Executive Summary

The vision of a commercial tobacco-free California

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

With this strategic plan for 2021-2022, TEROC sets three broad goals:
1. Effectively inform, engage, and empower stakeholders to eliminate disparities and redress the structural, political, and social determinants that sustain California's tobacco epidemic.
2. Reduce the rates of tobacco use to 8 percent of adults and 8 percent of high school students, with greater-than-proportional reductions among priority populations.
3. Apply lessons learned from tobacco control to address the triangulum of tobacco, cannabis, and e-cigarette use in California.

Achieving health equity

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

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

tobacco, it is critical both to build power and influence among youth and members of vulnerable communities and to equitably allocate resources to these affected groups. These steps are necessary to counter the tobacco industry's influence and redress the structural, political, and social determinants underlying those disparities.

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

The challenge of cannabis

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

Protecting youth

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

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

Call to action

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

Objective 1: Reduce disparities related to commercial tobacco use

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

Objective 2: Strengthen capacity for tobacco control

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

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

1. Encourage tobacco control and prevention grantees to integrate exposure to cannabis secondhand smoke and dual use of tobacco and cannabis products into educational outreach and policy strategies.
2. Increase public understanding of the interconnectedness of tobacco and cannabis products and the need for comprehensive youth prevention strategies.
3. Conduct research on tobacco and cannabis dual, poly, and sequential use.
4. Strengthen the framework for cannabis to include public health protections and school-based prevention programs.
5. Denormalize cannabis smoking and vaping by applying successful strategies from tobacco control and prevention programs.
6. Work with cannabis prevention and regulatory partners to apply lessons learned from tobacco control to reduce the normalization of smoking and negative impacts of cannabis marketing, sales, and use on youth and priority populations.

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

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

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

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

Objective 6: Motivate and help tobacco users to quit

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

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

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

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