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Smoking Cessation  
Leadership Center



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University of California  
San Francisco

# *Leading with Race & Structural Racism to Advance Health Equity in Tobacco*

Jacqueline Doane  
Lindsay Kephart, MPH

October 30, 2019

# Moderator

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# Thank you to our funders



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- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

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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.

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**California Marriage & Family Therapists:** 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 # 182219000.

# American Association for Respiratory Care (AARC)



- Free Continuing Respiratory Care Education credits (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email

# New Behavioral Health Accreditation

California Association of Marriage and Family Therapists (CAMFT)

This webinar is accredited through the CAMFT for up to **1.0 CEU** for the following eligible California providers:

- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Educational Psychologists (LEPs)

Instructions to claim credit for these CEU opportunities will be included in the post-webinar email and posted to our website.



# California Behavioral Health & Wellness Initiative

For our CA residents, we are starting a new venture in CA helping behavioral health organizations go tobacco free and integrating cessation services into existing services thanks to the support of the CTCP.

Free CME/CEUs will be available for all eligible California providers, who joined this live activity. You will receive a separate post-webinar email with instructions to claim credit.

Visit [CABHWI.ucsf.edu](https://CABHWI.ucsf.edu) for more information.

# Tips® Campaign Overview

**A TIP ABOUT SECONDHAND SMOKE**

**LET FUTURE GENERATIONS KNOW THE DANGERS OF SECONDHAND SMOKE.**

Nathan, Age 54  
Ogala Sioux  
Idaho

Secondhand smoke at work triggered Nathan's severe asthma attacks and caused infections and lung damage. If you or someone you know wants free help to quit smoking, call 1-800-QUIT-NOW.

#CDCTips

**A TIP FROM A FORMER SMOKER**

It's easier to move forward when you're not short of breath.

Rebecca, age 57, Florida

Et qui voveat, necesse sitasiam niffa ga arf  
Vid qoi molate non param, vobisus, actioe,  
sibis consuet essevidet a boratibet quatio.  
Eneat, et ad vobis dilemipend massi faga saram.  
Pabiam ar, suat, vobis quociaten ritraod.  
You can quit.

**CALL 1-800-QUIT-NOW.**

#CDCTips

**A TIP FROM A FORMER SMOKER**

**BE CAREFUL NOT TO CUT YOUR STOMA.**

Shawn, Age 50, Diagnosed at 46  
Washington State

Smoking causes immediate damage to your body. For Shawn, it caused throat cancer. You can quit. For free help, call 1-800-QUIT-NOW.

1. CDC. Current Cigarette Smoking Among Adults—United States, 2005–2014.. MMWR 2015;64(44):1233–40
2. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: HHS,CDC, NCCDPHP, OSH, 2014

## 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

# Presenter

**Jaqueline Doane**

Manager of Community Programs

Massachusetts Tobacco Cessation and  
Prevention Program



**150 YEARS**  
OF ADVANCING  
**PUBLIC**  
**HEALTH**

**Make smoking history.**

# Presenter

**Lindsay Kephart, MPH**

Epidemiologist

Massachusetts Tobacco Cessation and  
Prevention Program



**150 YEARS**  
OF ADVANCING  
**PUBLIC**  
**HEALTH**

**Make smoking history.**



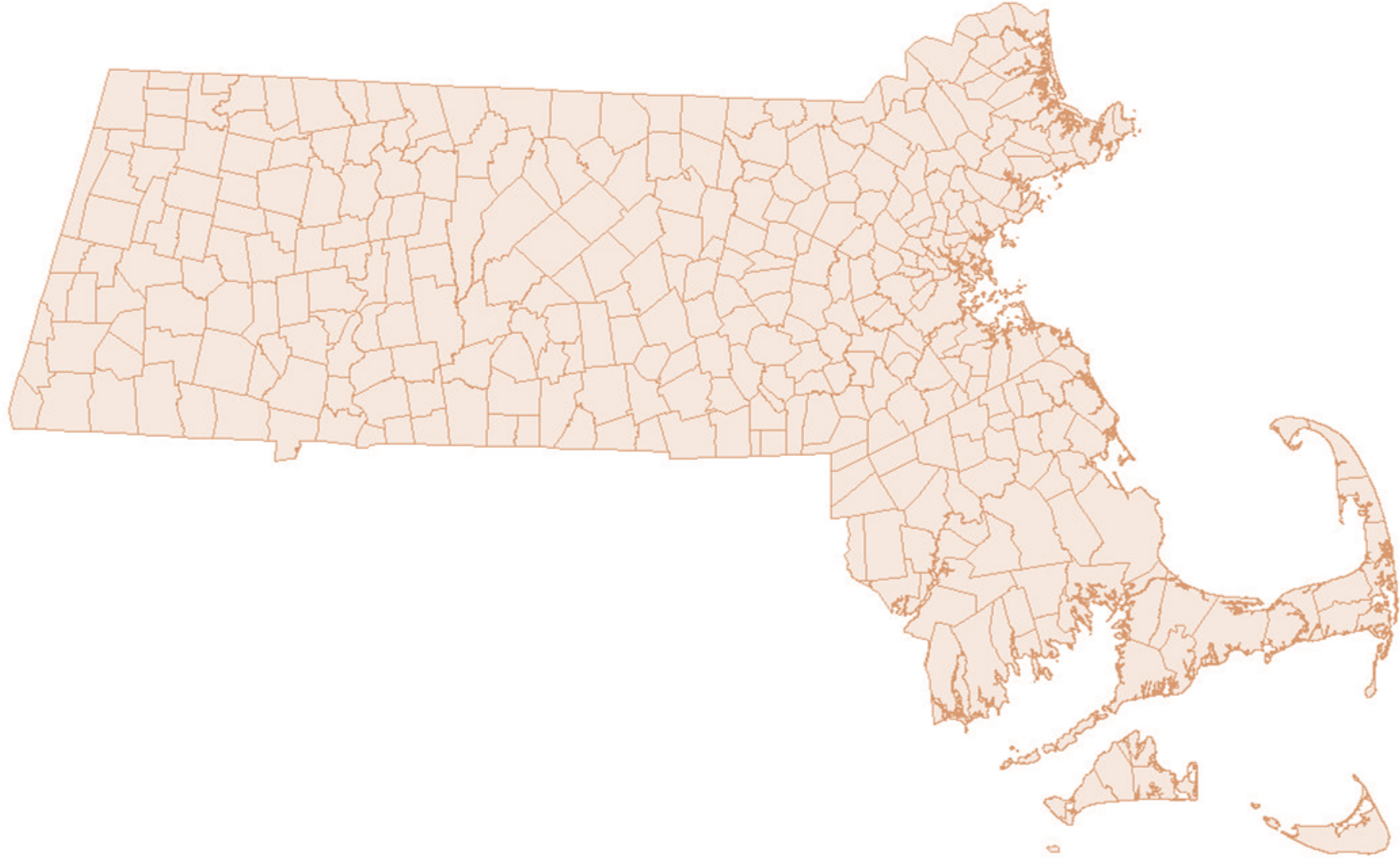
**150 YEARS**  
OF ADVANCING  
**PUBLIC**  
**HEALTH**

Massachusetts Department of Public Health

# LEADING WITH RACE & STRUCTURAL RACISM TO ADVANCE HEALTH EQUITY IN TOBACCO

October 30, 2019

# Who We Are





# Webinar Outline



Shared  
Definitions



Why Lead  
with Race?



Surveillance &  
Evaluation



Putting it  
to Practice



# Polling Question





# SHARED DEFINITIONS

# Diversity, Equality, Equity

- Diversity = Variety
- Equality = Sameness
- Equity = Fairness, Justice

# Disparities vs. Inequities

## Disparities or Inequalities

- Differences between individuals or population groups

## Inequity

- Differences that are unnecessary and *avoidable*, but are also unfair and unjust

# Levels of Racism

**MICRO  
LEVEL**

**INTERNALIZE**



**INTERPERSONAL**

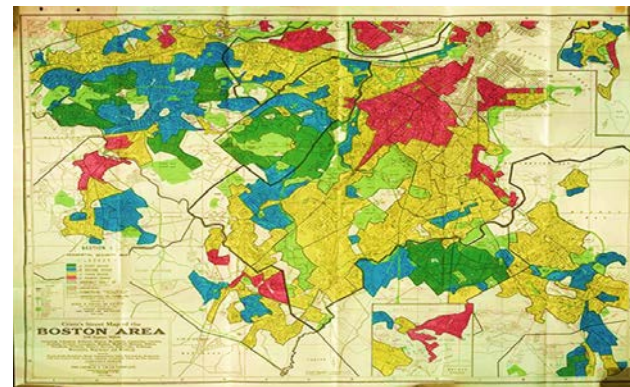


**MACRO  
LEVEL**

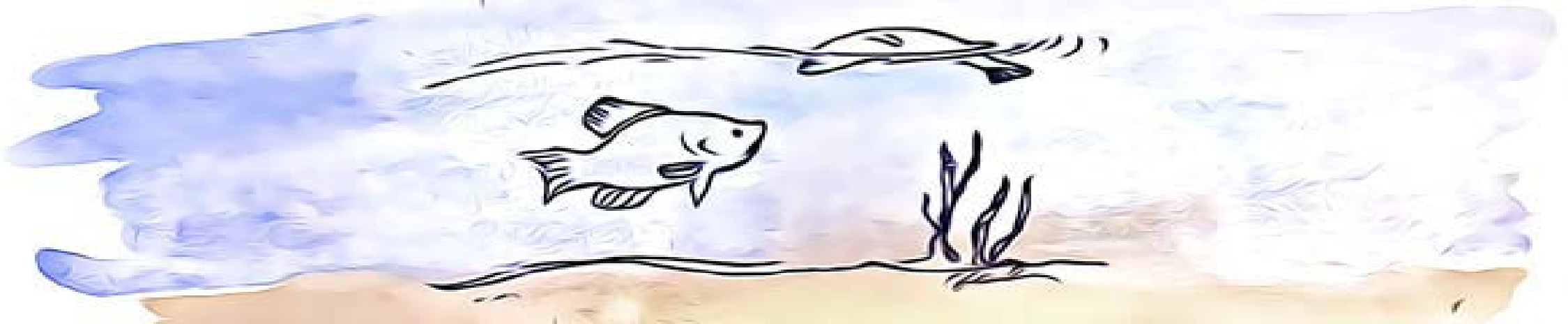
**INSTITUTIONAL**



**STRUCTURAL**



# Groundwater Approach



Download the resource here: <https://www.racialequityinstitute.com/groundwaterapproach>

Credit to Bay Love & Deena Hayes-Greene at the Racial Equity Institute

Artwork by Jojo Karlin



# WHY LEAD WITH RACE & STRUCTURAL RACISM?

# Why Lead with Race?

- We lead with race *explicitly, but not exclusively*
- Race is a primary indicator of someone's health status
- Racial inequities persist in and across systems (education, housing, employment, health care, criminal system, etc.)
- Other forms of identity or status don't explain inequities alone



# Why Lead with Race in Tobacco?



# Why Lead with Race in Tobacco?

“A total of 1.9M samples will be distributed to targeted smokers in 1983. Sample distribution will be targeted to: housing projects, clubs, community organizations and events where *Kool’s black young adult target* congregate.”

– Kool Market Development Program<sup>14</sup>



Photo source: <https://csts.ua.edu/minorities/minorities-tobacco-big-tobacco-supports-and-suppresses-the-minority-community/minorities-tobacco-wrappers-and-liberation-colors/>



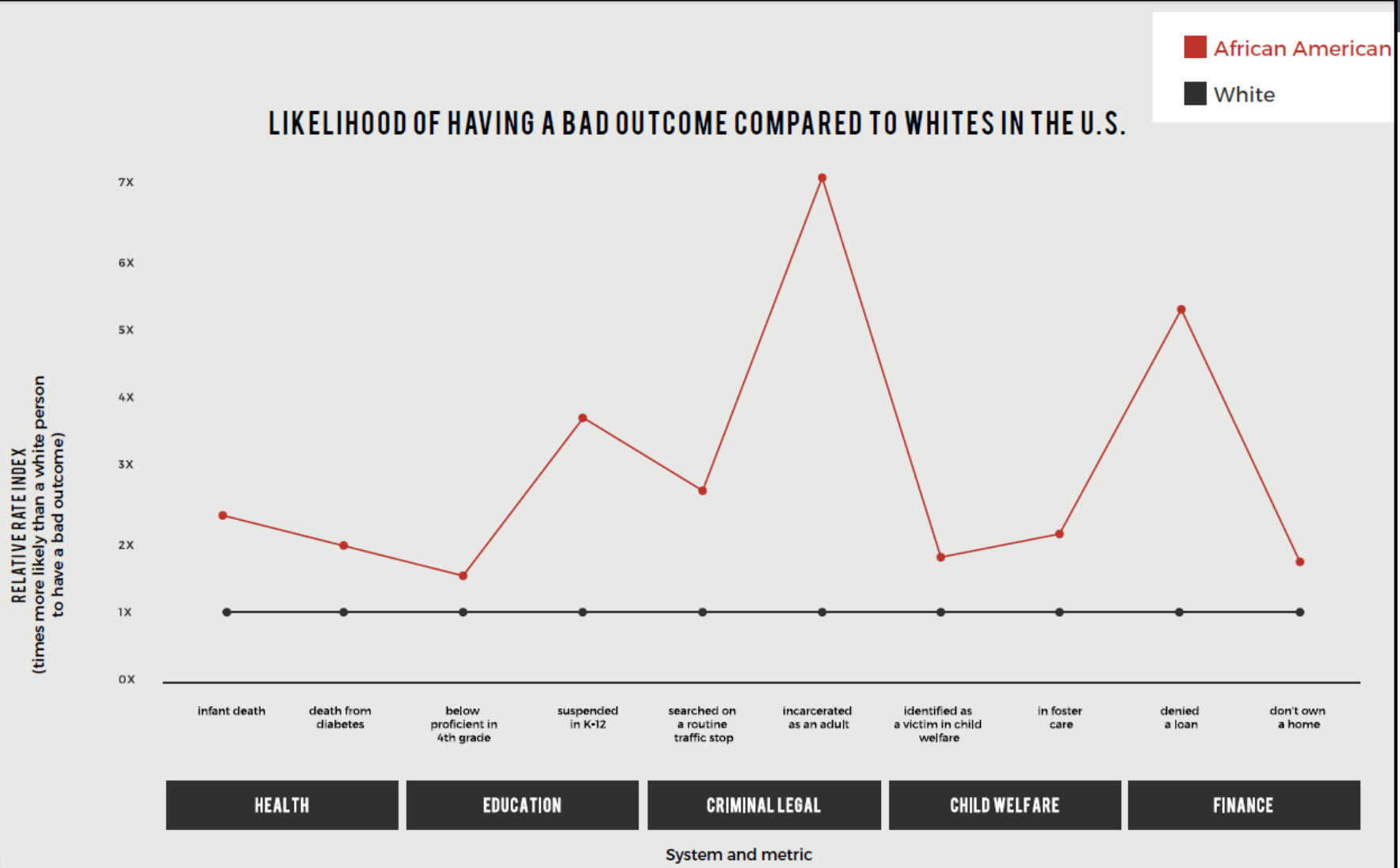
# SURVEILLANCE & EVALUATION

# Polling Question



# Why Lead with Race in Evaluation?

Documented racial inequities shown in:



MA surveillance data

National data

Peer-reviewed literature

*These inequities exist across systems.*

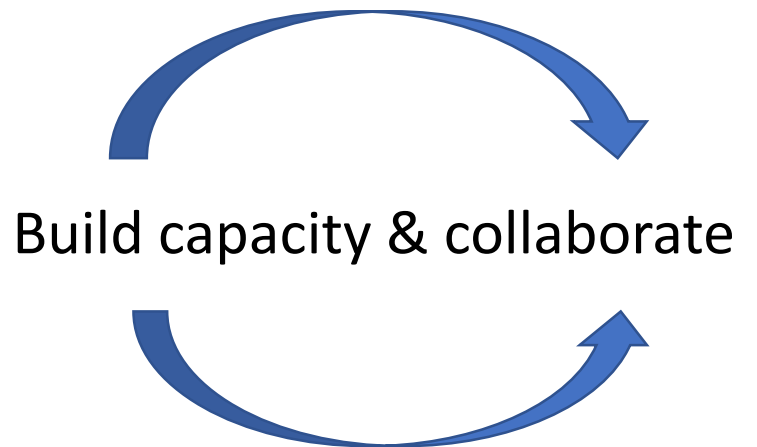
# Using a racial justice lens in evaluation

*In an effort to align with the Bureau's REI & be more intentional and explicit about the role of structural racism in health, the evaluation team has begun to take a racial justice lens in our work.*

Without intentional focus on race and racism, we may *unconsciously* uphold the “status quo” and reinforce the systemic policies that lead to racial inequities in health.

*How have we incorporated a racial justice lens in evaluation?*

- 1 Be explicit – Name it
- 2 Conduct new analyses & disaggregate data
- 3 Contextualize data



**(No one correct way!)**

# Be explicit – name it and frame it

## What is re-framing?

The way people receive messages is shaped by underlying concepts that already reside in their minds, called “frames.”



If facts do not fit into their frame, or the dominant frame, people may reject the facts.

To “name and frame racism” to be **explicit** that structural racism is a root cause of the issue and that people of color are disproportionately impacted by that issue.

## Be explicit

We cannot begin to solve a problem unless we name it.

Avoid using *coded language*: urban, inner-city, at-risk, disadvantaged.

- Name the communities & populations

By naming it, you can begin to concretely identify and address the mechanisms of structural racism & discrimination.

- Often times institutional/structural racism does not seem overtly racially-biased



# Conduct new analyses - expansion of data analyses

1. Lead with race **explicitly, but not exclusively**
  - Disaggregate data & surveillance systems by race and ethnicity.
2. Look at multiple years of data – conduct trend analyses
3. Intersectionality – explore relationships between race & other populations or determinants in your data
4. Review the literature – peer-reviewed publications, case studies, etc.
  - To help identify and name inequities
  - Additional data
  - To help explain and contextualize inequities
5. Explore other data collection methods: qualitative methods – key informant interviews, focus groups, panel surveys, use of national data, etc.
6. Involve program staff & community members
  - Program staff can bring content area expertise
  - Community members can identify issues important to them
7. Ask “Why” – don’t just do things because they’ve always been done – identify the “why”

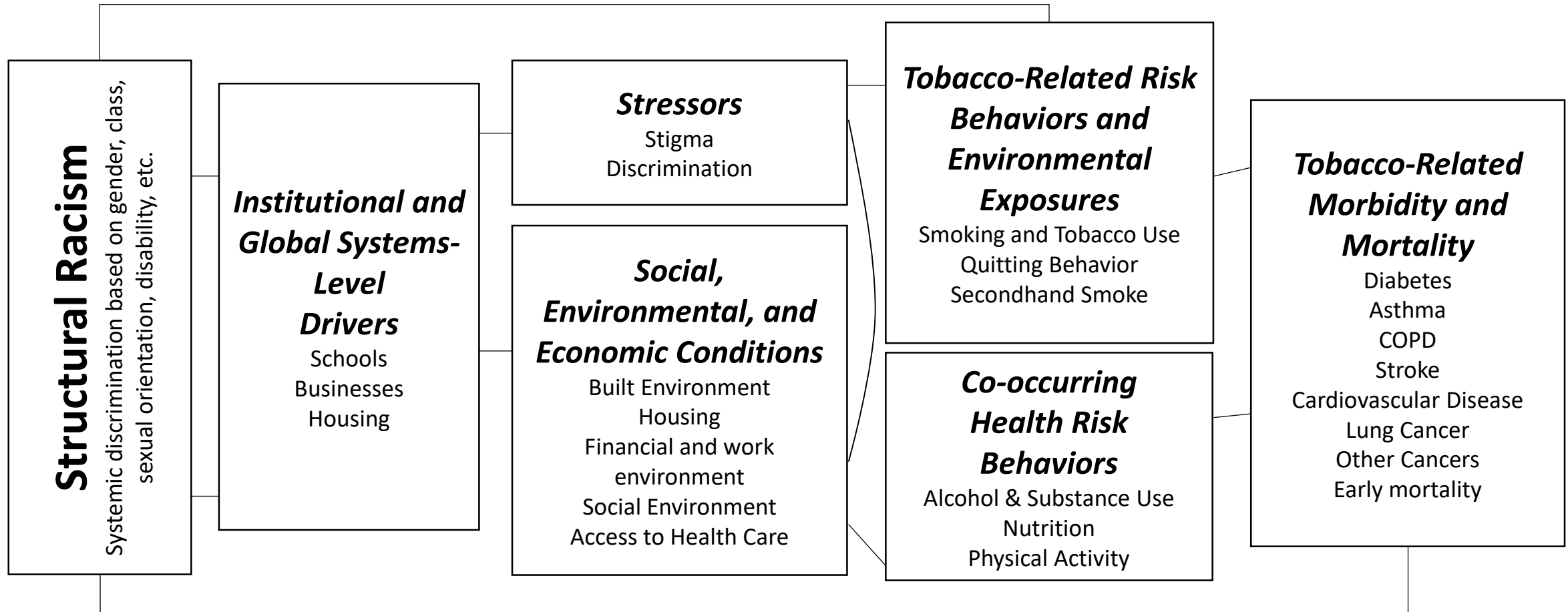
**Data doesn't always tell the full story.**

*Remember: Value the lived experiences and words of people of color – especially in the face of missing data*



# Contextualize data

Use tools! Tracing inequities in health outcomes and risk behaviors upstream can give us a more comprehensive understanding of why we see the data that we see.

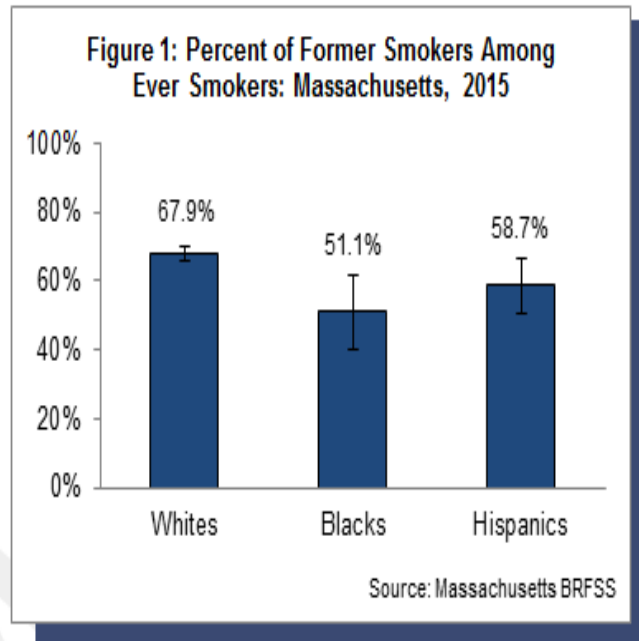


# Putting it together – Factsheets

## Old Frame

Sixty-one percent of cigarette smokers in Massachusetts made a quit attempt in the past year and sixty-six percent of adults who ever smoked have now quit smoking based on data from the Massachusetts Behavioral Risk Factor Surveillance System (2015 MA BRFSS).

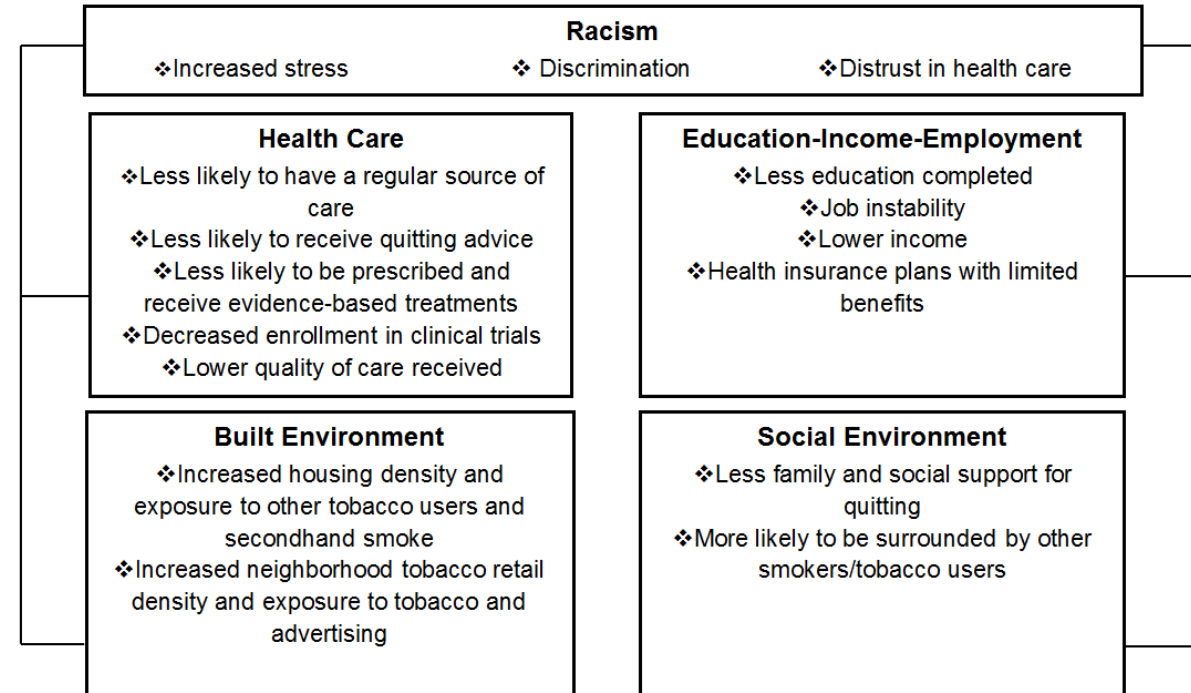
- 63.1% of males and 68.5% of females who ever smoked have now quit;
- 51.1% of blacks and 58.7% of Hispanics who smoked in the past have successfully quit (Figure 1). These rates are significantly lower than the quitting rate for whites (67.9%).



- Only presents numbers
- Does *NOT* provide context on **why** successful quitting is different by race
  - ❖ Could promote that inequities in quitting are because of individual behavior (it's their fault)

## New Frame

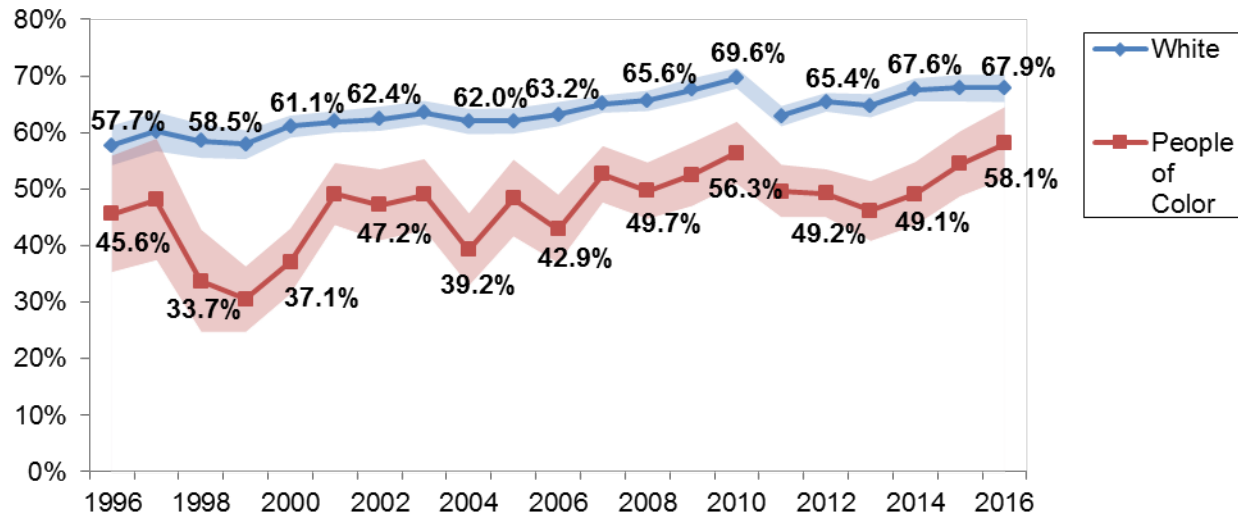
Figure 10. Factors Leading to Racial Inequities in Quitting Success <sup>40</sup>



- Contextualization!
- Provides information on how social, environmental, and economic structures shape individual behavior
- Explicit about racism

# Putting it together - Factsheets

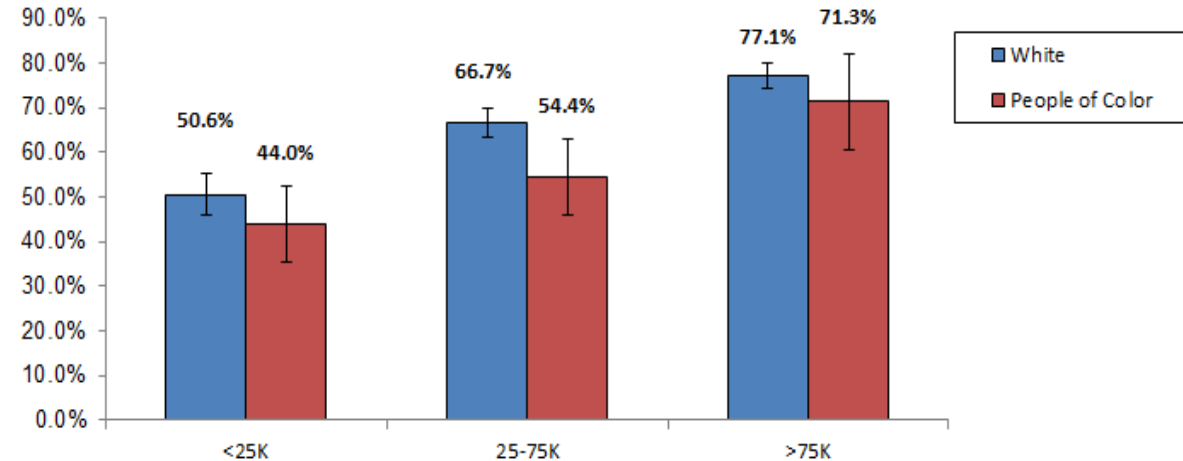
Figure 8. Rates of Successful Quitting by Race/Ethnicity Subgroup: Massachusetts, 1996-2016



Source: Massachusetts BRFSS  
Note: Shaded areas represented 95% confidence intervals. Break in trend due to a change in survey weighting methodology in 2011

Shows clear **trend over time** that people of color are significantly less likely to quit smoking

Figure 6: Rates of Successful Quitting by Income: Massachusetts, 2014-2016



Source: Massachusetts BRFSS

Visual exploration of successful quitting by race and income – requires multiple years of data.

# Using a racial justice lens: menthol

(1) Name and frame it



## Place Matters



- National data shows both black adults and youth smoke menthol cigarettes at higher rates than any other racial group.
- *Tobacco industry has targeted menthol cigarettes to black people and communities.*
- Menthol cigarettes are more addictive and harder to quit.
- *Mint and menthol were excluded from the 2009 Tobacco Control Act – which banned other flavored cigarettes*

- Where you live impacts both health behaviors such as physical activity and food choice, and risk behaviors such as alcohol and tobacco use.
- Historical policies, such as **racial residential segregation** has determined where people can live and has led to a systematic divestment of resources away from communities of color.
- *Neighborhoods within towns are not homogeneous. Geographic granularity can reveal disparities in exposure and access.*



# Using a racial justice lens: menthol

(2) Conduct new analyses

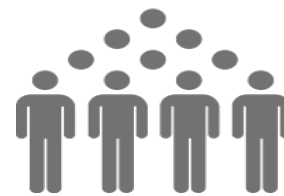
## Research Questions

1) Is there a relationship between the percentage of black residents and the price of menthol cigarettes?



Comparison of the price of the **menthol** brand (Newport) to three other non-menthol cigarette brands

2) Is there a relationship between % black and the percent of retailers selling menthol cigarettes 25 cents or more below minimum price?



Control for other block group characteristics and variables that affect retailer behavior: *Race, Gender, Age, Total Population, Education, Median Income, Retail Density*

# Using a racial justice lens: menthol

(3) Disaggregate data by race & provide context

## Results

Black residents in Boston are impacted by menthol pricing in different ways than whites.

Neighborhoods of color have:



Lower average price of Newport



Higher percentage of retailers selling Newport below minimum price

This relationship is NOT seen for other brands of non-menthol cigarettes (e.g. Marlboro, Camel)

## Context

Menthol cigarettes have historically been targeted towards black youth and adults, who today have higher smoking rates of menthol cigarettes than any other racial group, and the prevalence of retailers selling menthol cigarettes below minimum price in their neighborhoods may further contribute to inequities in smoking rates and smoking-related death and disease. Due to the historic use of lower pricing strategies by the industry, retailers in these communities may be selling menthol cigarettes below minimum price because it has been incentivized to do so by the industry. Although the effect size seen in price is small, pricing of menthol cigarettes is only one dimension of the tobacco retail environment which also includes marketing and advertising of these products. Prior studies in the Boston area have demonstrated that predominately non-white neighborhoods have more menthol marketing and advertising, both on the outdoor storefront and inside the retailer space (Laws et al., 2002; Seidenberg et al., 2010; Pucci et al., 1998). Targeted advertising and lower prices, in conjunction with social norms, perpetuate an environment where menthol cigarette smoking is normalized in black communities.

*Historical targeting, targeted price strategies, more advertisement, greater normalization → greater use*

# Using a racial justice lens: menthol

(4) Use Re-framing to Inform Programmatic Work



Menthol flavors were previously excluded from policies that restrict sales of flavored tobacco to adult-only stores (in keeping in accordance with federal law)

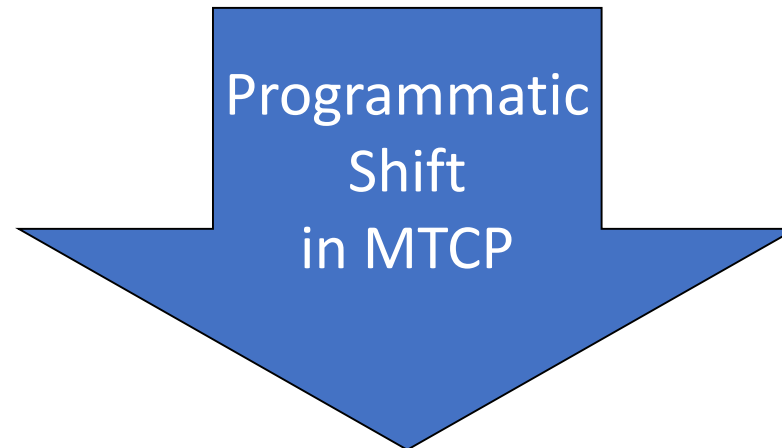
MTCP changed its model regulation to include mint and menthol in the definition of flavored tobacco

*Next steps:*

- Community conversations around menthol
- Continued screenings of *Black lives, Black lungs*
- Youth-led racial justice projects around menthol
- Communities continue to pass flavored restrictions with menthol
- Continued surveillance & data analysis around menthol products
- Presentations to local organizations & continued use of data

# Key Takeaways

- Take an upstream approach – and examine the groundwater. Name it and frame it.
- Look at your data sets in new ways – how can you further disaggregate data?
- Provide context when presenting racial and ethnic inequity data
- Use national data, peer-reviewed research and qualitative data sources when state or local data isn't available .
- **Work will continuously evolve**



*Data can help identify racial inequities  
and guide programmatic change*

- ❖ Focus on menthol tobacco products
- ❖ Commitment to address upstream factors instead of solely individual factors





**PUTTING IT INTO PRACTICE**

# The 84 Movement

The 84 Movement is a program of the Massachusetts Department of Public Health's Tobacco Cessation and Prevention Program (MTCP) developed and managed in partnership with Health Resources in Action

**Make smoking history.**



**Health Resources in Action**  
*Advancing Public Health and Medical Research*

# What is The 84 Movement?



Elevate Youth  
Voice




Civic Engagement



Leadership  
Development

# Trainings & Statewide Events



**Tobacco & Race Timeline** 

*Events in History*

**Enslaved people were transported during the Transatlantic Slave Trade (1500s-1800s):** Slave traders transported enslaved African people, mainly to the Americas and existed during the 16th to the 19th centuries.

**The United States declares independence from Great Britain (1776):** As America declared independence from Great Britain, the work of enslaved people served as the US's largest financial asset during this time. The profits from cotton propelled the US into one of the leading economies in the world.

**Slavery abolished by the 13th Amendment (1865):** The 13th Amendment ratified on December 6, 1865, the 13th amendment states: "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction."

**The "Sell or Starve" Act (1876):** U.S. Congress cut off all funds to the Lakota people until they gave up claim to the Black Hills in South Dakota. The treaty officially took away Sioux land and permanently established Native American reservations.

**Jes Crow Era laws and rules segregated business customers (1877-1960):** These were state and local laws enforcing racial segregation in the Southern United States enacted after the Reconstruction period and continued in force until 1965. They mandated racial segregation in all public facilities in Southern states.

*Trade and History of Tobacco*

**Slaves harvesting tobacco results in tobacco becoming the No. 1 export from the Americas (1600s-1800s):** Native American labor was initially used, but European colonists found cheapest labor in African enslaved people. Slavery was about economics more than race. Enslaved people were great agriculturalists and knew how to farm many crops.

**US Congress passed excise tax on tobacco (1802):** US Congress passed excise taxes on many items including tobacco as a result of the Union's increasing debt during the American Civil War and the Federal government's need for additional revenue.

**The Religious Crimes Code (1887):** The law made it illegal for Native Americans to practice their religion, including the use of traditional tobacco ceremonies. Many Native people resorted to the use of commercial tobacco as a substitute.

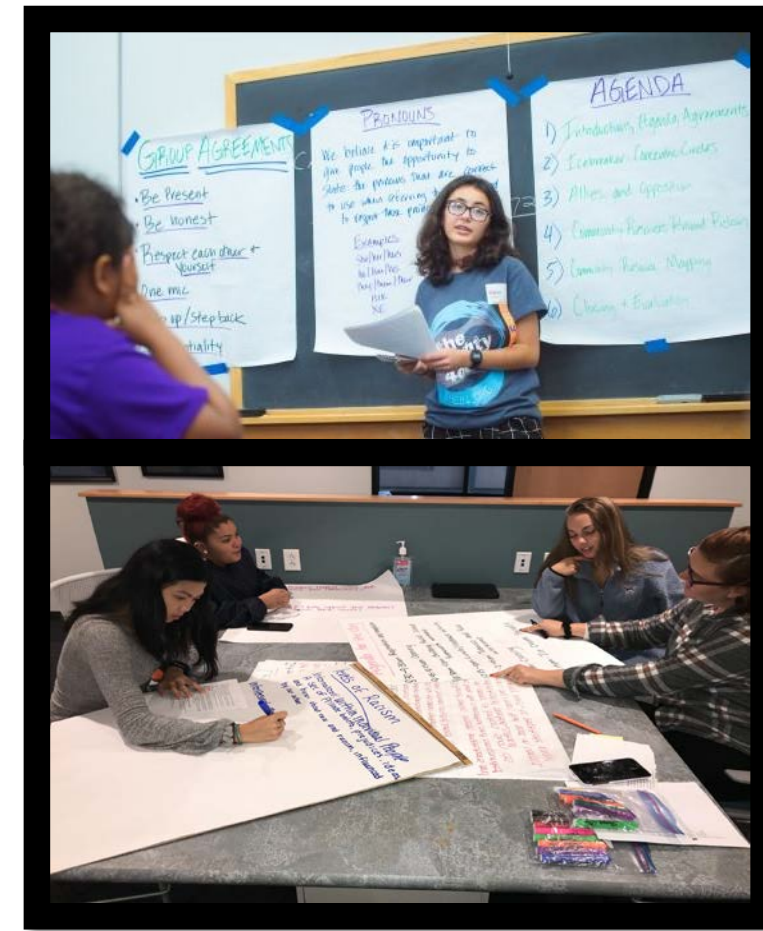
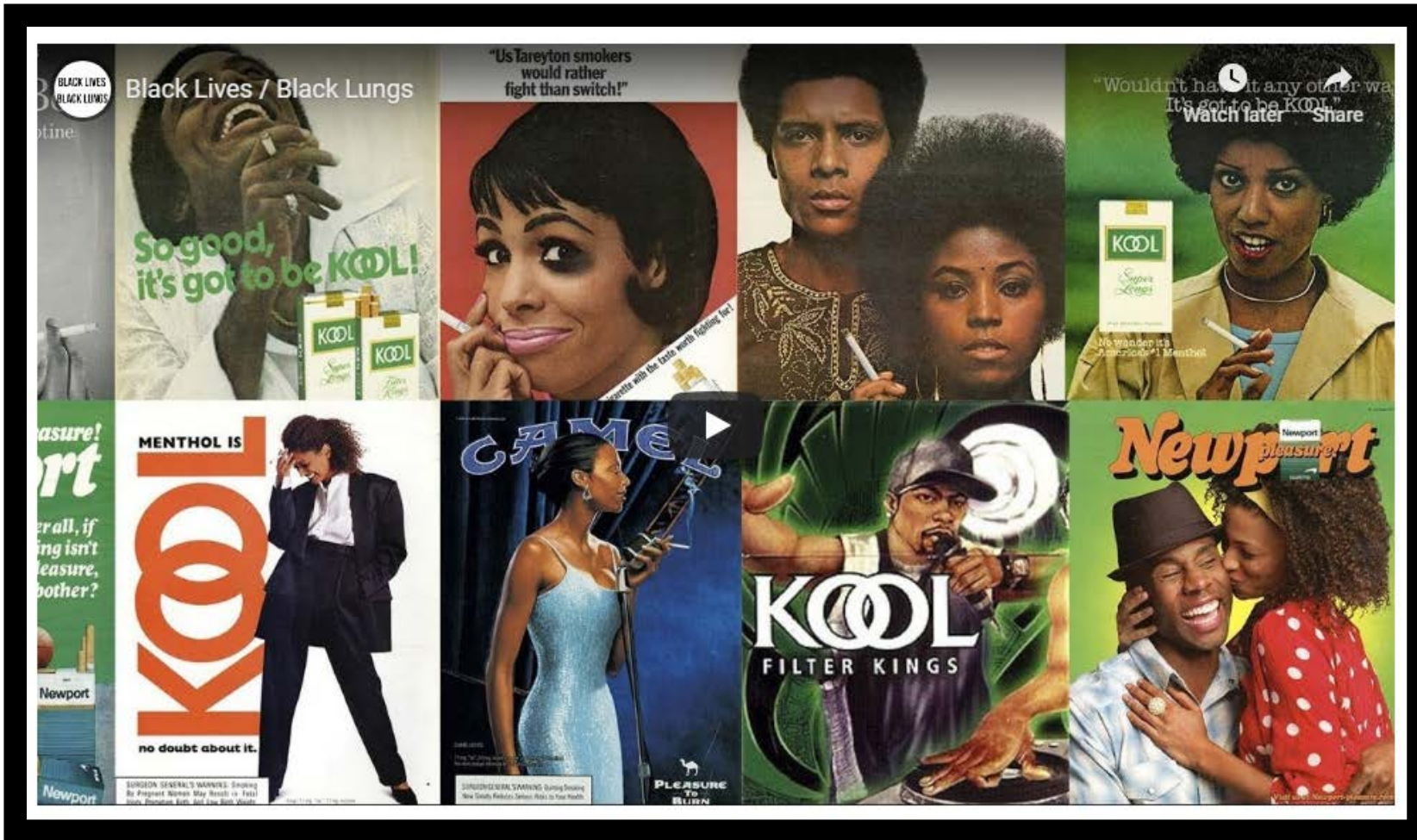
**Tobacco companies target Black consumers using influence (1950s):** Since the 1950s, Philip Morris and Brown & Williamson have been engaged with the National Urban League, the NAACP, and the United Negro College Fund (UNCF).

1600s 1700s 1800s 1900s

1760 - Leafsted Tobacco Harvested  
1802 - Philip Morris Tobacco Harvested  
1876 - K.W. Reynolds Tobacco Harvested  
1954 - Brown & Williamson Tobacco Harvested



# Black Lives Black Lungs Conversations



<http://www.blacklivesblacklungs.com/>

# Youth Care about Equity & Justice

23%

# of youth engaged  
in program

56%

# of mini-grants  
awarded

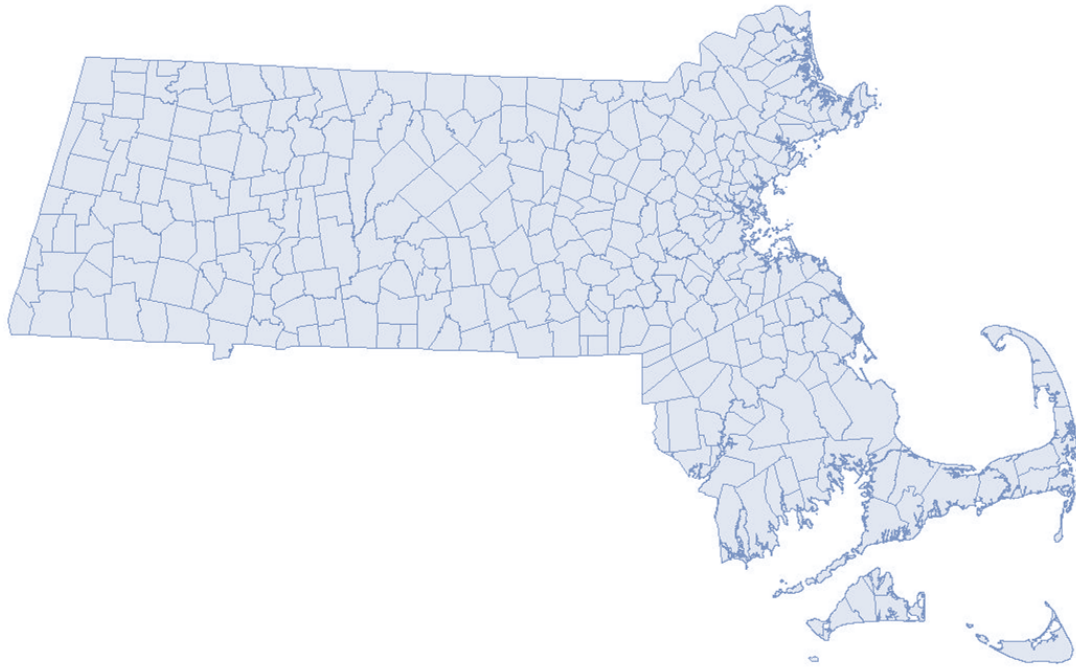
42%

# of chapter  
trainings provided

50%

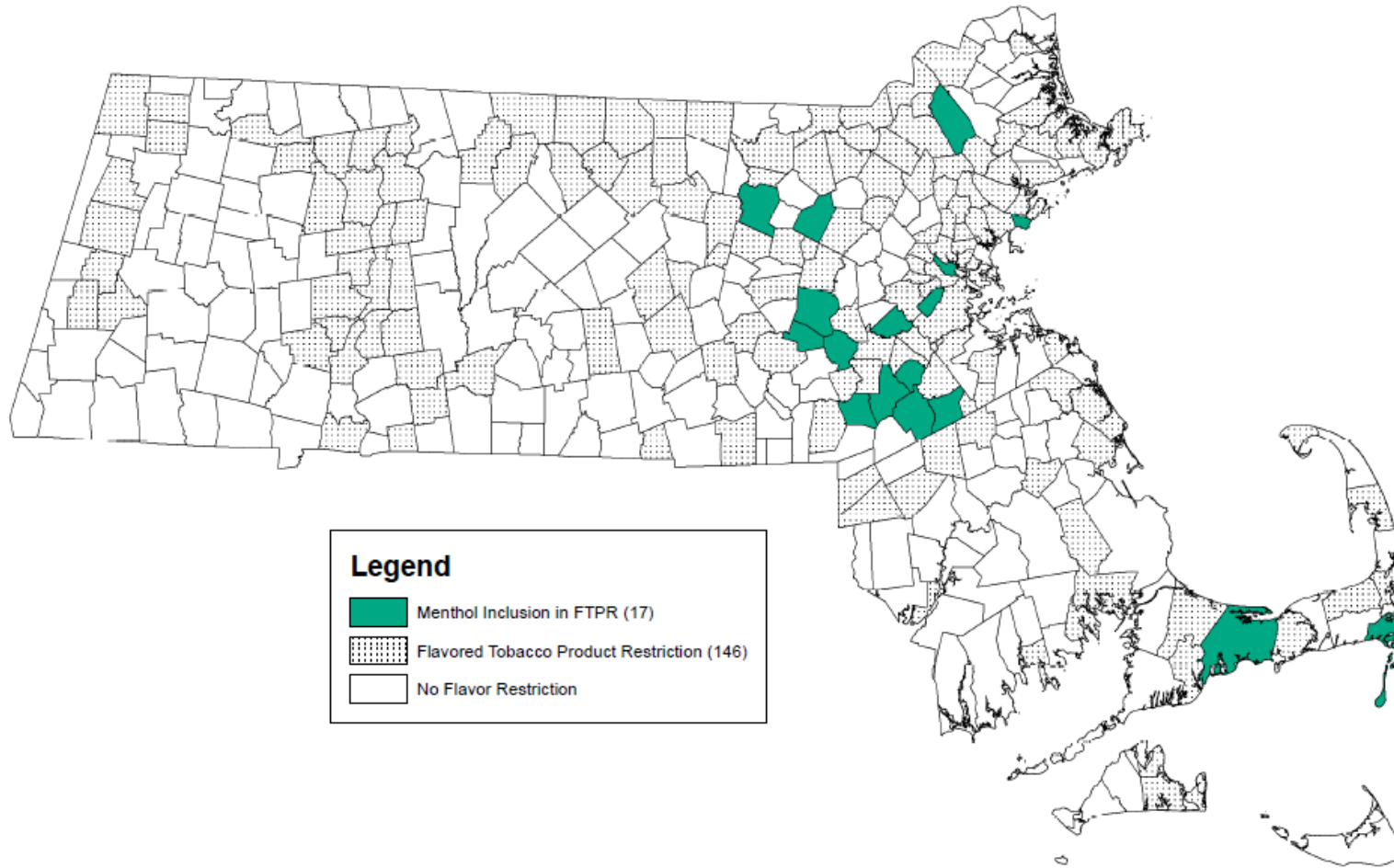
# of youth at Kick  
Butts Day

# Menthol & Local Policy






- 351 municipalities
- Local authority to make reasonable health regulations
- Local policies regulating flavored tobacco products

## Municipalities with a Menthol Restriction: Massachusetts, 2019



### Legend

-  Menthol Inclusion in FTPR (17)
-  Flavored Tobacco Product Restriction (146)
-  No Flavor Restriction

10/25/2019





# WHAT ABOUT VAPING???

*Industry advertisements in this section courtesy are of Trinkets & Trash and Stanford University – Research into the Impact of Tobacco Advertising*

# Tobacco Industry



## Tobacco Companies Target Blacks With Ads, Donations and Festivals

WSJ By LINDA WILLIAMS 10-6-14  
Staff Reporter of THE WALL STREET JOURNAL

BOSTON—The foyer of John Hancock Hall is rapidly filling with stylish women, most of them black. A five-foot-tall poster featuring an attractive black woman in a shimmering red gown waving a slender cigarette greets them. The message reads, “More welcomes you to the Ebony Fashion Fair.”

As the crowd makes its way into the auditorium, young women at the entrances hand out free More cigarettes.

R. J. Reynolds Tobacco Co.’s More, it seems, is everywhere on this afternoon of charity, glitter and fantasy. As model Kym Thomas makes her exit in a Jackie Rogers black and gold backless evening dress, she stops to take a puff. “She smokes More cigarettes,” intones a sultry-voiced commentator in one of several plugs throughout the show.

This is but one tobacco-company strategy for selling cigarettes to blacks, a group that lags behind the general population in kicking the habit.

### More Blacks Smoke

Although blacks as a group started smoking 10 to 20 years later than whites, they quickly caught up. Today, according to surveys by the National Center of Health Statistics, about 45% of black men smoke, compared with about 35% of all men. Overall, black and white women

popular event in black communities. When the 1986-87 season winds up in the spring, it will have visited 191 cities in the U.S., Canada and the Caribbean. In each of these cities, black fraternities and sororities, churches and other charitable and civic groups provide local arrangements and share the locally produced revenue.

It’s difficult to assign a direct sales benefit to More from underwriting the show, says Richard A. Kampe, a Reynolds marketing executive. And the company won’t disclose what its cosponsorship costs. Mr. Kampe says, however, that the association gives “us an opportunity to (distribute) sample cigarettes to target smokers (in a) large number of markets.” The company declines to comment on the doctors’ criticism, referring the question to the Tobacco Institute, an industry group. An institute spokesman said people who raise questions about marketing cigarettes to blacks are “at the very least paternalistic, or even offensive, in suggesting that blacks

### Smoking Demographics

Smoking rates in the U.S. for 1980—the most recent figures available

	BLACK	WHITE
<b>Men</b>		
All ages over 20	44.9%	37.1%
25-34	52.0	42.0

Cigarette companies acknowledge that blacks are important smokers but are reluctant to attribute the growth of particular brands exclusively to their popularity among blacks. But some industry executives say Lorillard’s heavy marketing of Newport to young blacks is responsible for the brand’s growth spurt in recent years to the ninth-best-selling brand overall.

Guy Smith, a Philip Morris spokesman, says, “The black market is very important. It’s a very powerful one.” But what groups are important to which brands is “proprietary information,” he says.

Energetic marketing to blacks wasn’t solely an inspiration of the tobacco companies, says Caroline Jones, executive vice president and creative director of New York’s Mingo-Jones Advertising Inc. When cigarette ads were banned from radio and television in 1971, she says, black publishers told the companies, “You have all that money to spend. We deserve some of it because blacks use your products. Those brands that didn’t make a conscious effort to address that audience lost a lot of it.”

### A Reliable Source

The pitch paid off for the publishers. Although most black publications still report difficulties in attracting a wide variety of advertisers, cigarette companies have been a reliable source of revenue, accounting for 11% of the ad space in a recent Es-

# e-Cig Industry

NOT BLOWING SMOKE

## Juul Spins Vaping as ‘Criminal Justice’ Issue for Black Lawmakers

The company has embarked on a massive lobbying campaign designed to reach the Congressional Black Caucus.

Lachlan Markay Reporter | Sam Stein Politics Editor

Updated 06.10.19 1:03PM ET | Published 06.10.19 5:12AM ET



The New York Times

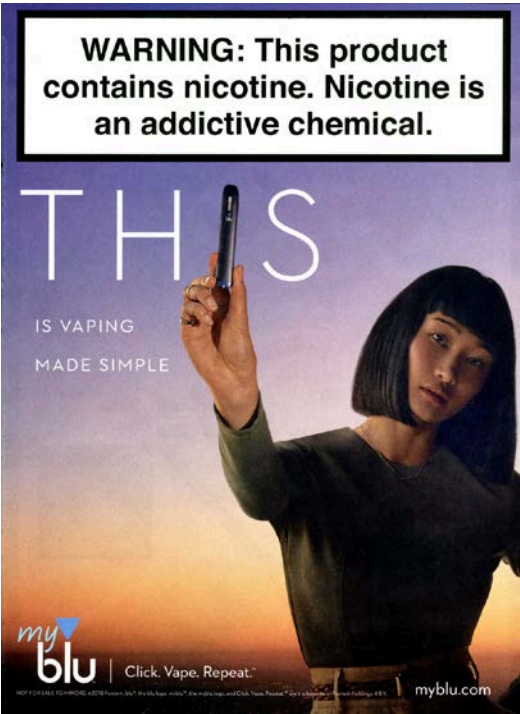
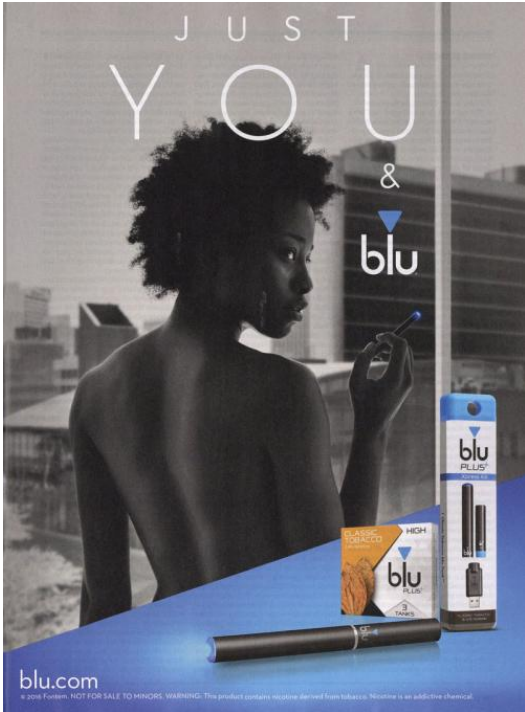
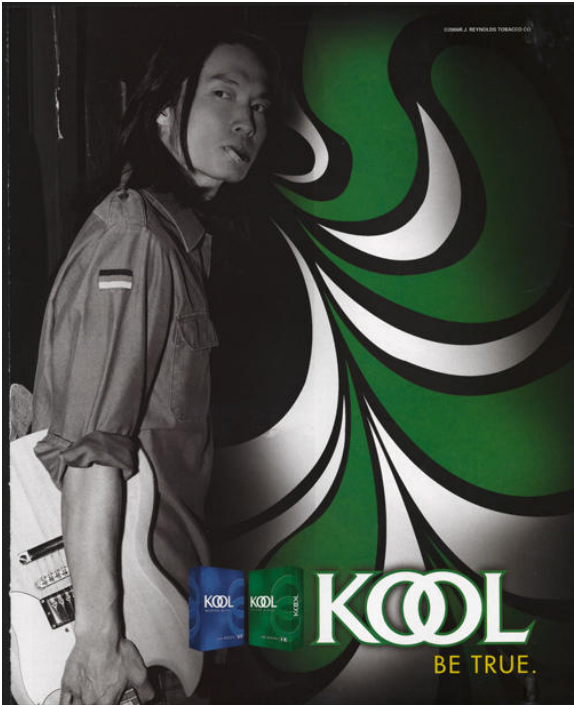
## Black Leaders Denounce Juul’s \$7.5 Million Gift to Medical School



# Tobacco Industry



# E-Cig Industry





# Tobacco Industry



# e-Cig Industry



## MEMORANDUM OF AGREEMENT BETWEEN \_\_\_\_\_ UNIFIED SCHOOL DISTRICT AND JUUL LABS, INC.

### I. Parties

The purpose of this Memorandum of Understanding (MOU) is to establish an understanding between JUUL Labs, Inc. ("JUUL") and the \_\_\_\_\_ Unified School District ("USD") and that JUUL is willing to provide grant funds to \_\_\_\_\_ USD for the purpose of supporting the implementation of a pilot program to educate, prevent, and/or discourage students from using e-cigarettes and marijuana (the "JUUL Program").

The JUUL Program is designed to provide students with information about the harmful effects of e-cigarettes; engage students in learning about how to resist peer pressure; and allow students an introduction to mindfulness as a way to deal with stress, improve focus and reduce emotional reactivity in their lives.

### II. Description of Services

JUUL agrees to provide a grant of \$XXXXX to the \_\_\_\_\_ USD to implement the JUUL Program one of two ways:

#### 1. Saturday School Program

- a. Provide 8 to 10 sessions of a Saturday School program in lieu of traditional discipline targeted toward students who have broken school rules about 1) possessing e-cigarettes on school grounds or at a school function off school grounds; 2) using e-cigarettes on schools grounds or at a school function; or 3) for other violations of school rules such as truancy, skipping classes or any other violation in which a school administrator determines that it would in

# Tobacco Industry



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## Our Partnership

Altria has partnered with HSF since 2001. The company funds scholarships and related student support services, providing some of its funds through its employees, via its workplace giving program. Altria has also been a "Plata" sponsor of HSF's Alumni Hall of Fame

## About Altria Group

Altria Group is the parent company of Philip Morris USA, U.S. Smokeless Tobacco Company and John Middleton. Altria also owns Ste. Michelle Wine Estates, Nu Mark, Philip Morris Capital Corporation, and has a continuing economic and voting interest in SABMiller. The company is headquartered in Richmond, Virginia. Altria's tobacco companies provide adult tobacco consumers in the United States with premium products in the cigarette, smokeless tobacco, machine-made large cigar, and vapor categories. Our companies' stable of strong brands, together with their ability to respond to the many changes in the tobacco industry, have resulted in sustained financial performance and strong returns for investors. Altria is focused on set standards and priorities for its companies, including valuing and respecting employees, working to reduce the harm associated with cigarettes and other tobacco products and partnering locally to improve the quality of life in the community where we do business.

# e-Cig Industry

AP

Vaping essays: E-cigarette sellers offering scholarships

## Vaping essays: E-cigarette sellers offering scholarships

By COLLIN BINKLEY June 8, 2018





# Tobacco Industry



# e-Cig Industry

Warning: The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health.

Kings, 9 mg. "tar", 0.7 mg. nicotine av. per cigarette, FTC Report Mar. '83.  
 Lights, 6 mg. "tar", 0.4 mg. nicotine av. per cigarette, FTC Report Mar. '83.

## KOOL LIGHTS

There's only one sensation this refreshing. Low "tar" Kool Lights. The taste doesn't miss a beat.

There's only one way to play it.

ALL OVER AMERICA...  
**MORE SCIENTISTS AND EDUCATORS SMOKE KENT**  
 with the Micronite Filter than any other cigarette!

SMOKE MEASUREMENTS OF AMERICAN TOBACCO AND PAPER		SMOKE MEASUREMENTS OF AMERICAN TOBACCO AND PAPER	
MARK	SMOKE	MARK	SMOKE
KENT	0.6 mg.	KENT	0.6 mg.
AMERICAN	0.8 mg.	AMERICAN	0.8 mg.
WINDMILL	1.0 mg.	WINDMILL	1.0 mg.
WINDMILL	1.2 mg.	WINDMILL	1.2 mg.

KENT is my favorite, too," says **GEORGE RHODEN**, 1952 Olympic 400 meter champion.

KENT WITH THE MICRONITE FILTER refines smoking flavor...  
 -makes the taste of a cigarette mild!

For good smoking taste, it makes good sense to smoke **KENT**

A PRODUCT OF R. LORELLARD COMPANY - FIRST WITH THE FINEST CIGARETTES - THROUGH LORELLARD RESEARCH

## WHY QUIT? SWITCH TO BLU

blu is the smart choice for smokers wanting a change. Take back your freedom to smoke when and where you want without ash or smell. blu is everything you enjoy about smoking and nothing else. Nobody likes a quitter, so make the switch today.

Visit [blucigs.com](http://blucigs.com)

PREMIUM ELECTRONIC CIGARETTE

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THE ARTISAN VAPOR COMPANY

GIVE THE GIFT OF HEALTH

STOP SMOKING START REPAIRING

IN 1 WEEK: Your lungs are inflamed and irritated.

IN 1 MONTH: Your lungs are inflamed and irritated.

IN 5 MONTHS: Your lungs are inflamed and irritated.

IN 5 DAYS: Your lungs are inflamed and irritated.

IN 8 HOURS: Your lungs are inflamed and irritated.

IN 12 MONTHS: Your lungs are inflamed and irritated.

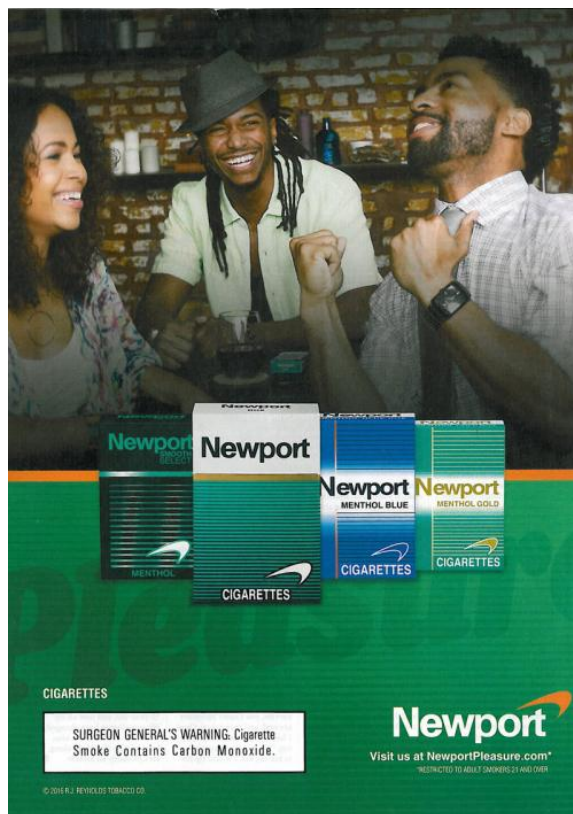
IN 1 YEAR: Your lungs are inflamed and irritated.

TODAY: Your lungs are inflamed and irritated.

EVERY CIGARETTE YOU DON'T SMOKE IS DOING YOU GOOD

[www.artisanvaporcompany.com](http://www.artisanvaporcompany.com)

# Tobacco Industry



# e-Cig Industry

A screenshot of a news article from the JUUL Labs website. The article title is "JUUL LABS SUSPENDS SALE OF NON-TOBACCO, NON-MENTHOL-BASED FLAVORS IN THE U.S." dated October 17, 2019. The article discusses the company's review of its practices and policies, listing actions such as suspending advertising and ceasing support for Proposition C. It also mentions the suspension of non-tobacco, non-menthol-based flavors like Mango, Creme, Fruit, and Cucumber.



# Tobacco Industry



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SURGEON GENERAL WARNING: Tobacco Smoke Increases The Risk Of Lung Cancer And Heart Disease, Even In Nonsmokers.

THE SOUNDS OF **ENJOYMENT** VOL. N°6

**Mr. Reed**  
Audio Experience  
BEST ENJOYED WITH HEADPHONES

EXPERIENCE, FIRSTHAND, HOW A PROGRESSIVE SOUL ARTIST TRANSFORMS A SUBWAY INTO A STAGE AT BLACKANDMILD.COM

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Only limited to eligible smokers 21 years of age or older.

**BUY ONE Black & Mild AND GET ONE Black & Mild**

**CLAIM YOUR COUPON OFFER »**

Size and offer limited to eligible smokers 21 years of age or older. Offer begins 02/01/17 and ends 04/30/17. Offer good only in USA. Limit one request per email throughout the time period. Coupon offer valid in US, AU, NL, SE, and where prohibited.



# e-Cig Industry

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Your order

myblu™ Starter Kit	Qty: 2	\$99.98	\$2.00
<b>Subtotal</b>			<b>\$2.00</b>
Shipping			\$13.39
Shipping Discount			-\$13.39
Tax			\$0.13
<b>Total</b>			<b>\$2.13</b>

Live Chat





# Different Product, Same Tactics



[Photo source](#)



[Photo source](#)



**150 YEARS**  
OF ADVANCING  
**PUBLIC**  
**HEALTH**

# Massachusetts Department of Public Health

## Thank You!

**Jacqueline Doane:** [Jacqueline.Doane@state.ma.us](mailto:Jacqueline.Doane@state.ma.us)

**Lindsay Kephart:** [Lindsay.Kephart@state.ma.us](mailto:Lindsay.Kephart@state.ma.us)

# Q&A

- Submit questions via the **chat box**



# CME/CEU Statement

## Accreditation:

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.

**California Marriage & Family Therapists:** 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 # 182219000.

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



- ✓ Refer your clients to cessation services

# American Association for Respiratory Care (AARC)



- Free Continuing Respiratory Care Education credits (CRCEs) are available to Respiratory Therapists who attend this live webinar

# New Behavioral Health Accreditation

California Association of Marriage and Family Therapists (CAMFT)

This webinar is accredited through the CAMFT for up to **1.0 CEU** for the following eligible California providers:

- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs)
- Licensed Educational Psychologists (LEPs)

# California Behavioral Health & Wellness Initiative

For our CA residents, we are starting a new venture in CA helping behavioral health organizations go tobacco free and integrating cessation services into existing services thanks to the support of the CTCP.

Free CME/CEUs will be available for all eligible California providers, who joined this live activity. You will receive a separate post-webinar email with instructions to claim credit.

Visit [CABHWI.ucsf.edu](https://CABHWI.ucsf.edu) for more information.



# Post Webinar Information

- You will receive the webinar recording, presentation slides, information on certificates of attendance, and other resources, in our follow-up email. All of this information will be posted to our website.
- Instructions will be emailed after the webinar.

# SCLC Recorded Webinar Promotion

SCLC is offering FREE CME/CEUs for our 2017 recorded webinar collection for a total of 13.5 units.

A new collection of accredited recorded webinars from 2018 will be available soon!

Visit SCLC's website at:

<https://smokingcessationleadership.ucsf.edu/webinar-promotion>  
for more information.

# Save the Date

SCLC's next live webinar

- **November 12, 2019 at 2pm ET**
- ***Quitlines: Reducing Disparities and the Impact of Tobacco on American Indian, Alaska Native, and Asian Populations***
- Registration is live on our website at:  
<https://smokingcessationleadership.ucsf.edu/webinars>

# Contact us for technical assistance

- Visit us online at [smokingcessationleadership.ucsf.edu](https://smokingcessationleadership.ucsf.edu)
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