

# Burden of Tobacco Use in Maine: Low-Income Populations

## Smoking Prevalence is Higher in Low-Income Populations

As income increases, smoking prevalence decreases\*<sup>1</sup>:

- Earning less than \$35,000: 26.0%
- Earning \$35,000–\$74,999: 20.5%
- Earning \$75,000–\$99,999: 18.4%
- Earning \$100,000+: 13.5%

*\*Percentage of U.S. adults 18 years or older reporting using a tobacco product “every day” or “some days”*

## Health Effects

Income, education, and geographic disparities increase the risk for lung cancer:

- Lower income smokers have higher lung cancer risk than those with higher income.<sup>2</sup>
- People with less than a high school education have higher lung cancer incidence than those with a college education.<sup>3,4</sup>
- People with family incomes of less than \$12,500 had lung cancer incidence rates that were **more than 1.7 times** the incidence rate of those with incomes \$50,000 or higher.<sup>4</sup>
- People living in rural, deprived areas have 18–20% higher rates of lung cancer than people living in urban areas.<sup>2</sup>
- Lower-income populations have less access to health care, making it more likely they are diagnosed at later stages of diseases and conditions.<sup>3</sup>

## Tobacco Industry Marketing & Targeting

- There is a higher density of tobacco retailers in low-income neighborhoods,<sup>5</sup> including more that are near schools,<sup>6</sup> than higher-income neighborhoods.
- Advertisements in low-income/minority neighborhoods are larger, have a lower mean advertised price, and are more likely to promote menthol products and occur within 1,000 feet of a school, compared to higher income/non-minority communities.<sup>7</sup>



- Tobacco companies have targeted women of low-income through distribution of discount coupons, point-of-sale discounts, direct-mail coupons, and development of targeted branding.<sup>8</sup>
- Over the past 60 years, tobacco companies have handed out **free cigarettes to children** in housing projects, **issued tobacco coupons with food stamps**, and explored giving away financial products like prepaid debit cards.<sup>9</sup> In 2014, the **tobacco industry spent \$7.3 billion on discounts and coupons to lower prices.**<sup>10</sup>

# Policy Actions to Take

Evidence-based tobacco prevention and treatment strategies, including culturally appropriate anti-smoking health marketing strategies and mass media campaigns, as well as CDC-recommended tobacco prevention and control programs and policies, will reduce the burden of disease among the low-income populations. Specific policy actions to take include:

1. Increase the price of **all** tobacco products, including e-cigarettes, through regular and significant tobacco tax increases.
2. Implement and enforce comprehensive smoke-free and tobacco-free policies.
3. Fully fund and sustain, evidence-based, statewide tobacco use prevention and treatment programs. **Currently, Maine’s program is funded at approximately 30% of the U.S. CDC recommended level of \$15.9 million.**
  - a. Aggressive, directed counter-marketing and education campaigns
  - b. Investments in surveillance and evaluation
  - c. Increase reach of effective tobacco treatment programs, such as the ME Tobacco HelpLine

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To learn more, please visit [www.MainePublicHealth.org](http://www.MainePublicHealth.org).***

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<sup>1</sup> Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults — United States, 2017. *MMWR Morb Mortal Wkly Rep* 2018;67:1225–1232.

<sup>2</sup> Singh GK, Williams SD, Siahpush M, Mulhollen A. Socioeconomic, Rural-Urban, and Racial Inequalities In US Cancer Mortality: Part I—All Cancers and Lung Cancer and Part II—Colorectal, Prostate, Breast, and Cervical Cancers. *Journal of Cancer Epidemiology* 2011.

<sup>3</sup> Campaign for Tobacco-Free Kids. Tobacco and Socioeconomic Status. Washington, D.C.: Campaign for Tobacco-Free Kids, 2015.

<sup>4</sup> Clegg LX, Reichman ME, Miller BA, Hankey BF, Singh GK, Lin YD, et al. Impact of Socioeconomic Status on Cancer Incidence and Stage at Diagnosis: Selected Findings from the Surveillance, Epidemiology, and End Results: National Longitudinal Mortality Study. *Cancer Causes and Control* 2009;20(4).

<sup>5</sup> Yu D, Peterson NA, Sheffer MA, Reid RJ, Schneider JE. Tobacco Outlet Density and Demographics: Analysing the Relationships with a Spatial Regression Approach. *Public Health*, 2010;124(7):412–6.

<sup>6</sup> D’Angelo, H., Ammerman, A., Gordon-Larsen, P., Linnan, L., Lytle, L. & Ribisl, K.M. 2016. Sociodemographic disparities in proximity of schools to tobacco outlets and fast-food restaurants. *American Journal of Public Health*, 106(9), 1556-1562.

<sup>7</sup> Seidenberg AB, Caughey RW, Rees VW, Connolly GN. Storefront cigarette advertising differs by community demographic profile. *Am J Health Promot.* 2010;24(6):e26-31.

<sup>8</sup> Brown-Johnson CG, England LJ, Glantz SA, Ling PM. Tobacco Industry Marketing to Low Socioeconomic Status Women in the USA. *Tobacco Control.* 2014.

<sup>9</sup> Truth Initiative. Tobacco is a social justice issue: Low-income communities. 2017. <https://truthinitiative.org/news/smoking-and-low-income-communities>

<sup>10</sup> Truth Initiative. How big is big tobacco’s marketing budget?. 2016. <https://truthinitiative.org/news/how-big-big-tobaccos-marketing-budget>