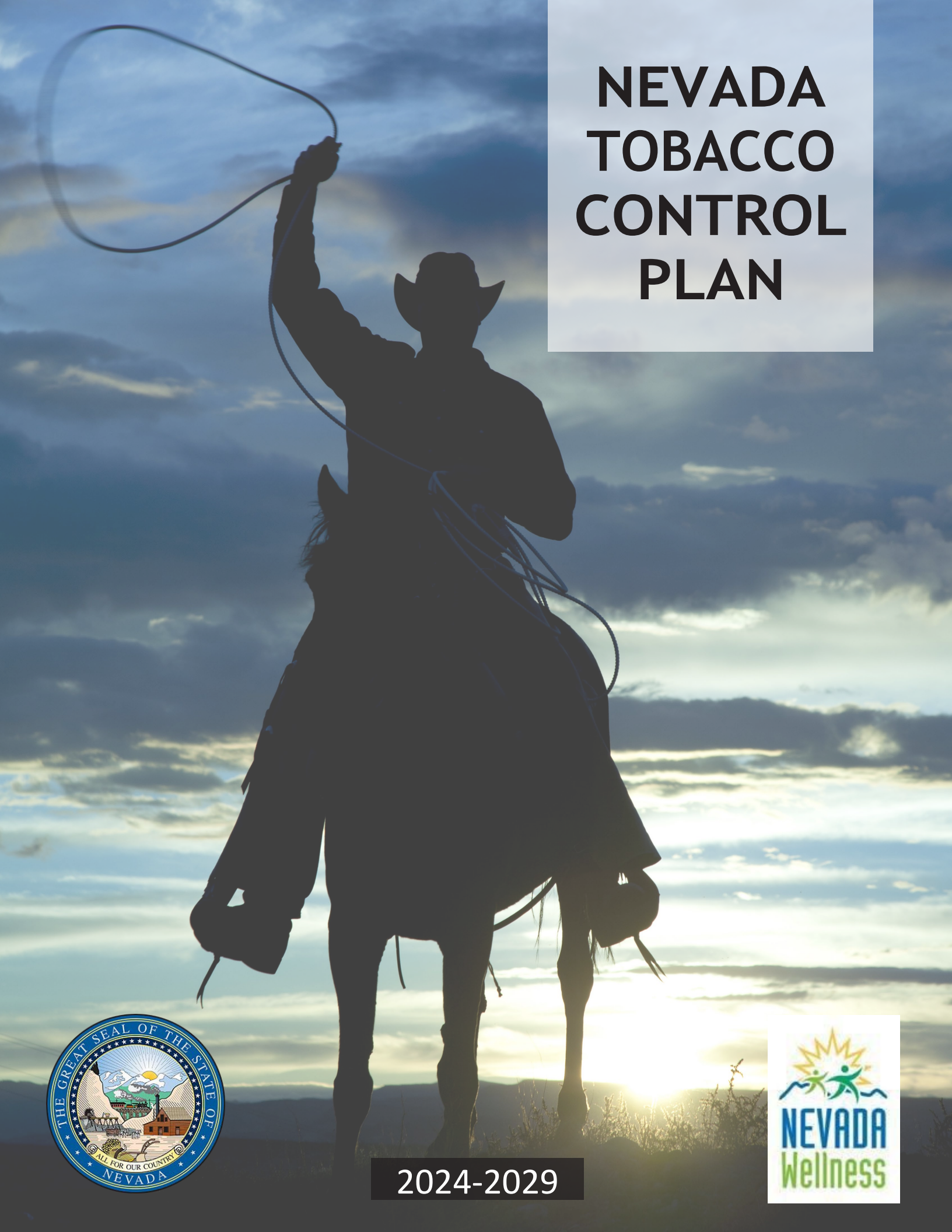

# NEVADA TOBACCO CONTROL PLAN

2024-2029

**2024 – 2029**
**Nevada Tobacco Control Plan**

The Nevada Tobacco Control Plan was developed and written by the Nevada Division of Public and Behavioral Health, the Nevada Cancer Coalition, and members of the Nevada Tobacco Control & Smoke-free Coalition in collaboration with our partners.

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# Contents

## Acknowledgments

The Nevada Tobacco Control Plan is made possible through contributions, input, and guidance from stakeholders, tobacco control partners, and experts across Nevada. Tobacco control partners played a critical role in refining goals, objectives, and strategies to ensure priority areas in tobacco control were identified and addressed within the plan.

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## Executive Summary

Tobacco use is the leading cause of preventable death in the United States and Nevada, despite nearly 60 years of work and progress in tobacco control. Each year almost half a million people will die in the US from smoking or exposure to secondhand smoke, and more than 16 million will suffer from smoking-caused illnesses.[1] In Nevada, 4,100 people will die each year due to smoking. Nearly 29% of cancer deaths are attributable to smoking[1], including 9 out of 10 lung cancers.

The burden that tobacco, vapor, and related products put on Nevada's residents through premature death, disease, lost productivity, and high economic cost, is immense. Smoking and tobacco use affect nearly every body organ, and we continue to add to the long list of diseases caused by both its use and exposure to secondhand smoke. No price can be put on the lives lost to smoking and tobacco. Still, smoking costs the state's healthcare a total of $1.25 billion yearly, including over $160 million in Medicare costs, and lost productivity costs another $2.6 billion.[2]

Fortunately, through decades of tobacco control efforts, we know many evidence-based tools and practices that prevent tobacco use, promote cessation and protect people from secondhand smoke exposure. Comprehensive tobacco control programs have been shown to reduce smoking rates, tobacco-related diseases, and deaths. In recent years, those programs have also learned to be nimble, despite limited resources, to monitor and respond to an evolving marketplace with emerging tobacco and nicotine products and to prevent future generations from enduring the same tobacco-related burdens of past generations.

In Nevada, there have been successes. The percentage of Nevadans who are current smokers is nearly half of what it was 20 years ago[3], many have quit with prompting from media campaigns and access to the Nevada Tobacco Quitline, and millions have been protected from exposure to secondhand smoke and vapor emissions. However, much work must be done to eliminate tobacco as a significant health risk for Nevadans.

In Nevada, comprehensive tobacco control must combine educational, clinical, regulatory, economic, and social strategies to be successful.[4] It requires a collaboration of partners from many sectors, including public health, health care, local and national nonprofits, community-based organizations, insurance payors, professional and medical associations, higher education, and government, who work together and pool resources to ultimately eliminate tobacco and electronic smoking device use as a public health issue. Since publishing the state's last five-year plan, these partners have worked within the three identified priority areas, which remain within this plan:

1. Reduce initiation and use of tobacco, vapor, and related nicotine delivery products among youth and young adults.
2. Eliminate exposure to secondhand smoke and electronic nicotine device emissions; and
3. Promote quitting of tobacco use among adults.

These priorities, or goals, are complemented by thoughtfully crafted objectives and strategies intended to guide policy, systems, and environmental changes at both the state and local levels. As with Nevada's last plan, guiding principles ensure that priorities and decisions are data-driven; interventions and strategies are evidence-based, and objectives are developed with SMART metrics.

The Centers for Disease Control and Prevention has classified reducing tobacco use as a "winnable battle[5]," We believe it is—with teamwork, perseverance, and a commitment to a healthier Nevada.

## Nevada's Tobacco Burden

An estimated 4,100 Nevadans will die each year from smoking – more than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined[2]--and thousands more will die from other tobacco-related causes such as secondhand smoke exposure. According to the Centers for Disease Control and Prevention (CDC), smoking and tobacco use remains the leading cause of preventable disease, disability, and death in the United States and causes smokers to die years earlier than nonsmokers.[1]

Nevada has steadily reduced tobacco use and its toll on residents through death and disease. Over more than two decades, Nevada has seen the number of adults who identify as current smokers cut nearly in half, declining from 30.3% in 1998[6] to 15.5% in 2021[3]. Often near the bottom in many national health rankings, Nevada is now 17th among the 50 United States for lowest adult smoking rates.[7] Lung cancer incidence and death rates have declined over the same period, dropping below the national average: 45.5 vs. 56.3 per 100,000 for incidence and 34.9 vs. 35 per 100,000 for deaths.[7]

Despite the declining tobacco usage rates, lung cancer is still the leading cause of cancer death among Nevadans. Additionally, Nevada's cardiovascular disease (CVD) death rate continues to exceed the national rate (487.3 vs. 422 per 100,000).[8] Smoking is a major cause of CVD and is responsible for one of every three deaths from CVD, according to the 2014 Surgeon General's Report on Smoking and Health.[5]

Adult smokers have a mortality rate about three times as high as those who have never smoked, and it is estimated that they lose about a decade of life expectancy.[9] In addition to CVD and lung cancer, tobacco use contributes to 80% of deaths from chronic obstructive pulmonary disease[8], one-third of cancer deaths across more than a dozen sites in the body, and increased risk for type 2 diabetes, rheumatoid arthritis, pregnancy complications, and many more health impacts.[1] Smoking and tobacco use have also been linked to cognitive decline, contributing to as many as 14% of dementia cases and posing an increased risk of developing Alzheimer's Disease.[10]

Several disparities also exist in tobacco use, with higher smoking rates among people who are Black or multiracial non-Hispanic, have income below $30,000 per year, and have less than a high school diploma.[3] People who identify as SGM (Sex Gender Minority) also have higher rates of smoking and tobacco use, with rates highest among transgender adults (35.5%).[11]

Indoor smoking, which in Nevada is permitted in casinos, certain bars and taverns, strip clubs, and brothels through exemptions in the Nevada Clean Indoor Air Act, also negatively impacts people's health. Tens of thousands of Nevada workers are employed in businesses that permit indoor smoking and electronic smoking device use, exposing them for hours a day to secondhand smoke and e-cigarette aerosols that contain dozens of harmful substances and high levels of particulate matter. Secondhand smoke increases the risk of lung cancer, heart disease, stroke, and other chronic diseases.

For additional data on adult tobacco use in Nevada, please refer to the Nevada Adult Tobacco Survey, referenced in Appendix 2.

Tobacco prevention efforts in Nevada have led to a low rate of youth smoking, which has remained steady, with just 3.4% of high school students currently smoking cigarettes (within the past 30 days).[12] However, vapor products, also known as e-cigarettes or electronic smoking devices, continue to be a significant concern. Use of vapor products, which spiked just before and during the COVID-19 pandemic in 2020, remains high, with 17.6% of high school students currently using vapor and related products. Additionally, over one-third – 36.7% -- of high school students have ever used vapor products.[12]

Several factors complicate the issue of youth use of vapor and electronic smoking devices, including the lack of clarity among youth users as to what is considered an electronic smoking device, the emergence of synthetic nicotine in vapor and electronic smoking devices, and a slow response to regulation of vapor and electronic smoking devices. For example, in 2020, the Food and Drug Administration banned flavoring in some electronic smoking devices. However, manufacturers exploited loopholes in the regulations to continue selling products with candy and fruit flavorings favored by youth. Findings in the 2022 National Youth Tobacco Survey conducted by the FDA and CDC reveal that nearly 85% of youth use flavored e-cigarettes.[13]

Retail marijuana was made legal in Nevada by a vote of the people in 2016, and cannabis consumption lounges – which are proposed to allow the smoking of cannabis indoors – were approved by state legislators in 2021. According to the CDC, marijuana harms lung health regardless of how it is smoked.[14] Whether from tobacco or marijuana, toxins, and carcinogens are released during combustion. Smoke from marijuana has been shown to contain many of the same toxins, irritants, and carcinogens as tobacco smoke. Moreover, secondhand marijuana smoke contains the same, if not more, toxins and carcinogens found in directly inhaled marijuana smoke.[15] At the time of publication, data regarding the use of marijuana and the impact of cannabis consumption lounges are not yet available and, therefore, not included in this plan.

Finally, this plan distinguishes between commercially produced tobacco products and traditional tobacco used by American Indians and Alaska Natives for ceremonial or medicinal purposes. Within this document, "tobacco" refers only to commercial tobacco.

## Youth Tobacco Prevalence

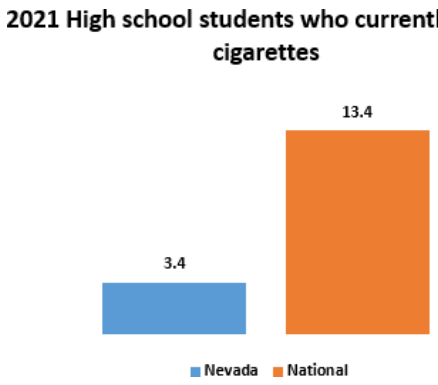



*Figure 1 Source: 2021 Nevada High School YRBS / 2021 NYTS*

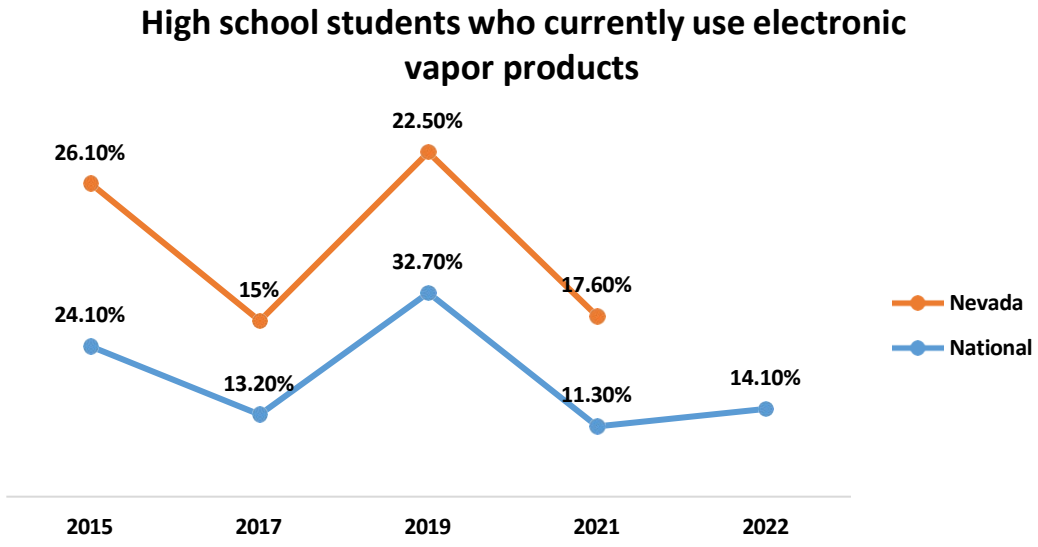



*Figure 2 Source: 2021 Nevada High School YRBS / 2021 US YRBS*

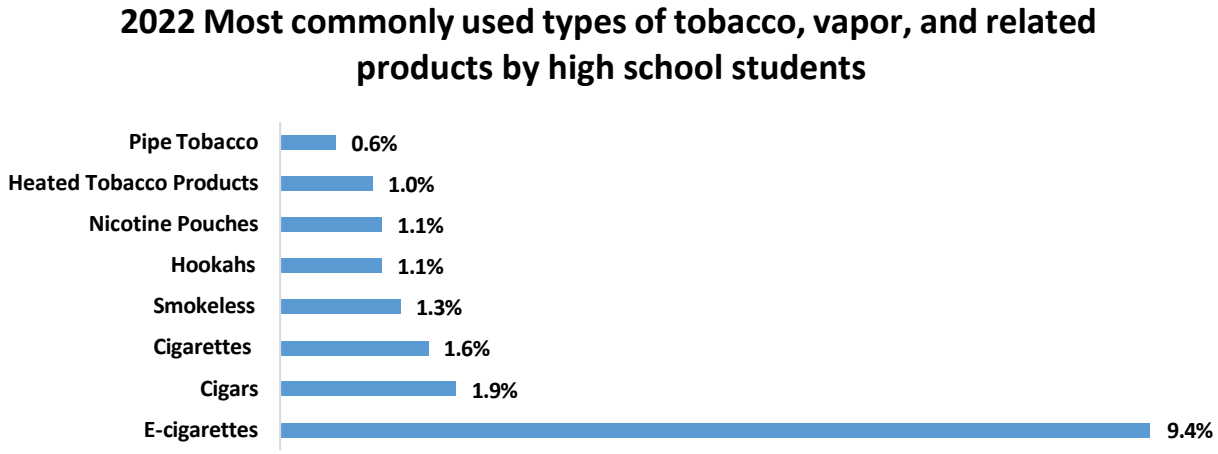



*Figure 3 Source: 2022 National Youth Tobacco Survey*

## Adult Tobacco Prevalence

The prevalence of tobacco use among adults in Nevada is above the national rate but has declined steadily over the past three decades. The emergence of electronic smoking devices and vapor products has drawn some smokers to switch and introduced some non-tobacco users to a new habit.

CHARTS – Adults who are current tobacco users, e-cig users

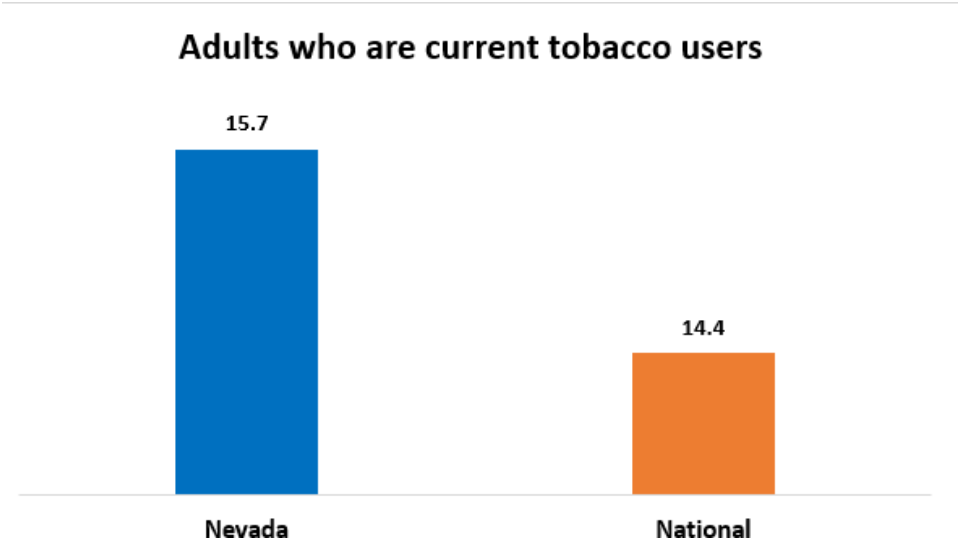



*Figure 4 Source: 2021 Behavioral Risk Factor Surveillance System (BRFSS)*

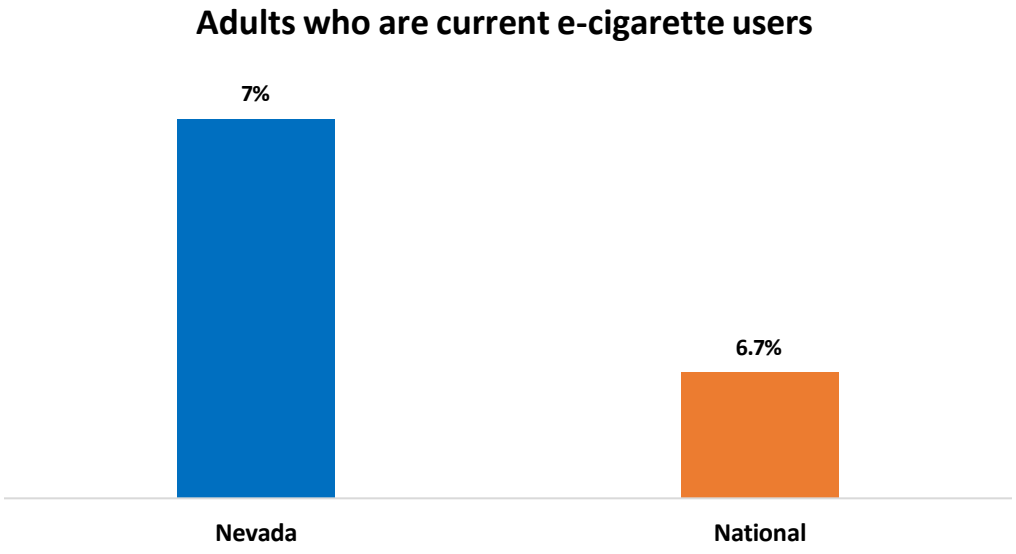



*Figure 5 Source: 2021 Behavioral Risk Factor Surveillance System (BRFSS) * "E-Cigarette" is the language used in the BRFSS survey and is in alignment with the term "electronic smoking devices" used in this plan, as defined in the appendix.*

## Deaths from Smoking in Nevada[2]

| | |
|---|---|
| Adults who die each year from smoking | 4,100 |
| Children now under 18 and alive in Nevada who will ultimately die prematurely from smoking | 41,000 |
| The proportion of cancer deaths in Nevada attributable to smoking | 28.8% |

## Smoking-Caused Monetary Costs in Nevada[2]

| | |
|---|---|
| Annual healthcare costs in Nevada are directly caused by smoking | $1.25 billion |
| Annual Medicaid costs caused by smoking in Nevada | $160.1 million |
| Residents' annual state & federal tax burden from smoking-caused government expenditures | $875 per household |
| Annual smoking-caused productivity losses in Nevada | $2.6 billion |

## Tobacco Spending in Nevada

Investing in tobacco control is critical to protecting our communities' health and is fiscally prudent. The CDC advises that funding tobacco control programs is one of the "best buys" in public health, providing a cost-effective strategy to reduce smoking rates among adults and youth. It is noted that states with vital tobacco control programs have demonstrated a $55-to-$1 return on their investment, mainly attributable to averted healthcare costs to treat smoking-related illnesses.[16]

Despite this strong evidence, tobacco use remains the leading cause of preventable death in the United States, youth use of vapor products is increasing, and program funding remains scant. No states meet the CDC's recommended level of spending on tobacco control, and most spend far less than a quarter of what is recommended. This low level of spending is not for lack of funds, as states collectively take in billions of dollars each year in tobacco taxes and settlement dollars. The CDC noted that in the fiscal year 2020, states were set to collect $27.2 billion from those sources but only budgeted to spend $740 million on tobacco control – just 2.7% of total tobacco-related revenue. States only need to spend about 12% of their tobacco tax and settlement funds to meet CDC-recommended spending levels.[1]

Nevada has long been among the worst states in terms of spending on tobacco control, only recently increasing spending to $3.5 million. While that budget is more than triple what was spent in the past, it corresponds to just 11.5% of the CDC's recommended funding level ($30 million annually) and needs to be budgeted for annual renewal.[2] In stark contrast, the tobacco industry is estimated to spend $9.1 billion each year marketing tobacco, vapor, and related products, with $75.3 million budgeted for Nevada alone.[2]

Published research studies have found that kids are twice as sensitive to tobacco advertising as adults and are more likely to be influenced to smoke by tobacco marketing than by peer pressure. One-third of underage experimentation with smoking is attributable to tobacco company advertising.[2] As such, strategies such as instituting youth-targeted counter-marketing campaigns, limiting tobacco marketing that is likely to be seen by or targeting youth, promoting smoke-free and tobacco-free policies in all places, raising prices on tobacco and vapor products, and reducing access to flavored products have all been proven to prevent youth initiation.[17] However, such strategies require more than the amount allocated in Nevada to consistently and effectively reach the state's tobacco control goals in our lifetime.

Because tobacco use is the single most preventable cause of death and disease in our society and a significant contributor to healthcare costs, when Nevada invests in efforts to prevent and control tobacco use, we experience decreased smoking rates and reduced health complications, improved quality of life, and lowered medical costs associated with the chronic diseases that result from tobacco use.

**Pull quote:** "Each day in the United States, the tobacco industry spends nearly $23 million to advertise and promote cigarettes, vapor, and related products."[18]

# Tobacco Industry Influence in Nevada

| | |
|---|---|
| Annual tobacco industry marketing expenditures nationwide (2023) | $ 9.1 billion[2] |
| Estimated portion spent for Nevada marketing each year (2023) | $75.3 million[2] |
| The annual budget for tobacco control in Nevada recommended by CDC | $30 million |
| Nevada's budget for tobacco control annually (as of 2023) | $3.5 million |

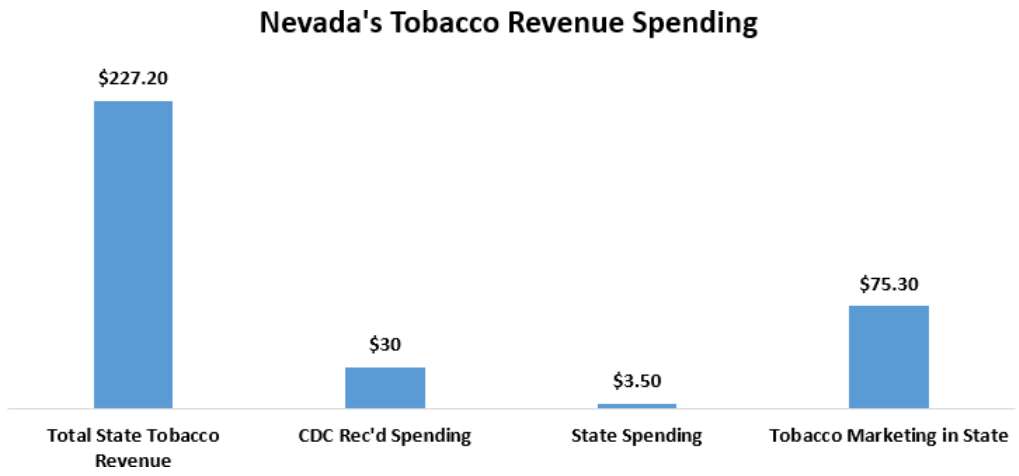



*Figure 6. Source: Tobaccofreekids.org *Amounts represented in millions.*

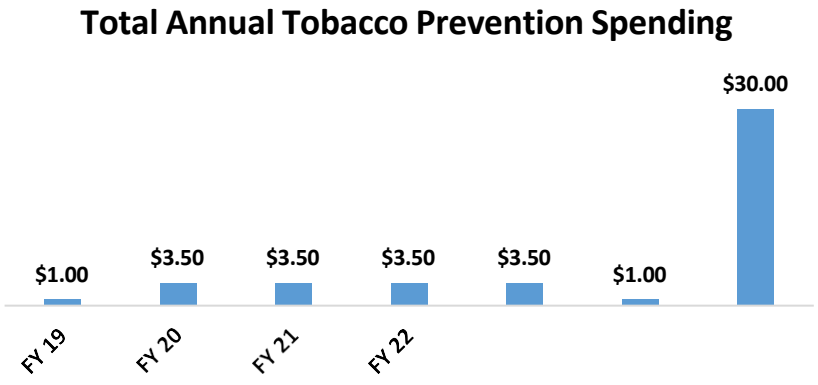
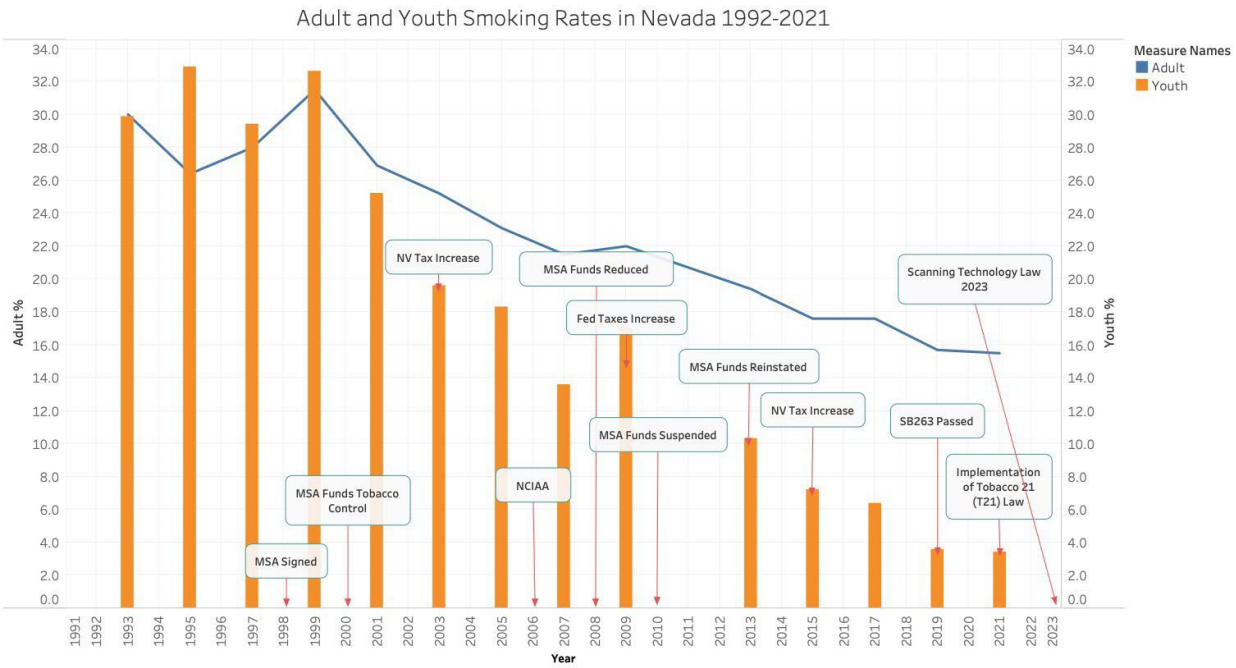



*Figure 7 Source: Nevada Tobacco Control Program. *Amounts represented in millions.*

## Nevada's Tobacco Policy

Over the past 25 years, Nevada has made considerable progress in reducing the toll of tobacco use and nicotine addiction with state-level policy successes such as smoke-free workplace laws and increased tobacco taxes. Additionally, stakeholders are pursuing smoke-free policies at the local level, including multi-unit housing, college campuses, parks, and outdoor recreation facilities. In recent years, efforts to enact smoke-free policies encompassing an entire community have also emerged, spurring new research demonstrating the harms of secondhand smoke and general support for such policies.




The trends of Adult and Youth for Year. Color shows details about Adult and Youth. The view is filtered on sum of Youth, which keeps non-Null values only.

## Notable Policy Milestones

**1998:** Tobacco Master Settlement Agreement (MSA) was signed between major tobacco companies and 46 US states and the District of Columbia, including Nevada.

**1999:** The Fund for a Healthy Nevada (FHN) was created under Nevada Revised Statute 439.620 using a portion of the state's share of the MSA.

**2000:** The State of Nevada initiated FHN funding for tobacco control. Nevada dedicates approximately $2 million of FHN funds yearly to tobacco control, nearly matching federal funding granted by the CDC to the state at the time.

**2003:** Nevada increased its state tax on cigarettes from 35 to 80 cents per pack.

**2006:** The Nevada Clean Indoor Air Act (NCIAA) was passed by a majority of Nevada voters and took effect on December 8, 2006. Most voters also rejected a competing measure that weakened existing smoke-free laws. The passage of the NCIAA provides significant changes to Nevada's smoking laws to protect children and adults from secondhand smoke in most public places and indoor places of employment. It also allowed local (city/ county/town) governments in Nevada to enact smoking laws within their jurisdictions that are even stronger than state law.

**2007:** Assembly Bill 182 reduces the percentage of FHN funds allocated for tobacco control programs from 20% to 15%.

**2009:** The federal cigarette tax increases from 39 cents to $1.01 per pack. At the same time, NTPC successfully prevents a repeal of the NCIAA. Still, state lawmakers weaken the NCIAA with the passage of Senate Bill 372, allowing smoking in areas of convention centers during tobacco-related trade shows under certain conditions. Senate Bill 340 is drafted and supported by state and local health authorities identifying Local Lead Agencies (LLA) for tobacco programming and FHN funding beginning July 2010.

The Nevada State Legislature's effort to backfill budget gaps for FY08-09 caused by the Great Recession resulted in Senate Bill 430, which redirects money from FHN to the state general fund. This begins the process that ultimately leads to defunding tobacco control programs by the state.

**2010:** Southern Nevada Health District is awarded $14.6 million for tobacco control through the Communities Putting Prevention to Work initiative.

Assembly Bill 3 from the 2010 special session of the Nevada State Legislature completes defunding tobacco prevention and control programs by redirecting remaining FHN funds to the state general fund.

**2011:** State lawmakers weaken the NCIAA again, passing Assembly Bill 571, permitting smoking in stand-alone bars, taverns, and saloons that provide food service if persons under 21 were prohibited from entering.

Senate Bill 421 removes specified percentages for funding, including the 15% for tobacco prevention and control programs, from state law when allocating FHN revenue. Instead, the Department of Health and Human Services Director must provide recommendations subject to legislative authorization. Efforts to raise the excise tax on a pack of cigarettes and the wholesale tax rate on other tobacco products were unsuccessful when Senate Bill 386 and Assembly Bill 333 died during the legislative session.

**2013:** NTPC efforts advocating for restoring FHN funds dedicated to tobacco control were successful, reinstating FHN funds for tobacco control at half the previous amount, $1 million annually.

**2015:** Nevada increases its state tax on cigarettes from 80 cents to $1.80 per pack. Nevada also passes a law prohibiting a person from selling, distributing, or offering to sell e-liquid containing nicotine for electronic smoking devices to any child under 18. Youth smoking prevalence in Nevada drops to its lowest recorded level at just 7.5%.[19]

**2016:** Adult smoking prevalence in Nevada drops to its lowest recorded level at just 16.5%.[20] A majority of voters approve of the legalization of retail marijuana.

**2017:** Despite receiving approximately $40 million annually in MSA payments, Nevada allocates less than $1 million to tobacco control each year of the FY18-19 biennium through FHN allocations. Youth smoking prevalence continued to fall to 6.4%; however, the current use of electronic smoking devices is recorded at 15%, and 42.6% of youth report having used electronic smoking devices.[21]

**2019:** State legislators passed Senate Bill 263 requiring vapor and alternative nicotine products to be taxed and regulated as other tobacco products (including a 30% wholesale price tax) and establish penalties for selling to minors, including internet sales. Legislators also update NCIAA to include vapor products or e-cigarettes.

A $2.5 million appropriation from the Nevada Legislature allows tobacco partners to launch a statewide campaign to prevent the initiation of the use of tobacco, vapor, and related products among youth and young adults and promote access to the state's youth tobacco quitline.

Federal law changed the minimum legal sale age for tobacco and related products from 18 to 21.

**2021:** Nevada signed and implemented state law to comply with federal requirements in raising the minimum legal age for selling tobacco and related products from 18 to 21.

**2023:** A change to Nevada law requires tobacco retailers to use scanning technology or automated software to verify the identification of consumers under 40. This best practice is to reduce access to tobacco and related products to youth and young adults and increase compliance with minimum age laws.

*For more information on Nevada's smoking and tobacco laws, refer to Nevada Revised Statute (NRS) §202.2483.*

## Statewide Partner Efforts and Programs

The Nevada Tobacco Control Program (TCP) coordinates a comprehensive statewide effort to reduce tobacco use and its health and economic burdens on Nevada residents. The TCP has supported tobacco control efforts throughout the state with Fund for a Healthy Nevada funding (FHN, allocated from the MSA) since 1999. The TCP supports the completion of the Nevada Adult Tobacco Survey, conducted most recently in 2019 and 2022, to evaluate how the TCP's efforts impact knowledge, perceptions, and use of tobacco products among Nevada residents.[22] The TCP is funded by the Centers for Disease Control and Prevention, Office on Smoking and Health, and the Fund for a Healthy Nevada. Additional work is completed through the TCP's Synar Program to decrease youth access to tobacco and is guided by the Synar Strategic Plan 2022-2027.

Tobacco control stakeholders throughout Nevada have long worked together as a coalition to reduce the burden of tobacco use and eliminate it as a public health issue. While various manifestations of the Nevada Tobacco Control & Smoke-free Coalition (NTCSC) existed between the late 1970s and early 1990s, the group found its current roots in 1995 as Nevada Tobacco Prevention Coalition (NTPC). It was renamed in 2023 to define its goals more clearly in tobacco control and smoke-free efforts.

There have been many years of continued efforts by the tobacco industry to weaken what was then a marginal clean indoor air law. So, with renewed effort starting in 1995, NTCSC went head-to-head with the tobacco industry on policy at every turn. Throughout the next decade, NTCSC worked to eliminate preemption (a law passed by a higher authority takes precedence over a law passed by a lower one), increase adequate and consistent funding for tobacco control programs, raise tobacco taxes, and strengthen clean indoor air laws.

The coalition saw its first defining policy success in the form of a ballot question: the 2006 Nevada Clean Indoor Air Act (NCIAA). After voters approved the measure, it was challenged legally and legislatively, and NTCSC was forced to defend the law. NTCSC defeated an effort to repeal the NCIAA in its entirety in 2009, but ultimately it was weakened by the Nevada State Legislature in 2009 and 2011. The coalition 2019 successfully added vapor products and electronic smoking devices to the smoke-free protections in the NCIAA, modernizing the law to keep up with the tobacco industry’s innovation.

Through the years, NTCSC has also focused on tobacco pricing strategies, adequate tobacco control funding, and electronic smoking device policies in its work to eliminate tobacco use in the state. In 2015 two focus areas saw success: first, a $1 per pack tax increase on cigarettes, and second, state legislation, albeit minimal, to regulate electronic smoking devices. More success came in 2019 when NTCSC successfully advocated for greater parity in taxation for vapor products and electronic smoking devices and earned an allocation from the legislature to launch a youth vaping prevention campaign.

In 2023, the NTCSC also began to advocate more strongly for flavoring restrictions in tobacco and vapor products and more vigorous retail enforcement, including increased penalties for violations, compliance checks, and mandatory age-restriction training for retailers and clerks.

In addition to coalition-led efforts, some NTCSC member organizations continue to fight for more robust clean air policy at their local level. Initiatives include smoke-free and vape-free communities, outdoor venues, parks, and multi-unit housing, as well as initiatives to eliminate flavoring in tobacco, vapor, and related products and increase access to cessation services for youth and adults.

Individual stakeholders throughout Nevada, also members of NTCSC, are working locally and regionally to implement tobacco control strategies and initiatives specific to their communities and target populations.

Local community coalitions, which conduct work in all the rural and frontier counties, are key advocates for prevention and cessation within their areas. Community-based activities include the distribution of educational materials to youth and priority populations. Community coalitions also collaborate with local policymakers on retail enforcement, tobacco-free schools and parks, and opportunities to increase age restrictions and recruit and train youth leaders to serve as peer mentors and advocate for more robust tobacco and vapor policies.

Regional health districts, including Southern Nevada, Washoe County, and Carson City, are leaders in their communities in implementing tobacco control measures. Initiatives undertaken by these entities range from strengthening clean indoor air policies to reducing use among various priority populations and preventing initiation. Specific projects include smoke-free multi-unit housing, communities, parks and outdoor spaces, meetings, and campuses; targeted outreach to youth through social branding campaigns; and promotion of cessation resources.

The Tobacco Control Program is also forging new partnerships to promote the prevention and cessation of tobacco to reduce the risk for comorbidities such as Alzheimer's Disease and related dementias. The program 2022 partnered with the Building Our Largest Dementia (BOLD) Infrastructure program housed within the Division of Public and Behavioral Health Chronic Disease Prevention and Health Promotion (DPBH CDPHP) section.

## Cross-Cutting Issues

### Regional Differences

Of Nevada's 17 counties, only Clark and Washoe, plus the capital, Carson City, are considered urban. Nearly 90% of the state's population lives in these areas. These urban centers have a diverse population, even among themselves, with large Hispanic/Latino populations, growing immigrant/refugee communities, and a higher percentage of people identifying as multiracial than the national average.[23] Gaming employees, particularly in highly populated counties, are exposed to secondhand smoke at higher rates than most Nevadans.

Nevada's rural and frontier counties, home to more than 10% of the state's population[23], have higher smoking rates than their urban counterparts.[24] In recent years, people in these counties have reduced the adult use of electronic smoking devices and smokeless tobacco to align with urban counties. However, they are more likely to have a history of using smokeless tobacco. Youth use of cigarettes, smokeless tobacco, and electronic vapor products in rural and frontier counties is higher than in urban counties.[12] Exposure to secondhand smoke in the home and indoor workplaces is generally also lower for people living in rural and frontier counties, but they are less likely to favor laws and regulations aimed at reducing exposure to tobacco, electronic smoking devices, and secondhand smoke.[22]

Rural and frontier counties often have lower socioeconomic populations and, in some instances, have higher rates of uninsured or enrolled in Medicaid. Overall, the percentage of insured people living in rural or frontier counties is higher than the state average. For urban counties, people over 65 or under 19 are more likely to be insured.[25] People who are uninsured or have Medicare only (age 65 or older) are less likely to receive a health professional's advice to quit tobacco use and are less likely to use counseling or medication.[26]

People living in Nevada's urban, rural, and frontier counties face healthcare professional shortages. More than two-thirds of the state's population resides in a federally designated primary care health professional shortage area (HSPA), and 94.5% of the state's population across 16 of 17 counties—including 100% of rural and frontier residents—live in mental health HPSAs.[27] Primary care clinicians and mental health professionals are crucial in identifying, assessing, and treating smokers. Cessation intervention at each visit is essential in increasing quit attempts and reducing tobacco use. [26] As such, the lack of access to health care poses a substantial barrier to reducing tobacco use.

Because the differences between urban and rural frontier communities are not clean-cut, and not all rural and frontier communities face the same challenges, tobacco control partners must take heed when selecting and implementing statewide programs and tailor those programs and activities to meet the needs of individual communities.

### Renormalization of Smoking Behaviors

In Nevada's previous five-year tobacco plan, concerns were raised about the impact of electronic smoking devices on tobacco control, including the risk of their use of renormalizing smoking behaviors. During the first eight years of availability, the current use (within the past 30 days) of electronic smoking devices among youth spiked to 26.1%[21] and has since declined to 17.5%.[12]

Some have also welcomed electronic smoking devices as pathways to tobacco reduction or cessation. However, experts at the Centers for Disease Control and Prevention and the US Department of Health and Human Services agree that there is inadequate evidence to conclude that they increase smoking cessation.[26] Instead, there is evidence that electronic smoking devices can lead to other forms of smoking, including cigarette smoking at a higher frequency and intensity and using electronic smoking devices to deliver marijuana.[28]

**Social Determinants of Health**

According to the World Health Organization, social determinants of health are "those circumstances in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."[29]

In this view, many environmental and social forces impact a person's health and wellness. The Robert Wood Johnson Foundation goes so far as to say the most significant determinant of a person's long-term health outcomes may be the zip code where they are born, impacting their health even more than their genetic code. This is a powerful statement, made clear when we look at health in communities experiencing poverty, limited access to medical care and education, food insecurity, systemic racism, and low employment rates.

In addition to economic, community, and social factors, adopted health risks also affect health outcomes. Some communities have higher tobacco usage rates, for example, increasing cancer rates. We must come to understand the social determinants of health that impact communities in Nevada and work to achieve health equity for those populations where the data tells the story of continuing poor health outcomes.

**Disparities and Priority Populations**

As of 2021, the percentage of all current adult smokers in Nevada was 15.5%.[3] Within that percentage, however, some population groups have higher rates of tobacco and electronic smoking device use and face a greater risk of tobacco- and vapor-related health consequences. In Nevada, we have found that the populations that have high use rates include:

| POPULATION GROUPS IN NEVADA WITH HIGHER TOBACCO USE RATES[3] | |
|---|---|
| **Population Characteristic** | **Smoking Rate** |
| Low Annual Income of <$15,000 | 23.2% |
| Low Annual Income of $15,000 to $ 24,999 | 27.5% |
| Multiracial, non-Hispanic | 30.4% |
| Black, non-Hispanic | 20.8% |
| American Indian[22*] | 16% |
| SGM[22] | 29% |
| **High School Students from[12]:** | |
| Nye and Lincoln counties (frontier) | 6.4% |
| Elko, Eureka, and White Pine counties (frontier) | 7.7% |
| Churchill, Humboldt, Pershing, and Lander counties (frontier) | 11.8% |
| Lyon, Mineral, and Storey (rural and frontier) | 5.5% |
| American Indian | 12.1% |
| White | 4.4% |
| Native Hawaiian/Pacific Islander | 4.2% |

*Table 1 BRFSS 2021, Nevada Adult Tobacco Survey 2022, YRBS 2021. *Does not exclude the ceremonial use of tobacco.*

| POPULATION GROUPS IN NEVADA WITH HIGHER E-CIGARETTE USE RATES[3] | |
|---|---|
| **Population Characteristic** | **Smoking Rate** |
| Low Annual Income of $35,000 to $49,999 | 9.0% |
| Low Annual Income of $25,000 to $34,999 | 6.6% |
| Hispanic | 5.4% |
| White, non-Hispanic | 6.8% |
| Native Hawaiian/Pacific Islander[22] | 22.3% |
| SGM[22] | 16.1% |
| **High School Students from[12]:** | |
| Elko, Eureka, and White Pine counties (frontier) | 26.9% |
| Churchill, Humboldt, Pershing, and Lander counties (frontier) | 24.6% |
| Lyon, Mineral, and Storey counties (rural and frontier) | 31.9% |
| American Indian | 26.1% |
| Black | 21.3% |
| Native Hawaiian/Pacific Islander | 30.6% |

*Table 2 BRFSS 2021, Nevada Adult Tobacco Survey 2022, YRBS 2021.*

Accurate data in Nevada for tobacco and electronic smoking device usage is slowly becoming available for specific populations, including members of tribal, Native Hawaiian/Pacific Islander, and Sex-Gender-Minority (SGM) communities. In the past, national statistics have shown higher-than-average rates of tobacco use among these groups. Recent data from the 2022 Nevada Adult Tobacco Survey reinforces those statistics among Nevadans, with higher rates of tobacco use among American Indian youth and adults, a higher rate of electronic smoking device usage among Native Hawaiian/Pacific Islander adults and American Indian youth, and higher rates of both tobacco and electronic smoking device use among people who identify as "not heterosexual," included here as SGM.[22,12]

Sex-Gender-Minorities (SGMs) include all races, ethnicities, ages, and socioeconomic groups and come from all parts of Nevada. Nearly 1 in 3 people who identify as SGM smokes, compared with fewer than 1 in 10 heterosexual adults.[22] While data on transgender adult tobacco and e-cigarette use is unavailable for Nevada, recent research found that transgender adults report higher current use of cigarettes, cigars, and e-cigarettes than cisgender adults.[30] This disparity is in part because the tobacco industry targets members of the SGM community

in its product marketing, peer pressure and normalization within the SGM community have a heavy influence[32], and also because SGM members often lack equitable access to health care and may not receive the frequency of prevention and cessation interventions their heterosexual and cisgender counterparts do.[31]

Las Vegas is known by some as "the ninth island," a nod to the many Native Hawaiian/Pacific Islanders (NH/PI) that live in Nevada's largest city. National data often does not accurately reflect tobacco and electronic smoking device use among this population because NH/PI individuals are usually included in a category with Asian populations. Nevada's Adult Tobacco Survey and Youth Risk Behavior Survey create a distinction between these groups. Recent data shows NH/PI individuals have higher rates of electronic smoking device usage for youth and adults. Research supported by the Southern Nevada Health District found that aggressive marketing tactics focused on the NH/PI community and normalization of vaping within the NH/PI community are significant factors in these higher rates.[32]

While other subgroups, especially those who identify as multiracial, have higher smoking prevalence than American Indians, tribal communities have long reported higher smoking rates. In the context of reporting tobacco use, however, it is essential to respect that in American Indian communities, some tobacco use is used for religious or ceremonial purposes and is considered sacred. In Nevada's Adult Tobacco Survey, questions probing the type of smoking device used, such as manufactured cigarettes, can help to discern between ceremonial and non-ceremonial tobacco use. However, additional research and surveying are necessary to separate the two.

In addition to these disparities in tobacco and electronic smoking device use, other disparities exist, including gender, geography, and mental/behavioral health status. Men are more likely to smoke (17.8%) than women (13.2%)[3]. People with mental illness, including depression, anxiety, bipolar disorder, and schizophrenia, have much higher smoking rates—anywhere from 28% to 85%--and tend to smoke more cigarettes, with rates highest among young adults, those with lower educational attainment, and those with income below poverty level.[33] Some zip codes within Nevada have also been found to have a higher prevalence of tobacco use, leading them to be characterized as high-impact areas needing additional focus.

## Goals and Objectives for Tobacco Control

**Goal 1:**

Reduce initiation and use of tobacco, vapor, and related products among youth and young adults.

OBJECTIVES

1. Decrease the percentage of youth (grades 9-12) who have reported smoking cigarettes in the past 30 days from 3.4% to 2.8% (NV Youth Risk Behavior Survey 2021, Table 34).
2. Decrease the percentage of youth (grades 9-12) who have reported using electronic vapor products in the past 30 days from 17.5% to 13.5% (2021 Nevada High School YRBS, Table 41).
3. Increase the number of institutions of higher learning that adopt, implement, and enforce a tobacco- and vape-free campus policy from 2 to 4.
4. Increase the annual rate of tobacco retailer compliance to adhere to youth access laws from 73.6% to 90%. (Annual average of Attorney General inspection compliance rates).

STRATEGIES

- Advance policy to further regulate and curtail the sale and use of tobacco, vapor, and related products to reduce youth access.
    - Promote evidence-based policy restricting flavored tobacco and vapor products, including flavored electronic smoking devices, menthol cigarettes, and flavored cigars, to reverse the youth use epidemic.
    - Train and engage youth leaders, including among high-risk youth, to participate in tobacco and marijuana control and message development and delivery with the support of adult role models.
    - Implement evidence-based health communication interventions to educate youth and young adults and to counter misinformation about tobacco, marijuana, vapor, and related products.
    - Monitor and address new and emerging tobacco and vapor products and industry tactics.
- Promote stronger tobacco retail licensure requirements to increase compliance with laws and policies restricting minors' access to tobacco and electronic smoking devices.
    - Collaborate with State Attorney General's office to increase and promote active, effective enforcement of retail tobacco laws and accountability of retailers.
    - Promote evidence-based policies to strengthen penalties for violating retail tobacco laws, including selling products to minors.
    - Educate decision-makers regarding retailer compliance.

    - Raise awareness of the impacts of product placement, in-store advertising, and tobacco retailer location on youth. Identify and implement strategies to reduce youth retail exposure to tobacco, vapor, and related product messaging.
    - Promote training among retailers and sales clerks through the Responsible Tobacco website.
- Decrease youth and young adult exposure to commercial tobacco, vapor, and related products.
    - Educate on the evidence and tactics recommended (e.g., flavor bans, restrictions on coupon redemption sales/size, and location; number and density of outlets) to protect youth from initiating the use of tobacco, vapor, and related products.
    - Support developing and implementing prevention and cessation policies for tobacco, vapor, and related products for school districts, colleges, and universities.
    - Collaborate with institutions of higher learning to provide support and evidence-based resources for implementing tobacco and smoke-free campuses.
    - Collaborate with substance abuse prevention coalitions and related organizations.
- Expand and promote awareness of the Nevada Tobacco Quitline's youth cessation program, ***My Life My Quit***, and other cessation resources designed for youth and young adults.
    - Identify opportunities for targeted outreach promoting youth cessation programs in rural and frontier Nevada.
    - Support access to and use of mobile and social media-based youth cessation resources.
    - Increase engagement with healthcare partners to support the discussion of youth prevention for tobacco, vapor, and related products and dissemination of youth cessation resources.

**Goal 2:**

Eliminate exposure to secondhand smoke and electronic smoking device emissions.

OBJECTIVES

1. Strengthen the Nevada Clean Indoor Air Act (NCIAA) that prohibits smoking in public places and worksites by decreasing the number of exemptions by at least two.
2. Increase the number of policies creating smoke-free outdoor public sports, recreation, and entertainment venues in Nevada from 5 to 10.
3. Increase the number of multi-unit housing units free of tobacco smoke and emissions from electronic smoking devices by 5,000.

STRATEGIES

- Promote evidence-based policies to create community spaces free of tobacco smoke and emissions from electronic smoking devices.
    - Educate and inform decision-makers on the health benefits of promoting clean air policies at sporting and rodeo venues, parks, and other outdoor spaces.
    - Engage and support community organizations that serve priority populations, including treatment and correctional facilities, to create and implement policies, events, and spaces free of tobacco smoke and emissions from electronic smoking devices.
    - Increase public awareness about the toxicity and other environmental impacts of tobacco, vapor, related products, and waste consumption.
- Collaborate with public and federal housing authorities to establish policies for multi-unit housing facilities free of tobacco smoke and emissions from electronic smoking devices.
    - Develop and provide suggested policies on smoke-free and vape-free issues and resources to share with housing associations/authorities and owners. Include pro-health and economic value messaging.
    - Increase public demand for smoke-free and vape-free multi-unit housing through outreach and education campaigns.
- Advocate for smoke-free and vape-free workplaces.
    - Conduct media and health communications campaigns to inform and engage workforce populations currently experiencing exposure to secondhand smoke and emissions from electronic smoking devices.
    - Educate decision-makers on the harms of secondhand smoke exposure in the workplace, including impacts on people of color and low socioeconomic status, policy, and opportunities to create 100% smoke- and vape-free workplaces.
    - Continue efforts to support businesses and organizations in creating voluntary smoke- and vapor-free zones outside of their buildings and on their properties.
- Collect, evaluate, and share data on secondhand smoke and emissions from electronic smoking devices.
    - Support and disseminate research measuring levels of and exposure to unhealthy indoor air in locations exempted from the Nevada Clean Indoor Air Act (NCIAA).
    - Review and disseminate available data about comprehensive clean indoor air's economic and health impacts.
    - Promote economic data from establishments that have gone smoke-free and vape-free to show customer support for smoke-free and vape-free environments.
    - Based on this research, make recommendations to decision-makers in Nevada's tourism and hospitality industry and policymakers.
- Support modernization of the NCIAA and related statutes.

- Build grassroots networks and educate decision-makers and engage them to support the modernization of the NCIAA to eliminate exemptions for casinos, bars, taverns, and strip clubs.
- Engage community, health care, policy, and business leaders to publicly advocate for enhancing smoke-free and vape-free policies.

**Goal 3:**

Promote quitting of tobacco and electronic smoking device use among adults.

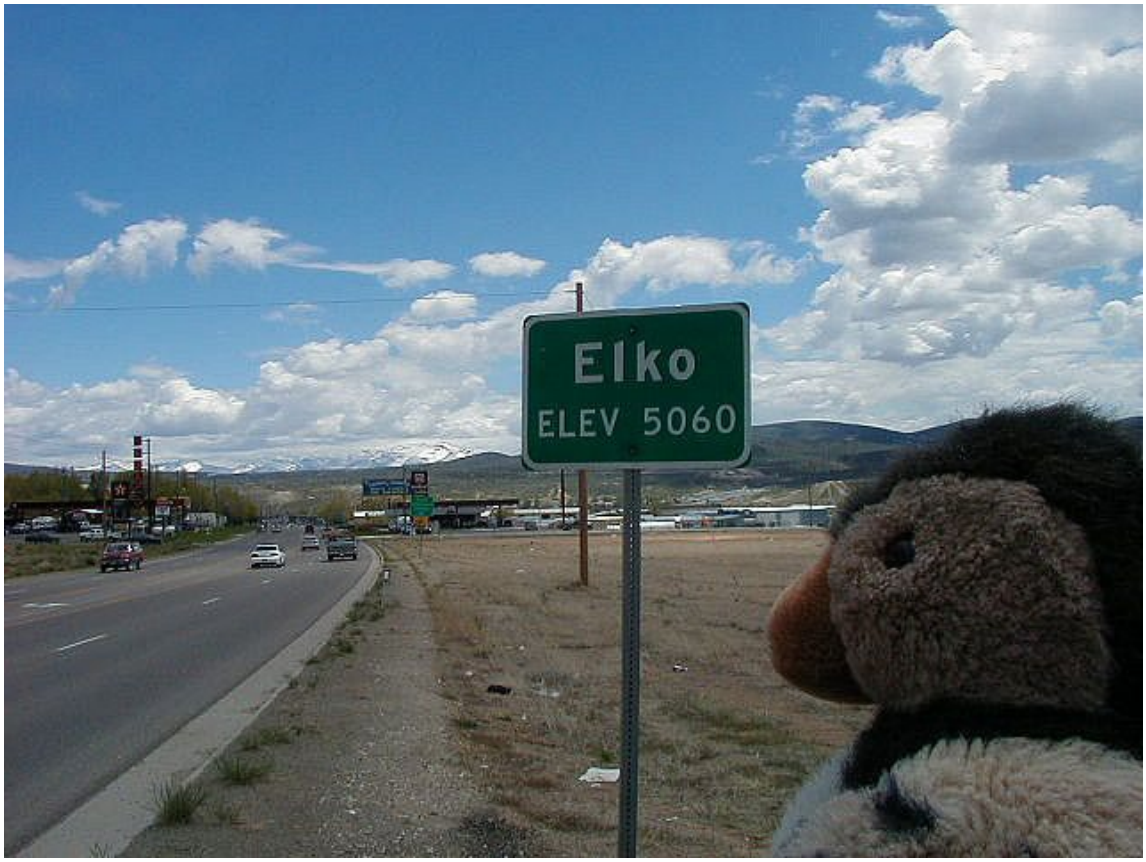
OBJECTIVES

1. Reduce the percentage of current adult smokers from 15.5% to 13.5% (Behavioral Risk Factor Surveillance System 2021).
2. Reduce the percentage of adults who are current electronic smoking device users from 7% to 6.1% (Behavioral Risk Factor Surveillance System 2021).
3. Increase the percentage of current tobacco, vapor, and related product users who receive treatment through the Nevada Tobacco Quitline from 0.45% to 0.50% (Behavioral Risk Factor Surveillance System 2021 and NTQ Data).
4. Increase the Nevada Tobacco Quitline annual answer rate from 91% to 96%.
5. Increase the percentage of referrals to the Nevada Tobacco Quitline from all professional healthcare providers, community partners, professional organizations, and local health districts from 17% to 22% (NTQ Data).

STRATEGIES

- Expand the delivery of tobacco use and dependence treatment services, including the Nevada Tobacco Quitline and digital-based technologies such as text and web-based services.
    - Support Nevada Tobacco Quitline capacity and access to new cessation counseling and support technologies.
    - Enhance the use of culturally appropriate, evidence-based strategies to reduce disparities and increase the use of quit support services.
    - Conduct outreach to Nevadans who are members of priority populations, those living in rural and frontier communities, and specific high-impact zip codes to increase education about and use of the Nevada Tobacco Quitline and other cessation resources.
    - Engage with community coalitions and other traditional and non-traditional partners, especially those serving priority populations, to increase tobacco prevention and cessation engagement.

    - Collaborate with Nevada's American Indian tribes to address commercial tobacco use and cessation.
    - Collect, analyze, and disseminate data on Nevada Tobacco Quitline usage to improve targeted outreach activities promoting quitline usage.
- Increase access and referrals to tobacco cessation services and resources in health care settings.
    - Advocate for comprehensive insurance plan and Medicaid coverage for cessation services and products.
    - Expand access to evidence-based nicotine replacement therapies.
    - Increase engagement with health care providers, hospitals, tribal health centers, mental health facilities, and dental practices to streamline the tobacco screening and cessation referral processes and embed tobacco screening and cessation referrals in electronic health records workflow.
    - Educate health care providers—including school-based health centers, clinicians, pharmacists, health navigators, and community health workers—on the range of cessation services available and promote the use of tools and resources to increase cessation referrals to improve health outcomes.
- Educate stakeholders and decision-makers about evidence-based policies and programs to increase cessation.



## Moving Ahead

In 2023, the American Lung Association gave the state of Nevada an "F" grade in three categories essential for reducing tobacco use and exposure to secondhand smoke: tobacco taxes, flavored tobacco products, and funding. The state received a "C" grade for smoke-free air with a recommendation to expand the Nevada Clean Indoor Air Act and a "D" grade for access to cessation services—an improvement from the "F" previously awarded in the category.[34]

While this report card seems grim, Nevada has made progress in tobacco control over the past five years through policy, systems, and environmental change. This five-year strategic plan contains the same goals and similar objectives and activities as the last plan, providing a consistent blueprint for addressing all of those issues and the flexibility for local jurisdictions and coalitions to pursue strategies most significant to their communities. Some progress can be made with available resources, and the state's Tobacco Control Program will continue to provide leadership, data, technical assistance, training, and evaluation services.

As with the last five-year plan, this is an ambitious plan, and many activities outlined herein will depend on additional resources becoming available and remaining consistent for the future and informing best practices, such as increased tobacco and vapor product taxes, an additional allotment of funding from the state's Fund for a Healthy Nevada (which is funded solely by MSA payments), funding from other state/local jurisdictions, support from collaborating partners, and/or private funding.

Federal supports for raising the minimum age for tobacco sales to 21 has also proven helpful in reducing youth initiation and use of tobacco and electronic smoking devices. Additional federal policies, such as tighter regulation of electronic smoking devices, synthetic nicotine products, and tobacco and nicotine products with flavoring, would support reducing other youth and adult tobacco and vapor product use and initiation. In the absence of federal policy, it is incumbent upon tobacco control partners to advocate for such policies at the state level.

Nevada's tobacco control partners are already hard at work on many of the strategies outlined in this plan. Still, there are many more opportunities to engage in efforts to prevent the initiation and use of tobacco and electronic smoking devices and promote cessation and youth and adults. Existing and new, traditional, and non-traditional partners can proceed with these efforts to further the reach of tobacco control in Nevada. For example:

- Local school boards can decide to include and provide funding for tobacco prevention education at all levels, from elementary through high school.
- Health systems can ensure that tobacco screening and cessation referrals are integrated into every aspect of their work.
- Local jurisdictions can pass their smoke-free policies eliminating exemptions in the NCIAA.

- Employers, employees, and health insurers can work together to provide the best possible wellness incentives and opportunities for those who work at and patronize those businesses.
- The owners of multi-unit housing can opt to go smoke-free and vape-free on behalf of the health of their residents.
- Nevadans can adopt voluntary smoke-free and vape-free policies for their homes and automobiles and support smoke-free and vape-free venues and businesses in their communities.

Progress will also depend on new levels of communication and collaboration among all the state's tobacco control stakeholders. While the Nevada Division of Public and Behavioral Health, Chronic Disease Prevention, and Health Promotion Section holds primary responsibility for this plan's implementation, we continue to rely on the Nevada Tobacco Control & Smoke-free Coalition and its member organizations for their leadership and action and to support community-led innovations in daily environments.

Many organizations across the state are already proactive about tobacco control. Please see the "Partners and Resources" list in Appendix 2.

# ES Worksheet 1. CDPHP Tobacco 5-Year Plan - Annual Workplan from 2024-2029

Date: 04/03/2023 Version: 1.00

| **Project Period Objective 01: Reduce initiation and use of tobacco, vapor, and related products among youth and young adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| **1.1**: Decrease the percentage of youth (grades 9-12) who have reported smoking cigarettes in the past 30 days from 3.4% to 2.8% (NV Youth Risk Behavior Survey 2021, Table 34). | Advance policy to further regulate and curtail the sale and use of tobacco, vapor, and related products to reduce youth access. | Promote evidence-based policy restricting flavored tobacco and vapor products, including flavored electronic smoking devices, menthol cigarettes, and flavored cigars, to reverse the youth use epidemic.<br><br>Train and engage youth leaders, including among high-risk youth, to participate in tobacco and marijuana control and message development and delivery with the support of adult role models.<br><br>Implement evidence-based health | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 01: Reduce initiation and use of tobacco, vapor, and related products among youth and young adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | communication interventions to educate youth and young adults and to counter misinformation about tobacco, marijuana, vapor, and related products.<br><br>Monitor and address new and emerging tobacco and vapor products and industry tactics. | | |
| **1.2**: Decrease the percentage of youth (grades 9-12) who have reported using electronic vapor products in the past 30 days from 17.5% to 13.5% (2021 Nevada High School YRBS, Table 41). | Promote stronger tobacco retail licensure requirements to increase compliance with laws and policies restricting minors' access to tobacco and electronic smoking devices. | Collaborate with State Attorney General's office to increase and promote active, effective enforcement of retail tobacco laws and accountability of retailers.<br><br>Promote evidence-based policies to strengthen penalties for violating retail tobacco | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 01: Reduce initiation and use of tobacco, vapor, and related products among youth and young adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | laws, including selling products to minors.<br><br>Educate decision-makers regarding retailer compliance.<br><br>Raise awareness of the impacts of product placement, in-store advertising, and tobacco retailer location on youth, and identify and implement strategies to reduce youth retail exposure to tobacco, vapor, and related product messaging.<br><br>Promote training among retailers and salesclerks through the Responsible Tobacco website. | | |
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |

| **Project Period Objective 01: Reduce initiation and use of tobacco, vapor, and related products among youth and young adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| **1.3** Increase the number of institutions of higher learning that adopt, implement, and enforce a tobacco- and vape-free campus policy from 2 to 4. | Decrease youth and young adult exposure to commercial tobacco, vapor, and related products. | Educate on the evidence and tactics recommended (e.g., flavor bans, restrictions on coupon redemption sales/size, and location; number and density of outlets) to protect youth from initiating the use of tobacco, vapor, and related products.<br><br>Support the development and implementation of prevention and cessation policies for tobacco, vapor, and related products for school districts, colleges, and universities.<br><br>Collaborate with institutions of higher learning to provide support and evidence- | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 01: Reduce initiation and use of tobacco, vapor, and related products among youth and young adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | based resources for implementing tobacco and smoke-free campuses.<br><br>Collaborate with substance abuse prevention coalitions and related organizations. | | |
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| 1.4: Increase the annual rate of tobacco retailer compliance to adhere to youth access laws from 73.6% to 90%. (Annual average of Attorney General inspection compliance rates). | Expand and promote awareness of the Nevada Tobacco Quitline's youth cessation program, ***My Life My Quit***, and other cessation resources that are designed for youth and young adults. | Identify opportunities for targeted outreach promoting youth cessation programs in rural and frontier Nevada.<br><br>Support access to and use of mobile and social media-based youth cessation resources.<br><br>Increase engagement with healthcare partners to support the discussion of youth prevention for tobacco, | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 01: Reduce initiation and use of tobacco, vapor, and related products among youth and young adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | vapor, and related products and dissemination of youth cessation resources.<br><br>Build grassroots networks and educate decision-makers and engage them to support the modernization of the NCIAA to eliminate exemptions for casinos, bars, taverns, and strip clubs.<br><br>Engage community, health care, policy, and business leaders to publicly advocate for enhancing smoke-free and vape-free policies. | | |

| **Project Period Objective 02: Eliminate exposure to secondhand smoke and electronic smoking device emissions.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| **2.1**: Strengthen the Nevada Clean Indoor Air Act (NCIAA) that prohibits smoking in public places and worksites by decreasing the number of exemptions by at least two. | Promote evidence-based policies to create community spaces free of tobacco smoke and emissions from electronic smoking devices. | Educate and inform decision-makers on the health benefits of promoting clean air policies at sporting and rodeo venues, parks, and other outdoor spaces.<br><br>Engage and support community organizations that serve priority populations, including treatment and correctional facilities, to create and implement policies, events, and spaces free of tobacco smoke and emissions from electronic smoking devices.<br><br>Increase public awareness about the toxicity and other environmental impacts of tobacco, vapor and | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 02: Eliminate exposure to secondhand smoke and electronic smoking device emissions.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | related products and waste consumption. | | |
| **2.2**: Increase the number of policies creating smoke-free outdoor public sports, recreation, and entertainment venues in Nevada from 5 to 10. | Collaborate with public and federal housing authorities to establish policies for multi-unit housing facilities free of tobacco smoke and emissions from electronic smoking devices.<br><br>Collect, evaluate, and share data on secondhand smoke and emissions from electronic smoking devices. | Develop and provide suggested policies on smoke-free and vape-free issues and resources to share with housing associations/authorities and owners. Include pro-health and economic value messaging.<br><br>Increase public demand for smoke-free and vape-free multi-unit housing through outreach and education campaigns. | 2024-2029 | State TCP, Community Partners, National Jewish Health |
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| 2.3: Increase the number of multi-unit housing units free of tobacco smoke and emissions from electronic smoking devices by 5,000. | Advocate for smoke-free and vape-free workplaces. | Conduct media and health communications campaigns to inform and engage workforce populations currently experiencing exposure to secondhand smoke and emissions from electronic smoking devices. | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 02: Eliminate exposure to secondhand smoke and electronic smoking device emissions.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | Educate decision-makers on the harms of secondhand smoke exposure in the workplace, including impacts on people of color and low socioeconomic status, policy, and opportunities to create 100% smoke- and vape-free workplaces.<br><br>Continue efforts to support businesses and organizations in creating voluntary smoke- and vapor-free zones outside of their buildings and on their properties. | | |

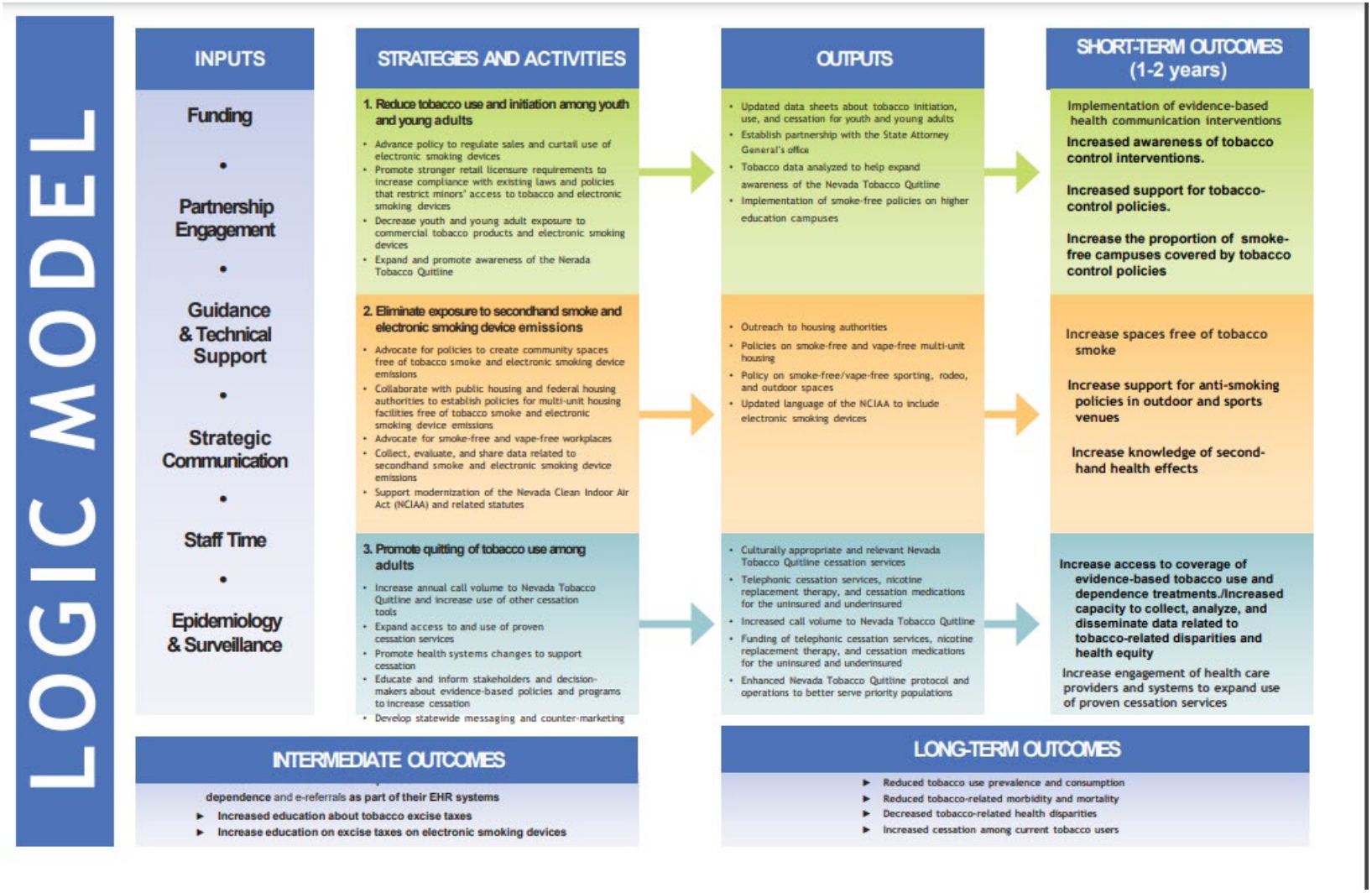
| **Project Period Objective 03: Promote quitting of tobacco and electronic smoking device use among adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| **3.1**: Reduce the percentage of current adult smokers from 15.5% to 13.5% (Behavioral Risk Factor Surveillance System 2021). | Expand the delivery of tobacco use and dependence treatment services, including the Nevada Tobacco Quitline and digital-based technologies such as text and web-based services. | Support Nevada Tobacco Quitline capacity and access to new technologies for cessation counseling and support.<br><br>Enhance the use of culturally appropriate, evidence-based strategies to reduce disparities and increase the use of quit support services.<br><br>Conduct outreach to Nevadans who are members of priority populations, those living in rural and frontier communities, and specific high-impact zip codes to increase education about and use of the Nevada Tobacco Quitline and other cessation resources. | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 03: Promote quitting of tobacco and electronic smoking device use among adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | Engage with community coalitions and other traditional and non-traditional partners, especially those serving priority populations, to increase tobacco prevention and cessation engagement.<br><br>Collaborate with Nevada's American Indian tribes to address commercial tobacco use and cessation.<br><br>Collect, analyze, and disseminate data on Nevada Tobacco Quitline usage to improve targeted outreach activities promoting quitline usage. | | |
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |

| **Project Period Objective 03: Promote quitting of tobacco and electronic smoking device use among adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| **3.2**: Reduce the percentage of adults who are current electronic smoking device users from 7% to 6.1% (Behavioral Risk Factor Surveillance System 2021). | Increase access and referrals to tobacco cessation services and resources in health care settings. | Advocate for comprehensive insurance plan and Medicaid coverage for cessation services and products.<br><br>Expand access to evidence-based nicotine replacement therapies.<br><br>Increase engagement with health care providers, hospitals, tribal health centers, mental health facilities, and dental practices to streamline the tobacco screening and cessation referral processes and embed tobacco screening and cessation referrals in electronic health records workflow.<br><br>Educate health care providers—including | 2024-2029 | State TCP, Community Partners, National Jewish Health |

| **Project Period Objective 03: Promote quitting of tobacco and electronic smoking device use among adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| | | school-based health centers, clinicians, pharmacists, health navigators, and community health workers—on the range of cessation services available and promote the use of tools and resources to increase cessation referrals to improve health outcomes. | | |
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| 3.3: Increase the percentage of current tobacco, vapor, and related product users who receive treatment through the Nevada Tobacco Quitline from 0.45% to 0.50% (Behavioral Risk Factor Surveillance System 2021 and NTQ Data). | Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation. | Town hall meetings led by our partners state-wide. | 2024-2029 | State TCP, Community Partners, National Jewish Health |
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |

| **Project Period Objective 03: Promote quitting of tobacco and electronic smoking device use among adults.** | | | | **Data Source:** |
|---|---|---|---|---|
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| 3.4: Increase the Nevada Tobacco Quitline annual answer rate from 91% to 96%. | Introduce text-based and social media-based intake methods. | Partners will lead this effort, especially National Jewish Health and the LLA. | 2024-2029 | State TCP, Community Partners, National Jewish Health |
| ***Annual Objectives*** | ***Activities*** | ***Outputs*** | ***Timeline*** | ***Responsible Persons*** |
| 3.5: Increase the percentage of referrals to the Nevada Tobacco Quitline from all professional healthcare providers, community partners, professional organizations, and local health districts from 17% to 22% (NTQ Data). | Work with UNLV, Dignity Health, and others to work through the technological issues of e-referral. National Jewish Health will partner on this activity. | An effective, functioning e-referral system state-wide serving the public and private sector providers state-wide. | 2024-2029 | State TCP, Community Partners, National Jewish Health |


LOGIC MODEL
INPUTS
Funding
•
Partnership Engagement
•
Guidance & Technical Support
•
Strategic Communication
•
Staff Time
•
Epidemiology & Surveillance
STRATEGIES AND ACTIVITIES
1. Reduce tobacco use and initiation among youth and young adults
• Advance policy to regulate sales and curtail use of electronic smoking devices
• Promote stronger retail licensure requirements to increase compliance with existing laws and policies that restrict minors' access to tobacco and electronic smoking devices
• Decrease youth and young adult exposure to commercial tobacco products and electronic smoking devices
• Expand and promote awareness of the Nerada Tobacco Quitline
2. Eliminate exposure to secondhand smoke and electronic smoking device emissions
• Advocate for policies to create community spaces free of tobacco smoke and electronic smoking device emissions
• Collaborate with public housing and federal housing authorities to establish policies for multi-unit housing facilities free of tobacco smoke and electronic smoking device emissions
• Advocate for smoke-free and vape-free workplaces
• Collect, evaluate, and share data related to secondhand smoke and electronic smoking device emissions
• Support modernization of the Nevada Clean Indoor Air Act (NCIAA) and related statutes
3. Promote quitting of tobacco use among adults
• Increase annual call volume to Nevada Tobacco Quitline and increase use of other cessation tools
• Expand access to and use of proven cessation services
• Promote health systems changes to support cessation
• Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation
• Develop statewide messaging and counter-marketing
OUTPUTS
• Updated data sheets about tobacco initiation, use, and cessation for youth and young adults
• Establish partnership with the State Attorney General's office
• Tobacco data analyzed to help expand awareness of the Nevada Tobacco Quitline
• Implementation of smoke-free policies on higher education campuses
• Outreach to housing authorities
• Policies on smoke-free and vape-free multi-unit housing
• Policy on smoke-free/vape-free sporting, rodeo, and outdoor spaces
• Updated language of the NCIAA to include electronic smoking devices
• Culturally appropriate and relevant Nevada Tobacco Quitline cessation services
• Telephonic cessation services, nicotine replacement therapy, and cessation medications for the uninsured and underinsured
• Increased call volume to Nevada Tobacco Quitline
• Funding of telephonic cessation services, nicotine replacement therapy, and cessation medications for the uninsured and underinsured
• Enhanced Nevada Tobacco Quitline protocol and operations to better serve priority populations
SHORT-TERM OUTCOMES (1-2 years)
Implementation of evidence-based health communication interventions
Increased awareness of tobacco control interventions.
Increased support for tobacco-control policies.
Increase the proportion of smoke-free campuses covered by tobacco control policies
Increase spaces free of tobacco smoke
Increase support for anti-smoking policies in outdoor and sports venues
Increase knowledge of second-hand health effects
Increase access to coverage of evidence-based tobacco use and dependence treatments./Increased capacity to collect, analyze, and disseminate data related to tobacco-related disparities and health equity
Increase engagement of health care providers and systems to expand use of proven cessation services
INTERMEDIATE OUTCOMES
dependence and e-referrals as part of their EHR systems
► Increased education about tobacco excise taxes
► Increase education on excise taxes on electronic smoking devices
LONG-TERM OUTCOMES
► Reduced tobacco use prevalence and consumption
► Reduced tobacco-related morbidity and mortality
► Decreased tobacco-related health disparities
► Increased cessation among current tobacco users

# Appendices

## Appendix 1: Definitions

**Electronic Smoking Device** or vapor device means any product containing or delivering nicotine, synthetic nicotine, or any other substance intended for human consumption that a person can use in any manner to inhale vapor or aerosol from the product. The terms include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, vape pen, or under any other product name or descriptor.

**Hookah** means a water pipe and any associated products and devices which are used to produce fumes, smoke, and/or vapor from the burning of material, including, but not limited to, tobacco, shisha, or other plant matter.

**Smoking** means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, pipe, or other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or any form. "Smoking" also includes using an electronic smoking device, which creates an aerosol or vapor in any form or any oral smoking device to circumvent the prohibition of smoking.

**Tobacco Product** means any substance containing tobacco leaf, including but not limited to cigarettes, cigars, pipe tobacco, hookah tobacco, snuff, chewing tobacco, dipping tobacco, bidis, blunts, clove cigarettes, or any other preparation of tobacco. Any product or formulation of matter containing biologically active amounts of nicotine or synthetic nicotine that is manufactured, sold, offered for sale, or otherwise distributed with the expectation that the product or matter will be introduced into the human body by inhalation; but does not include any cessation product specifically approved by the US Food and Drug Administration for use in treating nicotine or tobacco dependence.

## Appendix 2: Partners & Resources

- American Cancer Society is a nationwide, community-based voluntary health organization dedicated to eliminating cancer as a significant health problem.
  Website: cancer.org

- American Cancer Society, Cancer Action Network, is the advocacy affiliate of the American Cancer Society, supporting the legislation as a catalyst to fight cancer.
  Website: acscan.org

- American Heart Association is the nation's oldest and largest voluntary organization fighting heart disease and stroke.
  Website: heart.org

- American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education, and advocacy.
  Website: lung.org

- Campaign for Tobacco-Free Kids is a leading force in the fight to reduce tobacco use and its deadly consequences in the United States and worldwide.
  Website: tobaccofreekids.org

- Carson City Health and Human Services protect and improves the quality of life for the Carson City community through disease prevention, education, and support services.
  Website: gethealthycarsoncity.org

- ***My Life My Quit*** is a free online and text-based tobacco and electronic smoking device cessation service for teens ages 13-17 that provides one-on-one coaching tailored to youth.
  Website: mylifemyquit.com

- Nevada Adult Tobacco Survey assesses current rates of the use of tobacco products. It measures Nevada residents' knowledge, attitudes, beliefs, and perceptions of tobacco products, electronic smoking devices, and cessation behaviors.
  Website: https://gethealthyclarkcounty.org/wp-content/uploads/2022/06/Nevada-Statewide-Adult-Tobacco-Survey-2022.pdf

- Nevada Cancer Coalition is a statewide coalition that works to reduce the burden of cancer in Nevada by fostering statewide collaboration, empowering people with information and resources, and advocating for equitable access to care.
  Website: nevadacancercoalition.org

- Nevada Statewide Coalition Partnership is an organization of 12 community coalitions focusing on substance abuse prevention and community wellness.

- Nevada Tobacco Control Program works to reduce the prevalence of tobacco use among Nevada residents. The Nevada Division of Public and Behavioral Health program is funded by the Centers for Disease Control and Prevention, Office on Smoking and Health, and the Fund for a Healthy Nevada.
  Website: dpbh.nv.gov/Programs/Chronic_Diseases/Tobacco Control Program

- Nevada Tobacco Control & Smoke-free Coalition is a statewide coalition working to improve the health of all Nevadans by reducing the burden of tobacco use and nicotine addiction.
  Website: nvtobaccopreventioncoalition.org

- Nevada Tobacco Quitline is a free telephone and online tobacco cessation service available to 13 years and older residents. The program provides one-on-one coaching and nicotine replacement therapy (patches, gum, or lozenges) for qualified individuals. Call 1-800-QUIT-NOW (1-800-784-8669) from a Nevada area code phone.
  Website: Nevada.quitlogix.org

- Southern Nevada Health District and its Community Health Division mobilize communities, develops innovative, evidence-based programs, and promote policies that support healthy lifestyles, healthy communities, and the elimination of health disparities.
  Website: gethealthyclarkcounty.org

- Washoe County Health District's Chronic Disease Prevention Program empowers communities to be tobacco-free, live active lifestyles, and eat nutritiously through education, collaboration, policy, and evaluation.
  Website: gethealthywashoe.com

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