

Case Study: Nevada

Maximizing the Cessation Benefit from State Policy Changes

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This project is made possible through a two-year grant from the Robert Wood Johnson Foundation to strengthen the linkages of quitlines and other tobacco control policy efforts.

I. Overview of Nevada’s Tobacco Control Landscape

On November 7, 2006, Nevada voters approved the Nevada Clean Indoor Air Act (NCIAA). This statewide smokefree law prohibits smoking in most public places and indoor places of employment excluding stand-alone bars and gaming areas of casinos. The law went into effect on December 8, 2006. This law also allows local governments to adopt and enforce tobacco control measures more stringent than the state law restoring local control to Nevada’s cities and towns.

[Nevada State Health Division \(NSHD\)](#)

NSHD promotes and protects the health of all Nevadans and visitors to the state through leadership and enforcement of laws and regulations pertaining to public health. The Bureau of Community Health, Tobacco Prevention and Education Program’s mission is to reduce the overall prevalence of tobacco use among Nevada residents. The program strives to accomplish its goal of reducing disease, disability and

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Overview of Nevada's Tobacco Control Landscape *(cont'd from page 1)*

death related to tobacco use by preventing the initiation of tobacco use by young people, promoting quitting, eliminating nonsmokers' exposure to secondhand smoke and identifying and eliminating disparities related to tobacco use.

In February 2006, the NSHD developed *The Nevada Comprehensive Tobacco Control: Five Year Strategic Goals and Objectives 2005-2010* to guide the work of individuals and organizations dedicated to comprehensive tobacco control in Nevada.¹ This guide includes the goals of eliminating nonsmokers' exposure to secondhand smoke and promoting quitting among adults and young people. Some of the activities in place to accomplish the goal of eliminating nonsmokers' exposure to secondhand smoke have been the passage of the NCLIAA and hosting a Kick Butts Day. To promote quitting among adults and youth, all community health nurses in rural Nevada were trained in 2008 on how to conduct brief tobacco interventions.

Health Districts

In Nevada, Southern Nevada, Washoe County and Carson City, health authorities provide public health services for residents living in those geographic areas while the NSHD focuses primarily on Nevada's rural counties. Both the Southern Nevada and Washoe health districts' tobacco control programs address tobacco prevention and education for these areas and refer residents to cessation programs including the Nevada Tobacco Users' Helpline (Helpline). The Southern Nevada Health District (SNHD) covers approximately 70% of the state's population and has proactively promoted cessation using paid media, brief interventions with health care providers, medication subsidies and community outreach to physicians. When funding is available, Washoe County's health district purchases paid media to promote the Helpline in Northern Nevada.

Tobacco Control Organizations

Organizations focused on tobacco control in Nevada in addition to the American Cancer Society, American Heart Association, the American Lung Association and Nevada Tobacco Prevention Coalition are the Helpline, SNHD Tobacco Control Program and Washoe County District

Health Department Tobacco Control Program. Other key tobacco control players include the Nevada State Medical Association, Saint Mary's Hospital, Healthy Community Coalition of Churchill County, Nye Communities Coalition, the Nevada Academy of Family Physicians TAR WARS program and Nevada Cancer Institute.

Legislative History

Nevada cities and counties were preempted from enacting smokefree workplace policies prior to the statewide law, but as of 2003, local school districts were able to adopt Tobacco Free School policies. These policies were passed in the two largest school districts in Nevada covering 85% of Nevada youths with a Tobacco Free School policy.² Nevada's cigarette tax per pack is currently \$.80 and was last changed in 2003.

Nevada Tobacco Users' Helpline™

The Nevada Tobacco Users' Helpline (Helpline) is a nicotine dependence treatment center that started as a pilot project in 1998. The Helpline was officially launched in 1999 to treat all types of tobacco use and is a division of the University of Nevada School of Medicine. It was originally part of the Department of Family and Community Medicine, but in 2001, moved to the Department of Internal Medicine. Since 1999, the quitline has grown from two staff members to a support team consisting of approximately 13 people.

The Helpline offers telephone-based treatment for people who have made the decision to quit using tobacco. Its vision is to be the source of accessible and integrative nicotine dependence treatment, education and information.

The Helpline's mission is to:

- 1) Provide innovative, evidenced-based, confidential and individualized treatment of nicotine dependence through telephone-based professional counseling, education and with medication to its clients.
- 2) Provide innovative, evidenced-based nicotine dependence training to healthcare providers, counselors and community partners.

The Helpline offers telephone counseling on an individual basis in English and Spanish. The Helpline's Web site

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Overview of Nevada's Tobacco Control Landscape *(cont'd from page 1)*

also offers information and referrals to community cessation classes. Medication assistance is available based on funding availability (i.e. annual budget allotment) and includes up to six units of all FDA-approved products including CHANTIX® for a \$15.00 copay. Also, in 2007, the Helpline subsidized medication for Southern Nevada residents who were referred to the Helpline by SNHD providers. The Helpline is funded by the Task Force for the Fund for a Healthy Nevada which distributes master settlement funds and NSHD Tobacco Prevention and Education funding received from the Centers for Disease Control and Prevention (CDC).

Tobacco Use and Status

Overall adult cigarette use in Nevada was 23.2% in 2004, 23.1% in 2005, 22.2% in 2006 and 21.5% in 2007. The

median for all states in 2007 was 19.7%. Quit attempts, defined as current smokers who quit smoking for one day or more, fluctuated in Nevada from 2004 to 2007 going from 41.4 % in 2004, to 50.3 % in 2005, back down to 45.4 % in 2006 and up again in 2007 to 52.1%.³

In the *State of Tobacco Control: 2006* report, the American Lung Association recognized Nevada voters for passing a smokefree air law that protects most workers from secondhand smoke and repeals preemption. In the 2007 report, the state received an “A” grade for Smokefree Air and a “D” grade for its tax rate for falling between \$0.555 and \$1.109. Nevada currently funds its tobacco prevention and control programs at \$4.2 million, which is below the lowest level recommended by the CDC (\$13.3 million).² ♦

II. Nevada Clean Indoor Air Act (2006 Ballot Question 5)

On November 7, 2006, Nevada voters approved the Nevada Clean Indoor Air Act (NCIAA) by nearly 54%.⁴ This statewide smokefree law prohibits smoking in most indoor public places and indoor places of employment and went into effect on December 8, 2006, ten days after NCIAA was signed. The act was passed to protect the public from secondhand smoke.

This law also allows local governments to adopt and enforce tobacco control measures more stringent than the state law restoring local control to Nevada's cities and towns. Exemptions include gaming areas in casinos where children are prohibited by law from loitering; stand-alone bars, taverns and saloons that don't service food; strip clubs and brothels; retail tobacco stores; and private residences, except if used for child care or as a health care facility.

NCIAA states that enforcement is the responsibility of the health authorities, police officers of cities or towns and sheriffs and deputies, but interpretation by the courts has led to slight variations in some areas of the state. In Southern Nevada, law enforcement was removed from the Act leaving the local health district as the sole enforcing authority. Complaints are filed with the NSHD, Washoe County District Health Department or the SNHD depending on the location of the business where the violation occurs. Violations of the Act are considered a misdemeanor offense, which carries a fine imposed by a judge. Nevada Revised Statutes allow for the imposition of both civil and criminal penalties. However, a Clark County District Court Judge removed criminal penalties in ruling on the constitutionality of the Nevada Clean Indoor Air Act. Pending an appeal before the Nevada Supreme Court, the District Court's ruling is currently applicable only to the plaintiffs in that case, meaning only a civil penalty can be imposed on those establishments for violation of NCIAA. Civil penalties carry a fine of up to \$100 per offense. ♦

III. The Campaign to Pass the Smokefree Law

The NCIAA was supported by Nevada Tobacco Prevention Coalition (NTPC) and Nevadans for Tobacco-Free Kids, a ballot advocacy group comprised of the Nevada State Medical Association and its Nevada State Medical Association Alliance, local chapters of the American Cancer Society, the American Heart Association, the American Lung Association and the Nevada Chapter of the American Academy of Family Physicians. The NCIAA was voted on in the 2006 election by way of the ballot initiative process.

All tobacco control players in the state contributed to the education and lobbying effort at the level permitted by policy, regulation or statute. Health authorities provided public education and information about the dangers of secondhand smoke, placed an 8-page ad insert in several newspapers and distributed a comparison chart with details of the two competing initiatives (i.e. Questions 4 and 5). In addition, the SNHD staff members worked to mobilize community coalitions, distribute campaign related materials, provided technical assistance to the NCIAA campaign manager, worked to hold public demonstrations and mobilized volunteers to distribute campaign materials. SNHD also coordinated signature

gathering efforts necessary for NCIAA to qualify for the ballot. The Washoe County District Health Department conducted similar activities.

Although the key campaign messages focused on protecting children and families from secondhand smoke, the potential cessation benefit was minimally incorporated. Neither cessation nor quitline data were used to support the campaign, but when appropriate, the fact that more smokers might quit if the NCIAA passed was included in messaging.

Special interest groups such as the Slot Route Operators, the Petroleum and Convenience Store Association, Nevada Tavern Owner Association and the gaming industry spent millions of dollars to defeat Question 5 by funding a competing initiative called “Responsibly Protect Nevadans From Secondhand Smoke.” This initiative, which was Question 4 on the ballot, claimed to restrict smoking when in fact it would continue to allow smoking in many restaurants and other workplaces, including most child care facilities and school buildings. It would have also prohibited local governments from passing stronger smoke-free laws in the future.⁵ ♦

IV. Preparing for Implementation

Planning began the day after the NCIAA passed and moved quickly given the effective date was only ten days after NCIAA was signed – just one month after the election. It is important to note that several factors made a coordinated planning effort difficult in Nevada. No additional funding was provided for implementation, legal challenges delayed compliance and enforcement in Southern Nevada and enforcement responsibility was assigned to several different organizations. Nevada’s experience demonstrates that many factors such as the nature of the campaign to pass the law and subsequent challenges, the state’s public health infrastructure (i.e. multiple entities responsible for delivery) and the quitline service delivery model and capacity contribute to the overall impact on the quitline. To address the



increased interest from tobacco users, employers and insurers, the quitline identified useful strategies and

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Preparing for Implementation *(cont'd from page 4)*

adjusted protocols as needed described in more detail below.

Within each health authority, representatives from the various departments responsible for implementation and enforcement coordinated efforts. Representatives included community health, public safety, public information officers, environmental health and tobacco education and prevention. The Helpline was not part of the implementation planning effort.

The SNHD Tobacco Prevention and Education Program, Washoe County and Southern Nevada Health Districts each distributed materials to educate the public, restaurants and bars, child care centers and employers about the law. The SNHD also created and distributed educational materials for the general public and distributed these at community events. Materials mostly focused on how to comply with the law including clarification on the affected public places. Each organization included some information about the Helpline in its messages and materials.

In collaboration with state and local health authorities and community organizations, Nevada HealthLinks helped worksites implement employee-based activities focused on physical activity, nutrition and tobacco policy and cessation. They provided assistance to worksites in developing comprehensive, internal worksite policies including policies to ensure compliance with NCIAA. HealthLinks staff also offered cessation referrals to the Helpline.

To prepare Helpline staff to handle questions about NCIAA, they were given information about the Act to refer to as needed. They were asked to refer questions about the law or violations to the Helpline's manager who then contacted the appropriate health authority.

Promoting the Quitline

In Nevada, promotion of the Helpline was incorporated where possible in materials that were developed to inform the public and businesses about the law. When included, the quitting message was framed as "If you smoke and want to quit" then call the Helpline or visit its related Web site. Lack of funding for an implementation

campaign limited Helpline capacity. Legal challenges and timing did not allow for the creation of a statewide media campaign to promote cessation. In general, the Helpline is promoted using outreach and referral strategies given limited promotional budgets at the state and local levels. The SNHD does promote the Helpline using paid media campaigns (i.e. radio) when funding is available. The radio advertisements use a testimonial approach to promote cessation and include 1-800-QUIT-NOW to connect people to the Helpline.

The earned media generated as a result of the controversial campaign to pass the NCIAA and the legal challenges that followed its passage did offer some opportunities to promote the Helpline in news stories. As described below, the Helpline experienced a notable increase in calls with no planned media campaign making additional promotions unnecessary to keep up with demand.

From January through March 2007, the SNHD started a new project to educate health care providers about how to conduct brief tobacco interventions. This project also allowed for callers referred to the Helpline through this project to receive free medication, removing the copay requirement. In Washoe County, a similar program in one of the major hospitals educated all providers on conducting brief tobacco interventions including placement of cessation information at all nurses' stations as of July 2007. The list of resources distributed to providers included the Helpline. ♦



V. Implementation

The NSHD and the Washoe and Southern Nevada Health Districts chose to promote the Helpline number and Web site in the following ways for those Nevadans who might be looking for information on quitting.

- The Helpline phone number and Web address were posted on all three Web sites within the sections on quitting smoking.
- The information created for restaurants and bars, employers and child care facilities referred to the Helpline for information on quitting.
- A list of smoking cessation resources was included in the kit distributed by mail to some business owners.
- The free smokefree signage created by the State included the Helpline phone number. Signs from the health districts did not.

Post-Implementation: Ongoing Efforts

Enforcement and compliance issues offered additional opportunities to promote the Helpline well beyond the December 2006 implementation date. In Washoe County, the health district held a celebration of compliance at the six-month anniversary including a reference to resources for quitting smoking. In Southern Nevada and Washoe County, the one-year anniversary of the law was acknowledged with an additional radio campaign celebrating the law’s successes and how its passage has positively affected Southern Nevada residents.

Southern Nevada continued to promote the Helpline with phase two of its brief intervention project. Beginning in July 2007, efforts turned to community outreach and an online education module. Beginning January 2008, a new cessation radio campaign aired in Southern Nevada with updated testimonials. These



new stories focused more on the social unacceptability of smoking and were reflective of the impact NCIAA had on social norms around smoking.

Quitline Calls and Impact

The following summary of call volumes surrounding the implementation of the smokefree law demonstrates the Helpline’s experience. The University of Nevada School of Medicine, which provides services for the Helpline, provided the data in Table 1. It is important to note other factors that could have generated calls during this time. These factors are described on page 7.

Table 1

Number of Tobacco Users Enrolling in Counseling		
	2005/2006: Year Preceding Implementation	2006/2007: Implementation Year
November	100	84
December*	105	97
January	93	175
February	80	159
March	73	77

*Implementation was on December 8, 2006. Legal challenges delayed enforcement and full implementation, which likely delayed calls to the Helpline.

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Implementation *(cont'd from page 6)*

Overall calls to the Helpline increased 17% in January 2007 to 1,753 compared to 1,494 in January 2006. Volumes remained high into March 2007. This influx of calls to the Helpline necessitated protocol changes, which were implemented permanently. Before the increase in calls, callers were enrolled into proactive counseling at the first call. Now, the Helpline provides callers with an initial reactive session and sends them informational materials. Tobacco users are invited to call back for additional counseling sessions as they see fit. This approach contributed to more efficient use of staff time and resulted in more enrollees who were ready to quit.

Another protocol change occurred related to the medical assistance program. Helpline counselors now provide more information and assistance to callers regarding medication benefits available through health insurance plans rather than dispensing it to every caller. Helpline counselors also refer potential qualified applicants to medication assistance programs available in Clark County and through Pfizer. This approach ensures more efficient use of limited medication assistance funds by encouraging those with insurance to obtain medication through their health plan and by providing access to other medication assistance programs. The Helpline now also limits the total amount of medication distributed each

month through the Helpline to ensure the annual supply will last for the entire fiscal year.

Other Factors

Other factors that could have potentially impacted calls to the Helpline leading up to the December 8, 2006 implementation date and following include:

Starting in December 2006, Pfizer representatives included information about the Helpline when visiting health care providers to talk about CHANTIX®, which was first introduced in 2006.

The availability of nicotine replacement therapy, Bupropion and CHANTIX® through a medical assistance program to callers. For the first time, the Helpline ran out of its supply and had to temporarily suspend the medical assistance program.

The SNHD trained health care providers to conduct brief tobacco use interventions. Through this program, providers were advised to refer patients to the Helpline. Callers referred to the Helpline through a SNHD provider were offered a waiver for free medications from January through March 2007.

Note: Nevada does not have a fax referral program for health care providers. ♦

VI. Lessons Learned

The following lessons learned are based on Nevada's unique experience and are provided for consideration as other states plan for implementation of smokefree laws:

- Ballot initiatives can present challenges to planning a comprehensive implementation effort given uncertainties about whether or not an initiative will pass and legal challenges can delay enforcement.
- Publicity surrounding ballot initiatives bring attention to the issue and ongoing controversy can keep tobacco-related issues in the media, potentially presenting opportunities to incorporate cessation.
- When determining how to promote implementation of the law and the quitline, consider the unique circumstances associated with a smokefree policy including the history of tobacco control in the state, support and funding from key state departments, existing infrastructure, the political and business environment, the opposition, legal challenges, funding sources and possible threats to funding.
- When multiple entities are responsible for enforcement of a state's smokefree law, coordination of messages and material development can help reduce confusion among businesses and community members.

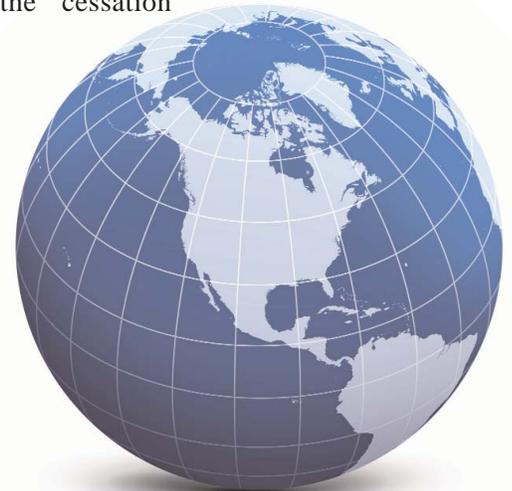
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Lessons Learned *(cont'd from page 7)*

- Promoting the statewide quitline can help deliver a consistent message about where to go for cessation assistance and demonstrates the availability of an important resource.
- The impact of a smokefree law on a quitline is relative to its capacity. The increase in calls experienced in Nevada had a notable impact and required changes to protocol.
- Ongoing communication between the quitline and those responsible for implementing smokefree policies about issues related to promotions and quitline needs would assist in preparing for and serving callers.
- Be prepared with additional quitline staff or implement a system to receive and handle calls with at least a minimal level of service. Develop contingency plans to handle additional calls.
- In a state with no ongoing, paid promotion of the quitline, even minimal promotion related to a smoke-free law can have an impact on call volumes. Increasing the visibility of the quitline phone number to maximize the opportunity to promote the service wherever possible is important.
- Pharmaceutical representatives can help promote the quitline among health care providers, which can lead to an increase in calls.
- Unanticipated outcomes related to the smokefree law for the Nevada Tobacco Users' Helpline included:
 - Increased interest from employers wanting to help their employees quit.
 - Several large employers contracting for quitline services alleviating some of the burden on the state Helpline.
 - The introduction of CHANTIX® generating unexpected interest in Helpline services making it necessary to request that Pfizer representatives stop promoting the Helpline for a time.
 - Increased requests for education and training from health care providers.
- It's never too late to promote cessation even after a law has gone into effect. Identify opportunities related to success stories or ongoing enforcement and compliance efforts to inform citizens of the resources available to help them quit if they choose.
- Request additional funding for quitline promotions and staffing. Building up financial support for the quitline to coincide with smokefree laws and education and outreach efforts is essential to increase the number of tobacco users who can be served.
- Identifying a funding source for an implementation campaign and ongoing enforcement can contribute greatly to increased coordination, consistency and buy-in from the various entities that must be involved in the effort to ensure successful implementation.

Nevada's story provides one example of how quitline promotion was minimally integrated into smokefree policy implementation to best fit a state's needs. Of course, each situation is unique and the selected approach will depend on funding, quitline operational issues, the political environment and other factors. The *NAQC Policy Playbook: A Guide to Promoting Quitlines During Policy Changes* (www.naquitline.org/playbook) provides information to help determine how to integrate quitline promotion into a policy implementation effort. The *NAQC Case Studies* demonstrate the realities of implementing smokefree laws and quitline promotion while the *Playbook* offers ideas, options and strategies to maximize the cessation benefit. ♦



VII. Case Study Contributors

NAQC would like to thank the following people for contributing to this case study. They shared valuable information to help tell Nevada's story.

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VIII. Additional Resources

The following resources were used to develop this case study. Most of these materials can be found on the Web sites listed below. For additional information, contact NAQC at 602.279.2719. NAQC staff can connect you with the appropriate Nevada representative to answer your questions.

[About NAQC Case Studies](#)

- North American Quitline Consortium:
www.naquitline.org

[State-specific Web sites](#)

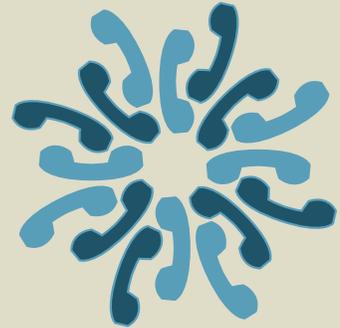
- Nevada State Health Division Tobacco Prevention and Education:
http://health.nv.gov/index.php?option=com_content&task=view&id=186&Itemid=316
- Southern Nevada Health District:
http://www.southernnevadahealthdistrict.org/nci_aatobacco/home.htm
- Washoe County:
http://www.washoecounty.us/health/cchs/tobacco.html~color=blue&text_version=
- The Nevada Tobacco Users Helpline:
www.livingtobaccofree.com
- Nevada Tobacco Prevention Coalition:
<http://tobaccofreeenv.com/>
- Clean Indoor Air Alliance:
bigvalleygroup.com/clean

[Data sources](#)

- State Tobacco Activities Tracking and Evaluation (STATE) System:
<http://apps.nccd.cdc.gov/statesystem/index.aspx>
- Americans for Nonsmokers' Rights:
www.no-smoke.org
- American Lung Association:
www.lungusa.org
- Campaign for Tobacco Free Kids:
www.tobaccofreekids.org ◆

IX. References

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About the North American Quitline Consortium (NAQC)

NAQC is a nonprofit organization that strives to promote evidence based quitline services across diverse communities in North America. By bringing quitline partners together, including state and provincial quitline administrators, quitline service providers, researchers and national organizations in the United States, Canada and Mexico, NAQC helps facilitate shared learning and encourages a better understanding of quitline operations, promotions and effectiveness to improve quitline services.

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