The Health and Economic Toll of Commercial Tobacco in Washington State

Commercial tobacco* use remains the leading cause of preventable death in Washington. It costs the state billions in medical bills every year, and 13% of adults and 5% of 10th grade youth still smoke cigarettes.

In addition, the rate of e-cigarette use among Washington state 10th graders increased from 13 percent to 21 percent between 2016 and 2018. To stop commercial tobacco use, we must combat persistent and emerging challenges.

The commercial tobacco industry continues to spend enormous amounts of money to market their products – $90.1 million annually in Washington alone, making it difficult for people to quit and encouraging youth to start.

In 2019, $548 million was the total amount of Washington tobacco tax and master settlement agreement revenue. $2 million is the total amount of state spending on commercial tobacco prevention for 2020. $64 million is the recommended annual investment for Washington by CDC for comprehensive state commercial tobacco prevention and control programs.

$90.1 million is the estimated amount commercial tobacco companies spend each year on marketing. 45 to 1 is the ratio of industry marketing to state commercial tobacco prevention spending. 7 out of 10 adults want to quit smoking. 1,800 youth start smoking on a daily basis each year.

104,000 youth alive today will die prematurely from smoking. 8,300 adults die each year from smoking. 27% of cancer deaths are caused by smoking. $789 million in Medicaid costs were caused by smoking in 2017.

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*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.
PROGRESS IN WASHINGTON IS AT RISK
Washington state has successfully and dramatically reduced smoking rates and exposure to secondhand smoke by strategically implementing Centers for Disease Control and Prevention (CDC) best practices. For more than a decade, a significant investment of state funding helped make this progress possible; however, funding has decreased significantly since 2009. In Fiscal Year 2020 it was 3% of the minimum funding level recommended by the CDC and ranked 41st among all states in adequately funding a comprehensive commercial tobacco prevention and control program. This lack of investment has greatly reduced the state’s ability to further protect the people of Washington state and threatens to reverse the progress the state has made in saving lives and money.

A WISE PUBLIC HEALTH INVESTMENT
Washington state has proven that investing in commercial tobacco prevention and control is a smart thing to do and a critical part of ending the commercial tobacco epidemic. Evaluations of comprehensive state commercial tobacco prevention and control programs indicate that there is a dose-response relationship between investment in these programs and reductions in commercial tobacco use. A 2011 study 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. Evidence finds that states with sustained, well-funded prevention programs have cut youth smoking rates by half or more. Funding commercial tobacco prevention and control is an investment in the state’s health and economic future.

REFERENCES:

RISING COMMERCIAL TOBACCO DISPARITIES
Despite declines in overall rates of smoking, certain communities continue to smoke at higher rates and suffer disproportionately from the associated health problems. Commercial tobacco-related disparities start from a young age, and many social and environmental factors strongly impact an individual’s likelihood of smoking. Smoking rates are disproportionately high among 10th grade who are American Indian/Alaska Native, LGBQ, receive lower grades and who are bullied. Lower-income households have higher smoking rates, and higher levels of exposure to secondhand smoke. In addition, youth become more predisposed to lifelong patterns of addiction as a result of early nicotine addiction, an issue that has been labeled an ‘epidemic’ by the FDA due to concerns about the widespread use of e-cigarettes in recent years.