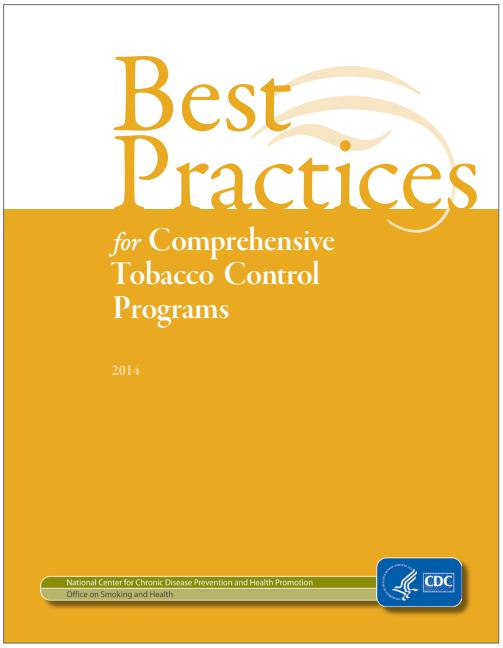
California's Comprehensive Approach to Tobacco Prevention

With the passage of Prop 99 in 1988, California became the first state in the U.S. to establish a statewide tobacco prevention program.[1,2] Prop 99 and the subsequent enabling legislation authorized the implementation of education programs to combat tobacco use.[4] They also required the application of the most current research findings and recommendations, and the prioritization of programs that demonstrate an understanding of the role community norms play in influencing behavioral change regarding tobacco use.[2]

As other states followed California's lead and began establishing similar programs, the CDC Office on Smoking and Health issued guidance on best practices in tobacco prevention, first in 1999 and updated in 2007 and 2014.[5] The CDC recommends comprehensive tobacco programs because by tackling tobacco use from multiple angles, they lead to better outcomes. By incorporating an array of evidence-based strategies, they increase the probability of achieving a significant reduction in tobacco use. Comprehensive programs can reduce health disparities by targeting people of all ages and backgrounds. By addressing the root causes of tobacco use and implementing long-term intervention strategies, they can denormalize tobacco use and sustainably change behavior. Comprehensive programs create a holistic, supportive environment that encourages people who use tobacco to quit and prevents others from starting.

Comprehensive tobacco prevention programs typically include the following components, per CDC guidance:[3]

- State and community interventions, including programs and policies that help organizations, systems, and networks support individuals in choosing behaviors that are consistent with tobacco-free norms.
- Mass-reach health communication interventions, which use a range of paid and earned media channels to deliver culturally appropriate messaging to a wide audience.
- Cessation interventions, which increase access to evidence-based cessation services, such as promoting health systems change, expanding insurance coverage, and supporting quitlines.
- Surveillance and evaluation in order to monitor whether the program is achieving its goals, evaluate program implementation and outcomes, increase efficiency and impact, and demonstrate accountability.
- Infrastructure, administration, and management to ensure the capacity to implement and sustain effective tobacco prevention programming.



CDC Best Practices for Comprehensive Tobacco Control Programs guidance document. *Source:* Centers for Disease Control and Prevention.

Taken together, these components help to prevent tobacco use initiation, promote quitting, eliminate secondhand and thirdhand exposure, and reduce tobacco-related disparities.

Since the beginning of its tobacco prevention program, California has employed a comprehensive approach that includes all of the components described above. This approach includes the implementation of education programs as required in the enabling legislation for Prop 99—both for school-age youth and for adults in the general population. But many of its interventions go beyond education. A good example of this is the program's focus on policy change. Tobacco-related research often produces findings that identify gaps in the public health protections afforded by policy. Education and advocacy help to increase awareness of these gaps and galvanize public support to address them through policy, usually on the local level initially, but often later on the statewide level. This has resulted in numerous improvements to the policy landscape across California.[6] For example, the focus on policy has resulted in smokefree childcare facilities, restaurants, bars, other workplaces, public transport, playgrounds, parks, beaches, other outdoor public places, multi-unit housing, and cars when minors are present. It has resulted in tobacco-free schools, colleges, and public buildings. Because of policy changes, vaping products are regulated as tobacco products, tobacco retail license fees and state excise taxes have been increased, the minimum age to purchase tobacco has been raised to 21, and retail sales of flavored tobacco products have been banned. Certain local jurisdictions have set minimum prices for tobacco products, banned pharmacy sales of tobacco, and even banned the sale of tobacco altogether. Policy gains such as these counter pro-tobacco influences, reduce access to tobacco, reduce secondhand and thirdhand exposure, and promote cessation. They help illustrate why it is so important to adopt a comprehensive approach to reducing tobacco use rather than a more narrow approach employing education alone.

Members of Asian/Pacific Islander Partners and Advocates Countering Tobacco (API PACT) at a Livingston city council meeting to support tobacco restrictions, joined by members of Jakara Movement Livingston Youth.
Source: Asian/Pacific Islander Partners and Advocates Countering Tobacco

References

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[3] Gilmore AB, Fabbri A, Baum F, et al. Defining and conceptualising the commercial determinants of health. *Lancet*. 2023 Apr 8;401(10383):1194–1213.
[4] California Health and Safety Code §§ 104370(d–f), 104385(c)(5), 104420(4)(F), 104425(c)(3).
[5] Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
[6] California Department of Public Health, California Tobacco Control Program. 30 Years of Success and Innovation: Celebrating the Past, Present, and Future of Tobacco Control in California. Sacramento, CA: California Department of Public Health; 2020.