition on smoking in enclosed areas of public places.[87] The bill was a comprehensive law to protect Maine citizens from the hazardous effects of secondhand smoke; it would have prohibited smoking in all enclosed public places, except for retail tobacco stores, in designated areas in sports establishments and convention halls, in restaurants and bars, or motel or hotel rooms.[88] The bill required that signs be clearly posted, and that that the law be enforced by regular inspections, with fines of up to $100 for violations.[88]

The Majority Report of the Joint Committee on Human Resources reported favorably on the bill, and voted for it to pass with an amendment that included significant exceptions, including private offices, taverns and lounges, small owner-operated stores and beano games. Additionally, the amendment removed enforcement from under the Maine Department of Health and placed it on the court system. With these amendments, the Minority Report of the same Committee reported the bill ought not pass.[88]

Arguments in favor of the bill were mainly about the toxic effects of secondhand smoke and the potential impact of secondhand smoke on worker safety, and were made by Representative Manning (D), who had supported tobacco control bills in the past. Arguments against the bill were made by Representatives Peggy Pendleton (R-Scarborough) and Attean

(Native Representative), both allies of the tobacco industry who argued that the bill was too far-reaching and would infringe upon business and personal freedom.[89, 90]

Representative Priscilla Attean from the Penobscot Nation Native American Tribe spoke against the bill, arguing that it would infringe on religious rights by banning the use of tobacco or anything else that burned or gave off smoke in a religious setting, and that language in the amendment specifically targeted Native American religious traditions.[90]

Maine's earliest inhabitants were the Maliseet, Passamaquoddy, Abenaki, Penobscot and Micmac tribes, who smoked tobacco for ceremonial purposes long before the first European settlement in 1604. Maine is the only state in the country to have non-voting Representatives from its Native Tribes in the State Legislature. This began as early as 1823, but the formal election of Representatives did not begin until the 1866 when the Legislature passed a law setting the procedure for elections. It was not until the last half of the nineteenth century that the Native Tribes began to gain status among the state's Legislators, and by 1907 Native Representatives were seated, sometimes speaking at hearings, and were accorded other privileges. Throughout the 1990s, Native Representatives were very vocal in the Legislature regarding bills to regulate tobacco, speaking against any bill that failed to treat tobacco in a culturally sensitive way.

Representative Attean, a smoker, said, "this is a far-reaching, broad and sweeping piece of legislation… [and] this Committee Amendment is treading on some very, very serious rights… and that is freedom of religion."[91] Representative Attean argued that the bill would infringe on religious rituals that involve the burning of incense, palms, and peace pipes. She clarified that the bill, which as written defined smoking as carrying or having in one's possession a lighted cigarette, cigar, pipe or other objects giving off smoke, could possibly include incense, votive candles, and even birthday candles. After Representative Attean spoke about the insensitivity of the bill, the House voted in favor of the Minority Report, that the bill should not pass.[90]

Restaurant Bills

Early Attempts

In 1991, the first bill to restrict smoking in restaurants was introduced by Representative Tom Manning (D-Portland).[92] The bill was an amendment to PL 1989, an existing law which stipulated that a restaurant's smoking policy be posted and visible.[92] Representative Manning's bill was an extension of Maine's clean indoor air act to include restaurants. The bill made smokers as well as restaurant owners liable for violations.[92, 93] At the time of the bill, almost all indoor public places were smoke-free, with the exception of bars and restaurants.[93] This gap in coverage left a large number of Maine's 44,000 restaurant workers, the general public and children exposed to secondhand smoke.[93]

Representative Manning (D-Portland) introduced the legislation in response to a 1991 report prepared by the Department of Human Services (DHS) on smoking in restaurants, which had been prepared in response to a 1989 request from the legislature.[91] The DHS report proposed that all one-room restaurants be smoke-free.[91] Owners of small restaurants across the

state claimed the law would affect their business, because larger restaurants could still have smoking sections. Restaurant owners wanted a complete restriction because they felt it would be more equitable in light of the various licenses in the state.[91] This bill was Representative Manning's response to their suggestion.[91] He framed the issue as one of workers' health rights and workers' compensation, in addition to pointing out that smoking was already restricted in movie theaters and on airplanes.[91]

When the bill was heard by the House Committee on Human Resources, Dr. Dora Mills from the Department of Health testified on the effects of secondhand smoke, the lack of effectiveness of ventilation systems as a plausible solution to the health effects of secondhand smoke, and the irrefutable evidence that a prohibition on smoking in restaurants would not affect business.[92, 93] The main issue at the Committee hearing was workers' health. Representatives argued that workers who could not find work at a smoke-free restaurant would be forced to take a job at restaurants with smoking rooms, where they would breathe secondhand smoke.[91] In order to quell fears of economic inequity, members of the Committee suggested the policy be applied to all restaurants, not just small or one room restaurants.[91]

Because of the structure of restaurant and bar licensing in Maine, it was difficult to argue that a smoke-free restaurant bill was necessary but that a smoke-free bar bill was not (Table 26). Under the proposed bill, restaurants with bars would be smoke-free, but bars that served food could have smoking sections, and any restaurant that chose to change their license to re-classify as a lounge or tavern could allow for smoking. Restaurant owners felt that this would put bars and taverns at an unfair advantage, based on the license they held.[91] Ultimately, the House Committee was unable to resolve any of the issues surrounding the bill, and it was killed.

Table 26: Licensing in Maine by Class

Class I	Spirituous, Vinous and Malt
Class I-A	Spirituous, Vinous and Malt, Optional Food (Hotels Only)
Class II	Spirituous Only
Class III	Vinous Only
Class IV	Malt Liquor Only
Class V	Spirituous, Vinous and Malt (Clubs without Catering, Bed & Breakfasts)
Class X	Spirituous, Vinous and Malt – Class A Lounge
Class XI	Spirituous, Vinous and Malt – Restaurant Lounge

In 1993, Representative Gerald Hillock (D- Gorham) presented LD 654, An Act to Prohibit Smoking in Restaurants.[94] The bill was amended so that lounges were not included, but the bill was ultimately postponed and died in the Senate.[94] Those against the bill argued that a 1987 smoke-free air law was already in existence to require restaurants to establish non-smoking sections, and there was therefore was no need for any further restrictions. It was argued that any restaurant could choose to go smoke-free if they wanted to protect the health of their workers.[95]

In 1993, LD 904 was presented to the House Committee on Human Resources by Representative Stephen Simonds (D-Cape Elizabeth).[96] The bill, as originally drafted, prohibited smoking in enclosed areas of buildings into which members of the public were invited or permitted and in restrooms available for public use, repealing the portions of existing law that were rendered superfluous by this new bill.[96] The Committee amendments clarified that the prohibition referred to tobacco smoke, not smoke in general, exempted taverns and lounges from

the bill, and allowed for smoking in private offices (which were defined as an enclosed work area for one person) and at beano and bingo games.

In December 1992, the US Environmental Protection Agency (EPA) classified environmental tobacco smoke (ETS) as a Class A carcinogen.[97] In response to this classification, the House Committee on Human Resources re-drafted LD 904 as a protective measure for all Mainers, especially children vulnerable to respiratory illnesses.[98] Representative Sharon Treat (D-Gardiner) argued that the bill was necessary to protect people from the harmful effects of secondhand smoke. Some Representatives, influenced by the tobacco industry, argued that the EPA's report was deceptive and used manipulated data. TI hired a scientist, Dr. Larry Holcomb, who contested the EPA report.[94] Holcomb started Holcomb Environmental Services, which contracted with the tobacco industry to "study" exposure to secondhand smoke. He then participated in the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) and Occupational Safety and Health Administration (OSHA) hearings as an expert on the industry's behalf.

Representative Joan Pendexter (R-Scarborough) supported the bill by expressing the Committee's rationale: "The rationale for granting smokers the rights to spread their toxic fumes around has disappeared. Die-hard smokers egged on by the tobacco companies that supply them have long tried to cast their habit as a civil liberties issue, claiming they should be free to engage in a practice that harms no one but themselves. But, the evidence is now overwhelming that smokers endanger all those forced to inhale the lethal clouds they generate."[94] Representative Sharon Treat (D-Gardiner) read a report from Dr. Ross Brownson, the head of the Missouri DHHS and a member of the research team who provided the science for the EPA report, who said "the only scientists who have raised questions about the EPA report are those funded by pro-tobacco interests."[94] The bill was supported with written testimony from Dr. Lani Graham (the Director of the Bureau of Health at the time), the Maine State Nurses Association and Randy Schwartz, the director of the Division of Health Promotion and Education in the Maine Bureau of Health.[98] Randy Schwartz saw the bill as a public health measure, one that was designed and necessary to protect the health of Maine citizens. He also supported the EPA report, reiterating the various carcinogenic aspects of secondhand smoke. There was no testimony provided by MCSOH.

Among those opposed to the bill, Representative Attean of the Penobscot Nation argued that LD 904 was no different than LD 1134, which had been presented in 1991, and which she had also opposed. According to Attean, listed by the tobacco industry as an ally, the bill's major flaw was that it excluded bars and lounges, and was therefore not a comprehensive bill.[98] Other Representatives argued that such a ban would affect businesses, specifically restaurants and tourism.[98]

In response to the argument made by many Representatives, including Representative Attean, that there were too many laws regarding smoking in Maine, Representative Simonds (D-Cape Elizabeth) noted, "Since 1980… there's a list of 18 to 20 different laws [regulating smoking]. The first thing this bill does is simply repeal and replaces those with a common understanding that we prohibit smoking in public places with some exceptions. So with that flat prohibition, we have a more sensible, a much more understandable and simple law to contend with. Then we go on to say that we are leaving in place some of the statues that we now have. It

leaves in place, for example, the restaurant law… It leaves in place the workplace law… It leaves in place the schools and leaves in place the hospital laws."[94] Representative Sharon Treat (D-Gardiner) justified the need for the bill, stating that existing laws are too piecemeal and that an overall law that says there is no smoking in public places would offer a more cohesive ban.[98]

The tobacco industry was opposed to this bill, and according to the Committee, it was apparent that there was a "very sophisticated telephone [campaign] going on even to the extent of using third party computers and helpers."[94]

The final bill prohibited smoking in places open to the public, with exemptions for taverns and lounges, as well as beano and bingo games and private offices where all those working in the office gave consent.[96] The bill defined "smoke" as tobacco smoke and no other kind of smoke, and required clearly posted signage spelling out the smoking policy.[96] The bill passed in the House, 79 to 58, as well as in the Senate, 17 to 13, and was signed by Governor McKernan.[98]

Tobacco Control vs. Tobacco Industry

There were several confrontational meetings between tobacco industry lobbyists and tobacco control advocates during the 1990s regarding smoke-free restaurants. The most powerful tobacco industry lobbyist, Severin Beliveau, was always clear about what he would and would not do on behalf of the industry.[21] According to Ed Miller, Beliveau refused to oppose bills that would protect children and nonsmokers from secondhand smoke.[21] Beliveau was willing to work on behalf of the industry on bills regarding excise taxes and sales restriction, but not smoke-free workplace and restaurant laws.[21]

Restaurant Bills: 1997-2001

The Portland Smoke-free Restaurant Ordinance

In 1997, a statewide smoke-free restaurant law allowing for separately ventilated rooms was proposed but did not pass out of the Joint Standing Committee on Health and Human Services. In that same year, a bill died between houses that would have prohibited smoking in workplaces, including restaurants.

However, despite these failures, by 1997, the evidence against secondhand smoke was widely accepted by legislators, health groups, and most importantly, the public. Portland's public health officials, including the director of the department, Ann Elderkin, felt the climate was right and proposed a citywide smoke-free restaurant ordinance.[99] The City of Portland's Department of Health commissioned a poll in November of 1997 to gauge support for such an ordinance (administered by The Potholm Group), and found that of 300 adults, 69% believed the city should make restaurants smoke-free, and 23% agreed they would eat out more if restaurants went smoke-free.[99]

The proposed smoke-free restaurant ordinance allowed for ventilation standards, and offered extensions to those restaurants that submitted written proof that they were building smoking rooms.[100] This was a significant loophole. In addition, the ordinance only covered restaurants, and not those establishments with lounge or tavern licensees, or private clubs, such as the Elks Club.

Figure 14. Stickers provided by the NSA to restaurant owners in Portland

At this time, Michael Hambrick, Vice President, National Smokers Alliance (NSA), a front group created by the public relations firm Burson-Marsteller for Philip Morris, arrived in Portland to provide, as he described, "grass roots support" aimed at protecting the rights of individual business owners and smokers.[101] Hambrick, along with supporters of the NSA's message, sent postcards to smokers in the Portland area informing them of the upcoming City Council Committee meeting. They sent mailings to local restaurant owners containing "Resist Prohibition" stickers (Figure 14), pre-printed postcards addressed to Portland's mayor, and a storefront banner. These materials were virtually identical to NSA materials that showed up in Monongalia County, Maryland when a similar smoke-free ordinance was proposed in 1997, an ordinance that was ultimately rescinded by the Board of Health because of intense pressure due to public opposition in 1998 (Figure 15).[102]

The NSA financed the local campaign against the ordinance, including newspaper ads.[103] Americans for Nonsmokers' Rights (ANR), a national non-profit advocacy organization that promotes clean indoor air legislation, monitored Portland as a hotspot as part of its effort to stop the NSA from spreading what it referred to as "misinformation" about the impact of smoke-free laws.[101]

Figure 15. Example of NSA materials used to fight smoke-free ordinances

The NSA relied on traditional industry scare tactics, arguing to restaurant owners that their business would be destroyed if smoking was not allowed, citing the tenets of free society and equal rights.[101] They used the same statistic offered to restaurant owners in states such as California, Arizona, Oregon, Michigan, and West Virginia, that business would drop by 30% if the ordinance passed.

Richard Grotton of the Maine Restaurant Association (MRA), who also opposed the smoke-free restaurant ordinance, participated in several conversations with the NSA but claimed to be working independently of the group.[101] Grotton was against smoking restrictions in restaurants, because he felt it was unfair that "…a customer can't smoke in my restaurant but they can go next door to a bar and smoke and eat."[99] He deemed the ordinance to be "discrimination against restaurants."[99]

The Health and Human Services Committee of the Portland City Council held a hearing on the proposed ordinance on February 12, 1998, but forwarded the measure to the City Council without endorsing or disapproving of smoke-free ordinances.[104] This non-decision was made because the hearing had taken place when some Committee members had been absent, and those in attendance did not think any conclusion would be fair without full representation.[104]

Richard Grotton presented the Health and Human Service Committee with a poll that indicated 72% of respondents considered current smoking laws adequate.[104] Grotten also distributed informational packets that included NSA materials. Michael Hambrick met with restaurant owners in Portland for two weeks in February to distribute information, provide campaign materials including petitions and stickers, and offer legal advice.[101] According to Hambrick, the Alliance gathered more than 1,700 signatures on postcards from smokers' rights advocates, which he presented to the Portland Mayor George Campbell at the hearing.[101]

Hambrick argued that because as many as 69% of Portland's 200 restaurants were already smoke-free and thriving without any restrictions, any further regulation would be unnecessary.[101] Hambrick encouraged restaurant owners to voice their agreement over such concerns, and helped them express their worries that the ordinance would drive customers to nearby towns where they would be allowed to smoke in restaurants.[99, 101]

Ultimately, the ordinance allowed for an exemption for restaurants with separate rooms with ventilation systems for smokers.[105] The ventilation standard had most likely been added because of Hambrick's persuasive argument to Council members that a full prohibition would harm the tourism trade in Maine, on which the economy depended heavily. At the time, costs for an adequate ventilation system were estimated to be between $25,000 and $50,000, and this caused concern among health advocates as well as restaurant owners. Health advocates saw the loophole as a significant weakening of the ordinance, and restaurant owners feared that smaller establishments, unable to afford the systems, would be unable to compete with larger restaurants who could..[99] Another concern was that the ordinance would give bar owners an unfair advantage (because they can serve food but do not fall under the ordinance).[99]

At the subsequent hearing on April 6, 1998, more than 150 people crowded city hall for a four-hour debate. Over 60 experts and citizens spoke both in favor of and opposition to the ordinance, including Dr. Lani Graham, from Citizens for a Healthy Portland, a group organized to support the smoke-free restaurant ordinance in Portland. Dr. Graham offered data to show that the ordinance would not harm businesses, and that it would, in fact, have a positive effect on the health of people in the city.[104, 106] Representatives from the NSA were in attendance, helping restaurant owners organize to fight against the ordinance.[101]

At that April 6 hearing, the ordinance passed the City Council by a vote of 7-2. City Council members Cheryl Leeman and Peter Rickett, who voted "no," said that the ordinance was not in the best interest of small businesses.[106] Councilor Charles Harlow commented, "I am not voting in favor as an attack on smokers, but I think the people who have to breathe have a greater need than those who need to smoke."[106] The council members who voted "yes" did so in the hope that their decision would help give momentum to similar ordinances in other Maine towns.[106]

The Portland ordinance was Maine's first citywide restriction on smoking in restaurants. It excluded those restaurants with enclosed, ventilated smoking areas and freestanding bars.[99] The ordinance also prohibited self-service displays of tobacco products except in tobacco shops, forbade the free distribution or sampling of tobacco products, and gave restaurant employees the right to choose not to work in smoking sections.[99]

Class A Restaurants and Class A Restaurants/Lounges were not exempt from the ordinance, but establishments with Class A Lounge Licenses, Hotel Licenses, or Tavern Licenses were.[107] A Class A restaurant license required that an establishment derived at least 10% of its income from the sale of food, whereas the lounge license required that food be sold during hours that alcohol was sold. Tavern licenses held no stipulation for food sale.

Ventilation standards weakened the effectiveness of the Portland ordinance, which allowed for some leeway in the application of the prohibition. The passage of the ordinance set the stage for future, statewide bills, and created a model by which future policy makers could compare and convince Mainers that a complete, cohesive, comprehensive policy would be easier to enforce.

Proposition One

After the City Council passed the smoke-free ordinance on April 6, 1998, a petition was submitted in opposition ruling in order to force a referendum on the ordinance.[100] The petition was created by a group who called themselves The Quiet Man Coalition. They drafted and submitted the petition for what would become Proposition One and ran television ads during the signature drive to build opposition against the ordinance.[100] The petition prevented the ordinance from going in to effect until after it was voted on in the next election, which was scheduled for November 3, 1998, 7 months after the ordinance passed.[100] A "yes" vote, in favor of Proposition One, would overturn the ordinance, while a "no" vote, against Proposition One would ratify the ordinance and prohibit smoking in restaurants in Portland.[100] If the vote was "no", the smoke-free ordinance would go into effect 30 days after the vote.[100]

Such referenda were a common industry strategy, first used to fight tobacco control ordinances in California in the 1980s and early 1990s.[108] The tobacco industry spent millions of dollars to oppose smoke-free legislation that protected nonsmokers from secondhand smoke, using professional public affairs firms and front groups to weaken local ordinances.[108]

As in California and elsewhere, while denying that they represented the tobacco industry's interests, The Quiet Man Coalition accepted money from the industry.[109] Between October 16 and November 1, 1998, the Quiet Man Coalition accepted $34,490 from R.J. Reynolds, $1,702 from Philip Morris, $2,000 from various other tobacco

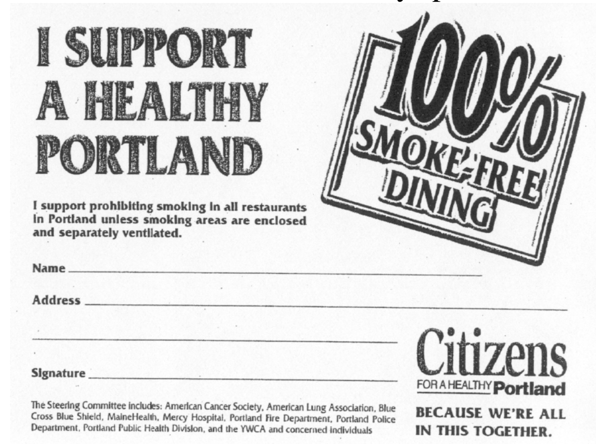

Figure 16. Citizens for a Healthy Portland Materials

companies, and $10,000 from the Maine Restaurant Association.[109, 110] The Quiet Man Coalition advertisement, titled "Keep your rights," ran 69 times at a total estimated cost of $14,000.[111] The advertisements insinuated that after the passage of a smoke-free ordinance, there was nothing to stop the government from prohibiting other behaviors that endangered heath, such as, "the referendum to ban steak in restaurants," or "public beaches in Maine will be closed from the hours of 10 am to 2 pm because UV is dangerous."[111] The advertisement sarcastically noted that, "It's for the public's own good," and urged Mainers to "vote yes on [Proposition] One to uphold a local restaurant owner's right to decide."[111]

Citizens for a Healthy Portland organized against Proposition One to defend the ordinance (Figure 16).[110] Citizens for a Healthy Portland listed revenues of $39,378, including contributions from the AHA of $10,000 and the ACS of $16,000, and the of ALA $2,000.[110] They focused their campaign on the health issues associated with secondhand smoke exposure.[110] Citizens for a Healthy Portland ran 137 spots of an ad titled "Big tobacco lied," at a total estimated cost of $38,000, which read, "Big tobacco lied when they said nicotine wasn't addictive. They lied when they said second hand smoke doesn't kill. And they lied to Portland's restaurant owners about potential economic doom. Now that you know the truth, the choice is clear. Vote no on November 3. Stand up for your health. Stand up for yourself. Stand up to big tobacco."[112]

At the November 1998 election, 68% of Portland residents voted "no" on Proposition One, upholding the ordinance,[54] which went into effect in January, 1999.[106]

Citizens for a Healthy Portland attributed the success of their campaign to their focus on the health effects of secondhand tobacco smoke as well as the public perception that The Quiet Man Coalition was merely representing tobacco industry.[100] The success or failure of a city ordinance such as in Portland was generally thought to be a harbinger of state approval and future success.[101]

The Statewide Smoke-free Law

The statewide smoke-free restaurant bill passed in 1999, one year after the Portland ordinance went into effect. Numerous bills had been introduced in previous legislative sessions, which many tobacco control advocates identified as key to the success of the bill in 1999 because each failed smoke-free restaurant bill helped tobacco control advocates learn what not to do the next time.[27]

In Maine, any restaurant smoke-free law would be difficult to pass because of the complicated licensure system for bars, restaurants, taverns and lounges in the state. The delineation between each type of establishment was flexible and allowed for overlap. In addition, "bars" were not defined in statute, but were based on the numerous types of liquor licenses for which an establishment could apply (Table 26). Certain restaurants could also be classified as lounges or bars, and choose how they wanted to be identified based on the price they were willing to pay for licensure.

The Maine Restaurant Association had been able to kill smoke-free bills by making claims about unequal playing fields between restaurants and restaurants with bar licenses.[27] In

1999, it was still considered too extreme to propose smoke-free bars in Maine.[27] Tobacco control advocates felt that bars would have to be exempt if they were going to get a smoke-free restaurant bill through the Legislature.[27]

The original bill was drafted to include restaurants and exclude bars imbedded in restaurants.[27] At the suggestion of the Maine Coalition on Smoking or Health, LD 1349, An Act to Protect Citizens from the Detrimental Effects of Tobacco, was developed by Department of Health Services officials within Governor Angus King's (I) administration and was sponsored by Representatives David Etnier (D- Harpswell), Steven Rowe (D-Portland) and Senator Pingree (Knox-D).[113]

The bill had broad support in both the House and Senate from Democrats and Republicans.[113] Tobacco control advocates had framed the issue as a worker health issue, as well as a child health issue, something that appealed to both Democrats and Republicans. They stayed away from framing smoke-free restaurants as a measure to protect patrons, because they felt the counter argument that adults could choose to eat where they liked would be difficult to dispel. Tobacco control advocates relied on the AFL-CIO to push the workers' rights agenda, educating the public about secondhand smoke.

The original draft of LD 1349 included a provision to exempt bars except those embedded within a restaurant.[27] The way the statutes read, only stand-alone bars would be exempt and this exception created some opposition from owners of bars attached to restaurants.[27]

As written, LD 1349 would have protected over 44,000 restaurant workers in more than 900 restaurants throughout the state.[105] An amendment, introduced by Representative Thomas Shields (R-Auburn), designed to include bars and taverns, was introduced with support from the MRA in an effort to weaken support for the bill, because they believed the bill would not pass if bars and taverns were included.[27, 105] Ultimately, bars and taverns were not added to the bill.

In Portland, restaurants had been smoke-free for one year when LD 1349 was introduced. The success of the ordinance helped establish support for a statewide smoke-free restaurant bill, even though the Portland ordinance had significant loopholes (ventilation) and was therefore not an ideal model for a statewide law.[21] Because of the success of the Portland ordinance, which showed that one of the state's busiest cities was thriving despite the fact that restaurants were smoke-free, there was underlying support for an even more comprehensive (no ventilation standards) statewide smoke-free restaurant law that would protect everyone in Maine.

The struggles in Portland provided tobacco control advocates and proponents of the statewide law with the experience necessary to handle Richard Grotton of the Maine Restaurant Association, and any other tobacco industry front groups that were dispatched to subvert MCSOH's efforts.[21] Grotton's arguments against the statewide bill were similar to his arguments against the Portland ordinance: a bill regulating smoking in restaurants but not bars would create an uneven playing field within the service industry.

In a 2008 interview, Ed Miller recalled how Grotten's argument failed to impact the Legislature and Governor's decision to support LD 1349 by stressing the successes in Portland. "[Grotten argued] 'if we ban it in Maine, then it's an un-level playing field with New Hampshire.

If we ban it in Portland, it's an un-level playing field with South Portland.' It's probably like, there's no place on Earth that we're going to be able to counter his argument. And I think because of the success of the Portland [ordinance] basically people just said, fine, it's time to do this statewide."[21]

Governor Angus King (I) met with representatives of the MRA in March, 1999, a week before the bill's public hearing, signaling that there could be room for compromise.[114] Following the tobacco industry's strategy,[43, 115] Grotton suggested ventilation systems as a compromise to a 100% smoke-free bill, saying that restaurants should have the right to choose their smoking status.[114] Grotton's proposal was that all restaurants, bars and lounges could adopt the ventilation standard or decide to go smoke-free over a two year period.[114] He later complained that no one even considered his ventilation plan as a serious option.[116] Echoing tobacco industry arguments as a last ditch effort, the MRA issued an "Industry Alert," warning restaurant owners that they would lose business if restaurants became smoke-free, up to 26% of patrons would stop eating appetizers and dessert or coffee, that people would choose to eat at bars instead of restaurants, and that that previously non-smoking restaurants would have increased competition from previously smoking establishments.[117] This was in direct opposition to research by Stanton A. Glantz (an author of this report) showing that smoke-free restaurant policies had no impact on restaurant revenue.[118, 119]

LD 1349 is Heard

The leading members of MCSOH, which included the American Lung Association, the American Heart Association, the American Cancer Society, the Maine Medical Association, and the Maine Osteopathic Association, as well as several hundred members of the public, were present and provided testimony at the hearing for LD 1349, which was held before the House Committee on Health and Human Resources on March 23. Dr. Dora Mills, Maine's director of Public Health, testified in support of the bill.[113] She warned the Committee that opponents were likely to suggest improved ventilation in restaurants could satisfy public health concerns about secondhand smoke, but that they were incorrect, stressing that there is no safe level of exposure to secondhand smoke.[113] She also discussed the severe health impact that secondhand smoke had not only on wait staff, but also on children. Arguing that a child in a restaurant had no choice but to sit through a smoke-filled meal helped many people to see that smoke-free restaurants would be a protective measure.

The hearing was very contentious and during the work session it appeared that there were not enough votes to pass the bill.[27] The Committee Chair asked each Health and Human Services Committee member to state how they were going to vote and why. In a 2008 interview, Dr. Mills recalled:

> It got to this one woman, Representative [Glenys Lovett (Scarborough-R)], who always voted against all these bills, always, always, always. And she was [probably] in her '60s. And she was a Republican. She'd been in the legislature for a lot of years, always voted against public health tobacco bills and was good friends with some of the tobacco lobbyists- at least that's what the perception was…. She'd been out sick with emphysema for three weeks. That was the first day she got back… She gave the speech of her life. She

just said, 'I'm going to surprise a lot of you.' And she went on about how sick she was. She'd almost lost her life because of emphysema. She'd been in the hospital for three weeks. She'd had to leave the legislature for those three weeks… Her husband had emphysema. She said it was for one reason: It was because she and her husband smoked. And she said, 'I'm sick and tired of it. I've given up smoking. And until the day I die, I'm going to fight for this cause. I know some of you tobacco lobbyists are going to be very angry with me and try to talk me out of this. Don't even bother. I'm voting for this bill, and I'm going to fight as hard as I can to get it passed.' I'll tell you we would not have got it passed without [Glenys Lovett].[27]

After Representative Lovett's speech, the tobacco control advocates thought enough members of the Committee had been swayed to pass the bill.[27]

Tobacco control advocates focused next on the arguments made by bar and restaurant owners who testified against the bill. Bar and restaurant owners argued that the smoke-free law would create unequal opportunities for bars and result in restaurants going bankrupt. Tobacco control advocates were torn, because they felt that the proper response to this argument was to say that the smoke-free bill should prohibit smoking everywhere, including bars.[27] At the same time, they worried that pushing for too much restriction all at once could leave them with nothing. According to Dr. Mills, "We couldn't make it fair until we made everything smoke-free. And there was not the support to do that. So we were caught between a rock and a hard place. Do nothing, or try to do everything and make everything -- bars and restaurants smoke-free. And we couldn't -- didn't have the support for that. We'd made the argument that a step in the right direction was better than no step that most successful public health efforts are made in a stepwise progression, that you don't get everything you want at first. And we didn't want the ideal to become the enemy of the good."[27]

After her speech, Representative Lovett agreed to work with Dr. Mills and other tobacco control advocates, lobbying her Republican caucus about the merits of the smoke-free bill and the need to protect workers and non-smokers.[27] Usually with tobacco bills, tobacco control advocates could rely on the majority of Democrats, but not the Republicans.[27] Representative Lovett worked hard to get enough votes for the smoke-free restaurant bill, despite her party's opposition. During the Committee meeting, Representative Lovett asked Dr. Mills to speak with Republican legislators to answer questions and discuss why the bill was necessary.[27]

The Health Committee passed the bill by a 7-6 vote. The bill went on to pass on the House floor by a vote of 100 to 48. It did not include bars or ventilation standards. In 2008, Mills recalled, "we wouldn't have won without [Glenys Lovett]. It was just unbelievable. But again, we wouldn't have won without all the other layers of support too. So it's never just one thing that gets you -- one trigger that gets you the vote. But you have those pieces in place."[27]

Senate Minority Leader Jane Amero (R-Cape Elizabeth), who had voted against smoke-free restaurant bills in the past, changed her vote and became a co-sponsor for LD 1349 once it reached the Senate because of the new emphasis on worker health pointing out that there was no reasons why restaurants should be exempt, since they were a significant employer in the state.[116] Other lawmakers in support of the bill cited pressure from their constituents to pass such a law,

and attitudes of restaurant owners in their districts, who supported the legislation.[116] Even though the MRA continued to oppose the law and push for ventilation standards, some lawmakers said their vote in favor of the bill came after they spoke with restaurant owners who supported of the bill and did not see the benefit of the MRA's recommendations.[116] The breadth of support for the law even surprised the bill's advocates.[120] The Senate supported the bill, voting 26-6.[116]

The bill amended the 1993 smoke-free workplace law to include the definition of "public place" as any place, including a restaurant, not open to the sky into which the public is invited or allowed, and "restaurant" to be any enclosed indoor restaurant or other enclosed establishment that invites the public to be served food for consumption on the premises. The bill exempted lounges and taverns in addition to bars.[113] The law included a $100 fine for people who smoked in restaurants and required restaurants to post signs indicating that smoking was prohibited.[121] State liquor and health officials were charged with checking for violations during routine inspections of restaurants.[116] The bill superseded the ventilation provisions in the Portland Ordinance, so all restaurants in Portland would be required to go 100% smoke-free.

On April 6, 1999, Governor Angus King (I) signed the bill, and it went into effect on September 18, of 1999.[27] At the time, the law was the most restrictive state law in the country outside California (which mandated smoke-free bars).

The media attention surrounding the Portland ordinance had helped educate people across the state about the dangers of secondhand smoke and the importance of government action to protect health of diners and workers.[116] The Portland ordinance had also helped to frame the issue as one of workplace protection, where the rights of restaurant workers held significant importance. The prime sponsor, Representative David Etnier (D-Harpswell), agreed that the Portland campaign had created a demand for a statewide law.[116]

The Smoke-free Restaurant Law Goes into Effect

During the summer of 1999, the Maine Department of Health and Human Services ran an educational campaign on secondhand smoke with $3 million it had been allocated from the tobacco tax.[27] Dr. Mills headed a task force to work with restaurant owners to help them prepare for implementation of the law.[120] People in Maine were still unaware of how detrimental secondhand smoke was to health, and the Maine Department of Health and Human Services felt it was necessary to create an educational campaign that ran in tandem with the news coverage of the smoke-free restaurant bill. When the bill went into effect, the Department of Health and Human Services' media campaign revolved around posters scenes from diners, with a 1950s theme.[27] They hired well known Maine humorist, Ken Sample, to create ads that were upbeat about smoke-free restaurants before the law went into effect.[27]

The Keys to Success

Senate Majority Leader Amero (R-Cape Elizabeth) attributed LD 1349's success to the fact that tobacco control advocates distanced themselves from the argument that restaurants should be smoke-free to protect the general public, which had historically met with the counter-argument that diners are free to choose whether or not to eat in a smoking establishment.

According to Amero, the tobacco control advocates' argument gathered strength when it was re-focused on the health of restaurant workers.[116] Smoke-free restaurants were viewed by the legislature and the public as a workers' rights issue, and according to Amero, since Maine already had a law requiring smoke-free workplaces, there was no justification for exempting restaurants from that requirement. Numerous lawmakers who were against the bill in previous years changed their votes because of letters and phone calls from their constituents and restaurant owners in their districts supporting the bill.[116]

The Committee debate was another reason for the bill's success. Many legislators were undecided going into the hearing, and Lovatt's speech won over a large number of undecided voters. "That was very key," Representative Etnier was quoted as saying in the *Portland Press Herald* after the bill passed. "It was personal testimony, and you can't beat that."[116]

After the bill passed, Philip Morris' NSA sent a notice to all members in Maine, titled "Attention: NSA Members in Maine," regarding the restrictions on smoking in restaurants in the state.[122] The notice cited the imminent loss of autonomy as well as the threat to restaurant revenues that relied on smoking customers and suggested that members of the NSA contact elected officials to let them know they were against the "discriminatory" legislation, talking to restaurant owners and managers and writing letters to the editor of their local papers.[122] In a July 21, 1999 email, Ted Lattanzio, director of Worldwide Regulatory Affairs at Philip Morris USA and a member of the Philip Morris Ventilation Task Force, suggested to Scott Fisher, Director of Government affairs for Philip Morris, that he instruct the MRA to consider exploring the process of acquiring lounge licenses for restaurants in order to avoid the smoking ban regulations.[121]

In a letter mailed to Mainers September 1999, Philip Morris urged smokers not to accept the no-smoking-in-restaurants law.[123] The letter showed up all across the state, in Lewiston, Augusta, Waterville, and Portland. The letter was written by Matt Paluszek, regional director of Philip Morris Management Corp.[123] The letter detailed the exceptions to the law, such as smoking being permitted in hotel lounges, class A lounges, taverns and outdoor patios and decks.[123] It urged restaurant-goers to "speak with the management of [their] favorite establishment and ask them if they will be able to continue to accommodate adult customers who smoke after September 18, and whether there is anything they can do under the law to provide some sort of accommodations for you and other adults who choose to smoke."[123] The letter also suggested that restaurants build outdoor patios to accommodate smokers, or to comply with and apply for a class A lounge license. It discussed respecting choices, balance and preserving peoples' options, and was designed to point out that smokers as well as nonsmokers can and should be accommodated.

In response to Philip Morris's efforts, Dr. Dora Mills of the BOH publically stated that the letter exemplified the industry's inability to accept public sentiments, since the law had widespread support.[123] Despite Philip Morris's urging, after the Portland ordinance went effect in January, 1999, by September 1999, only 20 restaurants had changed their license status to bars.[123] This tactic became moot in 2001 when the statewide smoke-free bar law passed.

The AFL-CIO, which came forward in support of smoke-free restaurants, helped to convince swing votes to vote in favor of the bill.[21] This was a change from the AFL-CIO's opposition to the workplace smoking bill in 1985.[30] In the early 1990s, the Maine Lung

Association worked with labor and the labor movement to protect workers from toxins in the workplace, and when the Lung Association needed help, labor was there to support the issue.[21] Miller credited the AFL-CIO with getting the Health and Human Service Committee to re-think the bill when one of their officers testified, saying, "well, I just would say that if the Maine Restaurant Association is so convinced that this is not a worker hazard, being exposed to secondhand smoke, that they work with us to expand the Firefighters Protection Bill so that any heart or lung disease suffered by a restaurant worker would be deemed to be work-related. And you'd be covering it."[21] This argument made restaurant owners think about the ultimate costs of secondhand smoke exposure, creating a whole new context on the issue as a worker health issue, which brought in support from legislators who would otherwise not be for such a bill.[21]

There were a number of business people in the state who were concerned about the economic impact of mandating smoke-free restaurants. MCSOH recognized that their concerns were understandable, since Maine had traditionally thrived as a tourist economy where restaurants were a competitive business.[21] However, MCSOH pointed to numerous studies showing that smoke-free laws had not been detrimental in other states and cities.[21] After the success of the Portland ordinance, where restaurants continued to thrive and none of the industry's threats were actualized, the industry lost credibility, and MCSOH became empowered.[21]

MCSOH was then able to point out, "you know, these are the same people that told us the sky was going to fall if we ban smoking -- if we license tobacco vendors. Then they the sky was going to fall if we banned smoking in restaurants. And then they said it was going to fall if we banned it in bars -- I mean, how much longer are these people going to continue with these arguments that have no truth?"[21] Restaurant owners who had been on the fence during the Portland ordinance debate recognized that the NSA and MRA's threats were hollow, and began to lean more towards tobacco control policies.[21]

Key members of the Health and Human Service Committee members, who had not traditionally supported smoke-free restaurants, changed their minds about the bill and decided to support the smoke-free restaurants because they saw no good reason *not* to pass the bill. They felt that there were no compelling opposing arguments and, in fact, there was significant support by many restaurant owners in the state.[21]

The fact that MCSOH had a continuous political presence also contributed to its success. In 2008, Miller observed, "We had some very good lobbyists, some very good allies who understand the political process. They know that the political process never ends. It's the same lobbyists that get you in to see the Speaker of the House is helping that person put signs up on front lawns during election time. They don't just sort of show up January and say, hi, here I am. And I think there's a sort of naiveté that, when in some areas of the country that we're just so right that people will listen to us."[21]

The Smoke-free Workplace Law is Strengthened

In 2005, Maine strengthened its smoke-free workplace law by passing LD 1926. The bill was sponsored by Senator Turner (R-Cumberland), and voted on by the Committee on Health and Human Services. The bill repealed the provisions of the Workplace Smoking Act of 1985

that allowed members of private clubs to permit smoking in the clubs. It also eliminated the employer-employee agreement "opt out" provisions for all workplaces, and exemptions for smoking in one-person private offices. At the same time, it strengthened enforcement provisions in the workplace smoking law so that the State Attorney General could enforce the policy in District or Superior Court and could seek injunctive relief, including a preliminary or final injunction, as well as fines, penalties and equitable relief.

The bill had strong support from MCSOH but was opposed by various private clubs, including the Elks Club. The Committee voted against the bill, but the Senate overturned the Committee and voted in favor of the bill. The new law required all employers to establish or negotiate through the collective bargaining process, written policies on smoking that aimed to protect employers and employees from the effects of second-hand smoke. The law applied to all business facilities including company vehicles. Employers were required to provide copies of these company policies to employees upon request. Those business facilities that were open to the public were governed by the public places law, rather than the workplace law.

Enforcement & Compliance

Enforcement, including a locus of enforcement responsibility and available sanctions, is a critical aspect of any tobacco control legislation and under Maine's Workplace Smoking Act (22 MRSA § 1580-A) violations were reported to the Office of the Attorney General which, in turn issued fines ranging from $100 to $1500. In 1996, the Attorney General's Office created a tobacco enforcement program to oversee federally mandated enforcement of youth tobacco access laws required by the Synar Amendment and to implement enforcement to PL 470 (1995). The AG's Office hired John Archard as their first Tobacco Enforcement Coordinator.

Archard, a 1972 graduate of Fairleigh Dickinson University, was continuing in this role as of 2009. His salary is paid in part by the PTM and in part by a grant from Substance Abuse and Mental Health Services Administration (SAMHSA), since his enforcement duties include Synar Amendment compliance checks.[61] Archard is available to anyone who has a complaint and is responsible for investigating those claims.[61] According to Dorean Maines, Director of the PTM, "[The Coordinator] has the clout of the AG's office… there have even been a few court cases. We usually go through a process of a written statement [to the PTM]. If I get a complaint, I refer it on to him [John Archard], his first step is usually to send a written reminder to the company of what the rules are and what they should or ought to be doing. A second complaint kind of goes up into progressive discipline. And it can go to court and has won. Usually, I'll try to help a company understand what they have to do. But if it looks like something where there's been repeated action on the part of an employee. And the employee has brought this forward several times and has gotten no results, we tend to move it right along to [the Tobacco Enforcement Coordinator]."[61]

Sustained compliance with tobacco control legislation requires enforcement *and* education. Several organizations in Maine have worked to educate employers and employees about their rights and responsibilities, and about the consequences of noncompliance. The GoodWork! Program was developed by the Maine Cardiovascular Health Program and the PTM in 2001, and offered technical assistance regarding tobacco use, as well as advice on the policy-change process. GoodWork! distributed information to Maine employers to help implement and

strengthen workplace smoking policies.[39] The program operates through the local Healthy Maine Partnerships, which is discussed in more depth later in this report.

Despite Maine's smoke-free mandates and extensive efforts to educate the public, 10% of employed adults surveyed in 2004 reported that their workplace lacked smoking restrictions.[39] This implies that either workplaces were not complying with the smoke-free law, or employees were not aware of their company smoking policies.[39] In either case, the 10% noncompliance must be addressed.

Between 1999, when the smoke-free restaurant law passed, and 2009, there were over 300 reported violations or complaints sent to the Attorney General's office that fell under either the smoke-free workplace or restaurant laws, including locales such as fire departments, hospitals, markets, and restaurants.[124] According to the tobacco enforcement officer, John Archard, a workplace or restaurant allegedly in violation of the smoke-free law(s) was sent a letter outlining the terms of the violation(s) and requesting a response within 15 days (Figure 17). If the alleged violator was able to prove that a new smoke-free policy had been implemented, no further measures were taken. However, if the complaint(s) were confirmed and violations continued, the Attorney General filed a complaint in the District Court.[124]

The Office of the Attorney General has received a complaint concerning smoking at your facility. It alleges that smoking is allowed in common areas of the business facility. Maine Law requires smoking in the workplace be governed by a written policy. *See* 22 M.R.S.A. § 1580-A. Maine law further requires that employers limit smoking to designated areas for any workplace, which in turn must be ventilated and physically separated from both common areas and from that portion of the business facility where employees are performing services for the employer. The law further requires that employers supervise implementation of the policy. If this facility is open to the public, it is important to note that any portion of the facility open to the public must be smoke free (*see* 22 M.R.S.A. § 1542) and no-smoking signs must be conspicuously posted.

I am including a copy of the smoking laws for your review. The Office of the Attorney General takes this matter seriously. Please write to us, within ten (10) days of the date of this letter, explaining how you are in, or intend to come into, compliance with these laws. If we do not hear from you, or if it is otherwise determined that KBS Building Systems knowingly violated the law, the Office of the Attorney General will consider filing a complaint in District Court to compel compliance with Maine's Workplace and Public Smoking Laws.

Figure 17. The body of the text of the letter sent to those in violation of workplace or restaurant laws in Maine, from the Attorney General's office, care of John Archard.

While the majority of restaurants complied with the law, there were a few exceptions. Most of the restaurants receiving letters from the Attorney General's office changed their practices and chose to comply with the regulation. However, there were a few restaurant owners who refused to change their policies and practices. Amanda Mae's Café in Biddeford, the Nutshell Tavern, and Uncle Dick's Family Restaurant viewed the law as a restriction of their freedom of choice, free enterprise and certain Constitutional rights, and they continued to allow smoking in their restaurants.[125] Uncle Dick's reclassified itself as a smoking club, charging $1 to "members," and the Nutshell held an "on-going private function" that allowed the owner to circumvent the ban.[125] At Uncle Dicks, owner Dick Metayer re-named his restaurant "Uncle Dicks Smoking Club" after he claimed a loss of 50% in business in the first week of the ban.[125]

Uncle Dicks Smoking Club had 258 nonsmokers and 338 smokers as registered members in 1999 before the establishment closed in January of 2000.[125] At Amanda Mae's, the smoke-free law was ignored outright.[125] The owner, Richard Hofsaes built an additional room for smokers a few years before the bill, but because of the law, was never able to use it.[125]

All three restaurants were cited for violating the smoke-free law. The owners of the restaurants defended themselves by arguing that the choice was ultimately up to their patrons, and they refused to acknowledge the health rights of their workers.[125] Prosecutors filed a civil complaint against the Nutshell and fined the owner, Gerald McLaskey $12,000, which was ultimately settled for $200 after McLaskey shut down the Nutshell.[125] Uncle Dick's was fined nearly $2000, and owner Metayer paid $1000 with $900 suspended, and closed its doors on January 23, 2000.

Reflecting strong public support for the smoke-free restaurant law, no bills or propositions were introduced to revoke the smoke-free restaurant law. The success of the smoke-free restaurant law in Maine can be attributed to several things. For the most part, the precedent set by the Portland smoke-free ordinance provided enough evidence to convince the public that a statewide law would be beneficial for workers, families and children and would not have negative economic consequences. In addition, the campaign run for the Portland ordinance prepared MCSOH as well as the public for the tobacco industry's response to the legislation.

Smoke-free Bars, Taverns, Lounges and Pool Halls

By 1999, Maine's laws regarding smoking in public places prohibited smoking in all enclosed public areas, with a few major exceptions. Smoking was still allowed in places not open to the public, during religious ceremonies or cultural activities, in hotel and motel rooms, in tobacco specialty stores that did not serve food or drink, during beano or bingo games run by a federally recognized Indian tribes, and in designated smoking areas in off-track betting facilities or simulcast racing facilities at a commercial track.

In 2002 and 2003, a number of smoke-free laws were being implemented across the country. The Delaware Clean Indoor Air Act prohibited smoking in any enclosed area to which the general public was invited as of May 31, 2002, but was amended in 2003 to allow smoking in taverns, taprooms, horse racetracks, video lottery machine facilities, and nonprofit bingo and charitable gambling facilities. In New York State, a law was enacted in 2002 that prohibited smoking in the majority of workplaces, and included outdoor seating areas for bars with food service. The New York bill exempted enclosed rooms in bars and restaurants. In 2003, Connecticut enacted a smoke-free restaurant law for, cafes, taverns, and other locations.

In Maine in 2003, as many as 3,000 bartenders were exposed to secondhand smoke daily. This included a large number of wait staff, hosts/hostesses, and other workers in the hospitality industry including musicians and entertainers who were employed by bars, taverns, lounges, off-track betting facilities, and Native tribe beano or bingo games. Among the goals of 2002's *Healthy Maine 2010,* was a plan to increase the number of public indoor and outdoor areas protected from secondhand smoke as well as to completely eliminate the exposure of Maine employees to secondhand smoke. This was a zero-tolerance campaign.[126]

Laws from the 1980s had been strengthened incrementally so that conspicuous signage was required in buildings where smoking was regulated. Despite efforts to tighten up the laws, there were gaping holes. For example, the 1985 workplace smoking law still permitted smoking if all workers agreed. Because of this loophole, smoking was alive and well at Wal-Marts across the state in 2005. In addition, as of 2003, smoking was still allowed in bars, lounges, pool halls and taverns. And smoking outside was still fair game in Maine.

There were numerous bills between 2000 and 2009 to prohibit smoking in all outdoor public places in Maine. In 2003, LD 1346, a bill that extended the protection of the Smoke-free Workplace Act of 1985 to employees who work in bars, pool halls, taverns and lounges, passed the Legislature.[127] This completed the coverage of workplaces, since restaurants had gone smoke-free in 1999. The bill was sponsored by Senator Turner (R-Cumberland) and was referred to the Senate Committee on Legal and Veterans Affairs. The bill eliminated the existing exemptions from the general prohibition against smoking in public places, and repealed the provision in the public places law that permitted designated smoking areas.[127] Under existing law, smoking was prohibited in most establishments, but failed to cover pool halls, taverns, and lounges, including hotel lounges, off-track betting lounges, and restaurants with Class A lounge licenses. LD 1346 eliminated those exemptions while repealing the right for public places to have designated smoking areas. The bill did not prohibit smoking in private clubs.[127]

The bill was heavily supported in the Legislature mainly because it focused on closing the loopholes that exposed some Maine employees to second-hand cigarette smoke.[127] MCSOH created post-cards addressed to members of the Senate printed on cocktail napkins, in theme with the effort to promote workplace safety across all members of the service industry. At the Committee hearing, singers, bartenders, restaurant owners, doctors, private citizens and all the major public health organizations provided testimony in favor of the bill. There was minimal opposition, and the little there was focused on economic loss, and perceived threats to personal freedoms. Groups that traditionally allied with the tobacco industry, like the Maine Restaurant Association, were actually convinced that the bar bill would help business in restaurants. The bill ultimately passed with little discussion.

On September 3, 2008, the Portland City Council passed an ordinance prohibiting smoking in outdoor areas of restaurants and bars before 10 pm.[128] MCSOH provided testimony in support of the bill. The vote in the Council was 7-2. The ordinance went into effect October 3, 2008. Bar owners protested, arguing that the restriction would be ineffective and force smokers to move to the streets, creating litter problems.[128] Council members Kevin Donoghue and David Marshall opposed the ordinance.[128] Violators of the ordinance would face fines of $100. The ban was designed to make restaurants and bars safer for patrons as well as employees. The ordinance set no minimum distance between smokers and outdoor areas.

A First Attempt at Smoke-free Bars

After the smoke-free restaurant law went into effect in 1999, tobacco control advocates in Maine were eager to bring bars and taverns under existing smoke-free indoor air laws. Advocates focused on promoting smoke-free bars as a health issue, promoting equal rights for

employees and entertainers in bars. Because of the structure of liquor licensure in the State, bars and lounges, including those that serve food, were exempt from the 1999 restaurant law.[27] Establishments with Class A Lounge Licenses, Hotel Licenses, and/or Tavern Licenses were also exempt under the restaurant law. This meant that all bars, except those that were embedded in restaurants, were not regulated by smoke-free indoor regulations.[107]

In 2000, the first bill to prohibit smoking in bars and lounges, LD 2358, was introduced by Senator Peter Mills (R-Somerset), brother of Dr. Dora Mills.[129] The bill allowed for separately ventilated rooms for smoking and non-smoking sections. The bill was defeated in the Joint Health and Human Services Committee, losing by a vote of 9-0.[129] The bill would have affected more than 500 bars, including the roughly 100 restaurants that had successfully applied for Class A Lounge licenses after the smoke-free restaurant law took effect in 1999.[129]

Opponents of the bill, an organized group mainly comprised of bar owners, argued that any prohibition on smoking in bars, taverns or lounges would lead to significant losses in sales. Senator Mills countered that this claim was an unfounded, unsupported argument, and noted that there had been a 2% increase in restaurant revenue since the restaurant smoking law went into effect the year before.[129] However, many tobacco control advocates throughout the state believed that in 2000, a smoke-free bar bill was still premature. They wanted to give the public more time to recognize and appreciate the health benefits as well as the economic strengths of the restaurant bill and they felt certain that once this happened, support for smoke-free bars would follow.[27]

Despite these concerns, representatives from the Maine Medical Association and Blue Cross/Blue Shield testified in favor of the bill, but were vastly outnumbered by opponents.[129] Committee members who had voted against the bill, including Lois Snows-Mello (R-Poland) and Joseph Brooks (D-Winterport), continued to argue that smoking in bars was about freedom of choice, since it did not impact the health of children.[129] RJ Reynolds lobbyists made calls to key members of the Joint Health and Human Services Committee to promote LD 2358. Ironically, the tobacco industry wanted the 2000 bill to pass, because it had ventilation standards and exemptions for separately ventilated rooms, but despite their best efforts, bars would not be smoke-free in Maine until 2003.[130]

A Changing Climate

By 2003, there was widespread public support for smoke-free bars in Maine. The Maine Coalition on Smoking or Health established an additional coalition of labor, women's groups, bar workers and senior citizens called SAFE, or Smoke-free Air For Everyone, that worked to promote smoke-free bars. In a poll administered by SAFE, 23% of those who visited bars said they were more likely to visit more frequently if the bars were smoke-free; 6% would visit less often, and 71% would not change their behavior.[131] Additionally, of the 42% of those who said they never visited bars, 11% felt they would visit bars if they were smoke-free.[131] SAFE offered statistics on smoke-free policies in other states. The handout, distributed at the request of Senator Karl Turner (R-Cumberland), included a list of states and cities with comprehensive smoke-free policies, including California, New York, Florida (whose state law exempts bars) and Boston, Massachusetts.[131] The handout also offered statistics on smoking and facts about the

effects of secondhand smoke in an effort to educate Legislators about the health consequences and the benefits of smoke-free bars.[131]

By 2003, tobacco control laws were no longer a partisan issue in Maine.[132] Maine Republicans and Democrats agreed that the health of all employees was important. This led Senator Turner (R- Cumberland), who had a strong pro-business record, to introduce a bill, LD 1346 to prohibit smoking in all public places, public places being defined as a place not open to the sky into which the public is invited or allowed, excluding private homes.[133] Senator Turner felt that smoke-free bars would promote business in bars while protecting workers health. In addition to focusing on workers health and safety, such a bill would "level the [business]playing field" which was a common, if unsupported, concern among business owners.[131, 134] The bill was referred to the Senate Committee on Legal and Veterans Affairs.[127]

According to an article that ran in the *Kennebec Journal* during the legislative session, "the science on secondhand smoke is in, and it is well-documented that it causes illness and disease. Even the tobacco companies now accept this."[132] The bill was supported by the ACS, AHA, ALA of Maine, Anthem, the City of Portland Public Health Division, Consumers for Affordable Health Care, the Maine AFL-CIO, various health related groups, and major newspapers including the *Bangor Daily News*, the *Maine Sunday Telegram*, the *Sun Journal*, and the *Kennebec Journal*.[135]

Under the bill, smoking would be prohibited in all enclosed areas of public places and all rest rooms made available to the public, including taverns, lounges and pool halls, and the provision permitting public places to install enclosed, designated smoking areas where no sales, services or other commercial activities are conducted was repealed. Smoking would also have been prohibited in outdoor areas where children may be present. However, an exemption was made for designated smoking areas (DSA's) in existing off-track betting facilities, as long as a) no sales or services were provided in DSAs except betting-related equipment; b) no employees worked in or were required to pass through them; c) members of the public were not required to use or pass through them for any purpose; and d) no one under 18 was permitted in them. The bill also repealed the provision in the public places law that permitted public places to have a designated smoking area as long as no sales, services, or other commercial or public activities were conducted in that area.[127] Since smoking was already prohibited in the majority of workplaces and in all restaurants, the enforcement infrastructure for this new law was already in place. The penalty for a person or employer who violated the regulation was fined $100 for the first violation and at least $250 for each subsequent violation.

The Coalition Runs a Quiet Campaign

The Maine Coalition on Smoking or Health was successful in re-framing the bar bill as a workers' rights issue. In the three years since their first attempt to enact smoke-free bars, the science of secondhand smoke had become more widely accepted as fact, and people were aware of the health risks. MCSOH recognized that they needed to put a face on the issue, and that if people understood that bar patrons as well as bartenders and performers were being exposed, they would feel differently about the issue. MCSOH organized musicians to testify in support of the bill, recounting stories about smoke-filled venues and the health impacts of secondhand smoke exposure.[21]

To circumvent the smoke-free restaurant law some Maine restaurants had changed their licensure status to bars, lounges or taverns. MCSOH was able to capitalize on this fact, framing the bar bill as a means to level the playing field among all eating and drinking establishments.[21] The Maine Restaurant Association, who had lobbied against the restaurant bill in 2000 because they felt it created an unfair advantage for bars, was in favor of the bar bill, because it put all establishments on the same footing.[21]

MCSOH decided that, unlike the smoke-free restaurant law, the bar campaign should be low profile.[21] According to Miller, "One of the toughest things to do with the bar bill, and I remember Carol Kelly [director of MCSOH in 2003] and I having endless conversations about this strategy, was that we adopted a strategy that was going to be very, very low profile. We did not want media coverage; we did not want articles in the newspaper about it. We wanted as little visibility as possible. And the reason was pretty simple. There was no equivalent to the restaurant association for bars. They didn't have an association… What would happen is we would make a statement, and what does the media do? They've got to find somebody on the other side of that… But to the media and to the public out there, if every time I say something, they go get John Smith from the local pub to say they don't agree, then people just assume that there's equal dispute. And we wanted to show this isn't even a controversial issue."[21]

At the Senate Committee on Legal and Veterans Affairs hearing, Smoke-free Air For Everyone (SAFE) offered legislators statistics on smoke-free policies and their impact on business in other states (Figure 18).[131] Dr. Mills also recounted the Maine Restaurant Association's decision to stay away from the issue, since equity between restaurants and bars had been what they were promoting all along.[27] The only significant opposition to the bill was a small group of bars owners.[27]

MCSOH's low-key strategy played out in the statehouse, where the hearing was not open to the public. This gave an advantage to MCSOH members, who were able to make their case without any testimony from the bar owners.[21]

Figure 18. Napkins promoting LD 1346 distributed by MCSOH and SAFE

LD 1346 Passes

The bill passed the Senate Committee on Legal and Veterans Affairs with a vote of 12-1.[132] The debate on the issue was focused on workplace safety rather than business, and testimony reflected the opinion that workers in bars, taverns, and lounges deserve the same standards as those in all other workplaces in the state.[132]

The bill was enacted with an amendment from the Senate Committee on Legal and Veterans Affairs, amendment S-249.[127] The amendment was in response to the business communities' concerns that a smoke-free law would lead to significant losses in sales at horse race tracks, where the majority of patrons smoked and there were very few children present. The amendment also allowed off track betting facilities to have a sealed room for patrons to smoke, where employees would not be allowed.[135] The amendment also allowed for smoking in designated smoking areas in off-track betting facilities and simulcast racing facilities at commercial tracks if no sales or services were provided there except those necessary for watching a race and placing wagers; no employees are required to pass through the area; members of the public, except those who choose to utilize the designated smoking area, are not required to utilize or pass through the area; and minors are not permitted in the area.[127] In response to concerns about the increased burden on the Attorney General's office for enforcement, the amendment also transferred $243,000 from the FHM to the General Fund.[127]

Success of the Bar Bill

In Maine, as elsewhere, the bar smoking restrictions were more of an advocacy challenge than the restaurant bill had been. The restaurant bill had been framed as a both a worker and child protection bill, and the children protection angle could not be utilized with bars.[21] One of the reasons the original bar bill had failed in 2000 was that members of the Joint Health and Human Services Committee saw bars as a different issue, because going into a bar is voluntary, and children are not allowed in bars.[21] They also felt that since restaurants were smoke-free, anyone working in a bar who did not want to be exposed to secondhand smoke could decide to work at a restaurant rather than a bar, tavern, or lounge.

Figure 19. Advertisement created by PTM for the smoke-free bingo law

Another reason for the success of the bar bill, which had helped in 1999 with the restaurant bill, was the use of studies by Dr. Stanton Glantz (a coauthor of this report) on bar receipts, showing no ill-effect on sales after various state and local bans had gone into effect across the country.[27] According to Mills, "We wouldn't have gotten either one of those bills passed if we didn't have the studies that [Glantz] was showing in terms of the effect on receipts."[27] Mills and other proponents were able to show that data to the committee, as well as data on the rates of myocardial infarctions in California that had declined after smoke-free legislation had gone into effect.[27]

Mills also attributed the passage of the bar bill to the acceptance and success of the smoke-free restaurant law, saying, "you kept hearing how the sky was going to fall if we had

smoke-free restaurants… and then, the day came and went. And actually, the sky was clearer and lifted. I mean, it was just the opposite. Nobody ever wants to go backwards, once some place is smoke-free, there's no movement to go backwards because once you get used to things being smoke-free, I mean, who wants to [fill] back up again with poison. So they really only had one choice: to keep the status quo or to move forward."[27]

The House voted 95-47 in favor of the bill, and the Senate followed with a vote of 32-2. The law went into effect on July 29, 2003.

Smoke-Free Beano and Bingo Follows the Bar Bill

In 2003, the exemption for most licensed bingo and beano games in the public places smoking law was repealed, although high stakes bingo and beano conducted by federally recognized Indian tribes remained exempt from the law (because of issues of tribal sovereignty).[54] In the first regular session of the 121st Legislature, LD 227, an Act to Ban Smoking in Beano and Bingo Halls, was enacted (Figure 19).[136]

The bill was heard by the House Health and Human Services Committee, where there was no opposition to the bill. Representative Donna Loring of the Penobscot Nation spoke against the bill based on the alleged loss of income, not only for the Native Tribe that operated high-stakes bingo, but also the surrounding towns where bingo players eat at local restaurants and stay at local hotels.[137] Numerous bingo and beano players, the American Lung Association of Maine, Dr. Mills, the director of the Bureau of Health and the American Cancer society, who saw the bill as closing the loophole in current Maine law, supported the bill.[137]

The People's Veto Referenda

Shortly after the bar bill, LD 1346, was signed by Governor Baldacci, a group known as the Maine Freedom Committee established by John Michaels filed two applications for people's veto referenda. On June 20, 2003, the Bureau of Corporations, Elections and Commissions received applications for People's Veto Referenda, to repeal PL 2003 chapters 493 (An Act to Protect Workers from Secondhand Smoke and to Promote Worker Safety) and 379 (Act to Ban Smoking in Beano and Bingo Halls).[138] The referenda would have required 50,519 signatures to appear on the ballot in the next election.

The ballot questions on the first petition were "Do you want to reject the new law that bans smoking in lounges, taverns and pool halls?" and "Do you want to reject the new law that bans smoking in most bingo and beano halls?"[138] The second ballot measure asked the question, "Do you want to reject the new law that bans smoking in lounges, taverns and pool halls?"[138] The deadline for the people's veto petitions was 90 days after the adjournment of the legislative session in which the act was passed, which was September 12, 2003.[138]

The Freedom Committee only gathered 20,000 signatures, well below the required 50,519[139] The Maine Freedom Committee vowed to overturn these laws after they had gone into effect through the direct initiative process.[54] However, in 2004, the Maine Freedom Committee announced that it did not have sufficient signatures or money to pursue a November 2004 initiative to overturn the new laws eliminating smoking in taverns, lounges and pool halls, and in

most licensed bingo and beano games. The Committee promised to continue collecting signatures for presentation to the Legislature that would be elected in November 2004, but these promises were not realized.[54]

Expanding Smoke-free Air, 2004-2009

Smoke-free Cars

Bangor Smoke-free Ordinance

In 2007, an ordinance was enacted by the City Council of Bangor to prohibit smoking in vehicles when minors under 18 were present, making Bangor the first city in the nation to pass such a measure.[54, 140] The ordinance stipulated that those found in violation would be fined $50. Jonathan Shenkin, a pediatric dentist and MPH from Bangor, was also a statewide advocate for children's health issues. He initiated the idea for the ordinance, and introduced it to the Bangor City Council. Dr. Shenkin convinced Council members that an ordinance to prohibit smoking in cars with children present would protect this vulnerable population from the ill effects of secondhand smoke.[27]

Dr. Geoff Gratwick, a physician serving on the Bangor City Council, supported the proposal because he believed it would fill an "unmet need to protect a vulnerable group of people- that, is, our children, who can't say no." [141] However, Dr. Gratwick worried that the public would view the measure as an unwelcome intrusion on their rights, and encouraged the public not to perceive the ordinance as being heavy-handed, but rather as an opportunity to protect the health of Maine children.[141] Shawn Yardley, working for the Bangor Department of Health and Welfare, also offered his support for the proposal, saying that he hoped the ordinance would encourage Legislators to introduce a similar law statewide.[141]

Bangor City Councilors were so enthusiastic about the proposal that they amended the ordinance to make it stronger than originally proposed.[142] They changed the ordinance from a secondary offense to a primary offense. [142] A primary offense gave police officers the right to pull over smokers who were visibly smoking in cars or trucks in the presence of minors. A secondary offense limited police officers to citing these smokers only if they were being pulled over for another unlawful offense, such as speeding.[142]

Statewide Law

After the Bangor ordinance was approved by City Council and went into effect on January 17, 2007, Shenkin decided to draft a statewide law similar to Bangor's ordinance. Shenkin worked with Representative Patricia Blanchette (D-Bangor), a smoker, to create LD 2012 in 2007. By the time the state law was introduced, only three other states -- Arkansas, California and Louisiana -- had passed laws prohibiting smoking in cars carrying children.[140] Representative Blanchette's bill was introduced at the same time as a similar bill, sponsored by Republican Senator Brian Duprey (R- Hampden). Members of the Health and Human Services Committee voted against Blanchette's bill because they felt that Republican support for a smoke-free car bill would be stronger if the legislation was introduced by a member of their own party.[143]

MCSOH and the Bureau of Health offered their support, but only after careful consideration about the effect it would have on the public's opinion.[27] Throughout the entire process, MCSOH, along with Dr. Mills at the Department of Health and Human Services, had been hesitant to introduce such a bill. MCSOH worried that regulating smoking in private space would be met with significant opposition and would have no chance of passing.[27] Therefore, they chose to remain low-profile throughout the campaign, and were ultimately surprised by the lack of opposition.[27]

Representative Brian Duprey (R-Hampden) redrafted the original version of his bill, and the Health and Human Services Committee supported this version. Duprey's bill was an amended version of Blanchette's, which followed the suggestion of Republican committee member Senator Kevin Raye (R-Perry) to lower the age of protection from 18 to 16.[143] The bill passed a vote in the House Health and Human Services Committee 12-1, and passed the House and Senate. The bill was signed by Governor Baldacci on April 10, 2008, and went into effect September 1, 2008.[143]

According to Mills, "[Shenkin] did all the work, he was passionate about it. It was perfect because I honestly think if [the Maine CDC] had asked for this bill to be introduced… I don't think it would have passed. [It would be seen as] a state official imposing her will on these poor people in cars... I think that it would have sounded too heavy handed. But coming from a dentist -- a pediatric dentist... Clearly, his concern is about these kids. It's not about him. It's not about his agency. He doesn't have one."[27]

The Partnership for a Tobacco-free Maine, the state tobacco control program (discussed in detail below), was tasked with implementing the media campaign surrounding the smoke-free car law. The media campaign, introduced in 2007 after the smoke-free cars bill passed was titled "Wherever You Live and Breathe, Go Smoke-Free," and was designed to educate Maine people about the dangers of secondhand smoke. The campaign emphasized the serious effects of

Table 27: Wherever you live and breathe, go smoke-free media campaign, 2007

Title	Message
"It's like they are smoking"	This television message was originally created for use by the Michigan Department of Community Health and was adapted for use with Maine audiences. The spots aimed to educate parents about their child's involuntary exposure to smoke, from the child's point of view.
"Trapped"	The first of two animated smoke spots in which the camera followed the smoke as it clung to the interior of a car, including the baby's seat. The message increased awareness that although it cannot be seen, smoke's harmful effects are still present.
"No Place to Hide"	This animated smoke spot focused on secondhand smoke exposure in the home, again following the smoke as it followed its victim.
"Baby Jack"	This lighthearted spot helped raise awareness of Maine's new secondhand smoke law and the importance of not smoking around children in a vehicle.
"Some Kids"	This message was a straightforward look at the dangers children face whenever secondhand smoke enters the home.

secondhand smoke exposure to children in homes and in vehicles. The campaign included three rotating TV messages that were broadcast statewide (Table 27).

Smokefree Outdoor Areas

In 2009, the Maine Legislature passed a statewide smoke-free outdoor eating area law. Maine was the third state to prohibit smoking in outdoor dining areas.[144] LD 820 prohibits smoking in outdoor eating areas. The bill defined outdoor eating areas to include patios, decks, property permitted for outdoor dining and other outdoor areas under the control of a restaurant, tavern or lounge. House amendment H-132 prohibited smoking in outdoor eating areas of eating establishments without the time limit proposed in the bill and without the penalty for violation, which had been set at $100-$1,500. The bill was signed by Governor Baldacci (D) on May 14, 2009. The law went into effect in September 2009.

Governor Baldacci (D) told newspapers, "It's been my goal to make Maine the healthiest state in the nation. To achieve this goal, we must continue making headway in reducing tobacco use."[144] Baldacci supported the bill, seeing it as a significant measure in the protection of children's health.[144] The bill was also supported by tobacco control advocates, and the Maine Coalition on Smoking or Health.

In 2009, LD 67, a bill to prohibit smoking on beaches in Maine's state parks, was introduced as an emergency bill in order to have it enforced before the 2009 summer season. The bill, introduced by Senator Nutting (D-Leeds), was supported with testimony by the Maine Coalition on Smoking or Health, and was heard before the Joint Committee on Health and Human Services and was passed to be enacted after receiving the required 2/3 majority for an emergency bill. The Senate amendment extended the restriction so that smoking was not allowed within 20 feet of a beach, playground, snack bar, group picnic shelter, business facility, enclosed area, public place or restroom in a state park or state historic site. The amendment also stipulated that the Bureau of Health would be charged with providing signs and educating the public about the law.[145]

In 2009, a more comprehensive bill, LD 155, was introduced by Representative Gary Knight (R-Livermore Falls) that would have prohibited smoking in all public beaches and parks, whether state, county or municipally run. MCSOH supported the bill, and offered testimony on its behalf. The bill was killed by the Legislative Committee on Health and Human Services, because, according to Committee member, Representative Meredith Strang-Burgess (R-Cumberland), lawmakers were unwilling to impose a smoke-free mandate on Maine towns and cities. However, despite the vote against the bill, Legislators on the Committee drafted a letter urging municipalities with public parks and beaches to follow the state's example in LD 67.[146]

Beginning in 1979, Maine passed comprehensive indoor and outdoor smoke-free laws. Unlike many other states, they have been able to re-visit earlier laws, close loopholes, and amend them to meet modern standards. Maine has continued to lead the country in smoke-free legislation, introducing and passing smoke-free cars and outdoor areas of bars in 2008 and 2009.

YOUTH ACCESS

In 1983, LD 478 was enacted to prohibit the sale and distribution of free cigarettes (also known as sampling) or tobacco products to any person on a public way or sidewalk, in a public park or playground, in a public school or public building, or in an entranceway, lobby, hall or other common area of a private building, shopping center or mall.[147] The original bill, introduced by Representative Harriet Ketover (D-Portland), included a penalty for violation by the seller, which resulted in a fine of between $20 and $50 for each instance.

The sponsor of the bill, Representative Ketover, was prompted to introduce the bill after she was sampled at a concert in Portland.[148] The bill went before the House Health and Institutional Services committee and was the subject of intense lobbying on the part of the tobacco industry.[70] A number of arguments against the measure were raised both at the public hearing and during numerous work sessions including the fact that the proposed law was unconstitutional in light of federal preemption, constituted an unreasonable restriction on the free market, and simply was not consistent with the title of the bill, which was designed only to prohibit the sampling of children.[70]

Dennis Dyer of the TI tried to link cigarette sampling with street vendor ordinances in Portland, in an effort to prove that sampling is legal as long as the samplers are licensed street vendors.[149] This tactic was not successful. The bill received momentum when its prime sponsor, Representative Ketover suffered a heart attack during the hearings, yielding a number of unanticipated sympathy votes. The bill was enacted with Senate amendment S-67 making the distribution of cigarettes illegal to those under the age of 16 as a Class D crime, which meant the act endangered the welfare of a child. The amendment also made it illegal to sample anyone under the age of 18.[147]

In the Legislative Record, Senator Hayes discussed the bill, pointing out that as amended; the bill prohibited sampling to children under the age of 18 whereas the original bill prohibited sampling altogether, to adults and minors. Hayes advocated for the original bill but it passed as amended.

In 1988, tobacco control advocates pushed to protect children from secondhand smoke and reduce youth smoking by making public elementary and secondary school buildings and school grounds smoke-free while school was in session, except for areas designated for employees established by the school board in accordance with the Workplace Smoking Act.[54] In 2000, a bill was introduced to prohibit smoking on school grounds, but failed to pass for several Legislative sessions.[27] The bill, LD 622, was introduced by members of and was referred to the House Committee on Education and Cultural Affairs in February 2001. The bill took several years to get through the legislature, even though smoking had been prohibited in school buildings since 1988.

LD 622 was introduced the year after the smoke-free restaurant bill passed, and was expected to pass without difficulty. It passed out of committee, and tobacco control advocates throughout the state predicted it would meet no resistance in the House or Senate.[27] When it got to the floor of the House, a legislator gave, what, according to Dr. Mills, was “the speech of his

life."[27] "I mean, the same thing [Gladys Lovitt] did for us, well; this guy did for the other side."[27]

The legislator told a story of a friend who was a snowplow driver. He plowed the snow of the local schools and in the summer he mowed the lawn.[27] The legislator provided an image of how in the winter, his friend was out plowing the parking lots and driveways of the schools in his district in the middle of the night, and how if the bill were to pass, this regular guy wouldn't be able to have a smoke: "You're going to make him stop plowing and drive -- because a lot of schools in Maine are like out in the middle of nowhere -- you have to drive quite a ways down the driveway and the parking lot to get to a public place… So you're going to make him drive two miles down the road to the local coffee shop, so he can sit out in the parking lot and have a smoke. But then, what if they see him? They don't want him there. He can't go in, you're going to deprive this guy of having a smoke."[27] The speech convinced legislators that there would be unexpected ramifications and the bill did not pass.[27]

Similar bills were introduced for several years before the prohibition eventually passed.[27] In 2007, the bill "An act to protect children's health on school grounds," was introduced by Senator Karl Turner (R). It was heard before the Joint Standing Committee on Education and Cultural Affairs on January 16, 2007. The bill prohibited the use of tobacco on school grounds by members of the public and extended the prohibition to include employees and students on school grounds whether or not school was in session. The Joint Standing Committee on Education and Cultural Affairs attached an amendment that eliminated the right to establish designated smoking areas for school employees, except for those negotiated through collective bargaining. The bill was enacted on May 16, 2007 and signed by Governor Baldacci on May 22, 2007.

In a 2008 interview Dr. Mills recalled, "it eventually just became, well, bars are smoke-free. So why aren't school grounds -- I think people can go to a football game and not smoke… eventually, it's just the culture had changed over time… by the time it finally passed, it just was a no brainer for people."[27]

Youth Access Enforcement

In 1992, Congress enacted the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act, which included an amendment known as the Synar Amendment that was designed to decrease access to tobacco products among individuals under age 18. The Synar Amendment required that each State enforce its underage access laws and annually conduct random unannounced tobacco vendor inspections to assess compliance with the state's youth access law. The goal of the amendment was to reduce the number of successful illegal purchases of tobacco products by minors to no more than 20 percent.[150]

The compliance check program was a collaboration between the Attorney General's Office and the Office of Substance Abuse within the Maine CDC.[151] John Archard was the tobacco enforcement coordinator within the Attorney General's office. Maine's Juvenile Tobacco Law required that enforcement personnel conduct compliance inspections of tobacco vendors to assure that underage persons were not buying tobacco products. The sale of all cigarettes by an establishment not included on a directory compiled and maintained by the

Attorney General's office. Maine's licensing law provided substantive penalties, license suspensions and revocations.

Maine conducted compliance checks annually since 1997, and through 2009, maintained 90% or higher youth access compliance (Table 28).[151] John Archard was put in charge of Synar compliance checks in the 1996, and was still in charge of compliance when this report was published. In 1994, the rates of violation were 44%, a figure which declined to 5.8% in 2008, when the AG's office wrote 118 citations and imposed fines, collecting a total of $19,950. That year, the AG's office suspended the license of one vendor.[152] In 2009, there were 197 violations and 176 fines administered and two licenses that were voluntarily relinquished.[153]

In 1998, Maine implemented the Tobacco Control Information Management System for reporting the outcomes of youth sales inspections and violations to enhance efficiency. This was accomplished with a $200,000 annual program budget, which had not been increased from 1998 to 2009.[151]

Table 28: Maine Underage Tobacco Sales Rates (Violations) 1994-2008												
Year	**1994**	**1997**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**
% of Violations	44	17	10	8	7	7	9	6.7	7.1	5.2	5.2	5.8
Source: John Archard, Tobacco Enforcement Coordinator, Maine Attorney General's Office, 2009												

In 2001, PTM established the NO BUTS! and Star Store Programs to stop the sale of tobacco products in 120 participating retail stores. The NO BUTS! program (Blocking Underage Tobacco Sales) provided training to tobacco retailers and their employees to learn strategies to prevent sales to underage youth. By 2009, 748 Maine stores had participated in NO BUTS!, including most major retail chains. Star Store was conceived as an enhanced youth tobacco prevention component of the NO BUTS! program.

No BUTS was designed to encourage responsible retail practices. Retailers found in violation of youth access laws who complied with and received credit for the No BUTS program, and subsequently passed three compliance inspections had their violation dismissed.[152] However, if another violation occurred, the violation was officially filed in district court, an event which occurred once in 2008 and twice in 2009.[152] This violation then resulted in fines ranging from $50 to $1,500, depending on the number of offenses.

To address concerns about point-of-sale marketing, PTM developed an education and incentive plan for retailers to reduce point-of-sale tobacco marketing materials, the Star Store Program. PTM and a diverse workgroup that included tobacco retailers, community public health directors, and youth advocacy coordinators worked to develop the Star Store retailer program. The program offered community recognition and publicity to retailers who went above and beyond the original NO BUTS! requirements and voluntarily reduce or removed some or all of their tobacco product point-of-sale advertising. Star Store was conceived as an enhanced youth tobacco prevention component of the NO BUTS! program. However, as of 2009, due to insufficient training and lukewarm buy-in by retail stores, the Star Store Program has not been fully implemented.

The "We Card" program, created by tobacco companies to "educate" merchants about the underage sale of tobacco, as a way of displacing effective youth access enforcement, was not supported by PTM.[154] It was, however, supported by the Maine Grocers Association, the Maine Merchants Association, and the New England Convenience Store Association, and present in convenience stores across the state.

Preemption Passes and is Repealed

One of the most effective tobacco industry tactics to fight tobacco control involves preempting local regulations and ordinances with weaker state-wide laws.[155] Preemption is a legal doctrine whereby higher jurisdictions (the state), can supersede and thereby restrict the legal authority of lower jurisdictions (local government). Historically, the tobacco industry has been successful at using preemptive language to promote state laws that supplant local regulation for tobacco control. From 1982 through 1998, 31 states passed preemptive tobacco control laws; Maine was the only one of these states to repeal the preemption during that time.[156]

Over time, tobacco industry representatives streamlined their techniques for passing preemptive legislation, and one of their most successful tactics has been to add a sentence to an otherwise strong tobacco-control bill as the bill nears passage. In 1995, this is what happened in Maine when a bill to regulate tobacco displays and sales targeted towards children was amended to include a single sentence of preemption. The bill, Public Law 470, included the sentence, "Municipalities are expressly prohibited from enacting ordinances and regulations regarding tobacco displays, product placement and the time of tobacco product sales after the effective date of this act."[157]

In an email from Kent Wold, RJ Reynolds Office of Government Affairs, to Roger Mozingo, Senior Vice President of RJ Reynolds, the tactic was described as requiring a one-time only license for cigarette retailers, which in return, "the industry obtained local government preemption for self service displays and advertising."[157] The bill was passively supported by the Maine Grocers Association and the Maine Retail Merchants Association. The legislation was lobbied by the industry, which argued it was a good alternative to a more restrictive bill.[157]

Originally designed to place restrictions on the sale, promotion and product placement of tobacco products to children, the preemptive sentence also restricted the ability of local government to regulate sales, thereby saving the tobacco industry millions of dollars in legal fees.[78] In a 2008 interview, Senator Peter Mills (R- Skowhegan) discussed the bill, recalling that the Legislature wanted to pass legislation regarding tobacco display and sales, and that despite the addition of the preemptive sentence, support for the bill remained because the Legislature felt that passing the bill was more important than the preemption. "The [industry] lobbyists got the sentence into the bill and took the rights of communities."[158] Senator Mills also noted, "Whatever [the tobacco industry] paid those lobbyists was well worth it. Nobody laid a glove on them. They got the legislature to pass a soft regulation with their approval, and avoid the possibility of ever having to fend off anything stricter. It was a slam dunk."[158 159]

In a 2008 interview, Senator Mills recalled, "I think what happened is the sentence got put in, and the context in which the sentence was put into the bill, it didn't restrict tobacco sales or licenses or something… it was a general bill. And then in order to get the bill out through the

Senate, I think the opposition; they stuck that sentence in there. I remember toying with the idea, trying to get that sentence stricken, and was told [by supporters] the entire bill would fail. There were a couple of votes that we would lose and the bill would fail. A lot of people thought it was an issue of free choice, so they were perfectly okay to having state preemption for local laws."[158] Generally, once preemption has been passed, it is rarely successfully repealed. However, in Maine, the first thing accomplished in the following legislative session was to put the bill back in, but with an amendment that said, 'strike that sentence.'[158] And it worked.

Tobacco control organizations like MCSOH believed that passing the bill was more important than removing the preemptive language, and that since support for local control in Maine was very strong, they would easily be able to remove the clause in the future.

In the next Legislative session, the preemption for municipalities regarding regulation of tobacco displays, product placement and the time of tobacco product sales was repealed. There was adamant support in the Legislature for the removal of preemption, and the bill was repealed and re-introduced without much difficulty. The bill was replaced in 1996 with a requirement for notice to retail tobacco licensees 30 days prior to consideration of regulations regarding retail tobacco sales that was stricter than state law.[54] Maine became the first state to repeal a tobacco control preemption law.

TOBACCO TAX

Tobacco control advocates in Maine have been successful in attaining incremental tobacco excise tax increases, despite the heavy opposition to taxation in the state (Table 29). In the late 1980s and early 1990s, the state was run by Republican and Independent governors, both of whom felt strongly that taxation was a burden on the working class and not a source for revenue. However, in 1996, when it became clear that the smoking rates in Maine were reaching epidemic levels, those who had been against increasing the tobacco tax saw the benefit of increasing the tax. Health groups wanted an increase in the tobacco tax to decrease adult smoking rates, and also to create revenue for a state tobacco program. Despite the eventual increase, no tobacco excise tax money was ever allocated to the state tobacco control program. The revenue went instead to the general fund, where millions of dollars in revenue went annually to decrease the budget deficit.

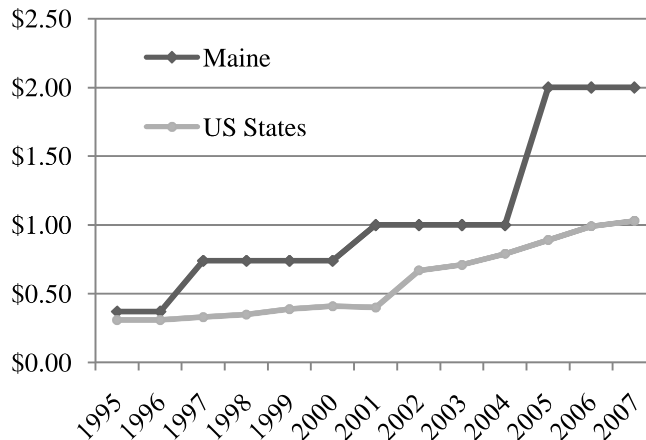

Figure 20. Maine's Cigarette Tax Rate Compared to US States' Average

A Turning Point: The Highest Youth Smoking Rates in the Country

Maine's tobacco excise tax rose faster than the US average during the 1990s and through the early 2000s (Figure 21). From 1995-2005, the tobacco excise tax increased by $1.63, when it

Table 29: State Revenue from Tobacco Taxes (in millions of $)																		
	1991	***1992***	***1993***	***1994***	***1995***	***1996***	***1997***	***1998***	***1999***	***2000***	***2001***	***2002***	***2003***	***2004***	***2005***	***2006***	***2007***	***2008***
Tobacco Taxes	43.4	52.5	49.7	46.9	46.9	45.9	46.3	73.5	78.6	77.2	76.3	95	95.9	94.5	95.9	153	153.7	154.5

reached a plateau at $2 per pack. In 2009, Maine had the 6th highest tobacco tax in the country.[160] (Rhode Island had the highest, at $3.46, and South Carolina had the lowest, at $0.07.)

In November 1996, the Behavioral Risk Factor Surveillance System (BRFSS) report, "Projected Smoking Related Deaths among Youth in the United States," was released.[32] In the report, the US Centers for Disease Control and Prevention predicted that in Maine, smoking-related illnesses would account for more than 5 million premature deaths in the future, and listed Maine as having the highest prevalence (32%) of current smoking among people 18-30.[4]

Maine citizens and health advocates reacted strongly to these statistics. They wanted to know what they could do to curtail the problem.[21] According to Ed Miller in a 2008 interview, "…probably the best thing that ever happened to us was the CDC saying that their findings from the BRFSS showing that we have the highest young adult smoking rate in the country. That was probably the best thing that could have happened to this state, because it was a real wakeup call. I always joke and say, you know, if we had been second or third, it would have been a non-story, but being the worst, it just embarrassed the state and I think it mobilized people to say we need to do something better."[21]

At the time, Miller, Senior Vice President of the Maine Lung Association, concluded that the most effective way to reduce youth smoking would be to raise the price of cigarettes.[21] The Maine Lung Association decided to increase their contribution to MCSOH from about $1,000 to $50,000 in 1997 toward raising $100,000 to mount an effective tax increase campaign.[21] The Cancer Society matched the Lung Association's contributions, and with the boost in funding, MCSOH began one of the most successful tobacco tax campaigns in the country at the time. Ultimately, they were able to double the tobacco excise tax from 37 to 74 cents.

The Tobacco Tax in Maine

Prior to 1997, the cigarette excise tax in Maine was increased in small increments. In 1941, the first excise tax was instituted at the rate of 2 cents per pack.[54] The revenues of the tax were allocated to a fund for the assistance of the elderly, but in 1945, the revenue was shifted to the General Fund.[54] In 1947, the cigarette excise tax began to increase in increments of 2 cents per year until it reached 16 cents per pack in 1974.[54]

By the mid 1970s, $2.84 million in tobacco tax revenue was being appropriated to a catastrophic medical expense fund annually for families and individuals whose medical costs were of such magnitude as to constitute a financial catastrophe for the families or individuals.[54] The plan was for revenue from all tax increases to be terminated when a federal health care program similar to the catastrophic medical expense fund became available, in which case the revenue would be diverted to the General Fund.

The excise tax continued to increase steadily throughout the 1980s, rising from 16 to 20 cents per pack in 1984; 20 to 28 cents per pack in 1986; 28 to 31 cents per pack in 1991; 31-33 cents per pack in 1992; and 33 to 37 cents per pack in 1993.[54] In 1995, 5 bills to raise the tobacco excise tax were defeated. Each of the bills would have increased the tax by between 5 and 38 cents, and they planned to allocate the revenues to healthcare programs.[161]

Dr. Mills and Governor Brennan Take Action

Before the release of the BRFSS report, Dr. Mills, director of Public Health in Maine, was concerned about the high smoking rates in the state, and met with Governor Angus King (I) in October, 1996 to discuss the stalled increase in tobacco excise taxes. During the meeting, Governor King informed Dr. Mills that every state struggled with high smoking rates and that he would not campaign for higher taxes for any reason.[27]

One month later, Mills was reading the US CDC *Morbidity and Mortality Weekly Report* (*MMWR*), which had a special edition on smoking with a report on the young adult smoking rates and realized, " I went up and down every state. And I didn't see one that was less than [our rates]. I went up and down a couple of times. And I realized, oh, my goodness. We have the highest [youth] smoking rate in the country. And how could that be?"[27] She went back to Governor King and showed him the data.[27] He recognized that Maine was facing a public health crisis, and promised to introduce the tax bill in January 1997 to fund a state tobacco control and prevention program. Governor King asked Mills to publicize the fact that Maine had the highest young adult smoking rate in the country to ensure there would be support for the bill.[27]

In November 1996, the Maine Department of Health and Human Services issued a press release the day before the Great American Smoke Out, and the story of Maine's high youth smoking rates made the front page of every paper and headlined every TV news station in the state.[27] The press release discussed the problem in Maine, and outlined the projected burden of disease such high rates would invariably cause. The press release did not mention an increase in the tobacco tax. While Mills was educating the public and raising awareness about the extent of the smoking problem in the state, the Maine Coalition on Smoking or Health began lobbying, putting together a bill for an increased tobacco tax.[27]

1997: The Cigarette Tax Doubles

In 1997, with a primary goal to reduce youth smoking rates by one-third, state-wide efforts to increase the tobacco excise tax continued. Several bills were introduced to increase the tobacco tax by amounts between 25¢ and $1.00. MCSOH established a task force, Maine Citizens to Reduce Youth Smoking, within MCSOH's framework. The task force promoted a $1.00 increase in the cigarette tax.[162] The group consisted of representatives from the American Cancer Society, American Lung and Heart Associations, and various Maine medical and hospital organizations as well as a non-profit organization called Medical Care Development, Inc.[162] The tax increase was supported by Governor King (I), MCSOH, Dr. Mills, the BOH, and a large segment of the general public. Maine Citizens to Reduce Youth Smoking proposed that one-third of the tax generated revenue be earmarked for anti-smoking efforts with the rest to going to the general fund.[162]

In January 1997, Governor King made smoking the centerpiece of his State of the State Address.[27] He told personal stories and mentioned an increase in the tobacco tax as an integral part of his public health strategy. The Governor discussed the 2,500 people in Maine who die each year from tobacco-related diseases, and to put this into perspective, he pointed out that many towns in Maine have a population of 2500.[21]

The most significant part of his address was when Governor King talked about a tobacco-related experience from his youth. As a young man, Governor King had melanoma. While being treated in the hospital, he met a man named Henry Jones who was dying of lung cancer. In a 2008 interview, Dr. Mills recalled the story Governor King told: "The guy looked at [Governor King] and said several times to him, 'You know, if there's anything you can do in your life, you prevent other people from suffering the way I'm suffering. Because I smoked. I got addicted. And now, I'm dying. You know, I'm still fairly young, but I'm dying of lung cancer.' So Angus made that story the centerpiece of his State of the State address."[27] King proposed doubling the tobacco tax with $3.2 million of the expected $60 million in increased revenue going towards funding a tobacco program.[27]

King received a standing ovation for his speech. Tobacco control advocates saw this as a positive sign, especially in a state like Maine, which was relatively poor and where the majority of the population was opposed to tax increases of any kind. As Mills saw it, when Governor King, who was against tax increases in general, was for an increase in the tobacco excise tax, he provided an example for the state to follow.[27]

During the Governor's initiative to increase the tobacco tax, MCSOH met with Consumers for Affordable Healthcare to discuss whether or not they could work together to raise the tobacco tax.[21] In the meeting, the two groups realized that they had different goals: MCSOH wanted to raise the tax high enough so that it would impact sale and consumption, whereas Consumers for Affordable Healthcare wanted a small increase in order to generate enough revenue to cover more people under Medicaid. For Consumers for Affordable Healthcare, 5 or 6 cents was enough to accomplish this expansion of coverage and they were willing to settle for a two or three cent increase the first year. However, MCSOH felt this small tax increase would not accomplish anything in the long run in terms of decreased consumption.[21] Despite the fact that MCSOH and Consumers for Affordable Healthcare had different goals, they both wanted an increased revenue stream for healthcare programs. MCSOH convinced Consumers for Affordable Healthcare that it would be beneficial to have a single large increase and that by working together, Consumers for Affordable Healthcare would be able to ride the coattails of the popular campaign to reduce youth tobacco rates and thereby avoid a struggle with the Republicans over the expansion of public programs.[21]

The Bills

The combination of the *MMWR* report, MCSOH's lobbying efforts, and the Governor's speech created an environment primed for legislative action.[27] Governor King's proposal to increase the excise tax from 37¢ to 74¢, was introduced in early 1997.[161] The bill, An Act to Increase the Excise Tax on Cigarettes to Support a Tobacco Prevention and Control Program and Reduce the Individual Income Tax Burden, was referred to the House Committee on Taxation in April, 1997.

The main concern among Committee members was allocation of the $31 to $61 million in annual tax revenue the increase would generate.[163] Allocation of the revenue proved to be the major obstacle in getting the tax increase passed. Governor King wanted $3.2 million of the new revenue to be allocated to a state tobacco control program and vowed to veto any bill that did not accomplish this goal.

The Legislature disagreed with the Governor about what to do with the increased revenues from the tax increase. While the Democrats wanted to give some of the money to tobacco control and prevention, they also wanted to allocate revenues to Medicaid coverage for children.[164] Republicans wanted the revenue to fill gaps in the budget. In order for a tax increase to pass in the Legislature and avoid a veto by Governor King, the bill would need to include a plan for spending that both the Governor and the Legislature could agree upon.

In a separate bill, LD 1691, a similar tax increase was proposed, different from Governor King's proposal because the revenue would be placed in a special fund, where allocations would specifically be used to establish and finance a state tobacco prevention and control program. This bill was favored by Governor King because it fit his stipulation that a portion of the funds be used for a tobacco control program. Revenues of the tax increase were directed to the Tobacco Tax Relief Fund, a fund explicitly created for the revenue from the tobacco excise tax increase.

In addition, the bill established the Tobacco Prevention and Control Advisory Council, where $3.5 million from the Relief Fund would be allocated each year to fund a State Tobacco Prevention and Control Program.[54] This figure was almost $10 million less than the $13 million recommended by the US CDC's 1999 *Best Practices for Comprehensive Tobacco Control Programs* low estimate at the time.[18]

Opposition to the Bill

Ellen Merlo, Philip Morris's Senior Vice President of Corporate affairs, worked with other allies, including the Maine Grocer's Association, and RJ Reynolds lobbyist John Doyle, to encourage opposition to the Maine tobacco tax increases.[42] They responded to the proposed tax increase with the standard tactics the tobacco industry applied across the country. They planned to "show how a steep tax increase will hurt Maine's economy," by releasing cross-border studies to "demonstrate that if the tax goes up, Canadians who bought their cigarettes in Maine would spend their cigarette money elsewhere, just as Maine residents would begin buying their cigarettes in New Hampshire, where the tax was already $1.20 per carton less"[42] They also planned to release a health care reform finance study that would explain that tobacco taxes were the least reliable and most regressive method of funding health care reform programs.[42]

On January 30, 1997, the President of the Maine Senate, Mark Lawrence (D-Augusta), announced in the news and on the radio that he was opposed to Governor King's doubling of the cigarette excise tax,[165] the first public opposition to the tax increase.

By early February, Severin Beliveau, a lobbyist hired by RJ Reynolds, along with members of TAN, created a strategy for dealing with the proposed tax increase that focused on educating and organizing public opposition.[166] Beliveau appointed Richard Grotton of the MRA

as a local leader in opposition to the bill.[161] In a meeting on February 19, 1997, Beliveau suggested direct contact with legislators, expert testimony, third party support, dissemination of research proving the futility of tax increase, public relations strategies (including op-eds and letters to the editor), grassroots organization, and polling.[161] These were tactics designed to halt the progress of the bill.

The tobacco industry created the "Eagle Team," a lobbyist group with a directive to defeat the tax increase proposal.[167] Members of the Eagle Team included Bruce Cook (RJ Reynolds lobbyist), Frank Lester (RJ Reynolds lobbyist), Susan Mitchell (Maine US Senator George Mitchell's niece), Ellen Bickmore (Maine Grocers Association), Jon Doyle (Communications Director for Berman & Co, lobbyist for tobacco industry), Dan Reilly (RJ Reynolds lobbyist), Severin Beliveau (Tobacco Institute lobbyist), and Vivian St. Onge (working for tobacco lobbyist Carol Martel-Reiss).[167] Mark Smith, the Director of Public Affairs and Issues Management for Brown & Williamson Tobacco Company, encouraged a preemptive strike in January, including letters to key legislators in Maine from constituents and retailers.[168]

In a meeting held in January 1997, before any formal response had been organized, the Eagle Team discussed the tax increase proposal and developed an "action plan."[169] The plan included creating an "impact of cigarette tax increase booklet" to be delivered to legislators by the MGA, addressing crime, smuggling, financial impact, and Indian Reservations. The plan also included writing letters to legislators from border store retailers and utilizing data bases to identify individual store legislative contacts, delivering the data base of legislators for Maine retailers to Ellen Bickmore, MGA, funding a grassroots organizer to disseminate legislation, letters to editors, and retail responses, kick starting sales force activities that included distribution of petitions and contacting retailers for testimony to involve out of state chains and distributors doing business in Maine; and utilizing phone banks to encourage retailer testimony.[167]

The action plan also included preparing for the end of the legislative session in July, readying the Maine Grocers Association and the Maine Oil Dealers as messengers for the industry, presenting the issues of cross border sales, describing the effect on retailers and Indian Reservations promoting the "We Card" compliance (the tobacco industry's ineffective campaign to give the impression that it was restricting sales of cigarettes to minors[154]), getting phone banks organized to facilitate conversations with legislators, and organizing a petition drive.[170, 171] They drafted form letters that retailers sent to their Representatives and provided those opposed to the bill with facts about the potential impact on sales, as well as phone numbers they could use to contact legislators to express their opposition.

Ellen Bickmore, a representative for the Maine Grocers Association, suggested to tobacco retailers and legislators that the enforcement of existing laws was more important than enacting new ones such as the tobacco excise bill, and that higher taxes would only push teens to travel to nearby New Hampshire for their cigarettes.[172] Jim McGregor of the Maine Merchants Association added that the state's small convenience stores, where cigarette sales account for as much as 20% of total revenues, would face a potential loss of sales.[172]

Reasons for Success

A few critical aspects of the tobacco control advocates' campaign led to its success. Most notably, Governor Angus King helped bring the issue to the forefront of public awareness which created broad-based public support. MCSOH further leveraged this public support, which encouraged Representatives to vote in favor of the increase.

In addition, in the late 1990s, the business community in Maine had been struggling with workers compensation insurance premiums and business costs. A group called the Maine Development Foundation annually published measures of growth for the state, and in 1997 as an indicator of growth, the report published young adult smoking rate as a business indicator.[21] This report helped create support from the business community for any bill that would reduce youth smoking rates and in turn help the struggling economy. In a 2008 interview, Ed Miller recalled, "That particular recognition by the business community sort of lit the light bulb on a number of Republicans to understand that this was not sort of some social program that the left wing is trying to bring into the statehouse all the time. They began to see it more and more as a core business issue."[21]

The Maine Citizens to Reduce Youth Smoking, created a packet of information for people who wanted to help with the bill.[173] Members of Maine Citizens to Reduce Youth Smoking were a subset of members from the Maine Coalition on Smoking or Health who ran the campaign for the tax increase. The packet included information such as, "How to write effective letters to your legislator," "Outline for letters to Maine legislators," "Tips on effective letters to the editor," example letters, business reply mail cards for more information, letters to advocates from Maine Citizens to Reduce Youth Smoking, updates, action alerts, fact sheets.[173]

The support for a tobacco excise tax increase had been carefully fueled by MCSOH and the Bureau of Health, with strong support from Governor King and unequivocal data exposing the severity of tobacco use in Maine. In December 1996, the Maine Coalition on Smoking or Health applied for a SmokeLess State's grant through the Robert Wood Johnson Foundation, a planning grant designed to promote health and prevent disease by reducing harm caused by substance abuse.[21] The Robert Wood Johnston Foundation felt that Maine's tobacco control infrastructure was too undeveloped for the grant. This decision upset members of MCSOH, who felt that they had been making strides in the development of tobacco control policy for many years.

Within five months of being told they were not ready to run a meaningful campaign, Maine passed the biggest tobacco tax increase in the United States up until that point.[4] In a 2008 interview, Ed Miller suggested that from that point on success began to breed success for MCSOH.[21]

After the Tax Increase

The 1997 tax increase to 74¢ established the tobacco prevention and control program in the BOH, along with the Tobacco Prevention and Control Advisory Council.[54] As a result of the tobacco tax, from the end of 1997 into early 1998, Maine gained its first state funding for tobacco control.[27] The tax increase was expected to generate at least $31 million in revenue, of

which the Legislature issued a promissory note of $3.5 million to be allocated to the Bureau of Health for tobacco prevention and control.[36]

That same year, Federal funds from NCI (the ASSIST program) ended and the US Centers for Disease Control and Prevention (CDC) began funding state tobacco control activities under the National Tobacco Control Program (NTCP).[36] These funds were combined with the tobacco excise tax funds to create the Partnership For A Tobacco-Free Maine (PTM) within the Bureau of Health, which focused on community and school interventions to reduce tobacco consumption, and a media campaign to change the culture surrounding tobacco, reduce youth smoking, and to counter the Tobacco Industry's mass media campaigns.[36] The structure and strategies used by the PTM follow program guidelines recommended by the CDCs Best Practice Guidelines.[36]

After the bill passed in 1997, the legislature continued to pass tobacco tax increases. In the late 1990s and early 2000s, tobacco control advocates capitalized on budget deficits and turned to tobacco excise tax increases to generate revenue in Maine.[27] Health advocates saw this as a win-win situation, since it helped balance the budget while at the same time influencing smoking rates through the high overall costs associated with smoking. Health advocates felt that it was fair to tax a behavior that was leading to high state healthcare costs. Some Maine citizens argued that it was an unfair burden on the poorer, less educated citizens, who smoked at the highest rates.

Dr. Mills attributed the philosophy behind increasing tobacco excise taxes to a sudden shift in culture around cigarettes.[27] By 2005, the tobacco tax had been raised to $2.00 per pack.[27] She saw this as following the trend in the passage of tobacco control bills in the state: "The first time a new tobacco control bill is introduced, a big debate and discussion revolve around the issue. Then a bill passes, and it becomes a watershed event. Suddenly, it's a lot easier to make progress."[27]

2001: The Cigarette Tax Increases to $1

On March 7, 2001, Speaker of the House Mike Saxl (D-Portland) announced a bill to raise tobacco tax by 50¢ (to $1.24) to expand health care through Medicaid programs, which had been operating at a deficit.[4] His bill, LD 1303, would use the increased revenue to create a fund to be called the Maine Health Access Fund, which would be created by the bill and would receive revenue from the tax.[174] The Maine Health Access Fund would also receive the proceeds from the Master Settlement Agreement (discussed below).[174] The Maine Health Access Fund would go towards health programs in the state, which included tobacco control, as well as helping to expand access to health care for uninsured children and adults, as well as the elderly and people with disabilities.[175] According to Saxl's proposal, more than 40,000 uninsured people, more than one-quarter of Maine's uninsured, would benefit from the package.[175]

Tobacco control advocates in Maine approved of and supported any increases in the tobacco tax because they felt it was a good tactic for reducing youth smoking rates while simultaneously helping to supplement the state's budget. After the FHM was established, tobacco control advocates opposed the idea of having tobacco excise tax money earmarked for tobacco control. They felt that the FHM should be a pure funding mechanism, consisting solely

of MSA payments to fund tobacco control programs.[28] Tobacco control advocates did not want any general fund money funding tobacco control, because they did not want tobacco money going into the general fund. Therefore, by increasing the tobacco excise tax, they were also protecting the FHM.

Senator John Martin (D-Eagle Lake) was also in support of the bill. He felt that such an expansion of health care access was especially important in rural Maine, where many of the state's uninsured resided. The Maine Medical Association and MCSOH also came forward in support of the bill.[175] The bill was referred to the House Health and Human Services Committee, where despite the support, it was voted ought not to pass.[175]

Governor King also recognized the need to expand the state's Medicaid program.[176] In June, 2001, the Governor's Blue Ribbon Commission on Health Care submitted a report with various suggestions to expand Medicaid to maximize coverage for Maine's 180,000 uninsured residents.[177] The Commission predicted that the bill would yield an estimated additional $36.4 million in revenues.[176]

Ultimately, an integral step in the passage of the tax increase bill was the Governor's compromise on Speaker Saxl's 2001 bill.[177] Saxl's bill would have provided coverage for 40,000 of the state's uninsured, but the Governor's Blue Ribbon Commission on Health Care developed what they felt was a more realistic figure of 16,000 residents.[177] Governor King did not want to support proposals that were not sustainable, and he felt that Saxl's bill could not be sustained over the coming years.[177] A bill that would provide coverage to fewer people over a longer period of time was much more appealing to the Governor.

King's position was unpopular with members of MCSOH. According to Joseph Ditre, executive director of Consumers for Affordable Health Care, "It was really distressing when the governor, at the 11th hour, threatened to veto [Saxl's bill]."[177]

Ultimately, the tax was increased by 26¢.[4] The new rate of $1 per pack went into effect on October 1, 2001. The bill established the Maine Health Access Fund to receive revenue from the tobacco tax increase and to allocate those funds to health care expansion initiatives, into which six cents out of the 26¢ increase was allocated. The rest of the increase, 20¢, went into General Fund. The legislation stated that further expansion of coverage under Medicaid to 125% of the poverty level was dependent on whether the cost could be accommodated within increased revenue from the tax, which accounted for $3,347,990 in 2002.[54]

The tobacco industry's response to the increase was low-key and ineffective. Philip Morris attempted to mobilize support through phone banks, and mailed informational packets to retailers and consumers.[178-180] They also recruited the New England Convenience Store Association to make calls, providing them with scripts. The impact of this strategy seemed to be insubstantial, as the deficit for healthcare funding was the issue rather than a tax increase as a tobacco control measure.

2005: The Cigarette Tax Increases to $2

In a state operating close to the margins financially from year to year, the excise tax became an attractive means to generate funding. Since some of the increased revenue went towards PTM, each tobacco excise tax increase helped not only to reduce the budget deficit, but also to increase funding for tobacco prevention and control. After the 2001 tax increase, numerous bills to increase the tax failed. In 2003, LD 209, a bill to increase Maine's tobacco excise tax by 25 cents was reported out of the Joint Taxation Committee with a unanimous "ought-not-to-pass" vote and died in the Legislature.[181] Members of the Legislature's Joint Taxation Committee voted against the bill as part of a coordinated strategy to implement its own sweeping tax reform proposal.[181]

Figure 21. Stickers in support of the tax increase

Committee Chairman, Stephen Stanley (D-Medway) expressed the Committee's desire to create their own tax reform proposal during the Legislature's next session, which was scheduled to conclude June 18, 2003.[181] According to Senator Stanley, this strategy would remain until the Legislature reconvened in 2004 for its second regular session.[181] The Taxation Committee cited the state's over-reliance on property taxes as the rational for a new, less volatile, more equitable statewide tax system.[181] In 2004, LD 713, the carryover bill for LD 209, which would have raised the cigarette excise tax by 5 cents and used the money for grants to support health care safety net programs, died in the House Health and Human Subjects Committee.[54]

In 2004, four bills proposed to raise revenue for health and other purposes by raising tobacco taxes (LD 1314, LD 130, LD 705, LD 1448) failed to pass. The 2004 bill initiated by MCSOH, LD 1617, which would have increased the cigarette tax from $1 to $2.50, also died.[54] A sixth bill, LD 1595, was carried over for the purposes of addressing the substance of the bill (tax reform).

The same year, 2005, two bills were introduced to increase the tobacco excise tax. LD 1595 was introduced to increase the tax by $1.50 a pack, and a bill initiated by MCSOH was introduced to increase the tax by $1. An increase of $1.50 would have made Maine's tobacco excise tax the highest in the country. The former had the potential to generate an estimated $80 million a year for the state, the latter about $53 million. Both proposals allocated the additional revenue to state health programs, including efforts to reduce and prevent tobacco use.

Both bills were supported by MCSOH, which held a news conference where they argued that a $1.50 increase in the tobacco tax could result in 33,000 fewer smokers and save about 10,000 lives. They also released polling data indicating Maine citizens were in support of the tax increase. The Maine Medical Association developed the slogan "Raise the price so our kids won't pay," (Figure 21) and urged legislators to consider the benefits of a tax increase on smoking rates and smoking related illnesses.

LD 1959, to increase the tax by $1.50, was written by MCSOH but they failed to find a sponsor before the deadline for submission to the 2005 legislative session. When a sponsor was finally identified the bill required special approval from legislative leaders because of the late introduction. Neither bill passed out of committee.

The tobacco tax increase finally came in the form of the 2005 budget, LD 468. The Legislature passed the revised state budget in June, 2005 and it was signed by Governor Baldacci that same month, the first time that Governor John Baldacci supported an increase in the tobacco excise tax.[182] In the revisions, the tobacco tax was increased by $1. The increase went into effect on September 19, 2005. The budget replaced $250 million in borrowing with $125 million in budget cuts and $125 million in expected revenue.[182]

Local newspapers reported that Republicans played a key role in removing the plan to borrow large amounts of funds from the budget. The borrowed $250 million would have been paid back over several years.[182] Senator Peter Mills (R-Cornville) was the leader of the Republican opposition to the borrowing, asking that voters repeal that aspect of the budget. Senator Mills went so far as to threaten a People's Veto, for which he began collecting signatures as a preemptive measure.[182] Republicans, including the House Minority Leader David Bowles (R-Sanford), saw a tobacco excise tax increase an "easy target" for generating revenue, because in addition to raising necessary funds, it also had the added benefit of deterring smoking.[182]

Opponents of the cigarette tax increase, including members of the Legislature, cited the possibility that people would buy cigarettes out of state, but the data on past tax hikes for cigarettes did not support this contention. Also, Maine's tax of $1 per pack was the second lowest levy in the Northeast in 2005. RJ Reynolds responded to the tax proposals by mounting a letter writing campaign similar to that of 2001.

The tax increase through the budget was supported heavily by Democrats in the Legislature.[182] The House Appropriations and Financial Affairs Committee voted 8-5 in favor of a bill to increase budget revenue, which included the tax increase.[182] The House enacted the budget bill, 74-72, and the Senate passed it 19-14. The additional revenue was directed to the General Fund to balance the budget for the two year period starting in July, 2005.[54]

2007-2008: Tobacco Tax Increase Attempts

In 2007, Governor John Baldacci's (D) budget bill, LD 499, which included a tobacco tax increase of $1 per pack, was defeated.[54] Shortly thereafter, Baldacci offered support for a tax increase that would help pay for the State's Dirigo Health program.[54] The Dirigo Health Program was established by the Legislature in 2003 as an independent agency charged with monitoring and improving the quality of health care in Maine. Dirigo's executive committee created and implemented comprehensive, affordable health care coverage available to eligible small employers, including the self-employed, their employees and dependents, and individuals on a voluntary basis. Along with this support, MCSOH urged lawmakers to increase the cigarette tax by $1 per pack, pointing out that the increase would encourage more people to quit smoking and generate more money for health programs.[183, 184]

In 2008, MCSOH announced survey results that showed 76% of Mainers supported a cigarette tax increase.[183] That same year, House Majority Leader Hannah Pingree (D-North Haven), sponsored a bill to change state health insurance laws in an attempt to lower the cost of health care.[184] Her measure included a 50-cent increase per pack to help fund Dirigo Health.[184] Miller and other tobacco control advocates gathered in the State House Hall of Flags in April of 2008 to release the survey results of 400 Maine voters conducted by Critical Insights in Portland, and announced their support for using a portion of the cigarette tax revenue for Dirigo Health and other health-related programs.[184] "This is health policy," Miller said in a 2008 interview. "It's not tax policy."[184] Miller went on to say, "Maine people understand the importance of high tobacco prices and are counting on their state legislators to use this powerful tool to reduce the physical and financial toll of tobacco use."[183] Members of MCSOH said increasing the tax by another dollar would bring in an additional $64 million a year for the state.[184]

Leading opposition to the increase, Chris Jackson of the Maine Oil Dealers Association, told state newspapers that convenience stores represented by the association had been hurt by past tobacco tax increases.[183] "For small retailers, this is not about smoking or Dirigo Health, it's about trying to stay competitive with our counterparts in New Hampshire," he said.[183]

Despite an early start to tax increases, Maine's progress stalled after 2005, when the tax was doubled from $1 to $2. While higher than the US average tax of $1.19, the state's tax rates are not as high as many other progressive tobacco control states, including Rhode Island, New York, New Jersey, Hawaii, Wisconsin, Massachusetts, Vermont and Washington, with rates between $2.02 and $2.75.[185] According to the Campaign for Tobacco-Free Kids tobacco excise tax ranking, Maine's tax of $2.00 was the 6th highest in the country in 2009 tied with Alaska, Arizona, Connecticut, the District of Columbia, Maryland and Michigan.[185]

TOBACCO CONTROL PROGRAMS: FUNDING

In 1997, the tobacco tax increase generated more than $46 million, $3.5 million of which was meant to fund Maine's first state funded tobacco control program. Health advocates worked with MCSOH to get the tax increase passed. In 1999, the state tobacco program began receiving Master Settlement Agreement payments, which, with the approval of tobacco control advocates, replaced the dedicated tax revenue allocated to tobacco control. The program was supplemented by grants from the Federal CDC's National Tobacco Control Program and the United States Substance Abuse and Mental Health Services Administration (SAMHSA). In addition, grants from the Robert Wood Johnson Foundation and the American Legacy Foundation supported tobacco control advocates through MCSOH, which also provided lobbying and support to the state tobacco control program. Figure 22 shows the funding stream that grew out of these funding sources and Table 44 shows dollar amounts.

1997 Partnership for a Tobacco Free Maine

The Partnership for a Tobacco-Free Maine (PTM), the Maine state tobacco prevention and control program operated by the Maine Center for Disease Control (MCDC), previously the Bureau of Health, in the Department of Health and Human Services, was created as a result of the tobacco excise tax increase passed in 1997, when $3.5 million in the resulting revenue was promised to the Bureau of Health for tobacco prevention and control. This money was to be

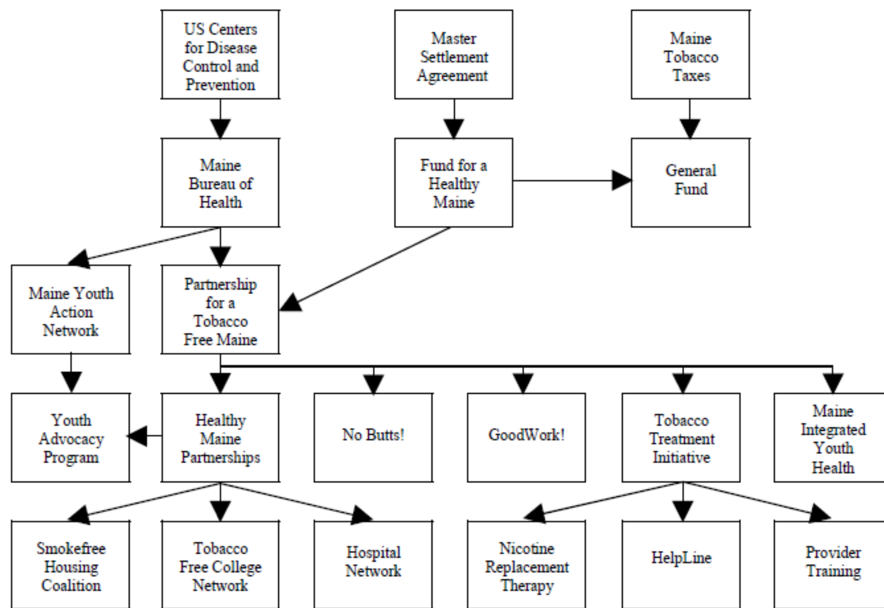

Figure 22. Funding Stream for Tobacco Control Programs in Maine

supplemented with $750,000 from the CDC and $400,000 from the Federal Drug Administration (FDA) for enforcement. However, the $3.5 million was never allocated, and no funding was provided to PTM until 1999, when the US CDC's Office on Smoking and Health (OSH) created the National Tobacco Control Program (NTCP) to fund state tobacco control programs.[10]

PTM uses the US CDC's *Best Practice for Comprehensive Tobacco Control Programs*[18, 186, 187] to pursue its population-based strategies and policy and environmental change to achieve objectives as they relate to four primary goals; preventing youth and young adults from starting to use tobacco, motivating and assist tobacco users to quit, eliminating involuntary exposure to secondhand smoke, and identifying and eliminating disparities related to tobacco use among population groups.[56]

In 1997, prior to the first publication of the US CDC *Best Practice for Tobacco Control Programs* guidelines, Norm Anderson from the Maine Lung Association studied tobacco control programs from across the country. Anderson, realizing that a significant amount of money would be available from the tobacco tax increase for a tobacco prevention and control programs, began creating a well-researched estimate for funding which would be helpful to establish program guidelines.[21]

Anderson arrived at a figure within the US CDC guidelines for Maine, which in 1999 was set at $12 to $28 million.[18] This range was the amount the tobacco control advocates had hoped to receive from the 1997 tobacco tax increase. They were allocated $3.5 million in the governor's budget.[21] MCSOH members quickly realized that $3 million would be nowhere near enough to implement strategies that would change smoking behavior in the state, and they held a meeting to discuss what could be accomplished with the limited funds.[21]

In 1998, the $3.5 million promised to PTM was cut out of the budget.[21] The money was part of a two year budget, which was appropriated the first year and promised for the second. However, the second year "supplemental budget" did not include the allocations for PTM. This incited a prompt response from the tobacco control advocates, who negotiated a promise with the legislature to replace the $3.5 million from the MSA money when it came in to backfill the $3.5 million they needed in the current year.[21]

However, it was too late; the momentum created by the initial $3.5 million in funding was gone.[21] According to Ed Miller, tobacco control advocates in the state saw the allocation of only $3.5 million as a worst-case scenario. Miller was not sure that tobacco control advocates could trust the legislature to allocate funds for the program once it was established. Miller went with Dr. Mills to the Appropriations Committee hearing in 1997. "I looked at the budget, and $3.5 million for tobacco was gone. Gone. Wasn't there. Was not in the budget that year. You'll never find out who took it out, but it wasn't there." From that point, the primary focus was on securing adequate funding. The loss of state tobacco program funding was a big wake-up call for tobacco control advocates in Maine, who realized they would have to keep their eyes open every step of the way.[21]

PTM would received its first Master Settlement Agreement dollars in fiscal year (FY) 2000 (Table 30).[39] US CDC funds continued to pay a portion of the salaries of the eight PTM staff members, some of the overhead expenses (including rent in the Bureau of Health/MCDC), the education for retailers to prevent youth access to tobacco products (through the Attorney General's office, operated by Tobacco Enforcement Coordinator John Archard through 2009), and minimal statewide coordination of local interventions (mainly training conferences and newsletters).[10]

Table 30: Allocations to the Partnership for a Tobacco Free Maine and School Community Grants, 1999-2009 (in millions of dollars)

	FY 00	*FY 01*	*FY 02*	*FY 04*	*FY 05*	*FY 06*	*FY 07*	*FY 08*	*FY 09*
Dedicated Tobacco Excise Taxes	0	0	0	0	0	0	0	0	0
From FHM	12.8	13.9	15.7	14.9	15.4	15.6	15.9	17	17.9
From NTCP	0.9	0.9	1.0	0.9	0.9	1.1	1.1	1.0	N/A
From SAMHSA	0	0.1	0.1	0.1	0.1	0	N/A	N/A	N/A
From RWJF	0	0	0.3	0.4	0	0	0	0.07	N/A
From American Legacy	0	0	0	0.2	0	0	0.05	0.10	N/A
Total	*13.7*	*14.9*	*17.1*	*16.5*	*16.4*	*16.7*	*17*	*18.2*	*17.9*

The Master Settlement Agreement

Fortunately for the PTM, the Master Settlement Agreement (MSA) was signed in 1998, offering tobacco control advocates another chance to secure funding for tobacco control. In 1994, the Attorneys General of Mississippi and Minnesota sued the four major American tobacco companies (Brown & Williamson, Lorillard, Philip Morris and RJ Reynolds) to recover the costs incurred by their states' Medicaid programs due to tobacco-related illnesses and seeking injunctive relief to change the tobacco industry's practices targeting youth. Florida,

Massachusetts, Texas, West Virginia soon followed suit, and by the end of 1997, 41 states, including Maine, had filed suits against the tobacco industry including the five largest tobacco manufacturers Brown & Williamson Tobacco Corporation, Lorillard Tobacco Company, Philip Morris Incorporated, R.J. Reynolds Tobacco Company, Commonwealth Tobacco, and Liggett & Myers.[188]

Florida, Minnesota, Mississippi and Texas settled their suits for $40 billion and in November 1998, 46 states, including Maine, as well as Puerto Rico, the U.S. Virgin Islands, American Samoa, the Northern Mariana Islands, Guam and the District of Columbia reached a settlement agreement with the defendants, known as the Master Settlement Agreement (MSA). The MSA provided annual funds (totaling about $206 billion in the first 25 years) that were divided among the states based on estimates of smoking-induced disease costs (and some other factors related to how early each state sued). The MSA also stipulated that the tobacco companies change some of their marketing practices (such as eliminating billboards), provided funds to tobacco farmers and others who stood to lose financially as a result of the MSA, and established a national organization (which became the American Legacy Foundation) to combat smoking. In the settlement agreement, Maine received about $40 million a year (Table 31).

Table 31: MSA Payments to Maine, 1999-2007[189]

Yr	***1999***	***2000***	***2001***	***2002***	***2003***	***2004***	***2005***	***2006***	***2007***
$	35,541,456	44,262,566	46,729,185	53,292,915	44,111,941	47,824,637	49,046,207	44,873,801	46,700,821

In 1998, Governor Angus King (I) and Dr. Dora Mills from the Department of Health and Human Services discussed the proposed Settlement. Mills, like many tobacco control experts, believed that the process of the Settlement was rushed. "It seemed like bad policy [to say], "And here's a huge Settlement that's going to affect your state's lives for the next umpteen years. And you have five days to look it over and sign it.'"[27] Dr. Mills read the Settlement thoroughly and saw numerous problems. She told Governor King that the Settlement as it was would not be in Maine's best interest. In the end, however, Maine, together with all the other 46 states signed it.[15]

After the MSA, Maine health advocates mobilized to discuss the best way to appropriate the incoming funds so that they could maximize their tobacco control efforts and protect the funds from being diverted elsewhere.[27] The legislature, charged with the task, decided to establish a separate fund to receive the MSA money, the Fund for a Healthy Maine (FHM).

In 1999, the initial MSA payment of $35.5 million was transferred from the Settlement's national escrow account to Maine, which was then transferred to the FHM in 2000.[190] The sudden boost in funding resulted in more $17 million for tobacco control.[27, 190] The rest of the revenue went to fund seven health-related programs, as well as to a Trust Fund to accrue interest.

The Fund for a Healthy Maine As a Funding Mechanism

Much of what was accomplished with the MSA funds can be attributed to the collaboration organized by the Maine Public Health Association (MPHA) between the Maine Coalition on Smoking or Health and other health groups in the state. The collaboration identified categories for health programs to be funded with the MSA.[21] The MPHA, formed in 1984 as a

nonprofit to support and promote health in Maine, was a state affiliate of the American Public Health Association.

Before the first MSA payments were received, a meeting of the major players in tobacco control established a unified front amidst the legislative mêlée over how to use the revenue, which ultimately led to the distribution of MSA funds to a variety of health programs and little diverted to the general fund.[4] Maine health advocates wanted a variety of health issues to be represented, not just tobacco. Because MCSOH represented many health groups, which in turn represented a wide array of interests, the categories for funding were varied.

In 1999, eight months before MSA funds were set to arrive in Maine, a meeting was held attended by representatives from 22 organizations from across the state (Table 32), as well as Speaker of the House, Steven Rowe (D). The purpose of the meeting was to discuss possible health programs to be funded by the MSA.[4] Despite the wide array of interests represented at the meeting, a consensus was reached, advocates having agreed that the Legislature should take advantage of the sudden influx of revenue the MSA had created and establish a health fund before the Legislature or another interest in the state could make plans for the money.[190]

There were several issues that required attention. One worry among representatives at the meeting was that since the majority of health advocates present had historically focused on health care access, they might lobby separately for access programs rather than health programs.[4] Another worry was that legislators, if offered a choice, would invest in health insurance coverage for low-income children rather than community-based tobacco prevention.[4]

Representatives from each organization created proposals for a number of programs to be funded by the MSA, with dollar amounts attached. The representatives then agreed that the tobacco control program should come first and once the funding and structure for that program was settled, the other programs could be established.[28]

Table 32: Organizations Represented at Meeting to Discuss MSA Distribution[4]	
Maine Public Health Association	American Lung Association of Maine
Maine Coalition on Smoking or Health	Bingham Program
Office of the Senate Majority Leader	Family Planning Association
Consumers for Affordable Health Care	Maine School Health Education Coalition
Maine Women's Lobby	Maine Public Health Association
Maine Children's Alliance	Maine Department of Education
Maine Bureau of Health	Maine Ambulatory Care Coalition
Maine Equal Justice Project	Maine Center for Economic Policy
Medical Care Development	Maine Hospital Association
Maine Medical Association	Office of the Senate Majority Leader
Maine Council of Sr. Citizens	Moose Ridge Assoc./Day Care Directors/Elderly Matters
Legislative Advocacy Coalition	
Office of the Senate President	

In a 2008 interview, Ed Miller recounted that the goal had been to create a diverse array of programs so that the money would go to support members of each legislative district throughout Maine.[21] The representatives knew that to appeal to Democrats, they would need to link the money to programs that would impact everyone.[21] They also knew that Republicans would be less willing to support money going towards entitlement programs.[21] Ultimately, the

Table 33: The Eight "Settle 'Ment' for Health" Programs[4]
Tobacco Prevention and Control
Early Childhood Development
Child Care
Health Care
Elderly and Disabled Prescription Drugs
Access to Dental Health Services
Substance Abuse Prevention and Treatment
Comprehensive School Health Education and Coordinated School Health Programs

money went to a collection of eight entitlement programs and was allocated by formula. The programs were known as the "Settle 'Ment' for Health" (Table 33).

The Settle 'Ment' for Health and funding of the tobacco control program was another successful outcome based on an alliance among health groups in Maine. From 1985 through 1997, tobacco control advocates had worked together to create smoke-free workplaces and raise the tobacco excise taxes, among other things. By organizing a collaborative effort among health groups throughout the state, the Settle 'Ment' for Health established itself as the dominant political force in a weak economy and eliminated any competition for MSA funds.[4] Maine's tobacco control advocates chose to diversify the use of MSA funds outside tobacco control and prevention, because they felt that highlighting programs that would impact the health of everyone in the state would reduce the visibility of the tobacco program and in turn protect the funding stream in the future.

Tobacco control advocates worried that a second high profile tobacco control funding mechanism (after the failed attempt to use tobacco excise tax revenue for a tobacco control program) would draw harsh criticism from both the public and Republicans, and would undermine any attempt to secure funding for tobacco programs. Tobacco control advocates worried that such heavily funded tobacco control programs would lose political favor over time, and that the Legislature would redirect the MSA funds towards other needs in the state, like health insurance for children. The Settle 'Ment' for Health therefore focused on all eight programs, rather than solely on tobacco control. This strategy led to tobacco control programs receiving the greatest proportion of the MSA money.

Health advocates took into account the implosion of Massachusetts' tobacco control plan, which had met with early success and then lost the majority of its funding due to an exceptionally hostile Republican Governor combined with a weak defense of the funds by health advocates and felt that being over-funded could be just as dangerous as being under-funded.[191] The representatives decided to fund tobacco control programs with less than one-third of the MSA funds, a little over $18 million per year. While this tactic was successful in that it sustained high levels of funding for tobacco prevention and control, an evaluation of spending in 2008 indicated that funds intended for tobacco could not be accounted for, and spending levels were unknown.

Speaker of the House Steven Rowe (D-Portland) played a significant leadership role in the discussions over the allocation of funds.[4] (Rowe was subsequently elected as the Attorney General of Maine, an achievement some attribute to his support of the Settle 'Ment' for Health.)

Speaker Rowe's support for the health programs in the Legislature resulted in broad political support for the Settle 'Ment' programs. Speaker Rowe understood that it was the combination of programmatic components that would make the Settle 'Ment' successful. He knew that tobacco prevention and control programs were necessary, but that in order for them to be effective, they would need to be well funded.[21] In 2008, Ed Miller recalled, "We had an incredibly strong advocate [in Speaker Rowe] through that period and still, to this day [Attorney General Rowe] has been just a rock solid supporter of tobacco prevention and control and the Fund for Healthy Maine."[21]

The MSA offered Maine a second opportunity in as many years to increase funding for statewide tobacco prevention and control programs. Tobacco control advocates, working with health groups from all areas of the state, organized a cohesive plan of action to secure funding for health programs. The planning and foresight ensured that MSA funds would go towards health issues, and not towards broad, budget balancing efforts. The success of this plan can be attributed in large part to the willingness of tobacco control advocates to share the funds, as well as their efforts to organize political support for such an agenda. Ten years after the MSA, tobacco control programs in Maine were being funded at levels close to CDC recommendations. Maine was one of very few states to manage this feat. While compromising on funding for tobacco control programs in favor of broad-based health programs, in retrospect, the Settle 'Ment' for Health created a sustainable funding mechanism, one that benefitted Maine citizens across all parts of the state and one that had the potential to continue funding tobacco control for many years.

1999 Fund for a Healthy Maine established

With the political support of the Maine Coalition on Smoking or Health, Speaker of the House Steve Rowe, Governor Angus King (I) and Senator Libby Mitchell (President of the Senate from 2005 to 2010 and niece of US Senate Majority Leader George Mitchell), the Fund for a Healthy Maine (FHM) was established by the Legislature in 1999 to receive and distribute tobacco all of Maine's Master Settlement Agreement payments. The FHM was created as an account within the Department of Administrative and Financial Services.[54] After the Settle 'Ment' programs were identified, the Coalition and the Bureau of Health hired an attorney who was also a policy analyst to advise and assist the development of legislation related to the MSA money and other tobacco control issues.[21]

The FHM, was established as an *Other Special Revenue* fund for the purposes specified in Maine law (1999, c. 401, Pt. V, §1).[192] The State Controller credited to the FHM all money received by the State in the MSA, money from any other source, whether public or private, designated for deposit into or credited to the FHM, and interest earned or other investment income on balances in the fund (Table 34).[192] Any unencumbered balance remaining

Table 34: Reported Master Settlement Agreement Revenue 2000-2008 (in millions of $)

	2000	***2001***	***2002***	***2003***	***2004***	***2005***	***2006***	***2007***	***2008***
MSA Payments to FHM	44.3	46.7	53.3	44.1	47.8	49	44.9	46.7	57.4
Interest	1.6	3.6	1.2	0.7	0.5	0.9	0.1	0.3	N/A
Total	45.9	50.3	54.5	44.8	48.3	49.9	45	47	N/A

at the end of any fiscal year reverted back to the FHM account within the Department of Administrative and Financial Services, and would not be made available for expenditure without additional specific legislative approval.[192]

During the Settle 'Ment' for Health deliberations, major consideration was given to securing funds for tobacco control. Representatives decided that the best way to protect tobacco funding was by creating programs that supported at least some portion of every legislator's constituency. Based on the twelve areas of health recommended in the Settle 'Ment' for Health, the Legislature created eight categories of health programs to be funded by the FHM based on the components of the original twelve (Table 35).[4] Each category was designed to serve a specific portion of the population. This strategy meant that almost every legislator had an interest in at least one of the eight programs, which ensured support for the FHM.[193]

Table 35: FHM Allocations Limited to the 8 Health-related Categories	
Tobacco Control	Smoking prevention, cessation and control activities, including, but not limited to, reducing smoking among the children of the State
Early Childhood Development	Prenatal and young children's care, including home visits and support for parents of children from birth to 6 years of age
Child Care	Child care for children up to 15 years of age, including after-school care
Health Care	Health care for children and adults, maximizing to the extent possible federal matching funds
Prescription Drugs	Prescription drugs for adults who are elderly or disabled, maximizing to the extent possible federal matching funds
Dental Care	Dental and oral health care to low-income persons who lack adequate dental coverage
Substance Abuse	Substance abuse prevention and treatment
School Health Programs	Comprehensive school health programs, including school-based health centers

The first MSA payment of $35.5 million was received in December of 1999; 10% was placed in the FHM Trust Fund, $15 million was transferred to the General Fund, and the remaining $17 million was reserved to cover cash flow tobacco control for FY2002.[4] A $3.5 million capital advance was also made to PTM from the General Fund for tobacco programs.[54] In April 2000, the Legislature passed and Governor Angus King (I) signed the supplemental FY2000 budget, which included $11.7 million for tobacco.[194]

Despite the fact that MSA money was to go to health programs, the Legislature diverted 23% of the FHM's resources ($109.8 million) to the General Fund between 1999 and 2008. In 2001, as a result of state budget shortfalls, the Legislature and Governor King eliminated the Trust Fund and transferred remaining funds (approximately $11.1 million) to the General Fund.[194] Governor King was an advocate of the FHM because of the tobacco component, but saw the other programs of the FHM as unnecessary, and the Trust Fund was seen as a rainy day fund to fill a onetime budget shortfall. MCSOH and health advocates fought against the dissolution of the Trust Fund, but because of the struggling economy, the transfer was necessary. MCSOH ran a full campaign against the transfer, with media efforts to educate the public and gather opposition, as well as work inside the state house.

Although the dissolution of the FHM Trust Fund was not what the tobacco control advocates wanted, they felt that it was the best case scenario. In 2001, the FHM itself was very vulnerable, since it had not had time to show results. Tobacco control advocates feared that the Legislature would divert FHM funds to the General Fund, and saw the FHM Trust Fund as a

reasonable, if not ideal, compromise in the face of the budget crisis. The people who benefitted from the direct services showed up at appropriation meetings and hearings, and lobbyists (Betsy Sweet Mooseridge, Chris Halstadt with the Maine Equal Justice Partners) worked with them to create a potent force to defend the FHM.

In January, 2001, the State Legislature, citing the rise of Medicaid expenses, did not follow through with its intended allocation of MSA funds to the FHM, cutting $20 million from the promised $56 million, including a diversion of $5.8 that was earmarked for tobacco control, leaving $36 million to fund FHM programs for 2001.[4] This diversion was in addition to the Legislature transferring $15 million to the General Fund in 2000, followed by $11 million in 2001 and $10 million in 2002. Program funding levels for the FY2002-03 biennial budget were also reduced, and $39.7 million of MSA payments expected in the FY2002-03 biennium were diverted to the General Fund.[194] At this point, MCSOH recognized that their attempts to protect tobacco control funding were not working, and that they needed a more effective way to protect FHM funds.[4]

The Friends of the Fund for a Healthy Maine

One of the FHM's biggest challenges over the years was that Maine citizens and policy makers often thought of the FHM itself as a program, when it was really a funding mechanism for the eight individual, largely unrelated, health programs.[21] In order to protect these funds, the Alliance for a Healthy New England, a multi-state project to link tobacco tax revenue and access to health care, including prevention services, was established in 2000 by the American Heart, Lung and Cancer Societies, as well as various New England medical associations.[4] Built on a broad-based coalition model, this was the first time that the Cancer Society, Lung and Heart Association, Consumers for Affordable Health Care and other coalition members were able to leverage their partnership, develop common objectives, and spearhead a winning campaign.[4]

In March, 2001, the Alliance and the Maine Speaker of the House, Mike Saxl, announced a bill to expand healthcare through the Medicaid programs, which resulted in a 26 cent tobacco tax increase.[4] The Alliance was an early model of what would become the Friends of the Fund for a Healthy Maine, which was established in 2001 to monitor and protect the FHM.

In response to the diversion of funds from the FHM in 2001, the Friends of the FHM provided a more cohesive and formal coalition for the protection of MSA funds. The Friends of the FHM was established to assure that the FHM remained focused on its original legislated purpose of allocating MSA funds to healthcare programs (Table 36).[4] The Friends of the FHM represented 80 non-profit organizations in diverse areas of public health and health care. A steering committee (Table 37) within the Friends of the FHM, was established to organize

Table 36: The Friends of the FHM operated based on four principles[4]
1. Every person at the table has a voice
2. We will come to an agreement on common language
3. We will agree to broaden our voices and strategy to include all program areas
4. We will commit to support the common agenda, created with participating groups, to accomplish a common vision

Table 37: Major Member Organizations of the Friends of the Fund for a Healthy Maine	
American Cancer Society	Maine Hospital Association
American Heart Association	Maine Medical Association
American Lung Association of Maine	Maine Nurse Practitioners Association
American Nurses Association of Maine	Maine Osteopathic Association
Anthem Blue Cross Blue Shield	Maine Public Health Association
Consumers for Affordable Health Care	Maine State Chamber of Commerce
First Congregational Church	Maine State Nurses Association
Health Policy Partners of Maine	Maine Substance Abuse Foundation
Maine AFL-CIO	MaineHealth
Maine Alliance to Prevent Substance Abuse	Medical Care Development
Maine Association of School Nurses	Northern Maine Medical Center
Maine Association of Substance Abuse Programs	Planned Parenthood of Northern New England
Maine Center for Public Health	Roman Catholic Diocese of Maine
Maine Coalition on Smoking or Health	Smoke-Free Housing Coalition of Maine
Maine Co-Occuring Policy Exchange	United Way of Mid-Maine
	University of Maine

lobbying and other activities coordinated by the Maine Coalition on Smoking or Health.[4] The oversight committee was funded by the RWJ Foundation until 2004, when the ACS and ALA of Maine resumed funding.

FHM Funding, 2001-2009

Allocations to the FHM increased from 2001 to 2002, leveling off between 2003 and 2004. In 2001, tobacco programs received 23% of the total FHM funds, 29% in 2004 and 26% in 2008 (Table 38).[4] The amount allocated to other health programs also remained relatively steady from 2001-2004, including funding for Medicaid, childcare and child development programs, oral health, family planning, health education, substance abuse and prescription drugs for the elderly.[4] The success in protecting FHM funds for health related programs can be attributed to the combined effort of MCSOH and the Friends of the FHM, who remained dedicated to educating Legislators as well as the public on the significance of the FHM.

Table 38: Allocations of MSA Funds to the 8 Health-related Categories (in millions of $)

	1999	*2000*	*2001*	*2002*	*2003*	*2004*	*2005*	*2006*	*2007*
Tobacco Control	3.5	12.5	13.7	15.5	14.9	15.3	15.5	15.7	16.7
Child Care & Development	0	11.7	9.3	7.2	10.4	10.8	10.7	11.1	12.6
Health Care	0	5.2	5.5	6.4	6.7	6.1	6	9.8	9.5
Prescription Drugs	0	10	10	10	10	10	6	9.8	9.5
Dental Care	0	0.9	0.9	0.9	0.9	0.9	1	1	1.1
Substance Abuse	0	5.8	4.3	5.6	5.6	5.6	5.7	5.7	6.5
School Health Programs	0	8.7	7.6	7.6	7.6	7.6	7.6	7.8	8.7
Total	3.5	46.9	44.7	46.9	50.2	49.9	49.8	52.9	61.1
Diversions to General Fund	N/A	11.7	43.2	6.7	0.06	1.8	2.5	0.2	1.4
[Data in this table was prepared by the Maine Office of Fiscal and Program Review (OFPR), and inconsistencies between Maine's MSA revenue and allocations in this table reflect their reports]									

Although the allocation for FY2004 of $14.5 million for tobacco control programs was a decrease of $700,000 from FY2003, $750,000 from FY2003 allocated for smoking cessation medical provider incentives under Maine's Medicaid program had not been spent, and remained allocated for the program in FY2004.[194] The FY2005 and FY2006 budgets, enacted by the Legislature and signed Governor Baldacci, remained constant at $14.2 million annually for tobacco control programs.[194]

PTM's FY2008 budget enacted by the Legislature and signed by Governor John Baldacci (D) included a 15% increase over the amount appropriated in FY2007, accounting for $16.9 million for tobacco control programs. The additional funds resulted from "strategic" payments the state received from the MSA in 2008, and were used to pay for nicotine replacement therapy and other treatments for callers to the tobacco HelpLine, for health care provider training, for new grants to address disparities, and to enhance the program's overall cessation efforts.[194] For FY2009, the FHM allocated $11.7 million for tobacco prevention and cessation, including state and federal funds.

The FHM has faced serious threats since its inception. As the economy continues to suffer, and entitlement programs like Medicaid cut back, it has become increasingly difficult to defend the allocation of millions of dollars to the FHM. Despite these pressures, Maine has continually funded its tobacco prevention and control programs well within the US CDC Best Practice Guidelines.

The original Best Practice Guidelines, published in 1999, recommended Maine spend between $11 and $25 million (Tables 39 and 40), a range which was updated in 2007 to between $13 and $27.5 million.[18, 187] In 2009, Maine was one of only nine states to fund tobacco prevention programs at more than half the amount recommended by the CDC.[17] From 2001 through 2007, PTM met the CDC's 1999 Best Practice recommendations (Table 41). In 2001, PTM spent $19.2 million on the tobacco control program, and 2007, they spent $18.0.[39]

Maine is among a small number of states that have been able to preserve a significant portion of their MSA dollars for health-related purposes.[33] In the first three years of the FHM, the Maine Legislature diverted $74.8 million in MSA funds promised for health-related purposes to its General Fund. This was seen as unacceptable by tobacco control advocates and as a result of MCSOH's work in establishing and supporting the Friends of the FHM, future diversions were limited. Between 2002 and 2009, after more than 130 of the 153 Maine legislators signed a pledge developed and disseminated by Friends of the Fund for a Healthy Maine to protect the Fund for a Healthy Maine, the Maine Legislature diverted only $18.4 million to its General Fund a 75% reduction from the $74.8 million diverted in prior years.[33] In 2002, Governor Baldacci proposed a constitutional amendment to permanently preserve the FHM for the health-related purposes and to prevent further diversions of MSA funds to the general fund.[4] In 2004, LD 1612, the carryover bill that would have amended Maine's Constitution to permanently require MSA money (from the FHM) to be spent only for nine health-related purposes, died. In 2004, this time through a legislative mandate, Maine was able to allocate all MSA revenue to the FHM, and did not divert any money to the General Fund.

Table 39: CDC Best Practices Recommended Funding Levels for Tobacco Control Programs, 1999[39] (in millions of $)		
Program Elements	***CDC Recommended Funding Low Estimates***	***CDC Recommended Funding High Estimates***
Community Programs	$1.7	$3.6
School Programs	+$1.4 $3.1	+$2.1 $5.8
Counter Marketing	$1,.2	$3.7
Tobacco-Related Disease Programs	$2.7	$4.1
Enforcement	$0.6	$1.3
Subtotal	$9.7	$22
Surveillance and Evaluation	$0.9	$2.2
Administration and Management	$0.4	$1.1
Total Annual Cost	$11.1	$25.3

Table 40: CDC Best Practices Recommended Funding Levels for Tobacco Control Programs, 2007[39] (in millions)		
Program Elements	***CDC Recommended Funding Low Estimates***	***CDC Recommended Funding High Estimates***
Community Programs	$6,.7	$11
Health Communication Interventions	$1.7	$5.2
Cessation Interventions	$2.9	$7.7
Surveillance and Evaluation	$1.1	$2.4
Administration and Management	$0.6	$1.2
Total Annual Cost	$13	$27.5

Table 41: CDC Recommendation vs. Actual Spending on Tobacco Control (in millions)		
Year	***CDC Recommendation($)***	***Spending on Tobacco ($)***
2000	11.1 - 25.3	14.4
2001	11.1 - 25.3	14.4
2002	11.1 - 25.3	14.4
2003	11.1 - 25.3	2.5 (incomplete)
2004	11.1 - 25.3	(unavailable)
2005	11.1 - 25.3	(unavailable)
2006	11.1 - 25.3	(unavailable)
2007	11.1 - 25.3	16
[Source: National Association of Attorneys General (NAAG)]		

When discussing the recent drop in the Campaign for Tobacco-Free Kids annual ranking of state tobacco control program spending, Dorean Maines, director of the PTM, explained the drop from first to sixth in US tobacco program funding as a result of their revised accounting practices.[61] In 2001, when the FHM began funding PTM, all allocations to PTM were reported as spending on tobacco control.[61] In 2009, the Maine CDC began distinguishing between funds spent on tobacco prevention and control, and funds spent on integrated chronic disease programs.[61] Maines pointed out that, despite past misrepresentations in funding, the new method had potential to help increase funding for tobacco programs, because, according to Maines, "we go back to the legislature each year for our funding. They say, 'Well, we're giving you $17 million, so why haven't you seen any results?' Well, we didn't really spend $17 million. So this way, we still get a lot of money. But it sort of is a more realistic expectation that we don't have control of that money. It isn't all going strictly towards tobacco."[61]

Proposed Securitization of MSA Funds

Many states facing record deficits saw MSA payments as a potential solution to their financial troubles. Investment firms have offered states the opportunity to sell their rights to MSA payments in exchange for one lump payment, through a process called securitization. Securitization is the process by which states sell the rights to their expected revenue to investors in return for an immediate influx of cash. The rights to the revenue are transferred to a state-created corporate entity which issues bonds backed by the future funds, and the revenue stream is then used to pay interest and principle on the bonds. Securitization generally offers states 30 to 40 cents on the dollar, and trades immediate financial solutions for long-term public health benefits.

In 2001, Janet Waldron, Commissioner of the Department of Administrative and Financial Services, sent a letter to the Legislature's Joint Standing Committee on Appropriations and Financial Affairs to commission a report on the securitization of the future tobacco revenues to establish feasibility for securitization as a solution to the state's economic troubles.[195] The report recommended that the State securitize its future tobacco revenues and use the bond proceeds to balance its current General Obligation debt as well as anticipated future state debt.[195] This report claimed that, despite the fact that securitization only returns 30 to 40 cents on the dollar, the process would create funds for General Fund appropriations for health programs.[195] MCSOH was adamantly and vocally opposed to securitization.

The Joint Standing Committee on Appropriations and Financial Affairs report recommended that it was not in Maine's best interest to securitize its future tobacco revenues.[195] Securitizing the MSA funds would have meant Maine would risk losing all state tobacco control funding.[195] The Joint Standing Committee on Appropriations and Financial Affairs also pointed out that while securitization might transfer some risk to bondholders, the risk would be over 30 years, during which period cigarette consumption, the financial market, and the viability of the original participating manufacturers would all fluctuate.[195] The Joint Standing Committee on Appropriations and Financial Affairs was basically saying that securitization was no more risky than the market.

Although the Joint Standing Committee on Appropriations and Financial Affairs acknowledged that the actual risk of securitization was likely no higher than the risks in a potentially volatile financial market, the Committee concluded that tax considerations and the strength of the State's conservative debt position would limit the potential gains of securitization.[195] Given Maine's financial strengths (a conservative debt policy, a high General Obligation rating, available General Obligation debt capacity and market access) there was no "compelling need" for the state to use the higher cost of capital financing associated with securitization.[195] Therefore, Maine chose not to securitize their MSA revenue, and instead chose to continue using it to fund health programs.[195]

Constitutional Amendment

In January 2002, Governor Elias Baldacci (D) proposed a constitutional amendment to permanently limit the FHM to the eight health-related purposes for which it was created.[4]

Governor Baldacci introduced the amendment as a direct result of the previous administration's (Governor Angus King (I)) liberal transfers from the FHM to the general fund.[28]

The amendment would have prevented the MSA money from being diverted to replace existing funds outside of the Fund for a Healthy Maine.[196] The bill was reported "ought to pass" by the Joint Select Committee on Health Care Reform, but failed to pass the House because of Maine's serious budget crisis combined with a lack of partisan cooperation.

Tobacco control advocates were in support of the bill, and lobbied aggressively to optimize chances that it would pass. MCSOH managed to make a deal with eight Republicans in the House to ensure the bill would reach the two-thirds majority required. Part of this deal was that they would vote "no" on the amendment after the first reading, then yes on the second reading.[28] The amendment failed by eight votes. This can be attributed to a miscommunication between an inexperienced lobbyist and MCSOH which angered the Republicans and caused them to vote "no" after the second reading.[28]

In 2003, the bill fell slightly short of 2/3 vote needed in the House and was carried over to the next session, where it died in 2004.[33] Traditionally, Maine does not amend its constitution. The constitutional amendment failed, not because policy makers felt that the FHM should fund other programs, but because policy makers in Maine do not take the amendment of the constitutional lightly. Also, such an amendment would have taken a two-thirds vote. In a 2008 interview, Dennise Whitely of the American Heart Association explained, "If it had been a simple majority, we would have won the day. But it was two-thirds. And a lot of the Republicans particularly don't want to mess with the state constitution."[193]

Success in Protecting the FHM

In Maine, there is a four term limit for House and Senate members (four two-year terms), which has resulted in significant turnover in the Legislature.[193] As a result, supporters of the FHM are termed out within eight years. Of course, so are opponents. Tobacco control advocates in Maine are faced with constantly educating new legislators about the FHM. Specifically, they try to help legislators understand that the FHM is an integral and functional funding mechanism, not something to be altered, and that every legislator has constituents who benefit from FHM programs.[193] They run educational programs two or three times a year, and bring in constituents to speak about how the FHM has benefited them.

Since the FHM was established in 2001, it has become the third rail of politics in the state (Figure 23). In a 2008 interview, Ed Miller added, "[the FHM] gave [Maine] a wide range of lobbyists with constituencies and with legislative friends who had their ear to the ground. There has been a lot of money taken out of the fund, but compared to other states, not that much."[21]

One of the reasons why tobacco control advocates have been successful in maintaining the FHM is their acceptance that tobacco is not the most significant issue for many people in Maine.[21] With low rates of coverage for children's health insurance, high unemployment rates, and a slow economy, Mainers face myriad problems. When creating the eight FHM funded programs, tobacco control advocates recognized that in order to maintain funding for tobacco programs, they needed to compromise and share the wealth with a broad spectrum of health-

A Prescription for the Health of Maine

To: ______________________________

☑ Preserve the legacy of the Fund for a Healthy Maine—Don't use it to balance the state budget

☑ Raise the price of cigarettes so more smokers quit and fewer kids start smoking

No Refills: The Fund for a Healthy Maine is a once in a lifetime opportunity

____
Doctor's Signature

Figure 23. Posters and handouts distributed to Legislators and the public conveyed the role of the FHM in protecting health in the long term

related concerns. They reasoned that if every legislator had a stake in the broad-based funding structure, they would vote to preserve that structure.[21] In other words, the tobacco control advocates rejected an 'all or nothing' approach and opted to share the funding, compromise, and made sure that they maintained their funding at an acceptable, if not ideal level.

According to Miller, the programs that contributed significantly to the FHM's success were prescription drugs for the elderly, childcare programs, substance abuse treatment and home visitations for parents of newborns, because those programs were important to the majority of Legislators.[21] Dr. Mills and the people at the Bureau of Health created a system where every hospital service area would be eligible for some MSA money if they teamed up with the school system in their area.[21] The money was not a guarantee, it had to be fought for and accounted for.[21] MCSOH felt this was the best way to ensure the money was evenly distributed and went to health programs, not into the General Fund.[21] Alone, tobacco programs may not have had enough weight to ensure FHM funding was maintained.

Dorean Maines, Director of the Partnership for a Tobacco-free Maine, agreed that the success of the FHM was the distribution of the funds to various health causes across the state, because across the eight program categories, everyone benefited from the MSA funds. "I think it was brilliant in the beginning that between Ed Miller and Dr. Mills that they devised this… The fact that they kind of said its tobacco and tobacco-related diseases, but shared the pot with other people, with cardiovascular and nutrition and all of those advocates and people that wanted to be on board… So that all the senators in all parts of that state saw a piece of that pie going to their constituents."[61]

In addition, MCSOH has made an effort to position the FHM so that it is not seen as a legacy program, since the legislators behind the FHM have been termed out. MCSOH has used this to their advantage, making it possible for every term to be part of the FHM legacy, the legacy of protecting it.[28]

MCSOH used the FHM as a future funding source for the infrastructure necessary to pursue smoke-free bars and restaurants and tobacco control's political agenda.[21] The tobacco advocates had used not just data and facts, but anecdotes about real people.[21] Especially with the FHM, there were people whose lives were being affected by the Fund, who put a face on the

issue.[21] Miller observed in 2008, "I think we have learned to work in a broader circle than just the typical public health [circle]. It's not just the voluntaries. It's a bigger circle."[21] Tobacco control had broad based support throughout the state, which was necessary when fighting for the FHM, since politicians were not voting for the fund because of their commitment to tobacco prevention and control.[21] The success of the FHM lay in the fact that it offered a little bit of something for everyone, sort of a political compromise.[21]

Eight years after the FHM was established, it was still funding tobacco control programs at one of the highest levels in the country. The Partnership for a Tobacco-free Maine had successfully influenced youth smoking behaviors, so that Maine youth smoked at rates lower than the U.S. average. The only group PTM failed to influence was young adults, ages 18-29, 34.4% of whom smoked in Maine by 2008, compared to 21.8% of the general U.S. population.

There was surprisingly little controversy over where the funding should go, and people worked together to ensure that everyone needed health related funding received a portion of the funding.[21] Part of the reason for this success can be attributed to the attitude of those whose programs were funded with MSA money. Health advocates across the state operated with a sense of partnership. Each health group has realized that if they are not working together to protect one funding stream, it could just as easily be their program losing revenue next.

Members of MCSOH and Dr. Mills agreed that it became increasingly difficult in the later part of the 2000s to justify maintaining the FHM for eight designated health related categories. The FHM remained an important source of revenue for public health programs in Maine because, in the face of increasing deficits, the Department of Health struggled to find the resources for health programs in their budget. However, despite budget shortfalls, health advocates have been hesitant to divert FHM funds to programs other than tobacco, because PTM's prevention and control programs have the power to reduce healthcare spending in the future as the health impact of tobacco use declines with smoking rates.[27]

Legislators looking to cover core public health programs began looking to the FHM as a funding source in the later part of the past decade. Throughout the state, budget deficits have forced the Department of Health to limit allocations. It has been difficult to maintain funding levels for the tobacco control program in the face of these cuts, but tobacco control programs are a high priority in Maine. In a 2008 interview, Dr. Dora Mills of the Department of Health explained, "the inequity is that… the Fund for a Healthy Maine [is doing] a lot of good work and a lot of good outcomes. But meanwhile, we're cutting public health nursing visits to people with high, high risk [illnesses]… I'm not advocating for using the Fund for Healthy Maine for that. But it's a big dilemma. And I don't know the answer to it. But I'd be surprised if the fund for Healthy Maine makes it through this recession at the rate it's going."[27] Despite heavy support and strong outcomes, if the Department of Health continued to face budget cuts for necessary programs, a redistribution of the funds could be imminent.

PARTNERSHIP FOR A TOBACCO-FREE MAINE: BUDGET

By the end of 2009, the majority of PTM's funding came from the MSA (through the FHM), with lesser amounts from the CDC's National Tobacco Control Program (Table 22). Small grants from the Robert Wood Johnson Foundation, American Legacy Foundation, and

other nonprofits went to fund MCSOH, which offered support to PTM (Table 41). In 1999, PTM began receiving $750,000 annually from the federal CDC for statewide support of selected tobacco activities, which covered a portion of the salaries of the eight staff members, many of the program's overhead expenses, enforcement of tobacco laws, and statewide coordination of local interventions (such as training conferences, newsletters and tobacco law enforcement).[10] In addition, federal funds provided support for initiatives that addressed populations who had health disparities related to tobacco use.[10] PTM did not receive any funding from the Maine CDC, formerly the Bureau of Human Services, for programs.

Table 38 follows the funding stream from the FHM to PTM. Allocations from the FHM to PTM increased steadily from 1999 to 2003, but dropped in 2004 by $1 million due to budget cuts. Allocations began to rise again starting in FY 2005, when PTM received half a million dollars more than the previous year. In FY 2006, 2007, 2008 and 2009, the Legislature increased the allocation of MSA funds for the State tobacco prevention program from $15.5 million to $17.6 million.[197]

Tobacco prevention and control programs received between $2.5 million in 2001, and $7.4 million in 2009. The Legislature allocated money for tobacco programs under the heading, "Tobacco Prevention and Control." Under this heading, the Legislature allocated funding for tobacco prevention and control, specifically for community and school grants, treatment, cessation, public education, counter-marketing media, and evaluation for community grants of which 50% of the total expenditures were expected to be for tobacco (Table 43).[10]

The PTM also received funding annually from a cooperative agreement with the Maine CDC, which required that their program would be designed to reflect the CDC's Best Practice Guidelines for Statewide Tobacco Prevention and Control Programs, under the National Tobacco Control Program (NTCP). Funding supported tobacco-related allocations to tribal organizations, the Maine Youth Action Network, the Attorney General's Office, and the state-wide Smoke-Free Housing Coalition, as well as the Maine Tobacco HelpLine, training for healthcare professionals in delivering treatment for tobacco dependence, medication voucher program, counter-marketing media and statewide educational materials, other targeted prevention and cessation initiatives, evaluation of these activities, and staff positions in the Bureau of Health to manage this work and state administration and indirect costs.[10]

In FY2009, the Maine CDC revised reporting practices for spending of tobacco control allocations due to a lack of accountability in reporting. The change reflected the funds unaccounted for under community and school grants, of which, beginning in 2008 only 50% was expected to be spent specifically on tobacco (prior to this, there was so expectation on how much

Table 42: PTM's Reported Allocations by Program, 2001-2009 (in millions of $)[39]

	2001	***2002***	***2003***	***2004***	***2005***	***2006***	***2007***	***2008***	***2009***
Tobacco Related Allocations	7.9	4.7	6.5	6.5	6.2	6.2	6.5	6.8	7.4
Community/School Programs	8.4	7.7	7.7	7.7	7.6	7.9	7.9	8.74	9.1
Total	16.3	12.4	14.2	14.2	13.9	14.1	14.4	15.5	16.4

Table 43: PTM Funded Programs	
Tobacco Prevention and Control Programs[10]	First allocations in 1998. This allocation included treatment, cessation, public education, counter-marketing media, and evaluation. Funding supported strategies that are designed to directly and specifically impact tobacco use such as the Maine Tobacco HelpLine, training for healthcare professionals in delivering treatment for tobacco dependence, medication voucher program, counter-marketing media and statewide educational materials, other targeted prevention and cessation initiatives, as well as evaluation of these activities, staff positions in the Maine CDC to manage this work, and state administration and indirect costs.
Public Education and Media[10]	First contract awarded 1998. These funds supported a variety of educational interventions and social marketing efforts including: • educational materials for distribution to schools, healthcare providers, and members of the public on quitting tobacco and discouraging initiation of tobacco use • research-driven and -tested messages to counter Tobacco Industry advertising and influence • educational materials creating awareness that secondhand smoke is deadly • materials that assist population groups who are disproportionately affected by tobacco use • messages and materials to raise awareness about the availability and effectiveness of the HelpLine • messages about the dangers of tobacco use • youth-directed counter-marketing messages to prevent tobacco use initiation • materials and training to support the community and school efforts.
Tobacco Treatment Contract[10]	First contract awarded 2001. Provided statewide toll-free telephone counseling for tobacco users — the Maine Tobacco HelpLine, outreach and support for pregnant women who smoke, management of the medication voucher program, and training of healthcare providers and tobacco treatment specialists. Since 2001, 41,731 tobacco users had received help from the Maine Tobacco HelpLine (from August 2001 to June 2007). More than 35% of callers who received counseling report not smoking six months after receiving HelpLine counseling plus free nicotine replacement therapy. Those receiving only counseling had less success at long-term quitting and only 22% of them reported not smoking six months later.
Tobacco Treatment Pharmaceuticals[10]	First contract awarded 2001. Re-bid and awarded 2004-2010. Provided free tobacco treatment medication vouchers to those who had no insurance benefit for tobacco treatment medications and who were ready to quit. Nicotine replacement medications provided include patch, gum, and lozenges.
Evaluation[10]	This allocation supported independent evaluation of the tobacco-related program components. Evaluation results were used to assess the effectiveness of programming and adjust program strategies and interventions to assure all interventions were highly effective. The evaluation team, led by the Maine Center for Public Health, focused on the evaluation of the Partnership For A Tobacco-Free Maine (PTM) and the Healthy Maine Partnerships (HMP). The evaluation used a goal-based approach, established performance indicators and milestones of success for each program initiative. The evaluation tracked changes in knowledge, attitudes, and practices among Maine's adult and youth populations. In addition, the evaluation monitored changes in State and local policies and environments that supported improved health. Following practices approved by the US CDC, the Maine-based evaluation team was able to compare evaluation findings to other states with similar programs. A portion of the evaluation budget funds supported the Maine CDC Chronic Disease Epidemiologist and surveillance, including data collection by supplementing the Behavioral Risk Factor Surveillance System (BRFSS) and also analysis of the Maine Adult Tobacco Survey (ATS) questions in the BRFSS. PTM also contributed to the support of youth health surveys, in SFY 2008 the Maine Drug and Alcohol Use Survey (MYDAUS) and in SFY 2009 the newly developed Maine Integrated Youth Health Survey (MIYHS).

should go towards tobacco). For FY2009, PTM reported spending $10.9 million on tobacco prevention and control, or 83% of the minimum value ($13 million) recommended by the U.S. Centers for Disease Control and Prevention (CDC) in 2007.[198]

In 2008, according to PTM director Dorean Maines, the state tobacco control program was supported by a staff of 10, six of whom were funded directly by the Bureau of Health. Those six people managed the 20 contracts related to tobacco control, including the HelpLine and the Tobacco Prevention and Control Advisory Council. [61] The Tobacco Prevention and Control Advisory Council was established by the Legislature in 1997 to review PTM.[199] In 2007, PTM received funding from the FHM to fund positions for 11 district tobacco coordinators, who were hired locally by Healthy Maine Partnerships (not by the PTM) to work with the Healthy Maine Partnerships in their district to serve as a resource for tobacco programming expertise.[61] The coordinators educated, promoted, facilitated and coordinated at the local level, and PTM provided education materials and consultation to the district tobacco coordinators.[61] PTM also funded the position for a policy analyst, responsible for research, analysis and the dissemination of information regarding tobacco prevention, control and treatment to inform state and local policymaking. In 2009, Pam Studwell worked as the policy analyst, responding to requests from advocacy organizations as well as other requests dealing with tobacco issues.

In 2008, PTM allocated $8.74 million to community and school grants. The majority of these funds ($6.65 million) were distributed under the Healthy Maine Partnerships (discussed later in this report).[10] This allocation included initiatives to strengthen statewide efforts to reduce tobacco and tobacco-related diseases, including funding for tribal organizations to address risk factors, the Maine Youth Action Network (MYAN) to support youth advocacy training, the Attorney General's office to support tobacco control, the statewide Smoke-Free Housing Coalition, training grants for the development of staff for HMPs, and indirect administrative costs.[10]

Partnership for a Tobacco Free Maine: Programmatic Elements

While PTM conducts a comprehensive campaign following the CDC Best Practices for Comprehensive Tobacco Control Programs,[187] their strategies for sustained progress have focused primarily on youth. Their work has included initiatives in schools, communities and workplaces to reduce tobacco use and exposure to secondhand smoke. PTMs campaigns have included 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 curriculums in grades K-12, promoting parent education and support, giving tobacco retailers the tools they needed to assist them in avoiding selling tobacco to minors and to increase their compliance with tobacco sales laws, and creating statewide health communication messages that promoted tobacco-free living as the cultural norm for all ages across the state (Table 45).

PTMs efforts to help people quit have included 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. Beginning in 2001, PTM provided an aggressive and comprehensive

Table 44: Resources and Budgeted Spending for Tobacco Control Programs in Maine, 1999-2009 ($)											
	FY 99	***FY 00***	***FY 01***	***FY 02***	***FY 03***	***FY 04***	***FY 05***	***FY 06***	***FY 07***	***FY 08***	***FY 09***
Tobacco Revenues:											
MSA Funds to Maine	35,541,456	44,262,566	46,729,185	53,292,915	44,111,941	47,824,637	49,046,207	44,873,801	46,700,821	N/A	N/A
Tobacco Excise Tax	78,584,602	77,234,890	76,330,900	95,006,000	95,971,968	94,505,938	94,023,930	153,015,000	154,736,684	150,499,432	N/A
Racino	0	0	0	0	0	0	1771173	3538805	3735774	6436969	N/A
Total Revenues	114,126,058	121,497,456	123,060,085	148,298,915	140,083,909	142,330,575	144,841,310	201,427,606	205,173,279	N/A	N/A
MSA Allocations to FHM:											
Settlement Payments	3,500,000	46,887,832	44,667,640	46,896,523	50,199,337	49,863,014	49,742,937	52,852,935	61,083,915	64,307,067	N/A
FHM Allocations:											
PTM (Tobacco)			7,950,000	4,700,000	6,500,000	6,525,000	6,225,000	6,210,000	6,540,000	6,778,000	7,367,000
Tobacco Cessation	3,500,000	12,526,011	13,755,488	15,571,085	14,938,883	15,305,670	15,545,990	15,791,699	16,774,452	17,684,928	N/A
Trust Fund		35,149,848	11,700,000	41,544,794	6,736,628	55,218	1,895,717	2,571,648	225,000	1,464,406	N/A
Total	3,500,000	82,037,680	56,367,640	88,441,317	56,935,965	49,918,232	47,847,220	55,424,583	61,308,915	65,771,473	N/A
FHM Expenditures on Tobacco:											
Tobacco Control/Cessation	3,500,000	16,300,000	12,390,000	14,190,000	14,215,000	13,875,000	14,093,000	14,423,000	15,518,000	16,427,000	N/A
Transfers to FHM Trust Fund	0	11,094,848	0	0	0	0	0	0	0	0	0
Transfers to General Fund	0	24,055,000	11,700,000	43,244,794	6,736,628	55,218	1,895,717	2,571,648	225,000	1,464,406	N/A
Total	3,500,000	51,449,848	24,090,000	57,434,794	20,951,628	13,930,218	15,988,717	16,994,648	15,743,000	17,891,406	N/A
Allocation to PTM :											
Dedicated Taxes	3,500,000	0	0	0	0	0	0	0	0	0	N/A
From FHM	3,500,000	12,526,011	13,755,488	15,571,085	14,938,883	15,305,670	15,545,990	15,791,699	16,774,452	17,684,928	N/A
From NTCP	0	8,760,000	901,000	1,000,000	873,000	876,000	1,109,000	1,094,000	1,059,000	N/A	
From SAMHSA	0	0	100,000	100,000	100,000	100,000	0	N/A	N/A	N/A	
From RWJF	0	0	0	330,000	360,000	0	0	0	70,000	N/A	
American Legacy	0	0	0	0	210,000	0	0	0.05	100,000	N/A	
Total	7,000,000	21,286,011	14,756,488	17,001,085	16,481,883	16,281,670	16,654,990	16,885,699	18,003,452	17,684,928	

	FY 99	*FY 00*	*FY 01*	*FY 02*	*FY 03*	*FY 04*	*FY 05*	*FY 06*	*FY 07*	*FY 08*	*FY 09*
PTM Allocations for Tobacco Control: [The PTM was unable to provide data on allocations for blank cells]											
Tobacco Prevention & Control			7,950,000	4,700,000	6,500,000	6,525,000	6,225,000	6,210,000	6,540,000	6,778,000	7,367,000
Community Grants			8,350,000	7,690,000	7,690,000	7,690,000	7,650,000	7,883,000	7,883,000	8,740,000	9,060,000
Education/Media					2,700,000	2,650,000		2,470,000		2,480,000	
Treatment Contracts					1,600,000	1,800,000		1,900,000		1,800,000	
Pharmaceuticals					900,000	800,000		900,000		900,000	
Administrative Overhead					N/A	290,000		260,000		710,000	
Evaluation					1,160,000	870,000		1,260,000		690,000	
Total					20,575,000	20,285,000		21,213,000		23,007,000	
PTM Expenditures for Tobacco Control: [The PTM was unable to provide data on allocations for blank cells]											
Tobacco Prevention & Control								6,825,000			
Community Grants								7,883,000			
Education/Media											
Treatment Contracts											
Pharmaceuticals											
Administrative Overhead											
Evaluation											
Total											

Table 45: Statewide initiatives and public awareness campaigns within the PTM, 1999-2008 [150, 197]
Counter-marketing and media campaigns
Policies to changes social norms
LifeSkills Training for teachers
Funding for 31 local Healthy Maine Partnerships across the state working to reduce tobacco use and tobacco related chronic diseases
Enforcement activities related to preventing youth access to tobacco as well as laws regulating smoking in public places and workplaces
No BUTS! An outreach and training program on responsible training to assist retailers in complying with youth access laws
Providing funding and leadership to the Youth Advocacy Program (YAP) for local youth advocacy programs

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.

Statewide Initiatives

In order to achieve the *CDC Best Practices for Comprehensive tobacco Control Programs Guidelines*[187], collaborative efforts with various partners, including chronic disease programs were established. In order to fund local coalitions, the Maine Bureau of Health created the Healthy Maine Partnership (HMP) as a state level organization to fund local coalitions, known as Healthy Maine Partnerships (HMPs), which were allocated funds from the FHM.[39] At the state level, the HMP was originally a collaborative effort between four statewide programs; the Maine Cardiovascular Health Program, the Community Health Promotion Program (CHPP), the Coordinated School Health Program (CHSP) and the PTM.[39] These programs represented efforts pertaining to tobacco related disease or community development and schools. To fund this collaboration, the Maine CDC awarded the Healthy Maine Partnership a joint grant with the CSHP and the Department of Education (DOE). The DOE was included in the partnership, because of their role as overseer of the school programs under the grant.

From 1997 to 1999, the Cardiovascular Health Program (CVHP) developed the Good Work! Resource Kit, revised by PTM and CVHP in 2004. The kit was created for use by employers to support employee health and productivity. To supplement the utilization of the kit, the CVHP developed the Worksite Framework Program, “Healthy Works.” In order to support development of the local coalition model, CHPP helped communities conduct community-based health promotion, including tobacco prevention and control programs, providing training and consultation to the local HMPs. The Coordinated School Health Program worked with schools to develop coordinated school health programs.

PTM provided local HMPs with training and technical assistance to build prevention programs and implement initiatives at the local level. This allowed the state programs to access diverse populations and communities across the state and to reach as many Maine citizens as possible.[39] The money used for the local HMPs came from the ‘Community and School Grants’ portion of PTM allocations. The section in this report on Healthy Maine Partnerships explains HMPs in more detail.

Table 46: Model Tobacco-Free School Policy[39]
• Prohibited tobacco use by students, staff, parents and visitors to school property, in school vehicles, and at school-sponsored functions a • Prohibited tobacco advertising in school buildings, at school functions, or in school publications, including tobacco advertisements worn on clothing or at school sponsored events • Created a written procedure for enforcement of tobacco-free policies, including protocol for policy violations • Created a written procedure for communicating the policy to students, staff, parents and families, widely disseminated

School Policy

In 1998, PTM implemented the *PTM Tobacco-Free School Policy Initiative*, funded jointly under media and community and school grants (Table 46). The *Tobacco-Free School Policy Initiative* was designed to encourage Maine school systems to become tobacco free environments and to meet the U.S. CDC's 1999 *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*.[187] These guidelines included developing and enforcing school polices on tobacco use.[18]

Components of the Initiative included the development and enforcement of school policy on tobacco use, providing instruction about short and long term negative physiologic and social consequences of tobacco use, social influence and peer norms regarding tobacco use, and refusal skills, providing tobacco-use prevention education in grades K-12, intensive instruction in middle school that is reinforced in high school. It also provided program-specific training for teachers, involved families in support of school-based programs to prevent tobacco use, supported cessation efforts among students and all school staff who used tobacco, and routinely assessed the tobacco-use prevention program in schools.[39]

PTM offered guidance for those developing school tobacco policies, and provided Tobacco-Free signs to school systems meeting PTM's policy criteria for school grounds and athletic fields.[39] PTM also suggested that school systems review and follow the National Association of State Boards of Education's research-based model policy language to familiarize themselves with implementing tobacco-free school policies.[39, 200] By 2007, all schools receiving funding from HMPs had school policies following PTM recommendations and based on CDC guidelines. By 2009, PTM had awarded signage to nearly 70 Maine school systems in complete compliance with their guidelines.

In 2007, a bill to strengthen the 1988 law regarding tobacco in schools by prohibiting smoking on school grounds, passed. The bill prohibited the use of tobacco on school grounds by members of the public and extended the prohibition to include employees and students on school grounds both when school was and was not in session. It was supported by MCSOH, and tobacco control advocates throughout the state predicted it would meet no resistance in the House or Senate because smoke-free policies had been widely accepted for the past decade.[27]

The bill, An act to protect children's health on school grounds, was introduced by Senator Karl Turner (R-Cumberland). It was heard before the Joint Standing Committee on Education and Cultural Affairs, where an amendment that eliminated the right to establish designated

smoking areas for school employees was adopted by the committee. The bill was enacted on May 16, 2007 and signed by Governor Baldacci on May 22, 2007.

PTM worked with the Maine Department of Education and the local HMPs to communicate the changes in the law to school systems statewide, revised the tobacco-free school manual to reflect law changes, and developed new signs. PTM also worked with HMPs to create smoke-free policies for recreational programs where school aged children were the participants.

Lifeskills Training Program

Of note, PTM continued to provide the LifeSkills Training (LST) program and resources through 2009 for middle schools, with teacher training, despite the fact that the program was identified as an industry supported program with little impact on tobacco use, and in the 2007 CDC Best Practice Guidelines, recommendations for school-based programs were replaced with recommendations for school-based interventions in combination with mass media campaigns combined with overall youth-based community efforts.[201, 202] The LifeSkills program was a substance abuse prevention program for middle school students that was preferred and promoted by the tobacco industry because it lacked the anti-industry elements common to other, more aggressive programs.[201]

As of 2009, LST continued as a requisite program for all HMP funded schools.[39] PTM had provided regional LST training sessions since 2002, and supplied teacher manuals and classroom resources to all participating schools. PTM chose to continue offering training and materials for the LST program, but accepted other middle school programs meeting criteria for evidence-based middle school prevention programs as recommended in the CDC guidelines.

Youth Advocacy Programs

PTM's school-based policies were implemented in part through the Youth Advocacy Programs (YAP), a component of the HMP network established in each community. YAP developed and supported youth driven advocacy programs to reframe the social acceptability of tobacco use. In addition, YAP programs focused on preventing tobacco use, smoking cessation initiatives, and decreasing public exposure to secondhand smoke. PTM, in partnership with the Teen and Young Adult Program in the Bureau of Health provided leadership and training until 2007. In local communities, YAP was funded through local HMP grants.

PTM contracted with the Maine Youth Action Network (MYAN) in collaboration with the Teen Young Adult Program to provide YAP groups with training and technical assistance. Established in 2001, MYAN was funded until 2004 through a collaborative grant from PTM, Teen and Young Adult Health, the CVHP, and the Maine Youth Suicide Prevention Program in the Maine Bureau of Health (Maine CDC). The grant was intended to expand regional work and foster collaboration on youth health issues in Maine.

A total of 284 individuals participated in the YAP statewide in 2003, including 52 adults. The mission of this collaboration was to develop and maintain a network of youth leadership programs in schools, communities, non-profits, and state agencies. Regional YAP training was

provided from 2005 to 2008 in five regions of Maine, with programs for youth and adult leaders. In 2008 and 2009, eight additional training sessions were conducted in eight public health districts.

In addition to tobacco prevention and control, YAPs focused on issues including healthy eating and physical fitness. According to Dorean Maines, Director of PTM, there is no way to track what proportion of time, effort and money was spent by YAP groups on tobacco prevention and control.[203] Two-thirds (64%) of YAP coordinators reported implementing tobacco-intervention programs in their district.[204] The tobacco-related project conducted most frequently through YAP was the ACS Great American Smokeout (31%), followed by various community-based programs.[204]

In 2007 grants to HMPs no longer required funding for YAP. The remaining active YAP groups continued to address tobacco control (92% focused on tobacco).[39] The YAP state-level programs worked in partnership with the local HMP intervention sites to implement the YAP program of youth-driven advocacy programs targeting youth that positioned tobacco as dangerous, unattractive, and "uncool."[39] PTM also collaborated with MYAN to provide YAP groups, especially their adult supervisors, with ongoing training and technical assistance, training over 275 young people and 100 advisors by 2007. The majority of YAP coordinators' focused on tobacco-interventions; 64% of all coordinators reported that the youth were involved in tobacco-intervention programs, as distinguished from 92% that addressed tobacco control. YAP projects included awareness building and role-modeling projects, policy and environmental change, peer to peer education, and social justice issues, and included events, such as the ACS's Great American Smokeout.

In 2003, PTM developed a weekly newsletter for YAP leaders, known as the YAPPER, providing updates, networking opportunities and resources for local YAPs. The Weekly YAPPER was distributed by MYAN via email to keep members of the tobacco control community connected and informed about tobacco control and youth related issues around the state and in the various communities. The publication consisted of announcements and events related to tobacco control, successful programmatic ideas and campaign details, as well as messages and information to and from YAP coordinators around the state. The newsletter continued to be distributed on a quarterly basis through 2009.

In 2005, the first Stop.Quit.RESIST! Annual Youth Anti-Tobacco Summit was held. Attendees came together to rally against the tobacco industry and exchanged ideas for preventing youth smoking. In addition, the event encouraged youth to *Stop* tobacco companies' lies and manipulation, *Quit* and support others who want to quit smoking, *RESIST* the pressure and help peers resist as well. The Summit helped participants gain resources, connections, and build skills from various workshops, ultimately providing them with the tools to make their communities healthier. The planning of this event was a collaborative effort among PTM, MYAN, and Youth Planning Team and was sponsored by PTM. It introduced nearly 80 youth in the first year, and as many as 250 youth in 2009 from grades 8-12 from across the state.

In 2009, MYAN managed the development of a website and the quarterly YAPPER newsletters for the youth and their coordinators. Youth in the network also contributed articles,

information and ideas, and in 2009, a youth advocacy resource manual was completed and distributed by MYAN. It grew out of two 2007 documents identifying the manuals intent, content, and audience, "An Introduction To Youth Advocacy Programs of Healthy Maine Partnerships: A Guide For New Staff," and "Healthy Maine Partnership Youth Activity Resource Guide," that were published as a result of the collaborative work among the programs working on youth in local HMPs.

Youth programs became a significant portion of PTM's operational structure (Table 47). They maintained a focus on youth advocacy issues, and supported the development of youth involvement. Across Maine, PTM's youth program supported and encouraged Maine youth to become active in the development of community programs, health advocacy, and discussions about tobacco prevention and use. Youth programs became a key component of the overall state tobacco program, offering the state's youth an opportunity to create tailored, youth specific programs for health, with a focus on tobacco. These initiatives were consistent with CDC guidelines.

The U.S. CDC *Best Practices for Comprehensive Tobacco Control Programs*[187] guidelines for community programs focused on the prevention of initiation, cessation of current users, and protection from secondhand smoke. The 1999, CDC *Best Practices for Comprehensive Tobacco Control Programs* guidelines recommended the use of pro-health messages in counter-marketing at the youth level, fulfilled by PTM through media campaigns previously mentioned in this report. To supplement these campaigns, PTM implemented the Tobacco-Free Athletes Initiative in 2002, and the Tobacco-Free Community Recreation Program. Both programs were designed to target at-risk youth who were more engaged in community activities than school-based programs.[18, 39] While the guidelines recommended engaging youth and creating a variety of outlets for counter-marketing and pro-health messages, PTM chose a consistent but somewhat nontraditional method for implementing this recommendation.

PTM directed and facilitated a workgroup of local HMP Project Directors, United Soccer Federation of Maine Head Coach and State Recreation and Park Board members to provide support for the development of a Tobacco-Free Community Recreation Manual that was distributed in the fall of 2004. This manual provided various types of community recreation programs with background support for developing comprehensive tobacco-free policies for their facilities as well as case studies, model policies, and signage. The manual was distributed to each of the 31 local HMPs community and school grantees. PTM included the team policy, a handout for parents, a tabbed section of skills drills for several sports, and an evaluation form on usefulness of the manual for coaches to mail back to PTM. These materials were produced through PTM's media contract, and the majority of work was handled by staff at PTM.[203] Beginning in 2002, over 7,000 school-aged athletes in Maine signed pledges not to smoke and 3,300 manuals were supplied to teachers, counselors and coaches through local HMPs with recommendations for dealing with tobacco use among youths.[39] These programs supported social norms that fostered abstinence from tobacco use, and were reinforced by school programs.[39] The program was not established with a mechanism to measure impact, so the overall effect of the initiative is unknown.[203]

In 2008, PTM received a grant from the American Legacy Foundation truth® or Consequences Youth Tobacco Prevention Grants Program to work with rural communities.[203] The grant was to enhance the impact of the Legacy media campaign by supporting community-based tobacco use prevention efforts. PTM planned to leverage the enhanced truth® media campaign in rural and smaller communities in Maine by developing a local tobacco use prevention project relevant to vulnerable, 12-17 year old youth in the communities.

PTM's proposal included assisting youth in exploring and presenting the principles of the truth® campaign through use of theater, specifically the process-drama method, in two rural counties in Maine, the River Valley Healthy Communities Coalition in Rumford and Piscataquis Public Health Council in Dover-Foxcroft. The communities were chosen because of their rural nature and their high youth smoking rates.[203] PTM saw this as a unique opportunity to embed youth involvement in Maine's public-health infrastructure by demonstrating youth's enthusiasm, creativity, and commitment to tobacco and community issues.[203] Assisted by trained theater facilitators, the youth groups developed and perform productions that addressed tobacco issues affecting them and their communities. The products developed were designed to have applications that benefit other youth throughout the state. As of 2009, the project was not completed.

In 2008, the American Lung Association (ALA) invited PTM to participate in the development of an online cessation tool for teens created at West Virginia University, which was based on the ALA "Not on Tobacco" program (NOT). PTM would receive free, permanent access to and use of the final "Power Guide" to be used as desired and appropriate to assist Maine youth in their cessation efforts. Maine would also receive program materials, including a DVD version of the Power Guide with manuals, and protocols. The new guide is an online supplement to the original NOT program. Maine's youth participated in focus groups during development of the project, which was still underway as of mid-2009.

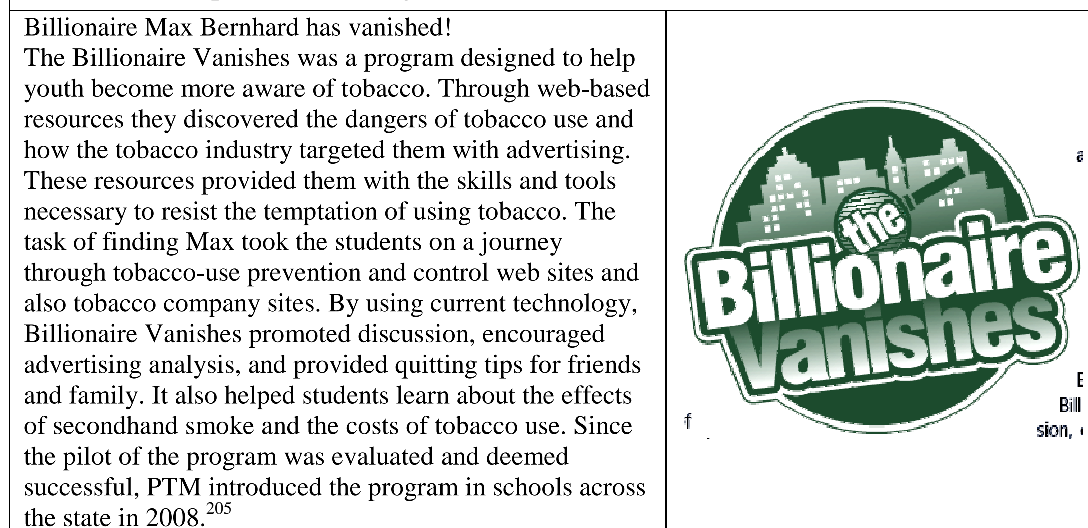

Table 47: Example of Youth Program within PTM	
Billionaire Max Bernhard has vanished! The Billionaire Vanishes was a program designed to help youth become more aware of tobacco. Through web-based resources they discovered the dangers of tobacco use and how the tobacco industry targeted them with advertising. These resources provided them with the skills and tools necessary to resist the temptation of using tobacco. The task of finding Max took the students on a journey through tobacco-use prevention and control web sites and also tobacco company sites. By using current technology, Billionaire Vanishes promoted discussion, encouraged advertising analysis, and provided quitting tips for friends and family. It also helped 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 introduced the program in schools across the state in 2008.[205]	

Media Campaigns

PTM launched its first campaign in 1998, and since then, has conducted over 40 counter-marketing and cessation campaigns (Table 48).[206] In 2001, PTM increased spending on media, allocating roughly $2.6 million annually on media campaigns, focusing primarily on secondhand smoke, youth prevention, and cessation.[207] PTM utilized a variety of media outlets, including television and radio advertisements, the internet, and print media.[203]

PTM's campaigns were designed based on focus group testing, and audience segment research, and performed evaluations via awareness polling and external evaluations.[206]

Beginning in 1998, PTM launched multiple, integrated marketing campaigns to address exposure to secondhand smoke, youth prevention, and cessation. In addition, PTM re-launched the program's website (www.tobaccofreemaine.org), which included information and resources for youth and adults.[150]

Secondhand Smoke

In 1999, Governor King signed the smoke-free restaurant bill into law. During the legislative process, PTM supported the bill with messaging on the dangers of secondhand smoke both for adults and children.[206] PTM utilized radio, Internet marketing, public relations outreach and statewide signage to raise awareness about the law.[206]

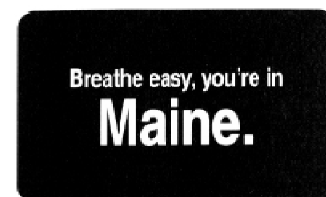

Figure 24. Breath Easy, You're in Maine Roadside Sign

The *Breathe Easy, You're in Maine* media campaign (Figure 24), also designed and funded by the Partnership for a Tobacco-free Maine (PTM), began a statewide run in 2006 and celebrated Maine's smoke-free air policies. 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, informed and reminded everyone that smoking is not allowed in any indoor public place in Maine.

In 2009, PTM launched the *Wherever You Live and Breathe, Go Smoke Free*, campaign, based on a previous campaign *Breathe Easy*.[207] The campaign focused on the dangers of second- and third-hand smoke for children, particularly in vehicles and at home, and included two television and radio advertisements, as well as integration within the 28 community HMPs.[207] PTM modified this messaging to educate the public and promote the statewide smoke-free car law, passed in 2008.[206]

Youth Prevention

PTM's youth oriented media efforts began in 1998 with the statewide program, "Talk about tobacco. Again."[207] The campaign encouraged communication between parents and youth about the dangers of tobacco. Beginning in 2000, materials from the "Talk about tobacco" program evolved into a four-piece kit, and became one of PTM's most-distributed and requested prevention tools.[206]

Table 48: PTM's Media Campaigns, 1998-2009				
Year	***Title***	***Target***	***Messaging***	***Awareness***
1998	Voice Box	Youth/ Adults	Consequences of tobacco use	65% to 85% for youth, 54% to 97% for adults
1998	It's Killing ME	Parents	A variety of facts about the tobacco industry and the health impact on Maine, including industry manipulation, addiction, marketing to children, tobacco-induced diseases, death rates and other shocking statistics	No evaluation available
1998-2000	Talk about tobacco. Again	Parents	Encouraged parents to talk to their kids about the dangers of tobacco	No evaluation available
2001	Tobacco Sucks	Youth	Youth-led, increased awareness about the tobacco industry and its manipulative marketing tactics	No evaluation available
2001	Quit for your kids	Parents	Children telling stories about the deaths of their loved ones to tobacco use	No evaluation available
2001	92%	Youth	92% of middle school students don't think it is cool to smoke	More than 17,774 students were reached by the campaign in 2002 through 2004
2002-2003	Adult Influence	Parents	If you smoke, your kids are more likely to smoke	No evaluation available
2003	Don't Get Me Started	Youth	Exposed the realities of addiction	68% of teens reported seeing the campaign, 93% said they found the messages to be true, 80% said the campaigns were relevant to them
2003	The Maine Resistance	Youth	Encouraged youth to resist industry marketing efforts and understand the nature of addiction and the immediate and long term health effects	No evaluation available
2004	You Know You Want to Quit	Adults	Encouraged adults to quit smoking	No evaluation available
2005	When will It End?	Adults	Dramatic and shocking footage of a physician performing an autopsy on a smoker's lungs	Never aired
2006	Got A Minute? Give it to Your Kid	Parents	Parents who spend time with their kids can talk to them about the dangers of smoking	No evaluation available
2007	Tobacco Never Quits	Parents	Focused on the nature of tobacco industry marketing to teens	60% of Mainers saw and recalled messages, 6,500+ outreach materials were distributed, the website had 1,200 visitors/month.
2008	Wherever You Live and Breathe, Go Smoke Free	Parents	Foster positive social norms, education of smoke-free laws, focused on the dangers of second and third hand smoke	Calls to the Maine Tobacco HelpLine increased 15% during the campaign

PTM's first youth anti-tobacco summit was held in October, 2000.[206] At the summit youth worked to develop ideas for PTM's first youth-focused anti-tobacco media campaign, *Tobacco Sucks*.[206] *Tobacco Sucks* launched in 2001, exposed the tobacco industry's manipulative marketing tactics.[207]

PTM's second youth-oriented media campaign, *92%*, was launched in 2001.[206] The campaign promoted the statistic that 92% of Maine's middle school students didn't think smoking was cool.[207] This was PTM's first viral campaign.[206] *92%* used posters in schools to create curiosity and excitement about the number, followed by clues about the meaning, followed by pep-rally-style events where the messaging was unveiled.

In 2003, PTM launched *The Maine Resistance*, using television and radio messages developed by and featuring youth, and a website.[206] The campaign challenged youth to resist industry marketing efforts, as well as to understand the nature of addiction and the health effects of tobacco use.[207]

Due to the concomitant nature of the youth-targeted campaigns, evaluation was based on overall outcomes.[206] PTM found that from 2001 to 2005, high school smoking rates fell from 25% to 16.2%.[206] Smoking prevalence for middle school students declined from 9.9% in 2002 to 7.5% in 2005.[206] In 2005, 94% of teens surveyed were aware of the specific messaging in PTM's campaigns, and 91% felt the messaging was convincing.[206] Teens who heard the social norming radio campaigns were more likely to believe that smoking isn't cool and makes people less attractive, and that the Tobacco Industry tries to entice teens to smoke.

In 2006, PTM launched *Got a Minute? Give It to Your Kid!* (known as GAM).[208] GAM was a social marketing campaign run by local HMPs both on the radio and in print, aimed at parents who did not spend large amounts of time with their children. The ads were designed to give those parents specific ways to spend time and connect with their children, with the goal of educating them about youth tobacco use and providing them with the tools to keep their children from smoking. From 2002 through 2009, PTM provided HMPs with materials to support counter-marketing messaging. These materials included media kits, posters, and informational brochures to align local and state counter-marketing messages.[39] The HMPs used these materials to extend the reach of the statewide campaign into community settings by distributing these materials on a local level.[39]

The GAM campaign was developed and tested by the US CDC for state and local tobacco control programs. GAM was targeted at time-constrained parents, and operated on the premise that the majority of parents did not expect their child to be smoking or using tobacco, and therefore often failed to realize that their children were exposed to millions of misleading images in print and through movies, television, and video games that glamorized tobacco use. The GAM campaign included outreach materials to help parents understand that if they stayed better connected with their children, they had the potential to make a significant impact on their choices, especially regarding smoking. GAM encouraged parents to get involved in the community, in their schools, and in local organizations.

GAM was implemented at a total of 59 sites across the state, which covered each HMP district.[209] Implementation included the distribution of brochures and presentations to parents. At least nine HMPs used a variety of media to raise awareness, including local access cable television, local radio, newsletters, and advertisements in local newspapers. Messaging revolved around establishing positive relationships between parents and children, operating based on the principle that parents that are more involved in their children's' lives lower the risk of tobacco uptake in youth.[208] The campaign was widely viewed over its five year run, and weekly gross rating points (GRPs) research from 2007 showed that 67.4% of adults were reached by the GAM message in the Portland/Auburn area, 93.9% of the adults in the Bangor area, and 53.7 percent of adults in the Augusta/Waterville area.[209]

In 2007, in response to the tobacco industry's advertising campaigns designed to attract younger customers and stay below the radar of parents, PTM launched a counter-marketing campaign, *Tobacco Never Quits*.[210] Tobacco Never Quits, a television and radio campaign, was designed to raise awareness among parents about the tobacco industry's continued, aggressive marketing to children throughout Maine. A campaign web site, www.tobacconeverquits.com,[211] was developed to help 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.

Based on research conducted by PTM with Maine youth, along with research case studies produced by other states leading the way in tobacco prevention, the new campaign *Unleash Your C*, was launched in fall 2008 with an interactive website (http://www.unleashyourc.com). *Unleash Your C* (C standing for choice) was developed and produced by PTM, designed to provide an informative environment for youth to learn their power to choose not to smoke. The website provided facts and figures about tobacco use in Maine, as well as data on the health effects of tobacco use. The first wave of the full promotional campaign and statewide grassroots initiatives ran through the end of spring 2009.

Adult Cessation Campaigns

Cessation has been a priority for PTM, and numerous campaigns were launched to reduce adult smoking rates across the state.[206] PTM's second cessation campaign, following *Voice Box*, was *It's Killing ME*, which was launched in 1998.[207] The campaign messaging included education about the health impacts of tobacco, including addiction, marketing to children, tobacco-induced diseases, death rates and other shocking statistics.[207] The campaign included extensive print educational cessation materials to support local communities' interventions, including *Q-Cards*, designed for people to help family members and friends quit smoking.[207]

In March of 2001, PTM launched *Quit for Your Kids*, featuring seven television spots with heart-wrenching stories told by real children who had lost family members to smoking.[207] After Quit for Your Kids began, the Maine Tobacco HelpLine was launched with an accompanying media campaign. The HelpLine had 150 callers in the first week, and took more than 12,200 calls in its first two years.[206] PTM used the testimonial messaging technique beginning in 2003 to promote the HelpLine, running six testimonials from Mainers who quit smoking by using the HelpLine.[206]

PTM ran multiple adult-focused cessation campaigns from 2004 through 2009. Messaging included quitting and reducing secondhand smoke exposure.[206] PTM ran daily advertisements in statewide newspapers, and provided local Healthy Maine Partnerships with outreach toolkits and materials to promote HelpLine resources at the community level.[206] The campaigns resulted in statewide media coverage from multiple television, print, and radio outlets, and included interviews with Dr. Dora Anne Mills, and HelpLine Director, Kenneth Lewis.[206]

Cessation

In 1999, the CDC Best Practices recommended that statewide tobacco use cessation programs include population-based counseling and treatment programs (including cessation hotlines), systemic changes that incorporate the Agency for Health Care Policy and Research cessation guidelines, coverage for treatment for tobacco use under public and private insurance, and the elimination of cost barriers to treatment for underserved populations.[18, 39] To accomplish these tasks, PTM established and funded the Tobacco Treatment Initiative (TTI) in 2001.

The TTI is comprised of the statewide HelpLine, nicotine replacement therapy, training for health professionals, the training of tobacco specialists among healthcare providers, and evidence-based treatment for tobacco dependence based on the US Public Health Service Practice Guidelines.[197] The program components include the Maine Tobacco HelpLine itself, nicotine replacement provided through the Tobacco Medication Voucher program, and Tobacco Treatment Training to educate health professionals about tobacco dependence and training for Tobacco Specialists in healthcare settings across the state.[197]

Callers to the HelpLine are assisted by a certified tobacco cessation treatment counselor.[197] They are evaluated and if clinically appropriate, offered a voucher for free medication (the patch, gum or lozenges), a program which began in 2002.[39, 197, 212] The medication vouchers provide callers with as much as eight weeks of nicotine replacement therapy (NRT) if they enroll in the multiple call programs, have no insurance or pharmacy benefit coverage for nicotine replacement therapy, and are at least 18 years of age. Caller's receiving Medicaid/MaineCare benefits are not eligible for NRT through the HelpLine because the MaineCare pharmacy benefit includes nicotine replacement products, accessed with a prescription from a health care provider.

In, 2003, 25% of all HelpLine callers were uninsured, 21% were on MaineCare; and 54% of callers had private insurance.[197] The HelpLine has served an average of between 8,000 and13,000 callers annually, which in 2009 accounted for 4-6% of all smokers in Maine, more than any other quit line in the U.S.[197]

Annually, PTM allocates roughly $1.6 million to TTI and another $1 million to cover pharmaceuticals.[197] In 2008, PTM was awarded an additional $221,250 and $177,000 in 2009 from the NTCP to enhance the HelpLine[10] to allow for more medication vouchers as well as increased funding for professional evaluations of callers. A slightly higher proportion of Maine HelpLine callers are uninsured than the state's average smoking population, and the HelpLine is called more frequently by adults than by youth.[197]

Data Collection

Maine conducted ongoing surveillance and evaluation of their tobacco prevention and control programs using a variety of data sources, including the Youth Risk Behavior Surveillance System (YRBSS) to track prevalence of tobacco use for youth. In order to gather data for evaluation purposes, PTM conducted youth surveys under the direction of the Gallup Organization in 1999 and 2001. These surveys provided data for evaluation purposes.

In 2004, 2006 and 2008, PTM partnered with the Office of Substance (OSA) Abuse to administer a combined survey of schools in the Maine Youth Drug and Alcohol Use Survey (MYDAUS). In 2009, the DOE, MECDC and OSA collaborated to develop a combined survey known as the Maine Integrated Youth Health Survey (MIYHS). The CDC protocols for the YRBSS were also incorporated into the MIYHS, so that past data could be compared more readily.

To track prevalence of tobacco use by adults, PTM relied on the Behavioral Risk Factor Surveillance System (BRFSS). In 1999, 2000, and 2004, PTM conducted the Maine Adult Tobacco Survey. In 2006, PTM partnered with the Maine BRFSS to conduct a two-pronged BRFSS survey including tobacco related questions.

PTM's media contractors have conducted multiple focus groups with different populations to develop specific materials and messages. Follow-up media-related surveys are conducted annually.

In a special project in 2008, a PTM contractor conducted a Formative Analysis for Cultural Interventions in Portland and Bangor to understand the function of young adult smoking. The study was commissioned by PTM to guide future efforts to deter young adult tobacco use. Two researchers and one brand manager from Rescue Social Change Group (RSCG) were present during the research period.

Smoke-Free Initiatives

PTM has worked to promote 100% smoke-free spaces for the public since 1999. It has served many clients including hospitals trying to adopt smoke-free policies, private sector worksites struggling to develop smoke-free policies that comply with state law, colleges and universities working to promote smoke-free campuses, and landlords and renters interested in establishing smoke-free housing rentals.[39] The message, regardless of venue has been consistent: "Breathe Easy, You're in Maine." PTM utilized brochures, law summaries, signs, radio and TV spots and direct mail to inform affected parties of new laws and new research.

In 2001, the American Cancer Society (ACS) launched the Smoke Free New England campaign to counter the tobacco industry's renewed efforts to encourage initiation of tobacco use by college age students. As part of the health communication effort, ACS and the New England College Health Association held a conference in Worcester, Massachusetts, attended by health and college/university representatives from Maine. Conference materials included a guide of seven standardized criteria on smoke-free campuses.

Following the conference, the campus nurse at University of Southern Maine contacted the regions two local HMPs and PTM to help her reach her stated goal of making the entire urban Portland campus smoke-free. The collaborative group grew to include college health professionals from across the state, additional local HMPs, and support from PTM, ACS, ALA of Maine and the Maine College Health Association.

The collaboration adopted the Smoke Free New England standards (Table 49). They hosted conferences, held regular meetings, and effectively implemented a plan which resulted in significant tobacco policy and change statewide. In 2009, all residence halls at Maine's college campuses were smoke free.

In 2009, the Maine Tobacco-Free College Network became one part of a three part "umbrella" known as the Breathe Easy Coalition, the mission of which was to "Reduce exposure to secondhand smoke through the promotion of strong voluntary policies that lead to reduced tobacco use and that promote tobacco-free living throughout Maine." The Breathe Easy Coalition was also comprised of the Smoke-Free Housing Coalition of Maine and the Maine Tobacco-Free Hospital Network.

In 2005, PTM launched the Hospital Network, a project funded by the ACS to create 100% smoke-free policies on hospital grounds.[61] The Maine Tobacco-Free Hospital Network provided technical assistance to hospitals seeking to develop smoke-free policies, and helped establish policies for patients, visitors and health care providers.[150] By that time, most hospitals in Maine had established smoke-free grounds, and were working with PTM to finalize their protocols. The Hospital Network developed the "Gold Star Standards of Excellence," a 10-step written policy that encouraged the adoption of voluntary comprehensive indoor and outdoor tobacco-free policies (Table 50).

Both the Maine Tobacco-Free College and Hospital Networks were established as independent coalitions with support and administrative support from ACS, membership and strong support from most of the HMPs as well as staff support, design help and funding from PTM to make conferences, press events and an ongoing presence possible. While the effort that ACS launched around colleges and hospitals were tried in other New England states, Maine's effort was the only one to remain collaborative.

Table 49: Seven Criteria for the Tobacco Free College Network
1. Prohibit smoking within all university-affiliated buildings (including residence halls, administrative facilities, classrooms, and fraternities and sororities) and at all university sponsored events - both indoor and outdoor.
2. Prohibit the sale of tobacco products on campus.
3. Prohibit the free distribution of tobacco products on campus, including fraternities and sororities.
4. Prohibit tobacco advertisements in college-run publications.
5. Provide free, accessible tobacco treatment on campus – and advertise it.
6. Prohibit campus organizations from accepting money from tobacco companies.
7. Prohibit the university from holding stock in or accepting donations from the tobacco industry.

Table 50: Hospital Network- Steps to Encourage Tobacco-free Policies
1. The hospital campus is smoke-free/tobacco-free. Tobacco use by staff, patients, and visitors is prohibited at all times in and on the hospital's property including parking lots and at satellite sites. ("Tobacco-free" includes smokeless tobacco, snuff, chew, cigars, pipes, etc.).
2. Written policies and procedures that communicate and reinforce such policies on tobacco exist and are reviewed at least annually and as needed.
3. Appropriate signage is posted at key locations including entrances to the grounds and buildings.
4. Information about tobacco use and treatment, secondhand smoke, and local and statewide resources are readily available to patients, staff, and visitors.
5. Advertising or promotion of tobacco products is not allowed on the hospital's campus or satellite facilities. This includes hospital publications and magazines subscribed to by the hospital for their waiting rooms.
6. All off-site meetings, conferences, and fundraisers are tobacco-free.
7. Clinical services are available for any patient needing/desiring assistance for nicotine withdrawal symptoms and/or quitting including evidence based medications.
8. The hospital supports education and training on tobacco use and treatment for employees.
9. Tobacco treatment services are available for employees. For insured employees and dependents, benefits include coverage of counseling and medication therapy for quitting tobacco, with minimal, or no, barriers to utilization (co-pays, out of pocket costs, limits).
10. The hospital refuses all donations from the tobacco industry, and divests itself of all tobacco company stock.

Figure 25. Smoke-free housing messaging

PTM initiated the Smoke-Free Housing Initiative (Figure 25) in response to tenants in multi-unit rentals contacting PTM and local HMPs with complaints of involuntary exposure to secondhand smoke.[61] PTM, along with 14 of the 31 HMPs, launched the Smoke-Free Housing Initiative (known as the Smoke-Free Housing Coalition of Maine) in 2004. The campaign was sustained by funding from PTM and received funding from the Robert Wood Johnson Foundation ($75,000 in FY2006) and a grant from the federal Environmental Protection Agency ($35,000 in FY2007). The Smoke-Free Housing Initiative's goal was to protect residents in multiunit housing from involuntary exposure to secondhand smoke through voluntary policy change. This initiative began in direct response to community member complaints, especially from families in public housing and parents of children with asthma, regarding smoke incursion from neighbors in their building.

The initiative was supported by PTM, the ALA, HMP, HPP (the Maine Coalition on Smoking or Health's umbrella organization, Health Policy Partners), and AHA, and provided landlords with information and resources to help establish smoke-free policies for their buildings.[39] The coalition provided educational information to landlords and tenants on the risks to associated with the absence of smoking policies, and outlined tenants' rights about smoke-free housing.[39] The project involved landlords and public housing authorities, as well as off-campus housing in those communities that had colleges, like Farmington, Bangor, Orono, Portland and Greater Portland.[61] A registry was created where owners could list their smoke-free apartment for rent as a free service.[61] As of 2008, there were over 2,000 apartments (units) listed, mostly in larger, urban areas.[61]

Reaching Out to Populations Disproportionately Affected by Tobacco

Beginning in 1998, PTM examined surveillance and evaluation data to reduce smoking rates among the state's highest smoking populations. PTM focused on funding, collaborations and research in order to create tailored and effective solutions. PTM's earliest efforts were based the high rates of youth smoking, which led to a comprehensive emphasis on preventing youth initiation, as well as programs designed to change social norms around smoking and support a smoke free environment.

In 2007, 21% of adults in Maine were current smokers. Thirty-six percent of Mainers who had less than a high school education smoked, compared to 9% of those with a college education.[10] Smoking initiation was much more likely in low-income households where smoking and tobacco use are the norm among adults (32% of Maine adults earning less than $25,000 were smokers) and children are exposed to smoking at a young age.[10] Tobacco uptake in Maine occurred as early as age eight, and youth whose parents or siblings were smokers were twice as likely to try it themselves.[10] Literature helped PTM to identify other disparate populations, such as lesbian, gay, bisexual, transgender, Native Americans and other subpopulations who have high rates of smoking and who have been, and continue to be aggressively targeted by the Tobacco Industry.[10]

In 2004, PTM funded the Minority Health Program at the Portland Public Health Community Health Division to develop survey tools to identify attitudes, beliefs and behaviors regarding tobacco use within populations that had recently resettled to the Portland area as well as with immigrant populations residing in the area. At the time, there were 42 separate and distinct language groups within the greater Portland area, an anomaly within the state. This array of languages and cultures resulted in the development of various culturally sensitive anti-tobacco programming by community members. Community members produced three videos under the direction of Portland's minority health coordinator, to positively impact each culture's social norms, health effects awareness levels, and attitudes regarding smoking.[10] Two of the videos featured young adults speaking to youth while engaging in sports (for example, the popular game of soccer by Somali and Sudanese); the third video feature three beautiful young Serbo-Croatian girls discussing the fact that boys dislike the smell of tobacco smoke, and that they want to be attractive not stinky. The goal was to identify the most important reason for that specific young person from that group to remain tobacco free and to support it. In all three videos tobacco company tactics and ploys were exposed.

In 2003, the prevalence of smoking among Native American adults was 15% higher than the state average.[186] From 2001 to 2008, PTM collaborated with the Maine Cardiovascular Health Program (MCVHP) to fund four of the state's five Native American tribes to develop and implement culturally sensitive tobacco interventions that focused on reducing use of commercial tobacco and the dangers of secondhand smoke. In Maine, native tribes are sovereign nations, and tobacco control programs are therefore created and implemented differently than the general population in the state.[186] PTM entered into contracts with the various tribes, providing the funding for the infrastructure necessary to deliver tobacco control and treatment services (Table 51).[186] Representatives from the tribes utilized PTM's resources in culturally appropriate ways to tailor services to their populations.[186] The grant funding, in place over several years,

Table 51: Awards for Indian Health Centers, 2001-2009 (in dollars)									
	2001	***2002***	***2003***	***2004***	***2005***	***2006***	***2007***	***2008***	***2009***
Passamaquoddy Tribe (Indian Township)	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
Houlton Band of Maliseet Indians	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
Penobscot Indian Nation	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
Passamaquoddy Tribe (Pleasant Point)	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000	17,000
Total per Year	68,000	68,000	68,000	68,000	68,000	68,000	68,000	68,000	68,000

consistently included better identification of tobacco use status, promotion of tobacco-free policies at the tribal federally qualified health centers and training opportunities.

In 2006, PTM sponsored and organized two conferences on tobacco related disparities for northern and southern communities in Maine.[10] The conferences focused on the results of the local HMPs, discussed the hospital data project, and screened films from the Portland Public Health program designed to prevent smoking among their immigrant youth population.[10] The information helped local tobacco programs to focus more efficiently on minority groups.

In 2008, PTM became involved in the hospital data project in collaboration with the Office of Minority Health to gather data on tobacco use related to race and ethnicity in order to create tailored health programs for minority groups. The collaborative effort involved training for all of Maine's hospital intake staff, and focused on asking patients questions about tobacco use in sensitive and culturally acceptable ways.[10]

The tribes' goals included establishing smoke-free campuses, tribal buildings, and tribal vehicles; prohibiting smoking of commercial tobacco products at social functions in an effort to change the community norm around commercial tobacco use; providing smoking cessation medications and counseling at the health centers; promoting the Maine Tobacco HelpLine to tribal members; implementing school-based prevention programs and; 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.

The Resolve

A 2007 legislative Resolve (similar to an act, and used for one-time occurrences, such as annual county budgets, or the establishment of a study commission with a specified reporting date) regarding tobacco cessation and treatment directed the Maine Department of Health and Human Services to "undertake a study of 'best practice' treatment and clinical practice guidelines for tobacco cessation treatment" and to "use the most recent available clinical practice *Guidelines* of the U.S. Department of Health and Human Services Public Health Service."[197] The directive of the Resolve arose out of concern among legislators that smokers, especially low

income smokers, encountered significant barriers to assistance in smoking cessation.[197] The study required by the Resolve was designed to address the perceived lack of access in the State to appropriate counseling and nicotine replacement therapy and other medications for Maine smokers who wanted to quit, especially low income smokers.[197]

The study was conducted by the PTM, and a workgroup consisting of members from PTM and PTM partner organizations was convened to discuss the process for addressing the Resolve.[197] The focus of the preliminary Resolve 34 report[197] was to model a tobacco dependence treatment program and create a preliminary proposal related to that program concerning treatment in the public sector, which in Maine included federal support through Medicare, state reimbursement for pharmacotherapy and counseling through the Medicaid (MaineCare) program, and payment for over-the-counter nicotine replacement therapy and counseling by the tobacco control program in Maine.[197]

PTM, with funds from the FHM, had been supporting numerous training and education initiatives each year designed to promote tobacco use cessation and tobacco prevention, including training and education efforts among health care providers of the Center for Tobacco Independence (which ran the Helpline) and the education efforts of the HMPs, located throughout Maine.[197] The scope of the Resolve 34 Report was to determine the financial and other systems-level support needed for people who smoked cigarettes and who wanted to quit through face to face counseling and/or pharmacotherapy.[197] The study recommended the development of a tobacco cessation treatment program to be implemented in the public and private sector by PTM, the MCDC and the Office of MaineCare Services (OMS).[197] Both PTM and OMS were required to report back to the Legislature's Joint Standing Committee on Health and Human services by January 15, 2008.[197]

The workgroup was convened in the summer of 2007 by PTM and OMS where a report was generated that summarized the study, the model program and preliminary proposals for action.[197] Proposals from the workgroup are listed in Table 52. The workgroup did not revise the preliminary report's model program proposals. The final Guidelines found that only 25% of Maine's Medicaid patients reported assistance in quit attempts. Guidelines published in May, 2008 differ from the draft Guidelines, issued in November, 2007, focusing on the need for systemic delivery of tobacco dependence treatment (recognizing that physicians and other providers are only one, important part of a larger system), on emerging evidence of the efficacy of treating special populations and perhaps most importantly, on comparative, evidence based analyses of the efficacy of new (Varenicline) and multiple pharmacotherapies.

The report estimated the costs of smoking, including direct health care 'smoking attributable' costs paid by OMS ($216 million/year); prevention costs to eliminate tobacco addiction paid by PTM ($3 million/year; $.236 million of which are federal funds) and by OMS ($1.4 million/year; $.844 million of which are federal matching funds).[197] Also, private insurance claims for tobacco dependence treatment were $14 million per year for counseling and $3 million per year for pharmacotherapy.[197] Projected cost savings five years after 50% of current smokers who are MaineCare members quit was $47 million.[197]

Table 52: Proposals from the Workgroup to Improve the PTM[197]
1. MaineCare's (MC) Physician Incentive Payment for clinicians would include tobacco use screening, tracking, intervention and counseling as a performance measure MC 2. A fax referral system to the Tobacco Helpline implemented statewide with feedback to providers on the patients referred MC/PTM (in progress as of 2009) 3. A demonstration project that emphasizes intensive counseling for youth, pregnant smokers and others who have co-morbidity or mental health issues would be offered through rural health centers PTM (enacted) 4. A pilot project would be implemented using a 'stepped care' approach that combines Helpline counseling with face to face treatment for youth and pregnant smokers and others who have co-morbidity or mental health issues requiring additional professional support to quit. PTM (enacted) 5. MC will explore increasing the reimbursement rate for more intensive counseling and certified tobacco treatment specialists and reimbursing others for this work MC (the final report noted that this measure was not adopted due to budget constraints) 6. MC will explore waiving co-pays and other patient cost sharing and step therapies for tobacco dependence treatment MC (the final report noted that this measure was not adopted due to budget constraints)

PTM determined that their proposal was feasible with existing budgetary resources.[197] OMS determined that proposals 5 and 6 would have a fiscal impact on existing resources within the Department, the extent of which was not established but would be explored as additional information was compiled and an analysis could be conducted.[197]

The report included guidelines for a successful program: identify tobacco users and have an intervention at every visit in every practice throughout the state; educate providers and provide them with resources and feedback to help them intervene with smoking behaviors; hire dedicated provider practice staff to provide treatment, which would be assessed; and include counseling and pharmacotherapy services in all health plans and reimburse clinicians and specialists for effective treatment (Table 53).[197]

The Resolve report resulted in the formation of several new initiatives. MaineCare, the state's Medicaid program, began to include preferred coverage of the smoking-cessation drug Varenicline, and a cessation counseling incentive payment for physicians. They also increased provider payment for counseling.[10] The Resolve report also created the PTM treatment program, which was administered by the Center for Tobacco Independence, a nonprofit focused on delivery and use of effective treatments for tobacco use and dependence.[10]

Table 53: Components of a Model Tobacco Treatment Program[197]
1. Screening, identification and intervention for tobacco use by every practice with referral as necessary for further counseling 2. Evidence based pharmacotherapy is readily available to all 3. Pharmacotherapy and counseling are not linked in a payment scheme; one can be reimbursed without the other 4. Cost sharing and deductibles are minimal; the duration of treatment reimbursed reflects successful quit patterns 5. Benefits are targeted to those most in need such as pregnant smokers and those with behavioral health problems such as major depression 6. Providers are given adequate reimbursement for counseling 7. Education is conducted about benefits offered and evaluation of the treatment provided is conducted on a regular basis

CONCLUSION AND RECOMMENDATIONS

Because of its small population and the relatively high proportion of people living in the state's major population centers, Maine politics functions more like a large city than a state. The city feel and sense of ownership has led to bipartisan efforts to pass progressive tobacco control legislation despite a strong tobacco industry presence in the state from the late 1970s throughout the 1980s. By 2009, Maine had developed comprehensive statewide laws related to smoke-free air, cigarette excise taxes, and an array of laws related to youth access and licensing.

Credit for Maine's successes in tobacco prevention and control can be attributed to two major factors: A cohesive and collaborative partnerships among tobacco control advocates with effective lobbying strategies (individually tailored campaigns rather than a one-size-fits-all approach) and diversified funding strategies.

Collaborative Partnerships Yield Successful Outcomes

The early development of a cohesive, collaborative, and heavily focused tobacco control coalition led to the introduction and support of numerous smoke-free air and excise tax bills. Over the years the Maine Coalition on Smoking or Health partnered with more than 100 state and municipal government agencies, not-for-profit service groups, health care institutions, health care providers, businesses, organized labor groups, faith-based communities, community service providers, rural and Indian health centers, and others. Other critical partners included the American Cancer Society, New England Division, the Maine Lung Association, Anthem Blue Cross Blue Shield, the American Heart Association, and the Maine Center for Public Health. The Coalition has diversified its membership, generating support across all districts, parties, and health groups in order to protect the integrity of Fund for a Healthy Maine and achieved their primary goals of reducing the impact of tobacco in Maine and protecting anti-tobacco funding.

Strong and consistent individual commitment to tobacco control has been almost as critical as organizational support. Dr. Dora Mills, for example, has been the Director of the Maine Department of Health and a supporter of tobacco control policies since 1996. Especially given the fact that legislators are replaced with frequent regularity due to term limits, this kind of longevity and commitment by the state's chief health officer is a decided advantage for tobacco control advocates with their legislative agenda.

Maine's history of tobacco control began in earnest in the late 1970s when numerous bills were introduced to prevent exposure to secondhand smoke. Throughout the 1980s and 1990s, the legislature passed significant and progressive smoke-free air laws , including but not limited to smoke-free restaurants (1999), bars (2003), and cars (2008), as well as tobacco excise tax increases (the latest, in 2005, raised the excise tax from $1 to $2 per pack) and the establishment of a state tobacco control program. Most of the legislation was designed to protect workers and youth.

Early tobacco control legislation focused on the protection of indoor air, and struggled against powerful tobacco industry lobbyists. While the opposition was well coordinated, it was not as effective in Maine as it proved to be in other states. This may have been because the industry was never able to divide and conquer targeted groups, such as the Maine Restaurant

Association and labor groups, and ultimately was not successful in controlling local laws through preemptive efforts on the state level. Tobacco control advocates in Maine were able to sell a collective vision to health organizations in the state, and were able to convince these organizations to compromise for the greater good of Maine's residents.

Another significant event was the passage of the smoke-free restaurant law in 1999, after which occurred a domino effect in smoke-free indoor legislation. Restaurant groups lost interest in fighting against regulation once they were forced to go smoke-free, and did little to oppose smoke-free bars. After opposing the workplace law in 1983 and 1985, the labor unions realized that protecting indoor air meant protecting Maine's labor workers. The Maine Lung Association's support of the AFL-CIO's push for clean workplace air in the early 1990s helped the union to see that smoke-free restaurants and bars also fell into the category of protecting workers rights. By 2009, all workplaces, indoor eating and drinking establishments, as well as outdoor eating areas, were smoke-free.

Despite early progress in smoke-free legislation, Maine did not accelerate its tobacco control efforts until the mid 1990s, when faced with the sobering realization that tobacco use had become a pandemic among the state's youth. Perhaps the most significant event in tobacco control in Maine was the November 1996 Behavioral Risk Factor Surveillance System (BRFSS) report, *Projected Smoking Related Deaths among Youth in the United States*,[32] which identified Maine as having the highest youth smoking rates in the country. This report set into motion a chain of events exemplifying Maine's unique ability to create change. The cohesive and connected network of health advocates across the state enabled a focused approach during the campaign. Dr. Mills presented the report to Governor King, who integrated the data in his State of the State address. This created broad public support for action, and when the tobacco control advocates presented a tobacco excise increase to fund a tobacco prevention and control program, it was met with ardent support.

The 1996 BRFSS report set the stage for another one of Maine's achievements, which was their dramatic reduction in youth smoking rates by as much as 48% between 1997 and 2003, from 35% to 20%.[4] From 1997 to 2007, the state experienced a 73% drop in middle school smoking rates, and an overall 30% drop in tobacco use among youth under 18 from 2000 to 2009.[10] In 1994, Maine had the highest youth smoking rates in the nation, and by 2009 had the fifth lowest. This decrease is most likely due to the increased public awareness fostered by Governor King's 1997 state-of-the-state address and the campaigns surrounding the smoke-free restaurant law. Another potential reason for the decline in youth smoking is the heavy focus on youth within the Partnership for a Tobacco-free Maine (PTM), the state tobacco prevention and control program established in 1998.

While the BRFSS report created the impetus for the development of the state tobacco control program, it also led to a limited use of tobacco control funds. Even though PTM has been funded at levels above or near the CDC Best Practice Guidelines, there has been a heavy focus on youth. The narrow focus has been at the expense of other vulnerable demographics, most significantly, young adults age 18-25. After reaching a low smoking prevalence of 27% in 2001, in 2007, young adults smoked at rates similar to 1992 levels (35%).[13] Such high rates are an indicator that tobacco prevention and control in Maine has overlooked a large and significant

group of people. Young adults are often targeted by tobacco companies, and are considered a rich resource as potential, lifelong smokers. Young adults are a group in transition from youth to adulthood which makes them particularly vulnerable .[213] It is important that Maine add young adult smokers to their focus.

Adult smoking rates have declined steadily in Maine since the mid 1990s. Overall rates declined by 30% from 1996 to 2008, from 25% to 18%. Funding for prevention and control targeting adult smokers has been mainly through the state quit line, which provides nicotine replacement therapies and has been successful in reducing the overall rates of smoking in the state. PTM's educational campaigns targeting parents and adults have the potential to increase the influence of PTM's programs, and to increase quit rates in the state. PTM estimated that the investments in health made with the MSA money have paid for themselves in health cost savings (by estimates made by the Friends of the FHM, an average return of $7 for every $1 spent).[214] The HelpLine, has been highly successful since its inception in 2002 and has served an average of between 8,000 and13,000 callers annually, which as of 2009 accounted for 4-6% of all smokers in Maine, more than any other quit line in the U.S.[197] It seems likely that the focus on the perils of youth smoking, and the concomitant laws to reduce youth smoking, like the private car laws, has impacted adult smoking as well.

Concerns and Opportunities for Change

Despite severe budget shortfalls since 1998, tobacco has been funded at or just short of the CDC's *Best Practices for Comprehensive Tobacco Control Recommended Guidelines* each year. In 2008, PTM acknowledged that their tobacco control funding, dedicated by the Legislature from the FHM, had been allocated to fund a variety of chronic disease programs in addition tobacco control. A portion of dedicated funds were either unaccounted for or had been allocated to non-tobacco related activities. Beginning in 2009, PTMs accounting reflected the reduced funding level for tobacco control.

One of PTM's major downfalls has been the complex nature of Maine's tobacco control funding stream. With such a diverse array of programs and programs yet to be evaluated, it is uncertain what proportion of funds intended for tobacco control has actually gone towards tobacco control. Records for actual spending were unavailable, as was data regarding the effectiveness of numerous programs and program elements.[203]

Prior to 2009, the lack of accountability resulted in an inaccurate representation of Maine's actual tobacco control funding. The Healthy Maine Partnerships (HMPs), Maine's infrastructure of local, community based health coalitions, have been allocated large portions of PTM funds through the community and school grants allocations.

Since 2001, HMPs have provided Maine's tobacco prevention and control infrastructure with a strong grassroots capacity, which has provided Maine with a significant source tobacco control power. HMPs have received, on average 40% (approximately $8 million each year) of PTMs budget (which on average amounts to $20 million) annually. In 2008, HMPs were required to spend at least 50% of their budget on tobacco programs. Prior to this restriction, HMPs were allowed to spend their funds however they chose. With these funds, HMPs were

successful in creating local health infrastructures and offering specialized programs to communities. However, the limited data available on allocations and spending through HMPs indicate that approximately 20% of funds dedicated to PTM for tobacco control were either allocated to non-tobacco control programs or, at best, remain unaccounted for. This means that reports from years prior to 2009 ranking Maine as one of the highest funded tobacco control programs in the country were inaccurate. Funding levels most likely fell as much as $4 million short of reported amounts annually.

Protecting the Funding

Supplementing these smoke-free legislative efforts, Maine's tobacco control advocates have made serious efforts to protect the Fund for a Healthy Maine (FHM), Maine's MSA funding mechanism, and optimized the chances that MSA payments will continue to be allocated to health-related programs. The statewide support of the FHM has been a result of the careful orchestration of the FHM's diverse funding structure that has enlarged the circle of recipient beneficiaries. Tobacco control advocates, health advocates and the Friends of the FHM have worked tirelessly to protect the funds. Despite the 2009 budget crisis, which has put pressure on Maine to divert tobacco settlement money to other uses, if support of the FHM continues, and the structure of the PTM is re-evaluated to include more evaluation, it is likely this could result in the greater impact of tobacco control programs in Maine.

It is difficult to evaluate the potential for future success in protecting the FHM. One reason could be the consideration by tobacco control advocates to disconnect the flow of money between the general fund and tobacco control. Advocates felt that if the money went one way, it could easily go the other and they did not want to risk losing any FHM funds to the general fund. For the most part, this has been true. However, a large portion of funds dedicated to tobacco control have consistently been allocated to non-tobacco related programs through the HMPs. Additional funds have been diverted to the General Fund. In the 2009 economic climate, the security of future allocations is uncertain.

Conclusion

Maine's tobacco prevention and control infrastructure developed into a substantial force following its inception in the early 1980s. In 2005, Maine became the first and only state to receive perfect grades in each of the American Lung Associations' State of Tobacco Control's report's four categories (tobacco prevention and control spending; tobacco tax rates; smoke-free air; and cessation coverage).[10] In 2008, after two-years of perfect grades in tobacco control, the American Lung Association's report card awarded Maine with a "B" in tobacco tax rates, but it retained its top position for its efforts to prevent and treat tobacco addiction. In 2009, Maine's grades fell even farther, the state receiving a "C" for tobacco control and prevention spending (falling more than $7,000,000 below the CDC Recommended spending), a "C" for cessation coverage (the highest awarded grade in the country, a C indicates that coverage should be expanded and barriers to access removed), a "B" for tobacco excise tax rates (a $0.38 increase would earn them an A), and an "A" for smoke-free air.

In 2007, when the Maine Coalition on Smoking or Health joined the umbrella health coalition, Health Policy Partners, they began to shift their focus towards chronic disease rather than simply tobacco prevention and control, which included a focus on obesity prevention and control. This split in focus is cause for concern, as tobacco use is still a major issue and health threat in the state. The Coalition's focus has expanded to include, "[reducing] the rate of childhood obesity in Maine and diseases related to obesity among children and adults."[76] The split focus of the Coalition diverts resources, attention, and funding from tobacco prevention and control, at the very moment the state tobacco program is in a vulnerable position of shifting focus. It remains to be seen if this new expanded collaboration will be able to muster greater collective political power in the future, which would bode well for tobacco control.

Despite recent shortcomings, the dedication across government and health advocates has created a strong culture of support for tobacco prevention and control. The passion of Dr. Dora Mills, Governor Angus King, Senators Karl Turner and Peter Mills, Ed Miller of the MLA, and the many other Mainers advocating on behalf of Mainers across the state have led to substantial reductions in tobacco use, declines in state spending on health, and a tobacco control and prevention program dedicated to reducing smoking among youth. As a state with a weak health system and a large area with few resources, the Maine tobacco control created a infrastructure of community health coalitions that have impacted the health of millions of residents. However, it is evident that these coalitions have not been fully used to prevent and control tobacco use, and that the overall effectiveness of Maine's tobacco control infrastructure began to decline in 2008. If Maine's tobacco prevention and control program seeks to continue reducing smoking in the state, improvements in accountability of state funding are necessary. There is little information available about how MSA funds are being used to prevent and control tobacco use, and even less information on the effectiveness of current media programs and prevention campaigns. Being able to account for every dollar spent, and the effect that dollar has had on tobacco use, is an important tool necessary in the evaluation of tobacco control programs. In Maine, this is not currently in place. With evaluation and monitoring, the infrastructure to support an effective tobacco control program can be firmly established in Maine to serve as a foundation for continued progress in reducing the burden of tobacco-induced disease and death.

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APPENDIX

A: Tobacco Industry Campaign Contributions by Candidates, 1996-2006

B: Tobacco Industry Campaign Contributions by Contributor, 1996-2006

C: Tobacco Industry Contributions to Political Party Organizations, 1996-2006

Abbreviations

AG	Attorney General
D	Democrat
G	Governor
H	House
NA	Not Applicable
PP	Political Party
R	Republican
S	Senate
SS	Secretary of State
SW	Statewide Office
UNK	Unknown

Appendix A: Tobacco Industry Campaign Contributions by Candidate, 1996-2008

Candidate	Party	Office	District	Year	Contributor	Amount	Total by Year	
ABROMSON, JOEL	R	S	27	1996	ALTRIA/PM	$350.00	1996 Total	$550.00
				1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00		
							Sum Total	$550.00
ANDREWS, MARY BLACK	R	H	2	2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$200.00
AUSTIN, SUSAN M	R	H	41	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
				2006	ALTRIA/PM	$100.00	2006 Total	$100.00
				2008	ALTRIA/PM	$100.00	2008 Total	$100.00
							Sum Total	$300.00
BALDACCI, JOHN E	D	G	SW	2002	PINE STATE TOBACCO AND CANDY	$1,500.00	2002 Total	$1,500.00
							Sum Total	$1,500.00
BARTH JR, ALVIN L	R	H	65	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
							Sum Total	$100.00
BEAULIEU, GENIE A	R	H	48	1998	RJ REYNOLDS	$50.00	1998 Total	$50.00
							Sum Total	$50.00
BELANGER, DUANE J	R	H	151	1998	ALTRIA/PM	$250.00	1998 Total	$250.00
							Sum Total	$250.00
BENNETT, RICHARD A	R	S	25	1996	ALTRIA/PM	$100.00		
				1996	RJ REYNOLDS	$100.00	1996 Total	$200.00
				1998	RJ REYNOLDS	$100.00		
				1998	TOBACCO INSTITUTE	$200.00	1996 Total	$300.00
							Sum Total	$500.00
BENOIT, JOHN W	R	S	17	1996	RJ REYNOLDS	$400.00	1996 Total	$400.00
				1998	ALTRIA/PM	$500.00	1996 Total	$850.00
				1998	RJ REYNOLDS	$250.00		
				1998	TOBACCO INSTITUTE	$100.00		

							Sum Total	$1,250.00
BERRY SR, DONALD P	R	H	109	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
							Sum Total	$100.00
BICKFORD, DWAYNE F	R	H	51	1998	SMOKELESS TOBACCO COUNCIL	$150.00	1998 Total	$150.00
							Sum Total	$150.00
BIERMAN, L EARL	R	H	34	2006	ALTRIA/PM	$100.00	2006 Total	$100.00
							Sum Total	$100.00
BLAIS, KENNETH	R	S	20	2002	RJ REYNOLDS	$250.00	2002 Total	$250.00
							Sum Total	$250.00
BLANCHARD, RICHARD D	D	H	14	2006	ALTRIA/PM	$100.00	2006 Total	$100.00
				2008	ALTRIA/PM	$100.00	2008 Total	$100.00
							Sum Total	$200.00
BOOTHBY, GENE W	R	H	56	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
							Sum Total	$100.00
BOUFFARD, GERALD N	D	H	90	1996	ALTRIA/PM	$50.00	1996 Total	$50.00
							Sum Total	$50.00
BOWLES, DAVID E	R	H	9	2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
				2004	ALTRIA/PM	$250.00	2004 Total	$250.00
							Sum Total	$450.00
BRAGDON, TARREN R	R	H	119	1998	RJ REYNOLDS	$300.00	1998 Total	$300.00
							Sum Total	$300.00
BRANNIGAN, JOSEPH C	D	H	117	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
				2004	ALTRIA/PM	$250.00	2004 Total	$250.00
							Sum Total	$350.00
BRENNAN, JOSEPH E	D	G	SW	1994	PINE STATE TOBACCO	$2,000.00	1994 Total	$2,000.00
							Sum Total	$2,000.00
BROWN, DAVID C	R	H	52	1998	ALTRIA/PM	$100.00	1998 Total	$100.00
							Sum Total	$100.00
BROWN, RICHARD B	R	H	146	2004	RJ REYNOLDS	$200.00	2004 Total	$200.00
							Sum Total	$100.00
BRUNO, JOSEPH	R	H	38	2002	ALTRIA/PM	$100.00	2002 Total	$100.00

							Sum Total	$100.00
BURGESS, JOHN T	D	H	125	2000	ALTRIA/PM	$200.00	2000 Total	$200.00
							Sum Total	$200.00
BUTLAND, JEFFREY	R	S	26	1996	RJ REYNOLDS	$250.00	1996 Total	$250.00
							Sum Total	$250.00
CAHILL, PAMELA L	R	G	SW	1994	RJ REYNOLDS	$1,000.00	1994 Total	$1,000.00
							Sum Total	$1,000.00
CAMERON, ROBERT A	R	H	70	1996	RJ REYNOLDS	$50.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$150.00
				2004	ALTRIA/PM	$150.00		
				2004	RJ REYNOLDS	$250.00	2004 Total	$400.00
							Sum Total	$650.00
CAMPBELL, RICHARD H	R	H	116	1996	ALTRIA/PM	$300.00		
				1996	RJ REYNOLDS	$600.00	1996 Total	$900.00
				1998	ALTRIA/PM	$2,010.00		
				1998	RJ REYNOLDS	$150.00		
				1998	SMOKELESS TOBACCO COUNCIL	$120.00	1998 Total	$2,280.00
							Sum Total	$3,180.00
CAREY, RICHARD J	D	S	14	1996	RJ REYNOLDS	$400.00	1996 Total	$400.00
				1998	ALTRIA/PM	$500.00		
				1998	RJ REYNOLDS	$100.00		
				1998	TOBACCO INSTITUTE	$100.00	1998 Total	$700.00
							Sum Total	$1,100.00
CARLETON JR, JOSEPH G	R	H	7	1996	ALTRIA/PM	$1,650.00	1996 Total	$1,650.00
							Sum Total	$1,650.00
CARPENTER, DAVID L	R	S	33	1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$200.00
				2000	ALTRIA/PM	$250.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00		
				2000	RJ REYNOLDS	$250.00		
				2000	US SMOKELESS TOBACCO CO	$250.00	2000 Total	$850.00

							Sum Total	$1,050.00
CARR, RODERICK W	R	H	12	2000	ALTRIA/PM	$200.00	2000 Total	$200.00
				2004	ALTRIA/PM	$100.00		
				2004	RJ REYNOLDS	$250.00	2004 Total	$350.00
							Sum Total	$550.00
CASSIDY, VINTON	R	S	4	1996	ALTRIA/PM	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$200.00
							Sum Total	$200.00
CEBRA, RICHARD M	R	H	101	2006	ALTRIA/PM	$100.00	2006 Total	$100.00
				2008	ALTRIA/PM	$100.00	2008 Total	$100.00
							Sum Total	$200.00
CHASE, KATHLEEN D	R	H	147	2008	ALTRIA/PM	$100.00	2008 Total	$100.000
							Sum Total	$100.000
CIANCHETTE, PETER E	R	H	24	1998	ALTRIA/PM	$250.00		
				1998	SMOKELESS TOBACCO COUNCIL	$150.00		
				1998	TOBACCO INSTITUTE	$100.00	1998 Total	$500.00
				2002	RJ REYNOLDS	$500.00	2002 Total	$500.00
							Sum Total	$1,000.00
CLARK, JOSEPH E	D	H	140	1996	ALTRIA/PM	$50.00	1996 Total	$50.00
				1998	ALTRIA/PM	$50.00	1998 Total	$50.00
				2000	ALTRIA/PM	$200.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$450.00
							Sum Total	$1,000.00
CLOUGH, HAROLD A	R	H	22	2000	ALTRIA/PM	$200.00	2000 Total	$200.00
							Sum Total	$200.00
COLLINS, RONALD F	R	H	7	2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
				2004	ALTRIA/PM	$100.00	2004 Total	$100.00
							Sum Total	$200.00
COLLINS, SUSAN M	R	G	SW	1994	ALTRIA/PM	$100.00		
				1994	TOBACCO INSTITUTE	$450.00	1994 Total	$550.00
							Sum Total	$550.00
COURTNEY, JONATHAN T E	R	H	6	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00

							Sum Total	$100.00
CROSS, RUEL P	R	H	112	1996	RJ REYNOLDS	$50.00	1996 Total	$50.00
				1998	RJ REYNOLDS	$50.00	1998 Total	$50.00
							Sum Total	$100.00
DAGGETT, BEVERLY	D	S	15	1996	ALTRIA/PM	$75.00		
				1996	RJ REYNOLDS	$100.00	1996 Total	$175.00
				1998	ALTRIA/PM	$100.00		
				1998	RJ REYNOLDS	$100.00	1998 Total	$200.00
							Sum Total	$375.00
DAIGLE, ROBERT A	R	H	13	1998	RJ REYNOLDS	$50.00	1998 Total	$50.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$150.00
DAMREN, CATHARINE L	R	H	80	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
							Sum Total	$100.00
DAVIS, GERALD M	R	H	40	1998	RJ REYNOLDS	$50.00	1998 Total	$50.00
				2000	ALTRIA/PM	$100.00		
				2000	RJ REYNOLDS	$100.00	2000 Total	$200.00
				2002	ALTRIA/PM	$100.00		
				2002	RJ REYNOLDS	$100.00	2002 Total	$200.00
							Sum Total	$450.00
DEXTER, EDWARD L	R	H	66	1996	RJ REYNOLDS	$200.00	1996 Total	$200.00
				1998	RJ REYNOLDS	$100.00		
				1998	TOBACCO INSTITUTE	$100.00	1998 Total	$200.00
				2000	ALTRIA/PM	$200.00	2000 Total	$200.00
							Sum Total	$600.00
DIAMOND, G WILLIAM	D	S	12	2004	ALTRIA/PM	$250.00	2004 Total	$250.00
				2006	RJ REYNOLDS	$250.00	2006 Total	$250.00
				2008	ALTRIA/PM	$250.00		
				2008	CIGAR ASSOC.	$250.00		
				2008	US SMOKELESS	$250.00	2008 Total	$750.00
							Sum Total	$1250.00
DONNELLY, JAMES O	R	H	145	1996	ALTRIA/PM	$200.00		

				1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$400.00
							Sum Total	$400.00
DOW, DANA L	R	S	20	2004	ALTRIA/PM	$250.00	2004 Total	$250.00
				2006	ALTRIA/PM	$250.00	2006 Total	$250.00
							Sum Total	$450.00
DRISCOLL, JOSEPH D	D	H	135	1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
							Sum Total	$100.00
DUGAY, EDWARD R	D	H	131	2000	ALTRIA/PM	$100.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$350.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$450.00
DUNCAN, RICHARD H	R	H	145	2000	ALTRIA/PM	$100.00	2000 Total	$100.00
							Sum Total	$100.00
DUNLAP, MATTHEW	D	H	121	1998	ALTRIA/PM	$100.00	1998 Total	$100.00
				2000	BROWN & WILLIAMSON TOBACCO	$250.00	2000 Total	$250.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$450.00
DUPREY, BRIAN M	R	H	39	2000	ALTRIA/PM	$100.00	2000 Total	$100.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
				2006	ALTRIA/PM	$100.00	2006 Total	$100.00
							Sum Total	$300.00
EMERY, DAVID F	R	G	SW	2006	ALTRIA/PM	$500.00		
				2006	RJ REYNOLDS	$500.00		
				2006	US SMOKELESS TOBACCO CO	$500.00	2006 Total	$1,500.00
							Sum Total	$1,500.00
FERGUSON, NORMAN	R	S	24	1996	RJ REYNOLDS	$200.00		
				1996	TOBACCO INSTITUTE	$200.00	1996 Total	$400.00
							Sum Total	$400.00
FISHER, CHARLES D	D	H	115	1996	TOBACCO & GROCERY PRODUCTS CO REPRESENTATIVE	$100.00		
				1996	TOBACCO INDUSTRY RESEARCH	$100.00	1996 Total	$200.00

				1998	RJ REYNOLDS	$200.00		
				1998	US TOBACCO/UST/US TEAM	$75.00	1998 Total	$275.00
				2000	ALTRIA/PM	$100.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$450.00
				2002	ALTRIA/PM	$250.00		
				2002	RJ REYNOLDS	$250.00	2002 Total	$500.00
				2004	RJ REYNOLDS	$250.00	2004 Total	$250.00
							Sum Total	$1,675.00
FISKE, ROBERT B	R	S	7	1998	ALTRIA/PM	$200.00	1998 Total	$200.00
							Sum Total	$200.00
FITTS, STACEY ALLEN	R	H	29	2004	ALTRIA/PM	$100.00	2002 Total	$100.00
				2006	ALTRIA/PM	$100.00	2004 Total	$100.00
				2008	ALTRIA/PM	$100.00	2008 Total	$100.00
							Sum Total	$300.00
FOSTER, CLIFTON E	R	H	41	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
				1998	ALTRIA/PM	$100.00	1998 Total	$100.00
				2000	ALTRIA/PM	$100.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00	2000 Total	$200.00
							Sum Total	$400.00
GAMACHE, ALBERT P	D	H	89	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
							Sum Total	$100.00
GAUNCE, CHARLES R	R	S	14	2000	ALTRIA/PM	$250.00	2000 Total	$250.00
							Sum Total	$250.00
GILLIS, BARRY G	R	H	136	1998	RJ REYNOLDS	$50.00	1998 Total	$50.00
				2000	ALTRIA/PM	$100.00	2000 Total	$100.00
							Sum Total	$150.00
GOODWIN, ALBION D	D	H	134	1996	TOBACCO INSTITUTE	$100.00	1996 Total	$100.00
				2006	ALTRIA/PM	$100.00	2006 Total	$100.00
							Sum Total	$200.00
GOULD, RICHARD	D	S	8	1996	ALTRIA/PM	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$200.00

							Sum Total	$200.00
GREENLAW, ERNEST C	R	H	43	2000	ALTRIA/PM	$100.00		
				2000	RJ REYNOLDS	$100.00	2000 Total	$200.00
							Sum Total	$200.00
GUERRETTE, WILLIAM G	R	H	92	1996	ALTRIA/PM	$100.00		
				1996	RJ REYNOLDS	$100.00	1996 Total	$200.00
							Sum Total	$200.00
HAGERTY, WILLIAM J	R	H	101	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
							Sum Total	$100.00
HALL, STEPHEN	R	S	8	1996	ALTRIA/PM	$100.00		
				1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$300.00
							Sum Total	$300.00
HAMBLEN, CALVIN H	R	H	23	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
							Sum Total	$300.00
HANLEY, STEPHEN	D	H	59	2008	ALTRIA/PM	$250.00		
				2008	RJ REYNOLDS	$250.00	2008 Total	$500.00
							Sum Total	$500.00
HASKELL, ANITA PEAVEY	R	H	137	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
							Sum Total	$100.00
HATCH, PAMELA H	D	H	98	1998	ALTRIA/PM	$50.00		
				1998	RJ REYNOLDS	$100.00	1998 Total	$150.00
							Sum Total	$150.00
HATCH, PAUL R	D	H	98	2000	ALTRIA/PM	$250.00	2000 Total	$250.00
							Sum Total	$250.00
HEIDRICH, THEODORE H	R	H	64	2000	ALTRIA/PM	$200.00	2000 Total	$200.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$350.00
HOLMAN, ABIGAIL	R	H	83	2006	ALTRIA/PM	$100.00	2006 Total	$100.00
							Sum Total	$100.00
HONEY, KENNETH A	R	H	58	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$100.00

JODREY, ARLAN R	R	H	65	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$100.00
JOHNSTON-NASH, MARTHA L	R	S	12	1998	TOBACCO INSTITUTE	$200.00	1998 Total	$200.00
							Sum Total	$200.00
JONES JR, SUMNER A	R	H	104	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
				1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
							Sum Total	$200.00
JOY, HENRY L	R	H	141	1996	RJ REYNOLDS	$200.00	1996 Total	$200.00
				2004	ALTRIA/PM	$100.00	2004 Total	$100.00
				2008	ALTRIA/PM	$100.00	2008 Total	$100.00
							Sum Total	$400.00
JOYCE, STEVEN M	R	H	17	1998	RJ REYNOLDS	$50.00	1998 Total	$50.00
							Sum Total	$50.00
KERR, GEORGE J	D	H	20	1996	ALTRIA/PM	$100.00		
				1996	RJ REYNOLDS	$200.00	1996 Total	$300.00
							Sum Total	$300.00
KIEFFER, ROBERT LEO	R	S	2	1996	RJ REYNOLDS	$350.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$450.00
				1998	ALTRIA/PM	$1,000.00		
				1998	US TOBACCO/UST/US TEAM	$200.00	1998 Total	$1,200.00
							Sum Total	$1,650.00
KNEELAND, RICHARD	R	S	2	1998	RJ REYNOLDS	$150.00	1998 Total	$150.00
				2000	RJ REYNOLDS	$250.00	2000 Total	$250.00
							Sum Total	$400.00
KNIGHT, L GARY	R	H	81	2008	ALTRIA/PM	$100.00	2008 Total	$100.00
							Sum Total	$100.00
KONTOS, CAROL A	D	S	26	1998	ALTRIA/PM	$550.00		
				1998	RJ REYNOLDS	$100.00	1998 Total	$650.00
				2000	ALTRIA/PM	$250.00		
				2000	BROWN & WILLIAMSON TOBACCO	$250.00		
				2000	RJ REYNOLDS	$250.00		
				2000	US SMOKELESS	$250.00	2000 Total	$1,000.00

					TOBACCO CO			
							Sum Total	$1,650.00
LA FOUNTAIN, LLOYD	D	S	32	1996	ALTRIA/PM	$100.00		
				1996	RJ REYNOLDS	$100.00	1996 Total	$200.00
							Sum Total	$200.00
LABRECQUE, JANICE E	R	H	23	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
				1998	RJ REYNOLDS	$150.00	1998 Total	$150.00
				2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
							Sum Total	$350.00
LAFOUNTAIN III, LLOYD P	D	S	32	2002	ALTRIA/PM	$150.00	2002 Total	$150.00
							Sum Total	$150.00
LANDRY, SALLY	D	H	141	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$100.00
LAWRENCE, MARK	D	S	35	1996	RJ REYNOLDS	$200.00		
				1996	TOBACCO INSTITUTE	$200.00	1996 Total	$400.00
							Sum Total	$400.00
LEMAIRE, PATRICIA	D	H	88	1998	ALTRIA/PM	$100.00		
				1998	RJ REYNOLDS	$100.00	1998 Total	$200.00
							Sum Total	$200.00
LEMOINE, DAVID G	D	H	20	2000	US SMOKELESS TOBACCO CO	$100.00	2000 Total	$100.00
							Sum Total	$100.00
LEMONT, KENNETH F	R	S	35	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
				1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
				2000	ALTRIA/PM	$250.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$600.00
				2002	RJ REYNOLDS	$250.00	2002 Total	$250.00
							Sum Total	$1,050.00
LEWIN, SARAH O	R	H	148	2008	ALTRIA/PM	$100.00	2008 Total	$100
							Sum Total	$100.00
LORD, WILLIS A	R	H	12	2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
							Sum Total	$100.00

LOVETT, GLENYS P	R	H	21	2000	BROWN & WILLIAMSON TOBACCO	$100.00	2000 Total	$100.00
							Sum Total	$100.00
LUMBRA, LISA	R	H	118	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
							Sum Total	$100.00
MACK, ADAM	R	S	29	2000	RJ REYNOLDS	$250.00	2000 Total	$250.00
							Sum Total	$250.00
MADORE, DAVID R	R	H	95	1998	ALTRIA/PM	$100.00	1998 Total	$100.00
				2000	ALTRIA/PM	$100.00	2000 Total	$100.00
							Sum Total	$200.00
MAILHOT, RICHARD H	D	H	86	2000	ALTRIA/PM	$100.00	2000 Total	$100.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$200.00
MARTIN, JOHN L	D	S	1	1998	ALTRIA/PM	$250.00	1998 Total	$250.00
				2000	RJ REYNOLDS	$250.00	2000 Total	$250.00
							Sum Total	$500.00
MARTIN, LEO	R	S	32	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
							Sum Total	$100.00
MARTIN, STEPHEN J	R	H	141	2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
							Sum Total	$100.00
MARVIN, JEAN GINN	R	H	25	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
				1998	ALTRIA/PM	$200.00		
				1998	RJ REYNOLDS	$100.00	1998 Total	$300.00
							Sum Total	$400.00
MAYO III, ARTHUR F	R	H	54	1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$200.00
				1998	ALTRIA/PM	$100.00	1998 Total	$100.00
				2002	RJ REYNOLDS	$500.00	2002 Total	$500.00
							Sum Total	$800.00
MCALEVEY, MICHAEL J	R	H	12	1996	ALTRIA/PM	$250.00		
				1996	RJ REYNOLDS	$100.00	1996 Total	$350.00
				1998	ALTRIA/PM	$100.00		
				1998	TOBACCO INSTITUTE	$100.00	1998 Total	$200.00

							Sum Total	$550.00
MCGOWAN, BERNARD E	D	H	104	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$100.00
MCKENNEY, TERRENCE P	R	H	42	2000	ALTRIA/PM	$50.00		
				2000	RJ REYNOLDS	$100.00	2000 Total	$150.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
				2004	ALTRIA/PM	$100.00	2004 Total	$100.00
							Sum Total	$350.00
MCNEIL, DEBORAH R	R	H	62	2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
							Sum Total	$100.00
MICHAUD, MICHAEL H	D	S	3	1996	ALTRIA/PM	$50.00		
				1996	TOBACCO INSTITUTE	$200.00	1996 Total	$250.00
				1998	RJ REYNOLDS	$200.00		
				1998	TOBACCO INSTITUTE	$100.00	1998 Total	$300.00
				2000	ALTRIA/PM	$250.00	2000 Total	$250.00
							Sum Total	$800.00
MILLETT JR, H SAWIN	R	H	95	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
				2006	ALTRIA/PM	$100.00	2006 Total	$100.00
							Sum Total	$200.00
MITCHELL, BETTY LOU	R	S	10	1998	ALTRIA/PM	$750.00		
				1998	RJ REYNOLDS	$200.00	1998 Total	$950.00
				2000	ALTRIA/PM	$250.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$600.00
							Sum Total	$1,550.00
MORRISON, HUGH A	D	H	119	1996	RJ REYNOLDS	$200.00		
				1996	TOBACCO INSTITUTE	$100.00		$300.00
							Sum Total	$300.00
MURPHY, ELEANOR M	R	H	5	1996	ALTRIA/PM	$100.00		
				1996	RJ REYNOLDS	$100.00	1996 Total	$200.00
				1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
				2000	ALTRIA/PM	$100.00		

				2000	RJ REYNOLDS	$100.00	2000 Total	$200.00
							Sum Total	$500.00
MURPHY, THOMAS W	R	H	8	2000	ALTRIA/PM	$250.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$500.00
							Sum Total	$500.00
MUSE, CHRISTOPHER T	D	H	26	1996	RJ REYNOLDS	$50.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$150.00
							Sum Total	$150.00
NEWMAN, F DOUGLAS	R	S	18	2002	RJ REYNOLDS	$250.00	2002 Total	$250.00
							Sum Total	$250.00
NICKERSON, ROY I	R	H	75	1996	RJ REYNOLDS	$50.00	1996 Total	$50.00
				1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
							Sum Total	$150.00
NUTTING, ROBERT W	R	H	78	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
				2004	RJ REYNOLDS	$100.00	2004 Total	$100.00
							Sum Total	$200.00
OGARA, WILLIAM B	D	S	29	1996	TOBACCO INSTITUTE	$100.00	1996 Total	$100.00
				1998	ALTRIA/PM	$250.00		
				1998	RJ REYNOLDS	$100.00	1998 Total	$350.00
				2000	ALTRIA/PM	$250.00		
				2000	BROWN & WILLIAMSON TOBACCO	$250.00		
				2000	US SMOKELESS TOBACCO CO	$100.00	2000 Total	$600.00
				2002	RJ REYNOLDS	$250.00	2002 Total	$250.00
							Sum Total	$1,300.00
ONEIL, CHRISTOPHER P	D	H	15	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$100.00
OTT, DAVID N	R	H	2	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
							Sum Total	$100.00
PAUL, GORDON	D	S	33	1996	TOBACCO INSTITUTE	$100.00	1996 Total	$100.00
							Sum Total	$100.00
PERRY, JOSEPH C	D	H	118	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
				1998	ALTRIA/PM	$250.00		

				1998	RJ REYNOLDS	$100.00		
				1998	TOBACCO INSTITUTE	$100.00	1998 Total	$450.00
				2000	ALTRIA/PM	$100.00		
				2000	RJ REYNOLDS	$500.00	2000 Total	$600.00
							Sum Total	$1,150.00
PINEAU, RAYMOND	D	H	76	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$100.00
PLOWMAN, DEBRA D	R	H	114	1996	RJ REYNOLDS	$200.00	1996 Total	$200.00
				1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
				2004	ALTRIA/PM	$250.00	2004 Total	$250.00
				2008	ALTRIA/PM	$250.00	2008 Total	$250.00
							Sum Total	$800.00
POULIN, THOMAS E	D	H	103	1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$200.00
							Sum Total	$200.00
RHEAUME, PAUL	R	H	79	1996	RJ REYNOLDS	$100.00	1996 Total	$100.00
				1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
							Sum Total	$200.00
RICE, CHESTER A	R	H	56	1996	RJ REYNOLDS	$200.00	1996 Total	$200.00
							Sum Total	$200.00
RICHARDSON, EARL E	R	H	27	2006	ALTRIA/PM	$100.00	2006 Total	$100.00
							Sum Total	$100.00
RICHARDSON, MAITLAND E	R	H	81	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
							Sum Total	$100.00
ROBINSON, JOHN C	R	H	103	2008	ALTRIA/PM	$250.00	2008 Total	$250.00
							Sum Total	$250.00
ROGERS JR, WILLIAM T	R	H	115	2002	RJ REYNOLDS	$100.00	2002 Total	$100.00
							Sum Total	$100.00
ROSEN, RICHARD W	R	H	113	2002	RJ REYNOLDS	$250.00	2002 Total	$250.00
							Sum Total	$250.00
RUHLIN, RICHARD P	D	S	6	1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$200.00

				1998	RJ REYNOLDS	$250.00		
				1998	TOBACCO INSTITUTE	$200.00	1998 Total	$450.00
				2000	ALTRIA/PM	$250.00		
				2000	BROWN & WILLIAMSON TOBACCO	$250.00	2000 Total	$500.00
							Sum Total	$1,150.00
SAVAGE, CHRISTINE R	R	S	12	1998	RJ REYNOLDS	$100.00	1998 Total	$100.00
				2000	ALTRIA/PM	$250.00		
				2000	RJ REYNOLDS	$250.00		
				2000	US SMOKELESS TOBACCO CO	$250.00	2000 Total	$750.00
							Sum Total	$850.00
SAWYER, W TOM	R	S	9	2000	ALTRIA/PM	$250.00	2000 Total	$250.00
				2004	ALTRIA/PM	$250.00	2004 Total	$250.00
							Sum Total	$500.00
SAXL, JANE W	D	H	120	1996	ALTRIA/PM	$150.00		
				1996	RJ REYNOLDS	$100.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$350.00
				1998	RJ REYNOLDS	$450.00		
				1998	TOBACCO INSTITUTE	$100.00	1998 Total	$550.00
				2000	ALTRIA/PM	$250.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00	2000 Total	$350.00
							Sum Total	$1,250.00
SAXL, MICHAEL V	D	H	31	1996	ALTRIA/PM	$150.00		
				1996	RJ REYNOLDS	$300.00	1996 Total	$450.00
				1998	US TOBACCO/UST/US TEAM	$100.00	1998 Total	$100.00
							Sum Total	$550.00
SCHATZ, JAMES M	D	H	128	1996	BLUE HILL TEA & TOBACCO	$100.00	1996 Total	$100.00
							Sum Total	$100.00
SCHNEIDER, WILLIAM J	R	H	85	1998	RJ REYNOLDS	$200.00	1998 Total	$200.00
				2000	ALTRIA/PM	$100.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00	2000 Total	$200.00
							Sum Total	$400.00

SEAVEY, H STEDMAN	R	H	17	2000	ALTRIA/PM	$50.00	2000 Total	$50.00
							Sum Total	$50.00
SHEPLEY, DONALD E	D	H	124	2000	ALTRIA/PM	$100.00	2000 Total	$100.00
							Sum Total	$100.00
SHOREY, KEVIN L	R	S	4	2000	ALTRIA/PM	$250.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$500.00
							Sum Total	$500.00
SNOWE-MELLO, LOIS A	R	H	71	1998	ALTRIA/PM	$300.00		
				1998	RJ REYNOLDS	$150.00		
				1998	TOBACCO INSTITUTE	$100.00		
				1998	US TOBACCO/UST/US TEAM	$100.00	1998 Total	$650.00
				2000	ALTRIA/PM	$150.00		
				2000	BROWN & WILLIAMSON TOBACCO	$100.00		
				2002	ALTRIA/PM	$100.00	2000 Total	$250.00
				2002	RJ REYNOLDS	$100.00	2002 Total	$200.00
							Sum Total	$1,100.00
SPEAR, ROBERT W	R	S	16	1996	RJ REYNOLDS	$50.00	1996 Total	$50.00
				1998	ALTRIA/PM	$250.00	1998 Total	$250.00
							Sum Total	$300.00
STEBBINS, JUDITH I	R	S	18	1998	ALTRIA/PM	$100.00	1998 Total	$100.00
							Sum Total	$100.00
STEVENS, ALBERT	R	S	20	1996	ALTRIA/PM	$200.00		
				1996	RJ REYNOLDS	$400.00	1996 Total	$600.00
							Sum Total	$600.00
SULLIVAN, NANCY B	D	S	4	2006	ALTRIA/PM	$250.00	2006 Total	$250.00
				2008	ALTRIA/PM	$500.00	2008 Total	$500.00
							Sum Total	$750.00
TARDY, JOSHUA A	R	H	125	2002	ALTRIA/PM	$250.00		
				2002	RJ REYNOLDS	$250.00	2002 Total	$500.00
				2004	ALTRIA/PM	$200.00	2004 Total	$200.00
							Sum Total	$700.00
TARDY, ROBERT	D	S	10	1996	ALTRIA/PM	$100.00		

				1996	RJ REYNOLDS	$100.00	1996 Total	$200.00
							Sum Total	$200.00
TAYLOR, JOSEPH B	R	H	42	1996	RJ REYNOLDS	$400.00	1996 Total	$400.00
							Sum Total	$400.00
TESSIER, PAUL L	D	H	101	2000	US SMOKELESS TOBACCO CO	$250.00	2000 Total	$250.00
							Sum Total	$250.00
TOBIN JR, JAMES H	R	H	126	2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$100.00
TOBIN, JAMES HOWARD	R	H	126	2000	ALTRIA/PM	$100.00	2000 Total	$100.00
							Sum Total	$100.00
TREADWELL, RUSSELL P	R	H	124	1998	RJ REYNOLDS	$50.00	1998 Total	$50.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$150.00
TRUE, HARRY G	R	H	45	1996	RJ REYNOLDS	$500.00	1996 Total	$500.00
				1998	RJ REYNOLDS	$150.00	1998 Total	$150.00
							Sum Total	$650.00
TURNER, KARL W	R	S	26	2000	ALTRIA/PM	$250.00		
				2000	RJ REYNOLDS	$250.00	2000 Total	$500.00
							Sum Total	$500.00
TUTTLE JR, JOHN L	D	H	10	1998	TOBACCO INSTITUTE	$100.00	1998 Total	$100.00
				2008	ALTRIA/PM	$200.00	2008 Total	$200.00
							Sum Total	$300.00
USHER, RONALD E	D	H	28	2000	BROWN & WILLIAMSON TOBACCO	$100.00	2000 Total	$100.00
				2002	ALTRIA/PM	$100.00	2002 Total	$100.00
							Sum Total	$200.00
VEDRAL III, JOHN W	R	H	14	1998	TOBACCO INSTITUTE	$100.00	1998 Total	$100.00
							Sum Total	$100.00
VIGUE, MARC J	D	H	102	1996	ALTRIA/PM	$260.00		
				1996	RJ REYNOLDS	$100.00	1996 Total	$360.00
							Sum Total	$360.00
WATHEN, DANIEL	R	G	SW	2002	PINE STATE TOBACCO AND CANDY	$500.00	2002 Total	$500.00

							Sum Total	$500.00
WHEELER, EDGAR	R	H	143	1998	RJ REYNOLDS	$150.00	1998 Total	$150.00
							Sum Total	$150.00
WINGLASS, ROBERT J	R	S	22	1998	ALTRIA/PM	$500.00	1998 Total	$500.00
							Sum Total	$500.00
WINN, JULIE	D	H	122	1996	ALTRIA/PM	$50.00		
				1996	TOBACCO INSTITUTE	$100.00	1996 Total	$150.00
							Sum Total	$150.00
WINSOR, TOM J	R	H	68	1998	RJ REYNOLDS	$150.00	1998 Total	$150.00
				2000	ALTRIA/PM	$100.00	2000 Total	$100.00
							Sum Total	$250.00
YOUNG, FLORENCE T	R	H	148	2000	RJ REYNOLDS	$100.00	2000 Total	$100.00
							Sum Total	$100.00

Appendix B: Tobacco Industry Campaign Contributions by Contributor, 1996-2006

Contributor	Year	Recipient	Party	Office	District	Amount	Total by Year	
ALTRIA/PM	1994	COLLINS, SUSAN M	R	G	SW	$100.00	1994 Total Altria/PM	$100.00
	1996	ABROMSON, JOEL	R	S	27	$350.00	1996 Total Altria/PM	$4,685.00
		BENNETT, RICHARD A	R	S	25	$100.00		
		BOUFFARD, GERALD N	D	H	90	$50.00		
		CAMPBELL, RICHARD H	R	H	116	$300.00		
		CARLETON JR, JOSEPH G	R	H	7	$1,650.00		
		CASSIDY, VINTON	R	S	4	$100.00		
		CLARK, JOSEPH E	D	H	140	$50.00		
		DAGGETT, BEVERLY	D	S	15	$75.00		
		DONNELLY, JAMES O	R	H	145	$200.00		
		GOULD, RICHARD	D	S	8	$100.00		
		GUERRETTE, WILLIAM G	R	H	92	$100.00		
		HALL, STEPHEN	R	S	8	$100.00		
		KERR, GEORGE J	D	H	20	$100.00		
		LA FOUNTAIN, LLOYD	D	S	32	$100.00		
		MCALEVEY, MICHAEL J	R	H	12	$250.00		
		MICHAUD, MICHAEL H	D	S	3	$50.00		
		MURPHY, ELEANOR M	R	S	35	$100.00		
		SAXL, JANE W	D	H	120	$150.00		
		SAXL, MICHAEL V	D	H	31	$150.00		
		STEVENS, ALBERT	R	S	20	$200.00		
		TARDY, ROBERT	D	S	10	$100.00		
		VIGUE, MARC J	D	H	102	$260.00		
		WINN, JULIE	D	H	122	$50.00		
	1998	BELANGER, DUANE J	R	H	151	$250.00	1998 Total Altria/PM	$9,510.00
		BENOIT, JOHN W	R	S	17	$500.00		
		BROWN, DAVID C	R	H	52	$100.00		
		CAMPBELL, RICHARD H	R	H	116	$2,010.00		
		CAREY, RICHARD J	D	S	14	$500.00		

	CIANCHETTE, PETER E	R	H	24	$250.00		
	CLARK, JOSEPH E	D	H	140	$50.00		
	DAGGETT, BEVERLY	D	S	15	$100.00		
	DUNLAP, MATTHEW	D	H	121	$100.00		
	FERGUSON, NORMAN	R	S	24	$500.00		
	FISKE, ROBERT B	R	S	7	$200.00		
	FOSTER, CLIFTON E	R	H	41	$100.00		
	HATCH, PAMELA H	D	H	98	$50.00		
	KIEFFER, ROBERT LEO	R	S	2	$1,000.00		
	KONTOS, CAROL A	D	S	26	$550.00		
	LEMAIRE, PATRICIA	D	H	88	$100.00		
	MADORE, DAVID R	R	H	95	$100.00		
	MARTIN, JOHN L	D	H	151	$250.00		
	MARVIN, JEAN GINN	R	H	25	$200.00		
	MAYO III, ARTHUR F	R	H	54	$100.00		
	MCALEVEY, MICHAEL J	R	H	12	$100.00		
	MITCHELL, BETTY LOU	R	S	10	$750.00		
	OGARA, WILLIAM B	D	S	29	$250.00		
	PERRY, JOSEPH C	D	H	118	$250.00		
	SNOWE-MELLO, LOIS A	R	H	71	$300.00		
	SPEAR, ROBERT W	R	S	16	$250.00		
	STEBBINS, JUDITH I	R	S	18	$100.00		
	WINGLASS, ROBERT J	R	S	22	$500.00		
2000	BURGESS, JOHN T	D	H	125	$200.00	2000 Total Altria/PM	$6,800.00
	CARPENTER, DAVID L	R	S	33	$250.00		
	CARR, RODERICK W	R	H	138	$200.00		
	CLARK, JOSEPH E	D	H	140	$200.00		
	CLOUGH, HAROLD A	R	H	22	$200.00		
	DAVIS, GERALD M	R	H	40	$100.00		
	DEXTER, EDWARD L	R	H	66	$200.00		
	DUGAY, EDWARD R	D	H	131	$100.00		
	DUNCAN, RICHARD H	R	H	145	$100.00		
	DUPREY, BRIAN M	R	H	114	$100.00		

	FISHER, CHARLES D	D	H	115	$100.00		
	FOSTER, CLIFTON E	R	H	41	$100.00		
	GAUNCE, CHARLES R	R	S	14	$250.00		
	GILLIS, BARRY G	R	H	136	$100.00		
	GREENLAW, ERNEST C	R	H	43	$100.00		
	HATCH, PAUL R	D	H	98	$250.00		
	HEIDRICH, THEODORE H	R	H	64	$200.00		
	KONTOS, CAROL A	D	S	26	$250.00		
	LEMONT, KENNETH F	R	S	35	$250.00		
	MADORE, DAVID R	R	H	95	$100.00		
	MAILHOT, RICHARD H	D	H	86	$100.00		
	MCKENNEY, TERRENCE P	R	H	42	$50.00		
	MICHAUD, MICHAEL H	D	S	3	$250.00		
	MITCHELL, BETTY LOU	R	S	10	$250.00		
	MURPHY, ELEANOR M	R	H	5	$100.00		
	MURPHY, THOMAS W	R	H	8	$250.00		
	OGARA, WILLIAM B	D	S	29	$250.00		
	PERRY, JOSEPH C	D	H	118	$100.00		
	RUHLIN, RICHARD P	D	S	6	$250.00		
	SAVAGE, CHRISTINE R	R	S	12	$250.00		
	SAWYER, W TOM	R	S	9	$250.00		
	SAXL, JANE W	D	S	9	$250.00		
	SCHNEIDER, WILLIAM J	R	H	85	$100.00		
	SEAVEY, H STEDMAN	R	H	17	$50.00		
	SHEPLEY, DONALD E	D	H	124	$100.00		
	SHOREY, KEVIN L	R	S	4	$250.00		
	SNOWE-MELLO, LOIS A	R	H	71	$150.00		
	TOBIN, JAMES HOWARD	R	H	126	$100.00		
	TURNER, KARL W	R	S	26	$250.00		
	WINSOR, TOM J	R	H	68	$100.00		
2002	ANDREWS, MARY BLACK	R	H	2	$100.00	2002 Total Altria/PM	$3,050.00
	BOWLES, DAVID E	R	H	9	$100.00		
	BRANNIGAN, JOSEPH C	D	H	35	$100.00		

	BRUNO, JOSEPH	R	H	38	$100.00		
	DAIGLE, ROBERT A	R	H	13	$100.00		
	DAVIS, GERALD M	R	H	40	$100.00		
	DUGAY, EDWARD R	D	H	131	$100.00		
	DUNLAP, MATTHEW	D	H	121	$100.00		
	DUPREY, BRIAN M	R	H	114	$100.00		
	FISHER, CHARLES D	D	S	6	$250.00		
	HEIDRICH, THEODORE H	R	H	64	$100.00		
	HONEY, KENNETH A	R	H	58	$100.00		
	JODREY, ARLAN R	R	H	65	$100.00		
	LAFOUNTAIN III, LLOYD P	D	S	32	$150.00		
	LANDRY, SALLY	D	H	141	$100.00		
	MAILHOT, RICHARD H	D	H	86	$100.00		
	MCGOWAN, BERNARD E	D	H	104	$100.00		
	MCKENNEY, TERRENCE P	R	H	42	$100.00		
	MILLETT JR, H SAWIN	R	H	68	$100.00		
	NUTTING, ROBERT W	R	H	103	$100.00		
	ONEIL, CHRISTOPHER P	D	H	15	$100.00		
	PINEAU, RAYMOND	D	H	76	$100.00		
	SNOWE-MELLO, LOIS A	R	H	71	$100.00		
	TARDY, JOSHUA A	R	H	125	$250.00		
	TOBIN JR, JAMES H	R	H	126	$100.00		
	TREADWELL, RUSSELL P	R	H	124	$100.00		
	USHER, RONALD E	D	H	28	$100.00		
2004	BOWLES, DAVID E	R	H	142	$250.00	2004 Total Altria/PM	$2,350.00
	BRANNIGAN, JOSEPH C	D	H	117	$250.00		
	CAMERON, ROBERT A	R	S	14	$150.00		
	CARR, RODERICK W	R	H	12	$100.00		
	COLLINS, RONALD F	R	H	147	$100.00		
	DIAMOND, G WILLIAM	D	S	12	$250.00		
	DOW, DANA L	R	S	20	$250.00		
	FITTS, STACEY ALLEN	R	H	29	$100.00		
	JOY, HENRY L	R	H	9	$100.00		

		MCKENNEY, TERRENCE P	R	H	108	$100.00		
		MILLETT JR, H SAWIN	R	H	95	$0.00		
		PLOWMAN, DEBRA D	R	S	33	$250.00		
		SAWYER, W TOM	R	S	32	$250.00		
		TARDY, JOSHUA A	R	H	25	$200.00		
	2006	AUSTIN, SUSAN M	R	H	109	$100.00	2006 Total Altria/PM	$2,000.00
		BIERMAN, L EARL	R	H	34	$100.00		
		BLANCHARD, RICHARD D	D	H	14	$100.00		
		CEBRA, RICHARD M	R	H	101	$100.00		
		DOW, DANA L	R	S	20	$250.00		
		DUPREY, BRIAN M	R	H	39	$100.00		
		EMERY, DAVID F	R	G	SW	$500.00		
		FITTS, STACEY ALLEN	R	H	29	$100.00		
		GOODWIN, ALBION D	D	H	30	$100.00		
		HOLMAN, ABIGAIL	R	H	83	$100.00		
		MILLETT JR, H SAWIN	R	H	95	$100.00		
		RICHARDSON, EARL E	R	H	27	$100.00		
		SULLIVAN, NANCY B	D	S	4	$250.00		
	2008	AUSTIN, SUSAN M	R	H	109	$100.00	2008 Total Altria/PM	$1,650.00
		BLANCHARD, RICHARD D	D	H	14	$100.00		
		CEBRA, RICHARD M	R	H	101	$100.00		
		CHASE, KATHLEEN	R	H	147	$100.00		
		DIAMOND, G WILLIAM	D	S	12	$250.00		
		FITTS, STACEY ALLEN	R	H	29	$100.00		
		JOY, HENRY L	R	H	9	$100.00		
		KNIGHT, L GARY	R	H	81	$100.00		
		LEWIN, SARAH	R	H	148	$100.00		
		SULLIVAN, NANCY	D	S	4	$500.00		
		TUTTLE, JOHN L	D	H	43	$100.00		
							1996-2006 Altria/PM Total	$30,145.00
BLUE HILL TEA & TOBACCO	1996	SCHATZ, JAMES M	D	H	128	$100.00	1996 Total Blue Hill Tea & Tobacco	$100.00
							1996-2006 Blue Hill Tea & Tobacco Total	$100.00

BROWN & WILLIAMSON TOBACCO	2000	CARPENTER, DAVID L	R	S	33	$100.00	2000 Total Brown & Williamson Tobacco	$2,000.00
		DUNLAP, MATTHEW	D	H	121	$250.00		
		FISHER, CHARLES D	D	H	115	$100.00		
		FOSTER, CLIFTON E	R	H	41	$100.00		
		KONTOS, CAROL A	D	S	26	$250.00		
		LEMONT, KENNETH F	R	S	35	$100.00		
		LOVETT, GLENYS P	R	H	21	$100.00		
		MITCHELL, BETTY LOU	R	S	10	$100.00		
		OGARA, WILLIAM B	D	S	29	$250.00		
		RUHLIN, RICHARD P	D	S	6	$250.00		
		SAXL, JANE W	D	S	9	$100.00		
		SCHNEIDER, WILLIAM J	R	H	85	$100.00		
		SNOWE-MELLO, LOIS A	R	H	71	$100.00		
		USHER, RONALD E	D	H	28	$100.00		
							1996-2006 Brown & Williamson Tobacco Total	$2,000.00
PINE STATE TOBACCO	1994	BRENNAN, JOSEPH E	D	G	SW	$2,000.00	1994 Total Pine State Tobacco	$2,000.00
							1996-2006 Pine State Tobacco Total	$2,000.00
CIGAR ASSOCIATION OF AMERICA	2008	DIAMOND, BILL	D	S	12	$250.00	2008 Cigar Association of America	$250
							1996-2008 Cigar Association of America Total	$250
PINE STATE TOBACCO AND CANDY	2002	BALDACCI, JOHN E	D	G	SW	$1,500.00	2002 Pine State Tobacco and Candy	$2,000.00
		WATHEN, DANIEL	R	G	SW	$500.00		
							1996-2006 Pine State Tobacco and Candy Total	$2,000.00
RJ REYNOLDS	1994	CAHILL, PAMELA L	R	G	SW	$1,000.00	1994 RJ Reynolds	$1,000.00
	1996	ABROMSON, JOEL	R	S	27	$100.00	1996 RJ Reynolds	$8,350.00
		BARTH JR, ALVIN L	R	H	65	$100.00		
		BENNETT, RICHARD A	R	S	25	$100.00		

BENOIT, JOHN W	R	S	17	$400.00
BUTLAND, JEFFREY	R	S	26	$250.00
CAMERON, ROBERT A	R	H	70	$50.00
CAMPBELL, RICHARD H	R	H	116	$600.00
CAREY, RICHARD J	D	S	14	$400.00
CARPENTER, DAVID L	R	H	10	$100.00
CROSS, RUEL P	R	H	112	$50.00
DAGGETT, BEVERLY	D	S	15	$100.00
DAMREN, CATHARINE L	R	H	80	$100.00
DEXTER, EDWARD L	R	H	66	$200.00
DONNELLY, JAMES O	R	H	145	$100.00
FERGUSON, NORMAN	R	S	24	$200.00
FOSTER, CLIFTON E	R	H	41	$100.00
GAMACHE, ALBERT P	D	H	89	$100.00
GUERRETTE, WILLIAM G	R	H	92	$100.00
HALL, STEPHEN	R	S	8	$100.00
JONES JR, SUMNER A	R	H	104	$100.00
JOY, HENRY L	R	H	141	$200.00
KERR, GEORGE J	D	H	20	$200.00
KIEFFER, ROBERT LEO	R	S	2	$350.00
LA FOUNTAIN, LLOYD	D	S	32	$100.00
LABRECQUE, JANICE E	R	H	23	$100.00
LAWRENCE, MARK	D	S	35	$200.00
LEMONT, KENNETH F	R	H	1	$100.00
LUMBRA, LISA	R	H	118	$100.00
MARTIN, LEO	R	S	32	$100.00
MARVIN, JEAN GINN	R	H	25	$100.00
MAYO III, ARTHUR F	R	H	54	$100.00
MCALEVEY, MICHAEL J	R	H	12	$100.00
MORRISON, HUGH A	D	H	119	$200.00
MURPHY, ELEANOR M	R	S	35	$100.00
MUSE, CHRISTOPHER T	D	H	26	$50.00
NICKERSON, ROY I	R	H	75	$50.00

	OTT, DAVID N	R	H	2	$100.00		
	PERRY, JOSEPH C	D	H	118	$100.00		
	PLOWMAN, DEBRA D	R	H	114	$200.00		
	POULIN, THOMAS E	D	H	103	$100.00		
	RHEAUME, PAUL	R	S	18	$100.00		
	RICE, CHESTER A	R	H	56	$200.00		
	RUHLIN, RICHARD P	D	S	6	$100.00		
	SAXL, JANE W	D	H	120	$100.00		
	SAXL, MICHAEL V	D	H	31	$300.00		
	SPEAR, ROBERT W	R	H	59	$50.00		
	STEVENS, ALBERT	R	S	20	$400.00		
	TARDY, ROBERT	D	S	10	$100.00		
	TAYLOR, JOSEPH B	R	H	42	$400.00		
	TRUE, HARRY G	R	H	45	$500.00		
	VIGUE, MARC J	D	H	102	$100.00		
1998	BEAULIEU, GENIE A	R	H	48	$50.00	1998 RJ Reynolds	$5,350.00
	BENNETT, RICHARD A	R	S	25	$100.00		
	BENOIT, JOHN W	R	S	17	$250.00		
	BRAGDON, TARREN R	R	H	119	$300.00		
	CAMPBELL, RICHARD H	R	H	116	$150.00		
	CAREY, RICHARD J	D	S	14	$100.00		
	CROSS, RUEL P	R	H	112	$50.00		
	DAGGETT, BEVERLY	D	S	15	$100.00		
	DAIGLE, ROBERT A	R	H	13	$50.00		
	DAVIS, GERALD M	R	H	40	$50.00		
	DEXTER, EDWARD L	R	H	66	$100.00		
	DRISCOLL, JOSEPH D	D	H	135	$100.00		
	FERGUSON, NORMAN	R	S	24	$100.00		
	FISHER, CHARLES D	D	H	115	$200.00		
	GILLIS, BARRY G	R	H	136	$50.00		
	HATCH, PAMELA H	D	H	98	$100.00		
	JONES JR, SUMNER A	R	H	104	$100.00		
	JOYCE, STEVEN M	R	H	17	$50.00		

	KNEELAND, RICHARD	R	H	144	$150.00		
	KONTOS, CAROL A	D	S	26	$100.00		
	LABRECQUE, JANICE E	R	H	23	$150.00		
	LEMAIRE, PATRICIA	D	H	88	$100.00		
	LEMONT, KENNETH F	R	H	1	$100.00		
	MARVIN, JEAN GINN	R	H	25	$100.00		
	MICHAUD, MICHAEL H	D	S	3	$200.00		
	MITCHELL, BETTY LOU	R	S	10	$200.00		
	MURPHY, ELEANOR M	R	H	5	$100.00		
	NICKERSON, ROY I	R	H	75	$100.00		
	OGARA, WILLIAM B	D	S	29	$100.00		
	PERRY, JOSEPH C	D	H	118	$100.00		
	PLOWMAN, DEBRA D	R	H	114	$100.00		
	RHEAUME, PAUL	R	H	79	$100.00		
	RUHLIN, RICHARD P	D	S	6	$250.00		
	SAVAGE, CHRISTINE R	R	H	60	$100.00		
	SAXL, JANE W	D	H	120	$450.00		
	SCHNEIDER, WILLIAM J	R	H	85	$200.00		
	SNOWE-MELLO, LOIS A	R	H	71	$150.00		
	TREADWELL, RUSSELL P	R	H	124	$50.00		
	TRUE, HARRY G	R	H	45	$150.00		
	WHEELER, EDGAR	R	H	143	$150.00		
	WINSOR, TOM J	R	H	68	$150.00		
2000	ANDREWS, MARY BLACK	R	H	2	$100.00	2000 RJ Reynolds	$5,200.00
	BOWLES, DAVID E	R	H	9	$100.00		
	CARPENTER, DAVID L	R	S	33	$250.00		
	CLARK, JOSEPH E	D	H	140	$250.00		
	COLLINS, RONALD F	R	H	7	$100.00		
	DAVIS, GERALD M	R	H	40	$100.00		
	DUGAY, EDWARD R	D	H	131	$250.00		
	FISHER, CHARLES D	D	H	115	$250.00		
	GREENLAW, ERNEST C	R	H	43	$100.00		
	KNEELAND, RICHARD	R	S	2	$250.00		

	KONTOS, CAROL A	D	S	26	$250.00		
	LABRECQUE, JANICE E	R	H	23	$100.00		
	LEMONT, KENNETH F	R	S	35	$250.00		
	LORD, WILLIS A	R	H	12	$100.00		
	MACK, ADAM	R	S	29	$250.00		
	MARTIN, JOHN L	D	S	1	$250.00		
	MARTIN, STEPHEN J	R	H	141	$100.00		
	MCKENNEY, TERRENCE P	R	H	42	$100.00		
	MCNEIL, DEBORAH R	R	H	62	$100.00		
	MITCHELL, BETTY LOU	R	S	10	$250.00		
	MURPHY, ELEANOR M	R	H	5	$100.00		
	MURPHY, THOMAS W	R	H	8	$250.00		
	PERRY, JOSEPH C	D	H	118	$500.00		
	SAVAGE, CHRISTINE R	R	S	12	$250.00		
	SHOREY, KEVIN L	R	S	4	$250.00		
	TURNER, KARL W	R	S	26	$250.00		
	YOUNG, FLORENCE T	R	H	148	$100.00		
2002	AUSTIN, SUSAN M	R	H	41	$100.00	2002 RJ Reynolds	$3,850.00
	BERRY SR, DONALD P	R	H	109	$100.00		
	BLAIS, KENNETH	R	S	20	$250.00		
	BOOTHBY, GENE W	R	H	56	$100.00		
	CIANCHETTE, PETER E	R	G	SW	$500.00		
	COURTNEY, JONATHAN T E	R	H	6	$100.00		
	DAVIS, GERALD M	R	H	40	$100.00		
	FISHER, CHARLES D	D	S	6	$250.00		
	HAGERTY, WILLIAM J	R	H	101	$100.00		
	HAMBLEN, CALVIN H	R	H	23	$100.00		
	HASKELL, ANITA PEAVEY	R	H	137	$100.00		
	LEMONT, KENNETH F	R	S	35	$250.00		
	MAYO III, ARTHUR F	R	S	19	$500.00		
	NEWMAN, F DOUGLAS	R	S	18	$250.00		
	OGARA, WILLIAM B	D	S	29	$250.00		

		RICHARDSON, MAITLAND E	R	H	81	$100.00		
		ROGERS JR, WILLIAM T	R	H	115	$100.00		
		ROSEN, RICHARD W	R	H	113	$250.00		
		SNOWE-MELLO, LOIS A	R	H	71	$100.00		
		TARDY, JOSHUA A	R	H	125	$250.00		
	2004	BROWN, RICHARD B	R	H	146	$200.00	2004 RJ Reynolds	$6,050.00
		CAMERON, ROBERT A	R	S	14	$250.00		
		CARR, RODERICK W	R	H	12	$250.00		
		FISHER, CHARLES D	D	H	21	$250.00		
		MAINERS FOR REAL AND RESPONSIBLE PROPERTY TAX RELIEF	QUESTION 1B (NOV 4 2003)	BALLOTDATA	NA	$5,000.00		
		NUTTING, ROBERT W	R	H	78	$100.00		
	2006	DIAMOND, BILL	D	S	12	$250.00	2006 RJ Reynolds	$750.00
		EMERY, DAVID F	R	G	SW	$500.00		
	2008	HANLEY, STEPHEN	D	H	59	$250	2008 RJ Reynolds	$250
							1996-2006 RJ Reynolds Total	$30,800.00
SMOKELESS TOBACCO COUNCIL	1998	BICKFORD, DWAYNE F	R	H	51	$150.00	1998 Smokeless Tobacco Council	$420.00
		CAMPBELL, RICHARD H	R	H	116	$120.00		
		CIANCHETTE, PETER E	R	H	24	$150.00		
							1996-2006 Smokeless Tobacco Council Total	$420.00
TOBACCO & GROCERY PRODUCTS CO	1996	FISHER, CHARLES D	D	H	115	$100.00	1996 Tobacco & Grocery Products Co.	$100.00
							1996-2006 Tobacco & Grocery Products Co. Total	$100.00
TOBACCO INDUSTRY RESEARCH	1996	FISHER, CHARLES D	D	H	115	$100.00	1996 Tobacco Industry Research	$100.00
							1996-2006 Tobacco Industry Research Totals	$100.00

TOBACCO INSTITUTE	1994	COLLINS, SUSAN M	R	G	SW	$450.00	1994 Tobacco Institute	$450.00
	1996	ABROMSON, JOEL	R	S	27	$100.00	1996 Tobacco Institute	$2,400.00
		CAMERON, ROBERT A	R	H	70	$100.00		
		CARPENTER, DAVID L	R	H	10	$100.00		
		CASSIDY, VINTON	R	S	4	$100.00		
		DONNELLY, JAMES O	R	H	145	$100.00		
		FERGUSON, NORMAN	R	S	24	$200.00		
		GOODWIN, ALBION D	D	H	134	$100.00		
		GOULD, RICHARD	D	S	8	$100.00		
		HALL, STEPHEN	R	S	8	$100.00		
		KIEFFER, ROBERT LEO	R	S	2	$100.00		
		LAWRENCE, MARK	D	S	35	$200.00		
		MAYO III, ARTHUR F	R	H	54	$100.00		
		MICHAUD, MICHAEL H	D	S	3	$200.00		
		MORRISON, HUGH A	D	H	119	$100.00		
		MUSE, CHRISTOPHER T	D	H	26	$100.00		
		OGARA, WILLIAM B	D	S	29	$100.00		
		PAUL, GORDON	D	S	33	$100.00		
		POULIN, THOMAS E	D	H	103	$100.00		
		RUHLIN, RICHARD P	D	S	6	$100.00		
		SAXL, JANE W	D	H	120	$100.00		
		WINN, JULIE	D	H	122	$100.00		
	1998	BENNETT, RICHARD A	R	S	25	$200.00	1998 Tobacco Institute	$1,700.00
		BENOIT, JOHN W	R	S	17	$100.00		
		CAREY, RICHARD J	D	S	14	$100.00		
		CIANCHETTE, PETER E	R	H	24	$100.00		
		DEXTER, EDWARD L	R	H	66	$100.00		
		JOHNSTON-NASH, MARTHA L	R	S	12	$200.00		
		MCALEVEY, MICHAEL J	R	H	12	$100.00		
		MICHAUD, MICHAEL H	D	S	3	$100.00		
		PERRY, JOSEPH C	D	H	118	$100.00		

		RUHLIN, RICHARD P	D	S	6	$200.00		
		SAXL, JANE W	D	H	120	$100.00		
		SNOWE-MELLO, LOIS A	R	H	71	$100.00		
		TUTTLE JR, JOHN L	D	H	10	$100.00		
		VEDRAL III, JOHN W	R	H	14	$100.00		
							199-2006 Tobacco Institute Total	$4,550.00
US SMOKELESS TOBACCO CO	2000	CARPENTER, DAVID L	R	S	33	$250.00	2000 US Smokeless Tobacco Co	$950.00
		KONTOS, CAROL A	D	S	26	$250.00		
		LEMOINE, DAVID G	D	H	20	$100.00		
		OGARA, WILLIAM B	D	S	29	$100.00		
		SAVAGE, CHRISTINE R	R	S	12	$250.00		
	2006	EMERY, DAVID F	R	G	SW	$500.00	2006 US Smokeless Tobacco Co	$500.00
	2008	DIAMOND, BILL	D	S	12	$250.00	2008 US Smokeless Tobacco Co	$250.00
							1996-2006 US Smokeless Tobacco Co Total	$1,700.00
US TOBACCO/UST/US TEAM	1998	FISHER, CHARLES D	D	H	115	$75.00	1998 US Tobacco/UST/US Team	$475.00
		KIEFFER, ROBERT LEO	R	S	2	$200.00		
		SAXL, MICHAEL V	D	H	31	$100.00		
		SNOWE-MELLO, LOIS A	R	H	71	$100.00		
							1996-2006 US Tobacco/UST/US Team	$475.00

Appendix C: Tobacco Industry Contributions to Political Party Organizations, 1996-2006

Recipient	Year	Contributor	Amount	Total by Year	
DEMOCRATIC ORGANIZATIONS					
HOUSE DEMOCRATIC CAMPAIGN	2000	US SMOKELESS TOBACCO CO	$250.00	2000 Total	$250.00
COMMITTEE OF MAINE	2002	CIGAR ASSOC OF AMERICA	$250.00		
		US SMOKELESS TOBACCO CO	$500.00	2002 Total	$750.00
	2004	ALTRIA/PM	$1,000.00		
		RJ REYNOLDS	$1,500.00		
		US SMOKELESS TOBACCO CO	$250.00	2004 Total	$2,750.00
	2006	ALTRIA/PM	$2,450.00		
		CIGAR ASSOC OF AMERICA	$750.00	2006 Total	$3,200.00
				Sum Total	$6,950.00
MAINE DEMOCRATIC PARTY	2000	US SMOKELESS TOBACCO CO	$1,000.00	2000 Total	$1,000.00
	2008	US SMOKELESS TOBACCO CO	$1,000.00	2008 Total	$1,000.00
				Sum Total	$2,000.00
SENATE DEMOCRATIC CAMPAIGN	2000	ALTRIA/PM	$750.00	2000 Total	$750.00
COMMITTEE OF MAINE	2004	ALTRIA/PM	$1,000.00		
		CIGAR ASSOC OF AMERICA	$1,000.00		
		US SMOKELESS TOBACCO CO	$500.00	2004 Total	$2,500.00
	2006	ALTRIA/PM	$3,450.00		
		CIGAR ASSOC OF AMERICA	$750.00		
		TOBACCO LP	$500.00	2006 Total	$4,700.00
	2008	ALTRIA/PM	$3,500.00	2008 Total	$3,500.00
				Sum Total	$11,450.00
REPUBLICAN ORGANIZATIONS					
HOUSE REPUBLICAN FUND OF MAINE	2000	ALTRIA/PM	$1,850.00		
		RJ REYNOLDS	$1,100.00		
		US SMOKELESS TOBACCO CO	$350.00	2000 Total	$3,300.00
	2002	RJ REYNOLDS	$1,100.00		

		SMOKELESS TOBACCO COUNCIL	$1,000.00		
		US SMOKELESS TOBACCO CO	$500.00	2002 Total	$2,600.00
	2004	ALTRIA/PM	$3,480.00		
		RJ REYNOLDS	$3,000.00		
		US SMOKELESS TOBACCO CO	$1,000.00	2004 Total	$7,480.00
	2006	ALTRIA/PM	$10,000.00		
		CIGAR ASSOC OF AMERICA	$500.00		
		RJ REYNOLDS	$5,000.00		
		US SMOKELESS TOBACCO CO	$250.00	2006 Total	$15,750.00
	2008	US SMOKELESS TOBACCO CO	$2,500.00		
		ALTRIA/PM	$10,000.00		
		RJ REYNOLDS	$15,000.00	2008 Total	$27,500.00
				Sum Total	$56,630.00
MAINE REPUBLICAN PARTY	2002	RJ REYNOLDS	$1,000.00	2002 Total	$1,000.00
	2006	ALTRIA/PM	$10,000.00		
		RJ REYNOLDS	$7,000.00	2006 Total	$17,000.00
				Sum Total	$18,000.00
MAINE SENATE REPUBLICAN VICTORY FUND (PP)	2006	ALTRIA/PM	$7,500.00		
		CIGAR ASSOC OF AMERICA	$750.00		
		RJ REYNOLDS	$6,000.00		
		US SMOKELESS TOBACCO CO	$250.00	2006 Total	$14,500.00
	2008	ALTRIA/PM	$10,000.00		
		RJ REYNOLDS	$13,500.00		
		US SMOKELESS TOBACCO CO	$2,000.00	2008 Total	$25,500.00
				Sum Total	$40,000.00
SENATE REPUBLICAN LEADERSHIP FOR 21ST CENTURY OF MAINE	2000	RJ REYNOLDS	$500.00		
		US SMOKELESS TOBACCO CO	$300.00	2000 Total	$800.00
	2002	ALTRIA/PM	$3,500.00		
		SMOKELESS TOBACCO COUNCIL	$500.00	2002 Total	$4,000.00
	2004	ALTRIA/PM	$4,847.00		
		RJ REYNOLDS	$1,500.00		
		SMOKELESS TOBACCO COUNCIL	$1,000.00		
		US SMOKELESS TOBACCO CO	$250.00	2004 Total	$7,597.00

				Sum Total	$12,397.00
VOTE FOR MAINE	2008	ALTRIA/PM	$15,000.000	2008 Total	$15,000.00
				Sum Total	$15,000.00