

The Positive Health Impacts of Raising Tobacco Taxes in Minnesota

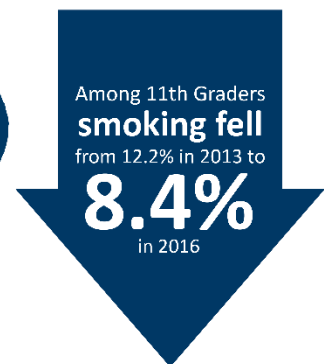
An MDH-led study, published in 2017, reinforces the powerful impact of increasing tobacco taxes on smoker behaviors. The study found that the 2013 cigarette tax increase, which raised the price of cigarettes by \$1.60 per pack, led to a substantial number of smokers attempting to quit or successfully quitting across the state.¹

It also has a potentially powerful effect on reducing health care costs. In Minnesota, smoking was responsible for \$3.2 billion in excess medical expenditures in 2014, that is, \$593 for every person in the state.²

Tobacco taxes keep youth from starting to smoke.

Research shows raising tobacco product prices is one of the most effective tobacco prevention and control strategies.³ Tobacco taxes help raise prices to make cigarettes and other tobacco products too expensive for kids to buy.⁴

Since the tobacco tax passed, smoking has decreased by one third among Minnesota's 11th graders.⁵



Tobacco taxes support Minnesotans in quitting.

Research also shows raising tobacco product prices encourages people to quit.⁶ **Since the tobacco tax passed, smoking has decreased by 10 percent among adults.⁷**

Smokers reported that the 2013 tobacco tax increase influenced their smoking behaviors, with 60.8 percent thinking about quitting, 48.1 percent cutting down on smoking, and 44.2 percent making quit attempts.⁸

Among smokers who successfully quit in the past year, 62.8 percent reported that the price increase helped them make a quit attempt, and 62.7 percent reported that it helped keep them from smoking again.⁸

Price increases encourage people to stop smoking but are not, alone, enough to help every smoker quit. For example, some disparately impacted population groups may need additional tools to be successful.⁹ Offering additional cessation resources to these smokers could improve their success rate – and further increase the effectiveness tobacco taxes.

Long term, raising tobacco product prices could significantly reduce smoking, and the *Minnesota Comprehensive Tobacco Control Framework: 2016-2021* identifies price increases as a step for reducing youth tobacco use and calls for increased access to cessation resources.

Learn more at www.health.mn.gov/tobacco.

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882
651-201-3535
tobacco@state.mn.us
www.health.state.mn.us/tobacco

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¹ Parks, M. J., Kingsbury, J. H., Boyle, R. G., & Choi, K. (2017). *Behavioral change in response to a statewide tobacco tax increase and differences across socioeconomic status*. *Addictive Behaviors*, 209-215.

² Blue Cross and Blue Shield of Minnesota. (2017). *Health Care Costs and Smoking in Minnesota: the Bottom Line*.

³ U.S. Department of Health and Human Services. (2014). *The Health Consequences of Smoking - 50 Years of Progress. 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.

⁴ Campaign for Tobacco-Free Kids. (2017, June 1). *Raising Tobacco Taxes: A Win-Win-Win*. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0385.pdf>

⁵ Minnesota Departments of Health, Public Safety, Education, and Human Services. *Minnesota Student Survey Data, 2016*.

⁶ Campaign for Tobacco-Free Kids. (2017, June 1). *Raising Tobacco Taxes: A Win-Win-Win*. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0385.pdf>

⁷ Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2013-2015.

⁸ ClearWay Minnesota and Minnesota Department of Health. (2015). *Tobacco Use in Minnesota: 2014*. Minneapolis.

⁹ Parks, M. J., Kingsbury, J. H., Boyle, R. G., & Choi, K. (2017). *Behavioral change in response to a statewide tobacco tax increase and differences across socioeconomic status*. *Addictive Behaviors*, 209-215.