

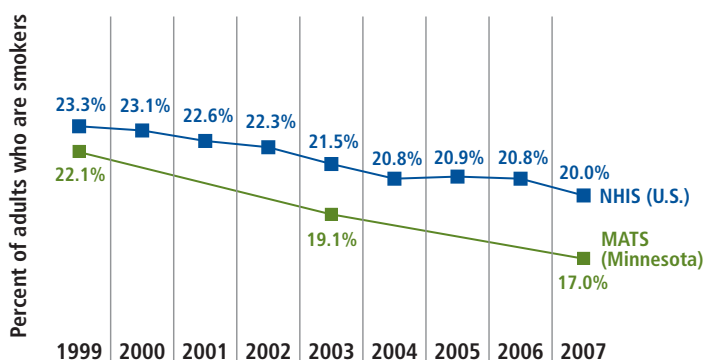


TOBACCO USE IN MINNESOTA IS DECLINING

Fewer adult Minnesotans smoke.

Comprehensive tobacco control is working in Minnesota, and the key indicator of success is the declining prevalence of adult Minnesotans who smoke. Data from the most recent Minnesota Adult Tobacco Survey (MATS) show that this figure has declined to 17.0 percent, from 22.1 percent in 1999 and 19.1 percent in 2003 (Figure 1). There were 164,000 fewer smokers in 2007 than in 1999. This 5.1 percentage point decrease is a 23 percent change over eight years. Minnesota's success in reducing the prevalence of smoking among adults is evident in a comparison with national trends. While national rates of tobacco use have also declined somewhat, those rates appear to have leveled off at around 20 percent since 2004.

FIGURE 1. CIGARETTE SMOKING IS DECREASING IN MINNESOTA.



Source: NHIS 1999 to 2007; MATS: 1999 to 2007

Adult Smokers in Minnesota are more likely to be male, younger, less educated and have lower incomes. These demographic traits have remained consistent over time. Minnesota men currently smoke at a rate of 18.6 percent, compared with 15.5 percent for women. Among Minnesotans with less than a high school education, 26.3 percent are current smokers. Just 5.9 percent of those who have a college degree smoke. Among Minnesotans with annual household incomes of \$35,000 or less, 23.2 percent are current smokers. In contrast, 11.0 percent of those with household incomes above \$75,000 smoke.

Minnesota Adult Tobacco Survey: ClearWay MinnesotaSM, Blue Cross and Blue Shield of Minnesota, and the Minnesota Department of Health collaborate on the Minnesota Adult Tobacco Survey, which is the most thorough source of information about tobacco use prevalence, behaviors, attitudes and beliefs in the adult Minnesota population and serves as a tool for measuring the progress of Minnesota's comprehensive tobacco control program. Data for the most recent MATS were collected in 2007. Other survey years were 1999 and 2003. Key findings from the most recent MATS and the trend analyses from all three MATS are discussed in the complete report, *Creating a Healthier Minnesota: Progress in Reducing Tobacco Use*, and in accompanying MATS briefings, which are available at www.mnadulttobaccosurvey.org.

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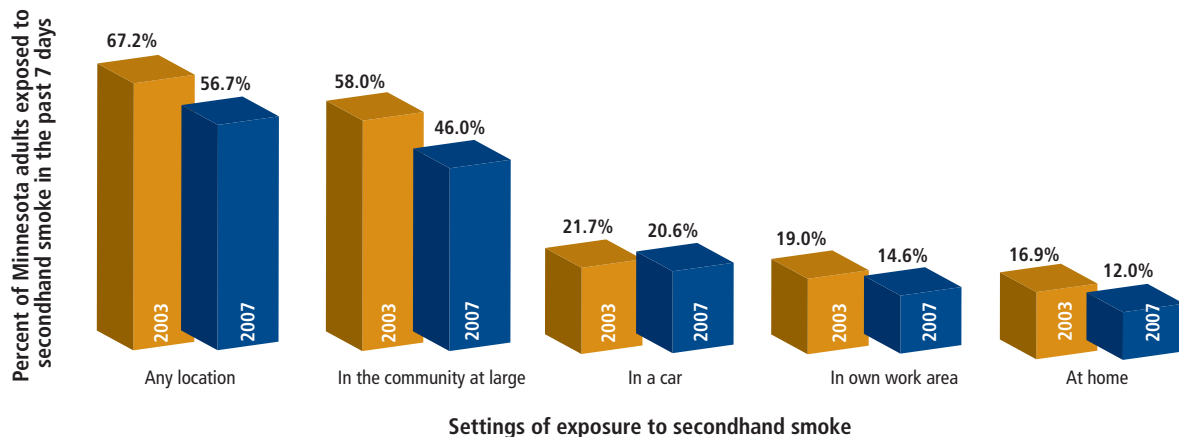
Fewer young adults are smoking.

The number of young adults aged 18-24 who smoke has fallen sharply. In studies of young adults, the preferred definition of a current smoker is someone who smoked cigarettes on one or more days in the past 30 days. This is different from the definition used to report smoking rates for all adults. In 2003, 36.8 percent of young adults reported smoking cigarettes in the past 30 days compared with 28.4 percent in 2007. This 8.4 percentage point decrease is a 23 percent change over a four-year period. More information about smoking among Minnesota's young adults is available in *Fewer Young Adult Minnesotans Smoke* and *Creating a Healthier Minnesota: Progress in Reducing Tobacco Use*.

Fewer Minnesotans are exposed to secondhand smoke.

Between 2003 and 2007, there was a large and significant decrease in the percentage of Minnesotans exposed to secondhand smoke in any location, which includes the community, workplace, car and home (Figure 2). Minnesota's tobacco control efforts have encouraged the adoption of multiple local smoke-free ordinances (as well as a statewide smoke-free law in late 2007) and an increase in the price of tobacco products. These policy strategies have resulted in more Minnesotans being protected from secondhand smoke and have helped to make tobacco use less common and acceptable.

FIGURE 2. FEWER MINNESOTANS ARE EXPOSED TO SECONDHAND SMOKE IN 2007 THAN IN 2003.



Source: Minnesota Adult Tobacco Surveys, 2003 and 2007

MINNESOTA TOBACCO CONTROL TIMELINE

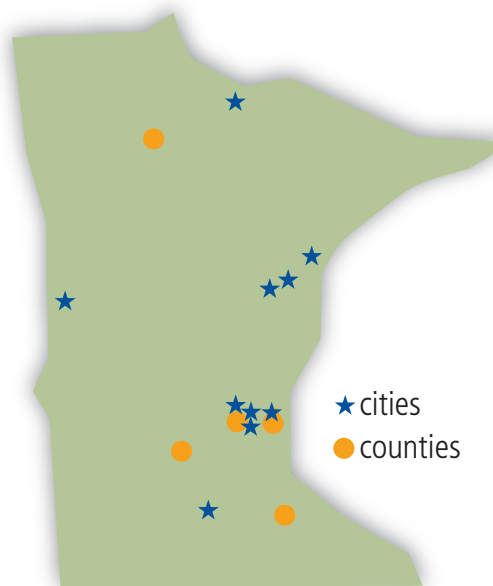
- | 1975 | 1985 | 1986 | 1994 | 1998 |
|--|---|---|---|---|
| <ul style="list-style-type: none"> Minnesota enacts Clean Indoor Air Act. | <ul style="list-style-type: none"> The Minnesota Department of Health launches the first state-funded tobacco control program with a portion of the proceeds of a cigarette tax. | <ul style="list-style-type: none"> <i>The Health Consequences of Involuntary Smoking: A Report of the Surgeon General</i> is released. This is the first Surgeon General's report on secondhand smoke. | <ul style="list-style-type: none"> The state of Minnesota and Blue Cross and Blue Shield of Minnesota file a lawsuit in State District Court in Ramsey County, accusing cigarette manufacturers and related trade associations of violating antitrust and consumer protection statutes by failing to disclose data about the dangers and addictive nature of cigarettes. | <ul style="list-style-type: none"> Minnesota and Blue Cross settle their lawsuit with the tobacco industry. The Tobacco Settlement establishes ClearWay MinnesotaSM and provides funds to the state of Minnesota and Blue Cross. Blue Cross creates a department dedicated to reducing heart disease and cancer through prevention. |

Despite the significant progress that has been made in protecting Minnesotans from exposure to secondhand smoke, 56.7 percent report still being exposed. The most common place for secondhand smoke exposure is in the community (46.0 percent) but 20.6 percent also report exposure in a car and 14.6 percent report exposure at their workplace. More information about secondhand smoke exposure in Minnesota is available in *Smoke-free Policies Protect More Minnesotans and Creating a Healthier Minnesota: Progress in Reducing Tobacco Use*.

More Minnesotans are protected by smoke-free policies and home rules.

MATS 2007 data were collected before the statewide law that ensured smoke-free indoor air in restaurants and bars was implemented in October 2007. When data collection for the most recent MATS began, 15 Minnesota cities and counties had some form of smoke-free ordinance, protecting 38.1 percent of adult Minnesotans (Figure 3). In addition, more than three-fourths of Minnesota workers (76.1 percent) reported that their workplaces had smoke-free policies. This is an increase of 7.7 percentage points since 2003.

FIGURE 3. FIFTEEN MINNESOTA CITIES AND COUNTIES HAD SMOKE-FREE POLICIES WHEN DATA WERE COLLECTED FOR MATS 2007.



As the public environment has changed, Minnesotans have also made changes in their own homes. In 2007, 83.2 percent of adult Minnesotans said that smoking was not allowed anywhere inside their home. Since 2003, the percent of Minnesotans who have smoke-free rules in the home has increased 8.3 percentage points.

1999–2003	1999	2000	2001	2002–03	2003
<ul style="list-style-type: none"> The Minnesota Youth Tobacco Prevention Initiative supports prevention programs from 1999-2003. The Initiative is funded by the settlement and managed by the Minnesota Department of Health. 	<ul style="list-style-type: none"> Data collection for the first MATS occurs between April and August. Blue Cross begins tobacco control work. 	<ul style="list-style-type: none"> Blue Cross provides free phone-based stop-smoking support to all members. ClearWay Minnesota provides grants to support local community groups' efforts to eliminate secondhand smoke exposure in public places. 	<ul style="list-style-type: none"> Moose Lake becomes the first Minnesota city to pass a smoke-free restaurant ordinance. The city prohibits smoking in all restaurants, starting August 1. Cloquet and Duluth pass smoke-free ordinances. ClearWay Minnesota launches statewide stop-smoking telephone helpline. ClearWay Minnesota launches its first secondhand smoke awareness media campaign. 	<ul style="list-style-type: none"> Data collection for the second MATS occurs between November 2002 and June 2003. 	<ul style="list-style-type: none"> ClearWay Minnesota's statewide helpline begins offering free nicotine replacement therapy. Minnesota Clean Indoor Air Act is updated to include indoor offices and manufacturing facilities but still exempts restaurants and bars.

TOBACCO USE IN MINNESOTA IS DECLINING

Higher cigarette prices prompt smokers to try quitting.

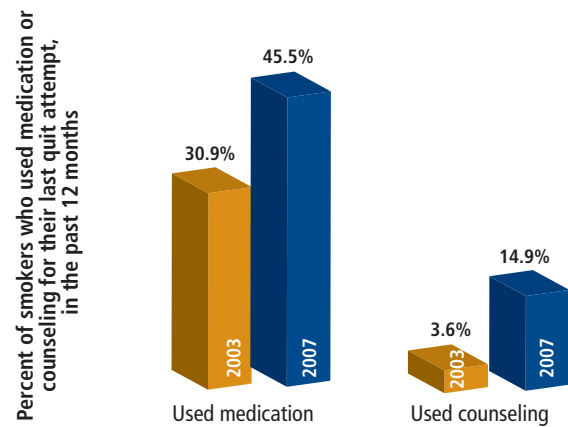
In 2005, the total taxes and fees on cigarettes sold in Minnesota increased 75 cents, to \$1.48 per pack. As a result, in 2007, 43.4 percent of current smokers report that they had thought about quitting and 29.4 percent report that they had reduced the number of cigarettes they smoked because of the price increase. More than one-fourth of current (26.3 percent) and of former smokers (31.1 percent) report that they had made a quit attempt as a result of the fee increase. More information about how policies support Minnesota smokers in quitting is available in *Policies Help Minnesota Smokers Quit* and *Creating a Healthier Minnesota: Progress in Reducing Tobacco Use*.

Minnesotans are trying to quit and are receiving help with quitting.

Among adult Minnesotans who smoked in the past year, 56.7 percent stopped smoking for a day or longer in the past 12 months because they were trying to quit smoking. That is over 392,000 Minnesotans who actively tried to quit. Smokers are more successful in quitting if they get help with their quit attempt, and combining behavioral

counseling with quit-smoking medication produces the highest quit rates. More Minnesotans are using phone counseling, one-on-one counseling and web-based support in their quit attempts than in 2003. In addition, more Minnesota smokers are using nicotine replacement therapy and prescription medicines to quit than in 2003 (Figure 4). More information about how Minnesotans are quitting tobacco use is available in *Minnesotans Are Quitting Smoking with Help* and *Creating a Healthier Minnesota: Progress in Reducing Tobacco Use*.

FIGURE 4. MORE MINNESOTANS USED MEDICATION AND COUNSELING TO TRY TO QUIT SMOKING IN 2007 THAN IN 2003.



Source: Minnesota Adult Tobacco Surveys, 2003 and 2007

2004

- MDH awards Tobacco-Free Community grants for educating communities about the harms of secondhand smoke exposure and organizing to support local smoke-free policies.

2005

- ClearWay Minnesota and Blue Cross provide funds to local communities to help create and maintain smoke-free environments.

- Minnesota's health impact fee increases the price of cigarettes by 75 cents per pack.
- Minneapolis and several metro suburbs implement smoke-free ordinances.

2006

- St. Paul implements smoke-free ordinance.
- Second Surgeon General's report on secondhand smoke—*The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*—is released.

2007

- By the start of MATS 2007 data collection in February, 15 Minnesota cities and counties have clean indoor air ordinances.
- Data collection for MATS 2007 occurs from February to June.
- Minnesota becomes the 20th state to implement a statewide smoke-free indoor air law in October (Freedom to Breathe).

Minnesota's comprehensive tobacco control program is making Minnesota healthier.

Using proceeds from the state's and Blue Cross' ground-breaking settlement with the tobacco industry in 1998, Minnesota—led by partner organizations ClearWay Minnesota, Blue Cross and the Minnesota Department of Health—is making a coordinated effort to implement broad statewide strategies to reduce tobacco use and exposure to secondhand smoke. Key activities and important milestones to date are highlighted on the Minnesota Tobacco Control Timeline in the center of this briefing.

Comprehensive tobacco control programs, as recommended by the Centers for Disease Control and Prevention and the Office of the Surgeon General, are based on a model that recognizes that people's behaviors are strongly influenced by the environment in which they live, as well as their own attitudes and beliefs. Consistent with this perspective, the science on tobacco control suggests intervening in multiple settings with a variety of strategies in order to improve the health of all Minnesotans.

Among the key tobacco control strategies that have been implemented between MATS 2003 and 2007 are: an increase in the price of tobacco products; multiple local smoke-free ordinances; ongoing media campaigns to educate the public about the harms of secondhand smoke and to inform smokers of resources to help them quit smoking; and unparalleled access to quit-smoking services.

Minnesota organizations support quit attempts.

Recognizing that breaking the addiction to tobacco is a complex and often difficult process, multiple organizations in Minnesota have collaborated to offer state-of-the-art quit-smoking programs and resources to all Minnesotans. Every smoker in Minnesota has access to a tailored stop-smoking program, either through health care coverage or through ClearWay Minnesota's QUITPLAN® Services, which include phone, online and in-person counseling options. Minnesota health plans have increased coverage for stop-smoking medications for their fully insured members and have encouraged large self-insured employer groups (who design their own benefits) to offer this coverage as well. For those without coverage or without health insurance, ClearWay Minnesota provides free nicotine replacement therapy to smokers who also participate in behavioral counseling.

Minnesota passes the Freedom to Breathe Act of 2007.

In May 2007, Minnesota passed a comprehensive smoke-free law that covers indoor public places and workplaces, including bars and restaurants. Because the Freedom to Breathe Act went into effect in October 2007—after MATS data collection was conducted—this study does not reflect the effects of this statewide law. MATS 2007 data do provide an opportunity to describe the effects of local policies and, potentially, forecast the larger effects of a statewide policy.

MATS SURVEY METHODS

MATS 2007 telephone interviews were conducted with adults aged 18 and older living in Minnesota from February to June 2007. The sample of 12,580 responding adults consisted of 7,532 from a statewide random digit dial sample and 5,048 from a list of Blue Cross members. The response rates were 41 percent and 48 percent, respectively. The two samples were merged using scientific survey weighting methods, and the merged sample is representative of the Minnesota adult population. Associations are based on bivariate analysis only and are not adjusted for potential confounders. Statistical tests used overlapping confidence intervals and chi-square tests. Differences are statistically significant at $p < 0.05$ unless otherwise noted.

MATS reveals successes and remaining challenges.

While MATS documents important changes in smoking behavior and attitudes in Minnesota between 1999 and 2007, challenges remain. In Minnesota, smoking continues to be one of the leading causes of preventable death and disease. Success in reducing the burden of tobacco addiction is uneven, as those with less education and lower incomes are still smoking at markedly higher rates than others. Despite success with young adults, 18-24-year-olds still have the highest smoking rate and the most widespread exposure to secondhand smoke of any adult age group. In addition, the smoking rate for non-college youth has not declined. More needs to be done to understand and address smoking in segments of the population with higher rates of tobacco use.



MINNESOTA ADULT TOBACCO SURVEY

Tobacco Use in Minnesota: 1999 to 2007

www.mnadulttobaccosurvey.org

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