Testimony in support
LD 1550, “An Act To End the Sale of Flavored Tobacco Products”
Joint Standing Committee on Health and Human Services
May 7, 2021

Representative Meyer, Senator Claxton and honorable members of the joint standing committee on Health and Human Services, my name is Laura Harper and I’m a Senior Associate at Moose Ridge Associates. I’m testifying before you today on behalf of my client, the Behavioral Health Community Collaborative or BHCC.

The Behavioral Health Community Collaborative is a coalition of eight, non-profit, community behavioral health organizations, all governed by volunteer boards of directors. BHCC includes KidsPeace, Opportunity Alliance, Oxford Mental Health, Shalom House, Spurwink, Sweetser, Volunteers of America Northern New England and Gateway Services. We are a professional association devoted to improving the lives of the clients we serve, those with behavioral health needs, and building a strong, community-based mental health system in Maine.

Collectively BHCC provides services statewide. We serve children and adults. We provide services ranging from residential programs for kids and adults to therapeutic foster care, to addiction and recovery programs to outpatient mental health services, operation of PNMIs and we provide case management and crisis services. All told, we serve 78,800 Maine people and we employ 3,265 people in full time jobs.

BHCC urges you to support LD 1550.

The history between the Tobacco Industry and those living with mental illness is similar to that of other communities you’ve heard from today. You’ve learned about Project SCUM (Subculture and Urban Marketing) targeting the LGBTQ and homeless communities. You’ve heard the history of menthol and mint flavored tobacco used to target people of color. You’ve been presented with the mounting evidence of Big Tobacco’s focus on enticing our kids to try tobacco

products with flavored vapes - like pop tart, sour apple, and even unicorn puke. This is an unscrupulous industry that has no qualms with focusing on our country's most vulnerable populations to addict and eventually kill people with tobacco.

When we look at tobacco industry documents from the 1980s and 1990s, we find that the industry targeted psychiatric hospitals with sales promotions and giveaways of value brand cigarettes.[1] When it comes to enacting smoke-free policies in hospitals and medical facilities, the tobacco industry has fought these restrictions —specifically in psychiatric institutions.[2] Furthermore, the industry has paid for a significant body of research in its attempts to assert that smoking is both less harmful to those with schizophrenia and that it is a necessary self-medication tool.[3] Sound familiar? This is an argument similar to what we hear regarding the impact of tobacco regulation on low-income populations - that tobacco-use is a necessary coping mechanism with the stressors of being poor. This assertion is insulting to those with mental illness and people with low-incomes. Our health (or wealth) status doesn't mean we are less or more deserving of a life free from addiction.

We mentioned Project Scum earlier; RJ Reynolds' urban marketing plan in the 1990s specifically focused on targeting value brands to "street people." The industry's targeting of the homeless population—who are disproportionately burdened by mental illness—has been even more egregious, including donations of cigarettes and blankets branded with tobacco logos to homeless shelters.[4]

This despicable targeting has paid off - the nicotine dependency rate for individuals with behavioral health disorders is 2-3 times higher than the general population.[5] According to data from the 2012-2014 National Survey on Drug Use and Health (NSDUH), 33.3% of adults with any mental illness[6] were current (past month) smokers, compared to 20.7% of adults without

[1] Apollonio, DE, et al., "Marketing to the marginalized: tobacco industry targeting of the homeless and mentally ill," Tobacco Control, 14: 409-415, 2005.
[2] Prochaska, JJ, et al., "Tobacco Use Among Individuals With Schizophrenia: What Role Has the Tobacco Industry Played?" Schizophrenia Bulletin,
34(3): 555-567, 2008.
[3] Prochaska, JJ, et al., "Tobacco Use Among Individuals With Schizophrenia: What Role Has the Tobacco Industry Played?" Schizophrenia Bulletin, 34(3): 555-567, 2008. See also Hirshbein, L, "Scientific Research and Corporate Influence: Smoking, Mental Illness and the Tobacco Industry," Journal of the History of Medicine and Allied Sciences, 2011.
[4] Apollonio, DE, et al., "Marketing to the marginalized: tobacco industry targeting of the homeless and mentally ill," Tobacco Control, 14: 409-415, 2005.
[5] Schroeder SA, & Morris CD. Confronting a neglected epidemic: Tobacco cessation for persons with mental illnesses and substance abuse problems. Annu Rev Public Health. 2010; 31: 297-314.
[6] NSDUH defines any mental illness as "having a mental, behavioral, or emotional disorder, excluding developmental and substance use disorders, in the past 12 months" and defines current smoking as "smoking all or part of a cigarette within the 30 days preceding the interview."

any mental illness.[7] About three out of ten smokers (29.5%) have a mental illness.[8] In addition to having higher smoking rates, adults with mental illness also tend to be heavier smokers.[9]

Maine needs to take action now to address the high rates of tobacco addiction for people in our communities with mental illness. By prohibiting the sale of flavored tobacco products, including mint and menthol, we can have a profound impact on tobacco initiation (prevention) and reduce use. Please vote “ought to pass” on this important legislation.

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[7] Lipari, R.N. and Van Horn, S.L. “Smoking and mental illness among adults in the United States.” The CBHSQ Report: March 30, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD, https://www.samhsa.gov/data/sites/default/files/report_2738/ShortReport-2738.html. NSDUH defines any mental illness as “having a mental, behavioral, or emotional disorder, excluding developmental and substance use disorders, in the past 12 months” and defines current smoking as “smoking all or part of a cigarette within the 30 days preceding the interview.”

[8] Centers for Disease Control and Prevention (CDC), “Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness— United States, 2009-2011,” MMWR, 62(5): 81-87, 2013.

[9] See e.g., “Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years with Mental Illness—United States, 2009-2011,” Morbidity and Mortality Weekly Report, 62(5): 81-87, 2013. Lasser, K, et al., “Smoking and Mental Illness: A Population-Based Prevalence Study,” Journal of the American Medical Association, 284(2): 2606-2610, 2000.