

Tobacco and Vapor Product Prevention and Control Program

Strategic Plan Vision: A Washington State free of death and disease related to tobacco and nicotine use

THE BURDEN OF TOBACCO USE

Tobacco Use

- Adult smoking rate (2015-17): **14.2%**¹
- 10th grade smoking rate: **5%**²
- 10th grade overall use of products that contain nicotine remains high due to increases in electronic cigarettes and vapor products³

Health Burden

- **One-in-five Washington deaths:** Accounting for secondhand smoke, cigarettes cause 17-19 percent of deaths in Washington State per year.
- **8,300** Washington residents die from smoking each year⁴
- **2,100** Washington youth start smoking on a daily basis each year⁵
- **104,000** Washington youth alive today will ultimately die prematurely from smoking⁵

Economic Burden

- **\$2.8 billion** in annual health costs directly caused by smoking⁵



Tobacco use is still a threat to Washington residents – especially youth.



TOBACCO-RELATED DISPARITIES

While cigarette smoking has decreased overall, American Indian/Alaskan Natives, Black/African Americans, Native Hawaiian/Pacific Islanders, lesbian, gay or bisexual adults, and adults from lower income households haven't experienced the same decreases.

We need additional data to assess the full burden of tobacco/nicotine use in certain communities with disproportionately high rates.

TOBACCO INDUSTRY INFLUENCES

Tobacco product marketing, retailer density, and placement in communities increases tobacco/nicotine use, especially among youth.

The tobacco industry is continuing to spend enormous amounts of money on marketing. In 2017, the tobacco industry spent \$91.1 million annually in Washington marketing their products. That's more than 63 times what the state tobacco prevention and control program receives in state funding to prevent tobacco use.

¹ 2017 Washington State Behavioral Risk Factor Surveillance System

² 2018 Washington State Healthy Youth Survey, <https://www.askhys.net>

³ Ibid.

⁴ Centers for Disease Control and Prevention (CDC). Best Practices for Comprehensive Tobacco Control Programs – 2014 (Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014), available online: www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm.

⁵ Campaign for Tobacco Free Kids. Toll of Tobacco in the United States: The Toll of Tobacco in Washington, available online: www.tobaccofreekids.org/facts_issues/toll_us/Washington

Washington State Tobacco and Vapor Product Prevention and Control Policy Priorities

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

1. Demonstrating the importance of restoring funding for an evidence-based, statewide tobacco and vapor product prevention and control program at the CDC-recommended annual investment of \$44 to \$63 million annually. (Plans for achieving this priority are outlined 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.

2017–2021 Strategic Plan Summary

The Tobacco and Vapor Product Prevention and Control Program (TVPPCP) worked with the broader Washington Tobacco Prevention and Control Community to create the 2017–2021 strategic plan aimed at ending the tobacco/nicotine epidemic in Washington State. The plan is a comprehensive and integrated approach to achieve the following four goals with specific strategies and tactics.

GOAL 1: REDUCE TOBACCO-RELATED DISPARITIES

- Add to and strengthen our overall knowledge and understanding of tobacco related disparities
- Educate and inform stakeholders
- Address social determinants of health
- Educate stakeholders and policymakers about changing local policies and programs

GOAL 2: PREVENT TOBACCO USE AMONG YOUTH AND YOUNG ADULTS WITH EMPHASIS ON VAPOR PRODUCTS

- Educate youth and young adults
- Regulate electronic cigarettes/vapor products
- Educate on the evidence for a statewide policy to decrease youth tobacco use
- Restrict minors' access to tobacco products
- Reduce pro-tobacco influences on youth and young adults

GOAL 3: LEVERAGE RESOURCES FOR PROMOTING AND SUPPORTING TOBACCO CESSATION

- Promote health systems change
- Make tobacco cessation a priority for Washington's health care systems
- Help current smokers quit

GOAL 4: ELIMINATE EXPOSURE TO SECONDHAND SMOKE AND ELECTRONIC CIGARETTE/VAPE EMISSIONS

- Increase tobacco and vape-free environments
- Increase compliance with the Smoking in Public Places Law (SIPP)

We Know What Works

Evidence-based tobacco prevention and control programs reduce smoking and tobacco-related diseases and deaths. When Washington State had adequate and sustained funding to address tobacco use, adult smoking rates dropped by 23 percent, which outpaced national reductions in smoking.⁸ For every dollar spent on tobacco prevention, states can reduce tobacco-related healthcare expenditures and hospitalizations by up to \$55.⁹ The amount is dependent on program effectiveness and longevity of investment – the longer and more states invest, the larger the impact on youth and adult smoking.¹⁰

For more information: [Washington State Tobacco Prevention and Control Five-Year Strategic Plan, State Fiscal Year 2017–2021](#)

⁸ Washington State Behavioral Risk Factor Surveillance System (BRFSS) (2001-2010)

⁹ Lightwood J, Glantz SA. The effect of the California tobacco control program on smoking prevalence, cigarette consumption, and healthcare costs: 1989-2008. *PLoS One* 2013; 8 (2): e47145

¹⁰ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs – 2014. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Office on Smoking and Health, 2014.



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