

In Focus:

Smoking in Maine

Smoking is the leading cause of preventable death in the United States. Each year, more than 480,000 people die from cigarette smoking, including nearly 41,000 deaths from secondhand smoke exposure.¹ Approximately 16 million cases of major medical conditions among adults are attributed to smoking – which amounts to nearly 30 people living with serious disease for every smoking death.² Direct medical expenditures from smoking total nearly \$170 billion annually in the U.S., and also cost the economy \$156 billion in lost productivity each year.^{3,4}

Smoking is more common in Maine than in any other Northeast state. While the overall prevalence of smoking is declining in the state, nearly one out of every five adults in Maine continue to smoke.⁵ Tobacco use is also high among Maine's youth, with nine percent of children aged 12 to 17 having used a tobacco product in the past month.⁶

2017 Smoking Rank

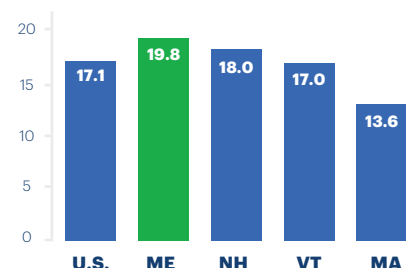
37

2017 Overall Rank

23

Consistent with other states, smoking is much more common among those with lower levels of education and income than those with higher levels of education and earnings. For example, over 48.2 percent of adults with less than a high school education smoke in the state, compared to about 20.4 percent of adults with some college and 6.7 percent of adults with a college degree. These differences in smoking prevalence highlight opportunities to focus smoking cessation efforts to more effectively reach those in the state who are most likely to smoke.

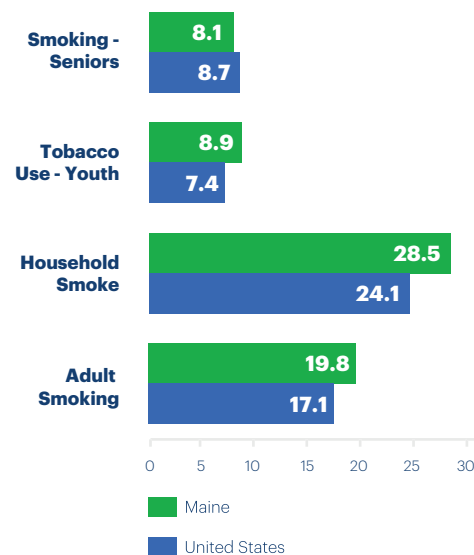
Smoking is more prevalent in Maine than in any of its neighboring states



Percentage of adults who are smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every or some days)

Source: CDC, Behavioral Risk Factor Surveillance System, 2016

Comparing smoking and tobacco exposure in Maine to the United States⁷



1 Estimation of cigarette smoking-attributable morbidity in the United States. JAMA Internal Medicine. 2014.

2 Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Tobacco Use: Extinguishing the Epidemic. 2016.

3 US Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA.

4 Annual healthcare spending attributable to cigarette smoking: an update. American Journal of Preventive Medicine. 2015.

5 America's Health Rankings, 2017 Annual Report.

6 America's Health Rankings, 2016 Health of Women & Children Report.

7 See detailed measures at AmericasHealthRankings.org

In Focus: Smoking in Maine

Reducing Smoking in Maine

Quitting smoking, even in longtime smokers, can have profound benefits on current health status and long-term health outcomes. When smokers quit, the risk of a heart attack drops sharply after just one year. Stroke risk can fall to about the same as a non-smoker's after two to five years. Risks for cancer of the mouth, throat, esophagus, and bladder are cut in half after five years; and the risk for dying of lung cancer drops by half after 10 years. Those who quit before age 35 reduce their risk of premature death to almost the same level as non-smokers.^{8,9}

A variety of interventions are effective for helping those who smoke quit. All states offer free phone or online tobacco cessation "quitlines" that provide users with evidence-based counseling and coaching, referrals, and – in some cases – nicotine replacement therapy medication.

Text message-based programs have also been shown to be effective at helping smokers quit.¹⁰ The U.S. Preventive Services Task Force also recommends that clinicians proactively ask their patients about tobacco use and connect smokers to counseling services that provide social support and training in problem-solving skills.¹¹

While popular, e-cigarettes have not proven themselves to be an aid in smoking cessation. Some research indicates that the odds of quitting cigarettes are significantly lower for those who use e-cigarettes in their smoking cessation compared to those who don't.¹²

Taking Action to Reduce Smoking in Maine

Maine has taken action to reduce its smoking prevalence, including recently raising the minimum age for buying tobacco products from 18 to 21. Within the state, organizations like the MaineHealth Center for Tobacco Independence (CTI) work to prevent tobacco use among youth and adults, prevent second-hand smoke exposure, and promote smoking cessation. Examples of CTI's programming include:

- Partnering with agencies across the state to increase adoption of tobacco-free policies in schools, multi-unit housing, colleges, and hospitals.
- Administer the Maine Tobacco HelpLine, which offers both treatment counseling and free nicotine replacement therapy medication vouchers for qualifying Maine resident tobacco users. The HelpLine has served over 100,000 residents since its launch in 2001.¹³



ADULTS IN MAINE
WITH INCOMES
BELOW \$25,000
ARE APPROXIMATELY
**FOUR TIMES MORE
LIKELY TO BE SMOKERS**
THAN THOSE WITH INCOMES
OVER \$75,000.

8 US Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA.

9 21st-century hazards of smoking and benefits of cessation in the United States. NEJM, 2013.

10 Efficacy of SMS Text Message Interventions for Smoking Cessation: A Meta-Analysis. Journal of Substance Abuse Treatment, 2015.

11 Final Recommendation Statement: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. U.S. Preventive Services Task Force. September 2017.

12 E-cigarettes and smoking cessation in real-world and clinical settings: a systematic review and meta-analysis. The Lancet Respiratory Medicine, 2016.

13 <https://mainehealth.org/about/healthy-communities/chronic-conditions/tobacco-use-treatment>