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Smoking Cessation  
Leadership Center



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University of California  
San Francisco

# The Tobacco Endgame: History, Headwinds, and the Horizon

- Ruth E. Malone, RN, PhD, Professor Emerita, Department of Social & Behavioral Sciences, UCSF and Editor Emeritus, Tobacco Control

September 9, 2025

# Moderator

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Executive Director  
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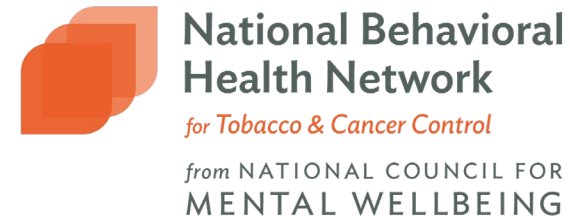
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Catherine Bonniot; Christine Cheng; Brian Clark; Ruth E. Malone, RN, PhD; Jennifer Matekuare; Ma Krisanta Pamatmat, MPH, CHES; Jessica Safier, MA; Jason Satterfield, PhD; Maya Vijayaraghavan, MD, MAS

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# September is National Recovery Month

National Recovery Month celebrates the recovery community, supports evidence-based treatment, and raises awareness for those struggling with mental and substance use disorders.





# Today's Presenter

Ruth E. Malone, RN, PhD  
Professor Emerita of Nursing and  
Health Policy

Department of Social and Behavioral  
Sciences, University of California,  
San Francisco





**COMMERCIAL**

# **The Tobacco Endgame: History, Headwinds, and the Horizon**

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Smoking Cessation Leadership Center Webinar

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Dorie Apollonio, Ph.D.

Timothy McAfee, MD

Jeremiah Mock, Ph.D.

Pamela Ling, MD

# Learning Objectives

- Discuss the broad concept of a tobacco endgame and how its definition differs from tobacco control
- Name two ways in which cessation services are synergistic with endgame policies
- Identify tobacco industry strategies that undermine endgame goals and consider how cessation programs can apply knowledge about the tobacco industry in motivating and supporting cessation

# Outline

- Endgame: History, developments, resources
- Headwinds to achieving the endgame
- The horizon: No endgame without cessation; why endgame is synergistic with cessation services



# History: The commercial tobacco epidemic



? left behind 2 children  
son 17 years old, he  
graduate from high school  
able too, I lost 2

From New Jersey:

To the Makers of Marlboro:

Because of Marlboro cigarettes we have lost our beloved brother, son and father at 41 years of age. He suffered for 11 months with head and neck cancer...

He started smoking when he was about 18 years old. He left behind 2 children...he will never see his son graduate from high school or go to college...Because of your tobacco company we no longer have our Dan and the children no longer have a father. Lung cancer is not all the cigarettes cause.

His sister, Katherine

Mr. Bill Campbell;

8/13/93

I received the enclosed flyer  
from you. I myself have never  
smoked a cigarette in my life.

I hope you never have  
to watch your loved ones go  
through this because of their  
addiction to smoking. It has  
to hard to look in the mirror  
each and every morning and  
know your livelihood is more  
important than their lives.

no hard to look in the mirror  
each and every morning and  
know your livelihood is more  
important than their lives.

Eda Wanievski

2061828024



REF  
FBI  
FBI

6/10/94



Mr. Henrique:

Your letter regarding the sweepstakes Benson & Hedges is now holding did not get to your targeted customer.

My mother was diagnosed with Squamous Cell Lung Cancer in June of 1993. She recently passed away in April. She smoked quite frequently.

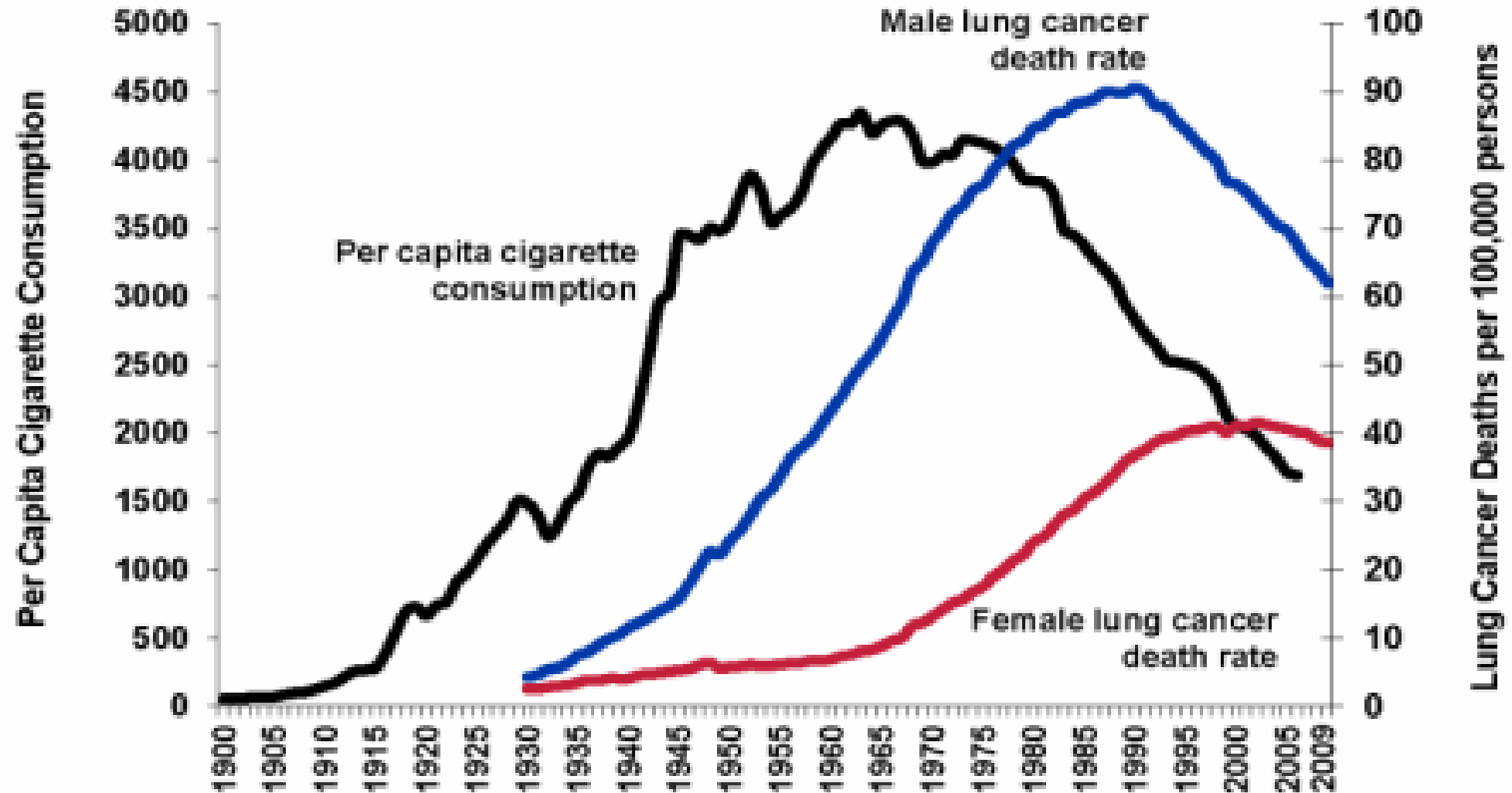
The product that you & your associates are promoting through this sweepstakes has caused irreparable damage to my family. Despite my anger, I ask only that in the future your company have the foresight to check that your information will not be received by a daughter who has lost a mother to lung cancer.

It is not credible for me to ever access

The product that you and your associates are promoting through this sweepstakes has caused irreparable damage to my family...Never contact this household again.

00000072

## Trends in Tobacco Use and Lung Cancer Death Rates\* in the US



# History: The tobacco endgame

## 2010 Editorial

Downloaded from [tobaccocontrol.bmj.com](http://tobaccocontrol.bmj.com) on September 17, 2014 - Published by [group.bmj.com](http://group.bmj.com)

Editorial

### Imagining things otherwise: new endgame ideas for tobacco control

Ruth E Malone

Where are we going in tobacco control long-term, and how will we get there? This issue of *Tobacco Control* features three new contributions to the growing 'endgame' literature with possible answers to those questions: big-picture radical ideas that seek to propel the tobacco control movement more quickly towards a time when the global tobacco disease pandemic that began in the 20th century will be ended. Could the multitude of social structures and institutions that sustain the tobacco problem be unlinked? Could altered market forces—price controls, supply controls—render tobacco less attractive to those who profit most from continuing to addict new genera-

In this issue, Gilmore and colleagues<sup>13</sup> argue that regulating prices of tobacco through capping of manufacturers' prices could reduce tobacco industry market power by eliminating manufacturers' ability to disguise price increases and achieve higher profits. As they point out, in higher-tax western countries, the industry's profits are increasing despite declining sales—profits that are then available to the industry to further promote tobacco use in the emerging markets of low-income countries.<sup>14</sup> The thoughtful argument by Gilmore *et al* extends ongoing conversations about regulatory approaches to the tobacco market<sup>1 15</sup> and offers an incentive for

approach could radically alter the tobacco control landscape within a country.

Could any of these latest big picture ideas really work? Perhaps not immediately, but they inspire us all to think beyond the next smoke-free ordinance or tobacco quitline. Perhaps they could not work in one country, but could be done in another—in one with more easily controlled borders, for example, in the New Zealand case, or in a country generally supportive of government regulation, as in the UK and Singapore.

It was through such visionary thinking that we began to understand that the suffering and death tobacco causes is not merely a problem of poor individual health behaviour choices, but of the rise of an entire industry focused on aggressively promoting deadly addictive products. It was through visionary thinking that we began to question whether breathing the smoke from others' cigarettes might be harmful to non-smokers. It is visionary thinking, combined with skilled advocacy, that pushes governments to act more decisively to protect the public and to rein in the activities of tobacco companies.

# Many endgame conversations

August 30 2016

## A TOBACCO ENDGAME FOR CANADA



## SUMMIT

Queen's University  
September 30 to October 1, 2016

## BACKGROUND PAPER



TOBACCO CONTROL ENDGAMES



## Endgame of tobacco: Experiences and perspectives from Finland



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Endgame of Tobacco Conference

Delhi 11.9.2013

17.9.2013

# TOBACCO CONTROL

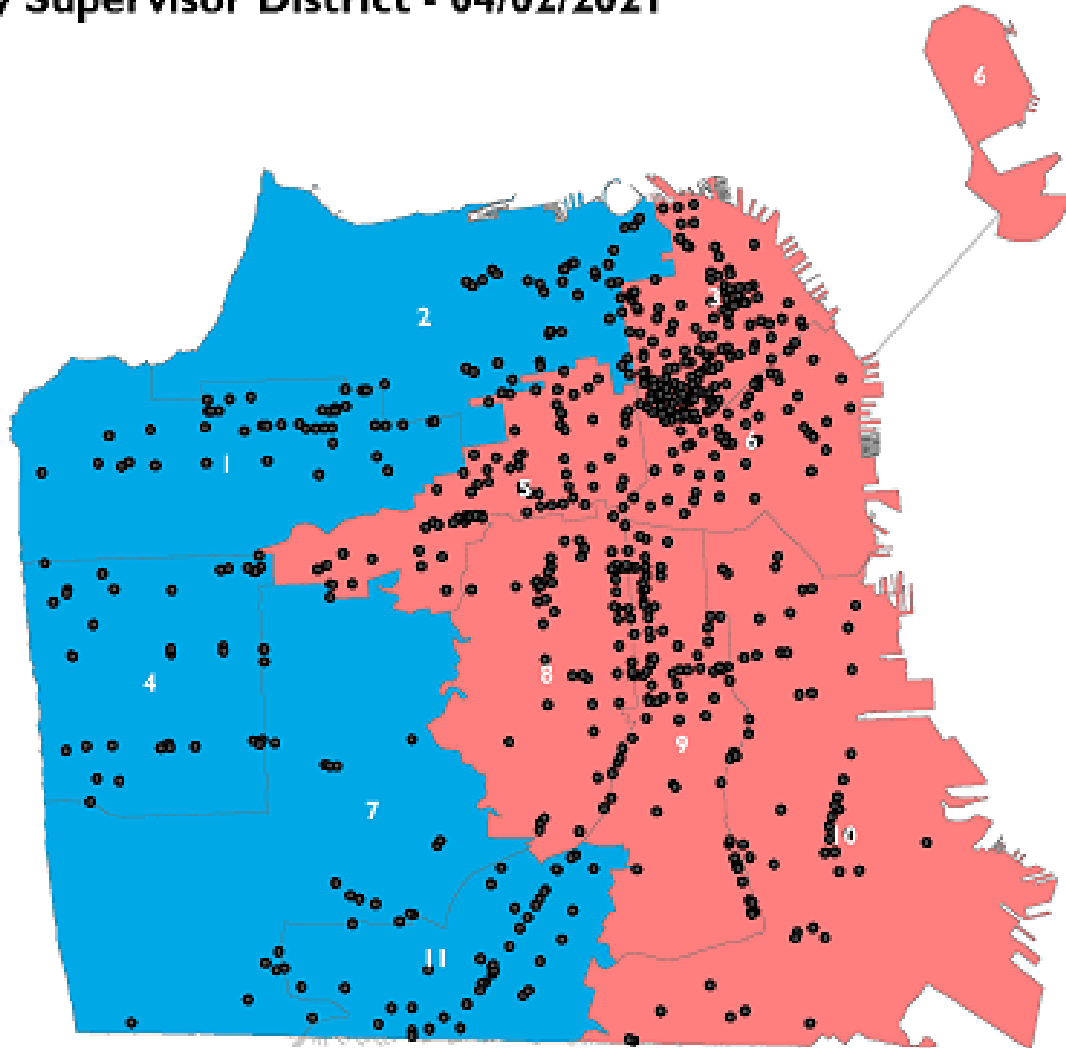


## Endgame policies are . . .

Initiatives **designed** to **end** the commercial tobacco epidemic by permanently changing the **structural, political and social dynamics** that sustain it.

--Adapted from: Malone, R. E., McDaniel, P. A., Smith, E. A. (2014). Tobacco Control Endgames: Global Initiatives and Implications for the UK. *Cancer Research UK*

**Density of Active SFDPH Tobacco Sales Permits  
by Supervisor District - 04/02/2021**



## Structural dynamics

Unequal distribution of burdens, e.g., greater number and density of tobacco retailers in disadvantaged neighborhoods



## Political dynamics

Industry lobbyists

Industry allies

Front groups





# Social dynamics

Acceptance of tobacco as normal consumer product widely sold, despite its deadliness when used as intended



# What sustains the tobacco epidemic?

- Easy availability in many retail outlets
- Affordable prices
- Political interference with policymaking
- Constant flow of new products
- Normalization (manufacture, marketing, sales, use)
- **Reluctance to name the problem: the tobacco industry**



# California's endgame goal

**“Ending the commercial tobacco industry’s influence and eradicating the harm caused by tobacco to the health, environment, and economic well-being of the state’s diverse communities.”**

**TobaccoFree**

# Endgame-advancing policies

End sale of all commercial tobacco products

Smokefree multiunit housing and smokefree public places

Birthdate-based sales restrictions

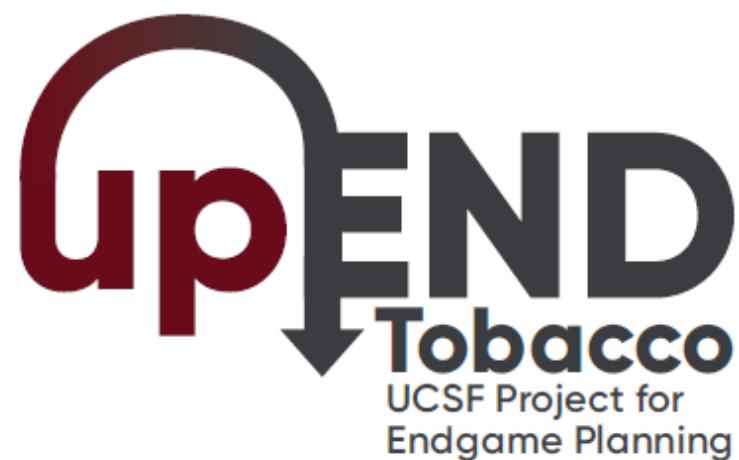
Pricing policies

- Prohibiting coupons and discounts
- Minimum price policies

Retailer-focused sales restrictions

- Limiting retailer types
- Limiting locations
- Reducing retailers overall
- Ending sales of particular products
- Banning internet sales





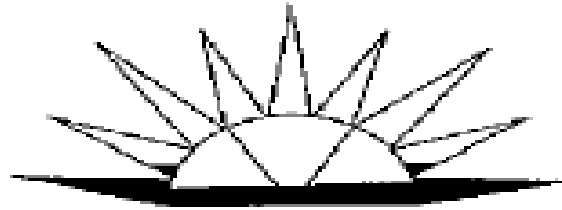
# **THE EVIDENCE FOR THE ENDGAME:**

## A WHITE PAPER

# Headwinds to achieving the endgame



Image: Pixabay, ELG21



## **SUNRISE: DAWN OF A NEW DAY**

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### **Sunrise Strategy #1**

#### **Fair Play**

Proactively deal with the Anti's to reduce their effectiveness at controlling the agenda and to restore balance to the debate.

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# The “anti-tobacco industry” (ATI)

## *Focus of ATI Organizations*

Those organisations and individuals clearly identified as having opposing interests are:

W.H.O.

U.I.C.C.

Medical Associations

Government Health Departments

Individual Scientists

Anti-smoking Organisations

Consumer Protection Groups

2025013803

# Exacerbating conflicts

Our Fourth Strategy focuses on efforts to cause dissention within the ATI.

1) As the tobacco company that is seeking "reasonable solutions to complex problems" we want to reach out to members of the ATI where we can potentially establish Common Ground -- such as on the issue of preventing youth access to tobacco products.

2) We also want to enhance internal conflicts that already exist within the ATI -- and possibly encourage some new ones.

2) We also want to enhance internal conflicts that already exist within the ATI -- and possibly encourage some new ones.



- Create schisms -- force them to fight among themselves

## “One last point...”

- “This is a long-term project....It will take a series of interdependent actions, plans and initiatives. A reweaving of the fabric of social acceptability.”

Source: PM 2078018668/8672

## 10 year Corporate Affairs Objectives and Strategies

years, in support of our competitive adv

### NORMALIZATION

Examples of issues addressed:

Market or Consumer research bans; Litigation/liability; Exclusion from the scope of International Trade Agreements; Ban on lobbying; Ban on political contributions; Ban on charitable contributions; Ban/restrictions on tobacco growing; Industry exclusion for T&T solutions

Build on existing, and foster future, stakeholder relations with International organizations, politicians, NGOs, academics, scientists, researchers and the media, etc. to further expand communications and engagement opportunities.

communicate this internally and externally.

- b. Define PMI's vision around 5 core areas including: People (our HR practices, meritocracy, opportunity for an international career, learning and development as a priority), Product (RRP

Amplify voices of "harm reduction" supporters vs. "prohibitionists"

oriented). Use this platform to communicate the PMI story proactively.

- c. Build on existing, and foster future, stakeholder relations with international organizations, politicians, NGOs, academics, scientists, researchers and the media, etc. to further expand communications and engagement opportunities.

Make "Normalization" a PMI priority and imbed this mindset into the organization

- d. expose corrupt standards or anti-tobacco opponents (e.g., lobbying), where appropriate
- c. Amplify voices of "harm reduction" supporters vs. "prohibitionists"
- d. Leverage NCD debate
- 3. Make "Normalization" a PMI priority and imbed this mindset into the organization:
  - a. Adopt a campaign-oriented communications approach, utilizing simple, emotional, impactful communication that is human and stakeholder-centric.
  - b. Promote a greater understanding across the business of the threats posed by PMI/industry de-normalization, and the need to reverse this trend to drive future growth.
  - c. Make reputation/normalization a MAP objective for all SMT members, MD's, CA Directors and Communications Managers.
  - d. Utilize existing skills and talents and add more 'big picture' company "ambassadors" who can represent PMI externally, on a range of issues, not limited to tobacco.

# PMI recruits former WHO official

**Fall, 2017:**

Following secret consultations with Philip Morris International executives for which he was paid undisclosed sums, former WHO official Derek Yach announced funding from PMI of US\$1 billion over 12 years to create and serve as President of the “Foundation for a Smoke-free World.”

# Foundation for a Smoke-free World

- Focus of new body: Research on “tobacco harm reduction”
- Yach invitation to tobacco control: “Join us” in achieving smokefree world

# Responses

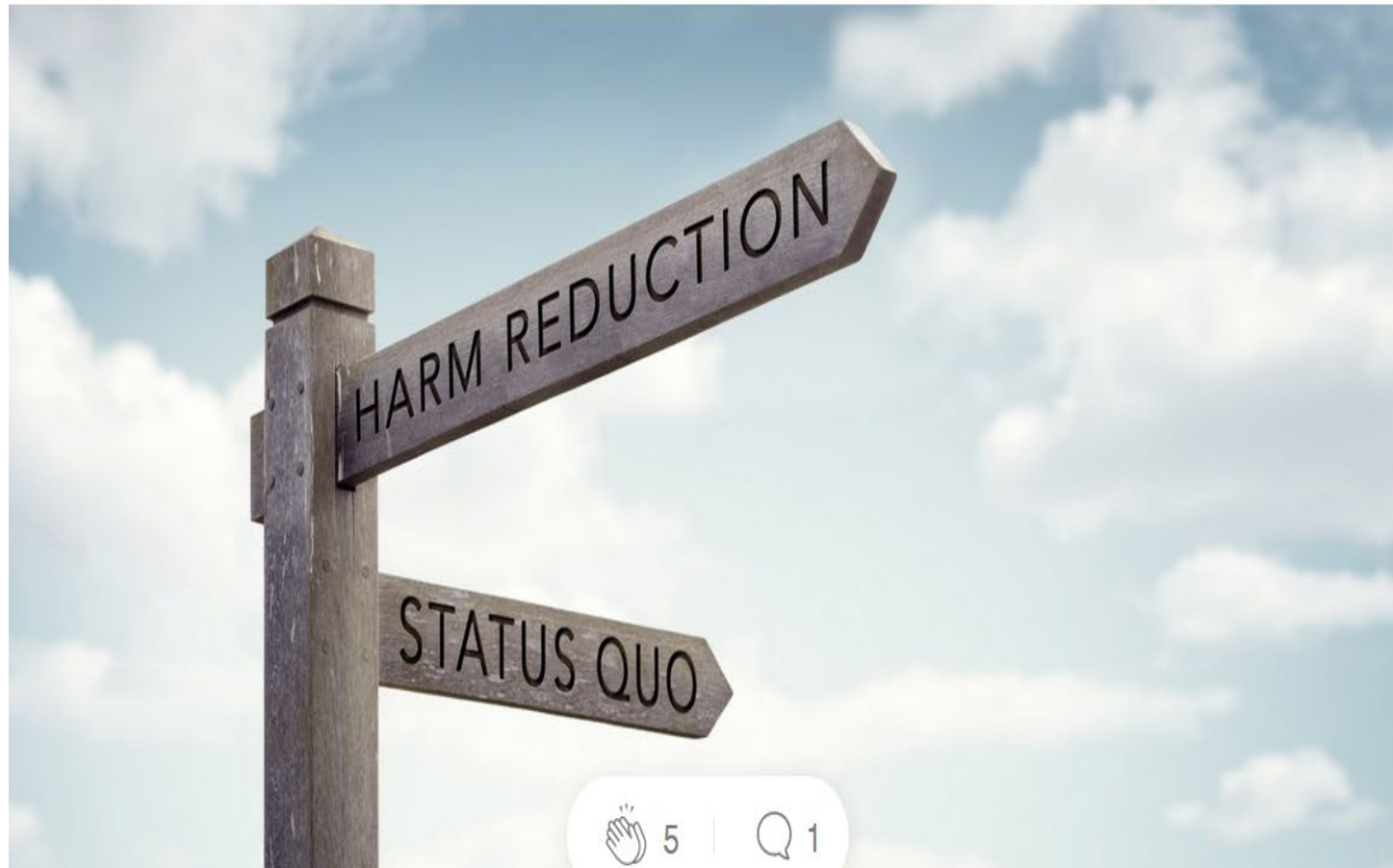
- “This tobacco industry-funded initiative... is a deeply alarming development aimed at damaging the treaty’s implementation...”

--WHO FCTC Secretariat

- “WHO will not partner with the Foundation. Governments should not partner with the Foundation and the public health community should follow this lead.”

• --WHO

# World No Tobacco Day 2021 Shows Tobacco Control at a Crossroads



Q Search



**Dr. Derek Yach**

25 Followers

Former World Health Organization (WHO) cabinet director for noncommunicable diseases and mental health

Follow



“...the development of tobacco harm reduction (THR) technologies has led to a schism between those who support the science and those who reject it as unproven and dangerous...”

“The WHO, supported by heavily funded Bloomberg grantees, continues to blindly ignore scientific evidence, vilifying these products instead of promoting their use...”



# Issues raised

- Direct challenge to leadership of TC movement
- Creates confusion
- Hijacking agenda to favor industry priorities
- Disrupt solidarity, exploit divisions within public health over harm reduction
- Re-normalize industry as “part of solution”

# Industry outreach to medical care providers

Opinion

## VIEWPOINT

### The Tobacco Industry Has No Business Funding Continuing Medical Education

Robert K. Jackler, MD; Pamela M. Ling, MD, MPH

“The health goal for all smokers should be smoke-free, not tobacco/nicotine abstinent.”

**Recently**, the for-profit medical media company Medscape promoted a series of continuing medical education (CME) courses (see the [Supplement](#)) funded by a grant from tobacco company Philip Morris International (PMI).<sup>1</sup> These activities were certified

(see the [Supplement](#)) by the Accreditation Council for Continuing Medical Education (ACCME) along with other health



[Supplemental content](#)

care professional education organizations (American Nurses Credentialing Center, Interprofessional Continuing Education, Accredi-

role in youth initiation into nicotine addiction. Remarkably, the course states, “The health goal for all smokers should be smoke-free, not tobacco/nicotine abstinent.” Only purveyors of tobacco products would assert that sustaining nicotine addiction should be the primary goal in optimizing health—addiction is not wellness. This course states chewing tobacco has “no significant risk of mouth, lung and other cancers, heart disease or stroke,” citing a much criticized 2002 review by a tobacco-conflicted course faculty member without mentioning the [National Cancer Institute](#) and International Agency for Research on Cancer statements that

0 CME / ABIM MOC / CE

# Harm Reduction From Tobacco: An Evidence-Based Discussion

How much risk is associated with different tobacco products?  
Drs Satel and Rodu discuss.

Authors: Sally Satel, MD; Brad Rodu,  
DDS

Supported by an independent educational grant from  
**Philip Morris International**

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## Question 3 of 4

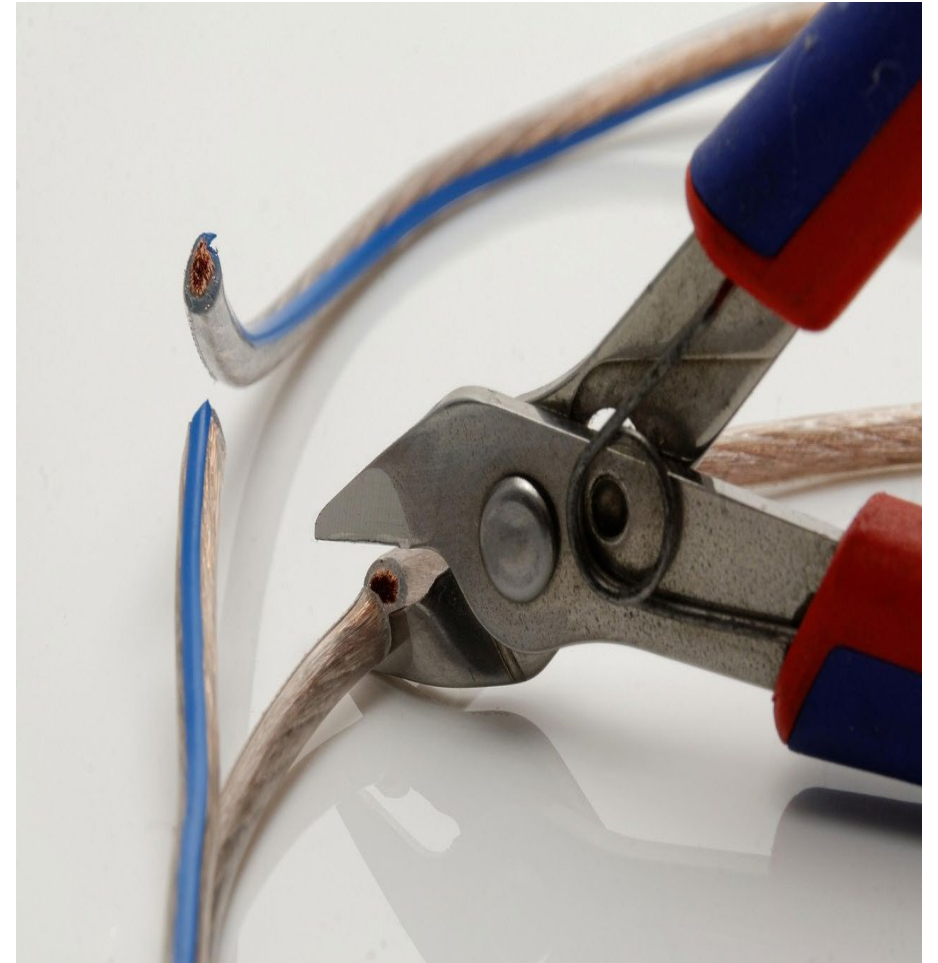
Marco is a 41-year-old man who smokes ~1 pack of cigarettes/day. His father, who was also a smoker, recently died of lung cancer. Marco would like to reduce his risk of cancer and asks you how to best achieve that.

Considering available clinical evidence, what should you tell him?

- ☐ Consider switching to pipe smoking
- ☐ Consider switching to e-cigarette smoking
- ☐ Reduce cigarette consumption to a half a pack of cigarettes per day

# Industry “harm reduction”/redemption messages sabotage endgame progress

- Nicotine repositioned as benign
- Political interference
- Industry defines PH agenda
- Disagreements disrupt public health solidarity
- ***No actual end is planned***





# Tobacco Companies Brag About Cigarette Sales to Investors

## PHILIP MORRIS INTERNATIONAL

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“We are also seeing good resilience on our combustible business. ... And we continue to see even some emerging markets, like Turkey, with very nice growth on combustible.”

*PMI CFO Emmanuel Babeau at the 2024 Deutsche Bank Global Consumer Conference*

## ALTRIA

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“We feel very confident in our ability to continue to grow margins within the smokable product segment. And we’re really happy with the performance of that segment [like] the performance of Marlboro, where you saw stable share performance and growth in the premium segment of the cigarette category.”

*Altria Q1 2024 Earnings Call*

## BRITISH AMERICAN TOBACCO

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“We are very pleased with the performance in combustible. ... we see very good traction in very key markets for us.”

“Lucky Strike continues its strong growth record, maintaining its position as the fastest growing combustibles brand in the U.S.”

*BAT H1 2024 Earnings Call*



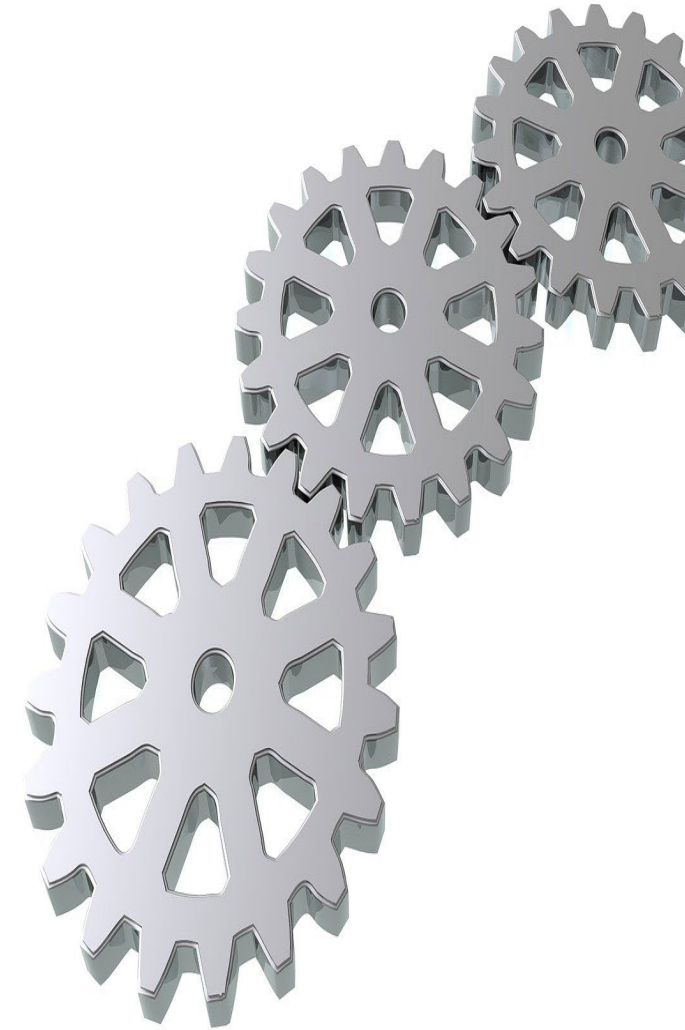
# The Horizon





# Phased constraint

- *Name the industry as the problem*
- Strong *tobacco industry denormalization* messaging and activities
- ***Constrict the space and limit the time*** for industry to introduce and sell addictive products, with a **set end date**
- Tobacco users supported with free cessation aids plus an environment in which commercial tobacco products are no longer ubiquitous
- Retailers offered help with transition



# Integrating endgame perspectives into cessation services: enhance synergies

- Be skeptical of industry-favorable product positioning
- Speak up/show up to support policies that advance true endgame
- Position quitting as a form of resistance, of power
- Incorporate industry denormalization into cessation
- Partner with groups with broader aims beyond cessation

# Evidence for industry denormalisation as tobacco control intervention

## Reviews

### Tobacco industry denormalisation as a tobacco control intervention: a review

Ruth E Malone,<sup>1</sup> Quinn Grundy,<sup>1</sup> Lisa A Bero<sup>2</sup>

<sup>1</sup>Department of Social and Behavioral Sciences, School of Nursing, University of California, San Francisco, CA, USA

<sup>2</sup>Department of Clinical Pharmacy, School of Pharmacy, and Institute for Health Policy Studies, School of Medicine, University of California, San Francisco, CA, USA

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Received 20 April 2011  
Accepted 24 August 2011

#### ABSTRACT

**Objective** To conduct a review of research examining the effects of tobacco industry denormalisation (TID) on smoking-related and attitude-related outcomes.

**Methods** The authors searched PubMed and Scopus databases for articles published through December 2010 (see figure 1). We included all peer-reviewed TID studies we could locate that measured smoking-related outcomes and attitudes toward the tobacco industry. Exclusion criteria included: non-English language, focus on tobacco use rather than TID, perceived ad efficacy as sole outcome, complex program interventions without a separately analysable TID component and non-peer-reviewed literature. We analysed the literature qualitatively and summarised findings by outcome measured.

**Results** After excluding articles not meeting the search criteria, the authors reviewed 60 studies examining TID and 9 smoking-related outcomes, including smoking prevalence, smoking initiation, intention to smoke and intention to quit. The authors also reviewed studies of attitudes towards the tobacco industry and its regulation. The majority of studies suggest that TID is effective in reducing smoking prevalence and initiation and increasing intentions to quit. Evidence is mixed for some other outcomes, but some of the divergent findings may be explained by study designs.

**Conclusions** A robust body of evidence suggests that TID is an effective tobacco control intervention at the population level that has a clear exposure-response effect. TID may also contribute to other tobacco control outcomes not explored in this review (including efforts to 'directly erode industry power'), and thus may enhance public support and political will for structural reforms to end the tobacco epidemic.

#### INTRODUCTION

Population level interventions have demonstrated the potential to reduce tobacco consumption

health education and prohibitions on youth tobacco sales. Some TID efforts have met with aggressive tobacco industry responses, occasionally including lawsuits aimed at curtailing them.<sup>10–12</sup>

Mahood<sup>13</sup> distinguishes between the denormalisation of tobacco use (which focuses on the addicted individual) and the denormalisation of the industry, arguing that only the latter offers the prospect of addressing the chief structural cause of the tobacco disease epidemic: industry activity. In this paper we use 'tobacco industry denormalisation' to mean themes, campaigns and perspectives aiming towards 'the reversal of the process of industry normalisation promoted by cigarette manufacturers for decades'.<sup>12</sup> The rationale for TID is captured by the first principle of the Guidelines for implementing Article 5.3 of the FCTC: 'there is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests'.<sup>13</sup>

No previous reviews have specifically examined the effectiveness of TID as a tobacco control strategy. We review evidence on TID and smoking-related outcomes. We analyse why some findings appear to diverge from the bulk of published literature. The evidence suggests strongly that TID is an effective strategy that should be part of comprehensive tobacco control.

#### METHODS

##### Search

We searched the PubMed and Scopus databases for articles published through December 2010 using the following search terms: ('Tobacco Industry' (Mesh) OR 'tobacco industry') AND (delegitimation OR delegitimation OR denormalisation OR de-normalisation OR de-normalization OR anti-industry OR counter-industry OR vilification OR industry manipulation); 'tobacco industry' AND (deception\* OR mislead\* OR lie\* OR lying OR false\* OR

# Summary:

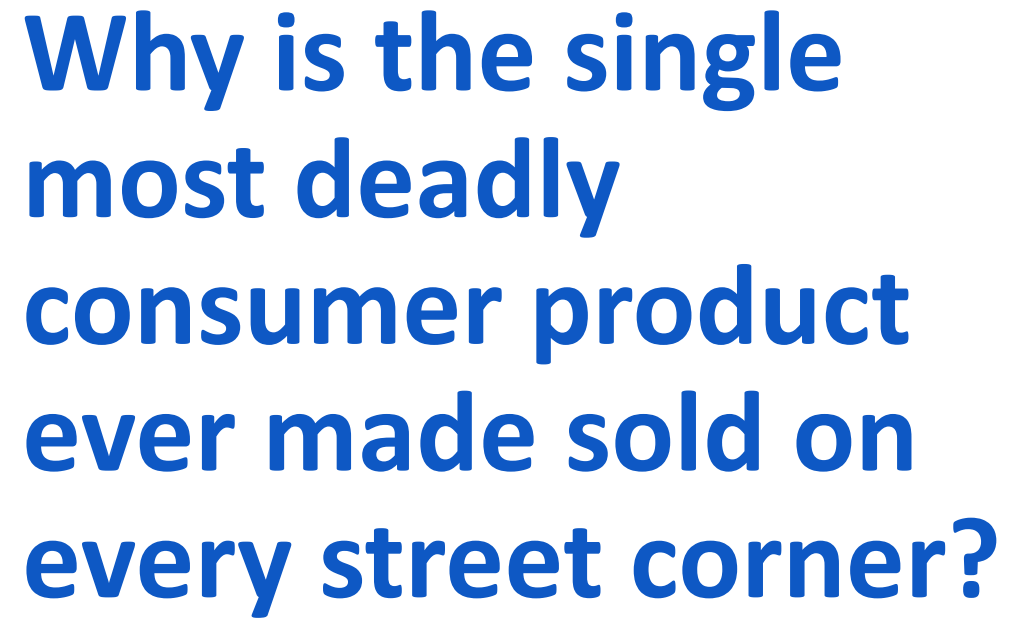
## Robust evidence that...

- Industry denormalisation associated with:
  - reduced smoking prevalence
  - reduced initiation risk
  - reduced intention to smoke
  - increased intention to quit smoking

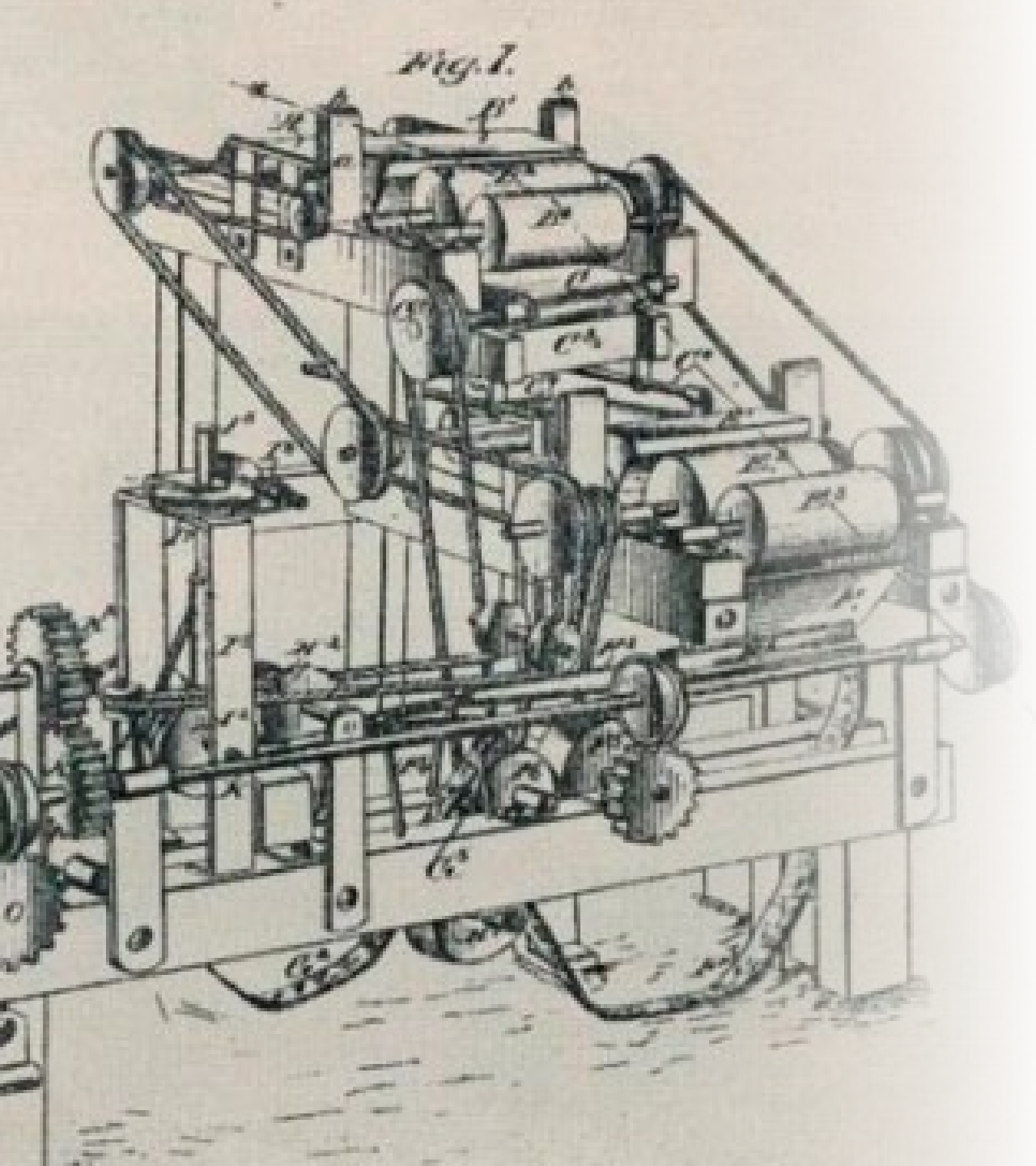
# How does industry denormalisation advance norm change?

- Builds public support for industry regulation
- Builds public resistance to industry manipulation and interference in policy
- Foregrounds social justice issues
- Alters perceptions of normalcy of industry engaged in promotion of deadly products
- Complements other measures
- Helps reframe cessation as an act of community solidarity





# Why is the single most deadly consumer product ever made sold on every street corner?



**We made it –  
we can unmake it**

Industrially produced  
epidemic

Most lethal consumer  
product in history





**We have lost too  
many loved ones**


We are losing our  
wise elders too soon



Tobacco companies  
are targeting new  
generations

# Support for Policies to Prohibit the Sale of Menthol Cigarettes and All Tobacco Products Among Adults, 2021

Maeh Al-Shawaf, DrPH, MPH<sup>1</sup>; Kya N. Grooms, PhD, MPH<sup>2</sup>; Margaret Mahoney, JD<sup>1</sup>; Natasha Buchanan Lunsford, PhD<sup>1</sup>; Deirdre Lawrence Kittner, PhD, MPH<sup>1</sup> ([VIEW AUTHOR AFFILIATIONS](#))

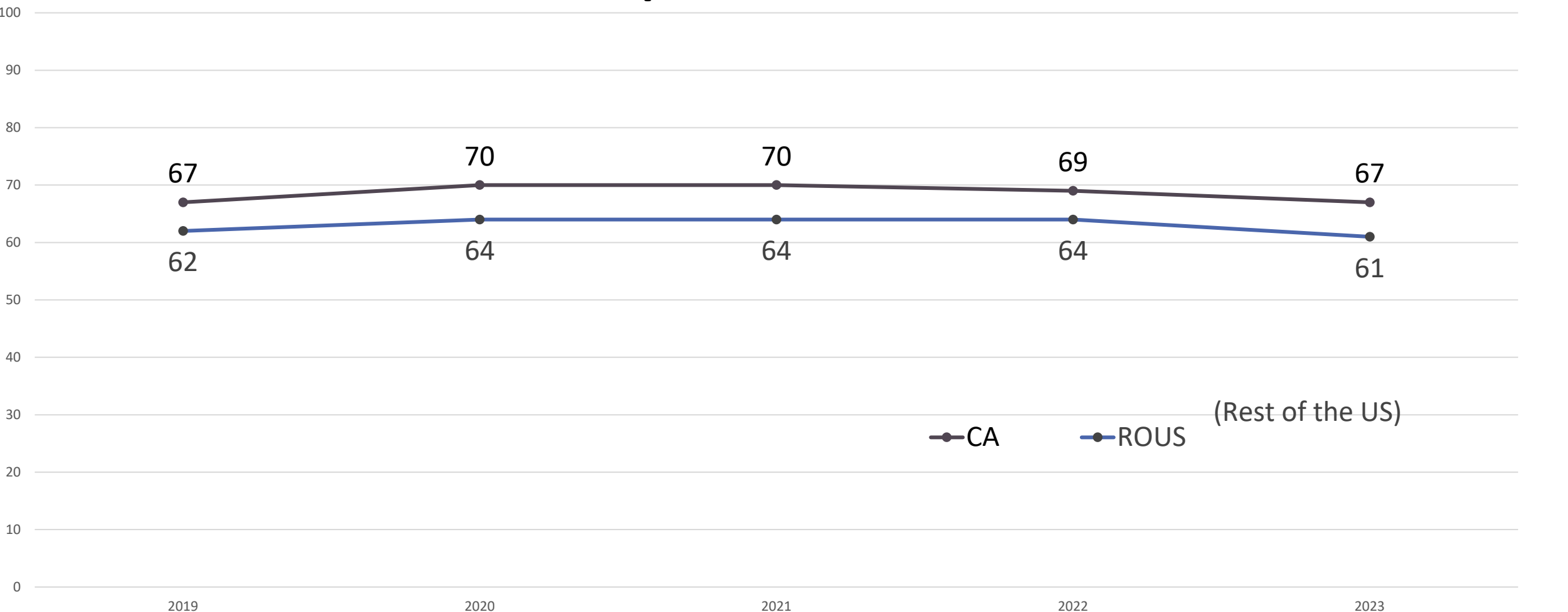
*Suggested citation for this article:* Al-Shawaf M, Grooms KN, Mahoney M, Buchanan Lunsford N, Lawrence Kittner D. Support for Policies to Prohibit the Sale of Menthol Cigarettes and All Tobacco Products Among Adults, 2021. *Prev Chronic Dis* 2023;20:220128. DOI: <http://dx.doi.org/10.5888/pcd20.220128> .

PEER REVIEWED

Policy	Level of Support
Banning sale of menthol cigarettes	62.3%
<b>Banning sale of all tobacco products</b>	<b>57.3%</b>

# People are ready to end Big Tobacco's epidemic

## The sale of nicotine products should not be allowed



Data source: 2019-2023 CTPP Media Evaluation, Adults 18-55

**It's too complicated**

Prohibition never worked

**It could threaten our funding**

***What about people who are addicted?***

**Free market will take care of the problem**

**It's too hard**

*Nicotine is part of a healthy lifestyle*

**Organized criminal gangs will take over**

**It will make us look too radical**

***What about freedom of choice?***

**It will hurt small businesses**

**People who smoke will riot**

***Government needs revenue***



**“You can’t...”**

Have nonsmoking sections  
in restaurants

Ban smoking on airplanes

Have smokefree  
workplaces

Have smokefree bars

7 Oct 1970  
Dear Mr. Chairman:  
You people should be  
really proud of your Camel  
cancer attack and considering  
the fact that kids are now wearing  
shorts showing that wonderful  
monotony promoting the  
Cigarettes - and of course always  
with a sexy looking female.  
I find it wonderful that  
you people are going to bill about  
1100 people a day in the United  
States - and that doesn't say  
anything about the rest of the  
world.  
Many other products killed  
even one a week the whole  
country would be up in arms.  
But Reynolds himself, also.

50770 2482

**Idaho:**  
**We wonder how long**  
**we should put up with**  
**this national slaughter.**

# Imagining things otherwise

March 2014 Volume 23 Issue 2

## TOBACCO CONTROL



[tobaccocontrol.bmi.com](http://tobaccocontrol.bmi.com)

BMI



# Q&A



# 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.

UCSF designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

**Advance Practice Registered Nurses and Registered Nurses:** For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit™ issued by organizations accredited by the ACCME.

**Physician Assistants:** The National Commission on Certification of Physician Assistants (NCCPA) states that the AMA PRA Category 1 Credit™ are acceptable for continuing medical education requirements for recertification.

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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.

# CME/CEU Statements Continued

**Psychologists:** Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

Up to 1.0 CE Credit may be claimed.

**Social Workers:** As a Jointly Accredited Organization, UCSF Continuing Education is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.0 general continuing education credit.

**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.

# 1-800 QUIT NOW Cards

Take Control

**1-800-QUIT-NOW**

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

- Please provide feedback by completing our evaluation at the end of this webinar
- 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 information will be posted on our website at [SmokingCessationLeadership.ucsf.edu](https://SmokingCessationLeadership.ucsf.edu)



# Save the Date! SCLC's Next Live Webinar

*“Tobacco Cessation Under Siege: Industry Reinvention, Federal Setbacks, and California’s Lessons in Resilience”*

with Drs. Pamela Ling and Tim McAfee, and  
April Roeseler

Wednesday, October 29, 2025 | 1:00 – 2:30 pm ET

# Contact Us

We offer free technical assistance!

- Visit us online at:  
[SmokingCessationLeadership.ucsf.edu](https://SmokingCessationLeadership.ucsf.edu)
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# Thank You



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