SCLC Webinar: The Tobacco Endgame: History, Headwinds, and the Horizon

September 9, 2025

Post Webinar Q and A by Dr. Ruth Malone

Question:

1. As you note, California has been called for eradicating the "influence" of the commercial tobacco industry as a requirement for achieving endgame. But it has not been explicit that ending their influence may not be feasible or consistent with the continued functioning or even existence of for-profit multinational commercial tobacco companies. Can you talk more about this some more?

*A*nswer:

We are working on a paper on this. I think for many people it has been somewhat taboo to talk about basically eliminating the tobacco industry, but it's time we start saying it and developing plans to achieve that, not just to "end smoking" which will not end the epidemic. California is way ahead of most places. In my experience, people have to hear about ideas several times before they start to really engage seriously with them. It has taken some 15 years for endgame to become a recognized part of the national and global discourse. For some places this is still a very new idea and it will take some softening up, but gradually people begin to take ownership of the idea and see how their work can be part of it. We need more courageous national groups to start saying it. I think we are much closer to that than we were 10 years ago.

Question:

2. What would conversations re industry denormalization with patients in the clinical area look like? Also wonder if tying smoking cessation with improving planetary health would help also vis a vis global community solidarity? Thank you.

Answer:

Just throwing out some ideas here: I think in the clinical area, it can begin with clinicians acknowledging that the tobacco industry does everything it can to make it challenging for people to quit, and that the industry doesn't deserve any more sacrifices from our patients. It doesn't have to be long: saying the industry lied about the science, they lied about

targeting kids, etc. can just move the conversation away from the individual, self-blaming person who smokes and toward being part of a broader social rejection of the industry.

As far as the planetary health question: ASH and other groups have done a lot of work raising consciousness about plastic cigarette filters and their global environmental impacts and I think they have some resources on this. I think that could potentially be another angle to again link the cessation conversation with other things people care about. In some ways quitting is about gaining a new identity that is true to one's core values. Anything that can help people keep their focus on how their core values are NOT the same as those of tobacco companies may be helpful. At least that has been the case for me and many others I know.

Question:

3. I've been involved in litigation against cigarette companies for 30 years. they are clearly in business to maximize profits. 25 years after the MSA cigarette company profits are higher today than they were in the past. shouldn't we be pushing companies to sell the safer alternative nicotine products since continuing sale of cigarettes is completely unreasonable when safer alternatives are acknowledged and exist?

Answer:

The cigarette companies seem to be selling their alternative nicotine products just fine without us needing to push or do their marketing work for them. I would be much more supportive of this idea if anyone actually was tying it to making them stop selling cigarettes, and developing policies to make them do it by a specific date. (thinking here of a postcard with a Geoff Bible quote with which I am sure the questioner is very familiar). There is no way the federal government CAN make them stop selling cigarettes under current law, so it is up to state and local governments to decide how much longer we are going to let this slaughter go on, because they CAN make them stop. There is no question that people who smoke are already aware there are other addictive tobacco and nicotine products out there to buy, since they are plastered all over retail settings, and they are buying them. Unfortunately, so are a lot of kids. I don't see ending smoking as the same thing as ending the tobacco epidemic, which requires different moves.

Question:

4. Your example of the movement against tobacco in the African American community is helpful. Is there a similar empowerment movement in the behavioral health community?

Answer:

We have come a long way in changing views within behavioral health about tobacco, compared to the days when as a psychiatric nurse I smoked with my patients. Most of the major groups now talk about this, including this page from Truth:
https://truthinitiative.org/research-resources/targeted-communities/tobacco-social-justice-issue-mental-health

But I am not personally familiar with a comparable movement in the behavioral health community.

Question:

5. Can you speak to the new face of the industry with Zyn and how this will complicate cessation and how this is part of the industry decades long makeover?

Answer:

Briefly, Zyn and the broad range of other "alternative" tobacco and nicotine products are intended to normalize continued nicotine use as something fun and benign. There is a through line running from the many industry makeover projects to the present day. The industry is trying to claim that "smoking" is the primary problem and we don't really need to be concerned about addiction. That is very different from believing that the tobacco epidemic is the problem and smoking is the symptom.

Question:

6. In California, flavored tobacco is banned but hookah is exempt, given its prevalence among Middle Eastern smokers, how should I approach this issue in my research?

Answer:

I'm not sure I can answer this question since the type of research could make a difference. But from a policy perspective, exemptions are never desirable.

Question:

7. How many people does the tobacco industry employ and how many will they be affected long term if this comes hypothetically to fruition; the tobacco industry contributes big % in taxes; is this something govts are willing to bring to an end?

Answer:

Companies go through transitions all the time and workers are laid off and have to find new employment. At its peak the asbestos industry employed many, many people. Since at

least in the US, there will be no one size fits all endgame, the transition is likely to be a gradual decline, probably slower than the reductions in workforce being caused by the corporate embrace of AI. As to governments and taxes: This is a conversation it is time to be having NOW in places where prevalence continues to drop. Modeling the optimum combination of tax increases and retail restrictions to achieve steady-state or reduced prevalence is something that can be done and is done all the time in states with state operated alcohol stores. Without policy champions demanding this, nobody will ever do it. The same is true for California's bottom-up approach. It will be gradual and there will be hiccups. But if we can't say what we want, we'll never see what we want. We addressed some of these concerns in this paper, which is open access:
[*https://tobaccocontrol.bmj.com/content/29/6/703*](https://tobaccocontrol.bmj.com/content/29/6/703)

Question:

8. With the continued influence of dark money from the tobacco industry on elected officials, and the resulting setbacks to structural reforms and public health policy, what mechanisms of accountability and measures exist?

Answer:

Monitoring and calling out tobacco campaign contributions is important (https://www.opensecrets.org/) is a great resource for this. In most places, the public does not love tobacco companies. We need to start making their money radioactive. Of course, it takes more research to track the truly dark money.

Question:

9. How has taxation of commercial nicotine-containing "tobacco" products in California helped your endgame campaign?

Answer:

Not clear what this question is getting at. Certainly taxation of commercial tobacco products is providing funding for the California Tobacco Prevention Program. It would be ideal if ALL tobacco taxes went to state tobacco programs.

Question:

10. What models/theories/frameworks and activities do you recommend we use for advocacy and research in tobacco nation (i.e., southern U.S.) states with less support for an endgame?

Answer:

I think the basics of public health advocacy hold true anywhere: start from where people are and find ways to connect and collaborate. I imagine that Tobacco Nation is pretty similar to what our advocates in rural California face in terms of suspicion of government, independence, protectiveness of kids and communities. And yet many of our rural communities have been leaders, for example in smokefree multi-unit housing.

Question:

11. Is there any correlation between tobacco and alcohol? Does reduction in tobacco in any way lead to reduction in alcohol? Also, prohibition of alcohol did not work and it's more prevalent now than ever. How would prohibition of tobacco be done differently so that it doesn't come back even stronger? How would we successfully prevent illegal entities from taking over distribution?

Answer:

Please see the paper I wrote with Robert Proctor that discusses the history "prohibition" concern and how tobacco companies have deployed it:
https://tobaccocontrol.bmj.com/content/31/2/376

If you have trouble accessing it, email me and I can send you a copy. In short, "prohibition" is a word that denotes curtailing freedom, but ending tobacco sales is about enhancing freedom.

Question:

12. Great Info. Do you Know what the tobacco farmers are saying about tobacco control?

Answer:

No