

# Adult Tobacco Cessation in Maine

## FACT SHEET



The Maine CDC, Partnership For A Tobacco-Free Maine works to prevent young people from using tobacco, protects Maine's citizens from exposure to secondhand smoke, and helps those who want to quit.

**New data shows a significant decrease in Maine adult smoking, but there is still work to be done—each year over 2,200 deaths are caused by smoking.<sup>i</sup>**

## What are the facts?

**Tobacco use kills more people in Maine than alcohol, drugs, homicides, and suicides combined.<sup>ii</sup>**

- Tobacco use accounts for at least 30% of all cancer deaths and 87% of lung cancer deaths. Lung cancer is the leading cause of cancer death for both men and women.<sup>iii</sup>
- Smoking causes cancer and cardiovascular and lung diseases.<sup>iv</sup>

**Although nicotine is highly addictive, tobacco users can quit.**

- Nicotine is the compound in tobacco that causes the addiction to cigarettes and other tobacco products.<sup>iv</sup>
- Smokers may not be aware of the health risks associated with tobacco and may underestimate risks to their own health.<sup>v</sup>
- Many factors motivate smokers to pursue a quit attempt, including health concerns, social concerns, setting a better example for children and others, pressure from one's family to quit, cost and the exposure to the secondhand smoke.<sup>vi</sup>
- Effective treatments are available to help tobacco users to quit successfully.
- People who quit, regardless of age, live longer and are healthier than people who continue to smoke.<sup>ii</sup>

## What can be done?

**Tobacco control programs, like the Partnership for a Tobacco-Free Maine, work.<sup>vii,viii</sup>**

- **Quitlines** increase tobacco cessation. Studies on the effectiveness of quitlines available to the general public observed a median absolute increase in tobacco cessation of 3%.<sup>ix</sup>
- **Mass-media (TV) health messages** reduce tobacco use among youth and young adults (7% decrease). Greater exposure and more appealing and memorable TV spots reduce initiation of tobacco use.<sup>x</sup>
- **Smoke-free and tobacco-free policies** that prohibit smoking or tobacco use in specific areas reduce young people's initiation of tobacco use.<sup>xi</sup>

**The Statewide Tobacco Dependence Treatment Initiative for Maine is an integrated tobacco treatment program and includes:<sup>xii</sup>**

- The Maine Tobacco HelpLine
  - 1-800-207-1230 (telephonic counseling); 1-800-NEWCHOICE (for youth under 18); 1-800-QUITNOW (national quitline); 1-855DEJELLO-YA (the national Spanish number)
- Statewide tobacco dependence treatment trainings: A variety of trainings of healthcare providers and allied professionals, about evidence-based tobacco treatment based on the PHSG 2008 Treating Tobacco Use and Dependence
- The Maine Medication Voucher Program: Eligible to those with insurance for cessation treatment for over-the-counter Nicotine Replacement Therapy (patch, gum, lozenge—all FDA approved medications proven effective for tobacco treatment)

## How are we doing?

(Data are from the 2012 Maine Behavioral Risk Factor Surveillance System<sup>1</sup> unless otherwise noted. Smoking is defined as smoking at least 100 cigarettes and, at the time of interview, reported smoking every day or some days.)

### Rates of adult smoking are disproportionately higher for some Maine subpopulations.

The following subpopulations had significantly higher smoking rates: (For a graph of these demographic and tobacco data, please see the 2013 MaineHealth Index Report.)<sup>xiii</sup>

- Males (23%) compared to females (18%)
- The 25 to 34 age group (31%) compared to the 55 to 64 years of age group (17%), and the 65 and older age group (8%)
- Adults in lower compared to higher income groups
  - 40% in the less than \$15,000 income group
  - 28% in the \$15,000-24,999 income group
  - 26% in the \$25,000-34,999 income group
  - 19% in the \$35,000-49,999 income group
  - 10% in the \$50,000 and over income group
- Adults in lower compared to higher education groups
  - 37% in the less than a high school education group
  - 27% in the high school or GED group
  - 18% in the some post high school group
  - 7% in the college graduate group
- Adults enrolled in MaineCare (43%) compared to those not enrolled in MaineCare (18%)

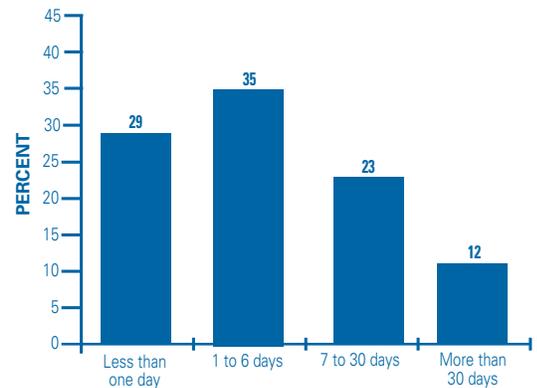
### Tobacco users want to quit and have tried to quit [Graph 1 and 2].

- 55% of smokers quit smoking for one or more days in the past year.
- 68% of tobacco users reported they want to quit smoking or using other tobacco products. Of these:
  - 84% were seriously considering quitting in the next 6 months.
  - 52% were seriously considering quitting in the next 30 days.
- 76% of tobacco users enrolled in MaineCare and 61% of tobacco users not enrolled in MaineCare reported they want to quit smoking or using other tobacco products (not significantly different). Of these:
  - A significantly higher rate of tobacco users enrolled in MaineCare (97%) said they were seriously considering quitting in the next 6 months compared to tobacco users not enrolled in MaineCare (79%).
  - There were non-significant differences among tobacco users enrolled in MaineCare compared to tobacco users not enrolled in MaineCare that were planning to quit in the next 30 days (57% vs. 51%).

### Healthcare advice to smokers

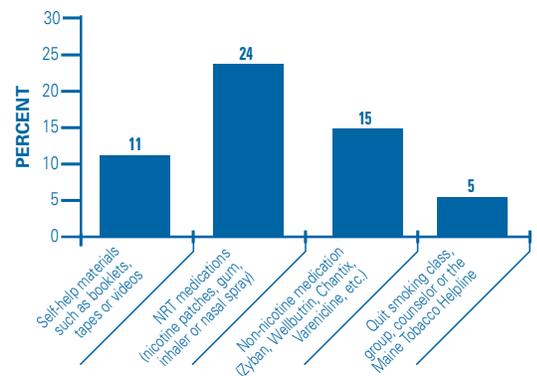
- 25% and 66% of smokers reported they had been advised by a dentist or health professional to stop smoking or using other tobacco products, respectively (among smokers who had seen a dentist and a health professional in the past 12 months).
- Among pregnant women who smoked 3 months before getting pregnant,<sup>xiv</sup> (n=3,685)
  - 54% reported a doctor, nurse or other health care worker discussed with them how to quit smoking.
  - 26% received a suggestion to set a specific quit date.
  - 15% received a suggestion to attend a class to stop smoking.
  - 29% were provided books/videos to stop smoking.
  - 24% received a suggestion to ask family or friends to support them to stop smoking.
  - 30% were referred to a quit line.
  - 20% were recommended the nicotine patch.

**Graph 1:** In the past 12 months, what is the longest time you have quit smoking, 2012



Source: DHHS, Maine Center for Disease Control and Prevention. Behavioral Risk Factor Surveillance System.

**Graph 2:** Percentage of adult tobacco users who have tried to quit smoking using various cessation resources, 2012



Source: DHHS, Maine Center for Disease Control and Prevention. Behavioral Risk Factor Surveillance Syst

## 8,696 tobacco users registered with the Maine Tobacco HelpLine in state fiscal year 2013.<sup>xv</sup> Of these:

- 85% received counseling from a tobacco treatment specialist, 1% received self-help quit materials only. The remaining 14% asked general questions, or declined services or were not able to be contacted.
- The largest percentages were white, non-Hispanic (94%), female (56%), in the 41-60 age group (49%), high school graduates (43%), and were enrolled in MaineCare (41%).

## 6,358 registered Maine Tobacco HelpLine tobacco users receiving the multiple call counseling programs were provided nicotine replacement therapy (NRT) vouchers. Of these:

- 77% received the patch, 11% gum and 12% lozenges.

The 30-day quit rate for HelpLine tobacco users who received counseling was 27%,<sup>xvi</sup> reducing secondhand exposure for more than 13,500 households.

### For more information and help to quit tobacco, visit:

Partnership For A Tobacco-Free Maine – Maine Tobacco HelpLine and Quitting Resources

[http://www.tobaccofreemaine.org/quit\\_tobacco/Maine\\_Tobacco\\_HelpLine.php](http://www.tobaccofreemaine.org/quit_tobacco/Maine_Tobacco_HelpLine.php)

[http://www.tobaccofreemaine.org/quit\\_tobacco/index.php](http://www.tobaccofreemaine.org/quit_tobacco/index.php)

MaineHealth Center for Tobacco Independence: [http://www.mainehealth.org/mh\\_body.cfm?id=424](http://www.mainehealth.org/mh_body.cfm?id=424)

QuitLink: <http://thequitlink.com/ready-to-quit/maine-tobacco-helpline>

CDC Office on Smoking and Health – TIPS Campaign: <http://www.cdc.gov/tobacco/campaign/tips/quit-smoking/>

### Notes

1. The **Behavioral Risk Factor Surveillance System** (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors throughout the United States and its territories. Since 1987 Maine BRFSS has provided state-specific information about health issues such as asthma, diabetes, healthcare access, alcohol use, hypertension, obesity, cancer screening, nutrition and physical activity, tobacco use, and many more. Federal, state and local public health professionals and researchers use this information to track health risks, identify emerging problems, prevent disease, and improve treatment.

Each year over 6,500 Maine adult, non-institutionalized residents are called to participate in this important survey. If you are called, your participation is very important to the survey. <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/brfss/>. Accessed May 1, 2014.

### References

<sup>1</sup>Centers for Disease Control and Prevention, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) System. <http://apps.nccd.cdc.gov/statesystem>. Accessed on April 4, 2014.

<sup>2</sup>Campaign for Tobacco Free Kids. [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/maine](http://www.tobaccofreekids.org/facts_issues/toll_us/maine). Accessed on 04/03/2014.

<sup>3</sup>American Cancer Society. Cancer Facts & Figures 2013. In Tobacco-Related Cancers Fact Sheet. <http://www.cancer.org/cancer/cancercauses/tobaccocancer/tobacco-related-cancer-fact-sheet>. Accessed on April 4, 2014.

<sup>4</sup>U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010. (p.9 and p.183).

<sup>5</sup>Cummings KM, Hyland A, Giovino GA, Hastrup JL, Bauer JE, Bansal MA. Are smokers adequately informed about the health risks of smoking and medicinal nicotine? Society for Research on Nicotine and Tobacco, 2004; Vol 6, S 3:333-340.

<sup>6</sup>McCaul, K.D., Hockemeyer, J.R., Johnson R.J., Zetocha, K., Quinlan, K., & Glasgow, R.E.. Motivation to quit using cigarettes: A review. Addictive Behaviors, 2006;31: 42-56.

<sup>7</sup>Farrelly MC, Loomis BR, Han B, Gfroerer J, Kuiper N, et al. A Comprehensive Examination of the Influence of State Tobacco Control Programs and Policies on Youth Smoking. Am J Public Health. 2013;103: 549-555.

<sup>8</sup>Fichtenberg CM, Glantz SA. Association of the California Tobacco Control Program with Declines in Cigarette Consumption and Mortality from Heart Disease. N Engl J Med 2000;343:1772-7.

<sup>9</sup>Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: quitline interventions. <http://www.thecommunityguide.org/tobacco/RRquitlines.html>. Accessed April 30, 2014.

<sup>10</sup>Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: mass-reach health communication interventions. [www.thecommunityguide.org/tobacco/massreach.html](http://www.thecommunityguide.org/tobacco/massreach.html). Last updated: 12/09/2013. Accessed 04/04/2014.

<sup>11</sup>Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: smoke-free policies (abbreviated). [www.thecommunityguide.org/tobacco/smokefreepolicies.html](http://www.thecommunityguide.org/tobacco/smokefreepolicies.html). Last updated: 12/09/2013. Accessed on 04/04/2014.

<sup>12</sup>The Maine Tobacco HelpLine. The Partnership For A Tobacco-Free Maine, Center for Disease Control and Prevention, Department of Health and Human Services. [http://www.tobaccofreemaine.org/quit\\_tobacco/Maine\\_Tobacco\\_HelpLine.php](http://www.tobaccofreemaine.org/quit_tobacco/Maine_Tobacco_HelpLine.php).

<sup>13</sup>MaineHealth. 2013 MaineHealth Index Report. [www.mainehealthindex.org](http://www.mainehealthindex.org).

<sup>14</sup>Department of Health and Human Services, Maine Center for Disease Control and Prevention, Maine Pregnancy Risk Assessment monitoring System. <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/>. Accessed 04/30/2014.

<sup>15</sup>MaineHealth – Center for Tobacco Independence, HelpLine program data. 2013.

<sup>16</sup>MaineHealth – Center for Tobacco Independence, 7 month follow-up survey of tobacco user registrations, 2012.



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