

2023

THE COST OF SMOKING REPORT

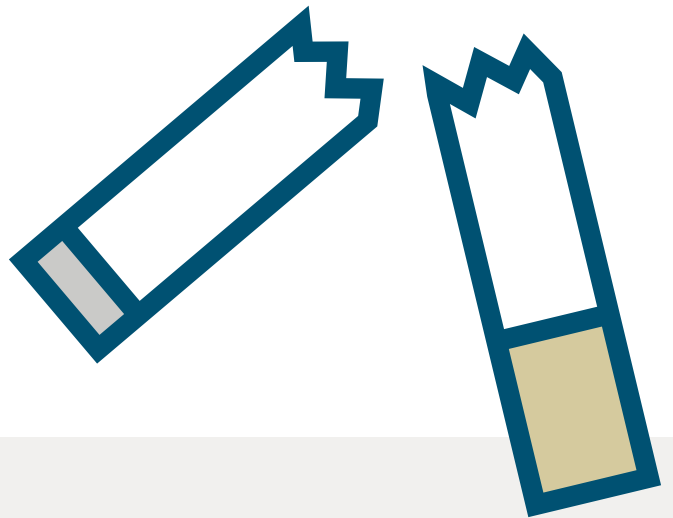
Healthcare costs of smoking in Minnesota

THE COST: \$4.7 BILLION ANNUALLY

The overall smoking rate in Minnesota has consistently declined over the last two decades, yet the cost of smoking remains significant. In Minnesota, smoking was responsible for \$4.7 billion in excess healthcare expenditures in 2021 — a per capita expense of \$824 for every person in the state over the course of just one year.¹

\$4.7 BILLION: HOW IT COMPARES

By comparing the \$4.7 billion in public and private health care expenditures attributed to smoking, we can gain a better understanding of the financial impact that smoking has in Minnesota. Here's how much taxpayers, employers and government spend on these preventable costs.



The \$4.7 billion could instead fund:



471 community centers
(\$4.71 billion)²



4 US Bank Stadiums
(\$4.24 billion)⁴



94,160 jobs at \$50,000 a year
(\$4.71 billion)

One year of K-12 education for 273,768 students
(\$4.71 billion)³



16 years of maintenance for all Minnesota state parks, lakes and recreational facilities
(\$4.64 billion)⁵



THE BREAKDOWN: \$4.7 BILLION IN HEALTH CARE COSTS

The \$4.7 billion Minnesotans spent on excess medical costs related to smoking includes hospital care, ambulatory care, nursing home care, prescription drugs and other personal health care for adults. These total smoking-attributable expenditures (SAE) do not include the costs of lost productivity or workers' compensation that are indirectly attributable to smoking.

Type of service	Smoking-attributable health care costs in Minnesota
Hospitals	\$2,500,000
Ambulatory care	\$650,000
Nursing home care	\$362,000
Prescription drugs	\$430,000
Other services	\$509,000
Total	\$4,708,000

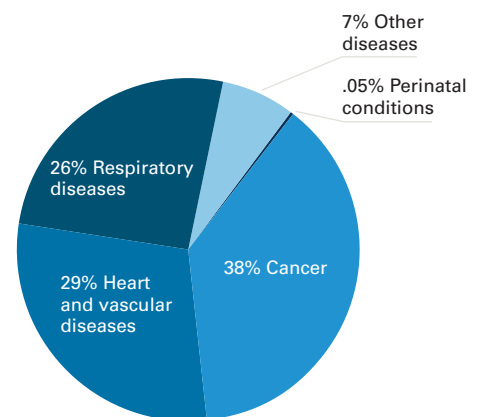


This information has been developed using data provided by the state of Minnesota and calculated using methods developed by the Centers for Disease Control and Prevention to calculate these costs on a state-by-state basis.⁶Totals may not equal sums because of rounding.

THE REAL COST: LIVES LOST

In 2021, smoking was responsible for the deaths of 6,527 adults in Minnesota and three infants whose mothers smoked during pregnancy. These individuals suffered from one or more of 24 adult and four infant conditions that have been tied to premature death in smokers or infant mortality. The chart below demonstrates the staggering proportion of overall deaths from these conditions that can be tied directly to smoking.

Disease category	All deaths	Smoking attributable deaths
Cancer* (adult)	5,733	2,480
Heart and vascular diseases^(adult)	10,509	1,912
Respiratory diseases=(adult)	2,369	1,674
Other diseases (adult) ± (including covid)	5,930	461
Perinatal conditions== (infant)	59	3
Total deaths	24,600	6,530



* Includes: Lip, oral cavity, pharynx; esophagus; stomach; colorectal; liver; pancreas; larynx; trachea, lung, bronchus; cervix uteri; kidney, other urinary; urinary bladder; and acute myeloid leukemia.

= Includes: Tuberculosis; pneumonia, influenza; bronchitis, emphysema; and chronic airway obstruction.

^ Includes: Ischemic heart disease; other heart diseases; cerebrovascular disease; atherosclerosis; aortic aneurysm; and other arterial diseases.

± Includes: Macular degeneration and diabetes mellitus.

== Includes: Short gestation/low birth weight; respiratory distress syndrome; other respiratory newborn; and sudden infant death syndrome.

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THE CALL TO ACTION

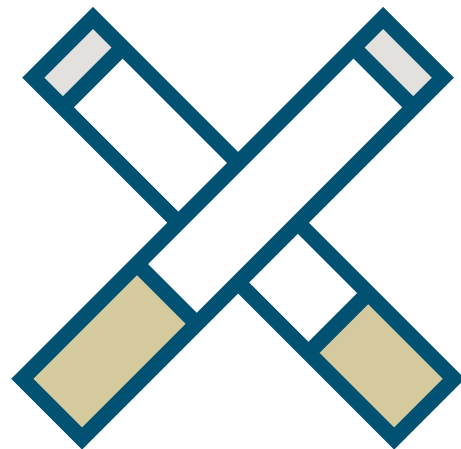


Addressing the inequities caused by commercial tobacco use is crucial for improving overall health outcomes in our state. The overall smoking rate in Minnesota continues to

decrease, yet marginalized communities have been disproportionately targeted by Big Tobacco and have higher rates of commercial tobacco use and exposure to secondhand smoke. Smoking rates are higher among Black, Indigenous, and LGBTQ+ communities, as well as people experiencing mental illness and/or substance use disorders. This has led to significant disparities for smoking-related disease and death.

It is crucial to reduce the overall number of people using commercial tobacco, but we're especially focused on reducing rates for populations who experience the greatest health inequities. Flavored and menthol tobacco is used at disproportionately higher rates by communities of color, LGBTQ+ people and people with mental illness and/or substance use disorders. We need to support our communities to create solutions that rid commercial tobacco from their neighborhoods, including investing in commercial tobacco treatment programs and advocating for strong local policies that eliminate flavored and menthol tobacco, as well as eliminate coupons and price discounting. It's time to lower the cost of smoking in Minnesota.

Smoking takes the lives of more than 6,500 Minnesotans each year. It's up to us to reduce the burden that smoking and other commercial tobacco-related health inequities put on our state.



1. Shang, C., & Yang, Q. (2023) Smoking-Attributable Mortality and Economic Costs – Minnesota, 2021.
2. Vezner, T. (2019, September 19). Bigger, better and on budget, St. Paul's newest Rec Center opens in Frogtown. Twin Cities Pioneer Press. <https://www.twincities.com/2019/09/18/bigger-better-and-on-budget-st-pauls-newest-rec-center-opens-in-frogtown/>
3. Hanson, M. (2023, September 8). U.S. public education spending statistics [2023]: Per pupil + total. Education Data Initiative. <https://educationdata.org/public-education-spending-statistics#minnesota>
4. Halter, N. (2022, April 25). U.S. Bank Stadium looks relatively inexpensive, in hindsight. Axios Twin Cities. <https://www.axios.com/local/twin-cities/2022/04/25/us-bank-stadium-construction-cost-comparison>
5. MN Department of Natural Resources. (2023). One Minnesota Budget. St. Paul, MN.
6. U.S. Department of Health and Human Services (2014). Chapter 12: Smoking-attributable morbidity, mortality, and economic costs. In 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. Retrieved from <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/>