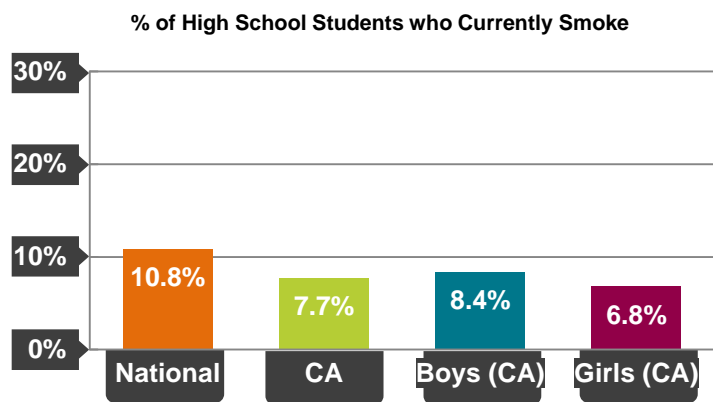
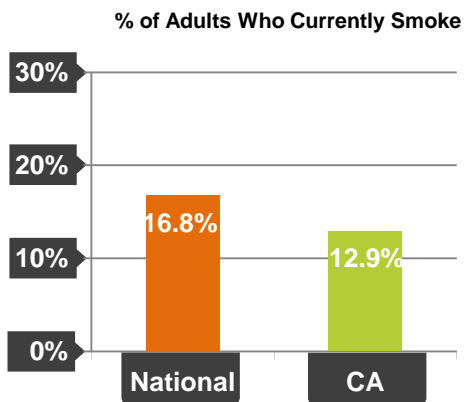


## TOBACCO IN CALIFORNIA

### CIGARETTE USE<sup>\*1-2</sup>



### OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in California was 1.6% in 2013. 3.6% of adult current cigarette smokers in California were also current smokeless tobacco users in 2013.<sup>3</sup>
- In 2015, 3.0% of high school students in California used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, 7.3% of high school students used smokeless tobacco on at least one day in the past 30 days.<sup>2</sup>
- In 2015, 6.8% of high school students in California smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 10.3% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.<sup>2</sup>
- In 2015, 21.4% of high school students in California used electronic vapor products on at least one day in the past 30 days. Nationally, 24.1% of high school students used electronic vapor products on at least one day in the past 30 days.<sup>2</sup>

### ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2016, California allocated \$65.5 million in state funds to tobacco prevention, which is 18.8% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.<sup>4</sup>
- California received an estimated \$1.56 billion in tobacco settlement payments and taxes in FY2016.<sup>5</sup>
- The health care costs in California, directly caused by smoking, amount to \$13.29 billion annually.<sup>5</sup>

\* National and state-level prevalence numbers reflect the most recent data available. This may differ across state fact sheets.

- California loses \$10.35 billion in productivity each year due to smoking.<sup>5</sup>

## STATE TOBACCO LAWS<sup>6-8</sup>

### EXCISE TAX

- The state tax increased to \$0.87 per pack of cigarettes in January 1999. All other tobacco products are taxed 28.95% of the wholesale price.

### CLEAN INDOOR AIR ORDINANCES

- Smoking is prohibited in all government workplaces, private workplaces, public schools, and childcare facilities.
- Smoking restrictions are required in restaurants, bars, casinos/gaming establishments (tribal establishments are exempt), retail stores, and recreational/cultural facilities.

### YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products, including electronic cigarettes, is 21; active duty military personnel are exempt. California is one of two states with a minimum age of 21 for tobacco products.
- Establishments are required to post signs stating that sales to minors are prohibited.

### BASEBALL STADIUM LAWS

- Beginning January 1, 2017, the use of smokeless tobacco is prohibited in California's five professional baseball stadiums.

## LOCAL TOBACCO LAWS

- Beginning January 1, 2017, Berkeley, California prohibits the sale of flavored tobacco products, including menthol, within 600 feet of any school.<sup>9</sup>
- In Los Angeles, the use of smokeless tobacco products at all baseball fields and other athletic venues is prohibited.<sup>8</sup>
- In San Francisco, the use of all tobacco products, including smokeless tobacco, at all baseball venues and athletic fields is prohibited.<sup>8</sup>

## CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 48.6% of adult every day smokers in California quit smoking for one or more days in 2014.<sup>10</sup>
- California's Medicaid program covers all seven recommended tobacco cessation medications. Coverage of group, phone and individual counseling varies by health plan.<sup>7†</sup>
- The limitations of coverage for the state's Medicaid program vary by health plan.<sup>7‡</sup>
- California's state quitline invests \$1.53 per smoker; the national average investment per smoker is \$3.37.<sup>7</sup>
- California does not have a private insurance mandate provision for cessation.<sup>7</sup>

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† The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Bupropion (Zyban).  
Fiore MC, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.

‡ Barriers could include: Limits on duration, annual or lifetime limits on quit attempts, requiring prior authorization, requiring co-payments, requiring using one or more cessation treatments before using others and/or requiring the use of counseling to receive medications.

## REFERENCES

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<sup>1</sup> CDC, Behavioral Risk Factor Surveillance System, 2014

<sup>2</sup> CDC, Youth Risk Behavior Surveillance System, 2015

<sup>3</sup> CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013

<sup>4</sup> Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 17 Years Later FY2016, 2015

<sup>5</sup> Campaign for Tobacco-Free Kids, Toll of Tobacco in the United States, 2015

<sup>6</sup> American Lung Association, SLATI State Reports, 2015

<sup>7</sup> American Lung Association, State of Tobacco Control, 2016

<sup>8</sup> Knock Tobacco Out of the Park. [www.tobaccofreebaseball.org](http://www.tobaccofreebaseball.org)

<sup>9</sup> [http://www.ci.berkeley.ca.us/Clerk/City\\_Council/2015/09\\_Sep/Documents/2015-09-29\\_Item\\_05\\_Ordinances\\_7441.aspx](http://www.ci.berkeley.ca.us/Clerk/City_Council/2015/09_Sep/Documents/2015-09-29_Item_05_Ordinances_7441.aspx)

<sup>10</sup> CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2014