

## Purpose and Findings of Fact:

Tobacco use is the single most preventable cause of disease, disability and death in the United States. In Minnesota, over 5,400 people die from tobacco smoking-related illnesses each year<sup>1</sup>. There is conclusive evidence that smoking tobacco (including cigar smoking) causes a number of negative health effects, including cancer, respiratory and cardiac diseases, and negative birth outcomes<sup>2</sup>.

Cigars do not provide a safe (or safer) alternative to cigarettes. Cigar smoke has higher levels of cancer-causing substances than do cigarettes, including nitrosamines and tar<sup>3</sup>. A cigar will typically have more nicotine – a substance the U.S. Department of Health and Human Services has concluded is as addictive as cocaine or heroin<sup>4</sup> – per stick than a cigarette. A single cigar can potentially provide as much nicotine as a pack of cigarettes<sup>5</sup>.

Despite laws prohibiting the sale of tobacco products to minors, both access to and use of tobacco by minors continues to be a major public health problem. In March 2014, the Ramsey Tobacco Coalition performed compliance checks at tobacco vendors in Saint Paul. A 17-year old girl attempted to purchase cigarillos at 24 stores located throughout the City of Saint Paul. Nine vendors (37.5% of stores) sold cigarillos to the minor. Of those nine vendors, six did not ask for identification, the other three did check, but still sold to her. This failure rate is almost four times higher than the 2012 failure rate for cigarette compliance checks in Saint Paul (10%).

The 2010 Minnesota Student Survey showed that nearly one in five (18%) 12<sup>th</sup> grade boys in the Saint Paul School District had smoked cigars or cigarillos in the past 30 days. This is almost the same rate as cigarettes among 12<sup>th</sup> grade boys, which was 19%<sup>6</sup>. In 2011, 31% of Minnesota high school students reported ever using cigars, cigarillos, or little cigars. Use of cigars was more prevalent among boys, with nearly 41% of Minnesota high school boys having ever used cigars<sup>6</sup>.

Cigars have been an attractive tobacco product for underage users. There are several factors that can explain their popularity. Cigarillos are available in fruit, candy and alcohol flavors, flavors which tend to be more popular among youth. Approximately 29% of all Minnesota high school students reported ever using flavored cigars or little cigars<sup>7</sup>. Of Minnesota high school students who have smoked cigars, a majority smoked flavored cigars. In addition, many cigars and

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<sup>1</sup> Campaign for Tobacco-Free Kids (2014). *Key State-Specific Tobacco-Related Data & Rankings*. Retrieved from <http://www.tobaccofreekids.org/research/factsheets/pdf/0176.pdf>.

<sup>2</sup> Center for Disease Control and Prevention, (CDC) (2012), *Health Effects of Cigarette Smoking Fact Sheet*. Retrieved from:

[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm).

<sup>3</sup> National Cancer Institute (2010). *Cigar Smoking and Cancer*. Retrieved from:

<http://www.cancer.gov/cancertopics/factsheet/Tobacco/cigars>.

<sup>4</sup> CDC (2010), *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease*. Retrieved from: [http://www.cdc.gov/tobacco/data\\_statistics/sgt/2010/](http://www.cdc.gov/tobacco/data_statistics/sgt/2010/).

<sup>5</sup> Baker F, Ainsworth SR, Dye JT, et al. Health risks associated with cigar smoking. *Journal of the American Medical Association* 2000; 284(6):735–740.

<sup>6</sup> Minnesota Department of Education (2010). 2010 Minnesota Student Survey District Tables. Retrieved from <http://w20.education.state.mn.us/MDEAnalytics/Data.jsp>.

<sup>7</sup> Minnesota Department of Health (2011). *Teens and Tobacco in Minnesota, 2011 Update: Results from the Minnesota Youth Tobacco and Asthma Survey*. Retrieved from:

<http://www.health.state.mn.us/divs/chs/tobacco/FullReport2011.pdf>.

cigarillos are sold as a single or in a small packages and (when compared cigarettes and other tobacco products) are very inexpensive. An audit of a randomly generated sample of Saint Paul tobacco retailers by the Ramsey Tobacco Coalition in May 2013 found that 75% of tobacco retailers sold single cigars. The average price for a single cigar was \$1.08, and the cheapest cigar was sold for 50 cents. Many retailers sell packages of two or three cigars for \$1.00 (before sales tax).

The City of Saint Paul prohibited the sale of “loosies” (single cigarettes) in 2006. However, the definition of loosies did not address the sale of single cigars. This has helped keep single, cheap cigars an enticing option for price-sensitive youth. No data exist that requiring smokers to buy a pack of 20 cigarettes has increased consumption.

Research shows that increased cigar prices significantly decreased the probability of male adolescent cigar use and that a 10% increase in cigar prices would reduce use by 3.4%<sup>8</sup>. High prices deter youth from starting and encourage adult smokers to quit<sup>9</sup>. Inexpensive cigars promote the use of tobacco, resulting in a negative impact on public health and increased health care costs, and severely undercut the evidence-based public health benefit of imposing high excise taxes on tobacco.

Several localities including Brooklyn Center, Minnesota, Boston, Massachusetts, and at least 29 other localities have passed a minimum pack size regulation on cigars to reduce the accessibility of these products to young people.

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<sup>8</sup> Ringel, J., Wasserman, J., & Andreyeva, T. (2005). *Effects of Public Policy on Adolescents' Cigar Use: Evidence from the National Youth Tobacco Survey*. *American Journal of Public Health*, 95(6), 995-998.

<sup>9</sup> Chaloupka, F. J. & Liccardo Pacula, R. (2001). The Impact of Price on Youth Tobacco Use. *Smoking and Tobacco Control Monograph 14: Changing Adolescent Smoking Prevalence*, 193 – 200. Retrieved from: [http://cancercontrol.cancer.gov/brp/tcrb/monographs/14/m14\\_12.pdf](http://cancercontrol.cancer.gov/brp/tcrb/monographs/14/m14_12.pdf).