



Alliance for Addiction and Mental Health Services, Maine
The unified voice for Maine's community behavioral health providers

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Testimony in support of LD 1550

An Act to End the Sale of Flavored Tobacco Products

Sponsored by Representative Meyer on May 7, 2021

Good morning Senator Claxton, Representative Meyer and esteemed members of the Joint Committee on Health and Human Services, my name is Malory Shaughnessy. I am the Executive Director of the Alliance for Addiction and Mental Health Services. Our members and I support LD 1550 - An Act to End the Sale of Flavored Tobacco Products -- for so many reasons.

I became a smoker at 13 years old. Prior to smoking actual cigarettes, I LOVED the candy ones - feeling so cool blowing the powdered sugar out like real smoke. Cigarette addiction has been a challenge for me since. I could buy it from the cigarette machines that were virtually everywhere. When I began smoking it cost a quarter a pack and we didn't know what we do now.

I wish at 13 that I had known that my teenage brain was more susceptible to addiction. As a young person, every time a new memory is created connections are built between brain cells, and they retain the memory. Addiction is a form of learning, and my brain learned to like and want tobacco.

By the time I was 14 I was smoking a pack a day. I have quit and restarted smoking numerous times, sometimes going a decade without it. It doesn't matter how much I want to never smoke again, wanting a cigarette is something that comes back, especially during stressful times in my life. Those early built brain patterns persist.

Most recently, I started smoking again during COVID. And again, I have had to work to quit. I am a month and a day smoke free today. Wish me luck.

I wish I had understood that cigarettes lead to disease. The use of tobacco products remains the nation's number one cause of preventable death. Smoking is a major risk factor for the four leading causes of death: heart disease, cancer, chronic obstructive pulmonary disease, and stroke. Addiction is considered a chronic illness.

I wish I had understood that the tobacco companies were preying on me when they marketed those "fun" candy cigarettes. In Maine, nearly 1 in 5 adults smoke cigarettes, the highest rate in the Northeast. This year tobacco companies will spend an estimated \$40.8 million in Maine.

Fun flavors are the new gambit to market to tweens and teens. Without a flame or nasty taste, kids are led to believe the products are not "as bad as" cigarettes. We hear of the shame students experience as they grow up and recognize they were duped.

Unfortunately, by the time the problem is evident, they have become the one out of four of Maine's high school students who use e-cigarettes.

While flavors hide the bad taste of tobacco, one Juul pod is the equivalent to smoking a pack of cigarettes. The tobacco industry has reinvented itself to appeal to another generation. Tobacco products are often the first addictive product youth are exposed to – an actual “gateway” drug.

According to data from the 2012-2014 National Survey on Drug Use and Health (NSDUH), 33.3% of adults with any mental illness* were current (past month) smokers, compared to 20.7% of adults without any mental illness. About three out of ten smokers (29.5%) have a mental illness. Documents from the 1980s and 1990s, reflect that the industry marketed to psychiatric hospitals!

Just as the general public has become smart to the public health crisis of smoking cigarettes, the cigarette companies keep trying to outsmart the public.

It is foolhardy to knowingly leave laws in place with such serious public health consequences. As such the Alliance for Addiction and Mental Health Services would encourage you to vote Ought to Pass for LD 1550 and join with states like Massachusetts that have already banned this hazardous substance.

*With 35 members, the **Alliance** is the state association for Maine's community based mental health and substance use treatment providers. **Our mission:** Advocating for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system. **Our Vision:** All Mainers should have full access to the continuum of recovery-oriented systems of care for mental illness and substance use disorder – from prevention through treatment and into peer recovery support.*

¹https://www.asam.org/docs/default-source/public-policy-statements/2020-statement-on-treatment-of-oud-in-correctional-settings.pdf?sfvrsn=ff156c2_2