1. Welcome and Introductions:
The TEROC Chair, Dr. Michael Ong, called the meeting to order. TEROC members and meeting guests introduced themselves.

2. General Business
   Members reviewed minutes from the August 23, 2019 meeting. Dr. Wendy Max motioned to approve minutes and Dr. Mariaelena Gonzalez seconded the motion. Minutes were approved with one-member abstaining.

Members reviewed correspondence.

- Incoming:
  - December 19, 2018 letter from the Asian Pacific Islander Legislative Caucus congratulating Dr. Michael Ong on his reappointment to the Tobacco Education and Research Oversight Committee
  - October 23, 2019 email from Nora Manzanilla to Dr. Michael Ong about a request the Los Angeles Tobacco Enforcement Program received concerning the placement of e-cigarette machines in fraternities

- Outgoing:
  - September 4, 2019 letter to Senator Toni Atkins, Chair of the Senate Rules Committee, in support of Assembly Bill 1639
September 4, 2019 letter to Speaker Anthony Rendon in opposition of the Assembly Governmental Organization Committee’s efforts to block strong flavored tobacco legislation, including mint and menthol

September 11, 2019 letter to Speaker Anthony Rendon in opposition of Senate Bill 538

3. **Environmental Developments** Members reviewed environmental updates.

- ‘California Governor Gavin Newsom takes executive action on vaping and e-cigarettes’ article discussed actions taken by the California Governor to raise awareness of the dangers of e-cigarettes
- ‘CDPH Issues Public Health Advisory Urging Everyone to Refrain from Vaping’ article mentioned a health advisory that was issued advising the public to refrain from vaping until investigations into the lung injury are complete
- ‘States Target Vaping with Bans. In California, The Action Is Local’ article discussed action taken by local communities to address e-cigarette use
- ‘Characteristics of a Multistate Outbreak of Lung Injury Associated with E-cigarette Use, or Vaping- United States, 2019’ report discussed the status of the lung injury cases as of September 24, 2019
- ‘Vaping-related illnesses in US still rising, but more slowly’ article discussed the lung injury outbreak
- ‘Update: Characteristics of Patients in a National Outbreak of E-cigarette, or Vaping, Product Use-Associated Lung Injuries- United States, October 2019’ report discussed developments and the status of the lung injury outbreak
- ‘U.S. is focusing on Vitamin E as cause of vaping lung injuries’ article discussed a possible cause to the lung injury outbreak
- ‘FDA warns JUUL Labs for marketing unauthorized modified risk tobacco products, including in outreach to youth’ news release discussed how the U.S. Food and Drug Administration (FDA) warned JUUL about their marketing tactics
- ‘Statement on consumer warning to stop using THC vaping products amid ongoing investigation into lung illnesses’ statement mentioned the U.S. Food and Drug Administration’s (FDA) position and action on the lung injury outbreak
- ‘California beaches and parks to be tobacco-free under new smoking, vaping ban’ article discussed a new law that prohibits smoking and vaping at state parks and beaches
- ‘FDA grants first-ever modified risk orders to eight smokeless tobacco products’ news release discussed eight tobacco products that were authorized under the modified risk tobacco product pathway
- ‘Fed ban on flavored vape products expected soon, menthol and vape stores may be spared’ article discussed possible federal legislation that would ban flavored e-cigarettes
- ‘California isn’t using minors to bust illegal pot sales as it does with tobacco and alcohol’ article discussed how the state’s cannabis enforcing agency differs from the tobacco and alcohol enforcing agency
- ‘Trump backs off flavored vape ban he once touted’ article discussed how the federal government has not taken action on flavored e-cigarettes
- ‘L.A. County supervisors vote to ban flavored tobacco and call for statewide vaping ban’ article discussed the flavored tobacco product ban in Los Angeles county
- ‘Repeal of SF e-cigarette ban, once backed by Juul, is overwhelmingly rejected by voters’ article discussed voters rejecting Proposition C in San Francisco
Dr. Mark Starr questioned if Juul flavored products are still sold in retail settings. Dr. Phil Gardiner stated that menthol is exempted from the sale restrictions.

Dr. Gonzalez stated some counties in the Central Valley are under the impression that tobacco control staff cannot give presentations on cannabis. The counties are under this impression because they state it isn’t in their contract. Ms. April Roeseler indicated that its funded projects may discuss cannabis as it relates to tobacco. Ms. Vicki Bauman stated that staff can give presentations on cannabis as well as nicotine. Ms. Sarah Planche stated there is on-going confusion on the matter and the term “Triangulum” should be used when discussing the overlap.

Discussion turned to what would be helpful to agencies: the University of California, Merced, has received questions about local public health offices providing cannabis education. Cannabis education is important to address as the cannabis industry is evolving quickly and there is dual use among cannabis and tobacco. In addition to dual use, advertising is an ongoing problem in some counties. While there is overlap between cannabis and tobacco, programs need to understand it is two issues, as the Department of Health Care Services is the designated agency for cannabis prevention. Some tobacco control strategies could be applied to cannabis prevention too. A letter from TEROC may be the most helpful option for the agencies.

Ms. Pat Etem motioned that TEROC write an open letter to the grantees of the CDPH, CDE, and TRDRP stating that there are no restrictions on cannabis education when it is referenced in relation to the tobacco Triangulum. Dr. Ling seconded the motion. The motion passed unanimously.
4. **Overlap of Tobacco and Cannabis**

Dr. Starr and Ms. Mary Baum provided an update on the subcommittee. Dr. Starr reminded members and guests of the subcommittee priority areas and that research, surveillance, and baseline data is needed to support the priority areas.

Mr. Jeff Farro, chair of the Cannabis Advisory Committee (CAC), spoke in an unofficial capacity. Mr. Farro works at the United Food and Commercial Workers and joined the CAC in 2017. He was also previously part of the California Apprenticeship Committee for Cannabis. CAC members represent different groups such as the industry, organized labor, government, and public safety. The CAC annually reports on their activities and successes. They have been working to address access, advertising, manufacturing, and consumption.

Mr. Farro stated that the CAC faces challenges that tobacco control does not typically have, such as federal versus state rights or access inequalities. Most communities in California have fair access to tobacco products, but there isn’t the same access to cannabis despite it being legal. This leads to an illegal market that is not bound by rules, regulations, and product testing requirements. Mr. Farro spoke about other challenges with the cannabis industry, such as job sustainability and taxation. He stated that the CAC had not talked about the overlap between tobacco and cannabis prior to TEROC reaching out.

Dr. Starr mentioned there are differences and similarities in the structure of TEROC and the CAC, including the difference that TEROC is an oversight role while CAC is an advisory role to three licensing agencies. CAC makes recommendations to the agencies, and many recommendations from last year were adopted as regulations. One challenge with providing recommendations to three agencies is the different licensing structures in each of the agencies. A question arose as to how education and prevention are integrated with science and research. Dr. Starr clarified that the CAC is mandated to advise on regulatory issues, while TEROC has a broader scope that focuses on research and education in its mandate.

Dr. Ong stated it would be beneficial for a TEROC member to attend CAC meetings and for a CAC member to attend TEROC meetings. Members attending the meetings would help with communication and collaboration. Dr. Gonzalez questioned who oversees the prevention, education, and research funds that is generated by the cannabis tax since CAC is advisory. It was clarified that Proposition 64 stipulates funding for youth prevention and education, and that it is mostly clinical prevention. The State Controller’s Office designates the funding to the Department of Health Care Services and the CAC does not access the funds. It seems policymakers are more focused on developing and supporting the industry than on public health. Although the issues that the CAC and the Bureau of Cannabis Control are dealing with are important, like taxation, there have also been public health concerns, for example billboard advertising.

Dr. Ong thanked Mr. Farro for attending the meeting.

5. **California Department of Public Health, Emergency Preparedness Team**

Dr. Kristin Cummings presented on the E-Cigarette, or Vaping, Product Use Associated Lung Injury (EVALI) outbreak.

A multi-disciplinary team began investigating the lung injury outbreak when a King’s County physician identified an unusual cluster of respiratory illness in young, otherwise healthy patients. The cases resided in three neighboring counties and all reported a recent history of vaping cannabis products. King’s County reported the cases to CDPH on August 7, 2019 and
the cases were similar to cases described in a July health alert released by the state of Wisconsin.

Dr. Cummings described e-cigarette devices, including their components and how they work. While much of the public health work on e-cigarettes over the past few years has focused on nicotine-based e-cigarettes and the growing use among young people, vaping of cannabis products has also been increasing. In California, there are different programs that have a stake in cannabis, including the Department of Consumer Affairs, the Department of Food and Agriculture, and CDPH. Despite the existence of a legal regulated market, cannabis products are still available through unregulated sources.

CDPH issued a health alert on August 9, 2019 in response to the cases in King’s County. Clinicians reported suspected cases to local health districts and local health districts reported cases to CDPH. By August 15, 2019, 19 cases had been reported to CDPH and by August 26, 2019, there were 28 cases. CDPH released a second health alert with a case definition on August 27, 2019 and the Centers for Disease Control and Prevention (CDC) issued a health advisory with their case definition on August 30, 2019. The CDPH and CDC case definitions were similar except that CDPH’s definition required the patient to have been hospitalized from the start while the CDC accepted case reports where patients were not hospitalized. Both advisories also mentioned confirmed and probable cases, with confirmed cases having absence of pulmonary infection on initial workup, specifically a negative respiratory viral panel and influenza testing. Probable cases have evidence of infection, but the infection may not be the sole cause of the respiratory process or there is no evidence of infection, but the minimum testing required for a confirmed case was not available or conducted. As of November 19, 2019, in California there were 92 confirmed cases and 74 probable cases.

Most cases occurred in males and the median age in California was 27, with a range of 14 to 70 years old. 74 percent of patients were under the age of 35 and 14 percent were under the age of 18. Nationally, CDC reported 2290 cases and 47 deaths from all states but Alaska, as well as Washington D.C. and 2 U.S. territories. Gender and age distributions are similar to those seen in California.

Patients were initially thought to have pneumonia, however, they did not respond to typical treatment. Among California cases, 42 percent required ICU admission, 28 percent required mechanical ventilation, 82 percent report vaping THC, 45 percent report vaping nicotine, and 39 percent report vaping CBD. Nationally, the numbers are similar except on vaping CBD, for which information is not available. Both in California and nationally, about 10 percent of patients report vaping only nicotine. The U.S. Food and Drug Administration (FDA) analyzed 689 samples connected to EVALI patients. The analysis found that 444 samples, or 65 percent, contain THC. Of those samples, 48 percent contain Vitamin E acetate, which is an esterized form of vitamin E, and 24 percent contain another diluent, such as medium chain fatty acids.

The state of Minnesota studied products seized by law enforcement both prior to the outbreak in 2018 and during the outbreak in 2019. They found that 52 percent of the samples collected from EVALI patients contained Vitamin E acetate, 43 percent contained medium chained triglycerides, 20 percent contained CBD, and 17 percent contained Vitamin E. Of the samples collected during 2018, none contained Vitamin E acetate.

The CDC analyzed bronchioalveolar lavage fluid from EVALI patients and found that all 29 samples contained Vitamin E acetate, 23 samples had THC or it’s metabolites, and 16 samples contained
nicotine metabolites. Investigators learned that vaping exposures are complex with multiple devices, products, and sources. They have found that quantifying doses, determining frequency or number of inhalations used, and identifying the exact exposure is challenging.

More research is planned, including examining the aerosols generated by heating Vitamin E compounds and THC liquids, detailed analysis of interview and clinical data, comparing patient behaviors to available cross sectional data, and following up with patients to understand the long term implications of EVALI.

A question arose about the analysis of vaping samples, and if the federal government will allow more research. Dr. Cummings stated that one of the challenges is sharing samples that include federally regulated compounds.

Dr. Cummings mentioned there are cases of e-cigarette or vaping related lung disease in the literature as far back as 2000, but the current outbreak is different in scope. The current pathology suggests a chemical is damaging the smallest airways in the lungs, but it is not specific to one chemical. The focus now is on Vitamin E acetate, which is an essential nutrient. In animal laboratory studies, Vitamin E acetate is used as an antioxidant and anti-inflammatory to protect the lung from chemical exposure, for example, to smoke or chemical warfare agents. When animals are given Vitamin E prior to a burn situation, they do better. However, the amount of Vitamin E acetate can be an important factor, as well as the context of exposure and presence of any other chemicals or flavorings. It can be difficult to recreate exposure conditions to examine the damage caused by heating the liquids because the exact conditions that the devices were in or the temperatures that were reached is unknown.

Dr. Cummings responded to a comment about Vitamin E being found in products seized during the outbreak but not in products seized last year. She stated that consumers are concerned with the dilution of a cannabis product and the way the liquid moves. Vitamin E acetate is very viscous and prevents liquids from moving quickly when turned upside down, and leaves consumers believing it is a high quality product. The solution is also a good solvent for cannabis compounds.

Dr. Ling asked about the coordination between California and the CDC and consistent messaging and recommendations. Dr. Cummings responded that the CDC has released several guidance documents for clinicians through the Morbidity and Mortality Weekly Report (MMWR) and recommendations are consistent with CDPH. Much of the information about what patients used came from patient interviews and not a clinical intake; however, only about half to two thirds of patients agreed to participate in the interviews. The CDPH laboratory team has also been hoping to look at the devices that were used, but there are few devices that have been recovered. The devices are also difficult to examine because there is little liquid within the devices, so it may be able to be used only once.

Dr. Ong thanked Dr. Cummings for the presentation.

6. Coalition for a Smoke-free Los Angeles County
Ms. Tonya Gorham Gallow presented on tobacco control efforts in Los Angeles County.

In Los Angeles (LA) County, tobacco control efforts aim to lower tobacco related death, disease, and disability. This is done through social norms change in communities by creating a social and legal environment where tobacco is less accessible, desirable, and acceptable. The county has about 900,000 adult smokers and about 500,000 adult e-cigarette users. One out of seven deaths
in the county are caused by cigarette smoking and smoking costs the county about $4.4 billion per year, with $2.3 billion in direct medical cost. The smoking rate has declined, from 13 percent in 2015 to 11.2 percent in 2018. The county has seen a decrease in smoking by all age groups, except for the 25-29 year olds and 30-39 year old age groups. When looking at smoking rates in the county by race and ethnicity, African Americans and Asian populations smoke at a higher rate than the county average. Smoking rates increase for communities as the federal poverty level decreases. In LA County, 10 percent of high school students use e-cigarettes and 1.7 percent use combustible cigarettes. The county has six objectives for tobacco control: addressing youth access to all tobacco products with tobacco retailer licensing and zoning, addressing youth access to all tobacco products by prohibiting the sale of flavored tobacco products, reducing exposure to secondhand smoke with smoke-free outdoor areas, reducing exposure to secondhand smoke with smoke-free multi-unit housing, health care systems transformation, and coalition building and broadening.

To address the priority area of reducing youth access, there are three community based organizations (CBOs) working in six cities on new tobacco retailer licenses (TRLs) and six CBOs working in 12 cities to strengthen existing TRLs. Successes include Cerritos banning all e-cigarettes; Burbank, Culver City, Hermosa Beach, Manhattan Beach, and Redondo Beach adopting flavor bans; and Beverly Hills prohibiting the sale of all tobacco products with exemptions for cigar shops and hotels.

In the area of secondhand smoke, there are 10 CBOs working in 20 cities on smoke free multiunit housing and nine CBOS in 18 cities working on comprehensive smoke-free outdoor areas. In 2019, the Board of Supervisors strengthened the smoke-free outdoor area ordinance by extending the distance from doors and windows of county operated buildings that are smoke-free to 50 feet, included a provision that smoking is prohibited within 25 feet of handicapped entrances to buildings, included county parking lots and structures in the ordinance, and included that smoking is prohibited within 40 feet of mobile food vendors.

To address health care transformation, the county works with health clinics, health agencies, and Idea 42, an organization that focuses on creating a behavioral design team with clinic staff and providers. A successful partnership with the Maternal and Adolescent Health program has incorporated tobacco use screening and screening of secondhand smoke exposure of children in the home. The county also gives trainings and cessation resource connections to providers, including an improved LAQUITS.com. An adult cessation campaign will launch in January 2020.

The LA Tobacco Control and Prevention Program is working on an anti-vaping campaign to respond to numerous requests for information. A toolkit was developed and disseminated through the Los Angeles Unified School District and the Los Angeles County Office of Education. A poster is being developed that will also include the texting number for the California Smokers Helpline vaping text line. The campaign will include other social media outreach that will launch in February 2020. The Program utilized CTCP’s Flavors Hook Kids campaign with social media and outdoor advertisements, and included vaping related messaging in the radio spots.

The Coalition for Tobacco Free LA County has done outreach to different geographic areas and are trying to engage partners in the Antelope Valley. They have engaged youth by working with the Department of Public Health Youth Council and a CBO that does youth development work.
Ms. Etem asked if the department connects with colleges to engage priority populations, for example in the Antelope Valley. Ms. Gorham Gallow responded that they have not connected with colleges in the past, but it is a good idea. The LA County Office of Education has worked with colleges on smoke-free policies, but it has not been a widespread collaboration.

Ms. Gorham Gallow responded to a question on the toolkit and provided more information. The toolkit includes a letter to parents and resources from CTCP, CDC, and other sources. It provides parents and schools with information on other toolkits that are available.

Dr. Ling asked about the overall youth tobacco prevalence and the implementation of the flavor tobacco ordinance passed in October 2019. Ms. Gorham Gallow responded that the youth combustible cigarette rate has gone down, but the rate of e-cigarette and vaping use has gone up. In regards to the ordinance implementation, the department sent letters to retailers notifying them of the ordinance provisions and are working through the implementation. A letter from TEROC to partners who helped pass the legislation would be appreciated. Ms. Gorham Gallow added that the city of LA had a motion to prohibit the sale of flavored tobacco products. Mr. Primo Castro mentioned that hookah is an issue in the county, and it is important to provide education that the issue of flavored tobacco is being addressed and not the cultural practice of hookah use.

7. Voluntary Health Agencies Update
Mr. Tim Gibbs and Ms. Lindsey Freitas provided an update on legislation.

Ms. Freitas reviewed the Governor’s Executive Order in that it tasked the California Department of Tax and Fee Administration (CDTFA) with developing recommendations for removing illegal products from stores, increasing enforcement, and incorporating nicotine content in the existing tax of e-cigarettes. It tasks CDPH with developing recommendations on warning signs at retail locations, increasing enforcement, establishing standards on including nicotine content and uniform packaging, and implementing a vaping awareness campaign.

Ms. Freitas added that the voluntary agencies are working on another effort to pass a strong flavors bill. It would be appreciated if TEROC could submit a letter once the bill is introduced. Dr. Gardiner added that the flavored products are adding to the vaping outbreak and California should continue to be a leader in tobacco control, as they have been historically.

In addition to flavors, Mr. Gibbs spoke about hookah exemptions in policies, and how some jurisdictions are interested in exempting these products. There has been a lot of interest in the legislature to have some action on the issue.

Members discussed waiting to see the legislation that is introduced before taking action.

8. University of California Office of the President, Tobacco-Related Disease Research Program (TRDRP) Report to TEROC.
Dr. Tracy Richmond McKnight and Dr. Norval Hickman presented on TRDRP activities.

Dr. McKnight provided highlights since the last TEROC meeting. TRDRP released a call for proposals and is evaluating the Letters of Intent. The thirdhand smoke consortium developed a website and compiled a database on available research. TRDRP has also begun looking at a way to compile e-cigarette research being done in the state. They examined
the research they are funding and determined there are some areas that still need to be researched.

Dr. McKnight recounted a meeting at the California Medical Cannabis Research Center at University of California, San Diego. The meeting discussed cannabis research needs and what was important to different groups that were in attendance, including law enforcement, CDPH, and the Attorney General’s office.

Dr. Hickman presented on TRDRP’s community partnerships and engagement efforts. TRDRP and the California Breast Cancer Research Program are collaborating on community based participatory research trainings. The trainings involve partners from the academic and community groups, with each group sharing their knowledge with the other. Three teams participated in the initial process in May by preparing a mock grant application to understand the rigors of peer review. The teams will receive technical assistance after the applications are reviewed.

The Community Partnered Participatory Research Award is focused on equitable and sustainable research partnerships and it is a two year pilot award grant. This award aims to fund research that will impact community and school level tobacco control needs, inform evidence-based prevention and treatment programs, and contribute to practice and policy changes. TRDRP also launched a Rapid Response Research to Accelerated Policy Award to support research and community teams on a common tobacco policy aim, encourage communities to reduce tobacco use and underage access to all products, and reduce tobacco product exposure through local policy action. TRDRP hopes this partnership can result in research and a deliverable completed within one to six months.

An example of this award is the previously funded Community Academic Research Award (CARA). One CARA was a youth led project focused on the impact of e-cigarettes on the Oakland community. Youth used Photovoice to tell a story and were trained to be young journalists. They collected video clips and created a story to reflect how tobacco marketing impacts different Oakland communities. The story showed the colorful flavored tobacco products and how they are found in many areas of a community. The youth involved in the research presented at a conference and the research can be used as an educational tool.

An additional award is the Cornelius Hopper Diversity Award, which focuses on trainees from underrepresented communities and/or that want to pursue a career in one or more of TRDRP’s priority areas focused on underserved communities.

Mr. Keddy asked about research money designated in Proposition 64, and whether the funds would be used to understand the health effects of cannabis use. Dr. McKnight replied that health effects, as well as enforcement and impairment, would be covered by TRDRP research. Dr. McKnight also added that TRDRP is interested in developing additional research, given the EVALI outbreak, but are unsure of specific questions to study. It was suggested that researchers coordinate work soon, given the limited samples and that patients may need to be interviewed.

Dr. Balbach highlighted the difficulties in having data housed at different laboratories or centers, and that research could be supported if the information is collected and housed in one location. Ms. Etem asked if the research done is impacting tobacco control in California, and if there is a place where people can see this impact or a visualization of it. Dr. McKnight responded that they
are looking at outcomes and it will be brought up during TRDRP’s strategic planning process. There will also be a timeline of tobacco control that will be put together for the Joining Forces conference.

9. California Department of Education (CDE) Report to TEROC
Ms. Sarah Planche and Mr. Francisco Michel presented on CDE activities.

The Tobacco Use Prevention Education (TUPE) Program Capacity Building Provider Grant was released and CDE received eight applications in response to the Request for Applications (RFA). The Orange County Department of Education (OCDE) was selected as the grantee. It will serve as a model program to other TUPE programs. OCDE will create a website for partners to access resources and information and will conduct a needs assessment of TUPE funded programs. In addition, OCDE will provide resources to the field and create regional professional learning networks. This is a three year grant, but can be extended if needed.

TUPE coordinators held an annual meeting which included guest speakers from California Department of Justice’s Tobacco Grant Program, the California Friday Night Live Partnership, and the Stanford Tobacco Prevention Toolkit. A highlight from the meeting was a presentation on alternatives to suspension.

There were three Communities and Schools Tobacco Free California Regional Meetings. These meetings helped Local Lead Agencies and Local Education Agencies understand how they could collaborate in more meaningful ways. TUPE was a sponsor for the Northern California Safe and Healthy Schools Annual Conference that was held in November with the California Surgeon General as a guest speaker. In January 2020, the TUPE Program Management Platform will be released to accept grant applicants. This platform will replace paper applications. CDE released funding for 23 applicants, which totaled over $4 million for TUPE youth engagement addressing tobacco-related health disparities. CDE has two RFAs for counties, a County Technical Assistance and Leadership Funds (CTALF) and a County Technical Assistance Tobacco-Use Prevention Education (CTAT). Trainings for brief intervention and cessation continue to be offered and funded.

Ms. Etem questioned what makes the RFA on youth engagement a health equity category. Ms. Planche replied that there is Proposition 56 funds that are designated for tobacco-related health disparities. This funding opportunity was for districts, which provided funding one step closer to students and applicants had to both demonstrate a need and propose an intervention. The application was trying to attract those who were unsuccessful in the past or who wanted to propose interventions that could more immediately impact students. After a question on the lack of participation from Central Valley schools, Ms. Planche stated there is representation of the Central Valley in Tier Two grants and CDE hopes these schools apply to the next round of funding. It would be good to know if the small representation of the Central Valley is due to lack of interest in applying or lack of capacity to apply. A regional approach that was previously discussed could ensure there is representation from all geographic areas in the state.

Ms. Planche discussed alternatives to suspension and stated the alternatives depend on the district’s funding. For example, Marin County has many resources and use alternatives to suspension as an opportunity to talk to youth when they are caught vaping. Some schools will contact a parent if it is a first offense and on a second offense, may have a student write something or will use the Stanford Prevention model. There has been some resistance as some parents and teachers believe the response should be disciplinary, but Ms. Planche stated the
response should be public health focused if it is a public health problem. The majority of people want the alternatives to suspension, but it is a challenge that there is not a cessation model for students. Some jurisdictions have passed Purchase, Use, and Prevention (PUP) laws, although research shows criminalization laws do not help teens, especially those from a low socioeconomic background. A question arose as to if TEROC should write a letter to TUPE grantees and school districts on how laws like this do not work. Ms. Planche stated CDE gave a toolkit to school administrators that includes information on alternatives to suspension and other resources. There needs to be a balance between enforcement and alternatives to suspension. CDE also developed a factsheet on alternatives to suspension that was shared with the field. Suspensions due to vaping are being tracked and Ms. Bauman stated districts are penalized for suspending students and some are trying to find alternatives because they want to keep youth in school. Working with agencies, like health services or law enforcement, may be the best approach.

The suspension data is housed in a statewide database that tracks why youth are suspended. The data can be analyzed at the district level and data from different years can be compared. It’s thought that there will be fewer suspensions now compared to a few years ago since districts are looking for alternatives to suspension. TEROC could write a letter; however, this group may not cause the same impact as if another source wrote it. Working with the Superintendent of School Instruction may be a possibility to explore as well as providing a letter or information to law enforcement associations and city governments because they are the groups looking for a way to address the issue.

Dr. Soto voiced concern about racial and ethnic priority populations not being reached and being underserved. Ms. Planche replied that the Capacity Building Provider Grant will provide support to communities that need it. A more targeted approach will be utilized when additional TUPE coordinators are hired. CDE has increased funding to a few American Indian Education Centers and contractors who focus on youth development and work with hard to reach communities. CDE is trying to incorporate more targeted interventions and changing the geographic funding distribution. CDE sees where some of the gaps are in terms of funding to school districts and want to address this in the next funding opportunity.

10. California Department of Public Health, California Tobacco Control Program (CTCP) Report to TEROC

Ms. April Roeseler presented on CTCP activities.

CTCP offered earned media trainings in August and October, in collaboration with a Public Relations contractor. A statewide project’s meeting involved the statewide coordinating centers and technical assistance providers updating the other groups in attendance on their activities. In addition, the University of California, Hastings College of the Law (UC Hastings) wrote a white paper and a policy on an unflavored tobacco product list. The white paper aims to lay the groundwork for facilitating enforcement of flavored tobacco product restrictions. It will be released once finalized. UC Hastings also conducted a webinar on the paper.

The Tobacco Control Evaluation Center held six trainings during the summer on cultural humility through evaluation and created a database of priority population evaluation data on their website. The Smoking Cessation Leadership Center conducted a behavioral health training in the Fresno and Central Valley area. The Hispanic/Latino Statewide Coordinating Center and the LGBTQ Statewide Coordinating Center held District Days in Fresno, San Bernardino, and Southern California. There were webinars addressing tobacco related disparities and quit lines.
created for certain populations. CTCP released three RFAs and a new secondhand smoke media campaign called Dark Balloons. The Health Equity Conference had over 300 attendees.

CTCP staff participated in the State Water Resources Board’s Trash Data Dive. This meeting brought together subject matter experts in tobacco, homelessness, storytelling, data models, and micro- and macro-plastics. Staff also met with the State Parks and Recreation Department on the implementation of Senate Bill 8, which is related to smoke free parks and beaches. There were collaborative meetings with CDE to help delineate the roles of TUPE and local health departments.

The California Smokers’ Helpline launched a new vaping protocol that has tailored vaping counseling. The Office of Problem Gambling and the California Smokers Helpline collaborated on a webinar that discussed smoking and gambling. Stanford University created a website to visualize the location of tobacco retailers in a community in relation to schools and parks.

CTCP released a report on the longest longitudinal survey of retailer advertising. New data from the Behavioral Risk Factor Surveillance System (BRFSS) and the California Health Interview Survey (CHIS) was released. In regards to the EVALI outbreak, CTCP was involved in the health advisory that was released; the media team created a campaign that was outlined in the Governor’s Executive Order; and recommendations were prepared on placing health warnings at the point of sale, increasing enforcement, and creating a nicotine standard or labeling nicotine on vaping products. Ms. Etem inquired about the nicotine standard outlined in the Executive Order, and Ms. Roeseler stated that states do not have the authority to create product standards or labeling requirements- the FDA has this authority.

Discussion turned to taxation of tobacco products. E-cigarettes are taxed as an “other tobacco product” (OTP) and when someone requests tax data, it is provided as cigarette sales tax data and OTP tax data. The OTP tax data includes cigars, pipe tobacco, smokeless tobacco, and e-cigarettes lumped together and CDTFA mentioned previously at a hearing that e-cigarette data could not be separated from the OTP category. The OTP tax is supposed to be equivalent to the taxation of cigarettes, however, taxes are applied at a wholesale level, which does not make it a comparable tax on e-liquids. The variety of cannabis products makes it seem that there will be similar challenges in taxing cannabis as taxing e-cigarettes.

Dr. Ling inquired about the media campaign and if any additional support is needed. Ms. Roeseler stated that the department has already received positive feedback, and it may be good to receive feedback from health groups. There has been a lot of input from industry stakeholders to the Governor’s Office, and it may be beneficial for other groups to provide input.

11. Flavored Tobacco Sub-Committee

Dr. Ling and Mr. Castro presented the flavored tobacco sub-committee document.

Dr. Ling reviewed that the document was developed to assist a TEROCC member in speaking to policy makers on flavored tobacco ordinances. The document includes recommendations from the current Master Plan and multiple supporting facts that can be used based on the local ordinance or on the conversation that the policy makers are having. Discussion turned to the dissemination and availability of the document. A previous document on e-cigarettes was similar to this one and was available online. The document can also support local organizations that have
a hard time providing comments. It was suggested that additional points about menthol be added. A separate introduction should be added that makes it clear the talking points do not need to be used by only TEROC members. Dr. Ling summarized that there should be two documents—one that can be used by anyone to show TEROC’s position on flavored tobacco and the second to disseminate this to members and communities.

Dr. Balbach motioned to approve the document once more menthol points were added. Dr. Starr seconded the motion. Motion passed unanimously.

12. Public Questions and Comment
Dr. Ong summarized the meeting and reviewed conversations that mentioned a motion, but had not officially been motioned or voted on.

Dr. Balbach motioned for the TEROC chair or designee to attend a CAC meeting or subcommittee meeting and speak in an official capacity. Dr. Soto seconded the motion. Motion passed unanimously.

Dr. Ling motioned to write a letter thanking Tonya Gorham Gallow and Los Angeles partners who worked on the flavor policy for their efforts. Dr. Ling motioned to write a letter to Governor Newsom commending CTCP on the strong, bold media campaign in response to the Executive Order and to encourage continued strong policy work to address the vaping issue, with the Health Officer and Department of Public Health Secretary copied on the letter. Dr. Balbach added that the letter to the Governor should include a comment on the quality of presentation and speed of which the department responded. Ms. Baum seconded the two motions. Motions passed unanimously.

Mr. Keddy motioned to write a letter to the Governor and Legislature recommending the formation of a public health oversight committee on cannabis policy. Dr. Ong recollected that a previous similar statement recommending a committee similar to TEROC. Dr. Starr added that the letter be broad enough to include research funding and education. Dr. Max seconded the motion. Motion passed unanimously.

Dr. Ong adjourned the meeting.