

Tobacco Cessation Under Siege: Industry Reinvention, Federal Setbacks, and California's Lessons in Resilience

- Timothy McAfee, MD, MPH, Professor in the Department of Behavior & Social Sciences at the University of California San Francisco
- April Roeseler, BSN, MSPH, Former Branch Chief of the California Tobacco Control Program, in the California Department of Public Health Control
- Pamela M. Ling, MD, MPH, Professor of Medicine and Director of the Center for Tobacco Control Research and Education at the University of California San Francisco

October 29, 2025

Moderator

Catherine Bonniot

Executive Director
Smoking Cessation Leadership
Center

University of California, San
Francisco

Catherine.Bonniot@ucsf.edu

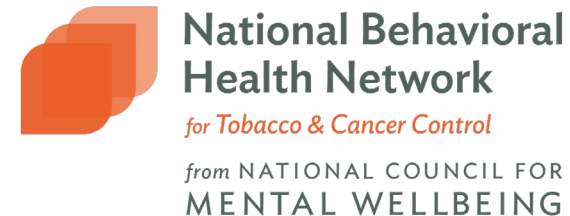
Disclosures

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.

All speakers, planning committee members, and reviewers have disclosed they have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Catherine Bonniot, Christine Cheng, Brian Clark, Pamela M. Ling, MD, MPH, Jennifer Matekuare, Timothy McAfee, MD, MPH, Ma Krisanta Pamatmat, MPH, CHES, April Roeseler, BSN, MSPH, Jessica Safier, MA, Jason Satterfield, PhD, and Maya Vijayaraghavan, MD, MAS.

Thank You to Our Funders



Housekeeping

- All participants will be **automatically muted** and the audio will be streaming **via your computers**, when you join the webinar.
- Please **make sure your computer speakers are on** and adjust the volume accordingly.
- All participants **cameras will be off** when you join the webinar.
- This webinar **is being recorded** and will be available on SCLC's website, along with a PDF of the slide presentation. As well a transcript will be posted to the website.
- Use the **Q&A box** to send questions at any time to the presenters.
- **Closed captioning** is available for this presentation. You can turn on this service on the **Zoom menu bar at the bottom of your screen**.
- Please **provide feedback by completing our evaluation** at the end of this webinar.

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 1.5 AMA PRA Category 1 Credits™. 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.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for AMA PRA category 1 Credit™. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

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 1.5 CE Credits 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 1.5 general continuing education credits.

Interprofessional Continuing Education Credit (IPCE): This activity was planned by and for the healthcare team, and learners will receive 1.5 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.

Today's Presenter

Timothy McAfee, MD, MPH
Professor in the Department of
Behavior & Social Sciences

University of California San Francisco



Today's Presenter

April Roeseler, BSN, MSPH
Former Branch Chief of the California
Tobacco Control Program

California Department of Public
Health



Today's Presenter

Pamela M. Ling, MD, MPH
Professor of Medicine and Director of
the Center for Tobacco Control
Research and Education

University of California San Francisco



Smoking Cessation
Leadership Center



University of California
San Francisco

Framework Introduction

- Catherine Bonniot, Executive Director, Smoking Cessation Leadership Center, University of California San Francisco

October 29, 2025

Murder on the DOGE Express:

What the Destruction of **CDC's Office on Smoking and Health** Means for Cessation



Tim McAfee, MD, MPH
Professor (Adjunct)
University of California, San Francisco
tim.mcafee@ucsf.edu

Former Director,
Office on Smoking and Health CDC

Chair,
WHO Tobacco Cessation Guideline
Development Group



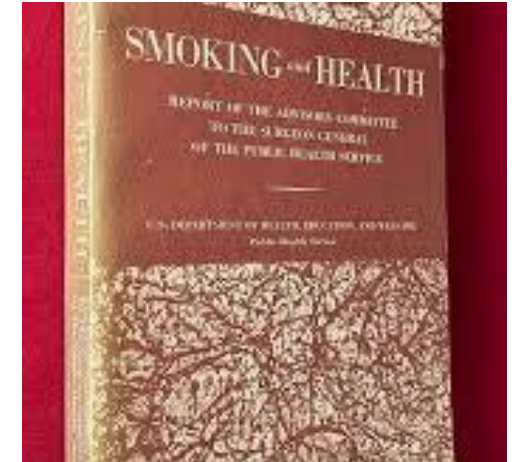
University of California
San Francisco
advancing health worldwide

Background of the Office on Smoking and Health

1965 – Founding Roots: The *National Clearinghouse for Smoking and Health* following the 1964 Surgeon General's report.

1978–1980 – Transition to CDC: OSH established in 1978 and transferred to the CDC in 1980.

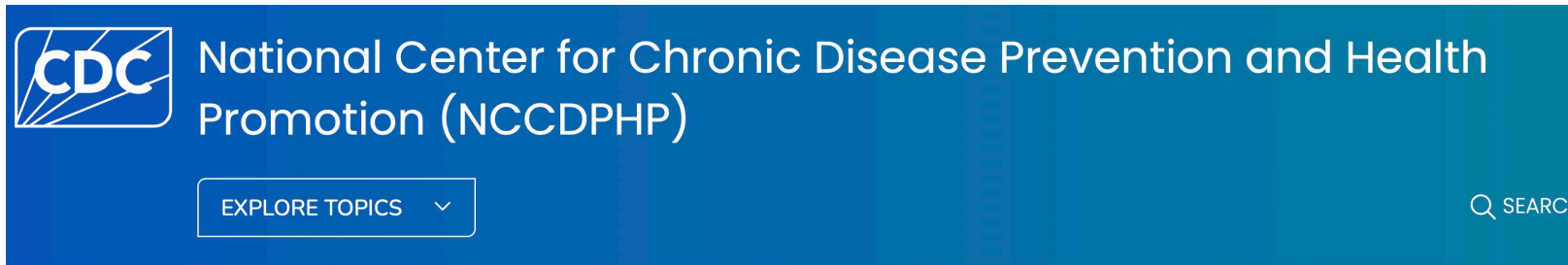
Mission and Vision: Lead strategic public health efforts to end commercial tobacco use and exposure, striving for a world free from tobacco-related disease, disability, and death.



On April 1, 2025:

200 OSH FTE and contractors terminated
\$200+ million in program funding:

Discontinued or on chopping block



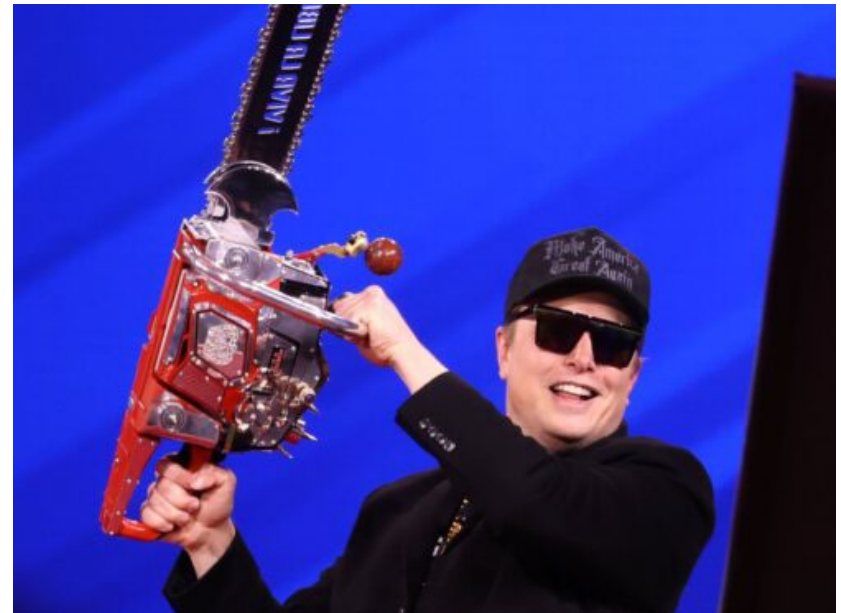
OCTOBER 11, 2024

About the Office on Smoking and Health

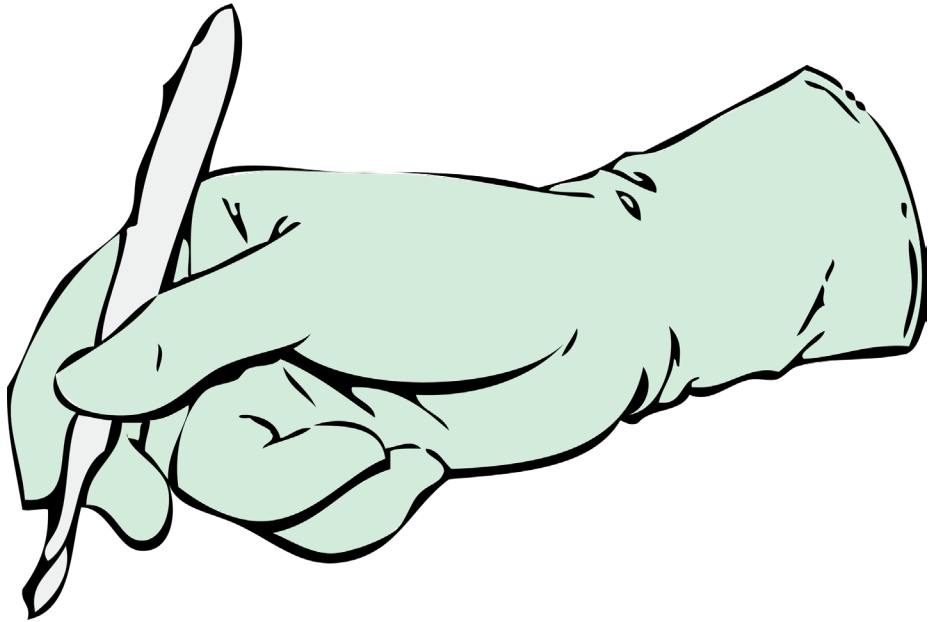
AT A GLANCE

CDC's Office on Smoking and Health (OSH) is the lead agency for comprehensive tobacco prevention and control. OSH is funded by preventing and reducing the use of commercial tobacco products, leading preventable disease, disability, and death in the United States.





WHY OSH?



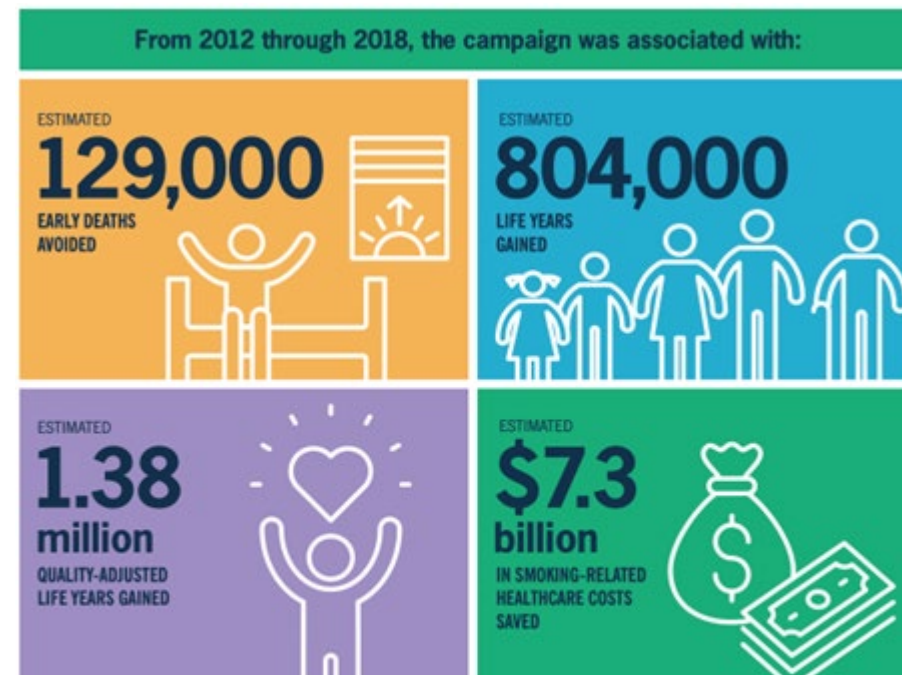
IT'S A MYSTERY!

Main Programs of the Office on Smoking and Health

National Tobacco Control Program ~ \$86 million/year

Tips from Former Smokers media campaign ~ \$60 million

Quitline Network (supported by both) ~\$16 million



The Risk from Losing the National Tobacco Control Program is Enormous

The National and State Tobacco Control Program to 50 States, DC, Puerto Rico, and Guam

9 National Networks Addressing Tobacco Related Disparities

8 Island Tobacco Control Awards

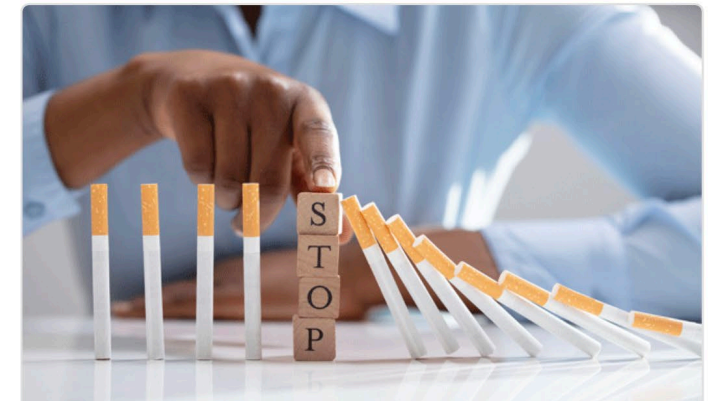
Cessation Technical Assistance Awards

Tobacco Control Network through ASTHO

Menthol Capacity Building in 8 Local Communities

Asian Smokers Quitline

Support to Good Health & Wellness in Indian Country



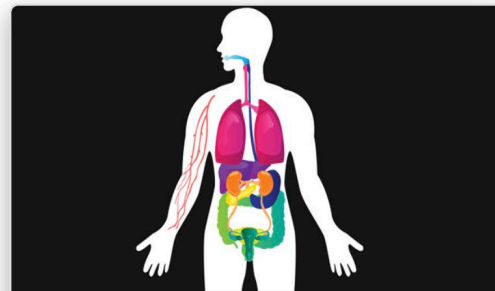
How to Quit Smoking

It's never too late to quit smoking. Find free resources to start your quit journey today.



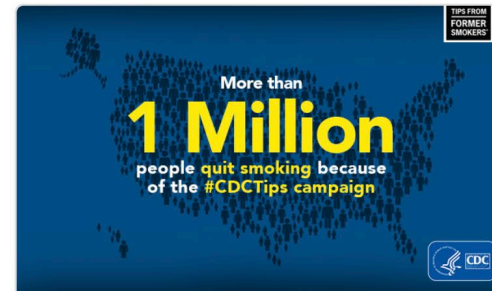
Quit-smoking Medicines

Learn about new ways medicines could help you more than double your chance of success.



Diseases and Conditions

Learn how smoking affects illnesses and conditions.



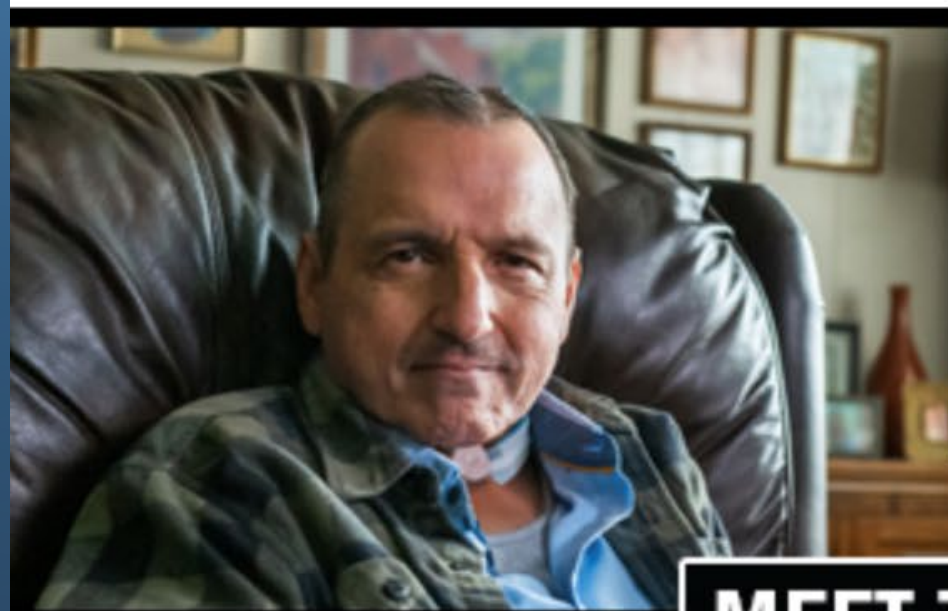
Tips Impact and Results

Learn how more than 1 million people quit smoking because of the *Tips*® campaign.



About the Campaign

Overview and answers to frequently asked questions.



**TIPS FROM
FORMER
SMOKERS**



MEET THE AD PARTICIPANTS



**FOR MORE INFORMATION
ON HOW TO QUIT SMOKING**

**Call 1-800-QUIT-NOW
Visit [CDC.GOV/TIPS](https://www.cdc.gov/tips)**

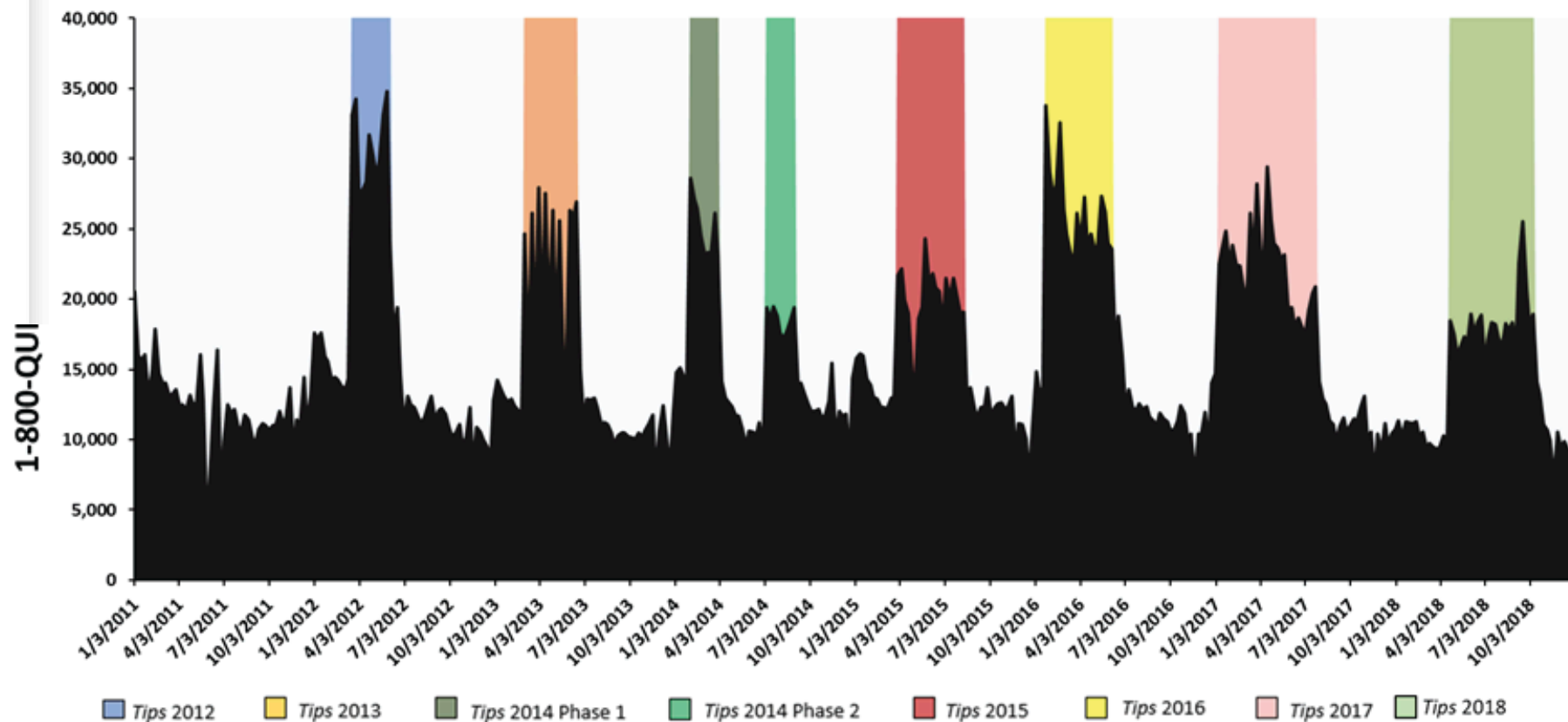
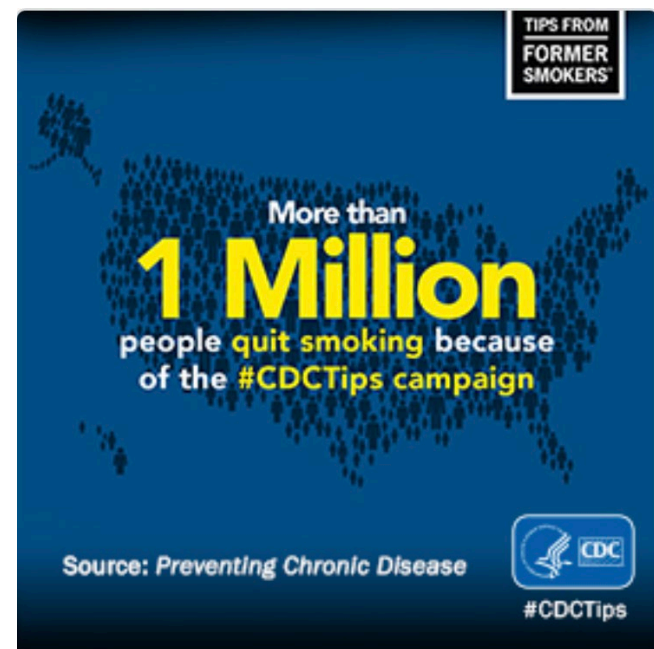


**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Brought to you by the U.S. Department of Health and Human Services

#CDCTips

What you can expect
when you call a quitline.



Additional Programs of the Office on Smoking and Health

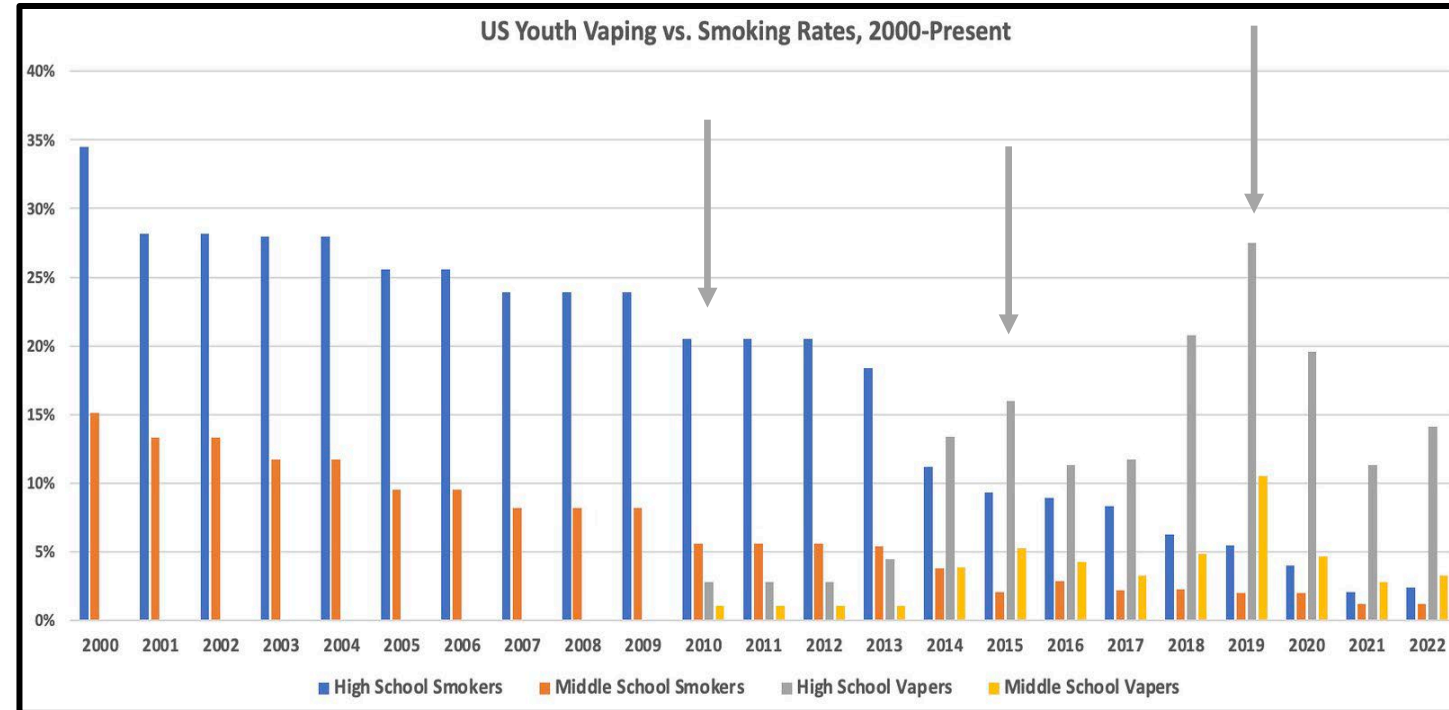
Surveillance/Epidemiology

- Involved with 12+ national surveys
- Global Adult & Youth surveys



Policy, Liaison & Convening

- With other government agencies
(CDC, State Health Depts, FDA, NCI, HHS, CMMS, USPSTF, ATF, EPA, etc.)
- With non-governmental organizations
(ACS, CTFK, ALA, AHA, AMA, RWJF, Healthplans, Truth Initiative, Academia)



Cessation-specific Support by Office on Smoking and Health

Surveillance/Epidemiology

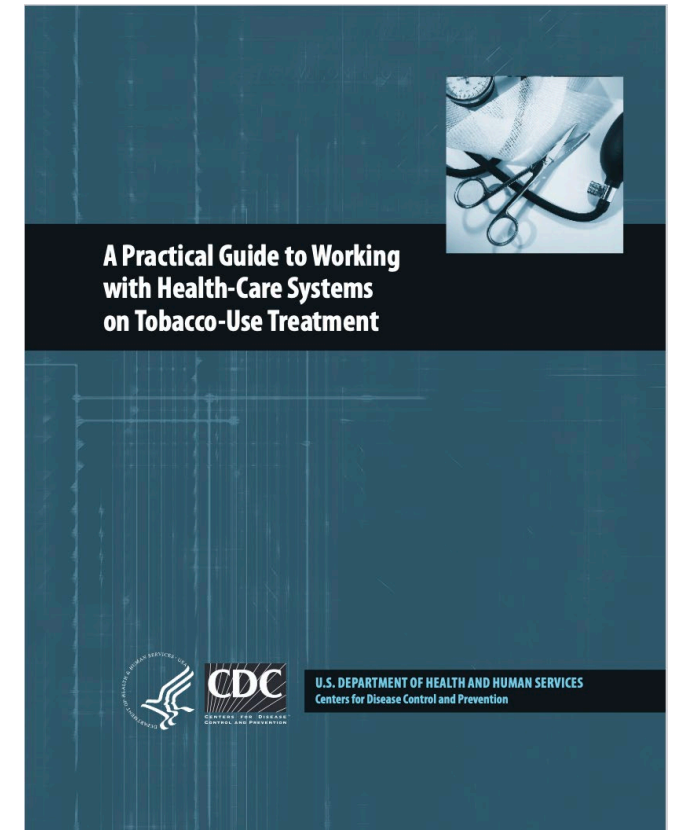
- Cessation-relevant question sponsorship & upkeep
 - Advice, quitting intention, use patterns
- Equity gap identification

Health Systems Change Support

- State agreements for training, tech assistance
- Work with disparity-impacted health systems
 - i.e AI/AN, behavioral health
- Tech support for NCQA/HEDIS

Health Insurance

- ACA, CMMS (Medicare, Medicaid coverage), Private



Additional Programs of OSH: Surgeon General's Report Production

Jerome Adams
Surgeon General:
Trump Appointee



The Health Consequences of Smoking—50 Years of Progress

A Report of the Surgeon General



U.S. Department of Health and Human Services

Smoking Cessation

A Report of the Surgeon General



U.S. Department of Health and Human Services

Eliminating Tobacco-Related Disease and Death: Addressing Disparities

A Report of the Surgeon General



U.S. Department of Health and Human Services

NIH cuts billions of dollars in biomedical funding, effective immediately

Researchers say it would hurt facilities that work on medical issues such as cancer research and heart c
Musk contends the old policy was “a ripoff.”

Updated February 8, 2025

8 min 5817



A cancer research lab at the Gunderson Institute in LaCrosse, Wisconsin. Virtually all universities and medical research centers across the country would be affected by the grant cuts. (Ryan Christopher Jones for The Washington Post)

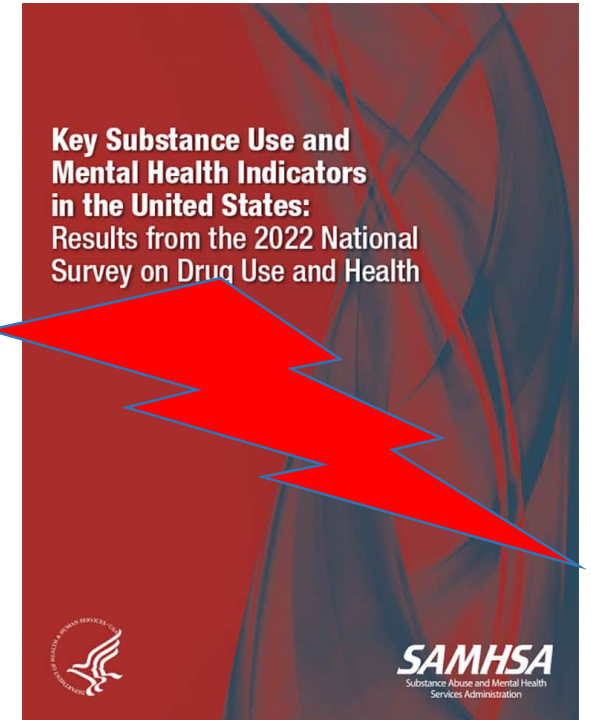
NIH - Research

- Slashed Indirect Rate
- Research grants defunded
- “DEI” research defunded



Center for Tobacco Products

- Office of Management
- Office of Regulations
- Enforcement Team.



Surveillance & “other”

- SAMHSA- NSDUH
- BRFSS, NHIS, MTF, YRBSS
- NCI – 1-800 QUITNOW & texting portals

THR is one of the most important
public health movements in
America.

[Download Our THR White Paper](#)

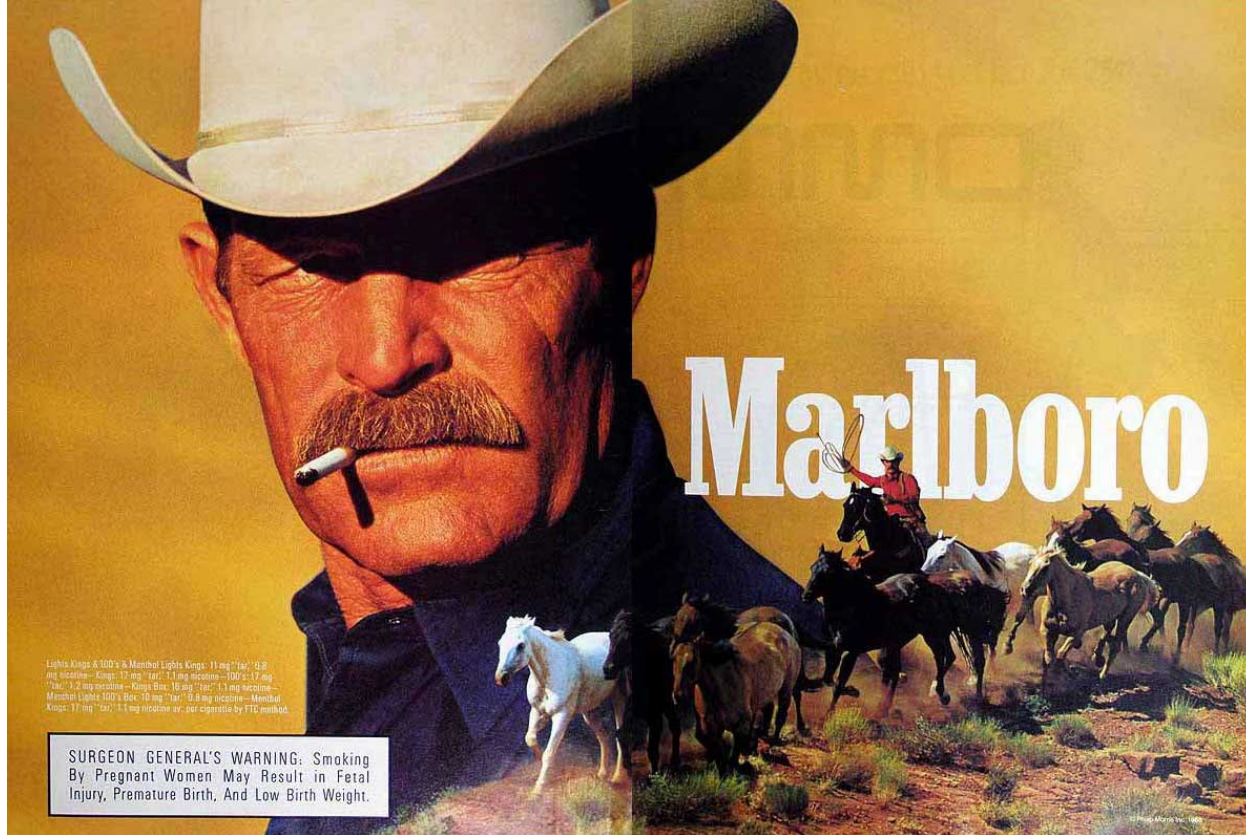


Reynolds American believes Tobacco Harm Reduction (THR) is an opportunity to benefit the public health. The goal of THR is to educate adults who smoke cigarettes about nicotine product alternatives, and to encourage adult smokers to switch if they are uninterested in quitting tobacco altogether.

Science Led Policy

Adult Smoker Choice

Youth Access Prevention



20th Century Marlboro Man

SAME HAT!

21st Century IQOS Man



Tobacco cartels are entering the “cessation” market with their own approach:

- Medscape, top world provider of CME
- PMI provided \$2.9 million to develop cessation CME
- Developed by a professor with an endowed chair from US Smokeless
- Focus (surprise) is on *Switching*



thebmj covid-19 Research ▾ Education ▾ News & Views ▾ Campaigns ▾ Jobs ▾

Feature » BMJ Investigation

Medscape caves in on courses funded by tobacco giant Philip Morris, while medics fear global push into medical education

BMJ 2024 ; 385 doi: <https://doi.org/10.1136/bmj.q948> (Published 26 April 2024)
Cite this as: BMJ 2024;385:q948

Linked Editorial
Stop tobacco industry sponsorship of continuing medical education

Please support investigative journalism at The BMJ by making a donation

Article Related content Metrics Responses

Hristio Boytchev, investigations reporter
Author affiliations ▾
hboytchev@bmj.com

Clinic demonstrations, podcasts, and TV shows: **Hristio B**
deal between a leading medical education provider and the tobacco industry collapsed this week

The medical education provider Medscape has bowed to pressure and agreed to permanently remove a series of accredited medical education courses on smoking cessation funded by the tobacco industry giant Philip Morris International (PMI), *The BMJ* and *The Examination* have found. Medscape has acknowledged its “misjudgment” in a letter to complainants and says that it will not accept funding from any organisation affiliated with the tobacco industry in the future.

Find out more





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



OSH Current Status Review:



- OSH FTE and contractors still terminated
- NTCP funding for states just awarded through April 2026
- After April: *very unlikely*
- Surveillance ~ “OK” 2026
- *Tips* campaign: *very uncertain*
- Future surveillance, Surgeon General Reports, Tech Assistance, etc.: *Sigh*



Why OSH demise is bad news for tobacco control and prevention

- **Elimination won't Make America Healthy Again**
 - Half a million preventable deaths/year
 - \$600 billion/year economic burden
- **Elimination *increases* corporate influence**
 - Tobacco industry promotion: ~ \$10 billion/year
 - OSH budget = <2.5% of industry promotion
- **Major loss to federal/state tobacco control ecosystem**
 - Funding
 - Technical support to states & private sector
 - Convening, trend tracking, a voice in wilderness



Why OSH demise & federal weakening is bad news for cessation specifically

- **Public cessation infrastructure at significant risk:**
 - Quitlines & digital cessation support
 - Health systems integration & insurance regulation
 - Communications dose decrease
- **Scientific/clinical/regulatory progress at risk:**
 - Cutbacks/staffing reductions puts surveillance beyond 2026 at risk
 - Aggressive product regulation (menthol, denicotinization, etc.)
- **Cessation narrative at risk for Tobacco Industry Capture**
- **Quit success not just about formal cessation treatment**
 - Influenced by policies, programs and environment



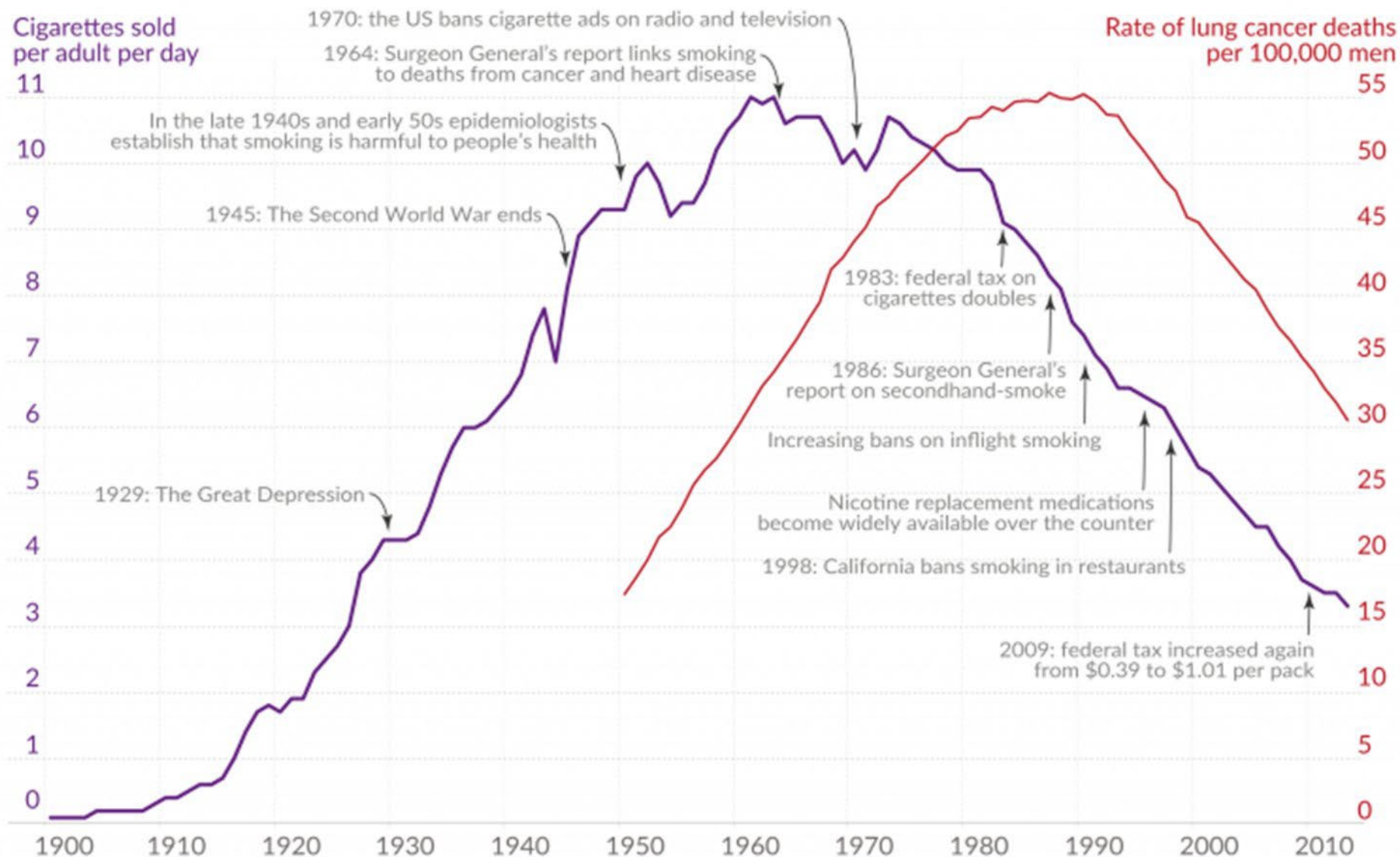
What is to be done? (not all gloom and doom)

- **States, local & private sector have been here before**
 - Sub-national implementation and innovation key
- **Educate policymakers in government/private sector:**
 - Benefits of OSH's functions
 - Work like hell *together* to fill the breach
 - (states, localities, healthcare, NGOs)
- **Continue addressing tobacco-related disparities**
- **Denormalize commercial tobacco and nicotine industry role in cessation/treatment**



Cigarette sales and lung cancer mortality in the US

Our World
in Data



Data sources: International Smoking Statistics (2017); WHO Cancer Mortality Database (IARC). The death rate from lung-cancer is age-standardized.
OurWorldinData.org - Research and data to make progress against the world's largest problems.

Licensed under CC-BY by the author Max Roser.



LESSONS IN RESILIENCE FROM THE CALIFORNIA TOBACCO PREVENTION PROGRAM

Presented by April Roeseler

October 29, 2025

1988: A Public Health Revolution Begins



Tobacco tax increases from 10¢ to 35¢ per cigarette pack and directs 5¢ (20%) of the revenues for a tobacco control program.

- 36 years of boldness, innovation & success
- Thrived despite internal & external attempts to dismantle and “defang” the Program
- A rich history of local, state, and organizational leadership

April 10, 1990: Landmark Media Campaign Launched

- "Today a surprising number of us can tell you that cigarettes are our #1 preventable cause death and disability."
- "So we seem to know about the smoke. But what about the really dangerous stuff – all those carefully polished, fatal illusions the tobacco industry has crafted to mess with our minds so they can mess with our lives."

FIRST, THE SMOKE. NOW, THE MIRRORS.

In less than a generation, the bad news about cigarettes has become no news. Most Americans—even the very young—know the unavoidable connection between smoking and cancer, smoking and heart disease, smoking and emphysema and strokes.

Today a surprising number of us can tell you that cigarettes are our #1 preventable cause of death and disability.

So, we seem to know about the smoke. But what about the really dangerous stuff—all those carefully polished, fatal illusions the tobacco industry has crafted to mess with our minds so they can mess with our lives?

"Smoking is important. It makes you beautiful and fun and sexy. (Okay, it's dangerous. But lots of exciting things are dangerous.) Smoking makes you powerful. It says you're sensitive and grown up."

That's one hell of a message.

How can you fight it?

Today, the California Department of Health Services begins a fifteen month advertising campaign that goes right at the tobacco companies' predatory marketing—the selective exploitation of minorities, the seduction of the young, the selling of suicide.

Well, won't the tobacco industry fight this campaign?

Sure. The smoke-screen has already begun.

"This effort pits smokers against non-smokers."

Wrong. This program would have never happened without the active support of California's smokers. Despite their habit, or maybe because of it, they wanted people to know the truth about addiction and discomfort and disease and death. (Ask smokers if they want their children to smoke. Or their grandchildren. Ask them if they'd start smoking if they could have the decision back.)

"This is a threat to our First Amendment right to advertise a legal product."

On the contrary, we intend to make you more aware of the tobacco industry's advertising. And, if we pinch the right nerve, we expect them to make you more aware of ours.

This is going to be a media campaign about a media campaign—as much about hype as hygiene. It's going to talk about a shared community opportunity and a shared community menace. There's never been anything quite like it. But this is

**WARNING:
THE TOBACCO INDUSTRY
IS NOT YOUR FRIEND**

California Department of Health Services

453 333-3333

Do you know anyone in Latin America? Or India or Africa or Russia? Tell them that—as a U.S. concentration of cigarette drugs—the tobacco companies want to have new customers, new markets, new revenues. Tell them what that means.

One of our most common fallacies is that we're going to make you more aware of the tobacco industry's advertising. And, if we pinch the right nerve, we expect them to make you more aware of ours.

One of our most common fallacies is that we're going to make you more aware of the tobacco industry's advertising. And, if we pinch the right nerve, we expect them to make you more aware of ours.

1988

California voters asked for a 25¢ per pack tax on cigarettes. About 25% of the \$1.67 billion in revenues will go to a media campaign. 85% goes to health care, for the infant and 17% for tobacco education programs.

10:31AM 4790424
 22:17 6667-22-ND
 NO. 1415 P. 3

THE TOBACCO INSTITUTE
 1021 I STREET, NORTHWEST
 WASHINGTON, DC 20006
 202/457-1800 • 800/424-9873

KURT L. MALMGREN
 Senior Vice President
 5140A ACIVU
 202/457-1415

MEMORANDUM April 18, 1990

TO: Samuel D. Chilcote, Jr.
FROM: Kurt L. Malmgren *[Signature]*
SUBJECT: California's Anti-Tobacco Advertising Campaign

We developed the following strategies to meet our goal of eliminating Prop 99 media money:

- 1) Encourage the California legislature to intervene;
- 2) Cooperate with minority, business and other groups in developing their opposition to the advertising program;
- 3) Convince Health Services Director Kizer to pull or modify the current advertisements;
- 4) Encourage the Governor to intercede against the campaign.

After analysis from our California team, it is clear that our efforts should center on the first two strategies, with the hope that these efforts can have some effect on the other two strategies.

The reasons for this approach are (1) Dr. Kizer is not likely to pull or modify the ads without strong pressure from the Administration; (2) as a "lame duck" the Governor is not likely to get into a public sparring match with Dr. Kizer, even though he disagrees with the Department of Health Services attack approach with the anti-tobacco advertisements.

Nevertheless, sentiment from several California publics - while not favoring tobacco - is not favorable to the approach taken in the advertising campaign. Editorials against the campaign have already been published in Orange County, the minority press in San Francisco and Sacramento, and elsewhere.

Television stations in Los Angeles (KABC) and San Francisco (KPIX) have rejected all or part of the Department's campaign as "inflammatory." And as *Advertising Age* noted in an April 16 editorial on the "Industry Spokesman" ad, "Who's sponsoring this ad? The state of California or the Rev. Louis Farrakhan.... There is something foul on their air [read: California airways]."

April 18, 1990: Tobacco Industry Launches a Torpedo

- Encourage CA Legislature to intervene
- Cooperate with minority businesses in developing the opposition advertising program
- Convince Dr. Ken Kizer to pull or modify the current ads.
- Encourage the Governor to intervene.

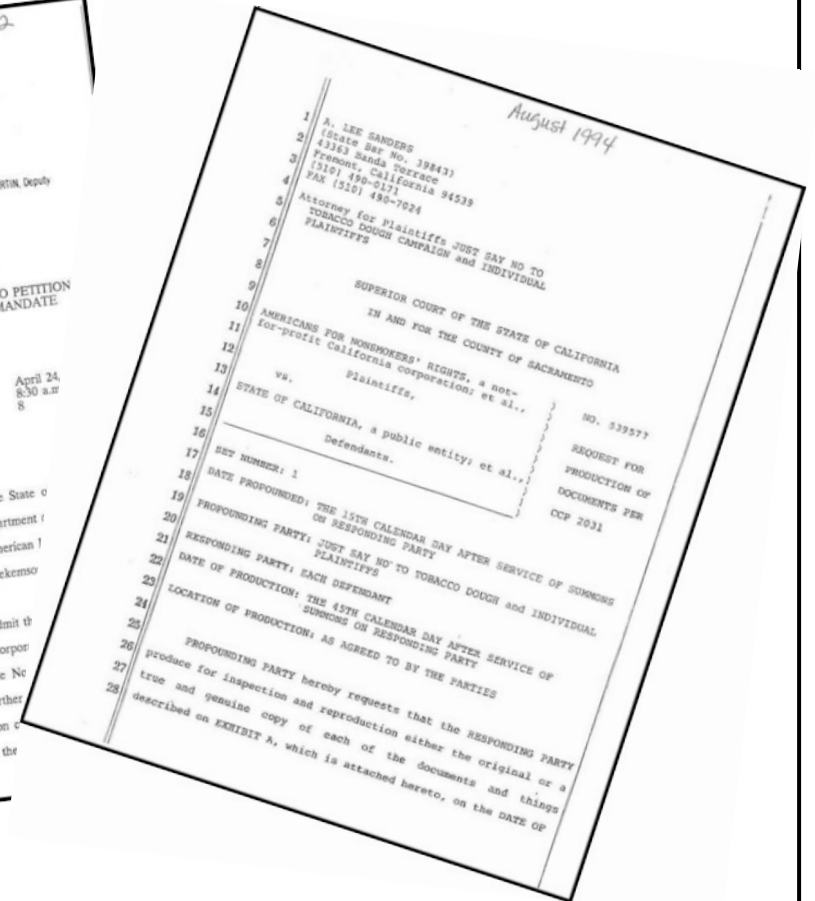
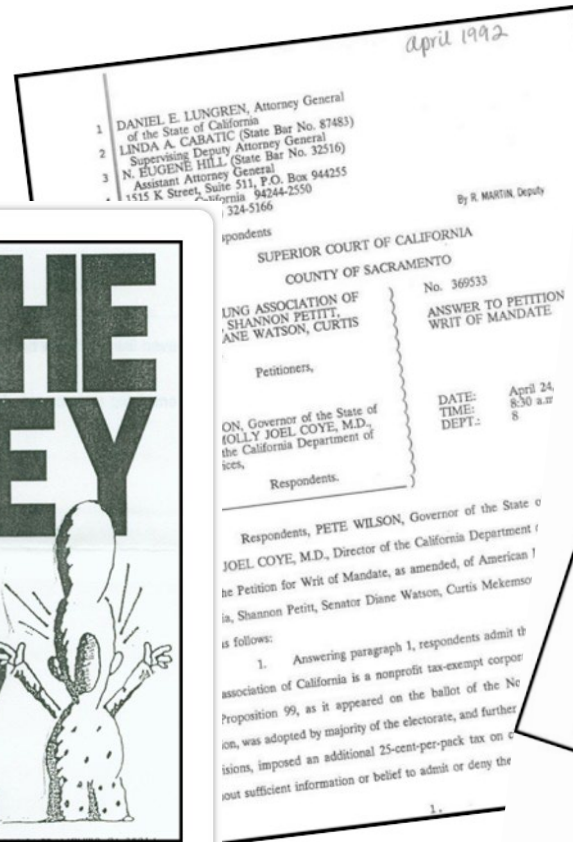


Speaking the Truth About the Tobacco Industry

"There is no valid defense in support of smoking, and frankly, we feel no compulsion to bend over backwards to spare the feelings of those persons who encourage and promote a known lethal activity and dangerous drug addiction."

Kenneth W. Kizer, Director and State Health Officer
1990 Congressional Testimony

Health Education Funds Diverted to Direct Health Care Services



Lawsuits 1992 -1994: ALA, AHA, ACS, ANR

**1993: Former
Tobacco Industry
Spokesperson Picked
to Lead State Health
Department**



1994-1998 Smoke-Free Workplace Saga

Accommodation Strategy



November 1994

Los Angeles Times

Some Would Rather Fight Than Switch to Smoking Ban : Tobacco: California's tough new workplace law touches off both rebellions and philosophical acceptance.

January 04, 1995 | STEPHANIE SIMON and NORA ZAMICHOW | TIMES STAFF WRITERS

Inside her El Segundo office, Cindy Mortesen snapped her purse shut only seconds after reaching for a cigarette Tuesday, remembering it was 1995—a year of infamy for California's smokers.

The state's 4-day-old anti-smoking law, one of the strongest in the nation, bans lighting up in most indoor workplaces, including restaurants.

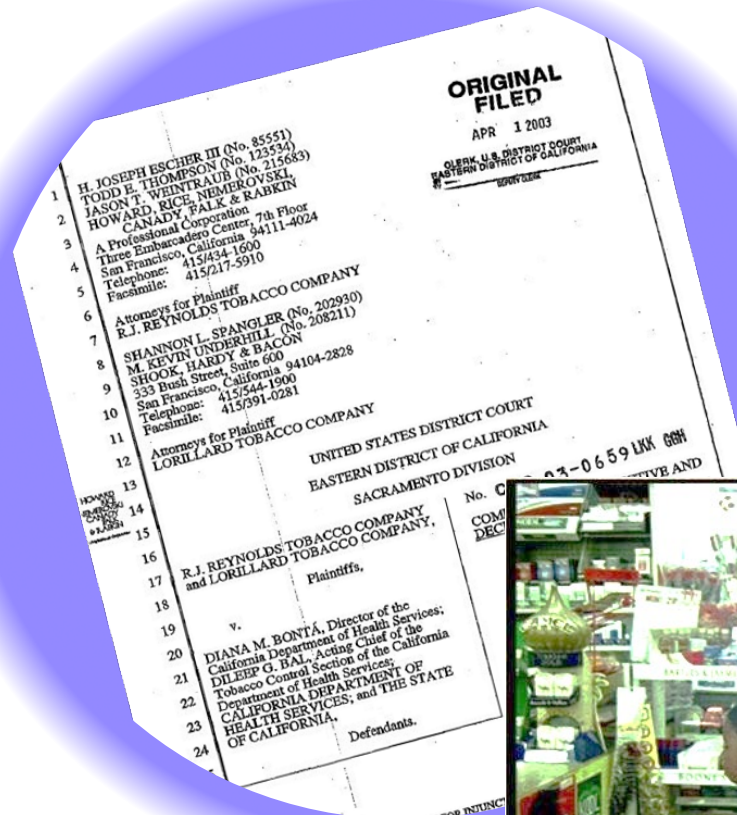
"I could get real cranky over this," said Mortesen, El Segundo's city clerk, who by noon had already stepped outside City Hall once for a couple of quick drags on a cigarette. "Smokers are losing more and more rights."

January 1995



January 1998

APRIL 1, 2003: R.J. REYNOLDS VS. DIANA M. BONTA, DIRECTOR



The Saga of California's Flavored Tobacco Product Ban

HEALTH

Goodbye 'banana smash' cigarillos: Governor quickly signs bill to ban flavored tobacco

BY ELIZABETH AGUILERA
AUGUST 28, 2020

Repost



California Says New Cigarettes Appear to Violate State's Flavored Tobacco Ban

By Dan Thompson
JUNE 1, 2023



Flavor Ban August 2020

Tobacco Industry Caught Cheating 2023 - 2024

CALIFORNIA

California voters approve ban on sale of flavored tobacco products



Subscribers are Reading

Plagued with pollution for decades, Tijuana River is ranked nation's second most endangered

L.A. Affairs: I was a suburban Inland mom, I was ready to relocate my life and have a Hollywood affair

Amid questions about his resume, leader of new Los Angeles housing agency plans to depart

Videos

Contributor: The constitutional crisis is real

Regulations



By Bryan Haynes & Zia Alere on September 23, 2025

POSTED IN TOBACCO

In August, the California Department of Justice (DOJ) finalized regulations to implement California's unflavored tobacco list (UTL) law, enacted in 2024. The new regulations include detailed filing requirements for manufacturers and importers to have their tobacco products legally sold in California.

The deadline for applicants to be considered for the initial publication of the UTL is October 9.

What is the UTL?

The UTL is a forthcoming list of unflavored tobacco products allowed to be sold in California. The DOJ will publish the UTL on or before December 31. After this publication, distributors, wholesalers, and delivery sellers will be prohibited from selling "any tobacco product not appearing on the UTL or any tobacco product flavor enhancer to any retailer, wholesaler, or other person for sale in California." [Cal. Health & Safety Code § 104559.3\(a\)\(1\)](#).

Search

Voters Approve Flavor Ban November 2022

Unflavored Tobacco Products List Regs Finalized September 2025



A FEW THOUGHTS ON PROGRAM RESILIENCY



“FAILING TO PLAN IS PLANNING TO FAIL.”

Alan Lakein, Author of How to Get Control of Your Time and Your Life

Know & Stick to Your Program's Core Beliefs

What we stand for as an organization and why we exist:

- Change tobacco-related social norms
- Expose the Tobacco/Vape Industry's role in tobacco use uptake & maintenance
- Empower local decision making through community participation
- Recognize & maintain respect for cultural diversity
- Evaluate, Evolve & Innovate



Know Process & Procedures



- Enabling Legislation
- Lawsuit History
- Budget Process
- Review & Approval Process
- Substantiate Your Messaging
- Personnel Policies
- Conflict of Interest

Where are you Going & How Will You Get there?

Direct Approach



Indirect Approach



“Chance favors a prepared mind.”

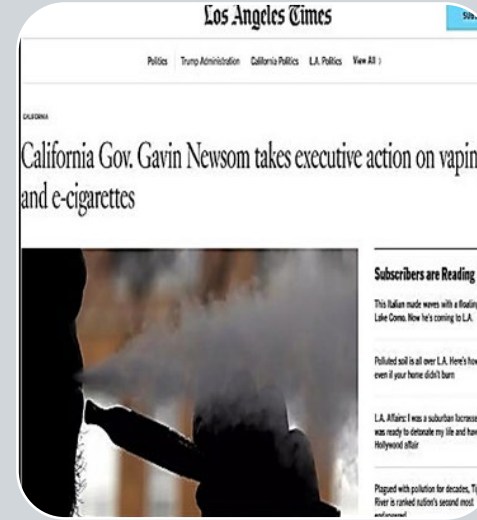
Louis Pasteur, French Chemist and Microbiologist



January/February
2015
Report & Media
Campaign



August 2019
EVALI Outbreak



September 2019
Vaping Executive
Order



November 2019
Vaping Media
Campaign

Budget Considerations

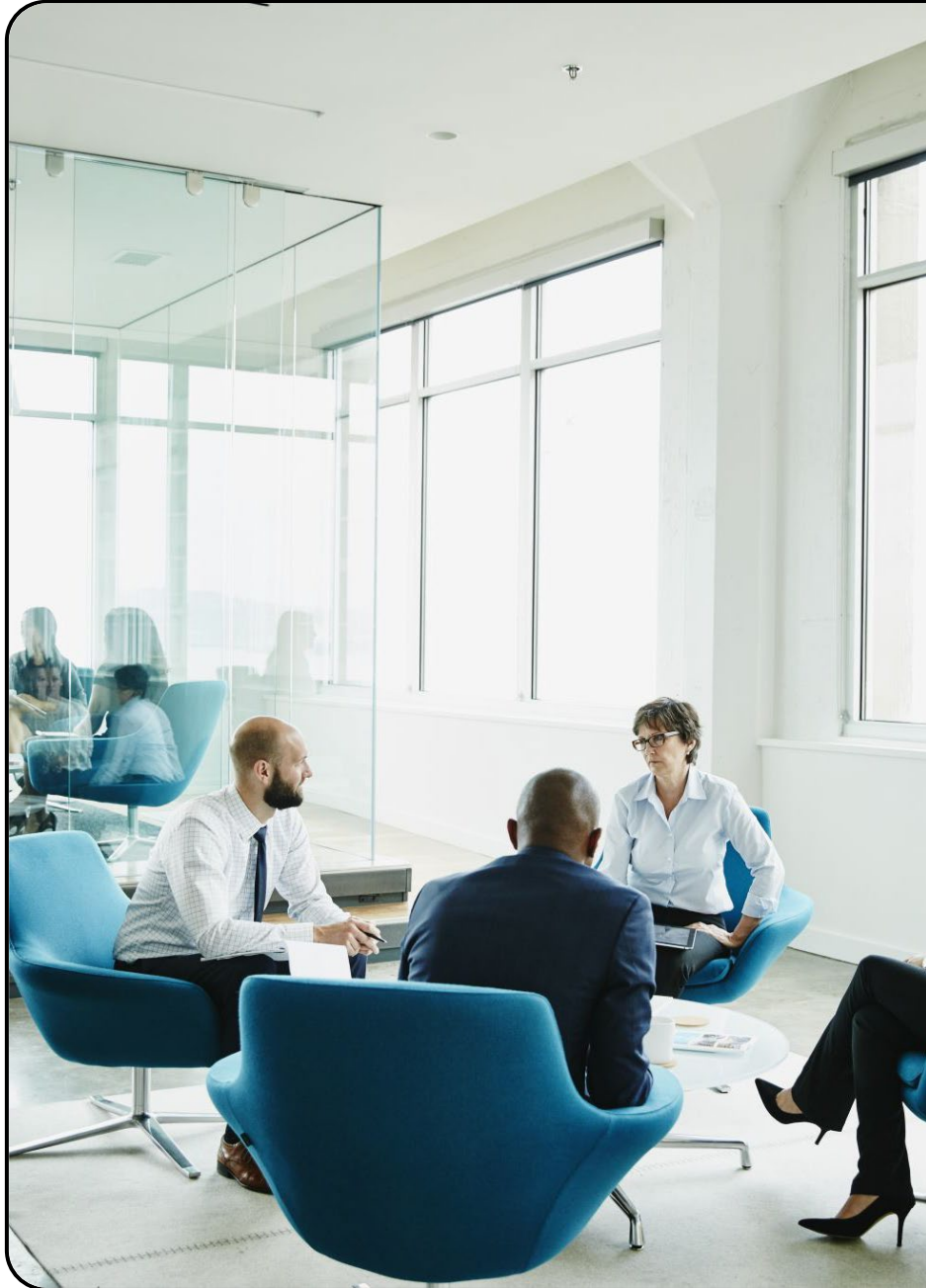


- What functions are legally required?
- Agree on basic percentages for budget categories: Media, Local Health Departments, Grants, Evaluation, & Administration
- Plan for what you look like at your current budget, 10%, 20%, 50% reduction
- Diversify Funding: Tobacco Tax, Medi-Cal, First Five, SAMHSA Block Grant, Settlements, CDC, etc.
- Multi-Year Spending Authority –funds available for encumbrance & expenditure 3 years beyond appropriation (H&SC 104466)



Ambiguity is your friend

Condoms	Prevention Materials
Advocacy	Information & Education
Diversity, Equity & Inclusion	Populations & Areas with Unmet Needs
Media Campaign Anti-Industry Strategy	Evidence-based Strategies
Legislation	Policy
Mini-grants	Community Engagement Agreement



Constituency Group Communication

- Develop & Maintain Informal Communication Methods
- Capitol Information & Education Days
- Youth Quest
- District Days
- Council Meeting Testimony



Build Your Program Brand

- Publish in Peer Reviewed Publications
- Garner Awards
- Nurture Academic Relationships
- Build Accountability at the local and state levels

Anthem for the Work Ahead

Step by step, the longest march can be won, can be won

Many stones can form an arch, singly none, singly none

And by union what we will, can be accomplished still

Drops of water turn a mill, singly none, singly none

Step by Step
Sweet Honey & the Rock

Evolving Tobacco Products and Impact on Cessation in Young People

October 29, 2025

Pamela Ling, MD MPH
Professor of Medicine
Director Center for Tobacco Control Research and Education

Disclosures

- **Research funded by National Institutes of Health**
- **Tobacco Related Diseases Research Program**
- **Images of commercial products shown for educational purposes under fair use**
- **I do not endorse the use of any of these products**
- Advertising image source: Stanford Research into the Impact of Tobacco Advertising (SRITA)
- Thanks to Jeremiah Mock, PhD





Dr. David Kessler - 1997

“ Nicotine addiction begins when most tobacco users are teen-agers, so let's call this what it really is: a pediatric disease.



Kessler, D. Nicotine addiction: A pediatric disease *The Journal of Pediatrics*, Volume 130, Issue 4, 518 – 524. Photo by Flickr user Valentin Ottone

Younger adults are the only source of replacement smokers. Repeated government studies (Appendix B) have shown that:

- Less than one-third of smokers (31%) start after age 18.
- Only 5% of smokers start after age 24.

Thus, today's younger adult smoking behavior will largely determine the trend of Industry volume over the next several decades. If younger adults turn away from smoking, the Industry must decline, just as a population which does not give birth will eventually dwindle. In such an environ-

This gain was the equivalent of a successful two-style new brand introduction, with no cannibalization and no development/introductory costs.

As a company, Philip Morris held more than 60% of these 18-year-olds in 1983 versus RJR's 15-20%, yielding PM a .5 point in-going SOM advantage due only to "new" smokers.

* This assumes 18-year-olds are 10% of the 18-24 group rather than a "fair share" of 14% because of population decline and the fact that some smokers start after age 18.



NATURAL AMERICAN SPIRIT

100% ADDITIVE-FREE NATURAL TOBACCO
REGULAR FULL-BODIED TASTE

NATURAL AMERICAN SPIRIT

100% ADDITIVE-FREE NATURAL TOBACCO
LIGHT MELLOW TASTE

NATURAL TASTES BETTER

100% ADDITIVE-FREE NATURAL TOBACCO

TRY IT FOR YOURSELF WITH \$20 IN GIFT CERTIFICATES

www.TryAmericanSpirit.com
or call 1-800-872-6460 ext 79565

Offer for two \$10 Gift Certificates good toward any Natural American Spirit products of greater value. Offer restricted to U.S. smokers 21 years of age or older. Limit one offer per person per 12 month period. Offer valid in USA and where prohibited. Other restrictions may apply. Offer expires 3/31/06.

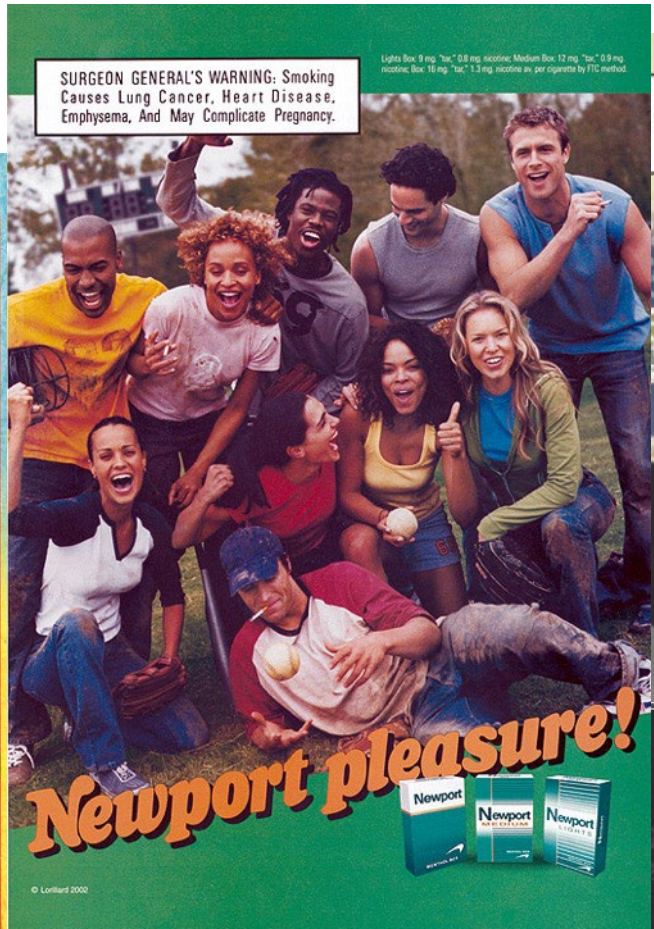
SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

No additives in our tobacco does **NOT** mean a safer cigarette.

SMOKING "LIGHT" FILTERED CIGARETTES DOES NOT ELIMINATE THE HEALTH RISKS OF SMOKING. Actual levels of tar and nicotine experienced by the smoker may vary widely depending on how you smoke. For more information, see www.fda.gov/cigs. Natural American Spirit® is a registered trademark of Santa Fe Natural Tobacco Co. © 2005 S.F.N.T.C.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

Lights Box: 9 mg. "tar," 0.8 mg. nicotine; Medium Box: 12 mg. "tar," 0.9 mg. nicotine; Box: 16 mg. "tar," 1.3 mg. nicotine av. per cigarette by FTC method.



Newport pleasure!

© Lorillard 2002

in silence I speak. With WISDOM, I speak.

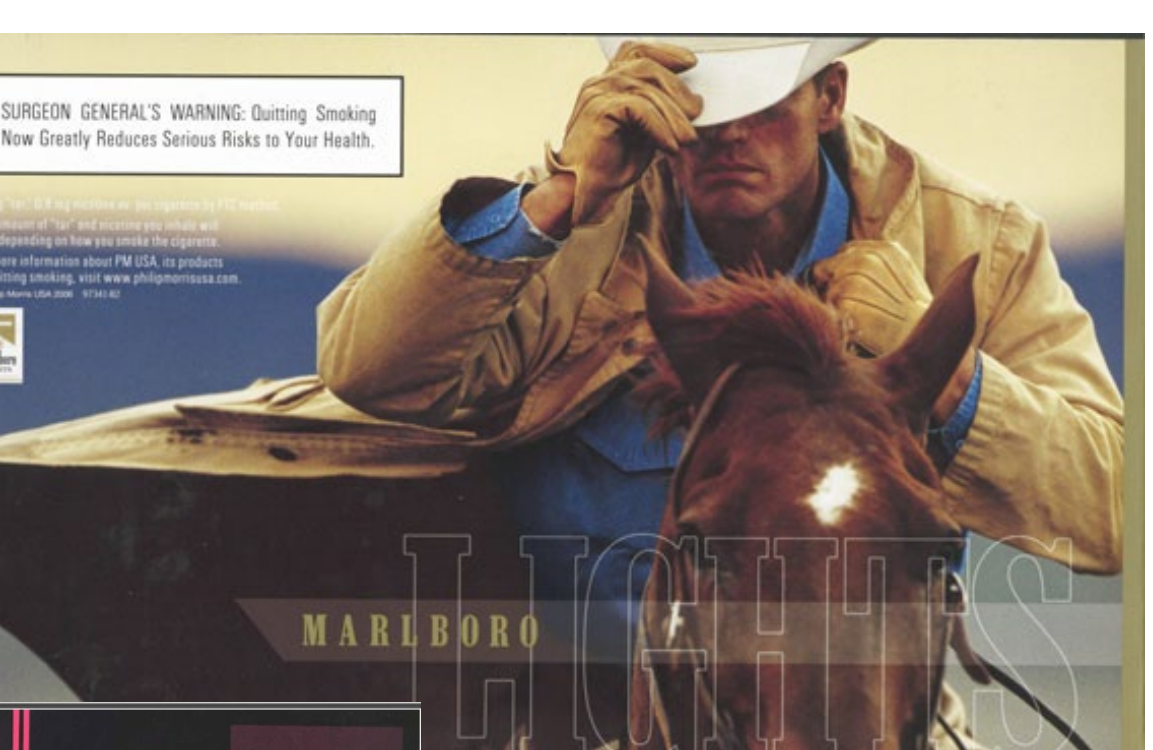


VIRGINIA SLIMS
Find Your Voice

SURGEON GENERAL'S WARNING: Cigarette Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

"tar," 10.9 mg. nicotine av. per cigarette by FTC method. Amount of "tar" and nicotine you inhale will depend on how you smoke the cigarette. For more information about PM USA, its products and strong smoking, visit www.philipmorrisusa.com. © Philip Morris Inc. 2006 97341-02



MARLBORO

LIGHTS

NOW AVAILABLE IN STILETTO



CAMEL No. 9

100's

Camel No. 9 "Parliament" King "tar," 0.9 mg. nicotine; Camel No. 9 Lights "tar," 0.7 mg. nicotine av. per cigarette by FTC method. Actual nicotine may vary depending on how you smoke. © 2005 Philip Morris Inc.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

Genuine Taste, Never Boring.

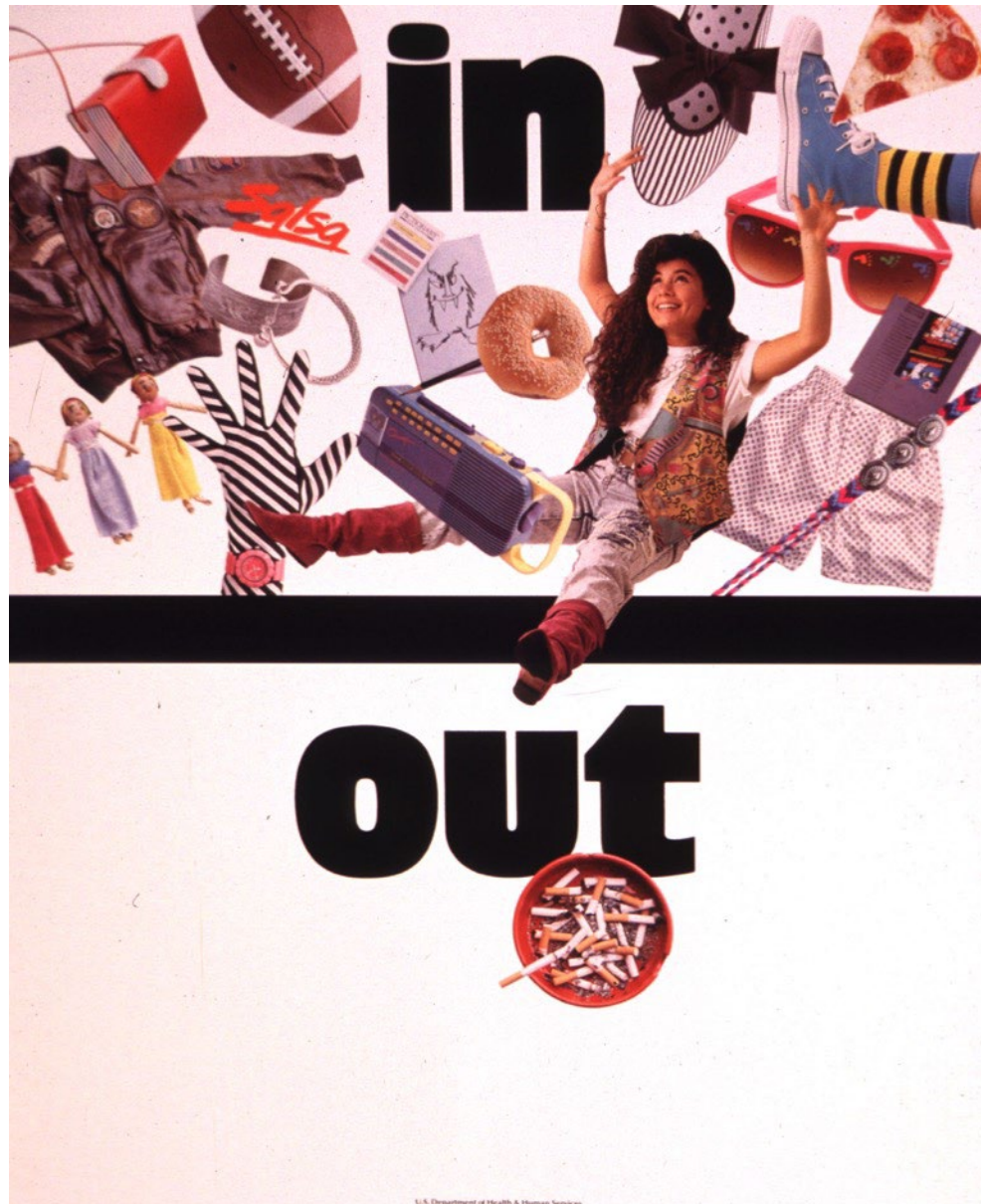


CAMEL

SMOOTH TASTE

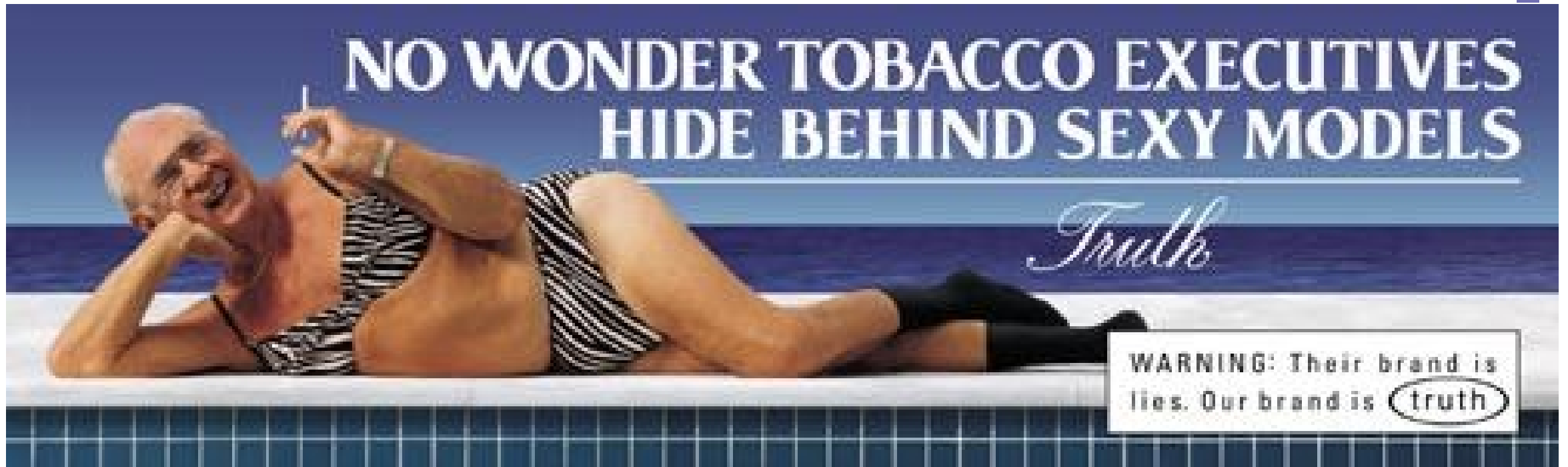
SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

11 mg. "tar," 0.8 mg. nicotine av. per cigarette by FTC method.



United States Department of Health and
Human Services. 1994 Source: National
Library of Medicine.
<https://profiles.nlm.nih.gov/101584655X63>

Florida Truth campaign in 1998



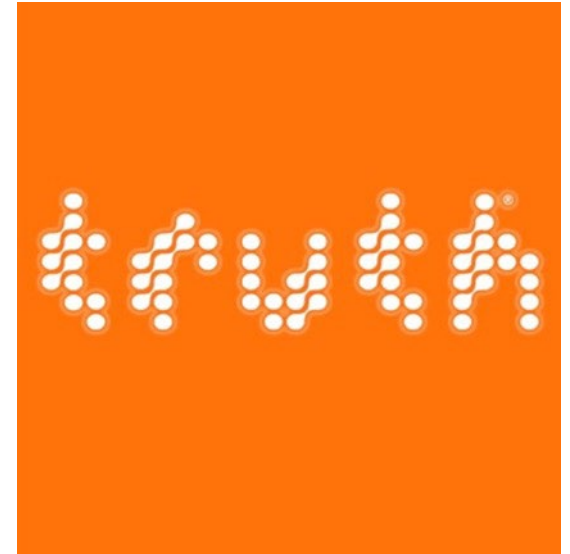
Hicks JJ. The strategy behind Florida's "truth" campaign. Tobacco Control 2001;10:3-5.

Sly DF, Heald GR, Ray S. The Florida "truth" anti-tobacco media evaluation: design, first year results, and implications for planning future state media evaluations. Tob Control. 2001 Mar;10(1):9-15.



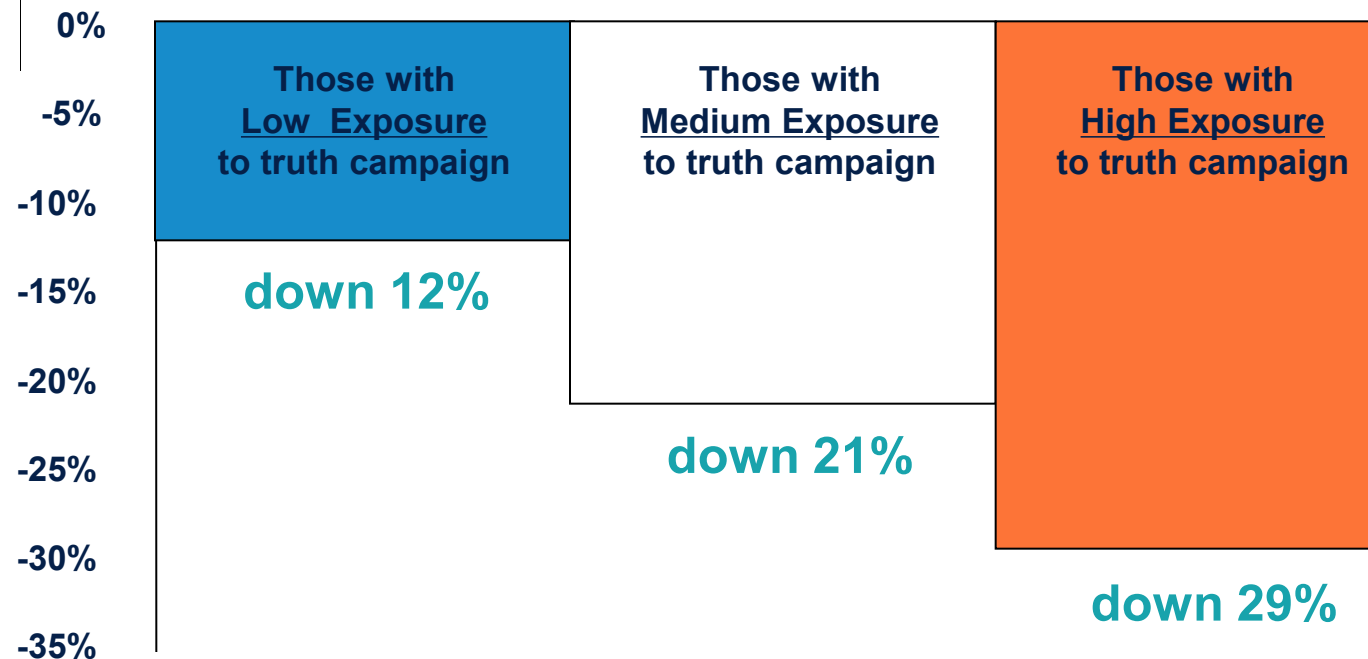
Source. American Legacy Foundation /Arnold Communications Worldwide.

FIGURE 1—The “truth” Campaign’s “Body Bags” ad.



More truth = less smoking

Percent Change in Smoking Prevalence among High Schoolers
2000 – 2002



Tobacco Industry Denormalization and Smoking Behavior



- Taking a stand against smoking is important to me
- I want to be involved with efforts to get rid of cigarette smoking
- I would like to see cigarette companies go out of business

Current smoking
OR = 0.38 (0.24-0.60)

Intent to Quit
OR = 4.43 (2.18 – 8.6)

FDA's The Real Cost

Launch February 2014

Reduced smoking initiation

Dose-response effects

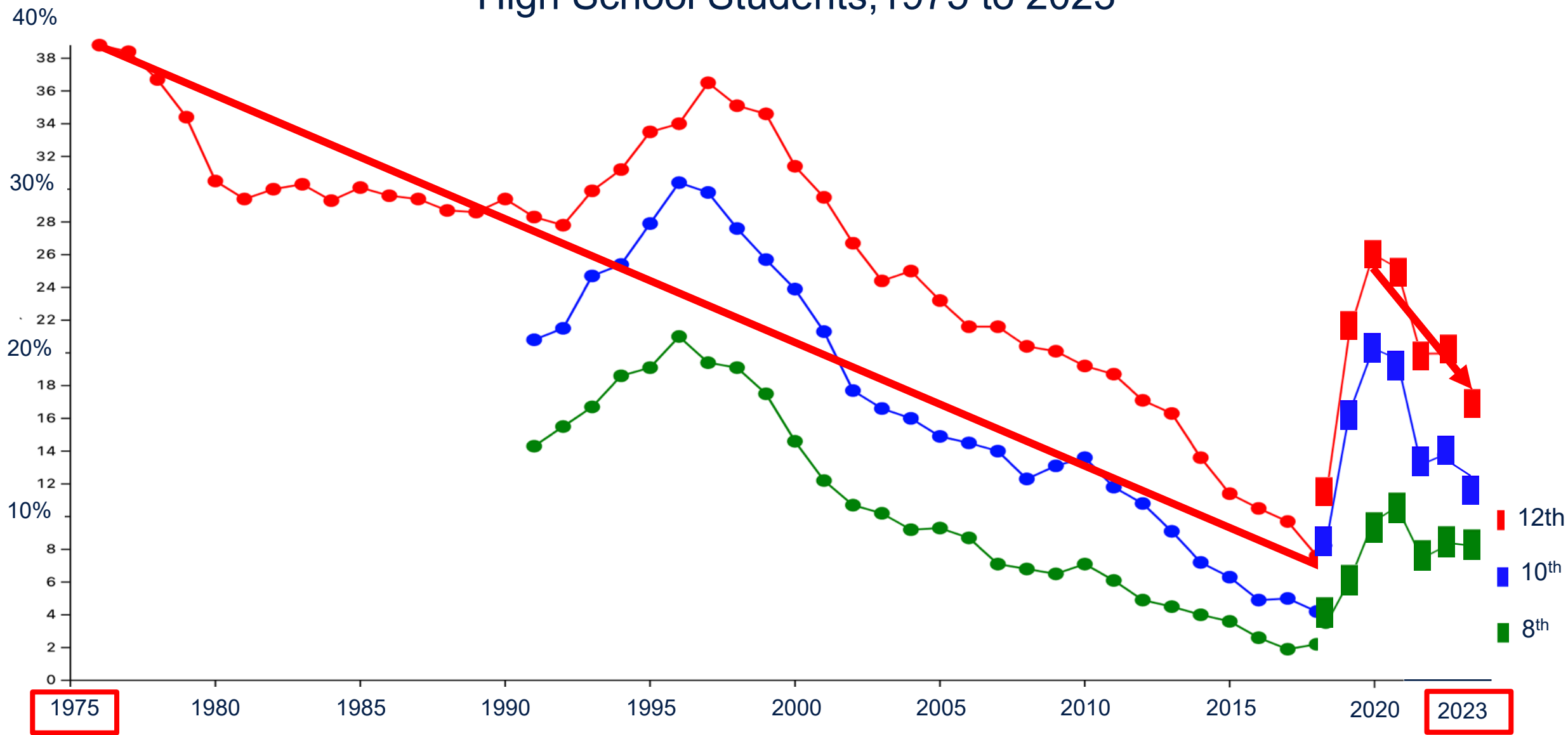
Prevented 380,000 – 587,000
youth from starting



Other tactics to reduce youth tobacco use



U.S. Current Cigarette Smoking and Current E-Cigarette Use (Vaping) among High School Students, 1975 to 2023



Thanks to: Jeremiah Mock Source: Monitoring the Future, 2024



When we say we have nothing to wear, never try to convince us otherwise.

VIRGINIA SLIMS
It's a *woman* thing.



© Philip Morris Inc. 1998
8 mg "tar," 0.7 mg nicotine av. per cigarette by FTC method.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

JUUL SMOKING EVOLVED

STARTER KITS
\$49.99



BUILT TO SATISFY

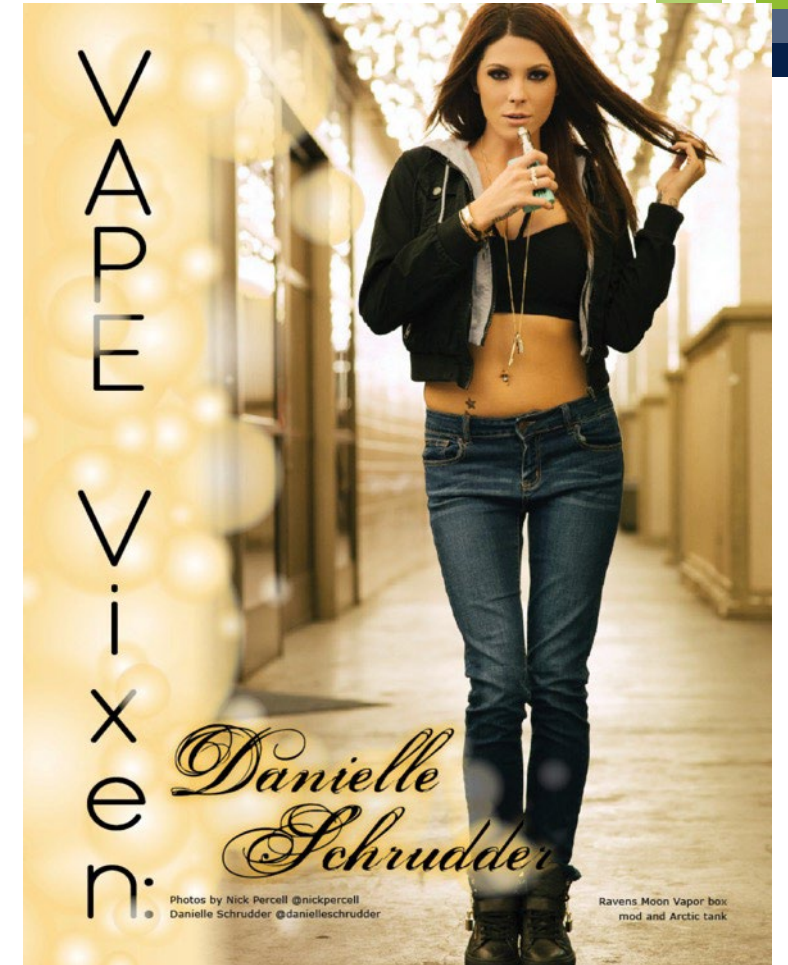
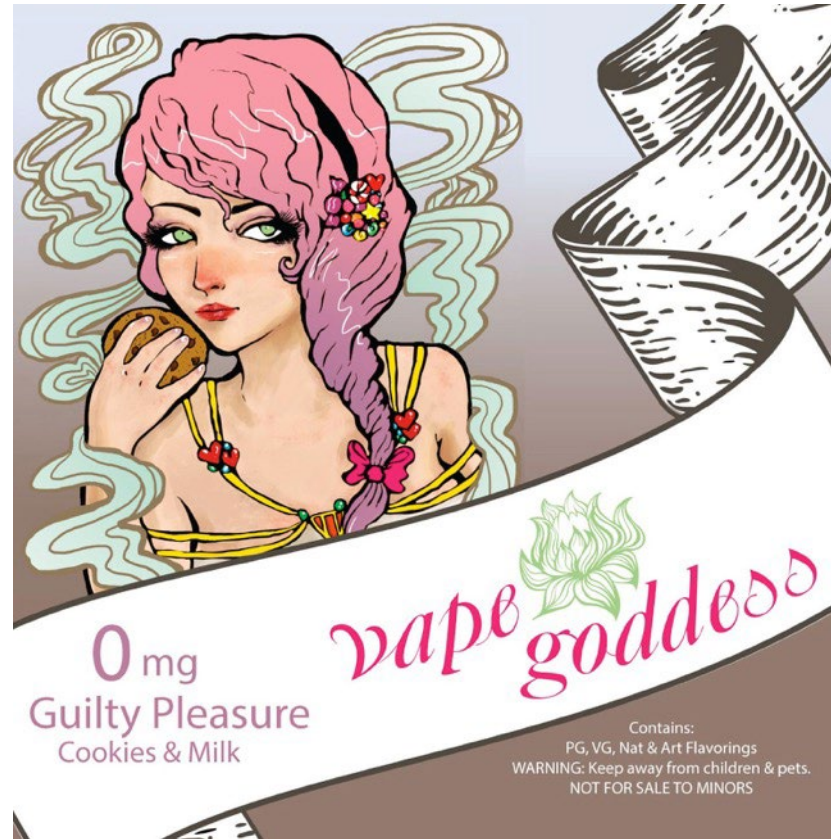
The right nicotine strength and vapor quality to provide a powerful and smooth experience controlled power and temperature allow for a smooth delivery system liquid-to-wick cartridge system ensures thick, consistent, flavorful vapor.

NOW AVAILABLE ONLINE & IN-STORE
FREE SHIPPING ONLINE FOR DOMESTIC ORDERS +\$25

WWW.VAPORSHARK.COM



Source: SRITA



Vape Evolution



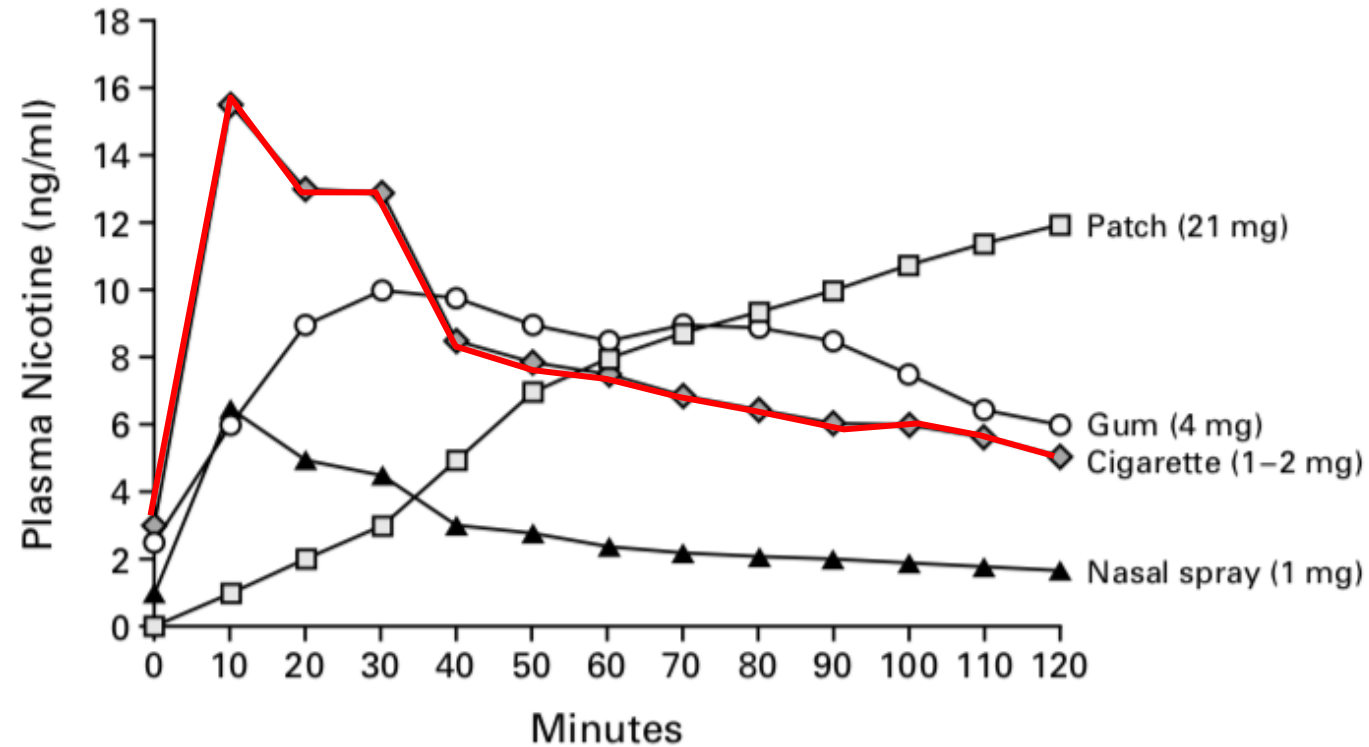


Figure 2. Plasma Nicotine Levels after a Smoker Has Smoked a Cigarette, Received Nicotine Nasal Spray, Begun Chewing Nicotine Gum, or Applied a Nicotine Patch.

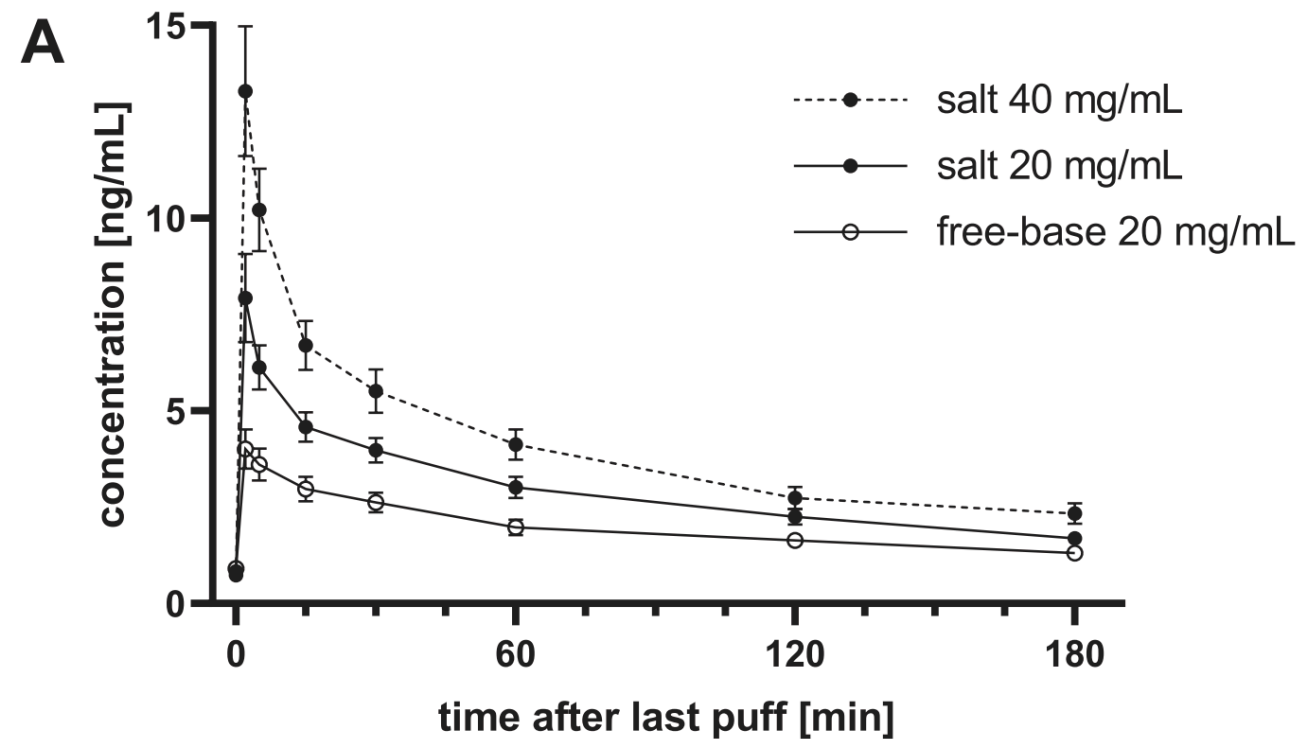
The amount of nicotine in each product is given in parentheses. The pattern produced by the use of the nicotine inhaler (not shown) is similar to that for nicotine gum. Modified from Garrett et al.¹²

Nicotine Salts

- Different acids added to liquids for e-cigarette devices
- Increase palatability and product appeal
- Allow higher nicotine concentration



Pharmacokinetics of Nicotine Salts



Christen SE, Hermann L, Bekka E, Vonwyl C, Hammann F, van der Velpen V, Eap CB, Benowitz NL, Haschke M, Liakoni E. Nicotine Tob Res. 2024 Sep 23;26(10):1313-1321.

High Nicotine Products

Bigger, Stronger & Cheaper



1 pod = 200 puffs
1 pack of Cigarettes



1 unit = 6000 puffs
30 packs of Cigarettes

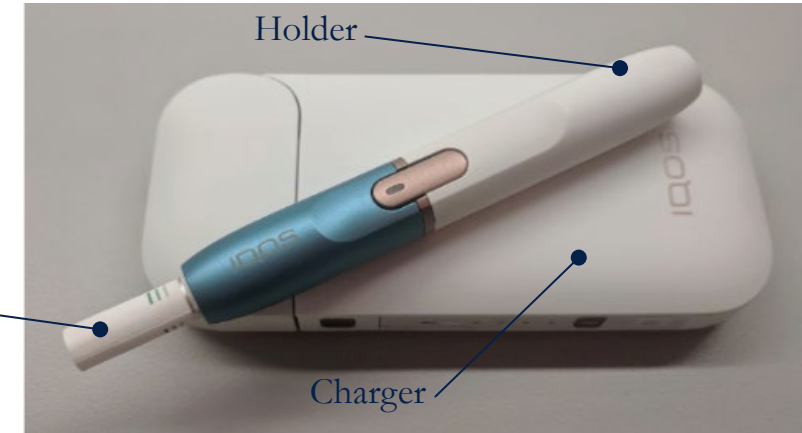
IQOS – Heated tobacco

“Heated Tobacco Products” or “Heat-not-burn” by Philip Morris/Altria

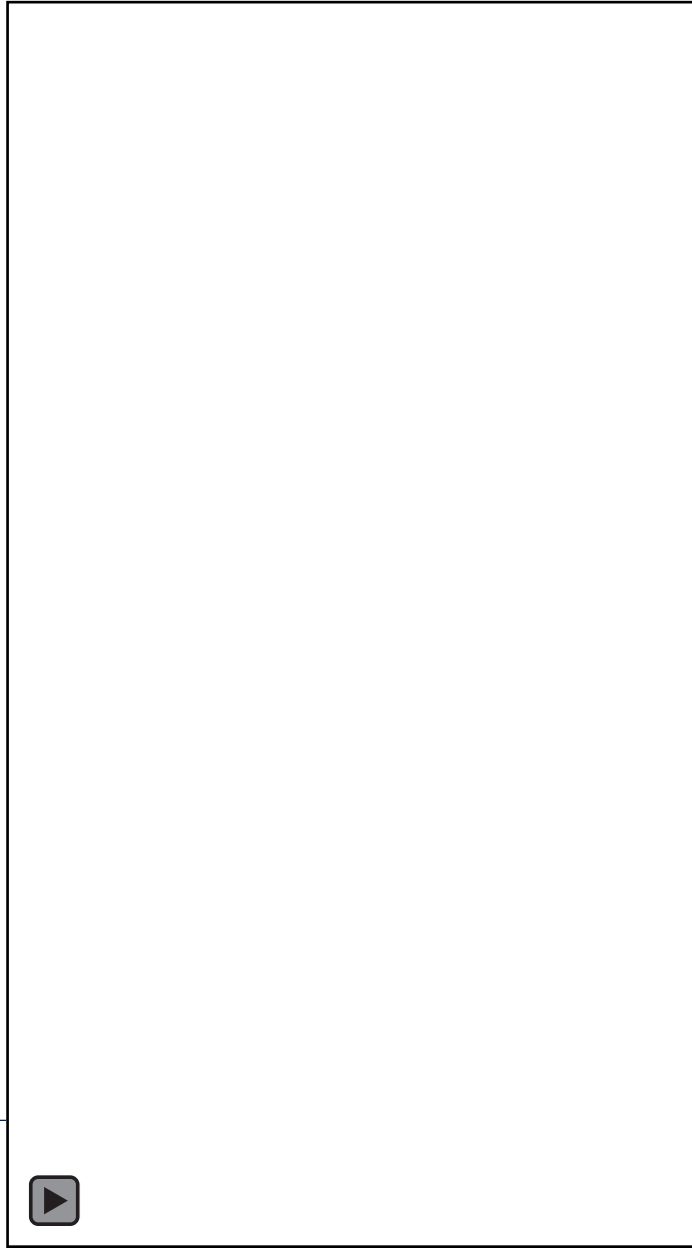
Heating blade or induction heats tobacco stick up to 350 degrees C

Leads global heated tobacco product market – in 84 markets

- July 2020 FDA authorized marketing as “reduced exposure”
- Nov 2021 sales and imports stopped in USA due to patent lawsuit
- PMI and BAT settlement, marketing restarted in 2024



Young man smoking IQOS HTP



Thanks to: Jeremiah
Mock





IQOS Marketing





グロー・ハイパー・ホワイト

※この画像はイメージです。本製品は20歳以上の方のみご購入いただけます。
20歳未満の者の喫煙は法律で禁じられています。

©2020 BAT (Brands) Ltd.

SLATE SELECTION

GOLD SELECTION

18+

Не исключает риски. Аэрозоль содержит никотин, вызывающий зависимость.



LA

18+



Zažij kouzlo
Tomorrowlandu s glo™

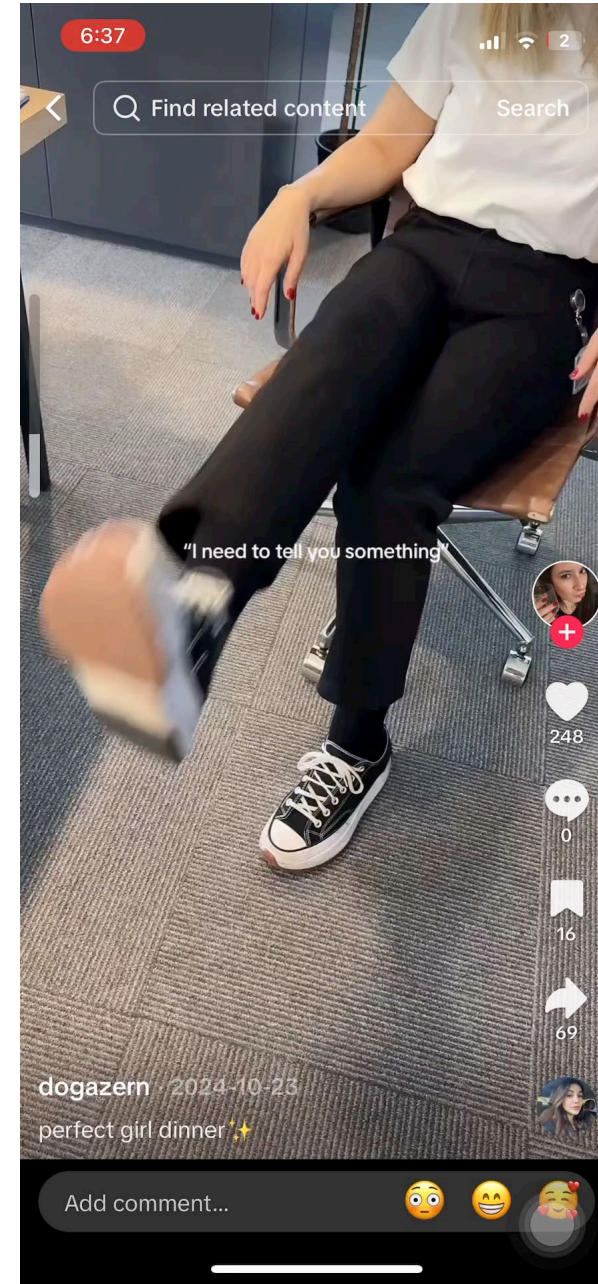
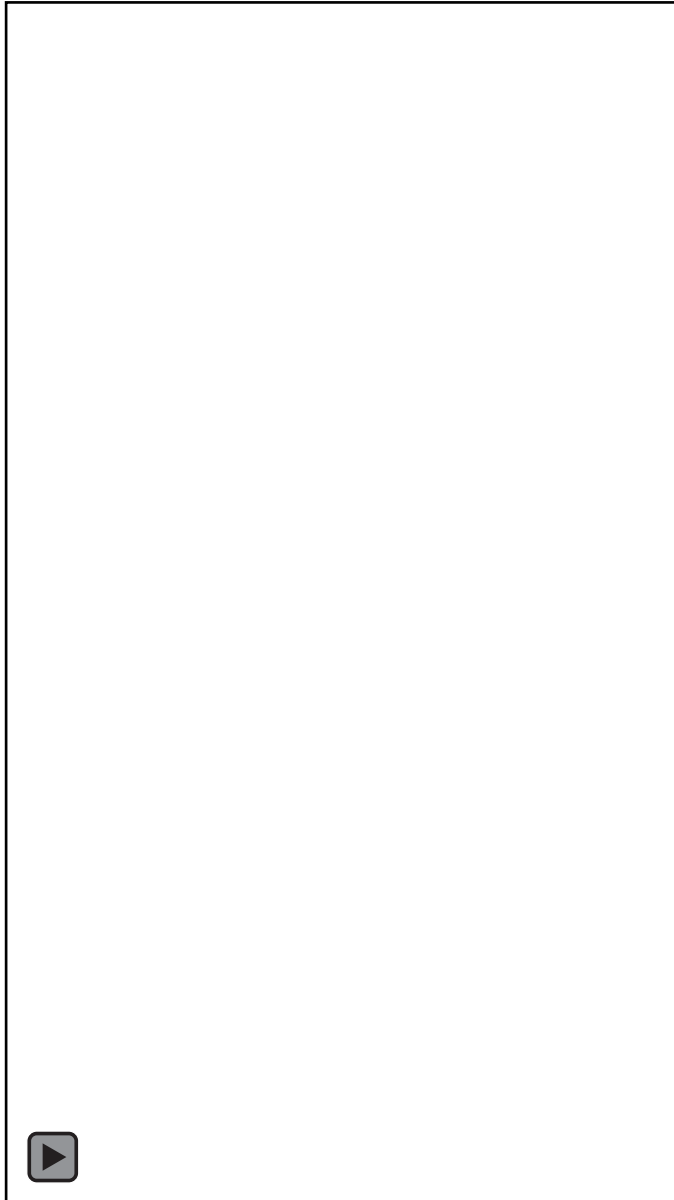
18+

BAT CLUB

Young female TikTok creator in the Middle East

“I’m just a girl
in the world”
(music by
Gwen Stefani)

Thanks to: Jeremiah
Mock



Oral Nicotine Products



Zyn Is the New Vaping

6 MINUTE READ



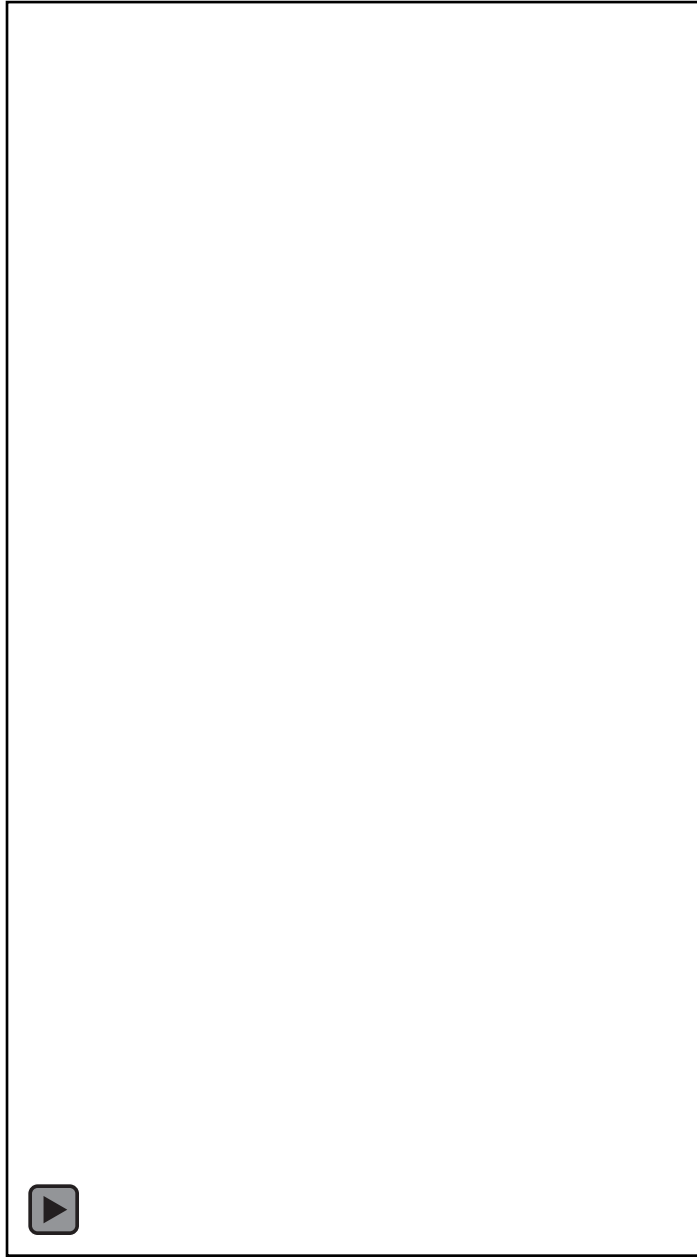
Thanks to: Jeremiah
Mock

“THE BENEFITS OF ZYN” on TikTok May 9, 2024

**PARENTAL
ADVISORY
EXPLICIT CONTENT**

Warning: You, a public health worker, are going to be called a “misinformation m-f#ck-er”

Thanks? To Jeremiah Mock



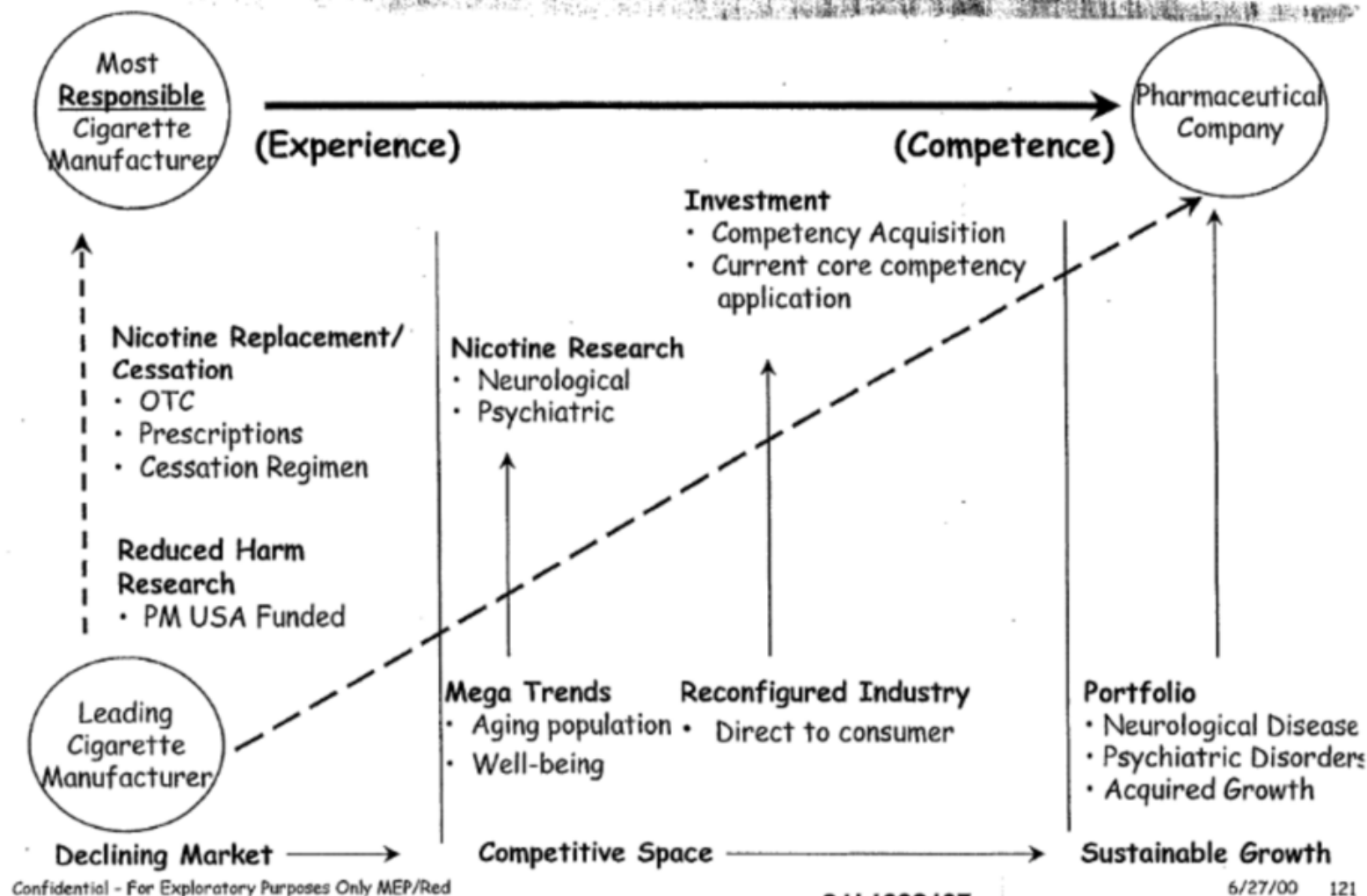
Creator: comedian in Los Angeles

Pharmaceuticalisation as the tobacco industry's endgame

Yogi Hale Hendlin,^{1,2} Elieen Le Han,² Pamela M. Ling ²



Pharmaceutical Exploration



2078097178

6/27/00 121

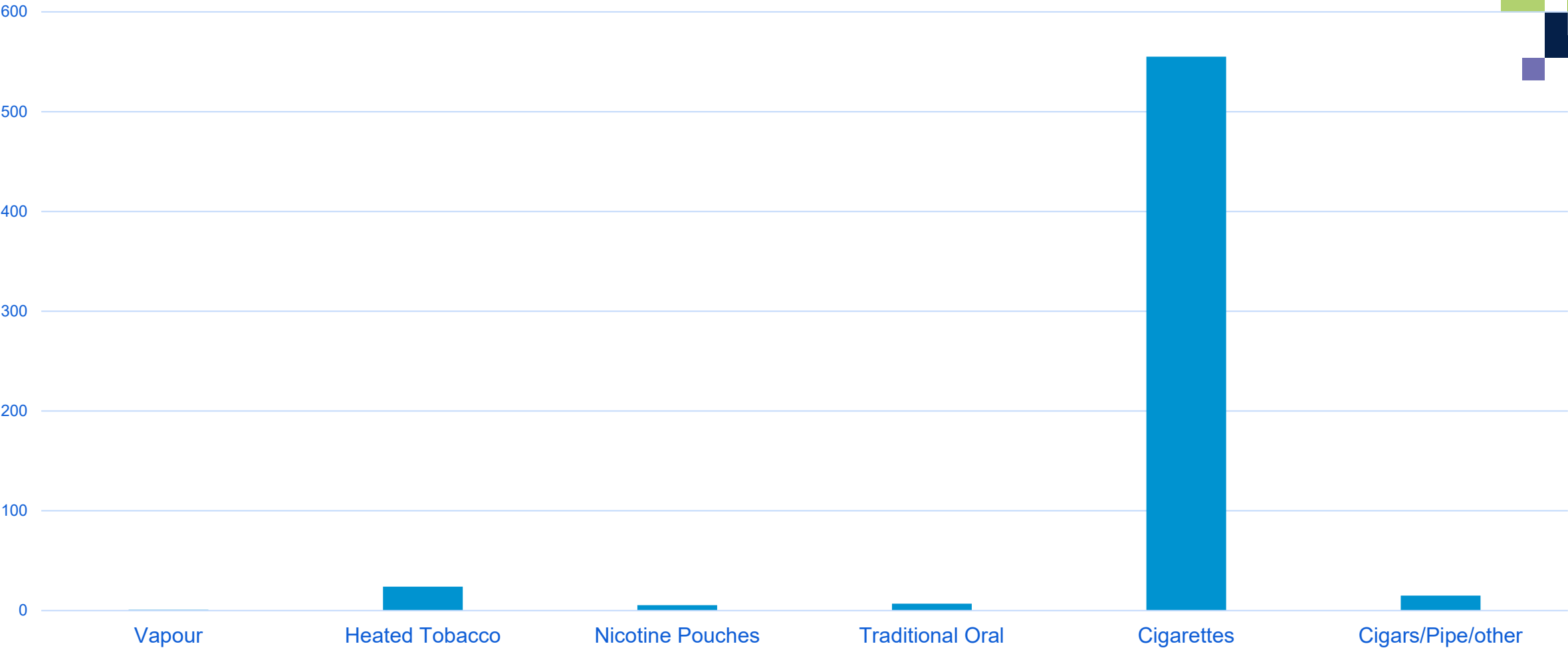


Function of “Pharmaceuticalization”

- Normalize nicotine
- New products appear more like pharmaceuticals or NRT without evidence
- Ideally with government sanction, endorsement
- Reframe the tobacco industry as part of the solution

Global Drive Brands		Market Footprint
		63 markets where our Vapour products are currently available
		31 markets where our HPs are currently available
		34 markets where our Modern Oral products are currently available
		3 markets where our Traditional Oral products are currently available
    		U.S. Specific   

BAT Unit Sales Data 2023



BAT Performance and Sustainability Summary 2023

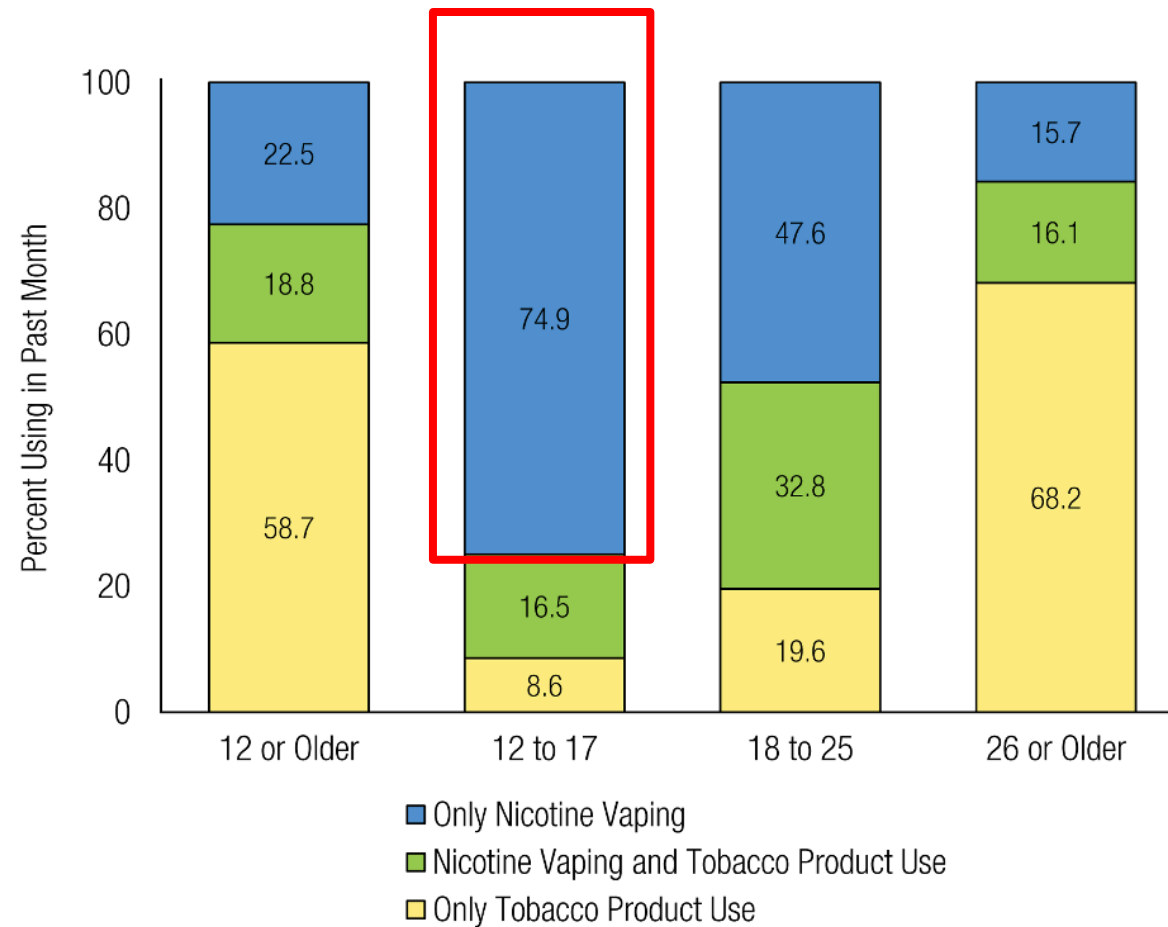
New challenges for tobacco cessation

Quitting smoking before age 30 avoids most morbidity/mortality

- Young adults are equally likely to try to quit
- Most quit attempts are unplanned and unassisted



Type of Past Month Tobacco Product Use or Nicotine Vaping: Among Past Month Nicotine Product Users Aged 12 or Older; 2023



Kick It CA – California Quitline



Quit Now

Call

English

Search

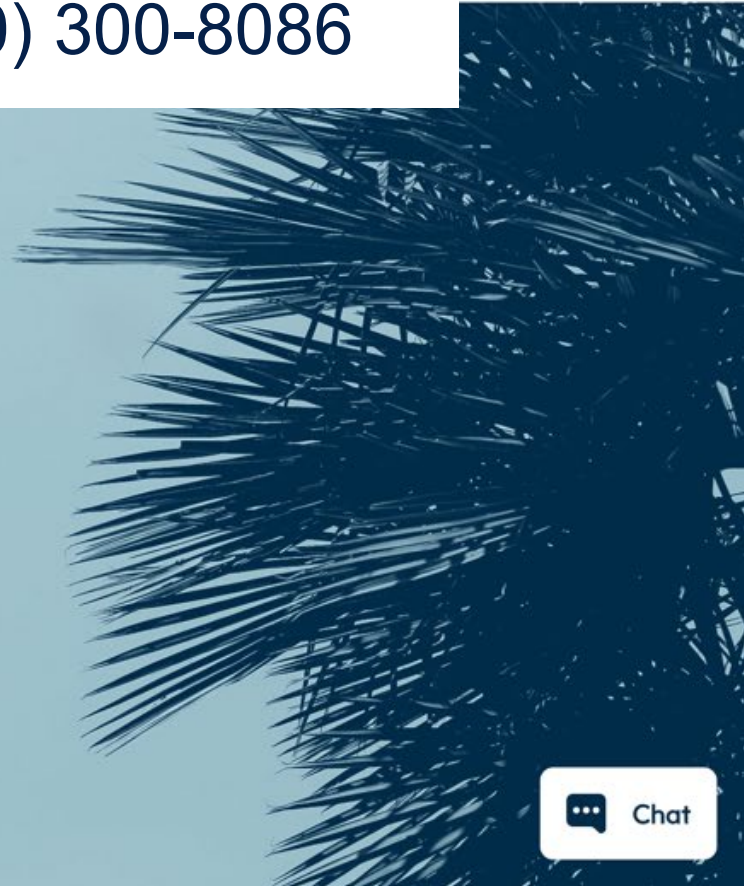


(800) 300-8086

Welcome to Kick It California

We're a free program that helps Californians kick smoking, vaping, and smokeless tobacco with the help of proven, science-based strategies. Take the first step toward quitting.

Start Now



Chat

Includes Vaping

Quit Now

Call

English ▼

Search 🔍



A Program Designed for You



Quitting Cigarettes



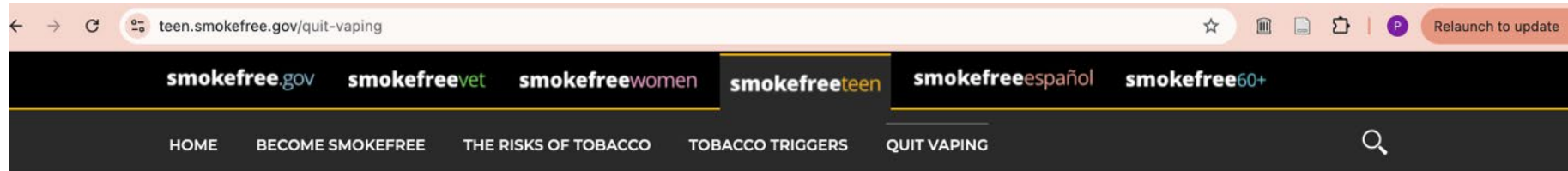
Quitting Vapes



Quitting Smokeless Tobacco

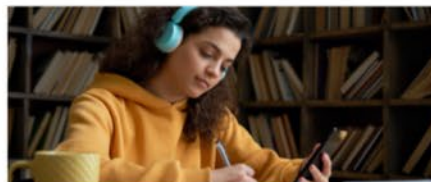
Chat

Teen.smokefree.gov



Quit Vaping

Quitting can be tough, but you are tougher. Use our info and resources to quit vaping and stay vape-free.



Build My Quit Plan

Make your personalized quit plan and get ready to quit vaping or smoking. Thinking ahead now can make things easier later.



Vaping Reality Check

Vaping may be costing you more than you think. Knowing more can help you decide what to do about it.



How to Quit Vaping

Quitting vapes can be easier when you prepare in advance and have a plan. Find out what you can do to get ready to quit.

Truth Initiative Vaping Cessation Program

Texting chatbot

Young Adults

Abstinence 24.1% intervention vs 18.6% control
OR 1.39 $p < 0.001$

Adolescents

Abstinence 37.8% intervention vs 28% control
Relative risk 1.35 $P < .001$



Quit Tobacco on Social Media



Quit the Hit is an Instagram-based program
We provide social support for young people who
want to quit tobacco



Varenicline for Youth Nicotine Vaping Cessation

A Randomized Clinical Trial

A. Eden Evins, MD; Corinne Cather, PhD; Harrison T. Reeder, PhD; Bryn Evohr, BS; Kevin Potter, PhD;
Gladys N. Pachas, MD; Kevin M. Gray, MD; Sharon Levy, MD; Nancy A. Rigotti, MD; Vanessa Iroegbulem, BA;
Jason Dufour, BS; Kelly Casottana, BS; Meghan A. Costello, PhD; Jodi M. Gilman, PhD; Randi M. Schuster, PhD

Youth 16 to 25 near daily vaping & not regularly smoking

- 12 week of varenicline plus counseling
- Placebo with counseling
- Counseling only

At 4 weeks 51% vs 14% abstinence $p < 0.001$

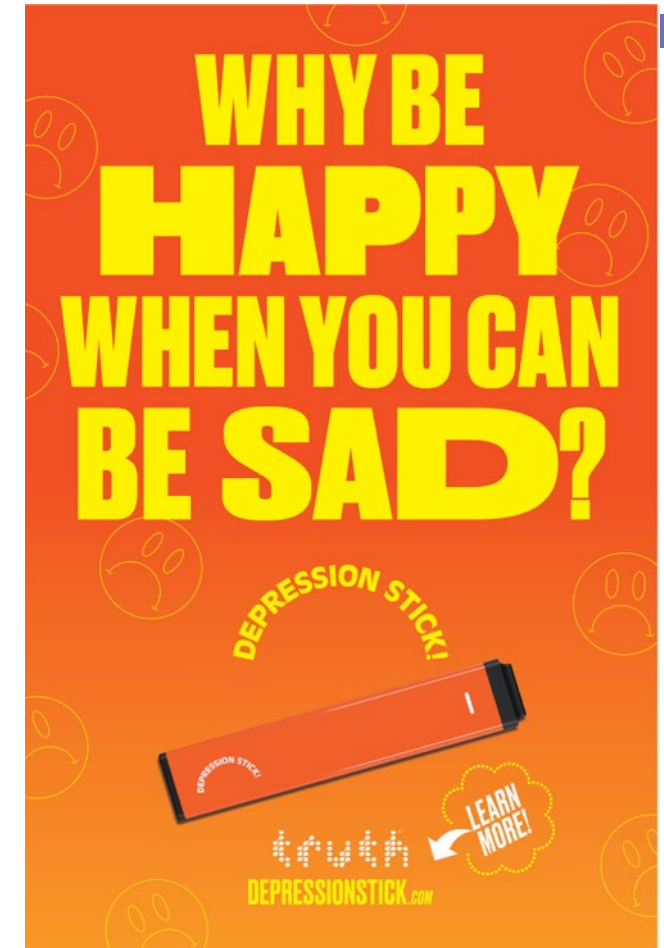
Week 8 to 24 28% vs 4% abstinence $p < 0.001$

Truth campaign also reduces e-cigarette use

Reducing e-cigarette use among youth and young adults: evidence of the truth campaign's impact

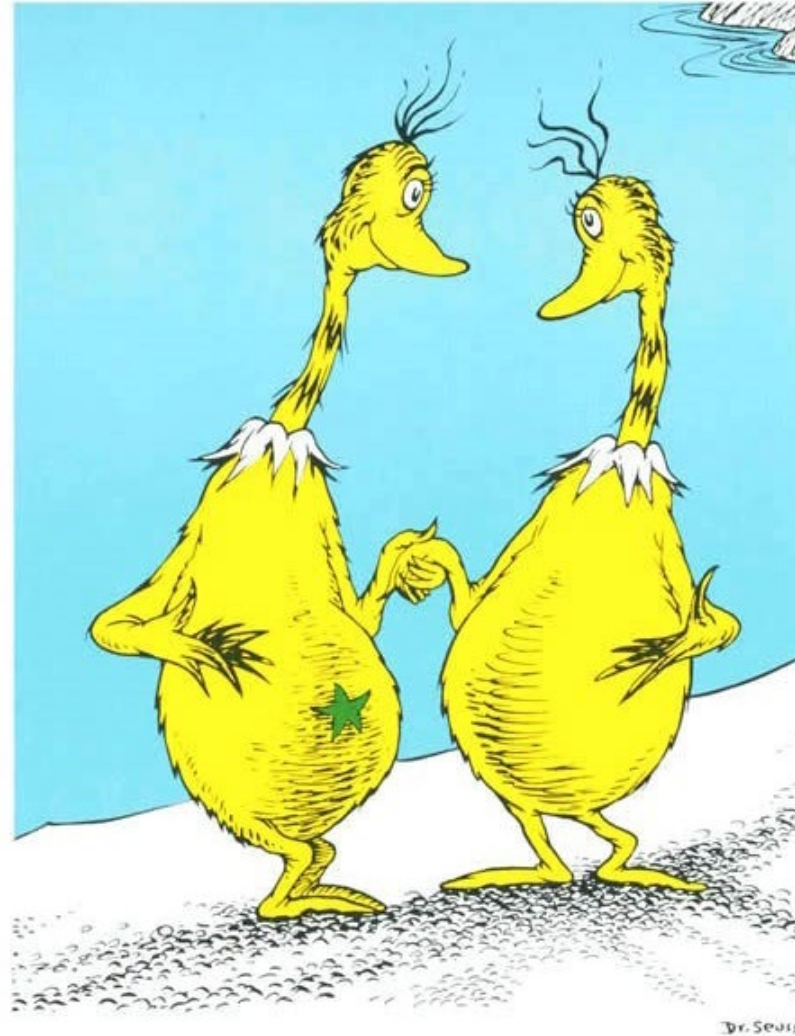
Elizabeth C Hair,^{1,2,3} Jennifer M Kreslake ,^{1,2} Shreya Tulsiani ,¹ Tatum McKay,¹ Donna Vallone ,^{1,2,3}

- 69% of sample aware of Truth ads
- Higher awareness associated with decreased e-cigarette use
- Dose response effect



Hair EC, Kreslake JM, Tulsiani S, et al. *Tobacco Control* 2025;**34**:59-64. Image: Truth Initiative

Create a Problem Then Sell the Solution





The Bottom Line



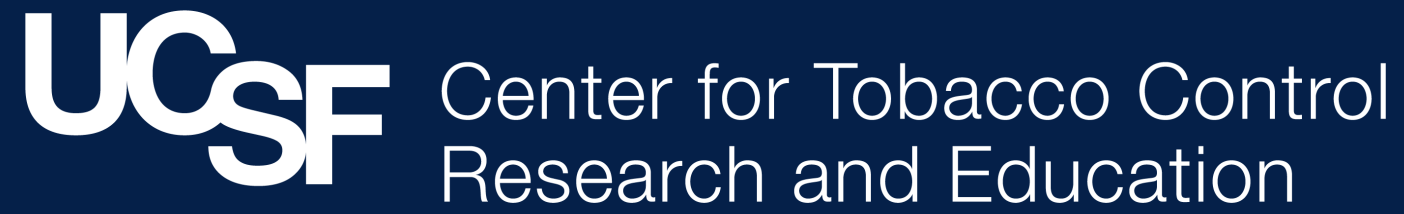
Youth smoking reduction is a big success

This is in spite of new products not because of new products

Tobacco Industry Denormalization is powerful and effective

New efforts to support cessation of new products are needed

We need to address the root cause of the problem



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 1.5 AMA PRA Category 1 Credits™. 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.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for AMA PRA category 1 Credit™. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

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 1.5 CE Credits 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 1.5 general continuing education credits.

Interprofessional Continuing Education Credit (IPCE): This activity was planned by and for the healthcare team, and learners will receive 1.5 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.

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



Save the Date! SCLC's Next Live Webinar

*“Building a System That Helped 300,000 People
Quit Smoking”*

with Dr. Renee Fogelberg, Northern California
Kaiser Permanente

Tuesday, December 2, 2025 | 2:00 – 3:00 pm ET

Contact Us

We offer free technical assistance!

- Visit us online at:
SmokingCessationLeadership.ucsf.edu
- Call us toll-free at 1-877-509-3786



@SCLC_UCSF



Linkedin.com/company/sclc-ucsf



Smoking Cessation
Leadership Center

Thank You



University of California
San Francisco

SmokingCessationLeadership.ucsf.edu

Call us toll-free at 1-877-509-3786