Reducing the Impact of Tobacco on Rural California Communities

POLICY PLATFORM EXECUTIVE SUMMARY

RURAL INITIATIVES STRENGTHENING EQUITY (RISE)

California has made great progress in reducing overall tobacco use, yet geographic disparities remain. Rural adults are more likely to smoke than adults in general. Rural high school students use cigarettes and smokeless tobacco at higher rates than urban students. Rural Californians have an increased risk of lung cancer and lower survival rates. The tobacco industry targets rural communities in ways that exploit rural values, and rural youth are less exposed to anti-tobacco media messaging.

In response to these trends, Rural Initiatives Strengthening Equity (RISE), a Statewide Coordinating Center funded by the California Department of Public Health, California Tobacco Control Program, has prepared a policy platform laying out five priorities for reducing tobacco use and exposure in California's rural communities.

PRIORITY 1

Enact strong tobacco retailer licensing (TRL) policies.

Why rural communities need strong TRL policies:

- » TRL addresses rural disparities by reducing tobacco use.
- » TRL protects youth by reducing illegal sales to youth.
- TRL generates a locally controlled source of funding for enforcement.

What a "strong" TRL policy includes:

- » A local license that all retailers must obtain and annually renew.
- » An annual fee covering all administration and enforcement costs.
- » Coordination of all tobacco laws including local, state, and federal.
- » Financial deterrents, including suspension and revocation of the license.

How a strong TRL policy can be further strengthened:

- » Expand the definition of a "tobacco retailer."
- » Restrict who is eligible to obtain a license.
- » Restrict where licensed retailers may operate.
- » Increase the requirements to maintain a license.
- » Increase the penalties for violations.

Reduce the sale of menthol and other flavored tobacco products.

Why rural communities need flavored tobacco bans:

- » Flavor bans address disparities by protecting against predatory marketing.
- » Flavor bans protect youth by making tobacco use less attractive.
- » Flavor bans encourage cessation.

Other ways communities can regulate flavored tobacco products:

- » Restrict the sale of certain products, like flavored smokeless tobacco.
- » Restrict advertising and promotion.
- » Require graphic warnings at the point of sale.
- » Restrict access, for example by requiring a "buffer zone" around schools.
- » Regulate the pricing of flavored tobacco products to prevent discounting.

PRIORITY 3

Reduce exposure to secondhand smoke and aerosols.

Why rural communities need stronger secondhand smoke protections:

- » They are good for business, especially in communities that rely on tourism.
- » Reducing secondhand smoke reduces wildfire risk.
- » Closing loopholes in secondhand smoke laws reduces smoking prevalence.

How secondhand smoke protections can be strengthened:

- » Close loopholes in clean indoor air laws.
- » Protect outdoor workers.
- » Make outdoor public places smokefree.
- » Make multi-unit housing smokefree.

PRIORITY 4

Reduce tobacco product waste (TPW).

Why rural communities need TPW policies:

- » TPW includes many toxic components and cleanup is costly.
- » Cigarette butts can cause wildfires.
- » Reducing TPW is good for business.
- » Reducing TPW provides a safer environment for children.

What TPW policies can do:

- » Prevent littering.
- » Hold businesses accountable for TPW.
- » Define a broader strategy for reducing TPW.
- » Stop TPW at the source.

Increase tobacco cessation messaging and options for treatment.

There are several promising systems approaches for promoting tobacco cessation:

- » Motivate Medi-Cal managed care plans to prioritize tobacco cessation.
- » Make tobacco screening and treatment a health system standard of care.
- » Increase referrals to Kick It California (AKA the Smokers' Helpline).
- » Expand the use of training on tobacco cessation.
- » Create a norm of tobacco recovery in behavioral health systems.



SOURCES

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