**Minutes of the**
**Tobacco Education and Research Oversight Committee (TEROC)**
**Tuesday, September 29, 2015**

**Homewood Suites by Hilton Oakland-Waterfront**
1103 Embarcadero, Oakland, California, 94606,
(510) 663-2700

**MEMBERS PRESENT:**
Dr. Michael Ong (Chair), Ms. Vicki Bauman, Dr. Wendy Max, Mr. Myron Dean Quon, Dr. Pamela Ling, Ms. Pat S. Etem, Dr. Lourdes Baézconde-Garbanati, and Ms. Debra Kelley

**MEMBERS ABSENT:**
Dr. Alan Henderson (Vice Chair)

**OTHERS IN ATTENDANCE:**
Abdi Soltani, American Civil Liberties Union of Northern California
Aglaia Panos, Marin County Pharmacist Association (MCPHA)
April Roeseler, California Tobacco Control Program (CTCP)
Andrea Zvonicek, CTCP
Charmaine Monte, Stanislaus County Office of Education
Denise Galvez, California Department of Health Care Services (DHCS)
Dr. Bart Aoki, Tobacco-Related Disease Research Program (TRDRP)/University of California, Office of the President (UCOP)
Dr. Catrina Chambers, CTCP
Dr. Norval Hickman, TRDRP
Francisco Michel, CTCP
Frank Ruiz, CTCP
Frederick S. Mayer, Pharmacists Planning Service, Inc. (PPSI)
Irma Amaro, Four Winds of Indian Education
John Lagomarsino, California Department of Education, Coordinated School Health and Safety Office (CDE/CSHSO)
Judy Delgado, CDE
Keri DeGraw, DHCS
Lindsey Freitas, American Lung Association (ALA)
Margarita Garcia, CDE/CSHSO
Nadine Roh, CTCP
Richard Barnes, University of California, San Francisco
Richard Kwong, CTCP
Sandra Soria, CTCP
Sarah Planche, CDE/CSHSO
Tom Herman, CDE
Valerie Quinn, CTCP

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## 1. WELCOME, INTRODUCTION

The TEROC Chair, Dr. Ong, called the meeting to order at 9:41a.m. TEROC members and guests introduced themselves.

## 2. BLUE RIBBON COMMISSION: MARIJUANA POLICY

Abdi Soltani from the American Civil Liberties Union (ACLU) of Northern California

Mr. Soltani began the discussion with ACLU's entrance into drug policy. He indicated ACLU was concerned with issues of criminal justice, racial justice, and loss of individual liberties. ACLU is also concerned about overly expansive laws that affect the behaviors of millions of people, but are so selectively enforced that they lead to increased incarceration of black, brown, and poor people. He also indicated that ACLU wanted to know, "What would it take to regulate and legalize marijuana safely, responsibly, and in a way that is reliable?"

Mr. Soltani also discussed the origin of the Blue Ribbon Commission on Marijuana Policy (BRC). He indicated that while ACLU identified their concerns about marijuana policy, the 2010 ballot measure to legalize marijuana had just failed and Lieutenant Governor Gavin Newsom began speaking out on the issues of mass incarceration and drug policy. ACLU reached out to Lieutenant Governor Newsom's office and out of those conversations the BRC emerged. Mr. Soltani indicated there are 20 experts on the panel for the BRC to include law enforcement, public health experts, a number of people who specialize in addiction as it affects youth, and Rachel Barry from University of California, San Francisco.

Mr. Soltani discussed "What is marijuana" by focusing on the parallels between marijuana and tobacco, and alcohol, and how the three substances are distinctly different. He indicated that marijuana is something that can be smoked and vaped. For those reasons it has much in common with tobacco and by virtue that it is a plant that you smoke and you inhale. He also indicated that of all the health effects associated with tobacco, the nicotine aspect is only one part. He added that it is all the other thousands of chemicals in cigarettes that are entering the body and lungs that are causing health harms.

Mr. Soltani highlighted the article "Adolescents' Perceptions of Risks and Benefits of Conventional Cigarettes, E-cigarettes, and Marijuana: A Qualitative Analysis" to illustrate that younger people really heard the messages about tobacco and its health effects, but do not understand that those same harmful effects apply to marijuana and medical marijuana. In fact, younger people believe there are health benefits to using medical marijuana. So the issue of benefit versus harm is something the BRC can think about in terms of the similarities between tobacco and marijuana. He also indicated that since people tend to consume less marijuana than tobacco, the difference in terms of consumption should also be addressed.

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Mr. Soltani stated that the intoxication factor of alcohol makes the comparison between *alcohol to marijuana* and *tobacco to marijuana* different because no study has shown that nicotine is intoxicating. Both alcohol and marijuana are intoxicating substances, but even then, the intoxicating effects are different in terms of the behaviors to which they lead. Mr. Soltani provided the example of how people who are drunk with alcohol drive differently than people who are under the influence of marijuana.

Mr. Soltani indicated that these comparisons show there is a lot to be learned from the regulation of tobacco, the regulation of alcohol, and the impact of tobacco and alcohol on marijuana, but we should also know that it is not a one-to-one comparison. For marijuana, the biggest difference from tobacco and alcohol is that there is an illegal marijuana market (which is the dominant market), there is a smaller medical marijuana market, and there will ultimately be a legalized adult market. He indicated that while the Commission is working to regulate the legal marijuana market, they are also working to address the illegal market. He also stated that taxation could be complicated in the marijuana market since the policy levers that are traditionally used to tax tobacco are not fundamentally competing with an illegal market

Mr. Soltani indicated that the Commission chose to focus on three questions including 1) How do you deal with youth access while creating a legal marijuana market for adults?, 2) How do you deal with issues of public safety from the criminal and consumption perspectives?, and 3) How do you regulate and tax this industry?

Mr. Soltani used the logic model (Figure 1 in the document *Pathways Report Policy Options for Regulating Marijuana in California* which can be found at https://www.safeandsmartpolicy.org/wp-content/uploads/2015/07/BRCPathwaysReport.pdf) to highlight the Core Approaches to address the Commission's three questions, the Policy Options to address the broader implications of legalizing marijuana, and the BRC Goals.

Under the Core Approaches, Mr. Soltani initially discussed how the Commission benefited from understanding previous tobacco and alcohol work. Using the tobacco and alcohol perspectives showed that as legal industries are created for marijuana, commercial industries would simultaneously be created for the marijuana. However, in the commercial industry decisions could be made in the interest of the producers, retailers, or the market itself instead of the interest of the public.

Second, he indicated the BRC believes it will take a long time to reduce the illegal marijuana market because 1) passing a ballot measure does not make the illegal component of marijuana disappear, 2) policy decisions made about marijuana create competition between the legal regulated market and the illegal market, and 3) if the regulation and taxes are too onerous on the legal actors they will not be able to compete with the illegal market. He further explained that if the taxes are too high then the price of the legal product would be so

dramatically higher than the illegal product that people would continue to purchase the illegal product. Ideally policymakers can introduce a price a little above the market rate because people would rather have a product that is tested than one that is unregulated.

Lastly, he indicated that the regulatory system has to be thought of as protection for the legal market by responsible actors. From this vantage point, penalties and sanctions should be geared toward rewarding the people submitting themselves to a regulated system rather than the people who are not.

Under Policy Options, Mr. Soltani indicated the BRC moved from looking at the three focus questions and took a broader view. First, he discussed the industry structure and determining whether the markets are separate (a medical system or adult use system) or comingled into one. He emphasized that regardless of the type of industry structure, there should be limits on the number of licenses issued based in the size and scale of the industry. He indicated there are risks (e.g., commercial, political, and economic) associated with having small or large industries.

Second, he indicated there are a set of questions around the issue of regulating sales. He suggested that one key element with any ballot measure, if it has a chance of passing, is to limit sales to retail locations that will only make sales to people 21 year of age and older. He indicated the BRC talked about placing limits on discounts, sales, and free sampling.

Third, he discussed the issue of level and types of taxation, which is also one of those matrix issues where the choices can be enumerable. The questions around taxes are 1) at what point do you tax: during cultivation, during distribution, or during sale? and 2) what do you tax: the weight, the price, or the concentration of THC? He indicated there are advantages and disadvantages to the weight-based tax. He suggested that right now, a lot of the marijuana cost is associated with the risk of cultivation because it is an illegal product. However, when the illegal aspect is taken out, the costs will drop. If the taxes are determined by percentage of cost for cultivating marijuana then the revenue is going to be close to zero. He suggested that each component of marijuana tax generates additional questions which make it harder to determine the most appropriate tax for this product, especially since marijuana is illegal at the federal level.

Mr. Soltani indicated that the federal government views marijuana as an illegal product while granting states authority to legalize a federally illegal product. This action introduces additional complications for interaction between the Internal Revenue Service and business and banks, with the result of creating cash businesses. Cash businesses make it harder for states to regulate and hold businesses accountable.

Fourth, he discussed enforcement questions. Mr. Soltani suggested that the questions on enforcement become: 1) how do states enforce marijuana laws when the product is classified as a federally illegal substance, concurrently with a

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legalized state system, concurrent to people operating in an illegal market? and 2) what are the penalties? Mr. Soltani indicated the BRC recommends using the same civil enforcement tools that are used for other people violating business licenses and reserve criminal justice sanctions to people who are breaking the law or operating in the illegal market. There should be some discretion in what are the sanctions for the businesses operating in the legal system or outside the illegal system.

Fifth, Mr. Soltani discussed the critical area of data collection. He indicated that the major point Lt. Governor Newsom makes is that the data is needed to know how implementation of this law is playing out so informed decisions can be made to adjust regulations. Lastly, he discussed investment of revenues. The BRC made several recommendations on how the revenue should be used, but also indicated that expenditure of revenues should be the last consideration.

Under Goals, Mr. Soltani indicated the BRC wanted to figure out what they wanted to accomplish to make informed decisions about the trade-off between choices and accomplishing goals.

**General Discussion**

Dr. Max mentioned that the report included experiences from several other states, but wanted to know if there was anything we could learn from other countries (e.g., the Netherlands) and their views on marijuana.

Mr. Soltani responded that while other members of the BRC could answer that question, he is not the expert in the area of other country's experience with marijuana legalization. He indicated that national lessons learned were not the starting point for the report. He also stated that the BRC conducted a poll of Californians and the emerging areas of interest were youth, safety, taxes, and regulations. He indicated that while there is a lot to learn from other states, the big difference is that California is a major cultivator for export of marijuana to other states. However, if marijuana becomes legal in California, the majority of cultivation will still be illegal because the product is meant for export to other states, which is federally illegal.

Mr. Quon mentioned that one of the issues TEROC looks at in the Master Plan is vulnerable populations and their high risk of tobacco use. He asked, "How is the Commission's work, research, and the different ways of implementing and executing marijuana being tied into vulnerable at risk populations?"

Mr. Soltani responded that it was a very conscious decision to lead marijuana legalization with the legalization of medical marijuana first. Starting with medical marijuana allows the Commission to start with a sympathetic population who is living with various conditions to help change the narrative on drug policies. What is complicated about marijuana in relation to public health is the growing body of evidence that marijuana has medical and therapeutic benefits. The dualities of benefit and harm have really gotten out to the public. The health harms associated with marijuana consumption are like hyperboles that come out from



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the antidrug abuse crowd, which are dismissed by young people and adults since a lot of people using marijuana live normal lives.

Mr. Soltani indicated that legalizing retail sales of marijuana would allow researchers and advocacy groups to take a proper thoughtful evidence-based look at the true medical benefits, the ways it can be administered for medical and therapeutic purposes, the side effects and the trade-offs of using marijuana relative to the current practice of prescribing medication. He also indicated that legalizing marijuana would allow researchers and advocacy groups to research the health risk associated with marijuana that are similar to tobacco. However, there are different health risks associated with edible marijuana products. Then you have to look at which populations are using it, in which manner are they using marijuana, and will marijuana use lead to more tobacco use and less alcohol use?

Ms. Etem asked if there has been a lawsuit burden on the states that have legalized marijuana in relation to neighboring states or the federal government.

Mr. Soltani responded that since the BRC began, Washington, Colorado, Oregon, Alaska, and the District of Columbia legalized marijuana. The legal issues in those states are starting to be worked out. This Administration is not using the federal government's enforcement powers to go after states that legalize marijuana. There are states neighboring Colorado that have sued, so that will be the first test of this legal arrangement.

Ms. Kelley mentioned she looked at the policy options and wanted to know if the BRC addressed where marijuana products can be used and under what circumstances.

Mr. Soltani responded that he thinks that this is addressed under the regulations of sales section along with consumption. He indicated this is where you get into some complicated topics such as housing, type of property (federal versus public), car, economic issues, and where are you left to consume this product which can drive people toward edibles which is sometimes worse. He suggests that where there are smoke-free laws marijuana too should be banned.

Dr. Baézconde-Garbanati asked how we turn our thinking around in this paradigm shift when we are all used to thinking about one type of regulation. She also wanted Mr. Soltani to explain the types of system of reward that could be set-up in a regulatory environment but still controls this type of product, its use, its sale, and its distribution.

Mr. Soltani responded that the question becomes who is allowed to enter the market. He suggests that ideally the California Police Chiefs Association would not want people with a felony in the market. Excluding people with a criminal record would categorically exclude young African American and Hispanic men who were incarcerated because of the racist war on drugs are now still excluded from this market. Then the question becomes how do you make a system that is



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inclusive but still consider the valid concerns of the California police chiefs that you do not want people using an illegal industry to carry out a legal activity? The solution could be that every worker in the industry would have to be licensed (e.g., the cultivator, the farmer, the distributor, the person getting a job to sell it at the retail point of sale). The licensed individual would have to get some type of education or training that is not excessive but would allow them to understand the market they are getting into. Then, if the licensed individual breaks the law or rules then he or she would lose her license, but we are at least giving people a chance to enter the system, be held accountable and not just use jail time as a punishment. He indicated the more we can emphasize training, licensing, and responsibility rather than categorical exclusion the better it will be.

Ms. Bauman inquired about youth targeting and revenues to educate young people about the health harm and gateway to other drugs.

Mr. Soltani responded that moving to a legal system should make the product more reliable. But the youth sales will still be an illegal market. He agreed that the quality of drug safety education needs to improve, but the education has to move away from the hysteria around marijuana because it does not work with youth. The Commission does suggest an investment of revenue, but not sure what the ballot measure will include. He indicated that the Commission heard back from the tobacco control community about not targeting the youth apart from the adult population; that whatever is done with the youth strategy has to be part of the wider population level education. The Commission found this feedback really interesting because the Commission really wanted to focus the education on youth.

Mr. Soltani also referenced the Appendix A: Youth Education and Prevention Working Group Policy Brief (found at: https://www.safeandsmartpolicy.org/wp-content/uploads/2015/07/BRCPathwaysReport.pdf pages 72-84). He indicated the free standing policy report on youth is the product from the Commission's Youth Working Group.

Dr. Ling thanked Mr. Soltani for his presentation and being data driven. She inquired whether anyone actually had to listen to the recommendations from the Commission then she asked what are the next steps or the impact of this work?

Mr. Soltani responded there are multiple stakeholders who are working on various drafts of marijuana ballot measures and at this stage it is not fully clear what will proceed and what will have the funding behind it, but he is certain they have read the *Pathways Report*. He indicated that regulating the marijuana system is very important to Lieutenant Governor Newsom, but he does not think that every point in the *Pathways Report* will be included in the development of a marijuana system. The BRC hopes that as the marijuana system is developed, it is thought of as a process of implementation where data collection is critical to assess the marijuana environment and to make informed decisions related to marijuana.

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Ms. Etem asked if there is a formula or process to assess benchmarks for rolling out marijuana legalization in phases to determine how and if marijuana should be fully legalized.

Mr. Soltani responded that he believes we are twenty years into that process right now. He indicated that twenty years ago California was the first state to legalize medical marijuana, but genuine state regulation did not accompany legalization. This action caused chaos for the medical marijuana system and its regulation. In 2010, marijuana possession changed, making it a misdemeanor if someone is caught with a small amount of marijuana in their pocket. He also indicated that he thinks certain benchmarks have been met in terms of what we have learned about medical marijuana, but part of the problem is that there is a large number of people with a medical marijuana card who do not have a genuine medical need. Then next big benchmark is going to be federal decriminalization of marijuana.

Mr. Mayer inquired about safety as it pertained to consumer protection and product safety. He asked who do consumer advocates, specifically pharmacist advocates talk to, to regulate and standardized the THC dose.

Mr. Soltani responded that the state just passed a new round of state regulations on medical marijuana and it gives authority to different parts of state government to regulate different aspects of marijuana. He indicated that since marijuana is a federally illegal substance, research is limited. However, the California Department of Public Health will be a very important entity in providing leadership on the public health impact. He also indicated that product safety and product packaging/labeling will be addressed in the ballot measures and will be addressed in regulations. In regards to youth, he indicated that it is important that we take a concerted effort to educate and equip young people with the knowledge and tools to deal with their decision making and to have proper intervention when youth are found to abuse drugs.

Ms. Roeseler asked if there was any direction on where Governor Brown stands on legalization of marijuana considering the Lieutenant Governor has been a part of the BRC and has been providing direction on this issue.

Mr. Soltani responded that Governor Brown has indicated that in this global economy we need to be sharp on this issue. Mr. Soltani also indicated there will be a 2016 ballot measure on marijuana. However, he is not sure what stance the Governor will take on the measure. One of the main issues for marijuana is that a lot of people are using it, so it important for the Governor to get involved before the bill reaches his desk because it is balancing act between legalizing marijuana without driving up consumption. Ultimately Mr. Soltani thinks the Governor's views are not inclined to support legalization of marijuana.

Dr. Ong thanked Mr. Soltani for presenting the Commission's report and indicated that TEROC will continue to monitor the marijuana movement moving forward.

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## 3. APPROVAL OF MINUTES, CORRESPONDENCE, AND ANNOUNCEMENTS

Approval of the June 3, 2015 meeting minutes with one amendment on page 4 to change Dr. Lourdes to Dr. Baézconde-Garbanati. Dr. Ling moved to accept the minutes, seconded by Ms. Etem, motion passed unanimously.

The chair reviewed TEROC-related correspondence:

**Incoming Correspondence:**

- July 9, 2015 letter from Toni G. Atkins, Speaker of the Assembly, to Dr. Michael Ong, Chair of TEROC, appointing Ms. Debra Kelley to serve on the TEROC. Ms. Kelley's effective date of appointment is July 9, 2015 and the expiration date is January 1, 2017.

**Outgoing Correspondence:**

- June 5, 2015 TEROC letter to Assembly Member Rob Bonta expressing the Committee's Support position for Assembly Bill 1396.

- June 5, 2015 TEROC letter to Senator Richard Pan expressing the Committee's Support position for Senate Bill 591.

- July 17, 2015 TEROC letter to Mr. Abdi Soltani of the Blue Ribbon Commission on Marijuana Policy expressing the Committee's concerns about marijuana legalization in California and recommendations to minimize the threat to tobacco control efforts.

  Dr. Ong indicated he received a response back from Mr. Soltani. Mr. Soltani's response indicated that although all of TEROC's concerns were not addressed in the *Pathways Report* prior to its release, he was thankful for TEROC's thoughtful responses and dialogue regarding marijuana legalization.

  Dr. Ong also indicated that the point of the letter to the Commission was to encourage work with the three agencies to further discuss the intersection between tobacco and marijuana legalization and regulation.

- September 10, 2015 TEROC letter to Provost John W. Etchemendy urging Stanford University to adopt a policy to prohibit the use of all tobacco products, including electronic smoking devices, on all University properties.

  Dr. Ong indicated the he has not received a response back yet.

- September 21, 2015 TEROC letter to State Superintendent of Public Instruction Tom Torlakson expressing the Committee's concern about delays in executing the Tobacco-Use Prevention Education Evaluation Study.

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4. **ENVIRONMENTAL UPDATE**

TEROC discussed tobacco control issues in the media, including the following news articles and reports:

- **San Jose State tobacco, vaping ban takes effect**: http://www.mercurynews.com/health/ci_28686147/san-jose-state-tobacco-vaping-ban-takes-effect **and** http://sanfrancisco.cbslocal.com/2015/08/04/san-jose-state-university-becomes-latest-tobacco-free-campus/

- **State Attorneys General (AG) pressure e-cigarette companies targeting minors**: http://www.reuters.com/article/2015/07/10/usa-ecigarettes-minors-idUSL1N0ZQ0DB20150710

- **National Park Service Banned E-Cig Use in Parks**: http://www.usnews.com/news/articles/2015/09/14/national-park-service-bans-e-cigarette-use-where-smoking-prohibited

- **Food and Drug Administration (FDA) to delay rules on how e-cigarette are packaged**: http://thehill.com/regulation/251669-fda-delays-rules-for-e-cigarette-packaging

- **E-cigarette explodes; Dingell calls for action by FDA**: http://www.freep.com/story/news/local/2015/08/21/dingell-cigarettes/32131515/

- **Congresswoman seeks national age limit for e-cigarettes**: http://www.nacsonline.com/news/daily/pages/nd0715152.aspx

- **Young Adults' Risk Perceptions of Various Tobacco Products Relative to Cigarettes: Results from the National Young Adult Health Survey**: http://www.ndtv.com/world-news/young-adults-think-hookah-e-cigarettes-safer-than-cigarettes-study-1210491

- **How the Truth Campaign plans to end youth smoking once and for all**: http://www.fastcocreate.com/3049629/behind-the-brand/how-the-truth-campaign-plans-to-end-youth-smoking-once-and-for-all

- **Talks for Pacific Trade Deal Stumble**: http://www.nytimes.com/2015/08/01/business/tpp-trade-talks-us-pacific-nations.html?_r=0

- **Will Trans-Pacific trade deal go up in smoke over anti-tobacco proposal?:** http://www.politico.com/story/2015/08/will-trans-pacific-trade-deal-go-up-in-smoke-over-anti-tobacco-proposal-121272.html

- **McConnell warns Obama against tobacco carve-out in trade deal:** http://thehill.com/policy/finance/249913-mcconnell-warns-obama-against-tobacco-carveout-in-trade-deal

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**General Discussion**
Dr. Ling discussed TEROC's draft of e-cigarette talking points because the current policy questions involve e-cigarettes. She opened the discussion by inviting other interested TEROC members to join the E-cigarette Subcommittee. She indicated that only she and Phil Gardener remain in this subcommittee.

Dr. Ling circulated the draft of e-cigarette talking points to the TEROC members and welcomed comments. She indicated the idea around this document was that TEROC and its individual members are often asked to represent TEROC when local ordinance on e-cigarettes are being considered. TEROC as a committee decided that if a TEROC member is available then that members could show up and represent TEROC on e-cigarettes. She also indicated that the data TEROC was using on e-cigarettes is a little over two years old so one of the things the subcommittee wanted to do was update the talking points by using more recent data.

Dr. Ling indicated that two years ago the types of policy questions TEROC was asked to weigh in on are different from the questions TEROC is receiving now. For example, two years ago TEROC was frequently asked whether e-cigarettes should be included in smoke-free policies. She indicated those questions matched well with TEROC's position two years ago that e-cigarettes should not be used in places where other tobacco products are banned. Now, policy questions raised are about tobacco retail licensing. Because of the change in the nature of the questions, Dr. Ling thought that TEROC, as a committee, would want to revisit or extend their official position on e-cigarettes to be more inclusive of the evolving policy issues being raised.

Dr. Ling highlighted the Master Plan and how TEROC already said many things about e-cigarettes that go beyond the current official TEROC position statement particularly with the need for more regulation of e-cigarettes similar to tobacco products. Dr. Ling indicated that the subcommittee wanted to know if other TEROC members felt it was appropriate to expand TEROCs official position on e-cigarettes from banning use of e-cigarettes in places where tobacco products are banned to something around e-cigarettes should be regulated similar to other tobacco products which would then match better with the Master Plan.

Ms. Kelley indicated she would be happy to be on the subcommittee because she is doing a lot of work on e-cigarettes. She agreed with Dr. Ling's summary of change in policy questions surrounding e-cigarettes and felt that was very appropriate to expand the official TEROC position statement on e-cigarettes.

Ms. Etem also agreed that having current language from the Master Plan would be helpful.

Mr. Mayer offered two statements regarding the Environmental Update to address e-cigarettes, which included issues about Senate Bill 24's requirement for safety caps on e-cigarette liquid nicotine. He wanted to know if there was

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anything TEROC could do to help change the language in that bill to reduce poisonings and deaths rate in California. His second statement was the use of Proposition 65 to regulate warning labels on e-cigarette liquids.

Dr. Ong responded that TEROC is concerned about the level of poisonings and inclusion of warning signs. He indicated that as bills come up regarding labeling or warning signs TEROC is willing to make a formal comment, pending TEROC vote on the action.

Ms. Roeseler indicated that some of the e-cigarette companies have already included warning labels to circumvent Prop 65 violations.

Dr. Ong summarized the discussion into two points 1) updating TEROCs position of e-cigarettes and 2) follow-up on the request to write letters to Pamela Harris and the Food and Drug Administration. Dr. Ong indicated that based on the comments from the CTCP and Ms. Freitas from the American Lung Association, TEROC should wait to determine if letter should be sent to officials regarding pending legislation.

Dr. Max indicated that the drafted talking points are good, but more should be added to address sales and marketing.

Dr. Baézconde-Garbanati wanted to know if TEROC could come up with a better description of the broad range of electronic smoking devices that are emerging.

Dr. Ling responded that there is language in the Master Plan that addresses the issue of defining e-cigarettes versus vaping. She also indicated that the talking points should include the Master Plan language. She suggested that a second sentence could be added to the position statement such as “TEROC supports the regulation of other vaping products as tobacco products.”

**Action Item**:
The subcommittee will continue to work on the e-cigarette talking points and research the language used. The subcommittee will present the second draft of the talking points at the next meeting.

**5. <u>FOUR WINDS OF INDIAN EDUCATION: CHALLENGING OUR YOUTH ON TOBACCO EDUCATION (C.O.Y.O.T.E.) PROJECT</u>**

Irma Amaro, Community Education Specialist at Four Winds of Indian Education and Judy Delgado from the California Department of Education

Ms. Amaro began the presentation by distinguishing between commercial tobacco use and traditional tobacco use (interchangeable with ceremonial tobacco use) among Native Americans. She highlighted the negative health effects of commercial tobacco use and indicated that Native Americans associate ceremonial tobacco use with positive attributes such as wisdom, respect and bravery. She also stated that the traditional use of tobacco involves more than

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using the tobacco plant, but also includes the use of other plants that are medicinal and sacred to native peoples, such as sage, cedar and wormwood.

Ms. Amaro indicated that American Indians have used tobacco products in ceremonies, rituals and during prayer for thousands of years. However, smoking cigarettes constitutes abuse of tobacco's original purpose.

She indicated that tobacco companies target American Indian communities by co-opting Native American icons and using them to draw people in with products such as Natural American Spirit. She also suggested that false claims made by some tobacco companies mislead people into believing their product is not harmful, thus contributing to their continued ceremonial tobacco use for ceremonies and personal use.

Ms. Amaro identified five American Indian Education Centers that have Tobacco-Use Prevention Education programs funded by the California Department of Education:

- American Indian Child Resource Center, Oakland
- Four Winds of Indian Education, Inc., Chico
- Northern California Indian Development Council, Eureka
- Resources for Indian Student Education, Alturas
- Southern California American Indian Resource Center, San Diego

These programs work on educating the community on traditional vs. commercial tobacco. Ms. Amaro indicated that traditionally, Native Americans consider tobacco as a gift from earth, and that the burned tobacco smoke has healing qualities. She further stated the Native American programs agree with TEROC that commercial tobacco should not be used, but they support the ceremonial use of tobacco. Ms. Amaro described how the five year collaboration with Redding Rancheria allowed her program to cultivate tobacco plants along the river of the Rancheria property. Growing and harvesting tobacco allowed the program to educate their community about the proper use of tobacco, how to avoid commercial tobacco use, and presented an opportunity for the program to exchange commercial tobacco with harvested tobacco for ceremonies.

**General Discussion**

Dr. Baézconde-Garbanati asked the presenters regarding current developments in the Native American community around tobacco control policy.

Ms. Delgado responded that there needs to be education done with tribes to dispel myths about the negative economic impact of adopting smoke-free policies, in casinos, for example.

Ms. Amaro concurred and added that tribes are eager to exert their sovereign rights in order to protect the perceived interests of their members, including economic interests. She provided an example about the Redding Rancheria's decision to implement a smoke-free policy. Although employees and customers

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expressed support during implementation of this policy, ultimately, the Council rescinded the policy when revenues declined. Ms. Amaro also stated that if the implemented policy received sufficient time, the Rancheria's profits would have either remained stable or even increased.

Mr. Lagomarsino asked whether tobacco use data were collected to distinguish between commercial and traditional use among the communities they educated.

Dr. Ong responded that he did not believe that was the case and added that even if such data were collected the sample size would be too small to draw any conclusions.

Ms. Amaro presented TEROC and meeting attendees with a gift of sage bundles as an alternative plant that could be used by Native Americans instead of commercial tobacco.

The Chair thanked Ms. Amaro and Ms. Delgado for the presentation.

**6. <u>VOLUNTARY HEALTH AGENCY UPDATE</u>**

Lindsey Freitas of the American Lung Association presented on behalf of the voluntary health agencies.

Ms. Freitas reported that over the course of the year the voluntary health agencies worked on 21 tobacco-related bills. These bills were introduced in the regular session and the special session convened by the Governor. Of the 21 bills, three (Assembly Bill [AB] 216, AB 768, and AB 1162) from the regular session made it to the Governor's desk for his signature.

AB 216 (Garcia) sought to clarify the laws on non-nicotine electronic cigarette (e-cigarette) products. Assembly Member Garcia also wanted to ensure that non-nicotine e-cigarette were subject to the same age restrictions as e-cigarettes that contain nicotine. Ms. Freitas indicated that ambiguities in current law helped it to pass through the legislature. She also indicated that the Governor had until October 11, 2016 to sign or veto all three bills.

AB 768 (Thurmond) sought to prohibit the use of smokeless tobacco products in baseball stadiums, including the fields and other areas where people can see the players using tobacco products.

AB 1162 (Holden) adds a statute for tobacco cessation services for Medi-Cal recipients. AB 1162 would allow all over-the-counter cessation medications to be available to Medi-Cal recipients without prior authorization from health plans and would require that one of the three prescription cessation drugs be available without prior authorization. Ms. Freitas highlighted that although AB 1162 was revised, the final version is still a good bill.

Ms. Freitas indicated that the ALA did not have a good sense of whether the Governor would sign these bills, since he has not made tobacco control a priority



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during his administration, with the exception of this summer's Special Session. She indicated that if Governor Brown vetoes AB 1162, it would be for fiscal reasons given the deficit projected for Medi-Cal.

Ms. Freitas stated that none of the other tobacco-related bills made it out of the legislature. This included Senate Bill (SB) 140 (Leno) which would have changed the definition of tobacco products to include electronic devices and SB 151 (Hernandez) which would have raised the minimum age to purchase tobacco. These two bills were to come before the Senate Governmental Organization Committee, but Senator Hernandez decided not to have SB 151 heard by the Committee based on feedback he received from the Chair. SB 140 was heard by the Committee but after the Chair attempted to force significant amendments onto the bill, which would have gutted it, the bill stalled and it did not make it out of the Committee.

Ms. Freitas indicated that Governor Brown convened a special legislative session to address a substantial gap in Medi-Cal funding. As part of this special session, the Governor wanted to address tobacco-related issues. The gap in Medi-Cal funding relates to a Managed Care Organization tax that is assessed to plans that work with Medi-Cal. The federal government provides a match to these revenues. However, because California does not tax plans that do not provide services to Medi-Cal patients, the federal government will no longer be providing a match, and this has resulted in the $1.1 billion funding gap that the Governor is trying to address through the special session. Ms. Freitas stated that tobacco fits into this session in two ways. First, tobacco costs Medi-Cal directly $3.5 billion per year, if we can eliminate long-term tobacco use, we can eliminate some of these costs. Second, revenues from a tobacco tax could be used to close some of the gap.

Ms. Freitas indicated that identical bills were introduced concurrently in both houses of the Legislature to expedite the process. Any differences would be resolved in a conference committee. This resulted in a total of 12 bills. The details of how exactly the process will work is not clear at the moment. This process included the reintroduction of bills that have not been passed in recent sessions of the Legislature.

A total of 12 tobacco-related bills were introduced at the beginning of the special session, including:

- SB 5 X2/AB 6 X2, which would change the STAKE Act's definition of tobacco products to include electronic devices and require retailers to obtain a state license. It will also include electronic cigarettes in California's smokefree laws and require child-resistant packaging for these products.

- SB 6 X2/AB 7 X2, which would expand the prohibition on smoking in a place of employment to eliminate most of the specified exemptions that permit smoking in certain work environments.



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- SB 7 X2/AB 8 X2, which would raise the legal minimum age of purchase for tobacco products from 18 to 21.

- SB 8 X2/AB 9 X2, which would require all school districts and County Offices of Education (COEs) to adopt and enforce a tobacco-free campus policy.

- SB 9 X2/AB 10 X2, which would authorize counties to adopt local tobacco taxes.

- SB 10 X2/AB 11 X2, which would establish an annual Board of Equalization (BOE) tobacco licensing fee that is sufficient to cover the cost of administering and enforcing the program.

- SB 13 X2/AB 16 X2 which would increase the state tobacco tax by a $2 per pack tax on tobacco products.

All of the Senate bills made it all the way through the Senate. However, the Assembly bills experienced some challenges including a transition in leadership. The Assembly bills made it through the Policy and Fiscal committees. For the Special Session, the bills did not have to go through the Governmental Organization Committee, since special committees were created for the Special Session. The Assembly bills went to the floor but the Legislature went on recess on September 11, 2016. Because the 12 bills were special session bills they can be taken up when the Legislature reconvenes in January 2016.

In addition to the twelve special session bills mentioned above, a tobacco tax bill was also introduced in each house. The bills would fund Medi-Cal and tobacco use prevention. There was no movement on these bills, but they might be taken up when legislators return in January 2016.

SB 14 X2 (Hernandez) was introduced at the very end of the Special Session as a comprehensive bill that included various components of the 12 special session bills. Ms. Freitas indicated that this bill made it through the Policy Committee and the Fiscal Committee but did not go any further.

Ms. Freitas stated that because of the Special Session and the heightened interest in tobacco issues, every single office in the Legislature was contacted and educated about tobacco in a very meaningful way. Legislators were forced to really think about how they would vote on these issues. Ms. Freitas also indicated that the coalition that has been working on the tobacco tax issue was really instrumental on advocating for the Special Session tobacco bills. This coalition is still working on an initiative for November 2016 for a tobacco tax. The tobacco tax would fund Medi-Cal, tobacco prevention, and law enforcement, as well as provide backfill for programs funded by current tobacco taxes. Unless a tobacco tax is approved by the Legislature, the coalition will continue to move

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forward towards placing an initiative on the ballot. The coalition includes the California Medical Association (CMA) and Service Employees International Union (SEIU) which are two political powerhouses.

**General Discussion**

Dr. Ong asked what action TEROC could take to support the Special Session bills

Ms. Freitas responded that one letter of support for all the bills would be most helpful.

Dr. Ong then asked what specifically TEROC can do to support SB 14 X2 (Hernandez).

Ms. Freitas suggested that TEROC not take any action on that bill and to focus on the other Special Session bills. Ms. Freitas added that she received information that a Conference Committee has been established, made up of six members from each House. It is possible that the Committee will meet prior to January to specifically address the Managed Care Organization tax with the goal of solving that specific issue and that it could be taken to the floor when the Legislature reconvenes in January 2016.

Dr. Max asked whether the tobacco tax bill would tax e-cigarettes.

Ms. Freitas responded that the tobacco tax bill would also tax e-cigarettes. They would be taxed in a way comparable to other tobacco products (OTP) that it would tax devices and liquids, but not individual components, such as chargers. Some of the details on the mechanisms of taxation are left to the Board of Equalization (BOE).

Mr. Kwong indicated that should SB 14 X2 be enacted, there would be an opportunity for TEROC to provide public comment to BOE's regulations on how e-cigarettes should be taxed, since a 45-day public comment period is usually required for proposed new state regulations.

Mr. Aoki sought clarification on whether the two ballot initiatives that deal with cigarette taxes are both moving forward.

Ms. Freitas responded that she expects another initiative to be introduced, and that the current two will not move forward. She also added that she does not know whether the new initiative will include e-cigarettes. Signature gathering will probably happen through January 2016.

Mr. Mayer wanted to know if the information provided by the Voluntaries to TEROC filters down to the field.

Ms. Freitas responded that the ALA in California works with ALA offices across the state to disseminate information, and works to facilitate the action at the local



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level. She also indicated that this was the first time that ALA has made a broad appeal to tobacco control coalitions to submit letters to legislators and the response from coalitions was phenomenal.

The Chair thanked Ms. Freitas for the presentation.

**Action Item**
TEROC to write letter in support of all 12 tobacco control Special Session bills. Ms. Etem moved that TEROC write a letter in support of all 12 tobacco control bills considered during the 2015 Special Session on Health Care Financing Issues. Seconded by Ms. Bauman. Passed unanimously.

## 7. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, CALIFORNIA TOBACCO CONTROL PROGRAM REPORT

April Roeseler of the California Tobacco Control Program (CTCP) presented on behalf of the CTCP.

Ms. Roeseler reported that in June, CTCP released *Tobacco Facts and Figures, 2015* to ensure the tobacco control field was using the most current data available when writing letters or speaking on the issue.

Ms. Roeseler indicated that CTCP reached out to First Five to engage new partners. First Five expressed particular interest on the impact of nicotine on early brain development during pregnancy and nicotine poison prevention. First Five indicated that, since they are not content experts on the topic, they would appreciate CTCP providing content and technical assistance on e-cigarettes. CTCP is working on this.

Ms. Roeseler reported that CDPH, as whole, provided input to the Governor's Office on what should be included in the General Plan Guidelines. Tina Fung and Jenna Grosser from CTCP put together recommendations on what counties should incorporate into their general plans, including smoke-free multi-unit housing, density and zoning issues.

Ms. Roeseler reported that the Joint Conference would be taking place October 27-29, 2016. She estimated that 500 participants are expected to attend the conference.

In mid-September, CTCP, TRDRP and others participated in the State and Community Tobacco Control (SCTC) Research Meeting. CTCP presented on the translation and dissemination of tobacco control research and how CTCP has been using this federally-funded research in its own program. CTCP is very interested in the National Cancer Institute continuing to fund policy research.

In terms of addressing health equity issues, CTCP's training and technical assistance contractor "The LOOP" has been very engaged over the past two months in providing webinars to include: 1) Applying Cultural Competence to

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Evaluation, 2) Social Determinants, Health Equity, and Tobacco Use, and 3) Webinar: Multi-Unit Housing Policies, Unintended Consequences and Risks

Ms. Roeseler also reported that ChangeLab Solutions updated many of its model policies to incorporate a broader definition of tobacco products that include electronic smoking devices.

CTCP collaborated with CDPH's Maternal, Child, and Adolescent Health (MCAH) Program, and the Environmental Health Investigations Branch (EHIB), to host a webinar on smoking during pregnancy. The webinar highlighted high rates of smoking during pregnancy among African American and white women and Medi-Cal recipients in general. Overall rates among women are low but are high among specific subpopulations. EHIB, presented information on cotinine levels in cord blood among newborns in San Diego, Orange and Imperial counties. The data showed high levels of cotinine in among some Asian/Pacific Islander and Latina women was attributed to secondhand smoke exposure. Ms. Roeseler indicated that we still have to do a better job on messaging about secondhand smoke. Although there were only 200 telephone lines for the webinar, 250 individuals registered, which demonstrated the need for these types of webinars.

Ms. Roeseler announced the launch of the #NOMASBUTTS bilingual media campaign at the end of October 2015. The campaign will educate Californians about the negative impacts of cigarettes on the environment to include the billions of trees that are cut down every year to cure the tobacco leaves.

Earlier this year, CTCP conducted the 2015 Youth Tobacco Purchase Survey (YTPS). Ms. Roeseler reported that the illegal sales rate for minors was 7.6 percent in 2015. Ms. Roeseler also highlighted that tobacco-only stores had the highest illegal sales rate of any store type, at almost 15 percent.

Ms. Roeseler also pointed out the California Youth Advocacy Network (CYAN) has produced new educational materials to address increased use of hookah among young adults.

Placement of CTCP's anti e-cigarette advertising campaign, "Wake Up," has been re-targeted to focus more on parents of teenagers. It will go back on air late September, 2016.

The Center for Tobacco Policy and Organizing released its "Tobacco Money in California Politics" report. The report does highlight those elected officials who receive contributions from the tobacco industry.

Ms. Roeseler reported that Procurement Managers at CTCP are reviewing cost reports submitted by the Local Lead Agencies (LLAs). This ensures that LLAs are spending their funds in ways consistent with their plans.

CTCP submitted nine entries to the National Public Health Information Coalition (NPHIC) awards and six received awards. CTCP is particularly proud that the



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*State Health Officer's Report on E-Cigarettes* received a gold award. The following entries received awards:

- Silver: Media Campaign
- Bronze: TEROC Master Plan Infographic
- Bronze: Workplace Smokefree Loopholes Infographic
- Bronze: Kids and the Tobacco Predator Video

Lastly, Ms. Roeseler reported that CTCP currently has a vacancy rate of over 20%. In spite of short staffing, CTCP has continued to do an amazing amount of work, including bill analysis for nine regular session bills and 12 Special Session bills. Mr. Kwong did most of this work with help from Ms. Roeseler and a few other CTCP staff.

Seven new positions have been filled including: 1) Dr. Catrina Chambers, Strategic Planning and Policy Unit, 2) Mr. Francisco Michel, Strategic Planning and Policy Unit, 3) Ms. Emily Mayfield, Administrative Support Unit, 4) Mr. Robert Bell, Federal Projects Unit, 5) Ms. Ziena Abraha, Federal Projects Unit, 6) Ms. Liz Hendricks, Local Programs and Advocacy Campaigns Unit, and 7) Ms. Susan Fleischer, Local Programs and Advocacy Campaigns Unit.

Vacancies still exist for the following positions 1) Chief Evaluation Unit Chief, 2) Program Consultants, 3) Research Scientist II, and 4) UCD Research Scientist.

Ms. Etem asked about the data on the cord blood cotinine levels and African Americans specifically. She wanted to know whether programs that work with these populations are given the data from these studies.

Ms. Roeseler responded that CTCP worked with MCAH to create a factsheet on smoking during pregnancy. In addition, an infographic has been distributed to health care providers. CTCP is trying to engage the maternal child health sector, specifically public health nurses. They have had a lot of questions, including about e-cigarettes. Ms. Roeseler also indicated that she has the impression that some of these nurses would be inclined to suggest to women to use e-cigarettes. There is clearly a need to educate about the harmfulness of nicotine during pregnancy. Home visiting nurses have unique access to pregnant women so providing them with the right tools and information would be very helpful.

Dr. Baézconde-Garbanati inquired about what had resulted from the vaping advocates attempts to hijack CTCP's e-cigarette media campaign.

Ms. Roeseler responded that although the vaping advocates made every effort to highjack the campaign, including co-opting the stillblowingsmoke.org website and flooding the TobaccoFreeCA facebook page, these vaping advocates are primarily talking among themselves. In order to counter the overwhelming number of facebook posts, the Media Unit developed a Q&A series that addressed the main topics related to e-cigarettes without engaging one-on-one with the vaping advocates. These Q&A posts included links to reputable journal

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articles and other reliable sources such as the CDC. In addition, the Media Unit conducted webinars to train the field on how to respond to vaping advocates and help CTCP's overall e-cigarette education effort. Lastly, a social media campaign called "Truly Free" was placed on facebook, which used real stories from people who had truly quit smoking. The vaping advocates had a difficult time being critical of these posts because others in the public would push back if the truly free individuals were attacked.

Ms. Quinn added that with the re-launch of the e-cigarette campaign, the pro-vapers have started to attack the campaign again, but that CTCP is in a much better place due to the work done to build a community that is supportive of the campaign.

Ms. Etem asked whether the information on the illegal sales to minors at tobacco-only stores was shared with either local or state enforcement agencies.

Ms. Roeseler responded that the information is shared with the BOE.

Ms. Kelly shared her experience in San Diego in which law enforcement were reluctant to send youth decoys to tobacco-only stores since they are adult-only facilities.

Ms. Roeseler suggested that this might contribute to higher rates at tobacco-only stores since they might feel that they are not monitored closely.

**8. <u>UNIVERSITY OF CALIFORNIA OFFICE OF THE PRESIDENT TOBACCO-RELATED DISEASE RESEARCH PROGRAM REPORT</u>**

Drs. Bart Aoki and Norval Hickman of the Tobacco-Related Disease Research Program (TRDRP) presented on behalf of TRDRP.

Dr. Aoki discussed the State and Community Tobacco Control (SCTC) meeting held in September in which the main plenary session was dedicated to research and practice in policy. He indicated that the sessions were well received and attendees could see how the three partners worked increasingly better together. He also indicated that at the end of the meeting it was unresolved whether the SCTC cohort will continue. There was discussion at the end of the meeting regarding whether California, and TEROC specifically, could write to NCI to describe the value in this kind of targeted funding for state and community research and the need for continued funding at the federal level.

Dr. Aoki indicated that TRDRP Cycle 25 Call for Applications was released July 1, 2015 and included the six new research priorities. These priorities are very much in line with TEROC's priorities and continue to have an emphasis on cancer and cardiopulmonary disease. Cardiopulmonary disease is particularly relevant because of the questions raised by aerosolized propylene glycol. TRDRP has shifted from a focus on regulatory science and new products research to state and local tobacco control policy in an effort to not overlap with the Tobacco Centers of Regulatory Science (TECORS) and the huge FDA



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investment in regulatory science. Stakeholders, including federal agencies, have encouraged TRDRP and California to focus on local innovative tobacco control policy in order to share finding with other states and the federal government.

Dr. Aoki explained that applications will be reviewed for both research impact and research merit. An emphasis is being placed on high research impact due to the limited dollars available. TRDRP is also emphasizing community engagement across the portfolio. Applicants are required to describe how the investigators will engage with the community and with local tobacco control.

TRDRP has introduced two career development awards that are aiming to engage researchers in community policy issues. The California Early Career START Award is for new investigators who are within three years of a new appointment. One of the requirements is that the investigators engage with the community, including tobacco control. The Mackay California-Pacific Rim Tobacco Policy Scholar Award is a new opportunity for mid-career researchers to get training in various areas (e.g. policy, communication, leadership, media) in order to use their years of experience more directly to influence tobacco control policy. They would need to have proposed policy research with impacts for California but with potential relevance to Pacific Rim countries. Dr. Aoki reported that TRDRP has received several strong letters of intent.

Dr. Hickman reported on the released community practice-based research award opportunity that is still open. He stated that this opportunity was the result of strategic planning and feedback received from other funders, researchers and the tobacco control community. It was recognized that there is limited availability of evidence-based tobacco cessation treatments for low-income individuals. TRDRP knows that there are interventions that are potentially helpful, but they are not reaching these groups. The challenge is how to improve the delivery of cessation services in settings that provide access to low-income people (i.e. Medi-Cal patients. The original concept was to have one large grant, but this was changed to up to four two-year planning grants. Consortiums will be formed to include the researchers and administrators at health care providers that have relationships in multiple clinics. Awardees will need to do at least one signature project across those clinics that focus on how to improve the delivery of services to low income populations. Researchers will need to demonstrate that the selected clinics reach a mostly low-income population. The goal of the planning grants is to develop relationships, add additional clinics, and get some good preliminary data in order to transition to three-year implementation grants to further refine their research. The consortia will be required to share data with each other. The California Department of Health Care Services is very interested in this research and in finding some best practices that can be implemented in Medi-Cal. The TRDRP website has all the details about this funding mechanism.

Dr. Aoki informed TEROC that a New Products initiative is still in the planning process and TRDRP is trying to determine the best use of Prop 99 funds in this area, given FDA's investments. This in process but will probably not be fully developed until July 2016.

Dr. Aoki reported that five proposals were received in response to TRDRP's Request for Qualifications (RFQ) to identify a team of researchers and policy pollsters that could conduct polling on the issue of e- cigarettes, its perceived benefits and harm, and the need for regulation and taxation. TRDRP received five applications in response to the RFQ. The winning application was submitted by the University of Southern California (USC). The USC team is led by Dr. Jennifer Unger and includes Dr. Lourdes Baezconde-Garbanati, Dr. Steve Sussman, Dr. Dianne Barker and Mr. Mark DiCamillo. Dr. Baezconde-Garbanati reported that the research group is working with the Field Research Corporation and have added five questions on electronic cigarettes and feasibility for policy implementation to the Field Survey. The survey was done with approximately 2,000 Californians who were randomly selected. The results were expected to become available at the end of September 2015. Dr. Baezconde-Garbanati also reported that the same questions were added to USC TCORS Project 2 retailers' interview survey among 800 retailers. This will allow the research team to have the same information from retailers as consumers. In addition, focus groups will be held, as well as key informant interviews with key opinion leaders and legislators. The timeline for all the aspects of the project is nine months. The survey is being conducted in English and Spanish. Dr. Baezconde-Garbanati added that one of the highlights of the research project is the Advisory Committee, which provided input to the research team and to TRDRP on the survey question selection in terms of their utility in helping guide policy work. Dr. Aoki indicated that the full report on the findings will be available in nine months but that findings will be available in time for the Joint Conference in late October, including a press release on October 26, the day before the conference starts.

Dr. Aoki reported on a briefing conducted on July 31st by TRDRP on marijuana regulation to review relevant lessons learned from tobacco research and tobacco control. The meeting brought together representatives of BRC, UCSF, TEROC, CTCP, ACLU, the Drug Policy Alliance, and the California Attorney General's Office. Many in the tobacco control and research field felt that there are many lessons from the tobacco control experience in California that should be considered with respect to the marijuana issue.

In a subsequent staff meeting, TRDRP's Scientific Advisory Committee (SAC) expressed concern about the diffusion of resources beyond tobacco-related research, although they see the importance of the marijuana issue. Although TRDRP had several proposals for the SAC, there are two that appear to have potential to move forward. One is the special project mechanism, which funds small projects for approximately $5,000. One potential project would look into the components of aerosolized tobacco and marijuana as compared to burnt tobacco and marijuana. This would inform discussions about banning indoor use of smoked marijuana vs. aerosolized marijuana. Another possible project is a webcast in mid-2016 that would present the best research in tobacco use and the overlap with marijuana use, such as the effect on the developing brain and effects on the cardiovascular system.

Dr. Aoki shared some of the information presented at the marijuana briefing, including an analysis of the constituents of tobacco and marijuana secondhand smoke, which found that both have similar chemicals, including trace amounts of nicotine. He also shared results from a study that showed that although both tobacco and marijuana SHS cause arterial impairment, the impairment caused by marijuana SHS is longer-lasting. This kind of research has important potential policy implications.

Dr. Aoki also presented information on the Colorado experience, from work done by Dr. Lucy Popova at UCSF. Dr. Popova's research is on media messages related to marijuana legalization and how they are affecting public attitudes. These messages include portrayal of marijuana as the safest choice among substances (e.g. alcohol).

Dr. Hickman gave on update on the Joint Conference. There will be over 140 speakers including a video message by the Surgeon General, Dr. Vivek Murthy, and presentations by Dr. Susan Weiss (National Institute on Drug Abuse), Dr. Robert Proctor (Stanford University), Dr. Eliseo Perez-Stable (National Institute on Minority Health and Health Disparities), Dr. David Williams (Harvard University), and former Deputy Surgeon General, Dr. Boris Lushniak.

**Action Item**
TEROC to write letter to NCI in support of continued SCTC funding.
Mr. Quon moved that TEROC write a letter to NCI describing the value of targeted funding for state and community research and practice in policy and the need for continued funding at the federal level. Seconded by Ms. Etem. Motion passed unanimously.

**9. <u>California Department of Education Report</u>**

Tom Herman, John Lagomarsino, and Sarah Planche presented on behalf of the California Department of Education (CDE)/ Coordinated School Health and Safety Office (CSHSO).

Mr. Herman reported that the letter received from TEROC regarding the execution of the Tobacco Use Prevention Education (TUPE) evaluation contract was useful in helping to expedite the processing of the contract. Mr. Lagomarsino gave an update on the contract between CDE, TRDRP and CTCP to fund the TUPE evaluation. He indicated that the revised scope of work from UCOP was received by CDE on September 11, 2015. It was sent for Division approval on September 21. Mr. Lagomarsino stated that CDE had provided information to the CDE contract staff that he believes justifies exemption of approval from review by the Department of General Services. He also believes that the contract will be exempted from the Freeze Exemption which will expedite its processing. One barrier that has been encountered is that the CDE Contracts Office requires submission of contracts 60 days before the start date. CSHSO



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had to write a justification for late submittal; however CSHSO staff has met with the Contracts Office throughout the process and are optimistic that an exemption will be allowed.

Dr. Ong acknowledged that this is the first time that the three funded programs have cooperated on funding one grant. Mr. Herman indicated that the TEROC letter was ultimately helpful in facilitating this new process.

Mr. Herman reported that CDE convened the second meeting of its Advisory Workgroup for the TUPE Competitive Grants program to advise the program on awarding grants. One option being considered is shifting from one-year cohorts to three-year cohorts. One benefit of this approach is that it will require less staff time which would be beneficial to CDE as it has fewer staff than in the past. The recommendations that result from the Advisory Workgroup will be shared with TEROC. Another option being considered is adding more youth development and advocacy to the program.

Mr. Herman also reported CDE is actively promoting CTCP's 2015 Tobacco's Impact in my Community Photo Contest. CDE has provided fliers and made announcements to TUPE coordinators and have encouraged them to go to the newly created TUPE Facebook page to share the links.

CDE is dealing with a $2,000,000 reduction to the TUPE program that is causing the program to reduce grant awards provided to grantees. Grants were reduced based on a formula and represent a proportional reduction to all programs.

Mr. Herman also reported that CDE is co-sponsoring the Northern California Safe and Healthy Schools Conference in November in Berkeley. Breakout sessions will include information about: e-cigarettes, hookah pens, emerging products and industry marketing trends and mental health interventions. Conference planners expect 300-400 people to attend. Mr. Herman added that CDE would like to have a similar conference in Southern California in the future.

Ms. Monte from the Stanislaus County Office of Education (SCOE) reported that the 10th annual Protecting Health and Slamming Tobacco (PHAST) training was held on September 22nd. PHAST is the largest tobacco youth coalition in the state. There are over 800 high school and 400 junior high school members. Approximately 250 youth attended the training. Dr. Hickman presented on electronic smoking devices. SCOE partnered with the local health department and the Truth Initiative to conduct this training. Ms. Bauman added that she encouraged the Superintendent of Schools, Tom Changnon, to attend the training to learn about electronic smoking devices. She indicated that Mr. Changnon was astounded at the information regarding electronic smoking devices presented by Dr. Hickman.

Mr. Herman added that the last communication with all of the state's superintendents of schools was regarding e-cigarettes. This communication

included information regarding the fact that these devices constitute paraphernalia and are not permitted in schools.

**10. Public comment**

No public comment.

The meeting was adjourned at 4:00 PM.

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