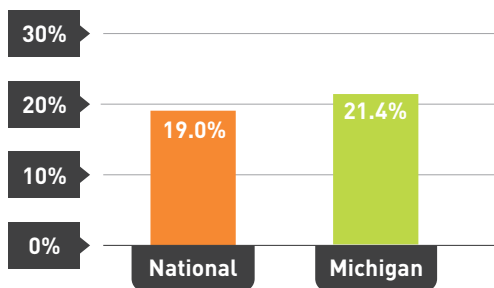


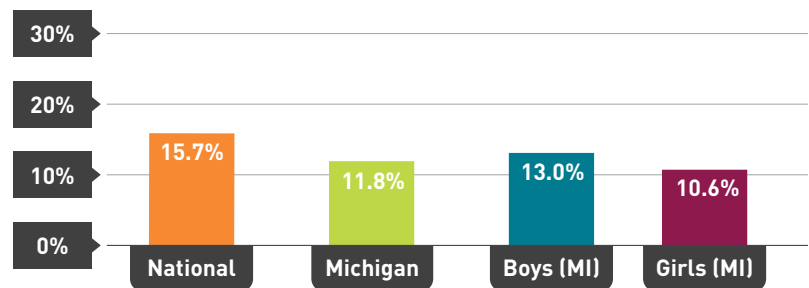
MICHIGAN + TOBACCO

CIGARETTE USE

% of Adults Who Currently Smoke¹



% of High School Students Who Currently Smoke²



OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in Michigan was 3.9% in 2013. 8.9% of adult current cigarette smokers in Michigan were also current smokeless tobacco users in 2013.³
- In 2013, 6.9% of high school students in Michigan used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, 8.8% of high school students used smokeless tobacco on at least one day in the past 30 days.²
- In 2013, 10.7% of high school students in Michigan smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 12.6% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.²

ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, Michigan allocated \$1.5 million in state funds to tobacco prevention, which is 1.4% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.⁴
- The health care costs in Michigan, directly caused by smoking, amount to \$4.59 billion annually.⁴
- State and federal Medicaid costs for Michigan total \$1.366 billion annually for smoking-caused health care.⁵
- Michigan loses \$4.78 billion in productivity each year due to smoking.⁵

- Michigan received an estimated \$1.188 billion in tobacco settlement payments and taxes in FY2015.⁴

STATE TOBACCO LAWS^{6,7}

EXCISE TAX

- The state tax increased to \$2.00 per pack of cigarettes in July 2004. Cigars are taxed 32% of the wholesale price, not to exceed \$0.50 per cigar. Non-cigarette smoking tobacco and smokeless tobacco are taxed 32% of the wholesale price.

CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in all childcare facilities, schools, government workplaces, private workplaces, health care facilities, restaurants, retail stores, and recreational facilities.
- Smoking is prohibited in bars, with the exception of cigar bars.
- Smoking is restricted in casinos (except in tribal establishments and on the gaming floors of existing casinos).

YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products is 18, and penalties exist for both minors and merchants who violate this law.
- Establishments are required to post signs stating that sales to minors are prohibited.

CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 59% of adult smokers in Michigan tried to quit smoking in 2013.⁸
- Michigan's Medicaid program covers individual and phone counseling, Nicotine Replacement Therapy (NRT) Gum, NRT Inhaler, NRT Lozenge, NRT Patch, Varenicline (Chantix), and Bupropion (Zyban). Coverage of group counseling and NRT Spray varies by health plan.^{7*}
- The state Medicaid program's barriers to coverage vary by health plan.^{7**}
- Michigan's state quitline invests \$0.59 per smoker; the national average investment per smoker is \$3.65.⁷
- Michigan does not have a private insurance mandate provision.⁷

REFERENCES

¹ CDC, Behavioral Risk Factor Surveillance System, 2013

² CDC, Youth Risk Behavior Surveillance System, 2013

³ CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013

⁴ Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014

⁵ Campaign fv14

⁶ American Lung Association, SLATI State Reports, 2015

⁷ American Lung Association, State of Tobacco Control, 2015

⁸ CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013

* The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Bupropion (Zyban).

Fiore MC, Jaen CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.

** Barriers could include: Duration limits, annual limits on quit attempts, prior authorization requirements, co-payments, requiring using one cessation treatment before using another and/or requiring counseling to get medications.