

# Tobacco & Vapor Product Use

Tobacco/nicotine use is the leading cause of preventable death in the United States, and is responsible for about 17–19% of all deaths in Washington. Cigarette smoking in Washington has declined, but about 14% ( $\pm 1\%$ ) of Washington adults continue to smoke. The prevalence of electronic cigarette, e-cigarette, or vapor product use is about 6% ( $\pm 1\%$ ).

In Washington State, the total cost of healthcare directly caused by cigarette smoking is estimated to be \$2.8 billion annually.<sup>1</sup> Cigarette smoking also leads to costs such as workplace productivity losses. Additionally, there are costs related to second-hand smoke exposure, smoking-caused fires, and use of other tobacco products.

Males, American Indians and Alaska Natives (AIAN) and people with low incomes or less education are more likely to smoke and use e-cigarettes than are other Washingtonians. AIAN as well as people with lower income have both higher smoking rates and higher level of exposure to second-hand smoke.

Encouraging and helping tobacco users to quit is essential to reducing tobacco-related disease, death, and healthcare costs. In Washington in 2016, about 54% ( $\pm 3\%$ ) of smoking adults reported having made a quit attempt in the past year.

DOH, along with state, local, tribal and community partners, is working to implement the [2017-2021 Washington Tobacco Prevention and Control Statewide Strategic Plan](#).



## 1 in 7

Washington adults continue to smoke although cigarette smoking has declined



Tobacco use is the leading preventable cause of death and disease



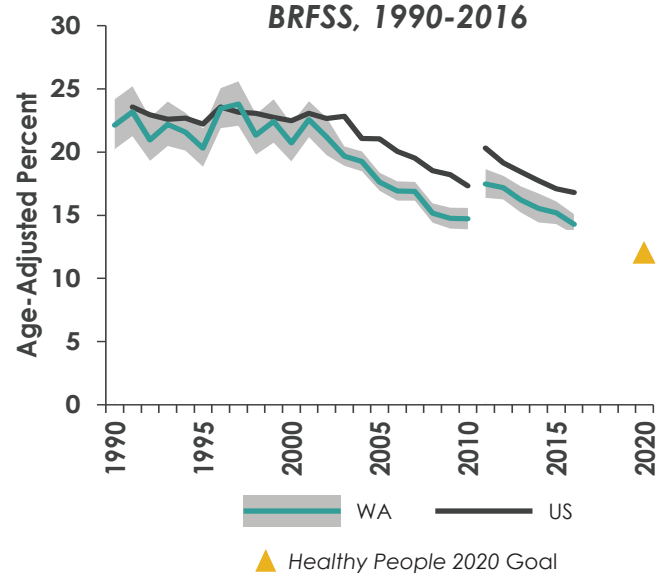
## Adults

### Time Trends

#### Current Smoking

- In the 2016 Behavioral Risk Factor Surveillance System (BRFSS), the prevalence of current smoking among Washington State adults was 14% ( $\pm 1\%$ ).
- Washington had a lower age-adjusted prevalence of current smoking compared to the U.S., although both have been declining.
- From, 2011-2016, smoking among Hispanic and white adults decreased.
- In 2016, 4% ( $\pm 1\%$ ) of adults used smokeless tobacco and 8% ( $\pm 1\%$ ) were exposed to secondhand smoke.

Current Cigarette Smoking Prevalence  
Washington State & US  
BRFSS, 1990-2016



## E-Cigarette Use

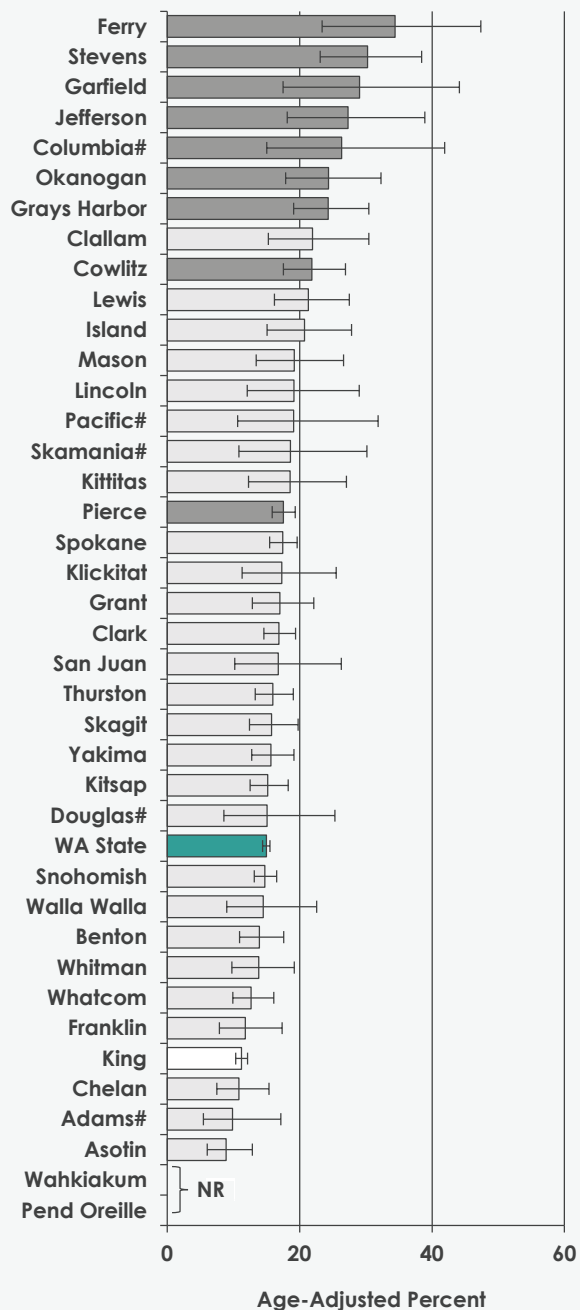
- Vapor products are devices that use a heating element to produce vapor from a liquid solution or other substance that is then inhaled. They include e-cigarettes as well as vape pens, mods and e-hookahs.
- Vapor products often but not always contain nicotine. They may also contain flavored liquids, marijuana products, or other drugs.
- In the 2016 BRFSS, the prevalence of current electronic cigarette, e-cigarette, or vapor product use among Washington State adults was 6% ( $\pm 1\%$ ). Data collection began in 2014, so a time trend is not available.

## Geographic Variation

### Current Smoking

- In the 2014-2016 BRFSS, the prevalence of smoking in King County was lower than the state.
- Columbia, Cowlitz, Ferry, Garfield, Grays Harbor, Jefferson, Okanogan, Pierce and Stevens counties had a higher prevalence than the state.

### Current Cigarette Smoking Washington Counties BRFSS, 2014-2016



■ WA State       Lower than WA State  
 Same as WA State       Higher than WA State

NR: Not reported if RSE  $\geq 30\%$  or to protect privacy  
 #Relative standard error (RSE) is between 25% and 29%

# Disparities

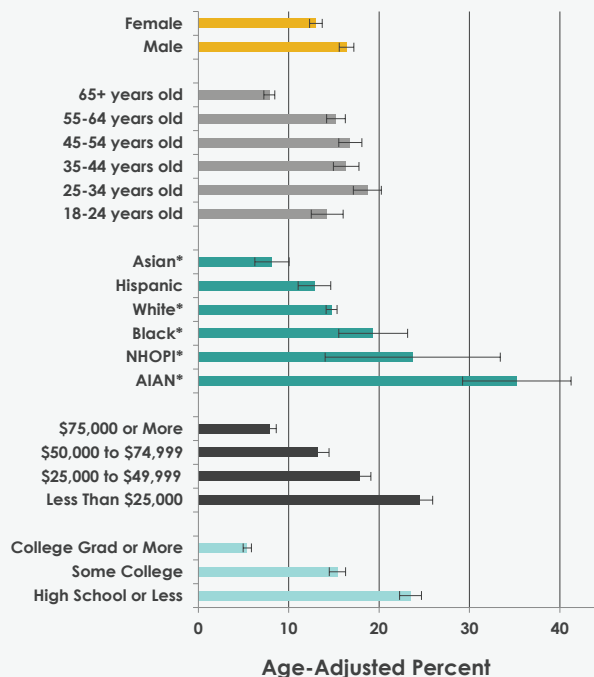
## Current Smoking

- In the 2014-2016 BRFSS, males had higher smoking prevalence compared to females.
- Smoking prevalence was at its highest in early adulthood, peaking at 19% (±2%) among 25–34 year olds.
- AIAN had the highest smoking prevalence followed by Native Hawaiian and other Pacific Islanders (NHOPi) and blacks.
- The smoking prevalence among lesbian, gay and bisexual (LGB) people was 21% (±3%), which is higher than the smoking prevalence among heterosexuals (14% ± <1%) (data not shown).
- In the 2014–2016 BRFSS, current smoking prevalence increased as levels of education and household income decreased.
- Nationally, people with behavioral health conditions represent about 25% of the total adult population but account for about 40% of all cigarettes smoked.<sup>2</sup>
- Smokeless tobacco use was higher among men, younger adults, AIAN, veterans and those with less education (data not shown).
- Secondhand smoke exposure was higher among younger adults, AIAN, LGB, those with lower annual household income and those with less education (data not shown).

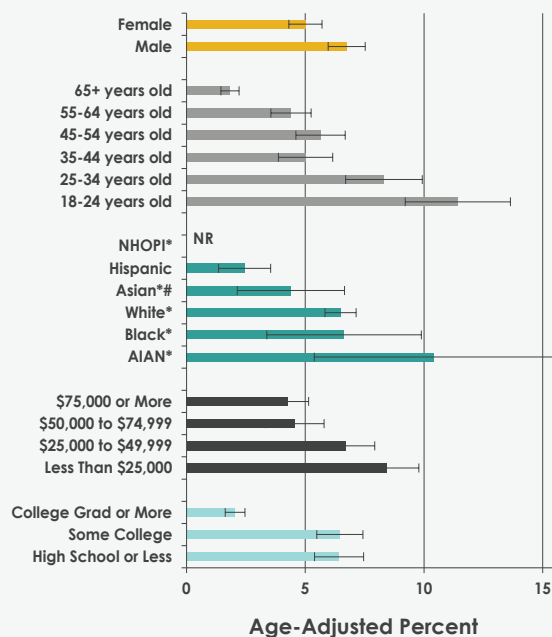
## E-Cigarette/Vapor Product Use

- In the 2014-2015 BRFSS, males had higher e-cigarette use compared to females.
- In contrast to reported current smoking, e-cigarette use was at its highest in early adulthood among 18–24 year olds.
- AIAN had the highest e-cigarette use.
- The prevalence of e-cigarette use among those who are lesbian, gay or bisexual (8% ± 3%), was higher than among heterosexuals (6% ± 1%).
- In the 2014–2015 BRFSS, current e-cigarette use increased as levels of education and household income decreased.
- E-cigarette use was more common among current cigarette smokers 22% (±3%), compared to nonsmokers 3% (±1%).

**Current Cigarette Smoking  
Washington State  
BRFSS, 2014-2016**



**Self-Reported E-Cigarette Use  
Washington State  
BRFSS, 2014 & 2015**



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPi: Native Hawaiian/Other Pacific Islander  
#Relative standard error (RSE) is between 25% and 29%  
NR: Not reported if RSE ≥ 30% or to protect privacy



## Youth

### Time Trends

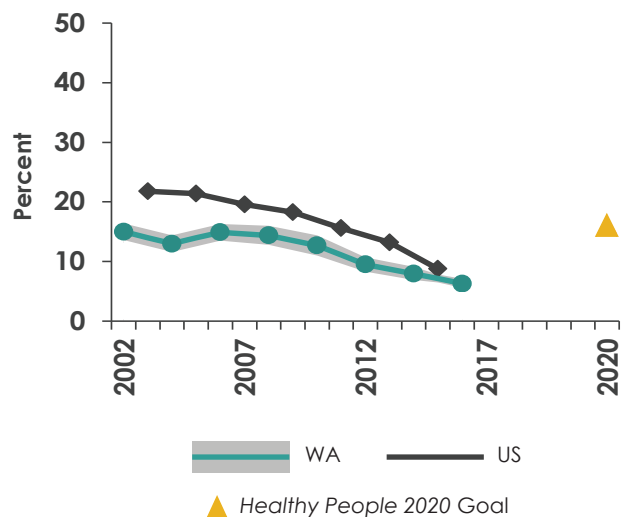
#### Current Smoking

- In the 2016 Healthy Youth Survey (HYS), 6% ( $\pm 1\%$ ) of 10<sup>th</sup> graders reported smoking cigarettes in the past month.
- Fewer Washington youth reported cigarette smoking compared to U.S. youth.
- Youth cigarette smoking in Washington has been declining.

#### E-Cigarette Use

- In the 2016 HYS, 13% ( $\pm 1\%$ ) of 10<sup>th</sup> graders reported using e-cigarettes or vapor products in the past month.
- In 2016, 71% ( $\pm 5\%$ ) 10<sup>th</sup> graders who smoked cigarettes also used e-cigarettes or vapor products.

**Youth Smoking, 10<sup>th</sup> Graders  
Washington State & US  
HYS & YRBSS**



# Geographic Variation

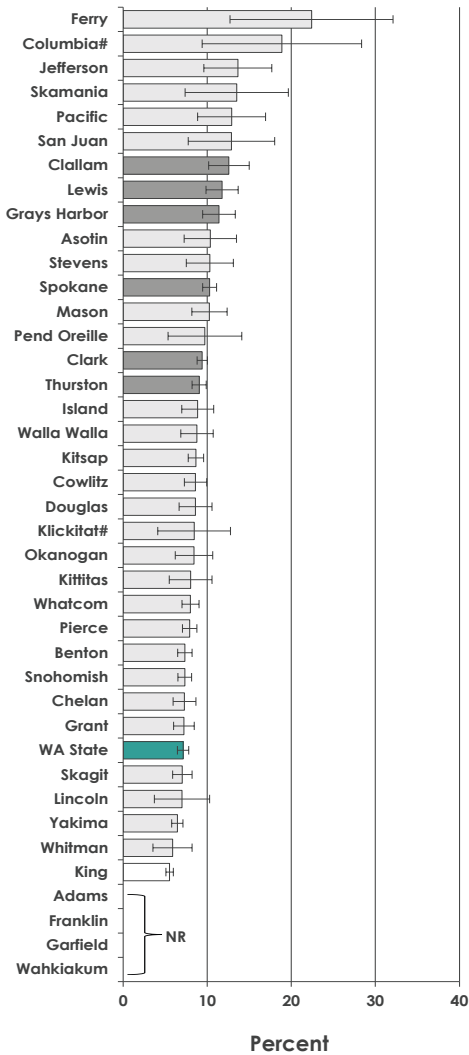
## Current Smoking

- In the combined 2014 and 2016 HYS, the prevalence of smoking in 10<sup>th</sup> graders in King County was lower than the state prevalence.
- Among 10<sup>th</sup> grade students, the prevalence of past 30-day smoking in Clallam, Clark, Lewis, Grays Harbor, Spokane, and Thurston counties was higher than the state prevalence.

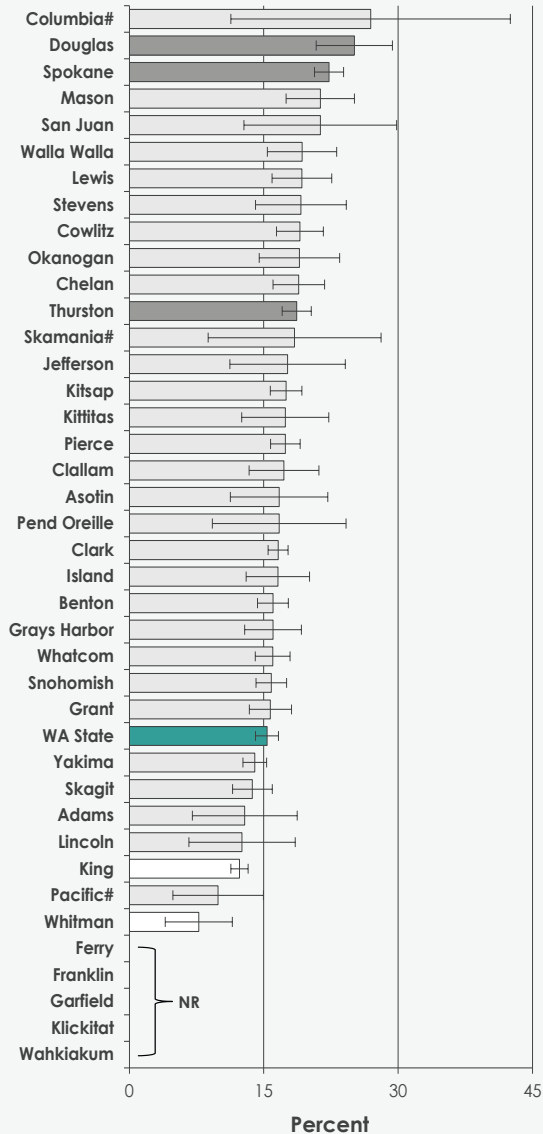
## E-Cigarette Use

- In the combined 2014 and 2016 HYS, reported use of e-cigarettes or vapor products among 10<sup>th</sup> graders in Whitman and King counties was lower than the state.
- Tenth graders in Douglas, Spokane and Thurston counties reported higher use of e-cigarettes or vapor products than the state.

**Youth Smoking, 10<sup>th</sup> Graders  
Washington Counties  
HYS, 2014-2016**



**Youth E-Cigarette Use, 10<sup>th</sup> Graders  
Washington Counties  
HYS, 2014 & 2016**



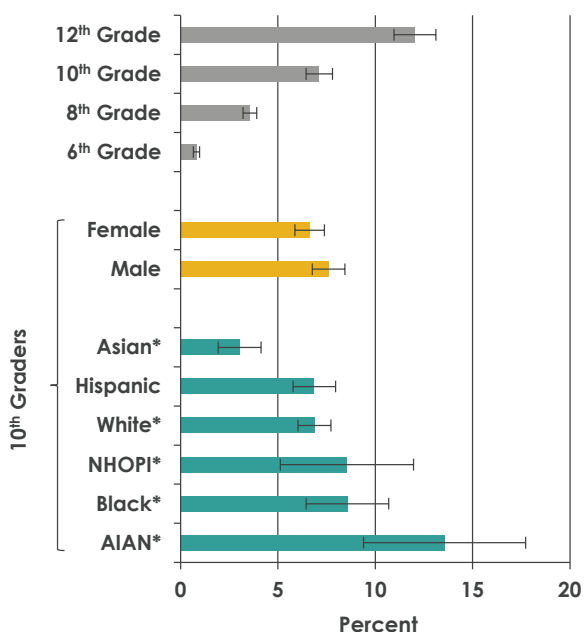
#Relative standard error (RSE) is between 25% and 29% | NR: Not reported if RSE ≥ 30% or to protect privacy

# Disparities

## Current Smoking

- In the combined 2014 and 2016 HYS, smoking prevalence increased with grade.
- Male 10<sup>th</sup> graders had slightly higher smoking prevalence compared to females.
- AIAN 10<sup>th</sup> graders had the highest smoking prevalence, and Asian students had the lowest.

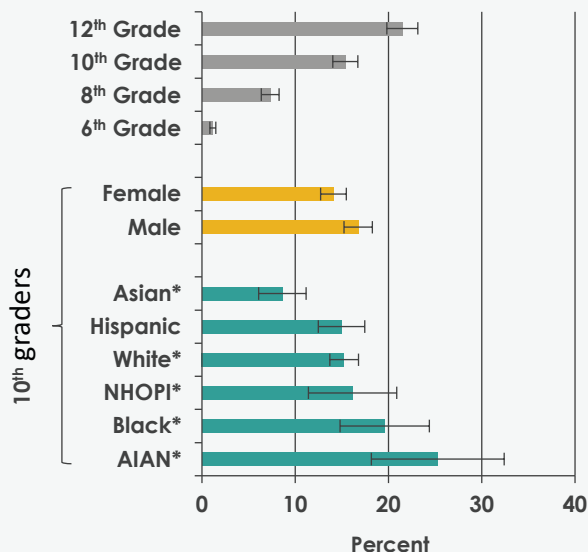
**Current Smoking  
Washington State  
HYS, 2014 & 2016**



## E-Cigarette Use

- In the combined 2014 and 2016 HYS, e-cigarette use increased with grade.
- Male 10<sup>th</sup> graders had higher e-cigarette use compared to females.
- AIAN 10<sup>th</sup> graders had the highest e-cigarette use, and Asian students had the lowest.

**Current E-Cigarette Use  
Washington State  
HYS, 2014 & 2016**



## Impact

- Tobacco use is the leading preventable cause of death and disease in Washington. Cigarette use is responsible for about 17–19% of all deaths in Washington.
- About 95% of adult tobacco users started using before they turned 21.
- 3,900 Washington youth (under 18) are estimated to become daily smokers each year.

\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPi: Native Hawaiian/Other Pacific Islander

# How is Washington addressing tobacco & vapor product use?

DOH and state, local, community and tribal-related partners are implementing the four goals of the [2017-2021 Washington Tobacco Prevention and Control Statewide Strategic Plan](#). The four goals include:

1. Reduce tobacco-related disparities among priority populations. This includes adding to our knowledge and understanding of tobacco-related disparities, and educating about these disparities and how best to address them.
2. Prevent youth and young adults from beginning to use tobacco with an emphasis on nicotine consumed through electronic cigarettes and vapor products. This includes efforts to raise the minimum age for purchasing tobacco and vapor products to 21 and supporting the development of local bans on vaping in public places.
3. Leverage resources for promoting and supporting tobacco cessation. This includes consistent diagnosis and treatment of tobacco use and dependence. The Affordable Care Act recommends insurance cover individual, group and telephone-based interventions and all seven FDA-approved medications to quit.
4. Eliminate exposure to secondhand smoke. This includes increasing tobacco- and vape-

free environments and increasing compliance with the smoking in public places law.

State policy priorities include:

- Reducing youth access to tobacco and vapor products by increasing the minimum legal age of purchase from 18 to 21 years statewide.
- Educating policymakers and stakeholders on the value of local control to allow for local regulation of combustible and other tobacco and vapor products.
- Demonstrating the importance of restoring appropriate funding level for a comprehensive, evidence-based, statewide and local tobacco prevention and control program according to *CDC Best Practices* guidelines.
- Developing partnerships with healthcare providers to:
  - o Enhance screening for tobacco use and referrals to cessation resources
  - o Address health insurance regulations so that all licensed healthcare providers can be reimbursed for providing tobacco cessation services.

See also [Marijuana Use](#)

Evidence-based interventions to decrease tobacco use are available in the [2014 CDC Best Practices for Comprehensive Tobacco Control Program](#)

Comprehensive tobacco control and prevention strategies for youth and young adults should address all tobacco/ nicotine products, including e-cigarettes/vapor products. [The 2016 Surgeon General's Report: E-Cigarette Use Among Youth and Young Adults provides additional information on these evidence-based interventions](#)

## Technical Notes

*Confidence Intervals*: Definition and examples are described in [Appendix C](#)

*Race and Ethnicity*: Classification described in [Appendix C](#)

*Relative Standard Error*: Definition and how it was used is described in [Appendix C](#)

*Tobacco Use*: The focus of tobacco use throughout this chapter is commercial tobacco use.

## Endnotes

<sup>1</sup>Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Best Practices for Comprehensive Tobacco Control Programs—2014. [www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm). Published January 30, 2014. Accessed August 15, 2017.

<sup>2</sup>Substance Abuse and Mental Health Services Administration. Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked. The NSDUH Report. [www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf](http://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf). Published on March 20, 2013. Accessed September 12, 2017.