Achieving Health Equity:

Breaking the Commercial Tobacco Industry's Cycle of Addiction, Death, and Environmental Degradation

Tobacco Education and Research Oversight Committee, 2023-2024

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The TEROC Plan as a Guide for Addressing Health Equity by Ending the Commercial Tobacco Epidemic in California

The mission of TEROC and the agencies it oversees is to support the right of all Californians to be as healthy as possible by eliminating tobacco-related disparities. While California has made great progress over the past three decades in reducing rates of tobacco use, exposure to secondhand smoke, and tobacco-related death and disease, this progress has been more pronounced in certain communities than others.[1] This is in part due to decades of the tobacco industry's strategic targeting and exploitation of certain communities through manipulative messaging and deceitful marketing tactics.[2-4] The tobacco industry has consistently put profit above all else to addict a new generation of users to their deadly products, and its discriminatory marketing and messaging strategies continue to disproportionately harm historically excluded populations. [1, 5]

In order to combat the tobacco industry's influence, California and other nations are part of a paradigm shift in tobacco prevention work to move beyond "controlling" the commercial tobacco epidemic to ending it.[6] California is moving into a new phase that seeks to eliminate the industry's influence in California, making all communities free from commercial tobacco, and ending the commercial tobacco epidemic in this state once and for all.

As California moves into the final phase in its fight to end the commercial tobacco epidemic, TEROC acknowledges that the endgame will look different for each of the state's diverse communities, and health equity must be a core component of the endgame strategy. This means that the strategies to address tobacco-related inequities will need to be targeted to and modified for different groups in order to attain the universal goal of a commercial tobacco-free California. To address health equity concerns related to tobacco, it is critical to both build power and influence among members of communities most impacted by commercial tobacco, and to equitably allocate resources to these affected groups. These steps are necessary to counter the tobacco industry's influence and redress the structural, political, and social determinants underlying those disparities.

TEROC and the agencies it oversees are committed to improving health outcomes for all populations in California, and, therefore, TEROC is prioritizing strategies that aim to end the tobacco industry's influence in California while also addressing the needs of each of California's diverse populations. This Plan reflects TEROC's vision for a commercial tobacco-free future and focuses on transforming California by eradicating the tobacco industry's manipulative, predatory, and deadly influence to equitably increase the health, environmental, and economic well-being of California's diverse populations.

About the Tobacco Education and Research Oversight Committee

The Tobacco Education and Research Oversight Committee (TEROC) was established by the enabling legislation for Proposition (Prop) 99 (California Health and Safety Code, Sections 104365-104370), which mandates TEROC to:

- Produce a biennial comprehensive "Master Plan" (Plan) for implementing commercial tobacco education programs throughout the state for the prevention and cessation of tobacco use that includes implementation strategies for each target population (as specified in Health and Safety Code Section 104370);
- Advise the California Department of Public Health, the California Department of Education, and the University of California regarding the administration of Prop 99 funded programs;
- Monitor the use of Prop 99 tobacco tax revenues for tobacco control programs, prevention education, and tobacco-related research;
- Provide programmatic and budgetary reports on Prop 99 tobacco control efforts to the California Legislature with recommendations for any necessary policy changes or improvements; and
- Report to the legislature each year on tobacco tax appropriations and expenditures and provide recommendations for necessary policy changes or improvements for tobacco education programs.

Prop 99 and 56

In November 1988, California voters passed a ballot initiative known as Prop 99, the Tobacco Tax and Health Protection Act of 1988, which added a $0.25 excise tax per cigarette pack and a proportional tax increase on other tobacco products beginning January 1, 1989.[7] Prop 99 declared the state's intent: "To reduce the incidence of cancer, heart, and lung disease and to reduce the economic costs of tobacco use in California, it is the intent of the people of California to increase the state tax on cigarettes and tobacco products." Almost three decades after Prop 99's passage, in November 2016, the voters of California overwhelmingly passed Prop 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016.[8] Prop 56 increased the state cigarette tax from $0.87 to $2.87 per pack, taking California's state tobacco tax ranking from 37th to 9th highest in the nation. The initiative increased the tax on other tobacco products by an equivalent amount, including electronic cigarettes for the first time. With 64.4% of voters voting in favor of Prop 56, Californians sent a strong message to end the state's tobacco epidemic.[9] Prop 56 directed fixed appropriations to several state programs, with the remaining revenues distributed to other state programs by a formula, all of which are to be used for specified purposes.

TEROC is comprised of 13 members. Pursuant to California Health and Safety Code Section 104365, the Governor appoints eight members, the Speaker of the Assembly appoints two, the Senate Rules Committee appoints two and the State Superintendent of Public Instruction appoints one member. TEROC members who contributed to this Plan include:

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- The development team, including Liz Hendrix, Ryan Pyle, and Mayra Miranda, Gretta Foss-Holland, Humberto Jurado, and Rui Jiang.

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The TEROC Plan as a Guide for a Commercial Tobacco-Free California

The movement to end the commercial tobacco epidemic in California is driven by a vision to eradicate the tobacco industry's deadly influence in California, and for the only tobacco use to be sacred use among Tribes with that tradition. TEROC's vison for a commercial tobacco-free California is one in which:

- There is no commercial tobacco use in California, only sacred use among Tribes with that tradition.
- No community is disproportionately impacted by tobacco or by tobacco-related disease and death.
- All children, whether their families rent or own their homes, grow up breathing clean, fresh air.
- No one is exposed to secondhand smoke or related contaminants in their homes, places of employment, neighborhoods or communities.
- No young person ever becomes hooked on nicotine, and no adult has to overcome a lifelong addiction to it.
- Families never grieve the loss of a loved one due to tobacco-related disease.

It is important to differentiate between the use of traditional tobacco during tribal ceremonies by American Indian or Alaskan Native groups, and the use of commercial tobacco sold by the tobacco industry. Throughout this Plan, whenever TEROC uses the word "tobacco" it is meant to only include commercial tobacco and not traditional tobacco which is used for sacred purposes by American Indians.

Traditional vs. Commercial Tobacco "Traditional and commercial tobacco are different in the way that they are planted and grown, harvested, prepared, and used. Traditional tobacco is and has been used in sacred ways by American Indians for centuries. Its use differs by Tribe, with Alaska Natives generally not using traditional tobacco at all. Commercial tobacco is produced for recreational use by companies, contains chemical additives and is linked with death and disease."

Source: National Native Network. Keep It Sacred: Traditional Vs. Commercial Tobacco Use. https://keepitsacred.itcmi.org/tobacco and tradition/traditional v commercial/.

About the 2023-2024 TEROC Plan

Every two years, TEROC develops a comprehensive plan that not only outlines TEROC's strategic goals for the next two years, but also serves as a call to action for stakeholders, partners, and allies in tobacco control. Over the past 30 years, TEROC's vision for a commercial tobacco-free California and the steps needed to achieve this have moved beyond solely the implementation of education programs for the prevention and cessation of commercial tobacco use. As California moves into the final phase in its fight to end the commercial tobacco epidemic, it will be critical to employ many different strategies that build power and influence among members of communities most impacted by commercial tobacco, equitably allocate resources to these affected groups, and counter the tobacco industry's disproportionate influence in these communities. The 2023-2024 TEROC Plan includes broad objectives aimed at addressing many different areas of commercial tobacco control such as reducing youth uptake of tobacco products to prevent young people from ever starting to use tobacco products and countering the tobacco industry which continues to produce and market novel tobacco products. Each of these strategies and recommendations are based on the most current, evidence-based research and best practices aimed at eradicating the tobacco industry's manipulative, predatory, and deadly influence in California.

How To Use This Strategic Plan

The 2023-2024 TEROC Plan serves as a strategic plan for the next phase of moving California from commercial tobacco prevention and control to ending the commercial tobacco epidemic for *all* of California's diverse populations. The Plan includes an initial section for policymakers that outlines the top policy priorities for each objective and serves as a quick reference guide for these elected officials when setting policy agendas.

After the section for policymakers, this document is organized into eight objectives, each of which contains different strategies which are tailored for local health departments, elected officials and advocates to reference when prioritizing strategies locally and setting tobacco-related agendas. These strategies are organized under the priority areas of recommended policies, education, research, action steps, necessary partnerships, and funding priorities. The recommended strategies in this Plan are designed to address tobacco-related disparities for the populations most at risk of being targeted by the tobacco industry and who therefore suffer the most from tobacco-related death and disease.

Finally, the last section of this Plan includes progress reports and implementation strategies for priority populations most impacted by tobacco. The progress reports provide tobacco use data from 2016-2020 for both adults (age 18+) and youth (10th and 12th grades) for the following populations: general statewide data, Hispanic or Latino; African American or Black; American Indian or Alaska Native; Asian; Native Hawaiian or Pacific Islander; Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+); Low Income, Poor Mental Health, and Rural. While there is no data that has been collected on pregnant women and current smokers, this Plan does include implementation strategies for these populations.

TEROC Recommendations to Policymakers

The TEROC Plan serves as strategic plan for partners and allies in California but can also be used by policymakers when prioritizing a tobacco-related policy agenda. TEROC recognizes that change cannot happen without comprehensive policy efforts at the state, local, and federal level. Therefore, TEROC has dedicated a section of the 2023-2024 Plan to policymakers as a call to action for critical policy efforts in California that are related to each of the eight Plan objectives. The following policy recommendations can be used to guide policy and funding priorities that are necessary for ending the commercial tobacco epidemic in California.

Objective 1: Reduce Disparities Related to Commercial Tobacco Use

1. Prohibit the sale of all flavored tobacco products, with no exemptions.
2. Ensure policies do not have unintended consequences for priority populations, such as language that penalizes tobacco users.

Objective 2: Strengthen Capacity for Ending the Commercial Tobacco Epidemic

1. Ensure that tobacco control efforts, including research, are sufficiently funded.
2. Allocate funds to develop pipelines for public health and tobacco control research careers, especially for underrepresented communities.

Objective 3: Broaden the Public Health Framework for Tobacco to Address the Intersection of Tobacco, Cannabis, and Other Emerging Products

1. Ensure that tobacco and cannabis policies are comprehensive and do not include exemptions for products touted as "less harmful" or "modified risk."
2. Include prohibitions for vaping and cannabis use in all policies that restrict or prohibit the use of tobacco products or smoking, which is consistent with Proposition 64.

Objective 4: Prevent Youth and Young Adults from Initiating Commercial Tobacco Use and Empower Them as Advocates

1. Adopt policies to reduce youth and young adult access to tobacco products, including increasing the price of tobacco products, eliminating online sales, and imposing zoning restrictions on tobacco retailers near schools and other youth-oriented facilities.
2. Make tobacco and cannabis less appealing to youth and young adults by limiting brand placement and paid promotion in movies and streaming media.

Objective 5: Smokefree Environments

1. Close regulatory gaps in existing law to protect all Californians from secondhand smoke to ensure that all indoor and outdoor workspaces, multiunit housing, and most outdoor public areas are smokefree.
2. Increase funding to conduct research on the impact of thirdhand smoke (the off gassing of toxic smoke and aerosol particles) and ways to mitigate exposure.

Objective 6: Reduce Tobacco Product Waste

1. Reduce tobacco product waste in the environment by regulating the source of the waste through tobacco sales bans and retailer density policies.
2. Regulate tobacco products as hazardous waste, including requiring hazardous waste signage at the point-of-sale and specific handling instructions.

Objective 7: Motivate and Help Tobacco Users to Quit

1. Include culturally tailored tobacco cessation support when advancing for tobacco policies, and vigorously counter industry strategies that delay tobacco cessation.
2. Establish and require the use of electronic health records (EHR) systems to collect accurate data on patients' use of tobacco and cannabis.

Objective 8: Countering Industry

1. End the sale of all commercial tobacco products and ensure that emerging products and cannabis do not fill the gap left by reductions in the availability of tobacco products.
2. Do not work with, accept funding from, or allow influence from tobacco or cannabis industries on public policy.

Objective 1: Reduce Disparities Related to Commercial Tobacco Use

California has made remarkable progress in reducing the overall rate of tobacco use, but alarming disparities based on demographic, socioeconomic, and geographic differences remain.[1] For decades the tobacco industry has used predatory and manipulative marketing to unequally target different communities throughout the state, which has disproportionately impacted certain communities which suffer from higher-than-average tobacco use, exposure to secondhand smoke, and higher rates of tobacco-related death and disease.[3, 10, 11] To reverse the damage that the tobacco industry has inflicted on many of California's communities, it is critical to identify health disparities among priority populations and counter the tobacco industry's influence on them.

Key Concepts:

- For decades, the tobacco industry has targeted historically marginalized communities through manipulative marketing and free or discounted products to addict communities.
- The tobacco industry's tactics include masquerading as support for social justice, civil rights, and cultural issues with the ultimate goal of selling more products and profiting off of these communities.[12–15]
- Many of California's priority populations suffer from higher rates of tobacco use, exposure to secondhand smoke at work and home, and higher rates of tobacco-related disease than the general population.[1]

Key Themes

- Ensure equitable enforcement of policies.
- Conduct research, surveillance, and evaluation on disparities in tobacco use by population.
- Prioritize funding for programs that address priority populations.

Strategies

Policy

- Encourage and empower local jurisdictions to adopt strong flavored tobacco policies that include all tobacco products.
- Close policy loopholes that have allowed the sale of certain flavored tobacco products, like hookah and heated tobacco products.
- Reserve fines and other punishments for "upstream" violators, such as retailers who repeatedly sell to underage customers rather than consumers, or advertisers who use illegal marketing tactics.
- Avoid possession, use, and purchase (PUP) laws that punish youth for violating tobacco-related age restrictions.
- Ensure that policy compliance efforts emphasize education and social norm change rather than fines and penalties, and that policy enforcement does not exacerbate social injustice.

Education

- Educate Californians on the difference between traditional and commercial tobacco use.
- Ensure that policymakers and stakeholders are educated on priority population data and research and what that means for Californians.

Research

- Conduct research that focuses on community factors that contribute to higher tobacco use rates that create and sustain health disparities, including minority stress, industry targeting, and social norms.
- Prioritize research on disparities related to tobacco use by identifying disproportionately impacted populations based on demographic, socioeconomic, geographic, and other relevant characteristics.
- Invest in surveillance and rigorous evaluation to ensure that tobacco control programs are informed by evidence-based, up-to-date information about the populations they serve.
- Disaggregate data to show subgroup differences, as sample size permits.
- Consider intersectionality among priority populations when conducting research, as individuals belonging to two or more marginalized groups may experience additional factors that contribute to tobacco use.

Action

- Develop, implement, and evaluate programs to reduce disparities and promote health equity, emphasizing culturally relevant activities that recognize the unique characteristics of each community.

Partnerships

- Involve community members from populations that will be served by tobacco control interventions in the planning and implementation of such interventions including the drafting of requests for applications (RFAs).

Funding

- Prioritize funding for programs and activities that address priority populations, recognizing how factors such as racism, homophobia, and other patterns of bias and exclusion contribute to tobacco-related health disparities.
- Allocate tobacco control funding to reduce tobacco-related disparities and promote health equity to address the root causes that have led to differential tobacco use rates.
- Appropriately allocate funds to communities disproportionately impacted by tobacco-related disparities.
- Prioritize awarding funding for RFA's to organizations that reflect communities that will be served by the RFA.

Objective 2: Strengthen Capacity for Ending the Commercial Tobacco Epidemic

Strengthening capacity for ending the commercial tobacco epidemic includes developing and maintaining resources, services, and outreach devoted to priority populations that have benefitted the least from the progress in tobacco prevention to date. As successful tobacco prevention efforts undoubtably reduce the number of people addicted to tobacco, they also ultimately impact tax revenue generated from tobacco purchases. While a reduction in tobacco purchases is a positive impact, there must be a plan for sustaining dwindling tobacco tax revenues that are allocated to public health and tobacco prevention programs. In addition to funding, building capacity in tobacco control requires recruiting and training strong leaders and dedicated tobacco control advocates who work toward ending the tobacco epidemic. Strategies for sustaining an existing tobacco control workforce and recruiting and developing new leaders is integral to strengthening capacity for ending the tobacco epidemic in California.

Key Concepts

Achieving health equity to end the tobacco epidemic and strengthening capacity to serve California's diverse populations requires:

- Investing greater resources and more funding wherever people are not afforded an equal opportunity to be healthy.
- A commitment to developing a more diverse tobacco prevention workforce, including a new generation of leaders.
- Active partnerships with groups that have been marginalized due to racism, homophobia, transphobia, socioeconomic status, and other forms of bias and exclusion.
- Greater focus on the root causes of disparities and implementing programs designed to address them.

Key Themes

- Increase and sustain funding for tobacco endgame efforts.
- Increase diversity of the tobacco prevention workforce.
- Develop the next generation of leaders.

Strategies

Policy

- Build and maintain capacity by ensuring equity and transparency in tobacco taxation and allocation of revenues.
- Ensure that all tobacco products are taxed equitably by creating parity among tax rates.
- Guarantee that tobacco prevention is prioritized appropriately in the distribution of tax revenue by demanding greater transparency in how tobacco tax funds are allocated.

Education

- Provide mentorship and skills development opportunities to encourage youth to consider careers in tobacco prevention, especially for youth from priority populations.
- Promote innovation through peer modeling by sharing lessons learned and improving data transparency and access.
- Offer trainings to coalition members and the public about civil service to engage more people in tobacco control efforts at the city, county, and state level.

Research

- Ensure that there is a diverse pipeline of those who wish to pursue careers in tobacco prevention research and tobacco prevention advocacy, especially for those from priority populations.
- Improve the collaboration between California doctorate-granting research institutions, California State Universities, and California Community Colleges serving students from priority populations, exposing them to and including them in tobacco-related research projects.
- Build capacity and develop a more diverse new generation of tobacco prevention researchers who will be better prepared to address health disparities and promote health equity in their communities.

Action

- Widely promote career development and job opportunities to local tobacco prevention coalitions, youth advocates, local colleges, and internship and fellowship programs to expand access to diverse candidates.
- Increase diversity in tobacco prevention organizations via initiatives that are organization-wide and informed by evidence-based best practices.
- Develop, implement, and evaluate activities designed to ensure the tobacco prevention workforce reflects the communities it serves.
- Engage in strategic succession planning; approach turnover as an opportunity to increase diversity and develop future leaders.
- Develop organizational operations that include career and skills development opportunities and offer mentorships to help young people to move into tobacco prevention and research careers.
- Engage local coalitions to help recruit for open positions and increase applicant pool diversity.

Partnerships

- Improve coordination and collaboration between state agencies, Local Lead Agencies, Local Educational Agencies, Tribal communities and governments, community organizations, school districts, coalitions, universities, and other tobacco prevention partners to increase opportunities for capacity building in tobacco prevention.
- Expand coalitions to include non-traditional partners such as economic development organizations, employers and business groups, labor unions, faith-based communities, social justice and equity groups, environmental advocates, and community planners.
- Ensure that all agencies and partner organizations have broad access to high-quality training and technical assistance.
- Partner with universities to increase the pipeline of future tobacco prevention researchers.
- Collaborate with Tribes to help advance their priorities for prevention of commercial tobacco use. Successful collaboration begins with:
    - Recognizing that each tribe is sovereign and unique, and each has its own needs and priorities.
    - Focusing first on relationship building.
    - Allowing Tribal communities to set initial goals and defer to Tribal community members for decisions and priorities for commercial tobacco prevention.
    - Respecting traditional tobacco as a cultural and religious practice.

Funding

- Require internship programs and succession action-planning components in Requests for Proposals (RFP) and Requests for Application (RFA).
- Consider incentives or stipends to encourage participation in tobacco prevention efforts, including travel reimbursements, internships, and community engagement grants.
- Provide funding and resources that help build the readiness of Tribes to work on tobacco use prevention and cessation efforts.

Objective 3: Broaden the Public Health Framework for Tobacco to Address the Intersection of Tobacco, Cannabis, and Other Emerging Products

The tobacco industry is constantly inventing and reinventing products and the tobacco control landscape is changing fast. E-cigarettes like JUUL and Puff Bar continue to entice new users, while emerging products like heated tobacco products and products that use synthetic or other non-tobacco derived nicotine present new challenges.[16] Legalized cannabis threatens to renormalize smoking as the cannabis industry and supporters advocate to allow cannabis smoking in places where smoking of any product is currently not permitted.[17] Similarly, the rapidly growing cannabis industry has adopted tactics used by the tobacco industry, including predatory marketing to marginalized communities.[18] The situation demands a strong public health response that takes on the combined threat of tobacco, cannabis, and emerging products that threaten public health gains made against smoking and vaping.

Key Concepts

- The tobacco industry continues to introduce new products, such as synthetic nicotine products, in an attempt to evade existing tobacco laws.
- As cannabis use becomes more acceptable and its use is permitted in more public places, it threatens to renormalize smoking and roll back existing tobacco laws.
- The tobacco industry is promoting a harm reduction strategy whereby they promote emerging tobacco products as "less harmful" in hopes that these products will be exempted from any existing or future laws restricting sales or use of tobacco products.[19]

Key Themes

- Emphasize the intersection between tobacco, cannabis, and emerging products that threaten to roll back existing smokefree laws.
- Counter tobacco industry efforts to introduce new products that may not be covered by existing tobacco or cannabis laws.
- Fight normalization of cannabis and emerging tobacco product use.

Strategies

Policy

- Ensure that tobacco control policies are comprehensive and do not include exemptions for certain types of tobacco products (including Modified Risk Tobacco Products, heated tobacco products, or products authorized for sale through the Premarket Tobacco Product Application).
- Restrict vaping and cannabis use wherever tobacco use is prohibited, including in multi-unit housing, indoor and outdoor workplaces, parks, and other public places.
- Create a public health, research funding, and education oversight committee for cannabis tax revenue oversight.
- Guarantee that enforcement language in cannabis regulations does not penalize individuals for the purchase, use, possession, or sale of cannabis.
- Modify successful tobacco policies to apply to cannabis regulation.
- Ensure that restrictions on cannabis advertising are consistent with tobacco and applied equally across all communities.

Education

- Counter the impact of predatory marketing on youth through school-based tobacco education and media literacy programs.
- Use evidence-based tobacco control strategies to reduce the demand for cannabis among youth and protect non-users from secondhand smoke exposure.
- Include cannabis in school-based tobacco prevention programs and public education campaigns.
- Increase public understanding of the interconnectedness of tobacco and cannabis products and the need for comprehensive youth and young adult prevention strategies.

Research

- Support research into the health effects of using tobacco and cannabis together and track patterns of use among different demographic populations.
- Analyze new products, including those that combine tobacco and cannabis, and how devices, delivery methods, flavors, and other features affect uptake and use.
- Document the increasing potency of tobacco and cannabis products and find out how high levels of nicotine and tetrahydrocannabinol (THC; the active ingredient in cannabis) affects use and dependence.
- Continue to track cannabis use and exposure to cannabis secondhand smoke in surveillance and evaluation activities, paying particular attention to youth, young adults, and priority populations.
- Conduct research assessing how people with behavioral health conditions may use cannabis or tobacco to self-medicate and how that can deter them from seeking professional help.

Action

- Expose and oppose the increasing alliance between the tobacco and cannabis industries.
- Improve public health protections and school-based prevention programs for cannabis to include a stronger public health oversight of cannabis.

Partnerships

- Partner with groups to counter predatory cannabis marketing that targets priority populations.
- Work with regulatory agencies to restrict cannabis sales in low-income neighborhoods and communities of color by limiting retailer density and controlling pricing.
- Collaborate with substance abuse prevention groups to support restrictions on cannabis advertising to the extent possible, ensuring that the restrictions are consistent with tobacco advertising and marketing restrictions and applied equitably across all communities.
- Work with cannabis prevention and regulatory partners to apply lessons learned from tobacco control to reduce the normalization of smoking and negative impacts of cannabis marketing, sales, and use on youth and priority populations.

Funding

- Support the use of more Prop 64 (the Control, Regulate, and Tax Adult Use of Marijuana Act of 2016) funding for research on public health, mental health, and school success needs related to cannabis.
- Direct cannabis tax revenues to cannabis public health approaches and youth prevention programs aligned with tobacco prevention programs.

Objective 4: Prevent Youth and Young Adults from Initiating Commercial Tobacco Use and Empower Them as Advocates

The tobacco industry targets young people, knowing that many who become addicted will be customers for life.[20] They introduce new products and kid-friendly flavors that mask tobacco's harsh taste and use social media marketing that paints a false picture of tobacco use.[21] However, experience has shown that young people play important roles in countering the tobacco industry and help to feed a pipeline of future public health advocates and researchers with impactful roles in tobacco and cannabis control.

Key Concepts:

- New tobacco products such as e-cigarettes and other emerging products make it easier than ever for young people to use tobacco, even in school settings.
- Nicotine has been shown to change the chemistry in teenager's brains and affects attention, learning, and memory.[22, 23]
- California's youth and young adults can be active participants in the fight against tobacco.

Key Themes

- Address industry tactics to market to youth and make it harder for youth to purchase tobacco.
- Educate youth and young adults on the dangers of tobacco and cannabis use.
- Empower youth in tobacco and cannabis control.

Strategies

Policy

- Increase the price of tobacco products and eliminate free samples and discounts.
- Eliminate online sales of all tobacco products to youth.
- Impose zoning restrictions on tobacco and cannabis retail outlets near schools and other youth-oriented facilities.
- Limit tobacco and cannabis brand placement and paid promotion in movies, streaming media, and video games.
- Replace possession, use and purchase (PUP) laws, which can negatively impact youth, with retailer-focused policies.
- Propose alternatives to suspension for youth who possess or use tobacco on campus.
- Extend coverage of tobacco-free campus policies to all colleges and universities.

The tobacco industry has a long history of promoting smoking and tobacco use on TV and movie screens, and smoking behaviors in the movies are mirrored by young audiences. Several strategies exist to help reduce youth exposure to tobacco in the movies:

1. Rate future movies and TV shows with smoking R or TV-MA, unless they exclusively depict tobacco use by actual, historical people who used tobacco (as in a biographical drama or documentary) or depict the real health consequences of tobacco/nicotine use.
2. Require strong tobacco public service announcements before any film or TV episode with smoking, regardless of genre or age-classification.
3. Require certification of no tobacco company pay-offs from each credited producer of a film or TV show with smoking.
4. Keep tobacco branding out of all future films or TV shows, regardless of genre or age-classification.
5. Make any media production with tobacco/nicotine content ineligible for public subsidies, such as tax credits and production rebates.

Education

- Encourage schools and universities to engage students in on-campus advocacy, including production of signage, peer-to-peer training, and cessation counseling.
- Make sure that Tobacco-Use Prevention Education (TUPE) programs are open to all, and track progress involving youth from priority populations.
- Provide education on why tobacco and cannabis use should not be included in/glamorized and promoted through media, including movies, social media, advertisements, music videos, and video games.
- Continuously update school curriculum on tobacco prevention to address the changing landscape of tobacco and cannabis products.

Research

- Track and monitor tobacco-free campus policies to find out which are most effective and what methods work best in implementing them.
- Conduct research on youth and young adult attitudes toward, behaviors related to, and experience with tobacco and cannabis products, as part of ongoing surveillance.
- Explore ways to increase parental engagement and school participation to help children make healthy choices concerning tobacco and cannabis.
- Investigate effective, culturally tailored strategies for increasing young people's use of cessation services such as Kick It California and novel cessation technologies.
- Encourage research on effective, culturally tailored cessation strategies for youth.

Action

- Enforce existing sales-to-minors laws to ensure that minors do not have access to tobacco or cannabis products.
- Make sure tobacco prevention and cessation resources are available to all young people, regardless of economic status, geographic location, or other potential barriers.
- Provide focused outreach from credible messengers (i.e., people with experiences that vulnerable youth can relate to) who can reach out to vulnerable youth and find effective ways to engage with them.
- Help K-12 schools, trade schools, colleges and universities follow best practices in their tobacco-free policies and comply with state laws requiring tobacco-free public schools.
- Provide educational programs to schools that support student and parental buy-in and emphasize counseling rather than harsh penalties for students with no exemptions.

Partnerships

- Encourage local health departments, school districts, and community-based organizations to work together on joint action plans to prevent young people from initiating tobacco use.
- Partner with school-based researchers to improve youth outreach and find ways to increase awareness of cessation resources.
- Work with organizations offering peer-to-peer mentoring and programs addressing other high-risk youth behaviors.

Funding

- Provide additional funding for cessation and mental health services for youth and young adults.
- Allocate funding for robust tobacco and cannabis curriculums and educational programs.
- Fund programs to empower youth to take a meaningful role in tobacco and cannabis control.

Objective 5: Smokefree Environments

Tobacco use in California is declining, but the secondary impacts of tobacco—secondhand smoke (SHS)—still pose risks for smokers and nonsmokers alike.[1] SHS exposes nonsmokers to the same airborne toxins inhaled by people who smoke.[24] Chemicals from tobacco smoke can continue to linger indoors and expose children, adults, and pets to toxic thirdhand smoke (THS) for months or years after a smoker has moved out of a shared residence.[25,26] Making California free from all tobacco harms means closing loopholes in indoor and outdoor clean air laws and funding more research on chemicals from tobacco smoke and aerosol to better understand the impacts of SHS and THS.

Key Concepts

Secondhand Smoke (SHS) is the exhaled and side-stream smoke or aerosol from any lighted or heated tobacco or plant product. This includes natural or synthetic tobacco or plant products like cannabis. When nonsmokers are exposed to SHS, they inhale the same harmful chemicals that smokers do. Secondhand tobacco smoke is known to cause cancer, and there is no safe level of exposure.[27]

Thirdhand Smoke (THS) is the tobacco pollution (e.g., gases, particles) that persists in the air and sticks to surfaces like carpet, walls, furniture, blankets, and toys after smoking has stopped. THS is not strictly smoke, but chemicals that adhere to objects from which they can be released back into the air or accumulate in house dust, so people can be exposed by touching contaminated surfaces (absorption through the skin), by eating contaminated objects or dust, and by breathing in air and re-suspended THS components.[28]

Key Themes

- Reduce exposure to SHS and THS.
- Close loopholes in existing clean air laws.
- Conduct research on cannabis and tobacco SHS and THS.

Strategies

Policy

- Evaluate SHS and emissions from e-cigarettes and cannabis products as toxic air contaminants and regulate as appropriate.
- Close loopholes that allow smoking in hotels, tobacco shops and smokers' lounges, hookah lounges, patient smoking areas of healthcare facilities, cabs of trucks or tractors, theatrical stages, and other places exempted from clean air restrictions.
- Prevent SHS exposure by strengthening smokefree policies, including outdoor workplaces, outdoor public spaces, and multi-unit housing.
- Ensure that existing laws on smokefree environments are not threatened by exemptions for smoking or vaping cannabis in places like cannabis lounges or multiunit housing.
- Explore ways to prevent THS exposure, including prohibitions on smoking and required disclosure of tobacco use by previous tenants in rental agreements.
- Review SHS laws and policies to find best practices for improving compliance and ensure equitable implementation of policies.

Education

- Provide education to landlords on the benefits of smokefree housing and equitable enforcement of these types of policies.
- Educate tenants about how SHS travels through walls and can harm other tenants, and how THS can harm future tenants.

Research

- Research how THS exposure affects children and adults, and potential disparities in exposure.
- Research effective and equitable ways to mitigate exposure to SHS and THS, including whether requiring disclosure of tobacco/cannabis smoking or vaping by previous tenants in rental agreements would reduce THS exposure.

Partnerships

- Support landlords in developing comprehensive and equitable smokefree multiunit housing policies.

Objective 6: Reduce Tobacco Product Waste

Cigarette butts have been the most commonly collected trash item on beach cleanups globally for more than three decades.[29] Cigarette butts contain a filter, which is made out of a type of plastic called cellulose acetate that break down into harmful microplastics.[30] These cigarette butts also spark wildfires, create environmental health hazards, are harmful to aquatic life, animals, and humans, and cost millions of dollars to clean up.[31] In addition to cigarette butts, other types of tobacco products like e-cigarettes, heated tobacco products, cigar tips and packaging also contribute to tobacco product waste (TPW). E-cigarette waste leaches toxic chemicals and heavy metals from batteries into the environment.[32]

Key Concepts:

Tobacco Product Waste (TPW) includes all tobacco product materials discarded as waste, including cigarette butts and packaging, plastics and metals from vaping devices, e-cigarettes pods that contain vaping liquids, cigar tips, and other byproducts of tobacco use that have been littered or released into the environment. Many forms of TPW are non-biodegradable and contain toxic substances.[32]

Upstream Solutions are policies that reduce TPW at the source, such as sales restrictions, comprehensive smoking restrictions, and educational campaigns. These policies are more likely to be effective than policies aimed at mitigating or managing litter once it has already been discarded.

Extended Producer Responsibility (EPR), also known as Product Stewardship, is a strategy to place a shared responsibility for end-of-life product management on producers and other entities involved in the product chain, instead of the public. This strategy relies on extensive industry involvement so, despite being a viable strategy to reduce waste from some used products such as mattresses, paint, and pharmaceuticals/sharps, this is not a recommended strategy for TPW given the tobacco industry's history of denial of the health consequences of product use as well as its manipulation of policies and public opinion. [33]

Key Themes

- Prohibit the sale of products that contribute to TPW.
- Improve education around the dangers of TPW.
- Hold the tobacco industry accountable for the environmental damage caused by TPW.

Strategies

Policy

- Prohibit sales of all or some tobacco products, like filtered cigarettes, plastic-tips for cigarillos, pods used in vaping, and other tobacco products that are most often littered.
- Regulate tobacco products as hazardous waste, including requiring hazardous waste signage at the point-of-sale and specific handling instructions.
- Reduce the density of retailers by restricting the issuance of tobacco retail licenses to decrease the sale and consumption of tobacco products and accumulation of tobacco waste in all communities.
- Hold the tobacco industry or manufacturers responsible for removing TPW from the environment through product take-back programs and deposit and return schemes that do not involve tobacco industry planning or implementation.
- Develop guidelines for schools and universities to safely collect and dispose of hazardous tobacco product waste discarded on campus.

Education

- Reduce TPW through education and social norm change campaigns to increase awareness of the impacts of tobacco product waste and proper disposal practices.
- Educate individuals who violate anti-littering laws about how TPW affects the environment as an alternative to punishment in order to create awareness and change behavior.
- Educate tobacco users about how microplastics from discarded cigarette butts and e-cigarette parts harm ecosystems, plants, animals, and humans after ending up in our water supply.

Research

- Support and publicize research on environmental, health, and economic impacts of TPW.
- Conduct research on alternative solutions to reducing TPW, including whether ashcans increase proper disposal of cigarette butts or how social norm change strategies can be used to achieve compliance with anti-littering laws.
- Research the economic costs associated with TPW, including the costs of cleanups, volunteer-supported litter disposal efforts, and the potential damage to ecosystems associated with the entire life cycle of tobacco product cultivation, production, and use.

Partnerships

- Continue to collaborate with local governments and environmental groups to support upstream solutions and prevent tobacco product littering.
- Do not collaborate with groups who work with the tobacco industry on EPR strategies and educate partners on why EPR is not a viable strategy.

Funding

- Increase tobacco retailer licensing fees and allocate a portion of the fee to clean up costs associated with TPW, especially in communities most impacted by tobacco use and TPW.

Objective 7: Motivate and Help Tobacco Users to Quit

To quit tobacco use, tobacco users need encouragement, support, and the proper resources. To motivate quit attempts and improve quit success rates, offer evidence-based, culturally appropriate resources, including Food and Drug Administration (FDA)-approved nicotine replacement therapies/medications and behavioral counseling. Special attention should be paid to priority populations who face barriers in accessing help with quitting tobacco use.

Key Concepts:

Evidence shows that insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.[34]

The California Medi-Cal program, which is run by the Department of Health Care Services, offers a strong opportunity to increase cessation attempts and reduce tobacco-related disparities. Medi-Cal covers half of the state's smokers, all of whom are low-income, and many of whom belong to other priority populations as well. Every time a health professional sees a patient, it is an opportunity to identify tobacco users, encourage them to quit, and help drive cessation success.

There is also significant opportunity to promote tobacco cessation with community partners such as pharmacists, social service providers, and other non-traditional health partners. Including cessation messaging during policy campaigns helps communities adjust to stronger tobacco laws.

Key Themes

- Include cessation support when advancing local tobacco policy and promote tobacco cessation.
- Counter tobacco industry strategies that delay cessation.
- Collaborate with Medi-Cal and others in population health approaches to tobacco cessation.

Strategies:

Policy

- Require Medi-Cal and its managed care plans to provide, promote, and operationalize a complete set of cessation benefits that includes access to FDA approved and culturally tailored nicotine replacement therapies/ medications as well as behavioral counseling.
- Include tobacco cessation support based on culturally tailored cessation research in all tobacco control and prevention efforts.
- Assess all patients for tobacco and cannabis use.
- Establish and require the use of electronic health records (EHR) systems to collect accurate data on patients' use of tobacco and cannabis.
- Make all California patient-care facilities tobacco-free, including mental health and substance-use disorder treatment facilities.
- Require all insurance plans to cover FDA-approved cessation nicotine replacement therapies/ medications and behavioral counseling.
- Make cessation resources a part of policy and enforcement messaging (i.e., in communications about local ordinances and in signage).

Research

- **Monitor the use of cessation resources, treatment utilization, and number of quit attempts, and make sure resources are reaching priority populations.**
- **Support research to determine effective strategies to help youth quit both conventional tobacco products and e-cigarettes.**
- **Support research to find the most effective therapies that help dual users of cigarettes, e-cigarettes, and cannabis to quit.**
- **Support exploratory research on effective cessation strategies for emerging tobacco and cannabis products.**

Education

- Include cessation training in all medical and nursing school programs and make it freely available for continuing education credits for health professionals.
- Make tobacco cessation training available for various levels of cessation interventions (e.g., screening and brief intervention, tobacco treatment specialist).
- Promote Kick It California and educate people who use and refer to Kick it California about its various service options (e.g. chat, text, app, self-help materials, etc.).
- Use media—including social media—to encourage quit attempts and increase use of Kick It California and related resources.

Funding

- Contract with Kick It California to provide nicotine replacement therapies/medications and incentives for Medi-Cal or other health plan members to quit.
- Fund more research into ways to increase quit attempts, quit intents, and relapse prevention.

Action

- Promote quit attempts at multiple levels, including community, population, provider, health care system, etc.
- Make tobacco treatment specialist (TTS) training available statewide so that health care and behavioral health systems can acquire the skills necessary to offer behavioral counseling services.
- Produce and distribute culturally appropriate cessation educational materials for priority populations.
- Adapt cessation services for e-cigarette users from evidence-based cessation strategies for cigarette smokers.

Partnerships

- Encourage partnerships with social services like 211 call centers to reach priority populations and disseminate cessation information and connect people to cessation services.
- Work with health plans and employers to provide incentives for members and employees to quit tobacco.
- Partner with managers from multi-unit housing that have implemented tobacco-free policies to promote cessation resources to tenants.

Source: Kick It CA

Objective 8: Countering Industry

Ending the tobacco industry's influence in California is integral to ending the commercial tobacco epidemic and achieving the tobacco endgame. The fight to end the commercial tobacco epidemic in California means taking on all companies that market, sell, and distribute tobacco products, including e-cigarettes, hookah, heated tobacco products, and emerging nicotine products, such as products that use synthetic nicotine. It also means fighting against tobacco industry allies and foundations that work on behalf of tobacco manufacturers or retailers. The increasing overlap in tactics, ownership and behavior between tobacco and cannabis means companies that market, sell, and distribute cannabis must also be included in this effort.[35]

Key Concepts:

The tobacco industry encompasses a wide array of companies that produce a constantly changing lineup of products ranging from combustible and smokeless tobacco and cannabis products, as well as companies that participate in the manufacturing, marketing, sale, importation, distribution, and retail of these products. It also includes trade organizations, front groups, and foundations that act at the behest of the manufacturers and retailers. Taking on the tobacco industry means addressing not only the industry itself, but also its allies, including but not limited to:

- Marketing firms that advertise tobacco products
- Business groups and trade organizations that serve as industry front groups
- Tobacco retailer interest groups like the National Association of Tobacco Outlets (NATO) and the Hookah Chamber of Commerce
- Companies that produce and market e-cigarettes, vaping devices, and accessories
- The cannabis industry, which increasingly overlaps with the tobacco industry
- Companies that deliver tobacco or cannabis
- Companies that profit from tobacco or cannabis product placement in movies, social media, and streaming media

Key Themes

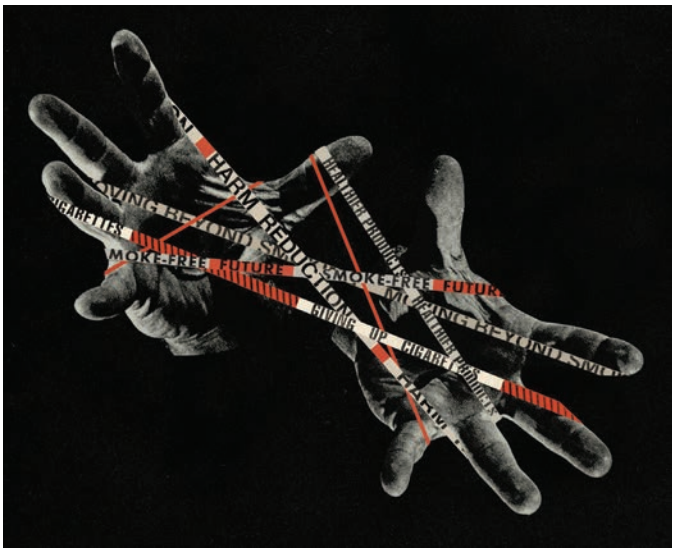
- Adopt policies that end or reduce the sale of and access to tobacco products.
- Discourage industry sponsorship or political contributions.
- Expose industry lobbying as well as front groups, allies, and trade organizations.

Strategies

Policy

- End the sale of all commercial tobacco products; in jurisdictions that cannot, end the sale of types or classes of tobacco products, such as flavored tobacco or those in small pack sizes.
- Cap the number of retailers allowed to operate in a jurisdiction.
- Eliminate online sales and prevent the industry from circumventing local laws by selling products online.
- Prohibit tobacco sales from businesses that should be promoting health or serving youth, such as pharmacies.
- Enforce California's Lee Law that caps the maximum amount of window space that can be covered with ads in stores selling alcohol at 33%, and work to further reduce this percentage.
- Counter industry marketing by requiring graphic health warnings on a greater proportion of ad space and at the point of sale.
- Require health warnings on cannabis packaging and in cannabis dispensaries.

Education



- Create media literacy campaigns to educate the public on industry greenwashing and Corporate Social Responsibility.
- Discourage school districts from adopting industry-funded curriculums.
- Counter industry or industry front group claims equating tobacco products designated by the FDA as Modified Risk Tobacco Products (MRTPs) and products authorized for sale as Nicotine Replacement Therapy (NRTs) and provide education that only NRTs are approved for smoking cessation.
- Counter industry marketing by educating the public about the health risks associated with tobacco and cannabis use and secondhand smoke by requiring graphic health warnings and developing educational campaigns.
- Develop educational messaging and campaigns to remind the public of the tobacco industry's role in creating the tobacco epidemic and their history of marketing products that cause death and disease.

Funding

- Require that grant applicants disclose whether they accept funds from the tobacco or cannabis industries and disqualify those who have received funding from the industry as a conflict of interest.
  - This requirement does not apply to tribal grant applicants with a tobacco retail outlet on tribal lands as long they are not involved in tobacco manufacturing
- Require successful grant applicants to pledge not to accept future industry funding and require that applicants pledge to not work for the industry, while under contract.
- Monitor and publicize tobacco and cannabis corporate giving and sponsorship programs so the public is aware of efforts to distract from the immense harm that the industry does to public health.
- Track industry front groups and their affiliations to the tobacco industry and expose their lobbying efforts and political contributions.
- Discourage community organizations, businesses, and policymakers from accepting industry contributions and sponsorships.

Research

- Conduct research to evaluate California's state and local tobacco policies related to restricting the marketing, sale, and distribution of tobacco and cannabis products, and disseminate best practices.
- Conduct research on effective strategies to counter industry marketing tactics that target priority populations or make health claims about tobacco or cannabis products.
- Expose and prohibit industry efforts to fund and influence research in public health journals and conferences by establishing a more rigorous and transparent peer review process and highlighting conflicts of interest in industry research when building scientific consensus.
- Educate researchers and research organizations on tobacco and cannabis industry manipulation of science and policy and do not allow the industry to participate in scientific consensus panels.

Action

- Prohibit the tobacco and cannabis industries from having a role in decision-making related to the regulation of their products.
- Encourage businesses allied with the tobacco and cannabis industries to cease activities that support the marketing, sale, and distribution of tobacco and cannabis products.
- Call on the federal government to require stronger tobacco packaging and labeling standards, limit new tobacco products, limiting nicotine level of products, and restrict the industry's ability to influence public policy by discouraging partnership with industry.
- Urge the U.S. to engage in human rights treaties that strengthen commercial tobacco regulation and encourage people to file shadow reports documenting human rights violations in this area.
- Sustain California's status as a world leader in the fight for a tobacco-free future, not only by ending the tobacco epidemic in California but also by helping others around the world make similar progress.

Partnerships

- Encourage collaboration between tobacco control and cannabis prevention programs to establish marketing restrictions on cannabis that are at least as strong as those for tobacco.
- Support partnerships with other groups working on countering commercial determinants of health that experience industry influence in their work– including but not limited to food, alcohol, chemical, and pharmaceutical industries—— to learn how these groups combat industry influence.

Progress Reports for Priority Populations

Tobacco-related priority populations are groups that use tobacco at higher rates, experience greater secondhand/thirdhand smoke exposure, are disproportionately targeted by the tobacco industry, and/or have higher rates of tobacco-related disease. Priority populations include, but are not limited to:

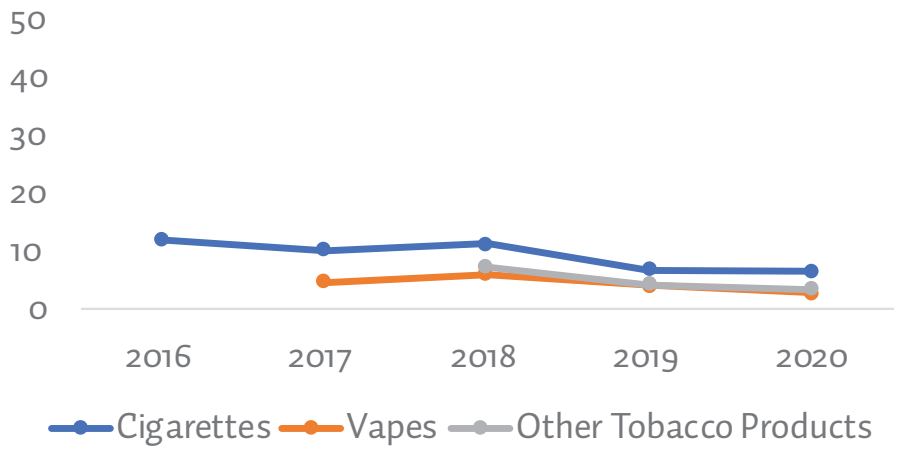
- Black/African Americans, Hispanic/Latinos/as, Asians, Native Hawaiians, Pacific Islanders, American Indians, and Alaska Natives.
- Lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) people.
- People of low socioeconomic status or with limited education (reflected in the progress report as "Low Income").
- People with substance use disorders or behavioral health conditions (reflected in the progress report as "Poor Mental Health").
- Rural residents.
- School-age youth.
- Military personnel and veterans.

Agencies may identify additional priority populations by applying the criteria above or using other disparity indicators, such as those on the Story of Inequity website

In the following sections, TEROC has included progress reports and implementation strategies for priority populations most impacted by tobacco. The progress reports provide tobacco use data from 2016-2020 for both adults (age 18+) and youth (10th and 12th grades) for the following populations: general statewide data, Hispanic or Latino; African American or Black; American Indian or Alaska Native; Asian; Native Hawaiian or Pacific Islander; Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ+); Low Income, Poor Mental Health, and Rural. The progress reports do not include all priority populations listed above and only represent those populations for which data is available. This Plan does not include a progress report for pregnant women due to limitations on data collection among this population, however, implementation strategies for this population are included in this Plan.

Statewide

Adult, Age 18+

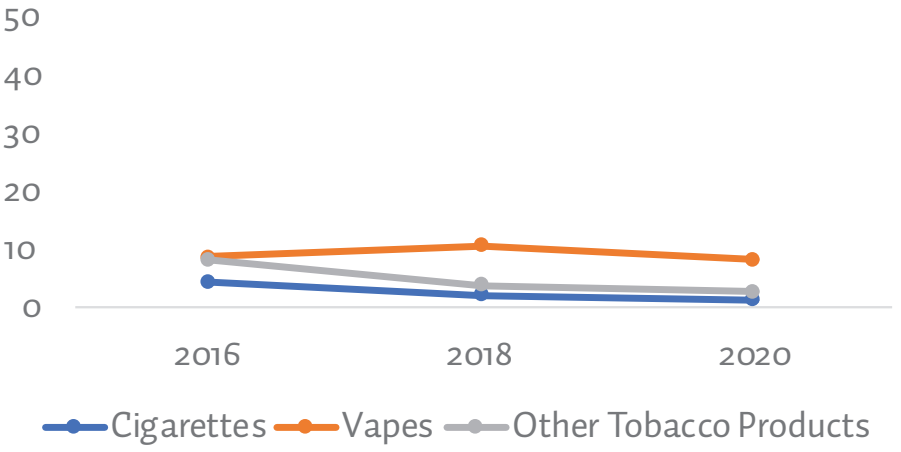


Notes: Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	11.9%	NA	NA
2017	10.2%	4.7%	NA
2018	11.2%	5.9%	7.2%
2019	6.8%	4.0%	4.1%
2020	6.5%	2.8%	3.3%

Youth, 10th and 12th Grade



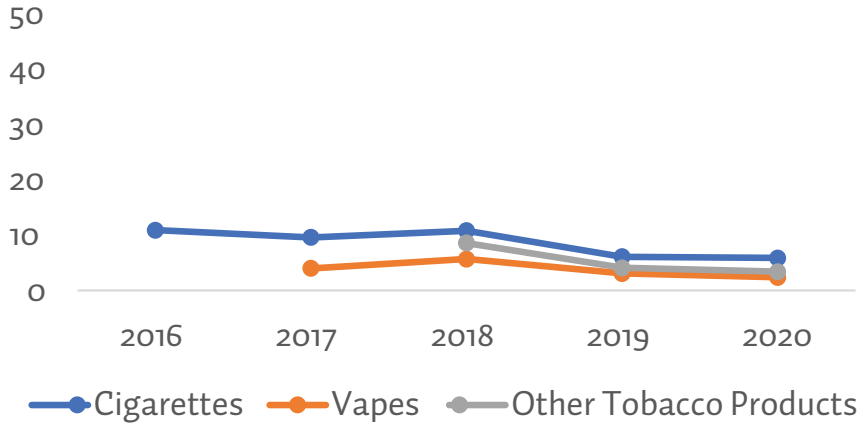
Notes: Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	4.3%	8.6%	8.1%
2018	2.0%	10.5%	3.8%
2020	1.2%	8.2%	2.7%

Hispanic or Latino

Adult, Age 18+

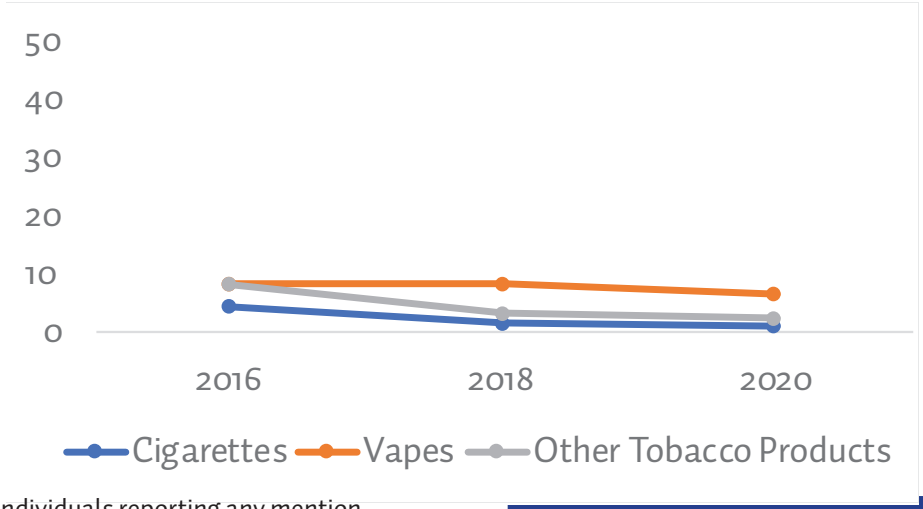


Notes: Restricted to individuals reporting any mention of Hispanic or Latino ethnicity. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	10.9%	NA	NA
2017	9.6%	4.0%	NA
2018	10.8%	5.7%	8.6%
2019	6.1%	3.1%	4.1%
2020	5.9%	2.4%	3.4%

Youth, 10th and 12th Grade



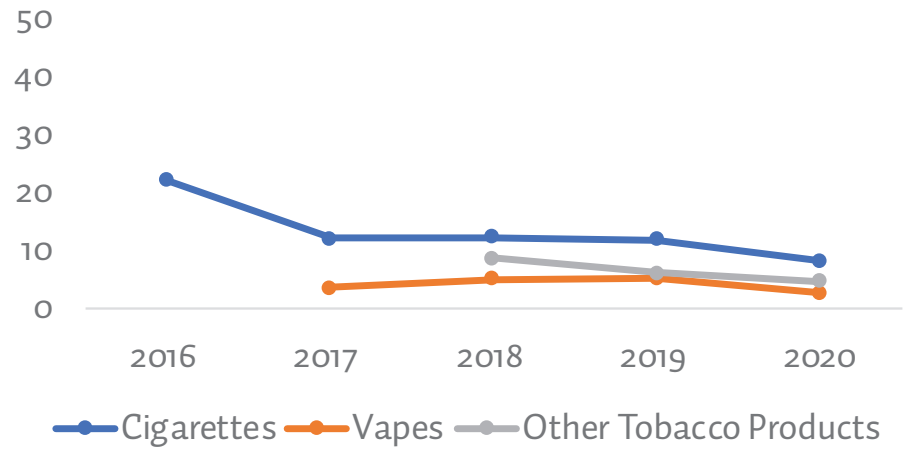
Notes: Restricted to individuals reporting any mention of Hispanic or Latino ethnicity. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	4.3%	8.3%	8.1%
2018	1.5%	8.3%	3.1%
2020	1.0%	6.5%	2.4%

African American or Black

Adult, Age 18+

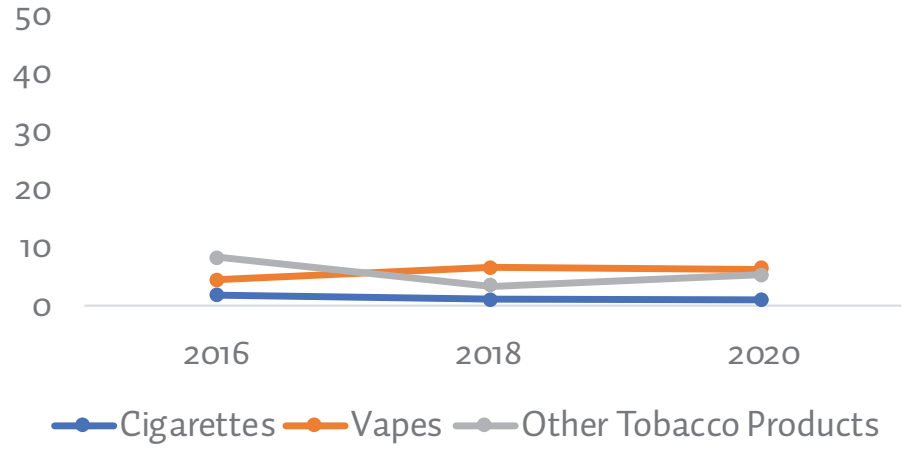


Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and African American or Black race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. * indicates a statistically unstable estimate and caution should be used. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	22.0%	NA	NA
2017	12.0%	3.5%*	NA
2018	12.3%	5.0%	8.7%
2019	11.9%	5.2%	6.1%
2020	8.2%	2.7%	4.6%

Youth, 10th and 12th Grade



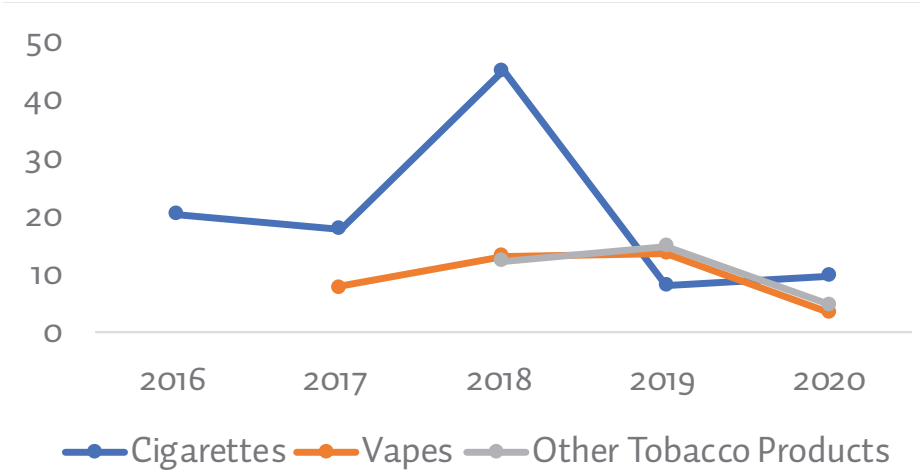
Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and African American or Black race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	1.8%	4.5%	8.3%
2018	1.1%	6.6%	3.3%
2020	1.0%	6.3%	5.2%

American Indian or Alaska Native (AIAN)

Adult, Age 18+

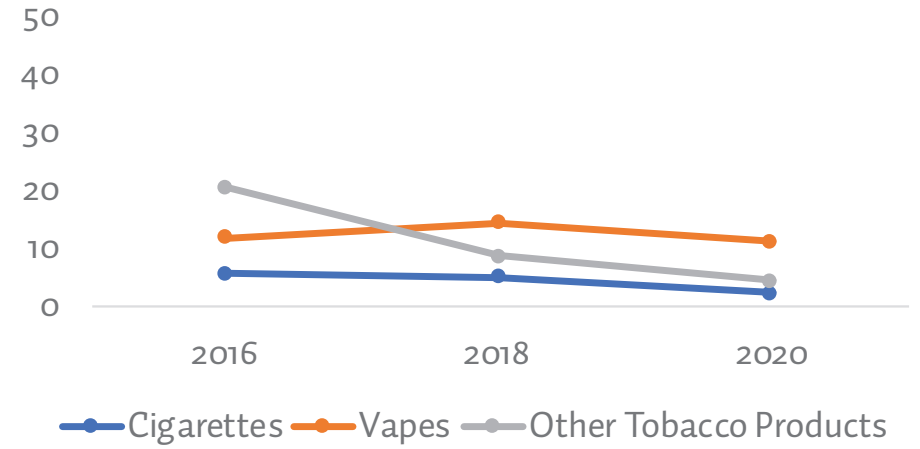


Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and AIAN race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. * indicates a statistically unstable estimate and caution should be used. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	20.4%*	NA	NA
2017	17.8%	7.8%*	NA
2018	45.0%	13.2%*	12.2%*
2019	8.0%*	13.5%*	14.7%*
2020	9.7%*	3.3%*	4.7%*

Youth, 10th and 12th Grade



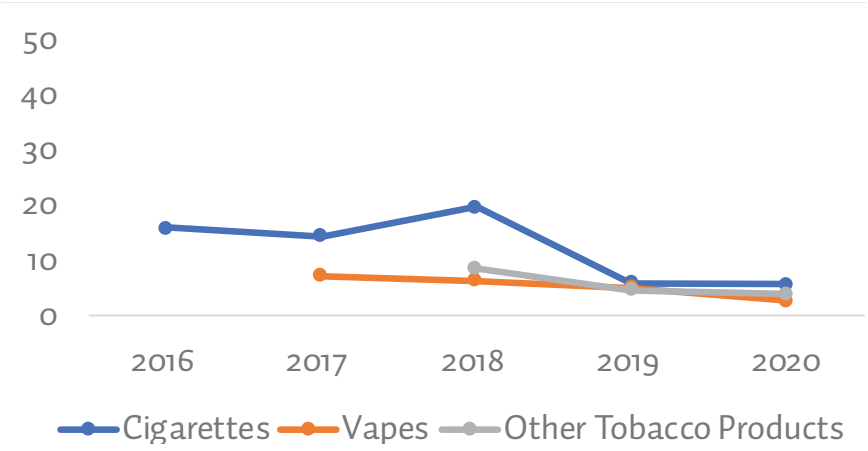
Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and AIAN race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. * indicates a statistically unstable estimate and caution should be used.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	5.7%*	11.8%	20.4%*
2018	5.0%	14.3%	8.7%
2020	2.4%	11.2%	4.5%

American Indian or Alaska Native (AIAN) (Any Mention)

Adult, Age 18+

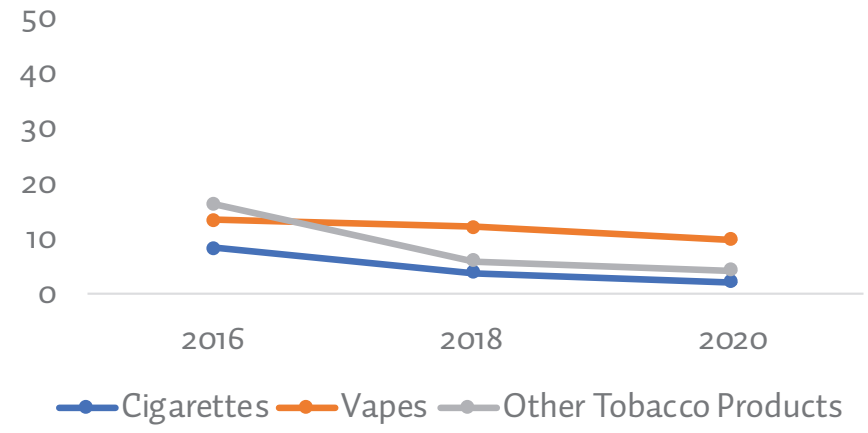


Notes: Restricted to individuals reporting any AIAN race (alone or in combination with one or more races). Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. * indicates a statistically unstable estimate and caution should be used. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	15.9%	NA	NA
2017	14.3%	7.1%*	NA
2018	19.7%	6.4%	8.5%
2019	5.8%	5.0%*	4.7%*
2020	5.7%	2.7%*	3.9%

Youth, 10th and 12th Grade



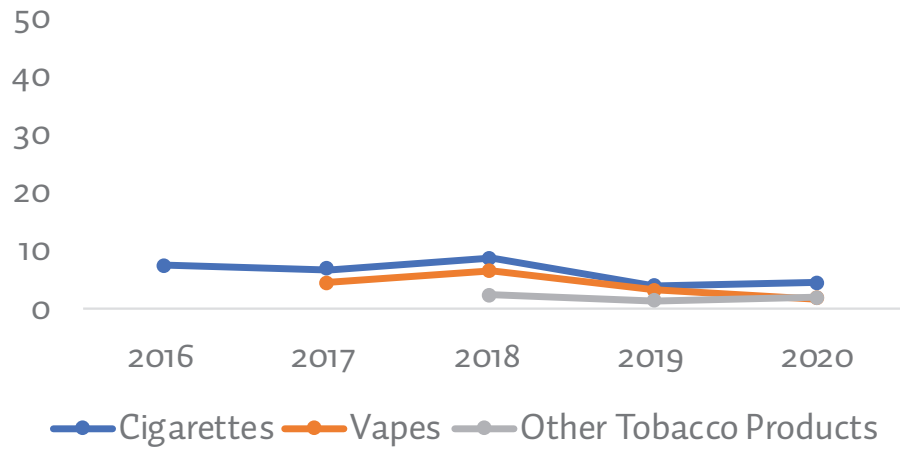
Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and AIAN race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. * indicates a statistically unstable estimate and caution should be used.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	8.3%	13.4%	16.1%
2018	3.7%	12.1%	6.0%
2020	2.0%	9.7%	4.1%

Asian

Adult, Age 18+

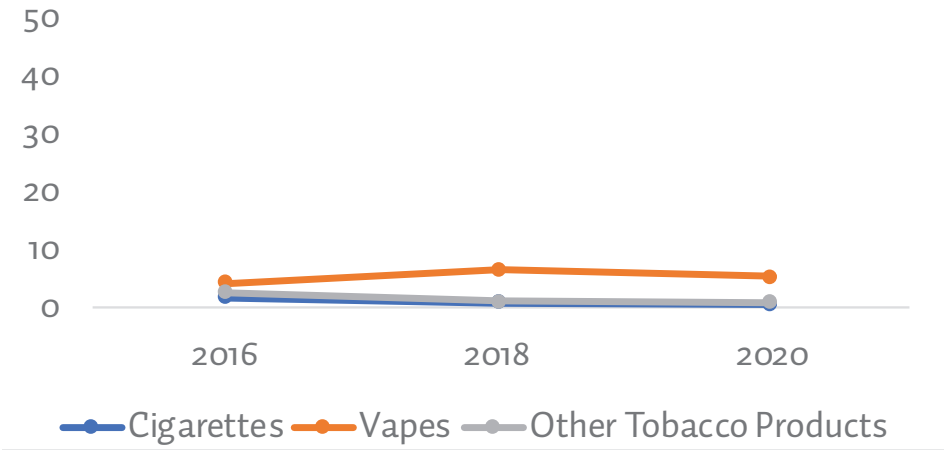


Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and Asian race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. * indicates a statistically unstable estimate and caution should be used. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	7.3%	NA	NA
2017	6.7%	4.5%	NA
2018	8.7%	6.5%	2.4%*
2019	3.9%	3.2%	1.3%
2020	4.5%	1.6%	1.9%

Youth, 10th and 12th Grade



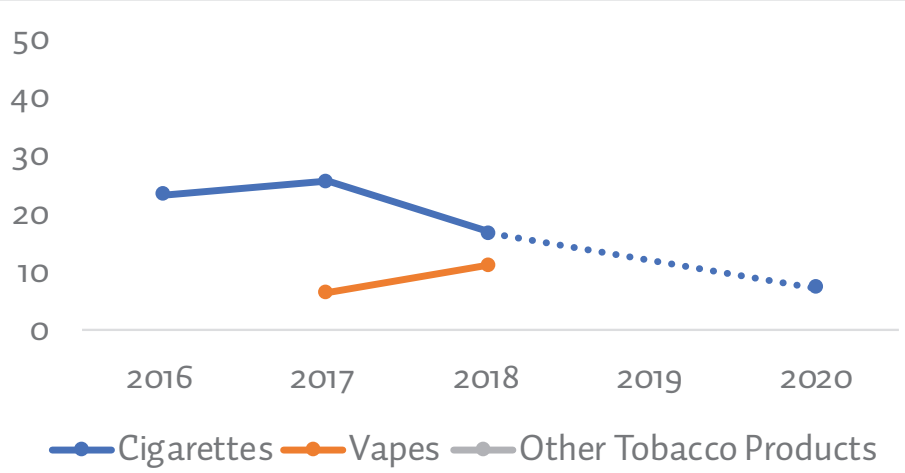
Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and Asian race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	1.6%	4.1%	2.5%
2018	0.8%	6.5%	1.0%
2020	0.5%	5.3%	0.8%

Native Hawaiian or Pacific Islander (NHPI)

Adult, Age 18+

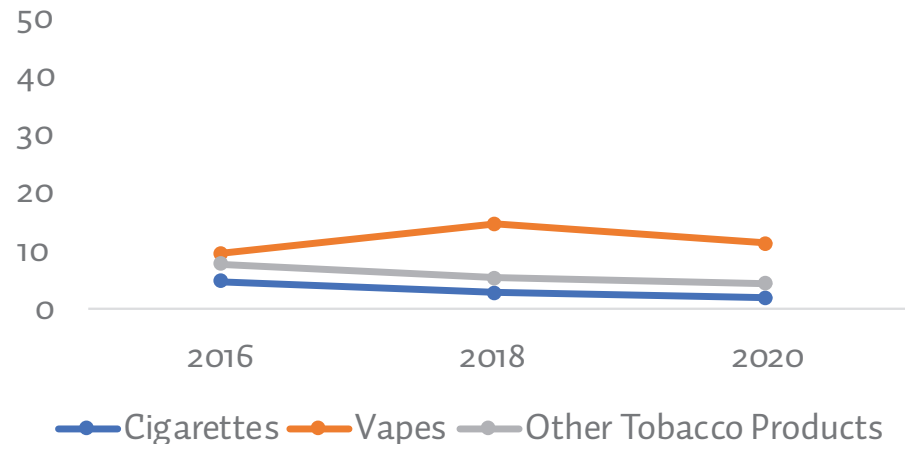


Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and NHPI race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. * indicates a statistically unstable estimate and caution should be used. ID indicates insufficient data. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	23.3%*	NA	NA
2017	25.6%*	6.4%*	NA
2018	16.6%*	11.2%*	ID
2019	ID	ID	ID
2020	7.1%*	ID	ID

Youth, 10th and 12th Grade



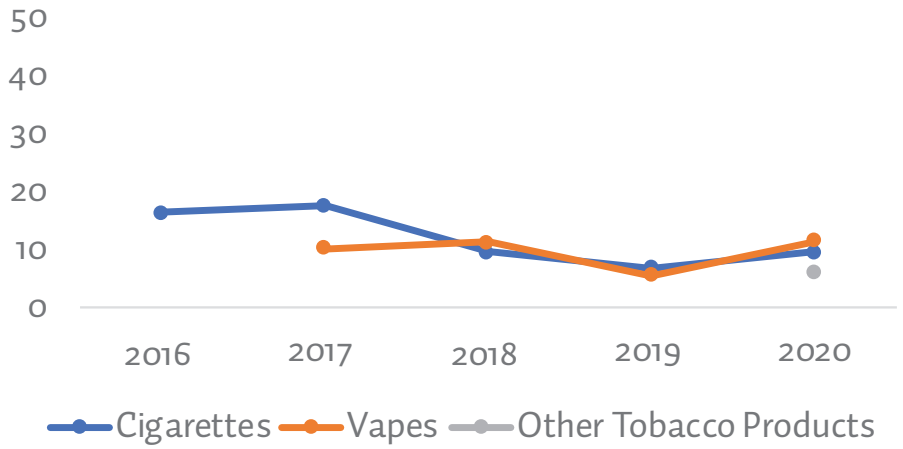
Notes: Restricted to individuals reporting no Hispanic or Latino ethnicity and NHPI race only. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. * indicates a statistically unstable estimate and caution should be used.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	4.6%	9.6%	7.6%
2018	2.7%	14.6%	5.3%
2020	1.9%*	11.2%	4.3%

Native Hawaiian or Pacific Islander (NHPI) (Any Mention)

Adult, Age 18+

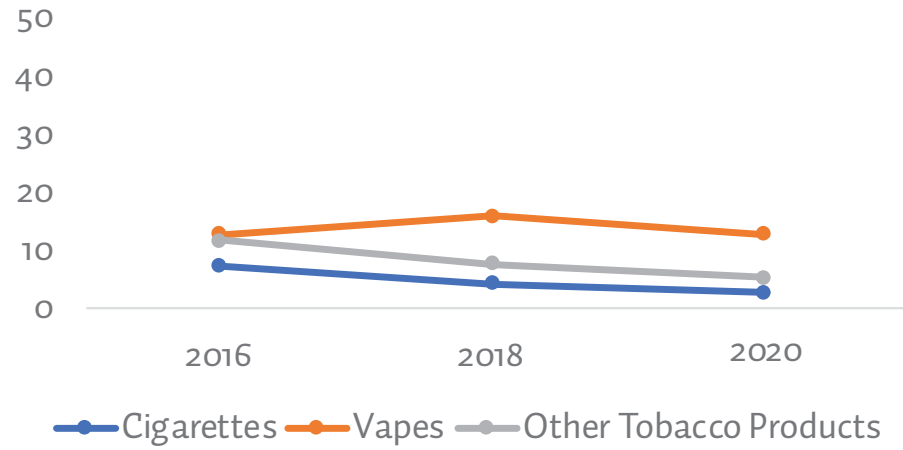


Notes: Restricted to individuals reporting any NHPI race (alone or in combination with one or more races). Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. * indicates a statistically unstable estimate and caution should be used. ID indicates insufficient data. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	16.2%*	NA	NA
2017	17.5%*	10.1%*	NA
2018	9.4%*	11.1%*	ID
2019	6.7%*	5.4%	ID
2020	9.5%	11.3%*	6.0%*

Youth, 10th and 12th Grade



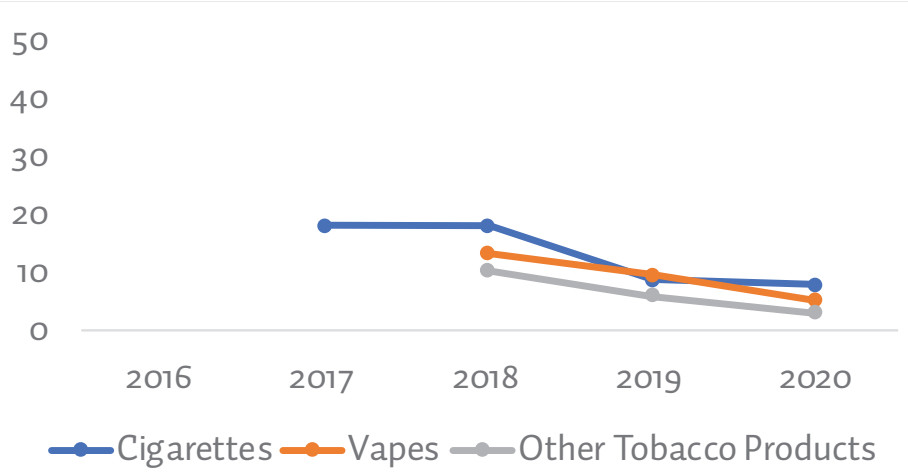
Notes: Restricted to individuals reporting any NHPI race (alone or in combination with one or more races). Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	7.2%	12.6%	11.7%
2018	4.2%	15.9%	7.5%
2020	2.7%	12.6%	5.3%

LGBTQ+

Adult, Age 18+

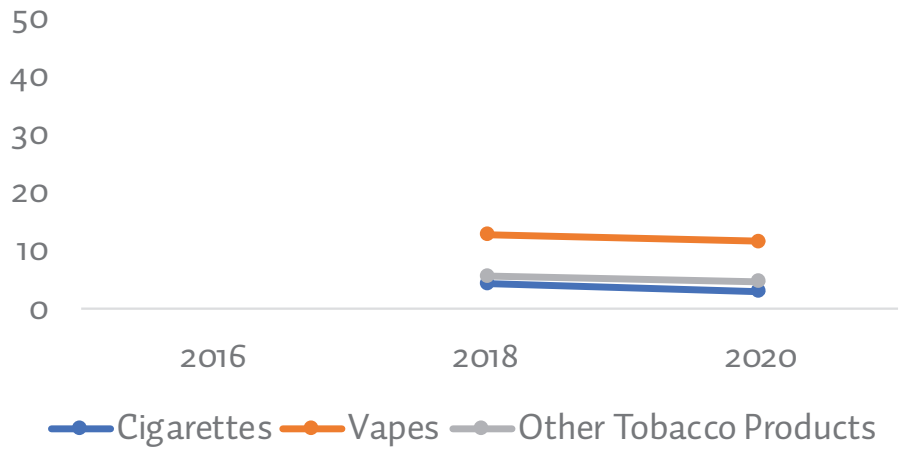


Notes: Restricted to individuals identifying as a sexual or gender minority (e.g., gay or lesbian, bisexual, transgender, genderqueer). Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. ID indicates insufficient data. NA indicates product use, sexual orientation, and/or gender identity was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	NA	NA	NA
2017	17.9%	ID	NA
2018	18.0%	13.2%	10.2%
2019	8.6%	9.4%	5.8%
2020	7.9%	5.1%	2.9%

Youth, 10th and 12th Grade



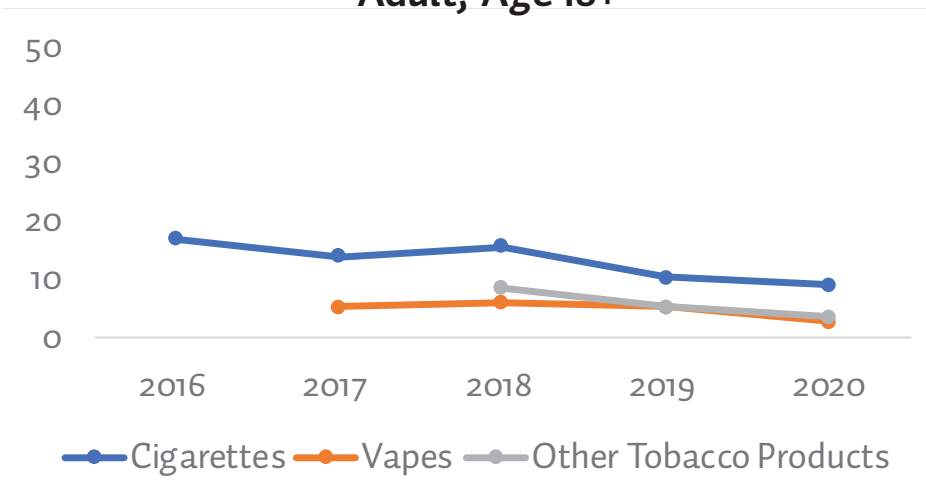
Notes: Restricted to individuals identifying as a sexual or gender minority (e.g., gay or lesbian, bisexual, transgender, genderqueer). Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. NA indicates product use, sexual orientation, and/or gender identity was not ascertained in that year.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	7.2%	12.6%	11.7%
2018	4.2%	15.9%	7.5%
2020	2.7%	12.6%	5.3%

Low Income

Adult, Age 18+



Notes: Restricted to individuals with a federal poverty level of <185%. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

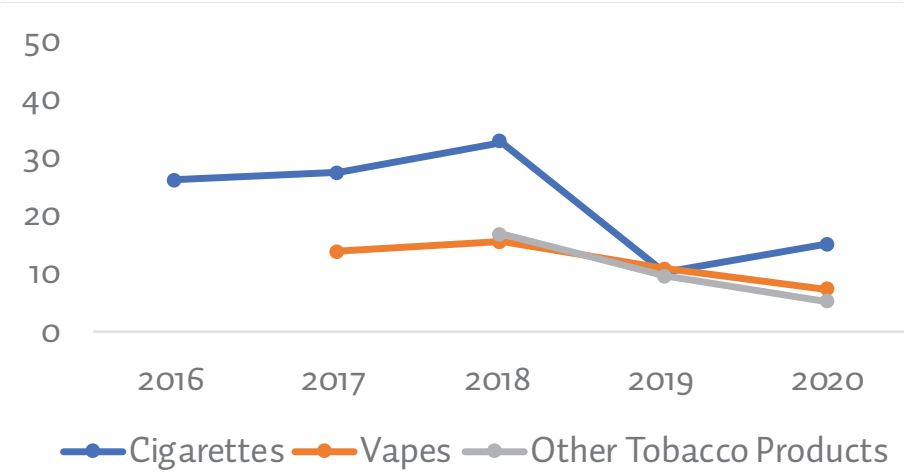
	Cigarettes	Vapes	Other Tobacco Products
2016	16.9%	NA	NA
2017	13.9%	5.3%	NA
2018	15.7%	6.0%	8.5%
2019	10.4%	5.2%	5.2%
2020	9.1%	2.8%	3.6%

Youth, 10th and 12th Grade*

* Product use and/or household income was not ascertained in 2016 and 2018 for youth (10th and 12 Grades)

Poor Mental Health

Adult, Age 18+

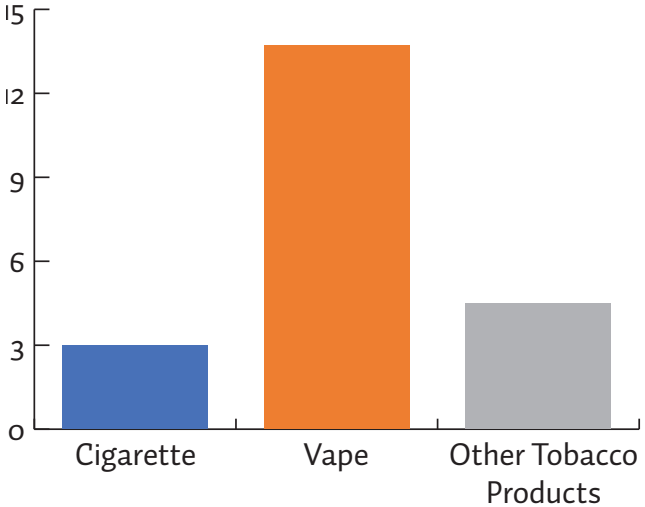


Notes: Restricted to individuals with a ≥13 score on the Kessler 6 Psychological Distress Scale. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	26.1%	NA	NA
2017	27.2%	13.7%	NA
2018	32.5%	15.5%	16.8%
2019	10.2%	10.7%	9.4%
2020	15.0%	7.2%	5.1%

Youth, 10th and 12th Grade



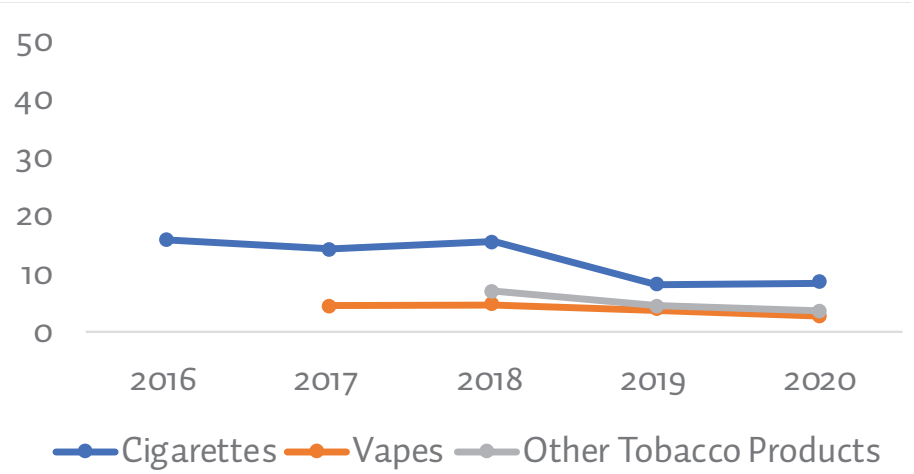
Notes: Restricted to individuals with poor mental health. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. NA indicates product use and/or mental health was not ascertained in that year.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	NA	NA	NA
2018	NA	NA	NA
2020	3.0%	13.7%	4.5%

Rural

Adult, Age 18+

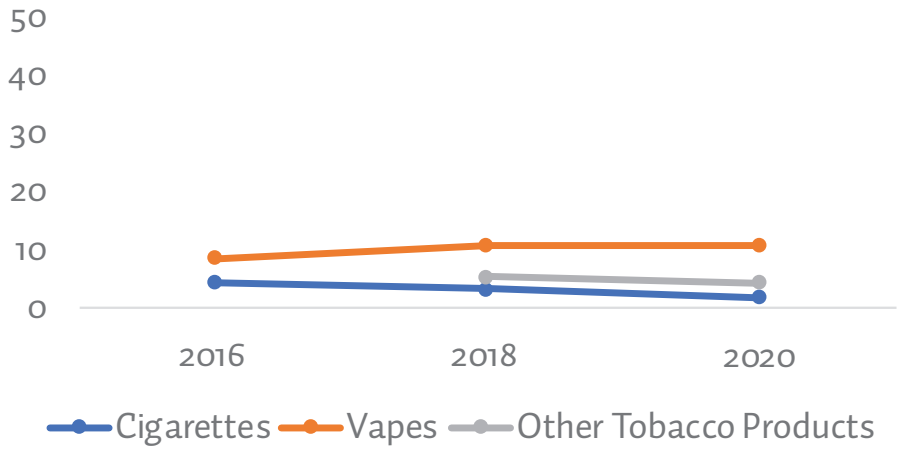


Notes: Restricted to individuals living in a zip code defined as rural by Nielsen Inc. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. Caution should be used when comparing 2016-2018 data with 2019-2020 data due to a methodology change. NA indicates product use was not ascertained in that year.

Source: California Health Interview Survey. CHIS 2016-2020 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research.

	Cigarettes	Vapes	Other Tobacco Products
2016	15.8%	NA	NA
2017	14.2	4.5%	NA
2018	15.4%	4.6%	7.0%
2019	8.1%	3.7%	4.4%
2020	8.5%	2.7%	3.6%

Youth, 10th and 12th Grade



Notes: Restricted to individuals attending school designated as rural and town by the U.S. Department of Education. Other tobacco products include big cigars, chewing tobacco, snuff, snus, hookah, little cigars, and cigarillos. ID indicates insufficient data.

Source: California Student Tobacco Survey. CSTS 2016-2020. San Diego, CA: Center for Research and Intervention in Tobacco Control, University of California San Diego.

	Cigarettes	Vapes	Other Tobacco Products
2016	4.3%	8.4%	ID
2018	3.2%	10.7%	5.4%
2020	1.7%	10.7%	4.2%

Implementation Strategies for Priority Populations

Integration and Coordination of Approaches by CDPH, CDE, and TRDRP on Addressing Implementation Strategies for Priority Populations

TEROC is advisory to the California Tobacco Control Program in the Department of Public Health (CDPH/CTCP), the Tobacco-Use Prevention Education in the Department of Education (CDE/TUPE), and Tobacco-Related Disease Research Program in the University of California (UC/TRDRP). These three agencies develop implementation strategies to address tobacco-related inequities based off of strategies listed in the biannual TEROC Plan and report on progress at each quarterly TEROC meeting. To improve communication, coordination, and ultimately their collective impact, the three programs hold regular meetings to coordinate approaches across the agencies. Since the release of the 2021-2022 TEROC Plan, the agencies have met 8 times to discuss policy and cessation work, data collection and research, and education efforts. CDPH/CTCP and CDE/TUPE also contract with RTI International to provide analysis for the California Youth Tobacco Survey (CYTS). TEROC recommends that the agencies prioritize strategies from this 2023-2024 Plan when updating existing implementation strategies and tailor data collection and education efforts to develop new implementation strategies for each of the priority populations in this Plan. TEROC also recommends planning a conference with all three agencies, which occurred every three years before the COVID-19 pandemic.

Recommendations on Administrative Arrangements

TEROC continues to monitor administrative arrangements and coordination of approaches. At this time, TEROC is happy with these arrangements and does not have recommendations for changing them, but TEROC continues to monitor them.

Implementation Strategies for Each Priority Population

This section provides an overview of the combined efforts of the agencies that TEROC is advisory to in addressing implementation strategies for each priority population. A more detailed version of specific strategies for each population is available on TEROC's webpage.

Priority Populations	Implementation Strategies					
	Targeted Public Education Campaign	Statewide Coordinating Center/ Training and Technical Assistance Provider	Statewide Policy Platform	Cessation Campaign	Collecting and Reporting Specific Data	Targeted Educational Materials
Black/ African American	✓	✓	✓	✓	✓	✓
Hispanic/ Latino	✓	✓	✓	✓	✓	✓
American Indian or Alaska Native	✓	✓	✓	✓	✓	✓
Asian, Native Hawaiian or Pacific Islander	✓	✓	✓	✓	✓	✓
School Age Youth and their Families (in the schools and the community)	✓	✓		✓	✓	✓
Pregnant Women				✓	✓	✓
Current Smokers	✓	✓		✓	✓	✓

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