

Youth 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.

Maine has made good progress, but there is still work to be done!

What are the facts?

Fewer Maine youth are smoking cigarettes.

- Cigarette smoking among Maine youth (grades 9-12) dropped from 39% in 1997 (when the state's tobacco control and prevention program began) to 13% in 2013. [Graph 1, YRBSS]ⁱ
- There were no significant differences in youth smoking rates by DHHS district. [Graph 2, MIYHS]^{2,3}

Still, too many Maine youth will cut their lives short by smoking cigarettes.

- 1,200 of Maine youth become daily smokers each year.ⁱ
- 27,000 of Maine youth now under 18 will die prematurely from smoking.ⁱ

Most smokers start in their teenage years.

- In 2013, 92% of adult smokers in Maine smoked their first cigarette before the age of 19.ⁱⁱ

Tobacco companies target kids through candy-themed tobacco products.

- The tobacco industry, dependent on new smokers, is spending an estimated \$41 million annually on marketing in Maine.ⁱ That is almost 4 times the \$11 million allocated to the state's tobacco prevention program.ⁱⁱⁱ
- Tobacco company ads and promotions have been shown to cause adolescents and young adults to start smoking and to keep smoking.^{iv}

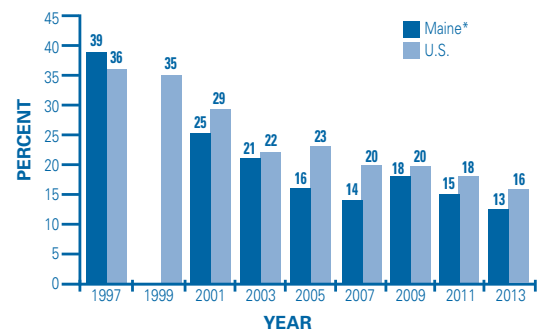
The younger someone starts to smoke, the more likely they are to continue to smoke.^v

What can be done?

Initiatives used by tobacco control programs, like the Partnership For A Tobacco-Free Maine, work.^{iv, vi, vii}

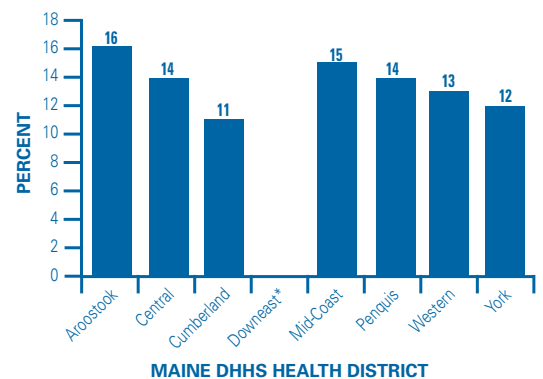
- **Mass-media (TV) health messages** reduce tobacco use among youth and young adults (7% decrease). Greater exposure and more appealing and memorable TV spots reduce initiation of tobacco use.^{viii}
- **Smoke-free and tobacco-free policies** that prohibit smoking or tobacco use in specific areas reduce young people's initiation of tobacco use.^{viii}
- **Mobilizing a community-wide effort** on stronger local retail laws, active enforcement, and retailer education can reduce tobacco use among youth (median decrease of 6%) and reduce sales to youth (median decrease of 34%).^{ix}

Graph 1: Percentage of Maine and US youth, grades 9-12, who smoked cigarettes on one or more of the past 30 days, 1997-2011



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System
*Maine does not have data for 1999.

Graph 2: Percentage of Maine youth, grades 9-12, who smoked cigarettes on one or more of the past 30 days by Maine DHHS district, 2013



Source: Maine Department of Health and Human Services, Department of Education, Maine Integrated Youth Health Survey, 2013
*Data suppressed due to small sample size.

How are we doing?

Youth smoking is much higher in certain populations.

Rates of cigarette smoking among youth (grades 9-12) in 2013 [MIYHS] were significantly higher for:

- Males (15%) compared to females (11%)
- Students in each higher grade (8% grade 9, 11% grade 10, 15% grade 11, and 17% grade 12)
- Hispanic (31%) and Native American (21%) compared to white youth (12%)
- Gay/lesbian (29%), bisexual (28%), questioning (22%) compared to heterosexual youth (12%)
- Youth reporting they were depressed (27% vs. 16%) or had seriously considered attempting suicide (32% vs. 15%)
- Youth going to a school where half or more of students received free or reduced cost lunch (20%), compared to youth going to a school where less than a quarter of students received free or reduced cost lunch (16%)
- Youth living in rural compared to urban areas (20% vs. 17%)

For more information and help to quit, visit:

Partnership For A Tobacco-Free Maine: <http://www.tobaccofreemaine.org/> or <http://www.maine.gov/dhhs/mecdc/population-health/hmp/ptm/>

The Maine Youth Action Network: <http://www.myan.org/>

Notes

1. **The Youth Risk Behavior Surveillance System (YRBSS)** is conducted by the US CDC. The YRBS, which samples at the state level only, does not use county weights when calculating the state-level weights. The most recent YRBSS data are 2011.
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
3. **Recommendations on when to use MIYHS and when to use YRBS results:** When making comparisons with national rates or rates in other states, use YRBS (as reported on the US CDC website: www.cdc.gov/healthyyouth/yrbss). When making comparisons between the state rate and county rates, use MIYHS.

References

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

²Department of Health and Human Services, Maine Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012. [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.]

³Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: 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.

⁴U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: 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, 2012. (p. 8).

⁵Breslau N, Peterson EL. Smoking Cessation in Young Adults: Age at Initiation of Cigarette Smoking and Other Suspected Influences. *Am J Public Health*, 1996;86:214-220.

⁶Farrelly 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.

⁷Fichtenberg 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.

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.



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