State of Nevada

Department of Health and Human Services

Division of Public and Behavioral Health

Tobacco Control in Nevada

David S. Olsen, MPH
Policy and Systems Manager
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Helping People. It's who we are and what we do.

Why are we here?

Nevada receives poor scores in tobacco use report
Las Vegas Review-Journal - Jan 24, 2018
Nevada received a "C" and four "F"s for tobacco usage, the leading ... in a card released Tuesday by the American Lung Association.

Cigarette smoking is still the No. 1 cause of preventable death in this country, killing nearly five hundred thousand people each year. (According to some studies, more than half of longtime smokers will die from smoking-related complications.) It's incredibly hard to stop smoking; people spend lifetimes trying. Around seventy per cent of American smokers say that they want to quit, and for many of them e-cigarettes have been a godsend. But, according to 2017 study by the C.D.C., about fifty per cent more high schoolers and middle schoolers vape than smoke. Young people have taken a technology that...
Tobacco Prevention & Control Goals

- **#1**: Prevent Initiation Among Youth and Young Adults
- **#2**: Eliminate Exposure to Secondhand Smoke
- **#3**: Promote Quitting Among Adults and Youth

**Eliminate Disparities**
Nevada Tobacco Quitline

- One of the most cost-effective preventive services
  - $2-3 return for every $1 invested
  - Quitters cost $541 less per quarter in health care costs, within 18 months of quitting, than those who continued smoking

- Why Nevada will always need a quitline
  - 1-800-QUIT-NOW acts as a “hub” to connect clients to services
  - Uninsured were 20 percent of callers in 2017

Sources:
Helping People. It’s who we are and what we do.

Nevada Tobacco Quitline

• Moving Forward
  • Improve service to clients with mental health conditions
  • Increase quit rates by restoring and increasing the availability

Nicotine Replacement Therapy

### Quit Rate by Health Plan Type, 2016

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Responder Quit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</td>
<td>29.8%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>19.6%</td>
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<tr>
<td>Medicare</td>
<td>23.9%</td>
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<tr>
<td>Uninsured</td>
<td>37.0%</td>
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</tbody>
</table>

Source: 2016 Nevada Quitline Outcomes Report
Best Practice and Evidence-Based

The experiences of a number of states show that cutting funding for state tobacco control programs leads to rapid reversals of previous progress in reducing tobacco use. For example, after funding for the Massachusetts tobacco control program was cut by 95 percent in fiscal year 2004, cigarette sales to minors increased, declines in youth smoking stalled, and the state’s per capita cigarette consumption rose.\(^1\)\(^2\) Between 2005 and 2006, after this funding cut, Massachusetts’s per capita cigarette consumption increased by 3.2 percent, while the national per capita consumption declined by 3.5 percent.\(^3\) Similarly, after funding for Florida’s highly successful youth-oriented “truth” campaign was cut in 2004, youth cigarette smoking rates—which had been falling sharply—stabilized, and then began creeping up again.\(^4\)

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\(^3\) Ibid.

Best Practice and Evidence-Based

Best Practices for Comprehensive Tobacco Control Programs

Helping People. It's who we are and what we do.
### Best Practice and Evidence-Based

<table>
<thead>
<tr>
<th>I. State and Community Interventions</th>
<th>Annual Total (Millions)</th>
<th>Annual Per Capita</th>
<th>Minimum</th>
<th>Recommended</th>
<th>Minimum</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple social resources working together will have the greatest long-term population impact.</td>
<td>$8.3</td>
<td>$10.4</td>
<td>$3.01</td>
<td>$3.77</td>
<td></td>
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<tr>
<td>II. Mass-Reach Health Communication Interventions</td>
<td>$3.4</td>
<td>$4.9</td>
<td>$1.23</td>
<td>$1.78</td>
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<tr>
<td>Media interventions work to prevent smoking initiation, promote cessation, and shape social norms.</td>
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<td>III. Cessation Interventions</td>
<td>$6.8</td>
<td>$10.8</td>
<td>$2.46</td>
<td>$3.91</td>
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<td>Tobacco use treatment is effective and highly cost-effective.</td>
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<td>IV. Surveillance and Evaluation</td>
<td>$1.9</td>
<td>$2.6</td>
<td>$0.67</td>
<td>$0.95</td>
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<td>Publicly funded programs should be accountable and demonstrate effectiveness.</td>
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<td>V. Infrastructure, Administration, and Management</td>
<td>$0.9</td>
<td>$1.3</td>
<td>$0.34</td>
<td>$0.47</td>
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<td>Complex, integrated programs require experienced staff to provide fiscal management, accountability, and coordination.</td>
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<tr>
<td>TOTAL</td>
<td>$21.3</td>
<td>$30.0</td>
<td>$7.71</td>
<td>$10.88</td>
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</table>
The Need for Increased Youth Prevention

April 27th, 2018

Richard Whitley
Nevada Health Department
4150 Technology Way
Carson City, Nevada 89706

Dear Mr. Whitley,

We are two School students that are very concerned with health issues related to teenage smokers. With your help, we would love to prevent teenagers from smoking or to quit before it is too late.

Did you know smoking kills more people then A.I.D.S., alcohol, car wrecks, murders, suicide, drugs and fires all put together? That is a major issue that we are looking forward to solve.

Our plan for a solution is to spread the word. We would like for you or someone you know who knows about this topic to come in and talk about these health issues. We also want to make posters and start social media accounts to make it clear that smoking is not okay. People already do what we are trying to do but if more people talk, more people will know about it.

Thank you for taking time to read this and taking this into consideration. We would love to meet with you and discuss our plan. You can contact us by calling [number] or emailing [email].

Thanks again!

Sincerely,

[Name]

[Name]

1 in 4 high school students use e-cigarettes

Source: 2015 Nevada Youth Risk Behavior Surveillance System
Thank you!

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