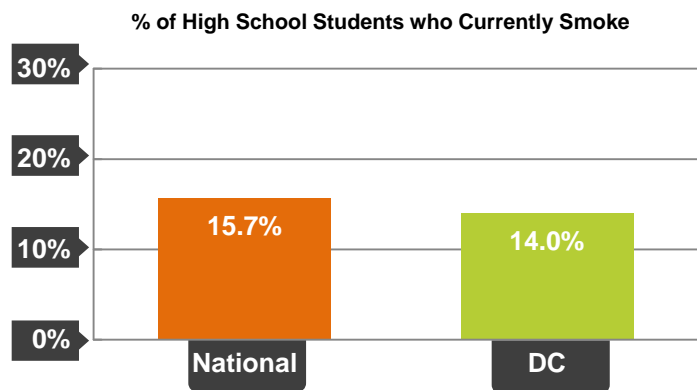
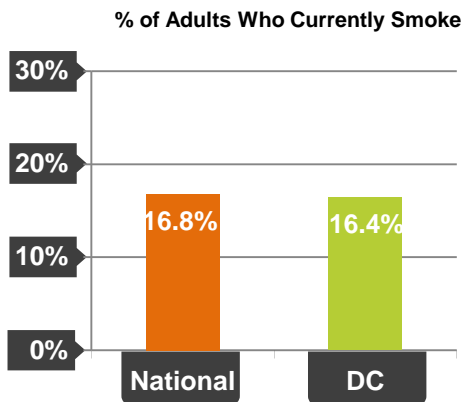


TOBACCO IN DISTRICT OF COLUMBIA

CIGARETTE USE^{1-3*}



OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in the District of Columbia was 1.5% in 2013. 4.6% of adult current cigarette smokers in the District of Columbia were also current smokeless tobacco users in 2013.⁴
- In 2015, 11.5% of high school students in the District of Columbia smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 10.3% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.⁵
- In 2015, 13.4% of high school students in the District of Columbia used electronic vapor products on at least one day in the past 30 days. Nationally, 24.1% of high school students used electronic vapor products on at least one day in the past 30 days.⁵

ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2016, the District of Columbia allocated \$1.4 million in state funds to tobacco prevention, which is 12.7% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.⁶

* National and state-level prevalence numbers reflect the most recent data available. This may differ across state fact sheets.

- The District of Columbia received an estimated \$68 million in tobacco settlement payments and taxes in FY2016.⁶
- The health care costs in the District of Columbia, directly caused by smoking, amount to \$391 million annually.⁶
- The District of Columbia loses \$280.4 million in productivity each year due to smoking.⁷

TOBACCO LAWS⁸⁻⁹

EXCISE TAX

- The tax increased to \$2.50 per pack of cigarettes in October 2009. Little cigars are taxed at \$0.125 per cigar. All other tobacco products are taxed 67% of the wholesale price.

CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in all government workplaces, private workplaces, schools, childcare facilities, restaurants, bars (allowed in cigar bars and allows for an economic hardship waiver), retail stores, and recreational/cultural facilities.

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 59.7% of adult every day smokers in the District of Columbia quit smoking for one or more days in 2014.¹⁰
- The District of Columbia's Medicaid program's coverage of all seven recommended cessation medications varies by health plan. All plans cover individual counseling.^{9†}
- The city's Medicaid program's barriers to coverage include duration limits, quantity limits, and prior authorization requirements.⁹
- The District of Columbia's quitline invests \$6.06 per smoker; the national average investment per smoker is \$3.37.⁹
- The District of Columbia does not have a private insurance mandate provision for cessation.⁹

† The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Bupropion (Zyban).
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² CDC, Youth Risk Behavior Surveillance System, 2013

³ District of Columbia Youth Risk Behavior Survey, 2012

⁴ CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013

⁵ CDC, Youth Risk Behavior Surveillance System, 2015

⁶ Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 17 Years Later FY2016, 2015⁷⁵ Campaign for Tobacco-Free Kids, Toll of Tobacco in the United States, 2015

⁷ Campaign for Tobacco-Free Kids, State Tobacco Related Costs and Revenues, 2014

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