

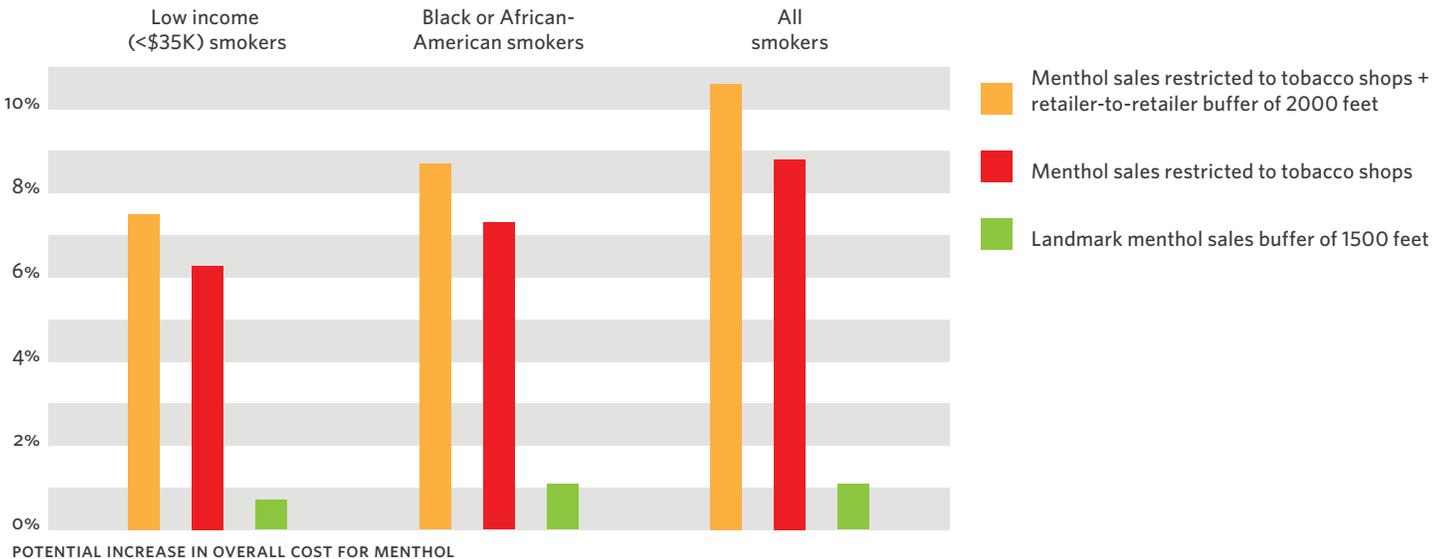
The Likely Impact of Limiting Where Menthol Cigarettes Are Sold in Minnesota

Tobacco use is the leading cause of preventable death in the world.¹ At least 380,000 stores in the U.S. sell tobacco products.^{2,3} The proximity of retailers that sell tobacco has a direct impact on people’s use of these products.⁴ In addition, menthol cigarettes are directly tied to kids starting smoking and adults not being able to quit.⁵

The Tobacco Town Minnesota (TTMN) project is a collaboration between researchers at the Brookings Institution, the Public Health Law Center, and Washington University, funded by a research grant from ClearWaySM Minnesota (RC-2017-0010).

Project takeaways that policymakers should consider:

- Prohibiting the sale of menthol cigarettes in all stores except tobacco specialty shops is likely to have a much greater impact on advancing health equity than a buffer-zone policy around landmarks (e.g., no menthol cigarette sales within 1500 feet of schools).
- Combining a policy that prohibits the sale of menthol cigarettes in all stores except tobacco specialty shops with a buffer-zone policy that sets a minimum distance between retailers (e.g., 2000 feet) would likely have the greatest impact on reducing menthol cigarette use through increasing overall costs among African-American and low-income smokers, as well as the general population of smokers.



Potential overall cost (travel + price) increases for example menthol restrictions. While the overall population sees the highest increases, subsequent relative costs could be more equitable. Note: landmark buffer policy based on average school density.

Four types of policies were tested alone and in combination with each other:

- Restricting the sale of menthol cigarettes;
- Limiting the types of stores in which cigarettes can be sold;
- Limiting how close tobacco retailers can be to each other; and
- Limiting how close tobacco retailers can be to landmarks, such as schools.

An interactive dashboard with more model details and results is available at <https://tobaccotown.shinyapps.io/Minnesota>.

In Minnesota ...

- Low-income adults are nearly three times as likely to smoke (24.4%) as their high-income peers (8.7%).⁶
- LGBTQ persons are nearly twice as likely to smoke (25.7%) as the general adult population (14.4%).¹
- 21% of African-American adults smoke, are about 3.5 times more likely to use menthol cigarettes (88%) than the general adult population (25.1%), and are more likely than non-Latino whites to die of lung cancer and heart disease.⁶

Endnotes

- 1 WORLD HEALTH ORGANIZATION, WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC (2017).
- 2 Center for Public Health Systems Science, *Point-of-Sale Report to the Nation: The Tobacco Retail and Policy Landscape*, Washington Univ. St. Louis and National Cancer Institute, State and Community Tobacco Control Research Initiative (2014) (estimating 375,000 tobacco retailers in the U.S., not including retailers that only sell e-cigarettes).
- 3 U.S. Dep't of Health and Human Servs., Food and Drug Administration, *Deeming Tobacco Products to be Subject to the Food, Drug, and Cosmetic Act, as Amended by the Family Smoking Prevention and Tobacco Control Act: Final Regulatory Impact Analysis* (2016), <https://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Reports/EconomicAnalyses/UCM500254.pdf> (estimating that between 5,000 and 10,000 U.S. retailers sold only e-cigarettes).
- 4 U.S. Dep't of Health and Human Servs., Ctrs. for Disease Control and Prevention, *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General* (2012).
- 5 Andrea Villanti et al., *Menthol Cigarettes and the Public Health Standard: A Systematic Review*, 17 BMC PUBLIC HEALTH 983 (2017), <https://link.springer.com/article/10.1186/s12889-017-4987-z>.
- 6 Minnesota Dep't of Health, Tobacco Data. http://www.health.state.mn.us/divs/hpcd/tpc/docs/tobacco_data.pdf.