



Chapter 5

Tobacco Use in Washington State

Lower-Income Adults Are More Likely To Smoke Cigarettes

This chapter describes tobacco use and its relationship with substance use and the need for substance abuse treatment.

Because the 1993-94 survey did not ask respondents about tobacco use, 10-year comparisons are not presented in this chapter.

The figures on the facing page describe the percentage of adults who reported using different forms of tobacco products.

Approximately 3 out of 10 adults (29.0 percent) indicated that they used a tobacco product during the past year. Past year tobacco use was somewhat higher among adults at or below 200 percent of the federal poverty level (35.7 percent) compared with those above this income threshold (26.9 percent).

Cigarettes were the most commonly used tobacco product, regardless of income status. Overall, two out of ten adults (21.0 percent) smoked a

cigarette during the past year. Three out of ten adults (30.6 percent) who were at or below 200 percent of the federal poverty level smoked a cigarette during the past year.

Approximately 1 in 10 adults (9.5 percent) reported smoking cigars during the past year. Cigar use was slightly higher among those adults above 200 percent of the federal poverty level (10.0 percent), compared with those at or below this poverty threshold (7.8 percent).

Chewing tobacco was used by 4.2 percent of the total adult household population. Rates of past year chewing tobacco use did not differ significantly by poverty status.

Pipe tobacco was the least frequently used form of tobacco (1.3 percent of the overall adult household population). The past year pipe tobacco use did not differ by poverty status.

COSTS OF TOBACCO USE ARE HIGH

Tobacco Use is the Leading Cause of Preventable Death

According to a 2004 report by the Centers for Disease Control and Prevention (CDC), tobacco use is the leading cause of death preventable in the United States. The health and economic costs associated with tobacco are high, specifically:

- Cigarette smoking ends in death or disability for half of all regular smokers.
- Cigarette smoking is responsible for more than 440,000 deaths each year.
- More than 8.6 million people in the U.S. have at least one serious illness caused by smoking.
- If current smoking patterns persist, 6.4 million people currently under age 18 will die prematurely from a tobacco-related disease.
- Smoking costs more than \$75 billion per year in health-related expenses.
- Smoking costs an additional \$80 billion per year in lost productivity.

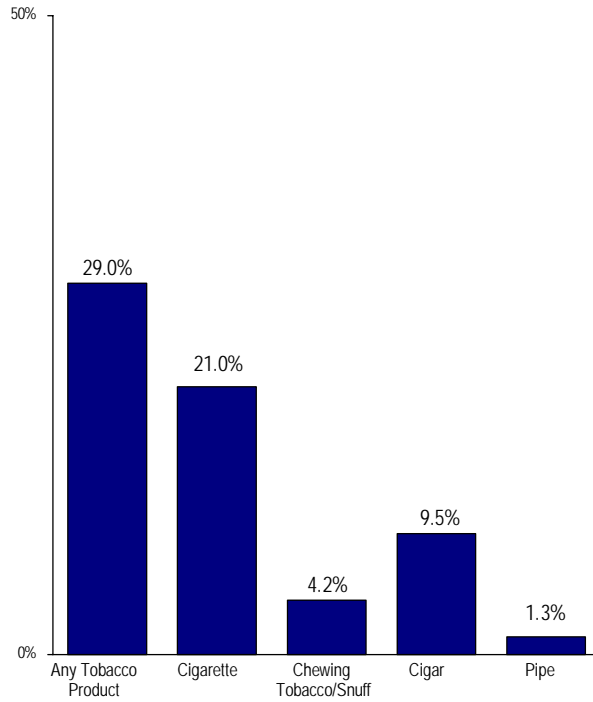
Source: Centers for Disease Control and Prevention (<http://www.cdc.gov/tobacco>).

2003 SURVEY ESTIMATES

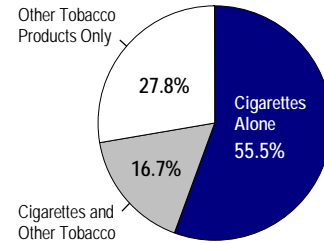
ALL ADULTS
Past Year Tobacco Use

NEEDS ASSESSMENT

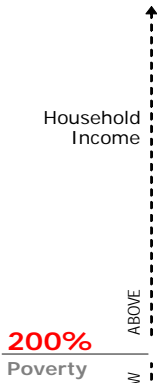
Washington State Household Residents Age 18+



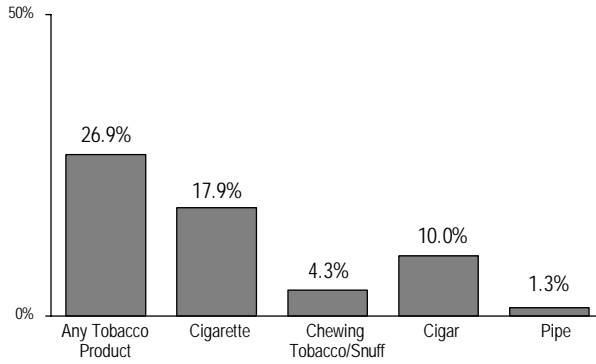
CLOSEUP – TOBACCO USERS ONLY
Cigarettes: The Most Commonly Used Tobacco Product



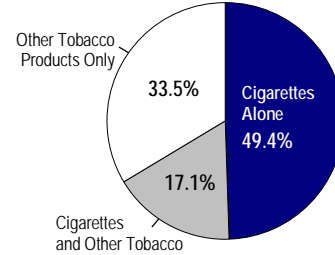
By Income



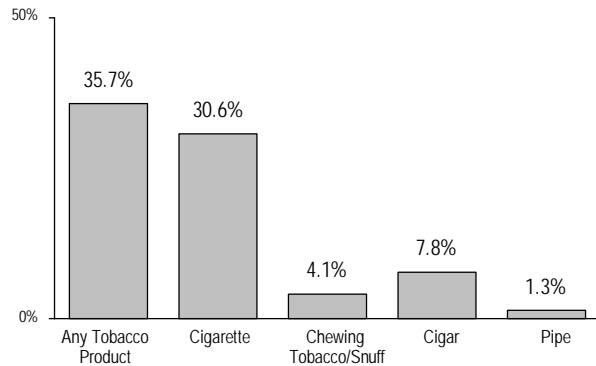
Adults Above 200% FPL



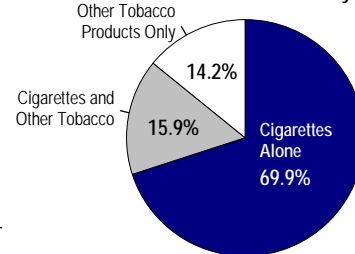
CLOSEUP – TOBACCO USERS ONLY
Other Tobacco Product Use Higher Among Persons Above Poverty



Adults At Or Below 200% FPL



CLOSEUP – TOBACCO USERS ONLY
Cigarette Use Higher Among Persons in Poverty



Lower-Income Adults Are More Likely To Be Heavy Current Smokers

The figures on the facing page describe the prevalence of cigarette smoking at increasing levels of intensity, beginning with any lifetime use and ending with heavy smoking (one or more packs per day) in the past 30 days.

Nearly two out of three adults reported ever smoking part or all of a cigarette (63.3 percent). However, less than half of all adults reported smoking 100 or more cigarettes (at least 5 packs) in their lifetime.

Approximately 2 out of 10 (21.0 percent) of all adults smoked a cigarette during the past year. Almost as many adults (18.1 percent) smoked during the past month. Overall, 7.1 percent of adults smoked one or more pack per day during the past month.

There is little difference in lifetime cigarette use by poverty status. However, rates of more recent cigarette use are significantly higher among adults at or below 200 percent of the federal poverty level:

- Past month cigarette smoking was twice as common among adults at or below 200 percent of the federal poverty level (28.0 percent), compared with higher-income adults (14.9 percent).
- Heavy past month cigarette use was more common among lower-income adults (9.4 percent), compared to higher-income adults (6.3 percent).

QUITTING REDUCES HEALTH RISKS

Quitting Smoking Yields Dramatic Health Benefits

The U.S. Surgeon General has stated that smoking cessation represents the single most important step that smokers can take to enhance the length and quality of their lives. People who stop smoking greatly reduce their risk of dying prematurely. Benefits are greater for people who stop at earlier ages, but cessation is beneficial at all ages.

The benefits of quitting begin almost immediately:

20 Minutes After Quitting – Heart rate begins to drop.

12 hours After Quitting – Carbon monoxide level in bloodstream drops to normal.

2 Weeks to 3 Months After Quitting – Heart attack risk begins to drop and your lung function begins to improve.

1 to 9 Months After Quitting - Coughing and shortness of breath decrease.

1 Year After Quitting - Added risk of coronary heart disease is half that of a smoker's.

5 Years After Quitting - Stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

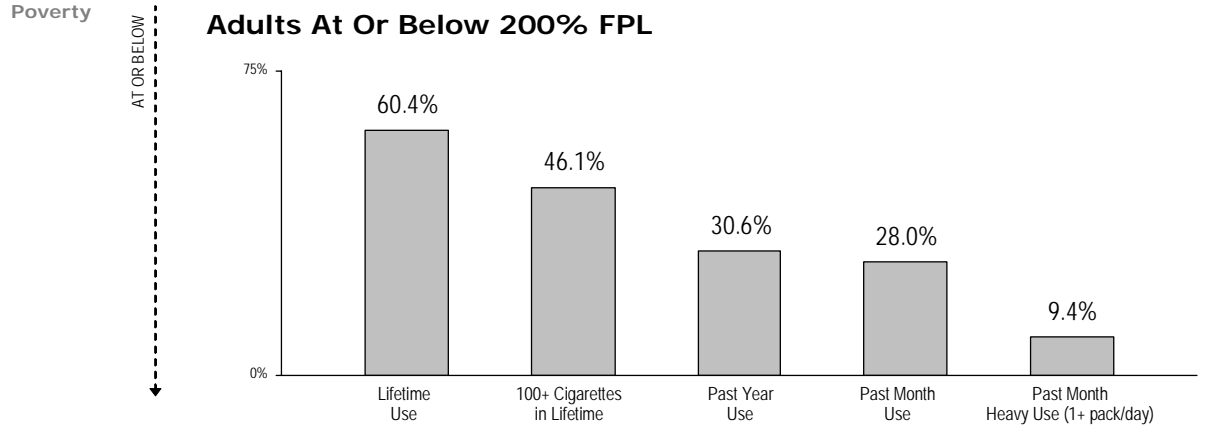
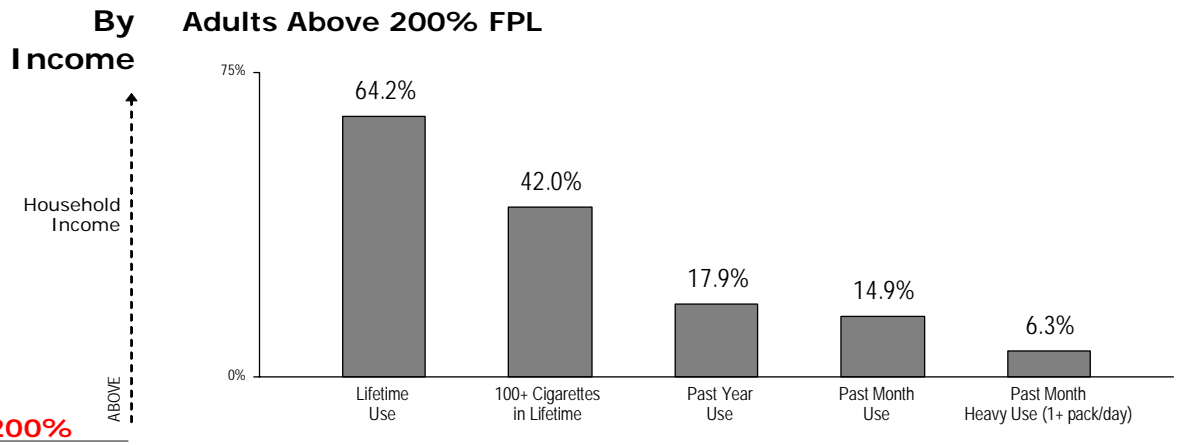
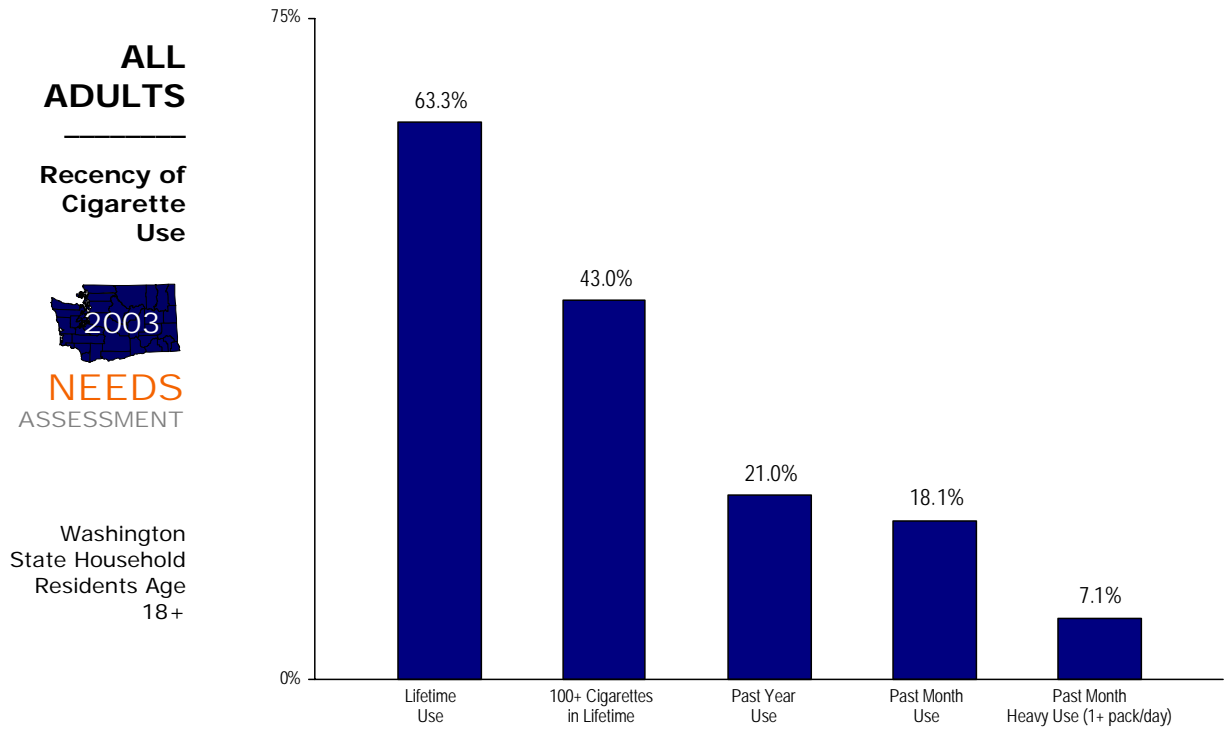
10 Years After Quitting – Lung cancer death rate is about half that of a smoker's. Risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

15 Years After Quitting – Risk of coronary heart disease is back to that of a nonsmoker's.

The American Cancer Society offers additional information about the benefits of quitting and offers a number of tips and resources designed to assist a smoker to quit (<http://www.cancer.org/>).

Source: Centers for Disease Control and Prevention (<http://www.cdc.gov/tobacco>).

2003 SURVEY ESTIMATES



Past Year Cigarette Use Higher Among Young, Lower-Income Adults

This section examines past year cigarette smoking among different demographic groups. The figures on the facing page describe differences in the prevalence of past year cigarette smoking by gender, age, and region.

Overall, approximately 1 in 5 adult household residents (21.0 percent) smoked cigarettes during the past year. This figure was higher for adults at or below 200 percent of the federal poverty level (30.6 percent) compared with those above (17.9 percent).

Rates of past year cigarette smoking varied little by gender; females were slightly less likely than males to smoke during the past year.

Overall, younger adults between the ages of 18 and 24 were the most likely to smoke (27.3 percent), with rates decreasing with age. Adults aged 65 and older were the least likely to smoke (6.8 percent). The low prevalence of past year smoking among older adults may in part reflect the impact of smoking on mortality rates.

Among low income adults under the age of 65, the prevalence of past year cigarette smoking does not vary with age; about one in three low income adults in the 18-24, 25-44, and 45-64 age categories smoked in the past year.

Cigarette smoking is somewhat more common among adults residing in urban counties.

NICOTINE WITHDRAWAL

DSM-IV Criteria for Nicotine Withdrawal

Nicotine is the primary component in tobacco that acts upon the brain and it is well established that nicotine is physically addictive. Nicotine is absorbed through the skin and mucosal lining of the mouth and nose or by the lungs.

The National Institute on Drug Abuse (NIDA) reports that most smokers use tobacco regularly because they are addicted to nicotine (NIDA, 2001).

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) defines Nicotine Withdrawal using the following criteria:

- A.** Daily use of nicotine for at least several weeks.
- B.** Abrupt cessation of nicotine use, or reduction in the amount of nicotine used, followed within 24 hours by four (or more) of the following signs:
 - (1) Dysphoric or depressed mood
 - (2) Insomnia
 - (3) Irritability, frustration, or anger
 - (4) Anxiety
 - (5) Difficulty concentrating
 - (6) Restlessness
 - (7) Decreased heart rate
 - (8) Increased appetite or weight gain
- C.** The symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D.** The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

2003 SURVEY ESTIMATES

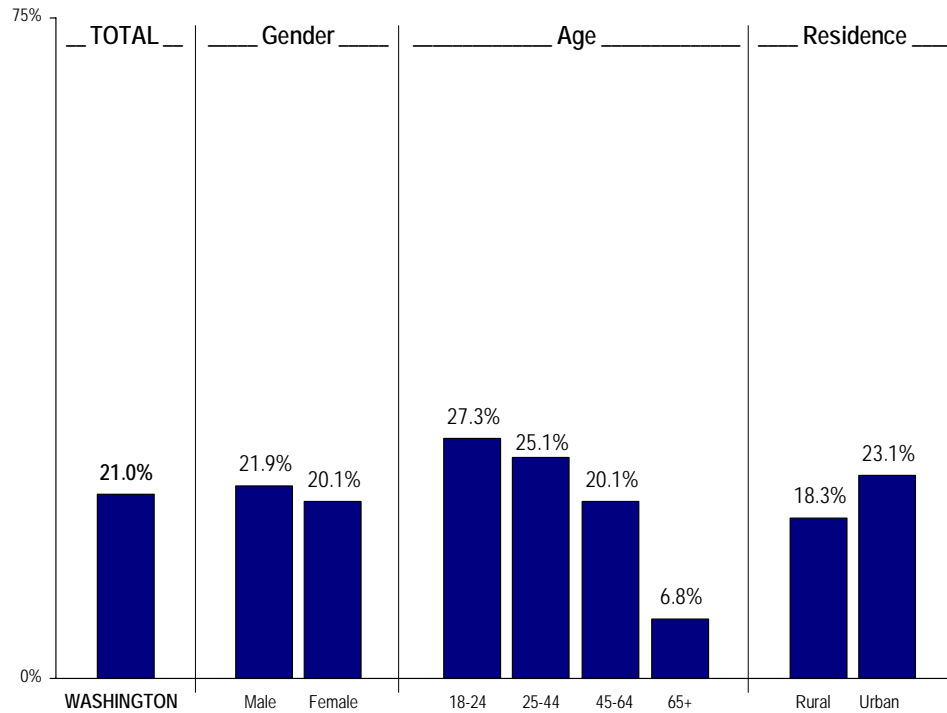
ALL ADULTS

Past Year Cigarette Use



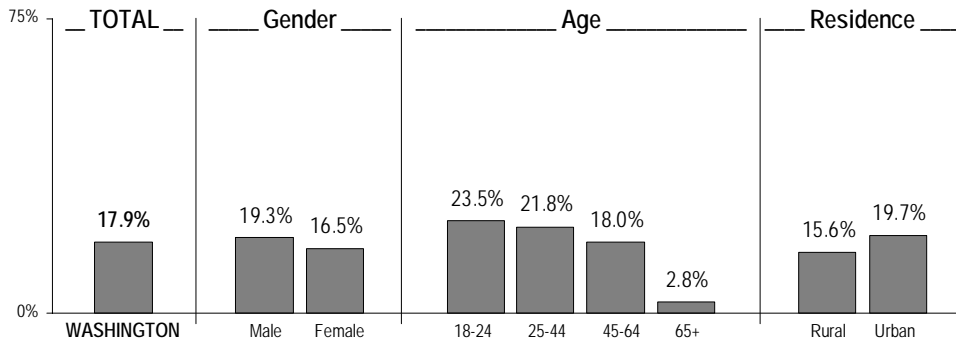
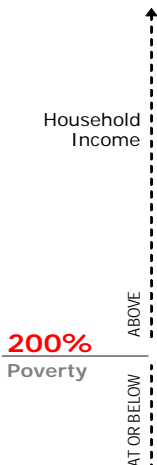
NEEDS ASSESSMENT

Washington State Household Residents Age 18+

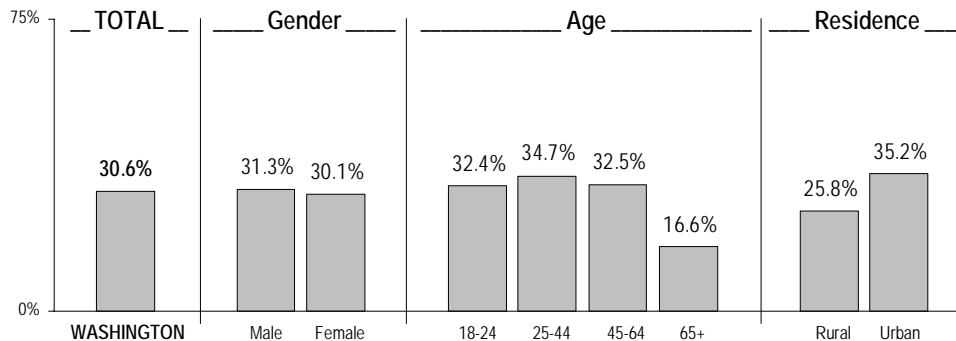


By Income

Adults Above 200% FPL



Adults At Or Below 200% FPL



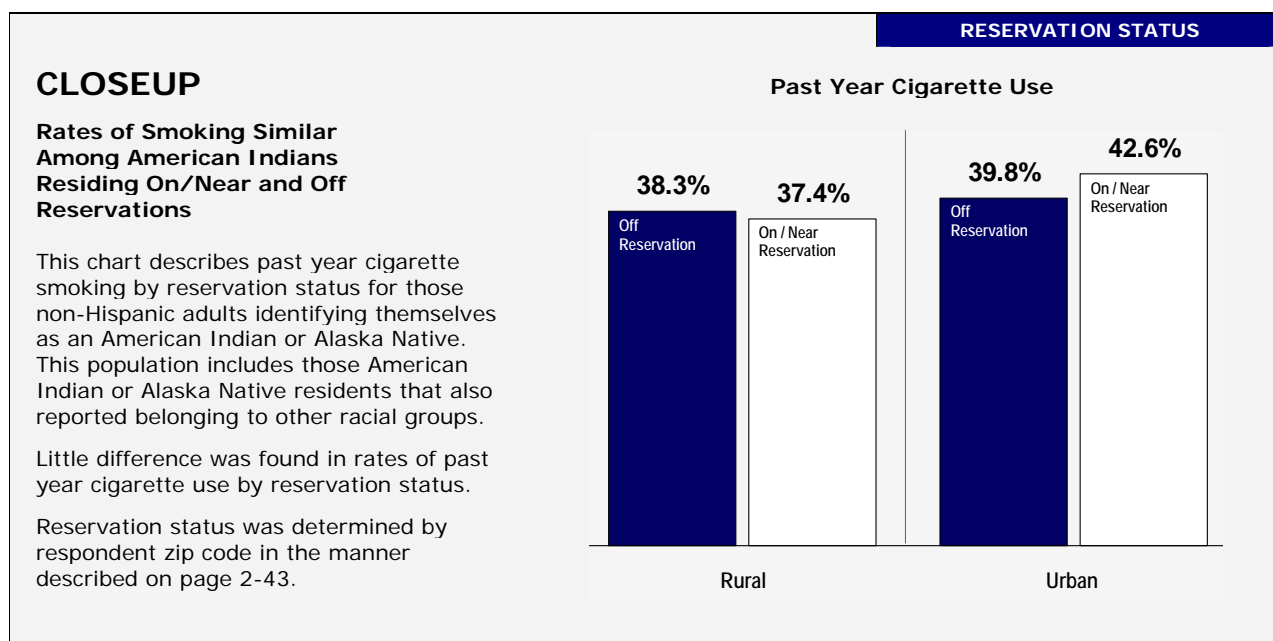
Cigarette Smoking Most Common Among American Indians

This section examines past year cigarette smoking by race and ethnicity. American Indian or Alaska Native adults reported the highest rates of past year cigarette smoking (41.2 percent), while Asian adults reported the lowest prevalence of past year cigarette smoking (12.5 percent).

Among all groups except Asians and Hispanics, lower-income adults were much more likely to smoke during the past year. For example, half (50.3%) of American Indian or Alaska Native

adults at or below 200 percent of the federal poverty level smoked cigarettes in the past year, compared to one third (34.4 percent) of those above 200 percent of the federal poverty level.

Among Asians and Hispanics, the differences in past year cigarette smoking between higher-income and lower-income adults were relatively small.



2003 SURVEY ESTIMATES

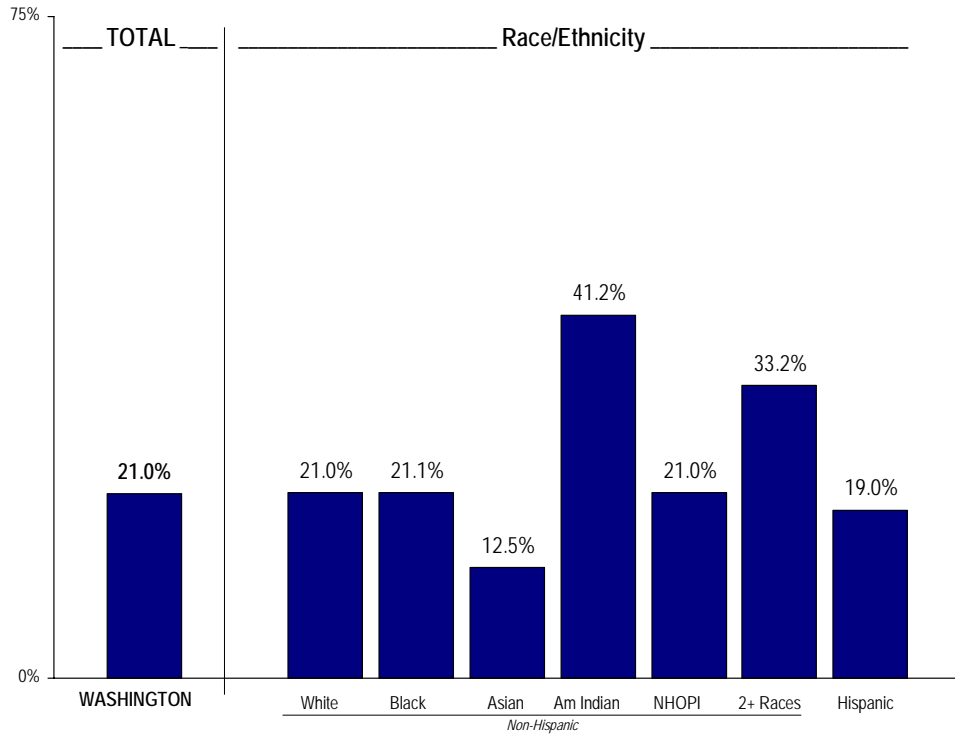
ALL ADULTS

Past Year Cigarette Use

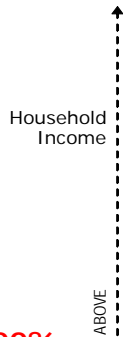


NEEDS ASSESSMENT

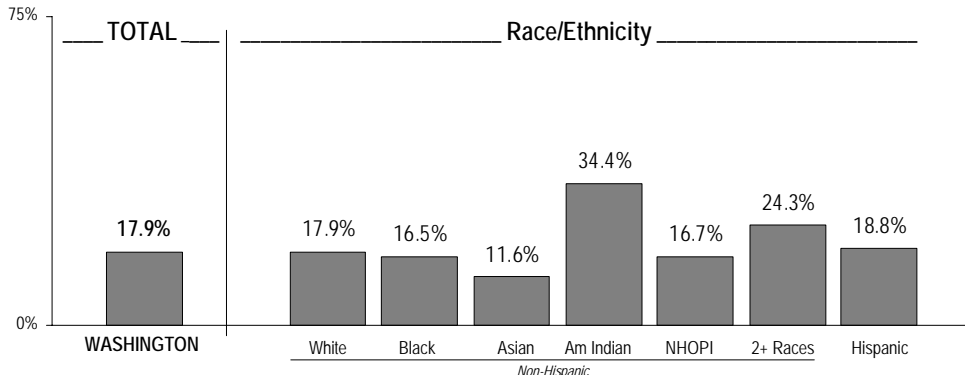
Washington State Household Residents Age 18+



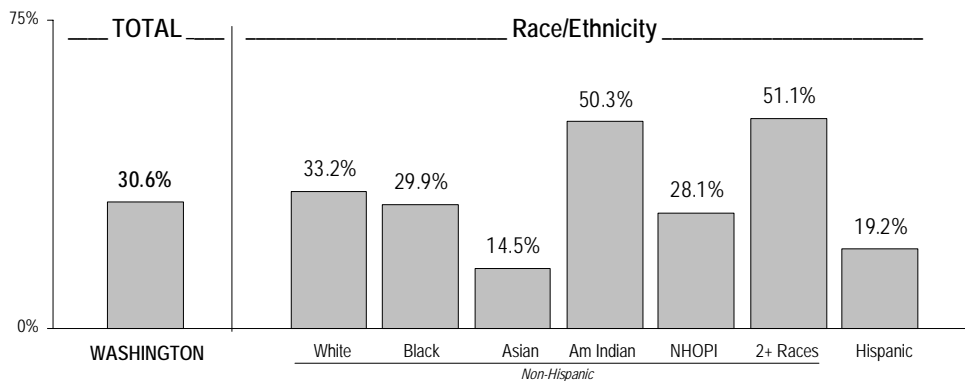
By Income



Adults Above 200% FPL



Adults At Or Below 200% FPL



Lower-Income Pregnant Women Are More Likely To Smoke During Past Month

This section describes how the prevalence of **past month** and **past year** cigarette use varies among pregnant and parenting women. As discussed in the box below, lower-income women who are currently pregnant are considerably more likely to report smoking cigarettes in the past 30 days compared to higher-income pregnant women.

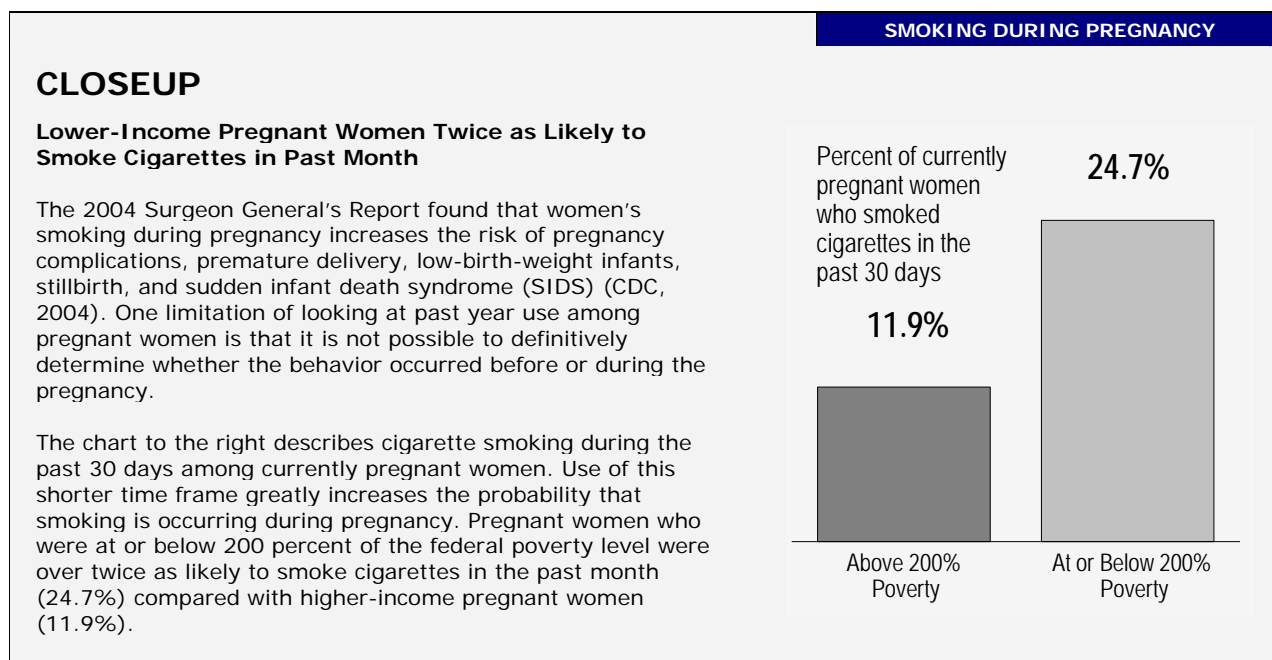
Women under the age of 51 were asked whether or not they were currently pregnant or had given birth in the past year. Women aged 51 and older were not asked these questions and were classified as not currently pregnant and as not giving birth in the past year. In addition, all respondents were asked whether they had children living in their household for whom they had primary care responsibilities.

Prevalence of past year cigarette use among currently pregnant women (22.3 percent) is slightly *higher* than cigarette use among women that are not currently pregnant (20.0 percent).

Rates of past year cigarette smoking are considerably higher among women who are at or below 200 percent of the federal poverty level.

Rates of past year cigarette use were higher among women who had given birth during the past year (28.7 percent) compared with those who had not (19.6 percent). This pattern was evident among higher-income women, however, little difference was found between lower-income women who had given birth during the past year (31.2 percent) and lower-income women who had not given birth (30.0 percent).

Rates of past year cigarette use were higher among women with children (25.9 percent) than women without children (16.5 percent). This pattern held regardless of poverty status. Among lower-income women, nearly 4 out of 10 women with children reported smoking during the past year (38.5 percent).



CLOSEUP

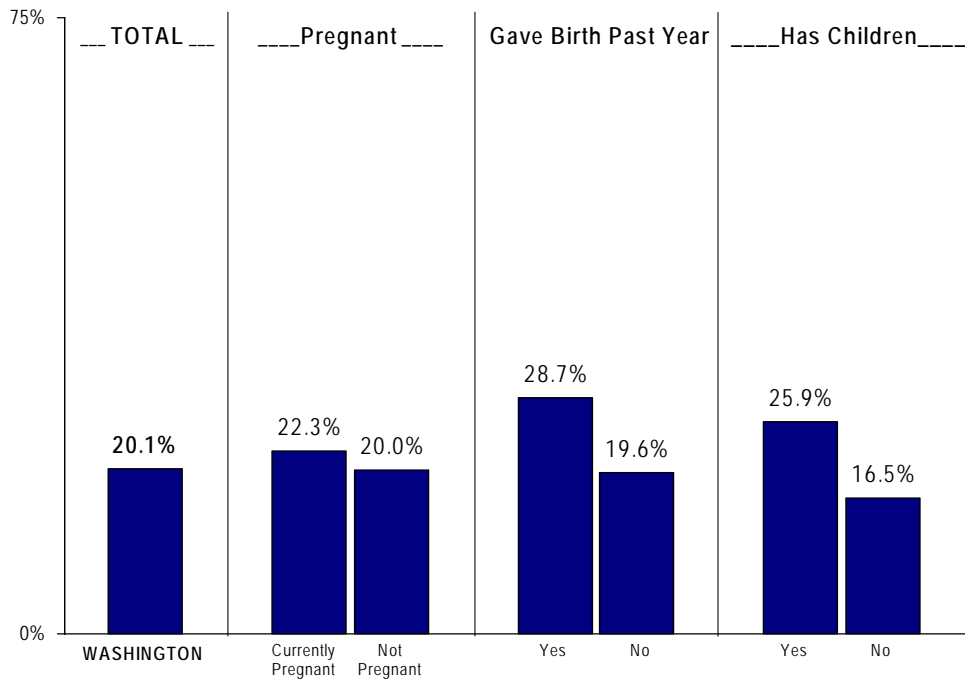
Pregnant and Parenting Women: Cigarette Use



NEEDS ASSESSMENT

Washington State Household Residents

Past Year Cigarette Use



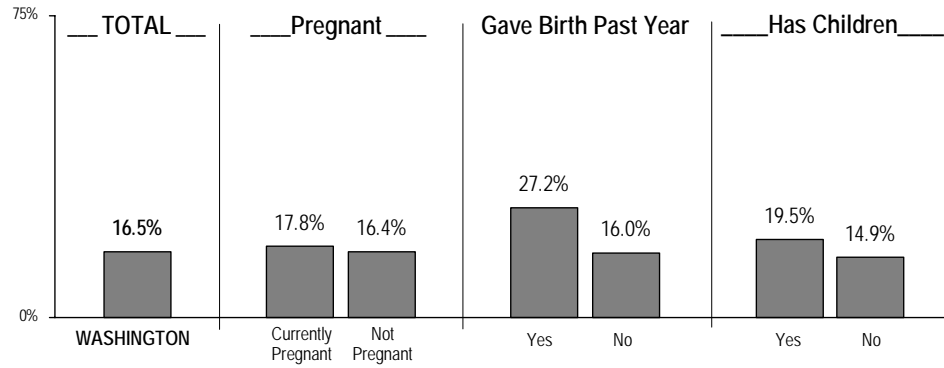
By Income

Household Income

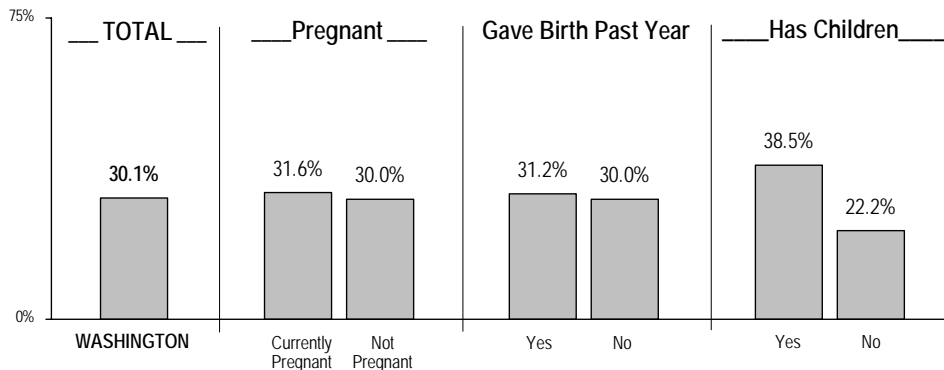
200% Poverty

ABOVE
AT OR BELOW

Past Year Cigarette Use - Women Above 200% FPL



Past Year Cigarette Use - Women At Or Below 200% FPL



Substance Use, Need for Treatment Higher Among Smokers

This section compares the prevalence of substance use and need for treatment between cigarette smokers and non smokers.

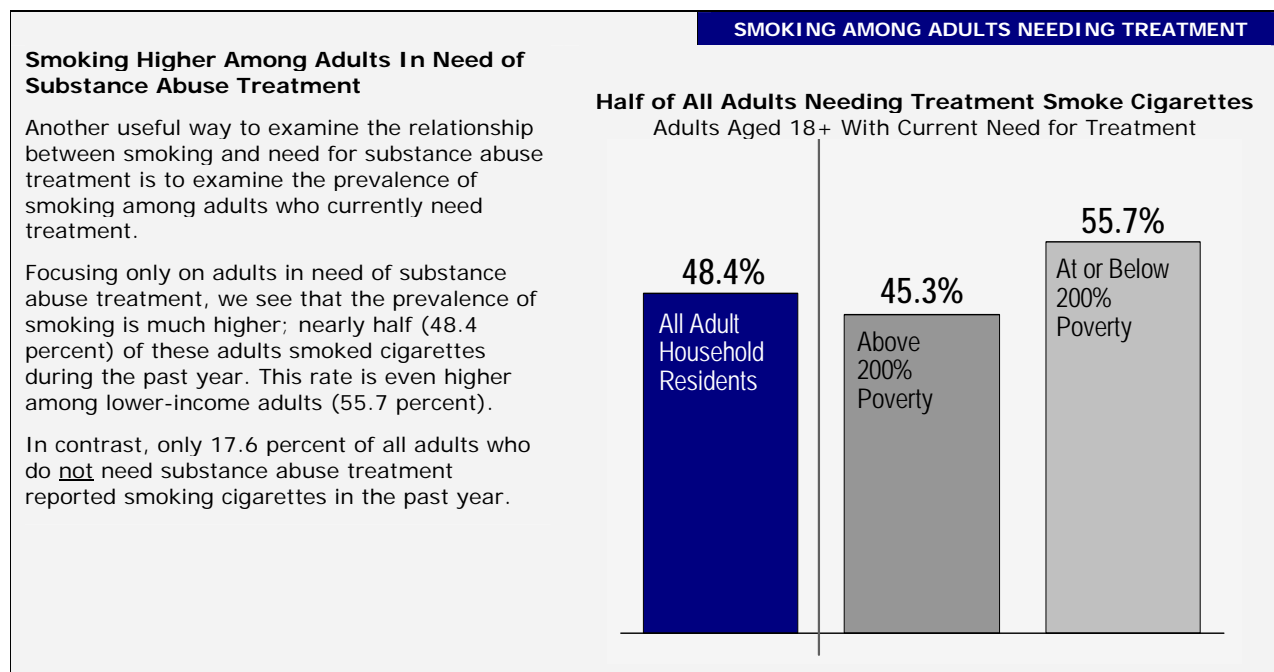
The charts on the facing page describe the prevalence of past year substance use and need for treatment among adults who smoked during the past year (dark bars), compared with adults who did not smoke during the past year (white bars).

Adults who smoked cigarettes in the past year reported higher rates of substance use and a higher rate of need for substance abuse treatment, compared with adults who did not smoke cigarettes during the past year.

Key findings include:

- Binge drinking was more than twice as common among smokers (44.8%) than non-smokers (20.9%).
- Use of any illicit drug was more than three times as common among smokers (22.0%) than non-smokers (6.4%).
- Need for alcohol or drug treatment was more than three times as common among smokers (25.1%) than non-smokers (7.1%).

The relationship between cigarette use, substance use, and need for substance abuse treatment was similar for adults above and below 200 percent of the federal poverty level.



2003 SURVEY ESTIMATES

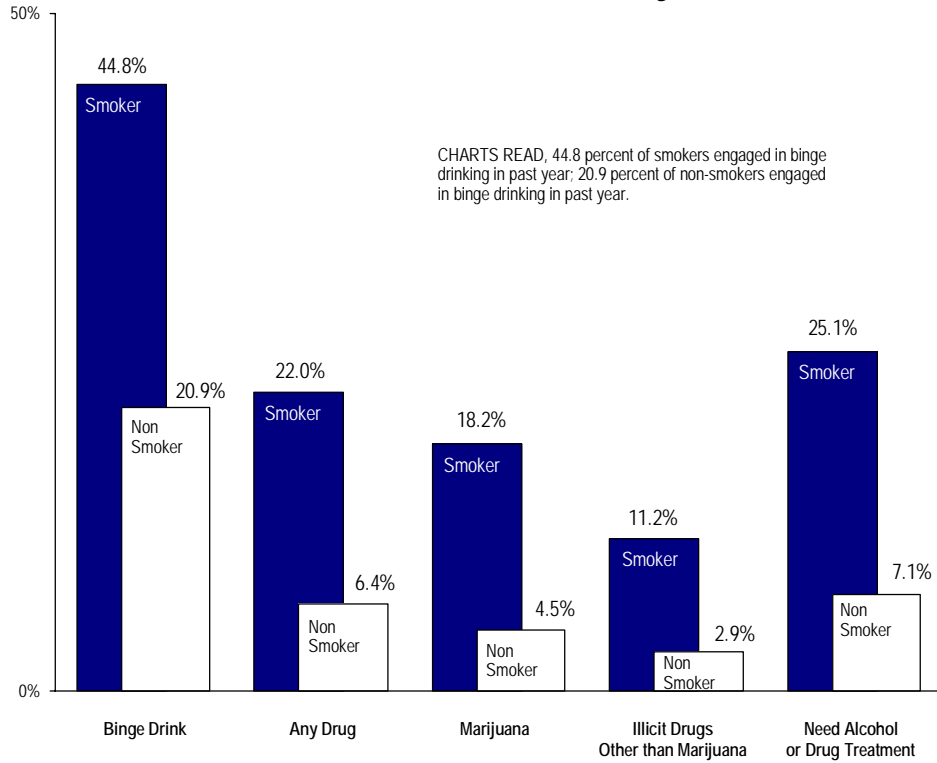
Prevalence of Substance Use and Need for Treatment by Smoker Status

ALL ADULTS
Substance Use and Current Need for Treatment

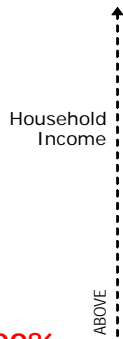


NEEDS ASSESSMENT

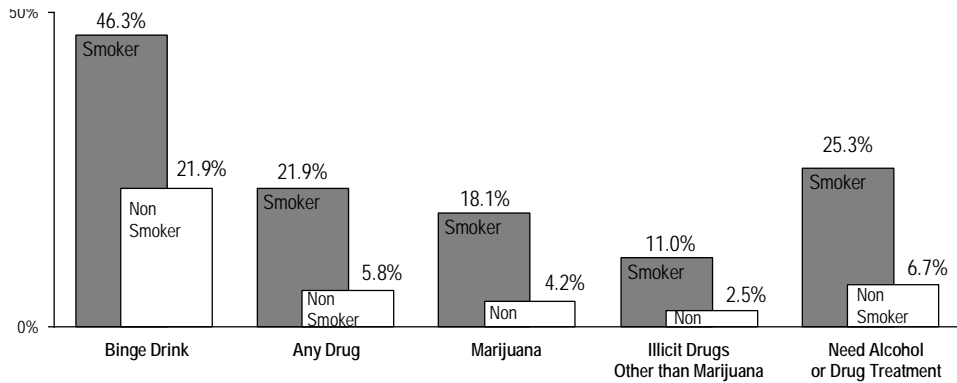
Washington State Household Residents Age 18+



By Income



Adults Above 200% FPL



Adults At Or Below 200% FPL

