Brian Sandoval
Governor

Richard Whitley
Director

State of Nevada

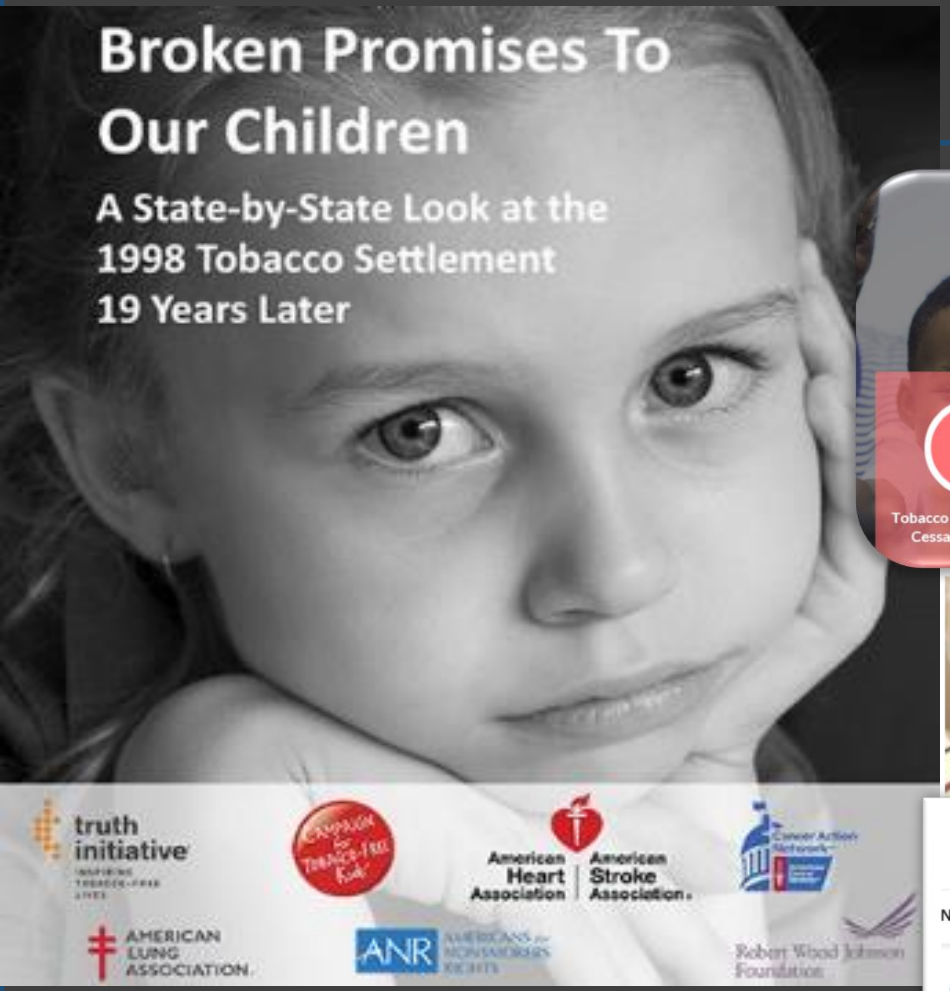
Department of Health and Human Services

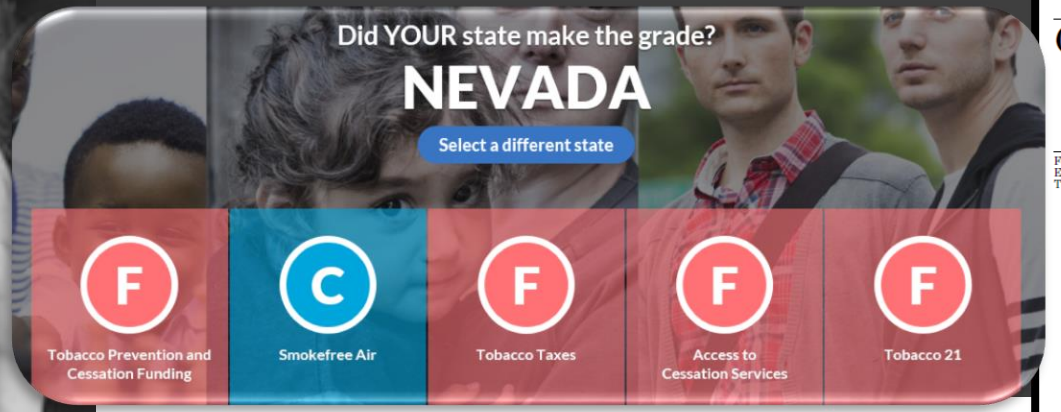
Division of Public and Behavioral Health

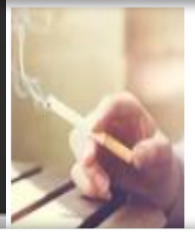
Tobacco Control in Nevada

David S. Olsen, MPH
Policy and Systems Manager
June 14, 2018

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**.

United States Government Accountability Office

GAO

Testimony
Before the Committee on Health, Education, Labor, and Pensions, U.S. Senate

For Release on Delivery
Expected at 9:30 a.m. EST
Tuesday, February 27, 2007

TOBACCO SETTLEMENT

States' Allocations of Payments from Tobacco Companies for Fiscal Years 2000 through 2005

Statement of Lisa Shames, Acting Director
Natural Resources and Environment

GAO
Accountability • Integrity • Reliability

07-534T

HEALTH

The New York Times

'I Can't Stop': Schools Struggle With Vaping Explosion

By KATE ZERNIKE APRIL 2, 2018

THE NEW YORKER

News Culture Books Business & Tech Humor Cartoons Magazine Video Podcasts

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 a 2017 study by the C.D.C., about fifty per cent more high schoolers and [illegible] schoolers vape than smoke. Young people have taken a technology that

RELATED COVERAGE

Marijuana and Vaping Are More Popular Than Cigarettes Among Teenagers
DEC. 14, 2017

Vaping Can Be Addictive and May Lure Teenagers to Smoking, Science Panel Concludes JAN. 23, 2018

Tobacco Prevention & Control Goals

Prevent Initiation Among Youth and Young Adults

#1

Eliminate Exposure to Secondhand Smoke

#2

Promote Quitting Among Adults and Youth

#3

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:

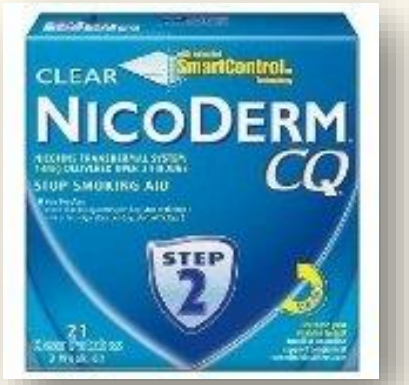
1. Clear Way Minnesota. Return on Investment for Tobacco Cessation. Retrieved from: http://clearwaymn.org.s157839.gridserver.com/wp-content/uploads/2012/11/FINAL-ROI-Briefing-Sheet.pdf.
2. Medicaid.gov, Tobacco Cessation. Retrieved from: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/tobacco/overview/index.html.

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	
Health Plan	Responder Quit Rate
Commercial Insurance	29.8%
Medicaid	19.6%
Medicare	23.9%
Uninsured	37.0%

Source:
2016 Nevada Quitline Outcomes Report

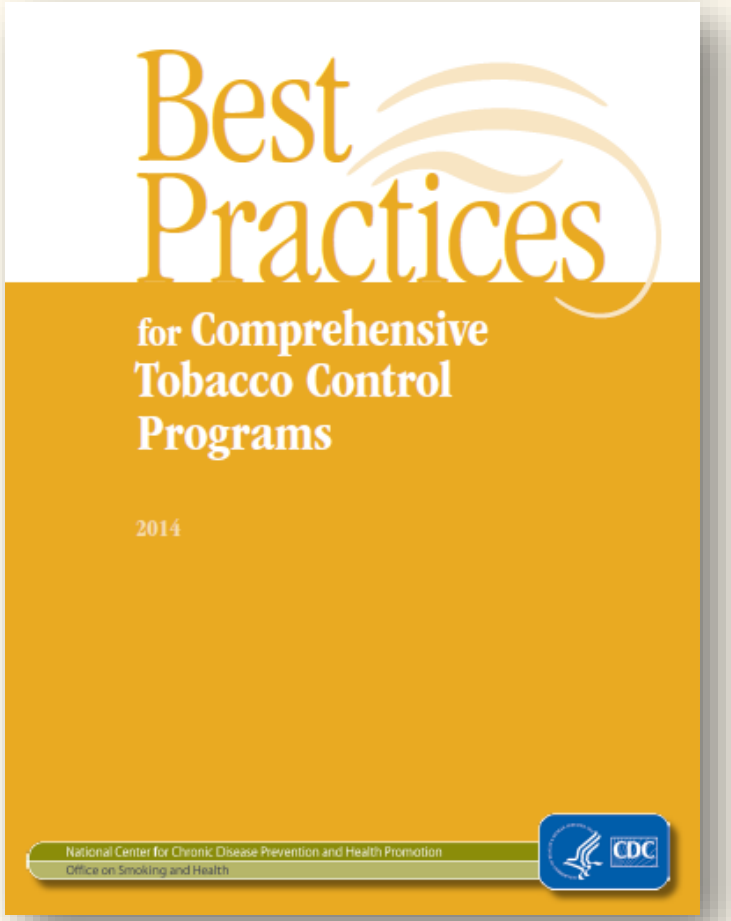


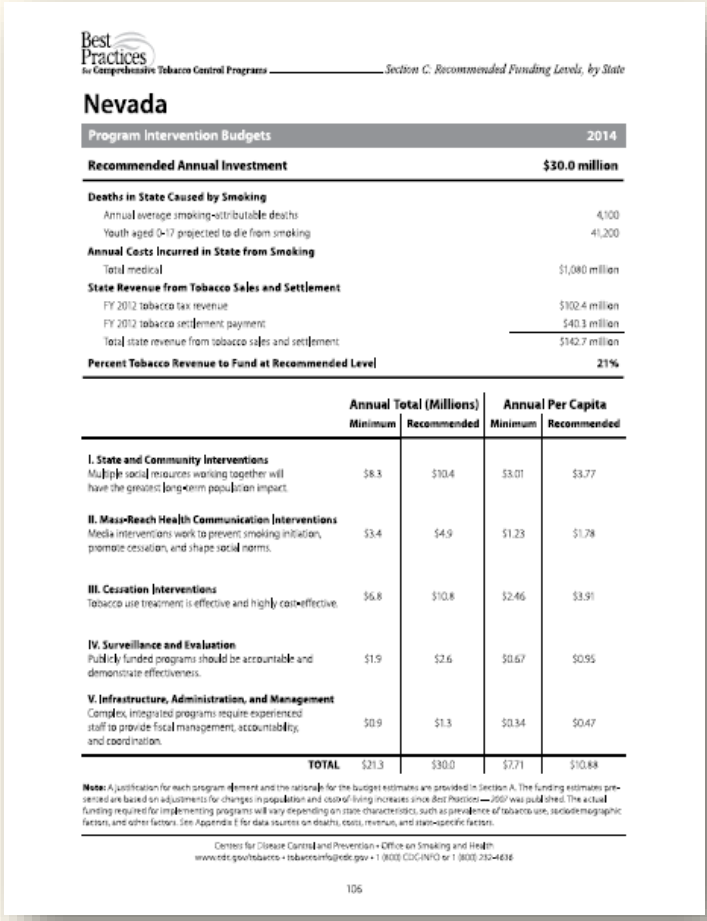
Best Practice and Evidence-Based

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]

[1] Centers for Disease Control and Prevention: Youth Risk Behavioral Surveillance System, 1995–2005.
[2] Orzechowski and Walker. Tax Burden on Tobacco 2006. Washington, DC: 2007.
[3] Ibid.
[4] Davis KC, Crankshaw E, Farrelly MC, Niederdeppe J, Watson K. The impact of state tobacco control funding cuts on teens'exposure to tobacco control interventions: evidence from Florida. American Journal of Health Promotion 2011;25(3)176–85

Best Practice and Evidence-Based





Best Practices for Comprehensive Tobacco Control Programs — *Section C. Recommended Funding Levels, by State*

Nevada

Program Intervention Budgets	2014
Recommended Annual Investment	**$30.0 million**
Deaths in State Caused by Smoking	
Annual average smoking-attributable deaths	4,100
Youth aged 0–17 projected to die from smoking	41,200
Annual Costs Incurred in State from Smoking	
Total medical	$1,080 million
State Revenue from Tobacco Sales and Settlement	
FY 2012 tobacco tax revenue	$102.4 million
FY 2012 tobacco settlement payment	$40.3 million
Total state revenue from tobacco sales and settlement	$142.7 million
Percent Tobacco Revenue to Fund at Recommended Level	**21%**

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

Note: A justification for each program element and the rationale for the budget estimates are provided in Section A. The funding estimates presented are based on adjustments for changes in population and cost-of-living increases since *Best Practices* 2007 was published. The actual funding required for implementing programs will vary depending on state characteristics, such as prevalence of tobacco use, sociodemographic factors, and other factors. See Appendix E for data sources on deaths, costs, revenue, and state-specific factors.

Centers for Disease Control and Prevention • Office on Smoking and Health
www.cdc.gov/tobacco • tobaccoinfo@cdc.gov • 1 (800) CDC-INFO or 1 (800) 232-4636

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Best Practice and Evidence-Based

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The Need for Increased Youth Prevention

April 27th, 2018

[redacted]

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

Dear Mr. Whitley,

We are two [redacted] 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 [redacted] or emailing [redacted] Thanks again!

Sincerely,

[redacted]

Students, [redacted]

1 in 4 high school students use e-cigarettes

Source:
2015 Nevada Youth Risk Behavior Surveillance System

Thank you!

David S. Olsen, MPH
Policy and Systems Manager
Division of Public & Behavioral Health
Chronic Disease Prevention and Health Promotion
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