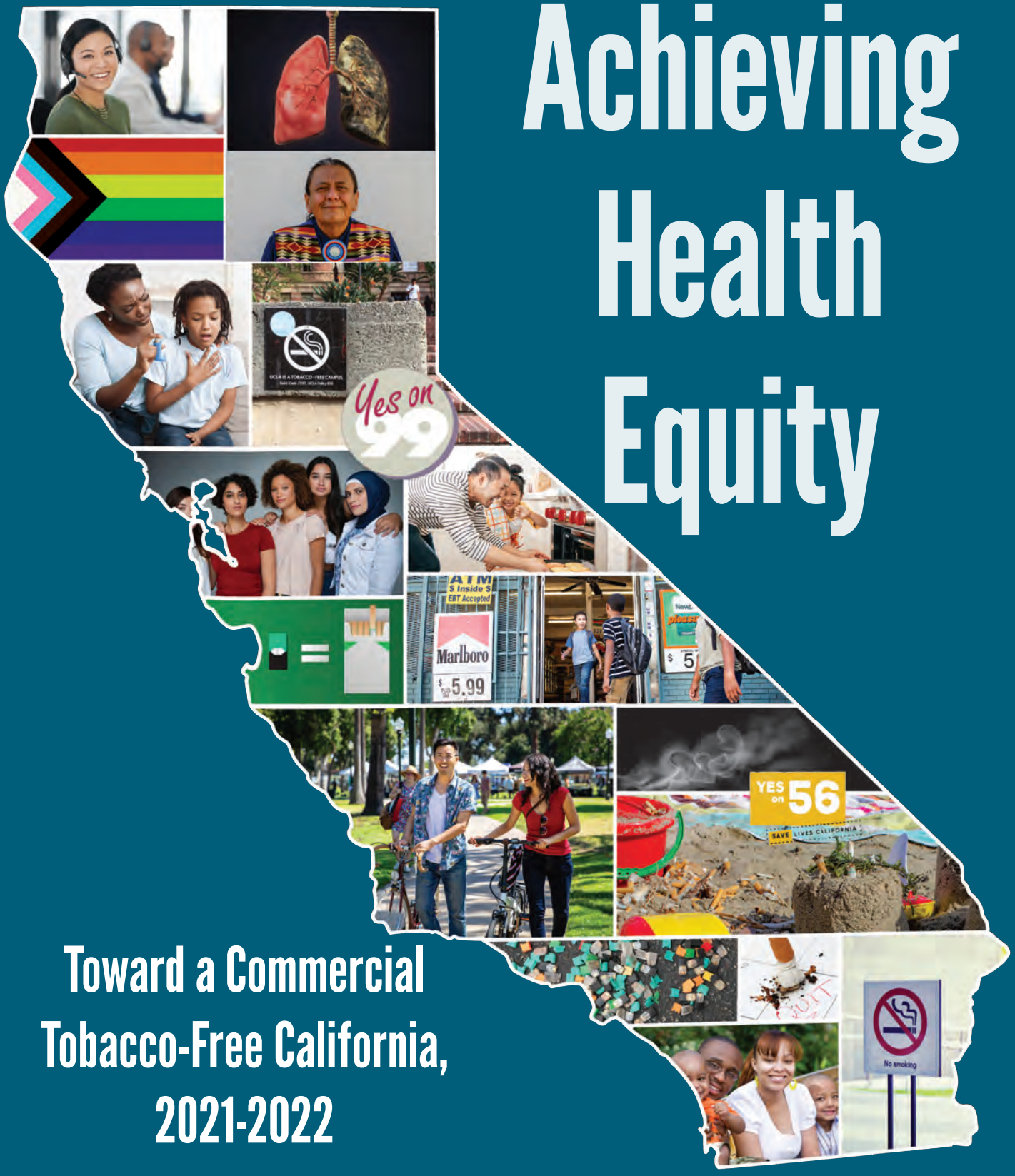
Tobacco Education and Research Oversight Committee

Achieving Health Equity



Toward a Commercial Tobacco-Free California, 2021-2022

Achieving Health Equity: Toward a Commercial Tobacco-Free California, 2021-2022

Tobacco Education and Research Oversight Committee

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Executive Summary

The vision of a commercial tobacco-free California

The tobacco control movement in California has had enormous success in reducing the toll of commercial tobacco use.[1] In the 30 years following the passage of Proposition 99, the Tobacco Tax and Health Protection Act of 1988, adult smoking prevalence in California fell from 23.7 percent of adults in 1988 to 10.0 percent in 2019.[2] Over roughly the same period, lung cancer mortality rates were cut nearly in half.[3] The movement is driven by a vision in which there is no commercial tobacco use in California, only sacred use among Tribes with that tradition. It is important to differentiate between traditional tobacco, which is used in sacred ways by American Indians, and commercial tobacco, which is produced for recreational use by companies and contains chemical additives linked to death and disease. The mission of the Tobacco Education and Research Oversight Committee (TEROC) and of the agencies it oversees is to support the right of all Californians to be as healthy as possible, by eliminating tobacco-related disparities and fighting the tobacco industry that exploits communities for profit.

With this strategic plan for 2021-2022, TEROC sets three broad goals:

1. Effectively inform, engage, and empower stakeholders to eliminate disparities and redress the structural, political, and social determinants that sustain California's tobacco epidemic.
2. Reduce the rates of tobacco use to 8 percent of adults and 8 percent of high school students, with greater-than-proportional reductions among priority populations.
3. Apply lessons learned from tobacco control to address the triangulum of tobacco, cannabis, and e-cigarette use in California.

Achieving health equity

Despite past success, there is still a long way to go to realize the vision of a commercial tobacco-free California. Tobacco use remains the primary cause of preventable death, and there are disparities in prevalence rates, rates of tobacco-related disease and death, access to cessation treatment, and secondhand smoke exposure.[4,5] In some communities, social norms still support tobacco use, making it difficult for youth to avoid initiating tobacco use and for adults to quit using it. Underlying these disparities are deeper structural inequities, including institutionalized racism, discrimination, homophobia, and transphobia, and systemic issues such as poverty, homelessness, and unemployment. The tobacco industry has a history of targeting the same groups experiencing these disparities.

For these reasons, the struggle to end the tobacco epidemic is a fight for health equity wherein "everyone has a fair and just opportunity to be as healthy as possible."[6] Health justice demands prioritizing and accelerating the decline in tobacco use among those populations where the least progress has been made todate. Obstacles must be removed that hinder the adoption of policies addressing the sale, marketing, distribution, and disposal of tobacco within communities disproportionately burdened by tobacco. To address health equity concerns related to

tobacco, it is critical both to build power and influence among youth and members of vulnerable communities 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.

Priority populations in California are those that use tobacco at higher rates, experience greater secondhand smoke exposure, are disproportionately targeted by the industry, and/or have higher rates of tobacco-related disease. These include racial and ethnic minority groups, sexual and gender groups, people of low socioeconomic status, rural residents, military personnel and veterans, workers not covered by smoke-free workplace laws, people with behavioral health conditions, people with disabilities, and school-age youth. Agencies may identify additional priority populations by applying the criteria above or using other disparity indicators.

The challenge of cannabis

The increasing overlap between tobacco, cannabis, and e-cigarettes has increased the use and co-use of cannabis in California. This overlap between tobacco and cannabis products has also led to a broader definition of the term "industry", expanding it from just tobacco to include companies that manufacture, market, distribute, and sell products used for inhaling both tobacco and cannabis. Public perceptions of cannabis as low-risk or even as a wellness product are inconsistent with the available evidence; smoked products have toxicity, whether tobacco or cannabis. To protect public health, TEROC calls for a robust demand-reduction program for cannabis smoking modeled on tobacco use prevention and reduction strategies. California's tobacco use prevention and reduction strategies offer lessons learned that are applicable to cannabis, especially with regard to countering industry tactics and preventing initiation.

Protecting youth

The tobacco industry has a long history of targeting youth, knowing that people who become addicted while young often become customers for life. An essential function of tobacco control programs is to prevent youth initiation, but prevention efforts are hindered by the evolving lineup of products.

New products often have kid-friendly names and have historically used flavors appealing to youth.[7] Some resemble toys while others mimic innocuous objects that can easily be concealed from parents and teachers,[8] and marketing on social media has included celebrity endorsements that resonate with youth.[9] Although youth smoking rates have fallen, youth use of e-cigarettes and cannabis remains high.[10] Adapting to this changing landscape is critical to preventing a new generation of Californians from falling prey to the tobacco and cannabis industries.

Call to action

This document serves as a strategic plan to further the tobacco control movement toward achieving the vision of a commercial tobacco-free California. It includes broad objectives, strategies, and recommendations based on the most current tobacco control research, evaluation, and best practices, some of which go beyond the current scope of the agencies overseen by TEROC. This is intentional, and is a call to all partners and allies to recommit to the vision of a commercial tobacco-free California, and to the mission of supporting health equity by eliminating disparities and countering the tobacco industry that exploits communities and individuals.

Objective 1: Reduce disparities related to commercial tobacco use

1. Prioritize research on disparities related to commercial tobacco use.
    a. Identify disproportionately impacted populations based on demographic, socioeconomic, geographic, and other relevant characteristics.
    b. Research how underlying factors and systems contribute to and perpetuate these disparities.
2. Fund and design tobacco control activities that promote health equity.
    a. Continue to prioritize funding for interventions that address priority populations.
    b. Develop, implement, and evaluate plans to reduce disparities and promote health equity.
    c. Ensure that communities served are included in intervention planning and implementation.
3. End the sale of menthol and other flavored products.
4. Ensure that policy enforcement does not exacerbate social injustice.

Objective 2: Strengthen capacity for tobacco control

1. Ensure that the tobacco control workforce reflects the communities it serves.
2. Develop new leaders with diverse perspectives throughout the movement.
3. Strengthen partnerships among state, regional, local, and Tribal entities.
4. Strengthen and diversify coalitions by engaging a wide range of partners.
5. Collaborate with Tribes to help advance their priorities for commercial tobacco control.
6. Build and maintain capacity by ensuring equity and transparency in tobacco taxation and allocation of revenues.
    a. Ensure that all tobacco products are taxed equitably.
    b. Ensure that tobacco control is prioritized appropriately in the distribution of tax revenue.
7. Protect state and local authority from federal pre-emption.

Objective 3: Broaden the public health framework for tobacco to address the triangulum of tobacco, cannabis, and e-cigarettes

1. Encourage tobacco control and prevention grantees to integrate exposure to cannabis secondhand smoke and dual use of tobacco and cannabis products into educational outreach and policy strategies.
2. Increase public understanding of the interconnectedness of tobacco and cannabis products and the need for comprehensive youth prevention strategies.
3. Conduct research on tobacco and cannabis dual, poly, and sequential use.
4. Strengthen the framework for cannabis to include public health protections and school-based prevention programs.
5. Denormalize cannabis smoking and vaping by applying successful strategies from tobacco control and prevention programs.
6. 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.

Objective 4: Prevent youth and young adults from initiating tobacco use and empower them as advocates for tobacco and cannabis control

1. Encourage community-based partnerships between Local Lead Agencies, Local Educational Agencies, and community organizations.
2. Ensure that all K-12 schools, trade schools, colleges, and universities have smoke-free and tobacco-free policies and follow best practices for implementing them.
    a. Ensure full compliance with state law requiring smoke-free and tobacco-free public schools.
    b. Support all K-12 schools in following best practices for implementing tobacco-free policy.
    c. Extend coverage of smoke-free and tobacco-free campus policies to all colleges and universities.
3. Enact other policies that prevent tobacco and cannabis initiation.
4. Replace possession, use, and purchase (PUP) laws with more equitable policies.
5. Empower youth and young adults to take meaningful roles in tobacco control.
6. Build and sustain the capacity to provide training and technical assistance to prevent youth use of tobacco and cannabis.
7. Conduct focused outreach to vulnerable youth.
8. Conduct research on young people's use of tobacco and cannabis.

Objective 5: Minimize the secondary effects of tobacco and cannabis on people and the environment

1. Protect the environment from tobacco product waste.
    a. Increase awareness of the problem of tobacco product waste through education and norm change campaigns.
    b. Implement upstream solutions to protect the environment from tobacco product waste.
2. Reduce exposure to secondhand emissions from tobacco and cannabis products.
    a. Close loopholes in clean air laws.
    b. Strengthen secondhand exposure policies.
    c. Regulate secondhand smoke, aerosol, and other emissions from tobacco and cannabis products as toxic air contaminants.
3. Research thirdhand exposure to tobacco and cannabis emissions.

Objective 6: Motivate and help tobacco users to quit

1. Work with the Department of Health Care Services to transform Medi-Cal into a model for tobacco cessation.
2. Establish as the standard of care that all health systems and providers identify all patients who use tobacco and help them quit.
3. Advocate for universal, comprehensive, barrier-free coverage of tobacco cessation treatment.
4. Tailor tobacco cessation services to the needs of priority populations.
5. Expand the availability and utilization of evidence-based cessation treatment by underserved groups.
6. Motivate quit attempts on the population level.

Objective 7: Counter industries engaged in the manufacture, marketing, sale, and distribution of tobacco and cannabis products

1. End industry spending on efforts to influence policy and win public favor.
    a. End industry spending on political lobbying.
    b. Prohibit industry sponsorships, community grants, and partnerships.
2. Regulate the marketing, sale, and distribution of tobacco and combustible cannabis products, moving toward achieving endgame outcomes.
    a. Restrict advertising.
    b. Increase the impact of graphic health warnings at the point of sale and in advertisements.
    c. End or restrict the sale of tobacco products.
    d. Enforce the prohibitions on tobacco and cannabis sales to people under 21.
    e. Prohibit pricing tactics that differentially affect young and low-socioeconomic status consumers.
    f. Improve enforcement of policies restricting marketing, sales, and distribution.
3. Denormalize the tobacco and cannabis industries and expose their relationships with each other and with allied organizations.
4. Lead the world in ending the global tobacco epidemic.

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Introduction

The vision of a commercial tobacco-free California

The tobacco control movement in California has had enormous success in reducing the toll of commercial tobacco use.[1] In the 30 years since the passage of Proposition 99, the Tobacco Tax and Health Protection Act of 1988, smoking prevalence rates in California fell from 23.7 percent of adults in 1988 to 10.0 percent in 2019;[2] over roughly the same period, lung cancer mortality rates were cut nearly in half.[3]

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 where they live, work, or play.
- 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.

The mission of the Tobacco Education and Research Oversight Committee (TEROC) and the agencies it oversees is to support the right of all Californians to be as healthy as possible. This is done by working to eliminate tobacco-related disparities and to fight the industry that exploits communities for profit.

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/.

With this strategic plan for 2021-2022, TEROC sets three broad goals: (1) to move stakeholders to eliminate disparities and redress the determinants that sustain the tobacco epidemic, (2) to reduce the overall rate of tobacco use to 8 percent in adults and youth while making more rapid progress in priority populations, and (3) to address the triangulum of tobacco, cannabis, and e-cigarettes, which threatens to undo past progress in denormalizing commercial tobacco.

Work in these areas is informed by core values that underlie all activities supporting TEROC's mission: health equity, social norm change, empowerment, strategic partnership, countering industry, and research and evidence. These are the values that have given the tobacco control movement in California outsized strength to combat the tobacco industry that cares only for maximizing its profits at the expense of communities.

TEROC's Vision

A commercial tobacco-free California

Mission

To support the right of all Californians to be as healthy as possible, by eliminating tobacco-related disparities and by fighting the industry that exploits communities for profit.

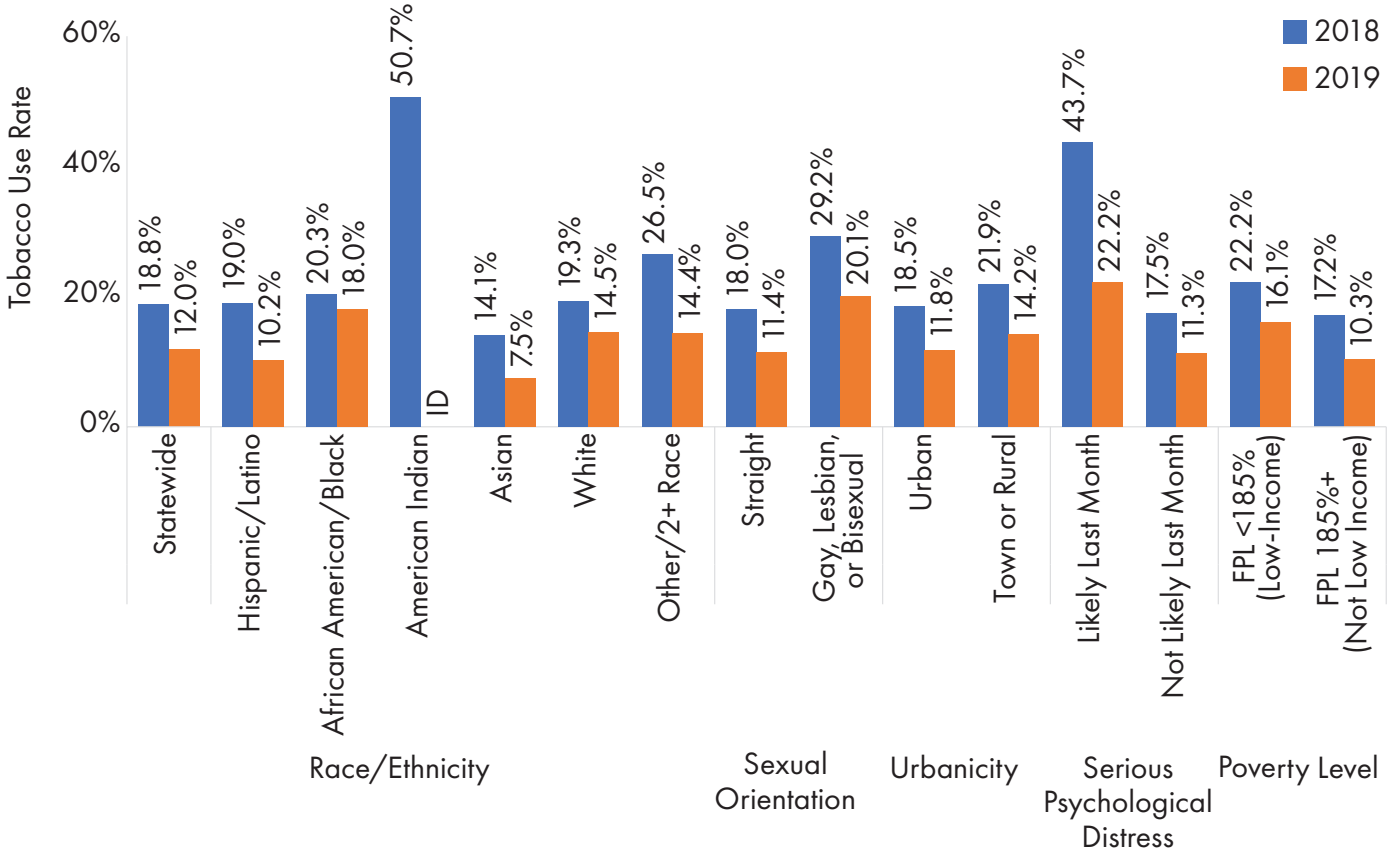
Goals for 2021-2022

1. Effectively inform, engage, and empower stakeholders to eliminate disparities and redress the structural, political, and social determinants that sustain California's tobacco epidemic.
2. Reduce the rates of tobacco use to 8 percent of adults and 8 percent of teens, with greater-than-proportional reductions among priority populations.
3. Apply lessons learned from tobacco control to address the triangulum of tobacco, cannabis, and e-cigarette use in California.

Core Values

Health equity—Work to ensure that everyone has a fair and just opportunity to be as healthy as possible by removing tobacco-related obstacles to health.
Social norm change—Strive to create an environment in which tobacco use is less desirable, less acceptable, and less accessible.
Empowerment—Enable all stakeholders, including youth, adults, partners, and grantees to represent their communities' interests and become leaders in tobacco control.
Strategic partnership—Form alliances with all who have a stake in reducing the toll of tobacco on California's people and environment.
Countering industry—Refuse to allow the industry to exploit California communities for profit, and use every legitimate means to counter their tactics.
Research and evidence—Support tobacco-related science of the highest quality and make decisions based on the best available evidence.

Tobacco Use Rate Among Adults Age 18+ by Demographics, California, 2018 vs. 2019



Note: Any tobacco use is based on current cigarette, e-cigarette, smokeless tobacco (chewing tobacco, snuff, snus), little cigar/cigarillo, big cigar, or hookah use. Race/ethnicity is non-Hispanic/Latino unless otherwise stated. ID indicates insufficient data due to small sample size or data did not meet statistical reliability standards.
Source: California Health Interview Survey. CHIS 2018 and CHIS 2019 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research. October 2020.

Achieving health equity

Despite success in reducing tobacco use, there is a long way to go to realize the vision of a commercial tobacco-free California. Tobacco use remains the primary cause of preventable death, disease, and disability, and some communities use tobacco at much higher than average rates.[4,5] California is a microcosm of diverse communities, with demographics often pointing to areas of much greater need. Culturally responsive programs designed, implemented, and evaluated by leaders in the affected communities can help to accelerate the rate of change in these communities.

Although differences in the rates of tobacco use are important, other tobacco-related disparities exist. There are disparities in the rates of tobacco-related disease and death, in access to cessation treatment, and in secondhand and thirdhand exposure to tobacco use.[11] Social norms in some communities still support tobacco use, making it difficult for youth to avoid initiating tobacco use and for adults to quit using it.[12] Underlying these disparities are deeper socioeconomic disparities stemming from a history of marginalization.[13] For example, people of color

face institutionalized racism, discrimination, and prejudice, and are disproportionately impacted by systemic issues, including poverty, homelessness, and unemployment.[14] Lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) individuals contend with homophobia and transphobia.[15] These disparities and stressors are risk factors for tobacco use.[12]

> *"Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups."*
>
> Source: Braveman P, Arkin E, Orleans T, Proctor D, Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017

In addition, the tobacco industry has a history of targeting the same groups experiencing these disparities.[16] The tobacco industry has sponsored community events such as Lunar New Year, Cinco de Mayo, Powwows, Gay Pride, and Black History Month.[17] Tobacco retailer density is higher in disadvantaged neighborhoods,[18] where there is also more point-of-sale marketing.[16] The industry maintains a larger profile in the communities that can least afford the added stressor of addiction.[19]

California's 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:

- Blacks/African Americans, Latinos/as, Asian Americans, 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
- Rural residents
- Military personnel and veterans
- Individuals employed in jobs not covered by smoke-free workplace laws
- People with substance use disorders or behavioral health conditions
- People with disabilities
- School-age youth

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.

For these reasons, the struggle to end the tobacco epidemic is a fight for health equity. As defined by the Robert Wood Johnson Foundation, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible." Health justice demands prioritizing and accelerating the decline in tobacco use among those populations where the least progress has been made to-date. Obstacles must be removed that hinder the adoption of policies addressing the sale, marketing, distribution, and disposal of tobacco within communities disproportionately burdened by tobacco. Power and influence must be built among youth and vulnerable communities accompanied by the equitable allocation of resources. These steps are critical to countering the tobacco industry's influence and redressing the structural, political, and social determinants underlying disparities.

The challenge of cannabis

The overlap between tobacco, cannabis, and e-cigarettes has been associated with an increase in the use and co-use of cannabis in California.[20-22] Public perceptions of cannabis as low-risk and even as a wellness product are inconsistent with the available evidence;[23] cannabis smoke has a toxicity profile similar to that of tobacco.[24] To preserve public health, TEROC calls for a robust demand-reduction program for cannabis smoking modeled on tobacco use prevention and reduction strategies. California's successful approach to reducing smoking provides lessons learned that are applicable to cannabis, especially with regards to countering industry tactics and reducing initiation.

Protecting our youth

The tobacco industry has a long history of targeting youth and knows that people who become addicted while young often become customers for life. An essential function of tobacco control programs is to prevent youth initiation, but prevention efforts are hampered by the continually evolving lineup of products. New products often have kid-friendly names and have historically used flavors that appeal to youth.[7] Some resemble toys while others mimic innocuous objects that can easily be concealed from parents and teachers,[8] and marketing has included celebrity endorsements that resonate with young people.[9] Youth have largely abandoned combustible tobacco: only 2.0 percent of high school students in 2018 reported smoking cigarettes, while 10.9 percent reported vaping tobacco.[10] Moreover, youth are more likely to use cannabis than tobacco (14.7 percent vs. 12.7 percent).[10] Adapting to this changing landscape is critical to prevent a new generation of Californians falling prey to the tobacco and cannabis industries.

Call to action

This document serves as a strategic plan to further the tobacco control movement toward achieving the vision of a commercial tobacco-free California. It includes broad objectives, strategies, and recommendations based on the most current tobacco control research, evaluation, and best practices, some of which go beyond the current scope of the agencies overseen by TEROC. This is intentional. TEROC calls on its partners and allies to recommit to the vision of a commercial tobacco-free California and the mission of supporting health equity, eliminating disparities, reducing the rate of tobacco use to 8 percent among adults and youth, and addressing the intersections between tobacco, cannabis, and e-cigarettes.

In this strategic plan for 2021-2022, TEROC outlines seven objectives for accomplishing these goals:

1. Reduce disparities related to commercial tobacco use.
2. Strengthen capacity for tobacco control.
3. Broaden the public health framework for tobacco to address the triangulum of tobacco, cannabis, and e-cigarettes.
4. Prevent youth and young adults from initiating tobacco use and empower them in tobacco and cannabis control.
5. Minimize the secondary effects of tobacco and cannabis on people and the environment.
6. Motivate and help tobacco users to quit.
7. Counter industries engaged in the manufacture, marketing, sale, and distribution of tobacco and cannabis products.

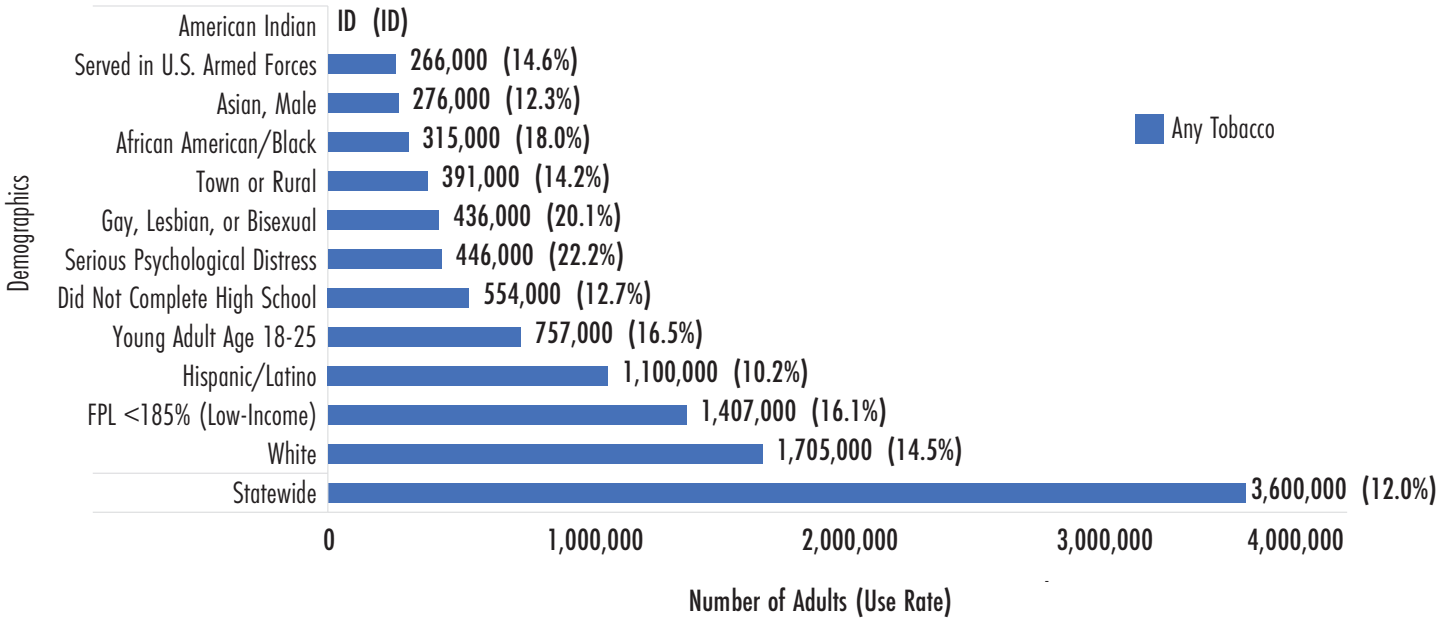
In pursuit of these objectives, TEROC will coordinate closely with its three agency partners:

- California Department of Public Health (CDPH), California Tobacco Control Program (CTCP)
- California Department of Education (CDE), Tobacco-Use Prevention Education (TUPE) Program
- The University of California, Office of the President, Tobacco-Related Disease Research Program (TRDRP)

OBJECTIVE 1: Reduce disparities related to commercial tobacco use

Despite progress in reducing the overall prevalence of commercial tobacco use in California, alarming disparities based on demographic, socioeconomic, geographic, and other factors persist. Communities with disproportionately high rates of tobacco use are subjected to targeted, predatory marketing tactics by the tobacco industry,[25] suffer more tobacco-related disease,[14] and are less likely to receive medical advice or assistance to quit.[26,27] Some populations are more exposed to secondhand smoke at home and in the workplace.[28] Affected communities experience institutionalized racism, homophobia, transphobia, and other forms of bias and exclusion which exacerbate these disparities.[29,30] To achieve health equity across systems, policies, and programs, TEROC recommends that the tobacco control movement take a systematic approach to identifying and reducing these disparities.

Number of Tobacco Users Age 18+ by Demographics, California, 2019



Note: Any tobacco use is based on current cigarette, e-cigarette, smokeless tobacco (chewing tobacco, snuff, snus), little cigar/cigarillo, big cigar, or hookah use. Race/ethnicity is non-Hispanic/Latino unless otherwise stated. ID indicates insufficient data due to small sample size or data did not meet statistical reliability standards.
Source: California Health Interview Survey. CHIS 2019 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research. October 2020.

Strategies to reduce disparities related to commercial tobacco use include:

1. ***Prioritize research on disparities related to commercial tobacco use.***

   a. ***Identify disproportionately impacted populations based on demographic, socioeconomic, geographic, and other relevant characteristics.***

To address tobacco-related disparities, a detailed understanding is needed of how tobacco use varies within and across populations and of the differential impacts of commercial tobacco use among populations with disproportionately high rates of tobacco use and related disease.

TEROC recommends:

- Continued investment in surveillance and rigorous evaluation to ensure that tobacco control programming is informed by accurate, up-to-date information about the populations it serves; and,
- To the extent possible, disaggregate data to show subgroup differences. For example, break down data on tobacco use among Hispanic/Latino and Asian communities by gender, age, country of origin, and specific ethnic subgroup (where sample sizes permit) to show important subgroup differences.

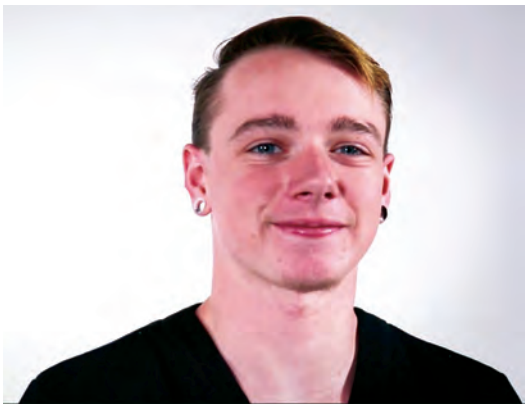
   b. ***Research how underlying factors and systems contribute to and perpetuate these disparities.***

Research on the social determinants of health among populations disproportionately impacted by tobacco-related diseases can provide a deeper understanding of the disparities that persist.

TEROC recommends conducting research that builds upon assets in communities and that focuses on:

- Those community factors that contribute to higher tobacco use rates, such as minority stress, targeting by the tobacco industry, and community norms;
- Intersectionality among priority populations, as individuals belonging to two or more marginalized groups may experience additional factors that contribute to tobacco use; and,
- Interventions that will change the systems that perpetuate tobacco use in priority populations.

Isaac Bowen, a young transgender man who has struggled to quit tobacco, is one of several LGBTQ individuals featured in a video by We Breathe. We Breathe brings attention to the root causes of disparities in the LGBTQ community, including social stigma, discrimination, and denial of civil rights. The organization provides trainings that address the oppression many LGBTQ individuals have experienced, how to be more inclusive, and special considerations for helping this community quit tobacco. The video can be viewed at https://californialgbtqhealth.org/about-us/we-breathe/.



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2. *Fund and design tobacco control activities that promote health equity.*

a. *Continue to prioritize funding for interventions that address priority populations.*

Per Proposition 56 (the California Healthcare, Research and Prevention Tobacco Tax Act of 2016), CDPH and CDE are required to spend at least 15 percent of their funds to accelerate and monitor declines in tobacco use in priority populations.[31] Due to a history of institutionalized racism, homophobia, transphobia, and other patterns of bias and social exclusion, priority populations have less capacity to avoid tobacco use.

TEROC recommends:

- To the extent possible, allocate tobacco control funding to reduce tobacco-related disparities and promote health equity to address the root causes that led to differential tobacco use rates; and,
- Appropriately allocate funds to communities disproportionately impacted by tobacco-related disparities.

b. *Develop, implement, and evaluate plans to reduce disparities and promote health equity.*

TEROC recommends that the development and implementation of culturally relevant interventions consider each community's unique characteristics; be informed by an understanding of the systems that contribute to or perpetuate tobacco-related disparities; and seek to mitigate the deficits engendered by or reform those systems. Assessing progress towards reducing tobacco-related disparities should include qualitative and quantitative evaluation methods that are done in consultation with the community. As an example of an agency taking action to reduce disparities and promote equity in its organization, following the murder of George Floyd in Minneapolis in May 2020, CTCP assembled an internal workgroup called "Time to Act." The group created an organizational work plan to improve diversity, equity, and inclusion in recruitment and hiring, the work environment, contracting, media, and the policy decision-making process. Plan implementation will begin in 2021.

c. *Ensure that communities served are included in intervention planning and implementation.*

TEROC recommends involving community members in intervention planning and implementation; soliciting community input into the development of requests for applications (RFAs); the provision of technical assistance to help agencies submit responsive applications; and prioritizing awards to organizations that reflect the communities to be served and that demonstrate an understanding of the causes and effects of the disparities those communities are experiencing.

3. *End the sale of menthol and other flavored products.*

Flavored tobacco products make it easier for the tobacco industry to hook kids and retain adults, and have been used at disproportionately high rates by African Americans, Latinos, Pacific Islanders, and LGBTQ people.[32] On August 29, 2020, California's Governor signed a statewide law prohibiting the sale of most flavored tobacco products[33], but three days later, groups affiliated with the tobacco industry filed paperwork proposing a referendum on the law. On January 22, 2021, the referendum qualified for the ballot, putting the statewide law on hold until the 2022 general election referendum vote.

TEROC recommends that state and local agencies continue to adopt and implement local policies that eliminate the sale of flavored tobacco products without exemptions for specific products or types of retail establishments to prevent the exacerbation of health disparities.

4. Ensure that policy enforcement does not exacerbate social injustice.

Sometimes, tobacco control policies are enforced in ways not intended by policymakers, leading to severe consequences for individuals who have violated the policy, such as excessive fines, incarceration, school suspension, eviction, or harassment. These consequences are most likely to impact members of priority populations, exacerbating social injustice. Monitoring and mitigation of enforcement efforts are essential to avoid negative or unintended consequences, particularly in communities with histories of unequal or excessive law enforcement.

TEROC recommends that policies describe enforcement provisions and that policy compliance efforts emphasize education and social norm change approaches to avoid unintended consequences. Enforcement provisions should avoid singling out consumers who violate policies through school suspension, arrests, or criminal prosecution. Punitive enforcement measures should be reserved for upstream and egregious violators, such as advertisers who employ illegal marketing tactics and retailers who persist in selling tobacco to underage consumers.

Note: Possession, Use, and Purchase (PUP) laws that punish youth for violating tobacco-related age restrictions also exacerbate social injustice. See Objective 4 for more information.

OBJECTIVE 2: Strengthen capacity for tobacco control

Achieving health equity in tobacco control requires strengthening capacity to serve California's diverse communities.

TEROC recommends investing greater resources where people do not have equal opportunities to be healthy; developing diverse new leaders; and building power and influence in marginalized and underserved groups experiencing institutionalized racism, homophobia, transphobia, and other patterns of bias and exclusion.

Questions to determine the needs and opportunities for capacity building in tobacco control include:

- Which communities and populations have the highest tobacco prevalence rates? Which are disproportionately affected by tobacco-related disease?
- Which communities are targeted by the tobacco industry? Which struggle with the triangulum of tobacco, cannabis, and e-cigarettes?
- Which communities have the least infrastructure to undertake tobacco control work or have been under-resourced in the past?
- Which communities, underrepresented in tobacco research, have strong youth advocates who can become the next generation of researchers? Which have strong health workforce development alliances that can help advance tobacco control initiatives?
- What new partners can help advance structural equity work in tobacco control?
- What new strength-based assessments within marginalized communities are needed to generate sustained, measurable impacts relevant to tobacco work?

1. *Ensure that the tobacco control workforce reflects the communities it serves.*

TEROC recommends the development, implementation, and evaluation of organizational plans to increase California's tobacco control workforce diversity, especially where priority populations are underrepresented, including monitoring the progress made to retain and foster career advancement.

2. *Develop new leaders with diverse perspectives throughout the movement.*

The inclusion of diverse perspectives strengthens organizational capacity.

TEROC recommends embedding succession planning into program and organizational operations that includes career and skills development opportunities and offering mentorships to help young people and others move into tobacco control and research careers. Widely promoting career development and job opportunities to local tobacco control coalitions, youth advocates, local colleges, and internship and fellowship programs will expand access to potential candidates.

Rakiah Anderson, MPH, hails from Pasadena. While doing her undergraduate work at UC Berkeley, Rakiah was a Health Career Connection intern at TRDRP, which sparked her interest in becoming a tobacco control advocate. She then received a TRDRP Cornelius Hopper Diversity Supplement to do work with Dr. Juliet Lee on social media research on dual use of tobacco and cannabis. Rakiah participated in the Youth Activism Fellowship program at the Truth Initiative, serving as Youth Trainer and Youth Board Liaison. In 2020 she received her MPH from the University of North Carolina at Chapel Hill, Gillings School of Global Public. During her studies there, she chaired the Minority Health Conference and received the American Evaluation Association's Graduate Education Diversity Internship. Her research interests focus on tobacco prevention and health equity.

3. *Strengthen partnerships among state, regional, local, and Tribal entities.*

Working together on a shared goal leads to better outcomes than working alone. Thus, partnerships among government and community organizations are key to continued success in tobacco control. Improved coordination and collaboration between state, regional, local, and Tribal entities will achieve greater collective impact.

TEROC recommends providing high-quality training and technical assistance to community organizations, school districts, coalitions, and other entities; the promotion of innovation through peer modeling by sharing lessons learned; and improved data transparency and access. For example, the California Department of Tax and Fee Administration (CDTFA) could take steps to make tobacco and cannabis retailer licensing data fully accessible, and it could implement a tobacco track and trace program to make tobacco sales data available to evaluate the impact of tobacco control policies on tobacco sales.

4. *Strengthen and diversify coalitions by engaging a wide range of partners.*

Historically, coalitions have included traditional partners such as health departments, health care organizations, social service and voluntary organizations, universities and researchers, school staff, law enforcement agencies, dental health programs, and early childhood development programs. However, the engagement of nontraditional partners is key to building the tobacco control movement.

TEROC recommends expanding coalitions to include nontraditional 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. Tools to encourage non-funded partners' participation in coalitions and advisory groups could include providing opportunities for members to participate virtually or providing travel reimbursement. At the same time, engagement in workplan activities could be fostered through internships or community engagement grants.

5. *Collaborate with Tribes to help advance their priorities for commercial tobacco control.*

Collaborating with Tribes and Tribal community members can help to advance commercial tobacco control. Successful collaboration begins with an awareness that each Tribe is sovereign and unique. Given that there are over 100 federally recognized Tribes and many Urban Indian populations in California, there is no one-size-fits-all approach to working with California's Tribes and American Indian populations. It is important to focus first on relationship building to establish trust, which includes starting from a position of deference and acknowledging that Tribes have their own hierarchy of needs and their own priorities for commercial tobacco control.

TEROC recommends that in working with Tribal communities, consider the appropriateness of requiring the use of evidence-based practices developed from non-Tribal communities, and instead listen to how each Tribe envisions successful program implementation, respecting the use of traditional tobacco as a cultural and religious practice, providing funding and resources that help build the readiness of Tribes to work on tobacco use prevention and cessation efforts, and facilitating the development of best practices and an evidence-base for Tribal tobacco use prevention and cessation efforts.

6. *Build and maintain capacity by ensuring equity and transparency in tobacco taxation and allocation of revenues.*

Despite the initial increase in tobacco tax revenue from Proposition 56, continued vigilance is required to protect California's tobacco control capacity as much as possible given the declining funding source.

a. *Ensure that all tobacco products are taxed equitably.*

The taxation of tobacco products in California is complex. Not all tobacco products are taxed equitably. Tax evasion may occur when California residents buy tobacco in jurisdictions with lower tax rates, such as military bases, other states, and Tribal lands. Additionally, as sovereign nations, Tribes have the authority to set their own tax policies. Another issue is inflation, which gradually erodes the power of tobacco taxes to prevent initiation and promote cessation.

TEROC recommends exploring mechanisms to create parity among tax rates, including keeping tax laws up to date with the evolving product landscape; partnering with Tribal authorities to reach mutually beneficial agreements to reduce price differentials while raising revenue for Tribal priorities;[34] and indexing tobacco taxes to the medical care component of the Consumer Price Index to counter inflation and preserve funding for critical health care priorities.

b. *Ensure that tobacco control is prioritized appropriately in the distribution of tax revenue.*

The methodology used by the California Department of Finance (DOF) to allocate tobacco tax revenue is opaque and leads to uncertainty and instability in program funding. Continued monitoring and collaboration with DOF is necessary to ensure that tobacco control is fully funded.

TEROC recommends DOF provide greater transparency in how tobacco tax funds are allocated, including how much is allocated to CDTFA before other fund distributions. Also needed are more accurate fiscal forecasting, more limited withholding of funds, and more timely communication with CTCP, CDE, and TRDRP. Similar efforts are required to ensure that cannabis tax revenues are used for cannabis prevention and control.

7. Protect state and local authority from federal preemption.

The federal government's actions could undermine California's tobacco control movement by preempting state action or otherwise infringing on state and local authority.

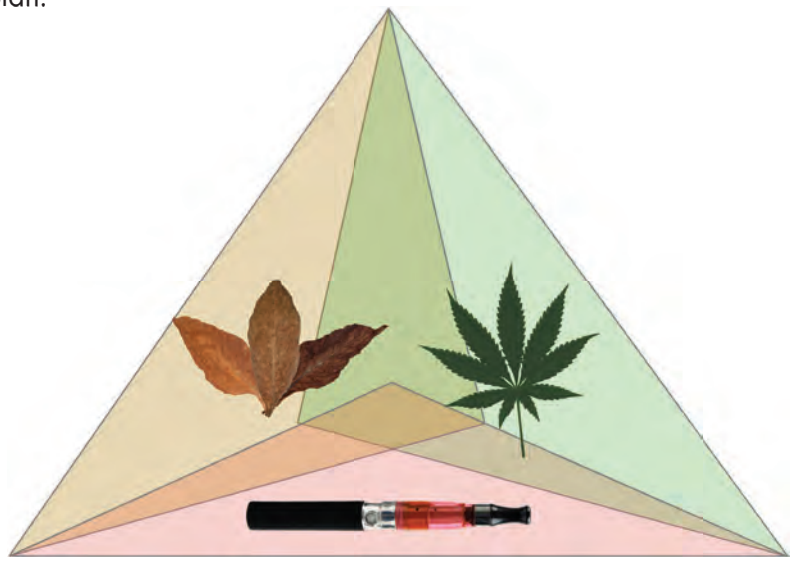
TEROC recommends monitoring and countering federal actions, when necessary, by mobilizing coalitions or taking legal action through the California State Attorney General's Office, including publicizing any steps taken to ensure that stakeholders and the general public are aware.

OBJECTIVE 3: Broaden the public health framework for tobacco to address the triangulum of tobacco, cannabis, and e-cigarettes

E-cigarettes and other vaping devices have created a large area of overlap between tobacco and cannabis. E-cigarettes were initially introduced and marketed as an alternative to cigarettes for smokers unwilling or unable to quit. However, they have led to an unprecedented epidemic among American youth, driven by widespread targeted marketing, social media, and thousands of flavored products.[35] As e-cigarette use has grown in popularity, so has cannabis use, including cannabis vaping.[22] During the e-cigarette or vaping product use-associated lung injury (EVALI) health crisis of 2019-2020, thousands of people, many of them young, were hospitalized and/or died.[36] California youth now use e-cigarettes more than cigarettes (10.9 percent vs. 2.0 percent in 2017-2018), with cannabis use higher than overall tobacco use (14.7 percent vs. 12.7 percent).[10] At the same time, there is a strong positive correlation between tobacco use and cannabis use.[22] Co-use, dual use, poly use, and sequential use have become common,[20,21] exacerbated by the widespread availability of vaping devices for both tobacco and cannabis, including some that can be used with multiple substances.

Just as the overlap between tobacco and cannabis products is increasing, so is the overlap between the industries that produce them. The cannabis industry in California was once a loose network of independent businesses. It has since become corporatized and, like the tobacco industry, has lobbying power in Sacramento.[37] It employs similar predatory marketing tactics to drive use in vulnerable communities.[38] Tobacco companies have bought stakes in cannabis companies, and new products are emerging that contain both tobacco and cannabis.[39]

These intersections represent a challenging minefield that threatens to undo much of the tobacco control movement's progress.[40,41] The medical use of cannabis falls outside the scope of tobacco control and is therefore not addressed in this plan.



The Triangulum of Tobacco, Electronic Smoking Devices, and Marijuana
(Image credit: Lucy Popova)

Strategies to broaden the public health framework to address the triangulum of tobacco, cannabis, and e-cigarettes include:

1. ***Encourage tobacco control and prevention grantees to integrate exposure to cannabis secondhand smoke and dual use of tobacco and cannabis products into educational outreach and policy strategies.***

Cannabis overlaps with tobacco in at least the following ways:

- Vaping devices are considered tobacco products under California law, whether used to consume nicotine, cannabis, or other substances.[42]
- Emissions from vaping devices and cannabis smoke in California are subject to the same restrictions on secondhand exposure as tobacco smoke.[43]
- There is increasing alignment and merging between the tobacco and cannabis industries and their products.
- Dual-use, co-use, and sequential use of tobacco and cannabis are increasingly common behaviors.[20,22]
- Cannabis use threatens to renormalize smoking in California.

2. ***Increase public understanding of the interconnectedness of tobacco and cannabis products and the need for comprehensive youth prevention strategies.***

TEROC recommends the pursuit of research to develop a better understanding of the wide and evolving range of tobacco and cannabis products, particularly on:

- The health effects of tobacco and cannabis product use, particularly vaping products and devices, including long-term effects on human health and development;
- The composition of tobacco and cannabis products, the chemistry of their aerosols, and their environmental impacts and toxicology;
- Emerging products, including those that combine tobacco and cannabis, and how devices, delivery methods, flavors, and other product features affect uptake and use;
- How the increasing concentration of nicotine and tetrahydrocannabinol (THC) in tobacco and cannabis products affects use and dependence;
- The alignment of the tobacco and cannabis industries;
- How cannabis use threatens to renormalize commercial tobacco use;
- The intersection of tobacco policy and cannabis policy; and,
- How successful tobacco policies can be modified and applied to cannabis regulation.

3. ***Conduct research on tobacco and cannabis dual, poly, and sequential use.***

TEROC recommends conducting research across the range of tobacco and cannabis products, including combusted, vaporized, and edible products, specifically on:

- Patterns of dual, poly, and sequential use;
- Use patterns among different populations, with a focus on vulnerable groups such as youth and pregnant women;
- Predictors of youth initiation of dual, poly, and sequential use, and progression toward cannabis, alcohol, and other drug use disorders;
- Short-term and long-term biomedical impacts of combining nicotine and THC with other environmental exposures across the range of delivery methods; and,
- Smoke-free policies that pertain to dual, poly, and sequential use.

4. *Strengthen the framework for cannabis to include public health protections and school-based prevention programs.*

Many state cannabis-related efforts are focused on establishing a legal industry, rather than public health messaging or programming to reduce use. Cannabis use has become enormously popular in California, especially among young people.[10] There is evidence nationally that awareness of the health risks of cannabis use is decreasing among youth and young adults.[44] These developments threaten to renormalize smoking and vaping for a whole generation.

TEROC recommends:

- Strengthening the cannabis public health protections and school-based prevention programs to include:
    a) stronger public health oversight of cannabis, increasing the proportion of revenues generated by Proposition 64 (the Control, Regulate, and Tax Adult Use of Marijuana Act of 2016) for public health approaches, and,
    b) expanding CDPH's role in cannabis prevention efforts;
- Creating a public health, research funding, and education oversight committee for cannabis policy; and,
- Allocating a greater proportion of revenues generated by Proposition 64 for research on public health needs related to cannabis, such as the long-term health effects of secondhand cannabis smoke.[45]

Ways to strengthen this framework include:

- Secondhand smoke educational outreach;
- Integration of tobacco, vaping and cannabis into secondhand smoke policies;
- Education about the impacts of tobacco and cannabis use on health, learning outcomes, and school connectedness;
- Educational outreach about tobacco and cannabis use and current and emerging products;
- Integration into youth development service learning projects concerning media influences and healthy choices;
- Interagency partnerships; and,
- Conflict of interest policies.

5. *Denormalize cannabis smoking and vaping by applying successful strategies from tobacco control and prevention programs.*

Cannabis smoking and vaping pose a serious risk of renormalizing commercial tobacco use.

TEROC recommends denormalizing cannabis smoking and vaping by broadening the use of successful tobacco control, prevention, and education strategies to address cannabis. Strategies include:

- Partnering 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;
- Applying tobacco control strategies to reduce the demand for cannabis among young people and protect non-users from exposure to cannabis secondhand smoke and aerosol;
- Increasing awareness that it is illegal to smoke cannabis in places where state law makes it illegal to smoke tobacco;
- Continuing 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;
- Including cannabis in school-based tobacco prevention programs and public education campaigns to communicate impacts on health, learning outcomes, and school connectedness; and,
- Using cannabis tax revenues for cannabis public health approaches aligned with tobacco control programs.

6. *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.*

Cannabis threatens to exacerbate tobacco-related disparities. A study in Oregon found that when the state legalized cannabis for non-medical use, retailer density increased more in the most-deprived areas than in the least-deprived areas.[46] Another Oregon study found that among adults, exposure to cannabis advertising was highest among those aged 18 to 20 years, who were under the legal age to buy it.[47] Lessons learned about reducing the availability and use of tobacco in priority populations apply to cannabis as well.

TEROC recommends that tobacco control projects:

- Partner with cannabis prevention groups to counter predatory marketing strategies used by the cannabis industry, similar to those used by the tobacco industry that target populations experiencing tobacco-related disparities;
- Utilize school-based tobacco education and media literacy programs to counter the impact of predatory marketing on youth, including tactics that encourage cannabis use;
- Work with regulatory agencies to restrict cannabis sales in low-income neighborhoods and communities of color by limiting retailer density and controlling pricing;
- Ensure that secondhand smoke policy implementation includes cannabis emissions in multi-unit housing, outdoor workplaces, parks, and other outdoor public places;
- 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; and,
- Avoid exacerbating social inequities resulting from criminalizing the individual use of cannabis or tobacco.

OBJECTIVE 4: Prevent youth and young adults from initiating tobacco use and empower them as advocates for tobacco and cannabis control

The tobacco industry has a long history of targeting young people, knowing that those who become addicted when young often become customers for life.[48,49] Accordingly, one of the most basic challenges in tobacco control is to prevent initiation among youth and young adults. The industry employs predatory marketing tactics such as placing ads at children's eye level in convenience stores and placing tobacco products near candy.[50] It continually develops novel products, many of which have kid-friendly names, flavors, and designs, that are influential with youth.[7] Many of these products now make it easier than ever for young people to use tobacco, even in school settings.[8] Continued vigilance is needed, especially among priority populations, and increased focus on tobacco control is needed in schools. Schools, colleges, and universities must adapt and find new ways to ensure that all young people receive effective tobacco prevention education and that those who use tobacco receive culturally appropriate help to quit.

Early e-cigarettes tried to reproduce the look and feel of "real" cigarettes. They have since evolved into innocuous-looking objects that can easily be mistaken for school supplies, such as USB flash drives.

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.

Evolution of E-Cigarettes (Image credit: USC Institute for Addiction Science)

1. ***Encourage community-based partnerships between Local Lead Agencies, Local Educational Agencies, and community-based organizations.***

By joining forces, Local Lead Agencies (LLAs), Local Educational Agencies (LEAs), and community-based organizations gain valuable allies in the fight against youth and young adult initiation of tobacco and cannabis. LLAs and community-based organizations bring public health expertise and community connections, while LEAs bring educational expertise and familiarity with local schools. By sharing resources and working together, LLAs, LEAs, and community organizations can accomplish more collectively.

TEROC recommends developing and implementing joint action plans to prevent the initiation of tobacco and cannabis use among youth and young adults. Where feasible, schools should partner with school-based

researchers on interventions that include increasing parental involvement, reaching vulnerable youth and young adults, or improving access to resources for young people who want to quit.

2. *Ensure that all K-12 schools, trade schools, colleges, and universities have smoke-free and tobacco-free policies and follow best practices for implementing them.*

a. *Ensure full compliance with state law requiring smoke-free and tobacco-free public schools.*

Since June 2016, California state law requires that all K-12 public schools prohibit the use of tobacco products, including vaping devices, on school property and in district vehicles at all times.[51] By August 2019, over 75 percent of school districts were certified as tobacco-free.[52]

TEROC recommends continuing to track which school districts have implemented a tobacco-free policy and expeditiously working to ensure that the remaining districts become certified and are in full compliance with the law's requirements.

b. *Support all K-12 schools in following best practices for implementing tobacco-free policy.*

TUPE plays a critical role in disseminating information about how to implement a tobacco-free policy effectively.

TEROC recommends that school-based best practices and efforts include:

- Educating parents and students to achieve buy-in on the policy and to create awareness of available cessation resources, including Kick It California (formerly known as the California Smokers' Helpline), school-based programs, and other local cessation programs;
- Working to achieve compliance without punitive enforcement, which is harmful to students and can exacerbate disparities;[53]
- Offering treatment to those who violate the policy. Students who are willing to quit should be proactively referred to reduce the burden on the student to initiate treatment;
- Working to ensure that all K-12 schools in California, including charter and private schools, have access to information and resources to develop and implement effective tobacco-free school policies;
- Coordinating with the Bureau of Cannabis Control on community-based and school-based research such as the California School Climate, Health, and Learning Survey (CalSCHLS) System (comprised of the California Healthy Kids Survey, the California School Staff Survey, and the California School Parent Survey); and,
- Sharing research findings with youth, parents, and the public.

c. *Extend coverage of smoke-free and tobacco-free campus policies to all colleges and universities.*

College and university campuses in California are increasingly smoke-free and tobacco-free. The University of California adopted a comprehensive, system-wide tobacco-free policy in 2012, and the California State University system followed suit in 2017. In 2018, the Board of Governors of the California Community College system adopted a resolution urging all California Community Colleges to implement tobacco-free campus policies. As of June 2020, 64 of 114 campuses had done so.[54]

TEROC recommends that all remaining community colleges, private colleges, and universities adopt and implement tobacco-free policies to protect students, faculty, and staff.

3. *Enact other policies that prevent tobacco and cannabis initiation.*

Policies that decrease the marketing and appeal of tobacco and cannabis are critical to preventing initiation among youth and young adults.

TEROC recommends pursuing policies that include, but are not limited to:

- Ending the sale of menthol and other flavored tobacco products, as over 80 percent of youth start with flavored tobacco;[55]
- Restricting advertising that appeals to youth and young adults;
- Ending tobacco and cannabis brand placement in movies, television, and streaming media;
- Increasing the price of products and eliminating free samples and discounts;
- Eliminating online tobacco and cannabis sales to youth;[56]
- Imposing zoning restrictions on tobacco and cannabis retail outlets near locations frequented by youth and young adults, including schools, colleges, and universities; and,
- Adopting comprehensive clean air policies.

4. *Replace possession, use, and purchase laws with more equitable policies.*

In an effort to curb underage tobacco use, some jurisdictions have passed policies penalizing those under 21 years of age for the possession, use, or purchase (PUP) of tobacco. So-called PUP laws shift responsibility away from the tobacco industry and onto young people. Penalties range from mandatory participation in tobacco education classes and community service to fines, school suspension, loss of driving privileges, and incarceration. Enforcement tends to be more frequent and severe toward minority youth and those living in low-income neighborhoods, exacerbating disparities.[57]

TEROC recommends eliminating PUP laws and similar enforcement mechanisms for tobacco and cannabis, adopting more equitable policies,[57] and pursuing alternatives to PUP laws that include retailer-focused enforcement and the policies listed above in Strategy 3.

5. *Empower youth and young adults to take meaningful roles in tobacco control.*

The tobacco control movement has a strong history of thoughtfully engaging young people in tobacco-free initiatives. Youth in schools and in the community are effective tobacco prevention advocates,[58] and some continue their advocacy in college and beyond. Young people are also powerful advocates in the wider community, for example, by countering predatory marketing practices and by educating state and local legislators about important issues in tobacco control.

TEROC recommends engaging young people in tobacco-free advocacy and interventions, including peer-to-peer training, education, and cessation.

For over 20 years, the California Youth Advocacy Network (CYAN), a statewide project funded by CTCP, has coordinated Youth Quest, an information and education event for teen advocates. Each year, over 300 youth from across California travel to Sacramento to learn together and prepare for meetings with state decision makers. Participants receive training on a current tobacco issue, then march to the Capitol and hold a rally and press conference to highlight how tobacco impacts youth and young adults. Following these events, participants and their adult partners educate California Assemblymembers and Senators on their community-based interventions. During the COVID-19 pandemic in 2020, CYAN held a virtual event.

6. *Build and sustain the capacity to provide training and technical assistance to prevent youth use of tobacco and cannabis.*

TEROC recommends:

- Maintaining robust capacity to provide training and technical assistance to County Offices of Education, districts, schools, colleges, universities, and community-based programs on preventing tobacco and cannabis use among young people;
- Continuously updating school curriculum on tobacco prevention (such as the Stanford Tobacco Prevention Toolkit) to address the changing landscape of tobacco and cannabis products, counter industry marketing, and address emerging topics such as how smoking and vaping predispose users to respiratory diseases like EVALI and COVID-19;[59] and,
- Fostering information sharing among grantees who have worked with the curriculum and developing the lessons learned into a set of best practices to be shared with the field.

7. *Conduct focused outreach to vulnerable youth.*

Vulnerable young people who come from communities with high rates of tobacco or cannabis use, are disproportionately targeted by the tobacco industry, come from low-income families, or whose life circumstances are especially challenging are particularly at risk. These individuals may include:

- Youth of color
- LGBTQ youth
- Students experiencing homelessness and foster placement
- Students in nontraditional school settings
- Justice-involved youth
- Youth and young adults with co-occurring disorders

These hard-to-reach youth and young adults are often missed in traditional school settings. They may feel more comfortable receiving help as part of a group of people with similar circumstances. Effective ways to engage them include using credible messengers (i.e., people with similar backgrounds and experience), peer-to-peer mentoring, and supportive community processes such as Restorative Talking Circles, which focus on emotional literacy, social development, and problem-solving skills. Helping youth connect to programs addressing other

high-risk behaviors, ranging from chronic absenteeism to alcohol and substance abuse, is another approach. Another group that is generally missed in academic settings is young adults who do not go to college.

TEROC recommends:

- Making services to prevent tobacco use initiation and that assist with cessation available to all youth and young adults, some of whom may need focused outreach to welcome them into available services;
- Monitoring how schools engage at-risk youth and reduce disparities; and,
- Making special efforts to reach young adults who do not go to college with prevention and cessation treatment programs.

8. *Conduct research on young people's use of tobacco and cannabis.*

Wherever feasible, the research community should engage young people to help develop research questions and to participate in all research processes. For example, researchers could include vulnerable youth in the development and implementation of research on youth use of tobacco and cannabis.

TEROC recommends that research focused on youth and young adults address:

- Attitudes toward, behaviors related to, and experience with tobacco and cannabis products, as part of ongoing surveillance;
- Tobacco product waste that is littered on and around schools, colleges, and universities to provide further insight into use trends;
- Crossover points between tobacco and cannabis use among young people;
- The ability of people as young as 18 years old to obtain medical authorization to use cannabis and whether this is associated with co-use of tobacco;
- Respiratory and other health effects, which disproportionately affect young people;
- Effective tobacco-free campus policy implementation and compliance strategies;
- How to increase parental engagement and school connectedness to help children make healthy choices concerning tobacco and cannabis;
- Effective strategies for increasing young people's use of cessation services such as Kick It California and novel cessation technologies;
- How to help non-TUPE-funded schools most effectively; and,
- Impact of youth prevention strategies implemented by community-based programs.

OBJECTIVE 5: Minimize the secondary effects of tobacco and cannabis on people and the environment

For decades, governments have educated the public on the dangers associated with improperly discarded cigarette butts. The human, economic, and environmental toll of wildfires caused by discarded butts can be immense. Other dangers associated with tobacco waste are less widely understood but no less important. Cigarette butts, e-cigarette pods, and other types of tobacco product waste (TPW) are nonbiodegradable and contain many dangerous chemicals, making them a scourge on the environment. Upstream solutions to this problem, such as reducing waste at the source by limiting consumption are needed to stem the flow of discarded products and components into communities before they can harm the environment.

Great progress has been made in recent years to protect California residents from secondhand smoke exposure. Yet loopholes in clean air laws remain, creating hazardous living and working conditions for many Californians.

Strategies to minimize the secondary effects of tobacco and cannabis on people and the environment include:

1. Protect the environment from tobacco product waste.

Cities and counties spend millions of dollars annually on the cleanup of TPW.[60] Cigarette butt litter remains an omnipresent problem, and littered plastic e-cigarette pods have become a common sight in areas where young people gather, such as school parking lots.[61]

a. Increase awareness of the problem of tobacco product waste through education and norm change campaigns.

Social norm change campaigns can help increase awareness of the problem of TPW and achieve voluntary compliance with anti-littering laws.

TEROC recommends:

- Educating individuals who violate anti-littering laws about how TPW affects the environment as an alternative to punishment in order to create awareness; and,

- Conducting research to increase public awareness and support for TPW mitigation strategies by conducting research on:
    - Environmental and economic impacts of TPW, including toxic compounds and non-biodegradable components;
    - Environmental and economic impacts of policies prohibiting the sale of single-use tobacco products and components that create harmful waste, including filters, batteries, and e-cigarette cartridges;
    - Effectiveness of interventions to prevent discarded TPW such as signage and filter bans, as well as incentivized removal of TPW from the environment, such as cigarette butt disposal amenities; and,
    - Effects of social norm change strategies to achieve compliance with anti-littering laws, compared to individual enforcement.

Cigarette butts accounted for 37 percent of the beach litter collected on California Coastal Cleanup Days from 1988 to 2017.[62] Despite progress in making beaches smoke-free, cigarette butts remain the most prevalent form of litter on the California coast.[63] The San Francisco Estuary Institute developed a standardized approach for tracking tobacco waste and electronic waste (e-waste) bound for California's waterways. The method is designed to allow people to monitor the amount and types of waste collected or not collected by conventional trash management, using practical and innovative techniques including drone surveillance. Tobacco control programs can apply the methodology to quantify the amount of TPW in their local areas.

b. *Implement upstream solutions to protect the environment from tobacco product waste.*

Upstream solutions aimed at reducing TPW at the source are more likely to be effective than current approaches aimed at changing individual behavior, such as anti-littering laws.[64] The most straightforward solution is to prohibit the sale of some or all tobacco products, which will reduce not only waste but also the demand, use, and exposure.[65] A prohibition on sales should include, at a minimum, filtered cigarettes, because single-use filters make up a large proportion of toxic TPW; they leach hazardous chemicals into the environment, take years to degrade, and break up into microplastics over time.[64] Jurisdictions may also prohibit the sale of other tobacco products or components, such as plastic pods and e-waste from vaping devices. The California Department of Toxic Substances Control classifies e-cigarettes and pods as hazardous waste if they still contain residual nicotine when discarded, as they do unless rinsed with water several times.[66]

Another upstream solution is to hold manufacturers responsible for TPW by taxing their products sufficiently to cover such waste's environmental and economic costs. Costs may vary from one jurisdiction to another.[60] Amendments to current state law to allow local jurisdictions to levy their own tobacco excise taxes or fees to recoup these costs would be necessary to facilitate this solution. It should be noted that since the 2010 passage of Proposition 26, two-thirds of the voting population must approve any fee or levy in California before a local government can implement it.[67]

TEROC recommends continuing to partner with environmental groups on upstream solutions, which will amplify the message, diversify the policy expertise, and expand connections. However, public health groups should not partner with tobacco or cannabis industry groups. For example, Extended Producer Responsibility (EPR) policies that engage the tobacco or cannabis industries in mitigating TPW is not a particularly feasible framework when

applied to these industries.[65] EPR policies hold manufacturers responsible for the disposal of their products, forcing them to incorporate the cost of disposal into products that are environmentally harmful. However, these policies also treat manufacturers as stakeholders and give them an influential role in determining how to clean up their product waste. This strategy is not recommended for the tobacco industry, which has a history of deception and racketeering.[68] Awareness of the pitfalls of any system that empowers the tobacco industry is essential.

2. *Reduce exposure to secondhand emissions from tobacco and cannabis products.*

The California Office of Environmental Health Hazard Assessment lists both tobacco smoke and cannabis smoke as cancer-causing substances under the Safe Drinking Water and Toxic Enforcement Act of 1986.[69] Much progress has been made in reducing exposure to these toxic emissions, but more work is needed to equitably protect all Californians.

a. *Close loopholes in clean air laws.*

TEROC recommends strengthening current laws to expand smoking prohibitions to include all indoor workspaces. Indoor places currently exempted from California's clean air laws include[70]:

- Hotel and motel guest rooms (up to 20 percent).
- Tobacco shops and private smokers' lounges, including cigar shops and hookah lounges.
- Patient smoking areas of long-term health care facilities.
- Cabs of truck or tractors (when nonsmoking employees are not present).
- Theatrical or movie stages when smoking is part of the story.

b. *Strengthen secondhand exposure policies.*

Despite a statewide comprehensive smoke-free law, in 2019, over half (66.6 percent) of adults in California reported being exposed to secondhand tobacco smoke, 50.4 percent to e-cigarette aerosol, and 54.7 percent to cannabis smoke.[71] Areas of special concern include:

- Workplaces: California's clean indoor air law protects most indoor workers, but exemptions contribute to inequalities, especially among low income and communities of color.[72] For outdoor workers, including many in construction, there are few protections. This is especially concerning because smoking prevalence in the construction industry tends to be much higher than the average.[73]
- Outdoor public spaces: As of 2018, 238 jurisdictions in California had an outdoor secondhand smoke ordinance providing some level of protection in certain outdoor spaces. In 2019, California banned smoking in state parks and beaches, with an exception for paved roadways and parking facilities.[74] This is progress, but there are still many local parks, beaches, sidewalks, and other outdoor public spaces where Californians are exposed to secondhand smoke.
- Multi-unit housing (MUH): Racial/ethnic minority families are more likely to live in apartments, and children who live in apartments are 45 percent more likely to be exposed to secondhand smoke than children in detached homes.[75] California law prohibits smoking in offices and common areas of MUH complexes and gives landlords authority to prohibit it anywhere else on the property, including inside units. Local jurisdictions can also prohibit smoking in some or all units.[76] Care must be taken not to exacerbate disparities by

excessively punishing individuals who violate the policy. For example, enforcement could be paired with an offer of cessation assistance (e.g., by promoting Kick it California, formerly known as the California Smokers' Helpline, in signage).

TEROC recommends:

- Strengthening smoke-free policies to minimize exposure to secondhand smoke for all Californians and reduce tobacco-related disparities; and,
- Conducting research and policy reviews of secondhand exposure laws and their implementation to optimize policy requirements as well as determine best practices for improving compliance and conducting research on the health consequences of secondhand cannabis smoke exposure.

c. *Regulate secondhand smoke, aerosol, and other emissions from tobacco and cannabis products as toxic air contaminants.*

The California Air Resources Board (CARB) declared secondhand smoke a toxic air contaminant in 2006,[77] but has not yet adopted regulations to reduce it despite mounting evidence of its harmful effects.[4,78] This is not only dangerous, but also an ongoing contributor to health disparities in California.

TEROC recommends regulating secondhand smoke from tobacco and cannabis products as a toxic air contaminant.

3. *Research thirdhand exposure to tobacco and cannabis emissions.*

Thirdhand smoke refers to the gases and particles that linger on surfaces and in carpet, walls, furniture, and other materials long after smoking has stopped. People are exposed to thirdhand smoke when it is released back into the air or when they touch contaminated surfaces.

TEROC recommends conducting research to develop effective policy on thirdhand exposure to tobacco and cannabis emissions addressing the following:

- Prevalence of thirdhand exposure by socioeconomic and other demographics. Wherever secondhand exposure is higher (for example, in low-income neighborhoods), thirdhand exposure may be higher as well;
- Health effects of thirdhand exposure for adults and children, taking into account the disparities that cause some to be more exposed than others; and,
- Effective ways to mitigate exposure, including whether requiring disclosure of tobacco/cannabis smoking or vaping by previous tenants in rental agreements would reduce thirdhand exposure.

OBJECTIVE 6: Motivate and help tobacco users to quit

Tobacco users must be encouraged to quit early and to keep trying after a failed attempt. The quit attempt rate is the most important driver of cessation on the population level—even more important than the proportion of tobacco users using treatment.[79] To motivate quit attempts and improve success rates, it is important to offer tobacco users evidence-based, culturally appropriate cessation services, including medications and counseling. This is particularly true for members of marginalized communities, who experience disproportionate tobacco industry marketing pressure, and for people with chronic disease or mental health conditions.

Strategies to motivate and help tobacco users to quit include:

1. ***Work with the Department of Health Care Services to transform Medi-Cal into a model for tobacco cessation.***

The Medi-Cal program, administered by the Department of Health Care Services (DHCS), represents California's best opportunity to increase cessation and reduce tobacco-related disparities. All members are low-income, and many belong to other priority populations. Medi-Cal insures over 600,000 people who smoke.[80] Medi-Cal covers half of the states' smokers with chronic disease and nearly three fifths of those who experience severe psychological distress.[81] The program spends approximately $3.58 billion annually on tobacco-related health care[82] while receiving about $1 billion annually from Proposition 56.[83] Proposition 56 funds come entirely from tobacco users and impacts those with limited financial resources the most.[84]

TEROC recommends that CDPH and DHCS work together to align goals, improve the quality of data on tobacco, and make tobacco cessation a top priority to help Medi-Cal become a model for tobacco cessation that other insurers can then follow. Other strategies to help Medi-Cal become a model for cessation include:

- Providing a standardized, comprehensive, barrier-free cessation benefit covering all seven Food and Drug Administration (FDA)-approved cessation medications and three forms of behavioral counseling, and promoting it widely;[85]
- Ensuring that coverage for cessation services is integrated as a reimbursable service among substance use and mental health treatment providers;
- Encouraging treatments that combine counseling, pharmacotherapy, and combination therapy, including two complementary forms of medication;
- Incentivizing or requiring providers to assess all patients for tobacco use and reporting on tobacco quality metrics;
- Employing mass communication strategies to motivate quit attempts and offering treatment, including referral to Kick It California (formerly the California Smokers' Helpline) and other counseling services; and,
- Contracting with Kick It California to provide nicotine replacement therapies/medications and administering incentives for members to quit, which would increase treatment reach, engagement, and quitting outcomes.[86,87]

2. *Establish as the standard of care that all health systems and providers identify all patients who use tobacco and help them quit.*

Many providers do not routinely address tobacco use. Statewide, only 47 percent of tobacco users surveyed in 2017-2018 were advised to quit by a health professional in the past 12 months, and only 26 percent were referred to a cessation program.[88] Common barriers include insufficient training, misunderstanding of treatment effectiveness, lack of staff support, inadequate use of health information technology, and limited time and reimbursement.[89] Every clinical encounter is a chance to boost the odds of a tobacco user quitting. It is important to identify tobacco users and encourage them to quit at every encounter.

TEROC recommends taking the following steps to reduce barriers to the identification and treatment of tobacco dependence:

- Include tobacco cessation training in medical and nursing school curricula. Make training available as continuing medical education (CME) credit to all allied health professionals. Implement training for providers who cannot prescribe but can "furnish" medications, including pharmacists and oral health providers;
- Configure electronic health records (EHR) systems to collect accurate data on patient use of all tobacco and cannabis products, provide clinical decision support, enable clinicians to electronically refer (e-refer) patients to Kick It California, and enable patients' mass referral on an opt-out basis;
- Set quality goals for identifying tobacco users and providing treatment in all health systems, especially those serving priority populations;
- Make all facilities where Californians receive care, including mental health and substance use disorder treatment facilities, tobacco-free;
- Ensure reimbursement for screening for tobacco use and providing appropriate tobacco treatment and wraparound services; and,
- Reframe tobacco dependence as a chronic disease requiring a treatment plan[90] and encourage adoption of system-wide cessation policies that require providers to treat tobacco dependence consistently.

3. *Advocate for universal, comprehensive, barrier-free coverage of tobacco cessation treatment.*

Comprehensive, affordable health insurance, with full and equal access to tobacco cessation treatment, is essential to reducing tobacco-related disparities in California. States like Massachusetts have enacted a law requiring all public and private insurance to cover the seven FDA-approved medications and counseling.[91] Additionally, quality health care systems metric reporting for tobacco dependence is needed to hold providers accountable for recording tobacco use dependence and treating every patient.

TEROC recommends:

- Health plans cover all seven FDA-approved cessation medications and three forms of behavioral counseling, including standardizing cessation benefits to simplify the coverage landscape, making it easier for plans, providers, and public health officials to promote quitting;
- Conducting research to develop and implement quality health care systems metric reporting for tobacco dependence, consistent with other chronic conditions;
- Sharing accurate data by health care systems on tobacco product type use, including smoking, vaping, and cannabis use, and treatment provided; and,
- Increasing the visibility on reporting performance through means such as grading and publicizing the results.

4. *Tailor tobacco cessation services to the needs of priority populations.*

After decades of declining smoking prevalence in the general population, the majority of those who now smoke have low socioeconomic status.[92] Many also belong to other priority populations. One of the best ways to reduce tobacco-related disparities is to help members of these populations quit[93] by ensuring that evidence-based and culturally appropriate services are widely accessible and well-utilized by priority populations.

TEROC recommends:

- Expanding Kick It California's reach to a wider audience of tobacco users, including youth and young adults, by adapting new technologies to communicate with these audiences and continuing to implement new referral strategies such as mass-referral from the EHR, 211 Call Center warm referrals, and re-engaging relapsed tobacco users;
- Increasing accessibility to cessation medications from health plans and providers, and making cessation pharmacotherapy available in multiple forms and doses to accommodate a range of tobacco use patterns;
- Making Tobacco Treatment Specialist (TTS) training available so that health care and behavioral health systems can acquire the skills necessary to provide counseling;
- Integrating cessation services into Maternal, Child, and Adolescent Health programs and cancer centers for participants, patients, and their household members who smoke;
- Recruiting local mental health programs to provide wraparound services for tobacco users with mental health conditions, reimbursable by Medi-Cal and other health insurers;
- Expanding engagement of pharmacists in furnishing cessation medications, especially in rural counties and other areas where few physicians are available, and offering telemedicine services for cessation counseling;
- Ensuring that nicotine addiction treatment strategies are flexible to accommodate a wide range of tobacco use patterns from low-rate, intermittent use to heavy, daily use;
- Continuing to disseminate culturally sensitive cessation resources through an accessible statewide repository; and,
- Continuing to monitor cessation treatment utilization rates, quit attempt rates, quit intention rates, and quit rates to ensure progress toward increasing cessation overall and within priority populations.

5. *Expand the availability and utilization of evidence-based cessation treatment by underserved groups.*

For adult smokers, there is strong evidence both for pharmacological approaches[94] and behavioral approaches.[95-97] Unfortunately, the evidence base is not equally strong for all ages and product types. In the short term, cessation services can be adapted from existing evidence-based approaches addressing adult smokers. Still, there is a need for tailored evidence-based cessation interventions for the following groups:

- Adults who use e-cigarettes or other electronic smoking devices;
- Teens who use any tobacco product, including cigarettes and e-cigarettes. The American Academy of Pediatrics recommends that pediatricians consider off-label use of nicotine replacement therapy for teens who are moderately or severely addicted to nicotine and motivated to quit.[98] There is some evidence that behavioral approaches can help young adults quit smoking,[99] which may provide clues for the development of approaches that may work for teens; and,
- People of any age who use cannabis. There is no evidence for pharmacological interventions,[100] but some evidence for psychosocial interventions,[101] suggesting that counseling may be the most promising way to help cannabis users quit.

TEROC recommends conducting experimental research to establish evidence-based interventions specifically for the above populations and for dual and poly use involving cigarettes, e-cigarettes, and cannabis and prioritizing

interventions that increase quit attempts and use available services such as Kick It California, individual and group counseling, and texting programs.

6. *Motivate quit attempts on the population level.*

Most tobacco users must make multiple attempts before they quit for good.[102] Both aided and unaided quit attempts help move tobacco users toward the goal of quitting completely.

TEROC recommends the following strategies to encourage repeated quit attempts:

- Work with health plans and employers to promote and incentivize quitting;
- Use traditional and social media to encourage quit attempts and increase use of Kick It California and its Vapeline;
- Incorporate cessation messaging into tobacco education activities geared toward young people, including those who may not use tobacco themselves but can support friends and family members in quitting;
- Incorporate cessation into policy and enforcement activities, for example, in communications about local ordinances and signage; and,
- Research ways to increase quit attempts and treatment utilization rates among tobacco users in general and among priority populations.

OBJECTIVE 7: Counter industries engaged in the manufacture, marketing, sale, and distribution of tobacco and cannabis products

Decades ago, countering the tobacco industry meant fighting a few big cigarette companies. The concept of "industry" now encompasses a wide array of companies that produce a constantly changing lineup of products ranging from combustible and smokeless tobacco and cannabis products including e-cigarettes, hookah, heated tobacco products, and other novel tobacco products. It includes companies that participate in the manufacturing, marketing, sale, import, distribution, and retail of these products, as well as trade organizations, front groups, and foundations that act at the behest of the manufacturers and retailers. Because all vaping devices are considered tobacco products under California state law, even when used to consume other vaporized substances,[42] industry also includes the companies involved in the manufacture, marketing, sale, import, and distribution of cannabis intended to be vaped. It is important to counter this broader manifestation of the industry to make continued progress toward a commercial tobacco-free California.

Strategies to counter industries engaged in the manufacture, marketing, sale, and distribution of tobacco and cannabis products include:

1. *End industry spending on efforts to influence policy and win public favor.*

Every year in California, the industry spends millions of dollars to garner support from policymakers and to silence the objections of community organizations.

a. *End industry spending on political lobbying.*

The tobacco and cannabis industries have successfully used political lobbying to influence public policy at the state and local levels, particularly in stifling legislation that it does not like.[103] It also engages in costly battles to derail or delay progressive legislation through the referendum process.[104]

TEROC recommends:

- Monitoring and exposing industry spending on lobbying public officials who accept industry contributions,[103,105] and how elected officials voted on related legislation; and,
- Discouraging the acceptance of contributions from the tobacco and cannabis industries to protect the policymaking process from corruption.

b. *Prohibit industry sponsorships, community grants, and partnerships.*

Accepting tobacco or cannabis industry funding, including funding from industry front groups and foundations, represents a conflict of interest for organizations participating in tobacco control, whether in research, education, programming, or enforcement. The tobacco industry tries to burnish its public image by sponsoring sports and

cultural activities, offering free school prevention curricula, and funding research. Additionally, it uses corporate giving programs and sponsorships, and recruits community spokespeople to buy community goodwill and obscure opposition to tobacco use prevention and reduction policies.

TEROC recommends:

- Agencies establish conflict of interest policies requiring grant applicants to disclose their other funding sources, disqualifying those who have received funding from the tobacco or cannabis industries, and requiring successful applicants to pledge not to accept future industry funding. These same requirements should apply to sub-awardees.
- Monitoring and publicizing 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, and to the extent possible, discouraging community organizations and businesses from accepting industry contributions and sponsorships. For example, facilitate the adoption of school district policies banning financial and in-kind contributions from the industry.
- Discouraging and exposing industry efforts to recruit community spokespeople, celebrities, and public figures who defend or promote tobacco products. Such individuals wield great influence with youth and in communities of color.

2. *Regulate the marketing, sale, and distribution of tobacco and combustible cannabis products, moving toward achieving endgame outcomes.*

One of the most effective strategies for countering the industry is to regulate how it markets, sells, and distributes its products. This strategy has the potential to move California closer to the goal of ending the commercial tobacco epidemic in the state by 2035.[106] Strategies include:

a. *Restrict advertising.*

The federal Family Smoking Prevention and Tobacco Control Act of 2009 prohibits unproven health claims in cigarette ads; the use of terms such as "light," "mild," and "low-tar;" outdoor advertising within 1,000 feet of schools and playgrounds; sports and entertainment event sponsorships; sampling; and giveaways of non-tobacco items.[107]

TEROC recommends:

- Advocating that the FDA apply the 2009 Tobacco Control Act cigarette marketing restrictions to all tobacco products, not just cigarettes;
- Encouraging collaboration between tobacco control projects and cannabis prevention programs to establish marketing restrictions on cannabis that are at least as strong as those for tobacco. The cannabis restrictions could go further, as there is no federal preemption in this area. Restrict the content of cannabis advertising and the time, place, and manner of it locally and statewide. Require cannabis companies to report sales and marketing expenditures at the state level, as the Federal Trade Commission requires of tobacco companies;
- Enacting and enforcing strong local and state policies prohibiting all heath claims for all tobacco and cannabis product advertising. Restrict the promotion of these products in all contexts, including in labels, ads, websites, social media, and at the point of sale. State law prohibits health claims in cannabis advertising, but

this provision is weakly enforced, and the cannabis industry has been successful in creating a misperception of cannabis as a wellness product; and,
- Enacting and enforcing strong local content-neutral restrictions on advertising.[108] California's Lee Law sets a 33 percent cap on the amount of window space that can be covered with ads in stores selling alcohol.[109-111] Local jurisdictions can lower this cap and extend the rule to retailers selling tobacco. This could help to reduce point-of-sale tobacco advertising in low-income and Black neighborhoods, which are disproportionately burdened with it.[16]

b. Increase the impact of graphic health warnings at the point of sale and in advertisements.

In January 2022, the federal government will require graphic health warnings on all cigarette packs sold in the U.S. (covering 50 percent of the front and back panels) and in all cigarette advertisements (covering 20 percent of the ad).[112]

TEROC recommends:
- Countering industry advertising by educating the public about the health risks associated with tobacco and cannabis use by requiring graphic health warnings on a greater proportion of ad space and at the point of sale; and,
- Requiring health warnings on cannabis packaging and in cannabis dispensaries.

c. End or restrict the sale of tobacco products.

One of the most effective endgame tactics for reducing tobacco consumption is ending the sale of tobacco products or certain classes of tobacco products, which state and local jurisdictions are legally entitled to do.[107] Ending the sale of tobacco products addresses a key structural factor sustaining the tobacco epidemic. In 2019, Beverly Hills became the first municipality in the U.S. to take this step.[113]

TEROC recommends the following strategies to restrict tobacco product sales:
- Ending the sale of combustible products, flavored products, or products that produce environmental waste;
- Restricting online sales or sales at certain types of businesses, such as pharmacies;
- Creating buffer zones around schools, parks, recreation centers, and other places where young people congregate;
- Limiting retailer density, for example, by requiring retailers to be at least 1,000 feet apart or capping the number of allowable tobacco retailers in a jurisdiction, and using the cap to reduce the density in disproportionately impacted neighborhoods; and,
- Restricting sales to within certain hours.

d. Enforce the prohibitions on tobacco and cannabis sales to people under 21.

Although the minimum legal age to purchase tobacco or cannabis in California is 21, sales to people under 21 still occur, including online. Many tobacco and cannabis websites only require users to attest that they are 21.

TEROC recommends:

- Requiring strong online age-gating practices, such as registering first-time website visitors, asking for a government-issued ID, and using third-party age verification before completing sales;
- Restricting the delivery of cannabis purchased online by requiring conspicuous packaging and a signature from someone 21 or older; and,
- Targeting enforcement of retailers who sell to those under 21, not consumers.

e. Prohibit pricing tactics that differentially affect young and low-SES consumers.

TEROC recommends:

- Restricting predatory pricing tactics used by the tobacco and cannabis industries to appeal to young and low-SES consumers at the state and local level;[114]
- Establishing a price floor that tobacco and cannabis retailers cannot sell below;
- Prohibiting buy-one-get-one-free offers and other deep discounting tactics; and,
- Amending state law to allow local jurisdictions to levy their own taxes or fees to cover the medical, environmental, and other costs of tobacco product use.

f. Improve enforcement of policies restricting marketing, sales, and distribution.

TEROC recommends:

- Enhancing compliance with policies restricting the marketing, sale, and distribution of tobacco and cannabis by targeting the enforcement of industry, not consumers; and,
- Conducting research to address the following topics:
    - The impact of policies restricting the marketing, sale, and distribution of tobacco and cannabis products;
    - Effective ways to enforce sales restrictions without criminalizing purchasers or worsening social disparities; and,
    - Effective strategies to counter industry marketing tactics that appeal to youth or make health claims about tobacco or cannabis products.

3. *Denormalize the tobacco and cannabis industries and expose their relationships with each other and with allied organizations.*

Expose industry efforts to manipulate consumers, deceive the public, and influence public policy. Industry participation in the regulatory process for tobacco and cannabis products represents a clear conflict of interest. Restrict industry participation in decision making related to the regulation of tobacco and cannabis products.

TEROC recommends:

- Research on the growing strength and increasing corporatization of the cannabis industry, how it intersects and is merging with the tobacco industry, and how both influence science and policy;
- Exposing and prohibiting industry efforts to fund and influence research;
- Establishing a more rigorous and transparent peer review process for allocating cannabis research funding; and,
- Publicizing findings from research on tobacco and cannabis industry manipulation of science and policy.

Encourage businesses allied with the tobacco and cannabis industries to cease activities that support the marketing, sale, and distribution of tobacco and cannabis products. Examples of allied organizations include:

- Marketing firms that advertise such products;
- Business groups and trade organizations that serve as industry front groups;
- Pharmacies that sell tobacco;
- Companies that import tobacco products;
- Companies that deliver tobacco or cannabis to consumers; and,
- Entertainment companies that allow tobacco or cannabis product placement in movies and in streaming or online media.

4. *Lead the world in ending the global tobacco epidemic.*

California must remain a global leader in forging a path toward a tobacco-free future, not only by ending the tobacco epidemic in the state but by helping others around the world make similar progress.

TEROC recommends the following strategies to maintain California as a global leader to prevent and reduce tobacco use:

- Conducting research on countering the tobacco industry and the effects of such policies in California, and disseminating findings widely. Innovative policies enacted in California can serve as models for the rest of the world;
- Supporting effective tobacco control measures in developing nations by providing information and resources, technical assistance, and letters of support;
- Urging California officials not to engage in trade deals involving tobacco or cannabis industries when doing business with other countries;
- Supporting the World Health Organization's strong stance against tobacco;
- Calling on the U.S. government to ratify the Framework Convention on Tobacco and to reject international trade agreements that weaken tobacco regulation;
- Urging the U.S. to engage in human rights treaties that strengthen commercial tobacco regulation and encouraging people to file shadow reports documenting human rights violations in this area;
- Calling on the FDA to require strong tobacco packaging and labeling standards, limit industry's ability to bring new tobacco products to market, and limit industry's ability to bring new tobacco products to market and its role in decision making; and,
- Fighting federal preemption.

About the Tobacco Education and Research Oversight Committee

The Tobacco Education and Research Oversight Committee (TEROC) is a legislatively mandated advisory committee charged with overseeing the use of Proposition 99 and Proposition 56 tax revenues for tobacco control and related research. TEROC advises the California Department of Public Health, the University of California, and the California Department of Education regarding the administration of funded programs. TEROC maintains and regularly updates a comprehensive plan for tobacco control and related research in California, and makes recommendations to the State Legislature for improving these efforts. Pursuant to the Bagley-Keene Open Meeting Act, all TEROC meetings are open to the public. More information about TEROC, including meeting announcements, minutes, policy letters, press releases, and previous TEROC Plans, can be found online at https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/TEROCMasterPlan.aspx.

California's tobacco control efforts under Proposition 99 and Proposition 56 are administered by three state entities that work together toward achieving the vision, mission, and goals defined by TEROC:

- The California Department of Public Health, California Tobacco Control Program administers the public health aspects of the program, including tobacco control activities of local health departments and nonprofit organizations; statewide training, technical assistance, and tobacco cessation projects; a statewide media campaign; and statewide surveillance and evaluation.
- The California Department of Education, Tobacco-Use Prevention Education Office administers the Tobacco-Use Prevention Education Program, including school-based tobacco-use prevention, education, and cessation programs.
- The University of California Office of the President, Tobacco-Related Disease Research Program funds research that enhances understanding of tobacco use, prevention, and cessation, the social, economic, and policy-related aspects of tobacco use, and tobacco-related diseases.

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. There are presently two vacancies. TEROC members who contributed to this Plan include:

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