

Adult Tobacco Smoking 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—annual healthcare costs in Maine caused by smoking are \$811,000,000.ⁱ

What are the facts?

Tobacco use kills more people in Maine than alcohol, drugs, homicides, and suicides combined.ⁱⁱ

- Despite the gains that have been made in Maine in tobacco control, tobacco exacts an enormous cost on the state's population. An estimated 2,200 Maine adults die each year from their own smoking.ⁱ

Cigarette smoking has been causally linked to diseases of nearly all organs of the body.ⁱⁱ

- "Even 50 years after the first Surgeon General's Report, research continues to newly identify diseases caused by smoking, including such common diseases as diabetes mellitus, rheumatoid arthritis, and colorectal cancer."ⁱⁱⁱ

Lung cancer is the most preventable form of cancer.ⁱⁱⁱ

- Smokers who quit before age 50 cut their risk of dying in the next 15 years in half.ⁱⁱⁱ

What can be done?

Tobacco control programs, like the Partnership For A Tobacco-Free Maine, work.^{ii,iv,v}

- **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%.^{vi}
- **Mass-media (TV) health messages** reduce tobacco use among young adults by 5% and increase use of cessation resources by 132%.^{vii}
- **Smoke-free policies** reduce secondhand smoke exposure by 50%, reduce tobacco use by 3%, increase the number of tobacco users who quit by 4%, and reduce tobacco-related illness or disease, including acute cardiovascular events by 5%. Smoke-free policies reduce healthcare costs substantially. In addition, the evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants.^{viii}
- **Mobilizing a community-wide effort** on stronger local laws directed at tobacco retailers, active enforcement of tobacco retailer sales laws, and tobacco retailer education with reinforcement reduce self-reported tobacco use among youth by 6% and reduce retail tobacco sales to youth by 34%.^{ix}

How are we doing?

(Data are from the 2012 Maine Behavioral Risk Factor Surveillance System¹ 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.)

Although fewer Maine adults smoke this year compared to last year, differences exist by DHHS district, and Maine's smoking rates are higher than the other New England states.

- The number of cigarette packs sold in Maine has declined steadily since 1990; in 2013, 49 packs of cigarettes were sold per capita, the lowest rate in the past 18 years.^x
- The Maine adult current smoking rate declined significantly from 23% in 2011 to 20% in 2012 [Graph 1].^{xi}
- Cumberland DHHS district had the lowest rate of adult current smoking (16%), significantly lower than the two districts with the highest rates (Aroostook, 26%; Western, 23%) [Graph 2].
- Maine's rate of adult current smoking (20%) is significantly higher than all of the other New England states (Connecticut, 16%; New Hampshire, 17%; Massachusetts, 16%; Vermont, 17%; and Rhode Island, 17%).^{xi}

Rates of adult smoking varied and were 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.^{xii}

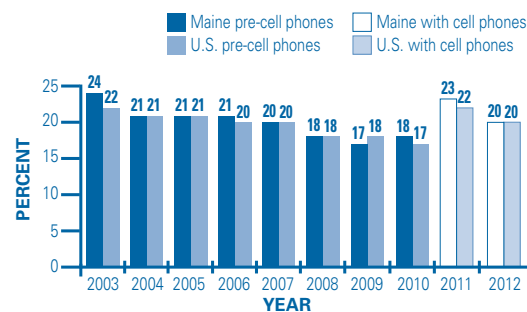
- Males (23%) compared to females (18%)
- The 25 to 34 age group (31%) compared to the 55 to 64 years of age group (17%), and the 65 and older age group (8%)
- Adults in lower compared to higher income groups
 - 40% in the less than \$15,000 income group
 - 28% in the \$15,000-24,999 income group
 - 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%)

Adult smokers had higher rates of chronic disease [Graph 3].

Smokers compared to nonsmokers had significantly higher rates of:

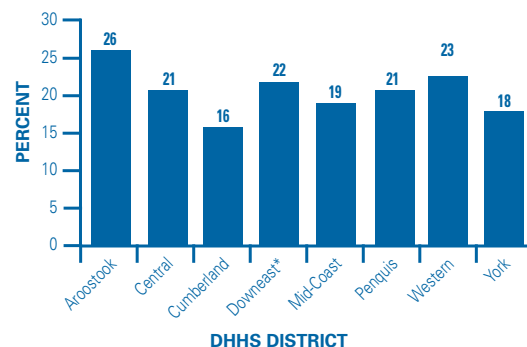
- Asthma (19% vs. 14%)
- Poor dental health
 - Having 6 or more but not all teeth removed (17% vs. 11%)
 - Having all teeth removed (13% vs. 7%)
- Smokers compared to nonsmokers had similar rates of:
 - Diabetes (8% vs. 10%)
 - Angina or coronary heart disease (4% vs. 5%)
- Smokers compared to nonsmokers had significantly lower rates of:
 - Good dental health
 - Having none of their teeth removed (37% vs. 52%)
 - Other types of cancer (5% vs. 8%)
 - Skin cancer (2% vs. 6%)

Graph 1: Percentage of current cigarette smoking among Maine and U.S. adults 18 years of age and older, 2003-2012



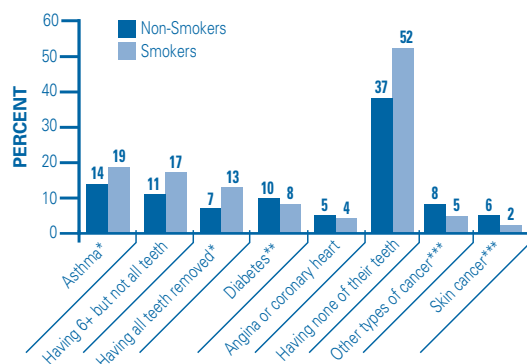
Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. US includes states and DC; excludes territories.
Note: Due to improvements in BRFSS weighting methodology and the addition of cell phones to the sample beginning in 2011, estimates are more accurate and higher than in previous years. 2011 and 2012 data cannot be directly compared to previous years of BRFSS data.

Graph 2: Percentage of current cigarette smoking among adults 18 years of age and older by Maine DHHS District, 2012



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

Graph 3: Percentage of chronic disease or risk factors among Maine adult cigarette smokers compared to nonsmokers, 2012



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

\$534,231,000

The estimated productivity losses in Maine during 2000-2004 attributable to smoking^x

Smoking during pregnancy

(Data are from the 2011 Maine Pregnancy Risk Assessment Monitoring System.²)

19% Maine pregnant women smoked during pregnancy. Rates of smoking during pregnancy varied and were significantly higher for some subpopulations [Graphs 4 and 5].

- 60% of pregnant women with less than a high school education reported smoking during pregnancy compared to 30% with a high school education, and 7% with more than a high school education.
- 43% of pregnant women with an income of \$14,999 or less reported smoking during pregnancy compared to 18% with an income of \$15,000 to 24,999 and 12% with an income of \$25,000 to 49,999.
- 36% of unmarried pregnant women reported smoking during pregnancy compared to 8% of married pregnant women.
- 30% of pregnant women age 20-24 years reported smoking during pregnancy compared to 25% age less than 20 years, 16% age 25-34 years, and 10% age 35 years and older.

Other tobacco products and e-cigarette use

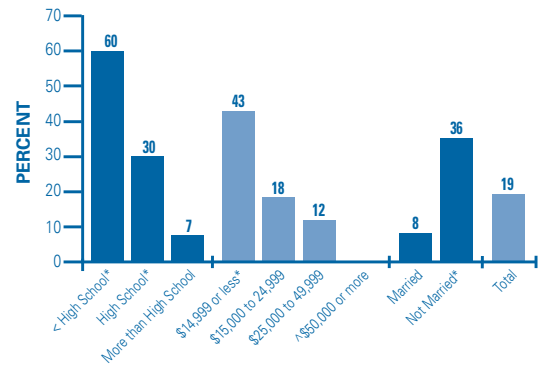
- 2% of adults report using other tobacco products (chewing tobacco, snuff, etc.).
- 23% of those who have smoked at least 100 cigarettes in their lifetime and who are less than 50 years old* reported ever using electronic cigarettes. Of these (n=68):
 - o 18% currently use e-cigarettes.
 - o 43% use e-cigarettes to quit smoking.
 - o 34% use e-cigarettes to try something new.

*This was the first year this question was asked. In 2014 this question is asked of all people.

Tobacco users want to quit.

- 68% of tobacco users reported they would like to quit smoking or using other tobacco products. Of these:
 - o 84% were seriously considering quitting in the next 6 months.
 - o 52% were seriously considering quitting in the next 30 days.
- 76% of tobacco users on MaineCare and 61% of tobacco users not on MaineCare reported they would like to quit smoking or using other tobacco products (a non-significant difference). Of these:
 - o A significantly higher rate of tobacco users enrolled in MaineCare (97%) said they were seriously considering quitting in the next 6 months compared to 79% of tobacco users not enrolled in MaineCare.
 - o 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%).

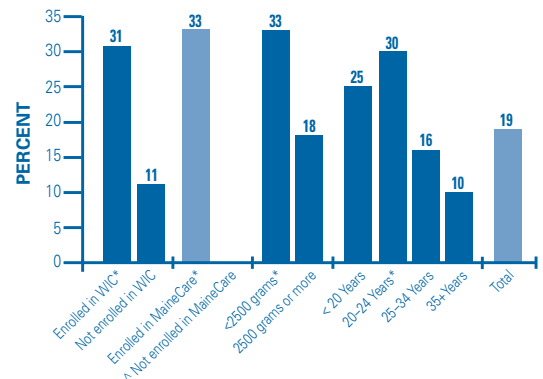
Graph 4: Percentage of pregnant women who smoked during pregnancy by education, income and marital status, 2011



Source: DHHS, Maine Center for Disease Control and Prevention. Pregnancy Risk Monitoring System.

*Significantly higher.
^Data suppressed due to small sample size.

Graph 5: Percentage of pregnant women who smoked during pregnancy by subpopulations, 2011



Source: DHHS, Maine Center for Disease Control and Prevention. Pregnancy Risk Monitoring System.

*Significantly higher.
^Data suppressed due to small sample size.

1-800-207-1230

THE MAINE TOBACCO HELPLINE

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/index.php

MaineHealth Center for Tobacco Independence: 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. The most recent data are from 2012.

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.

2. The Maine **Pregnancy Risk Assessment Monitoring System** (PRAMS) is an on-going, population-based surveillance system designed to identify and monitor selected maternal behaviors and experiences before, during, and after pregnancy among women who have recently given birth to a live infant. Data are collected monthly from a sample of 125 women using a mail/telephone survey. The most recent data are from 2011. <http://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/prams/index.shtml>. Accessed May 1, 2014.

References

¹Campaign for Tobacco Free Kids. http://www.tobaccofreekids.org/facts_issues/toll_us/maine. Accessed on 04/03/2014.

²U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: 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, 2014.

³US Surgeon General's Report The Health Benefits of Smoking Cessation: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1990. In: 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 03/18/2014.

⁴Farrelly 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.

⁵Fichtenberg 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.

⁶Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: quitline interventions. <http://www.thecommunityguide.org/tobacco/RRquitlines.html>. Accessed April 30, 2014.

⁷Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: mass-reach health communication interventions. www.thecommunityguide.org/tobacco/massreach.html. Last updated: 12/09/2013. Accessed 04/04/2014.

⁸Guide to Community Preventive Services. Reducing tobacco use and secondhand smoke exposure: smoke-free policies (abbreviated). www.thecommunityguide.org/tobacco/smokefreepolicies.html. Last updated: 12/09/2013. Accessed on 04/04/2014.

⁹Guide to Community Preventive Services. Community mobilization with additional interventions to restrict minors' access to tobacco products. www.thecommunityguide.org/tobacco/communityinterventions.html. Last updated: 05/02/2013. Accessed: 04/04/2014.

¹⁰US Centers for Disease Control and Prevention, Office on Smoking and Health, State Tobacco Activities Tracking and Evaluation System. <http://apps.nccd.cdc.gov/statesystem/Default/Default.aspx>. Accessed 04/03/2014.

¹¹US Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. <http://apps.nccd.cdc.gov/brfss/>. Accessed 04/04/2014.

¹²MaineHealth. 2013 MaineHealth Index Report. www.mainehealthindex.org



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