

# Secondhand 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.

**SECONDHAND SMOKE IS A SERIOUS HEALTH HAZARD causing immediate health problems and premature death in children and adults.<sup>i</sup>**

## What are the facts?

According to *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*:<sup>i</sup>

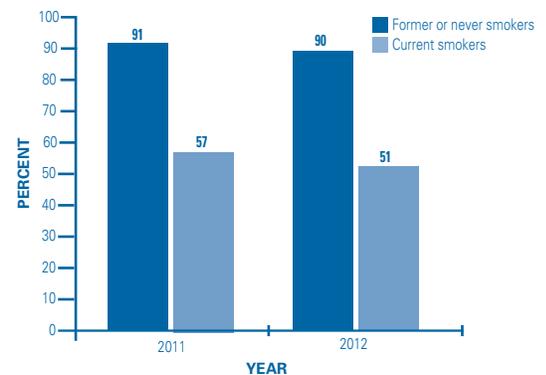
- Secondhand smoke increases the risk of sudden infant death syndrome and low birth weight. Infants and pregnant women should NOT be exposed to secondhand smoke.
- Secondhand smoke causes illness in children, especially very young children.
- Secondhand smoke causes lung cancer, heart disease, and early death and disease in adults who do not smoke.

## How are we doing?

Maine is making great progress with voluntary smoke-free policies and laws.

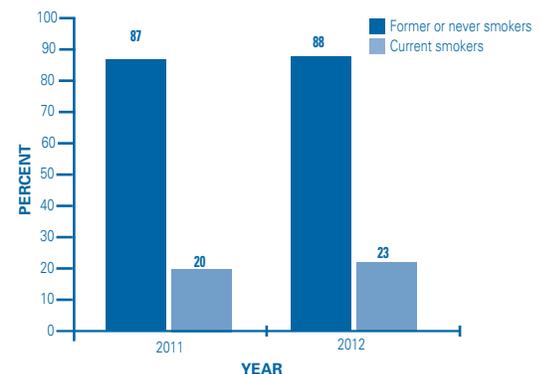
- MaineHousing requires that all projects funded through its Low Income Housing Tax Credit program must be 100% smoke-free. In October 2012, Maine became the first state in the nation to require this and protect tenants in new units.<sup>ii</sup>
- All twenty Public Housing Authorities are smoke-free. The Smoke-Free Housing Coalition assisted the state's Public Housing Authorities to develop and implement fully 100% smoke-free policies for all of the units; protecting 9,470 residents living in over 5,000 units. Maine is the first state in the nation to achieve this.<sup>iii</sup>
- In addition, 48% of private landlords have chosen to go smoke-free; protecting over 135,000 tenants.<sup>iii</sup>
- Smoking is banned by Maine law in cars when children are present. In September 2008, a law was passed to protect children from exposure to secondhand smoke in vehicles by prohibiting smoking in vehicles when minors under the age of 16 years are present.<sup>iv</sup>
- Smoking is banned by Maine law in the workplace and public places. Smoking is prohibited in all enclosed areas of business facilities including vehicles used in the course of work, in private residences only during the period of time that an employee is physically present to perform work there, and outdoor areas under the control of an employer at which employees perform services for their employer. Employers may only permit employer or employee smoking outdoors twenty (20) feet away from all business facilities. Smoking is also prohibited in all enclosed areas of public places, all rest rooms made available to the public, and in outdoor locations of outdoor eating areas, and within twenty (20) feet of Maine's state parks, historic sites, beaches, and playgrounds.<sup>iv</sup>

Graph 1: Percentage of Maine adults reporting having a smoke-free home rule, by smoking and nonsmoking status, 2011-2012



Source: Maine Department of Health and Human Services, Behavioral Risk Factor Surveillance System

Graph 2: Percentage of Maine adults reporting having a smoke-free car rule, by smoking and nonsmoking status, 2011-2012



Source: Maine Department of Health and Human Services, Behavioral Risk Factor Surveillance System

# “The scientific evidence indications that there is NO RISK-FREE LEVEL of exposure to secondhand smoke.”

–The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General<sup>1</sup>

## What are the facts?

The only way to protect nonsmokers is to completely eliminate smoking in indoor places.

- The home is now the major source of secondhand smoke exposure for children.
- Children who live in multi-unit housing are particularly at risk for secondhand smoke exposure, even if they do not live with a smoker. Smoke travels through air ducts and ventilation systems and harms tenants.<sup>i</sup>
- A review of the scientific evidence found that smoking bans and restrictions were effective in reducing exposure to secondhand smoke by 60%.<sup>i</sup>
- Air cleaning and exchange CANNOT remove the risks of indoor secondhand smoke.<sup>i</sup>
- Studies found that smoke-free home rules reduced the chances that a child becomes a smoker, regardless of whether a parent smokes or not. One study found strict smoking rules reduced the odds that a child will smoke by about 50%.<sup>i</sup>

## What can be done?

Initiatives used by tobacco control programs, like the Partnership For A Tobacco-Free Maine, work.<sup>v,vi</sup>

- **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.<sup>vii</sup>
- **Mass-media (TV) health messages** reduce exposure to secondhand smoke (50% in various settings, 50% in SHS biomarkers, and 88% in indoor air pollution).<sup>viii</sup>

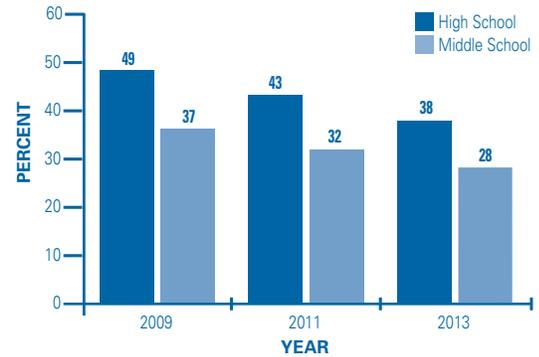
## How are we doing?

(Data are from the 2012 Maine Behavioral Risk Factor Surveillance System<sup>1</sup> unless otherwise noted.)

Although the majority of adults report having smoke-free home and car rules, there is plenty of room for improvement, and there are significant differences by MaineCare status.

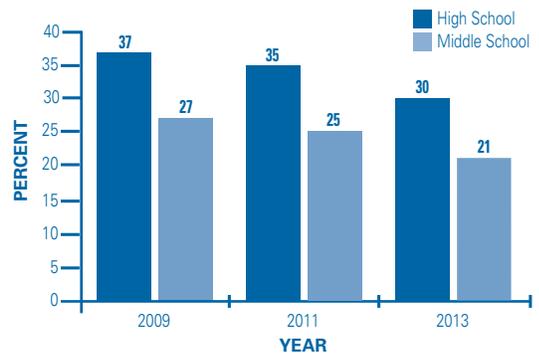
- 97% of pregnant women reported smoke-free home rules; the rate for those enrolled in MaineCare is significantly lower (95%) compared to pregnant women not enrolled in MaineCare (99%).<sup>ix</sup>
- 82% of adults said they had a rule that no one is allowed to smoke anywhere inside their home; the rate for adults enrolled in MaineCare is significantly lower (69%) compared to adults not enrolled in MaineCare (84%).
- 74% of adults said they had a rule that no one is allowed to smoke anywhere inside their car; the rate for adults enrolled in MaineCare is significantly lower (54%) compared to pregnant women not enrolled in MaineCare (77%).

Graph 3: Percentage of Maine youth reporting being in the same room with someone who was smoking cigarettes at least once in the past week, 2009-2013



Source: Maine Department of Health and Human Services, Department of Education, Maine Integrated Youth Health Survey

Graph 4: Percentage of Maine youth reporting being in a car with someone who was smoking cigarettes at least once in the past week, 2009-2013



Source: Maine Department of Health and Human Services, Department of Education, Maine Integrated Youth Health Survey

## Still too many children are exposed to secondhand smoke.<sup>2</sup>

- 34% of high school and 35% of middle school youth live in a home where someone currently smokes cigarettes.
- 38% of high school and 28% of middle school youth were in the same room with someone else who was smoking at least once in the past week.
- 30% of high school and 21% of middle school youth were exposed to secondhand smoke in a car at least once in the past week.

## Still too many adults are exposed to secondhand smoke and there are significant differences by MaineCare status.

- 18% of adults have one or more people living in their home who smokes; the rate for adults enrolled in MaineCare is significantly higher (36%) compared to adults not enrolled in MaineCare (16%).
- 8% of adults had someone smoke inside their home on 30 of the past 30 days; the rate for adults enrolled in MaineCare is significantly higher (16%) compared to adults not enrolled in MaineCare (7%).
- Adults enrolled in MaineCare are more likely to spend considerable time in their homes. 23% of adults spend 17 to 24 hours per day inside their home; the rate for adults enrolled in MaineCare is significantly higher (40%) compared to adults not enrolled in MaineCare (21%).
- 14% of adults were exposed to secondhand smoke in a car at least once in the past week; the rate for adults enrolled in MaineCare is significantly higher (26%) compared to adults not on MaineCare (13%).
- 8% of adults reported being exposed to secondhand smoke at least once in the past week while on the job even though, by Maine law, smoking is prohibited in all indoor public places and workplaces, including company vehicles. There were no significant differences between adults enrolled in MaineCare (12%) compared to adults not enrolled in MaineCare (6%).

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

Partnership For A Tobacco-Free Maine: [http://www.tobaccofreemaine.org/breathe\\_easy/index.php](http://www.tobaccofreemaine.org/breathe_easy/index.php)

Breathe Easy Coalition: <http://www.breathetheasymaine.org/>

### 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 Integrated Youth Health Survey** (MIYHS) is administered by the Office of Substance Abuse and Mental Services. MIYHS uses county-level weights in addition to school response, student response and post-stratification to calculate state-level weights. The most recent MIYHS data are 2013. <https://data.mainepublichealth.gov/miyhs/home>. Accessed April 4, 2014.

### References

<sup>1</sup>U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

<sup>2</sup>MaineHousing. Maine State Housing Authority. Low Income Housing Tax Credit Qualified Application Plan, 2013. <http://www.mainehousing.org/docs/qap/clean-final-low-income-housing-tax-credit-rule.pdf?Status=Master>. Accessed May 13, 2013.

<sup>3</sup>Breathe Easy Coalition of Maine. Smoke-Free Housing Coalition program data, 2013.

<sup>4</sup>Partnership For A Tobacco-free Maine [http://www.tobaccofreemaine.org/explore\\_facts/maine-laws.php](http://www.tobaccofreemaine.org/explore_facts/maine-laws.php). Accessed April 10, 2013

<sup>5</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>6</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>7</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>8</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>9</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.



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