Smoking Cessation Leadership Center

UCSF

University of California San Francisco

Making the Case: Framing for Tobacco-Free Behavioral Health Settings

Julie Sweetland, PhD
Ryan Coffman, MPH, CHES, CTTS-M

November 5, 2020

Moderator

Catherine Saucedo

Deputy Director

Smoking Cessation Leadership Center
University of California, San Francisco

A National Center of Excellence for Tobacco-Free Recovery

Catherine.Saucedo@ucsf.edu

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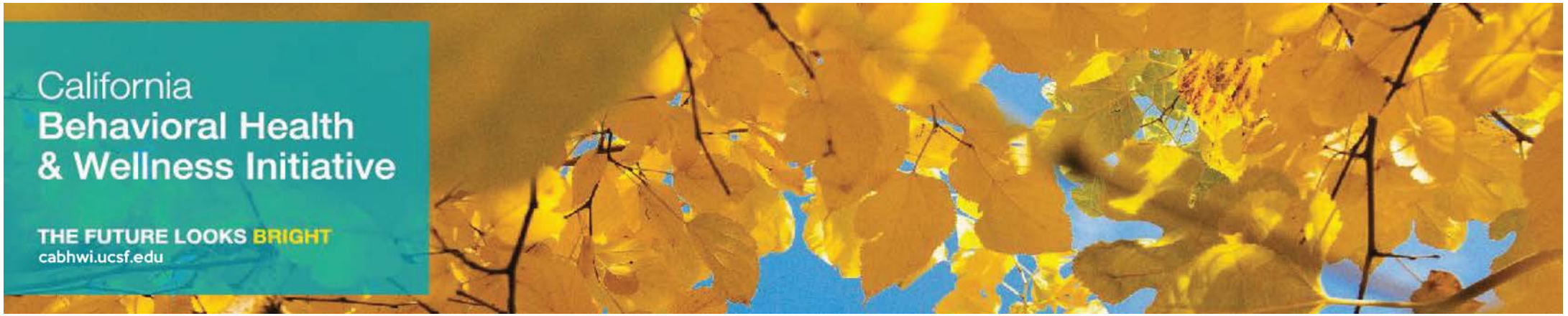


- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.
- Visit CABHWI.ucsf.edu for more information

Today's Presenter

Julie Sweetland, PhD

Senior Advisor

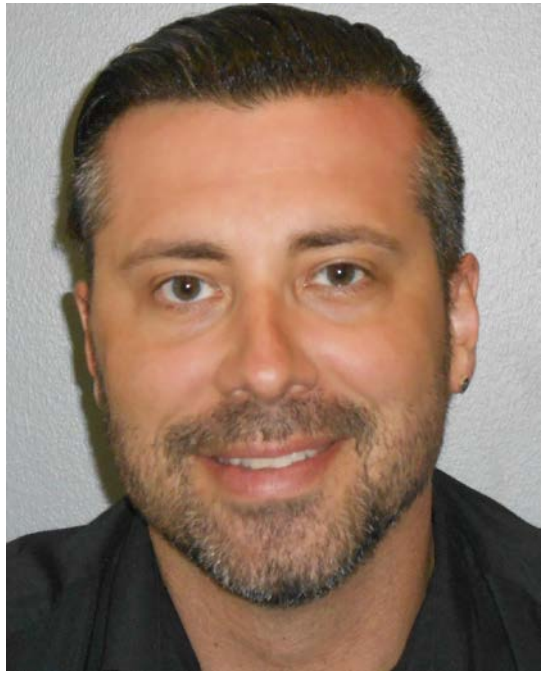
FrameWorks Institute

Today's Presenter

Ryan Coffman, MPH, CHES, CTTS-M

Tobacco Policy and Control Program Manager

Philadelphia Department of Public Health



Making the Case:

Framing for Smoke-Free Behavioral Health Settings

Ryan Coffman, MPH, CHES, CTTS-M
Tobacco Policy and Control Program Manager,
Philadelphia Department of Public Health

Julie Sweetland, PhD
Senior Advisor, FrameWorks Institute
Tobacco Disparities Framing Project

November 5, 2020

Convened by the
Smoking Cessation Leadership Center | UCSF

Thanks for having me today!

Julie Sweetland, PhD
Senior Advisor, FrameWorks Institute

Sharing the work of
a team of FrameWorks researchers

Tobacco Disparities Framing Project

Long-term goal:
Build public support for evidence-based approaches to eliminating tobacco-related health disparities

Short-term goal:
Equip and mobilize tobacco control community to use evidence-based framing in their outreach & messaging

Supported through a cooperative agreement between
ChangeLab Solutions & CDC Office of Smoking & Health
(Cooperative Agreement Number NU38OT000307)

A very active Advisory Group guided this framing work

Americans for Nonsmokers Rights Foundation

CADCA

California Tobacco Control Program

Campaign for Tobacco Free Kids

LGBT Link

National African American Tobacco Control Leadership Council

National African American Tobacco Prevention Network

National Behavioral Health Council

North Carolina Tobacco Prevention and Control Branch

Nuestras Voces / Alliance for Hispanic Health

Self-Made Health Network

Truth® Initiative

Walsh Center for Rural Analysis

descriptive research

how people think now

reframing research

how to spark new thinking

Summary of research conducted Jan 2018 - Sept 2019

descriptive research

77 interviews across the US

reframing research

Tool Design

On-the-Street Interviews

Controlled Experiments

Sampled more than **10,000** Americans

More details in the memo, "Justice in the Air"

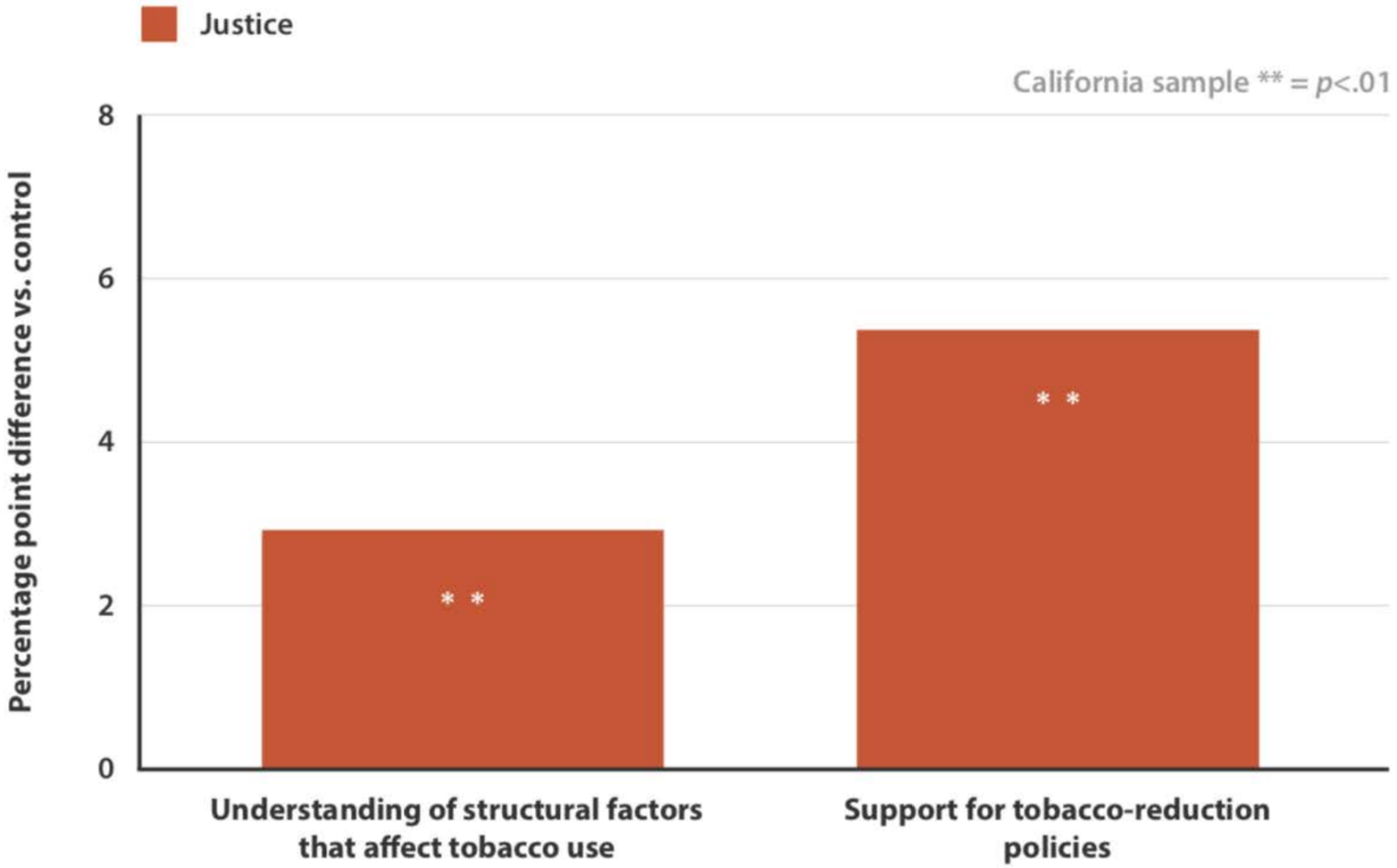
Recommendation #1

Advance an affirmative vision for health equity.

Help us see what we can gain, not just what we are losing.

Framing with “justice” helps people rethink tobacco issues

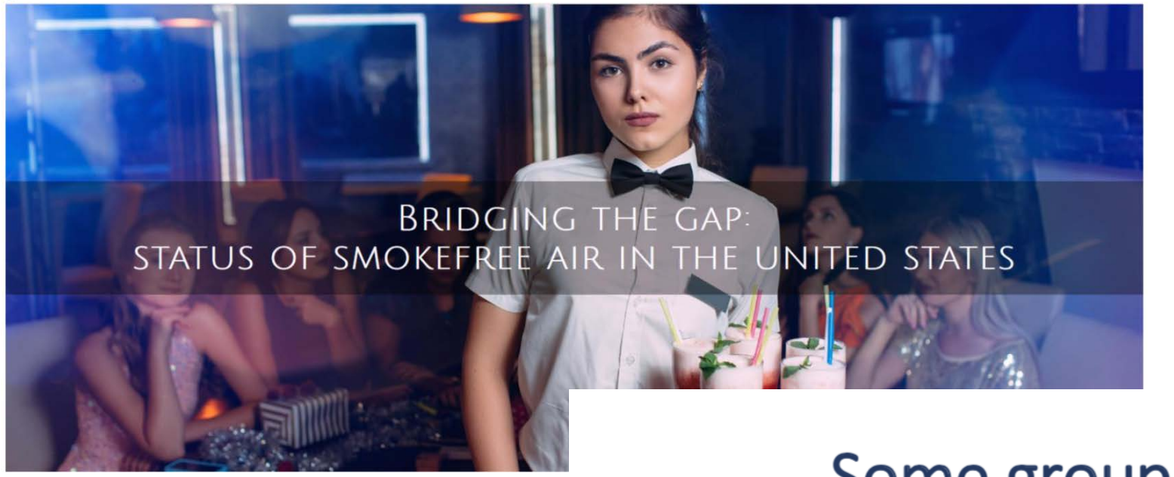
Justice-themed headline: “In Order to Create a Just Society, We Need to Make Sure Everyone Has a Fair Chance at Achieving Good Health.”



Using a ‘justice’ frame

- **Make the story “about” our shared commitment to justice, not “about” health burdens**. Emphasize that basic fairness and equity are at stake.

- **Develop the theme.** Elaborate on the idea over a sentence or two. Return to the idea throughout a communication.



Some groups are less likely to be protected from secondhand smoke

Justice demands that everyone's right to breathe clean air is protected, regardless of their age, race, class, or identity. Justice also calls us to actively work toward equality: when we see that some groups are more exposed to secondhand smoke than others, we must work to eliminate the disparities. According to the CDC, some groups are at higher risk of secondhand smoke exposure than others. Inequity linked to class, race, ethnicity, and sexual orientation are also linked to disparities in secondhand smoke exposure.

Framed with ‘their health burdens’

Approximately 1 in 4 adults in the U.S. has some form of behavioral health condition, and these adults consume almost 40% of all cigarettes smoked by adults. People with behavioral health conditions die about 5 years earlier than those without these disorders; many of these deaths are caused by smoking cigarettes.

Reframed with “our responsibility to ensure justice”

To live up to our ideals of fairness, we need to make sure that everyone has access to the same resources, supports, and protections, so everyone has a fair chance to be healthy. Right now, fewer than half of the nation’s mental health facilities offer treatments that can end a dependence on nicotine. To advance justice, we need to change this.

Recommendation #2

Give contemporary examples of tobacco industry tactics that drive disparities.

Framed with ‘ancient history’

“Big Tobacco’s playbook is full of marketing plans to target marginalized social groups, including people with behavioral health conditions. One example is “Project SCUM” (Sub Culture Urban Marketing), a marketing strategy deployed in San Francisco in the mid-1990s to attract homeless customers. One tobacco company donated cases of cigarettes to homeless shelters on Christmas Eve. Many offered discounts to psychiatric facilities who bought in bulk.”

Reframed with ‘then AND now’

“The tobacco industry has long targeted people with behavioral health conditions, labeling them as “downscale markets.” Two decades ago, companies sent free or discounted cigarettes to psychiatric hospitals in an effort to hook patients. Today, their marketing strategies target low-income neighborhoods. As a result, people who have a serious mental illness are twice as likely as the general population to live in a neighborhood with lots of stores that sell tobacco and high levels of advertisements.”

Recommendation #3

Use data to support your story.
Don’t expect it to speak for itself.

Framed with ‘list of subpopulations’

“Although cigarette smoking has declined significantly since 1964, disparities in tobacco use remain across groups defined by race, ethnicity, region, and socioeconomic status. Tobacco-related diseases now disproportionately affect people of color, people with lower levels of income, and people with serious mental illnesses.”

Reframed with ‘policy context’

“Since 1964, the US has steadily expanded protection from commercial tobacco. As a result, there is less smoke in the air and fewer advertisements for addictive products like cigarettes and e-cigarettes. But these protections, which most Americans now take for granted, are less likely to cover the places where people with mental illnesses live - or where they get treatment.

Framed with “stack of stark statistics”

“People with mental illness smoke at two to four times the rate of the general population. Smoking rates are especially high among patients with serious mental illness. The disparity in smoking prevalence is costing lives. A recent study estimated that tobacco-related diseases accounted for about half of the deaths among people with schizophrenia, bipolar disorder, or depression.”

Reframed with “numbers nested in narrative”

“When people are under pressure from multiple forms of stress – like financial strain, discrimination, or housing insecurity – they become much more likely to smoke. People with behavioral health conditions are significantly more likely to have stressful living conditions than the general population. This helps to explain why adults with a mental illness are twice as likely to smoke than adults without these disorders.”

Recap of how to frame data

- **Use data to tell a structural story**. Provide facts and data about places and environments at least as often as statistics about people.

- **Always pair outcomes with explanations.** Don't mention prevalence, correlations, or risk factors and leave the public to interpret what they mean.

- **Signpost cause-and-effect relationships.** Make liberal use of phrases like *this helps to explain* or *this is one reason why*.

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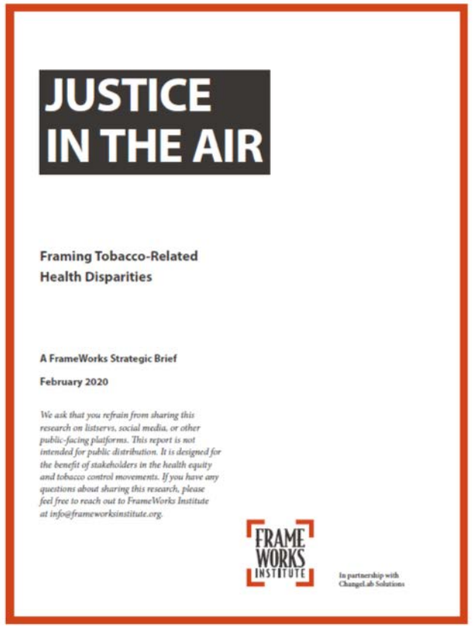
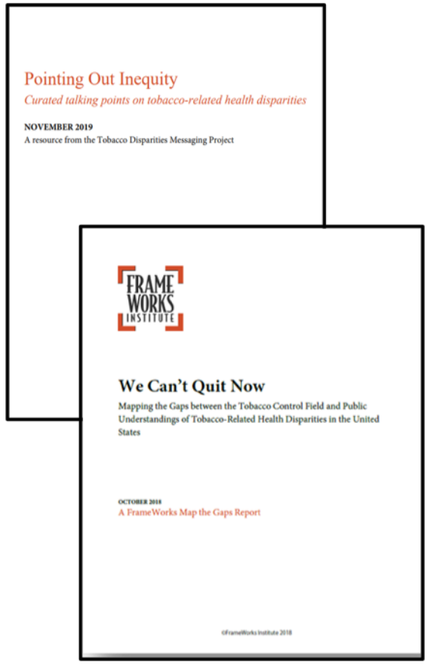
This project has yielded new resources…
we hope you'll take advantage of them!





Ryan Coffman, MPH, CHES ,CTTS-M, FS (Retired)

Tobacco Policy and Control Program Manager

Philadelphia Department of Public Health

JUSTICE IN THE AIR

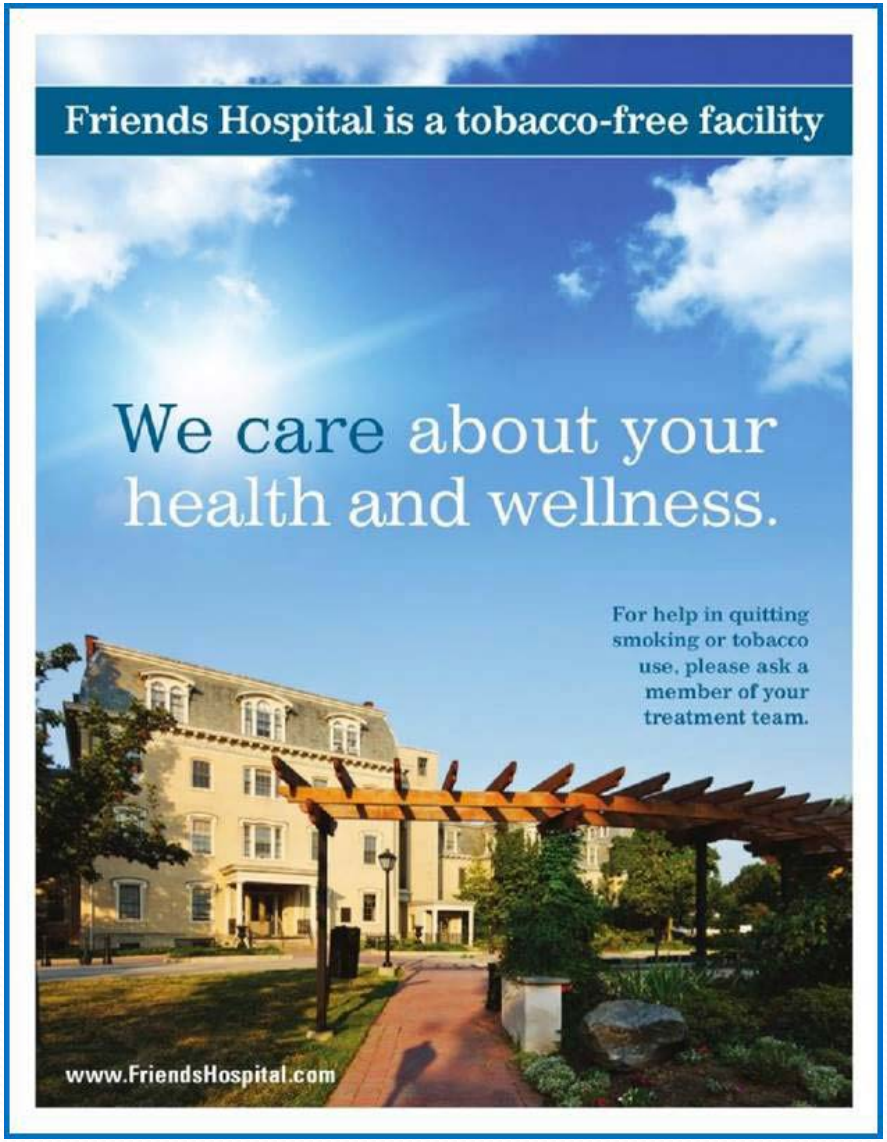
Framing Tobacco-Related Health Disparities

A FrameWorks Strategic Brief

February 2020

We ask that you refrain from sharing this research on listservs, social media, or other public-facing platforms. This report is not intended for public distribution. It is designed for the benefit of stakeholders in the health equity and tobacco control movements. If you have any questions about sharing this research, please feel free to reach out to FrameWorks Institute at info@frameworksinstitute.org.

FRAME



10 Recommendations

1. **Talk about tobacco control as an issue of fairness and justice.**
2. Expand the public's mental model of "tobacco."
3. **Give contemporary examples of industry tactics that are driving disparities.**
4. Connect the dots between youth susceptibility, industry targeting, and disparities.
5. **Don't just point to prevalence—explain the drivers of disparities.**
6. Use a Pressure metaphor to explain environmental stressors.
7. **Offer policy-level solutions that directly address disparities**.
8. Frame and explain data—don't expect it to tell a story by itself.
9. Avoid framing disparities as an economic issue, a crisis, or the "last mile" for tobacco control.
10. **Don't avoid talking about disparities—but take care to avoid cultural deficit framing**

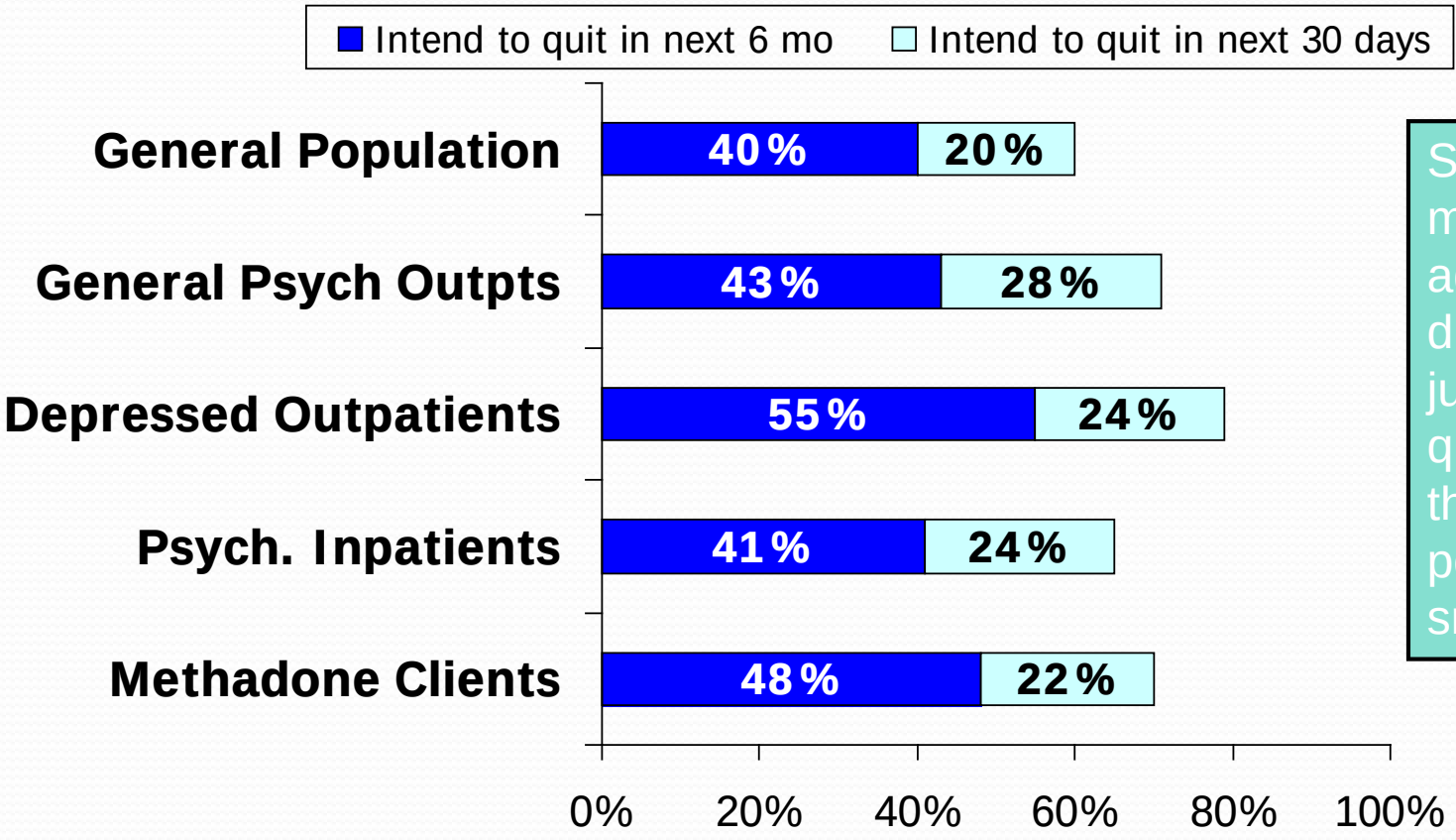
“Don’t avoid talking about disparities—but take care to avoid cultural deficit framing”

PSYCHIATRIC PROVIDERS' BELIEFS about SMOKING

- Meta-analysis of 38 studies
- 16,369 mental health professionals:
  - 42% perceived barriers to treating smoking
  - 41% had negative attitudes toward smoking cessation
  - 45% had permissive attitudes toward smoking
- Providers' most commonly held beliefs:
  - Smokers with mental illness don't want to quit: 51%
  - Quitting smoking is too stressful for these patients: 38%

Sheals et al (2016) Addiction

Readiness to Recover From Tobacco Use*



Smokers with mental illness or addictive disorders are just as ready to quit smoking as the general population of smokers.

* No relationship between psychiatric symptom severity and readiness to quit

Behavioral Health Providers Are Uniquely Positioned to Catalyze Culture Change

- Integrated mental health and addiction services
- Interventions matched to motivational level
- Often the clinician for whom contact is the most frequent and who knows the patient best
- Tobacco-free behavioral healthcare is increasingly the norm and expectations
- Psychopharmacology
- Case management
- Experts in Psychosocial treatment
  - Individual, group, etc.
- Instilling a sense of hope into the spirit of recovery
- Able to identify and address any changes in psychiatric symptoms during the quit attempt

ADVANCING A NEW NORMAL

FORMER PERSPECTIVE		CURRENT PERSPECTIVE
Perpetuate Addiction	→	Promote Recovery
Maintain Social Stigma	→	Encourage Advocacy
Accept Disability/Death	→	Promote Wellness
Sustain Harmful Coping	→	Embrace Resiliency

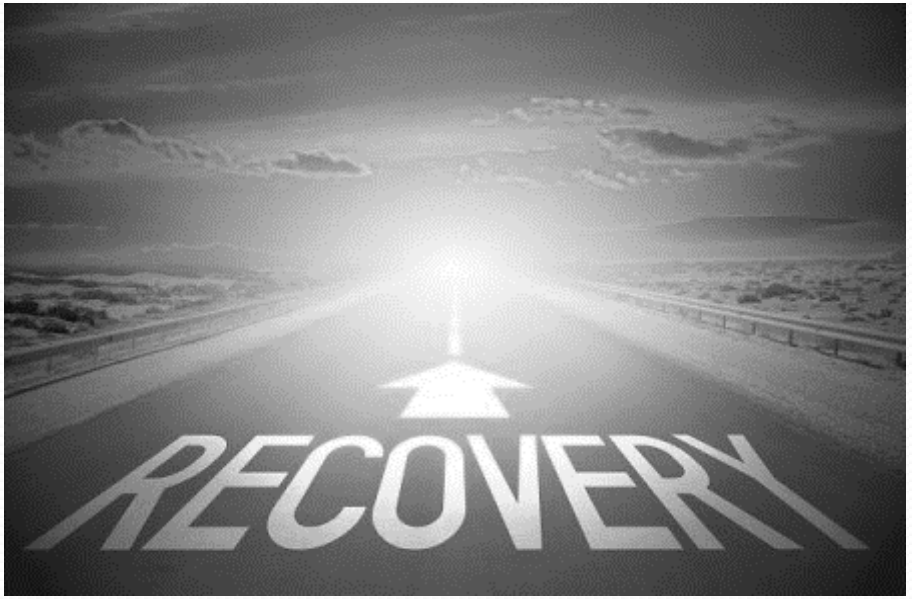
REFRAME LANGUAGE

The language we use is fundamental in creating environments conducive to a recovery process. – Bill White

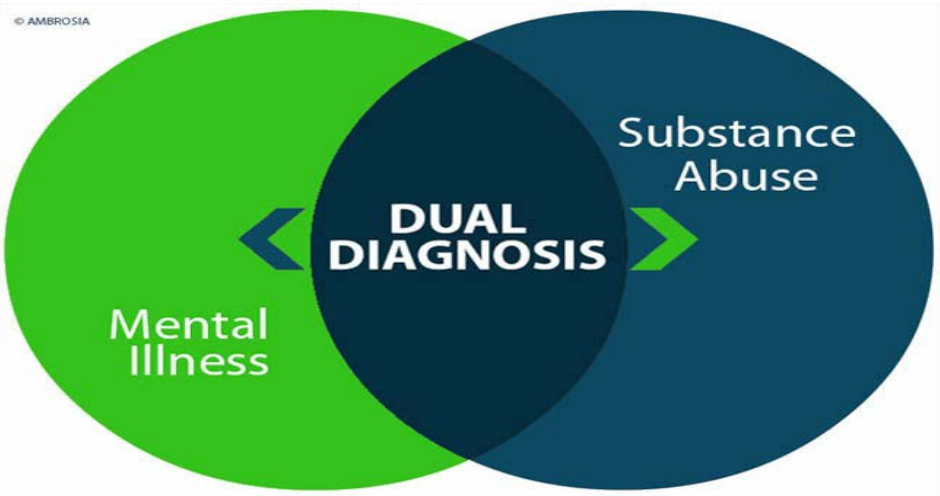
Common Terminology	Preferred Terminology
Smoking	Tobacco use
Smoker	Individual with Tobacco Use Disorder
Quit date	Recovery start date
Habit	Chronic brain disease
Cessation	Tobacco use disorder treatment, recovery
Smoking Ban	Tobacco and vape-free policy Tobacco-free quality of care improvement initiative

Recovery-Oriented Message – Working Definition of Recovery

- Deserve environments that promote hope to improve their health and wellness, live a self-directed life, and strive to reach their full potential.
- Change is always possible and the extent to which people's lives can change is often beyond what we can imagine.
- **STFRI is an evidenced-based, quality of care improvement initiative to further advance a hope-inducing spirit of recovery.**



Redefining Norms and Treatment is Part of the Behavioral Health Culture



“Offer policy level solutions that directly address disparities”

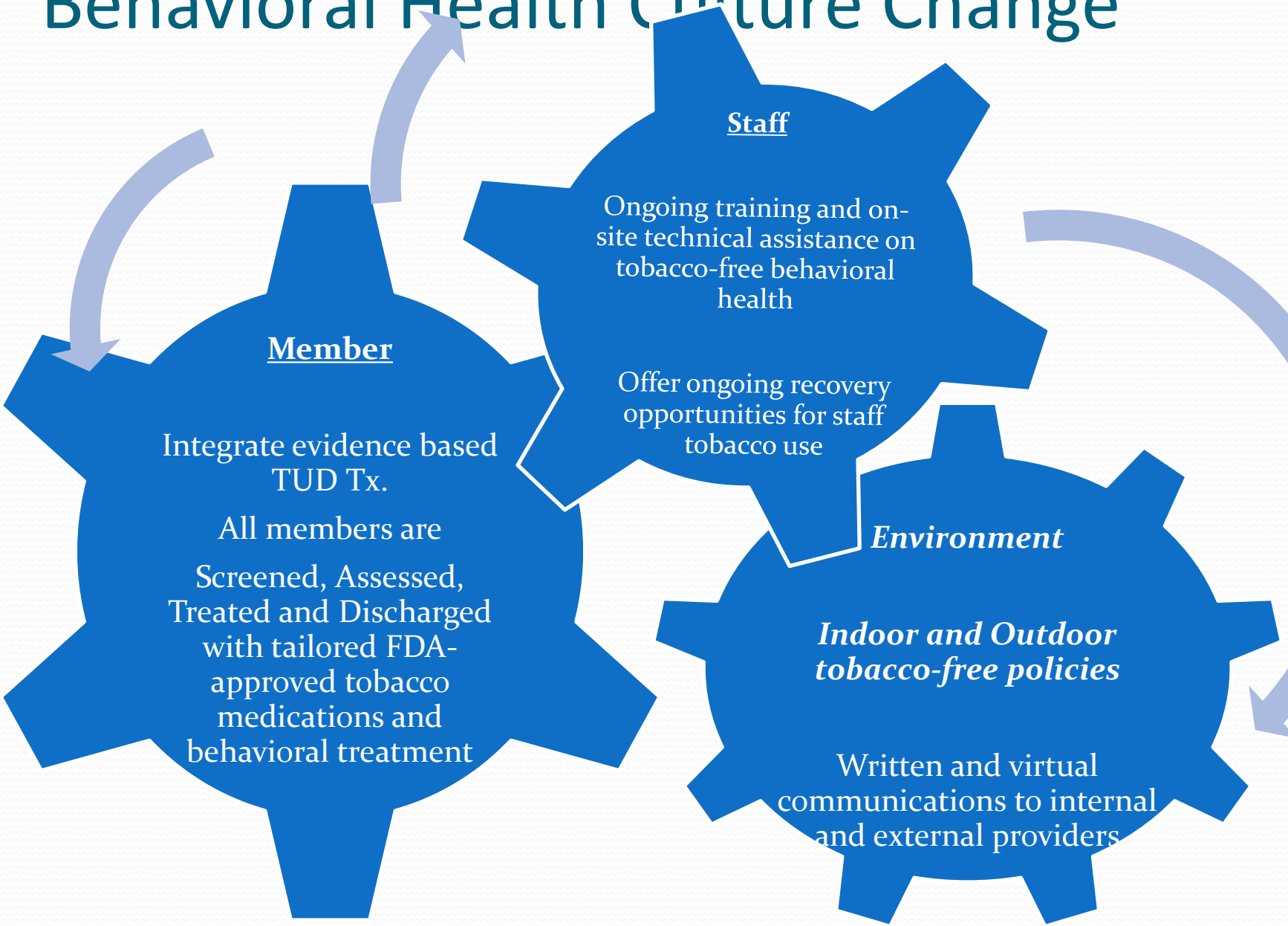
TRWI/STFRI Primary Message

- **Treating TUD concurrently with mental illness and addictive disorders is:**
  - **Safe**
  - **Improves treatment outcomes**
  - **Contributes to longer term sobriety**
  - **Reduces social stigma**
  - **And enhances the health and quality of life of people in recovery.**

Tobacco Recovery & Wellness Initiative (TRWI)

- Formed in 2013
- Collaboration between:
  - Philadelphia Department of Public Health Tobacco Policy and Control Program (TPCP)
  - University of Pennsylvania's Comprehensive Smoking Treatment Program (CSTP)
  - Department of Behavioral Health and Intellectual disAbilities (DBHIDS)
  - Tony Klein, Regional Consultant

Creating a Tobacco-Free Behavioral Health Culture Change



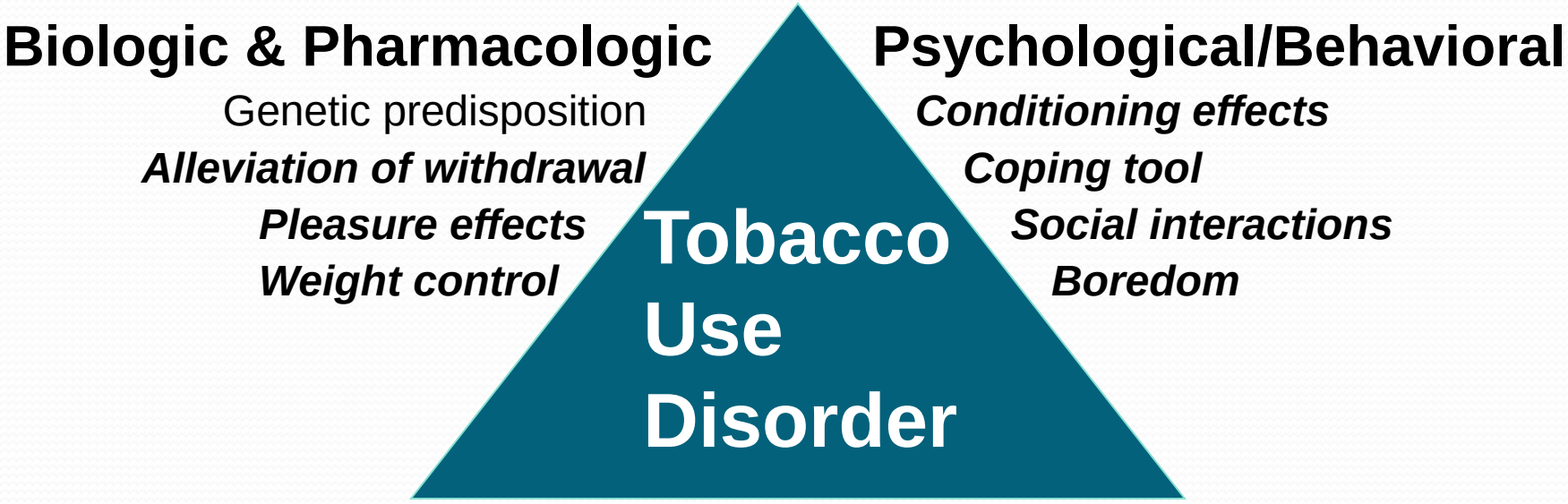
Expansion to the Statewide Tobacco Free Recovery Initiative (STFRI)

- CDC-funded statewide expansion in PA of tobacco-free behavioral health treatment settings and improve the provision of TUD Tx services

  - Aligning different state-level efforts and partners
  - Foster collaboration between key partners
  - Apply the evidence-base and redefine culture
  - Accelerate the timeline towards this goal
  - Leverage TRWI experiences

“Don’t just point to prevalence—explain the drivers of disparities.”

These are Factors
That We Have the Power to Change!



Systemic & Treatment

Insufficient staff training

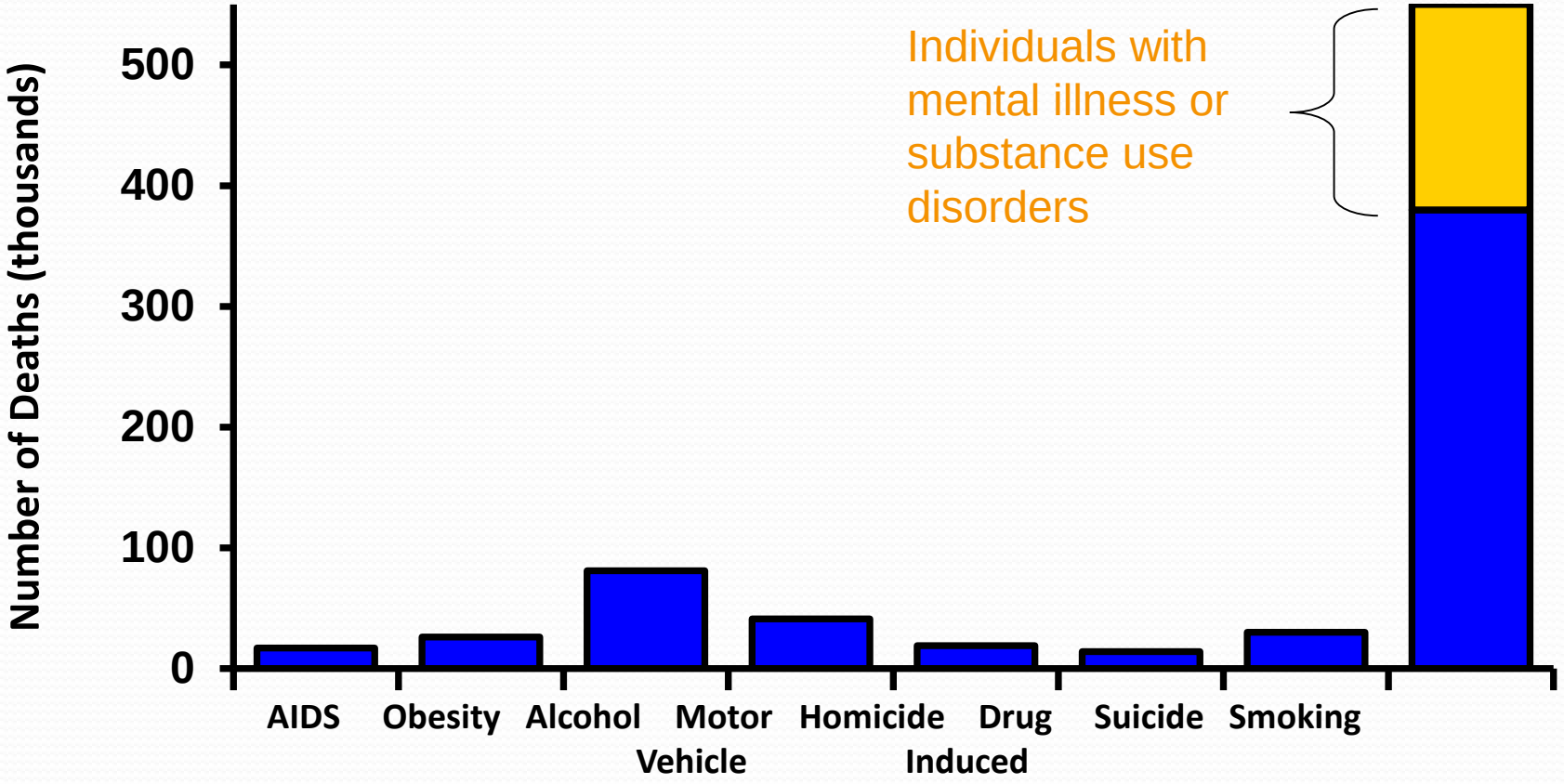
Lack/insufficient TUD Tx and tobacco/vape-free policies

Smoke Breaks

“Tobacco Control as an issue of fairness and justice”

“Give contemporary examples of industry tactics that are driving disparities.”

COMPARATIVE CAUSES of ANNUAL DEATHS in the United States



Source: CDC

We have a moral obligation

- TUD Tx should be offered to any individual who reports substance use and that ***not offering tobacco treatment in SUD treatment is tantamount to increased harm***

- Providers in behavioral health settings have an ethical duty to intervene on patients' tobacco use and provide available evidence-based treatments

- We offer and provide treatment for behavioral health issues regardless of the motivation of the individuals and prospect of relapse

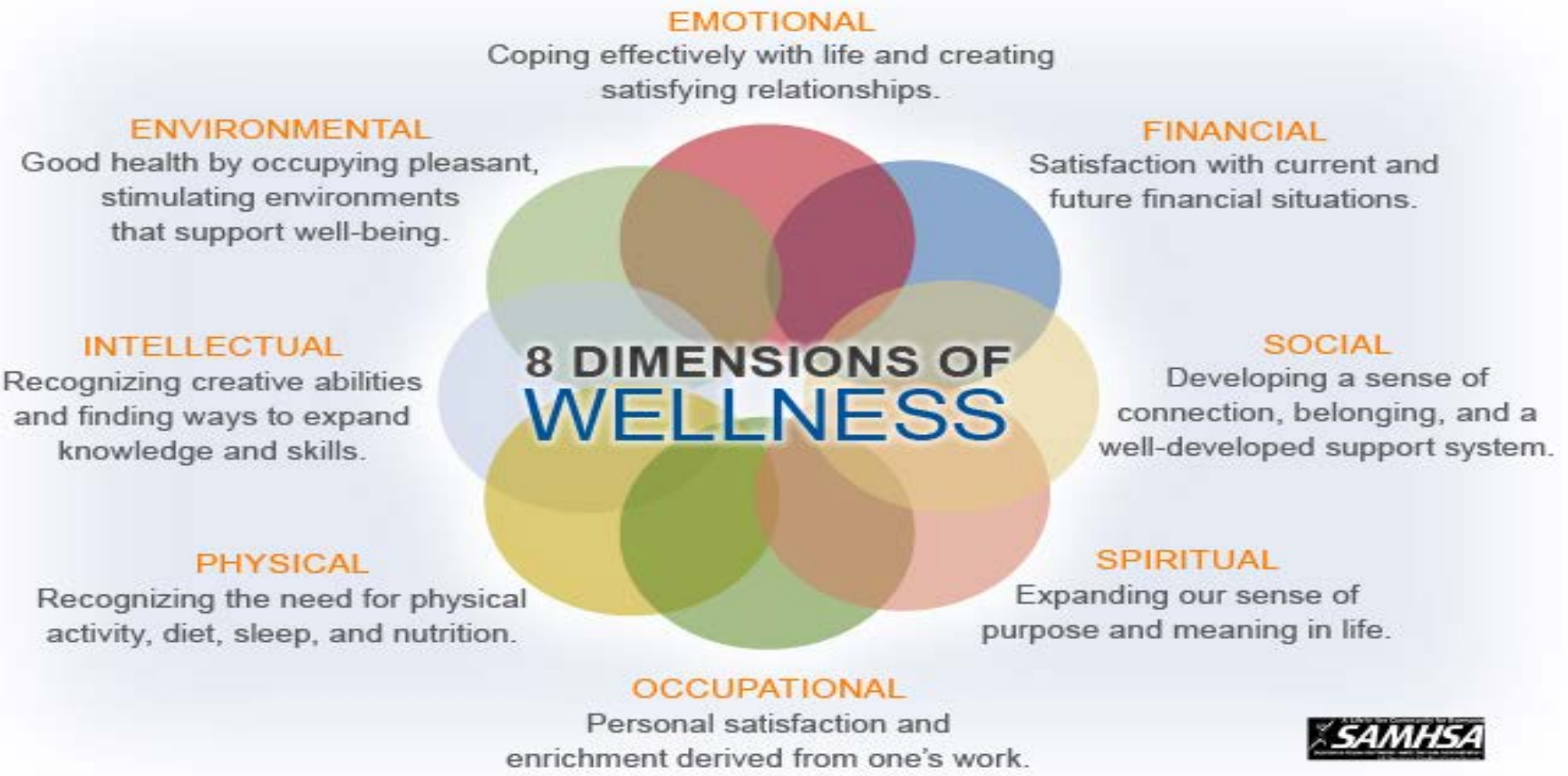
- TUD Tx do not appear to have an adverse effect on psychiatric symptoms. On the contrary, stress, anxiety, depression and emotional well-being improve as a result of tobacco abstinence

- Individuals in current treatment or recovery who were provided TUD Tx during addictions treatment was associated with a ***25% increased*** likelihood of long-term abstinence from alcohol and illicit drugs.

Patients and Staff Deserve Settings That Promote Recovery from Tobacco Use

- Patients and staff ***deserve and want*** healthy, clean and safe settings to work and receive care, services and treatment
- Free and low-cost training and technical assistance opportunities are available for new and current staff
- Studies have indicated that **15% of people** in drug treatment **started smoking** in treatment.
- The National Association of State Mental Health Program Directors reported that **20% of persons with schizophrenia began smoking** in treatment settings, receiving cigarettes for "good behavior."

Tobacco use undermines the mission of the profession and organization



Promoting Smoking For Stress Relief

During the conference, Dr. Selye proposed a five-step project for advancing the concept that stress is related to disease, that "deviation" of stress is necessary, and that cigarette smoking is an acceptable deviation.

In the first place, he said that the tobacco industry should change its manner of defense. The industry should not quibble with the meaning of the association between smoking and disease. Instead, he said, the industry should introduce a new, affirmative method of defense, which should emphasize the value of

10050838899

Source: https://www.industrydocuments.ucsf.edu/docs/tsny0101

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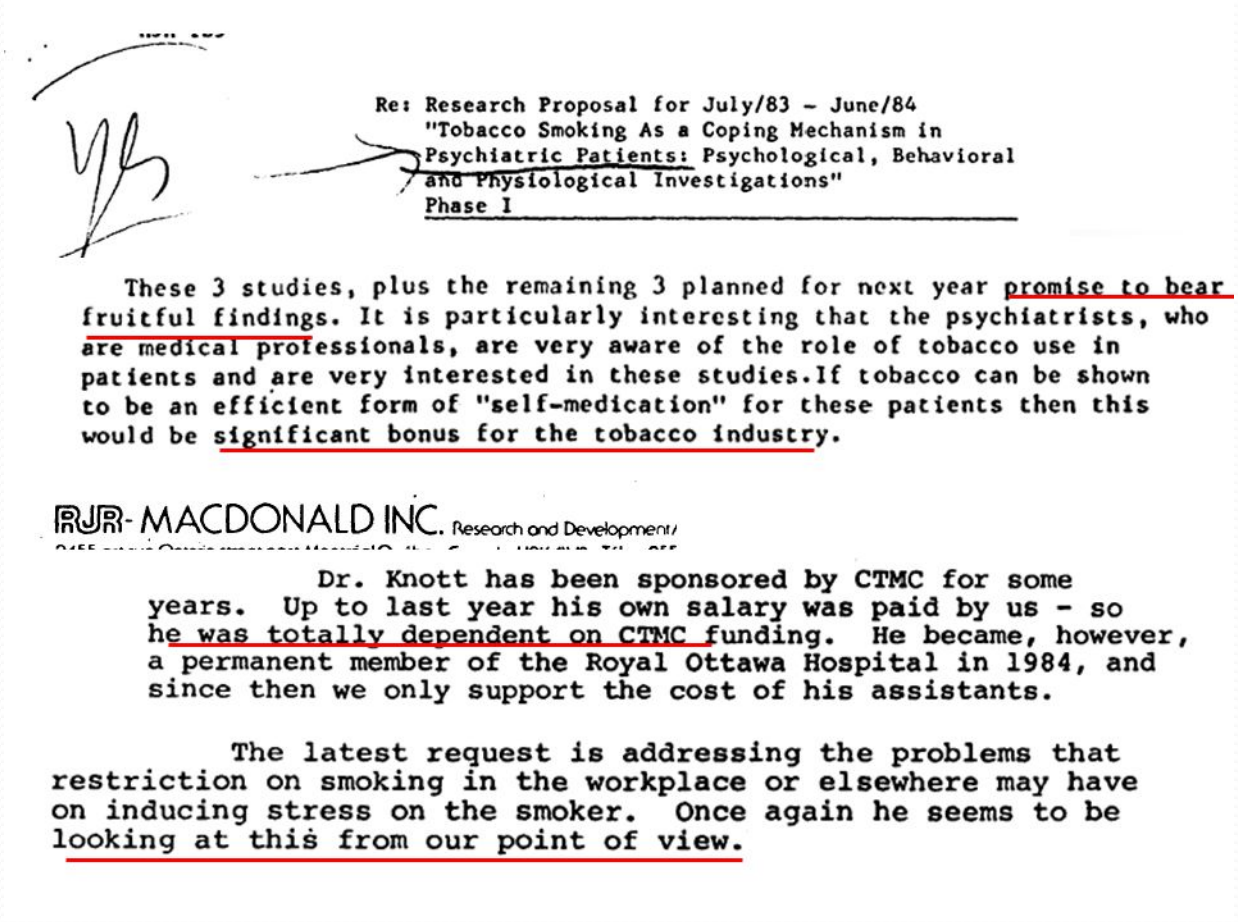
smoking as a "prophylactic and curative" measure.

Promoting Tobacco Use as "Self-Medication"



Re: Research Proposal for July/83 - June/84
"Tobacco Smoking As a Coping Mechanism in Psychiatric Patients: Psychological, Behavioral and Physiological Investigations"
Phase I

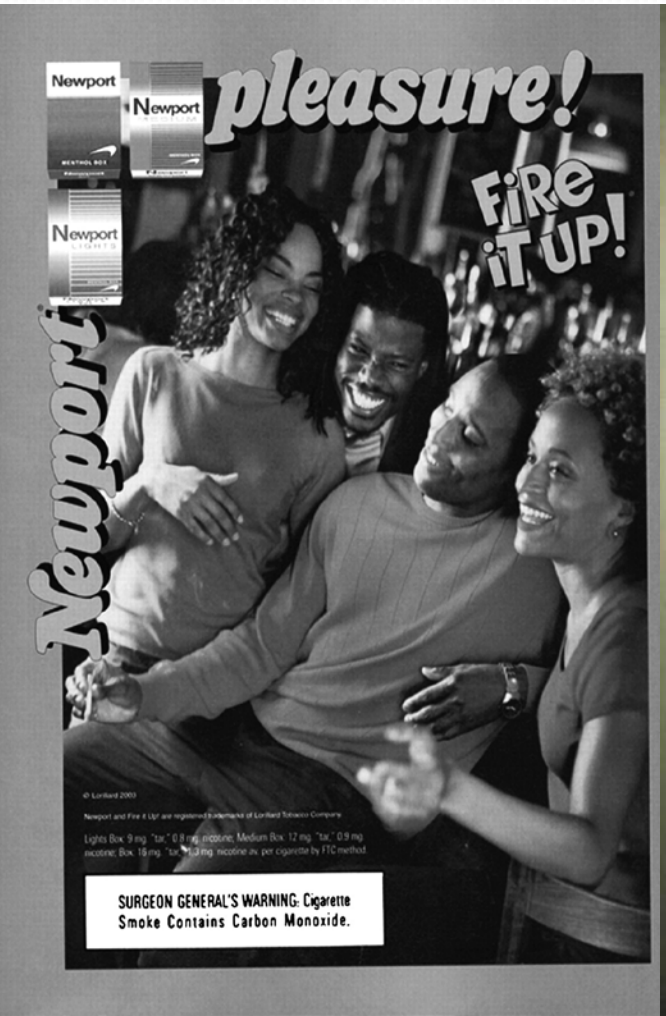
These 3 studies, plus the remaining 3 planned for next year promise to bear fruitful findings. It is particularly interesting that the psychiatrists, who are medical professionals, are very aware of the role of tobacco use in patients and are very interested in these studies. If tobacco can be shown to be an efficient form of "self-medication" for these patients then this would be significant bonus for the tobacco industry.

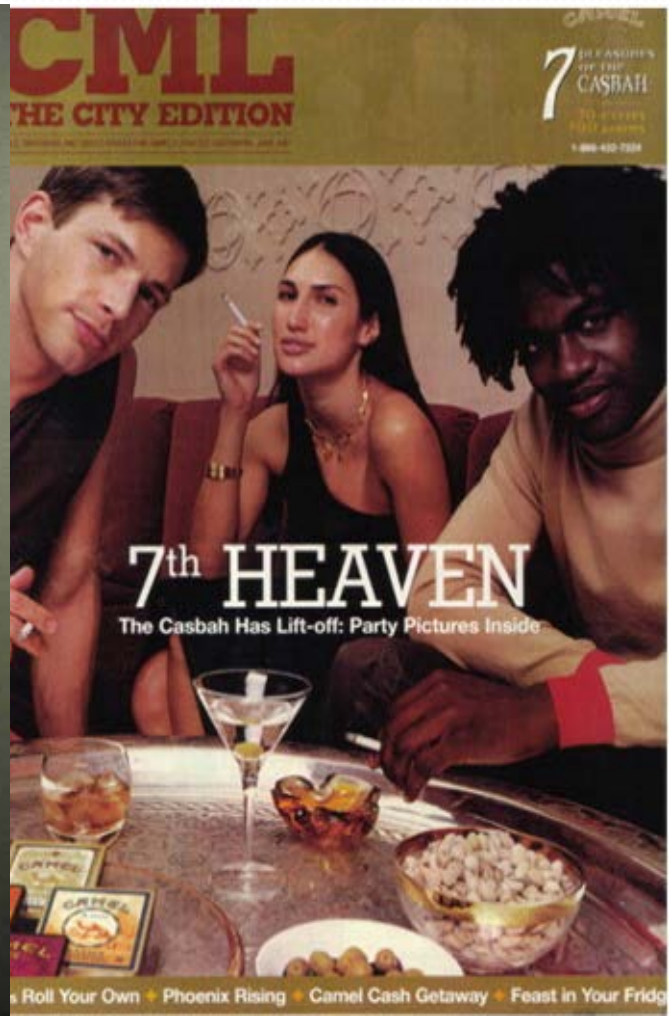
RJR-MACDONALD INC. Research and Development

Dr. Knott has been sponsored by CTMC for some years. Up to last year his own salary was paid by us - so he was totally dependent on CTMC funding. He became, however, a permanent member of the Royal Ottawa Hospital in 1984, and since then we only support the cost of his assistants.

The latest request is addressing the problems that restriction on smoking in the workplace or elsewhere may have on inducing stress on the smoker. Once again he seems to be looking at this from our point of view.

Reinforced by ~$1 million/hour





Deconstructing the relationship between stress and tobacco use

- Stress can be a strong trigger for tobacco use and contributor to relapse
- Tobacco use is often presented as a coping skill for stress and obstacle to tobacco-free policies in behavioral health treatment settings
- Alleviating nicotine withdrawal, not stress management
- Tobacco use worsens anxiety, depression and stress
- Identifying health and productive coping mechanisms

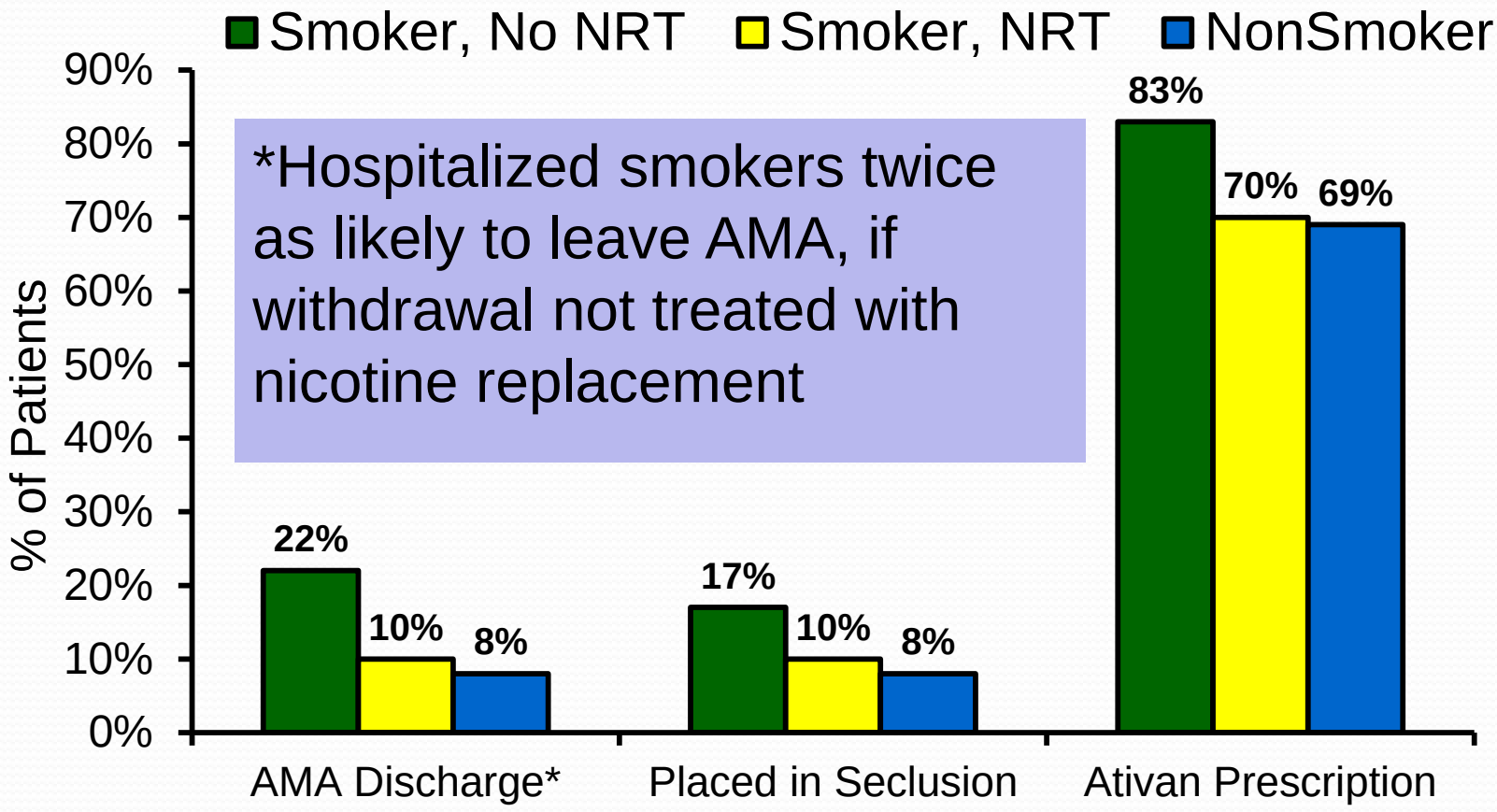
“Don’t expect data to speak for itself – pack in explanation.”

Making it Real

- 60 y/o AA Male
- Remote Hx of Cocaine Use Disorder
- Asked his counselor about combining his recovery from tobacco with crack cocaine
- Was told to focus on recovery from cocaine
- Continued to smoke
- Hx of 2 MI's, HTN, Strokes
- "Why didn't my counselor listen to me?"
- We can change this.

The Alcohol Analogy

TOBACCO IMPACTS TREATMENT



Prochaska, Gill, & Hall. (2004) Psychiatric Services

Current TRWI Data

- No adverse impact on voluntary and involuntary admissions
- Increased volume
- No significant increase in AMA discharge rate
- No significant increase on seclusion or restraint incidents
- A significant increase in the odds of NRT prescriptions after discharge

A Word on Harm Reduction

- Harm Reduction International
  - "Harm reduction refers to policies, programs and practices that aim to reduce the harms associated with the use of psychoactive drugs in **people unable or unwilling to stop.**
  - The defining feature [is] the focus on the prevention of harm, rather than on the prevention of drug use itself… Harm reduction complements approaches that seek to prevent or reduce the overall level of drug consumption."

A Word on Harm Reduction

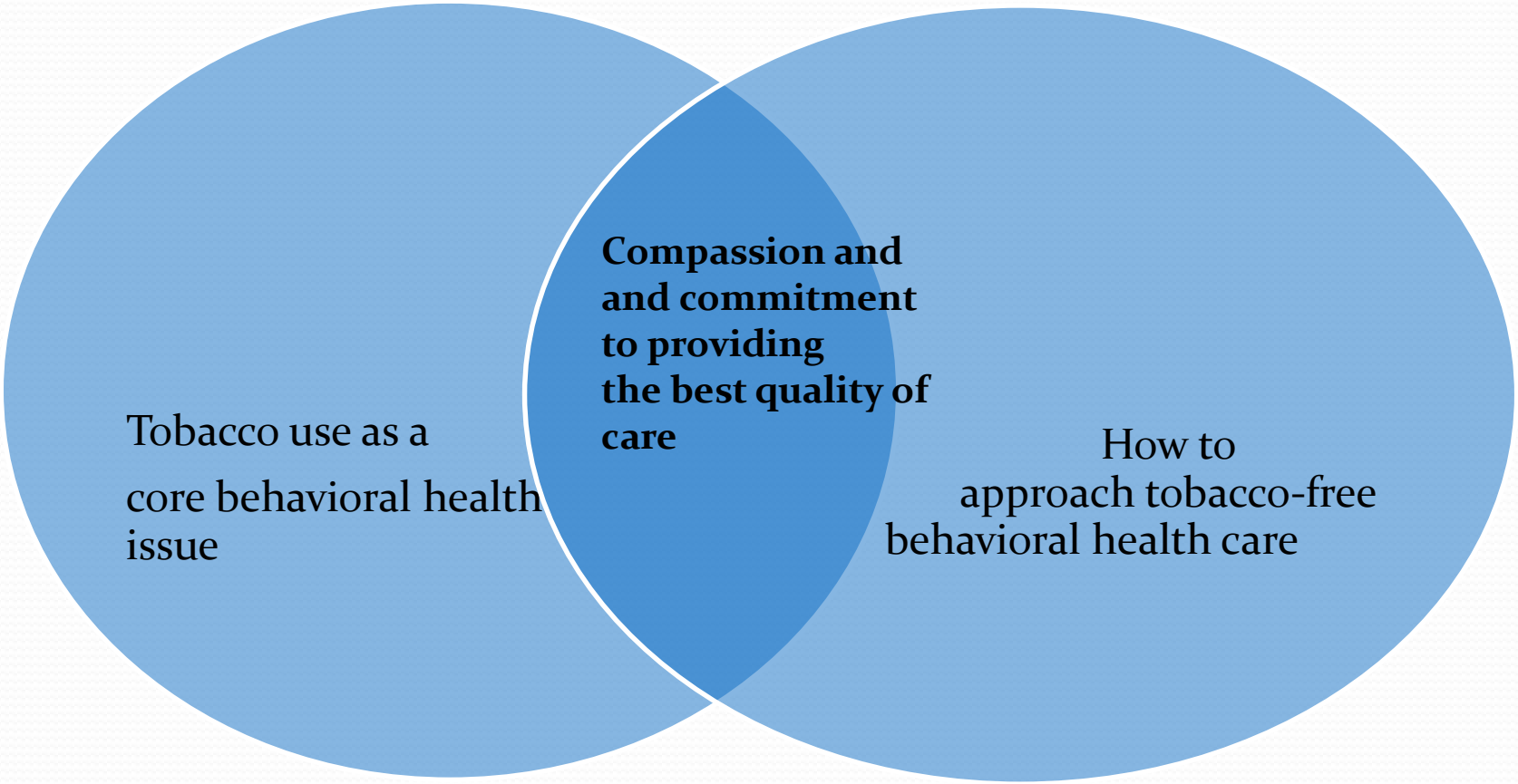
"How do we know that a person is unable or unwilling to stop if we are not offering integrated treatment and tobacco-free treatment settings? There is ample evidence demonstrating that TUD Tx is safe and effective for our members and staff.

"By not addressing tobacco use, we are putting members at acute risk for other forms of SUD relapse and increased harm. Tobacco-free behavioral health treatment settings are "not forcing individuals to quit", just to refrain from substance use with support while receiving SUD treatment. This is identical to our approach for other substances and in other settings.

These includes settings where members have often experienced abstinence in other settings and may have received TUD Tx. We must also be cautious when applying a harm reduction perspective to tobacco use, as there is no safe form of tobacco product use and given that the Tobacco Industry has promulgated their own "harm reduction" narrative."

Accommodation.
The word is getting around.

Common Ground and For Discussion

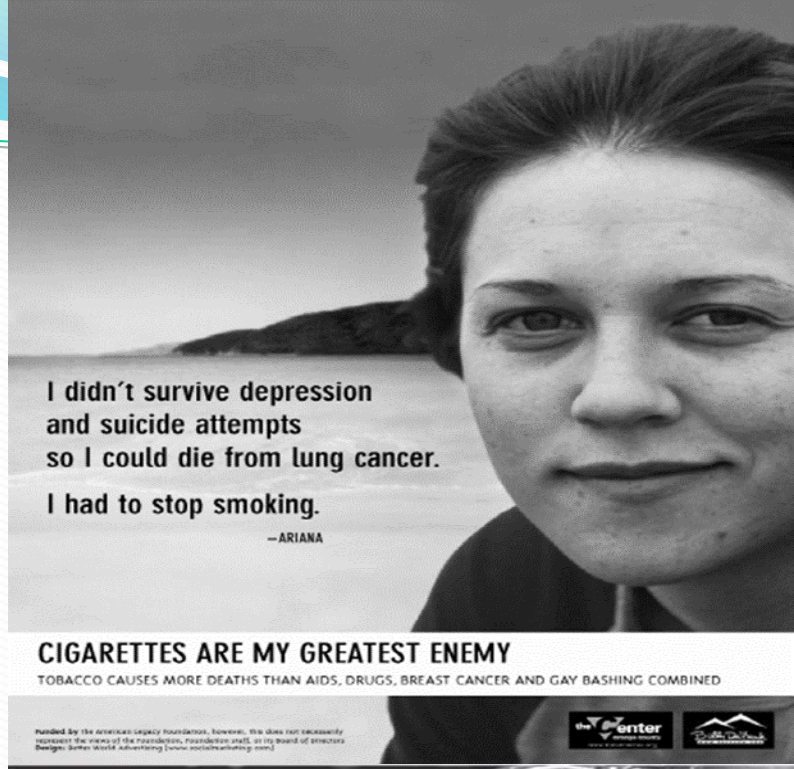


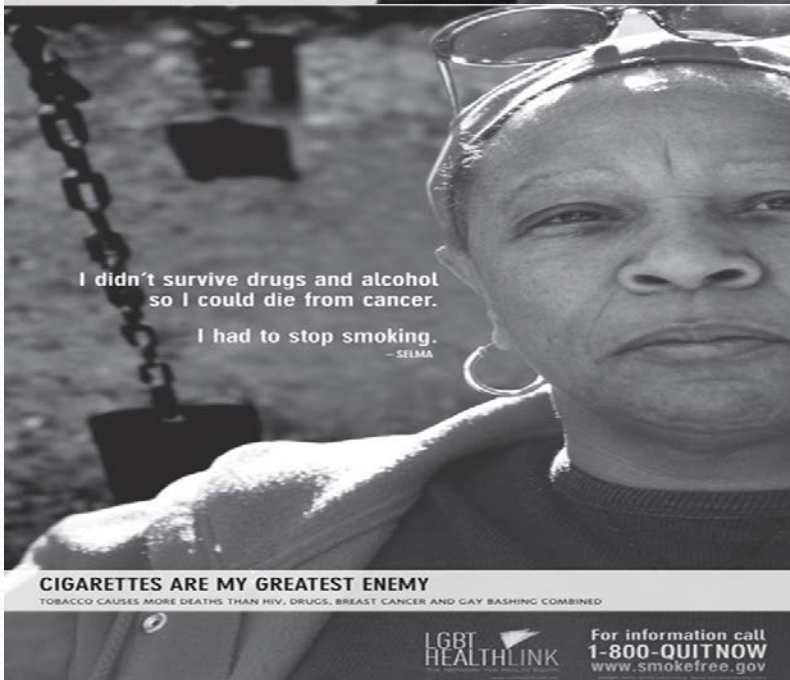
Ryan Coffman

Tobacco Policy and Control Program Manager

215-685-5620

ryan.coffman @phila.gov





Q&A

- Submit questions via the **‘Ask a Question’ box**

CME/CEU Statements

Accreditations:
The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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.

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California Behavioral Science Professionals: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

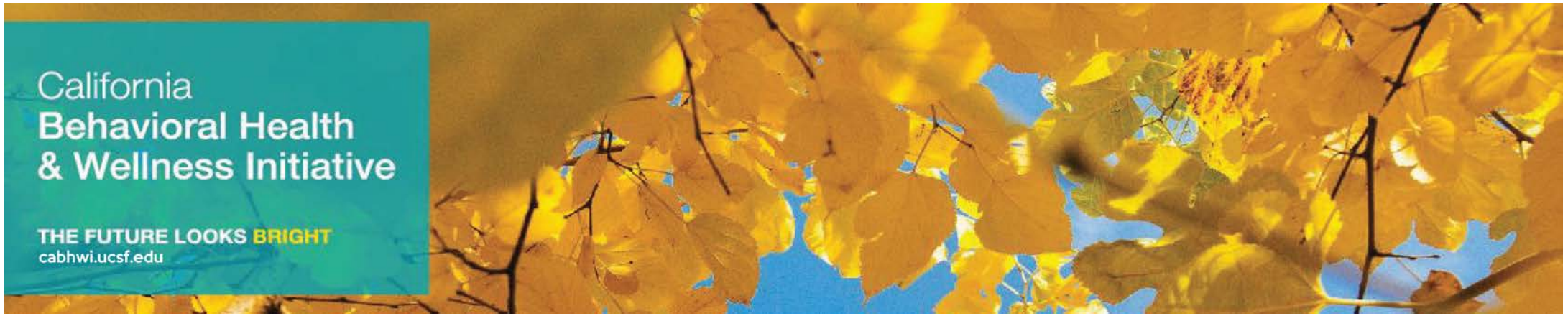
Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

Respiratory Therapists: This program has been approved for a maximum of 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 184225000.

New! California Addiction Counselors: The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Professional and Programs (CCAPP)** to provide continuing education credit for California Addiction Counselors. UCSF designates this live, virtual activity, for a maximum of 1.0 CCAPP credit. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

Free 1-800 QUIT NOW cards

✓Refer your clients to cessation services



- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.
- Visit CABHWI.ucsf.edu for more information

Post Webinar Information

- You will receive the following in our post webinar email:
  - Webinar recording
  - PDF of the presentation slides
  - Instructions on how to claim FREE CME/CEUs
  - Information on certificates of attendance
  - Other resources as needed

- All of this information will be posted to our website!

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