2024 Minnesota Adult Commercial Tobacco Data

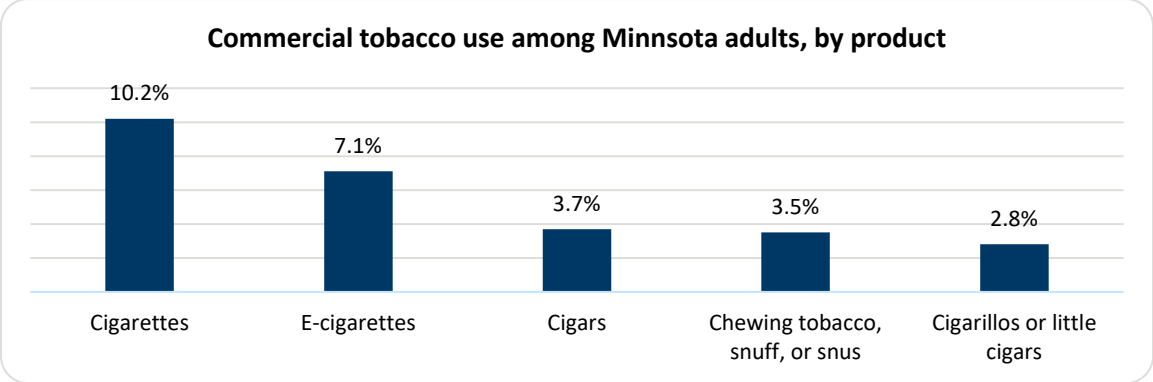
HIGHLIGHTS FROM THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

Commercial tobacco use like smoking, using chew, or vaping, kills over 6,530 Minnesotans every year and costs Minnesota $4.7 billion annually in medical costs.[1] Commercial tobacco use is the single greatest preventable cause of death and disease in Minnesota. And while the state's overall smoking rates are below national averages, some Minnesota communities suffer more than others from commercial tobacco-related death and disease.

Commercial tobacco products are tobacco products manufactured and sold by the tobacco industry, like cigarettes, e-cigarettes, cigars, and chew. Commercial tobacco is different from traditional or sacred tobacco, also known as Cansasa, Asemaa, or Kinnikinnick, and which are used by American Indian communities for sacred purposes.

Any commercial tobacco use

Cigarettes were the most used commercial tobacco product among all Minnesotans in 2024. The 2024 BRFSS did not ask about hookah or nicotine pouch use.



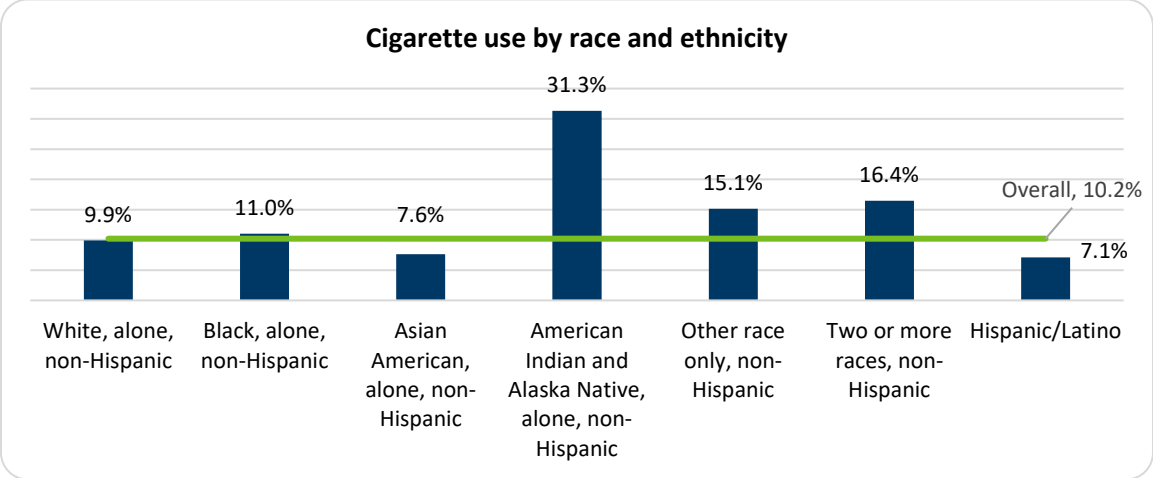
Cigarette use (smoking)

10.2% of Minnesota adults smoked cigarettes in 2024, down from 12.2% in 2023, and 19.1% in 2011. While cigarette use has been declining steadily in Minnesota, adults in many communities still smoke at higher rates than adults overall.

[1] Blue Cross and Blue Shield of Minnesota. (2023, November 15). *The cost of smoking report.* https://www.bcbsmn-forcommunities.com/reduce-the-use-of-commercial-tobacco/the-cost-of-smoking-report/

Cigarette use by race and ethnicity

American Indians and multiracial, non-Hispanic Minnesotans had higher cigarette smoking rates in 2024 than the overall population. *Minnesota's population of Native Hawaiians and Pacific Islanders was too small to reliably report.*



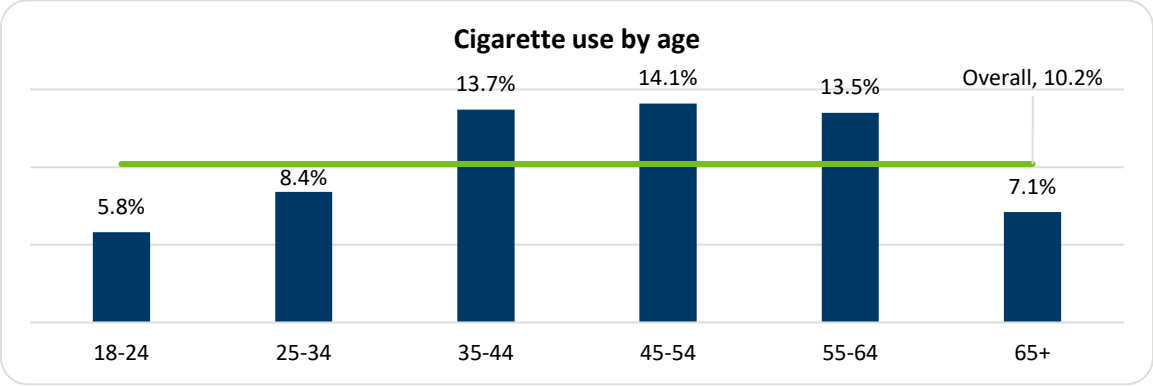
Cigarette use among American Indian Communities in Minnesota

Data from the Tribal Tobacco Use Project II show that 46% of adults in American Indian communities in Minnesota smoke, a decrease from 59% in 2013. The Tribal Tobacco Use Project II was conducted from 2019-2022 by the American Indian Cancer Foundation in partnership with tribal communities in Minnesota.

Find more community data at www.health.state.mn.us/communities/tobacco/data/index.html.

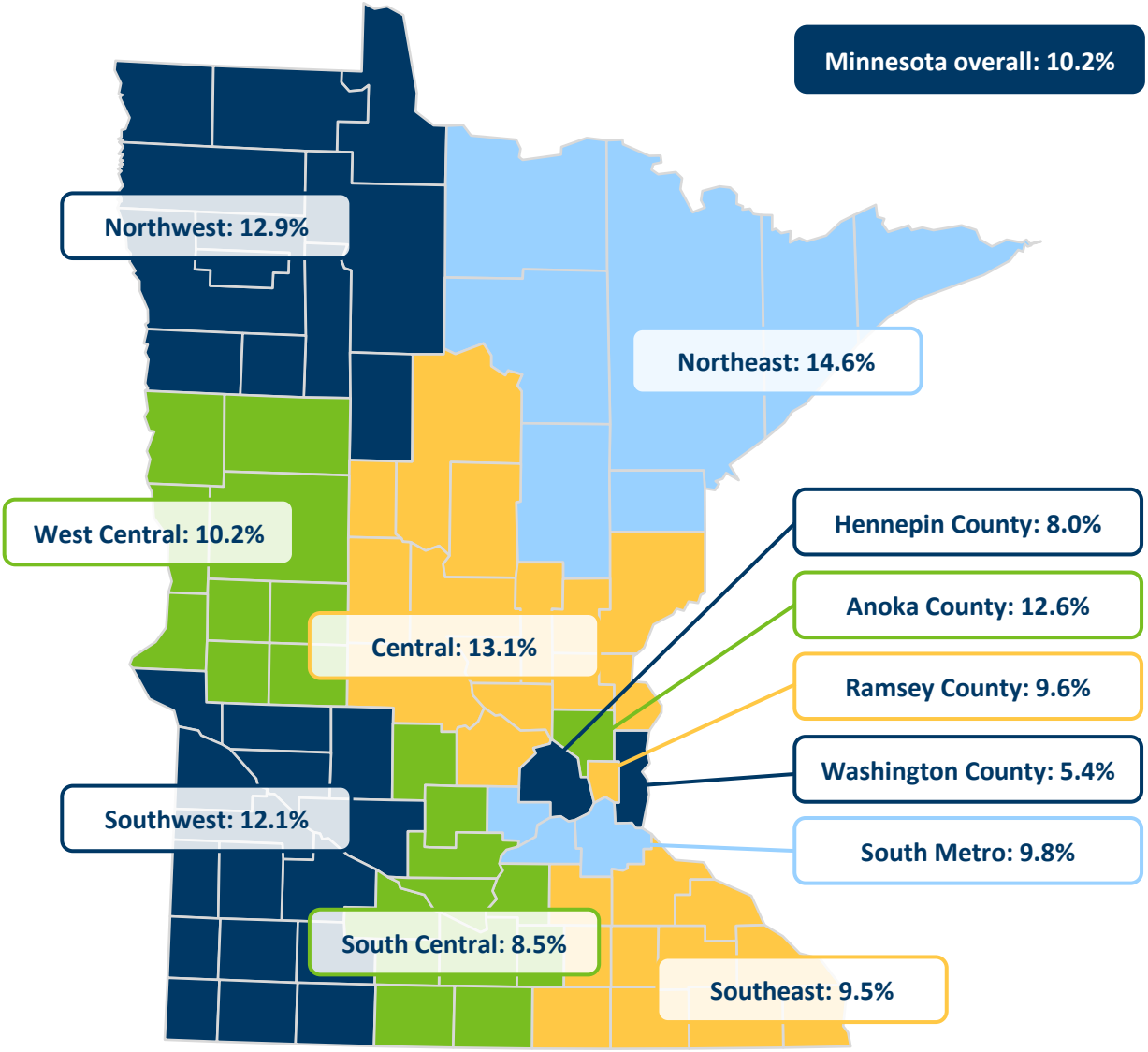
Cigarette use by age

Cigarette use rates for Minnesotans ages 35-44, 45-54, and 55-64 are all above the statewide average.



Cigarette use by SCHSAC region

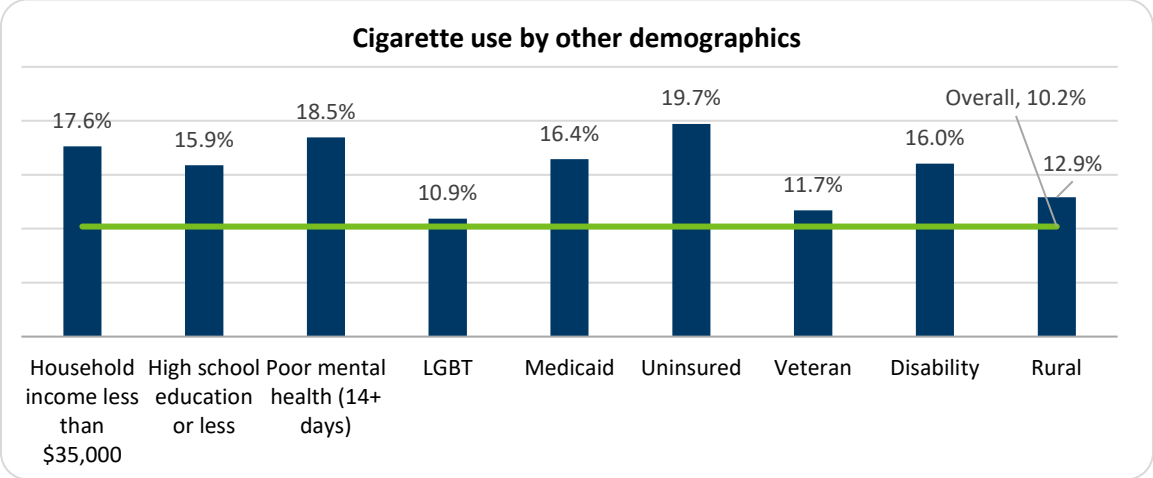
Cigarette use rates in Hennepin and Washington Counties were significantly lower than the state's overall rate. Cigarette use rates were significantly higher than the state rate in the Central and Northeast regions.



SCHSAC regions are eight geographical areas in Minnesota, defined by county groupings, used by the State Community Health Services Advisory Committee (SCHSAC) to organize and focus efforts on developing, maintaining, and funding local community public health services in partnership with the Minnesota Department of Health. These regions serve as a framework for local health boards, elected officials, and public health leaders to collaborate with the state on health priorities, data sharing, and policy recommendations.

Cigarette use by other demographics

Many demographic groups had higher cigarette smoking rates in 2024 than the overall population. *Disability* was defined by a 6-question series that asked about deafness, blindness, and difficulty with concentrating or activities of daily life.

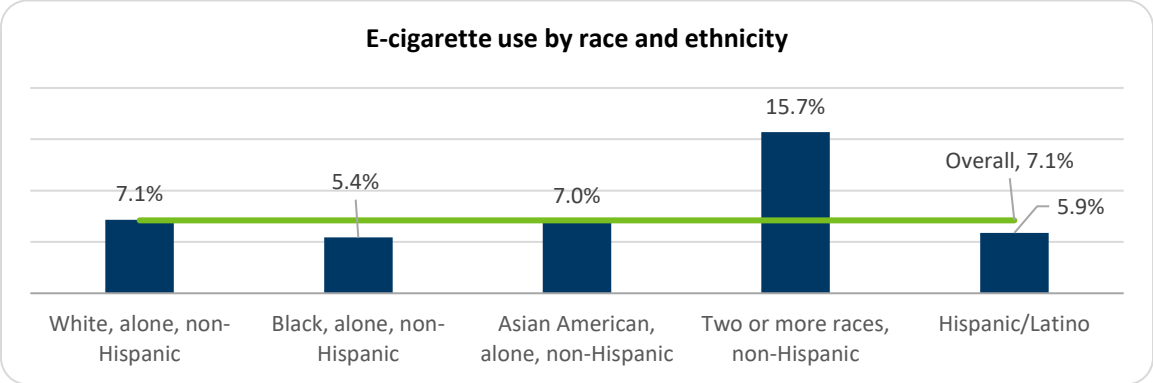


E-cigarette use (vaping)

Among Minnesota adults, 7.1% used e-cigarettes, up from 6.9% in 2022 and 3.7% in 2016.

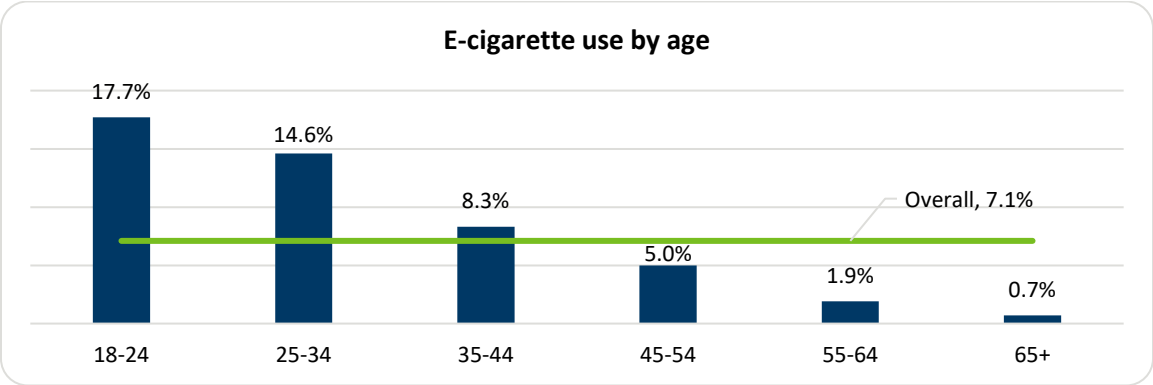
E-cigarette use by race and ethnicity

Multiracial, non-Hispanic Minnesotans had higher e-cigarette use rates in 2024 than the overall population. *Minnesota's population of American Indians and Alaska Natives that use e-cigarettes was too small to reliably report.*



E-cigarette use by age

Minnesota young adults (ages 18-24) had the highest rates of e-cigarette use, and Minnesotans 65+ had the lowest rates. Among young adults, 17.7% used e-cigarettes, compared to 7.1% of Minnesota adults overall.



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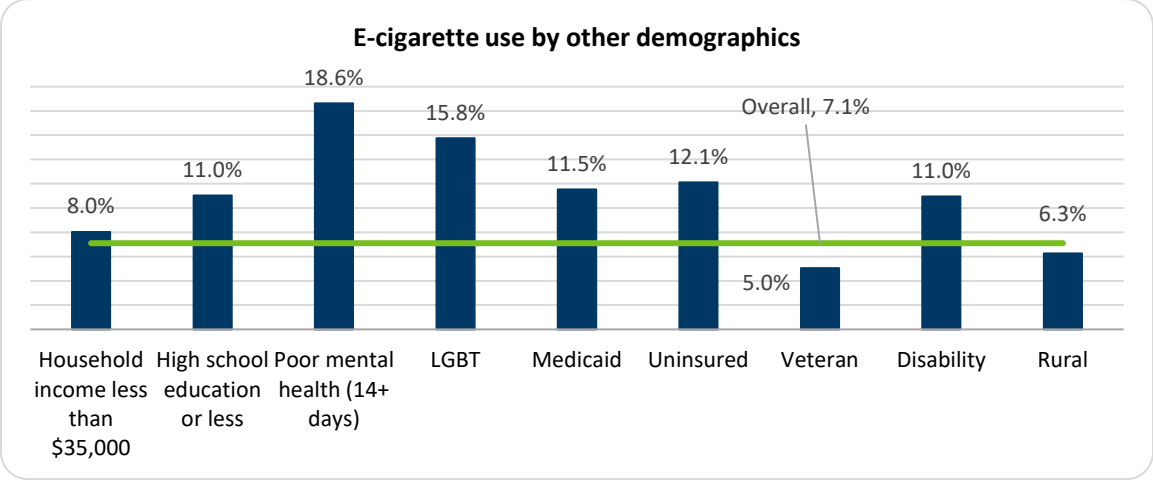
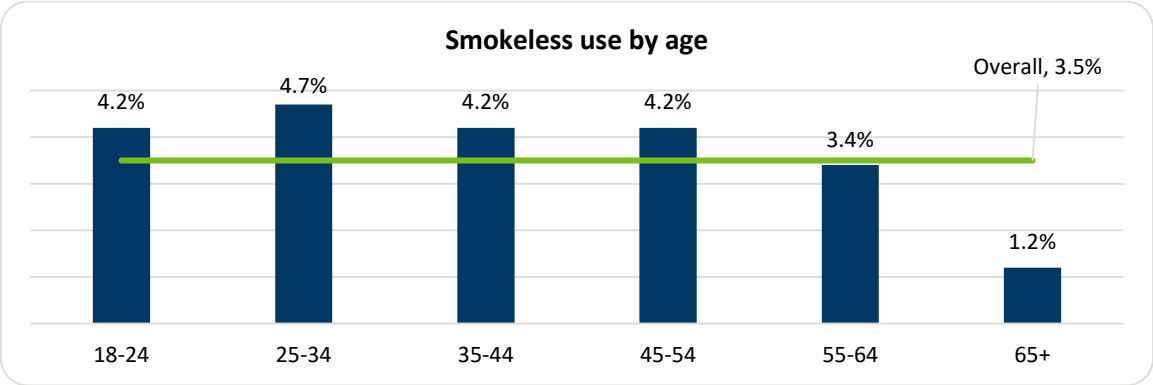


Smokeless (chew, dip)

Among Minnesota adults, 3.5% used smokeless products, like chew or snus, down from 4.8% in 2011. While use has been declining steadily in Minnesota, adults in many communities use smokeless tobacco at higher rates than adults overall. *Smokeless tobacco use rates by race and ethnicity are not available for 2024 as the estimates are not reliable – sample sizes were too low or relative standard errors were too high.*

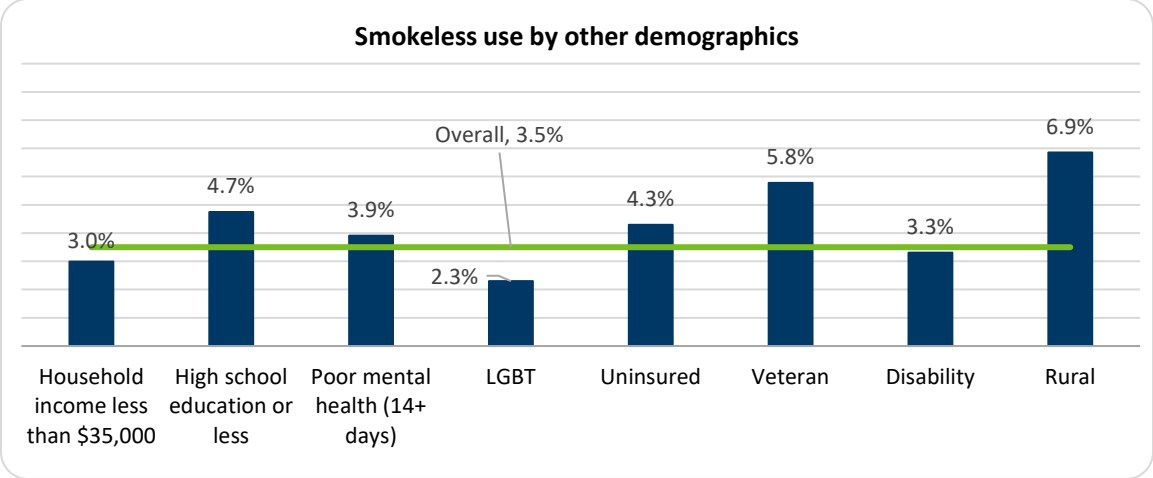
Smokeless use by age

We cannot say if smokeless tobacco rates went down or stayed the same from 2020 to 2024 for any age group. Smokeless tobacco use rates for Minnesotans age 65+ were lower than use rates for other age groups.



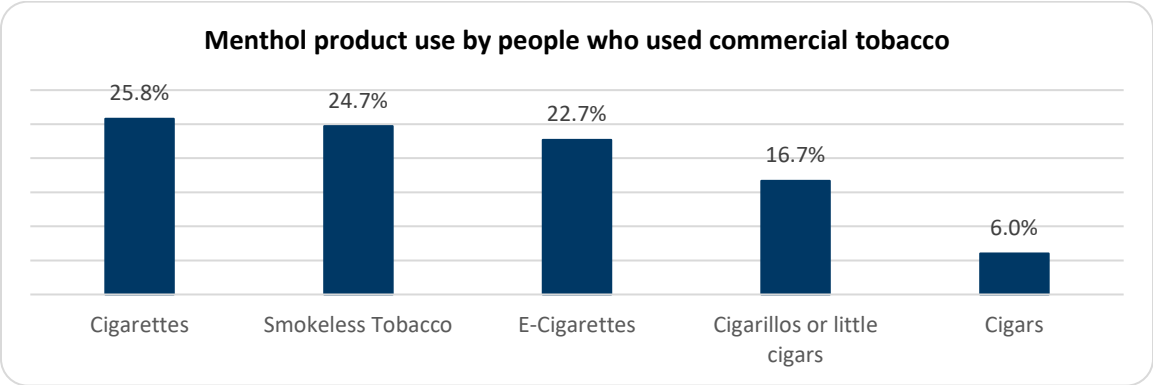
Smokeless use by other demographics

Minnesotans with a high school education or less, veterans, and rural Minnesotans had higher smokeless tobacco use rates in 2024 than the overall population.



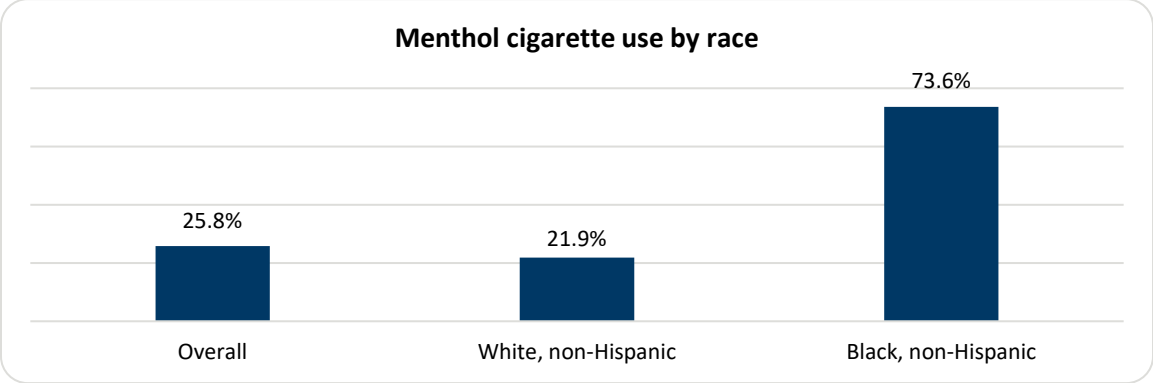
Flavors and menthol

Among Minnesota adults who used cigarettes, e-cigarettes, or smokeless tobacco every day or some days, the rates of usually using menthol products were similar (about 1 in 4 product users).



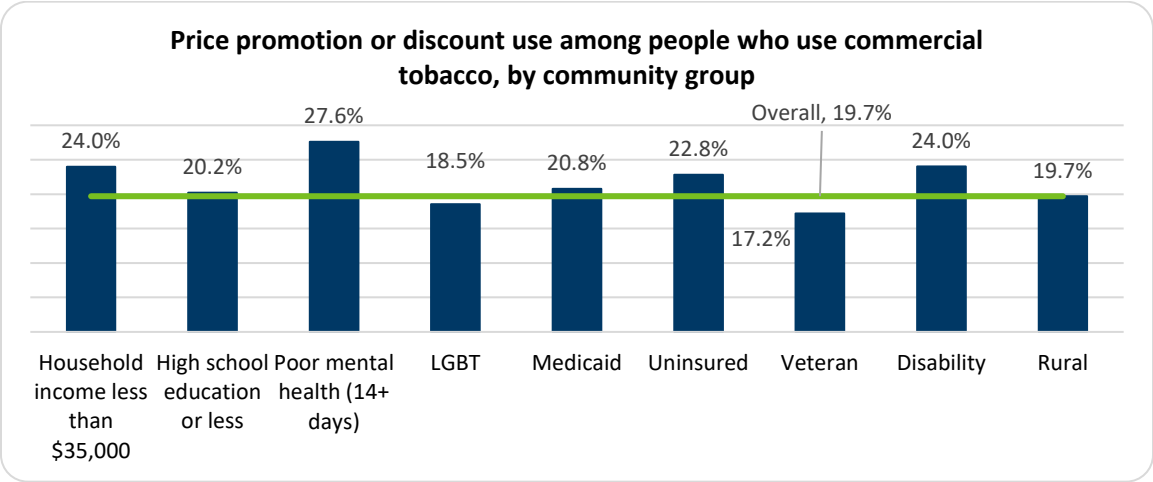
Menthol cigarette use by race

Among those who smoked cigarettes every day or some days, around 3 in 4 Black Minnesotans usually smoked menthol cigarettes.



Price promotions or discounts

Among those who usually used cigarettes, e-cigarettes, or smokeless tobacco, 1 in 5 (19.7%) used promotions or discounts to save money on commercial tobacco products.



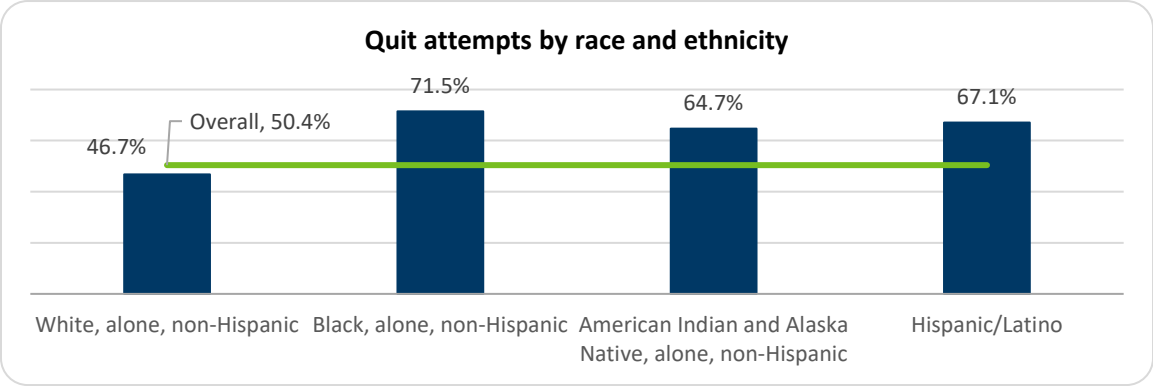
Rates by race and ethnicity are not available for 2024 as the estimates are unreliable – sample sizes were too low or relative standard errors were too high.

Quitting

Among adults who smoke, just over half (50.4%) have stopped smoking for one day or longer in the past 12 months because they were trying to quit smoking.

Quit attempts by race and ethnicity

Among adults who smoke, Black Minnesotans had higher rates of quit attempt in the past 12 months than all smokers overall. *Minnesota's populations of Asian Americans, Native Hawaiian/Pacific Islanders, other race, and multiracial groups that smoke and have tried to quit were too small to reliably report.*



About the Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk

behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

Limitations

Small sample sizes limit our ability to look at some geographies or populations. In 2024, around 15,200 Minnesotans were surveyed, under 5,500 of those had ever smoked.

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