
Smoking Cessation
Leadership Center



University of California
San Francisco

E-Cigarettes and Smoking Cessation: An Update for Clinicians, co-hosted by ATTUD

Nancy A. Rigotti, MD

June 21, 2021

Moderator

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A National Center of Excellence for Tobacco-
Free Recovery

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- If you do not have speakers, please click on the link, '**Listen by Phone**' listed on the left side of your screen, for the dial-in number.
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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



- CDC Tips Campaign 2021 – celebrating 10 years!
- SCLC will partner with the CDC to promote **1 800 QUIT NOW** through new ads as well as some former favorites

I COVID QUIT!

- Launched March 31



- SCLC's own campaign funded by Robert Wood Johnson Foundation
- Real people sharing their UNSCRIPTED experiences of improved mental health after quitting smoking—and they did it during the COVID-19 pandemic!
- FREE videos, digital images and toolkit for your use at ICOIDQUIT.org

Today's Presenter

Nancy A. Rigotti, MD

Professor of Medicine
Harvard Medical School Director

Tobacco Research and Treatment Center
Massachusetts General Hospital
Boston, MA



ATTUD



The Association for Treatment of Tobacco Use and Dependence

- Maher Karam-Hage, President of ATTUD
- ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user.
- ATTUD has international reach, with members in the U.S., Canada, the UK and nearly two dozen other countries. Membership meetings are held in conjunction with other national and world conferences.
- www.attud.org

E-cigarettes and Smoking Cessation: An Update for Clinicians

Nancy Rigotti, MD

Professor of Medicine, Harvard Medical School
Director, Tobacco Research and Treatment Center
Massachusetts General Hospital, Boston, MA

nrigotti@partners.org

UCSF Smoking Cessation Leadership Center Webinar - 2021

Disclosures – Nancy Rigotti, MD

Royalties

UpToDate, Inc.

Consultant, research grant

Achieve Life Sciences (investigational smoking cessation medication)

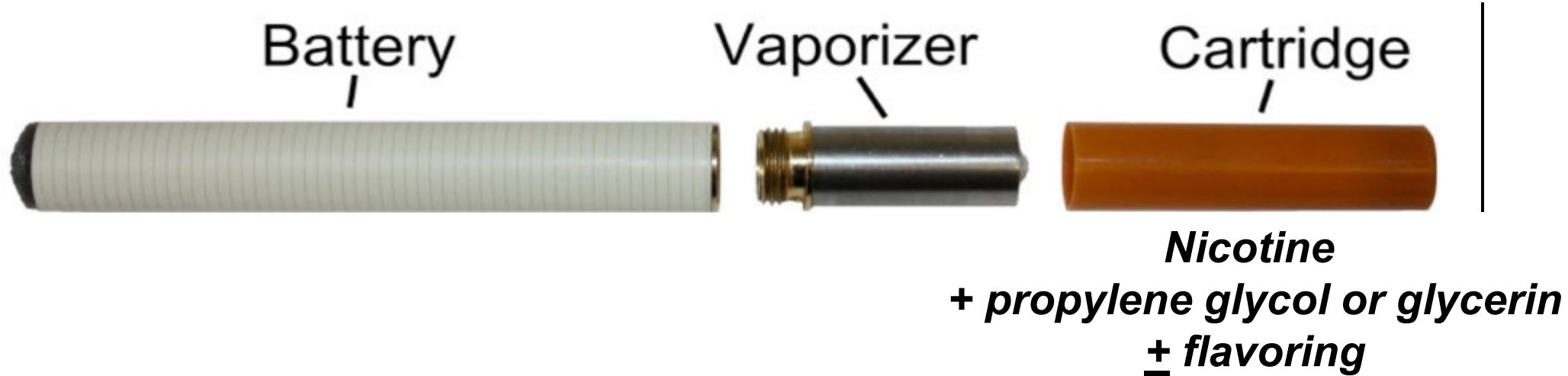
No relationship with any e-cigarette or tobacco company

OVERVIEW

- E-cigarettes: evolution of products and policy
- Public health benefits and risks of e-cigarette use
- Effectiveness for smoking cessation
- Recommendations from professional organizations
- Strategies for office practice and a call for balance

Electronic Cigarette

A nicotine delivery device that looks like a cigarette



No tobacco burned → Safer than cigarettes?

Not FDA regulated → Many knowledge gaps

The devices are changing rapidly



Electronic Cigarettes

Net Public Health Impact Depends on 3 factors

Potential Benefit

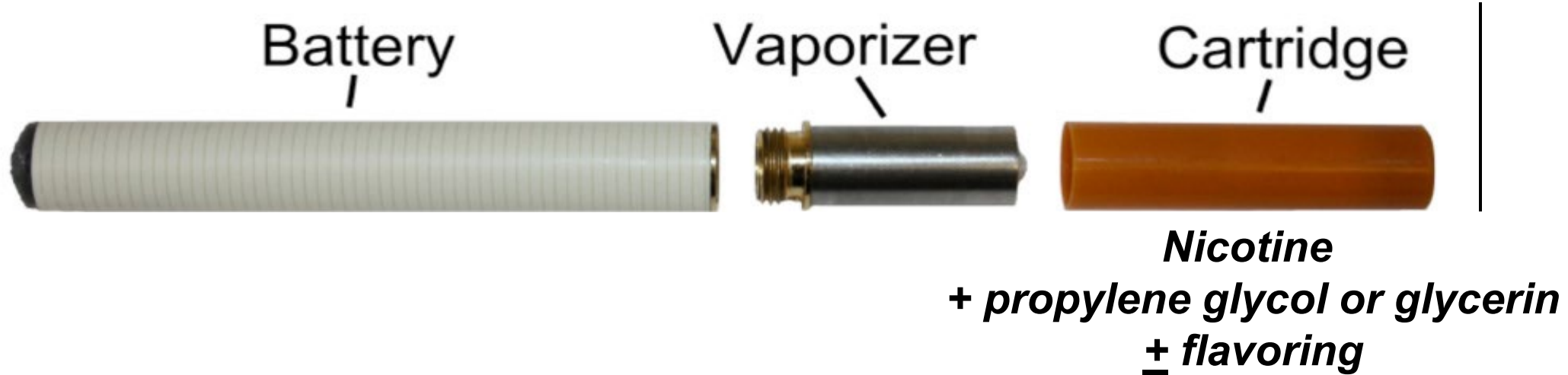
- Help more smokers to quit smoking cigarettes

Potential Risks

- Attract nonsmokers → nicotine dependence → transition to smoke
- Possible health risks of vaping
 - Youth or nonsmokers: Low tolerance for any risk
 - Adult smokers: Compare risk to risk of continued smoking

Electronic Cigarette

A nicotine delivery device that looks like a cigarette



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The devices are changing rapidly

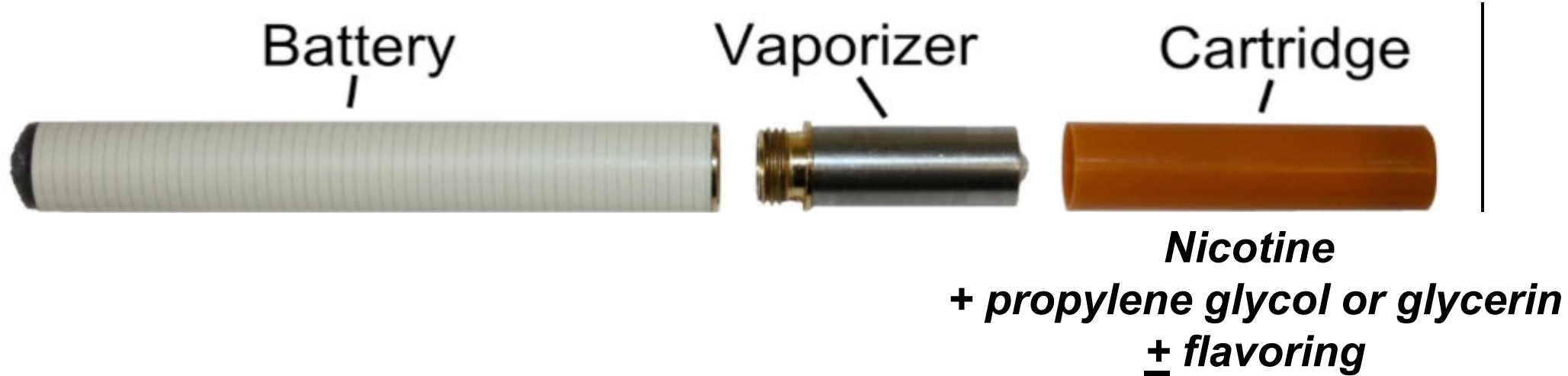


E-cigarette Regulation in the U.S.

- 2007 E-cigs appear as novel consumer products
- 2010 FDA's plan to regulate e-cigs as medicine blocked
- 2016 FDA deeming rule e-cigs are tobacco products
E-cigs must get FDA approval to be sold, but can stay on market while application process is developed and review ongoing
- 9/2020 Deadline to apply for FDA approval as tobacco product
- 9/2021 1st FDA decisions to approve e-cigarette products due

Electronic Cigarette

A nicotine delivery device that looks like a cigarette



No tobacco burned → Safer than cigarettes?

Not FDA regulated → Many knowledge gaps

The devices are changing rapidly



The Evolution of Electronic Cigarettes

1st Generation



~2007

Disposable
e-cigarettes

2nd Generation



E-cigarettes with
prefilled pods
Rechargeable

3rd Generation



Tanks or Mods
(refillable)
More powerful
batteries

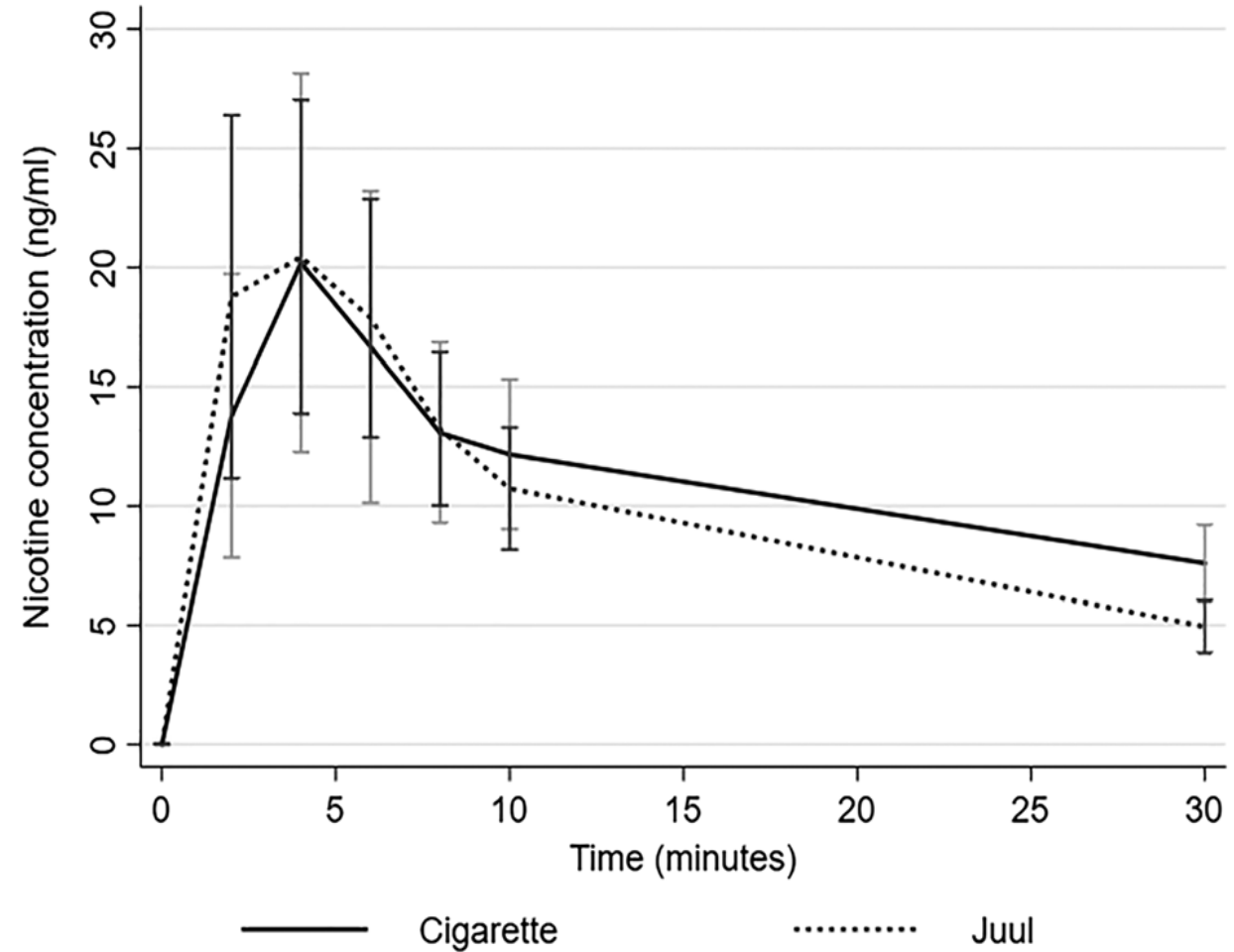
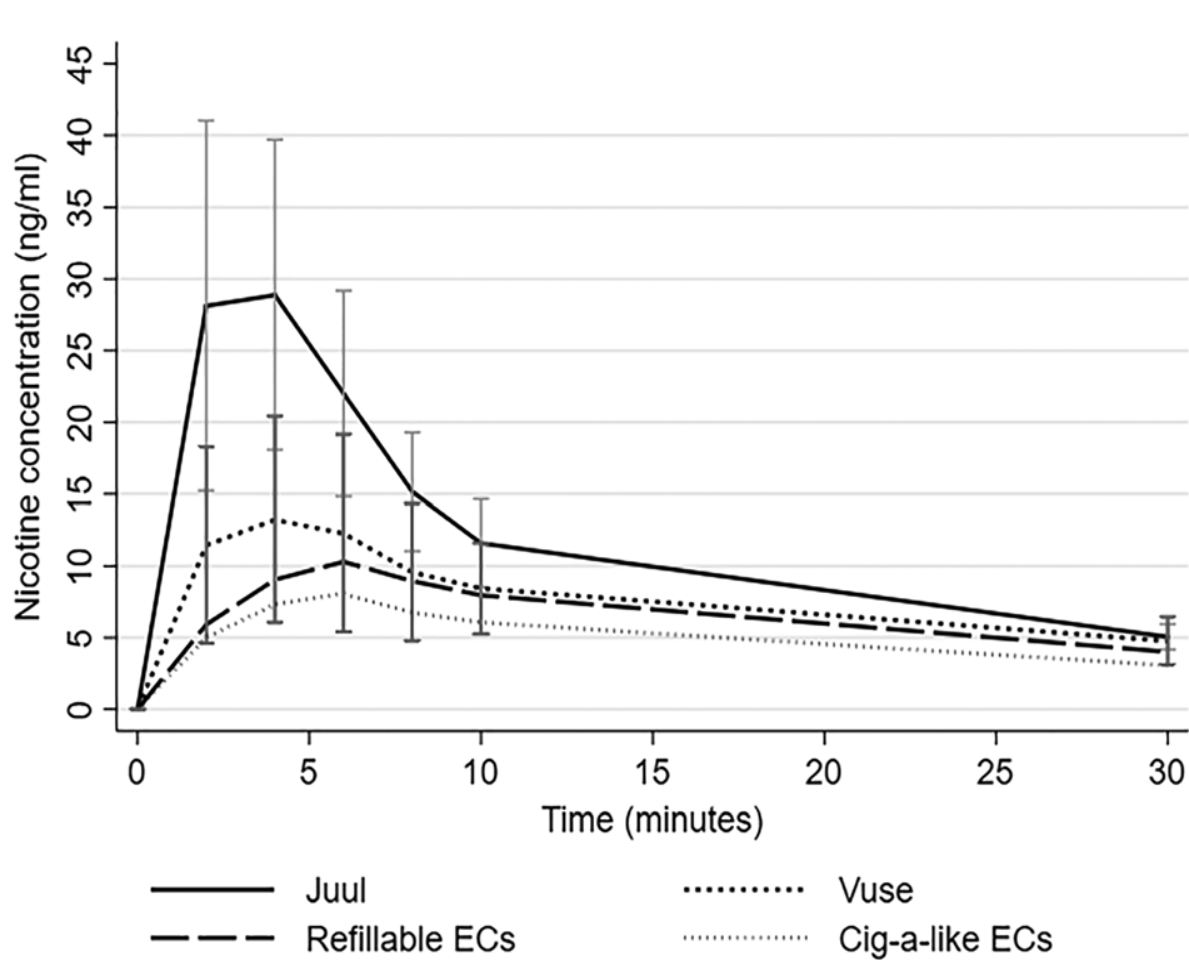
4th Generation



2017

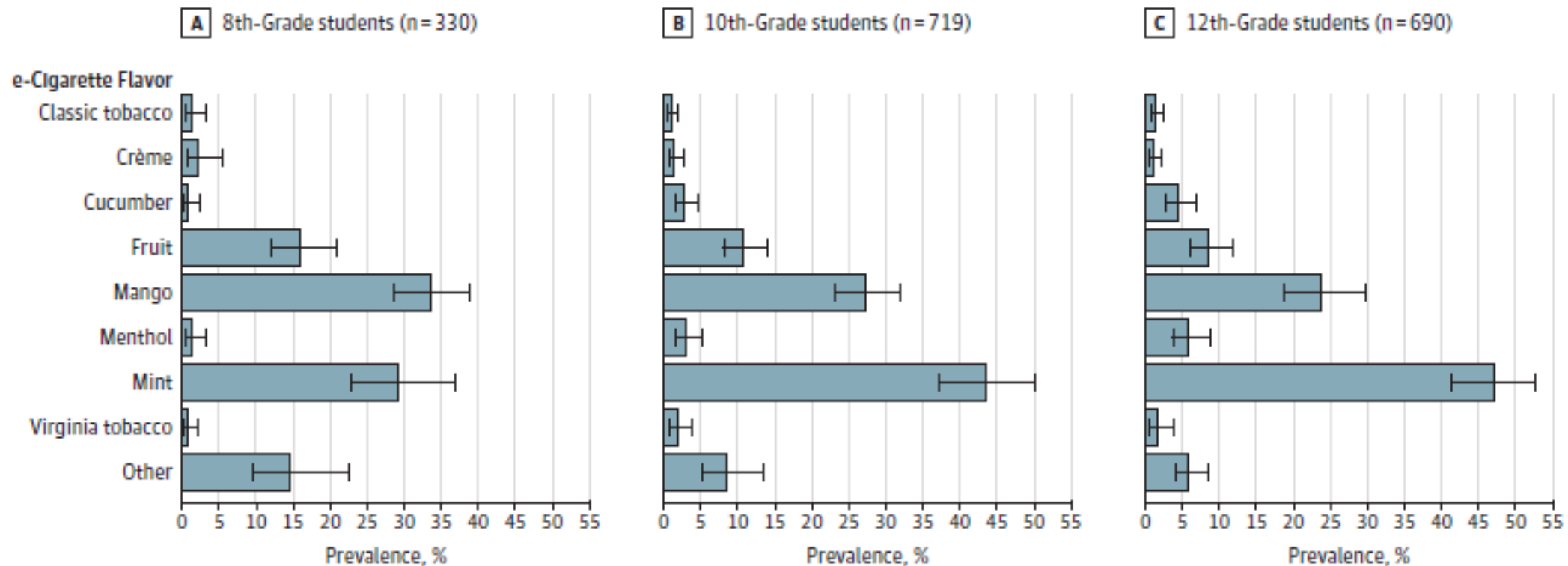
Pod Mods
(prefilled pods;
nicotine salts)
Sleek design
Easy to conceal

Nicotine delivery and users' reactions to Juul compared with cigarettes and other e-cigarette products



Flavors of e-Cigarettes Used by Youths in the United States

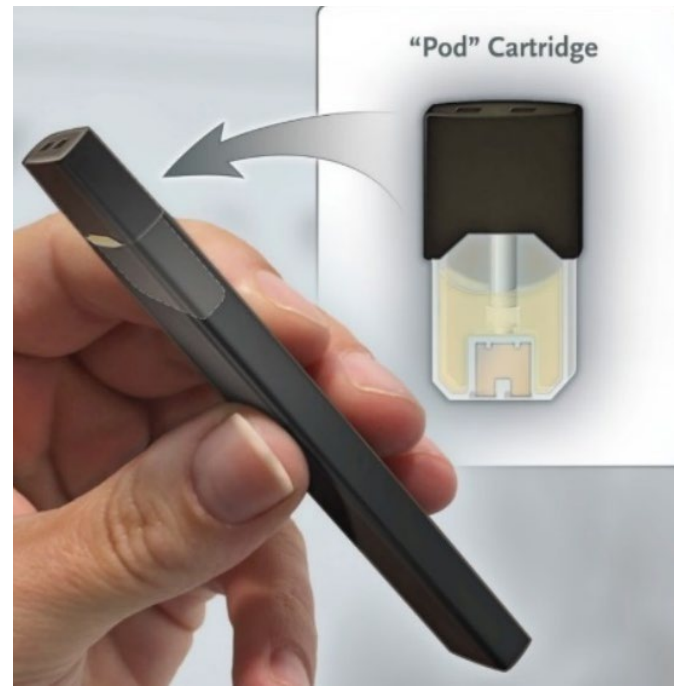
Figure. Flavor Used Most Often Among US Youths, Past 30-Day JUUL e-Cigarette Users



Weighted prevalence estimates of forced-choice responses to "Which JUUL flavor do you use most often?" The "other" category did not specify any flavor and could represent various flavors compatible with the JUUL device made by manufacturers other than JUUL Labs. Error bars indicate 95% CIs.

JUUL Phenomenon

- Sleek high-tech design
- Better nicotine delivery
- Flavors
- **Social media marketing**



MAY 14, 2018 ISSUE

THE PROMISE OF VAPING AND THE RISE OF JUUL

Teens have taken a technology that was supposed to help grownups stop smoking and invented a new kind of bad habit, molded in their own image.



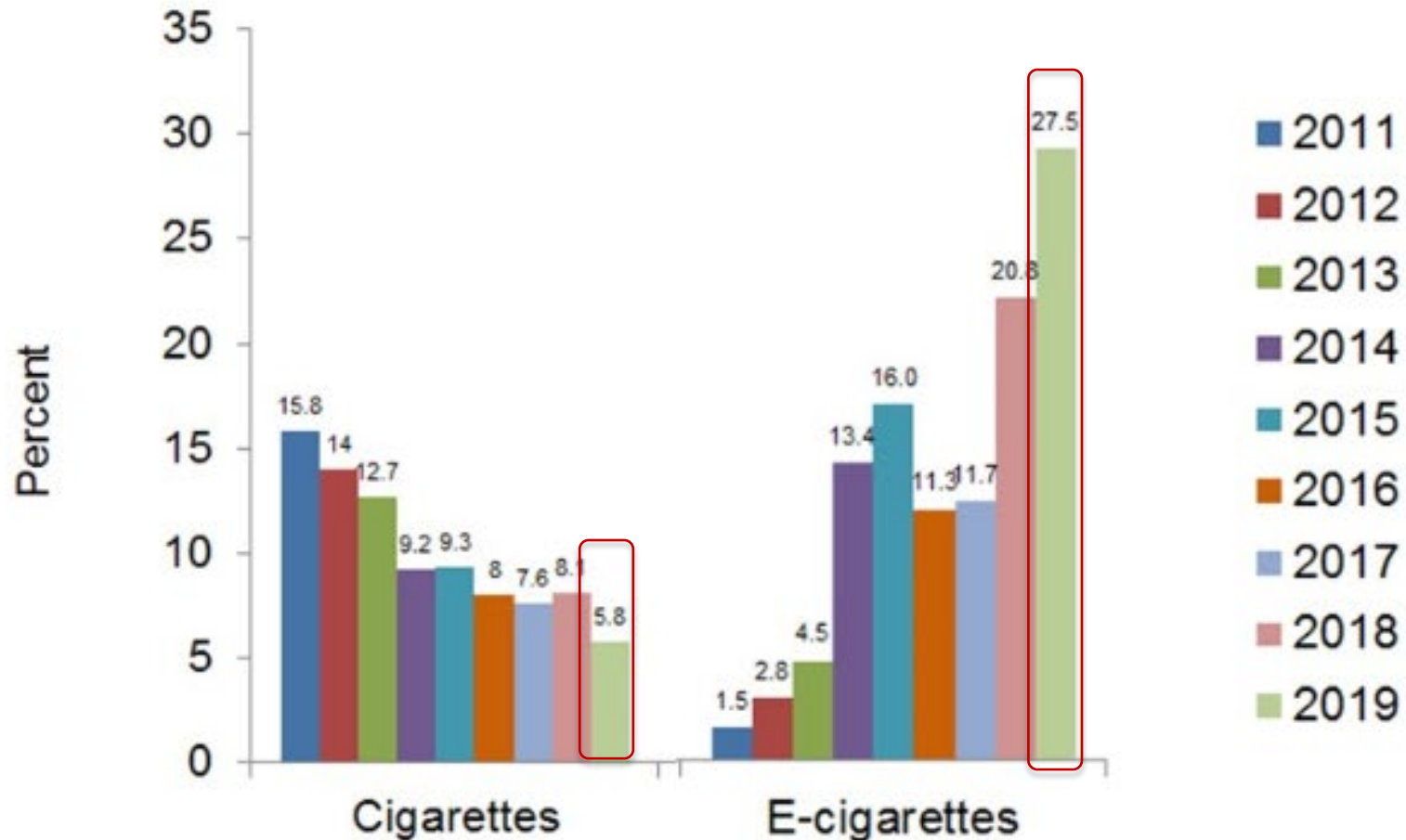
Public Safety

Juuling: If you don't know what it is, ask your kids

'I Can't Stop': Schools Struggle With Vaping Explosion

Did Juul Lure Teenagers and Get 'Customers for Life'?

NATIONAL YOUTH TOBACCO SURVEY*: YOUTH USE OF E-CIGARETTES CONTINUES TO CLIMB



* *Preliminary data*

* Reported use within 30 days preceding administration of survey.



Policy Responses to the Youth E-cig Epidemic

- Restrict sales to adults (≥ 21 yo)
- Ban sale of flavored e-cigarette products
- Raise e-cigarette price through taxation
- Ban use where cigarette smoking is not allowed
- **Actions taken**
 - 2018-2019: State and local policies
 - 1/1/2020: Federal action
 - Restrict sales of all tobacco products to age 21+
 - Ban sales of flavored e-cigarettes (except tobacco, menthol)
(exempted disposable e-cigarettes)

The Evolution of Electronic Cigarettes



Disposable
e-cigarettes



E-cigarettes with
prefilled pods
Rechargeable



Tanks or Mods
(refillable)
More powerful
batteries



Pod Mods
(prefilled pods;
nicotine salts)
Sleek design
Easy to conceal



Puff Bar
Disposable
(nicotine salts)
Sleek design
Easy to conceal

BUSINESS & FINANCE

Puff Bar Skirts Restrictions On Fruit-Flavor E-Cigarettes

By JENNIFER MALONEY

Fancy a mango, watermelon or lemon-ice flavored vape? You are in luck. They are being sold online by Puff Bar, a brand that last year was ordered to take its e-cigarettes off the U.S. market.

The Food and Drug Administration told the e-cigarette maker to stop selling its fruity, disposable vaporizers, as part of a broader crackdown on underage vaping. The brand resumed sales on its website last month and introduced a change that may allow it to sidestep the FDA: Puff Bar says it is using nicotine that isn't derived from tobacco.



The company's vaporizers come in more than a dozen flavors. They deliver between 200 and 800 puffs each, depending on their size.

MARSHALL RITZEL/ASSOCIATED PRESS

company to halt its sales.

In a letter to Puff Bar on July 20, the FDA's Center for Tobacco Products said that Puff Bar products hadn't been authorized for sale by the agency and that the company had made unauthorized claims on its website that its vaporizers were less harmful than traditional cigarettes.

Puff Bar stopped selling vaporizers on its website, but retail-store sales of Puff Bar continued. The brand's sales have plummeted this year as a result of improved compliance with the FDA's order, said Goldman Sachs analyst Bonnie Herzog.

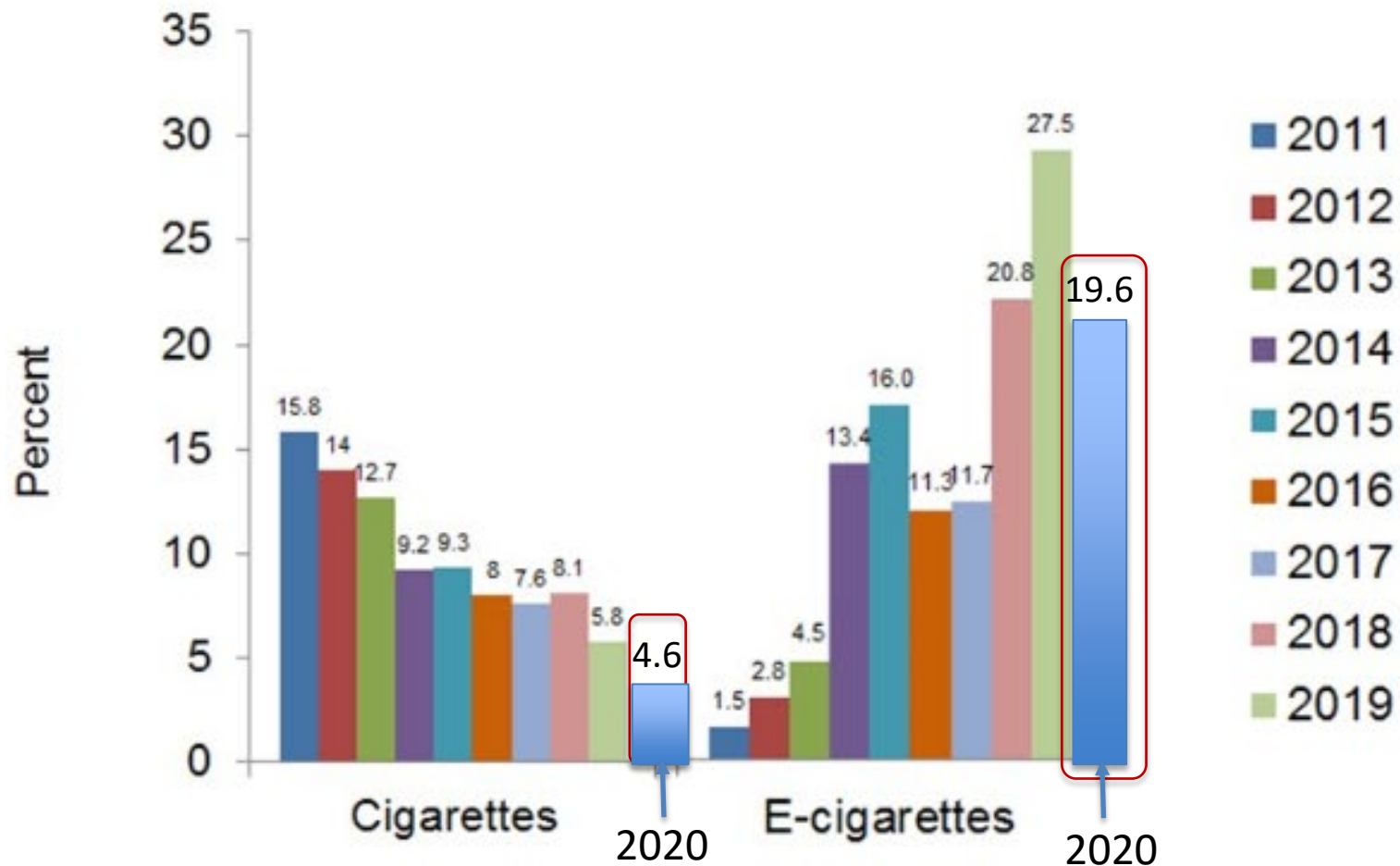
Another innovation:

Synthetic nicotine replaces tobacco-derived nicotine



Does FDA have the authority to regulate the product?

NATIONAL YOUTH TOBACCO SURVEY*: YOUTH USE OF E-CIGARETTES CONTINUES TO CLIMB



* *Preliminary data*
* Reported use within 30 days preceding administration of survey.



Effectiveness of E-cigarettes for Smoking Cessation

Types of Evidence

- Clinical trials
 - Effectiveness when used in tightly controlled circumstances
- Population studies
 - Effectiveness when used in the real world

A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy

Hajek P et al. N Engl J Med. Feb. 14, 2019.

Participants

- 886 adult smokers (15 cig/d) attending British NHS Stop Smoking clinics
- No preference for NRT vs. e-cigarette to quit

Interventions

- Choice of type of NRT (combination recommended) – 3 mo. OR
- E-cigarette starter pack (refillable device + 1 bottle e-liquid)
(All got 4 weekly counseling visits)

Outcome	E-Cigarettes (N=438)	Nicotine Replacement (N=446)	Primary Analysis: Relative Risk (95% CI) [†]	Sensitivity Analysis: Adjusted Relative Risk (95% CI)
Primary outcome: abstinence at 52 wk — no. (%)	79 (18.0)	44 (9.9)	1.83 (1.30–2.58)	1.75 (1.24–2.46) [‡]

Among those who were quit at 1 year: 80% in e-cig group were still using e-cigs
9% in NRT group were still using NRT



Nicotine patches used in combination with e-cigarettes (with and without nicotine) for smoking cessation: a pragmatic, randomised trial

Walker N et al. Lancet Resp Med. Sept. 9, 2019

Participants

- 1124 adult smokers in New Zealand who wanted to quit

Interventions

- 3 groups (1:4:4): patch / patch + nicotine e-cig / patch + non-nicotine e-cig
 - All got 21 mg patch for 13 weeks (*starting 2 weeks before quit date*)
 - Nicotine e-cig had 18 mg/L nicotine
- All got behavioral support with weekly telephone calls for 6 weeks

Outcome

- Continuous abstinence for 6 months (CO verified)

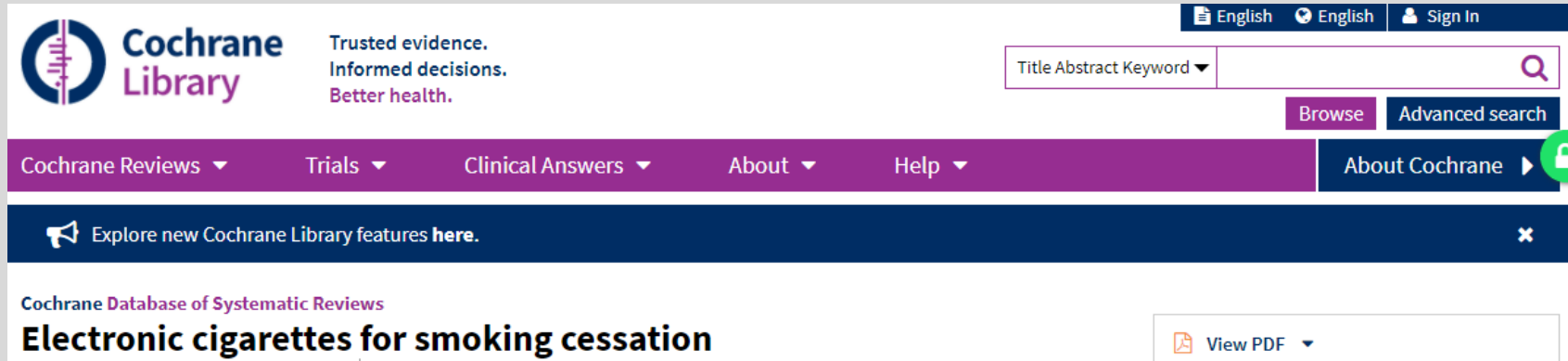


Nicotine patches used in combination with e-cigarettes (with and without nicotine) for smoking cessation: a pragmatic, randomised trial

Walker N et al. Lancet Resp Med. Sept. 9, 2019.

	Patches plus nicotine e-cigarette (n=500)	Patches plus nicotine-free e-cigarette* (n=499)	Relative risk (95% CI)	Risk difference (95% CI)	p value
Continuous abstinence					
Self-reported quit rate at 1 month	189 (38%)	147 (30%)	1.28 (1.08 to 1.53)	8.34 (2.50 to 14.18)	0.005
Self-reported quit rate at 3 months	117 (23%)	69 (14%)	1.69 (1.29 to 2.22)	9.57 (4.78 to 14.36)	<0.001
Self-reported quit rate at 6 months	89 (18%)	53 (11%)	1.68 (1.22 to 2.30)	7.18 (2.87 to 11.49)	0.001
CO-verified quit rate at 6 months	35 (7%)	20 (4%)	1.75 (1.02 to 2.98)	2.99 (0.17 to 5.81)	0.038

	Patches plus nicotine e-cigarette (n=500)	Patches only* (n=125)	Relative risk (95% CI)	Risk difference (95% CI)	p value
Continuous abstinence					
Self-reported quit rate at 1 month	189 (38%)	21 (17%)	2.25 (1.50 to 3.30)	21.0 (13.19 to 28.81)	<0.001
Self-reported quit rate at 3 months	117 (23%)	13 (10%)	2.25 (1.31 to 3.86)	13.00 (6.49 to 19.51)	<0.001
Self-reported quit rate at 6 months	89 (18%)	10 (8%)	2.23 (1.19 to 4.15)	9.80 (3.98 to 15.62)	0.007
CO-verified quit rate at 6 months (primary outcome)	35 (7%)	3 (2%)	2.92 (0.91 to 9.33)	4.60 (1.11 to 8.09)	0.05



The screenshot shows the Cochrane Library website interface. At the top left is the Cochrane Library logo with the tagline "Trusted evidence. Informed decisions. Better health." To the right are language options for "English" and a "Sign In" button. Below this is a search bar with the text "Title Abstract Keyword" and a search icon. Navigation buttons for "Browse" and "Advanced search" are visible. A purple navigation bar contains links for "Cochrane Reviews", "Trials", "Clinical Answers", "About", and "Help". A dark blue banner below the navigation bar says "Explore new Cochrane Library features here." The main content area displays the title "Electronic cigarettes for smoking cessation" under the heading "Cochrane Database of Systematic Reviews". A "View PDF" button is located to the right of the title.

Objective: Evaluate the safety and effect of using EC to help people who smoke achieve long-term smoking abstinence

Now a “living review”
Review update published April 2021
Latest searches 1 Feb 2021

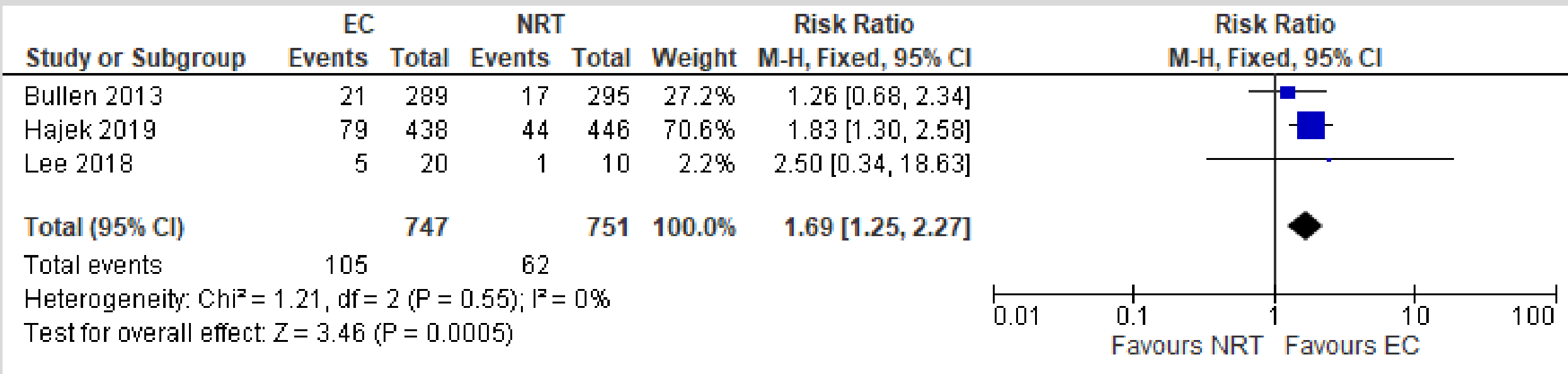
Primary comparisons

- Nicotine e-cigarette vs. NRT
- Nicotine e-cigarette vs. behavioral support only / no-support
- Nicotine e-cigarette vs. non-nicotine e-cigarette

Primary outcomes

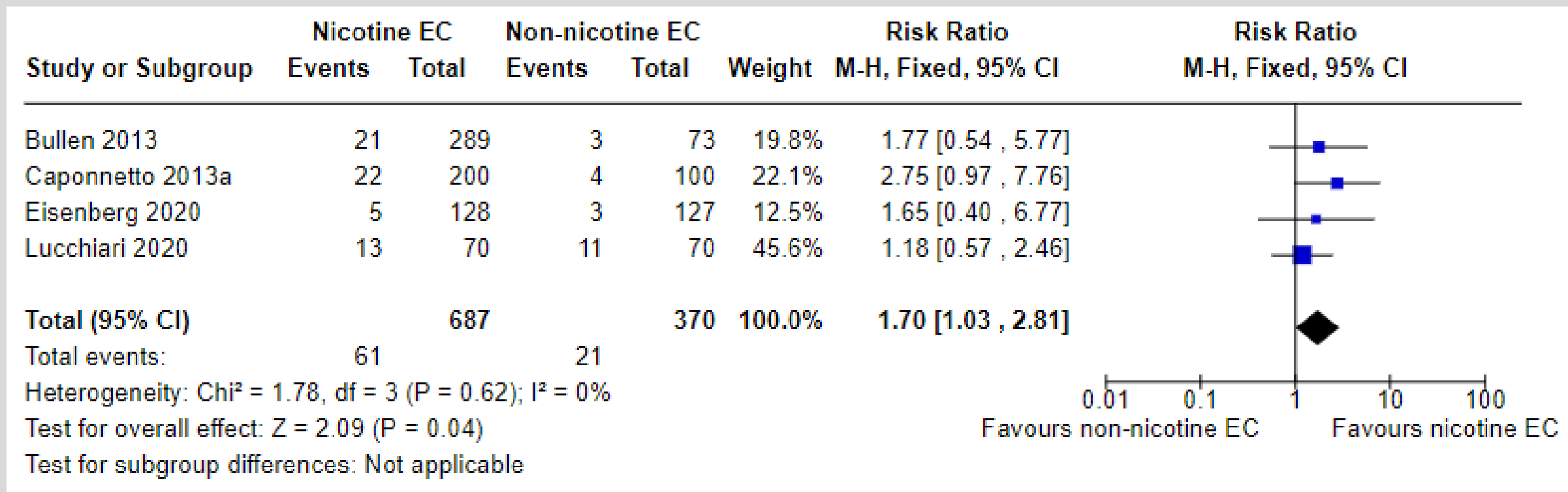
- Smoking cessation at 6+ months
- Adverse events at 1+ weeks
- Serious adverse events at 1+ weeks

Nicotine e-cigarette versus NRT: Quitting at 6+ months



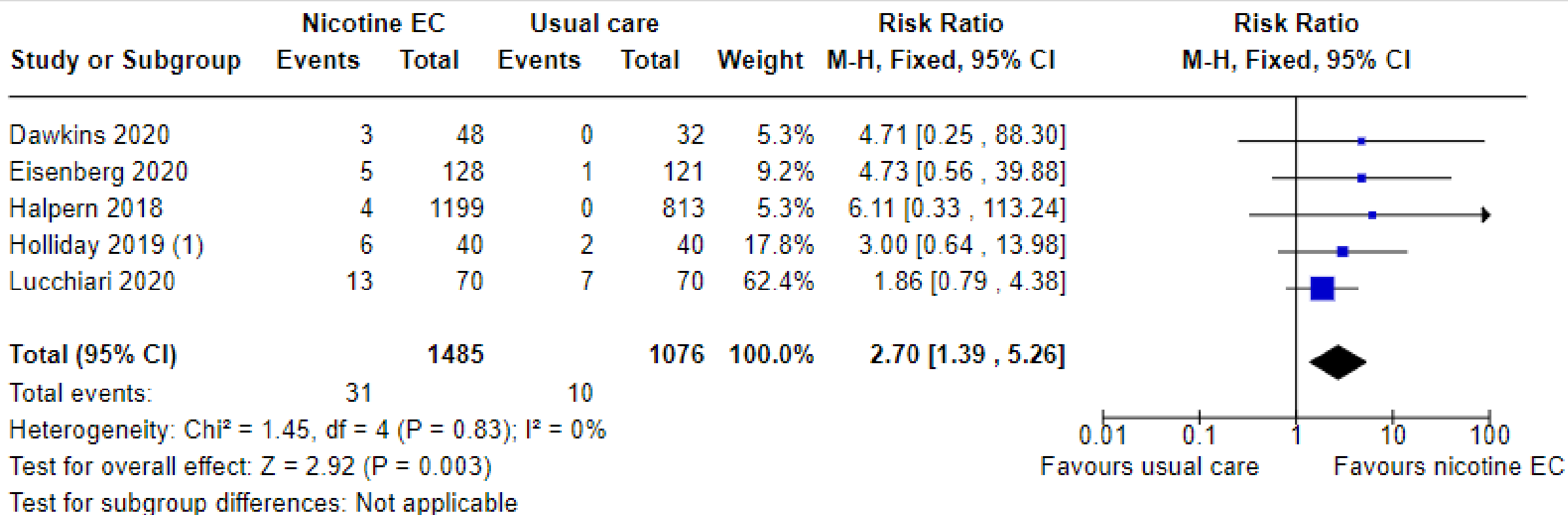
GRADE certainty of evidence: MODERATE

Nicotine e-cigarette vs. non-nicotine e-cigarette: Quitting at 6+ months



GRADE certainty of evidence: MODERATE

Nicotine e-cigarette vs. behavioral support only/no support: Quitting at 6+ months



GRADE certainty of evidence: VERY LOW

Implications for practice

- Evidence suggesting nicotine EC can aid in smoking cessation is consistent across several comparisons.
- There was **moderate certainty evidence**, limited by imprecision, that EC with nicotine increased quit rates at six months or longer compared to non-nicotine EC and compared to NRT.
- There was **very low certainty evidence** that EC with nicotine increased quit rates compared to behavioral support only or no support.
- The effect of nicotine **EC when added to NRT** was unclear.
- None of the included studies detected serious adverse events considered possibly related to EC use.

Evidence Needed

- More RCTs
 - Newer products (representative of products in current use)
 - Pod mod devices
 - Rapid nicotine delivery
 - Active comparators
 - Test combinations of e-cigs and meds
- Evidence about effectiveness in the real world
 - Observational studies in populations or groups
 - Cross-sectional studies → cannot infer causality
 - Cohort studies (PATH) → confounding limits causal inference

Electronic Cigarette Use and Cigarette Abstinence Over 2 Years Among U.S. Smokers in the Population Assessment of Tobacco and Health Study

Sara Kalkhoran MD, MAS^{1,2,*}, Yuchiao Chang PhD^{1,2}, Nancy A. Rigotti MD^{1,2}

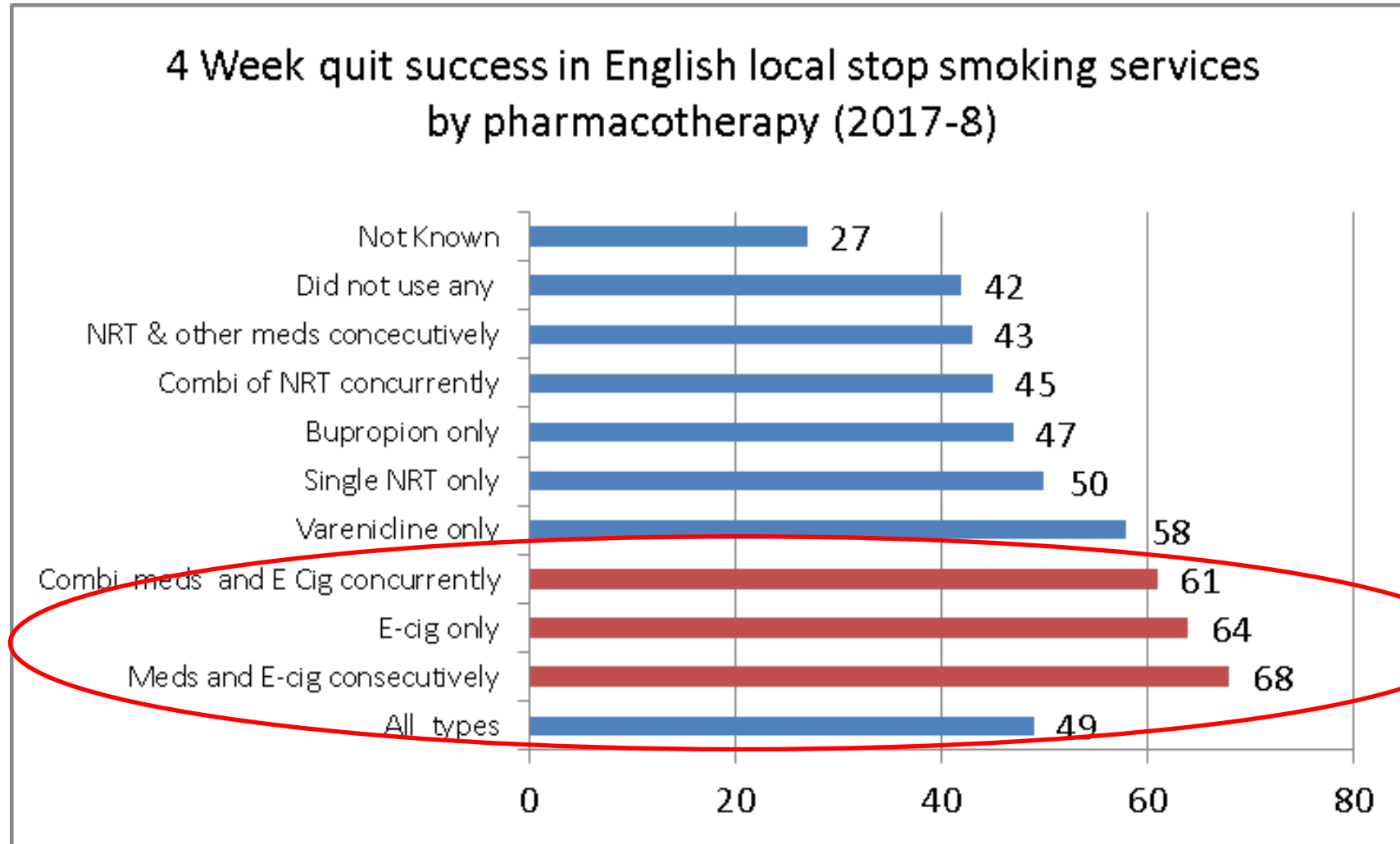
Table 3. Factors Associated with Cigarette Abstinence at Follow-up

	Prolonged cigarette abstinence at Waves 2 and 3 AOR (95% CI)	Cigarette abstinence at Wave 2 AOR (95% CI)	Cigarette abstinence at Wave 3 AOR (95% CI)
Current e-cigarette use at Wave 1			
None	Ref	Ref	Ref
Non-daily	1.16 (0.84 to 1.61)	1.07 (0.84 to 1.37)	1.02 (0.80 to 1.28)
Daily	1.77 (1.08 to 2.89)*	1.53 (1.04 to 2.23)*	1.57 (1.12 to 2.21)*

Implications: In this nationally representative longitudinal cohort study of US adult cigarette smokers, daily e-cigarette use, compared to no e-cigarette use, was associated with a 77% increased odds of prolonged cigarette smoking abstinence over the subsequent 2 years. Regular use of e-cigarettes may help some smokers to stop smoking combustible cigarettes.



Top success rates in local services



Health Effects - Summary of the Evidence (2018)

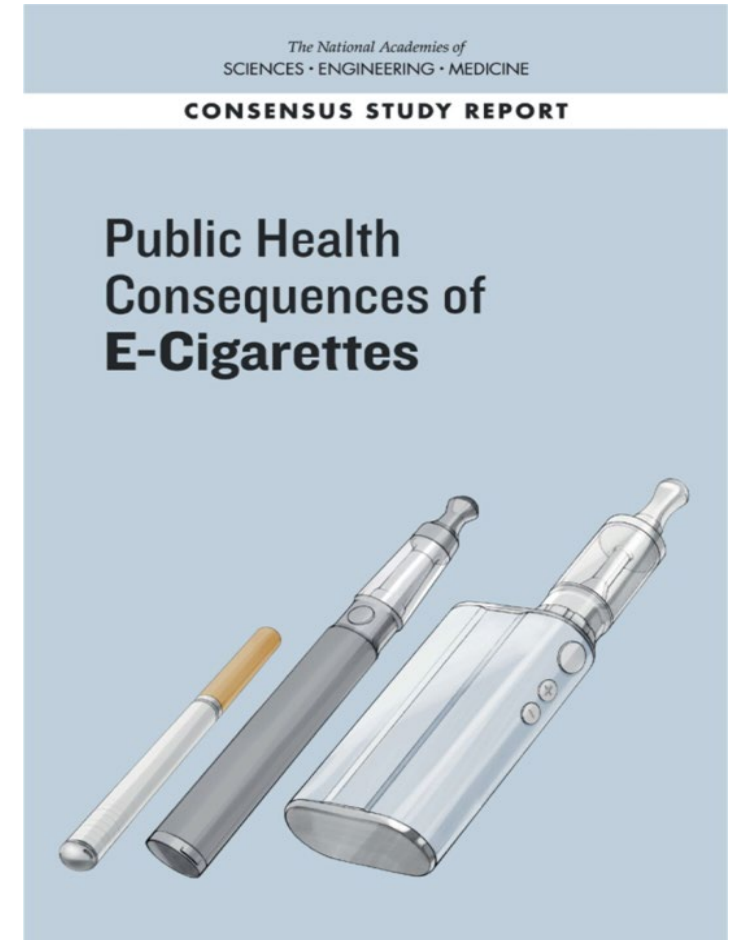
2018 National Academy of Science, Engineering and Medicine Report

Exposure:

- E-cigarettes contain fewer (and lower levels) of toxic substances than conventional cigarettes

Health Effects:

- **While not without health risks, they are likely to be far less harmful than smoking combustible tobacco cigarettes**
- Long-term health effects of e-cigarettes are not yet clear



Vaping-Associated Lung Injury (EVALI)

- 2807 cases (68 deaths) by February 18, 2020
 - Bilateral pulmonary infiltrates
 - Respiratory sx, GI sx, fever
 - Hypoxia – many need mechanical ventilation
- Most cases in adolescents or young adults
- Exposure: 85% vaped THC (13% used only nicotine)
- **Culprit: Vitamin E acetate in illicit THC vaping products**
 - **Not commercial e-cigarettes**



Update: Characteristics of a Nationwide Outbreak of E-cigarette, or Vaping, Product Use–Associated Lung Injury — United States, August 2019–January 2020

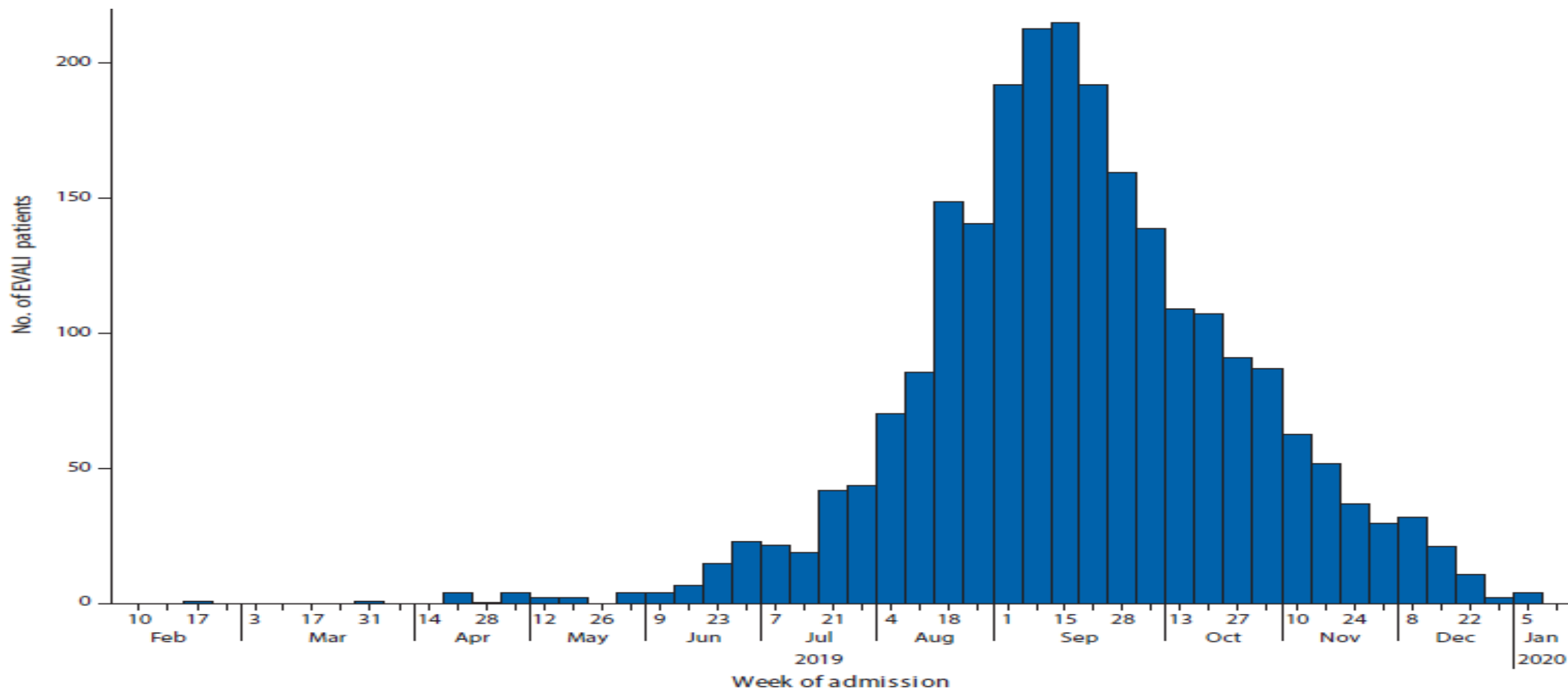
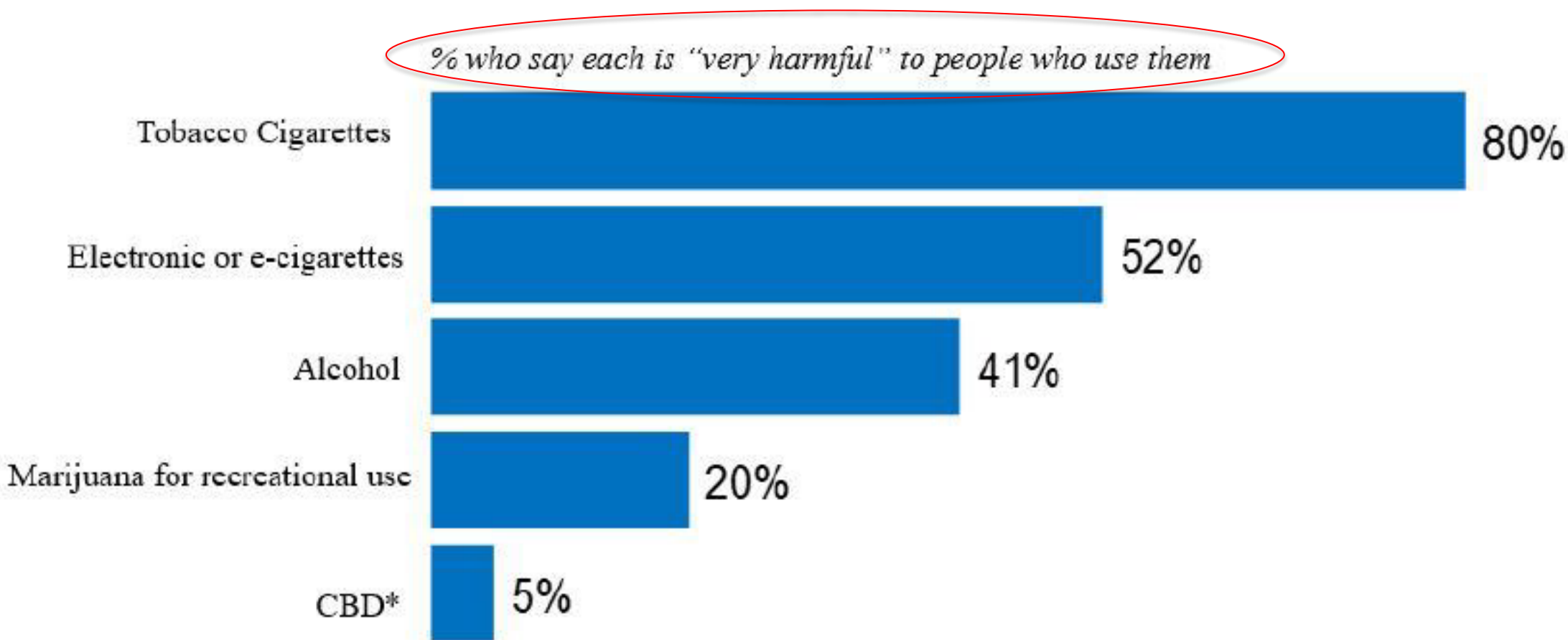


Table 1. Views on the Harmfulness of Various Products to People Who Use Them



*Asked of those who say they are very or somewhat familiar with CBD products.

POLITICO/Harvard T.H. Chan School of Public Health, Americans' Views on CBD Products and Marijuana for Recreational Use, October 1-6, 2019. Base: U.S. adults.

Newer Evidence on Health Effects

- **Pre-clinical studies** (*cells and animals*)
 - Exposure to aerosol → various injuries in cells and animals
 - Often very high doses of aerosol used
 - Generalizability to humans?
- **Clinical studies** (*humans*)
 - Exposure
 - People who vape vs. smoke vs. neither
 - Outcomes
 - Biomarkers (inflammation, oxidative stress, etc.)
 - Physiologic function (endothelial function, PFTs, BP)
 - Symptoms (respiratory symptoms)
 - Clinical events (asthma or COPD exacerbation)

Summary of Results from Human Studies

- **Abnormalities**

- Smokers > exclusive vapers or nonsmokers
- Vapers either intermediate or same as nonsmokers
- Dual users between smokers and vapers

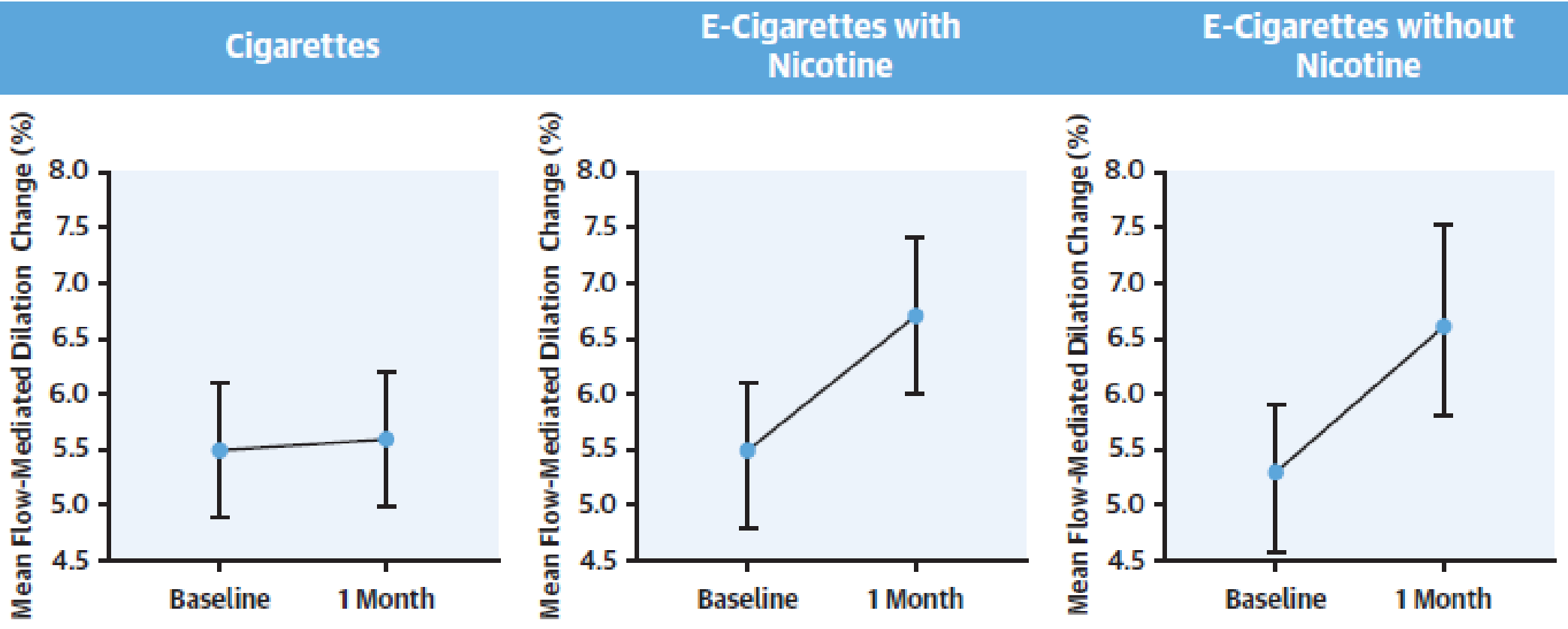
- **Reversibility**

- Improvement when smokers switch to e-cigarettes

Cardiovascular Effects of Switching From Tobacco Cigarettes to Electronic Cigarettes

Jacob George, MD,^a Muhammad Hussain, MSc,^a Thenmalar Vadiveloo, PhD,^b Sheila Ireland, BSc,^a Pippa Hopkinson, BSc,^a Allan D. Struthers, MD,^a Peter T. Donnan, PhD,^b Faisal Khan, PhD,^{c,*} Chim C. Lang, MD^a

CENTRAL ILLUSTRATION Change in Mean Flow-Mediated Dilation Among Tobacco Cigarettes and Electronic Cigarettes With and Without Nicotine



George, J. et al. J Am Coll Cardiol. 2019; ■(■):■-■.

Summary of Results from Human Studies

- **Limitations**

- Do acute effects predict long term outcomes?
- Most vapers are former smokers

- **Bottom line?**

- Short term effects show need for long-term follow-up
- Clinical implication: minimize duration of e-cig use?
- Still no evidence of long-term harm but few data and continued monitoring is essential

Guidance on E-cigarettes for Clinicians

JAMA | US Preventive Services Task Force | **RECOMMENDATION STATEMENT**

Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons

US Preventive Services Task Force Recommendation Statement

US Preventive Services Task Force

JAMA, January 2021

The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of electronic cigarettes (e-cigarettes) for tobacco cessation in adults, including pregnant persons. The USPSTF recommends that clinicians direct patients who use tobacco to other tobacco cessation interventions with proven effectiveness and established safety.

Initiating Pharmacologic Treatment in Tobacco-Dependent Adults An Official American Thoracic Society Clinical Practice Guideline

Frank T. Leone*, Yuqing Zhang*, Sarah Evers-Casey, A. Eden Evins, Michelle N. Eakin, Joelle Fathi, Kathleen Fennig, Patricia Folan, Panagis Galiatsatos, Hyma Gogineni, Stephen Kantrow, Hasmeena Kathuria, Thomas Lamphere, Enid Neptune, Manuel C. Pacheco, Smita Pakhale, David Prezant, David P. L. Sachs, Benjamin Toll, Dona Upson, Dan Xiao, Luciane Cruz-Lopes, Izabela Fulone, Rachael L. Murray, Kelly K. O'Brien, Sureka Pavalagantharajah, Stephanie Ross, Yuan Zhang, Meng Zhu, and Harold J. Farber; on behalf of the American Thoracic Society Assembly on Clinical Problems

THIS OFFICIAL CLINICAL PRACTICE GUIDELINE WAS APPROVED BY THE AMERICAN THORACIC SOCIETY MAY 2020

Question 4: For Tobacco-Dependent Adults in Whom Treatment Is Being Initiated, Should Treatment Be Started with Varenicline or an Electronic Cigarette?

Recommendation 4. For tobacco-dependent adults, we suggest varenicline over electronic cigarettes (conditional recommendation, very low certainty in

American Cancer Society Position Statement on Electronic Cigarettes

E-cigarettes should not be used to quit smoking.

The ACS does not recommend the use of e-cigarettes as a cessation method. No e-cigarette has been approved by the Food and Drug Administration (FDA) as a safe and effective cessation product.

Guidance for Adults Who Currently Use E-cigarettes

Some individuals who smoke choose to try e-cigarettes to help them stop smoking. Since smoking kills fully half of all long-time users, successfully stopping smoking leads to well-documented health benefits. Nonetheless, adult smokers who switch to e-cigarette use expose themselves to potentially serious ongoing health risks. Thus, former smokers who are currently using e-cigarettes, whether alone or in combination with combustible tobacco products, should be encouraged and assisted to stop using all tobacco products, including e-cigarettes, as soon as possible both to eliminate their exposure to ongoing health risks and avoid perpetuating addiction. If they are unable to quit e-cigarettes on their own, they should



Electronic Cigarettes

Get the facts about electronic cigarettes, their health effects and the risks of using e-cigarettes.

What's the bottom line?

- E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.
- E-cigarettes are not safe for youth, young adults, and pregnant women, as well as adults who do not currently use tobacco products.
- While e-cigarettes have the potential to benefit some people and harm others, scientists still have a lot to learn about whether e-cigarettes are effective for quitting smoking.
- If you've never smoked or used other tobacco products or e-cigarettes, don't start.
- Additional research can help understand long-term health effects.

Electronic Cigarettes *What should you say to a smoker?*

- Many unanswered questions about safety and efficacy
- They are (likely) less harmful than smoking combustible cigarettes
- Recommend FDA-approved safe, effective treatments first
- If a smoker uses e-cigarettes
 - Switch completely – stop smoking cigarettes
 - Plan to quit e-cigarettes eventually too
 - Monitor yourself for respiratory symptoms
 - Use commercial e-cigarettes and don't tamper with them

Consistent with ACC Consensus Document, 2018

A New Frontier: Vaping Cessation

- **Another task for tobacco treatment specialists**
 - JUUL cohort: youth / young adults who started vaping and want to quit
 - Former smokers who switched to e-cigarettes
- **Few data on effective methods**
 - “*This is Quitting*” – text messaging from Truth Initiative
 - Quitlines offer vaping cessation
 - Trials of smoking cessation medications for vaping cessation are beginning

A Call for Balance

- E-cigs are “good” for adult smokers, “bad” for youth (and nonsmokers)
- Today in the U.S. the public’s, policymakers’ and media attention is focused on e-cigarettes’ harms to youths.
- Vaping’s potential to help adult smokers too often gets lost
 - We need to correct smokers’ (and clinicians’) misperception of e-cigarettes’ risk and benefit for smoking cessation and/or harm reduction?
 - We need to craft public policies to reduce vaping by youths and young adults while keeping available for adult smokers who are otherwise unable to quit

Coming soon: “Balancing Consideration of the Risks and Benefits of E-Cigarettes” AJPH

Thank you!

Questions?

nrigotti@partners.org

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.

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.

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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.

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Free 1-800 QUIT NOW cards

Take Control

1-800-QUIT-NOW

Call. It's free. It works.

1-800-784-8669

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



✓ Refer your clients to cessation services



- **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

Summer Webinar Series with Free CME/CEUs



SCLC is offering FREE CME/CEUs for our recorded webinar collections for a total of **25.5 units**.

Visit SCLC's website at: <https://smokingcessationleadership.ucsf.edu/free-cmec-es-webinar-collections>

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!

Save the Date!

SCLC's next live webinar will be on, *The Role of Quitlines in Tobacco Cessation*, with Drs. Michael Fiore and Chad Morris, and Joann Yoon Kang.

- **Tuesday, August 24, 2021, 2-3 pm EDT**
- Registration will open in July!



ATTUD Membership Meeting starts now!

- **Link to join:**

<https://umassmed.zoom.us/j/91277930386?pwd=ZDUxQWFCWUVPdmRhbFJZaDZ6aGFBUT09>

- **Passcode: 587791**

- **All are welcome to participate in the meeting.**

Smoking Cessation
Leadership Center

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Contact us for technical assistance

- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at **877-509-3786**
- Copy and paste the post webinar survey link:
https://ucsf.co1.qualtrics.com/jfe/form/SV_4TILWWDKK11LFe6 into your browser to complete the evaluation

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