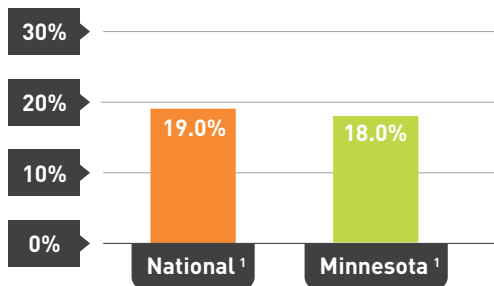


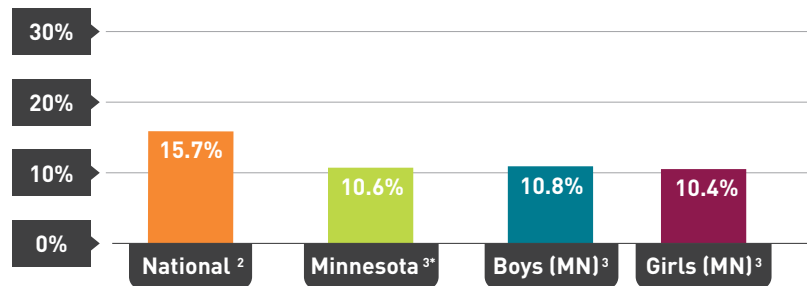
# MINNESOTA + TOBACCO

## CIGARETTE USE

% of Adults Who Currently Smoke



% of High School Students Who Currently Smoke<sup>2</sup>



## OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in Minnesota was 5.0% in 2013. 9.6% of adult current cigarette smokers in Minnesota were also current smokeless tobacco users in 2013.<sup>4</sup>
- In 2014, 5.9% of adults in Minnesota used e-cigarettes on at least one day in the past 30 days.<sup>5</sup>
- In 2014, 2.9% of adults in Minnesota smoked cigars on at least one day in the past 30 days.<sup>5</sup>
- In 2014, 1.4% of adults in Minnesota used waterpipes on at least one day in the past 30 days.<sup>5</sup>
- In 2014, 6.2% of high school students in Minnesota used chewing tobacco, snuff, or dip on at least one day in the past 30 days.<sup>3</sup>
- In 2014, 8.2% of high school students in Minnesota smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.<sup>3</sup>
- In 2014, 12.9% of high school students in Minnesota used electronic cigarettes on at least one day in the past 30 days.<sup>3</sup>

## ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, Minnesota allocated \$22.3 million in state funds to tobacco prevention, which is 42.2% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.<sup>6</sup>

\* Comparison made using the 2013 Youth Risk Behavior Surveillance System (YRBSS) national current smoking prevalence and the 2014 Minnesota Youth Tobacco Survey high school prevalence.

- The health care costs in Minnesota, directly caused by smoking, amount to \$2.51 billion annually.<sup>6</sup>
- State and federal Medicaid costs for Minnesota total \$563.2 million annually for smoking-caused health care.<sup>7</sup>
- Minnesota loses \$1.54 billion in productivity each year due to smoking.<sup>7</sup>
- Minnesota received an estimated \$1.409 billion in tobacco settlement payments and taxes in FY2015.<sup>8</sup>
- Minnesota is not part of the Master Settlement Agreement (MSA).<sup>6</sup>

## STATE TOBACCO LAWS<sup>9,10,11</sup>

### EXCISE TAX

- The state tax increased to \$2.83 per pack of cigarettes in July 2013. All other tobacco products are taxed 95% of the wholesale price, except premium cigars which are taxed 95% of the wholesale price or \$3.50 per cigar, whichever is less. Electronic cigarettes and e-juices are considered tobacco products and are taxed 95% of the wholesale price. Moist snuff is taxed \$2.83 per container.

### CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in all childcare facilities, health care facilities, schools, restaurants, bars, government workplaces (workplaces with two or fewer employees are exempt), private workplaces (workplaces with two or fewer employees are exempt), retail stores, recreational facilities, and casinos (tribal establishments are exempt).

### YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products is 18, and penalties exist for both minors and merchants who violate this law.
- Only sales clerks are allowed access to tobacco products prior to sale.
- The sale to minors of nicotine delivery products, including electronic cigarettes, is prohibited.

## CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 53.3% of adult smokers in Minnesota tried to quit smoking in 2013.<sup>12</sup>
- Minnesota's Medicaid program covers all seven recommended cessation medications and individual and group counseling.<sup>10\*</sup>
- The state Medicaid program's barriers to coverage include minimal co-payments.<sup>10</sup>
- Minnesota's state quitline invests \$11.07 per smoker; the national average investment per smoker is \$3.65.<sup>10\*\*</sup>
- Minnesota does not have a private insurance mandate provision.<sup>10</sup>

## REFERENCES

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- <sup>1</sup> CDC, Behavioral Risk Factor Surveillance System, 2013
  - <sup>2</sup> CDC, Youth Risk Behavior Surveillance System, 2013
  - <sup>3</sup> Minnesota Department of Health, Minnesota Youth Tobacco Survey, 2014
  - <sup>4</sup> CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013
  - <sup>4</sup> Minnesota Department of Health, Minnesota Adult Tobacco Survey, 2014
  - <sup>4</sup> Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014
  - <sup>5</sup> Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014
  - <sup>4</sup> National Association of Attorneys General, Tobacco Project, <http://www.naag.org/tobacco.php>. Accessed on: April 17, 2013.
  - <sup>6</sup> American Lung Association, SLATI State Reports, 2015
  - <sup>7</sup> American Lung Association, State of Tobacco Control, 2014
  - <sup>4</sup> Minnesota Department of Revenue, E-Cigarettes, 2014
  - <sup>8</sup> CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013
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\* The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Bupropion (Zyban).

Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.

\*\* The Minnesota quitline (QUIT PLAN) is legally restricted to providing service for the uninsured and underinsured. Therefore, investment per smoker was calculated using the quitline budget as the number, and the number of uninsured tobacco users in Minnesota as the denominator.