2021 - 2025

Washington State Commercial Tobacco Prevention and Control

FIVE-YEAR STRATEGIC PLAN

DOH 340-131 December 2020

WASHINGTON STATE COMMERCIAL TOBACCO PREVENTION AND CONTROL FIVE-YEAR STRATEGIC PLAN: STATE FISCAL YEAR 2021–2025

Publication Number:
DOH 340-131 December 2020

For more information or additional copies of this report, contact:

Washington State Department of Health
Commercial Tobacco Prevention Program
P.O. Box 47848
243 Israel Road SE
Tumwater, WA 98504-7848
Phone: 360-236-3765

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

CONTENTS

Preface 4

About the Plan 6

- Guiding Principles
- The Planning Process
- Implementing the Plan

Overview 9

- The Burden of Commercial Tobacco Use
  - Commercial Tobacco Use
  - Health Burden
  - Economic Burden
- Commercial Tobacco Industry Influences
  - An Evolving, Largely Unregulated Market
- Youth and Young Adults
  - Rising Rates
- Health Equity and Social Justice
- Policy Landscape
  - Increasing the Price of Commercial Tobacco Products
  - Comprehensive Smoke-Free Policies and Laws
  - Limiting Access to Commercial Tobacco Products by Youth
  - Providing Insurance Coverage to Support Quitting Commercial Tobacco
  - Ensuring Adequate and Sustained Funding
- The Challenge

The Next Five Years: 2021-2025 26

- Statewide Policy Priorities
- Goal Areas
  1. Reduce Commercial Tobacco-Related Disparities Among Priority Populations
  2. Prevent Commercial Tobacco Use Among Youth and Young Adults
  3. Leverage Resources for Promoting And Supporting Tobacco Dependence Treatment
  4. Eliminate Exposure to Secondhand Smoke and Electronic Cigarette Emissions

End Notes 32

PREFACE

The 2021–2025 Washington State Commercial Tobacco Prevention and Control 5-Year Strategic Plan provides goals, strategies, and tactics that will guide commercial tobacco prevention and control throughout Washington state. The development of this plan was facilitated by the Washington State Department of Health Commercial Tobacco Prevention Program (CTPP). This plan is an update to the 2017-2021 Strategic Plan. We would like to thank the organizations and individuals below for generously giving their time and energy to the development of the original strategic plan and this update.

Special Thanks to:

American Cancer Society
American Heart Association
American Stroke Association
American Indian Health Commission for Washington State
American Lung Association of the Mountain Pacific
Amerigroup Washington
Asian Pacific Islander Coalition Advocating Together
Benton-Franklin Health District
Center for MultiCultural Health
CHAS Health
CHOICE Regional Health Network Clark County Public Health
Columbia County Public Health Department
Educational Service District 112
Educational Service District 113 (Capital Region)
Educational Service District 114 (Olympic)
Educational Service District 121 (Puget Sound)
El Centro de la Raza
Foundation for Healthy Generations and the Prevention Alliance
Garfield County Health District
Governor's Interagency Council on Health Disparities
Gay City: Seattle LGBTQ Center
Grant County Health District
Island County Public Health
King County Mental Health Services
Kitsap County Substance Abuse Prevention and Youth Services
Kitsap Public Health District
Korean Community Service Center of Greater Washington
Korean Women's Association
Lincoln County Health Department
Mason General Hospital
Mentoring Works Washington
Nisqually Tribal Pharmacy
Northeast Tri County Health District
Northwest Portland Area Indian Health Board
Odyssey Youth Movement
Optum
Pend Oreille County Counseling Services
Providence Health Care
Providence Regional Cancer Partnership
Providence Regional Medical Center
Everett Providence
St. Peter Chemical Dependency Center
Public Health - Seattle & King County
Republic Cares
Seattle Cancer Care Alliance
Snohomish Health District
Spokane Community College
Spokane Community Services
Spokane Regional Health District
Stillaguamish Tribe Behavioral Health Programs
Swinomish Tribe Health Clinic
Swinomish Tribe
Tacoma-Pierce County Health Department
The Korea Daily
Thurston County Public Health
Tobacco-free Alliance of Pierce County
TOGETHER for Youth
TOGETHER!
United General District #304
Veterans Authority
Walla Walla County Health Department
Washington State Department of Health:
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
  - –Commercial Tobacco Prevention 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

Washington State Department of Social and Health Services
Washington State Health Care Authority Division of Behavioral Health and Recovery
Washington State Liquor and Cannabis Board
Washington State Office of the Attorney General
Washington State Office of the Insurance Commissioner
Washington State Prevention Enhancement Policy Consortium
Whatcom County Health Department
Yakima Valley Farm Workers Clinic

A note on language: Some American Indian tribes use tobacco as a sacred medicine and in ceremony to promote physical, spiritual, emotional, and community well-being. This traditional tobacco is different from commercial tobacco, which is tobacco that is manufactured and sold by the commercial tobacco industry, and is linked to addiction, disease, and death. "Commercial" tobacco has been added to the Washington State Tobacco Prevention Program's name, and is used throughout this document, in order to acknowledge and honor the use of traditional tobacco and distinguish between the two.

The 2021–2025 Washington State Commercial Tobacco Prevention and Control 5-Year Strategic Plan is not intended to solely reflect the activities of the Washington State Department of Health's CTPP, but instead outlines a series of goals, strategies, and tactics that will help guide all commercial tobacco prevention and control stakeholders throughout Washington state. The CTPP 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 commercial 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.

This document was supported by a cooperative agreement from the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, National State-Based Tobacco Control Programs.

ABOUT THE PLAN

The Washington State Commercial Tobacco Prevention and Control Strategic Plan (2021–2025) is a statewide plan. It is the result of a collaborative process, coordinated by the Washington State Commercial Tobacco Prevention Program that involved partners and stakeholders from state agencies to grassroots organizations. Involvement of a broad range of partner organizations ensures that this document is a reflection of shared purpose and will be useful and relevant for all those with a stake in commercial tobacco use prevention.

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

Guiding Principles

A. The Washington Commercial Tobacco Prevention and Control community believes in a comprehensive and integrated approach to achieve the following four goals:
   - Identify and eliminate commercial tobacco-related disparities
   - Prevent youth and young adults from beginning to use commercial tobacco
   - Increase quitting among commercial tobacco users
   - Eliminate exposure to secondhand smoke

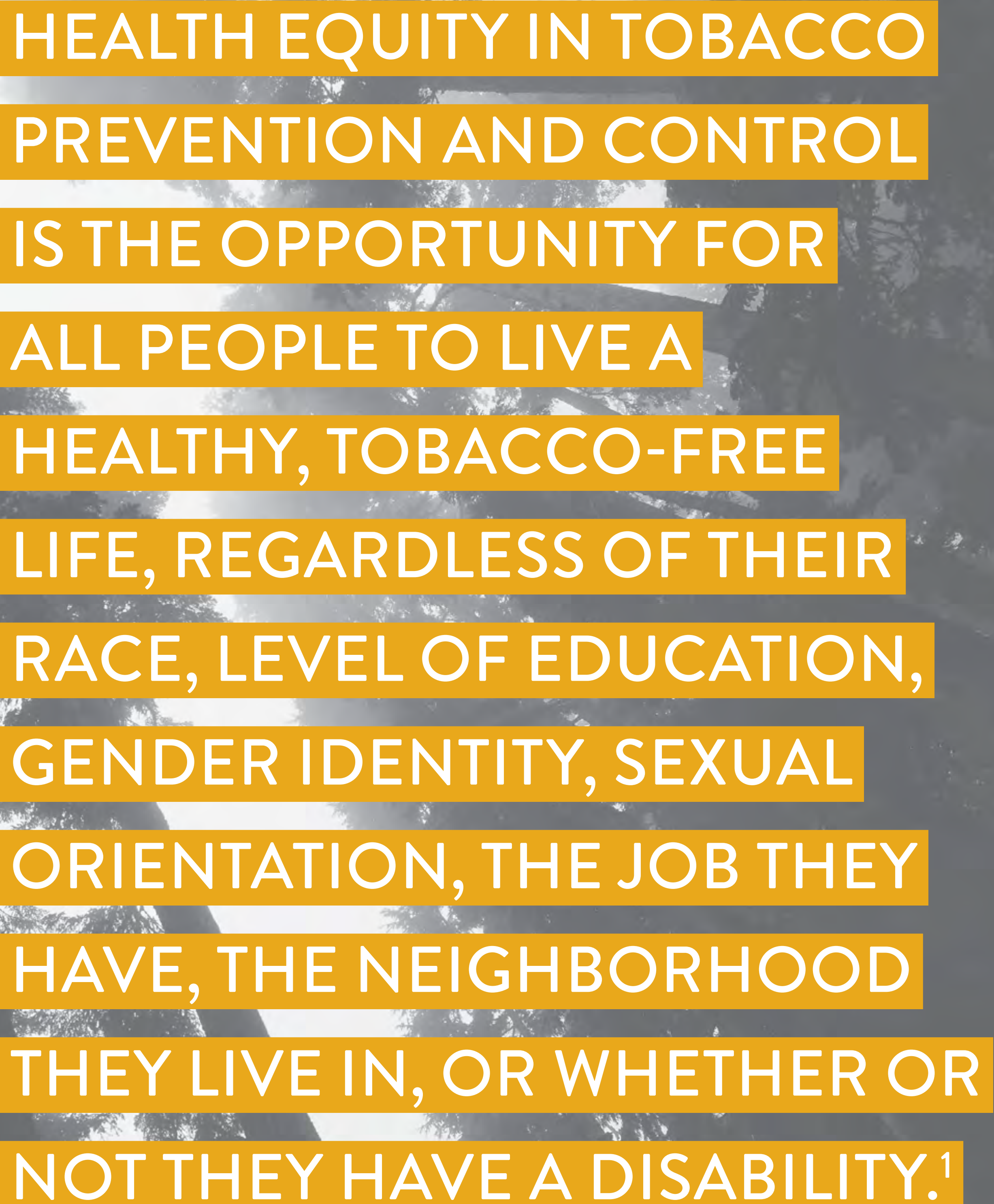
B. All Commercial Tobacco Prevention and Control programs, policies, and practices shall ensure every person receives the benefit of commercial tobacco prevention and that measures are in place to understand, address, and remedy conditions that cause health inequities and inequitable access to resources.

C. All Commercial Tobacco Prevention and Control strategies and activities must be guided by research and data, and align with established best and promising practices.

D. The Commercial 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. All Commercial 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

VISION: **A Washington state free of death and disease related to commercial tobacco use.**


HEALTH EQUITY IN TOBACCO PREVENTION AND CONTROL IS THE OPPORTUNITY FOR ALL PEOPLE TO LIVE A HEALTHY, TOBACCO-FREE LIFE, REGARDLESS OF THEIR RACE, LEVEL OF EDUCATION, GENDER IDENTITY, SEXUAL ORIENTATION, THE JOB THEY HAVE, THE NEIGHBORHOOD THEY LIVE IN, OR WHETHER OR NOT THEY HAVE A DISABILITY.[1]

Stakeholder Engagement

The development of this plan included the following:

- Six key informant interviews with advocacy groups, community-based organizations, and state agencies.
- Thirteen regional and priority population sessions where contractors, stakeholders, and partners utilized a workbook and facilitation guide to identify priorities and tactics.
- A full-day prioritization session with contractors and stakeholders to refine and prioritize strategies and tactics.
- Two webinars that provided an overview of the process and the draft priorities, goals, strategies, and tactics.
- A two-week public comment period.

Implementing the Plan

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

- Convene implementation teams as needed for goals.
- Work with partners to identify planning and implementation mechanisms 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

The following section details the state's burden of commercial tobacco use, industry influences and corresponding issues of health equity and social justice, the unique impacts on youth and young adults, and the current policy landscape in which Commercial Tobacco Prevention and Control operates in Washington. The plan for the next five years follows this information.

OVERVIEW

Each year, cigarette smoking kills about 8,300 adults in Washington state. Health care costs directly caused by cigarette smoking are estimated to be $2.8 billion annually.[2] Cigarette smoking also leads to other costs such as workplace productivity losses. Additionally, there are costs related to non-cigarette commercial tobacco product use, exposure to secondhand smoke, and smoking-caused fires.

Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies such as nicotine patches or gum. Additionally, the term "e-cigarettes" in this report refers to any electronic nicotine delivery device.

The Burden of Commercial Tobacco Use in Washington State[2,3]

13% of adults smoke

5% of high school students smoke

21.2% of high school students use e-cigarettes

8,300 people die from smoking each year in the state

27.4% of cancer deaths are attributable to smoking

$2.8 billion in annual health care costs directly caused by smoking

$789 million in Medicaid costs were caused by smoking in 2017

Key Points

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

The commercial tobacco industry continues to spend enormous amounts of money to market their products - $90.1 million annually in Washington alone.[4] That's more than 50 times what the state commercial tobacco prevention and control program receives in state funding to prevent commercial tobacco use.[5]

A just society ensures that no person – regardless of economic status or social identity – is exposed again and again to things that we know are harmful. Yet in Washington, there are more commercial tobacco retailers in communities of color and in lower-income communities. Commercial tobacco companies engage in higher levels of advertising, discounts, and displays of their products in these communities.[6] Targeted, aggressive marketing practices, combined with additional stressors experienced by lower-income communities, contribute to disproportionate health problems and higher rates of commercial tobacco use, especially among youth.

Examples of targeted marketing include:

- Commercial tobacco companies place a greater number of advertisements for menthol cigarettes and sell menthol cigarettes at discounted prices in predominantly Black neighborhoods.[6]
- Smokeless commercial tobacco brands sponsor rodeos to reach rural populations, where up to 30 percent of the audience are children and teens.[7]
- The commercial tobacco industry has spent billions to market their product as being part of the LGBTQ+ culture – from sponsoring Pride events to advertising rainbow-colored packaging in LGBTQ+ magazines – associating smoking with independence and freedom of expression, values important to LGBTQ+ individuals.[6]

Knowing that a person who starts smoking or using e-cigarettes in their teens is likely to become a reliable consumer, the commercial tobacco industry deliberately places advertisements next to items that appeal to youth in grocery and convenience stores, such as toys and candy, and ensure they are eye-level for youth. Bright colors and floor decals also guide youth to these products, without them even realizing it. E-cigarettes do not have the same advertising restrictions as other commercial tobacco products do, resulting in packaging and flavors that widely appeal to youth. Additionally, the commercial tobacco industry has a long history of sponsoring youth prevention programs that ultimately undermine evidence-based commercial tobacco control efforts and that have not demonstrated success in impacting young people's commercial tobacco use.[8] Some e-cigarette companies have been known to offer scholarships to youth that ask for essays describing the benefits of using their products.[9]

An Evolving, Largely Unregulated Market

The increased use of nicotine via e-cigarettes was largely fueled by the introduction of "pod-based systems," commonly referred to as "pod mods." These are small, sometimes rechargeable devices that aerosolize liquid solutions containing nicotine, flavoring agents, and other contents encapsulated in cartridges. This started with the introduction of the popular product JUUL in 2015, which accounted for nearly 75 percent of the e-cigarette market by 2019.[10] JUUL e-cigarettes became especially popular among youth because of their flavors, high tech design resembling a USB drive, and clever marketing centered in social media sites popular with teens.

E-cigarettes are highly variable in design and nicotine levels. The e-cigarette industry has evolved their products rapidly throughout the years, finding ways to diversify and modernize their products to overcome existing regulations, while expanding options for nicotine addiction. The industry has also advertised its products as a safe alternative to cigarettes. The Washington Healthy Youth Survey (HYS) found that only a third (35%) of 10th grade youth perceived great harm from using electronic cigarettes regularly, compared to 74% from smoking one or more packs of cigarettes daily.

E-cigarettes have been specifically marketed to be alluring to youth, using lifestyle coaches, youth influencers, and celebrities to promote the products on social media. For example, in Washington state, blu eCigs, an e-cigarette company, sponsored the 2013 Sasquatch! Music Festival and featured a lounge for using e-cigarettes with appearances from top performers, an interactive social media photo booth and samples.[11]

JUUL e-cigarettes became extremely popular among youth because of their flavors, high tech design, and social media marketing.

There remains a lack of safety standards and consumer protections for e-cigarettes. Although there are many kinds of e-cigarettes, the overwhelming majority contain nicotine, which is harmful to youths' developing brains. Some products advertised as "zero nicotine" have been tested and found to actually contain nicotine, and in some instances, large amounts.[12] Youth and young adults up to age 25 are more susceptible to nicotine addiction, as the brain is the last organ to develop. The National Academies of Sciences, Engineering and Medicine 2018 report, "Public Health Consequences of E-Cigarettes" concluded that using e-cigarettes likely increases risk of using combustible commercial tobacco. They found that young people who use e-cigarettes are four times more likely to start smoking cigarettes than their peers who do not use e-cigarettes.[13]

With limited regulation and changing timelines from the FDA, Washington has taken several steps to help protect our youth. This included the passage of the state's e-cigarette law in 2016, which increased youth access protections and established a statewide licensing system for all e-cigarettes retailers in Washington. In 2019, the legislature passed a law making it illegal to sell commercial tobacco products, including e-cigarettes, to anyone under 21. These policies are most effective when they work synergistically in a coordinated effort combining clinical, regulatory, economic, and social strategies.

The industry has also introduced new nicotine products to overcome existing regulations. Heated tobacco products (also called "heat not burn") are a type of commercial tobacco product that is becoming increasingly popular on the market. These products heat tobacco instead of e-liquids to produce an inhalable aerosol, rather than burning the tobacco like traditional cigarettes. They are positioned to appeal to people who smoke who have tried and rejected e-cigarettes.

In 2016, the legislature passed a law establishing a

STATEWIDE E-CIGARETTE RETAIL LICENSING SYSTEM

In 2019, the legislature passed a law making it illegal to sell commercial tobacco to anyone under

21

Rising Rates

Nearly 9 out of 10 people who smoke first try cigarettes by age 18.[14] While cigarette smoking has declined for all age groups over the past decade, use of e-cigarettes has increased significantly among youth. There are many contributing factors to this, but the industry's predatory marketing and highly concentrated flavored nicotine products are largely to blame. The commercial tobacco companies and e-cigarette manufacturers continue to diversify and modernize their products to overcome existing regulations, while expanding options for nicotine addiction.

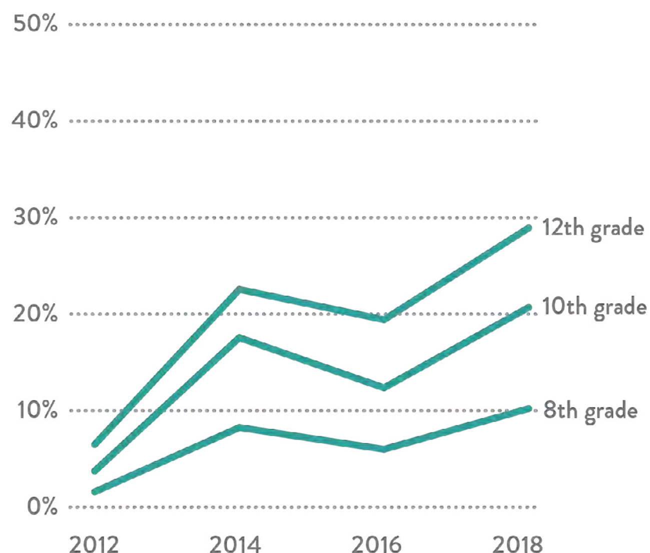
The rate of commercial tobacco use among 10th graders has increased since 2012, even though the rate of cigarette smoking has declined in the last 10 years (data on pipe, hookah, and cigar use are not available for Washington). According to Washington's 2018 Healthy Youth Survey (HYS), 10th-grade use of e-cigarettes increased from 13% in 2016 to 21% in 2018, while 12th-grade use went from 20% to 30%.[3] This is consistent with CDC data that show commercial tobacco use, including e-cigarettes, among youth has increased nationally since 2012, hovering around 25 percent.[15]

According to Washington's 2018 HYS, use of e-cigarettes increased significantly in 8th, 10th and 12th graders. Nearly a quarter (21%) of 10th graders and almost a third (30%) of 12th graders reported using e-cigarettes in 2018. A majority (56%) of 10th graders reported using e-cigarettes for nicotine, and a majority (55%) of 10th grade youth who reported using e-cigarettes also reported using marijuana in 2018, compared to 7% of those who reported not using e-cigarettes. Moreover, results from the HYS show that the groups of youth reporting the highest rates of commercial tobacco use are a part of the same racial, ethnic, and LGBTQ+ groups that are disproportionately affected by commercial tobacco-related illness as adults.

"The base of our business is the high school student."

(Lorillard Tobacco)

Youth e-cigarette use 2012-2018[16]



(Philip Morris)

Key Points

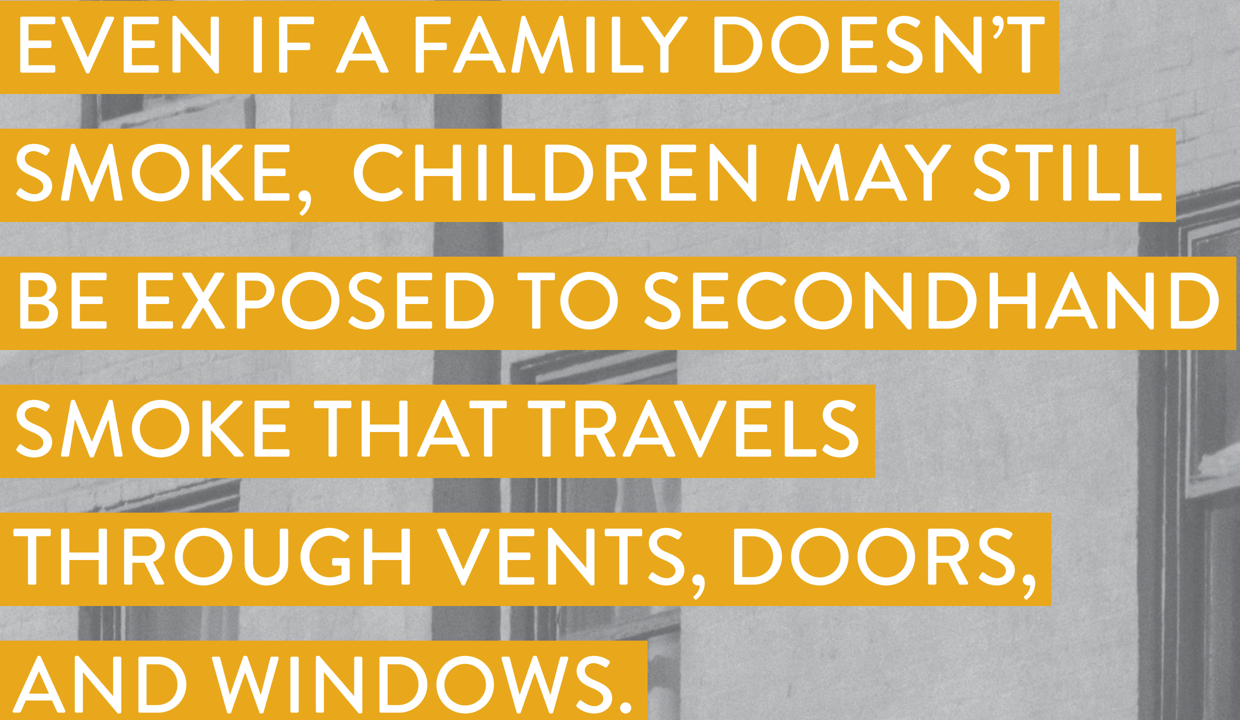
- **While cigarette smoking has decreased overall, certain groups have not seen the same decreases.**
- **We need additional data to assess the full burden of commercial tobacco use in certain communities with disproportionately high rates.**

Since the implementation of the original 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 commercial tobacco use. However, 21 years later, disproportionately high rates of smoking persist in certain populations.

The United States (US) has steadily expanded protections from commercial tobacco since 1964—with less smoke in the air and fewer advertisements for harmful products as a result. But these protections, which most Americans take for granted, are less likely to cover the places where certain groups and populations live, learn, work, and play. This helps to explain why commercial tobacco-related diseases, such as cancers, cardiovascular disease, and lung diseases, disproportionately affect individuals identifying as Black or American Indian/Alaska Native, certain Hispanic and Asian American communities, rural communities, populations facing behavioral health challenges, and LGBTQ+ communities.

Lower-income communities experience higher levels of stress due to the social determinants of health (SDOH). Without access to quality employment, housing, health care or childcare, the pressures of daily life increase. Discrimination and social and economic injustice persists for people of color and sexual and gender minority communities. In addition, in these communities, there are often more commercial tobacco retailers and higher levels of advertising, discounts, and displays of commercial tobacco products. Together, these combined elements push people toward commercial tobacco and nicotine use and dependence. When stressful circumstances are combined with more targeted and aggressive marketing practices and more commercial tobacco exposure, health risks increase. The table below details the SDOH and corresponding tobacco control policies that - in the absence of statewide preemption- could address them, and resulting health outcomes.[17]

Social Determinants of Health	Economic stability • employment • income + debt • expenses • medical bills • support	Physical environment • housing • transportation • safety • parks/playgrounds • walkability • zip code	Education • literacy • language • early childhood education • vocational training • higher education	Food • hunger • access to healthy options	Community context • social integration • support systems • community engagement • discrimination • stress	Health care system • health coverage • provider availability • provider linguistic/ cultural competency • quality of care
Preempted tobacco control policy	Closing the loophole of trade discount/ coupon tactics that undercut public health interventions	Restrict commercial tobacco retailers from operating near schools and/or high-risk areas.	Permit the adoption of retailer licensing by localities, with license fees to fund community-led prevention programming	Ban commercial tobacco sales in retailers where low-cost food is sold (e.g., dollar stores)	Ban menthol commercial tobacco product sales	Prohibit commercial tobacco sales in pharmacies, as tobacco is antithetical to promoting health
Health outcomes: mortality, morbidity, life expectancy, health care expenditures, health status, functional limitation						



EVEN IF A FAMILY DOESN'T SMOKE, CHILDREN MAY STILL BE EXPOSED TO SECONDHAND SMOKE THAT TRAVELS THROUGH VENTS, DOORS, AND WINDOWS. LOW-INCOME CHILDREN, WHO ARE MORE LIKELY TO LIVE IN APARTMENT COMPLEXES, ARE DISPROPORTIONATELY AFFECTED.

Even if no one in a family smokes, children may still be exposed to secondhand smoke that travels through vents, doors, and windows. This affects low-income children more than affluent children, because they are more likely to live in apartment complexes and multi-unit housing. This is one reason the US Department of Housing and Urban Development implemented a smoke-free policy that bans smoking in public housing.[18]

Not only do the chronic health impacts of commercial tobacco disproportionately burden Washington's underserved populations, so do acute illness complications exacerbated by commercial tobacco use. In recent years, there has been an increased focus on how smoking weakens the immune system and increases the risk of developing serious health complications from infections that attack the lungs. The e-cigarette use-associated lung injury (EVALI) outbreak in 2019 and the novel coronavirus (COVID-19) outbreak in 2020 highlight how communicable and non-communicable disease progression or severity may be exacerbated by smoking or e-cigarette use. The same commercial tobacco-related diseases that disparately afflict Washington's underserved communities are also the underlying conditions that put people at higher risk from these newly identified lung illnesses. Both of these outbreaks make it clear that the health impacts of commercial tobacco use may be more wide-reaching than once believed.

Furthermore, there is also the established and alarming reality that commercial tobacco and nicotine consumption increases during times of stress, disaster, and disease outbreaks, especially upon experiencing job loss. Therefore, the combined physical, social, and mental health effects of outbreaks show why addressing nicotine use and dependence is so important.

Although we know that disparities exist, commercial tobacco use and health impacts can be hidden by lack of data. 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 some Asian American communities that are hidden within the aggregate group of Asian. After receiving guidance and feedback from community partners on improvements to the Washington state Healthy Youth Survey (HYS), the 2018 survey included questions on specific Asian origin to expose any differences within the large category of 'Asian.'

Data monitoring is also a critical issue for LGBTQ+ communities. In 2014, upon working with community representatives and experts, Washington state's HYS added sexual orientation as an optional demographic variable. Additionally, DOH worked with Asian Pacific Islander Coalition Advocating Together (APICAT) and Gay City: Seattle's LGBTQ Center to develop a new registration survey for the smartphone app for tobacco cessation, and the Washington state Quitline has added more appropriate gender identity questions.

Key Points

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

Commercial tobacco-free laws and policies are crucial in reducing commercial tobacco use. They are most effective when supported by comprehensive, integrated, and sustained commercial tobacco prevention and control activities at the state and community level. Examples of evidence-based policy changes are:

- Increasing the price of commercial tobacco products
- Ensuring commercial tobacco-free public places and workplaces
- Limiting access to commercial tobacco products by youth
- Providing insurance coverage to support quitting commercial tobacco
- Ensuring adequate and sustained funding for commercial tobacco prevention

Preemption and Local Control

Preemption limits local governments' ability to enact local policies to protect the health of their residents. Washington state currently preempts most local government action to prevent and control use of commercial tobacco and e-cigarette products.

The CDC and the greater public health community recommend that state law serves as a minimum standard for tobacco and e-cigarette products, permitting localities to implement more protective regulations as appropriate for their communities. Continuing to restrict local regulatory authority through state-level preemption may further the health disparities that have prominently emerged these past decades, as well as lead to increased nicotine addiction among our state's youth.

Increasing the Price of Commercial Tobacco Products

Many studies have shown that cigarette taxes or price increases reduce smoking in both youth and adults. Increasing the price of commercial tobacco products can also prevent relapse among people who have quit, can reduce tobacco-related disparities among different income groups, and may reduce disparities among different racial and ethnic groups.[1] In 2020, Washington state had the ninth highest cigarette tax in the nation ($3.025 per pack), bringing the average cost of a pack of cigarettes to about $8.00.[19] Effective Oct. 1, 2019, there is also a tax on e-cigarette products: $0.27 per mL for products < 5 mL (so, $0.19 or the equivalent of ~5% per Juul pod), and $0.09/mL for open system/refillable products >=5 mL. There is some concern that this taxation level favors the "pod" based products, keeping taxes too low to deter youth use.

Ensuring Commercial Tobacco-Free Public Places and Workplaces

Indoor Establishments

Initiative 901 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.

K-12 Schools

Revised Code of Washington 28A.210.310 (passed in 1997) requires all 295 school districts in the state to have policies prohibiting commercial tobacco use. These policies reach K-12 students (approximately 81,000 per grade) enrolled in public schools. However, schools face several enforcement challenges, such as adult visitors who use commercial tobacco during evening and weekend events, students who use commercial tobacco "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 e-cigarettes has prompted schools to respond by building awareness and enhancing school policies.

Colleges and Universities

As of July 1, 2020, 28 college campuses in the state have 100% smoke-free policies – 26 of which also prohibit e-cigarette use on campus. One-third of smoke-free college campuses in Washington are community and technical colleges.

Behavioral Health Facilities

Half of mental health residential and outpatient facilities and nearly 1/3 of substance abuse residential and outpatient facilities in Washington are entirely smokefree.[20]

Limiting Access to Commercial Tobacco Products by Youth

Revised Code of Washington 70.155 (passed in 1993) prohibits the sale and distribution of commercial 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 commercial tobacco prevention activities.

RCW 70.155.130 preempts 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, proven strategies to reduce youth exposure to commercial tobacco industry marketing.

During the 2015 and 2016 legislative sessions, the state legislature regulated e-cigarettes. This law increased the fee of licenses to sell tobacco and requires retailers to purchase a license to sell e-cigarettes. The penalty for illegal sale of tobacco to minors also increased.

Vapor Products Law[21]

Revised Code of Washington 70.345 accomplishes the following:

- Requires e-cigarette retailers to have a license to sell their product
- Doubled fines for retailers who sell to youth (under 21)
- Limited restrictions on vaping in public places[22]
- Established some labeling and packaging requirements

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).[23]

Tobacco and Vapor 21

Washington ESSB6254 made it illegal to sell tobacco products to anyone under 21 years old.

Federal Tobacco 21

Effective December 20, 2019, it became illegal to sell tobacco products to anyone under 21 nationwide.

Federal E-cigarette Flavor Actions

January 2020: FDA announced prioritized enforcement of certain unauthorized, flavored, nicotine-containing, prefilled, cartridge-based e-cigarettes that are popular with youth for violations of tobacco and e-cigarette regulations.

July 2020: FDA issued warning letters to manufacturers of certain unauthorized, flavored, disposable e-cigarettes that are sold in flavors popular with youth for their violations of tobacco and e-cigarette regulations.

- While the FDA states that manufacturers who do not abate the violations stated in their warning letters could be subject to injunction or seizure, as of July 2020, it appears that the FDA has never taken either of these actions against manufacturers.

Providing Insurance Coverage to Support Quitting Commercial Tobacco

Each year, more than half of the approximately 750,000 adults who smoke in Washington try to quit, but fewer than one in 10 are able to remain abstinent. On average, adults who quit by the age of 44 increase their life expectancy by nine years, due to the reduced chance of dying from a smoking-related disease.[24]

Yet, coverage of tobacco dependence treatment is inconsistent in Washington, and no single cessation method works for everyone. To comply with the Patient Protection and Affordable Care Act (ACA) and help achieve equitable access to tobacco dependence treatment and outcomes, all health insurance plans and employers should cover individual, group, and telephone tobacco cessation counseling services, as well as barrier-free access to all seven FDA-approved cessation medications.

Results from a 2019 DOH survey of public and private insurance carriers suggest that disparities in insurance coverage remain. While privately insured individuals are generally able to be counseled by their providers and immediately prescribed medications to treat their dependence on nicotine, Medicaid clients – who are twice as likely to smoke as the general population and include individuals from underserved communities – are typically referred for telephone counseling and face barriers to accessing some FDA-approved medications. The lack of optimal coverage for Medicaid clients is reflected in results from the 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS), 2018 National Mental Health Services Survey (N-MHSS), and 2018 National Survey of Substance Abuse Treatment Services (N-SSATS), which demonstrate that Washington health care systems are underperforming on measures of provider intervention for tobacco use and dependence treatment (i.e., provision of counseling and/or medication).

The Washington State Quitline (WAQL), a DOH program funded entirely by CDC, provides free tobacco cessation telephone counseling and medications to uninsured and underinsured Washingtonians. In state fiscal year 2019, the North American Quitline Consortium (NAQC) ranked Washington state second in the nation on participant quit rate, and third-to-last in the nation on treatment reach, and last in the nation on quitline spending, at $0.33 per adult who smokes in the state. A recent evaluation of WAQL services estimated that nearly 35% of participants had quit tobacco seven months after registering for services, and that Washington state saves $5 in medical expenditures, lost productivity, and other costs for every $1 spent on the WAQL. Therefore, in addition to insurance coverage of tobacco use and dependence treatment services, scaling WAQL services to meet demand remains a priority.

Addressing social determinants influencing effective cessation

Undeniably, we must address the core influencers of addiction, realizing how the social determinants of health form a clear relationship with addiction. Nicotine-addicted individuals report stress levels and stressors as being a principal influencer, mediating and moderating their commercial tobacco use. Inadequate access to stable and affordable housing, safe communities, food security, and quality education and health services are fundamental stressors that must be addressed to holistically and effectively prevent addiction and to reduce hurdles for achieving effective cessation. A trauma-informed approach to tobacco dependence treatment would allow space to identify and explore the ways the social determinants impact commercial tobacco use and better support cessation.

The social determinants of health form a clear relationship with addiction.

Ensuring Adequate and Sustained Funding

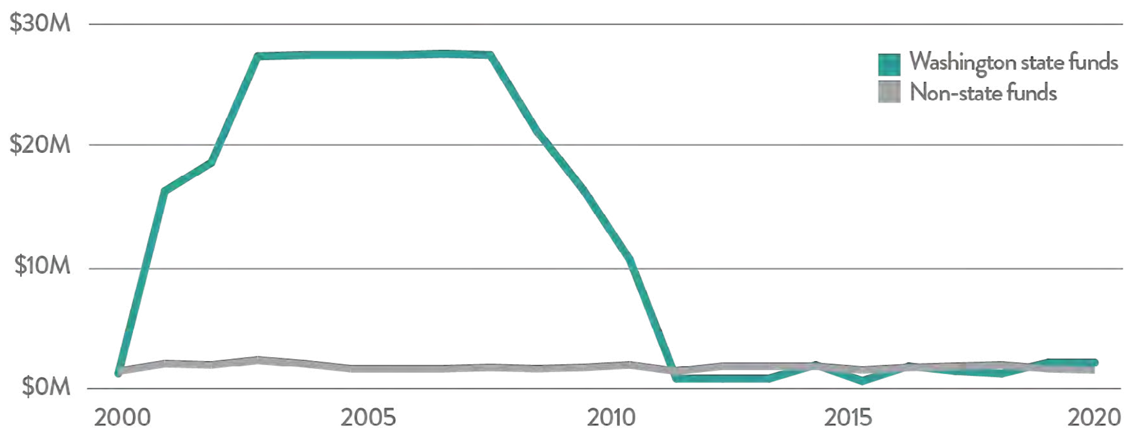
The CDC has shown that when evidence-based practices are implemented in an integrated way, adequately funded, and sustained and evaluated over time, they can reduce smoking rates and commercial tobacco-related diseases and death. Components of an evidence-based comprehensive commercial tobacco prevention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

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

A comprehensive state commercial tobacco control program optimizes synergy from applying a mix of educational, clinical, regulatory, economic, and social strategies. States that have made larger program investments have seen larger declines in cigarette sales than the US as a whole, and the prevalence of youth and adult smoking has declined faster as spending for programs increased. CDC recommends, based on state characteristics such as the prevalence of tobacco use, sociodemographic and other factors, that Washington spend $63.6 million a year for a comprehensive commercial tobacco prevention and control program. A recent study published in the Public Library of Science (PLOS) found that states that spent between 25%-75% of the CDC-recommended levels had significantly lower per capita cigarette sales than states that spent less than 25% of CDC recommended levels.[25] The funding amount of $16.3 million for the Washington State Commercial Tobacco Prevention Program represents 25% of $63.6 million.

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

Commercial tobacco prevention and control program funding 2000-2020



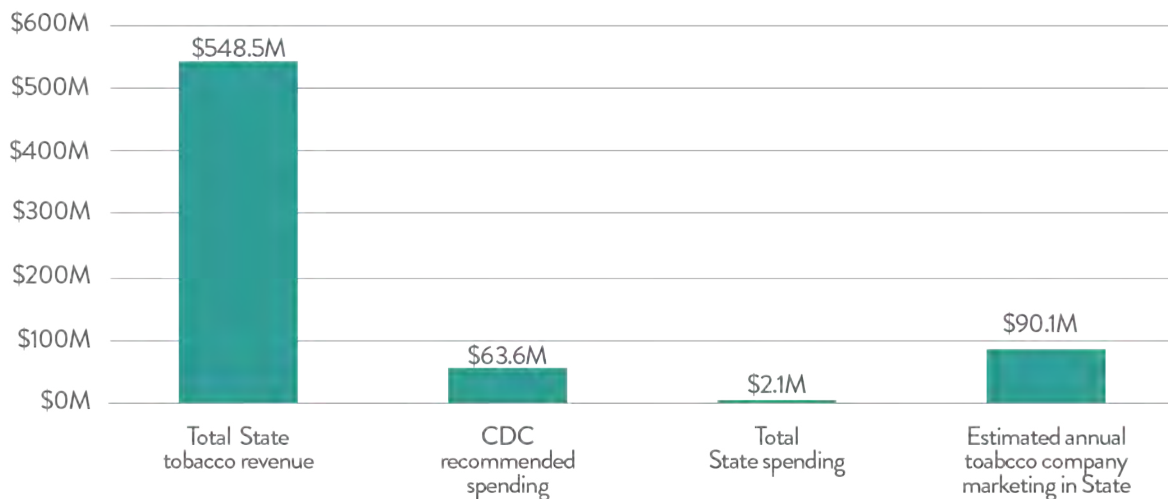
commercial tobacco prevention is a wise public health investment. During the time of heaviest investment (from 1999 to 2010), adult smoking rates dropped by one-third and youth smoking was cut in half,[26] which outpaced national reductions in smoking. A 2011 study in the American Journal of Public Health found that for every dollar spent by Washington's tobacco prevention and control program between 2000 and 2009 (the period of highest investment), more than five dollars were saved by reducing hospitalizations for heart disease, stroke, respiratory disease, and cancer caused by tobacco use.[27] The commercial tobacco industry spends about $90 million annually marketing their products in Washington state.[4] In 2019, $548.5 million in state revenue was generated through Master Settlement Agreement payments and state taxes on tobacco products—*none of which were dedicated to commercial tobacco prevention.*[28] The CTPP received $2.1 million in state funding in SFY 2020—approximately three percent of the minimum funding level recommended by CDC.[29] Countering this financial disadvantage requires strategic approaches by all commercial tobacco prevention stakeholders.

Nationally, Washington state ranks 41st among all states in commercial tobacco prevention and control funding.[29] Additionally, the National American Lung Association has given Washington state an "F" for SFY20 spending on commercial tobacco prevention and control and cessation services.[30]

Commercial tobacco prevention and cessation funding

In 2020, the American Lung Association gave Washington state an 'F' for prevention and cessation program spending

Washington state revenue, CDC recommended spending, actual spending, and commercial tobacco industry marketing spending[28]



Decades of research show that we know how to prevent commercial tobacco use and help people who use commercial tobacco products quit. There are factors to consider when moving commercial tobacco prevention and control forward, including legislative issues and mitigating equity concerns in discussions of enforcement. For example, preemption limits the policies that local jurisdictions can implement and there are inconsistencies in the definition of e-cigarettes in state law, including when they are considered tobacco products. Enforcement mechanisms of any law may impact groups of people differently, and tobacco possession and use laws may create inequities that especially impact youth of color and LGBTQ+ youth. Care needs to be taken when crafting policy to reduce risks/potential harassment for youth of color and LGBTQ+ youth.

Implementing the goals and strategies in this plan will usher in an era that is free from the devastating toll of commercial tobacco use on Washingtonians.

The commercial tobacco epidemic can be stopped.

Statewide Policy Priorities

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

1. Demonstrating the importance of restoring funding for an evidence-based, statewide commercial tobacco prevention and control program at the CDC-recommended annual investment of $44 to $63 million annually.
2. Educating policymakers and stakeholders on the value of local control to allow for local regulation of commercial tobacco products.
3. Establishing partnerships to address health insurance regulations so that all licensed health care providers can be reimbursed for providing tobacco dependence treatment.
4. Extending restrictions on flavored commercial tobacco products, including flavored e-cigarettes, menthol cigarettes, and flavored cigars to reverse the youth use epidemic.

Goal Areas

The plan is a framework for building quality commercial tobacco control in Washington state over the next five years. There are four goals:

1. Reduce commercial tobacco-related disparities among priority populations.
2. Prevent commercial tobacco use among youth and young adults.
3. Leverage resources for promoting and supporting commercial tobacco dependence treatment.
4. Eliminate exposure to secondhand smoke and electronic cigarette emissions.

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

Reducing commercial tobacco-related disparities must be a top priority to further decrease the rate of commercial tobacco use in Washington. This plan focuses efforts on priority populations that experience higher rates of commercial tobacco use, exposure to secondhand smoke, or commercial tobacco industry influences. Priority population groups are those designated by:

- Disability;
- Low educational attainment;
- Socioeconomic status;
- Geographic region;
- Race and ethnicity;
- Sexual orientation and gender identity;
- Behavioral health conditions; and
- Military/veteran status.

Goal 1: Reduce Commercial Tobacco-Related Disparities Among Priority Populations

Commercial tobacco-related health disparities occur when communities, groups, and individuals have higher rates of commercial tobacco use and poorer health outcomes compared to the rest of the population. Often, disparities occur in groups identified by race or ethnicity, sexual orientation, gender identity, age, disability, socioeconomic status, military/veteran status, behavioral health condition, or geographic region. Ensuring that all people have the opportunity to attain their health potential is a mandate of government and public health. As a commercial tobacco prevention and control community, we embrace this mandate and are guided by an imperative to understand the prevalence and impact of commercial tobacco use for all Washingtonians and apply best and promising practices to eliminate disparities where they exist. As we continue evidence-based commercial 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 disproportionately impacted.

Strategy 1.1: Establish commercial tobacco prevention as a critical investment in Washington state. Increase state investment to a minimum of 25% of CDC-recommended funding. Tactic:

1. Informed and co-led by local communities, priority populations and tribes, educate decision-makers on, and establish the importance of, equity-rooted commercial tobacco prevention programming and strategies.

Strategy 1.2: Ensure community-informed approaches inform program development and funding allocation to local communities, tribes and priority populations. Tactics:

1. Support organizations serving communities experiencing health disparities and their partners to lead and co-create commercial tobacco prevention and cessation strategies that meet the unique cultural and geographic needs of specific populations.
2. Develop program design models that allow for flexibility in program development and implementation to meet local needs, while ensuring sound principles of public health prevention and health equity are centered in decisions.

Strategy 1.3: Utilize a Social Determinants of Health framework to incorporate Adverse Childhood Experiences (ACEs) and/or trauma-informed approach into entire program. Tactic:

1. Establish frameworks and expectations for Trauma-Informed Approaches that can be applied systemically in commercial tobacco prevention programs.

Strategy 1.4: Develop appropriate, effective tools to eliminate commercial tobacco related health inequities. Tactics:

1. Conduct an equity analysis of state commercial tobacco prevention and control programming using a third-party evaluator.
2. Leverage community-based, culturally grounded, and participatory research methods to find out what is working in communities and why.
3. Build partnerships and ensure coordination between public agencies and community groups to better understand effective and equitable data collection methods and assessments of results, including data-related challenges and gaps.

4. Host a commercial tobacco prevention and control equity summit.
5. Develop faith-based and intergenerational connection tool kits that build resilience for addressing and overcoming unhealthy behaviors.
6. Identify and utilize higher education resources and research tools for local data gathering.

Goal 2: Prevent Commercial Tobacco Use Among Youth and Young Adults

We have long understood that preventing youth initiation of commercial tobacco use is the only way to stem the tide of population-wide commercial 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 commercial tobacco use than adults: 4 out of 5 people who smoke started during adolescence. More than 104,000 Washington youth alive today will ultimately die prematurely from smoking.[2] And, as has been conclusively documented, commercial tobacco companies have and do target young people through a barrage of pro-commercial tobacco messages.

In addition, the rapidly evolving electronic cigarette market has caused serious concern in Washington state. We have an epidemic of youth e-cigarette use in our state and nation. Commercial tobacco prevention and control stakeholders are concerned that e-cigarettes may re-normalize smoking in public places and perpetuate cigarette smoking. Most e-cigarettes contain nicotine. Nicotine is highly addictive and can harm adolescent brain development, which continues into the early and mid-20s. There is substantial evidence concluding that youth who use e-cigarettes are at increased risk of cigarette smoking.

Each year, commercial tobacco companies spend approximately $90 million promoting tobacco in Washington state.[4] The amount that Washington state spends to counter that influence is strikingly insufficient, according to the federal CDC and every leading health advocacy organization.

In the past 25 years, the public health community has learned how to reduce youth commercial 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.

Strategy 2.1: Educate youth and young adults. Tactics:

1. Develop and deploy social and earned media tools (templates and readymade materials) for use in statewide and local communications efforts to raise awareness and educate about:
    a. Population level and individual harms associated with commercial tobacco use;
    b. Impact of youth use of commercial tobacco;
    c. Nicotine addiction;
    d. Commercial tobacco industry tactics in promoting commercial tobacco; and
    e. State and local policy options to protect the public's health.
2. Design and implement a mass media communications campaign that includes a social media component and focuses on Positive Community Norms.

   a. Develop ready to go tools, trainings and communication campaigns that can be tailored for different communities (e.g. rural, military, colleges, etc.).
   b. Build opportunities for youth leadership.

Strategy 2.2: Build the capacity of early learning providers, K-12 schools, and colleges and universities to raise awareness and prevent use of commercial tobacco. Tactics:

1. Support the development and implementation of commercial tobacco prevention policies for school districts, colleges, and universities.
2. Identify and offer technical assistance to prevention specialists/interventionists in K-12 schools.
3. Partner with early learning providers to offer resources.
4. Collaborate with schools to identify and implement trauma-informed, equity-based, best and promising practices for the prevention of commercial tobacco use.

Strategy 2.3: Address needs for stronger regulation of commercial tobacco including point-of-sale, price, and nicotine content. Tactics:

1. Build local, regional, and statewide traditional and nontraditional champions, partnerships, and coalitions to collaborate on improving the regulatory environment.
2. Increase the number of state and local laws and ordinances that:
   a. Remove youth penalties for possession of commercial tobacco products;
   b. Extend flavored commercial tobacco restrictions;
   c. Restore local control to allow for commercial tobacco regulations while maintaining a statewide minimum standard;
   d. Update/increase commercial tobacco taxes with dedicated funding to comprehensive commercial tobacco prevention and control programming;
   e. Limit the amount of nicotine in commercial tobacco products; and
   f. Regulate the time, place and manner of commercial tobacco advertising.
3. Increase local and state capacity for supporting retailer compliance with commercial tobacco laws and policies.
4. Study and monitor the e-cigarette black market.

Goal 3: Leverage Resources for Promoting and Supporting Tobacco Dependence Treatment

Encouraging and helping people who use commercial tobacco to quit is a surefire way to reduce tobacco-related disease and death, as well as the associated burden on health systems. Affordable Care Act implementation guidance states that health plans are in compliance with the law when they cover individual, group, and telephone-based counseling and all seven medications approved by the FDA for tobacco cessation -without prior authorization or cost sharing. Although comprehensive coverage of cessation services is necessary, it is not sufficient to ensure health systems consistently diagnose and treat tobacco use and dependence; health systems and providers must be adequately incentivized to incorporate screening, treatment, and referral processes into their workflows. For those without adequate health insurance coverage (or no coverage at all), access to free or low-cost cessation counseling and medications is critical.

Strategy 3.1: Increase access to tobacco dependence treatment resources. Tactics:

1. Explore frameworks for adapting local commercial tobacco dependence treatment programs to meet standards of cultural agility and local need.
2. Improve public and private health insurance coverage of best and promising practices for tobacco dependence counseling and medications.
3. Streamline access to existing tobacco dependence treatment resources (e.g., through electronic referrals to Washington State Quitline).

Strategy 3.2: Build health care provider knowledge, skills, and capacity for treating commercial tobacco dependence and nicotine addiction. Tactics:

1. Identify, adapt, and promote use of tools for health care providers to better understand the importance of treating commercial tobacco dependence and nicotine addiction to improve health outcomes (e.g., clinical quality measures).
2. Link health care providers, including school-based health centers, clinicians, pharmacists, health navigators, and community health workers, with appropriate training in best and promising practices for treating commercial tobacco dependence and nicotine addiction.
3. Engage behavioral health agencies to co-treat commercial tobacco dependence and nicotine addiction during substance abuse treatment to promote long-term recovery.

Strategy 3.3: Provide population-level tobacco dependence treatment services to underserved populations. Tactics:

1. Continue to offer and improve the service quality of Washington State Quitline.
2. Continue to offer a smartphone application for tobacco dependence and nicotine addiction treatment, with a focus on evaluating reach and effectiveness.
3. Monitor the development of youth tobacco dependence and nicotine addiction treatment resources and services available from state and national research partners; ensure dissemination of promising practices to health care partners.

Goal 4: Eliminate Exposure to Secondhand Smoke and Electronic Cigarette Emissions

Washington state has a strong state smoke-free public places law. Creating smoke-free/commercial 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. Smoke-free/commercial tobacco-free policies, especially when combined with mass media campaigns and enforcement, have been proven effective in changing the acceptability of smoking in communities and reducing overall commercial tobacco use. Most often, local communities are best positioned to be effective in creating smoke-free/commercial tobacco-free environments.

Strategy 4.1: Increase commercial tobacco-free environments. Tactics:

1. Continue local efforts to develop and implement commercial tobacco-free environments with an emphasis on:
   a. E-cigarette use in public places policies;
   b. Multi-unit housing;
   c. Behavioral health treatment facilities;
   d. Juvenile and adult correctional facilities;
   e. Private worksites; and
   f. County, city and state government facilities, grounds and parks.
2. Increase public awareness about the toxicity and other environmental impacts of commercial tobacco consumption and waste.

Strategy 4.2: Provide consistent and effective enforcement of commercial tobacco regulations. Tactics:

1. Provide support to local health departments to increase business and workplace compliance with the state No Smoking in Public Places Law.
2. Improve business compliance with state No Smoking in Public Places Law in smoking/e-cigarette use lounges.

1. Centers for Disease Control and Prevention. Best Practices User Guide: Health Equity in Tobacco Prevention and Control. Atlanta: US 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, 2015
2. Washington State Department of Health. Tobacco and Vapor Products Data and Reports. https://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Tobacco
3. Washington State Department of Health. Washington State Healthy Youth Survey, available online: www.askhys.net/FactSheets
4. 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
5. Calculated using the SFY 2020-2021 state funding level of $1.6 million.
6. Achieving Health Equity in Tobacco Control. December 8, 2015. https://truthinitiative.org/sites/default/files/media/files/2019/03/Achieving%20Health%20Equity%20in%20Tabacco%20Control%20-%20Version%201.pdf
7. FrameWorks Institute (2019) Pointing out inequity: Curated talking points on tobacco-related health disparities.
8. Centers for Disease Control Office on Smoking and Health (2018) Evidence brief: Tobacco industry sponsored youth prevention programs in schools. https://www.cdc.gov/tobacco/basic_information/youth/evidence-brief/pdfs/tobacco-industry-sponsored-youth-prevention-programs-p.pdf
9. Reuters. Vaping industry offers academic scholarships to high school kids. 2020. https://www.reuters.com/article/us-health-vaping-scholarships/vaping-industry-offers-academic-scholarships-to-high-school-kids-idUSKBN1Z11JY
10. Truth Initiative. Action Needed: E-cigarettes. 2019. https://truthinitiative.org/sites/default/files/media/files/2020/02/Truth_E-Cigarette_FactSheet%202019_Update_010920.pdf
11. Cision PR Newswire. blu eCigs Announces Sponsorship of Sasquatch! Music Festival. 2013. https://www.prnewswire.com/news-releases/blu-ecigs-announces-sponsorship-of-sasquatch-music-festival-208127521.html
12. US Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: US 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, 2016.
13. National Academies of Sciences, Engineering, and Medicine 2018. Public Health Consequences of E-Cigarettes. Washington, DC: The National Academies Press.
14. Centers for Disease Control and Prevention. Youth and Tobacco Use. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
15. Centers for Disease Control and Prevention. Tobacco Use Among Middle and High School Students—United States, 2013, Morbidity and Mortality Weekly Report, 63(45):1021–6 (2014), available online: www.cdc.gov/mmwr/preview/mmwrhtml/mm6345a2.htm?s_cid=mm6345a2_w
16. E-cigarette/vape use in the past 30 days has been assessed four times on the HYS and has been asked three different ways. In 2012 the question asked, “During the past 30 days, on how many days did you: Use electronic cigarettes or e-cigs?” In 2014, the question read, “During the past 30 days, on how many days did you: Use an electronic cigarette, also called e-cigs, or vape pens?” and in 2016 and 2018 the language was the same as in 2014, but the response options were expanded to include more day ranges (e.g., 3-5 days or 6-9 days instead of 3-9 days). Care should be taken when interpreting data from 2012 because it is not known what change, if any, is attributable to the change in question language. For the following analysis, any response other than “0 days” is counted as past 30-day use and “0 days” is counted as no past 30-day use.”
17. Henry J. Kaiser Family Foundation, Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, May 2018. Retrived from: https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/

18. Office of the Assistant Secretary for Public and Indian Housing, HUD. Instituting Smoke-Free Public Housing. https://www.federalregister.gov/documents/2016/12/05/2016-28986/instituting-smoke-free-public-housing
19. Campaign for Tobacco Free Kids. State Cigarette Excise Tax Rates & Rankings (Washington, DC: Campaign for Tobacco-Free Kids, July 2020), available online: www.tobaccofreekids.org/assets/factsheets/0097.pdf
20. SAMHSA Behavioral Health Treatment Services Locator
21. Washington State Liquor and Cannabis Board. Vapor Products: What you need to know about the new law regulating vapor products, available online: lcb.wa.gov/vape/regulating-vapor-products.; Washington State Legislature, RCW 70.345.050 (ESSB 6328), available online: app.leg.wa.gov/RCW/ default.aspx?cite=70.345.050.
22. Currently, local boards of health in 12 of Washington's 39 counties have acted to pass regulations on vaping in public places under their authority to protect public health (RCW 70.05). In general, these regulations prohibit use of vapor products in the same places where smoking is prohibited under Washington's Smoking in Public Places law (RCW 70.160).
23. US Food and Drug Administration. Vaporizers, E-Cigarettes, and Other Electronic Nicotine Delivery Systems (ENDS) (USDA: Washington, DC; 2016), available online: www.fda.gov/TobaccoProducts/Labeling/ProductsIngredientsComponents/ucm456610.htm#regulation.
24. Jha, P, MD, et al. (2013) 21st-century hazards of smoking and benefits of cessation in the United States. N Engl J Med 2013; 368:341-350
25. Tauras JA, Xu X, Huang J, King B, Lavinghouze SR, Sneegas KS, et al. (2018) State tobacco control expenditures and tax paid cigarette sales. PLoS ONE 13(4): e0194914. https://doi.org/10.1371/journal.pone.0194914
26. Washington State DOH Tobacco Prevention and Control Progress Report of March 2011
27. Dilley, J.A., Harris, J.R., Boysun, M.J., Reid, T.R. Program, policy, and price interventions for tobacco control: quantifying the return on investment of a state tobacco control program. American Journal of Public Health 102, e22-28 (2012).
28. Campaign for Tobacco Free Kids. https://www.tobaccofreekids.org/what-we-do/us/statereport/washington
29. FY2020 State Rankings: States Ranked by Percent of CDC-Recommended Funding Levels www.tobaccofreekids.org/assets/content/what_we_do/state_local_issues/settlement/FY2020/1.-FY2020-Rankings-of-Funding-for-State-Tobacco-Prevention-Programs-12.4.19.pdf
30. American Lung Association. State Grades. https://www.lung.org/research/sotc/state-grades/washington