Achieving Health Equity:

Standing Together Against Commercial Tobacco & Nicotine 2025–2026

California Tobacco Education and Research Oversight Committee

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Introduction

In 1988, California voters passed Proposition 99, the Tobacco Tax and Health Protection Act of 1988 (Prop 99), which increased the tax on packs of cigarettes by $0.25 and added a proportional increase on other tobacco products.[1, 2] Prop 99 declared the State's intent: "To reduce the incidence of cancer, heart, and lung disease and to reduce the economic costs of tobacco use in California, it is the intent of the people of California to increase the state tax on cigarettes and tobacco products."[3]

Nearly three decades after the passage of Prop 99, California voters overwhelmingly passed another initiative, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56).[4] Prop 56 increased the state cigarette tax by another $2 per pack, with equivalent taxes on other tobacco products, including e-cigarettes. The initiative also increased funding for tobacco control and prevention. Nearly two thirds (64.4%) of California voters supported passage of Prop 56, sending a strong message that they wanted to end the commercial tobacco epidemic.[5]

The Tobacco Education and Research Oversight Committee

The Tobacco Education and Research Oversight Committee (TEROC) was established by statute[6] as an advisory body to oversee the use of Prop 99 and Prop 56 tobacco tax revenues for tobacco prevention, education, and research. TEROC advises three agencies that focus on these areas: the California Department of Public Health (CDPH), which operates the California Tobacco Prevention Program (CTPP); the California Department of Education (CDE), which administers the Tobacco-Use Prevention Education (TUPE) Program; and the University of California Office of the President (UCOP), which administers the Tobacco-Related Disease Research Program (TRDRP).

Nevada County students demonstrate in support of tobacco-free living.
Source: Nevada County Public Health Department and Nevada County Superintendent of Schools

TEROC is required to:

- Support the evaluation of funded programs to assess the overall effectiveness of efforts to reduce tobacco use in the state.
- Facilitate programs operated jointly by more than one agency, proposing strategies for coordination to avoid duplication of services and maximize public benefit.
- Make recommendations regarding criteria for the selection of programs, standards for their operation, and the types of programs to be funded.
- Report to the Legislature annually on the number and amount of funded programs, the amount of money in the Health Education Account, moneys previously appropriated to agencies but unspent, a description and assessment of all funded programs, and recommendations for any needed policy changes or improvements to programs.

- Ensure that the most current research findings are applied in designing programs.
- Produce a biennial, comprehensive plan to implement tobacco education programs throughout the state for the prevention and cessation of tobacco use, including implementation strategies for various target populations,[7] recommendations on administrative arrangements, funding priorities, integration and coordination of approaches by the funded agencies and their support systems, and progress reports for each target population.

The Vision of a Commercial Tobacco-Free California

TEROC and the agencies it advises are inspired and driven by a vision of California in which:

- There is no commercial tobacco use, 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 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.

It is important to note the distinction between traditional tobacco, which is used in ceremonies by certain American Indian Tribes, and commercial tobacco, which is sold by the tobacco industry for profit. References to tobacco prevention in this document apply only to commercial tobacco use.

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

Ending the Commercial Tobacco and Nicotine Epidemic

California is undergoing a paradigm shift, from merely controlling the commercial tobacco epidemic to ending it.[8] The state seeks to eliminate the tobacco industry's influence, free its communities from addiction to the industry's deadly products, and end the commercial tobacco epidemic once and for all.

While California envisions the end of the tobacco epidemic, the tobacco industry is also attempting a shift. Globally, tobacco use is the leading cause of preventable deaths, killing more than 8 million people per year, including 1.3 million who are exposed to secondhand smoke.[9] California has consistently held the tobacco industry accountable as the force behind this tragedy.[10] The industry responds by attempting to rebrand itself and by changing its product lineup. E-cigarettes were originally introduced as cigarette-like but much less dangerous.[11]

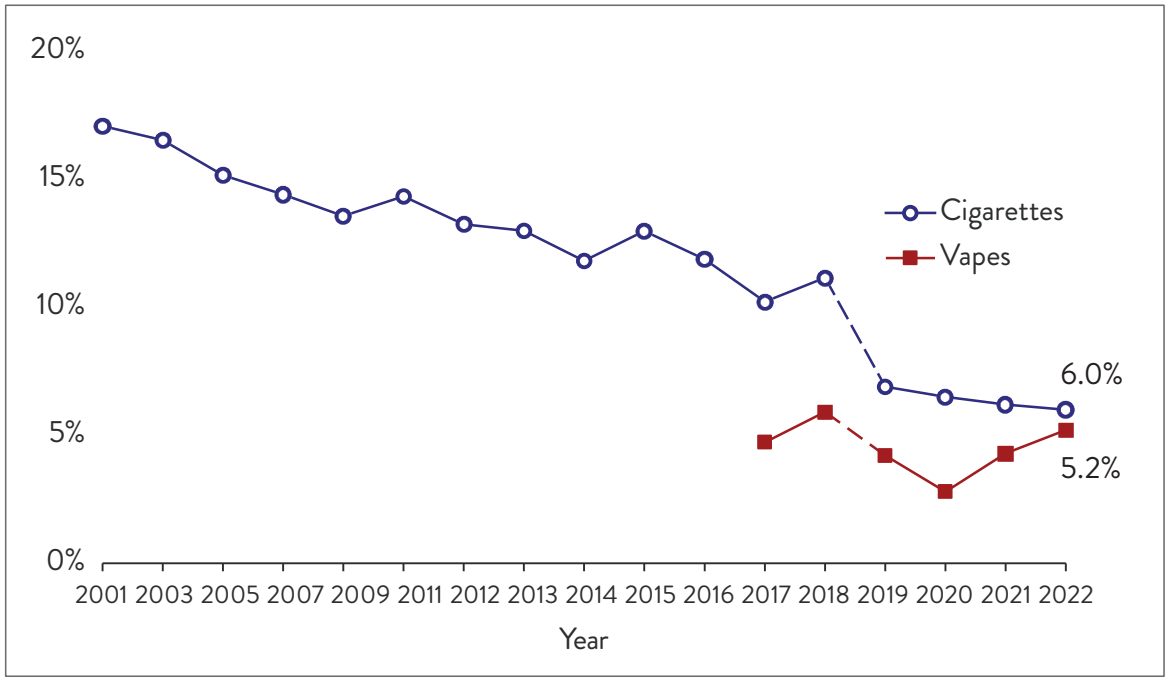
Despite research establishing the negative health effects of vaping,[12] the number and variety of vaping devices has expanded greatly, and the industry still deceptively promotes vaping as a safer choice than smoking.[13] Similarly, heated tobacco products such as IQOS were introduced as a way to enjoy the sensation of smoking without the risks associated with combusted tobacco.[14] Increasingly, the industry markets "tobacco-free" products, including oral nicotine pouches such as Zyn, to minimize legitimate health concerns about tobacco use, normalize continued use, and maintain its profits.[15] This is why TEROC and the agencies and programs it oversees are standing together against commercial tobacco *and nicotine*.

A sampling of products marketed by the tobacco industry.
Source: Tobacco Education Clearinghouse of California

A Focus on Health Equity

TEROC and the programs it oversees seek 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. California has made great progress in reducing overall tobacco use, as shown in Figure 1, but progress has been less pronounced in some groups.[16] This is mainly due to the tobacco industry targeting and exploiting communities through deceitful marketing tactics[17–19] and by undermining public policy.[20–22] The tobacco industry has always prioritized its profits above all else, and its influence continues

Figure 1. Current (past 30-day) cigarette use and vape use among adults aged ≥18 years.



Source: California Tobacco Facts and Figures 2024, based on data from California Health Interview Survey, 2001–2022

to harm historically excluded communities.[23, 24] It is vitally important that TEROC and the agencies and programs it oversees stand with these communities in pushing back against the industry's influence.

TEROC acknowledges that the fight to end the commercial tobacco epidemic will look different for each of the state's diverse communities, and health equity must be a core component of strategies to address inequities in health outcomes. The strategies must be culturally appropriate and modified for different communities. To address tobacco-related inequities, it is critical both to build power and influence among members of communities most impacted by commercial tobacco, and to equitably allocate resources to these affected groups. These steps are necessary to counter the tobacco industry's influence and correct the structural, political, and social determinants underlying disparities.

TEROC and the agencies it oversees are committed to improving health outcomes for all populations in California. Therefore, while prioritizing strategies to end the tobacco industry's influence, they must also address the needs of California's diverse populations.

About This Plan

The 2025–2026 TEROC Plan is built around eight main objectives:

1. Reduce tobacco-related disparities.
2. Build capacity to end the commercial tobacco epidemic.
3. Address the evolving tobacco product landscape.
4. Protect youth and young adults from tobacco.
5. Promote smokefree environments.
6. Reduce tobacco product waste.
7. Promote tobacco cessation.
8. Counter the tobacco and cannabis industries.

For each objective, the Plan recommends strategies in five areas: policy, education, research, partnership, and funding. This section of the Plan serves as a call to action not only for the three agencies overseen by TEROC, but for their funded programs and for all stakeholders, partners, and allies in tobacco prevention.

Following the section on objectives and strategies is a high-level list of recommendations for policymakers. These policy efforts will help bring about an end to the commercial tobacco epidemic. TEROC encourages tobacco prevention advocates and their allies to work with policymakers to pass and enact these policies, both locally and in some cases on the state level.

The final part of the Plan includes progress reports and implementation strategies for priority populations. The reports provide tobacco use data from 2016 to 2023 for adults and youths.

Objective 1: Reduce Tobacco-Related Disparities

California has made great progress in reducing the overall rate of tobacco use, but alarming disparities based on demographic, socioeconomic, and geographic differences remain.[25] Among California adults in 2021–2022, the overall current tobacco use rate was 11.4%, but rates were considerably higher in certain subgroups, as shown below in Figure 2.

For decades, the tobacco industry has targeted historically marginalized communities using manipulative marketing tactics such as providing free or discounted products and using themes or models that reflect community values.[26–29] The industry's tactics also include masquerading as supporters of social justice, civil rights, and cultural issues with the goal of interfering with policy, selling more products, and profiting from the communities they target.[24, 30] This has led to a situation in which many of California's priority populations not only suffer from higher rates of tobacco use, but also greater exposure to secondhand smoke at work and home, and higher rates of tobacco-related death and disease than the general population.[25, 31, 32] To reverse the damage that the tobacco industry has inflicted on many of California's communities, it is critical to identify tobacco-related disparities experienced by these communities and counter the industry's influence on them.

Key Themes

- The tobacco industry and its deadly products impact communities at different rates.
- Populations experiencing patterns of bias and exclusion tend to be the most impacted by tobacco.
- Health equity requires greater focus on tobacco prevention and cessation in these priority populations.

Recommended Strategies

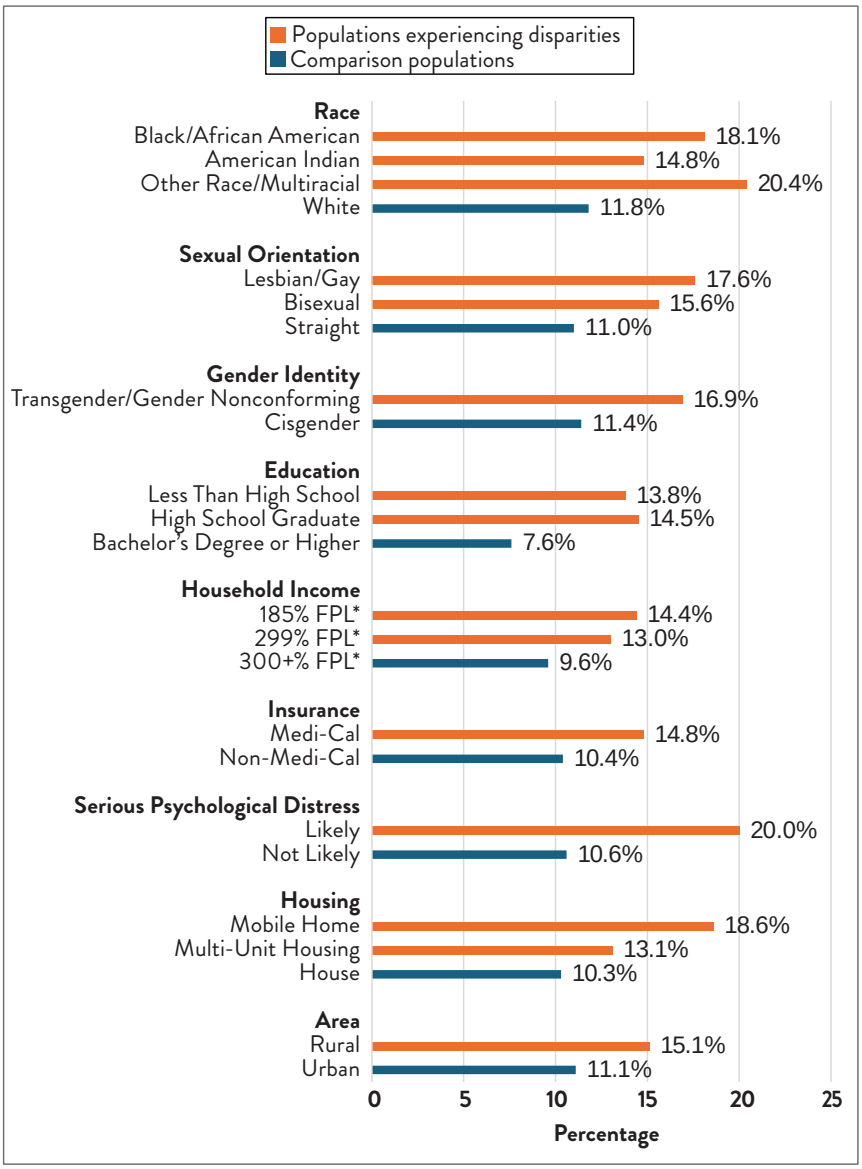
Policy

- Reduce the tobacco industry's ability to target communities with menthol and other product flavorings by:
  - Implementing and enforcing laws restricting the sale of flavored tobacco, including products marketed with cooling sensations and non-specific flavor concepts.
  - Closing policy loopholes that allow for the sale of certain flavored tobacco products, such as hookah and heated tobacco products.

Staff and volunteers of We Breathe and the California LGBTQ Health and Human Services Network at a 2024 Community Forum.
Source: We Breathe

    - Restricting online sales of flavored products by amending tobacco retailer license (TRL) laws to require that tobacco sales be conducted in person.
- Ensure that policy compliance efforts support social justice by:
    - Emphasizing education and social norm change in efforts aimed at community members, rather than fines and penalties.
    - Reserving enforcement actions for upstream violators, such as retailers who sell prohibited products or who sell to underage customers and advertisers who use illegal marketing tactics.
    - Avoiding purchase, use, and possession (PUP) laws that punish youth for violating tobacco-related age restrictions.
- Respect the sovereignty of Tribes in determining their own policy goals concerning the regulation of commercial tobacco.

Figure 2. Current tobacco use rates in selected populations, 2021–2022.



*FPL = federal poverty level

Source: California Tobacco Facts and Figures 2024, based on data from California Health Interview Survey, 2021 and 2022

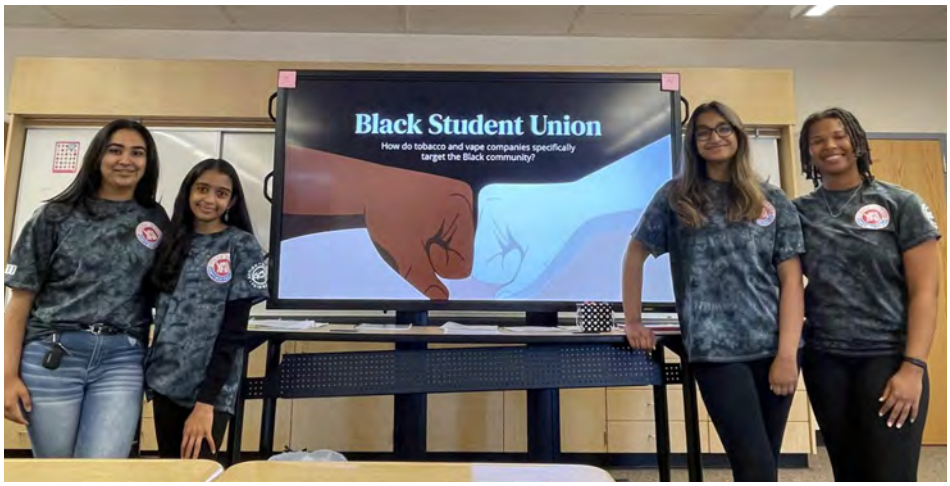
Education

- Increase awareness of the important differences between traditional/ceremonial tobacco use and commercial tobacco use.
- Keep policymakers and stakeholders informed about the latest tobacco prevention research, including surveillance data on the use of tobacco among priority populations and implications for public policy.

Research

- Conduct ongoing surveillance and rigorous evaluation to ensure that tobacco prevention programming is informed by accurate, up-to-date information about the populations it serves.
- Disaggregate surveillance and evaluation data to show subgroup differences, as sample sizes permit (e.g., report Asian Americans by specific Asian subgroups).

- Prioritize analyses of intersectionality among priority populations when conducting research, as individuals belonging to two or more marginalized groups may experience additional stressors that contribute to tobacco use.
- Prioritize research identifying and mitigating tobacco-related disparities by identifying and developing effective interventions for disproportionately impacted populations based on age, race/ethnicity, gender, sexual orientation, education, socioeconomic status, rurality, and other relevant characteristics.
- Conduct research addressing community factors that contribute to higher tobacco use rates and health disparities, such as minority stress, discrimination, industry targeting, and social norms.



Alameda County students and Black Student Union members engage in peer education on how the tobacco industry targets the Black community.
Source: Alameda County Office of Education

Partnership

- Involve advocacy organizations and other community groups, including those that may not have traditionally engaged in tobacco prevention work but that understand their communities' needs, at every step in the planning, implementation, and evaluation of programs intended to reduce tobacco-related disparities.

Funding

- Prioritize funding for programs and interventions designed to reduce disparities and promote health equity, that reach priority populations, and that emphasize culturally relevant activities for the communities they serve, recognizing how factors such as patterns of bias and exclusion contribute to tobacco-related health disparities.
- Fund applicants who show that they understand and can effectively serve the communities prioritized in requests for applications (RFAs).

Objective 2: Build Capacity to End the Commercial Tobacco Epidemic

California aims to eradicate the tobacco industry's influence and harm in the state, and in so doing to end the commercial tobacco epidemic.[34] As the state's endgame policy platform notes:

> *"This will be accomplished by building a statewide movement that prepares and transitions communities, especially those consisting of populations that have been disproportionately targeted by the tobacco industry, to end the commercial tobacco epidemic, to protect public health, to protect the environment, and to eliminate tobacco-related health disparities for all Californians."*[34]

This goal requires a strong focus on capacity building and developing and maintaining resources, services, and advocacy devoted to priority populations that have benefited the least from the state's progress in tobacco prevention.

Key Themes

- Ending the commercial tobacco epidemic requires capacity building throughout the entire tobacco prevention work force.
- It requires a special focus on building capacity to serve communities disproportionately impacted by tobacco.
- Dwindling tax resources necessitate a strong focus on sustainability and partnership.

Building capacity while striving for health equity requires investing greater resources wherever people are not afforded an equal opportunity to be healthy.[35] It requires a commitment to developing a diverse tobacco prevention workforce, including a new generation of leaders, as well as active partnerships with groups that have been marginalized due to racism, homophobia, transphobia, and other forms of bias and exclusion.[36] It also requires a greater focus on the root causes of disparities and the development of programs designed to address these determinants of health.

Interns train with the Nicotine and Cannabis Policy Center (NCPC), one of three policy research centers funded by TRDRP.
Source: NCPC

It is important to bear in mind that as tobacco prevention and cessation reduce the number of people addicted to tobacco, they also reduce the tax revenue generated from tobacco sales. There must be a plan to sustain programming for tobacco prevention and cessation in the face of this reality.

Recommended Strategies

Policy

- Ensure that the tobacco prevention and cessation workforce reflects the communities it serves through organization-wide diversity initiatives and strategic succession planning to increase diversity and develop future leaders.
- Increase state funding for tobacco prevention to the level recommended by the Centers for Disease Control and Prevention; in 2024, California allocated only about 60% of the recommended amount.[37]

Education

- Provide mentorship and skills development opportunities to help young people, especially those from priority populations, choose careers in tobacco prevention.
- Offer trainings to coalition members and the public about civil service to engage more people in tobacco prevention efforts at the city, county, and state levels.
- Widely promote career development and job opportunities to local tobacco prevention coalitions, youth advocates, local colleges, and internship and fellowship programs to expand access for diverse candidates.
- Highlight and share local successes in tobacco policymaking and other areas of tobacco prevention to help build local capacity.
- Develop retailer communities of practice to disseminate knowledge of best practices for tobacco prevention in retail settings beyond funded organizations.

Research

- Create and sustain a diverse pipeline of young people, especially those from priority populations, who gain experience in tobacco prevention research or advocacy while in high school or college and then advance to full careers in this field.
- Increase collaboration between doctorate-granting research universities and community colleges serving students from priority populations, exposing them to and including them in tobacco-related research projects.
- Build capacity and develop a more diverse new generation of tobacco prevention researchers to address health disparities and advance health equity in communities disproportionately impacted by the commercial tobacco epidemic.
- Ensure that findings from community-based research are disseminated back to communities in a timely manner for their use in efforts to end the commercial tobacco epidemic.

California State University San Marcos (CSUSM) student researchers participate in the TRDRP-funded Smoke and Vape-Free Scholars Initiative Program.
Source: CSUSM

Partnership

- Improve collaboration between state agencies, local lead agencies, local educational agencies, Tribal communities and governments, community organizations, universities, and other partners to increase opportunities for capacity building in tobacco prevention.
- Collaborate with 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, both to increase effectiveness and reach and to help sustain programming as tobacco tax revenues decline.
- Ensure that all agencies and partner organizations have broad access to high-quality training and technical assistance.
- To support the pipeline of future tobacco prevention researchers and advocates, partner with youth organizations, colleges, and universities to engage young people in tobacco prevention work, such as research, policy advocacy, and social norm change campaigns. Where appropriate, provide internships and other sustained learning opportunities for young people.

Funding

- Help sustain the fight to end the commercial tobacco epidemic in California by:
  - Indexing tobacco taxes to inflation.
  - Dedicating a greater proportion of tobacco tax revenue for tobacco prevention and research.
  - Dedicating proceeds from any tobacco industry settlements and new industry fees for tobacco prevention and research.
  - Requiring publicly funded health insurance programs, including Medi-Cal, Covered California, and CalPERS, to cover and promote barrier-free access to comprehensive cessation services for their members who use tobacco.
  - Demanding transparency in how tobacco and cannabis tax revenues are allocated, and advocating for robust funding of cannabis prevention.
- Promote sustainability in tobacco prevention programming by:
  - Coordinating interagency funding strategies and programs to avoid the duplication of services and maximize the public benefit.
  - Prioritizing activities that strengthen the policy environment, leverage federal funding, and get new partners involved in tobacco prevention and cessation as a regular part of their work.
  - Assisting grantees in planning to sustain their programs.
- Make technical support services available at no cost to grantees, contractors, and partner organizations to help them build capacity cost-effectively.
- Encourage participation in tobacco prevention efforts by providing internships, community engagement grants, and travel reimbursement.
- Provide funding and capacity building resources for Tribes working on commercial tobacco prevention and education.

Girls Rising, a group of singers and trainers for the Medicine Wheel Project in Resources for Indian Student Education (RISE), an American Indian Education Center funded by TUPE to prevent commercial tobacco use.
Source: Rise, Inc.

Objective 3: Address the Evolving Tobacco Product Landscape

The tobacco industry continues to invent and reinvent tobacco products to evade restrictions and entice new users. New products such as nicotine pouches and heated tobacco, synthetic nicotine, and zero nicotine products present new challenges for public health.[38, 39] The industry is co-opting the harm reduction narrative, promoting its newer products as "safer" or "less harmful" than its older products in order to appeal to consumers' health concerns, garner good will, and skirt restrictions.[40, 41] Many are designed to keep current tobacco users from quitting and entice children and young adults who have never used tobacco to start.[41]

Meanwhile, as the use of cannabis is permitted in more public places, it threatens to renormalize smoking and roll back existing tobacco laws.[42] The rapidly growing cannabis industry has adopted tactics long used by the tobacco industry, including predatory marketing to marginalized communities.[43] These developments endanger the progress that has been made against smoking and vaping. They demand a strong public health response addressing the combined threat of tobacco, cannabis, and these new and emerging products.

Key Themes

- The landscape of tobacco and cannabis products constantly evolves as the industries seek ways to evade restrictions and hook users.
- New and emerging products threaten to addict a new generation of users and re-normalize tobacco use.
- It is critical to stay abreast of these products and develop interventions to address them.

Recommended Strategies

Policy

- Ensure that tobacco restrictions cover all tobacco products, including:
  - Cigarettes, cigars, and other combustibles.
  - Spit tobacco, snus, nicotine pouches, and other oral tobacco products.
  - Vape pens and other battery-operated devices that deliver nicotine or other vaporized liquids.
  - Products that can be used with either tobacco or cannabis, such as blunt wraps, hemp wraps, and rolling papers.
  - New and emerging products such as herbal vapes and heated tobacco products.[44]
- Ensure that tobacco policies do not exempt so-called "reduced risk" products, such as those designated by the Food and Drug Administration (FDA) as Modified Risk Tobacco Products,[45] or products authorized for sale through a

Social media post touting ZYN nicotine pouches as a healthier alternative to cigarettes.
From the collection of Stanford University (tobacco.stanford.edu).

Premarket Tobacco Product Application.[46] (See also Objective 8.)

- Ensure that the tobacco industry is unable to subvert laws prohibiting the sales of certain tobacco products by modifying or renaming them.
- As the California Attorney General develops a state-administered list of unflavored tobacco products allowed to be sold under SB 793,[47] encourage local jurisdictions to adopt stronger ordinances prohibiting the sale of all tobacco products, including those on the list.[48]
- Prohibit the use of all nicotine, cannabis, and non-nicotine products that produce smoke or aerosol wherever tobacco smoking is prohibited, such as in indoor and outdoor workplaces, parks, multi-unit housing, and other public places. (See also Objective 5.)
- Apply best practices and lessons learned from the regulation of cigarettes to the regulation of all tobacco and cannabis products, including restrictions on advertising.
- Strengthen enforcement of restrictions on tobacco and cannabis retailers to prevent illicit sales.

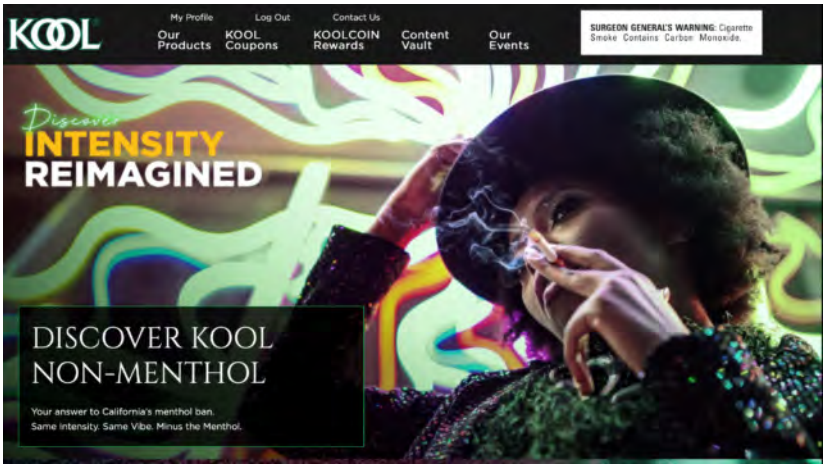
Ad for IQOS, a heated tobacco product marketed by Philip Morris.
From the collection of Stanford University (tobacco.stanford.edu).

Education

- Continue to ensure that school curricula keep pace with the changing landscape of tobacco and cannabis products and that educators receive timely information on emerging products.
- Educate students on marketing tactics used by the tobacco and cannabis industries to target young people and normalize use, including the use of social media influencers to market products.
- Apply best practices and lessons learned from anti-smoking public education campaigns to new campaigns designed to reduce demand for other tobacco and cannabis products, especially those misleadingly marketed as wellness products.
- Increase public understanding of the interconnectedness of tobacco, cannabis, and related emerging products, and the industries that produce them.

Research

- Monitor the marketplace to identify new tobacco and cannabis products.
- Conduct rapid-cycle research on new products to understand their chemistry and likely health impacts and quickly disseminate these findings.
- Monitor trends in the uptake of new products, especially by young people and priority populations, as part of the ongoing surveillance of tobacco and cannabis use.



Screenshot of the Kool website advertising non-menthol cigarettes, "your answer to California's menthol ban."
From the collection of Stanford University (tobacco.stanford.edu)

- Research the health effects of all tobacco and cannabis product use, including dual and poly use.
- Assess changes over time in the potency of tobacco and cannabis products and determine how high levels of nicotine and tetrahydrocannabinol (THC), the psychoactive ingredient in cannabis, affect use and dependence.
- Research patterns in the use of tobacco and cannabis products by people with substance use disorders, and how substance use treatment providers address dependence on these products.
- Research the industry's incorporation of digital engagement, gaming, and incentives in tobacco product design, such as in "smart vapes."[49]

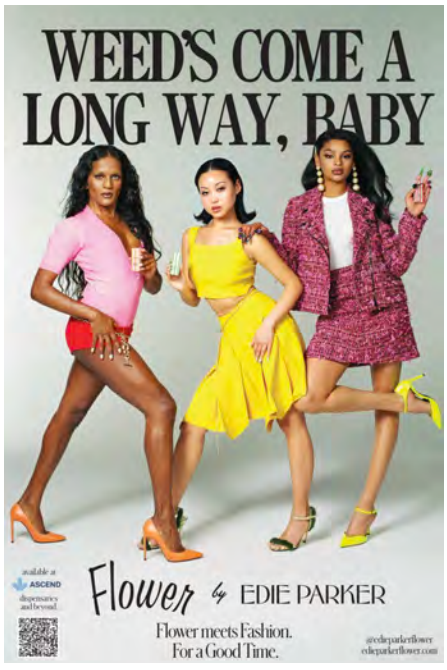
CTPP media campaign video exposes the tobacco industry's attempts to co-opt the harm reduction narrative.
Source: UNDO

Partnership

- Work with other stakeholders on tobacco endgame strategies, such as prohibiting the sale of tobacco products with nicotine content above a certain level, decreasing retailer density, eliminating sales in pharmacies, and setting minimum prices.
- Partner with substance use prevention groups to:
  - Counter predatory marketing tactics for cannabis, especially those targeting young people and priority populations.[50]
  - Support restrictions on cannabis advertising consistent with tobacco advertising restrictions and applied equitably across all communities.
  - Share lessons learned from the denormalization of tobacco use to inform efforts to denormalize cannabis use.
  - Share lessons learned from work on tobacco retailer density and minimum pricing to inform efforts to restrict cannabis sales, particularly in low-income neighborhoods and communities of color.

Funding

- Advocate for increased support for cannabis prevention programming from Proposition 64 (the Control, Regulate, and Tax Adult Use of Marijuana Act of 2016),[51] including:
  - Establishing a body similar to TEROC to provide public health oversight of the use of funds in the Youth Education, Prevention, Early Intervention and Treatment Account (YEPEITA).
  - Establishing a body similar to TRDRP to fund cannabis prevention research.
  - Increasing funding for the CDPH California Cannabis Surveillance System (CCSS) and Cannabis Education and Youth Prevention Program (CEYPP).
  - Earmarking a share of local Proposition 64 revenues for cannabis prevention programming.



Cannabis ad based on the Virginia Slims advertising campaign.
Source: Edie Parker

Objective 4:
Protect Youth and Young Adults From Tobacco

The tobacco industry has a long history of targeting young people, knowing that those who become addicted early often become customers for life.[52] The industry designs and markets new products to be appealing to young people as a way to replace older customers who quit or die.[53] The continually evolving tobacco product landscape includes products easy for young people to access and use, even in school settings.[54] Young people in general are susceptible to the industry's tactics, but longstanding disparities mean that students in priority populations are particularly vulnerable. Heightened vigilance is needed to protect youth in these populations. Increased focus on tobacco prevention is also needed in school districts that do not currently have Tobacco-Use Prevention Education (TUPE) funding, especially those in rural areas of California.

The COVID-19 pandemic, which closed schools and forced instruction online, exposed how reliant young people are on social media, and how rife social media is with pro-tobacco and pro-cannabis messaging.[55, 56] Netflix and other streaming media platforms likewise feature many positive depictions of tobacco and cannabis use.[57] The pandemic also exposed the fact that many young people struggle with mental health challenges, which can increase the likelihood of using tobacco and other substances.[58] Unsurprisingly, many vapes and cannabis products are marketed as wellness products with stress-reducing properties.[59, 60] Yet nicotine has been shown to change the chemistry in the adolescent brain and affect attention, memory and learning.[61, 62] Cannabis use during adolescence and young adulthood can also cause difficulty with attention, memory and learning, and can increase the risk

Key Themes

- Knowing that most people who become regular tobacco users start when young, the industry develops products designed to appeal to youth and young adults.
- Programming aimed at building the knowledge and skills of youth concerning the industry and its deadly products is critical to countering this trend.
- When encouraged to take active roles, youth and young adults make powerful tobacco prevention advocates.

Contra Costa students participate in a student-led, school-wide event promoting tobacco-free living.
Source: Contra Costa County Office of Education

of mental health issues, such as depression and social anxiety.[63] Schools that offer TUPE services are uniquely positioned to understand students' needs and support them in developing healthier coping mechanisms.

Experience has shown that young people can be active participants in the fight against tobacco. In fact, many play meaningful roles in countering tobacco industry tactics, and help to build the next generation of public health advocates and researchers who may play even more impactful roles in the future.[64]

Recommended Strategies

Policy

- Increase the cost to purchase tobacco, such as by setting minimum prices and prohibiting discounts and giveaways of free product samples, as young people are more price-sensitive than older adults.[65]
- Restrict online access to vapes and other tobacco products by amending tobacco retailer license (TRL) laws to require in-person sales.
- Impose zoning restrictions on tobacco and cannabis retailers near schools and other youth-oriented facilities.
- Enforce existing laws prohibiting the sale of tobacco and cannabis products to people under 21 years old.
- Where ending the sale of commercial tobacco is currently infeasible, consider gradual approaches, such as pairing retailer reduction with "nicotine-free generation" policies that prohibit tobacco product sales to anyone born after a specific date.[66, 67]
- Prohibit tobacco and cannabis industry sponsorship of events attended by people under 21.[68]
- Replace possession, use and purchase (PUP) laws, which penalize youth and are ineffective, with retailer-focused enforcement.[69] (See also Objective 1.)
- Support legislation to require that students caught with tobacco or cannabis receive intervention or cessation services such as Youth Vaping Alternative Program Education (YVAPE), not punishment.
- Increase the percentage of K–12 school districts with a TUPE-certified tobacco-free policy, and the percentage of colleges, universities, and vocational schools with a comprehensive tobacco-free campus policy.[70, 71]

San Joaquin County students participate in a Friday Night Live and Club Live event.
Source: Club Live – Alex G. Spanos Elementary School, Stockton Unified School District

Education

- Build the knowledge and skills of elementary, middle, and high school students regarding tobacco and cannabis to help them make healthy choices and avoid initiating use.
- Help students who are experimenting with or regularly using tobacco or cannabis to build their coping and resiliency skills to aid them in quitting these substances.
- Engage students in activities that further develop their knowledge of tobacco prevention and their leadership skills, such as providing peer-to-peer training and participating in advocacy.

Students participate in the California Youth Advocacy Network (CYAN) Statewide Youth Advocacy Conference.
Source: CYAN

- Continue to ensure that school curricula keep pace with the changing landscape of tobacco and cannabis products and that educators receive timely information on emerging products. (See also Objective 3.)
- Enforce existing laws prohibiting the sale of tobacco and cannabis products to people under 21 (or 18 for medical marijuana with a prescription).
- Educate media companies about the negative influence of tobacco and cannabis product placement on young people and encourage them to adopt policies restricting the practice.

Research

- Conduct ongoing surveillance of youth and young adult behaviors and attitudes with respect to tobacco and cannabis products, including new and emerging products.
- Research strategies to help young people quit both tobacco and cannabis products, including culturally tailored and age-appropriate approaches.
- Research ways to increase referrals to and utilization of intervention and cessation services among young people.

Partnership

- Encourage collaboration between TUPE programs and mental health providers and substance use prevention programs for youth.
- Encourage local health departments, school districts, and community-based organizations to work together on joint action plans to reduce tobacco and cannabis use among young people.

Funding

- Increase funding for capacity building resources (e.g., curricula and technical assistance) for all school districts in California to help them provide tobacco-use prevention education.
- Award competitive grants to school districts providing robust TUPE services, especially those that demonstrate with data that they are reaching underserved populations.
- Provide spending flexibility to allow TUPE grantees to integrate mental health approaches in their tobacco intervention and cessation services.
- Prioritize funding for programs that help young people develop leadership skills and that empower them to take meaningful roles in tobacco and cannabis prevention.

Youth advocates participate in Youth Quest 2024, organized by the California Youth Advocacy Network (CYAN).
Source: CYAN

Objective 5: Promote Smokefree Environments

Exposure to secondhand smoke and vape aerosol remains widespread in California. Over 40% of California adults surveyed in 2019–2023 said they were exposed to secondhand tobacco smoke in the past 2 weeks, and similar percentages said they were exposed to secondhand vape aerosol or cannabis smoke.[72] Nearly a third (32.9%) of high school students surveyed in 2023 said they were exposed to secondhand tobacco smoke or vape aerosol in a car or room, and 63.8% were exposed outside.[73]

Key Themes

- Tobacco and cannabis products harm not only those who use them, but also those who are exposed to their smoke and aerosols.
- The residue that remains on surfaces after someone has smoked or vaped presents a lingering threat to others.
- One of the most effective ways to protect public health and discourage tobacco and cannabis use is to promote smokefree environments.

Secondhand smoke (SHS) is the broad term for smoke released from a burning cigarette or other combustible tobacco and cannabis product, or aerosol released from a vaping device. SHS may also be exhaled by someone who is using these products. Commercial tobacco smoke contains hundreds of toxic chemicals and about 70 that cause cancer.[74] The U.S. Surgeon General has concluded that there is no safe level of exposure to SHS, and even brief exposure can cause serious health problems.[75] SHS from vaping devices can also contain harmful substances.[75] California state law prohibits vaping and cannabis smoking wherever tobacco smoking is prohibited.[76]

Brochure promoting smokefree worksites.
Source: Tobacco Education Clearinghouse of California (TECC)

Thirdhand smoke (THS) is the chemical residue left behind on walls, carpet, furniture, clothing, and other surfaces after someone smokes or vapes.[77] It is difficult to remove and can emit harmful chemicals over time as "stale tobacco smoke."[77] The mixture of pollutants in THS is toxic to humans, especially children, who are more likely to come into contact with contaminated surfaces or put contaminated toys and other household items in their mouths.[77] The chemicals in THS can adhere to objects and be released back into the air or accumulate in household dust.[77] People and pets become exposed by touching contaminated surfaces (absorption through the skin), ingesting contaminated objects or dust, or breathing air with re-suspended THS components.[78] THS can linger indoors for months or years after someone who smokes or vapes moves out of a house or apartment, putting new tenants at risk.[79, 80]

Local governments have made great strides in strengthening their laws promoting smokefree environments. As of January 2024, 53 jurisdictions in California have comprehensive outdoor policies regulating smoking in outdoor dining and bar areas, public events and venues, parks, public easements and service lines, and outdoor workplaces, and 400 have policies regulating smoking in at least one of these areas.[81] As of the same date, 47 jurisdictions have comprehensive multi-unit housing policies prohibiting smoking and vaping in private units of properties with two or more units, without exemptions, and including outdoor areas to a specified extent, while 100 have policies that at a minimum regulate smoking in private units.[81] Yet exemptions to statewide clean indoor air laws remain.[82]

Recommended Strategies

Policy

- Regulate secondhand smoke and aerosols as toxic air contaminants.
- Close loopholes in the California Labor Code that allow smoking in tobacco shops, smokers' lounges, hookah lounges, patient smoking areas of health care facilities, cabs of trucks or tractors, theatrical stages, and other places exempted from clean air restrictions.
- Strengthen SHS laws to cover all indoor and outdoor workplaces, and outdoor public spaces, such as sidewalks and local parks.
- Avoid local ordinances that could undermine secondhand smoke laws and re-normalize tobacco product use in restaurants, bars, and other public indoor spaces by allowing cannabis and hookah lounges to serve food.
- Require disclosure of prior tobacco use in home sales, rental housing lease agreements, used car sales, and used car lease agreements, to protect new owners and tenants from THS.
- Ensure equitable enforcement of SHS and THS laws by employing social norm change strategies to achieve compliance and avoiding harsh or punitive consequences for violations, such as excessive fines and eviction from rental housing.

Education

- Educate the public on the dangers of SHS and THS.
- Educate the public about existing SHS laws, such as prohibitions on smoking and vaping within 25 feet of a playground or tot lot sandbox area, and the fact that cannabis smoking and vaping are prohibited wherever tobacco smoking and vaping are prohibited.
- Educate landlords and tenant organizations on the benefits of smokefree housing policies and the

Informational material on types of exposure to vaping.
Source: Thirdhand Smoke Resource Center

importance of equitable enforcement of these policies.
- Educate the public, especially landlords and tenants, about how secondhand smoke and aerosol travel through multi-unit housing, and how THS from past tenants can harm new tenants.

Research

- Research the health effects of exposure to SHS and THS from a wide range of tobacco and cannabis products, and from dual or poly use (i.e., use of two or multiple products).
- Research differences in exposure to SHS and THS by subpopulations.
- Research how chemicals in SHS and THS interact with other chemicals in the environment and their combined impacts on health.
- Research factors that motivate people to support or oppose SHS and THS restrictions.
- Evaluate policies and strategies for reducing SHS and THS exposure to determine the most effective and equitable practices.
- Research ways to remediate the presence of THS.

Partnership

- Support landlords and tenant organizations in developing and passing comprehensive and equitable smokefree multi-unit housing policies.
- Partner with landlords, real estate agencies, used car dealers, nongovernmental organizations, and other stakeholders to increase disclosure of prior tobacco use to home buyers and renters and used car buyers and lessees.
- Partner with community groups to increase awareness of interactions between SHS, THS, and other chemicals in the environment and advocate for policies and strategies to reduce exposure.
- Support Tribal leaders who wish to strengthen their smokefree laws, such as by restricting commercial tobacco use in public indoor spaces or prohibiting its use in recreational areas.

Toolkit for organizing a smokefree multi-unit housing campaign.
Source: California Tobacco Endgame Center for Organizing and Engagement

Objective 6: Reduce Tobacco Product Waste

Tobacco products cause harm not only while being used, but also after they are discarded. Cigarette butts have been the most commonly collected trash item in beach cleanups for nearly four decades.[83] Discarded butts create environmental health hazards, are harmful to aquatic life, animals, and humans, cost millions of dollars to clean up, and also spark wildfires.[84, 85] They contain filters made of a type of plastic called cellulose acetate, which breaks down into harmful microplastics.[86] Filters wreak havoc on the environment but do nothing to protect the health of people who smoke.[87]

Other tobacco products and components, such as vaping devices, nicotine pods, heated tobacco products, cigarillo tips, and tobacco product packaging also damage the environment when discarded. These products and components are known collectively as tobacco product waste (TPW). Many forms of TPW are non-biodegradable and contain toxic substances.[88] Vaping devices, considered tobacco products under state law regardless of whether they are used for tobacco or cannabis,[89] can also be very harmful to the environment. For example, e-waste from the devices and their batteries leaches toxic chemicals and heavy metals into the soil or water when discarded.[88]

November 2022 edition of Tobacco Control, featuring a CTPP media campaign ad on plastic pollution caused by the tobacco industry.

Over the past several decades, the tobacco industry has repeatedly expressed concern about the effects of TPW on the environment but has touted ineffective "solutions" such as cleanup programs that may improve the industry's public image but do little for the environment.[90] The industry consistently opposes approaches that would have a more meaningful impact, such as eliminating cigarette filters.[84, 87] Many of these approaches have broad public support, as shown below in Figure 3.

Key Themes

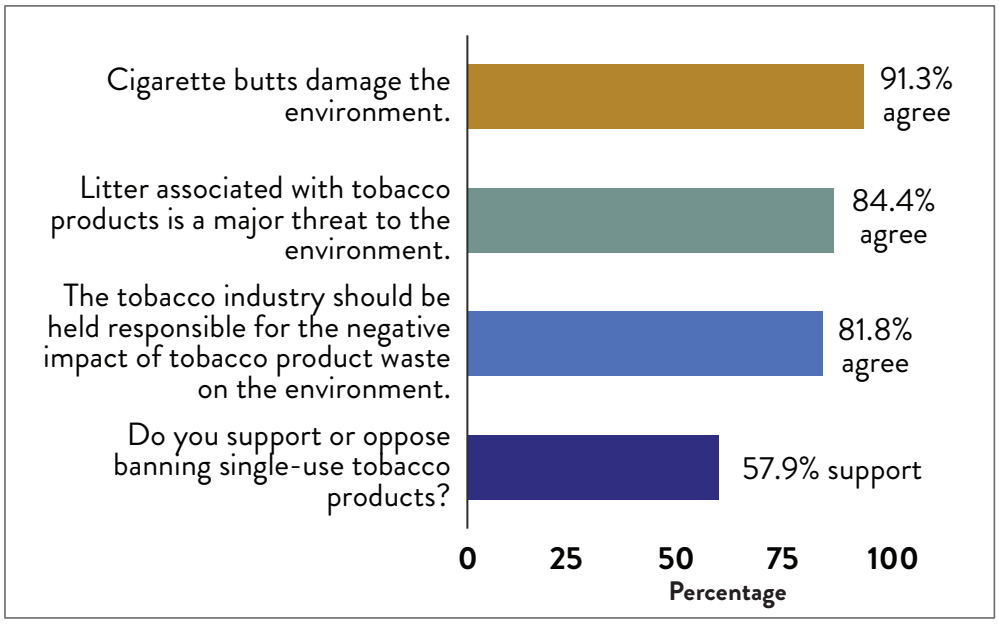
- Tobacco products not only harm those who use them, but also create serious health and environmental hazards when discarded.
- Tobacco product waste is one of the most plentiful contributors to trash and pollution, and among the costliest to clean up.
- Strong measures are needed to reduce waste from tobacco and cannabis products and protect the environment.

Recommended Strategies

Policy

- To reduce tobacco product waste at the source, prohibit the sale of all tobacco products, if possible, or restrict the sale of those products that contribute the most to the problem of environmental pollution. These include tobacco products with single-use components like cigarette filters, single-use vape pods, and plastic cigarillo tips.
- Restrict the issuance of tobacco retailer licenses to reduce the density of retailers and the resulting accumulation of TPW, especially in the low-income communities most impacted by this problem.
- Regulate TPW as hazardous waste, including requiring hazardous waste signage at the point-of-sale and providing specific instructions for the handling, storage, transportation, and disposal of TPW.
- Ensure that the tobacco industry is not involved in decision making about any programs created to hold them accountable for the cost of mitigating TPW.

Figure 3. Beliefs about tobacco product waste among California adults aged 18–64 years.



Source: California Tobacco Facts and Figures 2024, based on data from Online California Adult Tobacco Survey, 2023

Education

- Engage youth and young adults in efforts to increase awareness among their peers and in their communities about the harmful effects of TPW, including how microplastics and other toxic chemicals in TPW affect people and the environment.
- Educate the public about the health impacts of TPW and that TPW is hazardous waste that must be disposed of properly.
- Educate the public about the economic costs of TPW and the benefit of ending or limiting tobacco product sales to reduce the burden of TPW in their communities.
- Ensure that the tobacco industry is not involved in decision making about any programs created to hold them accountable for the cost of mitigating TPW.
- Educate individuals who violate tobacco anti-littering policies about how TPW harms the environment, both to help change norms around littering and to discourage tobacco use.
- Develop and disseminate guidelines for schools and universities to safely collect and dispose of TPW discarded on campus.

Research

- Continue research on the environmental impacts of and costs related to the entire life cycle of tobacco cultivation, production, use, and disposal, including effects on aquatic and land-based ecosystems.
- Continue to assess the health impacts of TPW, including the risks to children, adults, and pets of discarded cigarettes, vape pods and batteries, nicotine, and other forms of TPW.
- Continue efforts to model the economic costs associated with TPW, such as the cost of TPW clean-up and disposal, damage to ecosystems, and fires caused by discarded cigarette butts.
- Research how best to hold the tobacco industry responsible for the costs of TPW disposal and removing TPW from the environment without ceding decision-making authority or control over the process to the industry.
- Assess the range of TPW prevention strategies, from preventive solutions such as prohibiting or restricting tobacco sales, to mitigation solutions such as tobacco litter cleanups, to determine best practices for reducing TPW in the environment.
- Research the environmental impacts, health impacts, and economic costs associated with waste from tobacco-cannabis crossover products, such as vaping devices used to consume both substances.

Partnership

- Collaborate with schools, universities, and other organizations serving young people to encourage activism around TPW and the environment.
- Collaborate with environmental groups to increase awareness of the harmful effects of TPW on the environment and build support for cross collaboration on environmental issues related to TPW.

Funding

- Increase tobacco retail licensing fees and allocate a portion to schools, universities, and other public entities to cover the costs of TPW clean-up, hazardous waste disposal, and educational campaigns to prevent TPW, especially in communities most impacted by this problem.

Solano County students engage in a service learning activity on tobacco product waste.
Source: Vacaville Police Activities League (PAL)

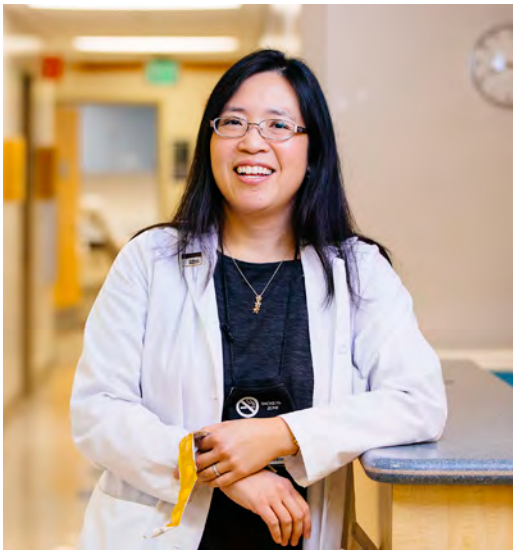
Objective 7: Promote Tobacco Cessation

Most people who use tobacco want to quit but have difficulty doing so.[91] This is especially true for people with mental health and substance use disorders, who use tobacco at much higher rates than the general population and have a harder time quitting.[92] There are also differences by race and ethnicity in quitting behavior and successful quitting.[93] Every encounter with a health care or social service provider is an opportunity to identify a person needing help to quit tobacco.[94] Providers should adopt systematic approaches to identify these individuals, advise them to quit, and offer evidence-based treatments. A provider's advice increases the likelihood that they will make a quit attempt,[95] and treatment increases the likelihood that the quit attempt will succeed.[94] Several medications have been approved by the Food and Drug Administration (FDA) for this purpose, and various forms of counseling have also been proven effective.[94]

Key Themes

- Most people who use tobacco want to quit, but they may find it very difficult to do so.
- Reminders to quit and offers of help increase the frequency of quit attempts, and treatment increases the odds of success.
- To reduce the prevalence of tobacco use, it is critical to take every opportunity to promote cessation and motivate successful quit attempts.

These evidence-based treatments should be included in comprehensive cessation benefits offered by all health plans in California.[94] Insurance coverage for treatment that is comprehensive, barrier-free, and widely promoted increases the use of these services, leads to higher rates of successful quitting, and is cost-effective.[91] Health plans can also promote cessation more broadly through proactive communication campaigns with their members via mail, email, text, or phone calls.[96] Such efforts reinforce mass media campaigns promoting cessation on the federal, state, and local levels. Everyone in the population who smokes or uses other tobacco products should receive frequent reminders to quit and have barrier-free access to treatment.[91] Treatment utilization should be monitored to ensure appropriate reach, given that two thirds of adult smokers want to quit.[91]



Dr. Elisa Tong, who directs CA Quits (a project that helps health systems integrate tobacco treatment) and the Tobacco Cessation Policy Research Center at UC Davis.
Source: UC Davis Health

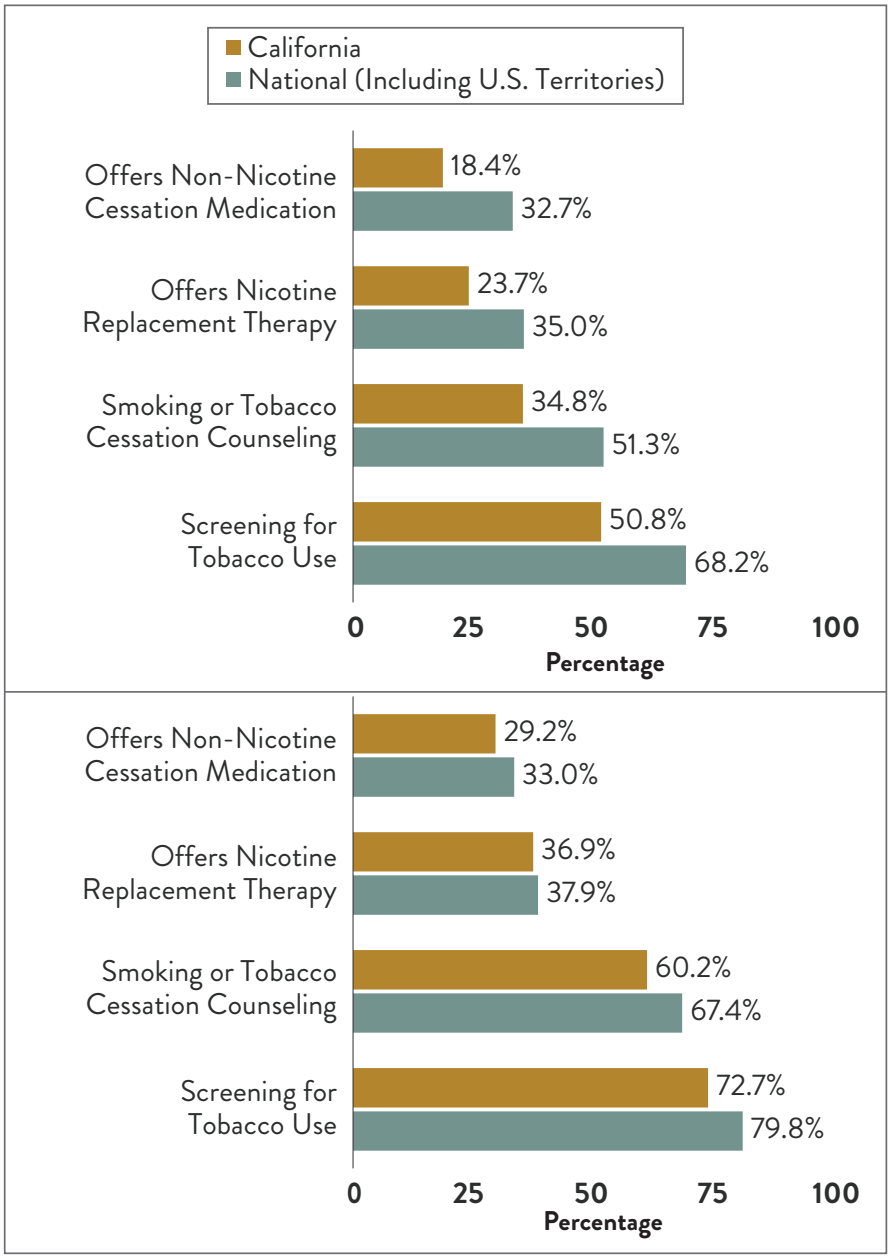
Reminders to quit may also come from family, friends, and associates who encounter tobacco restrictions and tobacco prevention messaging in their community. Including cessation messaging in communications about policy changes not only helps communities adjust to stronger tobacco laws but also reinforces the reminders to quit.[97] To reduce the prevalence of tobacco use, it is critical both to take every opportunity to motivate quit attempts, and to help make those quit attempts successful.

Recommended Strategies

Policy

- Require managed care plans, especially Medi-Cal and other publicly funded plans, to provide, promote, and operationalize a comprehensive tobacco cessation benefit including FDA-approved medications and behavioral counseling.
- Promote access to age-appropriate and culturally appropriate cessation support in all tobacco prevention programming.
- Encourage health systems to require health care providers to assess all patients for tobacco or cannabis product use, to document use in electronic health records (EHR) systems, specifying product types, and connect those who use to cessation services.[98]
- Require all patient-care facilities to adopt tobacco-free policies, including mental health and substance use disorder (SUD) treatment facilities.
- Encourage health systems and plans to implement tobacco cessation performance metrics requiring providers to screen all patients for tobacco use and provide appropriate cessation treatment.
- Promote cessation resources in messaging about tobacco-free policies, such as in communications about local ordinances and in signage.

Figure 4. Tobacco screening and cessation policies among facilities that treat mental health (top panel) and substance use (bottom panel) in California and in the US.



Source: California Tobacco Facts and Figures 2024, based on data from the National Substance Use and Mental Health Services Survey, 2022

Education

- Educate young people who are experimenting with or regularly using tobacco or cannabis about cessation resources such as Youth Vaping Alternative Program Education (YVAPE) and Kick It California, the state's tobacco quitline.
- Educate health care providers, social service providers, and others about Kick It California, its service options (e.g., telephone coaching, chat, text, mobile app), and how to refer.
- Use media—including social media—to encourage quit attempts and increase the use of Kick It California and related resources.
- Make cessation training with continuing education credits available at no cost to all medical and allied health professionals.
- Make cessation training available for different levels of cessation interventions (e.g., screening and brief intervention, tobacco treatment specialist).

Research

- As part of ongoing surveillance, assess quit intentions, quit attempts, quitting methods used, and successful quitting on the population level and by priority populations over time.
- Research ways to increase quit intentions, quit attempts, use of evidence-based treatment, and relapse prevention.
- Research ways for health plans and health systems to ensure that their members and patients who use tobacco utilize cessation services.
- Research and expose how the tobacco industry uses "harm reduction" approaches to prevent or delay cessation.
- Support research to determine effective, age-appropriate, and culturally appropriate therapies to help young people and other priority populations to quit using any and all tobacco and cannabis products.
- Support research to identify promising strategies for helping users quit new or emerging products, such as heated tobacco products and nicotine pouches.
- Support research to identify promising strategies for helping dual and poly users quit any combination of tobacco and cannabis products.

Material promoting 2-1-1 as a way to access cessation assistance.
Source: Kick It California

Partnership

- Encourage collaboration between school districts and pediatricians, family doctors, and other youth health care providers to increase youth access to cessation services.[99]
- Work with 211 call centers and other social service providers to reach low-income and other underserved populations and connect them to effective cessation services.
- Work with health plans and employers to track tobacco use status and quit attempts, offer treatment, provide frequent supportive reminders to quit, and provide incentives for participation in cessation services.

Funding

- Contract with Kick It California to provide nicotine replacement therapy (NRT) and incentives for Medi-Cal or other health plan members to participate in treatment.

Ethan B., a Californian featured in the 2024 Tips From Former Smokers campaign. State residents who call 1-800-QUIT-NOW for help with quitting are served by Kick It California.
Source: Centers for Disease Control and Prevention.

Objective 8: Counter the Tobacco and Cannabis Industries

Countering the tobacco industry is integral to ending the commercial tobacco epidemic. To keep its existing customers and hook new ones, the industry produces a constantly changing lineup of combustible, heated, aerosolized, and oral tobacco and nicotine products.[100] Increasingly, the industry markets "tobacco-free" products such as nicotine pouches,[101] and even "zero nicotine" products such as nicotine-free dip and pouches, to try to downplay legitimate health concerns, normalize use, and maintain profits.

Key Themes

- Tobacco companies produce an ever-changing lineup of products, including novel nicotine products, to normalize use and gain acceptability as partners.
- There is increasing overlap between the tobacco and cannabis industries, in both products and marketing tactics.
- Stopping industry influence on policy and countering industry tactics are essential to denormalizing and reducing tobacco and cannabis use.

The tobacco industry encompasses a wide array of companies. Besides manufacturers, it includes transporters, distributers, retailers, and companies that provide industry finance and business services. It includes marketing, consulting, and media companies that advertise and enable tobacco product placement in movies and other media. It includes allied business groups, trade organizations, and industry front groups, such as the Foundation for a Smoke-Free World, and tobacco retailer interest groups, such as the National Association of Tobacco Outlets (NATO) and the Hookah Chamber of Commerce. It also includes niche companies, such as those that sell and deliver tobacco products to students on college campuses. Countering the industry means addressing not just the big tobacco companies, but also these allied entities.

Meanwhile, there is increasing overlap between the tobacco and cannabis industries, as tobacco companies acquire cannabis subsidiaries and as cannabis products increasingly resemble tobacco products and mimic tobacco product marketing. Both industries use similar strategies to undermine science demonstrating product harms and to slow or stop policies aimed at regulating their products.[102–104] They both use knowledge capture, i.e., producing industry-friendly scientific studies and widely publicizing them using opinion leaders, while attacking and suppressing unfavorable science. Both attempt to influence scientific and regulatory bodies in order to weaken regulations and policies. Both use lobbying and political finance to incentivize policymakers to align policy with corporate agendas. And both make sophisticated use of public relations, front groups, think tanks, and consumer groups to promote the idea of personal responsibility instead of policy solutions, and to decrease trust in government to regulate industries. The increasing overlap in tactics, ownership, and behavior between

Sharpie highlighter, High Light vape pen, and Canna River cannabis vape. *Source:* Food and Drug Administration, VapeDeliveryLA.com

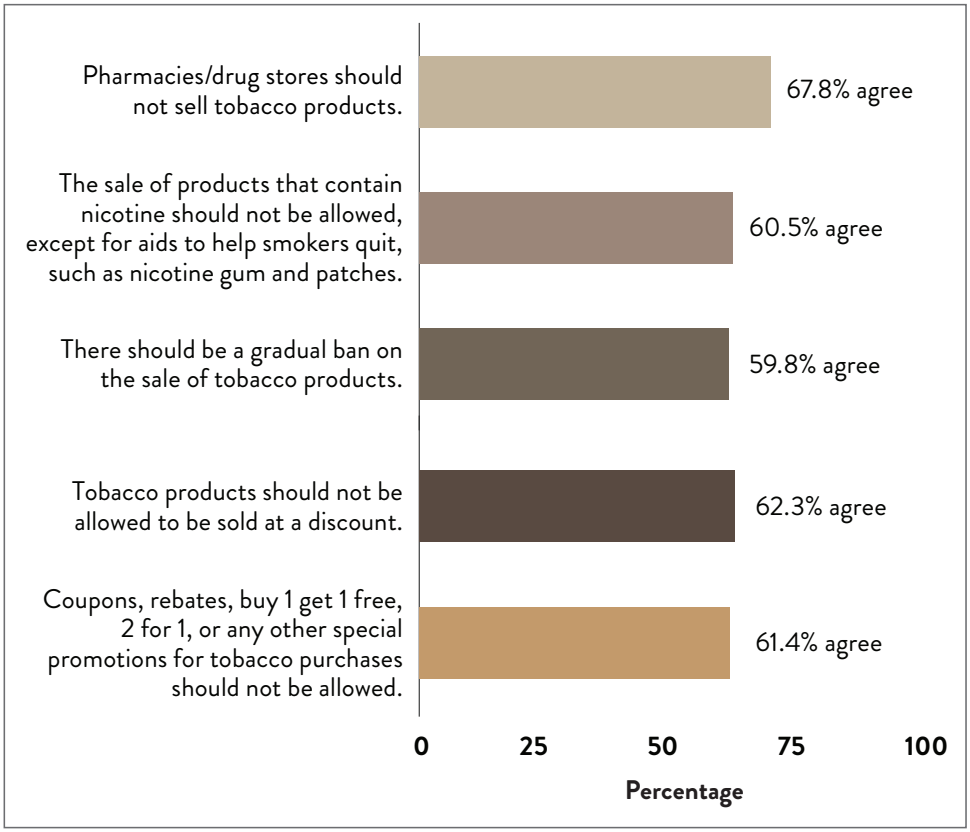
the tobacco and cannabis industries means that strategies that have proven effective in tobacco control may be needed to address companies that market, sell, and distribute cannabis.[105]

Recommended Strategies

Policy

- Prohibit the sale of all commercial tobacco products, if possible, or restrict their availability, marketing and sale.
- Restrict online sales of tobacco products by enforcing the federal Prevent All Cigarette Trafficking (PACT) Act[106] and the California Stop Tobacco Access to Kids Enforcement (STAKE) Act,[107] which require age verification and clearly labeled packages for tobacco product deliveries.
- Reduce the density of tobacco retailers operating in California by passing a statewide tobacco retailer density law and/or stronger local tobacco retailer density laws. These could include policies capping the number of retailer licenses available, restricting the proximity of retailers to schools and other youth-sensitive areas, limiting the types of retailers that are allowed to sell tobacco, and prohibiting certain types of retailers from selling tobacco, such as pharmacies and other health care-related businesses.

Figure 5. Beliefs about retail tobacco policies among California adults aged 18–64 years



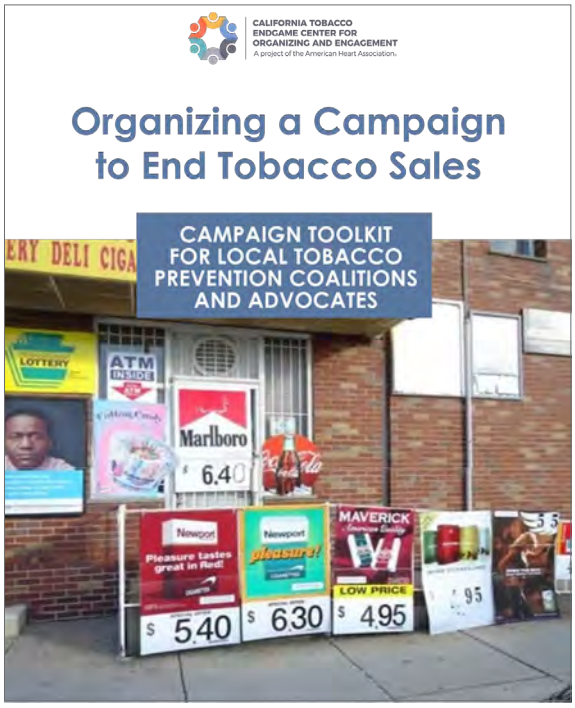
Source: California Tobacco Facts and Figures 2024, based on data from Online California Adult Tobacco Survey, 2023

- Enforce the state Lee Law,[108] which sets a 33% cap on the amount of window space that can be covered with advertising of any type in stores selling alcohol and set lower local limits to reduce the prominence of tobacco advertising at these locations.
- Prohibit predatory marketing tactics, such as couponing and disproportionate advertising in low-income neighborhoods.
- Require larger, more legible, and ideally graphic health warnings on cannabis packaging and in dispensaries, similar to tobacco products.

- Prohibit tobacco and cannabis industry representatives from participating in decision-making bodies governing public policy and the regulation of their products.
- Call on the Food and Drug Administration (FDA) to implement graphic warning labels, require stronger tobacco packaging and labeling standards, prohibit unauthorized tobacco products, and limit the amount of nicotine in all tobacco products.
- Enforce policies prohibiting false or misleading health claims about tobacco or cannabis products.

Education

- Expose how the tobacco industry promotes vaping, heated tobacco, and oral nicotine products as "healthier alternatives" to smoking to maintain its customer base and profits and to try to reposition itself as a legitimate partner in public health.
- Expose the industry's attempts at whitewashing its reputation, e.g., giving false impressions of its social responsibility, and "greenwashing" by claiming to be concerned about the environment.
- Counter misrepresentation of FDA designations of Modified Risk Tobacco Products (MRTPs)[109] or Marketing Granted Orders[110] as endorsements of safety or efficacy as smoking cessation aids.[111]
- Educate streaming and social media platforms on the negative impacts of tobacco and cannabis product depictions in their content and ensure that they have and enforce policies prohibiting partnering with the tobacco and cannabis industries, product placement, and other product promotion.
- Support media literacy programs for youth concerning the tobacco and cannabis industries and their communication strategies, including through social media influencers.



Toolkit for organizing a campaign to end local tobacco sales.
Source: California Tobacco Endgame Center for Organizing and Engagement

- Discourage school districts from adopting industry-funded prevention programs or otherwise partnering with the industry.
- Encourage health care provider accreditation bodies to prohibit tobacco and cannabis industries from sponsoring or producing health care provider educational programs.[112]

Research

- Evaluate the implementation and impact of state and local policies that prohibit or restrict the sale and distribution of tobacco and cannabis products to identify and disseminate best practices.
- Research and develop effective strategies to counter industry marketing tactics that target priority populations.
- Establish and enforce rigorous and transparent disclosure policies and safeguard peer review processes from entities with industry funding and other conflicts of interest.
- Prohibit tobacco and cannabis industry representatives from participating on scientific consensus panels and other research organizations.

Partnership

- Collaborate with cannabis prevention programs to establish marketing restrictions on cannabis that are modeled on successful tobacco prevention strategies.
- Partner with other substance use prevention programs to share lessons learned from countering industries that promote deadly, addictive products to maximize their profits.
- Partner with other groups that work on commercial determinants of health (i.e., strategies and approaches of the private sector that can be detrimental to health), and that counter the ultra-processed food, alcohol, chemical, fossil fuel, and pharmaceutical industries to share best practices for combatting industry influence.
- Urge the federal government to engage in human rights treaties that strengthen commercial tobacco regulation and encourage non-governmental organizations to file shadow reports to treaty monitoring bodies to hold governments accountable to their human rights obligations.
- Sustain California's status as a world leader in the fight for a tobacco-free future, not only by ending the tobacco epidemic in California but by providing advice and best practices to others around the world in their efforts to counter the industry, such as through implementation of Article 5.3 of the World Health Organization's Framework Convention on Tobacco Control. Article 5.3 requires governments to protect their tobacco policies "from commercial and other vested interests of the tobacco industry, in accordance with national laws." [113]

Funding

- Require grant applicants and prospective contractors to disclose funding from the tobacco and cannabis industries and disqualify those who have received such funding in the past five years. (This does not apply to Tribal applicants with a tobacco retailer on Tribal lands, as long they are not involved in commercial tobacco production.)
- Require successful grant applicants and contractors to pledge not to accept tobacco industry funding or work for the industry during the term of their grant or contract.
- Monitor and publicize tobacco industry giving and sponsorship programs so the public is aware of efforts to distract from the immense harm the industry does to public health and the environment.
- Track industry front groups and their affiliations with the tobacco and cannabis industries and expose their lobbying efforts and political contributions.

CTPP social media post representing the need to counter industry influence.
Source: UNDO

- Discourage community organizations, businesses, and policymakers from accepting industry contributions and sponsorships.
- Prohibit businesses that participate in the marketing, sale, and distribution of tobacco and cannabis products from obtaining government contracts.

Recommendations for Policymakers

The TEROC Plan serves as a strategic plan for partners and allies in California but can also be used by policymakers when prioritizing a tobacco-related policy agenda. TEROC recognizes that change cannot happen without comprehensive policy efforts at the federal, state, and local levels. Therefore, TEROC has dedicated a section of the 2025–2026 Plan to policymakers as a call to action for critical policy efforts in California related to each of the eight Plan objectives. The following policy recommendations can be used to guide policy priorities that are necessary for ending the commercial tobacco epidemic in California.

Objective 1. Reduce Tobacco-Related Disparities

- Ensure that policy compliance efforts aimed at consumers emphasize education and social norm change, rather than fines and penalties, and that policy enforcement does not exacerbate social injustice.
- Reserve enforcement actions for upstream violators of laws restricting access to tobacco products, such as retailers who sell prohibited products or who sell to underage customers and advertisers who use illegal marketing tactics.

Objective 2. Build Capacity to End the Commercial Tobacco Epidemic

- Ensure that the tobacco prevention and cessation workforce reflects the communities it serves through organization-wide diversity initiatives and strategic succession planning to increase diversity and develop future leaders.
- Increase state funding for tobacco prevention to the level recommended by the Centers for Disease Control and Prevention; in 2024, California allocated only about 60% of the recommended amount.

Objective 3. Address the Evolving Tobacco Product Landscape

- Ensure that tobacco restrictions cover all tobacco products, including cigarettes, cigars, and other combustibles; spit tobacco, snus, nicotine pouches, and other oral tobacco products; vape pens and other battery-operated devices that deliver nicotine or other vaporized liquids; products that can be used with either tobacco or cannabis, such as blunt wraps, hemp wraps, and rolling papers; and new and emerging products such as herbal vapes and heated tobacco products.
- As the California Attorney General develops a state-administered list of unflavored tobacco products allowed to be sold under SB 793, encourage local jurisdictions to adopt stronger ordinances by prohibiting the sale of all tobacco products, including those on the list.
- Strengthen enforcement of restrictions on tobacco and cannabis retailers to prevent illicit sales.

Objective 4. Protect Youth and Young Adults from Tobacco

- Increase the cost to purchase tobacco, such as by setting minimum prices and prohibiting discounts and give-aways of free product samples, as young people are more price-sensitive than older adults.
- Impose zoning restrictions on tobacco and cannabis retailers near schools and other youth-oriented facilities.

Objective 5. Promote Smokefree Environments

- Strengthen secondhand smoke laws to cover all indoor and outdoor workplaces, and outdoor public spaces, such as sidewalks and local parks.
- Avoid local ordinances that could undermine secondhand smoke laws and re-normalize tobacco product use in restaurants, bars, and other public indoor spaces by allowing cannabis and hookah lounges to serve food.
- Require disclosure of prior tobacco use in home sales, rental housing lease agreements, used car sales, and used car lease agreements, to protect new owners and tenants from thirdhand smoke.

Objective 6. Reduce Tobacco Product Waste

- To reduce tobacco product waste at the source, prohibit the sale of all tobacco products, if possible, or restrict the sale of those products that contribute the most to the problem of environmental pollution. These include tobacco products with single-use components like cigarette filters, single-use vape pods, and plastic cigarillo tips.
- Restrict the issuance of tobacco retailer licenses to reduce the density of retailers and the resulting accumulation of tobacco product waste, especially in the low-income communities most impacted by this problem.

Objective 7. Promote Tobacco Cessation

- Require managed care plans, especially Medi-Cal and other publicly funded plans, to provide, promote, and operationalize a comprehensive tobacco cessation benefit including FDA-approved medications and behavioral counseling.
- Require all patient-care facilities to adopt tobacco-free policies, including mental health and substance use disorder treatment facilities.
- Encourage health systems and plans to implement tobacco cessation performance metrics requiring providers to screen all patients for tobacco use and provide appropriate cessation treatment.

Objective 8. Counter the Tobacco and Cannabis Industries

- Reduce the density of tobacco retailers operating in California by passing a statewide tobacco retailer density law and/or stronger local tobacco retailer density laws. These could include policies capping the number of retailer licenses available, restricting the proximity of retailers to schools and other youth-sensitive areas, limiting the types of retailers that are allowed to sell tobacco, and prohibiting certain types of retailers from selling tobacco, such as pharmacies and other health care-related businesses.
- Prohibit predatory marketing tactics, such as couponing and disproportionate advertising in low-income neighborhoods.
- Prohibit tobacco and cannabis industry representatives from participating in decision-making bodies governing public policy and the regulation of their products.

Recommendations on Administrative Arrangements, Funding Priorities, and the Integration and Coordination of Approaches

Administrative Arrangements

TEROC serves in an advisory role to three agencies funded to conduct tobacco prevention, education, and research programs in California:

- The California Department of Public Health (CDPH), which operates the California Tobacco Prevention Program (CTPP)
- The California Department of Education (CDE), which administers the Tobacco-Use Prevention Education (TUPE) Program
- The University of California Office of the President (UCOP), which administers the Tobacco-Related Disease Research Program (TRDRP)

TEROC is satisfied with the current administrative arrangements with these three agencies and does not have recommendations for changing them.

Funding Priorities

Specific funding priorities are included throughout this Plan under each objective. The overarching funding priority at the State level is to increase state funding for tobacco prevention to the level recommended by the Centers for Disease Control and Prevention. In 2024, California allocated only about 60% of the recommended amount.[114] Increasing funding could be accomplished in a number of ways, including:

- Indexing tobacco taxes to inflation.
- Dedicating a greater proportion of tobacco tax revenue for tobacco prevention and research.
- Dedicating proceeds from any tobacco industry settlements and new industry fees for tobacco prevention and research.

Integration and Coordination of Approaches

TEROC recommends that the agencies it advises do the following to facilitate integration and coordination:

- Prioritize strategies from the 2025–2026 Plan when updating their approaches.
- Continue reporting on their progress at quarterly TEROC meetings.
- Continue holding frequent inter-agency meetings to facilitate communication, coordination, and collective impact.
- Plan a joint conference of the three agencies, as occurred regularly before the COVID-19 pandemic.

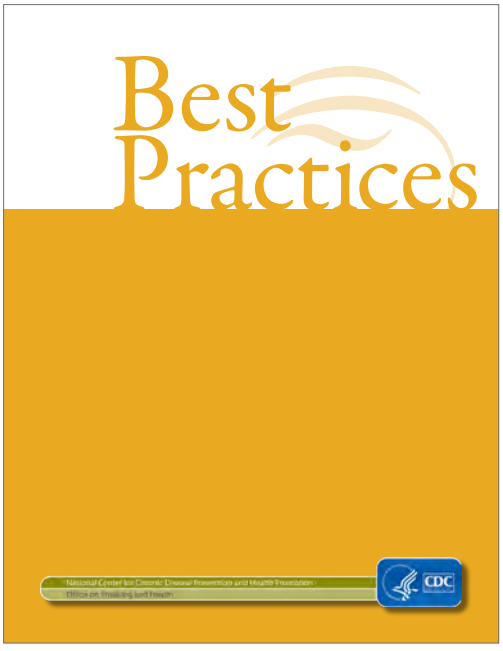
California's Comprehensive Approach to Tobacco Prevention

With the passage of Prop 99 in 1988, California became the first state in the U.S. to establish a statewide tobacco prevention program.[1,2] Prop 99 and the subsequent enabling legislation authorized the implementation of education programs to combat tobacco use.[115] They also required the application of the most current research findings and recommendations, and the prioritization of programs that demonstrate an understanding of the role community norms play in influencing behavioral change regarding tobacco use.[2]

As other states followed California's lead and began establishing similar programs, the CDC Office on Smoking and Health issued guidance on best practices in tobacco prevention, first in 1999 and updated in 2007 and 2014.[116] The CDC recommends comprehensive tobacco programs because by tackling tobacco use from multiple angles, they lead to better outcomes. By incorporating an array of evidence-based strategies, they increase the probability of achieving a significant reduction in tobacco use. Comprehensive programs can reduce health disparities by targeting people of all ages and backgrounds. By addressing the root causes of tobacco use and implementing long-term intervention strategies, they can denormalize tobacco use and sustainably change behavior. Comprehensive programs create a holistic, supportive environment that encourages people who use tobacco to quit and prevents others from starting.

Comprehensive tobacco prevention programs typically include the following components, per CDC guidance:[103]

- State and community interventions, including programs and policies that help organizations, systems, and networks support individuals in choosing behaviors that are consistent with tobacco-free norms.
- Mass-reach health communication interventions, which use a range of paid and earned media channels to deliver culturally appropriate messaging to a wide audience.
- Cessation interventions, which increase access to evidence-based cessation services, such as promoting health systems change, expanding insurance coverage, and supporting quitlines.
- Surveillance and evaluation in order to monitor whether the program is achieving its goals, evaluate program implementation and outcomes, increase efficiency and impact, and demonstrate accountability.
- Infrastructure, administration, and management to ensure the capacity to implement and sustain effective tobacco prevention programming.



CDC Best Practices for Comprehensive Tobacco Control Programs guidance document. *Source:* Centers for Disease Control and Prevention.

Taken together, these components help to prevent tobacco use initiation, promote quitting, eliminate secondhand and thirdhand exposure, and reduce tobacco-related disparities.

Since the beginning of its tobacco prevention program, California has employed a comprehensive approach that includes all of the components described above. This approach includes the implementation of education programs as required in the enabling legislation for Prop 99—both for school-age youth and for adults in the general population. But many of its interventions go beyond education. A good example of this is the program's focus on policy change. Tobacco-related research often produces findings that identify gaps in the public health protections afforded by policy. Education and advocacy help to increase awareness of these gaps and galvanize public support to address them through policy, usually on the local level initially, but often later on the statewide level. This has resulted in numerous improvements to the policy landscape across California.[117] For example, the focus on policy has resulted in smokefree childcare facilities, restaurants, bars, other workplaces, public transport, playgrounds, parks, beaches, other outdoor public places, multi-unit housing, and cars when minors are present. It has resulted in tobacco-free schools, colleges, and public buildings. Because of policy changes, vaping products are regulated as tobacco products, tobacco retail license fees and state excise taxes have been increased, the minimum age to purchase tobacco has been raised to 21, and retail sales of flavored tobacco products have been banned. Certain local jurisdictions have set minimum prices for tobacco products, banned pharmacy sales of tobacco, and even banned the sale of tobacco altogether. Policy gains such as these counter pro-tobacco influences, reduce access to tobacco, reduce secondhand and thirdhand exposure, and promote cessation. They help illustrate why it is so important to adopt a comprehensive approach to reducing tobacco use rather than a more narrow approach employing education alone.

Members of Asian/Pacific Islander Partners and Advocates Countering Tobacco (API PACT) at a Livingston city council meeting to support tobacco restrictions, joined by members of Jakara Movement Livingston Youth.
Source: Asian/Pacific Islander Partners and Advocates Countering Tobacco

Progress Reports for Priority Populations

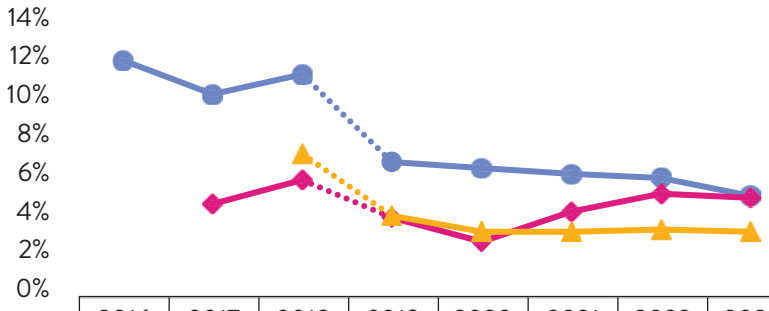
For purposes of this Plan, priority populations are groups of people who are disproportionately targeted by the tobacco industry, use tobacco at higher-than-average rates, experience greater exposure to secondhand or third-hand smoke and vape aerosol, or have higher rates of tobacco-related disease. Priority populations include but are not limited to the following: racial and ethnic minority communities, sexual and gender minority groups, people of low socioeconomic status, people with poor mental health or substance use disorders, rural residents, school-age youth, and military personnel and veterans. The agencies that TEROC advises may identify additional priority populations by applying the criteria above and by considering factors such as historical and ongoing patterns of bias and exclusion that disproportionately affect certain communities.

This section of the TEROC Plan provides progress reports for multiple priority populations, including several that are specified as targets for tobacco education programs in the California Health and Safety Code.[118] The progress reports provide current (past 30-day) tobacco use rates based on data from 2016–2023 for California adults (age 18+) and youth (grades 10 and 12) for the following populations:

- Statewide adults and youth
- Hispanic/Latino adults and youth
- African American or Black adults and youth
- Asian adults and youth
- Native Hawaiian or Pacific Islander adults and youth
- American Indian or Alaska Native adults and youth
- LGBTQ+ adults and youth
- Rural adults and youth
- Low-income adults
- Adults and youth with poor mental health
- Pregnant women (including mothers of all ages)

Statewide Adults and Youth

Figure 6. Current Tobacco Use Among Adults Statewide (Aged 18+ Years)

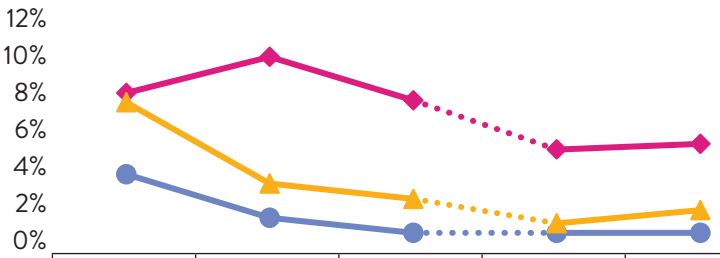


	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	11.9%	10.2%	11.2%	6.8%	6.5%	6.2%	6.0%	5.1%
Vapes	N/A	4.7%	5.9%	4.0%	2.8%	4.3%	5.2%	5.0%
Other Tobacco Products	N/A	N/A	7.2%	4.1%	3.3%	3.3%	3.4%	3.3%

Notes: Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 7. Current Tobacco Use Among Youths Statewide (Grades 10 and 12)



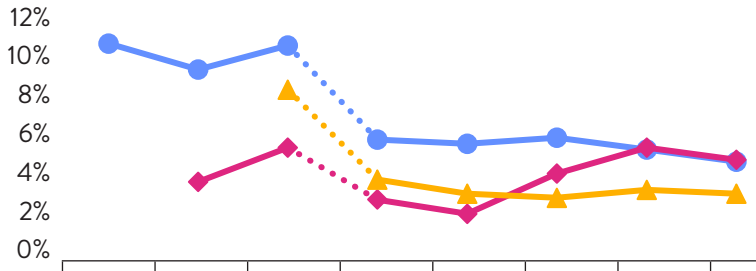
	2016	2018	2020	2022	2023
Cigarettes	4.3%	2.0%	1.2%	1.2%	1.2%
Vapes	8.6%	10.5%	8.2%	5.6%	5.9%
Other Tobacco Products	8.1%	3.8%	3.0%	1.7%	2.4%

Notes: Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2016–2020 data with 2022–2023 data due to a methodology change.

Sources: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

Hispanic/Latino Adults and Youth

Figure 8. Current Tobacco Use Among Hispanic/Latino Adults (Aged 18+ Years)

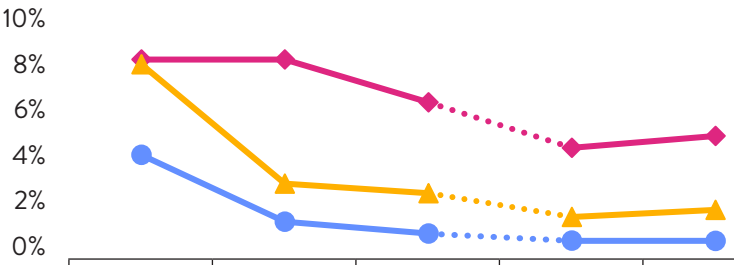


	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	10.9%	9.6%	10.8%	6.1%	5.9%	6.2%	5.6%	5.0%
Vapes	N/A	4.0%	5.7%	3.1%	2.4%	4.4%	5.7%	5.1%
Other Tobacco Products	N/A	N/A	8.6%	4.1%	3.4%	3.2%	3.6%	3.4%

Notes: Restricted to individuals who reported ethnicity as Hispanic or Latino. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 9. Current Tobacco Use Among Hispanic/Latino Youths (Grades 10 and 12)



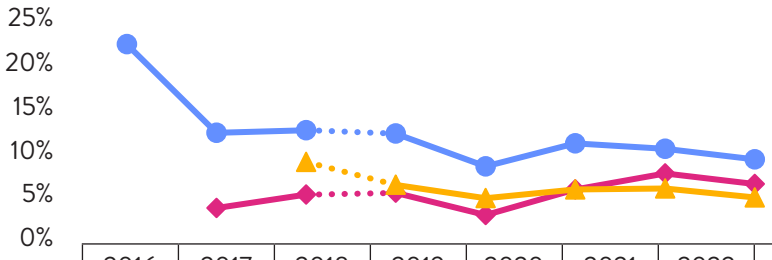
	2016	2018	2020	2022	2023
Cigarettes	4.3%	1.5%	1.0%	0.7%	0.7%
Vapes	8.3%	8.3%	6.5%	4.6%	5.1%
Other Tobacco Products	8.1%	3.1%	2.7%	1.7%	2.0%

Notes: Restricted to individuals who reported ethnicity as Hispanic or Latino. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2016–2020 data with 2022–2023 data due to a methodology change.

Sources: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International

African American or Black Adults and Youth

Figure 10. Current Tobacco Use Among African American or Black Adults (Aged 18+ Years)

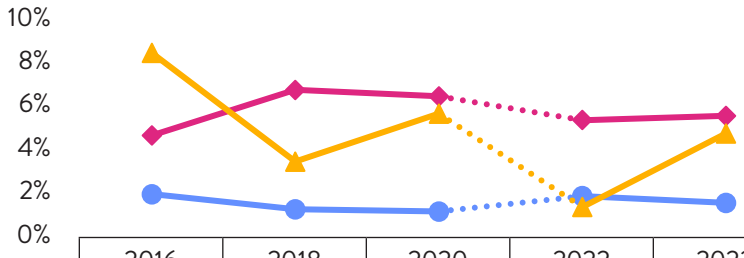


	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	22.0%	12.0%	12.3%	11.9%	8.2%	10.8%	10.2%	9.0%
Vapes	N/A	3.5%*	5.0%	5.2%	2.7%	5.6%	7.4%	6.2%
Other Tobacco Products	N/A	N/A	8.7%	6.1%	4.6%	5.6%	5.7%	4.7%

Notes: Restricted to individuals who reported ethnicity as non-Hispanic or Latino and reported race as African American or Black only. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.
*Statistically unstable estimate; caution should be used.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 11. Current Tobacco Use Among African American or Black Youths (Grades 10 and 12)



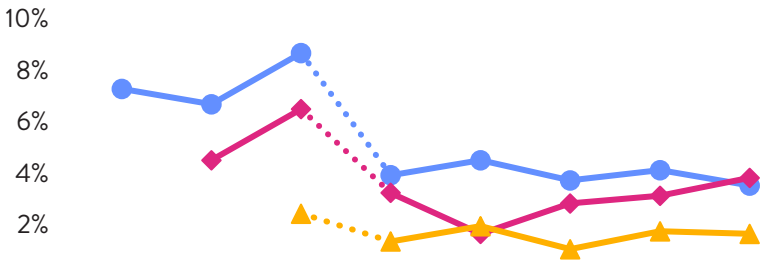
	2016	2018	2020	2022	2023
Cigarettes	1.8%	1.1%	1.0%	1.7%	1.4%
Vapes	4.5%	6.6%	6.3%	5.2%	5.4%
Other Tobacco Products	8.3%	3.3%	5.5%	1.2%	4.6%

Notes: Restricted to individuals who reported ethnicity as non-Hispanic or Latino and reported race as African American or Black only. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2016–2020 data with 2022–2023 data due to a methodology change.

Sources: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

Asian Adults and Youth

Figure 12. Current Tobacco Use Among Asian Adults (Aged 18+ Years)

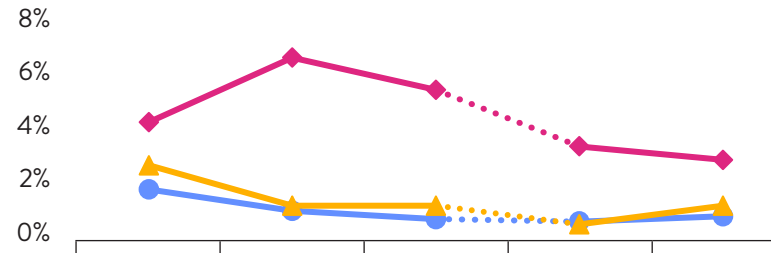


	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	7.3%	6.7%	8.7%	3.9%	4.5%	3.7%	4.1%	3.5%
Vapes	N/A	4.5%	6.5%	3.2%	1.6%	2.8%	3.1%	3.8%
Other Tobacco Products	N/A	N/A	2.4%	1.3%	1.9%	1.0%	1.7%	1.6%

Notes: Restricted to individuals who reported ethnicity as non-Hispanic or Latino and reported race as Asian only. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 13. Current Tobacco Use Among Asian Youths (Grades 10 and 12)



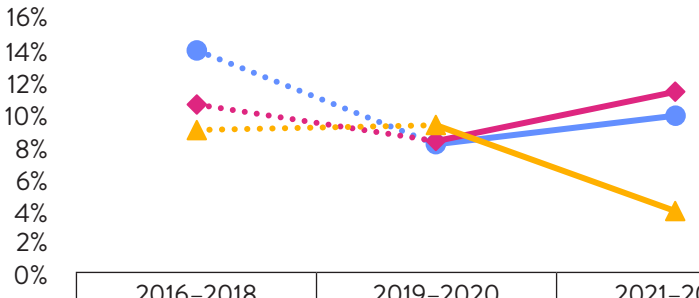
	2016	2018	2020	2022	2023
Cigarettes	1.6%	0.8%	0.5%	0.4%	0.6%
Vapes	4.1%	6.5%	5.3%	3.2%	2.7%
Other Tobacco Products	2.5%	1.0%	1.0%	0.3%	1.0%

Notes: Restricted to individuals who reported ethnicity as non-Hispanic or Latino and reported race as Asian only. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2016–2020 data with 2022–2023 data due to a methodology change.

Sources: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

Native Hawaiian or Pacific Islander (NHOPI) Adults and Youth

Figure 14. Current Tobacco Use Among NHOPI Adults (Any Mention, Aged 18+ Years)

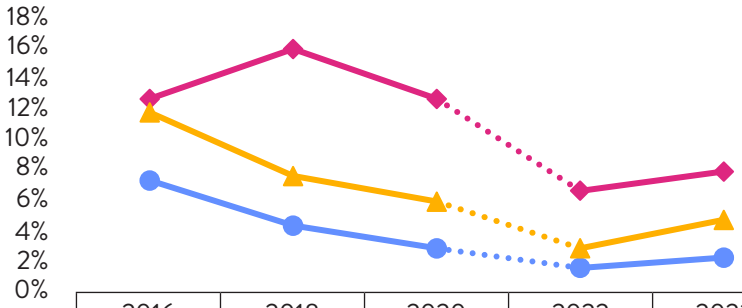


	2016–2018	2019–2020	2021–2023
Cigarettes	14.0%	8.1%	9.9%
Vapes	10.6%*	8.3%*	11.4%
Other Tobacco Products	9.0%*	9.3%	3.9%

Notes: Restricted to individuals who reported race as Native Hawaiian or Pacific Islander (alone or in combination with one or more other races). Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Vape use was first ascertained in 2017 and other tobacco product use was first ascertained in 2018. Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. *Statistically unstable estimate; caution should be used.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 15. Current Tobacco Use Among NHOPI Youths (Any Mention, Grades 10 and 12)



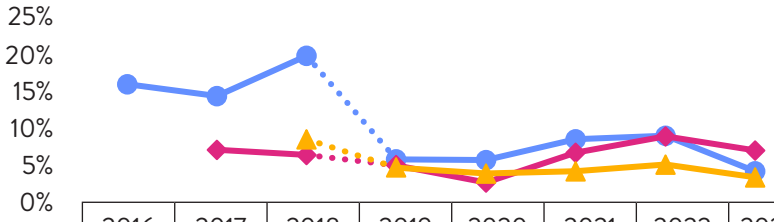
	2016	2018	2020	2022	2023
Cigarettes	7.2%	4.2%	2.7%	1.4%	2.1%
Vapes	12.6%	15.9%	12.6%	6.5%	7.8%
Other Tobacco Products	11.7%	7.5%	5.8%	2.7%	4.6%

Notes: Restricted to individuals who reported race as Native Hawaiian or Pacific Islander (alone or in combination with one or more other races). Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2016–2020 data with 2022–2023 data due to a methodology change.

Sources: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

American Indian or Alaska Native Adults and Youth (Any Mention)

Figure 16. Current Tobacco Use Among American Indian/Alaska Native Adults (Any Mention, Aged 18+ Years)

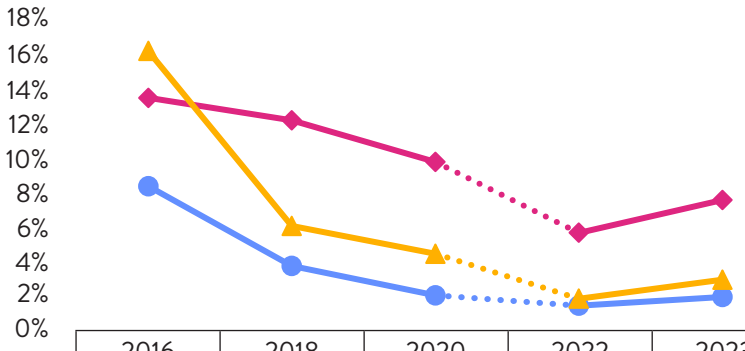


	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	15.9%	14.3%	19.7%	5.8%	5.7%	8.5%	9.0%	4.2%
Vapes	N/A	7.1%*	6.4%	5.0%	2.7%	6.7%	8.9%	7.0%
Other Tobacco Products	N/A	N/A	8.5%	4.7%	3.9%	4.2%	5.1%	3.4%

Notes: Restricted to individuals who reported race as American Indian or Alaska Native (alone or in combination with one or more other races). Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.
*Statistically unstable estimate; caution should be used.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 17. Current Tobacco Use Among American Indian/Alaska Native Youths (Any Mention, Grades 10 and 12)



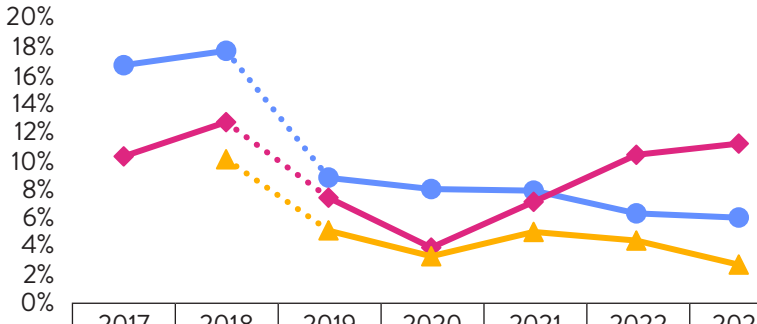
	2016	2018	2020	2022	2023
Cigarettes	8.3%	3.7%	2.0%	1.4%	1.9%
Vapes	13.4%	12.1%	9.7%	5.6%	7.5%
Other Tobacco Products	16.1%	6.0%	4.4%	1.8%	2.9%

Notes: Restricted to individuals who reported race as American Indian or Alaska Native (alone or in combination with one or more other races). Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2016–2020 data with 2022–2023 data due to a methodology change.

Sources: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+) Adults and Youth

Figure 18. Current Tobacco Use Among LGBTQ+ Adults (Aged 18+ Years)

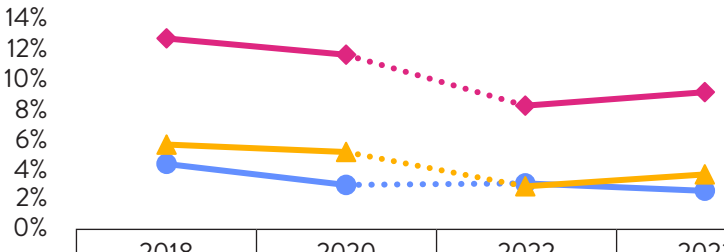


	2017	2018	2019	2020	2021	2022	2023
Cigarettes	16.7%	17.7%	8.8%	8.0%	7.9%	6.3%	6.0%
Vapes	10.3%*	12.7%	7.4%	3.9%	7.1%	10.4%	11.2%
Other Tobacco Products	N/A	10.1%	5.1%	3.3%	5.0%	4.4%	2.7%

Notes: Restricted to individuals who reported sexual orientation as lesbian, gay, bisexual, or other minority sexual orientation or reported gender identity as transgender or gender nonconforming. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2017–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.
*Statistically unstable estimate; caution should be used.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 19. Current Tobacco Use Among LGBTQ+ Youths (Grades 10 and 12)



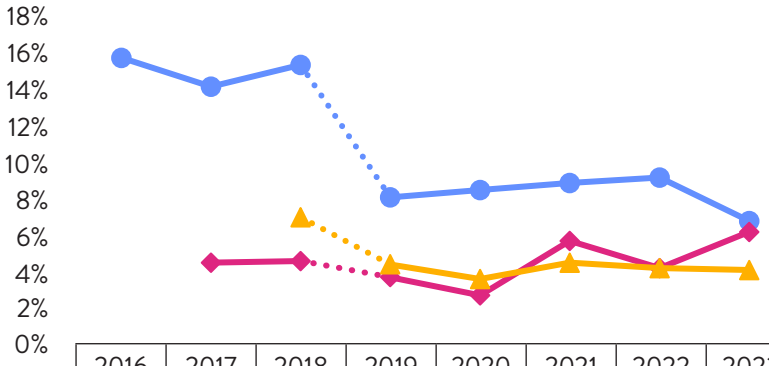
	2018	2020	2022	2023
Cigarettes	4.3%	2.9%	3.0%	2.5%
Vapes	12.7%	11.6%	8.2%	9.1%
Other Tobacco Products	5.6%	5.1%	2.8%	3.6%

Notes: Restricted to individuals who reported LGBTQ+ identity, reported sexual orientation as lesbian, gay, bisexual, or other minority sexual orientation, or reported gender identity as transgender, genderqueer, or other minority gender identity. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2018–2020 data with 2022–2023 data due to a methodology change. LGBTQ+ identity, sexual orientation, or gender identity was not ascertained in 2016.

Sources: [1] California Student Tobacco Survey. CSTS 2018 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

Rural Adults and Youth

Figure 20. Current Tobacco Use Among Rural Adults (Aged 18+ Years)

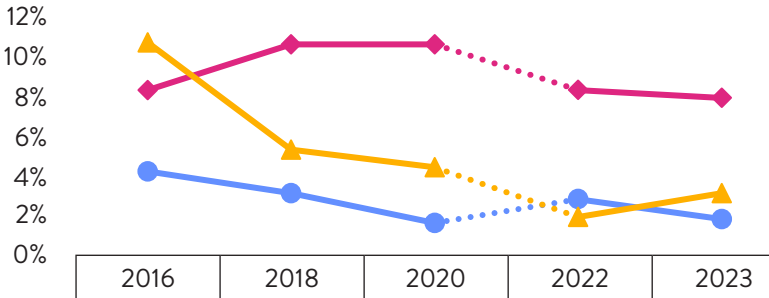


	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	15.8%	14.2%	15.4%	8.1%	8.5%	8.9%	9.2%	6.8%
Vapes	N/A	4.5%	4.6%	3.7%	2.7%	5.7%	4.2%	6.2%
Other Tobacco Products	N/A	N/A	7.0%	4.4%	3.6%	4.5%	4.2%	4.1%

Notes: Restricted to individuals residing in rural zip codes as defined by Nielsen Inc. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 21. Current Tobacco Use Among Rural Youths (Grades 10 and 12)



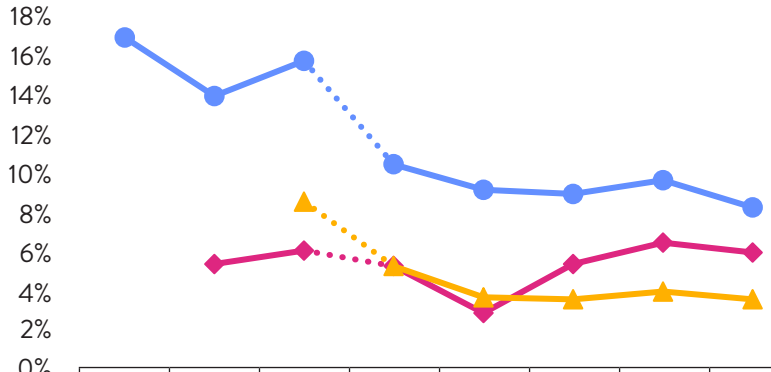
	2016	2018	2020	2022	2023
Cigarettes	4.3%	3.2%	1.7%	2.9%*	1.9%
Vapes	8.4%	10.7%	10.7%	8.4%*	8.0%
Other Tobacco Products	10.8%	5.4%	4.5%	2.0%	3.2%

Notes: Restricted to individuals attending school located in towns or rural areas as defined by the National Center for Education Statistics locale classification. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2016–2020 data with 2022–2023 data due to a methodology change.
*Statistically unstable estimate; caution should be used.

Sources: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

Low Income Adults*

Figure 22. Current Tobacco Use Among Low Income Adults (Aged 18+ Years)



	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	16.9%	13.9%	15.7%	10.4%	9.1%	8.9%	9.6%	8.2%
Vapes	N/A	5.3%	6.0%	5.2%	2.8%	5.3%	6.4%	5.9%
Other Tobacco Products	N/A	N/A	8.5%	5.2%	3.6%	3.5%	3.9%	3.5%

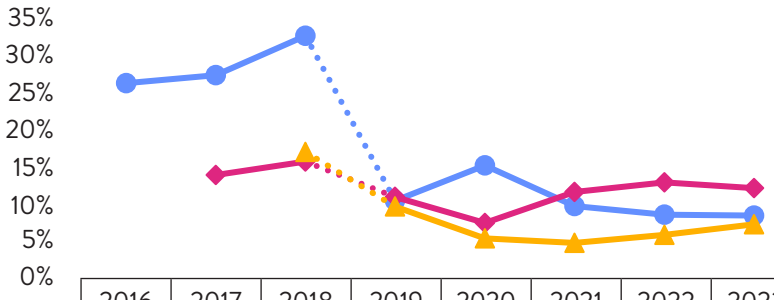
Notes: Restricted to individuals below 185% of the federal poverty level. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

*As of December 2024, the latest data available from the California Youth Tobacco Survey (CYTS 2023) do not have questions related to household income and poverty level. Starting with CYTS 2024, CDPH/CTPP has funded a question on family financial stability as a potential proxy for household income and poverty level. CYTS 2024 data is anticipated to be released by CDPH/CTPP in 2025.

Adults and Youth with Poor Mental Health

Figure 23. Current Tobacco Use Among Adults with Poor Mental Health (Aged 18+ Years)

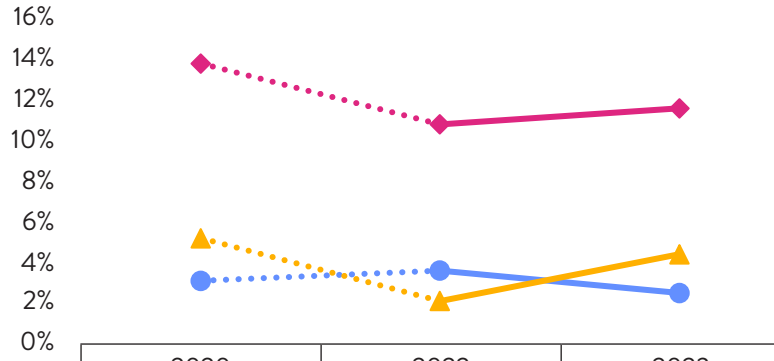


	2016	2017	2018	2019	2020	2021	2022	2023
Cigarettes	26.1%	27.2%	32.5%	10.2%	15.0%	9.5%	8.3%	8.2%
Vapes	N/A	13.7%	15.5%	10.7%	7.2%	11.4%	12.7%	11.9%
Other Tobacco Products	N/A	N/A	16.8%	9.4%	5.1%	4.5%	5.6%	7.0%

Notes: Restricted to individuals with a Kessler 6 Psychological Distress Scale score of ≥13, used as a proxy for poor mental health. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, hookah, little cigars/cigarillos, and smokeless tobacco (chewing tobacco, snuff, and snus). Caution should be used when comparing 2016–2018 data with 2019–2023 data due to a methodology change. N/A = not ascertained.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; 2024.

Figure 24. Current Tobacco Use Among Youths with Poor Mental Health (Grades 10 and 12)



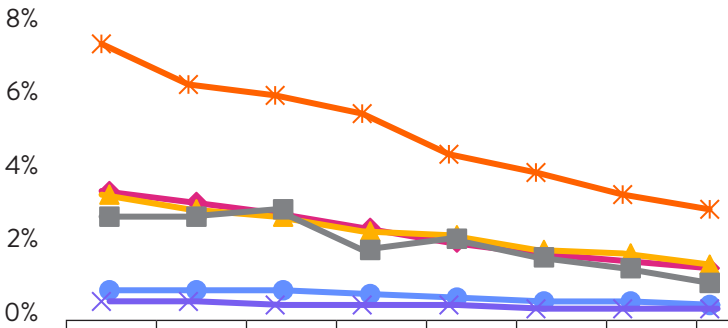
	2020	2022	2023
Cigarettes	3.0%	3.5%	2.4%
Vapes	13.7%	10.7%	11.5%
Other Tobacco Products	5.1%	2.0%	4.3%

Notes: Restricted to individuals who reported their mental health as poor. Current tobacco use = any use in the past 30 days. Other tobacco products = cigars, heated tobacco (2022–2023), hookah, little cigars/cigarillos, nicotine pouches (2022–2023), and smokeless tobacco (chewing tobacco, dip, dissolvable tobacco, snuff, and snus). Caution should be used when comparing 2020 data with 2022–2023 data due to a methodology change.

Sources: [1] California Student Tobacco Survey. CSTS 2020. San Diego, CA: UCSD Center for Research and Intervention in Tobacco Control. [2] California Youth Tobacco Survey. CYTS 2022 to CYTS 2023. Berkeley, CA: RTI International.

Pregnant Women (Including Mothers of All Ages)

Figure 25. Any Cigarette Use by Women During Pregnancy (Live Birth, Mothers of All Ages)



	2016	2017	2018	2019	2020	2021	2022	2023
Hispanic or Latino	0.6%	0.6%	0.6%	0.5%	0.4%	0.3%	0.3%	0.2%
White	3.3%	3.0%	2.7%	2.3%	1.9%	1.6%	1.4%	1.2%
African American or Black	3.2%	2.8%	2.6%	2.2%	2.1%	1.7%	1.6%	1.3%
Asian	0.3%	0.3%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%
American Indian or Alaska Native (any mention)	7.3%	6.2%	5.9%	5.4%	4.3%	3.8%	3.2%	2.8%
Native Hawaiian or Pacific Islander (any mention)	2.6%	2.6%	2.8%	1.7%	2.0%	1.5%	1.2%	0.8%

Notes: Maternal cigarette use during pregnancy was the only tobacco product use ascertained in birth records. Race and ethnicity categories are not exclusive. Racial groups include only non-Hispanic or Latino of a single race, except for Native Hawaiian or Pacific Islander and American Indian or Alaska Native. Native Hawaiian or Pacific Islander includes single race or multiple races, regardless of Hispanic or Latino ethnicity. American Indian or Alaska Native includes single race or multiple races, regardless of Hispanic or Latino ethnicity. Hispanic or Latino includes single or multiple races.

Source: Centers for Disease Control and Prevention. CDC WONDER. Natality Records 2016–2023. https://wonder.cdc.gov/natality-expanded-current.html

Implementation Strategies for Priority Populations

The following table provides an overview of implementation strategies for the priority populations that are specified in the Prop 99 enabling legislation.[105]

Table 1. Implementation Strategies for Priority Populations

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

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[46] The Premarket Tobacco Product Application is an FDA process for seeking approval to market a new tobacco product that it determines "is appropriate for the protection of public health," e.g., when tobacco users switch. See https://www.fda.gov/tobacco-products/market-and-distribute-tobacco-product/premarket-tobacco-product-applications.
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[109] A Modified Risk Tobacco Products (MRTP) is a product that the FDA has determined "will or is expected to benefit the health of the population as a whole," e.g., when tobacco users switch from using riskier products. See https://www.fda.gov/tobacco-products/advertising-and-promotion/modified-risk-tobacco-products.
[110] Marketing Granted Orders are a form of marketing authorization issued by the FDA following a submission demonstrating that the product is appropriate for the protection of public health. See https://www.fda.gov/tobacco-products/premarket-tobacco-product-applications/premarket-tobacco-product-marketing-granted-orders.
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