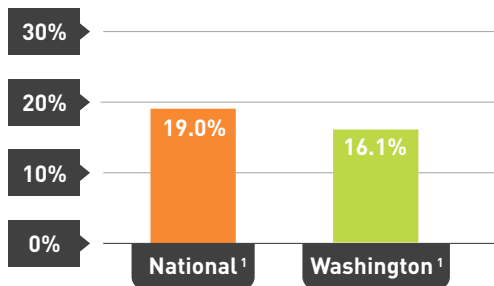


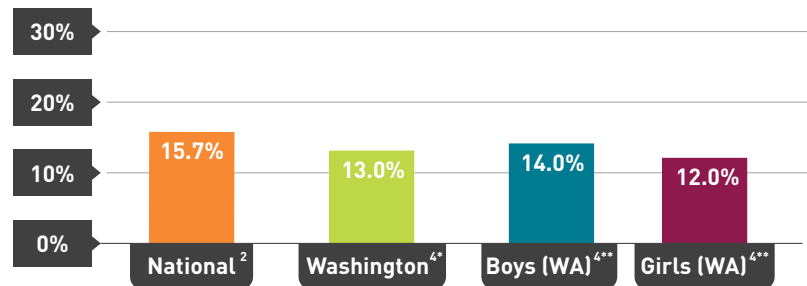
WASHINGTON + TOBACCO

CIGARETTE USE

% of Adults Who Currently Smoke



% of High School Students Who Currently Smoke



OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in Washington was 3.7% in 2013. 9.0% of adult current cigarette smokers in Washington were also current smokeless tobacco users in 2013.⁵
- In 2014, approximately 4% of 10th graders and 5% of 12th graders in Washington used chewing tobacco, snuff, or dip on at least one day in the past 30 days.⁴
- A total of 3.8% of high school students in Seattle used smokeless tobacco on at least one day in the past 30 days.³
- In 2014, approximately 2% of 8th graders, 5% of 10th graders, and 10% of 12th graders in Washington smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.⁴
- In 2014, approximately 5% of 8th graders, 10% of 10th graders, and 15% of 12th graders in Washington used hookah on at least one day in the past 30 days.⁴
- In 2014, approximately 8% of 8th graders, 18% of 10th graders, and 23% of 12th graders in Washington used e-cigarettes or vape pens on at least one day in the past 30 days.⁴

* Comparison made using the 2013 Youth Risk Behavioral Surveillance System (YRBSS) national current smoking prevalence and the 2014 Washington State Healthy Youth Survey 12th grade prevalence.

** 12th grade only

- In 2014, approximately 4% of 8th graders, 9% of 10th graders, and 15% of 12th graders in Washington used candy-flavored tobacco on at least one day in the past 30 days.⁴

ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, Washington allocated \$1.9 million in state funds to tobacco prevention, which is 2.9% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.⁶
- The health care costs in Washington, directly caused by smoking, amount to \$2.81 billion annually.⁶
- State and federal Medicaid costs for Washington total \$788.5 million annually for smoking-caused health care.⁷
- Washington loses \$2.2 billion in productivity each year due to smoking.⁷
- Washington received an estimated \$576 million in tobacco settlement payments and taxes in FY2015.⁶

STATE TOBACCO LAWS^{8,10}

EXCISE TAX

- The state tax increased to \$3.025 per pack of cigarettes in May 2010. Little cigars are taxed \$0.15125 per cigar. All other cigars are taxed 95% of the sales price, not exceeding \$0.65 per cigar. Moist snuff is taxed the greater of \$2.526 or 83.5% of the cigarette tax multiplied by 20 for consumer-sized cans. All other tobacco products are taxed 95% of the sales price.

CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in all childcare facilities, government workplaces, health care facilities, restaurants, bars, casinos (tribal establishments are exempt), schools, private workplaces, and recreational 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 of tobacco products to minors are prohibited and violators will be punished. The sign must also state that photo ID is required to purchase tobacco products.
- The sale to minors of vapor products, including electronic cigarettes, is prohibited.

CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 52% of adult smokers in Washington tried to quit smoking in 2013.⁹
- Washington's Medicaid program coverage of the seven recommended cessation medications varies by health plan. Some health plans cover individual and phone counseling.^{10*}
- The state Medicaid program's barriers to coverage vary by health plan.^{10**}

- Washington's state quitline invests \$0.35 per smoker; the national average investment per smoker is \$3.65.¹⁰
- Washington does not have a private insurance mandate provision for cessation.¹⁰

REFERENCES

- ¹ CDC, Behavioral Risk Factor Surveillance System, 2013
 - ² CDC, Youth Risk Behavior Surveillance System, 2013
 - ³ Washington State Healthy Youth Survey, 2014 Survey Results: Statewide Results, 2015
 - ⁴ CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013
 - ⁵ 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
 - ⁶ Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014
 - ⁷ American Lung Association, SLATI State Reports, 2015
 - ⁸ CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013
 - ⁹ American Lung Association, State of Tobacco Control, 2015
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* 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.