

Reducing the Impact of Tobacco on Rural California Communities

A POLICY PLATFORM

2025 Update





About RISE

Rural Initiatives Strengthening Equity (RISE), a project of the California Health Collaborative, is one of six California statewide priority population coordinating centers funded by the California Tobacco Prevention Program (CTPP). RISE assists to accelerate the adoption, implementation, and impact of policy and system change campaigns conducted by rural projects throughout California. Specifically, it supports rural communities and tobacco prevention projects working on local policy adoption and tobacco treatment and cessation services with technical assistance including rural-specific leadership development, educational materials and trainings, statewide advocacy, and strategy guidance.

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2025 Update

California has seen significant changes in tobacco prevention protections since the 2021 publication of the RISE Policy Platform. A statewide flavored tobacco product ban was enacted in 2023 and SB 793 (2019), Prop 31 (2022), and AB 3218 (2024) have provided greater protections for all youth, rural included. These policies give local jurisdictions additional impetus for adopting local tobacco retail licenses that fund local enforcement of existing laws and can be used to strengthen protections.

In addition to updating retail recommendations, this policy platform update shows significant changes to the cessation policy recommendation, adopting an approach that incorporates an important consideration for tobacco treatment in policy work. It also introduces a recommendation for a change in terminology from “tobacco cessation” to “tobacco treatment,” reflecting the need to adopt a people-focused approach to support those trying to quit nicotine addiction.

*This edition of the policy platform also highlights the successes of rural retail endgame policies. Rural communities saw an over **81% increase** in retail policies since 2019, with 20 jurisdictions now having some form of tobacco retail license.*

We look forward to continuing our support of rural projects as they accelerate momentum to decrease tobacco use prevalence and bridge the health disparity gaps found in rural communities.

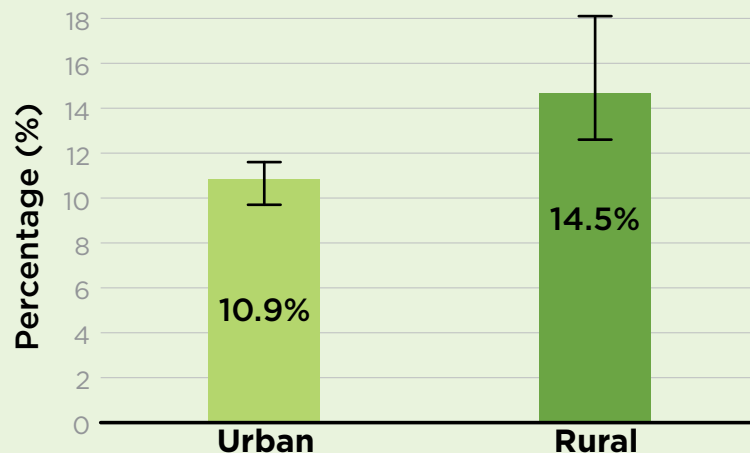


Today's Rural Landscape

California has made great progress in reducing overall tobacco use, yet significant geographic disparities remain.¹ Adults living in rural areas of the state are more likely to use tobacco products than those in urban areas (10.9% urban vs. 14.5% rural). [See Figure 1.]² Rural high school students use cigarettes and smokeless tobacco at higher rates than their urban counterparts and use e-cigarettes at about the same rate, but rural e-cigarette use is 7.6% amongst rural youth versus 4.4% amongst urban youth.³ Rural counties have more stores that sell tobacco per 100,000 residents than counties in general 90.6 vs. 74.8.⁴ Historically, more stores in rural areas sold menthol cigarettes (92.4 percent vs. 88.3 percent) and flavored non-cigarette tobacco products (86.6 percent vs. 81.8 percent),⁴ and many tobacco products cost less in rural areas.⁵ Rural Californians have a significantly increased risk of lung and other cancers that can be caused or exacerbated by tobacco use, less access to appropriate cancer care, greater likelihood of receiving a late-stage diagnosis, and lower cancer survival rates.⁶

FIGURE 1

Current Tobacco Product Use Among Adults Aged >_18 years



Source: CA Tobacco Facts & Figures 2025: California Health Interview Survey, 2022–23.

National studies have found additional disparities that may affect rural Californians.⁷ Rural U.S. tobacco users start at a younger age and are more likely to be heavy users.⁸ Rural residents are more likely to be exposed to secondhand smoke at work and home than urban residents.⁷

The tobacco industry has historically targeted rural communities using messaging and imagery that exploit rural values. For example, they have targeted young rural men with advertisements featuring rugged figures such as cowboys, hunters, and race car drivers.⁹ Meanwhile, rural youth have less exposure to anti-tobacco media messaging.⁹ Rural California school districts often have less capacity to apply for [Tobacco Use Prevention and Education \(TUPE\)](#) grants than urban school districts, so rural youth may have fewer in-school tobacco prevention opportunities.

In addition, due to their smaller population sizes, rural counties are less likely than urban counties to have accurate, county-specific estimates of tobacco use prevalence. This makes it more challenging for tobacco policy advocates to educate local policy makers.

Public health advocates working to advance tobacco prevention policies in California's rural communities must contend with an additional challenge—a predominantly conservative political culture which tends to resist new tobacco prevention policies. On the other hand, it is often easier to build relationships in rural areas because of more direct access to policy makers and informal networking opportunities. Rural populations also tend to exhibit pride of place and a willingness to invest in their community.¹⁰ In short, tobacco prevention policy work in rural communities comes with both challenges and advantages.

This Policy Platform describes lessons learned from previous tobacco prevention policy work and describes the political context of rural policy making. It provides guidance on how to frame policy proposals in this environment and how to overcome internal resistance. It then lays out five priorities for rural policy and systems changes which RISE and its rural partners believe are the most important and achievable measures for reducing tobacco use and exposure in California's rural communities, along with some examples of successful policy adoption.



The Rural Context for Policy and Systems Change

Lessons learned from previous policy work in rural communities

Tobacco prevention advocates who have done policy work in rural California communities have expressed some general lessons learned about this work:

- » **Rural policy change is a long-term process.** Getting new policies adopted in a rural community is often a multi-year process requiring persistence and ample amounts of relationship building, education, and volunteer effort.
- » **Policy change requires broad community support.** Help is needed from a wide range of individuals, groups, and organizations. Allies may include:



Youth. With their enthusiasm and fresh perspectives, young people are often effective policy advocates for progressive causes. Even many conservative, pro-business policy makers want to support youth and prevent harm to young people.



Local health experts. These trusted professionals and members of the community can be influential when sharing their experiences with patients who have been affected by tobacco use or exposure.



Local officials other than those making policy decisions. Many rural communities are characterized by an informal network of relationships among policy makers and other responsible parties. City managers, planners, treasurers, police chiefs and sheriffs, school superintendents, and other local officials all may have relationships with each other and with the policy makers who will decide whether to adopt a proposed policy. Good relations with the people in these other positions can lead to good relations with policy makers. These individuals can also help to create an environment favorable for policy adoption by directly or indirectly wielding their influence.



Groups that conduct tobacco product waste cleanups.

Groups that conduct environmental cleanups can provide compelling confirmation of problems related to tobacco use in the community.



Grassroots organizations. Organizations that advocate for community health, social justice, environmental protection, and related causes can help to build public support for a proposed policy, and can provide valuable testimony during deliberations. Some minority communities may face linguistic or other barriers to engagement in the policy making process. Partnering with organizations that serve these communities can help to cultivate trust and engagement in the policy making process by community members.

» ***True stories from the community can make a difference.*** A critical element in getting a policy adopted is often a community member with a compelling story to tell about being negatively impacted by the lack of the proposed policy. Stories like these are often more persuasive to policy makers than abstract statistics. Empathy interviews (similar to key informant interviews) can be a useful tool for gathering and developing these stories.

The political context of rural policy making

Rural county residents tend to skew conservative politically,¹¹ and rural governments tend to reflect the conservative political leanings of their constituents. Policy makers in these communities are often local business owners who are leery of imposing costly restrictions on other businesses, but they may support efforts to improve the overall business climate. For example, they may support reducing secondhand smoke exposure and tobacco product waste near stores so that shoppers will spend more time in the area. Similarly, they may be philosophically opposed to the idea of regulating or restricting what they consider to be private behavior such as smoking or vaping. But they may support governmental intervention if it will stop a powerful interest such as the tobacco industry from taking unfair advantage of their community members—particularly if the community members in question are young people. This political context has implications for making progress on policy in rural communities:

» ***Greater effort is needed to make a compelling case.*** Rural advocates cannot count on policy makers agreeing philosophically with a policy agenda. Instead, they must make a compelling case for each “exception” to the conservative principle that governments should stay out of people’s business and private affairs. This requires greater efforts in the areas of relationship building, education, volunteer advocacy, and health education messaging.



- » **Advocates may need to focus on “low-hanging fruit.”** The most progressive ordinance that can pass in a rural community may be less restrictive than those adopted in more urban, liberal-leaning communities. But sometimes it is better to lock in a modest policy win in the near term and work to expand it later than to hold out indefinitely for a bigger win. Policy advocates should assess their community carefully, including meeting with decision makers, to understand what types of policies can pass.
- » **An incremental approach may be needed to achieve a more comprehensive policy.** If adopting a comprehensive policy is not feasible based on community and political assessment, a more incremental approach may be needed. Once adopted, a basic ordinance can be strengthened over time, such as by removing exemptions or adding restrictions. Benchmarking documents such as the [American Lung Association’s State of Tobacco Control report](#) can be useful for measuring progress in policy adoption relative to other similar jurisdictions.
- » **Be strategic.** The best antidotes to conservative resistance on tobacco policy tend to be in-person communication, youth participation, comprehensive community support, and personal stories.
- » **Consider embedding tobacco policy goals in the general plan.** The general plan process may allow for broader conversations about prevention and public health than the legislative process. Planners may already have knowledge of equity and prevention and may be more supportive of tobacco prevention than many policy makers are. Embedding tobacco policy goals in the general plan can plant “seeds” for future policy development. It may also help to build a feedback loop for tobacco prevention ordinances into the general plan, so that health department staff will be expected to provide policy makers with annual updates on policy adoption and implementation. This will provide policy makers with regular opportunities to adopt new legislation and tighten the standards until the long-term goals of the general plan are achieved.



Colusa County and City of Williams Add Multi-Unit Housing Language to Their General Plans



In June 2020, the Colusa County Board of Supervisors added language promoting smokefree multi-unit housing (MUH) to its general plan, and city planners in Williams followed suit in October 2020. While not a substitute for legislation, a general plan can serve as a guide expressing constituents' vision for their community.

Prior to this, Colusa County Tobacco Education Program (TEP) staff had been unable to get a MUH policy passed. With the county due to update the housing element of its general plan, TEP staff saw an opportunity to put MUH on the table, although they had never worked on general plans and did not have a common language to communicate with planners. They persevered through a long updating process to make sure the MUH language made it into the final draft.

A standout moment came when it was time for supervisors to vote on the update. COVID-19 cases were spiking, and the meeting naturally shifted focus, but coalition members called in to support the proposed tobacco control language. Hearing from community members cemented the board's approval of the final language.

Framing policy proposals for rural communities

These considerations should be kept in mind when framing policy proposals to maximize the likelihood of adoption in rural counties and cities:

- » **Show how youth and families will benefit.** To the extent that youth and families can be highlighted as beneficiaries of the proposed policy, the proposed policy will stand a better chance of adoption. For example, a smokefree parks policy can be framed as a way to ensure safe and attractive recreational opportunities for youth and families.
- » **Make the business case.** Conservative policy makers tend to be more supportive of a tobacco policy if they understand how the expected health benefits will be good for business. Chambers of commerce and other business associations often have great influence in rural communities and should be expected to push back against any proposed policies that could negatively impact businesses. Therefore it is important to prepare effective counterarguments to their concerns and to recruit allies from the business community.

- » **Show how the policy is good for tourism.** With their proximity to national parks, a common concern in many rural communities is the area's attractiveness to tourists. There may be receptivity to reducing tobacco consumption, secondhand smoke, and tobacco product waste to help attract tourists, especially those from urban areas who expect a tobacco-free environment.
- » **Show how the policy reduces wildfire risk.** In the aftermath of devastating wildfires affecting large swaths of the state, many rural communities are acutely aware of needs relating to fire prevention. There may be openness to efforts to limit smoking in outdoor areas and cigarette butt litter to help prevent wildfires.
- » **Show how the proposed policy addresses local conditions.** Conditions in a rural county may be very different from those in an urban county. For example, by landmass some mountain counties are as much as 90 percent national forest—land that is controlled by the federal government, not by local policy makers. Counties like these may achieve a greater reduction in tobacco use by adopting a policy of working with their national forest on wildfire reduction and environmental protection than on a local smokefree parks policy.



Overcoming internal inertia

Tobacco control staff who work in rural health departments sometimes encounter internal blockages that can impede progress on tobacco control policy. For example, department heads may instruct staff not to push for tobacco prevention measures that restrict businesses. Or they may determine that the department has only so much political capital and decide to tackle another urgent issue instead of tobacco, such as COVID-19, the opioid epidemic, or homelessness. Tobacco prevention priorities can easily get pushed aside, and without active support from health departments, local policy makers may never take action to address tobacco-related needs. In some counties, overcoming internal inertia in the bureaucratic system of the local health department is critical to making progress on tobacco control policy.

There are several possible approaches that can reduce or mitigate internal resistance:

- » **Cultivate a relationship with the county health officer.** In each county, the health officer is a credible authority with influence over departmental priorities. Tobacco control staff and partners should make

sure the health officer understands why tobacco policy is critically important and provide data to support this position (such as the number of tobacco-related deaths that could be avoided if the county's tobacco use prevalence rate were as low as the state's).

» ***Coordinate with competitive grantees.***

Organizations funded by the state for local tobacco prevention work are not accountable to the county health department, and may therefore have a freer hand to address issues the department is hesitant to bring forward for policy makers' consideration.



- » ***Identify a local community partner.*** A coalition member or other interested party from outside the department, such as an educator or health care provider in the community, may also be willing and able to bring an issue forward that the department is unwilling to push.
- » ***Bring in an outside expert.*** In consultation with RISE, it may be possible to identify a subject matter expert from outside the county who can help educate policy makers and/or department staff. More information about these resources can be found on the [RISE website](#).
- » ***Collaborate with local health partners.*** When faced with competing priorities for the attention of policy makers, it can be helpful to connect with local health partners to develop a shared understanding of the need to make progress on community priorities and on tobacco prevention, and to find ways to provide mutual support.



Rural Priorities for Policy and Systems Change

In consultation with its rural partners, RISE has identified four main priorities for policy and systems change in rural communities:

1. Prioritize tobacco treatment in policy planning and increase local capacity for tobacco treatment provision
2. Enact strong tobacco retailer licensing policies
3. Reduce exposure to secondhand smoke and aerosols
4. Reduce tobacco product waste

PRIORITY 1

Prioritize tobacco treatment in policy planning and increase local treatment capacity



A note to the reader: At RISE, we are committed to our role as a responsive leader and advocate for the health, dignity, and representation of diverse rural communities. Distrust of public health in rural areas is a longstanding issue that intensified during the COVID-19 pandemic.¹² The language we use matters; it can rebuild trust, improve representation, focus on individuals rather than their addictions, and reduce the stigmas that contribute to inequity.¹³⁻¹⁶ For these reasons, we intentionally chose to use the term “*tobacco treatment*” instead of “*cessation*” throughout most of this document. Tobacco treatment emphasizes a more inclusive approach. Instead of concentrating solely on quitting, it encompasses support for individuals at all stages of their journey towards improved health and ending tobacco use. By centering our language on treatment, we affirm our commitment to meeting people where they are and building healthier, more equitable rural communities together.

Rural communities face unique challenges in quitting tobacco, intensified by social norms (see *p. 2*) that promote its use. Compared to the overall state population, rural residents are less likely to have smokefree policy protections (63.6% vs. 88.7%),¹⁷ which are shown to encourage quit attempts.¹⁸ Additionally, there are significantly fewer tobacco retail policies

(10.7% vs. 46.9%)¹⁹ in rural areas, hindering efforts to shift social norms and reduce environmental triggers for tobacco use.^{20,21} Access to tobacco treatment is more limited in rural regions,²² where provider shortages make it harder to find primary care (14.7% of rural residents report difficulty accessing primary care, compared to 12.2% of all CA residents²³), further limiting opportunities for referrals to tobacco treatment.

Many rural tobacco users are motivated to quit, with 63.3% wanting to do so within the next six months.²⁴ Limited resources and infrastructure can encourage innovation and cross-sector collaboration, which help expand local tobacco treatment capacity.²⁵ Messages that reflect rural values—such as legacy, mutual aid, resilience, independence, and work ethic—are more effective when delivered by trusted community leaders.²⁵⁻²⁷ To build support for policy change, emphasize treatment and avoid blame, recognizing tobacco users as valued community members.²⁶ Making tobacco treatment a priority is key to reducing tobacco-related health disparities and achieving health equity in rural communities.

What drives tobacco treatment?

Treatment addresses the use of a variety of tobacco products, such as cigarettes, cigars/cigarillos, vapes/e-cigarettes, smokeless tobacco, and nicotine pouches. Three main factors, or “drivers,” influence the demand for tobacco treatment in a community:

1. **Motivation to Seek Treatment:** External factors—such as higher tobacco taxes and smokefree policies—can encourage people to seek tobacco treatment.^{28,29} Studies also show that health concerns are a major motivator, underscoring the important role health providers play by adopting tobacco screening and referral protocols.³⁰⁻³²

Related Strategies: Smokefree policies, provider tobacco screening and referrals, tobacco retail policies.

2. **Access to Treatment:** Most tobacco users try to quit “cold turkey” without any help, and only 7–8% succeed.³³ Evidence-based treatments greatly improve success rates, and combining behavioral treatments and pharmacotherapy can double or triple the chances of success.^{33,34}

What is “Evidence-Based” Tobacco Treatment?³⁵

Behavioral Treatments:

Individual, group, and phone counseling

Pharmacotherapy:

Over-the-Counter Nicotine Replacement Therapies (patches, gum, lozenges), prescription medications containing nicotine (spray and inhaler), non-nicotine prescription medications (varenicline and bupropion)

To turn intention into success, communities should raise awareness of available services and make it easier for tobacco users to access effective treatments.

Related Strategies: Participate in local needs assessment, map community tobacco treatment assets, build a referral network, tobacco treatment training and service collaborative.

3. **Sustain Quitting:** The number of attempts needed to end tobacco use successfully varies widely—from about 5–7 to over 30.³⁶ Still, people report similar factors contributing to resuming tobacco use: social pressure, stress, and triggers such as tobacco advertising, in-store displays, or discounts that spark cravings and lead to impulse purchases.^{20,21}

Related Strategies: smokefree policies, tobacco retail policies.



Strategies to increase tobacco treatment

Local jurisdictions, organizations, and agencies can adopt policies and practices that encourage people to receive tobacco treatment and increase access to treatment resources. The recommendations below were chosen for their feasibility in rural communities. See our *SOW Recommendations to Build Rural Tobacco Treatment Capacity* guide for more details specific to CTPP-funded projects.

PRIORITIZING TOBACCO TREATMENT IN POLICY PLANNING

Smokefree policies: Include plans for tobacco treatment services in both legislated and voluntary policy language and implementation plans. Voluntary policies—such as smokefree events, workplaces, behavioral health facilities, and health clinics—can help build community readiness for

broader legislated policies. Pursue policies in various community settings to maximize reach and strengthen social norms that support treatment.

- » **Time to prepare:** Announce new smokefree policies to all affected parties (staff, volunteers, clients, vendors, etc.) at least three months before they take effect. This allows tobacco users time to seek treatment and make lifestyle changes. The *Model Tobacco-free Policy Timeline* from the Center for Tobacco Cessation's [*Tobacco-free Toolkit for Behavioral Health Agencies*](#) outlines key steps for successful policy rollout and can be adapted for both voluntary and legislated policy settings.
- » **Promote treatment resources:** Emphasizing help rather than punishment can increase community support for smokefree policies from tobacco users and non-users alike in rural areas.²⁶ Prioritize tobacco treatment in policy discussions and include short- and long-term strategies to connect affected individuals with resources, such as:
 - Adding a website or QR code for Kick It California to smokefree signs,
 - Hosting a kick-off event on the policy's effective date and distributing free quit kits,
 - Printing tobacco treatment resources on “policy reminder” palm cards for enforcement, and
 - Making over-the-counter nicotine gum or lozenges available to adult clients as part of enforcement protocols for health or social service facilities.
- » **Policy language:** Clearly state tobacco treatment resources and plans in the official policy. For example, the Public Health Law Center (PHLC) recommends:

“At least one sign placed in each place where smoking is prohibited must include the following tobacco cessation hotline number: [###-###-####]”

PHLC model policies and ordinances offer more sample language that can be adapted for specific needs, including:

- [*Commercial Tobacco-Free Outdoor Areas*](#) (p. 17)
- [*End Commercial Tobacco Sales*](#) (p. 14–15)

Provider tobacco screening and referrals: Every patient visit is an opportunity to connect a tobacco user to treatment. Health care providers and systems should treat tobacco dependence like a chronic disease – screening and treating every patient who uses tobacco.³⁷ Help providers adopt and implement screening protocols and e-referral systems that reduce administrative burden and improve patient outcomes.

- » **Promote Ask-Advise-Refer:** Educate hospital, clinic, and health system stakeholders on the importance of routine tobacco screening and the benefits for patient health.
- » **Facilitate Referral Integration in Electronic Health Records:** Kick It California offers electronic referrals (e-referrals) that can be built into electronic health record (EHR) systems, saving providers time and increasing patients' access to cessation support. Providers receive automated updates on patient progress, allowing them to offer more tailored follow-up care. Educate stakeholders on EHR integration and complete the [Referral Interest Form](#) to connect with a Kick It California representative.

See [Partners Cessation Focus Area](#) for the most up to date resources and technical support.

Tobacco retail policies: Point-of-sale (POS) ads and price promotions can trigger cravings and lead to impulse tobacco purchases. Policies that limit the retail environment help people end tobacco use and reduce youth tobacco use by changing community norms.³⁸ Local governments can adopt the following provisions through stand-alone ordinances, tobacco retail licensing, general plans, zoning, etc., to support tobacco treatment. (For more information on tobacco retail licensing, see page 17.)

- » **Pricing policies:** Set minimum prices and prohibit promotions or discounts that weaken the impact of tobacco taxes. See the Public Health Law Center's [Pricing Policies for Tobacco Products](#) guide.
- » **POS advertising:** Limit the amount of storefront or window space that can display ads (regardless of content) and restrict how close ads can be to the POS. See the Public Health Law Center's [Restricting Tobacco Advertising](#) and [Content-Neutral Advertising Laws](#) guides.
- » **Number of retailers and locations:** Research shows that capping the number of tobacco retailers in a community (e.g., 1 per 1,000 residents) and limiting their distance from youth-sensitive areas can be more effective than density-based limits in rural areas.^{39,40} See the Public Health Law Center's [Comprehensive Tobacco Retailer Licensing Ordinance](#) and [General Plans & Tobacco Control in California](#) guides.
- » **Tobacco-free pharmacies:** End tobacco sales in pharmacies and health care settings through stand-alone ordinances, licensing, or zoning. See the Public Health Law Center's [Prohibiting Pharmacy Sales of Tobacco Products](#) guide.



First 5 Yuba and Peach Tree Health Build Tobacco Screening and Referral into Every Patient Visit

In 2023, Peach Tree Health adopted smokefree campus policies and implemented an electronic health record (EHR) workflow to screen every patient for tobacco use at every visit, with referrals to Kick It California for those who wanted help to quit. The milestone was the result of a multi-year partnership with First 5 Yuba to reduce children's exposure to tobacco and connect families to tobacco treatment resources.

The collaboration began in 2021 with relationship-building, key informant interviews, and focus groups to understand Peach Tree's culture and workflows. First 5 Yuba approached the work as equal partners, building trust from leadership to front-line staff. Lunch-and-learn sessions with call center employees proved pivotal in securing buy-in.

Together, they updated policy language, integrated screening into the EHR, removed designated smoking areas, and celebrated the launch with a Chamber of Commerce ribbon-cutting. By early 2024, more patients were being screened and referred, and Peach Tree had emerged as a leader in local tobacco prevention—eventually chairing the county tobacco coalition.



STRATEGIES TO BUILD LOCAL CAPACITY

Rural counties often face provider shortages and weaker policy protections, but they also offer powerful opportunities for innovation and collaboration. By leveraging local leadership and cross-sector partnerships, communities can strengthen cessation infrastructure and ensure tobacco users are supported—not stigmatized—in their treatment journeys.

Participate in local needs assessments: Joining local needs assessments is a strategic way to make addressing tobacco inequity a community priority.

- » **Community Health Needs Assessments (CHNAs)** – Conducted by non-profit hospitals every three years.
- » **Community Needs Assessments (CNAs)** – Conducted by accredited health departments every five years.

Both assessments require stakeholder input. Contact your local hospital or health department to join the process and advocate for including tobacco use and tobacco-related chronic disease in the community health agenda. Involvement can also “generate baseline data, establish collaborative infrastructure, and define guiding principles that could ground future tobacco control efforts.”⁴¹

Map community treatment assets: Many agencies struggle to track and share information on available tobacco treatment services because referrals and treatment span multiple organizations and sectors. Mapping these assets helps communities uncover gaps, build on strengths, and design targeted strategies to build capacity.



Great for
Coalitions

- » **Environmental Scan SOW Activity:** Local Lead Agencies can add the “Environmental Scan” activity to their scope of work to integrate asset mapping into current programs. See our *SOW Recommendations to Build Rural Tobacco Treatment Capacity* guide for more details.
- » **Facilitate Community Asset Mapping Sessions:** The Advancement Project’s *Participatory Asset Mapping* toolkit offers planning tools and adaptable facilitation guides. Consider mapping both tobacco treatment referral resources and evidence-based treatment providers for a complete view of your local landscape.

Build a referral network: Identify service providers and groups likely to interact with tobacco users (see **Map Community Tobacco Treatment Assets** above). Meet with stakeholders to learn their priorities, educate them on how tobacco inequities affect their clientele, and discuss barriers to accessing treatment. Invite them to join a local “referral network” to:



Great for
Coalitions

- » Integrate tobacco screening into workflows
- » Establish a referral protocol
- » Direct referrals to local services or Kick It California, depending on capacity

Quitlines are a vital treatment resource to overcome rural geographic barriers and capacity limitations.⁷

Tobacco treatment training and service collaborative:

Form a local tobacco treatment training and service collaborative to address resource limitations and staff turnover by pooling expertise and sharing costs. This collaborative can develop a sustainable service network through aligned referral protocols and shared training, ensuring that treatment knowledge is retained locally even when individual staff move between organizations. This approach maximizes resources, strengthens local expertise, and fosters a resilient, community-owned tobacco treatment support system.



Great for
Coalitions

» *Where to start*

- *Map Community Tobacco Treatment Assets* (see above) to identify potential members, such as health care providers, behavioral health agencies, schools, tribal health organizations, social service agencies, and community-based organizations.
- Convene members to review assets, identify gaps, and set collective priorities.

» *How to grow*

- *Host a Behavioral Health Regional Training or Certified Tobacco Treatment Specialist (TTS) Training* with the [Center for Tobacco Cessation](#).
- Coordinate with local providers to integrate the [Center for Tobacco Cessation](#)'s Rx for Change curriculum into staff training plans.

See [Partners Cessation Focus Area](#) for the most up to date resources and technical support.



Enact strong tobacco retailer licensing policies.



California requires retailers selling tobacco in the state to be licensed,⁴² but this is to “help stem the tide of untaxed distributions and illegal sales,”⁴³ not to fund local enforcement activities. Local jurisdictions that want stronger protections for their residents can establish their own licensing programs, and many have done so. However, only a third of rural Californians are protected by strong local tobacco retail licensing (TRL) laws, a significantly lower proportion than for the general population.⁴

Why rural communities need TRL policies

[ChangeLab Solutions](#), an organization that helps develop public health policy, has described some of the reasons for local jurisdictions to adopt TRL policies:⁴⁴

- » **TRL laws help address rural disparities.** The prevalence of tobacco use is higher in rural areas than in urban areas.² Adopting strong TRL laws in rural communities helps to address this disparity by reducing access to tobacco and exposure to tobacco marketing, thereby discouraging initiation of tobacco use and encouraging cessation.
- » **TRL laws protect youth.** Rural high school students use cigarettes, smokeless tobacco and e-cigarettes at higher rates than their urban counterparts.² While reducing access to tobacco overall, local TRL laws also specifically reduce illegal sales to youth⁴⁵ and may lower the rates of cigarette and e-cigarette use among youth and young adults.⁴⁶
- » **TRL laws build capacity for enforcement.** The state licensing program does not generate funding for local enforcement in the retail environment. In contrast, a strong local TRL law with sufficient licensing fees generates a sustainable source of funding for enforcement. It can provide for comprehensive enforcement of all tobacco laws, including local, state, and federal.

What constitutes a “strong” TRL policy

The Center for Tobacco Policy & Organizing, a project of the American Lung Association in California which helped many local communities advance effective policy, identified four basic components of a “strong” TRL policy:⁴⁵

- » **A license requirement.** All retailers who want to sell tobacco products should be required to obtain a local license for this purpose and to renew it annually.
- » **An annual fee.** The fee should be high enough to cover the cost of administration and robust enforcement, including regular compliance checks.
- » **Coordination of all tobacco laws.** The TRL should specify that a violation of any existing tobacco law, whether local, state, or federal, is a violation of the license.
- » **Financial deterrents.** The policy should clearly define a series of escalating consequences for repeated violations, including suspension and revocation of the license.



The [Public Health Law Center](#) has published a model TRL ordinance with related guidance that is a useful starting point for rural jurisdictions considering developing such a policy. [Change Lab Solutions](#) also has a model TRL ordinance.

How a strong TRL policy can be further strengthened

Meeting the minimum requirements for a strong TRL policy is only the beginning. A strong TRL policy sets the expectation that the local government will protect youth and others in the community by regulating tobacco marketing and sales. It provides a regulatory framework that can be expanded over time to provide better protections for the community, including [endgame goals](#) such as [Nicotine-Free Generation](#) and license sunseting approaches. The main reason that TRL laws are the top policy priority is that they provide a foundation for making further policy progress in tobacco retail environments. There are several ways a TRL law can be expanded:⁴⁷

- » **Expand the definition of a “tobacco retailer.”** For example, shops that sell paraphernalia such as rolling papers can be added to the list of tobacco retailers.
- » **Restrict who is eligible to obtain a license.** Mobile vendors can be excluded, in order to better regulate where and when tobacco products

are sold. Businesses that contain a pharmacy can also be excluded, on the grounds that selling tobacco is incompatible with their role of delivering health care services to the community.

- » ***Restrict where licensed retailers may operate.*** To limit youth access and exposure, a TRL law can prohibit the issuance of licenses to businesses operating within a certain distance from schools and other areas where youth congregate. The law can require new licensees to be located a certain minimum distance from existing licensees. Another good way to limit the density of tobacco retailers is to cap the number of available licenses, based on population size. To move toward endgame goals, jurisdictions can include an end date for all tobacco sales, exempting current license holders with a non-transfer stipulation.

- » ***Increase the requirements to maintain a license.*** Additional requirements that retailers must comply with to keep their licenses can be added over time. A TRL law can require retailers to check ID if customers appear younger than 27. It can prohibit coupon redemption, discounts, and promotions. It can establish minimum prices for cigarettes, and minimum prices and package sizes for other products such as cigars and little cigars. TRL requirements such as these help to counter the tobacco industry's predatory marketing tactics.



- » ***Increase the penalties for violations.*** License violations typically involve a suspension of the privilege of selling tobacco products for a pre-determined number of days, with escalating penalties for repeated violations followed by revocation of the privilege after a fourth violation. The suspension periods can be increased and other penalties can be added—such as not being allowed to display tobacco products, paraphernalia, or advertising during suspension and having the products seized and destroyed.

Passing a TRL policy that has all of these “policy add-ons” from day one may be very difficult, particularly in rural areas where governments are strongly pro-business and anti-policy. Therefore it may be prudent to work on passing a basic TRL law first (i.e., one that has the four components of a strong TRL law outlined above) and then work on strengthening it over time with these additional provisions.

Other ways communities can regulate tobacco products

Although a complete ban on tobacco products would provide the strongest protection for youth and others in the community, advocates in jurisdictions with a conservative political culture may need to weigh what is desirable against what is achievable. Policy makers who are unwilling to support a complete ban on tobacco products may be willing to consider more limited measures. The [Public Health Law Center](#) has identified several restrictions short of a complete ban that could limit the harmful effects of tobacco products:⁴⁸

» **Restrict the sale of certain products.** A local jurisdiction can prohibit the sale of certain categories of tobacco products that disproportionately impact the community, such as e-cigarettes, little cigars, or smokeless tobacco.

» **Restrict advertising and promotion.**

Communities can restrict the quantity, size, and placement of signs in and around stores. For example, California's Lee Law sets a 33 percent cap on the amount of window space that can be covered with ads in stores selling alcohol,⁴⁹ and local jurisdictions can lower this cap and extend the rule to retailers selling tobacco.

» **Require graphic warnings at the point of sale.** Communities can require tobacco retailers to display graphic warnings at or near the point of sale. These should clearly indicate that the warning was issued by the government, not by the tobacco industry or the retailer.

» **Restrict access.** Local jurisdictions can require that all tobacco products be sold face-to-face and restrict online or direct-to-consumer delivery sales. They can also prohibit the sale of flavored tobacco products at locations within a certain distance from schools and other areas where youth congregate (sometime called a "buffer zone" policy).

» **Regulate the pricing of tobacco products.** Local governments can prohibit industry efforts to promote tobacco use through discounting tactics such as multi-pack offers, product giveaways, sampling, coupon redemption, and point redemption schemes.



In the meantime, the [Tobacco Education and Research Oversight Committee \(TEROC\)](#) has recommended that local agencies keep working to ensure that tobacco restrictions cover all tobacco and nicotine products, adopt stronger ordinances that prohibit the sale of all tobacco and nicotine products, and strengthen enforcement of restrictions on tobacco retailers to prevent illicit sales and unlicensed activity.



All Lake County Jurisdictions Adopt Similar TRL Ordinance Within Three Months

In August, 2024, Lake County Board of Supervisors adopted a Tobacco Retail License ordinance that included hefty fines for license violations. By December, 2024, the cities of Clearlake and Lakeport had adopted the same ordinance that allowed the Lake County Health Services Department's Public Health Division to enforce all three licenses.

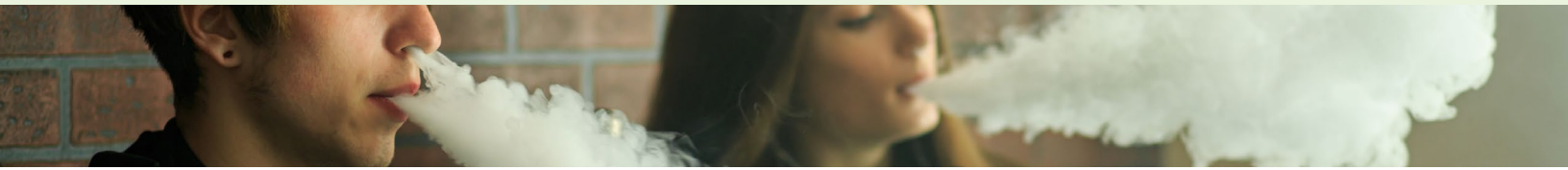


In the lead up to this momentous win after years of diversions, including Covid and department staff changes, strong collaboration with CTPP funded competitive grantees and other community partners like the Blue Zones Lake County project that also had tobacco policy goals, the tobacco policy work group had created a localized policy platform and delivered them to all the community's elected officials. Additionally, regional CTPP projects engaged young people with education and a media festival while the LLA worked with the three jurisdictions developing a license they could all support, quickly creating parity for the whole county.

In a pivotal moment, the county superintendent of schools, as well as multiple district superintendents, gave public comment urging elected officials to do something. As well, a moving lived experience shared by a local high school student elevated the need to protect all children in Lake County.

With an emphasis on hefty fines for non-compliance, the foundation for stronger retail protections was laid across the whole county in a brief period of time.

Reduce exposure to secondhand smoke and aerosols.



Great progress has been made in protecting California residents from exposure to secondhand smoke. Yet people are still unprotected in certain places, resulting in hazardous living and working conditions for many. In 2024, 44% of California adults reported being exposed to secondhand tobacco smoke and 38% to e-cigarette aerosols.⁵⁰

Fortunately, there is strong community support for smokefree air laws in rural California. According to a poll conducted in 2018 by the Center for Tobacco Policy & Organizing, 88 percent of rural voters believe that outdoor secondhand smoke is dangerous and 68 percent support a comprehensive ban on outdoor smoking in all areas accessible to the public, except for designated smoking areas.⁵¹

Why rural communities need stronger secondhand smoke protections

Since the inception of the [California Tobacco Prevention Program](#) (formerly known as the California Tobacco Control Program), protecting nonsmokers' right to clean air has been a key component of its norm change strategy. There is no safe level of exposure to secondhand smoke,⁸ and therefore no end to the potential for policies to prevent it until everyone is fully protected. There are additional reasons to support strong secondhand smoke laws in rural communities:

- » **Reducing secondhand smoke is good for business.** Many rural policy makers, especially in communities that rely on tourism, recognize that amenities such as smokefree outdoor dining and recreation are good for business.
- » **Reducing secondhand smoke reduces wildfire risk.** With no one smoking in parks and other outdoor public places, there is less risk of a discarded cigarette butt sparking a catastrophic wildfire.
- » **Closing loopholes reduces smoking prevalence.** Laws that protect nonsmokers from secondhand smoke exposure also reduce tobacco use by prompting quit attempts, increasing the number of successful attempts, reducing consumption among continuing

smokers, and discouraging kids from starting to smoke.⁵² There is evidence that tightening existing secondhand smoke laws can also reduce smoking prevalence.⁵³

What types of exposure should be covered

Ordinances aimed at reducing secondhand smoke exposure should be worded to address a range of different types of exposure, including:



- » **Combustible tobacco smoke.** This includes smoke from cigarettes, cigars, pipes, and any other combustible tobacco products.
- » **Aerosols from vaping devices.** This includes aerosols from e-cigarettes and any other vaping devices. Under California law, vaping devices are considered tobacco products, whether used to consume nicotine, cannabis, or other substances.⁵⁴
- » **Emissions from any other commercial tobacco or cannabis products.** Under California law, all such emissions are subject to the same restrictions on secondhand exposure as tobacco smoke.⁵⁵



How secondhand smoke protections can be strengthened

There are several ways local jurisdictions can improve upon the protections from secondhand smoke exposure that state law provides:

- » **Close loopholes in clean indoor air laws.** Most exemptions to California's clean indoor air laws were closed in 2024. However, a few remain that should be closed. Jurisdictions can prohibit hotel and motel guests from smoking in the 20 percent of rooms where state law still allows it. They can prohibit smoking in tobacco and cigar shops, private smokers' lounges, and hookah lounges. They can ban smoking in the patient smoking areas of long-term health care facilities, in the cabs of trucks and tractors (at all times, not just when nonsmokers are present), and on theatrical or movie stages.
- » **Protect outdoor workers.** Local jurisdictions can ban smoking at outdoor work sites. There are currently few protections for those who work outside, including many who work in construction. Smoking prevalence is particularly high in this industry, which further increases the likelihood of secondhand exposure.⁵⁶ The same applies to those who work in the timber, firefighting, and fishing industries.
- » **Make outdoor public places smokefree.** In 2019, California banned smoking in state parks and beaches,⁵⁷ but there are still many other outdoor public places where people are exposed to secondhand smoke. Local governments can ban smoking and vaping in outdoor areas within their purview, including local parks and beaches, at public events, in outdoor dining areas, recreational areas, and service areas, on public sidewalks, and in entryways.
- » **Make multi-unit housing smokefree.** Jurisdictions that have apartment complexes can prohibit smoking in all rental units.⁵⁸ Secondhand smoke exposure in multi-unit housing (MUH) is a health equity issue, because racial/ethnic minority families are more likely to live in apartments, and children who live in apartments are 45 percent more likely to be exposed to secondhand smoke than those who live in single-family homes.⁵⁹ If prohibiting smoking in all MUH units is too challenging, a beginning step may be to prohibit it in any new units that come on the market.



As with TRL laws and flavored tobacco bans, ordinances designed to protect people from secondhand smoke exposure can be strengthened over time, by closing loopholes and adding new restrictions.



Crescent City Passes a MUH Ordinance

After years of hard work by the Del Norte County Tobacco Use Prevention Program staff and coalition members, the City Council of Crescent City voted 4-1 to pass a smokefree MUH ordinance in November 2020. The ordinance prohibits smoking inside apartment units, on balconies and patios, in common areas, and within 25 feet of residences.

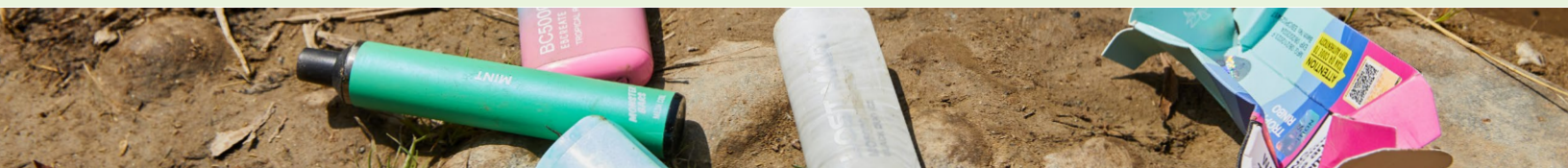


One of the biggest challenges was helping elected officials understand that smokefree MUH is not about denying personal liberty, but about protecting tenants, especially children and seniors. It took years of sharing community members' stories and survey results showing strong support from tenants, landlords, and local law enforcement to get the policy adopted.

A standout moment was when a community member shared her story about how her baby was born prematurely and her doctor said it was unsafe for the baby to be in their apartment because of a neighbor's drifting smoke. Her landlord would not let her out of the lease agreement, so she had to keep paying rent even after she moved. Her story was deeply moving and an eye opener for city councilmembers.



Reduce tobacco product waste.



Despite success in reducing smoking prevalence, tobacco product waste (TPW) continues to be the most abundant form of litter and a scourge on the environment.⁶⁰ Cigarette filters contain toxic chemicals from when the cigarettes were smoked, which can leach out into the soil or water.⁶¹ The filters are made of cellulose acetate, a form of plastic, which does not biodegrade but rather breaks down into harmful microplastics that can pollute water supplies and enter the food chain.⁶¹ E-cigarette use generates additional forms of waste, including discarded pods, cartridges, and batteries, each with its own dangers to the environment and to public health. For example, metals such as lead and cobalt can leach out of these products into the environment. One of the main goals of a policy on TPW is to increase public awareness of the negative effects of these types of waste on people and the environment.⁶²

Why rural communities need TPW policies

Rural jurisdictions need policies to prevent or reduce TPW for several reasons:

- » ***TPW includes many toxic components and cleanup is costly.*** From discarded cigarette filters to leftover e-cigarette cartridges and batteries, TPW is toxic. Since California passed the “Trash Amendments” in 2015 and the federal Environmental Protection Agency approved them in 2016, local jurisdictions in the state are required to capture discarded trash, including butts and other TPW, before it flows to surface waters and the ocean.⁶² Jurisdictions that do not prevent this pollution are subject to penalties and additional requirements to mitigate the problem. Whether they use direct-capture technology or rely on human effort to intercept litter, cleaning up after tobacco users can be costly.
- » ***Cigarette butts can cause wildfires.*** Wildfires caused by discarded butts can exact a heavy toll in rural communities, especially in mountainous or forested areas and wherever firefighting resources are stretched thin. In many rural communities, concerns about wildfire can serve as a unifying force in generating support for policies and practices to reduce TPW.

» **Reducing TPW is good for business.**

Many rural community leaders, especially those in areas that rely on tourism, understand that litter-free streets, parks, and other public amenities are good for business.

» **Reducing TPW provides a safer environment for children.**

Discarded cigarette butts can be found on beaches, in parks, and in many other places where children play. Children who put them in their mouths are exposed to the toxic chemicals that remain in the filters after cigarettes are smoked.⁶³ The liquid nicotine in discarded e-cigarette pods is extremely dangerous and can poison young children.⁶² One of the main reasons for adopting a TPW policy is to provide a safer environment for children.



What TPW policies can do

A TPW policy can help to increase public understanding of the negative effects of TPW on people and the environment. A policy may also have other aims:

- » **Prevent littering.** Anti-littering laws are TPW policies in their most basic form. They generally subject tobacco users to the same laws that govern non-tobacco forms of litter. Unfortunately, they are difficult to enforce and can exacerbate disparities, especially when enforcement is punitive and directed at people of color. Enforcement should focus on achieving voluntary compliance through education and social norm change rather than issuing citations.
- » **Hold businesses accountable for TPW.** Local jurisdictions can define excessive TPW as a public nuisance and abate it through fines or other enforcement activities to protect the public health. For example, a store or bar that consistently generates a large amount of TPW in the surrounding area can be defined as a public nuisance and fined.⁶²
- » **Define a broader strategy for reducing TPW.** This could include expanding the number of smokefree outdoor public places, discouraging tobacco initiation, and encouraging cessation. These policies and activities would indirectly support the goal of reducing TPW.
- » **Stop TPW at the source.** Over time and where feasible, communities can adopt upstream solutions to the problem of TPW, such as banning the sale of tobacco products or components that generate the most egregious waste in the community or are most harmful to the environment. These approaches are likely to be much more effective at preventing TPW.⁶⁴

Extended Producer Responsibility (EPR) policies are sometimes adopted to make the producers of a product responsible for disposal of that product. While this may seem an attractive option, the [Tobacco Education and Research Oversight Committee \(TEROC\)](#) does not recommend adopting EPR policies as a way of reducing TPW, as they would give the tobacco industry undue influence in determining how to address a problem they created.⁶⁴

As with the other priorities in this Policy Platform, a TPW policy can start modestly with basic anti-littering provisions and become more comprehensive over time.

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2025 Update

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