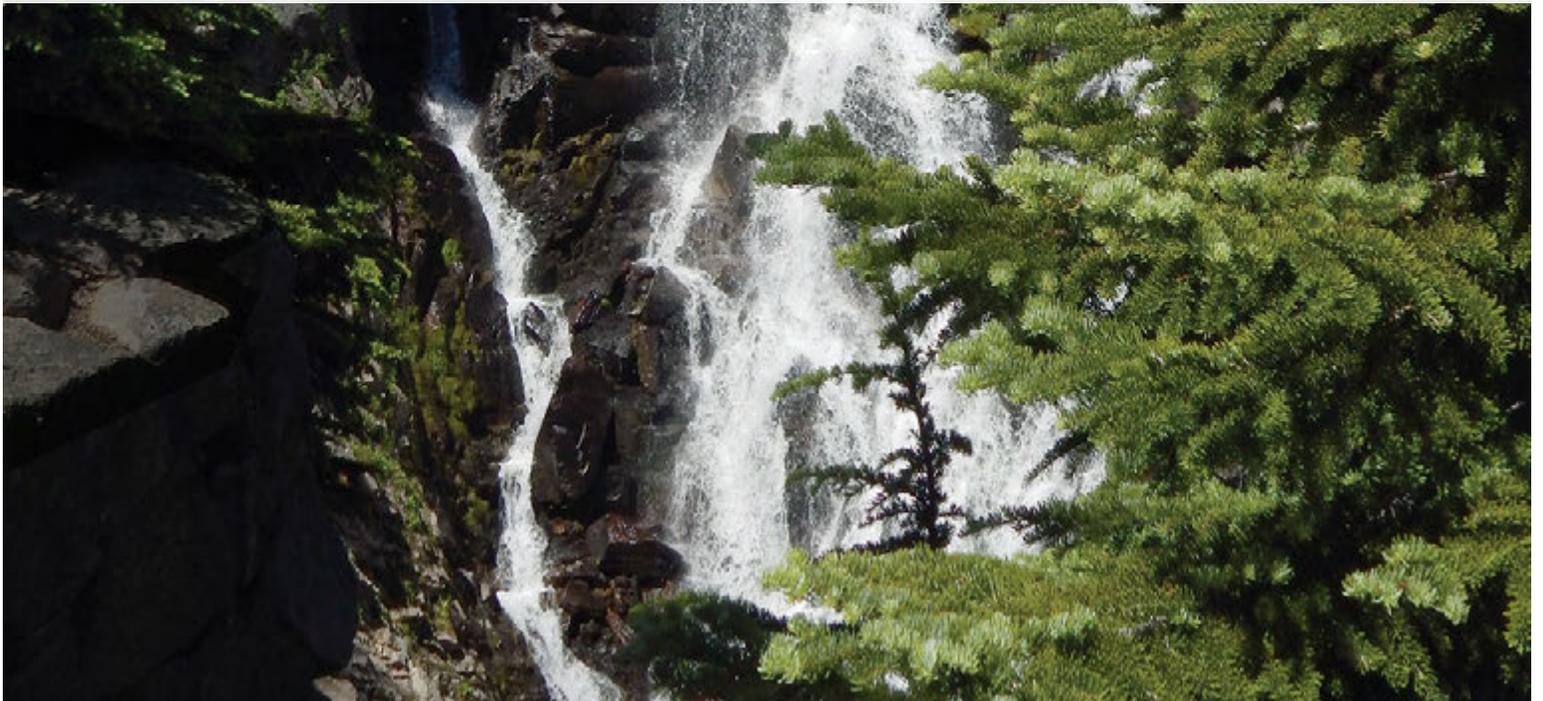




**Washington State Tobacco Prevention and Control
FIVE-YEAR STRATEGIC PLAN
State Fiscal Year 2017-2021**





**Washington State Tobacco Prevention and Control
Five-Year Strategic Plan
State Fiscal Year 2017-2021**



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PREFACE

The 2017–2021 Washington State Tobacco Prevention and Control 5-Year Strategic Plan provides goals, strategies, and tactics that will guide tobacco prevention and control throughout Washington State. The development of this plan was facilitated by the Washington State Department of Health Tobacco Prevention and Control Program. We'd like to thank the organizations and individuals below for generously giving their time and energy to the development of this plan.

Special thanks to:

Alere Wellbeing	Northeast Tri County Health District
American Cancer Society	Northwest Portland Area Indian Health Board
American Heart Association	Odyssey Youth Movement
American Stroke Association	Pend Oreille County Counseling Services
American Indian Health Commission for Washington State	Providence Health Care
American Lung Association of the Mountain Pacific	Providence Regional Cancer Partnership
Amerigroup Washington	Providence Regional Medical Center Everett
Asian Pacific Islander Coalition Advocating Together (APICAT)	Providence St. Peter Chemical Dependency Center
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CHAS Health	Republic Cares
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Columbia County Public Health Department	Spokane Community College
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	Yakima Valley Farm Workers Clinic

PREFACE continued

Washington State Department of Health Sections and Programs:

Prevention and Community Health

Office of Healthy Communities

- Access Systems and Coordination Section
- Community-Based Prevention Section
 - Healthy Eating Active Living Program
 - Healthy Communities Program
 - Heart Disease, Stroke, and Diabetes Prevention Program
 - Marijuana Prevention and Education Program
 - Oral Health Program
 - Tobacco Prevention and Control Program
- Community Healthcare Improvement Linkages Section
- Partnership, Planning, Policy, and Operations Section
- Surveillance and Evaluation Section

Health Systems and Quality Assurance

Office of Community Health Systems

- Injury and Violence Prevention Program

The 2017–2021 Washington State Tobacco Prevention and Control 5-Year Strategic Plan is not intended to reflect solely the activities of the Washington State Department of Health's Tobacco Prevention and Control Program (TPCP), but instead outlines a series of goals, strategies, and tactics that will help guide all tobacco prevention and control stakeholders throughout Washington State. The TPCP played the following roles in the development of this plan:

- Coordinated community engagement to ensure participation by a diverse group of stakeholders interested in preventing and decreasing tobacco-related morbidity, mortality, and economic costs in Washington State.
- Drafted the plan including a coordinated review by key partners before the plan was finalized.

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OVERVIEW



OVERVIEW



The Toll of Tobacco Use in Washington

KEY POINTS

- Cigarette use is responsible for about 17–19 percent of all deaths in Washington.
- Though the rate of cigarette smoking has declined the last 10 years, the combined rate of cigarette, smokeless tobacco, or e-cigarette use among 10th graders has increased.

Each year, cigarette smoking kills about 8,300 adults in Washington State. However, this number does not include deaths attributable to secondhand smoke and burns. These additional factors bring the number of estimated cigarette smoking deaths to more than 8,700—and this does not account for deaths from other tobacco products.¹ Between 2005 and 2009, there was an average of 47,100 deaths annually in Washington—meaning that cigarette smoking accounts for nearly one in five (17–19 percent) deaths in Washington State each year.¹

In Washington State, the total cost of health care directly caused by cigarette smoking is estimated to be \$2.8 billion annually.⁴ Cigarette smoking also leads to other costs such as workplace productivity losses. Additionally, there are costs tied to secondhand smoke exposure, smoking-caused fires, smokeless tobacco use, and cigar and pipe smoking.

The percentage of youth smoking cigarettes in Washington State is at a new low. However, the rate of e-cigarette and vapor product use among Washington State 10th graders increased more than four-fold (from 4.6 percent to 18 percent) between 2012 and 2014.⁵

The Burden of Tobacco Use

Tobacco use

- Adult smoking rate (2012–14): 16.2%¹
- 10th grade smoking rate: 8%²
- 10th grade overall use of products that contain nicotine remains high due to increases in electronic cigarettes and vapor products²

Health burden

- **One-in-five Washington deaths:** Accounting for secondhand smoke, cigarettes cause 17–19% of deaths in Washington State per year¹
- **8,300** Washington residents die from smoking each year³
- **3,900** Washington youth (under 18) become daily smokers each year⁴
- **104,000** Washington youth alive today will ultimately die prematurely from smoking⁴

Economic burden

- **\$2.8 billion** in annual health costs directly caused by smoking⁴



The combined rate of cigarette, smokeless tobacco, or e-cigarette use in 10th graders has increased since 2012, even though the rate of cigarette smoking has declined in the last ten years (data on pipe, hookah, and cigar use are not available for Washington).⁶ This is consistent with Centers for Disease Control data that show the combined rate of cigarette, smokeless tobacco, e-cigarette, cigars, pipe, or hookah use among youth has increased nationally since 2012, hovering around 25 percent. This is an unacceptably high rate.⁷

To combat the increase in youth use of vapor products, the Washington State legislature passed a law that creates new licensing provisions for stores selling these products.^{8,9} This law went into effect June 2016. In addition, the Food and Drug Administration (FDA) released a deeming rule that extended the federal Prevention and Tobacco Control Act of 2009 to electronic delivery systems (including all vapor products with nicotine), hookah, tobacco, cigars, pipe tobacco, dissolvables, and other products that may be created in the future. This deeming rule went into effect August 2016.¹⁰



Tobacco-Related Disparities

KEY POINTS

- While cigarette smoking has decreased overall, certain groups have not seen the same decreases.
- We need additional data to assess the full burden of tobacco use in certain communities with disproportionately high rates.

Since the implementation of the Tobacco Prevention and Control Program (TPCP) in 1999, Washington State has seen significant overall declines in cigarette smoking and increasing public awareness of the harmful effects of tobacco use. However, 16 years later, disproportionately high rates of smoking persist in certain populations.

Lower-income households have both higher smoking rates and higher levels of exposure to secondhand smoke. The Behavioral Risk Factor Survey Results from Washington State between 2012 and 2014 show that about 25 percent of adults in households with an annual income less than \$35,000 smoke cigarettes, compared to less than 10 percent of adults in households making \$75,000 or more.

Tobacco is associated with six of the top 10 leading causes of death including cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease, diabetes, and influenza/pneumonia. Some of these diseases and conditions are more common in certain groups in Washington State including African Americans, American Indians/Alaskan Natives, Native Hawaiian/Pacific Islanders, lesbian, gay or bisexual adults, and adults from lower income households.¹¹

In addition, while smoking rates among youth in Washington State have decreased, there is still a higher prevalence of smoking and exposure

to secondhand smoke among students with lower grades (C's, D's, and F's), students who experienced harassment (in general or because of their perceived sexual orientation), and students who speak Russian or Ukrainian at home.¹²

Although we know that disparities exist, tobacco use and harm can be hidden by lack of data. This lack of data does not mean that disparities do not exist. Some limitations of general population surveys and risk factor surveillance systems include:

- **Exclusion of specific groups of people**, including people who do not speak English or Spanish; youth who are not enrolled in public schools; or people who do not feel comfortable taking government-sponsored surveys.
- **Small communities** that do not have enough people included in health surveys to provide reliable results.
- **Grouping of diverse populations** in a way that masks important differences in some groups (for example, Asian Americans).
- **Reliance on self-reported data**, which can have natural inaccuracies and can be hard to gather in groups that feel uncomfortable providing health information.



An example of the disparities not captured by general population surveys includes high smoking rates among different Asian American communities. Washington State Department of Health recently solicited and received feedback from community partners on potential improvements to the 2016 Behavioral Risk Factor Surveillance System (BRFSS) and Healthy Youth Survey (HYS) and is assessing the feasibility of including questions on Asian ethnic origin in both of these surveys. Data monitoring is also a critical issue for LGBT communities. In 2014, Washington State's HYS added sexual orientation as a demographic variable.



Tobacco Industry Influences

KEY POINTS

- Spending on tobacco industry marketing greatly exceeds money spent on tobacco prevention and control.
- Tobacco product marketing, retailer density, and placement in communities increases tobacco use, especially among youth.

Tobacco industry marketing remains high. In 2015, we estimate that tobacco companies spent more than \$92.9 million on marketing in Washington State. This is more than 42 times what the state Tobacco Prevention and Control Program receives in state funding to prevent tobacco use.¹³

Increased access to tobacco products and environmental cues promote smoking. Research shows that young people who are exposed to tobacco advertising or live in areas with many tobacco retailers, or both, are more likely to smoke.¹⁴ In addition, communities that have cigarette or other tobacco product sales near schools have higher rates of youth tobacco use compared to communities that have tobacco-free zones around schools.¹⁵

A review of tobacco retailer density in Washington State showed that some areas with high percentages of people of diverse racial and ethnic backgrounds and low-income individuals have more stores that sell tobacco products. For example, there are more tobacco retailers per capita in census tracts with a higher percentage of low-income people than the state average and the number of retailers decreases as the percent of the population living in poverty decreases. The same is true in areas with higher percentages of people who lack a high school education, or are Black or African American, American Indian or Alaska Native, or Hispanic/Latino.¹⁶

Current state law ([RCW 70.155.130](#)) prohibits local jurisdictions from implementing place-based policy options that could restrict the total number of retailers based on city or county population or prohibit new retailers from setting up shop near existing retailers.

It is clear areas with high poverty also have high tobacco retail density in Washington. What is unclear is why this is the case—is there some underlying factor that explains the association? The agency is conducting an in-depth analysis of poverty and all retail locations, including tobacco retailers, to better understand this relationship and what can be done about it.



State Tobacco Prevention and Control Landscape

KEY POINTS

- Evidence-based tobacco prevention and control programs reduce smoking and tobacco-related diseases and deaths.
- Public policy changes are most effective when supported by tobacco prevention and control activities at the state and community levels.

The Centers for Disease Control and Prevention has shown that when evidence-based practices are implemented in an integrated way, adequately funded, and sustained and evaluated over time, they can reduce smoking rates and tobacco-related diseases and death. Components of an evidence-based comprehensive tobacco prevention and control program include:

- State and local level interventions
- Mass reach health communication interventions
- Tobacco cessation interventions
- Surveillance and evaluation
- Infrastructure, administration, and engagement

Tobacco-free laws and policies are also crucial in reducing tobacco use rates and mortality. They are most effective when supported by comprehensive, integrated and sustained tobacco prevention and control activities at the state and community level.

Examples of evidence-based policy changes are:

- increasing the price of tobacco products
- comprehensive tobacco-free policies and laws
- limiting access to tobacco products by youth
- providing insurance coverage to support quitting tobacco

Increasing the price of tobacco products

Many studies have shown that cigarette taxes or price increases reduce smoking in both youth and adults. Washington State currently has the seventh highest cigarette tax in the nation (\$3.025 per pack), bringing the average cost of a pack of cigarettes to about \$8.00.¹⁷

Comprehensive smoke-free policies and laws

Initiative 901/RCW 70.160 (passed in 2005)

This law prohibits smoking in all restaurants and bars by amending the state's 1985 Clean Indoor Air Act. Today, the definition of "public place" includes bars, restaurants, bowling centers, skating rinks, and non-tribal casinos. The definition also includes private residences used to provide childcare, foster care, adult care, or similar social services, and at least 75 percent of the sleeping quarters within a hotel. In addition, the law prohibits smoking within 25 feet of entrances, exits, windows that open, and ventilation intakes that serve enclosed areas where smoking is prohibited.

RCW 28A.210.310 (passed in 1997)

This law requires all 295 school districts in the state to have no-tobacco-use policies. These policies reach all K-12 students (approximately 81,000 per grade) enrolled in public schools. However, schools still face several enforcement challenges, such as adult visitors who use tobacco or vapor products during evening and weekend events, students who smoke "just off the property," and staff who do not know how to intervene. Additionally, the legalization of medical and recreational marijuana in Washington State and the increased youth use of vapor products has prompted schools to respond by building awareness and enhancing school policies.

State and local health departments and other partners have supported the adoption and implementation of numerous voluntary smoke/tobacco-free policies at:

- 17 public and private colleges/universities (nine campus policies include restrictions on electronic cigarettes/vapor products)
- 35 out of 39 public housing authorities in Washington
- 50 percent of mental health residential and outpatient facilities
- Nearly 60 percent of substance abuse residential and outpatient facilities

Recreational marijuana sales were legal in Washington beginning July 8, 2014, as part of Initiative Measure 502.¹⁸ This has resulted in additional challenges for smoke-free policies across the state.

Limiting access to tobacco products by youth

RCW 70.155 (passed 1993)

This law prohibits the sale and distribution of tobacco products to minors and includes licensing, bans on vending machines where youth can access them, and bans on sampling and coupons. License fees and penalties are directed to youth tobacco prevention activities.



The law restricts local governments from enacting or enforcing their own stronger youth access laws on retail licensing and penalties and tobacco product promotion/sampling regulations.

During the 2015 and 2016 legislative sessions, the state legislature regulated vapor products/electronic nicotine delivery systems (also known as ENDS). This law increased the fee of licenses to sell tobacco, and required retailers to purchase a license to sell vapor products. The penalty for illegal sale of tobacco to minors also increased.

Addressing vapor products

ESSB 6328/Vapor Products Law^{19,20}

The new law accomplishes the following:

- Establishes important youth access protections to reduce illegal youth access to vapor products.
- Provides enforcement and penalties for those who do not comply.
- Regulates Internet and distribution markets.
- Provides commonsense consumer protections, such as warnings and nicotine content disclosure.
- Establishes fines and fees for vapor products, and doubles fines and fees for tobacco products—the first increase in 23 years—to pay for enforcement, prevention, and education.

FDA Deeming Rule

On August 8, 2016, the FDA extended its regulatory authority to cover all tobacco products including vaporizers, vape pens, hookah pens, electronic cigarettes (e-cigarettes), e-pipes and all other ENDS (electronic nicotine delivery systems).²¹

Providing insurance coverage to support quitting tobacco

The Affordable Care Act expanded Medicaid to cover eligible individuals with incomes below 138 percent of the federal poverty level, and the state health exchange subsidized coverage for those above 138 percent but below 400 percent of the federal poverty level. These changes helped to reduce the number of Washington residents without health insurance from 14.5 percent in 2012 to approximately 7.3 percent in 2015.²² Despite expanded coverage, the number of private health plans offering telephone-based and group counseling has not increased.

Ensuring adequate and sustained funding

Beginning in 2009, state funding for Washington's Tobacco Prevention and Control Program (TPCP) began to drop significantly. This has limited the program's ability to support statewide and community-based activities, help tobacco users quit, monitor changes in tobacco use, and combat emerging and persistent challenges, such as youth use of e-cigarettes/vapor products and tobacco-related disparities.

Washington State has proven that providing adequate and sustained funding for tobacco prevention is a wise public health investment. During the time of heaviest investment, adult smoking rates dropped 23 percent, which outpaced national reductions in smoking.²³ According to a 2012 study, for every dollar previously invested in Washington's TPCP, five dollars in tobacco-related hospitalization costs were saved.²⁴ The tobacco industry spends about

\$93 million annually marketing their products in Washington State. In 2014, \$557 million in state revenue was generated through Master Settlement Agreement payments and state taxes on tobacco products.²⁵ The Tobacco Prevention and Control Program received \$640,500 in state funding in SFY 2016—approximately one percent of the minimum funding level recommended by CDC.^{26,27} Countering this financial disadvantage requires strategic approaches by all tobacco prevention stakeholders.

Nationally, Washington State now ranks 46th among all states in tobacco prevention and control funding.²⁸ Additionally, the National American Lung Association has given Washington State an "F" for its current state spending on tobacco prevention and control and cessation services.²⁹

Conclusion

Decades of research have shown that we know how to prevent tobacco use and help current smokers quit. Implementing the goals and strategies in this plan will usher in an era that is free from the devastating toll of tobacco use on Washingtonians. The tobacco epidemic can be stopped.



LOOKING FORWARD

LOOKING FORWARD



VISION

A Washington State free of death and disease related to tobacco and nicotine use

Guiding Principles

- A. The Washington Tobacco Prevention and Control Community believes in a comprehensive and integrated approach to achieve the following four goals:
 - 1. Identify and eliminate tobacco-related disparities
 - 2. Prevent youth and young adults from beginning to use tobacco
 - 3. Increase quitting among tobacco users
 - 4. Eliminate exposure to secondhand smoke
- B. Tobacco Prevention and Control programs, policies, and practices shall ensure **every** person receives the benefit of tobacco prevention and that measures are in place to understand, address, and remedy conditions that cause health inequities and inequitable access to resources.
- C. Tobacco Prevention and Control strategies and activities must be guided by research and data, and align with established best and promising practices.
- D. The Tobacco Prevention and Control Community prioritizes resources to those strategies that:
 - Help the program achieve expected results
 - Assure maximum impact
 - Are the most effective in achieving sustainable results
- E. Tobacco Prevention and Control resources shall remain flexible so they can be redirected, based on the following:
 - Program evaluation
 - Community need
 - Changes in data, policy, or best practices
 - Opportunities for cross-program integration with chronic disease





About the Plan

The Washington State Tobacco Prevention and Control Strategic Plan (2017–2021) is a statewide plan. It is the result of a collaborative process, coordinated by the Washington State Tobacco Prevention and Control Program that involved partners and stakeholders from state agencies to grassroots organizations.

Involvement of a broad range of partner organizations has helped to ensure that this document is a reflection of shared purpose and will be useful and relevant for all those with a stake in tobacco use prevention.

This plan outlines a series of goals, strategies, and tactics that will guide tobacco prevention stakeholders across Washington State to lessen the terrible toll of the number one preventable cause of death and disease in the state.

The Planning Process

The development of this plan included the following:

- Meetings with advocacy organizations such as the American Cancer Society, the American Heart and American Stroke Association, the American Lung Association, and the Foundation for Healthy Generations/ Washington State Prevention Alliance.
- Nine key informant interviews.

- Three regional listening and engagement sessions attended by 68 individuals from 46 organizations.
- Meetings with 13 Washington State Department of Health chronic disease and health promotion programs to ensure the proposed plan aligned with the Washington State Plan for Healthy Communities and complements other program plans.
- Presentation and feedback sessions with statewide councils and consortiums including the Washington State Prevention Enhancement Policy Consortium and the Governor's Interagency Council on Health Disparities.
- Two webinars that provided an overview of the process and the draft priorities, goals, strategies, and tactics
- A two-week public comment period.

Goal Areas

The plan is a framework for building quality tobacco control in Washington State over the next five years. It builds on the Washington State Plan for Healthy Communities, the state's chronic disease and health promotion plan.

There are four goals:

1. Reduce tobacco-related disparities among priority populations.
2. Prevent youth and young adults from beginning to use tobacco.
3. Leverage resources for promoting and supporting tobacco cessation.
4. Eliminate exposure to secondhand smoke.

Each goal area includes specific strategies and tactics. Achieving strategies and tactics in this plan will require a collective effort and continuous collaboration and involvement from advocates, health care providers, government and education sectors, non-government organizations, and individuals.

Reducing tobacco-related disparities must be a top priority to further decrease the rate of

tobacco use in Washington. This plan focuses efforts on priority populations that experience higher rates of tobacco use, exposure to secondhand smoke, or tobacco industry influences. Priority population groups are those designated by:

- Disability/limitation
- Low educational attainment
- Low income
- Geography
- Mental health disorders
- Race and ethnicity
- Sexual orientation and gender identity
- Substance abuse conditions

Complementary Plans

This plan is supported by three other statewide plans:

1. **Washington State Tobacco Prevention and Control Sustainability Plan**
Addresses the need to secure adequate and sustained resources for tobacco prevention.
2. **Washington State Tobacco Prevention and Control Communication Plan**
Outlines strategies for building awareness of the Statewide Strategic Plan and the importance of providing adequate resources.
3. **Washington State Tobacco Prevention and Control Evaluation Plan**
Describes tracking performance, stakeholder engagement, available data sources, and guides continuous improvement.

Together these documents provide the foundation for preventing and reducing tobacco use in Washington State over the next five years.

Scaling Up

Each goal includes multiple strategies and tactics. Tactics marked with a ❖ are priorities. Priority tactics will be implemented with the **current** resources. Other tactics will be completed as additional resources become available.

Implementing the Plan

To guide implementation of this strategic plan, the Washington State Tobacco Prevention and Control Program will:

1. Convene implementation teams as needed for goals (spring/summer 2016).
2. Work with implementation teams to develop plans that identify:
 - a. Lead agency or individual
 - b. Output and outcome measures
 - c. Activities that will lead to accomplishing each strategy and tactic
 - d. Steps for evaluating and future planning

Statewide Policy Priorities

In order to reduce the harmful effects of tobacco use, the Washington Tobacco Prevention and Control Community is committed to the following:

1. Demonstrating the importance of restoring funding for an evidence-based, statewide tobacco prevention and control program at the CDC recommended annual investment of \$44 to \$63 million annually. Plans for achieving this priority are included in the Washington State Tobacco Prevention and Control Sustainability Plan.
2. Educating policymakers and stakeholders on the value of local control to allow for local regulation of combustible and other tobacco products.
3. Establishing partnerships to address health insurance regulations so that all licensed health care providers can be reimbursed for providing tobacco cessation services.
4. Educating policymakers and stakeholders about the evidence supporting raising the legal age of purchase of tobacco from 18 to 21 years statewide.

Policy priorities 1 and 2 above are present in multiple goal areas identified in the Strategic Plan.



THE NEXT FIVE YEARS: 2017 – 2021

THE NEXT FIVE YEARS: 2017 – 2021

GOAL 1: Reduce tobacco-related disparities

Tobacco-related health disparities occur when communities, groups, and individuals have higher rates of tobacco use and “worse” health outcomes compared to the rest of the population. Often, disparities occur in groups identified by race or ethnicity, sex, sexual orientation or identity, age, disability, socioeconomic status, or geographic location. Ensuring that **all** people have the opportunity to attain their health potential is a mandate of government and public health. As a tobacco prevention and control community we embrace this mandate and are guided by an imperative to understand the prevalence and impact of tobacco use for all Washingtonians and apply best and promising practices to eliminate disparities where they exist. As we continue evidence-based tobacco prevention and control population based policies and programs we must also expand our efforts to embrace the fundamental principles of health equity that afford equal treatment of all individuals/groups while providing supplementary support for those who are marginalized.

GOAL ONE

STRATEGY 1.1

Add to and strengthen our overall knowledge and understanding of tobacco-related disparities.

TACTICS

- 1.1.1 With increased funding, design and execute surveillance initiatives that are more robust and capable with respect to ethnicity (not just race), sexual orientation, gender identity, socio-economic conditions, and co-occurring behavioral health and chemical dependency sampling.
- 1.1.2 Implement modifications to the program’s surveillance and evaluation activities in order to promote health equity such as involving members of populations affected by disparities in reviewing data, deciding on key factors and sharing results.
- 1.1.3 Use data to provide education for partners and policymakers on the relationships between the social determinants of health, tobacco use and secondhand smoke exposure.
- 1.1.4 Monitor tobacco related disparities and evaluate the effects of policies on specific populations.

STRATEGY 1.2

Educate and inform stakeholders, community leaders, and policymakers about tobacco related disparities and evidence-based and promising interventions needed to address health equity.

TACTICS

- 1.2.1 ❖ Annually update the Washington State Department of Health tobacco-related disparities report (including disparities among people experiencing mental and behavioral health issues) and develop a policy brief template for use in educating policymakers.
- 1.2.2 Disseminate the report and policy brief and conduct activities to educate policymakers, decision-makers, strategic partners, and media about how tobacco policies affect other public health issues such as chronic diseases.

STRATEGY 1.3

Address social determinants of health while demonstrating connections between tobacco prevention/control and other priority issues.

TACTICS

- 1.3.1 ❖ Establish strategic partnerships with internal and external tribal and non-tribal stakeholders within public health and other sectors including those that have primary responsibility for education, employment, community design, food and agriculture, housing and social services to identify and pursue state level policy, environmental, and systems changes that address the social determinants of health to reduce tobacco related disparities.

STRATEGY 1.4

Educate stakeholders, community leaders, and policymakers on local level policies and programs that can be designed to eliminate disparities.

TACTICS

- 1.4.1 ❖ Educate on the need for local regulation of tobacco retail practices and zoning to reduce exposure to targeted tobacco industry advertising and restrict youth access.
- 1.4.2 Expand local level efforts and community and tribal partnerships to research and create policy, systems and environmental change to decrease tobacco related disparities, including disparities among people with (non-nicotine) chemical dependencies and behavioral health diagnoses. Areas of focus will include: behavioral health settings, transitional housing, and retail environment policy.
- 1.4.3 Design and implement a collaborative policy process that supports tobacco control efforts and that ensures priority populations are included as active participants in discussions and decision-making.

❖ Items that can be undertaken with current resources.

GOAL 2: Prevent tobacco use among youth and young adults with emphasis on nicotine consumed through electronic cigarettes/vapor products

We have long understood that preventing youth initiation of tobacco use is the only way to stem the tide of population wide tobacco addiction and population level tobacco related mortality, morbidity and economic costs. Youth and young adults under age 26 are far more likely to start tobacco use than adults: 4 out of 5 smokers started during adolescence. 104,000 Washington youth alive today will ultimately die prematurely from smoking. And, as has been conclusively documented and adjudicated, tobacco companies have and do target young people through a barrage of pro tobacco messages.

In addition, the emergence of electronic cigarettes and vapor products has caused serious concern in Washington State. Tobacco control stakeholders are concerned that electronic cigarettes/vapor products may re-normalize smoking in public places and perpetuate cigarette smoking. Recent studies have indicated that youth who use electronic cigarettes/vapor products are at increased risk of cigarette smoking. Furthermore, there is an emerging body of research indicating that electronic cigarettes/vapor products have unique health risks that are currently poorly understood.

Each year, tobacco companies spend approximately \$93 million promoting tobacco in Washington State.⁴ The amount that Washington State spends to counter that influence is strikingly insufficient, according to the federal Centers for Disease Control and Prevention and every leading health advocacy organization.

In the past 25 years, the public health community has learned how to reduce youth tobacco initiation; when these best practices are applied, success is predictable. Thousands of lives can and will be saved, but only if the entire community acts.

GOAL TWO

STRATEGY 2.1 Educate youth and young adults.

TACTICS

- 2.1.1** ❖ Develop and deploy social and earned media tools (templates and readymade materials) for use in statewide and local social and earned media efforts to raise awareness and educate about:
- Population level and individual harms associated with tobacco use
 - Tobacco industry tactics in promoting combustible cigarettes
 - Electronic cigarettes/vapor products, and other tobacco products
 - The need for regulation to protect the public's health
- 2.1.2** With increased funding, add statewide mass communications campaigns to earned and social media efforts outlined in 2.1.1 above. Combined with other strategies, these efforts will deter youth initiation.

STRATEGY 2.2 Regulate electronic cigarettes/vapor products.

TACTICS

- 2.2.1** ❖ Educate on the evidence to protect youth:
- Ensure parity with smoking in public places laws
 - Ban flavors
 - Restrict distribution through regulating retail practices, price discounting, and sampling
 - Ban the marketing of electronic cigarettes as events and community gatherings where youth are present

STRATEGY 2.3 Educate on the evidence for a statewide policy to decrease youth tobacco use.

TACTICS

- 2.3.1** ❖ Educate on the evidence for statewide legislation to increase the legal minimum age to purchase tobacco from 18 years to 21 years statewide.
- 2.3.2** ❖ Educate on the evidence to allow for cigarette/other tobacco product regulations that are stronger than the state law.
- 2.3.3** Educate on the evidence about labeling and packaging regulations for electronic cigarettes/vapor products.

❖ Items that can be undertaken with current resources.

STRATEGY 2.4 Continue efforts to restrict minors access to tobacco products and understand retail environment implications.

TACTICS

- 2.4.1** ❖ Increase the state's capacity for the enforcement of existing laws and policies around youth access to tobacco products.
- 2.4.2** ❖ Maintain implementation of and increase compliance checks and retailer education on tobacco sales laws and the impact of illegal sales to minors.
- 2.4.3** Raise awareness of the impact of product placement, in-store advertising, and tobacco retailer location on youth and mobilize communities to reduce or eliminate youth access to tobacco.

STRATEGY 2.5 Reduce pro-tobacco influences on youth and young adults.

TACTICS

- 2.5.1** ❖ Build awareness of Quitline and Quit App resources that are intended for youth.
- 2.5.2** ❖ Promote the "reduce smoking in movies" campaign to restrict tobacco use in any non-R-rated movies.
- 2.5.3** ❖ Encourage schools to enforce laws and policies on tobacco and electronic cigarette/vapor product use on K-12 campuses.
- 2.5.4** With additional funding, support schools to enforce laws and policies on tobacco and electronic cigarettes/vapor product use on K-12 campuses.

❖ Items that can be undertaken with current resources.

GOAL 3: Leverage resources for promoting and supporting tobacco cessation

Encouraging and helping tobacco users quit is one of the quickest approaches to reducing tobacco-related disease, death and health care costs. Public health supports the efforts of the healthcare sector to consistently diagnose and treat 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. Access to free or nominal cost cessation counseling and medications is an important part of efforts to pass tobacco prevention and smoke-free policies such as raising the minimum legal sales age, smoke free multiunit housing, colleges, behavioral health and workplace campuses. Cessation efforts also reduce youth initiation as children not exposed to tobacco are less likely to use tobacco/nicotine.

GOAL THREE

STRATEGY 3.1 Promote health systems change.

TACTICS

- 3.1.1 Target regions of the state with high rates of adult and prenatal smoking, using community partners to implement evidence-based and promising programs to increase perinatal cessation.
- 3.1.2❖ Increase the number of clinics and hospitals where tobacco dependence treatment is embedded into the workflow and electronic health record, and every patient screened for tobacco use is advised to quit and offered an intervention.

STRATEGY 3.2 Make tobacco cessation a priority for Washington State's health care systems by expanding insurance coverage and utilization of proven cessation treatments.

TACTICS

- 3.2.1❖ Increase the number of Medicaid and Exchange health plans with evidence-based comprehensive cessation coverage.
- 3.2.2❖ Participate in the Washington State Department of Health Insurance Issue Management workgroup with state agency partners, working on prevention issues not covered by private insurance, and public health plans.

❖ Items that can be undertaken with current resources.

- 3.2.3 Convene an advisory committee of partners, health care systems, providers, researchers, and patients to design and develop strategies to ensure transparency of cessation healthcare benefits by removing barriers, co-pays, and prior/plan approvals for nicotine replacement therapies and pharmacology. Ensure cessation information is linguistically and culturally effective.
- 3.2.4 Develop state level insurance policy solutions to ensure that comprehensive cessation services are covered in all sectors of healthcare, including behavioral, mental and chemical dependency settings.

STRATEGY 3.3 Help current smokers quit.

TACTICS

- 3.3.1 Promote resources, including private insurance, that are currently available for tobacco dependence treatment.
- 3.3.2❖ Create culturally appropriate/relevant tobacco cessation resources.
- 3.3.3❖ Support state Quitline capacity and access to new technologies for counseling and support.
- 3.3.4 With additional resources, increase state Quitline capacity.
- 3.3.5 Prepare, support and reimburse Community Health Workers to provide treatment for tobacco use and dependency. Strengthen partnerships with chronic disease programs.
- 3.3.6 Ensure that the healthcare, public health, and behavioral health provider communities have consistent cohesive messages and advice for Washingtonians about electronic cigarettes/vapor products.
- 3.3.7 Support training for behavior health providers for identifying and treating tobacco use and dependence.

❖ Items that can be undertaken with current resources.

GOAL 4: Eliminate exposure to secondhand smoke and electronic cigarette/vape emissions

Washington State has a strong state smoke-free public places law. Creating smoke-free/tobacco-free environments protects individuals and the public from exposure to secondhand smoke (a known class A carcinogen) and creates a social environment where smoking is not seen as the norm. The latter condition is particularly important for children and youth who are tuned in to social cues about what it means to be an adult. Smokefree/tobacco free policies, especially when combined with mass media campaigns and enforcement, has been proven effective in changing the acceptability of smoking in communities and reducing overall tobacco use. Most often, local communities are best positioned to be effective in creating smoke-free/tobacco-free environments.

GOAL FOUR

STRATEGY 4.1 Increase tobacco- and vape-free environments.

TACTICS

- 4.1.1** ❖ Continue local efforts to create tobacco and vape free environments with an emphasis on:
- Local electronic cigarette/vapor product (ordinances that create electronic cigarette/vapor product parity with Smoking in Public Places Law)
 - Multiunit housing
 - Schools (K-12, community and technical colleges and universities)
 - Early learning environments
 - Mental and behavioral health treatment facilities
 - Juvenile and adult correctional facilities
 - Private worksites
 - County, city and state government facilities and grounds
- 4.1.2** With additional funding, expand local efforts outlined in 4.1.1.

STRATEGY 4.2 Increase compliance with the Smoking in Public Places Law (SIPP).

TACTICS

- 4.2.1** ❖ Conduct a SIPP compliance evaluation.
- 4.2.2** Based on evaluation results, support increased enforcement efforts with tools and education for local health authorities.

❖ Items that can be undertaken with current resources.

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