



California Tobacco Facts and Figures 2025

August 2025

This publication was prepared by staff from the California Tobacco Prevention Program, a program in the Center for Healthy Communities of the California Department of Public Health. Contributors to this report include: Omara Farooq, Tam D. Vuong, Ashleen K. Manix, Prasha Bhandari, Xueying Zhang, and Rebecca J. Williams.

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.

A revision was issued in September 2025 to correct the narrative regarding which county had the highest tobacco use rate on page 15.

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Abbreviations and Acronyms

CHIS	California Health Interview Survey
CTPP	California Tobacco Prevention Program
CYTS	California Youth Tobacco Survey
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, and Plus
Online CATS	Online California Adult Tobacco Survey
RTI International	Research Triangle Institute International
STPS	Synar Tobacco Purchase Survey
UC San Diego	University of California San Diego
UCLA	University of California Los Angeles

Introduction

The California Tobacco Prevention Program (CTPP) has a clear and impactful mission to protect the health of Californians by eradicating the tobacco industry's influence and to end the damage tobacco products cause to the health, environment, and economic wellbeing of all Californians. California's rich diversity is one of its greatest strengths, and CTPP works to ensure all communities benefit from equitable solutions to tobacco prevention. To fulfill the program mission effectively, CTPP funds projects to work in communities disproportionately targeted by the tobacco industry,¹ builds and expands capacity for local-level work to end the tobacco epidemic in California,² and maintains surveillance systems that adequately sample populations disproportionately affected by tobacco use and tobacco-related diseases as shown in the California Tobacco Facts and Figures 2025 report.^{3,4}

These projects are vital as the tobacco industry constantly rebrands itself, rolling out new products that are marketed as “safer” and “healthier” compared to their combustible products and addicting a new generation to tobacco products.^{5–7} Of increasing concern are oral nicotine pouches (small dissolvable pouches that contain nicotine) that are being aggressively marketed,^{8–10} putting individuals at risk of nicotine addiction and dependence.¹¹

Overall tobacco use in California is decreasing, yet disparities in tobacco use exist among California's priority populations. CTPP continues to track tobacco use and behaviors among these populations, including racial, ethnic, and sexual minorities; low-income individuals; those with mental health disorders; and residents in certain regional areas of the state.

Although youth vaping rates in California have decreased since reaching a high level in 2018, it remains a serious public health threat due to its association with subsequent initiation of cigarettes.¹² As part of an effort to strengthen Senate Bill (SB) 793, California's tobacco flavors restriction law that in part aimed to reduce youth vaping, the California State Legislature passed Assembly Bill 3218 and Senate Bill 1230.^{13–15} These new laws expand enforcement against flavored tobacco product sales and creates a list of tobacco products that are permissibly unflavored and are allowed to be sold in California. This not only assists enforcement agencies, but it also addresses retailer concerns regarding clarity on what products can be sold.¹⁶

The California Tobacco Facts and Figures 2025 report is divided into three sections that align with CTPP's priorities:

- 1. End the tobacco use epidemic in California:** Provides data on tobacco product use and cessation behavior among Californians.
- 2. Make all California communities tobacco free:** Highlights data that will lead communities to be free from the impacts of secondhand exposure and tobacco product waste.
- 3. Eliminating the tobacco industry's influence in California:** Details data related to tobacco product marketing and public support on policies that would end the Tobacco Industry's influence.

California's comprehensive approach of combining policy changes, public education, media campaigns, and support for tobacco cessation has led to the state being a leader in tobacco prevention efforts. California is dedicated more than ever to lead the fight against the predatory actions of the tobacco industry and ending the tobacco epidemic.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gordon Sloss', with a long horizontal flourish extending to the right.

Gordon Sloss, MPA
Branch Chief
California Tobacco Prevention Program

End the Tobacco Use Epidemic in California

Empower Californians who use tobacco to quit, and vigorously counter industry strategies aimed at retaining current customers or addicting replacement customers.

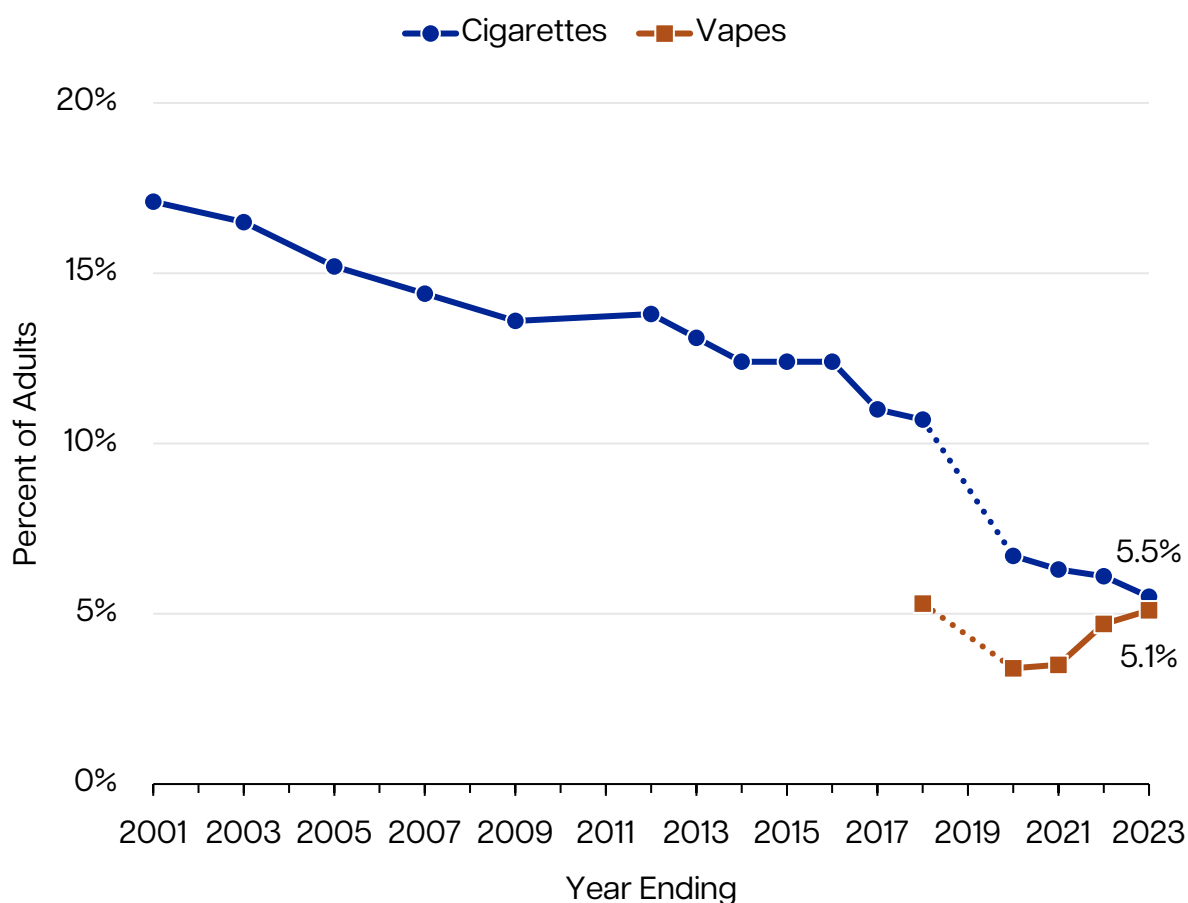


Tobacco Product Use

Adult Tobacco Product Use

Fewer adults are smoking cigarettes than ever before; however, vaping has increased since 2020 (Figure 1). About 5.5 percent (1.6 million) of California adults reported current cigarette (past 30 days) use and 5.1 percent (1.5 million) reported current vape use.

Figure 1. Current Cigarette Use and Current Vape Use Among Adults Aged ≥18 Years, by Year—California Health Interview Survey, 2001 to 2022–23

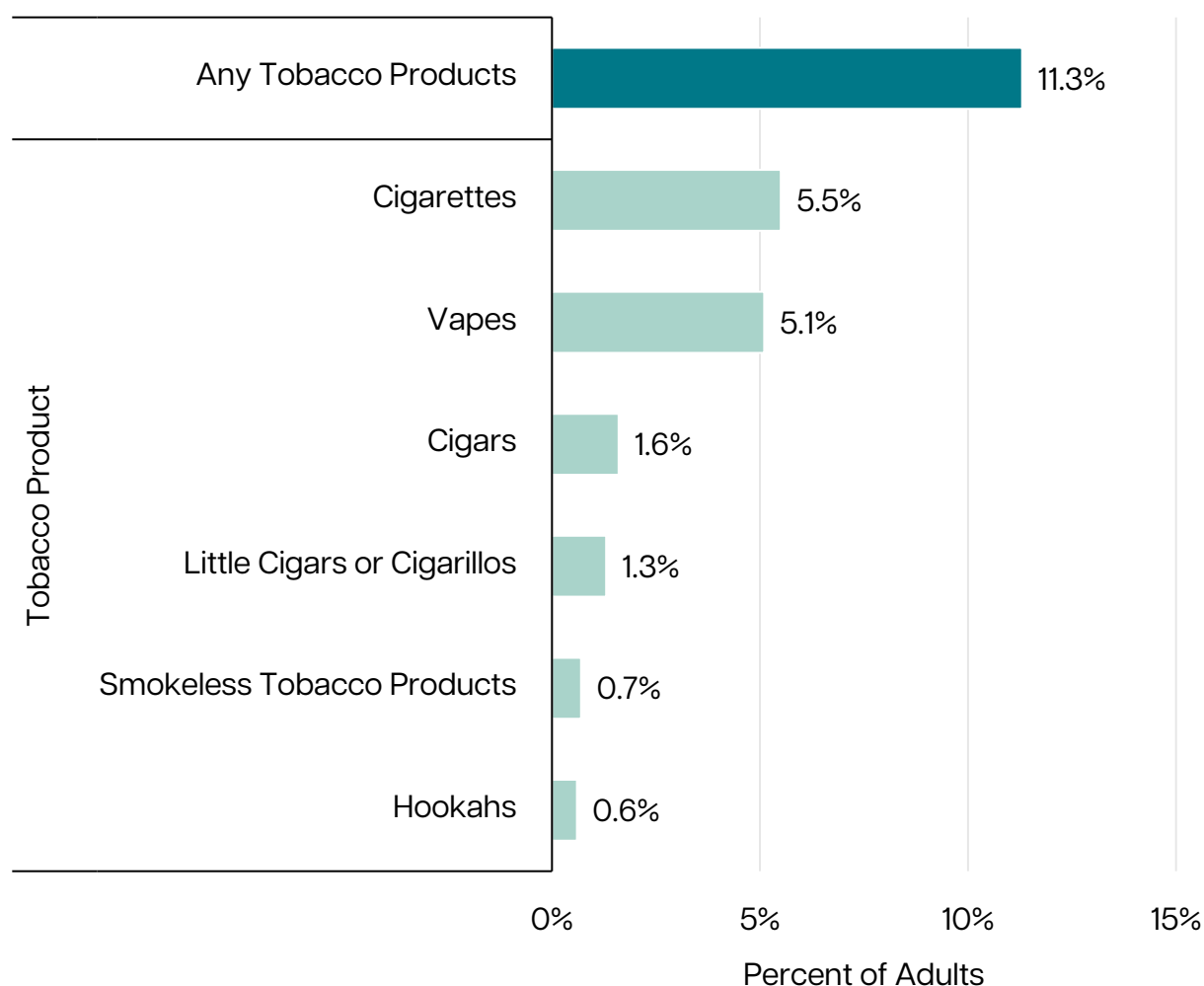


The break in trend is due to a methodology change. Current vape use was first collected of all adults in 2017.

Source: California Health Interview Survey. CHIS 2001 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Cigarettes are the most currently used type of tobacco product by California adults, followed by vapes, cigars, little cigars or cigarillos, smokeless tobacco products, and hookahs according to data from the California Health Interview Survey 2022–23 (Figure 2). Overall, 11.3 percent of California adults (about 3.3 million adults) reported current use of any tobacco products.

Figure 2. Current Tobacco Product Use Among Adults Aged ≥18 Years, by Product Type—California Health Interview Survey, 2022–23



Any tobacco product use includes cigarettes, cigars, hookahs, little cigars or cigarillos, smokeless tobacco products, or vapes.

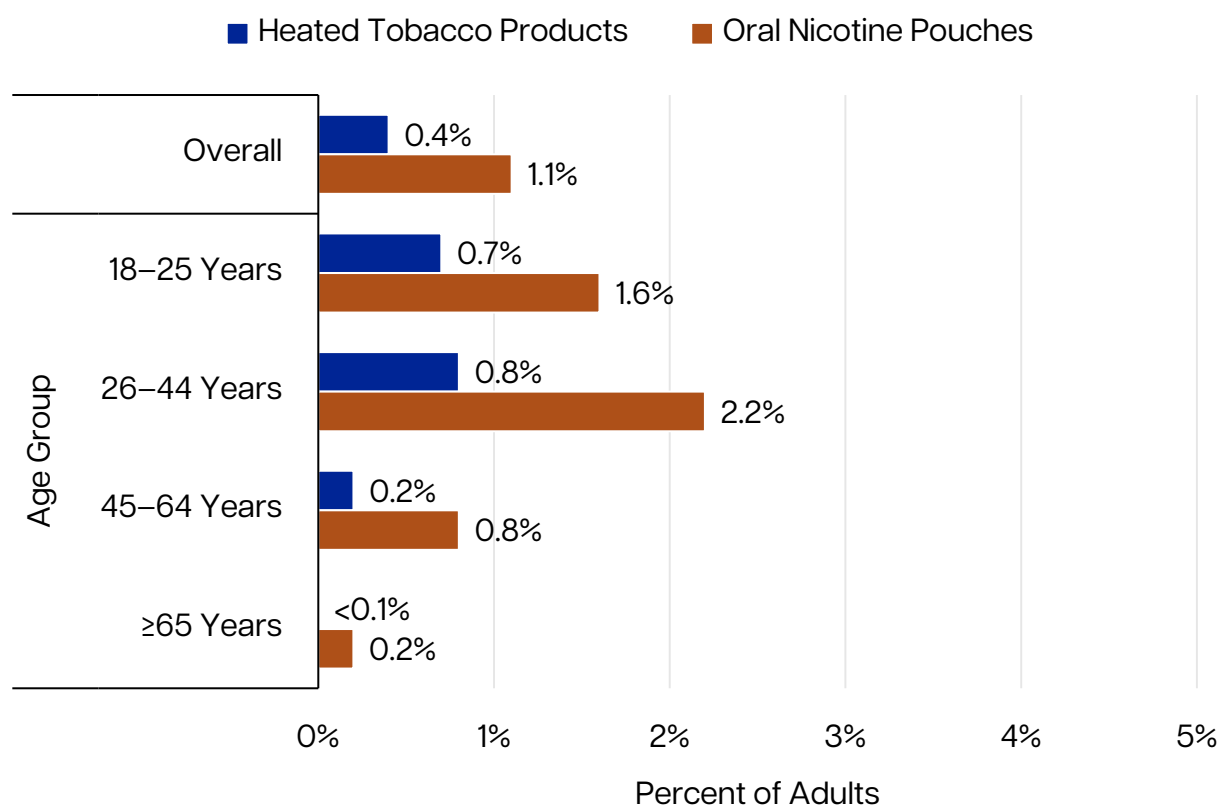
Source: California Health Interview Survey. CHIS 2022 and CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Two recent types of tobacco products created by the tobacco industry are being monitored by the California Tobacco Prevention Program: heated tobacco products and oral nicotine pouches.^{17,18}

Heated tobacco products are devices that heat tobacco leaves to produce an inhalable aerosol. Oral nicotine pouches are pouches that are placed in the mouth and contain nicotine-containing powder. Heated tobacco products and oral nicotine pouches are not an approved cessation aid by the Food and Drug Administration.¹⁹

The Online California Adult Tobacco Survey 2024 found that 0.4 percent of adults currently reported using heated tobacco products and 1.1 percent of adults reported using oral nicotine pouches (Figure 3).

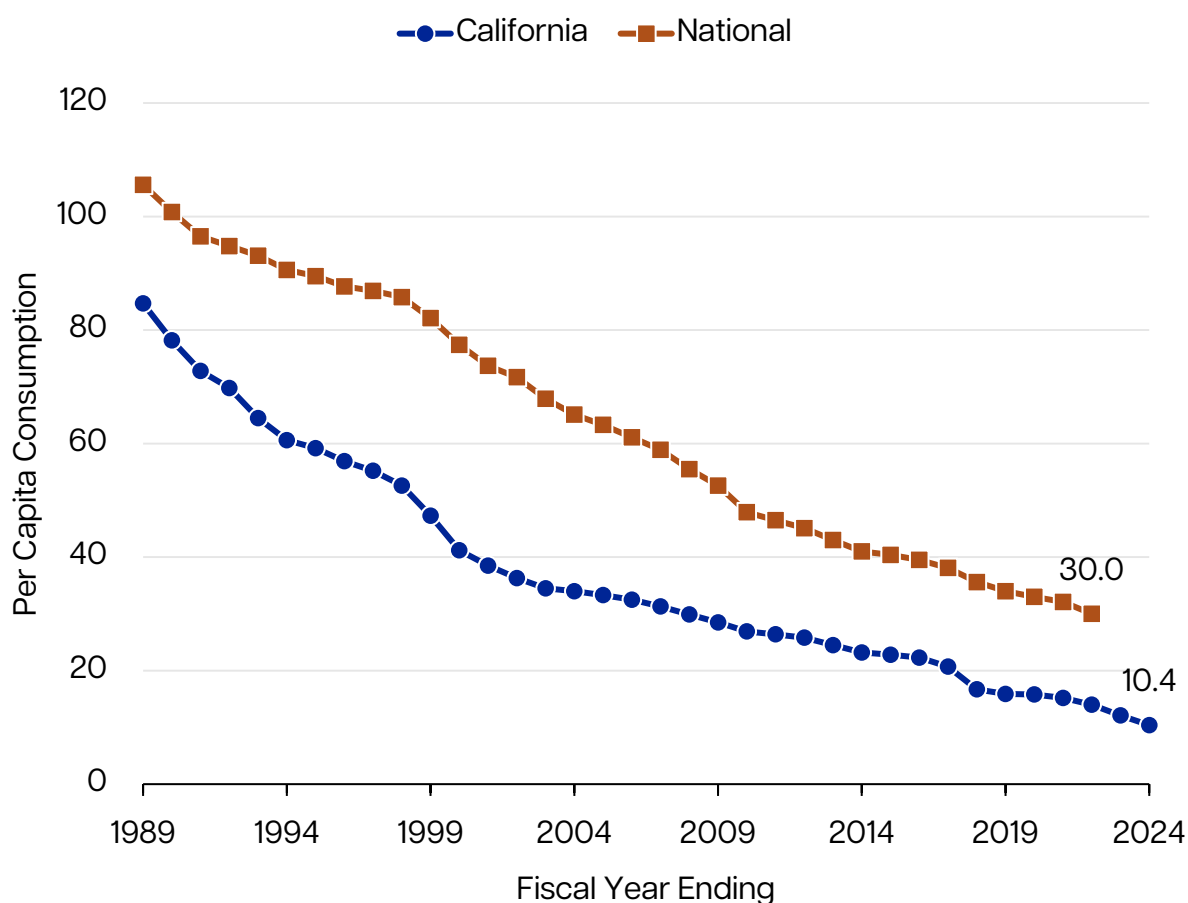
Figure 3. Current Emerging Tobacco Product Use Among Adults Aged ≥18 Years, by Product Type and Age Group—Online California Adult Tobacco Survey, 2024



Source: Online California Adult Tobacco Survey. Online CATS 2024. Sacramento, CA: California Department of Public Health; June 2025.

Cigarette consumption data is one tool to evaluate the effects of tobacco prevention policies. California saw a larger decline in cigarette pack consumption per capita occurring in years after increases in the cigarette excise tax (1989 and 2016) (Figure 4). Between 1989 and 2024, the per capita cigarette pack consumption decreased by 87.7 percent in California (from 84.7 to 10.4).

Figure 4. Per Capita Cigarette Pack Consumption in California and Nationally, by Fiscal Year—Fiscal Year 1988–89 to Fiscal Year 2023–24



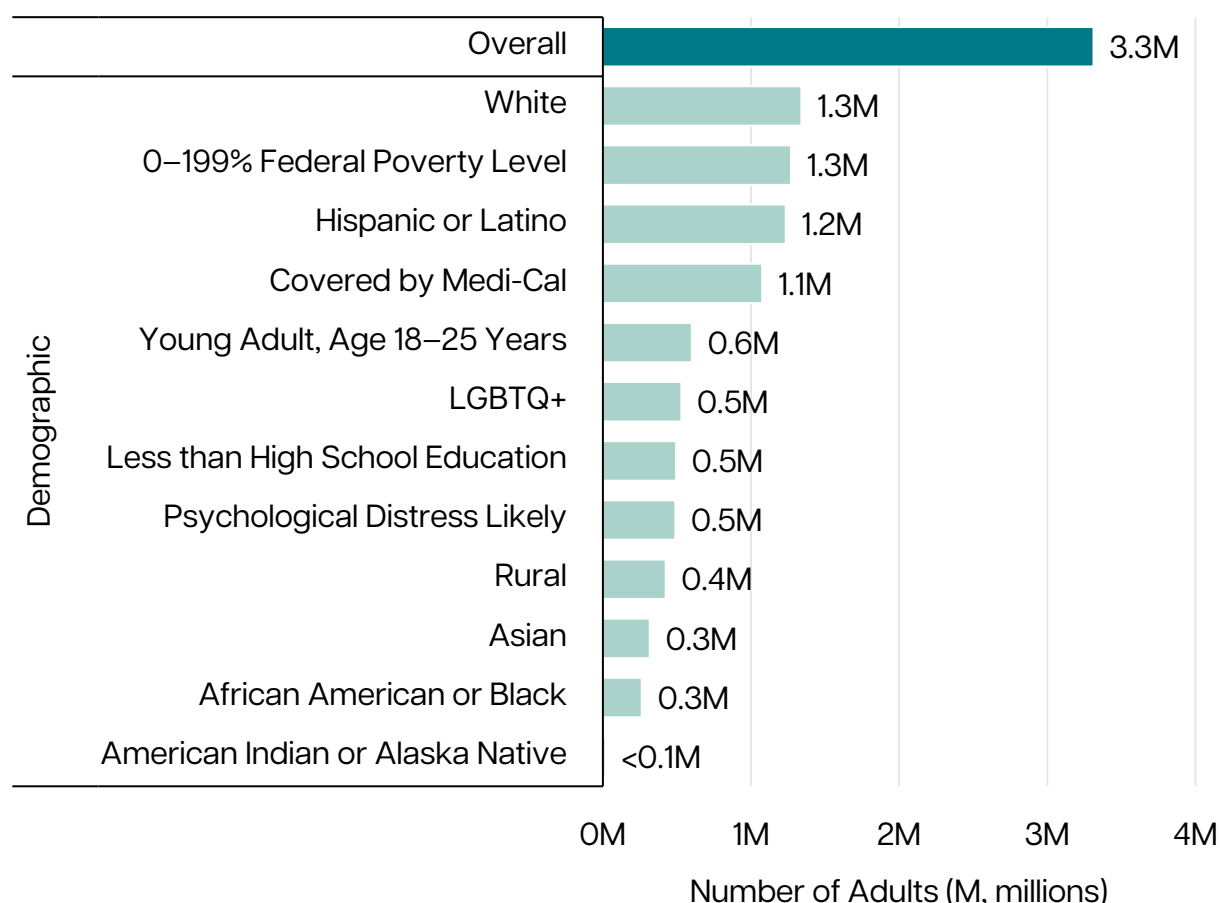
Source: [1] Orzechowski and Walker. The Tax Burden on Tobacco: Historical Compilation, Volume 57, 2022.

[2] California Department of Tax and Fee Administration. Cigarette and Tobacco Distribution and Consumption (Table 30B). Updated February 6, 2025. Accessed March 27, 2025.

<https://www.cdtfa.ca.gov/DataPortal/dataset.htm?url=CigTaxDistPerCapCon>

Monitoring tobacco use by demographics is essential to track California’s progress in ending the tobacco epidemic. Demographic data can help provide a basis for understanding communities by showing the burden of tobacco use on a specific population. For example, there are 1.2 million Hispanic or Latino adults who currently use tobacco products and this population makes up 37.3 percent of all adults who reported current use of tobacco products (Figure 5).

Figure 5. Number of Adults ≥18 Years Who Currently Used Tobacco Products—California Health Interview Survey, 2022–23

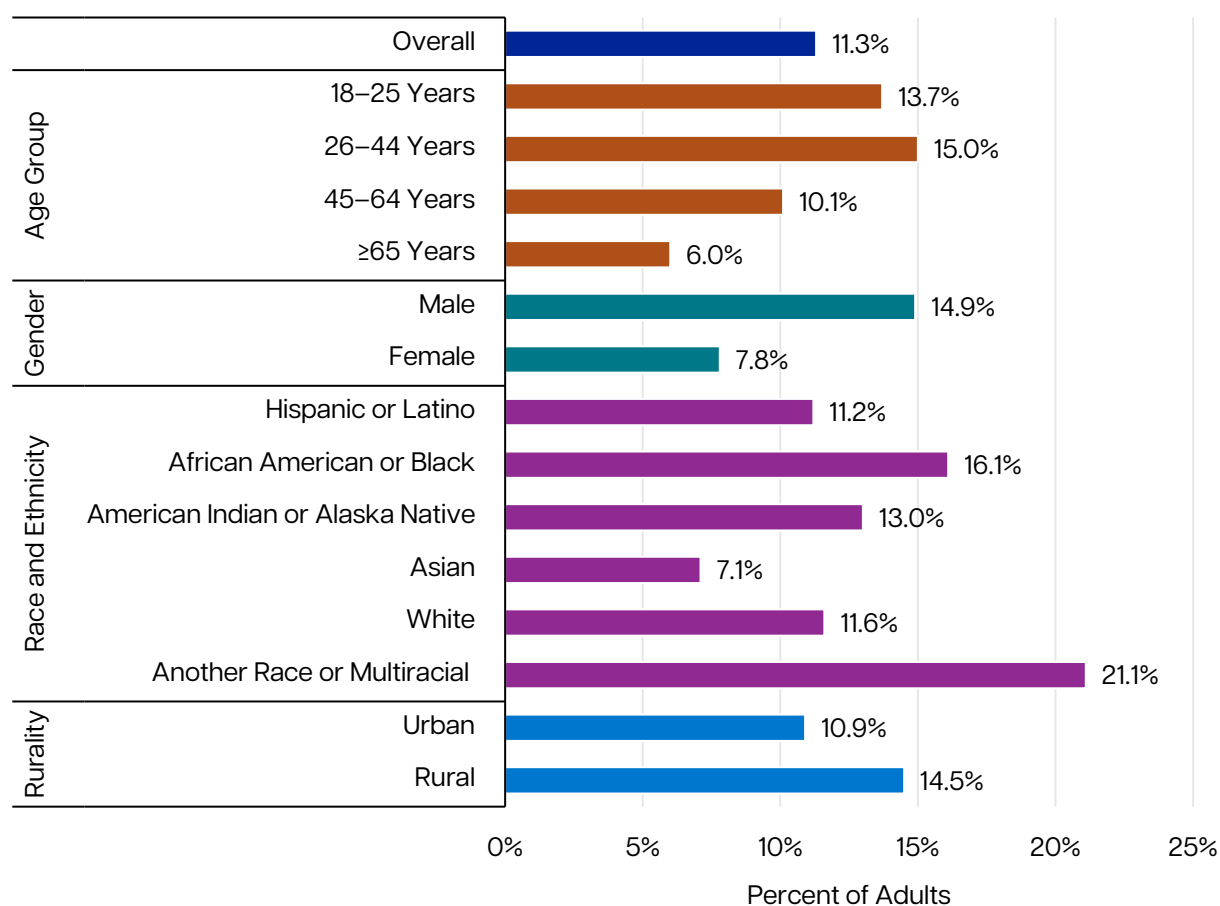


Any tobacco product use includes cigarettes, cigars, hookahs, little cigars or cigarillos, smokeless tobacco products, or vapes. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. Hispanic or Latino includes all racial groups.

Source: California Health Interview Survey. CHIS 2022 and CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Demographic data can highlight disparities in tobacco product use rates across multiple groups, such as race and ethnicity and mental health status. For example, African American or Black adults (16.1 percent) and adults who are likely to have psychological distress (20.6 percent) have higher tobacco product use rates compared to White adults (11.6 percent) and adults who are not likely to have psychological distress (10.5 percent) (Figure 6 and Figure 7).

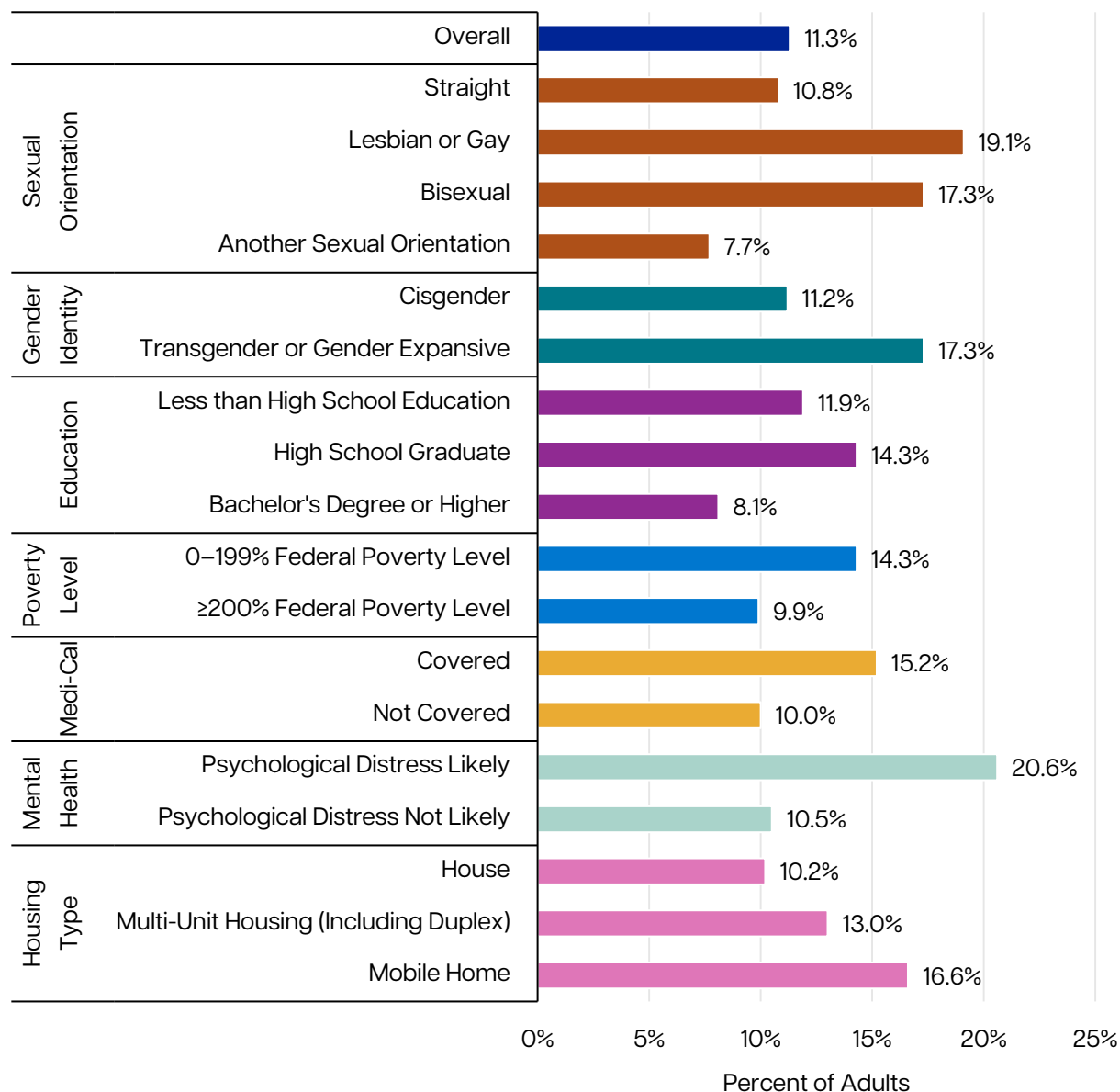
Figure 6. Current Tobacco Product Use Among Adults Aged ≥18 years, by Age Group, Gender, Race and Ethnicity, and Rurality—California Health Interview Survey, 2022–23



Any tobacco product use includes cigarettes, cigars, hookahs, 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.

Source: California Health Interview Survey. CHIS 2022 and CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Figure 7. Current Tobacco Product Use Among Adults Aged ≥18 Years, by Sexual Orientation, Gender Identity, Education, Poverty Level, Medi-Cal Coverage, Mental Health, and Housing Type—California Health Interview Survey, 2022–23

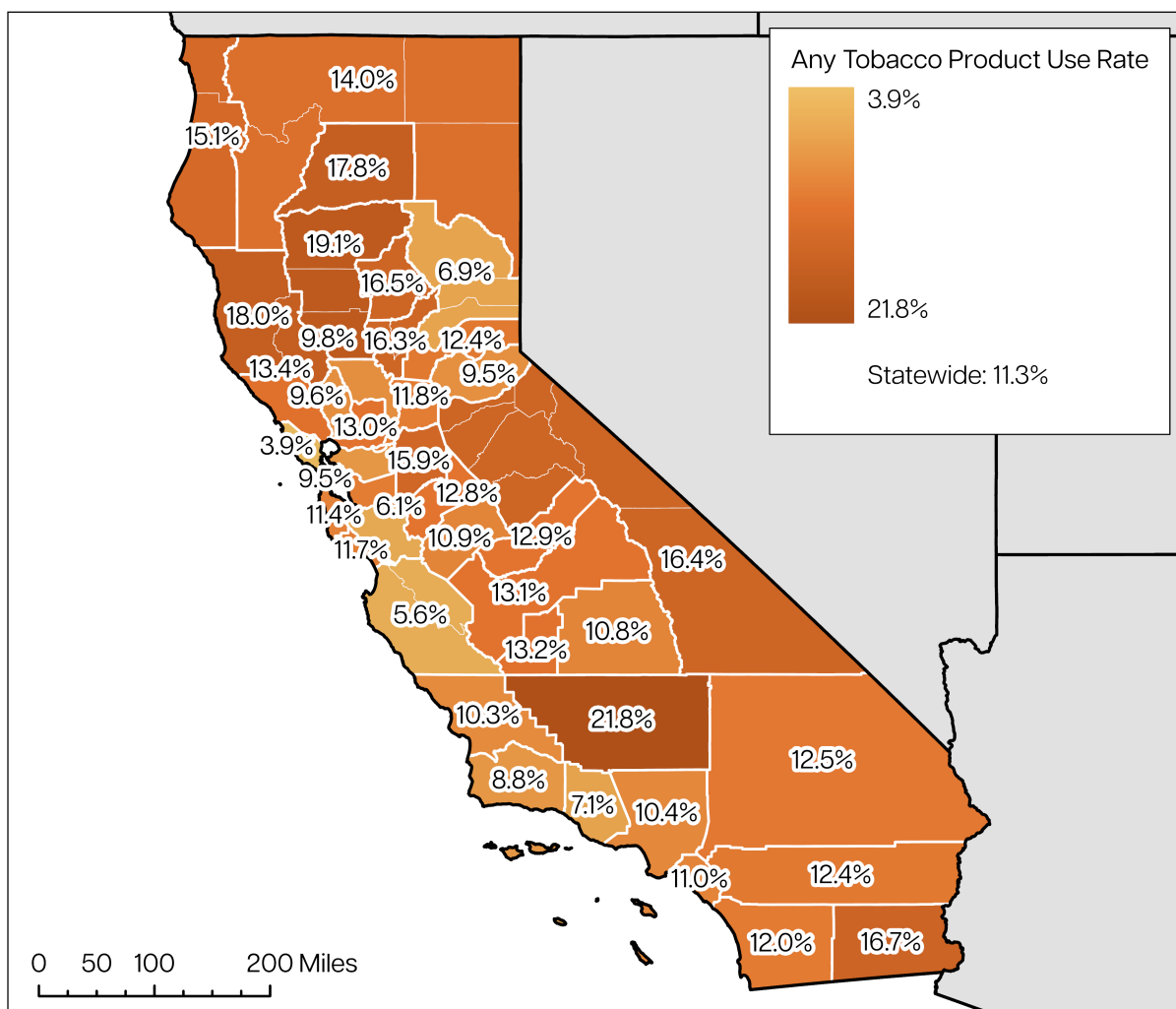


Any tobacco product use includes cigarettes, cigars, hookahs, little cigars or cigarillos, smokeless tobacco products, or vapes.

Source: California Health Interview Survey. CHIS 2022 and CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Tobacco product use among adults also varies across counties and regions of California (Figure 8). Marin County had the lowest rate of tobacco product use at 3.9 percent. Kern County had the highest rate of tobacco product use at 21.8 percent.

Figure 8. Current Tobacco Product Use Among Adults Aged ≥18 Years, by County or County Regions—California Health Interview Survey, 2022–23



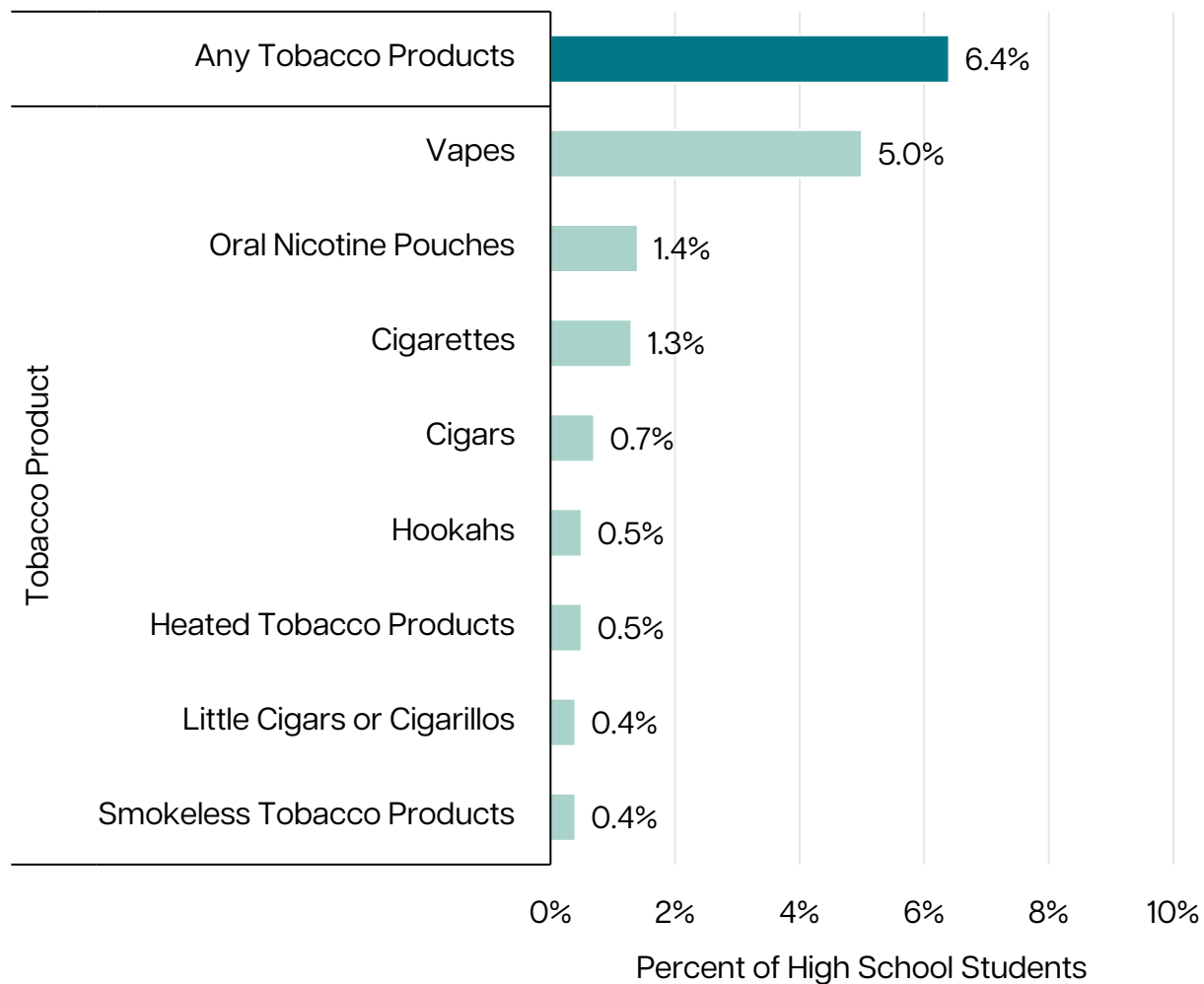
Any tobacco product use includes cigarettes, cigars, hookahs, little cigars or cigarillos, smokeless tobacco products, or vapes.

Source: California Health Interview Survey. CHIS 2022 and CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Youth Tobacco Product Use

Overall tobacco product use was 6.4 percent among California high school (10th and 12th grade) students in 2024 (Figure 9). Vapes remain the most common tobacco product type currently used at 5.0 percent in 2024.

Figure 9. Current Tobacco Product Use Among High School Students, by Product Type—California Youth Tobacco Survey, 2024

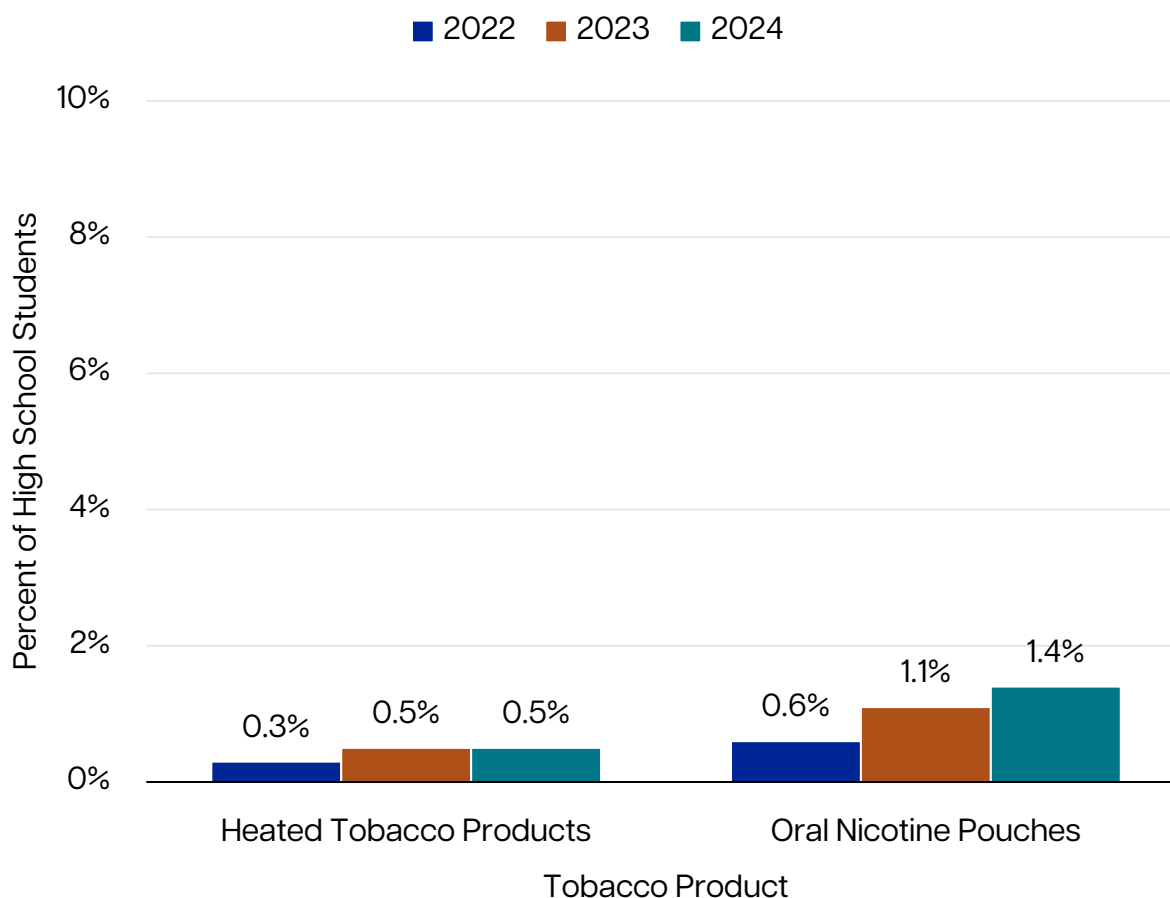


Any tobacco product use includes cigarettes, cigars, heated tobacco products, hookahs, little cigars or cigarillos, oral nicotine pouches, smokeless tobacco products, or vapes.

Source: Clodfelter R, Dutra LM, Bradfield B, Levine B, Baum L, Russell S, Sumith M. Annual Results Report for the California Youth Tobacco Survey 2024. Berkeley, CA: RTI International; 2025.

The California Youth Tobacco Survey 2024 found that oral nicotine pouches are the second most currently used tobacco product after vapes among high school students at 1.4 percent. This was a significant increase from 0.6 percent in 2022. In 2024, 0.5 percent of high school students currently used heated tobacco products (Figure 10).

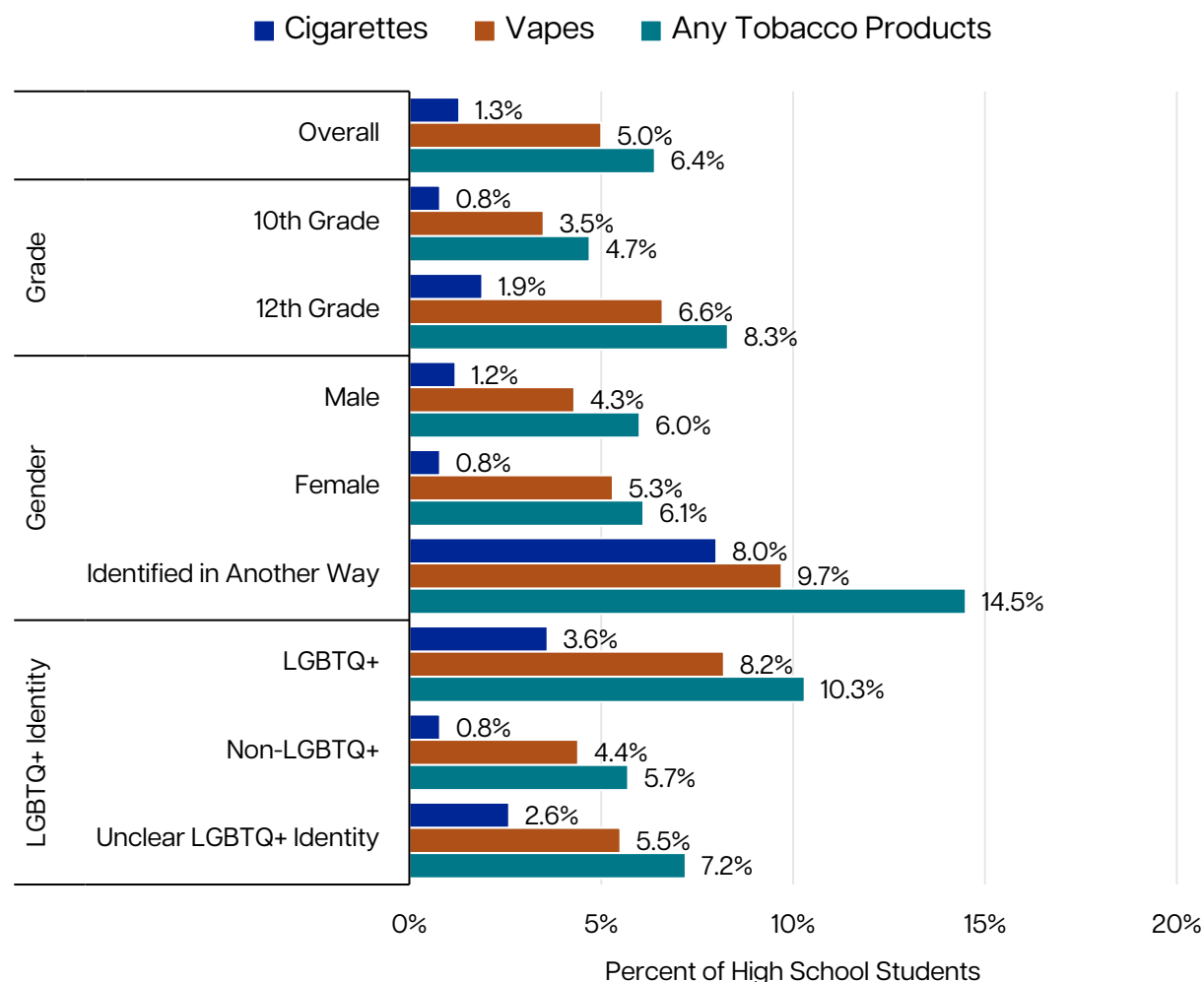
Figure 10. Current Emerging Tobacco Product Use Among High School Students, by Year and Product Type—California Youth Tobacco Survey, 2022 to 2024



Source: [1] Dutra LM, Ingold-Smith M, Rotermund S, Clodfelter R, Levine B. Annual Results Report for the California Youth Tobacco Survey 2022. Berkeley, CA: RTI International; March 2023. [2] Clodfelter R, Dutra LM, Bradfield B, Russell S, Levine B, von Jaglinsky A. Annual Results Report for the California Youth Tobacco Survey 2023. Berkeley, CA: RTI International; March 2024. [3] Clodfelter R, Dutra LM, Bradfield B, Levine B, Baum L, Russell S, Sumith M. Annual Results Report for the California Youth Tobacco Survey 2024. Berkeley, CA: RTI International; 2025.

Tobacco product use among youth is a major concern in California, driven by the popularity of vapes among the youth population. Current vape use among California high school students in 2024 was highest among youth who identified their gender in another way at 9.7 percent and by LGBTQ+ at 8.2 percent (Figure 11).

Figure 11. Current Tobacco Product Use Among High School Students, by Product Type, Grade, Gender, and LGBTQ+ Identity—California Youth Tobacco Survey, 2024

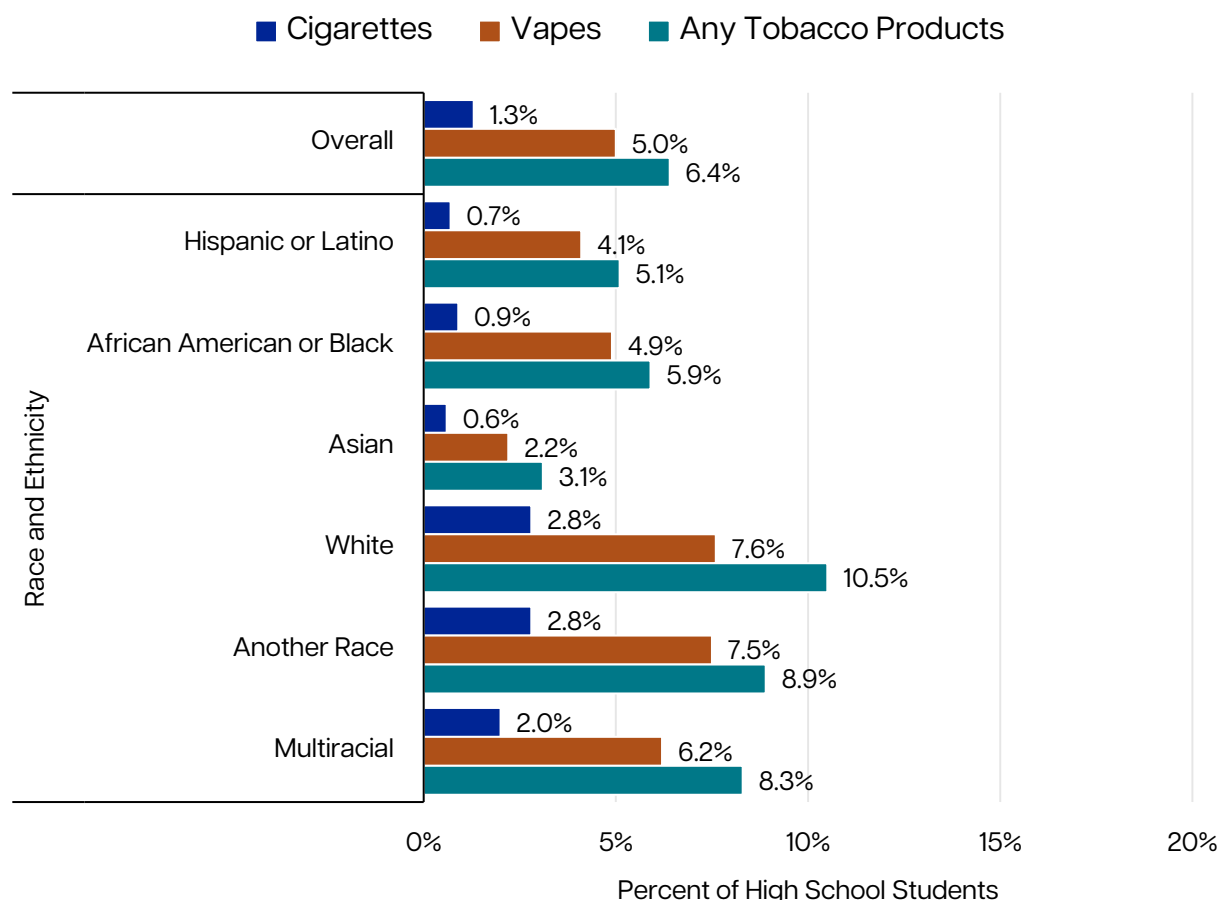


Any tobacco product use includes cigarettes, cigars, heated tobacco products, hookahs, little cigars or cigarillos, nicotine pouches, smokeless tobacco products, or vapes.

Source: Clodfelter R, Dutra LM, Bradfield B, Levine B, Baum L, Russell S, Sumith M. Annual Results Report for the California Youth Tobacco Survey 2024. Berkeley, CA: RTI International; 2025.

Asian high school students in California had the lowest rates for cigarettes, vapes and any tobacco product use compared to any other race and ethnicity (Figure 12). However, it's important to note that tobacco use can vary significantly within Asian subgroups due to factors like cultural norms, socioeconomic status, and targeted advertising.

Figure 12. Current Tobacco Product Use Among High School Students, by Product Type and Race and Ethnicity—California Youth Tobacco Survey, 2024



Any tobacco product use includes cigarettes, cigars, heated tobacco products, hookahs, little cigars or cigarillos, nicotine pouches, smokeless tobacco products, or vapes. Racial groups include only non-Hispanic or Latino of a single race unless otherwise noted. American Indian or Alaska Natives and Native Hawaiian or Pacific Islanders were combined with another race due to small sample sizes. Hispanic or Latino includes all racial groups.

Source: Clodfelter R, Dutra LM, Bradfield B, Levine B, Baum L, Russell S, Sumith M. Annual Results Report for the California Youth Tobacco Survey 2024. Berkeley, CA: RTI International; 2025.

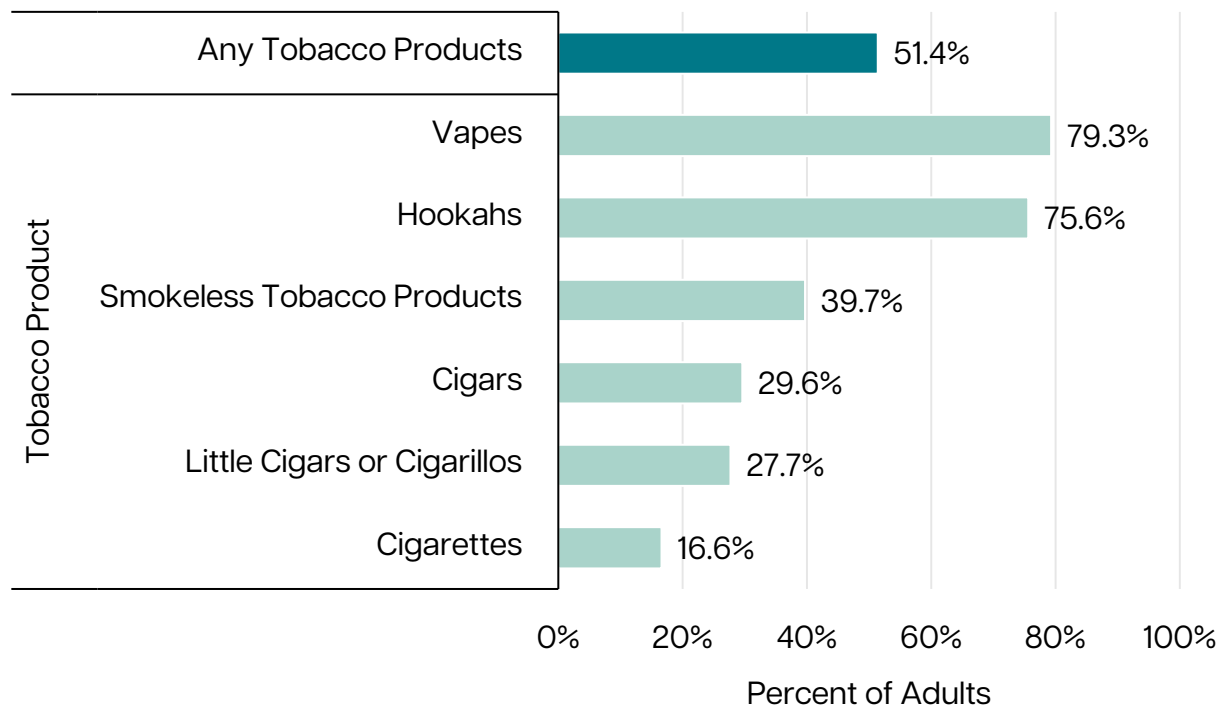
Flavored Tobacco Product Use and Beliefs

Effective December 21, 2022, California SB 793 prohibits California retailers from selling most flavored tobacco products, including mint and menthol flavors.^{20,21} Any data presented in this section cannot by itself be used to evaluate the effects of SB 793.

Adult Flavored Tobacco Product Use

The proportion of flavored tobacco products being used among adults who currently use tobacco products has increased in recent years. About 51.4 percent of California adults who used tobacco products reported using flavored tobacco products (Figure 13). Flavored use was highest among those who vaped (79.3 percent) or used hookah (75.6 percent).

Figure 13. Flavored Tobacco Product Use Among Adults Aged ≥18 Years Who Currently Used Tobacco Products, by Product Type—California Health Interview Survey, 2022–23



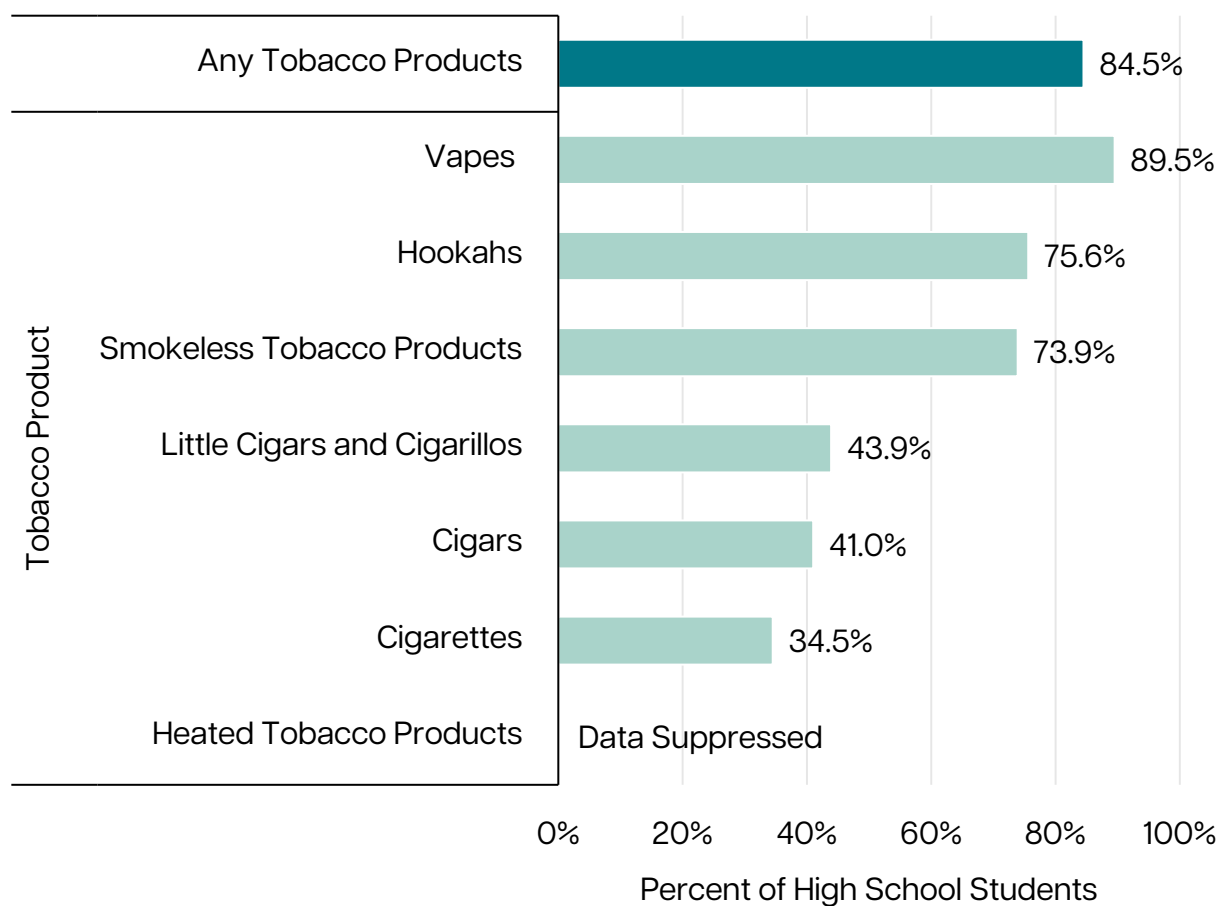
Any tobacco product use includes cigarettes, cigars, hookahs, little cigars or cigarillos, smokeless tobacco products, or vapes. Flavored cigarette use refers to menthol cigarette use.

Source: California Health Interview Survey. CHIS 2022 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Youth Flavored Tobacco Product Use

Flavors mask the harshness of the tobacco products which make them more addictive and harder to quit.^{22,23} Among California high school students who currently use tobacco products, 84.5 percent reported using any flavored tobacco product in 2024 (Figure 14). Vapes remain the most used flavored tobacco product in 2024 at 89.5 percent, followed by hookahs at 75.6 percent.

Figure 14. Flavored Tobacco Product Use Among High School Students Who Currently Used Tobacco Products, by Product Type—California Youth Tobacco Survey, 2024



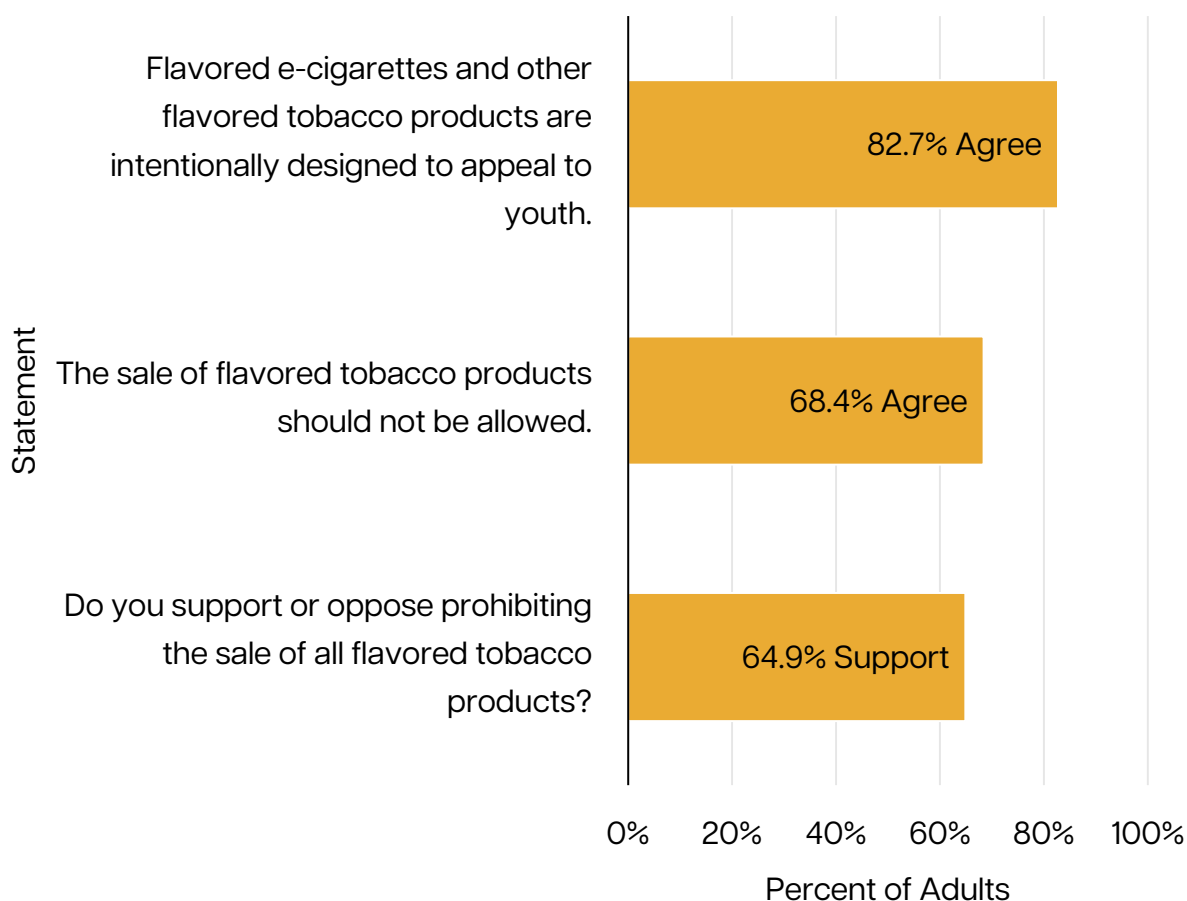
Any tobacco product use includes cigarettes, vapes (nicotine or just flavoring), smokeless tobacco products, little cigars or cigarillos, cigars, hookahs, or heated tobacco products. Flavored cigarette use refers to menthol cigarette use.

Source: Clodfelter R, Dutra LM, Bradfield B, Levine B, Baum L, Russell S, Sumith M. Annual Results Report for the California Youth Tobacco Survey 2024. Berkeley, CA: RTI International; 2025.

Adult Beliefs About Flavored Tobacco Products

Flavored tobacco products pose a public health risk as the products appeal to youth.²⁴ Most California adults agreed that flavored tobacco products are intentionally designed to appeal to youth (82.7 percent) and that the sale of flavored tobacco should not be allowed (68.4 percent) (Figure 15).

Figure 15. Beliefs on Flavored Tobacco Products Among Adults Aged ≥18 Years—Online California Adult Tobacco Survey, 2024



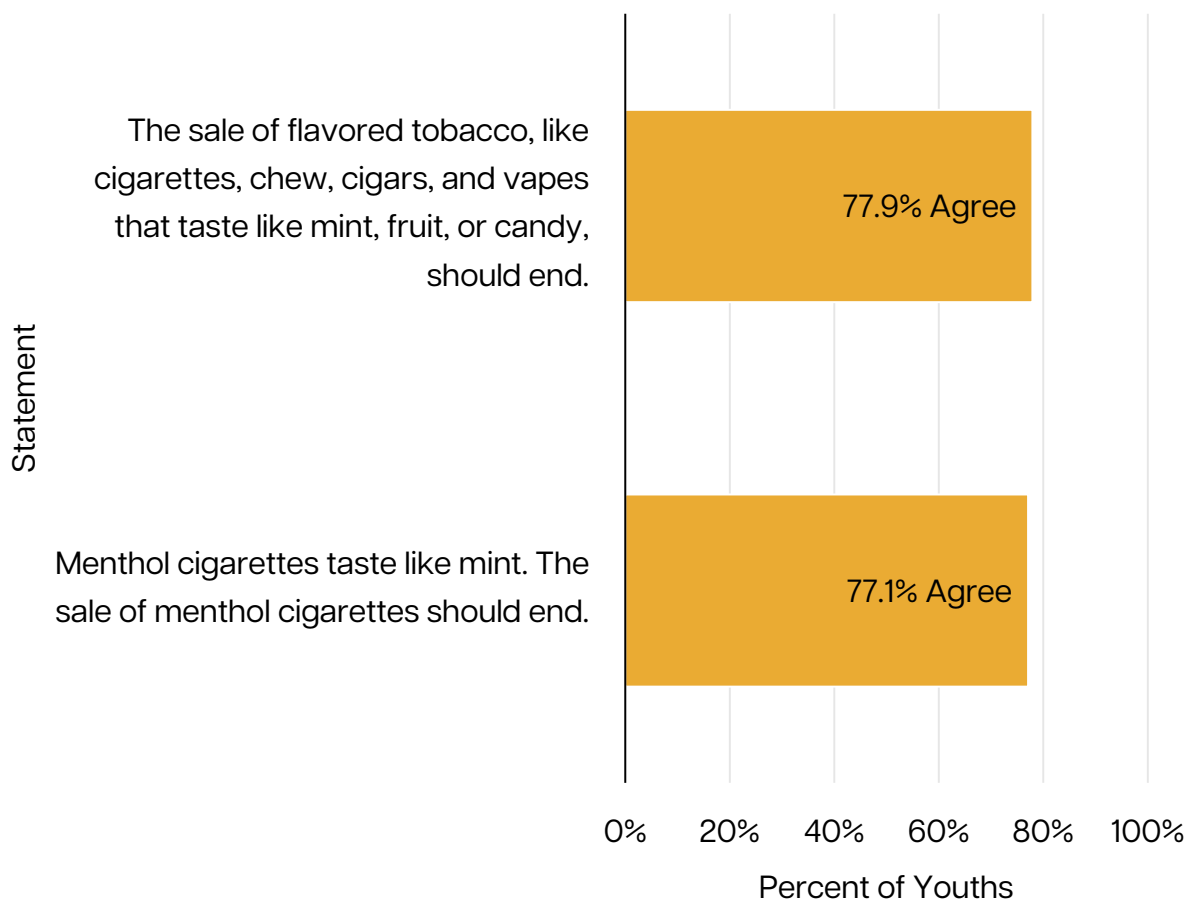
Response options of agree/support and strongly agree/support were combined.

Source: Online California Adult Tobacco Survey. Online CATS 2024. Sacramento, CA: California Department of Public Health; June 2025.

Youth Beliefs About Flavored Tobacco Products

In 2024, most California youths aged 12 to 17 years old supported statements calling for the sale of flavored tobacco products to end (77.9 percent) and the sale of menthol cigarettes to end (77.1 percent) (Figure 16).

Figure 16. Beliefs on Flavored Tobacco Products Among Youths Aged 12–17 Years—Teens, Nicotine, and Tobacco Survey, 2024



Response options of agree and strongly agree were combined.

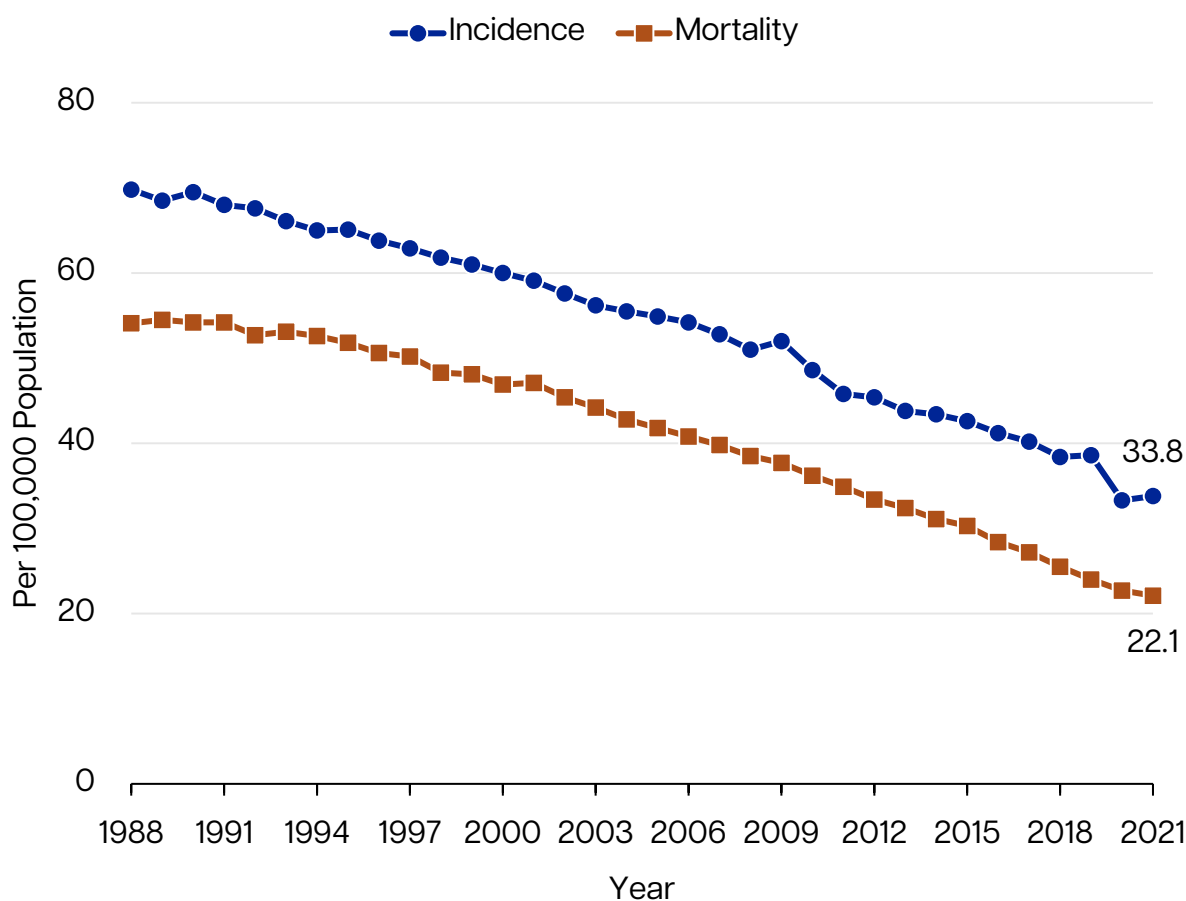
Source: Chaffee BW, Couch ET, Cheng NF, Alli KK, Gansky SA. Results of the California Teens Nicotine and Tobacco Project Online Survey 2024. San Francisco, CA: University of California San Francisco; 2025.

Tobacco Cessation and Health

Lung and Bronchial Cancer Incidence and Mortality

Cigarette use is the number one risk factor for lung and bronchial cancer.²⁵ In California, lung and bronchial cancer incidence (number of new cases) and mortality (number of deaths) have decreased since 1988 (Figure 17).

Figure 17. Lung and Bronchial Cancer Incidence and Mortality Rates Per 100,000 Population, by Year—California Cancer Registry, 1988 to 2021



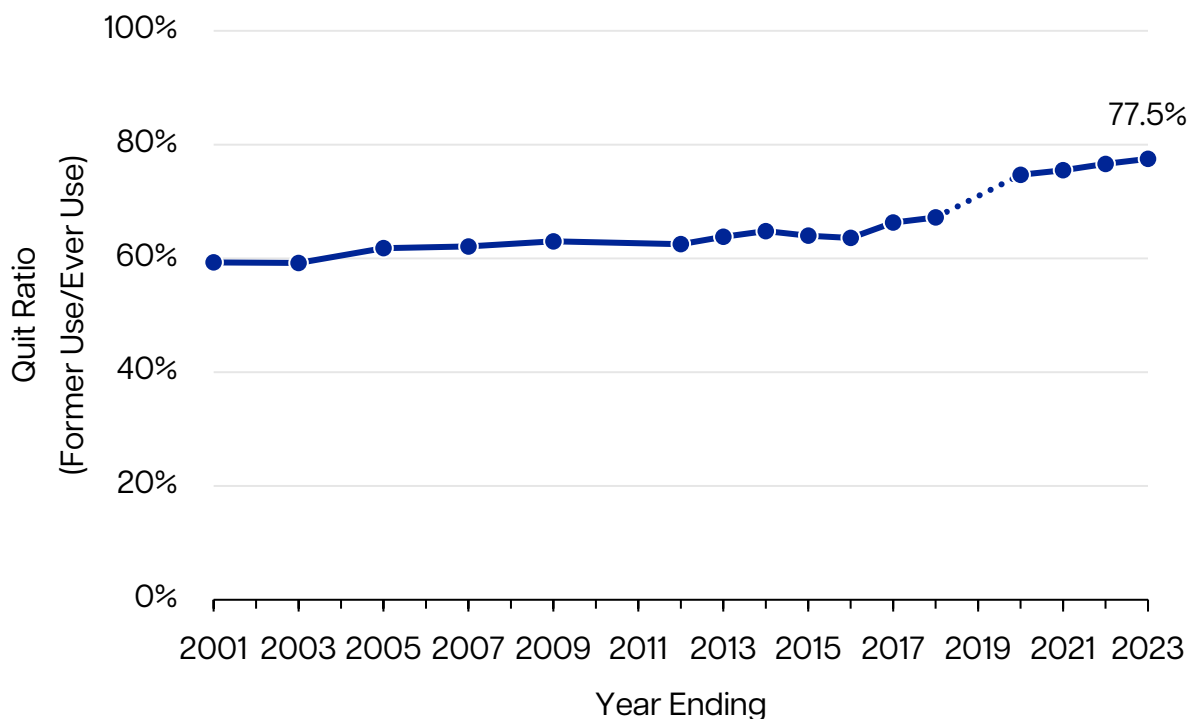
Source: California Cancer Registry. CAL *Explorer: an interactive website for California Cancer Registry (CCR) cancer statistics. Updated June 27, 2024. Accessed March 19, 2025. <https://explorer.ccrca.org>

Adult Cessation

Cigarette use has many adverse health effects and cigarette cessation (to quit smoking) reduces the risk of premature death, improves health, and enhances quality of life.^{19,26}

California tracks successful cigarette cessation by using the quit ratio. The quit ratio is calculated by taking the percentage of California adults who have successfully quit smoking cigarettes divided by those who ever smoked cigarettes. The quit ratio among California adults has slowly increased over the past decade (Figure 18), meaning the number of successful quits has been increasing. The quit ratio is currently at 77.5 percent.

Figure 18. Percentage of Ever Cigarette Use Among Adult Aged ≥18 Years Who Have Quit Smoking (Quit Ratio), by Year—California Health Interview Survey, 2001 to 2022–23

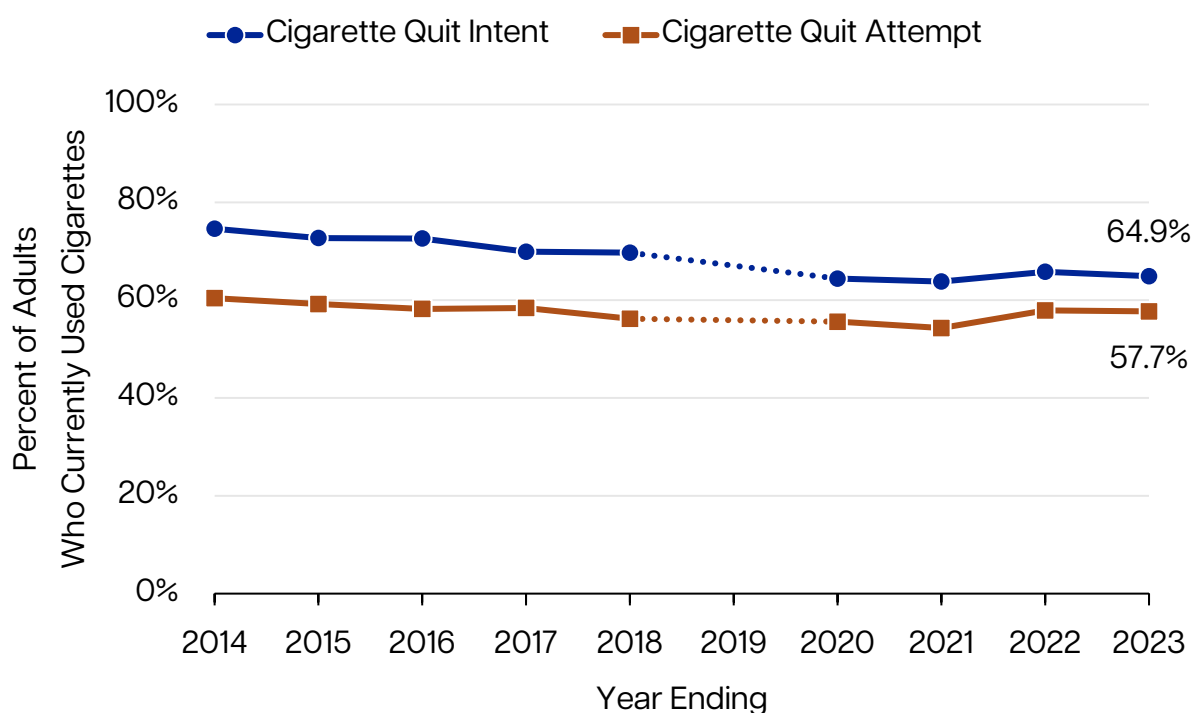


The break in trend is due to a methodology change.

Source: California Health Interview Survey. CHIS 2001 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

The intention to quit cigarette use is a precursor to subsequent quitting attempts or cigarette cessation.^{27,28} Cigarette quit intents and quit attempts have decreased or remained constant over the past several years among adults who currently use cigarettes (Figure 19). About two out of three (64.9 percent) adults who currently smoked cigarettes intend to quit smoking cigarettes in the next six months and 57.7 percent tried to stop smoking cigarettes for one or more days in the past year.

Figure 19. Cigarette Quit Intent and Quit Attempt Among Adults Aged ≥18 Years Who Currently Used Cigarettes, by Year—California Health Interview Survey, 2013–14 to 2022–23

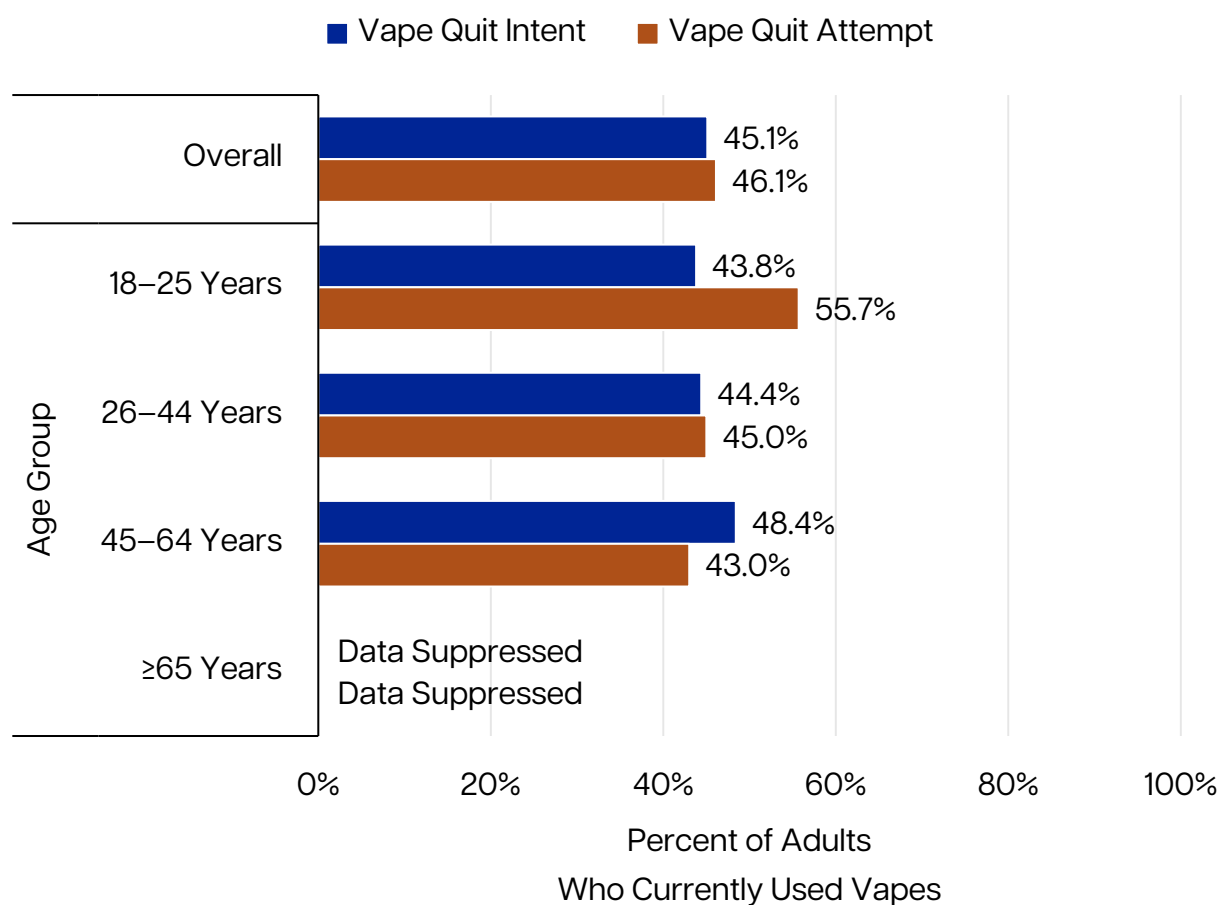


The break in trend is due to a methodology change. Cigarette quit intent is intent to quit smoking cigarettes in the next six months. Cigarette quit attempt is an attempt to quit smoking cigarettes for one day or longer in the past 12 months.

Source: California Health Interview Survey. CHIS 2013 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

With young adults using vapes more than other tobacco products, CTPP also tracks vape quit intent and quit attempts from the Online California Adult Tobacco Survey. Almost half (45.1 percent) of adults who currently use vapes reported intending to quit vaping in the next six months (Figure 20).

Figure 20. Vape Quit Intent and Quit Attempt Among Adults Aged ≥18 Years Who Currently Used Vapes, by Age Group—Online California Adult Tobacco Survey, 2024



The break in trend is due to a methodology change. Vape quit intent is intent to quit vaping in the next six months. Vape quit attempt is an attempt to quit vaping for one day or longer in the past 12 months.

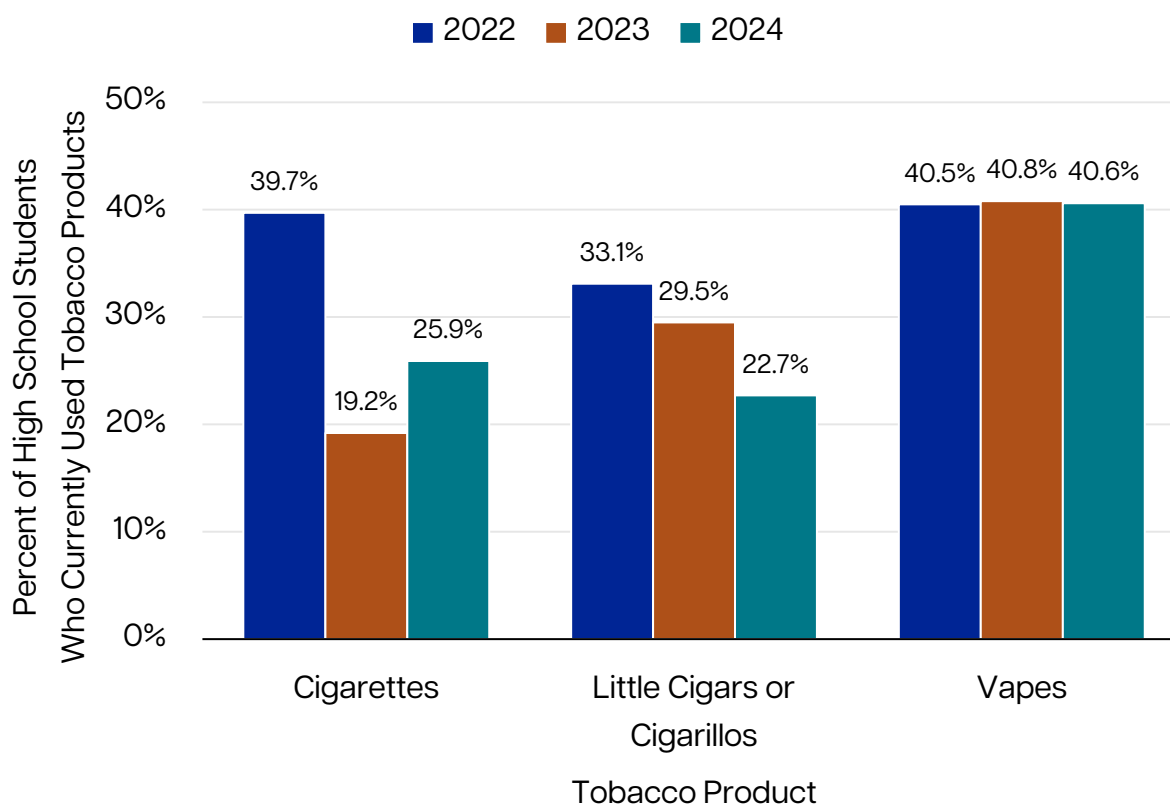
Source: Online California Adult Tobacco Survey. Online CATS 2024. Sacramento, CA: California Department of Public Health; June 2025.

Youth Cessation

Using tobacco products during adolescence can cause significant health problems and one of the most important actions young people can take is to quit tobacco use.^{19,25}

Roughly 41 percent of high school students who vaped reported attempting to quit vaping in the past 12 months (Figure 21). There were no major changes in the proportion of youth attempting to quit vaping between 2022 and 2024. However, there was a decrease in youth attempting to quit smoking little cigars or cigarillos from 2022 (33.1 percent) to 2024 (22.7 percent), and an increase in youth attempting to quit smoking cigarettes from 2023 (19.2 percent) to 2024 (25.9 percent).

Figure 21. Quit Attempt Among High School Students Who Currently Used Tobacco, by Year and Product Type—California Youth Tobacco Survey, 2022 to 2024



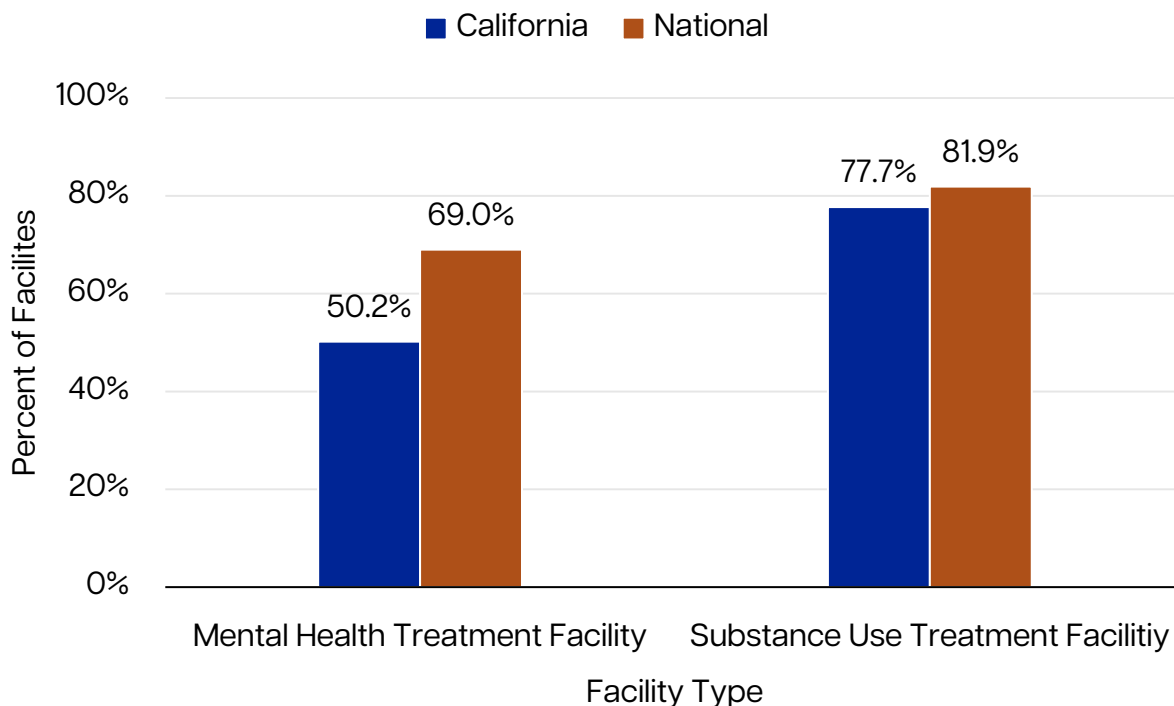
Quit attempt is an attempt to quit in the past 12 months.

Source: California Youth Tobacco Survey. CYTS 2022 to CYTS 2024. Sacramento, CA: California Department of Public Health; February 2025.

Tobacco Product Use Screening at Treatment Facilities

Tobacco product use screening is a natural first step for healthcare providers to advise and assist in providing resources to their patients.¹⁹ When it comes to California's mental health and substance use treatment facilities, California facilities lag behind the national average in tobacco product use screening (Figure 22). Only half (50.2 percent) of mental health treatment facilities and three-quarters (77.7 percent) of substance use treatment facilities in California screened their patients for tobacco product use.

Figure 22. Tobacco Product Use Screening Among Treatment Facilities in California and Nationally, by Treatment Facility Type—National Substance Use and Mental Health Services Survey, 2023



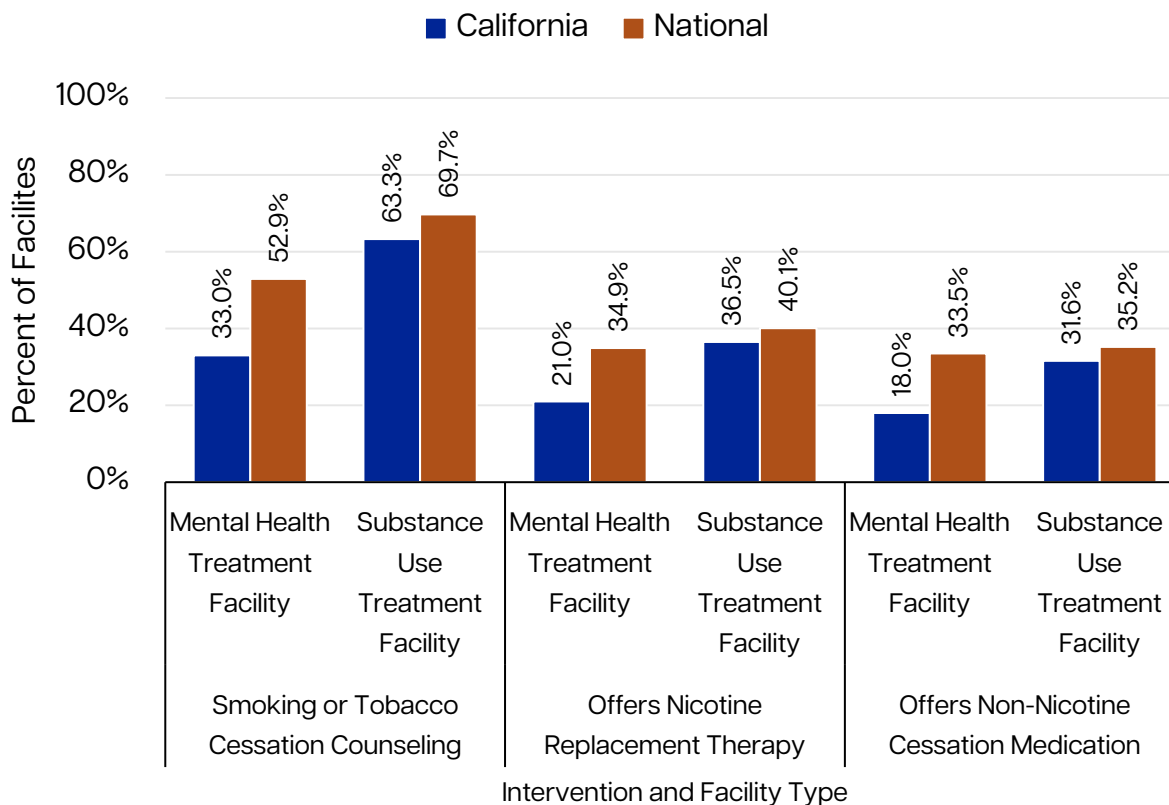
Facilities operated by federal agencies are included in the states in which the facilities are located.

Source: Substance Abuse and Mental Health Services Administration. National Substance Use and Mental Health Services Survey (N-SUMHSS) State Profiles 2023: National and State Highlights. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2024.

Cessation Interventions at Treatment Facilities

Evidence-based tobacco cessation services, including nicotine replacement therapy and counseling, are proven to improve quit attempt success.¹⁹ Mental health and substance use treatment facilities in California vary in their cessation offerings, with counseling being offered the most at both types of treatment facilities (Figure 23). However, California facilities lag behind the national average in providing tobacco cessation services.

Figure 23. Tobacco Cessation Intervention Offered at Treatment Facilities in California and Nationally, by Cessation Intervention and Treatment Facility Type—National Substance Use and Mental Health Services Survey, 2023



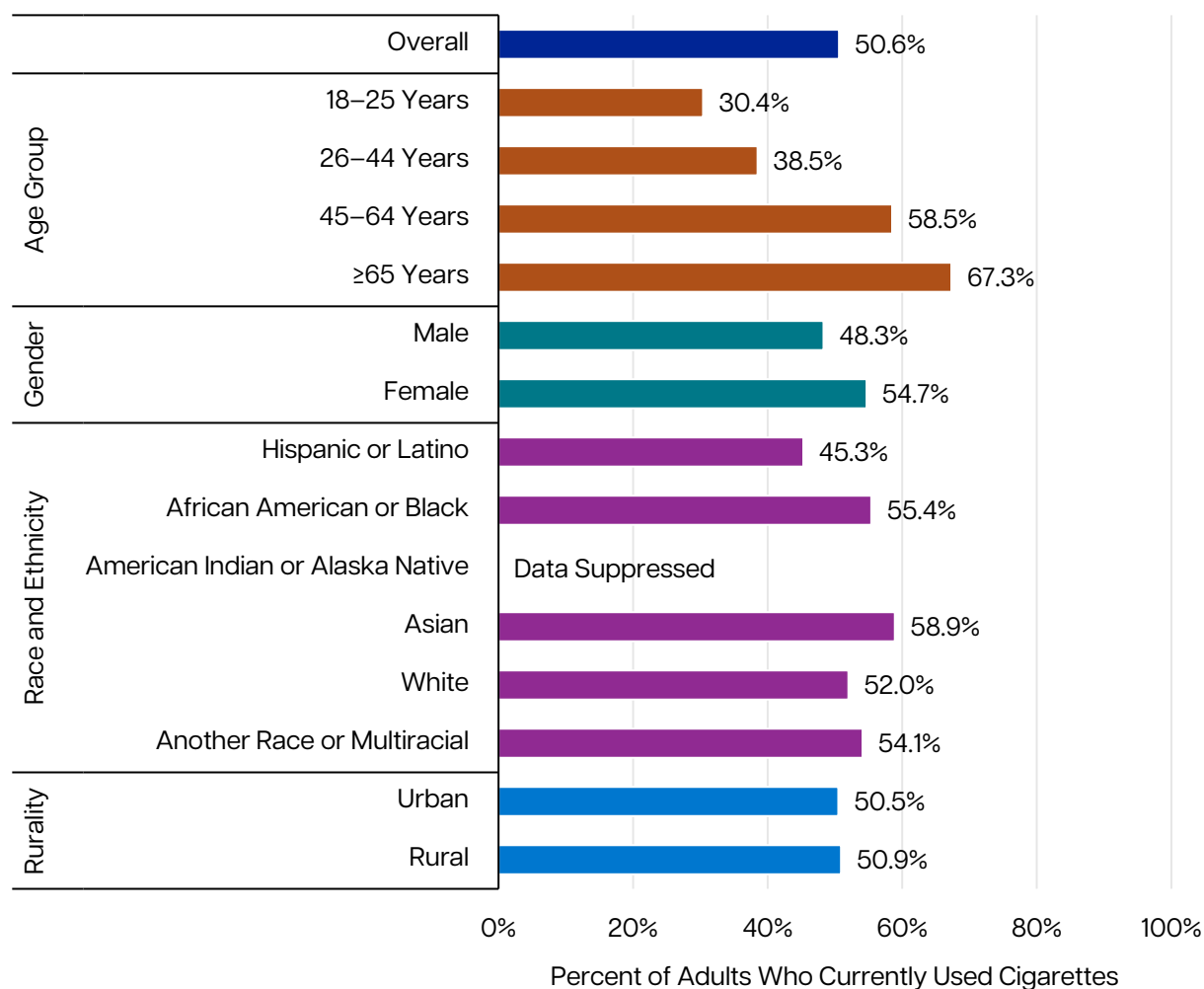
Facilities operated by federal agencies are included in the states in which the facilities are located.

Source: Substance Abuse and Mental Health Services Administration. National Substance Use and Mental Health Services Survey (N-SUMHSS) State Profiles 2023: National and State Highlights. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2024.

Cessation Referral

Healthcare providers can play a key part in helping adults quit tobacco use.^{29,30} Among California adults who reported current cigarette use, only 45.3 percent of Hispanic or Latino adults and 52.0 percent of White adults were advised to quit smoking cigarettes by a healthcare provider (Figure 24).

Figure 24. Advised by a Healthcare Provider to Quit Smoking Cigarettes Among Adults Aged ≥18 Years Who Currently Used Cigarettes, by Age Group, Gender, Race and Ethnicity, and Rurality—California Health Interview Survey, 2022–23

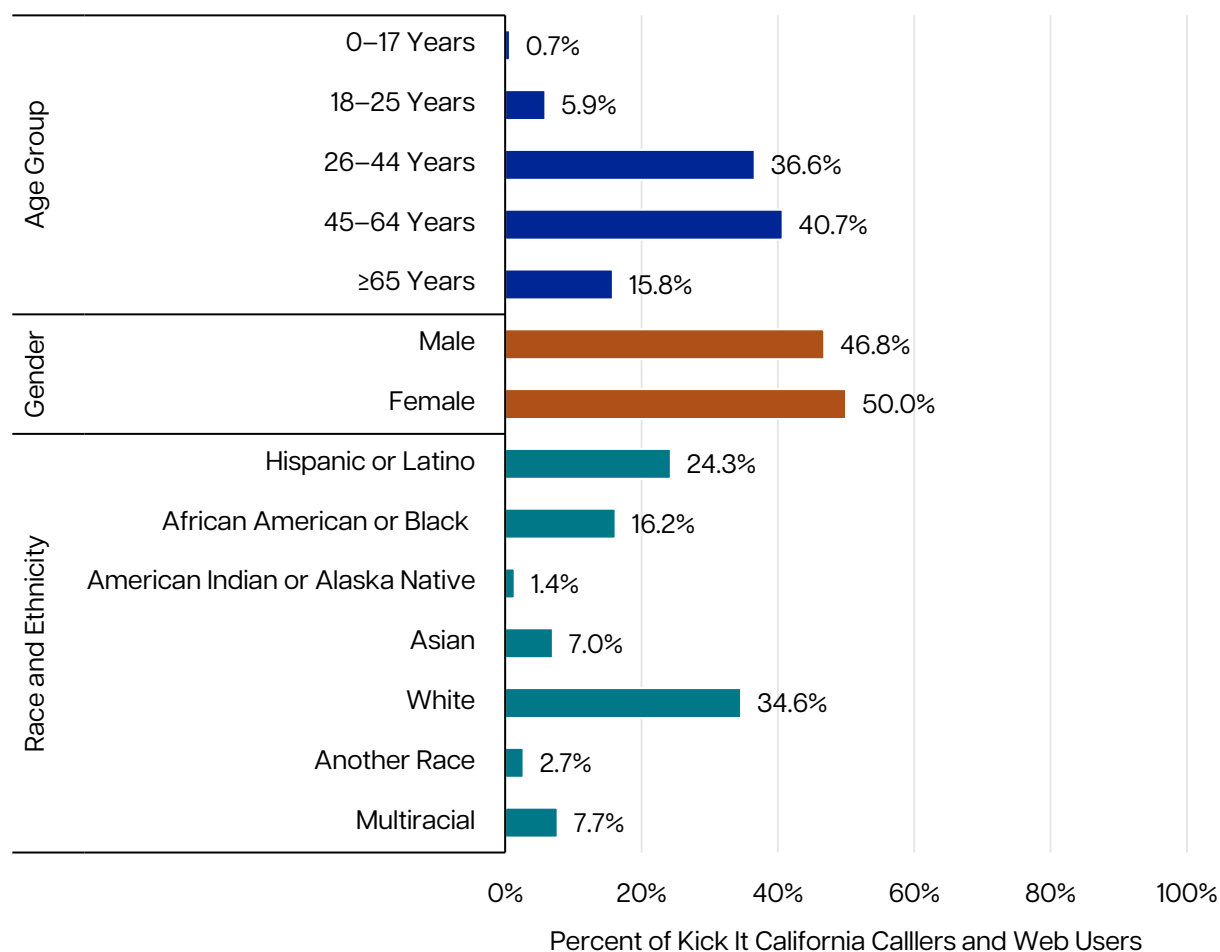


Source: California Health Interview Survey. CHIS 2022 and CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

Cessation Support

It is important that programs are available to help people break their tobacco addiction.¹⁹ Kick It California is a free cessation service for adults and youths throughout California.³¹ Among the 26,628 Californians who utilized Kick It California by telephone and web in 2024, 40.7 percent were between the ages of 45 and 64, 50.0 percent were female, and 34.6 percent were White (Figure 25).

Figure 25. Demographic Characteristics of Callers and Web Users of Kick It California, by Age Group, Gender, and Race and Ethnicity—Kick It California, 2024



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

Source: Kick It California Reports, January-December 2024. San Diego, CA: UC San Diego Moores Cancer Center; May 2025.

Make All California Communities Tobacco-Free

Ensure that all California communities are free from the sale of tobacco products, free from tobacco waste and free from exposure to secondhand and thirdhand smoke.

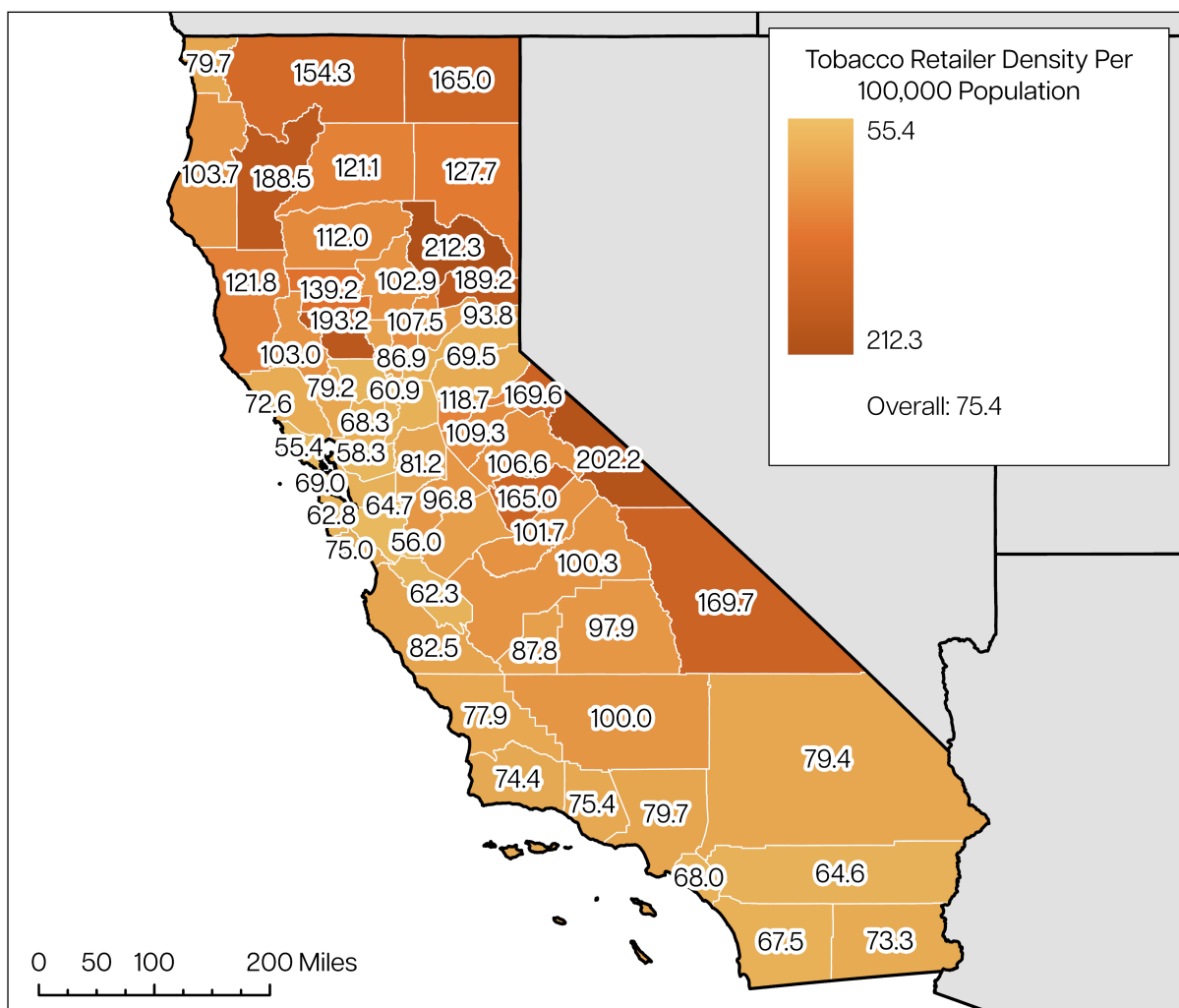


Retail Environment and Illegal Sales to Minors

Tobacco Retailers in California

California retailers are required to obtain a tobacco retail license from the California Department of Tax and Fee Administration to legally sell tobacco products.³² As of September 2023, there were 29,485 tobacco retailers in California (Figure 26). The retailer density was 75.4 tobacco retailers per 100,000 population.

Figure 26. Tobacco Retailer Density Per 100,000 Population, by County—California Department of Tax and Fee Administration, 2023

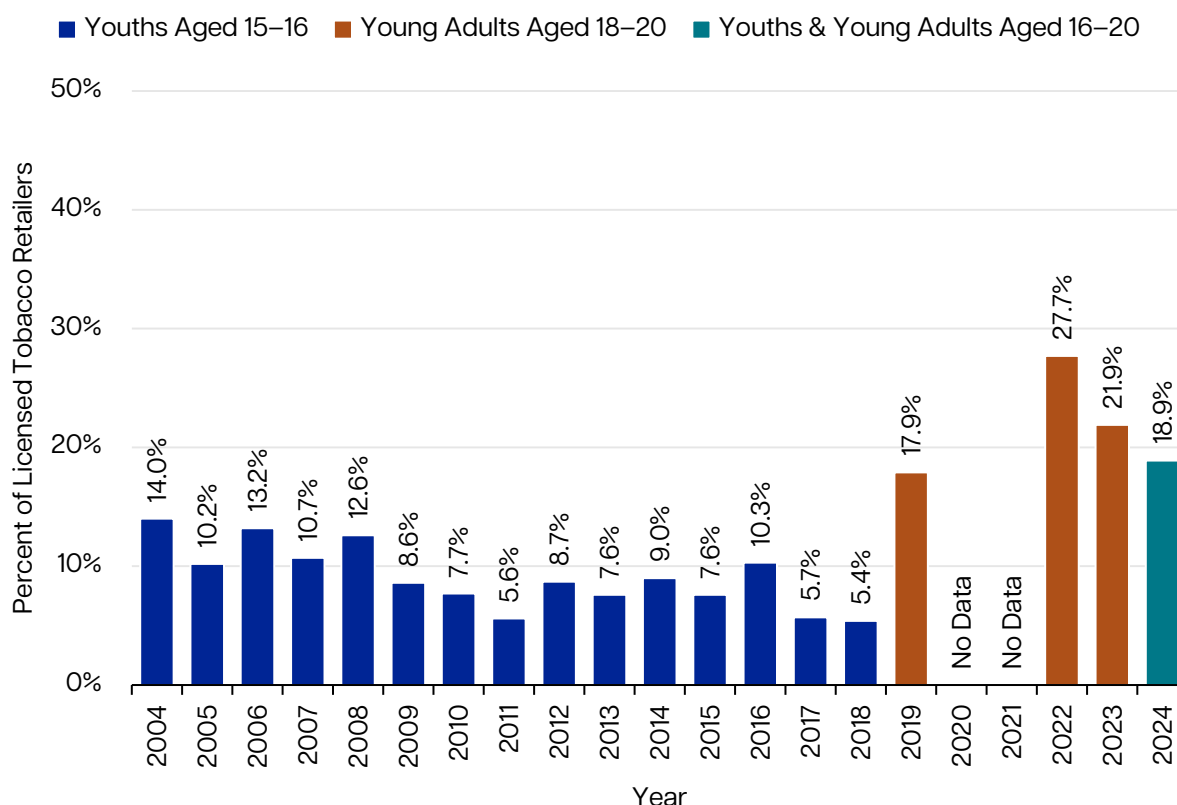


Source: California Department of Public Health. California Tobacco Prevention Program. Analysis of California Department of Tax and Fee Administration List of Tobacco Retail Licensees as of September 2023. Sacramento, CA: California Department of Public Health; January 2025.

Illegal Tobacco Sales to Minors

In June 2016, it became illegal for retailers to sell any tobacco product to anyone under 21 years old in California.^{33,34} California assesses the retailer violation rate for tobacco sales to youth and young adults using underage decoys for compliance checks (Figure 27). Beginning in 2019, California included 18-to 20-year-olds in compliance checks to more accurately assess the increase in the age-of-sale law. The overall retailer violation rate for 2024 was 18.9 percent.

Figure 27. Tobacco Products Sold to Underage Decoys Among Licensed Tobacco Retailers, by Decoy Protocol and Year—Synar Tobacco Purchase Survey, 2004 to 2024

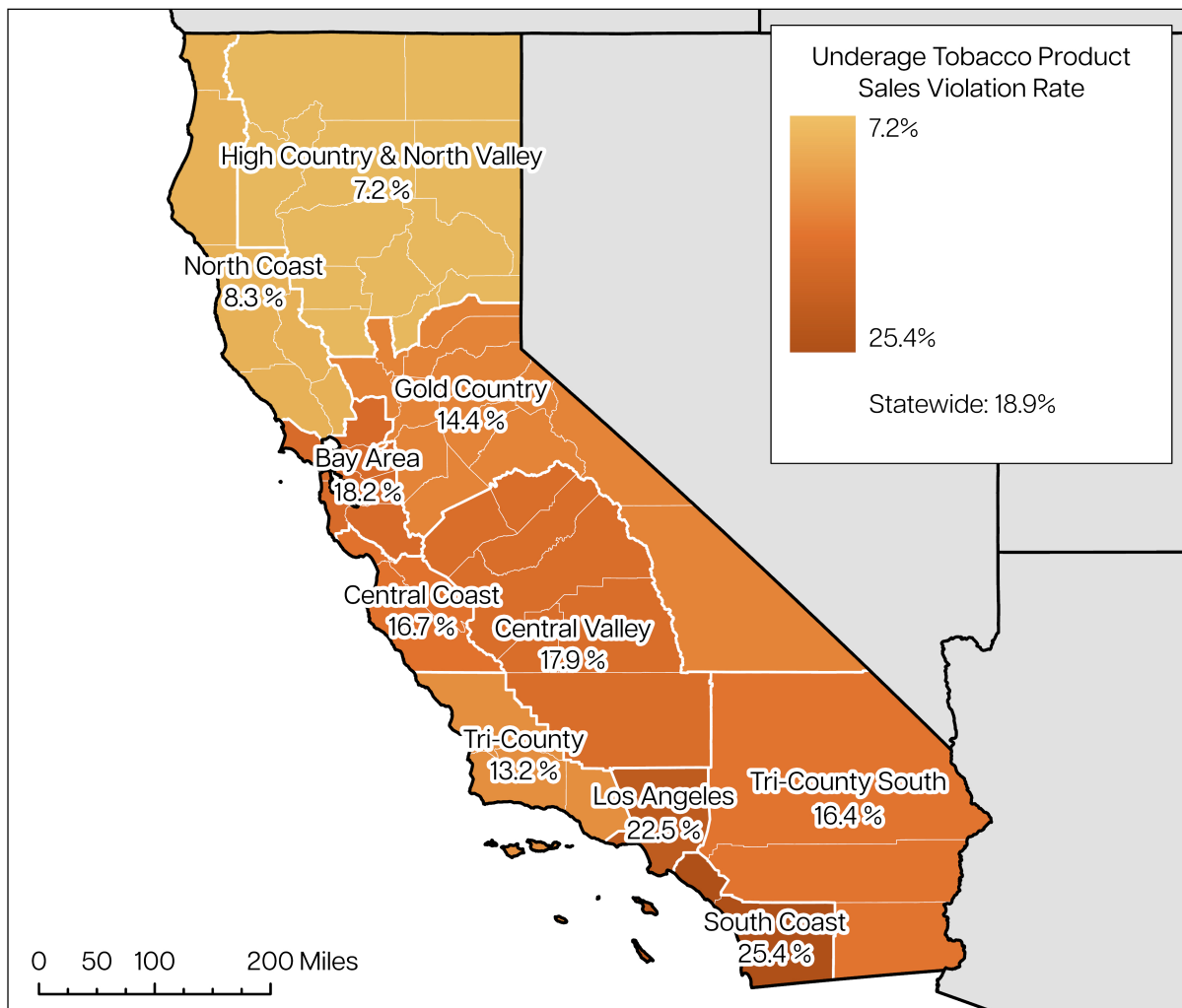


Restricted to licensed tobacco retailers that are youth accessible. Data was not collected in 2020 and 2021.

Source: Synar Tobacco Purchase Survey. STPS 2004 to STPS 2024. Sacramento, CA: California Department of Public Health; July 2024.

Despite California's law restricting the sale of tobacco products to minors,^{33,34} California retailers continue to sell to underage youths and young adults. The Synar Tobacco Purchase Survey showed the South Coast region (25.4 percent) and Los Angeles (22.5 percent) had the highest violation rate compared to other regions in 2024 (Figure 28). The High Country and North Valley region had the lowest violation rate (7.2 percent).

Figure 28. Tobacco Products Sold to Underage Decoys Among Licensed Tobacco Retailers, by Geographic Region—Synar Tobacco Purchase Survey, 2024



Restricted to licensed tobacco retailers that are youth accessible.

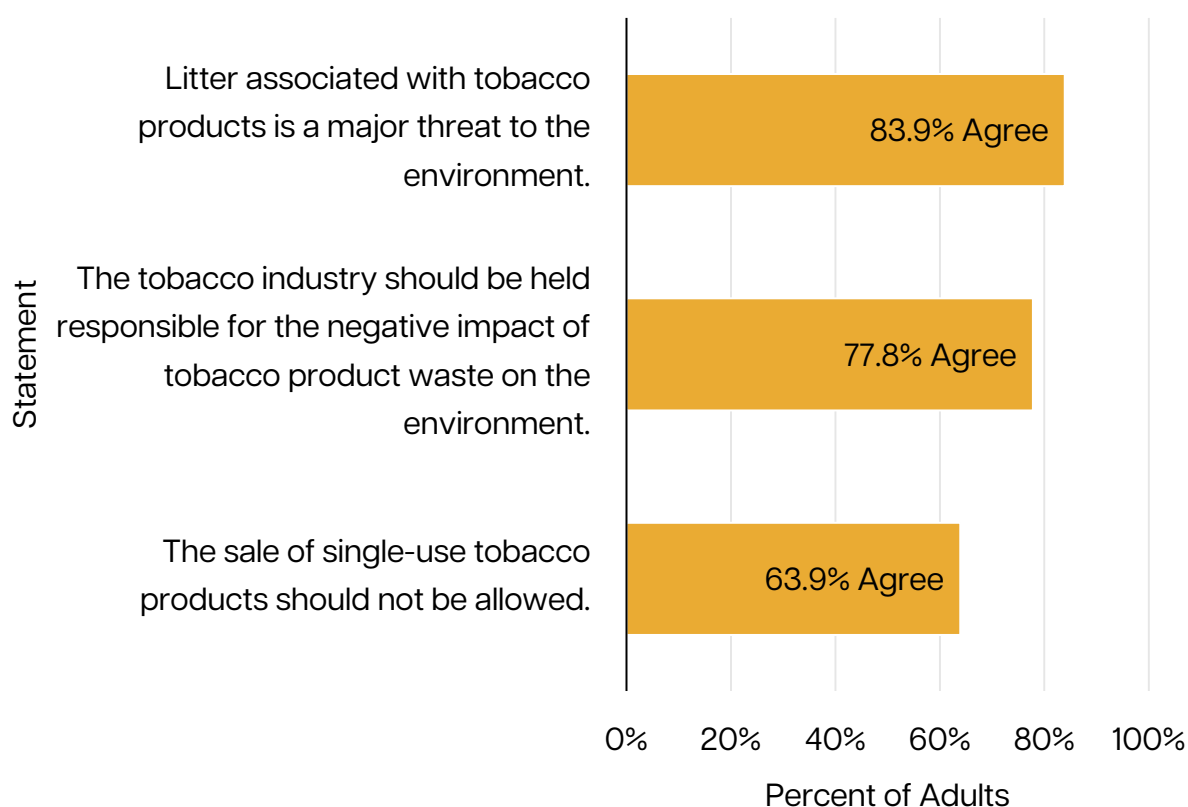
Source: Synar Tobacco Purchase Survey. STPS 2024. Sacramento, CA: California Department of Public Health; July 2024.

Tobacco Product Waste

Adult Beliefs on Tobacco Product Waste

The tobacco industry's products not only cause negative health consequences, but they also create toxic waste that devastates California's environment.³⁵⁻³⁷ Almost all cigarettes sold in the United States contain a filter that is made of plastic that does not biodegrade,^{35,38} contributing to plastic pollution. Most California adults agreed (77.8 percent) that the tobacco industry should be held responsible for the negative impact of tobacco product waste (Figure 29).

Figure 29. Beliefs on Tobacco Product Waste Among Adults Aged ≥18 Years—Online California Adult Tobacco Survey, 2024



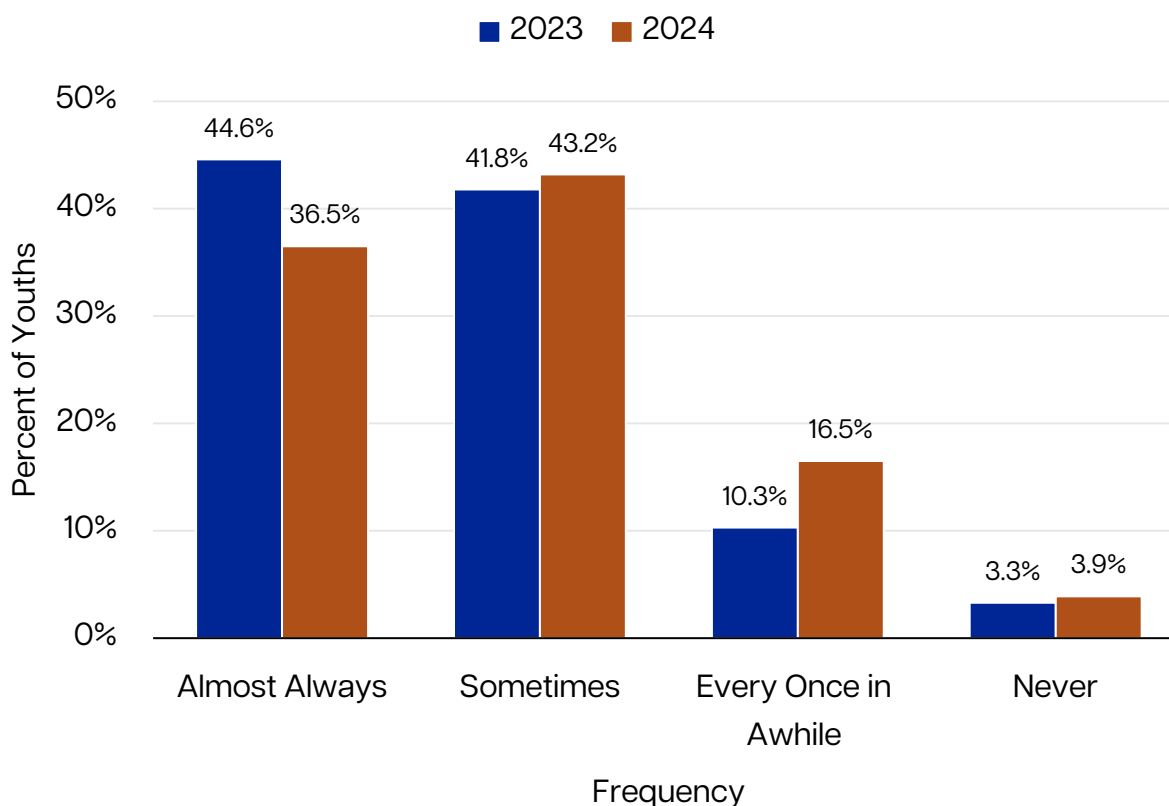
Response options of agree and strongly agree were combined.

Source: Online California Adult Tobacco Survey. Online CATS 2024. Sacramento, CA: California Department of Public Health; June 2025.

Youth Notice of Tobacco Product Waste

Tobacco litter has many harmful effects on the environment,³⁵ and it can normalize the practice of improperly discarding tobacco waste into the environment.³⁹ In 2024, about a third (36.5 percent) of California youths aged 12 to 17 years old almost always noticed tobacco litter in public spaces (Figure 30). This decreased from 2023, where 44.6 percent almost always noticed tobacco litter in public places.

Figure 30. Noticing Tobacco Litter in Public Places Among Youths Aged 12–17 Years, by Year and Frequency—Teens, Nicotine, and Tobacco Survey, 2024



Tobacco product litter includes cigarette butts, cigar wrappers, or vape packaging in public spaces such as sidewalks, streets, parks, and beaches.

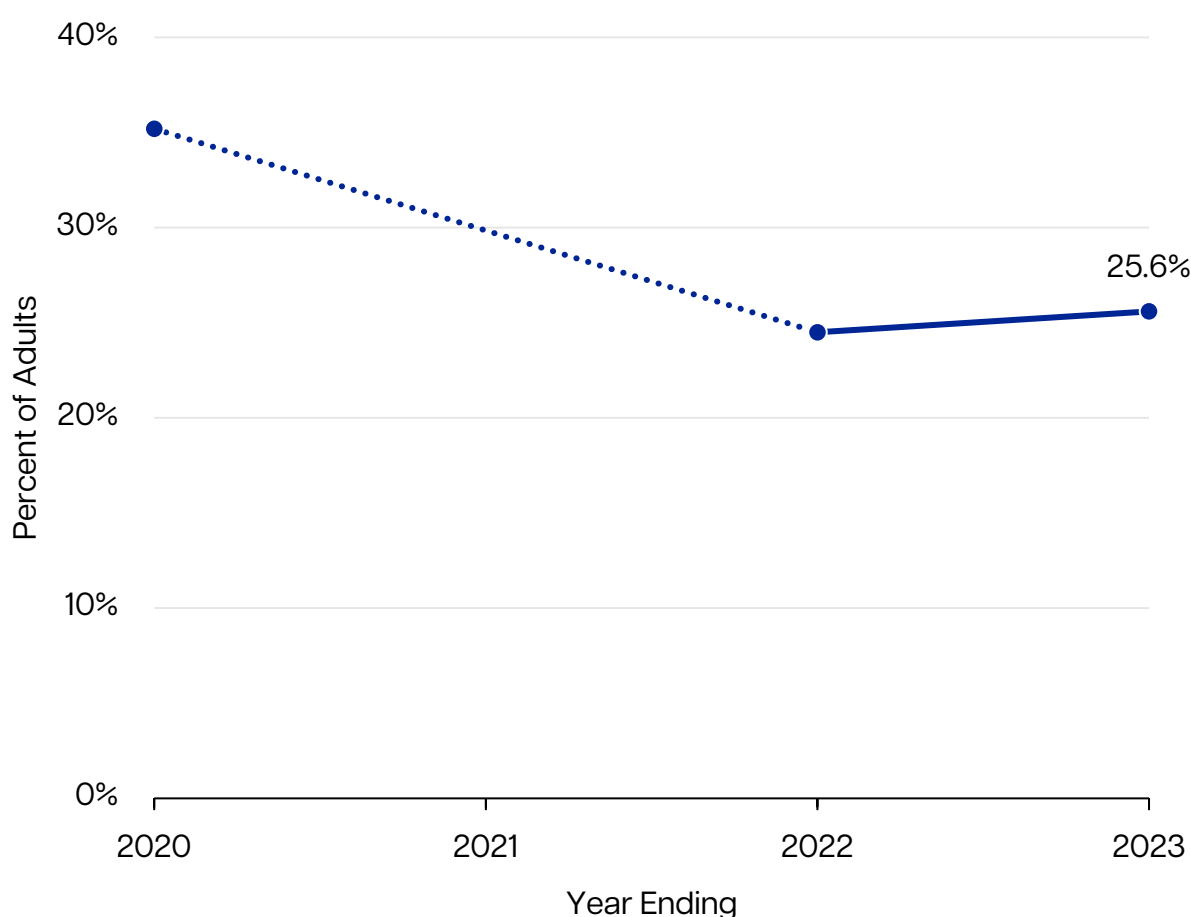
Source: [1] Chaffee BW, Couch ET, Cheng NF, Ameli N, Gansky SA. Results of the California Teens Nicotine and Tobacco Project Online Survey 2023. San Francisco, CA: University of California San Francisco; 2024. [2] Chaffee BW, Couch ET, Cheng NF, Ali KK, Gansky SA. Results of the California Teens Nicotine and Tobacco Project Online Survey 2024. San Francisco, CA: University of California San Francisco; 2025.

Secondhand Tobacco Exposure

Adult Secondhand Smoke Exposure

Secondhand smoke and vape exposure poses health risks.⁴⁰ About one out of four adults in California reported being exposed to either secondhand tobacco smoke or secondhand vape aerosol in the past two weeks (25.6 percent) (Figure 31).

Figure 31. Exposure to Secondhand Tobacco Smoke or Vape Aerosol in the Past Two Weeks Among Adults Aged ≥18 Years, by Year—California Health Interview Survey, 2019–20 to 2022–23

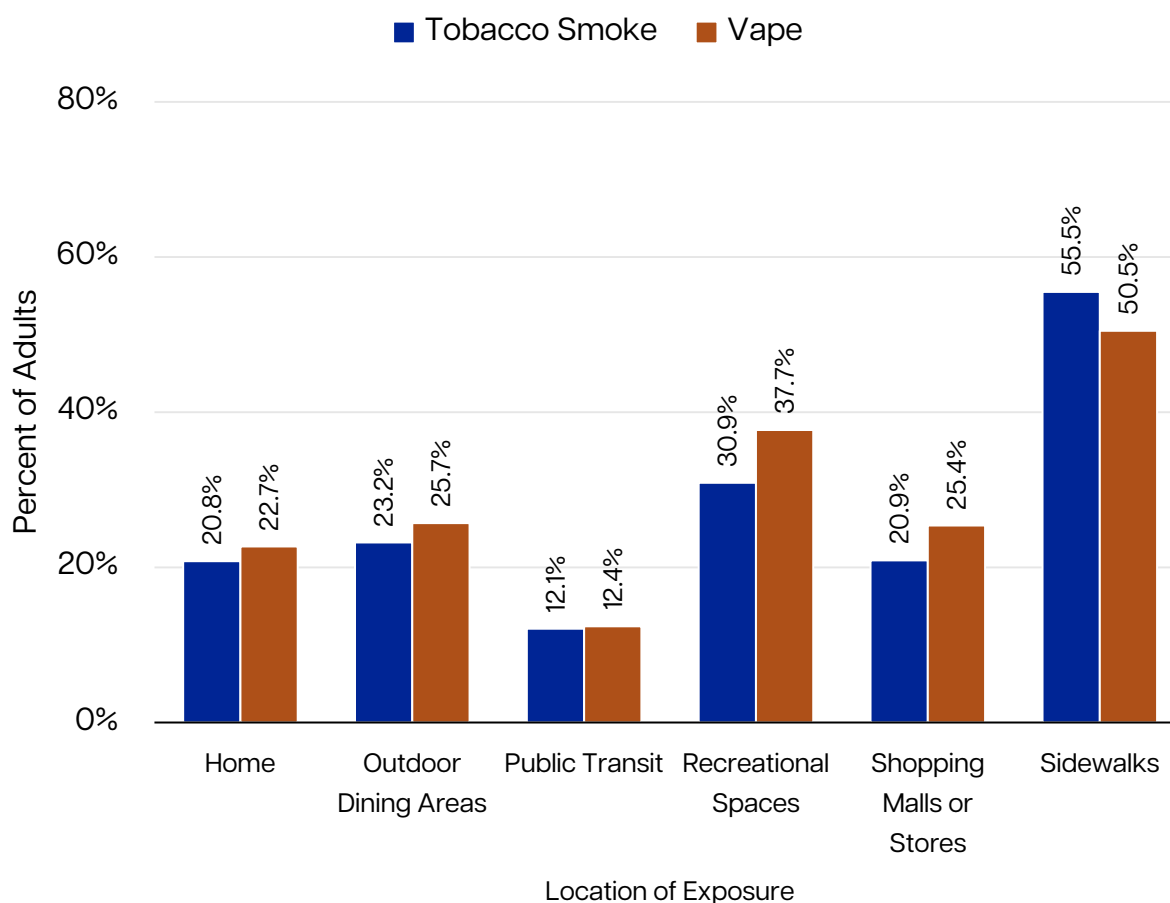


The break in trend is due to a question wording change.

Source: California Health Interview Survey. CHIS 2019 to CHIS 2023 Adult Files. Los Angeles, CA: UCLA Center for Health Policy Research; February 2025.

In another survey of California adults, adults were asked to report on the location of secondhand tobacco smoke and vape exposure. Sidewalks were the most reported location of secondhand tobacco smoke and secondhand vape exposure among adults (Figure 32).

Figure 32. Location of Exposure to Secondhand Tobacco Smoke and Vape Exposure Among Adults Aged ≥18 Years Who Were Exposed in the Past Two Weeks, by Secondhand Exposure Type and Location of Exposure—Online California Adult Tobacco Survey, 2024

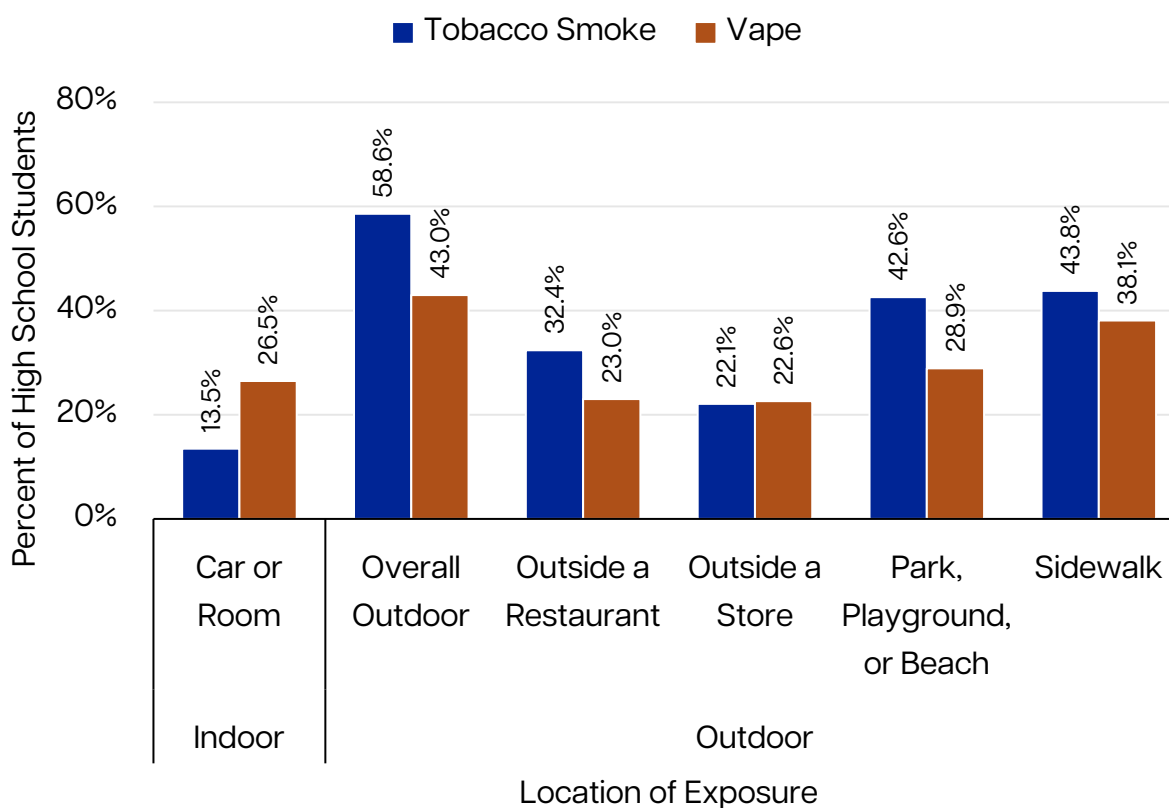


Source: Online California Adult Tobacco Survey. Online CATS 2024. Sacramento, CA: California Department of Public Health; June 2025.

Youth Secondhand Smoke Exposure

Secondhand smoke affects everyone, but children are especially vulnerable because they are still growing and developing.^{40,41} Among high school students, most reported location for past two-week secondhand tobacco smoke exposure was on a sidewalk (43.8 percent), followed by at a park, playground, or beach (42.6 percent) (Figure 33). The most reported location for secondhand vape (38.1 percent) exposure was on a sidewalk.

Figure 33. Location of Exposure to Indoor and Outdoor Secondhand Tobacco Smoke and Vape Exposure Among California High School Students Who Were Exposed in the Past Two Weeks, by Secondhand Exposure Type and Location of Exposure—California Youth Tobacco Survey, 2024



Source: California Youth Tobacco Survey. CYTS 2024. Sacramento, CA: California Department of Public Health; February 2025.

Secondhand Smoke Policies

CTPP has identified outdoor public places and multi-unit housing as priority areas to reduce secondhand smoke exposure. For outdoor public places, CTPP identified six areas of interest: (1) dining areas, (2) bar areas, (3) public events and venues, (4) recreation areas, (5) public easements and service lines, and (6) areas of employment. As of December 2023, 405 jurisdictions have passed a policy that regulates smoking in one or more of the six outdoor public place areas and 105 jurisdictions have passed a policy that regulates smoking in private units of multi-unit housing (Table 1).

Table 1. Number of Jurisdictions and Population Covered with Local Outdoor Secondhand Smoke and Smokefree Multi-Unit Housing Policies in California—Policy Evaluation Tracking System, 2023

Policy Type	Number of Jurisdictions	Percent of Population Covered	Population Covered
Outdoor Secondhand Smoke			
Any Policies	405	88.7%	34,899,402
Comprehensive	54	7.1%	2,802,389
Smokefree Multi-Unit Housing			
Any Policies	105	17.1%	6,720,865
Comprehensive	51	6.7%	2,634,385

Comprehensive outdoor secondhand smoke policies are policies that cover all six areas of interest. Comprehensive smokefree multi-unit housing policies are policies that prohibit smoking and vaping in private units of multi-unit housing properties with two or more units, without any exemptions.

Source: [1] American Nonsmokers' Rights Foundation. Matrix of Smokefree Outdoor Air Policies in California. Policy Evaluation Tracking System. Updated October 2024. Accessed March 27, 2025. https://pets.tcspartners.org/files/Matrix%20of%20Outdoor%20SHS%20Policies_October%202024.pdf [2] American Nonsmokers' Rights Foundation. List of California Municipalities Regulating Smoke in Multi-Unit Housing. Policy Evaluation Tracking System. Updated October 2024. Accessed March 27, 2025. https://pets.tcspartners.org/files/List%20of%20MUH%20laws_October%202024.pdf [3] American Nonsmokers' Rights Foundation. Matrix of Smokefree Multi-Unit Housing Policies in California. Policy Evaluation Tracking System. Updated October 2024. Accessed March 27, 2025. https://pets.tcspartners.org/files/Matrix%20of%20SFMUH%20Policies_October%202024.pdf [4] U.S. Census Bureau. Table B01001: Sex by Age. American Community Survey 5-Year Estimates 2016-2020. Accessed January 24, 2024. <https://data.census.gov/table/ACSDT5Y2020.B01001?q=B01001>

Eliminate Big Tobacco's Influence in California

End California's role in financially sustaining the tobacco industry, remove the industry's ability to market to Californians, undo the tobacco industry's influence in past policy decisions, and stop its further interference in California's laws.

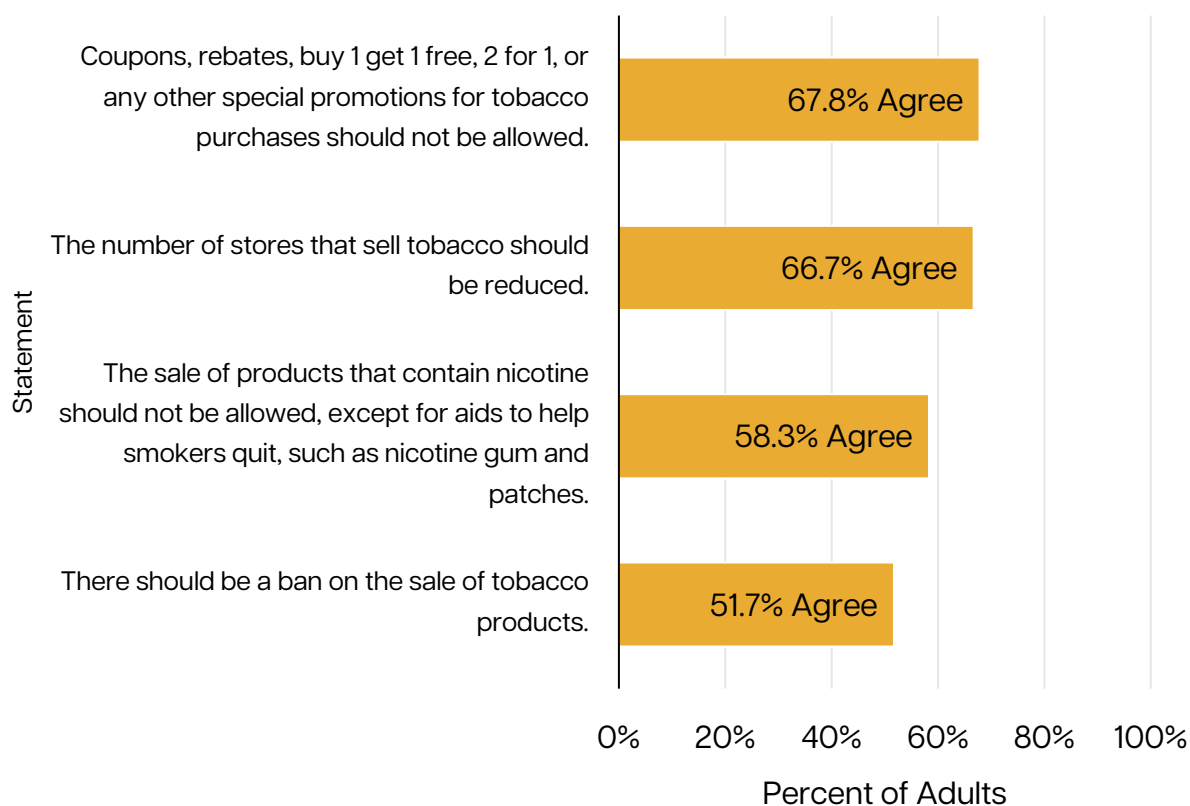


Retail Policy Support

Adult Support for Retail Policies

California is building a framework to eradicate the tobacco industry's manipulative and deadly influence by equitably increasing the health, environmental, and economic well-being of California's diverse populations.⁴² Public support for creating a tobacco-free environment, specifically on retail availability and accessibility, is a crucial aspect to reaching this goal. Over half of California adults agreed that the sale of nicotine containing products should not be allowed (58.3 percent) and that there should be a ban on the sale of tobacco products (51.7 percent) (Figure 34).

Figure 34. Beliefs on Commercial Tobacco Retail Availability, Accessibility, and Pricing Policies Among Adults Aged ≥18 Years—Online California Adult Tobacco Survey, 2024



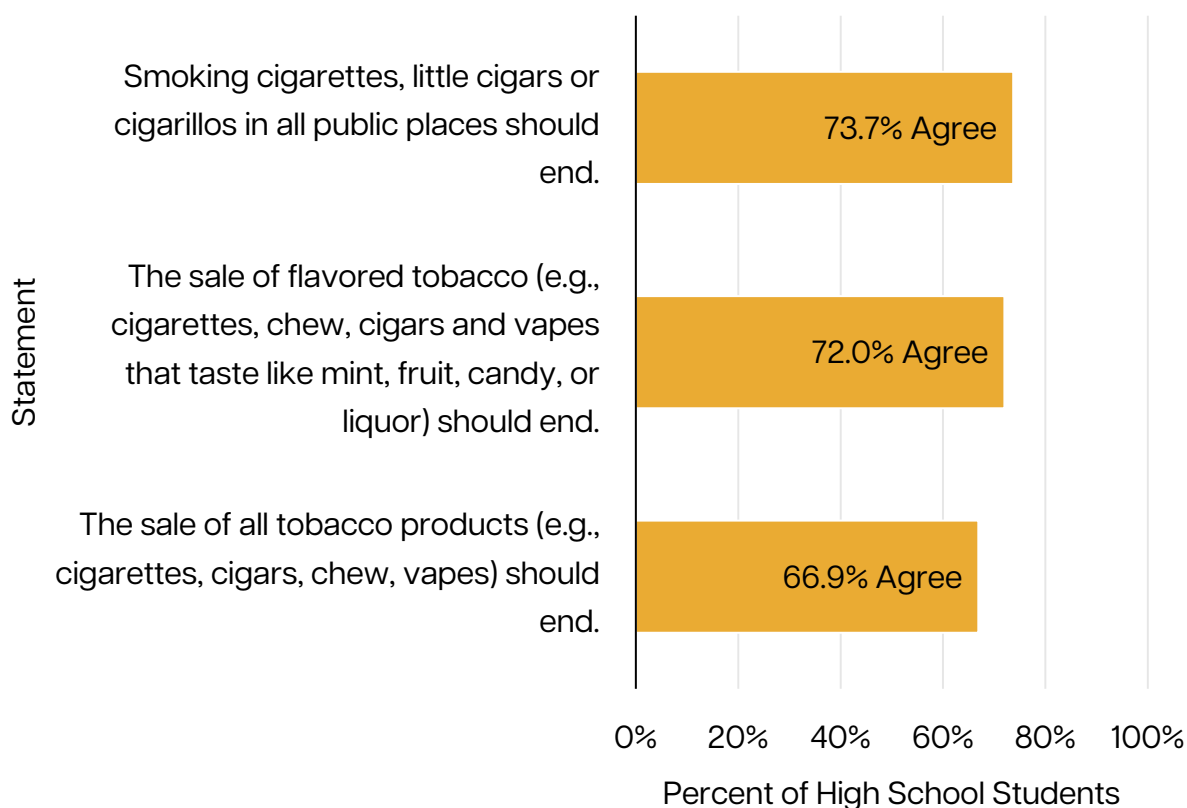
Response options of agree and strongly agree were combined.

Source: Online California Adult Tobacco Survey. Online CATS 2024. Sacramento, CA: California Department of Public Health; June 2025.

Youth Support for Retail Policies

Support from California youths is needed to help end the tobacco epidemic, as youth can be powerful advocates for policy change. In a 2023 survey of high school students, participants were asked their opinions about several policies that support this aim. More than half of high school students agree with these policies (Figure 35). The highest support was for a public place tobacco use ban (73.7 percent), followed by a flavored tobacco ban (72.0 percent), and a tobacco sales ban (66.9 percent).

Figure 35. Beliefs on Retail Policies to End the Tobacco Epidemic Among High School Students—California Youth Tobacco Survey, 2024



Response options of agree and strongly agree were combined.

Source: Clodfelter R, Dutra LM, Bradfield B, Levine B, Baum L, Russell S, Sumith M. Annual Results Report for the California Youth Tobacco Survey 2024. Berkeley, CA: RTI International; 2025.

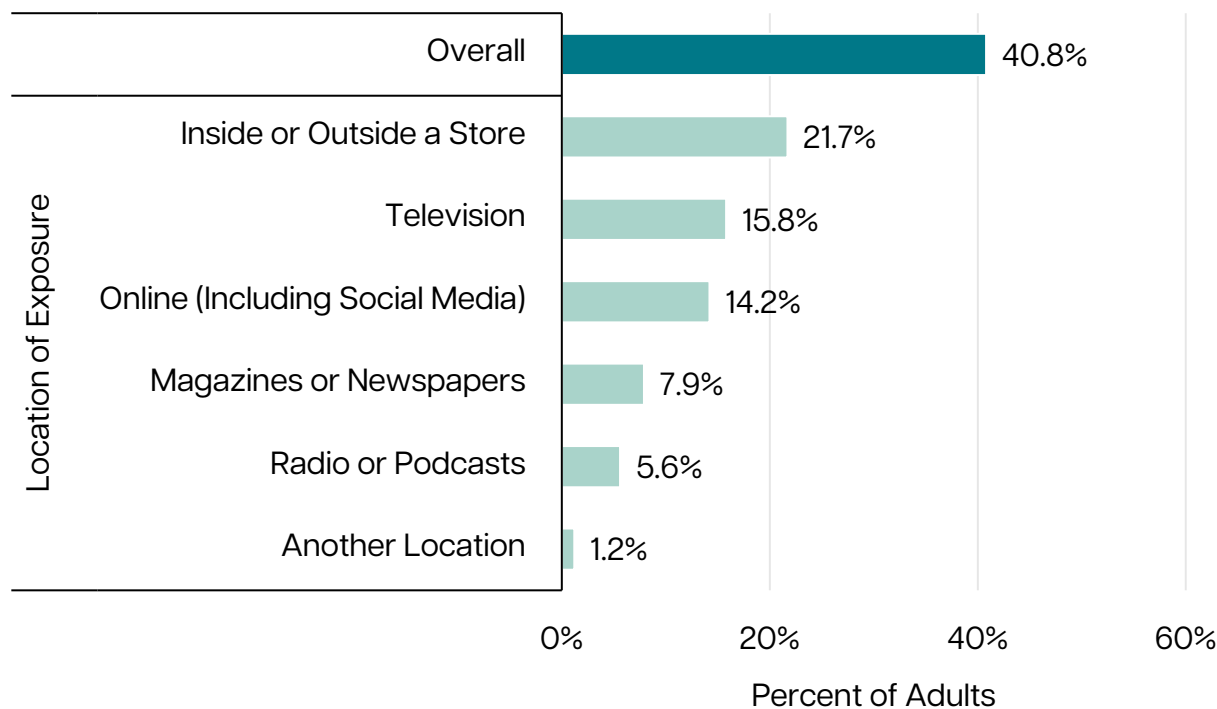
Exposure to Tobacco Industry Marketing

The tobacco industry uses marketing to encourage initiation among youth and young adults and keep people addicted to their products.⁴³ In 2021, the tobacco industry spent over \$8.8 billion in ads and promotions for cigarettes and vape products.^{38,44}

Adult Exposure to Tobacco Industry Marketing

Over 40 percent of California adults reported seeing or hearing tobacco product ads in the last seven days (Figure 36). The most cited location of ad exposures was inside or outside a store, followed by television and online.

Figure 36. Exposure to Tobacco Product Ads in the Past Seven Days Among Adults Aged 18–64 Years, by Location of Exposure—Online California Adult Tobacco Survey, 2023

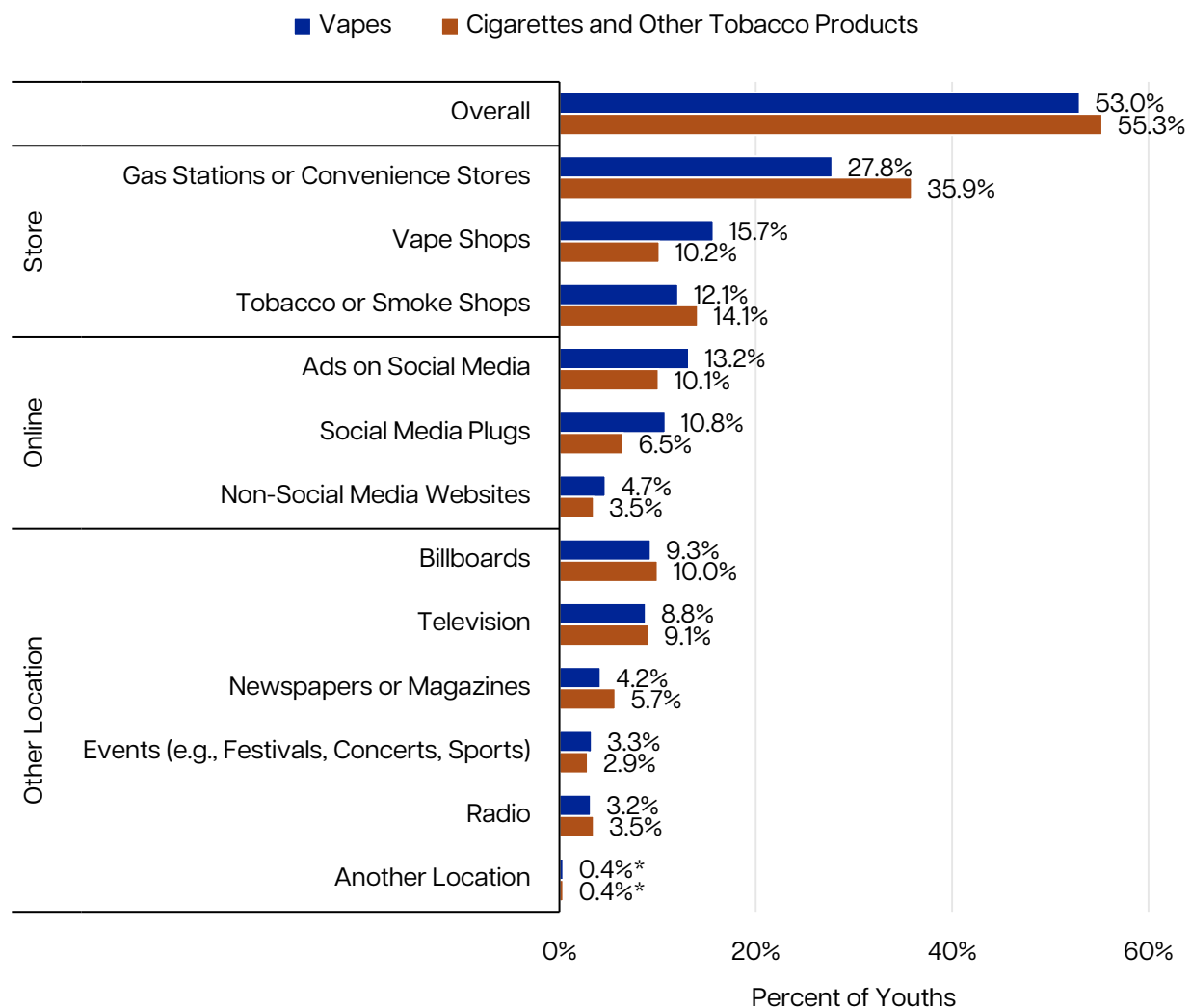


Source: Online California Adult Tobacco Survey. Online CATS 2023. Sacramento, CA: California Department of Public Health; May 2025.

Youth Exposure to Tobacco Industry Marketing

About half of California youths indicated recently seeing ads that were promoting vapes (53.0 percent) or cigarettes and other tobacco products (55.3 percent) (Figure 37). The most common places to see these ads were at gas stations or convenience stores.

Figure 37. Exposure to Tobacco Product Ads in the Past 30 Days Among Youths Aged 12–17 Years, by Product Type and Location of Exposure—Teens, Nicotine, and Tobacco Survey, 2024



An asterisk (*) indicates statistically unreliable data.

Source: Chaffee BW, Couch ET, Cheng NF, Alli KK, Gansky SA. Results of the California Teens Nicotine and Tobacco Project Online Survey 2024. San Francisco, CA: University of California San Francisco; 2025.

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Appendix: Definitions and Source Notes

California Cancer Registry

Age-adjusted rate: A method allowing comparisons of populations that accounts for differences in age-distribution between populations.

Lung and bronchial cancer incidence rate: The number of newly diagnosed lung and bronchial cancer occurring in a year. It is expressed as the number of cancers per 100,000 population at risk. Lung and bronchial cancer incidence data is based on the Surveillance, Epidemiology, and End Results (SEER) Program primary site code C340 to C349.

Lung and bronchial cancer mortality rate: The number of reported lung and bronchial cancer deaths occurring in a year. It is expressed as the number of cancers per 100,000 population at risk. Lung and bronchial cancer mortality data is based on the International Classification of Diseases 10th Revision (ICD-10) code C34.

California Health Interview Survey

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?* This question was asked of respondents who currently use cigarettes.

Age group: Age group was ascertained from a constructed 14-level categorical variable based on respondent's current age.

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?* This question was asked of respondents who currently use cigarettes.

Cigarette quit intention: Cigarette quit intention was ascertained from the question: *Are you thinking about quitting smoking in the next six months?* This question was asked of respondents who currently use cigarettes.

Cigarette quit ratio: Cigarette quit ratio was ascertained from a constructed three-level categorical variable based on respondent's cigarette smoking status. The quit ratio is calculated by taking the percentage of California adults who have successfully quit smoking cigarettes divided by those who ever smoked cigarettes.

Cigarette use: Cigarette smoking was ascertained from the questions: *Do you now smoke cigarettes every day, some days, or not at all?* This question was asked of respondents who ever smoked 100 cigarettes. Respondents who reported smoking every day or some days are classified as currently using cigarettes.

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?* This question was asked of respondents who currently use cigarettes.

Cigar use: Cigar use was ascertained from the question: *During the past 30 days, on how many days did you smoke big cigars?* Respondents who reported smoking big cigars in the past 30 days are classified as currently using cigars.

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?* This question was asked of respondents who currently use cigars.

Education: Education was ascertained from a constructed nine-level categorical variable based on respondent's self-reported highest education completed.

Gender: Gender was ascertained from a constructed dichotomous variable based on respondent's self-reported gender.

Gender identity: Gender identity was ascertained from a constructed dichotomous variable based on respondent's self-reported sex assigned at birth and respondent's self-reported gender.

Geographic region: California was divided into 44 geographic regions (41 counties and three county regions) based on the CHIS sampling design. The three county regions are listed below:

- **CHIS Region 42:** Colusa, Glenn, and Tehama
- **CHIS Region 43:** Del Norte, Lassen, Modoc, Plumas, Sierra, Siskiyou, and Trinity
- **CHIS Region 44:** Amador, Alpine, Calaveras, Inyo, Mariposa, Mono, and Tuolumne

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?* Respondents who reported using hookah in the past 30 days are classified as currently using hookahs.

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?* This question was asked to respondents who currently use hookahs.

Housing type: Housing type was ascertained from the question: *Do you live in a house, a duplex, a building with three or more units, or in a mobile home?* Respondents who live in a duplex or a building with three or more units are classified as living in a multi-unit housing.

LGBTQ+: LGBTQ+ identity was ascertained from the constructed gender identity variable and from the question: *Which of the following best represents how you think of yourself?* Respondents who identified as lesbian, gay, bisexual, pansexual, another sexual orientation that is not straight, transgender or gender expansive, or don't know their sexual orientation are classified as LGBTQ+.

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?* Respondents who reported smoking little cigars or cigarillos in the past 30 days are classified as currently using little cigars or cigarillos.

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?* This question was asked of respondents who currently use little cigars or cigarillos.

Medi-Cal coverage: Medi-Cal coverage was ascertained from a constructed dichotomous variable based on respondent's self-reported health coverage.

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

Psychological distress: Psychological distress was ascertained from a constructed dichotomous variable 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.

Race and ethnicity: Race and ethnicity were ascertained from a constructed six-level categorical variable based on respondent's 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.

Rurality: Rurality was ascertained from a constructed dichotomous variable based on respondent's zip code population density.

Secondhand tobacco smoke or vape exposure: Secondhand tobacco smoke or vape aerosol exposure 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? During the past year, when has someone else smoked tobacco or vaped around you in California?* Respondents who reported being exposed or being around someone who was smoking tobacco products or vaping in the past two weeks are classified as being recently exposed to secondhand tobacco smoke or vape aerosol.

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?*

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?* Respondents who reported using chewing tobacco, snuff, or snus in the past 30 days are classified as currently using smokeless tobacco products.

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?* This question was asked of respondents who currently use smokeless tobacco products.

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

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

Vape use: Vape use was ascertained based on the questions: *During the past 30 days, on how many days did you use electronic cigarettes?* or *In the past 30 days, on how many days did you use an e-cigarette or other electronic vaping product?* These questions were asked of respondents who ever used vapes. Respondents who reported using vapes in the past 30 days are classified as currently using vapes.

Vape use, flavored: Flavored vape use was ascertained from the question: *Which flavor did you use in e-cigarettes or other electronic vaping products? Was it...* This question was asked to respondents who currently use vapes and reported using flavored vapes. Respondents who reported using alcohol/liquor, candy/sweet, fruit, menthol, mint, or some other flavors were classified as currently using flavored vapes.

California Youth Tobacco Survey

Attitude belief: Beliefs were ascertained by asking the following before each statement: *How much do you agree or disagree with the following statements?* Respondents who agreed or strongly agreed are classified as agreeing to the statement.

Cigarette quit attempt: Cigarette quit attempt was ascertained from the question: *Which products have you tried to completely stop using in the past 12 months?* Respondents who reported trying to completely stop using cigarettes in the past 12 months were classified as making a quit attempt.

Cigarette use: Cigarette use was ascertained from the question: *Have you smoked cigarettes in the last 30 days?* Respondents who reported smoking cigarettes in the past 30 days are classified as currently using cigarettes.

Cigarette use, flavored: Flavored cigarette use was ascertained from the question: *Were any of the cigarettes you smoked in the last 30 days flavored, such as menthol?* This question was asked of respondents who currently use cigarettes.

Cigar use: Cigar use was ascertained from the question: *Have you smoked big cigars in the last 30 days?* Respondents reporting smoking big cigars in the past 30 days are classified as currently using cigars.

Cigar use, flavored: Flavored cigar use was ascertained from the question: *Which flavor of cigar do you smoke most often?* This question was asked to respondents who currently use cigars. Respondents reporting using alcohol/liquor, candy/sweet, clove/spice, cooling/ice, fruit, menthol, mint, non-alcoholic beverage, or some other flavors were classified as currently using flavored cigars.

Gender: Gender was ascertained from the question: *How do you describe yourself?*

Heated tobacco product use: *Which of the following tobacco products have you used in the last 30 days?* Respondents who reported using heated tobacco products in the past 30 days are classified as currently using heated tobacco products.

Heated tobacco product use, flavored: Flavored heated tobacco product use was ascertained from the question: *Which flavor of heated tobacco/heat-not-burn product do you use most often?* Respondents who reported using alcohol/liquor, candy/sweet, clove/spice, cooling/ice, fruit, menthol, mint, non-alcoholic beverage, or some other flavors were classified as currently using flavored heated tobacco products.

Hookah use: Hookah use was ascertained from the question: *Which of the following tobacco products have you used in the last 30 days?* Respondents who reported using hookah, waterpipe, or shisha in the past 30 days are classified as currently using hookahs.

Hookah use, flavored: Flavored hookah use was ascertained from the question: *Which flavor of hookah, waterpipe, or shisha do you smoke most often?* Respondents who reported using alcohol/liquor, candy/sweet, clove/spice, cooling/ice, fruit, menthol, mint, non-alcoholic beverage, or some other flavors were classified as currently using flavored hookahs.

LGBTQ+ identity: LGBTQ+ identity was ascertained from the questions: *How do you describe yourself?* and *Which of the following best represents how you think of yourself?* Respondents who identified as lesbian, gay, bisexual, another sexual orientation that is not straight, transgender, another gender identity that is not male or female, or were not yet sure of their gender identity or sexual orientation are classified as LGBTQ+.

Little cigar or cigarillo quit attempt: Little cigar or cigarillo quit attempt was ascertained from the question: *Which products have you tried to completely stop using in the past 12 months?* Respondents who reported trying to completely stop using little cigars or cigarillos in the past 12 months were classified as making a quit attempt.

Little cigar or cigarillo use: Little cigar or cigarillo use was ascertained from the question: *Have you smoked little cigars or cigarillos in the last 30 days?* Respondents who reported smoking little cigars or cigarillos in the past 30 days are classified as currently using cigars or cigarillos.

Little cigar or cigarillo use, flavored: Flavored little cigar or cigarillo use was ascertained from the question: *Which flavor of little cigar or cigarillo do you smoke most often?* Respondents who reported using alcohol/liquor, candy/sweet, clove/spice, cooling/ice, fruit, menthol, mint, non-alcoholic beverage, or some other flavors were classified as currently using flavored little cigars or cigarillos.

Oral 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?* Respondents who reported using oral nicotine pouches in the past 30 days are classified as currently using nicotine pouches.

Race and ethnicity: Race and ethnicity were ascertained from the questions: *Are you of Hispanic or Latino/Latina origin?* and *How do you describe yourself?*

Secondhand exposure location: Location of secondhand tobacco smoke, and secondhand vape exposure was ascertained from the questions: *In the last two weeks, were you in a car or room when someone was [smoking a cigarette, little cigar, or cigarillo/using a vape]?* and *In the last two weeks, were you near someone who was [smoking a cigarette, little cigar, or cigarillo/using a vape].*

Smokeless tobacco product use: Smokeless tobacco product use was ascertained from the question: *Which of the following tobacco products have you used in the last 30 days?* Respondents who reported using smokeless tobacco product, chewing tobacco, snuff, dip, or dissolvable tobacco in the past 30 days are classified as currently using smokeless tobacco products.

Smokeless tobacco product use, flavored: Flavored smokeless tobacco product use was ascertained from the question: *Which flavor of chewing tobacco, snuff, snus, dip, or dissolvable tobacco do you use most often?* Respondents who reported using alcohol/liquor, candy/sweet, clove/spice, cooling/ice, fruit, menthol, mint, non-alcoholic beverage, or some other flavors were classified as currently using flavored smokeless tobacco products.

Tobacco product use: Any tobacco product use is current use of any of the following tobacco products: cigarettes, cigars, heated tobacco products, hookahs, little cigars or cigarillos, oral nicotine pouches, smokeless tobacco products, or vapes.

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

Vape quit attempt: Vape quit attempt was ascertained from the question: *Which products have you tried to completely stop using in the past 12 months?* Respondents who reported trying to completely stop using vapes in the past 12 months were classified as making a quit attempt.

Vape use: Vape use was ascertained from the question: *Have you vaped in the last 30 days?* Respondents who reported using vapes in the past 30 days are classified as currently using vapes.

Vape use, flavored: Flavored vape use was ascertained from the question: *Which flavor do you vape most often?* Respondents who reported using alcohol/liquor, candy/sweet, clove/spice, cooling/ice, fruit, menthol, mint, non-alcoholic beverage, or some other flavors were classified as currently using flavored vapes.

National Substance Use and Mental Health Services Survey

Tobacco use screening: Tobacco use screening was ascertained from the questions: *Which of the following services are offered by this facility at this location—that is, the location listed on the front cover? or Which of these services and practices are offered at this facility, at this location?*

Offers cessation counseling services: Facilities offering cessation counseling services was ascertained from the questions: *Which of the following services are offered by this facility at this location—that is, the location listed on the front cover? or Which of these services and practices are offered at this facility, at this location?*

Offers nicotine replacement therapy: Facilities offering nicotine replacement therapy was ascertained from the questions: *Which of the following services are offered by this facility at this location—that is, the location listed on the front cover? or Which of these services and practices are offered at this facility, at this location?*

Offers non-nicotine cessation medication: Facilities offering non-nicotine cessation medication was ascertained from the questions: *Which of the following services are offered by this facility at this location—that is, the location listed on the front cover? or Which of these services and practices are offered at this facility, at this location?*

Online California Adult Tobacco Survey

Age group: Age group was ascertained from the question: *What is your age?*

Attitude belief and support: Belief and support were ascertained by asking the following before each statement: *Please indicate whether you agree or disagree with each statement. or Do you support or oppose...* Respondents who agreed or strongly agreed are classified as agreeing to the statement. Respondents who supported or strongly supported are classified as supporting the statement.

Exposure to tobacco ads or promotions: Exposure to tobacco ads or promotions was ascertained from the question: *In the past seven days, did you see or hear any ads or promotions for tobacco products in any of the following places?*

Heated tobacco product use: Heated tobacco product use was ascertained from the question: *During the past 30 days, have you used any of the following products?* Respondents who reported using heated tobacco products in the past 30 days are classified as currently using heated tobacco products.

Noticing tobacco product ads: Noticing tobacco product ads was ascertained from the question: *In the past seven days, did you see or hear any ads or promotions for tobacco products in any of the following places?*

Oral nicotine pouch use: Oral nicotine pouch use was ascertained from the question: *During the past 30 days, have you used any of the following products?* Respondents who reported using oral nicotine pouches in the past 30 days are classified as currently using oral nicotine pouches.

Secondhand exposure location: Location of secondhand tobacco smoke, and secondhand vape was ascertained from the questions: *Just thinking about the past two weeks, in which of the following locations in California were you exposed to [secondhand smoke from cigarettes, little cigars, cigars, or hookah/secondhand vapor or aerosol from e-cigarette or other electronic vaping products]?*

Vape quit attempt: Vape quit attempt was ascertained from the question: *During the past 12 months, have you stopped using e-cigarettes or other electronic vaping products for one day or longer because you were trying to quit vaping?* This question was restricted to respondents who currently use vapes.

Vape quit intention: Vape quit intention was ascertained from the question: *Do you plan to quit using e-cigarettes or other electronic vaping products for good...?* This question was asked of respondents who currently use vapes. Respondents who reported planning to quit within the next six months are classified as intending to quit vaping.

Policy Evaluation Tracking System

Multi-unit housing policy: California jurisdictions with policies that, at a minimum, regulates smoking in private units of multi-unit housing. Data is restricted to policies enacted by December 31, 2023.

Multi-unit housing policy, comprehensive: Comprehensive smokefree multi-unit housing policies are policies that prohibit smoking and vaping in private units of multi-unit housing properties with two or more units, without any exemptions. Data is restricted to policies enacted by December 31, 2023.

Outdoor secondhand smoke policy: California jurisdictions with policies that regulates smoking in one or more of the following outdoor public place areas: dining areas, bar areas, public events and venues, recreation areas, public easements and service lines, and areas of employment. Data is restricted to policies enacted by December 31, 2023.

Outdoor secondhand smoke policy, comprehensive: California jurisdictions with policies that regulates smoking in all of the following outdoor public place area: dining areas, bar areas, public events and venues, recreation areas, public easements and service lines, and areas of employment. Data is restricted to policies enacted by December 31, 2023.

Synar Tobacco Purchase Survey

Geographic region: California was divided into 11 geographic regions based on CTPP's priority population initiative regions. The counties that make up each region are provided below:

- **Bay Area:** Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Solano
- **Central Coast:** Monterey, San Benito, Santa Cruz
- **Central Valley:** Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare
- **Gold Country:** Alpine, Amador, Calaveras, El Dorado, Inyo, Mono, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tuolumne, Yolo
- **High Country:** Lassen, Modoc, Plumas, Sierra, Siskiyou, Trinity
- **Los Angeles:** Los Angeles
- **North Coast:** Del Norte, Humboldt, Lake, Mendocino, Napa, Sonoma
- **North Valley:** Butte, Colusa, Glenn, Shasta, Tehama, Yuba
- **South Coast:** Orange, San Diego
- **Tri-County:** San Luis Obispo, Santa Barbara, Ventura
- **Tri-County South:** Imperial, Riverside, San Bernardino

Due to small sample sizes, the High Country and North Valley regions were combined.

Underage sales violation: An underage sales violation is when a licensed tobacco retailer was observed selling tobacco products to underage decoy.

Teens, Nicotine, and Tobacco Survey

Attitude belief: Beliefs were ascertained by asking the following before each statement: *How much do you agree or disagree with the following statements?* Respondents who agreed or strongly agreed are classified as agreeing to the statement.

Noticing tobacco product litter: Noticing tobacco product litter was ascertained from the question: *How often do you notice tobacco product litter (such as cigarette butts, cigar wrappers, or vape packaging) in public spaces such as sidewalks, streets, parks, and beaches?*

Noticing tobacco product ads: Noticing tobacco product ads was ascertained from the questions: *In the past 30 days, have you noticed advertisements promoting cigarettes or tobacco in any of the following places?* and *In the past 30 days, have you noticed advertisements promoting vapes (e-cigarettes) in any of the following places?*

Statistically unreliable data: Estimates that are statistically unreliable did not meet the statistical reliability standards. Estimates are statistically unreliable if the coefficient of variance is 30 percent or more.