

A silhouette of a cowboy on a horse, viewed from behind, against a dramatic sunset sky. The cowboy is holding a lasso aloft in his right hand. The sun is low on the horizon, creating a bright glow and casting long shadows. The sky is filled with scattered clouds, some of which are illuminated from below by the setting sun. The overall mood is rugged and iconic.

NEVADA TOBACCO CONTROL PLAN

2019-2023

2019-2023 Nevada Tobacco CONTROL PLAN

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Executive Summary



For the United States, the epidemic of smoking-caused disease in the 20th century ranks among the greatest public health catastrophes in our history.¹ Even with the dramatic progress our nation has made in reducing tobacco use over the past five decades, smoking still remains the leading preventable cause of disease and death.

Smoking and the use of tobacco affects nearly every organ of the body, and we continue to add to the long list of diseases caused by both its use as well as exposure to secondhand smoke. Despite decades of tobacco control efforts, nearly a half million Americans still die prematurely from tobacco use each year, and economic costs attributable to smoking and exposure to secondhand smoke now approach \$300 billion annually in the U.S.²

The Centers for Disease Control and Prevention (CDC) believes that with additional effort and support for evidence-based, cost-effective policy and strategies to reduce tobacco use, we can change the trajectory of this issue substantially, preventing millions of people from being killed by tobacco, and protecting future generations.¹ Comprehensive tobacco control programs have been shown to reduce smoking rates, as well as tobacco-related diseases and deaths. Such programs implement proven strategies focused on preventing initiation of tobacco use, promoting cessation and assisting tobacco users to quit, and establishing smoke-free policies and social norms. This comprehensive approach combines educational, clinical, regulatory, economic, and social strategies.²

In Nevada, comprehensive tobacco control 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 use as a public health issue. Using Nevada's most recent data, tobacco control partners spent many months collectively working to develop this plan, identifying priority areas and opportunities for advancing tobacco control across the state.

The mission of this five-year plan is to provide a roadmap for improving the state's tobacco control landscape through a unified set of goals and strategies that current and future partners can implement to achieve a tobacco-free and vape-free Nevada. It should be acknowledged that this plan addresses smoke and vape from any source, including but not limited to cigarettes, electronic smoking devices, and marijuana. The three overarching goals of the plan are as follows:

1. Reduce tobacco use and initiation among youth and young adults;
2. Eliminate exposure to secondhand smoke and electronic smoking device emissions; and
3. Promote quitting of tobacco use among adults.

These goals will be achieved through objectives that promote policy, systems, and environmental changes at both the local and state level. Partners working to develop this plan adhered to the guiding principles that priorities and decisions are data-driven; interventions and strategies are evidence-based; and objectives are developed using SMART metrics.

Statewide leadership — combined with a robust coalition of community partners — is vital to successful tobacco control efforts. Stakeholders from throughout the state who have contributed to the creation of this plan envision its implementation as an opportunity to strengthen partnerships, develop new collaborations, and align tobacco control efforts across Nevada.

Nevada's Tobacco Burden



Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes each year. In Nevada an estimated 4,100 adults annually die as a result of their own smoking.³ This does not include the number of adults who die from such diseases caused by exposure to secondhand smoke. On average, smokers will die years earlier than nonsmokers.⁴

Over the last two decades Nevada has seen a consistent reduction in the number of adults who identify as current smokers, with rates declining from 30.3 percent in 1998 to just 16.5 percent in 2016.^{5,6} Often listed near the bottom in national health rankings, Nevada is now 21st in the nation for adult smoking rates. Despite the achievement in reduction of adult tobacco use, Nevada's lung cancer rate continues to exceed the national rate (65.6 vs. 61.5 per 100,000).⁷ Additionally, Nevada's death rate for cardiovascular disease (CVD) exceeds the national rate (477.4 vs. 428.4 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.¹

Across the country, the use of electronic smoking devices – particularly among youth and young adults – has skyrocketed. Addressing the use of all electronic smoking devices is a major concern in Nevada as well, with the most recent data showing 15 percent of high school students currently use electronic smoking devices (within the past 30 days).⁹ Additionally, 42.6 percent of high school students report having ever used electronic smoking devices.⁹

Complicating the issue of youth use of electronic smoking devices is the lack of clarity among youth users as to what is considered an electronic smoking device. In 2018, Nevada high school students reported to tobacco control partners that many

youth do not consider certain brand name products to be electronic smoking devices, despite the contrary. This has led tobacco control partners to be cautious when considering youth prevalence data for electronic smoking devices, as there is a potential that usage is underreported.

The most important thing we can do to protect and improve the health of Nevadans is to reduce the use of tobacco and eliminate exposure to secondhand smoke and vape.

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

As retail marijuana was legalized in Nevada by a vote of the people in 2016, this plan includes smoke and emissions from marijuana. According to the American Lung Association, any smoke is harmful to lung health.¹¹

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. And secondhand marijuana smoke contains the same if not more toxins and carcinogens found in directly inhaled marijuana smoke.¹² At the time of publication, data regarding the use of marijuana in Nevada is not yet available and therefore not included in this plan.

Finally, this plan makes a distinction 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 Prevalence⁹

Nevada high school students who report current cigarette, cigar, smokeless tobacco, or electronic smoking device use	21.4%
U.S. national high school students who report current cigarette, cigar, smokeless tobacco, or electronic smoking device use	19.5%
Nevada high school students who currently smoke cigarettes	6.4%
U.S. national high school students who currently smoke cigarettes	8.8%
Nevada high school students who currently use electronic vapor products*	15.0%
U.S. national rate, high school students who currently use electronic vapor products*	13.2%

* "Electronic vapor products" is the language used in the YRBS survey and is in alignment with the term "electronic smoking devices" used in this plan, as defined in the appendix.

Adult Tobacco Prevalence¹⁰

Adults in Nevada who smoke	16.5%
U.S. national adult smoking rate (2016)	17.1%
Adults in Nevada who are current e-cigarette users*	6.0%
U.S. national adults who are current e-cigarette users*	4.7%

* "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 Nevada³

Adults who die each year from their own smoking	4,100
Kids now under 18 and alive in Nevada who will ultimately die prematurely from smoking	41,000
Proportion of cancer deaths in Nevada attributable to smoking	30.9%

Smoking-Caused Monetary Costs in Nevada³

Annual health care costs in Nevada directly caused by smoking	\$1.08 billion
Annual Medicaid costs caused by smoking in Nevada	\$148.9 million
Residents' annual state & federal tax burden from smoking-caused government expenditures	\$711 per household
Annual smoking-caused productivity losses in Nevada	\$1.09 billion

* These amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property.

Nevada's Tobacco Control Landscape

TOBACCO SPENDING IN NEVADA

Investing in tobacco control is not only critical to protecting the health of our communities, it is also 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 strong tobacco control programs have a demonstrated achievement of a \$55-to-\$1 return on their investment, mostly attributable to averted health care costs to treat smoking-related illness.¹² As such, the CDC recommends Nevada spend \$30 million annually on tobacco control to implement comprehensive policies and evidence-based interventions.

According to the Campaign for Tobacco-Free Kids, "states with well-funded, sustained tobacco prevention programs continue to report significant progress. Florida, with one of the longest-running programs, reduced its high school smoking rate to 5.2 percent, one of the lowest ever reported by any state." Florida currently spends \$68.6 million on tobacco control, 35.3 percent of the CDC-recommended spending level.¹⁴ Other states, such as California, which is ranked at the top for tobacco control spending, have even lower high school smoking rates. California's current tobacco control funding sits at 94.2 percent of CDC-recommended levels and has helped reduce the high school smoking rate to just 4.3 percent and the adult smoking rate to 11 percent.¹⁵

Despite generating more than \$245 million in revenue from tobacco taxes and the Tobacco Master Settlement Agreement (MSA) payments (in FY2017), **Nevada currently allocates less than \$1 million per year toward comprehensive tobacco control. At only 3.2 percent of the CDC-recommended level of \$30 million annually, Nevada is significantly**

underfunding tobacco control efforts. As such, Nevada ranks 38th among all states in funding tobacco control programs.¹⁶ Federal tobacco control funding in Nevada comes from two sources. A Quitline Capacity grant (\$132,893 for FY2018) supports the Nevada Tobacco Quitline, and a Core Component grant (\$794,314 for FY2018) supports the infrastructure for the comprehensive state-based tobacco control program. In FY2018, Nevada allocated just a small portion of MSA funds to tobacco control — \$950,000.

In stark contrast, tobacco industry marketing expenditures nationwide are at \$9.74 billion, with an estimated portion of \$64.2 million spent in Nevada alone.¹⁷ 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.³ As such, strategies such as instituting youth-targeted counter-marketing campaigns, limiting tobacco marketing that is likely to be seen by youth, and educational initiatives are all evidence-based strategies recommended by the CDC.¹⁸ However such strategies require more than the \$950,000 allocated in Nevada, a miniscule amount compared to what the tobacco industry's arsenal of funding and marketing provides in reaching out to our youth.

Because tobacco use is the single most preventable cause of death and disease in our society and a major contributor to healthcare costs, when Nevada does invest in efforts to prevent and control tobacco use, we experience not only decreased smoking rates, but also decreased health complications, improved quality of life, and decreased medical costs associated with the chronic diseases that result from tobacco use.



"EACH DAY IN THE UNITED STATES, THE TOBACCO INDUSTRY SPENDS NEARLY \$26 MILLION TO ADVERTISE AND PROMOTE CIGARETTES AND SMOKELESS TOBACCO."¹³

Tobacco Industry Influence in Nevada

Annual tobacco industry marketing expenditures nationwide (2016)	\$9.47 billion ³
Estimated portion spent for Nevada marketing each year (2016)	\$64.2 million ³
Annual budget for tobacco control in Nevada recommended by CDC	\$30 million
Nevada's budget for tobacco control annually (as of 2018)	\$950,000



Tobacco Use and Tobacco Control Policy in Nevada

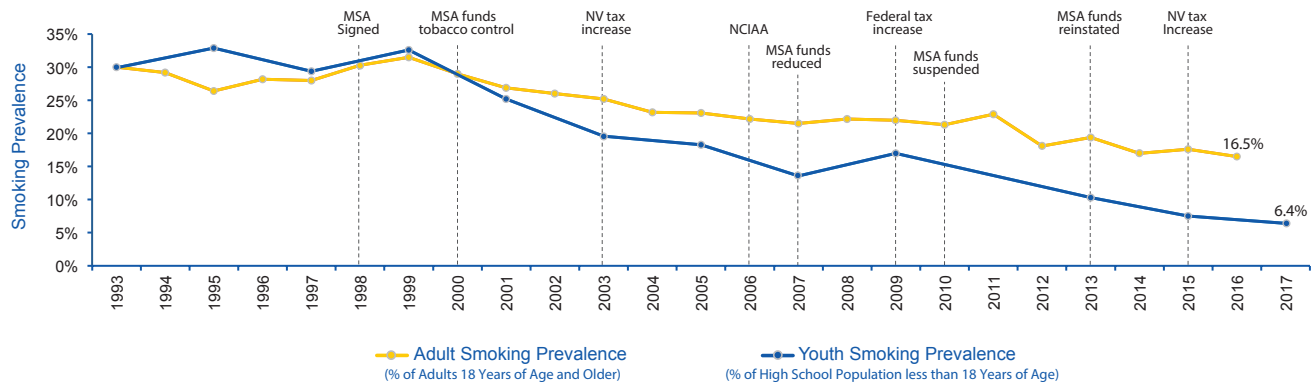


Figure 1 Source: Washoe County Health District.¹⁹

NEVADA'S TOBACCO POLICY

Over the past two decades, 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, and parks and outdoor recreation facilities.

Notable Policy Milestones

1998: Tobacco Master Settlement Agreement (MSA) is signed between major tobacco companies and 46 U.S. states and 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 initiates use of 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 increases its state tax on cigarettes from 35 to 80 cents per pack.

2006: The Nevada Clean Indoor Air Act (NCIAA) is passed by a majority of Nevada voters and took effect December 8, 2006. A majority of voters also rejected a competing measure that would have weakened existing smoke-free laws. The passage of the NCIAA provides for major 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 percent.

2009: The federal tax on cigarettes increases from 39 cents to \$1.01 per pack. At the same time, NTPC is successful in preventing a repeal of the NCIAA, but state lawmakers weaken the NCIAA with 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 results 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 the process of defunding tobacco prevention and control programs by redirecting remaining FHN funds to the state general fund.

2011: State lawmakers weaken the NCIAA once again, passing Assembly Bill 571, permitting smoking in stand-alone bars, taverns, and saloons that provide food service as long as persons under 21 years of age are prohibited from entering.

Senate Bill 421 removes specified percentages for funding, including the 15 percent for tobacco prevention and control programs, from state law when allocating FHN revenue. Instead it requires the Director of the Department of Health and Human Services to provide recommendations which are 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 both die during the legislative session.

2013: NTPC efforts advocating for restoration of FHN funds dedicated to tobacco control are successful, resulting in reinstatement of 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 the age of 18. Youth smoking prevalence in Nevada drops to its lowest recorded level at just 7.5 percent.²⁰

2016: Adult smoking prevalence in Nevada drops to its lowest recorded level at just 16.5 percent.⁶ A majority of voters approve 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 continues to fall to 6.4 percent; however, current youth use of electronic smoking devices is recorded at 15 percent, and 42.6 percent of youth report having ever used electronic smoking devices.⁸

For more information on the smoking and tobacco laws in Nevada, refer to Nevada Revised Statute (NRS) 202.2483



NEVADA'S TOBACCO CONTROL PARTNERS

The Nevada Tobacco Control Program (TCP)

coordinates a comprehensive statewide effort to reduce the use of tobacco 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 also supports completion of the Nevada Adult Tobacco Survey, conducted most recently in 2008 and 2016, to evaluate how the TCP's efforts impact knowledge, perceptions, and use of tobacco products among Nevada residents.²¹ The TCP is funded by the Centers for Disease Control and Prevention, Office on Smoking and Health, and the Fund for a Healthy Nevada.



Tobacco control stakeholders from 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 **Nevada Tobacco Prevention Coalition (NTPC)** existed between the late 1970s and early 1990s, the group found its current roots in 1995.

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, NTPC went head-to-head with the tobacco industry on policy at every turn. Throughout the next decade, NTPC worked to eliminate preemption (a law passed by a higher authority takes precedence over a law passed by a lower one), increase effective and consistent funding for tobacco control programs, increase 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 NTPC was forced to defend the law. NTPC 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. Through

the years, NTPC has also focused on tobacco pricing strategies, increasing tobacco control funding, and electronic smoking device legislation in its work to eliminate tobacco use in the state. In 2015 two of these focus areas saw success: first, a \$1 per pack tax increase on cigarettes, and, second, state legislation, albeit minimal, to regulate electronic smoking devices.

In addition to coalition-led efforts, some NTPC member organizations continue to fight for stronger clean air policy at their local level. Initiatives include smoke-free and vape-free communities, parks, and multi-unit housing, as well as initiatives such as raising the legal age to purchase tobacco products ("Tobacco 21").

Individual stakeholders from throughout Nevada, who are also members of NTPC, 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 distribution of educational materials to youth and priority populations. Community coalitions also collaborate with local policy makers and law enforcement agencies on retail enforcement, tobacco-free schools and parks, and opportunities to increase age restrictions.

Regional health districts, including Southern Nevada, Washoe County, and Carson City, are leaders in their communities in implementation of 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.

Cross-Cutting Issues



REGIONAL DIFFERENCES

Of Nevada's 17 counties, only Clark and Washoe, plus the capital, Carson City, are considered urban. Approximately 90 percent of the state's population live in these areas. These urban centers have a diverse population, with growing Hispanic/Latino and immigrant/refugee communities. The tobacco use patterns among these communities need to be better understood so that their specific needs can be addressed. Additionally, African American smoking rates in Clark County have been the highest among any race for nearly two decades. Gaming employees, particularly in the highly populated counties, are exposed to secondhand smoke at higher rates than most Nevadans.

Many of the rural and frontier counties, home to just under 10 percent of the state's population,²² have higher rates of smokeless tobacco and electronic smoking device use. Additionally, those living in rural or frontier counties are more likely to have a history of smoking tobacco use compared to those living in urban counties. Just 47.9 percent of those living in rural or frontier counties have never smoked in the past, versus 64 percent and 61.7 percent for Clark and Washoe counties, respectively.²¹ Additionally, individuals in rural and frontier counties have higher rates of cessation attempts and overall less exposure to secondhand smoke in the workplace. However, those living in rural and frontier counties have generally less favorable views of enhancing tobacco laws and regulations than do their urban counterparts, with less support for increasing tobacco taxes or enhancing clean air policies in indoor and outdoor public places.²¹

In addition to generally higher usage rates and less favorable attitudes regarding tobacco regulation, Nevada's rural and frontier counties often have lower socioeconomic populations with higher Medicaid

enrollment. Health care provider shortages are a continuing challenge. It is estimated that more than one-third of the state's population resides in a federally-designated primary medical care health professional shortage area (HPSA), and 10 of 14 rural and frontier counties are single-county primary medical care HPSAs.²² Primary care clinicians play a key role in identification, assessment, and treatment of smokers, and cessation intervention at each visit is considered essential in increasing quit attempts and long-term reduction of tobacco use.²³ As such, the lack of access to healthcare in the rural and frontier counties poses a substantial barrier to reducing the use of tobacco for these regions.

In 2017 and 2018, tobacco control stakeholders, those working in the public health field, and interested community members participated in surveys and meetings to inform strategic planning efforts. Consistent concerns expressed included:

- Secondhand smoke exposure, with 49 percent believing secondhand smoke to be the major issue in the community;
- Use of electronic smoking devices, primarily among youth statewide;
- Legal minimum purchase age, with 78 percent of individuals supporting a "Tobacco 21" initiative to raise the legal minimum purchase age of tobacco products to 21;
- Licensure of tobacco retailers, with 83 percent of individuals supporting licensure requirements to sell tobacco products; and
- Youth participation in prevention activities, which, if increased, could lead to more productive and effective prevention efforts.



Renormalization of Smoking Behaviors

While extensive progress has been made in reducing use of traditional tobacco products such as smokeless tobacco and cigarettes, the introduction of electronic smoking devices to the U.S. market in 2007 poses a new challenge in tobacco control. Promoted as a “healthier” alternative to traditional cigarettes and as a tool to aid in smoking cessation, usage among adults doubled within their first six years of availability.²¹ “Whereas some experts welcome the e-cigarette as a pathway to the reduction or cessation of tobacco use, opponents characterize it as a dangerous product that could undermine efforts to denormalize smoking.”²⁴

Further, while electronic smoking devices began as products used to heat liquid nicotine solutions, their sale, use, and marketing rapidly evolved to include use for non-nicotine containing substances, including marijuana. From a public health and compliance standpoint, it is therefore not practical to regulate these devices as exclusively for nicotine delivery.²⁵

The continued expansion of the electronic smoking

device industry, combined with legalization of retail marijuana in Nevada in 2016, further complicates matters, forcing traditional tobacco control efforts to expand into new territories.

Social Determinants of Health

According to the World Health Organization, social determinants of health are “those circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.”²⁶

“The health of America depends on the health of all Americans. Despite enormous investment, America is not achieving its full health potential.”

—Robert Wood Johnson Foundation

In this view, a wide set of environmental and social forces impact a person’s health and wellness. The Robert Wood Johnson Foundation goes so far as to say the biggest 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, and low employment rates.

In addition to economic, community, and social factors, adopted health risks play a role in health outcomes as well. Some communities have higher rates of tobacco usage, 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 2017, the percentage of all adult current smokers in Nevada was 16.5 percent.⁶ Within that percentage however, some population groups have higher tobacco use rates and tobacco-related health consequences. In Nevada, we have found the populations that have high use rates include:

POPULATION GROUPS IN NEVADA WITH HIGHER TOBACCO USE RATES ⁶	
Population Characteristic	Smoking Rate
Low Annual Income of <\$15,000	31.2%
Low Annual Income of \$15,000 to \$24,000	26.8%
Low Annual Income of \$25,000 to \$34,999	25.2%
African Americans (targeted tobacco marketing campaigns and higher amounts of tobacco advertising in the African American community raise inequalities)	27.4%
American Indian	See below
Esmeralda, Nye, and Lincoln Counties (rural)	25.5%
Elko, Eureka, and White Pine Counties (rural)	22.2%
Age (Being between 25 to 34 years old)	25.1%
Lesbian, Gay, Bisexual, and Transgender (LGBT)	See below

Though we do not yet have accurate data in Nevada for American Indian and LGBT populations, national statistics reveal that both populations have higher-than-average rates of tobacco use. People who are LGBT include all races and ethnicities, ages, and socioeconomic groups, and come from all parts of the U.S. Cigarette smoking among LGB individuals in the U.S. is higher than among heterosexual/straight individuals. Nearly 1 in 4 LGB adults smokes

cigarettes, compared with about 1 in 6 heterosexual/straight adults. Limited information exists on cigarette smoking prevalence among transgender people; however, cigarette smoking prevalence among transgender adults is reported to be higher than among the general population of adults.²⁷

American Indians and Alaska Natives (AI/AN) have a higher smoking rate than any other racial/ethnic subgroup. According to the 2016 National Health Interview Survey (NHIS) of adults ages 18 and over, 31.8 percent of AI/AN currently smoke. Within the AI/AN population, smoking rates can vary considerably from one tribe to another. In the context of reporting tobacco use, however, it is important to respect that in American Indian and Native Alaskan communities, some tobacco is used for religious or ceremonial purposes and is considered sacred.

There are additional disparities in tobacco use, including gender and mental/behavioral health status. In Nevada, approximately 18.9 percent of men smoke, versus 14.1 percent of women.⁶ Nationally, people with mental and/or substance use disorders account for nearly 40 percent of all cigarettes smoked.²⁸



Goals and Objectives for **Tobacco Control**



Goal 1:

Reduce tobacco use and initiation among youth and young adults

OBJECTIVES

1. Decrease the percentage of youth (grades 9-12) who have reported smoking or using other tobacco products from 12.0 percent to 10.2 percent (NV Youth Risk Behavior Survey 2017, Table 40).
2. Decrease the percentage of youth who have reported current use of electronic smoking devices from 15.0 percent to under 13.9 percent (NV YRBS 2017, Table 42).
3. Enact and enforce one state policy to reduce initiation and use among youth through raising the minimum legal sale age to purchase tobacco and electronic smoking device products from 18 to 21.
4. Increase the number of institutions of higher learning that adopt, implement, and enforce a tobacco- and vape-free campus policy by five.

STRATEGIES

- **Advance policy** to regulate and curtail electronic smoking device sales and use.
 - Advocate for the regulation of the sale of electronic smoking devices and associated products to reduce youth access.
 - Train and engage youth leaders in tobacco and marijuana control and in message development and delivery.
 - Implement evidence-based health communication interventions to educate youth and young adults and to counter misinformation about tobacco, marijuana, and electronic smoking devices.
- **Promote stronger tobacco retail licensure requirements** to increase compliance with existing laws and policies that restrict minors' access to tobacco and electronic smoking devices.
 - Collaborate with State Attorney General's office to increase and promote active, effective enforcement of tobacco retail laws and accountability of retailers.
 - Educate decision-makers regarding retailer compliance.
 - Raise awareness of the impacts of product placement, in-store advertising, and tobacco retailer location on youth.
- **Decrease youth and young adult exposure** to commercial tobacco products and electronic smoking devices.
 - Increase the price of all tobacco/nicotine products and electronic smoking device products to create tax parity among 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 tobacco and electronic smoking device use.
 - Educate on and advocate for Tobacco 21 legislation.
 - Collaborate with substance abuse prevention coalitions and related organizations.
 - Collaborate with institutions of higher learning to provide support and evidence-based resources for implementation of tobacco-free campuses.
 - Support K-12 schools to create and enforce policies on tobacco and electronic smoking device use on K-12 campuses.
- **Expand and promote** awareness of the Nevada Tobacco Quitline and apps/resources for cessation that are designed for youth and young adults.

Goal 2:

Eliminate exposure to secondhand smoke and electronic smoking device emissions

OBJECTIVES

1. Implement one policy change to modernize the Nevada Clean Indoor Air Act to include restrictions on electronic smoking devices.
2. 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.
3. Increase the number of policies creating smoke-free outdoor public venues in Nevada by 5.
4. Increase the number of multi-unit housing units by 5,000 that are free of tobacco smoke and emissions from electronic smoking devices.

STRATEGIES

- **Advocate for policies** to create community spaces that are 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 to create and implement their own policies, events, and spaces that are free of tobacco smoke and emissions from electronic smoking devices.
- **Collaborate with public housing and federal housing** authorities to establish policies for multi-unit housing facilities that are 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 association/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 that are currently experiencing exposure to secondhand smoke and emissions from electronic smoking devices.
- **Collect, evaluate, and share data** related to secondhand smoke and emissions from electronic smoking devices.
 - Review and disseminate available data pertaining to the economic impact of comprehensive clean indoor air.
 - Promote economic data from establishments that have gone smoke-free and vape-free to show customer support for smoke-free and vape-free environments.
 - Make recommendations to the Nevada Commission on Tourism based on this research.
- **Support modernization of the Nevada Clean Indoor Air Act (NCIAA)** and related statutes.
 - Build grassroots networks and educate decision-makers to engage them to support modernization of the NCIAA to eliminate the exemptions for casinos and bars and taverns; and to include electronic smoking devices.
 - Engage community, healthcare, policy, and business leaders to publicly advocate for enhancing smoke-free and vape-free policies.
 - Recommend the adoption of comprehensive, updated definitions in the NCIAA, Nevada Revised Statutes Chapters 202 and 370, including language for electronic smoking devices and marijuana.

Goal 3:

Promote quitting of tobacco use among adults

OBJECTIVES

1. Increase the number of adults who are former smokers from 24.4 percent to 28.1 percent. (Behavioral Risk Factor Surveillance System 2016)
2. Increase the percent of adults who are former electronic smoking device users from 17.0 percent to 19.6 percent. (BRFSS 2016)

STRATEGIES

- **Increase annual call volume** to Nevada Tobacco Quitline and increase the use of other cessation tools.
 - Support Nevada Tobacco Quitline capacity and access to new technologies for cessation counseling and support.
 - Enhance Nevada Tobacco Quitline protocol and operations, including capacity to better serve priority populations with culturally appropriate and relevant tobacco cessation resources.
 - Promote the Nevada Tobacco Quitline to Nevadans, with an emphasis on priority populations.
- **Expand access to and the use of proven cessation services.**
 - Improve understanding of comprehensive cessation coverage for Medicaid recipients.
 - Fund community coalitions and/or partners, especially those serving high burden/high priority populations throughout the state, to increase capacity and engagement in tobacco prevention and control using best and promising practices.
 - Fund telephonic cessation services, nicotine replacement therapy, and cessation medications for the uninsured and underinsured, including for those in priority populations and medically underserved areas.
 - Expand insurance plan coverage for mandated cessation services/products.
 - Expand access to nicotine replacement therapies.
 - Collaborate with Nevada's American Indian tribes to address commercial tobacco use and cessation.
- **Promote health systems changes** to support tobacco cessation.
 - Integrate tobacco screening and referral processes into health systems such as hospitals, mental health facilities, and dental practices.
 - Increase the number of clinics and hospitals where tobacco dependence treatment is embedded into the electronic health record (EHR) workflow so every patient screened for tobacco use is advised to quit and offered an intervention.
 - Increase engagement of health care providers and systems to expand use of proven cessation services.
- **Educate and inform stakeholders** and decision-makers about evidence-based policies and programs to increase cessation.
- Develop and execute consistent and culturally competent **statewide messaging and counter-marketing**.



Complementary Plans



Three other plans support the implementation of this plan and are managed at the statewide level by the Nevada Tobacco Control Program.

Strategic Communications Plan

Using targeted key messages focused on the main initiatives of the tobacco program and its stakeholders, the communication plan's goal is to coordinate mass-reach communication interventions to achieve policy, systems, and environmental change. The plan, implemented in 2015 and supported through 2020, is updated annually to keep abreast of changes in the media and tobacco landscapes.

Sustainability Plan

The sustainability plan outlines strategies for supporting a robust and healthy tobacco control program within the state as determined through assessment and prioritization of domains. Nevada's plan focuses on four key elements that will contribute to a sustainable program: funding stability, partnerships, organizational capacity, and communications.

Evaluation Plan

The evaluation plan provides the framework to evaluate the progress and impact the Tobacco Control Program is making toward its stated goals by reviewing both processes and outcomes resulting from the program's efforts. Additionally, the plan will generate recommendations and evaluation feedback to guide program improvement on an annual basis.



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 Nevada 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

INTERMEDIATE OUTCOMES

- ▶ Increased number of clinics/hospitals to include tobacco dependence as part of their EHR systems
- ▶ Increased tobacco excise taxes
- ▶ Implementation of excise taxes on electronic smoking devices

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
- Educate and advocate for Tobacco 21 legislation

- 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
- Recommendations to the Nevada Commission on Tourism based on tobacco data

- 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)

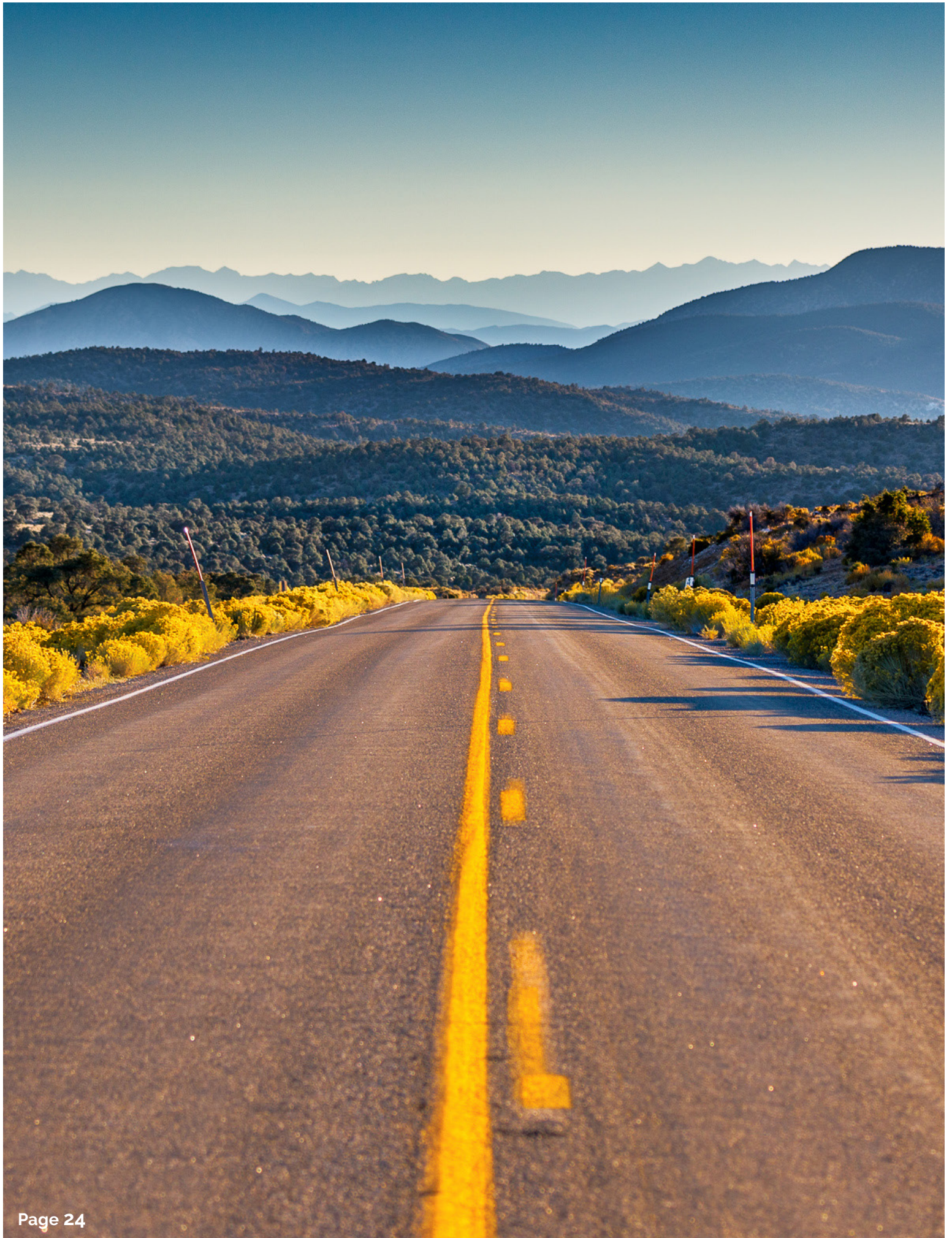
- ▶ **Implementation of evidence-based health communication interventions**
- ▶ **Increased enforcement of tobacco retail laws and accountability for cashiers**
- ▶ **Implementation of Tobacco 21 policy**

- ▶ **Increased number of smoke-free multi-unit housing**
- ▶ **Increased knowledge of the adverse health effects of secondhand smoke**

- ▶ **Expand insurance plan coverage for cessation resources**
- ▶ **Collaborate with American Indian tribes to address commercial tobacco use and cessation**
- ▶ **Increase engagement of health care providers and systems to expand use of proven cessation services**

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**



Moving Ahead



In 2018, the American Lung Association (ALA) gave the state of Nevada an "F" grade in four of the five categories they consider essential for reducing tobacco use and secondhand smoke: tobacco taxes, access to cessation services, Tobacco 21, and funding. The only category in which the state received a "C" grade was in smoke-free air, and the ALA recommended an expansion of the Nevada Clean Indoor Air Act.²⁹

In preparing this plan, creative ideas were collected from a broad cross-section of tobacco control and community stakeholders.

Fortunately, this five-year strategic plan provides a blueprint for addressing all those issues. Some progress can be made with the resources currently available, and the state's Tobacco Control Program will continue to provide leadership, data, technical assistance, training, and evaluation services.

This is an ambitious plan. Many activities outlined herein will depend on additional resources becoming available in the future, through tobacco and electronic smoking device taxes, 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. Fulfillment of these objectives will require both additional funding and collaboration among partners.

In preparing this plan, creative ideas were collected from a broad cross-section of tobacco control and community stakeholders. Many of those ideas were incorporated into the activities outlined in the plan,

but some were outside of our jurisdiction or scope of possibilities at this time. Existing and new 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.
- American Indian tribal leaders can revise their commercial tobacco sales laws to create their own "Tobacco 21" program.
- Local law enforcement agencies can opt to more completely enforce current tobacco sales laws in their communities.
- Health systems can ensure that tobacco screening and cessation referrals are integrated into every aspect of their work.
- Employers, employees, and health insurers can work together to provide the best possible wellness incentives and opportunities for the people 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.

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 Prevention Coalition and its member organizations for their leadership and action, and to support community-led innovations in daily environments.

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

APPENDICES



Appendix 1: Definitions³⁰

Electronic Smoking Device means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or 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, or pipe, or any other lighted or heated tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or in any form. "Smoking" also includes the use of an electronic smoking device, which creates an aerosol or vapor, in any manner or in any form, or the use of any oral smoking device for the purpose of circumventing 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; and any product or formulation of matter containing biologically active amounts of 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 U.S. 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 major health problem.

Website: cancer.org

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

Website: acscan.org

American Heart Association is the nation's oldest and largest voluntary organization dedicated to 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 around the world.

Website: tobaccofreekids.org

Carson City Health and Human Services protects and improves the quality of life for the Carson City community through disease prevention, education, and support services.

Website: gethealthycarsoncity.org

Nevada Adult Tobacco Survey assesses current rates of the use of tobacco products and measures the knowledge, attitudes, beliefs, and perceptions of tobacco products, electronic smoking devices, and cessation behaviors among Nevada residents.

Website: http://nic.unlv.edu/files/Statewide%20ATS%20Revised_9.12.16.pdf

Nevada Cancer Coalition is a statewide coalition uniting and leading partners to improve the health of Nevadans through cancer prevention and early detection, education, and advocacy.

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 overall prevalence of tobacco use among Nevada residents. It is a program of the Nevada Division of Public and Behavioral Health and funded by the Centers for Disease Control and Prevention, Office on Smoking and Health, and by the Fund for a Healthy Nevada.

Website: dphh.nv.gov/Programs/TPC/Tobacco_Prevention_and_Control_-_Home/

Nevada Tobacco Prevention Coalition is a statewide coalition working to improve the health of all Nevadans by reducing the burden of tobacco use and nicotine addiction.

Website: tobaccofreenv.org

Nevada Tobacco Quitline is a free telephone and online tobacco cessation service available to residents 13 years and older. 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

Smoke-free Meetings

The Smoke-free Meetings website provides a directory of venue sites for holding smoke-free meetings and events throughout Nevada and encourages organizations adopt a smoke-free meetings policy.

Website: Tobaccofreenv.org/smoke-free-meetings/

Southern Nevada Health District and its Community Health Division mobilizes communities, develops innovative, evidence-based programs, and advocates for 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 focuses on empowering communities to be tobacco free, live active lifestyles, and eat nutritiously through education, collaboration, policy and evaluation.

Website: gethealthywashoe.com

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