Downward Trend in Adult Cigarette Smoking Continues

E-CIGARETTE AND SMOKELESS TOBACCO USE REMAIN STEADY

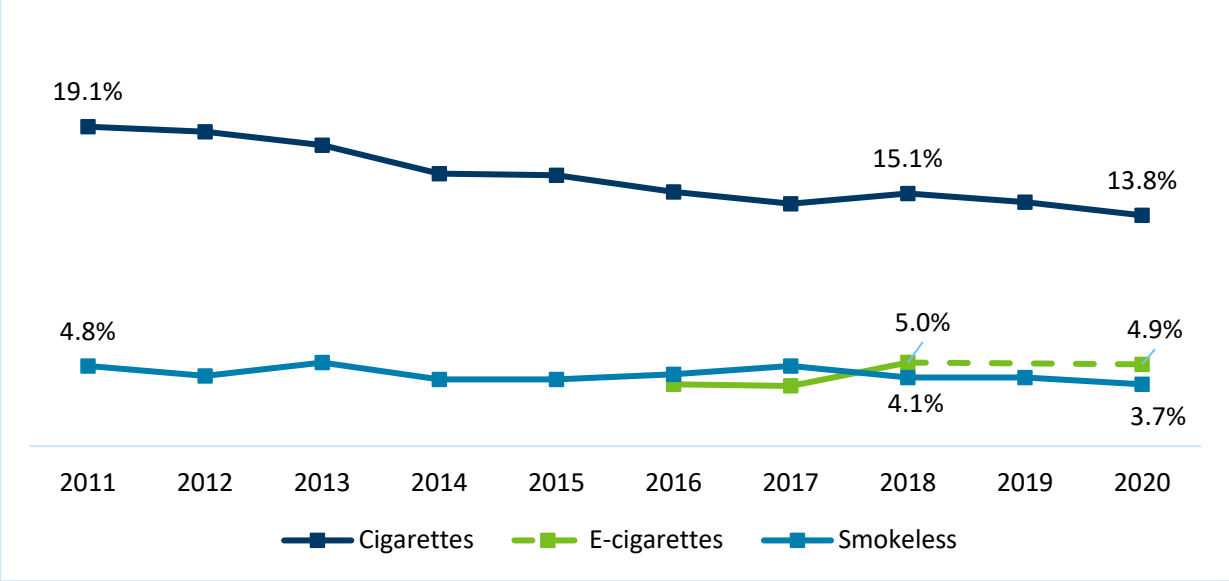
June 2022

Minnesota's investment in helping people to quit smoking continues to pay off. In 2020, one in seven Minnesota adults (13.8%) reported current smoking, a significant decrease from just two years prior (15.1% in 2018; see Figure 1).[1] This downward trend is reflected nationally, where smoking decreased from 21.2% in 2011 to 15.5% in 2020.[1]

Adult e-cigarette use (vaping) remains steady. One in twenty (4.9%) Minnesota adults reported current use of e-cigarettes, similar to 2018 (5.0%).

In 2020, 3.7% of Minnesota adults reported current smokeless tobacco use, a rate that was statistically unchanged from 2018 (4.1%).

Figure 1: Current cigarette, e-cigarette, and smokeless use among Minnesota adults, 2011-2020



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2020; e-cigarette use data was not collected in BRFSS in 2019; the dashed line used in the graph reflects this. The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey that collects health behavior data from a representative sample of Minnesotans.

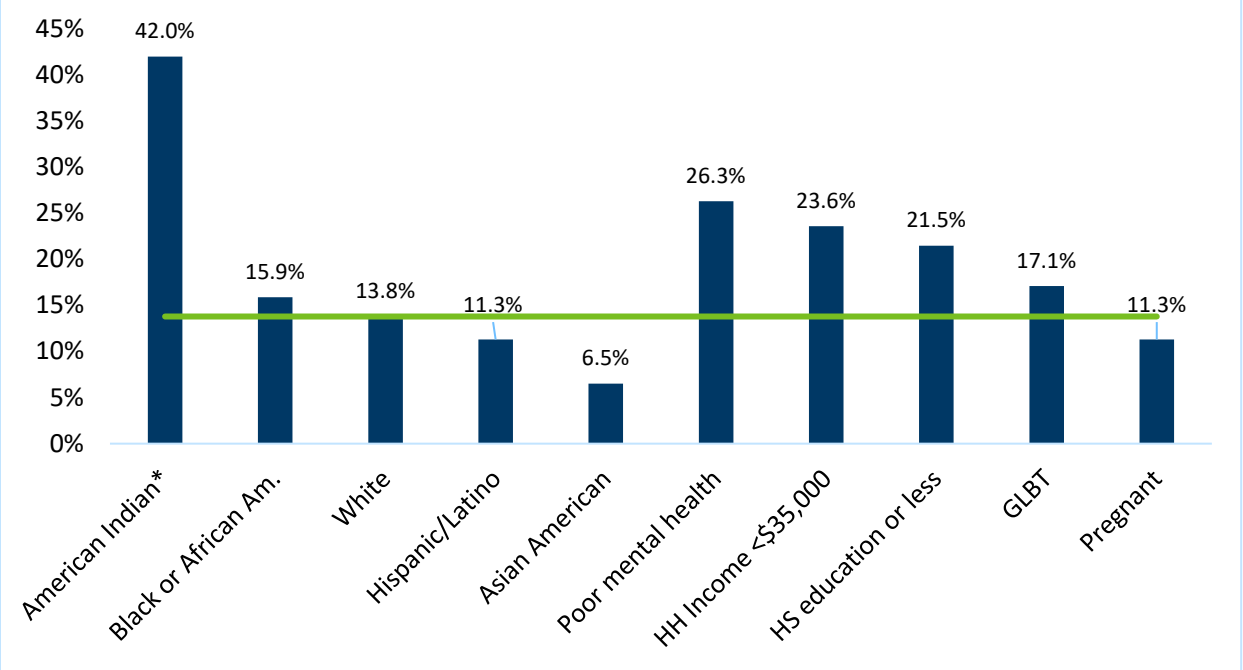
Disparities in Commercial Tobacco Use

Cigarette Smoking

Tobacco industry targeting and unequal access to quit support[2] have contributed to some subgroups being more likely to report current smoking, including those who identify as American Indian (42.0%),

gay, lesbian, bisexual, or transgender (GLBT; 17.1%), and Black or African American (15.9%), and those reporting poor mental health (26.3%), low income (23.6%), and low education (21.5%) (see Figure 2).

Figure 2: Current smoking among Minnesota subpopulations, 2020



*Source: BRFSS, 2020; horizontal line represents statewide average of 13.8%. *The smoking rate for American Indians obtained by BRFSS is relatively low compared to results of the Tribal Tobacco Use Project (TTUP) survey from 2013 (59.0%). TTUP is a larger, tribal-specific, statewide survey that is designed to produce a more accurate estimate for American Indians than BRFSS.*

E-cigarette Use

Current use of e-cigarettes is highest among 18–24-year-olds (18.2%), those who identify as GLBT (13.3%), and those reporting poor mental health (11.8%) and low education (6.9%).

Smokeless Tobacco Use

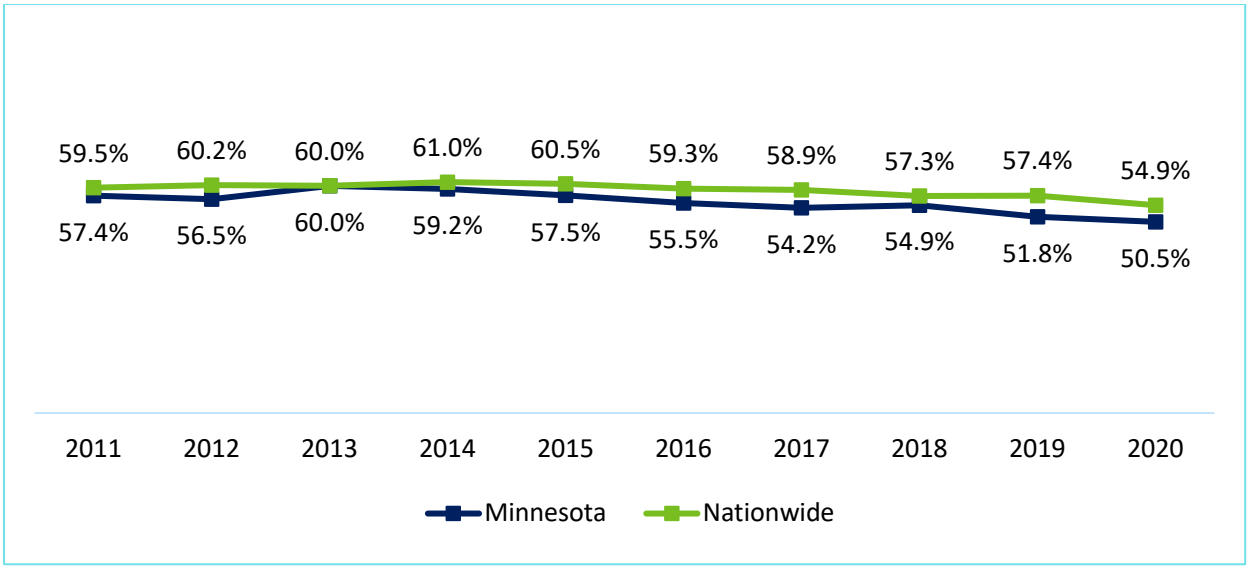
Smokeless tobacco use is most common among men (6.7%), particularly men ages 18-24 (6.3%), 25-34 (10.0%), and 35-54 (8.5%).

Quit Attempts

Most adults who smoke want to quit.[3] One in two (50.5%) Minnesota adults who smoke reported trying to quit in the past year, a significant decline from 2018 (54.9%). Quitting smoking at any age will benefit a person's health.[3]

The percentage of adults with a recent quit attempt has followed a downward trend over the past decade both in Minnesota (see Figure 3) and nationally, where 54.9% of adults who smoke tried to quit in 2020, down from 59.5% in 2011.[1] Because it can take many attempts to stay successfully quit, those who smoke should be encouraged to keep trying until they succeed.

Figure 3: Percentage of adults who smoke who tried to quit in the past year, Minnesota and nationwide, 2011-2020



Source: BRFSS, 2011-2020

Quit Attempt Disparities

Quit attempts were most common among those who identify as American Indian (64.7%), Hispanic/Latino (64.2%), Black or African American (64.1%), and GLBT (62.7%).

The combination of increased likelihood of quit attempts *and* higher cigarette smoking prevalence suggests that these groups need additional support to quit successfully.

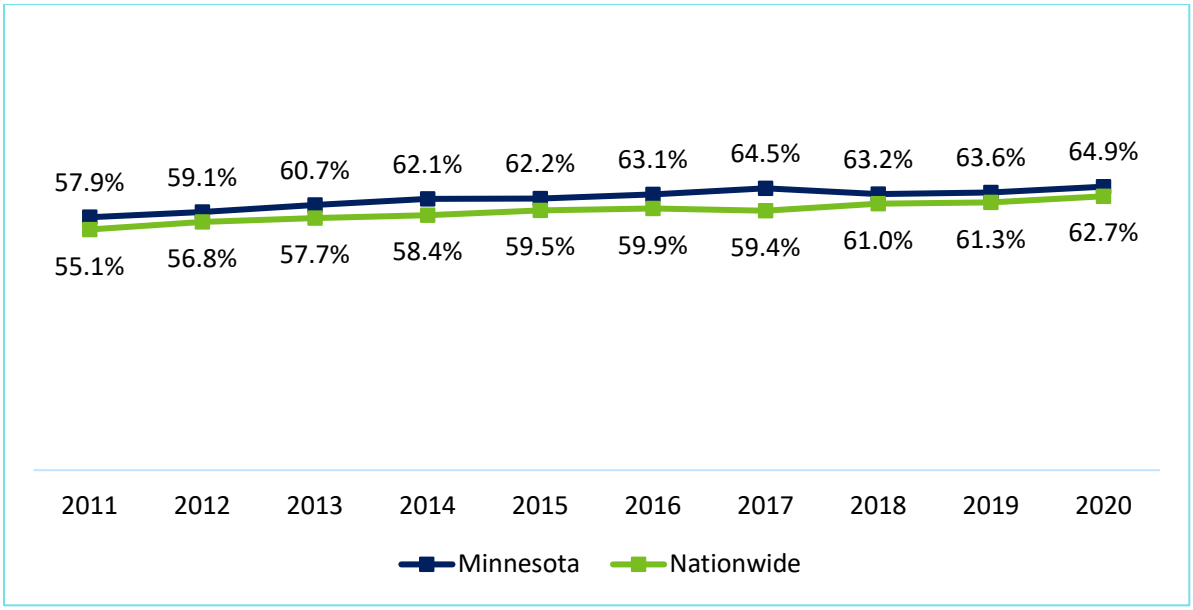
Proven tobacco control interventions such as tobacco price increases, anti-tobacco mass media campaigns that promote free cessation resources (e.g., state quitlines), and barrier-free access to evidence-based cessation treatments can work together to help increase quit attempts and quit success.[4]

Successful Quitting

As smoking prevalence declines, a useful way to track Minnesota's efforts to help people quit smoking is to calculate the percent of people who have ever smoked who have successfully quit. This is called a *quit ratio*. In Minnesota, this percent in 2020 was 64.9%, compared to 63.6% in 2019 (higher values are better).

The quit ratio among Minnesota adults has increased over the past decade (see Figure 4), a trend that is similar to what has happened nationally (55.1% in 2011 to 62.7% in 2020).[1]

Figure 4: The percent of those who have ever smoked who have quit - Minnesota adults, 2011-2020



Source: BRFSS, 2011-2020

Quit Ratio Disparities

Quit ratios are lowest among those who identify as GLBT (57.3%), Black or African American (45.0%), American Indian (40.6%), and those who report low education (55.8%), low income (51.0%), and poor mental health (46.2%).

Tobacco industry targeting of these communities (e.g., increased tobacco advertisements and marketing of certain tobacco products)[5,6,7,8,9] is a likely contributor to why these individuals are more likely to start smoking and less likely to quit successfully.

Less than one-third of people who smoke cigarettes use behavioral counseling or approved cessation medications to support quit attempts, which are proven to increase the likelihood of successfully quitting.[3] Furthermore, unequal access and use of cessation support among some communities may contribute to these disparities.[10]

Quit Partner™ Helps Minnesotans Who Want to Quit Commercial Tobacco Use

Quit Partner (Español | Somali | Hmoob) is Minnesota's family of programs to help people who want to quit smoking, vaping, chewing or using other commercial tobacco products. Studies show that those who receive quit support and/or medications are more likely to successfully quit.[3] Free support options include:

- Coaching over the phone or online
- Text messaging
- Email support

- Quit medication - nicotine patches, gum, or lozenges - delivered by mail (ages 18+)

Specialized programs are available for those living with a substance use disorder or a mental illness, for those who are pregnant or planning to be, for American Indians (www.aiquit.com), and for teens (www.MyLifeMyQuit.com).

To get free support, Minnesotans can call 1-800-QUIT-NOW (784-8669) or visit Quit Partner (www.QuitPartnerMN.com)

Minnesota Department of Health
Commercial Tobacco Prevention and Control
85 E. 7th Place
PO Box 64882
St. Paul, MN 55164-0882
651-201-3535
tobacco@state.mn.us
www.health.state.mn.us/tobacco

6/21/2022

To obtain this information in a different format, call: 651-201-3535

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[1] Behavioral Risk Factor Surveillance System, 2009-2020.

[2] Hiscock, R., Bauld, L., Amos, A., Fidler, J. A., & Munafò, M. (2012). Socioeconomic status and smoking: A review. *Annals of the New York Academy of Sciences, 1248*(1), 107-123.

[3] US Department of Health and Human Services. (2020). Smoking cessation: A report of the Surgeon General.

[4] US Department of Health and Human Services. (2014). The health consequences of smoking—50 years of progress: A report of the Surgeon General.

[5] Apollonio, D. E., & Malone, R. E. (2005). Marketing to the marginalised: Tobacco industry targeting of the homeless and mentally ill. *Tobacco Control, 14*(6), 409-415.

[6] Barbeau, E. M., Wolin, K. Y., Naumova, E. N., & Balbach, E. (2005). Tobacco advertising in communities: Associations with race and class. *Preventive Medicine, 40*(1), 16-22.

[7] Washington, H. A. (2002). Burning love: Big tobacco takes aim at LGBT youths. *Am J Pub Health, 92*(7), 1086-1095.

[8] Balbach, E.D. et al. (2003). RJ Reynolds targeting of African Americans: 1988-2000. *Am J Pub Health, 93*, 822-827.

[9] Lempert, L. K., & Glantz, S. A. (2019). Tobacco industry promotional strategies targeting American Indians/Alaska Natives and exploiting tribal sovereignty. *Nicotine and Tobacco Research, 21*(7), 940-948.

[10] Fu et al. (2008). Racial/ethnic disparities in the use of nicotine replacement therapy and quit ratios in lifetime smokers ages 25 to 44 years. *Cancer Epidemiology and Prevention Biomarkers, 17*(7), 1640-1647.