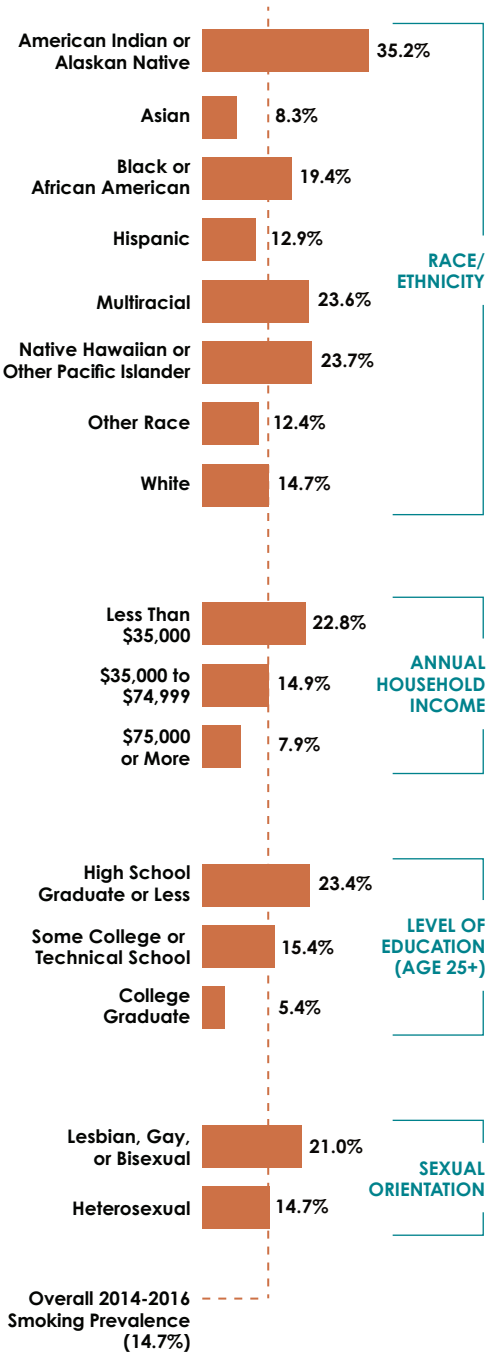
WASHINGTON STATE DEPARTMENT OF HEALTH

Tobacco and Vapor Product Prevention and Control Program

Strategic Plan GOAL 1: A Washington State that advances health equity in tobacco prevention and control

Prevalence of Adult Cigarette Smoking by Subpopulation

WA BRFSS, 2014–2016



Higher Health Consequences and Costs

The health consequences and costs of tobacco hit some communities harder than others. Tobacco is associated with six of the 10 leading causes of death in Washington, including cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease, diabetes, and influenza/pneumonia.[1] These tobacco-related conditions are more common among the following communities: African Americans, American Indians/Alaska Natives (AI/AN), Native Hawaiians and Pacific Islanders, people from low-income households, and individuals who identify as lesbian, gay, or bisexual.[2,3] The Department of Health worked with the broader Washington Tobacco Prevention and Control Community to create a five-year strategic plan that identifies goals, objectives, and priorities for statewide activities and interventions to help reduce the overall number of tobacco users and the disparities in use statewide.

Targeted Communities

The tobacco industry has targeted those with behavioral health conditions, members of the military and their families, African-Americans, LGBTQ individuals, and low-income communities through their marketing for decades. For example, neighborhoods with higher percentages of people of color and low-income households have higher tobacco retailer density and more tobacco marketing than higher-income communities. Research shows that people – especially youth – living in an area with a high density of tobacco retailers are more likely to smoke because they are surrounded by numerous environmental cues.[4] In addition, this kind of environment makes it hard to quit tobacco – increasing disparities in smoking rates and health outcomes.[4]

Tobacco Disparities Start at a Young Age

Cigarette smoking rates are higher among certain Washington State youth (10th graders): [5]

- **American Indian/Alaska Natives**
- **Students with lower grades (C's, D's, and F's)**
- **Youth who are bullied for their perceived sexual orientation**
- **Youth who speak Russian or Ukrainian in their household**

1 Washington State, Tobacco Facts, 2015 Update, http://www.doh.wa.gov/Portals/1/Documents/Pubs/340-149WashingtonTobaccoFacts.pdf

2 2014-2016 Behavioral Risk Factor Surveillance System

3 2011-2012 Washington State Cancer Registry

4 U.S. National Cancer Institute. A Socioecological Approach to Addressing Tobacco-Related Health Disparities. National Cancer Institute Tobacco Control Monograph 22. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2017. https://cancercontrol.cancer.gov/brp/tcrb/monographs/22/index.html

5 2016 Washington State Healthy Youth Survey, https://www.askhys.net

Social Environment Factors

In Washington, 56.9 percent of adults who smoke have tried to quit in the past year.[2] Different Washington communities report different levels of interest and success in quitting smoking. For example, 71.4 percent of African American adults who smoke try to quit every year, while 54.8 percent of White adults who smoke try to quit. However, though more African Americans try to quit, fewer are successful than their White counterparts.[2,4] There are many possible explanations for this disparity. For decades, tobacco companies have heavily marketed menthol tobacco products toward African Americans, which makes quitting more difficult. Increased exposure to tobacco marketing, dense concentrations of tobacco retailers, lower socioeconomic status, and inadequate access to health coverage and quit support contribute to low cessation rates.[4]

Benefits of Reduction for All Washingtonians

Reducing tobacco use in all communities improves health, saves lives, and cuts costs. Washington State spends approximately $2.8 billion on health care costs directly related to cigarette smoking. Washington's Medicaid program alone pays more than $780 million each year in smoking-related health care costs.[6,7] The true cost is higher when considering: workplace productivity losses, property damage, and years of life lost due to tobacco use. Despite declines in adult tobacco use overall in Washington State, certain communities still smoke at higher rates and suffer disproportionately from the associated health problems.

Policymakers, community leaders, and public health professionals all have a role in ending tobacco-related disease and death in the state. Some recommendations that will support better health for all Washington residents:

- Adequately funded and sustained programs
- Public policies that support local control
- Quit support that includes community-based programs and services
- Media campaigns
- Surveillance and evaluation systems
- Funded community partnerships

6 Centers for Disease Control and Prevention, State Activities Tracking and Evaluation (STATE) System http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_STATE.Highlights&rdRequestForwarding=Form

7 Campaign for Tobacco Free Kids, https://www.tobaccofreekids.org/facts_issues/toll_us/washington

8 SAMHSA, 2013. Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. The NSDUH Report. https://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf

9 Office of Decision Support and Evaluation, Department of Social and Health Services (2016). Current smoking prevalence among clients receiving publicly funded behavioral health services from the Behavioral Health Data System. Unpublished estimate.

10 Department of Defense. 2011 Department of Defense Health Related Behaviors Survey of Active Duty Military Personnel. Published February 2013; https://www.murray.senate.gov/public/_cache/files/889efd07-2475-40ee-b3b0-508947957a0f/final-2011-hrb-active-duty-survey-report.pdf

11 Centers for Disease Control and Prevention. Disparities in Adult Cigarette Smoking –United States, 2002–2005 and 2010–2013. *MMWR Morbidity Mortality Weekly Report*. 2016; 65(30): 753-758.

Behavioral Health and Tobacco

People with behavioral health conditions are **particularly exposed** to the dangers of tobacco use and account for **approximately 40% of all cigarettes smoked in the nation.**[8]

Smoking rates among clients receiving publicly funded behavioral health services in Washington State: [9]

Substance Use Disorder (SUD) Clients, Adults (18+)..... 64.3%

All Mental Health (MH) Clients, Adults (18+)..... 31.7%

Veterans and Tobacco Use

Active duty U.S. military personnel and veterans **smoke at higher rates than the rest of the U.S. population.**[4] Tobacco use takes an enormous toll on the **health and physical fitness**.

A department study noted that **38 percent of adults who smoke** in the military started after they enlisted.[10]

14.7% of WA adults smoke[2]
16.0% of WA Veterans smoke[2]

Tobacco Harm and Hidden Data

General population surveys **do not** capture certain differences. For example, Washington State data **groups all Asian Americans together to show a smoking rate of 8.1%.**[2] However, national surveillance data show prevalence ranging from **7.6% among Chinese-American adults** to **20.0% among Korean-American adults.**[11]

Washington State Department of Health
DOH 340-282 March 2018

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