Washington State Department of Health
Tobacco and Vapor Product Prevention & Control Program

Advancing Health Equity in Tobacco Prevention and Control

The health consequences—and costs—of tobacco hit some communities harder

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 communities such as: 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 has created a Washington state Tobacco Prevention and Control five-year strategic plan that identifies goals, objectives, and priorities for state-wide activities and interventions to help reduce the number of tobacco users and disparities statewide.

Reducing tobacco use in all communities will improve health, save lives, and cut costs

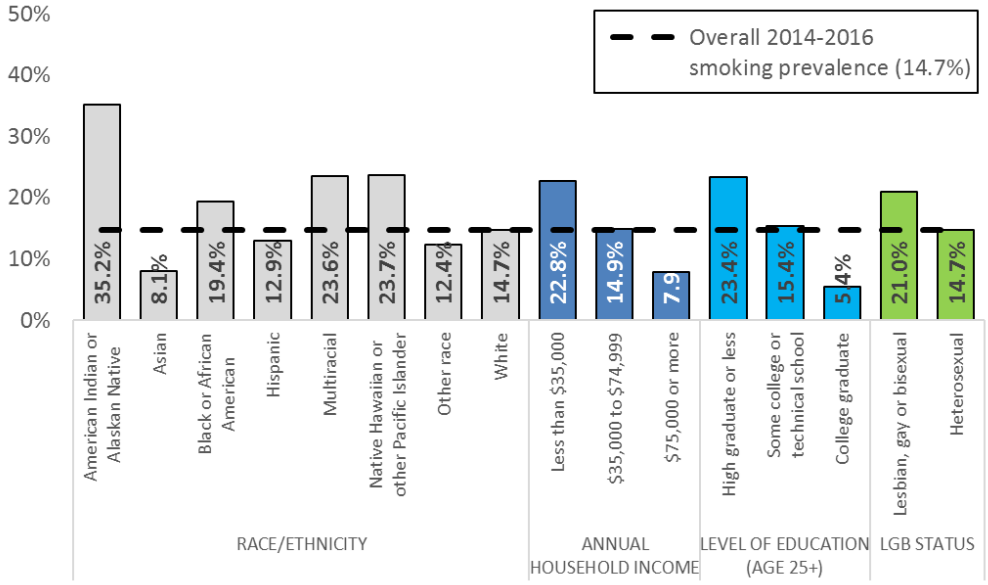
Washington State spends approximately $2.8 billion on healthcare costs directly related to cigarette smoking. Washington's Medicaid program alone pays over $780 million each year in smoking-related health care costs.[4, 5] The true cost is higher when considering: workplace productivity losses, property 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.

Tobacco Disparities Start at a Young Age

Cigarette smoking rates are higher among certain Washington State youth (10th graders)[6]:

- *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*

Prevalence of adult cigaretteing smoking by subpopulation, WA BRFSS, 2014-2016



Tobacco targets certain communities

Research shows that people—especially youth—living in an area with a high density of tobacco retailers are more likely to smoke because of numerous environmental cues[7]. Communities with higher percentages of minority and low-income populations have higher tobacco retailer density and more tobacco marketing in their neighborhoods than those of higher-income communities. Decades of tobacco industry targeting of these and other populations, including those with behavioral health conditions, members of the military and their families, African-Americans, LGBTQ individuals, and low-income communities to sell their harmful products has resulted in an environment that makes initiation of tobacco use easy and tobacco cessation difficult, worsening disparities.[7]

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].

Current Smokers 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

Tobacco use takes an enormous toll on the health and physical fitness of active duty U.S. military personnel and veterans because this population smokes at higher rates than the rest of the U.S. population.[7]

A department study noted that 38 percent of smokers in the military started after they enlisted.[10]

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

Quit attempts and successful cessation are impacted by environment

Interest in and success in quitting smoking differ among certain communities. Although a higher percent of adult African American smokers try to quit every year (71.4%) than White smokers (54.8%) in Washington, African Americans are less successful at quitting.[2] The use of menthol in tobacco products is marketed heavily toward African Americans, which makes quitting more difficult[7]. Dense concentrations of tobacco retailers, increased exposure to tobacco marketing, lower socioeconomic status and inadequate access to health insurance coverage and quit support are some contributing factors to low cessation rates.[7] In Washington, 56.9% of adults who smoke have *tried* to quit in the past year.[2]

Tobacco Use and Harm is Hidden by Lack of Data

General population surveys do not capture certain differences. For example, Washington State data grouping all Asian Americans together 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].

We need to do more to reduce tobacco use in *all* communities

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

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

For more information contact:
Frances Limtiaco, Frances.Limtiaco@doh.wa.gov
Samroz Jakvani, Samroz.Jakvani@doh.wa.gov

Citations

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