

*Tobacco  
Prevention  
and Education  
in Nevada  
2011*



Brian Sandoval, Governor

Mike Willden, Director, Department of Health and Human Services

Richard Whitley, M.S., Administrator, Nevada State Health Division

Tracey D. Green, M.D., State Health Officer

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For more information contact the Tobacco Prevention and Education Program at (775) 684-4285

[http://health.nv.gov/CD\\_Tobacco.htm](http://health.nv.gov/CD_Tobacco.htm)

# State of Nevada Tobacco Prevention and Education Program

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Nevada’s Tobacco Prevention and Education Program has four core goals:

- **Preventing Initiation of Tobacco Use Among Young People;**
- **Eliminating Non-smokers Exposure to Secondhand Smoke;**
- **Promoting Quitting Among Adults and Young People;**
- **Identifying and Eliminating Tobacco Related Disparities.**

The adult smoking rate in the United States is 20.6%, resulting in over 440,000 premature deaths per year. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined, and thousands more die from other tobacco-related causes, such as fires caused by smoking and smokeless tobacco use.

***Tobacco Use in Nevada:*** 22% of Nevadans over 18 years of age smoke tobacco, 15.8% of Nevada Adults smoke everyday, 3.3% of Nevada adults use smokeless tobacco, 17% of Nevada youth have smoked tobacco with 7.9% being heavy smokers, and 5.5% of Nevada youth use smokeless tobacco. Source: BRFSS, 2009 & YRBS, 2009

Tobacco imposes enormous public health and financial costs on this nation—costs that are completely avoidable. Until tobacco use is eliminated, more people will become addicted or sick, more families will be devastated by the loss of love ones, and the nation will continue to incur damaging medical and lost production costs.

## Comprehensive Tobacco Program Goals

Nevada has successfully implemented evidence-based best practice guidelines and built a Tobacco Prevention and Education Program to substantially reduce tobacco usage in the state.

The Tobacco Prevention and Education Program built a strong program collaboration model, and has partnered with various programs including:

- **WIC Program:** The Tobacco Prevention and Education Program provided local Women, Infants & Children (WIC) programs with information about Centers for Disease Control and Prevention (CDC) goals, tobacco statistics, and how WIC staff can make a difference. Tobacco Cessation and educational materials were provided for distribution to the community.
- **Diabetes Program:** 17% of people with diabetes in Nevada also smoke (BRFSS). Tobacco Brief Intervention workshops are provided to Certified Diabetes Educators to address smoking in this population. The Diabetes Prevention and Control and Tobacco Education Programs collaborate on several projects throughout the year.
- **Healthy Communities:** Youth leaders have been trained as “healthy living” peer leaders, and will serve as mentors or coaches for anti-smoking and healthy living lifestyles.
- **Coalitions:** Partnerships have been established with existing coalitions throughout the state that deal with substance abuse, tobacco, and other issues in the communities.



Approximately 1,300 Americans die each day as a result of tobacco use—nearly one death each minute. Annually in the United States, tobacco use is directly responsible for :

- 30% of all cancer deaths
- 21% of all coronary heart disease deaths
- 18% of all stroke deaths

*Source: U.S. Department of Health and Human Services. The Health Consequences of Smoking: A report of the Surgeon General. U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004*

## Nevada

Before cigarette smoking became common, lung cancer was a rare disease. It is now the leading cause of cancer death for both men and women, killing approximately 160,000 people each year. Cigarette smoking causes 87% of lung cancer deaths and is also responsible for most cancers of the larynx, esophagus, bladder, oral cavity, and pharynx.

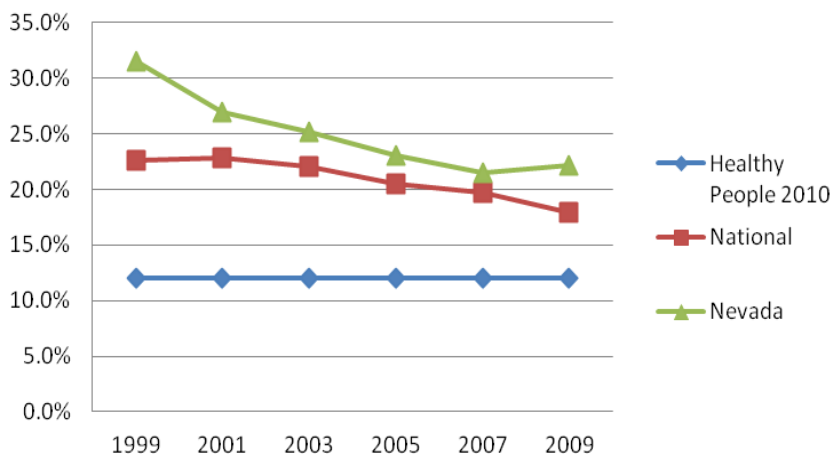
Nevada ranks 49th in the nation for mortality attributed to smoking and 51st in the nation for environmental tobacco smoke exposure. Currently, the smoking attributable costs for adults in Nevada, including annual health care costs (\$565 million) and costs related to loss of productivity (\$832 million), was estimated at approximately \$1.4 billion.

Although the smoking prevalence among Nevada adults has decreased over the past ten years, it is still higher than the national average, and nearly twice as high as the Healthy People 2010 target of 12%. In the past ten years, Nevada's smoking rate has gone from 31.5% to 22.2%. (see chart below)

Tobacco prevention and cessation programs have been cut to the lowest level since the 1998 multi-state tobacco settlement funds. For fiscal year 2011, \$25.3 million in revenue was collected from the tobacco settlement and tobacco taxes, but zero percent was actually spent on prevention and intervention services.

*Source: The 1998 State Tobacco Settlement 12 Years Later-A Broken Promise to our Children-Campaign for Tobacco Free Kids*

Percent of Current Smokers (1999-2009)



*Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS) Report February 2011*

## Strategies for Nevada's Future

The following steps have been implemented to address tobacco control in Nevada:



- Core CDC funding supports tobacco control efforts at the state and local health department level;
- In 2010, the American Recovery and Reinvestment Act (ARRA) infused funding into tobacco control for Nevada, although it is only temporary through 2012. These funds are specifically used to enhance Tobacco Quitline services, enhance Nevada's Clean Indoor Air Act (NCIAA), and decrease youth access to tobacco products;
- Increase public awareness and education for tobacco use and cessation services;
- Support grass root efforts to increase the tobacco tax subsequently reducing youth's ability to purchase tobacco;
- Monitor the effectiveness of Nevada's Clean Indoor Air Act (NCIAA), and support smoke-free policies in other venues;
- Support evidence-based youth prevention programs;
- Support tobacco control coalition efforts at the state and local level in order to leverage resources.



# Nevada Tobacco Prevention and Education Program Strategic Plan

In response to Tobacco Control efforts, Nevada developed a five-year strategic plan in 2007. This plan was designed as a guide for individuals and organizations dedicated to comprehensive tobacco control. This document, in conjunction with the 2006 Nevada Tobacco Profile and the Nevada Evaluation and Statistical Manual 2006: *Collection of U.S. and Nevada Tobacco Data Reports*, provides the cornerstones for comprehensive, science-based, tobacco control intervention in the state of Nevada.

The plan was developed to represent an effort to meet the ongoing and future needs for all Nevadans. It was a concerted effort between various governmental and private organizations to develop a vision of tobacco control in Nevada. Planning sessions required for professional commitment, compromise, and cooperation of all invested parties. Evidence-based processes promoted by the Centers for Disease Control and Prevention (CDC) positions Nevada for future tobacco control efforts and allows the state to effectively meet the challenges presented by a science-based evaluation process.

**For a copy of the plan, please visit the website  
[http://health.nv.gov/CD\\_Tobacco.htm](http://health.nv.gov/CD_Tobacco.htm)**



# Tobacco Program Funding

Funding for the Tobacco Prevention and Education Program comes from grants from the CDC. Core funding is provided in a collaborative grant which supports the Healthy Communities, Diabetes Prevention and Control, and Tobacco Prevention and Education programs. This funding supports community-level programs with subgrants to implement efforts to address needs in the community.

Additional funding comes from the CDC through the American Recovery and Reinvestment Act (ARRA) funds, which specifically provides funding to support the Nevada Tobacco Users Hotline.

Supplemental funding is provided for media campaigns and other educational and prevention efforts throughout the state of Nevada. Funding amounts are as follows:

## **2009—2012 Funding**

**CDC Core Grant: \$1,163,041**

**CDC—ARRA Funds: \$646,000**

**Supplemental #1 Funding: \$63,169.00**

**Supplemental #2 Funding: \$99,099**



The Nevada State Health Division (NSHD) continuously looks for additional funding sources to support the efforts throughout the state for Tobacco Prevention and Education and other Chronic Disease issues.

The NSHD, Tobacco Prevention and Education Program continues to work with partners throughout the state to reduce the prevalence of smoking within Nevada and provide Tobacco Prevention and Education to community members, policy makers, and other partners who can support these efforts.

## Success Stories

**Carson City Health and Human Services (CCHHS)** provides Teen Health Fairs to local high schools and presentations to teens about the dangers of tobacco. CCHHS works to create Tobacco Free parks and ball fields by collaborating with the Parks and Recreation Commission to adopt a tobacco free policy in Carson City. They provide “Freedom From Smoking” Cessation sessions or referrals to the Quitline for adults. CCHHS will designate one low-income housing apartment building as smoke-free by partnering with Nevada Rural Housing Authority and property managers of low-income housing to adopt a smoke-free building policy and provide a smoke free apartment building in the complex.

**The American Lung Association (ALA)** develops Teens Against Tobacco Use (TATU) and Not-On-Tobacco (NOT) teams in Washoe County, Carson City, and the 14 rural counties across Nevada.

**Not-On-Tobacco (N-O-T)** helps teens understand why they smoke and helps them develop the skills, confidence, and support they need to quit. Teens learn the skills they need to tackle tough problems such as nicotine withdrawal, cravings to smoke, and peer pressure to continue smoking. N-O-T also deals with other issues that are important to teens, such as how to control weight after quitting, how to manage stress in healthy ways, and how to communicate effectively. N-O-T has different tips for boys and for girls because research shows that boys and girls have different reasons for smoking and need different strategies for quitting. N-O-T is proven effective as it has a 21% quit rate, higher than any other similar program.



**Teens Against Tobacco Use (TATU)** is a program that allows students ages 14-17 to mentor youngsters about the dangers of smoking. Research indicates that teens enjoy opportunities to positively influence their younger counterparts. Consequently, this mentoring also serves to reinforce their decisions to remain smoke-free. Evidence suggests that peer-led programs such as TATU are more effective in reducing tobacco use among youth.



CCHHS will work on creating Tobacco Free parks and ball fields by collaborating with the Parks and Recreation Commission to adopt a tobacco free policy in Carson City.



## The Need for Tobacco Education:

- Tobacco use begins at an early age. Almost 90 percent of all smokers begin before the age of 18.
- Everyday more than 4,000 kids try their first cigarette; and each day more than 2,000 other kids under 18 years of age become new regular, daily smokers. That's more than 750,000 new underage daily smokers each year.
- The tobacco industry concentrates its marketing efforts on our nation's children. They recognize that new smokers must continually be recruited to replace the nearly half-million who die annually of tobacco-related illnesses.

## Effective Solutions:

- The TATU program transforms teens from consumers to consumer advocates. They learn to recognize the tobacco industry's efforts to target them as the next generation of smokers.
- Teens learn the vital role they will play in educating children on the dangers of smoking.
- Empowered with this new knowledge, the teens take their anti-smoking message to schools throughout their community.
- TATU teens have been involved in advocacy issues in their own communities, which have broadened their roles as youth leaders and role models.
- In elementary and middle schools, high school youth presentations are a refreshing departure from the traditional lessons taught by adults.



# Community Based Programs

The Nevada State Health Division, Tobacco Prevention and Education Program provides subgrants to many programs throughout the state. Some of the programs funded include:

## Washoe County Health District

- Coordinate smoke-free hotspots for the young population
- Assess compliance with Nevada Clean Indoor Air Act among local businesses
- Educate local business about Nevada Clean Indoor Air Act (NCIAA)
- Design targeted media messaging for tobacco prevention and education

## Carson City Health and Human Services

- Provide Teen Health Fairs
- Tobacco Free parks and ball fields
- Provide N-O-T for teenagers
- Provide “Freedom from Smoking”
- Designate smoke-free low-income housing complex

## American Lung Association

- Provide N-O-T and TATU training for facilitators throughout Nevada

## Southern Nevada Health District

- Conduct youth tobacco prevention trainings and events
- Conduct public outreach and education about Nevada Clean Indoor Air Act (NCIAA)
- Promote smoke-free policies in workplaces
- Maintain website information regarding cessation resources and other tobacco products
- Outreach to the Hispanic community

## Nevada Statewide Coalition Partnership

- Provide TATU and N-O-T in partnership with coalitions in 14 rural and frontier counties

## Nevada Academy of Family Physicians

- Tar Wars tobacco education program to 4th and 5th graders throughout the state
- Recruit and Train Healthcare Professionals to provide Tar Wars presentations



# Nevada Clean Indoor Air Act

The Nevada Clean Indoor Air Act (NCIAA) was passed by Nevada voters in November, 2006 effectively banning smoking in most indoor areas. Exceptions to the ban include bars without food service and gaming floors of casinos. Despite the achievement of this legislation, there remains many challenges in the realm of tobacco prevention and control in Nevada.

Since the passing of the NCIAA by the voters of Nevada in 2006 banning smoking in public places, 54% of respondents of a 2008 survey feel they are less exposed to secondhand smoke since the act was passed and 73% report that smoking is never allowed in their cars.

The passage of AB571 in the 2011 Legislative session provided for smoking in stand alone bars and taverns in which patrons under 21 years of age are not allowed. Partners throughout the state are monitoring the impact of this bill and will be identifying strategies to address its impact on smoking in Nevada.

*Source: American Lung Association-[lungusa.org/health-air](http://lungusa.org/health-air)*



# Tobacco Labels

## FDA Required Tobacco Labels

Nine new graphic cigarette labels showing cancer lesions and other impacts of smoking were unveiled June 21, 2011 by the Food and Drug Administration (FDA), as part of the agency's sweeping new powers to regulate tobacco and tobacco products.

“With these warnings, every person who picks up a pack of cigarettes is going to know exactly what risk they're taking,” Health and Human Services Secretary Kathleen Sebelius. Sebelius called smoking and other tobacco use the “number one cause of preventable death” in America, claiming more than 440,000 lives a year.




Cigarette packages will now carry one vivid color image and one of these warning labels about the consequences of smoking: “Cigarettes are addictive,” “Tobacco smoke can harm your children,” “Smoking during pregnancy can harm your baby,” “Smoking can kill you,” “Tobacco smoke causes fatal lung disease in nonsmokers,” and “Quitting smoking now greatly reduces serious risks to your health.”

The warnings, which must be in place by September 2012, will cover the upper portion of the pack both front and back. At least 50% of the package will be covered. *Source: [fda.gov/TobaccoProducts/Labeling/CigaretteHealthWarnings](http://fda.gov/TobaccoProducts/Labeling/CigaretteHealthWarnings)*

In addition, the warnings will have to cover at least 20% of a cigarette ad. Small ads less than 12 inches don't require the 20% coverage, but must still have a warning. Each warning will also have a phone number—1-800-QUIT-NOW—that smokers can call to get help if they want to quit.



# Nevada's Tobacco Quitline

Nevada Tobacco  
Users Helpline   
1-800-QUIT-NOW  
1-800-784-8669

Quitting tobacco use can decrease premature death and tobacco-related health care costs in the short term according to CDC. Furthermore, quitting by age 30 eliminates nearly all excess risk associated with smoking. Smokers who quit smoking before age 50 cut their risk in half of dying in the next 15 years.

Even though quitting tobacco has immediate, as well as long-term benefits, tobacco use is addictive, and makes quitting difficult. More than 40% of smokers try to quit each year, but without assistance, most will relapse. Thus a national quitline was established.

In Nevada this is the Nevada Tobacco Users' Helpline. It is a non-profit, federally funded program that provides treatment for all types of tobacco use. The approach to treatment embraces and integrates the disciplines of medicine, and counseling is accessible, convenient and most of all free.

Treatment is delivered over the telephone and involves two levels of care:

- The lower level of support is provided for individuals who would like to try and quit on their own. A starter kit will be delivered with information needed to help these folks quit and provide a one-time counseling session with a professional counselor.
- The highest level of service is long-term and provides intense confidential nicotine dependence counseling at no cost. Licensed and certified counselors conduct a complete assessment which allows them to create a treatment plan. The nicotine treatment plan consists of calls that are proactive, reactive, and tailored to meet the needs of each individual. For qualified individuals, funding may be available for limited medication assistance.



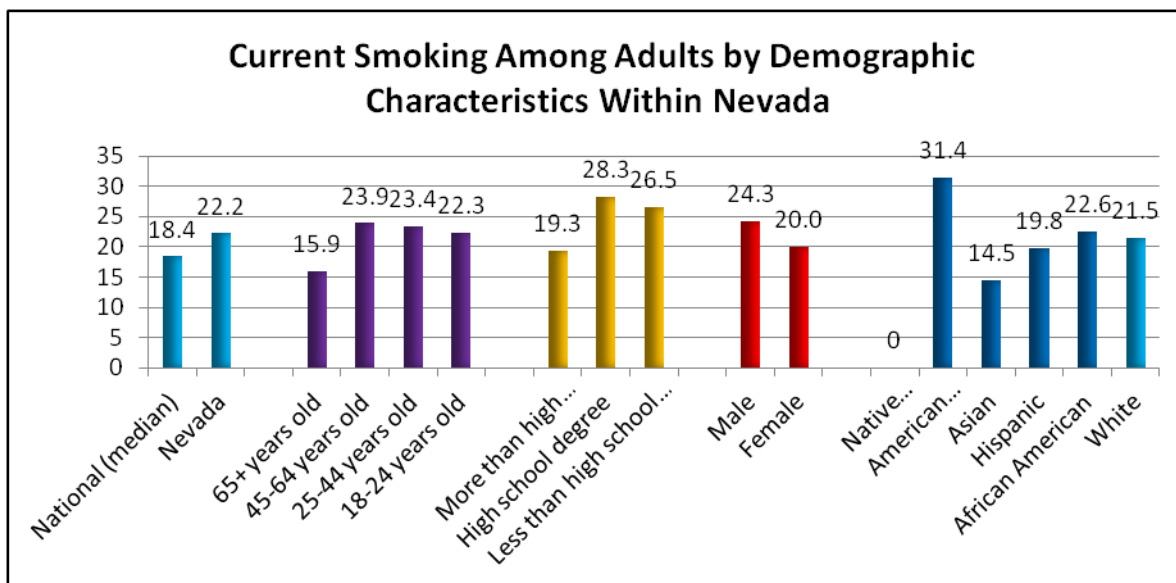
# Tobacco Related Disparities

Specific population groups in Nevada have been disproportionately impacted by tobacco. Young adults in Nevada are consistently and aggressively targeted by the tobacco industry. Rural Nevadans can be hundreds of miles from the nearest cessation resource. Members of the Latino community often lack access to bilingual prevention and cessation education. While tobacco use has been decreasing in these populations nationally, rates in Nevada’s communities continue to rise due to low socioeconomic status, peer pressure and lack of skills to resist tobacco use.

Strategies have been developed to ensure outreach was provided to these populations through collaboration, policy, and environmental change. Specific goals for this effort include:

- **Engage non-traditional partners in tobacco prevention and control**
- **Increase access to programs and services**
- **Compile and collect raw data and reports**
- **Identify and fill gaps in tobacco related data**
- **Educate policy stakeholders about tobacco related issues**

The Nevada State Health Division (NSHD) provides leadership to community stakeholders and tobacco prevention control experts to implement these strategies, including ongoing communication and collaboration, and identification of potential partners. Many groups and action alliances are moving forward on this effort.



Source: BRFSS, 2007-2008

# Second-Hand Smoke



Second-hand smoke is a mixture of gases and fine particles that includes:

- Smoke from a burning cigarette, cigar, or pipe tip,
- Smoke that has been exhaled or breathed out by the person or people smoking, and
- More than 7,000 chemicals, including hundreds that are toxic and about 70 toxins that can cause cancer. *Source: National Toxicology Program, 2011*

Most exposure to second-hand smoke occurs in homes and workplaces. Second-hand smoke exposure occurs in public places such as restaurants, bars, and casinos and in private vehicles.

## Third-Hand Smoke

Third-hand smoke is contamination by tobacco smoke that lingers following the extinguishing of a cigarette.

- The invisible yet toxic brew of gases and particles clinging to smokers' hair and clothing, not to mention cushions and carpeting, and
- Among the substances in third-hand smoke are hydrogen cyanide, used in chemical weapons; butane, which is lighter fluid; toluene, found in paint thinners; arsenic; lead; carbon monoxide; and even polonium-210, the highly radioactive carcinogen that was used to murder former Russian spy Alexander V. Litvinenko in 2006. Eleven of the compounds are highly carcinogenic.

Most exposure to third-hand smoke is when getting into a car, in your home, an elevator or hotel room from someone who has just smoked, and you can smell the smoke. Your nose does not lie. *Source: The New York Times, A New Cigarette Hazard: 'Third-Hand Smoke,' 2009/01/03.*

## Health Effects

In children, second and third-hand smoke causes the following:

- Ear infections
- More frequent and sever asthma attacks
- Respiratory infections (i.e., bronchitis, pneumonia)
- A greater risk for sudden infant death syndrome (SIDS)

In adults who have never smoked, second and third-hand smoke can cause heart disease and/or lung cancer.

There is no risk-free level of contact with second and third-hand smoke; even brief exposure can be harmful to health.

Efforts are being made to educate and inform the community about the Nevada Clean Indoor Air Act.

These efforts are working toward eliminating Second and Third-Hand Smoke.

It is the hope of the NSHD, Tobacco Prevention and Education Program that a statewide effort will eliminate tobacco and tobacco-related disparities and help make Nevada a healthy place for everyone!



**Nevada Tobacco Prevention & Education Program**

**Bureau of Child, Family and Community Wellness**

**Nevada State Health Division**

**4150 Technology Way**

**Suite 210**

**Carson City, NV 89706**

**For more information contact the Tobacco Prevention  
and Education Program at (775) 684-4285**

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