

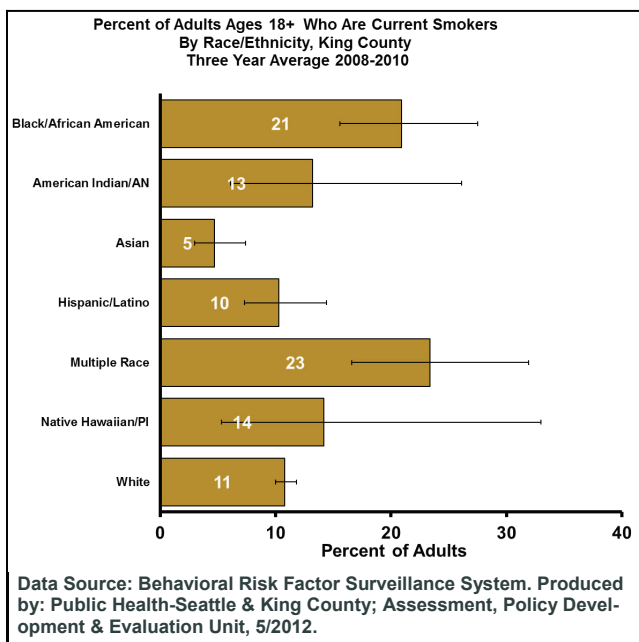
## Tobacco Use in King County

### King County has extreme smoking inequities

King County has the most extreme smoking inequities of the 15 largest metropolitan counties in the U.S., despite having an overall smoking rate that is among the lowest in the country.

- The smoking rate among Black/African-American or Multiple Race adults (more than 1 in 5) is double the rate among whites (about 1 in 10) and four times that of Asians (1 in 20).
- 19% of lesbian, gay, bisexual, or transgender adults are smokers, almost double the county average.
- King County adults in low-income households are 3 times more likely to be smokers than high-income household adults.

See additional data at [www.kingcounty.gov/healthservices/health/data/datawatch/Volume1102.aspx](http://www.kingcounty.gov/healthservices/health/data/datawatch/Volume1102.aspx).



### Smoking decline among adults has stalled

After a nearly 50% decline from 1996 to 2007, smoking rates among adults flattened in the most recent 5 year period (2007-2011).

In 2011, an estimated 155,000 King County adults (10% of adults 18 and older) were cigarette smokers. An additional 2% of adults, or 26,000 people, reported use of smokeless tobacco products such as chewing tobacco, snuff, or snus but not cigarettes.

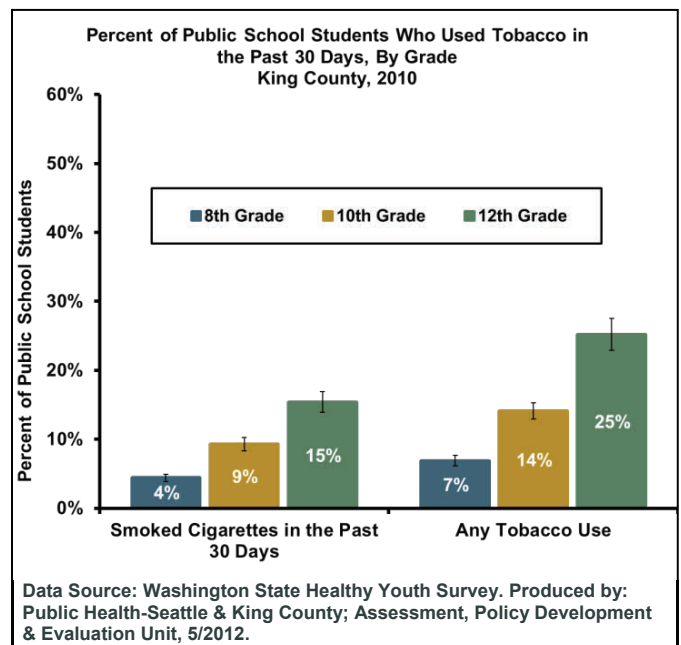
### Key points

- Adult smoking rates are highest among Black/African-American, LGBT and low-income adults
- Progress to reduce smoking among adults has stalled
- More than 15,000 students (including 1 in 4 12th graders) used cigarettes or other tobacco products in the past month
- Tobacco remains the leading preventable cause of death nationally, and in King County it accounts for 1 in 5 deaths and costs \$343 million annually

### Cigarette smoking among King County youth is common

In 2010, students who reported smoking cigarettes in the past 30 days included:

- 1% of 6<sup>th</sup> graders,
- 4% of 8<sup>th</sup> graders,
- 9% of 10<sup>th</sup> graders, and
- 15% of 12<sup>th</sup> graders



This translates to at least 10,000 middle and high school cigarette smokers.

Youth with the highest cigarette smoking rates are: (1) American Indian/Alaska Native; (2) Native Hawaiian/Pacific Islander; and (3) Hispanic/Latino youth. Male youth are more likely to smoke than females.

## Many youth use “alternative” tobacco products

In addition to cigarettes, youth also use alternative tobacco products such as: chewing tobacco, snuff, dip, cigars, cigarillos, and little cigars - many of which are flavored to taste like fruit, candy, or alcohol.

The rate of middle and high school students using *any* tobacco product is 15% (15,000 students). Tobacco use increases with age, with 1 of every 4 12<sup>th</sup> grade students using tobacco products. (These numbers do not include hookah users. In 2008, 21% of all King County 12<sup>th</sup> graders reported using hookah. 2010 figures for hookah are not available.)

Use of multiple tobacco types is also common: 50% of female and 67% of male tobacco users reported using multiple tobacco types.

## Tobacco use is leading preventable cause of death

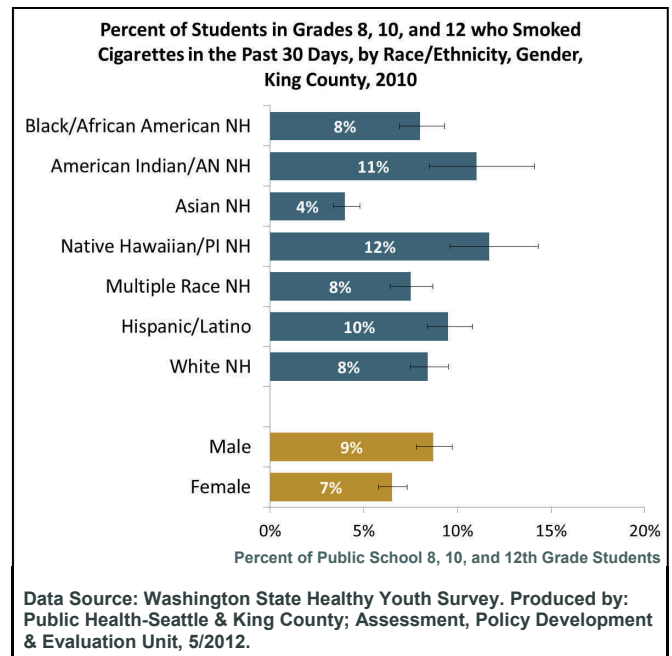
Every year, tobacco use in King County, Washington, costs \$343 million in health care expenses and lost wages [1]. Use of tobacco is linked with cancer, heart disease, respiratory disease, poor birth outcomes, infertility, sudden infant death syndrome (SIDS), and many other poor health outcomes [2]. Smoking accounts for 1 out of every 5 deaths [3], or about 1,800 deaths each year in King County. According to the most recent data, King County has an estimated 196,000 adult and youth tobacco users. An additional 200,000 adults and youth are exposed to second-hand smoke [1], to which there is no safe level of exposure [4].

## Effective strategies to reduce tobacco use and exposure to tobacco smoke

To reduce the harmful effects of tobacco we must prevent youth from starting to use tobacco, reduce non-smokers' exposure to tobacco smoke, and help smokers quit.

Though state tobacco funding has been almost completely eliminated, the burden of tobacco can be best reduced through comprehensive tobacco programs, including youth initiation prevention, to:

- Increase the price of tobacco products;
- Promote tobacco-free places, including parks, hospitals, multi-unit housing, and college and university campuses;



- Educate the public about the risks of tobacco use;
- Restrict tobacco advertising and promotions; and
- Increase access to affordable, evidence-based cessation programs.

## To learn more, visit:

Community Health Indicators ([www.kingcounty.gov/health/indicators](http://www.kingcounty.gov/health/indicators)) or Communities Count ([www.communitiescount.org](http://www.communitiescount.org))

Tobacco Prevention Program ([www.kingcounty.gov/health/tobacco](http://www.kingcounty.gov/health/tobacco))

Let's Do This ([www.letsdothiskingcounty.org](http://www.letsdothiskingcounty.org)) to create smoke-free places

Centers for Disease Control and Prevention ([www.cdc.gov/tobacco](http://www.cdc.gov/tobacco))

Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General ([www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use](http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use))

## References, data sources, and limitations:

[www.kingcounty.gov/healthservices/health/data/datawatch/Volume1102.aspx](http://www.kingcounty.gov/healthservices/health/data/datawatch/Volume1102.aspx)

This issue of Public Health Data Watch was produced by Eva Wong of the Assessment, Policy Development & Evaluation Unit of Public Health-Seattle & King County. Scott Neal, Jim Krieger, Anne Pearson, Matias Valenzuela, Laura Hitchcock and David Solet provided review and comments. For more information, contact [data.request@kingcounty.gov](mailto:data.request@kingcounty.gov) and visit [www.kingcounty.gov/health/indicators](http://www.kingcounty.gov/health/indicators).