** Revised January 2, 2013 **

State Health Officer's Report on Tobacco Use and Promotion in California

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December 2012

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State of California

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Introduction from the State Health Officer

As the California Department of Public Health (CDPH) director and state health officer, I am pleased to present CDPH's first-ever *Health Officer's Report on Tobacco Use and Promotion in California.*

Tobacco use takes a tremendous toll on our state, from both a health and economic perspective. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. It is projected that adult tobacco-related health care expenditures will cost California $6.5 billion this year, which equates to about $400 per taxpayer.

We have accomplished a great deal since the inception of the California Tobacco Control Program (CTCP), including reducing the adult smoking rate by one-half – from 23 percent in 1988 to 12 percent in 2011 – but our job is not yet finished. Tobacco use is still the leading cause of preventable death and disease – not just in California, but in the nation. There are still approximately 3.6 million smokers in the state, and tobacco takes the lives of more than 34,000 Californians every year. Of extra concern is that young adults, ages 18 to 24 have the highest smoking prevalence among any age group.

In compiling this report, I was concerned that the illegal sales to minors has increased for the first time in three years, and to see the increase of new tobacco products used among youth. The tobacco industry spends nearly $1 million every hour to market their products nationwide, including tactics that appear to be aimed at youth. According to the U.S. Surgeon General, for each smoker who dies – more than 1,200 each day – at least two youth or young adults become regular smokers.

Nearly 90 percent of these replacement smokers try their first cigarette by age 18. We must continue to be vigilant in educating Californians against the dangers of all tobacco products. By following the recommendations outlined in this report, we can overcome our current challenges and move closer towards a tobacco-free California. Together, we can improve the health of all Californians.

Sincerely,

Ron Chapman, MD, MPH
CDPH Director and State Health Officer

California Department of Public Health, California Tobacco Control Program. *State Health Officer's Report on Tobacco Use and Promotion in California*: Sacramento, CA 2012.

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Executive Summary

This report provides the latest information on tobacco use and promotion in California, including the impact of tobacco advertising in retail stores on youth tobacco use, statewide tobacco consumption trends, and the economic and environmental impact of smoking. The following are key highlights from the report:

Youth Data

- In 2010, 36.8 percent of high school students had smoked a whole cigarette by 13 or 14 years of age, an increase from 34.4 percent of high school students in 2008.
- Illegal tobacco sales to minors rose to 8.7 percent from 5.6 percent in 2011.
- Non-traditional stores (i.e., donut shops, discount stores, deli, meat or produce markets) had the largest percentage of illegal sales at 20.3 percent, up 10.5 percent from 2011.

Emerging Tobacco Products

- Sales of other tobacco and nicotine products have risen dramatically over the last decade in California, from $77.1 million in 2001 to $210.9 million in 2011.
- Among high school students, smokeless tobacco prevalence was 3.9 percent in 2010, an increase from 3.1 percent in 2004, and places selling snus in California have increased significantly, from less than one percent in 2008 to 39.5 percent in 2011.

Tobacco Advertising in Retail Stores

- There are approximately 36,700 licensed tobacco retail stores in California – one for every 254 kids.
- Prevalence of smoking was higher at schools in neighborhoods with five or more stores that sell tobacco than at schools in neighborhoods without any stores that sell tobacco.
- Nearly one-third (32.3 percent) of California stores that sell tobacco had at least one cigarette advertisement less than three feet above the floor, where it is easily seen by children.

Economic Impact of Smoking

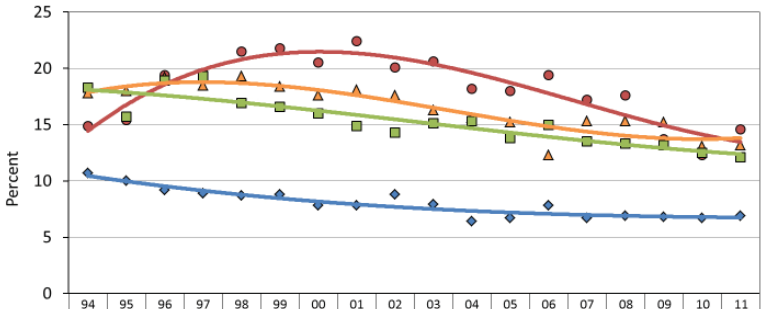
- Smoking impacts many chronic diseases, such as heart disease, diabetes and asthma.
- It is estimated that Californians will pay $6.5 billion toward adult tobacco-related health care costs in 2012, more than $400 per taxpayer.
- The most cost-effective way to decrease health care costs is to encourage and support tobacco cessation.

In conclusion, we must remain committed to decreasing the death, disease and health care costs attributed to tobacco by supporting tobacco users who want to quit, and protecting young people from the influence of tobacco product marketing.

Young Adult and Youth Smoking Prevalence in California

According to the 2012 Surgeon General's Report, nearly nine-out-of-10 smokers in the US started smoking by the age of 18, and 99 percent started by age 26.[1] In California, 64 percent of smokers start by the age of 18 and 96 percent start by age 26.[2]

Smoking prevalence among California adults by age group, 1994-2011



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▲ 25-44	17.8	18.0	19.2	18.5	19.3	18.4	17.6	18.1	17.6	16.3	15.6	15.2	12.3	15.3	15.3	15.2	13.1	13.2
■ 45-64	18.3	15.7	18.9	19.3	16.9	16.6	16.0	14.9	14.3	15.1	15.3	13.8	15.0	13.5	13.3	13.2	12.5	12.1
◆ 65+	10.7	10.0	9.2	8.9	8.7	8.8	7.8	7.8	8.8	7.9	6.4	6.7	7.8	6.7	6.9	6.8	6.7	6.9

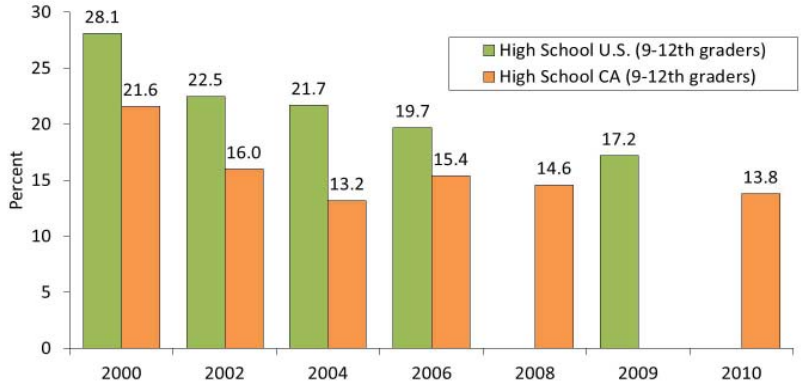
Source: Behavioral Risk Factor Surveillance System (BRFSS) 1994-2011.
The data are weighted to the 2000 California population. Note change of smoking definition in 1996 that included more occasional smokers.
Prepared by: California Department of Public Health, California Tobacco Control Program, March 2012.

Throughout the last decade, the national rates of decline for cigarette smoking among youth have slowed and the rate of decline for smokeless tobacco use has stalled completely.[1] But in California, both the promotion and availability of smokeless tobacco have greatly increased and, among high school students, smokeless tobacco prevalence was 3.9 percent in 2010, an increase from 3.1 percent in 2004.[3]

Fewer teenagers smoke in California than almost anywhere else in the country.[4] Smoking rates among California high school students dropped by more than one-third between 2000 and 2010 to 13.8 percent.[3]

However, in 2010, 36.8 percent of high school students had smoked a whole cigarette by 14 years of age, an increase from 34.4 percent in 2008.[3]

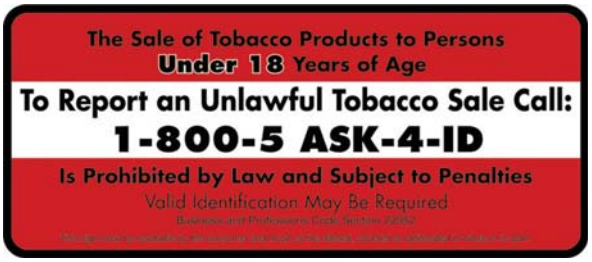
30-day smoking prevalence for California and United States high school students, 2000-2010

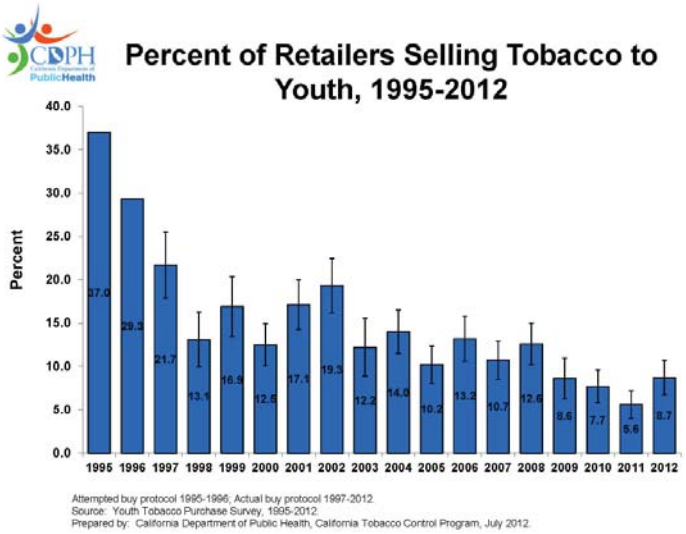


Source: The 2000 California data is from the National Youth Tobacco Survey (NYTS) collected by the American Legacy Foundation, which used passive parental consent. The 2002, 2004, 2006, 2008, and 2010 data are from the California Student Tobacco Survey. The 2002 and 2004 data collection used active parental consent while the 2006, 2008, and 2010 used a mixed parental consent procedure. The United States data are from the NYTS collected by the American Legacy Foundation and the Centers for Disease Control and Prevention. Note that the NYTS was conducted in 2009 thus 2008 and 2010 United States data are unavailable.
Prepared by: California Department of Public Health, California Tobacco Control Program, April 2011.

Illegal Sales to Minors

Every year, CDPH conducts a scientific statewide Youth Tobacco Purchase Survey (YTPS) of California tobacco retailers. This survey monitors retailer compliance with California's Stop Tobacco Access to Kids Enforcement (STAKE) Act. In addition to prohibiting the sale of tobacco to minors, the STAKE Act also requires tobacco retailers to post a STAKE Act age-of-sale warning sign at each point-of-sale stating that selling tobacco to persons under 18 years of age is illegal and subject to penalties.





Since the first YTPS was conducted, California has seen a dramatic decrease in the illegal sales to minors, with the rate declining from 37 percent in 1995 to 8.7 percent in 2012.[5] While there have been year-to-year variances, there has been a clear downward trend during the last 17 years.

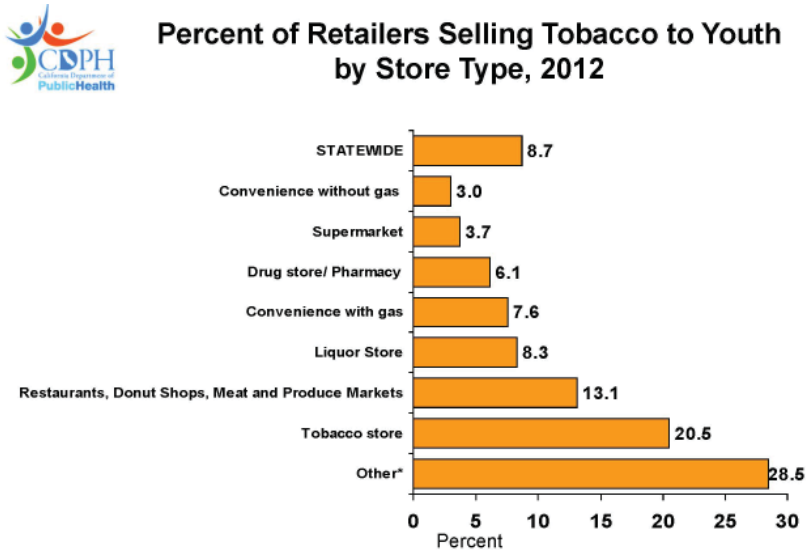
Undercover Teens

Undercover youth tobacco purchasers are the backbone of the STAKE Act program. No other statewide program provides California teenagers a first-hand experience in enforcement and undercover work. Youth development and training is integral for the success of this program.

Many teens join the program because they are aware of the harmful effects of smoking or have seen the impact first-hand from losing a loved one to tobacco. This year, 70 youth decoys were trained and ethnically matched to sampled neighborhoods.

"My parents supported me to sign up because they wanted me to be a positive role model for my two younger siblings, who signed up when they were eligible. All three of us have contributed to the fight against tobacco."
- Student from Stanislaus County

In 2012, the YTPS results indicate that 8.7 percent of retailers sold tobacco to minors, compared to 5.6 percent in 2011 and 7.7 percent in 2010.[5] Although not necessarily a trend, the increase is statistically significant, a fact that CDPH takes seriously. The Department is concerned about any increase of youth access to cigarettes and aims to prevent any uptick in youth smoking. CDPH will continue to closely monitor the illegal sales rate over the coming years.



Source: Youth Tobacco Purchase Survey, 2012. Prepared by: California Department of Public Health, Tobacco Control Program, July 2012.
*Other includes gas station only, gift and discount stores, and others.
Sales rates are standardized to an equal distribution of youth's gender and age.

In addition to monitoring the rate of illegal sales to minors, CDPH will continue its retailer education efforts at the statewide level, including providing retailers with access to tobacco control laws information and online training. CDPH also promotes the California Board of Equalization's regional retailer trainings among local health departments. These regional trainings focus specifically on tobacco licensing issues. Each year CDPH shares California's official rate of illegal sales to minors with its partners and stakeholders, including local health departments, to ensure they are aware of any new data points and of the importance of this issue at the state and local levels.

Moving forward, CDPH's Food and Drug Branch plans to use new federal funding to increase the number of compliance checks in the retail environment. The goal of the Department is to double the number of compliance checks it conducts in California retail outlets. In addition, CDPH is increasing its collaboration and communication with local health departments as well as with local law enforcement.

At the federal level, the Food and Drug Administration (FDA) is conducting a comprehensive national education campaign, "Break the Chain of Tobacco Addiction," to help retailers comply with tobacco-related regulations. California tobacco retailers receive educational materials from the FDA on a regular basis.

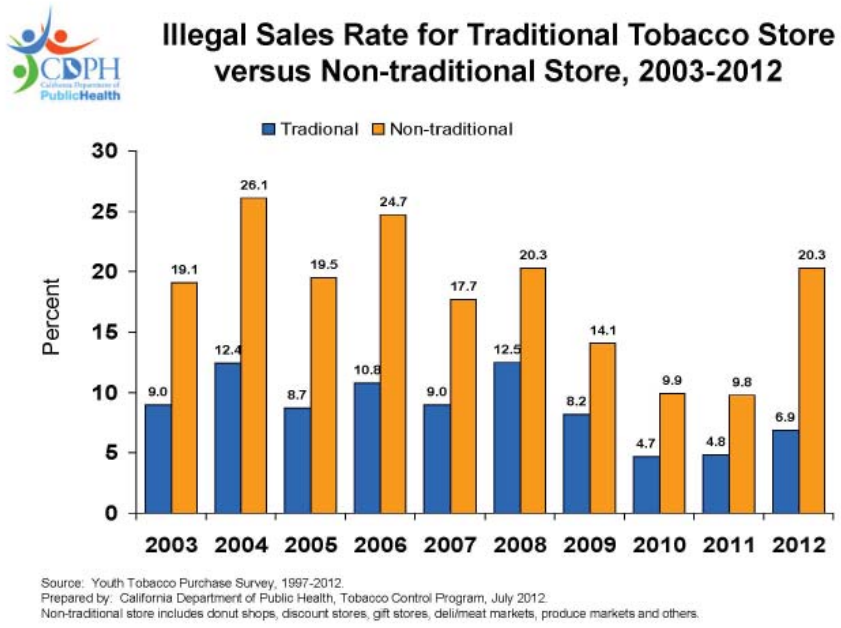
Research shows that the most effective way to increase retailer compliance with sales to minors' laws is to require tobacco retailers to be licensed at the local level. The threat of license suspension and revocation is a strong incentive for ongoing compliance. Local communities are increasingly engaged in successful local tobacco retailer licensing policy efforts. The Center for Tobacco Policy and Organizing, a project of the American Lung Association in California, has information available on licensing policies currently in place throughout California.

The upsurge appears to be largely due to an increase in illegal sales at non-traditional retail stores (e.g., donut shops, discount stores, deli/meat markets, gift stores and produce markets) that may not be fully aware of the underage sales law and penalties. Non-traditional tobacco retailers had the highest illegal sale rate, 20.3 percent average, up from 9.8 percent in 2011, which is nearly three-times higher than traditional tobacco retailers.[5]

Illegal sales at traditional retailers (e.g. convenience stores with and without fuel sales, supermarkets, drug stores/pharmacies) also saw an increase from 4.8 percent in 2011 to 6.9 percent in 2012.[5]

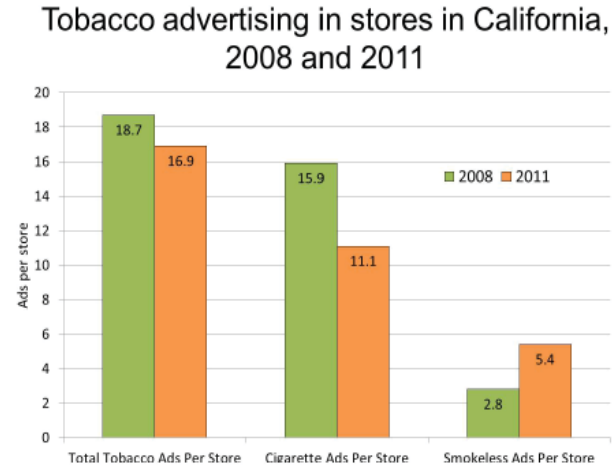
Tobacco retailers need to be especially vigilant in monitoring and eliminating sales to youth. Among the retailer store types, tobacco stores sold illegally to youth at the highest rate of 20.5 percent, up from 6.5 percent in 2011.[5]

Retailers with the lowest illegal sales include convenience stores without gas (3.0 percent), and supermarkets (3.7 percent).[5]



Youth Experimentation and Marketing of Other Tobacco Products

Cigarettes are not the only focus of tobacco marketing. The tobacco industry is increasing promotion of non-cigarette tobacco products, such as snus. In other states, the tobacco industry is also test marketing dissolvable tobacco products, such as orbs and strips, which are known to be intriguing to youth and young adults who are experimenting with tobacco.



Source: California Tobacco Advertising Survey, 2008 & 2011.
Prepared by: California Department of Public Health, California Tobacco Control Program, September 2009.

The number of tobacco retail outlets selling snus in California has grown significantly, from less than one percent in 2008 to 39.5 percent in 2011.[6,7] About 1.5 percent of California adults were current smokeless tobacco users in 2010, an increase from 0.6 percent in 2008.[2] However, among high school students, smokeless tobacco prevalence was 3.9 percent in 2010, an increase from 3.1 percent in 2004.[3] These products are not currently subject to many of the regulations on cigarette sales, pricing and advertising.

In 2010, the tobacco industry spent $444.3 million on smokeless tobacco advertising and promotion.[8] Point-of-sale smokeless tobacco advertising spending increased 56 percent, from $29.3 million in 2007 to $45.6 million in 2010.[8] This dramatic increase in smokeless tobacco advertising and promotion is reflected in increases in smokeless tobacco sales.[8] In California, sales of non-cigarette tobacco and nicotine products have risen dramatically over the last decade, from $77.1 million in 2001 to $210.9 million in 2011.[9]

Cigars and Cigarillos

Cigars and cigarillos, sometimes called little cigars, are popular with youth. Cigarillos are often sold one at a time for less than 70 cents each, less than the price of a candy bar, which makes them much more attainable for youth and other price-sensitive groups.[10] In 2011, 11.6 percent of high school students in the U.S. smoked a cigar, the second most common form of tobacco used after cigarettes.[11] The use of multiple tobacco products, or dual use – including cigarettes, cigars and smokeless tobacco – is common among young people.

Hookah

Hookah smoking is increasingly popular among young adults, exposing them to both tobacco use and secondhand smoke.[1] Many of these young people do not think that hookah smoke is as harmful and addictive as cigarette smoke.[12] However, smoking a hookah for 45 to 60 minutes can be equivalent to smoking 100 or more cigarettes.[13] Secondhand hookah smoke contains the same cancer-causing chemicals found in secondhand smoke from cigarettes. In addition,

the charcoal used in the tobacco heating process produces toxic carbon monoxide.[16]

In 2005, the World Health Organization issued an Advisory Note about hookah use, stating that people who smoke hookah pipes or who are exposed to secondhand hookah smoke are at risk for the same diseases that are caused by smoking cigarettes, including cancer, heart disease, respiratory disease and adverse effects during pregnancy.[14]

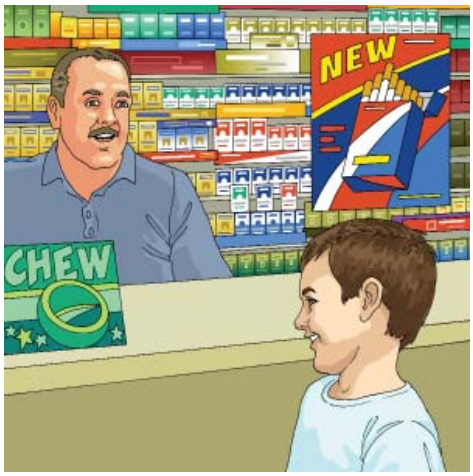
A recent study found that one-third of college students nationally had smoked tobacco from a hookah in the past 30 days. Additionally, of those who had smoked a hookah, half of them did not smoke cigarettes. This suggests that hookah smoking may be attracting many people who would otherwise not have been tobacco users.[15]

In California from 2005 to 2008, hookah use among all adults increased by more than 40 percent. In 2008, hookah use in California was much higher among young adults (24.5 percent among men, 10 percent among women) than it was among all adults (11.2 percent among men, 2.8 percent among women).[16]

Immediate Health Impact of Tobacco on Youth

Youth are more sensitive to nicotine and can become dependent sooner than adults. Because of nicotine addiction, about three out of four teenage smokers end up smoking into adulthood, even if they intend to quit after a few years.[1]

Youth Uptake of Tobacco



How do children become interested in smoking and obtaining tobacco products? The U.S. Surgeon General has concluded that there is a causal relationship between advertising and promotional efforts of tobacco companies and the initiation and progression of tobacco use among young people.[1] Despite strict advertising restrictions, tobacco companies continue to find ways to reach youth and young adults. In fact, every hour, the tobacco industry spends more than $1 million on marketing tobacco products nationwide.[1]

Advertising and promotional activities by tobacco companies have been shown to cause the onset and continuation of smoking among adolescents and young adults.[10] Studies have shown that kids are three times as sensitive to tobacco advertising as adults, and youth are more likely to be influenced by cigarette marketing

than by peer pressure.[1] One-third of underage experimentation with smoking can be attributed to tobacco industry advertising and promotion.[1] Online advertising is delivering pro-tobacco messages to young people; 35 percent of youth surveyed in 2008 reported having seen tobacco ads on the Internet.[1] The impact of these tobacco industry activities is substantial; 4,000 kids across the country try smoking for the first time each day.[1,17]

Tobacco Industry Advertising and Promotion

Despite the fact that the tobacco industry is prohibited from advertising their products on television or billboards, it has not wavered in its marketing efforts to maintain its current customer base and hook new customers.

New data demonstrates that, while invisible to most Californians, the tobacco industry is still actively promoting tobacco. The tobacco industry also funds programs and activities which make it appear as though they care for people and the environment and attempt to "buy" the support of ethnic communities by supporting their events.[18]

The Retail Environment

High levels of tobacco advertising and promotion remain in retail stores while tobacco advertising in most other areas is prohibited. Exposure to tobacco marketing in retail stores increases youth tobacco experimentation and uptake, and makes it more difficult for users to successfully quit. The tobacco industry uses a combination of advertising, packaging, pricing and promotional strategies to make cigarettes and other tobacco products more appealing and affordable to youth and low-income populations. Nationally, the tobacco industry spent $8.5 billion – more than $23 million each day – on advertising and promotion of its products in 2010. [8] In California alone, the industry spent $656.3 million on tobacco marketing.[15]

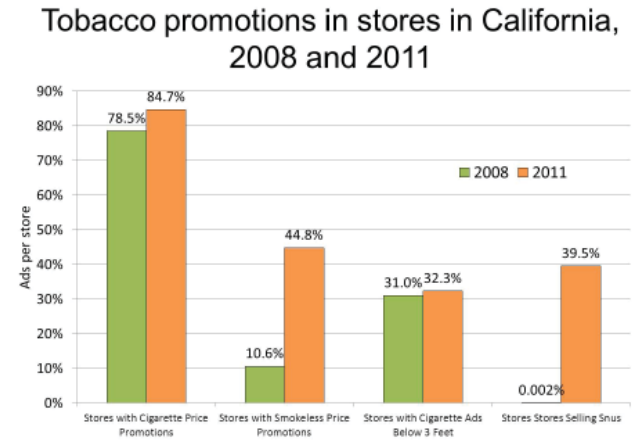
Today there are approximately 36,700 licensed tobacco retail stores in California – one for every 254 kids.[19,20] Tobacco retail stores display an average of 11.1 cigarette advertisements and 5.4 smokeless tobacco advertisements.[6] Nearly one-third (32.3 percent) of California stores that sell tobacco had at least one cigarette advertisement less than three feet above the floor, where it is easily seen by children.[6]

Retail Advertising Influence on Youth

A study of California middle school students found that two-thirds reported at least weekly visits to stores that typically contain tobacco advertising. These students were 1.5 times more likely to try smoking than their peers. Youth who had access to price promotions were also

more likely to move from experimentation to regular smoking.[21] Stores where adolescents shop frequently display almost three times more marketing materials for the most popular cigarette brands among youth.[22] Youth who live where cigarette prices are lower and where there are more tobacco advertisements and promotions are also more likely to smoke.[23]

Eighty percent of underage smokers choose brands that are the top-three most heavily advertised.[1] Perhaps it is no coincidence that between 1998 and 2010, tobacco industry spending on product marketing in California increased from $504.3 million to $535.7 million.[24] The number of tobacco retail outlets advertising price promotions for smokeless tobacco also increased significantly, from 10.6 percent of stores in 2008 to 44.8 percent of stores in 2011.[6,7] Chain convenience stores had the most cigarette marketing materials of any type of store in 2011 (an average of 18.6 per store) and the most smokeless tobacco marketing materials (an average of 11.9 per store).[7]



Source: California Tobacco Advertising Survey, 2008 & 2011.
Prepared by: California Department of Public Health, California Tobacco Control Program, September 2009.

Proximity to Schools

Youth smoking is linked to the number of tobacco stores located near schools. A study of California high school students found that the prevalence of smoking was higher at schools in neighborhoods with five or more tobacco outlets than at schools in neighborhoods without any tobacco outlets.[25] Another California study found that the higher the density of tobacco retailers near high schools in urban areas, the more likely the students were to be experimental smokers.[26]

Point-of-Sale Displays

Tobacco product displays are used as an additional form of advertising inside retail stores. Exposure to displays makes it harder for tobacco users to quit, and is linked to tobacco-use initiation among youth and nonsmokers.[21]

When asked, most smokers in California say they buy cigarettes one pack at a time with the intention of it being their last.[27] A survey of shoppers who bought cigarettes found that displays influenced nearly four times as many unplanned cigarette purchases as planned purchases.[28] Another study found that one-out-of-four smokers sometimes buy cigarettes on impulse as a result of seeing a cigarette display.[29] In 2008, about 90 percent of California tobacco retail stores had at least one cigarette advertising material near the point of sale, up from 68 percent in 2002.[7,30]

Being exposed to tobacco product displays also increases the likelihood of youth starting to smoke.[31] Adolescents who frequently visited the kinds of tobacco retail stores that have the greatest amount of cigarette advertising and product displays were more than twice as likely to start smoking than those who went to these stores less than once a week.[32]

Price Promotions

A recent survey of California tobacco retailers found that 90 percent of respondents participate in price promotions or have a merchandising contract with a tobacco company. Tobacco retailers participating in tobacco company incentive programs are left with little or no control over the display of promotional items within their stores and are required to place ads in prominent locations.[33,34]

In 2008, California stores participating in tobacco industry incentive programs averaged 26.6 cigarette marketing materials per store, compared to 15.9 materials in non-participating stores.[34] The participating stores typically have lower cigarette prices due to more available promotional offers.[35] In 2010, the tobacco industry paid $370 million to retailers to promote cigarette purchases in U.S. stores through strategically placed cigarette displays, price discounts, rebates for large volume sales and other incentives.[8]

Tobacco companies spend a large share of their marketing budgets on discounts paid to retailers to lower the price of cigarettes for consumers, such as "dollar-off" and "buy-one-get-one-free" offers. Price discounting was the largest category of industry spending on cigarette advertising and promotions in 2010. Nationally, it totaled $6.49 billion and accounted for 80.7 percent of all dollars spent to advertise and promote cigarettes in 2010.[8]

The Impact on Communities

Previous studies have demonstrated that California communities in lower socioeconomic neighborhoods and with a higher concentration of convenience stores have significantly higher rates of adult smoking.[36] Between 2002 and 2005, the amount of retail cigarette advertising and sales promotions in California increased more rapidly in neighborhoods with a higher proportion of African-Americans.[30] Additionally, more menthol ads and price discounts in retail stores were evident in African-American neighborhoods with a high proportion of youth.[37]

Social Disparities

Unfortunately, several populations in California continue to smoke at higher rates. Overall, men continue to smoke more than women (14.9 percent and 9.3 percent, respectively).[2] Furthermore, African-American and Latino men smoke at higher rates (18.9 percent and 15.5 percent, respectively) than their White counterparts (14.3 percent).[4] Asian men smoke at a slightly lower rate (13.1 percent).[2] Among women, African Americans continue to have the highest prevalence (15.2 percent), followed by White women (11.2 percent),[2] while Latina and Asian women continue to have relatively lower prevalence of smoking (5.7 percent and 4.5 percent, respectively).[2]

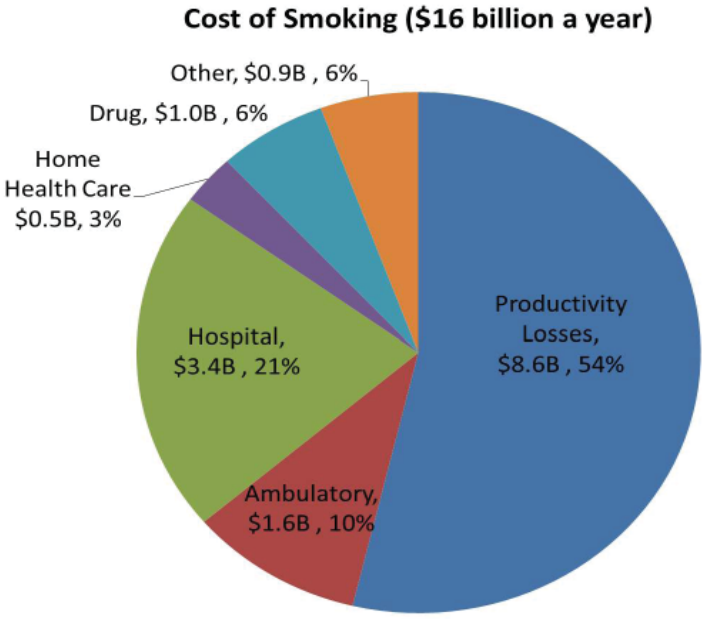
Low-income individuals make up the greatest proportion of smokers in California. The smoking rate among those with a household income lower than $20,000 per year is 19.8 percent compared to 7.8 percent among those with a household income higher than $150,000 per year.[13] In addition, those who have been diagnosed with behavioral health problems are between two- and four-times more likely as the general population to smoke.[38] People with serious mental illness die, on average, 25 years younger than the general population, and most major causes of death are worsened by smoking.[39]

Economic and Health Impact of Smoking

Regardless of whether we smoke or not, we all pay the price for tobacco use. By now, most are aware of the devastating health effects to a smoker, but many do not think about the actual cost of smoking in both health care expenses and loss of productivity. At a time when health care reform is on the horizon in California, it is essential to examine the costs associated with tobacco use.

It is projected that adult tobacco-related health care expenditures will cost California $6.5 billion this year, which equates to about $400 per taxpayer.[40] (Note: health care costs include ambulatory care, prescriptions, hospitalizations and home health care; these figures do not include other health care expenditures, costs for children, costs resulting from secondhand smoke exposure, value of lost time/productivity or lives lost).

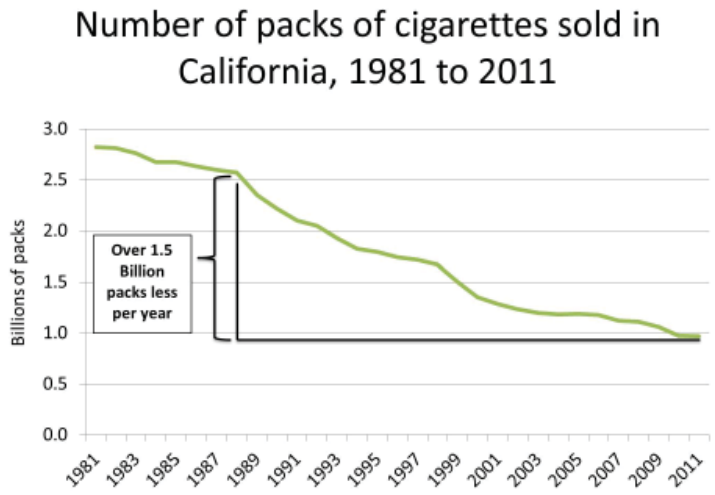
Smoking impacts many chronic diseases, such as heart disease, diabetes and asthma. The most cost-effective way to decrease health care costs is to encourage and support tobacco cessation.



Source: SAMMEC, 2009; Max W., Sung H-Y., Lightwood, J. Tobacco Control (2012).

Adult Smoking Prevalence and Consumption

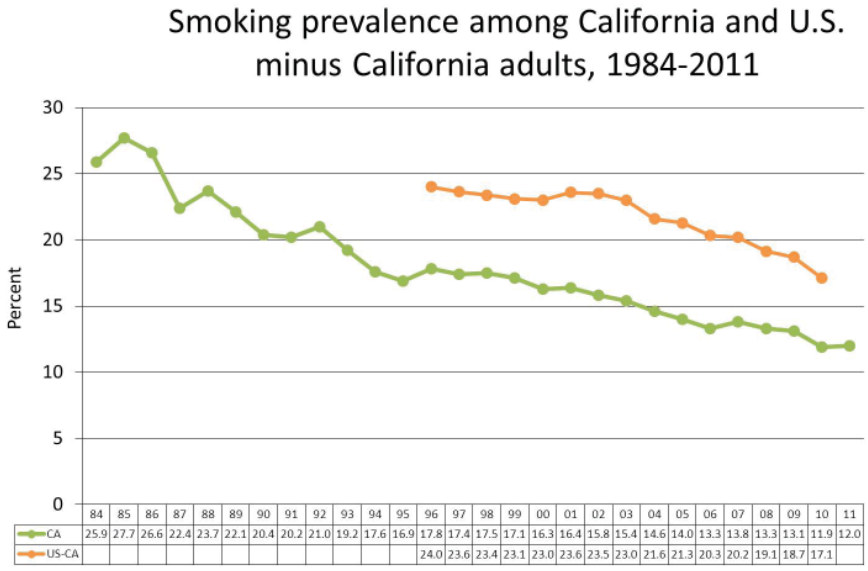
California has made significant progress in reducing both the smoking prevalence and the number of cigarettes consumed.



Source: Tax Burden on Tobacco, 2011.
Prepared by: California Department of Public Health, California Tobacco Control Program, March 2012.

From 1988 to 2011, the annual number of cigarette packs sold in California dropped by more than 1.5 billion per year, from 2.5 billion to 972 million packs.[41] During the same time period, California's population grew by nearly 27 percent, from 29 million in 1990 to 37 million in 2011.[42] In addition, per capita cigarette consumption has dropped dramatically, from 123 packs in 1990 to 34 packs per adult in 2011. This represents a per capita decrease of more than 72 percent.[42]

While the overall adult smoking prevalence increased slightly from 11.9 percent in 2010 to 12.0 percent in 2011,[2] California still has the second-lowest prevalence in the nation, second only to Utah.[12]



	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11
CA	25.9	27.7	26.6	22.4	23.7	22.1	20.4	20.2	21.0	19.2	17.6	16.9	17.8	17.4	17.5	17.1	16.3	16.4	15.8	15.4	14.6	14.0	13.3	13.8	13.3	13.1	11.9	12.0
US-CA													24.0	23.6	23.4	23.1	23.0	23.6	23.5	23.0	21.6	21.3	20.3	20.2	19.1	18.7	17.1	

Source: Behavioral Risk Factor Surveillance System (BRFSS) 1984-2011.
The data are weighted to the 2000 California population. State BRFSS data are weighted to 2000 national population based on each states population.
Note an adjustment was made to address the change of smoking definition in 1996 that included more occasional smokers.
Prepared by: California Department of Public Health, California Tobacco Control Program, March 2012.

Conclusion and Recommendations

More Work to be Done

California has clearly demonstrated its success in decreasing the death, disease and health care costs attributed to tobacco. While California continues to have successes in tobacco control, we must remain vigilant in our efforts to support tobacco users who want to quit, and to protect young people from the influence of tobacco product marketing. If we can prevent young people from smoking before age 26, the likelihood is that they will never start.

California is at the tipping point where we have the opportunity to raise the first generation of young people who will grow up in a tobacco-free world. CDPH is committed to achieving this goal by continuing to:

- Make tobacco use *the exception*, not the norm;
- Support local policies to *protect residents who live in multi-unit housing from exposure to toxic secondhand smoke*;
- *Engage populations that are disproportionately affected by tobacco use*, including those living in rural areas of the state and those of lower socioeconomic status;
- *Increase communication and collaboration among the tobacco control community and nontraditional partners*, including substance abuse and mental health providers;
- Educate Californians about the *benefits of increasing the cost of cigarettes*, which deters people from starting to smoke and encourages those who do to quit;
- *Promote the California Smokers' Helpline* to smokers and health care providers, offering free help to quit smoking for good;
- *Raise awareness about the tobacco industry's ongoing deceptive tactics* to attract new customers;
- Support *tobacco-free policies in places where youth and young adults are influenced*, such as college campuses and the movies;
- Ensure *equal protection from exposure to secondhand smoke* in the workplace for all Californians;
- *Protect youth from predatory tobacco marketing* that is especially appealing (and visible) to young people; and
- *Protect youth from easy access to tobacco products* and low-cost tobacco products that make tobacco use more affordable and accessible.

The battle against tobacco is far from being won; we must continue to fight. The lives of 3.6 million California smokers – and millions who are exposed to secondhand smoke – depend on maintaining our commitment to finishing the fight against tobacco use.

A Snapshot of California Firsts

California has been the trailblazer in decreasing tobacco use and is regarded as the gold standard in tobacco control. California was the first in the nation to:

- Prohibit smoking on trains, planes and buses (Jan. 1988)
- Pass a tax on cigarettes to educate people on the harmful effects of tobacco use (Nov. 1988)
- Establish the first comprehensive tobacco control program focused on not just those that smoke, but changing social norms (Oct. 1989)
- Launch a general market and ethnic advertising campaign to reach California's diverse population (Apr. & June 1990)
- Prohibit free samples of cigarettes and smokeless tobacco products (Oct. 1991)
- Establish the first statewide smoking cessation quit line to provide free one-on-one telephone counseling (Aug. 1992)
- Prohibit smoking in public buildings, workplaces and restaurants (Jan. 1995) and bars (Jan. 1998)
- Declare secondhand smoke a toxic air contaminant (Jan. 2006)
- Experience significant declines in lung cancer (2000); see lung cancer rates decline nearly four times as fast as the rest of the nation (2007)
- Establish an agreement with all major movie studios to show anti-tobacco ads on DVDs before movies rated G, PG and PG-13 that depict tobacco use (July 2008)
- Adopt a 100 percent smoke-free campus policy at a state university (Nov. 2008)

CDPH Celebrates 20 Years of Helping Smokers Quit

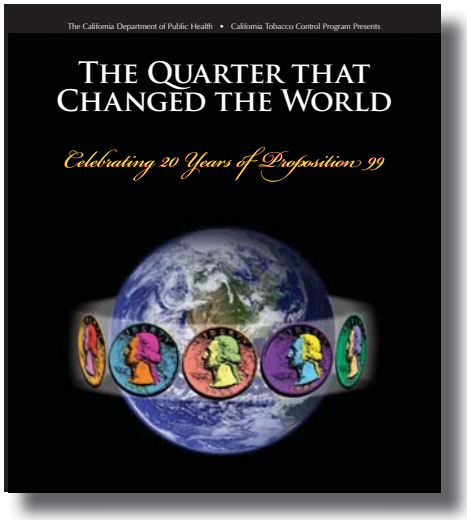
In 1992, the California Smokers' Helpline became the first quit line in the nation to offer free, statewide services for tobacco users wanting to quit. The California Smokers' Helpline, a proven service that doubles a person's chance of successfully quitting, served as the model for the rest of the country. Quitline services are now available in all 50 states.

Since its debut, the Helpline has provided free, personalized and confidential services to more than 600,000 Californians from diverse communities throughout the state. Quitting assistance is available in English, Spanish, Mandarin, Cantonese, Vietnamese and Korean.

Medi-Cal recipients comprise the largest group of callers, 47 percent, compared to 27.9 percent for individuals with private insurance and 23.5 percent for those with no insurance. Smoking rates are between 40 to 50 percent higher for people living under the poverty line or for members of households earning less than $20,000 annually.

Information about the California Smokers' Helpline is available at NoButts.org or at 1-800-NO BUTTS.

About the California Tobacco Control Program (CTCP)



In November 1988, California voters approved the Tobacco Tax and Health Protection Act of 1988, also known as Proposition 99. This initiative increased the state cigarette tax by 25 cents per pack and added an equivalent amount on other tobacco products. The new revenues were earmarked for programs to reduce smoking, provide health care services to those most in need and support tobacco-related research.

In 1989, CTCP was launched and is now the longest-running and most comprehensive public health intervention of its kind, nationally or internationally. CTCP provides funding for all of the 61 local public health departments and 44 community-based organizations throughout the state, a statewide multi-language media campaign, research and evaluation.

The mission of CTCP is to improve the health of all Californians by reducing illness and premature death attributed to the use of tobacco products. Through leadership, experience and research, CTCP empowers statewide and local health agencies to promote health and quality of life by advocating for social norms that create a tobacco-free environment.

Since the program's establishment, California has seen:

- An almost 50 percent decline in adult smoking prevalence, from 23 percent in 1988 to 12 percent in 2011; [2]
- Nearly one million lives saved from both smokers who quit and young people who chose not to start;
- $86 billion in health care costs saved; [43] and
- Improved health outcomes for Californians, with lung cancer declining nearly four-times faster than in the rest of the nation. [44]

A simple tax on cigarettes more than 20 years ago has led to a major public health movement throughout the state, the nation and the world.

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