California Tobacco Facts and Figures 2022

California Department of Public Health
California Tobacco Control Program

This publication was prepared by the California Tobacco Control Program, a branch in the Center for Healthy Communities of the California Department of Public Health.

In order to draw the most accurate and complete picture of tobacco use and behaviors in California, several data sources are used in this document. Data sources may be based on different survey methods; therefore rates may be slightly different throughout this report.

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TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS

CA	California
CHIS	California Health Interview Survey
CSTS	California Student Tobacco Survey
CTCP	California Tobacco Control Program
CYTS	California Youth Tobacco Survey
LGB{TQ+}	lesbian, gay, bisexual, {transgender, queer, questioning}
NRT	nicotine replacement therapy
Online CATS	Online California Adult Tobacco Survey
Proposition 56	California Healthcare, Research and Prevention Tobacco Tax Act of 2016
STPS	Synar Tobacco Purchase Survey
TEROC	Tobacco Education and Research Oversight Committee
TNT	Teens Nicotine and Tobacco Survey
UCLA	University of California Los Angeles

INTRODUCTION

Using tobacco products has a substantial negative impact to health. Tobacco use, specifically cigarette smoking, remains the leading cause of preventable death in the United States.[1] Smoking-related illness accounts for approximately 40,000 deaths annually in California.[2] Cigarette smoking in California costs the state $43.54 billion in health care costs and lost productivity from illness and premature death.[3]

Since 1989, the California Department of Public Health (CDPH), California Tobacco Control Program (CTCP) has served the people of California with a comprehensive tobacco control program. CTCP leads the fight to keep the tobacco industry from targeting specific populations and keeping the industry's products out of youth's hands, to help people who use tobacco quit, and to ensure that all Californians can live, work, play, and learn in tobacco-free environments. CTCP is committed to reducing tobacco disparities among populations disproportionately impacted by tobacco industry predation. In fact, California voters created a strong mandate for CTCP to reduce tobacco-related disparities when they overwhelmingly approved the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 ("Proposition 56"). Proposition 56 added a $2.00 tax per cigarette pack and a proportional increase to other tobacco products beginning in April 2017. Proposition 56 additionally requires that at least 15 percent of these tax funds appropriated to CTCP be designated for accelerating and monitoring declines in tobacco-related disparities.

The Tobacco Education and Research Oversight Committee (TEROC), a legislatively-mandated oversight committee, advises CTCP and other state programs with respect to tobacco prevention and education, policy, research, and evaluation efforts. In TEROC's 2023-2024 state plan, Achieving Health Equity: Breaking the Commercial Tobacco Industry's Cycle of Addiction, Death, and Environmental Degradation, more than 15 priority population groups were identified that are disproportionately impacted by tobacco because they use tobacco at higher rates, experience greater secondhand smoke or vape aerosol exposure, are disproportionately targeted by the tobacco industry, and/or have higher rates of tobacco-related disease. These include racial and ethnic minority groups, sexual and gender groups, people of low socioeconomic status, rural residents, military personnel and veterans, workers not covered by smokefree workplace laws, people with behavioral health conditions, people with disabilities, and school-age youth. Among these groups, CTCP focuses its greatest efforts on American Indian; African American/Black; Asian American/Native Hawaiian/Pacific Islander (AANHPI); Latino; lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+); individuals of lower socioeconomic status; rural populations; and behavioral health populations due to the crossover between groups and to achieve the greatest public health population impact.

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[1] U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.

[2] Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) - Smoking Attributable Mortality (SAM). 2020. Accessed November 9,2022. https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Econo/4yyu-3s69

[3] Campaign for Tobacco Free Kids. The Toll of Tobacco in California. Updated October 19, 2022. Accessed December 21, 2022. https://www.tobaccofreekids.org/problem/toll us/California

The California Tobacco Facts and Figures showcases California data on tobacco use behavior, attitudes, and local tobacco control policies. This report highlights the progress made to accelerate declines in tobacco-related disparities since the implementation of Proposition 56 began in July 2017. Although progress is being made, more work is still needed in reducing tobacco use disparities across all populations. Additionally, this report showcases public support for eradicating the tobacco industry's manipulative, racist and deadly influence by equitably increasing the health, environmental, and economic well-being of California's diverse populations.

/s/ Gordon Sloss
Gordon Sloss, MPA
Chief, California Tobacco Control Program

PROGRESS TOWARDS ACCELERATING THE DECLINE IN TOBACCO-RELATED DISPARITIES

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 ("Proposition 56") requires CTCP to award a minimum of 15 percent of its Proposition 56 funding that is designated for health promotion, health communication and evaluation and surveillance funds to accelerate and monitor the rate of decline in tobacco-related disparities with the goal of eliminating tobacco-related disparities.[4]

The Tobacco-Related Disparity Indicators Dashboard tracks and monitors California's progress in reducing 17 tobacco-related disparity indicators among CTCP-identified priority populations. CTCP's priority populations include: American Indian; African American/Black; Asian American/Native Hawaiian/Pacific Islander (AANHPI); Latino; lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+); individuals of lower socioeconomic status; rural populations; and behavioral health populations. The 17 indicators were chosen based on their impacts it would have in reducing tobacco-related disease and reducing the inequities in CTCP-funded policy work:

1. Current tobacco use – adults aged 18 to 64 years
2. Current cigarette smoking – adults aged ≥18 years
3. Current vape use – adults aged 18 to 64 years
4. Current tobacco use – high school youth
5. Current cigarette smoking – high school youth
6. Current vape use – high school youth
7. Secondhand tobacco and vape aerosol exposure – adults aged ≥18 years
8. Secondhand cigarette or little cigar/cigarillo smoke exposure – high school youth
9. Secondhand vape aerosol exposure – high school youth
10. Cigarette quit attempt – adults aged ≥18 years who currently smoke cigarettes
11. Cigarette quit intent – adults aged ≥18 years who currently smoke cigarettes
12. Vape quit attempt – high school youth who currently use vapes
13. Vape quit intent – high school youth who currently use vapes
14. Population coverage for local multi-unit housing policies
15. Population coverage for local secondhand smoke policies
16. Population coverage for local flavored tobacco sales restriction policies
17. Population coverage for local tobacco retail sales policies

Data from the dashboard highlighting progress in reducing these tobacco-related disparity indicators for each of the CTCP priority populations can be found in the appendix.

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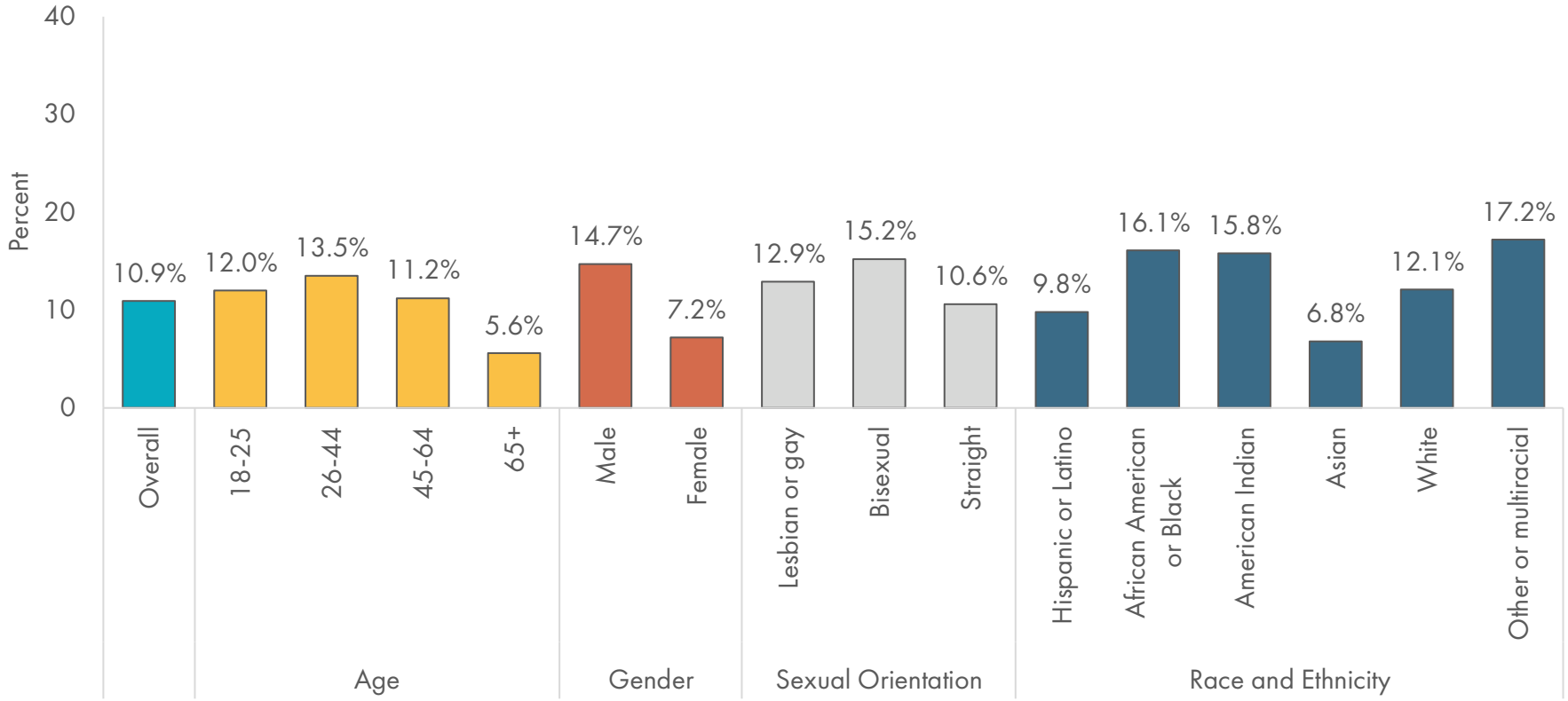
[4] California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Cal. Rev. Tax. Code § 30130.55(b)(1) (2016).

TOBACCO USE

Figure 1 and Figure 2 describe disparities in tobacco use across multiple groups defined by age, gender, sexual orientation, race, ethnicity, educational attainment, socioeconomic status, mental health status, housing, and geographical areas. California adults had an overall current tobacco use rate of 10.9% (Figure 1). Current tobacco use in this report is the use of any tobacco product in the past 30 days. Those with a serious psychological distress had the highest current tobacco use rate of 20.3% (Figure 2) among all the groups.

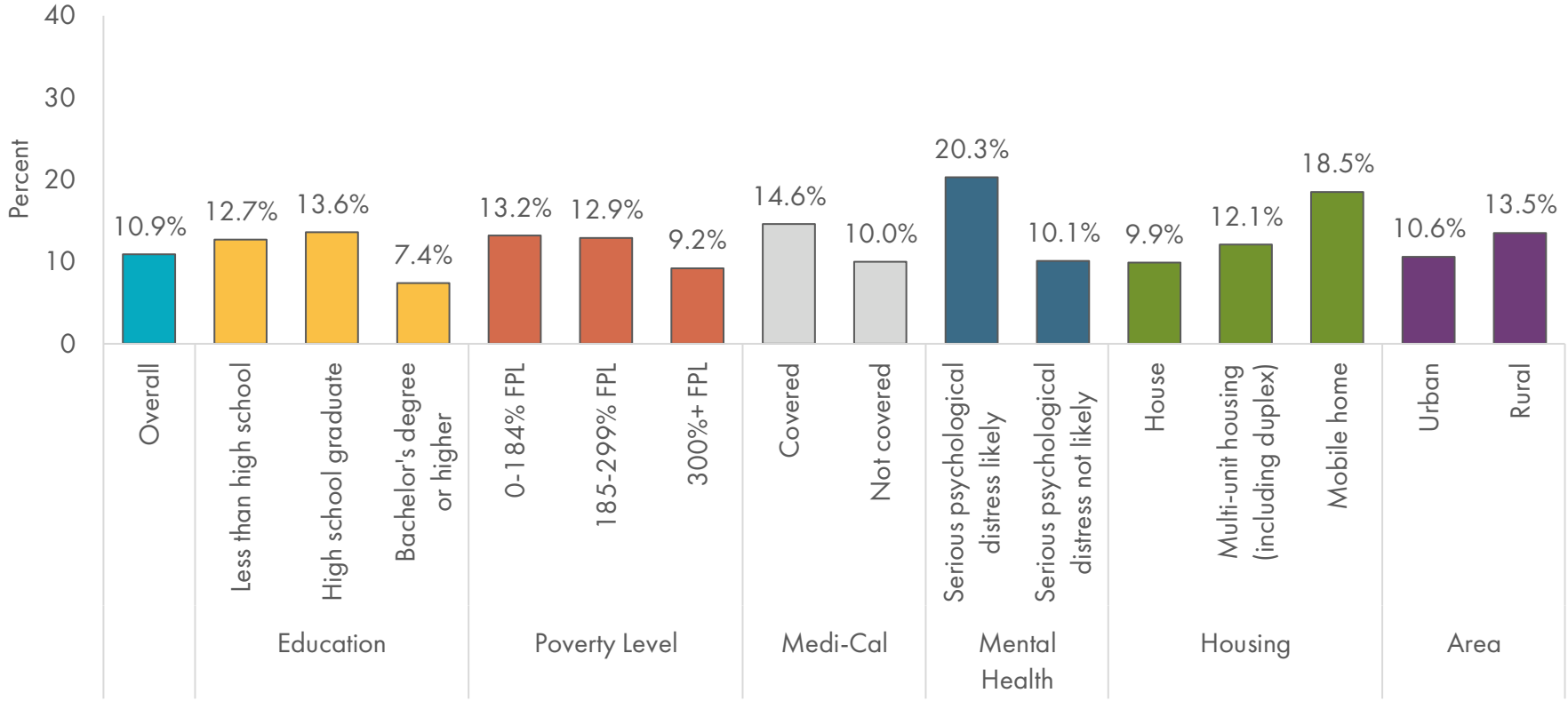
Figure 1. Current tobacco use among adults aged ≥18 years, by age, gender, sexual orientation, and race and ethnicity—California Health Interview Survey, 2020-21



Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2020 and CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Figure 2. Current tobacco use among adults aged ≥18 years, by education, poverty level, Medi-Cal coverage, mental health, housing, and area—California Health Interview Survey, 2020-21



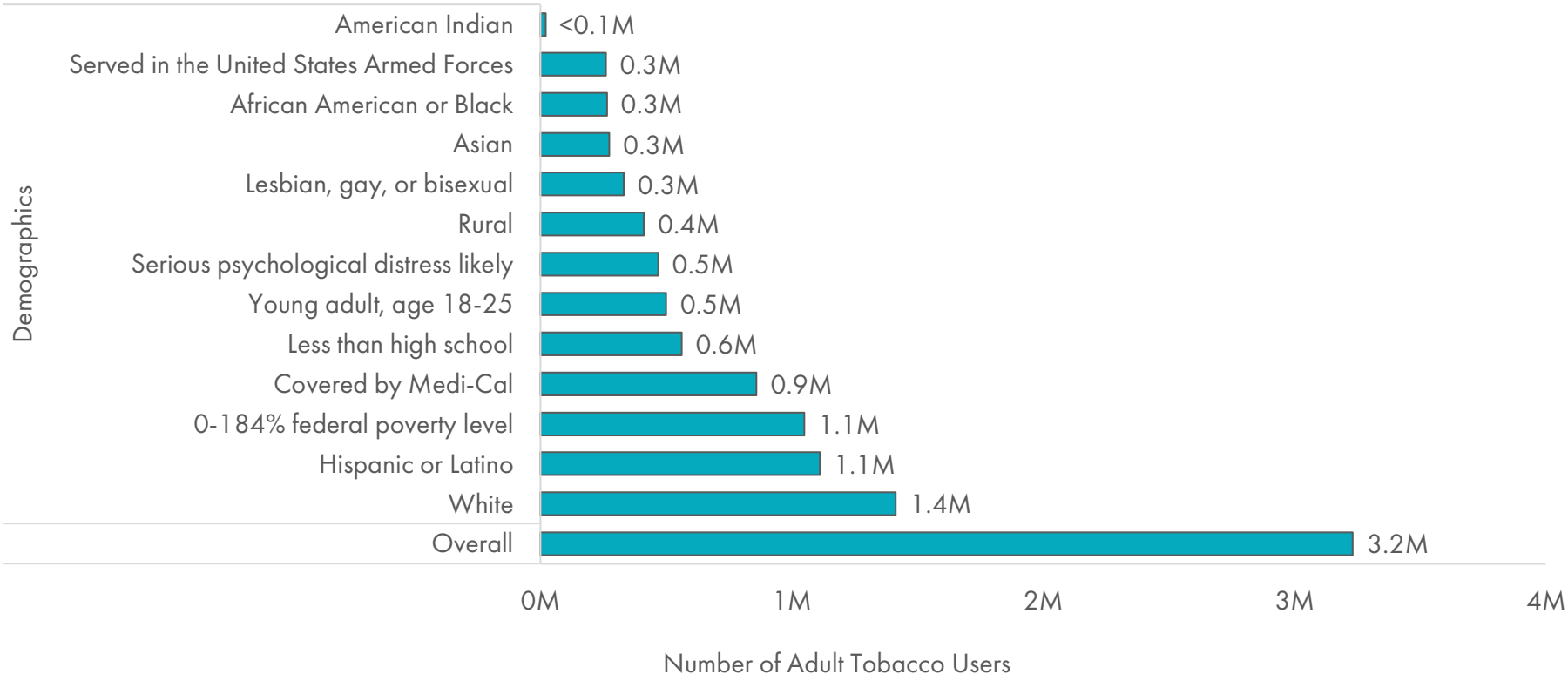
Abbreviation: FPL, federal poverty level.

Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2020 and CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

It is critical to look at the demographic characteristics of adults who use tobacco to inform and guide tobacco use prevention and cessation efforts. An estimated 3.2 million adults reported current tobacco use in California (Figure 3). Although Hispanic or Latino adults had a current tobacco use rate of 9.8% (Figure 1), Hispanic or Latino adults made up 34.4% (1.1 million) of all adults who reported current use of tobacco. This shows that despite a lower rate, tobacco use is a significant burden within the Hispanic or Latino population.

Figure 3. Number of adults ≥18 years who reported current tobacco use—California Health Interview Survey, 2020-21

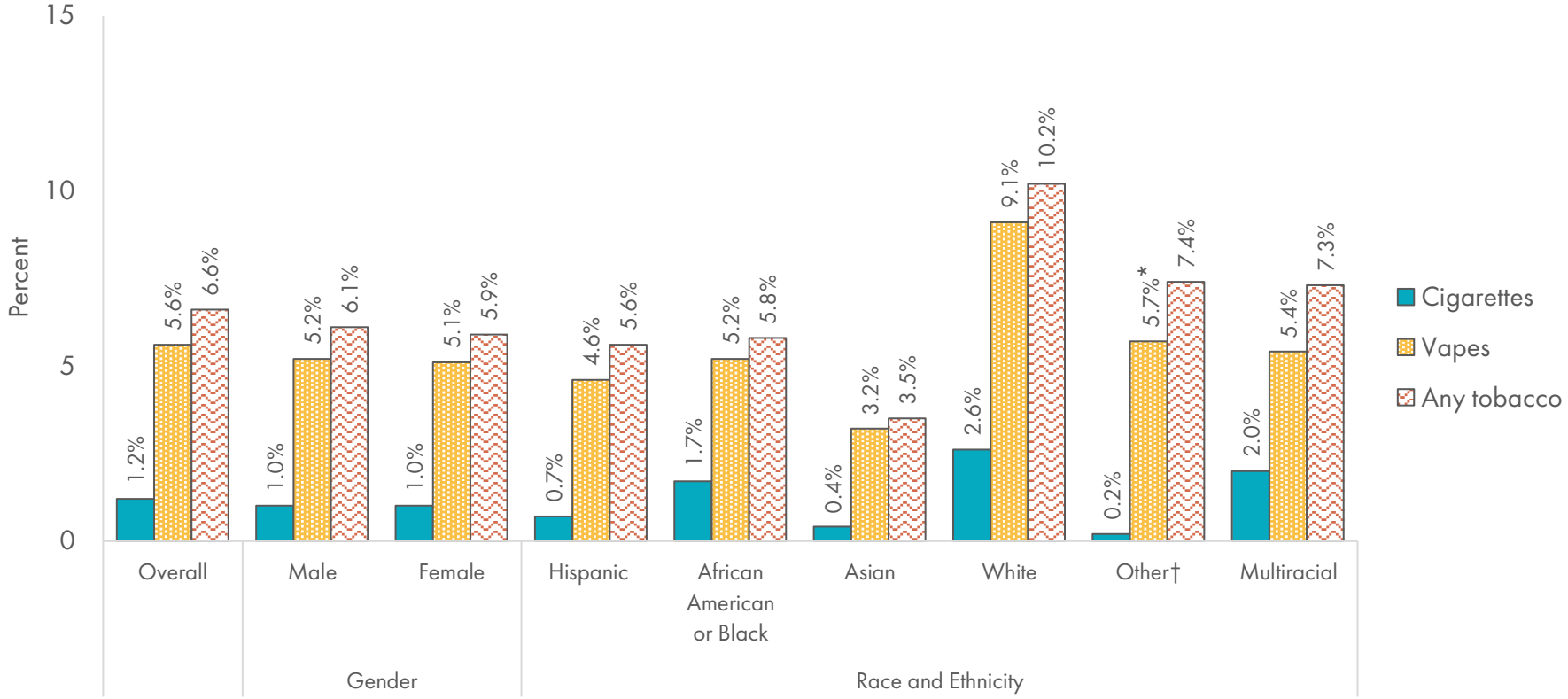


Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2020 and CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Tobacco use among youth is a major concern in California, driven by the popularity of vapes among this population (Figure 4). Current vape use among California high school students in 2022 was highest among White youth (9.1%). Current tobacco use among California high school students in 2022 was highest among White youth (10.2%), followed by other youth (7.4%).

Figure 4. Current tobacco use among high school students, by gender and race and ethnicity—California Youth Tobacco Survey, 2022



Tobacco use includes cigarettes, cigars, heated tobacco products, hookah, little cigars or cigarillos, nicotine pouches, smokeless tobacco products, or vapes (nicotine or just flavoring). Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. See Additional Notes section for more information.

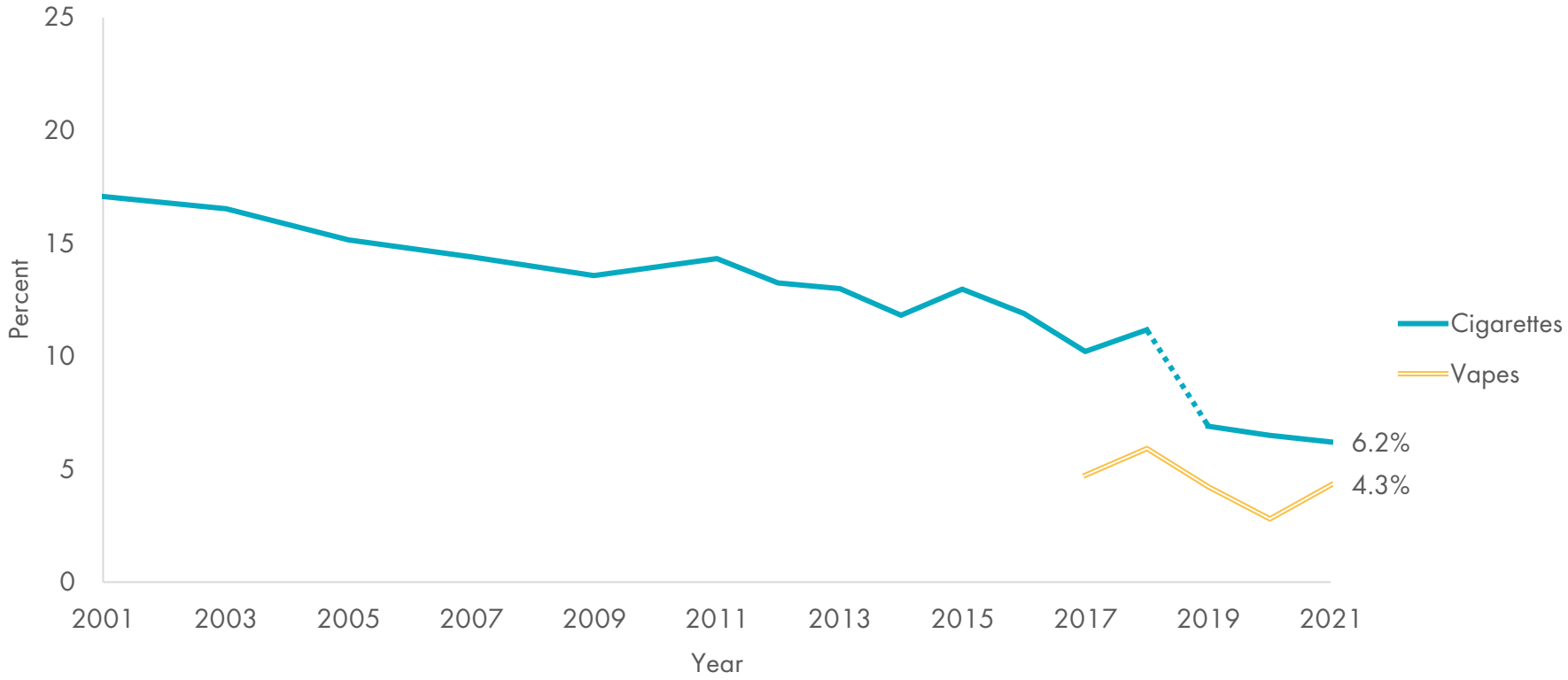
* Caution should be used as estimate is statistically unreliable.

† Other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Fewer adults smoke cigarettes than ever before; however, vaping has increased over the past year. In 2021, 6.2% (1.8 million) of California adults reported current cigarette smoking and 4.3% (1.2 million) reported current vaping (Figure 5).

Figure 5. Current cigarette smoking and current vaping among adults aged ≥18 years —California Health Interview Survey, 2001 to 2021

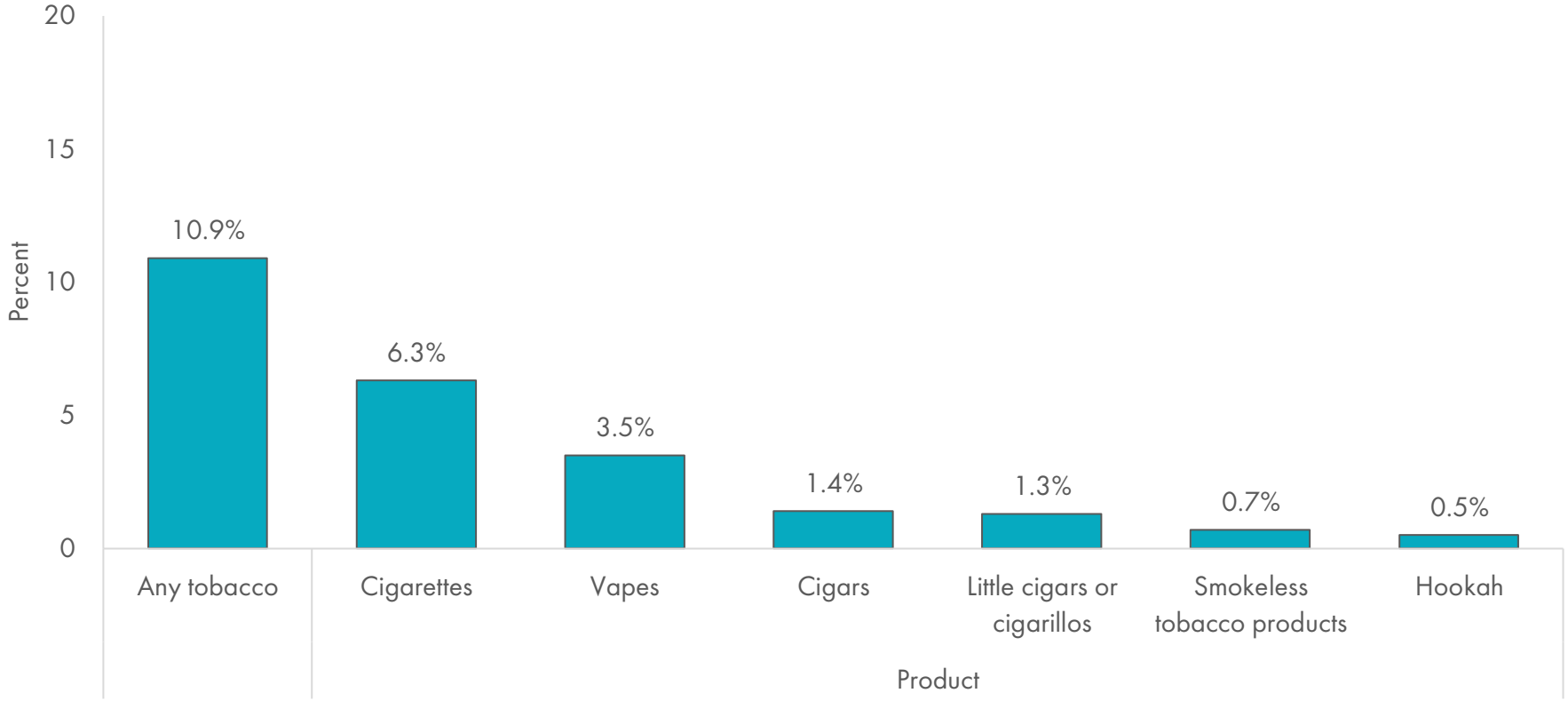


The dotted lines indicate a break in trend due to a methodology change. Prior to 2019, the survey was administered via computer-assisted telephone interview. Since 2019, the survey was administered via computer-assisted web interview and computer-assisted telephone interview. This methodology change significantly impacted cigarette smoking rates. Current vape use was first collected of all adults in 2017. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2001 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Cigarettes were the most reported tobacco product used by California adults, followed by vapes, big cigars, little cigars or cigarillos, smokeless tobacco products, and hookah (Figure 6). Overall, 10.9% of California adults (about 3.2 million adults) reported current use of one or more tobacco products.

Figure 6. Current tobacco use among adults aged ≥18 years, by product—California Health Interview Survey, 2020-21



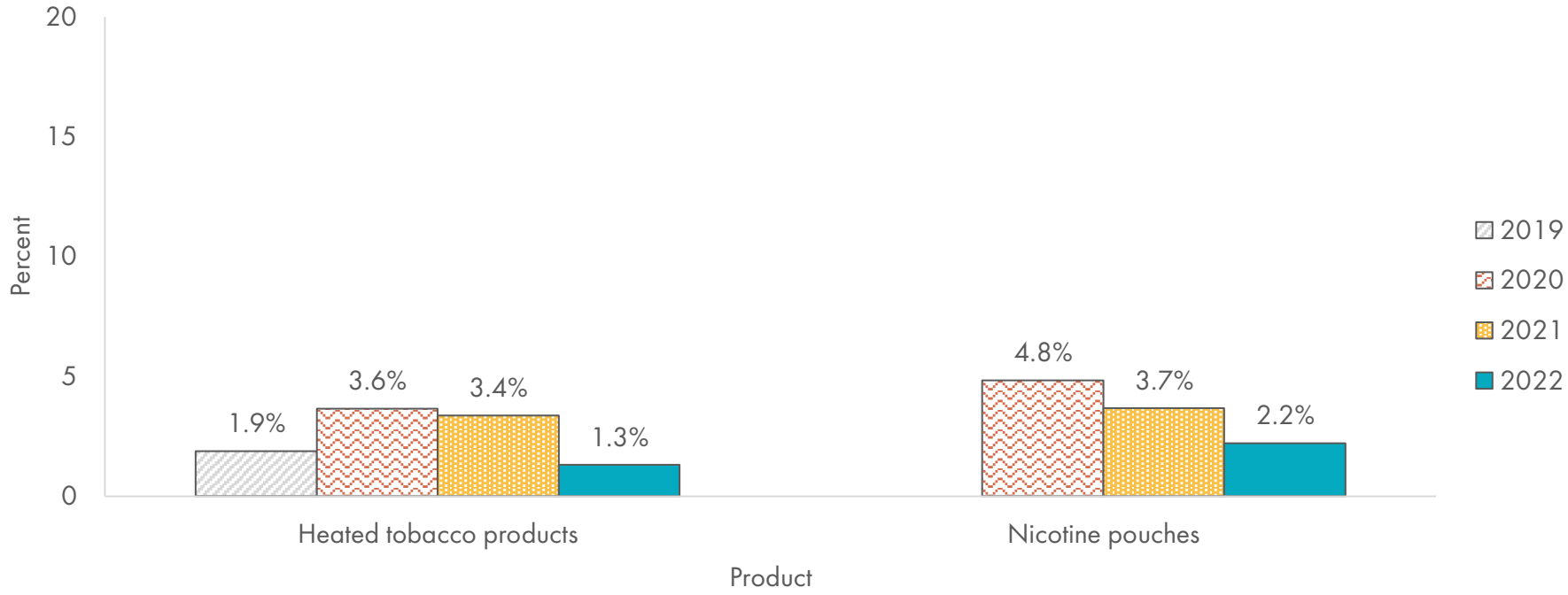
Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2020 and CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

The tobacco industry continues to develop new tobacco products. Two products that are becoming more widespread are heated tobacco products and nicotine pouches.[5,6] Heated tobacco products are devices that heat tobacco leaves to produce an inhalable aerosol. Nicotine pouches are pouches that are placed in the mouth and contain nicotine-containing powder. These pouches are often advertised as "tobacco-free," although the nicotine powder may be derived from tobacco leaves.[6]

In a survey among California adults, 1.3% reported using heated tobacco products in the past 30 days and 2.2% reported using nicotine pouches in the past 30 days in 2022 (Figure 7).

Figure 7. Current emerging tobacco product use among adults aged 18 to 64 years—Online California Adult Tobacco Survey, 2019 to 2022



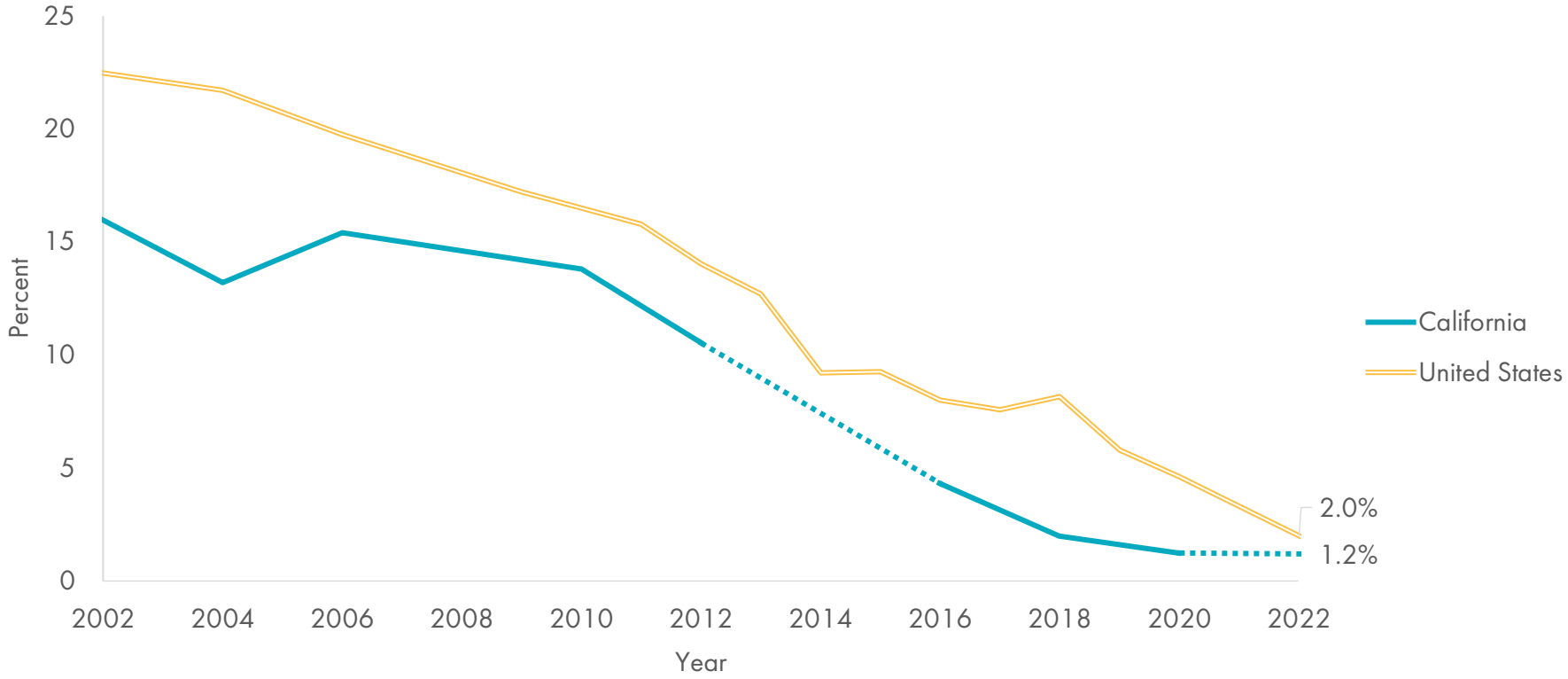
Past 30-day use of nicotine pouches was not asked in 2019. See Additional Notes section for more information.

Source: Online California Adult Tobacco Survey. Online CATS 2019-2022. Sacramento, CA: California Department of Public Health; May 2023.

[5] Caputi TL. Industry watch: heat-not-burn tobacco products are about to reach their boiling point. *Tob Control.* 2017;26(5):609-610.
[6] Robichaud MO, Seidenberg AB, Byron MJ. Tobacco companies introduce 'tobacco-free' nicotine pouches. *Tob Control.* 2020;29(e1):e145-146.

The current cigarette smoking rate for California high school students remained the same over the past two years, with 1.2% of California high school youth reported current cigarette smoking in 2022 (Figure 8). The cigarette smoking rate remains lower than the national high school smoking rate (2.0%) in 2022.

Figure 8. Current cigarette smoking among high school students—California Youth Tobacco Survey, 2002 to 2022, National Youth Tobacco Survey, 2002 to 2022

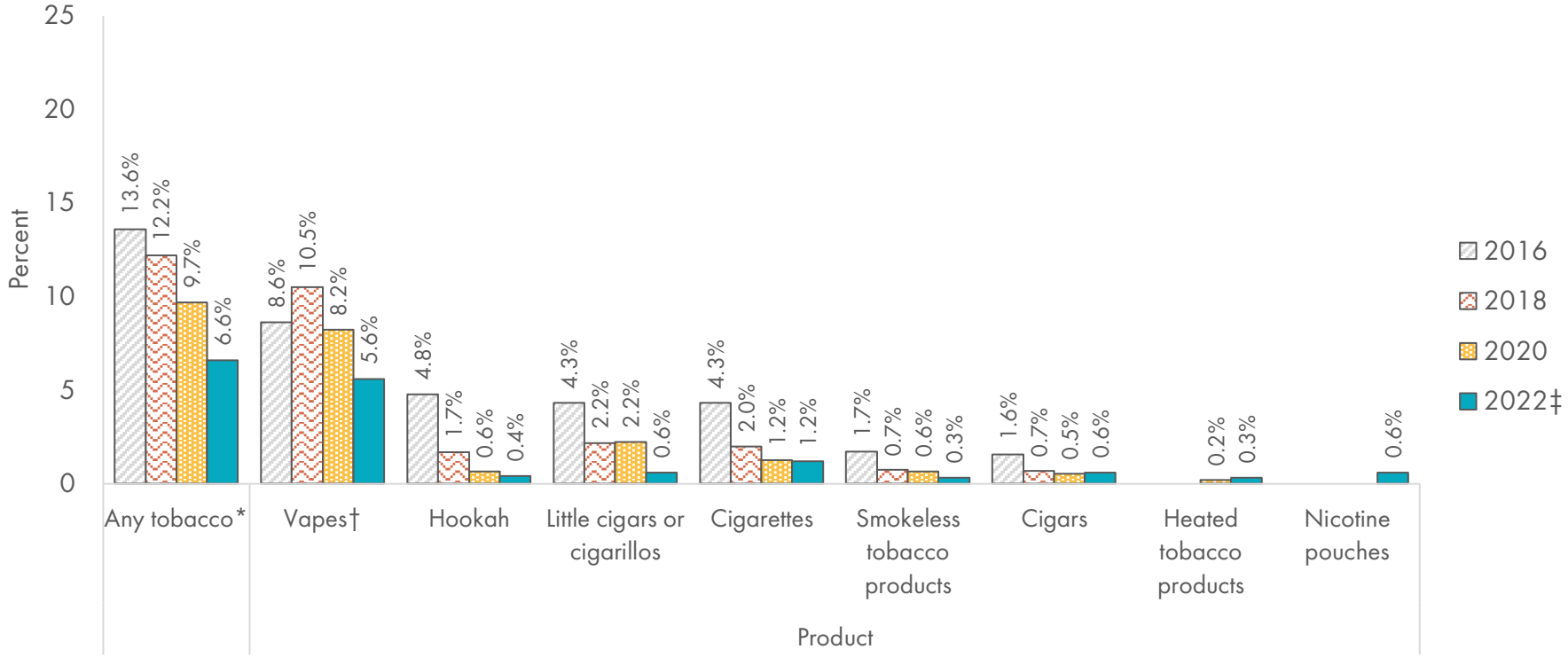


The dotted line indicates a break in trend due to a methodology change. Prior to 2016, the survey was administered to 9th to 12th graders. From 2016-2020, the survey was administered to only 10th and 12th graders. In 2022, the methodology was significantly revised and also included private schools and virtual schools. CYTS was not fielded in 2014. Comparison between California and United States are for informational purposes only and should not be treated as scientifically or statistically accurate due to methodological differences between the two surveys. See Additional Notes section for more information.

Source: [1] California Student Tobacco Survey. CSTS 2002 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023. [3] National Youth Tobacco Survey. NYTS 2002 to NYTS 2022; 2023.

In California, significant reductions in any tobacco use were observed between 2016 and 2022 among high school students (Figure 9). Overall tobacco use was 6.6% among high school youth in 2022. Vapes were the most common tobacco product used among California high school youth, with 5.6% of high school youth vaping in 2022.

Figure 9. Current tobacco use among high school students, by product—California Youth Tobacco Survey, 2016 to 2022



Tobacco use includes cigarettes, cigars, heated tobacco products (2020 and 2022 only), hookah, kreteks (2016 only, data not shown), little cigars or cigarillos, nicotine pouches (2022 only), smokeless tobacco products, or vapes (nicotine or just flavoring). See Additional Notes section for more information.

* CTCP recommends that readers not compare the 2016-2022 tobacco use rates due to changes to the tobacco use definition. Data is shown only together for informational purposes.

† CTCP recommends that readers not compare the 2016-2022 vape use rates due to changes to the question wording. Data is shown together only for informational purposes.

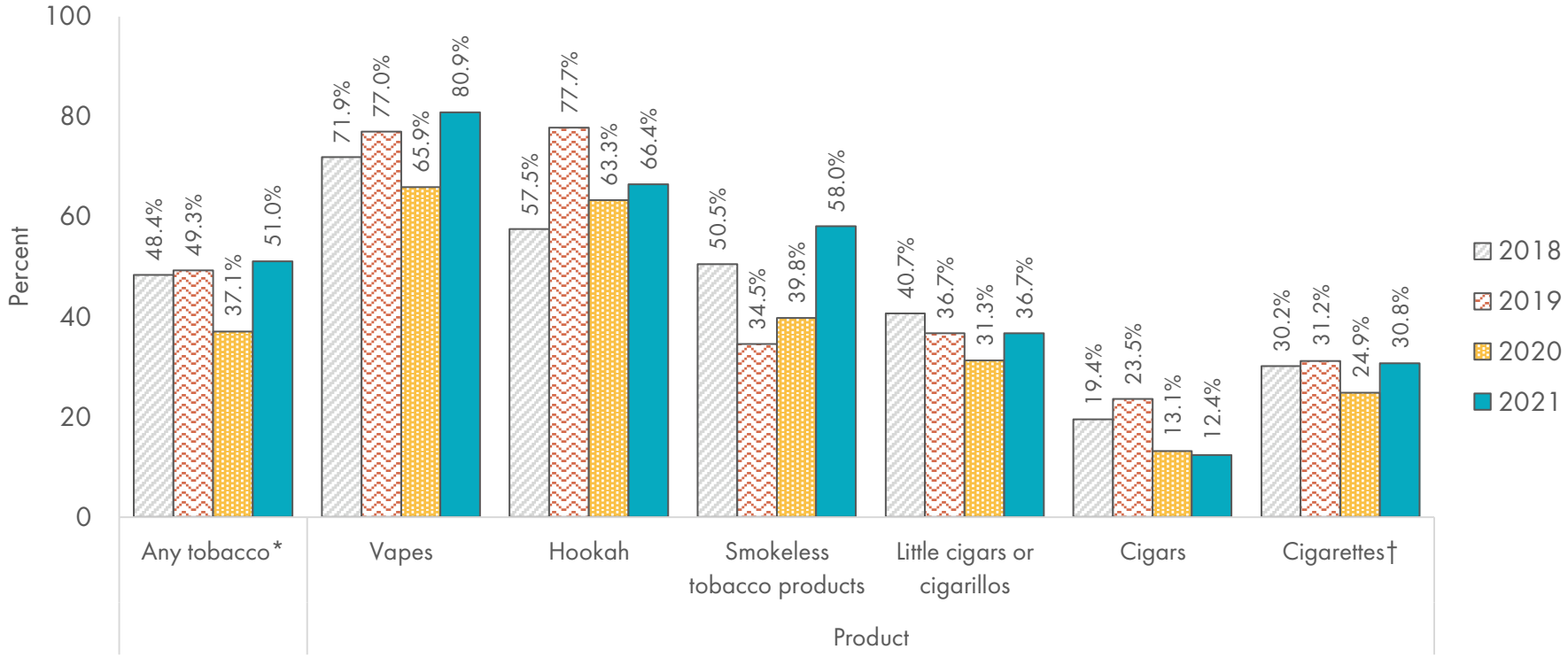
‡ CTCP recommends that readers not compare the 2016-2020 data with the 2022 data due a 2022 methodology change. Data is show together only for informational purposes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

FLAVORED TOBACCO PRODUCTS

Among adults who reported current tobacco use, 51.0% used flavored tobacco products (Figure 10). Most people who vaped (80.9%) or used hookah (66.4%) used flavored varieties.

Figure 10. Flavored tobacco use among adults aged ≥18 years who currently use tobacco, by product—California Health Interview Survey, 2018 to 2021



Tobacco use includes cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. Flavored cigarette use refers to menthol cigarette use. See Additional Notes section for more information.

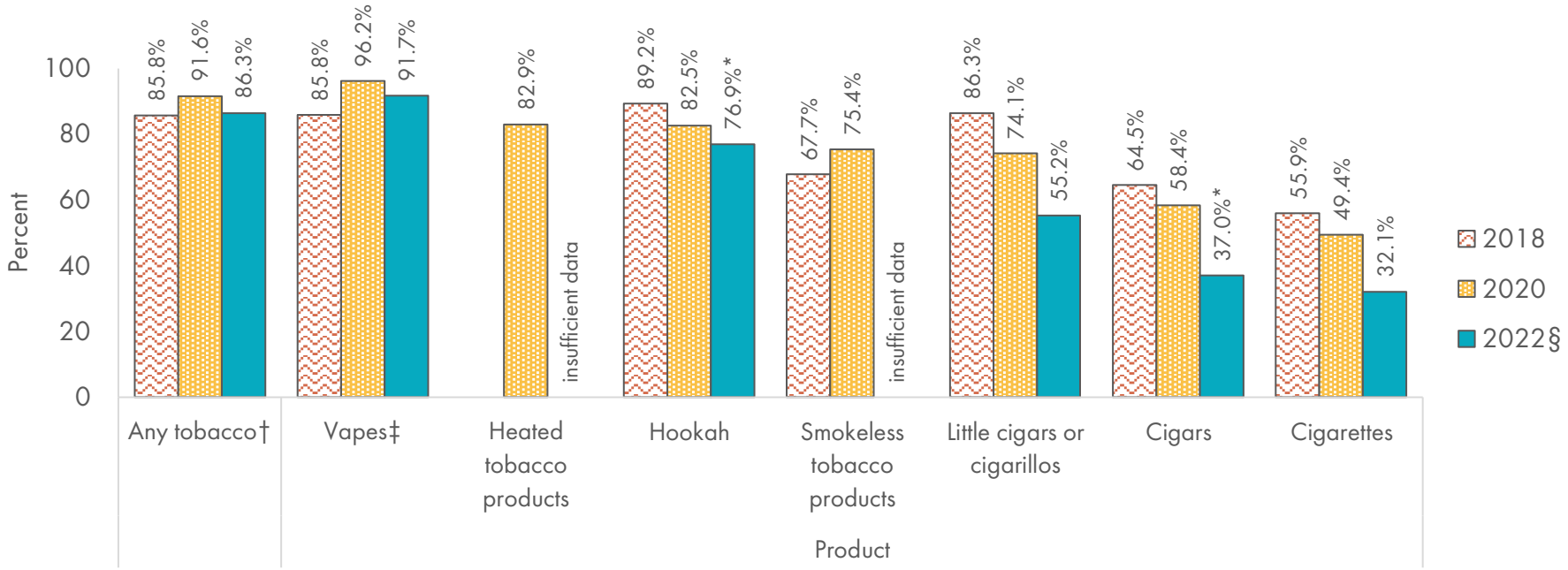
* CTCP recommends that readers not compare the 2018-2020 flavored tobacco use rates with the 2021 flavored tobacco use rates due to changes to the menthol cigarette use definition. Menthol cigarette use rates changed from usual use to any use. Data is show together only for informational purposes.

† CTCP recommends that readers not compare the 2018-2020 menthol cigarette use rates with the 2021 menthol cigarette use rates due to changes to the menthol cigarette use definition. Menthol cigarette use rates changed from usual use to any use. Data is show together only for informational purposes.

Source: California Health Interview Survey. CHIS 2018 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Use of flavored vapes and smokeless tobacco among California high school students increased between 2018 and 2020, while use of flavored hookah, cigarettes, little cigars or cigarillos, and big cigars decreased over the same period. Use of flavored vapes, hookah, cigarettes, little cigars or cigarillos, and big cigars decreased between 2020 and 2022 (Figure 11).

Figure 11. Flavored tobacco use among high school students who currently use tobacco, by product—California Youth Tobacco Survey, 2018 to 2022



Tobacco use includes cigarettes, vapes (nicotine or just flavoring), smokeless tobacco products, little cigars or cigarillos, cigars, hookah, heated tobacco products (2020 and 2022 only) or nicotine pouches (2022 only). Flavored cigarette use refers to menthol cigarette use. See Additional Notes section for more information.

* Caution should be used as estimate is statistically unreliable.

† CTCP recommends that readers not compare the 2018-2022 flavored tobacco use rates due to changes to the tobacco use definition. Data is show together only for informational purposes.

‡ CTCP recommends that readers not compare the 2018-2022 flavored vape use rates due to changes to the question wording. Data is show together only for informational purposes.

§ CTCP recommends that readers not compare the 2018-2020 data with the 2022 data due to changes to the question wording and due to a 2022 methodology change. Data is show together only for informational purposes.

Source: [1] California Student Tobacco Survey. CSTS 2018 to CSTS 2020. San Diego, CA: University of California San Diego Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Flavored tobacco products pose a public health risk as the products appeal to youth.[7] In 2022, three in four (77.6%) California adults agreed that flavored tobacco products are intentionally designed to appeal to youth (Table 1). In 2021 over half of California adults agreed that they would support a law that would prohibit the sale of flavored e-cigarette and vaping products; and in 2022 voters overwhelmingly upheld a statewide law that prohibited the sale of most flavored tobacco in California.[8]

Table 1. Beliefs on flavored tobacco products among adults aged 18 to 64 years—Online California Adult Tobacco Survey, 2021 to 2022

Statement	2021	2022
Flavored e-cigarettes and other flavored tobacco products are intentionally designed to appeal to youth. (% agree)	73.1%	77.6%
The sale of flavored tobacco products like candy-flavored little cigars should not be allowed. (% agree)	52.5%	59.3%
Do you support or oppose prohibiting the sale of all flavored tobacco products? (% support)*	57.5%	59.9%
Do you support or oppose a law that would prohibit the sale of flavored e-cigarette and vaping products, including flavors such as mint, menthol, cherry, and cotton candy, in California? (% support)	58.1%†	—‡

Response option of "agree" (or "support") and "strongly agree" (or "strongly support") were combined. See Additional Notes section for more information.

* Statement listed is the modified version in 2022. Analysis includes original version and modified versions.

† Statement not asked in 2022.

‡ Statement only asked in one wave; all other data are from two waves.

Source: Online California Adult Tobacco Survey. Online CATS 2021-2022. Sacramento, CA: California Department of Public Health; May 2023.

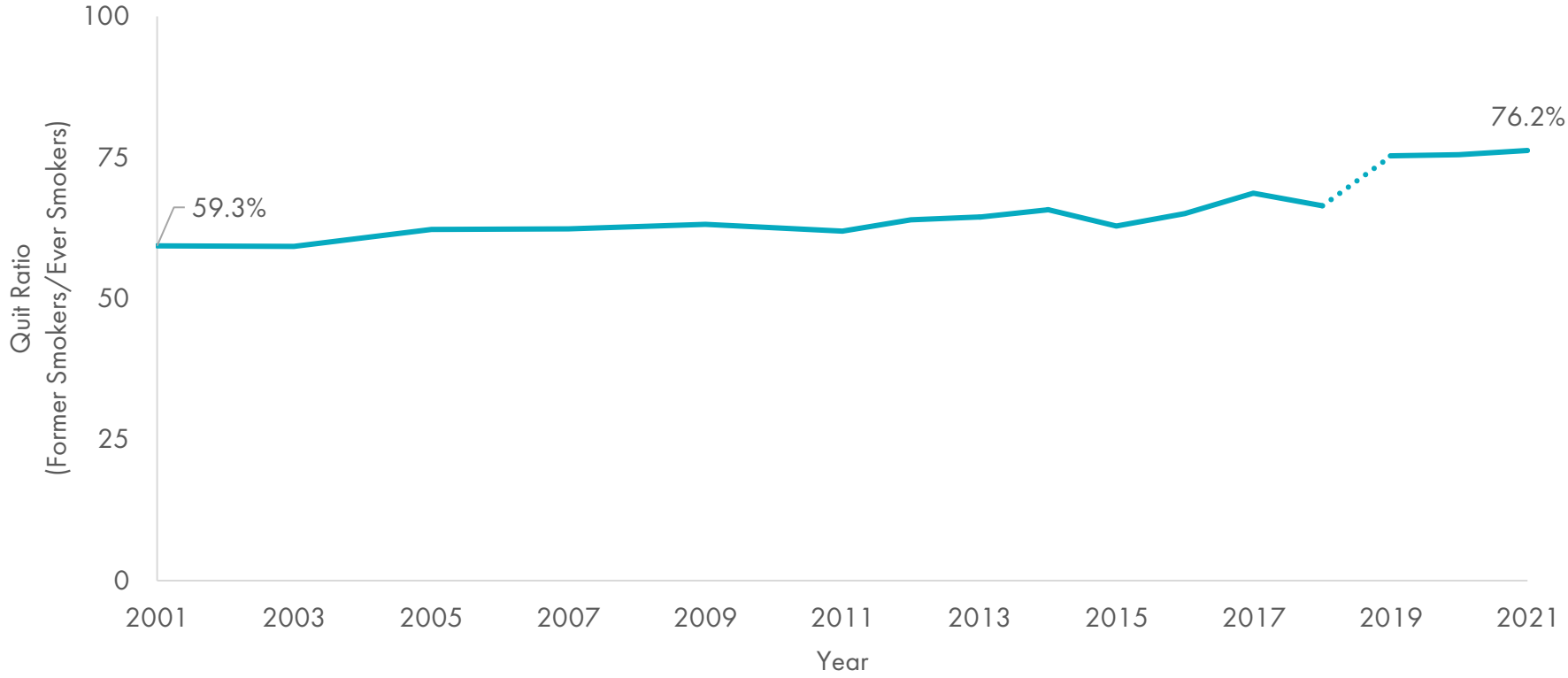
[7] U.S. Department of Health and Human Services. E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2016.

[8] California Secretary of State. Statement of Vote: November 8, 2022 General Election. Accessed March 1, 2023. https://elections.cdn.sos.ca.gov/sov/2022-general/sov/complete.pdf

TOBACCO CESSATION AND HEALTH

California tracks successful cigarette cessation by calculating the percentage of ever (lifetime use) cigarette California adult smokers who have successfully quit smoking. This measure is called a quit ratio. The quit ratio among California adults have slowly increased over the past decade (Figure 12). In 2021, the quit ratio was at 76.2%.

Figure 12. Percentage of ever cigarette adult smokers aged ≥18 years who have quit smoking (quit ratio)—California Health Interview Survey, 2001 to 2021

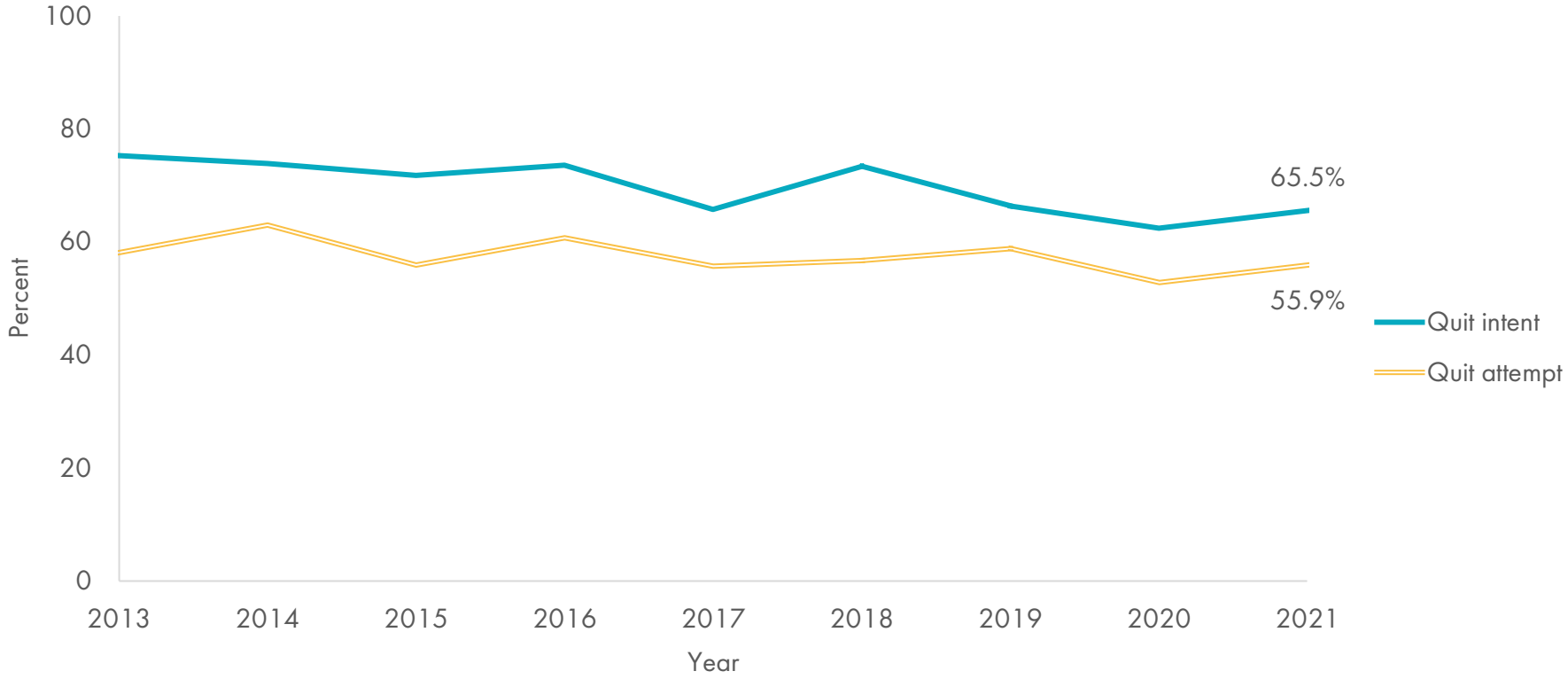


The dotted line indicates a break in trend due to a methodology change. Prior to 2019, the survey was administered via computer-assisted telephone interview. Since 2019, the survey was administered via computer-assisted web interview and computer-assisted telephone interview. This methodology change significantly impacted cigarette smoking rates. See Additional Notes section for more information.

Source: UCLA Center for Health Policy Research. AskCHIS 2001-2021. Smoking status – current, former, never. Accessed February 9, 2023. https://ask.chis.ucla.edu/

Cigarette quit intents and quit attempts have decreased or remained constant over the past seven years among adults who currently smoke cigarettes (Figure 13). Approximately two out of three (65.5%) adults who currently smoke cigarettes reported an intent to quit smoking cigarettes in the next six months in 2021.

Figure 13. Cigarette quit intent and quit attempt among adults aged ≥18 years who currently smoke cigarettes—California Health Interview Survey, 2013 to 2021

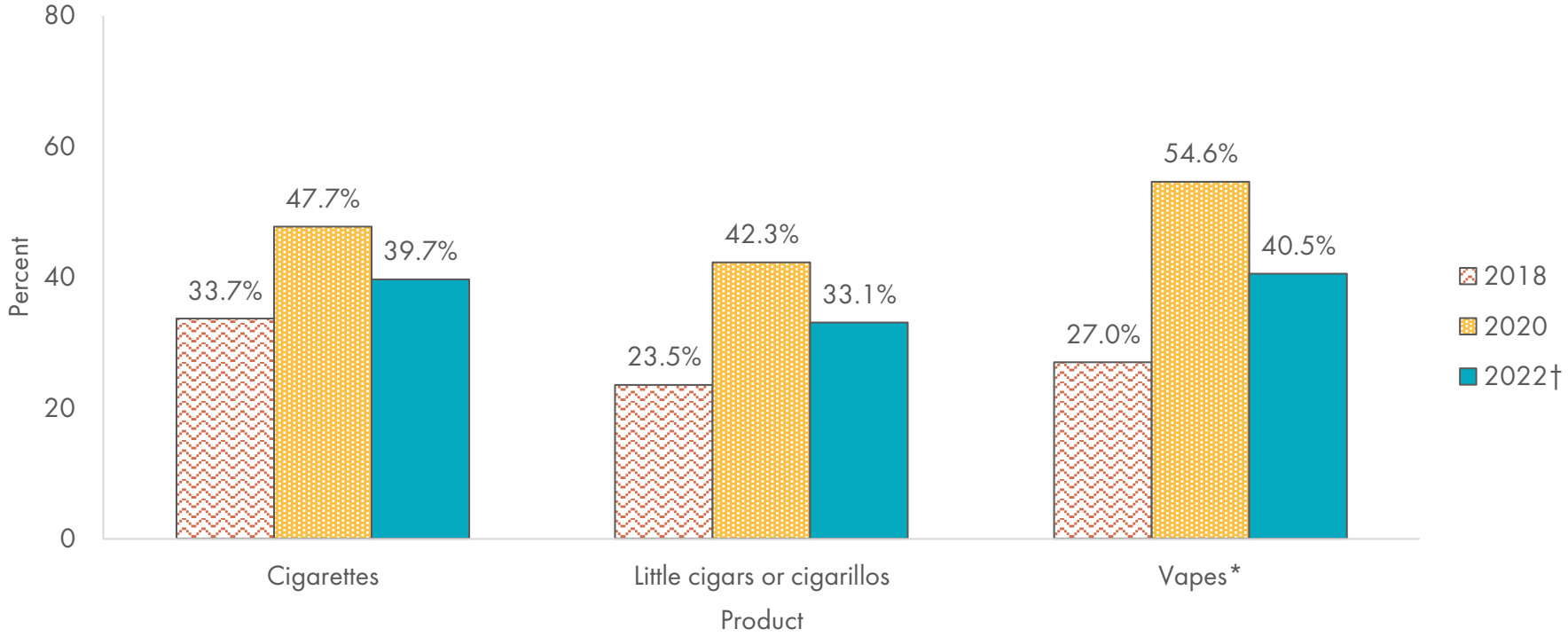


Cigarette quit intent is intent to quit smoking cigarettes in the next six months. Cigarette quit attempt is an attempt to quit smoking cigarettes for one day or longer in the past 12 months. See Additional Notes section for more information.

Source: California Health Interview Survey. CHIS 2013 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Among California high school youth who reported current tobacco use, the percent of youth trying to quit cigarettes, little cigars or cigarillos, and/or vapes increased between 2018 and 2022. Attempts to quit vaping more than doubled between 2018 and 2020 (Figure 14).

Figure 14. Quit attempt among high school students who currently use tobacco, by product—California Youth Tobacco Survey, 2018 to 2022



Quit attempt is an attempt to quit in the past 12 months. See Additional Notes section for more information.

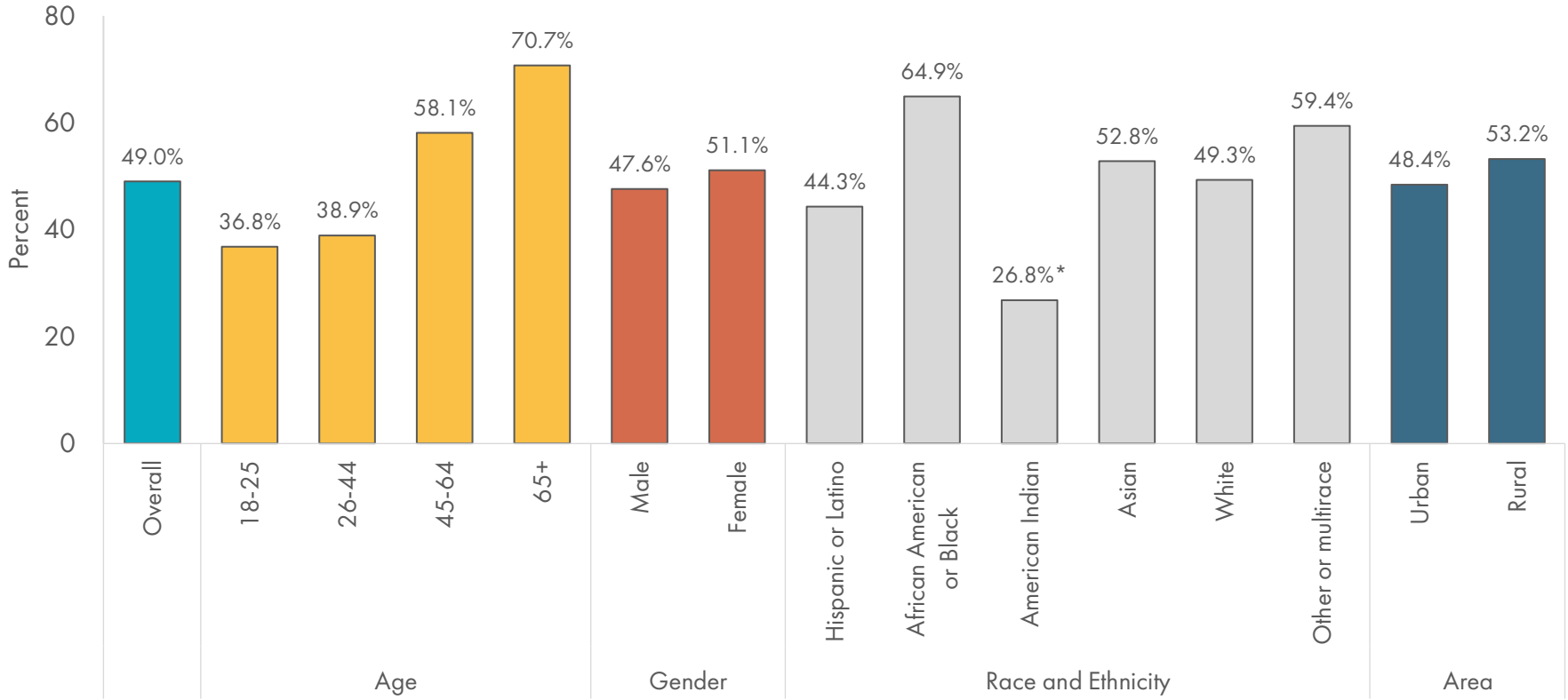
* CTCP recommends that readers not compare the 2018-2022 vape quit attempt rates due to changes to the question wording for vape use. Data is show together only for informational purposes.

† CTCP recommends that readers not compare the 2018-2020 data with the 2022 data due to a 2022 methodology change. Data is show together only for informational purposes.

Source: [1] California Student Tobacco Survey. CSTS 2018 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Racial disparities were observed when it comes to health care professionals advising their patients to quit smoking cigarettes (Figure 15). Among adults who reported current cigarette use, only 44.3% of Hispanic or Latino were advised to quit smoking cigarettes compared to 49.3% of White adults.

Figure 15. Advised to quit smoking cigarettes among adults aged ≥18 years who currently smoke cigarettes, by age, gender, race and ethnicity, and area—California Health Interview Survey, 2021



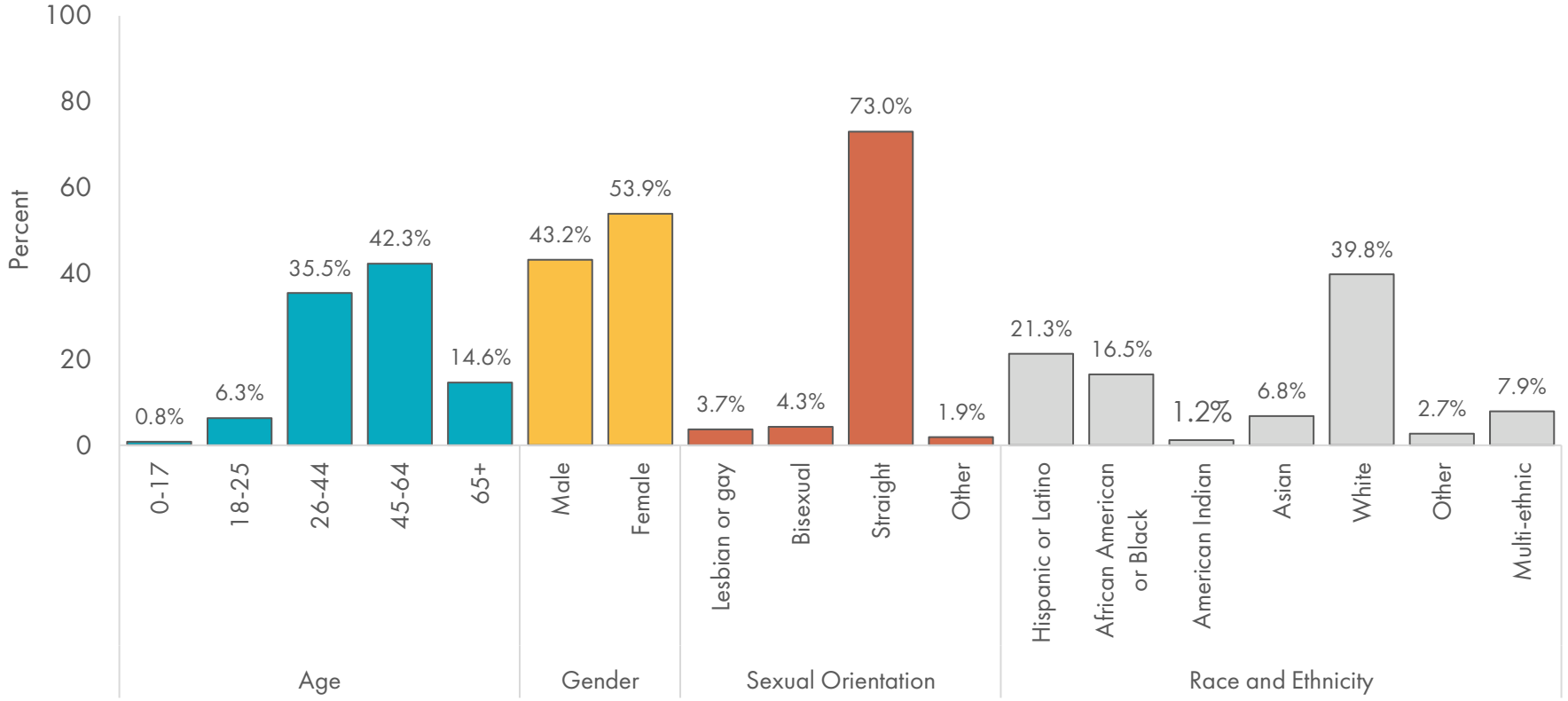
See Additional Notes section for more information.

* Caution should be used as estimate is statistically unreliable.

Source: UCLA Center for Health Policy Research. AskCHIS 2021. Health professional gave advice to quit smoking. Accessed January 13, 2023. https://ask.chis.ucla.edu/

Kick It California is a free cessation program, offering cessation services by telephone, text messaging, chat sessions, and through a mobile app. Among the approximately 29,000 California residents who called Kick It California in 2022, 42.3% were between the age of 45 and 64, 53.9% were female, and 39.8% were White (Figure 16).

Figure 16. Demographic characteristics of callers to Kick It California, by age, gender, and race and ethnicity—Kick It California, 2022

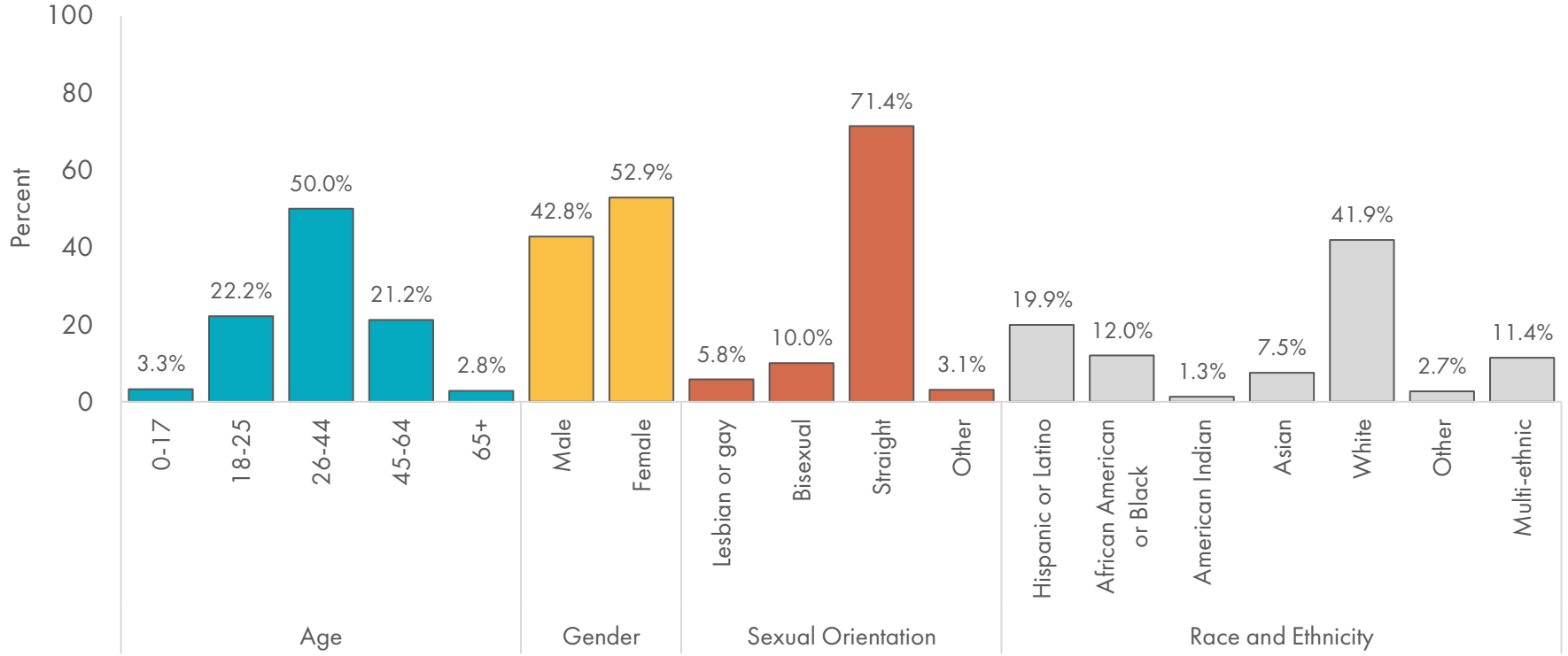


Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. Did not include refused, don't know, not asked, missing or in another way.

Source: Helpline Caller Intake Reports, January-December 2022. San Diego, CA: Kick It California, University of California San Diego.

Kick It California has dedicated resources to help people who want to quit vaping. Among California residents who called Kick It California for help to quit vaping, 50.0% were between the age of 26 and 44, 52.9% were female, and 41.9% were White (Figure 17).

Figure 17. Demographic characteristics of callers to the Kick It California for vaping cessation, by age, gender, and race and ethnicity—Kick It California, 2022

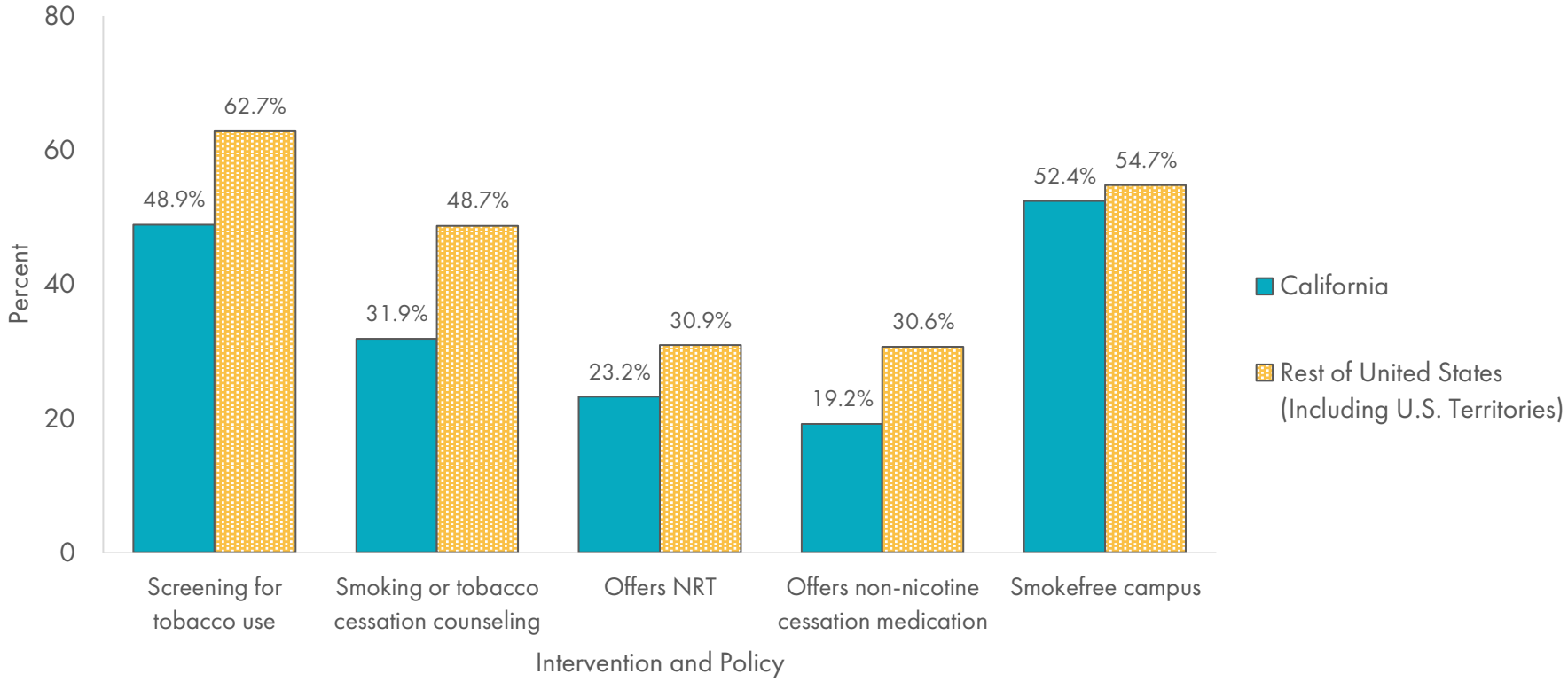


Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. Did not include refused, don't know, not asked, missing or in another way.

Source: Helpline Caller Intake Reports, January-December 2022. San Diego, CA: Kick It California, University of California San Diego.

The most recent data available suggests California is lagging in implementing tobacco interventions and smokefree policies at mental health treatment facilities compared to the rest of the United States (Figure 18). The largest difference was found in screening for tobacco use. Less than half (48.9%) of California's mental health treatment facilities screened for tobacco use.

Figure 18. Tobacco cessation interventions and use policies among mental health treatment facilities—National Mental Health Services Survey, 2020

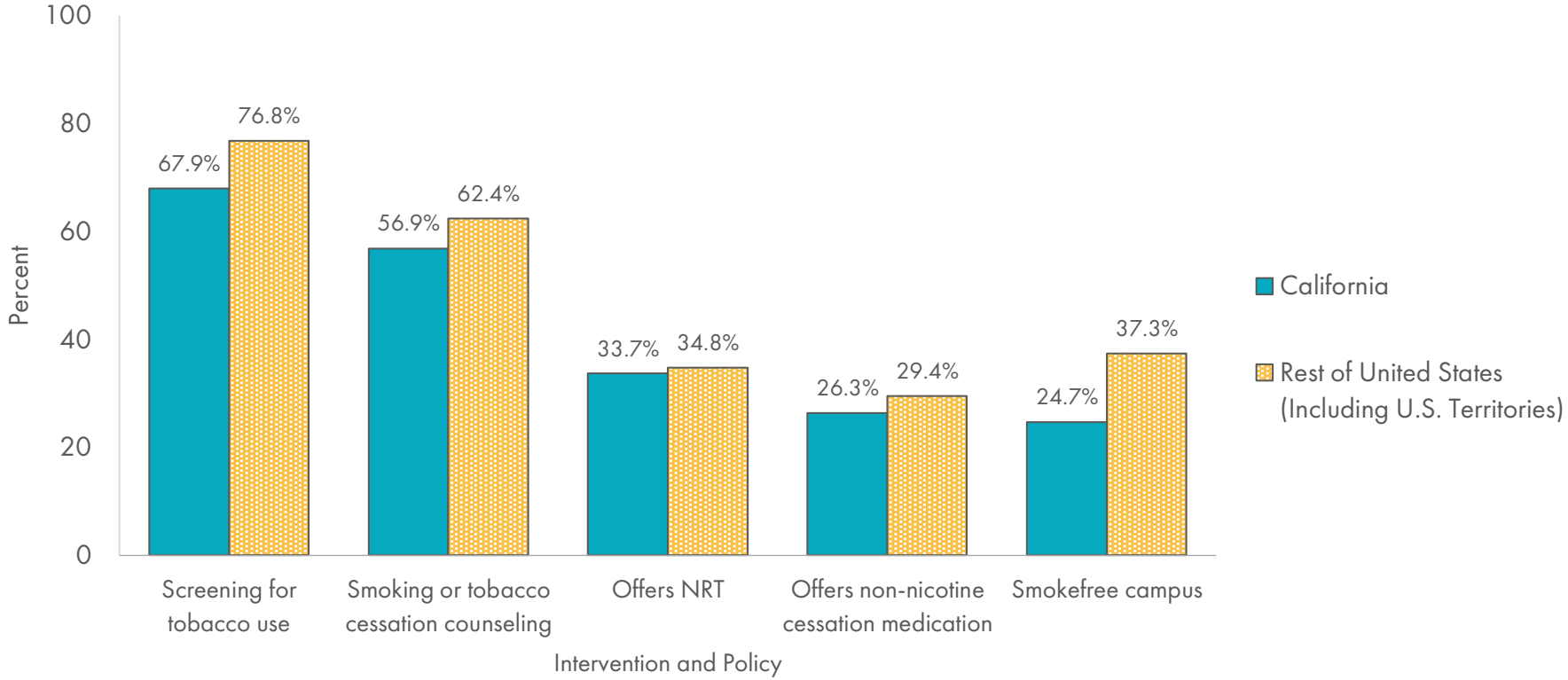


Abbreviation: NRT, nicotine replacement therapy.
Facilities operated by federal agencies are included in the states in which the facilities are located. See Additional Notes section for more information.

Source: Substance Abuse and Mental Health Services Administration. National Mental Health Services Survey (N-MHSS): 2020. Data on mental health treatment facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2021.

At substance abuse treatment facilities, California was also behind compared to the rest of the United States in implementing tobacco interventions and smokefree policies (Figure 19). Approximately one in four (24.7%) of California's substance abuse treatment facilities were smokefree.

Figure 19. Tobacco cessation interventions and use policies among substance abuse treatment facilities—National Survey of Substance Abuse Treatment Services, 2020



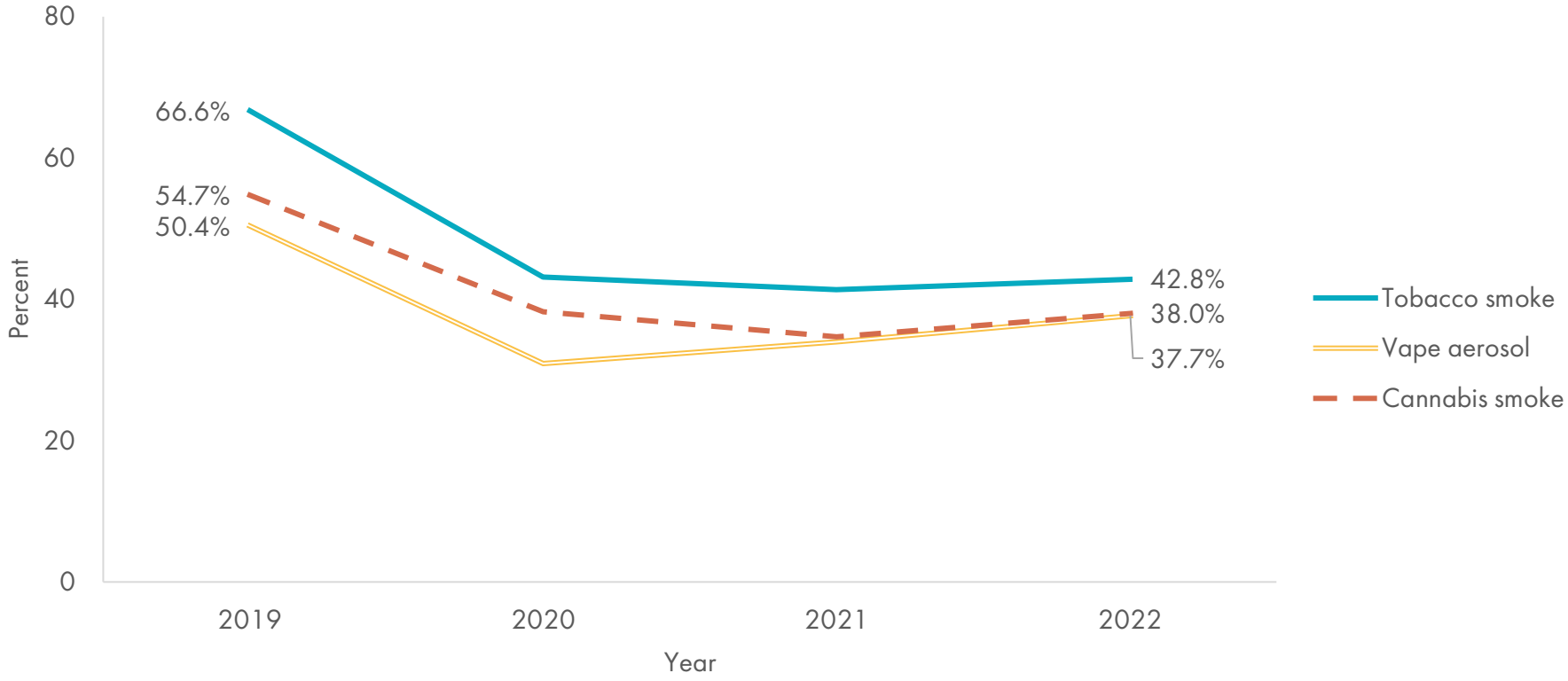
Abbreviation: NRT, nicotine replacement therapy.
Facilities operated by federal agencies are included in the states in which the facilities are located. See Additional Notes section for more information.

Source: Substance Abuse and Mental Health Services Administration. National Survey of Substance Abuse Treatment Services (N-SSATS): 2020. Data on substance abuse treatment facilities. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2021.

SECONDHAND SMOKE AND VAPE EXPOSURE AND TOBACCO-FREE POLICIES

Secondhand exposure among adults in California dropped between 2019 and 2022 (Figure 20); secondhand tobacco smoke decreased by 35.7%, secondhand vape aerosol decreased by 25.1%, and secondhand cannabis smoke decreased by 30.5%.

Figure 20. Exposure to secondhand tobacco smoke, vape aerosol, or cannabis smoke in past two weeks among adults aged 18 to 64 years—Online California Adult Tobacco Survey, 2019 to 2022

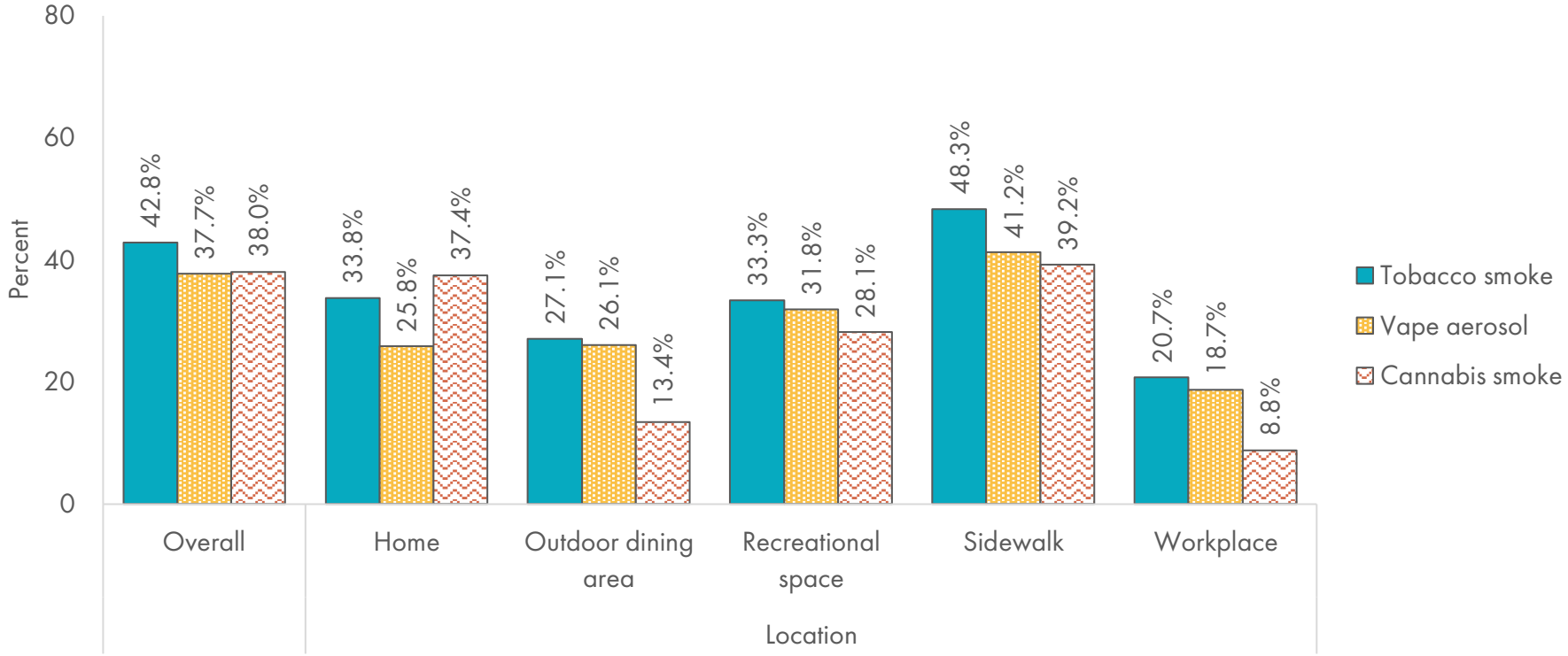


See Additional Notes section for more information.

Source: Online California Adult Tobacco Survey. Online CATS 2019-2022. Sacramento, CA: California Department of Public Health; May 2023.

Sidewalks and home exposure remain the most reported locations of secondhand exposure among adults aged 18 to 64 years in California (Figure 21). Among those exposed to secondhand smoke or vape, the sidewalk was the most reported location.

Figure 21. Exposure to secondhand tobacco smoke, secondhand vape, or secondhand cannabis smoke in past two weeks among adults aged 18 to 64 years, by location of exposure—Online California Adult Tobacco Survey, 2022



Source: Online California Adult Tobacco Survey. Online CATS 2022. Sacramento, CA: California Department of Public Health; May 2023.

Smokefree public places and smokefree multi-unit housing are two key strategies in ending exposure to the dangers of secondhand smoke and vape aerosol. Approximately half (52.9% to 64.2%) of California adults aged 18 to 64 years agreed that public places should be smokefree and a majority (66.3%) agreed that all apartment units should be tobacco smokefree and vape-free (Table 2).

Table 2. Beliefs on smokefree policies among adults aged 18 to 64 years—Online California Adult Tobacco Survey, 2021 to 2022

Statement	2021	2022
Apartment complexes should require all the units to be tobacco smokefree and vape-free. (% agree)	62.8%	66.3%
Apartment complexes should require all the units to be marijuana smokefree. (% agree)	54.8%	58.3%
Indian casinos in California should be smokefree. (% agree)	65.5%	67.1%
People should be protected from breathing in secondhand marijuana smoke or vapor in any public places. (% agree)	79.0%	81.8%
Smoking should not be allowed in outdoor dining areas at restaurants. (% agree)	80.1%	81.1%
Smoking in all public places should be made illegal. (% agree)	49.9%	52.9%†
Smoking should be banned in all public places. (% agree)	—*	64.2%†

Response option of "agree" and "strongly agree" were combined. See Additional Notes section for more information.

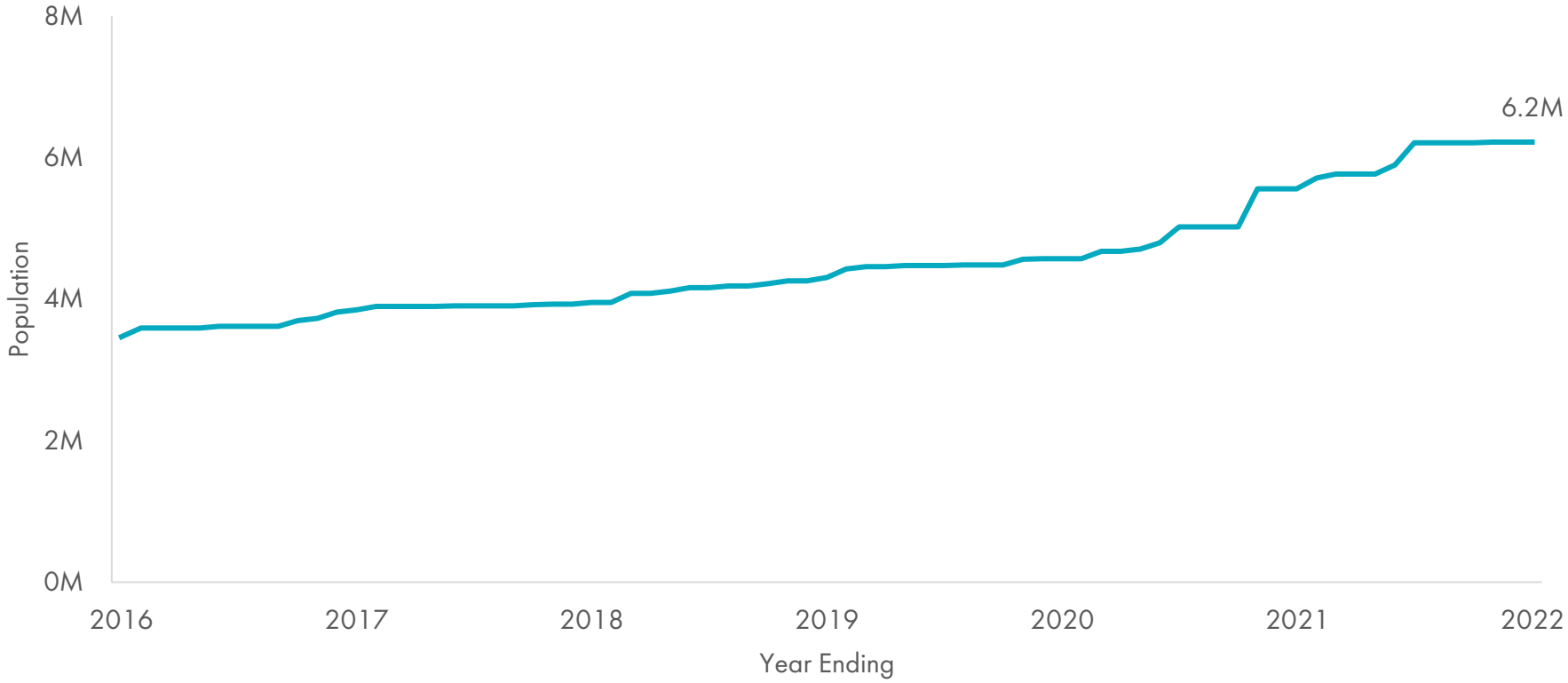
* Statement not asked in 2021.

† Statement only asked in one wave; all other data are from two waves.

Source: Online California Adult Tobacco Survey. Online CATS 2021-2022. Sacramento, CA: California Department of Public Health; May 2023.

Local communities are continuing to pass laws that regulate smoking in private units in multi-unit housing. These local laws are aimed at protecting residents from drifting secondhand smoke. Between 2016 and 2022, the number of Californians covered by a local law that regulates smoking in private units grew by 80%, from 3.5 million to 6.2 million (Figure 22).

Figure 22. Population coverage for any policies regulating smoking in private units in multi-unit housing, by year—Policy Evaluation Tracking System, 2016 to 2022



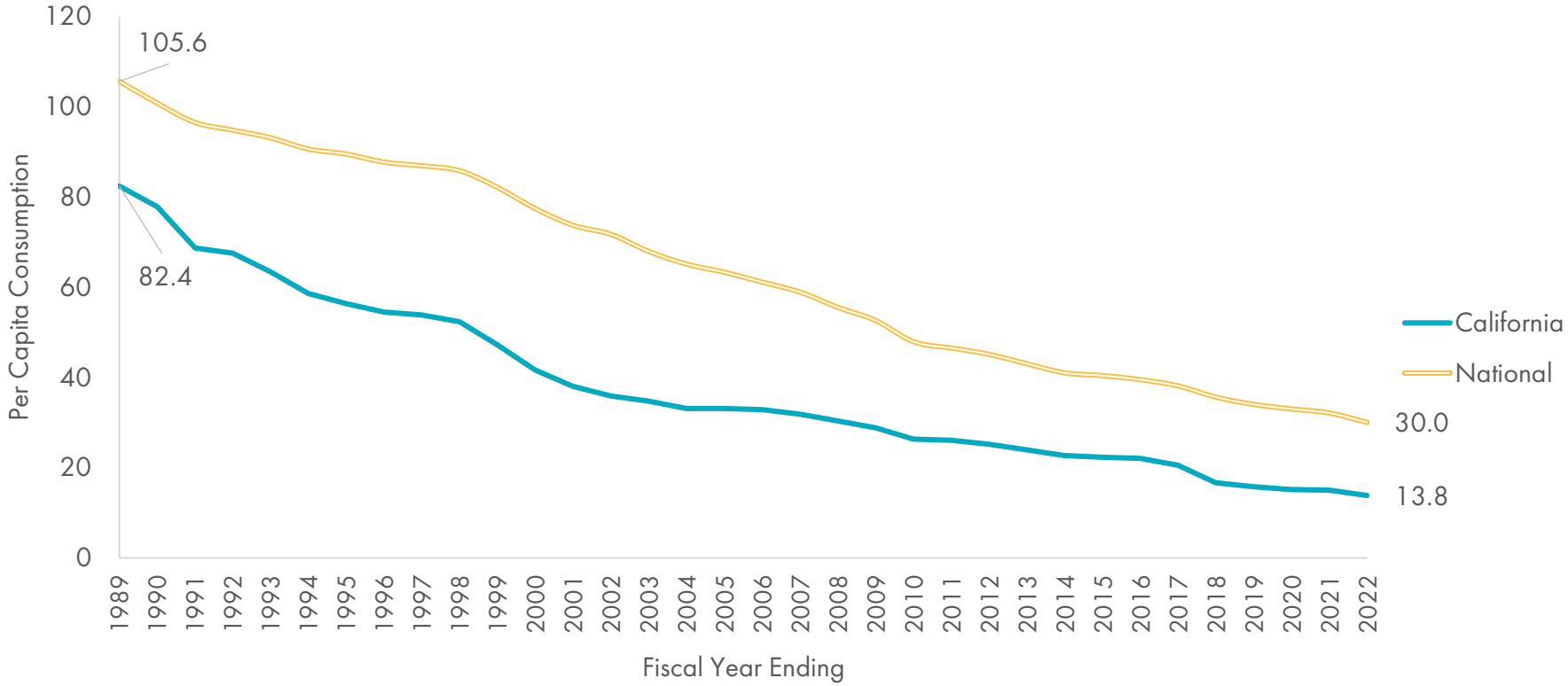
Abbreviation: M, million.
Does not include local policies that regulate smoking and/or vaping in multi-unit housing areas outside of private units (e.g., halls, lobbies, courtyards, elevators, stairs, community rooms, playgrounds, gym facilities, swimming pools, parking garages, parking lots, grassy or landscaped areas, restrooms, laundry rooms, cooking areas, eating areas). Population based on estimates from the U.S. Census Bureau's 2017-2021 American Community Survey.

Source: American Nonsmokers' Rights Foundation. List of California Municipalities Regulating Smoking in Multi-Unit Housing. Updated January 2023. Accessed February 22, 2023. https://pets.tcspartners.org

CONSUMPTION AND ACCESS

Since CTCP began in 1989, per capita cigarette consumption decreased substantially and more rapidly in California compared to the nation as a whole (Figure 23). Between 1989 and 2022, the per capita cigarette pack consumption decreased by 83.3% in California (from 82.4 to 13.8) and by 71.6% nationally (from 105.6 to 30.0).

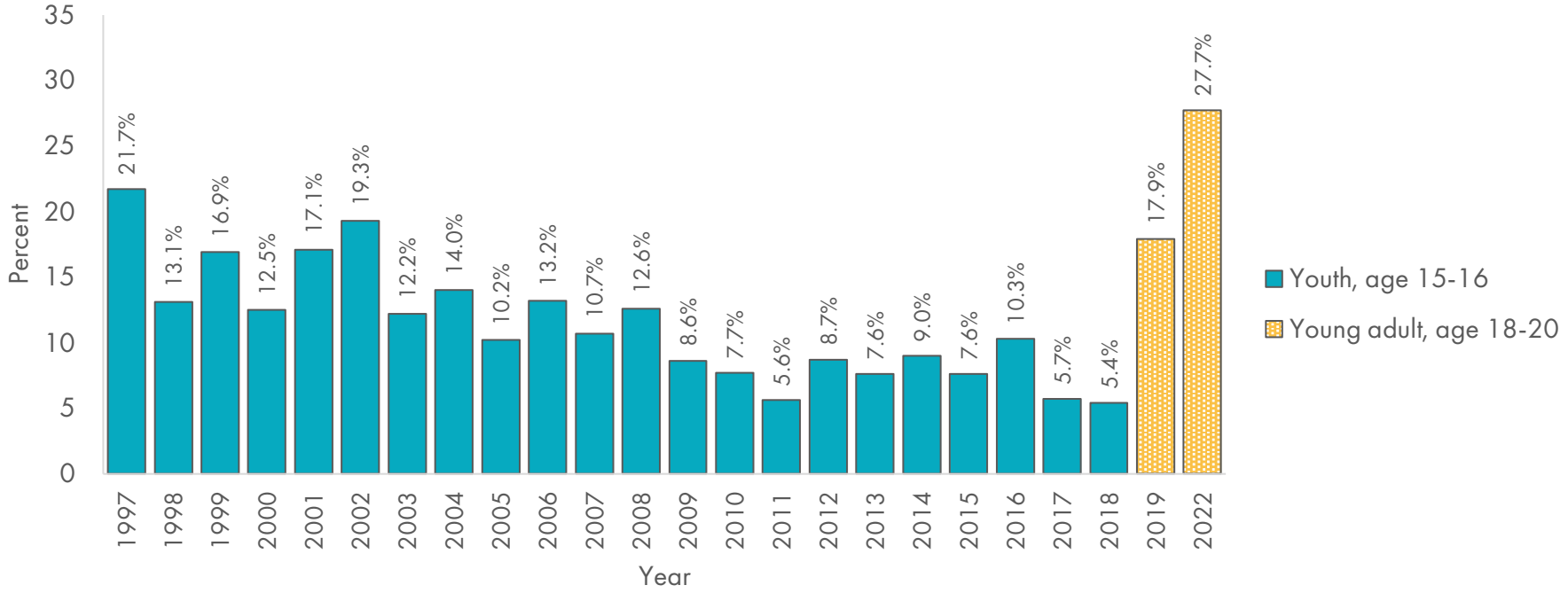
Figure 23. Per capita cigarette pack consumption—Fiscal Year 1988-89 to Fiscal Year 2021-22



Source: Orzechowski and Walker. The Tax Burden on Tobacco: Historical Compilation, Volume 57, 2022.

Even though tobacco products are only to be legally sold to adults over the age of 21, retailers continue to sell to underage persons (Figure 24). California is required to conduct underage tobacco purchase surveys as part of the Synar regulation. This regulation requires states to maintain a noncompliance rate of no more than 20.0%.[9] In 2016, the minimum age of tobacco sales in California increased to 21 years. Beginning in 2019, the age of decoys participating in compliance checks increased from 15 to 16 years to 18 to 20 years to more accurately assess the increase in the age-of-sale law. In December 2019, the minimum age of tobacco sales was raised to 21 throughout the nation. In 2022, the illegal tobacco sales to youth and young adults reached the highest rate ever with 27.7 percent of the retailers illegally selling tobacco to young adult decoys.

Figure 24. Tobacco products sold to underage decoys among licensed tobacco retailers—Synar Tobacco Purchase Survey, 1997 to 2022



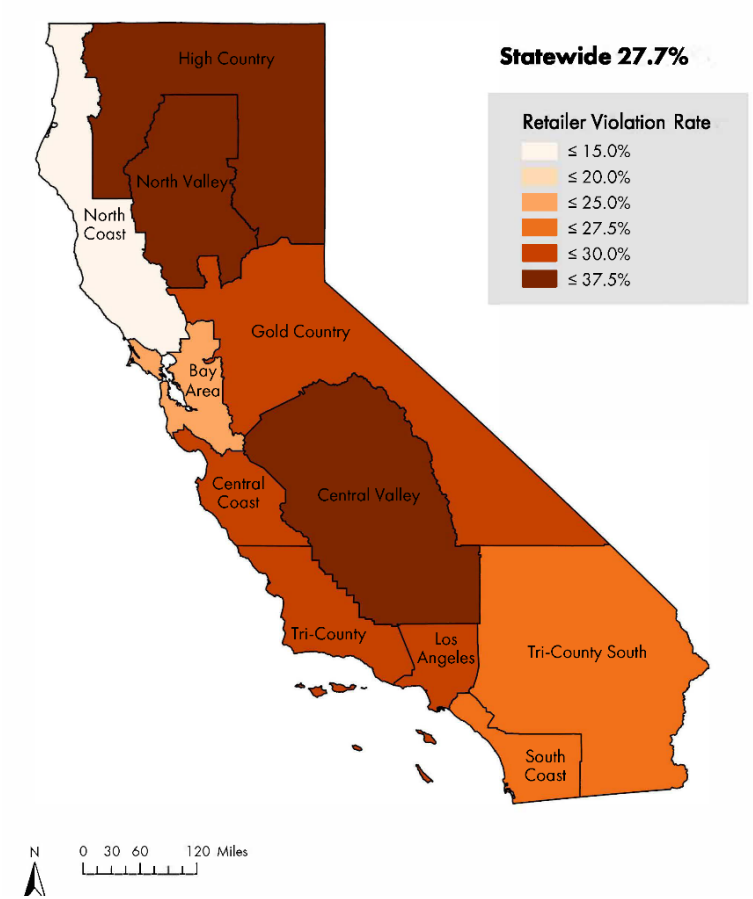
Restricted to licensed tobacco retailers that are youth accessible.

Source: Synar Tobacco Purchase Survey. STPS 1997 to STPS 2022. Sacramento, CA: California Department of Public Health; July 2022.

[9] Substance Abuse and Mental Health Services Administration. Tobacco regulation for Substance Abuse Prevention and Treatment block grants. *Fed Regist.* 1996;61(13):1492-1509.

In the Synar Tobacco Purchase Survey, rural regions in California had higher rates of underage sales in 2022 (Figure 25). The High Country/North Valley and Central Valley regions have the highest rate of underage sales at 35.3% and 33.3%, respectively.

Figure 25. Tobacco products sold to underage decoys among licensed tobacco retailers, by geographic region—Synar Tobacco Purchase Survey, 2022



Region	Frequency	Retailer Violation Rate	Counties
High Country/ North Valley	34	35.3%	Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Yuba
Central Valley	105	33.3%	Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare
Los Angeles	301	29.6%	Los Angeles
Tri-County	41	29.3%	San Luis Obispo, Santa Barbara, Ventura
Central Coast	24	29.2%	Monterey, San Benito, Santa Cruz
Gold Country	121	28.9%	Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tuolumne, Yolo
Tri-County South	131	26.0%	Imperial, Riverside, San Bernardino
South Coast	166	25.3%	Orange, San Diego
Bay Area	157	23.6%	Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano
North Coast	31	12.9%	Del Norte, Humboldt, Lake, Mendocino, Napa, Sonoma

Restricted to licensed tobacco retailers that are youth accessible.

Source: Synar Tobacco Purchase Survey. STPS 2022. Sacramento, CA: California Department of Public Health; July 2022.

In 2021, the tobacco industry spent over $6.3 billion on price discounts to reduce the price of cigarettes and smokeless tobacco products in the United States.[10,11] Tobacco industry documents have shown that the industry uses price reduction strategies to target certain demographics.[12]

Policies that increases the minimum price of tobacco products, restricting the redemption of coupons for tobacco products, and restricting multi-pack discounts are potential strategies to reduce youth's access to tobacco by making tobacco products less affordable.[13,14] Californians are also supportive of such policies, with 61.4% of respondents in a 2022 survey agreeing that tobacco products should not be allowed to be sold at a discount (Table 3).

Table 3. Beliefs on tobacco retail pricing policies among adults aged 18 to 64 years—Online California Adult Tobacco Survey, 2021 to 2022

Statement	2021	2022
Tobacco products should not be allowed to be sold at a discount. (% agree)	55.4%	61.4%
Tobacco products like cigarillos or little cigars should be sold in packages of 10 instead of individually. (% agree)	42.6%	—*
Coupons, rebates, buy 1 get 1 free, 2 for 1, or any other special promotions for tobacco purchases should not be allowed. (% agree)	55.8%	60.3%

Response option of "agree" and "strongly agree" were combined. See Additional Notes section for more information.

* Statement not asked in 2022.

Source: Online California Adult Tobacco Survey. Online CATS 2021-2022. Sacramento, CA: California Department of Public Health; May 2023.

[10] Federal Trade Commission. Cigarette Report for 2021. Accessed February 23, 2023. https://www.ftc.gov/system/files/ftc_gov/pdf/p114508cigarettereport2021.pdf

[11] Federal Trade Commission. Smokeless Tobacco Report for 2021. Accessed February 23, 2023. https://www.ftc.gov/system/files/ftc_gov/pdf/p114508smokelesstobaccoreport2021.pdf

[12] Public Health and Tobacco Policy Center. Tobacco Price Promotion: Policy Responses to Industry Price Manipulation. Accessed February 23, 2023. http://www.tobaccopolicycenter.org/documents/Price%20Promotion%20Local%20Regulation%20FINAL.pdf

[13] McLaughlin I, Pearson A, Laird-Metke E, Ribisl K. Reducing tobacco use and access through strengthened minimum price laws. *Am J Public Health*. 2014;104(10):1844-1850.

[14] Tobacco Control Legal Consortium. Policy Approaches to Restricting Tobacco Product Coupons and Retail Value-Added Promotions. Accessed February 23, 2023. https://publichealthlawcenter.org/sites/default/files/resources/tclc-guide-policy-approaches-pricing-cppw-2013.pdf

END COMMERCIAL TOBACCO

California is building a framework to eradicate the tobacco industry's manipulative, racist and deadly influence by equitably increasing the health, environmental, and economic well-being of California's diverse populations.[15] Public support for creating a tobacco-free environment, specifically on retail availability and accessibility, is one crucial aspect to reaching this goal. In a 2022 survey among California adults, a majority (59.6%) agreed that there should be a gradual ban on the sale of tobacco products (Table 4).

Table 4. Beliefs on commercial tobacco retail availability and accessibility policies among adults aged 18 to 64 years—Online California Adult Tobacco Survey, 2021 to 2022

Statement	2021	2022
There should be a gradual ban on the sale of cigarettes. (% agree)	53.7%	—‡
There should be a gradual ban on the sale of tobacco products. (% agree)	—†	59.6%
There should be an immediate ban on the sale of cigarettes. (% agree)	36.0%	—‡
Pharmacies/drug stores should not sell tobacco products. (% agree)	61.8%	—‡
The number of stores that sell tobacco should be reduced. (% agree)	59.3%	64.3%
Do you support or oppose banning the sale of filtered cigarettes? (% support)*	60.8%§	62.4%
Do you support or oppose a proposal that would restrict internet sales of tobacco products in California? (% support)	60.3%	68.4%§

Response option of "agree" (or "support") and "strongly agree" (or "strongly support") were combined. See Additional Notes section for more information.

* Statement listed is the modified version in 2022. Analysis includes original version and modified versions.

† Statement not asked in 2021.

‡ Statement not asked in 2022.

§ Data from only one wave; all other data are from two waves.

Source: Online California Adult Tobacco Survey. Online CATS 2021-2022. Sacramento, CA: California Department of Public Health; May 2023.

[15] California Tobacco Control Program, California Department of Public Health. Local Lead Agency Campaign to End Commercial Tobacco. Accessed August 17, 2021. https://tcfor.catcp.org/index.cfm?fuseaction=opportunities.fileFetch&docID=2199

In a 2022 youth survey, participants were asked their opinions about several tobacco endgame policies. Participants were considered supporting these policies if they responded "strongly agree" or "agree" and not supporting them if they responded "disagree" or "strongly disagree."

Table 5 shows that more than half of participants support these policies. The highest support was for a public place tobacco use ban (69.9%), followed by a flavored tobacco ban (63.1%), and a tobacco sales ban (58.5%).

Table 5. Agreement with tobacco endgame policies among youth—California Youth Tobacco Survey, 2022

Statement	2022
The sale of all tobacco products (e.g., cigarettes, cigars, chew and vapes) should not be allowed. (% agree)	58.5%
Smoking cigarettes, little cigars, or cigarillos in all public places should not be allowed. (% agree)	69.9%
The sale of flavored tobacco (e.g., cigarettes, chew, cigars, and vapes that taste like menthol/mint, fruit, or candy) should not be allowed. (% agree)	63.1%

Response option of "agree" and "strongly agree" were combined.

Source: California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

The tobacco industry's products not only cause dramatic negative health consequences, they also create toxic waste that devastates California's environment. The toxic chemicals in cigarettes butts that are discarded are a threat to California's aquatic ecosystems.[16] Cigarette butts, or filters, are made of plastic that doesn't biodegrade, contributing to plastic accumulation. Cigarettes have been the single most collected item during California Coastal Cleanups. Over 7.5 million cigarettes have been cleaned off California's waterways since 1988.[17]

In a 2022 survey among California adults (Table 6), the vast majority (83.2%) agreed that the tobacco industry should be held responsible for the negative impact of tobacco product waste. A majority (64.2%) would support a policy to ban single-use tobacco products to reduce waste.

Table 6. Beliefs on tobacco product waste among adults—Online California Adult Tobacco Survey, 2021 to 2022

Statement	2021	2022
The tobacco industry should be held responsible for the negative impact of tobacco product waste on the environment. (% agree)	80.9%†	83.2%
Cigarette butts damage the environment. (% agree)	91.4%†	92.3%
Cigarette butts are poisonous to children, pets, and wildlife. (% agree)	93.8%†	93.5%
Do you support or oppose banning the sale of filtered cigarettes? (% support)*	60.8%†	62.4%
Do you support or oppose banning single-use tobacco products? (% support)*	67.3%†	64.2%

Response option of "agree" (or "support") and "strongly agree" (or "strongly support") were combined. See Additional Notes section for more information.

* Statement listed is the modified version in 2022. Analysis includes original version and modified versions.

† Data from only one wave; all other data are from two waves.

Source: Online California Adult Tobacco Survey. Online CATS 2021-2022. Sacramento, CA: California Department of Public Health; May 2023.

[16] Slaughter E, Gersberg RM, Watanabe K, Rudolph J, Stransky C, Novotny TE. Toxicity of cigarette butts, and their chemical components, to marine and freshwater fish. *Tob Control*. 2011;20(Suppl 1):i25-i29.

[17] California Coastal Commission. Statewide results for cleanups between 1988 and 2017. Accessed January 13, 2021. https://coastal.ca.gov/publiced/ccd/stats/data.xls

Table 7 shows how youth participants responded to the tobacco endgame policy statements related to tobacco litter in the environment. Nearly all participants supported statements that cigarette butts or other waste is damaging to the environment.

Between 60% and 66% of participants "strongly agreed" and between 32% and 35% "agreed" that cigarette litter is harmful to the environment, animals, and water.

Table 7. Beliefs on tobacco product waste among youth—Teens Nicotine and Tobacco Survey, 2022

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
Cigarette butts damage the environment.	62.1%	34.2%	2.9%	0.8%
Cigarette butts are poisonous to children, pets, and wildlife.	64.4%	32.9%	2.0%	0.7%
Cigarettes release chemicals that pollute our water.	60.4%	35.2%	3.3%	1.0%
Cigarettes are harmful when eaten by animals (including pets, ocean animals, and forest animals).	65.6%	32.1%	1.7%	0.6%

Source: Teens Nicotine and Tobacco Survey. TNT 2022. San Francisco, CA: University of California San Francisco; 2023.

ADDITIONAL NOTES

American Community Survey (ACS)

Age: Age was ascertained from a constructed 23-level categorical variable (options were "under 5 years", "5 to 9 years", "10 to 14 years", "15 to 17 years", "18 and 19 years", "20 years", "21 years", "22 to 24 years", "25 to 29 years", "30 to 34 years", "35 to 39 years", "40 to 44 years", "45 to 49 years", "50 to 54 years", "55 to 59 years", "60 and 61 years", "62 to 64 years", "65 and 66 years", "67 to 69 years", "70 to 74 years", "75 to 79 years", "80 to 84 years", or "85 years and older") based on respondent's current age.

Percent change: Percent change between baseline and most recent estimate was calculated with the following formula: percent change = [(most recent estimate − baseline estimate)/(baseline estimate)].

Percentage difference: Percentage difference between the baseline and most recent estimate was calculated with the following formula: percentage difference = most recent estimate − baseline estimate.

Poverty level: Poverty level was ascertained from a constructed 7-level categorical variable (options were "under .50", ".50 to .99", "1.00 to 1.24", "1.25 to 1.49", "1.50 to 1.84", "1.85 to 1.99", or "2.00 and over") based on self-reported household income and household size.

Race and ethnicity: Race and ethnicity was ascertained from a constructed 8-level categorical variable (options were "not Hispanic or Latino White alone", "not Hispanic or Latino Black or African American alone", "not Hispanic or Latino American Indian and Alaska Native alone", "not Hispanic or Latino Asian alone", "not Hispanic or Latino Native Hawaiian and other Pacific Islander alone", "not Hispanic or Latino some other race", "not Hispanic or Latino two or more races", or "Hispanic or Latino") based on self-reported Hispanic or Latino ethnicity and race.

California Health Interview Survey (CHIS)

Advised to quit: Advised to quit was ascertained from the question, "In the past 12 months, did a doctor or other health professional advise you to quit smoking?" (response options were "yes" or "no"). This question was only asked of respondents who currently smoke cigarettes.

Age: Age was ascertained from a constructed 14-level categorical variable (options were "18-25 years", "26-29 years", "30-34 years", "35-39 years", "40-44 years", "45-49 years", "50-54 years", "55-59 years", "60-64 years", "65-69 years", "70-74 years", "75-79 years", "80-84 years", or "85+ years") based on respondent's current age.

Area: Area was ascertained from a constructed dichotomous variable (options were "urban" or "rural") based on respondent's zip code population density.

Cigarette quit attempt: Cigarette quit attempt was ascertained from the question, "During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?" (response options were "yes" or "no"). This question was only asked of respondents who currently smoke cigarettes.

Cigarette quit intention: Cigarette quit intention was ascertained from the question, "Are you thinking about quitting smoking in the next six months?" (response options were "yes" or "no"). This question was only asked of respondents who currently smoke cigarettes.

Cigarette use: Cigarette smoking was ascertained from the following questions: (1) "Altogether, have you smoked at least 100 or more cigarettes in your entire lifetime?" (response options were "yes" or "no") and "Do you now smoke cigarettes every day, some days, or not at all?" (response options were "every day", "some days", or "not at all"), or (2) "During the past 30 days, on how many days did you smoke cigarettes?" (response options were any number between 0 and 30). Respondents who reported smoking at least 100 cigarettes in their lifetime and who reported currently smoking every day or some days are classified as current cigarette smokers.

Cigarette use, flavored: Flavored cigarette (menthol cigarette) use was ascertained from the question, "Were any of the cigarettes you smoked in flavors, such as menthol" (response options were "yes" or "no"). This question was only asked of respondents who currently smoke cigarettes.

Cigar use: Cigar use was ascertained from the question, "During the past 30 days, on how many days did you smoke big cigars?" (response options were "0 days", "1-2 days", "3-5 days", "6-9 days", "10-19 days", "20-29 days", or "30 days"). Respondents who reported smoking big cigars in the past 30 days are classified as current cigar users.

Cigar use, flavored: Flavored cigar use was ascertained from the question, "Were any of the cigars you smoked in flavors such as mint, fruit, candy, or wine?" (response options were "yes" or "no"). This question was only asked of respondents who currently use cigars.

Education: Education was ascertained from a constructed 9-level categorical variable (options were "no formal education or grade 1-8", "grade 9-11", "grade 12/high school diploma", "some college", "vocational school", "AA or AS degree", "BA or BS degree/some graduate school", "MA or MS degree", or "PhD or equivalent") based on respondent's self-reported highest education completed.

Gender: Gender was ascertained from a constructed dichotomous variable (options were "male" or "female") based on respondent's self-reported gender.

Hookah use: Hookah use was ascertained from the question, "During the past 30 days, on how many days did you use a hookah water pipe?" (response options were "0 days", "1-2 days", "3-5 days", "6-9 days", "10-19 days", "20-29 days", or "30 days"). Respondents who reported using hookah in the past 30 days are classified as current hookah users.

Hookah use, flavored: Flavored hookah use was ascertained from the question, "Were any of the hookahs you smoked in flavors such as mint, fruit, candy, or wine?" (response options were "yes" or "no"). This question was only asked of respondents who currently use hookah.

Housing: Housing was ascertained from the question, "Do you live in a house, a duplex, a building with 3 or more units, or in a mobile home?" (response options were "house", "duplex", "building with 3 or more units", or "mobile home"). Respondents who live in a duplex or a building with 3 or more units are classified as living in a multi-unit housing.

Little cigar or cigarillo use: Little cigar or cigarillo use was ascertained from the question, "During the past 30 days, on how many days did you smoke cigarillos, or little cigars?" (response options were "0 days", "1-2 days", "3-5 days", "6-9 days", "10-19 days", "20-29 days", or "30 days"). Respondents who reported smoking little cigars or cigarillos in the past 30 days are classified as current little cigar or cigarillo users.

Little cigar or cigarillo use, flavored: Flavored little cigar or cigarillo use was ascertained from the question, "Were any of the cigarillos you smoked in flavors such as mint, fruit, candy, or wine?" (response options were "yes" or "no"). This question was only asked of respondents who currently use little cigars or cigarillos.

Medi-Cal coverage: Medi-Cal coverage was ascertained from the question, "Are you covered by Medi-Cal?" (response options were "yes" or "no"). Respondents who also self-reported receiving Temporary Assistance to Needy Families (TANF), California Work Opportunities and Responsibilities to Kids (CalWORKs), or Supplemental Security Income (SSI) are considered to be covered by Medi-Cal.

Percent change: Percent change between baseline and most recent estimate was calculated with the following formula: percent change = [(most recent estimate − baseline estimate)/(baseline estimate)].

Percentage difference: Percentage difference between the baseline and most recent estimate was calculated with the following formula: percentage difference = most recent estimate − baseline estimate.

Poverty level: Poverty level was ascertained from a constructed continuous variable based on respondent's self-reported household income and household size.

Race and ethnicity: Race and ethnicity were ascertained from a constructed 6-level categorical variable (options were "Hispanic", "White, non-Hispanic (NH)", "African American only, NH", "American Indian/Alaska Native only, NH", "Asian only, NH", or "Other/Two or more races, NH") based on self-reported Hispanic or Latino ethnicity and race. The race and ethnicity classification were based on the 1997 Office of Management and Budget revised guidelines. Respondents who reported any Hispanic or Latino ethnicity are classified as Hispanic or Latino. Respondents who reported not Hispanic or Latino and reported multiple races are classified as two or more races. All other race categories are single-race non-Hispanic or Latino unless stated otherwise.

Secondhand tobacco smoke or vape aerosol exposure: Secondhand tobacco smoke or vape aerosol was ascertained from the question, "In the last two weeks, have you ever been exposed to secondhand tobacco smoke or e-cigarette vapor in California?" (response options were "yes" or "no"). Respondents who reported exposure in the past two weeks are classified as being recently exposed to secondhand tobacco smoke or vape aerosol.

Serious psychological distress: Serious psychological distress was ascertained from a constructed dichotomous variable (options were "yes" or "no") based on respondent's answer from the Kessler 6-Item Psychological Distress Scale (K6) questionnaire. A K6 score of 13 or more is classified as likely to have serious psychological distress in the past month.

Service in the United States Armed Forces: Military service was ascertained from the question, "Did you ever serve on active duty in the Armed Forces of the United States?" (response options were "yes" or "no").

Sexual orientation: Sexual orientation was ascertained from the question, "Do you think of yourself as straight or heterosexual, as gay {, lesbian,} or homosexual, or bisexual?" (response options were "straight or heterosexual", "gay {, lesbian,} or homosexual", "bisexual", "not sexual, celibate, or none of the above", or "other").

Smokeless tobacco product use: Smokeless tobacco product use was ascertained from the question, "During the past 30 days, on how many days did you use chewing tobacco, snuff, or snus?" (response options were "0 days", "1-2 days", "3-5 days", "6-9 days", "10-19 days", "20-29 days", or "30 days"). Respondents who reported using chewing tobacco, snuff, or snus in the past 30 days are classified as current smokeless tobacco product users.

Smokeless tobacco product use, flavored: Flavored smokeless tobacco product use was ascertained from the question, "Were any of the chewing tobacco you used in flavors such as mint, fruit, candy, or wine?" (response options were "yes" or "no"). This question was only asked of respondents who currently use smokeless tobacco products.

Statistically unreliable data: Estimates that are statistically unreliable did not meet the statistical reliability standards (coefficient of variance of 30% or more). An exception to the coefficient of variance guideline is made when the estimates are below 10% or above 90% and the estimates are within ±5% of the confidence limits.

Tobacco use: Any tobacco use is current use of any of the following tobacco products: cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes.

Tobacco use, flavored: Any flavored tobacco use is current use of any of the following flavored tobacco products: menthol cigarettes, flavored cigars, flavored hookah, flavored little cigars or cigarillos, flavored smokeless tobacco products, or flavored vapes.

Vape use: Vape use was ascertained based on the following questions:

- **2016-2018**: "Have you ever used any type of e-cigarette, vape pen or e-hookah, such as Blu, NJOY, or Vuse, or any larger devices for vaping, sometimes called vapes, tanks or mods?" (response options were "yes" or "no") and "During the past 30 days, on how many days did you use electronic cigarettes?" (response options were any number between 0 and 30).
- **2019-2021**: "Have you ever used an e-cigarette or other electronic vaping product, even just once in your lifetime?" (response options were "yes" or "no") and "In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?" (response options were any number between 0 and 30).

Respondents who reported ever using vapes and who reported using vapes in the past 30 days are classified as current vape users.

Vape use, flavored: Flavored vape use was ascertained from the question, "Were any of the e-cigarette you used in flavors such as mint, fruit, candy, or wine?" (response options were "yes" or "no"). This question was only asked of respondents who currently use vapes.

California Youth Tobacco Survey (CYTS)

Cigarette quit attempt: Cigarette quit attempt was ascertained from the following questions:

- **2018**: "In the last 12 months, did you try to quit smoking cigarettes"? (response options included "Yes, I tried to quit in the last 12 months", "no, I did not", "I prefer not to answer").
- **2020**: "In the last 12 months, did you try to quit smoking cigarettes?" (response options were "yes" or "no").
- **2022**: "Which products have you tried to completely stop using in the past 12 months? (response options were "vapes" , "cigarettes", "heated tobacco/heat-not-burn products", "big cigars", "little cigars/cigarillos", "hookah, waterpipe, or shisha", "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "nicotine pouches like Zyn, On, or Velo", "other" and "I have not tried to completely stop using any tobacco product in the past 12 months"). Respondents that selected cigarettes were classified as making a quit attempt.

Cigarette use: Cigarette use was ascertained from the following questions:

- **2002-2012**: "During the past 30 days, on how many days did you smoke cigarettes?" (response options were "0 days", "1 or 2 days", "3 to 5 days", "6 to 9 days", "10 to 19 days", "20 to 29 days", or "all 30 days").
- **2016**: "Have you used any of the following products in last 30 days? cigarettes" (response options were "yes" or "no").
- **2018-2022**: "Have you smoked cigarettes in the last 30 days?" (response options were "yes" or "no").

Respondents who reported smoking cigarettes in the past 30 days are classified as current cigarette smokers.

Cigarette use, flavored: Flavored cigarette use was ascertained from the following questions:

- **2020**: "Were any of the cigarettes you smoked in the last 30 days flavored, such as menthol/mint?" (response options included "yes" or "no").
- **2022**: "Were any of the cigarettes you smoked in the last 30 days flavored, such as menthol?" (response options were "yes" or "no").

Cigar use: Cigar use was ascertained from the following questions:

- **2016**: "Have you used any of the following products in last 30 days? big cigars" (response options were "yes" or "no").
- **2018-2022**: "Have you smoked big cigars in the last 30 days?" (response options were "yes" or "no").

Respondents who reported smoking cigars in the past 30 days are classified as current cigar users.

Cigar use, flavored: Flavored cigar use was ascertained from the following questions:

- **2018**: "Were any of the big cigars you smoked in the last 30 days flavored? (such as cherry, rum, vanilla, etc.)" (response options were "yes" or "no").
- **2020**: "Were any of the big cigars you smoked in the last 30 days flavored (such as fruit, sweet, alcohol, mint, etc.)?" (response options were "yes" or "no").
- **2022**: "Which flavor of cigar do you smoke most often"? Flavored users were defined as respondents that selected menthol", "mint", "cooling, ice, or frosty", "clove or spice", "fruit", "an alcoholic drink (such as wine, cognac, margarita, or other cocktails), a non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)", "candy, chocolate, desserts or other sweets", or "other", as opposed to "unflavored or tobacco flavored."

Gender: Gender was ascertained from a from the following questions:

- **2016**: "What is your gender?" (response options were "female" or "male").
- **2018**: "What is your gender?" (response options were "female", "male", "I identify my gender in another way", or "I prefer not to answer").
- **2020**: "How do you describe yourself?" (response options were "male", "female", "female-to-male (FTM)/transgender male/trans man", "male-to-female (MTF)/transgender female/trans woman", "genderqueer, neither exclusively male nor female", "additional gender category or other", or "choose not to disclose").
- **2022**: "How do you describe yourself?" (response options were "male", "female", "transgender", "something else", or "I'm not sure yet").

Heated tobacco product use: Heated tobacco product use was ascertained from the following questions:

- **2020**: "Have you used a heat-not-burn tobacco products in the last 30 days?" (response options were "yes" or "no").
- **2022**: "Which of the following tobacco products have you used in the last 30 days?" (responses included "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "heated tobacco/heat-not burn products like IQOS", "hookah, waterpipe, or shisha", "nicotine pouches like Zyn, On, or Velo", and "I have not used any of the products listed above in the past 30 days").

Respondents who reported using heated tobacco products in the past 30 days are classified as current heated tobacco product users.

Heated tobacco product use, flavored: Flavored heated tobacco product use was ascertained from the following questions:

- **2020**: "Were any of the tobacco or heat-sticks you used in the last 30 days flavored (such as fruit, sweet, alcohol, menthol, etc.)?" (response options were "yes" or "no").
- **2022**: "Which flavor of heated tobacco/heat-not-burn product do you use most often"? Flavored users were defined as respondents that selected "menthol", "mint", "cooling, ice, or frosty", "clove or spice", "fruit", "an alcoholic drink (such as wine, cognac, margarita, or other cocktails), a non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)", "candy, chocolate, desserts or other sweets", or "other", as opposed to "unflavored or tobacco flavored."

Hookah use: Hookah use was ascertained from the following questions:

- **2016**: "Have you used any of the following products in last 30 days? hookah" (response options were "yes" or "no").
- **2018**: "Have you used hookah (water pipe) in the last 30 days?" (response options were "yes" or "no").
- **2020**: "Have you smoked hookah water pipe in the last 30 days?" (response options were "yes" or "no").
- **2022**: "Which of the following tobacco products have you used in the last 30 days?" (responses included "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "heated tobacco/heat-not burn products like IQOS", "hookah, waterpipe, or shisha", "nicotine pouches like Zyn, On, or Velo", and "I have not used any of the products listed above in the past 30 days").

Respondents who reported using hookah in the past 30 days are classified as current hookah users.

Hookah use, flavored: Flavored hookah use was ascertained from the following questions:

- **2018**: "Was any of the hookah (water pipe) you smoked in the last 30 days flavored? (such as mint, apple, blueberry, etc.)" (response options were "yes" or "no").
- **2020**: "Was any of the hookah water pipe you smoked in the last 30 days flavored (such as fruit, sweet, alcohol, mint, etc.)?" (response options were "yes" or "no").
- **2022**: "Which flavor of hookah, waterpipe, or shisha do you smoke most often?" Flavored users were defined as respondents that selected "menthol", "mint", "cooling, ice, or frosty", "clove or spice", "fruit", "an alcoholic drink (such as wine, cognac, margarita, or other cocktails), a non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)", "candy, chocolate, desserts or other sweets", or "other", as opposed to "unflavored or tobacco flavor."

Kretek use: Kretek use was ascertained from the question, "Have you used any of the following products in last 30 days? kreteks (clove cigars)" (response options were "yes" or "no"). Respondents who reported using kreteks in the past 30 days are classified as current kretek users.

LGBTQ+: LGBTQ+ status was ascertained from the following questions:

- **2018**: "What is your gender?" (response options were "female", "male", "I identify my gender in another way", or "I prefer not to answer") and "Do you identify yourself as LGBTQ?" (response options were "yes", "no", or "I prefer not to answer").
- **2020**: "How do you describe yourself" (response options were "male", "female", "female-to-male (FTM)/transgender male/trans man", "male-to-female (MTF)/transgender female/trans woman", "genderqueer, neither exclusively male nor female", "additional gender category or other", or "choose not to disclose") and "Do you consider yourself to be..." (response options were "lesbian, gay, or homosexual", "straight or heterosexual", "bisexual", "something else", "I don't know", or "choose not to disclose").
- **2022**: "How do you describe yourself"? (response options were "male", "female", "transgender", "something else", or "I'm not sure yet") and "Which of the following best represents how you think of yourself"? (response options were "gay or lesbian", "bisexual", "something else", "I'm not sure yet", or "don't know what this question means").

Respondents who identified as lesbian, gay, bisexual, transgender, queer, or gender non-conforming are classified as LGBTQ+.

Little cigar or cigarillo quit attempt: Little cigar or cigarillo quit attempt was ascertained from the questions:

- **2018**: "In the last 12 months, did you try to quit smoking little cigars or cigarillos"? (response options included "yes, I tried to quit in the last 12 months", "no, I did not", "I prefer not to answer").
- **2020**: "In the last 12 months, did you try to quit smoking little cigars or cigarillos?" (response options were "yes" or "no").
- **2022**: "Which products have you tried to completely stop using in the past 12 months? (response options were "vapes" , "cigarettes", "heated tobacco/heat-not-burn products", "big cigars", "little cigars/cigarillos", "hookah, waterpipe, or shisha", "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "nicotine pouches like Zyn, On, or Velo", "other", and "I have not tried to completely stop using any tobacco product in the past 12 months"). Respondents that selected little cigar or cigarillo were classified as making a quit attempt.

Little cigar or cigarillo use: Little cigar or cigarillo use was ascertained from the following questions:

- **2016**: "Have you used any of the following products in last 30 days? little cigars or cigarillos" (response options were "yes" or "no").
- **2018-2022**: "Have you smoked little cigars or cigarillos in the last 30 days?" (response options were "yes" or "no").

Respondents who reported smoking little cigars or cigarillos in the past 30 days are classified as current little cigar or cigarillo users.

Little cigar or cigarillo use, flavored: Flavored little cigar or cigarillo use was ascertained from the following questions:

- **2018**: "Were any of the little cigars or cigarillos you smoked in the last 30 days flavored? (such as strawberry, grape, peach, etc.)" (response options were "yes" or "no").
- **2020**: "Were any of the little cigars or cigarillos you smoked in the last 30 days flavored (such as fruit, sweet, alcohol, mint, etc.)?" (response options were "yes" or "no").
- **2022**: "Which flavor of little cigar or cigarillo do you smoke most often"? Flavored users were defined as respondents that selected "menthol", "mint", "cooling, ice, or frosty", "clove or spice", "fruit", "an alcoholic drink (such as wine, cognac, margarita, or other cocktails), a non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)", "candy, chocolate, desserts or other sweets", or "other", as opposed to "unflavored or tobacco flavored."

Mental health: Mental health was ascertained from the question, "In general, how would you rate your mental health?" (response options were "excellent", "very good", "good", "fair", or "poor").

Nicotine pouch use: Nicotine pouch use was ascertained from the question, "Which of the following tobacco products have you used in the last 30 days?" (responses included "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "heated tobacco/heat-not burn products like IQOS", "hookah, waterpipe, or shisha", "nicotine pouches like Zyn, On, or Velo", and "I have not used any of the products listed above in the past 30 days"). Respondents who reported using nicotine pouches in the past 30 days are classified as current nicotine pouch users.

Percent change: Percent change between baseline and most recent estimate was calculated with the following formula: percent change = [(most recent estimate − baseline estimate)/(baseline estimate)].

Percentage difference: Percentage difference between the baseline and most recent estimate was calculated with the following formula: percentage difference = most recent estimate − baseline estimate.

Race and ethnicity: Race and ethnicity were ascertained from the following:

- **2016-2020**: A constructed 8-level categorical variable (options were "non-Hispanic (NH) White", "NH Black", "Hispanic", "NH Asian", "NH American Indian/Alaska Native", "NH Native Hawaiian or other Pacific Islander", "NH other", or "NH multiple race") based on self-reported Hispanic or Latino ethnicity and race.
- **2022**: A constructed categorical variable based on self-reported Hispanic or Latino ethnicity and race. Due to small sample sizes for American Indian/Alaska Native and Native Hawaiian or other Pacific Islander, these groups were collapsed with Other.

The race and ethnicity classification were based on the 1997 Office of Management and Budget revised guidelines. Respondents who reported any Hispanic or Latino ethnicity are classified as Hispanic or Latino. Respondents who reported not Hispanic or Latino and reported multiple races are classified as two or more races. All other race categories are single-race non-Hispanic or Latino unless stated otherwise.

Secondhand cigarette or little cigar/cigarillo smoke exposure: Secondhand cigarette or little cigar/cigarillo smoke exposure was ascertained from the following questions, "In the last 2 weeks, were you in a car or room when someone was smoking a cigarette, little cigar, or cigarillo?" (response options were "yes" or "no") Respondents who reported exposure in the car or room in the past two weeks are classified as being recently exposed to secondhand cigarette or little cigar/cigarillo smoke.

Secondhand vape aerosol exposure: Secondhand vape aerosol exposure was ascertained from the following questions, "In the last 2 weeks, were you in a car or room when someone was using a vape?" (response options were "yes" or "no"). Respondents who reported exposure in the car or room in the past two weeks are classified as being recently exposed to secondhand vape aerosol.

Smokeless tobacco product use: Smokeless tobacco product use was ascertained from the following questions:

- **2016**: "Have you used any of the following products in last 30 days? smokeless tobacco (chew, dip, snuff, or snus)" (response options were "yes" or "no").
- **2018-2020**: "Have you used smokeless tobacco in the last 30 days?" (response options were "yes" or "no"). Smokeless tobacco product is defined as chew, dip, snuff, or snus.
- **2022**: "Which of the following tobacco products have you used in the last 30 days?" (responses included "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "heated tobacco/heat-not burn products like IQOS", "hookah, waterpipe, or shisha", "nicotine pouches like Zyn, On, or Velo", and "I have not used any of the products listed above in the past 30 days").

Respondents who reported using smokeless tobacco product, chewing tobacco, snuff, dip, or dissolvable tobacco in the past 30 days are classified as current smokeless tobacco product users.

Smokeless tobacco product use, flavored: Flavored smokeless tobacco product use was ascertained from the following questions:

- **2018**: "Was any of the smokeless tobacco you used in the last 30 days flavored? (such as fruit, menthol, cinnamon, etc.)?" (response options were "yes" or "no").
- **2020**: "Was any of the smokeless tobacco you used in the last 30 days flavored (such as fruit, sweet, alcohol, mint, etc.)?" (response options were "yes" or "no").
- **2022**: "Which flavor of chewing tobacco, snuff, snus, dip, or dissolvable tobacco do you use most often"? Flavored users were defined as respondents that selected "menthol", "mint", "cooling, ice, or frosty", "clove or spice", "fruit", "an alcoholic drink (such as wine, cognac, margarita, or other cocktails), a non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)", "candy, chocolate, desserts or other sweets", or "other", as opposed to "unflavored or tobacco flavored."

Statistically unreliable data: Estimates that are statistically unreliable did not meet the following statistical reliability standards:

- **2016-2020**: Coefficient of variance of 30% or more.
- **2022**: Korn-Graubard 95% confidence interval absolute width is larger than 30%, or Korn-Graubard 95% confidence interval absolute width is larger than 5% and the relative confidence interval width is larger than 130%.

Tobacco use: Any tobacco use is current use of any of the following tobacco products:

- **2016**: cigarettes, cigars, hookah, kreteks, little cigars or cigarillos, smokeless tobacco products, or vapes.
- **2018**: cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes.
- **2020**: cigarettes, cigars, heated tobacco products, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes.
- **2022**: cigarettes, cigars, heated tobacco products, hookah, little cigars or cigarillos, nicotine pouches, smokeless tobacco products, or vapes.

Tobacco use, flavored: Any flavored tobacco use is current use of any of the following flavored tobacco products:

- **2018**: menthol cigarettes, flavored cigars, flavored hookah, flavored little cigars or cigarillos, flavored smokeless tobacco products, or flavored vapes.
- **2020**: menthol cigarettes, flavored cigars, flavored heated tobacco products, flavored hookah, flavored little cigars or cigarillos, flavored smokeless tobacco products, or flavored vapes.
- **2022**: menthol cigarettes, flavored cigars, flavored hookah, flavored little cigars or cigarillos, flavored smokeless tobacco products, flavored vapes, or flavored nicotine pouches.

Vape quit attempt: Vape quit attempt was ascertained from the following questions:

- **2018**: "In the last 12 months, did you try to quit using e-cigarettes?" (response options were "yes" or "no").
- **2020**: "In the last 12 months, did you try to quit using vapes with just flavoring?" (response options were "yes" or "no") and "In the last 12 months, did you try to quit using vapes with nicotine (with or without flavor)?" (response options were "yes" or "no").
- **2022**: "Which products have you tried to completely stop using in the past 12 months? (response options were "vapes" , "cigarettes", "heated tobacco/heat-not-burn products", "big cigars", "little cigars/cigarillos", "hookah, waterpipe, or shisha", "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "nicotine pouches like Zyn, On, or Velo", "other", and "I have not tried to completely stop using any tobacco product in the past 12 months"). Respondents that selected vape were classified as making a quit attempt.

Analyses for 2018 data was restricted to current vape users to allow for comparison with 2020 data.

Vape quit intention: Vape quit intent was ascertained from the following questions:

- **2018**: "Do you plan to quit using e-cigarettes?" (response options were "I already quit", "yes, I plan to quit in the next month", "yes, I plan to quit sometime, but not in the next month", or "no, I do not plan to quit"). Respondents that selected "I already quit" and "yes, I plan to quit in the next month" were classified as making a quit intent.
- **2020**: "Do you plan to quit using vapes with just flavoring (without nicotine, marijuana, or another drug)?" (response options were "I already quit", "yes, I plan to quit in the next month", "yes, I plan to quit sometime, but not in the next month", or "no, I do not plan to quit") and "Do you plan to quit using vapes with nicotine (with or without flavor)?" (response options were "I already quit", "yes, I plan to quit in the next month", "yes, I plan to quit sometime, but not in the next month", or "no, I do not plan to quit"). Respondents that selected "I already quit" and "yes, I plan to quit in the next month" were classified as making a quit intent.
- **2022**: "Do you plan to quit using any of the following products in the next 30 days"? (response options include, "vapes", "cigarettes", "heated tobacco/heat-not-burn products", "big cigars", "little cigars/cigarillos", "hookah, waterpipe, or shisha", "chewing tobacco, snuff, snus, dip, or dissolvable tobacco", "nicotine pouches like Zyn, On, or Velo", "other", and "I don't not plan to quit any tobacco product in the next 30 days"). Respondents that selected vapes were classified as making a quit intent.

Analyses for 2018 data was restricted to current vape users to allow for comparison with 2020 data.

Vape use: Vape use was ascertained from the following questions:

- **2016**: "Have you used any of the following products in last 30 days? e-cigarettes" (response options were "yes" or "no").
- **2018**: "Have you used e-cigarettes in the last 30 days?" (response options were "yes" or "no").
- **2020**: "Have you vaped in the last 30 days?" (response options were "yes" or "no") and "Which of the following have you vaped in the last 30 days?" (response options were "nicotine (with or without flavor", "marijuana (wax, oil, THC, or CBD), and "just flavoring (without nicotine, marijuana, or another drug)"), or "Have you used a hookah pen in the last 30 days?" (response options were "yes" or "no").
- **2022**: "Have you vaped in the last 30 days?" (response options were "yes" or "no").

Respondents who reported using vapes in the past 30 days (2016-2018 and 2022) or using vapes with nicotine or just flavoring in the past 30 days (2020) are classified as current vape users.

Vape use, flavored: Flavored vape use was ascertained from the following questions:

- **2018**: "Were any of the e-cigarettes you used in the last 30 days flavored (such as coffee, menthol, tobacco, cherry, etc.)? (response options were "yes", "no" or "I prefer not to answer").
- **2020**: "Were any of the vapes with nicotine you used in the last 30 days flavored (such as fruit, sweet, alcohol, mint, tobacco, etc.)?" (response options were "yes" or "no"), "In the last 30 days, how many days did you vape just flavoring?" (response options were "1 or 2 days", "3 to 5 days", "6 to 9 days", "10 to 19 days", "20 to 29 days", or "all 30 days"), or "Were any of the hookah pens you used in the last 30 days flavored (such as fruit, sweet, alcohol, mint, tobacco, etc.)?" (response options were "yes" or "no").
- **2022**: "Which flavor do you vape most often?" Flavored users were defined as respondents that selected "menthol", "mint", "cooling, ice, or frosty", "clove or spice", "fruit", "an alcoholic drink (such as wine, cognac, margarita, or other cocktails), a non-alcoholic drink (such as coffee, soda, energy drinks, or other beverages)", "candy, chocolate, desserts or other sweets", or "other", as opposed to "unflavored or tobacco flavored."

National Mental Health Services Survey (N-MHSS)

Tobacco use screening: Tobacco use screening was ascertained from the following question, "Which of these services and practices are offered at this facility, at this location? screening for tobacco use" (response options were "yes" or "no").

Cessation counseling: Cessation counseling was ascertained from the following question, "Which of these services and practices are offered at this facility, at this location? smoking/tobacco cessation counseling" (response options were "yes" or "no").

Offers NRT: Offers NRT was ascertained from the following question, "Which of these services and practices are offered at this facility, at this location? nicotine replacement therapy" (response options were "yes" or "no").

Offers non-nicotine cessation medication: Offers non-nicotine cessation medication was ascertained from the following question, "Which of these services and practices are offered at this facility, at this location? non-nicotine smoking/tobacco cessation medications (by prescription)" (response options were "yes" or "no").

Smokefree campus: Smokefree campus was ascertained from the following question, "Which of the following statements best describes the facility's smoking policy for clients? (response options were "not permitted to smoke anywhere outside or within any building", "permitted in designated outdoor area(s)", "permitted anywhere outside", "permitted in designated indoor area(s)", "permitted anywhere inside", or "permitted anywhere without restriction"). Respondent who reported that clients are not permitted to smoke anywhere outside or within any building is classified as having a smokefree campus.

National Survey of Substance Abuse Treatment Services Survey (N-SSATS)

Tobacco use screening: Tobacco use screening was ascertained from the following question, "Which of the following services offered by this facility at this location, that is, the location listed on the front cover? screening for tobacco use" (response options were "yes" or "no").

Cessation counseling: Cessation counseling was ascertained from the following question, "Which of the following services offered by this facility at this location, that is, the location listed on the front cover? smoking/tobacco cessation counseling" (response options were "yes" or "no").

Offers NRT: Offers NRT was ascertained from the following question, "Which of the following services offered by this facility at this location, that is, the location listed on the front cover? nicotine replacement" (response options were "yes" or "no").

Offers non-nicotine cessation medication: Offers non-nicotine cessation medication was ascertained from the following question, "Which of the following services offered by this facility at this location, that is, the location listed on the front cover? non-nicotine smoking/tobacco cessation medications (for example, bupropion, varenicline)" (response options were "yes" or "no").

Smokefree campus: Smokefree campus was ascertained from the following question, "Which of the following statements best describes this facility's smoking policy for clients? (response options were "not permitted to smoke anywhere outside or within any building", "permitted in designated outdoor area(s)", "permitted anywhere outside", "permitted in designated indoor area(s)", "permitted anywhere inside", or "permitted anywhere without restriction"). Respondent who reported that clients are not permitted to smoke anywhere outside or within any building is classified as having a smokefree campus.

National Youth Tobacco Survey (NYTS)

Cigarette use: Cigarette use was ascertained from the following questions:

- **2002-2018**: "During the past 30 days, on how many days did you smoke cigarettes?" (response options were "0 days", "1 or 2 days", "3 to 5 days", "6 to 9 days", "10 to 19 days", "20 to 29 days", or "all 30 days").
- **2019-2022**: "During the past 30 days, on how many days did you smoke cigarettes?" (response options were any number between 0 and 30).

Respondents who reported smoking cigarettes in the past 30 days are classified as current cigarette smokers.

Online California Adult Tobacco Survey (Online CATS)

Attitudes: Attitudinal belief and policy support was ascertained by asking the following: "Please indicate whether you agree or disagree with each statement." (response options were "strongly agree", "agree", "disagree", or "strongly disagree"). Respondents who strongly agreed or agreed are classified as agreeing with the statement.

Heated tobacco product use: Heated tobacco product use was ascertained from the following questions:

- **Fall 2019**: "During the past 30 days, on how many days did you use a heat-not-burn tobacco product?" (response options were "0 days", "1 or 2 days", "3 to 5 days", "6 to 9 days", "10 to 19 days", "20 to 29 days", or "all 30 days"). This question was only asked of respondents who were aware of heated tobacco products and have ever used heated tobacco products.
- **Spring 2020 to Spring 2022**: "During the past 30 days, on how many days did you use a heated tobacco product?" (response options were "0 days", "1 or 2 days", "3 to 5 days", "6 to 9 days", "10 to 19 days", "20 to 29 days", or "all 30 days"). In Spring 2020, this question was only asked of respondents who were aware of heated tobacco products and have ever used heated tobacco products. Between Fall 2020 and Spring 2022, this question was asked to all respondents.
- **Fall 2022**: "During the past 30 days, have you used any of the following products?" (response options were "smokeless tobacco products", "big cigars", "little cigars or cigarillos", "heated tobacco products", "pipe tobacco", "hookah tobacco or shisha", "nicotine pouches", "marijuana or cannabis", or "none of the above").

Respondents who reported using a heated tobacco product in the past 30 days are classified as current heated tobacco product users.

Nicotine pouch use: Nicotine pouch use was ascertained from the questions:

- **Spring 2020 to Spring 2022**: "During the past 30 days, on how many days did you a nicotine pouch?" (response options were "0 days", "1 or 2 days", "3 to 5 days", "6 to 9 days", "10 to 19 days", "20 to 29 days", or "all 30 days").
- **Fall 2022**: During the past 30 days, have you used any of the following products? (response options were "smokeless tobacco products", "big cigars", "little cigars or cigarillos", "heated tobacco products", "pipe tobacco", "hookah tobacco or shisha", "nicotine pouches", "marijuana or cannabis", or "none of the above").

Respondents who reported using nicotine pouches in the past 30 days are classified as current nicotine pouch users.

Secondhand cannabis smoke exposure: Secondhand cannabis smoke exposure were ascertained from one of the following questions, "In the last two weeks, have you ever been exposed to marijuana smoke in California?" (response options were "yes" or "no") or "How recently did someone else smoke marijuana around you in California?" (response options were "in the past week", "in the past 2 weeks", "in the past month", "longer than a month, but within the past year", or "no one smoked marijuana around me within the past year"). Respondents who reported exposure to cannabis smoke in the past two weeks are classified as being recently exposed to secondhand cannabis smoke.

Secondhand tobacco smoke exposure: Secondhand tobacco smoke exposure were ascertained from one of the following questions, "In the last two weeks, have you ever been exposed to tobacco secondhand smoke in California?" (response options were "yes" or "no") or "How recently did someone else smoke cigarettes, little cigars, cigars, or hookah around you in California?" (response options were "in the past week", "in the past 2 weeks", "in the past month", "longer than a month, but within the past year", or "no one smoked tobacco around me within the past year"). Respondents who reported exposure to tobacco smoke in the past two weeks are classified as being recently exposed to secondhand tobacco smoke.

Secondhand vape aerosol exposure: Secondhand vape aerosol exposure were ascertained from one of the following questions, "In the last two weeks, have you ever been exposed to vapor from an e-cigarette or other electronic vaping product in California?" (response options were "yes" or "no") or "How recently did someone else use an e-cigarette or other electronic vaping product (including for marijuana around you in California?" (response options were "in the past week", "in the past 2 weeks", "in the past month", "longer than a month, but within the past year", or "no one vaped around me within the past year"). Respondents who reported exposure to vape aerosol in the past two weeks are classified as being recently exposed to secondhand vape aerosol.

APPENDIX: TOBACCO-RELATED DISPARITY INDICATORS DASHBOARD DATA

Appendix Table 1. Prevalence and percent change in current tobacco use among adults aged 18 to 64 years, by population—California Health Interview Survey, 2016 to 2021

Population		2016‡	2017‡	2018	2019	2020	2021	Percent Change, 2018‡ vs. 2021§	Percentage Difference, 2018‡ vs. 2021§
Race and Ethnicity	Hispanic or Latino*	13.3%	13.0%	19.9%	10.0%	9.8%	11.0%	−44.7%	−8.9%
	African American or Black*	25.2%	16.2%†	22.0%	20.9%	15.8%	21.3%	−3.2%	−0.7%
	American Indian*	20.1%†	22.6%	57.9%	21.1%†	18.5%†	18.5%	−68.0%	−39.4%
	American Indian*, any mention	22.1%	18.9%	27.5%	12.3%	12.2%	15.8%	−42.5%	−11.7%
	Asian*	11.8%	10.5%	16.1%	7.9%	8.0%	7.0%	−56.5%	−9.1%
	Native Hawaiian or Pacific Islander*	ID	ID	ID	ID	ID	ID	ID	ID
	White	17.8%	17.3%	23.5%	17.6%	15.1%	15.0%	−36.2%	−8.5%
	Multiracial	23.8%	21.3%	27.7%	14.7%	19.3%	20.4%	−26.4%	−7.3%
Sexual Orientation	Lesbian, gay, or bisexual*	21.9%	26.5%	30.3%	20.2%	12.3%	16.3%	−46.2%	−14.0%
	Straight	15.6%	13.8%	20.4%	12.3%	11.8%	12.3%	−39.7%	−8.1%
Poverty Level	<185% FPL*	20.7%	18.1%	24.4%	16.8%	14.3%	15.0%	−38.5%	−9.4%
	≥185% FPL	13.3%	13.0%	19.8%	11.4%	11.1%	11.8%	−40.4%	−8.0%
Mental and Emotional Health	Serious psychological distress likely*	33.7%	35.2%	47.3%	22.7%	21.6%	20.2%	−57.3%	−27.1%
	Serious psychological distress not likely	15.0%	13.5%	19.7%	12.2%	11.1%	11.8%	−40.1%	−7.9%
Urban/Rural	Urban	15.4%	14.1%	20.8%	12.7%	11.6%	12.2%	−41.3%	−8.6%
	Rural*	20.2%	18.9%	24.6%	16.1%	14.1%	18.3%	−25.6%	−6.3%
Overall		**15.8%**	**14.6%**	**21.2%**	**13.0%**	**11.9%**	**12.7%**	**−40.1%**	**−8.5%**

Abbreviations: FPL, federal poverty level; ID, insufficient data.

Restricted to adults aged 18 to 64 years as vape use was not asked of all adults in 2016. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ CTCP recommends that readers not trend 2016-2017 data with 2018-2021 data due to changes to the tobacco use definition. Prior to 2018, tobacco use only included cigarettes or vapes. Since 2018, tobacco use included cigarettes, cigars, hookah, little cigars or cigarillos, smokeless tobacco products, or vapes. Baseline established in 2018 for tobacco use definition consistency.

§ CTCP recommends that readers not compare the 2018 data with the 2021 data due to a 2019 methodology change that significantly impacted the cigarette smoking rates.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Appendix Table 2. Prevalence and percent change in current cigarette smoking among adults aged ≥18 years, by population—California Health Interview Survey, 2016 to 2021

Population		2016	2017	2018	2019	2020	2021	Percent Change, 2016 vs. 2021‡	Percentage Difference, 2016 vs. 2021‡
Race and Ethnicity	Hispanic or Latino*	10.9%	9.6%	10.8%	6.1%	5.9%	6.2%	−43.1%	−4.7%
	African American or Black*	22.0%	12.0%	12.3%	11.9%	8.2%	10.8%	−50.9%	−11.2%
	American Indian*	20.4%†	17.8%	45.0%	8.0%†	9.7%†	5.5%†	−73.0%†	−14.9%†
	American Indian*, any mention	15.9%	14.3%	19.7%	5.8%	5.7%	8.5%	−46.5%	−7.4%
	Asian*	7.3%	6.7%	8.7%	3.9%	4.5%	3.7%	−49.3%	−3.6%
	Native Hawaiian or Pacific Islander*	23.3%†	25.6%†	16.6%†	ID	7.1%†	12.7%†	−45.5%†	−10.6%†
	White	12.4%	11.2%	11.5%	7.9%	7.4%	6.2%	−50.0%	−6.2%
	Multiracial	17.9%	16.8%	17.1%	4.6%	8.9%	8.3%	−53.6%	−9.6%
Sexual Orientation	Lesbian, gay, or bisexual*	15.8%	18.2%	17.9%	9.0%	7.4%	8.6%	−45.6%	−7.2%
	Straight	11.8%	9.8%	10.6%	6.5%	6.4%	5.9%	−50.0%	−5.9%
Poverty Level	<185% FPL*	16.9%	13.9%	15.7%	10.4%	9.1%	8.9%	−47.3%	−8.0%
	≥185% FPL	9.3%	8.6%	9.1%	5.3%	5.6%	5.1%	−45.2%	−4.2%
Mental and Emotional Health	Serious psychological distress likely*	26.1%	27.2%	32.5%	10.2%	15.0%	9.5%	−63.6%	−16.6%
	Serious psychological distress not likely	11.3%	9.4%	10.1%	6.5%	6.0%	5.8%	−48.7%	−5.5%
Urban/Rural	Urban	11.5%	9.8%	10.7%	6.6%	6.3%	5.9%	−48.7%	−5.6%
	Rural*	15.8%	14.2%	15.4%	8.1%	8.5%	8.9%	−43.7%	−6.9%
Overall		**11.9%**	**10.2%**	**11.2%**	**6.8%**	**6.5%**	**6.2%**	**−47.9%**	**−5.7%**

Abbreviations: FPL, federal poverty level; ID, insufficient data.

Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ CTCP recommends that readers not compare the 2016 data with the 2021 data due to a 2019 methodology change that significantly impacted the cigarette smoking rates.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Appendix Table 3. Prevalence and percent change in current vape use among adults aged 18 to 64 years, by population—California Health Interview Survey, 2016 to 2021

Population		2016	2017	2018	2019	2020	2021	Percent Change, 2016 vs. 2021	Percentage Difference, 2016 vs. 2021
Race and Ethnicity	Hispanic or Latino*	3.4%	4.5%	6.2%	3.4%	2.6%	4.9%	+44.1%	+1.5%
	African American or Black*	3.6%	4.5%†	6.0%	6.7%	3.5%†	7.1%	+97.2%	+3.5%
	American Indian*	2.7%†	8.7%†	16.7%†	15.5%†	ID	13.1%†	+385.2%†	+10.4%†
	American Indian*, any mention	9.1%†	8.0%†	6.9%†	5.6%†	3.1%†	7.7%	−15.4%†	−1.4%†
	Asian*	5.4%	5.0%	8.4%	3.9%	1.9%	3.3%	−38.9%	−2.1%
	Native Hawaiian or Pacific Islander*	ID	ID	ID	ID	ID	ID	ID	ID
	White	6.4%	7.1%	7.3%	6.7%	4.5%	5.9%	−7.8%	−0.5%
	Multiracial	8.4%†	8.8%†	12.7%†	6.1%	7.1%	11.0%	+31.0%†	+2.6%†
Sexual Orientation	Lesbian, gay, or bisexual*	8.4%†	11.8%†	13.6%	10.6%	4.9%	8.7%	+3.6%†	+0.3%†
	Straight	4.9%	5.2%	6.6%	4.4%	3.1%	5.0%	+2.0%	+0.1%
Poverty Level	<185% FPL*	5.1%	6.2%	7.2%	6.2%	3.2%	6.4%	+25.5%	+1.3%
	≥185% FPL	4.9%	5.4%	7.1%	4.3%	3.3%	4.9%	0.0%	0.0%
Mental and Emotional Health	Serious psychological distress likely*	12.0%	14.9%	16.9%	11.5%	7.4%	12.3%	+2.5%	+0.3%
	Serious psychological distress not likely	4.7%	5.1%	6.6%	4.3%	3.0%	4.5%	−4.3%	−0.2%
Urban/Rural	Urban	4.9%	5.7%	7.3%	4.9%	3.3%	5.1%	+4.1%	+0.2%
	Rural*	5.8%	5.4%	5.5%	5.0%	3.3%	7.7%	+32.8%	+1.9%
Overall		**5.0%**	**5.6%**	**7.1%**	**4.9%**	**3.3%**	**5.3%**	**+6.0%**	**+0.3%**

Abbreviations: FPL, federal poverty level; ID, insufficient data.

Restricted to adults aged 18 to 64 years as vape use was not asked of all adults in 2016. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Appendix Table 4. Prevalence and percent change in current tobacco use among high school youth, by population—California Youth Tobacco Survey, 2016 to 2022

Population		2016	2018	2020	2022	Percent Change, 2016 vs. 2022§	Percentage Difference, 2016 vs. 2022§
Race and Ethnicity	Hispanic or Latino*	13.5%	9.9%	8.0%	5.6%	−58.5%	−7.9%
	African American or Black*	10.6%	8.8%	10.2%	5.8%	−45.3%	−4.8%
	American Indian*	23.9%	19.1%	13.9%	ID	ID	ID
	American Indian*, any mention	21.7%	14.5%	11.7%	6.6%	−69.6%	−15.1%
	Asian*	5.6%	7.0%	5.7%	3.5%	−37.5%	−2.1%
	Native Hawaiian or Pacific Islander*	12.3%	16.4%	14.6%	3.0%†	−75.6%†	−9.3%†
	White	18.9%	17.8%	14.3%	10.2%	−46.0%	−8.7%
	Other¶	18.8%	13.9%	12.5%	7.4%	−60.6%	−11.4%
	Multiracial	15.8%	13.9%	12.4%	7.3%	−53.8%	−8.5%
LGBTQ+	LGBTQ+*	—‡	15.4%	14.1%	10.8%	ID‡	ID‡
	Non-LGBTQ+	—‡	11.3%	8.9%	5.2%	ID‡	ID‡
Mental and Emotional Health	Poor*	—‡	—‡	16.1%	12.6%	ID‡	ID‡
	Fair	—‡	—‡	10.6%	6.8%	ID‡	ID‡
	Good	—‡	—‡	8.6%	4.5%	ID‡	ID‡
	Very good	—‡	—‡	7.3%	4.7%	ID‡	ID‡
	Excellent	—‡	—‡	7.6%	6.7%	ID‡	ID‡
Urban/Rural	City	12.7%	11.6%	8.5%	6.6%	−48.0%	−6.1%
	Suburban	13.8%	12.3%	10.0%	6.1%	−55.8%	−7.7%
	Rural*	15.1%	13.0%	12.6%	9.1%†	−39.7%†	−6.0%†
Overall		**13.6%**	**12.2%**	**9.7%**	**6.6%**	**−51.5%**	**−7.0%**

Abbreviations: ID, insufficient data; LGBTQ+, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority.

Tobacco use includes cigarettes, cigars, heated tobacco products (2020 and 2022 only), hookah, kreteks (2016 only), little cigars or cigarillos, nicotine pouches (2022 only), smokeless tobacco products, or vapes (nicotine or just flavoring). Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ Sexual orientation and gender identity was not asked in 2016. Mental health was not asked in 2016 or 2018.

§ CTCP recommends that readers not compare the 2016 and 2022 tobacco use rates due to changes to the tobacco use definition and due to a 2022 methodology change. Data is show together only for informational purposes.

¶ In 2022, other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Appendix Table 5. Prevalence and percent change in current cigarette smoking among high school youth, by population—California Youth Tobacco Survey, 2016 to 2022

Population		2016	2018	2020	2022	Percent Change, 2016 vs. 2022§	Percentage Difference, 2016 vs. 2022§
Race and Ethnicity	Hispanic or Latino*	4.3%	1.5%	1.0%	0.7%	−83.7%	−3.6%
	African American or Black*	1.8%	1.1%	1.0%	1.7%	−5.6%	−0.1%
	American Indian*	5.7%	5.0%	2.4%	ID	ID	ID
	American Indian*, any mention	8.3%	3.7%	2.0%	1.4%	−83.1%	−6.9%
	Asian*	1.6%	0.8%	0.5%	0.4%	−75.0%	−1.2%
	Native Hawaiian or Pacific Islander*	4.6%	2.7%	1.9%†	ID	ID	ID
	White	6.0%	2.9%	2.0%	2.6%	−56.7%	−3.4%
	Other¶	7.5%	1.8%	2.4%	0.1%	−98.7%	−7.4%
	Multiracial	5.3%	2.3%	1.4%	2.0%	−62.3%	−3.3%
LGBTQ+	LGBTQ+*	—‡	4.3%	2.9%	3.0%	ID‡	ID‡
	Non-LGBTQ+	—‡	1.5%	0.9%	0.6%	ID‡	ID‡
Mental and Emotional Health	Poor*	—‡	—‡	3.0%	3.5%	ID‡	ID‡
	Fair	—‡	—‡	1.2%	1.5%	ID‡	ID‡
	Good	—‡	—‡	0.8%	0.6%	ID‡	ID‡
	Very good	—‡	—‡	0.7%	0.5%	ID‡	ID‡
	Excellent	—‡	—‡	1.1%	1.3%	ID‡	ID‡
Urban/Rural	City	3.7%	1.7%	1.1%	1.0%	−73.0%	−2.7%
	Suburban	4.7%	1.9%	1.2%	1.2%	−74.5%	−3.5%
	Rural*	4.3%	3.2%	1.7%	2.9%†	−32.6%†	−1.4%†
Overall		**4.3%**	**2.0%**	**1.2%**	**1.2%**	**−72.1%**	**−3.1%**

Abbreviations: ID, insufficient data; LGBTQ+, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority.

Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ Sexual orientation and gender identity was not asked in 2016. Mental health was not asked in 2016 or 2018.

§ CTCP recommends that readers not compare the 2016 data with the 2022 data due to a 2022 methodology change. Data is show together only for informational purposes.

¶ In 2022, other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Appendix Table 6. Prevalence and percent change in current vape use among high school youth, by population—California Youth Tobacco Survey, 2016 to 2022

Population		2016	2018	2020	2022	Percent Change, 2016 vs. 2022§	Percentage Difference, 2016 vs. 2022§
Race and Ethnicity	Hispanic or Latino*	8.3%	8.3%	6.5%	4.6%	−44.6%	−3.7%
	African American or Black*	4.5%	6.6%	6.3%	5.2%	+15.6%	+0.7%
	American Indian*	11.8%	14.3%	11.2%	ID	ID	ID
	American Indian*, any mention	13.4%	12.1%	9.7%	5.6%	−58.2%	−7.8%
	Asian*	4.1%	6.5%	5.3%	3.2%	−22.0%	−0.9%
	Native Hawaiian or Pacific Islander*	9.6%	14.6%	11.2%	ID	ID	ID
	White	12.8%	16.0%	13.1%	9.1%	−28.9%	−3.7%
	Other¶	11.1%	10.6%	9.7%	5.7%†	−48.6%†	−5.4%†
	Multiracial	10.2%	12.4%	10.7%	5.4%	−47.1%	−4.8%
LGBTQ+	LGBTQ+*	—‡	12.7%	11.6%	8.2%	ID‡	ID‡
	Non-LGBTQ+	—‡	9.9%	7.7%	4.6%	ID‡	ID‡
Mental and Emotional Health	Poor*	—‡	—‡	13.7%	10.7%	ID‡	ID‡
	Fair	—‡	—‡	9.1%	6.2%	ID‡	ID‡
	Good	—‡	—‡	7.3%	3.7%	ID‡	ID‡
	Very good	—‡	—‡	6.3%	3.8%	ID‡	ID‡
	Excellent	—‡	—‡	6.2%	5.5%	ID‡	ID‡
Urban/Rural	City	8.0%	10.0%	6.9%	5.6%	−30.0%	−2.4%
	Suburban	9.0%	10.7%	8.7%	5.1%	−43.3%	−3.9%
	Rural*	8.4%	10.7%	10.7%	8.4%†	0.0%†	0.0%†
Overall		**8.6%**	**10.5%**	**8.2%**	**5.6%**	**−34.9%**	**−3.0%**

Abbreviations: ID, insufficient data; LGBTQ+, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority.

Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ Sexual orientation and gender identity was not asked in 2016. Mental health was not asked in 2016 or 2018.

§ CTCP recommends that readers not compare the 2016 and 2022 vape use rates due to changes to the question wording and due to a 2022 methodology change. Data is show together only for informational purposes.

¶ In 2022, other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Appendix Table 7. Prevalence and percent change in exposure to secondhand tobacco smoke or vape aerosol exposure in the past two weeks among adults aged ≥18 years, by population—California Health Interview Survey, 2016 to 2021

Population		2016‡	2017‡	2018	2019	2020	2021	Percent Change, 2018‡ vs. 2021	Percentage Difference, 2018‡ vs. 2021
Race and Ethnicity	Hispanic or Latino*	—	—	55.6%	45.6%	28.2%	22.7%	−59.2%	−32.9%
	African American or Black*	—	—	53.2%	48.0%	29.5%	24.1%	−54.7%	−29.1%
	American Indian*	—	—	60.8%	70.7%	40.6%	16.3%	−73.2%	−44.5%
	American Indian*, any mention	—	—	58.0%	61.7%	34.1%	27.4%	−52.8%	−30.6%
	Asian*	—	—	46.9%	38.5%	21.7%	21.7%	−53.7%	−25.2%
	Native Hawaiian or Pacific Islander*	—	—	72.7%†	53.6%	50.3%	44.1%	−39.3%†	−28.6%†
	White	—	—	51.4%	42.0%	24.9%	22.8%	−55.6%	−28.6%
	Multiracial	—	—	71.1%	57.9%	41.1%	33.8%	−52.5%	−37.3%
Sexual Orientation	Lesbian, gay, or bisexual*	—	—	68.3%	61.0%	38.6%	30.7%	−55.1%	−37.6%
	Straight	—	—	51.9%	42.9%	26.0%	22.1%	−57.4%	−29.8%
Poverty Level	<185% FPL*	—	—	53.1%	46.1%	29.1%	26.2%	−50.6%	−26.8%
	≥185% FPL	—	—	52.8%	42.9%	25.7%	21.8%	−58.7%	−31.0%
Mental and Emotional Health	Serious psychological distress likely*	—	—	68.2%	59.1%	42.2%	36.0%	−47.2%	−32.2%
	Serious psychological distress not likely	—	—	52.1%	42.7%	25.6%	21.7%	−58.3%	−30.4%
Urban/Rural	Urban	—	—	53.1%	44.2%	26.9%	22.9%	−56.9%	−30.2%
	Rural*	—	—	51.4%	40.6%	24.4%	23.6%	−54.1%	−27.8%
Overall		—	—	**52.9%**	**43.8%**	**26.6%**	**23.0%**	**−56.5%**	**−29.9%**

Abbreviation: FPL, federal poverty level.

Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ Secondhand exposure was not asked in 2016 or 2017. Baseline established in 2018.

Source: California Health Interview Survey. CHIS 2018 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Appendix Table 8. Prevalence and percent change in exposure to secondhand cigarette or little cigar/cigarillo smoke in the past two weeks among high school youth, by population—California Youth Tobacco Survey, 2016 to 2022

Population		2016†	2018†	2020	2022	Percent Change, 2020† vs. 2022‡	Percentage Difference, 2020† vs. 2022‡
Race and Ethnicity	Hispanic or Latino*	—	—	10.6%	9.7%	−8.5%	−0.9%
	African American or Black*	—	—	16.3%	12.1%	−25.8%	−4.2%
	American Indian*	—	—	16.0%	ID	ID	ID
	American Indian*, any mention	—	—	16.6%	9.3%	−44.0%	−7.3%
	Asian*	—	—	10.8%	8.5%	−21.3%	−2.3%
	Native Hawaiian or Pacific Islander*	—	—	17.9%	ID	ID	ID
	White	—	—	14.0%	12.2%	−12.9%	−1.8%
	Other§	—	—	15.3%	16.4%	+7.2%	+1.1%
	Multiracial	—	—	16.1%	11.8%	−26.7%	−4.3%
LGBTQ+	LGBTQ+*	—	—	18.2%	14.7%	−19.2%	−3.5%
	Non-LGBTQ+	—	—	11.0%	9.5%	−13.6%	−1.5%
Mental and Emotional Health	Poor*	—	—	18.7%	16.1%	−13.9%	−2.6%
	Fair	—	—	14.2%	12.2%	−14.1%	−2.0%
	Good	—	—	10.9%	9.0%	−17.4%	−1.9%
	Very good	—	—	9.6%	8.0%	−16.7%	−1.6%
	Excellent	—	—	9.3%	9.5%	+2.2%	+0.2%
Urban/Rural	City	—	—	11.2%	10.4%	−7.1%	−0.8%
	Suburban	—	—	11.5%	10.1%	−12.2%	−1.4%
	Rural*	—	—	16.1%	13.7%	−14.9%	−2.4%
Overall		—	—	**12.0%**	**10.5%**	**−12.5%**	**−1.5%**

Abbreviations: ID, insufficient data; LGBTQ+, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority.

Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Secondhand exposure was not asked in 2016 or 2018. Baseline established in 2020.

‡ CTCP recommends that readers not compare the 2020 data with the 2022 data due to a 2022 methodology change. Data is show together only for informational purposes.

§ In 2022, other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Appendix Table 9. Prevalence and percent change in exposure to secondhand vape aerosol in the past two weeks among high school youth, by population—California Youth Tobacco Survey, 2016 to 2022

Population		2016†	2018†	2020	2022	Percent Change, 2020† vs. 2022‡	Percentage Difference, 2020† vs. 2022‡
Race and Ethnicity	Hispanic or Latino*	—	—	22.7%	18.6%	−18.1%	−4.1%
	African American or Black*	—	—	20.7%	17.7%	−14.5%	−3.0%
	American Indian*	—	—	26.7%	ID	ID	ID
	American Indian*, any mention	—	—	27.7%	19.2%	−30.7%	−8.5%
	Asian*	—	—	24.3%	18.2%	−25.1%	−6.1%
	Native Hawaiian or Pacific Islander*	—	—	29.5%	ID	ID	ID
	White	—	—	44.0%	33.5%	−23.9%	−10.5%
	Other§	—	—	25.7%	29.8%	+16.0%	+4.1%
	Multiracial	—	—	37.2%	27.4%	−26.3%	−9.8%
LGBTQ+	LGBTQ+*	—	—	32.9%	29.8%	−9.4%	−3.1%
	Non-LGBTQ+	—	—	28.4%	21.2%	−25.4%	−7.2%
Mental and Emotional Health	Poor*	—	—	37.6%	33.6%	−10.6%	−4.0%
	Fair	—	—	32.1%	27.5%	−14.3%	−4.6%
	Good	—	—	26.8%	19.9%	−25.7%	−6.9%
	Very good	—	—	25.2%	18.9%	−25.0%	−6.3%
	Excellent	—	—	21.5%	16.6%	−22.8%	−4.9%
Urban/Rural	City	—	—	25.4%	23.6%	−7.1%	−1.8%
	Suburban	—	—	29.9%	21.4%	−28.4%	−8.5%
	Rural*	—	—	29.3%	26.5%	−9.6%	−2.8%
Overall		—	—	**27.9%**	**22.9%**	**−17.9%**	**−5.0%**

Abbreviations: ID, insufficient data; LGBTQ+, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority.

Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Secondhand exposure was not asked in 2016 or 2018. Baseline established in 2020.

‡ CTCP recommends that readers not compare the 2020 data with the 2022 data due to a 2022 methodology change. Data is show together only for informational purposes.

§ In 2022, other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Appendix Table 10. Proportion and percent change in quit attempt among adults aged ≥18 years who currently smoke cigarettes, by population—California Health Interview Survey, 2016 to 2021

Population		2016	2017	2018	2019	2020	2021	Percent Change, 2016 vs. 2021	Percentage Difference, 2016 vs. 2021
Race and Ethnicity	Hispanic or Latino*	62.8%	63.2%	58.7%	55.7%	61.9%	67.0%	+6.7%	+4.2%
	African American or Black*	71.8%	56.4%†	56.3%	60.7%	65.0%	54.1%	−24.7%	−17.7%
	American Indian*	59.4%†	66.1%†	33.8%†	79.6%†	31.0%†	39.4%†	−33.7%†	−20.0%†
	American Indian*, any mention	53.9%	65.5%†	49.8%	55.6%	41.4%†	71.5%	+32.7%	+17.6%
	Asian*	63.8%†	53.9%	66.9%	67.7%	58.6%	52.4%	−17.9%†	−11.4%†
	Native Hawaiian or Pacific Islander*	60.1%†	53.6%†	82.3%†	ID	66.8%†	95.5%†	+58.9%†	+35.4%†
	White	55.8%	50.0%	53.3%	57.5%	45.3%	47.6%	−14.7%	−8.2%
	Multiracial	63.8%	60.4%	53.5%†	66.7%	17.6%†	43.4%†	−32.0%†	−20.4%†
Sexual Orientation	Lesbian, gay, or bisexual*	66.7%	54.8%	58.2%	72.0%	56.5%	58.2%	−12.7%	−8.5%
	Straight	60.4%	55.7%	56.5%	56.3%	52.2%	55.9%	−7.5%	−4.5%
Poverty Level	<185% FPL*	59.8%	61.0%	55.8%	58.8%	59.5%	62.3%	+4.2%	+2.5%
	≥185% FPL	61.6%	51.9%	57.4%	58.0%	48.9%	51.4%	−16.6%	−10.2%
Mental and Emotional Health	Serious psychological distress likely*	64.7%	69.1%	44.4%	71.2%	68.0%	56.6%	−12.5%	−8.1%
	Serious psychological distress not likely	60.4%	53.9%	58.7%	57.0%	50.2%	55.7%	−7.8%	−4.7%
Urban/Rural	Urban	62.1%	56.0%	55.7%	58.6%	54.4%	56.2%	−9.5%	−5.9%
	Rural*	51.7%	54.0%	63.1%	56.1%	43.5%	53.4%	+3.3%	+1.7%
Overall		**60.7%**	**55.7%**	**56.7%**	**58.4%**	**52.8%**	**55.9%**	**−7.9%**	**−4.8%**

Abbreviations: FPL, federal poverty level; ID, insufficient data.

Cigarette quit attempt is an attempt to quit smoking cigarettes for one day or longer in the past 12 months. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Appendix Table 11. Proportion and percent change in cigarette quit intent among adults aged ≥18 years who currently smoke cigarettes, by population—California Health Interview Survey, 2016 to 2021

Population		2016	2017	2018	2019	2020	2021	Percent Change, 2016 vs. 2021	Percentage Difference, 2016 vs. 2021
Race and Ethnicity	Hispanic or Latino*	73.6%	70.2%	73.2%	63.6%	64.3%	66.3%	−9.9%	−7.3%
	African American or Black*	77.1%†	67.1%†	86.4%†	66.2%	76.4%	73.1%†	−5.2%†	−4.0%†
	American Indian*	65.8%†	83.2%†	48.7%†	77.9%†	92.0%†	63.5%†	−3.5%†	−2.3%†
	American Indian*, any mention	76.8%†	62.5%†	64.9%	50.0%	56.5%	77.7%	+1.2%†	+0.9%†
	Asian*	74.4%†	56.9%	72.5%	55.4%	61.4%	48.7%	−34.5%†	−25.7%†
	Native Hawaiian or Pacific Islander*	88.5%†	36.0%†	87.2%†	ID	38.9%†	20.9%†	−76.4%†	−67.6%†
	White	72.7%	64.7%	71.6%	70.1%	60.8%	68.0%	−6.5%	−4.7%
	Multiracial	68.7%†	63.0%	86.3%†	74.9%	37.1%	55.3%†	−19.5%†	−13.4%†
Sexual Orientation	Lesbian, gay, or bisexual*	69.3%	66.9%†	72.9%	68.5%	72.1%	71.0%	+2.5%	+1.7%
	Straight	73.9%	65.5%	73.6%	66.1%	60.8%	65.0%	−12.0%	−8.9%
Poverty Level	<185% FPL*	75.6%	66.5%	71.4%	66.0%	67.2%	65.2%	−13.8%	−10.4%
	≥185% FPL	71.6%	65.2%	74.9%	66.6%	59.7%	65.7%	−8.2%	−5.9%
Mental and Emotional Health	Serious psychological distress likely*	78.6%	71.2%	72.7%	81.4%	75.5%	69.2%	−12.0%	−9.4%
	Serious psychological distress not likely	73.1%	65.0%	73.5%	64.7%	60.2%	64.8%	−11.4%	−8.3%
Urban/Rural	Urban	74.7%	66.0%	73.3%	67.4%	63.2%	64.8%	−13.3%	−9.9%
	Rural*	65.6%	64.0%	73.9%	58.2%	57.5%	70.5%	+7.5%	+4.9%
Overall		**73.5%**	**65.7%**	**73.4%**	**66.4%**	**62.4%**	**65.5%**	**−10.9%**	**−8.0%**

Abbreviations: FPL, federal poverty level; ID, insufficient data.

Cigarette quit intent is intent to quit smoking cigarettes in the next six months. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

Source: California Health Interview Survey. CHIS 2016 to CHIS 2021 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; October 2022.

Appendix Table 12. Proportion and percent change in vape quit attempt among high school students who currently use vapes, by population—California Youth Tobacco Survey, 2016 to 2020

Population		2016‡	2018	2020	2022	Percent Change, 2018‡ vs. 2022¶	Percentage Difference, 2018‡ vs. 2022¶
Race and Ethnicity	Hispanic or Latino*	—	28.8%	53.8%	44.1%	+53.1%	+15.3%
	African American or Black*	—	32.6%	54.0%	ID	ID	ID
	American Indian*	—	30.9%	60.7%	ID	ID	ID
	American Indian*, any mention	—	29.4%	51.5%	ID	ID	ID
	Asian*	—	30.4%	59.3%	ID	ID	ID
	Native Hawaiian or Pacific Islander*	—	32.4%	65.1%	ID	ID	ID
	White	—	22.7%	55.9%	37.3%	+64.3%	+14.6%
	Other◊	—	28.9%	49.5%	ID	ID	ID
	Multiracial	—	25.9%	52.7%	39.6%†	+52.9%†	+13.7%†
LGBTQ+	LGBTQ+*	—	25.4%	53.3%	40.9%	+61.0%	+15.5%
	Non-LGBTQ+	—	26.2%	55.0%	39.7%	+51.5%	+13.5%
Mental and Emotional Health	Poor*	—	—§	51.6%	41.3%	ID§	ID§
	Fair	—	—§	57.8%	43.6%	ID§	ID§
	Good	—	—§	56.1%	40.2%	ID§	ID§
	Very good	—	—§	56.5%	43.9%†	ID§	ID§
	Excellent	—	—§	49.4%	23.9%	ID§	ID§
Urban/Rural	City	—	29.3%	54.2%	39.5%	+34.8%	+10.2%
	Suburban	—	26.1%	54.6%	40.1%	+53.6%	+14.0%
	Rural*	—	25.2%	55.5%	44.8%	+77.8%	+19.6%
Overall		—	**27.0%**	**54.6%**	**40.5%**	**+50.0%**	**+13.5%**

Abbreviations: ID, insufficient data; LGBTQ+, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority.

Vape quit attempt is an attempt to quit vaping in the past 12 months. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ Vape quit attempt was not asked in 2016. Baseline established in 2018.

§ Mental health was not asked in 2016 or 2018.

¶ CTCP recommends that readers not compare the 2018 data with the 2022 data due to a 2022 methodology change. Data is show together only for informational purposes.

◊ In 2022, other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Appendix Table 13. Proportion and percent change in vape quit intent among high school students who currently use vapes, by population—California Youth Tobacco Survey, 2016 to 2022

Population		2016‡	2018	2020	2022	Percent Change, 2018‡ vs. 2022¶	Percentage Difference, 2018‡ vs. 2022¶
Race and Ethnicity	Hispanic or Latino*	—	36.8%	56.0%	45.8%	+24.5%	+9.0%
	African American or Black*	—	45.6%	55.1%	ID	ID	ID
	American Indian*	—	45.2%	53.2%	ID	ID	ID
	American Indian*, any mention	—	33.0%	49.7%	ID	ID	ID
	Asian*	—	32.3%	54.0%	ID	ID	ID
	Native Hawaiian or Pacific Islander*	—	29.0%	58.0%	ID	ID	ID
	White	—	26.3%	52.1%	40.1%	+52.5%	+13.8%
	Other◊	—	37.4%	49.2%	ID	ID	ID
	Multiracial	—	29.3%	51.0%	ID	ID	ID
LGBTQ+	LGBTQ+*	—	28.7%	48.2%	39.2%	+36.6%	+10.5%
	Non-LGBTQ+	—	32.5%	55.5%	44.4%	+36.6%	+11.9%
Mental and Emotional Health	Poor*	—	—§	46.8%	41.9%	ID§	ID§
	Fair	—	—§	55.9%	42.2%	ID§	ID§
	Good	—	—§	54.6%	37.9%	ID§	ID§
	Very good	—	—§	58.5%	49.6%	ID§	ID§
	Excellent	—	—§	55.1%	32.3%†	ID§	ID§
Urban/Rural	City	—	34.7%	53.8%	40.5%	+16.7%	+5.8%
	Suburban	—	32.0%	53.9%	44.2%	+38.1%	+12.2%
	Rural*	—	29.9%	54.0%	41.3%	+38.1%	+11.4%
Overall		—	**32.5%**	**53.9%**	**42.1%**	**+29.5%**	**+9.6%**

Abbreviations: ID, insufficient data; LGBTQ+, lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority.

Vape quit intent is an intent to quit vaping sometime in the future. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

* Indicates a CTCP priority population.

† Caution should be used as estimate is statistically unreliable.

‡ Vape quit intent was not asked in 2016. Baseline established in 2018.

§ Mental health was not asked in 2016 or 2018.

¶ CTCP recommends that readers not compare the 2018 data with the 2022 data due to a 2022 methodology change. Data is show together only for informational purposes.

◊ In 2022, other race includes American Indian and Native Hawaiian or Pacific Islander due to small sample sizes.

Source: [1] California Student Tobacco Survey. CSTS 2016 to CSTS 2020. San Diego, CA: University of California San Diego, Center for Research and Intervention in Tobacco Control; 2021. [2] California Youth Tobacco Survey. CYTS 2022. Berkeley, CA: RTI International; 2023.

Appendix Table 14. Population coverage for any local smokefree multi-unit housing policies, by population—2016 to 2022

Population		2016	2017	2018	2019	2020	2021	2022	Percent Change, 2016 vs. 2022	Percentage Difference, 2016 vs. 2022
Age	<18 years	24.4%	26.7%	27.7%	29.5%	30.8%	33.5%	34.9%	+43.0%	+10.5%
	≥18 years	28.8%	31.1%	32.2%	34.1%	35.4%	37.6%	39.0%	+35.4%	+10.2%
Race and Ethnicity	Hispanic or Latino*	24.4%	26.0%	26.8%	27.8%	28.8%	31.5%	33.0%	+35.2%	+8.6%
	African American or Black*	34.5%	36.3%	37.2%	38.1%	39.3%	42.4%	44.0%	+27.5%	+9.5%
	American Indian*	18.5%	20.3%	21.1%	21.8%	23.0%	25.3%	26.4%	+42.7%	+7.9%
	American Indian*, any mention	23.6%	25.7%	26.8%	27.8%	29.1%	31.5%	32.7%	+38.6%	+9.1%
	Asian*	32.7%	35.2%	36.0%	39.9%	40.7%	44.2%	45.9%	+40.4%	+13.2%
	Native Hawaiian or Pacific Islander*	24.5%	27.8%	28.5%	30.5%	32.0%	33.1%	34.6%	+41.2%	+10.1%
	White	28.4%	31.4%	32.9%	34.9%	36.6%	38.1%	39.2%	+38.0%	+10.8%
	Other or multiracial	30.0%	33.0%	34.4%	36.8%	38.5%	40.3%	41.7%	+39.0%	+11.7%
Poverty Level	<185% FPL*	27.2%	28.8%	29.7%	31.0%	32.1%	35.1%	36.4%	+33.8%	+9.2%
	≥185% FPL	28.1%	30.6%	31.8%	33.9%	35.1%	37.3%	38.7%	+37.7%	+10.6%
Overall		**27.8%**	**30.1%**	**31.2%**	**33.1%**	**34.3%**	**36.7%**	**38.1%**	**+37.1%**	**+10.3%**

Abbreviation: FPL, federal poverty level.

Includes any policies that regulate smoking and/or vaping in multi-unit housing. The 2016-2020 data were revised from prior California Tobacco Facts and Figures due to changing data sources and methodology. Population coverage is based on key enactment date. The key enactment date is typically the enactment date of the law regulating smoking in multi-unit housing units. Jurisdictions with only lower-level multi-unit housing policies, such as policies covering common areas only, show the earliest year for the key enactment date. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. Population based on estimates from the U.S. Census Bureau's 2016-2020 American Community Survey.

* Indicates a CTCP priority population.

Source: Policy Evaluation Tracking System. Sacramento, CA: California Tobacco Control Program. https://pets.tcspartners.org

Appendix Table 15. Population coverage for any local secondhand smoke policies, by population—2016 to 2022

Population		2016	2017	2018	2019	2020	2021	2022	Percent Change, 2016 vs. 2022	Percentage Difference, 2016 vs. 2022
Age	<18 years	53.0%	62.4%	66.1%	71.5%	76.0%	77.1%	77.6%	+46.4%	+24.6%
	≥18 years	56.7%	65.7%	69.0%	74.1%	78.7%	79.7%	80.1%	+41.3%	+23.4%
Race and Ethnicity	Hispanic or Latino*	53.5%	62.4%	65.5%	71.4%	75.5%	76.7%	77.1%	+44.1%	+23.6%
	African American or Black*	64.1%	72.7%	75.1%	79.8%	83.0%	84.5%	84.7%	+32.1%	+20.6%
	American Indian*	43.1%	51.0%	55.2%	58.6%	65.4%	66.4%	66.7%	+54.8%	+23.6%
	American Indian*, any mention	49.2%	58.4%	61.6%	65.8%	70.6%	71.8%	72.1%	+46.5%	+22.9%
	Asian*	64.0%	72.5%	74.9%	81.1%	84.0%	85.2%	85.8%	+34.1%	+21.8%
	Native Hawaiian or Pacific Islander*	63.0%	71.6%	75.1%	78.3%	81.9%	82.9%	83.1%	+31.9%	+20.1%
	White	53.7%	63.3%	67.6%	71.7%	77.7%	78.4%	78.7%	+46.6%	+25.0%
	Other or multiracial	57.8%	67.6%	71.0%	75.5%	80.3%	81.5%	81.8%	+41.5%	+24.0%
Poverty Level	<185% FPL*	54.1%	63.4%	66.9%	72.1%	75.8%	76.8%	77.3%	+42.9%	+23.2%
	≥185% FPL	56.6%	65.7%	69.1%	74.3%	79.1%	80.1%	80.5%	+42.2%	+23.9%
Overall		**55.8%**	**65.0%**	**68.4%**	**73.5%**	**78.1%**	**79.1%**	**79.5%**	**+42.5%**	**+23.7%**

Abbreviation: FPL, federal poverty level.

Includes any smokefree or clean air policies. The 2016-2020 data were revised from prior California Tobacco Facts and Figures due to changing data sources and methodology. Population coverage is based on the policy's most recent enactment date. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. Population based on estimates from the U.S. Census Bureau's 2016-2020 American Community Survey.

* Indicates a CTCP priority population.

Source: Policy Evaluation Tracking System. Sacramento, CA: California Tobacco Control Program. https://pets.tcspartners.org

Appendix Table 16. Population coverage for any local flavored tobacco sales restriction policies, by population—2016 to 2022

Population		2016	2017	2018	2019	2020	2021	2022	Percent Change, 2016 vs. 2022	Percentage Difference, 2016 vs. 2022
Age	<18 years	0.1%	1.7%	3.0%	13.9%	21.2%	26.8%	43.7%	+43600.0%	+43.6%
	≥18 years	0.3%	3.0%	4.5%	15.5%	23.2%	29.4%	48.2%	+15966.7%	+47.9%
Race and Ethnicity	Hispanic or Latino*	0.1%	1.2%	2.2%	13.0%	18.4%	23.6%	43.7%	+43600.0%	+43.6%
	African American or Black*	0.1%	2.6%	4.1%	15.2%	25.4%	30.6%	54.8%	+54700.0%	+54.7%
	American Indian*	0.1%	1.9%	3.0%	11.6%	22.3%	25.6%	35.1%	+35000.0%	+35.0%
	American Indian*, any mention	0.2%	1.9%	3.2%	13.3%	20.8%	26.1%	40.6%	+20200.0%	+40.4%
	Asian*	0.2%	6.0%	7.5%	19.4%	29.8%	40.5%	57.1%	+28450.0%	+56.9%
	Native Hawaiian or Pacific Islander*	0.2%	3.4%	4.4%	17.5%	30.8%	37.9%	51.9%	+25850.0%	+51.7%
	White	0.4%	3.0%	4.8%	15.4%	23.6%	29.0%	45.5%	+11275.0%	+45.1%
	Other or multiracial	0.4%	4.0%	6.0%	17.3%	26.6%	32.4%	50.4%	+12500.0%	+50.0%
Poverty Level	<185% FPL*	0.2%	2.0%	3.1%	13.0%	19.4%	24.6%	45.4%	+22600.0%	+45.2%
	≥185% FPL	0.3%	3.0%	4.5%	15.8%	23.9%	30.4%	47.8%	+15833.3%	+47.5%
Overall		**0.3%**	**2.7%**	**4.2%**	**15.1%**	**22.7%**	**28.8%**	**47.2%**	**+15633.3%**	**+46.9%**

Abbreviation: FPL, federal poverty level.

Includes any policies that restrict flavored tobacco sales. The 2016-2020 data were revised from prior California Tobacco Facts and Figures due to changing data sources and methodology. Population coverage is based on the policy's most recent enactment date. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. Population coverage based on estimates from the U.S. Census Bureau's 2016-2020 American Community Survey.

* Indicates a CTCP priority population.

Source: Policy Evaluation Tracking System. Sacramento, CA: California Tobacco Control Program. https://pets.tcspartners.org

Appendix Table 17. Population coverage for any local tobacco retail sales policies, by population—2016 to 2022

Population		2016	2017	2018	2019	2020	2021	2022	Percent Change, 2016 vs. 2022	Percentage Difference, 2016 vs. 2022
Age	<18 years	12.9%	13.6%	16.4%	26.6%	32.5%	35.3%	35.6%	+176.0%	+22.7%
	≥18 years	13.7%	14.3%	17.1%	28.4%	34.6%	37.7%	38.0%	+177.4%	+24.3%
Race and Ethnicity	Hispanic or Latino*	12.1%	12.9%	16.1%	26.4%	30.9%	33.8%	34.1%	+181.8%	+22.0%
	African American or Black*	12.2%	13.0%	15.0%	25.0%	34.7%	38.6%	39.6%	+224.6%	+27.4%
	American Indian*	9.9%	10.8%	12.7%	19.9%	25.1%	30.5%	30.7%	+210.1%	+20.8%
	American Indian*, any mention	11.7%	12.6%	14.7%	23.4%	29.2%	32.9%	33.3%	+184.6%	+21.6%
	Asian*	17.3%	17.9%	20.9%	36.3%	44.0%	46.0%	46.2%	+167.1%	+28.9%
	Native Hawaiian or Pacific Islander*	14.9%	16.1%	19.3%	29.0%	41.5%	45.0%	45.3%	+204.0%	+30.4%
	White	13.5%	14.1%	16.5%	26.8%	33.2%	36.8%	37.0%	+174.1%	+23.5%
	Other or multiracial	14.5%	15.0%	17.8%	29.6%	36.9%	39.8%	40.3%	+177.9%	+25.8%
Poverty Level	<185% FPL*	11.8%	12.7%	15.2%	24.6%	29.7%	32.6%	32.9%	+178.8%	+21.1%
	≥185% FPL	14.1%	14.8%	17.7%	29.3%	35.8%	38.9%	39.2%	+178.0%	+25.1%
Overall		**13.5%**	**14.2%**	**17.0%**	**28.0%**	**34.1%**	**37.2%**	**37.5%**	**+177.8%**	**+24.0%**

Abbreviation: FPL, federal poverty level.

Includes any policies that regulate tobacco retail sales or tobacco distribution. The 2016-2020 data were revised from prior California Tobacco Facts and Figures due to changing data sources and methodology. Population coverage is based on the policy's most recent enactment date. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups. Population based on estimates from the U.S. Census Bureau's 2016-2020 American Community Survey.

* Indicates a CTCP priority population.

Source: Policy Evaluation Tracking System. Sacramento, CA: California Tobacco Control Program. https://pets.tcspartners.org