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]

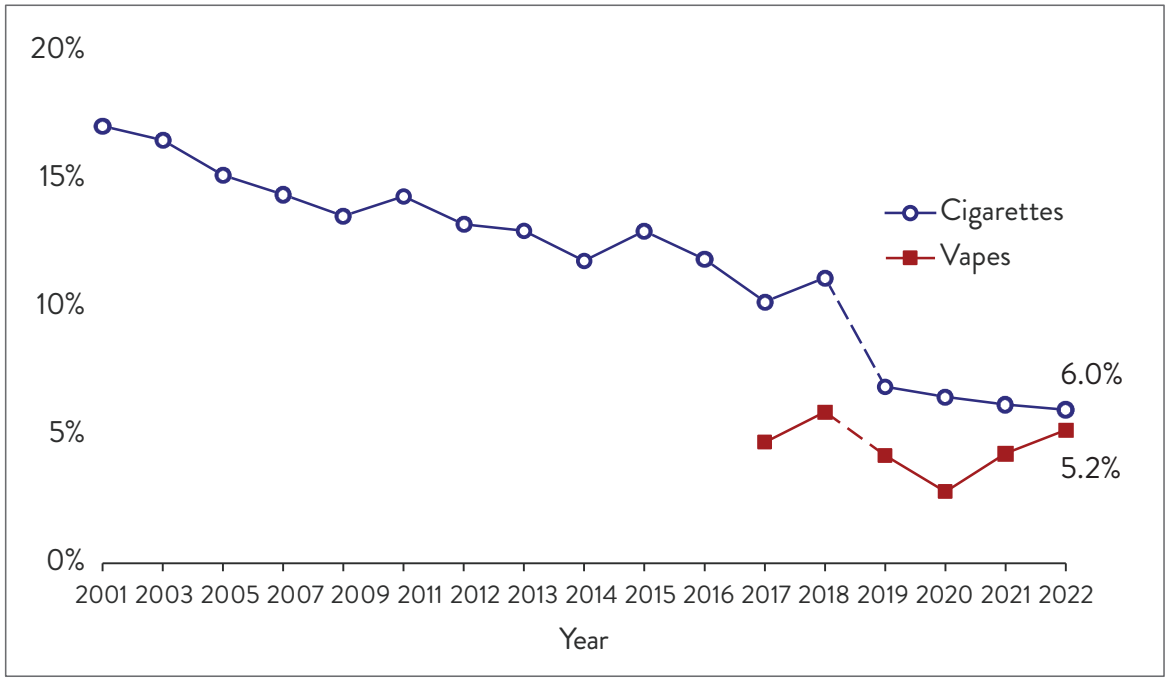
Despite research establishing the negative health effects of vaping,[12] the number and variety of vaping devices has expanded greatly, and the industry still deceptively promotes vaping as a safer choice than smoking.[13] Similarly, heated tobacco products such as IQOS were introduced as a way to enjoy 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.

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