
Smoking Cessation
Leadership Center



University of California
San Francisco

The Cancer Moonshot: What's Menthol and Emotional Brain Training Got To Do With It? Everything!, co-hosted by the National Behavioral Health Network for Tobacco & Cancer Control

Valerie Yerger, ND, Professor, Social Behavioral Sciences, School of Nursing, University of California, San Francisco and a Founding Member of the African American Tobacco Control Leadership Council (AATCLC)

September 5, 2024

Moderator

Catherine Bonniot

Executive Director

Smoking Cessation Leadership Center
University of California, San Francisco

Catherine. Bonniot@ucsf.edu



Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

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Catherine Bonniot, Christine Cheng, Brian Clark, Jennifer Matekuare, Ma Krisanta Pamatmat, MPH, CHES, Jessica Safier, MA, Jason Satterfield, PhD, Maya Vijayaraghavan, MD, MAS and Valerie Yerger, ND.

Thank you to our funders



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- **This webinar is being recorded** and will be available on SCLC's website, along with a PDF of the slide presentation.
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- CDC *Tips*® Campaign 2024
- *Tips From Former Smokers*® Motivational Cards:
<https://www.cdc.gov/tobacco/campaign/tips/resources/motivational-cards/index.html>
- Find resources at: <https://www.cdc.gov/tobacco/campaign/tips/index.html>

Today's Presenter

Valerie Yerger, ND

Professor, Social Behavioral Sciences,
School of Nursing, University of California,
San Francisco

Founding Member of the African American
Tobacco Control Leadership Council
(AATCLC)



National Behavioral Health Network for Tobacco & Cancer Control

Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*

Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenges

1 of 9 CDC National Networks dedicated to eliminating cancer and tobacco disparities in priority populations

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Smoking Cessation
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University of California
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**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

Networks Driving Action: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations



- A consortium of nine national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.
- <https://www.cdc.gov/tobacco/php/tobacco-control-programs/coop-agreement.html>



Geographic Health Equity Alliance
A  CADCA Initiative



Disability Inclusion Network
FOR TOBACCO CONTROL AND CANCER PREVENTION

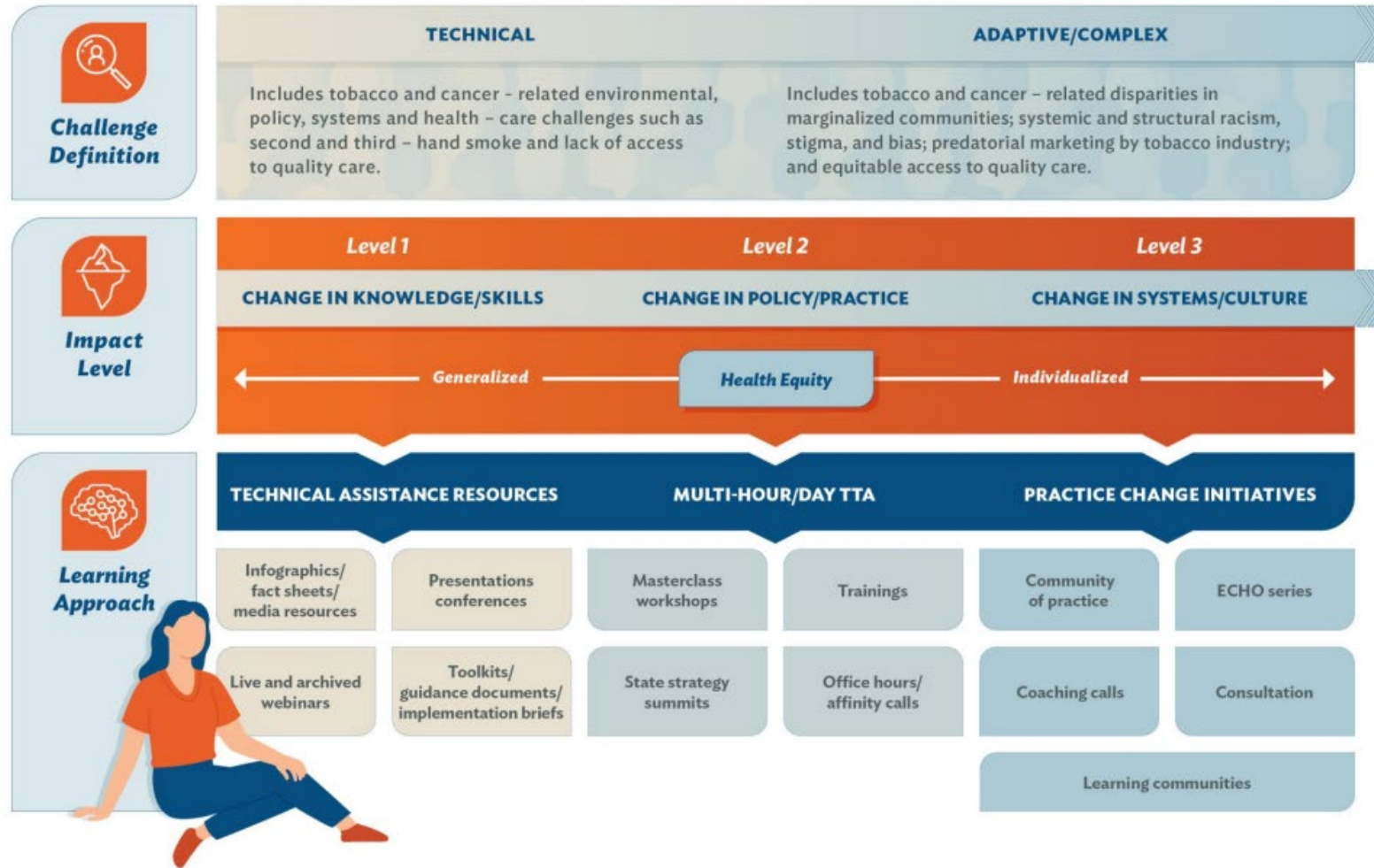
National Behavioral Health Network

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National Behavioral Health Network for Tobacco & Cancer Control

Learning Agenda





National Behavioral Health Network
for Tobacco & Cancer Control
from NATIONAL COUNCIL FOR MENTAL WELLBEING

NBHN's learning agenda is designed to advance health equity by...



Reducing tobacco and cancer-related disparities among individuals with mental health and substance use challenges.



Improving the availability, accessibility and effectiveness for cessation and counseling services.



Addressing social and political that influence tobacco and cancer-related disparities.



Implementing trauma-informed resilience oriented prevention and cessation messaging.



Strengthening, supporting and mobilizing communities and partnerships in tobacco control, cancer control and behavioral health.



Building a diverse and skilled tobacco control, cancer control and behavioral health workforce.



Building, championing, and implementing tobacco-free policies, plans and laws.



Promoting the improvement, access, and utilization of tobacco, cancer and behavioral health data.

Menthol and Mental Health

Menthol cigarette use is linked to a higher risk of depression, anxiety, and mental health comorbidities.

This creates a cycle of addiction and poor mental health outcomes.

Adults with mental health challenges are more likely to use menthol cigarettes and have used menthol as their first cigarette.

Menthol cigarettes are associated with the progression to regular non-menthol smoking and have worse cessation outcomes.

Menthol cigarettes are correlated with greater mental health symptoms in young people.

Young people are more likely to try menthol as their first cigarette and continue smoking overall.



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*For any questions, please email Coyle Shropshire at
CoyleS@thenationalcouncil.org*



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

The Cancer Moonshot: What's Menthol and Emotional Brain Training Got to Do with It?

Everything!

Dr. Valerie Yerger
Professor in Health Policy
University of California, San Francisco

September 5, 2024



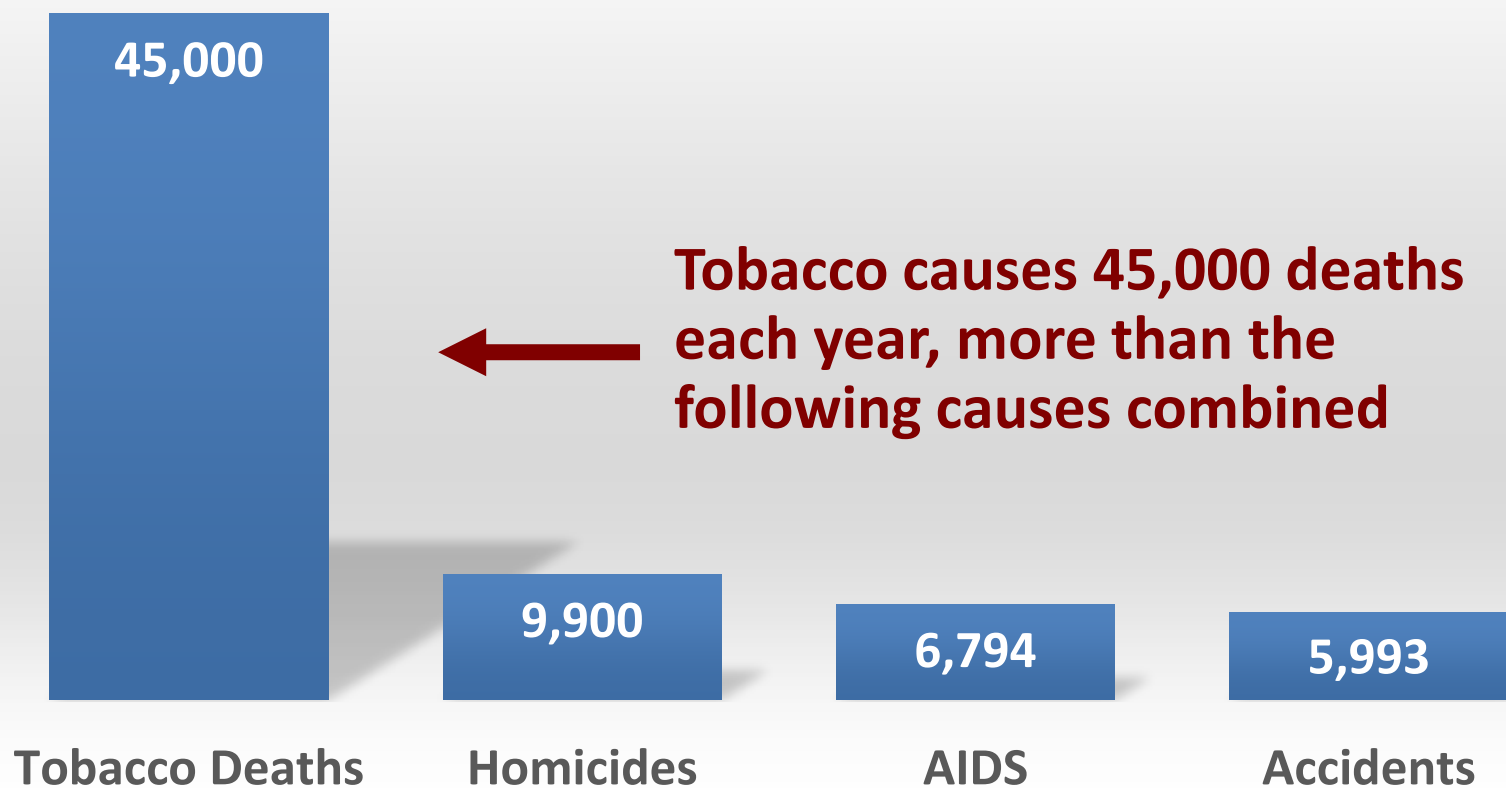
Outline

The Menthol Cigarette is a major instigator of death and disease, especially among Black Americans

The “Cancer Moonshot Initiative” and how the availability of menthol cigarettes in the U.S. marketplace undermines it

“Spiral Up Lite,” a brain-based approach to manage stress, and the neuroscience principles behind it (intro to Emotional Brain Training)

Actual Causes of Death Among African Americans



Source: National Center for Injury Prevention and Control, CDC, NCHHSTP AtlasPlus (2019).

DOCUMENTS



The UCSF Industry Documents Library (IDL)

15 million documents (94 million pages)

8,000 audio-visual items

45 separate collections

Advantages

Hosted by the UCSF Library since 2002

Available in perpetuity

User-friendly / intuitive

Full-text searchable!

Approximately 970 peer-reviewed papers and scholarly articles using the documents as primary source have been published



www.industrydocuments.ucsf.edu

A Black man with dreadlocks is sitting on a sidewalk, looking down and to the right. He is wearing a brown jacket over a grey and red jacket with "Whisper 87" on it, and blue jeans. He is holding a lit cigarette in his right hand. A dark bag is on the ground next to him, and a coffee cup is on the sidewalk in front of him. In the background, there is a building with a yellow stripe and the letters "WATY" visible. A reflection of a person is visible in a window to the right.

The Tobacco Industry Exploited Inequities Faced by Black America

STATEMENT OF DAVID GOERLITZ
Former Model for Winston Cigarettes

BEFORE THE
SUBCOMMITTEE ON TRANSPORTATION AND HAZARDOUS MATERIALS
OF THE
HOUSE COMMITTEE ON ENERGY AND COMMERCE

July 25, 1989

Of course, children aren't the only targets of the tobacco industry. Once, when I asked an R.J. Reynolds executive why he and his colleagues didn't smoke, he responded point-blank that "We don't smoke the sh--, we just sell it . . . We reserve that 'right' for the young, the poor, the black and the stupid."

<http://legacy.library.ucsf.edu/tid/pvt37b00>

Lorillard

MEMORANDUM

CONFIDENTIAL

September 18, 1987

TO: K.P. Augustyn
FROM: M.S. Liebow
RE: NEWPORT FIELD VISIT: LOS ANGELES

This reports my observations and findings from my recent field trip to Los Angeles, California; and recommends next steps.

I. PURPOSE

- The competition is centering their marketing efforts in the low income black communities.

II. SUMMARY

Here are six observations from my visit to Los Angeles:

- Newport's business is strong and growing at a good pace.
- The bulk of Newport's business is centered in low income black areas. The brand is perceived by retailers, and most likely consumers, as a black brand.
- Newport is well supported in Out-of-Home, but lacks promotional image reinforcement.
- The menthol category is extremely large, ranking third in terms of national tonnage. However, the overall market skews more to non-menthol brands with key menthol sales development indices below average.
- The competition is centering their marketing efforts in the low income black communities.
- The geographic area is immense, covering five full Divisions, and a assortment of different ethnic groups and races.

In general, I believe Los Angeles offers significant additional volume opportunities for Newport. However, the brand must be more aggressively marketed to less developed target segments.

Therefore, I recommend we continue the development of the MOP program in Los Angeles.

87057630

“Racialized Menthol Wars”

How tobacco companies contributed to tobacco-related disparities:

Aggressively competed against one another in low-income neighborhoods.

Targeted these neighborhoods with highly concentrated menthol marketing.

Exploited Inner city communities represented efficient sites for an industrial exploitation, especially during the 1980s and 1990s.

Contributed to the disproportionate rates of tobacco-induced death and disease among African Americans

Yerger VB, Przewoznik J, & Malone RE (2007). Racialized geography, corporate activity, and health disparities: Tobacco industry targeting of lower income inner city residents. *Journal of Health Care for the Poor and Underserved*, 18(S4), 10-38.

Moving Billboards



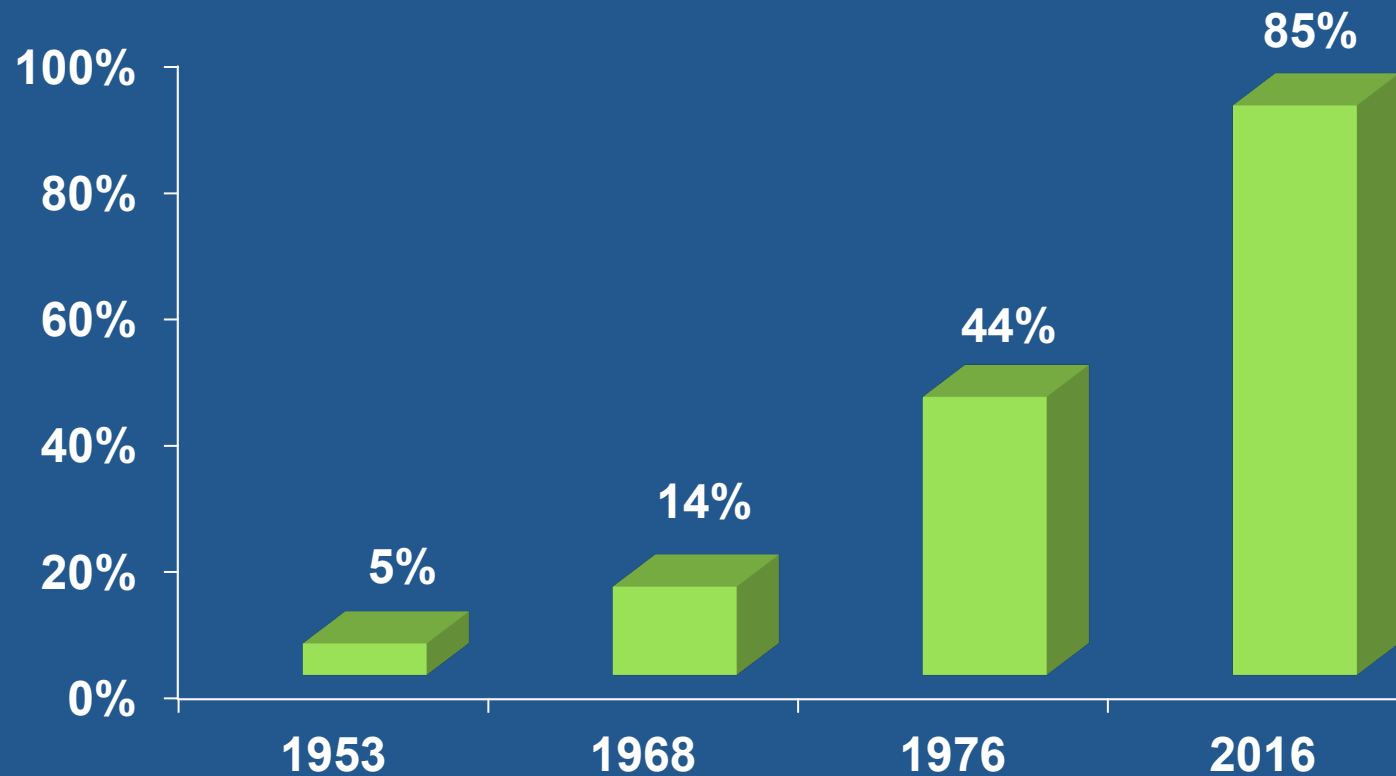
“Very effective for reaching target market in their own environment”

Protected tobacco reps from “unruly crowds” while handing out free cigarettes in “dangerous territory”

Kept product from being stolen

Yerger VB, Przewoznik J, & Malone RE (2007). Racialized geography, corporate activity, and health disparities: Tobacco industry targeting of lower income inner city residents. *Journal of Health Care for the Poor and Underserved*, 18(S4), 10-38.

Menthol Use Among Adult African American Smokers

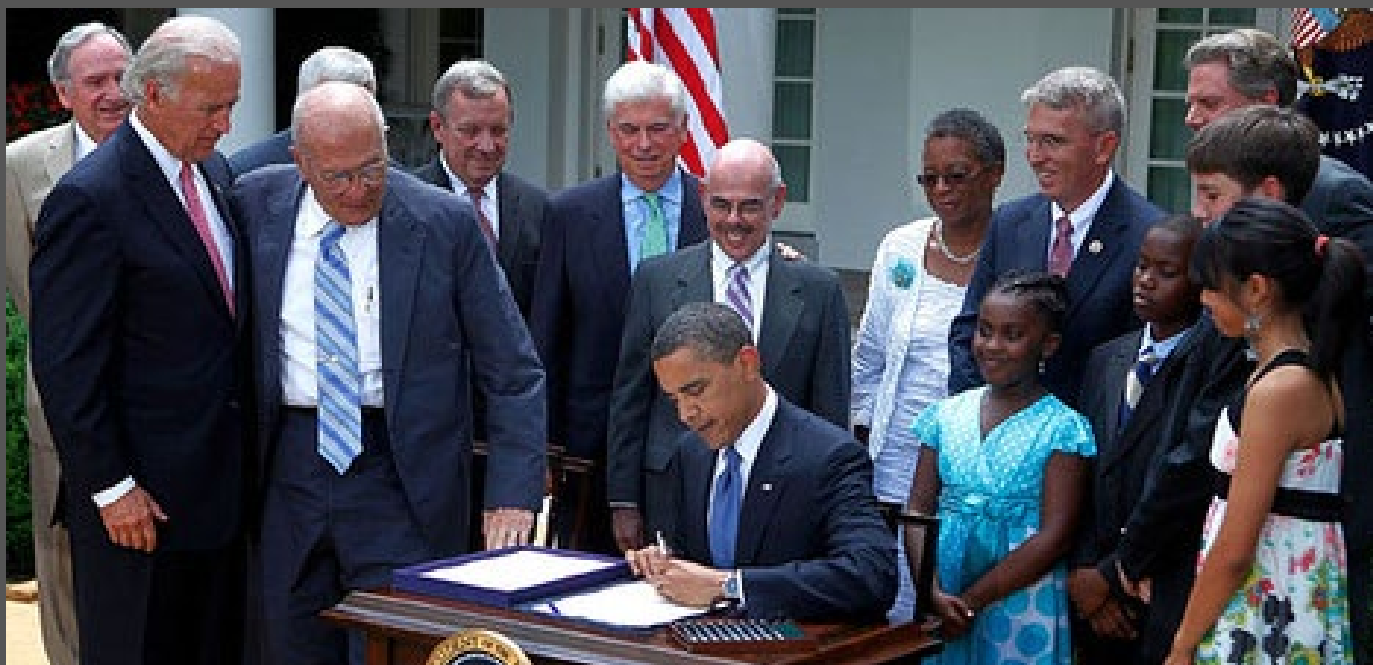


Sources: 1) Gardiner PS. The African Americanization of menthol cigarette use in the United States. *Nicotine Tob Res* 2004;6 suppl 1:S55-65. 2) Lorillard, 1986; TID: ybv44a00; Giovino et al 2016.



Authorized the FDA to regulate tobacco products and prohibited all flavors in cigarettes, except tobacco and menthol





Authorized the FDA to regulate tobacco products and prohibited all flavors in cigarettes, except tobacco and menthol



Young Adult Blacks: “The Trendsetters”

“Trends are often started by low income males...The daring, flamboyant aspect of [young adult] black smokers’ personalities are evident in the many trends they start...these trends often spread to the general population...”

RJR, 1989; TID: wug34d00



**Between 2009-2020,
500,000 African American children
started smoking because of menthol cigarettes**

(FDA Tobacco Products Scientific Advisory Committee projection)

Menthol is KILLING BLACK PEOPLE!!!

Harm caused by menthol smoking to the African American population over 1980-2018

	Cumulative Excess Smoking Initiation	Cumulative Excess Deaths	Cumulative Excess Life Years Lost	Average Percentage of U.S. Population
General population	10,137,808 (100%)	377,528 (100%)	2,951,533 (100%)	(100%)
African American population	1,508,913 (15%)	156,471 (41%)	1,476,198 (50%)	(12%)

If the FDA does what it proposes to do



**During first 13-17 months
after ban goes into effect**

923,000 smokers will quit

230,000 will be black smokers

“

More than half of Americans support a ban on menthol ^[36], and a national study found that 44.5 percent of African Americans and 44 percent of females would quit smoking if menthol cigarettes were prohibited. ^[23]

”



The African American Tobacco Control Leadership Council



Based in San Francisco, California, the AATCLC was formed in 2008 to educate the African Americans and the public about tobacco use and cessation. Composed of a cadre of dedicated community activists, academics, public health advocates, and researchers, the AATCLC has led the fight to expose the predatory marketing of menthol cigarettes and flavored tobacco products in Black communities.

5/4/22	“Defendants” issued a Notice of Rulemaking and promised to make enactment of the final rule “one of the Agency’s highest priorities”
6/1/22	Plaintiffs voluntarily dismissed their lawsuit
2/1/23	Defendants had identified August 2023 as the date by which a final rule would be issued
8/23	Defendants had failed to publish, much less explain, why a final rule had yet to be promulgated or published.
9/23	At the 2023 State of Black Health Conference in Puerto Rico, FDA CTP Director Brian King announced the rule would likely be finalized by the end of December 2023
12/23	NOTHING
4/26/24	President Biden decided to not ban menthol cigarettes, calling for another delay “that will take significantly more time.”



Ongoing Industry Interference

It's not always obvious

Smoking with the Enemy

- Create and maintain positive images of tobacco and tobacco companies to keep African Americans engaged as consumers
- Defuse tobacco control efforts from within African American communities
- Get African American organizations to act as front groups to assure and build support for tobacco industry policy positions

Industry Generated Arguments

Banning menthol is a racist policy that unfairly targets African Americans.

Smokers will be penalized for smoking or possession of menthol cigarettes.

Menthol ban will lead to an illicit market of menthol cigarettes and increased levels of “violent crime.”

Banning menthol will cost President Biden “the Black vote.”

August 24, 2024



Commercial Tobacco Control Policies

Community Engagement and Involvement

Social Determinants of Health as Drivers

Smokefree Homes

Eliminating inequities

Public Smoking Bans

Stress Relief

Licensing/Regulations

Eliminating Mis/Disinformation

Taxation and Pricing

Supply

Tobacco Epidemic

Demand

Community/Culturally Appropriate Cessation Services

Menthol/Flavor Bans

Marketing

Addiction

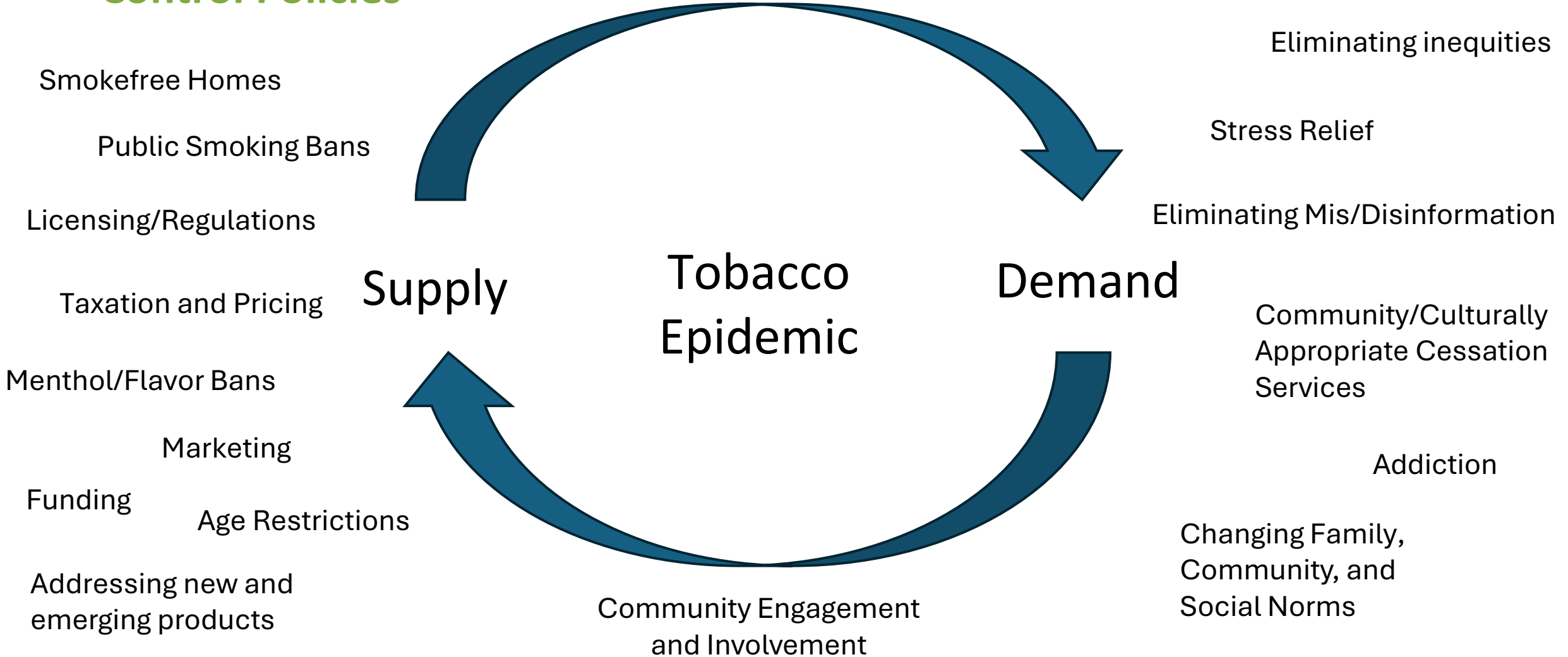
Funding

Age Restrictions

Changing Family, Community, and Social Norms

Addressing new and emerging products

Community Engagement and Involvement





SEPTEMBER 13, 2023

FACT SHEET: As Part of President Biden's Unity Agenda, White House Cancer Moonshot Announces New Actions and Commitments to End Cancer as We Know It



Tr

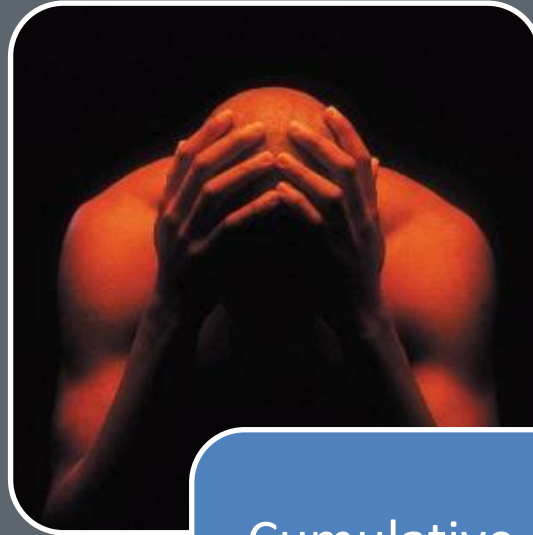


› [BRIEFING ROOM](#) › [STATEMENTS AND RELEASES](#)

Demand for “Relief” Must be Addressed



Racism
Discrimination
Poverty
Lack of Educational
and Economic
Opportunities



Cumulative stress
Isolation
Despair
Weathering Effect



“Coping
Mechanisms”

Are we coping
with stress?

What if we could supply
people with something
else to reach for?

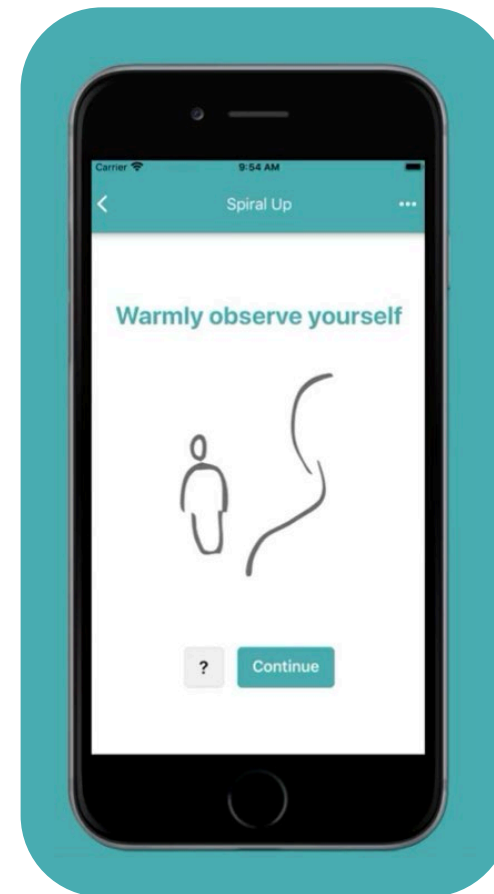




“Spiral Up Lite”



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The African American Tobacco
Control Leadership Council



Laurel Mellin, Ph.D.

UCSF Smoking Cessation
Leadership Center

UCSF Center for Tobacco
Control Research
and Education

BREAKING FREE

BREAKING FREE

From Nicotine

Special Supplement



Spiral Up Lite App

***APPLYING EMOTIONAL
BRAIN TRAINING (EBT) TO
SMOKING CESSATION***

© 2024 EBT, Inc.



Make the app your best friend. Use it whenever you start to feel stressed and reach for your app and “Spiral Up” before you smoke.
Here are some pages from the app...

Spiral Up

Home

Today's Spiral Ups

What This Is

When To Use It

The Science

Privacy Policy

Log out

When To Use It X

Spiral Up in moments of irrational panic, boredom, or when you feel bad for any reason. Do it 5x per day for optimal results.

The foundation of this app is Emotional Brain Training (EBT)*, which Laurel Mellin, PhD, developed alongside colleagues on the UCSF faculty in the School of Medicine. She is a NYT Bestselling author.

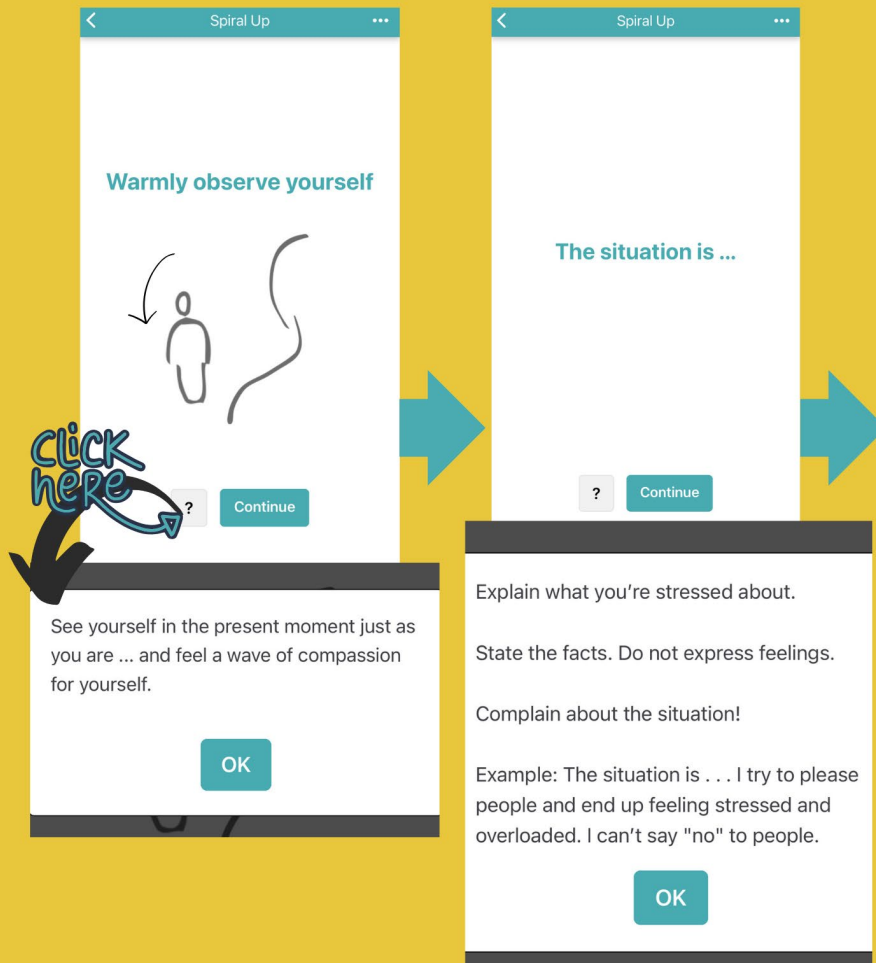
**Dr. Mellin's books on EBT are available on Amazon.com.*

1. Tap the triangle.
2. Answer simple questions.
3. Feel a surge of joy.
4. Repeat 5x per day.


Photo Kampus Production

© 2024 EBT, Inc.

According to Dr. Laurel Mellin, “You can’t think your way out of this level of stress. When you process your emotions with EBT, it changes your chemistry. Stress chemicals shut off and reward chemicals are activated.”



**VIDEO
TESTIMONIALS**
© 2024 EBT, Inc.

 *Please click on each image to view videos.*

Meet Crystal:



Crystal Wabnum from Minneapolis, Minn., smoked “situationally.” She used smoking as a way to deal with mounting stress, but not on a daily basis.

Although not a person who smoked regularly, Crystal quit smoking completely while using the Spiral Up Lite app. She says that the app helped with stressors that she was experiencing. She suggests taking the app with you when you are preparing to “light up,” and use the app simultaneously.

Meet Jordan:



This Louisville, Ky. native found a use for the Spiral Up Lite app that helped how he managed stressful situations.

According to Jordan C. Cuby: “I was never [a] smoker, but the app did help with refocusing my thinking in stressful situations. Spiral Up Lite allowed me to think through all of my emotions regarding stressful situations, which kept me present in the moment and in touch with the facts of the matter. This prevented me from irrationally catastrophizing my current situation.”



Spiral Up Lite app
Android



TO RELIEVE STRESS, WE ARE

PICKING UP THE APP

INSTEAD OF A CIGARETTE

700%

increase from the beginning of the year!

LEARN MORE AND GET THE FREE
SPIRAL UP LITE ©2024 EBT, INC. APP

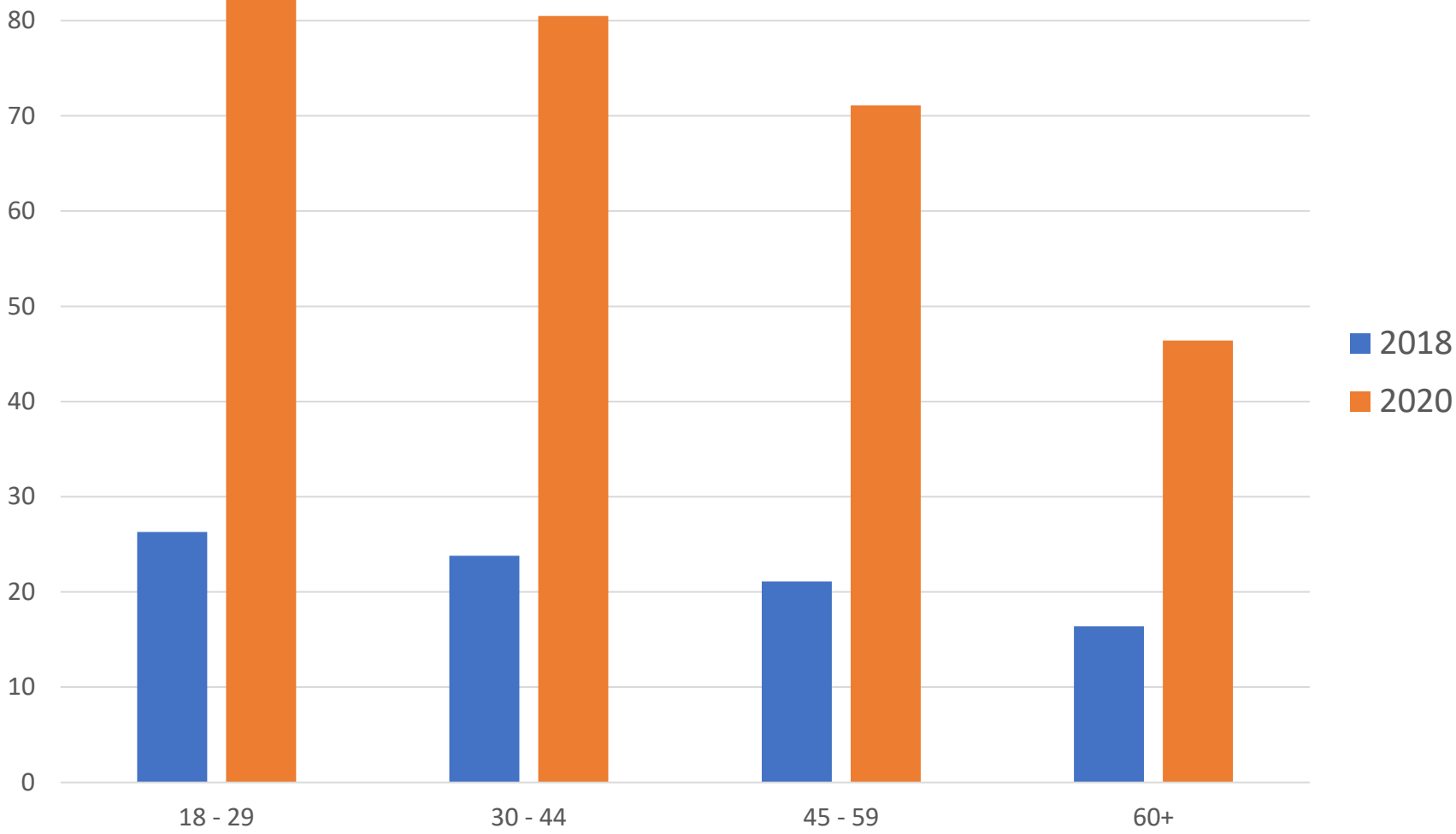


Spiral Up Lite app
iOS

Emotional Brain Training (EBT) is the
neuroscientific method behind the
Spiral Up Lite mobile app.



Mental distress during COVID-19 Pandemic



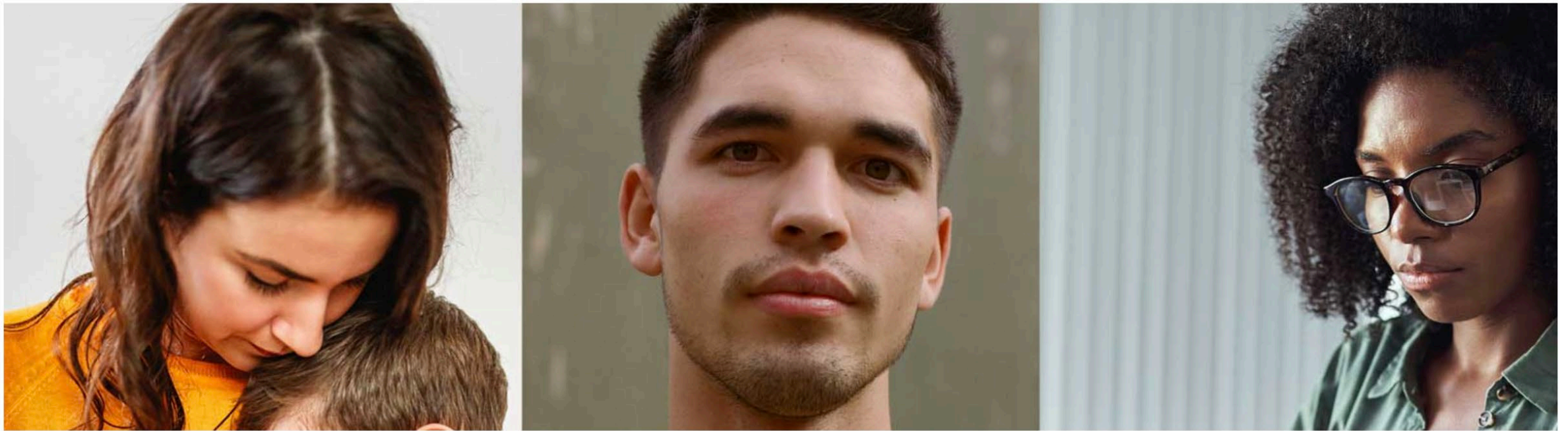
Twenge, J., & Joiner, T. E. (2020, May 7). Mental distress among U.S. adults during the COVID-19 pandemic. <https://doi.org/10.31234/osf.io/wc8ud>

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Stress in America 2023

A nation recovering from collective trauma



The COVID-19 pandemic, global conflicts, racism and racial injustice, inflation, and climate-related disasters are all weighing on the collective consciousness of Americans





Circuits in the
brain control
our stress.

6 Breakthroughs

- Stress Circuits – Igor Mitrovic, MD, UCSF
- Neuroplasticity – Michael Merzenich, PhD, UCSF
- Allostasis – Peter Sterling, PhD, U Penn
- Allostatic Load – Bruce McEwen, PhD, Rockefeller
- Reconsolidation – Daniella Schiller, PhD, Mt Sinai
- 5-Point System – Laurel Mellin, PhD, UCSF



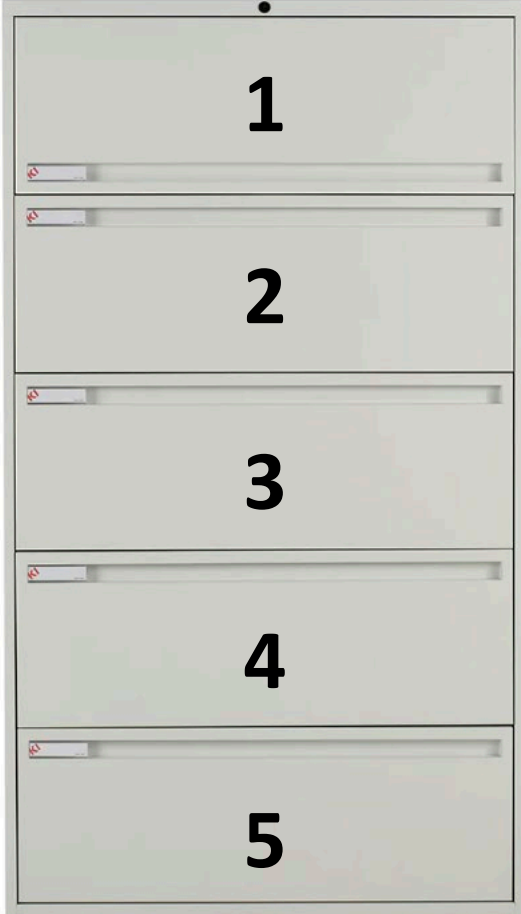


How can we
update our
interventions to
control the
circuits?



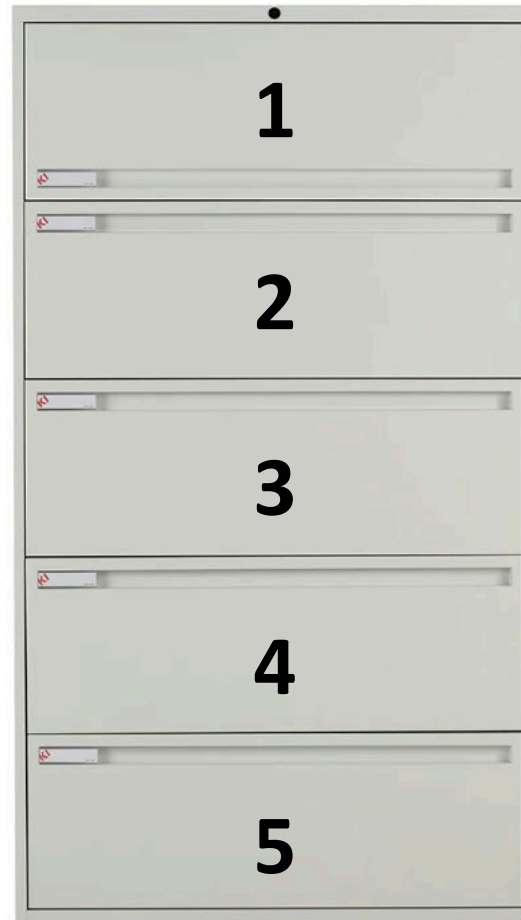
The EBT 5-Point System

The circuits are stored in the brain based on stress level in which they were encoded



1	Very Low Stress
2	Low Stress
3	Moderate Stress
4	High Stress
5	Very High Stress

Each stress level is associated with a different brain area (“brain state”)



Neocortex

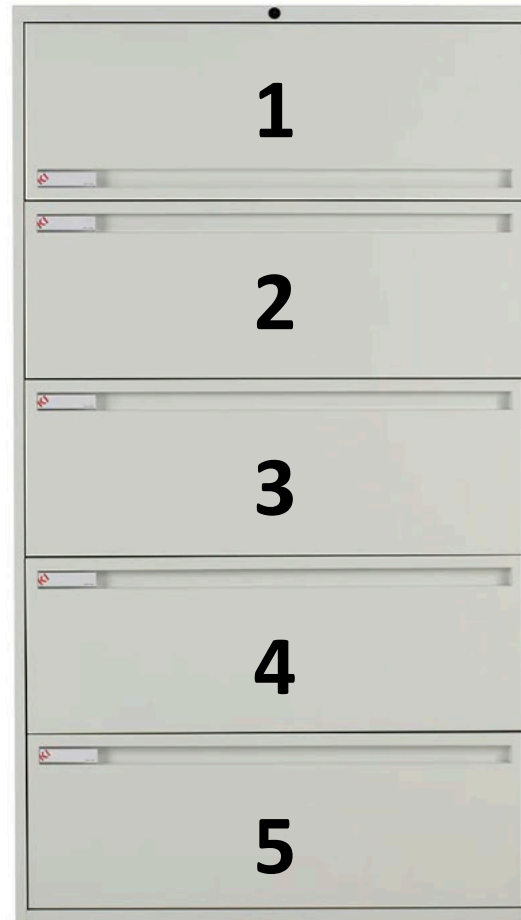
Neocortex/Limbic Brain

Limbic Brain

Limbic Brain/Reptilian Brain

Reptilian Brain

Our automatic responses and biochemically-fueled drives vary based on brain state



1 Optimally health responses

2 Healthy responses

3 Slightly unhealthy responses

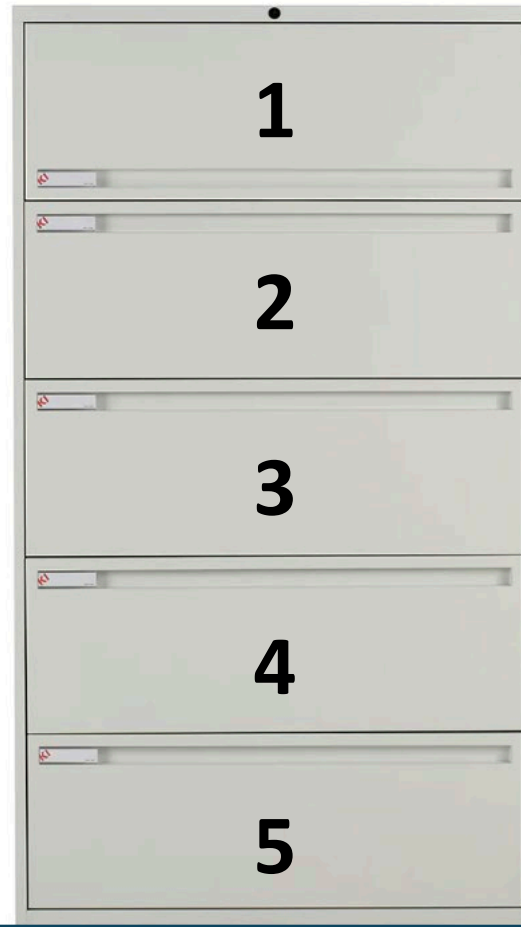
4 Unhealthy responses

5 Very unhealthy responses



Brain State 3, 4, or 5

The solution is
switch off these
wires and get from
3, 4 or 5 back to 1.



Optimally healthy responses

Healthy responses

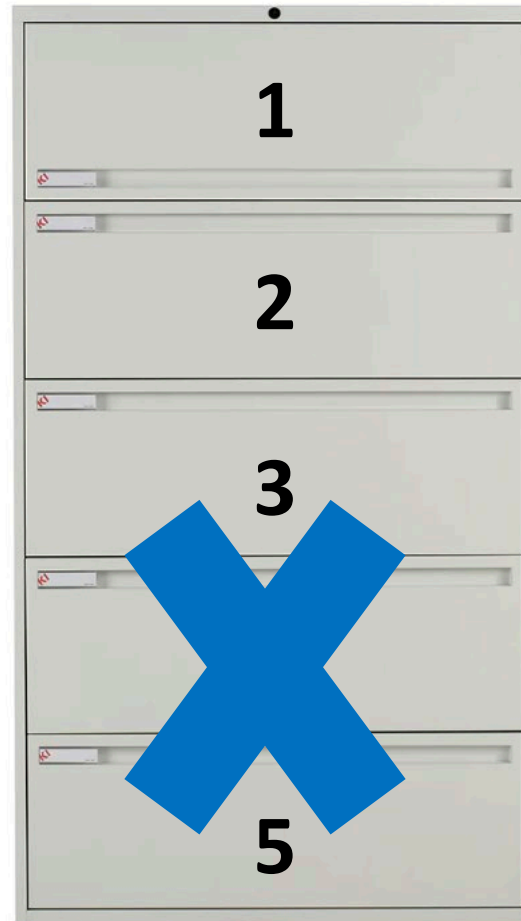
Slightly unhealthy responses

Unhealthy responses

Very unhealthy responses



Repeated switching
rewires the circuit
for lasting changes
in behavior and
health.



The Cognitive Paradox

PNAS PNAS

Cognitive emotion regulation fails the stress test

Candace M. Raio^a, Temidayo A. Orederu^b, Laura Palazzolo^c, Ashley A. Shurick^d, and Elizabeth A. Phelps^{a,e,f,1}

^aPsychology Department and ^eCenter for Neural Science, New York University, New York, NY 10003; ^bPsychology Department, Hunter College, New York, NY 10065; ^cState University of New York Downstate College of Medicine, Brooklyn, NY 11203; ^dPsychology Department, Stanford University, Stanford, CA 94305; and ^fEmotional Brain Institute, Nathan Kline Institute for Psychiatric Research, Orangeburg, NY 10962

Edited by Bruce S. McEwen, The Rockefeller University, New York, NY, and approved July 9, 2013 (received for review March 29, 2013)

Cognitive emotion regulation has been widely shown in the laboratory to be an effective way to alter the nature of emotional responses. Despite its success in experimental contexts, however, we often fail to use these strategies in everyday life where stress is pervasive. The successful execution of cognitive regulation relies on intact executive functioning and engagement of the prefrontal cortex, both of which are rapidly impaired by the deleterious effects of stress. Because it is specifically under stressful conditions that we may benefit most from such deliberate forms of emotion regulation, we tested the efficacy of cognitive regulation after stress exposure. Participants first underwent fear-conditioning, where they learned that one stimulus (CS+) predicted an aversive outcome but another predicted a neutral outcome (CS-). Cogni-

motivation, and working memory, which all facilitate the online maintenance of information needed to override initial affective reactions (2, 3, 13, 14). This regulatory capacity is critical to mental (15) and physical (16) health and its impairment strongly predicts vulnerability to an array of affective disorders (17, 18). Importantly, the principles underlying cognitive regulation also form the basis of cognitive-behavioral therapy (CBT), a tool widely used in the clinic to treat affective psychopathology. Like cognitive regulation, CBT relies on the tightly coupled relationship between thoughts and emotions and promotes the correction of irrational or distorted cognitive appraisals to engender more adaptive emotional responses (19). Although cognitive regulation has emerged as a highly effective technique for controlling emotional responses, its success relies on the availability of cognitive

Raio CM, Orederu TA, Palazzolo L, Shurick AA, Phelps EA. Cognitive emotion regulation fails the stress test. *Proc Natl Acad Sci U S A*. 2013 Sep 10;110(37):15139-44.

Current methods are not effective

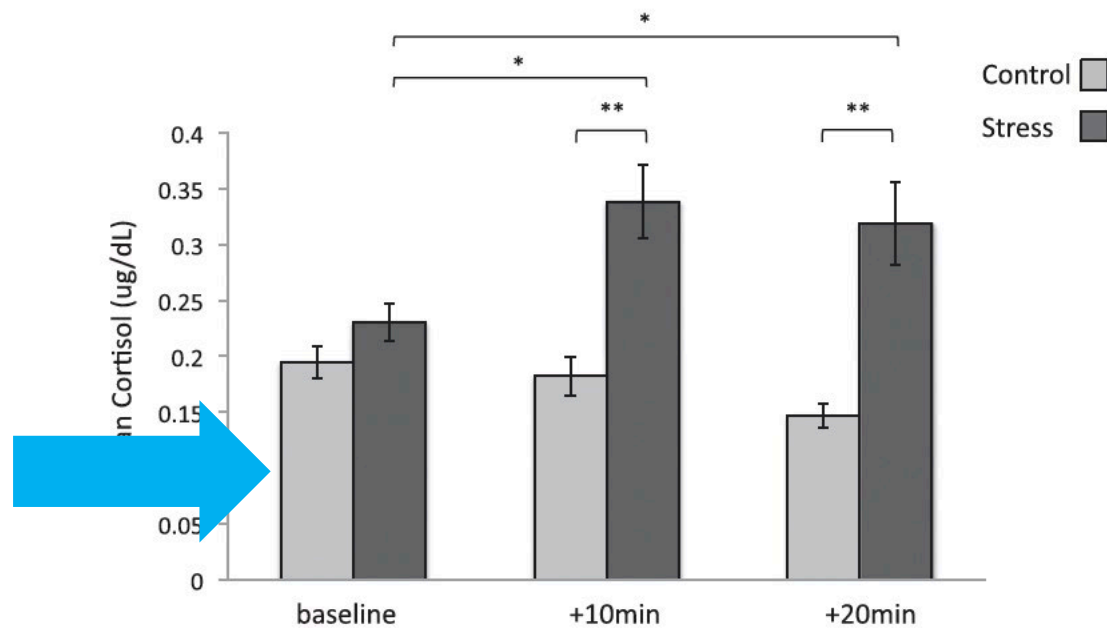


Fig. 4. Mean cortisol levels at baseline, as well as 10 min and 20 min after the CP/control task. * $P < 0.01$; ** $P < 0.001$; error bars denote SEM.

Raio CM, Orederu TA, Palazzolo L, Shurick AA, Phelps EA. Cognitive emotion regulation fails the stress test. *Proc Natl Acad Sci U S A*. 2013 Sep 10;110(37):15139-44.

Current methods are not effective.

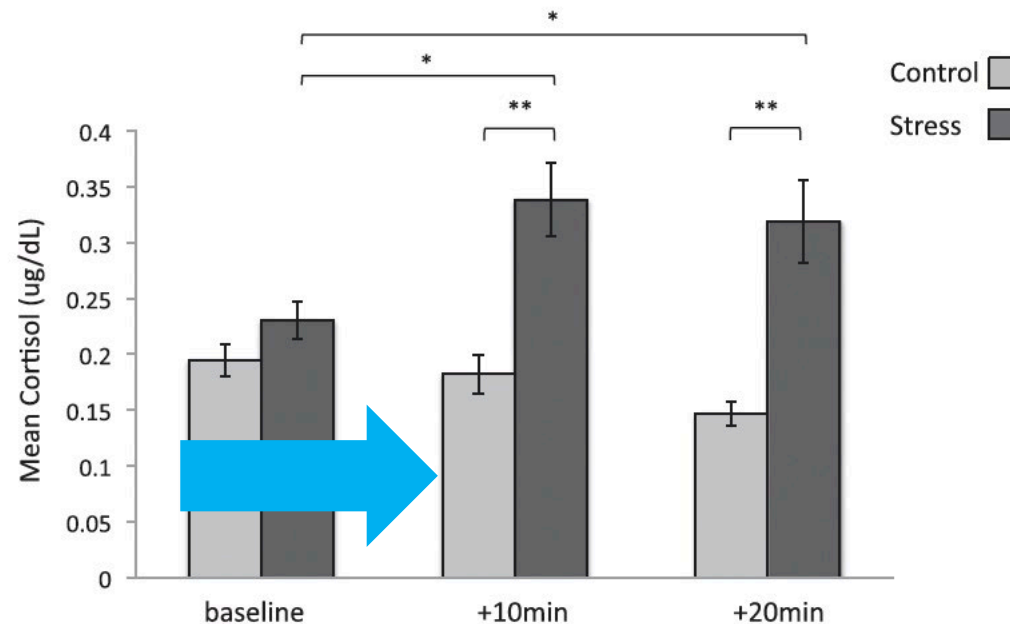


Fig. 4. Mean cortisol levels at baseline, as well as 10 min and 20 min after the CP/control task. * $P < 0.01$; ** $P < 0.001$; error bars denote SEM.

Raio CM, Orederu TA, Palazzolo L, Shurick AA, Phelps EA. Cognitive emotion regulation fails the stress test. *Proc Natl Acad Sci U S A*. 2013 Sep 10;110(37):15139-44.

Effective in Low Stress

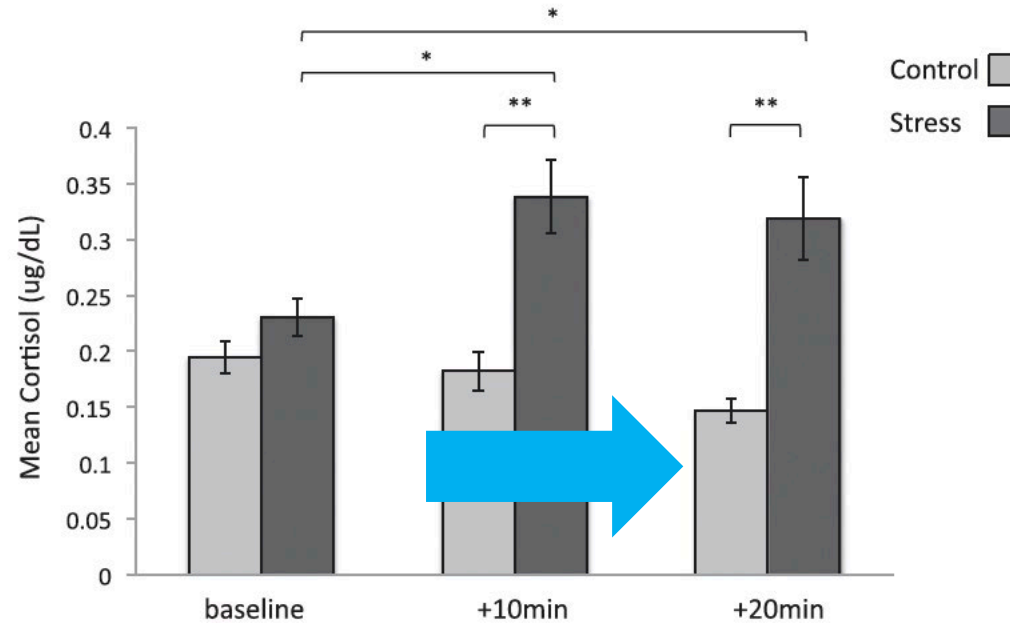


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Ineffective in Moderate or High Stress

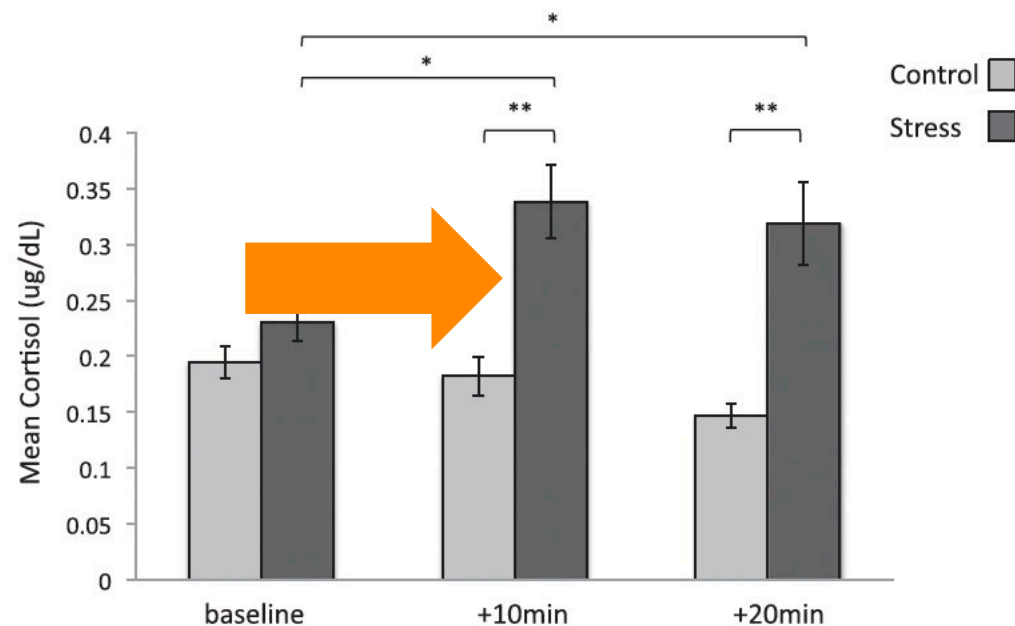


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Ineffective in Moderate or High Stress

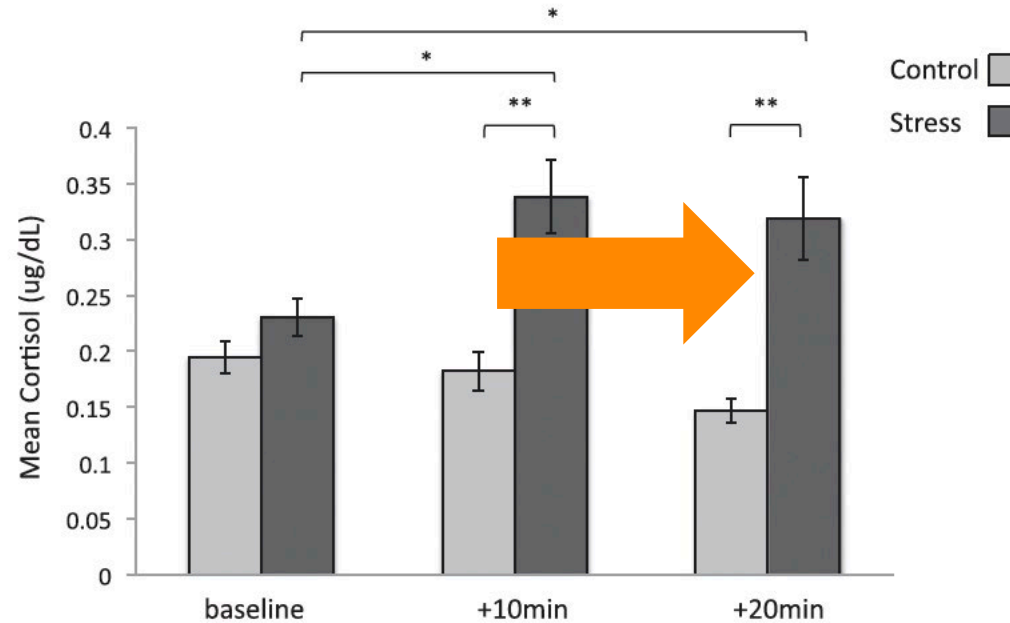
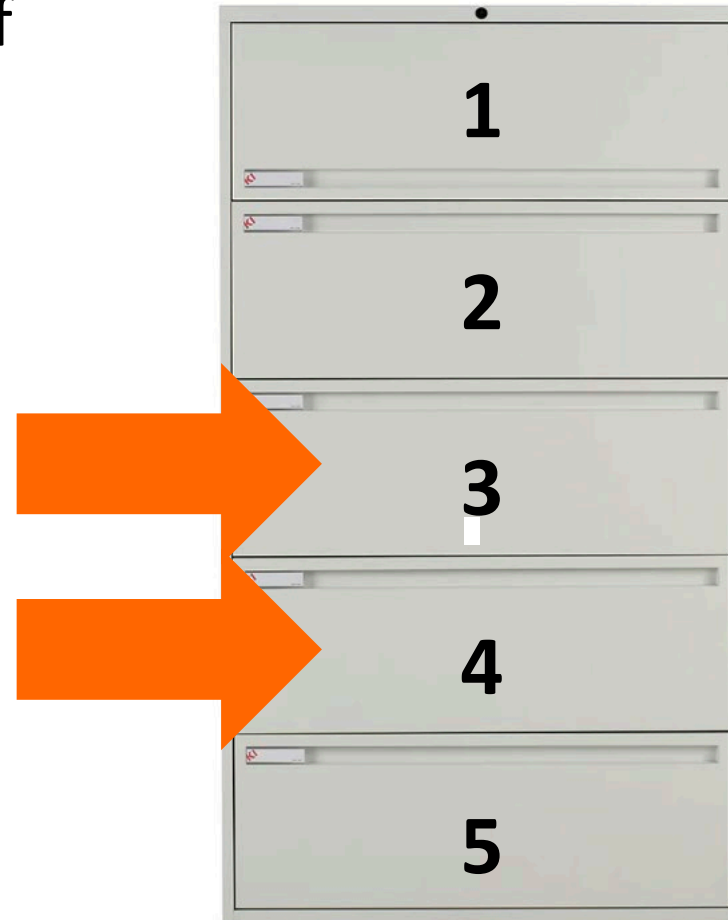
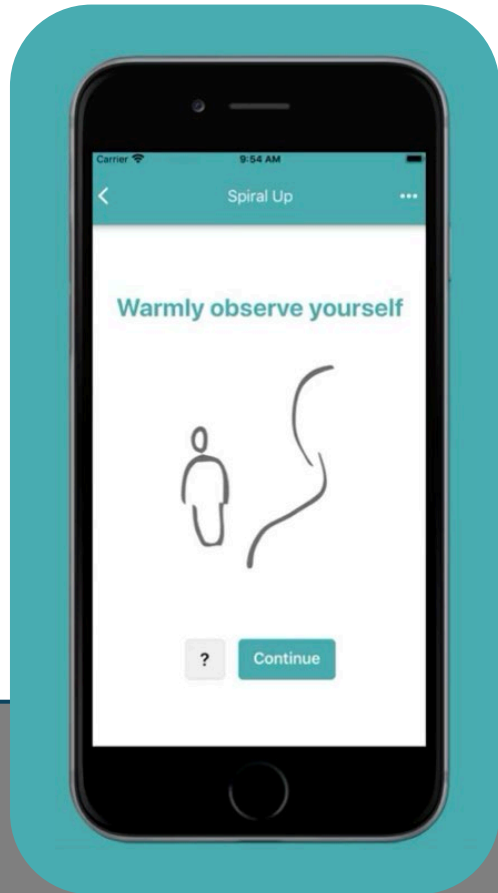


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Raio CM, Orederu TA, Palazzolo L, Shurick AA, Phelps EA. Cognitive emotion regulation fails the stress test. *Proc Natl Acad Sci U S A*. 2013 Sep 10;110(37):15139-44.

“Spiral Up Lite”

Rapidly Switches Off
Stress at 3 and 4



Highly effective

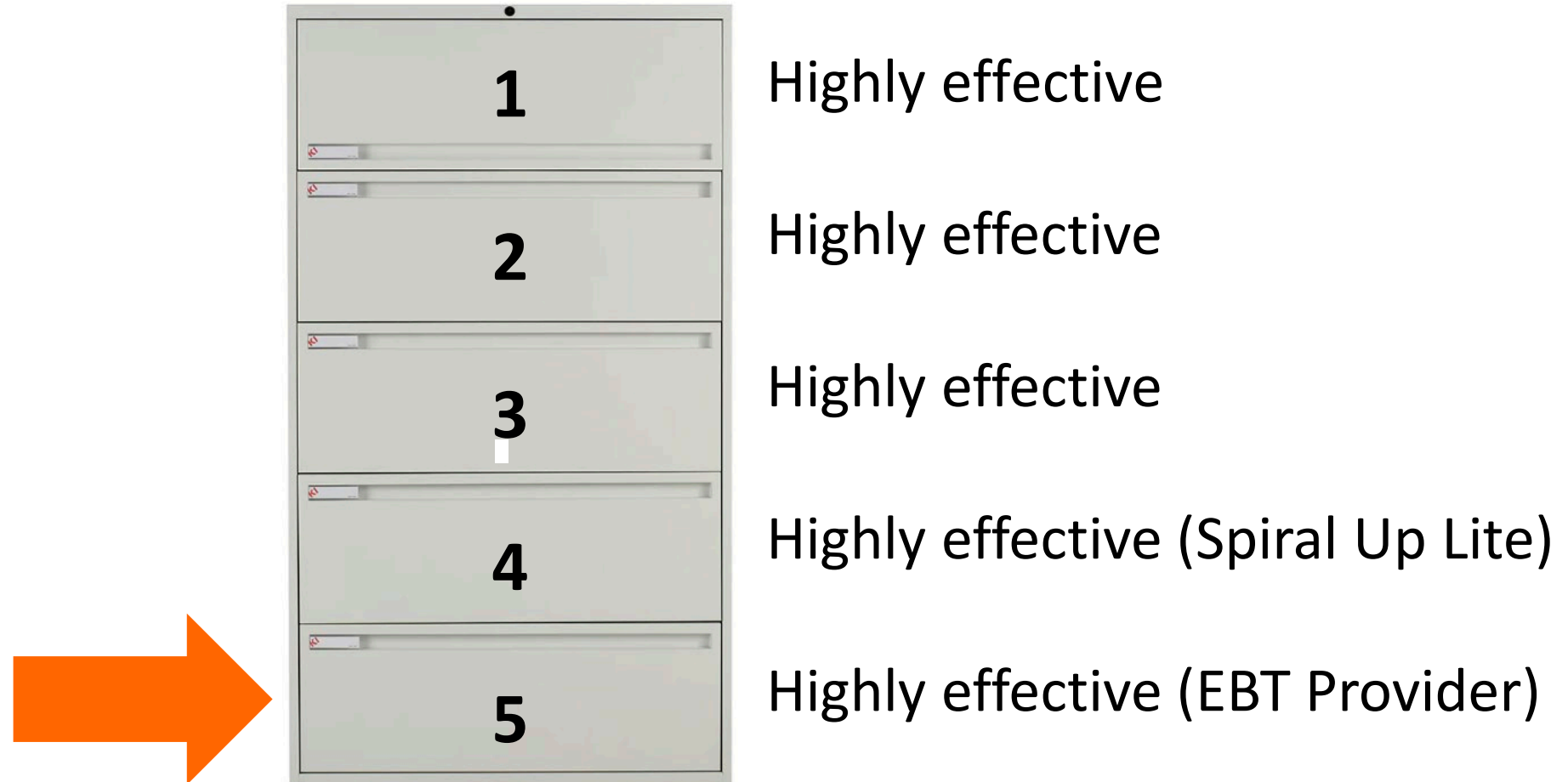
Highly effective

Highly effective (Spiral Up Lite)

Highly effective (Spiral Up Lite)

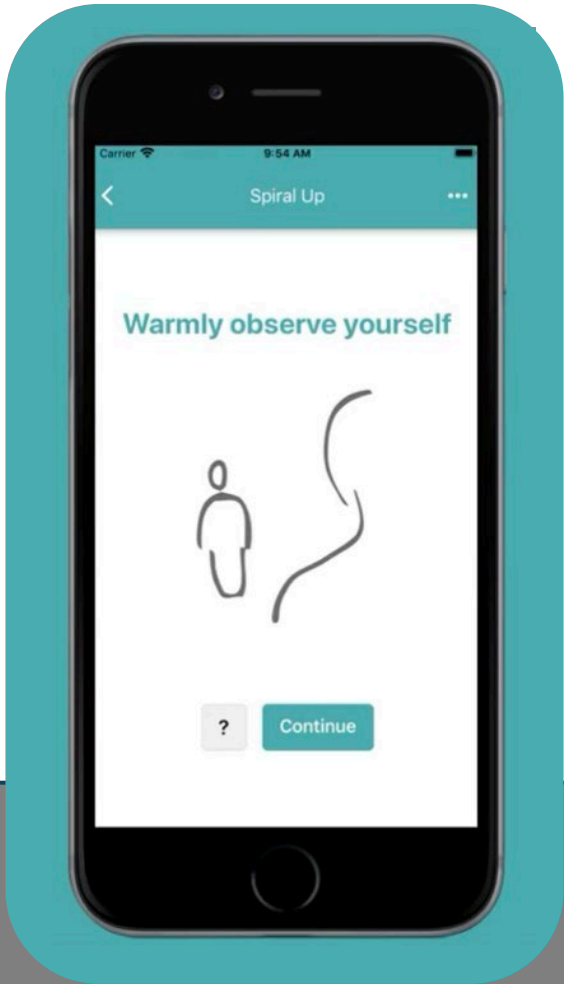
Highly effective (EBT Provider)

Rewiring trauma and addiction circuits



Rewiring trauma and addiction circuits

Spiral Up Lite



EBT Provider





What is a 5 Circuit?

Fight-or-Flight
Circuit



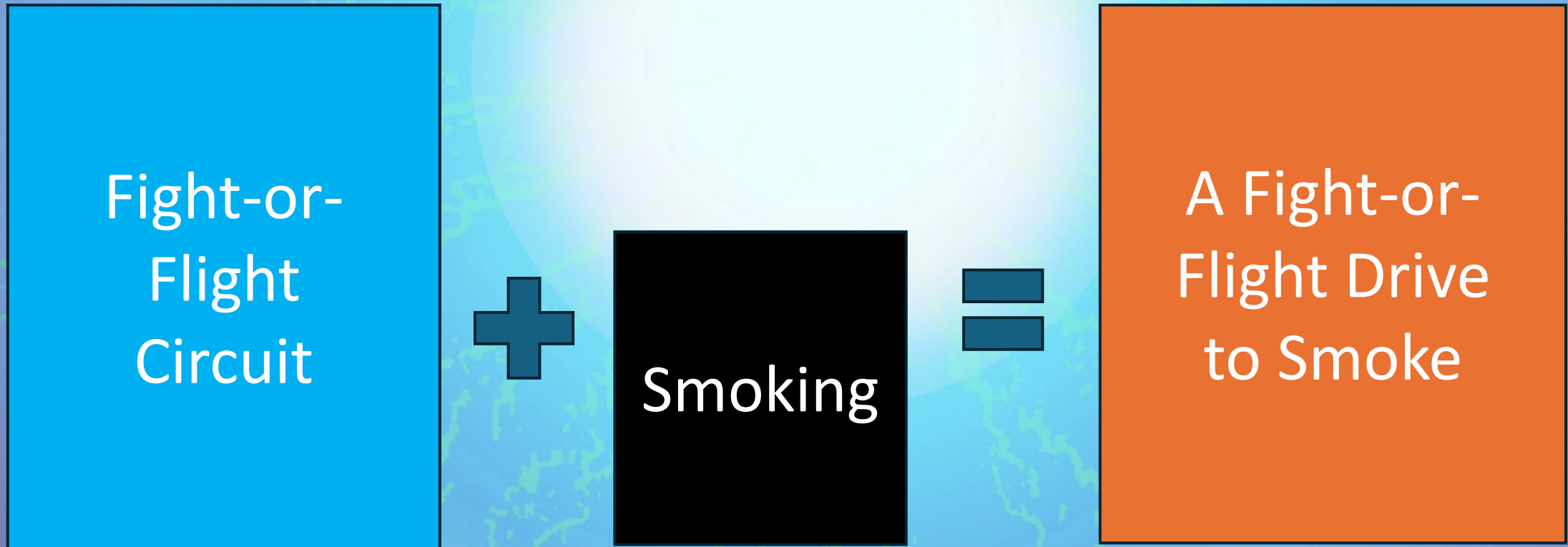
In stress, it combines with a behavior circuit.

Fight-or-Flight
Circuit



Smoking

The new circuit activates a biochemical drive to repeat that behavior.



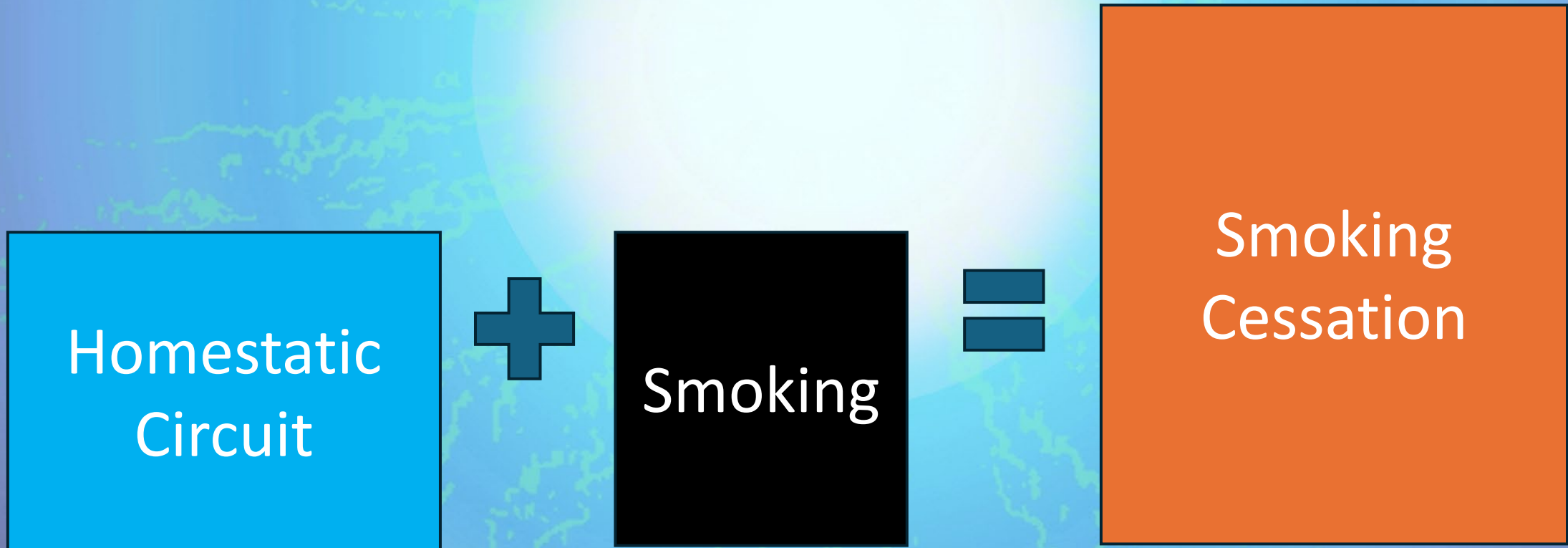
EBT is designed to rewire the 5 Circuit.

Fight-or-Flight
Circuit



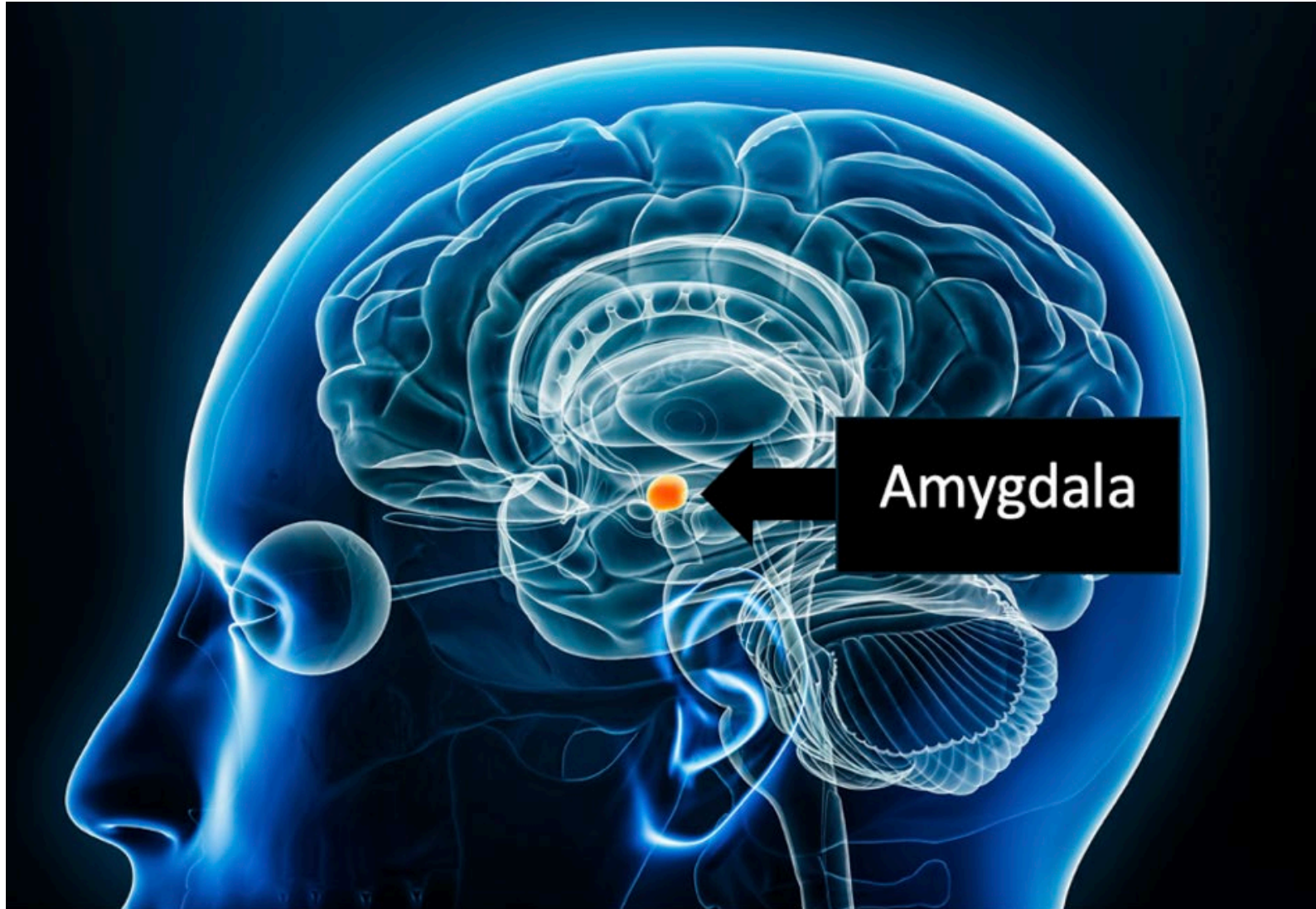
Smoking

Encode a new (homeostatic) circuit that promotes cessation.

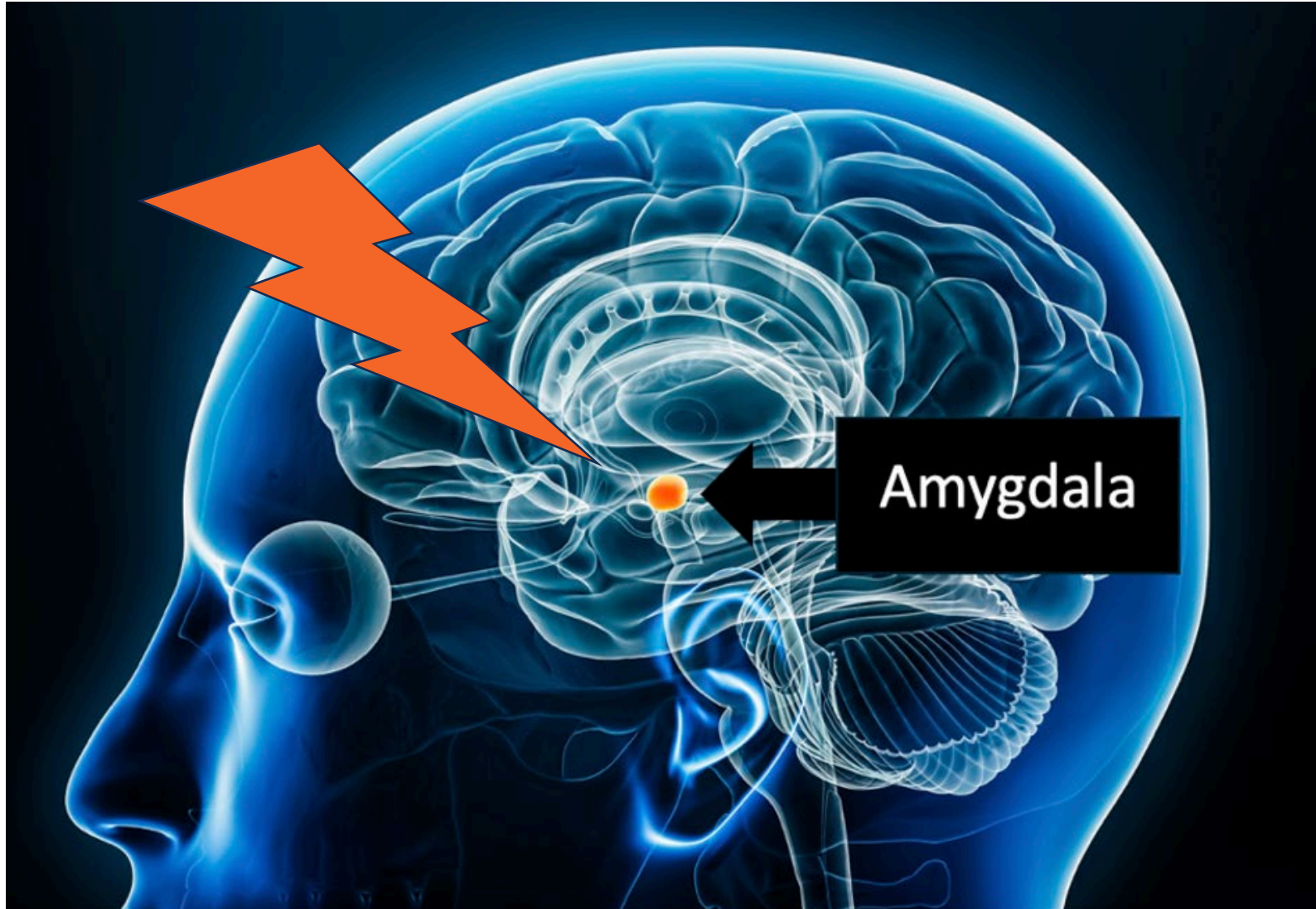




The circuits are stored in the amygdala



To rewire them, talk about the problem.



When activated, stress takes the thinking brain offline.



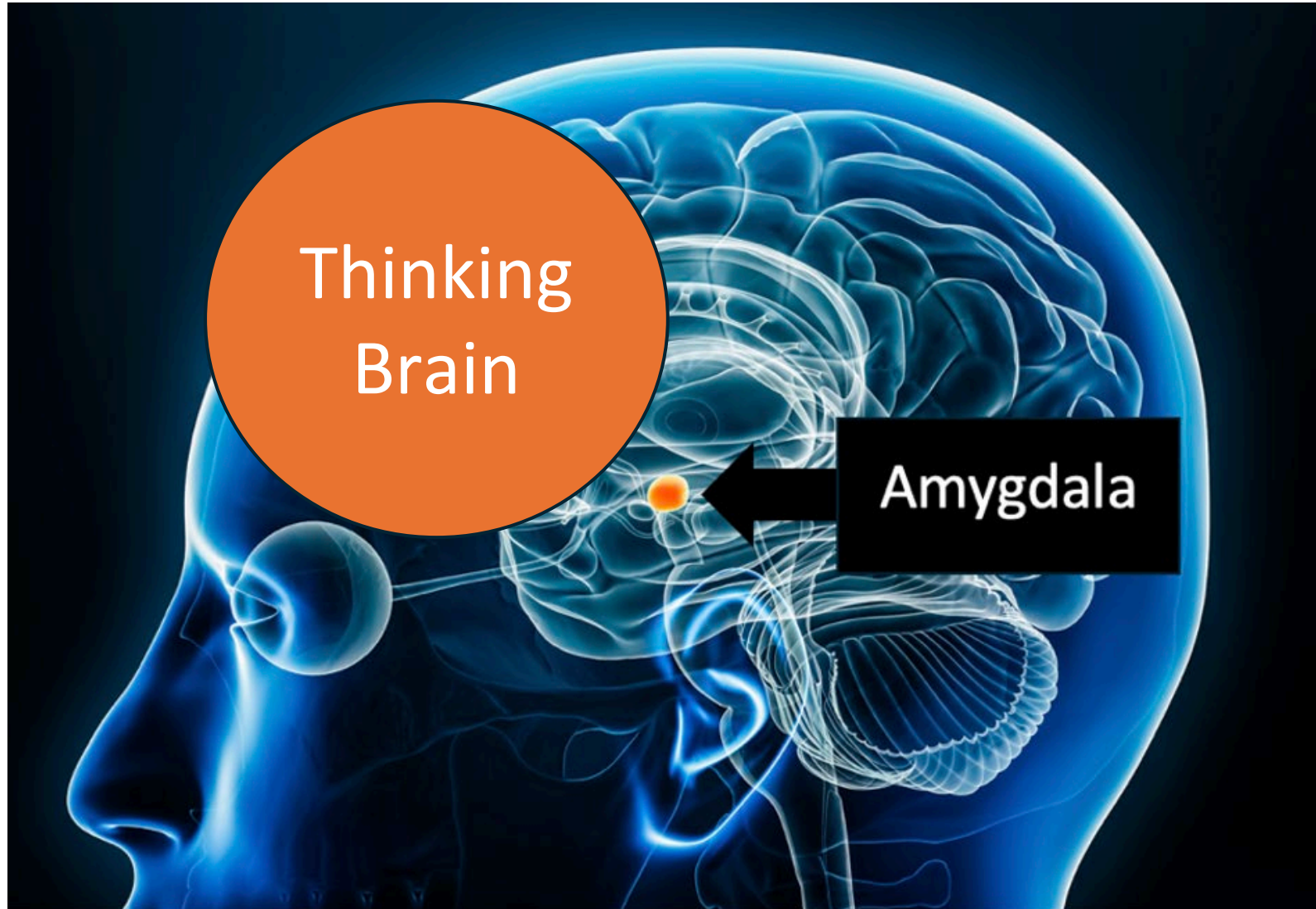
The stress emotions cannot be processed with traditional cognitive tools.



Stress causes a blockade impedes resilience.



The provider's EBT skills spiral up the patient to to Brain State 1 to switch off and rewire the circuit.



Emotional Blockade

Between sessions, the patient uses the Spiral Up Lite app.

Participants trained in the use of EBT recorded five hourly uses of the EBT app.

Paired t-test of stress level pre- and post-use:
 $p = 0.00001$

For methods: ebtconnect.net/science

33 participants/165 observations

Mean Time: 2 minutes 46 seconds

Got to Brain State 1 or 2: 86%

Got to Brain State 1: 66%



EBT Effectiveness

14 studies demonstrate broad spectrum improvements in health

Treatment of stress, anxiety, depression, addiction, obesity, smoking, and diabetes

2-year and 6-year follow-up

View research:
www.ebtconnect.net/science

Certified EBT Provider or Coach Professional Training

For information: email
Cassidy@ebt.org

- For licensed health professionals:
4 months of distance training, 3 hours/week
- For certified coaches:
1 year of distance training, 3 hours/week

www.ebtcertification.com



Closing Remarks

Eliminating smoking in the U.S. could reduce overall cancer rates by 30%

Menthol cigarettes hinder quitting and undermine the Cancer Moonshot goals

As tobacco control policies are implemented, appropriate cessation resources should be provided and include effective tools to address stress





Questions?



Thank You!

Dr. Valerie Yerger
valerie.yerger@ucsf.edu

Submit questions via the 'Q & A' box



CME/CEU Statements

Accreditations:

In support of improving patient care, the University of California, San Francisco is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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California Psychologists: The California Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by the Accreditation Council for Continuing Medical Education (ACCME). *AMA PRA Category 1 Credit™* is acceptable to meeting the CE requirements for the California Board of Psychology. Providers in other states should check with their state boards for acceptance of CME credit.

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Up to 1.0 CE Credit may be claimed.

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Interprofessional Continuing Education Credit (IPCE): This activity was planned by and for the healthcare team, and learners will receive 1.0 Interprofessional Continuing Education (IPCE) credits for learning and change.

California Addiction Professionals: The California Department of Healthcare Services (DCHS) recognizes up to 10 hours of continuing education from a non-accredited provider. If you are a provider outside of California, please check with your state board for your credit policy.

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Call. It's free. It works.

1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

Post Webinar Information

- You will receive the following in our post webinar email:
 - ✓ Webinar recording
 - ✓ Instructions on how to claim FREE CME/CEUs
 - ✓ Information on certificates of attendance
 - ✓ Other resources as needed
- All of this information will be posted to our website at <https://SmokingCessationLeadership.ucsf.edu>



SCLC next live webinar is “*The Curious Science of Cravings*” with Dr. Judson Brewer

- **Tuesday, October 8, 2024**
- **1:00 – 2:00 pm ET**
- **Registration is open on our website at:**
<https://smokingcessationleadership.ucsf.edu/webinar/curious-science-cravings>



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