



Equitable Cessation Services

Position Statement

To equitably support all communities and improve health, Washington State must invest in evidence-based strategies at a level to ensure that cessation services are:

Accessible to All Who Seek Treatment

Available to every person seeking assistance with nicotine dependence regardless of their race, ethnicity, gender identity, cultural background, age, or access to insurance coverage.

Provided at no cost or very low cost to uninsured or underinsured individuals, with the same access to all evidence-based treatments that are available to those with private insurance.

Integrated with person-centered screening for nicotine dependence by healthcare, behavioral health, and community health providers, especially those that serve communities with higher commercial tobacco use rates.

Offer individuals an evidence-based cessation method, or combination of methods, they are comfortable using.

Convenient to use, taking into consideration service locations, available transportation, the need for different resource formats, and technological barriers.

Adequately Resourced

Sustainably funded to support accessible services, promotion campaigns, staffing levels that meet demand, ongoing staff training, use of newer technologies such as web-based cessation services, and evaluation.

Sufficient funding levels to provide:

- Cessation medications and access to counseling support services for the necessary duration of treatment,
- Training of Certified Tobacco Cessation Specialists,
- Robust access to the Quitline, and
- Other alternative format cessation services (e.g. in-person, virtual, hybrid).

Effectively Promoted

Utilize supportive and empowering promotional messaging and avoid images depicting the use of nicotine-containing products or images that shame people who use commercial tobacco.

Apply culturally relevant promotion strategies designed to reach communities with the highest commercial tobacco* use rates.

Responsive to Individual and Community Needs

Designed to be linguistically and culturally appropriate for the individuals and communities they serve.

Include particular emphasis on serving:

- Individuals from communities with higher rates of commercial tobacco use who are also often disproportionately targeted by commercial tobacco industry sales and marketing,
- Individuals who are also experiencing behavioral health challenges,
- Youth and young adults, and
- Individuals at highest risk of health impacts.

Offer access to Certified Tobacco Treatment Specialists who come from the communities they serve.

Adaptable to address the ever-changing landscape of commercial tobacco products and the specific cessation needs of individuals based on the product or products they use and their level of nicotine dependence, such as people who use menthol products who often have an increased dependence on nicotine.

Are informed by and continuously improving through input from community members and organizations that represent or work with communities with the highest commercial tobacco use rates including LGBTQ+, African-American/Black, Hispanic, Latine, Asian American, Native Hawaiian, Pacific Islander, Alaskan Native/American Indian, veterans, rural populations, immigrant populations, and pregnant individuals.

Community input should be gathered through qualitative and quantitative feedback techniques, including focus groups, that offer incentives for community participation.

WHY CALL IT COMMERCIAL TOBACCO?

* “Commercial tobacco”

is used intentionally to differentiate from the use of traditional tobacco by some Indigenous peoples and American Indian tribes.

Commercial tobacco is tobacco that is manufactured and sold by the commercial tobacco industry and is linked to poor health outcomes such as addiction, disease, and death. Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, heated tobacco, smokeless tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies such as nicotine patches or gum.

CONTEXT & BACKGROUND

Commercial tobacco use is still the leading cause of preventable death and disease in Washington State, with disproportionate impacts on people of color, Native Americans, LGBTQ+ communities, and people with behavioral health conditions.

New generations of youth and young adults are now addicted to nicotine due to the tobacco industry’s aggressive marketing of flavored e-cigarettes for more than fifteen years.

Most people who use nicotine products want to quit. About 70% of adult smokers and about two-thirds of youth users report they want to stop using commercial tobacco products. ([CDC Smoking Cessation: Fast Facts page](#)).

A key barrier to quitting nicotine in our state is the lack of access to culturally appropriate, evidence-based cessation services and resources. The Washington State Quitline, 2Morrow Health app, and other quit tools provided through the Washington State Department of Health are critical services, but do not provide a comprehensive approach that is adaptable to the needs of all Washingtonians.

For many years, Washington State has received an F grade in the [American Lung Association’s annual analysis](#) of overall access to cessation services and the level of state funding for commercial tobacco prevention and cessation. From 2010 through 2022, the Quitline and other state cessation services were entirely funded by the CDC.

Recent state appropriations to the commercial tobacco prevention program are a start towards rebuilding the program, with a new \$2.5 million in state funds for all program activities in FY 2024. When Washington provided a comprehensive commercial tobacco program in the early 2000s, cessation services alone were funded at \$1.2 million per year (FY 2001). Current state support also falls substantially short of [recommended investments](#) of \$29.33 million per year (or \$3.73 per capita) for cessation interventions.



Washington Breathes is a statewide coalition of organizations and individuals working to eliminate the harms of commercial tobacco use.

This statement was developed by the coalition’s Improving Cessation Treatment Workgroup and approved by the Steering Committee.

[washingtonbreathes.org](http://www.washingtonbreathes.org)