Tobacco Use and Disease Background

Background

A. Tobacco Use and Disease

Tobacco use remains the number one cause of preventable death, disease, and disability in the United States[1]. Forty percent of all cancer diagnoses in the nation are attributed to tobacco use[2, 3] while smoking accounts for 87 percent of lung cancer deaths, 32 percent of coronary heart disease deaths, and 79 percent of all cases of chronic obstructive pulmonary disease.[1] Each year, smoking accounts for approximately 40,000 adult deaths in California.[4,]

Direct health care costs attributed to smoking in California are $13.29 billion annually and California taxpayers spend $3.58 billion dollars each year to treat cancer and other smoking-related diseases through Medi-Cal.[4] To put this in perspective, the fiscal year (FY) 2022/2023 budget for the CDPH was $6.7 billion.[5]

In 1989, CDPH/CTCP was established with funding provided through a percentage of a cigarette tax. As a result of concentrated efforts to reduce initiation and use of tobacco and protect non-smokers from secondhand smoke (SHS), CDPH/CTCP and its partners have reduced the smoking prevalence among Californians by 62.4 percent between 1988 and 2020 to the current rate of 8.9 percent or about 2.7 million adults.[6] Despite this success, there are communities in California that continue to suffer a disproportionately high burden of tobacco use and tobacco-related disease[7]

The data below demonstrates that certain populations in California are disproportionately burdened and harmed by systemic and pervasive marketing strategies meant to lure, addict, and maintain tobacco use among their communities.

Population		2016	2017	2018	2019
Race and Ethnicity	Hispanic or Latino*	10.9%	9.6%	10.8%	6.2%
	African American or Black*	22.0%	12.0%	12.3%	12.2%
	American Indian*	20.4%†	17.8%	45.0%	8.6%†
	Asian*	7.3%	6.7%	8.7%	4.1%
	White	12.4%	11.2%	11.5%	7.9%
	Other or multiracial	18.7%	18.1%	17.0%	6.3%
Sexual Orientation	Lesbian, Gay, or Bisexual*	15.8%	18.2%	17.9%	9.5%
	Straight	11.8%	9.8%	10.6%	6.6%
Income	<185% FPL*	16.9%	13.9%	15.7%	10.5%
	≥185% FPL	9.3%	8.6%	9.1%	5.4%
Mental Health	SPD likely*	26.1%	27.2%	32.5%	10.4%
	SPD not likely	11.3%	9.4%	10.1%	6.6%
Area	Urban	11.5%	9.8%	10.7%	6.7%
	Rural*	15.8%	14.2%	15.4%	8.4%
Overall		**11.9%**	**10.2%**	**11.2%**	**6.9%**

*The data above provides 2016-2019 prevalence of adult cigarette use by demographics in California from the California Health Interview Survey.[7]

B. Health Equity Statement

CDPH/CTCP is guided by the principle of health equity, which is defined as "efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives" (H&S Code Section 131019.5). To achieve health equity, CDPH/CTCP prioritizes a focus on accelerating declines in tobacco-related disparities and engagement with priority population communities. As defined by the Tobacco Education and Research Oversight Committee's Plan, *Achieving Health Equity: Toward a Commercial Tobacco-Free California,2021-2022*, priority populations in California are those that use tobacco at higher rates, experience greater SHS exposure, are disproportionately targeted by the industry, and/or have higher rates of tobacco-related disease. These include racial and ethnic minority groups, sexual and gender groups, people of low socioeconomic status, rural residents, military personnel and veterans, workers not covered by smoke-free workplace laws, people with behavioral health conditions, people with disabilities, and school-age youth. Among these groups, CDPH/CTCP focuses on American Indian/Alaskan Native; African American/Black; Asian and Pacific Islander; Hispanic/Latino, Lesbian Gay Bisexual Transgender Queer/Questioning (LGBTQ+); Rural; Low Socioeconomic Status (SES); and Behavioral Health populations.

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